

NAF Request for Personnel Action (RPA) Checklist

SECTION A – GENERAL INFORMATION		
Nature of Action Requested: Select Nature of Action		
Date Initiated:	Requesting Activity:	
Selecting Official:	Selecting Official's Title:	
Supv Position/Sequence #:	Email:	DSN:
SECTION B – RECRUITMENT INFORMATION (submit copy of PG/PD)		
Announcement Period:	# of Vacancy(s):	
Recruitment Type: Select	Pay Range (Payband ONLY):	Assigned Shift: 1
RPA #	Date RPA Initiated:	
Is this a Not to Exceed (NTE) Position? Select If "Yes" NTE Date (DD-MMM-YYY):		
Career Program Position: Select If "YES", Requires Coordination/Approval w/AFSVC & AF NAF CP		
SECTION C – EMPLOYEE INFORMATION		
Last Name, First Name MI:		Citizenship: Select
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:	Select	Select
Guaranteed Hours:		
Duty Station:		
Notes: Travel <u> </u> Select Telework <u> </u> Select		
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 _____
- B. 4IN Select _____
commencing _____
- C. Assigned Shift 4 _____
- D. Health Insurance Select _____
- E. Life Insurance
Class Code _____ Plan Code Select _____
- F. USAF NAF Retirement Plan Code Select _____
- G. Clearances (most common Tier 1)
Tier Select _____
IRC _____ (Date Completed) _____
SCHRC _____ (Date Completed) _____
- H. Physical Required Select _____ Date _____
- I. TDP Required Select _____ Date: _____
- J. Military Status Select _____
- K. Dependent Status Select _____
- L. SCD Leave 05/24/2017 _____
- M. SCD LOS _____
- N. SCD BBA _____
- O. FLSA Select _____

P. Separations (show reason):

Q. Other Required Remarks:

See Attached RPA Worksheets for additional remarks.

R. Completed by: