



Standard Form (SF) 52 Handbook

Michigan National Guard

Human

Resource

Office

June 2003

Replaces All Previous Editions



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SECTION I

***GUIDANCE ON
PROCESSING
PERSONNEL ACTIONS***

TIMELY SUBMISSION REQUIREMENTS: Standard Form 52 for all personnel actions must be received by the Human Resource Office (HRO) **two weeks prior to the proposed effective date of the action.** This is especially important for the request of temporary hires. Normally, a minimum of seven working days is required to administratively process each Standard Form 52. Each one is handled by 4 personnelists involving classification, staffing, compatibility, manday utilization, coding and distribution.

We must insure that the Standard Form 50, (Notification of Personnel Action) is received by the payroll office no later than the last Friday of the pay period the employee is hired. If they do not receive documentation from the HRO on time, they cannot pay the individual until the following pay period. Therefore, failure to submit an SF 52 for an appointment or promotion in a timely manner may result in the delay of the technician's pay.

Every effort will be made by the HRO to process SF 52's as soon as possible. However, priorities may sometimes preclude giving them immediate attention. For this reason, it is necessary to require the initiation of the SF 52 two weeks in advance.

NOTE FOR APPOINTMENTS/PROMOTIONS/REASSIGNMENTS: REMEMBER THAT THE DATE REQUESTED IS ONLY A PROPOSED EFFECTIVE DATE AND NO EMPLOYEE SHOULD BE TOLD TO REPORT FOR WORK UNTIL THE EFFECTIVE DATE HAS BEEN VERIFIED BY THE STAFFING SECTION OF THE HUMAN RESOURCE OFFICE.

New technician hires will be paid commencing upon the effective date that was verified by the HRO. **Supervisors will not tell a new employee to report to work without prior approval of the HRO. The HRO is the agency authority for setting the appointment effective date.**

TEMPORARY APPOINTMENTS: Temporary appointments for both ANG and ARNG **MUST** submit the following with the SF 52:

1. Optional Form (OF) 612 and/or Resume
2. Optional Form (OF) 8

Persons serving on a temporary appointment **MUST** be qualified to perform the duties commensurate with the position. HRO must review the above document(s) to determine the qualifications of the individual and qualify them for the position.

REFERRAL AND SELECTION CERTIFICATE PROCEDURES: HRO will notify the selecting official once the selection has been approved. The HRO will inform all candidates not selected in writing. However, the candidates who are not selected may be referred to the selection official for any questions they may have concerning the hiring process. Selecting officials will need to provide the specific reasons for non-selection if they request this information.

SUBMISSION OF FORMS FOR PAY: The following forms must be submitted as soon as possible for pay purposes, for newly appointed technicians (permanent or temporary):

1. W-4 (Employee's Federal Withholding Allowance Certificate)
2. MI-W4 (Employee's Withholding Exemption Certificate)
3. Employee's Tax Withholding Certificate for applicable City
4. Standard Form (SF) 1199A (Direct Deposit Sign-Up Form)
5. MIARNG Form 37-1-R (Designation of Home Mailing Address)

All W-4's and Direct Deposit Forms may be submitted directly to each respective payroll office (Army and Air). **The 37-1-6 (Designation of Home Mailing Address) may also be submitted directly to the respective payroll office, however, you must ensure the HRO receives a copy of this form, as the form is placed in the permanent section of the employee's Official Personnel Folder (OPF) in the Human Resource Office.**

WHO INITIATES SF 52'S? The supervisor is the initiator of personnel actions. Standard Form 52, Request for Personnel Action, must be submitted to the HRO, Lansing for ALL actions. There are two types of personnel actions; (1) Position Actions, (2) Employee Actions; that require submission of the SF 52. (See instructions for Preparing Personnel Actions)

A SIGNED AND DATED OPTIONAL FORM (OF) 8, POSITION DESCRIPTION, IS TO BE ATTACHED TO THE SF 52 FOR ALL POSITION AND EMPLOYEE ACTIONS.

The Major Command will indicate on the SF 52, in Part D, whether or not Permanent Change of Station (PCS) expenses will be authorized. PCS costs are funded by the National Guard Bureau.



SECTION II

INSTRUCTIONS FOR PREPARING PERSONNEL ACTIONS

***(REQUEST FOR
PERSONNEL ACTION,
STANDARD FORM 52)***

BLOCK NUMBER & TITLE	WHEN TO COMPLETE	HOW TO COMPLETE
PART A – REQUESTING OFFICE		
1 Actions Requested	Complete on ALL Actions (see Note 1)	Type of personnel action required (i.e. FILL, DETAIL, PROMOTION, ETC) Attach signed and dated position description
2 Request Number	Optional	This would be your SF 52 Control Number (e.g. Det 1 – 00-11)
3 For Additional Information Call (Name and Telephone)	Complete on ALL Actions	Enter Name and Telephone of person familiar with the action being requested (AO/Supervisor) (See Note 3)
4 Proposed Effective Date	Optional	Resignations enter last day of duty. HRO will determine the actual effective date. (See Note 2).
5 Action Requested By (Typed Name, Title, Signature & Request Date)	Complete on ALL Actions	Enter required data as stated (See Note 3)
6 Action Authorized by (Typed Name, Title, Signature & Date)	Complete on ALL Actions	Signature of person authorized to approve the personnel action request. Enter the Full Time Facility/Organizational Commander. (See Note 3)
PART B – FOR PREPARATION OF SF 50		
1 Name	Complete on ALL Actions	Type in upper case, last name first, followed by the first name and middle name or initial In reporting a change of name show present name in this block and former name in block 5-B along with the name change nature of action.
2 Social Security Number	Complete on ALL Actions	Enter Social Security Number correctly
3 Date of Birth	Complete on ALL Actions	Enter date by month-day-year order in six numerals, e.g., 01-03-44. Do not use military dates.
4 Effective Date	Leave Blank	HRO Determines effective date (See Note 2)

5 A through F	Leave Blank	
6 A through F	Leave Blank	
7 FROM: Position Title & Number	Complete on separations; actions that place employee in nonpay status and any other actions that move the employee from one position to another. Leave blank on awards	Enter position title and PD number shown in "TO" portion (Right Side) of employee's last SF-50, Notification of Personnel Action. Also enter Sequence # and other appropriate info. See Samples.
8 Pay Plan		Enter the pay plan and occupational code shown in "TO" portion (Right Side) of employee's last SF-50
9 Occupational Code		
10 Grade or Level		Enter Grade or Level shown in the "TO" portion (Right Side) of employee's last SF 50 For Employees who are already entitled to grade retention, enter grade of the position they actually occupy, NOT the grade they are retaining for pay and benefit purposes.
11 Step or Rate	Complete on Separations, actions that place employee in a nonpay status, and actions that move employee to a different grade, step or rate. Leave blank on awards	Enter step or rate for employee's CURRENT salary. Enter "00" for employees who are already entitled to grade retention and have a salary in excess of the maximum rate for their grade.
12 Salary	Complete on all separations, actions that place employee in nonpay status and actions that move employee to a different salary Leave blank on awards	Enter salary employee is currently being paid. When employee is already entitled to grade retention, show salary in terms of the pay system of the position he/she now occupies.

13 Pay Basis	Complete on all actions on basis in which block 12 is completed.	Enter appropriate code for basis on which employee is currently being paid: PA = PER ANNUM (GS) PH = PER HOUR (FWS)
14 Name and Location of Position's Organization	Complete on separations, actions that place employee in nonpay status and actions that move employee to a different position or grade	Enter name of organization and address where position is located
15 TO: Position Title & Number	Leave blank on actions that place employee in a nonpay status and separations	Enter position title and PD number as shown on OF 8. Also enter Sequence # and other appropriate info. See Samples.
16 Pay Plan	Leave blank on separations, actions that place employee in nonpay status and awards Complete on all other actions	Enter the pay plan and occupational code shown on the position description
17 Occupational Code		When employee is entitled to grade retention, show pay plan and occupational code for the position employee occupies
18 Grade and Level	Complete on all actions excepted awards	Enter grade or level shown on the position description For employees who are entitled to grade retention show grade of the position employee actually occupies, not the grade he/she is retaining for pay and benefits purposes.
19 Step or Rate	Leave Blank	
20 Salary/Award	Leave Blank	
21 Pay Basis	Leave Blank	

22 Name and Location of Position's Organization	Leave blank on actions that place employee in nonpay status & separations that are not immediately followed by appointment in another agency.	Enter name of organization where position is located and the city and state where the organization is located. EXAMPLE: DEP OF MIL & VET AFFAIRS USPFO/Logistics Br/Supply Br 3111 W. St. Joseph Lansing, MI 48913
23 Veteran's Preference	Leave blank	
24 Tenure	Leave blank	
25 through 31	Leave blank	
32 Work Schedule	Complete on appointments and conversions to appointments, separations, pay change actions, actions that move employee into and out of pay status and change in work schedule actions.	Enter appropriate code: F = FULL TIME P = PART TIME
33 Part-Time Hours Per Biweekly Pay Period	Complete when block 32 shows work schedule code of "P"	Self-Explanatory (See Note 6)
34 Position Occupied	Complete on appointments, conversions to appointments, separations	Self-Explanatory
35 through 38	Leave blank	
39 Duty Station (City-County-State)	Complete on all actions	Enter location where employee actually works
40 through 44	Leave blank	
45 through 51	Leave blank	

PART C – REVIEWS AND APPROVALS

1 Office/Function Leave blank

PART D – REMARKS BY REQUESTING OFFICE

Leave blank for resignations & retirements	Information that a supervisor has concerning an employee's reason for resignation or retirement should be noted on separate sheet (NOT on the SF 52 itself) The sheet may not be filed in OPF, but may be retained in the HRO, in a
Completion is optional for other actions	

“subject file” for two years from the effective date of the action in case it is needed for unemployment compensation purposes.

Use this block for any additional information required to process this action, e.g., Vacancy VICE: SMITH; Re-advertise Announcement #05-00; Tour of Duty; Nonstandard Workweek; Funding Approval; Selected from Certificate #06-00, etc. (See Note 5)

PART E – EMPLOYEE RESIGNATION / RETIREMENT

Self Explanatory

Employee completes and signs the SF-52 on resignations and retirements

PART F – REMARKS FOR SF 50

Leave Blank, except Military Information to be completed as appropriate

Complete Military Information on all military (dual status) technician requests (See Example, pg 13)

HRO will utilize remainder of this block for SF 50 information

NOTES:

1. An SF 52 must be submitted for all employee actions with attached signed and dated Position Description. The different types of employee actions are listed below and are followed up with samples of each.

- Fill (To advertise vacancy)
- Fill (FTAD - AGR)
- Excepted Appointment (Dual Status)
- Excepted Appointment (Handicap)
- Appointment (Non-Dual Status)
- Conversion to Excepted Appointment
- Reinstatement
- Excepted Appointment NTE
- Extension of Appointment NTE

- Promotion
- Change to Lower Grade
- Reassignment
- PDCN Change
- Detail NTE
- Name Change
- Suspension NTE
- LWOP NTE
- LWOP-US
- Return To Duty (RTD)
- Separation U.S.
- Termination – Appointment In Another Agency
- Removal
- Termination
- Termination During Trial Probationary Period
- Retirement
- Resignation
- RIF
- Death
- Time Off Award
- Team Based Performance Award – ARMY ONLY
- Quality Salary Increase (QSI)
- Cash Award
- Relocation Bonus
- Retention Allowance
- Recruitment Bonus

2. A new employee **must not be notified nor brought on duty** until the supervisor has been notified by HRO of the effective date of entrance on duty, which will be established after the Adjutant General's approval of selection. The proposed effective date will normally be the first Sunday of the next full pay period.
3. Type military grade (e.g. CMSgt, CSM, LTC, COL, etc) and other information as required with name of supervisor in chain of command.
4. An employee must submit proof with the SF 52 that he/she has reported the Name Change to the Social Security Office (e.g. application/copy of new card)
5. Request any additional information as needed to process the action. On appointments, always indicate the Referral and Selection Certificate Number (e.g. "Selected from Cert #006-00").
6. When hiring a part time employee, the work schedule must be on the SF 52 (e.g. Monday, Wednesday, Friday, 8 hours a day, 0745 hrs to 1630 hrs.)

EXAMPLES OF MILITARY INFORMATION:

MILITARY INFORMATION – AIR (ALWAYS SHOW FUNCTIONAL CODE)

FC: 212000
DUTY POSITION TITLE: Materials Handler
AUTHORIZED GRADE: SSgt
CURRENT GRADE: SSgt
AFSC (DUTY): 2S071
UNIT OF ASSIGNMENT: 110 LS

MILITARY INFORMATION – ARMY (ALWAYS SHOW UIC)

MTOE/TDY/UMD NR: 07015HNG023
DUTY POSITION TITLE: Aircraft Mechanic
AUTHORIZED GRADE: SSG
CURRENT GRADE: SGT
PARA NR: 114 LINE NR: 10
MOS (DUTY): 96B10
UNIT OF ASSIGNMENT: 1-238 AV REGT
UIC: WTQVAA



SECTION III

SF 52 SAMPLES

REQUEST FOR PERSONNEL ACTION

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

1. Actions Requested FILL (MERIT/RECRUITMENT/DUAL BID) (TEMP INDEF) (DUAL STATUS/NON-DUAL STATUS) See Notes 3. For Additional Information Call (Name and Telephone Number) (AO/SUPERVISOR) 5. Action Requested By (Typed Name, Title, Signature, and Request Date) (AO/SUPERVISOR)	2. Request Number ###-## 4. Proposed Effective Date 01-02-2003
6. Action Authorized By (Typed Name, Title, Signature, and Concurrence Date) (FACILITY/ORGANIZATIONAL COMMANDER)	

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

1. Name (Last, First, Middle)	2. Social Security Number	3. Date of Birth	4. Effective Date
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FIRST ACTION 5-A. Code 5-B. Nature of Action 5-C. Code 5-D. Legal Authority 5-E. Code 5-F. Legal Authority	SECOND ACTION 6-A. Code 6-B. Nature of Action 6-C. Code 6-D. Legal Authority 6-E. Code 6-F. Legal Authority
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7. FROM: Position Title and Number 8. Pay Plan 9. Occ. Code 10. Grade or Level 11. Step or Rate 12. Total Salary 13. Pay Basis 12A. Basic Pay 12B. Locality Adj. 12C. Adj. Basic Pay 12D. Other Pay	15. TO: Position Title and Number Electronics Mechanic Supv, PD# - Sequence# (03149-54987) Air: Func Code (#####) MPCN#: (MIA#####) Army: Para (####) Line (###) 16. Pay Plan 17. Occ. Code 18. Grade or Level 19. Step or Rate 20. Total Salary/Award 21. Pay Basis WS 2604 09 20A. Basic Pay 20B. Locality Adj. 20C. Adj. Basic Pay 20D. Other Pay
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14. Name and Location of Position's Organization	22. Name and Location of Position's Organization Department of Military and Veterans Affairs Army Aviation Support Facility 10600 Eaton Highway Grand Ledge, MI
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EMPLOYEE DATA

23. Veterans Preference <input type="checkbox"/> 1 - None <input type="checkbox"/> 3 - 10-Point/Disability <input type="checkbox"/> 5 - 10-Point/Other <input type="checkbox"/> 2 - 5-Point <input type="checkbox"/> 4 - 10-Point/Compensable <input type="checkbox"/> 6 - 10-Point/Compensable/30%	24. Tenure <input type="checkbox"/> 0 - None <input type="checkbox"/> 2 - Conditional <input type="checkbox"/> 1 - Permanent <input type="checkbox"/> 3 - Indefinite	25. Agency Use <input type="checkbox"/>	26. Veterans Preference for RIF <input type="checkbox"/> YES <input type="checkbox"/> NO
27. FEGLI <input type="checkbox"/>	28. Annuitant Indicator <input type="checkbox"/>	29. Pay Rate Determinant <input type="checkbox"/>	
30. Retirement Plan <input type="checkbox"/>	31. Service Comp. Date (Leave) <input type="checkbox"/>	32. Work Schedule <input type="checkbox"/> F	33. Part Time Hours Per Biweekly Pay Period <input type="checkbox"/>

POSITION DATA

34. Position Occupied <input type="checkbox"/> 1 - Competitive Service <input type="checkbox"/> 3 - SES General <input type="checkbox"/> 2 - Excepted Service <input type="checkbox"/> 4 - SES Career Reserved	35. FLSA Category <input type="checkbox"/> E - Exempt <input type="checkbox"/> N - Nonexempt	36. Appropriation Code <input type="checkbox"/>	37. Bargaining Unit Status <input type="checkbox"/>
38. Duty Station Code <input type="checkbox"/>		39. Duty Station (City - County - State or Overseas Location) Grand Ledge, MI	

40. Agency Data	41.	42.	43.	44.	45. Educational Level	46. Year Degree Attained	47. Academic Discipline	48. Functional Class	49. Citizenship <input type="checkbox"/> 1 - USA <input type="checkbox"/> 8 - Other	50. Veterans Status	51. Supervisory Status
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PART C - Reviews and Approvals (Not to be used by requesting office.)

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

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

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

Yes

No

VICE: John Doe

NOTES:

1. If advertising position below target grade(e.g. GS-05/07), include the following statement in this section of the SF 52: "POSITION HAS PROMOTION POTENTIAL TO (TARGET GRADE) WITHOUT FURTHER COMPETITION."
2. If advertised as DUAL BID, use the following statement if no AGR manyears are available: "OPEN TO ON-BOARD AGR ONLY".
3. Specify type of Bid in Part A, block 1 (e.g. MERIT ONLY, MERIT/RECRUITMENT/DUAL BID, DUAL STATUS/ NON-DUAL STATUS).
4. If advertising as TEMPORARY INDEFINITE, and the potential exists for permanent funding, include the following statement in this section of the SF 52: "POSITION COULD CONVERT TO PERMANENT WITHOUT FURTHER COMPETITION"

PART E - Employee Resignation/Retirement

PRIVACY ACT STATEMENT

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

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

regulations with regard to employment of individuals in the Federal service and their records, while section 8506 requires agencies to furnish the specific reason for termination of Federal service to the Secretary or 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. Reason for Resignation/Retirement (NOTE: Your reasons are used in determining possible unemployment benefits. Please be specific and avoid generalizations. Your resignation/retirement is effective at the end of the day -- midnight -- unless you specify otherwise.)

