

REQUEST FOR PERSONNEL ACTION						DATE PREPARED 19 October 1965									
1. SERIAL NUMBER		2. NAME (Last-First-Middle) ADAMSKI, Walter NMI													
3. NATURE OF PERSONNEL ACTION Excepted appointment					4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR			5. CATEGORY OF EMPLOYMENT Regular							
6. FUNDS		7. COST CENTER NO. CHARGE-ABLE			8. LEGAL AUTHORITY (Completed by Office of Personnel)										
9. ORGANIZATIONAL DESIGNATIONS DD/S&T O/DD/S&T Unassigned					10. LOCATION OF OFFICIAL STATION Washington, D. C.										
11. POSITION TITLE IO-Physical Scien					12. POSITION NUMBER			13. CAREER SERVICE DESIGNATION							
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS			15. OCCUPATIONAL SERIES		16. GRADE AND STEP *			17. SALARY OR RATE \$ *							
18. REMARKS Subject will require an SI clearance. Subject to satisfactory completion of one-year trial period. Grade and salary to be determined. REQUEST 60-day EXPEDITE SECURITY CLEARANCE.															
19. DATE SIGNED 19 Oct 65				18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER				DATE SIGNED 19 Oct 65							
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. 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.			EOD DATA →			33. SECURITY REQ. NO.	34. SEX		
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. CAREER CATEGORY CAR/RESV PROV/TEMP		39. FEGLI/HEALTH INSURANCE CODE 0-WAIVER 1-YES		HEALTH INS. CODE		40. SOCIAL SECURITY NO.			
41. PREVIOUS GOVERNMENT SERVICE DATA CODE 0-NO PREVIOUS SERVICE 1-NO BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)				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						

APPROVED FOR
RELEASE DATE:
08-Jun-2010

EMPLOYEE NOTICE OF RESIGNATION

I RESIGN EFFECTIVE _____ FOR THE FOLLOWING REASON:
(Date)

MY LAST WORKING DAY WILL BE—

DATE SIGNED

SIGNATURE OF EMPLOYEE

FORWARD COMMUNICATIONS, INCLUDING SALARY CHECKS AND BONDS, TO THE FOLLOWING ADDRESS (Number, Street, City, State, Zip Code)

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.
Foreign Field or U.S. Field (if pertinent)
Division or Staff (subordinate to first line)
Branch
Section
Unit

Items 11 and 15 — "Position Title" and "Occupational Series" should be the standard abbreviated title and corresponding occupational series in Handbook of Official Occupational Titles and Codes for the duties actually to be performed by the employee. If different from the title and series of the position occupied as shown on the most current edition of the Position Control Register or Form 261, Staffing Complement Change Authorization, explain under Item 18—Remarks.

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 _____, 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.