

STANDARD FORM (SF) 52 PREPARATION GUIDE

**ARIZONA NATIONAL GUARD
HUMAN RESOURCE OFFICE**

JUNE 2018

***REPLACES ALL PREVIOUS EDITIONS**

STANDARD FORM 52 PREPARATION GUIDE

PURPOSE

This guide is intended to assist personnel involved in the preparation of the Standard Form 52 or SF 52b, Request for Personnel Action. The way in which personnel actions are processed for both full-time Army and Air employees must be standardized. This guide is not intended to be a directive of any kind, it is intended to provide helpful information as well as samples to assist you in the proper completion of SF 52s.

HOW TO USE THIS GUIDE

This guide is comprised of sample SF 52s and is arranged by actions that govern Technician Personnel. The Army AGR program does not use this instruction manual. Actions such as disciplinary actions have been intentionally omitted from the guide. If an action has occurred that is not outlined in this guide, please contact the Human Resource Office.

REFERENCES

The basic reference for processing personnel actions can be found on OPM [Guide to Processing Personnel Actions](#). Additional information relating to completing SF 52s can be found in DEMA Directive 25-6, Human Resource Office Merit Placement Plan.

10 DAY POLICY

The Human Resource Office requires **at least 10 working days prior to the effective date** of a personnel action. This requirement is outlined in the Human Resource Office Merit Placement Plan, para 7-3(e).

EFFECTIVE DATES

Effective dates for all Technician (Army and Air) personnel actions **MUST** occur with the beginning of the technician pay periods with the exception of Absent for Uniformed Service (AUS), Return to Duty (RTD), and resignations, retirements, and/or terminations. Effective dates for all Air/Army AGR **SHOULD** occur with the beginning of AGR pay periods (1st and 15th of each month). Exceptions to this policy may be addressed by contacting the Human Resources Office.

STANDARD FORM (SF) 52 EXAMPLES
FOR TECHNICIAN PERSONNEL ACTIONS

REQUESTS FOR FILL (RFF)

REASSIGNMENT

CHANGE IN WORK SCHEDULE/CHANGE IN WORK HOURS

CHANGE IN TENURE

CHANGE TO LOWER GRADE

PROMOTION

DETAIL

TEMPORARY APPOINTMENTS (NOT TO EXCEED 365 DAYS FOR UP TO
FOUR YEARS)

EXTENSION OF TEMPORARY APPOINTMENT

TERMINATION OF TEMPORARY APPOINTMENT

TEMPORARY PROMOTIONS (NOT TO EXCEED 120 DAYS)

TERMINATION OF TEMPORARY PROMOTION

ABSENT FOR UNIFORMED SERVICE (AUS)

RETURN TO DUTY (RTD)

PERSONAL LEAVE WITHOUT PAY (LWOP)

RESIGNATION

TERMINATION

DEATH

NAME CHANGE

TIME OFF AWARD

ABOLISH/ESTABLISH A POSITION

POSITION CHANGE (BASED OFF POSITION DESCRIPTION RELEASE)

SUSPENSION

REQUEST FOR PERSONNEL ACTION

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

1. Actions Requested REQUEST FOR FILL		2. Request Number LEAVE BLANK
3. For Additional Information Call (Name and Telephone Number) NAME OF PERSON TO CONTACT, 267-XXXX		4. Proposed Effective Date MM-DD-YYYY
5. Action Requested By (Typed Name, Title, Signature, and Request Date) NAME, TITLE Digital signature, date 1/1/2018	6. Action Authorized by (Typed Name, Title, Signature, and Concurrence Date) NAME, TITLE Digital signature, date 01/01/2018	

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		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 HUMAN RESOURCES SPECIALIST TCXXXXXXXX (IF KNOWN, COMES OFF THE FULL-TIME MANNING DOCUMENT)					15. TO: Position Title and Number						
8. Pay Plan GS	9. Occ. Code 0201	10. Grade or Level 09	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 THE ADJUTANT GENERAL AZ UNIT EMPLOYED AT (I.E. JOINT FORCE HQ) 5636 E. MCDOWELL ROAD PHOENIX, AZ 85008-3495					22. Name and Location of Position's Organization						

EMPLOYEE DATA			
23. Veterans Preference			
1 - None		3 - 10-Point/Disability	
2 - 5-Point		4 - 10-Point/Compensable	
5 - 10-Point/Other		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	36. Appropriation Code	
E - Exempt		
N - Nonexempt		
37. Bargaining Unit Status	38. Duty Station Code	
39. Duty Station (City - County - State or Overseas Location) CITY, COUNTY, STATE (I.E. PHOENIX/MARICOPA/ARIZONA)		

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

SELECTING SUPERVISOR: PERSON WHO WILL BE MAKING THE SELECTION

GRADE: MILITARY GRADE OF CONSIDERATION (I.E. SPC-SFC)

MOS/AFSC: SELF EXPLANATORY

AREA OF CONSIDERATION: (I.E. CURRENT MEMBERS OF THE AZ ARNG, NATIONWIDE, WITHIN STATE, ETC.)

ADDITIONAL REMARKS: ANY SPECIAL REMARKS YOU WANT ADDED TO THE ANNOUNCEMENT (I.E.

ENGINEERING DEGREE IS REQUIRED, THIS POSITION SUBJECT TO ROTATING SHIFTS, MUST HAVE A CURRENT SECURITY CLEARANCE, ETC.)

Vice: LAST NAME OF PREVIOUS ENCUMBENT (OR CURRENT ENCUMBENT IF IN AN AUS STATUS)

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

REQUEST FOR PERSONNEL ACTION

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

1. Actions Requested REASSIGNMENT		2. Request Number LEAVE BLANK
3. For Additional Information Call (Name and Telephone Number) NAME OF PERSON TO CONTACT, 267-XXXX		4. Proposed Effective Date MM-DD-YYYY
5. Action Requested By (Typed Name, Title, Signature, and Request Date) NAME, TITLE Digital signature, date 1/1/2018	6. Action Authorized by (Typed Name, Title, Signature, and Concurrence Date) NAME, TITLE Digital signature, date 01/01/2018	

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) I.M. EMPLOYEE	2. Social Security Number 000-00-0000	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
 HUMAN RESOURCES SPECIALIST
 TCXXXXXXXX (IF KNOWN, COMES OFF THE FULL-TIME MANNING DOCUMENT)

15. TO: Position Title and Number
 BUDGET ANALYST

8. Pay Plan GS	9. Occ. Code 0201	10. Grade or Level 09	11. Step or Rate	12. Total Salary	13. Pay Basis
12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basic Pay	12D. Other Pay		

16. Pay Plan GS	17. Occ. Code 0560	18. Grade or Level 09	19. Step or Rate	20. Total Salary/Award	21. Pay Basis
20A. Basic Pay	20B. Locality Adj.	20C. Adj. Basic Pay	20D. Other Pay		

14. Name and Location of Position's Organization
 THE ADJUTANT GENERAL AZ
 UNIT EMPLOYED AT (I.E. JOINT FORCE HQ)
 5636 E. MCDOWELL ROAD
 PHOENIX, AZ 85008-3495

*POSITION EMPLOYEE IS CURRENTLY IN**

22. Name and Location of Position's Organization
 THE ADJUTANT GENERAL AZ
 UNIT EMPLOYED AT (I.E. JOINT FORCE HQ)
 5636 E. MCDOWELL ROAD
 PHOENIX, AZ 85008-3495

*POSITION EMPLOYEE IS GOING TO**

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	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 <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) CITY, COUNTY, STATE (I.E. PHOENIX/MARICOPA/ARIZONA)		

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 _____

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.

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

REQUEST FOR PERSONNEL ACTION

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

1. Actions Requested CHANGE IN WORK SCHEDULE		2. Request Number LEAVE BLANK
3. For Additional Information Call (Name and Telephone Number) NAME OF PERSON TO CONTACT, 267-XXXX		4. Proposed Effective Date MM-DD-YYYY
5. Action Requested By (Typed Name, Title, Signature, and Request Date) NAME, TITLE Digital signature, date 1/1/2018	6. Action Authorized by (Typed Name, Title, Signature, and Concurrence Date) NAME, TITLE Digital signature, date 1/1/2018	

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) I.M. EMPLOYEE	2. Social Security Number 000-00-0000	3. Date of Birth MM-DD-YYYY	4. Effective Date MM-DD-YYYY
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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 HUMAN RESOURCES SPECIALIST TCXXXXXXXX (IF KNOWN, COMES OFF FULL-TIME DOCUMENT) +					15. TO: Position Title and Number						
8. Pay Plan GS	9. Occ. Code 0201	10. Grade or Level 09	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 THE ADJUTANT GENERAL AZ UNIT EMPLOYED AT (I.E. JOINT FORCE HQ) 5636 E. MCDOWELL ROAD PHOENIX, AZ 85008-3495						22. Name and Location of Position's Organization					

EMPLOYEE DATA						
23. Veterans Preference 1 - None 3 - 10-Point/Disability 2 - 5-Point 4 - 10-Point/Compensable 5 - 10-Point/Other 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) CITY, COUNTY, STATE (I.E. PHOENIX, MARICOPA, ARIZONA)		

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

CHANGE IN WORK SCHEDULE FROM FULL-TIME TO PART-TIME (OR PART-TIME TO FULL-TIME) DUE TO:
EXAMPLE, SUMMER BREAK (GRAD), ADDITIONAL WORKLOAD, ETC. CITE REASONS WHY EMPLOYEE IS CHANGING
WORK SCHEDULE.

WORK SCHEDULE: MONDAY 0600-1200 (# HOURS) * **MUST SHOW WORK SCHEDULE IF EMPLOYEE

TUESDAY OFF GOING FROM FULL TIME TO PART TIME

WEDNESDAY 1400-1600 (# HOURS)*

THURSDAY 0800-1500 (# HOURS)*

*TYPE IN THE NUMBER OF HOURS THE EMPLOYEE IS SCHEDULE TO WORK THAT DAY. GRAD STUDENTS CANNOT
EXCEED 20 HOURS PER WEEK WHILE IN SCHOOL. OTHER EMPLOYEES DESIGNATED AS PART TIME MAY WORK 32
HOURS PER WEEK, MAXIMUM.



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

REQUEST FOR PERSONNEL ACTION

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

1. Actions Requested CHANGE IN TENURE - INDEF TO PERMANENT		2. Request Number LEAVE BLANK
3. For Additional Information Call (Name and Telephone Number) NAME OF PERSON TO CONTACT, 267-XXXX		4. Proposed Effective Date MM-DD-YYYY
5. Action Requested By (Typed Name, Title, Signature, and Request Date) NAME, TITLE Digital signature, date 1/1/2018	6. Action Authorized by (Typed Name, Title, Signature, and Concurrence Date) NAME, TITLE Digital signature, date 1/1/2018	

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) I.M. EMPLOYEE	2. Social Security Number 000-00-0000	3. Date of Birth MM-DD-YYYY	4. Effective Date MM-DD-YYYY
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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 HUMAN RESOURCES SPECIALIST TCXXXXXXXX (IF KNOWN, COMES OFF FULL-TIME DOCUMENT)	15. TO: Position Title and Number HUMAN RESOURCES SPECIALIST TCXXXXXXXX (IF KNOWN, COMES OFF FULL-TIME DOCUMENT)
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8. Pay Plan GS	9. Occ. Code 0201	10. Grade or Level 09	11. Step or Rate	12. Total Salary	13. Pay Basis	16. Pay Plan GS	17. Occ. Code 0201	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 THE ADJUTANT GENERAL AZ UNIT EMPLOYED AT (I.E. JOINT FORCE HQ) 5636 E. MCDOWELL ROAD PHOENIX, AZ 85008-3495	22. Name and Location of Position's Organization THE ADJUTANT GENERAL AZ UNIT EMPLOYED AT (I.E. JOINT FORCE HQ) 5636 E. MCDOWELL ROAD PHOENIX, AZ 85008-3495
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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) CITY, COUNTY, STATE (I.E. PHOENIX, MARICOPA, ARIZONA)		

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

TENURE CHANGE FROM INDEFINITE TO PERMANENT DUE TO THE EXPIRATION OF USERRA RIGHTS OF ORIGINAL ENCUMBENT (JOE, G.I.) ON 01 NOV 15.

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

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

STATE REASON FOR CHANGE TO LOWER GRADE. EXAMPLE, EXPIRATION OF PROMOTION NTE. IF CHANGE TO LOWER GRADE IS DUE TO A CLASSIFICATION ACTION, MUST REFERENCE THE RECLASSIFICATION LETTER, I.E. PER NGB-HR-EC PD RELEASE #CRA-99-0001.

IF CHANGE TO LOWER GRADE IS AT THE EMPLOYEE'S REQUEST, STATE THAT IN THIS SECTION

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

REQUEST FOR PERSONNEL ACTION

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

1. Actions Requested PROMOTION		2. Request Number LEAVE BLANK
3. For Additional Information Call (Name and Telephone Number) NAME OF PERSON TO CONTACT, 267-XXXX		4. Proposed Effective Date MM-DD-YYYY
5. Action Requested By (Typed Name, Title, Signature, and Request Date) NAME, TITLE Digital signature, date 1/1/2018	6. Action Authorized by (Typed Name, Title, Signature, and Concurrence Date) NAME, TITLE Digital signature, date 1/1/2018	

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) I.M. EMPLOYEE	2. Social Security Number 000-00-0000	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
 TRAINING ADMINISTRATOR
 TCXXXXXXXX (IF KNOWN, COMES OFF THE FULL-TIME MANNING DOCUMENT)

15. TO: Position Title and Number
 TRAINING ADMINISTRATOR
 TCXXXXXXXX (IF KNOWN, COMES OFF THE FULL-TIME MANNING DOCUMENT)

8. Pay Plan GS	9. Occ. Code 1712	10. Grade or Level 11	11. Step or Rate	12. Total Salary	13. Pay Basis
12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basic Pay	12D. Other Pay		

16. Pay Plan GS	17. Occ. Code 1712	18. Grade or Level 12	19. Step or Rate	20. Total Salary/Award	21. Pay Basis
20A. Basic Pay	20B. Locality Adj.	20C. Adj. Basic Pay	20D. Other Pay		

14. Name and Location of Position's Organization
 THE ADJUTANT GENERAL AZ
 UNIT EMPLOYED AT (I.E. JOINT FORCE HQ)
 5636 E. MCDOWELL ROAD
 PHOENIX, AZ 85008-3495

22. Name and Location of Position's Organization
 THE ADJUTANT GENERAL AZ
 UNIT EMPLOYED AT (I.E. JOINT FORCE HQ)
 5636 E. MCDOWELL ROAD
 PHOENIX, AZ 85008-3495

*POSITION EMPLOYEE IS CURRENTLY IN**

*POSITION EMPLOYEE IS GOING TO**

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	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 <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) CITY, COUNTY, STATE (I.E. PHOENIX, MARICOPA, ARIZONA)		

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 _____

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

EMPLOYEE MEETS ALL REQUIREMENTS FOR PROMOTION TO THE NEXT GRADE (ATTENTION SUPERVISORS!!
YOU ARE RESPONSIBLE FOR KEEPING TRACK OF WHEN THE EMPLOYEE IS ELIGIBLE FOR PROMOTION)

OR

PROMOTION DUE TO RECLASSIFICATION OF POSITION DESCRIPTION. (MUST REFERENCE NGB-HR-EC PD
RELEASE, THE RELEASE NUMBER [I.E. CRA-XX-112, DTD XX JAN 00])

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

REQUEST FOR PERSONNEL ACTION

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

1. Actions Requested DETAIL NTE MM-DD-YYYY		2. Request Number LEAVE BLANK	
3. For Additional Information Call (Name and Telephone Number) NAME OF PERSON TO CONTACT, 267-XXXX		4. Proposed Effective Date MM-DD-YYYY	
5. Action Requested By (Typed Name, Title, Signature, and Request Date) NAME, TITLE Digital signature, date 1/1/2018		6. Action Authorized by (Typed Name, Title, Signature, and Concurrence Date) NAME, TITLE Digital signature, date 1/1/2018	

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) I.M. EMPLOYEE	2. Social Security Number 000-00-0000	3. Date of Birth MM-DD-YYYY	4. Effective Date MM-DD-YYYY
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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 BUDGET ANALYST TCXXXXXXXX (IF KNOWN, COMES OFF THE FULL-TIME MANNING DOCUMENT)					15. TO: Position Title and Number BUDGET ANALYST						
8. Pay Plan GS	9. Occ. Code 2122	10. Grade or Level 11	11. Step or Rate	12. Total Salary	13. Pay Basis	16. Pay Plan GS	17. Occ. Code 2122	18. Grade or Level 12	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 THE ADJUTANT GENERAL AZ UNIT EMPLOYED AT (I.E. JOINT FORCE HQ) 5636 E. MCDOWELL ROAD PHOENIX, AZ 85008-3495					22. Name and Location of Position's Organization THE ADJUTANT GENERAL AZ UNIT EMPLOYED AT (I.E. JOINT FORCE HQ) 5636 E. MCDOWELL ROAD PHOENIX, AZ 85008-3495						

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) CITY, COUNTY, STATE (I.E. PHOENIX, MARICOPA, ARIZONA)							

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

STATE REASON FOR DETAIL. EXAMPLE, DETAIL NEEDED TO PROVIDE SUPERVISORY CONTINUITY WHILE POSITION IS BEING ADVERTISED. DETAILS WILL NOT EXCEED ONE YEAR PER THE MERIT PLACEMENT PLAN.

DETAILS DO NOT AFFECT THE EMPLOYEE'S PAY.

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

REQUEST FOR PERSONNEL ACTION

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

1. Actions Requested TEMPORARY APPOINTMENTS NTE: (NOT TO EXCEED 365 DAYS FOR UP TO FOUR YEARS)		2. Request Number LEAVE BLANK
3. For Additional Information Call (Name and Telephone Number) NAME OF PERSON TO CONTACT, 267-XXXX		4. Proposed Effective Date MM-DD-YYYY
5. Action Requested By (Typed Name, Title, Signature, and Request Date) NAME, TITLE Digital signature, date 1/1/2018	6. Action Authorized by (Typed Name, Title, Signature, and Concurrence Date) NAME, TITLE Digital signature, date 01/01/2018	

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) I.M. EMPLOYEE	2. Social Security Number 000-00-0000	3. Date of Birth MM-DD-YYYY	4. Effective Date MM-DD-YYYY
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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 HUMAN RESOURCES SPECIALIST TCXXXXXXXX (IF KNOWN, COMES OFF THE FULL-TIME MANNING DOCUMENT)	15. TO: Position Title and Number										
8. Pay Plan GS	9. Occ. Code 0201	10. Grade or Level 09	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 THE ADJUTANT GENERAL AZ UNIT EMPLOYED AT (I.E. JOINT FORCE HQ) 5636 E. MCDOWELL ROAD PHOENIX, AZ 85008-3495						22. Name and Location of Position's Organization					

EMPLOYEE DATA

23. Veterans Preference 1 - None 3 - 10-Point/Disability 2 - 5-Point 4 - 10-Point/Compensable 5 - 10-Point/Other 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)		

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

STATE REASON WHY TEMP APPOINTMENT IS NEEDED: I.E. TO ASSIST WITH ADDITIONAL BACKLOG.

TEMP APPOINTMENTS LESS THAN 180 DAYS MAY BE RECRUITED WITHOUT COMPETITION. APPLICANT MUST SUBMIT AN OF 612 OR RESUME' DETAILING THEIR EXPERIENCE AND MUST MEET THE BASIC QUALIFICATIONS FOR POSITION APPLYING FOR. APPLICANTS MAY SUBMIT EITHER AN OF 612 OR A RESUME'.

OF 612/RESUME' OF APPLICANT MUST BE ATTACHED TO THE SF 52 REQUESTING TEMP APPOINTMENT. COORDINATION MUST BE MADE WITH HRO TO DETERMINE FUNDING PRIOR TO APPLICANT STARTING EMPLOYMENT.