2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address (Number, Street, City, State, Zip Code)
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PART 5 - Remarks for SF 50

MILITARY INFORMATION (SEE EXAMPLE ON PAGE 13 INSTRUCTIONS - ARMY VS. AIR EXAMPLES)

MTOE/TDY/UMD NR:
 DUTY POSITION TITLE:
 AUTHORIZED GRADE:
 CURRENT GRADE:
 PARA NR: LINE NR:
 MOS (DUTY):
 UNIT OF ASSIGNMENT:
 UIC:

REQUEST FOR PERSONNEL ACTION

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

1. Actions Requested FILL (FTAD) (SEE NOTES ON REVERSE)		2. Request Number ##-##
3. For Additional Information Call (Name and Telephone Number) (AO/SUPERVISOR)		4. Proposed Effective Date 01-02-2003
5. Action Requested By (Typed Name, Title, Signature, and Request Date) (AO/SUPERVISOR)	6. Action Authorized By (Typed Name, Title, Signature, and Concurrence Date) (FACILITY/ORGANIZATIONAL COMMANDER)	

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

1. Name (Last, First, Middle)	2. Social Security Number	3. Date of Birth	4. Effective Date
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FIRST ACTION		SECOND ACTION	
5-A. Code	5-B. Nature of Action	6-A. Code	6-B. Nature of Action
5-C. Code	5-D. Legal Authority	6-C. Code	6-D. Legal Authority
5-E. Code	5-F. Legal Authority	6-E. Code	6-F. Legal Authority

7. FROM: Position Title and Number	15. TO: Position Title and Number Military Personnel Specialist, PD#-Sequence# (85840-6542) Func Code(#####) MPCN# (MIA#####)																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>8. Pay Plan</td> <td>9. Occ. Code</td> <td>10. Grade or Level</td> <td>11. Step or Rate</td> <td>12. Total Salary</td> <td>13. Pay Basis</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td>GS</td> </tr> </table>	8. Pay Plan	9. Occ. Code	10. Grade or Level	11. Step or Rate	12. Total Salary	13. Pay Basis						GS	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>16. Pay Plan</td> <td>17. Occ. Code</td> <td>18. Grade or Level</td> <td>19. Step or Rate</td> <td>20. Total Salary/Award</td> <td>21. Pay Basis</td> </tr> <tr> <td></td> <td>0204</td> <td>07</td> <td></td> <td></td> <td></td> </tr> </table>	16. Pay Plan	17. Occ. Code	18. Grade or Level	19. Step or Rate	20. Total Salary/Award	21. Pay Basis		0204	07			
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<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>12A. Basic Pay</td> <td>12B. Locality Adj.</td> <td>12C. Adj. Basic Pay</td> <td>12D. Other Pay</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basic Pay	12D. Other Pay					<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>20A. Basic Pay</td> <td>20B. Locality Adj.</td> <td>20C. Adj. Basic Pay</td> <td>20D. Other Pay</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	20A. Basic Pay	20B. Locality Adj.	20C. Adj. Basic Pay	20D. Other Pay												
12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basic Pay	12D. Other Pay																						
20A. Basic Pay	20B. Locality Adj.	20C. Adj. Basic Pay	20D. Other Pay																						
14. Name and Location of Position's Organization	22. Name and Location of Position's Organization Department of Military and Veterans Affairs 110TH FW Battle Creek ANG Base, MI																								

EMPLOYEE DATA

23. Veterans Preference <input type="checkbox"/> 1 - None <input type="checkbox"/> 3 - 10-Point/Disability <input type="checkbox"/> 5 - 10-Point/Other <input type="checkbox"/> 2 - 5-Point <input type="checkbox"/> 4 - 10-Point/Compensable <input type="checkbox"/> 6 - 10-Point/Compensable/30%	24. Tenure <input type="checkbox"/> 0 - None <input type="checkbox"/> 2 - Conditional <input type="checkbox"/> 1 - Permanent <input type="checkbox"/> 3 - Indefinite	25. Agency Use <input type="checkbox"/>	26. Veterans Preference for RIF <input type="checkbox"/> YES <input type="checkbox"/> NO
27. FEGLI	28. Annuitant Indicator	29. Pay Rate Determinant	
30. Retirement Plan	31. Service Comp. Date (Leave)	32. Work Schedule F	
33. Part Time Hours Per Biweekly Pay Period			

POSITION DATA

34. Position Occupied <input type="checkbox"/> 1 - Competitive Service <input type="checkbox"/> 3 - SES General <input type="checkbox"/> 2 - Excepted Service <input type="checkbox"/> 4 - SES Career Reserved	35. FLSA Category <input type="checkbox"/> E - Exempt <input type="checkbox"/> N - Nonexempt	36. Appropriation Code	37. Bargaining Unit Status
38. Duty Station Code		39. Duty Station (City - County - State or Overseas Location) Battle Creek, MI	

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

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

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

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

VICE: JOHN DOE

NOTES:

1. If no AGR manyears are available, type the following statement on the SF 52 in Part A, Block 1: "OPEN TO ON-BOARD AGR ONLY".
2. If a vacant manyear exists, type the following statement on the SF 52 in Part A, Block 1: "VACANT AGR"
3. Specify area of consideration (i.e., STATEWIDE, NATIONWIDE, BASEWIDE)
4. Make sure to put who position is vice to (i.e., VICE: JOHN DOE)

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

2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address (Number, Street, City, State, Zip Code)
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PART 5 - Remarks for SF 50

MILITARY INFORMATION (SEE EXAMPLE ON PAGE 13 INSTRUCTIONS - ARMY VS. AIR EXAMPLES)

FC:
 DUTY POSITION TITLE:
 AUTHORIZED GRADE:
 CURRENT GRADE:
 AFSC (DUTY):
 UNIT OF ASSIGNMENT:

REQUEST FOR PERSONNEL ACTION

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

1. Actions Requested EXCEPTED APPOINTMENT (DUAL STATUS) (Selected From Certificate #090-02) (See Notes on Reverse)		2. Request Number ##-##
3. For Additional Information Call (Name and Telephone Number) (AO/SUPERVISOR)		4. Proposed Effective Date 01-02-2003
5. Action Requested By (Typed Name, Title, Signature, and Request Date) (AO/SUPERVISOR)	6. Action Authorized By (Typed Name, Title, Signature, and Concurrence Date) (FACILITY/ORGANIZATIONAL COMMANDER)	

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

1. Name (Last, First, Middle) DOE, JAMES E.		2. Social Security Number 234-56-7890	3. Date of Birth 06-06-1966	4. Effective Date
FIRST ACTION		SECOND ACTION		
5-A. Code	5-B. Nature of Action	6-A. Code	6-B. Nature of Action	
5-C. Code	5-D. Legal Authority	6-C. Code	6-D. Legal Authority	
5-E. Code	5-F. Legal Authority	6-E. Code	6-F. Legal Authority	

7. FROM: Position Title and Number					15. TO: Position Title and Number Military Personnel Clerk, PD#-Sequence# (85830-65249) Air: Func Code (#####) MPCN#: (MIA#####) Army: Para (####) Line (###)						
8. Pay Plan	9. Occ. Code	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					22. Name and Location of Position's Organization Department of Military and Veterans Affairs ENGR BDE, 38 ID 1439th ENGR DET GRAYLING, MI						

EMPLOYEE DATA

23. Veterans Preference				24. Tenure			25. Agency Use		26. Veterans Preference for RIF	
1	1 - None 2 - 5-Point	3 - 10-Point/Disability 4 - 10-Point/Compensable	5 - 10-Point/Other 6 - 10-Point/Compensable/30%	2	0 - None 1 - Permanent	2 - Conditional 3 - Indefinite			YES	NO
27. FEGLI			28. Annuitant Indicator			29. Pay Rate Determinant			33. Part Time Hours Per Biweekly Pay Period	
30. Retirement Plan			31. Service Comp. Date (Leave)			32. Work Schedule F				

POSITION DATA

34. Position Occupied		35. FLSA Category		36. Appropriation Code		37. Bargaining Unit Status	
2	1 - Competitive Service 2 - Excepted Service	3 - SES General 4 - SES Career Reserved	E - Exempt N - Nonexempt				
38. Duty Station Code			39. Duty Station (City - County - State or Overseas Location) Grayling, MI				

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
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.)

Yes

No

NOTES:

1. If position was advertised below target grade, (e.g. GS-05/07), and filled at the lower grade, include the following statement in this section of the SF 52: "POSITION HAS PROMOTION POTENTIAL TO (TARGET GRADE) WITHOUT FURTHER COMPETITION."
2. If type of appointment is TEMPORARY INDEFINITE, include the following statement in this section of the SF 52: "POSITION COULD CONVERT TO PERMANENT WITHOUT FURTHER COMPETITION"
3. If a temporary indefinite appointment, tenure will be "3".

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.

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 or Labor or a State agency in connection with administration of unemployment compensation programs.

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

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

2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address (Number, Street, City, State, Zip Code)
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PART 5 -- Remarks for SF 50

MILITARY INFORMATION (SEE EXAMPLE ON PAGE 13 INSTRUCTIONS - ARMY VS. AIR EXAMPLES)

MTOE/TDY/UMD NR:
 DUTY POSITION TITLE:
 AUTHORIZED GRADE:
 CURRENT GRADE:
 PARA NR: LINE NR:
 MOS (DUTY):
 UNIT OF ASSIGNMENT:
 UIC:

REQUEST FOR PERSONNEL ACTION

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

1. Actions Requested EXCEPTED APPOINTMENT-HANDICAP(Authority Schedule A, 213.3102U)(Certificate#100-02) (See Notes)		2. Request Number ###-##
3. For Additional Information Call (Name and Telephone Number) (AO/SUPERVISOR)		4. Proposed Effective Date 06-04-2003
5. Action Requested By (Typed Name, Title, Signature, and Request Date) (AO/SUPERVISOR)		6. Action Authorized By (Typed Name, Title, Signature, and Concurrence Date) (FACILITY/ORGANIZATIONAL COMMANDER)

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

1. Name (Last, First, Middle) DOE, JANE A.		2. Social Security Number 123-45-6789	3. Date of Birth 06-03-1960	4. Effective Date
FIRST ACTION		SECOND ACTION		
5-A. Code	5-B. Nature of Action	6-A. Code	6-B. Nature of Action	
5-C. Code	5-D. Legal Authority	6-C. Code	6-D. Legal Authority	
5-E. Code	5-F. Legal Authority	6-E. Code	6-F. Legal Authority	

7. FROM: Position Title and Number					15. TO: Position Title and Number Clerk Typist, PD#-Sequence# (07255-98435) Air: Func Code (#####) MPCN#: (MLA#####) Army: Para (####) Line (###)						
8. Pay Plan	9. Occ. Code	10. Grade or Level	11. Step or Rate	12. Total Salary	13. Pay Basis	18. 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					22. Name and Location of Position's Organization Department of Military and Veterans Affairs USPFO/ADMIN SECTION LANSING, MI						

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 1 - None 2 - Conditional 1 - Permanent 3 - Indefinite		25. Agency Use	26. Veterans Preference for RIF YES NO		
27. FEGLI		28. Annuitant Indicator		29. Pay Rate Determinant		30. Retirement Plan			
31. Service Comp. Date (Leave)		32. Work Schedule F		33. Part Time Hours Per Biweekly Pay Period					

POSITION DATA

34. Position Occupied 2 - 1 - Competitive Service 3 - SES General 2 - Excepted Service 4 - SES Career Reserved			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) Lansing, MI					
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
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.)

Yes

No

- NOTES:
1. If position was advertised below target grade, (e.g. GS-05/07), and filled at the lower grade, include the following statement in this section of the SF 52: "POSITION HAS PROMOTION POTENTIAL TO (TARGET GRADE) WITHOUT FURTHER COMPETITION."
 2. If type of appointment is TEMPORARY INDEFINITE, include the following statement in this section of the SF 52:: "POSITION COULD CONVERT TO PERMANENT WITHOUT FURTHER COMPETITION"
 3. Military Information not required.

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.

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 or Labor or a State agency in connection with administration of unemployment compensation programs.

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

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

2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address (Number, Street, City, State, Zip Code)
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PART 5 -- 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 APPOINTMENT - NON DUAL STATUS (Selected From Certificate #101-02) (See Notes on Reverse)		2. Request Number ##-##
3. For Additional Information Call (Name and Telephone Number) (AO/SUPERVISOR)		4. Proposed Effective Date 01-02-2003
5. Action Requested By (Typed Name, Title, Signature, and Request Date) (AO/SUPERVISOR)	6. Action Authorized By (Typed Name, Title, Signature, and Concurrence Date) (FACILITY/ORGANIZATIONAL COMMANDER)	

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

1. Name (Last, First, Middle) SMITH, JANET S.		2. Social Security Number 345-67-8901	3. Date of Birth 07-01-1970	4. Effective Date
FIRST ACTION		SECOND ACTION		
5-A. Code	5-B. Nature of Action	6-A. Code	6-B. Nature of Action	
5-C. Code	5-D. Legal Authority	6-C. Code	6-D. Legal Authority	
5-E. Code	5-F. Legal Authority	6-E. Code	6-F. Legal Authority	

7. FROM: Position Title and Number					15. TO: Position Title and Number Secretary, PD#-Sequence# (08336-65478) Air: Func Code (#####) MPCN#: (MIA#####) Army: Para (####) Line (###)						
8. Pay Plan	9. Occ. Code	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
						GS	0318	05			
12A. Basic Pay		12B. Locality Adj.	12C. Adj. Basic Pay	12D. Other Pay	20A. Basic Pay		20B. Locality Adj.	20C. Adj. Basic Pay	20D. Other Pay		
14. Name and Location of Position's Organization					22. Name and Location of Position's Organization Department of Military and Veterans Affairs Military Personnel Management Office Officer Branch Lansing, MI						

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 Preference for RIF YES NO	
27. FEGLI				28. Annuitant Indicator			29. Pay Rate Determinant			
30. Retirement Plan			31. Service Comp. Date (Leave)			32. Work Schedule F		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 Reserved		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) Lansing, MI					

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

2. Approval: I certify that the information entered on this form is accurate and that the proposed action is in compliance with statutory and regulatory requirements.

Signature	Approval Date
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PART D -- Remarks by Requesting Office

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

Yes

No

NOTES:

1. If position was advertised below target grade, (e.g. GS-05/07), and filled at the lower grade, include the following statement in this section of the SF 52: "POSITION HAS PROMOTION POTENTIAL TO (TARGET GRADE) WITHOUT FURTHER COMPETITION."
2. If type of appointment is TEMPORARY INDEFINITE, include the following statement in this section of the SF 52: "POSITION COULD CONVERT TO PERMANENT WITHOUT FURTHER COMPETITION"
3. Military Information not required.

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.

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 or Labor or a State agency in connection with administration of unemployment compensation programs.

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

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

2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address (Number, Street, City, State, Zip Code)
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PART 5 -- 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 CONVERSION TO EXCEPTED APPOINTMENT (Selected From Certificate #090-02)		2. Request Number ##-##
3. For Additional Information Call (Name and Telephone Number) (AO/SUPERVISOR)		4. Proposed Effective Date 01-02-2003
5. Action Requested By (Typed Name, Title, Signature, and Request Date) (AO/SUPERVISOR)		6. Action Authorized By (Typed Name, Title, Signature, and Concurrence Date) (FACILITY/ORGANIZATIONAL COMMANDER)

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

1. Name (Last, First, Middle) SAYLOR, ROBERT D.		2. Social Security Number 673-01-2367	3. Date of Birth 02-24-1950	4. Effective Date
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FIRST ACTION

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

SECOND ACTION

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

7. FROM: Position Title and Number Aircraft Mechanic, PD#-Sequence# (67372-15467) Air: Func Code (#####) MPCN#: (MIA#####) Army: Para (####) Line (###)	15. TO: Position Title and Number Aircraft Mechanic, PD#-Sequence# (67372-15467) Air: Func Code (#####) MPCN#: (MIA#####) Army: Para (####) Line (###)
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8. Pay Plan WG	9. Occ. Code 8852	10. Grade or Level 10	11. Step or Rate 01	12. Total Salary	13. Pay Basis	16. Pay Plan WG	17. Occ. Code 8852	18. Grade or Level 10	19. Step or Rate 01	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 Department of Military and Veterans Affairs Army Aviation Support Facility (AASF) Grand Ledge, MI	22. Name and Location of Position's Organization Department of Military and Veterans Affairs Army Aviation Support Facility (AASF) Grand Ledge, MI
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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 Preference for RIF YES <input type="checkbox"/> NO <input type="checkbox"/>
27. FEGLI	28. Annuitant Indicator	29. Pay Rate Determinant	30. Retirement Plan
31. Service Comp. Date (Leave)	32. Work Schedule F	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 Reserved	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) Grand Ledge, MI		

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

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

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

Yes

No

1. Be sure to cite the certificate number of selection package.

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.

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 or Labor or a State agency in connection with administration of unemployment compensation programs.

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

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

2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address (Number, Street, City, State, Zip Code)
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PART 5 -- Remarks for SF 50

MILITARY INFORMATION (SEE EXAMPLE ON PAGE 13 INSTRUCTIONS - ARMY VS. AIR EXAMPLES)

MTOE/TDY/UMD NR:
 DUTY POSITION TITLE:
 AUTHORIZED GRADE:
 CURRENT GRADE:
 PARA NR: LINE NR:
 MOS (DUTY):
 UNIT OF ASSIGNMENT:
 UIC:

REQUEST FOR PERSONNEL ACTION

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

1. Actions Requested SUSPENSION NTE: 06-06-03	2. Request Number
3. For Additional Information Call (Name and Telephone Number) (AO/SUPERVISOR)	4. Proposed Effective Date 06-04-2003
5. Action Requested By (Typed Name, Title, Signature, and Request Date) (AO/SUPERVISOR)	6. Action Authorized By (Typed Name, Title, Signature, and Concurrence Date) (FACILITY/ORGANIZATIONAL COMMANDER)

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

1. Name (Last, First, Middle) SMITH, BETTY M.	2. Social Security Number 456-78-9012	3. Date of Birth 11-20-1972	4. Effective Date
FIRST ACTION	SECOND ACTION		
5-A. Code	5-B. Nature of Action		
5-C. Code	5-D. Legal Authority		
5-E. Code	5-F. Legal Authority		

7. FROM: Position Title and Number Supply Clerk, PD#-Sequence# (07256-16754) Air: Func Code (#####) MPCN#: (MLA#####) Army: Para (####) Line (###)	15. TO: Position Title and Number										
8. Pay Plan GS	9. Occ. Code 2005	10. Grade or Level 05	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 Department of Military and Veterans Affairs 127th WG/LS Base Supply Selfridge ANGB, MI	22. Name and Location of Position's Organization
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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 Preference for RIF <input type="checkbox"/> YES <input type="checkbox"/> NO
27. FEGLI	28. Annuitant Indicator	29. Pay Rate Determinant	
30. Retirement Plan	31. Service Comp. Date (Leave)	32. Work Schedule F	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 Reserved	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) Selfridge ANGB, MI		

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

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

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

Yes

No

SEE ATTACHED LETTER OF ORIGINAL DECISION.

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.

