

PERSONNEL ACTION REQUEST / OFFICIAL NOTIFICATION OF IHA PERSONNEL ACTION

人事措置要求書/諸機関労務協約公式人事措置通知書

For IHA employees, this is an official notification of the action described below which affects your employment. Keep this notice. Promptly call any error to the attention of your supervisor.

IHA従業員の方は、この書面があなたの雇用に関する下記の人事措置についての公式通知書になります。

この通知書は保管しておいてください。書面に誤りがあった時にはあなたの上司に直ちに知らせてください。

1. NAME (Last, First - Mr. or Ms.) 氏名		1A. DATE OF BIRTH 生年月日	2. EMPLOYEE NO. 従業員番号	3. REQUEST NO. 要求番号
4. NATURE OF ACTION REQUESTED 要求措置の性質			5. REQUESTED EFF DATE 人事措置発効要求日	6. DATE OF REQUEST 要求日
FROM: 自 <input type="checkbox"/> MLC <input type="checkbox"/> MC <input type="checkbox"/> IHA	7. TYPE OF CONTRACT AND EMPLOYMENT 契約区分および雇用種類		TO: 至 <input type="checkbox"/> MLC <input type="checkbox"/> MC <input type="checkbox"/> IHA	
		8. JOB TITLE, JOB NO., BWT, GRADE, STEP, AND AUTHORIZED LAD 職種名、職番、基本給表、等級、号俸および語学手当職位級		
¥	9. BASIC WAGE AND ALLOWANCES (Specify) 基本給および各種手当		¥	
		10. ORGANIZATIONAL UNIT 組織名		
		11. INSTALLATION 施設名		
AREA / LEVEL	12. COMPETITIVE AREA AND LEVEL 競合地域およびレベル		AREA / LEVEL	
13. WORK CONDITIONS AND SCHEDULE 雇用条件および勤務時間				
A. PERIOD OF EMPLOYMENT 雇用の期間: 雇用の開始日から 年 月 日限り				
B. TRIAL PERIOD 試用期間: If you are hired as a trial period employee, you will become a permanent employee upon successful completion of your trial period. 試用期間従業員として雇用された場合、試用期間を問題なく終了した後に常用従業員となります。				
C. WEEKLY WORK DAYS AND HOURS 週労働日、労働時間: _____, _____ hrs. Starting Time 始業時間 _____ Ending Time 終業時間 _____ Recess _____ : 休憩時間 to _____				
D. DESIGNATED NON-WORK DAY AND REST DAY 休日: _____, (Dates designated by work schedule 就業計画により指定された日)				
E. INTERMITTENT 断続交代勤務の有無: <input type="checkbox"/> Yes 有 <input type="checkbox"/> No 無				
F. DUTY OUTSIDE OF SCHEDULED WORKWEEK HOURS 所定時間外の勤務: <input type="checkbox"/> Yes 有 <input type="checkbox"/> No 無				
G. SEPARATION 雇用の終了: As prescribed under the MLC, the MC, and the IHA. 基本労務契約、船員契約、諸機関労務協約の規定による。				
14. REMARKS その他				
15. APPROPRIATION DATA AND FS-UU-CE CODES				
16. REQUESTED BY (Signature, title, and phone number)			17. CO OR AUTHORIZED REPRESENTATIVE (Signature, title, and date)	
18. CLEARANCES	INITIALS	DATE		
INDORSEMENT BY COR (for MLC/MC) 契約担当官代理 OR AUTHORIZED CPO/HRO REPRESENTATIVE (for IHA) 米軍人事務部				
19. ABOVE ACTION IS APPROVED BY:		20. SIGNATURE		21. DATE
INDORSEMENT BY DFAB/DFAO 防衛施設局/防衛施設事務所				
22. PERSONNEL ACTION TAKEN			23. EFFECTIVE DATE	
24. REMARKS (If any)		25. SIGNATURE OF CHIEF DFAB/DFAO		26. DATE

PRIVACY ACT STATEMENT

AUTHORITY: 5 US Code Section 552(e)(3)

PRINCIPAL PURPOSE(S): To authenticate and record the personnel action request/notification of official personnel actions.

ROUTINE USE(S): Used by both USFJ installations and the Government of Japan in effecting personnel action requests. The information provided may be disclosed to any DoD component in the pursuit of their official duties.

WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION: The information solicited in this form is mandatory for officials of both USFJ installations and the Government of Japan effecting personnel action requests. Failure to respond will preclude effecting the personnel action request in accordance with the Master Labor Contract, and the Mariners Contract.

**INSTRUCTIONS FOR PREPARATION OF PERSONNEL ACTION REQUEST/
OFFICIAL NOTIFICATION OF IHA PERSONNEL ACTION**

1. General

a. The request will be prepared by the using organization officer and forwarded to the appropriate Contracting Officer's Representative (COR) for MLC/MC or authorized CPO/HRO Representative for IHA for initiating and processing various types of personnel actions to the appropriate Defense Facilities Administration Bureau (DFAB)/Defense Facilities Administration Office (DFAO). The original of the form will be signed by the requesting and approving officials, and COR. The number of copies of the form to be prepared and distributed will be determined at the local level. The DFAB/DFAO will complete the necessary action and return the form to the using organization through the COR or CPO/HRO Representative.

b. In the event that there is insufficient space in any of the numbered blocks of the form, additional information may be entered on separate sheets with reference to the appropriate block numbers.

c. Attach resignation request form to the personnel action request for resignation.

2. Entries in numbered blocks (self-explanatory blocks omitted):

a. Block 1A: Show date of birth (year-month-date) by use of figures: e.g., 20000215.

b. Block 3: For MLC and IHA employees, enter organization or organization symbol and request number in consecutive sequence, i.e., USAPAJ-1. For MC employees, enter organization or organization symbol and request number in consecutive sequence prefixed by letter "M" for mariners, i.e., MST5-M1.

c. Block 7: For MLC and IHA employees, enter "Limited Term", "Limited Term-Extended", "Trial Period", "Permanent", or "Post Retirement". For MC employees, no entry required.

d. Block 10: Enter organization code or organization symbol along with organization name.

e. Block 12: For clarification, see paragraph 5a, Section B, Chapter 1 of the Master Labor Contract; paragraphs 1 and 2, Section B, Chapter 3 of the Mariners Contract; and paragraph 1b, Section A, Supplement 15 of the Indirect Hire Agreement.

f. Block 13A: For non-permanent employees only.

g. Block 13C: Enter weekly work days and hours, e.g., Mon-Fri, 40 hrs.

h. Block 13D: Enter designated non-work day and rest day, e.g., Sat and Sun.

i. Block 14: On termination actions, indicate date of employment. On work schedules, indicate changes. Fill or attach schedule patterns for those who are on shift or intermittent work schedules.

j. Block 15: Enter the accounting and appropriation data and Fiscal Station-Using Unit-Cost Entity (FS-UU-CE) codes to which the costs of personnel action requested are chargeable and for which the available balances are sufficient to cover the costs thereof.

k. Block 18: For use by personnel office or equivalent.