

# **KANSAS NATIONAL GUARD**

## **Technician Personnel Pamphlet 296**

### **PROCESSING PERSONNEL ACTIONS FOR KANSAS ARMY AND AIR NATIONAL GUARD TECHNICIANS**

Office of Primary Responsibility:  
Human Resources Office  
2722 SW Topeka Blvd  
Topeka, Kansas 66611-1287

16 November 2009

Office of the Adjutant General

**KANSAS NATIONAL GUARD  
PROCESSING PERSONNEL ACTIONS FOR KANSAS ARMY AND AIR NATIONAL GUARD  
TECHNICIANS**

The information within this pamphlet is applicable to all technician personnel of the Kansas Army and Air National Guard. Users are invited to send comments and suggested improvements to: JFHQKS-J1/HRO, 2722 SW Topeka Blvd, Rm 142, Topeka, Ks 66611-1287.

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## CHAPTER 1 – GENERAL GUIDANCE

1. REFERENCE - The Guide to Processing Personnel Actions; [www.opm.gov/feddata/gppa/gppa.asp](http://www.opm.gov/feddata/gppa/gppa.asp)
2. PURPOSE – This pamphlet is to assist and give guidance to those supervisors, management officials, and employees in the processing of requests for personnel actions. The basic information needed by the requesting official to complete most types of actions can be found in this pamphlet. In situations that involve personnel actions that are less common, contact the Human Resources Office (HRO) for proper procedures.
3. HOW TO USE THIS PAMPHLET – TPP 296 is comprised of example Standard Form (SF)-52's and is arranged by actions that govern technician personnel. TPP 296 is not applicable to the Active Guard and Reserve (AGR) program. Adverse actions have been intentionally omitted from this pamphlet; contact HRO for guidance.

### 4. RESPONSIBILITIES:

A. The Human Resources Office will review and approve all SF-52's for the purpose of manpower management. The various functions within the HRO will take appropriate personnel-management action on all SF-52's approved by the Human Resources Officer.

#### B. Managers and Supervisors will:

- i. Thoroughly evaluate decisions regarding job placement, promotions, reassignments and other personnel actions.
- ii. Consult the HRO staff as needed in determining position requirements and technical aspects of requesting or taking actions.
- iii. Assure that all administrative requirements are met before requesting action.
- iv. Assure that all items on the SF-52 are correct (i.e. name spelling, date of birth, social security number, position title and number).
- v. Assure that all required blocks are completed and provide additional remarks needed by HRO in Part D of the SF-52.
- vi. Initiate all personnel actions except those which are generated by the HRO (i.e., completion of trial periods, automatic conversions, within-grade increases) and those actions initiated by individual technicians. Manager/Supervisor initiated personnel actions include:

Appointment  
 Change in work schedule  
 Change to lower grade  
 Death  
 Detail  
 Extension of temporary appointment  
 Extension of temporary promotion  
 Promotion

- Promotion NTE (Temporary)
- Reassignment
- Request for fill
- Termination

C. Individual technicians are responsible for requesting the following personnel actions:

- Change to lower grade (voluntary)
- Leave without pay (LWOP)
- Name change
- Resignation
- Retirement
- Return to duty
- Separation for military service
- Separation for transfer to another agency (For transfers outside of National Guard only)

**CHAPTER 2 – PREPARING AND PROCESSING THE SF-52 REQUEST FOR PERSONNEL ACTION**

1. REQUIRED INFORMATION - Information needed to complete the SF-52 can be obtained from the individual technician’s NGB 904-1 Supervisors Record of Technician Employment or the automated Supervisor Brief. The automated Supervisor Brief can be requested through the HRO.

A. Required blocks to be completed on specific personnel actions can be found in the example section of this pamphlet.

B. The following blocks on all SF-52’s will **not** be completed by managers/supervisors or individual technicians:

- Part A: Block 2 (Request Number)
- Part B: Block 4 (Effective Date)
- Part B: Blocks 5-A through 6-F (Nature of action and authority codes)
- Part F: Remarks for SF-50

2. SUBMITTING SF-52’s - The Human Resources Office requires **a minimum of 10 working days prior to the effective date** to process a personnel action. All SF-52’s should reach the HRO at least ten working days in advance of the proposed effective date to ensure final processing by the desired effective date. The unit or employing activity should retain a suspense copy of the SF-52 until the action is complete.

3. EFFECTIVE DATES - Effective dates for most personnel actions will occur on the beginning of a technician pay period. Appointment actions will be effective the first official workday of the employee.

FOR THE ADJUTANT GENERAL:

  
 KATHRYN L. HULSE, Col, KSNG  
 Human Resources Officer

## **APPENDIX 1 – GLOSSARY**

**Adverse Action** – A personnel action considered unfavorable to an employee, e.g., removal, suspension, furlough, or reduction in grade or pay.

**Appointment** – Any personnel action that brings an individual onto the rolls (staff) of an agency.

**Change in Work Schedule** – A personnel action that changes an employee's work schedule from full-time to part-time or part-time to full-time.

**Change to Lower Grade** – Personnel action that moves an employee, while serving continuously in the same agency, to a position at a lower grade when both the old and new positions are under the General Schedule or under the same type graded wage schedule.

**Detail** – The temporary assignment of a technician to a different position for a specified period (NTE 120 days), with the technician returning to his/her regular duties at the end of the detail. A position is not considered filled by a detail, as the technician continues to be the incumbent of the position from which detailed. Details for over 30 days are documented with a SF-52, Request for Personnel Action.

**Grade Retention** – Retention of an eligible technician's grade for a period not to exceed two years when demoted by reduction in force or reclassification.

**Leave Without Pay** – A temporary nonpay status and nonduty status (or absence from a prescheduled tour of duty) granted at the employee's request. LWOP-US is a nature of action specifically used to document a leave of absence to perform duty with the uniformed services.

**Position Change** – A move by an employee from one position to another position during the employee's continuous service within the same agency. When the move establishes the employee's eligibility for grade retention under 5 United States Code (U.S.C.) 5362, the nature of action for the move is also called "Position Change." It is also called a "Position Change" when an employee who is already entitled to grade retention moves to another position at or below his or her retained grade. Moves when the employee is not entitled to grade retention are called promotions, changes to lower grader or reassignments.

**Promotion** – A nature of action used to document personnel actions that change an employee (1) to a position at a higher grade level within the same job classification system and pay schedule or (2) to a position with a higher rate of basic pay in a different job classification system and pay schedule.

**Promotion Not to Exceed (NTE)** – A promotion made on a temporary basis. Promotion NTE is also used when an employee, who is entitled to grade retention under 5 United State Code (U.S.C.) 5362, is temporarily assigned to a position at a grade above the retained grade.

**Reassignment** – Change of an employee from one position to another without promotion or change to lower grade. Reassignment includes: (1) movement to a position in a new occupational series or to another position in the same series; (2) assignment to a position that has been re-described due to the introduction of a new or revised classification or job grading standard; (3) assignment to a position that has been re-described as a result of position review; and (4) movement to a different position at the same grade but with a change in salary that is the result of different local prevailing wage rates or a different locality payment.

**Resignation** – A separation action initiated by the employee to leave Federal civil service.

**Retirement** – Separation from the service when employee is eligible to obtain an immediate annuity.

Return to Duty – Placement of an employee back in pay and duty status after absence for furlough, suspension or leave without pay.

Separation-US (uniformed services) is a separation action when the employee enters on duty with the uniformed services and provides written notice of intent not to return to a position of employment with the agency or elects to be separated in lieu of placement in a leave without pay status.

Temporary Appointment – An appointment made for a limited period of time and with a specific not-to-exceed (NTE) date determined by the authority under which the appointment is made.

Temporary Promotion – A promotion made for a limited period of time and with a specific not-to-exceed (NTE) date determined by the authority under which the promotion is made.

Termination – A separation action initiated by either the employee or the agency when the employee moves from one agency to another agency or an agency initiated separation of an employee who is serving an initial appointment probation or trial period required by agency regulations.

## **APPENDIX 2 – EXAMPLE SF-52's REQUEST FOR PERSONNEL ACTION**

Examples of Standard Form 52's are on the following pages in the following order:

- Appointment
- Change in work schedule
- Change to lower grade
- Death
- Detail
- Extension of temporary appointment
- Extension of temporary promotion
- Leave without pay (personal)
- Leave without pay (US: Due to active duty or military training)
- Name change
- Promotion
- Promotion NTE (temporary)
- Reassignment
- Request for fill
- Resignation
- Retirement-Voluntary
- Return to duty
- Separation
- Termination

Fillable SF-52 examples can be found on the HRO website <https://www.ks.ng.mil/jfhq/hro/docs/default.aspx>

## REQUEST FOR PERSONNEL ACTION

### PART A - Requesting Office (Also complete Part B, Items 1, 7-22, 23, 32,33, and 39)

1. Actions Requested <b>APPOINTMENT (SPECIFY: PERMANENT, INDEFINITE OR TEMPORARY)</b>	2. Request Number
3. For Additional Information Call (Typed Name and Telephone Number) <b>NAME OF PERSON TO CONTACT (785) 274-XXXX</b>	4. Proposed Effective Date <b>MM-DD-YYYY</b>
5. Action Requested By (Typed Name, Title, Signature and Request Date) <b>SIGNATURE AND TYPED NAME, NORMALLY SUPERVISOR</b>	6. Action Authorized By (Typed Name, Title, Signature, and Concurrence Date) <b>SIGNATURE AND TYPED NAME, COMMAND ADMINISTRATIVE OFFICER/DIRECTORATE/WING COMMANDER</b>

### 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) <b>EMPLOYEE'S NAME</b>	2. Social Security Number <b>123-45-6789</b>	3. Date of Birth <b>MM-DD-YYYY</b>	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 <b>MILITARY PERSONNEL CLERK POSITION AND POSITION DESCRIPTION NUMBER (OBTAINED FROM FULL-TIME MANNING DOCUMENT)</b>
8. Pay Plan	16. Pay Plan <b>GS</b>
9. Occ. Code	17. Occ. Code <b>0204</b>
10. Grade or Level	18. Grade or Level <b>05</b>
11. Step or Rate	19. Step or Rate
12. Total Salary	20. Total Salary
13. Pay Basis	21. Pay Basis
12A. Basic Pay	20A. Basic Pay
12B. Locality Adj.	20B. Locality Adj.
12C. Adj. Basic Pay	20C. Adj. Basic Pay
12D. Other Pay	20D. Other Pay
14. Name and Location of Position's Organization	22. Name and Location of Position's Organization <b>JFHQ-KSNG 2800 SW TOPEKA BLVD TOPEKA, KS 66611-1287</b>

### EMPLOYEE DATA

23. Veterans Preference 1 - None    3 - 10 Point/Disability    5 - 10 Point/Other 2 - 5-point    4 - 10-Point/Compensable    6 - 10-point/Compensable/30%	24. Tenure 0 - None    2 - Conditional 1 - Permanent    3 - Indefinite	25. Agency Use	26. Veterans Preference for RIF <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 1 - Competitive Service    3 - SES General 2 - Excepted Service    4 - SES Career Reserved	35. FLSA Category E - Exempt N - Nonexempt	36. Appropriation Code	37. Bargaining Unit Status
38. Duty Station Code	39. Duty Station (City - County - State or Overseas Location) <b>CITY, COUNTY, STATE (I.E. TOPEKA, SHAWNEE, KANSAS)</b>		

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

### PART C - Review 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**

(Note to Supervisors: Do you know of additional or conflicting reasons for the employee's resignation/retirement?

