

# **STANDARD FORM 52 PREPARATION GUIDE**

## **PURPOSE**

This guide is intended to assist personnel involved in the preparation of the Standard Form 52, Request for Personnel Action. The way in which personnel actions are processed for both full-time Army and Air employees must be standardized. This guide is not intended to be a directive of any kind, it is intended to provide helpful information as well as samples to assist you in the proper completion of SF 52s.

## **HOW TO USE THIS GUIDE**

This guide is comprised of sample SF 52s and is arranged by actions that govern Technician Personnel.

Actions such as disciplinary actions have been intentionally omitted from the guide. If an action has occurred that is not outlined in this guide, please contact the Human Resource Office.

## **REFERENCES**

The basic reference for processing personnel actions can be found in OPM Guide to Processing Personnel Actions.

For additional information, please contact the Human Resource Office.

## **POLICY**

The Human Resource Office requires **at least 10 working days prior to the effective date** of a personnel action.

Effective dates for all Technician (Army and Air)

personnel actions **MUST** occur with the beginning of the technician pay periods.

Effective dates for all Air/Army AGR **SHOULD** occur with the beginning of AGR pay periods (1<sup>st</sup> and 15<sup>th</sup> of each month). Exceptions to this policy can be addressed by contacting the Human Resource Office.

## **SAMPLE SF 52'S FOR TECHNICIAN PERSONNEL** **ACTIONS**

CHANGE IN WORK SCHEDULE (for part-time and full-time employees)

CHANGE TO LOWER GRADE

DETAIL

EXTEND DETAIL

LEAVE WITHOUT PAY – FROM USING MILITARY LEAVE

LEAVE WITHOUT PAY – MILITARY TRAINING

LEAVE WITHOUT PAY – PERSONAL REASONS

EXTEND LEAVE WITHOUT PAY

NAME CHANGE

PROMOTION

RETURN TO DUTY – TO USE MILITARY LEAVE

RETURN TO DUTY – FROM MILITARY TRAINING

RESIGNATION

SEPARATION

TEMPORARY APPOINTMENT NTE

EXTEND TEMPORARY APPOINTMENT

TERMINATE TEMPORARY PROMOTION

TERMINATE TEMPORARY APPOINTMENT

TERMINATION (MILITARY)

TIME OFF AWARD

REQUEST FOR FILL

## REQUEST FOR PERSONNEL ACTION

### PART A - Requesting Office (Also complete Part B, Items 1, 7-22, 32, 33, 36, and 39.)

1. Actions Requested <b>CHANGE IN WORK SCHEDULE</b>		2. Request Number
3. For Additional Information Call (Name and Telephone Number) <b>NAME OF PERSON TO CONTACT, 267-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, USUALLY 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 <b>LEAVE BLANK</b>
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#### FIRST ACTION

5-A. Code	5-B. Nature of Action
5-C. Code	5-D. Legal Authority
5-E. Code	5-F. Legal Authority

#### SECOND ACTION

6-A. Code	6-B. Nature of Action
6-C. Code	6-D. Legal Authority
6-E. Code	6-F. Legal Authority

<b>7. FROM: Position Title and Number</b> MILITARY PERSONNEL CLERK PD NUMBER IF KNOWN (COMES FROM FULL-TIME MANNING DOCUMENT)	<b>15. TO: Position Title and Number</b>																								
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14. Name and Location of Position's Organization <b>TAG-NM (UNIT OF EMPLOYMENT) 47 BATAAN BLVD SANTA FE, NM 87508-4695</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 Pref 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	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>(EX: SANTA FE, SANTA FE COUNTY, NEW MEXICO)</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 - Reviews 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

CHANGE IN WORK SCHEDULE FROM FULL-TIME TO PART-TIME (OR PART-TIME TO FULL-TIME) DUE TO:  
EX: ADDITIONAL WORKLOAD OR CITE REASONS WHY EMPLOYEE IS CHANGING WORK SCHEDULE.

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

\*\*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.

EMPLOYEES DESIGNATED AS PART TIME MAY WORK 32 HOURS PER

WEEK, MAXIMUM. NOTE: CHANGES TO A BARGAINING UNIT EMPLOYEE'S WORK HOURS MUST BE COORDINATED WITH HRO.

**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)
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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, 32, 33, 36, and 39.)

1. Actions Requested <b>CHANGE TO LOWER GRADE</b>		2. Request Number <b>LEAVE BLANK</b>
3. For Additional Information Call (Name and Telephone Number) <b>NAME OF PERSON TO CONTACT, 267-XXXX</b>		4. Proposed Effective Date <b>MM-DD-YYYY</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.)

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#### FIRST ACTION

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#### SECOND ACTION

6-A. Code	6-B. Nature of Action
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<b>7. FROM: Position Title and Number</b> <b>BUDGET ANALYST</b> <b>PD NUMBER IF KNOWN (COMES FROM THE FULL-TIME MANNING DOCUMENT)</b>	<b>15. TO: Position Title and Number</b> <b>VOUCHER EXAMINER</b> <b>PD NUMBER IF KNOWN (COMES FROM FULL-TIME MANNING DOCUMENT)</b>																								
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#### EMPLOYEE DATA

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30. Retirement Plan <input type="checkbox"/>	31. Service Comp. Date (Leave) <input type="checkbox"/>	32. Work Schedule <input type="checkbox"/>	33. Part-Time Hours Per Biweekly Pay Period <input type="checkbox"/>

#### 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	35. FLSA Category <input type="checkbox"/> E - Exempt <input type="checkbox"/> N - Nonexempt	36. Appropriation Code <input type="checkbox"/>	37. Bargaining Unit Status <input type="checkbox"/>
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### PART C - Reviews 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>		
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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

STATE REASON FOR CHANGE TO LOWER GRADE. EX: EXPIRATION OF PROMOTION NTE DATE.  
IF CHANGE TO LOWER GRADE IS DUE TO A CLASSIFICATION ACTION, THE SF52  
MUST REFERENCE THE RECLASSIFICATION PACKAGE, I.E. PER NGB-HRC PD RELEASE #CRA-99-0001.

IF CHANGE TO LOWER GRADE IS AT THE EMPLOYEE'S REQUEST, STATE THAT IN THIS SECTION.

