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NOTIFICATION OF PERSONNEL ACTION

(Exception to SF-50 approved by
CSC and B. of B. July 1962)

O.W. Personal
file

SERVICE

FS

1. NAME (CAPS) LAST - FIRST - MIDDLE		MR-MISS-MRS.	2. EMPLOYEE NO. & SEX	3. BIRTH DATE (Mo, Da, Yr.)	4. SOCIAL SECURITY NO
WILLIAMS, OGDEN NMN MR.			800243M	01-22-20	
5. VETERAN PREFERENCE 1 - NO 2 - 5 PT. 3 - 10 PT. DISAB 4 - 10 PT. COMP. 5 - 10 PT. OTHER		6. TENURE CODE (3) 18		7. SERVICE COMP. DATE	8. PHYSICAL HANDICAP CODE
9. FEGLI 1 - COVERED 2 - INELIGIBLE 3 - WAIVED		10. RETIREMENT 1 - CS 2 - FICA 3 - FS 4 - NONE 5 - OTHER		10A. MO & YR. OF GRADE	11. (For CSC use)
12. NATURE OF ACTION 760E EXTENSION OF REIMBURSABLE CODE ASSIGNMENT FROM AID (6-30-71)		13. EFFECTIVE DATE 07-14-70		14. CIVIL SERVICE OR OTHER LEGAL AUTHORITY	
15. FROM: POSITION TITLE AND NUMBER		16. PAY PLAN AND OCCUPATION CODE		17. GRADE	18. SALARY
19. NAME AND LOCATION OF EMPLOYING OFFICE DEPARTMENT OF STATE, WASHINGTON, D. C. 20520					

20. TO: POSITION TITLE AND NUMBER E-04200-00 COORDINATOR DPL. CODE DE		21. PAY PLAN AND OCCUPATION CODE (FR-6517) NEXT PSI DUE	22. GRADE 01 CCC	23. SALARY (pa\$35,505) F WORK SCHED
24. NAME AND LOCATION OF EMPLOYING OFFICE DEPARTMENT OF STATE, WASHINGTON, D. C. 20520				

25. DUTY STATION (City-County-State) WASHINGTON, D.C.		26. LOCATION CODE 080010001	
27. APPROPRIATION 0113.0-1097-261500-000 0671XXXX		28. POSITION OCCUPIED 1 - COMPETITIVE 2 2 - EXCEPTED SERVICE	29. APPORTIONED POSITION FROM: TO: STATE 1 - PROVED - 1 2 - WAIVED - 2

30. REMARKS: ☐ A. SUBJECT TO COMPLETION OF 1 YEAR PROBATIONARY (OR TRIAL) PERIOD COMMENCING ☐ B. SERVICE COUNTING TOWARD CAREER (OR PERMANENT) TENURE FROM:

SEPARATIONS: SHOW REASON BELOW, AS REQUIRED. CHECK IF APPLICABLE: ☐ C. DURING PROBATION ☐ D. FROM APPOINTMENT OF 6 MONTHS OR LESS

This action is subject to all applicable laws, rules and regulations and may be subject to investigation and approval by the United States Civil Service Commission or the Department. This action may be corrected or canceled if not in accordance with all requirements.
The grade of the position to which you are officially assigned may be reviewed and corrected by the Department or by the Civil Service Commission.

FOR RECORD PURPOSES ONLY.

31. DATE OF APPOINTMENT AFFIDAVIT (Accession only)	34. SIGNATURE (Or other authentication) AND TITLE
32. OFFICE MAINTAINING PERSONNEL FOLDER (If different from employing office)	
33. CODE EMPLOYING DEPARTMENT OR AGENCY ST 01 DEPARTMENT OF STATE	
35. DATE	SUBMITTING OFFICE NO. 2951

AW

1 EMPLOYEE COPY