PART	A - Red	uesting	Office	(Also	comp	lete Pa	rt B, Ite	ms 1, 7	- 22, 32, 33	3, 36	6 and 39	9.)					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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(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
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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 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)	
PART F - F	Remarks for SF 50			

Reason for furlough: Budget Control Act of 2011 as amended by the American Taxpayer Relief Act of 2012.

To be furloughed on discontinuous days between 08-JUL-2013 and 30-SEP-2013 not to exceed a maximum of 88 hours during the furlough period. Prior to the beginning of each pay period, your supervisor will inform you of the specific date(s) that you will be furloughed during the pay period.

Service credit for retirement, reduction-in-force, and leave accrual purposes continues for up to a maximum of 6 months in nonpay status per calendar year. FEGLI coverage continues until your time in nonpay status totals 12 months. (If while in nonpay status you receive pay during any part of a pay period, you are not considered to be in nonpay status for FEGLI purposes). Contact your serving Human Resources Office or see the FEGLI Handbook at http://www.opm.gov/insure for detailed information.

If you enter a leave without pay status or any other type of nonpay status or your pay is insufficient to cover your FEHB premium, then you must elect to either: (1) terminate your enrollment in FEHB, or (2) continue it for up to 365 days and agree to pay the premium or incur a debt. If you do not elect to terminate or continue your enrollment, it automatically terminates at the end of the last pay period in which you paid premiums. Contact your serving Human Resources Office or see the FEHB Handbook at http://www.opm.gov/insure for detailed information.

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46. Employing Depa Office of the Secr	rtment or Agency retary of Defense (DD01)		50. Signature/Authentication and Title of Approving Official Electronically Signed by:	
47. Agency Code	48. Personnel Office ID	49. Approval Date	(b)(6)	
DD01	1933	07/08/2013	DIRECTOR OF HUMAN RESOURCES	

PART	A - Rec	uesting	Office	(Also	comple	ete Pa	rt B, It	ems 1, 1	7 - 22, 32, 3.	3, 36	and 3	9.)									
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(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 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)	
PART F - Remarks for SF 50			

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PART	A - Ree	questing	Office (Also co	mplete l	Part B,	Items 1,	7 - 22, 32, 3	3, 36	and 3	39.)						
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(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
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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 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)	
PART F - R	emarks for SF 50			

Employee subject to post-employment restrictions under 18 U.S.C. 207(c).

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(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.

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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 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)	
PART F - Remarks for SF 50			

1. Name (I	Last, First,	Middle)				2. Socia	d Security N	umber	3. Date of Bi	rth	4. Effective	e Date	
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5-E. Coo	de	5–F. Legal Authority	y			6-E. Cod	e	6-F. L	egal Authority				
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45. Rema	rks												
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47. Agency DD01	y Code	48. Personnel Office 1933	ID	49. Approva 01/11/201		(b)(6 DIREC		IUMAN	RESOURCI	ES			
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PART	A - Re	questing	Office (Also coi	nplete P	Part B, I	tems 1, 7	- 22, 32, 3	3, 36	and 3	39.)						
1. Actions	Requested ne-Time P															est Num 305246	
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PART	B - For	r Preparat	tion of S	SF 50	(Use onl	ly code:	s in FPM	Suppleme	nt 29	92-1. 5	Show all date	es in m	onth-d	lay-year	orde	r.)	
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PART	C - Re	views and	d Appro	vals (Not to be	e used	by reques	ting office	.)	1 1					1		
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propose		in compliance w		and regul	atory requ	mements		7	ISSIST	IANT DI	RECTOR OF HU	MAN RES	SOURCE	S		01	00/2010

(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

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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 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)	
PART F - Remarks for SF 50			

1. Name (I	Last, First,	Middle)						Security N	umber	3. Date of Bi	rth	4. Effective	e Date	
MOORE	FIELD, F	REDERICK D					(b)(6)		(b)(6)		01/08/	2016	
FIRST	ACTIO	N					SECON	D ACT	ION					
5-A. Coo 879	le	5–B. Nature of Actio SES Performanc					6-A. Code		6-B. Na	ature of Action	í.			
5-C. Coo VWI		5–D. Legal Authorit 5 U.S.C. 5384	y			3	6–C. Code		6-D. L	egal Authority.	1			
5-E. Co	de	5–F. Legal Authority	Ŷ			9	6–E. Code		6-F. L	egal Authority				
DIR SPI		itle and Number POLICY & PRO 3	GRAMS		X				POLIC	iber CY & PROGI	RAMS			
8. Pay Plan ES	9. Occ. Code 0301	10, Grade or Level 1 00	1. Step or Rate 00	12. Total Salary \$167,299.00	13. Pay Bas PA	sis	16. Pay Plan	17. Occ. 0	Code 18	. Grade or Level	19.Step or Ra	te 20. Total Sa \$9,219.0		21. Pay Basis
12A. Basic P \$167,29	o en la	12B. Locality Adj. \$0	12C. Adj. 1 \$167,2		12D. Other Pay \$0	y :	20A. Basic Pa	y	20	B. Locality Adj.	20C. Adj.	Basic Pay	20D. Other	Pay
A06D 01 DOD CH DEP CIC DIR, SPI	DDAA IEF INF(), C4 & IN	on of Position's Orga CB 31FA00 DRMATION OFF NFO INFSTR CAF POLICY & PRO DC	ICER PABILITIE	s	1		A06D 01 DOD CHI DEP CIO,	DDAAC EF INFO C4 & IN CTRUM	CB 311 RMATI FO INF POLICY	ion's Organiza FA00 ION OFFICH STR CAPAE V & PROGR	ER BILITIES			
EMPL	OYEE I	DATA												
23. Vetera 1	ns Preferer 1 – None 2 – 5–Point	1Ce 3 – 10–Point/Disability 4 – 10–Point/Compense		- 10Point/Other - 10Point/Compensab	le/30%		m	– None – Permanent	2 – Condi 3 – Indefi	itional	ency Use	26. Veteran YES		e for RIF NO
27. FEGL		tion C (1x)				1	28. Annuita 9 N	nt Indicato ot Applic			ch.	29. Pay Rat 0	e Determin	ant
	ment Plan ERS and l	FICA		31. Service C 09/19/1989	Comp. Date (Lo	eave)		hedule ull-Time					ime Hours I Biweekly	
	ION DA	Constant and a second					· ·						Pay Period	
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45. Rema	rks													
10000 C		tment or Agency retary of Defense (l	DD01)				50. Signati Electroni			and Title of Ap	proving Offi	icial		
47. Agency DD01	y Code	48. Personnel Office 1933	ID	49. Approva 01/08/201			(b)(6) ASSISTA	NT DIR	ECTOR	OF HUMAN	RESOUR	CES		
5-Part 50-3	16		2	OPE Conv	Loug Tours	Deser		TDECT	DOV			Editions24id	-100/16A0d1	Sot Usable After 6/30/93

PART	A - Rec	uesting	Office	Also	comple	ete Par	t B, Ite	ms 1, 7	- 22, 32, 3	3, 36	and 39	.)						
1. Actions I																2. Reque 16JAN		ber TP270794
3. For Addi	tional Inform	nation Call (Na	me and `	Telephor	ne Numbe	er)										4. Propo 01/10/2		ective Date
5. Action R	equested B	y (Typed Name	e, Title, S	Signature	, and Red	quest Da	ate)		6. Action	Autho	orized By	(Typed Nam	e, Title, S	Signatu	ire, and	Concurre	ence Da	te)
(b)(6)									(b)(6)								
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PART	B - For	Preparat	ion o	f SF :	50 (Use	e only d	codes	in FPM :	Suppleme	nt 2	92-1. SI	how all date	s in m	onth-	day-ye	ar orde	r.)	
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MOORE	FIELD, FR	REDERICK D	1						[(h)	(6)		Ch)(6)		01	/10/201	6
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5-A. Code	5-B. Natur	e of Action							6-A. Code									
891	Reg Perf	Pay							-									
5-C. Code	5-D. Legal	Authority							6-C. Code	6-D	. Legal A	uthority						
Q3A	5 CFR 53	4.404 & 534.5	04															
5-E. Code	5-F. Legal	Authority							6-E. Code	6-F	. Legal A	uthority						
7. FROM:	Position	Title and Nu	mber						15. TO: Position Title and Number									
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8. Pay Plan 9	Occ. Code	10. Grade or Level	11. Step or	r Rate 12.	Total Salary	/	13	3. Pay Basis	16. Pay Plan	17. Oc	c. Code 1	8. Grade or Level	19. Step (or Rate	20. Total S	Salary/Award	i i	21. Pay Basis
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a pursue of the second second	n Occupied					35. ELS	A Categ	JORY	36. Appro	oriatio	on Code				Ŀ	37. Barga	inina U	nit Status
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В.									E.									
C.									F.									
		at the information compliance w						at the	Signature Approval Da (h)(6) Human Resources Specialist 01/10/201									

(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.