**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)
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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, 32, 33, 36, and 39.)

1. Actions Requested DETAIL NTE MM-DD-YYYY (DETAILS WILL NOT EXCEED ONE YEAR)		2. Request Number LEAVE BLANK
3. For Additional Information Call (Name and Telephone Number) NAME OF PERSON TO CONTACT, 267-XXXX		4. Proposed Effective Date MM-DD-YYYY
5. Action Requested By (Typed Name, Title, Signature, and Request Date)  SIGNATURE AND TYPED NAME, NORMALLY SUPERVISOR	6. Action Authorized by (Typed Name, Title, Signature, and Concurrence Date)  SIGNATURE AND TYPED NAME, NORMALLY COMMANDER	

### 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) I.M. EMPLOYEE	2. Social Security Number 123-45-6789	3. Date of Birth MM-DD-YYYY	4. Effective Date LEAVE BLANK
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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> PERSONNEL CLERK PD NUMBER IF KNOWN (COMES FROM THE FULL-TIME MANNING DOCUMENT)	<b>15. TO: Position Title and Number</b> MILITARY PERSONNEL CLERK												
8. Pay Plan GS	9. Occ. Code 0203	10. Grade or Level 05	11. Step or Rate	12. Total Salary	13. Pay Basis	8. Pay Plan GS	9. Occ. Code 0204	18. Grade or Level 05	19. Step or Rate	20. Total Salary/Award	13. Pay Basis		
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14. Name and Location of Position's Organization TAG-NM (UNIT EMPLOYED AT) 47 BATAAN BLVD SANTA FE, NM 87508-4695						22. Name and Location of Position's Organization TAG-NM (UNIT EMPLOYED AT) 47 BATAAN BLVD SANTA FE, NM 87508-4695							

#### 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 <input type="checkbox"/>	26. Veterans Pref for RIF <input type="checkbox"/> YES <input type="checkbox"/> NO
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#### POSITION DATA

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### PART C - Reviews and Approvals (Not to be used by requesting office.)

1. Office/Function	Initials/Signature	Date	Office/Function	Initials/Signature	Date
A.			D.		
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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

STATE REASON FOR DETAIL. EXAMPLE, DETAIL NEEDED TO PROVIDE ADDITIONAL CLERICAL SUPPORT IN AGR BRANCH UNTIL INCUMBENT RETURNS FROM MILITARY DUTY.

DETAILS CAN NOT EXCEED ONE YEAR AND DO NOT AFFECT THE EMPLOYEE'S PAY.

**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.

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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, 32, 33, 36, and 39.)

1. Actions Requested <b>EXTENSION OF DETAIL NTE MM-DD-YYYY (PROVIDING ONE YEAR MAX HAS NOT BEEN MET)</b>		2. Request Number <b>LEAVE BLANK</b>	
3. For Additional Information Call (Name and Telephone Number) <b>NAME OF PERSON TO CONTACT, 267-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, NORMALLY COMMANDER</b>	

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#### FIRST ACTION

#### SECOND ACTION

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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>BUDGET ANALYST</b>																	
8. Pay Plan		9. Occ. Code		10. Grade or Level		11. Step or Rate		12. Total Salary		13. Pay Basis		8. Pay Plan		9. Occ. Code		18. Grade or Level		19. Step or Rate		20. Total Salary/Award		13. Pay Basis	
												<b>GS</b>		<b>2122</b>		<b>11</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												22. Name and Location of Position's Organization <b>TAG-NM (UNIT EMPLOYED AT) 47 BATAAN BLVD SANTA FE, NM 87508-5695</b>											

#### 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 Pref 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				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>(EX: SANTA FE, SANTA FE COUNTY, NEW MEXICO)</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 - Reviews 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

STATE REASON DETAIL 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 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)
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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, 32, 33, 36, and 39.)

1. Actions Requested <b>LEAVE WITHOUT PAY - FROM USING MILITARY LEAVE</b>		2. Request Number <b>LEAVE BLANK</b>
3. For Additional Information Call (Name and Telephone Number) <b>NAME OF PERSON TO CONTACT, 267-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, NORMALLY 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 <b>LEAVE BLANK</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>PD NUMBER, IF KNOWN (COMES OFF THE 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>TAG-NM (UNIT EMPLOYED AT)</b> <b>47 BATAAN BLVD</b> <b>SANTA FE, NEW MEXICO 87508-4695</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 Pref 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	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>(EX: SANTA FE, SANTA FE COUNTY, NEW MEXICO)</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 - Reviews 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

EMPLOYEE IS RETURNING TO LEAVE WITHOUT PAY AFTER HAVING USED 15 DAYS (120 HRS) MILITARY LEAVE.  
THIS APPLIES ONLY TO THOSE TECHNICIANS ON TITLE 10/32 AGR TOUR.

LEAVE CODE FOR THE TIME CARD FOR THIS LWOP MUST BE KG.

**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)
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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, 32, 33, 36, and 39.)

1. Actions Requested <b>LEAVE WITHOUT PAY-MILITARY (OTHER THAN TO USE 15 DAYS MILITARY LEAVE)</b>		2. Request Number <b>LEAVE BLANK</b>
3. For Additional Information Call (Name and Telephone Number) <b>NAME OF PERSON TO CONTACT, 267-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, NORMALLY 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 <b>LEAVE BLANK</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>PD NUMBER, IF KNOWN (COMES FROM THE 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>TAG-NM (UNIT EMPLOYED AT)</b> <b>47 BATAAN BLVD</b> <b>SANTA FE, NM 87508-4695</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 Pref 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	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>(EX: SANTA FE, SANTA FE COUNTY, NEW MEXICO)</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 - Reviews 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

USED WHEN EMPLOYEE ENTERS MILITARY TRAINING.

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

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 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)
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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, 32, 33, 36, and 39.)

