

STANDARD FORM 52
 PROMULGATED BY THE
 U. S. CIVIL SERVICE COMMISSION
 JANUARY 1950—FEDERAL PERSONNEL
 MANUAL, CHAPTER 21

REQUEST FOR PERSONNEL ACTION

REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed.
 If applicable, obtain resignation and fill in separation data on reverse.

| | | | |
|--|------------------|--|--|
| 1. NAME (Mr.—Miss—Mrs.—One given name, initial(s), and surname) Mr. William F. Friedman | 2. DATE OF BIRTH | 3. REQUEST NO. NSA-00T-2 | 4. DATE OF REQUEST 30 Mar 53 |
| 5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) Change of address and telephone number | | 6. EFFECTIVE DATE A. PROPOSED: | 7. C. S. OR OTHER LEGAL AUTHORITY |
| B. POSITION (Specify whether establish, change grade or title, etc.) | | B. APPROVED: | |

| | | |
|--|---------------------------------|---|
| FROM— | 8. POSITION TITLE AND NUMBER | TO— |
| | 9. SERVICE, GRADE, AND SALARY | Research Consultant |
| | 10. ORGANIZATIONAL DESIGNATIONS | AFSA-1293 |
| | 11. HEADQUARTERS | GS-15 @ \$11,800 p.a. |
| | | NSA-00T |
| | | Washington, D. C. |
| <input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL | 12. FIELD OR DEPARTMENTAL | <input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL |

A. REMARKS (Use reverse if necessary)

**From: 424 North George Mason Drive
Arlington 3, Virginia** **To: 310 Second Street, SE
Washington 3, D. C.**

From: JA-8-8996 **To: LI-6-8520**

| | |
|---|---|
| B. REQUESTED BY (Name and title) Mr. William F. Friedman | D. REQUEST APPROVED BY Signature: _____ WILLIAM F. FRIEDMAN Title: Special Assistant |
| C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension) Miss E. B. Young, 60493 | |

| | | | | | | | | |
|------------------------|------|-------|-------|--------------|------------------------------------|------|-------|------|
| 13. VETERAN PREFERENCE | | | | | 14. POSITION CLASSIFICATION ACTION | | | |
| NONE | WWII | OTHER | 5-PT. | 10-POINT | NEW | VICE | L. A. | REAL |
| | | | | DISAB. OTHER | | | | |

| | | | | | |
|---------|----------|-----------------------------------|--|--|---|
| 15. SEX | 16. RACE | 17. APPROPRIATION FROM: TO: | 18. SUBJECT TO C. S. RETIREMENT ACT (YES—NO) | 19. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY) | 20. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE: |
|---------|----------|-----------------------------------|--|--|---|

21. STANDARD FORM 50 REMARKS

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|--------------------------|----------------------|------|----------|
| 22. CLEARANCES | INITIAL OR SIGNATURE | DATE | REMARKS: |
| A. | | | |
| B. CEIL. OR POS. CONTROL | | | |
| C. CLASSIFICATION | | | |
| D. PLACEMENT OR EMPL. | | | |
| E. | | | |

F. APPROVED BY