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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)	
PART F - R	emarks for SF 50			

Employee subject to post-employment restrictions under 18 U.S.C. 207(c).

1. Name (Last, First, Middle) MOOREFIELD, FREDERICK D						2. Social Security Number 3. Date of Birth (b)(6) (b)(6)			h	4. Effective Date 01/10/2016			
FIRST							ND ACT	ION			01/10/2		
5-A. Cod 891		5–B. Nature of Acti Reg Perf Pay	on			6-A. Co			ature of Action				
5-C. Cod Q3A	le	5–D. Legal Authori 5 CFR 534.404 &				6-C. Co	le	6-D. I	egal Authority				
5-E. Cod	le	5–F. Legal Authorit	ty			6-E. Co	le	6-F. L	egal Authority				
DIR SPE		itle and Number POLICY & PRC 3	OGRAMS			DIR S	Position Title SPECTRUN S1903-37462	1 POLIC	iber CY & PROGR	AMS			
8. Pay Plan ES	9. Occ. Code 0301	10. Grade or Level 1 00	11. Step or Ra 00	te 12. Total Salary \$167,299.00	13. Pay Basis PA	16. Pay Pl ES	an 17. Occ. 0301	Code 18	Grade or Level	19.Step or Rat 00	e 20. Total Sala \$169,068	unders.	21. Pay Basis PA
12A. Basic Pa		12B. Locality Adj.	10.00 million (10.000.000	Basic Pay	12D. Other Pay	20A. Basic	10000 P.C. 1		B. Locality Adj.	20C. Adj.		20D. Other	Pay
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27. FEGLI		tion C (1x)					itant Indicat Not Appli	or			29. Pay Rate		
30. Retirer					Comp. Date (Leave)		Schedule				33. Part-Ti	me Hours I Biweekly	Per 🛛
K FI	ERS and I	and a second co		09/19/1989		F	Full-Time					Pay Period	
	n Occupied			35. FLSA Ca	itegory	36. Appr	opriation Co	de			37. Bargain	ing Unit St	atus
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38. Duty S 51190601		e			tion (City – County N / ARLINGTO			cation)					
40. Agency	Data	41.		42.	43. TO:APC	:150100	44.						
45, Remar Employ	ks yee su	bject to po	st-emp]	oyment res	strictions	under	18 U.S.	C. 20	7(c).				
		tment or Agency etary of Defense (DD01)			Electro	onically Sig		and Title of App	proving Offic	cial		
47. Agency DD01	Code	48. Personnel Office 1933	e ID	49. Approva 01/10/201		(b)(6 Huma) n Resources	Special	ist				
5-Part 50-31	6										Editions 24in	-0016.01	Sot Usable After 6/30/93

PART	A - Re	questing	Office (Al	so comp	lete Pa	rt B, Ite	ms 1, 7	- 22, 32, 33	3, 36	and 39	9.)								
1. Actions																est Num 349351	ber 3-10265		
3. For Add	itional Infor	mation Call (Na	ame and Telepi	hone Num	ber)										4. Propo 01/07/2		ective Date		
5. Action R	lequested I	By (Typed Nam	e, Title, Signat	ure, and R	Request [Date)		6. Action A	Author	rized By	(Typed Name	e, Title, S	Signatu	re, and (Concurr	ence Da	te)		
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7. FROM	Position	Title and Nu	Imber					15. TO: Position Title and Number											
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8. Pay Plan 9		10. Grade or Level	CONCERN."				3. Pay Basis	16. Pay Plan	17. Occ.	Code 1	8. Grade or Level	19. Step o	or Rate 2			d	21. Pay Basis		
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	ION D	ATA														rayro	3100		
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		hat the informat in compliance w					at the		UPER		HUMAN RESO	URCES SF	PECIALI	IST			oval Date /07/2017		
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(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.

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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)	
PART F - Remarks for SF 50			

1. Name (I	last, First, I	Middle)				2. 5	Social Se	curity Nu	umber	3. Date of	Birth	_	4. Effective	Date	
MOORE	FIELD, F	REDERICK D				(b)(6)			(b)(6)		01/07/2	2017	
FIRST	ACTIO	N				SEC	COND	ACT	ION						
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5-C. Coo VWI		5–D. Legal Authorit 5 U.S.C. 5384	y			6-C.	Code		6-D. L	egal Autho	rity				
5-E. Co	le	5–F. Legal Authority	(6-Е.	Code		6-F. Le	egal Autho	rity				
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8. Pay Plan ES	9. Occ. Code 0301	10. Grade or Level 1 00	1. Step or Rate 00	12. Total Salary \$169,068.00	13. Pay Ba PA	ısis 16. Pa	y Plan	17. Occ. C	Code 18.	Grade or Le	vel 19,5	Step or Rate	e 20. Total Sal: \$17,415.		21. Pay Basis
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27. FEGL		tion C (1x)				28. A 9		Indicato t Applic			63		29. Pay Rat 0	e Determin	ant
	ment Plan ERS and I	FICA		31. Service C 09/19/1989	Comp. Date (L	eave) 32. W	ork Sch	edule Il-Time						me Hours I Biweekly Pay Period	Per
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38. Duty S	Excepted Servi		erved	39. Duty Sta	- Nonexempt tion (City - Co	ounty – State	or Ove		1221100072200				8888		
5119060	13			PENTAGO	N / ARLING	GTON / VI	RGINL	A							
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45. Rema	rks														
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PART	A - Ree	questing	Office (Also con	nplete P	art B,	Item	s 1, 7 ·	22, 32, 3	3, 36	and 3	39.)								
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(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
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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 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)
	emarks for SF 50		

Employee subject to post-employment restrictions under 18 U.S.C. 207(c).

1. Name (Last, First, Middle) MOOREFIELD, FREDERICK D					2.	2. Social Security Number 3. Date of Birth (b)(6) (b)(6)				4. Effective Date 01/08/2017					
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PART	B - For	Preparation	of SF 5	50 (Us	se only c	odes i	n FPM S	Supplemen	nt 29	92-1. SI	how all date	s in m	onth-d	ay-year ord	er.)			
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В.		Electronically	Signed by	: (b)((6)	10/0	4/2017	E.										
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					F. Signature					13		App	roval Date					
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.						the	Electronically Signed by (b)(6) HUMAN RESOURCES SPECIALIST (RECRUITMENT AND PLACEM 09/28/2017											

(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 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)	
PART F - Remarks for SF 50			

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DD01 1933 09/28/2017 HUMAN RESOURCES SPECIALIST (RECRUITMENT/PLACEMENT)	47. Agency Code	48. Personnel Office ID	49. Approval Date	(b)(6)
	DD01	1933	09/28/2017	HUMAN RESOURCES SPECIALIST (RECRUITMENT/PLACEMENT)

1. Actions I Award/O										2. Request Number MAW:3849926-11258					
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propose	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.							Electronically Signed by						01/06/201	

(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 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)	
PART F - Remarks for SF 50			

1. Name (Last, First, Middle)								2. Social Security Number 3. Date of Birth 4. Effective					ive Date				
MOORE	FIELD, F	REDERICK D						(b)	(6)		-	(h))(6)		01/0	6/2018	
FIRST	ACTIO	N						SECO	ND /	ACTI	ION						
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с.								F.					_	-		
 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. 						at the	Signature Electronically Signed by: Human Resources Specialist Approval Date 01/07/2018									

(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 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)	
PART F - R	emarks for SF 50			

Employee subject to post-employment restrictions under 18 U.S.C. 207(c).

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PART	A - Re	questing	Office (Also	o comp	olete Pa	rt B, Ite	ems 1, 7	- 22, 32, 3	3, 36 a	and 3	39.)						
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(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 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)							
PART F - Remarks for SF 50										

Changes data element(s) in block(s) 48.

