

REQUEST FOR PERSONNEL ACTION						DATE PREPARED 30 April 1963	
1. SERIAL NUMBER 559090		2. NAME (Last-First-Middle) CHRIST, DAVID L.					
3. NATURE OF PERSONNEL ACTION REASSIGNMENT & CHANGE OF SERVICE DESIGNATION				4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR		5. CATEGORY OF EMPLOYER REGULAR	
6. FUNDS V TO V CF TO V		V TO CF CF TO CF		7. COST CENTER NO. CHARGEABLE 3125-1990-1000		8. LEGAL AUTHORITY (Completed by Office of Personnel)	
9. ORGANIZATIONAL DESIGNATIONS DDP/TSD Development Complement				10. LOCATION OF OFFICIAL STATION Washington, D. C.			
11. POSITION TITLE PHYSICAL SCIEN				12. POSITION NUMBER 9997		13. CAREER SERVICE DESIGNATION D	
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS		15. OCCUPATIONAL SERIES 1301.07		16. GRADE AND STEP 16 (3)		17. SALARY OR RATE 17,000	
18. REMARKS FROM: IAS Foreign Field Undetermined. Date 16 MAY 1963 Security Approval has been granted for the use contemplated by this request. Chief, Personnel Security Division							
18A. SIGNATURE OF REQUESTING OFFICIAL 03				DATE SIGNED		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER 03	
TSD/CMO							
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
19. ACTION CODE	20. EMPLOY. CODE	21. OFFICE CODING NUMERIC ALPHABETIC		22. STATION CODE	23. INTEGREE CODE	24. HDQTRS. CODE	25. DATE OF BIRTH MO. DA. YR.
26. NTE EXPIRES MO. DA. YR.		29. SPECIAL REFERENCE	30. RETIREMENT DATA 1 - CSC 3 - FICA 5 - NONE		31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA TYPE MO. DA. YR.	
33. SECURITY REQ. NO.		34. SEX		EOD DATA →			
35. VET. PREFERENCE CODE 0 - NONE 1 - 5 PT. 2 - 10 PT.		36. SERV. COMP. DATE MO. DA. YR.	37. LONG. COMP. DATE MO. DA. YR.	38. MIL. SERV. CREDIT/LCD 1 - YES 2 - NO		39. FEGLI / HEALTH INSURANCE CODE CODE C - WAIVER 1 - YES 2 - NO	
40. SOCIAL SECURITY NO.							
41. PREVIOUS GOVERNMENT SERVICE DATA CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 12 MOS) 3 - BREAK IN SERVICE (MORE THAN 12 MOS)			42. LEAVE CAT. CODE	43. FEDERAL TAX DATA FORM EXECUTED CODE NO. TAX EXEMPTIONS 1 - YES 2 - NO			44. STATE TAX DATA FORM EXECUTED CODE NO. TAX EXEMPT. STATE CODE 1 - YES 2 - NO
45. POSITION CONTROL CERTIFICATION				46. O.P. APPROVAL			DATE APPROVED

2/17

EMPLOYEE NOTICE OF RESIGNATION

I RESIGN EFFECTIVE _____ FOR THE FOLLOWING REASON:
(Date)

8 MAY 1957

MY LAST WORKING DAY WILL BE	DATE SIGNED	SIGNATURE OF EMPLOYEE
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FORWARD COMMUNICATIONS, INCLUDING SALARY CHECKS AND BONDS, TO THE FOLLOWING ADDRESS (Number, Street, City, Zone, State)

INSTRUCTIONS

Items 1 thru 7 } - The initiating office should fill in each of the referenced items.
and
Items 9 thru 18a } - Items 3 thru 7 and 9 thru 18 require information which pertains only to the action requested, and NOT to the current status of the employee unless specific items remain unchanged.

Item 5 - "Category of Employment" should show one of the following entries:

Regular	Summer	WAE
Part Time	Detail Out	Consultant
Temporary	Detail In	Military
Temporary - Part Time		

Item 9 - "Organizational Designations" should show all levels of organization pertinent to identifying the location of the position:

FIRST LINE
 Major Component (Director, Deputy Director, etc.)
 Office, Major Staff, etc.
 Division or Staff (subordinate to first line)
 Branch
 Section
 Unit

Item 11 - "Position Title" should reflect the standard abbreviated title given in the most current edition of the Position Control Register or reported on Form 261, Staffing Complement Change Authorization.