Yes  No

If "YES", please state these facts on a separate sheet and attach to SF 52.)

**FOR PERM OR INDEF: INCLUDE JOB ANNOUNCEMENT NUMBER INDIVIDUAL WAS HIRED FROM (EXAMPLE: AR-06-045). WHO IS THE POSITION VICE AND WAS THE INCUMBENT PROMOTED, REASSIGNED, CHANGE TO LOWER GRADE OR SEPARATED.**

**FOR TEMPORARY INCLUDE REASON WHY TEMP APPOINTMENT IS NEEDED, I.E. TO ASSIST WITH ADDITIONAL BACK LOG. TEMP APPOINTMENTS WILL NOT EXCEED 240 DAYS. APPLICANT MUST SUBMIT AN OF 612 APPLICATION. A RESUME MAY BE USED TO IDENTIFY PRIOR EXPERIENCE BUT MUST BE ACCOMPANIED BY A SIGNED OF 612. APPLICANT MUST COMPLETE, SIGN AND SUBMIT AN OF 306, DECLARATION FOR FEDERAL EMPLOYMENT. APPLICANTS MUST MEET THE QUALIFICATION STANDARDS ESTABLISHED FOR THE POSITION. THE OF 612, RESUME (IF USED) AND OF 306 FROM THE APPLICANT MUST BE ATTACHED TO THE SF 52 REQUESTING TEMP APPOINTMENT.**

**FOR ALL INCLUDE CURRENT DUTY MOS/AFSC OF INDIVIDUAL HIRED, MILITARY RANK OF INDIVIDUAL HIRED, POSITION SENSITIVITY CODE AND ANY OTHER PERTINENT INFORMATION.**

**PART E - Employee Resignation/Retirement**

**Privacy Act Statement**

You are requested to furnish a specific reason for your resignation or retirement and with regard to employment of individuals in the Federal service and their records, while forwarding address. Your reason may be considered in any future decision regarding your section 8506 requires agencies to furnish the specific reason for termination of Federal re-employment in the Federal service and may also be used to determine your eligibility for service to the Secretary of Labor or a State agency in connection with administration of unemployment compensation benefits. Your forwarding address will be used primarily to unemployment compensation programs. mail you copies of any documents you should have or any pay or compensation to which you are entitled.

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.

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

- 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 (Number, Street, City, State, Zip Code)
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**PART F - Remarks for SF 50**

## REQUEST FOR PERSONNEL ACTION

### PART A - Requesting Office (Also complete Part B, Items 1, 7-22, 23, 32,33, and 39)

1. Actions Requested <b>CHANGE IN WORK SCHEDULE</b>	2. Request Number
3. For Additional Information Call (Typed Name and Telephone Number) <b>NAME OF PERSON TO CONTACT (785) 274-XXXX</b>	4. Proposed Effective Date <b>MM-DD-YYYY</b>
5. Action Requested By (Typed Name, Title, Signature and Request Date)  <b>SIGNATURE AND TYPED NAME, USUALLY SUPERVISOR</b>	6. Action Authorized By (Typed Name, Title, Signature, and Concurrence Date)  <b>SIGNATURE AND TYPED NAME, COMMAND ADMINISTRATIVE OFFICER/DIRECTORATE/WING COMMANDER</b>

### 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) <b>EMPLOYEE'S NAME</b>	2. Social Security Number <b>123-45-6789</b>	3. Date of Birth <b>MM-DD-YYYY</b>	4. Effective Date								
<b>FIRST ACTION</b>		<b>SECOND ACTION</b>									
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 <b>MILITARY PERSONNEL CLERK                  POSITION AND POSITION DESCRIPTION NUMBER                  (OBTAINED FROM FULL-TIME MANNING DOCUMENT)</b>									
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	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  <b>JFHQ-KSNG                  2800 SW TOPEKA BLVD                  TOPEKA, KS 66611-1287</b>					

### EMPLOYEE DATA

23. Veterans Preference 1 - None    3 - 10 Point/Disability    5 - 10 Point/Other 2 - 5-point    4 - 10-Point/Compensable    6 - 10-point/Compensable/30%	24. Tenure 0 - None    2 - Conditional 1 - Permanent    3 - Indefinite	25. Agency Use	26. Veterans Preference for RIF <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 1 - Competitive Service    3 - SES General 2 - Excepted Service    4 - SES Career Reserved	35. FLSA Category E - Exempt N - Nonexempt	36. Appropriation Code	37. Bargaining Unit Status
38. Duty Station Code		39. Duty Station (City - County - State or Overseas Location) <b>CITY, COUNTY, STATE (I.E. TOPEKA, SHAWNEE, KANSAS)</b>	

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

Yes  No

If "YES", please state these facts on a separate sheet and attach to SF 52.)

**CHANGE IN WORK SCHEDULE FROM FULL-TIME TO PART-TIME (OR PART-TIME TO FULL-TIME) DUE TO: EXAMPLE, SUMMER BREAK (GRAD), ADDITIONAL WORKLOAD, ETC. CITE REASONS WHY EMPLOYEE IS CHANGING WORK SCHEDULE.**

<b>WORK SCHEDULE: MONDAY</b>	<b>0600-1200 (#HOURS)*</b>
<b>TUESDAY</b>	<b>OFF</b>
<b>WEDNESDAY</b>	<b>1400-1600 (#HOURS)*</b>
<b>THURSDAY</b>	<b>0800-1500 (#HOURS)*</b>

**\*\*MUST SHOW WORK SCHEDULE IF EMPLOYEE GOING FROM FULL TIME TO PART TIME**

**TYPE IN THE NUMBER OF HOURS THE EMPLOYEE IS SCHEDULE TO WORK THAT DAY.**

**PART E - Employee Resignation/Retirement**

**Privacy Act Statement**

You are requested to furnish a specific reason for your resignation or retirement and with regard to employment of individuals in the Federal service and their records, while forwarding address. Your reason may be considered in any future decision regarding your section 8506 requires agencies to furnish the specific reason for termination of Federal re-employment in the Federal service and may also be used to determine your eligibility for service to the Secretary of Labor or a State agency in connection with administration of unemployment compensation benefits. Your forwarding address will be used primarily to unemployment compensation programs. mail you copies of any documents you should have or any pay or compensation to which you are entitled.

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.

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

- 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)
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**PART F - Remarks for SF 50**

## REQUEST FOR PERSONNEL ACTION

### PART A - Requesting Office (Also complete Part B, Items 1, 7-22, 23, 32,33, and 39)

<b>1. Actions Requested</b> <b>CHANGE TO LOWER GRADE (I.E. TERMINATION OF TEMPORARY PROMOTION)</b>	<b>2. Request Number</b>  
<b>3. For Additional Information Call (Typed Name and Telephone Number)</b> <b>NAME OF PERSON TO CONTACT (785) 274-XXXX</b>	<b>4. Proposed Effective Date</b> <b>MM-DD-YYYY</b>  
<b>5. Action Requested By (Typed Name, Title, Signature and Request Date)</b> <b>SIGNATURE AND TYPED NAME, NORMALLY SUPERVISOR OR IF VOLUNTARY CHANGE TO LOWER GRADE EMPLOYEE SIGNATURE</b>	<b>6. Action Authorized By (Typed Name, Title, Signature, and Concurrence Date)</b> <b>SIGNATURE AND TYPED NAME, COMMAND ADMINISTRATIVE OFFICER/DIRECTORATE/WING COMMANDER</b>

### PART B - For Preparation of SF 50 (Use only codes in FPM Supplement 292-1. Show all dates in month-day-year order.)

<b>1. Name (Last, First, Middle)</b> <b>I.M. EMPLOYEE</b>	<b>2. Social Security Number</b> <b>123-45-6789</b>	<b>3. Date of Birth</b> <b>MM-DD-YYYY</b>	<b>4. Effective Date</b>  
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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>BUDGET ANALYST</b> <b>POSITION AND POSITION DESCRIPTION NUMBER:</b> <b>(OBTAINED FROM FULL-TIME MANNING DOCUMENT)</b>	<b>15. TO: Position Title and Number</b> <b>VOUCHER EXAMINER</b> <b>POSITION AND POSITION DESCRIPTION NUMBER:</b> <b>(OBTAINED FROM FULL-TIME MANNING DOCUMENT)</b>
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8. Pay Plan <b>GS</b>	9. Occ. Code <b>2122</b>	10. Grade or Level <b>11</b>	11. Step or Rate <b>1</b>	12. Total Salary	13. Pay Basis	16. Pay Plan <b>GS</b>	17. Occ. Code <b>2504</b>	18. Grade or Level <b>05</b>	19. Step or Rate	20. Total Salary	21. Pay Basis	
12A. Basic Pay				12B. Locality Adj.		20A. Basic Pay		20B. Locality Adj.		20C. Adj. Basic Pay		20D. Other Pay

<b>14. Name and Location of Position's Organization</b> <b>JFHQ-KSNG</b> <b>2800 SW TOPEKA BLVD</b> <b>TOPEKA, KS 66611-1287</b> <b>*POSITION EMPLOYEE CURRENTLY IS IN**</b>	<b>22. Name and Location of Position's Organization</b> <b>JFHQ-KSNG</b> <b>2800 SW TOPEKA BLVD</b> <b>TOPEKA, KS 66611-1287</b> <b>*POSITION EMPLOYEE IS GOING TO**</b>
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### EMPLOYEE DATA

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

### POSITION DATA

<b>34. Position Occupied</b> 1 - Competitive Service      3 - SES General 2 - Excepted Service      4 - SES Career Reserved	<b>35. FLSA Category</b> E - Exempt N - Nonexempt	<b>36. Appropriation Code</b>  	<b>37. Bargaining Unit Status</b>  
<b>38. Duty Station Code</b>  	<b>39. Duty Station (City - County - State or Overseas Location)</b> <b>CITY, COUNTY, STATE (I.E. TOPEKA, SHAWNEE, KANSAS)</b>		

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

### PART C - Review 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.		
<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.</b>			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?

Yes  No

If "YES", please state these facts on a separate sheet and attach to SF 52.)

**STATE REASON FOR CHANGE TO LOWER GRADE.**

**ANNOTATE IN THIS SECTION IF CHANGE TO LOWER GRADE IS AT THE EMPLOYEE'S REQUEST AND HAVE EMPLOYEE SIGN IN PART A, BLOCK 5 OR PART B, ITEM 1.**

**PART E - Employee Resignation/Retirement**

**Privacy Act Statement**

You are requested to furnish a specific reason for your resignation or retirement and with regard to employment of individuals in the Federal service and their records, while forwarding address. Your reason may be considered in any future decision regarding your section 8506 requires agencies to furnish the specific reason for termination of Federal re-employment in the Federal service and may also be used to determine your eligibility for service to the Secretary of Labor or a State agency in connection with administration of unemployment compensation benefits. Your forwarding address will be used primarily to unemployment compensation programs. mail you copies of any documents you should have or any pay or compensation to which you are entitled.

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.

