

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

## 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)  <b>Mr. William F. Friedman</b>	2. DATE OF BIRTH	3. REQUEST NO.  <b>NSA-00T-2</b>	4. DATE OF REQUEST  <b>30 Mar 53</b>
5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.)  <b>Change of address and telephone number</b>		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	<b>Research Consultant</b>
	10. ORGANIZATIONAL DESIGNATIONS	<b>AFSA-1293</b>
	11. HEADQUARTERS	<b>GS-15 @ \$11,800 p.a.</b>
		<b>NSA-00T</b>
		<b>Washington, D. C.</b>
<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) <b>Mr. William F. Friedman</b>	D. REQUEST APPROVED BY Signature: _____ <b>WILLIAM F. FRIEDMAN</b> Title: <b>Special Assistant</b>
C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension) <b>Miss E. B. Young, 60493</b>	

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 APPOINT- MENT AFFIDAVITS (ACCESSIONS ONLY)	20. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:
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21. STANDARD FORM 50 REMARKS

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

F. APPROVED BY