CLASSIFY AS APPROPRIATE

| REQUEST FOR PCS OVERSEAS EVALUATION     |                       |                    |             | OMS DATE          | 4Feb80                                | SEEI                    | SEEN BY OMS YES NO |  |                            |  |
|---|-----------------------|--------------------|-------------|-------------------|---------------------------------------|-------------------------|--------------------|--|----------------------------|--|
| ME (Last, First, Middle)                | Anne K.               |                    |             |                   |                                       | DEPENDENT(S) 6. DOB (DA |                    | EMPLOYEE  1-MO-YR)  7. SEX               |                            |  |
| RADE 9. AFFIL                           | IATION CD             | 10. DIRECTORATE    |             | SION              | 11. EMP. EXT.                         | 12. POSITION            | TITLE              |  |                            |  |
| 09                                      | All                   | 000/66             | R           |                   |                                       | Adm                     | r WX A             | sst                                      |                            |  |
| COMPLETE 13-19 FOR EACH DEPENDENT TO AC |                       |                    |             |                   | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | <del></del>             |                    |  | 19. DEPENDENT PREVIOUSLY S |  |
| DEPE                                    | VDENT NAME (L-F-M)    |                    | 14. SDC S   | EC NO.            | <b>美国第二日</b>                          | DOB (DMY) 1             | 17. SEA 18. F      | RELATIONSHIP                             | BY OMS (yes - i            |  |
|   |                       |                    |             |                   |                                       |                         |                    |  |                            |  |
|   |                       |                    | •           | ×*                | 戏解唇清                                  |                         |                    |  | ·                          |  |
| D. REQUESTED ACTIO                      | ON (more than one act | ion is acceptable) | · · ·       |                   | WINANT WEST COM                       |                         |                    |  |                            |  |
| PPLICANT:                               | PRE-EN                | MPLOYMENT          |             |                   | EOD                                   |                         |                    |  |                            |  |
|   | %ro/s PC              |                    | STATION     | OM .              |                                       | ETD/ETA (DA MO YR)      |                    | NO, OF DEPENDENTS TO ACCOMPANY OR RETURN |                            |  |
|   | O/S TE                | Y, SPECIFY         | <del></del> | TYPE COVER        |                                       | POSITION                | 7.00. 70 04        |  |                            |  |
| SSIGNMENTS:                             |                       |                    |             |                   | ·                                     | Ad                      | la 🖫 /             | est                                      | ·                          |  |
|   | O/S RE                | TURNEE             |             |                   | FITNESS FOR DUTY                      |                         | 07                 | HER (specify)                            |                            |  |
|   | O/S TO                | Y STANDBY          |             |                   | RETURN TO DUTY                        |                         | ]                  |  |                            |  |
| <u> </u>                                | O/S PLANNING          |                    |             | _                 | SPECIAL TRAINING                      |                         |                    |  |                            |  |
| PARATION:                               |                       |                    |             |                   | MDR/CIARDS  EXECUTIVE PHYSICAL        |                         | M                  | DR/CSC                                   |                            |  |
| REQUESTING DIRECTO                      | DRATE/OFFICE/DIV      |                    | 23, ROOM/8  | LDG               | 24. EXTENSION                         | 25. SIGNATUR            | E OF REQUES        | TING OFFICER                             |                            |  |
| ppo/gur                                 |                       |                    |             |                   |                                       |                         |                    |  |                            |  |
| 6. OFFICE OF SECURI                     | TY DISPOSITION        |                    |             |                   |                                       |                         |                    |  |                            |  |
|   |                       |                    |             |                   |                                       |                         |                    |  |                            |  |
|   | ·                     |                    |             |                   |                                       |                         |                    |  | ,                          |  |
| 7. OVERSEAS CANDIE                      | PATE REVIEW PANE      | L DISPOSITION      |             |                   |                                       |                         |                    |  |                            |  |
|   | •                     |                    |             |                   |                                       |                         |                    |  |                            |  |
|   |                       |                    | QUI         | ALIFIED           | FOR PROPOSED AS                       | SJGNMEN                 | T OVER             | SEAS                                     |                            |  |
|   |                       |                    |             |                   |                                       |                         | ,                  |  | . ,                        |  |
|   |                       |                    | Cì          | ha . <sub>F</sub> | Words canal                           | Tate Re                 | view Pa            | 4 APR                                    | 198 <b>0</b><br>           |  |
| ON ACAD HELDELY                         | ious.                 |                    | CL          | ASSIFY AS         | APPROPRIATE                           |                         |                    | Ω  | OP                         |  |
| RM 259B USE PREVENTIONS                 | <b>.</b>              |                    |             |                   | APPROVE<br>RELEASE<br>04-Aug-201      | DATE:                   |                    |  | (when applicab             |  |