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

NOTIFICATION OF PERSONNEL ACTION

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
9. FEGLI 1 - COVERED 2 - INELIGIBLE 3 - WAIVED				10. RETIREMENT 1 - CS 2 - FICA	11. 10A. MO & YR. OF GRADE 3 - FS 4 - NONE 5 - OTHER
12. NATURE OF ACTION 760E EXTENSION OF REIMBURSABLE 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)	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	29. APPORTIONED POSITION FROM: _____ TO: _____ 1 - PROVED - 1 2 - WAIVED - 2	STATE	
30. REMARKS: _____ A. SUBJECT TO COMPLETION OF 1 YEAR PROBATIONARY (OR TRIAL) PERIOD COMMENCING _____ B. SERVICE COUNTING TOWARD CAREER (OR PERMANENT) TENURE FROM: _____		CHECK IF APPLICABLE: _____ 2 - EXCEPTED SERVICE		C. DURING PROBATION _____	D. FROM APPOINTMENT OF 6 MONTHS OR LESS _____
SEPARATIONS: SHOW REASON BELOW, AS REQUIRED.					
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 (Actions only)		34. SIGNATURE (Or other authentication) AND TITLE			
32. OFFICE MAINTAINING PERSONNEL FOLDER (If different from employing office)		35. DATE			
33. CODE EMPLOYING DEPARTMENT OR AGENCY ST 01 DEPARTMENT OF STATE					
SUBMITTING OFFICE NO. 2951					

AW

1 EMPLOYEE COPY