1. LAST NAME: CREWE — FIRST NAME: FLOYD — INITIAL(S): L.
228-36-9806

2. APPOINTMENT DATA — Entered on duty | F/T | P/T

3. TOTAL SERVICE FOR LEAVE (as of date of separation) — Years | Months | Days

4. DATE AND NATURE OF SEPARATION
RETIREMENT
3/31/68

Subject to Sec. 203(d), 1951 Leave Act — Yes ☐ No ☐
Ceased to be subject to Sec. 203(d) on _____ Annual Leave Bal. _____
☐ More than 15 years

SUMMARY OF ANNUAL AND SICK LEAVE

(HOURS)	ANNUAL	SICK
5. Balance from prior leave year ended 1/13, 19 68	240	219 ~~238~~ 219
6. Current leave year accrual through 3/23, 19 68	40	20
7. Total	280	239
8. Reduction in credits, if any (current year)	0	0
9. Total leave taken	40	0
10. Balance	240	239

11. Total hours paid in lump sum 240
12. Salary rate(s) ~~5100.00 p/a~~ (2.45 ph)
13. Lump sum leave dates: From 4/1/68 To 5/10/68 (Hours)

26. Certified correct by _____ 4/10/68
(Signature) (Date)
Agnes Sellars : Employee Accts. Supv.
(Title) (Telephone)

SUMMARY OF HOME LEAVE

(DAYS)

14. Date arrival abroad for HL purposes _____
15. Current balance as of _____ 19 ___
16. 12-month accrual rate _____
17. Dates leave used, prior 24 months _____
18. Monthly accrual date _____
19. Calendar days credit for next accrual date _____
20. Date basic service period completed _____

MILITARY LEAVE

21. Dates during current calendar yr. _____ to _____
22. Dates during preceding calendar yr. _____ to _____

ABSENCE WITHOUT PAY

	LWOP or Furlough (Hours)	AWOL or Suspension (Hours)
23. During leave year in which separated		
24. During step-increase waiting period which began on _____		
25. During 12-month HL accrual period (dates): _____		

REMARKS

SCD: 2/14/30
HB none
FEGLI deducte
thru 4/6/68

Standard Form 1150
November 1965
1150-106

RECORD OF LEAVE DATA TRANSFERRED

U.S. CIVIL SERVICE COMMISSION
FPM SUPPLEMENTS 296-31 AND 990-2

STANDARD FORM 50—Rev. December 1961
U.S. Civil Service Commission
FPM Chap. 295

NOTIFICATION OF PERSONNEL ACTION

6 PART
50-126

(FOR AGENCY USE)

1. NAME (CAPS) LAST—FIRST—MIDDLE MR.—MISS—MRS.	2. (FOR AGENCY USE)	3. BIRTH DATE (Mo., Day, Year)	4. SOCIAL SECURITY NO.
CRENE, Floyd E., Mr.		11-16-08	228-36-9806

5. VETERAN PREFERENCE (1—NO, 2—5 PT., 3—10 PT. DISAB., 4—10 PT. COMP., 5—10 PT. OTHER)	6. TENURE GROUP	7. SERVICE COMP. DATE	8. PHYSICAL HANDICAP CODE
1	1	02-14-30	00

9. FEGLI (1—COVERED, 2—INELIGIBLE, 3—WAIVED)	10. RETIREMENT (1—CS, 2—FICA, 3—FS, 4—NONE, 5—OTHER)	11. (FOR CSC USE)
1	5 LH Act 06-20-18	

12. CODE NATURE OF ACTION	13. EFFECTIVE DATE (Mo., Day, Year)	14. CIVIL SERVICE OR OTHER LEGAL AUTHORITY
302 Retirement	03-31-68	

15. FROM: POSITION TITLE AND NUMBER	16. PAY PLAN AND OCCUPATION CODE	17. (a) GRADE OR LEVEL (b) STEP OR RATE	18. SALARY
05-560-K-E Keeper Class 4a ($4717 - $5210)	AD 48 071		$5100 pa incl. $75.40 pa Qtrs.

19. NAME AND LOCATION OF EMPLOYING OFFICE
5th Coast Guard District
Portsmouth, Virginia

20. TO: POSITION TITLE AND NUMBER	21. PAY PLAN AND OCCUPATION CODE	22. (a) GRADE OR LEVEL (b) STEP OR RATE	23. SALARY

24. NAME AND LOCATION OF EMPLOYING OFFICE

25. DUTY STATION (City—county—State)	26. LOCATION CODE
New Point, Mathews County, Virginia	45 0000 115

27. APPROPRIATION	28. POSITION OCCUPIED (1—COMPETITIVE SERVICE, 2—EXCEPTED SERVICE)	29. APPORTIONED POSITION FROM: (1—PROVED-1, 2—WAIVED-2) TO: STATE
Operating Expenses, CG	1	

30. REMARKS:
A. SUBJECT TO COMPLETION OF 1 YEAR PROBATIONARY (OR TRIAL) PERIOD COMMENCING
B. SERVICE COUNTING TOWARD CAREER (OR PERMANENT) TENURE FROM:

SEPARATIONS: SHOW REASONS BELOW, AS REQUIRED. CHECK IF APPLICABLE: C. DURING PROBATION D. FROM APPOINTMENT OF 6 MONTHS OR LESS

Annual Rate of Retired Pay: $4446.14 pa

Total Service: 38 years, 1 month, 18 days

SF-8 issued
3-25-68.
R.L.B.

31. DATE OF APPOINTMENT AFFIDAVIT (Accessions only)	34. SIGNATURE (Or other authentication) AND TITLE
32. OFFICE MAINTAINING PERSONNEL FOLDER (If different from employing office)	03-15-68 ROY L. BARTON Chief, Civilian Personnel Division
33. CODE EMPLOYING DEPARTMENT OR AGENCY TR 00 U S COAST GUARD	35. DATE

4. PERSONNEL FOLDER COPY

☆U.S. GOVERNMENT PRINTING OFFICE: 1967—263-996

(p-5)

12352
29 March 1968

Mr. Floyd E. Crewe
Diggs, Virginia 23045

Dear Mr. Crewe:

As you retire with more than thirty-eight years of service with the Federal Government, I wish to commend you for your loyalty and devotion to duty.

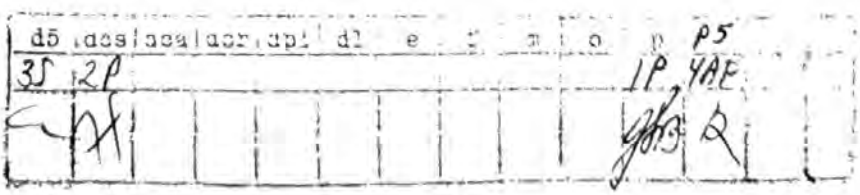
During your service you have conducted yourself with dignity and integrity in the performance of your duties. This has earned you the respect of your supervisors and fellow employees, and should afford you a feeling of personal satisfaction.

It is, therefore, with great pleasure that I congratulate you on your splendid record and fine contribution you have made to the public service.

Sincerely yours,

E. C. ALLEN, Jr.
Rear Admiral, U. S. Coast Guard
Commander, Fifth Coast Guard District

NLBraun:tae 25 Mar 68



12830
26 March 1968

From: Commander, Fifth Coast Guard District
To: Commanding Officer, Group Norfolk

Subj: Floyd E. Crewe, Keeper; optional retirement of

1. Forwarded are SF-50 effecting the retirement of subject employee, letter of congratulations from the District Commander, and other pertinent forms. It is requested that these be presented to Mr. Crewe at an appropriate ceremony in order to express appreciation for long and faithful service in the Federal Government.

2. Copies of any photographs taken at the ceremony should be forwarded to the Civilian Personnel Branch.

N. LESTER BRAUN
By direction

Encl: (1) SF-50
(2) Letter of Congratulations
(3) SF-56
(4) SF-8
(5) Letter from Commandant

Copy to:
COGD5 (o-2)

NLBraun:nld 25 Mar 68

STANDARD FORM 56
REVISED JULY 1962
U. S. CIVIL SERVICE COMMISSION
CHAPTER T-3, F.P.M. 56-104

AGENCY CERTIFICATION OF INSURANCE STATUS
Federal Employees' Group Life Insurance Act

1. FULL NAME OF EMPLOYEE (Last) (First) (Middle)

CREWE Floyd Earl

2. DATE OF BIRTH (MONTH, DAY, YEAR)

November 16, 1908

3. CHECK THE REASON FOR TERMINATING INSURANCE

Declined optional insurance.

(a). ☐ SEPARATED

(b). ☒ RETIRED

(c). ☐ DIED

WAS EMPLOYEE AT TIME OF DEATH AN APPLICANT FOR CIVIL SERVICE RETIREMENT? ☐ YES ☐ NO

(d). ☐ 12 MONTHS NON-PAY STATUS

(e). ☐ OTHER (Specify)

4. CHECK APPROPRIATE BOX CONCERNING S. F. 54, DESIGNATION OF BENEFICIARY

(a). ☐ CURRENT S. F. 54 ATTACHED

(b). ☒ A CURRENT S. F. 54 IS NOT ON FILE WITH THIS AGENCY

(c). ☐ A CURRENT S. F. 54 IS ON FILE IN THE EMPLOYEE'S OFFICIAL PERSONNEL FOLDER (OR EQUIVALENT)

NOTE: IF EMPLOYEE (A) DIED OR (B) IS RETIRING OR RECEIVING FEDERAL EMPLOYEES' COMPENSATION UNDER CONDITIONS ENTITLING HIM TO RETAIN FREE LIFE INSURANCE, ATTACH CURRENT S. F. 54, IF ANY, TO ORIGINAL S. F. 56 AND CHECK BOX 4 (a) ON ORIGINAL AND ALL COPIES OF S. F. 56; IF NO CURRENT S. F. 54 IS ON FILE, CHECK BOX 4 (b). IN ALL OTHER CASES, SHOW WHETHER OR NOT CURRENT S. F. 54 IS ON FILE BY CHECKING BOX 4 (b) OR (c). A CURRENT S. F. 54 IS ONE THAT HAS NOT BEEN CANCELED BY EMPLOYEE OR AUTOMATICALLY BY TRANSFER OR PRIOR TERMINATION OF INSURANCE.

5. DATE OF EVENT CHECKED IN ITEM 3 (MONTH, DAY, YEAR)

March 31, 1968

6. ANNUAL COMPENSATION RATE - NOT AMOUNT OF INSURANCE - (CONVERT DAILY, HOURLY, PIECEWORK, ETC. RATE TO ANNUAL RATE) ON DATE IN ITEM 5.

$ 5100.00 PER ANNUM

7. DATE OF NOTICE OF CONVERSION PRIVILEGE (SF 55) TO EMPLOYEE (MONTH, DAY, YEAR)

March 12, 1968

8. I CERTIFY THAT THE ABOVE INFORMATION HAS BEEN OBTAINED FROM, AND CORRECTLY REFLECTS OFFICIAL RECORDS, AND THAT THE EMPLOYEE NAMED WAS COVERED BY FEDERAL EMPLOYEES' GROUP LIFE INSURANCE ON THE DATE SHOWN IN ITEM 5. (SIGN ORIGINAL ONLY)

(Personal signature of authorized agency official)

12 March 1968
(Date)

N. LESTER BRAUN
(Type name of authorized agency official)

Chief, Civilian Personnel Branch
(Title)

Fifth Coast Guard District
(Name of agency)

Federal Building, 431 Crawford Street
Portsmouth, Virginia 23705
(Mailing address of agency)

SEE OTHER SIDE
FOR
INSTRUCTIONS TO EMPLOYING AGENCY

PART 3 — FILE COPY

CG-2521
TREASURY DEPARTMENT
U. S. COAST GUARD
(Rev. 2-48)

APPLICATION FOR RETIREMENT
(FORMER LIGHTHOUSE SERVICE PERSONNEL)

NAME	DATE
CREWE, Floyd E.	27 February 1968
DESIGNATION	**UNIT AT WHICH EMPLOYED**
Keeper	Wolf Trap Light Station

I hereby apply for retirement from active duty effective 31 March 1968 (Date) on the basis of service shown hereon.

I request that my retirement checks be sent to the following address:

Digges, Virginia 23045

Floyd E. Crewe
(Signature)

DISTRICT Fifth Coast Guard District

Date 12 March 1968

TO: COMMANDANT

Retirement is recommended at $ 4432.13 per annum, effective at the close of 31 March 1968

LEAVE RECORD FOR CALENDAR YEAR 1968

	ANNUAL	SICK
Accumulated at close of ~~31 December~~ 1-13-68 (Year)	240	219
Accrued through 3-31-68 (Date of Retirement)	40	20
Used through 3-31-68 (Date of Retirement)	~~38~~ 40	0

Last date worked: 3-20-68 (15)

Entitled to payment in lump sum for 240 hours of annual leave covering period

from 1 April 1968 (Date) through 1630 (Hour) on 30 April 1968 (Date)

It is certified that the record of service and pay shown on page 2 is correct as shown by the records of this office and that all Government service shown has been verified.

N. LESTER BRAUN, Chief, Civilian Personnel Branch

FOR USE OF HEADQUARTERS

cancel this copy
Ltr cancelled
changed to LOD
3-15-68

INSTRUCTIONS

1. This form shall be used to request retirement under Act of June 20, 1918, as amended.

2. In case of disability retirement, execute medical certificate on form CG-2523.

16—35893-2

Name CREWE, Floyd E. Date of birth 16 Nover[illegible]r 1908

Designation Keeper

RECORD OF ALL ACTIVE GOVERNMENT SERVICE

(Including military and civilian service. Each department, branch, or independent office in which applicant served in a civilian capacity should be listed separately. Do not include periods of leave without pay)

	Beginning			Ending			Service		
	Month	Day	Year	Month	Day	Year	Years	Months	Days
Army									
Navy									
Marine Corps									
Coast Guard									
Civilian employment	Jan	18	1930	Mar	21	1930		2	4
	Apr	18	1930	Mar	31	1968	37	11	14
					Total service		38	1	18

Does applicant receive or has he applied for a pension from the Government under any law? No If so, give number of pension certificate or of claim

Does applicant receive or has he applied for compensation under the War Risk Insurance Act? No If so, give number of claim

Does applicant receive or has he applied for compensation under the Federal Compensation Act, as amended? No If so, state the compensation received

STATEMENT BY FISCAL YEARS OF BASIC PAY RECEIVED DURING LAST FIVE YEARS OF ACTIVE SERVICE IMMEDIATELY PRECEDING EFFECTIVE DATE OF RETIREMENT

(Compute service on basis of 30 days a month. Do not include periods of leave without pay, rations, or other allowance)

Designation	Beginning			Ending			Number Days in Pay Status (P. D. or P. H. personnel)	Rate of Pay (Including Quarters)	Pay Received
	Month	Day	Year	Month	Day	Year			
	April	1	1963	June	30	1963	65	5419.20	1354.80
	July	1	1963	Jan	4	1964	135	5419.20	2813.81
	Jan	5	1964	June	30	1964	127	5563.20	2717.42
	July	1	1964	July	4	1964	3	5563.20	64.20
	July	5	1964	June	30	1965	258	5866.80	5821.51
	July	1	1965	Oct	9	1965	72	5866.80	1624.61
	Oct	10	1965	June	30	1966	189	6078.00	4418.06
	July	1	1966	July	2	1966	1	6078.00	23.38
	July	3	1966	June	30	1967	260	6120.00	6119.88
	July	1	1967	Mar	31	1968	195	6120.00	4589.91

Total compensation for last five years of active service 29,547.58

Average compensation for last five years of active service 5,909.51

Annual rate of retired pay ($5,909.51 × years 30 (Not exceeding 30) + 40) = 4,432.13

* Plus 20%

GPO 902827

ELECTION, DECLINATION, OR WAIVER OF LIFE INSURANCE COVERAGE

FEDERAL EMPLOYEES GROUP LIFE INSURANCE PROGRAM

IMPORTANT AGENCY INSTRUCTIONS ON BACK OF ORIGINAL

TO COMPLETE THIS FORM—

1 FOLLOW THESE GENERAL INSTRUCTIONS:

- Read the back of the "Duplicate" carefully before you fill in the form.
- Fill in BOTH COPIES of the form. Type or use ink.
- Do not detach any part.

2 FILL IN THE IDENTIFYING INFORMATION BELOW (please print or type):

NAME (last)	(first)	(middle)	DATE OF BIRTH (month, day, year)	SOCIAL SECURITY NUMBER
CREWE	Floyd	E.	11-16-08	228 36 9806

EMPLOYING DEPARTMENT OR AGENCY	LOCATION (City, State, ZIP Code)
Department of Transportation - Coast Guard	New Point, Virginia 23125

3 MARK AN "X" IN ONE OF THE BOXES BELOW (do NOT mark more than one):

Mark here if you WANT BOTH optional and regular insurance → [ ] **(A)**

ELECTION OF OPTIONAL (IN ADDITION TO REGULAR) INSURANCE

I elect the $10,000 additional optional insurance and authorize the required deductions from my salary, compensation, or annuity to pay the full cost of the optional insurance. This optional insurance is in addition to my regular insurance.

Mark here if you DO NOT WANT OPTIONAL but do want regular insurance → [X] **(B)**

DECLINATION OF OPTIONAL (BUT NOT REGULAR) INSURANCE

I decline the $10,000 additional optional insurance. I understand that I cannot elect optional insurance until at least 1 year after the effective date of this declination and unless at the time I apply for it I am under age 50 and present satisfactory medical evidence of insurability. I understand also that my regular insurance is not affected by this declination of additional optional insurance.

Mark here if you WANT NEITHER regular nor optional insurance → [ ] **(C)**

WAIVER OF LIFE INSURANCE COVERAGE

I desire not to be insured and I waive coverage under the Federal Employees Group Life Insurance Program. I understand that I cannot cancel this waiver and obtain regular insurance until at least 1 year after the effective date of this waiver and unless at the time I apply for insurance I am under age 50 and present satisfactory medical evidence of insurability. I understand also that I cannot now or later have the $10,000 additional optional insurance unless I have the regular insurance.

4 SIGN AND DATE. IF YOU MARKED BOX "A" OR "C", COMPLETE THE "STATISTICAL STUB." THEN RETURN THE ENTIRE FORM TO YOUR EMPLOYING OFFICE.

SIGNATURE (do not print)

Floyd E. Crewe

DATE

27 February 1968

FOR EMPLOYING OFFICE USE ONLY

(official receiving date stamp)

RECEIVED

FEB 27 1968

Fifth CG District
Office, Chief, Personnel Div.

See Table of Effective Dates on back of Original

ORIGINAL COPY—Retain in Official Personnel Folder

STANDARD FORM No. 176-T
JANUARY 1968
(For use only until April 14, 1968)
176-101

PL 90-206 FED SALARY ACT EFF OCT 08 1967

BU	RG	OFF	NAME		POD	SOC SEC NO.	GR	ST	ANN SAL
02	05	05	F E	CREWE	009	228-36-9806	00	00	5100

STANDARD FORM 50—Rev. December 1961
U.S. Civil Service Commission
FPM Chap. 295

NOTIFICATION OF PERSONNEL ACTION

(EMPLOYEE — See General Information on Reverse)

6 PART
50-126

(FOR AGENCY USE)

1. NAME (CAPS) LAST—FIRST—MIDDLE	MR.—MISS—MRS.	2. (FOR AGENCY USE)	3. BIRTH DATE (Mo., Day, Year)	4. SOCIAL SECURITY NO.
CREWE, FLOYD E.	Mr.		11-16-08	228-36-9806

5. VETERAN PREFERENCE (1—NO, 2—5 PT., 3—10 PT. DISAB., 4—10 PT. COMP., 5—10 PT. OTHER)	6. TENURE GROUP	7. SERVICE COMP. DATE	8. PHYSICAL HANDICAP CODE
1	1	02-14-30	00

9. FEGLI (1—COVERED, 2—INELIGIBLE, 3—WAIVED)	10. RETIREMENT (1—CS, 2—FICA, 3—FS, 4—NONE, 5—OTHER)	11. (FOR CSC USE)
1	5	

12. CODE	NATURE OF ACTION	13. EFFECTIVE DATE (Mo., Day, Year)	14. CIVIL SERVICE OR OTHER LEGAL AUTHORITY
896	Administrative Pay Increase	10-08-67	

15. FROM: POSITION TITLE AND NUMBER	16. PAY PLAN AND OCCUPATION CODE	17. (a) GRADE OR LEVEL	(b) STEP OR RATE	18. SALARY
				Class 4a ($4514.-$5210.) $5100. pa incl. $75.40 pa qtrs.

19. NAME AND LOCATION OF EMPLOYING OFFICE

20. TO: POSITION TITLE AND NUMBER	21. PAY PLAN AND OCCUPATION CODE	22. (a) GRADE OR LEVEL	(b) STEP OR RATE	23. SALARY
Keeper	AD 48 071	00	00	Class 4a ($4717.-$5443.) $5100. pa incl. $75.40 pa qtrs.

24. NAME AND LOCATION OF EMPLOYING OFFICE

U. S. Coast Guard
5th Coast Guard District
Portsmouth, Virginia

Wolf Trap Light Station
New Point, Virginia

05-0-79-04-0-0
41304

25. DUTY STATION (City—county—State)	26. LOCATION CODE
New Point, Mathews County, Virginia	45 0000 115

27. APPROPRIATION	28. POSITION OCCUPIED (1—COMPETITIVE SERVICE, 2—EXCEPTED SERVICE)	29. APPORTIONED POSITION FROM:	(1—PROVED-1, 2—WAIVED-2)	TO:	STATE
Operating Expenses	1				

30. REMARKS:
A. SUBJECT TO COMPLETION OF 1 YEAR PROBATIONARY (OR TRIAL) PERIOD COMMENCING
B. SERVICE COUNTING TOWARD CAREER (OR PERMANENT) TENURE FROM:

SEPARATIONS: SHOW REASONS BELOW, AS REQUIRED. CHECK IF APPLICABLE: C. DURING PROBATION D. FROM APPOINTMENT OF 6 MONTHS OR LESS

Pursuant to administrative revision of the compensation schedule.

Salary limited by Public Law 86-309 to $5100. per annum.

31. DATE OF APPOINTMENT AFFIDAVIT (Accessions only)	34. SIGNATURE (Or other authentication) AND TITLE
32. OFFICE MAINTAINING PERSONNEL FOLDER (If different from employing office)	N. Lester Braun N. LESTER BRAUN, Personnel Officer Chief, Civilian Personnel Branch
33. CODE TD 02 EMPLOYING DEPARTMENT OR AGENCY: U. S. Coast Guard	35. DATE: 01-04-68 2708

4. PERSONNEL FOLDER COPY

☆ U.S. GOVERNMENT PRINTING OFFICE: 1963—O-703-278 #16-D

GENERAL PURPOSE CARD

STANDARD FORM 50—Rev. December 1961
U.S. Civil Service Commission
FPM Chap. 295

NOTIFICATION OF PERSONNEL ACTION

6 PART
50-126

(FOR AGENCY USE)

1. NAME (CAPS) LAST—FIRST—MIDDLE MR.—MISS—MRS.	2. (FOR AGENCY USE)	3. BIRTH DATE (Mo., Day, Year)	4. SOCIAL SECURITY NO.
CREWE, Floyd E., Mr.		11-16-08	228-36-9806

5. VETERAN PREFERENCE	6. TENURE GROUP	7. SERVICE COMP. DATE	8. PHYSICAL HANDICAP CODE
1 (1—NO, 2—5 PT., 3—10 PT. DISAB., 4—10 PT. COMP., 5—10 PT. OTHER)	1	02-14-30	00

9. FEGLI	10. RETIREMENT	11. (FOR CSC USE)
1 (1—COVERED, 2—INELIGIBLE, 3—WAIVED)	5 (1—CS, 2—FICA, 3—FS, 4—NONE, 5—OTHER)	

12. CODE	NATURE OF ACTION	13. EFFECTIVE DATE (Mo., Day, Year)	14. CIVIL SERVICE OR OTHER LEGAL AUTHORITY
896	Administrative Pay Increase	07-03-66	

15. FROM: POSITION TITLE AND NUMBER	16. PAY PLAN AND OCCUPATION CODE	17. (a) GRADE OR LEVEL	(b) STEP OR RATE	18. SALARY
				Class 4a ($4387.-$5065.00) $5065.00 pa incl. $75.40 pa qtrs.

19. NAME AND LOCATION OF EMPLOYING OFFICE

20. TO: POSITION TITLE AND NUMBER	21. PAY PLAN AND OCCUPATION CODE	22. (a) GRADE OR LEVEL	(b) STEP OR RATE	23. SALARY
Keeper 05-560	AD 48 071	00	00	Class 4a ($4514.-$5210.00) $5100.00 pa incl. $75.40 pa qtrs.

24. NAME AND LOCATION OF EMPLOYING OFFICE
Wolf Trap Light Station, Virginia
Fifth Coast Guard District
Portsmouth, Virginia

25. DUTY STATION (City—county—State)	26. LOCATION CODE
New Point, Virginia	45 0000 115

27. APPROPRIATION	28. POSITION OCCUPIED	29. APPORTIONED POSITION
Op. Exp., CG 1967	1 (1—COMPETITIVE SERVICE, 2—EXCEPTED SERVICE)	FROM: (1—PROVED-1, 2—WAIVED-2) TO: STATE

30. REMARKS:
A. SUBJECT TO COMPLETION OF 1 YEAR PROBATIONARY (OR TRIAL) PERIOD COMMENCING
B. SERVICE COUNTING TOWARD CAREER (OR PERMANENT) TENURE FROM:

SEPARATIONS: SHOW REASONS BELOW, AS REQUIRED. CHECK IF APPLICABLE: C. DURING PROBATION D. FROM APPOINTMENT OF 6 MONTHS OR LESS

Pursuant to administrative revision of the compensation schedule.

31. DATE OF APPOINTMENT AFFIDAVIT (Accessions only)	34. SIGNATURE (Or other authentication) AND TITLE
32. OFFICE MAINTAINING PERSONNEL FOLDER (If different from employing office)	N. Lester Braun N. LESTER BRAUN, Personnel Officer Chief, Civilian Personnel Branch
33. CODE TR 03 EMPLOYING DEPARTMENT OR AGENCY U. S. Coast Guard	35. DATE 07-25-66 2708

4. PERSONNEL FOLDER COPY

☆ U.S. GOVERNMENT PRINTING OFFICE: 1963—O-703-278 #16-D

Standard Form 50—Rev. Dec. 1961
U. S. Civil Service Commission
FPM R-1

NOTIFICATION OF PERSONNEL ACTION

(EMPLOYEE — See General Information on Reverse)

5 PART 50-114

(For agency use)

1. NAME (CAPS) LAST—FIRST—MIDDLE MR.—MISS—MRS.	2. *(For agency use)*	3. BIRTH DATE (Mo., Day, Year)	4. SOCIAL SECURITY NO.
CREWE, Floyd E., Mr.		**11-16-08**	**228-36-9806**

5. VETERAN PREFERENCE	6. TENURE GROUP	7. SERVICE COMP. DATE	8. PHYSICAL HANDICAP CODE
1 (1—NO, 2—5 PT., 3—10 PT. DISAB., 4—10 PT. COMP., 5—10 PT. OTHER)	**1**	**02-14-30**	

9. FEGLI	10. RETIREMENT	11. *(For CSC use)*
1 (1—COVERED, 2—INELEGIBLE, 3—WAIVED)	**5** (1—CS, 2—FICA, 3—FS, 4—NONE, 5—OTHER)	

12. NATURE OF ACTION	13. EFFECTIVE DATE (Mo., Day, Year)	14. CIVIL SERVICE OR OTHER LEGAL AUTHORITY
896 CODE **Administrative Pay Increase**	**10-10-65**	

15. FROM: POSITION TITLE AND NUMBER	16. PAY PLAN AND OCCUPATION CODE	17. GRADE OR LEVEL	18. SALARY
			Class 4a ($4235.-$4889.00) $4889.00 pa incl. $75.40 pa qtrs.

19. NAME AND LOCATION OF EMPLOYING OFFICE

20. TO: POSITION TITLE AND NUMBER	21. PAY PLAN AND OCCUPATION CODE	22. GRADE OR LEVEL	23. SALARY
Keeper 05-560	**AD 48 071**	**00**	**Class 4a ($4387.-$5065.00) $5065.00 pa incl. $75.40 pa qtrs.**

24. NAME AND LOCATION OF EMPLOYING OFFICE
Wolf Trap Light Station, Virginia
Fifth Coast Guard District
Portsmouth, Virginia

25. DUTY STATION *(City — county — State)*	26. LOCATION CODE
New Point, Virginia	**45 0000 115**

27. APPROPRIATION	28. POSITION OCCUPIED	29. APPORTIONED POSITION
Op. Exp., CG 1966	1-COMPETITIVE SERVICE **1** 2—EXCEPTED SERVICE	FROM: TO: STATE (1—PROVED-1, 2—WAIVED-2)

30. REMARKS:
A. SUBJECT TO COMPLETION OF 1 YEAR PROBATIONARY (OR TRIAL) PERIOD COMMENCING
B. SERVICE COUNTING TOWARD CAREER (OR PERMANENT) TENURE FROM

SEPARATIONS: SHOW REASONS BELOW, AS REQUIRED, CHECK IF APPLICABLE: C. DURING PROBATION D. FROM APPOINTMENT OF 6 MONTHS OR LESS

Pursuant to administrative revision of the compensation schedule.

31. DATE OF APPOINTMENT AFFIDAVIT *(Accessions only)*	34. SIGNATURE *(Or other Authentication)* AND TITLE
32. OFFICE MAINTAINING PERSONNEL FOLDER *(If different from employing office)*	N. Lester Braun **N. LESTER BRAUN, Personnel Officer** **Chief, Civilian Personnel Branch**
33. CODE EMPLOYING DEPARTMENT OR AGENCY **TR 03 U. S. Coast Guard**	35. DATE **11-03-65** **2708**

4. PERSONNEL FOLDER COPY

Standard Form 50—Rev. Dec. 1961
U. S. Civil Service Commission
FPM R-1

NOTIFICATION OF PERSONNEL ACTION

(EMPLOYEE—See General Information on Reverse)

5 PART
50-114

(For agency use)

1. NAME (CAPS) LAST—FIRST—MIDDLE MR.—MISS—MRS.	2. *(For agency use)*	3. BIRTH DATE *(Mo., Day, Year)*	4. SOCIAL SECURITY NO.
CREWE, Floyd E., Mr.	**Journal #1**	**11-16-08**	**228-36-9806**

5. VETERAN PREFERENCE	6. TENURE GROUP	7. SERVICE COMP. DATE	8. PHYSICAL HANDICAP CODE
1 (1—NO, 2—5 PT., 3—10 PT. DISAB., 4—10 PT. COMP., 5—10 PT. OTHER)	**1**	**02-14-30**	

9. FEGLI	10. RETIREMENT	11. *(For CSC use)*
1 (1—COVERED, 2—INELEGIBLE, 3—WAIVED)	**5** (1—CS, 2—FICA, 3—FSI, 4—NONE, 5—OTHER)	

12. NATURE OF ACTION	13. EFFECTIVE DATE *(Mo., Day, Year)*	14. CIVIL SERVICE OR OTHER LEGAL AUTHORITY
002 CORRECTION **896** CODE **Administrative Pay Increase**	**07-05-64**	

15. FROM: POSITION TITLE AND NUMBER	16. PAY PLAN AND OCCUPATION CODE	17. GRADE OR LEVEL	23. SALARY
Keeper 05-560	**AD 48 071**	**00**	**Class 4a ($4018.-4636.00) $4636.00 pa incl. $75.40 pa qtrs.**

19. NAME AND LOCATION OF EMPLOYING OFFICE

20. TO: POSITION TITLE AND NUMBER	21. PAY PLAN AND OCCUPATION CODE	22. GRADE OR LEVEL	18. SALARY
Keeper 05-560	**AD 48 071**	**00**	**Class 4a ($4235.-$4889.00) $4889.00 pa incl. $75.40 pa qtrs.**

24. NAME AND LOCATION OF EMPLOYING OFFICE
Wolf Trap Light Station, Virginia
Fifth Coast Guard District
Portsmouth, Virginia

25. DUTY STATION *(City — county — State)*	26. LOCATION CODE
New Point, Virginia	**45 0000 115**

27. APPROPRIATION	28. POSITION OCCUPIED	29. APPORTIONED POSITION
Op. Exp. CG 1965	1-COMPETITIVE SERVICE **1** 2—EXCEPTED SERVICE	FROM: TO: STATE (1—PROVED-1, 2—WAIVED-2)

30. REMARKS:
A. SUBJECT TO COMPLETION OF 1 YEAR PROBATIONARY (OR TRIAL) PERIOD COMMENCING
B. SERVICE COUNTING TOWARD CAREER (OR PERMANENT) TENURE FROM:

SEPARATIONS: SHOW REASONS BELOW, AS REQUIRED, CHECK IF APPLICABLE: C. DURING PROBATION D. FROM APPOINTMENT OF 6 MONTHS OR LESS

Pursuant to administrative revision of the compensation schedule.

