Acknowledgement of Receipt

I, ______, acknowledge the requirements and expectations detailed in receipt of the Reduction in Force (RIF) notice received from HHS. If I have any questions regarding the RIF notice, I will consult with the point of contact identified in the notice.

Furthermore, there were significant procedural violations and deficiencies in this RIF notice, and I will escalate this action.

Employee Signature: _____

Employee Printed Name: _____

Date: _____