STANDARD FORM 52 PREPARATION GUIDE

PURPOSE

This guide is intended to assist personnel involved in the preparation of the Standard Form 52 or SF 52b, 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. The Army AGR program does not use this instruction manual. 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 on OPM Guide to Processing Personnel Actions. Additional information relating to completing SF 52s can be found in DEMA Directive 25-6, Human Resource Office Merit Placement Plan.

10 DAY POLICY

The Human Resource Office requires at least 10 working days prior to the effective date of a personnel action. This requirement is outlined in the Human Resource Office Merit Placement Plan, para 7-3(e).

EFFECTIVE DATES

Effective dates for all Technician (Army and Air) personnel actions MUST occur with the beginning of the technician pay periods with the exception of Absent for Uniformed Service (AUS), Return to Duty (RTD), and resignations, retirements, and/or terminations. Effective dates for all Air/Army AGR SHOULD occur with the beginning of AGR pay periods (1st and 15th of each month). Exceptions to this policy may be addressed by contacting the Human Resources Office.
STANDARD FORM (SF) 52 EXAMPLES
FOR TECHNICIAN PERSONNEL ACTIONS

REQUESTS FOR FILL (RFF)
REASSIGNMENT
CHANGE IN WORK SCHEDULE/CHANGE IN WORK HOURS
CHANGE IN TENURE
CHANGE TO LOWER GRADE
PROMOTION
DETAIL
TEMPORARY APPOINTMENTS (NOT TO EXCEED 365 DAYS FOR UP TO FOUR YEARS)
EXTENSION OF TEMPORARY APPOINTMENT
TERMINATION OF TEMPORARY APPOINTMENT
TEMPORARY PROMOTIONS (NOT TO EXCEED 120 DAYS)
TERMINATION OF TEMPORARY PROMOTION
ABSENT FOR UNIFORMED SERVICE (AUS)
RETURN TO DUTY (RTD)
PERSONAL LEAVE WITHOUT PAY (LWOP)
RESIGNATION
TERMINATION
DEATH
NAME CHANGE
TIME OFF AWARD
ABOLISH/ESTABLISH A POSITION
POSITION CHANGE (BASED OFF POSITION DESCRIPTION RELEASE)
SUSPENSION
REQUEST FOR PERSONNEL ACTION

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

1. Actions Requested

REQUEST FOR FILL

2. Request Number

3. For Additional Information Call (Name and Telephone Number)

NAME OF PERSON TO CONTACT, 267-XXXX

4. Proposed Effective Date

5. Action Requested By (Typed Name, Title, Signature, and Request Date)

NAME, TITLE

Digital signature, date 1/1/2018

6. Action Authorized By (Typed Name, Title, Signature, and Concurrence Date)

NAME, TITLE

Digital signature, date 01/01/2018

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

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

HUMAN RESOURCES SPECIALIST

TCXXXXXXX (IF KNOWN, COMES OFF THE FULL-TIME HUMAN RESOURCES SPECIALIST MANNING DOCUMENT)

8. Pay Plan


10. Grade or Level

11. Step or Rate

12. Total Salary

13. Pay Basis

14. Name and Location of Position’s Organization

UNIT EMPLOYED AT (I.E. JOINT FORCE HQ)

THE ADJUTANT GENERAL AZ

5636 E. MCDOWELL ROAD

PHOENIX, AZ 85008-3495

15. TO: Position Title and Number

16. Pay Plan

17. Occ. Code

18. Grade or Level

19. Step or Rate

20. Total Salary/Award

21. Pay Basis

16A. Basic Pay

16B. Locality Adj.

16C. Adj. Basic Pay

16D. Other Pay

20A. Basic Pay

20B. Locality Adj.

20C. Adj. Basic Pay

20D. Other Pay

22. Name and Location of Position’s Organization

23. Veterans Preference

24. Tenure

25. Agency Use

26. Veterans Prof for RIF

YES 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

34. Position Occupied

35. FLSA Category

36. Appropriation Code

37. Bargaining Unit Status

38. Duty Station Code

39. Duty Station (City - County - State or Overseas Location)

40. Agency Data

41. 42.

43. 44.

45. Educational Level

46. Year Degree Attained

47. Academic Discipline

48. Functional Class

49. Citizenship

50. Veterans Status

51. Supervisory Status

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

1. Office/Function

Initials/Signature

Date

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

CONTINUED ON REVERSE SIDE

OVER

Editions Prior to 7/91 Are Not Usable After 6/30/92

NSN 7540-01-333-6239
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.)

SELECTING SUPERVISOR: PERSON WHO WILL BE MAKING THE SELECTION
GRADE: MILITARY GRADE OF CONSIDERATION (I.E. SPC-SFC)
MOS/AFSC: SELF EXPLANATORY
AREA OF CONSIDERATION: (I.E. CURRENT MEMBERS OF THE AZ ARNG, NATIONWIDE, WITHIN STATE, ETC.)
ADDITIONAL REMARKS: ANY SPECIAL REMARKS YOU WANT ADDED TO THE ANNOUNCEMENT (I.E. ENGINEERING DEGREE IS REQUIRED, THIS POSITION SUBJECT TO ROTATING SHIFTS, MUST HAVE A CURRENT SECURITY CLEARANCE, ETC.)

Vice: LAST NAME OF PREVIOUS ENCUMBENT (OR CURRENT ENCUMBENT IF IN AN AUS STATUS)

PART E - Employee Resignation/Retirement

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

This information is requested under authority of sections 301, 3301, and 8506 of title 5, U.S. Code. Sections 301 and 3301 authorize OPM and agencies to issue regulations with regard to employment of individuals in the Federal service and their records, while section 8506 requires agencies to furnish the specific reason for termination of Federal service to the Secretary of Labor or a State agency in connection with administration of unemployment compensation programs.

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

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

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

PART F - Remarks for SF 50
REQUEST FOR PERSONNEL ACTION

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

1. Actions Requested
   REASSIGNMENT

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)
   NAME, TITLE
   Digital signature, date

6. Action Authorized by (Typed Name, Title, Signature, and Concurrence Date)
   NAME, TITLE
   Digital signature, date

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
   000-00-0000

3. Date of Birth
   MM-DD-YYYY

4. Effective Date
   MM-DD-YYYY

FIRST ACTION

5-A. Code
5-B. Nature of Action

6-A. Code
6-B. Nature of Action

SECOND ACTION

5-C. Code
5-D. Legal Authority

6-C. Code
6-D. Legal Authority

7. FROM: Position Title and Number
   HUMAN RESOURCES SPECIALIST
   TCXXXXXXXX (IF KNOWN, COMES OFF THE FULL-TIME MANNING DOCUMENT)

8. Pay Plan
   8.0. Code

9. Grade or Level
   10. Step or Rate

12-A. Basic Pay
12-B. Locality Adj.
12-C. Adj. Basic Pay
12-D. Other Pay

16. Pay Plan
   17. Occ. Code

18. Grade or Level
19. Step or Rate

20-A. Basic Pay
20-B. Locality Adj.
20-C. Adj. Basic Pay
20-D. Other Pay

UNIT EMPLOYED AT (I.E. JOINT FORCE HQ)
   THE ADJUTANT GENERAL AZ
   5636 E. MCDOWELL ROAD
   PHOENIX, AZ 85008-3495

*POSITION EMPLOYEE IS CURRENTLY IN**

UNIT EMPLOYED AT (I.E. JOINT FORCE HQ)
   THE ADJUTANT GENERAL AZ
   5636 E. MCDOWELL ROAD
   PHOENIX, AZ 85008-3495

*POSITION EMPLOYEE IS GOING TO**

EMPLOYEE DATA

23. Veterans Preference
   23-X. Code

24. Tenure
   24-A. Code

25. Agency Use
   25-A. Code

26. Veterans Prof for RIF
   YES ☐ 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

34. Position Occupied
   34-A. Code

35. FLSA Category
   35-A. Code

36. Appropriation Code

37. Bargaining Unit Status

38. Duty Station Code
   38-A. Code

39. Duty Station (City - County - State or Overseas Location)
   CITY, COUNTY, STATE (I.E.PHOENIX/MARICOPA/ARIZONA)

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

1. Office/Function
   Initials/Signature
   Date

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

CONTINUED ON REVERSE SIDE

OVER

Editions Prior to 7/91 Are Not Usable After 6/30/93
NSN 7540-01-333-6239
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.)

PART E - Employee Resignation/Retirement

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. Forwading Address (Number, Street, City, State, ZIP Code)

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
CHANGE IN WORK SCHEDULE

3. For Additional Information Call (Name and Telephone Number)
NAME OF PERSON TO CONTACT, 267-XXXX

5. Action Requested By (Typed Name, Title, Signature, and Request Date)
NAME, TITLE
Digital signature, date 1/1/2018

6. Action Authorized By (Typed Name, Title, Signature, and Concurrence Date)
NAME, TITLE
Digital signature, date 1/1/2018

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
000-00-0000

3. Date of Birth

4. Effective Date
MM-DD-YYYY

5-A. Code
5-B. Nature of Action

6-A. Code
6-B. Nature of Action

6-C. Code
6-D. Legal Authority

6-E. Code
6-F. Legal Authority

FIRST ACTION

SECOND ACTION

15. TO: Position Title and Number

16. Total Salary/Award

17. Occ. Code

18. Grade or Level

19. Step or Rate

20. Pay Basis

21. Pay Plan

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

7. FROM: Position Title and Number

HUMAN RESOURCES SPECIALIST

TCXXXXXXXXX (IF KNOWN, COMES OFF FULL-TIME DOCUMENT)

8. Pay Plan


10. Grade or Level

11. Step or Rate

12. Total Salary

13. Pay Basis

14. Name and Location of Position’s Organization

UNIT EMPLOYED AT (I.E. JOINT FORCE HQ)

THE ADJUTANT GENERAL AZ

5636 E. MCDOWELL ROAD

PHOENIX, AZ 85008-3495

EMPLOYEE DATA

23. Veterans Preference

1 - None

3 - 10-Point: Disability

5 - 10-Point: Other

2 - 5-Point

4 - 10-Point: Compensable

6 - 10-Point: Compensable/30%

24. Tenure

0 - None

2 - Conditional

1 - Permanent

3 - Indefinite

25. Agency Use

26. Veterans Prof for RIF

Y E S

N O

27. FEGLI

28. Annuity 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

1 - Competitive Service

3 - SES General

E - Exempt

N - Nonexempt

2 - Excepted Service

4 - SES Career

35. FLSA Category

36. Appropriation Code

37. Bargaining Unit Status

38. Duty Station Code

39. Duty Station (City - County - State or Overseas Location)

CITY, COUNTY, STATE (I.E. PHOENIX, MARICOPA, ARIZONA)

40. Agency Data

41.

