

APF Out-Processing Checklist

Name: _____
Last First MI

Facility: _____ Separation Date: _____

Separation Reason: _____

Forwarding Address: _____

Employees MUST fill out Out-Processing Checklist before taking LWOP

*Signatures of Responsible Official (if applicable)
be filled before returning to HR office.*

Employee's Immediate Supervisor

Keys ☐ N/A ☐
Uniforms ☐ N/A ☐
Misc. Government Properties ☐ N/A ☐

Base Library ☐ N/A ☐

Unit Program Coordinator

Government Travel Card ☐ N/A ☐

Government Vehicle

Operator's Permit (BLDG 551) ☐ N/A ☐

Equipment Control Office (BLDG 988A)

☐ N/A ☐

Finance / Payroll

ATAAPS ☐ N/A ☐

POC: lisa.weaver.3@us.af.mil

Government ID / BADGES

Employees must turn in CAC ☐ N/A ☐

Return Flight line Badge to 19 SFS

Human Resources Office

Refund FERS (SF 3106) ☐ N/A ☐

Last 4 copies of your Appraisal ☐ N/A ☐

SF 8 Unemployment Compensation

If you are or have been personally and substantially involved in a procurement which may lead to an award, modification, or extension of a contract in excess of \$100, 000, you are required by law to certify understanding of the continuing obligation not to disclose proprietary of source selection information (41 U.S.C. 4423 (d) (4)). You must contact the Officer responsible for each such procurement and complete a certificate by procurement Official leaving federal employment.

Signature

Date



DEPARTMENT OF THE AIR FORCE

HEADQUARTERS 19TH AIRLIFT WING (AMC)
LITTLE ROCK AIR FORCE BASE, ARKANSAS

MEMORANDUM FOR DEPARTING APF CIVILIAN EMPLOYEES

FROM: 19 FSS/FSCA

SUBJECT: Clearing Civilian Personnel Office for Out-Processing Actions

1. If you are leaving your job at Little Rock Air Force Base there are a few things you can do for a smooth transition:

a. Check with your unit Commander's Support Staff for instructions on clearing the squadron; i.e., turning in issued keys, squadron security manager, squadron computer monitor, resource advisor if you a government travel card, signing over equipment and/or completing performance reports for which you were responsible.

b. There are also various organizations on base that may need to see you depending on what duties you were assigned at LRAFB. Here are some of which we are aware:

1. Civilian Personnel – Last 4 copies of your appraisal
2. 19 CONS: if you have a Government Purchase Card
3. 19 Medical Clinic if you have occupational medical records on file
4. 19 FSS NAF Accounting if you were a club member
5. Legal office if you worked Contracting/Procurement
6. 19 CPTS Civilian Pay Technician – (Currently Ms. Lisa Weaver in Bldg. 1255 1st Floor) **Email:** lisa.weaver.3@us.af.mil **Office #:** (510) 987-2523
7. 19 LRS: if you have a government driver's license
8. 19 CS if you are the Unit's Functional Area Records Manager
9. 19 CS Base Equipment Control Office – IT/Equipment Accountability
10. You **MUST** turn in your CAC to the MPF Customer Support if you are not remaining as a GS employee. If you are continuing as an employee you will maintain your CAC card.
11. Fill out SF 3106 (**OPTIONAL**) and contact BEST (800-525-0102 option 2) to cancel ALL benefits if not returning.

2. **SPECIAL NOTE:** It is mandatory for you to work on your last day.

//SIGNED//

SHERI S. ALLEN, GS-12, DAF
Civilian Personnel Officer

BLACK KNIGHTS

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 <i>(Name and Telephone Number)</i>	4. Proposed Effective Date
5. Action Requested By <i>(Typed Name, Title, Signature, and Request Date)</i>	6. Action Authorized by <i>(Typed Name, Title, Signature, and Concurrence Date)</i>

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 <i>(Last, First, Middle)</i>	2. Social Security Number	3. Date of Birth	4. Effective Date
--------------------------------------	---------------------------	------------------	-------------------

FIRST ACTION

5-A. Code	5-B. Nature of Action
5-C. Code	5-D. Legal Authority
5-E. Code	5-F. Legal Authority

SECOND ACTION

6-A. Code	6-B. Nature of Action
6-C. Code	6-D. 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 1 - None 2 - 5-Point 3 - 10-Point/Disability 4 - 10-Point/Compensable 5 - 10-Point/Other 6 - 10-Point/Compensable/30%	24. Tenure 0 - None 1 - Permanent 2 - Conditional 3 - Indefinite	25. Agency Use	26. Veterans Pref for RIF YES 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 1 - Competitive Service 2 - Excepted Service 3 - SES General 4 - SES Career	35. FLSA Category E - Exempt N - Nonexempt	36. Appropriation Code	37. Bargaining Unit Status
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 1 - USA 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

PART D - Remarks by Requesting Office

(Note to Supervisors: Do you know of additional or conflicting reasons for the employee's resignation/retirement?
If "YES", please state these facts on a separate sheet and attach to SF 52.)

☐ YES ☐ NO

PART E - Employee Resignation/Retirement

Privacy Act 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.

This information is requested under authority of sections 301, 3301, and 8506 of title 5, U.S. Code. Sections 301 and 3301 authorize OPM

and agencies to issue regulations with regard to employment of individuals in the Federal service and their records, while section 8506 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.

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.

1. **Reasons for Resignation/Retirement** (NOTE: Your reasons are used in determining possible unemployment benefits. Please be specific and avoid generalizations. Your resignation/retirement is effective at the end of the day - midnight - unless you specify otherwise.)

