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

~~SECRET~~

DUTY STATUS REPORT

[redacted] (Name) [redacted] (Post or Station)

Period from 2 April 19 50 to 29 April 19 50

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 Hqs, 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 under Remarks below:

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

Remarks:

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, and post differential.

~~Signed:~~ _____
Chief of Station

APPROVED FOR RELEASE
DATE: 28-May-2010

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