

APPENDIX 4M-1

REQUEST FOR LWOP
CHECKLIST

SF 52 - Request for LWOP

1. The reason for the LWOP should be shown in Part D.
2. When the LWOP is in connection with military duty do not use this checklist, use checklist in Appendix 4O-1.
3. Signatures: Part A

Block 5. Signature of technician.

Block 6. Signature of immediate supervisor.

A Memorandum/Letter may be used for signatures of other individuals in the chain of command.
4. Submit original only.
5. Requests for LWOP for 30 days or less may be approved by the immediate supervisor. All requests for LWOP in excess of 30 days must be forwarded thru channels to HRO for approval. LWOP in excess of 30 days will be approved only in extenuating circumstances.
6. A technician who enters LWOP must make an election pertaining to health benefits coverage while in LWOP status.

REQUEST FOR PERSONNEL ACTION

PART A - Requesting Office (Also complete Part B, Items 1, 7-22, 32, 33, 36, and 39.)	
1. Actions Requested LWOP NTE 28 MAR 09	2. Request Number
3. For Additional Information Call (Name and Telephone Number)	4. Proposed Effective Date 02-22-09
5. Action Requested By (Typed Name, Title, Signature, and Request Date) JOHN H. SMITH, SSS, 15 FEB 09	6. Action Authorized by (Typed Name, Title, Signature, and Concurrence Date) JOHN H. DOE, ADMIN OFF, 16 FEB 09

PART B - For Preparation of SF 50 (Use only codes in FPM Supplement 292-1. Show all dates in month-day-year order.)			
1. Name (Last, First, Middle) SMITH, JOHN H.	2. Social Security Number 999-99-9999	3. Date of Birth 01-01-89	4. Effective Date

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

7. FROM: Position Title and Number SUPPORT SERVICES SPECIALIST R8555000 FC: 3310 (List FC if Air Guard)					15. TO: Position Title and Number						
8. Pay Plan GS	9. Occ. Code 0342	10. Grade or Level 07	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 JFHQ, AL, P.O. Box 3711 MONTGOMERY, AL 36109-0711 HHC, 1/167TH INF						22. Name and Location of Position's Organization					

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

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

PART C - Reviews and Approvals (Not to be used by requesting office.)											
1. Office/Function		Initials/Signature		Date		Office/Function		Initials/Signature		Date	
A.						D.					
B.						E.					
C.						F.					
2. Approval: I certify that the information entered on this form is accurate and that the proposed action is in compliance with statutory and regulatory requirements.						Signature			Approval Date		

PART D - Remarks by Requesting Office

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

YES NO

LWOP requested for the purpose of recovery from surgery after utilizing all accrued sick leave.

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)
-------------------	-------------------	----------------	---------------------------------------------------------------

PART F - Remarks for SF 50

APPENDIX 4N-1

RETURN TO DUTY FROM LWOP
CHECKLIST

SF 52 - Return to Duty from LWOP

1. A SF 52 should be submitted immediately when a technician returns from LWOP.
2. Signatures: Part A

Block 5. Signature of Technician.

Block 6. Signature of the immediate supervisor.

A Memorandum/Letter may be used for signatures of other individuals in the chain of command.
3. In addition to submitting the SF 52, the supervisor, or the technician if the supervisor is not available, should contact the HRO by phone the first day he/she returns to duty.
4. Submit original only.

REQUEST FOR PERSONNEL ACTION

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

1. Actions Requested RETURN TO DUTY FROM LWOP		2. Request Number
3. For Additional Information Call (Name and Telephone Number)		4. Proposed Effective Date 03-26-09
5. Action Requested By (Typed Name, Title, Signature, and Request Date) JOHN H. SMITH, SSS, 26 MAR 09		6. Action Authorized by (Typed Name, Title, Signature, and Concurrence Date) JOHN H. DOE, ADMIN OFF, 26 MAR 09

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

1. Name (Last, First, Middle) SMITH, JOHN H.	2. Social Security Number 999-99-9999	3. Date of Birth 01-01-89	4. Effective Date
-------------------------------------------------	------------------------------------------	------------------------------	-------------------

FIRST ACTION

SECOND ACTION

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

7. FROM: Position Title and Number	15. TO: Position Title and Number SUPPORT SERVICES SPECIALIST R8555000 FC: 3310 (List FC if Air Guard)
------------------------------------	--------------------------------------------------------------------------------------------------------------

8. Pay Plan GS	9. Occ. Code 0342	10. Grade or Level 07	11. Step or Rate	12. Total Salary	13. Pay Basis	16. Pay Plan GS	17. Occ. Code 0342	18. Grade or Level 07	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 JFHQ, AL, P.O. Box 3711 MONTGOMERY, AL 36109-0711 HHC, 1/167TH INF
--------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------

EMPLOYEE DATA

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

POSITION DATA

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

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

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

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

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

PART D - Remarks by Requesting Office

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

YES NO

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)
-------------------	-------------------	----------------	---------------------------------------------------------------

PART F - Remarks for SF 50

APPENDIX 4O –1

REQUEST FOR LEAVE FOR WITHOUT PAY FOR MILITARY DUTY
CHECKLIST

SF 52 - Partially completed request for Leave without pay for military duty will be furnished each technician by HRO during out-processing interview.

1. When a technician attends military duty and will be in a leave without pay status for any length of time, he/she must contact HRO regarding an out-processing interview. During the out-processing, the technician must make elections pertaining to health insurance as well as other benefits. A copy of orders should be furnished HRO upon receipt or during out-processing.

2. Signatures: Part A

Block 5. Signature of technician.

Block 6. Signature of immediate supervisor. A memorandum/Letter may be used for signatures of other individuals in the chain of command.

3. Submit original only.

NOTE: Military deposits may be required for LWOP for military duty to receive retirement credit unless CSRS employee who were employed prior to 1 Oct 82. Technicians employed prior to 1 Oct 82 may wish to make deposits to avoid Catch 62 reductions in retirement.

REQUEST FOR PERSONNEL ACTION

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

1. Actions Requested LWOP-US		2. Request Number
3. For Additional Information Call (Name and Telephone Number) JOHN L. DOE, 222-0000		4. Proposed Effective Date 03-15-09
5. Action Requested By (Typed Name, Title, Signature, and Request Date) JANE L. HAPPY, SUPV, 22 FEB 09		6. Action Authorized by (Typed Name, Title, Signature, and Concurrence Date) HENRY A. ANY, AIR CMDR, 23 FEB 09

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

1. Name (Last, First, Middle) SMITH, JOHN H.	2. Social Security Number 999-99-9999	3. Date of Birth 01-01-89	4. Effective Date
-------------------------------------------------	------------------------------------------	------------------------------	-------------------

FIRST ACTION

5-A. Code	5-B. Nature of Action LWOP-US NTE
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
 AUTOMOTIVE WORKER
 R8109000 FC: 3310 (List FC if Air Guard)

15. TO: Position Title and Number
 AUTOMOTIVE WORKER SUPV
 R8115000

8. Pay Plan WG	9. Occ. Code 5823	10. Grade or Level 09	11. Step or Rate	12. Total Salary	13. Pay Basis	16. Pay Plan WS	17. Occ. Code 5823	18. Grade or Level 09	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
 JFHQ, AL, P.O. BOX 3711
 MONTGOMERY, AL 36109-0711
 FMS #28

22. Name and Location of Position's Organization
 JFHQ, AL, P.O. BOX 3711
 MONTGOMERY, AL 36109-0711
 FMS #28

EMPLOYEE DATA

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

POSITION DATA

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

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

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

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

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

Signature	Approval Date
-----------	---------------

PART D - Remarks by Requesting Office

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

YES NO

MILITARY LEAVE FROM _____ TO _____
ANNUAL LEAVE FROM _____ TO _____
COMP TIME FROM _____ TO _____
TO AWARD FROM _____ TO _____
HOLIDAYS _____
LWOP _____

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)
-------------------	-------------------	----------------	---------------------------------------------------------------

PART F - Remarks for SF 50

APPENDIX 4P-1

RETURN TO DUTY FROM MILITARY DUTY
CHECKLIST

SF 52 - Return to Duty (from military duty)

1. A SF 52 should be submitted immediately upon return of technician from military duty. Technicians are expected to return to work at the beginning of the first regularly scheduled workday following release from military duty.

2. Signatures: Part A

Block 5. Signature of technician.

Block 6. Signature of immediate supervisor.

A Memorandum/Letter may be used for signatures of other individuals in the chain of command.

3. Enter in Part D the last day for which the technician received military pay and enter the date he/she actually returns to duty as a technician.

4. In addition to submitting the SF 52, the supervisor, or the technician if the supervisor is not available, should contact the HRO by phone the first day the technician returns to duty after military duty.

5. Submit original only.

6. Technician should be reminded to contact HRO concerning benefits such as payment of military deposit and make-up TSP contributions.

REQUEST FOR PERSONNEL ACTION

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

1. Actions Requested RETURN TO DUTY FROM MILITARY DUTY		2. Request Number
3. For Additional Information Call (Name and Telephone Number)		4. Proposed Effective Date 03-29-09
5. Action Requested By (Typed Name, Title, Signature, and Request Date) JOHN H. DOE, SUPV, 26 MAR 09		6. Action Authorized by (Typed Name, Title, Signature, and Concurrence Date) HENRY A. ANY, ADMIN OFF, 26 MAR 09

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

1. Name (Last, First, Middle) SMITH, JOHN H.	2. Social Security Number 999-99-9999	3. Date of Birth 01-01-89	4. Effective Date
-------------------------------------------------	------------------------------------------	------------------------------	-------------------

FIRST ACTION

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

SECOND ACTION

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

7. FROM: Position Title and Number	15. TO: Position Title and Number SUPPORT SERVICES SPECIALIST R8555000 FC: 3310 (List FC if Air Guard)
------------------------------------	--------------------------------------------------------------------------------------------------------------

8. Pay Plan GS	9. Occ. Code	10. Grade or Level 07	11. Step or Rate	12. Total Salary	13. Pay Basis	16. Pay Plan GS	17. Occ. Code 0342	18. Grade or Level 07	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 JFHQ, AL, P.O. Box 3711 MONTGOMERY, AL 36109-0711 HHC, 1/167TH INF
--------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------

EMPLOYEE DATA

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

POSITION DATA

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

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

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

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

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

Signature _____ Approval Date _____

PART D - Remarks by Requesting Office

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

YES NO

SFC Smith's last day of military duty was 28 Mar 09 and his first day of technician duty was 29 Mar 09.

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)
-------------------	-------------------	----------------	---------------------------------------------------------------

PART F - Remarks for SF 50

APPENDIX 4Q-1

SUSPENSION
CHECKLIST

SF 52 – Suspension (Contact the HRO prior to taking any action.)

1. A SF 52 should be submitted with a copy of the Decision to Suspend, which is forwarded to NGAL-HRO-MTM.
 2. A statement as to the circumstances of the suspension should be entered in Part D of the SF 52.
 3. Signatures: Part A
- Block 5. Signatures of the supervisor making decision.
- Block 6. Signature of the next individual in the established Chain of Command.
- A Memorandum/Letter may be used for signatures of other individuals in the chain of command.
4. Submit original only.