2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address (Number, Street, City, State, ZIP Code)
-------------------	-------------------	----------------	---------------------------------------------------------------

PART F - Remarks for SF 50

TAKE THIS FORM WITH YOU IF YOU GO TO FILE A CLAIM
UNEMPLOYMENT COMPENSATION FOR FEDERAL EMPLOYEES (UCFE) PROGRAM
NOTICE TO FEDERAL EMPLOYEE ABOUT UNEMPLOYMENT INSURANCE

This form has been given to you because (1) you have been separated from your job, or (2) you were placed in a nonpay status, or (3) your records have been transferred to a different payroll office.

Unemployment insurance (UI) for Federal workers. When unemployed, Federal workers may be entitled to UI benefits similar to those of workers in private industry. If you become unemployed or are in a nonpay status and want to FILE A CLAIM, go to the nearest LOCAL PUBLIC EMPLOYMENT SERVICE OFFICE of the STATE EMPLOYMENT SECURITY AGENCY to register for work and file your claim for UI. Your ELIGIBILITY for UI CANNOT be determined until AFTER you file a claim. DO NOT DELAY filing a UI claim; if you wait, your unemployment benefits may be reduced or you may not qualify for any benefits.

To help EXPEDITE your claim, take THIS FORM with you, your SOCIAL SECURITY ACCOUNT NUMBER CARD, the OFFICIAL NOTICE of your most recent SEPARATION or of your present NONPAY status (Standard Form 50 if available), EARNINGS and LEAVE statements, or similar documents that indicate you were employed by a Federal agency.

FEDERAL AGENCY will insert
in the box:

1st line - Parent Federal Agency
Name and 3 digit code number

2nd line - Major Component (if
any)

3rd and 4th line - complete
address to which all forms
pertaining to a claim should be
sent (ES-931, 931A, 934, 936, and
notices of appeal, hearings, and
determinations)

3 Digit
Identification
FEDERAL AGENCY

DEPARTMENT OF THE AIR FORCE	CODE NO. 424
AFPC/DPIEPC UCFE	
550 C STREET WEST, SUITE 57	
RANDOLPH AFB, TX 78150-4759	

To be completed by the *Federal
Agency*:

Contact Name/Office

HUMAN RESOURCES TECH

UNEMPLOYMENT COMPENSATION

Telephone No. (*include area code*)

1-800-525.0102

KEEP THIS FORM and **TAKE IT WITH YOU** if you file a UCFE/UI claim for unemployed Federal workers provided by Federal law (U.S. CODE, Title 5, Chapter 85). For more information about UCFE/UI, read the REVERSE SIDE of this form.

UNEMPLOYMENT COMPENSATION FOR FEDERAL EMPLOYEES (UCFE) PROGRAM

UNEMPLOYMENT INSURANCE (UI) FOR FEDERAL WORKERS

TAKE THIS FORM WITH YOU IF YOU GO TO FILE A CLAIM

GENERAL INFORMATION:

1. WHO WILL PAY UNEMPLOYMENT BENEFITS?

If you are eligible, you will be paid by a State employment security agency under the provisions of its unemployment insurance (UI) law. The amount of your regular weekly benefits and the period for which benefits will be paid will generally be determined by the law of the State in which you had your last Official Duty Station. This Duty Station will be printed on your final "Notification of Personnel Action", SF-50. If you have received all the regular benefits for which you are eligible, you may, under certain circumstances, become eligible for additional weeks of extended benefits; check with a State local office official. If your last duty station was outside the United States, you will not be eligible until you return to the United States, including the District of Columbia, Puerto Rico, and Virgin Islands. Your benefit rights will then be determined under the law of your State of residence.

UCFE/UI for unemployed Federal workers is paid from U.S. Government funds. No deductions were taken from your pay to finance these benefits.

2. UNDER WHAT CONDITIONS WILL I BE ELIGIBLE?

All State UI laws require that:

- a. You must be unemployed, able to work, and available for suitable work; (In some cases, you may be eligible if you are employed less than full time);
- b. You must register for work and file a claim at a local public employment service/UI claim office;
- c. You must continue to report to the office as directed; and
- d. You must have had a certain amount of employment/wages within a base period of 1 year specified in the State law and have been separated through no fault of your own.

All State UI laws will deny you benefits for such reasons as:

- a. Quitting your job voluntarily without good cause or being discharged for misconduct connected with work; or
- b. Refusing an offer of a suitable job without good cause.

Some State UI laws deny or reduce UI benefits for certain types of payments you may receive (retirement, severance, and/or lump-sum amount for unused, accrued annual leave).

3. DO I HAVE THE RIGHT OF APPEAL?

Yes. If a determination is made denying you benefits, you have the right to appeal as provided in the applicable State law.

4. ARE THERE ANY PENALTIES?

Yes. If you willfully make a false (fraudulent) claim, you may be fined, imprisoned, or both. If you make a mistake in giving information when you file your claim, notify the local UI claim office as soon as you discover the mistake: prompt notification may avoid a penalty.

(The above statements are issued for general information; they do not have the effect of law, regulation, or ruling).

IF YOU BECOME REEMPLOYED and have been collection UCFE/UI benefit payments, it is your RESPONSIBILITY to notify the local office, in writing, to discontinue paying benefits now that you are employed. Failure to do so may result in a *penalty such as a fine, imprisonment, or both.*



Help shape our voice with yours!



We care about what you think.

Please take a few minutes to let us know what matters to you and how the Department of the Air Force can serve our civilian federal workforce better.

Please use the link below to access the survey:

https://usafsurveyofficefr.gov1.qualtrics.com/jfe/form/SV_2hj4YogMTllavwG

OR

