

STANDARD FORM 52  
PROVIDED BY THE  
U. S. CIVIL SERVICE COMMISSION  
AS HEAVY 180 - FEDERAL PERSONNEL  
MANUAL CHAPTER 10

# REQUEST FOR PERSONNEL ACTION

UNCLASSIFIED

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) <b>Mr. Howard K. MUST</b>		2. DATE OF BIRTH <b>9 Oct 1916</b>	3. REQUEST NO.	4. DATE OF REQUEST <b>16 Oct 56</b>
5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) <b>Reassignment</b>		6. EFFECTIVE DATE A. PROPOSED:		7. C.S. OR OTHER LEGAL AUTHORITY
B. POSITION (Specify whether establish, change grade or title, etc.)		RETURN TO CIA Background Use C Do Not Reproduce		
FROM <b>Ops Officer (PF) OS-0136.51-15 \$12,150.00 p.a. DOP/VE North Pole Station PF Staff</b>  [ ] 13-3	8. POSITION TITLE AND NUMBER	TO <b>Area Ops Off (COS) \$12,150.00 p.a. OS-0136.01-15 \$12,150.00 p.a. DOP/VI Branch II Montevideo, Uruguay Station Montevideo, Uruguay</b>	9. SERVICE, GRADE, AND SALARY	
<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL		10. ORGANIZATIONAL DESIGNATIONS	<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL (D)	
11. HEADQUARTERS		12. FIELD OR DEPARTMENTAL		

A. REMARKS (Use reverse if necessary)  
**2 copies to Security**

B. REQUESTED BY (Name and title) <b>J. EDWARDS</b>	D. REQUEST APPROVED BY Signature: _____ Title: _____
C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension) <b>J. EDWARDS 18242</b>	

13. VETERAN PREFERENCE				14. POSITION CLASSIFICATION ACTION				
NONE	WWII	OTHER	5-PT.	10-POINT	NEW	VICE	L.A.	REAL
			<input checked="" type="checkbox"/>	DISAB. OTHER				

15. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	16. RACE <input checked="" type="checkbox"/> W <input type="checkbox"/> N	17. APPROPRIATION FROM: <b>7-3700-55-181</b> TO: <b>7-3587-55-065</b>	18. SUBJECT TO C. S. RETIREMENT ACT (YES-NO) <b>Yes</b>	19. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)	20. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:
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21. STANDARD FORM 50 REMARKS  
Date: **1/24/57**  
Security approval has been granted to request

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

F. APPROVED BY

SECRET

BR

23. RESIGNATION

I RESIGN FOR THE FOLLOWING REASON:

DATE \_\_\_\_\_

RECEIVED PSB

MY LAST WORKING DAY WILL BE

OCT 19 12 17 PM '56

(SIGNATURE) \_\_\_\_\_

24. SEPARATION DATA

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

(STREET)

(CITY)

(ZONE)

(STATE)

REMARKS (Continued)