1. Actions Requested <b>LEAVE WITHOUT PAY NTE: (# DAYS, I.E. 30 DAYS) FOR PERSONAL REASONS</b>		2. Request Number <b>LEAVE BLANK</b>
3. For Additional Information Call (Name and Telephone Number) <b>NAME OF PERSON TO CONTACT, 267-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, NORMALLY 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 <b>LEAVE BLANK</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>PD NUMBER IF KNOWN (COMES FROM THE FULL-TIME MANNING DOCUMENT)</b>	<b>15. TO: Position Title and Number</b>																								
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#### 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 Pref 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	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>(EX: SANTA FE, SANTA FE COUNTY, NEW MEXICO)</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 - Reviews 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

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

SEE AGONM TPR 630 FOR ADDITIONAL INFORMATION REGARDING THE GRANTING OF LWOP.

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

**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)
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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, 32, 33, 36, and 39.)

1. Actions Requested <b>EXTEND LEAVE WITHOUT PAY NTE: (# DAYS, I.E. 30 DAYS)</b>		2. Request Number <b>LEAVE BLANK</b>
3. For Additional Information Call (Name and Telephone Number) <b>NAME OF PERSON TO CONTACT, 267-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, NORMALLY 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 <b>LEAVE BLANK</b>
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#### FIRST ACTION

5-A. Code	5-B. Nature of Action
5-C. Code	5-D. Legal Authority
5-E. Code	5-F. Legal Authority

#### SECOND ACTION

6-A. Code	6-B. Nature of Action
6-C. Code	6-D. Legal Authority
6-E. Code	6-F. Legal Authority

<b>7. FROM: Position Title and Number</b> <b>BUDGET ANALYST</b> <b>PD NUMBER, IF KNOWN (COMES FROM THE FULL-TIME MANNING DOCUMENT)</b>	<b>15. TO: Position Title and Number</b>																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>8. Pay Plan <b>GS</b></td> <td>9. Occ. Code <b>2122</b></td> <td>10. Grade or Level <b>11</b></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 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>8. Pay Plan</td> <td>9. Occ. Code</td> <td>18. Grade or Level</td> <td>19. Step or Rate</td> <td>20. Total Salary/Award</td> <td>13. 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>	8. Pay Plan	9. Occ. Code	18. Grade or Level	19. Step or Rate	20. Total Salary/Award	13. 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>TAG-NM (UNIT EMPLOYED AT)</b> <b>47 BATAAN BLVD</b> <b>SANTA FE, NM 87508-4695</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 Pref 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	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>(EX: SANTA FE, SANTA FE COUNTY, NEW MEXICO)</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 - Reviews 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

EXPLAIN THE REASON THE LEAVE WITHOUT PAY IS BEING EXTENDED. I.E., RECOVER FROM SURGERY, OR IF MILITARY TRAINING, COURSE BEING EXTENDED (IF MILITARY TRAINING MUST ATTACH COPY OF AMENDED TRAINING ORDERS TO SF 52). SEE AGONM TPR 630 FOR ADDITIONAL GUIDANCE REGARDING LWOP.

LEAVE CODE FOR TIME CARD IS: KA \*IF EXTENDING FOR PERSONAL REASONS

KG \*IF EXTENDING DUE TO MILITARY TRAINING

**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)
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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, 32, 33, 36, and 39.)

1. Actions Requested <b>NAME CHANGE</b>		2. Request Number <b>LEAVE BLANK</b>
3. For Additional Information Call (Name and Telephone Number) <b>NAME OF PERSON TO CONTACT, 267-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 OF EMPLOYEE</b>	6. Action Authorized by (Typed Name, Title, Signature, and Concurrence Date)  <b>SIGNATURE AND TYPED NAME, SUPERVISOR</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 <b>LEAVE BLANK</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>          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  14. Name and Location of Position's Organization  <b>TAG-NM (UNIT EMPLOYED AT)</b> <b>47 BATAAN BLVD</b> <b>SANTA FE, NM 87508-4695</b>	<b>15. TO: Position Title and Number</b>          8. Pay Plan 9. Occ. Code 18. Grade or Level 19. Step or Rate 20. Total Salary/Award 13. Pay Basis  20A. Basic Pay 20B. Locality Adj. 20C. Adj. Basic Pay 20D. Other Pay  22. Name and Location of Position's Organization
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#### 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 <input type="checkbox"/>	26. Veterans Pref for RIF <input type="checkbox"/> YES <input type="checkbox"/> NO
27. FEGLI <input type="checkbox"/>	28. Annuitant Indicator <input type="checkbox"/>	29. Pay Rate Determinant <input type="checkbox"/>	
30. Retirement Plan <input type="checkbox"/>	31. Service Comp. Date (Leave) <input type="checkbox"/>	32. Work Schedule <input type="checkbox"/>	33. Part-Time Hours Per Biweekly Pay Period <input type="checkbox"/>

#### 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	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>(EX: SANTA FE, SANTA FE COUNTY, NEW MEXICO)</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 <input type="checkbox"/>
				51. Supervisory Status <input type="checkbox"/>

### PART C - Reviews 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

NAME CHANGE DUE TO: MARRIAGE/DIVORCE  
NAME CHANGED FROM: SMITH, GLORIA I.  
NAME CHANGED TO: JONES, GLORIA I.

\*\*FOR NAME CHANGES DUE TO MARRIAGE OR DIVORCE, A COPY OF THE MARRIAGE CERTIFICATE OR DIVORCE DECREE 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 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.

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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)
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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, 32, 33, 36, and 39.)

1. Actions Requested <b>PROMOTION</b>	2. Request Number <b>LEAVE BLANK</b>
3. For Additional Information Call (Name and Telephone Number) <b>NAME OF PERSON TO CONTACT, 267-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, NORMALLY 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 <b>LEAVE BLANK</b>
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#### FIRST ACTION

5-A. Code	5-B. Nature of Action
5-C. Code	5-D. Legal Authority
5-E. Code	5-F. Legal Authority

#### SECOND ACTION

6-A. Code	6-B. Nature of Action
6-C. Code	6-D. Legal Authority
6-E. Code	6-F. Legal Authority

<b>7. FROM: Position Title and Number</b> <b>VOUCHER EXAMINER</b> <b>PD NUMBER IF KNOWN (COMES OFF THE FULL-TIME MANNING DOCUMENT)</b>	<b>15. TO: Position Title and Number</b> <b>VOUCHER EXAMINER</b> <b>PD NUMBER IF KNOWN (COMES OFF THE FULL-TIME MANNING DOCUMENT)</b>																								
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#### 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 <input type="checkbox"/>	26. Veterans Pref for RIF <input type="checkbox"/> YES <input type="checkbox"/> NO
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30. Retirement Plan <input type="checkbox"/>	31. Service Comp. Date (Leave) <input type="checkbox"/>	32. Work Schedule <input type="checkbox"/>	33. Part-Time Hours Per Biweekly Pay Period <input type="checkbox"/>

#### 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	35. FLSA Category <input type="checkbox"/> E - Exempt <input type="checkbox"/> N - Nonexempt	36. Appropriation Code  37. Bargaining Unit Status
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40. Agency Data	41.	42.	43.	44.
45. Educational Level	46. Year Degree Attained	47. Academic Discipline	48. Functional Class	49. Citizenship <input type="checkbox"/> 1 - USA <input type="checkbox"/> 8 - Other
				50. Veterans Status
				51. Supervisory Status

### PART C - Reviews and Approvals (Not to be used by requesting office.)

1. Office/Function	Initials/Signature	Date	Office/Function	Initials/Signature	Date
A.			D.		
B.			E.		
C.			F.		

2. Approval: I certify that the information entered on this form is accurate and that the proposed action is in compliance with statutory and regulatory requirements.	Signature		Approval Date
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**PART D - Remarks by Requesting Office**

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

YES  NO

**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

PROMOTION DUE TO RECLASSIFICATION OF POSITION DESCRIPTION. (MUST REFERENCE NGB-HRC PD  
RELEASE, THE RELEASE NUMBER [I.E. CRA-XX-112, DTD XX JAN 00])

OR

BASED ON DESK AUDIT, PER NMNG HRO-PCS, DTD DD-MM-YYYY.

**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.

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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)
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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, 32, 33, 36, and 39.)

1. Actions Requested <b>RETURN TO DUTY - TO USE MILITARY LEAVE</b>		2. Request Number <b>LEAVE BLANK</b>
3. For Additional Information Call (Name and Telephone Number) <b>NAME OF PERSON TO CONTACT, 267-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, NORMALLY 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 <b>LEAVE BLANK</b>
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#### FIRST ACTION

5-A. Code	5-B. Nature of Action
5-C. Code	5-D. Legal Authority
5-E. Code	5-F. Legal Authority

#### SECOND ACTION

6-A. Code	6-B. Nature of Action
6-C. Code	6-D. Legal Authority
6-E. Code	6-F. Legal Authority

<b>7. FROM: Position Title and Number</b> MILITARY PERSONNEL CLERK PD NUMBER IF KNOWN (COMES FROM THE FULL-TIME MANNING DOCUMENT)	<b>15. TO: Position Title and Number</b>  																								
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14. Name and Location of Position's Organization <b>TAG-NM (UNIT EMPLOYED AT)</b> <b>47 BATAAN BLVD</b> <b>SANTA FE, NM 87508-4695</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 <input type="checkbox"/>	26. Veterans Pref for RIF <input type="checkbox"/> YES <input type="checkbox"/> NO
27. FEGLI <input type="checkbox"/>	28. Annuitant Indicator <input type="checkbox"/>	29. Pay Rate Determinant <input type="checkbox"/>	
30. Retirement Plan <input type="checkbox"/>	31. Service Comp. Date (Leave) <input type="checkbox"/>	32. Work Schedule <input type="checkbox"/>	33. Part-Time Hours Per Biweekly Pay Period <input type="checkbox"/>

#### 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	35. FLSA Category <input type="checkbox"/> E - Exempt <input type="checkbox"/> N - Nonexempt	36. Appropriation Code  	37. Bargaining Unit Status  
38. Duty Station Code <input type="checkbox"/>	39. Duty Station (City - County - State or Overseas Location) <b>EX: SANTA FE, SANTA FE COUNTY, NEW MEXICO)</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 <input type="checkbox"/>
				51. Supervisory Status <input type="checkbox"/>

### PART C - Reviews 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

EMPLOYEE IS ON TITLE 10/32 AGR TOUR AND IS REQUESTING TO USE 15 DAYS (120 HRS) MILITARY LEAVE.

NOTE: THESE 52'S MUST BE FORWARDED TO THE HRO PRIOR TO SUBMITTING THE TIME CARD FOR PAYMENT OF LEAVE. FAILURE TO SUBMIT PRIOR TO TIME CARD WILL RESULT IN EMPLOYEE NOT RECEIVING MILITARY LEAVE AND MAY ALSO RESULT IN ACTION BEING RETURNED AS THE HRO CANNOT BACK DATE ACTIONS.

**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)
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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, 32, 33, 36, and 39.)

1. Actions Requested <b>RETURN TO DUTY - FROM MILITARY TRAINING</b>		2. Request Number <b>LEAVE BLANK</b>
3. For Additional Information Call (Name and Telephone Number) <b>NAME OF PERSON TO CONTACT, 267-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, NORMALLY 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 <b>LEAVE BLANK</b>
<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>MILITARY PERSONNEL CLERK</b> <b>PD NUMBER IF KNOWN (COMES OFF THE 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>TAG-NM (UNIT EMPLOYED AT)</b> <b>47 BATAAN BLVD</b> <b>SANTA FE, NM 87508-4695</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 <input type="checkbox"/>	26. Veterans Pref for RIF <input type="checkbox"/> YES <input type="checkbox"/> NO
27. FEGLI <input type="checkbox"/>	28. Annuitant Indicator <input type="checkbox"/>	29. Pay Rate Determinant <input type="checkbox"/>	
30. Retirement Plan <input type="checkbox"/>	31. Service Comp. Date (Leave) <input type="checkbox"/>	32. Work Schedule <input type="checkbox"/>	33. Part-Time Hours Per Biweekly Pay Period <input type="checkbox"/>

### 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	35. FLSA Category <input type="checkbox"/> E - Exempt <input type="checkbox"/> N - Nonexempt	36. Appropriation Code <input type="checkbox"/>	37. Bargaining Unit Status <input type="checkbox"/>
38. Duty Station Code <input type="checkbox"/>	39. Duty Station (City - County - State or Overseas Location) <b>EX: SANTA FE, SANTA FE COUNTY, NEW MEXICO)</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 - Reviews 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

EMPLOYEE IS RETURNING TO DUTY FROM MILITARY TRAINING.

