| | | | SUPE | RVISOR | 'S RECORD | OF TEC | CHNICL | AN EMPLO | YMENT | | | | | | |
|--|---------|--|---|-------------------------------|--------------------|--|-----------------------------|---------------------|------------------------------|-------------------|-------------------|------------------|--|--|--|
| 1. NAME | E (Lasi | t, First, MI) | 2. | DATE OF | BIRTH | | 3. SOCIA | AL SECURITY | NUMBER | | 4. SERVICE | COMP DATE | | | |
| Hankins, | Alfon | so J. | 2 | June xx | | | 123-45-6 | 789 | | 9 July xx | | | | | |
| *5. HO | | ADDRESS | 313 Gomo Al Grits, MS 311 601/555-121 | 111 | | *6. EMERGENCY INFORMATION Name MRS IMA SMITH Address 314 BACKSTREET RD, SWAMP, MS Relationship MOTHER Telephone No. 601/555-1234 | | | | | | | | | |
| Motor Sg *7a. | gt. 77' | MILITARY ASSIG T20 SECRET IS COMPATIBLE MILITARY SUPE | DTD 28 MA | AY 85 T COMPA | | - | | ate) 333 Bicyc | | | | | | | |
| *8. PERF | FORMA | ANCE RATING: | | | POINTS: | POIN | NTS: | POINTS: | F | OINTS: | POINTS | : POINTS: | | | |
| POINTS 0-10 UNACCEPTABLE 11-39 MARGIN ACCEPTABLE 40-69 FULLY ACCEPTABLE 70-89 EXCELLENT 90-100 OUTSTANDING | | | ENI | 88 RIOD DING: MAR xx | PERIOI ENDING | O G: | 90 PERIOD ENDING: 31 MAR xx | ENI | 89 NOD DING: MAR xx | PERIOD ENDING: | PERIOD ENDING: | | | | |
| 9. TRAIN | ING (OI | PM/Military/Civilian r | eceived during techn | ician emplo | vment) | | | | , | | • | <u>'</u> | | | |
| DATE | | COURSE OR SU | ВЈЕСТ | DATE | | COURSE OR SUBJECT DATE COURS | | | | | | UBJECT | | | |
| 3Jun86 | Super | rvisor Basic CRSE | | | | | | | | | | | | | |
| 1Mar87 | Super | rvisor Advanced CRSI | E | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| 10. INCEN | NTIVE A | AWARDS. COMMEN | DATION. SUGGES | TION AWA | ARDS. AND OTH | ER SPECIAI | L RECOGN | IITION | | Г | | | | | |
| DATE | | TYPE AND AM | OUNT | DATE | | TPYE AND | AMOUNT | , | DATE | | TYPE AND AMOUNT | | | | |
| 5Aug85 | OSI-S | \$500.00 | | | | | | | | | | | | | |
| 23Sep85 | Cash | Award-100.00 | | | | | | | | | | | | | |
| 4Feb8 | Cash | Award-200.00 | | | | | | | | | | | | | |
| 23Jun87 | Letter | r of Commendation | | | | | | | | | | | | | |
| 11. POSIT EFFECTI DATE | IVE | ND PERSONNEL DA' NATURE OF ACTION | | | sition. Chg. Reass | | F | PAY PLAN & OCC CODE | | ADE TEP | SALARY | ORG/ LOCATION | | | |
| 19 Sep xx | | Exc. Appt | Parts Specialist - | 416-76-36 | | | GS-200 | 5 | 06/6 | \$7. | 377. | 333 Bike Co. | | | |
| 6 Jun xx | | Pav Adiust | Parts Specialist - | 416-76-36 | | | GS-200 | 5 | 06/6 | 8.02 | 27. | " | | | |
| 24 Mav xx | ζ. | Pos. Chg | Supply Tech - | 818-04-73 | | | GS-220 | 5 | 06/6 | 8.50 | 09. | 42 Widget BN | | | |
| 30 Aug xx | | WGI | Supply Tech - | 818-04-73 | | | GS-220 | 5 | 06/7 | 8.7: | 52. | " | | | |
| 11 Oct xx | | Promo | OT&R Spec - I | R1106000 | | | GS-030 | 1 | 07/1 | 0 20. | 701. | 333 Bike Co. | | | |
| 3 Jan xx | | Reassign | Training Tech - I | R17071000 | | | GS-170 | 2 | 07/1 | 0 23. | 170. | " | | | |
| | | | | | | | | | | | | | | | |
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| 12. COMME elements, saf | 12. COMMENTS AND REMARKS (Record discussions/counseling sessions on all matters relative to employment, i.e., performance standards/critical job elements, safety briefings, ect.) | | | | | | | | |
|-------------------------|--|--|--|--|--|--|--|--|--|
| DATE | PURPOSE RECOMMENDED ACTION, ECT. | | | | | | | | |
| 15 Jun xx | Counseled on poor iob performance - Reports not submitted on time. | | | | | | | | |
| 25 Aug xx | Counseled on working relationship with co-workers (bad attitude) | | | | | | | | |
| 1 Jan xx | Periodic counseling - complimented on improved iob performance. | | | | | | | | |
| 1 Feb xx | Discussed Performance Standrds/Critical Job Elements. | | | | | | | | |
| 24 Mar xx | Attended Safety briefing conducted by Det 1, Troop Comand. | | | | | | | | |
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| Maintanan | Concernigates are to maintain a record on each technician and should next amplement data as seen as possible (This will | | | | | | | | |

Maintenance: Supervisors are to maintain a record on each technician and should post employment data as soon as possible. (This will eliminate the need to retain a copy of the SF 50.) Clerical personnel will not be delegated the responsibility for filing or maintenance of this form.

Continuation Sheets: When additional space is required to record additional data, a new form may be prepared by completing blocks 1 thru 4 and the additional data or the use of supplemental sheets is authorized. The continuation form or sheets of paper will be attached to the basic form. The basic form must reflect the number of pages in existence at all times.

Disposition: This form will be disposed of IAW with TPR 293-31.

Annex A 8-A-2

| SF 52 Item | Instructions |
|------------------------------------|--|
| PART A: 1. Actions Requested | Detail, Reassignment, Resignation Suspend, Leave Without Pay, Return to Duty, etc. |
| 2. Request Number | To be used by Requesting Official (Optional) |
| 3. For Additional Information Call | Enter the name and telephone number of the person most familiar with the action requested who can furnish the HRO with additional information, if required. |
| 4. Proposed Effective Date | Enter the date on which the action is desired. For reassignments or change to lower grade, use the beginning date of a future pay period; in separation actions, show the last date the technician will be on the rolls. |
| 5. Action Requested By | Enter the signature and title of the first level supervisor |
| 6. Action Authorized By | Enter the signature and title of the second-level supervisor. |
| PART B: 1. Name | appears on official records. |
| 2. SSN | |
| 3. Date of Birth | Applicable only if Item I is completed and then enter in 6 numerals; e.e., "01-27-34" DO NOT USE military dating system. |

| 52 Item | Instructions |
|--|---|
| 4. Effective Date | Leave Blank - To be completed by HRO. |
| 5-A - 6-F | Leave Blank - To be completed by HRO. |
| 7. From | Enter official position title and number from position description. |
| 8. Pay Plan | Enter pay plan as reflected on official position description; e.g., WG, GS. |
| 9. Occ. Code | Enter class series as reflected on official position description; e.g., 8852, 0301. |
| 10. Grade or Level | Enter grade or level as reflected on official position description. |
| 11, 12, 13 | Leave Blank - To be completed by HRO. |
| 14. Name & Location of Position's Organization | Enter complete organizational designation & location (i.e., TAG- MS, PO Box 5027, Jackson, MS. 39296-5027; OMS NO. 23) |
| 15. To | See Item 7 above. |
| 16. Pay Plan | See Item 8 above. |
| 17. Occ. Code | See Item 9 above. |
| 18. Grade or Level | See Item 10 above. |
| 19, 20, 21 | Leave blank, to be completed by HRO. |
| 22. Name & Location of Employing Office | See Item 14 above. |
| 23 - 33 | Leave blank, to be completed by HRO. |
| 34. Position Occupied | Enter 1 (for competitive service) or enter 2 (for excepted service). |

| SF 52 Item | Instructions |
|---|--|
| 35, 36, 37, 38 | Leave blank, to be completed by HRO. |
| 39. Duty Station | Complete on all requests for a personnel action. Enter the city, county, and State in which the technician will have his official duty station. |
| 40 – 48 | Leave blank, to be completed by HRO |
| 49. Citizenship | Enter 1 (USA) or a (other) -only on appointments? conversions to appointments, separations. |
| PART C: Reviews and Approval Section | |
| ITEM A: Reserved for AG (When applicable) | |
| ITEM B: Reserved for Cofs or ESSO (When applicable) | |
| ITEM C: Completed by Tech Service Chief, MS-HRO-Ti | ESS |
| ITEM D: Completed by Psn Classification Spec, MS-HR | O-PCS |
| ITEM E: Completed by Pers Staffing Spec, MS-HRO-PS | S |
| ITEM F; May be completed by Activity Supervisor (USP MISC use by this office. | PFO, CSMS, SMO, Air Guard Base, etc.), or |
| PART D: | |
| Remarks by Requesting Office | Optional, except leave blank for resignation & retirements. Information that a supervisor has concerning an employee's reasons for resignation or retirement should by noted on a separate sheet (NOT on SF 52 itself). |

MSNG HRR 1 JUN 01

PART E:

2. Effective Date -----Self-explanatory.

3. Employee's Signature -----Self-explanatory.

4. Date signed -----Self-explanatory.

5. Forwarding address ------Self-explanatory.

PART F:

Remarks for SF-50------Leave Blank, to be completed by HRO.

ANNEX B INDEX

Examples of Standard Form 52's

| <u>TYPE</u> | <u>PAGE</u> |
|--------------------------|-----------------|
| Fill Position | |
| - Permanent | 8-B-6 - 8-B-8 |
| - Indefinite | 8-B-9 - 8-B-11 |
| - Temporary | 8-B-12 - 8-B-14 |
| Promotion | 8-B-15 - 8-B-16 |
| Change to Lower Grade | 8-B-17 - 8-B-19 |
| Reassignment | 8-B-20 - 8-B-24 |
| Detail | 8-B-25 - 8-B-26 |
| Terminate Detail | 8-B-27 - 8-B-28 |
| Leave Without Pay (LWOP) | 8-B-29 - 8-B-30 |
| Return to Duty from LWOP | 8-B-31 - 8-B-32 |
| Name Change | 8-B-33 - 8-B-34 |
| Resignation | 8-B-35 - 8-B-36 |
| Retirement | 8-B-37 - 8-B-38 |

| PART A- Re | PART A- Requesting Office (Also complete Part B Items 1, 7-22, 32, 33, 36, and 39) | | | | | | | | | | | | | |
|---|--|--|--------------------|-------------------------------|---------------|---------------------|---|--|---------------------|----------------|---------------------------------------|--------------------------|---------------|--|
| 1. Position Re | | SITION - Perma | nent | | | | | | | | 2. Request Number (Optional) | | | |
| 3. For Addtional Information Call (Name and Telephone Number) R. T. Brown, 623-7840 | | | | | | | | | | 4. Pro | • | l Effective Da | ate | |
| 5. Action Requ | uested By (T | Typed Name, Title, S | Signature, and I | Request Date) | | 6. Acti | on Autho | rized By (Typ | ed Name, Title | , Signature, a | and Co | oncurrence I | Date) | |
| | | George Privileg General Mechar | | ı, 10-14-xx | (| | Robert Smith Administrative Officer 10-14-xx | | | | | | | |
| PART B – F | or Prepar | ation of SF 50 (U | Jse only codes | in FPM Supp | lement 29 | 92. Show all | dates in | month, day | , year order) | | | | | |
| 1. Name (Last | , First, Mid | dle) | | | | 2. Soci | 2. Social Security Number 3. Date of Birth | | | | 4. Effective Date | | | |
| First Action | First Action | | | | | | | | | | | | | |
| 5-A. Code | 5-A. Code 5-B. Nature of Action | | | | | | | 6-B. Nat | are of Action | | | | | |
| 5-C. Code | 5-D. L | egal Authority | | | | 6-C. C | ode | 6-D. Leg | al Authority | | | | | |
| 5-E. Code | 5-F. L | egal Authority | | | | 6-E. C | ode | 6-F. Leg | al Authority | | | | | |
| 7. FROM: Pos | sition Tiltle | and Number | | | | 15. TO | He | a Title and Nu avy Mobi 107000 | mber le Equipme | nt Repaire | er | | | |
| 8. Pay Plan | 9. Occ. Code | 10. Grade or Level | 11. Step Or Rate | 12. Salary | 13. Pay Bonus | s 16. Pay Pla WG | | | | | | . Salary/Award | 21. Pay Bonus | |
| 14. Name and | 14. Name and Location of Position's Organization | | | | | | | 22. Name and Location of Position's Organization TAG-MS PO Box 5027 Jackson, MS 39296-5027 (OMS #23) | | | | | | |
| Employee D | ata | | | | | | | | | | | | | |
| | Preference 1- None 3-10F 2-5 Pt. 4-10 I | | | | | 24. Te | 24. Tenure O-None 2-Conditional 1- Permanent 3- Indefinate 25. Agency Us | | | | 26Veterans Preference for RIF YES NO | | | |
| 27. FEGLI | | | | | | 28. Aı | 28. Annuitant Indicator 1- Reciept 3-RETM 5-RETM & CS 2-RETO 4. RETO &CS 6-Not Acceptable | | | | | 29. Pay Rate Determinant | | |
| 30. Retiremen | | | 31. Se | rvice Comp. Da | nte (Leave) | 32. Wo | 32. Work Schedule F. Full-time G-FT Seasonal N-FT On Call P-Part-time Q-PT Seasonal R-FT On Call P-Part-time Q-PT Seasonal R-FT On Call | | | | | | | |
| Position Dat 34. Position Occ 2 | | | era eer Resrved | 35. FLSA Cat | | | propriatio | on Code | | | 37. Bargaining Unit Status | | | |
| 38.Duty Statio | | | | 39. Duty Stati Richtown, S | | | r Oversea | s Location) | | | | | | |
| 40. Agency Da | ıta | 41. | 42. | | 43. | | 44. | | | | | | | |
| 45. Educational | Level | 46.Year Degree Attain | ed 47 Acade | mic Discipline | 48.Functi | ional Class | 49.Citiz | enship USA 8-Other | 50.Vietnam Y-Yes | | 51. Su | pervisory Stati | as | |
| PART C Re | views and | Approval (N | lot to be used | by requesting | office) | | | | | | | | | |
| 1. Office/Function | on | Initials/Signature | | Date | | Office/Functi | on | Initials/Sign | ature | | Date | | | |
| A. 1 | | | | | D. | | | | | | | | | |
| В. | | | | | | | E. | | | | | | | |
| C. | | | _ | | | F. | | | | | | | | |
| 52. Approval: I cert compliance with sta | | rmation entered on this forn latory requirements. | Signature | Signature Approval Date | | | | | | | | | | |