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

- 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 (Number, Street, City, State, Zip Code)
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**PART F - Remarks for SF 50**

# REQUEST FOR PERSONNEL ACTION

**PART A - Requesting Office (Also complete Part B, Items 1, 7-22, 23, 32,33, and 39)**

1. Actions Requested <b>DEATH OF EMPLOYEE</b>	2. Request Number
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3. For Additional Information Call (Typed Name and Telephone Number) <b>NAME OF PERSON TO CONTACT (785) 274-XXXX</b>	4. Proposed Effective Date <b>MM-DD-YYYY</b>
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5. Action Requested By (Typed Name, Title, Signature and Request Date)  <b>SIGNATURE AND TYPED NAME, NORMALLY SUPERVISOR OR COMMANDER</b>	6. Action Authorized By (Typed Name, Title, Signature, and Concurrence Date)  <b>SIGNATURE AND TYPED NAME, COMMAND ADMINISTRATIVE OFFICER/DIRECTORATE/WING COMMANDER</b>
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**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) <b>EMPLOYEE'S NAME</b>	2. Social Security Number <b>123-45-6789</b>	3. Date of Birth <b>MM-DD-YYYY</b>	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 <b>MILITARY PERSONNEL CLERK</b> POSITION NUMBER: (OBTAINED FROM FULL-TIME MANNING DOCUMENT)	15. TO: Position Title and Number
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8. Pay Plan <b>GS</b>	9. Occ. Code <b>0204</b>	10. Grade or Level <b>05</b>	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	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 <b>JFHQ-KSNG</b> <b>2800 SW TOPEKA BLVD</b> <b>TOPEKA, KS 66611-1287</b> <b>*POSITION EMPLOYEE CURRENTLY IS IN**</b>	22. Name and Location of Position's Organization
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**EMPLOYEE DATA**

23. Veterans Preference 1 - None    3 - 10 Point/Disability    5 - 10 Point/Other 2 - 5-point    4 - 10-Point/Compensable    6 - 10-point/Compensable/30%	24. Tenure 0 - None    2 - Conditional 1 - Permanent    3 - Indefinite	25. Agency Use	26. Veterans Preference for RIF <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 1 - Competitive Service    3 - SES General 2 - Excepted Service    4 - SES Career Reserved	35. FLSA Category E - Exempt N - Nonexempt	36. Appropriation Code	37. Bargaining Unit Status
38. Duty Station Code	39. Duty Station (City - County - State or Overseas Location) <b>CITY, COUNTY, STATE (I.E. TOPEKA, SHAWNEE, KANSAS)</b>		

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

**PART C - Review 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
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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 with regard to employment of individuals in the Federal service and their records, while forwarding address. Your reason may be considered in any future decision regarding your section 8506 requires agencies to furnish the specific reason for termination of Federal re-employment in the Federal service and may also be used to determine your eligibility for service to the Secretary of Labor or a State agency in connection with administration of unemployment compensation benefits. Your forwarding address will be used primarily to unemployment compensation programs. mail you copies of any documents you should have or any pay or compensation to which you are entitled.

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.

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

- 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 (Number, Street, City, State, Zip Code)
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**PART F - Remarks for SF 50**

## REQUEST FOR PERSONNEL ACTION

### PART A - Requesting Office (Also complete Part B, Items 1, 7-22, 23, 32,33, and 39)

1. Actions Requested <b>DETAIL NTE MM-DD-YYYY (120 DAY INCREMENTS)</b>	2. Request Number
3. For Additional Information Call (Typed Name and Telephone Number) <b>NAME OF PERSON TO CONTACT (785) 274-XXXX</b>	4. Proposed Effective Date <b>MM-DD-YYYY</b>
5. Action Requested By (Typed Name, Title, Signature and Request Date)  <b>SIGNATURE AND TYPED NAME, NORMALLY SUPERVISOR</b>	6. Action Authorized By (Typed Name, Title, Signature, and Concurrence Date)  <b>SIGNATURE AND TYPED NAME, COMMAND ADMINISTRATIVE OFFICER/DIRECTORATE/WING COMMANDER</b>

### 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) <b>I.M. EMPLOYEE</b>	2. Social Security Number <b>123-45-6789</b>	3. Date of Birth <b>MM-DD-YYYY</b>	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 <b>BUDGET ANALYST</b> POSITION AND POSITION DESCRIPTION NUMBER: <b>(OBTAINED FROM FULL-TIME MANNING DOCUMENT)</b>	15. TO: Position Title and Number <b>BUDGET ANALYST</b> POSITION AND POSITION DESCRIPTION NUMBER: <b>(OBTAINED FROM FULL-TIME MANNING DOCUMENT)</b>																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 8.3%;">8. Pay Plan <b>GS</b></td> <td style="width: 8.3%;">9. Occ. Code <b>2122</b></td> <td style="width: 8.3%;">10. Grade or Level <b>11</b></td> <td style="width: 8.3%;">11. Step or Rate</td> <td style="width: 8.3%;">12. Total Salary</td> <td style="width: 8.3%;">13. Pay Basis</td> </tr> <tr> <td>12A. Basic Pay</td> <td>12B. Locality Adj.</td> <td>12C. Adj. Basic Pay</td> <td colspan="3">12D. Other Pay</td> </tr> </table>	8. Pay Plan <b>GS</b>	9. Occ. Code <b>2122</b>	10. Grade or Level <b>11</b>	11. Step or Rate	12. Total Salary	13. Pay Basis	12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basic Pay	12D. Other Pay			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 8.3%;">16. Pay Plan <b>GS</b></td> <td style="width: 8.3%;">17. Occ. Code <b>2122</b></td> <td style="width: 8.3%;">18. Grade or Level <b>12</b></td> <td style="width: 8.3%;">19. Step or Rate</td> <td style="width: 8.3%;">20. Total Salary</td> <td style="width: 8.3%;">21. Pay Basis</td> </tr> <tr> <td>20A. Basic Pay</td> <td>20B. Locality Adj.</td> <td>20C. Adj. Basic Pay</td> <td colspan="3">20D. Other Pay</td> </tr> </table>	16. Pay Plan <b>GS</b>	17. Occ. Code <b>2122</b>	18. Grade or Level <b>12</b>	19. Step or Rate	20. Total Salary	21. Pay Basis	20A. Basic Pay	20B. Locality Adj.	20C. Adj. Basic Pay	20D. Other Pay		
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14. Name and Location of Position's Organization <b>JFHQ-KSNG</b> <b>2800 SW TOPEKA BLVD</b> <b>TOPEKA, KS 66611-1287</b> <b>*POSITION EMPLOYEE CURRENTLY IS IN**</b>	22. Name and Location of Position's Organization <b>JFHQ-KSNG</b> <b>2800 SW TOPEKA BLVD</b> <b>TOPEKA, KS 66611-1287</b> <b>*POSITION EMPLOYEE IS GOING TO**</b>																								

EMPLOYEE DATA			
23. Veterans Preference 1 - None    3 - 10 Point/Disability    5 - 10 Point/Other 2 - 5-point    4 - 10-Point/Compensable    6 - 10-point/Compensable/30%	24. Tenure 0 - None    2 - Conditional 1 - Permanent    3 - Indefinite	25. Agency Use	26. Veterans Preference for RIF <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 1 - Competitive Service    3 - SES General 2 - Excepted Service    4 - SES Career Reserved	35. FLSA Category E - Exempt N - Nonexempt	36. Appropriation Code    37. Bargaining Unit Status
38. Duty Station Code	39. Duty Station (City - County - State or Overseas Location) <b>CITY, COUNTY, STATE (I.E. TOPEKA, SHAWNEE, KANSAS)</b>	

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

### PART C - Review 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**

(Note to Supervisors: Do you know of additional or conflicting reasons for the employee's resignation/retirement?

Yes  No

If "YES", please state these facts on a separate sheet and attach to SF 52.)

**STATE REASON FOR DETAIL. EXAMPLE, DETAIL NEEDED TO PROVIDE SUPERVISORY CONTINUITY WHILE POSITION IS BEING ADVERTISED. DETAILS DO NOT AFFECT THE EMPLOYEE'S PAY AND AN OFFICIAL SF 50 WILL NOT BE PRINTED. THE SF 52 WILL BE FILED IN EMPLOYEES OFFICIAL PERSONNEL RECORD. A TECHNICIAN MAY BE DETAILED IN 120 DAY INCREMENTS TO THE SAME, HIGHER GRADED OR LOWER GRADED GENERAL SCHEDULE OR WAGE GRADE POSITION FOR UP TO 1 YEAR. EXTENSIONS BEYOND THE INITIAL 120 DAYS REQUIRE A REQUEST FROM THE SUPERVISOR PROVIDING JUSTIFICATION AS TO WHY THE EXCEPTION SHOULD BE GRANTED. DETAILS FOR LESS THAN 30 DAYS ARE DOCUMENTED BY THE SUPERVISOR ON THE TECHNICIANS SUPERVISOR WORK BRIEF.**

**PART E - Employee Resignation/Retirement**

**Privacy Act Statement**

You are requested to furnish a specific reason for your resignation or retirement and with regard to employment of individuals in the Federal service and their records, while forwarding address. Your reason may be considered in any future decision regarding your section 8506 requires agencies to furnish the specific reason for termination of Federal re-employment in the Federal service and may also be used to determine your eligibility for service to the Secretary of Labor or a State agency in connection with administration of unemployment compensation benefits. Your forwarding address will be used primarily to unemployment compensation programs. mail you copies of any documents you should have or any pay or compensation to which you are entitled.

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.

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

- 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 (Number, Street, City, State, Zip Code)
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**PART F - Remarks for SF 50**

# REQUEST FOR PERSONNEL ACTION

**PART A - Requesting Office (Also complete Part B, Items 1, 7-22, 23, 32,33, and 39)**

1. Actions Requested <b>EXTEND TEMPORARY APPOINTMENT (NTE A TOTAL OF 240 DAYS): (INSERT DATE)</b>	2. Request Number
3. For Additional Information Call (Typed Name and Telephone Number) <b>NAME OF PERSON TO CONTACT (785) 274-XXXX</b>	4. Proposed Effective Date <b>MM-DD-YYYY</b>
5. Action Requested By (Typed Name, Title, Signature and Request Date)  <b>SIGNATURE AND TYPED NAME, NORMALLY SUPERVISOR</b>	6. Action Authorized By (Typed Name, Title, Signature, and Concurrence Date)  <b>SIGNATURE AND TYPED NAME, COMMAND ADMINISTRATIVE OFFICER/DIRECTORATE/WING COMMANDER</b>

**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) <b>EMPLOYEE'S NAME</b>	2. Social Security Number <b>123-45-6789</b>	3. Date of Birth <b>MM-DD-YYYY</b>	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 <b>MILITARY PERSONNEL CLERK          POSITION AND POSITION DESCRIPTION NUMBER          (OBTAINED FROM FULL-TIME MANNING DOCUMENT)</b>																														
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>8. Pay Plan</td><td>9. Occ. Code</td><td>10. Grade or Level</td><td>11. Step or Rate</td><td>12. Total Salary</td><td>13. Pay Basis</td> </tr> <tr> <td>12A. Basic Pay</td><td>12B. Locality Adj.</td><td>12C. Adj. Basic Pay</td><td>12D. Other Pay</td><td colspan="2"></td> </tr> </table>	8. Pay Plan	9. Occ. Code	10. Grade or Level	11. Step or Rate	12. Total Salary	13. Pay Basis	12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basic Pay	12D. Other Pay			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>16. Pay Plan</td><td>17. Occ. Code</td><td>18. Grade or Level</td><td>19. Step or Rate</td><td>20. Total Salary</td><td>21. Pay Basis</td> </tr> <tr> <td><b>GS</b></td><td><b>0204</b></td><td><b>05</b></td><td></td><td></td><td></td> </tr> <tr> <td>20A. Basic Pay</td><td>20B. Locality Adj.</td><td>20C. Adj. Basic Pay</td><td>20D. Other Pay</td><td colspan="2"></td> </tr> </table>	16. Pay Plan	17. Occ. Code	18. Grade or Level	19. Step or Rate	20. Total Salary	21. Pay Basis	<b>GS</b>	<b>0204</b>	<b>05</b>				20A. Basic Pay	20B. Locality Adj.	20C. Adj. Basic Pay	20D. Other Pay		
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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  <b>JFHQ-KSNG          2800 SW TOPEKA BLVD          TOPEKA, KS 66611-1287          *POSITION EMPLOYEE CURRENTLY IS IN**</b>																														

**EMPLOYEE DATA**

23. Veterans Preference 1 - None    3 - 10 Point/Disability    5 - 10 Point/Other 2 - 5-point    4 - 10-Point/Compensable    6 - 10-point/Compensable/30%	24. Tenure 0 - None    2 - Conditional 1 - Permanent    3 - Indefinite	25. Agency Use	26. Veterans Preference for RIF <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 1 - Competitive Service    3 - SES General 2 - Excepted Service    4 - SES Career Reserved	35. FLSA Category E - Exempt N - Nonexempt	36. Appropriation Code	37. Bargaining Unit Status
38. Duty Station Code		39. Duty Station (City - County - State or Overseas Location)  <b>CITY, COUNTY, STATE (I.E. TOPEKA, SHAWNEE, KANSAS)</b>	

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

**PART C - Review 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**

(Note to Supervisors: Do you know of additional or conflicting reasons for the employee's resignation/retirement?

