

# 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:	
Email Address:	DSN Phone Number:	
SECTION B – RECRUITMENT INFORMATION		
Announcement Period:	# of Vacancy(s):	
Recruitment Type: Select	Pay Range (Payband ONLY):	Assigned Shift: 4
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/AFSVA & 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: <input style="width: 150px;" type="text"/> <span style="color: red; font-weight: bold;">(HR USE ONLY)</span>		
Position Title (exactly as PG/PD):	<b>From</b>	<b>To</b>
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:		
Other Information:		
SECTION E – EMPLOYEE RESIGNATION INFORMATION <span style="color: red; font-weight: bold;">(To be completed by Employee)</span>		
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 \_\_\_\_\_

Q. Other Required Remarks:

P. Separations (show reason):

R. Completed by: