

6/15/95

Standard Form 52
Rev. 7/91
U.S. Office of Personnel Management
FPM Supp. 296-33, Subch. 3

SW APPENDIX 4.

SW 3300.15
SW Appendix 4

REQUEST FOR PERSONNEL ACTION

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

Actions Requested Termination		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) ?		6. Action Authorized By (Typed Name, Title, Signature, and Concurrence Date) ?

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) ?	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 Termination of Volunteer Service- Without Compensation
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									
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								
12A. Basic Pay	12B. Locality Ad.	12C. Adj. Basic Pay	12D. Other Pay	20A. Basic Pay	20B. Locality Ad.	20C. Adj. Basic Pay	20D. Other Pay												

14. Name and Location of Position's Organization ?										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 Preference 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		
34. Position Occupied 1 - Competitive Service, 2 - Excepted Service, 3 - SES General, 4 - SES Career/Reserved				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) ?						

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
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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

Differently Abled Volunteer

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.

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.

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

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

Volunteer service provided during the period _____ ? _____ through
_____ ? _____. Total number of hours provided _____ ? _____.

Brief description of work performed: _____ ?

Termination is based upon (1) Expiration of Assignment or (2) Volunteer's Request.

Volunteer is NOT a Federal employee for any purpose other than injury compensation and laws related to the Tort Claims Act. Service is NOT creditable for leave accrual or any other employee benefits.