

REQUEST FOR PERSONNEL ACTION - NONAPPROPRIATED FUND INSTRUMENTALITY

For use of this form, see AR 215-3; the proponent agency is DCS, G1.

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"/> Regular Full-Time <input type="checkbox"/> Regular Part-Time <input type="checkbox"/> Flexible <input type="checkbox"/> Other (Specify) _____				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		
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)	
4. SSN		5. MILITARY STATUS (1 - ODM; 2 - Retired; 3 - None)		6. DEPENDENT STATUS (1 - Military; 2 - Civilian; 3 - None)	
7a. SCD - LEAVE		7b. SCD - LS			
8. VETERAN'S PREFERENCE? Y - Yes N - No		9. SPOUSE EMPLOYMENT PREFERENCE? Y - Yes N - No		10. FAIR LABOR STANDARD ACT (FLSA) (1 - Exempt; 2 - Nonexempt)	
11a. CODE		11b. NATURE OF ACTION (Including Employment Category) (Regular Full-Time; Regular Part-Time; Flexible)			12. EFFECTIVE DATE (Yr, Mo, Day)
13. FROM (Position Title, Number and Authorization)		14. PAY PLAN AND OCC. CODE	15a. GRADE OR PAY LEVEL	15b. STEP OR RATE (NA; NL; NS only)	16. ANNUAL SALARY OR HOURLY RATE
17a. CODE, NAME, AND LOCATION OF EMPLOYING NAFI				17b. STANDARD NAFI NUMBER	
18. TO (Position Title, Number and Authorization)		19. PAY PLAN AND OCC. CODE	20a. GRADE OR PAY LEVEL	20b. STEP OR RATE (NA; NL; NS only)	21. ANNUAL SALARY OR HOURLY RATE
22a. CODE, NAME, AND LOCATION OF EMPLOYING NAFI				22b. STANDARD NAFI NUMBER	
23. DUTY STATION				24. LOCATION CODE	
25. REMARKS					
26. SIGNATURE, DATE, AND TITLE OF REQUESTING OFFICIAL			27. SIGNATURE, DATE, AND TITLE OF APPROVING OFFICIAL		

28. REMARKS (Continued)

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

29. 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):

30. LAST DATE OF DUTY

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

32. SIGNATURE OF EMPLOYEE

33. DATE SIGNED