| PART D- Ro | emarks by Requesting Office | | | |
|--------------------------------------|--|---------------------|--|---|
| | | | | YES NO |
| (Note to Sup | ervisor: Do you know of additional or confl If "YES", please state these facts on a | | sons for the employee's resignation/retirement? sheet and attach to SF 52.) | |
| | VICE: Original Vacancy | | | |
| | | on vacated | l by someone else, list their name, reason they left | the position (i.e |
| | ` | | te of their action. If this position was never filled | |
| | | | | |
| | | | | |
| PART E - E | Employee Resignation/Retirement | | | |
| | | Privac | ey Act Statement | |
| and forwarding a regarding your r | ed to furnish a specific reason for your resignation or readdress. Your reason may be considered in any future e-employee to the Federal service and may also be up to the following the considered in the Federal service and may also be up to the following the considered to the following the follo | decision used to | regulations with regard to employment of individuals in th records, while section 8506 requires agencies to furnish th mination of Federal service to the Secretary of Labor or a section of the secretary of Labor or a sec | e specific reason for ter- State agency in connec- |
| ing address will | eligibility for unemployment compensation benefits. Y be used primarily to mail you copies of any documents or compensation to which you are entitled. | | | |
| This information | n in requested under authority of sections 301, 3301, and e. Section 301 and 3301 authorize OPM and agencies t | | result in your not receiving: (1) your copies of those docur (2) pay or other compensation due you: (3) any unemploys benefits to which you may be entitled. | nents you should have: |
| | | | | |
| 2. Effective Date | 3. Your Signature 4. Date | Signed | 5. Forwarding Address (Number, Street, City, State, ZIP Code) | |
| PART F – Rer | narks for SF 50 | | | |
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8-B-7

Annex B

FILL POSITION - Permanent

WHEN SUBMITTING AN SF-52 TO FILL A VACANT POSITION, BE SURE THAT YOU ALSO ATTACH THE QUESTIONS THAT WILL BE USED DURING THE INTERVIEW. EFFECTIVE IMMEDIATELY, AN SF-52 RECEIVED IN THE HRO WITHOUT THE QUESTIONS ATTACHED TO THE SF-52, WILL BE RETURNED TO THE REQUESTING SUPERVISOR WITHOUT ACTION.

| PART A- Requesting Office (Also complete Part B Items 1, 7-22, 32, 33, 36, and 39) | | | | | | | | | | | | | | |
|--|--|---|----------------------|----------------------------|------------------------------------|----------------------|---|--|---------------------|------------------|------------------------------------|--------------------------------|---------------|--|
| · | | | | | | | | | | | 2. Request Number (Optional) | | | |
| | I Informat . T. Bro | tion Call (Name and wn, 623-784 | - | mber) | | | | | | ı | 4. Proposed Effective Date ASAP | | | |
| 5. Action Reques | sted By (T | yped Name, Tittle, S | Signature, and | Request Date) | | 6. Acti | 6. Action Authorized By (Typed Name, Title, Signature, and Concurrence Date) | | | | | | | |
| | | George Privilego General Mechan | | n, 10-14-x | X | | Robert Smith Administrative Officer 10-14-xx | | | | | | | |
| PART B – For | Prepara | ation of SF 50 (U | se only codes | in FPM Sup | plement 2 | 92. Show all | dates in m | nonth, day, | year order) |) | | | | |
| 1. Name (Last, F | irst, Midd | dle) | | | | 2. Soci | 2. Social Security Number 3. Date of Birth | | | | 4. Effective Date | | | |
| First Action | | | | | | | | | | | | | | |
| 5-A. Code | 5-B. Na | ature of Action | | | | 6-A. C | ode | 6-B. Natı | ire of Action | | | | | |
| 5-C. Code | 5-D. L | egal Authority | | | | 6-C. C | ode | 6-D. Leg | al Authority | | | | | |
| 5-E. Code | 5-F. Le | egal Authority | | | | 6-E. C | ode | 6-F. Lega | al Authority | | | | | |
| 7. FROM: Position Tiltle and Number | | | | | | | Hear | Fitle and Num vy Mobile 07000 | | ent Repai | rer | | | |
| 8. Pay Plan | 9. Occ. Code | 10. Grade or Level | 11. Step Or Rate | 12. Salary | 13. Pay Bon | us 16. Pay Pla WG | n 17. 0c | | Grade or Level | 19. Step or Rate | 20. 5 | Salary/Award | 21. Pay Bonus | |
| 14. Name and Lo | 14. Name and Location of Position's Organization | | | | | | | 22. Name and Location of Position's Organization TAG-MS PO Box 5027 Jackson, MS 39296-5027 (OMS #23) | | | | | | |
| Employee Data | a | | | | | | | | | | | | | |
| 23. Veterans Pre | eference None 3-10P 5 Pt. 4-10 P | t. Disab. 5-10 Pt. Other Pt. Comp. 6-10 Pt./Comp | | | | 24. Te | 24. Tenure 25. Agency Use 26Veterans Preference for RIF 0-None 2-Conditional 1- Permanent 3- Indefinate YES NO | | | | | | | |
| 27. FEGLI | | | | | | 28. Aı | 28. Annuitant Indicator 1- Reciept 3-RETM 5-RETM & CS 2-RETO 4. RETO & CS 6-Not Acceptable 29. Pay Rate Determinant | | | | | | erminant | |
| 30. Retirement P | Plan | | 31. Se | ervice Comp. I | ate (Leave | 32. We | F- Full-time P-Part-time | e I-Interminat G-FT Seasor Q-PT Seasor | nal N-FT On | Call | | Part-Time Ho Per Biweekly P | | |
| Position Data | | | | | | | | | | | | | | |
| | ied Competive Expected S | | era eer Resrved | 35. FLSA Ca | tegory E- Exempt N- Nonexemp | | propriation | Code | | | 37. B | Bargaining U | nit Status | |
| 38.Duty Station | Code | | | 39. Duty Star Richtown, | | County-State o Ms | r Overseas | Location) | | | | | | |
| 40. Agency Data | 1 | 41. | 42. | | 43. | | 44. | | | | | | | |
| 45. Educational Lev | vel | 46.Year Degree Attaine | ed 47 Acade | mic Discipline | 48.Func | tional Class | 49.Citizen 1-U | nship SA 8-Other | 50.Vietnam Y-Yes | Era Vet N-NO | 51. Su | upervisory Sta | tus | |
| PART C Revie | ews and | Approval (N | ot to be used | by requestin | g office) | | | | | | | | | |
| 1. Office/Function | | Initials/Signature | | Date | | Office/Functi | on | Initials/Signa | ture | | | Date | | |
| A. | | | | | | D. | | | | | | | | |
| B. | | | | | | E. | | | | | | | | |
| C. | | | | | | F. | | | | | | A 17 | \-4- | |
| 52. Approval: I certify compliance with statute | | mation entered on this form | is accurate and that | the propsed action is | in | Signature | | | | | | Approval I | vate | |

| PART D- Remar | ks by Requesting Office | | |
|--|---|--|---|
| (Note to Sup | pervisor: Do you know of additional of If "YES", please state these faction VICE: Donald Dooley - LWC | ts on a separate | |
| PART E - Em | ployee Resignation/Retirement | | |
| | | Privacy | y Act Statement |
| and forwarding regarding your determine your ing address will have or any pay This informatio title 5, U.S. Coo | | ny future decision also be used to nefits. Your forwar ocuments you shoul 3301, and 8508 of agencies to issue reasons are used i | |
| 2. Effective Date | 3. Your Signature | 4. Date Signed | 5. Forwarding Address (Number, Street, City, State, ZIP Code) |
| PART F – Ren | narks for SF 50 | | |

FILL POSITION - Indefinite

WHEN SUBMITTING AN SF-52 TO FILL A VACANT POSITION, BE SURE THAT YOU ALSO ATTACH THE QUESTIONS THAT WILL BE USED DURING THE INTERVIEW. EFFECTIVE IMMEDIATELY, AN SF-52 RECEIVED IN THE SPMO WITHOUT THE QUESTIONS ATTACHED TO THE SF-529 WILL BE RETURNED TO THE REQUESTING SUPERVISOR WITHOUT ACTION.

A REQUEST TO FILL A POSITION WITH AN INDEFINITE APPOINTMENT USUALLY MEANS THAT THE SERVICES OF THE SELECTED INDIVIDUAL IS REQUIRED FOR MORE THAN ONE YEAR. THEREFORE COMPETITION MUST BE USED.

FILL POSITION - Temporary

WHEN SUBMITTING AN SF-52 TO FILL A TEMPORARY POSITION, BE SURE A FULLY COMPLETED APPLICATION IS ATTACHED WITH SF-52. MANY TIMES, DELAYS ARE ENCOUNTERED BECAUSE THE SUPERVISOR FAILED TO ENSURE THAT THE APPLICANT COMPLETED9 SIGNED AND FORWARDED HIS APPLICATION WITH SF-52 REQUESTING THAT HE BE HIRED.

NOTE: MAKE SURE THAT THE APPLICANT COMPLETES THE FOLLOWING APPLICATION FORMS FOR SUBMISSION WITH YOUR SF-52:

- A. SF-171 Application for Federal Employment
- B. SF-171A Continuation Sheet for SF-171 (If needed)
- C. SF-181 Race and National Origin Identification
- D. AGO Form 171 Military Qualification Statement
- E. AGO Form 171-A Pre-Appointment Statement for Selective Service

REMINDER: Once the individual has been approved to begin work, the Services Section will forward to the Supervisor/Manager, an Employment packet. You MUST work with the technician to complete the documents in the packet and return them to the HRO office by the Suspense date listed on the cover sheet of the Employment Packet. FAILURE TO DO SO, WILL RESULT IN THE TECHNICIAN FROM BEING PUT ON THE TECHNICIAN PAYROLL, AND WILL DELAY HIM/HER FROM BEING PAID.

