

REQUEST FOR PERSONNEL ACTION - NON-US (GERMANY)

| PART I TO BE COMPLETED BY REQUESTING OFFICE | | | | | |
|---|--|--|--|--|---|
| 1. NAME (Last, First, Middle Initial) ZAPP, AMALIE | | 2. EMPL. CONTROL NO. 6121F0013 | | 3. BIRTH DATE (YYYYMMDD) 16970220 | |
| 4. KIND OF ACTION REQUESTED a. PERSONNEL (Specify: Appointment, reassignment, resignation, etc.) LN APPOINTMENT (GERMANY) | | 5. REQUEST NUMBER 04MAY9N0000000123456 | | 6. DATE OF REQUEST (YYYYMMDD) 20040512 | |
| b. POSITION (Specify: Establish, review, cancel, etc.) FILL / ESTABLISH | | 7. PROPOSED EFFECTIVE DATE (YYYYMMDD) 20040607 | | 8. POSITION SENSITIVITY | |
| <i>Give position title and number, pay grade, employing organization and office symbol, and duty station.</i> | | | | | |
| 9. FROM: | | | 10. TO: ADMINISTRATIVE CLERK (OFFICE AUTOMATION) 12588 - 160867 435 MISSION SUPPORT SQ | | |
| 11. POSITION DATA | | | | | |
| a. WORKING HOURS (Per week, shift work, etc.) 38.50 | | b. PEC 27597A | c. FUNCTIONAL CODE 16C101 | d. AFSC 3S072 | |
| | | e. ADSN 678901 | f. APPROPRIATION CODE 80443002 | g. RC/CC 341681 | |
| 12. REMARKS BY REQUESTING OFFICE (Continue in PART I, REMARKS on reverse side. Show, if applicable, any known additional or modified reasons for resignation) Temp Appointment until return of Mrs. XYZ from Sick Leave, but NTE 30-Sep-2005 Log # 713/2004 | | | | | |
| 13. FOR ADDITIONAL INFORMATION CALL (Name, phone number) PERSON XYZ 480-XXXX | | | 14. REQUEST APPROVED BY (Printed Name, Title, Signature) YOUR CHIEF 480-YYYY | | |
| PART II TO BE COMPLETED BY PERSONNEL OFFICE | | | | | |
| 15. NATURE OF ACTION | | | | 16. EFFECTIVE DATE (YYYYMMDD) | |
| 17. POSITION TITLE AND NUMBER | | | | 18. CLASSIFICATION | |
| 19. BREAKDOWN OF BASIC COMPENSATION | | DM | 21. OTHER PAYMENTS | | % |
| a. WAGE / SALARY P/SCALE | | | a. INCUMBENCY ALLOWANCE | | |
| b. OVERTARIFF PAY SUPPLEMENT | | | b. SEVERITY ALLOWANCE | | |
| c. LEADER/MEISTER SUPPLEMENT % | | | c. FUNCTIONAL ALLOWANCE | | |
| d. PERSONAL SUPPLEMENT | | | d. LAUNDRY ALLOWANCE | | |
| e. | | | e. | | |
| f. | | | f. | | |
| 20. BASIC COMPENSATION | | | g. | | |
| 22. AF FORM 825, NOTIFICATION OF PERSONNEL ACTION (Non-US (GERMANY)), REMARKS (Continue in PART II on reverse side) | | | | | |
| 23. REFERENCES | | APPROVAL (Initials) | NUMBER OR DATE (YYYYMMDD) | 24. CLEARANCES | |
| a. Comp level code | | | | a. Ceiling / Position control | |
| b. Promotion certificate | | | | b. Classification | |
| c. Works council notification | | | | c. Placement or EMR | |
| d. CEPMC | | | | d. Accounting & finance office | |
| | | | | APPROVAL (Initials) | |
| | | | | NUMBER OR DATE (YYYYMMDD) | |

PART III

TO BE COMPLETED BY EMPLOYEE (Vom Arbeitnehmer auszufüllen)

25. RESIGNATION (Kündigung)

I resign from my employment effective
(Hiermit kündige ich mein Beschäftigungsverhältnis zum)

20040630

(YYYYMMDD/JJJMMTT)

Reasons (Gründe):
New employment

Please forward my employment papers and any payments due me to the following address
(Meine Arbeitspapiere und mir noch zustehende Zahlungen bitte an folgende Adresse senden):

26. LOCATION (Ort)

Quetschedummbach

27. DATE (YYYYMMDD)
(Datum (JJJJMMTT))

20040523

28. SIGNATURE (Unterschrift)

PART 1 (Continued)

12. REMARKS BY REQUESTING OFFICE

Please put your additional remarks here.

PART II (Continued)

22. AF FORM 825, NOTIFICATION OF PERSONNEL ACTION (Non-US (Germany)), REMARKS