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NOTIFICATION OF PERSONNEL ACTION

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

56840  
P.O.  
F.I.

NR

SERVICE

1. NAME (CAPS) (LAST-FIRST-MIDDLE) MR.-MISS-MRS. 2. EMPLOYEE NO. & SEX 3. BIRTH DATE (Mo. D. Yr.) 4. SOCIAL SECURITY NO.

BUSTOS-VIDELA CHARLOTTE I MRS 603732 F 01-11-26

5. VETERAN PREFERENCE 6. TENURE CODE 7. SERVICE COMP. DATE 8. PHYSICAL HANDICAP NO.

1 1 - NO 2 - 5 PT. 3 - 10 PT. DISAB. 4 - 10 PT. COMP. 5 - 10 PT. OTHER (1) 00 02-27-71

9. FEGLI 10. RETIREMENT 11. MO. & YR. OF GRADE 12. NATURE OF ACTION 13. EFFECTIVE DATE 14. CIVIL SERVICE OR OTHER LEGAL AUTHORITY

COVERED 2 - INELIGIBLE 3 - WAIVER 1 1 - CS 2 - FICA 3 - OTHER 01-76 1710 LIMITED APPOINTMENT 02-21-74 517.1 OF FOR. SER. ACT

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 21. PAY PLAN AND OCCUPATION CODE 22. GRADE 23. SALARY WORK SCHED.

10-030 [redacted] 32 (FR-05510) 06 00 PA(024, 122, 60) 005

24. NAME AND LOCATION OF EMPLOYING OFFICE DEPARTMENT OF STATE, WASHINGTON, D.C. 20520

25. DUTY STATION (City-Country-State) 26. LOCATION CODE

[redacted] 16-29 [redacted] 70110000

27. APPROPRIATION 28. POSITION OCCUPIED 29. APPORTIONED POSITION

0111, 0-7001-314101-000 02-76 02-76 1 - COMPETITIVE FROM: TO: VA STATE

2 - EXCEPTED SERVICE 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:  DURING PROBATION  FROM APPOINTMENT OF 5 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.

**TOUR ON DUTY OF TWO YEARS FOLLOWED BY HOME LEAVE AND TRANSFER (SUBJECT TO NEEDS OF SERVICE) FEGLI COVERAGE-REGULAR AND OPTIONAL**

31. DATE OF APPOINTMENT AFFIDAVIT (Accessions only) 34. SIGNATURE (Or other authentication) AND TITLE

32. OFFICE AND PERSONNEL FOLDER (if different from employing office) 33. CODE EMPLOYING DEPARTMENT OR AGENCY

35. DATE

DEPARTMENT OF STATE 07-01-74

34. MATTHEW D. DAVIS DIRECTOR GENERAL

35. SUBMITTING OFFICE NO. 2951

