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DATE PREPARED

23 May 1962

**FILE**

**REQUEST FOR PERSONNEL ACTION**

1. SERIAL NUMBER <b>10713</b>	2. NAME (Last-First-Middle) <b>OCONELL, James P. Jr.</b>
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3. NATURE OF PERSONNEL ACTION <b>Reassignment and Transfer to Confidential Funds</b>	4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR <b>5   27   62</b>	5. CATEGORY OF EMPLOYMENT <b>Regular</b>
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6. FUNDS ▶ V TO V <input checked="" type="checkbox"/> V TO CF <input type="checkbox"/> CF TO V <input type="checkbox"/> CF TO CF <input type="checkbox"/>	7. COST CENTER NO. CHARGE-ABLE <b>2137-700-3361</b>	8. LEGAL AUTHORITY (Completed by Office of Personnel)
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9. ORGANIZATIONAL DESIGNATIONS <b>IDS/FE 13-26</b> <b>FE/JAO- [ ]</b> <b>Administrative Section</b> <b>Security Unit</b>	10. LOCATION OF OFFICIAL STATION <b>[ ] 13-26</b>
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11. POSITION TITLE <b>Security Officer SS-15</b>	12. POSITION NUMBER <b>3169</b>	13. CAREER SERVICE DESIGNATION <b>BS</b>
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14. CLASSIFICATION SCHEDULE (GS, LB, etc.) <b>GS</b>	15. OCCUPATIONAL SERIES <b>1810-01</b>	16. GRADE AND STEP <b>15 3</b>	17. SALARY OR RATE <b>14,300</b>
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18. REMARKS

Date: **1 JUN 1962**

**From: IDS/OS/ID Invest-Oper Sup/88 Div/OC/0370**

**259's submitted to Medical Staff**

**Subject to depart c/a 8 June 1962**

**Any questions inquire FE/FE/JAO-ICR 15271**

**\*For slotting purposes only until slots transferred to [ ] Subject to be physically located at [ ]**

**lcc - Finance Div. 13-17**

**lcc Security 13-17**

**W. G. Oshome**  
**03 Chief, Personnel Security Division**

18A. SIGNATURE OF REQUESTING OFFICIAL <b>R. L. Staten ACPE/Pers</b>	DATE SIGNED	18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER	DATE SIGNED
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SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE	20. EMPLOY. CODE	21. OFFICE CODING NUMERIC ALPHABETIC	22. STATION CODE	23. INTEGREE CODE	24. HDQTRS. CODE	25. DATE OF BIRTH MO. DA. YR.	26. DATE OF GRADE MO. DA. YR.	27. DATE OF LEI MO. DA. YR.
28. NTE EXPIRES MO. DA. YR.	29. SPECIAL REFERENCE	30. RETIREMENT DATA 1 - CSC 3 - FICA 5 - NONE	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA TYPE MO. DA. YR.	<b>EOD DATA</b> →		33. SECURITY RED. NO.	34. SER
35. VET. PREFERENCE CODE 0 - NONE 1 - 5 PT. 2 - 10 PT.	36. SERV. COMP. DATE MO. DA. YR.	37. LONG. COMP. DATE MO. DA. YR.	38. MIL. SERV. CREDIT/LCD 1 - YES 2 - NO	39. FEGLI / HEALTH INSURANCE CODE 0 - WAIVER 1 - YES	HEALTH INS. CODE		NO. SOCIAL SECURITY NO.	
41. PREVIOUS GOVERNMENT SERVICE DATA CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 12 MOS) 3 - BREAK IN SERVICE (MORE THAN 12 MOS)			42. LEAVE CAT. CODE	43. FEDERAL TAX DATA FORM EXECUTED CODE NO. TAX EXEMPTIONS 1 - YES 2 - NO		44. STATE TAX DATA FORM EXECUTED CODE NO. TAX EXEMP. STATE CODE 1 - YES 2 - NO		

45. POSITION CONTROL CERTIFICATION	46. O.P. APPROVAL	DATE APPROVED
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3/12/62

EMPLOYEE NOTICE OF RESIGNATION

OFFICE OF PERSONNEL  
JUN 4 11 05 AM '62  
MAIL ROOM

RESIGN EFFECTIVE \_\_\_\_\_ FOR THE FOLLOWING REASON:  
(Date)

MY LAST WORKING DAY WILL BE	DATE SIGNED	SIGNATURE OF EMPLOYEE
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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 all levels of organization pertinent to identifying the location of the position:

- |            |   |       |
|------------|---|-------|
| FIRST LINE | Major Component (Director, Deputy Director, etc.) | ..... |
|            | Office, Major Staff, etc.                         | ..... |
|            | Division or Staff (subordinate to first line)     | ..... |
|            | Branch  | ..... |
|            | Section   | ..... |
|            | Unit  | ..... |

Item 11 - "Position Title" should reflect the standard abbreviated title given 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 approve and the other Career Service should concur in Item 18, Remarks.

ROUTING - 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 to the Office of Security or the Office of the Comptroller, one copy only will be sent to the Office(s) concerned.