

DEPARTMENT OF STATE
REQUEST FOR PERSONNEL ACTION

ROUTING	4	PPW/CWD	8	SERVICE <input type="checkbox"/> FB. <input type="checkbox"/> DPL
1 PER/EMD	1/28	A	9	
2 POD/TR	1/6	TRANS	10	
3 NEA	1/6		11	

1. NAME (Mr., Miss-Mrs.-One given name, initial (s), and surname)
Mr. Ogden WILLIAMS

2. DATE OF BIRTH
1/22/20

3. REQUEST NO.

4. DATE OF REQUEST
12/29/58

5. NATURE OF ACTION REQUESTED

A. PERSONNEL (Specify whether appointment, promotion, separation, etc.)
Granting of Diplomatic Title

6. EFFECTIVE DATE
A. PROPOSED:
ASAP
B. APPROVED:

7. C.S. OR OTHER
LEGAL AUTHORITY

B. POSITION (Specify whether establish, change grade or title, etc.)

FROM—
Political Officer
Attache

FSR-4 \$10,450
New Delhi
 FIELD DEPARTMENTAL
 REGULAR RESIDENT

TO—
Political Officer
Second Secretary

FSR-4 \$10,450
New Delhi
 FIELD DEPARTMENTAL
 REGULAR RESIDENT

13. VETERAN PREFERENCE

NONE	5-PT.	10-PT.	YES
		DISAB OTHER	

14. FULL STAFFING ALLOTMENT

YES FROM:
 NO TO:

14A. POSITION CLASSIFICATION ACTION

NEW VICE
 I.A. REAL

15. SEX
M 16. APPROPRIATION
FROM:
TO:

17. RETIREMENT COVERAGE
 CSC FS
 FICA NONE

18. DATE OF APPOINTMENT AFFIDAVIT
(Accessions only)

19. LEGAL RESIDENCE
 CLAIMED
 PROVED
STATE: D.C.

20. RESERVE STATUS

None ACTIVE INACTIVE

21. MARITAL STATUS
 WIDOWED WIDOW DIVORCED SEPARATED

22. REQUESTED BY (Name and title)
Sheldon B. Vance, Reg. Dir. Off., NEA

23. REQUEST APPROVED BY
Signature and title PER/EMD - David H. Schindell

24. CLEARANCES

INITIAL OR SIGNATURE

DATE

CLEARANCES

INITIAL OR SIGNATURE

DATE

A.

D. REPLACEMENT OR EMPL.

B. CEIL. OR POS. CONTROL

E. POD/TR W. G.

C. CLASSIFICATION

F. APPROVED BY

Gibson W.G./44 1/6/59
AAB 1/20/59

REMARKS

Presidental Commission as Secretary in the Diplomatic Service required.

REQUEST FOR TRAVEL AUTHORIZATION	OBJECT CLASS	ESTIMATED COST	PER/TC ENCUMBRANCE FUNDS AVAILABLE	NAMES OF DEFENDENTS AND DATES OF BIRTH OF CHILDREN UNDER 21	FROM	TO
			APPR.		VIA	DETAILS ENROUTE
			ALLOT.			
			OBLIG. NO.		NO. LBS. EXCESS BAGGAGE AUTH.	
			DATE			
	TOTAL		SIGNATURE			SHIPMENT OF EFFECTS
T. O. DATE	T. O. NO.				PROM:	
					TO:	

REMARKS

DS-1032 Journalized
Date 6/3/59
By gmo

PER: POD: NEA: M. Reed/mjr