

REQUEST FOR PERSONNEL ACTION - NON-U.S. (GERMANY)
(AE Reg 690-70)

PART I - Requesting Office (Also complete part II, items 1, 7-14, 21, 27, and 29.)

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, Request Date)		6. Action Authorized By (Typed Name, Title, Signature, Request Date)	

PART II - For Preparation of AE Form 690-70E

1. Name (Last, First, Middle)		2. Date of Birth	3. Citizenship Code	4. EIN (Pers Nr)
5. Address		6. Place of Birth		
7. Payroll Number		8. Working Hours (Per Week, Shift Work, etc.)		
9a. Nature of Action Code	9b. Nature of Action		10. Effective Date	

FROM					POSITION DATA					TO	
11. Pay Plan	12. Occ. Code	13. Grade	14. Step	15. Work Schedule	18. Pay Plan	19. Occ. Code	20. Grade	21. Step	22. Work Schedule		
16. Position Title and Number					23. Position Title and Number						
17. Organization and Duty Location					24. Organization and Duty Location						
25. Position Tenure <input type="checkbox"/> Indef <input type="checkbox"/> Temp NTE _____ or see remarks					26. AMS Code		27. Fiscal Station Code		28. APC		
29. Emergency essential <input type="checkbox"/> Yes <input type="checkbox"/> No				30. TDA Data		31. Cmd Code		32. UIC		33. Org Code	

EMPLOYEE DATA

34. Breakdown of Basic Compensation		Euro	35. Other Payments		Euro
a. Wage/Salary Per Month	€		a. Severity Allowance	€	
b. Leader/Meister Supplement	€		b. Functional Allowance	€	
c. Personal Supplement	€		c. Clothing Allowance	€	
d. Pay Protection	€		d. Laundry Allowance	€	
e. Overtariff Pay Supplement	€		e. Incumbency Allowance	€	
f.	€		f.	€	
g. Total Basic Compensation (Per Month)	€		g.	€	
36a. Prob Period Ends On		b. EOD Date - Art 8		c. EOD Date - U.S. Forces	

PART III - Clearances

1. Office/Function	Initials/Signature	Date	1. Office/Function	Initials/Signature	Date
a. Works Council Notification			e. Recruitment		
b. Resource Management Office			f. Employment Services		
c. PM&C			g. CPAC		
d. Training and Development					

PART IV - Remarks by Requesting Office

Remarks by requesting office (Note to supervisors: If the action requested is an employee resignation and if you do not know of additional or conflicting reasons for the resignation, please state these facts.)

PART V - Remarks for SF 50

Remarks

PART VI - Employee Resignation/Retirement

1. Resignation information/ *Kündigungsangaben*

I resign from my employment effective: *Ich kündige mein Beschäftigungsverhältnis zum:* _____

Reason (*Kündigungsgrund*):

Signature/*Unterschrift*

Date/*Datum*

Forwarding Address/*Adresse*