Standard Form 52 Rev. JUL 1991 U.S. Office of Personnel Management FPM Supp. 296-33, Subch. 3

## REQUEST FOR PERSONNEL ACTION

	-	esting Offi	ice (4	Also com	plete Part B	, Items 1, 7-2.	2, 32, 33, 36	and 39.)							
1. Actions R	equested												2. Reques	st Number	
3. For Additional Information Call (Name and Telephone Number)												4. Proposed Effective Date			
5. Action Requested By ped Name, Title, Signature, and Request Date)								6. Action Authorized By Carped Name, Title, Signature, and Cor							
5. Action Re	equested By	ped Na	ame, Title, S	Signature	, and Reque	est Date)		6. Action A	uthorized By	ped Nan	ne, Title, Sig	nature, ai	nd Concur	rence Da	le)
		reparation	of SF 50	(	Use only co	des in FPM S	Supplement 2			month-day-year					
1. Name <i>(L</i>	Last, First,	Middle)						2. Social S	ecurity Num	oer (	3. Date of Bir	th	4. Effecti	ve 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							
	o D. Edgai Additions														
5-E. Code	5-F. Legal Authority						6-E. Code 6-F. Legal Authority								
7 FROM:	Position	Title and N	umber					15. TO: F	osition T	tle and Num	ber				
		THIS GIRG IV	u												
8. Pay Plan 9.	. Occ. Code 1	Grade or Level	11.Step or Rate	12. T	otal 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 P	Pay	12B. Locality	Adj.	12C. Adj.	Basic Pay	12D. Other	Pay	20A. Basic P	ay	20B. Locality Adj	j. 200	C. Adj. Basi	ic Pay	20D. Othe	r Pay
14 Name a	nd Location	of Position's C	Organization					22. Name and Location of Position's Organization							
			3								<b>J</b>				
EMPLO 23. Veterans	YEE DAT s Preference							24. Tenure			25. Agend	v Use	26.Veteran	s Preferen	ce for RIF
	1 - None 2 - 5-Point	3 - 10	)-Point/Disabil )-Point/Compe	ity ensable		Point/Other Point/Compen	sable/30%	0 - None 2 - Conditional 1 - Permanent 3 - Indefinite YES				NO			
27. FEGLI	2 - 3-1 01111	4-10	5-F OITI/COTTIPE	il Sable	0 - 10-	r om compen	Sable/30 /6	28. Annuitant Indicator 29. Pay Rate De			te Determi				
30. Retireme	ent Plan				31. Serv	rice Comp. Dat	e (Leave)	32. Wo	- Jedule				33. Part Ti	Biweekly	
POSIT	<u>≥</u> N DATA	A											][	Pay Perio	id .
34. Positcupied 35. FLSA Category							36. Appropriation Code 37. Bargaining Unit Status					Status			
	2 - Excepte	tive Service d Service	3 - SES Ger 4 - SES Car	reer Rese		N - Nor	nexempt		•						
38. Duty Sta	ation Code				39. [	Outy Station	(City Cou	ınty State d	or Overseas	: Location)					
40. Agency	Data	41.			42.		43.		44.						
									49. Citize	nohin	50. Vetera	ne Statue	I51 Qu	pervisory	Statue
45. Education	onal Level	46.Yea	r Degree Atta	iined	47. Academic	Discipline	48. Function	nal Class		- USA 8 - Other	$\vdash$	no Otatus	51.00	pervisory .	Jiaias
PART C	- Revie	ws and Ap	provals	(N	ot to be use	d by requesti	ing office.)		1	- OOA O - Other					
1. Office/Function			Initial	s/Signatu	ıre		Date	Office/Function			Initials/Signature				Date
Α.								D.							
В.								E.						†	
								<u> </u>							
C.								F.							
		the information			accurate and t	hat the propos	ed action	Signature						Approva	al Date
ic in complian	aco with etati	itory and rogula	tory roquirom	onte				Ī						i .	

PART D Remarks by Reques	ting Office
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(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 seperate sheet and attach to SF 52.)









## PART E -- Employee Resignation/Retirement

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

## PRIVACY ACT STATEMENT

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.

title 3, 0.3. Code. Get	Alons 301 and 3301 authorize of M and agencies to t	ssuc	benefits to which you may be	entitieu.					
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.)									
O. Effective Date	2. Value Cimantura	Id Data Cianad	I. Famuradia a Addasa	(1)					
2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address	(Number, Street, City, State, Zip Code)					
PART 5 Remarks for SF 50									