

NAF Request for Personnel Action (RPA) Checklist

| SECTION A – GENERAL INFORMATION | | |
|---|--|-----------------|
| Nature of Action Requested: | | |
| Date Initiated: | Requesting Activity: | |
| Selecting Official: | Selecting Official's Title: | |
| Email Address: | DSN Phone Number: | |
| SECTION B – RECRUITMENT INFORMATION | | |
| Announcement Period: | # of Vacancy(s): | |
| Recruitment Type: | Pay Range (Payband ONLY): | Assigned Shift: |
| RPA # | Date RPA Initiated: | |
| Is this a Not to Exceed (NTE) Position? | If "Yes" NTE Date (DD-MMM-YYY): | |
| Career Program Position: | If "YES", Requires Coordination/Approval w/AFSVA & AF NAF CP | |
| SECTION C – EMPLOYEE INFORMATION | | |
| Last Name, First Name MI: | Citizenship: | |
| SSN (Last 4 Only): | Date of Birth (YYYY-MMM-DD): | |
| SECTION D – POSITION INFORMATION | | |
| Effective Date of Action: | (HR USE ONLY) | |
| Position Title (exactly as PG/PD): | From | To |
| Position Number: | | |
| Pay Plan/Series/Grade: | | |
| Fund Type/Activity: | | |
| NAFI Number (Cost Center): | | |
| Office Symbol: | | |
| Hourly Rate (1st Shift): | | |
| Employment Category: | | |
| Guaranteed Hours: | | |
| Duty Station: | | |
| Other Information: | | |
| SECTION E – EMPLOYEE RESIGNATION INFORMATION (To be completed by Employee) | | |
| Employee Name: | DOB: | Phone #: |
| Reason for Resignation: | | |
| Effective Date (Last Work Day): | Email: | |
| Forwarding Address: | | |
| Employee's Signature: | Date Signed: | |

The information herein is For Official Use Only which must be protected under the Freedom of Information Act of 1966 Privacy Act of 1974. Unauthorized disclosure or misuse of this Personal Information may result in criminal or civil penalties.

SECTION F – ORAL RESIGNATIONS (To be completed by Supervisor for oral resignations only)

I was informed orally on _____ by _____ that he/she resigned effective _____ . Employee has been advised that (He) (She) must report to the Human Resources Section for proper clearance or final pay will be delayed. This employee (has) (has no) existing indebtedness to the employing NAFI.

Supervisor Certification:

Date:

Signature:

Position Title:

SECTION G - APPROVAL AUTHORITY SIGNATURE

SECTION H – REMARKS (HUMAN RESOURCES SECTION USE ONLY)

A. 4AB _____

Q. Other Required Remarks:

B. 4IN _____

commencing _____

C. Assigned Shift _____

D. Health Insurance _____

E. Life Insurance

Class Code _____ Plan Code _____

F. USAF NAF Retirement Plan Code

G. Clearances (most common Tier 1)

Tier _____

IRC _____ (Date Completed)

SCHRC _____ (Date Completed)

H. Physical Required _____ Date _____

I. TDP Required _____ Date: _____

J. Military Status _____

K. Dependent Status _____

L. SCD Leave _____

M. SCD LOS _____

N. SCD BBA _____

O. FLSA _____

P. Separations (show reason):

R. Completed by: