(b)(1)
(b)(3)

~~S E C R E T~~

DUTY STATUS REPORT

Name [redacted] Station: [redacted]

Period from 22Jul51 to 18Aug51

I certify that during the above period the individual named was on duty on all regular work days, except for periods of annual and sick leave, as noted below. (Indicate "None" if no leave was taken):

Date	Hours Annual Leave	Hours Sick Leave	Initials
None			

Quarters (Check One)

X Occupied Government-owned quarters
__ Occupied temporary lodgings
__ Occupied permanent quarters and Form 33-22 has been furnished to Headquarters or is attached hereto.

Dependency (Check One)

X Single without dependents at post
__ Single with dependents at post
__ Married without dependents at post
__ Married with dependents at post

During the above period the individual named remained at his post on all work days, except for the following periods of temporary duty travel. During all absences from his post, the individual continued to maintain and pay for quarters at his post, except as otherwise indicated:

Date of Departure from Post	Points Visited	Date of Return to Post
None		

Remarks: Overtime and N/D worked and claimed as follows:
D.T.I. 25Jul, 4Aug, 5Aug, and 12Aug: 0800-1200 & 1230-1630 & 1700-2400 each day. TOTAL HOURS OVERTIME CLAIMED (4 days @ 15 hrs.) 60 Hours

NITE DIFFERENTIAL: 6-10Aug 51 and 13-17Aug51, incl: Worked 1530-1730 & 1800-2400 each day. (10 days @ 6 hrs.) TOTAL N/D 60 Hours

Note: Excess overtime worked in accordance with VOOO due to heavy workload and shortage of personnel.

The foregoing statements are complete and true to the best of my knowledge and belief and are made for the purpose of substantiating or causing payments to the individual of salary, allowances, leave, post differential, night differential, holiday and overtime pay.

Signed: [redacted]
Chief of Station

APPROVED FOR RELEASE
DATE: 28-May-2010

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