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STANDARD FORM 52
PROVIDED BY THE
U. S. CIVIL SERVICE COMMISSION
AS HEAVY 180 - FEDERAL PERSONNEL
MANUAL CHAPTER 10

REQUEST FOR PERSONNEL ACTION

UNCLASSIFIED

REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed.
If applicable, obtain resignation and fill in separation data on reverse.

1. NAME (Mr - Miss - Mrs. - One given name, initial(s), and surname) Mr. Howard K. MINT	2. DATE OF BIRTH 9 Oct 1916	3. REQUEST NO.	4. DATE OF REQUEST 16 Oct 56
5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) Reassignment		6. EFFECTIVE DATE A. PROPOSED:	7. C.S. OR OTHER LEGAL AUTHORITY
B. POSITION (Specify whether establish, change grade or title, etc.)		<p>RETURN TO CIA Background Use C Do Not Reproduce</p>	

FROM Ops Officer (PF) 05-0136.01-15 \$12,150.00 p.a. DOP/PA North Pole Station PF Staff [] 13-3	8. POSITION TITLE AND NUMBER	TO Area Ops Off (COS) \$12,150.00 p.a. 05-0136.01-15 \$12,150.00 p.a. DOP/PA Branch II Montevideo, Uruguay Station Montevideo, Uruguay
<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL	9. SERVICE, GRADE, AND SALARY 10. ORGANIZATIONAL DESIGNATIONS 11. HEADQUARTERS 12. FIELD OR DEPARTMENTAL	<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL (D)

A. REMARKS (Use reverse if necessary)
2 copies to Security

B. REQUESTED BY (Name and title) J. EDWARDS	D. REQUEST APPROVED BY Signature: _____ Title: _____
C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension) J. EDWARDS 10012	

13. VETERAN PREFERENCE NONE WWII OTHER 5-PT. 10-POINT DISAB. OTHER	14. POSITION CLASSIFICATION ACTION NEW VICE L A REAL
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15. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	16. RACE <input checked="" type="checkbox"/> W <input type="checkbox"/> O	17. APPROPRIATION FROM: 7-3700-55-181 TO: 7-3587-55-065	18. SUBJECT TO C. S. RETIREMENT ACT (YES-NO) Yes	19. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)	20. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:
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21. STANDARD FORM 50 REMARKS

Date: **1/24/57**
Security approval has been granted to request
[Signature]

22. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS
A.			
B. CEIL. OR POS CONTROL			
C. CLASSIFICATION			
D. PLACEMENT OR EMPL.			
E.			

F. APPROVED BY

SECRET

BR

23. RESIGNATION

I RESIGN FOR THE FOLLOWING REASON:

DATE _____

RECEIVED PSB

MY LAST WORKING DAY WILL BE

OCT 19 12 17 PM '56

(SIGNATURE)

24. SEPARATION DATA

FORWARD COMMUNICATIONS, INCLUDING SALARY CHECKS AND BONDS, TO THE FOLLOWING ADDRESS:

(STREET)

(CITY)

(ZONE)

(STATE)

REMARKS (Continued)