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

REQUEST FOR PERSONNEL ACTION

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

1. Actions Requested EXTEND TEMPORARY APPOINTMENT NTE: MM-DD-YYYY		2. Request Number LEAVE BLANK
3. For Additional Information Call (Name and Telephone Number) NAME OF PERSON TO CONTACT, 267-XXXX		4. Proposed Effective Date MM-DD-YYYY
5. Action Requested By (Typed Name, Title, Signature, and Request Date) NAME, TITLE Digital signature, date 1/1/2018	6. Action Authorized by (Typed Name, Title, Signature, and Concurrence Date) NAME, TITLE Digital signature, date 1/1/2018	

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) I.M. EMPLOYEE	2. Social Security Number 000-00-0000	3. Date of Birth MM-DD-YYYY	4. Effective Date MM-DD-YYYY
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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 HUMAN RESOURCES SPECIALIST TCXXXXXXXX (IF KNOWN, COMES OFF THE FULL-TIME MANNING DOCUMENT)					15. TO: Position Title and Number										
8. Pay Plan GS	9. Occ. Code 0201	10. Grade or Level 09	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 THE ADJUTANT GENERAL AZ UNIT EMPLOYED AT (I.E. JOINT FORCE HQ) 5636 E. MCDOWELL ROAD PHOENIX, AZ 85008-3495						22. Name and Location of Position's Organization									

EMPLOYEE DATA				24. Tenure		25. Agency Use		26. Veterans Pref for RIF	
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%				0 - None 2 - Conditional 1 - Permanent 3 - Indefinite				<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			35. FLSA Category		36. Appropriation Code		37. Bargaining Unit Status	
34. Position Occupied 1 - Competitive Service 3 - SES General 2 - Excepted Service 4 - SES Career			E - Exempt N - Nonexempt					
38. Duty Station Code			39. Duty Station (City - County - State or Overseas Location) CITY, COUNTY, STATE (I.E. PHOENIX, MARICOPA, ARIZONA)					

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

STATE REASON TEMP APPOINT IS BEING EXTENDED.

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

REQUEST FOR PERSONNEL ACTION

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

1. Actions Requested TERMINATION OF TEMPORARY APPOINTMENT		2. Request Number LEAVE BLANK
3. For Additional Information Call (Name and Telephone Number) NAME OF PERSON TO CONTACT, 267-XXXX		4. Proposed Effective Date MM-DD-YYYY
5. Action Requested By (Typed Name, Title, Signature, and Request Date) NAME, TITLE Digital signature, date 1/1/2018	6. Action Authorized by (Typed Name, Title, Signature, and Concurrence Date) NAME, TITLE Digital signature, date 01/01/2018	

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) I.M. EMPLOYEE	2. Social Security Number 000-00-0000	3. Date of Birth MM-DD-YYYY	4. Effective Date MM-DD-YYYY
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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 HUMAN RESOURCES SPECIALIST TCXXXXXXXX (IF KNOWN, COMES OFF THE FULL-TIME MANNING DOCUMENT)	15. TO: Position Title and Number 																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>8. Pay Plan</td> <td>9. Occ. Code</td> <td>10. Grade or Level</td> <td>11. Step or Rate</td> <td>12. Total Salary</td> <td>13. Pay Basis</td> </tr> <tr> <td>GS</td> <td>0201</td> <td>09</td> <td></td> <td></td> <td></td> </tr> </table>	8. Pay Plan	9. Occ. Code	10. Grade or Level	11. Step or Rate	12. Total Salary	13. Pay Basis	GS	0201	09				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>16. Pay Plan</td> <td>17. Occ. Code</td> <td>18. Grade or Level</td> <td>19. Step or Rate</td> <td>20. Total Salary/Award</td> <td>21. Pay Basis</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	16. Pay Plan	17. Occ. Code	18. Grade or Level	19. Step or Rate	20. Total Salary/Award	21. Pay Basis						
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16. Pay Plan	17. Occ. Code	18. Grade or Level	19. Step or Rate	20. Total Salary/Award	21. Pay Basis																				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>12A. Basic Pay</td> <td>12B. Locality Adj.</td> <td>12C. Adj. Basic Pay</td> <td>12D. Other Pay</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basic Pay	12D. Other Pay					<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>20A. Basic Pay</td> <td>20B. Locality Adj.</td> <td>20C. Adj. Basic Pay</td> <td>20D. Other Pay</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	20A. Basic Pay	20B. Locality Adj.	20C. Adj. Basic Pay	20D. Other Pay												
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20A. Basic Pay	20B. Locality Adj.	20C. Adj. Basic Pay	20D. Other Pay																						
14. Name and Location of Position's Organization THE ADJUTANT GENERAL AZ UNIT EMPLOYED AT (I.E. JOINT FORCE HQ) 5636 E. MCDOWELL ROAD PHOENIX, AZ 85008-3495		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 <input type="checkbox"/>	26. Veterans Pref for RIF <input type="checkbox"/> YES <input type="checkbox"/> NO
27. FEGLI <input type="checkbox"/>	28. Annuitant Indicator <input type="checkbox"/>	29. Pay Rate Determinant <input type="checkbox"/>	
30. Retirement Plan <input type="checkbox"/>	31. Service Comp. Date (Leave) <input type="checkbox"/>	32. Work Schedule <input type="checkbox"/>	33. Part-Time Hours Per Biweekly Pay Period <input type="checkbox"/>

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 <input type="checkbox"/>	37. Bargaining Unit Status <input type="checkbox"/>
38. Duty Station Code <input type="checkbox"/>		39. Duty Station (City - County - State or Overseas Location) CITY, COUNTY, STATE (I.E. PHOENIX/MARICOPA/ARIZONA)	

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 <input type="checkbox"/>
				51. Supervisory Status <input type="checkbox"/>

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

STATE REASON TERMINATING TEMPOARY APPOINTMENT. EXAMPLE: TEMPORARY APPOINTMENT NO LONGER NEEDED FOR ADDITIONAL WORKLOAD.

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

REQUEST FOR PERSONNEL ACTION

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

1. Actions Requested TEMPORARY PROMOTIONS (NOT TO EXCEED 120 DAYS)		2. Request Number LEAVE BLANK
3. For Additional Information Call (Name and Telephone Number) NAME OF PERSON TO CONTACT, 267-XXXX		4. Proposed Effective Date MM-DD-YYYY
5. Action Requested By (Typed Name, Title, Signature, and Request Date) NAME, TITLE Digital signature, date 1/1/2018	6. Action Authorized by (Typed Name, Title, Signature, and Concurrence Date) NAME, TITLE Digital signature, date 01/01/2018	

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) I.M. EMPLOYEE	2. Social Security Number 000-00-0000	3. Date of Birth MM-DD-YYYY	4. Effective Date MM-DD-YYYY
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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 HUMAN RESOURCES SPECIALIST TCXXXXXXXX (IF KNOWN, COMES OFF THE FULL-TIME MANNING DOCUMENT)	15. TO: Position Title and Number 																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>8. Pay Plan</td> <td>9. Occ. Code</td> <td>10. Grade or Level</td> <td>11. Step or Rate</td> <td>12. Total Salary</td> <td>13. Pay Basis</td> </tr> <tr> <td>GS</td> <td>0201</td> <td>09</td> <td></td> <td></td> <td></td> </tr> </table>	8. Pay Plan	9. Occ. Code	10. Grade or Level	11. Step or Rate	12. Total Salary	13. Pay Basis	GS	0201	09				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>16. Pay Plan</td> <td>17. Occ. Code</td> <td>18. Grade or Level</td> <td>19. Step or Rate</td> <td>20. Total Salary/Award</td> <td>21. Pay Basis</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	16. Pay Plan	17. Occ. Code	18. Grade or Level	19. Step or Rate	20. Total Salary/Award	21. Pay Basis						
8. Pay Plan	9. Occ. Code	10. Grade or Level	11. Step or Rate	12. Total Salary	13. Pay Basis																				
GS	0201	09																							
16. Pay Plan	17. Occ. Code	18. Grade or Level	19. Step or Rate	20. Total Salary/Award	21. Pay Basis																				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>12A. Basic Pay</td> <td>12B. Locality Adj.</td> <td>12C. Adj. Basic Pay</td> <td>12D. Other Pay</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basic Pay	12D. Other Pay					<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>20A. Basic Pay</td> <td>20B. Locality Adj.</td> <td>20C. Adj. Basic Pay</td> <td>20D. Other Pay</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	20A. Basic Pay	20B. Locality Adj.	20C. Adj. Basic Pay	20D. Other Pay												
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14. Name and Location of Position's Organization THE ADJUTANT GENERAL AZ UNIT EMPLOYED AT (I.E. JOINT FORCE HQ) 5636 E. MCDOWELL ROAD PHOENIX, AZ 85008-3495		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 <input type="checkbox"/>	26. Veterans Pref for RIF <input type="checkbox"/> YES <input type="checkbox"/> NO
27. FEGLI <input type="checkbox"/>	28. Annuitant Indicator <input type="checkbox"/>	29. Pay Rate Determinant <input type="checkbox"/>	
30. Retirement Plan <input type="checkbox"/>	31. Service Comp. Date (Leave) <input type="checkbox"/>	32. Work Schedule <input type="checkbox"/>	33. Part-Time Hours Per Biweekly Pay Period <input type="checkbox"/>

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 <input type="checkbox"/>	37. Bargaining Unit Status <input type="checkbox"/>
38. Duty Station Code <input type="checkbox"/>		39. Duty Station (City - County - State or Overseas Location) CITY, COUNTY, STATE (I.E. PHOENIX/MARICOPA/ARIZONA)	

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 <input type="checkbox"/>
				51. Supervisory Status <input type="checkbox"/>

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

STATE REASON FOR TEMPORARY PROMOTION, I.E. TO PROVIDE SUPERVISORY CONTINUITY

EXCEPTION TO 180 DAY TIME FRAME - IF INDIVIDUAL HAS COMPETED FOR AN ANNOUNCEMENT THAT SPECIFICALLY STATES THEY WILL RECEIVE A TEMPORARY PROMOTION

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

REQUEST FOR PERSONNEL ACTION

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

1. Actions Requested TERMINATION OF TEMPORARY PROMOTION		2. Request Number LEAVE BLANK
3. For Additional Information Call (Name and Telephone Number) NAME OF PERSON TO CONTACT, 267-XXXX		4. Proposed Effective Date MM-DD-YYYY
5. Action Requested By (Typed Name, Title, Signature, and Request Date) NAME, TITLE Digital signature, date 1/1/2018	6. Action Authorized by (Typed Name, Title, Signature, and Concurrence Date) NAME, TITLE Digital signature, date 01/01/2018	

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) I.M. EMPLOYEE	2. Social Security Number 000-00-0000	3. Date of Birth MM-DD-YYYY	4. Effective Date MM-DD-YYYY
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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 SECRETARY (OA) TCXXXXXXXX (IF KNOWN, COMES OFF THE FULL-TIME MANNING DOCUMENT)	15. TO: Position Title and Number HUMAN RESOURCES SPECIALIST TCXXXXXXXX (IF KNOWN, COMES OFF THE FULL-TIME MANNING DOCUMENT)
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8. Pay Plan GS 9. Occ. Code 0204 10. Grade or Level 06 11. Step or Rate 12. Total Salary 13. Pay Basis 12A. Basic Pay 12B. Locality Adj. 12C. Adj. Basic Pay 12D. Other Pay	16. Pay Plan GS 17. Occ. Code 0201 18. Grade or Level 09 19. Step or Rate 20. Total Salary/Award 21. Pay Basis 20A. Basic Pay 20B. Locality Adj. 20C. Adj. Basic Pay 20D. Other Pay
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14. Name and Location of Position's Organization THE ADJUTANT GENERAL AZ UNIT EMPLOYED AT (I.E. JOINT FORCE HQ) 5636 E. MCDOWELL ROAD PHOENIX, AZ 85008-3495 *POSITION EMPLOYEE WAS IN**	22. Name and Location of Position's Organization THE ADJUTANT GENERAL AZ UNIT EMPLOYED AT (I.E. JOINT FORCE HQ) 5636 E. MCDOWELL ROAD *POSITION EMPLOYEE IS RETURNING TO**
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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
27. FEGLI	25. Agency Use
30. Retirement Plan	26. Veterans Pref for RIF <input type="checkbox"/> YES <input type="checkbox"/> NO
31. Service Comp. Date (Leave)	28. Annuitant Indicator
32. Work Schedule	29. Pay Rate Determinant
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) CITY, COUNTY, STATE (I.E. PHOENIX, MARICOPA, ARIZONA)		

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
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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

STATE REASON TEMPORARY PROMOTION IS BEING TERMINATED. I.E. TEMP PROMOTION TERMINATED DUE TO POSITION BEING FILLED

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

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

AUS TITLE ____ FOR _____ EFFECTIVE: _____
(I.E. AUS FOR TITLE 32 AGR TOUR EFFECTIVE: 15OCT18)

**ORDERS, USERRA BRIEFING AND ANY OTHER REQUIRED DOCUMENTS MUST BE ATTACHED TO THIS SF 52 OR
THERE WILL BE A DELAY IN PROCESSING THIS ACTION WHICH MAY AFFECT EMPLOYEES PAY AND/OR
BENEFITS!