Corrects item 13 on SF 50 dated 08-14-64 which read: 08-16-64.

Retroactive adjustment is an administrative action taken pursuant to Public Law 88-631 approved 6 October 1964.

31. DATE OF APPOINTMENT AFFIDAVIT *(Accessions only)*	34. SIGNATURE *(Or other Authentication)* AND TITLE
32. OFFICE MAINTAINING PERSONNEL FOLDER *(If different from employing office)*	A. HANCOCK, CDR, USCG Chief, Personnel Division
33. CODE EMPLOYING DEPARTMENT OR AGENCY **TD [illegible] U S Coast Guard**	**APPROVED:** 35. DATE **11-02-64** **2708**

4. PERSONNEL FOLDER COPY

Standard Form 50—Rev. Dec. 1961
U. S. Civil Service Commission
FPM R-1

NOTIFICATION OF PERSONNEL ACTION

(EMPLOYEE—See General Information on Reverse)

5 PART
50-114

(For agency use)

1. NAME (CAPS) LAST—FIRST—MIDDLE — MR.—MISS—MRS.	2. *(For agency use)*	3. BIRTH DATE *(Mo., Day, Year)*	4. SOCIAL SECURITY NO.
CREWE, Floyd E., Mr.	Journal #9	11-16-08	228-36-9806

5. VETERAN PREFERENCE	6. TENURE GROUP	7. SERVICE COMP. DATE	8. PHYSICAL HANDICAP CODE
1 (1—NO, 2—5 PT., 3—10 PT. DISAB., 4—10 PT. COMP., 5—10 PT. OTHER)	1	02-14-30	

9. FEGLI	10. RETIREMENT	11. *(For CSC use)*
1 (1—COVERED, 2—INELEGIBLE, 3—WAIVED)	5 (1—CS, 2—FICA, 3—FS, 4—NONE, 5—OTHER)	

12. NATURE OF ACTION	13. EFFECTIVE DATE *(Mo., Day, Year)*	14. CIVIL SERVICE OR OTHER LEGAL AUTHORITY
CODE 896 — Administrative Pay Increase	08-16-64	

15. FROM: POSITION TITLE AND NUMBER	16. PAY PLAN AND OCCUPATION CODE	17. GRADE OR LEVEL	23. SALARY
Keeper 05-560	AD 48 071	00	Class 4a ($4018.-4636.00) $4636.00 pa incl. $75.40 pa qtrs.

19. NAME AND LOCATION OF EMPLOYING OFFICE

20. TO: POSITION TITLE AND NUMBER	21. PAY PLAN AND OCCUPATION CODE	22. GRADE OR LEVEL	18. SALARY
Keeper 05-560	AD 48 071	00	Class 4a ($4235.-$4889.00) $4889.00 pa incl. $75.40 pa qtrs.

24. NAME AND LOCATION OF EMPLOYING OFFICE
Wolf Trap Light Station, Virginia
Fifth Coast Guard District
Portsmouth, Virginia

25. DUTY STATION *(City — county — State)*	26. LOCATION CODE
New Point, Virginia	45 0000 115

27. APPROPRIATION	28. POSITION OCCUPIED	29. APPORTIONED POSITION
Op. Exp. CG 1965	1-COMPETITIVE SERVICE; 1 (2—EXCEPTED SERVICE)	FROM: (1—PROVED-1, 2—WAIVED-2) TO: STATE

30. REMARKS:
A. SUBJECT TO COMPLETION OF 1 YEAR PROBATIONARY (OR TRIAL) PERIOD COMMENCING
B. SERVICE COUNTING TOWARD CAREER (OR PERMANENT) TENURE FROM:

SEPARATIONS: SHOW REASONS BELOW, AS REQUIRED, CHECK IF APPLICABLE: C. DURING PROBATION; D. FROM APPOINTMENT OF 6 MONTHS OR LESS

Pursuant to administrative revision of the compensation schedule.

31. DATE OF APPOINTMENT AFFIDAVIT *(Accessions only)*	34. SIGNATURE *(Or other Authentication)* AND TITLE
32. OFFICE MAINTAINING PERSONNEL FOLDER *(If different from employing office)*	APPROVED: G. R. EVANS, CAPT, USCG Chief of Staff
33. CODE EMPLOYING DEPARTMENT OR AGENCY TR 03 U. S. Coast Guard	35. DATE 08-14-64 2708

4. PERSONNEL FOLDER COPY

Standard Form 50—Rev. Dec. 1961
U.S. Civil Service Commission
FPM R-1

NOTIFICATION OF PERSONNEL ACTION

50-109

(For agency use)

1. NAME (CAPS) LAST—FIRST—MIDDLE MR.—MISS—MRS.	2. *(For agency use)*	3. BIRTH DATE *(Mo., Day, Year)*	4. SOCIAL SECURITY NO.
CREWS, Floyd E., Mr.	**Journal #3**	**11-16-08**	**228-36-9806**

5. VETERAN PREFERENCE (1—NO, 2—5 PT., 3—10 PT. DISAB., 4—10 PT. COMP., 5—10 PT. OTHER)	6. TENURE GROUP	7. SERVICE COMP. DATE	8. PHYSICAL HANDICAP CODE
1	**1**	**02-14-30**	**00**

9. FEGLI (1—COVERED, 2—INELIGIBLE, 3—WAIVED)	10. RETIREMENT (1—CS, 2—FICA, 3—FS, 4—NONE, 5—OTHER)	11. *(For CSC use)*
1	**5**	

12. NATURE OF ACTION	13. EFFECTIVE DATE *(Mo., Day, Year)*	14. CIVIL SERVICE OR OTHER LEGAL AUTHORITY
896 CODE **Administrative Pay Increase**	**01-05-64**	

15. FROM: POSITION TITLE AND NUMBER	16. PAY PLAN AND OCCUPATION CODE	17. GRADE OR LEVEL	18. SALARY
Keeper 05-560	**AD 48 071**	**00**	**Class 4a ($3916.-4516.00) $4516.00 pa incl $75.40 pa qtrs.**

19. NAME AND LOCATION OF EMPLOYING OFFICE

20. TO: POSITION TITLE AND NUMBER	21. PAY PLAN AND OCCUPATION CODE	22. GRADE OR LEVEL	23. SALARY
Keeper 05-560	**AD 48 071**	**00**	**Class 4a ($4018.-4636.00) $4636.00 pa incl. $75.40 pa qtrs.**

24. NAME AND LOCATION OF EMPLOYING OFFICE

Wolf Trap Light Station, Virginia
Fifth Coast Guard District
Portsmouth, Virginia

25. DUTY STATION *(City—county—State)*	26. LOCATION CODE
New Point, Virginia	**45 0000 115**

27. APPROPRIATION	28. POSITION OCCUPIED (1—COMPETITIVE SERVICE, 2—EXCEPTED SERVICE)	29. APPORTIONED POSITION FROM: (1—PROVED-1, 2—WAIVED-2) TO: STATE
Op. Exp. CG 1964	**1**	

30. REMARKS: ☐ A. SUBJECT TO COMPLETION OF 1 YEAR PROBATIONARY (OR TRIAL) PERIOD COMMENCING_____

☐ B. SERVICE COUNTING TOWARD CAREER (OR PERMANENT) TENURE FROM:_____

SEPARATIONS: SHOW REASONS BELOW, AS REQUIRED. CHECK IF APPLICABLE: ☐ C. DURING PROBATION ☐ D. FROM APPOINTMENT OF 6 MONTHS OR LESS

Pursuant to administrative revision of the compensation schedule.

31. DATE OF APPOINTMENT AFFIDAVIT *(Accessions only)*

32. OFFICE MAINTAINING PERSONNEL FOLDER *(If different from employing office)*

33. CODE EMPLOYING DEPARTMENT OR AGENCY

TR 03 U. S. Coast Guard

34. SIGNATURE *(Or other authentication)* AND TITLE

APPROVED: A. HANCOCK, CDR, USCG
01-03-64 Chief, Personnel Division

35. DATE

2708

4. PERSONNEL FOLDER COPY

Standard Form 50—Rev. Dec. 1961
U.S. Civil Service Commission
FPM R-1

NOTIFICATION OF PERSONNEL ACTION

50-109

(For agency use)

1. NAME (CAPS) LAST—FIRST—MIDDLE — MR.—MISS—MRS.	2. *(For agency use)*	3. BIRTH DATE *(Mo., Day, Year)*	4. SOCIAL SECURITY NO.
CREWE, Floyd E., Mr.	Journal No.5	11-16-08	228-36-9806

5. VETERAN PREFERENCE (1—NO, 2—5 PT., 3—10 PT. DISAB., 4—10 PT. COMP., 5—10 PT. OTHER)	6. TENURE GROUP	7. SERVICE COMP. DATE	8. PHYSICAL HANDICAP CODE
1	1	02-14-30	00

9. FEGLI (1—COVERED, 2—INELIGIBLE, 3—WAIVED)	10. RETIREMENT (1—CS, 2—FICA, 3—FS, 4—NONE, 5—OTHER)	11. *(For CSC use)*
1	5	

12. NATURE OF ACTION CODE		13. EFFECTIVE DATE *(Mo., Day, Year)*	14. CIVIL SERVICE OR OTHER LEGAL AUTHORITY
896	Administrative Pay Increase	10-14-62	

15. FROM: POSITION TITLE AND NUMBER	16. PAY PLAN AND OCCUPATION CODE	17. GRADE OR LEVEL	18. SALARY
Keeper 05-560	AD 48 071	00	Class 4a ($3751.-4327.00) $4327.00 pa incl $75.40 pa qtrs

19. NAME AND LOCATION OF EMPLOYING OFFICE

20. TO: POSITION TITLE AND NUMBER	21. PAY PLAN AND OCCUPATION CODE	22. GRADE OR LEVEL	23. SALARY
Keeper 05-560	AD 48 071	00	Class 4a ($3916.-4516.00) $4516.00 pa incl $75.40 pa qtrs

24. NAME AND LOCATION OF EMPLOYING OFFICE
Wolf Trap Light Station, Virginia
Fifth Coast Guard District
Portsmouth, Virginia

25. DUTY STATION *(City—county—State)*	26. LOCATION CODE
New Point, Virginia	45 0000 115

27. APPROPRIATION	28. POSITION OCCUPIED (1—COMPETITIVE SERVICE, 2—EXCEPTED SERVICE)	29. APPORTIONED POSITION FROM:	(1—PROVED-1, 2—WAIVED-2)	TO: STATE
Op. Exp. CG 1963	1			

30. REMARKS: [ ] A. SUBJECT TO COMPLETION OF 1 YEAR PROBATIONARY (OR TRIAL) PERIOD COMMENCING _____
[ ] B. SERVICE COUNTING TOWARD CAREER (OR PERMANENT) TENURE FROM: _____

SEPARATIONS: SHOW REASONS BELOW, AS REQUIRED. CHECK IF APPLICABLE: [ ] C. DURING PROBATION [ ] D. FROM APPOINTMENT OF 6 MONTHS OR LESS

Pursuant to administrative revision of the compensation schedule.

31. DATE OF APPOINTMENT AFFIDAVIT *(Accessions only)*	34. SIGNATURE *(Or other authentication)* AND TITLE
32. OFFICE MAINTAINING PERSONNEL FOLDER *(If different from employing office)*	
33. CODE EMPLOYING DEPARTMENT OR AGENCY: TR 03 U. S. Coast Guard	35. DATE 18 OCT 1962 — APPROVED: A. HANCOCK, CDR, USCG Chief, Personnel Division 2708

4. PERSONNEL FOLDER COPY

C5CGD(---)

A8-7

28 FEB 1962

From: Commander, Fifth Coast Guard District
To: Mr. Floyd E. CROWE, Keeper, Wolf Trap Light Station

Subj: Authorization for handling classified matter

1. Having been processed and cleared pursuant to Executive Order 10450 and Treasury Department Order No. 82, Revised, you are hereby authorized to perform certain duties requiring access to classified information and, in connection therewith, you are granted access on a need-to-know basis to such information classified up to and including CONFIDENTIAL. These duties consist of handling, typing, acting on, and filing classified matter.

2. In carrying out your duties in connection with classified information, you will safeguard such material entrusted to you and be governed in all respects by the provisions of Executive Order 10501, the U. S. Coast Guard Regulations, and the Department of the Navy Security Manual for Classified Information, as amended for Coast Guard use; as well as other pertinent instructions as may be issued relating to the handling of classified information.

3. You are authorized to receipt for classified matter up to and including CONFIDENTIAL.

4. You are not authorized to originally classify information or matter.

5. The authority granted herein continues in force until revoked or until you are released from duty as Keeper, Wolf Trap Light Station.

6. A copy of this letter will be filed in your official personnel folder.

H. J. WUENSCH

Copy to:
COMDT (OIN) (2)
CO, NORFOLK GROUP

RECEIVED
MAR 1 1962
Office, Chief, Personnel Div.
5th Coast Guard Dist.

Standard Form 50—8 Part
Rev. July 1957
Promulgated by U.S. Civil Service Commission—FPM-R-1

NOTIFICATION OF PERSONNEL ACTION

1. NAME (LAST [CAPS]—First—Middle—Mr.—Miss—Mrs.)	2. DATE OF BIRTH	3. IDENTIFICATION (*Optional*)
CREWE, Floyd E., Mr.	11-16-08	Journal No. 7

4. THIS IS AN OFFICIAL NOTICE OF THE PERSONNEL ACTION DESCRIBED BELOW, WHICH AFFECTS YOUR EMPLOYMENT. GENERAL INFORMATION CONCERNING YOUR EMPLOYMENT APPEARS ON THE REVERSE SIDE OF THIS FORM.

5. NATURE OF ACTION (*Standard Terminology Must be Used*)	6. EFFECTIVE DATE OF ACTION	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY
Pay Adjustment	7-10-60	

FROM—		TO—
Keeper 05-560	8. POSITION TITLE AND NUMBER	
Class 4-a ($3487.00-$4021.00) $4021.00 pa incl $75.40 pa Qtrs	9. SERIES, GRADE, SALARY	Class 4-a ($3751-$4327.00) $4327.00 pa incl $75.40 pa Qtrs
Wolf Trap Light Station, Va. Fifth Coast Guard District, Norfolk, Va.	10. NAME AND LOCATION OF OFFICE BY WHICH EMPLOYED	
Wolf Trap Light Station, Va.	11. DUTY STATION	

[ ] Yes	12. APPORTIONED POSITION	[ ] Yes [ ] Apportionment Waived [ ] Proved STATE:

13. VETERAN PREFERENCE				14. TENURE GROUP	15. POSITION OCCUPIED IS IN THE:			
No.	5-pt.	10-pt. Disab.	10-pt. Other		[s]	Competitive Service	[ ]	Excepted Service
x				I				

16. APPROPRIATION	17. PAYROLL DEDUCTIONS				18. DATE OF APPOINTMENT AFFIDAVITS (*accessions only*)
From: Op. Exp. CG 1961 To: do.	CSR	FICA	FEGLI	LH 6-20-18	
			x		

19. REMARKS:

[ ] a. Subject to completion of 1 year probationary (or trial) period commencing

[ ] b. Service counting toward career (or permanent) tenure from:

Separations: Show reasons below, as required. Check, if applicable: [ ] c. During probation [ ] d. From appointment of 6 months or less

Pursuant to administrative revision of the compensation schedule.

