

1. FILE		2. NAME (Last-First-Middle)		3. RETURN TO CIA Background Use Only Do Not Reproduce													
SERIAL NUMBER		HICKS, CALVIN E.															
7. NATURE OF PERSONNEL ACTION			4. EFFECTIVE DATE REQUESTED		5. CATEGORY OF EMPLOYMENT												
REASSIGNMENT			MONTH DAY YEAR 7 31 66		REGULAR												
6. FUNDS			7. FINANCIAL ANALYSIS NO. CHARGEABLE		8. LEGAL AUTHORITY (Completed by Office of Personnel)												
V TO V CF TO V			7235 0400														
9. ORGANIZATIONAL DESIGNATIONS			10. LOCATION OF OFFICIAL STATION														
DDP/WH BRANCH 3 LIAISON SECTION			WASHINGTON, D.C.														
11. POSITION TITLE			12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION												
CPS OFFICER (13)			1392		n												
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)		15. OCCUPATIONAL SERIES	16. GRADE AND STEP		17. SALARY OR RATE												
GS		0136-01	13 4		\$14,217												
18. REMARKS																	
<p>FROM: DDP/WH/OS & DEV COMP/9997 03</p> <p>MR. HICKS IS REPLACING MR. (POSNER) WHO IS BEING REASSIGNED.</p> <p>1 - FINANCE 1 - SECURITY</p> <p>Date: 27 JUL 1966</p> <p>Security Approval has been granted for the use contemplated by this request.</p> <p><i>Robert D. Cashman</i> Chief, Personnel Security Division</p>																	
18A. SIGNATURE OF REQUESTING OFFICIAL			DATE SIGNED	18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER													
ROBERT D. CASHMAN C/WH/PERS																	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL																	
19. ACTION CODE	20. EMPLOY. CODE	21. OFFICE CODING		22. STATION CODE	23. INTEGREE CODE	24. HDQTRS. CODE	25. DATE OF BIRTH			26. DATE OF GRADE			27. DATE OF LEI				
		NUMERIC ALPHABETIC					MO. DA. YR.			MO. DA. YR.			MO. DA. YR.				
28. NTE EXPIRES		29. SPECIAL REFERENCE	30. RETIREMENT DATA		31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA			33. SECURITY REQ. NO.			34. SEX					
MO. DA. YR.			1-CSC 3-FICA 5-NONE		CODE	TYPE MO. DA. YR.			EOD DATA								
35. VET. PREFERENCE		36. SERV. COMP. DATE		37. LONG. COMP. DATE		38. CAREER CATEGORY		39. FEGLI/HEALTH INSURANCE			40. SOCIAL SECURITY NO.						
CODE		0-NONE 1-5 PT. 2-10 PT.		MO. DA. YR.		MO. DA. YR.		CAR/RESV PROV/TEMP		CODE		CODE		0-WAIVER 1-YES		HEALTH INS. CODE	
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE			42. LEAVE CAT. CODE	43. FEDERAL TAX DATA			44. STATE TAX DATA										
CODE			0-NO PREVIOUS SERVICE 1-NO BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)	FORM EXECUTED			CODE			FORM EXECUTED			CODE		NO. TAX EXEMP.	STATE CODE	
				1-YES 2-NO						1-YES 2-NO							
45. POSITION CONTROL CERTIFICATION				46. O.P. APPROVAL				DATE APPROVED									

4/PV

This document is made available through the declassification efforts
and research of John Greenewald, Jr., creator of:

The Black Vault



The Black Vault is the largest online Freedom of Information Act (FOIA) document clearinghouse in the world. The research efforts here are responsible for the declassification of hundreds of thousands of pages released by the U.S. Government & Military.

Discover the Truth at: <http://www.theblackvault.com>

OFFICE OF PERSONNEL
AUG 3 3 20 PM '66

MAIL ROOM

RESIGN EFFECTIVE _____ FOR THE FOLLOWING REASON:
(Date)

MY LAST WORKING DAY WILL BE—	DATE SIGNED	SIGNATURE OF EMPLOYEE
------------------------------	-------------	-----------------------

FORWARD COMMUNICATIONS, INCLUDING SALARY CHECKS AND BONDS, TO THE FOLLOWING ADDRESS (Number, Street, City, State, Zip Code)

INSTRUCTIONS

Items 1 thru 7 and Items 9 thru 18a — The initiating office should fill in each of the referenced items. Items 3 thru 7 and 9 thru 18 require information which pertains *only* to the action requested, and NOT to the current status of the employee unless specific items remain unchanged.

Item 5 — "Category of Employment" should show one of the following entries:

- | | | |
|---------------------|------------|------------|
| Regular | Summer | WAE |
| Part Time | Detail Out | Consultant |
| Temporary | Detail In | Military |
| Temporary-Part Time | | |

Item 9 — "Organizational Designations" should show *all* levels of organization pertinent to identifying the location of the position:

- FIRST LINE
- Major Component (*Director, Deputy Director, etc.*)
 - Office, Major Staff, etc.
 - Foreign Field or U.S. Field (*if pertinent*)
 - Division or Staff (*subordinate to first line*)
 - Branch
 - Section
 - Unit

Items 11 and 15 — "Position Title" and "Occupational Series" should be the standard abbreviated title and corresponding occupational series in Handbook of Official Occupational Titles and Codes for the duties actually to be performed by the employee. If different from the title and series of the position occupied as shown on the most current edition of the Position Control Register or Form 261, Staffing Complement Change Authorization, explain under Item 18—Remarks.

Item 18b — Signature should be that of the official authorized to approve for the Career Service to which the employee belongs. If more than one Career Service is involved, *the gaining Career Service should approve* and the other Career Service should concur in Item 18, Remarks.

ROUTING— The original only of this form will be forwarded to the Office of Personnel *through* the appropriate Career Service official(s). In the case of requests specified in HB 20-800-1, which require advance approval of or notification to the Office of Security or the Office of the Comptroller, one copy only will be sent to the Office(s) concerned.