

REQUEST FOR PERSONNEL ACTION

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

1. Actions Requested	2. Request Number
3. For Additional Information Call (Name and Telephone Number)	4. Proposed Effective Date
5. Action Requested By (Typed Name, Title, Signature, and Request Date)	6. Action Authorized by (Typed Name, Title, Signature, and Concurrence Date)

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	15. TO: Position Title and Number										
8. Pay Plan	9. Occ. Code	10. Grade or Level	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						22. Name and Location of Position's Organization					

EMPLOYEE DATA

23. Veterans Preference	24. Tenure	25. Agency Use	26. Veterans Pref for RIF
<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%	<input type="checkbox"/> 0 - None <input type="checkbox"/> 2 - Conditional <input type="checkbox"/> 1 - Permanent <input type="checkbox"/> 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
<input type="checkbox"/> 1 - Competitive Service <input type="checkbox"/> 3 - SES General <input type="checkbox"/> 2 - Excepted Service <input type="checkbox"/> 4 - SES Career	<input type="checkbox"/> E - Exempt <input type="checkbox"/> N - Nonexempt		
38. Duty Station Code	39. Duty Station <i>(City - County - State or Overseas Location)</i>		

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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REQUEST FOR TECHNICIAN TO RETURN TO DUTY FROM CONTINGENCY OPERATIONS

NAME	SSN
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- Please complete the following checklist as soon as possible and return to NVMD-HRO/J-1 requesting to be Returned to Duty Status (**FAX 775 887-7392**). Technicians will be returned to duty with any within grade increases, tenure changes, and pay adjustments due. If temporary employee, employee is eligible to return to complete the remainder of original appointment. Indefinite employees may return to previous position if still vacant.
- **FAILURE TO RETURN TO DUTY FROM A LEAVE WITHOUT PAY STATUS WILL PREVENT YOUR RETURN TO A PAY STATUS IN THE TECHNICIAN PAY SYSTEM.**
- Points of contact are:
 MSgt Bill Schy at 775 887-7382 email – william.schy@us.army.mil
 MSgt Mimi Rutherford at 775 887-7390 email – mimi.rutherford@us.army.mil
 SSgt Erik Tedrowe at 775 887-7396 email – erik.h.tedrowe@us.army.mil
 SGT Amy Batchelder at 775 884-8409 email – amy.batchelder@us.army.mil

Initial as applicable	Action Requested	RTD Date
	Return To Duty & Pay – Technician Status effective:	
_____ ELIGIBLE	In accordance with Executive Order 13223, the technician is granted 40 hours excused leave upon return from active military service in connection with Operation Noble Eagle, Enduring Freedom, Iraqi Freedom, or any other military operation covered by this executive order. Supervisors must grant this 40-hour period of excused absence as soon as the employee reports back for federal civilian duty and the leave must be used over 40 consecutive work hours. Criteria for 5-day/40-hour excused absence: <ol style="list-style-type: none"> 1. Employee must have been a Federal employee immediately prior to mobilization and return to Federal civilian service. 2. Active duty must be in support of a contingency operation in support of the Global War on Terrorism (GWOT). 3. Active duty must be a minimum of 42 consecutive days. 4. Excused absence may only be used once in a 12-month period. A new 12-month period begins after the employee return to duty and use of excused absence. 	

Federal Employees Health Benefits:

Initial as applicable	Action Requested	
	I elected to continue my FEHB and have my premiums reimbursed to my insurance provider for up to 24 months of active duty while in support of a contingency operation under Title 10 orders.	HRO USE ONLY Confirm FEHB Continued _____
	I elected to terminate my FEHB coverage at the time I entered LWOP-US. I request to reinstate (SF 2810).	HRO USE ONLY SF 2810 _____

Please advise HRO of any changes in family status (marriage, divorce, addition of children, etc.).

_____	I intend to use Transitional Tricare for my eligibility period. You must coordinate with your Military Personnel Office if you wish to be enrolled in Tricare.	HRO USE ONLY
_____	Please terminate my FEHB coverage if enrolled during my LWOP-US period.	SF 2810 _____
_____	<u>If you enroll in Tricare you MUST contact HRO within 60 days to resume FEHB coverage once Tricare eligibility ends. Otherwise you will not be able to enroll until Open Season or a Qualifying Life Event. This is the employee's responsibility and failure to do so may affect eligibility to continue FEHB coverage into retirement.</u>	

Federal Employees Group Life Insurance (FEGLI):

Initial as applicable	Action Requested	
_____ YES _____ NO	LWOP-US was in excess of 12 months, if so coverage terminated after 365 days. Upon Return to Duty, FEGLI will be reinstated at the previously elected coverage. This is NOT considered an Open Season Election.	
	I had previously waived FEGLI coverage. No action is required.	HRO Confirm

Thrift Savings Plan:

Initial as applicable	Action Requested	
	I CURRENTLY HAVE A TSP LOAN. Human Resources will coordinate with the Thrift Savings Plan Board to resume my loan upon RTD. TSP Loans will be re-amortized including accumulated interest.	HRO USE ONLY TSP-41 _____
	I do not currently have a TSP loan.	
<p>TSP Make Up: Upon restoration to your technician position, you may make retroactive contributions and elections. If you are doing so, submit ALL military LESs from your LWOP-US to the Human Resources Office. Once processed by DFAS, the TSP Board will notify you in writing of your option to make up contributions, the amount, and the number of pay periods allowed. If you elect to make up these contributions, deductions will be at whatever rate was in effect at the time of activation, PLUS current TSP deductions.</p>		
	I wish to receive my 1% Agency Automatic contribution. I will provide HRO with my military LES's for my LWOP-US period. FERS covered employees only.	HRO USE ONLY Complete LES PKG _____
	I wish to apply to make up TSP contributions. I will provide HRO with my military LES's for my LWOP-US period. FERS	SENT TO DFAS _____

Military Deposit for technician retirement purposes:

Initial as applicable	Action Requested	
	I wish to apply to make deposit for Active Duty service for technician retirement purposes. I will provide HRO with a copy of my DD 214, when available.	HRO USE ONLY DD 214 _____
	I do not wish to apply to make deposit for Active Duty service for technician retirement purposes. I understand that if I do wish to make deposit in the future, it is my responsibility to coordinate with HRO. I also understand that after three years from my Return To Duty, my deposit will be subject to accrual of interest.	

Military Deposit Rates (for technician retirement purposes)

- CSRS – 7% deposit of base pay earnings (the lesser of military or technician earnings).
- FERS – 3% deposit of base pay military earnings **OR** 0.8% of FERS salary in effect for duration of LWOP-US period, whichever is less.

I understand that I am responsible for ensuring the HRO has ALL paperwork necessary to process my Military and USERRA rights in a timely manner.

Employee Signature	Date Signed
Employee Daytime Phone	
Employee Email Address	

Employee may Fax this checklist in lieu of SF-52 to HRO at 775 887-7392. Please contact HRO with any questions or concerns. Please also provide a good home mailing address, this may be used to complete necessary paperwork and also will be where applicable Return To Duty paperwork may be mailed to upon completion of processing.

Employee Home Mailing Address
