## **REQUEST FOR PERSONNEL ACTION**

NOAA-TO-SF-52-SKL.PDF Rev. 2/04 available at

								http://HR.ne	oaa.gov/fo	orms.htm
	ting Office (Also c	omplete Part B	, Items			and		,		
Actions Requested	LLLET 8022)vice	Moorthi						Red	quest Numl	oer
	tion Call (Name and Telepho							. Prop	osed Effective	ve Date
KEYANNIA JACKS	,									
Action Requested By (	Typed Name, Title, Signatu			Action	Authorized	by (Typed Nan				
	G	ROSS.BRIAN.DA GROSS.BR 40101 ID.1365840101 Date: 2023	RIAN.DAVID.13658		a 1	1	.103/1208/8		023.04.24 14:20:3	
Brian Gross, I	JIRECIOR, EMC	-04'00'		1		ck, DEPU		·		
PART B - For Prepar Name (Last, First, Midd		only codes in FP	'W Supplen	1	Show Security Nur	<b>v all dates ir</b> mber	<i>month-day</i> Date of Bir		ective Date	
HUANG, JIANPI	NG			684-	09-0961	L	05/01/19	68 04	/08/20	24
FIRST ACTION					D ACTI					
-A. Code -B. Nature of 101 CAREER-C	Action			-A. Code	-B. Natur	re of Action				
-C. Code -D. Legal Aut				-C. Code	-D. Legal	Authority				
AYM REG 337.	•					,				
-E. Code -F. Legal Autl	hority			-E. Code	-F. Legal	Authority				
BAH GW007	November			TO:	D '4' T'	51 N				
FROM: Position Title	e and Number			10:	Position II	itle and Numb	oer			
				Physi	cal Sc	ientist	WS9902			
From Billet Number (in	nsert 5 digits in center)	00000	00	To Bill	et Numbe	r (insert 5 dig	its in center)	: 00000	08022	00
. Pay Plan 9.Occ. Code 1 .0	Grade or Level 1.Step or Rate	Total Salary	3.Pay Basis	Pay Plan GS	Occ. Code 1301		9.Step or Rate		′	Pay Basis PA
2A. Basic Pay 2B	B. Locality Adj. 2C. A	dj. Basic Pay 2D. 0	Other Pay	OA. Basi		0B. Locality	01 Adi. 0C. A	\$139,395 Adj. Basic Pay	OD. Oth	
		.,,	,		504.00	\$34,791.	,	9,395.00	.00	
Name and Location of	f Position's Organization					on of Position's	Organization		I.	
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						/Post-Pro				
					GE PARK	•	0.0			
				54-20	- 70-000	2-01-0000	00			
<b>EMPLOYEE DATA</b>	1			•						
Veterans Preference - None	0-Point/Disability	0-Point/Other		Tenur	- None	- Conditional	Agency U		eterans Pre	_
1 5-Point FEGLI	0-Point/Compensable	0-Point/Compe	nsable/3	2 Annui	- Permaner tant Indicate				/ES X av Rate Det	
CO BASIC				9		PPLICABLE		0	Á	T APPL
Retirement Plan		Service Cor	np. Date (Leave)	Work	Schedule			Pa	art-Time Ho	
KF FERS (FR	RAE)	09/08/2	2009	F	FULL-	rime ————————————————————————————————————			Pay Pe	
POSITION DATA Position Occupied		FLSA Ca	tegory	Appro	priation Cod	de		R:	argaining U	Init Statue
- Competitive S		E-	Exempt Nonexempt		EM POO	uo		153		Till Otatao
Duty Station Code		Duty Sta	tion (City - Co	unty - State	or Oversea	as Location)		<u> </u>		
24-0370-033		College	Park -	Prince	Georg	ge's - Ma	ryland			
Agency Data										
Educational Level	Year Degree Attained	Academic Discip	oline Funct	tional Class	Citiz	zenship	Veterans	Status S	upervisory	Status
21	2005	270101		13	1	- USA - Other	X	8		
PART C - Review	s and Approvals (A	lot to be used i	by request	ting offic	e.	,				
Office/Function	Initials/Signat	ure	Date	Office	/Function		Initials/Signati	ure	D	ate
A.	PLN	4	1/1/24	D.						
				L						
В.				E.						
C.				F.						
Apprecials I could be	et the inferrential and the	on this farms is a second	ato on al the control	Signature					Approva	al Date
	at the information entered pliance with statutory and			٩ 🔿	nes (	Spa. (	Ir.		1	5/2024
CONTINUED ON REVE	RSE SIDE			OVER	V	Editions	Prior to	Are Not Usa NSN	ble After	
				-				INSIN		

	ee's resignation/retirement?  To to SF 5  NO				
PART E Employee Resignation/Retirement					
Privacy Ac	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.	and agencies to issue regulations with regard to employment of individuals in the Federal service and their records, while section 8 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.				
This information is requested under authority of sections 1, and 6 of title 5, U.S. Code. Sections 301 and 33 authorize OPM	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 de	termining possible unemployment benefits. Please be specific and				
Effective Date Your Signature Date Signed	Forwarding Address (Number, Street, City, State, ZIP Code)				
Effective Date Your Signature Date Signed	Forwarding Address (Number, Street, City, State, ZIP Code)				
Effective Date	Forwarding Address (Number, Street, City, State, ZIP Code)				