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

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

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

2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address (Number, Street, City, State, Zip Code)
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PART 5 -- Remarks for SF 50

MILITARY INFORMATION (SEE EXAMPLE ON PAGE 13 INSTRUCTIONS - ARMY VS. AIR EXAMPLES)

FC:
 DUTY POSITION TITLE:
 AUTHORIZED GRADE:
 CURRENT GRADE:
 AFSC (DUTY):
 UNIT OF ASSIGNMENT:

REQUEST FOR PERSONNEL ACTION

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

1. Actions Requested EXCEPTED APPOINTMENT NTE: 06 Jun 03 (Be sure to Indicate TEMP or TIA - See Notes on Reverse) 3. For Additional Information Call (Name and Telephone Number) (AO/SUPERVISOR) 5. Action Requested By (Typed Name, Title, Signature, and Request Date) (AO/SUPERVISOR)	2. Request Number ##-## 4. Proposed Effective Date 01-02-2003
6. Action Authorized By (Typed Name, Title, Signature, and Concurrence Date) (FACILITY/ORGANIZATIONAL COMMANDER)	

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

1. Name (Last, First, Middle) DOE, SANDRA A. FIRST ACTION 5-A. Code 5-B. Nature of Action 5-C. Code 5-D. Legal Authority 5-E. Code 5-F. Legal Authority	2. Social Security Number 678-90-1234 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	15. TO: Position Title and Number Materials Handler, PD#-Sequence# (08662 -1890) Air: Func Code (#####) MPCN#: (MIA#####) Army: Para (####) Line (###)																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>8. Pay Plan</th> <th>9. Occ. Code</th> <th>10. Grade or Level</th> <th>11. Step or Rate</th> <th>12. Total Salary</th> <th>13. Pay Basis</th> </tr> <tr> <td>WG</td> <td>6907</td> <td>05</td> <td></td> <td></td> <td></td> </tr> </table>	8. Pay Plan	9. Occ. Code	10. Grade or Level	11. Step or Rate	12. Total Salary	13. Pay Basis	WG	6907	05				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>16. Pay Plan</th> <th>17. Occ. Code</th> <th>18. Grade or Level</th> <th>19. Step or Rate</th> <th>20. Total Salary/Award</th> <th>21. Pay Basis</th> </tr> <tr> <td>WG</td> <td>6907</td> <td>05</td> <td></td> <td></td> <td></td> </tr> </table>	16. Pay Plan	17. Occ. Code	18. Grade or Level	19. Step or Rate	20. Total Salary/Award	21. Pay Basis	WG	6907	05			
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WG	6907	05																							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>12A. Basic Pay</th> <th>12B. Locality Adj.</th> <th>12C. Adj. Basic Pay</th> <th>12D. Other Pay</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basic Pay	12D. Other Pay					<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>20A. Basic Pay</th> <th>20B. Locality Adj.</th> <th>20C. Adj. Basic Pay</th> <th>20D. Other Pay</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	20A. Basic Pay	20B. Locality Adj.	20C. Adj. Basic Pay	20D. Other Pay												
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20A. Basic Pay	20B. Locality Adj.	20C. Adj. Basic Pay	20D. Other Pay																						
14. Name and Location of Position's Organization	22. Name and Location of Position's Organization Department of Military and Veterans Affairs Ft Custer Training Center Augusta, MI																								

EMPLOYEE DATA

23. Veterans Preference <input type="checkbox"/> 1 - None <input type="checkbox"/> 3 - 10-Point/Disability <input type="checkbox"/> 5 - 10-Point/Other <input type="checkbox"/> 2 - 5-Point <input type="checkbox"/> 4 - 10-Point/Compensable <input type="checkbox"/> 6 - 10-Point/Compensable/30%	24. Tenure <input type="checkbox"/> 0 - None <input type="checkbox"/> 2 - Conditional <input type="checkbox"/> 1 - Permanent <input type="checkbox"/> 3 - Indefinite	25. Agency Use <input type="checkbox"/>	26. Veterans Preference for RIF <input type="checkbox"/> YES <input type="checkbox"/> NO
27. FEGLI <input type="checkbox"/>	28. Annuitant Indicator <input type="checkbox"/>	29. Pay Rate Determinant <input type="checkbox"/>	
30. Retirement Plan <input type="checkbox"/>	31. Service Comp. Date (Leave) <input type="checkbox"/>	32. Work Schedule F	33. Part Time Hours Per Biweekly Pay Period <input type="checkbox"/>

POSITION DATA

34. Position Occupied <input type="checkbox"/> 1 - Competitive Service <input type="checkbox"/> 3 - SES General <input type="checkbox"/> 2 - Excepted Service <input type="checkbox"/> 4 - SES Career Reserved	35. FLSA Category <input type="checkbox"/> E - Exempt <input type="checkbox"/> N - Nonexempt	36. Appropriation Code 37. Bargaining Unit Status	38. Duty Station Code 39. Duty Station (City - County - State or Overseas Location) Augusta, MI
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40. Agency Data	41.	42.	43.	44.
45. Educational Level	46. Year Degree Attained	47. Academic Discipline	48. Functional Class	49. Citizenship <input type="checkbox"/> 1 - USA <input type="checkbox"/> 8 - Other
				50. Veterans Status 51. Supervisory Status

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

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

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

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

Yes

No

Notes:

1. TEMP - Against Vacant Position (Vice: _____)
2. TIA - Against Filled Position (Employee Name)
3. MUST ATTACH THE PERSON'S RESUME/APPLICATION AND A SIGNED AND DATED POSITION DESCRIPTION.

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.

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 or Labor or a State agency in connection with administration of unemployment compensation programs.

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

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

2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address (Number, Street, City, State, Zip Code)
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PART 5 -- Remarks for SF 50

MILITARY INFORMATION (SEE EXAMPLE ON PAGE 13 INSTRUCTIONS - ARMY VS. AIR EXAMPLES)

MTOE/TDY/UMD NR:
 DUTY POSITION TITLE:
 AUTHORIZED GRADE:
 CURRENT GRADE:
 PARA NR: LINE NR:
 MOS (DUTY):
 UNIT OF ASSIGNMENT:
 UIC:

REQUEST FOR PERSONNEL ACTION

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

1. Actions Requested EXTENSION OF APPOINTMENT NTE: 06 Jun 03 3. For Additional Information Call (Name and Telephone Number) (AO/SUPERVISOR) 5. Action Requested By (Typed Name, Title, Signature, and Request Date) (AO/SUPERVISOR)	2. Request Number ##-## 4. Proposed Effective Date 01-02-2003
6. Action Authorized By (Typed Name, Title, Signature, and Concurrence Date) (FACILITY/ORGANIZATIONAL COMMANDER)	

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

1. Name (Last, First, Middle) DOE, BRAD A. FIRST ACTION 5-A. Code 5-B. Nature of Action 5-C. Code 5-D. Legal Authority 5-E. Code 5-F. Legal Authority	2. Social Security Number 567-89-0123 3. Date of Birth 04-03-1969 4. Effective Date SECOND ACTION 6-A. Code 6-B. Nature of Action 6-C. Code 6-D. Legal Authority 6-E. Code 6-F. Legal Authority
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7. FROM: Position Title and Number <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>8. Pay Plan</td><td>9. Occ. Code</td><td>10. Grade or Level</td><td>11. Step or Rate</td><td>12. Total Salary</td><td>13. Pay Basis</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>12A. Basic Pay</td><td>12B. Locality Adj.</td><td>12C. Adj. Basic Pay</td><td>12D. Other Pay</td><td colspan="2"></td> </tr> <tr> <td></td><td></td><td></td><td></td><td colspan="2"></td> </tr> </table> 14. Name and Location of Position's Organization	8. Pay Plan	9. Occ. Code	10. Grade or Level	11. Step or Rate	12. Total Salary	13. Pay Basis							12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basic Pay	12D. Other Pay									15. TO: Position Title and Number Military Personnel Clerk, PD#-Sequence# (85830-16152) Air: Func Code (#####) MPCN#: (MIA#####) Army: Para (####) Line (###) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>16. Pay Plan</td><td>17. Occ. Code</td><td>18. Grade or Level</td><td>19. Step or Rate</td><td>20. Total Salary/Award</td><td>21. Pay Basis</td> </tr> <tr> <td>GS</td><td>0204</td><td>05</td><td></td><td></td><td></td> </tr> <tr> <td>20A. Basic Pay</td><td>20B. Locality Adj.</td><td>20C. Adj. Basic Pay</td><td>20D. Other Pay</td><td colspan="2"></td> </tr> <tr> <td></td><td></td><td></td><td></td><td colspan="2"></td> </tr> </table> 22. Name and Location of Position's Organization Department of Military and Veterans Affairs Military Personnel Management Office Lansing, MI	16. Pay Plan	17. Occ. Code	18. Grade or Level	19. Step or Rate	20. Total Salary/Award	21. Pay Basis	GS	0204	05				20A. Basic Pay	20B. Locality Adj.	20C. Adj. Basic Pay	20D. Other Pay								
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GS	0204	05																																															
20A. Basic Pay	20B. Locality Adj.	20C. Adj. Basic Pay	20D. Other Pay																																														

EMPLOYEE DATA

23. Veterans Preference <input checked="" type="checkbox"/> 1 - None <input type="checkbox"/> 3 - 10-Point/Disability <input type="checkbox"/> 5 - 10-Point/Other <input type="checkbox"/> 2 - 5-Point <input type="checkbox"/> 4 - 10-Point/Compensable <input type="checkbox"/> 6 - 10-Point/Compensable/30% 27. FEGLI 30. Retirement Plan POSITION DATA 34. Position Occupied <input checked="" type="checkbox"/> 1 - Competitive Service <input type="checkbox"/> 3 - SES General <input type="checkbox"/> 2 - Excepted Service <input type="checkbox"/> 4 - SES Career Reserved 35. FLSA Category <input type="checkbox"/> E - Exempt <input type="checkbox"/> N - Nonexempt 36. Appropriation Code 37. Bargaining Unit Status	24. Tenure <input checked="" type="checkbox"/> 0 - None <input type="checkbox"/> 2 - Conditional <input type="checkbox"/> 1 - Permanent <input type="checkbox"/> 3 - Indefinite 25. Agency Use 26. Veterans Preference for RIF <input type="checkbox"/> YES <input type="checkbox"/> NO 28. Annuitant Indicator 29. Pay Rate Determinant 31. Service Comp. Date (Leave) 32. Work Schedule <input checked="" type="checkbox"/> F 33. Part Time Hours Per Biweekly Pay Period
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38. Duty Station Code 40. Agency Data 41. 42. 43. 44.	39. Duty Station (City - County - State or Overseas Location) Lansing, MI	45. Educational Level 46. Year Degree Attained 47. Academic Discipline 48. Functional Class 49. Citizenship <input type="checkbox"/> 1 - USA <input type="checkbox"/> 8 - Other 50. Veterans Status 51. Supervisory Status
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PART C -- Reviews and Approvals (Not to be used by requesting office.)

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

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

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

Yes

No

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.

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 or Labor or a State agency in connection with administration of unemployment compensation programs.

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

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

2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address (Number, Street, City, State, Zip Code)
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PART 5 -- Remarks for SF 50

MILITARY INFORMATION (SEE EXAMPLE ON PAGE 13 INSTRUCTIONS - ARMY VS. AIR EXAMPLES)

MTOE/TDY/UMD NR:
 DUTY POSITION TITLE:
 AUTHORIZED GRADE:
 CURRENT GRADE:
 PARA NR: LINE NR:
 MOS (DUTY):
 UNIT OF ASSIGNMENT:
 UIC:

REQUEST FOR PERSONNEL ACTION

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

1. Actions Requested PROMOTION (Selected from Certificate #050-02) (See Notes on Reverse)		2. Request Number ###-###
3. For Additional Information Call (Name and Telephone Number) (AO/SUPERVISOR)		4. Proposed Effective Date 01-02-2003
5. Action Requested By (Typed Name, Title, Signature, and Request Date) (AO/SUPERVISOR)		6. Action Authorized By (Typed Name, Title, Signature, and Concurrence Date) (FACILITY/ORGANIZATIONAL COMMANDER)

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

1. Name (Last, First, Middle) SMITH, JENNIFER L.		2. Social Security Number 789-01-2345	3. Date of Birth 03-08-1971	4. Effective Date
5-A. Code		5-B. Nature of Action		
5-C. Code		5-D. Legal Authority		
5-E. Code		5-F. Legal Authority		

FIRST ACTION

SECOND ACTION

7. FROM: Position Title and Number Aircraft Mechanic, PD#-Sequence# (45091-1617) Air: Func Code (#####) MPCN#: (MIA#####) Army: Para (####) Line (###)					15. TO: Position Title and Number Aircraft Mechanic, PD#-Sequence# (45091-17808) Air: Func Code (#####) MPCN#: (MIA#####) Army: Para (####) Line (###)						
8. Pay Plan WG	9. Occ. Code 8852	10. Grade or Level 10	11. Step or Rate 03	12. Total Salary	13. Pay Basis	16. Pay Plan WG	17. Occ. Code 8852	18. Grade or Level 12	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 Department of Military and Veterans Affairs 110 FW Battle Creek ANGB, MI						22. Name and Location of Position's Organization Department of Military and Veterans Affairs 110 FW Battle Creek ANGB, MI					

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 Preference for RIF YES NO	
27. FEGLI			28. Annuitant Indicator		29. Pay Rate Determinant		
30. Retirement Plan			31. Service Comp. Date (Leave)		32. Work Schedule F		33. Part Time Hours Per Biweekly Pay Period

POSITION DATA

34. Position Occupied 2 1 - Competitive Service 2 - Excepted Service 3 - SES General 4 - SES Career Reserved			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) Battle Creek, MI				

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
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.)

Yes

No

Notes:

1. Always include Certificate Number if Promotion resulted in being selected for a job.
2. If promotion is a result of an upgrade in the SAME position: include the following statement in this section of the SF 52: "Individual has met the necessary requirements of the position and is now eligible for promotion to the authorized grade."

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.

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 or Labor or a State agency in connection with administration of unemployment compensation programs.

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

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

2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address (Number, Street, City, State, Zip Code)
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PART 5 -- Remarks for SF 50

MILITARY INFORMATION (SEE EXAMPLE ON PAGE 13 INSTRUCTIONS - ARMY VS. AIR EXAMPLES)

FC:
 DUTY POSITION TITLE:
 AUTHORIZED GRADE:
 CURRENT GRADE:
 AFSC (DUTY):
 UNIT OF ASSIGNMENT:

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 (See Notes on Reverse)		2. Request Number ##-##
3. For Additional Information Call (Name and Telephone Number) (AO/SUPERVISOR)		4. Proposed Effective Date 01-02-2003
5. Action Requested By (Typed Name, Title, Signature, and Request Date) (AO/SUPERVISOR)		6. Action Authorized By (Typed Name, Title, Signature, and Concurrence Date) (FACILITY/ORGANIZATIONAL COMMANDER)

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

1. Name (Last, First, Middle) SMITH, ELIZABETH M.		2. Social Security Number 098-76-5432	3. Date of Birth 11-05-1974	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 Operations and Plans Specialist, PD#-Sequence# (00536-1765) Air: Func Code (#####) MPCN#: (MIA#####) Army: Para (####) Line (###)										15. TO: Position Title and Number Management Assistant, PD#-Sequence# (06351-18967) Air: Func Code (#####) MPCN#: (MIA#####) Army: Para (####) Line (###)									
8. Pay Plan GS	9. Occ. Code 0303	10. Grade or Level 07	11. Step or Rate 01	12. Total Salary	13. Pay Basis	16. Pay Plan GS	17. Occ. Code 0303	18. Grade or Level 06	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 Department of Military and Veterans Affairs Det 1 STARC HQ, 156 Signal Bn Ypsilanti, MI						22. Name and Location of Position's Organization Same as Item 14													

EMPLOYEE DATA

23. Veterans Preference <input type="checkbox"/> 1 - None <input type="checkbox"/> 3 - 10-Point/Disability <input type="checkbox"/> 5 - 10-Point/Other <input type="checkbox"/> 2 - 5-Point <input type="checkbox"/> 4 - 10-Point/Compensable <input type="checkbox"/> 6 - 10-Point/Compensable/30%				24. Tenure <input type="checkbox"/> 0 - None <input type="checkbox"/> 2 - Conditional <input type="checkbox"/> 1 - Permanent <input type="checkbox"/> 3 - Indefinite		25. Agency Use		26. Veterans Preference for RIF <input type="checkbox"/> YES <input type="checkbox"/> NO	
27. FEGLI				28. Annuitant Indicator		29. Pay Rate Determinant			
30. Retirement Plan				31. Service Comp. Date (Leave)		32. Work Schedule F		33. Part Time Hours Per Biweekly Pay Period	

POSITION DATA

34. Position Occupied 2 <input type="checkbox"/> 1 - Competitive Service <input type="checkbox"/> 3 - SES General <input type="checkbox"/> 2 - Excepted Service <input type="checkbox"/> 4 - SES Career Reserved			35. FLSA Category <input type="checkbox"/> E - Exempt <input type="checkbox"/> N - Nonexempt		36. Appropriation Code		37. Bargaining Unit Status	
38. Duty Station Code			39. Duty Station (City - County - State or Overseas Location) Ypsilanti, MI					

40. Agency Data		41.	42.	43.	44.		
45. Educational Level		46. Year Degree Attained	47. Academic Discipline	48. Functional Class	49. Citizenship <input type="checkbox"/> 1 - USA <input type="checkbox"/> 9 - Other	50. Veterans Status	51. Supervisory Status

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

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

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

Notes:

1. If action was done at employee's request, include the following statment in this section of the SF 52: "At Employee's Request." and have employee sign statement. Also, supervisor must have employee sign a statement acknowledging that he/she is NOT entitled to grade or pay retention in this section of the SF 52.
2. If action was result of being selected for a job announcement, include Selection Certificate number.
3. If action was the result of a Management Directed Action, include the information in part A, Block 1, and in this section of the 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.

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 or Labor or a State agency in connection with administration of unemployment compensation programs.