Stand	ard Form 50
Rev. 7	//91
U.S. C	Office of Personnel Management
FPM S	Supp. 296-33, Subch. 4

1. Name (Last, First, Middle)					2. Social Security Number (b)(6)			3. Date of Birth		4. Effective Date					
MOOREFIELD, FREDERICK D											08/05/2018				
								SECOND ACTION 6-A. Code 6-B. Nature of Action							
5-A. Code 800	e 5–B. Nature of Action Change in Data Element					6-A. Code		6-В. N	ature of Actio	'n					
5-C. Code 5-D. Legal Authority CGM 5 U.S.C. 552a(E)(5)					6-C. Code	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 DIR SPECTRUM POLICY & PROGRAMS DDES1903-374623					15. TO: Position Title and Number DIR SPECTRUM POLICY & PROGRAMS DDES1903-374623										
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46. Employing Department or Agency Office of the Secretary of Defense (DD01)					50. Signature/Authentication and Title of Approving Official Electronically Signed by:										
47. Agency Code48. Personnel Office ID49. Approval DateDD01193608/05/2018															
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PARI	A - Re	questing	Office (Al	so comp	olete Pa	rt B, Itel	ms 1, 7	- 22, 32, 3	3, 36	and 3	<i>19.)</i>					
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(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 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)	
PART F - Remarks for SF 50			

Stan	dard Form 50
Rev.	7/91
U.S.	Office of Personnel Management
FPM	Supp. 296-33, Subch, 4

NOTIFICATION AND PERSON NELL, ACTION

1. Name (I	Name (Last, First, Middle)						2. Social Security Number 3. Date of Birth			irth	4. Effective Date				
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Office o	f the Secr	tment or Agency etary of Defense (l	- <u>-</u>				50. Signature/Authentication and Title of Approving Official Electronically Signed by:								
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PART	A - Re	questing	Office (Al	so comp	olete Pa	rt B, It	ems 1, 7	- 22, 32, 3	3, 36	and 39).)						Sec. Sec.
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PART	C - Re	views and	Approv	als (No	t to be	used b	y reques	ting office	.)				-		1 - 1		
	e / Functio	n	Initials / Sig	nature			Date	Office		ction	1	Initials	s / Sign	ature			Date
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(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 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)	
PART F - R	emarks for SF 50			

Employee subject to post-employment restrictions under 18 U.S.C. 207(c).

NOTIFICATION OF PERSON NELL, ACTION

1. Name (Last, First, Middle) MOOREFIELD, FREDERI	скр			2. Social Security Number 3. Date of (b)(6) (b)(6)			3. Date of Birth	Charles and the second s					
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	re of Action f Pav			6-A. Cod			ture of Action						
	l Authority			6-C. Cod	le	6-D. L	egal Authority						
5-E. Code 5-F. Lega ZLM E.O. 13	Authority 366			6-E. Code 6-F. Legal Authority									
7. FROM: Position Title and N DIR SPECTRUM POLICY DDES1903-374623				15. TO: Position Title and Number DIR SPECTRUM POLICY & PROGRAMS DDES1903-374623									
8. Pay Plan 9. Occ. Code 10. Grad ES 0301 00	e or Level 11. Step or Rat 00	2 12. Total Salary \$174,500.00	13. Pay Basis PA	16. Pay Pla ES				The second s	or Rate 20. Total Salary/Aws \$176,900.00		21. Pay Basis PA		
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38. Duty Station Code 511906013			ion (City – County N / ARLINGTON	y – State or Overseas Location) DN / VIRGINIA									
40. Agency Data 41.	4	2.	43. TO:APC:	150100	44.								
45, Remarks Employee subject	to post-empl	oyment res	strictions w	under	18 U.S.(C. 20'	7(c).						
Office of the Secretary of I	46. Employing Department or Agency Office of the Secretary of Defense (DD01) 47. Agency Code 48. Personnel Office ID 49. Approval Date					50. Signature/Authentication and Title of Approving Official Electronically Signed by: (b)(6)							
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5. Action R	equested E	By (Typed Name	e, Title, Signatu	re, and R	Request L	Date)		6. Action Authorized By (Typed Name, Title, Signature, and Concurrence Date)								te)	
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		hat the information of the infor					at the	Signature Electronically Signed by: (1)(6) DIRECTOR, WHS, HUMAN RESOURCES 01/03/202									

(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 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)	
PART F - Remarks for SF 50			

Stan	dard Form 50
Rev.	7/91
U.S.	Office of Personnel Management
FPM	Supp. 296-33, Subch. 4

NOTIFICATION AND PERSON NELL, ACTION

1. Name (I	Last, First,	Middle)		2. Social Security Number 3. Date of Birth					h	4. Effective Date								
MOORE	FIELD, F	REDERICK D					(b)(6)			(b)	(6)		01/03/	2020			
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3. For Add	litional Info	rmation Call (Na	ame and Teleph	one Num	nber)									oposed 5/2020	Effective Date
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5-E. Code	5-F. Lega	al Authority						6-E. Code	6-F. Lega	al Authority					
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			ion entered on t vith statutory and				at the		Electronically	Signed by:	NFO SPE	CIALIST		1	Approval Date 01/05/2020
CONTRA		DEVEDOE	CIDE							-	distance -	Inter to 7	104 A		

(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 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)	
PART F - R	emarks for SF 50			

Employee subject to post-employment restrictions under 18 U.S.C. 207(c).

Stan	dard Form 50
Rev.	7/91
U.S.	Office of Personnel Management
FPM	Supp. 296-33, Subch, 4

NOTIFICATION AND PERSON NELL, ACTION

1. Name (L	ast, First,	Middle)				2. Social Security Number 3. Date of Birth					4. Effective Date				
MOORE	FIELD, F	REDERICK D				(b)(6	5)		(b)(6)		01/05/2	2020			
FIRST	ACTIO	N				SECON	DACT	ION							
5-A. Cod 891	le	5–B. Nature of Actio Reg Perf Pay	on			6-A. Code		6-B. Na	ture of Action	l. B					
5-C. Cod Q3A	le	5–D. Legal Authorit 5 CFR 534.404 &				6-C. Code		6-D. L	egal Authority	8					
5-E. Cod	ie	5–F. Legal Authorit				6-E. Code		6-F. L	egal Authority	2					
DIR SPH		itle and Number POLICY & PRO 3	GRAMS			a second and the second second second		POLIC	iber CY & PROGF	RAMS					
8. Pay Plan ES	9. Occ. Code 0301	10. Grade or Level 1 00	11. Step or Rate	12. Total Salary \$176,900.00	13. Pay Basis PA	16. Pay Plan ES	17. Occ. 0 0301	Code 18.	Grade or Level	19.Step or Ra 00	te 20. Total Sal \$181,500	21. Pay Basis PA			
12A. Basic Pa	ay	12B. Locality Adj.	12C. Adj.	Basic Pay	12D. Other Pay	20A. Basic Pay 20B. Locality Ad				20C. Adj.	. Basic Pay	20D. Other	Pay		
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EMPLO						1					1				
23. Vetera 1	ns Preferen 1 – None 2 – 5–Point	3 – 10–Point/Disability 4 – 10–Point/Compens		– 10–Point/Other – 10–Point/Compensab	de/30%		– None – Permanent	2 – Condi 3 – Indefi	tional	ency Use	26. Veteran YES		e for RIF NO		
27. FEGLI		tion C (1r)				28. Annuita					29. Pay Rate Determinant				
E1 B 30. Retire		tion C (1x)		21 Service (Comp. Data (Leave)	-	Not Applic	able	0 23 Part-Ti	ma Hours I	Por				
	ERS and I	FICA		09/19/1989	Comp. Date (Leave)	32. Work Schedule 33. Part-Time Hours Per F Full-Time Biweekly Pay Period									
POSIT	ION DA	ТА													
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The second second	tation Cod			39. Duty Sta	tion (City – County NN / ARLINGTO			cation)							
40. Agency	Data	41.	4	2.	43. TO:APC	:150100	44.								
45, Remar Emplo	ks yee su	bject to po	st-empl	oyment re:	strictions	under 1	8 U.S.(2. 20	7(c).						
Office o	f the Secr	tment or Agency etary of Defense (e <u>e</u> ar			Electroni	ture/Auther		and Title of Ap	proving Offi	icial				
47. Agency DD01	Code	48. Personnel Office 1936	e ID	49. Approv 01/05/202		(b)(6)	INFL MA	NACE	AENT INFO	CDECIAL	ICT				
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-	s Requested	questing	Office (Also	o comp	olete Pa	rt B, Ite	ems 1, 7	- 22, 32, 3	3, 36 an	d 39.)					est Num 636167-			
3. For Ad	ditional Infor	mation Call (Na	ame and Telepho	ne Nur	iber)	-											ective Date		
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5. Action	Requested E	3y (Typed Nami	e, Title, Signatur	e, and F	lequest i	Date)		6. Action	Authorize	d By (Typed Name	e, Title, ,	Signati	ure, and i	Concurr	ence Da	te)		
PAR	TB-Fo	Preparat	tion of SF	50 (II	se only	codes	in FPM	Suppleme	ont 292-1	1 She	ow all date	s in m	onth-	dav-vea	ar orde	r)			
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MOOR	EFIELD, F	REDERICK D)					(b)(6) (b)(6) 02/02/2020											
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790	Realignn																		
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UNM 5-E. Cod		MO DATED 2 al Authority	26 JUN 2019					6-E. Code	B-F Lo	aal Au	thority								
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7. FRO	M: Position	Title and Nu	mber					15. TO: Position Title and Number											
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23. Vete	rans Preferer							24. Tenu				25. Ag	ency U	se 26	6. Veter	ans Prefe	erence for		
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A.								D.											
в.								Е.											
C.								F.											
	 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. 										ed by (h)(A		8				roval Date 2/02/2020		