42.

43.

44.

45. Educational Level

46. Year Degree Attained

47. Academic Discipline

48. Functional Class

49. Citizenship

50. Veterans Status

51. Supervisory Status

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

1. Office/Function Initials/Signture Date

Office/Function Initials/Signture 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

(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.)

CHANGE IN WORK SCHEDULE FROM FULL-TIME TO PART-TIME (OR PART-TIME TO FULL-TIME) DUE TO:
EXAMPLE, SUMMER BREAK (GRAD), ADDITIONAL WORKLOAD, ETC. CITE REASONS WHY EMPLOYEE IS CHANGING
WORK SCHEDULE.

WORK SCHEDULE: MONDAY 0600-1200 (# HOURS) * **MUST SHOW WORK SCHEDULE IF EMPLOYEE
TUESDAY OFF GOING FROM FULL TIME TO PART TIME
WEDNESDAY 1400-1600 (# HOURS)*
THURSDAY 0800-1500 (# HOURS)*
*TYPE IN THE NUMBER OF HOURS THE EMPLOYEE IS SCHEDULED TO WORK THAT DAY. GRAD STUDENTS CANNOT
EXCEED 20 HOURS PER WEEK WHILE IN SCHOOL. OTHER EMPLOYEES DESIGNATED AS PART TIME MAY WORK 32
HOURS PER WEEK, MAXIMUM.

PART E - Employee Resignation/Retirement

Privacy Act Statement

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

This information is requested under authority of sections 301, 3301, and 8506 of title 5, U.S. Code. Sections 301 and 3301 authorize OPM and agencies to issue regulations with regard to employment of individuals in the Federal service and their records, while section 8506 requires agencies to furnish the specific reason for termination of Federal service to the Secretary of Labor or a State agency in connection with administration of unemployment compensation programs.

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

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

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

PART F - Remarks for SF 50
REQUEST FOR PERSONNEL ACTION

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

1. Actions Requested
CHANGE IN TENURE - INDEF TO PERMANENT

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)
NAME, TITLE
Digital signature, date 1/1/2018

6. Action Authorized by (Typed Name, Title, Signature, and Concurrency Date)
NAME, TITLE
Digital signature, date 1/1/2018

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
000-00-0000

3. Date of Birth
MM-DD-YYYY

4. Effective Date
MM-DD-YYYY

FIRST 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
HUMAN RESOURCES SPECIALIST
TCXXXXXXXX (IF KNOWN, COMES OFF FULL-TIME DOCUMENT)

8. Pay Plan
8. Occ Code 10. Grade or Level 11. Step or Rate
Pay Plan
0 0201 09

0201 09

10. 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
THE ADJUTANT GENERAL AZ
UNIT EMPLOYED AT (I.E. JOINT FORCE HQ)
5636 E. MCDOWELL ROAD
PHOENIX, AZ 85008-3495

15. TO: Position Title and Number
HUMAN RESOURCES SPECIALIST
TCXXXXXXXX (IF KNOWN, COMES OFF FULL-TIME DOCUMENT)

16. Pay Plan
17. Occ Code 18. Grade or Level 19. Step or Rate
Pay Plan
0201 09


19. Percentage of Pay

22. Name and Location of Position's Organization
THE ADJUTANT GENERAL AZ
UNIT EMPLOYED AT (I.E. JOINT FORCE HQ)
5636 E. MCDOWELL ROAD
PHOENIX, AZ 85008-3495

EMPLOYEE DATA

23. Veterans Preference
1 - None 3 - 10-Point/Disability 5 - 10-Point/Other
2 - 5-Point 4 - 10-Point/Compensable 6 - 10-Point/Compensable/30%

24. Tenure
0 - None 2 - Conditional
1 - Permanent 3 - Indefinite

25. Agency Use
26. Veterans Prof for RIF
YES NO

27. FEGLI

28. Annuity/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
1 - Competitive Service 3 - SES General
2 - Excepted Service 4 - SES Career

35. FLSA Category
E - Exempt N - Nonexempt

36. Appropriation Code

37. Bargaining Unit Status

38. Duty Station Code
39. Duty Station (City - County - State or Overseas Location)
CITY, COUNTY, STATE (I.E. PHOENIX, MARICOPA, ARIZONA)

40. Agency Data

41. 42. 43. 44.

45. Educational Level
46. Year Degree Attained
47. Academic Discipline
48. Functional Class
49. Citizenship
50. Veterans Status
51. Supervisory Status

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

1. Office/Function

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.

A. B. C. D. E. F.

Initials/Signature Initials/Signature Initials/Signature Initials/Signature Initials/Signature Initials/Signature Initials/Signature

Date

Approval Date

CONTINUED ON REVERSE SIDE
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.)

TENURE CHANGE FROM INDEFINITE TO PERMANENT DUE TO THE EXPIRATION OF USERRA RIGHTS OF ORIGINAL ENCUMBENT (JOE, G.I.) ON 01 NOV 15.

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)

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.)

<table>
<thead>
<tr>
<th>1. Actions Requested</th>
<th>2. Request Number</th>
<th>LEAVE BLANK</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHANGE TO LOWER GRADE</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. For Additional Information Call (Name and Telephone Number)</th>
<th>4. Proposed Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF PERSON TO CONTACT, 267-XXXX</td>
<td>MM-DD-YYYY</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. Action Requested By (Typed Name, Title, Signature, and Request Date)</th>
<th>6. Action Authorized by (Typed Name, Title, Signature, and Concurrence Date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME, TITLE</td>
<td>Digital signature, date 1/1/2018</td>
</tr>
</tbody>
</table>

## PART B - For Preparation of SF 50 (Use only codes in FPM Supplement 292-1. Show all dates in month-day-year order.)

<table>
<thead>
<tr>
<th>1. Name (Last, First, Middle)</th>
<th>2. Social Security Number</th>
<th>3. Date of Birth</th>
<th>4. Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>I.M. EMPLOYEE</td>
<td>000-00-0000</td>
<td>MM-DD-YYYY</td>
<td>MM-DD-YYYY</td>
</tr>
</tbody>
</table>

### FIRST ACTION

<table>
<thead>
<tr>
<th>5-A. Code</th>
<th>5-B. Nature of Action</th>
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<tbody>
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<table>
<thead>
<tr>
<th>5-C. Code</th>
<th>5-D. Legal Authority</th>
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</thead>
<tbody>
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</table>

<table>
<thead>
<tr>
<th>5-E. Code</th>
<th>5-F. Legal Authority</th>
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<td></td>
</tr>
</tbody>
</table>

### SECOND ACTION

<table>
<thead>
<tr>
<th>6-A. Code</th>
<th>6-B. Nature of Action</th>
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</thead>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>6-C. Code</th>
<th>6-D. Legal Authority</th>
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<tbody>
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<table>
<thead>
<tr>
<th>6-E. Code</th>
<th>6-F. Legal Authority</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

### FROM: Position Title and Number

HUMAN RESOURCES SPECIALIST (MILITARY)
TCXXXXXXX (IF KNOWN, COMES OFF THE FULL-TIME MANNING DOCUMENT)

### TO: Position Title and Number

HUMAN RESOURCES ASSISTANT (MILITARY)
TCXXXXXXX (IF KNOWN, COMES OFF FULL-TIME MANNING DOCUMENT)

### EMPLOYEE DATA

<table>
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<tr>
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<tbody>
<tr>
<td>1 - None</td>
<td>0 - None</td>
<td>YES</td>
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<tr>
<td>2 - 5 Point</td>
<td>1 - Permanent</td>
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<tr>
<td>3 - 10 Point/Disability</td>
<td>2 - Conditional</td>
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</tr>
<tr>
<td>4 - 10 Point/Compensable</td>
<td>3 - Indefinite</td>
<td></td>
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<tr>
<td>5 - 10 Point/Other</td>
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<tr>
<td>6 - 10 Point/Compensable/30%</td>
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<table>
<thead>
<tr>
<th>26. Veterans Prof for RIF</th>
<th>27. FEGLI</th>
<th>28. Annuity Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>NO</td>
<td></td>
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<table>
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<tr>
<th>29. Pay Rate Determinant</th>
<th>30. Retirement Plan</th>
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<tbody>
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### POSITION DATA

<table>
<thead>
<tr>
<th>31. Service Comp. Date (Leave)</th>
<th>32. Work Schedule</th>
<th>33. Part-Time Hours Per Biweekly Pay Period</th>
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### FLSA Category

<table>
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<tr>
<th>35. FLSA Category</th>
<th>36. Appropriation Code</th>
<th>37. Bargaining Unit Status</th>
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<tbody>
<tr>
<td>E - Exempt</td>
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<td></td>
</tr>
<tr>
<td>N - Nonexempt</td>
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### Duty Station Code

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<th>38. Duty Station Code</th>
<th>39. Duty Station (City - County - State or Overseas Location)</th>
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<tr>
<td></td>
<td>CITY, COUNTY, STATE (I.E. PHOENIX, MARICOPA, ARIZONA)</td>
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### PART C - Reviews and Approvals (Not to be used by requesting office.)

<table>
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<tr>
<th>40. Agency Data</th>
<th>41.</th>
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<td></td>
<td>1 - USA</td>
</tr>
<tr>
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<td></td>
<td></td>
<td></td>
<td>8 - Other</td>
</tr>
</tbody>
</table>

### Approval Date

<table>
<thead>
<tr>
<th>Approval Date</th>
<th>Signature</th>
</tr>
</thead>
</table>

---

*POSITION EMPLOYEE CURRENTLY IS IN**

*POSITION EMPLOYEE IS GOING TO**

CONTINUED ON REVERSE SIDE
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.)

STATE REASON FOR CHANGE TO LOWER GRADE. EXAMPLE, EXPIRATION OF PROMOTION NTE. IF CHANGE TO LOWER GRADE IS DUE TO A CLASSIFICATION ACTION, MUST REFERENCE THE RECLASSIFICATION LETTER, I.E. PER NGB-HR-EC 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

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

This information is requested under authority of sections 301, 3301, and 8506 of title 5, U.S. Code. Sections 301 and 3301 authorize OPM and agencies to issue regulations with regard to employment of individuals in the Federal service and their records, while section 8506 requires agencies to furnish the specific reason for termination of Federal service to the Secretary of Labor or a State agency in connection with administration of unemployment compensation programs.

