

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 (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				24. Tenure			25. Agency Use		26. Veterans Pref for RIF	
1 - None 3 - 10-Point/Disability 5 - 10-Point/Other 2 - 5-Point 4 - 10-Point/Compensable 6 - 10-Point/Compensable/30%				0 - None 2 - Conditional 1 - Permanent 3 - Indefinite					<input type="checkbox"/> YES <input type="checkbox"/> NO	
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

34. Position Occupied			35. FLSA Category		36. Appropriation Code		37. Bargaining Unit Status	
1 - Competitive Service 3 - SES General 2 - Excepted Service 4 - SES Career			E - Exempt N - Nonexempt					
38. Duty Station Code			39. Duty Station (City - County - State or Overseas Location)					

40. Agency Data	41.	42.	43.	44.		
45. Educational Level	46. Year Degree Attained	47. Academic Discipline	48. Functional Class	49. Citizenship	50. Veterans Status	51. Supervisory Status
				1 - USA 8 - Other		

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

Selecting Official (Name/Phone/Email): _____
 Position Vice and Reason: _____
 Type of Appointment: _____
 Area of Consideration (AOC): _____
 Immediate Supervisor: _____
 Min/Max Military Grade, if required: _____
 Military Compatibility requirements (MOS, AFSC): _____
 OTHER NOTES (Recommended Select Placement Factors, Security Clearance, Driver License, Required Certification, Period to become certified):

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.

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.

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

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.

- 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 (Number, Street, City, State, ZIP Code)

PART F - Remarks for SF 50

HRO USE ONLY

FEGLI CODE:
FEHB CODE:

TOTAL LEAVE OUTLINE:

FAX SF-2810:
FAX TSP-41:
ABSENT US START DATE:
SCD + DAYS

COMP TIME: FROM THRU
 MIL LEAVE: FROM THRU
 ANNUAL LV: FROM THRU
 ABSENT (KG): FROM THRU

H/O NOTIFIED: SF75:
 APPLICANT ACCEPT: 89 DM:
 ROSTER UPDATED: PHYSICAL:
 USA AUDIT: MEMO:
 T5 CLEARANCE: I-9:
 SUPERIOR QUALS: 3 R's:
 180 DAY WAIVER: