

APPENDIX 4S-1 - RESIGNATION

CHECKLIST

SF 52 - Resignation

1. Signatures: Part A

Block 5. Signature of technician.

Block 6. Signature of immediate supervisor.

For all ARNG Units a Memorandum/Letter may be used for signatures of other individuals in the chain of command. The SF 52 must be routed through the AO of the major command as the AO is the individual who administers the program ceiling which TAG has allotted the Command.

2. Part E (all items) should be completed by the technician and is self-explanatory.

3. A technician may resign by letter although SF 52 is preferred. The letter should have same data included as in Part E (all items). In this case, the supervisor should complete an SF 52, as shown, omitting Part E, and attach the letter of resignation.

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 RESIGNATION		2. Request Number
3. For Additional Information Call (Name and Telephone Number)		4. Proposed Effective Date 03-12-09
5. Action Requested By (Typed Name, Title, Signature, and Request Date) JACK B. JONES, SUPV, 27 FEB 09		6. Action Authorized by (Typed Name, Title, Signature, and Concurrence Date) HENRY A. ANYONE, AO, 28 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, MARY B.	2. Social Security Number 999-99-9999	3. Date of Birth 01-01-89	4. Effective Date
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FIRST ACTION

SECOND ACTION

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

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

23. Veterans Preference 1 - None 2 - 5-Point 3 - 10-Point/Disability 4 - 10-Point/Compensable 5 - 10-Point/Other 6 - 10-Point/Compensable/30%	24. Tenure 0 - None 1 - Permanent 2 - Conditional 3 - Indefinite	25. Agency Use	26. Veterans 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 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) 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.)

I resign to accept employment with United States Steel Corp., Birmingham, AL.

2. Effective Date 03-12-09	3. Your Signature SIGNATURE	4. Date Signed 02-28-09	5. Forwarding Address (Number, Street, City, State, ZIP Code) 1111, 23d Avenue North Birmingham, AL 00000-0000
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PART F - Remarks for SF 50

APPENDIX 4T-1 - RETIREMENT - OPTIONAL

CHECKLIST

SF 52 - Retirement - Optional

1. SF 52 should be submitted as soon as a decision is made regarding date (up to 120 days prior to the effective date) but at least thirty (30) days prior to the effective date.

2. Signatures: Part A

Block 5. Signature of technician.

Block 6. Signature of immediate supervisor.

For all ARNG Units a Memorandum/Letter may be used for signatures of other individuals in the chain of command. The request must be forwarded through the AO of the major command as the AO is the individual who administers the program ceiling which TAG has allotted the command.

3. Part E should be completed in its entirety and signed by the technician.

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 RETIREMENT - OPTIONAL		2. Request Number
3. For Additional Information Call (Name and Telephone Number)		4. Proposed Effective Date 04-01-09
5. Action Requested By (Typed Name, Title, Signature, and Request Date) MARY B. SMITH, Supply Services Specialist, 27 Feb 09		6. Action Authorized by (Typed Name, Title, Signature, and Concurrence Date) HENRY A. ANYONE, AO, 28 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, MARY B.	2. Social Security Number 999-99-9999	3. Date of Birth 01-01-89	4. Effective Date
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FIRST ACTION

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

SECOND ACTION

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

7. FROM: Position Title and Number 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 <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

CONTINUED ON REVERSE SIDE
52-118

OVER

Editions Prior to 7/91 Are Not Usable After 6/30/93
NSN 7540-01-333-6239

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.)

I desire to retire in order that I might obtain retirement benefits.

2. Effective Date 04-01-09	3. Your Signature SIGNATURE	4. Date Signed 02-28-09	5. Forwarding Address (Number, Street, City, State, ZIP Code) 1111, 23d Avenue North Birmingham, AL 00000-0000
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PART F - Remarks for SF 50

APPENDIX 4U - 1
SEPARATION - DEATH
CHECKLIST

SF 52 - Separation - Death Request
(Report death to HRO by telephone upon receipt of notification and follow up with a SF 52.)

1. It is important that the date of death be correct.

2. Signatures: Part A

Block 5. Signature of immediate supervisor

Block 6. Signature of the next individual in the established Chain of Command.

For ARNG Units a Memorandum/Letter may be used for signatures of other individuals in chain of command. The SF 52 must be forwarded through the AO of the major command as the AO is the individual who administers the ceiling which TAG has allotted the command.

3. HRO will process death benefits for survivors.

4. Submit original only.

(NOTE: HRO will assist in processing death benefits for survivors of technician retirees. We will notify OPM of death and provide forms for survivor. Please notify us of any death of technician retiree.

REQUEST FOR PERSONNEL ACTION

PART A - Requesting Office (Also complete Part B, Items 1, 7-22, 32, 33, 36, and 39.)	
1. Actions Requested SEPARATION - DEATH	2. Request Number
3. For Additional Information Call (Name and Telephone Number) HENRY A. ANYONE, 222-0000	4. Proposed Effective Date 02-22-09
5. Action Requested By (Typed Name, Title, Signature, and Request Date)	6. Action Authorized by (Typed Name, Title, Signature, and Concurrence Date) HENRY A. ANYONE, AO, 28 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, 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 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 <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

Individual died 22 Feb 09 as the result of a traffic accident. See attached newspaper clipping. Death certificate will follow.

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

APPENDIX 4V - 1

REMOVAL

CHECKLIST

SF 52 - Removal

1. It is important that the date of removal be correct. Effective date of removal must match effective date on the Decision letter.
2. Signatures: Part A

Block 5. Signature of immediate supervisor

Block 6. Signature of the next individual in the Chain of Command.
3. Part D. State reason for removal.
4. Submit original along with Decision letter thru the Chain of Command.

REQUEST FOR PERSONNEL ACTION

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

1. Actions Requested Removal		2. Request Number
3. For Additional Information Call (Name and Telephone Number) HENRY A. ANYONE, 222-0000		4. Proposed Effective Date 03-22-10
5. Action Requested By (Typed Name, Title, Signature, and Request Date) JOHN F. DOE, Supv, 28 Feb 10		6. Action Authorized by (Typed Name, Title, Signature, and Concurrence Date) HENRY A. ANYONE, AO, 28 Feb 10

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 01-01-09	4. Effective Date
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FIRST ACTION

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

SECOND ACTION

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

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

23. Veterans Preference 1 - None 2 - 5-Point 3 - 10-Point/Disability 4 - 10-Point/Compensable 5 - 10-Point/Other 6 - 10-Point/Compensable/30%	24. Tenure 0 - None 1 - Permanent 2 - Conditional 3 - Indefinite	25. Agency Use	26. Veterans Pref for RIF YES <input type="checkbox"/> NO <input type="checkbox"/>
27. FEGLI	28. Annuitant Indicator	29. Pay Rate Determinant	
30. Retirement Plan	31. Service Comp. Date (Leave)	32. Work Schedule	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) 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 is being removed from employment due to theft of government property. See attached Decision letter, dated 15 Jan 10.

PART E - Employee Resignation/Retirement

Privacy Act Statement

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

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

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

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

- 1. 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