

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP

14 January 1970

TO: (Check)

CHIEF, RECORDS AND CONTROL

CHIEF, CONTRACT PERSONNEL DIVISION

CHIEF, OPERATING COMPONENT (For action) **EUR**

FILE NUMBER  
**1088**

EMPLOYEE NUMBER  
**013842**

ID CARD NUMBER

ATTN: **CHIEF SUPPORT STAFF**

REF: **FORM 1419**

OFFICIAL COVER

BACKSTOP ESTABLISHED

DISCONTINUED

SUBJECT: **HUNT, E. HOWARD**

**RETURN TO CIA**  
**Background Use Only**  
**Do Not Reproduce**

UNIT: **DEPARTMENT OF STATE**

**KEEP ON TOP OF FILE WHILE COVER IN EFFECT**

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

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

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

B. CONTINUING AS OF COB

DATE  **W/OP/COB**

**FROM EOD**

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

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

ASCERTAIN THAT \_\_\_\_\_ W-2 BEING ISSUED. (HRB 20-11)

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)

SUBMIT FORM 2688  FOR HOSPITALIZATION CARD

REMARKS AND/OR COVER HISTORY

**COVER HISTORY:**

NOV 49 - DEC 50 HQS/OVERT

DEC 50 - MAR 53 MEXICO/STATE INT

MAR 53 - JAN 54 HQS/OVERT

JAN 54 - OCT 56  HQS/OVERT

OCT 56 - JAN 57 HQS/OVERT

JAN 57 - JUN 60  HQS/OVERT

JUL 60 - JUL 65 HQS/OVERT

JUL 65 - SEP 66 HQS/OVERT

SEP 66 - PRESENT HQS/STATE NOM

DISTRIBUTION: - COPY 1 - RCD

COPY 2 - OPERATING COMPONENT

COPY 3 - D/OS **JC/bl**

COPY 4 - OL/TELSVC

COPY 5 - CCS - CHRONO

COPY 6 - CCS - FILE

CHIEF, OFFICIAL COVER, CENTRAL COVER STAFF

VBR