

REQUEST FOR PERSONNEL ACTION

PART A -Requesting Office (Also Complete Part B, Items 1, 7-22, 32, 33, 36 and 39.)											
1. Action Requested								2. Request Number			
3. For Additional Information Call (Name and Telephone Number)								4. Proposed Effective Date			
5. Action Requested By (Typed Name, Title, Signature and Request Date)						6. Action Authorized by (Typed Name, Title, Signature and Concurrence Date)					
PART B. – For Preparation of SF50 (Use only codes in FPM Supplement 292-1. Show all dates in month-day-year order.)											
1. Name (Last, First, Middle)						2. Last 4 of SSN		3. Date of Birth		4. Effective Date	
FIRST ACTION						SECOND ACTION					
5-A. Code		5-B. Nature of Action				6-A. Code		6-B. Nature of Action			
5-C. Code		5-D. Legal Authority				6-C. Code		6-D. Legal Authority			
5-E. Code		5-F. Legal Authority				6-E. Code		6-F. Legal Authority			
7. FROM: Position Title and Number						15. TO: Position Title and Number					
8. Pay Plan	9. Occ Code	10. Grade	11. Step	12. Total Salary	13. Pay Basis	16. Pay Plan	17. Occ Code	18. Grade	19. Step	20. Total Salary	21. Pay Basis
12A. Basic Pay		12B. Locality Adj.		12C. Adj. Basic Pay		12D. Other Pay		12A. Basic Pay		12B. Locality Adj.	
								12C. Adj. Basic Pay		12D. Other Pay	
14. Name and Location of Position's Organization FSA Southwest New Mexico State Office						22. Name and Location of Position's Organization FSA Southwest New Mexico State Office					
EMPLOYEE DATA											
23. Veterans Perf. 1 - None 3 - 10-Point/Disability 5 – 10-Point/Other 2 – 5-Point 4 – 10-Point/Compensable 6 – 10-Point/Comp/30%						24. Tenure 0 – None 2 – Conditional 1 – Permanent 3 - Indefinite		25. Agency Use		26. Veterans Perf for RIF	
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 PayPeriod	
POSITION DATA											
34. Position Occupied 1-Competitive Service 3-SES General 2-Excepted Service 4-SES Career				35. FLSA Category E – Exempt N - Nonexempt		36. Appropriation Code				37. Bar Unit Status	
38. Duty Station Code				39. Duty Station (City – County – State Location)							
40. Agency Data		41.		42.		43.		44			
45. Ed. Level		46. Yr. Degree		47. Academic Dis.		48. Func. Class		49. Citizenship 1-USA 8-Other		50. Vet Status	
										51. Supv. 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		

PART D – Remarks by Requesting Office			
<p>(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 attached to SF-52.)</p>			
PART E – Employee Resignation/Retirement			
<p style="text-align: center;">Privacy Act Statement</p> <p><i>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.</i></p> <p>The 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 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.</p> <p><i>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 compensation due you; and (3) any unemployment compensation benefits to which you may be entitled.</i></p>			
<p>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.)</p>			
2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address (Number, Street, City, State, Zip Code)
PART F – Remarks for SF 50			