

REQUEST FOR PERSONNEL ACTION

DATE PREPARED

28 June 1973

FILE

1. SERIAL NUMBER 057303		2. NAME (Last-First-Middle) GOODPASTURE, Ann L.		4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 06 30 73		5. CATEGORY OF EMPLOYMENT Regular	
3. NATURE OF PERSONNEL ACTION Disability Retirement Under CIA Retirement & Disability System				7. FAN AND NSCA 3227-0183 0000		8. LEGAL AUTHORITY (Completed by Office of Personnel)	
6. FUNDS <input checked="" type="checkbox"/> V TO V <input type="checkbox"/> CF TO V		<input type="checkbox"/> V TO CF <input type="checkbox"/> CF TO CF		9. ORGANIZATIONAL DESIGNATIONS DDO/CI Staff Development Complement		10. LOCATION OF OFFICIAL STATION Washington, D.C.	
11. POSITION TITLE Ops Officer				12. POSITION NUMBER 9997		13. CAREER SERVICE DESIGNATION D	
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS		15. OCCUPATIONAL SERIES 0136.01		16. GRADE AND STEP 13 7		17. SALARY OR RATE \$ 23,642	

18. REMARKS

Subject has been on Extended sick leave & Disability retirement since 14 June 1972

cc: Finance and Security

DATE SIGNED: **CI Staff - 6/28/73**

18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER: _____

DATE SIGNED: _____

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE	20. EMPLOY. CODE	21. OFFICE CODING NUMERIC ALPHABETIC		22. STATION CODE	23. INTEGREE CODE	24. HQTRS. 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 4-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-REG 2-REG/OPT 3-INELIGIBLE		40. SOCIAL SECURITY NO.			HEALTH INS. CODE		
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0-NO PREVIOUS SERVICE 1-NO BREAK IN SERVICE 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-NO				44. STATE TAX DATA FORM EXECUTED CODE NO. TAX STATE 1-YES EXEMP. CODE 2-NO					
45. POSITION CONTROL CERTIFICATION								46. O.P. APPROVAL				DATE APPROVED			

EOD DATA →

1/30

EMPLOYEE NOTICE OF RESIGNATION

I RESIGN EFFECTIVE _____ (Date) FOR THE FOLLOWING REASON:

MY LAST WORKING DAY WILL BE—	DATE SIGNED	SIGNATURE OF EMPLOYEE
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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, not 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.