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

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

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

PART F - Remarks for SF 50
REQUEST FOR PERSONNEL ACTION

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

1. Actions Requested
2. Request Number
   PROMOTION
   LEAVE BLANK

3. For Additional Information Call (Name and Telephone Number)
4. Proposed Effective Date
   NAME OF PERSON TO CONTACT, 267-XXXX
   MM-DD-YYYY

5. Action Requested By (Typed Name, Title, Signature, and Request Date)
6. Action Authorized by (Typed Name, Title, Signature, and Concurrence Date)
   NAME, TITLE
   Digital signature, date 1/1/2018
   Digital signature, date 1/1/2018

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
3. Date of Birth
4. Effective Date
   000-00-0000
   MM-DD-YYYY
   MM-DD-YYYY

FIRST ACTION

5-A. Code
5-B. Nature of Action
6-A. Code
6-B. Nature of Action

SECOND 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
   TRAINING ADMINISTRATOR
   TCXXXXXXXX (IF KNOWN, COMES OFF THE FULL-TIME
   MANNING DOCUMENT)

8. Pay Plan
10. Grade or Level
11. Step or Rate
12. Total Salary
13. Pay Basis
14. Pay Plan
15. Occ. Code
16. Grade or Level
17. Step or Rate
18. Total Salary/Award
19. 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
   THE ADJUTANT GENERAL AZ
   UNIT Employed At (I.E. JOINT FORCE HQ)
   5636 E. MCDOWELL ROAD
   PHOENIX, AZ 85008-3495

*POSITION EMPLOYEE IS CURRENTLY IN**

15. TO: Position Title and Number
   TRAINING ADMINISTRATOR
   TCXXXXXXXX (IF KNOWN, COMES OFF THE FULL-TIME
   MANNING DOCUMENT)

16. Pay Plan
17. Occ. Code
18. Grade or Level
19. Step or Rate
20. Total Salary/Award
21. 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

22. Name and Location of Position’s Organization
   THE ADJUTANT GENERAL AZ
   UNIT Employed At (I.E. JOINT FORCE HQ)
   5636 E. MCDOWELL ROAD
   PHOENIX, AZ 85008-3495

*POSITION EMPLOYEE IS GOING TO**

EMPLOYEE DATA

23. Veterans Preference
   0 - None
   1 - 10-Point/Disability
   2 - 5-Point
   5 - 10-Point/Other
   6 - 10-Point/Compensable/30%
24. Tenure
   0 - None
   1 - Permanent
   2 - Conditional
   3 - Indefinite
25. Agency Use
   YES
   NO
26. Veterans Prof for RIF

27. FEGI

28. Annuity Indicating
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
   1 - Competitive Service
   2 - Exceptional Service
   3 - SES General
   4 - SES Career
    E - Exempt
    N - Nonexempt
35. FLSA Category
36. Appropriation Code
37. Bargaining Unit Status

38. Duty Station Code
39. Duty Station (City - County - State or Overseas Location)
   CITY, COUNTY, STATE (I.E. PHOENIX, MARICOPA, ARIZONA)

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

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

1. Office/Function
2. Approval: I certify that the information entered on this form is accurate and that the
   Initials/Signature
   proposed action is in compliance with statutory and regulatory requirements.
   Date
   Office/Function
   Initials/Signature
   Date

A.
B.
C.
D.
E.
F.

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.)

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-HR-EC PD
RELEASE, THE RELEASE NUMBER [I.E. CRA-XX-112, DTD XX JAN 00])

PART E - Employee Resignation/Retirement

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

This information is requested under authority of sections 301, 3301, and 8506 of title 5, U.S. Code. Sections 301 and 3301 authorize OPM and agencies to issue regulations with regard to employment of individuals in the Federal service and their records, while section 8506 requires agencies to furnish the specific reason for termination of Federal service to the Secretary of Labor or a State agency in connection with administration of unemployment compensation programs.

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

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

2. Effective Date

3. Your Signature

4. Date Signed

5. Forwarding Address (Number, Street, City, State, ZIP Code)

PART F - Remarks for SF 50
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

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)

   NAME, TITLE

   Digital signature, date

6. Action Authorized by (Typed Name, Title, Signature, and Concurrency Date)

   NAME, TITLE

   Digital signature, date

   1/1/2018

**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

   000-00-0000

3. Date of Birth

   MM-DD-YYYY

4. Effective Date

   MM-DD-YYYY

**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

**7. FROM: Position Title and Number**

BUDGET ANALYST

TCXXXXXXX (IF KNOWN, COMES OFF THE FULL-TIME MANNING DOCUMENT)

**8. Pay Plan**

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<td>11</td>
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**9. Occ. Code**

12A. Basic Pay

12B. Locality Adj.

12C. Adj. Basic Pay

12D. Other Pay

**10. Grade or Level**

16. Pay Plan

17. Occ. Code

18. Grade or Level

19. Step or Rate

20. Total Salary Award

21. Pay Basis

**11. Step or Rate**

**12. Total Salary**

**13. Pay Basis**

**14. Name and Location of Position’s Organization**

THE ADJUTANT GENERAL AZ

UNIT EMPLOYED AT (I.E. JOINT FORCE HQ)

5636 E. MCDOWELL ROAD

PHOENIX, AZ 85008-3495

**15. TO: Position Title and Number**

BUDGET ANALYST

**16. Pay Plan**

**17. Occ. Code**

20A. Basic Pay

20B. Locality Adj.

20C. Adj. Basic Pay

20D. Other Pay

**18. Grade or Level**

**19. Step or Rate**

**20. Total Salary Award**

**21. Pay Basis**

**14. Name and Location of Position’s Organization**

THE ADJUTANT GENERAL AZ

UNIT EMPLOYED AT (I.E. JOINT FORCE HQ)

5636 E. MCDOWELL ROAD

PHOENIX, AZ 85008-3495

**EMPLOYEE DATA**

23. Veterans Preference

   1 - None

   2 - 5-Point

   3 - 10-Point/Disability

   4 - 10-Point/Compensable

   5 - 10-Point/Other

   6 - 10-Point/Compensable/30%

24. Tenure

   0 - None

   1 - Permanent

   2 - Conditional

   3 - Indefinite

25. Agency Use

26. Veterans Prof for RIF

27. FEGI

   YES

   NO

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

   1 - Competitive Service

   2 - Excepted Service

   3 - SES General

   4 - SES Career

   35. FLSA Category

   E - Exempt

   N - Nonexempt

   36. Appropriation Code

   37. Bargaining Unit Status

38. Duty Station Code

39. Duty Station (City - County - State or Overseas Location)

   CITY, COUNTY, STATE (I.E. PHOENIX, MARICOPA, ARIZONA)

40. Agency Data

41. 42. 43. 44.

45. Educational Level

46. Year Degree Attained

47. Academic Discipline

48. Functional Class

49. Citizenship

      1 - USA

      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

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

(No 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.)

STATE REASON FOR DETAIL. EXAMPLE, DETAIL NEEDED TO PROVIDE SUPERVISORY CONTINUITY WHILE POSITION IS BEING ADVERTISED. DETAILS WILL NOT EXCEED ONE YEAR PER THE MERIT PLACEMENT PLAN.

DETAILS DO NOT AFFECT THE EMPLOYEE’S PAY.

PART E - Employee Resignation/Retirement

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

This information is requested under authority of sections 301, 3301, and 8506 of title 5, U.S. Code. Sections 301 and 3301 authorize OPM and agencies to issue regulations with regard to employment of individuals in the Federal service and their records, while section 8506 requires agencies to furnish the specific reason for termination of Federal service to the Secretary of Labor or a State agency in connection with administration of unemployment compensation programs.

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

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

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

PART F - Remarks for SF 50
 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 APPOINTMENTS NTE: (NOT TO EXCEED 365 DAYS FOR UP TO FOUR YEARS)
   NAME OF PERSON TO CONTACT, 267-XXXX
   Digital signature, date

2. Request Number
   LEAVE BLANK

3. For Additional Information Call (Name and Telephone Number)
   NAME, TITLE
   Digital signature, date
   Action Authorized by (Typed Name, Title, Signature, and Request Date)
   NAME, TITLE
   Digital signature, date

4. Proposed Effective Date
   MM-DD-YYYY

PART B - For Preparation of SF 50 (Use only codes in FPM Supplement 292-1. Show all dates in month/day/year form.)

1. Name (Last, First, Middle)
   I.M. EMPLOYEE

2. Social Security Number
   000-00-0000

3. Date of Birth
   MM-DD-YYYY

4. Effective Date
   MM-DD-YYYY

FIRST ACTION

5-A. Code 5-B. Nature of Action

6-A. Code 6-B. Nature of Action

6-C. Code 6-D. Legal Authority

6-E. Code 6-F. Legal Authority

7. FROM: Position Title and Number
   HUMAN RESOURCES SPECIALIST
   TCXXXXXXX (IF KNOWN, COMES OFF THE FULL-TIME MANNING DOCUMENT)

15. TO: Position Title and Number

8. Pay Plan
   02001 GS 09


10. Grade or Level

11. Step or Rate

12. Total Salary

13. Pay Basis

16. Pay Plan

17. Occ. Code

18. Grade or Level

19. Step or Rate

20. Total Salary/Award

21. 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
   THE ADJUTANT GENERAL AZ
   UNIT EMPLOYED AT (I.E. JOINT FORCE HQ)
   5636 E. MCDOWELL ROAD
   PHOENIX, AZ 85008-3495

16. Tenure
   0 - None

17. Occ. Code

18. Grade or Level

19. Step or Rate

20. Total Salary/Award

21. Pay Basis

22. Name and Location of Position’s Organization

14. Name and Location of Position’s Organization

23. Veterans Preference
   1 - None

24. Tenure
   2 - 5-Point

25. Agency Use
   3 - 10-Point/Compensable

26. Veterans Prefer RIF
   6 - 10-Point/Compensable/30%

27. FEGLI

28. Annuity Indicator

29. Pay Rate Determinant

30. Retirement Plan

31. Service Comp. Date (Leave)

32. Work Schedule

33. Part-time Hours Per Biweekly Pay Period

34. Position Occupied
   1 - Competitive Service

35. FLSA Category
   2 - Excepted Service

36. Appropriation Code
   3 - SES General

37. Bargaining Unit Status
   E - Exempt

38. Duty Station Code

39. Duty Station (City - County - State or Overseas Location)

40. Agency Data

41. 42. 43. 44.

45. Educational Level

46. Year Degree Attained

47. Academic Discipline

48. Functional Class

49. Citizenship
   1 - USA

50. Veterans Status

51. Supervisory Status
   8 - Other

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

1. Office/Function
   Initials/Signature
   Date

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.)

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

TEMP APPOINTMENTS LESS THAN 180 DAYS MAY BE RECRUITED WITHOUT COMPETITION. 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**

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

This information is requested under authority of sections 301, 3301, and 8506 of title 5, U.S. Code. Sections 301 and 3301 authorize OPM and agencies to issue regulations with regard to employment of individuals in the Federal service and their records, while section 8506 requires agencies to furnish the specific reason for termination of Federal service to the Secretary of Labor or a State agency in connection with administration of unemployment compensation programs.

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

---

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

---

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

**PART F - Remarks for SF 50**
**REQUEST FOR PERSONNEL ACTION**

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

<table>
<thead>
<tr>
<th>Action Requested</th>
<th>Request Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXTEND TEMPORARY APPOINTMENT NTE: MM-DD-YYYY</td>
<td>LEAVE BLANK</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>For Additional Information Call (Name and Telephone Number)</th>
<th>Proposed Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF PERSON TO CONTACT, 267-XXXX</td>
<td>MM-DD-YYYY</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Action Requested By (Typed Name, Title, Signature, and Request Date)</th>
<th>Action Authorized by (Typed Name, Title, Signature, and Concurrence Date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME, TITLE</td>
<td>NAME, TITLE</td>
</tr>
<tr>
<td>Digital signature, date</td>
<td>Digital signature, date</td>
</tr>
<tr>
<td>1/1/2018</td>
<td>1/1/2018</td>
</tr>
</tbody>
</table>

**PART B - For Preparation of SF 50 (Use only codes in FPM Supplement 292-1. Show all dates in month-day-year order.)**

<table>
<thead>
<tr>
<th>Name (Last, First, Middle)</th>
<th>Social Security Number</th>
<th>Date of Birth</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>I.M. EMPLOYEE</td>
<td>000-00-0000</td>
<td>MM-DD-YYYY</td>
<td>MM-DD-YYYY</td>
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**FIRST ACTION**

<table>
<thead>
<tr>
<th>Code</th>
<th>Nature of Action</th>
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<tbody>
<tr>
<td>5-A</td>
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<table>
<thead>
<tr>
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<table>
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<tr>
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**SECOND ACTION**

<table>
<thead>
<tr>
<th>Code</th>
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</tr>
</thead>
<tbody>
<tr>
<td>6-A</td>
<td>6-B. Nature of Action</td>
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**7. FROM:** Position Title and Number

**HUMAN RESOURCES SPECIALIST**

**TCXXXXXXXX (IF KNOWN, COMES OFF THE FULL-TIME MANNING DOCUMENT)**

<table>
<thead>
<tr>
<th>Code</th>
<th>Grade or Level</th>
<th>Step or Rate</th>
<th>Total Salary</th>
<th>Pay Basis</th>
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<tbody>
<tr>
<td>GS</td>
<td>0201 09</td>
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</table>

<table>
<thead>
<tr>
<th>Code</th>
<th>Grade or Level</th>
<th>Step or Rate</th>
<th>Total Salary</th>
<th>Pay Basis</th>
</tr>
</thead>
<tbody>
<tr>
<td>12A</td>
<td>Basic Pay</td>
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<td>Adj. Basic Pay</td>
<td>Other Pay</td>
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<tr>
<td>12B</td>
<td></td>
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<td></td>
<td></td>
</tr>
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<th>Grade or Level</th>
<th>Step or Rate</th>
<th>Total Salary</th>
<th>Pay Basis</th>
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<td>Adj. Basic Pay</td>
<td>Other Pay</td>
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<table>
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<th>Code</th>
<th>Grade or Level</th>
<th>Step or Rate</th>
<th>Total Salary</th>
<th>Pay Basis</th>
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<tr>
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<td>Basic Pay</td>
<td>Locality Adj.</td>
<td>Adj. Basic Pay</td>
<td>Other Pay</td>
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<tr>
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</table>

**14. Name and Location of Position’s Organization**

**THE ADJUTANT GENERAL AZ**

**UNIT EMPLOYED AT (I.E. JOINT FORCE HQ)**

**5636 E. MCDOWELL ROAD**

**PHOENIX, AZ 85008-3495**

**EMPLOYEE DATA**

<table>
<thead>
<tr>
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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**

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<th>Initials/Signature</th>
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<th>Office/Function</th>
<th>Initials/Signature</th>
<th>Date</th>
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</tr>
<tr>
<td>B</td>
<td></td>
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<td></td>
</tr>
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<td>C</td>
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<table>
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<th>Office/Function</th>
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</tr>
<tr>
<td>F</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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**

**CONTINUED ON REVERSE SIDE**
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.)

STATE REASON TEMP APPOINT IS BEING EXTENDED.

PART E - Employee Resignation/Retirement

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.)

<table>
<thead>
<tr>
<th>Privacy</th>
<th>Act</th>
<th>Statement</th>
</tr>
</thead>
</table>

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

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**
   - TERMINATION OF TEMPORARY APPOINTMENT
   - LEAVE BLANK

3. **For Additional Information Call (Name and Telephone Number)**
   - NAME OF PERSON TO CONTACT, 267-XXXX

5. **Action Requested By (Typed Name, Title, Signature, and Request Date)**
   - NAME, TITLE
   - Digital signature, date 1/1/2018

6. **Action Authorized by (Typed Name, Title, Signature, and Concurrence Date)**
   - NAME, TITLE
   - Digital signature, date 01/01/2018

**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**
   - 000-00-0000

3. **Date of Birth**
   - MM-DD-YYYY

4. **Effective Date**
   - MM-DD-YYYY

**FIRST ACTION**

5-7. **Code**
   - 5-A. Code
   - 5-B. Nature of Action
   - 5-C. Code
   - 5-D. Legal Authority
   - 5-E. Code
   - 5-F. Legal Authority

**SECOND ACTION**

6-8. **Code**
   - 6-A. Code
   - 6-B. Nature of Action
   - 6-C. Code
   - 6-D. Legal Authority

**7. FROM:**

- **Position Title and Number**
  - HUMAN RESOURCES SPECIALIST
  - TCXXXXXXX (IF KNOWN, COMES OFF THE FULL-TIME MANNING DOCUMENT)

**8. Pay Plan**

- 10. Grade or Level
- 11. Step or Rate
- 12. Total Salary
- 13. Pay Basis

**9. Basic Pay**

- 12A. Basic Pay
- 12B. Locality Adj.
- 12C. Adj. Basic Pay
- 12D. Other Pay

**10. Pay Plan**

- 16. Pay Plan
- 17. Occ. Code
- 18. Grade or Level
- 19. Step or Rate

**11. Total Salary**

- 20. Total Salary/Award
- 21. Pay Basis

**POSITION DATA**

24. **Tenure**

- 24-A. Tenure
  - 0 - None
  - 1 - Permanent
  - 2 - Conditional
  - 1 - Indefinite

**25. Agency Use**

- 25. Agency Use
  - YES
  - NO

**26. Veterans Pre-RIF**

- 26. Veterans Pre-RIF
  - 0 - None
  - 1 - Permanent
  - 2 - Conditional

**27. FEGLI**

- 28. Annuity Indictor
- 29. Pay Rate Determinant

**28. Service Comp. Date (Leave)**

- 30. Service Comp. Date (Leave)
- 31. Work Schedule
- 32. Pay Schedule

**29. Part-Time Hours Per Biweekly Pay Period**

- 33. Part-Time Hours Per Biweekly Pay Period

**30. Duty Station Code**

- 39. Duty Station Code (City - County - State or Overseas Location)
  - CITY, COUNTY, STATE (I.E.PHOENIX/MARICOPA/ARIZONA)

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

1. **Office/Function**

- 41. Initials/Signature
- 42. Date
- 43. Office/Function
- 44. Initials/Signature
- 45. Date

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.

**Digital signature, date 01/01/2018**
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.)

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

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.)

Privacy Act

Statement

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

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  
2. Request Number  
   - LEAVE BLANK
3. For Additional Information Call (Name and Telephone Number)  
4. Proposed Effective Date  
   - MM-DD-YYYY
5. Action Requested By (Typed Name, Title, Signature, and Request Date)  
   - NAME, TITLE
   - Digital signature, date  
   - 1/1/2018
6. Action Authorized by (Typed Name, Title, Signature, and Concurrence Date)  
   - NAME, TITLE
   - Digital signature, date  
   - 01/01/2018

**FIRST ACTION**

- **I.M. EMPLOYEE**

**SECOND ACTION**

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

**7. FROM: Position Title and Number**

**HUMAN RESOURCES SPECIALIST**

**TCCXXXXXXX (IF KNOWN, COMES OFF THE FULL-TIME MANNING DOCUMENT)**

**8. Pay Plan**

**9. Occ. Code**

**10. Grade or Level**

**11. Step of Rate**

**12. Total Salary**

**13. Pay Basis**

**14. Name and Location of Position's Organization**

**THE ADJUTANT GENERAL AZ**

**UNIT EMPLOYED AT (I.E. JOINT FORCE HQ)**

**5636 E. MCDOWELL ROAD**

**PHOENIX, AZ 85008-3495**

**EMPLOYEE DATA**

- **23. Veterans Preference**
- **24. Tenure**
- **25. Agency Use**
- **26. Veterans Prof for RIF**
  - YES
  - NO
- **27. FEGLI**
- **28. Annuity 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**
- **35. FLSA Category**
- **36. Appropriation Code**
- **37. Bargaining Unit Status**
- **38. Duty Station Code**
- **39. Duty Station (City - County - State or Overseas Location)**

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

1. Office/Function  
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

---

**CONTINUED ON REVERSE SIDE**

**OVER**
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.)

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

EXCEPTION TO 180 DAY TIME FRAME - IF INDIVIDUAL HAS COMPETED FOR AN ANNOUNCEMENT THAT SPECIFICALLY STATES THEY WILL RECEIVE A TEMPORARY PROMOTION

PART E - Employee Resignation/Retirement

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 8508 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 8508 requires agencies to furnish the specific reason for termination of Federal service to the Secretary of Labor or a State agency in connection with administration of unemployment compensation programs.

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

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

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

PART F - Remarks for SF 50
REQUEST FOR PERSONNEL ACTION

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

1. Actions Requested
   TERMINATION OF TEMPORARY PROMOTION

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)
   NAME, TITLE
   Digital signature, date 1/1/2018

6. Action Authorized by (Typed Name, Title, Signature, and Concurrency Date)
   NAME, TITLE
   Digital signature, date 01/01/2018

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
   000-00-0000

3. Date of Birth
   MM-DD-YYYY

4. Effective Date
   MM-DD-YYYY

FIRST ACTION

5-A. Code
   5-B. Nature of Action

SECOND ACTION

6-A. Code
   6-B. Nature of Action

5-C. Code
   6-C. Legal Authority

5-E. Code
   6-E. Legal Authority

7. FROM: Position Title and Number
   SECRETARY (OA)
   TCXX XXXXXXXX (IF KNOWN, COMES OFF THE FULL-TIME MANNING DOCUMENT)

8. Pay Plan
   8-A. Pay Plan
   8-B. Grade or Level
   8-C. Step or Rate

9. Pay Basis
   9-A. Basic Pay
   9-B. Locality Adj.
   9-C. Adj. Basic Pay
   9-D. Other Pay

10. Pay Plan
   10-A. Basic Pay
   10-B. Locality Adj.
   10-C. Adj. Basic Pay
   10-D. Other Pay

11. Total Salary
   11-A. Basic Pay
   11-B. Locality Adj.
   11-C. Adj. Basic Pay
   11-D. Other Pay

12. Total Salary/Basis
   12-A. Basic Pay
   12-B. Locality Adj.
   12-C. Adj. Basic Pay
   12-D. Other Pay

13. Pay Basis
   13-A. Basic Pay
   13-B. Locality Adj.
   13-C. Adj. Basic Pay
   13-D. Other Pay

14. Name and Location of Position’s Organization
   UNIT EMPLOYED AT (I.E. JOINT FORCE HQ)
   THE ADJUTANT GENERAL AZ
   5636 E. MCDOWELL ROAD
   PHOENIX, AZ 85008-3495

15. TO: Position Title and Number
   HUMAN RESOURCES SPECIALIST
   TCXX XXXXXXXX (IF KNOWN, COMES OFF THE FULL-TIME MANNING DOCUMENT)

16. Pay Plan
   16-A. Pay Plan
   16-B. Grade or Level
   16-C. Step or Rate

17. Pay Basis
   17-A. Basic Pay
   17-B. Locality Adj.
   17-C. Adj. Basic Pay
   17-D. Other Pay

18. Total Salary/Basis
   18-A. Basic Pay
   18-B. Locality Adj.
   18-C. Adj. Basic Pay
   18-D. Other Pay

19. Pay Basis
   19-A. Basic Pay
   19-B. Locality Adj.
   19-C. Adj. Basic Pay
   19-D. Other Pay

20. Total Salary/Award
   20-A. Basic Pay
   20-B. Locality Adj.
   20-C. Adj. Basic Pay
   20-D. Other Pay

21. Pay Basis
   21-A. Basic Pay
   21-B. Locality Adj.
   21-C. Adj. Basic Pay
   21-D. Other Pay

22. Name and Location of Position’s Organization
   UNIT EMPLOYED AT (I.E. JOINT FORCE HQ)
   THE ADJUTANT GENERAL AZ
   5636 E. MCDOWELL ROAD
   PHOENIX, AZ 85008-3495

23. Veterans Preference
   0 - None
   1 - 10-Point Disability
   2 - 10-Point/Other
   3 - 10-Point/Compensable
   4 - 10-Point/Compensable/30%

24. Tenure
   0 - None
   1 - Permanent
   2 - Conditional
   3 - Indefinite

25. Agency Use
   YES
   NO

26. Veterans Prof for RIF
   0 - None
   1 - Permanent
   2 - Conditional
   3 - Indefinite

27. FEGLI
   0 - None
   1 - Premium
   2 - Indemnity

28. Annuitant Indicator
   0 - None
   1 - Premium
   2 - Indemnity

29. Pay Rate Determinant
   0 - None
   1 - Premium
   2 - Indemnity

30. Retirement Plan
   0 - None
   1 - Premium
   2 - Indemnity

31. Service Comp. Date (Leave)
   32. Work Schedule
   33. Part-time Hours Per Biweekly Pay Period

34. Position Occupied
   1 - Competitive Service
   2 - Exempt Service
   3 - SES General
   4 - SES Career
   5 - SES Career

35. FLSA Category
   E - Exempt
   N - Nonexempt

36. Appropriation Code
   37. Bargaining Unit Status

38. Duty Station Code
   CITY, COUNTY, STATE (I.E. PHOENIX, MARICOPA, ARIZONA)

39. Duty Station (City - County - State or Overseas Location)

40. Agency Data
   41. 42. 43. 44.

45. Educational Level
   46. Year Degree Attained
   47. Academic Discipline
   48. Functional Class

49. Citizenship
   1 - USA
   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

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.
   Approval Date
   Signature
PART D - Remarks by Requesting Office

(Visit 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.)

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.

This information is requested under authority of sections 301, 3301, and 8506 of title 5, U.S. Code. Sections 301 and 3301 authorize OPM and agencies to issue regulations with regard to employment of individuals in the Federal service and their records, while section 8506 requires agencies to furnish the specific reason for termination of Federal service to the Secretary of Labor or a State agency in connection with administration of unemployment compensation programs.

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

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

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

PART F - Remarks for SF 50
REQUEST FOR PERSONNEL ACTION

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

1. Actions Requested
   ABSENT FOR UNIFORMED SERVICES

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)
   NAME, TITLE
   Digital signature, date
   1/1/2018

6. Action Authorized by (Typed Name, Title, Signature, and Concurrence Date)
   NAME, TITLE
   Digital signature, date
   1/1/2018

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
   000-00-0000

3. Date of Birth
   MM-DD-YYYY

4. Effective Date
   MM-DD-YYYY

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

7. FROM: Position Title and Number
   HUMAN RESOURCES SPECIALIST
   TCXXXXXXXXX (IF KNOWN, COMES OFF FULL-TIME DOCUMENT)

8. Pay Plan
   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

16. Pay Plan
   17. Occ. Code
   18. Grade or Level
   19. Step or Rate
   20. Total Salary/Award
   21. Pay Basis

20A. Basic Pay
   20B. Locality Adj.
   20C. Adj. Basic Pay
   20D. Other Pay

14. Name and Location of Position’s Organization
   UNIT EMPLOYED AT (I.E. JOINT FORCE HQ)
   THE ADJUTANT GENERAL AZ
   5636 E. MCDOWELL ROAD
   PHOENIX, AZ 85008-3495

15. TO: Position Title and Number

EMPLOYEE DATA

23. Veterans Preference
   1 - None
   2 - 5-Point
   3 - 10-Point/Disability
   4 - 10-Point/Compensable
   5 - 10-Point/Other

24. Tenure
   0 - None
   1 - Permanent
   2 - Conditional
   3 - Indefinite

25. Agency Use
   YES
   NO

26. Veterans Prof for RIF

27. FEGLI

28. Annuity Indictor

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
   1 - Competitive Service
   2 - Exceptional Service
   3 - SES General
   4 - SES Career

35. FLSA Category
   E - Exempt
   N - Nonexempt

36. Appropriation Code

37. Bargaining Unit Status

38. Duty Station Code

39. Duty Station (City - County - State or Overseas Location)
   CITY, COUNTY, STATE (I.E. PHOENIX, MARICOPA, ARIZONA)

40. Agency Data

41. 

42. 

43. 

44. 

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

1. Office/Function
   Initials/Signature
   Date

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

CONTINUED ON REVERSE SIDE

OVER
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.)

AUS TITLE ______ FOR ______ EFFECTIVE:
(I.E. AUS FOR TITLE 32 AGR TOUR EFFECTIVE: 15OCT18)

**ORDERS, USERRA BRIEFING AND ANY OTHER REQUIRED DOCUMENTS MUST BE ATTACHED TO THIS SF 52 OR THERE WILL BE A DELAY IN PROCESSING THIS ACTION WHICH MAY AFFECT EMPLOYEES PAY AND/OR BENEFITS!

PART E - Employee Resignation/Retirement

<table>
<thead>
<tr>
<th>Privacy</th>
<th>Act</th>
<th>Statement</th>
</tr>
</thead>
</table>

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

This information is requested under authority of sections 301, 3301, and 8506 of title 5, U.S. Code. Sections 301 and 3301 authorize OPM and agencies to issue regulations with regard to employment of individuals in the Federal service and their records, while section 8506 requires agencies to furnish the specific reason for termination of Federal service to the Secretary of Labor or a State agency in connection with administration of unemployment compensation programs.

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

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

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

PART F - Remarks for SF 50
REQUEST FOR PERSONNEL ACTION

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

1. Actions Requested

RETURN TO DUTY

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)

NAME, TITLE

Digital signature, date

5/1/2018

6. Action Authorized By (Typed Name, Title, Signature, and Concurrence Date)

NAME, TITLE

Digital signature, date

01/01/2018

**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

000-00-0000

3. Date of Birth

MM-DD-YYYY

4. Effective Date

MM-DD-YYYY

**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

**7. FROM: Position Title and Number**

Electronic Integrated Systems Mechanic

TCXXXXXXXX (IF KNOWN, COMES OFF THE FULL-TIME MANNING DOCUMENT)

**15. TO: Position Title and Number**

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

THE ADJUTANT GENERAL AZ

UNIT EMPLOYED AT (I.E. JOINT FORCE HQ)

5636 E. MCDOWELL ROAD

PHOENIX, AZ 85008-3495

**EMLOYEE DATA**

23. Veterans Preference

1 - None

2 - 5-Point

3 - 10-Point: Disability

4 - 10-Point: Compensable

5 - 10-Point: Other

6 - 10-Point: Compensable/30%

24. Tenure

0 - None

1 - Permanent

2 - Conditional

25. Agency Use

3 - Indefinite

26. Veterans Prof for RIF

27. FEGLI

28. Annuity Indicator

29. Pay Rate Determinant

30. Retirement Plan

31. Service Comp. Date (Leave)

32. Work Schedule

33. Part-Time Hours Per Biweekly Pay Period

34. Position Occupied

1 - Competitive Service

2 - Excepted Service

3 - SES General

4 - SES Career

35. FLSA Category

E - Exempt

N - Nonexempt

36. Appropriation Code

37. Bargaining Unit Status

38. Duty Station Code

39. Duty Station (City - County - State or Overseas Location)

CITY, COUNTY, STATE (I.E.PHOENIX/MARICOPA/ARIZONA)

**POSITION DATA**

40. Agency Data

41. 42. 43. 44.