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

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		2. Request Number LEAVE BLANK
3. For Additional Information Call (Name and Telephone Number) NAME OF PERSON TO CONTACT, 267-XXXX		4. Proposed Effective Date MM-DD-YYYY
5. Action Requested By (Typed Name, Title, Signature, and Request Date) NAME, TITLE Digital signature, date 1/1/2018	6. Action Authorized by (Typed Name, Title, Signature, and Concurrence Date) NAME, TITLE Digital signature, date 01/01/2018	

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 000-00-0000	3. Date of Birth MM-DD-YYYY	4. Effective Date MM-DD-YYYY
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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 Electronic Integrated Systems Mechanic TCXXXXXXXX (IF KNOWN, COMES OFF THE FULL-TIME MANNING DOCUMENT)	15. TO: Position Title and Number _____
8. Pay Plan WG 9. Occ. Code 2604 10. Grade or Level 11 11. Step or Rate _____ 12. Total Salary _____ 13. Pay Basis _____ 12A. Basic Pay _____ 12B. Locality Adj. _____ 12C. Adj. Basic Pay _____ 12D. Other Pay _____	16. Pay Plan WG 17. Occ. Code 8852 18. Grade or Level 12 19. Step or Rate _____ 20. Total Salary/Award _____ 21. Pay Basis _____ 20A. Basic Pay _____ 20B. Locality Adj. _____ 20C. Adj. Basic Pay _____ 20D. Other Pay _____
14. Name and Location of Position's Organization THE ADJUTANT GENERAL AZ UNIT EMPLOYED AT (I.E. JOINT FORCE HQ) 5636 E. MCDOWELL ROAD PHOENIX, AZ 85008-3495	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 <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 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) CITY, COUNTY, STATE (I.E. PHOENIX/MARICOPA/ARIZONA)		

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
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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

EMPLOYEE IS RETURNING TO DUTY FROM MILITARY TRAINING.

TRAINING ORDERS (AND ANY AMENDMENTS THAT MAY HAVE BEEN MADE, ESP IF COURSE WAS EXTENDED)
MUST BE ATTACHED TO SF 52 AND MUST REFLECT AN ENDING DATE. ENDING DATE MUST COINCIDE WITH
EFFECTIVE DATE ON FRONT SIDE OF SF 52.

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

REQUEST FOR PERSONNEL ACTION

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

1. Actions Requested PERSONAL LEAVE WITHOUT PAY (LWOP)		2. Request Number LEAVE BLANK
3. For Additional Information Call (Name and Telephone Number) NAME OF PERSON TO CONTACT, 267-XXXX		4. Proposed Effective Date MM-DD-YYYY
5. Action Requested By (Typed Name, Title, Signature, and Request Date) NAME, TITLE Digital signature, date 1/1/2018	6. Action Authorized by (Typed Name, Title, Signature, and Concurrence Date) NAME, TITLE Digital signature, date 01/01/2018	

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) I.M. EMPLOYEE	2. Social Security Number 000-00-0000	3. Date of Birth MM-DD-YYYY	4. Effective Date MM-DD-YYYY
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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 HUMAN RESOURCES SPECIALIST TCXXXXXXXX (IF KNOWN, COMES OFF THE FULL-TIME MANNING DOCUMENT)	15. TO: Position Title and Number 																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>8. Pay Plan</td> <td>9. Occ. Code</td> <td>10. Grade or Level</td> <td>11. Step or Rate</td> <td>12. Total Salary</td> <td>13. Pay Basis</td> </tr> <tr> <td>GS</td> <td>0201</td> <td>09</td> <td></td> <td></td> <td></td> </tr> </table>	8. Pay Plan	9. Occ. Code	10. Grade or Level	11. Step or Rate	12. Total Salary	13. Pay Basis	GS	0201	09				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>16. Pay Plan</td> <td>17. Occ. Code</td> <td>18. Grade or Level</td> <td>19. Step or Rate</td> <td>20. Total Salary/Award</td> <td>21. Pay Basis</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	16. Pay Plan	17. Occ. Code	18. Grade or Level	19. Step or Rate	20. Total Salary/Award	21. Pay Basis						
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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 <input type="checkbox"/>	26. Veterans Pref for RIF <input type="checkbox"/> YES <input type="checkbox"/> NO
27. FEGLI <input type="checkbox"/>	28. Annuitant Indicator <input type="checkbox"/>	29. Pay Rate Determinant <input type="checkbox"/>	
30. Retirement Plan <input type="checkbox"/>	31. Service Comp. Date (Leave) <input type="checkbox"/>	32. Work Schedule <input type="checkbox"/>	33. Part-Time Hours Per Biweekly Pay Period <input type="checkbox"/>

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 <input type="checkbox"/>	37. Bargaining Unit Status <input type="checkbox"/>
38. Duty Station Code <input type="checkbox"/>		39. Duty Station (City - County - State or Overseas Location) CITY, COUNTY, STATE (I.E. PHOENIX/MARICOPA/ARIZONA)	

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 <input type="checkbox"/>
				51. Supervisory Status <input type="checkbox"/>

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

EXPLAIN REASON FOR LEAVE WITHOUT PAY FOR PERSONAL REASONS, I.E. RECOVER FROM SURGERY.

LEAVE CODE ON TIME CARD IS: KA

*THIS TYPE OF LWOP WILL AFFECT AN EMPLOYEE'S WITHIN GRADE INCREASE WAITING PERIOD, IF LWOP IS MORE THAN 80 HOURS (ONE PAY PERIOD).

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

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 LEAVE BLANK
3. For Additional Information Call (Name and Telephone Number) NAME OF PERSON TO CONTACT, 267-XXXX		4. Proposed Effective Date MM-DD-YYYY
5. Action Requested By (Typed Name, Title, Signature, and Request Date) NAME, TITLE Digital signature, date 1/1/2018	6. Action Authorized by (Typed Name, Title, Signature, and Concurrence Date) NAME, TITLE Digital signature, date 01/01/2018	

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) I.M. EMPLOYEE	2. Social Security Number 000-00-0000	3. Date of Birth MM-DD-YYYY	4. Effective Date MM-DD-YYYY
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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 HUMAN RESOURCES SPECIALIST TCXXXXXXXX (IF KNOWN, COMES OFF THE FULL-TIME MANNING DOCUMENT)					15. TO: Position Title and Number										
8. Pay Plan GS	9. Occ. Code 0201	10. Grade or Level 09	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 THE ADJUTANT GENERAL AZ UNIT EMPLOYED AT (I.E. JOINT FORCE HQ) 5636 E. MCDOWELL ROAD PHOENIX, AZ 85008-3495						22. Name and Location of Position's Organization									

EMPLOYEE DATA				24. Tenure		25. Agency Use		26. Veterans Pref for RIF			
23. Veterans Preference				0 - None 2 - Conditional				YES NO			
1 - None 3 - 10-Point/Disability 5 - 10-Point/Other				1 - Permanent 3 - Indefinite							
2 - 5-Point 4 - 10-Point/Compensable 6 - 10-Point/Compensable/30%											
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				35. FLSA Category		36. Appropriation Code		37. Bargaining Unit Status	
34. Position Occupied				E - Exempt					
1 - Competitive Service 3 - SES General				N - Nonexempt					
2 - Excepted Service 4 - SES Career									
38. Duty Station Code				39. Duty Station (City - County - State or Overseas Location) CITY, COUNTY, STATE (I.E. PHOENIX/MARICOPA/ARIZONA)					

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

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.)

TYPE A BRIEF STATEMENT AS TO WHY EMPLOYEE IS RESIGNING. EMPLOYEE MUST SIGN SF 52 AND LEAVE A FORWARDING ADDRESS BELOW IN BLOCK #5.

OR

EMPLOYEE MAY COMPLETE A LETTER OF RESIGNATION STATING THE REASON FOR RESIGNATION AND A FORWARDING ADDRESS.

FAXED COPIES OF RESIGNATIONS ARE NOT AUTHORIZED AND WILL NOT BE ACCEPTED BY THIS OFFICE. MUST BE AN ORIGINAL WITH ORIGINAL SIGNATURES.

2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address (<i>Number, Street, City, State, ZIP Code</i>) EMPLOYEE MUST LEAVE A FORWARDING ADDRESS IN THIS BLOCK
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PART F - Remarks for SF 50

REQUEST FOR PERSONNEL ACTION

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

1. Actions Requested TERMINATION		2. Request Number LEAVE BLANK
3. For Additional Information Call (Name and Telephone Number) NAME OF PERSON TO CONTACT, 267-XXXX		4. Proposed Effective Date MM-DD-YYYY
5. Action Requested By (Typed Name, Title, Signature, and Request Date) NAME, TITLE Digital signature, date 1/1/2018	6. Action Authorized by (Typed Name, Title, Signature, and Concurrence Date) NAME, TITLE Digital signature, date 1/1/2018	

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) I.M. EMPLOYEE	2. Social Security Number 000-00-0000	3. Date of Birth MM-DD-YYYY	4. Effective Date MM-DD-YYYY
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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 BUDGET ANALYST TCXXXXXXXX (IF KNOWN, COMES OFF THE FULL-TIME MANNING DOCUMENT)					15. TO: Position Title and Number						
8. Pay Plan GS	9. Occ. Code 2122	10. Grade or Level 11	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 THE ADJUTANT GENERAL AZ UNIT EMPLOYED AT (I.E. JOINT FORCE HQ) 5636 E. MCDOWELL ROAD PHOENIX, AZ 85008-3495						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	
27. FEGLI		28. Annuitant Indicator	
30. Retirement Plan		31. Service Comp. Date (Leave)	
32. Work Schedule		33. Part-Time Hours Per Biweekly Pay Period	
26. Veterans Pref for RIF <input type="checkbox"/> YES <input type="checkbox"/> NO		29. Pay Rate Determinant	

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) CITY, COUNTY, STATE (I.E. PHOENIX, MARICOPA, ARIZONA)

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

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.)

STATE REASON FOR TERMINATION: I.E. EMPLOYEE SELECTED FOR AGR TOUR PER ANNOUNCEMENT # 00-XXX.

NOTE: IF EMPLOYEE ELECTS TO TERMINATE MILITARY, THEY RETAIN THEIR RESTORATION RIGHTS UNDER THE PROVISIONS OF USERRA. EMPLOYEES DO NOT RECEIVE THE 15 DAYS MILITARY LEAVE BENEFIT

EMPLOYEE MUST SIGN SF 52 AND PROVIDE A FORWARDING ADDRESS OR SUBMIT A LETTER OF RESIGNATION WITH THIS INFORMATION ON IT. A COPY OF THE EMPLOYEE'S AGR ORDERS MUST ALSO BE ATTACHED.

2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address (Number, Street, City, State, ZIP Code) EMPLOYEE MUST LEAVE A FORWARDING ADDRESS IN THIS BLOCK
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PART F - Remarks for SF 50

REQUEST FOR PERSONNEL ACTION

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

1. Actions Requested DEATH		2. Request Number LEAVE BLANK
3. For Additional Information Call (Name and Telephone Number) NAME OF PERSON TO CONTACT, 267-XXXX		4. Proposed Effective Date MM-DD-YYYY
5. Action Requested By (Typed Name, Title, Signature, and Request Date) NAME, TITLE Digital signature, date 1/1/2018	6. Action Authorized by (Typed Name, Title, Signature, and Concurrence Date) NAME, TITLE Digital signature, date 01/01/2018	

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) I.M. EMPLOYEE	2. Social Security Number 000-00-0000	3. Date of Birth MM-DD-YYYY	4. Effective Date MM-DD-YYYY
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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 HUMAN RESOURCES SPECIALIST TCXXXXXXXX (IF KNOWN, COMES OFF THE FULL-TIME MANNING DOCUMENT)	15. TO: Position Title and Number 																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>8. Pay Plan</td> <td>9. Occ. Code</td> <td>10. Grade or Level</td> <td>11. Step or Rate</td> <td>12. Total Salary</td> <td>13. Pay Basis</td> </tr> <tr> <td>GS</td> <td>0201</td> <td>09</td> <td></td> <td></td> <td></td> </tr> </table>	8. Pay Plan	9. Occ. Code	10. Grade or Level	11. Step or Rate	12. Total Salary	13. Pay Basis	GS	0201	09				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>16. Pay Plan</td> <td>17. Occ. Code</td> <td>18. Grade or Level</td> <td>19. Step or Rate</td> <td>20. Total Salary/Award</td> <td>21. Pay Basis</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	16. Pay Plan	17. Occ. Code	18. Grade or Level	19. Step or Rate	20. Total Salary/Award	21. Pay Basis						
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20A. Basic Pay	20B. Locality Adj.	20C. Adj. Basic Pay	20D. Other Pay																						
14. Name and Location of Position's Organization THE ADJUTANT GENERAL AZ UNIT EMPLOYED AT (I.E. JOINT FORCE HQ) 5636 E. MCDOWELL ROAD PHOENIX, AZ 85008-3495	22. Name and Location of Position's Organization																								

EMPLOYEE DATA			
23. Veterans Preference		24. Tenure	
1 - None 3 - 10-Point/Disability 5 - 10-Point/Other 2 - 5-Point 4 - 10-Point/Compensable 6 - 10-Point/Compensable/30%		0 - None 2 - Conditional 1 - Permanent 3 - Indefinite	
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		35. FLSA Category
1 - Competitive Service 3 - SES General 2 - Excepted Service 4 - SES Career		E - Exempt N - Nonexempt
36. Appropriation Code		37. Bargaining Unit Status
38. Duty Station Code		39. Duty Station (City - County - State or Overseas Location) CITY, COUNTY, STATE (I.E. PHOENIX/MARICOPA/ARIZONA)

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

NOTE: INCLUDE A STATEMENT SUCH AS THE FOLLOWING EXAMPLE: "DEATH AT 1230, 6 JUN 18, AT HOME, REPORTED BY A RELATIVE.

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

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 I.
NAME CHANGED TO: I.E. JONES, GLORIA I.

