

~~CONFIDENTIAL~~
(When Filled In)

NOTICE OF CREDITABLE SERVICE
[FOR LEAVE PURPOSES]

NAME (Last, First, Middle)

KING, ANNIE L.

OFFICE (and Division)

DDS, PERSONNEL

<input checked="" type="checkbox"/> ORIGINAL	SERVICE COMPUTATION DATE
<input type="checkbox"/> CORRECTION	7/30/49
THIS DATE	SIGNATURE (Office of Personnel)
29 Sept 58	

FORM NO. 171 OBSOLETE PREVIOUS EDITIONS.
1 FEB 57

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APPROVED FOR RELEASE
DATE: 30-Jul-2010