				DATE PREPARED	
FILE REQUEST FOR PERSONNEL ACTION				23 liny 1962	
1. SERVAL NOMBER 2. NAME (Last-Fire	st-Middle)				
107734 <b>00011111.</b> 3	edes P. Jr.				
3. NATURE OF PERSONNEL ACTION	A	4 . EFFECTIVE DATE REQUE	STED 5. CATEGORY	OF EMPLOYMENT	
Resocigment and Transfer Funds	eo compresers	1 - 1	AR		
		7. COST CENTER NO. CHAI	2 Regul	HORITY (Completed by	
6. FUNDS CF TO V	V TO CF	ABLE	Office of	Personnel)	
9. ORGANIZATIONAL DESIGNATIONS	1 10 10 1	2137-7000-336			
FE/JAO-(Atongi Pose)*  Bissinistrative Section  Security Unit		(3-26 (Atomi, Appen)			
11. POSITION TITLE		12. POSITION NUMBER	13. CAREER SI	ERVICE DESIGNATION	
Security Officer	88-15	3169	88	• ••	
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)	15. OCCUPATIONAL SER	ES 16. GRADE AND STEP	17. SALARY OF	RATE	
<b>0</b> 5	1810-01	15 3	14,3	3o ::::i	
18. REMARKS		Date	1 JUN 1502	111	
For slotting purposes only loosted at (kinns)  lee - Finance Div.	y fintil slote t	<u> </u>	mara) Aubject		
lec Security	DATE SIGNED			;;;	
18A. SIGNATURE OF REQUESTING OFFICIAL	DATE SIGNED	18B. SIGNATURE OF C OFFICER	AKEER SERVICE APPR	OVING DATE SIGNED	
R. L. Staten ACPE/Pers					
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL  19. ACTION 20. EMPLOY, 21. OFFICE CODING 22. STATION 23. INTEGREE 22. HODTRS. 4 25. DATE OF BIRTH 26. DATE OF CRADE 27. DATE OF LEI					
CODE CODE NUMERIC ALPHABETIC	CODE CODE	CODE MD. DA. YR	26. DATE OF GRADE . MO. DA. YR.	27, DATE OF LEI	
28.NTE EXPIRES 29. SPECIAL 30. RETIREMEN	T DATA 21 PEDADATU	M 32. CORRECTION/CANCELLATION D		33. SECURITY 34. SEX	
REFERENCE	CODE DATA CODE			33.SECURITY 34.SEX	
95, VET. PREFERENCE 36. SERV. COMP. DATE 37. LONG.			ALTH INSURANCE	40-SOCIAL SECURITY NO.	
CODE 0 - NONE MO. DA. YR. MO. 1 - 5 PT. 2 - 10 PT.	0A. YR. 1 - YES 2 - NO	CODE CODE 0 - MAINE	R MEALTH INS. CODE		
	2. LEAVE CAT. \$3.	FEDERAL TAX DATA	bb. STATE	TAX DATA	
CODE  0 - NO PREVIOUS SERVICE  1 - NO BREAK IN SERVICE  2 - BREAK IN SERVICE (LESS THAN 12 MOS)  3 - BREAK IN SERVICE (MORE THAN 12 MOS)	FORM EXECUTE  1 - YES  2 - NO	D CODE NO. TAX EXEMPTIONS	FORM EXECUTED  1 - YES  2 - NO	CODE NO. TAX STATE CODE	
45. POSITION CONTROL CERTIFICATION		1 1	1	ł [ ]	
		46. O.P. APPROVAL		DATE APPROVED	
		46. O.P. APPROVAL		DATE APPROVED	

FORM 1152 USE PREVIOUS EDITION

SECRET

(4)

	(#hen Fil		$\frac{\partial \mathcal{E}_{TP_{F,H,2}}}{\mathcal{E}_{3M}}$	
	EMPLOYEE NOTICE O	F RESIGNATION	4 :50	511
A RESTIGN EFFECTIVE	FOR THE FOLLOWING	G REASON:	JUN 4 11 05 AH	'62
			MAIL ROOM	
MY LAST WORKING DAY WILL BE	· DATE SIGNED	SIGNATURE OF EMPLOYEE		
FORWARD COMMUNICATIONS. INCL	UDING SALARY CHECKS AND BONDS, TO		55 (Number, Street, City,	Zone, State)
	INSTRUC	CTIONS		<del></del>
Items 9 thru 18a to	he initiating office shou tems 3 thru 7 and 9 thru o the action requested, a loyee unless specific ited Category of Employment" sh	18 require infor nd NOT to the cu ms remain unchan	mation which perta rrent status of th ged.	ins only
Re Pe Te	egular S art Time D	ummer etail Out	WAE Consultant Military	cries:
De E m Me	Organizational Designation ertinent to identifying to ajor Component (Director, Office, Major Staff, etc. Division or Staff (subora Branch Section Unit	he location of t Deputy Director	he position:	nization
ir	Position Title" should remain the most current edition orted on Form 261, Staffin	n of the Positio	n Control Register	or re-
ti Ce	ignature should be that on he Career Service to which areer Service is involved and the other Career Service	h the employee b , the gaining Ca	elongs. If more t reer Service shoul	han one d approve
ROUTING - The original	l only of this form will 1	be forwarded to	the Office of Pers	onnel

sent to the Office(s) concerned.

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