



**PART D - REMARKS BY THE REQUESTING OFFICE**

\*Note to Requesting Office: Please include any additional information required to process this request. (ie: Application, Selection , AUS/RTD Documents, Name Change Documents, Selection Packet, Etc.)

Have all required forms been attached to the SF52?

YES NO

REQUIRED REMARKS

Vacancy Vice:

Area of Consideration:

Minimum Military Grade:

Maximum Military Grade:

Position 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.

- 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	3. Date Signed	4. Forwarding Address (Number, Street, City, State, ZIP Code)
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**PART F - REMARKS FOR SF 50**

I acknowledge and agree to the management directed reassignment or change to lower grade to the position in Part B Block 15.

Losing Agency Point of Contact (Name and Phone Number):