45. Educational Level

46. Year Degree Attained

47. Academic Discipline

48. Functional Class

49. Citizenship

50. Veterans Status

51. Supervisory Status

1 - USA

8 - Other

52. Approval Date

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

1. Office/Function

Initials/Signature

Date

Office/Function

Initials/Signature

Date

A.

B.

C.

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.)

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**

<table>
<thead>
<tr>
<th>Privacy</th>
<th>Act</th>
<th>Statement</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>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.</td>
</tr>
</tbody>
</table>

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

---

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

---

**PART F - Remarks for SF 50**
**REQUEST FOR PERSONNEL ACTION**

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

<table>
<thead>
<tr>
<th>1. Actions Requested</th>
<th>2. Request Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>PERSONAL LEAVE WITHOUT PAY (LWOP)</td>
<td>LEAVE BLANK</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. For Additional Information (Name and Telephone Number)</th>
<th>4. Proposed Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF PERSON TO CONTACT, 267-XXXX</td>
<td>MM-DD-YYYY</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. Action Requested By (Typed Name, Title, Signature, and Request Date)</th>
<th>6. Action Authorized By (Typed Name, Title, Signature, and Concurrency Date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME, TITLE</td>
<td>NAME, TITLE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Digital signature, date</th>
<th>Digital signature, date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/1/2018</td>
<td>01/01/2018</td>
</tr>
</tbody>
</table>

**PART B - For Preparation of SF 50 (Use only codes in FPM Supplement 292-1. Show all dates in month-day-year order.)**

<table>
<thead>
<tr>
<th>1. Name (Last, First, Middle)</th>
<th>2. Social Security Number</th>
<th>3. Date of Birth</th>
<th>4. Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>I.M. EMPLOYEE</td>
<td>000-00-0000</td>
<td>MM-DD-YYYY</td>
<td>MM-DD-YYYY</td>
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</table>

**FIRST ACTION**

<table>
<thead>
<tr>
<th>5-A. Code</th>
<th>5-B. Nature of Action</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>5-C. Code</th>
<th>5-D. Legal Authority</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>5-E. Code</th>
<th>5-F. Legal Authority</th>
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</thead>
</table>

**SECOND ACTION**

<table>
<thead>
<tr>
<th>6-A. Code</th>
<th>6-B. Nature of Action</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>6-C. Code</th>
<th>6-D. Legal Authority</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>6-E. Code</th>
<th>6-F. Legal Authority</th>
</tr>
</thead>
</table>

**FROM:** Position Title and Number

<table>
<thead>
<tr>
<th>HUMAN RESOURCES SPECIALIST</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>TCXXXXX (IF KNOWN, COMES OFF THE FULL-TIME MANNING DOCUMENT)</th>
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</table>

**TO:** Position Title and Number

<table>
<thead>
<tr>
<th>15. TO: Position Title and Number</th>
</tr>
</thead>
</table>

**EMPLOYEE DATA**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - None</td>
<td>0 - None</td>
<td>1 - Permanent</td>
<td>YES</td>
</tr>
<tr>
<td>2 - 5-Point</td>
<td>2 - Conditional</td>
<td>2 - Indefinite</td>
<td>NO</td>
</tr>
<tr>
<td>3 - 10-Point/Disability</td>
<td>6 - 10-Point/Compensable</td>
<td>6 - 10-Point/Compensable/30%</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>27. FEGLI</th>
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</table>

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<tr>
<th>28. Annuity Indicator</th>
<th>29. Pay Rate Determinant</th>
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</table>

<table>
<thead>
<tr>
<th>30. Retirement Plan</th>
<th>31. Service Comp. Date (Leave)</th>
<th>32. Work Schedule</th>
<th>33. Part-Time Hours Per Biweekly Pay Period</th>
</tr>
</thead>
</table>

**POSITION DATA**

<table>
<thead>
<tr>
<th>34. Position Occupied</th>
<th>35. FLSA Category</th>
<th>36. Appropriation Code</th>
<th>37. Bargaining Unit Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - Competitive Service</td>
<td>E - Exempt</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 - Excepted Service</td>
<td>N - Nonexempt</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 - SES General</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 - SES Career</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>38. Duty Station Code</th>
<th>39. Duty Station (City - County - State or Overseas Location)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CITY, COUNTY, STATE (I.E.PHOENIX/MARICOPA/ARIZONA)</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>40. Agency Data</th>
<th>41.</th>
<th>42.</th>
<th>43.</th>
<th>44.</th>
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</thead>
</table>

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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>1 - USA</td>
<td>8 - Other</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>1. Office/Function</th>
<th>Initials/Signature</th>
<th>Date</th>
<th>2. Office/Function</th>
<th>Initials/Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td>D.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B.</td>
<td>E.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C.</td>
<td>F.</td>
<td></td>
<td>Approval Date</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>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.</th>
</tr>
</thead>
</table>

**CONTINUED ON REVERSE SIDE**

<table>
<thead>
<tr>
<th>OVER</th>
<th>Editions Prior to 7/91 Are Not Usable After 6/30/92</th>
</tr>
</thead>
<tbody>
<tr>
<td>52-118</td>
<td>NSN 7540-01-333-6239</td>
</tr>
</tbody>
</table>
PART D - Remarks by Requesting Office

(Note to Supervisors: Do you know of additional or conflicting reasons for the employee’s resignation/retirement? □ YES □ NO)

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

LEAVE CODE ON TIME CARD IS: KA

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

PART E - Employee Resignation/Retirement

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)

---

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
- **REIGNITION**  
- **Digital signature, date**: 1/1/2018

### 2. Request Number  
- **LEAVE BLANK**

### 3. For Additional Information Call (Name and Telephone Number)
- **NAME OF PERSON TO CONTACT, 267-XXXX**
- **Digital signature, date**: 1/1/2018

### 4. Proposed Effective Date
- **MM-DD-YYYY**

### 5. Action Requested By (Typed Name, Title, Signatures, and Request Date)
- **NAME, TITLE**
- **NAME, TITLE**

### 6. Action Authorized By (Typed Name, Title, Signature, and Concurrency Date)
- **NAME, TITLE**
- **Digital signature, date**: 01/01/2018

## 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
- **000-00-0000**

### 3. Date of Birth
- **MM-DD-YYYY**

### 4. Effective Date
- **MM-DD-YYYY**

### FIRST ACTION

#### 5-A. Code
- **5-B. Nature of Action**

### SECOND ACTION

#### 6-A. Code
- **6-B. Nature of Action**

### 7. FROM: Position Title and Number

**HUMAN RESOURCES SPECIALIST**

**TCXXXXXXX (IF KNOWN, COMES OFF THE FULL-TIME MANNING DOCUMENT)**

### 15. TO: Position Title and Number

**THE ADJUTANT GENERAL AZ**

**UNIT EMPLOYED AT (I.E. JOINT FORCE HQ)**

**5636 E. MCDOWELL ROAD**

**PHOENIX, AZ 85008-3495**

### EMPLOYEE DATA

#### 23. Veterans Preference
- **1 - None**
- **2 - 5-Point**
- **3 - 10-Point: Disability**
- **5 - 10-Point: Other**
- **6 - 10-Point: Compensable/30%**

#### 24. Tenure
- **0 - None**
- **1 - Permanent**
- **2 - Conditional**
- **3 - Indefinite**

#### 25. Agency Use
- **YES**
- **NO**

#### 27. FEGLI

### 28. Annuity 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
- **1 - Competitive Service**
- **3 - SES General**
- **4 - SES Career**
- **5 - Excepted Service**

#### 35. FLSA Category
- **E - Exempt**
- **N - Nonexempt**

#### 36. Appropriation Code

### 37. Bargaining Unit Status

#### 38. Duty Station Code

**CITY, COUNTY, STATE (I.E.PHOENIX/MARICOPA/ARIZONA)**

### 40. Agency Data

### 41.  

### 42.  

### 43.  

### 44.  

### 45. Educational Level

#### 46. Year Degree Attained

### 47. Academic Discipline

### 48. Functional Class

### 49. Citizenship
- **1 - USA**
- **8 - Other**

### 50. Veterans Status

### 51. Supervisory Status

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

#### 1. Office/Function

#### 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.
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.)

PART E - Employee Resignation/Retirement

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.)

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.

FAXED COPIES OF RESIGNATIONS ARE NOT AUTHORIZED AND WILL NOT BE ACCEPTED BY THIS OFFICE. MUST BE AN ORIGINAL WITH ORIGINAL SIGNATURES.

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

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

TERMINATION 2. Request Number

3. For Additional Information Call (Name and Telephone Number)

NAME OF PERSON TO CONTACT, 267-XXXX 4. Proposed Effective Date

5. Action Requested By (Typed Name, Title, Signature, and Request Date)

NAME, TITLE 5/31/2018

Digital signature, date 6. Action Authorized by (Typed Name, Title, Signature, and Concurrence Date)

NAME, TITLE 1/1/2018

Digital signature, date 7. FROM: Position Title and Number

BUDGET ANALYST 8. TO: Position Title and Number

TCXXXXXX (IF KNOWN, COMES OFF THE FULL-TIME MANNING DOCUMENT) 9.5. FROM:

MANNING DOCUMENT 10. TO:

FIRST ACTION

I.M. EMPLOYEE 11. Code

5-A. Code

5-B. Nature of Action

5-C. Code

5-D. Legal Authority

5-E. Code

5-F. Legal Authority

SECOND ACTION

5-A. Code 6-A. Code

6-B. Nature of Action

6-C. Code 6-D. Code

6-D. Legal Authority

6-E. Code 6-F. Legal Authority

EMPLOYEE DATA

23. Veterans Preference

1 - None 24. Termination

2 - 5-Point 3 - 10-Point/Disability 25. Agency Use 26. Veterans Prof for RIF

5 - 10-Point/Other 6 - 10-Point/Compensable/30%

6 - 10-Point/Compensable 1 - None

2 - 5-Point

3 - 10-Point/Disability

4 - 10-Point/Compensable

YES

NO

27. FEGLI

28. Annuity Award

29. Pay Rate Determinant

30. Retirement Plan

31. Service Comp. Date (Leave)

32. Work Schedule

33. Part-Time Hours Per Biweekly Pay Period

34. Position Occupied

1 - Competitive Service 35. FLSA Category

2 - Excepted Service

3 - SES General

E - Exempt

E - Exempt

N - Nonexempt

F - No Change

36. Appropriation Code

37. Bargaining Unit Status

38. Duty Station Code

39. Duty Station (City - County - State or Overseas Location)

CITY, COUNTY, STATE (I.E. PHOENIX, MARICOPA, ARIZONA)

40. Agency Data

41.

42.

43.

44.

45. Educational Level

46. Year Degree Attained

47. Academic Discipline

48. Functional Class

49. Citizenship

50. Veterans Status

51. Supervisory Status

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

1. Office/Function

Initials/Signature 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.

Date 2. Approval

Office/Function

Initials/Signature

Date

A.

D.

B.

E.

C.

F.

Signature

Approval Date

Over Editions Prior to 7/91 Are Not Usable After 6/30/93

NSN 7540-01-333-6239
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 MILITARY, THEY RETAIN THEIR RESTORATION RIGHTS UNDER THE PROVISIONS OF USERRA. 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. Forwards Address (Number, Street, City, State, ZIP Code)

EMPLOYEE MUST LEAVE A FORWARDING ADDRESS IN THIS BLOCK

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
   DEATH

3. For Additional Information Call (Name and Telephone Number)
   NAME OF PERSON TO CONTACT, 267-XXXX
   Digital signature, date

5. Action Requested By (Typed Name, Title, Signature, and Request Date)
   NAME, TITLE
   Digital signature, date

6. Action Authorized By (Typed Name, Title, Signature, and Concurrence Date)
   NAME, TITLE

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

3. Date of Birth

4. Effective Date

FIRST ACTION

5-A. Code 5-B. Nature of Action

SECOND ACTION

5-A. Code 6-B. Nature of Action

5-C. Code 6-D. Legal Authority

5-E. Code 6-E. Legal Authority

7. FROM: Position Title and Number

HUMAN RESOURCES SPECIALIST

TCXXXXXXXXX (IF KNOWN, COMES OFF THE FULL-TIME MANNING DOCUMENT)

8. Pay Plan

5. Grade or Level

11. Step or Rate

12. Total Salary

13. Pay Basis

16. Pay Plan

17. Occ. Code

18. Grade or Level

19. Step or Rate

20. Total Salary/Award

21. 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

THE ADJUTANT GENERAL AZ

UNIT EMPLOYED AT (I.E. JOINT FORCE HQ)

5636 E. MCDOWELL ROAD

PHOENIX, AZ 85008-3495

EMPLOYEE DATA

23. Veterans Preference

5 - 10-Point/Other

24. Terse

0 - None

25. Agency Use

2 - Conditional

26. Veterans Prof for RIF

YES

27. FEGLI

30. Retirement Plan

31. Service Comp. Date (Leave)

32. Work Schedule

33. Part-time Hours Per Biweekly Pay Period

POSITION DATA

34. Position Occupied

2 - Exceptioned Service

35. FLSA Category

E - Exempt

N - Nonexempt

36. Appropriation Code

37. Bargaining Unit Status

38. Duty Station Code

39. Duty Station (City - County - State or Overseas Location)

CITY, COUNTY, STATE (I.E.PHOENIX/MARICOPA/ARIZONA)

40. Agency Data

41. 42. 43. 44.

45. Educational Level

46. Year Degree Attained

47. Academic Discipline

48. Functional Class

49. Citizenship

50. Veterans Status

51. Supervisory Status

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

1. Office/Function

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.

   Initials/Signature

   Date

   Office/Function

   Initials/Signature

   Date

   A.

   D.

   B.

   E.

   C.

   F.

   Approval Date

CONTINUATION ON REVERSE SIDE

OVER

Editions Prior to 7/91 Are Not Usable After 6/30/93

NSN 7540-01-333-6239
PART D - Remarks by Requesting Office
(Unless you know of additional or conflicting reasons for the employee’s resignation or retirement, please state these facts on a separate sheet and attach SF 52.)

NOTE: INCLUDE A STATEMENT SUCH AS THE FOLLOWING EXAMPLE: "DEATH AT 1230, 6 JUN 18, AT HOME, REPORTED BY A RELATIVE.

PART E - Employee Resignation/Retirement

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.)

<table>
<thead>
<tr>
<th>Privacy</th>
<th>Act</th>
<th>Statement</th>
</tr>
</thead>
</table>

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

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
   - CHANGE TO LOWER GRADE
   - For Additional Information Call (Name and Telephone Number)

   NAME OF PERSON TO CONTACT, 267-XXXX

5. Action Requested By (Typed Name, Title, Signature, and Request Date)
   - NAME, TITLE
   - Digital signature, date

6. Action Authorized By (Typed Name, Title, Signature, and Concurrence Date)
   - NAME, TITLE
   - Digital signature, date

**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

**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

7. FROM: Position Title and Number

BUDGET ANALYST

TCXXxxxxxxx (IF KNOWN, COMES OFF THE FULL-TIME MANNING DOCUMENT)

   - 10. Grade or Level 11. Step or Rate
   - 12. Total Salary 13. Pay Basis
   - 16. Grade or Level 17. Step or Rate

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

15. TO: Position Title and Number

14. Name and Location of Position’s Organization
   - THE ADJUTANT GENERAL AZ
   - UNIT EMPLOYED AT (I.E. JOINT FORCE HQ)
   - 5636 E. MCDOWELL ROAD
   - PHOENIX, AZ 85008-3495

**EMPLOYEE DATA**

23. Veterans Preference
   - 1 - None
   - 2 - 5-Point
   - 3 - 10-Point/Disability
   - 4 - 10-Point/Compensable
   - 5 - 10-Point/Other
   - 6 - 10-Point/Compensable/30%

24. Tenure
   - 0 - None
   - 1 - Permanent
   - 2 - Conditional
   - 3 - Indefinite

25. Agency Use
   - YES
   - NO

27. FEGLI

28. Annuity Indictor

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
   - 1 - Competitive Service
   - 2 - Excepted Service
   - 3 - SES General
   - 4 - SES Career

35. FLSA Category
   - E - Exempt
   - N - Nonexempt

36. Appropriation Code

37. Bargaining Unit Status

38. Duty Station Code
   - CITY, COUNTY, STATE (I.E. PHOENIX, MARICOPA, ARIZONA)

40. Agency Data

41. 42. 43. 44.

45. Educational Level

46. Year Degree Attained

47. Academic Discipline

48. Functional Class

49. Citizenship

50. Veterans Status

51. Supervisory Status

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

A. 
   - Initials/Signature
   - Date

B. 
   - Initials/Signature
   - Date

C. 
   - Initials/Signature
   - Date

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.

**Continued on reverse side.**

Editions Prior to 7/91 Are Not Usable After 8/30/92

NSN 7540-01-333-6239
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.)

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

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)

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.)

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Actions Requested</td>
</tr>
<tr>
<td>2.</td>
<td>Request Number</td>
</tr>
<tr>
<td>3.</td>
<td>For Additional Information Call (Name and Telephone Number)</td>
</tr>
<tr>
<td>4.</td>
<td>Proposed Effective Date</td>
</tr>
<tr>
<td>5.</td>
<td>Action Requested By (Typed Name, Title, Signature, and Request Date)</td>
</tr>
<tr>
<td>6.</td>
<td>Action Authorized by (Typed Name, Title, Signature, and Concurrence Date)</td>
</tr>
</tbody>
</table>

### NAME OF PERSON TO CONTACT, 267-XXXX

**Digital signature, date**

1/1/2018

## FIRST ACTION

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>5-A</td>
<td>Code</td>
</tr>
<tr>
<td>5-B</td>
<td>Nature of Action</td>
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### SECOND ACTION

<table>
<thead>
<tr>
<th>Code</th>
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</thead>
<tbody>
<tr>
<td>6-A</td>
<td>Code</td>
</tr>
<tr>
<td>6-B</td>
<td>Nature of Action</td>
</tr>
</tbody>
</table>

## FROM: Position Title and Number

**SECRETARY (OA)**

**TCXXXXXXX (IF KNOWN, COMES OFF THE FULL-TIME MANNING DOCUMENT)**

### TO: Position Title and Number

**SECRETARY (OA)**

**I.M. EMPLOYEE**

**000-00-0000 MM-DD-YYYY**

**MM-DD-YYYY**

### UNIT EMPLOYED AT (I.E. JOINT FORCE HQ)

**THE ADJUTANT GENERAL AZ**

**5636 E. MCDOWELL ROAD**

**PHOENIX, AZ 85008-3495**

## EMPLOYEE DATA

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>23.</td>
<td>Veterans Preference</td>
</tr>
<tr>
<td>24.</td>
<td>Tenure</td>
</tr>
<tr>
<td>25.</td>
<td>Agency Use</td>
</tr>
<tr>
<td>26.</td>
<td>Veterans Prof for RIF</td>
</tr>
<tr>
<td>27.</td>
<td>FEGLI</td>
</tr>
<tr>
<td>28.</td>
<td>Annuity Indicator</td>
</tr>
<tr>
<td>29.</td>
<td>Pay Rate Determinant</td>
</tr>
<tr>
<td>30.</td>
<td>Retirement Plan</td>
</tr>
<tr>
<td>31.</td>
<td>Service Comp. Date (Leave)</td>
</tr>
<tr>
<td>32.</td>
<td>Work Schedule</td>
</tr>
<tr>
<td>33.</td>
<td>Part-Time Hours Per Biweekly Pay Period</td>
</tr>
</tbody>
</table>

## POSITION DATA

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>34.</td>
<td>Position Occupied</td>
</tr>
<tr>
<td>35.</td>
<td>FLSA Category</td>
</tr>
<tr>
<td>36.</td>
<td>Appropriation Code</td>
</tr>
<tr>
<td>37.</td>
<td>Bargaining Unit Status</td>
</tr>
<tr>
<td>38.</td>
<td>Duty Station Code</td>
</tr>
<tr>
<td>39.</td>
<td>Duty Station (City - County - State or Overseas Location)</td>
</tr>
</tbody>
</table>

### CITY, COUNTY, STATE (I.E. PHOENIX, MARICOPA, ARIZONA)

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

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Office/Function</td>
</tr>
<tr>
<td>2.</td>
<td>Approval</td>
</tr>
</tbody>
</table>

**Signature**

**Approval Date**

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**Digital signature, date**

1/1/2018

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**Digital signature, date**

1/1/2018

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**Digital signature, date**

1/1/2018

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**Digital signature, date**

1/1/2018

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**Digital signature, date**

1/1/2018
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.)

WRITE A BRIEF NARRATIVE TO JUSTIFY THE TIME OFF AWARD. IF SUBMITTING A GROUP OF INDIVIDUALS, AN SF 52 IS REQUIRED FOR EACH PERSON. 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 THE NEXT AVAILABLE PAY PERIOD. EMPLOYEES HAVE ONE YEAR FROM EFFECTIVE DATE TO USE TIME OFF AWARD.

PART E - Employee Resignation/Retirement

<table>
<thead>
<tr>
<th>Privacy</th>
<th>Act</th>
<th>Statement</th>
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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)

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

ABOLISH/ESTABLISH POSITION

2. Request Number

3. For Additional Information Call (Name and Telephone Number)

4. Proposed Effective Date

NAME OF PERSON TO CONTACT, 267-XXXX

NAME, TITLE

5. Action Requested By (Typed Name, Title, Signature, and Request Date)

Digital signature, date 1/1/2018

6. Action Authorized by (Typed Name, Title, Signature, and Concurrence Date)

Digital signature, date 01/01/2018

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

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

Electronic Integrated Systems Mechanic TCXXXXXXXX (IF KNOWN, COMES OFF THE FULL-TIME MANNING DOCUMENT)

14. Name and Location of Position’s Organization

THE ADJUTANT GENERAL AZ

UNIT EMPLOYED AT (I.E. JOINT FORCE HQ)

5636 E. MCDOWELL ROAD

PHOENIX, AZ 85008-3495

EMPLOYEE DATA

23. Veterans Preference

1 - None

3 - 10-Point/Disabled

5 - 10-Point/Other

0 - None

2 - 5-Point

4 - 10-Point/Compensable

6 - 10-Point/Compensable/30%

24. Tenure

0 - None

2 - Conditional

1 - Permanent

3 - Indefinite

25. Agency Use

26. Veterans Prof for RIF

YES

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

34. Position Occupied

1 - Competitive Service

2 - Excepted Service

3 - SES General

4 - SES Career

35. FLSA Category

E - Exempt

N - Nonexempt

36. Appropriation Code

37. Bargaining Unit Status

38. Duty Station Code

39. Duty Station (City - County - State or Overseas Location)

CITY, COUNTY, STATE (I.E.PHOENIX/MARICOPA/ARIZONA)

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

1. Office/Function

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.

Initials/Signature

Date

Office/Function

Initials/Signature

Date

A.

D.

B.

E.

C.

F.

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.)

JUSTIFICATION:

PART E - Employee Resignation/Retirement

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

This information is requested under authority of sections 301, 3301, and 8506 of title 5, U.S. Code. Sections 301 and 3301 authorize OPM and agencies to issue regulations with regard to employment of individuals in the Federal service and their records, while section 8506 requires agencies to furnish the specific reason for termination of Federal service to the Secretary of Labor or a State agency in connection with administration of unemployment compensation programs.

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

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

2. Effective Date 3. Your Signature

4. Date Signed 5. Forwarding Address (Number, Street, City, State, ZIP Code)

PART F - Remarks for SF 50
# REQUEST FOR PERSONNEL ACTION

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

<table>
<thead>
<tr>
<th>1. Actions Requested</th>
<th>2. Request Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>POSITION CHANGE (BASED OFF POSITION DESCRIPTION RELEASE)</td>
<td>LEAVE BLANK</td>
</tr>
<tr>
<td>3. For Additional Information Call (Name and Telephone Number)</td>
<td>Proposed Effective Date MM-DD-YYYY</td>
</tr>
<tr>
<td>NAME OF PERSON TO CONTACT, 267-XXXX</td>
<td></td>
</tr>
<tr>
<td>5. Action Requested By (Typed Name, Title, Signature, and Request Date)</td>
<td>Action Authorized By (Typed Name, Title, Signature, and Concurrence Date)</td>
</tr>
<tr>
<td>NAME, TITLE</td>
<td>NAME, TITLE</td>
</tr>
<tr>
<td>Digital signature, date 1/1/2018</td>
<td>Digital signature, date 01/01/2018</td>
</tr>
</tbody>
</table>

**PART B - For Preparation of SF 50 (Use only codes in FPM Supplement 292-1. Show all dates in month-day-year order.)**

<table>
<thead>
<tr>
<th>1. Name (Last, First, Middle)</th>
<th>2. Social Security Number</th>
<th>3. Date of Birth</th>
<th>4. Effective Date</th>
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</table>

**FIRST ACTION**

<table>
<thead>
<tr>
<th>5-A. Code</th>
<th>5-B. Nature of Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>5-C. Code</td>
<td>5-D. Legal Authority</td>
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<td>5-E. Code</td>
<td>5-F. Legal Authority</td>
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**SECOND ACTION**

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<tr>
<th>6-A. Code</th>
<th>6-B. Nature of Action</th>
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<tr>
<td>6-C. Code</td>
<td>6-D. Legal Authority</td>
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<tr>
<td>6-E. Code</td>
<td>6-F. Legal Authority</td>
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</table>

**7. FROM: Position Title and Number**

**HUMAN RESOURCES SPECIALIST**

TCXXXXXXX (IF KNOWN, COMES OFF THE FULL-TIME MANNING DOCUMENT)

**15. TO: Position Title and Number**

**THE ADJUTANT GENERAL AZ**

UNIT EMPLOYED AT (I.E. JOINT FORCE HQ)

5636 E. MCDOWELL ROAD

PHOENIX, AZ 85008-3495

**EMPLOYEE DATA**

<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>1. None</td>
<td>0 - None</td>
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<tr>
<td>2. 5-Point</td>
<td>1. Permanent</td>
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<tr>
<td>3. 10-Point: Disability</td>
<td>2. Conditional</td>
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<tr>
<td>4. 10-Point: Compensable</td>
<td>3. Indefinite</td>
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<td>6. 10-Point: Compensable/30%</td>
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<tr>
<th>25. Agency Use</th>
<th>26. Veterans Prof for RIF</th>
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<tr>
<td>YES</td>
<td>NO</td>
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<table>
<thead>
<tr>
<th>27. FEGLI</th>
<th>28. Annuitant Indicator</th>
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<table>
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<tr>
<th>30. Retirement Plan</th>
<th>31. Service Comp. Date (Leave)</th>
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<table>
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<th>32. Work Schedule</th>
<th>33. Part Time Hours Per Biweekly Pay Period</th>
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**POSITION DATA**

<table>
<thead>
<tr>
<th>34. Position Occupied</th>
<th>35. FLSA Category</th>
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<tbody>
<tr>
<td>1. Competitive Service</td>
<td>E - Exempt</td>
</tr>
<tr>
<td>2. Excepted Service</td>
<td>N - Nonexempt</td>
</tr>
<tr>
<td>3. SES General</td>
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<tr>
<td>4. SES Career</td>
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<table>
<thead>
<tr>
<th>36. Appropriation Code</th>
<th>37. Bargaining Unit Status</th>
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<thead>
<tr>
<th>38. Duty Station Code</th>
<th>39. Duty Station (City - County - State or Overseas Location)</th>
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<thead>
<tr>
<th>40. Agency Data</th>
<th>41.</th>
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<th>43.</th>
<th>44.</th>
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<tr>
<th>50. Veterans Status</th>
<th>51. Supervisory Status</th>
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**PART C - Reviews and Approvals (Not to be used by requesting office.)**

<table>
<thead>
<tr>
<th>1. Office/Function</th>
<th>Initials/Signature</th>
<th>Date</th>
<th>Office/Function</th>
<th>Initials/Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
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</table>

<table>
<thead>
<tr>
<th>A.</th>
<th>B.</th>
<th>C.</th>
<th>D.</th>
<th>E.</th>
<th>F.</th>
</tr>
</thead>
</table>

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

Digital signature, date 01/01/2018
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.)

PART E - Employee Resignation/Retirement

Privacy Act Statement

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

This information is requested under authority of sections 301, 3301, and 8506 of title 5, U.S. Code. Sections 301 and 3301 authorize OPM and agencies to issue regulations with regard to employment of individuals in the Federal service and their records, while section 8506 requires agencies to furnish the specific reason for termination of Federal service to the Secretary of Labor or a State agency in connection with administration of unemployment compensation programs.

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

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

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

PART F - Remarks for SF 50
# REQUEST FOR PERSONNEL ACTION

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

<table>
<thead>
<tr>
<th>1. Actions Requested</th>
<th>2. Request Number</th>
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<tbody>
<tr>
<td>SUSPENSION NTE MM-DD-YYYY</td>
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</tr>
</tbody>
</table>

<table>
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<tr>
<th>3. For Additional Information (Name and Telephone Number)</th>
<th>4. Proposed Effective Date</th>
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<td>NAME OF PERSON TO CONTACT, 267-XXXX</td>
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<td>Digital signature, date 1/1/2018</td>
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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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<tbody>
<tr>
<td>I.M. EMPLOYEE</td>
<td>000-00-0000</td>
<td>MM-DD-YYYY</td>
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</table>

### FIRST ACTION


### SECOND ACTION

<table>
<thead>
<tr>
<th>7. FROM: Position Title and Number</th>
<th>15. TO: Position Title and Number</th>
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<tbody>
<tr>
<td>HUMAN RESOURCES SPECIALIST</td>
<td>THE ADJUTANT GENERAL AZ</td>
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<td>PHOENIX, AZ 85008-3495</td>
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<tbody>
<tr>
<td>1 - None</td>
<td>0 - None</td>
<td>0 - None</td>
<td>YES</td>
</tr>
<tr>
<td>2 - 5-Point</td>
<td>1 - Permanent</td>
<td>1 - Permanent</td>
<td>NO</td>
</tr>
<tr>
<td>5 - 10-Point/Other</td>
<td>2 - Conditional</td>
<td>2 - Conditional</td>
<td></td>
</tr>
<tr>
<td>6 - 10-Point/Compensable</td>
<td>3 - Indefinite</td>
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<th>34. Position Occupied</th>
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<td>1 - Competitive Service</td>
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<td>2 - Excepted Service</td>
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<tbody>
<tr>
<td>Initials/Signature</td>
<td>Approval Date</td>
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</table>

<table>
<thead>
<tr>
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<th>Approval Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature</td>
<td>Approval Date</td>
</tr>
</tbody>
</table>
See attached letter of original decision.

PART E - Employee Resignation/Retirement

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.)

PART F - Remarks for SF 50