Yes  No

If "YES", please state these facts on a separate sheet and attach to SF 52.)

**STATE REASON WHY TEMPORARY EXTENSION OF APPOINTMENT IS BEING REQUESTED.**

**TEMPORARY APPOINTMENTS CANNOT EXCEED 240 DAYS.**

**PART E - Employee Resignation/Retirement**

**Privacy Act Statement**

You are requested to furnish a specific reason for your resignation or retirement and with regard to employment of individuals in the Federal service and their records, while forwarding address. Your reason may be considered in any future decision regarding your section 8506 requires agencies to furnish the specific reason for termination of Federal re-employment in the Federal service and may also be used to determine your eligibility for service to the Secretary of Labor or a State agency in connection with administration of unemployment compensation benefits. Your forwarding address will be used primarily to unemployment compensation programs. mail you copies of any documents you should have or any pay or compensation to which you are entitled.

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.

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

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 (Number, Street, City, State, Zip Code)
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**PART F - Remarks for SF 50**

## REQUEST FOR PERSONNEL ACTION

**PART A - Requesting Office (Also complete Part B, Items 1, 7-22, 23, 32, 33, and 39)**

1. Actions Requested <b>EXTEND TEMP PROM NTE: (MAX 120 DAYS UNLESS COMPETED VIA ANNOUNCEMENT)</b>	2. Request Number
3. For Additional Information Call (Typed Name and Telephone Number) <b>NAME OF PERSON TO CONTACT (785) 274-XXXX</b>	4. Proposed Effective Date <b>MM-DD-YYYY</b>
5. Action Requested By (Typed Name, Title, Signature and Request Date) <b>SIGNATURE AND TYPED NAME, NORMALLY SUPERVISOR</b>	6. Action Authorized By (Typed Name, Title, Signature, and Concurrence Date) <b>SIGNATURE AND TYPED NAME, COMMAND ADMINISTRATIVE OFFICER/DIRECTORATE/WING COMMANDER</b>

**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) <b>EMPLOYEE'S NAME</b>	2. Social Security Number <b>123-45-6789</b>	3. Date of Birth <b>MM-DD-YYYY</b>	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 <b>MILITARY PERSONNEL CLERK</b> POSITION AND POSITION DESCRIPTION NUMBER: (OBTAINED FROM FULL-TIME MANNING DOCUMENT)	15. TO: Position Title and Number <b>MILITARY PERSONNEL CLERK</b> POSITION AND POSITION DESCRIPTION NUMBER: (OBTAINED FROM FULL-TIME MANNING DOCUMENT)												
8. Pay Plan <b>GS</b>	9. Occ. Code <b>0204</b>	10. Grade or Level <b>05</b>	11. Step or Rate	12. Total Salary	13. Pay Basis	16. Pay Plan <b>GS</b>	17. Occ. Code <b>0204</b>	18. Grade or Level <b>06</b>	19. Step or Rate	20. Total Salary	21. Pay Basis		
12A. Basic Pay		12B. Locality Adj.		12C. Adj. Basic Pay		20A. Basic Pay		20B. Locality Adj.		20C. Adj. Basic Pay		20D. Other Pay	
14. Name and Location of Position's Organization <b>JFHQ-KSNG</b> <b>2800 SW TOPEKA BLVD</b> <b>TOPEKA, KS 66611-1287</b>						22. Name and Location of Position's Organization <b>JFHQ-KSNG</b> <b>2800 SW TOPEKA BLVD</b> <b>TOPEKA, KS 66611-1287</b>							

**EMPLOYEE DATA**

23. Veterans Preference 1 - None    3 - 10 Point/Disability    5 - 10 Point/Other 2 - 5-point    4 - 10-Point/Compensable    6 - 10-point/Compensable/30%	24. Tenure 0 - None    2 - Conditional 1 - Permanent    3 - Indefinite	25. Agency Use	26. Veterans Preference for RIF <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 1 - Competitive Service    3 - SES General 2 - Excepted Service    4 - SES Career Reserved	35. FLSA Category E - Exempt N - Nonexempt	36. Appropriation Code	37. Bargaining Unit Status
38. Duty Station Code		39. Duty Station (City - County - State or Overseas Location) <b>CITY, COUNTY, STATE (I.E. TOPEKA, SHAWNEE, KANSAS)</b>	

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

**PART C - Review 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?

Yes  No

If "YES", please state these facts on a separate sheet and attach to SF 52.)

**STATE REASON TEMPORARY PROMOTION IS BEING EXTENDED.**

**PART E - Employee Resignation/Retirement**

**Privacy Act Statement**

You are requested to furnish a specific reason for your resignation or retirement and with regard to employment of individuals in the Federal service and their records, while forwarding address. Your reason may be considered in any future decision regarding your section 8506 requires agencies to furnish the specific reason for termination of Federal re-employment in the Federal service and may also be used to determine your eligibility for service to the Secretary of Labor or a State agency in connection with administration of unemployment compensation benefits. Your forwarding address will be used primarily to unemployment compensation programs.

mail you copies of any documents you should have or any pay or compensation to which you are entitled.

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.

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

- 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 (Number, Street, City, State, Zip Code)
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**PART F - Remarks for SF 50**

## REQUEST FOR PERSONNEL ACTION

### PART A - Requesting Office (Also complete Part B, Items 1, 7-22, 23, 32, 33, and 39)

1. Actions Requested <b>LEAVE WITHOUT PAY NTE: (#DAYS, I.E. 120 DAYS) FOR PERSONAL REASONS</b>	2. Request Number
3. For Additional Information Call (Typed Name and Telephone Number) <b>NAME OF PERSON TO CONTACT (785) 274-XXXX</b>	4. Proposed Effective Date <b>MM-DD-YYYY</b>
5. Action Requested By (Typed Name, Title, Signature and Request Date)  <b>SIGNATURE AND TYPED NAME, NORMALLY EMPLOYEE</b>	6. Action Authorized By (Typed Name, Title, Signature, and Concurrence Date)  <b>SIGNATURE AND TYPED NAME, COMMAND ADMINISTRATIVE OFFICER/DIRECTORATE/WING COMMANDER</b>

### 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) <b>EMPLOYEE'S NAME</b>	2. Social Security Number <b>123-45-6789</b>	3. Date of Birth <b>MM-DD-YYYY</b>	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 <b>BUDGET ANALYST</b> <b>POSITION AND POSITION DESCRIPTION NUMBER (OBTAINED FROM FULL-TIME MANNING DOCUMENT)</b>	15. TO: Position Title and Number																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 8%;">8. Pay Plan <b>GS</b></td> <td style="width: 8%;">9. Occ. Code <b>2122</b></td> <td style="width: 8%;">10. Grade or Level <b>11</b></td> <td style="width: 8%;">11. Step or Rate</td> <td style="width: 8%;">12. Total Salary</td> <td style="width: 8%;">13. Pay Basis</td> </tr> <tr> <td>12A. Basic Pay</td> <td>12B. Locality Adj.</td> <td>12C. Adj. Basic Pay</td> <td colspan="3">12D. Other Pay</td> </tr> </table>	8. Pay Plan <b>GS</b>	9. Occ. Code <b>2122</b>	10. Grade or Level <b>11</b>	11. Step or Rate	12. Total Salary	13. Pay Basis	12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basic Pay	12D. Other Pay			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 8%;">16. Pay Plan</td> <td style="width: 8%;">17. Occ. Code</td> <td style="width: 8%;">18. Grade or Level</td> <td style="width: 8%;">19. Step or Rate</td> <td style="width: 8%;">20. Total Salary</td> <td style="width: 8%;">21. Pay Basis</td> </tr> <tr> <td>20A. Basic Pay</td> <td>20B. Locality Adj.</td> <td>20C. Adj. Basic Pay</td> <td colspan="3">20D. Other Pay</td> </tr> </table>	16. Pay Plan	17. Occ. Code	18. Grade or Level	19. Step or Rate	20. Total Salary	21. Pay Basis	20A. Basic Pay	20B. Locality Adj.	20C. Adj. Basic Pay	20D. Other Pay		
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20A. Basic Pay	20B. Locality Adj.	20C. Adj. Basic Pay	20D. Other Pay																						
14. Name and Location of Position's Organization <b>JFHQ-KSNG</b> <b>2800 SW TOPEKA BLVD</b> <b>TOPEKA, KS 66611-1287</b> <b>*POSITION EMPLOYEE CURRENTLY IS IN**</b>	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	26. Veterans Preference for RIF <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 <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	37. Bargaining Unit Status
38. Duty Station Code	39. Duty Station (City - County - State or Overseas Location) <b>CITY, COUNTY, STATE (I.E. TOPEKA, SHAWNEE, KANSAS)</b>		

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 - Review 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**

(Note to Supervisors: Do you know of additional or conflicting reasons for the employee's resignation/retirement?

Yes  No

If "YES", please state these facts on a separate sheet and attach to SF 52.)

**EXPLAIN REASON FOR LEAVE WITHOUT PAY FOR PERSONAL REASONS, I.E. RECOVER FROM SURGERY.**

**LEAVE CODE ON TIME CARD IS: KA**

**\*THIS TYPE OF LWOP WILL AFFECT AN EMPLOYEE'S WITHIN GRADE INCREASE WAITING PERIOD, IF LWOP IS MORE THAN 80 HOURS (ONE PAY PERIOD).**

**EMPLOYEE SIGNATURE REQUIRED IN PART A BLOCK 5.**

**PART E - Employee Resignation/Retirement**

**Privacy Act Statement**

You are requested to furnish a specific reason for your resignation or retirement and with regard to employment of individuals in the Federal service and their records, while forwarding address. Your reason may be considered in any future decision regarding your section 8506 requires agencies to furnish the specific reason for termination of Federal re-employment in the Federal service and may also be used to determine your eligibility for service to the Secretary of Labor or a State agency in connection with administration of unemployment compensation benefits. Your forwarding address will be used primarily for unemployment compensation programs. mail you copies of any documents you should have or any pay or compensation to which you are entitled.

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.