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

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

2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address (Number, Street, City, State, Zip Code)
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PART 5 -- Remarks for SF 50

MILITARY INFORMATION (SEE EXAMPLE ON PAGE 13 INSTRUCTIONS - ARMY VS. AIR EXAMPLES)

MTOE/TDY/UMD NR:
 DUTY POSITION TITLE:
 AUTHORIZED GRADE:
 CURRENT GRADE:
 PARA NR: LINE NR:
 MOS (DUTY):
 UNIT OF ASSIGNMENT:
 UIC:

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 ##-##
3. For Additional Information Call (Name and Telephone Number) (AO/SUPERVISOR)		4. Proposed Effective Date 01-02-2003
5. Action Requested By (Typed Name, Title, Signature, and Request Date) (AO/SUPERVISOR)		6. Action Authorized By (Typed Name, Title, Signature, and Concurrence Date) (FACILITY/ORGANIZATIONAL COMMANDER)

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

1. Name (Last, First, Middle) SINGLETON, JEAN M.		2. Social Security Number 890-12-3456	3. Date of Birth 06-09-1964	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 Heavy Mobile Equipment Repairer, PD#-Sequence# (63241-17659) Air: Func Code (#####) MPCN#: (MIA#####) Army: Para (####) Line (###)					15. TO: Position Title and Number Heavy Mobile Equipment Repairer, PD#-Sequence# (63241-1897) Air: Func Code (#####) MPCN#: (MIA#####) Army: Para (####) Line (###)						
8. Pay Plan WG	9. Occ. Code 5803	10. Grade or Level 08	11. Step or Rate 01	12. Total Salary	13. Pay Basis	16. Pay Plan WG	17. Occ. Code 5803	18. Grade or Level 08	19. Step or Rate 01	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 Department of Military and Veterans Affairs Combined Support Maintenance Shop Lansing, MI						22. Name and Location of Position's Organization Department of Military and Veterans Affairs OMS #3 Flint, MI					

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 Preference for RIF YES NO	
27. FEGLI				28. Annuitant Indicator			29. Pay Rate Determinant		
30. Retirement Plan				31. Service Comp. Date (Leave)			32. Work Schedule F		
33. Part Time Hours Per Biweekly Pay Period									

POSITION DATA

34. Position Occupied 2 - 1 - Competitive Service 3 - SES General 2 - Excepted Service 4 - SES Career Reserved			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) Flint, MI				

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
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.)

Yes No

Notes:

1. If Reassignment was result of selection from a job announcement, include certificate number selected from
2. If Reassignment was Management Directed, include on Part A, Block 1 of SF 52
3. If action was at employee's request, include the following statement in this section of the SF 52: "This is a voluntary reassignment", and have the employee sign the statement.

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.

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 or Labor or a State agency in connection with administration of unemployment compensation programs.

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

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

2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address (Number, Street, City, State, Zip Code)
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PART 5 -- Remarks for SF 50

MILITARY INFORMATION (SEE EXAMPLE ON PAGE 13 INSTRUCTIONS - ARMY VS. AIR EXAMPLES)

- FC:
- DUTY POSITION TITLE:
- AUTHORIZED GRADE:
- CURRENT GRADE:
- AFSC (DUTY):
- UNIT OF ASSIGNMENT:

REQUEST FOR PERSONNEL ACTION

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

1. Actions Requested PDCN CHANGE (See Notes on Reverse)	2. Request Number ##-##
3. For Additional Information Call (Name and Telephone Number) (AO/SUPERVISOR)	4. Proposed Effective Date 01-02-2003
5. Action Requested By (Typed Name, Title, Signature, and Request Date) (AO/SUPERVISOR)	6. Action Authorized By (Typed Name, Title, Signature, and Concurrence Date) (FACILITY/ORGANIZATIONAL COMMANDER)

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

1. Name (Last, First, Middle) BLUES, ROGER L.	2. Social Security Number 987-65-4321	3. Date of Birth 09-08-1972	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 Electronics Mechanic Foreman, PD#-Sequence# (08422-1708) Air: Func Code (#####) MPCN#: (MIA#####) Army: Para (####) Line (###)	15. TO: Position Title and Number Electronics Mechanic Foreman, PD#-Sequence# (08761-17809) Air: Func Code (#####) MPCN#: (MIA#####) Army: Para (####) Line (###)
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8. Pay Plan WS	9. Occ. Code 2604	10. Grade or Level 10	11. Step or Rate 01	12. Total Salary	13. Pay Basis	16. Pay Plan WS	17. Occ. Code 2604	18. Grade or Level 10	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 Department of Military and Veterans Affairs 110 FW Battle Creek ANGB, MI	22. Name and Location of Position's Organization Same as Item 14
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EMPLOYEE DATA

23. Veterans Preference <input type="checkbox"/> 1 - None <input type="checkbox"/> 3 - 10-Point/Disability <input type="checkbox"/> 5 - 10-Point/Other <input type="checkbox"/> 2 - 5-Point <input type="checkbox"/> 4 - 10-Point/Compensable <input type="checkbox"/> 6 - 10-Point/Compensable/30%	24. Tenure <input type="checkbox"/> 0 - None <input type="checkbox"/> 2 - Conditional <input type="checkbox"/> 1 - Permanent <input type="checkbox"/> 3 - Indefinite	25. Agency Use <input type="checkbox"/>	26. Veterans Preference for RIF <input type="checkbox"/> YES <input type="checkbox"/> NO
27. FEGLI <input type="checkbox"/>	28. Annuitant Indicator <input type="checkbox"/>	29. Pay Rate Determinant <input type="checkbox"/>	
30. Retirement Plan <input type="checkbox"/>	31. Service Comp. Date (Leave) <input type="checkbox"/>	32. Work Schedule F	33. Part Time Hours Per Biweekly Pay Period <input type="checkbox"/>

POSITION DATA

34. Position Occupied 2	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) Battle Creek, MI		

40. Agency Data	41.	42.	43.	44.	45. Educational Level	46. Year Degree Attained	47. Academic Discipline	48. Functional Class	49. Citizenship <input type="checkbox"/> 1 - USA <input type="checkbox"/> 8 - Other	50. Veterans Status	51. Supervisory Status
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PART C -- Reviews and Approvals (Not to be used by requesting office.)

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

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

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

Yes

No

Notes:

1. Reference NGB-TNC Letter (88-30) dated 4 April 88

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

2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address (Number, Street, City, State, Zip Code)
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PART 5 -- Remarks for SF 50

MILITARY INFORMATION (SEE EXAMPLE ON PAGE 13 INSTRUCTIONS - ARMY VS. AIR EXAMPLES)

FC:
 DUTY POSITION TITLE:
 AUTHORIZED GRADE:
 CURRENT GRADE:
 AFSC (DUTY):
 UNIT OF ASSIGNMENT:

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 (See Notes on Reverse)		2. Request Number ##-##
3. For Additional Information Call (Name and Telephone Number) (AO/SUPERVISOR)		4. Proposed Effective Date 01-02-2003
5. Action Requested By (Typed Name, Title, Signature, and Request Date) (AO/SUPERVISOR)	6. Action Authorized By (Typed Name, Title, Signature, and Concurrence Date) (FACILITY/ORGANIZATIONAL COMMANDER)	

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

1. Name (Last, First, Middle) HOUSER, MARY L.	2. Social Security Number 321-45-6789	3. Date of Birth 07-04-1957	4. Effective Date
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FIRST ACTION

SECOND ACTION

5-A. Code	5-B. Nature of Action	6-A. Code	6-B. Nature of Action
5-C. Code	5-D. Legal Authority	6-C. Code	6-D. Legal Authority
5-E. Code	5-F. Legal Authority	6-E. Code	6-F. Legal Authority

7. FROM: Position Title and Number
Heavy Mobile Equipment Repairer, PD#-Sequence# (63241-1345)
Air: Func Code (#####) MPCN#: (MIA#####)
Army: Para (####) Line (###)

15. TO: Position Title and Number
Automotive Worker, PD#-Sequence# (70250-1984)
Air: Func Code (#####) MPCN#: (MIA#####)
Army: Para (####) Line (###)

8. Pay Plan WG	9. Occ. Code 5803	10. Grade or Level 09	11. Step or Rate 01	12. Total Salary	13. Pay Basis	16. Pay Plan WG	17. Occ. Code 5823	18. Grade or Level 09	19. Step or Rate 01	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
Department of Military and Veterans Affairs
CMF 2
Selfridge ANGB, MI

22. Name and Location of Position's Organization
Same as Item 14

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

POSITION DATA

34. Position Occupied 2 1 - Competitive Service 2 - Excepted Service 3 - SES General 4 - SES Career Reserved	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) Selfridge, MI		

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
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.)

Yes

No

Notes:

1. If Detail is VICE another employee, include the following statement in this section of SF 52:
EXAMPLE: "VICE: John Doe who will be in LWOP status while attending a military school"
2. Include the Not To Exceed (NTE) date/number of days in this section of SF 52 (i.e. NTE: 90 days/ NTE 30 Sep 03)
3. Details to the same or lower grade will not exceed 120 days for BOTH Army and Air.
4. ARMY ONLY: Details to Higher Graded positions have been eliminated to allow those persons to be temporarily promoted NTE 60 Days. (Over 60 Days will be filled through the Merit Promotion Process.)
5. AIR ONLY: For Details to Higher Graded positions over 30 Days - Employee will be Temporarily promoted.

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.

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 or Labor or a State agency in connection with administration of unemployment compensation programs.

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

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

2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address (Number, Street, City, State, Zip Code)
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PART 5 -- Remarks for SF 50

MILITARY INFORMATION (SEE EXAMPLE ON PAGE 13 INSTRUCTIONS - ARMY VS. AIR EXAMPLES)

MTOE/TDY/UMD NR:
 DUTY POSITION TITLE:
 AUTHORIZED GRADE:
 CURRENT GRADE:
 PARA NR: LINE NR:
 MOS (DUTY):
 UNIT OF ASSIGNMENT:
 UIC:

REQUEST FOR PERSONNEL ACTION

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

1. Actions Requested NAME CHANGE FROM: SMITH, CARRIE L. (OLD NAME) (See Notes on Reverse) 3. For Additional Information Call (Name and Telephone Number) (AO/SUPERVISOR) 5. Action Requested By (Typed Name, Title, Signature, and Request Date) (TECHNICIAN REQUESTING NAME CHANGE)	2. Request Number ###-## 4. Proposed Effective Date 01-02-2003 6. Action Authorized By (Typed Name, Title, Signature, and Concurrence Date) (FACILITY/ORGANIZATIONAL COMMANDER)
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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.)

1. Name (Last, First, Middle) LEWIS, CARRIE L. (NEW NAME) 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 2. Social Security Number 731-40-2650 3. Date of Birth 11-14-1958 4. Effective Date 6-A. Code 6-B. Nature of Action 6-C. Code 6-D. Legal Authority 6-E. Code 6-F. Legal Authority
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7. FROM: Position Title and Number	15. TO: Position Title and Number Training Technician , PD#-Sequence# (11071-10567) Air: Func Code (#####) MPCN#: (MIA#####) Army: Para (####) Line (###)																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 2.5%;">8. Pay Plan</td> <td style="width: 2.5%;">9. Occ. Code</td> <td style="width: 5%;">10. Grade or Level</td> <td style="width: 5%;">11. Step or Rate</td> <td style="width: 10%;">12. Total Salary</td> <td style="width: 5%;">13. Pay Basis</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	8. Pay Plan	9. Occ. Code	10. Grade or Level	11. Step or Rate	12. Total Salary	13. Pay Basis							<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 2.5%;">18. Pay Plan</td> <td style="width: 2.5%;">17. Occ. Code</td> <td style="width: 5%;">18. Grade or Level</td> <td style="width: 5%;">19. Step or Rate</td> <td style="width: 10%;">20. Total Salary/Award</td> <td style="width: 5%;">21. Pay Basis</td> </tr> <tr> <td>GS</td> <td>1702</td> <td>07</td> <td> </td> <td> </td> <td> </td> </tr> </table>	18. Pay Plan	17. Occ. Code	18. Grade or Level	19. Step or Rate	20. Total Salary/Award	21. Pay Basis	GS	1702	07			
8. Pay Plan	9. Occ. Code	10. Grade or Level	11. Step or Rate	12. Total Salary	13. Pay Basis																				
18. Pay Plan	17. Occ. Code	18. Grade or Level	19. Step or Rate	20. Total Salary/Award	21. Pay Basis																				
GS	1702	07																							
12A. Basic Pay 12B. Locality Adj. 12C. Adj. Basic Pay 12D. Other Pay	20A. Basic Pay 20B. Locality Adj. 20C. Adj. Basic Pay 20D. Other Pay																								
14. Name and Location of Position's Organization	22. Name and Location of Position's Organization Department of Military and Veterans Affairs 177 MP Bde Detroit, MI																								

EMPLOYEE DATA

23. Veterans Preference <input checked="" type="checkbox"/> 1 - None <input type="checkbox"/> 3 - 10-Point/Disability <input type="checkbox"/> 5 - 10-Point/Other <input type="checkbox"/> 2 - 5-Point <input type="checkbox"/> 4 - 10-Point/Compensable <input type="checkbox"/> 6 - 10-Point/Compensable/30%	24. Tenure <input type="checkbox"/> 0 - None <input type="checkbox"/> 2 - Conditional <input type="checkbox"/> 1 - Permanent <input type="checkbox"/> 3 - Indefinite	25. Agency Use <input type="checkbox"/>	26. Veterans Preference for RIF <input type="checkbox"/> YES <input type="checkbox"/> NO
27. FEGLI <input type="checkbox"/>	28. Annuitant Indicator <input type="checkbox"/>	29. Pay Rate Determinant <input type="checkbox"/>	
30. Retirement Plan <input type="checkbox"/>	31. Service Comp. Date (Leave) <input type="checkbox"/>	32. Work Schedule <input checked="" type="checkbox"/> F	33. Part Time Hours Per Biweekly Pay Period <input type="checkbox"/>

POSITION DATA

34. Position Occupied <input checked="" type="checkbox"/> 1 - Competitive Service <input type="checkbox"/> 3 - SES General <input type="checkbox"/> 2 - Excepted Service <input type="checkbox"/> 4 - SES Career Reserved	35. FLSA Category <input type="checkbox"/> E - Exempt <input type="checkbox"/> N - Nonexempt	36. Appropriation Code <input type="checkbox"/>	37. Bargaining Unit Status <input type="checkbox"/>
38. Duty Station Code <input type="checkbox"/>	39. Duty Station (City - County - State or Overseas Location) Detroit, MI		

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

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

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

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

NOTES:

1. A COPY OF EMPLOYEE'S NEW SOCIAL SECURITY CARD/OR APPLICATION FOR SOCIAL SECURITY CARD MUST BE ATTACHED!!!!!!
2. Include reason of name change in this section of SF 52. (i.e. Due to Marriage 1 May 02. See attached copy of name change application to the Social Security Office.)

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.

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 or Labor or a State agency in connection with administration of unemployment compensation programs.

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

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

2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address (Number, Street, City, State, Zip Code)
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PART 5 - Remarks for SF 50

MILITARY INFORMATION (SEE EXAMPLE ON PAGE 13 INSTRUCTIONS - ARMY VS. AIR EXAMPLES)

MTOE/TDY/UMD NR:
 DUTY POSITION TITLE:
 AUTHORIZED GRADE:
 CURRENT GRADE:
 PARA NR: LINE NR:
 MOS (DUTY):
 UNIT OF ASSIGNMENT:
 UIC:

REQUEST FOR PERSONNEL ACTION

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

1. Actions Requested SUSPENSION NTE: 06-06-03	2. Request Number
3. For Additional Information Call (Name and Telephone Number) (AO/SUPERVISOR)	4. Proposed Effective Date 06-04-2003
5. Action Requested By (Typed Name, Title, Signature, and Request Date) (AO/SUPERVISOR)	6. Action Authorized By (Typed Name, Title, Signature, and Concurrence Date) (FACILITY/ORGANIZATIONAL COMMANDER)

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

1. Name (Last, First, Middle) SMITH, BETTY M.		2. Social Security Number 456-78-9012	3. Date of Birth 11-20-1972	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 Supply Clerk, PD#-Sequence# (07256-16754) Air: Func Code (#####) MPCN#: (MIA#####) Army: Para (####) Line (###)	15. TO: Position Title and Number										
8. Pay Plan GS	9. Occ. Code 2005	10. Grade or Level 05	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 Department of Military and Veterans Affairs 127th WG/LS Base Supply Selfridge ANGB, MI	22. Name and Location of Position's Organization
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EMPLOYEE DATA

23. Veterans Preference <input type="checkbox"/> 1 - None <input type="checkbox"/> 3 - 10-Point/Disability <input type="checkbox"/> 5 - 10-Point/Other <input type="checkbox"/> 2 - 5-Point <input type="checkbox"/> 4 - 10-Point/Compensable <input type="checkbox"/> 6 - 10-Point/Compensable/30%	24. Tenure <input type="checkbox"/> 0 - None <input type="checkbox"/> 2 - Conditional <input type="checkbox"/> 1 - Permanent <input type="checkbox"/> 3 - Indefinite	25. Agency Use	26. Veterans Preference for RIF <input type="checkbox"/> YES <input type="checkbox"/> NO
27. FEGLI	28. Annuitant Indicator	29. Pay Rate Determinant	
30. Retirement Plan	31. Service Comp. Date (Leave)	32. Work Schedule F	33. Part Time Hours Per Biweekly Pay Period

POSITION DATA

34. Position Occupied 2	1 - Competitive Service 3 - SES General 2 - Excepted Service 4 - SES Career Reserved	35. FLSA Category <input type="checkbox"/> E - Exempt <input type="checkbox"/> N - Nonexempt	36. Appropriation Code	37. Bargaining Unit Status
38. Duty Station Code	39. Duty Station (City -- County -- State or Overseas Location) Selfridge ANGB, MI			

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

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

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

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

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

Yes

No

SEE ATTACHED LETTER OF ORIGINAL DECISION.

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.

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 or Labor or a State agency in connection with administration of unemployment compensation programs.

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

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

2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address (Number, Street, City, State, Zip Code)
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PART 5 -- Remarks for SF 50

MILITARY INFORMATION (SEE EXAMPLE ON PAGE 13 INSTRUCTIONS - ARMY VS. AIR EXAMPLES)

FC:
 DUTY POSITION TITLE:
 AUTHORIZED GRADE:
 CURRENT GRADE:
 AFSC (DUTY):
 UNIT OF ASSIGNMENT:

REQUEST FOR PERSONNEL ACTION

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

1. Actions Requested LWOP NTE (See Notes on Reverse)		2. Request Number ##-##
3. For Additional Information Call (Name and Telephone Number) (AO/SUPERVISOR)		4. Proposed Effective Date 01-02-2003
5. Action Requested By (Typed Name, Title, Signature, and Request Date) (TECHNICIAN REQUESTING LWOP)	6. Action Authorized By (Typed Name, Title, Signature, and Concurrence Date) (SUPERVISOR/AO)	

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) LITTLE, NANCY J.		2. Social Security Number 000-00-0000	3. Date of Birth 03-25-1956	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 Management Assistant, PD#-Sequence# (71381-1734) Air: Func Code (#####) MPCN#: (MIA#####) Army: Para (####) Line (###)	15. TO: Position Title and Number																																																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>8. Pay Plan</th> <th>9. Occ. Code</th> <th>10. Grade or Level</th> <th>11. Step or Rate</th> <th>12. Total Salary</th> <th>13. Pay Basis</th> <th>18. Pay Plan</th> <th>17. Occ. Code</th> <th>18. Grade or Level</th> <th>19. Step or Rate</th> <th>20. Total Salary/Award</th> <th>21. Pay Basis</th> </tr> <tr> <td>GS</td> <td>0334</td> <td>05</td> <td>01</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">12A. Basic Pay</td> <td colspan="2">12B. Locality Adj.</td> <td colspan="2">12C. Adj. Basic Pay</td> <td colspan="2">20A. Basic Pay</td> <td colspan="2">20B. Locality Adj.</td> <td colspan="2">20C. Adj. Basic Pay</td> <td colspan="2">20D. Other Pay</td> </tr> </table>	8. Pay Plan	9. Occ. Code	10. Grade or Level	11. Step or Rate	12. Total Salary	13. Pay Basis	18. Pay Plan	17. Occ. Code	18. Grade or Level	19. Step or Rate	20. Total Salary/Award	21. Pay Basis	GS	0334	05	01									12A. Basic Pay		12B. Locality Adj.		12C. Adj. Basic Pay		20A. Basic Pay		20B. Locality Adj.		20C. Adj. Basic Pay		20D. Other Pay		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="4">14. Name and Location of Position's Organization</th> <th colspan="4">22. Name and Location of Position's Organization</th> </tr> <tr> <td colspan="4">Department of Military and Veterans Affairs 127 WG Selfridge ANGB, MI</td> <td colspan="4"></td> </tr> </table>	14. Name and Location of Position's Organization				22. Name and Location of Position's Organization				Department of Military and Veterans Affairs 127 WG Selfridge ANGB, MI							
8. Pay Plan	9. Occ. Code	10. Grade or Level	11. Step or Rate	12. Total Salary	13. Pay Basis	18. Pay Plan	17. Occ. Code	18. Grade or Level	19. Step or Rate	20. Total Salary/Award	21. Pay Basis																																												
GS	0334	05	01																																																				
12A. Basic Pay		12B. Locality Adj.		12C. Adj. Basic Pay		20A. Basic Pay		20B. Locality Adj.		20C. Adj. Basic Pay		20D. Other Pay																																											
14. Name and Location of Position's Organization				22. Name and Location of Position's Organization																																																			
Department of Military and Veterans Affairs 127 WG Selfridge ANGB, MI																																																							

EMPLOYEE DATA

23. Veterans Preference		24. Tenure		25. Agency Use	26. Veterans Preference for RIF
<input type="checkbox"/> 1 - None	<input type="checkbox"/> 3 - 10-Point/Disability	<input type="checkbox"/> 0 - None	<input type="checkbox"/> 2 - Conditional	<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> 2 - 5-Point	<input type="checkbox"/> 4 - 10-Point/Compensable	<input type="checkbox"/> 1 - Permanent	<input type="checkbox"/> 3 - Indefinite		
27. FEGLI		28. Annuitant Indicator		29. Pay Rate Determinant	
30. Retirement Plan		31. Service Comp. Date (Leave)		32. Work Schedule	
				F	
33. Part Time Hours Per Biweekly Pay Period					

POSITION DATA

34. Position Occupied		35. FLSA Category		36. Appropriation Code		37. Bargaining Unit Status	
<input checked="" type="checkbox"/> 1 - Competitive Service	<input type="checkbox"/> 3 - SES General	<input type="checkbox"/> E - Exempt					
<input type="checkbox"/> 2 - Excepted Service	<input type="checkbox"/> 4 - SES Career Reserved	<input type="checkbox"/> N - Nonexempt					
38. Duty Station Code		39. Duty Station (City -- County -- State or Overseas Location)					
		Selfridge, MI					
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
					<input type="checkbox"/> 1 - USA <input type="checkbox"/> 8 - Other	<input type="checkbox"/>	<input type="checkbox"/>

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

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

Yes

No

Notes:

1. Give a Not To Exceed (NTE) date/number of days in Part A, Block 1 (i.e. NTE 60 days, NTE 30 Sep 00)
2. Include reason for LWOP in this section of SF 52 (i.e. Workers Compensation, Vacation, Surgery, Illness, etc.)

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.

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 or Labor or a State agency in connection with administration of unemployment compensation programs.

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

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

2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address (Number, Street, City, State, Zip Code)
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PART 5 -- Remarks for SF 50

MILITARY INFORMATION (SEE EXAMPLE ON PAGE 13 INSTRUCTIONS - ARMY VS. AIR EXAMPLES)

- FC:
- DUTY POSITION TITLE:
- AUTHORIZED GRADE:
- CURRENT GRADE:
- AFSC (DUTY):
- UNIT OF ASSIGNMENT:

REQUEST FOR PERSONNEL ACTION

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

1. Actions Requested LWOP-US (See Notes on Reverse)	2. Request Number ##-##
3. For Additional Information Call (Name and Telephone Number) (AO/SUPERVISOR)	4. Proposed Effective Date 01-02-2003
5. Action Requested By (Typed Name, Title, Signature, and Request Date) (TECHNICIAN REQUESTING LWOP-US)	6. Action Authorized By (Typed Name, Title, Signature, and Concurrence Date) (SUPERVISOR/AO)

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) SMITH, BETTY K.	2. Social Security Number 000-00-0000	3. Date of Birth 02-16-1960	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 Personnel Assistant, PD#-Sequence# (71381-1654) Air: Func Code (#####) MPCN#: (MIA#####) Army: Para (####) Line (###)	15. TO: Position Title and Number										
8. Pay Plan GS	9. Occ. Code 0334	10. Grade or Level 06	11. Step or Rate 01	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 Department of Military and Veterans Affairs 127 WG Selfridge ANGB, MI						22. Name and Location of Position's Organization					

EMPLOYEE DATA

23. Veterans Preference <input type="checkbox"/> 1 - None <input type="checkbox"/> 3 - 10-Point/Disability <input type="checkbox"/> 5 - 10-Point/Other <input type="checkbox"/> 2 - 5-Point <input type="checkbox"/> 4 - 10-Point/Compensable <input type="checkbox"/> 6 - 10-Point/Compensable/30%	24. Tenure <input type="checkbox"/> 0 - None <input type="checkbox"/> 2 - Conditional <input type="checkbox"/> 1 - Permanent <input type="checkbox"/> 3 - Indefinite	25. Agency Use	26. Veterans Preference for RIF <input type="checkbox"/> YES <input type="checkbox"/> NO
27. FEGLI	28. Annuitant Indicator	29. Pay Rate Determinant	
30. Retirement Plan	31. Service Comp. Date (Leave)	32. Work Schedule F	33. Part Time Hours Per Biweekly Pay Period

POSITION DATA

34. Position Occupied 2 <input type="checkbox"/> 1 - Competitive Service <input type="checkbox"/> 3 - SES General <input type="checkbox"/> 2 - Excepted Service <input type="checkbox"/> 4 - SES Career Reserved	35. FLSA Category <input type="checkbox"/> E - Exempt <input type="checkbox"/> N - Nonexempt	36. Appropriation Code	37. Bargaining Unit Status
38. Duty Station Code		39. Duty Station (City - County - State or Overseas Location) Selfridge, MI	

40. Agency Data	41.	42.	43.	44.	45. Educational Level	46. Year Degree Attained	47. Academic Discipline	48. Functional Class	49. Citizenship <input type="checkbox"/> 1 - USA <input type="checkbox"/> 6 - Other	50. Veterans Status	51. Supervisory Status
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PART C - Reviews and Approvals (Not to be used by requesting office.)

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

2. Approval: I certify that the information entered on this form is accurate and that the proposed action is in compliance with statutory and regulatory requirements.

Signature	Approval Date
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PART D -- Remarks by Requesting Office

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

Yes

No

Notes: LWOP-US is used for the purpose of restoration rights to a technician job.

- 1. Attach Military Orders (i.e. AGR Orders, Title 10 orders)

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.

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.

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

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

2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address (Number, Street, City, State, Zip Code)
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PART 5 -- Remarks for SF 50

MILITARY INFORMATION (SEE EXAMPLE ON PAGE 13 INSTRUCTIONS - ARMY VS. AIR EXAMPLES)

- FC:
- DUTY POSITION TITLE:
- AUTHORIZED GRADE:
- CURRENT GRADE:
- AFSC (DUTY):
- UNIT OF ASSIGNMENT:

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 (RTD) 3. For Additional Information Call (Name and Telephone Number) (AO/SUPERVISOR) 5. Action Requested By (Typed Name, Title, Signature, and Request Date) (TECHNICIAN RETURNING TO DUTY)	2. Request Number ##-## 4. Proposed Effective Date 01-02-2003
6. Action Authorized By (Typed Name, Title, Signature, and Concurrence Date) (SUPERVISOR/AO)	

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) WILLIAMS, JERRY D. FIRST ACTION	2. Social Security Number 345-67-8901	3. Date of Birth 05-03-1960	4. Effective Date
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	15. TO: Position Title and Number Supply Clerk, PD#-Sequence# (76871-1742) Air: Func Code (#####) MPCN#: (MIA#####) Army: Para (####) Line (###)																								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>8. Pay Plan</td> <td>9. Occ. Code</td> <td>10. Grade or Level</td> <td>11. Step or Rate</td> <td>12. Total Salary</td> <td>13. Pay Basis</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	8. Pay Plan	9. Occ. Code	10. Grade or Level	11. Step or Rate	12. Total Salary	13. Pay Basis							<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>16. Pay Plan</td> <td>17. Occ. Code</td> <td>18. Grade or Level</td> <td>19. Step or Rate</td> <td>20. Total Salary/Award</td> <td>21. Pay Basis</td> </tr> <tr> <td>GS</td> <td>2005</td> <td>05</td> <td></td> <td></td> <td></td> </tr> </table>	16. Pay Plan	17. Occ. Code	18. Grade or Level	19. Step or Rate	20. Total Salary/Award	21. Pay Basis	GS	2005	05			
8. Pay Plan	9. Occ. Code	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																				
GS	2005	05																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>12A. Basic Pay</td> <td>12B. Locality Adj.</td> <td>12C. Adj. Basic Pay</td> <td>12D. Other Pay</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basic Pay	12D. Other Pay					<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>20A. Basic Pay</td> <td>20B. Locality Adj.</td> <td>20C. Adj. Basic Pay</td> <td>20D. Other Pay</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	20A. Basic Pay	20B. Locality Adj.	20C. Adj. Basic Pay	20D. Other Pay												
12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basic Pay	12D. Other Pay																						
20A. Basic Pay	20B. Locality Adj.	20C. Adj. Basic Pay	20D. Other Pay																						
14. Name and Location of Position's Organization	22. Name and Location of Position's Organization Department of Military and Veterans Affairs CSMS Lansing, MI																								

EMPLOYEE DATA

23. Veterans Preference <input checked="" type="checkbox"/> 1 - None <input type="checkbox"/> 2 - 5-Point <input type="checkbox"/> 3 - 10-Point/Disability <input type="checkbox"/> 4 - 10-Point/Compensable <input type="checkbox"/> 5 - 10-Point/Other <input type="checkbox"/> 6 - 10-Point/Compensable/30%	24. Tenure <input type="checkbox"/> 0 - None <input type="checkbox"/> 1 - Permanent <input type="checkbox"/> 2 - Conditional <input type="checkbox"/> 3 - Indefinite	25. Agency Use <input type="checkbox"/>	26. Veterans Preference for RIF <input type="checkbox"/> YES <input type="checkbox"/> NO
27. FEGLI <input type="checkbox"/>	28. Annuitant Indicator <input type="checkbox"/>	29. Pay Rate Determinant <input type="checkbox"/>	
30. Retirement Plan <input type="checkbox"/>	31. Service Comp. Date (Leave) <input type="checkbox"/>	32. Work Schedule <input checked="" type="checkbox"/> F	33. Part Time Hours Per Biweekly Pay Period <input type="checkbox"/>

POSITION DATA

34. Position Occupied <input checked="" type="checkbox"/> 1 - Competitive Service <input type="checkbox"/> 2 - Excepted Service <input type="checkbox"/> 3 - SES General <input type="checkbox"/> 4 - SES Career Reserved	35. FLSA Category <input type="checkbox"/> E - Exempt <input type="checkbox"/> N - Nonexempt	36. Appropriation Code	37. Bargaining Unit Status			
38. Duty Station Code						
39. Duty Station (City - County - State or Overseas Location) Lansing, MI						
40. Agency Data	41.	42.	43.	44.		
45. Educational Level	46. Year Degree Attained	47. Academic Discipline	48. Functional Class	49. Citizenship <input type="checkbox"/> 1 - USA <input type="checkbox"/> 8 - Other	50. Veterans Status	51. Supervisory Status

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

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

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

2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address (Number, Street, City, State, Zip Code)
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PART 5 -- Remarks for SF 50

MILITARY INFORMATION (SEE EXAMPLE ON PAGE 13 INSTRUCTIONS - ARMY VS. AIR EXAMPLES)

MTOE/TDY/UMD NR:
 DUTY POSITION TITLE:
 AUTHORIZED GRADE:
 CURRENT GRADE:
 PARA NR: LINE NR:
 MOS (DUTY):
 UNIT OF ASSIGNMENT:
 UIC:

REQUEST FOR PERSONNEL ACTION

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

1. Actions Requested SEPARATION U.S. (See Notes on Reverse)		2. Request Number ##-##
3. For Additional Information Call (Name and Telephone Number) (AO/SUPERVISOR)		4. Proposed Effective Date 01-02-2003
5. Action Requested By (Typed Name, Title, Signature, and Request Date) (TECHNICIAN REQUESTING SEPARATION U.S.)	6. Action Authorized By (Typed Name, Title, Signature, and Concurrence Date) (SUPERVISOR/AO)	

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) DOWNS, SAMUEL R.		2. Social Security Number 666-03-6754	3. Date of Birth 04-23-1955	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 Training Technician, PD#-Sequence# (07543-18976) Air: Func Code (#####) MPCN#: (MIA#####) Army: Para (####) Line (###)										15. TO: Position Title and Number									
8. Pay Plan GS	9. Occ. Code 1702	10. Grade or Level 07	11. Step or Rate 01	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 Department of Military and Veterans Affairs 110 FW Battle Creek ANGB, MI										22. Name and Location of Position's Organization									
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EMPLOYEE DATA

23. Veterans Preference <input type="checkbox"/> 1 - None <input type="checkbox"/> 3 - 10-Point/Disability <input type="checkbox"/> 5 - 10-Point/Other <input type="checkbox"/> 2 - 5-Point <input type="checkbox"/> 4 - 10-Point/Compensable <input type="checkbox"/> 6 - 10-Point/Compensable/30%				24. Tenure <input type="checkbox"/> 0 - None <input type="checkbox"/> 2 - Conditional <input type="checkbox"/> 1 - Permanent <input type="checkbox"/> 3 - Indefinite		25. Agency Use		26. Veterans Preference for RIF <input type="checkbox"/> YES <input type="checkbox"/> NO							
27. FEGLI				28. Annuitant Indicator				29. Pay Rate Determinant							
30. Retirement Plan				31. Service Comp. Date (Leave)				32. Work Schedule F				33. Part Time Hours Per Biweekly Pay Period			

POSITION DATA

34. Position Occupied 2			35. FLSA Category <input type="checkbox"/> E - Exempt <input type="checkbox"/> N - Nonexempt			36. Appropriation Code			37. Bargaining Unit Status		
38. Duty Station Code			39. Duty Station (City - County - State or Overseas Location) Battle Creek, MI								

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

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

A.	Office/Function	Initials/Signature	Date	D.	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
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PART D -- Remarks by Requesting Office

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

Yes

No

Notes:

1. If ordered to Active Duty, include the following statement in this section of SF 52:
"Ordered to Active Duty under Order: ARNG/ANG-###-MI, dated # MAR ##."
2. If person accepted an AGR Tour, include following statement in this section of SF 52:
"Accepted position on AGR Tour."
3. SPMD/FC FL97-1100 - Entitled to restoration in accordance with FPM 353. Technicians ordered to active duty under Title 10 USC will be placed on LWOP U.S. unless they request to be terminated with Separation U.S. action, CS Retirement monies will stay in deposit and no lump sum payment will be made unless requested in writing.

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.

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 or Labor or a State agency in connection with administration of unemployment compensation programs.

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

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

2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address (Number, Street, City, State, Zip Code)
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PART 5 -- Remarks for SF 50

MILITARY INFORMATION (SEE EXAMPLE ON PAGE 13 INSTRUCTIONS - ARMY VS. AIR EXAMPLES)

- FC:
- DUTY POSITION TITLE:
- AUTHORIZED GRADE:
- CURRENT GRADE:
- AFSC (DUTY):
- UNIT OF ASSIGNMENT:

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 APPOINTMENT IN (Transfer to Another Federal Agency) (See Notes on Reverse)	2. Request Number ##-##
3. For Additional Information Call (Name and Telephone Number) (AO/SUPERVISOR)	4. Proposed Effective Date 01-02-2003
5. Action Requested By (Typed Name, Title, Signature, and Request Date) (AO/SUPERVISOR)	6. Action Authorized By (Typed Name, Title, Signature, and Concurrence Date) (FACILITY/ORGANIZATIONAL COMMANDER)

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

1. Name (Last, First, Middle) HARTLAND, DAWN (NMN)	2. Social Security Number 012-34-5678	3. Date of Birth 10-12-1971	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 Computer Operator, PD#-Sequence# (60112-1654) Air: Func Code (#####) MPCN#: (MIA#####) Army: Para (####) Line (###)	15. TO: Position Title and Number Computer Operator, PD#-Sequence# (00718-18748) Air: Func Code (#####) MPCN#: (MIA#####) Army: Para (####) Line (###)										
8. Pay Plan GS	9. Occ. Code 0332	10. Grade or Level 06	11. Step or Rate 01	12. Total Salary	13. Pay Basis	16. Pay Plan GS	17. Occ. Code 0332	18. Grade or Level 06	19. Step or Rate 01	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 Federal Center Comptroller Office Battle Creek, MI				22. Name and Location of Position's Organization Department of Military and Veterans Affairs USPFO/ Data Process Installation Lansing, MI							

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

POSITION DATA

34. Position Occupied 2 1 - Competitive Service 3 - SES General 2 - Excepted Service 4 - SES Career Reserved	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) Lansing, MI					
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
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.)

