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| REQUEST FOR PERSONNEL ACTION   |                          |          |             |                        |  |                                 |                     | DATE PREPARED      |                    |               |                                |                |  |                                       |
|--|--------------------------|----------|-------------|------------------------|--|---------------------------------|---------------------|--------------------|--------------------|---------------|--------------------------------|----------------|--|---------------------------------------|
|  |                          |          |             |                        |  |                                 |                     |                    |                    |               |                                |                |  |                                       |
| 1. SERIAL NUMBER   2. NAME (Last-First-Middle)                         |                          |          |             |                        |  |                                 |                     |                    |                    | 30 April      | 1963                           | <del>?</del>   |  |                                       |
| 1. SERIAL NUMBE  | R   2. N                 | AME (Las | t-F1F5      | ::-M100                | 11 e)  |                                 |                     |                    |                    |               |                                |                |  |                                       |
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| 559090 CHRIST. DAVID L.  3. NATURE OF PERSONNEL ACTION                 |                          |          |             |                        | 4.EFFECTIVE DATE REQUESTED 5. CATEGORY OF EMPLOYMES. |                                 |                     |                    |                    |               |                                |                |  |                                       |
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|  |                          | ek Ca    | GIACE.      | e or                   | JI   | TU A TOP                        |                     |                    |                    |               | REGULA                         | <b>C</b>       |  |                                       |
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| 6. FUNDS   | <b>&gt;</b>              | CF TO Y  |             |                        | CF   | TO CF                           |                     |                    |                    |               | 01.100 01                      | , e1 00        | nn e i j                               |                                       |
| 9. ORGANIZATIONA   | I DESIGN                 |          |             | IX_                    | <u> </u>   |                                 |                     |                    | 90-100             |               | STATION                        |                |  | ····                                  |
| J. UNGANIZATIONA   | L DESIGN                 | IN TUNS  |             |                        |  |                                 |                     | J                  | ,,, ,, , , ,       | 0,42          | 312101                         |                |  |                                       |
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| Developm e   | at Com                   | plem     | ent         |                        |  |                                 | Washington, D. C.   |                    |                    |               |                                |                |  |                                       |
|  |                          |          |             |                        |  |                                 |                     |                    |                    |               |                                |                |  |                                       |
| 11. POSITION TIT   | LE                       |          |             |                        |  |                                 | 12. POSITION NUMBER |                    |                    | 1             | 13. CAREER SERVICE DESIGNATION |                |  |                                       |
|  |                          |          |             |                        |  |                                 |                     |                    |                    |               |                                |                |  |                                       |
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| 14. CLASSIFICATION   | I SCHEDULE               | GS, LB   | etc.)       | 15. OC                 | CUPA   | TIONAL SERIE                    | 5   16. GI          | 16. GRADE AND STEP |                    | 1             | 17. SALARY OR RATE             |                |  |                                       |
|  |                          |          |             |                        |  |                                 |                     |                    |                    |               | \$                             |                |  |                                       |
| GS<br>18. REMARKS  |                          |          |             | <del>- 13</del>        | 01.  | -07                             | 1                   | 6-                 | <del>- (3)</del> - |               | <del>17, 00</del>              | <del>C</del>   | ······································ | · · · · · · · · · · · · · · · · · · · |
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| 184 SIGNATURE  |                          | STING OF | FICTAL      |                        | DAT  | E SIGNED                        | 188.                | SIGNAT             | TURE OF CA         | REER          | SERVICE APPR                   | OVING          | DATE                                   | SIGNED                                |
| υζ .   |                          |          |             | OFFICER 0)             |  |                                 |                     |                    |                    |               |                                |                |  |                                       |
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| 19. ACTION 20. EMPLOY.   | 21. OFF10                | E CODING |             | 0.1415.22<br>0.1415.22 | N  | 23, INTEGREE<br>CODE            | 24, HOOTES.         | 25. DAT            | E CE BIRTH         | 26. 0         | ATE OF CRADE                   | 27. DAT        | E OF LE                                | :                                     |
|  | NUMERIC                  | #LPH#    | ETIC        |                        |  |                                 |                     | <b>∵</b> :.        | 0#. YR.            | . MO .        | DA. YR.                        | Mo.            | DA.                                    | ¥E,                                   |
| 28.NTE EXPIRES   | 24 5055141               | 20 1     | CTIDENT     | * ****                 |  | 21 6521017.01                   | 22 505556           | L                  | 155 47 01 31       |               |                                | 20.050         | <u> </u>                               |                                       |
| MO. DA. YR.  | 29. SPECIAL<br>REFERENCE |          | ET'REME     | CCDE                   |  | 31. SEPARATION<br>DATA CODE     | JZ. CHMEC           | TON/CAN            | CAL YR.            |               |                                | 33.SEC         | URITY<br>L NC.                         | 34. SE #                              |
| 1  |                          | 3 - F    | CA          | -                      |  |                                 |                     |                    | 1 1                | LE            | DD DATA                        |                |  |                                       |
| 35, VET. PREFERENCE  | 36. SERV. CC             |          | ,           | . CCMP. D              | ATE  | 38. MIL. SERV. CI               | REDIT/LCD           | 39.                | FEG. / HEA         | LTH INS       | URANCE                         | 46. SOC        | IAL SEC                                | PITY NO.                              |
| CODE 0 - NONE  | <b>™</b> 0. 0#           |          | <b>₩</b> 0. |                        | YR.  | 1 - YES                         | CODE                | CODE               | C - WATER          | <del></del>   | TH INS. CODE                   | 1              |  |                                       |
| 1 + 5 PT.<br>2 + 10 PT.  | 1                        |          |             |                        |  | 2 - NO                          |                     |                    |                    |               |                                |                |  |                                       |
| 41. PREVICUS GOVERNMENT SERVICE DATA CCOE                              |                          |          |             |                        | EDERAL TAX DATA 44. STATE TAX DATA                   |                                 |                     |                    |                    |               |                                |                |  |                                       |
| CODE C - NO PREV   |                          |          |             |                        |  | FORM EXECUTED                   | CODE                | NO. 743            | EXEMPT: 045        |               | EXECUTED                       | CODE           | NO. TAX                                | STATE CODE                            |
| 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 12 MOS) 2 - NO |                          |          |             |                        |  |                                 |                     |                    | 8                  | - YES<br>- NO |                                |                |  |                                       |
| 3 - BREAK IN SERVICE (MORE THAN 12 MOS)                                |                          |          |             |                        |  |                                 | <u> </u>            |                    |                    |               | <u> </u>                       | <u> </u>       | <u></u>                                |                                       |
| 45. POSITION CONTROL CERTIFICATION                                     |                          |          |             |                        |  | 46. O.P. APPROVAL DATE APPROVED |                     |                    |                    |               |                                |                |  |                                       |
|  |                          |          |             |                        |  |                                 |                     |                    |                    |               |                                |                |  |                                       |
|  |                          |          |             |                        |  |                                 |                     |                    |                    |               |                                |                |  |                                       |
|  |                          |          |             |                        |  |                                 |                     |                    |                    |               |                                |                | 1                                      |                                       |

