

# REQUEST FOR PERSONNEL ACTION

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

1. Actions Requested	2. Request 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 Preparation of SF 50 (Use only codes in FPM Supplement 292-1. Show all dates in month-day-year order.)

1. Name <i>(Last, First, Middle)</i>	2. Social Security Number	3. Date of Birth	4. Effective Date
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### 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

<b>7. FROM: Position Title and Number</b>	<b>15. TO: Position Title and Number</b>																												
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14. Name and Location of Position's Organization	22. Name and Location of Position's Organization																												

### EMPLOYEE DATA

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

### POSITION DATA

34. Position Occupied <input type="checkbox"/> 1 - Competitive Service <input type="checkbox"/> 3 - SES General <input type="checkbox"/> 2 - Excepted Service <input type="checkbox"/> 4 - SES Career Reserved	35. FLSA Category <input type="checkbox"/> E - Exempt <input type="checkbox"/> N - Nonexempt	36. Appropriation Code <input type="checkbox"/>	37. Bargaining Unit Status <input type="checkbox"/>			
38. Duty Station Code <input type="checkbox"/>	39. Duty Station <i>(City -- County -- State or Overseas Location)</i> <input type="checkbox"/>					
40. Agency Data <input type="checkbox"/>	41. <input type="checkbox"/>	42. <input type="checkbox"/>	43. <input type="checkbox"/>	44. <input type="checkbox"/>		
45. Educational Level <input type="checkbox"/>	46. Year Degree Attained <input type="checkbox"/>	47. Academic Discipline <input type="checkbox"/>	48. Functional Class <input type="checkbox"/>	49. Citizenship <input type="checkbox"/> 1 - USA <input type="checkbox"/> 8 - Other	50. Veterans Status <input type="checkbox"/>	51. Supervisory Status <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
<b>A.</b>			<b>D.</b>		
<b>B.</b>			<b>E.</b>		
<b>C.</b>			<b>F.</b>		
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 or 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. Reason 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>
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**PART 5 -- Remarks for SF 50**