(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

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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)	
PART F - Remarks for SF 50			

NOTIFICATION AND PERSON NELL, ACTION

1. Name (I	Last, First,	Middle)		2. Social Security Number 3. Date of Birth						4. Effective Date									
MOORE	FIELD, F	REDERICK D					(b)(6)	61		(b)(6	5)		02/02/	2020				
FIRST	ACTIO	N					SECO	ND A	CTI	ON									
5-A. Coo 790	le	5–B. Nature of Actio Realignment	n				6-A. Cod	e		6-B. Na	ture of A	ction							
5-C. Coo UNM		5-D. Legal Authorit CIO MEMO DA	2	N 2019			6-C. Cod	e		6-D. Le	egal Auth	ority							
5-E. Co	de	5–F. Legal Authorit	y				6-E. Cod	6–E. Code 6–F. Legal Authority											
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8. Pay Plan ES	9. Occ. Code 0301	10. Grade or Level 1 00	1. Step or Rate 00	12. Total Salary \$181,500.00	1944 (Sec. 1944)	Pay Basis A	16. Pay Pla ES		Occ. Co 301		Grade or L 00	evel 19	9.Step or Rat 00	te 20. Total Sa \$181,50	21. Pay Basis PA				
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EMPL	OYEE I	DATA																	
23. Vetera	ns Preferen 1 - None	ICE 3 - 10-Point/Disability	5	- 10-Point/Other			24. Tenu	re 0 – None		2 - Conditi		5. Agen	cy Use		15 Preference	e for RIF			
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E1 B		tion C (1x)					28. Annu 9	itant Ind Not Ap						29. Pay Rat	te Determin	ant			
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	ERS and I	FICA		09/19/198		ite (Ecuve)	F	Full-T							Biweekly Pay Period	5			
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	ying Depar	tment or Agency					50. Sign	ature/Au	uthent	ication a	nd Title c	of Appr	roving Offi	icial					
Office o 47. Agency		etary of Defense () 48. Personnel Office	3 <u>19</u> 89	49. Appro	val Date		Electro	nically)	Signe	ed by:									
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PART	A - Rec	uesting	Office	(Also d	compl	ete Part	B, Iter	ms 1, 7	- 22, 32, 3	3, 36 and	39.)							
1. Actions f Reassign	nent														191 446	MÁYV 624	0.000	DAACB6
3 For Addi (b)(6)	tional Inform	nation Call (Na	ame and Te	elephone	Numb	ner)			~							ropose 15/202		tive Date
	equested B	y (Typed Nam	e, Title, Sig	gnature, a	and Re	equest Da	nte)		6. Action /	Authorized	By (Typed Nam	e, Title, S	Signature, a	and Con	currenc	ce Date)
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721	Reassign	nent																
5-C. Code	5-D. Legal	Authority							6-C. Code	6-D. Lega	al Aut	hority						
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5-E. Code	5-F. Legal	Authority							6-E. Code	6-F. Lega	al Aut	hority						
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45. Educat	ional Level	46. Year	Degree Atta	ained 4	17. Aca	ademic Di	iscipline		ctional Clas	s 49.	Citize	enship	50.	Veterans S	tatus	51. Sur	pervisor	y Status
17			1993		141001			00				SA 8-Oth				2		
PART	C - Rev	views and	d Appro	ovals	(Not	to be us	sed by	reques	ting office	.)								
1. Offic	e / Function			/ Signatu		-	D	ate	Office	/ Function	1		Initials	s / Signatu	re		C	Date
Α.		(b)(6)	nically Sign	nea by:	<u>(h)(</u>	51	03/1	0/2020	D.			Electroni	cally Si	gned by: ((b)(6)		03/2	25/2020
В.		Electron	nically Sign	ned by:	(b)(6	5)	03/2	3/2020	020 E.							(b)(6)		
с.		Electron	nically Sigr	ned by:	(h)(6	5)	03/2	4/2020	F.									
		at the informati compliance w						t the		Electronically SUPERVISO		d by: JMAN RESO	URCES SI	PECIALIST				val Date 5/2020

(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.

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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)
	Remarks for SF 50		

Continued employment in this position is subject to successful completion of a background security investigation and favorable adjudication. Failure to successfully meet/maintain these requirements may be grounds for termination.

This is a drug testing designated position.

Tenure as used for 5 U.S.C. is not applicable to the Senior Executive Service.

A TS/SCI security clearance is a condition of continued employment.

Employee is automatically cover under FERS, FERS-RAE, or FERS-FRAE.

Standard Form 50 Rev. 7/91 U.S. Office of Personnel Management FPM Supp. 296–33, Subch. 4

NOTIFICATION OF PERSON NELL, ACTION

1. Name (Last, First,	Middle)		2. Social Security Number 3. Date of Birth 4. Effective Date												
MOOREFIELD, F	REDERICK D				(b)(6)		(b)(6)			03/15/	2020			
FIRST ACTIC	N				SECO	ND ACT	ION								
5–A. Code 721	5–B. Nature of Action Reassignment				6-A. Coo	le	6-B. N	Nature of Act	on						
5-C. Code V5M	5–D. Legal Authority 5 U.S.C. 3395(a)(1				6-C. Co	le	6-D.	Legal Author	ity						
5-E. Code	5–F. Legal Authority				6-E. Cot	le	6-F.]	Legal Author	ity						
7. FROM: Position T DIR SPECTRUM DDES1903-37462	POLICY & PROC	GRAMS			DEPU	Position Title TY CHIEI 4036-69303	INFO		FOR (сомма	ND, CON	TROL A	ND COMPUTERS		
8. Pay Plan 9. Occ. Code ES 0301	Dispersed. No.	2702 ⁵⁸	. Total Salary \$181,500.00	13. Pay Basis PA	16. Pay Pl ES	an 17. Occ. 0301	Code 1	8. Grade or Lev 00	rel 19,8 0		20. Total Sal \$192,390	andra	21. Pay Basis PA		
12A. Basic Pay \$181,500.00	12B. Locality Adj. \$0	12C. Adj. Bas \$181,500	10000000000000000000000000000000000000	2D. Other Pay \$0	20A. Basic \$192,	Pay 390.00	2	0B. Locality A \$0	lj.	20C. Adj. B \$192,3		20D. Othe \$0	r Pay		
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45. Remarks CONTINUEd employment in this position is subject to successful completion of a background security investigation and favorable adjudication. Failure to successfully meet/maintain these requirements may be grounds for termination. This is a drug testing designated position. Tenure as used for 5 U.S.C. is not applicable to the Senior Executive Service. A TS/SCI security clearance is a condition of continued employment. Employee is automatically cover under FERS, FERS-RAE, or FERS-FRAE. 46. Employing Department or Agency 50. Signature/Authentication and Title of Approving Official															
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(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 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)	
PART F - Remarks for SF 50			

Standard	i Form 50
Rev. 7/91	í.
U.S. Offi	ce of Personnel Management
FPM Sur	on, 296-33, Subch, 4

NOTIFICATION ADD PERSON NELL, ACTION

1. Name (I	ast, First,	Middle)					2. Soci	al Secu	rity Nu	mber	3. Date of B	irth	4. Effective Date			
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(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
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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 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)	
PART F - R	emarks for SF 50			

Employee subject to post-employment restrictions under 18 U.S.C. 207(c).

NOTIFICATION OF PERSON NEW, ACTION

FIRST ACTION SECOND ACTION 6*A. Cells 5*R. Nature of Action 6*A. Color 6*A. C	1. Name (L	ast, First, I	Middle)				2. Social Security Number 3. Date of Birth					4. Effective Date				
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(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 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)	
PART F - Remarks for SF 50			

Standar	rd Form 50
Rev. 7/9	1
U.S. Of	fice of Personnel Management
FPM Su	nn, 296-33, Subch, 4

NOTIFICATION AND PERSON NELL, ACTION

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(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 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)	
PART F - R	emarks for SF 50			

Employee subject to post-employment restrictions under 18 U.S.C. 207(c).

