

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>

ACTION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP		DATE 27 July 1973	FILE NO. 2500 <i>7642</i>
<input checked="" type="checkbox"/> CHIEF, CONTROL DIVISION, OP	SS NUMBER 391-24-4032		
<input checked="" type="checkbox"/> CHIEF, CONTRACT PERSONNEL DIVISION, OP	EMPLOYEE NUMBER 024345 <i>OS# 40696</i>		
<input checked="" type="checkbox"/> CHIEF, OPERATING COMPONENT (For action) WH	ID CARD NUMBER		
ATTN: Chief Support Staff	OFFICIAL COVER	ESTABLISHED	
REF: Form 1322 dated 7 Jun 73		DISCONTINUED	
SUBJECT PHILLIPS, DAVID A.	UNIT Department of State		

KEEP ON TOP OF FILE WHILE COVER IN EFFECT

<input checked="" type="checkbox"/> ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS	CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS EFFECTIVE DATE:		
<input checked="" type="checkbox"/> BASIC COVER PROVIDED EFFECTIVE DATE BOD	SUBMIT FORM 3254 TO BE ISSUED <i>(HBB 20-11)</i>		
<input type="checkbox"/> OPERATIONAL COVER PROVIDED FOR _____ TDY _____ OTHER (Specify)	SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY <i>(HBB 20-7)</i>		
<input checked="" type="checkbox"/> SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY III	EAA. CATEGORY 5	CATEGORY 11	
	RETURN ALL OFFICIAL DOCUMENTATION TO COS		
<input checked="" type="checkbox"/> SUBMIT FORM 3254 State W-2 TO BE ISSUED. <i>(HBB 20-11)</i>	SUBMIT FORM 2688 FOR HOSPITALIZATION CARD		
<input checked="" type="checkbox"/> SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. <i>(HR 240-2e)</i>	DO NOT WRITE IN THIS BLOCK		
<input checked="" type="checkbox"/> SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. <i>(HR 240-2e)</i>			
<input checked="" type="checkbox"/> EAA. CATEGORY 9	CATEGORY 11		
<input checked="" type="checkbox"/> SUBMIT FORM 2688 FOR AGE HOSPITALIZATION CARD			
REMARKS AND/OR COVER HISTORY			
JAN 53-54 [redacted] NOC 16-23 MAY 54-FEB 56-NEW YORK/NOC FEB 56-APR 57-HAVANNA/NOC APR 57-JUL 58 [redacted] NOC 12-18 AUG 58-MAR 60-HAVANNA/NOC MAR 60-22 AUG 61-HQS/NOC 23 AUG 61-JUL 65-MEXICO/STATE INT JUL 65-JUN 67 [redacted] STATE INT 16-10 JUN 67-JUN 70-HQS/STATEINT JUN 70-14 JUN 73 [redacted] STATE INT			
DISTRIBUTION 15 JUN 73-21 JUL 73-HQS/			
COPY 1 - CD OR CPD STATE INT COPY 2 - OPERATING COMPONENT COPY 3 - OS/SR&CD 22 JUL 73-HQS/STATE NOM COPY 4 - OL/TFB COPY 5 - CCS-FILE EBP:BB			
			<i>James H. Franklin</i> CHIEF, OFFICIAL COVER, CENTRAL COVER STAFF