

REQUEST FOR PERSONNEL ACTION - NONAPPROPRIATED FUND INSTRUMENTALITY

For use of this form, see AR 215-3; the proponent agency is DCS, G-1.

PART I - (Requesting Office will complete items A through K and 1, 13, 17a, 25, 26, and 27 as appropriate.
(If applicable, obtain resignation and separation data on reverse side.)

A. TO: Civilian Personnel Office ATTN:	B. FROM:	C. REQUEST NUMBER
		D. DATE
		E. STANDARD NAFI NUMBER

F. KIND OF PERSONNEL ACTION REQUESTED (Specify Appointment, Reassignment, Promotion, Reemployment, Resignation, Change to LOWER GRADE, Within Grade Increase, Pay Adjustment, Separation, etc.)

G. KIND OF POSITION ACTION REQUESTED <input type="checkbox"/> None <input type="checkbox"/> New <input type="checkbox"/> Vice <input type="checkbox"/> Establish <input type="checkbox"/> Abolish <input type="checkbox"/> Review <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Regular Full-Time <input type="checkbox"/> Regular Part-Time <input type="checkbox"/> Flexible	H. PROPOSED EFFECTIVE DATE
	I. POSITION SENSITIVITY

J. THE DESCRIPTION OF THIS POSITION IS ACCURATE <input type="checkbox"/> Yes <input type="checkbox"/> No (Attach a revised statement of duties)	K. QUALIFICATION REQUIREMENTS <input type="checkbox"/> Same <input type="checkbox"/> See attached
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1. NAME (CAPS) (Last, first, MI, (Mr. or Ms.))	2. CITIZENSHIP 1 - U.S.; 2 - Non-U.S. Citizen; 3 - Local National	3. DATE OF BIRTH (Yr, Mo, Day)
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4. MILITARY STATUS (1 - ODM; 2 - Retired; 3 - None)	5. DEPENDENT STATUS (1 - Military; 2 - Civilian; 3 - None)	6a. SCD - LEAVE	6b. SCD - LS
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7. VETERAN'S PREFERENCE? Y - Yes N - No	8. SPOUSE EMPLOYMENT PREFERENCE? Y - Yes N - No	9. FAIR LABOR STANDARD ACT (FLSA) (1 - Exempt; 2 - Nonexempt)
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10a. CODE	10b. NATURE OF ACTION (Including Employment Category) (Regular Full-Time; Regular Part-Time; Flexible)	11. EFFECTIVE DATE (Yr, Mo, Day)
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12. FROM (Position Title, Number and Authorization)	13. PAY PLAN AND OCC. CODE	14a. GRADE OR PAY LEVEL	14b. STEP OR RATE (NA; NL; NS only)	15. ANNUAL SALARY OR HOURLY RATE
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16a. CODE, NAME, AND LOCATION OF EMPLOYING NAFI	16b. STANDARD NAFI NUMBER
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17. TO (Position Title, Number and Authorization)	18. PAY PLAN AND OCC. CODE	19a. GRADE OR PAY LEVEL	19b. STEP OR RATE (NA; NL; NS only)	20. ANNUAL SALARY OR HOURLY RATE
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21a. CODE, NAME, AND LOCATION OF EMPLOYING NAFI	21b. STANDARD NAFI NUMBER
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22. DUTY STATION	23. LOCATION CODE
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24. REMARKS

25. SIGNATURE, DATE, AND TITLE OF REQUESTING OFFICIAL	26. SIGNATURE, DATE, AND TITLE OF APPROVING OFFICIAL
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27. REMARKS (Continued)

PART II - (Employee will complete items 29 through 33)

28. RESIGNATION (To be completed, when possible, by an employee who resigns. Give specific reasons for your resignation, e.g., to move to another city. Avoid general reasons such as "ill health" or "personal reasons.")

I VOLUNTARILY RESIGN MY POSITION FOR THE FOLLOWING REASON (s):

29. LAST DATE OF DUTY

30. FORWARDING ADDRESS (For mailing communications, paycheck, bonds, etc.)

31. SIGNATURE OF EMPLOYEE

33. DATE SIGNED