NOTIFICATION OF PERSON NEW, ACTION

1. Name (L	ast, First,	Middle)		2. Social Security Number			3. Date of Birth		4. Effective Date				
MOORE	FIELD, F	REDERICK D				(b)(6	5)		(b)(6)		01/02/2	2022	
FIRST	ACTIO	N				SECON	DACT	ION					
5-A. Cod 891	e	5–B. Nature of Actio Reg Perf Pay	on			6-A. Code		6-B. Na	ture of Action	I.			
5-C. Cod Q3A	le	5–D. Legal Authorit 5 CFR 534.404 &	1			6-C. Code		6-D. L	egal Authority	7			
5-E. Cod	le	5–F. Legal Authorit				6-E. Code 6-F. Legal Authority							
	Y CHIEF	itle and Number INFO OFFICER 0	FOR COM	IMAND, CON	FROL AND COM	DEPUT	sition Title Y CHIEF 036-69303	INFO C		OR COMM	IAND, CON	TROL A	ND COMPUTERS
8. Pay Plan ES	9. Occ. Code 0301	10. Grade or Level 1 00	1. Step or Rate	12. Total Salary \$198,162.00	13. Pay Basis PA	16. Pay Plan 17. Occ. Code ES 0301		Code 18.	Grade or Level 00	19.Step or Ra	te 20. Total Sal: \$203,700	and and	21. Pay Basis PA
12A. Basic Pa	iy	12B. Locality Adj.	12C. Adj.	Basic Pay	12D. Other Pay	20A. Basic Pa	ay	201	B. Locality Adj.	20C. Adj.	. Basic Pay	20D. Other	Pay
\$198,162		\$0	\$198,1	62.00	\$0	\$203,70	0.00	S	50	\$203	,700.00	\$0	
14. Name and Location of Position's Organization A06D 01 DDAACB 31F000 DOD CHIEF INFORMATION OFFICER DEP CIO, COM, CNTRL & COMMS (C3) WASHINGTON, DC					A06D 01 DOD CHI	DDAAC EF INFO , COM, C	CB 31F RMATI NTRL &	on's Organiza 7000 ON OFFICH & COMMS (†	ER				
EMPLO	OYEE I	DATA											
23. Veteral 1	ns Preferer 1 – None 2 – 5–Point	ICE 3 – 10–Point/Disability 4 – 10–Point/Compensi		– 10–Point/Other – 10–Point/Compensab	le/30%		– None – Permanent	2 - Condit 3 - Indefin	tional	gency Use	26. Veteran YES		e for RIF NO
27. FEGLI		R. 64.			1		28. Annuitant Indicator 29. Pay Rate Determinant 9 Not Applicable 0						ant
E1 B 30. Retire		tion C (1x)		21 Samian (own Date (Leave)	9 N 32. Work S	1000	able			0 33. Part–Ti	ma Hours I	Don
	ERS and I	FICA		09/19/1989	omp. Date (Leave)	F Full-Time Biweekly Pay Period						rer	
POSIT	ION DA	ТА									1		
	Competitive Se	ervice 3 – SES General			tegory - Exempt - Nonexempt	36. Approp					37. Bargain 8888	ing Unit St	atus
38. Duty S 51190601			served	39. Duty Stat	100.000.000	y – State or Overseas Location)							
40. Agency	dien.	41.	4		43.	ti indi	44.						
genty				375 	TO:APC	:150100							
45. Remar Emplo:	ks yee su	bject to po	st-empl	oyment res	strictions	under 1	8 U.S.(2. 207	7(c).				
46. Employing Department or Agency Office of the Secretary of Defense (DD01)					50. Signature/Authentication and Title of Approving Official Electronically Signed by:								
47. Agency	Code	48. Personnel Office	e ID	49. Approva		(b)(6)	ATION 1		TION OF	CIALINE :	IID OVOTE	MO	
DD01 5-Part 50-31	6	1936	12	01/02/202	6				ATION SPE	CIALIST (ot Usable After 6/30/93

1. Actions Requested Award/One-Time Pa				art D, ne		. 22, 32, 3	<i>J</i> , <i>J</i> (Janu	55.7				79034	FWHSI	DAADC
(b)(6)	nation Call (Name and Tele	ephone I	Number)										4. Propo 09/30/2		ective Date
(b)(6)	r (Typed Name, Title, Sign SOURCES SPECIALIS'		1.0	t Date) 0/06/2022		6. Action Authorized By (Typed Name, Title, Signature, and Concurrent (b)(6) LEAD HUMAN RESOURCES SPECIALIST 10/							ence Da 0/06/202	14	
PART B - For	Preparation of S	SF 50	(Use onl	lv codes	in FPM S		ent 2	92-1.	Show all da	tes in r	nonth	-dav-ve	ear orde	r.)	
1. Name (Last, First, M	Caller Car Man (1997)					2. Social				3. Date			4. Effect	and the second se	
MOOREFIELD, FR	A BALLY OF THE RECOVERY AND COLEY.						(h)(6)		Ch)(6)	<u></u> [09	/30/202	2
FIRST ACTIO						SECO	and the owner where the party is not the party of the par	CONTRACTOR OF	and the second se						
5-A. Code 5-B. Nature						6-A. Code	e 6-B	. Natur	e of Action						
	al Rank Award					0.0.0-4		Land	A						
torestant encoder and the	5-C. Code 5-D. Legal Authority V8G 5 U.S.C. 4507(e)(2)). Legai	Authority						
	5-E. Code 5-F. Legal Authority							Legal	Authority						
	, iditionly					6-E. Code 6-F. Legal Authority									
7. FROM: Position		6030					TYC	HIEF	itle and Nu INFO OFF			OMMAN 030	ND, CON	TROL	AND COM
8. Pay Plan 9. Occ. Code 1	0. Grade or Level 11. Step or Ra	te 12. Tota	I Salary	1	3. Pay Basis	16. Pay Plan	17. Oc	c. Code	18. Grade or Lev	vel 19. Step	o or Rate	20. Total	Salary/Awar	d	21. Pay Bas
												\$71,2	95.00		
12A. Basic Pay	and the second sec	C. Adj. Bas		12D. Other	Pay	20A. Basic I	Pay		20B. Locality A	vdj.	20C.	Adj. Basic	Pay	20D. Oth	er Pay
\$203,700.00	\$.00 \$2 n of Position's Organization	.03,700.0	00						on of Position						
EMPLOYEE D 23. Veterans Preference 1 - None			5 - 10-Point/0	Other		24. Tenu	re 0 - No		2 - Condition		gency	Use	26. Vetera		
1 2 - 5-Point 27. FEGLI Basic + Op	4 - 10-Point/Compensa			Compensable	a/30%	0 28. Annu	<u>1 - Pe</u> itant I	rmanent ndicato	3 - Indefinite r				29, Pay F		
E1 30. Retirement Plan			31. Servic	ce Comp. D	ate	32. Work		Applica dule	lble				33. Part-1	Time Ho	irs Per
K FERS and I	FICA			09/19/1989				Time				ŀ	1	Biwee Pay P	kly
POSITION DA	TA													Tayı	linda
34. Position Occupied 3 1 - Competi 2 - Excepte 38. Duty Station Code			ed E	N - N	kempt onexempt	36. Appro	97010	001120					37. Barga 8888	aining Ur	nit Status
511906013			and the second second	TAGON,				Overse	eas Location)						
40. Agency Data	41.	42			43. TO:AF	C:150100	Ŋ	44.							
45. Educational Level	46. Year Degree Attai	ned 47	. Academi	c Discipline	e 48. Fur	ctional Cla	SS	49. 0	Citizenship	50	. Vete	rans Stat	tus 51.5	Supervis	ory Status
17	1993		1001		00				-USA 8-0	Other X]		2	201	36
PART C - Rev	iews and Appro	vals (Not to be	e used by	request	ting offic	e.)								
1. Office / Function		-			Date	Office	e / Fu	nction		Initia	ls / Sig	gnature	8		Date
Α.	Electronically Sign (b)(6)	ed by: (b)(6)	10/	06/2022	D.									
В.	Electronically Signe	d by: (b)(6)	10/	06/2022	E.									
с.	Electronically Signe	ed by: (b)(6)	10/	06/2022	F.									
	at the information entered of compliance with statutory				at the		Electro		signed by (b) esources Specia					1000	oval Date /30/2022