| PART A- Requesting Office (Also complete Part B Items 1, 7-22, 32, 33, 36, and 39) | | | | | | | | | | | | | | | | |
|--|---|--|-------------------------|-----------|-----------|-----------------------------------|------------|---|------------|-------------------------|--------|----------------|---|--------------------|------------------------|---------------|
| 1. Position Reque | ested LL POS | ITION Tempe | orary NTE | - 1 | 2-31-xx | | | | | | | | | 2. Req (Opti | uest Number onal) | |
| | Information mes E. E | on Call (Name and Elements & | Telephone N 324-9231 | umber) | | | | | | | | | | 4. Prop | posed Effectiv -xx | e Date |
| 5. Action Request | ted By (Ty | ped Name, Tittle, | Signature, an | d Reque | est Date) | | | 6. Action Authorized By (Typed Name, Title, Signature, and Concurrence Date) | | | | | | | | ce Date) |
| | | mes E. Elemen pv Computer | | 0-10- | XX | | | Charles Squadron Supv Log Mgmt Spec 10-10-xx | | | | | | | | |
| PART B – For | Preparat | ion of SF 50 (U | se only cod | es in FI | PM Supp | lement 2 | 92. Sh | ow all | dates in | month, c | day, y | ear orde | r) | | | |
| 1. Name (Last, Fi | irst, Middl | e) McADOC | , MELISSA C | AROL | | | | 2. Social Security Number 789-12-5151 3. Date of Bir 04-20-xx | | | | of Birth | 4. Effective Date | | | |
| First Action | | | | | | | | | | | | | | | | |
| 5-A. Code 5-B. Nature of Action | | | | | | | | 6-A. Co | ode | 6-B. | Natu | re of Actio | n | | | |
| 5-C. Code | 5-D. Leg | gal Authority | | | | | | 6-C. Co | ode | 6-D. | Lega | l Authorit | y | | | |
| 5-E. Code | 5-F. Leg | al Authority | | | | | | 6-E. Co | ode | 6-F. | Lega | Authorit | y | | | |
| 7. FROM: Positio | on Tiltle ar | nd Number | | | | | | 15. TO | | Title and mputer 556100 | Ope | | | | | |
| 8. Pay Plan 9 | 9. Occ. Code | 10. Grade or Level | 11. Step Or Rate | 12. | Salary | 13. Pay Bon | | 16. Pay Plan | | Occ. Code | 06 | Grade or Level | 19. Ste | p or Rate | 20. Salary/Award | 21. Pay Bonus |
| 14. Name and Loc | cation of F | Position's Organiza | ation | | | | | 22. Name and Location of Position's Organization TAG-MS PO Box 5027 Jackson, Ms 39296-5027 (OMS #23) | | | | | | | | |
| Employee Data | 1 | | | | | | | | | | | | | | | |
| | ference None 3-10Pt. Pt. 4-10 Pt. | | r p. | | | | | 24. Tenure 0-None 2-Conditional 1- Permanent 3- Indefinate 25. Agency Use 26Veterans Preference for RIF | | | | | | | 1 | |
| 27. FEGLI | | | | | | | | 28. Annuitant Indicator 29 | | | | | 29. Pay Rate I | Determinant | | |
| 30. Retirement Pl | lan | | 31. | Service | Comp. Da | nte (Leave) |) | 32. Work Schedule I-Interminate J-MT Seasonal Full-time G-FT Seasonal N-FT On Call P-Part-time Q-PT Seasonal R-FT On Call | | | | n Call | 33. Part-Time Hours Per Biweekly Pay Period | | | |
| Position Data | | | | | | | | | | | | | | | | |
| | ed Competive S Expected Ser | | era eer Resrved | 35.1 | FLSA Cat | egory E- Exempt N- Nonexemp | | 36. App | oropriatio | on Code | | | | | 37. Bargaining | g Unit Status |
| 38.Duty Station C | Code | | | | | on (City-C Somewh | | | Oversea | s Location | n) | | | | | |
| 40. Agency Data | 4 | l1. | 42. | | | 43. | | | 44. | | | | | | | |
| 45. Educational Leve | el 4 | 6.Year Degree Attain | ed 47 Aca | demic Dis | scipline | 48.Func | ctional Cl | lass | 49.Citize | enship USA 8-Otl | her | | ım Era Ve s N-NO | | 51. Supervisory | Status |
| PART C Review | ws and A | pproval (N | lot to be use | d by re | questing | office) | | | | | | | | | | |
| 1. Office/Function Initials/Signature Date | | | | | Office | e/Functio | on | Initials/ | Signat | ature | | | Date | | | |
| A. I | | | | | D. | | | | | | | | | | | |
| B. | | | | | | | E. | E. | | | | | | | | |
| C. | | | | | | | F. | | | | | | | | | |
| | | 52. Approval: I certify that the information entered on this form is accurate and that the propsed action is in compliance with statutory and regulatory requirements. Signature Approval Date | | | | | | | | | | | | | Approva | al Date |

| | | | | | YES | NO | | | | |
|--|--|--|-----------|--|--------------------|-------------------|--|--|--|--|
| (Note to S | upervisor: Do you know of additional | | | | | | | | | |
| | If "YES", please state these fa | cts on a separa | ite shee | t and attach to SF 52.) | | | | | | |
| | VICE: Thornton, Jessica S. | (LWOP due to | service | e school from 10-15-xx - 12-31-xx | | | | | | |
| | IF NOT QUALIFIED AT THE TEMPORARY POSITION A | | | VEL, APPLICANT INDICATES SH E, NOT TO EXCEED, GS-04. | E WILL ACC | EPT THIS | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| PART E - Em | nployee Resignation/Retirement | | | | | | | | | |
| | sprojee resignation/rectiement | | | | | | | | | |
| | | Privac | cy Act | Statement | | | | | | |
| You are requ | ested to furnish a specific reason for your resign | nation or retiremen | nt | regulations with regard to employment of indiv | iduals in the Fede | eral service and | | | | |
| and forwardi regarding yo determine yo | ng address. Your reason may be considered in ur re-employment in the Federal service and ma ur eligibility for unemployment compensation b | y also be used to benefits. Your forv | ward- | records, while section 8506 requires agencies t mination of Federal service to the Secretary of tion with administration of unemployment com- | Labor or a State a | agency in connec- | | | | |
| | vill be used primarily to mail you copies of any pay or compensation to which you are entitled. | documents you sho | ould | The Furnishing of this information is voluntary | | | | | | |
| | tion in requested under authority of sections 30 Code. Section 301 and 3301 authorize OPM and | | of | result in your not receiving: (1) your copies of those documents you should he (2) pay or other compensation due you: (3) any unemployment compensation benefits to which you may be entitled. | | | | | | |
| | for Resignation/Retirement (NOTE: Your | | | | Please be specif | fic and avoid | | | | |
| generanzan | ions. Your resignation/retirement is effect | ive at the end of | the day | -midnight-unless you specify otherwise). | | | | | | |
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| | | | | | | | | | | |
| | T | 1 | 1 | | | | | | | |
| 2. Effective Date | 3. Your Signature | 4. Date Signed | 5. Forwar | rding Address (Number, Street, City, State, ZIP Code) | | | | | | |
| PART F – Ren | marks for SF 50 | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| | Annex B | | 8-B- | -14 | | <u>——</u> | | | | |

PART D- Remarks by Requesting Office

| PART A- Req | uesting Of | ffice (Also co | mplete Part | B Items 1, | 7-22, 3 | 32, 33, 30 | 6, and 39) | | | | | | | | | |
|--|---|---|-----------------------|------------------------|-----------|-----------------------------------|--|--|----------------------|--------------------------|-----------|---|------------------|-------------------------------------|-----------------|---------------|
| 1. Position Requ | uested PROMOTI | ION | | | | | | | | | | | | 2. Request Number (Optional) | | |
| | al Informatio oseph T. I | on Call (Name and Dale | l Telephone N | ımber) | | | | | | | | | | 4. Proposed Effective Date 11-01-xx | | |
| 5. Action Reque | ested By (Ty | ped Name, Tittle, | Signature, and | Request Da | ate) | | 6. Act | 6. Action Authorized By (Typed Name, Title, Signature, and Concurrence Date) | | | | | | | | |
| | | seph T Dale rcraft Mechai | nic Forema | n, 10-19- | -xx | | | William P. Barkley Aircraft Mechanic General Foreman 10-19-xx | | | | | | | | |
| PART B – For | r Preparat | ion of SF 50 (U | Jse only code | s in FPM S | Supple | ement 29 | 2. Show all | dates | s in m | onth, d | ay, yea | r order) | | | | |
| 1. Name (Last, l | First, Middle | e) SANDE | RS, JOHN B | ART | | | 2. Soc 522-22-1 | | urity N | Number | | 3. Date of | Birth | 4. Ef | ffective Date | |
| First Action | | | | | | | | | | | | | | | | |
| 5-A. Code | 5-B. Nat | ture of Action | | | | | 6-A. C | ode | | 6-B. I | Nature | of Action | | | | |
| 5-C. Code 5-D. Legal Authority | | | | | | 6-C. C | . Code 6-D. Legal Authority | | | | | | | | | |
| 5-E. Code | 5-F. Leg | al Authority | | | | | 6-E. C | ode | | 6-F. Legal Authority | | | | | | |
| 7. FROM: Position Tiltle and Number Aircraft Mechanic F4509100 | | | | | | 15. TO | | Aircı | itle and I aft Me | | | | | | | |
| 8. Pay Plan WG | 9. Occ. Code 8852 | 10. Grade or Level 11 ILO | 11. Step Or Rate | 12. Salary | | 13. Pay Bonus | 16. Pay Pla | n | 17. 0cc 885 | | 17. Grade | e or Level | 19. Step or Rate | 20 | 0. Salary/Award | 21. Pay Bonus |
| TAG-N PO Box Jackson | 14. Name and Location of Position's Organization TAG-MS PO Box 5027 Jackson, MS 39296-5027 (989 th MAGp) | | | | | | TAG- PO B | MS ox 502 on, M | 27 S 3929 | ation of 1 | | n's Organ | ization | | | |
| 23. Veterans Pr | eference | | | | | | 24. Te | nure | | | | 25. Aş | gency Use | 26V | eterans Prefere | ence for RIF |
| | None 3-10Pt. -5 Pt. 4-10 Pt. | | er np. | | | | | | None Permanen | 2-Condit at 3- Indefi | | | | <u></u> | YES | NO |
| 27. FEGLI | | | | | | | 28. Annuitant Indicator 1- Reciept 3-RETM 5-RETM & CS 2-RETO 4. RETO &CS 6-Not Acceptable | | | | | Pay Rate Det | erminant | | | |
| 30. Retirement | Plan | | 31.5 | Service Comp | p. Date | e (Leave) | 32. W | 32. Work Schedule I-Interminat J-MT Seasonal F-Full-time G-FT Seasona N-FT On Call | | | | 33. Part-Time Hours Per Biweekly Pay Period | | | | |
| Position Data | | | | | | | | P-Par | rt-time | Q-PT S | easonal | R-FT On | Call | | | |
| | oied - Competive S - Expected Ser | | eral reer Resrved | 35. FLSA | ŢĔ | gory E- Exempt N- Nonexempt | 1 | propr | iation | Code | | | | 37. | Bargaining U | Jnit Status |
| 38.Duty Station | Code | | | 39. Duty S SoSo, Jo | | | ounty-State o | r Ove | rseas I | Location |) | | | | | |
| 40. Agency Data 41. 42. 43. | | | | | | 44. | | | | | | | | | | |
| 45. Educational Le | evel 4 | 6.Year Degree Attain | ned 47 Acad | emic Disciplin | ne | 48.Functi | onal Class | 49. | Citizens 1-US | ship SA 8-Othe | | 50.Vietnam Y-Yes | | 51. 5 | Supervisory Sta | tus |
| PART C Revi | ews and A | pproval (N | Not to be use | l by reques | sting o | office) | | | | | | | | | | |
| 1. Office/Function | I | nitials/Signature | | Da | ate | | Office/Funct | ion | | Initials/S | ignature | | | | Date | |
| A. | | | | | | | D. | | | | | | | | | |
| В. | | | | | Е. | | | | | | | | | | | |
| C. | | | | | | | F. | | | | | | | | | |
| 52. Approval: I certify compliance with statu | | ation entered on this forn ory requirements. | n is accurate and tha | t the propsed acti | ion is in | | Signature | | | | | | | | Approval I | Date |

| PART D- Remarks by Requesting Office | PA | RT D- | Remarks | by Red | westing | Office |
|--------------------------------------|----|-------|---------|--------|---------|--------|
|--------------------------------------|----|-------|---------|--------|---------|--------|

| | YES | NO |
|---|-----|-----|
| _ | ILS | 110 |

(Note to Supervisor: 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.)

Individual previously selected for a higher graded position and now meets the full requirements of the position for promotion to the full grade.

NOTE: If the individual you hired through the Vacancy Announcement process was hired at a grade lower than the full grade of the position, <u>YOU MUST</u> submit an SF-52 requesting that he be promoted. You will need to contact the Personnel Staffing Specialist (949-6386), to determine the date of eligibility of your employee's promotion.

PART E - Employee Resignation/Retirement

Privacy Act Statement

You are requested to furnish a specific reason for your resignation or retirement their

and 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 in requested under authority of sections 301, 3301, and 8508 of title 5, U.S. Code. Section 301 and 3301 authorize OPM and agencies to issue

regulations with regard to employment of individuals in the Federal service and

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: (3) any unemployment compensation benefits to which you may be entitled.