REQUEST FOR PERSONNEL ACTION

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

1. Actions Requested SUSPENSION FOR FIVE CALENDAR DAYS		2. Request Number
3. For Additional Information Call (Name and Telephone Number) JOHN H. DOE, 222-0000		4. Proposed Effective Date 03-15-09
5. Action Requested By (Typed Name, Title, Signature, and Request Date) HENRY P. YOUAMAN, LTC, CDR, 24FEB09		6. Action Authorized by (Typed Name, Title, Signature, and Concurrence Date) HENRY A. ANYONE, AO, 25 FEB 09

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

1. Name (Last, First, Middle) SMITH, JOHN H.	2. Social Security Number 999-99-9999	3. Date of Birth 01-01-89	4. Effective Date
-------------------------------------------------	------------------------------------------	------------------------------	-------------------

FIRST ACTION

SECOND ACTION

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

7. FROM: Position Title and Number SUPPORT SERVICES SPECIALIST R8555000 FC: 3310 (List FC if Air Guard)										15. TO: Position Title and Number									
8. Pay Plan GS	9. Occ. Code 0342	10. Grade or Level 07	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 JFHQ, AL, P.O. Box 3711 MONTGOMERY, AL 36109-0711 HHC, 1/167TH INF										22. Name and Location of Position's Organization									

EMPLOYEE DATA

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

POSITION DATA

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

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

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

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

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

Signature _____ Approval Date _____

PART D - Remarks by Requesting Office

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

YES NO

Individual suspended for absence without leave on 15 Sep 08, 30 Sep 08 and 1-4 Dec 08.

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)
-------------------	-------------------	----------------	---------------------------------------------------------------

PART F - Remarks for SF 50

APPENDIX 4R-1

NAME CHANGE
CHECKLIST

SF 52 - Name Change

1. A SF 52 should be completed when the name of a technician changes.

2. Signatures: Part A

Block 5. Signature of technician

Block 6. Signature of immediate supervisor

A Memorandum/Letter may be used for signatures of other individuals in the chain of command.

3. Enter in Part D reason for name change and date of event effecting name change. Also enter statement that Social Security has been notified of the change and date notified. Regulations require that Social Security be notified of name change before SF 50 can be processed.

4. Submit original only. Submit OF 612 with SF 52

REQUEST FOR PERSONNEL ACTION

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

1. Actions Requested NAME CHANGE FROM MARY SUE BROWN		2. Request Number
3. For Additional Information Call (Name and Telephone Number)		4. Proposed Effective Date
5. Action Requested By (Typed Name, Title, Signature, and Request Date) MARY B. SMITH, SSS, 17 JAN 09		6. Action Authorized by (Typed Name, Title, Signature, and Concurrence Date) HENRY A. ANYONE, AO, 18 JAN 09

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

1. Name (Last, First, Middle) SMITH, MARY B.	2. Social Security Number 999-99-9999	3. Date of Birth 01-01-89	4. Effective Date
-------------------------------------------------	------------------------------------------	------------------------------	-------------------

FIRST ACTION

SECOND ACTION

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

7. FROM: Position Title and Number					15. TO: Position Title and Number SUPPORT SERVICES SPECIALIST R8555000 FC: 3310 (List FC if Air Guard)										
8. Pay Plan	9. Occ. Code	10. Grade or Level	11. Step or Rate	12. Total Salary	13. Pay Basis	16. Pay Plan	17. Occ. Code	18. Grade or Level	19. Step or Rate	20. Total Salary/Award	21. Pay Basis				
						GS	0342	07							
12A. Basic Pay		12B. Locality Adj.		12C. Adj. Basic Pay		12D. Other Pay		20A. Basic Pay		20B. Locality Adj.		20C. Adj. Basic Pay		20D. Other Pay	
14. Name and Location of Position's Organization						22. Name and Location of Position's Organization JFHQ, AL, P.O. Box 3711 MONTGOMERY, AL 36109-0711 HHC, 1/167TH INF									

EMPLOYEE DATA

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

POSITION DATA

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

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

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

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

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

PART D - Remarks by Requesting Office

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

YES NO

Name changed due to marriage on 2 Feb 09. Social Security was notified of change on 4 Feb 09.

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)
-------------------	-------------------	----------------	---------------------------------------------------------------

PART F - Remarks for SF 50