TRAINING ORDERS (AND ANY AMENDMENTS THAT MAY HAVE BEEN MADE, ESP IF COURSE WAS EXTENDED) MUST BE ATTACHED TO SF 52 AND MUST REFLECT AN ENDING DATE. ENDING DATE MUST COINCIDE WITH EFFECTIVE DATE ON FRONT SIDE OF SF 52.

**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)
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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, 32, 33, 36, and 39.)

1. Actions Requested <b>RESIGNATION</b>		2. Request Number <b>LEAVE BLANK</b>
3. For Additional Information Call (Name and Telephone Number) <b>NAME OF PERSON TO CONTACT, 267-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 OF PERSON RESIGNING</b>	6. Action Authorized by (Typed Name, Title, Signature, and Concurrence Date)  <b>SIGNATURE AND TYPED NAME, NORMALLY SUPERVISOR</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 <b>LEAVE BLANK</b>
<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>MILITARY PERSONNEL CLERK</b> <b>PD NUMBER IF KNOWN (COMES FROM THE FULL-TIME MANNING DOCUMENT)</b>	<b>15. TO: Position Title and Number</b>										
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	8. Pay Plan	9. Occ. Code	18. Grade or Level	19. Step or Rate	20. Total Salary/Award	13. 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>TAG-NM (UNIT EMPLOYED AT)</b> <b>47 BATAAN BLVD</b> <b>SANTA FE, NM 87508-4695</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 Pref 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		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>(EX: SANTA FE, SANTA FE COUNTY, NEW MEXICO)</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 - Reviews 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 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.

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.

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

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.)

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. EMPLOYEE MUST SIGN.

2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address ( <i>Number, Street, City, State, ZIP Code</i> ) EMPLOYEE MUST LEAVE A FORWARDING ADDRESS IN THIS BLOCK
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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, 32, 33, 36, and 39.)

1. Actions Requested <b>SEPARATION</b>	2. Request Number <b>LEAVE BLANK</b>
3. For Additional Information Call (Name and Telephone Number) <b>NAME OF PERSON TO CONTACT, 267-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, NORMALLY 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 <b>LEAVE BLANK</b>
<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 PD NUMBER IF KNOW (COMES FROM THE 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	8. Pay Plan	9. Occ. Code	18. Grade or Level	19. Step or Rate	20. Total Salary/Award	13. 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>TAG-NM (UNIT EMPLOYED AT) 47 BATAAN BLVD SANTA FE, NM 87508-4695</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 Pref 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	35. FLSA Category <input type="checkbox"/> E - Exempt <input type="checkbox"/> N - Nonexempt	36. Appropriation Code	37. Bargaining Unit Status
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45. Educational Level	46. Year Degree Attained	47. Academic Discipline	48. Functional Class	49. Citizenship <input type="checkbox"/> 1 - USA <input type="checkbox"/> 8 - Other
			50. Veterans Status	51. Supervisory Status

### PART C - Reviews and Approvals (Not to be used by requesting office.)

1. Office/Function	Initials/Signature	Date	Office/Function	Initials/Signature	Date
<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 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.

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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.)

TYPE A BRIEF STATEMENT AS TO WHY EMPLOYEE IS BEING SEPARATED: I.E. SEPARATION IS BASED ON RECEIPT OF 30 DAY NOTICE DUE TO INCOMPATIBILITY.

EMPLOYEE MUST SIGN BELOW (BLOCK NUMBER 3) AND LEAVE A FORWARDING ADDRESS (BLOCK NUMBER 5)

2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address ( <i>Number, Street, City, State, ZIP Code</i> ) EMPLOYEE MUST LEAVE A FORWARDING ADDRESS IN THIS BLOCK
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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, 32, 33, 36, and 39.)

1. Actions Requested TEMPORARY APPOINTMENT NTE: DATE (CANNOT EXCEED END OF FISCAL YEAR)		2. Request Number
3. For Additional Information Call (Name and Telephone Number) NAME OF PERSON TO CONTACT, 267-XXXX		4. Proposed Effective Date MM-DD-YYYY
5. Action Requested By (Typed Name, Title, Signature, and Request Date)  SIGNATURE AND TYPED NAME, NORMALLY SUPERVISOR	6. Action Authorized by (Typed Name, Title, Signature, and Concurrence Date)  SIGNATURE AND TYPED NAME, NORMALLY COMMANDER	

### 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) I.M. EMPLOYEE	2. Social Security Number 123-45-6789	3. Date of Birth MM-DD-YYYY	4. Effective Date LEAVE BLANK
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#### FIRST ACTION

5-A. Code	5-B. Nature of Action
5-C. Code	5-D. Legal Authority
5-E. Code	5-F. Legal Authority

#### SECOND ACTION

6-A. Code	6-B. Nature of Action
6-C. Code	6-D. Legal Authority
6-E. Code	6-F. Legal Authority

<b>7. FROM: Position Title and Number</b> MILITARY PERSONNEL CLERK PD NUMBER IF KNOWN (COMES OFF THE FULL-TIME MANNING DOCUMENT)	<b>15. TO: Position Title and Number</b>																																								
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14. Name and Location of Position's Organization TAG-NM (UNIT EMPLOYED AT) 47 BATAAN BLVD SANTA FE, NM 87508-4695		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 Pref 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	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) EX: SANTA FE, SANTA FE COUNTY, NEW MEXICO	

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

### PART C - Reviews and Approvals (Not to be used by requesting office.)

1. Office/Function	Initials/Signature	Date	Office/Function	Initials/Signature	Date
A.			D.		
B.			E.		
C.			F.		

2. Approval: I certify that the information entered on this form is accurate and that the proposed action is in compliance with statutory and regulatory requirements.	Signature	Approval Date
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**PART D - Remarks by Requesting Office**

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

YES  NO

STATE REASON WHY TEMP APPOINTMENT IS NEEDED: I.E. TO ASSIST WITH EXCESS BACKLOG.

