

REQUEST FOR PERSONNEL ACTION

PART A - REQUESTING OFFICE *(Must complete PART A Blocks 1, 3-6; PART B Blocks 1-3, 7-15 if applicable & applicable remarks)*

1. Action Requested	2. HRO Log Number
3. For Additional Information Call <i>(Name and Telephone Number)</i>	4. Proposed Effective Date
5. Action Requested By <i>(Typed Name, Title, Signature, and Request Date)</i>	6. Action Authorized By <i>(Typed Name, title, signature, and Concurrence Date)</i>

PART B - FOR PREPERATION OF SF 50

1. Name <i>(Last, First, Middle)</i>	2. Social Security Number	3. Date of Birth	4. Effective Date
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FIRST ACTION (HRO USE ONLY)		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

<p>7. FROM: Position Title and Number</p> <p>PD#: FAC/ORG CODE: MPCN: SEO#:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 8%;">8. Pay Plan</td> <td style="width: 8%;">9. Occ Code</td> <td style="width: 8%;">10. Grade or Level</td> <td style="width: 8%;">11. Step or Rate</td> <td style="width: 8%;">12. Total Salary</td> <td style="width: 8%;">13. Pay Basis</td> </tr> <tr> <td>12A. Basic Pay</td> <td>12B. Locality Adj</td> <td>12C. Adj. Basic Pay</td> <td>12D. Other Pay</td> <td></td> <td></td> </tr> </table> <p>14. Name and Location of Position's Organization</p>	8. Pay Plan	9. Occ Code	10. Grade or Level	11. Step or Rate	12. Total Salary	13. Pay Basis	12A. Basic Pay	12B. Locality Adj	12C. Adj. Basic Pay	12D. Other Pay			<p>15. TO: Position Title and Number</p> <p>PD#: FAC/ORG CODE: MPCN: SEQ#:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 8%;">16. Pay Plan</td> <td style="width: 8%;">17. Occ Code</td> <td style="width: 8%;">18. Grade or Level</td> <td style="width: 8%;">19. Step or Rate</td> <td style="width: 8%;">20. Total Salary/Award</td> <td style="width: 8%;">21. Pay Basis</td> </tr> <tr> <td>20A. Basic Pay</td> <td>20B. Locality Adj</td> <td>20C. Adj. Basic Pay</td> <td>20D. Other Pay</td> <td></td> <td></td> </tr> </table> <p>22. Name and Location of Position's Organization </p>	16. Pay Plan	17. Occ Code	18. Grade or Level	19. Step or Rate	20. Total Salary/Award	21. Pay Basis	20A. Basic Pay	20B. Locality Adj	20C. Adj. Basic Pay	20D. Other Pay		
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EMPLOYEE DATA (HRO USE ONLY)

<p>23. Veterans Preference</p> <table style="width: 100%;"> <tr> <td style="width: 25%;"><input type="checkbox"/> 1 - None</td> <td style="width: 25%;"><input type="checkbox"/> 3 - 10-Point/Disability</td> <td style="width: 25%;"><input type="checkbox"/> 5 - 10-Point/Other</td> <td style="width: 25%;"><input type="checkbox"/> 6 - 10-Point/Compensable/30%</td> </tr> <tr> <td><input type="checkbox"/> 2 - 5-Point</td> <td><input type="checkbox"/> 4 - 10-Point/Compensable</td> <td></td> <td></td> </tr> </table>	<input type="checkbox"/> 1 - None	<input type="checkbox"/> 3 - 10-Point/Disability	<input type="checkbox"/> 5 - 10-Point/Other	<input type="checkbox"/> 6 - 10-Point/Compensable/30%	<input type="checkbox"/> 2 - 5-Point	<input type="checkbox"/> 4 - 10-Point/Compensable			<p>24. Tenure</p> <table style="width: 100%;"> <tr> <td style="width: 33%;"><input type="checkbox"/> 0 - None</td> <td style="width: 33%;"><input type="checkbox"/> 2 - Conditional</td> <td style="width: 33%;"><input type="checkbox"/> 3 - Indefinite</td> </tr> <tr> <td><input type="checkbox"/> 1 - Permanent</td> <td></td> <td></td> </tr> </table>	<input type="checkbox"/> 0 - None	<input type="checkbox"/> 2 - Conditional	<input type="checkbox"/> 3 - Indefinite	<input type="checkbox"/> 1 - Permanent			<p>25. Agency Use</p> <table style="width: 100%;"> <tr> <td style="width: 100%;"><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<p>26. Veterans Preference for RIF</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<input type="checkbox"/> 1 - None	<input type="checkbox"/> 3 - 10-Point/Disability	<input type="checkbox"/> 5 - 10-Point/Other	<input type="checkbox"/> 6 - 10-Point/Compensable/30%															
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<input type="checkbox"/>																		
27. FEGLI	28. Annuitant Indicator	29. Pay Rate Determinant																
30. Retirement Plan	31. Service Comp. Date (Leave)	32. Work Schedule	33. Part-Time Hours Per Biweekly Pay Period															

POSITION DATA (HRO USE ONLY)

<p>34. Position Occupied</p> <table style="width: 100%;"> <tr> <td style="width: 33%;"><input type="checkbox"/> 1 - Competitive Service</td> <td style="width: 33%;"><input type="checkbox"/> 3 - SES General</td> <td style="width: 33%;"><input type="checkbox"/> E - Exempt</td> </tr> <tr> <td><input type="checkbox"/> 2 - Excepted Service</td> <td><input type="checkbox"/> 4 - SES Career Reserved</td> <td><input type="checkbox"/> N - Nonexempt</td> </tr> </table>	<input type="checkbox"/> 1 - Competitive Service	<input type="checkbox"/> 3 - SES General	<input type="checkbox"/> E - Exempt	<input type="checkbox"/> 2 - Excepted Service	<input type="checkbox"/> 4 - SES Career Reserved	<input type="checkbox"/> N - Nonexempt	<p>35. FLSA Category</p> <table style="width: 100%;"> <tr> <td style="width: 100%;"><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<p>36. Appropriation Code</p> <table style="width: 100%;"> <tr> <td style="width: 100%;"><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<p>37. Bargaining Unit Status</p> <table style="width: 100%;"> <tr> <td style="width: 100%;"><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>
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<input type="checkbox"/>												
<input type="checkbox"/>												
<input type="checkbox"/>												
38. Duty Station Code	39. Duty Station <i>(City - County - State or Overseas Location)</i>											

40. AGENCY DATA	41. NEW POSITION	42. REGRADED POSITION	43. VICE	44. QUALIFICATION STANDARDS USED	
45. EDUCATIONAL LEVEL	46. YR. DEGREE ATTAINED	47. Academic Discipline	48. FUNCTIONAL CLASS	49. CITIZENSHIP	51. SUPERVISORY STATUS
				<input type="checkbox"/> 1-USA <input type="checkbox"/> 8-OTHER	<input type="checkbox"/> Y-YES <input type="checkbox"/> N-NO

PART C - REVIEWS & APPROVALS (HRO USE ONLY)

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
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PART D - REMARKS BY THE REQUESTING OFFICE

*Note to Requesting Office: Please include any additional information required to process this request. (ie: Application, Selection , AUS/RTD Documents, Name Change Documents, Selection Packet, Resume, Etc.)

Have all required forms been attached to the SF52?


YES NO

REQUIRED REMARKS 

Area of Consideration: ON BOARD AIR TECHS ON BOARD ARMY TECHS MEMBERS OF IDANG MEMBERS OF IDARNG
ALL ELIGIBLE FOR MEMBERSHIP IN: IDANG IDARNG

Minimum Military Grade:

Maximum Military Grade:

 Position Status:

Position Supervised by:

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 LWOP/Resignation and current address of resigning employee(NOTE: Your reasons are used in determining possible unemployment benefits. Please be specific and avoid generalizations. Your resignation 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>)
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