

REQUEST FOR PERSONNEL ACTION

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

1. Actions Requested NAME CHANGE	2. Request Number LEAVE BLANK
3. For Additional Information Call (Name and Telephone Number) NAME OF PERSON TO CONTACT, 801-432-XXXX	4. Proposed Effective Date MM-DD-YYYY
5. Action Requested By (Typed Name, Title, Signature, and Request Date) SIGNAURE AND NAME, SUPERVISOR	6. Action Authorized by (Typed Name, Title, Signature, and Concurrence Date) SIGN AND NAME, COS OR AIR CC

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

1. Name (Last, First, Middle) EMPLOYEES NEW NAME	2. Social Security Number 123-45-6789	3. Date of Birth MM-DD-YYYY	4. Effective Date MM-DD-YYYY
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FIRST ACTION

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

SECOND ACTION

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

7. FROM: Position Title and Number
 MILITARY PERSONNEL CLERK
 TCXXXXXXXX (COMES OFF MANNING DOCUMENT)

15. TO: Position Title and Number

8. Pay Plan GS	9. Occ. Code 0204	10. Grade or Level 05	11. Step or Rate	12. Total Salary	13. Pay Basis	16. Pay Plan	17. Occ. Code	18. Grade or Level	19. Step or Rate	20. Total Salary/Award	21. Pay Basis				
12A. Basic Pay		12B. Locality Adj.		12C. Adj. Basic Pay		12D. Other Pay		20A. Basic Pay		20B. Locality Adj.		20C. Adj. Basic Pay		20D. Other Pay	

14. Name and Location of Position's Organization

22. Name and Location of Position's Organization

EMPLOYEE DATA

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

POSITION DATA

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

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

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

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

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

Signature	Approval Date
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PART D - Remarks by Requesting Office

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

YES NO

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

**FOR NAME CHANGES DUE TO MARRIAGE OR DIVORCE, A COPY OF THE MARRIAGE CERTIFICATE OR DIVORCE DECREE MUST BE ATTACHED.

**USUALLY REQUIRES A CHANGE IN EMPLOYEES BENEFIT PLANS

PART E - Employee Resignation/Retirement

Privacy Act Statement

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

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.

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

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

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

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