APPLICANT MUST

SUBMIT AN OF 612 OR RESUME DETAILING THEIR EXPERIENCE AND MUST MEET THE BASIC QUALIFICATIONS FOR POSITION APPLYING FOR. APPLICANTS MAY SUBMIT EITHER AN OF 612 OR A RESUME.

OF 612/RESUME OF APPLICANT MUST BE ATTACHED TO THE SF 52 REQUESTING TEMP APPOINTMENT. COORDINATION MUST BE MADE WITH HRO TO DETERMINE FUNDING PRIOR TO APPLICANT STARTING EMPLOYMENT.

**PART E - Employee Resignation/Retirement**

**Privacy Act Statement**

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

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

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

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

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

2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address ( <i>Number, Street, City, State, ZIP Code</i> ) <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, 32, 33, 36, and 39.)

1. Actions Requested <b>EXTEND TEMPORARY APPOINTMENT NTE: DATE (CANNOT EXCEED END OF FY)</b>		2. Request Number
3. For Additional Information Call (Name and Telephone Number) <b>NAME OF PERSON TO CONTACT, 267-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, NORMALLY 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 <b>LEAVE BLANK</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> MILITARY PERSONNEL CLERK PD NUMBER IF KNOWN (COMES FROM THE FULL-TIME MANNING DOCUMENT)	<b>15. TO: Position Title and Number</b>
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	8. Pay Plan   9. Occ. Code   18. Grade or Level   19. Step or Rate   20. Total Salary/Award   13. 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>TAG-NM (UNIT EMPLOYED AT)          47 BATAAN BLVD          SANTA FE, NM 87508-4695</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 Pref 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	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>(EX: SANTA FE, SANTA FE COUNTY, NEW MEXICO)</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 - Reviews 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

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

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

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

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

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

2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address ( <i>Number, Street, City, State, ZIP Code</i> ) <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, 32, 33, 36, and 39.)

1. Actions Requested <b>TEMPORARY PROMOTION NTE: (CANNOT EXCEED 120 DAYS)</b>		2. Request Number <b>LEAVE BLANK</b>
3. For Additional Information Call (Name and Telephone Number) <b>NAME OF PERSON TO CONTACT, 267-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, NORMALLY 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 <b>LEAVE BLANK</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> MILITARY PERSONNEL CLERK PD NUMBER IF KNOWN (COMES FROM THE FULL-TIME MANNING DOCUMENT)	<b>15. TO: Position Title and Number</b> SECRETARY (OA) PD NUMBER IF KNOWN (COMES FROM FULL-TIME MANNING DOCUMENT)																								
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14. Name and Location of Position's Organization <b>TAG-NM (UNIT EMPLOYED AT) 47 BATAAN BLVD SANTA FE, NM 87508-4695</b>				22. Name and Location of Position's Organization <b>TAG-NM (UNIT EMPLOYED AT) 47 BATAAN BLVD SANTA FE, NM 87508-4695</b>																					

#### 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 <input type="checkbox"/>	26. Veterans Pref for RIF <input type="checkbox"/> YES <input type="checkbox"/> NO
27. FEGLI <input type="checkbox"/>	28. Annuitant Indicator <input type="checkbox"/>	29. Pay Rate Determinant <input type="checkbox"/>	
30. Retirement Plan <input type="checkbox"/>	31. Service Comp. Date (Leave) <input type="checkbox"/>	32. Work Schedule <input type="checkbox"/>	33. Part-Time Hours Per Biweekly Pay Period <input type="checkbox"/>

#### 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	35. FLSA Category <input type="checkbox"/> E - Exempt <input type="checkbox"/> N - Nonexempt	36. Appropriation Code <input type="checkbox"/>	37. Bargaining Unit Status <input type="checkbox"/>
38. Duty Station Code <input type="checkbox"/>		39. Duty Station (City - County - State or Overseas Location) <b>(EX: SANTA FE, SANTA FE COUNTY, NEW MEXICO)</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 - Reviews 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

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

EXCEPTION TO 120 DAY TIME LIMIT - IF INDIVIDUAL HAS COMPETED FOR AN ANNOUNCEMENT THAT SPECIFICALLY STATES THEY WILL RECEIVE A TEMPORARY PROMOTION.

**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.

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

2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address ( <i>Number, Street, City, State, ZIP Code</i> ) <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, 32, 33, 36, and 39.)

1. Actions Requested EXTEND TEMPORARY PROMOTION NTE: (MAX 120 DAYS UNLESS COMPETED VIA ANNOUNCEMENT)		2. Request Number LEAVE BLANK
3. For Additional Information Call (Name and Telephone Number) NAME OF PERSON TO CONTACT, 267-XXXX		4. Proposed Effective Date MM-DD-YYYY
5. Action Requested By (Typed Name, Title, Signature, and Request Date)  SIGNATURE AND TYPED NAME, NORMALLY SUPERVISOR	6. Action Authorized by (Typed Name, Title, Signature, and Concurrence Date)  SIGNATURE AND TYPED NAME, NORMALLY COMMANDER	

### 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) I.M. EMPLOYEE	2. Social Security Number 123-45-6789	3. Date of Birth MM-DD-YYYY	4. Effective Date LEAVE BLANK
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#### FIRST ACTION

5-A. Code	5-B. Nature of Action
5-C. Code	5-D. Legal Authority
5-E. Code	5-F. Legal Authority

#### SECOND ACTION

6-A. Code	6-B. Nature of Action
6-C. Code	6-D. Legal Authority
6-E. Code	6-F. Legal Authority

<b>7. FROM: Position Title and Number</b> MILITARY PERSONNEL CLERK PD NUMBER IF KNOWN (COMES FROM THE FULL-TIME MANNING DOCUMENT)	<b>15. TO: Position Title and Number</b>  																								
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14. Name and Location of Position's Organization TAG-NM (UNIT EMPLOYED AT) 47 BATAAN BLVD SANTA FE, NM 87508-4695	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 <input type="checkbox"/>	26. Veterans Pref for RIF <input type="checkbox"/> YES <input type="checkbox"/> NO
27. FEGLI <input type="checkbox"/>	28. Annuitant Indicator <input type="checkbox"/>	29. Pay Rate Determinant <input type="checkbox"/>	
30. Retirement Plan <input type="checkbox"/>	31. Service Comp. Date (Leave) <input type="checkbox"/>	32. Work Schedule <input type="checkbox"/>	33. Part-Time Hours Per Biweekly Pay Period <input type="checkbox"/>

#### 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	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) (EX; SANTA FE, SANTA FE COUNTY, NEW MEXICO)	

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

### PART C - Reviews and Approvals (Not to be used by requesting office.)

1. Office/Function	Initials/Signature	Date	Office/Function	Initials/Signature	Date
A.			D.		
B.			E.		
C.			F.		

2. Approval: I certify that the information entered on this form is accurate and that the proposed action is in compliance with statutory and regulatory requirements.	Signature	Approval Date
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**PART D - Remarks by Requesting Office**

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

YES  NO

STATE REASON TEMPORARY PROMOTION IS BEING EXTENDED. (MAX 120 DAYS TOTAL UNLESS COMPETITION.)

