Announcement Number:

Automated Standard Form 52 U.S. Office of Personnel Management FPM Supp. 296-33, Subch. 3 IDNG HRO Version 1

REQUEST FOR PERSONNEL ACTION

| PART A -] 1. Action Rec | | STING OI | FFICE (Mu | ist complete | PART A B | Blocks | 1, 3-6; P | ART | B Blo | cks 1-3 | 3, <i>7-1</i> | 5 if app | | ? & app RO Log N | | | | |
|--|---|-------------------|-------------------|---------------------------------------|----------------|--|-----------------------------|---|----------------------|--|---------------|----------------------------------|---|---------------------|----------------------------|--------------------|--|--|
| 3. For Additional Information Call (Name and Telephone Number) | | | | | | | | | | | | | | | 4. Proposed Effective Date | | | |
| 5. Action Rec | quested By | (Typed Name | e, Title, Signati | ure, and Reques | st Date) | | 6. Action | Autho | orized By | y (Typed | Name | , title, sig | nature, a | and Conc | curren | ce Date | | |
| PART B - FOR PREPERATION OF SF 50 1. Name (Last, First, Middle) | | | | | | | | Social Security Number 3. Date of Birth 4. Effective Date | | | | | | | | | | |
| 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 | e | 6-D. Legal Authority | | | | | | | | | |
| 5-E. Code 5-F. Legal Authority | | | | | | | | Code 6F. Legal Authority | | | | | | | | | | |
| 7. FROM: Position Title and Number | | | | | | | | 15. TO: Position Title and Number | | | | | | | | | | |
| 7. I KOM. | 1 osition | Title and IV | umber | | | | 13. 10. | 1 051 | ition in | uc anu | ıvuili | DCI | | | | | | |
| PD#: | FAC/O | RG CODE: | MPC | N٠ | SEO#: | | PD#: | | FAC/O | ORG CO | DF. | | MPCN: | | S | SEO#: | | |
| | | 0. Grade or Level | 11. Step or Rate | 12. Total Salary | 13. Pay l | Basis | 16. Pay Plan | 17. Oc | | 18. Grade or | | 19. Step or R | | Total Salary/A | | 21. Pay Basis | | |
| 12A. Basic Pay | | 12B. Locality Adj | 12C. A | dj. Basic Pay | 12D. Other Pay | | 20A. Basic Pay | | | 20B | . Locality | Adj 20C | . Adj. Basic P | Pay | 20D. O | ther Pay | | |
| | | TA (HRC |) USE ONI | .Y) | | | 24. Tenur | | | | | 25. A con- | ov Uso | 1 26 Ve | oterans I | Preference for RIF | | |
| 23. Veterans Preference 1 - None 3 - 10-Point/Disability 2 - 5-Point 4 - 10-Point/Compensable | | | | | | | | 0 - None 2 - Conditional 1 - Permanent 3 - Indefinite | | | | | gency Use 26. Veterans Preference for RIF YES NO | | | | | |
| 27. FEGLI | 2 - 5-Point 4 - 10-Point/Compensable 6 - 10-Point/Compensable/30% 27. FEGLI | | | | | 28. Annuitant Indicator 29. Pay Rate Dete | | | | | | | | | | | | |
| 30. Retiremen | 10. Retirement Plan 31. Service Comp. Date (Lea | | | | .eave) | 32. Work Schedule | | | | | | 33. Part-Time Hours Per Biweekly | | | | | | |
| POSITION | N DATA | (HRO U | JSE ONLY |) | | | | | | | | | | | ļ_ | Pay Period | | |
| 34. Position Occupied 35. FLSA Category | | | | | | | | 36. Appropriation Code 37. Bargaining Unit | | | | | | | | | | |
| 1 - Competitive Service 3 - SES General E - Exempt N - Nonexempt | | | | | | | | | | | | | | | | | | |
| 38. Duty Station Code 39. Duty Station (City - County - | | | | | | | State or Overseas Location) | | | | | | | | | | | |
| 40. AGENCY | / DATA | 41. NEW | POSITION | 42. REGRADI | ED POSITION | 43. | VICE | | 44. QU. | ALIFICA | ATIO | N STANI | OARDS U | USED | | | | |
| 45. EDUCATIONAL LEVEL 46.YR.DEGREE ATTAINED 47. Aca | | | | 47. Academic | e Discipline | ACTIONAL CLASS 49. CITIZENSHIP 1-USA 8-OTHER | | | | 50. Vietnam Era Vet 51. SUPERVISORY STATUS ER Y-YES N-NO | | | | | | | | |
| | | WS & API | | (HRO USE | _ , _ / | _ | . 06 | e* /TC- | | | | T-::4:-1 | -/C:4 | | | Data | | |
| 1. Office/Function A. | | | Initials/Sign | ature | ture Date | | Office/Function D. | | | Initials/Signature | | | | Date | | | | |
| B. | | | | | | | Е. | | | | | | | | | | | |
| C. | | | | | | | F. | | | | | | | | | | | |
| | | | | on this form is a ry and regulator | | | Signature | | | | | | | | | Approval Date | | |

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

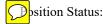
REQUIRED REMARKS

Area of Consideration: ON BOARD AIR FED EMP ON BOARD ARMY FED EMP MEMBERS OF IDANG MEMBERS OF IDANG

ALL ELIGIBLE FOR MEMBERSHIP IN: IDANG IDARNG OPEN TO PUBLIC

Minimum Military Grade:

Maximum Military Grade:



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).

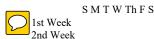
| 2. Effective Date 3. Your Signature | 4. Date Signed | 5. Forwarding Address (Number, Street, City, State, ZIP Code) |
|---------------------------------------|----------------|---|
| | | |
| | | |

PART 5 -- Remarks for SF 50

Reason for ABSENT:

IF ABSENT FOR MILITARY DUTY - ATTACH COPY OF ORDERS & EMPLOYEE MUST OUT-PROCESS HRO

Employee's regular work schedule:



Total Leave outline:

OMP TIME: FROM

IIL LEAVE: FROM

ANNUAL LV: FROM

ABSENT (KG): FROM

THRU

THRU

THRU