

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP

14 January 1970

TO: (Check)	<input type="checkbox"/>	CHIEF, RECORDS AND CONTROL	FILE NUMBER 1088
	<input type="checkbox"/>	CHIEF, CONTRACT PERSONNEL DIVISION	EMPLOYEE NUMBER 013842
	<input checked="" type="checkbox"/>	CHIEF, OPERATING COMPONENT (For action)	ID CARD NUMBER EUR
ATTN: CHIEF SUPPORT STAFF		OFFICIAL COVER	<input type="checkbox"/> BACKSTOP ESTABLISHED
REF: FORM 1414			<input checked="" type="checkbox"/> DISCONTINUED
SUBJECT: HUNT, E. HOWARD		UNIT: DEPARTMENT OF STATE	

RETURN TO CIA
Background Use Only
Do Not Reproduce

KEEP ON TOP OF FILE WHILE COVER IN EFFECT

<input type="checkbox"/> ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS (OPM 20-800-11)	<input checked="" type="checkbox"/> CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS (OPM 20-800-11)
A. TEMPORARILY FOR _____ DAYS EFFECTIVE DATE COB _____	DATE <input checked="" type="checkbox"/> FROM BOD
B. CONTINUING AS OF COB	FROM BOD
SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HBB 20-7)	SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HBB 20-7)
ASCERTAIN THAT _____ W-2 BEING ISSUED. (HBB 20-11)	RETURN ALL OFFICIAL DOCUMENTATION TO CCS.
SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (HR-240-2e)	DO NOT WRITE IN THIS BLOCK - FOR CCS INTERNAL USE ONLY
SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (HR-240-2e)	
SUBMIT FORM 2688 <input checked="" type="checkbox"/> FOR HOSPITALIZATION CARD	

REMARKS AND/OR COVER HISTORY

COVER HISTORY:

NOV 49 - DEC 50 HQS/OVERT
 DEC 50 - MAR 53 MEXICO/STATE INT
 MAR 53 - JAN 54 HQS/OVERT
 JAN 54 - OCT 56 [] HQS/OVERT
 OCT 56 - JAN 57 HQS/OVERT
 JAN 57 - JUN 60 URUGUAY/STATE INT
 JUL 60 - JUL 65 HQS/OVERT
 JUL 65 - SEP 66 HQS/OVERT
 SEP 66 - PRESENT HQS/STATE NOM

DISTRIBUTION: COPY 1 - ACD
 COPY 2 - OPERATING COMPONENT
 COPY 3 - D/OS JC/s1
 COPY 4 - OL/TELSVC
 COPY 5 - CCS - CHRONO
 COPY 6 - CCS - FILE

CHIEF, OFFICIAL COVER, CENTRAL COVER STAFF

VBR