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

- 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 (Number, Street, City, State, Zip Code)
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**PART F - Remarks for SF 50**

## REQUEST FOR PERSONNEL ACTION

**PART A - Requesting Office (Also complete Part B, Items 1, 7-22, 23, 32,33, and 39)**

1. Actions Requested <b>LWOP-US</b>	2. Request Number
3. For Additional Information Call (Typed Name and Telephone Number) <b>NAME OF PERSON TO CONTACT (785) 274-XXXX</b>	4. Proposed Effective Date <b>MM-DD-YYYY</b>
5. Action Requested By (Typed Name, Title, Signature and Request Date)  <b>SIGNATURE AND TYPED NAME, NORMALLY EMPLOYEE</b>	6. Action Authorized By (Typed Name, Title, Signature, and Concurrence Date)  <b>SIGNATURE AND TYPED NAME, COMMAND ADMINISTRATIVE OFFICER/DIRECTORATE/WING COMMANDER</b>

**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) <b>I.M. EMPLOYEE</b>	2. Social Security Number <b>123-45-6789</b>	3. Date of Birth <b>MM-DD-YYYY</b>	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>BUDGET ANALYST</b> <b>POSITION AND POSITION DESCRIPTION NUMBER</b> <b>(OBTAINED FROM FULL-TIME MANNING DOCUMENT)</b>	<b>15. TO: Position Title and Number</b>																								
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14. Name and Location of Position's Organization <b>JFHQ-KSNG</b> <b>2800 SW TOPEKA BLVD</b> <b>TOPEKA, KS 66611-1287</b> <b>*POSITION EMPLOYEE CURRENTLY IS IN**</b>	22. Name and Location of Position's Organization																								

**EMPLOYEE DATA**

<b>23. Veterans Preference</b> 1 - None    3 - 10 Point/Disability    5 - 10 Point/Other 2 - 5-point    4 - 10-Point/Compensable    6 - 10-point/Compensable/30%	<b>24. Tenure</b> 0 - None    2 - Conditional 1 - Permanent    3 - Indefinite	<b>25. Agency Use</b>	<b>26. Veterans Preference for IFF</b> <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**

<b>34. Position Occupied</b> 1 - Competitive Service    3 - SES General 2 - Excepted Service    4 - SES Career Reserved	<b>35. FLSA Category</b> E - Exempt N - Nonexempt	36. Appropriation Code	37. Bargaining Unit Status
38. Duty Station Code		39. Duty Station (City - County - State or Overseas Location) <b>CITY, COUNTY, STATE (I.E. TOPEKA, SHAWNEE, KANSAS)</b>	

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

**PART C - Review 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?

Yes  No

If "YES", please state these facts on a separate sheet and attach to SF 52.)

**USED WHEN EMPLOYEE ENTERS MILITARY TRAINING OR ACTIVE DUTY.**

**ORDERS SHOWING A BEGINNING AND ENDING DATE OF TRAINING OR ACTIVE DUTY ORDERS MUST BE ATTACHED TO SF 52. EMPLOYEE MUST ALSO RECEIVE A BRIEFING ON HIS/HER USERRA BENEFITS PRIOR TO DEPARTING FOR TRAINING.**

**EMPLOYEE MUST ATTACH COMPLETED TECHNICIAN ACTIVATION CHECKLIST. THIS CHECKLIST CAN BE OBTAINED FROM EMPLOYEE SERVICES IN HRO.**

**LEAVE CODE FOR TIME CARD IS: KG**

**PART E - Employee Resignation/Retirement**

**Privacy Act Statement**

You are requested to furnish a specific reason for your resignation or retirement and with regard to employment of individuals in the Federal service and their records, while forwarding address. Your reason may be considered in any future decision regarding your section 8506 requires agencies to furnish the specific reason for termination of Federal re-employment in the Federal service and may also be used to determine your eligibility for service to the Secretary of Labor or a State agency in connection with administration of unemployment compensation benefits. Your forwarding address will be used primarily to unemployment compensation programs. mail you copies of any documents you should have or any pay or compensation to which you are entitled.

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.

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

- 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 (Number, Street, City, State, Zip Code)
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**PART F - Remarks for SF 50**

## REQUEST FOR PERSONNEL ACTION

### PART A - Requesting Office (Also complete Part B, Items 1, 7-22, 23, 32, 33, and 39)

1. Actions Requested <b>NAME CHANGE</b>	2. Request Number
3. For Additional Information Call (Typed Name and Telephone Number) <b>NAME OF PERSON TO CONTACT (785) 274-XXXX</b>	4. Proposed Effective Date <b>MM-DD-YYYY</b>
5. Action Requested By (Typed Name, Title, Signature and Request Date)  <b>SIGNATURE AND TYPED NAME, NORMALLY SUPERVISOR</b>	6. Action Authorized By (Typed Name, Title, Signature, and Concurrence Date)  <b>SIGNATURE AND TYPED NAME, COMMAND ADMINISTRATIVE OFFICER/DIRECTORATE/WING COMMANDER</b>

### 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) <b>EMPLOYEE'S NEW NAME</b>	2. Social Security Number <b>123-45-6789</b>	3. Date of Birth <b>MM-DD-YYYY</b>	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	6-C. Code	6-D. Legal Authority	6-E. Code	6-F. Legal Authority
5-C. Code	5-D. Legal Authority						
5-E. Code	5-F. Legal Authority						

7. FROM: Position Title and Number	15. TO: Position Title and Number <b>BUDGET ANALYST</b>
	<b>POSITION AND POSITION DESCRIPTION NUMBER: (OBTAINED FROM FULL-TIME MANNING DOCUMENT)</b>
8. Pay Plan	16. Pay Plan <b>GS</b>
9. Occ. Code	17. Occ. Code <b>2122</b>
10. Grade or Level	18. Grade or Level <b>11</b>
11. Step or Rate	19. Step or Rate
12. Total Salary	20. Total Salary
13. Pay Basis	21. Pay Basis
12A. Basic Pay	20A. Basic Pay
12B. Locality Adj.	20B. Locality Adj.
12C. Adj. Basic Pay	20C. Adj. Basic Pay
12D. Other Pay	20D. Other Pay
14. Name and Location of Position's Organization	22. Name and Location of Position's Organization <b>JFHQ-KSNG 2800 SW TOPEKA BLVD TOPEKA, KS 66611-1287 *POSITION EMPLOYEE CURRENTLY IS IN**</b>

EMPLOYEE DATA			
23. Veterans Preference 1 - None    3 - 10 Point/Disability    5 - 10 Point/Other 2 - 5-point    4 - 10-Point/Compensable    6 - 10-point/Compensable/30%	24. Tenure 0 - None    2 - Conditional 1 - Permanent    3 - Indefinite	25. Agency Use	26. Veterans Preference for RIF <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 1 - Competitive Service    3 - SES General 2 - Excepted Service    4 - SES Career Reserved	35. FLSA Category E - Exempt N - Nonexempt	36. Appropriation Code	37. Bargaining Unit Status
38. Duty Station Code	39. Duty Station (City - County - State or Overseas Location) <b>CITY, COUNTY, STATE (I.E. TOPEKA, SHAWNEE, KANSAS)</b>		

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

### PART C - Review 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
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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?

Yes  No

If "YES", please state these facts on a separate sheet and attach to SF 52.)

**NAME CHANGE DUE TO: MARRIAGE/DIVORCE**  
**NAME CHANGED FROM: I.E., DOE, JANE I.**  
**NAME CHANGED TO: I.E., SMITH, JANE I.**

**\*\*FOR NAME CHANGES DUE TO MARRIAGE OR DIVORCE, A COPY OF THE MARRIAGE CERTIFICATE OR DIVORCE DECREE MUST BE ATTACHED. FOR ANY OTHER LEGAL ACTION, A COPY OF COURT ORDER MUST BE ATTACHED**

**USUALLY REQUIRES A CHANGE IN EMPLOYEES BENEFIT PLANS**

**PART E - Employee Resignation/Retirement**

**Privacy Act Statement**

You are requested to furnish a specific reason for your resignation or retirement and with regard to employment of individuals in the Federal service and their records, while forwarding address. Your reason may be considered in any future decision regarding your section 8506 requires agencies to furnish the specific reason for termination of Federal re-employment in the Federal service and may also be used to determine your eligibility for service to the Secretary of Labor or a State agency in connection with administration of unemployment compensation benefits. Your forwarding address will be used primarily to unemployment compensation programs. mail you copies of any documents you should have or any pay or compensation to which you are entitled.

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.

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

- 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 (Number, Street, City, State, Zip Code)
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**PART F - Remarks for SF 50**

## REQUEST FOR PERSONNEL ACTION

### PART A - Requesting Office (Also complete Part B, Items 1, 7-22, 23, 32, 33, and 39)

1. Actions Requested <b>PROMOTION</b>	2. Request Number
3. For Additional Information Call (Typed Name and Telephone Number) <b>NAME OF PERSON TO CONTACT (785) 274-XXXX</b>	4. Proposed Effective Date <b>MM-DD-YYYY</b>
5. Action Requested By (Typed Name, Title, Signature and Request Date)  <b>SIGNATURE AND TYPED NAME, NORMALLY SUPERVISOR</b>	6. Action Authorized By (Typed Name, Title, Signature, and Concurrence Date)  <b>SIGNATURE AND TYPED NAME, COMMAND ADMINISTRATIVE OFFICER/DIRECTORATE/WING COMMANDER</b>

### 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) <b>EMPLOYEES NAME</b>	2. Social Security Number <b>123-45-6789</b>	3. Date of Birth <b>MM-DD-YYYY</b>	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 <b>MILITARY PERSONNEL CLERK</b> POSITION AND POSITION DESCRIPTION NUMBER: (OBTAINED FROM FULL-TIME MANNING DOCUMENT)	15. TO: Position Title and Number <b>VOUCHER EXAMINER</b> POSITION AND POSITION DESCRIPTION NUMBER: (OBTAINED FROM FULL-TIME MANNING DOCUMENT)
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8. Pay Plan <b>GS</b>	9. Occ. Code <b>0204</b>	10. Grade or Level <b>05</b>	11. Step or Rate	12. Total Salary	13. Pay Basis	16. Pay Plan <b>GS</b>	17. Occ. Code <b>3125</b>	18. Grade or Level <b>06</b>	19. Step or Rate	20. Total Salary	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 <b>JFHQ-KSNG</b> <b>2800 SW TOPEKA BLVD</b> <b>TOPEKA, KS 66611-1287</b> <b>*POSITION EMPLOYEE CURRENTLY IS IN**</b>	22. Name and Location of Position's Organization <b>JFHQ-KSNG</b> <b>2800 SW TOPEKA BLVD</b> <b>TOPEKA, KS 66611-1287</b> <b>*POSITION EMPLOYEE IS GOING TO**</b>
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### EMPLOYEE DATA

23. Veterans Preference 1 - None    3 - 10 Point/Disability    5 - 10 Point/Other 2 - 5-point    4 - 10-Point/Compensable    6 - 10-point/Compensable/30%	24. Tenure 0 - None    2 - Conditional 1 - Permanent    3 - Indefinite	25. Agency Use	26. Veterans Preference for RIF <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 1 - Competitive Service    3 - SES General 2 - Excepted Service    4 - SES Career Reserved	35. FLSA Category E - Exempt N - Nonexempt	36. Appropriation Code	37. Bargaining Unit Status
38. Duty Station Code    39. Duty Station (City - County - State or Overseas Location) <b>CITY, COUNTY, STATE (I.E. TOPEKA, SHAWNEE, KANSAS)</b>			

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

Yes  No

If "YES", please state these facts on a separate sheet and attach to SF 52.)

