

29070

<b>NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP</b>		DATE <b>28 DECEMBER 1977</b>	FILE NO. <b>3190</b>
TO: (check)	<input checked="" type="checkbox"/> CHIEF, CONTROL DIVISION, OP	SS NUMBER <b>069-26-3138</b>	RETURN TO CIA Background Use Only Do Not Reproduce
	<input type="checkbox"/> CHIEF, CONTRACT PERSONNEL DIVISION, OP	EMPLOYEE NUMBER <b>007667</b>	
	<input checked="" type="checkbox"/> CHIEF, ATTN: <b>LA</b> (OPERATING COMPONENT FOR ACTION)	ID CARD NUMBER	
REF.	<b>RETIREMENT</b>	OFFICIAL COVER	ESTABLISHED <input type="checkbox"/> CANCELLED <input checked="" type="checkbox"/> CONTINUED
STATUS	<input checked="" type="checkbox"/> STAFF	CONTRACT	
SUBJECT <b>BUSTOS-VIDELA, CHARLOTTE Z.</b>		UNIT <b>DEPARTMENT OF STATE</b>	

**KEEP ON TOP OF FILE WHILE COVER IN EFFECT**

<input checked="" type="checkbox"/> ESTABLISHMENT OF OFFICIAL COVER (BLOCK RECORDS)	CANCELLATION OF OFFICIAL COVER (UNBLOCK RECORDS)
<input checked="" type="checkbox"/> BASIC COVER PROVIDED <b>BOD</b> EFFECTIVE DATE _____	EFFECTIVE DATE: _____
<input type="checkbox"/> OPERATIONAL COVER PROVIDED FOR _____ TDY _____ OTHER (Specify) _____	FORM 3254 _____ W-2 TO BE ISSUED (RRB 20-7)
<input checked="" type="checkbox"/> SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY _____ (RRB 20-7)	SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY _____ (RRB 20-7)
<input checked="" type="checkbox"/> FORM 3254 <b>1 State</b> W-2 TO BE ISSUED. (RRB 20-11) <b>94</b>	EAA: CATEGORY I _____ CATEGORY II _____
<input checked="" type="checkbox"/> SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (RR 240-2*)	RETURN ALL OFFICIAL DOCUMENTATION TO CCS
<input checked="" type="checkbox"/> SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (RR 240-2*)	SUBMIT FORM 2688 FOR HOSPITALIZATION CARD.
<input checked="" type="checkbox"/> EAA. CATEGORY I _____ CATEGORY II _____	DO NOT WRITE IN THIS BLOCK -
<input checked="" type="checkbox"/> SUBMIT FORM 2688 FOR <u>ACT</u> HOSPITALIZATION CARD	

REMARKS AND/OR COVER HISTORY:  
SUBJECT WILL BE DENIED FOR EMPLOYMENT EXCEPT FOR US GOVERNMENT APPLICATIONS.

DISTRIBUTION: COPY 1 - CD/TRB OR CPD CONTROL COPY 2 - OPERATING COMPONENT COPY 3 - OS/SRD COPY 4 - OC/DO/TFS COPY 5 - CCS-FILE  VS/TN <i>rp</i>	<i>Chas M. Selsky</i> CHIEF, OFFICIAL COVER BRANCH, CENTRAL COVER STAFF
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