

PART D - Remarks by Requesting Office

(Note to Supervisors: Do you know of additional or conflicting reasons for the employee's resignation/retirement?
If "YES", please state these facts on a separate sheet and attach to SF 52.)

☐ YES

☐ NO

PART E - Employee Resignation/Retirement

Privacy Act Statement

You are requested to furnish a specific reason for your resignation or retirement and a forwarding address. Your reason may be considered in any future decision regarding your re-employment in the Federal service and may also be used to determine your eligibility for unemployment compensation benefits. Your forwarding address will be used primarily to mail you copies of any documents you should have or any pay or compensation to which you are entitled.

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

with regard to employment of individuals in the Federal service and their records, while section 8506 requires agencies to furnish the specific reason for termination of Federal service to the Secretary of Labor or a State agency in connection with administration of unemployment compensation programs.

The furnishing of this information is voluntary; however, failure to provide it may result in your not receiving: (1) your copies of those documents you should have; (2) pay or other compensation due you; and (3) any unemployment compensation benefits to which you may be entitled.

1. Reasons for Resignation/Retirement (NOTE: Your reasons are used in determining possible unemployment benefits. Please be specific and avoid generalizations. Your resignation/retirement is effective at the end of the day - midnight - unless you specify otherwise.)

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

PART F - Remarks for SF 50

FORM AD-349 (REV. 12/93)		U.S. DEPARTMENT OF AGRICULTURE EMPLOYEE ADDRESS		AGENCY USE	
				ACTION CODE 03	AGENCY 4860
EFFECTIVE DATE					
SECTION I					
Complete Section I with your current or new residence mailing address. This address is used to mail out employee Pay and TSP statements, W-2 forms and other personal documents. NOTE: This form does not change the U.S. Savings Bond address.					
1. NAME (Last, First, Middle)				2. SOCIAL SECURITY NO.	
3. STREET ADDRESS OR P.O. BOX				4. APT NO.	
5. CITY NAME		6. STATE or COUNTRY NAME		7. ZIP CODE	
AGENCY USE		CITY CODE	COUNTY CODE	STATE OR COUNTRY CODE	
SECTION II					
FOR EMPLOYEES WITH DIRECT DEPOSIT COMPLETE BLOCKS 13 AND 14 ONLY. Employees who wish to receive their checks in the mail complete blocks 8 through 14 with your current or new check mailing address.					
8. STREET ADDRESS or P.O. BOX				9. APT NO.	
10. CITY NAME		11. STATE or COUNTRY NAME		12. ZIP CODE	
AGENCY USE		CITY CODE	COUNTY CODE	STATE OR COUNTRY CODE	
13. SIGNATURE OF EMPLOYEE				14. DATE SIGNED	

This form was electronically produced by USDA/ARS/OCIO/EASB.

* This is the address where your
W-2 will be sent *