Item 18b - Signature should be that of the official authorized to approve for the Career Service to which the employee belongs. If more than one Career Service is involved, the gaining Career Service should approve and the other Career Service should concur in Item 18, Remarks.

ROUTING - The original only of this form will be forwarded to the Office of Personnel through the appropriate Career Service official(s). In the case of requests specified in HB 20-800-1, which require advance approval of or notification to the Office of Security or the Office of the Comptroller, one copy only will be sent to the Office(s) concerned.

REQUEST FOR PERSONNEL ACTION

DATE PREPARED
30 April 1963

1. SERIAL NUMBER: **559090** 2. NAME (Last-First-Middle): **CHRIST, DAVID L.**

3. NATURE OF PERSONNEL ACTION: **REASSIGNMENT & CHANGE OF SERVICE DESIGNATION**

4. EFFECTIVE DATE REQUESTED: MONTH _____ DAY _____ YEAR _____

5. CATEGORY OF EMPLOYMENT: **REGULAR**

6. FUNDS: **V TO V** **V TO CF**

7. COST CENTER NO. CHARGE-ABLE: **3125-1990-1000**

8. LEGAL AUTHORITY (Completed by Office of Personnel):

9. ORGANIZATIONAL DESIGNATIONS: **DDP/TSD Development Complement**

10. LOCATION OF OFFICIAL STATION: **Washington, D. C.**

11. POSITION TITLE: **PHYSICAL SCIEN**

12. POSITION NUMBER: **9997**

13. CAREER SERVICE DESIGNATION: **D**

14. CLASSIFICATION SCHEDULE (GS, LB, etc.): **GS**

15. OCCUPATIONAL SERIES: **1301.07**

16. GRADE AND STEP: **16 (3)**

17. SALARY OR RATE: **17,000**

18. REMARKS: **FROM: IAS Foreign Field Undetermined.**

**RETURN TO CIA
Background Use Only
Do Not Reproduce**

Date **16 MAY 1963**

Security Approval has been granted for the use contemplated by this request
[Signature]
Chief, Personnel Security Division

cc: Security

18A. SIGNATURE OF REQUESTING OFFICIAL: *[Signature]* DATE SIGNED: _____

18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER: *[Signature]* DATE SIGNED: _____

TSD/GMO

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE	20. EMPLOY. CODE	21. OFFICE CODING		22. STATION CODE	23. INTEGREE CODE	24. HDQTRS. CODE	25. DATE OF BIRTH			26. DATE OF GRADE			27. DATE OF LEI		
		NUMERIC	ALPHABETIC				MO.	DA.	YR.	MO.	DA.	YR.	MO.	DA.	YR.
28. NTE EXPIRES			29. SPECIAL REFERENCE	30. RETIREMENT DATA		31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA			33. SECURITY REQ. NO.	34. SEX				
MO.	DA.	YR.		1 - CSC	CODE		TYPE	MO.	DA.	YR.					
35. VET. PREFERENCE			36. SERV. COMP. DATE		37. LONG. COMP. DATE		38. MIL. SERV. CREDIT/LCD		39. FEGLI / HEALTH INSURANCE			40. SOCIAL SECURITY NO.			
CODE	0 - NONE	1 - 5 PT.	2 - 10 PT.	MO.	DA.	YR.	MO.	DA.	YR.	1 - YES	2 - NO	CODE	0 - WAIVER	1 - YES	HEALTH INS. CODE
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT. CODE	43. FEDERAL TAX DATA		44. STATE TAX DATA								
CODE	0 - NO PREVIOUS SERVICE				FORM EXECUTED	CODE	NO. TAX EXEMPTIONS	FORM EXECUTED	CODE	NO. TAX EXEMP.	STATE CODE				
	1 - NO BREAK IN SERVICE				1 - YES			1 - YES							
	2 - BREAK IN SERVICE (LESS THAN 12 MOS)				2 - NO			2 - NO							
	3 - BREAK IN SERVICE (MORE THAN 12 MOS)														

EOD DATA →

45. POSITION CONTROL CERTIFICATION: _____

46. O.P. APPROVAL: _____

DATE APPROVED: _____

2/12V

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I RESIGN EFFECTIVE _____ FOR THE FOLLOWING REASON:
(Date)

8 MAY 1963

MY LAST WORKING DAY WILL BE

DATE SIGNED

SIGNATURE OF EMPLOYEE

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- Detail In
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