Standard Form 52 Rev. 7/91 U.S. Office of Personnel Management FPM Supp. 296-33, Subch. 3

REQUEST FOR PERSONNEL ACTION

PART A			g Office (Also com	olete Par	t B, Items 1,	7-22, 32	2, 33, 36	6 and 39.)								2. REQU	EST NUME	3ER
3. FOR ADDITIONAL INFORMATION CALL (Name and Telephone Number)																4. PROPOSED EFFECTIVE DAT			
5. ACTION	N REQUE	ESTED BY	(Typed Nar	ne, Title, Si	gnature, a	and Request Da	te)		6. ACTION	I AUTI	HORIZ	ED BY (Typed Nam	e, Title,	Signatur	e, and Co	oncurren	ce Date)	
PART I				SF 50 (Us	se only co	odes in FPM	Supple	ement 29	92-1. Show a 2. SOCIAI						OF BIRT	ГН	4. EFFE	CTIVE DAT	ΓE
FIRST	ACTIO	N							SECON	ID A	СТІО	N							
5-A. COD	E 5-B.	NATURE	OF ACTION						6-A. COD	Ē 6-B	B. NATI	URE OF	ACTION						
5-C. COD	E 5-D.	LEGAL A	UTHORITY						6-C. COD	6-C. CODE 6-D. LEGAL AUTHORITY									
5-E. COD	E 5-F. I	LEGAL AI	JTHORITY						6-E. COD	6-E. CODE 6-F. LEGAL AUTHORITY									
7. FROM	/l: Posi	tion Titl	e and Num	ber					15. TO:	15. TO: Position Title and Number									
8. Pay Plan	9. Occ. C	ode 10. 0	Grade or Level	11. Step or	Rate 12. T	OTAL SALARY		13. Pay B	Basis 16. Pay Pla	17. 0	Occ. Cod	de 18. G	rade or Level	19. Ste	p or Rate	20. TOTA	L SALARY/	AWARD	21. PAY BASI
12A. BASIC	PAY	1	2B. LOCALITY	ADJ.	12C. ADJ. I	BASIC PAY	12D. OT	HER PAY	20A. BASIC	PAY		20B. I	LOCALITY AD	J.	20C. AD	J. BASIC P	'AY	20D. OTHE	R PAY
EMPLO 23. VETE			ICE						24. TENU	RE				25. A	SENCY L	JSE	26. VET	ERANS PRE	FERENCE FOR
1 - NONE 3 - 10-POINT/DISABILITY 5 - 10-POINT/OTHER 2 - 5-POINT 4 - 10-POINT/COMPENSABLE 6 - 10/POINT/COMPENSABLE/30% 27. FEGLI						1 - P	0 - NONE 2 - CONDITIONAL 1 - PERMANENT 3 - INDEFINITE 28. ANNUITANT INDICATOR							RIF YES NO 29. PAY RATE DETERMINAN					
30. RETIREMENT PLAN 31. SEI					31. SERVICE	COMP. DA	ATE (LEAV	E) 32. WOR	32. WORK SCHEDULE						33. PART-TIME HOURS PER				
																BIWEEKLY PAY PERIOD			
POSITION DATA 34. POSITION OCCUPIED 1 - COMPETITIVE SERVICE 2 - EXCEPTED SERVICE 4 - SES CAREER RESERVED 38. DUTY STATION CODE					E - EXE ED N - NO	+				36. APPROPRIATION CODE tty - State or Overseas Location)							37. BARGAINING UNIT STATUS		
36. DUTT	STATIO	N CODE				39. DUTY S	TATION	(City - C	Sounty - State o	r Ovei	rseas L	Location)						
40. AGEN	ICY DAT	A IA POS	41. NEW	POSITION		42. REGRADE	D POSIT	TION 43	. VICE:		4	4. QUAL	IFICATION	STANDA	RDS US	ED			
45. EDUCATIONAL LE		L LEVEL	EL 46. YR. DEGREE TRAINED		47. ACADEMIC DISCIPLINE 48. F			. FUNCTIONAL	JNCTIONAL CLASS			49. CITIZENSHIP 50. VIETNAM ERA V 1 - USA 8 - OTHER V - YES N							
PART (vals (No		sed by reques		fice.) DATE	OFF	CE/FU	JNCTIC	ON		INITIA	LS/SIGN	IATURE			DATE
A. POSITION AUTHORIZED		,							D. LAN										
B. CLASSIFICATION		TION							DRU E. TES	DRUG E. TESTING POSITION		YES NO							
C. PLACEMENT									F.										
						orm is accurate		the	SIGNATU	RE								APPR	OVAL DATE

ART E - Employee Resignation/Retirement PRIVACY ACT STATEMENT Out are requested to furnish a specific reason for your resignation or retirement at four forwarding address. Your reason may be considered in any future existion regarding your re-employment in the Federal service and may also be seld to determine your eligibility for unemployment compensation benefits. Our forwarding address will be used primarily to mail your copies of any course in you hould have or any pay or compensation to which you are intitled. The furnishing of this information is requested under authority of sections 301, 3301, and 8506 fittle 5, U.S. Code. Sections 301 and 3301 authorize OPM and agencies to REASONS FOR RESIGNATION/RETIREMENT (NOTE: Your reasons are used in determining possible unemployment benefits. Please be specific and avoid generalizations. Your resignation/ unemployment compensation benefits to which you may be entitled. REASONS FOR RESIGNATION/RETIREMENT (NOTE: Your reasons are used in determining possible unemployment benefits. Please be specific and avoid generalizations. Your resignation/ unemployment compensation benefits to which you may be entitled.	PART D - Remark	s by Requesting Office								
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ART F - Remarks for SF 50	2. EFFECTIVE DATE	3. YOUR SIGNATURE	4 DATE SIG	NED	5. FORWARDING ADDRESS (Number, Street, City, State, ZIP Code)					
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