

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
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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				

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
<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%	<input type="checkbox"/> 0 - None <input type="checkbox"/> 2 - Conditional <input type="checkbox"/> 1 - Permanent <input type="checkbox"/> 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
<input type="checkbox"/> 1 - Competitive Service <input type="checkbox"/> 3 - SES General <input type="checkbox"/> 2 - Excepted Service <input type="checkbox"/> 4 - SES Career	<input type="checkbox"/> E - Exempt <input type="checkbox"/> 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
			<input type="checkbox"/> 1 - USA <input type="checkbox"/> 8 - Other	50. Veterans Status
				51. Supervisory Status

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
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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 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 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 F - Remarks for SF 50

NEW

I/A: _____

MR#: _____

IP#: _____

CLASSIFICATION AND PERFORMANCE MANAGEMENT RECORD

- Performance Plan
- Performance Appraisal
- Performance Recognition
- Progress Review
- Position Description

Employee's Name: _____ Social Security No.: _____

Position Title: _____

Pay Plan, Series, Grade/Step: _____

Organization: 1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

Rating Period: _____

Covered By: Senior Executive Service Other _____

General Workforce _____

PART A—POSITION DESCRIPTION

POSITION CERTIFICATION—I certify that this is an accurate statement of the major duties and responsibilities of the position and its organization relationships and that the position is necessary to carry out Government functions for which I am responsible. This certification is made with the knowledge that this information is to be used for statutory purposes relating to appointment and payment of public funds and that false or misleading statements may constitute violation of such statute or their implementing regulations.

SUPERVISOR'S SIGNATURE	DATE	SECOND LEVEL SUPERVISOR	DATE

CLASSIFICATION CERTIFICATION

OFFICIAL TITLE: _____

PP:	SERIES:	FUNC:	GRADE:	I/A: <input type="checkbox"/> YES <input type="checkbox"/> NO
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I certify that this position has been classified as required by Title 5, US Code, in conformance with standards published by the OPM or, if no published standard applies directly, consistently with the most applicable published standards.

NAME AND TITLE OF CLASSIFIER	SIGNATURE	DATE

PART B—PERFORMANCE PLAN

This plan is an accurate statement of the work that will be the basis of the employee's performance appraisal.

NAME AND TITLE OF FIRST LINE SUPERVISOR/RATING OFFICIAL	SIGNATURE	DATE

APPROVAL—I agree with the certification of the position description and approve the performance plan.

NAME AND TITLE OF APPROVING OFFICIAL OR SES APPOINTING AUTHORITY	SIGNATURE	DATE

EMPLOYEE ACKNOWLEDGEMENT —My signature acknowledges discussion of the position description and receipt of the plan, and does not necessarily signify agreement.	SIGNATURE	DATE

PRIVACY ACT STATEMENT—Disclosure of your social security number on this form is voluntary. The number is linked with your name in the official personnel records system to ensure unique identification of your records. The social security number will be used solely to ensure accurate entry of your performance rating into the automated record system.

MASTER RECORD/INDIVIDUAL POSITION DATA

A. KEY DATA

1. FUNCTION (1) <small>A/C/D//R</small>	2. DEPT. CD/AGCY-BUR CD (4)	3. SON (4)	4. MR NO (6)	5. GRADE (2)	6. IP NO (8)
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B. MASTER RECORD

1. PAY PLAN (2)	2. OCC SER (4)	3. OCC FUNC CD (2)	4. OFF TLE-PF/CD/SF (6) <small>PFIX TITLE CD SFIX</small>			5. OFF TITLE (38) (32 W/ PF OR SF) (26 W/ PF AND SF)						
6. HQ/FLD CD (1) <small>1=HQ 2=FLD</small>		7. SUPV CD (1) <small>1=SUPV SGEG 2=SUPV GSSG 3=MGR SGEG 4=SUPV CSRA 5=MGT CSRA 6=LDR LGEG 8=ALL OTHERS</small>		8. CLASS STD CD (1) <small>X=NEW STD BLANK=N/A</small>		9. INTERDIS CD (1) <small>N=NO Y=INTERDIS</small>			10. DATE CLASS (6) <small>MO DAY YEAR</small>			
11. EARLY RET CD (1) <small>1=PRIMARY 2=SECONDARY 3=FOREIGN SVC BLANK=N/A</small>		12. INACT/ACT (1) <small>A=ACTIVE I=INACTIVE</small>		13. DT ABOL (6) <small>MO DAY YEAR</small>			14. DT INACT/REACT (6) <small>MO DAY YEAR</small>			15. AGCY USE (10)		
16. INTERDIS SERIES (40) <small>(4) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4)</small>												
17. INTERDIS-PF/CD/SF (50) (32 W/ PF OR SF) (26 W/ PF AND SF) <small>(6) (6) (6) (6) (6) (6) (6) (6) (6) (6) (6) (6)</small>												