**PART E - Employee Resignation/Retirement**

**Privacy Act Statement**

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

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

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

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

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

2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address ( <i>Number, Street, City, State, ZIP Code</i> ) <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, 32, 33, 36, and 39.)

1. Actions Requested <b>TERMINATE TEMPORARY PROMOTION</b>		2. Request Number <b>LEAVE BLANK</b>
3. For Additional Information Call (Name and Telephone Number) <b>NAME OF PERSON TO CONTACT, 267-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, NORMALLY 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 <b>LEAVE BLANK</b>
<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>SECRETARY (OA)</b> <b>PD NUMBER IF KNOWN (COMES FROM THE FULL-TIME MANNING DOCUMENT)</b>	<b>15. TO: Position Title and Number</b> <b>MILITARY PERSONNEL CLERK</b> <b>PD NUMBER IF KNOWN (COMES FROM FULL-TIME MANNING DOCUMENT)</b>										
8. Pay Plan <b>GS</b>	9. Occ. Code <b>2115</b>	10. Grade or Level <b>06</b>	11. Step or Rate	12. Total Salary	13. Pay Basis	8. Pay Plan <b>GS</b>	9. Occ. Code <b>0204</b>	18. Grade or Level <b>05</b>	19. Step or Rate	20. Total Salary/Award	13. 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>TAG-NM (UNIT EMPLOYED AT)</b> <b>47 BATAAN BLVD</b> <b>SANTA FE, NM 87508-4695</b>						22. Name and Location of Position's Organization <b>TAG-NM (UNIT EMPLOYED AT)</b> <b>47 BATAAN BLVD</b> <b>SANTA FE, NM 87508-4695</b>					

### 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 Pref 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		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>(EX: SANTA FE, SANTA FE COUNTY, NEW MEXICO)</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 - Reviews 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

STATE REASON TEMPORARY PROMOTION IS BEING TERMINATED. I.E. TEMP PROMOTION TERMINATED DUE TO POSITION BEING FILLED.

**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.

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.

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

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

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

2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address ( <i>Number, Street, City, State, ZIP Code</i> ) <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, 32, 33, 36, and 39.)

1. Actions Requested <b>TERMINATE TEMPORARY APPOINTMENT</b>		2. Request Number <b>LEAVE BLANK</b>
3. For Additional Information Call (Name and Telephone Number) <b>NAME OF PERSON TO CONTACT, 267-XXXX</b>		4. Proposed Effective Date <b>MM-DD-YYYY</b>
5. Action Requested By (Typed Name, Title, Signature, and Date)  <b>SIGNATURE AND TYPED NAME, NORMALLY SUPERVISOR</b>	6. Action Authorized by (Typed Name, Title, Signature, and Date)  <b>SIGNATURE AND TYPED NAME, NORMALLY 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 <b>LEAVE BLANK</b>
<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>SECRETARY (OA)</b> <b>PD NUMBER IF KNOWN (COMES OFF THE FULL-TIME MANNING DOCUMENT)</b>	<b>15. TO: Position Title and Number</b>																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>8. Pay Plan <b>GS</b></td> <td>9. Occ. Code <b>2115</b></td> <td>10. Grade or Level <b>06</b></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 colspan="3">12D. Other Pay</td> </tr> </table>	8. Pay Plan <b>GS</b>	9. Occ. Code <b>2115</b>	10. Grade or Level <b>06</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>8. Pay Plan</td> <td>9. Occ. Code</td> <td>18. Grade or Level</td> <td>19. Step or Rate</td> <td>20. Total Salary/Award</td> <td>13. 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>	8. Pay Plan	9. Occ. Code	18. Grade or Level	19. Step or Rate	20. Total Salary/Award	13. 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>TAG-NM (UNIT EMPLOYED AT) 47 BATAAN BLVD SANTA FE, NM 87508-4695</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 Pref 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	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 <del>tax</del> or Overseas Location) <b>(EX: SANTA FE, SANTA FE COUNTY, NEW MEXICO)</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 - Reviews 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

STATE REASON TERMINATING TEMPOARY APPOINTMENT. EXAMPLE: TEMPORARY APPOINTMENT NO LONGER NEEDED FOR ADDITIONAL WORKLOAD OR FUNDING NO LONGER AVAILABLE.

**PART E - Employee Resignation/Retirement**

**Privacy Act Statement**

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

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

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

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

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

2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address ( <i>Number, Street, City, State, ZIP Code</i> ) <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, 32, 33, 36, and 39.)

1. Actions Requested <b>TERMINATION (MILITARY)</b>		2. Request Number <b>LEAVE BLANK</b>
3. For Additional Information Call (Name and Telephone Number) <b>NAME OF PERSON TO CONTACT, 267-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, NORMALLY 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 <b>LEAVE BLANK</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>SECRETARY (OA)</b> <b>PD NUMBER IF KNOWN (COMES OFF THE FULL-TIME MANNING DOCUMENT)</b>	<b>15. TO: Position Title and Number</b>																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>8. Pay Plan <b>GS</b></td> <td>9. Occ. Code <b>2115</b></td> <td>10. Grade or Level <b>06</b></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 colspan="3">12D. Other Pay</td> </tr> </table>	8. Pay Plan <b>GS</b>	9. Occ. Code <b>2115</b>	10. Grade or Level <b>06</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>8. Pay Plan</td> <td>9. Occ. Code</td> <td>18. Grade or Level</td> <td>19. Step or Rate</td> <td>20. Total Salary/Award</td> <td>13. 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>	8. Pay Plan	9. Occ. Code	18. Grade or Level	19. Step or Rate	20. Total Salary/Award	13. 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>TAG-NM (UNIT EMPLOYED AT)</b> <b>47 BATAAN BLVD</b> <b>SANTA FE, NM 87508-4695</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 Pref 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	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>(EX: SANTA FE, SANTA FE COUNTY, NEW MEXICO)</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 - Reviews 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 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.)

