

<b>PERSONNEL ACTION REQUEST</b>		DATE <b>15 Jun 70</b>	ORGANIZATION AND LOCATION <b>Hq STTC, Sheppard AFB, Texas</b>					
LAST NAME · FIRST NAME · MIDDLE INITIAL <b>GORDE, Robert E</b>		GRADE <b>A1C</b>	AFSN	PERSONNEL ACTION NR <b>11698-70</b>				
TO: <b>CBPO-ADMIN/207, SAFB, Texas</b>		FROM: <b>CBPO-ASGN-N/207, SAFB, Texas</b>						
<b>SECTION I REQUESTED ACTION</b>								
<input type="checkbox"/> AWARD AFSC _____ AS _____ AFSC		<input type="checkbox"/> WITHDRAW AFSC _____						
<input type="checkbox"/> CHANGE PAFSC FROM _____ TO _____		<input type="checkbox"/> WITHDRAW PRO PAY RATING _____ AFSC _____						
<input type="checkbox"/> CHANGE CAFSC FROM _____ TO _____		EFFECTIVE _____						
<input type="checkbox"/> CHANGE FLYING STATUS CODE TO _____		<input type="checkbox"/> OJT: EFFECTIVE _____						
<input type="checkbox"/> CHANGE FUNCTIONAL CATEGORY TO _____		<input type="checkbox"/> ENTER AFSC _____ CODE _____						
<input type="checkbox"/> CHANGE/ANNOUNCE (ODSD) (DEROS) TO _____		<input type="checkbox"/> CONTINUE AFSC _____ CODE _____						
<input type="checkbox"/> CHANGE AD SVC COMMITMENT TO _____		<input type="checkbox"/> WITHDRAW AFSC _____ CODE _____						
<input type="checkbox"/> ASSIGN RATED POSITION IDENTIFIER _____		<input type="checkbox"/> COMPLETED AFSC _____ CODE _____						
<input checked="" type="checkbox"/> ASSIGN FUNCTIONAL ACCOUNT CODE <b>130015</b>		<input checked="" type="checkbox"/> ASSIGN PROGRAM ELEMENT CODE <b>847</b>						
<input type="checkbox"/> ASSIGN PRO PAY RATING _____ AFSC _____		<input type="checkbox"/> ADJUST DOS TO _____						
EFFECTIVE _____		<input type="checkbox"/> ADJUST (TAFMSD) (PAY DATE) TO _____ <b>26 May 70</b>						
<input checked="" type="checkbox"/> ASSIGN DAFSC <b>70220</b> DUTY TITLE <b>AFN Admin Specialist</b>		EFFECTIVE _____						
<input checked="" type="checkbox"/> RPTG OFFL IS <b>Hqgt Facility</b>		AND FOR <b>None</b>						
<input type="checkbox"/> OTHER _____								
<input checked="" type="checkbox"/> AUTHORITY <b>AFM300-4, AFM 39-11</b>								
TYPED NAME, GRADE AND POSITION TITLE <b>Holloway, Daisy D Ann, Admin Spec</b>		SIGNATURE OF SUPERVISOR/REQUESTING OFFICIAL <i>[Signature]</i>						
<b>SECTION II CONCURRENCE</b>								
I <input type="checkbox"/> DO <input type="checkbox"/> DO NOT CONCUR		SIGNATURE OF INDIVIDUAL CONCERNED <i>[Signature]</i>						
<b>SECTION III DUTY STATUS CHANGE</b>								
CHANGE DUTY STATUS FROM _____ TO _____								
EFFECTIVE _____ HOURS _____		LOCATION: _____						
<b>SECTION IV ASSIGNMENT ACTION</b>								
EDCSA <b>10 May 70</b>		ASSIGNMENT ACTION NUMBER <b>05N20056</b>		REPT NLT <b>26 May 70</b>				
ASSIGN FROM <b>Hq STTC</b>		TO <b>3630th Fly Sqd Hq</b>						
<b>SECTION V APPROVAL BY COMMANDER OR AUTHORIZED REPRESENTATIVE</b>				DATE <b>18 Jun 70</b>				
FOR THE COMMANDER	TYPED NAME, GRADE AND POSITION TITLE <b>Executive Officer, Hq STTC</b>		SIGNATURE <i>[Signature]</i>					
<b>SECTION VI ACTION BY CBPO OFFICER</b>				DATE <b>29 Jun 70</b>				
<input checked="" type="checkbox"/> APPROVED		<input type="checkbox"/> DISAPPROVED		<input type="checkbox"/> BOARD ACTION REQUIRED				
HEADQUARTERS <b>Hq STTC, Sheppard AFB, Texas</b>								
FOR THE COMMANDER	TYPED NAME, GRADE AND POSITION TITLE <b>Chief, On Base Asgn &amp; Manning Sec</b>		SIGNATURE <i>[Signature]</i>					
THIS AUTHORIZATION REMAINS IN EFFECT AFTER AIRMAN'S DISCHARGE AND IMMEDIATE REENLISTMENT AT THE SAME STATION, PROVIDED THAT HE HAS NO BREAK IN MILITARY SERVICE								
<b>SECTION VII REMARKS</b>								
<b>Airman will be attached to the 3630th Stent Squadron for administration.</b>								
<b>SECTION VIII CBPO COORDINATION RECORD</b>								
AFM	ASGMTS	C&T	OJT	FT	R&S	SA	ER/PR	RP
OR	AR	I & OP	MA	MR	MP	CM	PA	