

REQUEST FOR PERSONNEL ACTION - NON-US (GERMANY)

PART I						TO BE COMPLETED BY REQUESTING OFFICE											
1. NAME (Last, First, Middle Initial)			2. EMPL. CONTROL NO.			3. BIRTH DATE (YYYYMMDD)											
4. KIND OF ACTION REQUESTED			5. REQUEST NUMBER			6. DATE OF REQUEST (YYYYMMDD)											
a. PERSONNEL (Specify: Appointment, reassignment, resignation, etc.)			7. PROPOSED EFFECTIVE DATE (YYYYMMDD)			8. POSITION SENSITIVITY											
b. POSITION (Specify: Establish, review, cancel, etc.)																	
Give position title and number, pay grade, employing organization and office symbol, and duty station.																	
9. FROM:						10. TO:											
11. POSITION DATA																	
a. WORKING HOURS (Per week, shift work, etc.)				b. PEC		c. FUNCTIONAL CODE		d. AFSC									
				e. ADSN		f. APPROPRIATION CODE		g. RC/CC									
12. REMARKS BY REQUESTING OFFICE (Continue in PART I, REMARKS on reverse side. Show, if applicable, any known additional or modified reasons for resignation)																	
13. FOR ADDITIONAL INFORMATION CALL (Name, phone number)						14. REQUEST APPROVED BY (Printed Name, Title, Signature)											
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				%		DM					
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			APPROVAL (Initials)			NUMBER OR DATE (YYYYMMDD)		
a. Comp level code									a. Ceiling / Position control								
b. Promotion certificate									b. Classification								
c. Works council notification									c. Placement or EMR								
d. CECMC									d. Accounting & finance office								

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About the ITAOP/savePDF Method

The traditional Field-by-Field creation process is extremely ineffective and slow.

The only realistic option to create high-quality forms is the Insert-Text-Anywhere-on-Page (ITAOP) method.

The field creation process is about 10,000 times faster than the traditional method; the list of ITAOP features is not even available for the traditional method.

ITAOP savePDF method proved to be very simple and completely reliable for millions of users all over the world (incl. individuals, companies, organizations, government employees).

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) _____
Reasons (Gründe): (YYYYMMDD/JJJJMMTT)

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)	27. DATE (YYYYMMDD) (Datum (JJJJMMTT))	28. SIGNATURE (Unterschrift)
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PART 1 (Continued)
12. REMARKS BY REQUESTING OFFICE

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