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STANDARD FORM 52
PUBLISHED BY THE
U. S. CIVIL SERVICE COMMISSION
AND U. S. FEDERAL PERSONNEL
MANAGEMENT BOARD

UNVOUCHERED

REQUEST FOR PERSONNEL ACTION

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. David S. MORALES	2. DATE OF BIRTH 26 Aug 1925	3. REQUEST NO.	4. DATE OF REQUEST 19 Oct 55
5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) Reassignment		6. EFFECTIVE DATE A. PROPOSED: APPROVED B. APPROVED:	7. C. S. OR OTHER LEGAL AUTHORITY
8. POSITION (Specify whether establish, change grade or title, etc.)			

FROM: Ops Officer (PP) BAP-8006 GS-0132.31-12, \$7570.00 p.a. DDP/WH PBSUCCESS Washington, D. C.	8. POSITION TITLE AND NUMBER 9. SERVICE, GRADE, AND SALARY 10. ORGANIZATIONAL DESIGNATIONS 11. HEADQUARTERS 12. FIELD OR DEPARTMENTAL <input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL	TO: Intelligence Officer (FI) BAF-238 GS-0136.51-12, \$7570.00 p.a. DDP/WH <input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL (FI)
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A. REMARKS (Use reverse if necessary)
Security Approval
Two copies routed to Security.

B. REQUESTED BY (Name and title) C/WRD	D. REQUEST APPROVED BY Signature: _____ Title: _____
C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension) P. C. Bowers, x3692	
13. VETERAN PREFERENCE NONE <input type="checkbox"/> WWII <input type="checkbox"/> OTHER <input type="checkbox"/> 5-PT. <input checked="" type="checkbox"/> 10-POINT DISAB. OTHER	14. POSITION CLASSIFICATION ACTION NEW <input type="checkbox"/> VICE <input type="checkbox"/> I. A. <input checked="" type="checkbox"/> REAL <input type="checkbox"/> SD:D

15. SEX M	16. RACE W	17. APPROPRIATION FROM: 6-3500-51-081 TO: 6-3588-55-066	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: 10/19/55
Security Approval has been granted for the use contemplated by this request.
Chief Personnel Security Division

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

F. APPROVED BY _____

**RETURN TO CIA
Background Use Only
Do Not Reproduce**

16-5322-2

23. RESIGNATION

I RESIGN FOR THE FOLLOWING REASON:

DATE _____

MY LAST WORKING DAY WILL BE _____

(SIGNATURE)

24. SEPARATION DATA

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

(STREET)

(CITY)

(ZONE)

(STATE)

REMARKS (Continued)