**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.

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

REQUEST FOR PERSONNEL ACTION

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

1. Actions Requested TIME OFF AWARD NTE: (INDICATE NUMBER OF HOURS, 40 HOURS MAX)		2. Request Number LEAVE BLANK
3. For Additional Information Call (Name and Telephone Number) NAME OF PERSON TO CONTACT, 267-XXXX		4. Proposed Effective Date MM-DD-YYYY
5. Action Requested By (Typed Name, Title, Signature, and Request Date) NAME, TITLE Digital signature, date 1/1/2018	6. Action Authorized by (Typed Name, Title, Signature, and Concurrence Date) NAME, TITLE Digital signature, date 1/1/2018	

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) I.M. EMPLOYEE	2. Social Security Number 000-00-0000	3. Date of Birth MM-DD-YYYY	4. Effective Date MM-DD-YYYY
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FIRST ACTION	SECOND ACTION
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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 SECRETARY (OA) TCXXXXXXXX (IF KNOWN, COMES OFF THE FULL-TIME MANNING DOCUMENT)					15. TO: Position Title and Number						
8. Pay Plan GS	9. Occ. Code 0204	10. Grade or Level 06	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 THE ADJUTANT GENERAL AZ UNIT EMPLOYED AT (I.E. JOINT FORCE HQ) 5636 E. MCDOWELL ROAD PHOENIX, AZ 85008-3495						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) CITY, COUNTY, STATE (I.E. PHOENIX, MARICOPA, ARIZONA)			

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

WRITE A BRIEF NARRATIVE TO JUSTIFY THE TIME OFF AWARD. IF SUBMITTING A GROUP OF INDIVIDUALS, AN SF 52 IS REQUIRED FOR EACH PERSON. TIME OFF AWARDS MUST BE FOR A MINIMUM OF 8 HOURS, MAXIMUM OF 40 HOURS AND CANNOT EXCEED A TOTAL OF 80 HOURS FOR THE CALENDAR YEAR.

EFFECTIVE DATE FOR TIME OFF AWARD IS THE NEXT AVAILALBE PAY PERIOD. EMPLOYEES HAVE ONE YEAR FROM EFFECTIVE DATE TO USE TIME OFF AWARD.

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

REQUEST FOR PERSONNEL ACTION

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

1. Actions Requested ABOLISH/ESTABLISH POSITION		2. Request Number LEAVE BLANK
3. For Additional Information Call (Name and Telephone Number) NAME OF PERSON TO CONTACT, 267-XXXX		4. Proposed Effective Date MM-DD-YYYY
5. Action Requested By (Typed Name, Title, Signature, and Request Date) NAME, TITLE Digital signature, date 1/1/2018	6. Action Authorized by (Typed Name, Title, Signature, and Concurrence Date) NAME, TITLE Digital signature, date 01/01/2018	

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		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 Electronic Integrated Systems Mechanic TCXXXXXXXX (IF KNOWN, COMES OFF THE FULL-TIME MANNING DOCUMENT)					15. TO: Position Title and Number Aircraft Mechanic TCXXXXXXXX (IF KNOWN, COMES OFF THE FULL-TIME MANNING DOCUMENT)										
8. Pay Plan WG	9. Occ. Code 2604	10. Grade or Level 11	11. Step or Rate	12. Total Salary	13. Pay Basis	16. Pay Plan WG	17. Occ. Code 8852	18. Grade or Level 12	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 THE ADJUTANT GENERAL AZ UNIT EMPLOYED AT (I.E. JOINT FORCE HQ) 5636 E. MCDOWELL ROAD PHOENIX, AZ 85008-3495					22. Name and Location of Position's Organization THE ADJUTANT GENERAL AZ UNIT EMPLOYED AT (I.E. JOINT FORCE HQ) 5636 E. MCDOWELL ROAD PHOENIX, AZ 85008-3495										

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

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

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

JUSTIFICATION:

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

REQUEST FOR PERSONNEL ACTION

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

1. Actions Requested POSITION CHANGE (BASED OFF POSITION DESCRIPTION RELEASE)		2. Request Number LEAVE BLANK
3. For Additional Information Call (Name and Telephone Number) NAME OF PERSON TO CONTACT, 267-XXXX		4. Proposed Effective Date MM-DD-YYYY
5. Action Requested By (Typed Name, Title, Signature, and Request Date) NAME, TITLE Digital signature, date 1/1/2018	6. Action Authorized by (Typed Name, Title, Signature, and Concurrence Date) NAME, TITLE Digital signature, date 01/01/2018	

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		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 HUMAN RESOURCES SPECIALIST TCXXXXXXXX (IF KNOWN, COMES OFF THE FULL-TIME MANNING DOCUMENT)	15. TO: Position Title and Number (Empty)										
8. Pay Plan GS	9. Occ. Code 0201	10. Grade or Level 09	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 THE ADJUTANT GENERAL AZ UNIT EMPLOYED AT (I.E. JOINT FORCE HQ) 5636 E. MCDOWELL ROAD PHOENIX, AZ 85008-3495						22. Name and Location of Position's Organization					

EMPLOYEE DATA											
23. Veterans Preference			24. Tenure		25. Agency Use		26. Veterans Pref for RIF				
1 - None 3 - 10-Point/Disability 5 - 10-Point/Other 2 - 5-Point 4 - 10-Point/Compensable 6 - 10-Point/Compensable/30%			0 - None 2 - Conditional 1 - Permanent 3 - Indefinite		<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		35. FLSA Category		36. Appropriation Code		37. Bargaining Unit Status	
1 - Competitive Service 3 - SES General 2 - Excepted Service 4 - SES Career		E - Exempt N - Nonexempt					
38. Duty Station Code			39. Duty Station (City - County - State or Overseas Location) CITY, COUNTY, STATE (I.E. PHOENIX/MARICOPA/ARIZONA)				

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
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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

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

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 NTE MM-DD-YYYY		2. Request Number LEAVE BLANK	
3. For Additional Information Call (Name and Telephone Number) NAME OF PERSON TO CONTACT, 267-XXXX		4. Proposed Effective Date MM-DD-YYYY	
5. Action Requested By (Typed Name, Title, Signature, and Request Date) NAME, TITLE Digital signature, date 1/1/2018		6. Action Authorized by (Typed Name, Title, Signature, and Concurrence Date) NAME, TITLE Digital signature, date 01/01/2018	

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) I.M. EMPLOYEE	2. Social Security Number 000-00-0000	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
 HUMAN RESOURCES SPECIALIST
 TCXXXXXXXX (IF KNOWN, COMES OFF THE FULL-TIME
 MANNING DOCUMENT)

15. TO: Position Title and Number

8. Pay Plan GS	9. Occ. Code 0201	10. Grade or Level 09	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
 THE ADJUTANT GENERAL AZ
 UNIT EMPLOYED AT (I.E. JOINT FORCE HQ)
 5636 E. MCDOWELL ROAD
 PHOENIX, AZ 85008-3495

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		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 <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) CITY, COUNTY, STATE (I.E. PHOENIX/MARICOPA/ARIZONA)			

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 _____

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

SEE ATTACHED LETTER OF ORIGINAL DECISION.

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