STATE REASON FOR TERMINATION: I.E. EMPLOYEE SELECTED FOR AGR TOUR PER ANNOUNCEMENT # 00-XXX.

NOTE: IF EMPLOYEE ELECTS TO TERMINATE FOR MILITARY SERVICE, THEY RETAIN THEIR RESTORATION RIGHTS UNDER USERRA. TERMINATED EMPLOYEES DO NOT RECEIVE THE 15 DAYS MILITARY LEAVE BENEFIT

EMPLOYEE MUST SIGN SF 52 AND PROVIDE A FORWARDING ADDRESS OR SUBMIT A LETTER OF RESIGNATION WITH THIS INFORMATION ON IT. A COPY OF THE EMPLOYEE'S AGR ORDERS MUST ALSO BE ATTACHED.

2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address (Number, Street, City, State, ZIP Code) EMPLOYEE MUST LEAVE A FORWARDING ADDRESS IN THIS BLOCK
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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, 32, 33, 36, and 39.)

1. Actions Requested TIME OFF AWARD NTE: (INDICATE NUMBER OF HOURS, 40 HOURS MAX)		2. Request Number LEAVE BLANK
3. For Additional Information Call (Name and Telephone Number) NAME OF PERSON TO CONTACT, 267-XXXX		4. Proposed Effective Date MM-DD-YYYY
5. Action Requested By (Typed Name, Title, Signature, and Request Date)  SIGNATURE AND TYPED NAME, NORMALLY SUPERVISOR	6. Action Authorized by (Typed Name, Title, Signature, and Concurrence Date)  SIGNATURE AND TYPED NAME, NORMALLY COMMANDER	

### 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) I.M. EMPLOYEE	2. Social Security Number 123-45-6789	3. Date of Birth MM-DD-YYYY	4. Effective Date Leave blank
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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> SECRETARY (OA) PD NUMBER IF KNOWN (COMES OFF THE FULL-TIME MANNING DOCUMENT)	<b>15. TO: Position Title and Number</b>
8. Pay Plan GS	8. Pay Plan
9. Occ. Code 2115	9. Occ. Code
10. Grade or Level 06	10. Grade or Level
11. Step or Rate	11. Step or Rate
12. Total Salary	12. Total Salary/Award
13. Pay Basis	13. 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 TAG-NM (UNIT EMPLOYED AT) 47 BATAAN BLVD SANTA FE, NM 87508-4695	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 Pref 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)	33. Part-Time Hours Per Biweekly Pay Period	
32. Work Schedule			

#### 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	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) (EX: SANTA FE, SANTA FE COUNTY, NEW MEXICO)	

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

### PART C - Reviews and Approvals (Not to be used by requesting office.)

1. Office/Function	Initials/Signature	Date	Office/Function	Initials/Signature	Date
A.			D.		
B.			E.		
C.			F.		

2. Approval: I certify that the information entered on this form is accurate and that the proposed action is in compliance with statutory and regulatory requirements.	Signature	Approval Date
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**PART D - Remarks by Requesting Office**

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

YES  NO

SEE AGONM TPR 451 FOR ADDITIONAL REQUIREMENTS (NGB 32 AND JUSTIFICATION).  
TIME OFF AWARDS MUST BE FOR A MINIMUM OF 8 HOURS, MAXIMUM  
OF 40 HOURS AND CANNOT EXCEED A TOTAL OF 80 HOURS FOR THE CALENDAR YEAR.

EFFECTIVE DATE FOR TIME OFF AWARD IS USUALLY NEXT AVAILALBE PAY PERIOD.  
EMPLOYEES HAVE ONE YEAR FROM EFFECTIVE DATE TO USE TIME OFF AWARD.

**PART E - Employee Resignation/Retirement**

**Privacy Act Statement**

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

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

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

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

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

2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address ( <i>Number, Street, City, State, ZIP Code</i> ) <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, 32, 33, 36, and 39.)

1. Actions Requested <b>REQUEST FOR FILL</b>		2. Request Number <b>LEAVE BLANK</b>
3. For Additional Information Call (Name and Telephone Number) <b>NAME OF PERSON TO CONTACT, 267-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, NORMALLY 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

<b>7. FROM: Position Title and Number</b> SECRETARY (OA) PD NUMBER IF KNOWN, (COMES OFF THE FULL-TIME MANNING DOCUMENT)	<b>15. TO: Position Title and Number</b>
8. Pay Plan <b>GS</b> 9. Occ. Code <b>2115</b> 10. Grade or Level <b>06</b> 11. Step or Rate   12. Total Salary   13. Pay Basis	8. Pay Plan   9. Occ. Code   18. Grade or Level   19. Step or Rate   20. Total Salary/Award   13. 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>TAG-NM (UNIT EMPLOYED AT) 47 BATAAN BLVD SANTA FE, NM 87508-4695</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 Pref 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	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>(EX: SANTA FE, SANTA FE COUNTY, NEW MEXICO)</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 - Reviews 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

SELECTING SUPERVISOR: PERSON WHO WILL BE MAKING THE SELECTION  
GRADE: (MILITARY GRADE IF POS'N BEING ANNOUNCED IS AGR, OTHERWISE N/A)  
AFSC/MOS: SELF EXPLANATORY  
AREA OF CONSIDERATION: I.E. NATIONWIDE, CURRENT ON-BOARD TECHNICIANS, ETC.  
ADDITIONAL REMARKS: ANY SPECIAL REMARKS YOU WANT ADDED TO THE ANNOUNCEMENT. I.E.  
ENGINEERING DEGREE IS REQUIRED, THIS POSITION SUBJECT TO ROTATING SHIFTS

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