

**Reclamation Manual**  
Directives and Standards

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**Determination of Workload Requirements for Obtaining Private Sector Temporary Help Services**

Attach the description of the Work or Task Required.

Please check one of the following that apply:

- This is a new request. Work is anticipated to last 120 workdays or less in a 24-month period.
- This is an extension of a previous request. Current number of days worked \_\_\_\_\_. Work will last an additional \_\_\_ workdays (may not exceed 240 workdays total in a 24-month period). If you are requesting the same individual/firm, please provide justification below.

Please check all of the following that apply:

- Need is due to absence of employee for emergency, accident, illness, parental or family responsibilities, or mandatory jury duty, but not including vacation or other non-critical circumstances.
- Work may not be delayed due to critical need.
- Work/task cannot be completed by current staff; detail; or hiring new permanent, temporary or term staff.
- Work is not supervisory or managerial in nature.
- Contracting out for this work will not displace a Federal employee.
- Contracting out for this work is not being used to circumvent controls on employment levels.

Attach the justification for extension of same individual /firm. (Include importance of work being performed, impact of delay, or interruption and actions taken to find other solution)

Contracting Officer's Representative Certification:

\_\_\_\_\_  
Contracting Officer's Representative                      Organization Code                      Telephone Number

\_\_\_\_\_  
Signature of Contracting Officer's Representative                      Date

Human Resources Certification:

- Information above has been verified against human resources records/files.
- Need cannot be met through temporary employment or other employment means.
- Need cannot be met by appointing a surplus or displaced employee under the Career Transition Assistance Plan (CTAP) or Interagency Career Transition Assistance Plan (ICTAP).

\_\_\_\_\_  
Human Resources Personnel                      Organization Code                      Telephone Number

\_\_\_\_\_  
Signature of Human Resources Personnel                      Date

**This Appendix, with original signatures must be submitted with the requisition to the servicing acquisition office.**