## Request for Realignment (In lieu of SF 52)

## **Instructions:**

- 1. Complete and attach a copy of the authorizing document.
- 2. Make enough copies of the package for each person's OPF.
- 3. Forward request to the OD, Client Services Division.
- 4. Attach a copy of the JC/PN form IF the duty station and/or official supervisor (Reports To) is changing.

	, , ,			
Natu	re of Action Code and Action: 79	90/Realignment		
Effec	tive Date:			
Autho	ority Code: UNM			
Autho	ority:			
(Cite	the letter, memo, or directive tha	at authorized the action	and date.)	
From To:	: Organizational Title Admin Code Organizational Title Admin Code			
	NAME	EMPLID	*CAN	TK#
* Indi	cate CAN if it is changing.			
mui	cate Crivii it is changing.			
Appr	oved by:			
	(IC Director)	(Date	e)	