

STANDARD FORM 52  
PUBLISHED BY THE  
U. S. CIVIL SERVICE COMMISSION  
JANUARY 1953 - FEDERAL PERSONNEL  
MANUAL CHAPTER III

RETURN TO CIA  
Background Use Only  
Do Not Reproduce

# REQUEST FOR PERSONNEL ACTION **SECRET**

VOUCHERED

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) - <b>Mr. E. Howard HUNT</b>		2. DATE OF BIRTH <b>9 Oct 1918</b>	3. REQUEST NO. <b>174A-53</b>	4. DATE OF REQUEST <b>18 May 1953</b>
5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) <b>Appointment</b>		6. EFFECTIVE DATE <b>RECORDED CONTROL DESK</b>		7. C. S. OR OTHER LEGAL AUTHORITY
B. POSITION (Specify whether establish, change grade or title, etc.)		B. APPROVED:		

FROM—	8. POSITION TITLE AND NUMBER	TO—
	9. SERVICE, GRADE, AND SALARY	<b>Operations Officer ED-22-14</b>
	10. ORGANIZATIONAL DESIGNATIONS	<b>GS-132-14 \$9800</b>
	11. HEADQUARTERS	<b>DDP/SE</b>
	12. FIELD OR DEPARTMENTAL	<b>SE Political &amp; PW Staff</b>
<input type="checkbox"/> FIELD	<input type="checkbox"/> DEPARTMENTAL	<b>Office of the Chief</b>
		<b>Washington, D. C.</b>
<input type="checkbox"/> FIELD	<input type="checkbox"/> DEPARTMENTAL	<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL

A. REMARKS (Use reverse if necessary)  
  
**Transfer leave from Unvouchered Funds.**

B. REQUESTED BY (Name and title) <b>MS/ADMS</b>		D. REQUEST APPROVED BY Signature: <i>[Signature]</i> Title: <b>Chief, Personnel Security Branch</b>	
C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension) <b>3200-20</b>		14. POSITION CLASSIFICATION ACTION NEW VICE I. A. REAL	
13. VETERAN PREFERENCE NONE WWII OTHER 5-PT. 10-POINT DISAB. OTHER	15. SEX	16. RACE	17. APPROPRIATION FROM TO: <b>3200-20</b>
			18. SUBJECT TO C. S. RETIREMENT ACT (YES—NO)
			19. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)
			20. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:

21. STANDARD FORM 50 REMARKS

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

**SECRET**

21/92

**23. RESIGNATION**

I RESIGN FOR THE FOLLOWING REASON: \_\_\_\_\_

DATE \_\_\_\_\_

MY LAST WORKING DAY WILL BE \_\_\_\_\_

(SIGNATURE)

**24. SEPARATION DATA**

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

(STREET)

(CITY)

(ZONE)

(STATE)

**BRIEF DESCRIPTION OF DUTIES**

**QUALIFICATIONS**

EDUCATION

AGE RANGE \_\_\_\_\_

(If pertinent)

SEX \_\_\_\_\_

Essential:

Desired:

ESSENTIAL QUALIFICATIONS (Experience, Skills, Languages, Area Knowledge, etc.)

DESIRED QUALIFICATIONS (Experience, Skills, Languages, Area Knowledge, etc.)