

STANDARD FORM 52
PROVIDED BY THE
U. S. CIVIL SERVICE COMMISSION
AS PART OF FEDERAL PERSONNEL
MANUAL CHAPTER IV

REQUEST FOR PERSONNEL ACTION

UNCLASSIFIED

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 (Mr—Miss—Mrs.—One given name, initial(s), and surname) Mr. Howard H. HUNT	2. DATE OF BIRTH 9 Oct 1916	3. REQUEST NO.	4. DATE OF REQUEST 16 Oct 56
5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) Reassignment		6. EFFECTIVE DATE A. PROPOSED:	7. C.S. OR OTHER LEGAL AUTHORITY
B. POSITION (Specify whether establish, change grade or title, etc.)		<p>RETURN TO CIA Background Use C Do Not Reproduce</p>	

FROM Ops Officer (PF) OS-0136.01-15 \$12,150.00 p.a. DOP/PA North Pole Station PF Staff [] 13-3	8. POSITION TITLE AND NUMBER	TO Area Ops Off (COS) \$12,150.00 p.a. OS-0136.01-15 \$12,150.00 p.a. DOP/PA Branch II Montevideo, Uruguay Station Montevideo, Uruguay
<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL	9. SERVICE, GRADE, AND SALARY 10. ORGANIZATIONAL DESIGNATIONS 11. HEADQUARTERS 12. FIELD OR DEPARTMENTAL	<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL (D)

A. REMARKS (Use reverse if necessary)
2 copies to Security

B. REQUESTED BY (Name and title) J. EDWARDS	D. REQUEST APPROVED BY Signature: _____ Title: _____
C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension) J. EDWARDS 10012	

13. VETERAN PREFERENCE NONE WWII OTHER 5-PT. 10-POINT DISAB. OTHER	14. POSITION CLASSIFICATION ACTION NEW VICE L A REAL
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15. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	16. RACE <input checked="" type="checkbox"/> W <input type="checkbox"/> O	17. APPROPRIATION FROM: 7-3700-55-181 TO: 7-3587-55-065	18. SUBJECT TO C. S. RETIREMENT ACT (YES—NO) Yes	19. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)	20. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:
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21. STANDARD FORM 50 REMARKS
Date: **1/24/57**
Security approval has been granted to request

22. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS
A.			
B. CEIL. OR POS CONTROL			
C. CLASSIFICATION			
D. PLACEMENT OR EMPL.			
E.			

F. APPROVED BY

SECRET

BR

23. RESIGNATION

I RESIGN FOR THE FOLLOWING REASON:

DATE _____

RECEIVED PSB

MY LAST WORKING DAY WILL BE

OCT 19 12 17 PM '56

(SIGNATURE) _____

24. SEPARATION DATA

FORWARD COMMUNICATIONS, INCLUDING SALARY CHECKS AND BONDS, TO THE FOLLOWING ADDRESS:

(STREET)

(CITY)

(ZONE)

(STATE)

REMARKS (Continued)