**EMPLOYEE MEETS ALL REQUIREMENTS FOR PROMOTION TO THE NEXT GRADE (ATTENTION SUPERVISORS-- YOU ARE RESPONSIBLE FOR KEEPING TRACK OF WHEN THE EMPLOYEE IS ELIGIBLE FOR PROMOTION)**

**OR**

**SELECTED FROM CERTIFICATE OF ELIGIBLES AR-06-XXX VICE JOHN DOE WHO (RETIRED, WAS PROMOTED TO DIFFERENT POSITION, RESIGNED, ETC.) INCLUDE EMPLOYEE'S MOS/AFSC AND MILITARY RANK.**

**INCLUDE POSITION SENSITIVITY CODE**

**PART E - Employee Resignation/Retirement**

**Privacy Act Statement**

You are requested to furnish a specific reason for your resignation or retirement and with regard to employment of individuals in the Federal service and their records, while forwarding address. Your reason may be considered in any future decision regarding your section 8506 requires agencies to furnish the specific reason for termination of Federal re-employment in the Federal service and may also be used to determine your eligibility for service to the Secretary of Labor or a State agency in connection with administration of unemployment compensation benefits. Your forwarding address will be used primarily for unemployment compensation programs.

mail you copies of any documents you should have or any pay or compensation to which you are entitled.

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.

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

- 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 (Number, Street, City, State, Zip Code)
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**PART F - Remarks for SF 50**

## REQUEST FOR PERSONNEL ACTION

### PART A - Requesting Office (Also complete Part B, Items 1, 7-22, 23, 32,33, and 39)

1. Actions Requested <b>PROMOTION NTE: (TEMPORARY)</b>	2. Request Number
3. For Additional Information Call (Typed Name and Telephone Number) <b>NAME OF PERSON TO CONTACT (785) 274-XXXX</b>	4. Proposed Effective Date <b>MM-DD-YYYY</b>
5. Action Requested By (Typed Name, Title, Signature and Request Date) <b>SIGNATURE AND TYPED NAME, NORMALLY SUPERVISOR</b>	6. Action Authorized By (Typed Name, Title, Signature, and Concurrence Date) <b>SIGNATURE AND TYPED NAME, COMMAND ADMINISTRATIVE OFFICER/DIRECTORATE/WING COMMANDER</b>

### 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) <b>EMPLOYEE'S NAME</b>	2. Social Security Number <b>123-45-6789</b>	3. Date of Birth <b>MM-DD-YYYY</b>	4. Effective Date
<b>FIRST ACTION</b>		<b>SECOND ACTION</b>	
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 <b>MILITARY PERSONNEL CLERK</b> POSITION AND POSITION DESCRIPTION NUMBER: (OBTAINED FROM FULL-TIME MANNING DOCUMENT)	15. TO: Position Title and Number <b>SECRETARY (OA)</b> POSITION AND POSITION DESCRIPTION NUMBER: (OBTAINED FROM FULL-TIME MANNING DOCUMENT)											
8. Pay Plan <b>GS</b>	9. Occ. Code <b>0204</b>	10. Grade or Level <b>05</b>	11. Step or Rate	12. Total Salary	13. Pay Basis	16. Pay Plan <b>GS</b>	17. Occ. Code <b>2115</b>	18. Grade or Level <b>07</b>	19. Step or Rate	20. Total Salary	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 <b>JFHQ-KSNG</b> <b>2800 SW TOPEKA BLVD</b> <b>TOPEKA, KS 66611-1287</b>						22. Name and Location of Position's Organization <b>JFHQ-KSNG</b> <b>2800 SW TOPEKA BLVD</b> <b>TOPEKA, KS 66611-1287</b>						

### EMPLOYEE DATA

23. Veterans Preference 1 - None    3 - 10 Point/Disability 2 - 5-point    4 - 10-Point/Compensable	5 - 10 Point/Other 6 - 10-point/Compensable/30%	24. Tenure 0 - None 1 - Permanent	2 - Conditional 3 - Indefinite	25. Agency Use	26. Veterans Preference for RIF <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 1 - Competitive Service 2 - Excepted Service	3 - SES General 4 - SES Career Reserved	35. FLSA Category E - Exempt N - Nonexempt	36. Appropriation Code	37. Bargaining Unit Status
38. Duty Station Code		39. Duty Station (City - County - State or Overseas Location) <b>CITY, COUNTY, STATE (I.E. TOPEKA, SHAWNEE, KANSAS)</b>		

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

### PART C - Review 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?

Yes  No

If "YES", please state these facts on a separate sheet and attach to SF 52.)

**STATE REASON FOR TEMPORARY PROMOTION, I.E. TO PROVIDE SUPERVISORY CONTINUITY**

**TEMPORARY PROMOTIONS CANNOT EXCEED 120 DAYS; PROMOTIONS BEYOND 120 DAYS MUST BE FILLED USING THE COMPETITIVE PROCEDURES IN TPP 335, MERIT PLACEMENT AND PROMOTION PLAN.**

**OF 612/RESUME MUST BE INCLUDED WITH TEMPORARY PROMOTIONS TO VALIDATE QUALIFICATIONS FOR THE TEMPORARY PROMOTION.**

**INCLUDE POSITION SENSITIVITY CODE.**

**PART E - Employee Resignation/Retirement**

**Privacy Act Statement**

You are requested to furnish a specific reason for your resignation or retirement and with regard to employment of individuals in the Federal service and their records, while forwarding address. Your reason may be considered in any future decision regarding your section 8506 requires agencies to furnish the specific reason for termination of Federal re-employment in the Federal service and may also be used to determine your eligibility for service to the Secretary of Labor or a State agency in connection with administration of unemployment compensation benefits. Your forwarding address will be used primarily to unemployment compensation programs. mail you copies of any documents you should have or any pay or compensation to which you are entitled.

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.

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

- 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 (Number, Street, City, State, Zip Code)
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**PART F - Remarks for SF 50**

## REQUEST FOR PERSONNEL ACTION

### PART A - Requesting Office (Also complete Part B, Items 1, 7-22, 23, 32, 33, and 39)

1. Actions Requested <b>REASSIGNMENT (SPECIFY VOLUNTARY OR MANAGEMENT DIRECTED)</b>	2. Request Number
3. For Additional Information Call (Typed Name and Telephone Number) <b>NAME OF PERSON TO CONTACT (785) 274-XXXX</b>	4. Proposed Effective Date <b>MM-DD-YYYY</b>
5. Action Requested By (Typed Name, Title, Signature and Request Date) <b>SIGNATURE AND TYPED NAME, NORMALLY SUPERVISOR OR IF VOLUNTARY REASSIGNMENT EMPLOYEE SIGNATURE</b>	6. Action Authorized By (Typed Name, Title, Signature, and Concurrence Date) <b>SIGNATURE AND TYPED NAME, COMMAND ADMINISTRATIVE OFFICER/DIRECTORATE/WING COMMANDER</b>

### 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) <b>EMPLOYEE'S NAME</b>	2. Social Security Number <b>123-45-6789</b>	3. Date of Birth <b>MM-DD-YYYY</b>	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 <b>MILITARY PERSONNEL CLERK</b> POSITION AND POSITION DESCRIPTION NUMBER: (OBTAINED FROM FULL-TIME MANNING DOCUMENT)	15. TO: Position Title and Number <b>VOUCHER EXAMINER</b> POSITION AND POSITION DESCRIPTION NUMBER: (OBTAINED FROM FULL-TIME MANNING DOCUMENT)
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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	21. Pay Basis
<b>GS</b>	<b>0204</b>	<b>05</b>	<b>1</b>			<b>GS</b>	<b>2504</b>	<b>05</b>	<b>1</b>		
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 <b>JFHQ-KSNG</b> <b>2800 SW TOPEKA BLVD</b> <b>TOPEKA, KS 66611-1287</b> <b>*POSITION EMPLOYEE CURRENTLY IS IN**</b>	22. Name and Location of Position's Organization <b>JFHQ-KSNG</b> <b>2800 SW TOPEKA BLVD</b> <b>TOPEKA, KS 66611-1287</b> <b>*POSITION EMPLOYEE IS GOING TO**</b>
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### EMPLOYEE DATA

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

### POSITION DATA

34. Position Occupied 1 - Competitive Service    3 - SES General 2 - Excepted Service    4 - SES Career Reserved	35. FLSA Category E - Exempt N - Nonexempt	36. Appropriation Code	37. Bargaining Unit Status
38. Duty Station Code		39. Duty Station (City - County - State or Overseas Location) <b>CITY, COUNTY, STATE (I.E. TOPEKA, SHAWNEE, KANSAS)</b>	

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

### PART C - Review 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?

Yes  No

If "YES", please state these facts on a separate sheet and attach to SF 52.)

**JOB ANNOUNCEMENT NUMBER EMPLOYEE WAS HIRED FROM (EXAMPLE: AR-06-001) IF APPLICABLE OR POSITION WAS VACANT ETC...**

**THE INDIVIDUAL IS VICE: (INSERT EMPLOYEE NAME WHO HELD THE POSITION PRIOR TO THE REASSIGNMENT) WHO WAS i.e. SEPARATED, REASSIGNED, PROMOTED or CHANGE TO LOWER GRADE (IF APPLICABLE).**

**ALL VOLUNTARY REASSIGNMENTS MUST BE SIGNED BY THE EMPLOYEE IN PART B, ITEM 1. IF VOLUNTARY REASSIGNMENT IS TO A DIFFERENT OCCUPATIONAL SERIES A COMPLETED FORM OF 612 MUST BE ATTACHED TO DETERMINE QUALIFICATION REQUIREMENTS ARE MET FOR THE NEW POSITION.**

**INCLUDE POSITION SENSITIVITY CODE. ANY OTHER PERTINENT INFORMATION.**

**PART E - Employee Resignation/Retirement**

**Privacy Act Statement**

You are requested to furnish a specific reason for your resignation or retirement and with regard to employment of individuals in the Federal service and their records, while forwarding address. Your reason may be considered in any future decision regarding your section 8506 requires agencies to furnish the specific reason for termination of Federal re-employment in the Federal service and may also be used to determine your eligibility for service to the Secretary of Labor or a State agency in connection with administration of unemployment compensation benefits. Your forwarding address will be used primarily to unemployment compensation programs. mail you copies of any documents you should have or any pay or compensation to which you are entitled.

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.

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

- 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 (Number, Street, City, State, Zip Code)
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**PART F - Remarks for SF 50**

## REQUEST FOR PERSONNEL ACTION

**PART A - Requesting Office (Also complete Part B, Items 1, 7-22, 23, 32,33, and 39)**

1. Actions Requested <b>REQUEST FOR FILL (SPECIFY PERMANENT OR INDEFINITE)</b>	2. Request Number
3. For Additional Information Call (Typed Name and Telephone Number) <b>NAME OF PERSON TO CONTACT (785) 274-XXXX</b>	4. Proposed Effective Date <b>MM-DD-YYYY</b>
5. Action Requested By (Typed Name, Title, Signature and Request Date)  <b>SIGNATURE AND TYPED NAME, NORMALLY SUPERVISOR</b>	6. Action Authorized By (Typed Name, Title, Signature, and Concurrence Date)  <b>SIGNATURE AND TYPED NAME, COMMAND ADMINISTRATIVE OFFICER/DIRECTORATE/WING COMMANDER</b>

**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 <b>MILITARY PERSONNEL CLERK POSITION AND POSITION DESCRIPTION NUMBER: (OBTAINED FROM FULL-TIME MANNING DOCUMENT)</b>
8. Pay Plan	16. Pay Plan <b>GS</b>
9. Occ. Code	17. Occ. Code <b>0204</b>
10. Grade or Level	18. Grade or Level <b>06</b>
11. Step or Rate	19. Step or Rate
12. Total Salary	20. Total Salary
13. Pay Basis	21. Pay Basis
12A. Basic Pay	20A. Basic Pay
12B. Locality Adj.	20B. Locality Adj.
12C. Adj. Basic Pay	20C. Adj. Basic Pay
12D. Other Pay	20D. Other Pay
14. Name and Location of Position's Organization	22. Name and Location of Position's Organization <b>JFHQ-KSNG 2800 SW TOPEKA BLVD TOPEKA, KS 66611-1287</b>

EMPLOYEE DATA			
23. Veterans Preference	24. Tenure	25. Agency Use	26. Veterans Preference for RIF <input type="checkbox"/> YES <input type="checkbox"/> NO
1 - None	0 - None		
3 - 10 Point/Disability	2 - Conditional		
5 - 10 Point/Other	1 - Permanent		
2 - 5-point	3 - Indefinite		
4 - 10-Point/Compensable	6 - 10-point/Compensable/30%		
27. FEGLI	28. Annuitant Indicator	29. Pay Rate Determinant	
30. Retirement Plan	31. Service Comp. Date (Leave)	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	E - Exempt		
2 - Excepted Service	N - Nonexempt		
3 - SES General			
4 - SES Career Reserved			
38. Duty Station Code	39. Duty Station (City - County - State or Overseas Location) <b>CITY, COUNTY, STATE (I.E. TOPEKA, SHAWNEE, KANSAS)</b>		

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

**PART C - Review 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?

Yes  No

If "YES", please state these facts on a separate sheet and attach to SF 52.)

**THIS POSITION IS VICE SPC JOE SNUFFY WHO WAS I.E. PROMOTED, REASSIGNED, SEPARATED.  
SELECTING SUPERVISOR: PERSON WHO WILL BE MAKING THE SELECTION , GRADE, PHONE NUMBER, EMAIL.  
INCLUDE MINIMUM AND MAXIMUM MILITARY GRADE SO GRADE INVERSION DOES NOT OCCUR.  
AREA OF CONSIDERATION: I.E. NATIONWIDE, CURRENT ON-BOARD TECHNICIANS, THOSE ELIGIBLE TO BECOME MEMBERS OF THE KSNG.  
ADDITIONAL REMARKS: ANY SPECIAL REMARKS YOU WANT ADDED TO THE ANNOUNCEMENT (I.E. ENGINEERING DEGREE IS REQUIRED, THIS POSITION SUBJECT TO ROTATING SHIFTS).  
IF REQUEST IS TO HIRE SOMEONE TO BACKFILL A DEPLOYED SOLDIER, INCLUDE NAME AND DATES OF DEPLOYED FULL-TIME PERSONNEL.  
REQUEST HARD TO FILL (GRADE & PAY RETENTION) IF APPROPRIATE.  
REQUEST PCS MOVE TO BE AUTHORIZED (WINGS MUST HAVE FINANCE APPROVAL).  
INCLUDE POSITION SENSITIVITY CODE.**

**PART E - Employee Resignation/Retirement**

**Privacy Act Statement**

You are requested to furnish a specific reason for your resignation or retirement and with regard to employment of individuals in the Federal service and their records, while forwarding address. Your reason may be considered in any future decision regarding your section 8506 requires agencies to furnish the specific reason for termination of Federal re-employment in the Federal service and may also be used to determine your eligibility for service to the Secretary of Labor or a State agency in connection with administration of unemployment compensation benefits. Your forwarding address will be used primarily for unemployment compensation programs. mail you copies of any documents you should have or any pay or compensation to which you are entitled.

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.

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

- 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 (Number, Street, City, State, Zip Code)
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**PART F - Remarks for SF 50**

## REQUEST FOR PERSONNEL ACTION

<b>PART A - Requesting Office (Also complete Part B, Items 1, 7-22, 23, 32,33, and 39)</b>	
1. Actions Requested <b>RESIGNATION</b>	2. Request Number
3. For Additional Information Call (Typed Name and Telephone Number) <b>NAME OF PERSON TO CONTACT (785) 274-XXXX</b>	4. Proposed Effective Date <b>MM-DD-YYYY</b>
5. Action Requested By (Typed Name, Title, Signature and Request Date) <b>SIGNATURE AND TYPED NAME, NORMALLY EMPLOYEE</b>	6. Action Authorized By (Typed Name, Title, Signature, and Concurrence Date) <b>SIGNATURE AND TYPED NAME, COMMAND ADMINISTRATIVE OFFICER/DIRECTORATE/WING COMMANDER</b>

<b>PART B - For Preparation of SF 50 (Use only codes in FPM Supplement 292-1. Show all dates in month-day-year order.)</b>			
1. Name (Last, First, Middle) <b>EMPLOYEE'S NAME</b>	2. Social Security Number <b>123-45-6789</b>	3. Date of Birth <b>MM-DD-YYYY</b>	4. Effective Date

<b>FIRST ACTION</b>		<b>SECOND ACTION</b>	
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 <b>MILITARY PERSONNEL CLERK POSITION NUMBER: (OBTAINED FROM FULL-TIME MANNING DOCUMENT)</b>	15. TO: Position Title and Number										
8. Pay Plan <b>GS</b>	9. Occ. Code <b>0204</b>	10. Grade or Level <b>05</b>	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	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 <b>JFHQ-KSNG 2800 SW TOPEKA BLVD TOPEKA, KS 66611-1287 *POSITION EMPLOYEE CURRENTLY IS IN**</b>						22. Name and Location of Position's Organization					

<b>EMPLOYEE DATA</b>							
23. Veterans Preference		24. Tenure		25. Agency Use		26. Veterans Preference for RIF	
<input type="checkbox"/> 1 - None	<input type="checkbox"/> 3 - 10 Point/Disability	<input type="checkbox"/> 0 - None	<input type="checkbox"/> 2 - Conditional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> 2 - 5-point	<input type="checkbox"/> 4 - 10-Point/Compensable	<input type="checkbox"/> 1 - Permanent	<input type="checkbox"/> 3 - Indefinite				
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

<b>POSITION DATA</b>							
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"/> E - Exempt					
<input type="checkbox"/> 2 - Excepted Service	<input type="checkbox"/> 4 - SES Career Reserved	<input type="checkbox"/> N - Nonexempt					
38. Duty Station Code			39. Duty Station (City - County - State or Overseas Location) <b>CITY, COUNTY, STATE (I.E. TOPEKA, SHAWNEE, KANSAS)</b>				

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

<b>PART C - Review and Approvals (Not to be used by requesting office)</b>					
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?

Yes  No

If "YES", please state these facts on a separate sheet and attach to SF 52.)

**SUPERVISOR SIGNATURE ACCEPTED IN PART A BLOCK 5 IF EMPLOYEE IS UNAVAILABLE TO SIGN.**

**PART E - Employee Resignation/Retirement**

**Privacy Act Statement**

You are requested to furnish a specific reason for your resignation or retirement and with regard to employment of individuals in the Federal service and their records, while forwarding address. Your reason may be considered in any future decision regarding your section 8506 requires agencies to furnish the specific reason for termination of Federal re-employment in the Federal service and may also be used to determine your eligibility for service to the Secretary of Labor or a State agency in connection with administration of unemployment compensation benefits. Your forwarding address will be used primarily to unemployment compensation programs. mail you copies of any documents you should have or any pay or compensation to which you are entitled.

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.

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

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.)

**TYPE A BRIEF STATEMENT AS TO WHY EMPLOYEE IS RESIGNING. EMPLOYEE MUST SIGN SF 52 AND LEAVE A FORWARDING ADDRESS BELOW IN BLOCK #5.**

**OR**

**EMPLOYEE MAY COMPLETE A LETTER OF RESIGNATION STATING THE REASON FOR RESIGNATION AND A FORWARDING ADDRESS (ALSO SIGNED BY RESIGNING EMPLOYEE)**

2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address (Number, Street, City, State, Zip Code) <b>EMPLOYEE MUST LEAVE A FORWARDING ADDRESS IN THIS BLOCK</b>
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**PART F - Remarks for SF 50**

## REQUEST FOR PERSONNEL ACTION

### PART A - Requesting Office (Also complete Part B, Items 1, 7-22, 23, 32, 33, and 39)

1. Actions Requested <b>RETIREMENT-VOLUNTARY OR RETIREMENT IN LIEU OF INVOLUNTARY ACTION (ILIA)</b>	2. Request Number
3. For Additional Information Call (Typed Name and Telephone Number) <b>NAME OF PERSON TO CONTACT (785) 274-XXXX</b>	4. Proposed Effective Date <b>MM-DD-YYYY</b>
5. Action Requested By (Typed Name, Title, Signature and Request Date)  <b>SIGNATURE AND TYPED NAME, NORMALLY EMPLOYEE</b>	6. Action Authorized By (Typed Name, Title, Signature, and Concurrence Date)  <b>SIGNATURE AND TYPED NAME, COMMAND ADMINISTRATIVE OFFICER/DIRECTORATE/WING COMMANDER</b>

### 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) <b>EMPLOYEE'S NAME</b>	2. Social Security Number <b>123-45-6789</b>	3. Date of Birth <b>MM-DD-YYYY</b>	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 <b>MILITARY PERSONNEL CLERK</b> POSITION NUMBER: (OBTAINED FROM FULL-TIME MANNING DOCUMENT)	15. TO: Position Title and Number										
8. Pay Plan <b>GS</b>	9. Occ. Code <b>0204</b>	10. Grade or Level <b>05</b>	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	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 <b>JFHQ-KSNG</b> <b>2800 SW TOPEKA BLVD</b> <b>TOPEKA, KS 66611-1287</b> <b>*POSITION EMPLOYEE CURRENTLY IS IN**</b>						22. Name and Location of Position's Organization					

EMPLOYEE DATA							
23. Veterans Preference		24. Tenure		25. Agency Use		26. Veterans Preference for RIF	
<input type="checkbox"/> 1 - None	<input type="checkbox"/> 3 - 10 Point/Disability	<input type="checkbox"/> 5 - 10 Point/Other	<input type="checkbox"/> 0 - None	<input type="checkbox"/> 2 - Conditional	<input type="checkbox"/>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> 2 - 5-point	<input type="checkbox"/> 4 - 10-Point/Compensable	<input type="checkbox"/> 6 - 10-point/Compensable/30%	<input type="checkbox"/> 1 - Permanent	<input type="checkbox"/> 3 - Indefinite			
27. FEGLI				28. Annuitant Indicator			
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"/> E - Exempt					
<input type="checkbox"/> 2 - Excepted Service	<input type="checkbox"/> 4 - SES Career Reserved	<input type="checkbox"/> N - Nonexempt					
38. Duty Station Code				39. Duty Station (City - County - State or Overseas Location) <b>CITY, COUNTY, STATE (I.E. TOPEKA, SHAWNEE, KANSAS)</b>			

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

PART C - Review 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?

Yes  No

If "YES", please state these facts on a separate sheet and attach to SF 52.)

**PART E - Employee Resignation/Retirement**

**Privacy Act Statement**

You are requested to furnish a specific reason for your resignation or retirement and with regard to employment of individuals in the Federal service and their records, while forwarding address. Your reason may be considered in any future decision regarding your section 8506 requires agencies to furnish the specific reason for termination of Federal re-employment in the Federal service and may also be used to determine your eligibility for service to the Secretary of Labor or a State agency in connection with administration of unemployment compensation benefits. Your forwarding address will be used primarily to unemployment compensation programs. mail you copies of any documents you should have or any pay or compensation to which you are entitled.