(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 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)	
PART F - Remarks for SF 50			

Standard Form 50 Rev. 7/91 U.S. Office of Personnel FPM Supp. 296–33, Sub-	. 7/91 Office of Personnel Management NOTIFICATION ACTION												
1. Name (Last, First,					The second se	al Security N	umber	3. Date o			4. Effectiv		
MOOREFIELD, I					(b)(ION	(b)(01		09/30/	2022	
FIRST ACTIO					-	ND ACT	-	National					
5-A. Code 878	5–B. Nature of Action Presidential Rank	Award			6-A. Co	le	0-В.	Nature of Ac	tion				
5-C. Code V8G	5-D. Legal Authority 5 U.S.C. 4507(e)(2)	1			6-C. Co	le	6-D	. Legal Auth	ority				
5-E. Code	5-F. Legal Authority				6-E. Coo	le	6-F.	. Legal Autho	ority				
7. FROM: Position T	Fitle and Number				DEPUT	Position Title Y CHIEF I 036-693030	NFO (FOR C	COMMAN	ND, CONT	ROL ANI	O COMPUTERS
8. Pay Plan 9. Occ. Cod	e 10. Grade or Level 11. S	Step or Rate 1	2. Total Salary	13. Pay Basis	16. Pay Pl	an 17. Occ.	Code	18. Grade or L	evel 19	9.Step or Rate	20. Total Sa \$71,295		21. Pay Basis
12A. Basic Pay \$203,700.00	12B. Locality Adj. \$.00	12C. Adj. Ba		12D. Other Pay	20A. Basic Pay			20B. Locality	Adj.	20C. Adj. I	Basic Pay	20D. Other	Pay
14. Name and Locat	Name and Location of Position's Organization					1 DDAAG HIEF INFO	CB 3 ORMA CNTRI	sition's Orga 31F000 TION OFF 2 & COMM	ICER				
EMPLOYEE						1 2 2 M					AC 11 -		4 DIE
23. Veterans Prefere 1 - None 2 - 5-Point	nce 3 – 10–Point/Disability 4 – 10–Point/Compensable		10–Point/Other 10–Point/Compensab	le/30%	24. Tenu 0	re 0 – None 1 – Permanent		onditional definite	. Agen	cy Use	26. Veteral YE	ns Preference S X N	e for RIF
27. FEGLI E1 Basic + O	otion C (1x)		2		28. Annu	itant Indicat	or				29. Pay Ra 0	te Determin	ant
30. Retirement Plan K FERS and	FICA		31. Service C 09/19/1989	Comp. Date (Leave) 32. Work Schedule 33. Part-Time Hours Per F Full-Time Pay Period						Per		
POSITION D	АТА				-								
34. Position Occupie	ed iervice 3 – SES General		35. FLSA Ca	tegory Exempt		opriation Co						ning Unit St	atus
3 2 - Excepted Ser 38. Duty Station Cod	vice 4 – SES Career Reserv	ved		- Nonexempt tion (City – Count	10000	970100112 Overseas Lo					8888		
511906013				N / ARLINGTO	and the second se		,						
40. Agency Data	41.	42.		43. TO:AP0	C:150100	44.							
45. Remarks							tion of	d Tida of An	neatin	or Official			
46. Employing Department or Agency Office of the Secretary of Defense (DD01)					Cast Control of the second	re/Authentica ally Signed		d Title of Ap	provin	ig Official			
47. Agency Code DD01	48. Personnel Office II 1936		. Approval Dat 9/30/2022		(b)(6)	an P		alalist					
DDVI	1750	05	130/2022		Supv Hum	an Resourc	es spe	cialist					-

PART	A - Red	questing	Office	(Also	compl	ete Pa	rt B, Iter	ns 1, 7 ·	22, 32, 33	3, 36	and 39	.)		_				
1. Actions I Award/O	Requested ne-Time P	ayment														uest Nur V:91047	nber 08-21542	
3. For Add	itional Inform	mation Call (Na	nme and Te	elephon	e Numt	oer)									4. Proj 12/31		fective Date	
5. Action R	equested E	ly (Typed Nam	e, Title, Sig	nature,	and Re	equest L	Date)		6. Action A	Author	rized By	(Typed Name,	Title, S	Signature,	and Concu	rrence D	ate)	
PART	B - For	Preparat	tion of	SF 5	0 (Us	e only	codes i	n FPM S	Suppleme	nt 29	2-1. Sh	ow all dates	s in m	onth-day	year ord	er.)		
1. Name (L	ast, First, I	Middle)			22				2. Social S			er 3	. Date	of Birth	10000000	ctive Dat		
MOORE	FIELD, FI	REDERICK D)							(b)(6)		(b)(6)	1	2/31/20	22	
FIRST	ACTIO	N							SECO									
5-A. Code									6-A. Code	6-B.	Nature of	of Action						
879	Cardena and a second second	ormance Award																
5-C. Code	reconcerner aller	egal Authority							6-C. Code 6-D. Legal Authority									
VWK	5 U.S.C.																	
5-E. Code	5-F. Lega	Authority							6-E. Code 6-F. Legal Authority									
7 EDOM	Desition	Title and Nu	mbor						15. TO: Position Title and Number									
	. FROM: Position Title and Number DEPUTY CHIEF INFO OFFICER FOR COMMAND, CONTROL AND COM													R COMM	AND, CO	NTROL	AND COM	
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DDES4036 093030								DDE54036 695030										
8. Pay Plan 9	. Occ. Code	10. Grade or Level	11. Step or R	late 12. T	otal Sala	ry	13	. Pay Basis	16. Pay Plan 17. Occ. Code 18. Grade or Level 19. Step or Rate 20. Total 5						otal Salary/Aw	Salary/Award 21. Pay Basis		
ES	0301	00	00	\$2	203,700	.00	I	PA	\$28,111.00									
12A. Basic Pa	ay	12B. Locality Adj	1	2C. Adj. E	Basic Pay		12D. Other F	Pay	20A. Basic Pay 20B. Locality Adj. 20C. Adj. Basic						asic Pay	20D. O	ther Pay	
\$203,700.	00	\$0	5	5203,70	0.00	2	\$0											
14. Name	and Locatio	n of Position's	Organizatio	on	(nainin) 54		and the second sec		22. Name	and L	ocation	of Position's C	rganiza	ation		_		
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		RMATION O										AATION OF						
		NTRL & CON	1MS (C3)									RL & COM	MS (C.	3)				
WASHIN	GTON, D								WASHIN	GIU	DN, DC							
EMPL	OYEE D	ATA																
23. Vetera									24. Tenure				25. Age	ency Use	26. Vete	erans Pret	ference for	
1	1 - None 2 - 5-Point		oint/Disability oint/Compen:			Point/Oth Point/Co	her mpensable/	30%		- Non - Perr		- Conditional]	YE	s X	NO	
27. FEGLI	Basic + O	ption C (1x)							28. Annuit	ant In	dicator				29. Pay	Rate De	terminant	
E1									9 N	lot A	pplicabl	e			0			
30. Retirer	nent Plan				31.	Service	Comp. Da	te	32. Work S	Sched	ule				33. Part	Time Ho		
К	FERS and	FICA				09	/19/1989		F F	ull-T	ime						Period	
the state of the s	ION DA												_					
34. Positio	n Occupied	titve Service	3 - SES Ge	noral		35. FL	SA Categ		36. Approp						Construction of the	gaining L	Init Status	
3	2 - Except	ed Service	4 - SES Car		erved	E	N-No	nexempt	150100 9	0255500		760ml			8888			
38. Duty S 51190601	tation Code					a set of the set of the set			County - Stat TON, VA	te or (Overseas	Location)						
						PENI	AGON, A		TON, VA		3.5							
40. Agency	/ Data	41.			42.			43.	C:150100		44.							
AF. Educat	town I I as well	40 V	Deere Att	-td	17 . 4	- de sete (Diastallas	1 Constant of the second		-	10 011	a section	150			Queseri	Clature	
45. Educat 17	ional Level	46. Year	Degree Atta	ained			Discipline		ctional Clas	S	49. Citiz			Veterans S			sory Status	
	0 D.	1993 141001 00								1 1-1	JSA 8 - Othe	er X		2				
And the second second second	T C - Reviews and Approvals (Not to be used by reque								Sec. and				101		T			
1. Offic	e / Functio	n	Initials / Signature Date					ate	Office	/ Fun	ction		Initials	/ Signatu	ire		Date	
A.							D.											
в.								E.										
C.									F.									
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.						the	Signature Electronically Signed by (b)(6) CHIEF HUMAN RESOURCES OFFICER Approval Date 12/31/2022											

(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.

