

SUPERVISOR'S RECORD OF TECHNICIAN EMPLOYMENT

1. NAME (Last, First, MI) Hankins, Alfonso J.	2. DATE OF BIRTH 2 June xx	3. SOCIAL SECURITY NUMBER 123-45-6789	4. SERVICE COMP DATE 9 July xx
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*5. HOME ADDRESS <u>313 Gomo Alley</u> <u>Grits, MS 31111</u> Telephone No. <u>601/555-1212</u>	*6. EMERGENCY INFORMATION Name <u>MRS IMA SMITH</u> Address <u>314 BACKSTREET RD, SWAMP, MS</u> Relationship <u>MOTHER</u> Telephone No. <u>601/555-1234</u>
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*7. CURRENT MILITARY ASSIGNMENT (Unit, MOS/AFSC and Title, Security Clearance and Date) 333 Bicycle Co. (Attack)
 Motor Sgt. 77T20 SECRET DTD 28 MAY 85

*7a. IS COMPATIBLE IS NOT COMPATIBLE COMPATIBILITY WAIVER IN EFFECT

*7b. NAME OF MILITARY SUPERVISOR: CPT RAM BO

*8. PERFORMANCE RATING:	POINTS:	POINTS:	POINTS:	POINTS:	POINTS:	POINTS:
POINTS: 0-10	88	87	90	89		
ADJECTIVE: UNACCEPTABLE	PERIOD ENDING:					
11-39 MARGIN ACCEPTABLE	31 MAR xx	31 MAR x	31 MAR xx	31 MAR xx		
40-69 FULLY ACCEPTABLE						
70-89 EXCELLENT						
90-100 OUTSTANDING						

9. TRAINING (OPM/Military/Civilian received during technician employment)

DATE	COURSE OR SUBJECT	DATE	COURSE OR SUBJECT	DATE	COURSE OR SUBJECT
3Jun86	Supervisor Basic CRSE				
1Mar87	Supervisor Advanced CRSE				

10. INCENTIVE AWARDS. COMMENDATION. SUGGESTION AWARDS. AND OTHER SPECIAL RECOGNITION

DATE	TYPE AND AMOUNT	DATE	TYPE AND AMOUNT	DATE	TYPE AND AMOUNT
5Aug85	OSI-\$500.00				
23Sep85	Cash Award-100.00				
4Feb8	Cash Award-200.00				
23Jun87	Letter of Commendation				

11. POSITION AND PERSONNEL DATA (Promotion, WGI, Detail, Position, Che, Reassignment, etc)

EFFECTIVE DATE	NATURE OF ACTION	POSITION TITLE AND NUMBER	PAY PLAN & OCC CODE	GRADE & STEP	SALARY	ORG/ LOCATION
19 Sep xx	Exc. Appt	Parts Specialist - 416-76-36	GS-2005	06/6	\$7,377.	333 Bike Co.
6 Jun xx	Pav Adjust	Parts Specialist - 416-76-36	GS-2005	06/6	8,027.	"
24 May xx	Pos. Chg	Supplv Tech - 818-04-73	GS-2205	06/6	8,509.	42 Widgeet BN
30 Aug xx	WGI	Supplv Tech - 818-04-73	GS-2205	06/7	8,752.	"
11 Oct xx	Promo	OT&R Spec - R1106000	GS-0301	07/10	20,701.	333 Bike Co.
3 Jan xx	Reassign	Training Tech - R17071000	GS-1702	07/10	23,170.	"

SF 52 Item

Instructions

PART A:

1. Actions Requested -----Nature of request - Fill position
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 -----When applicable, enter name as it
appears on official records.

2. SSN-----When Item I is completed enter
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.

SF 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).

<u>SF 52 Item</u>	<u>Instructions</u>
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-TESS

ITEM D: Completed by Psn Classification Spec, MS-HRO-PCS

ITEM E: Completed by Pers Staffing Spec, MS-HRO-PSS

ITEM F; May be completed by Activity Supervisor (USPFO, CSMS, SMO, Air Guard Base, etc.), or MISC use by this office.

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 be noted on a separate sheet (NOT on SF 52 itself).
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PART E:

- 1. Reason for Resignation/retirement -----Give specific reason for resignation.
(NOTE: resignations are not required when a technician leaves to accept employment in another agency).
 - 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

REQUEST FOR PERSONNEL ACTION

Standard Form 52
Per 4787
US Office of Personnel Management
FPM Chapter 296

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

1. Position Requested FILL POSITION - Permanent	2. Request Number (Optional)
3. For Additional Information Call (Name and Telephone Number) R. T. Brown, 623-7840	4. Proposed Effective Date ASAP
5. Action Requested By (Typed Name, Title, Signature, and Request Date) George Privileges General Mechanic Foreman, 10-14-xx	6. Action Authorized By (Typed Name, Title, Signature, and Concurrence Date) Robert Smith Administrative Officer 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)	2. Social Security Number	3. Date of Birth	4. Effective Date
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First Action

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

7. FROM: Position Title and Number	15. TO: Position Title and Number Heavy Mobile Equipment Repairer R8107000
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8. Pay Plan	9. Occ. Code	10. Grade or Level	11. Step Or Rate	12. Salary	13. Pay Bonus	16. Pay Plan	17. Occ. Code	17. Grade or Level	19. Step or Rate	20. Salary/Award	21. Pay Bonus
						WG	5803	08			

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)
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Employee Data

23. Veterans Preference	24. Tenure	25. Agency Use	26. Veterans Preference for RIF
1- None 3-10 Pt. Disab. 5-10 Pt. Other 2-5 Pt. 4-10 Pt. Comp. 6-10 Pt./Comp.	0-None 2-Conditional 1- Permanent 3- Indefinite		YES <input type="checkbox"/> NO <input type="checkbox"/>
27. FEGLI	28. Annuitant Indicator	29. Pay Rate Determinant	
	1- Receipt 3-RETM 5-RETM & CS 2-RETO 4. RETO & CS 6-Not Acceptable		
30. Retirement Plan	31. Service Comp. Date (Leave)	32. Work Schedule	33. Part-Time Hours
		1-Interminat J-MT Seasonal 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

34. Position Occupied	35. FLSA Category	36. Appropriation Code	37. Bargaining Unit Status
2 1- Competitive Service 3-SES Genera 2- Expected Service 4- SES Career Resrved	Exempt N- Nonexempt		
38. Duty Station Code		39. Duty Station (City-County-State or Overseas Location)	
		Richtown, Sitmore, Ms	
40. Agency Data	41.	42.	43.
44.	45. Educational Level		
	46. Year Degree Attained	47. Academic Discipline	48. Functional Class
			49. Citizenship
			1-USA 8-Other
			50. Vietnam Era Vet
			Y-Yes N-NO
			51. Supervisory Status

PART C Reviews and Approval (Not to be used by requesting office)

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

PART D- Remarks by Requesting Office

YES NO

(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: Original Vacancy

(NOTE: If this action is to fill a position vacated by someone else, list their name, reason they left the position (i.e.- promotion, resignation, etc) and the effective date of their action. If this position was never filled before, so state)

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 is 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 generalizations. Your resignation/retirement is effective at the end of the day-midnight-unless you specify otherwise).

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

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.

REQUEST FOR PERSONNEL ACTION

Standard Form 52
Per 4787
US Office of Personnel Management
FPM Chapter 296

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

1. Position Requested FILL POSITION - Indefinite	2. Request Number (Optional)
3. For Additional Information Call (Name and Telephone Number) R. T. Brown, 623-7840	4. Proposed Effective Date ASAP
5. Action Requested By (Typed Name, Title, Signature, and Request Date) George Privileges General Mechanic Foreman, 10-14-xx	6. Action Authorized By (Typed Name, Title, Signature, and Concurrence Date) Robert Smith Administrative Officer 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)	2. Social Security Number	3. Date of Birth	4. Effective 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. Code	6-D. Legal Authority								
5-E. Code	5-F. Legal Authority	6-E. Code	6-F. Legal Authority								
7. FROM: Position Title and Number		15. TO: Position Title and Number Heavy Mobile Equipment Repairer R8107000									
8. Pay Plan	9. Occ. Code	10. Grade or Level	11. Step Or Rate	12. Salary	13. Pay Bonus	16. Pay Plan	17. Occ. Code	17. Grade or Level	19. Step or Rate	20. Salary/Award	21. Pay Bonus
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

23. Veterans Preference	24. Tenure	25. Agency Use	26. Veterans Preference for RIF
1- None 3-10Pt. Disab. 5-10 Pt. Other 2-5 Pt. 4-10 Pt. Comp. 6-10 Pt./Comp.	0-None 2-Conditional 1- Permanent 3- Indefinite		<input type="checkbox"/> YES <input type="checkbox"/> NO
27. FEGLI	28. Annuity Indicator		29. Pay Rate Determinant
	1- Receipt 3- RETM 5- RETM & CS 2- RETO 4- RETO & CS 6- Not Acceptable		
30. Retirement Plan	31. Service Comp. Date (Leave)	32. Work Schedule	
		1-Interminat J-MT Seasonal F- Full-time G-FT Seasonal N-FT On Call P-Part-time Q-PT Seasonal R-FT On Call	
33. Part-Time Hours Per Biweekly Pay Period			

Position Data

34. Position Occupied	35. FLSA Category	36. Appropriation Code	37. Bargaining Unit Status
2 1- Competitive Service 3-SES Genera 2- Expected Service 4- SES Career Resrved	E- Exempt N- Nonexempt		
38. Duty Station Code		39. Duty Station (City-County-State or Overseas Location) Richtown, Sitmore, Ms	
40. Agency Data	41.	42.	43.
44.	45. Educational Level		
	46. Year Degree Attained	47. Academic Discipline	48. Functional Class
	49. Citizenship	50. Vietnam Era Vet	51. Supervisory Status
	1-USA 8-Other	Y-Yes N-NO	

PART C Reviews and Approval (Not to be used by requesting office)

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

PART D- Remarks by Requesting Office

YES NO

(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: Donald Dooley - LWOP that may extend beyond one (1) year

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 is 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 generalizations. Your resignation/retirement is effective at the end of the day-midnight-unless you specify otherwise).

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

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.

REQUEST FOR PERSONNEL ACTION

Standard Form 52
Per 4787
US Office of Personnel Management
FPM Chapter 296

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

1. Position Requested FILL POSITION Temporary NTE - 12-31-xx	2. Request Number (Optional)
3. For Additional Information Call (Name and Telephone Number) James E. Elements 824-9231	4. Proposed Effective Date 11-01-xx
5. Action Requested By (Typed Name, Title, Signature, and Request Date) James E. Elements Supv Computer Spec 10-10-xx	6. Action Authorized By (Typed Name, Title, Signature, and Concurrence Date) Charles Squadron Supv Log Mgmt Spec 10-10-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) McADOO, MELISSA CAROL	2. Social Security Number 789-12-5151	3. Date of Birth 04-20-xx	4. Effective 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. Code	6-D. Legal Authority								
5-E. Code	5-F. Legal Authority	6-E. Code	6-F. Legal Authority								
7. FROM: Position Title and Number		15. TO: Position Title and Number Computer Operator R0556100									
8. Pay Plan	9. Occ. Code	10. Grade or Level	11. Step Or Rate	12. Salary	13. Pay Bonus	16. Pay Plan GS	17. Occ. Code 0322	17. Grade or Level 06	19. Step or Rate	20. Salary/Award	21. Pay Bonus
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

23. Veterans Preference 1-None 3-10Pt. Disab. 5-10 Pt. Other 2-5 Pt. 4-10 Pt. Comp. 6-10 Pt./Comp.	24. Tenure 0-None 2-Conditional 1-Permanent 3-Indefinite	25. Agency Use	26. Veterans Preference for RIF YES <input type="checkbox"/> NO <input type="checkbox"/>
27. FEGLI	28. Annuitant Indicator 1-Receipt 3-RETM 5-RETM & CS 2-RETO 4. RETO & CS 6-Not Acceptable		29. Pay Rate Determinant
30. Retirement Plan	31. Service Comp. Date (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	33. Part-Time Hours Per Biweekly Pay Period

Position Data

34. Position Occupied 1- Competitive Service 3-SES Genera 2- Expected Service 4- SES Career Resrved	35. FLSA Category E- Exempt N- Nonexempt	36. Appropriation Code	37. Bargaining Unit Status			
38. Duty Station Code		39. Duty Station (City-County-State or Overseas Location) Overthere, Somewhere, MS				
40. Agency Data	41.	42.	43.	44.		
45. Educational Level	46. Year Degree Attained	47. Academic Discipline	48. Functional Class	49. Citizenship 1-USA 8-Other	50. Vietnam Era Vet Y-Yes N-NO	51. Supervisory Status

PART C Reviews and Approval (Not to be used by requesting office)

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

PART D- Remarks by Requesting Office

YES NO

(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: Thornton, Jessica S. (LWOP due to service school from 10-15-xx - 12-31-xx)

IF NOT QUALIFIED AT THE GS-06 GRADE LEVEL, APPLICANT INDICATES SHE WILL ACCEPT THIS TEMPORARY POSITION AT A LOWER GRADE, NOT TO EXCEED, GS-04.

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 is 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)
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PART F – Remarks for SF 50

REQUEST FOR PERSONNEL ACTION

Standard Form 52
Per 4787
US Office of Personnel Management
FPM Chapter 296

PART A- Requesting Office (Also complete Part B Items 1, 7-22, 32, 33, 36, and 39)												
1. Position Requested PROMOTION								2. Request Number (Optional)				
3. For Additional Information Call (Name and Telephone Number) Joseph T. Dale								4. Proposed Effective Date 11-01-xx				
5. Action Requested By (Typed Name, Title, Signature, and Request Date) Joseph T Dale Aircraft Mechanic Foreman, 10-19-xx						6. Action Authorized By (Typed Name, Title, Signature, and Concurrence Date) William P. Barkley Aircraft Mechanic General Foreman 10-19-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) SANDERS, JOHN BART					2. Social Security Number 522-22-1212			3. Date of Birth 09-10-xx		4. Effective 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. Code			6-D. Legal Authority			
5-E. Code			5-F. Legal Authority			6-E. Code			6-F. Legal Authority			
7. FROM: Position Title and Number Aircraft Mechanic F4509100						15. TO: Position Title and Number Aircraft Mechanic F4509100						
8. Pay Plan WG		9. Occ. Code 8852		10. Grade or Level 11 ILO		11. Step Or Rate 12		12. Salary		13. Pay Bonus		
16. Pay Plan WG		17. Occ. Code 8852		17. Grade or Level 12		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 (989 th MAGp)						22. Name and Location of Position's Organization TAG-MS PO Box 5027 Jackson, MS 39296-5027 (989 th MAGp)						
Employee Data												
23. Veterans Preference 1-None 3-10Pt. Disab. 5-10 Pt. Other 2-5 Pt. 4-10 Pt. Comp. 6-10 Pt./Comp.					24. Tenure 0-None 2-Conditional 1-Permanent 3-Indefinite			25. Agency Use		26.Veterans Preference for RIF YES <input type="checkbox"/> NO <input type="checkbox"/>		
27. FEGLI					28. Annuitant Indicator 1-Receipt 3-RETM 5-RETM & CS 2-RETO 4. RETO & CS 6-Not Acceptable			29. Pay Rate Determinant				
30. Retirement Plan				31. Service Comp. Date (Leave)				32. Work Schedule I-Interminat J-MT Seasonal F- Full-time G-FT Seasona N-FT On Call P-Part-time Q-PT Seasonal R-FT On Call		33. Part-Time Hours Per Biweekly Pay Period		
Position Data												
34. Position Occupied 2 1- Competitive Service 3-SES General 2- Expected Service 4- SES Career Resrvd				35. FLSA Category E- Exempt N- Nonexempt		36. Appropriation Code			37. Bargaining Unit Status			
38.Duty Station Code					39. Duty Station (City-County-State or Overseas Location) SoSo, Jones, Ms							
40. Agency Data		41.		42.		43.		44.				
45. Educational Level		46.Year Degree Attained		47 Academic Discipline		48.Functional Class		49.Citizenship 1-USA 8-Other		50.Vietnam Era Vet Y-Yes N-NO		
51. Supervisory Status												
PART C Reviews and Approval (Not to be used by requesting office)												
1. Office/Function		Initials/Signature			Date		Office/Function		Initials/Signature			Date
A.							D.					
B.							E.					
C.							F.					
52. Approval: I certify that the information entered on this form is accurate and that the prosed action is in compliance with statutory and regulatory requirements.							Signature			Approval Date		

PART D- Remarks by Requesting Office

YES NO

(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, YOU MUST 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.

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.

This information is 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 generalizations. Your resignation/retirement is effective at the end of the day-midnight-unless you specify otherwise).

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

REQUEST FOR PERSONNEL ACTION

Standard Form 52
Per 4787
US Office of Personnel Management
FPM Chapter 296

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

1. Position Requested CHANGE TO LOWER GRADE	2. Request Number (Optional)
3. For Additional Information Call (Name and Telephone Number) T. C. Smith, 825-9921	4. Proposed Effective Date 11-01-xx
5. Action Requested By (Typed Name, Title, Signature, and Request Date) T. C. Smith Aircraft Mechanic Foreman, 10-19-xx	6. Action Authorized By (Typed Name, Title, Signature, and Concurrence Date) Trail M. Woods Aircraft Mechanic General Foreman 10-19-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) LION, COWARDLY P.	2. Social Security Number 010-01-0101	3. Date of Birth 04-25-xx	4. Effective Date
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First Action

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

7. FROM: Position Title and Number Aircraft Mechanic F4509100	15. TO: Position Title and Number Aircraft Mechanic F4509100
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8. Pay Plan WG	9. Occ. Code 8852	10. Grade or Level 12	11. Step Or Rate	12. Salary	13. Pay Bonus	16. Pay Plan WG	17. Occ. Code 8852	17. Grade or Level 10	19. Step or Rate	20. Salary/Award	21. Pay Bonus
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14. Name and Location of Position's Organization TAG-MS PO Box 5027 Jackson, MS 39296-5027 (193d TAGp)	22. Name and Location of Position's Organization TAG-MS PO Box 5027 Jackson, Ms 39296-5027 (193d TAGp)
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Employee Data

23. Veterans Preference 1-None 3-10Pt. Disab. 5-10 Pt. Other 2-5 Pt. 4-10 Pt. Comp. 6-10 Pt./Comp.	24. Tenure 0-None 2-Conditional 1-Permanent 3-Indefinite	25. Agency Use	26 Veterans Preference for RIF YES <input type="checkbox"/> NO <input type="checkbox"/>
27. FEGLI	28. Annuity Indicator 1-Receipt 3-RETM 5-RETM & CS 2-RETO 4. RETO & CS 6-Not Acceptable	29. Pay Rate Determinant	
30. Retirement Plan	31. Service Comp. Date (Leave)	32. Work Schedule I-Interminat J-MT Seasonal F-Full-time G-FT Seasonal N-FT On Call P-Part-time Q-PT Seasonal R-FT On Call	33. Part-Time Hours Per Biweekly Pay Period

Position Data

34. Position Occupied 2 1- Competitive Service 3-SES General 2- Expected Service 4- SES Career Resrvd	35. FLSA Category E- Exempt N- Nonexempt	36. Appropriation Code	37. Bargaining Unit Status			
38. Duty Station Code		39. Duty Station (City-County-State or Overseas Location) Meridian, Lauderdale, Ms				
40. Agency Data	41.	42.	43.	44.		
45. Educational Level	46. Year Degree Attained	47 Academic Discipline	48. Functional Class	49. Citizenship 1-USA 8-Other	50. Vietnam Era Vet Y-Yes N-NO	51. Supervisory Status

PART C Reviews and Approval (Not to be used by requesting office)

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

PART D- Remarks by Requesting Office

YES NO

(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.)

This Change to lower grade action is a voluntary request initiated by SGT Lion in accordance with para x-xx, Chap x, Support Personnel Regulation.

(NOTE: Referenced HRR Chapter & paragraph may change when new HRR is published)

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 is 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)
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PART F – Remarks for SF 50

1 October 2001

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 from 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

REQUEST FOR PERSONNEL ACTION

Standard Form 52
Per 4787
US Office of Personnel Management
FPM Chapter 296

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

1. Position Requested REASSIGNMENT		2. Request Number (Optional)
3. For Additional Information Call (Name and Telephone Number) James K. Smithy, 949-6337		4. Proposed Effective Date 11-01-xx
5. Action Requested By (Typed Name, Title, Signature, and Request Date) James K. Smithy Supv Pers Mgmt Spec, 10-19-xx		6. Action Authorized By (Typed Name, Title, Signature, and Concurrence Date) Milford Beekan Supv Pers Mgmt Spec 10-19-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) SUNSHINE, GINGER M.				2. Social Security Number 222-33-1414		3. Date of Birth 01-08-xx		4. Effective 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. Code			6-D. Legal Authority														
5-E. Code			5-F. Legal Authority			6-E. Code			6-F. Legal Authority														
7. FROM: Position Title and Number Management Assistant (Typing) R7150000						15. TO: Position Title and Number Personnel Clerk (Typing) R8486000																	
8. Pay Plan GS		9. Occ. Code 344		10. Grade or Level 05		11. Step Or Rate		12. Salary		13. Pay Bonus		16. Pay Plan GS		17. Occ. Code 203		17. Grade or Level 05		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)												22. Name and Location of Position's Organization TAG-MS PO Box 5027 Jackson, Ms 39296-5027 (MS Mil Dept – HRO)											

Employee Data

23. Veterans Preference 1- None 3-10Pl. Disab. 5-10 Pl. Other 2-5 Pl. 4-10 Pl. Comp. 6-10 Pl./Comp.				24. Tenure 0-None 2-Conditional 1-Permanent 3- Indefinite				25. Agency Use		26 Veterans Preference for RIF YES NO					
27. FEGLI				28. Annuitant Indicator 1- Receipt 3-RETM 5-RETM & CS 2-RETO 4. RETO &CS 6-Not Acceptable				29. Pay Rate Determinant							
30. Retirement Plan				31. Service Comp. Date (Leave)				32. Work Schedule I-Interminat J-MT Seasonal F- Full-time G-FT Seasonal N-FT On Call P-Part-time Q-PT Seasonal R-FT On Call				33. Part-Time Hours Per Biweekly Pay Period			

Position Data

34. Position Occupied 2 1- Competitive Service 3-SES General 2- Expected Service 4- SES Career Resrvd			35. FLSA Category E- Exempt N- Nonexempt		36. Appropriation Code				37. Bargaining Unit Status				
38. Duty Station Code					39. Duty Station (City-County-State or Overseas Location) Jackson, Hinds, Ms								
40. Agency Data		41.		42.		43.		44.					
45. Educational Level		46. Year Degree Attained		47 Academic Discipline		48. Functional Class		49. Citizenship 1-USA 8-Other		50. Vietnam Era Vet Y-Yes N-NO		51. Supervisory Status	

PART C Reviews and Approval (Not to be used by requesting office)

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

PART D- Remarks by Requesting Office

YES NO

(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.)

Reassignment Action requested in accordance with, para x, Chapter 2, HRR.

This reassignment action is requested to align personnel resources that will serve achieve mission essential tasks at this unit, and better serve the needs of the Mississippi National Guard. If approved, the enclosed SF-52 is attached, with questions, to announce the position of Management Assistant (Typing), R7150000, GS-344-05, as required under the provisions of, para x, Chapter 2, HRR.

(NOTE: Referenced HRR Chapter & paragraph may change when new HRR is published)

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.

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

This information is requested under authority of sections 301, 3301, and 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).

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

1 October 2001

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)

Annex B

8-B-22

REQUEST FOR PERSONNEL ACTION

Standard Form 52
Per 4787
US Office of Personnel Management
FPM Chapter 296

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

1. Position Requested FILL POSITION - Permanent		2. Request Number (Optional)	
3. For Additional Information Call (Name and Telephone Number) James K. Smithy, 949-6337		4. Proposed Effective Date ASAP	
5. Action Requested By (Typed Name, Title, Signature, and Request Date) James K. Smithy Supv Pers Mgmt Spec, 10-19-xx		6. Action Authorized By (Typed Name, Title, Signature, and Concurrence Date) Milford Beekan Supv Pers Mgmt Spec 10-19-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)				2. Social Security Number		3. Date of Birth		4. Effective 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. Code		6-D. Legal Authority			
5-E. Code		5-F. Legal Authority				6-E. Code		6-F. Legal Authority			
7. FROM: Position Title and Number						15. TO: Position Title and Number Management Assistant (Typing) R7150000					
8. Pay Plan		9. Occ. Code		10. Grade or Level		11. Step Or Rate		12. Salary		13. Pay Bonus	
GS		344		05							
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 (MS Mil Dept – HRO)					

Employee Data

23. Veterans Preference 1- None 3-10Pt. Disab. 5-10 Pt. Other 2-5 Pt. 4-10 Pt. Comp. 6-10 Pt./Comp.				24. Tenure 0-None 2-Conditional 1- Permanent 3- Indefinite				25. Agency Use		26. Veterans Preference for RIF YES <input type="checkbox"/> NO <input type="checkbox"/>	
27. FEGLI				28. Annuitant Indicator 1- Receipt 3-RETM 5-RETM & CS 2-RETO 4. RETO &CS 6-Not Acceptable				29. Pay Rate Determinant			
30. Retirement Plan			31. Service Comp. Date (Leave)			32. Work Schedule F- Full-time G-FT Seasonal J-MT Seasonal P-Part-time Q-PT Seasonal N-FT On Call R-FT On Call			33. Part-Time Hours Per Biweekly Pay Period		

Position Data

34. Position Occupied 1 1- Competitive Service 3-SES General 2- Expected Service4- SES Career Resrved			35. FLSA Category E- Exempt N- Nonexempt		36. Appropriation Code			37. Bargaining Unit Status				
38. Duty Station Code				39. Duty Station (City-County-State or Overseas Location) Jackson, Hinds, Ms								
40. Agency Data		41.		42.		43.		44.				
45. Educational Level		46. Year Degree Attained		47 Academic Discipline		48. Functional Class		49. Citizenship 1-USA 8-Other		50. Vietnam Era Vet Y-Yes N-NO		51. Supervisory Status

PART C Reviews and Approval (Not to be used by requesting office)

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

PART D- Remarks by Requesting Office

YES NO

(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 is 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 generalizations. Your resignation/retirement is effective at the end of the day-midnight-unless you specify otherwise).

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

REQUEST FOR PERSONNEL ACTION

Standard Form 52
Per 4787
US Office of Personnel Management
FPM Chapter 296

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

1. Position Requested DETAIL – NTE 120 days		2. Request Number (Optional)	
3. For Additional Information Call (Name and Telephone Number) James K. Smithy, 949-6337		4. Proposed Effective Date 11-01-xx	
5. Action Requested By (Typed Name, Title, Signature, and Request Date) James K. Smithy Supv Pers Mgmt Spec, 10-19-xx		6. Action Authorized By (Typed Name, Title, Signature, and Concurrence Date) Milford Beekan Supv Pers Mgmt Spec 10-19-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) FORM, ROBERT G.				2. Social Security Number 110-00-0404		3. Date of Birth 12-03-xx		4. Effective 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. Code		6-D. Legal Authority			
5-E. Code		5-F. Legal Authority				6-E. Code		6-F. Legal Authority			
7. FROM: Position Title and Number					15. TO: Position Title and Number Heavy Mobile Equipment Repairer R8107000						
8. Pay Plan	9. Occ. Code	10. Grade or Level	11. Step Or Rate	12. Salary	13. Pay Bonus	16. Pay Plan	17. Occ. Code	17. 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)					22. Name and Location of Position's Organization TAG-MS PO Box 5027 Jackson, Ms 39296-5027 (MS Mil Dept, HRO)						

Employee Data

23. Veterans Preference 1- None 3-10Pt. Disab. 5-10 Pt. Other 2-5 Pt. 4-10 Pt. Comp. 6-10 Pt./Comp.				24. Tenure 0-None 2-Conditional 1- Permanent 3- Indefinite			25. Agency Use		26. Veterans Preference for RIF YES <input type="checkbox"/> NO <input type="checkbox"/>	
27. FEGLI				28. Annuitant Indicator 1- Receipt 3-RETM 5-RETM & CS 2-RETO 4. RETO & CS 6-Not Acceptable			29. Pay Rate Determinant			
30. Retirement Plan			31. Service Comp. Date (Leave)			32. Work Schedule I-Interminat J-MT Seasonal F- Full-time G-FT Seasonal N-FT On Call P-Part-time Q-PT Seasonal R-FT On Call			33. Part-Time Hours Per Biweekly Pay Period	

Position Data

34. Position Occupied 2 1- Competitive Service 3-SES General 2- Expected Service 4- SES Career Resrved		35. FLSA Category E- Exempt N- Nonexempt		36. Appropriation Code		37. Bargaining Unit Status			
38. Duty Station Code			39. Duty Station (City-County-State or Overseas Location) Jackson, Hinds, Ms						
40. Agency Data		41.	42.	43.	44.				
45. Educational Level		46. Year Degree Attained	47 Academic Discipline	48. Functional Class	49. Citizenship 1-USA 8-Other		50. Vietnam Era Vet Y-Yes N-NO		51. Supervisory Status

PART C Reviews and Approval (Not to be used by requesting office)

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

PART D- Remarks by Requesting Office

YES NO

(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.)

This Detail action is necessary to temporarily reassign Robert Form to a more critical area while the incumbent is attending a military service school.

NOTE: Details expected to last longer than 120 days will require competition.

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 is 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 generalizations. Your resignation/retirement is effective at the end of the day-midnight-unless you specify otherwise).