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

| 2. Effective Date | 3. Your Signature | 4. Date Signed | 5. Forwarding Address (Number, Street, City, State, ZIP Code) |
|-------------------|-------------------|----------------|---|
| | | | |
| DADTE Don | applys for SE 50 | | |

8-B-16

Annex B

| PART A- Re | questing | Office (Also co | mplete Part I | 3 Items 1, 7-2 | 2, 32, 33, | 36, and 3 | 39) | | | | | | | | | |
|--|--|---------------------------------------|---------------------|----------------------------|-------------------------------|--------------|--|----------------------|---------------------------|------------|---|------------------|---------------------------------|----------------|---------------|--|
| 1. Position Rec | | E TO LOWER C | GRADE | | | | | | | | | | 2. Request Number (Optional) | | | |
| 1 | | ntion Call (Name and ith, 825-9921 | l Telephone Nu | mber) | | | 4. Proposed Effective Data 11-01-xx | | | | | | |)ate | | |
| 5. Action Requ | ested By (| Гуреd Name, Tittle, | Signature, and | Request Date) | | 6. | 6. Action Authorized By (Typed Name, Title, Signature, and Concurrence Date) | | | | | | | | | |
| | 7 | Γ. C. Smith | | | | | Trail M. Woods | | | | | | | | | |
| | A | Aircraft Mechai | nic Forema | n, 10-19-x | X | | Aircraft Mechanic General Foreman 10-19-xx | | | | | | | | XX | |
| PART B – Fo | or Prepar | ation of SF 50 (U | Jse only code | s in FPM Sup | plement 2 | 292. Shov | w all da | ates in | month, | lay, yea | r order) | | | | | |
| 1. Name (Last, | First, Mid | ddle) LION, (| COWARDL | Y P. | | | . Social | | y Number | | 3. Date of)4-25-xx | Birth | 4. Eff | ective Date | | |
| First Action | | | | | | | | | | | | | | | | |
| 5-A. Code 5-B. Nature of Action | | | | | | 6- | -A. Cod | le | 6-B. Na | ature of . | Action | | | | | |
| 5-C. Code 5-D. Legal Authority | | | | | | 6- | -C. Cod | le | 6-D. L | egal Autl | hority | | | | | |
| 5-E. Code | 5-F. L | egal Authority | | | | 6- | -E. Cod | le | 6-F. Le | egal Autl | hority | | | | | |
| 7. FROM: Position Tiltle and Number Aircraft Mechanic F4509100 | | | | | | 15 | 5. TO: I | Aiı | Title and craft M | [echan | | | | | | |
| 8. Pay Plan WG | 9. Occ. Code 8852 | 10. Grade or Level 12 | 11. Step Or Rate | 12. Salary | 13. Pay Box | | 6. Pay Plan WG | | . Occ. Code 852 | 17. Grade | e or Level | 19. Step or Rate | 20. | Salary/Award | 21. Pay Bonus | |
| TAG-N PO Bo Jackso | 14. Name and Location of Position's Organization TAG-MS PO Box 5027 Jackson, MS 39296-5027 (193d TAGp) | | | | | T P Ja | AG-Ma O Box | S 5027 , Ms 39 | ocation of 9296-502 | | a's Organ | ization | | | | |
| | | | | | | | | | | | | | | | | |
| | reference 1- None 3-101 2-5 Pt. 4-10 | | | | | 24 | 4. Tenu | 0-None | 2-Condi nent 3- Indefi | | 25. Aş | gency Use | \vdash | terans Prefere | nce for RIF | |
| 27. FEGLI | | | | | | 28 | 28. Annuitant Indicator 29. Pay Rate 1- Reciept 3-RETM 5-RETM & CS 2-RETO 4. RETO &CS 6-Not Acceptable | | | | | Pay Rate Det | erminant | | | |
| 30. Retirement | Plan | | 31. 8 | ervice Comp. D | ate (Leave | e) <u>32</u> | 32. Work Schedule I-Interminat J-MT Seasonal F-Full-time G-FT Seasonal N-FT On Call P-Part-time Q-FT Seasonal R-FT On Call | | | Call | 33. Part-Time Hours Per Biweekly Pay Period | | | | | |
| Position Data | a | | | | | | | | | | | | | | | |
| | ipied 1- Competiv 2- Expected | | eral eer Resrved | | tegory Exempt Nonexempt | 36 | 6. Appr | opriati | on Code | | | | 37. H | Bargaining U | Init Status | |
| 38.Duty Statio | n Code | | | 39. Duty Star Meridian, | | | tate or (| Oversea | s Location | n) | | | | | | |
| 40. Agency Data 41. 42. 43. | | | | | | | 44. | | | | | | | | | |
| 45. Educational I | Level | 46.Year Degree Attain | ed 47 Acad | emic Discipline | 48.Fund | ctional Clas | ss | 49.Citiz | enship -USA 8-Oth | | 50.Vietnam | | 51. S | upervisory Sta | itus | |
| PART C Rev | iews and | Approval (N | Not to be used | by requestin | g office) | | | | | | | | | | | |
| 1. Office/Functio | n | Initials/Signature | | Date | | Office/I | Function | ı | Initials/ | Signature | : | | | Date | | |
| A. | | | | | | D. | | | | | | | | | _ | |
| В. | | | | | | E. | | | | | | | | | | |
| c. | | | | | | F. | | | | | | | | | | |
| | | | | | | Signatu | ignature Approval Date | | | | | | Date | | | |

| | ks by Requesting Office | | | | YES | NO |
|---|--|--|-------------------------------------|---|--|---|
| (Note to S | upervisor: Do you know of additional If "YES", please state these fa | | | ns for the employee's resignation/retire et and attach to SF 52.) | ement? | |
| | his Change to lower grade action is a ersonnel Regulation. | voluntary requ | est ini | tiated by SGT Lion in accordance with | n para x-xx, Cha | p x, Support |
| (NO | TE: Referenced HRR Chapter & p | aragraph may | chang | e when new HRR is published) | | |
| PART E - Em | ployee Resignation/Retirement | | | | | |
| | | Priva | cy Ac | t Statement | | |
| their and forwarding regarding you determine you ing address whave or any partitle 5, U.S. Community. | | any future decision y also be used to benefits. Your for documents you sh 1, 3301, and 8508 agencies to issue | n ward- ould of d in de | regulations with regard to employment of indiverse records, while section 8506 requires agencies to mination of Federal service to the Secretary of tion with administration of unemployment common The Furnishing of this information is voluntary result in your not receiving: (1) your copies of (2) pay or other compensation due you: (3) any benefits to which you may be entitled. Stermining possible unemployment benefits. lay-midnight-unless you specify otherwise) | to furnish the specific Labor or a State age appensation programs by; however, failure to those documents you unemployment complete the specific please be specific. | c reason for terency in connec- c. o provide it may u should have: npensation |
| 2. Effective Date | 3. Your Signature | 4. Date Signed | 5. Forw | arding Address (Number, Street, City, State, ZIP Code) | | |
| PART F – Ren | narks for SF 50 | | | | | |
| | | | | | | |

MEMORANDUM FOR: MSgt T. C. Smith

SUBJECT: Request for Change to Lower Grade

- 1. Under the provisions of para x-xx, Chapter 2, Support Personnel Regulation, I am requesting a reassignment form present position of Aircraft Mechanic, F4509100, WG-12 to Aircraft Mechanic, F4325100, WG-8852-10. I am aware that if approved by the Human Resource Office, that this reassignment will be a change to lower grade, and that I will not be entitled to grade and pay retention. My current grade and salary is WG-12, step 2 \$12.77 per hour. My new grade and salary would be: WG-10, (step and salary to be established by HRO).
- 2. It is required that this change to lower grade be made effective on 11-01-xx. I feel that I can better serve the Mississippi National Guard, this office, and myself, by being reassigned to a lower-grade position.

COWARDLY P. LION Sgt. MS ANG Aircraft Mechanic

1st End

FOR: Military Department, PO Box 5027, ATTN: HRO-PO, Jackson, MS 39296-5027

- 1. Approval of this request for reassignment and change to lower grade based upon the reasons provided by Sgt. Lion. Request an effective date of 11-01-xx, if approved.
- 2. In accordance with para x-xx, Chapter 2, Support Personnel Regulation, the attached SF-52 is being submitted to announce for fill, the position of Aircraft Mechanic F4509100, Wg-12, with questions.

T. C. Smith TSgt. MS ANG Acft Mech Foreman

| PART A- Requesti | ng Office (Also compl | lete Part B Ite | ems 1, 7-22 | , 32, 33, 3 | 6, and 39) | | | | | | | | |
|--|--|-----------------|--------------------------|-------------------------------------|--------------------------|---|--|---------------------|-------------------|-------------------|--|---------------|--|
| 1. Position Requested REAS | I SSIGNMENT | | | | | | | | | Request ptiona | Number al) | | |
| | ormation Call (Name and Teles K. Smithy, 949-6 | • | er) | | | | | | | | 4. Proposed Effective Date 11-01-xx | | |
| 5. Action Requested I | By (Typed Name, Tittle, Sign | nature, and Req | uest Date) | | 6. Acti | 6. Action Authorized By (Typed Name, Title, Signature, and Concurrence Date) | | | | | | | |
| | James K. Smithy Supv Pers Mgmt S | pec, 10-19- | ·xx | | | Milford Beekan Supv Pers Mgmt Spec 10-19-xx | | | | | | | |
| PART B - For Pre | paration of SF 50 (Use | only codes in | FPM Supp | olement 29 | 92. Show all | dates in | month, day, | year order | | | | | |
| 1. Name (Last, First, Middle) SUNSHINE, GINGER M. | | | | | | 2. Social Security Number 3. Date of Birth 01-08-xx 4. Effective Date of Birth 01-08-xx | | | | | ective Date | | |
| First Action | | | | | | | | | | | | | |
| 5-A. Code 5-B. Nature of Action | | | | | | 6-A. Code 6-B. Nature of Action | | | | | | | |
| 5-C. Code 5- | D. Legal Authority | | | | 6-C. C | ode | 6-D. Legal | Authority | | | | | |
| 5-E. Code 5- | F. Legal Authority | | | | 6-E. C | ode | 6-F. Legal | Authority | | | | | |
| 7. FROM: Position Tiltle and Number Management Assistant (Typing) R7150000 | | | | | | Per | Title and Nu sonnel Cle 486000 | | ıg) | | | | |
| 8. Pay Plan 9. Occ. 6 GS 344 | | . Step Or Rate | 12. Salary | 13. Pay Bonus | is 16. Pay Plai | | | 7. Grade or Level | 19. Step or Rate | 20. | Salary/Award | 21. Pay Bonus | |
| 14. Name and Location of Position's Organization TAG-MS PO Box 5027 Jackson, MS 39296-5027 (MS Mil Dept – HRO) | | | | | TAG-1 PO Bo Jackso | MS ox 5027 | ocation of Pos 9296-5027 - HRO) | ition's Organ | ization | | | | |
| Employee Data | | | | | | | | | | | | | |
| | 10Pt. Disab. 5-10 Pt. Other 4-10 Pt. Comp. 6-10 Pt./Comp. | | | | 24. Ter | 24. Tenure 25. Agency Use 26Veterans Pr | | | | | | nce for RIF | |
| 27. FEGLI | | | | | 28. An | 28. Annuitant Indicator 1- Reciept 3-RETM 5-RETM & CS 2-RETO 4. RETO & CS 6-Not Acceptable | | | | | Pay Rate Det | erminant | |
| 30. Retirement Plan | | 31. Service | ce Comp. Da | ate (Leave) | 32. Wo | ork Schedu F- Full-time P-Part-time | ule I-Intermin G-FT Seaso Q-PT Seaso | onal N-FT On | Call | | Part-Time He er Biweekly Pa | | |
| Position Data | | | | | | | | | | | | | |
| | petive Service 3-SES General cted Service 4- SES Career I | - | 5. FLSA Cat | tegory E- Exempt N- Nonexempt | 1 ** | propriatio | on Code | | | 37. B | Bargaining U | Init Status | |
| 38.Duty Station Code | | 39 | Duty Stati ackson, Hi | | County-State o | r Oversea | s Location) | | | | | | |
| 40. Agency Data 41. 42. 43. | | | | | | 44. | | | | | | | |
| 45. Educational Level 46. Year Degree Attained 47 Academic Discipline 48. Function | | | | | ional Class | 49.Citiz | enship USA 8-Other | 50.Vietnan Y-Yes | ı Era Vet N-NO | 51. St | upervisory Sta | tus | |
| PART C Reviews a | and Approval (Not | to be used by | requesting | g office) | | | | | | | | | |
| 1. Office/Function Initials/Signature Date O | | | | | Office/Function | on | Initials/Sign | ature | Date | | | | |
| A. | | | | | D. | | | | | | | | |
| В. | | | | | Е. | | | | | | | | |
| C. | | | | | F. | F. | | | | | | | |
| 52. Approval: I certify that the | Signature | | | | | | Approval I |)ate | | | | | |

| PART D- Remarks by Requesting Office | | |
|--|--|--|
| (Note to Supervisor: Do you know of additional of "YES", please state these fact | | |
| Reassignment Action requested in accord | dance with, par | a x, Chapter 2, HRR. |
| better serve the needs of the Mississippi | National Guard | resources that will serve achieve mission essential tasks at this unit, and l. If approved, the enclosed SF-52 is attached, with questions, to g), R7150000, GS-344-05, as required under the provisions of, para x, |
| (NOTE: Referenced HRR Chapter & parag | graph may chai | nge when new HRR is published) |
| PART E - Employee Resignation/Retirement | | |
| | Privac | y Act Statement |
| You are requested to furnish a specific reason for your resigna and forwarding address. Your reason may be considered in an regarding your re-employment in the Federal service and may determine your eligibility for unemployment compensation being address will be used primarily to mail you copies of any do have or any pay or compensation to which you are entitled. This information in requested under authority of sections 301, title 5, U.S. Code. Section 301 and 3301 authorize OPM and a | y future decision also be used to nefits. Your forwa ocuments you shou 3301, and 8508 of | 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: |
| | reasons are used | in determining possible unemployment benefits. Please be specific and avoid |
| 2. Effective Date 3. Your Signature | 4. Date Signed | 5. Forwarding Address (Number, Street, City, State, ZIP Code) |
| PART F – Remarks for SF 50 | | |
| | | |

| 2. Effective Date | 3. Your Signature | 4. Date Signed | 5. Forwarding Address (Number, Street, City, State, ZIP Code) |
|-------------------|-------------------|----------------|---|
| PART F – Ren | narks for SF 50 | | |

8-B-21 Annex B

MEMORANDUM FOR: Ms Ginger Sunshine

SUBJECT: Management Initiated Reassignment

- 1. Under the provisions of para x-xx, Chapter 2, Support Personnel Regulations, it is requested that you be reassigned from your current position of Management Assistant (Typing), R7150000, GS-344-05, located in the Human Resources Office, Jackson, MS, and reassigned to the position of Personnel Clerk (Typing), R8486000, GS-203-05.
- 2. This reassignment action is not being recommended due to any adverse action pending against you or performance related reasons. My reason for offering this reassignment to you, is to bring into a more critical area, your knowledge, skills, and outstanding clerical abilities that is required immediately. If you accept this reassignment, the effective date will be 11-01-xx, if approved by the Human Resource Office.
- 3. You are requested to acknowledge by endorsement, your acceptance or declination of this reassignment action, and your understanding that there is not a promotion or salary change, and that this reassignment will not require a PCS entitlement cost to the Government.