Yes No

Notes:

1. Date of Transfer is to be coordinated between losing and gaining supervisor.

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

2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address (Number, Street, City, State, Zip Code)
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PART 5 - Remarks for SF 50

MILITARY INFORMATION (SEE EXAMPLE ON PAGE 13 INSTRUCTIONS - ARMY VS. AIR EXAMPLES)

MTOE/TDY/UMD NR:
 DUTY POSITION TITLE:
 AUTHORIZED GRADE:
 CURRENT GRADE:
 PARA NR: LINE NR:
 MOS (DUTY):
 UNIT OF ASSIGNMENT:
 UIC:

REQUEST FOR PERSONNEL ACTION

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

1. Actions Requested REMOVAL (See Notes on Reverse)	2. Request Number ##-##
3. For Additional Information Call (Name and Telephone Number) (AO/SUPERVISOR)	4. Proposed Effective Date 01-02-2003
5. Action Requested By (Typed Name, Title, Signature, and Request Date) (AO/SUPERVISOR)	6. Action Authorized By (Typed Name, Title, Signature, and Concurrence Date) (FACILITY/ORGANIZATIONAL COMMANDER)

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

1. Name (Last, First, Middle) HUGHS, RONALD J. FIRST ACTION	2. Social Security Number 143-34-5686	3. Date of Birth 07-03-1954	4. Effective Date
5-A. Code 5-B. Nature of Action	6. Action Authorized By (Typed Name, Title, Signature, and Concurrence Date) (FACILITY/ORGANIZATIONAL COMMANDER)		
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 Tool & Parts Attendant, PD#-Sequence# (06368-2786) Air: Func Code (#####) MPCN#: (MIA#####) Army: Para (####) Line (###)	15. TO: Position Title and Number																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>8. Pay Plan</th> <th>9. Occ. Code</th> <th>10. Grade or Level</th> <th>11. Step or Rate</th> <th>12. Total Salary</th> <th>13. Pay Basis</th> </tr> <tr> <td>WG</td> <td>6904</td> <td>06</td> <td>01</td> <td></td> <td></td> </tr> </table>	8. Pay Plan	9. Occ. Code	10. Grade or Level	11. Step or Rate	12. Total Salary	13. Pay Basis	WG	6904	06	01			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>16. Pay Plan</th> <th>17. Occ. Code</th> <th>18. Grade or Level</th> <th>19. Step or Rate</th> <th>20. Total Salary/Award</th> <th>21. Pay Basis</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	16. Pay Plan	17. Occ. Code	18. Grade or Level	19. Step or Rate	20. Total Salary/Award	21. Pay Basis						
8. Pay Plan	9. Occ. Code	10. Grade or Level	11. Step or Rate	12. Total Salary	13. Pay Basis																				
WG	6904	06	01																						
16. Pay Plan	17. Occ. Code	18. Grade or Level	19. Step or Rate	20. Total Salary/Award	21. Pay Basis																				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>12A. Basic Pay</th> <th>12B. Locality Adj.</th> <th>12C. Adj. Basic Pay</th> <th>12D. Other Pay</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basic Pay	12D. Other Pay					<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>20A. Basic Pay</th> <th>20B. Locality Adj.</th> <th>20C. Adj. Basic Pay</th> <th>20D. Other Pay</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	20A. Basic Pay	20B. Locality Adj.	20C. Adj. Basic Pay	20D. Other Pay												
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 Department of Military and Veterans Affairs 127 WG Selfridge ANGB, MI	22. Name and Location of Position's Organization
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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 1 - Permanent 2 - Conditional 3 - Indefinite	25. Agency Use	26. Veterans Preference for RIF YES <input type="checkbox"/> NO <input type="checkbox"/>
27. FEGLI	28. Annuitant Indicator	29. Pay Rate Determinant	
30. Retirement Plan	31. Service Comp. Date (Leave)	32. Work Schedule F	33. Part Time Hours Per Biweekly Pay Period

POSITION DATA

34. Position Occupied 2 1 - Competitive Service 2 - Excepted Service 3 - SES General 4 - SES Career Reserved	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) Selfridge, MI		

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
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.)

Yes

No

Notes:

1. A letter regarding the removal must be attached to the SF 52, with the statement "SEE ATTACHED LETTER" in this section of the 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.

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 or Labor or a State agency in connection with administration of unemployment compensation programs.

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

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

2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address (Number, Street, City, State, Zip Code)
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PART 5 -- Remarks for SF 50

MILITARY INFORMATION (SEE EXAMPLE ON PAGE 13 INSTRUCTIONS - ARMY VS. AIR EXAMPLES)

- FC:
- DUTY POSITION TITLE:
- AUTHORIZED GRADE:
- CURRENT GRADE:
- AFSC (DUTY):
- UNIT OF ASSIGNMENT:

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 (See Notes on Reverse)	2. Request Number ##-##
3. For Additional Information Call (Name and Telephone Number) (AO/SUPERVISOR)	4. Proposed Effective Date 01-02-2003
5. Action Requested By (Typed Name, Title, Signature, and Request Date) (AO/SUPERVISOR)	6. Action Authorized By (Typed Name, Title, Signature, and Concurrence Date) (FACILITY/ORGANIZATIONAL COMMANDER)

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

1. Name (Last, First, Middle) ROSS, DONALD R.	2. Social Security Number 167-52-9087	3. Date of Birth 05-10-1967	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 Support Services Specialist, PD#-Sequence# (08560-1786) Air: Func Code (#####) MPCN#: (MIA#####) Army: Para (####) Line (###)	15. TO: Position Title and Number										
8. Pay Plan GS	9. Occ. Code 0342	10. Grade or Level 07	11. Step or Rate 01	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 Department of Military and Veterans Affairs 46 Engr Gp HHD, 507 Engr Bn Wyoming, MI	22. Name and Location of Position's Organization
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EMPLOYEE DATA

23. Veterans Preference <input type="checkbox"/> 1 - None <input type="checkbox"/> 3 - 10-Point/Disability <input type="checkbox"/> 5 - 10-Point/Other <input type="checkbox"/> 2 - 5-Point <input type="checkbox"/> 4 - 10-Point/Compensable <input type="checkbox"/> 6 - 10-Point/Compensable/30%	24. Tenure <input type="checkbox"/> 0 - None <input type="checkbox"/> 2 - Conditional <input type="checkbox"/> 1 - Permanent <input type="checkbox"/> 3 - Indefinite	25. Agency Use	26. Veterans Preference for RIF <input type="checkbox"/> YES <input type="checkbox"/> NO
27. FEGLI	28. Annuitant Indicator	29. Pay Rate Determinant	
30. Retirement Plan	31. Service Comp. Date (Leave)	32. Work Schedule F	33. Part Time Hours Per Biweekly Pay Period

POSITION DATA

34. Position Occupied 2 <input type="checkbox"/> 1 - Competitive Service <input type="checkbox"/> 3 - SES General <input type="checkbox"/> 2 - Excepted Service <input type="checkbox"/> 4 - SES Career Reserved	35. FLSA Category <input type="checkbox"/> E - Exempt <input type="checkbox"/> N - Nonexempt	36. Appropriation Code	37. Bargaining Unit Status
38. Duty Station Code		39. Duty Station (City -- County -- State or Overseas Location) Wyoming, MI	

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

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

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

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

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

Yes

No

Notes:

1. State Reason for Termination in this section of SF 52.

PART E -- Employee Resignation/Retirement

PRIVACY ACT STATEMENT

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

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 or Labor or a State agency in connection with administration of unemployment compensation programs.

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

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

2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address (Number, Street, City, State, Zip Code)
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PART 5 -- Remarks for SF 50

MILITARY INFORMATION (SEE EXAMPLE ON PAGE 13 INSTRUCTIONS - ARMY VS. AIR EXAMPLES)

MTOE/TDY/UMD NR:
 DUTY POSITION TITLE:
 AUTHORIZED GRADE:
 CURRENT GRADE:
 PARA NR: LINE NR:
 MOS (DUTY):
 UNIT OF ASSIGNMENT:
 UIC:

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 DURING TRIAL PROBATIONARY PERIOD (See Notes on Reverse)	2. Request Number ##-##
3. For Additional Information Call (Name and Telephone Number) (AO/SUPERVISOR)	4. Proposed Effective Date 01-02-2003
5. Action Requested By (Typed Name, Title, Signature, and Request Date) (AO/SUPERVISOR)	6. Action Authorized By (Typed Name, Title, Signature, and Concurrence Date) (FACILITY/ORGANIZATIONAL COMMANDER)

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

1. Name (Last, First, Middle) THOMPSON, LINDA S.	2. Social Security Number 221-34-5687	3. Date of Birth 02-17-1954	4. Effective Date
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FIRST ACTION

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

SECOND ACTION

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

7. FROM: Position Title and Number Clerk Typist, PD#-Sequence# (08359-27865) Air: Func Code (#####) MPCN#: (MIA#####) Army: Para (####) Line (###)	15. TO: Position Title and Number
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8. Pay Plan GS	9. Occ. Code 0322	10. Grade or Level 04	11. Step or Rate 01	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 Department of Military and Veterans Affairs Det 1 STARC 746 Maintenance Bn Lansing, MI	22. Name and Location of Position's Organization
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EMPLOYEE DATA

23. Veterans Preference <input type="checkbox"/> 1 - None <input type="checkbox"/> 3 - 10-Point/Disability <input type="checkbox"/> 5 - 10-Point/Other <input type="checkbox"/> 2 - 5-Point <input type="checkbox"/> 4 - 10-Point/Compensable <input type="checkbox"/> 6 - 10-Point/Compensable/30%	24. Tenure <input type="checkbox"/> 0 - None <input type="checkbox"/> 2 - Conditional <input type="checkbox"/> 1 - Permanent <input type="checkbox"/> 3 - Indefinite	25. Agency Use <input type="checkbox"/>	26. Veterans Preference for RIF <input type="checkbox"/> YES <input type="checkbox"/> NO
27. FEGLI <input type="checkbox"/>	28. Annuitant Indicator <input type="checkbox"/>	29. Pay Rate Determinant <input type="checkbox"/>	
30. Retirement Plan <input type="checkbox"/>	31. Service Comp. Date (Leave)	32. Work Schedule F	33. Part Time Hours Per Biweekly Pay Period <input type="checkbox"/>

POSITION DATA

34. Position Occupied 2	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) Lansing, MI		

40. Agency Data	41.	42.	43.	44.	45. Educational Level	46. Year Degree Attained	47. Academic Discipline	48. Functional Class	49. Citizenship <input type="checkbox"/> 1 - USA <input type="checkbox"/> 8 - Other	50. Veterans Status	51. Supervisory Status
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PART C - Reviews and Approvals (Not to be used by requesting office.)

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

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

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

Yes

No

Notes:

1. Include following statement in this section of SF 52: "See Attached Documentation."

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

2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address (Number, Street, City, State, Zip Code)
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PART 5 -- Remarks for SF 50

MILITARY INFORMATION (SEE EXAMPLE ON PAGE 13 INSTRUCTIONS - ARMY VS. AIR EXAMPLES)

MTOE/TDY/UMD NR:
 DUTY POSITION TITLE:
 AUTHORIZED GRADE:
 CURRENT GRADE:
 PARA NR: LINE NR:
 MOS (DUTY):
 UNIT OF ASSIGNMENT:
 UIC:

REQUEST FOR PERSONNEL ACTION

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

1. Actions Requested RETIREMENT 3. For Additional Information Call (Name and Telephone Number) (AO/SUPERVISOR) 5. Action Requested By (Typed Name, Title, Signature, and Request Date) (TECHNICIAN REQUESTING RETIREMENT)	2. Request Number ##-## 4. Proposed Effective Date 01-02-2003
6. Action Authorized By (Typed Name, Title, Signature, and Concurrence Date) (FACILITY/ORGANIZATIONAL COMMANDER)	

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

1. Name (Last, First, Middle) BLACK, KENNETH B. FIRST ACTION 5-A. Code 5-B. Nature of Action 5-C. Code 5-D. Legal Authority 5-E. Code 5-F. Legal Authority	2. Social Security Number 543-21-0987	3. Date of Birth 05-16-1947	4. Effective Date
6-A. Code 6-B. Nature of Action 6-C. Code 6-D. Legal Authority 6-E. Code 6-F. Legal Authority	SECOND ACTION		

7. FROM: Position Title and Number Automotive Worker , PD#-Sequence# (08109-2786) Air: Func Code (#####) MPCN#: (MIA#####) Army: Para (####) Line (###)	15. TO: Position Title and Number																																				
<table border="1" style="width: 100%; border-collapse: collapse; font-size: small;"> <tr> <td>8. Pay Plan</td><td>9. Occ. Code</td><td>10. Grade or Level</td><td>11. Step or Rate</td><td>12. Total Salary</td><td>13. Pay Basis</td><td>18. Pay Plan</td><td>17. Occ. Code</td><td>18. Grade or Level</td><td>19. Step or Rate</td><td>20. Total Salary/Award</td><td>21. Pay Basis</td> </tr> <tr> <td>WG</td><td>5823</td><td>09</td><td>05</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>12A. Basic Pay</td><td>12B. Locality Adj.</td><td>12C. Adj. Basic Pay</td><td>12D. Other Pay</td><td>20A. Basic Pay</td><td>20B. Locality Adj.</td><td>20C. Adj. Basic Pay</td><td>20D. Other Pay</td><td colspan="4"></td> </tr> </table>		8. Pay Plan	9. Occ. Code	10. Grade or Level	11. Step or Rate	12. Total Salary	13. Pay Basis	18. Pay Plan	17. Occ. Code	18. Grade or Level	19. Step or Rate	20. Total Salary/Award	21. Pay Basis	WG	5823	09	05									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				
8. Pay Plan	9. Occ. Code	10. Grade or Level	11. Step or Rate	12. Total Salary	13. Pay Basis	18. Pay Plan	17. Occ. Code	18. Grade or Level	19. Step or Rate	20. Total Salary/Award	21. Pay Basis																										
WG	5823	09	05																																		
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 Department of Military and Veterans Affairs OMS #3 Flint, MI	22. Name and Location of Position's Organization
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EMPLOYEE DATA

23. Veterans Preference <input type="checkbox"/> 1 - None <input type="checkbox"/> 2 - 5-Point <input type="checkbox"/> 3 - 10-Point/Disability <input type="checkbox"/> 4 - 10-Point/Compensable <input type="checkbox"/> 5 - 10-Point/Other <input type="checkbox"/> 6 - 10-Point/Compensable/30%	24. Tenure <input type="checkbox"/> 0 - None <input type="checkbox"/> 1 - Permanent <input type="checkbox"/> 2 - Conditional <input type="checkbox"/> 3 - Indefinite	25. Agency Use	26. Veterans Preference for RIF <input type="checkbox"/> YES <input type="checkbox"/> NO
27. FEGLI	28. Annuitant Indicator <input type="checkbox"/> F	29. Pay Rate Determinant	
30. Retirement Plan	31. Service Comp. Date (Leave)	32. Work Schedule	33. Part Time Hours Per Biweekly Pay Period

POSITION DATA

34. Position Occupied <input type="checkbox"/> 1 - Competitive Service <input type="checkbox"/> 2 - Excepted Service <input type="checkbox"/> 3 - SES General <input type="checkbox"/> 4 - SES Career Reserved	35. FLSA Category <input type="checkbox"/> E - Exempt <input type="checkbox"/> N - Nonexempt	36. Appropriation Code	37. Bargaining Unit Status
38. Duty Station Code	39. Duty Station (City - County - State or Overseas Location) Flint, MI		

40. Agency Data	41.	42.	43.	44.	45. Educational Level	46. Year Degree Attained	47. Academic Discipline	48. Functional Class	49. Citizenship <input type="checkbox"/> 1 - USA <input type="checkbox"/> 8 - Other	50. Veterans Status	51. Supervisory Status
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PART C - Reviews and Approvals (Not to be used by requesting office.)

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

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

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

Yes

No

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.

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 or 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.

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

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

2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address (Number, Street, City, State, Zip Code)
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PART 5 -- Remarks for SF 50

MILITARY INFORMATION (SEE EXAMPLE ON PAGE 13 INSTRUCTIONS - ARMY VS. AIR EXAMPLES)

MTOE/TDY/UMD NR:
 DUTY POSITION TITLE:
 AUTHORIZED GRADE:
 CURRENT GRADE:
 PARA NR: LINE NR:
 MOS (DUTY):
 UNIT OF ASSIGNMENT:
 UIC:

REQUEST FOR PERSONNEL ACTION

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

1. Actions Requested RESIGNATION (See Notes on Reverse)	2. Request Number ##-##
3. For Additional Information Call (Name and Telephone Number)	4. Proposed Effective Date 01-02-2003
5. Action Requested By (Typed Name, Title, Signature, and Request Date) (TECHNICIAN REQUESTING RESIGNATION)	6. Action Authorized By (Typed Name, Title, Signature, and Concurrence Date) (FACILITY/ORGANIZATIONAL COMMANDER)

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

1. Name (Last, First, Middle) RAMOS, GEORGE A.	2. Social Security Number 661-33-4012	3. Date of Birth 01-20-1958	4. Effective Date
FIRST ACTION 5-A. Code 5-B. Nature of Action		SECOND 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 Aircraft Mechanic , PD#-Sequence# (43251-16435) Air: Func Code (#####) MPCN#: (MIA#####) Army: Para (####) Line (###)	15. TO: Position Title and Number
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8. Pay Plan WG	9. Occ. Code 8852	10. Grade or Level 10	11. Step or Rate 01	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 Department of Military and Veterans Affairs 127 WG Selfridge ANGB, MI	22. Name and Location of Position's Organization
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EMPLOYEE DATA

23. Veterans Preference <input type="checkbox"/> 1 - None <input type="checkbox"/> 3 - 10-Point/Disability <input type="checkbox"/> 5 - 10-Point/Other <input type="checkbox"/> 2 - 5-Point <input type="checkbox"/> 4 - 10-Point/Compensable <input type="checkbox"/> 6 - 10-Point/Compensable/30%	24. Tenure <input type="checkbox"/> 0 - None <input type="checkbox"/> 2 - Conditional <input type="checkbox"/> 1 - Permanent <input type="checkbox"/> 3 - Indefinite	25. Agency Use <input type="checkbox"/>	26. Veterans Preference for RIF <input type="checkbox"/> YES <input type="checkbox"/> NO
27. FEGLI <input type="checkbox"/>	28. Annuitant Indicator <input type="checkbox"/>	29. Pay Rate Determinant <input type="checkbox"/>	
30. Retirement Plan <input type="checkbox"/>	31. Service Comp. Date (Leave) <input type="checkbox"/>	32. Work Schedule <input checked="" type="checkbox"/> F	33. Part Time Hours Per Biweekly Pay Period <input type="checkbox"/>

POSITION DATA

34. Position Occupied <input checked="" type="checkbox"/> 1 - Competitive Service <input type="checkbox"/> 3 - SES General <input type="checkbox"/> 2 - Excepted Service <input type="checkbox"/> 4 - SES Career Reserved	35. FLSA Category <input type="checkbox"/> E - Exempt <input type="checkbox"/> N - Nonexempt	36. Appropriation Code	37. Bargaining Unit Status
38. Duty Station Code		39. Duty Station (City - County - State or Overseas Location) Selfridge, MI	

40. Agency Data	41.	42.	43.	44.	45. Educational Level	46. Year Degree Attained	47. Academic Discipline	48. Functional Class	49. Citizenship <input type="checkbox"/> 1 - USA <input type="checkbox"/> B - Other	50. Veterans Status	51. Supervisory Status
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PART C - Reviews and Approvals (Not to be used by requesting office.)

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

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

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

Yes

No

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.

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.