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

REQUEST FOR PERSONNEL ACTION

Standard Form 52
Per 4787
US Office of Personnel Management
FPM Chapter 296

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

1. Position Requested TERMINATE DETAIL		2. Request Number (Optional)
3. For Additional Information Call (Name and Telephone Number) James K. Smithy, 949-6337		4. Proposed Effective Date 12-31-xx
5. Action Requested By (Typed Name, Title, Signature, and Request Date) James K. Smithy Supv Pers Mgmt Spec, 12-28-xx		6. Action Authorized By (Typed Name, Title, Signature, and Concurrence Date) Milford Beekan Supv Pers Mgmt Spec 12-28-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) FORM, ROBERT G.				2. Social Security Number 110-00-0404		3. Date of Birth 12-03-xx		4. Effective 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. Code			6-D. Legal Authority														
5-E. Code			5-F. Legal Authority			6-E. Code			6-F. Legal Authority														
7. FROM: Position Title and Number Personnel Clerk (Typing) R8359000						15. TO: Position Title and Number Management Assistant (Typing) R7150000																	
8. Pay Plan GS		9. Occ. Code 203		10. Grade or Level 05		11. Step Or Rate		12. Salary		13. Pay Bonus		16. Pay Plan GS		17. Occ. Code 344		17. Grade or Level 05		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)												22. Name and Location of Position's Organization TAG-MS PO Box 5027 Jackson, Ms 39296-5027 (MS Mil Dept, HRO)											

Employee Data

23. Veterans Preference 1- None 3-10Pl. Disab. 5-10 Pl. Other 2-5 Pl. 4-10 Pl. Comp. 6-10 Pl./Comp.				24. Tenure 0-None 2-Conditional 1- Permanent 3- Indefinite				25. Agency Use		26 Veterans Preference for RIF YES <input type="checkbox"/> NO <input type="checkbox"/>					
27. FEGLI				28. Annuitant Indicator 1- Receipt 3- RETM 5- RETM & CS 2- RETO 4. RETO & CS 6- Not Acceptable				29. Pay Rate Determinant							
30. Retirement Plan				31. Service Comp. Date (Leave)				32. Work Schedule I-Interminat J-MT Seasonal F- Full-time G-FT Seasonal N-FT On Call P-Part-time Q-PT Seasonal R-FT On Call				33. Part-Time Hours Per Biweekly Pay Period			

Position Data

34. Position Occupied 2 1- Competitive Service 3-SES General 2- Expected Service 4- SES Career Resrvd			35. FLSA Category E- Exempt N- Nonexempt			36. Appropriation Code			37. Bargaining Unit Status				
38. Duty Station Code						39. Duty Station (City-County-State or Overseas Location) Jackson, Hinds, Ms							
40. Agency Data		41.		42.		43.		44.					
45. Educational Level		46. Year Degree Attained		47 Academic Discipline		48. Functional Class		49. Citizenship 1-USA 8-Other		50. Vietnam Era Vet Y-Yes N-NO		51. Supervisory Status	

PART C Reviews and Approval (Not to be used by requesting office)

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

PART D- Remarks by Requesting Office

YES NO

(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.

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 is 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 generalizations. Your resignation/retirement is effective at the end of the day-midnight-unless you specify otherwise).

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

REQUEST FOR PERSONNEL ACTION

Standard Form 52
Per 4787
US Office of Personnel Management
FPM Chapter 296

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

1. Position Requested LEAVE WITHOUT PAY (LWOP) NTE 12-31-xx	2. Request Number (Optional)
3. For Additional Information Call (Name and Telephone Number) James E. Elements, 824-9321	4. Proposed Effective Date 10-15-xx
5. Action Requested By (Typed Name, Title, Signature, and Request Date) James E. Elements Supv Computer Spec, 10-10-xx	6. Action Authorized By (Typed Name, Title, Signature, and Concurrence Date) Charles Squadron Supv Log Mgmt Spec 10-10-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) THORNTON, JESSICA SMITH	2. Social Security Number 123-54-1234	3. Date of Birth 12-01-xx	4. Effective Date
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First Action

7. FROM: Position Title and Number Computer Operator R0556100	15. TO: Position Title and Number Heavy Mobile Equipment Repairer R8107000
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8. Pay Plan GS	9. Occ. Code 0332	10. Grade or Level 06	11. Step Or Rate	12. Salary	13. Pay Bonus	16. Pay Plan	17. Occ. Code	17. Grade or Level	19. Step or Rate	20. Salary/Award	21. Pay Bonus
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14. Name and Location of Position's Organization TAG-MS PO Box 5027 Jackson, MS 39296-5027 (USPFO)	22. Name and Location of Position's Organization
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Employee Data

23. Veterans Preference 1- None 3-10Pl. Disab. 5-10 Pl. Other 2-5 Pl. 4-10 Pl. Comp. 6-10 Pl./Comp.	24. Tenure 0-None 2-Conditional 1- Permanent 3- Indefinite	25. Agency Use	26. Veterans Preference for RIF YES <input type="checkbox"/> NO <input type="checkbox"/>
27. FEGLI	28. Annuitant Indicator 1- Receipt 3- RETM 5- RETM & CS 2- RETO 4- RETO & CS 6- Not Acceptable	29. Pay Rate Determinant	
30. Retirement Plan	31. Service Comp. Date (Leave)	32. Work Schedule I-Interminat J-MT Seasonal F- Full-time G-FT Seasonal N-FT On Call P-Part-time Q-PT Seasonal R-FT On Call	33. Part-Time Hours Per Biweekly Pay Period

Position Data

34. Position Occupied 1- Competitive Service 3-SES General 2- Expected Service 4- SES Career Resrved	35. FLSA Category E- Exempt N- Nonexempt	36. Appropriation Code	37. Bargaining Unit Status			
38. Duty Station Code	39. Duty Station (City-County-State or Overseas Location) Overthere, Somewhere, MS					
40. Agency Data	41.	42.	43.	44.		
45. Educational Level	46. Year Degree Attained	47. Academic Discipline	48. Functional Class	49. Citizenship 1-USA 8-Other	50. Vietnam Era Vet Y-Yes N-NO	51. Supervisory Status

PART C Reviews and Approval (Not to be used by requesting office)

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

PART D- Remarks by Requesting Office

YES NO

(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 is 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 generalizations. Your resignation/retirement is effective at the end of the day-midnight-unless you specify otherwise).