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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)	
PART F - Remarks for SF 50			

NOTIFICATION a OF PERSON NELL, ACTION

STOCK CONTRACTOR	Last, First,					2. Social Security Number 3. Date of Birth				th	4. Effective Date				
		REDERICK D							(h)(6)		12/31/	2022			
	ACTIO						ND ACT	1							
5-A. Coo 879	de	5–B. Nature of Action SES Performance				6-A. Co	le	6-B. N	ature of Action						
5-C. Coo VWI		5–D. Legal Authority 5 U.S.C. 5384	r			6-C. Co	le	6-D. L	egal Authority.	0					
5-E. Co	de	5–F. Legal Authority				6-E. Co	le	6-F. L	egal Authority	2					
DEPUTY		itle and Number INFO OFFICER F)	OR COM	MAND, CONT	FROL AND CO	DM DEPUT	Position Title Y CHIEF 036-693030	INFO OI		R COMMA	ND, CONT	ROL ANI	O COMPUTERS		
8. Pay Plan ES	9. Occ. Code 0301	100000	. Step or Rate 00	12. Total Salary \$203,700.00	13. Pay Basis PA	16. Pay Pl	an 17. Occ.	Code 18	. Grade or Level	19.Step or Ra	te 20. Total Sal \$28,111.		21. Pay Basis		
12A. Basic P \$203,70	oren.	12B. Locality Adj. \$0	12C. Adj. 1 \$203,7		12D. Other Pay \$0	20A. Basic	20A. Basic Pay 20B. Locality Adj. 20C. Adj			Basic Pay 20D. Other Pay					
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EMPL	OYEE I	DATA													
23. Vetera 1	ns Preferen 1 – None 2 – 5–Point	1Ce 3 – 10–Point/Disability 4 – 10–Point/Compensal		– 10–Point/Other – 10–Point/Compensab	de/30%	24. Tenu 0	re 0 – None 1 – Permanent	2 - Cond 3 - Indefi	itional	ency Use	26. Veteran YES		e for RIF NO		
27. FEGLI E1 B		tion C (1x)		85		28. Annu 9							Pay Rate Determinant		
30. Retire	ment Plan			31. Service C	Comp. Date (Leav	e) 32. Worl	Schedule				33. Part-Ti		Per		
	ERS and l	V-MASONCA		09/19/1989		F	F Full-Time Biweekly Pay Period								
	ION DA						Description of the second description of the								
2 1-	Competitive Serve	ervice 3 – SES General	rved		ategory - Exempt - Nonexempt	10.000 cm	opriation Co 970100112				37. Bargaining Unit Status 8888				
38. Duty 8 5119060	Station Cod 13	e			tion (City – Cou N / ARLINGT			ocation)							
40. Agency	y Data	41.	4	2.	43. TO:Al	PC:150100	44.								
45. Remai															
Office o	f the Secr	tment or Agency etary of Defense (D	1.5			Electronic	re/Authentic ally Signed		Title of Approv	ving Official					
47. Agency DD01					(b)(6) CHIEF HUMAN RESOURCES OFFICER										
5-Part 50-3	16	1936 12/31/2022							J OFFICER		Editions24io	-0016.07	20t Usable After 6/30/93		

		questing	Office (Al	so comp	olete Pa	rt B, Ite	ems 1, 7 -	22, 32, 3	3, 36	and 39	.)					
1. Actions I Step Incr	Requested ease with	Pay													est Num	ber TP107787
3. For Add	itional Infor	mation Call (Na	ame and Telep	hone Num	nber)									4. Prop		ctive Date
E Action D	aguastad [Du /Tuned Nam	e Title Signal	ure and F	Pequeat	Data		C Action	Authori	and Du	Tunned Mana	Title	Pianatura		0.592.59	
5. Action R	equested t	By (Typed Name	e, riue, Signal	ure, and F	kequest l	Jale)		6. Action 7	Author	zed by	(Typed Name	e, Tide, c	signature,	and Concurr	ence Da	e)
A CONTRACTOR OF	a provide the second	r Preparat	tion of SI	= 50 (U	se only	codes	in FPM S	and the second se			1		and the second se		and the second se	
1. Name (L		Middle) REDERICK D						2. Social S	(b)(6	Call I		3. Date (b)(6			tive Date /01/202	
Margaret and Andrews	ACTIC		,					-		Second Second Second		(0)(0)		/01/202.	,
The second s	and the second se	re of Action						SECO 6-A. Code								
891																
5-C. Code								6-C. Code 6-D. Legal Authority								
Q3A																
5-E. Code	5-E. Code 5-F. Legal Authority							6-E. Code 6-F. Legal Authority								
7. FROM: Position Title and Number											e and Num					
DEPUTY CHIEF INFO OFFICER FOR COMMAND, CONTROL AND COM DDES4036 693030								DEPUT DDES4		HEF IN	FO OFFIC	ER FO	R COMN 693030	IAND, CON	TROL	AND COM
8. Pay Plan 9. Occ. Code 10. Grade or Level 11. Step or Rate 12. Total Salary 13. Pay B								16 Pay Plan	17 000	Code 18	. Grade or Level	10 Sten	Rate 20 T	otal Salary/Awar	d	21. Pay Basis
ES	0301	00	00	\$203,70			PA	ES	0301			00	5000	212,100.00	u	PA
12A. Basic Pa								20A. Basic Pay					20C. Adj. E	10	20D. Other Pay	
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WASHIN	GTON, D	c						WASHIN	010	n, DC						
EMPL	OYEE	DATA														
23. Vetera								24. Tenur				25. Age	ency Use	26. Veter	ans Prefe	rence for
1	1 - None 2 - 5-Poin	t 4 - 10-P	oint/Disability oint/Compensabl	5-1 e 6-1	0-Point/Ot 0-Point/Co		e/30%		0 - None 1 - Pern		2 - Conditional 3 - Indefinite			YES	X	10
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30. Retirer	nent Plan FERS and	FICA		31	. Service 09	Comp. D /19/198		32. Work Schedule 33. Part-Time Hours F Full-Time Pay Perio						dy		
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34. Positio		I etitve Service	3 - SES Genera	al		SA Cate	gory xempt	36. Approp			0.0.1			37. Barga 8888	aining Ur	it Status
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38. Duty S 51190601		2			and the second second			County - Sta TON, VA	ite or c	verseas	s Location)					
40. Agency	/ Data	41.		42.			43. TO:AF	PC:150100		44.						
45. Educat	ional Leve	46. Year	Degree Attaine		cademic	Disciplin	C	ctional Clas	ss	49. Citiz	1.		Veterans		Supervis	ory Status
	17 1993 141001 00 PART C - Reviews and Approvals (Not to be used by reque						ting office	•)	1 1-1	JSA 8-Oth	er X		2			
	e / Functio						Date	Office		tion	1	Initials	/ Signatu	ıre		Date
Α.		Electron (b)(6)	Electronically Signed by (b)(6)				/25/2023									
в.	Electronically Signed by (b)(6) 01/25/2023				5/2023 E.											
C.								F.								
 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. 						at the	Signature Electronically Signed by: (b)(6) AUTOMATION INTEGRATION SPECIALIST (HR SYSTEMS) 01/01/2023									

(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 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)
PART F - R	Remarks for SF 50		

Employee subject to post-employment restrictions under 18 U.S.C. 207(c).

NOTIFICATION OF PERSON NEW, ACTION

1. Name (I	ame (Last, First, Middle)					2. Social Security Number 3. Date of Birth				h	4. Effective Date				
MOORE	FIELD, F	REDERICK D				(b)(6)		(b)(6)		01/01/2023				
FIRST	ACTIO	N				SECON	DACT	ION							
5-A. Coo 891	de	5–B. Nature of Actio Reg Perf Pay	n			6-A. Code		6-B. Na	ture of Action						
5-C. Coo Q3A		5–D. Legal Authorit 5 CFR 534.404 &				6-C. Code		6-D. L	egal Authority						
5-E. Coo	de	5–F. Legal Authority	Ŷ			6–E. Code		6-F. Le	egal Authority						
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27. FEGLI E1 B		tion C (1x)									29. Pay Rate	e Determin	ant		
	ment Plan			31. Service C	Comp. Date (Leave)							'er			
	ERS and I	A MARSON A		09/19/1989		FF	ull-Time					Biweekly Pay Period			
	ION DA					1									
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40. Agency	y Data	41.	4	2.	43. TO:APC	:150100	44.								
45. Reman		bject to po	st-empl	oyment re:	strictions	under 1	8 U.S.	C. 207	7(c).						
Office o	f the Secr	tment or Agency etary of Defense (l	DD01)		E	lectronicall			Fitle of Approvi	ng Official					
and a second sec				b)(6) .utomati	ION INTE	GRATI	ON SPECIAL	IST (HR	SYSTEMS))					
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1. Actions I	November of Protections														2. Request Number		
Reassign	ment													23SEPWHSDDAACB1			
3. For Addi	tional Inform	nation Call (Na	me and `	Telephor	ne Number)										94553	sed Effe	ctive Date
(b)(6)															10/01/2		
5. Action R	equested B	y (Typed Name	e, Title, S	Signature	, and Request	Date)		6. Action A	Autho	rized By	(Typed Nam	e, Title, S	Signatu	ure, and C	Concurre	nce Dat	e)
(b)(6)								(b)(6)									
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PART	B - For	Preparat	ion o	f SF {	50 (Use onl	y codes	in FPM S					s in m	onth-	day-yea	r order	.)	
1. Name (L		Co-Ballery Chi						2. Social S			ber	3. Date		1 4	4. Effective Date		
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A REAL PROPERTY AND ADDRESS OF	ACTIO							6-A. Code 6-B. Nature of Action									
5-A. Code 721								6-A. Code	6-B.	. Nature	of Action						
5-C. Code	Reassign							6-C. Code 6-D. Legal Authority									
V5M	Concern Concerns of the	-D. Legal Authority 5 U.S.C. 3395(a)(1)(A)															
5-E. Code								6-E Code	6-E	Lenal A	uthority						
0 E. 0000	or. Loga	ridulonty						6-E. Code 6-F. Legal Authority									
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	2 - 5-Point Basic + O	4 - 10-Pc ption C (1x)	oint/Compe	ensable	6 - 10-Point/0	Compensat	ole/30%	28. Annuit			3 - Indefinite		_	29			erminant
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	ation Code				and the second se			County - Sta	te or	Oversea	s Location)						
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						00	ctional Clas	55		izenship		vetera	ins Status		upervise	ory Status	
PART C - Reviews and Approvals (Not to be used by reque																	
	1. Office / Function Initials / Signature Date					View and All								Dete			
1. Οπις	e / Function	Electronically Signed by: (b)(6)					Date	Office / Function Initials / Signatur					nature		-	Date	
Α.		(b)(6) 10/02/2023					0/02/2023	D.									
															-		
В.	Electronically Signed by: (b)(6) 10/02/2023					0/02/2023	E.										
C. Electronically Signed by: (b)(6) 10/02/2023					2 												
C.		Electron	ically Si	gned by	(0)(0)	10	0/02/2023	F.									
2. Approval: I certify that the information entered on this form is accurate and that the					Signature	lante	nicolto St.	nod by (1-) (4	1		1		Appr	oval Date			
 Approval: Lectury that the information entered on this form is accurate and that the proposed action is in compliance with statutory and regulatory requirements. 							Electronically Signed by (h)(6) 10/01/202 Supv Human Resources Specialist 10/01/202							01/2023			

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	

DoDI 1400.24, Vol 1800, Enclosure 3.2.a. is the reference cite that excludes SES and equivalent senior positions from PPP. SES has separate RIF and placement procedures.

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 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)
PART F - R	emarks for SF 50		

All other conditions of employment remain the same.

Continued employment in this position is subject to successful completion of a background security investigation and favorable adjudication. Failure to successfully meet/maintain these requirements may be grounds for termination.

This is a drug testing designated position.

A TS/SCI security clearance is a condition of continued employment.

NOTIF9109A991097 OFPPERSONAGEL ACTION

1. Name (I	Last, First, N	liddle)					Security Number			4. Effective	e Date			
MOOR	EFIELD,	FREDERICK	D.			(b))(6)	(b)(6))	10-01	-2023			
FIRST A	ACTION					SECON	D ACTION							
5-A. Code 72	721 Reassignment Code 5-D. Legal Authority V5M 5 U.S.C. 3395(a)(1)(A) Code S-F. Legal Authority Code S-F. Legal Authority ROM: Position Title and Number UTY CHIEF INFO OFFICER FOR COMMAND, CONTROL AND COMPUTERS ES4036 - 693030 y Plan 9. Occ. Code 10. Grade/Level 11. Step/Rate 12. Total Salary 13. Pay Basin ES 0301 00 00 \$212,100.00 PA						6-E	3. Nature of Action	n					
5-C. Code V5	e 5-D. Legal Authority 5M 5 U.S.C. 3395(a)(1)(A) e 5-F. Legal Authority e 5-F. Legal Authority l: Position Title and Number CHIEF INFO OFFICER FOR COMMAND, CONTROL 4036 - 693030 1 9. Occ. Code 10. Grade/Level 11. Step/Rate 0301 00 00 12B. Locality Adj. 12C. Adj. Basi					6-C. Code	6-1	D. Legal Authorit	y					
5-E. Code	1	5-F. Legal Authori	ty			6-E. Code	6-	6-F. Legal Authority						
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	DYEE DA ns Preferenc					24. Tenure		25 4	gency Use	26. Veteran	. Drafaran	as for DIF		
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27. FEGLI E1	I Basic + Optic	on C (1x)				28. Annuitant Indicator 29. Pay Rate Determinant 9 Not Applicable 0						ant		
30. Retirer	ment Plan FERS and Fl	ICA		1000000-2020	mp. Date (Leave) -1989	32. Work Schedule F Full-Time				33. Part-Time Hours Per Biweekly Pay Period				
POSITI	ION DAT	"A									Tay Terrou			
	n Occupied			35. FLSA Cate	gory	36. Appropriation Code 37. Bargaining Unit Status					tatus			
2	l - Competitive Se 2 - Excepted Servi				xempt ionexempt	150100	97010011200	000		8888				
38. Duty S 5119060	tation Code 13				n (City - County - N / ARLINGT		1							
40. Agency	y Data	41.		42.	43.	C:150100	44.							

45. Remarks

All other conditions of employment remain the same.

Continued employment in this position is subject to successful completion of a background security investigation and favorable adjudication. Failure to successfully meet/maintain these requirements may be grounds for termination.

This is a drug testing designated position.

A TS/SCI security clearance is a condition of continued employment.

46. Employing Depa Office of the Secr	rtment or Agency etary of Defense (DD01)		50. Signature/Authentication and Title of Approving	Official
47. Agency Code	48. Personnel Office ID	49. Approval Date	(b)(6)	24-F-0016 078
DD01	1936	10-01-2023	Supv Human Resources Specialist	

Stan	dard Form 50
Rev.	7/91
U.S.	Office of Personnel Management
FPM	Supp. 296-33, Subch, 4

NOTIFICATION AND PERSON NELL, ACTION

1. Name (Last, First, Middle)							2. Social Security Number 3. Date of Birth					4. Effective Date				
MOORE	FIELD, F	REDERICK D					(b)	(6)		(b)(6)	1	10/06/	2023			
FIRST	ACTIC	N					SECO	ND ACT	ION							
5-A. Cod 302	le	5–B. Nature of Action Retirement-Volu					6-A. Cod	e	6-B. N	ature of Action	i.					
5-C. Code 5-D. Legal Authority USM 5 USC Chapter 84 5-E. Code 5-F. Legal Authority							6-C. Cod	e	6-D.1	egal Authority.	1					
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SPECIAL		itle and Number FANT TO THE DO 77	OD CIO				15. TO: I -	osition Title	and Nun	ıber						
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EMPLO	OYEE I	DATA														
23. Vetera	ns Preferei 1 - None	1Ce 3 - 10-Point/Disability	8	5 - 10-Point/Oth	er		24. Tenure 25. Agency Use 26. Veterans Preference for RIF									
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Office of	f the Secr	tment or Agency etary of Defense (DD01)			Е	lectronica	e/Authentica Ily Signed		Title of Appro	ving Official					
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		questing	Office	(Also	comp	lete Par	t B, Ite	ems 1, 7	- 22, 32, 3	3, 36	and 39	9.)						
1. Actions Separati	Requested on														2	Reques 3SEPW 5595		er AACB1
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302	Retirem	ent-Voluntary																
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(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
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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 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)	
PART F - Remarks for SF 50			

Forwarding address: 55 Dividing Creek Court, Arnold, MD 21012. Lump-sum payment to be made for any unused annual leave. Reason for retirement: to obtain retirement benefits.