

## REQUEST FOR PERSONNEL ACTION

### PART A - Requesting Office (Also complete Part 8, Items 1, 7-22, 32, 33, 36, and 39.)

|   |  |
|---|--|
| 1. Actions Requested  | 2. Request Number  |
| 3. For Additional Information Call (Name and Telephone Number)          | 4. Proposed Effective Date   |
| 5. Action Requested By (Typed Name, Title, Signature, and Request Date) | 6. Action Authorized by (Typed Name, Title, Signature, and Concurrence Date) |

### PART B - For Preparation of SF 50 (Use only codes in FPM Supplement 292-1. Show all dates in month-day-year order.)

|                               |                           |                  |                   |
|-------------------------------|---------------------------|------------------|-------------------|
| 1. Name (Last, First, Middle) | 2. Social Security Number | 3. Date of Birth | 4. Effective Date |
|-------------------------------|---------------------------|------------------|-------------------|

| FIRST ACTION |                       |           |                       | SECOND ACTION |  |  |  |
|--------------|-----------------------|-----------|-----------------------|---------------|--|--|--|
| 5-A. Code    | 5-B. Nature of Action | 6-A. Code | 6-B. Nature of Action |               |  |  |  |
| 5-C. Code    | 5-D. Legal Authority  | 6-C. Code | 6-D. Legal Authority  |               |  |  |  |
| 5-E. Code    | 5-F. Legal Authority  | 6-E. Code | 6-F. Legal Authority  |               |  |  |  |

|  |                                   |                     |                  |                  |                    |  |                |                    |                  |                        |               |
|--|-----------------------------------|---------------------|------------------|------------------|--------------------|--|----------------|--------------------|------------------|------------------------|---------------|
| 7. FROM: Position Title and Number               | 15. TO: Position Title and Number |                     |                  |                  |                    |  |                |                    |                  |                        |               |
| 8. Pay Plan                                      | 9. Occ. Code                      | 10. Grade or Level  | 11. Step or Rate | 12. Total Salary | 13. Pay Basis      | 16. Pay Plan                                     | 17. Occ. Code  | 18. Grade or Level | 19. Step or Rate | 20. Total Salary/Award | 21. Pay Basis |
| 12A. Basic Pay                                   | 12B. Locality Adj.                | 12C. Adj. Basic Pay | 12D. Other Pay   | 20A. Basic Pay   | 20B. Locality Adj. | 20C. Adj. Basic Pay                              | 20D. Other Pay |                    |                  |                        |               |
| 14. Name and Location of Position's Organization |                                   |                     |                  |                  |                    | 22. Name and Location of Position's Organization |                |                    |                  |                        |               |

| EMPLOYEE DATA   |  |   |   |
|---|--|---|---|
| 23. Veterans Preference<br><input type="checkbox"/> 1 - None <input type="checkbox"/> 3 - 10-Point/Disability <input type="checkbox"/> 5 - 10-Point/Other<br><input type="checkbox"/> 2 - 5-Point <input type="checkbox"/> 4 - 10-Point/Compensable <input type="checkbox"/> 6 - 10-Point/Compensable/30% | 24. Tenure<br><input type="checkbox"/> 0 - None <input type="checkbox"/> 2 - Conditional<br><input type="checkbox"/> 1 - Permanent <input type="checkbox"/> 3 - Indefinite | 25. Agency Use<br><input type="checkbox"/>    | 26. Veterans Pref for RIF<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
| 27. FEGLI<br><input type="checkbox"/>   | 28. Annuitant Indicator<br><input type="checkbox"/>  |   | 29. Pay Rate Determinant<br><input type="checkbox"/>                                  |
| 30. Retirement Plan<br><input type="checkbox"/>   | 31. Service Comp. Date (Leave)<br><input type="checkbox"/>   | 32. Work Schedule<br><input type="checkbox"/> | 33. Part-Time Hours Per Biweekly Pay Period<br><input type="checkbox"/>               |

| POSITION DATA   |  |   |  |
|---|--|---|--|
| 34. Position Occupied<br><input type="checkbox"/> 1 - Competitive Service <input type="checkbox"/> 3 - SES General<br><input type="checkbox"/> 2 - Excepted Service <input type="checkbox"/> 4 - SES Career | 35. FLSA Category<br><input type="checkbox"/> E - Exempt<br><input type="checkbox"/> N - Nonexempt | 36. Appropriation Code<br><input type="checkbox"/>  | 37. Bargaining Unit Status<br><input type="checkbox"/> |
| 38. Duty Station Code<br><input type="checkbox"/>   |  | 39. Duty Station (City - County - State or Overseas Location)<br><input type="checkbox"/> |  |

|                       |                          |                         |   |  |
|-----------------------|--------------------------|-------------------------|---|--|
| 40. Agency Data       | 41.                      | 42.                     | 43.   | 44.  |
| 45. Educational Level | 46. Year Degree Attained | 47. Academic Discipline | 48. Functional Class                            | 49. Citizenship<br><input type="checkbox"/> 1 - USA <input type="checkbox"/> 8 - Other |
|                       |                          |                         | 50. Veterans Status<br><input type="checkbox"/> | 51. Supervisory Status<br><input type="checkbox"/>                                     |

### PART C - Reviews and Approvals (Not to be used by requesting office.)

| 1. Office/Function | Initials/Signature | Date | Office/Function | Initials/Signature | Date |
|--------------------|--------------------|------|-----------------|--------------------|------|
| A.                 |                    |      | D.              |                    |      |
| B.                 |                    |      | E.              |                    |      |
| C.                 |                    |      | F.              |                    |      |

|  |           |  |               |
|--|-----------|--|---------------|
| 2. Approval: I certify that the information entered on this form is accurate and that the proposed action is in compliance with statutory and regulatory requirements. | Signature |  | Approval Date |
|--|-----------|--|---------------|

**PART D - Remarks by Requesting Office**

(Note to Supervisors: Do you know of additional or conflicting reasons for the employee's resignation/retirement?  
If "YES", please state these facts on a separate sheet and attach to SF 52.)

YES  NO

**PART E - Employee Resignation/Retirement**

**Privacy Act Statement**

You are requested to furnish a specific reason for your resignation or retirement and a forwarding address. Your reason may be considered in any future decision regarding your re-employment in the Federal service and may also be used to determine your eligibility for unemployment compensation benefits. Your forwarding address will be used primarily to mail you copies of any documents you should have or any pay or compensation to which you are entitled.

This information is requested under authority of sections 301, 3301, and 8506 of title 5, U.S. Code. Sections 301 and 3301 authorize OPM

and agencies to issue regulations with regard to employment of individuals in the Federal service and their records, while section 8506 requires agencies to furnish the specific reason for termination of Federal service to the Secretary of Labor or a State agency in connection with administration of unemployment compensation programs.

The furnishing of this information is voluntary; however, failure to provide it may result in your not receiving: (1) your copies of those documents you should have; (2) pay or other compensation due you; and (3) any unemployment compensation benefits to which you may be entitled.

1. Reasons for Resignation/Retirement (NOTE: Your reasons are used in determining possible unemployment benefits. Please be specific and avoid generalizations. Your resignation/retirement is effective at the end of the day - midnight - unless you specify otherwise.)

|                   |                   |                |  |
|-------------------|-------------------|----------------|--|
| 2. Effective Date | 3. Your Signature | 4. Date Signed | 5. Forwarding Address ( <i>Number, Street, City, State, ZIP Code</i> ) |
|-------------------|-------------------|----------------|--|

**PART F - Remarks for SF 50**