FOR THE ADJUTANT GENERAL:

James K. Smithy CW3 MS ARNG Supv Pers Mgmt Spec

1st End

FOR: Mississippi Military Department, PO Box 5027, ATTN: MS-HRO-TESS, Jackson, MS 39296-5027

- 1. I accept this reassignment from my present position of Management Assistant (Typing), R7150000, GS-344-05 to Personnel Clerk (Typing), R8486000, GS-203-05.
- 2. I fully understand that this action is not being done because of adverse actions pending or because of performance related reasons, and that if approved, there will not be a promotion in grade or change in salary.
- 3. I further understand that there will be no entitlement to a PCS expense incurred by the Government.

Ginger M. Sunshine GS-05 Management Asst (T)

| PART A- Req | uesting C | Office (Also con | mplete Part I | B Items 1, 7-22 | 2, 32, 33, 3 | 6, and 39) | | | | | | | | |
|--|--|-----------------------------------|-------------------------|-----------------------------|------------------------------------|----------------|---|---------------------------------------|-------------------|------------------|---------------------------------|------------------------------------|---------------|--|
| 1. Position Requ | | SITION - Perma | nent | | | | | | | | 2. Request Number (Optional) | | | |
| | l Informat ames K. | tion Call (Name and Smithy, 94 | Telephone Nu 19-6337 | mber) | | | | | | | | 4. Proposed Effective Date ASAP | | |
| 5. Action Reque | ested By (T | yped Name, Tittle, | Signature, and | Request Date) | | 6. Acti | 6. Action Authorized By (Typed Name, Title, Signature, and Concurrence Date) | | | | | | | |
| | | ames K. Smithy upv Pers Mgm | | 19-xx | | | Milford Beekan Supv Pers Mgmt Spec 10-19-xx | | | | | | | |
| PART B – Fo | r Prepara | ation of SF 50 (U | se only code | s in FPM Sup | plement 2 | 92. Show all | dates in | month, day, | , year order |) | | | | |
| 1. Name (Last, l | First, Midd | lle) | | | | 2. Soci | 2. Social Security Number 3. Date of Birth 4. Effective | | | | | fective Date | | |
| First Action | | | | | | | | | | | | | | |
| 5-A. Code | 5-B. Na | ature of Action | | | | 6-A. C | ode | 6-B. Natur | e of Action | | | | | |
| 5-C. Code 5-D. Legal Authority | | | | | | 6-C. C | 6-C. Code 6-D. Legal Authority | | | | | | | |
| 5-E. Code | 5-F. Le | egal Authority | | | | 6-E. C | ode | 6-F. Legal | Authority | | | | | |
| 7. FROM: Position Tiltle and Number | | | | | | | Ma | Title and Nu anagement 150000 | | t (Typing | <u>,</u> | | | |
| 8. Pay Plan | 9. Occ. Code | 10. Grade or Level | 11. Step Or Rate | 12. Salary | 13. Pay Bonu | us 16. Pay Pla | | | 7. Grade or Level | 19. Step or Rate | е 20. | . Salary/Award | 21. Pay Bonus | |
| 14. Name and L | 14. Name and Location of Position's Organization | | | | | | MS ox 5027 | ocation of Pos 9296-5027 – HRO) | sition's Organ | dization | | | | |
| Employee Dat | ta | | | | | | | | | | | | | |
| | eference None 3-10Pt 5 Pt. 4-10 P | | | | | 24. Te | 0-None | 2-Conditional | ı ⊨ | gency Use | — | eterans Prefere | ence for RIF | |
| 27. FEGLI | | | | | | 28. Aı | 28. Annuitant Indicator 1- Reciept 3-RETM 5-RETM & CS 2-RETO 4- RETO & CS 6-Not Acceptable | | | | | Pay Rate Det | erminant | |
| 30. Retirement | Plan | | 31. S | Service Comp. D | ate (Leave) | 32. W | 32. Work Schedule 1-Interminat J-MT Seasonal 33. Part-Time | | | | | Part-Time He Per Biweekly Pa | | |
| Position Data | | | | | | | | | | | | | | |
| | - Competive | e Service 3-SES Generation | | 35. FLSA Ca | tegory E- Exempt N- Nonexemp | 1 1 | propriatio | on Code | | | 37. F | Bargaining U | Jnit Status | |
| 38.Duty Station | | | | 39. Duty Stat Jackson, H | | County-State o | or Oversea | s Location) | | | | | | |
| 40. Agency Data 41. 42. 43. | | | | | | 44. | | | | | | | | |
| 45. Educational Level 46.Year Degree Attained 47 Academic Discipline 48.Function | | | | | tional Class | 49.Citiz | enship USA 8-Other | 50.Vietnan Y-Yes | n Era Vet N-NO | 51. S | Supervisory Sta | ıtus | | |
| PART C Revi | ews and A | Approval (N | ot to be used | by requesting | g office) | | | | | | | | | |
| 1. Office/Function Initials/Signature Date C | | | | Office/Functi | ion | Initials/Sign | ature | Date | | | | | | |
| A. | | | | | | D. | | | | | | | | |
| В. | | | | | | E. | | | | | | | | |
| C. | | | | | | F. | | | | | | | | |
| 52. Approval: I certify that the information entered on this form is accurate and that the propsed action is in compliance with statutory and regulatory requirements. | | | | | | | | | | | | Approval I | Date | |

| PART D- Remai | rks by l | Requesting | Office |
|---------------|----------|------------|--------|
|---------------|----------|------------|--------|

| YES | NC |
|-----|----|
| | |

(Note to Supervisor: 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.)

VICE: SUNSHINE, GINGER M. (Reassigned from Management Assistant (T) R7150000, GS-344-05 to Personnel Clerk (T) R848600, GS-203-05, effective 11-01-xx

NOTE: BE SURE THAT YOU HAVE ATTACHED THE QUESTIONS WITH THIS SF-52

PART E - Employee Resignation/Retirement

Privacy Act Statement

You are requested to furnish a specific reason for your resignation or retirement and 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 in requested under authority of sections 301, 3301, and 8508 of title 5, U.S. Code. Section 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: (3) any unemployment compensation benefits to which you may be entitled.

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

| 2. Effective Date | 3. Your Signature | 4. Date Signed | 5. Forwarding Address (Number, Street, City, State, ZIP Code) |
|-------------------|-------------------|----------------|---|
| PART F – Ren | narks for SF 50 | | |

| PART A- Requ | uesting | Office (Also con | nplete Part I | Items 1, 7-22 | 2, 32, 33, 3 | 36, and 39) | | | | | | | |
|--|-------------------------------------|--|------------------------|-----------------------------|------------------------------------|--------------|--|---|------------------------|------------------|-------------------|------------------------------|---------------|
| 1. Position Reque | | _ – NTE 120 days | | | | | | | | | Request ptiona | Number | |
| | | ation Call (Name and . Smithy, 94 | Telephone Nu 9-6337 | mber) | | | | | | | Propose -01-xx | d Effective I | Date |
| 5. Action Reques | sted By (| Typed Name, Tittle, S | Signature, and | Request Date) | | 6. A | ction Auth | orized By (Typ | ed Name, Titl | e, Signature | e, and C | Concurrence | Date) |
| | | James K. Smithy Supv Pers Mgm | | 19-xx | | | | ilford Beek pv Pers M | | 10-19-xx | ζ | | |
| PART B – For | Prepar | ration of SF 50 (U | se only codes | in FPM Sup | plement 2 | 92. Show a | ll dates i | n month, day, | year order) |) | | | |
| 1. Name (Last, F. | irst, Mic | ldle) FORM | ROBERT | G. | | 2. So | | ity Number | 3. Date of | Birth | 4. Eff | ective Date | |
| First Action | | | | | | | | | | | | | |
| 5-A. Code | 5-B. N | Nature of Action | | | | 6-A. | Code | 6-B. Natur | e of Action | | | | |
| 5-C. Code | 5-D. I | Legal Authority | | | | 6-C. | Code | 6-D. Legal | Authority | | | | |
| 5-E. Code | 5-F. I | Legal Authority | | | | 6-E. | Code | 6-F. Legal | Authority | | | | |
| 7. FROM: Position | on Tiltle | and Number | | | | 15. 1 | He | n Title and Nu eavy Mobil 3107000 | | ent Repa | irer | | |
| 8. Pay Plan | 9. Occ. Code | 10. Grade or Level | 11. Step Or Rate | 12. Salary | 13. Pay Bone | us 16. Pay | Plan 1 | 7. Occ. Code 1 | 7. Grade or Level | 19. Step or Rate | 20. | Salary/Award | 21. Pay Bonus |
| 14. Name and Lo TAG-MS PO Box 5 Jackson, (MS Mil | S 5027 MS 392 | | tion | | | TAC PO | G-MS Box 5027 | 200 Pos 9296-5027 , HRO) | ition's Organ | ization | | | |
| Employee Data | ita | | | | | | | | | | | | |
| | eference None 3-10 S Pt. 4-10 | | | | | 24. 7 | enure 0-Non 1- Peri | e 2-Condition nament 3- Indefinate | al | gency Use | \vdash | terans Prefere | nce for RIF |
| 27. FEGLI | | | | | | 28. | | Indicator eciept 3-RETM ETO 4. RETO & | 5-RETM CS 6-Not Acc | | 29. F | Pay Rate Det | erminant |
| 30. Retirement P | Plan | | 31. S | ervice Comp. D | ate (Leave) | 32. V | Vork Sche F- Full-tim P-Part-tim | e G-FT Seaso | onal N-FT On | Call | 33. F | Part-Time Ho Per Biweekly | |
| Position Data | | | | | | | | | | | | | |
| | | ve Service 3-SES Gene Service 4- SES Car- | | 35. FLSA Ca | tegory E- Exempt N- Nonexemp | | appropriat | ion Code | | | 37. F | Bargaining U | nit Status |
| 38.Duty Station (| | | | 39. Duty Stat Jackson, H | | • | ounty-State or Overseas Location) | | | | | | |
| 40. Agency Data | | 41. | 42. | | 43. | | 44. | | | | | | |
| 45. Educational Lev | vel | 46.Year Degree Attain | ed 47 Acad | emic Discipline | 48.Func | tional Class | | zenship I-USA 8-Other | 50.Vietnam Y-Yes | Era Vet N-NO | 51. St | upervisory Sta | tus |
| PART C Revie | ews and | Approval (N | ot to be used | by requestin | g office) | | | | | | | | |
| 1. Office/Function | | Initials/Signature | | Date | | Office/Fun | ction | Initials/Sign | ature | | | Date | |
| A. | | | | | | D. | | | | | | | |
| В. | | | | | | E. | | | | | | | |
| C. | | | | | | F. | | | | | | | |
| 52. Approval: I certify to compliance with statuto | | ormation entered on this form ulatory requirements. | is accurate and that | the propsed action is | in | Signature | | | | | | Approval I | Date |

| PART D- Rem | arks by Requesting Office | | |
|--|--|--|--|
| (Note to Sup | pervisor: Do you know of additional o If "YES", please state these fact | _ | YES NO |
| | This Detail action is necessary to attending a military service school | | eassign Robert Form to a more critical area while the incumbent is |
| N | OTE: Details expected to last long | er than 120 day | s will require competition. |
| PART E - Em | ployee Resignation/Retirement | Privacy | Act Statement |
| and forwarding regarding your determine your ing address will have or any pay This informatio title 5, U.S. Coo | | y future decision also be used to nefits. Your forwar cuments you should 3301, and 8508 of gencies to issue easons are used in | |
| 2. Effective Date | 3. Your Signature | 4. Date Signed | 5. Forwarding Address (Number, Street, City, State, ZIP Code) |
| PART F – Ren | narks for SF 50 | | |
| | | | |