FORM 1152 USE PREVIOUS EDITION.

SECRET

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SECRET (Then Filled In)

| EMPLOYEE NOTICE | OF | RES | IGNA | ATION |
|-----------------|----|-----|------|-------|
|-----------------|----|-----|------|-------|

PESIGN EFFECTIVE FOR THE FOLLOWING REASON:

(Date)

& lith let.

MY LAST WORKING DAY WILL BE .

DATE SIGNED

SIGNATUPE OF EMPLOYEE

FORWARD COMMUNICATIONS, INCLUDING SALARY CHECKS AND BONDS. TO THE FOLLOWING ADDRESS (Number, Street, City, Zone, State

## 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 <u>all</u> levels of organization pertinent to identifying the location of the position:

Major Component (Director, Deputy Director, etc.)

5 Office, Major Staff, etc.

Division or Staff (subordinate to first line)

Branch

Section

Unit

- Item 11 "Position Title" should reflect the standard abbreviated title give in the most current edition of the Position Control Register or reported on Form 261, Staffing Complement Change Authorization.
- 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 approand the other Career Service should concur in Item 18, Remarks.
- FOUTING 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 the Office of Security or the Office of the Comptroller, one copy only will sent to the Office(s) concerned.

3 - FICA 5 - HOME 35, WET, PREFERENCE 36. SERV. COMP. DATE 37. LONG. COMP. DATE 38 MIL. SERY CREDIT/LCD FEGLI / HEALTH INSURANCE 39. NO. SOCIAL SECURITY NO. CODE D - MONE 1 - YES 0 - MAINER MEALTH IME. CODE 1 - YES PREVIOUS COVERIMENT SERVICE DATA ¥1. 2. LEAVE CAT. FEDERAL TAX DATA STATE TAX DATA CODE CODE O. TAR EXEMPTIONS MO. TAX STATE CODE FORM EXECUTED CODE CODE 0 - NO PREVIOUS SERVICE 1 - YES FXFMP 1 - NO BREAK IN SERVICE 1 - YES 2 - BREAK IN SERVICE (LESS THAN 12 MOS 3 - BREAK IN SERVICE (MORE THAN 12 MOS 2 - 100 2 - 100 45. POSITION CONTROL CERTIFICATION 46. O.P. APPROVAL DATE APPROVED WELICE O. RESIDERATIO

FORM 1152 USE PREVIOUS EDITION.

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| EMPLOYEE NOTICE OF RESIGNATION   |  |   |  |   |  |  |  |  |  |
|--|--|---|--|---|--|--|--|--|--|
| 1 RESIGN EFFECTIVE . FOR THE FOLLOWING REASON:   |  |   |  |   |  |  |  |  |  |
| 4  | (Dote)   |   |  |   |  |  |  |  |  |
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| MY LAST WORKING DAY WILL BI  | DATE SIGNED  | SIGNATURE OF EMPLOYER   |  | • .   |  |  |  |  |  |
| ;  |  |   | The service sum of the   |   |  |  |  |  |  |
| FORWARD COMMUNICATIONS INC   | CLUDING SALARY CHECKS AND BONDS.   | TO THE FOLLOWING ADDRI  | ess (Number, Street, Cit   | v. Zone. State)   |  |  |  |  |  |
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|  | The initiating office she  |   |  |   |  |  |  |  |  |
|  | Items 3 thru 7 and 9 thru  |   |  |   |  |  |  |  |  |
|  | to the action requested,   |   |  | the em-   |  |  |  |  |  |
|  | ployee unless specific i   |   |  |   |  |  |  |  |  |
| Item 5 -   | "Category of Employment"   | should show one   | of the following   | ent.f1&s:   |  |  |  |  |  |
| roem / -   | or actord. Of removed menta  | Summer  |  | 4 4<br>   |  |  |  |  |  |
|  | Regular Port   | Summer  | WAE C:   |   |  |  |  |  |  |
|  | Part Time  | Detail Out  | Consultant   |   |  |  |  |  |  |
|  | Temporary  | Detail In   | Military   |   |  |  |  |  |  |
|  | Temporary - Part Time  | •   |  | 4 4 4 4 4   |  |  |  |  |  |
| Item 9 -   | "Organizational Designat   |   |  | ganizátion  |  |  |  |  |  |
|  | pertinent to identifying   | the location of   | the position:  |   |  |  |  |  |  |
|  | District Animals   |   |  |   |  |  |  |  |  |
|  | Major Component (Director Office, Major Staff, et  | or, Deputy Directo  | or, etc.)  |   |  |  |  |  |  |
| i jes jedinas prijest  | Division or Staff (sub   |   | : line)  |   |  |  |  |  |  |
|  | Branch   | OTATION OF TIES   |  |   |  |  |  |  |  |
|  | Section  |   |  |   |  |  |  |  |  |
| ,  | Unit   |   |  |   |  |  |  |  |  |
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| Item 11 -  | "Position Title" should  |   |  |   |  |  |  |  |  |
| and the second   | in the most current edit<br>ported on Form 261, Staf   |   |  |   |  |  |  |  |  |
|  | porced on rorm zor, boar   | Ting comprement   | monte vanior regar   | 1011.   |  |  |  |  |  |
| Item 18b -   | Signature should be that   | of the official   | authorized to app  | prove for   |  |  |  |  |  |
|  | the Career Service to wh   |   |  |   |  |  |  |  |  |
| · -  | Career Service is involve  |   |  |   |  |  |  |  |  |
|  | and the other Career Ser   | rvice should concu  | ur in Item 18, Ren   | marks.  |  |  |  |  |  |
| DOINTNO TO -   |  | 11 h. Par   | o the Oppies of Th   | owaonnol  |  |  |  |  |  |
|  | nal only of this form will<br>be appropriate Career Ser  |   |  |   |  |  |  |  |  |
|  | in HB 20-800-1, which re   |   |  |   |  |  |  |  |  |
|  | e of Security or the Off:  |   |  |   |  |  |  |  |  |
|  | he Office(s) concerned   |   | orrer one copy of  |   |  |  |  |  |  |