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REQUEST FOR PERSONNEL ACTION

DATE PREPARED
27 JULY 1965

1. SERIAL NUMBER: **024345**
2. NAME (Last-First-Middle): **PHILLIPS, DAVID A.**

3. NATURE OF PERSONNEL ACTION: **REASSIGNMENT**
4. EFFECTIVE DATE REQUESTED: MONTH **JUN**, DAY **6**, YEAR **65**
5. CATEGORY OF EMPLOYMENT: **REGULAR**

6. FUNDS: V TO V, CF TO V, V TO CF, CF TO CF. **XX**
7. COST CENTER NO. CHARGE-ABLE: **6135 0875**
8. LEGAL AUTHORITY (Completed by Office of Personnel)

9. ORGANIZATIONAL DESIGNATIONS: **DDP/WH FOREIGN FIELD BRANCH 2** 16-10
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: **0186.01**
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 Date **28 JUL 1965**
1-FINANCE
1-SECURITY
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/RESV PROV/TEMP		CODE	39. FEGLI/HEALTH INSURANCE CODE 0-WAIVER 1-YES		HEALTH INS. CODE		40. SOCIAL SECURITY NO.		
41. PREVIOUS GOVERNMENT SERVICE DATA 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)				42. LEAVE CAT. CODE		43. FEDERAL TAX DATA FORM EXECUTED CODE NO. TAX EXEMPTIONS 1-YES 2-NO				44. STATE TAX DATA FORM EXECUTED CODE NO. TAX EXEMP. STATE CODE 1-YES 2-NO					
45. POSITION CONTROL CERTIFICATION						46. O.P. APPROVAL						DATE APPROVED			

4/17

EMPLOYEE NOTICE OF RESIGNATION

15-50000

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
Part Time
Temporary
Temporary-Part Time

Summer
Detail Out
Detail In

WAE
Consultant
Military

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.