

## REQUEST FOR PERSONNEL ACTION

**PART A - Requesting Office** (Also complete Part B, Items 1, 7-22, 32, 33, 36, 39 and 44.)

1. Actions Requested		2. Request Number
3. For Additional Information Call (Name and Telephone Number)		4. Proposed Effective Date
5. Action Requested By (Typed Name, Title, Signature and Request Date)	6. Action Authorized By (Typed Name, Title, Signature and Concurrence Date)	

**PART B - For preparation of SI-650** (Show dates in month-day-year order.)

1. Name (Last, First, Middle)		2. Social Security Number	3. Date Of Birth	4. Effective Date							
<b>First Action</b>		<b>Second Action</b>									
5-A. Code	5-B. Nature of Action		6-A. Code	6-B. Nature of Action							
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. Salary	13. Pay Basis	16. Pay Plan	17. Occ. Code	18. Grade or Level	19. Step or Rate	20. Salary/Award	21. Pay Basis
14. Organization Name						22. Organization Name Smithsonian Institution Astrophysical Observatory					

**EMPLOYEE DATA**

23. Veterans Status		24. Type of Appointment		25. Agency Use	26. Sex		
1-None 6-30% Comp.		8-Indefinite 9-Temporary					
27. Life Insurance		28. Health Insurance		29. Pay-Rate Determinant			
1-Eligible 2-Ineligible		1-Eligible 2-Ineligible					
30. Retirement Coverage		31. Service Comp. Date		32. Work Schedule		33. Part-Time Hours	
1-CS 3-TIAA 5-TIAA/FICA 2-FICA 4-None 6-PAN SOC SEC				F-Full-time P-Part-time I-Intermittent		Per Biweekly Pay Period	
34. NTE Date		35. FSLA Category E-Exempt N-Nonexempt		36. Organizational Structure Code		37. Bargaining Unit Status	
38. Duty Station Code		39. Duty Station (City-County-State or Overseas Location)					
40. Agency Data	41.	42.	43.	44. Designated Code & Dept. ID			
45. Educational Level	46. Year Degree Attained	47. Academic Discipline	48. Functional Class	49. Citizenship 1-USA 8-Other	50. Vietnam Era Vet V-Yes N-No		51. Supervisory Code

**PART C - Reviews and Approval** (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 Trust Fund personnel policies.			Signature		Approval Date

CONTINUED ON REVERSE SIDE

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