



**“HOLDOVER”**

***“The basic publication has changed; impact on supplemental information is under review by the OPR. Users should follow supplemental information that remains unaffected.”***

***Personnel***

***MANAGING THE CIVILIAN RECOGNITION PROGRAM***

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OPR: 42 MSS/DPCE (Ms Kitty A. Combs)

Approved by: 42 MSS/DPC (Mr Gary Oos)

Pages: 5/Distribution: F

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AFI 36-1004, 1 July 1999, is supplemented as follows:

3.1.2. Organization commanders approve time-off awards in excess of 1 working day.

3.4. Submit approved time-off awards for 1 working day or less on a Standard Form 52, **Request for Personnel Action** (Attachment 1). Time-off awards in excess of 1 working day are submitted to the Civilian Personnel Flight on Air Force Form 1768, **Staff Summary Sheet** (Attachment 2) or a letter, signed by the appropriate approving official, with all required items included in the text and/or attachments (Attachment 3).

3.4.1. The following statement must be included in every submission for a time-off award: “I have considered fully the wage costs and productivity loss in granting this time-off award. The amount of time off granted is commensurate with the individual’s contribution or accomplishment. I also considered the unit’s workload and unit employees’ leave projections and certify that the employee can schedule the time off in addition to other scheduled leave. I also considered other available forms of recognition in determining the amount of this time-off award.”

GARY J. OOS  
Civilian Personnel Officer

***Attachments:***

1. Sample Standard Form 52, Request for Personnel Action
2. Sample AF Form 1768, Staff Summary Sheet
3. Sample Letter



SAMPLE STANDARD FORM 52, REQUEST FOR PERSONNEL ACTION

Standard Form 52 (SF-52) (Derive, Perform PRO) Rev. 7/01 U.S. Office of Personnel Management FPM Supp. 296-33, Subch. 3

REQUEST FOR PERSONNEL ACTION

PART A - Requesting Office (Also complete Part B, Items 1, 7-22, 32, 33, 36 and 39.)

1. Actions Requested: Time Off Award (8 hours or less) 2. Request Number 3. For Additional Information Call (Name and Telephone Number) 4. Proposed Effective Date: 01-01-00

5. Action Requested By (Typed Name, Title, Signature, and Request Date) SUPERVISOR 6. Action Authorized By (Typed Name, Title, Signature, and Concurrence Date) APPROVAL SIGNATURE (IF REQUIRED)

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 (Last, First, Middle): EMPLOYEE'S NAME (GROUP AWARD ATTACH LIST) 2. Social Security Number: 000-00-0000 3. Date of Birth 4. Effective Date

FIRST ACTION: 5-A. Code: 872 5-B. Nature of Action: TIME OFF AWARD 5-C. Code: V3E 5-D. Legal Authority: 5 U.S.C. 4502(e) 5-E. Code 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 JOB TITLE

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 ORGANIZATION

EMPLOYEE DATA: 23. Veterans Preference 24. Tenure 25. Agency Use 26. Veterans Preference for RIF 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 35. FLSA Category 36. Appropriation Code 37. Bargaining Unit Status 38. Duty Station Code 39. Duty Station (City-Country-State or Overseas Location)

40. Agency Data 41. 42. 43. 44. 45. Education Level 46. Year Degree Attained 47. Academic Discipline 48. Functional Class 49. Citizenship 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

**Certification Statement:**

"I have considered the wage costs and productivity loss in granting this time off award. The amount of time off granted is commensurate with the individual's contribution or accomplishment. I also considered the unit's workload and unit employee's leave projections and certify that the employee can schedule the time-off in addition to other scheduled leave no later than \_\_\_\_\_ (date not to exceed 120 calendar days from submitting the time off award for approval, if possible; otherwise, not to exceed 1 year). I also considered other available forms of recognition in determining the amount of this time off award."

Attach copy of justification (Ae.g., AF Form 1206 for Civilian of the Quarter/Year or other appropriate documentation).

**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 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)
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**PART F - Remarks for SF 50**

**SAMPLE AF FORM 1768, STAFF SUMMARY SHEET**

STAFF SUMMARY SHEET						
TO	ACTION	SIGNATURE (Surname), GRADE AND DATE		TO	ACTION	SIGNATURE (Surname), GRADE AND DATE
1	42 MSS/ DPCE	Disp		6		
2	Organ/CC	Sign		7		
3				8		
4				9		
5				10		
SURNAME OF ACTION OFFICER AND GRADE		SYMBOL	PHONE		TYPIST'S INITIALS	SUSPENSE DATE
Recommending Official Name		Office Symbol	Phone Number			
SUBJECT						DATE
Time-Off Award - (Name and SSN) (Group Award attach list of names)						
SUMMARY						
<p>1. Justify time-off by explaining how the employee merits the award.</p> <p>Example: This award recognizes (employee's full name) for outstanding service, dedication, and other noteworthy contributions to (organization) mission during the year. Explain the achievement in a short paragraph or two justifying the award. If the award is based on his/her selection as Civilian of the Quarter/Year attach copy of Nomination, AF Form 1206.</p> <p>2. Certification Statement: "I have considered fully the wage costs and productivity loss in granting this time-off award. The amount of time-off granted is commensurate with the individual's contribution or accomplishment. I also considered the unit's workload and unit employees' leave projections and certify that the employee can schedule the time-off in addition to other scheduled leave. I also considered other available forms of recognition in determining the amount of this time-off award."</p> <p>3. RECOMMENDATION: Approval. (Organizational Commander) sign AF Form 1768 granting (employee) (number of hours) time-off.</p>						
RECOMMENDING OFFICIAL			APPROVING OFFICIAL			
(Signature Block)			(Signature Block)			
Date _____			Date _____			
			Tab Nomination, AF Form 1206			

**SAMPLE LETTER**

MEMORANDUM FOR 42 MSS/DPCE

FROM: ORGANIZATION COMMANDER

SUBJECT: Time-Off Award(s) in Excess of 8 Hours

1. This letter authorizes a time-off award of \_\_\_ hours for \_\_\_\_\_.  
Employee's Name, SSN

(For a group of employees, provide a list as an attachment.) The justification for this time-off award is \_\_\_\_\_.

(Or you may attach documentation of the justification, such as an AF Form 1206 or AF Form 1768. When a time-off award is used a performance award, state that the AF Form 860A is the justification.) The effective date of the award is the date of this letter.

2. I have considered fully the wage costs and productivity loss in granting this time-off award. The amount of time off granted is commensurate with the individual's contribution or accomplishment. I also considered the unit's workload and unit employees' leave projections and certify that the employee(s) can schedule the time off in addition to other scheduled leave. I also considered other available forms of recognition in determining the amount of this time-off award.

**(Mandatory statement per AFI 36-1004, para 3.4.1.)**

COMMANDER'S SIGNATURE BLOCK