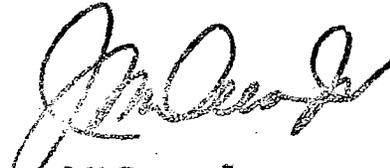


DEPARTMENT OF
 HEALTH, EDUCATION, AND WELFARE
 PUBLIC HEALTH SERVICE

NOTIFICATION OF PERSONNEL ACTION

1. NAME (MR.—MISS—MRS.—ONE GIVEN NAME, INITIAL(S), AND SURNAME) Dr. Juan M. Funes <i>F-520</i>		2. DATE OF BIRTH 5-29-07	3. JOURNAL OR ACTION NO. 11897	4. DATE 8-14-56
<i>This is to notify you of the following action affecting your employment:</i>				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) Termination W.A.E.		6. EFFECTIVE DATE 7-27-56	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY	
FROM		TO		
Special Consultant \$35.00 per diem Bureau of State Services Division of Special Health Services Venereal Disease Branch Guatemala City, Guatemala		8. POSITION TITLE	9. SERVICE, SERIES, GRADE, SALARY	
<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL		10. ORGANIZATIONAL DESIGNATIONS	11. HEADQUARTERS	
12. FIELD OR DEPT'L		<input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL		
13. VETERAN'S PREFERENCE		14. POSITION CLASSIFICATION ACTION		
NONE	WWII	OTHER	5-PT.	10-POINT
			DISAB.	OTHER
15. SEX M	16. APPROPRIATION FROM: TO: CVD 7-0550		17. SUBJECT TO C. S. RETIREMENT ACT (YES—NO) YICA	18. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)
				19. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:
20. REMARKS: This action is subject to all applicable laws, rules, and regulations and may be subject to investigation and approval by the United States Civil Service Commission. The action may be corrected or canceled if not in accordance with all requirements. Services no longer required. Status: Excepted PL 110 Not subject to Federal Employees Group Life Insurance.				
ENTRANCE PERFORMANCE RATING: 100		 J.M. Dees, Jr. Chief, Examination and Transactions Branch 21. SIGNATURE OR OTHER AUTHENTICATION		

STANDARD FORM 50 (7 PART)
OCTOBER 1949
PROMULGATED BY U.S. CIVIL SERVICE
COMMISSION, CHAPTER R1,
FEDERAL PERSONNEL MANUAL

FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

NOTIFICATION OF PERSONNEL ACTION

1. NAME (MR.—MISS—MRS.—ONE GIVEN NAME, INITIAL(S) AND SURNAME) Dr. Juan M. Funes F-520		2. DATE OF BIRTH 5-29-07	3. JOURNAL OR ACTION No. 3034	4. DATE 7-11-50
<i>This is to notify you of the following action affecting your employment:</i>				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) (NTE 20 days in any fiscal Excepted Appointment (WAB) year)		6. EFFECTIVE DATE 7-3-50	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY PL 410, Section 207(e) as amended by PL 425	
FROM		TO		
		8. POSITION TITLE Special Consultant		
		9. SERVICE, SERIES, GRADE, SALARY \$25.00 per diem (WAB)		
		10. ORGANIZATIONAL DESIGNATIONS Bureau of State Services Division of Venereal Disease		
		11. HEADQUARTERS Guatemala City, Guatemala		
<input type="checkbox"/> FIELD	<input type="checkbox"/> DEPARTMENTAL	12. FIELD OR DEPT'L	<input checked="" type="checkbox"/> FIELD	<input type="checkbox"/> DEPARTMENTAL
13. VETERAN'S PREFERENCE			14. POSITION CLASSIFICATION ACTION	
NONE	WWII	OTHER	5 PT.	10 POINT
				DISAB. OTHER
<input checked="" type="checkbox"/>				
15. SEX M	16. RACE	17. APPROPRIATION FROM: TO: CVD (1951 PMS)		18. SUBJECT TO C. S. RETIREMENT ACT (YES—NO) No
				19. DATE OF APPOINT- MENT AFFIDAVITS (ACCESSIONS ONLY)
				20. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:
21. REMARKS: This action is subject to all applicable laws, rules, and regulations and may be subject to investigation and approval by the U.S. Civil Service Commission. The action may be corrected or cancelled if not in accordance with all requirements. This action terminates Excepted Appointment, NTE 90 days in any fiscal year, PL 410 Section 207(e) as amended by PL 425, effective 7-2-50.				
<p>SEARCHED ML INV. DIVISION</p> <p>No. XX 4 6 50</p> <p><i>L. B. Dutton</i> Lillian B. Dutton Chief, Employment Branch</p>				
22. SIGNATURE OR OTHER AUTHENTICATION				

