

REQUEST FOR PERSONNEL ACTION — NON-U.S. (GERMANY)

(AEA Reg 690-70)

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

1. Action requested	2. Request number
3. For additional information call (name and telephone number)	4. Proposed effective date (YYYYMMDD)
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 (YYYYMMDD)			
<div style="display: flex; justify-content: space-between;"> From Position Data To </div>									
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		31. 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. Prop period ends on (YYYYMMDD)			36b. EOD date - Art 8 (YYYYMMDD)			36c. EOD date - U.S. Forces (YYYYMMDD)			

PART III — Clearances					
1. Office/function		Date	Initials/signature	1. Office/function	
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:*

Forwarding address / <i>Adresse</i>	Date / <i>Datum</i>	Signature / <i>Unterschrift</i>