

SECRET

073086

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP

DATE: 27 Dec 1968

TO: (Check)

CHIEF, PERSONNEL OPERATIONS DIVISION

CHIEF, CONTRACT PERSONNEL DIVISION

CHIEF, OPERATING COMPONENT (For action)

FILE NUMBER: 4081

EMPLOYEE NUMBER: [REDACTED]

ID CARD NUMBER: [REDACTED]

ATTN: [REDACTED]

OFFICIAL COVER:  BACKSTOP ESTABLISHED

REF: [REDACTED]

OFFICIAL COVER:  DISCONTINUED

SUBJECT: SWINSON, HAROLD F.

UNIT: [REDACTED]

KEEP ON TOP OF FILE WHILE COVER IN EFFECT

ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS (opmemo 20-800-11)

CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS (opmemo 20-800-11)

A. TEMPORARILY FOR \_\_\_\_\_ DAYS  
EFFECTIVE DATE COB \_\_\_\_\_

B. CONTINUING AS OF COB.

DATE (as of COB): 10 Jan 55

SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HBB 20-7)

SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HBB 20-7)

ASCERTAIN THAT \_\_\_\_\_ W-2 BEING ISSUED. (HB 20-661-1)

RETURN ALL OFFICIAL DOCUMENTATION TO CCS.

SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (HR-240-2e)

DO NOT WRITE IN THIS BLOCK - FOR CCS INTERNAL USE ONLY

SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (HR-240-2e)

CONCUR IN ISSUANCE

AGE HOSPITALIZATION CARD  
NACS HOSPITALIZATION CARD

REMARKS AND/OR COVER HISTORY

16-29-32 [REDACTED]

15-20-32 [REDACTED]

2/72

Subject is to indicate CIA as place of assignment for the entire period of Agency employment, and not to reveal specific places or locations of cover assignments.

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EM/nch

James H. Franklin  
CHIEF, OFFICIAL COVER, CENTRAL COVER STAFF