EMPLOYMENT EFFICIENCY RATING

3. CIVIL SERVICE COMMISSION'S COPY

FEDERAL SECURITY AGENCY
 PUBLIC HEALTH SERVICE

FORM APPROVED.
 BUDGET BUREAU NO. 50/R064.

J. Smith
W. P. Smith
M. R.

NOTIFICATION OF PERSONNEL ACTION

1. NAME (MR.-MISS-MRS.-FIRST-MIDDLE INITIAL-LAST) Dr. Juan M. Funes		2. DATE OF BIRTH 5-29-07	3. JOURNAL OR ACTION NO. 2	4. DATE 1-19-49		
This is to notify you of the following action affecting your employment:						
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) Excepted Appointment - Employed		6. EFFECTIVE DATE 12-20-48	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY PL 410, Section 207(e) as amended by PL 425			
FROM		TO				
8. POSITION TITLE Special Consultant		9. SERVICE, GRADE, SALARY \$25.00 pd				
10. ORGANIZATIONAL DESIGNATIONS Bureau of State Services Division of Venereal Disease		11. HEADQUARTERS Guatemala City, Guatemala				
<input type="checkbox"/> FIELD	<input type="checkbox"/> DEPARTMENTAL	12. FIELD OR DEPT'L.	<input checked="" type="checkbox"/> FIELD	<input type="checkbox"/> DEPARTMENTAL		
13. REMARKS: Not to exceed 90 days in any fiscal year.						
<p>SEARCHED - M.L. INV. DIVISION MAR 1 1949</p> <p><i>E. C. Galli</i></p> <p>E. C. Galli Chief of Appointments</p>						
14. SIGNATURE OR OTHER AUTHENTICATION						
15. VETERAN'S PREFERENCE			16. POSITION CLASSIFICATION ACTION			
NONE	5 PT.	10 POINT	NEW	VICE	I. A.	REAL
		DISAB. WIFE WIDOW				
17. SEX	18. RACE	19. APPROPRIATION		20. SUBJECT TO C. S. RETIREMENT ACT (YES-NO)	21. DATE OF OATH (ACCESSIONS ONLY)	22. LEGAL RESIDENCE
		FROM: TO: CVD-0534		No	1-11-49	

3. CIVIL SERVICE COMMISSION'S COPY

DEPARTMENT OF
 HEALTH, EDUCATION, AND WELFARE

PUBLIC HEALTH SERVICE

NOTIFICATION OF PERSONNEL ACTION

1. NAME (MR.—MISS—MRS.—ONE GIVEN NAME, INITIAL(S), AND SURNAME)		2. DATE OF BIRTH	3. JOURNAL OR ACTION NO.	4. DATE
Dr. Juan M. Funes		5-29-07	11897	8-14-56
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY)		6. EFFECTIVE DATE	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY	
Termination W.A.R.		7-27-56		
FROM		TO		
Special Consultant		8. POSITION TITLE		
\$35.00 per diem		9. SERVICE, SERIES, GRADE, SALARY		
Bureau of State Services Division of Special Health Services Venereal Disease Branch		10. ORGANIZATIONAL DESIGNATIONS		
Guatemala City, Guatemala		11. HEADQUARTERS		
<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL		12. FIELD OR DEPT'L	<input type="checkbox"/> FIELD	<input type="checkbox"/> DEPARTMENTAL
13. VETERAN'S PREFERENCE		14. POSITION CLASSIFICATION ACTION		
NONE	WWII	OTHER	5-PT.	10-POINT DISAB. OTHER
15. SEX	16. APPROPRIATION		17. SUBJECT TO C. S. RETIREMENT ACT (YES—NO)	18. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)
M	FROM: TO: CVD 7-0550		YICA	
		19. LEGAL RESIDENCE		<input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED
				STATE:
20. REMARKS:				
This action is subject to all applicable laws, rules, and regulations and may be subject to investigation and approval by the United States Civil Service Commission. The action may be corrected or canceled if not in accordance with all requirements.				
Services no longer required. Status: Excepted PL 110 Not subject to Federal Employees Group Life Insurance.				
ENTRANCE PERFORMANCE RATING:		J.M. Funes, Jr. Chief, Examining and Transactions Branch		
ba		21. SIGNATURE OR OTHER AUTHENTICATION		

PUBLIC HEALTH SERVICE

NOTIFICATION OF PERSONNEL ACTION

1. NAME (MR.-MISS-MRS.-FIRST-MIDDLE INITIAL-LAST) Dr. Juan M. Funes		2. DATE OF BIRTH 5-29-07	3. JOURNAL OR ACTION No. 2	4. DATE 1-19-49		
This is to notify you of the following action affecting your employment:						
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) Accepted Appointment - Employed		6. EFFECTIVE DATE 12-20-48	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY PL 410, Section 207(e) as amended by PL 425			
FROM		TO				
		8. POSITION TITLE Special Consultant				
		9. SERVICE, GRADE, SALARY \$25.00 pd				
		10. ORGANIZATIONAL DESIGNATIONS Bureau of State Services Division of Venereal Disease				
		11. HEADQUARTERS Guatemala City, Guatemala				
<input type="checkbox"/> FIELD	<input type="checkbox"/> DEPARTMENTAL	12. FIELD OR DEPT'L.	<input checked="" type="checkbox"/> FIELD	<input type="checkbox"/> DEPARTMENTAL		
13. REMARKS: Not to exceed 90 days in any fiscal year.						
B. C. Gull Chief of Appointments						
14. SIGNATURE OR OTHER AUTHENTICATION						
15. VETERAN'S PREFERENCE			16. POSITION CLASSIFICATION ACTION			
NONE	5 PT.	10 POINT	NEW	VICE	I. A.	REAL
		DISAB. WIFE WIDOW				
17. SEX	18. RACE	19. APPROPRIATION		20. SUBJECT TO C. S. RETIREMENT ACT (YES-NO)	21. DATE OF OATH (ACCESSIONS ONLY)	22. LEGAL RESIDENCE
		FROM:		No	1-11-49	
		TO: CVD-0534				

FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

NOTIFICATION OF PERSONNEL ACTION

1. NAME (MR.—MISS—MRS.—ONE GIVEN NAME, INITIAL(S) AND SURNAME) Dr. Juan M. Ponce		2. DATE OF BIRTH 5-29-07	3. JOURNAL OR ACTION NO. 357	4. DATE 1-16-51
<i>This is to notify you of the following action affecting your employment:</i>				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) Excepted Appointment - NTE 20 days in any fiscal year, WAE (CORRECTION)		6. EFFECTIVE DATE 7-3-50	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY PL 410, Sec. 207(e) as amended by PL 425	
FROM		TO		
		8. POSITION TITLE Special Consultant		
		9. SERVICE, SERIES, GRADE, SALARY		
		10. ORGANIZATIONAL DESIGNATIONS Bureau of State Services Division of Venereal Disease		
		11. HEADQUARTERS Guatemala City, Guatemala		
<input type="checkbox"/> FIELD	<input type="checkbox"/> DEPARTMENTAL	12. FIELD OR DEPT'L	<input checked="" type="checkbox"/> FIELD	<input type="checkbox"/> DEPARTMENTAL
13. VETERAN'S PREFERENCE		14. POSITION CLASSIFICATION ACTION		
NONE	WWII	OTHER	5 PT.	10 POINT
				DISAB. OTHER
15. SEX	16. RACE	17. APPROPRIATION FROM: CVD- 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:
21. REMARKS: This action is subject to all applicable laws, rules, and regulations and may be subject to investigation and approval by the U.S. Civil Service Commission. The action may be corrected or cancelled if not in accordance with all requirements. This action corrects your excepted appointment to conform to Federal Security Agency policy by adding the following condition to your appointment effective 1-1-51: earn "Intermittent - not entitled to/leave even though continuously employed for one month or more".				
fvg ENTRANCE EFFICIENCY RATING		Lillian H. Iverson Chief, Employment Branch		
22. SIGNATURE OR OTHER AUTHENTICATION				

FILE-MAW

FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

NOTIFICATION OF PERSONNEL ACTION

1. NAME (MR.—MISS—MRS.—ONE GIVEN NAME, INITIAL(S) AND SURNAME) Dr. Juan M. Funes	2. DATE OF BIRTH 5-29-07	3. JOURNAL OR ACTION NO. 3034	4. DATE 7-11-50
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This is to notify you of the following action affecting your employment:

5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) Excepted Appointment (WAB) year) (NTE 90 days in any fiscal year)	6. EFFECTIVE DATE 7-3-50	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY PL 410, Section 207(e) as amended by PL 425
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FROM

TO

8. POSITION TITLE Special Consultant
9. SERVICE, SERIES, GRADE, SALARY \$25.00 per diem (WAB)
10. ORGANIZATIONAL DESIGNATIONS Bureau of State Services Division of Venereal Disease
11. HEADQUARTERS Guatemala City, Guatemala
12. FIELD OR DEPT'L <input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL

13. VETERAN'S PREFERENCE					14. POSITION CLASSIFICATION ACTION			
NONE	WWII	OTHER	5 PT.	10 POINT	NEW	VICE	I. A.	REAL
<input checked="" type="checkbox"/>				DISAB. OTHER				
15. SEX M	16. RACE	17. APPROPRIATION		18. SUBJECT TO C. S. RETIREMENT ACT (YES—NO)		19. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)		20. LEGAL RESIDENCE
		FROM:	TO:	No				<input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED
			CVD (1951 PHS)					STATE:

21. REMARKS: This action is subject to all applicable laws, rules, and regulations and may be subject to investigation and approval by the U.S. Civil Service Commission. The action may be corrected or cancelled if not in accordance with all requirements.

This action terminates Excepted Appointment, NTE 90 days in any fiscal year, PL 410 Section 207(e) as amended by PL 425, effective 7-2-50.

Wated
ENTRANCE EFFICIENCY RATING

Lillian B. Dutton
Chief, Employment Branch
22. SIGNATURE OR OTHER AUTHENTICATION

4. PERSONNEL FOLDER COPY

SPECIAL CONSULTANT APPOINTMENT RECOMMENDATION (Public Health Service Regulation I:B:22.3)

1. ACTION REQUESTED <input type="checkbox"/> APPOINTMENT <i>was</i> <input type="checkbox"/> EXTENSION OF APPOINTMENT <input checked="" type="checkbox"/> OTHER (specify) Amendment of limitation		2. NAME (Last, middle, first) Funes, Juan M	3. DATE 6/27/50
7. EFFECTIVE DATE 7/3/50		4. DATE AND PLACE OF BIRTH Guatemala City, Guatemala, C. A., May 29, 1907	5. CITIZENSHIP <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
10. HEADQUARTERS (City and state) Guatemala City, Guatemala		6. DURATION OF EMPLOYMENT NTE 20 days a fiscal year	8. RATE OF PAY \$25.00 pd WAE
		9. APPROPRIATION Control of VD, PHS, 1951	11. BUREAU, DIVISION, SECTION, OR OFFICE Bureau of State Services Division of Venereal Disease

12. NATURE OF SERVICES TO BE RENDERED

Terminates in remarks. *appoint*
To amend limitation from NTE 90 days a fiscal year to NTE 20 days a fiscal year

13. SPECIAL ABILITIES OF THIS INDIVIDUAL FOR THIS ASSIGNMENT

14. RECOMMENDED BY <i>Alfred Hunter</i> Executive Officer Bureau of State Services		17. RECOMMENDATION APPROVED OFFICE OF PERSONNEL <i>Lillian B. Sutton</i> Chief of Employment Section	DATE 7/3/50
NAME AND TITLE <i>Theodore J. Bauer</i> Medical Director Theodore J. Bauer Chief, Division of Venereal Disease		CHIEF PERSONNEL OFFICER	
FOR USE BY OFFICE OF PERSONNEL (only)		APPOINTMENT APPROVED <i>R. P. P. P.</i> Chief Personnel Officer XXXXXXXXXXXX	DATE 7/5
15. ARE THERE QUALIFIED VETERANS AVAILABLE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	THIS RECOMMENDED PERSON IS A VETERAN <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	EXTENSION APPROVED	DATE
16. CIVIL SERVICE PROCEDURES CANNOT BE USED FOR THE FOLLOWING REASONS Intermittent service; no qualified candidate available		Administra.	