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Title: **104-10291-10013_p86.png**

Category: **Uncategorized**

Provenance:

Person:

Date:

REQUEST FOR PERSONNEL ACTION

C. PLACEMENT OF ENL

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

D. OTHER

SIGNATURES AND APPROVALS

1. NAME (Last, First, Middle) Mr. James A. FOEL

DATE

POSTED

2. SERIAL NO. 55292

NOTIFICATION OF PERSONNEL ACTION

3. DATE OF BIRTH 19 Mar 1931

4. DATE OF REQUEST 7 May 56

5. ACTION REQUESTED Reassignment

6. POSITION TITLE AND GRADE Area Ops Officer (Br 'Ch) BA-10

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8. ORGANIZATION (Name and location) Washington, D.C.

9. REASSIGNMENT New Y/O

10. AUTHORITY FOR ACTION Rotation Plan FM 15-57

11. REMARKS POSTED

12. CLEARANCE INITIAL OR SIGNATURE REMARKS

A. AREA OF CONSIDERATION

B. CLASSIFICATION