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

1. Reason 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.)

Notes:

1. Include reason for resignation in this section of SF 52 (i.e. Returning to work in the private sector.)

2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address (Number, Street, City, State, Zip Code)
01-02-2000	GEORGE A. RAMOS	12-20-1999	2334 NW 9th Ave. Lansing, MI 48910

PART 5 -- Remarks for SF 50

MILITARY INFORMATION (SEE EXAMPLE ON PAGE 13 INSTRUCTIONS - ARMY VS. AIR EXAMPLES)

FC:
 DUTY POSITION TITLE:
 AUTHORIZED GRADE:
 CURRENT GRADE:
 AFSC (DUTY):
 UNIT OF ASSIGNMENT:

REQUEST FOR PERSONNEL ACTION

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

1. Actions Requested RIF (See Notes on Reverse)		2. Request Number ##-##
3. For Additional Information Call (Name and Telephone Number) (AO/SUPERVISOR)		4. Proposed Effective Date 01-02-2003
5. Action Requested By (Typed Name, Title, Signature, and Request Date) (AO/SUPERVISOR)	6. Action Authorized By (Typed Name, Title, Signature, and Concurrence Date) (FACILITY/ORGANIZATIONAL COMMANDER)	

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

1. Name (Last, First, Middle) SINGAL, ROY S.		2. Social Security Number 455-67-8901	3. Date of Birth 04-05-1960	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 Air Operations Supervisor, PD#-Sequence# (02769-1786) Air: Func Code (#####) MPCN#: (MIA#####) Army: Para (####) Line (###)	15. TO: Position Title and Number
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8. Pay Plan GS	9. Occ. Code 2101	10. Grade or Level 09	11. Step or Rate 01	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 Department of Military and Veterans Affairs 127 WG Selfridge ANGB, MI	22. Name and Location of Position's Organization
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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 Preference for RIF YES <input type="checkbox"/> NO <input type="checkbox"/>
27. FEGLI	28. Annuitant Indicator	29. Pay Rate Determinant	
30. Retirement Plan	31. Service Comp. Date (Leave)	32. Work Schedule F	33. Part Time Hours Per Biweekly Pay Period

POSITION DATA

34. Position Occupied 2 1 - Competitive Service 2 - Excepted Service 3 - SES General 4 - SES Career Reserved	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) Selfridge, MI		

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

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

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

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

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

Yes

No

Notes:

1. Include the following statements in this section of the SF 52 "Reduction in Force due to Overstrength." (State Authority, i.e. Ref NGB-TN (89-108) ltr dtd 3 Mar 00, etc) or (Ref MITAG-HRO-TM ltr dtd 4 Apr 00, subj General Notice of Reduction in Force as a result of classification action.)

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.

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 or Labor or a State agency in connection with administration of unemployment compensation programs.

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

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

2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address (Number, Street, City, State, Zip Code)
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PART 5 -- Remarks for SF 50

MILITARY INFORMATION (SEE EXAMPLE ON PAGE 13 INSTRUCTIONS - ARMY VS. AIR EXAMPLES)

FC:
 DUTY POSITION TITLE:
 AUTHORIZED GRADE:
 CURRENT GRADE:
 AFSC (DUTY):
 UNIT OF ASSIGNMENT:

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 (See Notes on Reverse)	2. Request Number ##-##-##
3. For Additional Information Call <i>(Name and Telephone Number)</i> (AO/SUPERVISOR)	4. Proposed Effective Date 01-02-2003
5. Action Requested By <i>(Typed Name, Title, Signature, and Request Date)</i> (AO/SUPERVISOR)	6. Action Authorized By <i>(Typed Name, Title, Signature, and Concurrence Date)</i> (FACILITY/ORGANIZATIONAL COMMANDER)

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

1. Name <i>(Last, First, Middle)</i> DOE, JOHN B.	2. Social Security Number 000-00-0000	3. Date of Birth 01-31-1946	4. Effective Date
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FIRST ACTION

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

SECOND ACTION

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

7. FROM: Position Title and Number Aircraft Engine Mechanic, PD#-Sequence# (43521-48978) Air: Func Code (#####) MPCN#: (MIA#####) Army: Para (####) Line (###)	15. TO: Position Title and Number
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8. Pay Plan WG	9. Occ. Code 8602	10. Grade or Level 10	11. Step or Rate 05	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 Department of Military and Veterans Affairs 127 WG Selfridge ANGB, MI	22. Name and Location of Position's Organization
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EMPLOYEE DATA

23. Veterans Preference <input type="checkbox"/> 1 - None <input type="checkbox"/> 2 - 5-Point <input type="checkbox"/> 3 - 10-Point/Disability <input type="checkbox"/> 4 - 10-Point/Compensable <input type="checkbox"/> 5 - 10-Point/Other <input type="checkbox"/> 6 - 10-Point/Compensable/30%	24. Tenure <input type="checkbox"/> 0 - None <input type="checkbox"/> 1 - Permanent <input type="checkbox"/> 2 - Conditional <input type="checkbox"/> 3 - Indefinite	25. Agency Use	26. Veterans Preference for RIF <input type="checkbox"/> YES <input type="checkbox"/> NO
27. FEGLI	28. Annuitant Indicator	29. Pay Rate Determinant	
30. Retirement Plan	31. Service Comp. Date (Leave)	32. Work Schedule F	33. Part Time Hours Per Biweekly Pay Period

POSITION DATA

34. Position Occupied <input type="checkbox"/> 1 - Competitive Service <input type="checkbox"/> 2 - Excepted Service <input type="checkbox"/> 3 - SES General <input type="checkbox"/> 4 - SES Career Reserved	35. FLSA Category <input type="checkbox"/> E - Exempt <input type="checkbox"/> N - Nonexempt	36. Appropriation Code	37. Bargaining Unit Status
38. Duty Station Code	39. Duty Station <i>(City - County - State or Overseas Location)</i> Selfridge, MI		

40. Agency Data	41.	42.	43.	44.	45. Educational Level	46. Year Degree Attained	47. Academic Discipline	48. Functional Class	49. Citizenship <input type="checkbox"/> 1 - USA <input type="checkbox"/> 8 - Other	50. Veterans Status	51. Supervisory Status
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PART C - Reviews and Approvals *(Not to be used by requesting office.)*

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

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

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

Yes

No

Notes:

1. Include a statement such as the following example: "Death at 1230, 6 Jun 00, at home, reported by a relative."

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.

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 or Labor or a State agency in connection with administration of unemployment compensation programs.

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

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

2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address (Number, Street, City, State, Zip Code)
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PART 5 -- Remarks for SF 50

MILITARY INFORMATION (SEE EXAMPLE ON PAGE 13 INSTRUCTIONS - ARMY VS. AIR EXAMPLES)

FC:
 DUTY POSITION TITLE:
 AUTHORIZED GRADE:
 CURRENT GRADE:
 AFSC (DUTY):
 UNIT OF ASSIGNMENT:

REQUEST FOR PERSONNEL ACTION

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

1. Actions Requested TIME OFF AWARD (TOA) (40 HOURS) (See Notes on Reverse) 3. For Additional Information Call (Name and Telephone Number) (AO/SUPERVISOR) 5. Action Requested By (Typed Name, Title, Signature, and Request Date) (AO/SUPERVISOR)	2. Request Number ## ## 4. Proposed Effective Date 01-02-2003
6. Action Authorized By (Typed Name, Title, Signature, and Concurrence Date) (FACILITY/ORGANIZATIONAL COMMANDER)	

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

1. Name (Last, First, Middle) SMITH, REBECCA L. FIRST ACTION 5-A. Code 5-B. Nature of Action 5-C. Code 5-D. Legal Authority 5-E. Code 5-F. Legal Authority	2. Social Security Number 123-45-8907	3. Date of Birth 05-20-1960	4. Effective Date
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	15. TO: Position Title and Number																										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>8. Pay Plan</td><td>9. Occ. Code</td><td>10. Grade or Level</td><td>11. Step or Rate</td><td>12. Total Salary</td><td>13. Pay Basis</td> </tr> <tr> <td>12A. Basic Pay</td><td>12B. Locality Adj.</td><td>12C. Adj. Basic Pay</td><td>12D. Other Pay</td><td>20A. Basic Pay</td><td>20B. Locality Adj.</td><td>20C. Adj. Basic Pay</td><td>20D. Other Pay</td> </tr> </table>	8. Pay Plan	9. Occ. Code	10. Grade or Level	11. Step or Rate	12. Total Salary	13. Pay Basis	12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basic Pay	12D. Other Pay	20A. Basic Pay	20B. Locality Adj.	20C. Adj. Basic Pay	20D. Other Pay	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>18. Pay Plan</td><td>17. Occ. Code</td><td>18. Grade or Level</td><td>19. Step or Rate</td><td>20. Total Salary/Award</td><td>21. Pay Basis</td> </tr> <tr> <td>20A. Basic Pay</td><td>20B. Locality Adj.</td><td>20C. Adj. Basic Pay</td><td>20D. Other Pay</td><td></td><td></td> </tr> </table>	18. 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		
8. Pay Plan	9. Occ. Code	10. Grade or Level	11. Step or Rate	12. Total Salary	13. Pay Basis																						
12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basic Pay	12D. Other Pay	20A. Basic Pay	20B. Locality Adj.	20C. Adj. Basic Pay	20D. Other Pay																				
18. 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	22. Name and Location of Position's Organization																										

EMPLOYEE DATA

23. Veterans Preference <input type="checkbox"/> 1 - None <input type="checkbox"/> 3 - 10-Point/Disability <input type="checkbox"/> 5 - 10-Point/Other <input type="checkbox"/> 2 - 5-Point <input type="checkbox"/> 4 - 10-Point/Compensable <input type="checkbox"/> 6 - 10-Point/Compensable/30%	24. Tenure <input type="checkbox"/> 0 - None <input type="checkbox"/> 2 - Conditional <input type="checkbox"/> 1 - Permanent <input type="checkbox"/> 3 - Indefinite	25. Agency Use	26. Veterans Preference for RIF <input type="checkbox"/> YES <input type="checkbox"/> NO
27. FEGLI	28. Annuitant Indicator	29. Pay Rate Determinant	
30. Retirement Plan	31. Service Comp. Date (Leave)	32. Work Schedule <input checked="" type="checkbox"/> F	33. Part Time Hours Per Biweekly Pay Period

POSITION DATA

34. Position Occupied <input checked="" type="checkbox"/> 1 - Competitive Service <input type="checkbox"/> 3 - SES General <input type="checkbox"/> 2 - Excepted Service <input type="checkbox"/> 4 - SES Career Reserved	35. FLSA Category <input type="checkbox"/> E - Exempt <input type="checkbox"/> N - Nonexempt	36. Appropriation Code	37. Bargaining Unit Status
38. Duty Station Code	39. Duty Station (City - County - State or Overseas Location)		

40. Agency Data	41.	42.	43.	44.	45. Educational Level	46. Year Degree Attained	47. Academic Discipline	48. Functional Class	49. Citizenship <input type="checkbox"/> 1 - USA <input type="checkbox"/> 8 - Other	50. Veterans Status	51. Supervisory Status
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PART C - Reviews and Approvals (Not to be used by requesting office.)

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

Yes No

Notes:

1. Specify TEAM BASED OR INDIVIDUAL, AND NUMBER OF HOURS AWARDING in Part A, Block 1
2. A brief synopsis of recommendation for the award will be either in Part D, or attached separately (NOTE: If Team Award, an SF 52 and recommendation must be submitted for each individual on the team)

(The award is usually given for a one time event over and above normal duties. A performance rating by itself is not proper justification for a time off award. No more than 40 hours at a time can be awarded. No more than 80 hours may be awarded in a calendar year.)

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.

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 or Labor or a State agency in connection with administration of unemployment compensation programs.

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

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

2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address (Number, Street, City, State, Zip Code)
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PART 5 -- Remarks for SF 50

MILITARY INFORMATION (SEE EXAMPLE ON PAGE 13 INSTRUCTIONS - ARMY VS. AIR EXAMPLES)

MTOE/TDY/UMD NR:
 DUTY POSITION TITLE:
 AUTHORIZED GRADE:
 CURRENT GRADE:
 PARA NR: LINE NR:
 MOS (DUTY):
 UNIT OF ASSIGNMENT:
 UIC:

REQUEST FOR PERSONNEL ACTION

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

1. Actions Requested TEAM BASED PERFORMANCE AWARD - ARMY ONLY (See Notes on Reverse)		2. Request Number ##-##
3. For Additional Information Call (Name and Telephone Number) (AO/SUPERVISOR)		4. Proposed Effective Date 01-02-2003
5. Action Requested By (Typed Name, Title, Signature, and Request Date) (AO/SUPERVISOR)	6. Action Authorized By (Typed Name, Title, Signature, and Concurrence Date) (FACILITY/ORGANIZATIONAL COMMANDER)	

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

1. Name (Last, First, Middle) SMALL, SHIRLEY K.		2. Social Security Number 567-89-0123	3. Date of Birth 06-05-1950	4. Effective Date
FIRST ACTION		SECOND ACTION		
5-A. Code	5-B. Nature of Action	6-A. Code	6-B. Nature of Action	
5-C. Code	5-D. Legal Authority	6-C. Code	6-D. Legal Authority	
5-E. Code	5-F. Legal Authority	6-E. Code	6-F. Legal Authority	

7. FROM: Position Title and Number										15. TO: Position Title and Number									
6. Pay Plan	9. Occ. Code	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										22. Name and Location of Position's Organization									

EMPLOYEE DATA

23. Veterans Preference <input type="checkbox"/> 1 - None <input type="checkbox"/> 3 - 10-Point/Disability <input type="checkbox"/> 5 - 10-Point/Other <input type="checkbox"/> 2 - 5-Point <input type="checkbox"/> 4 - 10-Point/Compensable <input type="checkbox"/> 6 - 10-Point/Compensable/30%				24. Tenure <input type="checkbox"/> 0 - None <input type="checkbox"/> 2 - Conditional <input type="checkbox"/> 1 - Permanent <input type="checkbox"/> 3 - Indefinite		25. Agency Use		26. Veterans Preference for RIF <input type="checkbox"/> YES <input type="checkbox"/> NO	
27. FEGLI				28. Annuitant Indicator		29. Pay Rate Determinant			
30. Retirement Plan				31. Service Comp. Date (Leave)		32. Work Schedule F		33. Part Time Hours Per Biweekly Pay Period	

POSITION DATA

34. Position Occupied 2		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)					

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

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

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

2. Approval: I certify that the information entered on this form is accurate and that the proposed action is in compliance with statutory and regulatory requirements.

Signature _____ Approval Date _____

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

Notes:

1. A written synopsis of recommendation for the award will be either in Part D, or attached separately (NOTE: For a Team Award, an SF 52 and recommendation must be submitted for each individual on the team)
2. Specify type of award (Cash Award or Time Off Award) in Part A, Block 1 of SF 52.
3. Attach appropriate recommendation forms to SF 52 (if any)

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.

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 or Labor or a State agency in connection with administration of unemployment compensation programs.

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

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

2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address (Number, Street, City, State, Zip Code)
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PART 5 -- Remarks for SF 50

MILITARY INFORMATION (SEE EXAMPLE ON PAGE 13 INSTRUCTIONS - ARMY VS. AIR EXAMPLES)

MTOE/TDY/UMD NR:
 DUTY POSITION TITLE:
 AUTHORIZED GRADE:
 CURRENT GRADE:
 PARA NR: LINE NR:
 MOS (DUTY):
 UNIT OF ASSIGNMENT:
 UIC:

REQUEST FOR PERSONNEL ACTION

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

1. Actions Requested QUALITY SALARY INCREASE (FROM STEP # TO STEP #) (See Notes on Reverse) 3. For Additional Information Call (Name and Telephone Number) (AO/SUPERVISOR) 5. Action Requested By (Typed Name, Title, Signature, and Request Date) (AO/SUPERVISOR)	2. Request Number ##-## 4. Proposed Effective Date 01-02-2003
6. Action Authorized By (Typed Name, Title, Signature, and Concurrence Date) (FACILITY/ORGANIZATIONAL COMMANDER)	

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

1. Name (Last, First, Middle) SINGLETON, SEAN A. FIRST ACTION 5-A. Code 5-B. Nature of Action 5-C. Code 5-D. Legal Authority 5-E. Code 5-F. Legal Authority 7. FROM: Position Title and Number Military Personnel Technician, PD#-Sequence# (09548-18960) Air: Func Code (#####) MPCN#: (MIA#####) Army: Para (####) Line (###)	2. Social Security Number 345-67-8901 3. Date of Birth 07-02-1970 4. Effective Date SECOND ACTION 6-A. Code 6-B. Nature of Action 6-C. Code 6-D. Legal Authority 6-E. Code 6-F. Legal Authority 15. TO: Position Title and Number Military Personnel Technician, PD#-Sequence# (09548-18960) Air: Func Code (#####) MPCN#: (MIA#####) Army: Para (####) Line (###)																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>8. Pay Plan</th><th>9. Occ. Code</th><th>10. Grade or Level</th><th>11. Step or Rate</th><th>12. Total Salary</th><th>13. Pay Basis</th> </tr> <tr> <td>GS</td><td>0204</td><td>07</td><td>03</td><td></td><td></td> </tr> </table>	8. Pay Plan	9. Occ. Code	10. Grade or Level	11. Step or Rate	12. Total Salary	13. Pay Basis	GS	0204	07	03			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>16. Pay Plan</th><th>17. Occ. Code</th><th>18. Grade or Level</th><th>19. Step or Rate</th><th>20. Total Salary/Award</th><th>21. Pay Basis</th> </tr> <tr> <td>GS</td><td>0204</td><td>07</td><td>04</td><td></td><td></td> </tr> </table>	16. Pay Plan	17. Occ. Code	18. Grade or Level	19. Step or Rate	20. Total Salary/Award	21. Pay Basis	GS	0204	07	04		
8. Pay Plan	9. Occ. Code	10. Grade or Level	11. Step or Rate	12. Total Salary	13. Pay Basis																				
GS	0204	07	03																						
16. Pay Plan	17. Occ. Code	18. Grade or Level	19. Step or Rate	20. Total Salary/Award	21. Pay Basis																				
GS	0204	07	04																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>12A. Basic Pay</th><th>12B. Locality Adj.</th><th>12C. Adj. Basic Pay</th><th>12D. Other Pay</th> </tr> <tr> <td></td><td></td><td></td><td></td> </tr> </table>	12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basic Pay	12D. Other Pay					<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>20A. Basic Pay</th><th>20B. Locality Adj.</th><th>20C. Adj. Basic Pay</th><th>20D. Other Pay</th> </tr> <tr> <td></td><td></td><td></td><td></td> </tr> </table>	20A. Basic Pay	20B. Locality Adj.	20C. Adj. Basic Pay	20D. Other Pay												
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 Department of Military and Veterans Affairs MILPO Lansing, MI	22. Name and Location of Position's Organization Department of Military and Veterans Affairs MILPO Lansing, MI																								

EMPLOYEE DATA

23. Veterans Preference <input type="checkbox"/> 1 - None <input type="checkbox"/> 2 - 5-Point <input type="checkbox"/> 3 - 10-Point/Disability <input type="checkbox"/> 4 - 10-Point/Compensable <input type="checkbox"/> 5 - 10-Point/Other <input type="checkbox"/> 6 - 10-Point/Compensable/30%	24. Tenure <input type="checkbox"/> 0 - None <input type="checkbox"/> 1 - Permanent <input type="checkbox"/> 2 - Conditional <input type="checkbox"/> 3 - Indefinite	25. Agency Use <input type="checkbox"/>	26. Veterans Preference for RIF <input type="checkbox"/> YES <input type="checkbox"/> NO
27. FEGLI <input type="checkbox"/>	28. Annuitant Indicator <input type="checkbox"/>	29. Pay Rate Determinant <input type="checkbox"/>	
30. Retirement Plan <input type="checkbox"/>	31. Service Comp. Date (Leave) <input type="checkbox"/>	32. Work Schedule F	33. Part Time Hours Per Biweekly Pay Period <input type="checkbox"/>

POSITION DATA

34. Position Occupied <input type="checkbox"/> 1 - Competitive Service <input checked="" type="checkbox"/> 2 - Excepted Service <input type="checkbox"/> 3 - SES General <input type="checkbox"/> 4 - SES Career Reserved	35. FLSA Category <input type="checkbox"/> E - Exempt <input type="checkbox"/> N - Nonexempt	36. Appropriation Code <input type="checkbox"/> 1 - USA <input type="checkbox"/> 8 - Other	37. Bargaining Unit Status <input type="checkbox"/>
38. Duty Station Code <input type="checkbox"/>		39. Duty Station (City - County - State or Overseas Location) Lansing, MI	

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

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

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

2. Approval: I certify that the information entered on this form is accurate and that the proposed action is in compliance with statutory and regulatory requirements.

