

SECRET

SSD

40696

STANDARD FORM 52
 PROMULGATED BY THE
 U. S. CIVIL SERVICE COMMISSION
 JANUARY 1946—FEDERAL PERSONNEL
 MANUAL CHAPTER 81

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 (<i>Mr.—Miss—Mrs.—One given name, initial(s), and surname</i>) Michael M. CHOADEN (P)	2. DATE OF BIRTH 31 Oct. 1922	3. REQUEST NO.	4. DATE OF REQUEST 16 May '57
5. NATURE OF ACTION REQUESTED: A. PERSONNEL (<i>Specify whether appointment, promotion, separation, etc.</i>) Reassignment		6. EFFECTIVE DATE A. PROPOSED: 30 April 1957	7. C. S. OR OTHER LEGAL AUTHORITY
B. POSITION (<i>Specify whether establish, change grade or title, etc.</i>)		B. APPROVED:	

FROM— Ops. Off. (PP) BAF 125 GS-0136.31-14 \$10,535.00 p.a. DDP/WH Branch III Havana, Cuba <input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL	8. POSITION TITLE AND NUMBER 9. SERVICE, GRADE, AND SALARY 10. ORGANIZATIONAL DESIGNATIONS 11. HEADQUARTERS 12. FIELD OR DEPARTMENTAL	TO— Ops. Officer (PP) GS-0136.31-14 \$10,535.00 p.a. DDP/NEA Egypt and Arab States Branch Project Beirut, Lebanon <input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL
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A. REMARKS (*Use reverse if necessary*)

RETURN TO CIA
Background Use Only
Do Not Reproduce

B. REQUESTED BY (<i>Name and title</i>) NEA/ADM/PERSONNEL	D. REQUEST APPROVED BY Signature: _____ Title: _____												
C. FOR ADDITIONAL INFORMATION CALL (<i>Name and telephone extension</i>) ext. 8671	13. VETERAN PREFERENCE <table border="1" style="width: 100%; border-collapse: collapse; font-size: small;"> <tr> <th>NONE</th> <th>WWII</th> <th>OTHER</th> <th>5-PT.</th> <th colspan="2">10-POINT</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>DISAB.</td> <td>OTHER</td> </tr> </table>	NONE	WWII	OTHER	5-PT.	10-POINT						DISAB.	OTHER
NONE	WWII	OTHER	5-PT.	10-POINT									
				DISAB.	OTHER								
15. SEX M	16. APPROPRIATION FROM: 6-3545-55-055 TO: 7-3361-91-215	17. SUBJECT TO C. S. RETIREMENT ACT (YES—NO) Yes	18. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY) SD:DP	19. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE: _____									

20. STANDARD FORM 50. REMARKS

MAY 22 12 10 PM '57

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

F. APPROVED BY _____

SECRET

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