| PART A- Requ | esting (| Office (Also con | mplete Part | B Items | s 1, 7-22 | , 32, 33, 3 | 36, and 3 | 39) | | | | | | | | |
|--|-------------------------------------|--|---------------------|-------------|----------------|-----------------------------------|--------------|---------------------------------|---|--------------------------------------|-----------|--------------------------------|-------------------|--------------------|--------------------------------|---------------|
| 1. Position Reque | | NATE DETAII | ۔ | | | | | | | | | | | Request Optiona | t Number al) | |
| | | tion Call (Name and Smithy, 949-633 | | ımber) | | | | | | | | | | Propose 2-31-xx | ed Effective I |)ate |
| 5. Action Reques | ted By (T | Typed Name, Tittle, S | Signature, and | Reque | st Date) | | 6. | 6. Actio | n Author | rized By (Ty | ped Na | me, Titl | e, Signatur | e, and C | Concurrence | Date) |
| | | ames K. Smithy | | | | | | | Mil | ford Bee | kan | | | | | |
| | S | upv Pers Mgm | t Spec, 12- | ·28-xx | ζ | | | | Sup | ov Pers N | Igmt | Spec | 12-28-x | X | | |
| PART B – For | Prepara | ation of SF 50 (U | se only code | s in FP | M Supp | lement 2 | 92. Show | w all | lates in | month, day | y, year | order |) | | | |
| 1. Name (Last, F | irst, Mid | dle) FORM, | ROBERT (| 3. | | | | 2. Socia 10-00-040 | | y Number | | Date of | Birth | 4. Eff | fective Date | |
| First Action | | | | | | | | | | | | | | | | |
| 5-A. Code | 5-B. N | ature of Action | | | | | 6 | 6-A. Co | de | 6-B. Natu | ire of A | ction | | | | |
| 5-C. Code | 5-D. L | egal Authority | | | | | 6 | 6-C. Co | de | 6-D. Lega | al Auth | ority | | | | |
| 5-E. Code | 5-F. L | egal Authority | | | | | 6- | 6-E. Co | de | 6-F. Lega | l Auth | ority | | | | |
| 7. FROM: Position Period R83590 | sonnel | and Number Clerk (Typing) |) | | | | 1: | 15. TO: | Ma | Title and N nagemen | | istant | (Typing |) | | |
| | 9. Occ. Code 203 | 10. Grade or Level | 11. Step Or Rate | 12.5 | Salary | 13. Pay Bonu | | 6. Pay Plan GS | | Occ. Code | 17. Grade | or Level | 19. Step or Rat | е 20 | Salary/Award | 21. Pay Bonus |
| 14. Name and Lo TAG-MS PO Box : Jackson, (MS Mil | S 5027 MS 392 | | ition | | | | T P Ja | ΓAG-N PO Bo Jackso | AS x 5027 | ocation of Po 296-5027 HRO) | osition' | s Organ | ization | | | |
| Employee Data | a | | | | | | | | | | | | | | | |
| | ference None 3-10P Pt. 4-10 I | | | | | | 2 | 24. Ten | 0-None | 2-Conditionent 3- Indefina | | 25. A | gency Use | \vdash | eterans Prefere | nce for RIF |
| 27. FEGLI | | | | | | | 28 | 28. An | nuitant II | ciept 3-RETM | &CS | 5-RETM 6-Not Acc | | 29.1 | Pay Rate Det | erminant |
| 30. Retirement P | lan | | 31. 8 | Service (| Comp. Da | ite (Leave) | 32 | | k Schedi F- Full-time P-Part-time | ıle I-Intern G-FT Sea Q-PT Sea | sonal | J-MT Sea N-FT On R-FT On | Call | | Part-Time Ho Per Biweekly F | |
| Position Data | | | | | | | | | | | | | | | | |
| | ed Competive Expected S | | eral eer Resrved | 35. F | LSA Cat | egory E- Exempt N- Nonexemp | | 36. App | ropriatio | on Code | | | | 37.] | Bargaining U | nit Status |
| 38.Duty Station (| | | | | | on (City-C nds, Ms | | nty-State or Overseas Location) | | | | | | | | |
| 40. Agency Data | | 41. | 42. | | | 43. | | | 44. | | | | | | | |
| 45. Educational Lev | vel | 46.Year Degree Attain | ed 47 Acad | emic Dis | cipline | 48.Funct | tional Clas | iss | 49.Citiz | enship USA 8-Other | 50 | | n Era Vet N-NO | 51. S | Supervisory Sta | tus |
| PART C Revie | ws and | Approval (N | ot to be used | l by re | questing | office) | | | | | | | | | | |
| 1. Office/Function | | Initials/Signature | | | Date | | Office/l | /Functio | n | Initials/Sig | nature | | | | Date | |
| Α. | | | | | | | D. | | | | | | | | | |
| В. | | | | | | | E. | | | | | | | | | |
| C. | | · · · · · · · · · · · · · · · · · · · | | | | | F. | | | | | | | | | |
| 52. Approval: I certify t | that the infor | mation entered on this form | is accurate and tha | t the props | ed action is i | n | Signatu | ure | | | | | | | Approval I | Date |

| (Note to Supervisor: 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.) Detail to be terminated effective 12-31-xx upon the return of the incumbent. | (Note to Supervisor: 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.) Detail to be terminated effective 12-31-xx upon the return of the incumbent. Privacy Act Statement You are requested to furnish a specific reason for your resignation or retirement and forwarding address. Your reason may be considered in any future decision regarding your re-employment on the Federal service and their corosts, while section 8506 requires agencies to furnish the specific reason for terminating of rederal 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 to provide it may result in your not receiving: (1) your copies of those documents you should have: (2) pay or other 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 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 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 of the day-midnight-unless you specify otherwise). | (Note to Supervisor: 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.) Detail to be terminated effective 12-31-xx upon the return of the incumbent. Privacy Act Statement You are requested to furnish a specific reason for your resignation or retirement and forwarding address. Your reason may be considered in any future decision regarding your resignation or receptors, while section 8506 requires agencies to furnish the specific reason for terminatine your eligibility for unemployment compensation benefits. Your forward in 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 in requested under authority of sections 301, 3301, and 8508 of the 5, U.S., Code, Section 301 and 3301 authorize OPM and agencies to issue 1. Reasons for Resignation/Retirement (NOTE: Your reasons are used in determining possible unemployment benefits. Please be specific and avoid generalizations. Your resignation/retirement is effective at the end of the day-midnight-unless you specify otherwise). | | | | |
|--|---|---|--|--|--|---|
| (Note to Supervisor: 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.) Detail to be terminated effective 12-31-xx upon the return of the incumbent. Privacy Act Statement You are requested to furnish a specific reason for your resignation or retirement and forwarding address. Your reason may be considered in any future decision regarding your re-employment on the Federal service and the records, while section 8506 requires agencies to furnish the specific reason for termination of reduced primarily to mail you copies of any documents you should have or any pay or compensation to which you are entitled. This information in requested under authority of sections 301, 3301, and 8508 of title 5, U.S. Code, Section 301 and 3301 authorize OPM and agencies to issue 1. Reasons for Resignation/retirement (NOTE: Your reasons are used in determining possible unemployment benefits. Please be specific and avoid generalize autions. Your resignation/retirement is effective at the end of the day-midnight-unless you specify otherwise). | (Note to Supervisor: 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.) Detail to be terminated effective 12-31-xx upon the return of the incumbent. Privacy Act Statement You are requested to furnish a specific reason for your resignation or retirement and 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 in requested under authority of sections 301, 3301, and 8508 of title 5, U.S. Code. Section 301 and 3301 authorize OPM and agencies to issue 1. Reasons for Resignation/Retirement (NOTE: Your reasons are used in determining possible unemployment benefits. Please be specific and avoid generaliz- ations. Your resignation/retirement is effective at the end of the day-midnight-unless you specify otherwise). | (Note to Supervisor: 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.) Detail to be terminated effective 12-31-xx upon the return of the incumbent. Privacy Act Statement You are requested to furnish a specific reason for your resignation or retirement and 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 in requested under authority of sections 301, 3301, and 8508 of title 5, U.S. Code. Section 301 and 3301 authorize OPM and agencies to issue 1. Reasons for Resignation/Retirement (NOTE: Your reasons are used in determining possible unemployment compensation benefits. Please be specific and avoid generaliz- attions. Your resignation/retirement is effective at the end of the day-midnight-unless you specify otherwise). | PART D- Rema | rks by Requesting Office | | |
| Privacy Act Statement You are requested to furnish a specific reason for your resignation or retirement and 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 in requested under authority of sections 301, 3301, and 8508 of title 5, U.S. Code. Section 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: (3) any unemployment compensation benefits to which you may be entitled. 1. Reasons for Resignation/Retirement (NOTE: Your reasons are used in determining possible unemployment benefits. Please be specific and avoid generalizations. Your resignation/retirement is effective at the end of the day-midnight-unless you specify otherwise). | You are requested to furnish a specific reason for your resignation or retirement and 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 in requested under authority of sections 301, 3301, and 8508 of title 5, U.S. Code. Section 301 and 3301 authorize OPM and agencies to issue 1. Reasons for Resignation/Retirement (NOTE: Your reasons are used in determining possible unemployment benefits. Please be specific and avoid generaliz- ations. Your resignation/retirement is effective at the end of the day-midnight-unless you specify otherwise). | You are requested to furnish a specific reason for your resignation or retirement and 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 in requested under authority of sections 301, 3301, and 8508 of title 5, U.S. Code. Section 301 and 3301 authorize OPM and agencies to issue 1. Reasons for Resignation/Retirement (NOTE: Your reasons are used in determining possible unemployment benefits. Please be specific and avoid generaliz- ations. Your resignation/retirement is effective at the end of the day-midnight-unless you specify otherwise). | (Note to Sup | If "YES", please state these fa | acts on a separate | easons for the employee's resignation/retirement? e sheet and attach to SF 52.) |
| Privacy Act Statement You are requested to furnish a specific reason for your resignation or retirement and 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 in requested under authority of sections 301, 3301, and 8508 of title 5, U.S. Code. Section 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: (3) any unemployment compensation benefits to which you may be entitled. 1. Reasons for Resignation/Retirement (NOTE: Your reasons are used in determining possible unemployment benefits. Please be specific and avoid generalizations. Your resignation/retirement is effective at the end of the day-midnight-unless you specify otherwise). | You are requested to furnish a specific reason for your resignation or retirement and 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 in requested under authority of sections 301, 3301, and 8508 of title 5, U.S. Code. Section 301 and 3301 authorize OPM and agencies to issue 1. Reasons for Resignation/Retirement (NOTE: Your reasons are used in determining possible unemployment benefits. Please be specific and avoid generaliz- ations. Your resignation/retirement is effective at the end of the day-midnight-unless you specify otherwise). | You are requested to furnish a specific reason for your resignation or retirement and 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 in requested under authority of sections 301, 3301, and 8508 of title 5, U.S. Code. Section 301 and 3301 authorize OPM and agencies to issue 1. Reasons for Resignation/Retirement (NOTE: Your reasons are used in determining possible unemployment benefits. Please be specific and avoid generaliz- ations. Your resignation/retirement is effective at the end of the day-midnight-unless you specify otherwise). | DA DE E | | | |
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| 1. Reasons for Resignation/Retirement (NOTE: Your reasons are used in determining possible unemployment benefits. Please be specific and avoid generaliz- ations. Your resignation/retirement is effective at the end of the day-midnight-unless you specify otherwise). | 1. Reasons for Resignation/Retirement (NOTE: Your reasons are used in determining possible unemployment benefits. Please be specific and avoid generaliz- ations. 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) | 1. Reasons for Resignation/Retirement (NOTE: Your reasons are used in determining possible unemployment benefits. Please be specific and avoid generaliz- ations. 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) | and forwarding regarding your determine your ing address wil have or any pay This information | g address. Your reason may be considered in re-employment in the Federal service and may eligibility for unemployment compensation 1 be used primarily to mail you copies of any yor compensation to which you are entitled. On in requested under authority of sections 30 | any future decision ay also be used to benefits. Your forward documents you should be a solution of the soluti | 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: (3) any unemployment compensation |
| 2. Effective Date 3. Your Signature 4. Date Signed 5. Forwarding Address (Number, Street, City, State, ZIP Code) | | | generaliz- atio | ons. Your resignation/retirement is effe | ective at the end of | the day-midnight-unless you specify otherwise). |
| | PART F – Remarks for SF 50 | PART F – Remarks for SF 50 | 2. Effective Date | 3. Your Signature | 4. Date Signed | 5. Forwarding Address (Number, Street, City, State, ZIP Code) |
| | | | | | | |
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| PART A- Requesting | g Office (Also compl | ete Part B Iter | ms 1, 7-22 | , 32, 33, 3 | 6, and 39) | | | | | | | |
|--|---|------------------------|------------------|------------------------------------|---------------------|---|--|-------------------------|-------------------|-------------------|--------------------------|-----------------------|
| 1. Position Requested LEAVI | E WITHOUT PAY (L | WOP) NTE 1 | 2-31-xx | | | | | | l l | Request ptiona | t Number al) | |
| | mation Call (Name and Tele E. Elements, 824-9 | - | .) | | | | | | ı | ropose -15-xx | ed Effective I |)ate |
| 5. Action Requested By | (Typed Name, Tittle, Signa | ature, and Requ | iest Date) | | 6. Act | ion Autho | rized By (Typ | ed Name, Titl | e, Signature, | , and C | Concurrence | Date) |
| | James E. Elements Supv Computer Spe | ec, 10-10 |)-xx | | | | arles Squa pv Log Mg | | 10-10-xx | • | | |
| PART B – For Prepa | aration of SF 50 (Use o | only codes in F | PM Supp | olement 29 | 92. Show all | dates in | month, day | , year order |) | | | |
| 1. Name (Last, First, M | (iddle) THORNTO | N, JESSICA | . SMITH | | 2. Soci 123-54-1 | | y Number | 3. Date of | ' Birth | 4. Eff | fective Date | |
| First Action | | | | | | | | | | | | |
| 5-A. Code 5-B. | . Nature of Action | | | | 6-A. C | Code | 6-B. Natur | re of Action | | | | |
| 5-C. Code 5-D. | . Legal Authority | | | | 6-C. C | Code | 6-D. Legal | Authority | | | | |
| 5-E. Code 5-F. | . Legal Authority | | | | 6-E. C | ode | 6-F. Legal | Authority | | | | |
| 7. FROM: Position Tilt Computer C R0556100 | | | | | 15. TO | Hea | a Title and Nu avy Mobil 107000 | | ent Repair | rer | | |
| 8. Pay Plan 9. Occ. Coo GS 0332 | | Step Or Rate 1 | 12. Salary | 13. Pay Bonu | us 16. Pay Pla | an 17. | . Occ. Code | 7. Grade or Level | 19. Step or Rate | 20. | . Salary/Award | 21. Pay Bonus |
| TAG-MS PO Box 50 | of Position's Organization 027 MS 39296-5027 | | | | 22. Na | me and Lo | ocation of Pos | sition's Organ | ization | | | |
| Employee Data | | | | | | | | | | | | |
| | e 10Pt. Disab. 5-10 Pt. Other 10 Pt. Comp. 6-10 Pt./Comp. | | | | 24. Te | 0-None | 2-Condition nanent 3- Indefina | nal | gency Use | \vdash | eterans Preferen | nce for RIF |
| 27. FEGLI | | | | | 28. A | nnuitant In 1- Reciept 2-RETO | | 5-RETM cCS 6-Not Acc | | 29. F | Pay Rate Det | erminant |
| 30. Retirement Plan | | 31. Service | e Comp. Da | ate (Leave) | 32. W | ork Schedu F- Full-time P-Part-time | ule I-Intermir G-FT Seaso Q-PT Seaso | onal N-FT On | Call | 33. F | Part-Time Ho Per Biweekl | ours ly Pay Period |
| Position Data | | | | | | | | | | | | |
| 34. Position Occupied 1- Compet 2 2- Expecte | tive Service 3-SES General ed Service 4- SES Career R | | FLSA Cat | egory E- Exempt N- Nonexempt | 1 | propriatio | on Code | | | 37. H | Bargaining U | Init Status |
| 38.Duty Station Code | | | Duty Stati | | • | ounty-State or Overseas Location) re, MS | | | | | | |
| 40. Agency Data | 41. | 42. | | 43. | | 44. | | | | | | |
| 45. Educational Level | 46.Year Degree Attained | 47 Academic D | iscipline | 48.Functi | tional Class | 49.Citiz | zenship -USA 8-Other | 50.Vietnan Y-Yes | n Era Vet N-NO | 51. S | Supervisory Sta | tus |
| PART C Reviews an | d Approval (Not t | o be used by r | equesting | office) | | | | | | | | |
| 1. Office/Function | Initials/Signature | | Date | | Office/Funct | ion | Initials/Sign | ature | | | Date | |
| A. | | | | | D. | | | | | | | |
| В. | | | | | Е. | | | | | | | |
| C. | | | | | F. | | | | | | | |
| 52. Approval: I certify that the in | nformation entered on this form is acc | urate and that the pro | psed action is i | n | Signature | | | | | | Approval I |)ate |

| PART D- Remarks by Requesting Office | | |
|--|-----|----|
| | YES | NO |
| (Note to Supervisor: Do you know of additional or conflicting reasons for the ampleyee's resignation/retirement? | | |

(Note to Supervisor: 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.)

LWOP from 10-15-xx – 12-31-xx. Individual will be attending a required Military Service School from 10-01-xx – 12-31-xx.

PART E - Employee Resignation/Retirement

Privacy Act Statement

You are requested to furnish a specific reason for your resignation or retirement and 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 in requested under authority of sections 301, 3301, and 8508 of title 5, U.S. Code. Section 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: (3) any unemployment compensation benefits to which you may be entitled.

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

| 2. Effective Date | 3. Your Signature | 4. Date Signed | 5. Forwarding Address (Number, Street, City, State, ZIP Code) |
|-------------------|-------------------|----------------|---|
| PART F – Ren | narks for SF 50 | | |

| PART A- Req | uesting (| Office (Also con | mplete Part I | B Items 1, 7-2 | 22, 32, 33, | 36, and 39) | | | | | | | |
|---|--|--|-------------------------|--------------------|------------------------------------|------------------------|--|-------------------------------------|------------------------|-------------------|--------------------|--------------------------------|---------------|
| 1. Position Requ | | TO DUTY FRO | OM LWOP | | | | | | | | Request ptiona | Number al) | |
| 1 | | tion Call (Name and Elements, 82 | Telephone Nu 24-9321 | mber) | | | | | | | Proposeo -01-xx | d Effective I |)ate |
| 5. Action Reque | sted By (T | Syped Name, Tittle, S | Signature, and | Request Date |) | 6. Act | ion Author | rized By (Typ | ed Name, Titl | e, Signature | , and C | oncurrence | Date) |
| | | ames E. Elemen upv Computer | | 2-28-xx | | | | arles Squa pv Log Mş | | 12-28-xx | ζ | | |
| PART B – For | r Prepara | ation of SF 50 (U | se only code | s in FPM Su | pplement 2 | 292. Show al | dates in | month, day, | year order |) | | | |
| 1. Name (Last, F | First, Midd | dle) THORN | NTON, JESS | SICA SMIT | Н | 2. Soc 123-54-1 | | y Number | 3. Date of | Birth | 4. Effe | ective Date | |
| First Action | | | | | | | | | | | | | |
| 5-A. Code | 5-B. Na | ature of Action | | | | 6-A. (| Code | 6-B. Natur | e of Action | | | | |
| 5-C. Code | 5-D. L | egal Authority | | | | 6-C. (| Code | 6-D. Legal | Authority | | | | |
| 5-E. Code | 5-F. Lo | egal Authority | | | | 6-E. (| Code | 6-F. Legal | Authority | | | | |
| 7. FROM: Positi | ion Tiltle : | and Number | | | | 15. TO | Co | Title and Numputer Op | | | | | |
| 8. Pay Plan | 9. Occ. Code | 10. Grade or Level | 11. Step Or Rate | 12. Salary | 13. Pay Bor | nus 16. Pay Pl | | | 7. Grade or Level | 19. Step or Rate | 20. 5 | Salary/Award | 21. Pay Bonus |
| 14. Name and L | ocation of | Position's Organiza | ation | | | TAG- PO B | -MS ox 5027 on, MS 39 | ocation of Pos 9296-5027 | ition's Organ | ization | | | |
| Employee Dat | a | | | | | | | | | | | | |
| | eference None 3-10P 5 Pt. 4-10 F | | | | | 24. Te | 0-None | e 2-Condition nanent 3- Indefina | nal | gency Use | \vdash | terans Prefere | nce for RIF |
| 27. FEGLI | | | | | | 28. A | nnuitant I | ciept 3-RETM | 5-RETM CS 6-Not Acc | | 29. P | Pay Rate Det | erminant |
| 30. Retirement I | Plan | | 31. S | Service Comp. | Date (Leave | 32. W | ork Sched F- Full-time P-Part-time | | onal N-FT On | Call | | Part-Time Ho er Biweekly Pa | |
| Position Data | | | | | | | | | | | | | |
| | ied - Competive Expected S | | eral eer Resrved | 35. FLSA C | ategory E- Exempt N- Nonexem | | ppropriatio | on Code | | | 37. B | Bargaining U | Init Status |
| 38.Duty Station | Code | | | 39. Duty Sta | | County-State onere, Ms | or Oversea | as Location) | | | <u> </u> | | |
| 40. Agency Data | 1 | 41. | 42. | | 43. | | 44. | | | | | | |
| 45. Educational Le | evel | 46.Year Degree Attain | ed 47 Acade | emic Discipline | 48.Fund | ctional Class | 49.Citiz | zenship -USA 8-Other | 50.Vietnan Y-Yes | n Era Vet N-NO | 51. St | upervisory Sta | tus |
| PART C Revi | ews and | Approval (N | lot to be used | by requesti | ng office) | | | | | | | | |
| 1. Office/Function | | Initials/Signature | | Date | | Office/Funct | ion | Initials/Sign | ature | | | Date | |
| Α. | | | | | | D. | | | | | | | |
| В. | | | | | | E. | | | | | | | |
| C. | | | | | | F. | | | | | | | |
| 52. Approval: I certify compliance with statut | | mation entered on this form atory requirements. | is accurate and that | the propsed action | is in | Signature | | | | | | Approval I |)ate |

| PART D- Remarks by Requesting Office | |
|---|--|
| (Note to Supervisor: Do you know of additional or conflicting reason If "YES", please state these facts on a separate should be a supervisor. | 1 . |
| Individual returning from a required Military Serv | vice School |
| | |
| | |
| | |
| PART E - Employee Resignation/Retirement | |
| | |
| Privacy A | Act Statement |
| You are requested to furnish a specific reason for your resignation or retirement and 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 forward- | 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. |
| ing 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. | 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: |
| This information in requested under authority of sections 301, 3301, and 8508 of title 5, U.S. Code. Section 301 and 3301 authorize OPM and agencies to issue | (2) pay or other compensation due you: (3) any unemployment compensation benefits to which you may be entitled. |
| 1. Reasons for Resignation/Retirement (NOTE: Your reasons are used in d generaliz- ations. Your resignation/retirement is effective at the end of the | |
| generalizations. Total resignation retirement is effective at the end of the | day intended you speetly otherwise). |
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| | |

| 2. Effective Date | 3. Your Signature | 4. Date Signed | 5. Forwarding Address (Number, Street, City, State, ZIP Code) |
|-------------------|-------------------|----------------|---|
| PART F – Ren | narks for SF 50 | | |

8-B-32 Annex B

| PART A- Req | uesting | Office (Also cor | mplete Part l | B Items 1, 7-2 | 2, 32, 33, | 36, and 39) | | | | | | | |
|--|-------------------------------------|--|----------------------|--------------------------|-------------------------------------|---------------------|---|-------------------------------------|-------------------------|-------------------|--------------------|-------------------------------|---------------|
| 1. Position Requ | | CHANGE (From | : Stinger, | Teresa Paul | la) | | | | | | Request ptiona | Number al) | |
| 1 | | ation Call (Name and Wishywashy, 35 | - | imber) | | | | | | | Proposeo -01-xx | d Effective I | Date |
| 5. Action Reque | ested By (| Typed Name, Tittle, S | Signature, and | Request Date) | 1 | 6. Ac | tion Autho | orized By (Typ | oed Name, Tit | le, Signature | e, and C | oncurrence | Date) |
| | | Alvin S. Wishywa Supv Accountin | | an | | | | hn P. Doe pv Log M | gmt Spec | | | | |
| PART B – For | r Prepar | ration of SF 50 (U | Ise only code | s in FPM Sup | plement 2 | 292. Show a | ll dates in | month, day | , year order |) | | | |
| 1. Name (Last, l | First, Mid | idle) RUSSE | LL, TERES | A STINGEF | ₹ | 2. So 988-88 | | ty Number | 3. Date of 05-30-xx | f Birth | 4. Effe | ective Date | |
| First Action | | | | | | | | | | | | | |
| 5-A. Code | 5-B. N | Nature of Action | | | | 6-A. | Code | 6-B. Natu | re of Action | | | | |
| 5-C. Code | 5-D. I | Legal Authority | | | | 6-C. | Code | 6-D. Lega | l Authority | | | | |
| 5-E. Code | 5-F. L | Legal Authority | | | | 6-E. | Code | 6-F. Legal | Authority | | | | |
| 7. FROM: Posit | ion Tiltle | and Number | | | | 15. T | Ac | n Title and Nuccounting 7 | ımber Fechnician | ı | | | |
| 8. Pay Plan | 9. Occ. Code | 10. Grade or Level | 11. Step Or Rate | 12. Salary | 13. Pay Bon | nus 16. Pay | | | 17. Grade or Level | 19. Step or Rate | 20. 5 | Salary/Award | 21. Pay Bonus |
| 14. Name and L | ocation o | of Position's Organiza | ition | | | TAC PO I Jack | G-MS Box 5027 | Location of Po 39296-5027 | sition's Orgar | ization | | | |
| Employee Dat | ta | | | | | | | | | | | | |
| | eference None 3-10 5 Pt. 4-10 | | | | | 24. T | 0-None | e 2-Conditionanent 3- Indefina | nal | gency Use | \vdash | terans Prefere | ence for RIF |
| 27. FEGLI | | | | | | 28. A | Annuitant I | ciept 3-RETM | 5-RETM &CS 6-Not Acc | | 29. P | Pay Rate Det | erminant |
| 30. Retirement | Plan | | 31. 8 | Service Comp. 1 | Date (Leave | 32. V | Vork Sched F- Full-time P-Part-time | G-FT Seas | onal N-FT On | Call | | Part-Time H Per Biweekly P | |
| Position Data | | | | | | | | | | | | | |
| | oied - Competiv - Expected | | eral eer Resrved | 35. FLSA Ca | ategory E- Exempt N- Nonexemp | | Appropriati | ion Code | | | 37. B | Bargaining U | Jnit Status |
| 38.Duty Station | Code | | | 39. Duty Sta Flowood, | | County-State Ms | or Overses | as Location) | | | • | | |
| 40. Agency Data | a | 41. | 42. | | 43. | | 44. | | | | | | |
| 45. Educational Lo | evel | 46.Year Degree Attain | ed 47 Acad | emic Discipline | 48.Func | ctional Class | | zenship -USA 8-Other | 50.Vietnan Y-Yes | n Era Vet N-NO | 51. St | upervisory Sta | itus |
| PART C Revi | ews and | Approval (N | lot to be used | l by requestir | ng office) | | | | | | | | |
| 1. Office/Function | | Initials/Signature | | Date | | Office/Fun | ction | Initials/Sign | nature | | | Date | |
| A. | | | | | | D. | | | | | | | |
| В. | | | | | | E. | | | | | | | |
| C. | | | | | | F. | | | | | | | |
| 52. Approval: I certify compliance with statu | | ormation entered on this form ulatory requirements. | is accurate and that | the propsed action i | s in | Signature | | | | | | Approval I | Date |

| PART D- Remar | rks by Requesting Office | | | | | | |
|--|---|---|---|--|--|--|--|
| Note to Supe | If "YES", please state these facts Name Change due to marriage or NOTE: BE SURE TO SUBMIT DIRECTED DOCUMENT AUT | on a separate 11-01-xx. WITH THE HORIZING T | YES NO NO NEW YES NO NO NEW YES NEW YES NO NEW YES NEW YES NO NEW YES NEW | | | | |
| PART E - Em | ployee Resignation/Retirement | | | | | | |
| | | Privac | y Act Statement | | | | |
| and forwarding regarding your determine your ing address will have or any pay This informatio | ted to furnish a specific reason for your resignation address. Your reason may be considered in any re-employment in the Federal service and may all eligibility for unemployment compensation beneful be used primarily to mail you copies of any docy or compensation to which you are entitled. On in requested under authority of sections 301, 33 de. Section 301 and 3301 authorize OPM and ag | future decision so be used to efits. Your forwa uments you shoul 301, and 8508 of | 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: (3) any unemployment compensation benefits to which you may be entitled. | | | | |
| | | | n determining possible unemployment benefits. Please be specific and avoid the day-midnight-unless you specify otherwise). | | | | |
| 2. Effective Date | 3. Your Signature | 4. Date Signed | 5. Forwarding Address (Number, Street, City, State, ZIP Code) | | | | |
| PART F – Ren | narks for SF 50 | | | | | | |
| | | | | | | | |

| PART A- Requesting Office (Also complete Part B Items 1, 7-22, 32, 33, 36, and 39) | | | | | | | | | | | | | | | | |
|--|--|-------------------------------|------------------|-----------|------------|--|--|--|------------------------------|-----------|-------------|---------|----------------|--|-----------------|---------------|
| 1. Position Requested RESIGNATION | | | | | | | | | | | | | | 2. Request Number (Optional) | | |
| 3. For Addtional Information Call (Name and Telephone Number) Kirby T. Trustworthy, 528-9494 | | | | | | | | | | | | | | 4. Proposed Effective Date 10-30-xx | | |
| 5. Action Requested By (Typed Name, Tittle, Signature, and Request Date) | | | | | | | — [| 6. Action Authorized By (Typed Name, Title, Signature, and Concurrence Date) | | | | | | | | |
| | | aul American Ivy Mob Eqp N | Mech Fmn | 10 |)-14-xx | ζ | | Otto Benefits Hvy Mob Eqp Gen Fmn 10-14-xx | | | | | | | | |
| PART B – For Preparation of SF 50 (Use only codes in FPM Supplement 292. Show all dates in month, day, year order) | | | | | | | | | | | | | | | | |
| 1. Name (Last, First, Middle) RAGES, AUTHUR (NMN) | | | | | | | 2 | 2. Social Security Number 3. Date of Birth 4. Effective Date | | | | | fective Date | | | |
| First Action | | | | | | | (| 000-44-0000 09-15-xx | | | | | | | | |
| 5-A. Code 5-B. Nature of Action | | | | | | | 6-A. Code 6-B. Nature of Action | | | | | | | | | |
| 5-C. Code | 5-D. L | egal Authority | | | | | ١, | 6-C. Code 6-D. Legal Authority | | | | | | | | |
| 5-E. Code | 5-F. L | egal Authority | | | | | ١, | 6-E. Co | E. Code 6-F. Legal Authority | | | | | | | |
| 7. FROM: Position Tiltle and Number Heavy Mobile Equipment Repairer R6356100 | | | | | | 1 | 15. TO: Position Title and Number | | | | | | | | | |
| 1 | 9. Occ. Code 5803 | 10. Grade or Level 09 | 11. Step Or Rate | 12. S | Salary | 13. Pay Bonu | us 1 | 16. Pay Plan | 17. | Occ. Code | 17. Grade o | r Level | 19. Step or Ra | ate 20 |). Salary/Award | 21. Pay Bonus |
| 14. Name and Location of Position's Organization TAG-MS PO Box 5027 Jackson, MS 39296-5027 (MATES) | | | | | | 2 | 22. Name and Location of Position's Organization | | | | | | | | | |
| Employee Data | a | | | | | | | | | | | | | | | |
| | ference None 3-10P Pt. 4-10 I | | | | | | | 24. Tenure 2-Conditional 1- Permanent 3- Indefinate 25. Agency Use 26Veterans Preference for R | | | | | | | | |
| 27. FEGLI | | | | | | | - 2 | 28. Annuitant Indicator 1. Reciept 3-RETM 5-RETM & CS 2-RETO 4. RETO & CS 6-Not Acceptable 29. Pay Rate Determina | | | | | | erminant | | |
| 30. Retirement P | Plan | | 31. 8 | Service (| Comp. Da | nte (Leave) |) [| 32. Work Schedule I-Interminat J-MT Seasonal S-F Full-time G-FT Seasonal N-FT On Call P-Part-time Q-PT Seasonal R-FT On Call Per Biweekly Pay Period | | | | | | | | |
| Position Data | | | | | | | | | | | | | | | | |
| | Competive | | | 35. F | LSA Cat | egory E- Exempt N- Nonexemp | | 36. Appropriation Code 37. Bargaining Unit Status | | | | | | | Jnit Status | |
| 2 2 | | | | | | County-S | nty-State or Overseas Location) Is | | | | | | | | | |
| 40. Agency Data | | 41. | 42. | 42. 43. | | | | 44. | | | | | | | | |
| 45. Educational Lev | 45. Educational Level 46.Year Degree Attained 47 Academic Discipline 48.Functional | | | | tional Cla | Class 49.Citizenship 50.Vietnam Era Vet 51. Supervisory St | | | | | tus | | | | | |
| PART C Reviews and Approval (Not to be used by requesting office) | | | | | | | | | | | | | | | | |
| 1. Office/Function Initials/Signature Date O | | | | | | Office | ffice/Function Initials/Signature | | | | | | Date | | | |
| Α. | D | | | D. | | | | | | | | | | | | |
| В. | E | | | | | E. | E | | | | | | | | | |
| c. | F | | | | | F. | F. | | | | | | | | | |
| 52. Approval: I certify that the information entered on this form is accurate and that the propsed action is in | | | | | | | Signat | gnature Approval Date | | | | | |)ate | | |

| PART D- Remarks by Requesting Office | | YES NO | | | | | |
|---|--|---|--|--|--|--|--|
| | e these facts on a separate | isons for the employee's resignation/retirement? | | | | | |
| | | | | | | | |
| | Privacy | Act Statement | | | | | |
| You are requested to furnish a specific reason fo and forwarding address. Your reason may be co regarding your re-employment in the Federal ser determine your eligibility for unemployment coring address will be used primarily to mail you co have or any pay or compensation to which you a This information in requested under authority of title 5, U.S. Code. Section 301 and 3301 authority | nsidered in any future decision vice and may also be used to appensation benefits. Your forward pies of any documents you should re entitled. sections 301, 3301, and 8508 of | 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: (3) any unemployment compensation benefits to which you may be entitled. | | | | | |
| | | n determining possible unemployment benefits. Please be specific and avoid ne day-midnight-unless you specify otherwise). | | | | | |
| To accept other employment | | | | | | | |
| 2. Effective Date 10-30-xx 3. Your Signature | 4. Date Signed 10-14-XX | 5. Forwarding Address (Number, Street, City, State, ZIP Code) 2424 Anywhere, MS 39299-2121 | | | | | |
| PART F – Remarks for SF 50 | | | | | | | |
| | | | | | | | |

| PART A- Requesting Office (Also complete Part B Items 1, 7-22, 32, 33, 36, and 39) | | | | | | | | | | | | | |
|--|--|---|--|---------------|-----------------|--|------------|--|------------------|---------------------------------|--------------|---------------|--|
| 1. Position Requested RETIREMENT | | | | | | | | | l l | 2. Request Number (Optional) | | | |
| | mation Call (Name and Te n T. Terrific, 936 | | | | | | | 4. Proposed Effective Date 12-31-xx | | | | | |
| 5. Action Requested By | y (Typed Name, Tittle, Sign | 6. Acti | on Autho | rized By (Typ | ed Name, Titl | e, Signature | e, and C | Concurrence | Date) | | | | |
| | William T. Terrific Air Operations Sup | | Trying E. Hard Air Operations Officer 11-01-xx | | | | | | | | | | |
| PART B – For Prep | aration of SF 50 (Use | 92. Show all | Show all dates in month, day, year order) | | | | | | | | | | |
| 1. Name (Last, First, M | | 2. Social Security Number 3. Date of Birt | | | | 4. Effective Date | | | | | | | |
| First Action | | | | | | | | | | | | | |
| 5-A. Code 5-B | . Nature of Action | | | | 6-A. C | 6-A. Code 6-B. Nature of Action | | | | | | | |
| 5-C. Code 5-D | . Legal Authority | | | | 6-C. C | 6-C. Code 6-D. Legal Authority | | | | | | | |
| 5-E. Code 5-F | . Legal Authority | | | | 6-E. C | ode | 6-F. Legal | Authority | | | | | |
| 7. FROM: Position Tile Air Ope F271100 | 15. TO | 15. TO: Position Title and Number | | | | | | | | | | | |
| 8. Pay Plan 9. Occ. Co GS 0301 | | 1. Step Or Rate | 12. Salary | 13. Pay Bonu | us 16. Pay Plan | a 17. | Occ. Code | 7. Grade or Level | 19. Step or Rate | 20. | Salary/Award | 21. Pay Bonus | |
| 14. Name and Location of Position's Organization TAG-MS PO Box 5027 Jackson, MS 39296-5027 (192d TAC Gp) | | | | | | 22. Name and Location of Position's Organization | | | | | | | |
| Employee Data | | | | | | | | | | | | | |
| | ee -10Pt. Disab. 5-10 Pt. Other -10 Pt. Comp. 6-10 Pt./Comp. | | | | 24. Tei | 24. Tenure 2-Conditional 1- Permanent 3- Indefinate 25. Agency Use 26Veterans Preference for RIF | | | | | | | |
| 27. FEGLI | | | | | 28. An | 28. Annuitant Indicator 1- Reciept 3-RETM 5-RETM & CS 2-RETO 4. RETO & CS 6-Not Acceptable 29. Pay Rate Determina | | | | | | erminant | |
| 30. Retirement Plan | | 31. Ser | vice Comp. Da | ate (Leave) | 32. Wo | 32. Work Schedule F- Full-time P-Part-time P-Part-time G-FT Seasonal Q-PT Seasonal R-FT On Call R-FT On Call R-FT On Call R-FT On Call | | | | | | | |
| Position Data | | | | | | | | | | | | | |
| 34. Position Occupied 1- Compe 2 2- Expect | 36. Ap | 36. Appropriation Code 37. Bargaining Unit Status | | | | | | | | | | | |
| 38.Duty Station Code | County-State of | inty-State or Overseas Location) As | | | | | | | | | | | |
| 40. Agency Data | 41. | 42. | 2. 43. | | | 44. | | | | | | | |
| 45. Educational Level | 46.Year Degree Attained | 47 Academ | 47 Academic Discipline 48.Functions | | | d Class 49.Citizenship 50.Vietnam Era 1-USA 8-Other Y-Yes N-N | | | | | | | |
| PART C Reviews and Approval (Not to be used by requesting office) | | | | | | | | | | | | | |
| 1. Office/Function Initials/Signature Date O | | | | | | ffice/Function Initials/Signature | | | | Date | | | |
| A. | | | | D. | | | | | | | | | |
| В. | | | | | | | | | | | <u> </u> | | |
| C. | C. F. | | | | | | | | | | | | |
| 52. Approval: I certify that the i | information entered on this form is a | Signature | ignature Approval Date | | | | | | | | | | |

| PART D- Rem | arks by Requesting Office | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| (Note to Sur | pervisor: Do you know of additional o If "YES", please state these fact | | YES N N asons for the employee's resignation/retirement? sheet and attach to SF 52.) | | | | | | |
| | | | | | | | | | |
| PART E - Em | ployee Resignation/Retirement | | | | | | | | |
| | | Privacy | y Act Statement | | | | | | |
| and forwarding regarding your determine your ing address will have or any pay This informatio title 5, U.S. Cool 1. Reasons for generaliz- ation | | tion or retirement y future decision also be used to nefits. Your forwar ocuments you should 3301, and 8508 of 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. | | | | | | |
| 2. Effective Date 12-31-xx | 3. Your Signature | 4. Date Signed 11-01-XX | 5. Forwarding Address (Number, Street, City, State, ZIP Code) PO Box 7777, Seamore, MS 39999-7777 | | | | | | |
| PART F - Ren | narks for SF 50 | | | | | | | | |
| | | | 0. P. 20 | | | | | | |
| Aı | nnex B | | 8-B-38 | | | | | | |