C. INDIVIDUAL POSITION

1. FLSA (1) <small>E=EXEMPT N=NONEXEMPT</small>		PAY TBL (6)		2. FIN DS (1) <small>0=NONE 3=SF-278 4=SF-450</small>		PROC INTG (1) <small>Y=YES N=NO</small>		3. POS SCHED (1) <small>A=SCH A B=SCH B C=SCH C 0=EXCEPTED BUT NOT A,B,C</small>			4. POS SENS (2) <small>1=LOW RISK 2=NONCRIT/SENS 3=CRIT/SENS 4=SPECIAL SENS 5=MOD RISK 6=HIGH RISK C=ADP N=NON-ADP</small>			4A. DRUG TS (1)		
6. WK TITLE CD (4)		7. WK TITLE (38)													5. COMP LVL (4)	
8. ORG STR CD (18) <small>(1st) (2nd) (3rd) (4th) (5th) (6th) (7th) (8th)</small>								9. VAC REV CD (1) <small>0=POSN ACTION NO VACANCY A=NO CHANGE B=LOWER GRADE C=HIGHER GRADE D=DIFFERENT TITLE AND/OR SERIES E=NEW POSN/NEW FTE</small>								
10. TARGET GRADE (2)		11. LANG REQ (2)		12. PROJ DUTY IND (1) <small>BLANK=N/A Y=YES</small>		13. DUTY STATION (9) <small>ST (2) CITY (4) CNTY (3)</small>		14. BUS CD (4)		15. DT LST AUDIT (6) <small>MO DAY YEAR</small>			16. PAS IND/LEO (1) <small>BLANK=N/A 1=PAS A=LEO</small>		17. DATE-EST (6) <small>MO DAY YEAR</small>	
18. GRADE BASIS IND (1) <small>1=REV WHEN VACANT 2=IMPACT OF PERSON 3=SUP/GSSG 4=SUP/PROGRAM 5=RGE 6=POLICY ANAL GEG 7=EQUIP DEV GUIDE</small>						19. DT REQUEST RECD (6) <small>MO DAY YEAR</small>			20. NTE DATE (6) <small>MO DAY YEAR</small>			21. POS ST BUD (1) <small>Y=PERM N=OTHER</small>				
22. MAINT REV/CLASS ACT CD (2) (1ST DIGIT=ACTIVITY AND 2ND DIGIT=RESULTS)																
ACTIVITY <small>1=AUDIT (COUNTED TOWARDS MAINTENANCE REVIEW) 2=OTHER ACTIVITY</small>					RESULTS <small>1=NO ACTION REQUIRED 2=MINOR PD CHANGE 3=NEW PD REQUIRED 4=TITLE CHANGE 5=SERIES CHANGE 6=POSN UPGRADE 7=POSN DOWNGRADE 8=NEW POSN 9=OTHER</small>											
23. DATE EMP ASGN (6) <small>MO DAY YEAR</small>			24. DATE ABOL (6) <small>MO DAY YEAR</small>			25. INACT/ACT (1) <small>A=ACTIVE I=INACTIVE</small>		26. DATE INACT/REACT (6) <small>MO DAY YEAR</small>			27. ACCTG STAT (4)		28. INTASGN SER (4)		29. AGENCY USE (8)	
30. PERSONNEL MANAGEMENT SPECIALIST'S SIGNATURE											31. DATE					
32. REMARKS																