

DIRECTIVES CONTROL FORM - ORO O FINAL DIRECTIVE

PART A (To be completed by the Division of Primary Interest (DPI))

1. **NUMBER AND TITLE OF DIRECTIVE:** **ORO O 320, Chapter II, Chg. 2, PROCESSING PERSONNEL ACTIONS**
2. **PURPOSE OF TRANSMITTAL:** New Directive Revised Directive Page Change
3. **THIS DOCUMENT MAY AFFECT THE WORK PERFORMED BY THE FOLLOWING CONTRACTORS:** (Check appropriate boxes)

No (all contractors)

Yes If yes, whom? BWXT Y-12 UT-B ORAU SURA
 Bechtel Jacobs Company

Other contractors (list by type)

Many ORO contractors have approved S/RIDs or WSS sets that may affect applicability of contractor requirements from this directive. Applicability of contractor requirements must take into account the approved standards set for each particular contract.

4. **SIGNIFICANT PROVISIONS:** Are there any significant changes or impact?

No Yes If yes, describe: This chapter is part of the ORO sunset review process. Changes to the chapter include minor editorial revisions and an update to the references listed in paragraph 6.

5. **CONTACT POINT:** Michael Blaylock Personnel & Management Analysis Branch, AD-443 576-0130
Name Organization Telephone

PART B (To be completed by the Directives Management Group (DMG)):

6. **FILING INSTRUCTIONS:**

<u>Remove</u>	<u>Dated</u>	<u>Insert</u>	<u>Dated</u>
ORO O 320, Chapter II, Chg. 1, Pages II-1 through II-5	02/26/1999	ORO O Control Form ORO O 320, Chapter II, Chg. 2, Pages II-1 through II-5	10/12/2001 10/12/2001

ORO Orders are available on the ORO Directives Management Home Page at http://www.ornl.gov/doe_oro_dmg/orchklst.htm. The ORO Orders will no longer be mailed in printed copy unless you do not have Internet capabilities.

7. **APPROVED FOR DISTRIBUTION IN ACCORDANCE WITH THE OFFICIAL DIRECTIVES DISTRIBUTION LIST:**

Original signed by

Kenneth W. Warden, AD-440
Signature Management Analyst, AD-440

10/12/2001
Date

INSTRUCTIONS TO ADDRESSEES: THIS FORM IS TO BE FILED WITH THE DIRECTIVE AND RETAINED

Rev. 10/12/2000

U.S. Department of Energy

Oak Ridge Operations

ORO O 320 Chapter II Chg. 2

DATE: 10/12/2001

SUBJECT: PROCESSING PERSONNEL ACTIONS

1. PURPOSE. This chapter assigns responsibility and accountability and provides administrative guidance to Oak Ridge Operations (ORO) and Office of Scientific and Technical Information (OSTI) for processing personnel actions. Nothing in this issuance changes any requirements contained in any DOE directive.
2. CANCELLATION. This chapter cancels and replaces ORO O 320, Chapter II, Chg. 1, PROCESSING PERSONNEL ACTIONS, dated February 26, 1999.
3. APPLICABILITY. The provisions of this chapter apply to all ORO and OSTI requests for personnel and/or position actions.
4. RESPONSIBILITIES.
 - a. Supervisors and Managers initiate personnel and/or position actions in accordance with paragraph 5 of this chapter.
 - b. Director, Human Resources Division, completes the processing of personnel and/or position actions in accordance with The Guide to Processing Personnel Actions, the DOE PAY/PERS Personnel On-Line Users Guide, and standard operating procedures.
5. REQUIREMENTS AND PROCEDURES.
 - a. SF-52, "Request for Personnel Action." Each requesting office consults with the appropriate Personnel Management Specialist, completes the following items as appropriate to the personnel and/or position action requested, and submits the SF-52 to the Human Resources Division along with any other required documentation, e.g., position descriptions for new jobs.
 - (1) Part A:
 - (a) Item 1. Fill in the type of personnel and/or position action(s) requested (e.g., recruitment, promotion, reassignment, establish position, redescribe position, etc.).
 - (b) Item 2. (Optional.) If desired, the originating office may insert a request number to assist in tracking personnel actions.
 - (c) Item 3. Provide the name and telephone number of the employee or supervisor most knowledgeable about the details of the request.
 - (d) Item 4. (Optional.) If desired, a proposed effective date of the personnel action may be specified. The letters ASAP may also be used or the field may be left blank.

