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| | | | | | | | |
|---|-------------------------------------|---|--|---|--|---|----------------------------------|
| REQUEST FOR PERSONNEL ACTION | | | | | | DATE PREPARED 23 May 1962 | |
| 1. SERIAL NUMBER 10713 | | 2. NAME (Last-First-Middle) OCONELL, James P. Jr. | | | | | |
| 3. NATURE OF PERSONNEL ACTION Reassignment and Transfer to Confidential Funds | | | | 4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 5 \| 27 \| 62 | | 5. CATEGORY OF EMPLOYMENT Regular | |
| 6. FUNDS ▶ | | V TO V X | | V TO CF | | 7. COST CENTER NO. CHARGE-ABLE 2137-700-3361 | |
| CF TO V | | CF TO CF | | 8. LEGAL AUTHORITY (Completed by Office of Personnel) | | | |
| 9. ORGANIZATIONAL DESIGNATIONS IDC/FE 13-26 FE/JAO- [] Administrative Section Security Unit | | | | 10. LOCATION OF OFFICIAL STATION 13-26 | | | |
| 11. POSITION TITLE Security Officer | | | | 12. POSITION NUMBER 3169 | | 13. CAREER SERVICE DESIGNATION BS | |
| 14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS | | 15. OCCUPATIONAL SERIES 1810-01 | | 16. GRADE AND STEP 15 3 | | 17. SALARY OR RATE 14,300 | |
| 18. REMARKS From: IDC/OS/ID Invest-Oper Sup/88 Div/OC/0370 259's submitted to Medical Staff Subject to depart c/a 8 June 1962 Any questions inquire FE/FE/JAO-IDC 15271 [] *For slotting purposes only until slots transferred to [] located at [] lcc - Finance Div. lcc Security | | | | | | | |
| 18A. SIGNATURE OF REQUESTING OFFICIAL R. L. Staten ACPE/Pers | | | | DATE SIGNED | | 18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER | |
| | | | | | | | |
| 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. 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. | |
| | | | | | | EOD DATA → | |
| 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. MIL. SERV. CREDIT/LCD 1 - YES 2 - NO | 39. FEGLI / HEALTH INSURANCE CODE 0 - WAIVER 1 - YES | |
| | | | | | | | |
| 41. PREVIOUS GOVERNMENT SERVICE 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) | | | | 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 | | | | | | 46. O.P. APPROVAL | |
| | | | | | | | |
| | | | | | | DATE APPROVED | |

3/12/2

EMPLOYEE NOTICE OF RESIGNATION

OFFICE OF PERSONNEL
JUN 4 11 05 AM '62
MAIL ROOM

RESIGN EFFECTIVE _____ FOR THE FOLLOWING REASON:
(Date)

| | | |
|-----------------------------|-------------|-----------------------|
| 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, Zone, State)

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. | ..... |
| | Division or Staff (subordinate to first line) | ..... |
| | Branch | ..... |
| | Section | ..... |
| | Unit | ..... |

Item 11 - "Position Title" should reflect the standard abbreviated title given in the most current edition of the Position Control Register or reported on Form 261, Staffing Complement Change Authorization.

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.