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.

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

- 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.)

**EMPLOYEE MUST SIGN SF 52 AND LEAVE A FORWARDING ADDRESS BELOW IN BLOCK #5.**

2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address (Number, Street, City, State, Zip Code) <b>EMPLOYEE MUST LEAVE A FORWARDING ADDRESS IN THIS BLOCK</b>
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**PART F - Remarks for SF 50**

## REQUEST FOR PERSONNEL ACTION

<b>PART A - Requesting Office (Also complete Part B, Items 1, 7-22, 23, 32, 33, and 39)</b>	
1. Actions Requested <b>RETURN TO DUTY (SPECIFY US OR PERSONAL)</b>	2. Request Number
3. For Additional Information Call (Typed Name and Telephone Number) <b>NAME OF PERSON TO CONTACT (785) 274-XXXX</b>	4. Proposed Effective Date <b>MM-DD-YYYY</b>
5. Action Requested By (Typed Name, Title, Signature and Request Date)  <b>SIGNATURE AND TYPED NAME, NORMALLY SUPERVISOR</b>	6. Action Authorized By (Typed Name, Title, Signature, and Concurrence Date)  <b>SIGNATURE AND TYPED NAME, COMMAND ADMINISTRATIVE OFFICER/DIRECTORATE/WING COMMANDER</b>

<b>PART B - For Preparation of SF 50 (Use only codes in FPM Supplement 292-1. Show all dates in month-day-year order.)</b>			
1. Name (Last, First, Middle) <b>I.M. EMPLOYEE</b>	2. Social Security Number <b>123-45-6789</b>	3. Date of Birth <b>MM-DD-YYYY</b>	4. Effective Date

<b>FIRST ACTION</b>		<b>SECOND ACTION</b>	
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> <b>MILITARY PERSONNEL CLERK</b> <b>POSITION AND POSITION DESCRIPTION NUMBER:</b> <b>(OBTAINED FROM FULL-TIME MANNING DOCUMENT)</b>										
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	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 <b>JFHQ-KSNG</b> <b>2800 SW TOPEKA BLVD</b> <b>TOPEKA, KS 66611-1287</b>							

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

<b>POSITION DATA</b>							
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"/> E - Exempt					
<input type="checkbox"/> 2 - Excepted Service	<input type="checkbox"/> 4 - SES Career Reserved	<input type="checkbox"/> N - Nonexempt					
38. Duty Station Code			39. Duty Station (City - County - State or Overseas Location) <b>CITY, COUNTY, STATE (I.E. TOPEKA, SHAWNEE, KANSAS)</b>				

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
				<input type="checkbox"/> 1 - USA <input type="checkbox"/> 8 - Other		

<b>PART C - Review and Approvals (Not to be used by requesting office)</b>					
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?

Yes  No

If "YES", please state these facts on a separate sheet and attach to SF 52.)

**FOR RETURN TO DUTY - US:**

**ATTACH A COPY OF THE RETURN FROM ACTIVE DUTY (REFRAD) ORDER AND DD FORM 214 (IF AVAILABLE).**

**INDICATE DATES OF MILITARY LEAVE EMPLOYEE PLANS ON USING AS APPLICABLE.**

**AIR TECHNICIANS MUST SUBMIT COPY OF CERTIFIED ACTIVE DUTY ORDER.**

**PART E - Employee Resignation/Retirement**

**Privacy Act Statement**

You are requested to furnish a specific reason for your resignation or retirement and with regard to employment of individuals in the Federal service and their records, while forwarding address. Your reason may be considered in any future decision regarding your section 8506 requires agencies to furnish the specific reason for termination of Federal re-employment in the Federal service and may also be used to determine your eligibility for service to the Secretary of Labor or a State agency in connection with administration of unemployment compensation benefits. Your forwarding address will be used primarily to unemployment compensation programs. mail you copies of any documents you should have or any pay or compensation to which you are entitled.

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.

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

- 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 (Number, Street, City, State, Zip Code)
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**PART F - Remarks for SF 50**

## REQUEST FOR PERSONNEL ACTION

### PART A - Requesting Office (Also complete Part B, Items 1, 7-22, 23, 32,33, and 39)

1. Actions Requested <b>SEPARATION - US</b>	2. Request Number
3. For Additional Information Call (Typed Name and Telephone Number) <b>NAME OF PERSON TO CONTACT (785) 274-XXXX</b>	4. Proposed Effective Date <b>MM-DD-YYYY</b>
5. Action Requested By (Typed Name, Title, Signature and Request Date) <b>SIGNATURE AND TYPED NAME, NORMALLY EMPLOYEE</b>	6. Action Authorized By (Typed Name, Title, Signature, and Concurrence Date) <b>SIGNATURE AND TYPED NAME, COMMAND ADMINISTRATIVE OFFICER/DIRECTORATE/WING COMMANDER</b>

### 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) <b>EMPLOYEE'S NAME</b>	2. Social Security Number <b>123-45-6789</b>	3. Date of Birth <b>MM-DD-YYYY</b>	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 <b>MILITARY PERSONNEL CLERK POSITION NUMBER: (OBTAINED FROM FULL-TIME MANNING DOCUMENT)</b>	15. TO: Position Title and Number										
8. Pay Plan <b>GS</b>	9. Occ. Code <b>0204</b>	10. Grade or Level <b>05</b>	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	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 <b>JFHQ-KSNG 2800 SW TOPEKA BLVD TOPEKA, KS 66611-1287 *POSITION EMPLOYEE CURRENTLY IS IN**</b>						22. Name and Location of Position's Organization					

### EMPLOYEE DATA

23. Veterans Preference 1 - None    3 - 10 Point/Disability    5 - 10 Point/Other 2 - 5-point    4 - 10-Point/Compensable    6 - 10-point/Compensable/30%	24. Tenure 0 - None    2 - Conditional 1 - Permanent    3 - Indefinite	25. Agency Use	26. Veterans Preference for RIF <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 1 - Competitive Service    3 - SES General 2 - Excepted Service    4 - SES Career Reserved	35. FLSA Category E - Exempt N - Nonexempt	36. Appropriation Code	37. Bargaining Unit Status
38. Duty Station Code		39. Duty Station (City - County - State or Overseas Location) <b>CITY, COUNTY, STATE (I.E. TOPEKA, SHAWNEE, KANSAS)</b>	

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

### PART C - Review 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 with regard to employment of individuals in the Federal service and their records, while forwarding address. Your reason may be considered in any future decision regarding your section 8506 requires agencies to furnish the specific reason for termination of Federal re-employment in the Federal service and may also be used to determine your eligibility for service to the Secretary of Labor or a State agency in connection with administration of unemployment compensation benefits. Your forwarding address will be used primarily to unemployment compensation programs. mail you copies of any documents you should have or any pay or compensation to which you are entitled.

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.

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

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.)

**STATE REASON FOR TERMINATION: I.E. EMPLOYEE SELECTED FOR AGR TOUR PER ANNOUNCEMENT #00-XXX. A COPY OF THE EMPLOYEE'S AGR ORDER MUST BE ATTACHED. INDICATE DATES OF MILITARY LEAVE IF APPLICABLE.**

**EMPLOYEE MUST SIGN PART A BLOCK 5 AND PROVIDE A FORWARDING ADDRESS BELOW IN BLOCK 5 OR EMPLOYEE MAY COMPLETE A LETTER OF RESIGNATION STATING THE REASON FOR RESIGNATION AND A FORWARDING ADDRESS (ALSO SIGNED BY RESIGNING EMPLOYEE)**

2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address (Number, Street, City, State, Zip Code) <b>EMPLOYEE MUST LEAVE A FORWARDING ADDRESS IN THIS BLOCK</b>
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**PART F - Remarks for SF 50**

## REQUEST FOR PERSONNEL ACTION

### PART A - Requesting Office (Also complete Part B, Items 1, 7-22, 23, 32,33, and 39)

1. Actions Requested <b>TERMINATION (TYPE OF TERM, I.E. DURING TRIAL PERIOD, TEMP APPT, FOR CAUSE)</b>	2. Request Number
3. For Additional Information Call (Typed Name and Telephone Number) <b>NAME OF PERSON TO CONTACT (785) 274-XXXX</b>	4. Proposed Effective Date <b>MM-DD-YYYY</b>
5. Action Requested By (Typed Name, Title, Signature and Request Date)  <b>SIGNATURE AND TYPED NAME, NORMALLY SUPERVISOR</b>	6. Action Authorized By (Typed Name, Title, Signature, and Concurrence Date)  <b>SIGNATURE AND TYPED NAME, COMMAND ADMINISTRATIVE OFFICER/DIRECTORATE/WING COMMANDER</b>

### 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) <b>EMPLOYEE'S NAME</b>	2. Social Security Number <b>123-45-6789</b>	3. Date of Birth <b>MM-DD-YYYY</b>	4. Effective Date
<b>FIRST ACTION</b>		<b>SECOND ACTION</b>	
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 <b>MILITARY PERSONNEL CLERK</b> POSITION AND POSITION DESCRIPTION NUMBER: (OBTAINED FROM FULL-TIME MANNING DOCUMENT)	15. TO: Position Title and Number										
8. Pay Plan <b>GS</b>	9. Occ. Code <b>0204</b>	10. Grade or Level <b>05</b>	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	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 <b>JFHQ-KSNG</b> <b>2800 SW TOPEKA BLVD</b> <b>TOPEKA, KS 66611-1287</b> <b>*POSITION EMPLOYEE CURRENTLY IS IN**</b>						22. Name and Location of Position's Organization					

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

<b>POSITION DATA</b>				35. FLSA Category		36. Appropriation Code		37. Bargaining Unit Status	
34. Position Occupied	1 - Competitive Service	3 - SES General	2 - Excepted Service	4 - SES Career Reserved	E - Exempt				
38. Duty Station Code				39. Duty Station (City - County - State or Overseas Location) <b>CITY, COUNTY, STATE (I.E. TOPEKA, SHAWNEE, KANSAS)</b>					

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

<b>PART C - Review and Approvals (Not to be used by requesting office)</b>					
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?

Yes  No

If "YES", please state these facts on a separate sheet and attach to SF 52.)

**PART E - Employee Resignation/Retirement**

**Privacy Act Statement**

You are requested to furnish a specific reason for your resignation or retirement and with regard to employment of individuals in the Federal service and their records, while forwarding address. Your reason may be considered in any future decision regarding your section 8506 requires agencies to furnish the specific reason for termination of Federal re-employment in the Federal service and may also be used to determine your eligibility for service to the Secretary of Labor or a State agency in connection with administration of unemployment compensation benefits. Your forwarding address will be used primarily for unemployment compensation programs. mail you copies of any documents you should have or any pay or compensation to which you are entitled.

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.

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

- 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.)

**TYPE A BRIEF STATEMENT AS TO WHY EMPLOYEE IS BEING TERMINATED. EMPLOYEE MUST SIGN SF 52 AND LEAVE A FORWARDING ADDRESS BELOW IN BLOCK #5.**

**FOR TRIAL PERIOD ATTACH COPY OF TERMINATION LETTER INITIATED BY SUPERVISOR.**

**FOR CAUSE CONTACT HRO FOR REQUIRED DOCUMENTATION.**

2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address (Number, Street, City, State, Zip Code)
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**PART F - Remarks for SF 50**