FORM DS-1042
7-15-60

DEPARTMENT OF STATE

PAY ROLL CHANGE SLIP

POST	ORG. CODE	POSITION NO.	ALLOT. & ACTIVITY & PURPOSE	EFFECTIVE DATE	DATE OF LAST EQUIV. INCREASE
Department (CANCELLATION)				7 1 62	7 1 61

EMPLOYEE'S NAME	EMPLOYEE NO.	CATG. & CLASS SERV. & GRADE	NEW SALARY RATE	OLD SALARY RATE	
Ogden Williams	644225	FSR 4	$12 145	$11 845	☒ Periodic Step-Increase

LWOP DATA (Fill in appropriate spaces covering LWOP during following periods):
Period(s):

☐ NO EXCESS LWOP. TOTAL EXCESS LWOP _____
(Check applicable box in case of excess LWOP)
☐ IN PAY STATUS AT END OF WAITING PERIOD.
☐ IN LWOP STATUS AT END OF WAITING PERIOD.

Initials of Clerk

☐ Other Step-Increase _____

☐ Pay Adjustment _____

Performance rating is satisfactory or better.

RECEIVED
JUL 23
DEPARTMENT OF STATE

REMARKS

This action cancels FS 1042 Effective 7 1 62. Employee resigned 6 8 62.

J. DRONEY
(Signature of other authentication)

PERSONNEL COPY