

REQUEST FOR PERSONNEL ACTION						DATE PREPARED 27 JULY 1965	
1. SERIAL NUMBER 024345		2. NAME (Last-First-Middle) PHILLIPS, DAVID A. <i>Phillips</i>					
3. NATURE OF PERSONNEL ACTION REASSIGNMENT				4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR JUN 6 65		5. CATEGORY OF EMPLOYMENT REGULAR	
6. FUNDS ▶		V TO V		V TO CF		7. COST CENTER NO. CHARGE-ABLE 6135 0875	
CF TO V		XX		CF TO CF		8. LEGAL AUTHORITY (Completed by Office of Personnel)	
9. ORGANIZATIONAL DESIGNATIONS DDP/WH FOREIGN FIELD BRANCH 2				10. LOCATION OF OFFICIAL STATION 16-10			
11. POSITION TITLE ATT POL OFF OPS OFFICER (CHIEF OF STATION)				12. POSITION NUMBER 0274		13. CAREER SERVICE DESIGNATION D	
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) FSR GS		15. OCCUPATIONAL SERIES 0136.01		16. GRADE AND STEP 03 5 15 4		17. SALARY OR RATE 16,920 \$ 18,170	
18. REMARKS FROM: DDP/WH/BRANCH 1/MEXICO CITY, MEXICO STATION/0340/ MEMORANDUM SENT TO DDCI VIA DDP REQUESTED THE APPOINTMENT OF MR. PHILLIPS AS COS, [REDACTED] STATION APPROVED ON 13 APRIL 1965. MR. PHILLIPS REPLACED MR. [REDACTED] WHO HAS BEEN ASSIGNED TO WH/BRANCH 2/HEADQUARTERS, EFFECTIVE 6 JUNE 1965. FORM 250 HAS BEEN SUBMITTED 1-FINANCE 1-SECURITY Date 28 JUL 1965 Security Approval has been granted for the use contemplated by this request							
18A. SIGNATURE OF REQUESTING OFFICIAL ROBERT D. CASHMAN C/WH/PERS				DATE SIGNED		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER Chief, Personnel Security Division	
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. HDQTRS. 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 3-FICA 5-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/RESY PROV/TEMP		39. FEGLI/HEALTH INSURANCE CODE CODE 0-WAIVER 1-YES		40. SOCIAL SECURITY NO.		41. HEALTH INS. CODE	
42. LEAVE CAT. CODE				43. FEDERAL TAX DATA FORM EXECUTED CODE NO. TAX EXEMPTIONS		44. STATE TAX DATA FORM EXECUTED CODE NO. TAX EXEMPT. STATE CODE	
45. POSITION CONTROL CERTIFICATION 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)				46. O.P. APPROVAL		DATE APPROVED	

4/12

EMPLOYEE NOTICE OF RESIGNATION

SECRET

I RESIGN EFFECTIVE _____ FOR THE FOLLOWING REASON:

(Date)

AUG 3 3 40 PM '65

MAIL ROOM

MY LAST WORKING DAY WILL BE—

DATE SIGNED

SIGNATURE OF EMPLOYEE

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, and 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 the Comptroller, one copy only will be sent to the Office(s) concerned.