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

REQUEST FOR PERSONNEL ACTION

Standard Form 52
Per 4787
US Office of Personnel Management
FPM Chapter 296

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

1. Position Requested RETURN TO DUTY FROM LWOP	2. Request Number (Optional)
3. For Additional Information Call (Name and Telephone Number) James E. Elements, 824-9321	4. Proposed Effective Date 01-01-xx
5. Action Requested By (Typed Name, Title, Signature, and Request Date) James E. Elements Supv Computer Spec, 12-28-xx	6. Action Authorized By (Typed Name, Title, Signature, and Concurrence Date) Charles Squadron Supv Log Mgmt Spec 12-28-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) THORNTON, JESSICA SMITH	2. Social Security Number 123-54-1234	3. Date of Birth 12-01-xx	4. Effective 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. Code	6-D. Legal Authority								
5-E. Code	5-F. Legal Authority	6-E. Code	6-F. Legal Authority								
7. FROM: Position Title and Number											
15. TO: Position Title and Number Computer Operator R0556100											
8. Pay Plan	9. Occ. Code	10. Grade or Level	11. Step Or Rate	12. Salary	13. Pay Bonus	16. Pay Plan	17. Occ. Code	17. Grade or Level	19. Step or Rate	20. Salary/Award	21. Pay Bonus
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 (USPFO)					

Employee Data

23. Veterans Preference 1- None 3-10Pt. Disab. 5-10 Pt. Other 2-5 Pt. 4-10 Pt. Comp. 6-10 Pt./Comp.	24. Tenure 0-None 2-Conditional 1- Permanent 3- Indefinite	25. Agency Use	26. Veterans Preference for RIF YES <input type="checkbox"/> NO <input type="checkbox"/>
27. FEGLI	28. Annuitant Indicator 1- Receipt 3-RETM 5-RETM & CS 2-RETO 4. RETO & CS 6-Not Acceptable		29. Pay Rate Determinant
30. Retirement Plan	31. Service Comp. Date (Leave)	32. Work Schedule I-Interminat J-MT Seasonal F- Full-time G-FT Seasonal N-FT On Call P-Part-time Q-PT Seasonal R-FT On Call	33. Part-Time Hours Per Biweekly Pay Period

Position Data

34. Position Occupied 2 1- Competitive Service 3-SES General 2- Expected Service 4- SES Career Resrved	35. FLSA Category E- Exempt N- Nonexempt	36. Appropriation Code	37. Bargaining Unit Status
38. Duty Station Code		39. Duty Station (City-County-State or Overseas Location) Overthere, Somewhere, Ms	
40. Agency Data	41.	42.	43.
44.	49. Citizenship 1-USA 8-Other		50. Vietnam Era Vet Y-Yes N-NO
45. Educational Level	46. Year Degree Attained	47. Academic Discipline	48. Functional Class
51. Supervisory Status			

PART C Reviews and Approval (Not to be used by requesting office)

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

PART D- Remarks by Requesting Office

YES NO

(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 returning from a required Military Service School

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 is 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 generalizations. Your resignation/retirement is effective at the end of the day-midnight-unless you specify otherwise).

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

REQUEST FOR PERSONNEL ACTION

Standard Form 52
Per 4787
US Office of Personnel Management
FPM Chapter 296

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

1. Position Requested NAME CHANGE (From: Stinger, Teresa Paula)	2. Request Number (Optional)
3. For Additional Information Call (Name and Telephone Number) Alvin S. Wishywashy, 359-4825	4. Proposed Effective Date 11-01-xx
5. Action Requested By (Typed Name, Title, Signature, and Request Date) Alvin S. Wishywashy Supv Accounting Technician	6. Action Authorized By (Typed Name, Title, Signature, and Concurrence Date) John P. Doe Supv Log Mgmt Spec

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) RUSSELL, TERESA STINGER	2. Social Security Number 988-88-8899	3. Date of Birth 05-30-xx	4. Effective 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. Code	6-D. Legal Authority								
5-E. Code	5-F. Legal Authority	6-E. Code	6-F. Legal Authority								
7. FROM: Position Title and Number											
15. TO: Position Title and Number Accounting Technician R7336000											
8. Pay Plan	9. Occ. Code	10. Grade or Level	11. Step Or Rate	12. Salary	13. Pay Bonus	16. Pay Plan	17. Occ. Code	17. Grade or Level	19. Step or Rate	20. Salary/Award	21. Pay Bonus
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 (USPFO)					

Employee Data

23. Veterans Preference 1- None 3-10 Pt. Disab. 5-10 Pt. Other 2-5 Pt. 4-10 Pt. Comp. 6-10 Pt./Comp.	24. Tenure 0-None 2-Conditional 1- Permanent 3- Indefinite	25. Agency Use	26. Veterans Preference for RIF YES <input type="checkbox"/> NO <input type="checkbox"/>
27. FEGLI	28. Annuitant Indicator 1- Receipt 3- RETM 5- RETM & CS 2- RETO 4- RETO & CS 6- Not Acceptable		29. Pay Rate Determinant
30. Retirement Plan	31. Service Comp. Date (Leave)	32. Work Schedule I- Interminat J- MT Seasonal F- Full-time G- FT Seasonal N- FT On Call P- Part-time Q- PT Seasonal R- FT On Call	
33. Part-Time Hours Per Biweekly Pay Period			

Position Data

34. Position Occupied 1- Competitive Service 3- SES General 2- Expected Service 4- SES Career Resrvd	35. FLSA Category E- Exempt N- Nonexempt	36. Appropriation Code	37. Bargaining Unit Status
38. Duty Station Code		39. Duty Station (City-County-State or Overseas Location) Flowood, Rankin, Ms	
40. Agency Data	41.	42.	43.
44.	45. Educational Level 46. Year Degree Attained 47. Academic Discipline 48. Functional Class		
49. Citizenship 1- USA 8- Other		50. Vietnam Era Vet Y- Yes N- NO	
51. Supervisory Status			

PART C Reviews and Approval (Not to be used by requesting office)

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

PART D- Remarks by Requesting Office

YES NO

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.)

Name Change due to marriage on 11-01-xx.

NOTE: BE SURE TO SUBMIT WITH THE SF-52, A COPY OF MARRIAGE/DIVORCE LICENSE: COURT DIRECTED DOCUMENT AUTHORIZING THE NAME CHANGE, AND A COPY SHOWING THAT TECHNICIAN HAS APPLIED WITH SOCIAL SECURITY TO CHANGE NAME.

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 is 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 generalizations. Your resignation/retirement is effective at the end of the day-midnight-unless you specify otherwise).

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

REQUEST FOR PERSONNEL ACTION

Standard Form 52
Per 4787
US Office of Personnel Management
FPM Chapter 296

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 Additional Information Call (Name and Telephone Number) Kirby T. Trustworthy, 528-9494	4. Proposed Effective Date 10-30-xx
5. Action Requested By (Typed Name, Title, Signature, and Request Date) Paul American Hvy Mob Eqp Mech Fmn, 10-14-xx	6. Action Authorized By (Typed Name, Title, Signature, and Concurrence Date) 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. Social Security Number 000-44-0000	3. Date of Birth 09-15-xx	4. Effective 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. Code	6-D. Legal Authority								
5-E. Code	5-F. Legal Authority	6-E. Code	6-F. Legal Authority								
7. FROM: Position Title and Number Heavy Mobile Equipment Repairer R6356100		15. TO: Position Title and Number									
8. Pay Plan Wg	9. Occ. Code 5803	10. Grade or Level 09	11. Step Or Rate	12. Salary	13. Pay Bonus	16. Pay Plan	17. Occ. Code	17. 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 (MATES)						22. Name and Location of Position's Organization					

Employee Data

23. Veterans Preference 1- None 3-10 Pt. Disab. 5-10 Pt. Other 2-5 Pt. 4-10 Pt. Comp. 6-10 Pt./Comp.	24. Tenure 0-None 2-Conditional 1- Permanent 3- Indefinite	25. Agency Use	26. Veterans Preference for RIF YES <input type="checkbox"/> NO <input type="checkbox"/>
27. FEGLI	28. Annuitant Indicator 1- Receipt 3- RETM 5- RETM & CS 2- RETO 4- RETO & CS 6- Not Acceptable		29. Pay Rate Determinant
30. Retirement Plan	31. Service Comp. Date (Leave)	32. Work Schedule I- Interminat J- MT Seasonal F- Full-time G- FT Seasonal N- FT On Call P- Part-time Q- PT Seasonal R- FT On Call	
33. Part-Time Hours Per Biweekly Pay Period			

Position Data

34. Position Occupied 1- Competitive Service 3- SES General 2- Expected Service 4- SES Career Resrvd	35. FLSA Category E- Exempt N- Nonexempt	36. Appropriation Code	37. Bargaining Unit Status
38. Duty Station Code		39. Duty Station (City-County-State or Overseas Location) Cp Shelby, Forrest, Ms	
40. Agency Data	41.	42.	43.
44.	49. Citizenship 1- USA 8- Other		
45. Educational Level	46. Year Degree Attained	47. Academic Discipline	48. Functional Class
50. Vietnam Era Vet Y- Yes N- NO		51. Supervisory Status	

PART C Reviews and Approval (Not to be used by requesting office)

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

PART D- Remarks by Requesting Office

YES NO

(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.)

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 is 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 generalizations. Your resignation/retirement is effective at the end of the 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
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PART F – Remarks for SF 50

REQUEST FOR PERSONNEL ACTION

Standard Form 52
Per 4787
US Office of Personnel Management
FPM Chapter 296

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

1. Position Requested RETIREMENT		2. Request Number (Optional)
3. For Additional Information Call (Name and Telephone Number) William T. Terrific, 936-7529		4. Proposed Effective Date 12-31-xx
5. Action Requested By (Typed Name, Title, Signature, and Request Date) William T. Terrific Air Operations Supervisor, 11-01-xx		6. Action Authorized By (Typed Name, Title, Signature, and Concurrence Date) Trying E. Hard Air Operations Officer 11-01-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) ROGERS, PRETTY LEE				2. Social Security Number 111-11-1111		3. Date of Birth 12-03-xx		4. Effective 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. Code		6-D. Legal Authority															
5-E. Code		5-F. Legal Authority				6-E. Code		6-F. Legal Authority															
7. FROM: Position Title and Number Air Operations Technician F2711000					15. TO: Position Title and Number																		
8. Pay Plan GS		9. Occ. Code 0301		10. Grade or Level 07		11. Step Or Rate		12. Salary		13. Pay Bonus		16. Pay Plan		17. Occ. Code		17. 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

23. Veterans Preference 1- None 3-10Pt. Disab. 5-10 Pt. Other 2-5 Pt. 4-10 Pt. Comp. 6-10 Pt./Comp.				24. Tenure 0-None 2-Conditional 1- Permanent 3- Indefinite				25. Agency Use		26. Veterans Preference for RIF YES <input type="checkbox"/> NO <input type="checkbox"/>	
27. FEGLI				28. Annuitant Indicator 1- Receipt 3-RETM 5-RETM & CS 2-RETO 4. RETO & CS 6-Not Acceptable				29. Pay Rate Determinant			
30. Retirement Plan			31. Service Comp. Date (Leave)			32. Work Schedule F- Full-time G-FT Seasonal J-MT Seasonal P-Part-time Q-PT Seasonal N-FT On Call R-FT On Call			33. Part-Time Hours Per Biweekly Pay Period		

Position Data

34. Position Occupied 1- Competitive Service 3-SES General 2- Expected Service 4- SES Career Resrvd		35. FLSA Category E- Exempt N- Nonexempt		36. Appropriation Code			37. Bargaining Unit Status						
38. Duty Station Code				39. Duty Station (City-County-State or Overseas Location) Seamore, Lowlevel, Ms									
40. Agency Data		41.		42.		43.		44.					
45. Educational Level		46. Year Degree Attained		47 Academic Discipline		48. Functional Class		49. Citizenship 1-USA 8-Other		50. Vietnam Era Vet Y-Yes N-NO		51. Supervisory Status	

PART C Reviews and Approval (Not to be used by requesting office)

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

PART D- Remarks by Requesting Office

YES NO

(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.)

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 is 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 generalizations. Your resignation/retirement is effective at the end of the day-midnight-unless you specify otherwise).

To obtain retirement benefits.

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
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PART F - Remarks for SF 50