

DEPARTMENT OF STATE
REQUEST FOR PERSONNEL ACTION

ROUTING		4	PER/EMD	5	PPH/CWD	6		SERVICE <input type="checkbox"/> FS. <input type="checkbox"/> DPTL
1	PER/EMD	1/2/59	A	8		9		
2	POD/TR	1/6	TRANS	10		11		
3	NEA	1/1/6		7				

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 B. POSITION (Specify whether establish, change grade or title, etc.)				6. EFFECTIVE DATE A. PROPOSED: ASAP B. APPROVED:		7. C.B. OR OTHER LEGAL AUTHORITY	

FROM— Political Officer Attache FSR-4 \$10,450 New Delhi <input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL <input type="checkbox"/> REGULAR <input type="checkbox"/> RESIDENT		8. POSITION TITLE AND NUMBER Diplomatic or Consular Title 9. SCHEDULE, SERIES NO., GRADE, SALARY 10. ORGANIZATIONAL DESIGNATIONS Post 11. HEADQUARTERS 12. DS CATEGORY FSS Category		TO— Political Officer Second Secretary FSR-4 \$10,450 New Delhi <input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL <input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> RESIDENT	
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13. VETERAN PREFERENCE NONE 5-PT. 10-PT. DISAB OTHER Yes		14. FULL STAFFING ALLOTMENT <input type="checkbox"/> YES FROM: <input type="checkbox"/> NO TO:		14A. POSITION CLASSIFICATION ACTION <input checked="" type="checkbox"/> NEW <input type="checkbox"/> VICE <input type="checkbox"/> I.A. <input type="checkbox"/> REAL		
15. SEX M	16. APPROPRIATION FROM: TO:		17. RETIREMENT COVERAGE <input checked="" type="checkbox"/> CSC <input type="checkbox"/> FS <input type="checkbox"/> FICA <input type="checkbox"/> NONE	18. DATE OF APPOINTMENT AFFIDAVIT (Accessions only)	19. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE: D.C.	
20. RESERVE STATUS None <input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE			21. MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOWED <input type="checkbox"/> WIDOW <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED			
22. REQUESTED BY (Name and title) Sheldon B. Vance, Reg. Opps. 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. Gibson WGG/HH 1/6/59	
C. CLASSIFICATION				F. APPROVED BY	AAE 1/20/59	

REMARKS
Presidential Commission as Secretary in the Diplomatic Service required.

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

REMARKS	DS-1032 Journalized Date 6/3/59 By gnd
PER:POD:NEA:MReed/mjr	