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NOTIFICATION OF PERSONNEL ACTION

56840

FILE

(Exception to SF-50 approved by
CSC on 7/19/74 of B. July 1962)

78 **NR** **F.O**

1. NAME (CAPS) LAST-FIRST-MIDDLE: **FUSTOS-VIDELA, CHARLOTTE E. MRS.**

MR.-MISS-MRS. **MRS.**

2. EMPLOYEE NO. & SEX: **021732 F**

3. BIRTH DATE (Mo. Day, Yr.): **01-18-29**

4. SOCIAL SECURITY NO.: **30**

5. VETERAN PREFERENCE: **1**

6. TENURE CODE: **(3) 04**

7. SERVICE COMP. DATE: **06-27-51**

8. **00**

9. FEGLI: **4**

10. RETIREMENT: **1**

11. MO. & YR. OF GRADE: **06-74**

12. NATURE OF ACTION: **00A CORRECTION-LIMITED APPOINTMENT 171H**

13. EFFECTIVE DATE: **06-28-74**

14. CIVIL SERVICE OR OTHER LEGAL AUTHORITY: **502.1 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: **10-034**

21. PAY PLAN AND OCCUPATION CODE: **(PR-35590)**

22. GRADE: **GS**

23. SALARY: **GS JA (424,122)**

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

25. DUTY STATION (City-County-State): **16-76**

26. LOCATION CODE: **785500004**

28. POSITION OCCUPIED: **2**

29. APPORTIONED POSITION: **1 - PROVED - 1**

30. REMARKS: **0111.0-2061-314201-000 06-76 06-76**

SEPARATIONS: SHOW REASON BELOW, AS REQUIRED. CHECK IF APPLICABLE: C. DURING PROBATION D. FROM APPOINTMENT OF 6 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.

THIS CORRECTS DE-1032 DATED 07-11-74, ITEM NO. 30 (REMARKS) TO READ: APPOINTMENT LIMITED TO 5 YEARS OR NEED OF EMPLOYER'S SERVICES WHICHEVER IS LESS.

31. DATE OF APPOINTMENT AFFIDAVIT (Accessions only):

32. OFFICE MAINTAINING PERSONNEL FOLDER (if different from employing office):

33. CODE EMPLOYING DEPARTMENT OR AGENCY: **100 DEPARTMENT OF STATE**

34. SIGNATURE (Or other authentication) AND TITLE: **ANTHONY J. MURPHY DIRECTOR GENERAL**

35. DATE: **09-23-74**

SUBMITTING OFFICE NO. 2951

10 POST COPY

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