

REQUEST FOR PERSONNEL ACTION

PART A - Requesting Office (Also complete Part B, Items 1,7-22,32,33,36 and 39)																							
1. Actions Requested Award - Monetary								2. Request Number															
3. For Additional Information Call (Name and Telephone Number)								4. Proposed Eff. Date 09-27-2002															
5. Action Requested By (Typed Name, Title, Signature, and Request Date)						6. Action Authorized By (Typed Name, Title, Signature, and Date)																	
PART B - For Preparation of SF 50 (Use only codes in The Guide to Personnel Data Standards. Show all dates in month-day-year order.)																							
1. Name (Last, First, Middle) SPRINGS,ZELDA				2. Social Security Number 100-11-0013				3. Date of Birth 01-05-1958		4. Effective Date 09-27-2002													
FIRST ACTION						SECOND ACTION																	
5-A. Code 840		5-B. Nature of Action Individual Cash				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 ADMINISTRATIVE ASSISTANT PD: 99H093 Position: 00006599						15. TO: Position Title and Number ADMINISTRATIVE ASSISTANT PD: 99H093 Position: 00006599																	
8. Pay Plan GS		9. Occ. CD 0303		10. Grd/Lvl 09		11. Step/Rate 01		12. Tot. Salary \$36,295.00		13. Pay Basis PA		16. Pay Plan GS		17. Occ. CD 0303		18. Grd/Lvl 09		19. Step/Rate 01		20. Tot. Salary/Award \$100.00		21. Pay Basis	
12A. Basic Pay \$32,380.00			12B. Locality Adj. \$3,915.00		12C. Adj. Basic Pay \$36,295.00		12D. Other Pay \$0		20A. Basic Pay \$34,451.00			20B. Locality Adj. \$5,247.00		20C. Adj. Basic Pay \$39,698.00		20D. Other Pay \$0							
14. Name and Location of Position's Organization Program Support Center Office Of The Director Administrative Operations Service Regio						22. Name and Location of Position's Organization Program Support Center Office Of The Director Administrative Operations Service Regio																	
EMPLOYEE DATA																							
23. Veterans Preference						24. Tenure			25. Agency Use		26. Veterans Preference for RIF												
1-None		3-10 Point/Disability		5-10 Point/Other		2	0-None	2-Conditional				YES	X	NO									
1	2-5 Point	4-10 Point/Compensable		6-10 Point/Compensable/30%		1-Permanent	3-Indefinite																
27. FEGLI						28. Annuitant Indicator			29. Pay Rate Determinant														
C0		Basic Only				9			Not Applicable		0			Regular Rate									
30. Retirement Plan				31. Service Comp. Date (Leave)				32. Work Schedule				33. Part-Time Hours Per Biweekly Pay Period											
K		FERS and FICA		01-05-2001				F		Full Time													
POSITION DATA																							
34. Position Occupied				35. FLSA Category				36. Appropriation Code				37. Bargaining Unit Status											
1		1-Competitive Service 3-SES General		N		E-Exempt		11010055															
2-Excepted Service		4-SES Career Reserved		N		N-Nonexempt																	
38. Duty Station Code				39. Duty Station (City-County-State or Overseas Location)																			
364170061				NEW YORK NEW YORK New York NY USA																			
40. Agency Data		41.		42.		43.		44.															
45. Edu. Lvl.		46. Yr. Degr. Attd		47. Acad. Discipl.		48. Func. Class		49. Citizenship		50. Veterans Status		51. Supervisory Status											
						00		I		1-USA 8-Other		I		Not Indic.		8		Other					
PART C - Reviews and Approvals (Not to be used by requesting office.)																							
1. Office/Function			Initials/Signature			Date			1. 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 the proposed action is in compliance with statutory and regulatory requirements.								Signature				Approval Date											

CONTINUED ON REVERSE SIDE

OVER

Editions Prior to 7/91 Are Not Usable After 6/30/93

Name: SPRINGS,ZELDA

PAR Number:

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 SF52).

YES NO

Individual Cash

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; (3) any unemployment compensation benefits to which you may be entitled.

1. Reasons for Resignation/Retirement (NOTE: Your reasons are used in determining possible unemployment benefits.

Please be specific and avoid generalizations.

Your resignation/retirement is effective at the end of the day - midnight - unless you specify otherwise.)

2. Effective Date

3. Your Signature

4. Date Signed

5. Forwarding Address (Number, Street, City, State, ZIP Code)

PART F - Remarks for SF 50