Signature _____ Approval Date _____

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

Notes:

1. Specify TEAM BASED OR INDIVIDUAL in Part A, Block 1
2. A written synopsis of recommendation for the award will be either in Part D, or attached separately (NOTE: If Team Award, an SF 52 and recommendation must be submitted for each individual on the team)
3. Technician MUST have a current performance appraisal on file to receive award.

PART E -- Employee Resignation/Retirement

PRIVACY ACT STATEMENT

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

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

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

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

2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address (Number, Street, City, State, Zip Code)
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PART 5 -- Remarks for SF 50

MILITARY INFORMATION (SEE EXAMPLE ON PAGE 13 INSTRUCTIONS - ARMY VS. AIR EXAMPLES)

MTOE/TDY/UMD NR:
 DUTY POSITION TITLE:
 AUTHORIZED GRADE:
 CURRENT GRADE:
 PARA NR: LINE NR:
 MOS (DUTY):
 UNIT OF ASSIGNMENT:
 UIC:

REQUEST FOR PERSONNEL ACTION

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

1. Actions Requested CASH AWARD - (See Notes on Reverse)	2. Request Number ##-##-
3. For Additional Information Call (Name and Telephone Number) (AO/SUPERVISOR)	4. Proposed Effective Date 01-02-2003
5. Action Requested By (Typed Name, Title, Signature, and Request Date) (AO/SUPERVISOR)	6. Action Authorized By (Typed Name, Title, Signature, and Concurrence Date) (FACILITY/ORGANIZATIONAL COMMANDER)

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

1. Name (Last, First, Middle) SMALL, STUART K.	2. Social Security Number 567-89-0123	3. Date of Birth 06-05-1950	4. Effective Date
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FIRST ACTION		SECOND ACTION	
5-A. Code	5-B. Nature of Action	6-A. Code	6-B. Nature of Action
5-C. Code	5-D. Legal Authority	6-C. Code	6-D. Legal Authority
5-E. Code	5-F. Legal Authority	6-E. Code	6-F. Legal Authority

7. FROM: Position Title and Number	15. TO: Position Title and Number
------------------------------------	-----------------------------------

8. Pay Plan	9. Occ. Code	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 \$500	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	22. Name and Location of Position's Organization
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EMPLOYEE DATA

23. Veterans Preference <input type="checkbox"/> 1 - None <input type="checkbox"/> 2 - 5-Point <input type="checkbox"/> 3 - 10-Point/Disability <input type="checkbox"/> 4 - 10-Point/Compensable <input type="checkbox"/> 5 - 10-Point/Other <input type="checkbox"/> 6 - 10-Point/Compensable/30%	24. Tenure <input type="checkbox"/> 0 - None <input type="checkbox"/> 1 - Permanent <input type="checkbox"/> 2 - Conditional <input type="checkbox"/> 3 - Indefinite	25. Agency Use <input type="checkbox"/>	26. Veterans Preference for RIF <input type="checkbox"/> YES <input type="checkbox"/> NO
27. FEGLI <input type="checkbox"/>	28. Annuitant Indicator <input type="checkbox"/>	29. Pay Rate Determinant <input type="checkbox"/>	
30. Retirement Plan <input type="checkbox"/>	31. Service Comp. Date (Leave)	32. Work Schedule F	33. Part Time Hours Per Biweekly Pay Period <input type="checkbox"/>

POSITION DATA

34. Position Occupied 2 <input type="checkbox"/> 1 - Competitive Service <input type="checkbox"/> 2 - Excepted Service <input type="checkbox"/> 3 - SES General <input type="checkbox"/> 4 - SES Career Reserved	35. FLSA Category <input type="checkbox"/> E - Exempt <input type="checkbox"/> N - Nonexempt	36. Appropriation Code	37. Bargaining Unit Status
38. Duty Station Code	39. Duty Station (City - County - State or Overseas Location)		

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

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

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

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

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

Yes

No

Notes:

1. A written synopsis of recommendation for the award will be either in Part D, or attached separately.
2. Technician MUST have a current performance appraisal on file to receive award.

PART E -- Employee Resignation/Retirement

PRIVACY ACT STATEMENT

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

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 or Labor or a State agency in connection with administration of unemployment compensation programs.

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

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

2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address (Number, Street, City, State, Zip Code)
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PART 5 -- Remarks for SF 50

MILITARY INFORMATION (SEE EXAMPLE ON PAGE 13 INSTRUCTIONS - ARMY VS. AIR EXAMPLES)

FC:
 DUTY POSITION TITLE:
 AUTHORIZED GRADE:
 CURRENT GRADE:
 PARA NR: LINE NR:
 MOS (DUTY):
 UNIT OF ASSIGNMENT:
 UIC:

REQUEST FOR PERSONNEL ACTION

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

1. Actions Requested RELOCATION BONUS (See Notes on Reverse)	2. Request Number ## ##
3. For Additional Information Call (Name and Telephone Number) (AO/SUPERVISOR)	4. Proposed Effective Date 01-02-2003
5. Action Requested By (Typed Name, Title, Signature, and Request Date) (AO/SUPERVISOR)	6. Action Authorized By (Typed Name, Title, Signature, and Concurrence Date) (FACILITY/ORGANIZATIONAL COMMANDER)

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

1. Name (Last, First, Middle) SMITH, DEAN A.	2. Social Security Number 901-12-2345	3. Date of Birth 10-12-1970	4. Effective Date
FIRST ACTION		SECOND ACTION	
5-A. Code	5-B. Nature of Action		
5-C. Code	5-D. Legal Authority		
5-E. Code	5-F. Legal Authority		

7. FROM: Position Title and Number	15. TO: Position Title and Number Airplane Flight Instructor, PD#-Sequence# (08563-7345) Air: Func Code (#####) MPCN#: (MIA#####) Army: Para (####) Line (####)										
8. Pay Plan	9. Occ. Code	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
22A. Basic Pay	22B. Locality Adj.	22C. Adj. Basic Pay	22D. Other Pay	20A. Basic Pay	20B. Locality Adj.	20C. Adj. Basic Pay	20D. Other Pay				
14. Name and Location of Position's Organization						22. Name and Location of Position's Organization Department of Military and Veterans Affairs 110 FW Battle Creek ANGB, MI					

EMPLOYEE DATA

23. Veterans Preference <input type="checkbox"/> 1 - None <input type="checkbox"/> 2 - 5-Point <input type="checkbox"/> 3 - 10-Point/Disability <input type="checkbox"/> 4 - 10-Point/Compensable <input type="checkbox"/> 5 - 10-Point/Other <input type="checkbox"/> 6 - 10-Point/Compensable/30%	24. Tenure <input type="checkbox"/> 0 - None <input type="checkbox"/> 1 - Permanent <input type="checkbox"/> 2 - Conditional <input type="checkbox"/> 3 - Indefinite	25. Agency Use	26. Veterans Preference for RIF <input type="checkbox"/> YES <input type="checkbox"/> NO
27. FEGLI	28. Annuitant Indicator		29. Pay Rate Determinant
30. Retirement Plan	31. Service Comp. Date (Leave)		32. Work Schedule F
33. Part Time Hours Per Biweekly Pay Period			

POSITION DATA

34. Position Occupied 2 <input type="checkbox"/> 1 - Competitive Service <input type="checkbox"/> 2 - Excepted Service <input type="checkbox"/> 3 - SES General <input type="checkbox"/> 4 - SES Career Reserved	35. FLSA Category <input type="checkbox"/> E - Exempt <input type="checkbox"/> N - Nonexempt	36. Appropriation Code	37. Bargaining Unit Status
38. Duty Station Code		39. Duty Station (City -- County -- State or Overseas Location) Battle Creek, MI	

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

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

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

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

Notes:

1. Specify amount of bonus in Part A, Block 1
2. Must attach a letter of FULL Justification, Proof of Residency in the State employed, AND Service Agreement to the SF 52.
3. One-time Lump Sum offer up to 25% of Base Pay.

PART E -- Employee Resignation/Retirement

PRIVACY ACT STATEMENT

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

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.

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

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

2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address (Number, Street, City, State, Zip Code)
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PART 5 -- Remarks for SF 50

MILITARY INFORMATION (SEE EXAMPLE ON PAGE 13 INSTRUCTIONS - ARMY VS. AIR EXAMPLES)

- FC:
- DUTY POSITION TITLE:
- AUTHORIZED GRADE:
- CURRENT GRADE:
- AFSC (DUTY):
- UNIT OF ASSIGNMENT:

REQUEST FOR PERSONNEL ACTION

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

1. Actions Requested RETENTION ALLOWANCE (5%) (See Notes on Reverse)		2. Request Number ##-##
3. For Additional Information Call (Name and Telephone Number) (AO/SUPERVISOR)		4. Proposed Effective Date 01-02-2003
5. Action Requested By (Typed Name, Title, Signature, and Request Date) (AO/SUPERVISOR)		6. Action Authorized By (Typed Name, Title, Signature, and Concurrence Date) (FACILITY/ORGANIZATIONAL COMMANDER)

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

1. Name (Last, First, Middle) SMITH, ERIC G.		2. Social Security Number 124-56-7465	3. Date of Birth 04-09-1960	4. Effective Date
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FIRST ACTION		SECOND ACTION	
5-A. Code	5-B. Nature of Action	6-A. Code	6-B. Nature of Action
5-C. Code	5-D. Legal Authority	6-C. Code	6-D. Legal Authority
5-E. Code	5-F. Legal Authority	6-E. Code	6-F. Legal Authority

7. FROM: Position Title and Number Airplane Flight Instructor, PD#-Sequence# (08563-1805) Air: Func Code (#####) MPCN#: (MIA#####) Army: Para (####) Line (###)					15. TO: Position Title and Number Airplane Flight Instructor, PD#-Sequence# (08563-1805) Air: Func Code (#####) MPCN#: (MIA#####) Army: Para (####) Line (###)							
8. Pay Plan	9. Occ. Code	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	
GS	2181	13	06			GS	2181	13	6			
12A. Basic Pay		12B. Locality Adj.		12C. Adj. Basic Pay		20A. Basic Pay		20B. Locality Adj.		20C. Adj. Basic Pay		20D. Other Pay

14. Name and Location of Position's Organization Department of Military and Veterans Affairs 110 FW Battle Creek ANGB, MI					22. Name and Location of Position's Organization Department of Military and Veterans Affairs 110 FW Battle Creek ANGB, MI				
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EMPLOYEE DATA							
23. Veterans Preference		24. Tenure		25. Agency Use		26. Veterans Preference for RIF.	
<input type="checkbox"/> 1 - None <input type="checkbox"/> 3 - 10-Point/Disability <input type="checkbox"/> 5 - 10-Point/Other <input type="checkbox"/> 2 - 5-Point <input type="checkbox"/> 4 - 10-Point/Compensable <input type="checkbox"/> 6 - 10-Point/Compensable/30%		<input type="checkbox"/> 0 - None <input type="checkbox"/> 2 - Conditional <input type="checkbox"/> 1 - Permanent <input type="checkbox"/> 3 - Indefinite		<input type="checkbox"/> YES <input type="checkbox"/> NO		28. Veterans Preference for RIF.	
27. FEGLI		28. Annuitant Indicator		29. Pay Rate Determinant		30. Retirement Plan	
						31. Service Comp. Date (Leave)	
				32. Work Schedule F		33. Part Time Hours Per Biweekly Pay Period	

POSITION DATA							
34. Position Occupied		35. FLSA Category		36. Appropriation Code		37. Bargaining Unit Status	
<input type="checkbox"/> 1 - Competitive Service <input type="checkbox"/> 3 - SES General <input type="checkbox"/> 2 - Excepted Service <input type="checkbox"/> 4 - SES Career Reserved		<input type="checkbox"/> E - Exempt <input type="checkbox"/> N - Nonexempt					
38. Duty Station Code		39. Duty Station (City - County - State or Overseas Location) Battle Creek, MI					

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
					<input type="checkbox"/> 1 - USA <input type="checkbox"/> 8 - Other		

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

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

PART D -- Remarks by Requesting Office

(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

Notes:

1. Increase CANNOT EXCEED 25% OF THE BASE PAY.
2. Specify percentage of Increase in Part A, Block 1
3. Must attach a letter of FULL Justification AND Service Agreement to the 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.

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 or Labor or a State agency in connection with administration of unemployment compensation programs.

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

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

2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address (Number, Street, City, State, Zip Code)
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PART 5 -- Remarks for SF 50

MILITARY INFORMATION (SEE EXAMPLE ON PAGE 13 INSTRUCTIONS - ARMY VS. AIR EXAMPLES)

- FC:
- DUTY POSITION TITLE:
- AUTHORIZED GRADE:
- CURRENT GRADE:
- AFSC (DUTY):
- UNIT OF ASSIGNMENT:

REQUEST FOR PERSONNEL ACTION

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

1. Actions Requested RECRUITMENT BONUS (UP TO 25% OF BASIC PAY) (See Notes on Reverse) 3. For Additional Information Call (Name and Telephone Number) (AO/SUPERVISOR)	2. Request Number ##-##-## 4. Proposed Effective Date 01-02-2003
5. Action Requested By (Typed Name, Title, Signature, and Request Date) (AO/SUPERVISOR)	6. Action Authorized By (Typed Name, Title, Signature, and Concurrence Date) (FACILITY/ORGANIZATIONAL COMMANDER)

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

1. Name (Last, First, Middle) DOE, JOHN M. FIRST ACTION	2. Social Security Number 122-56-7907	3. Date of Birth 04-30-1980	4. Effective Date
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
 Airplane Flight Instructor, PD#-Sequence# (08563-1805)
 Air: Func Code (#####) MPCN#: (MIA#####)
 Army: Para (####) Line (###)

15. TO: Position Title and Number
 Airplane Flight Instructor, PD#-Sequence# (08563-1805)
 Air: Func Code (#####) MPCN#: (MIA#####)
 Army: Para (####) Line (###)

8. Pay Plan	9. Occ. Code	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				
GS	2181	13	06			GS	2181	13	6						
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
 Department of Military and Veterans Affairs
 110 FW
 Battle Creek ANGB, MI

22. Name and Location of Position's Organization
 Department of Military and Veterans Affairs
 110 FW
 Battle Creek ANGB, MI

EMPLOYEE DATA

23. Veterans Preference <input type="checkbox"/> 1 - None <input type="checkbox"/> 3 - 10-Point/Disability <input type="checkbox"/> 5 - 10-Point/Other <input type="checkbox"/> 2 - 5-Point <input type="checkbox"/> 4 - 10-Point/Compensable <input type="checkbox"/> 6 - 10-Point/Compensable/30%	24. Tenure <input type="checkbox"/> 0 - None <input type="checkbox"/> 2 - Conditional <input type="checkbox"/> 1 - Permanent <input type="checkbox"/> 3 - Indefinite	25. Agency Use <input type="checkbox"/>	26. Veterans Preference for RIF <input type="checkbox"/> YES <input type="checkbox"/> NO
27. FEGLI <input type="checkbox"/>	28. Annuitant Indicator <input type="checkbox"/>		29. Pay Rate Determinant <input type="checkbox"/>
30. Retirement Plan <input type="checkbox"/>	31. Service Comp. Date (Leave) <input type="checkbox"/>	32. Work Schedule <input checked="" type="checkbox"/> F	33. Part Time Hours Per Biweekly Pay Period <input type="checkbox"/>

POSITION DATA

34. Position Occupied <input checked="" type="checkbox"/> 1 - Competitive Service <input type="checkbox"/> 3 - SES General <input type="checkbox"/> 2 - Excepted Service <input type="checkbox"/> 4 - SES Career Reserved	35. FLSA Category <input type="checkbox"/> E - Exempt <input type="checkbox"/> N - Nonexempt	36. Appropriation Code <input type="checkbox"/>	37. Bargaining Unit Status <input type="checkbox"/>
38. Duty Station Code <input type="checkbox"/>		39. Duty Station (City - County - State or Overseas Location) Battle Creek, MI	

40. Agency Data	41.	42.	43.	44.	45. Educational Level	46. Year Degree Attained	47. Academic Discipline	48. Functional Class	49. Citizenship <input type="checkbox"/> 1 - USA <input type="checkbox"/> 8 - Other	50. Veterans Status	51. Supervisory Status
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PART C - Reviews and Approvals (Not to be used by requesting office.)

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

2. Approval: I certify that the information entered on this form is accurate and that the proposed action is in compliance with statutory and regulatory requirements.

Signature	Approval Date
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PART D -- Remarks by Requesting Office

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

Yes

No

Notes:

1. CANNOT EXCEED 25% OF THE BASIC PAY.
2. Specify percentage of Bonus in Part A, Block 1
3. Must attach a letter of FULL Justification AND Service Agreement to the 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.

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

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

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

2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address (Number, Street, City, State, Zip Code)
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PART 5 -- Remarks for SF 50

MILITARY INFORMATION (SEE EXAMPLE ON PAGE 13 INSTRUCTIONS - ARMY VS. AIR EXAMPLES)

FC:
 DUTY POSITION TITLE:
 AUTHORIZED GRADE:
 CURRENT GRADE:
 AFSC (DUTY):
 UNIT OF ASSIGNMENT: