

**CONFIDENTIAL**  
(When Filled In)

REASSIGNMENT PROCESSING			
<b>1. THIS IS TO RECORD RECEIPT OF, AND WHERE INDICATED, ACTION ON A DOCUMENT WHICH PLACES THIS EMPLOYEE IN THE ASSIGNMENT SPECIFIED</b>			<b>ROUTING</b>
<b>SUBJECT</b> <i>Stilvert, James Bernard Jr.</i>			<div style="text-align: center; font-size: 2em; margin-top: 20px;"> <i>File</i> </div>
<b>FILE NO.</b> <i>109301</i>	<b>ASSIGNMENT</b> <i>DOF/Hack DC</i>		
<b>DOCUMENT</b> <i>55-07</i>			
<input checked="" type="checkbox"/> <b>FORM 1152</b>	<input type="checkbox"/> <b>TRAVEL ORDER</b>		
<input type="checkbox"/> <b>CERTIFICATION REQUEST</b>	<input type="checkbox"/> <b>RETURNEE LIST</b>		
<input type="checkbox"/> <b>OVERSEAS PANEL LIST</b>			
<b>2. THE FILE HAS BEEN REVIEWED FOR INFORMATION, FLAGS, OR OTHER INDICATORS HAVING A BEARING ON THE PROPOSED ACTION. THE VARIOUS ASPECTS CONSIDERED AND THEIR SIGNIFICANCE, IF ANY, ARE AS FOLLOWS:</b>			
	<input type="checkbox"/> <b>NONE</b>	<input type="checkbox"/> <b>NOT PERTINENT</b>	<input type="checkbox"/> <b>OTHER OR COMMENTS</b>
SRS FLAG			
OTHER FLAG			
SUITABILITY INFO		✓	
MEDICAL INFO			
PRIOR PANEL ACTION			
COVER PROBLEMS			
INTEGRATION PROBLEM			
DATE OF LAST POLYGRAPH <i>28 Mar 58</i>	<input type="checkbox"/> <b>NEEDS REPOLYGRAPH</b>		<input checked="" type="checkbox"/> <b>YES</b>
<b>3. ACTION TAKEN</b> <span style="float: right;">(3-3)</span>			
<input checked="" type="checkbox"/> <b>REASSIGNMENT ACTION APPROVED</b> <i>James F. [Signature]</i>			
<input type="checkbox"/> <b>ACTION WILL BE RECORDED IN ANOTHER DOCUMENT</b>			
<b>COMMENTS</b>			
<div style="text-align: right; font-size: 1.2em;"> <b>21 SEP 1964</b>  <i>USG</i> </div>			
<b>4. CASE IS FORWARDED HERewith FOR THE FOLLOWING ACTION</b>			
<b>DATE</b> <i>21 SEP 1964</i>		<b>SIGNATURE AND TITLE</b> <i>Kelleher</i>	