

STANDARD FORM 52
PROULGATED BY THE
U. S. CIVIL SERVICE COMMISSION
JANUARY 1950 - FEDERAL PERSONNEL
MANUAL CHAPTER III

REQUEST FOR PERSONNEL ACTION

UNVOUCHERED

REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed.
If applicable, obtain resignation and fill in separation data on reverse.

1. NAME (Mr.—Miss—Mrs.—One given name, initial(s), and surname) Major Lucien B. CONEIN	2. DATE OF BIRTH 29 Nov 1919	3. REQUEST NO.	4. DATE OF REQUEST 13 Aug 56
5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) SEPARATION (RETURN TO PAYMENT SERVICE)		6. EFFECTIVE DATE A. PROPOSED: 15 Oct 1956	7. C. S. OR OTHER LEGAL AUTHORITY
B. POSITION (Specify whether establish, change grade or title, etc.)		B. APPROVED:	

FROM— IO (FI) Major, USA DDP/FS Branch 4 - [redacted] CI/PI Section [redacted] B-2	HP-2775	8. POSITION TITLE AND NUMBER	TO—
<input checked="" type="checkbox"/> FIELD	<input type="checkbox"/> DEPARTMENTAL	9. SERVICE, GRADE, AND SALARY	<input type="checkbox"/> FIELD
<input type="checkbox"/> FIELD	<input type="checkbox"/> DEPARTMENTAL	10. ORGANIZATIONAL DESIGNATIONS	<input type="checkbox"/> DEPARTMENTAL
<input type="checkbox"/> FIELD	<input type="checkbox"/> DEPARTMENTAL	11. HEADQUARTERS	<input type="checkbox"/> DEPARTMENTAL
<input type="checkbox"/> FIELD	<input type="checkbox"/> DEPARTMENTAL	12. FIELD OR DEPARTMENTAL	<input type="checkbox"/> DEPARTMENTAL

A. REMARKS (Use reverse if necessary)

B. REQUESTED BY (Name and title) H.P. GILBERT, FE PERSONNEL OFFICER	D. REQUEST APPROVED BY Signature: _____ Title: _____
C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension) 0 [redacted] 2-3325	

13. VETERAN PREFERENCE	14. POSITION CLASSIFICATION ACTION
NONE WW II OTHER 5-PT. 10-POINT DISAB OTHER	NEW VICE I. A. REAL MILITARY

15. SEX M	16. APPROPRIATION FROM: 7-3725-55-089 TO:	17. SUBJECT TO C. S. RETIREMENT ACT (YES—NO)	18. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)	19. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:
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20. STANDARD FORM 50 REMARKS

No action

21. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS:
A.			
B. CEIL. OR POS. CONTROL			
C. CLASSIFICATION			
D. PLACEMENT OR EMPL.			
E.			

F. APPROVED BY **[Signature]**

22. RESIGNATION

I RESIGN FOR THE FOLLOWING REASON:

DATE _____

NOT CONTACT
BY EMPLOYEE
NATURE OF SERVICE
LINE
EMPLOYER

MY LAST WORKING DAY WILL BE _____ (SIGNATURE)

23. SEPARATION DATA

FORWARD COMMUNICATIONS, INCLUDING SALARY CHECKS AND BONDS, TO THE FOLLOWING ADDRESS:

ZIP CODE
 UNIFORMED UNIFORMED
(STATE)

(STREET) (CITY) (ZONE)

REMARKS (Continued)

REMARKS (Continued)
REMARKS (Continued)
REMARKS (Continued)
REMARKS (Continued)

Y.P.E. (STATE) (CITY) (ZONE) (STATE)

REMARKS (Continued)
REMARKS (Continued)
REMARKS (Continued)
REMARKS (Continued)

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