

<b>REQUEST FOR PERSONNEL ACTION</b>						DATE PREPARED <b>2 January 1970</b>			
1. SERIAL NUMBER <b>024345</b>		2. NAME (Last-First-Middle) <b>PHILLIPS, DAVID A.</b>							
3. NATURE OF PERSONNEL ACTION <b>REASSIGNMENT</b>				4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR <b>01 11 70</b>		5. CATEGORY OF EMPLOYMENT <b>REGULAR</b>			
6. FUNDS V TO V CF TO V		V TO CF <b>X</b> CF TO CF		7. FINANCIAL ANALYSIS NO. CHARGEABLE <b>0135 0694</b>		8. LEGAL AUTHORITY (Completed by Office of Personnel)			
9. ORGANIZATIONAL DESIGNATIONS <b>DDP/WH FOREIGN FIELD BRANCH 5</b> <b>16-20</b>				10. LOCATION OF OFFICIAL STATION <b>16-20</b>					
11. POSITION TITLE <b>1st SECRETARY, POLITICAL OFFICER</b>				12. POSITION NUMBER <b>0186</b>		13. CAREER SERVICE DESIGNATION <b>D</b>			
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) <b>FSR GS</b>		15. OCCUPATIONAL SERIES <b>0136.05</b>		16. GRADE AND STEP <b>03 7 16 4</b>		17. SALARY OR RATE <b>23,646. \$27,549</b>			
18. REMARKS <b>FROM: DDP/WH/COG/OFF OF THE CH/POS #1105 HOME BASE WH APPROVED 259a attached</b>  <b>1 - Finance 2 - Security</b>									
18A. SIGNATURE OF REQUESTING OFFICIAL <b>HENRY L. BERTHOLD C/WH/Pers</b>				DATE SIGNED		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER			
DATE SIGNED									
<b>SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL</b>									
19. ACTION CODE	20. EMPLOY. CODE	21. OFFICE CODING NUMERIC ALPHABETIC		22. STATION CODE	23. INTEGREQ. CODE	24. HDQTRS. CODE	25. DATE OF BIRTH MO. DA. YR.	26. DATE OF GRADE MO. DA. YR.	27. DATE OF LEI MO. DA. YR.
28. NTE EXPIRES MO. DA. YR.		29. SPECIAL REFERENCE	30. RETIREMENT DATA 1-CSC 2-ORGN 3-FICA 5-NONE		31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA TYPE MO. DA. YR.		33. SECURITY REQ. NO.	34. SEX
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. CAREER CATEGORY CAR/RESV PROV/TEMP		39. FEGLI/HEALTH INSURANCE CODE CODE 0-WAIVER 1-YES HEALTH INS. CODE		40. SOCIAL SECURITY NO.	
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0-NONE 1-NONE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)				42. LEAVE CAT. CODE	43. FEDERAL TAX DATA FORM EXECUTED CODE NO. TAX EXEMPTIONS 1-YES 2-NONE		44. STATE TAX DATA FORM EXECUTED CODE NO. TAX EXEMP. STATE CODE 1-YES 2-NONE		
45. POSITION CONTROL CERTIFICATION					46. O.P. APPROVAL <b>RETURN TO CIA Background Use Only Do Not Reproduce</b>			DATE APPROVED	

z/pd

EMPLOYEE NOTICE OF RESIGNATION

I RESIGN EFFECTIVE \_\_\_\_\_ FOR THE FOLLOWING REASON:  
(Date)

MY LAST WORKING DAY WILL BE---

DATE SIGNED

SIGNATURE OF EMPLOYEE

FORWARD COMMUNICATIONS, INCLUDING SALARY CHECKS AND BONDS, TO THE FOLLOWING ADDRESS (Number, Street, City, State, Zip Code)

INSTRUCTIONS

Items 1 thru 7 and Items 9 thru 18a } The initiating office should fill in each of the referenced items. 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.
  - Foreign Field or U.S. Field (if pertinent)
  - Division or Staff (subordinate to first line)
  - Branch
  - Section
  - Unit

Items 11 and 15 - "Position Title" and "Occupational Series" should be the standard abbreviated title and corresponding occupational series in Handbook of Official Occupational Titles and Codes for the duties actually to be performed by the employee. If different from the title and series of the position occupied as shown on the most current edition of the Position Control Register or Form 261, Staffing Complement Change Authorization, explain under Item 18--Remarks.

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 Finance, one copy only will be sent to the Office(s) concerned.