REQUEST FOR PERSONNEL ACTION

1. Action Requested 3. For Additional Information Call (Name and Talephone Namber) 4. Recent Historical Date 4. Action Requested by (Typed Name, Tale, Signature, and Request Date) 5. Action Requested by (Typed Name, Tale, Signature, and Request Date) 6. Action Authorized by (Typed Name, Tale, Signature, and Concurrence Date) PART 8. For Preparation of SF 50 (Use only codes in FPM Supplement 292.1, Show all dates in month-day year order, 1. Name of Action 5. Action Section of Section (Section Section Sect	PART A - Req	uestina Office	e (Also comple	ete Part B	. Items 1.	7-22, 3	32, 33,	36, and 3	9.)			
EMPLOYEE DATA 23. Veterans Peterance 15. For Pregnation of SF 50 (Use only codes in FPM Supplement 292-1. Show all dates in month-day-year order.) 1. Name (Last, Final, Module) SECOND ACTION 6. Code 6 6. Nature of Action 7. FROM: Position Title and Number 15. TO: Position Title and Number 16. Name and Location of Position's Organization 22. Name and Location of Position's Organization 23. Veterans Peterson 24. Finale 25. Veterans Peterson 26. Position Occupant 27. FROM: Position Second 28. Position Second 29. Represent Section 30. Date Second			· •		, ,			,	,	2. Red	quest Number	
PART B - For Preparation of SF 50 (Use only codes in FPM Supplement 292-1. Show all dates in month-day-year order.) 1. Harris Adv. Free, Middley 5. Code 50 D. Logal Authority 6. C. Code 50 D. Logal Authority 6. C. Code 50 D. Logal Authority 6. C. Code 50 D. Logal Authority 7. FROM: Position Title and Number 15. TO: Position Title and Number 16. Score 60 D. Logal Authority 17. Route Position's Organization 18. Position Title and Number 19. Total Satary/Award 21. Port Satary 19. A Besic Pay 10. Locality Add, 20.C. Add, Basic Pay 20.D. Other Pay 20.A. Basic Pay 20.A. Basic Pay 20.D. Locality Add, 20.C. Add, Basic Pay 20.D. Other Pay 21. Norwa 2. Conditional 22. Agency Use 22. Norwa 3. Norwa 3. Conditional 22. Agency Use 23. Position Title and Number 24. Tonus 25. Norwa 2. Conditional 22. Agency Use 26. Veterans Pref for Riff 27. FEGU 28. Position Title and Number 29. Pay Fore Department Pay 29. A State Condition of Position's Organization 29. Pay Fore Department Pay 20.D. State Condition of Position's Organization 29. Pay Fore Department Pay 20.D. State Condition of Position's Organization 29. Pay Fore Department Pay 20.D. State Condition of Position's Organization 29. Pay Fore Department Pay 20.D. State Condition of Position's Organization 29. Pay Fore Department Pay 20.D. State Condition of Position's Organization 29. Pay Fore Department Pay 20.D. State Condition of Position's Organization 29. Pay Fore Department Pay 20.D. State Co	3. For Additional Info	ormation Call <i>(Name</i>	and Telephone Nui	mber)						4. Prop	posed Effective Date	
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A. D. E. C. F. Approval: I certify that the information entered on this form is accurate and that the Signature Approval Date	PART C - Rev	iews and App	rovals (Not to	be used	by request	ting offic		- OOA O - Other				
B. E. E. Approval: I certify that the information entered on this form is accurate and that the Signature Approval Date	1. Office/Function		Initials/Signature		Date	Office	e/Function		Initials/Signa	ature	Date	
C. F. Signature Approval Date	A.					D.						
2. Approval: I certify that the information entered on this form is accurate and that the Signature Approval Date	В.					E.						
2. Approval: I certify that the information entered on this form is accurate and that the Signature Approval Date	C.					F.						
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PART D - Remarks by Requesting Office (Note to Supervisors: Do you know of additional or conflicting rea		•	YES	□ NO				
If "YES", please state these facts on a sepa	irate sheet and attach	1 to SF 52.)	<u>—</u>					
PART E - Employee Resignation/Retirement	Privacy Act	Statement						
You are requested to furnish a specific reason for your	resignation or	and agencies to issue regulations with	regard to en	nployment of				
retirement and a forwarding address. Your reason may be any future decision regarding your re-employment in the F and may also be used to determine your eligibility for compensation benefits. Your forwarding address will be to mail you copies of any documents you should have compensation to which you are entitled.	ederal service unemployment used primarily	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.						
This information is requested under authority of sections 3 8506 of title 5, U.S. Code. Sections 301 and 3301 aut		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.						
Reasons for Resignation/Retirement (NOTE: Your reason avoid generalizations. Your resignation/retirement is experience.)				and				
2. Effective Date 3. Your Signature	4. Date Signed	5. Forwarding Address (Number, Street, City, State	, ZIP Code)					
PART F - Remarks for SF 50								