- (e) Item 5. Use this block for the signature of the individual requesting the action.
 - (f) Item 6. This block must be signed by the immediate supervisor or other responsible individual with line authority over the affected employee and/or the position.
- (2) Part B. The requesting office need only complete Item 1 by filling in the name of the employee. All other items will be completed by the Personnel and Management Analysis Branch, Human Resources Division (PMAB).
 - (3) Part C. This part is to be completed by the PMAB.
 - (4) Part D. This part is to be used by the requesting office for any remarks, explanatory material, or specific instructions which will facilitate the processing of the request.
 - (5) Part E. This part is to be used only if the action is a resignation or retirement. The employee will fill in the reasons for the separation and give a forwarding address.
 - (6) Part F. This part is reserved for use of the PMAB for documenting remarks to be used on the SF-50, "Notification of Personnel Action."
- b. Position Description (PD's)
 - (1) Form OR F 3511.1. Completion of blocks 1, 2, 3, and 4 of this form is required of the requesting office. Instructions for completing and using this form and format are contained in ORO O 320, Chapter IX, POSITION CLASSIFICATION.
 - (2) Written Descriptions. Four copies of the applicable PD will be submitted with the SF-52.
6. REFERENCES.
- a. Office of Personnel Management, THE GUIDE TO PROCESSING PERSONNEL ACTIONS, which provides specific codes, procedures, and instructions for processing personnel actions.
 - b. DOE PAY/PERS PERSONNEL ON-LINE USERS GUIDE, which provides instructions for using the DOE computerized system for processing personnel actions.
 - c. ORO 320, Chapter VII, MERIT PROMOTION, Chg. 1, dated June 13, 2001, and any subsequent revisions, which establishes procedures for rating and ranking candidates for promotion and placement, and exceptions when competitive procedures need not be used.
 - d. ORO O 320, Chapter IX, Chg. 1, POSITION CLASSIFICATION, dated March 2, 1999, and any subsequent revisions, which prescribes policies, responsibilities, and procedures for describing and classifying positions within ORO and OSTI.

7. DEFINITIONS. None.
8. CONTRACTOR REQUIREMENTS DOCUMENT. None.
9. ATTACHMENT. Sample Standard Form 52.

Standard Form 52
Rev. 7/91
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 7-22, 32, 33, 36, and 39.)

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)		8. Action Authorized by (Typed Name, Title, Signature, and Concurrence Date)

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)	2. Social Security Number	3. Date of Birth	4. Effective Date
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FIRST ACTION		SECOND ACTION	
5-A. Code	5-B. Nature of Action	6-A. Code	6-B. Nature of Action
5-C. Code	5-D. Legal Authority	6-C. Code	6-D. Legal Authority
5-E. Code	5-F. Legal Authority	6-E. Code	6-F. Legal Authority

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. 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									

EMPLOYEE DATA

23. Veterans Preference				24. Tenure			25. Agency Use		26. Veterans Preference for RIF		
<input type="checkbox"/>	1 - None	3 - 10-Point/Disability	5 - 10-Point/Other	<input type="checkbox"/>	0 - None	2 - Conditional	<input type="checkbox"/>	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
<input type="checkbox"/>	2 - 5-Point	4 - 10-Point/Compensable	6 - 10-Point/Compensable/30%	<input type="checkbox"/>	1 - Permanent	3 - Indefinite					
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				Bi-weekly				Pay Period			

POSITION DATA

34. Position Occupied		35. FLSA Category		36. Appropriation Code		37. Bargaining Unit Status	
<input type="checkbox"/>	1 - Competitive Service	<input type="checkbox"/>	E - Exempt				
<input type="checkbox"/>	2 - Excepted Service	<input type="checkbox"/>	N - Nonexempt				
38. Duty Station Code		39. Duty Station (City - Country - State or Overseas Location)					

40. Agency Data	41.	42.	43.	44.		
45. Educational Level	46. Year Degree Attained	47. Academic Discipline	48. Functional Class	49. Citizenship	50. Veterans Status	51. Supervisory Status
				<input type="checkbox"/>	1 - USA	8 - Other

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

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 of 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 to determine 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)

PART F - Remarks for SF 50