20. EMPLOYING DEPARTMENT OR AGENCY	22. SIGNATURE (*or Other Authentication*) AND TITLE
TREASURY DEPARTMENT U. S. COAST GUARD	R. MACLEAN Chief of Staff
21. OFFICE MAINTAINING OFFICIAL PERSONNEL FOLDER (*if different than item 10, above*)	APPROVED: 23. DATE: 7-8-60

4. Personnel Folder Copy

☆ U. S. GOVERNMENT PRINTING OFFICE: 1958—O-487038

Standard Form No. 2809
CHAPTER 1–5 F.P.M.
6 GAO 5000

HEALTH BENEFITS REGISTRATION FORM

FEDERAL EMPLOYEES HEALTH BENEFITS ACT OF 1959

(Read ions on back of last page. Use only typewriter or ball, pen.)

CARRIER'S CONTROL NO
3254719

PART A
ALL WHO REGISTER MUST FILL IN THIS PART.

1. NAME (LAST) (FIRST) (MIDDLE INITIAL)

CREWE FLOYD E

2. DATE OF BIRTH (Use numbers)

MONTH	DAY	YEAR
Nov.	16	1908

3. Are you now married? YES [1] NO [2]

4. YOUR MAILING ADDRESS (NUMBER AND STREET) (CITY AND ZONE NUMBER) (STATE)

DIGGS, P.O. MATHEWS COUNTY, VIRGINIA.

5. SEX MALE [1] FEMALE [2]

6. Are you covered by, or is any family member listed below covered by or enrolling in, a plan under the Federal Employees Health Benefits Act of 1959 (through the enrollment of another United States or District of Columbia Government employee or annuitant)? YES [ ] NO [ ]

7. Place an "X" in proper box to show your annual basic salary range.

UNDER $4,000 [1] $6,000 TO $9,999 [3]
$4,000 TO $5,999 [2] $10,000 OR OVER [4]

PART B
FILL IN THIS PART IF YOU WISH TO ENROLL IN A HEALTH BENEFITS PLAN.

If enrollment is for self only, answer item 1. If enrollment is for self and family, also answer item 2 and item 3 if it applies.

THIS PART MUST ALSO BE FILLED IN IF YOU CHANGE YOUR ENROLLMENT.

1. I elect to enroll in a health benefits plan as shown below. I authorize deductions to be made from my salary, compensation, or annuity to cover my share of the cost of the enrollment. *(Copy the information requested below from inside cover of brochure of the plan you select.)*

NAME OF PLAN	OPTION (HIGH OR LOW)	ENROLLMENT CODE NUMBER

2. In space below list all eligible family members without exception: List your wife or husband first, then your unmarried children under age 19, including legally adopted children, and stepchildren and illegitimate children who live with you in a regular parent-child relationship. Include also any unmarried child over 19 who became disabled before age 19 and who, because of the disability, is incapable of self-support. *(Attach a doctor's certificate for a disabled child age 19 or over.)*

NAMES OF FAMILY MEMBERS	DATE OF BIRTH (Month, Day, Year)		NAMES OF FAMILY MEMBERS	DATE OF BIRTH (Month, Day, Year)	
Wife or Husband		1			6
		2			7
		3			8
		4			9
		5			10

3. If you are a female (employee or annuitant)—does the family listed above include a husband who is incapable of self-support by reason of mental or physical disability which can be expected to continue for more than one year? *(If answer is "Yes," attach a doctor's certificate.)* YES [ ] NO [ ]

PART C
FILL IN THIS PART IF YOU WISH **NOT** TO ENROLL OR IF YOU WISH TO CANCEL YOUR ENROLLMENT.

PLACE AN "X" IN ITEM 1 OR ITEM 2, WHICHEVER APPLIES AND ANSWER ITEM 3.

1. I elect not to enroll in any plan under the Health Benefits Act. [X]

2. I elect to cancel my present enrollment under the Health Benefits Act. [ ]

3. The reason for my election is *(Place an "X" in proper box)*:

(a) I am covered by a plan under the Health Benefits Act through the enrollment of my husband, wife, or parent. [ ] 1

(b) I am covered by a health insurance plan which is not under the Health Benefits Act. [ ] 2

(c) Any other reason. [X] 3

PART D
FILL IN THIS PART IF YOU WISH TO CHANGE YOUR ENROLLMENT.

I elect to change my enrollment as shown by the enrollment number and other information in Part B.

1. Enrollment code number of present plan.

2. Number of event which permits change. *(See table on back of duplicate for proper number.)*

3. Date of event which permits change.

MONTH	DAY	YEAR

PART E
ALL WHO REGISTER MUST FILL IN THIS PART.

(YOUR SIGNATURE—DO NOT PRINT) (DATE)

WARNING.—Any intentional false statement in this application or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than $10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001.)

PART F
TO BE COMPLETED BY AGENCY.

1. NAME AND ADDRESS OF EMPLOYING OFFICE

Civilian Personnel Section
Fifth Coast Guard District
P. O. Box 510 Norfolk 1, Va.

N. LESTER BRAUN
(SIGNATURE OF AUTHORIZED AGENCY OFFICIAL)

2. DATE RECEIVED IN EMPLOYING OFFICE: 7-1-60

3. EFFECTIVE DATE OF ELECTION: 7-10-60

4. PAYROLL OFFICE NO.

5. ACTION (INITIALS AND DATE)

REMARKS
FOR USE ONLY BY ANNUITANTS AND AGENCY.

Triplicate—To Employing Office

APRIL 1960

Standard Form 50 –5 Part
Rev. July 1957
Promulgated by U. S. Civil Service Commission—FPM-R-1

NOTIFICATION OF PERSONNEL ACTION

1. NAME (LAST [CAPS]—First—Middle—Mr.—Miss—Mrs.)	2. DATE OF BIRTH	3. IDENTIFICATION *(optional)*
CREWE, Floyd E., Mr.	11-16-06	Journal No. 12

4. THIS IS AN OFFICIAL NOTICE OF THE PERSONNEL ACTION DESCRIBED BELOW, WHICH AFFECTS YOUR EMPLOYMENT. GENERAL INFORMATION CONCERNING YOUR EMPLOYMENT APPEARS ON THE REVERSE SIDE OF THIS FORM.

5. NATURE OF ACTION *(standard terminology must be used)*	6. EFFECTIVE DATE OF ACTION	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY
Administrative Pay Increase CANCELLATION	10-4-59	

FROM—	8. POSITION TITLE AND NUMBER 9. SERIES, GRADE, SALARY 10. NAME AND LOCATION OF OFFICE BY WHICH EMPLOYED 11. DUTY STATION	TO—

☐ Yes	12. APPORTIONED POSITION	☐ Yes ☐ Apportionment Waived ☐ Proved STATE:

13. VETERAN PREFERENCE				14. TENURE GROUP	15. POSITION OCCUPIED IS IN THE:	
No	5-pt.	10-pt. Disab.	10-pt. Other		☐ Competitive Service	☐ Excepted Service

16. APPROPRIATION	17. PAYROLL DEDUCTIONS			18. DATE OF APPOINTMENT AFFIDAVITS *(accessions only)*
From: To:	CSR	FICA	FEGLI	

19. REMARKS:

☐ a. Subject to completion of 1 year probationary (or trial) period commencing _____

☐ b. Service counting toward career (or permanent) tenure from: _____

Separations: Show reasons below, as required. Check, if applicable: ☐ c. During probation ☐ d. From appointment of 6 months or less

Cancels SF 50 dated 10-22-59. Action covered by Pay Adjustment ~~effective~~ effective 9-21-59.

20. EMPLOYING DEPARTMENT OR AGENCY	22. SIGNATURE *(or other authentication)* AND TITLE
	C. R. MAC LEAN Chief of Staff
21. OFFICE MAINTAINING OFFICIAL PERSONNEL FOLDER *(if different than Item 10, above)*	23. DATE: APPROVED: 10-30-59

☆U. S. GOVERNMENT PRINTING OFFICE: 1958—J471207

4. Personnel Folder Copy

Standard Form 50 —5 Part
Rev. July 1957
Promulgated by U. S. Civil Service Commission—FPM-R-1

NOTIFICATION OF PERSONNEL ACTION

1. NAME (LAST [CAPS]—First—Middle—Mr.—Miss—Mrs.)	2. DATE OF BIRTH	3. IDENTIFICATION *(optional)*
CREEK, Floyd E., Mr.	11-16-08	Journal No. 2

4. THIS IS AN OFFICIAL NOTICE OF THE PERSONNEL ACTION DESCRIBED BELOW, WHICH AFFECTS YOUR EMPLOYMENT. GENERAL INFORMATION CONCERNING YOUR EMPLOYMENT APPEARS ON THE REVERSE SIDE OF THIS FORM.

5. NATURE OF ACTION *(standard terminology must be used)*	6. EFFECTIVE DATE OF ACTION	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY
Pay Adjustment CORRECTION	9-21-59	P. L. 86-309

FROM—		TO—
	8. POSITION TITLE AND NUMBER	
	9. SERIES, GRADE, SALARY	$4021.00 pa incl $75.40 pa Qtrs
	10. NAME AND LOCATION OF OFFICE BY WHICH EMPLOYED	
	11. DUTY STATION	

☐ Yes	12. APPORTIONED POSITION	☐ Yes ☐ Apportionment Waived ☐ Proved STATE:

13. VETERAN PREFERENCE				14. TENURE GROUP	15. POSITION OCCUPIED IS IN THE:	
No	5-pt.	10-pt. Disab.	10-pt. Other		☐ Competitive Service	☐ Excepted Service

16. APPROPRIATION	17. PAYROLL DEDUCTIONS			18. DATE OF APPOINTMENT AFFIDAVITS *(accessions only)*
From: To:	CSR	FICA	FEGLI	

19. REMARKS:

☐ a. Subject to completion of 1 year probationary (or trial) period commencing _____

☐ b. Service counting toward career (or permanent) tenure from: _____

Separations: Show reasons below, as required. Check, if applicable: ☐ c. During probation ☐ d. From appointment of 6 months or less

Corrects Item 9 on SF 50 dated 10-22-59 which read: "TO 3754.00 pa incl $75.40 pa qtrs"

20. EMPLOYING DEPARTMENT OR AGENCY	22. SIGNATURE *(or other authentication)* AND TITLE
21. OFFICE MAINTAINING OFFICIAL PERSONNEL FOLDER *(if different than Item 10, above)*	C. R. MAC LEAN Chief of Staff 23. DATE: APPROVED: 10-30-59

☆U. S. GOVERNMENT PRINTING OFFICE: 1958—J471207

4. Personnel Folder Copy

Standard Form 50 —8 Part
Rev. July 1957
Promulgated by U. S. Civil Service Commission—FPM-R-1

NOTIFICATION OF PERSONNEL ACTION

1. NAME (LAST [CAPS]—First—Middle—Mr.—Miss—Mrs.)	2. DATE OF BIRTH	3. IDENTIFICATION *(optional)*
CRENT, Floyd E., Mr.	11-16-08	Journal No. 18

4. THIS IS AN OFFICIAL NOTICE OF THE PERSONNEL ACTION DESCRIBED BELOW, WHICH AFFECTS YOUR EMPLOYMENT. GENERAL INFORMATION CONCERNING YOUR EMPLOYMENT APPEARS ON THE REVERSE SIDE OF THIS FORM.

5. NATURE OF ACTION *(standard terminology must be used)*	6. EFFECTIVE DATE OF ACTION	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY
Administrative Pay Increase	10-4-59	

FROM—		TO—
Keeper 05-560	8. POSITION TITLE AND NUMBER	
Class 4-a ($3487.00-$4021.00) $3754.00 pa incl $75.40 pa Qtrs	9. SERIES, GRADE, SALARY	$3843.00 pa incl $75.40 pa Qtrs
Wolf Trap Light Station, Va. Fifth Coast Guard District Norfolk, Va.	10. NAME AND LOCATION OF OFFICE BY WHICH EMPLOYED	
Wolf Trap Light Station, Va.	11. DUTY STATION	

[ ] Yes	12. APPORTIONED POSITION	[ ] Yes [ ] Apportionment Waived [ ] Proved STATE:

13. VETERAN PREFERENCE				14. TENURE GROUP	15. POSITION OCCUPIED IS IN THE:			
No	5-pt.	10-pt. Disab.	10-pt. Other					
X				I	X	Competitive Service		Excepted Service

16. APPROPRIATION	17. PAYROLL DEDUCTIONS			18. DATE OF APPOINTMENT AFFIDAVITS *(accessions only)*
From: Op. Exp. CG 1960 To: do	CSR	FICA	FEGLI	
			X	

19. REMARKS:

[ ] a. Subject to completion of 1 year probationary (or trial) period commencing _____

[ ] b. Service counting toward career (or permanent) tenure from: _____

Separations: Show reasons below, as required. Check, if applicable: [ ] c. During probation [ ] d. From appointment of 6 months or less

20. EMPLOYING DEPARTMENT OR AGENCY	22. SIGNATURE *(or other authentication)* AND TITLE
FIFTH COAST GUARD DISTRICT NORFOLK, VIRGINIA	C. R. MACLEAN Chief of Staff
21. OFFICE MAINTAINING OFFICIAL PERSONNEL FOLDER *(if different than item 10, above)*	23. DATE: APPROVED: 10-22-59

☆U. S. GOVERNMENT PRINTING OFFICE: 1958—J471207

4. Personnel Folder Copy

Standard Form 50—8 Part
Rev. July 1957
Promulgated by U. S. Civil Service Commission—FPM-R-1

NOTIFICATION OF PERSONNEL ACTION

1. NAME (LAST [CAPS]—First—Middle—Mr.—Miss—Mrs.)	2. DATE OF BIRTH	3. IDENTIFICATION (optional)
CREWE, Floyd E., Mr.	11-16-08	Journal No. 1

4. THIS IS AN OFFICIAL NOTICE OF THE PERSONNEL ACTION DESCRIBED BELOW, WHICH AFFECTS YOUR EMPLOYMENT. GENERAL INFORMATION CONCERNING YOUR EMPLOYMENT APPEARS ON THE REVERSE SIDE OF THIS FORM.

5. NATURE OF ACTION (standard terminology must be used)	6. EFFECTIVE DATE OF ACTION	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY
Pay Adjustment	9-21-59	P. L. 86-309

FROM—		TO—
Keeper 05-560	8. POSITION TITLE AND NUMBER	
Class 4-a ($3487.00-$4021.00) $3750.00 pa incl $75.40 pa Qtrs	9. SERIES, GRADE, SALARY	$3754.00 pa incl $75.40 pa Qtrs
Wolf Trap Light Station, Va. Fifth Coast Guard District Norfolk, Virginia	10. NAME AND LOCATION OF OFFICE BY WHICH EMPLOYED	
Wolf Trap Light Station, Va.	11. DUTY STATION	

[ ] Yes	12. APPORTIONED POSITION	[ ] Yes [ ] Apportionment Waived [ ] Proved STATE:

13. VETERAN PREFERENCE				14. TENURE GROUP	15. POSITION OCCUPIED IS IN THE:	
No	5-pt.	10-pt. Disab.	10-pt. Other			
X				I	X Competitive Service	[ ] Excepted Service

16. APPROPRIATION	17. PAYROLL DEDUCTIONS			18. DATE OF APPOINTMENT AFFIDAVITS (accessions only)
From: To: Operating Expenses, CO 1960 do	CSR	FICA	FEGLI	
			X	

19. REMARKS:

[ ] a. Subject to completion of 1 year probationary (or trial) period commencing _____

[ ] b. Service counting toward career (or permanent) tenure from: _____

Separations: Show reasons below, as required. Check, if applicable: [ ] c. During probation [ ] d. From appointment of 6 months or less

20. EMPLOYING DEPARTMENT OR AGENCY	22. SIGNATURE (or other authentication) AND TITLE
Fifth Coast Guard District Norfolk, Virginia	C. R. MAC LEAN Chief of Staff
21. OFFICE MAINTAINING OFFICIAL PERSONNEL FOLDER (if different than Item 10, above)	23. DATE: APPROVED: 10-22-59

☆U. S. GOVERNMENT PRINTING OFFICE: 1958—J471207

4. Personnel Folder Copy

STANDARD FORM 50 (8 PART)
REV. APRIL 1951
PROMULGATED BY
U. S. CIVIL SERVICE COMMISSION
CHAPTER 21,
FEDERAL PERSONNEL MANUAL

TREASURY DEPARTMENT—U. S. COAST GUARD

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
Mr. Floyd E. Crewe	11-16-08	9	7-7-58

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
Pay adjustment	1-12-58	

	FROM 05-560		TO 05-560
8. POSITION TITLE	Keeper		
9. SERVICE, SERIES, GRADE, SALARY	Class 4-a ($3169.91-$3655.19) $3655.19 pa incl $75.40 pa Qtrs		Class 4-a ($3487.00-$4021.00) $3750.00 pa incl $75.40 pa Qtrs
10. ORGANIZATIONAL DESIGNATIONS	LIGHT STATION		
11. HEADQUARTERS	Norfolk, Va. Wolf Trap Light Station, Va.		
12. FIELD OR DEPT'L	X FIELD ☐ DEPARTMENTAL		☐ FIELD ☐ DEPARTMENTAL

13. VETERAN'S PREFERENCE

NONE	WWII	OTHER	5-PT.	10-POINT DISAB.	10-POINT OTHER
X					

14. POSITION CLASSIFICATION ACTION

NEW	VICE	I. A.	REAL.

15. SEX	16. RACE	17. APPROPRIATION	18. SUBJECT TO C. S. RETIREMENT ACT (YES—NO)	19. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)	20. LEGAL RESIDENCE
M		FROM: TO: Operating Expenses, CG, 1958	do	LH 6-20-18	☐ CLAIMED ☐ PROVED STATE: Va.

21. 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.

Grade and classification of position subject to post-audit and correction by agency personnel office or by the Civil Service Commission.

"Pursuant to administrative revision of the compensation schedule."

APPROVED: JUL 7 1958

ENTRANCE PERFORMANCE RATING:

B. H. BRALLIER,
Chief of Staff

22. SIGNATURE OR OTHER AUTHENTICATION

4. PERSONNEL FOLDER COPY

☆ G. P. O.: 1952-205931

CG 9619 (REV. 12-47)
TREASURY DEPT.

U. S. COAST GUARD

2-7

CL
PC

BEP 187
HEADING
RBEKJ 57

...ARTERS

FROM: M 102143Z
FM CCGD FIVE

ACTION: TO COMDT COGARD

...6 SEP 10 19 31

...AGE CENTER

INFORM:

TEXT

DL TO CL X FOR CDR M F YOUNG X CIV KEEPER FLOYD E CREWE AVAILABLE TO TESTIFY X HAS BEEN ISSUED ORDERS TO REPORT DIST CT ALEX VA PRIOR 111200R

BT

CFN 111200R

10/2159Z SEP RBEKJ

OPERATOR'S RECORD AND DATE

LLCR '56

OFFICIAL INITIALS

P
22 March 1956
GD5/LL/P16-3

From: Commander, Fifth Coast Guard District
To: Mr. Floyd E. Crewe, Keeper
Via: Commander, GROUP, Norfolk, Virginia

Subj: Officer in Charge, Wolf Trap Light Station; designation of

Ref: (a) Section 7-3-1 CG Regulations

1. In accordance with instructions contained in reference (a), you are hereby designated as Officer in Charge, Wolf Trap Light Station, New Point, Va., effective upon receipt hereof.

2. In the performance of your duties you will be guided by the instructions as outlined in Chapter Seven, Coast Guard Regulations.

3. The Commander, Norfolk Group will, on a "need to know" basis, issue clearance and authorization to handle and have custody of Classified Material in accordance with Navy Security Manual as amended for Coast Guard use.

4. This designation is cancelled upon transfer or relief.

R. E. WOOD

NLBraun/sjb

STANDARD FORM 50 (9 PART)
REV. APRIL 1951
PROMULGATED BY
U. S. CIVIL SERVICE COMMISSION
CHAPTER R1, FEDERAL PERSONNEL MANUAL

TREASURY DEPARTMENT—U. S. COAST GUARD

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
Mr. Floyd E. Crews	11-16-08	1	11-16-55

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
Administrative Pay Increase	11-20-55	

FROM		TO	
05-560		05-560	
Keeper	8. POSITION TITLE		
Class 4-a ($3169.91-$3655.19) $3574.31 pa incl $75.40 pa Qtrs	9. SERVICE, SERIES, GRADE, SALARY	$3655.19 pa incl $75.40 pa Qtrs	
LIGHT STATION	10. ORGANIZATIONAL DESIGNATIONS		
Norfolk, Va. Wolf Trap Light Station, Va.	11. HEADQUARTERS		
[X] FIELD [ ] DEPARTMENTAL	12. FIELD OR DEPT'L	[X] FIELD [ ] DEPARTMENTAL	

13. VETERAN'S PREFERENCE						14. POSITION CLASSIFICATION ACTION			
NONE	WWII	OTHER	5-PT.	10-POINT DISAB.	10-POINT OTHER	NEW	VICE	I.A.	REAL.
X									

15. SEX	16. RACE	17. APPROPRIATION	18. SUBJECT TO C. S. RETIREMENT ACT (YES—NO)	19. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)	20. LEGAL RESIDENCE
M		FROM: Operating Expenses, CG, 1956 TO: do	LH 6-20-18		[ ] CLAIMED [ ] PROVED STATE: Va.

21. 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.

APPROVED: NOV 16 1955

ENTRANCE PERFORMANCE RATING:

N. Lester Braun
N. LESTER BRAUN
Chief, Civilian Personnel Section
22. SIGNATURE OR OTHER AUTHENTICATION

☆ U. S. GOVERNMENT PRINTING OFFICE J. 862964-1951

4. PERSONNEL FOLDER COPY

STANDARD FORM 50 (9 PART)
REV. APRIL 1951
PROMULGATED BY
U. S. CIVIL SERVICE COMMISSION
CHAPTER 81, FEDERAL PERSONNEL MANUAL

TREASURY DEPARTMENT—U. S. COAST GUARD

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
Mr. Floyd K. Crews	11-16-08	4	7-15-55

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
Pay Adjustment	3-13-55	

FROM		TO	
8. POSITION TITLE	Keeper		
9. SERVICE, SERIES, GRADE, SALARY	Class 4-a ($2948.76-$3400.20) $3324.96 pa incl $75.40 pa Qtrs		Class 4-a ($3169.91-$3655.19) $3574.31 pa incl $75.40 pa Qtrs
10. ORGANIZATIONAL DESIGNATIONS	LIGHT STATION		
11. HEADQUARTERS	Norfolk, Va. Wolf Trap Light Station, Va.		
12. FIELD OR DEPT'L	[X] FIELD [ ] DEPARTMENTAL		[X] FIELD [ ] DEPARTMENTAL

13. VETERAN'S PREFERENCE

NONE	WWI	OTHER	5-PT.	10-POINT DISAB.	10-POINT OTHER
X					

14. POSITION CLASSIFICATION ACTION

NEW	VICE	I.A.	REAL.

15. SEX	16. RACE	17. APPROPRIATION	18. SUBJECT TO C. S. RETIREMENT ACT (YES—NO)	19. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)	20. LEGAL RESIDENCE
M		FROM: Operating Expenses, CG, 1955 TO: do	LH 6-20-18		[ ] CLAIMED [ ] PROVED STATE: Va.

21. 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.

Pay adjustment is pursuant to revision of the compensation schedule.

APPROVED: JUL 15 1955

N. Lester Braun

N. LESTER BRAUN
Chief, Civilian Personnel Section

ENTRANCE PERFORMANCE RATING:

22. SIGNATURE OR OTHER AUTHENTICATION

☆ U. S. GOVERNMENT PRINTING OFFICE [illegible]

4. PERSONNEL FOLDER COPY

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
COMMANDER
Fifth COAST GUARD DISTRICT
BOX 548, NEW POST OFFICE BLDG.
NORFOLK 1, VA.

P
23 January 1955
GD5/LL/P14-2/1

From: Commander, Fifth Coast Guard District
To: Mr. Floyd E. Crewe, Keeper

Subj: Conversion to Career Appointment

Ref: (a) Executive Order No. 10577
(b) Departmental Circular No. 776

1. You are advised that in accordance with instructions contained in references (a) and (b) your present appointment has been automatically converted to Career Appointment, effective 23 January 1955.

N. LESTER BRAUN
By direction

STANDARD FORM 50 (9 PART)
REV. APRIL 1951
PROMULGATED BY
U. S. CIVIL SERVICE COMMISSION
CHAPTER R1, FEDERAL PERSONNEL MANUAL

TREASURY DEPARTMENT—U. S. COAST GUARD

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
Mr. Floyd E. Crewe	11-16-08	1	11-17-54

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
Administrative Pay Increase	11-21-54	

FROM	TO
05-560	05-560

	FROM	TO
8. POSITION TITLE	Keeper	
9. SERVICE, SERIES, GRADE, SALARY	Class 4-a ($2948.76-$3400.20) $3249.72 pa incl $75.40 pa Qtrs	$3324.96 pa incl $75.40 pa Qtrs
10. ORGANIZATIONAL DESIGNATIONS	LIGHT STATION	
11. HEADQUARTERS	Norfolk, Va. Wolf Trap Light Station, Va.	
12. FIELD OR DEPT'L	[X] FIELD [ ] DEPARTMENTAL	[X] FIELD [ ] DEPARTMENTAL

13. VETERAN'S PREFERENCE						14. POSITION CLASSIFICATION ACTION			
NONE	WWI	OTHER	5-PT.	10-POINT DISAB.	10-POINT OTHER	NEW	VICE	I.A.	REAL.
X									

15. SEX	16. RACE	17. APPROPRIATION	18. SUBJECT TO C. S. RETIREMENT ACT (YES—NO)	19. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)	20. LEGAL RESIDENCE
M		FROM: Operating Expenses, CG, 1954 TO: do	LH 6-20-18		☐ CLAIMED ☐ PROVED STATE: Va.

21. 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.

APPROVED: NOV 17 1954

ENTRANCE PERFORMANCE RATING:

N. Lester Braun

N. LESTER BRAUN
Chief, Civilian Personnel Section

22. SIGNATURE OR OTHER AUTHENTICATION

☆ U. S. GOVERNMENT PRINTING OFFICE [illegible]

4. PERSONNEL FOLDER COPY

STANDARD FORM 50 (9 PART)
REV. APRIL 1951
PROMULGATED BY
U. S. CIVIL SERVICE COMMISSION
CHAPTER 81, FEDERAL PERSONNEL MANUAL

TREASURY DEPARTMENT—U. S. COAST GUARD

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
Mr. Floyd R. Crewe	11-16-08	1	10-25-54

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
Promotion and Change Duty Post	11-8-54	CS Reg. 8.106 (a)(1)

FROM		TO	
05-529		05-560	
Keeper	8. POSITION TITLE		
Class 2-a ($2798.28-$3249.72) $3249.72 pa incl $75.40 pa Qtrs	9. SERVICE, SERIES, GRADE, SALARY	Class 4-a ($2948.76-$3400.20) $3249.72 pa incl $75.40 pa Qtrs	
LIGHT STATION	10. ORGANIZATIONAL DESIGNATIONS		
Norfolk, Va. Windmill Point Light Station, Va.	11. HEADQUARTERS	Wolf Trap Light Station, Va.	
[X] FIELD [ ] DEPARTMENTAL	12. FIELD OR DEPT'L	[X] FIELD [ ] DEPARTMENTAL	

13. VETERAN'S PREFERENCE						14. POSITION CLASSIFICATION ACTION			
NONE	WWII	OTHER	5-PT.	10-POINT DISAB.	10-POINT OTHER	NEW	VICE	L.A.	REAL
X							X		

15. SEX	16. RACE	17. APPROPRIATION	18. SUBJECT TO C. S. RETIREMENT ACT (YES—NO)	19. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)	20. LEGAL RESIDENCE
M		FROM: Operating Expenses, CG, 1954 TO: do	LH 6-20-18		[ ] CLAIMED [ ] PROVED STATE: Va.

21. 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.

The position of Keeper (Budget No. 05-529) at Windmill Point Light Station, Va., is abolished coincident with this promotion and change duty post.

APPROVED: OCT 25 1954

N. Lester Braun

N. LESTER BRAUN
Chief, Civilian Personnel Section
22. SIGNATURE OR OTHER AUTHENTICATION

ENTRANCE PERFORMANCE RATING:

☆ U. S. GOVERNMENT PRINTING OFFICE 16 84356-2334

4. PERSONNEL FOLDER COPY

STANDARD FORM 50 (9 PART)
REV. APRIL 1951
PROMULGATED BY
U. S. CIVIL SERVICE COMMISSION
CHAPTER 51, FEDERAL PERSONNEL MANUAL

TREASURY DEPARTMENT—U. S. COAST GUARD

WASHINGTON, D. C.

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
Mr. Floyd E. Crewe	11-16-08	36	4-18-52

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
Adjustment in Valuation of Quarters	5-11-52	

FROM 05-529		TO 05-529
Keeper Class 2-a ($2798.28-$3249.72) $3249.72 pa incl $60 pa Qtrs	8. POSITION TITLE 9. SERVICE, SERIES, GRADE, SALARY	$3249.72 pa incl $75.40 pa Qtrs
LIGHT ST TION	10. ORGANIZATIONAL DESIGNATIONS	
Norfolk, Va. Windmill Pt. Lt. Sta., Va.	11. HEADQUARTERS	
[X] FIELD [ ] DEPARTMENTAL	12. FIELD OR DEPT'L	[X] FIELD [ ] DEPARTMENTAL

13. VETERAN'S PREFERENCE						14. POSITION CLASSIFICATION ACTION			
NONE	WWI	OTHER	5-PT.	10-POINT DISAB	10-POINT OTHER	NEW	VICE	L.A.	REAL.
X									

15. SEX	16. RACE	17. APPROPRIATION	18. SUBJECT TO C. S. RETIREMENT ACT (YES—NO)	19. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)	20. LEGAL RESIDENCE
M		FROM: Operating Expenses, CG TO: do	LH 6-20-18		☐ CLAIMED ☐ PROVED STATE: Va.

21. 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 cancelled if not in accordance with all requirements.

Quarters valuation changed as provided in Civilian Personnel Memorandum No 6-52.

ENTRANCE PERFORMANCE RATING:

22. SIGNATURE OR OTHER AUTHENTICATION

☆ U.S. GOVERNMENT PRINTING OFFICE 16-1111

4. PERSONNEL FOLDER COPY

PAY ADJUSTMENTS FOR KEE[illegible]S, LIGHT ATTENDANTS AND VESSEL [illegible]RSONNEL EFFECTIVE
~~28 OCTOBER 1951~~, IN ACC[illegible]DANCE WITH ~~TREASURY DEPARTMENT A[illegible]PROVAL OF 26 OCTOBER 1951~~
8 JULY 1951 PUBLIC LAW 375, 82nd CONGRESS APPROVED 5 JUNE 1952

NAME: CRUME, Floyd E

DESIGNATION: Keeper, Windmill Point, Va.

FROM: Rang[illegible]2498.28-2949.72
© [illegible]2949.72 pa incl [illegible]60 pa Qtrs

TO: Rang[illegible]2798.28-3249.72
© [illegible]3249.72 pa incl [illegible]60 pa Qtrs

CREWE, Floyd E.	Keeper	Windmill Point Light Statio
(Name)	(Desig.)	(Station)

7-8-51 (PUB. LAW 375, 6-5-52)

PAY ADJUSTMENT, EFFECTIVE ~~10-28-51~~, UNDER AUTHORITY OF ALDIST 129 DATED 10-26-51:

FROM		TO	
Range	Salary	Range	Salary
$2498.28-2949.72	$2949.72	$2798.28-3249.72	$3249.72

(Personnel Folder)

N. Lester Braun

N. LESTER BRAUN
Chief, Civilian Personnel Section

FILE 3-2

(BRIEF) Ltr from 5 CGD, 15 May, 1951, fwdg voucher favor Floyd E. Crewe, Keeper, Windmill Point Light Station, Grimstead, Virginia, reimbursement for emergency treatment obtained from priv te physician from 10 February, 1951 to 5 March, 1951, certified bills attached. $39.10 Diagnosis: Acute virus bronchial and lung infection.

Ind-1
C.G. [illegible] .C.
17 May, 1951

From: Commandant
To: Surgeon General

Forwarded, approved.

By direction of the Commandant.

5/17/51

[illegible]

LE BLANC: HP 1-6

FILE
T. LeB

3-2

(BRIEF) Ltr from PHS, 1 May, 1951, returning voucher to 5th CGD, for a statement on reverse, of facts necessitating last treatment from a private physician rather than PHS facilities. Also furnish duty status at time of illness and have charge of 30.00 on doctor's bill itemized, if possible.

Voucher favor Floyd E. Crewe, Keeper, Windmill Point Light Station, Grimstead Va. for reimbursement for emergency treatment obtained from private physicia from 10 Feb., 1951, to 5 March, 1951, $39.10. certified bills attached.

Ind-1
C.G. [illegible] .C.
7 May, 1951

From: Commandant
To: Commander, 5th CGD

Returned with your attention invited to the proceeding in enclosure.

[signature]
LE BLANC
By direction

LE BLANC: hp 1-6

3-1

FILE
L.L.B

(BRIEF) Letter from 5 CGD, 5 April, 1951, forwarding voucher favor Floyd E. Crewe, Keeper, Windmill Point Light Sta. Grimstead, Va., reimbursement for emergency treatment obtained from private physicican from 10 Feb, 1951 to 5 March, 1951, $39.10, certified bills attached.

Ind-1
C.G. HQ [illegible] W. D.C.
9 April, 1951

From: Commandant
To: Surgeon General

Forwarded, approved.

By direction of the Commandant.

4/10/51

[illegible] BLANC
CDR, USCG

LE BLANC: hp 1-6

3.2

(BRIEF) Ltr 4/26/50 from 5 CGD fwdg reimbursement voucher favor FloydE. CREWE, Keeper, Windmill Pt. Lt. Sta., Grimstead, Va. $6.00, emergency treatment obtained 3/27/50, no injury, high fever. Paid bills attached, from Dr. John R. Gill, Mathews, Va.

Ind-1
C.G.HDQ. WASH. D. C. (PM)
9 May, 1950

From: Commandant
To: Surgeon General

Forwarded, approved.

By direction of the Commandant.

5/9/50

T. LE BLANC
Lt. Commander, USCG

LEBLANC:dew 1-6

DESIGNATION OF BENEFICIARY
Civil Service Retirement System

A. INFORMATION CONCERNING THE DESIGNATOR 1. Name (Last) (First) (Middle)	2. Date of Birth	3. Date of Designation
Crewe Floyd E.	16 Nov.1908	6 December 1950

4. Department or Agency in which presently or last employed, including Bureau or Division

Treasury Department U.S.Coast Guard

I, the employee Floyd E.Crewe identified above, canceling any and all previous designations of beneficiary heretofore made by me, do now designate the beneficiary or beneficiaries named below to receive any payment or all unpaid compensation, allowances, travel expenses and lump sum leave payment, which are payable after my death. This designation will remain in full force and effect unless or until cancelled by me in writing.

B. INFORMATION CONCERNING THE BENEFICIARY 5. Name (First) (Middle Initial) (Last)	Address	Relationship
Melva R. Crewe	Diggs,P.O. Mathews Co.Va.	Wife

F. E. Crewe
(Signature of Designator-DO NOT PRINT)

C. WITNESSES

We, the undersigned, certify that this instrument was signed in our presence

John L. Biga (Signature of Witness-DO NOT PRINT)	3923 J Ste. (Number & Street)	Omaha-7 Nebras (City,Zone & State)
Rayed Hyndson (Signature of Witness-DO NOT PRINT)	15-333 Sorento (Number & Street)	Detroit 27, Mich (City,Zone & State)

Print or Type your name & address to insure return of Copy

Floyd E.Crewe
Diggs,P.O.
Mathews Co,Virginia.

Designation of Beneficiary form received at Civilian Personnel Section, 5th Coast Guard District, Norfolk, Virginia, on 8 December, 1950.

N. Lester Braun
N. LESTER BRAUN
Chief, Civilian Personnel Section

Standard Form No. 51
August 1946
U. S. CIVIL SERVICE COMMISSION

Form approved.
Budget Bureau No. 50-R012.3.

REPORT OF EFFICIENCY RATING

ADMINISTRATIVE-UNOFFICIAL ( )
OFFICIAL:
REGULAR (X) SPECIAL ( )
PROBATIONAL ( )

As of 31 March, 1950 based on performance during period from 4-1-49 to 3-31-50

CREWE, Floyd E. (Name of employee) Keeper (Title of position, service, and grade)

Treas-CG-5th District-Norfolk, Va. Windmill Point Light Station, Va.
(Organization—Indicate bureau, division, section, unit, field station)

ON LINES BELOW MARK EMPLOYEE
V if adequate
– if weak
+ if outstanding

1. Study the instructions in the Rating Official's Guide, C. S. C. Form No. 3823A.
2. Underline the elements which are especially important in the position.
3. Rate only on elements pertinent to the position.
   a. Do not rate on elements in *italics* except for employees in administrative, supervisory, or planning positions.
   b. Rate administrative, supervisory, and planning functions on elements in *italics*.

CHECK ONE:
Administrative, supervisory, or planning ..... ☐
All others ..... ☑

V (1) Maintenance of equipment, tools, instruments.
V (2) Mechanical skill.
___ (3) Skill in the application of techniques and procedures.
___ (4) Presentability of work (appropriateness of arrangement and appearance of work).
___ (5) Attention to broad phases of assignments.
V (6) Attention to pertinent detail.
___ (7) Accuracy of operations.
___ (8) Accuracy of final results.
___ (9) Accuracy of judgments or decisions.
___ (10) Effectiveness in presenting ideas or facts.
___ (11) Industry.
___ (12) Rate of progress on or completion of assignments.
___ (13) Amount of acceptable work produced. (Is mark based on production records? ____) (Yes or no)
___ (14) Ability to organize his work.
___ (15) Effectiveness in meeting and dealing with others.
___ (16) Cooperativeness.
___ (17) Initiative.
V (18) Resourcefulness.
V (19) Dependability.
V (20) Physical fitness for the work.

___ (21) *Effectiveness in planning broad programs.*
___ (22) *Effectiveness in adapting the work program to broader or related programs.*
___ (23) *Effectiveness in devising procedures.*
___ (24) *Effectiveness in laying out work and establishing standards of performance for subordinates.*
___ (25) *Effectiveness in directing, reviewing, and checking the work of subordinates.*
___ (26) *Effectiveness in instructing, training, and developing subordinates in the work.*
___ (27) *Effectiveness in promoting high working morale.*
___ (28) *Effectiveness in determining space, personnel, and equipment needs.*
___ (29) *Effectiveness in setting and obtaining adherence to time limits and deadlines.*
___ (30) *Ability to make decisions.*
___ (31) *Effectiveness in delegating clearly defined authority to act.*

STATE ANY OTHER ELEMENTS CONSIDERED

___ (A) _____
___ (B) _____
___ (C) _____

STANDARD
Deviations must be explained on reverse side of this form

	Adjective Rating
Plus marks on all underlined elements, and check marks or better on all other elements rated	Excellent
Check marks or better on all elements rated, and plus marks on at least half of the underlined elements	Very Good
Check marks or better on a majority of underlined elements, and all weak performance overcompensated by outstanding performance	Good
Check marks or better on a majority of underlined elements, and all weak performance not overcompensated by outstanding performance	Fair
Minus marks on at least half of the underlined elements	Unsatisfactory

Adjective Rating
Rating official: EX
Reviewing official: Ex.

Rated by [signature] (Signature of rating official) Lt USCG (Title) 31 March 1950 (Date)

Reviewed by [signature] (Signature of reviewing official) Comdr USCG (Title) 3/31/50 (Date)

Rating approved by efficiency rating committee 4/4/50 (Date) Report to employee E (Adjective rating)

U. S. GOVERNMENT PRINTING OFFICE 16—26172-5

A (M) 78

STANDARD FORM 50 (8 PART)
UNITED STATES
CIVIL SERVICE COMMISSION
OCTOBER 1946

FORM APPROVED.
BUDGET BUREAU NO. 80-R064.

TREASURY DEPARTMENT - U. S. COAST GUARD

NOTIFICATION OF PERSONNEL ACTION

1. NAME (MR.—MISS—MRS.—FIRST—MIDDLE INITIAL—LAST)	2. DATE OF BIRTH	3. JOURNAL OR ACTION NO.	4. DATE
Crewe, Floyd E. (Mr.)	11-16-1908	49	11-12-48

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
Administrative Pay Increase	11-14-48	

	FROM		TO
8. POSITION TITLE			Keeper
9. SERVICE, GRADE, SALARY	Class 2-a($2498.28-2949.72) $2874.48 pa incl $60 pa Qtrs		Class 2-a($2498.28-2949.72) $2949.72 pa incl $60 pa Qtrs
10. ORGANIZATIONAL DESIGNATIONS			U. S. Coast Guard
11. HEADQUARTERS			Norfolk, Virginia Windmill Pt. Lt. Sta., Va.
12. FIELD OR DEPT'L	[X] FIELD [ ] DEPARTMENTAL		[X] FIELD [ ] DEPARTMENTAL

13. REMARKS

You are hereby granted a one-step increase in rate of compensation.

Position:	Permanent
Last Increase:	Promotion 11-2-47 $2469.24 to $2544.48
Conduct & Service:	Satisfactory
Efficiency Rating:	Good - Approved 4-26-48

+ Copy to Mr Crewe 11-18-48 HHG

14. SIGNATURE OR OTHER AUTHENTICATION

15. VETERAN'S PREFERENCE							16. POSITION CLASSIFICATION ACTION			
NONE	5 PT.	10 POINT			WWII	WWI	OTHER	NEW	VICE	I. A.	REAL.
X		DISAB.	WIFE	WIDOW							

17. SEX	18. RACE	19. APPROPRIATION	20. SUBJECT TO C.S. RETIREMENT ACT	21. DATE OF OATH (ACCESSIONS ONLY)	22. LEGAL RESIDENCE
M		FROM: Civilian Employees, CG TO: do	LH 6-20/18		Virginia

☆ U.S. GOVERNMENT PRINTING OFFICE: 1947 — 765869

2. PAY ROLL COPY

Standard Form No. 51
August 1946
U. S. CIVIL SERVICE COMMISSION

Form approved.
Budget Bureau No. 50-R012.3.

REPORT OF EFFICIENCY RATING

ADMINISTRATIVE-UNOFFICIAL ( )
OFFICIAL:
REGULAR (X) SPECIAL ( )
PROBATIONAL ( )

As of 31 March, 1948 based on performance during period from 4-1-47 to 3-31-48

CREWE, Floyd E. (Name of employee)

Keeper (Title of position, service, and grade)

Treas-USCG-5th CG Dist., Norfolk, Va. - Windmill Point Light Station
(Organization—Indicate bureau, division, section, unit, field station)

ON LINES BELOW MARK EMPLOYEE
V if adequate
– if weak
+ if outstanding

1. Study the instructions in the Rating Official's Guide, C. S. C. Form No. 3823A.
2. Underline the elements which are especially important in the position.
3. Rate only on elements pertinent to the position.
   a. Do not rate on elements in *italics* except for employees in administrative, supervisory, or planning positions.
   b. Rate administrative, supervisory, and planning functions on elements in *italics*.

CHECK ONE:
Administrative, supervisory, or planning ☐
All others ☒

V (1) Maintenance of equipment, tools, instruments.
V (2) Mechanical skill.
____ (3) Skill in the application of techniques and procedures.
____ (4) Presentability of work (appropriateness of arrangement and appearance of work).
V (5) Attention to broad phases of assignments.
V (6) Attention to pertinent detail.
____ (7) Accuracy of operations.
____ (8) Accuracy of final results.
____ (9) Accuracy of judgments or decisions.
____ (10) Effectiveness in presenting ideas or facts.
____ (11) Industry.
____ (12) Rate of progress on or completion of assignments.
____ (13) Amount of acceptable work produced. (Is mark based on production records? _____ (Yes or no))
____ (14) Ability to organize his work.
____ (15) Effectiveness in meeting and dealing with others.
____ (16) Cooperativeness.
V (17) Initiative.
V (18) Resourcefulness.
V (19) Dependability.
V (20) Physical fitness for the work.

____ (21) *Effectiveness in planning broad programs.*
____ (22) *Effectiveness in adapting the work program to broader or related programs.*
____ (23) *Effectiveness in devising procedures.*
____ (24) *Effectiveness in laying out work and establishing standards of performance for subordinates.*
____ (25) *Effectiveness in directing, reviewing, and checking the work of subordinates.*
____ (26) *Effectiveness in instructing, training, and developing subordinates in the work.*
____ (27) *Effectiveness in promoting high working morale.*
____ (28) *Effectiveness in determining space, personnel, and equipment needs.*
____ (29) *Effectiveness in setting and obtaining adherence to time limits and deadlines.*
____ (30) *Ability to make decisions.*
____ (31) *Effectiveness in delegating clearly defined authority to act.*

STATE ANY OTHER ELEMENTS CONSIDERED

____ (A) _____
____ (B) _____
____ (C) _____

STANDARD
Deviations must be explained on reverse side of this form

	Adjective Rating
Plus marks on all underlined elements, and check marks or better on all other elements rated	Excellent
Check marks or better on all elements rated, and plus marks on at least half of the underlined elements	Very Good
Check marks or better on a majority of underlined elements, and all weak performance overcompensated by outstanding performance	Good
Check marks or better on a majority of underlined elements, and all weak performance not overcompensated by outstanding performance	Fair
Minus marks on at least half of the underlined elements	Unsatisfactory

Adjective Rating

Rating official G

Reviewing official [illegible]

Rated by [signature] (Signature of rating official) Lieut. Comdr. (Title) 31 March, 1948. (Date)

Reviewed by [signature] (Signature of reviewing official) Capt. USCG (Title) 31 March '48 (Date)

Rating approved by efficiency rating committee APR 26 1948 (Date) Report to employee G (Adjective rating)

U. S. GOVERNMENT PRINTING OFFICE 16—26177-6

DEPT. STOCK FORM 2249
REV. 12-45

UNITED STATES TREASURY DEPARTMENT
WASHINGTON, D. C.

PAGE: 26

PERSONNEL RECOMMENDATION

TO DIRECTOR OF PERSONNEL Date 10-31-47

Name: Crewe, Floyd E. Mr.

From: U. S. Coast Guard Bureau No.:
(BUREAU OR DIVISION)

Nature of Recommendation

Administrative Pay Increase

Effective: 11-2-47

	FROM 05-529	TO 05-529
Position		Keeper
Grade		
Salary	Class 2-a($2168.28-2619.72) $2469.24 pa incl $60 pa Qtrs	Class 2-a($2168.28-2619.72) $2544.48 pa incl $60 pa Qtrs.
C. S. C. No.		
Bureau or Div.		U. S. Coast Guard
Organizational Subdivisions		
Headquarters		Norfolk, Virginia
Post of Duty		Windmill Pt.Lt.Sta.,Va.
Appropriation		SCE, CG 1948 (Civ.Emp.)
Allotment		
	FIELD ☒ DEPRTMTL. ☐	FIELD ☒ DEPRTMTL. ☐

Remarks:

You are hereby granted a one-step increase in rate of compensation.

Justification:

Position: Permanent
Last Increase: Promotion 10-20-46 $2394 to $2469.24
Conduct & Service: Satisfactory
Efficiency Rating: Very Good - Approved 4-14-47

Consideration given all other eligible employees
Certified as to sufficiency of Appropriated Funds
Certified as to validity of recommended vice vacancy or additional identical action

E. I. KANGAS, Admin.Asst.
Civilian Personnel Division
(BUREAU OR DIVISION HEAD)

CIVIL SERVICE OR OTHER LEGAL AUTHORITY

APPROPRIATION: Regular

DATE OF BIRTH: 11-16-1908

LEGAL RESIDENCE: Virginia

SEX: Male

NATURE OF POSITION

NEW	ADDTL. IDENT.

VICE VACANCY	VICE

NAME:

C.S.C. NO.:

ACTION NO.:

DATE:

VETERAN'S PREFERENCE INFORMATION: No Preference

SUBJECT TO RETIREMENT ACT? Lighthouse Act 6-20-18

DATE OF OATH

an

☐ PATENTED

OFFICIAL PERSONNEL FILE

NOV 3 1947

DATE APPROVED [illegible]

EMPLOYEE'S NOTICE OF INJURY AND ORIGINAL CLAIM FOR COMPENSATION AND MEDICAL TREATMENT

(To be submitted to the official superior by every employee injured in the performance of his duty, or some one on his behalf, within forty-eight hours after the injury. This notice shall be given by delivering it personally to the official superior or by depositing it in the mail properly stamped and addressed to the official superior. It should be retained by the official superior unless the injury causes disability for work beyond the day or shift in which the injury occurred, or results in any charge against the Commission for medical expense, when it should be forwarded to the United States Employees' Compensation Commission with report of injury, Form C. A. 2.)

GRIMSTEAD (City or town), VIRGINIA (State)

(Street and number)

June 6 (Date of this notice), 1947

I HEREBY CERTIFY that I was injured in the performance of my duties on 26 May (Date), 1947

Monday (Day of week), 1300 (Hour, a. m. or p. m.) P m.

1. The injury occurred at Windmill Point Light Station (Give name of establishment where employed)

in the following manner: Trying to get Motor Boat in reverse right hand was caught between cluthh handle and side of engine house.

2. Cause of injury When hand was removed it was scraped and bleeding very bad, first aid treatment was given, next morning 27 May hand was swelling very rapid and man was sent to local Physician.

3. Nature of injury Infected Right Hand.

4. Names of witnesses to injury:

TOM MEDLIN S1/c

HAROLD R. CRAWFORD S1/c

5. If this notice was not given within 48 hours after the injury, explain failure to give notice and state the name of the person to whom first notice was given and date:

District Office was advised by dispatch at 271400Z (May 1947)

This injury was not caused by my willful misconduct, intention to bring about the injury or death of myself or of another, nor by my intoxication, and I hereby make claim for compensation and medical treatment to which I may be entitled by reason of the injury sustained by me.

EMPLOYEE'S NOTICE OF INJURY AND ORIGINAL CLAIM FOR COMPENSATION AND MEDICAL TREATMENT

(To be submitted to the official superior by every employee injured in the performance of his duty, or some one on his behalf, within forty-eight hours after the injury. This notice shall be given by delivering it personally to the official superior or by depositing it in the mail properly stamped and addressed to the official superior. It should be retained by the official superior unless the injury causes disability for work beyond the day or shift in which the injury occurred, or results in any charge against the Commission for medical expense, when it should be forwarded to the United States Employees' Compensation Commission with report of injury, Form C. A. 2.)

GRIMSTEAD (City or town), VIRGINIA (State)

(Street and number)

JUNE 6 (Date of this notice), 1947

I HEREBY CERTIFY that I was injured in the performance of my duties on 26 May (Date), 1947

Monday (Day of week), 1300 (Hour, a. m. or p. m.) P m.

1. The injury occurred at Windmill Point Light Station (Give name of establishment where employed)

in the following manner: Trying to get motor boat in reverse, right hand was caught betwe clutch handle and side of engine house

2. Cause of injury When hand was removed it was ~~scraped and~~ bleeding very bad, first aid treatment was given, next morning 27 May hand was swelling very rapid and I went to local Physician

3. Nature of injury Infected Right Hand

4. Names of witnesses to injury:

TOM MEDLIN S1/c

HAROLD R. CRAWFORD S1/c

5. If this notice was not given within 48 hours after the injury, explain failure to give notice and state the name of the person to whom first notice was given and date:

District Office was advised by dispatch 271400Z (May 1947)

This injury was not caused by my willful misconduct, intention to bring about the injury or death

5-37

AFFIDAVIT

STRIKING AGAINST THE FEDERAL GOVERNMENT

Treasury Department U. S. Coast Guard

Windmill Point Light Station Grimstead Va.
(Place of Employment)

I, Floyd E Crewe do hereby swear (or affirm) that I am not engaged in any strike against the Government of the United States and that I will not so engage while an employee of the Government of the United States; that I am not a member of an organization of Government employees that asserts the right to strike against the Government of the United States, and that I will not while a Government employee become a member of such an organization.

Floyd E. Crewe
(Signature of Employee or Appointee)

Subscribed and sworn to before me this 4th day of November, 1946 at Grimstead, Mathews County, State of Virginia. my commission expires Dec 10 1947

J Thomas Loop
(Signature of person authorized to administer oath)

Notary Public
(Title)

STATUTORY PENALTY CLAUSE: "Any person who engages in a strike against the Government of the United States, or who is a member of an organization of Government employees that asserts the right to strike against the Government of the United States *** and accepts employment the salary or wages for which are paid from any appropriation contained in this Act shall be guilty of a felony and, upon conviction, shall be fined not more than $1,000 or imprisoned for not more than one year, or both: Provided further, that the above penalty clause shall be in addition to, and not in substitution for any other provision of existing law."

DEPT. STOCK FORM 2149
REV. 12-45

UNITED STATES TREASURY DEPARTMENT
WASHINGTON, D. C.

PAGE: 1

173542

PERSONNEL RECOMMENDATION

TO DIRECTOR OF PERSONNEL

Date 18 October, 1946

Name: CREWE, Floyd E. (Mr.)

From: U. S. Coast Guard (BUREAU OR DIVISION) Bureau No.:

Nature of Recommendation

Administrative Pay Increase

Effective: 20 October, 1946

	FROM 938	TO 938
Position		Keeper
Grade	Class 2-a ($2168.28-2619.72)	Class 2-a($2168.28-2619.72)
Salary	$2394.00 pa.incl.$60 pa.Qtrs.	$2469.24 pa.incl.$60 pa.Qtrs.
C. S. C. No.		
Bureau or Div.		U. S. Coast Guard
Organizational Subdivisions		
Headquarters		Norfolk, Virginia
Post of Duty		Windmill Pt.Lt.Sta., Va.
Appropriation		Civilian Employees, C. G.
Allotment		

FIELD ☒ DEPRTMTL. ☐ FIELD ☒ DEPRTMTL. ☐

Remarks:

You are hereby granted a one-step increase in rate of compensation.

Justification:

Position:	Permanent
Last Increase:	Promotion, 10-7-45,$2034-$2100
Conduct and Service:	Satisfactory
Efficiency Rating:	Good.

OCT 16 1946

Consideration given all other eligible employees
Certified as to sufficiency of Appropriated Funds
Certified as to validity of recommended vice vacancy or additional identical action

E. L. KANGAS, Admin. Asst., Civilian Personnel Division
(BUREAU OR DIVISION HEAD)

OCT 23 1946 OFFICIAL PERSONNEL FILE

FILED

DATE APPROVED BY THE SECRETARY

CIVIL SERVICE OR OTHER LEGAL AUTHORITY

APPROPRIATION: Regular

DATE OF BIRTH: 11-16-1908

LEGAL RESIDENCE: Virginia

SEX: Male

NATURE OF POSITION

NEW	ADDTL. IDENT.

VICE VACANCY	VICE

NAME:

C.S.C. NO.:

ACTION NO.:

DATE:

VETERAN'S PREFERENCE INFORMATION: No Preference

SUBJECT TO RETIREMENT ACT? Lighthouse Act 6-20-18

DATE OF OATH

PAY ADJUSTMENTS FOR KEEPERS AND LIGHT ATTENDANTS
EFFECTIVE July 1, 1946, IN ACORDANCE WITH TREASURY
DEPARTMENT APPROVAL OF June 25, 1946

NORFOLK DISTRICT

Name	No.	Station	Class	From			To		
				Range	Pay	Qtrs.	Range	Pay	Qtrs.
ASHER, Alexander S.	#8916	Ft. Wash., Md.	2-d	$2166-2562	$2364	$240	$2469.24-2920.68	$2694.96	$240
AUSTIN, Chester L.	922	Roanoke Marshes, N. C.	4-a	2034-2430	2166	60	2318.76-2770.20	2469.24	60
AUSTIN, George W.	1217	Md. Pt., Md.	2-A&d	$1968-2364	$2034	$60	$2243.52-2694.96	$2318.76	$60
AUSTIN, Julian H.	3404	Wade Pt., N. C.	2-c	2034-2430	2298	60	2318.76-2770.20	2619.72	60
BRUMSEY, Howard G.	915	Pamlico Pt., N. C.	2-a&d	2100-2496	2364		2394.00-2845.44	2694.96	
CARMAN, Lewis R.	924	Sandy Pt., Md.	4-a&d	2166-2562	2430	60	2469.24-2920.68	2770.20	60
CATTEE, Gatha F.	911	Hooper Straits, Md.	2-a&d-1	1836-2232	2034	60	2093,04-2544.48	2318.76	60
CLARK, William J.	1229	Old Plant. Flats, Va.	4-a&d	2166-2562	2298	60	2469.24-2920.68	2619.72	60
CREWE, Floyd E.	940	Wolf Trap. Va.	4-a	2034-2430	2100	60	2318.76-2770.20	2394.00	60
CROCKETT, Millard D.	901	Craighill Chan. Fr., Md.	2-a	1902-2298	2100	60	2168.28-2619.72	2394.00	60
CROPPER, Thomas J.	1198	Deep Water Shoal, Va.	2-a&d	1968-2364	2166	60	2243.52-2694.96	2469.24	60

DEPT. STOCK FORM 2248
REV. 12-45

UNITED STATES TREASURY DEPARTMENT
WASHINGTON, D. C.

PAGE: 116591

PERSONNEL RECOMMENDATION

TO DIRECTOR OF PERSONNEL

Date July 23, 1946

Name: Crewe, Floyd E. (Mr.)

From: U. S. Coast Guard (BUREAU OR DIVISION) Bureau No.:

Nature of Recommendation

Intra-Agency Transfer and Change to Lower Range

Effective: E.O.D. AUG 8 1946

	FROM 940	TO 938
Position	Keeper	Keeper
Grade	Class 4-a ($2318.76-2770.20)	Class 2-a ($2168.28-2619.72)
Salary	$2394 p.a.incl. $60 p.a.qtrs.	$2394 p.a.incl.$60 p.a.qtrs.
C. S. C. No.		
Bureau or Div. Organizational Subdivisions	U. S. Coast Guard	U. S. Coast Guard
Headquarters Post of Duty	Norfolk, Virginia Wolf Trap Lt. Station, Va.	Norfolk, Virginia Windmill Pt.Lt.Station, Va.
Appropriation	Civilian Employees, C.G.	Civilian Employees, C.G.
Allotment		
	FIELD ☒ DEPRTMTL. ☐	FIELD ☒ DEPRTMTL. ☐

Remarks:

Justification:

This is a regular position in the authorized complement of the District.

Consideration given all other eligible employees
Certified as to sufficiency of Appropriated Funds
Certified as to validity of recommended vice vacancy or additional identical action

AUG 21 1946

E. L. KANGAS, Admin. Asst.,
Civilian Personnel Division
(BUREAU OR DIVISION HEAD)

OFFICIAL PERSONNEL FILE

DATE APPROVED BY THE SECRETARY

ELB

MWN

CIVIL SERVICE OR OTHER LEGAL AUTHORITY	TCSR XVI, Section 2
APPROPRIATION	Regular
DATE OF BIRTH	11-16-1908
LEGAL RESIDENCE	Virginia
SEX	M
NATURE OF POSITION: NEW	
ADDTL. IDENT.	
VICE VACANCY	
VICE	*
NAME:	* Nelson H. Lewis
C.S.C. NO.:	
ACTION NO.:	
DATE:	(Retired 4-30-46)
VETERAN'S PREFERENCE INFORMATION	No preference
SUBJECT TO RETIREMENT ACT?	Lighthouse Act 6-20-18
DATE OF OATH	

In Misc/C
R.N.D.

UNITED STATES COAST GUARD
Fifth Naval District
Post Office Box 540
NORFOLK, VIRGINIA

File - 75 (pcp)

12 August, 1946

To: Commandant

Subj: Report of effective date of change in position or pay status of civilian employee

Name CREWE, (Mr.) Floyd E.

Nature of action Transfer and change to lower grade

Effective date of change August 8, 1946

	FROM	TO
Position	Keeper #940	Keeper #938
Pay	$2394.00 pa	$2394.00 pa
Salary Range	$2318.76-2770.20	$2168.28-2619.72
Valuation of Quarters	$60 pa	$60 pa
Station	Wolf Trap Light Station, Va.	Windmill Pt. Lt. Station, Va.

Remarks: This change is reported in accordance with Department approval dated (perforated in Form 2249) July 23, 1946.

J. R. STEWART
By direction

(This space for use of Headquarters)

DEPT. STOCK FORM 2249
REV. 12-45

UNITED STATES TREASURY DEPARTMENT
WASHINGTON, D. C.

PAGE: 13

TO:

Date Prepared July 23, 1946

Name: Crewe, Floyd E.

From: U. S. Coast Guard

Bureau No.:

Inter-agency Transfer and Change to Lower Range

Effective: E.O.D. 8-8-46

	FROM	TO
Position	Keeper	Keeper
Grade	Class [illegible]	Class [illegible]
Salary	$[illegible] p.a.incl. $60 p.a.q[illegible]	$[illegible] p.a.incl.$60 p.a.q[illegible]
C. S. C. No.		
Bureau or Div.	U. S. Coast Guard	U. S. Coast Guard
Organizational Subdivisions		
Headquarters Post of Duty	Norfolk, Virginia Wolf Trap Lt. Station, Va.	Norfolk, Virginia Windmill Pt.Lt.Station, Va.
Appropriation	Civilian Employees, C.G.	Civilian Employees, C.G.
Allotment		

FIELD ☐ DEPRTMTL. ☐ FIELD ☐ DEPRTMTL. ☐

Remarks:

Resignated

Justification: This is a regular position in the authorized complement of the District.

EOD 8-19-46

JUL 25 1946

BUREAU SUSPENSE AND FILE COPY

CIVIL SERVICE OR OTHER LEGAL AUTHORITY
[illegible] Act, Section 2

APPROPRIATION
[illegible]

DATE OF BIRTH
11-16-[illegible]

LEGAL RESIDENCE
Virginia

SEX
M

NATURE OF POSITION

NEW	ADDTL. IDENT.
VICE VACANCY	VICE *

* [illegible] E. Lewis

NAME:

C.S.C. NO.:

ACTION: Restored

DATE: 8-30-46

VETERAN'S PREFERENCE INFORMATION
No preference

SUBJECT TO [illegible] ACT?
Act 6-22-46

DATE OF OATH

DATE APPROVED BY THE SECRETARY

PERSONNEL RECOMMENDATION
UNITED STATES COAST GUARD
NAVCG-2680-REV.2-46
(pcp)
75

New C
Change to Stat
Mence 6-27

TO: COMMANDANT, UNITED STATES COAST GUARD (PCP) TCSR XVI Sec 2

FROM (Recommending Office)	LOCATION	DATE
Commander 5th C. G. District	Norfolk, Virginia	24 June, 1946

NATURE OF RECOMMENDATION: Transfer and Change to Lower Grade

NAME (Last, First, Middle Initial)	LEGAL RESIDENCE	DATE OF BIRTH	VET'S. PREF.?
CREWE, Floyd E.	Virginia	11-16-1908	No

	FROM	TO
POSITION & NUMBER	Keeper ~~H-0~~ Class-3 ~~3~~ 940	Keeper Class-2-a 938
GRADE OR RANGE & PAY	2318.76-2770 incl. $60-A ~~$2034-2430~~ ~~$2100~~ pa Qtrs.	2168.28-2619.72 incl. $60-A ~~$1902-2298~~ ~~$2100~~ pa Qtrs.
VALUATION OF QUARTERS	$60 pa 2394	$60 pa 2394
APPROPRIATION	Civilian Employees, C.G.	Civilian Employees, C.G.
STATION	Wolf Trap Light Station, Va.	Windmill Pt. Lt. Sta., Virginia
OFFICE	~~5th C.G. Dist.~~, Norfolk, Virginia	~~5th C.G. Dist.~~, Norfolk, Va.
DIVISION		
SECTION		

PROPOSED EFFECTIVE DATE: EOD
☐ THE ACTUAL DATE OF ENTRANCE ON DUTY
☐ AS SOON THEREAFTER AS HE ENTERS ON DUTY

POSITION CLASSIFICATION OR JOB DATA

☐ NEW POSITION			
☒ VICE	Nelson H. Lewis (Previous Incumbent)	-1- (J.C.S.&-IVb Only)	Ret. 4-30-46 (Date & Manner Vacated)
☐ NEW POSITION, OR JOB, IN LIEU OF	(Position or Job Superseded)	(Incumbent)	(J.C.S.&-IVb Only)
☐ ADDITIONAL, IDENTICAL	(Name of Employee	(J.C.S.& of Position to Which Identical-IVb Only)	

REMARKS: Funds to cover this recommendation are available. In view of the fact that this transfer is for the benefit of the Service and not at the request of Mr. Crewe, together with his length of service and current efficiency rating this transfer is recommended at no change in salary.

No moving of household effects or payment of transportation costs involved.

Certified as required in Instruction 6:

J. R. STEWART
By direction
(Signature of Recommending Officer)

INSTRUCTIONS

1. This form shall be submitted for all personnel recommendations including notice of resignation or death. The original shall be forwarded to Headquarters. It is important that all pertinent sections of the form be completed in accordance with these instructions.

2. Under "Nature of Recommendation" indicate clearly the type of action, e.g., war service appointment - indefinite, war service appointment - temporary, reassignment, promotion, resignation, etc. Indicate under "Remarks" any limitation on the duration of the position.

3. When submitting a recommendation for transfer or reassignment within the Coast Guard which involves a reduction in pay or rank, a statement, in duplicate, signed by the employee and indicating that he is agreeable to the reduction shall accompany the recommendation; or if the action proposed is for disciplinary purposes, the reasons shall be given in detail, by letter if necessary, with statement on the recommendation that approval will not be in violation of Civil Service Rules regarding political or religious opinions.

4. In recommendations for separations of employees, indicate under "Remarks" the last date in a work status as distinguished from leave. If the separation involves transfer to another Federal department or agency, attach to Form 2660 a copy of civil service authority and state date employee actually entered on duty in other department or agency.

5. *Definitions of terms used under POSITION CLASSIFICATION OR JOB DATA*

NEW POSITION - Check this space when a position or job is being established for the first time which is entirely new to the organization.

NEW POSITION IN LIEU OF - Check this space when a new position or job is being established in lieu of an existing position which has experienced an increase or decrease in its duties and responsibilities.

VICE CHANGES - Check this space when an employee is being placed in an existing, vacant, previously established position or job which has the identical duties and responsibilities, the same immediate supervisory conditions and the same organizational location as it had when it was originally established.

ADDITIONAL IDENTICAL ACTIONS - Check this space when an additional position or job is being created which has duties and responsibilities identical in all respects with those of an existing position or job. In addition, a IVb position must be identical with a position previously allocated by the Navy Department, in the same "service", "grade", and "class" and must be under the same immediate supervisory conditions within the same organizational unit.

6. In the case of "Vice" or "Additional Identical" actions the signature of the recommending officer represents a formal certification that the definitions contained under Instruction 5 are complied with in every respect.

NAVCG-9626 (7-45)
UNITED STATES COAST GUARD

U. S. COAST GUARD
OFFICIAL DISPATCH

TRANSMIT

DATE 6 AUGUST 1946

FROM COMMANDANT (pcp)

	SECRET
	CONFIDENTIAL
	RESTRICTED
	URGENT
	PRIORITY
	ROUTINE
X	DEFERRED
	MAILGRAM
	ACKNOWLEDGE

TO (FOR ACTION)

COMMANDER, 5TH COAST GUARD DISTRICT (pcp)

	URGENT
	PRIORITY
	ROUTINE
	DEFERRED
	MAILGRAM
	ACKNOWLEDGE

TO (FOR INFORMATION)

MAIL TO

TELEPHONE TO

MESSENGER TO

OUTGOING HEADING

TEXT

NELSON ATHERTON MAY BE ASSIGNED DUTY X TRANSFER FLOYD E CHENE APPROVED 29 JULY X TRANSFER JOHN R MOORE TO KEEPER WOLF TRAP WITH TRANSPORTATION FOR SELF AND DAUGHTER 16 BY COMMON CARRIER OR PRIVATELY OWNED AUTOMOBILE APPROVED 23 JULY X TRAVEL ORDER #510047 X REPORT EFFECTIVE DATES

TOD— HKangas, Admin. Asst., Return to 3-2

OPERATOR'S RECORD

OFFICE OF ORIGIN (pcp-3)

INITIALS OF releasing officer HKangas, Acting Chief

TIME DELIVERED Civilian Personnel Division

U. S. GOVERNMENT PRINTING OFFICE 16—23730-2

DEPT. STOCK FORM 2249
REV. 12-41

UNITED STATES NAVY DEPARTMENT
WASHINGTON, D. C.

PAGE:

PERSONNEL RECOMMENDATION

TO DIRECTOR OF PERSONNEL Date September 28, 1945

Name: Crewe, Floyd E. (Mr.)

From: U. S. Coast Guard Bureau No.:
(BUREAU OR DIVISION)

Nature of Recommendation Pay Increase (Periodic)

Effective: October 7, 1945

	FROM 940	TO 940
Position		Keeper
Grade		
Salary	Range $2034-2430 $2034 pa incl. $60 p.a.Qtrs.	Range $2034-2430 $2100 pa incl. $60 pa Qtrs.
C. S. C. No.		
Bureau or Div.		U. S. Coast Guard
Organizational Subdivisions		
Headquarters		Norfolk, Virginia
Post of Duty		Wolf Trap Lt. Sta., Va.
Appropriation		Civilian Employees, C. G.
Allotment		
	FIELD [X] DEPRTMTL. [ ]	FIELD [X] DEPRTMTL. [ ]

Remarks: You are granted a one-step increase in rate of compensation.

Justification:

Position:	Permanent
Last Increase:	October 5, 1944 - $1620-$1740 Prom.
Conduct and Service:	Satisfactory
Efficiency Rating:	Very Good

Consideration given all other eligible employees
Certified as to sufficiency of Appropriated Funds
Certified as to validity of recommended vice vacancy or additional identical action

E. L. KANGAS, Admin. Asst.,
Civilian Personnel Division
(BUREAU OR DIVISION HEAD)

(FOR USE OF DIRECTOR OF PERSONNEL, NAVY DEPARTMENT)

DATE APPROVED

RM

CIVIL SERVICE OR OTHER LEGAL AUTHORITY

APPROPRIATION: Regular

DATE OF BIRTH: 11-16-1908

LEGAL RESIDENCE: Virginia

SEX: Male

NATURE OF POSITION

NEW	ADDTL. IDENT.

VICE VACANCY	VICE

NAME:

C.S.C. NO.:

ACTION NO.:

DATE:

HAS C. S. COMM. ALLOWED VETERAN'S PREFERENCE? No

SUBJECT TO RETIREMENT ACT? Lighthouse Act 6-20-18

DATE OF OATH

T. STOCK FORM 2249
v. 12-41

UNITED STATES ~~TREASURY~~ NAVY DEPARTMENT
WASHINGTON, D. C.

PAGE:

PERSONNEL RECOMMENDATION

TO DIRECTOR OF PERSONNEL Date July 1, 1945

Name: Crewe, Floyd E. (Mr.)

From: U. S. Coast Guard Bureau No.:
(BUREAU OR DIVISION)

Nature of Recommendation Pay Adjustment

Effective: July 1, 1945

	FROM 940	TO 940
Position		Keeper
Grade	Range $1680-2040	Range $2034-2430
Salary	$1680 pa plus $60 pa Qtrs.	$2034 pa* incl. $60 pa Qtrs.
C. S. C. No.		
Bureau or Div.		U. S. Coast Guard
Organizational Subdivisions		
Headquarters		Norfolk, Virginia
Post of Duty		Wolf Trap Lt. Sta., Va.
Appropriation		Civilian Employees, C. G.
Allotment		

FIELD ☒ DEPRTMTL. ☐ FIELD ☒ DEPRTMTL. ☐

Remarks: * Your increased compensation includes valuation for quarters.

Justification:

Consideration given all other eligible employees
Certified as to sufficiency of Appropriated Funds
Certified as to validity of recommended vice vacancy or additional identical action

Comdr. U.S.C.G.
Chief, Civilian Personnel Division
(BUREAU OR DIVISION HEAD)

(FOR USE OF DIRECTOR OF PERSONNEL, ~~TREASURY~~ NAVY DEPARTMENT)

DATE APPROVED ~~MAR 15 1945~~

CIVIL SERVICE OR OTHER LEGAL AUTHORITY

APPROPRIATION: Regular

DATE OF BIRTH: 11-16-1908

LEGAL RESIDENCE: Virginia

SEX: M

NATURE OF POSITION

NEW	ADDTL. IDENT.

VICE VACANCY	VICE

NAME:

C.S.C. NO.:

ACTION NO.:

DATE:

HAS C. S. COMM. ALLOWED VETERAN'S PREFERENCE? No

SUBJECT TO RETIREMENT ACT? Lighthouse Act 6-20-18

DATE OF OATH

AM PATENTED JUL 13 1945

DEPT. STOCK FORM 2249
REV. 12-41

NAVY
UNITED STATES [redacted] DEPARTMENT
WASHINGTON, D. C.

PAGE: 46

PERSONNEL RECOMMENDATION

TO DIRECTOR OF PERSONNEL

Date September 11, 1944

Name: Crowe, Floyd E. (Mr.)

From: U. S. Coast Guard (BUREAU OR DIVISION) Bureau No.:

Nature of Recommendation

Transfer and Promotion

Effective: EOD 10-5-44

	FROM 1254	TO 940
Position	Keeper	Keeper
Grade	Range $1560-1920	Range $1680-2040
Salary	$1560 p.a.plus $60 p.a. Qtrs.	$1680 p.a.plus $60 p.a.Qtrs.
C. S. C. No.		
Bureau or Div. Organizational Subdivisions	U. S. Coast Guard	U. S. Coast Guard
Headquarters	Norfolk, Va.	Norfolk, Va.
Post of Duty	Upper Cedar Pt. Lt.Sta., Md.	Wolf Trap Lt.Sta., Va.
Appropriation	Civilian Employees, C. G.	Civilian Employees, C. G.
Allotment		
	FIELD ☒ DEPRTMTL. ☐	FIELD ☒ DEPRTMTL. ☐

Remarks:

Justification:

This is a regular position in the authorized complement of the District.

The position of Keeper (#1254) in the range $1560-1920 will be discontinued coincident with the transfer and promotion of Mr. Crowe.

Consideration given all other eligible employees
Certified as to sufficiency of Appropriated Funds
Certified as to validity of recommended vice vacancy or additional identical action

E. L. Kangas

E. L. KANGAS, Admin. Asst.
Civilian Personnel Division
(BUREAU OR DIVISION HEAD)

(FOR USE OF DIRECTOR OF PERSONNEL, [redacted] DEPARTMENT)

NAVY

DATE APPROVED [redacted]

SEP 12 1944

PATENTED

CIVIL SERVICE OR OTHER LEGAL AUTHORITY

APPROPRIATION: Regular

DATE OF BIRTH: 11-16-1908

LEGAL RESIDENCE: Virginia

SEX: M

NATURE OF POSITION

NEW	ADDTL. IDENT.

VICE VACANCY	VICE
	*

NAME: * Nelson H. Lewis

C.S.C. NO.:

ACTION NO.:

DATE: (Transferred EOD)

HAS C. S. COMM. ALLOWED VETERAN'S PREFERENCE? No

SUBJECT TO RETIREMENT ACT? Lighthouse Act 6-20-18

DATE OF OATH

OCT 11 1944

UNITED STATES COAST GUARD
Fifth Naval District
Post Office Box 540
NORFOLK, VIRGINIA

File - 75 (pcp)

10 October, 1944

To: Commandant

Subj: Report of effective date of change in position or pay status of civilian employee

Name **CREWE, Floyd E.**

Nature of Action **Transfer and Promotion**

Effective date of change **5 October, 1944**

	FROM	TO
Position	**Keeper #1254**	**Keeper #940**
Pay	**$1560 per annum**	**$1680 per annum**
Salary Range	**$1560-1920**	**$1680-2040**
Valuation of Quarters	**$60 per annum**	**$60 per annum**
Station	**Upper Cedar Point Light Station, Md. (P.O. - Rt. 3, Owens, Va.)**	**Wolf Trap Lt. Sta., Grimstead, Va.**

Remarks: This change is reported in accordance with Department approval dated (perforated in Form 2249) **9-11-44**.

C. C. PADEN
By direction

(This space for use of Headquarters)

Standard Form No. 51, Rev.
Approved Dec. 1943
C. S. C. Dept. Cir. No. 458

Form approved
Budget Bureau No. 50-R012.
Approval expires Mar. 30, 1945.

537

REPORT OF EFFICIENCY RATING

ADMINISTRATIVE–UNOFFICIAL ( )
OFFICIAL:
REGULAR (X) SPECIAL ( )
PROBATIONAL or TRIAL PERIOD ( )

As of 31 March, 1944 based on performance during period from 16 July, 1943 to 31 March, 1944

CREWE, Floyd E. — (Name of employee)

Keeper — (Title of position, service, and grade)

Navy Dept. - USCG - DCGO, 5ND - Upper Cedar Point Light Station - Norfolk
(Organization—Indicate bureau, division, section, unit, field station)

ON LINES BELOW MARK EMPLOYEE
V if adequate
– if weak
+ if outstanding

1. Study the instructions in the Rating Official's Guide, C. S. C. Form No. 3823A.
2. Underline the elements which are especially important in the position.
3. Rate only on elements pertinent to the position.
   a. Do not rate on elements in *italics* except for employees in administrative, supervisory, or planning positions.
   b. Rate administrative, supervisory, and planning functions on elements in *italics*.

CHECK ONE:
Administrative, supervisory, or planning ☒
All others ☐

✓ (1) Maintenance of equipment, tools, instruments.
✓ (2) Mechanical skill.
___ (3) Skill in the application of techniques and procedures.
___ (4) Presentability of work (appropriateness of arrangement and appearance of work).
✓ (5) Attention to broad phases of assignments.
✓ (6) Attention to pertinent detail.
___ (7) Accuracy of operations.
___ (8) Accuracy of final results.
___ (9) Accuracy of judgments or decisions.
___ (10) Effectiveness in presenting ideas or facts.
___ (11) Industry.
___ (12) Rate of progress on or completion of assignments.
___ (13) Amount of acceptable work produced. (Is mark based on production records? _____ (Yes or no))
___ (14) Ability to organize his work.
___ (15) Effectiveness in meeting and dealing with others.
___ (16) Cooperativeness.
✓ (17) Initiative.
✓ (18) Resourcefulness.
✓ (19) Dependability.
✓ (20) Physical fitness for the work.

___ (21) *Effectiveness in planning broad programs.*
___ (22) *Effectiveness in adapting the work program to broader or related programs.*
___ (23) *Effectiveness in devising procedures.*
___ (24) *Effectiveness in laying out work and establishing standards of performance for subordinates.*
___ (25) *Effectiveness in directing, reviewing, and checking the work of subordinates.*
___ (26) *Effectiveness in instructing, training, and developing subordinates in the work.*
___ (27) *Effectiveness in promoting high working morale.*
___ (28) *Effectiveness in determining space, personnel, and equipment needs.*
___ (29) *Effectiveness in setting and obtaining adherence to time limits and deadlines.*
___ (30) *Ability to make decisions.*
___ (31) *Effectiveness in delegating clearly defined authority to act.*

STATE ANY OTHER ELEMENTS CONSIDERED

(A) _____
(B) _____
(C) _____

STANDARD
Deviations must be explained on reverse side of this form

	Adjective rating
Plus marks on all underlined elements, and no minus marks	Excellent
Plus marks on at least half of the underlined elements, and no minus marks	Very good
Check marks or better on a majority of underlined elements, and any minus marks overcompensated by plus marks	Good
Check marks or better on a majority of underlined elements, and minus marks not overcompensated by plus marks	Fair
Minus marks on at least half of the underlined elements	Unsatisfactory

Adjective rating
Rating official [signature]
Reviewing official _____

Rated by [signature] (Signature of rating official) — CAPTAIN, USCG (Title) — 24 April 1944 (Date)

Reviewed by _____ (Signature of reviewing official) — _____ (Title) — _____ (Date)

Rating approved by efficiency rating committee 4/26/44 (Date) Report to employee EX (Adjective rating)

16—26177-2

[signature] HBB

EMPLOYEE'S NOTICE OF INJURY AND ORIGINAL CLAIM FOR COMPENSATION AND MEDICAL TREATMENT

(To be submitted to the official superior by every employee injured in the performance of his duty, or some one on his behalf, within forty-eight hours after the injury. This notice shall be given by delivering it personally to the official superior or by depositing it in the mail properly stamped and addressed to the official superior. It should be retained by the official superior unless the injury causes disability for work beyond the day or shift in which the injury occurred, or results in any charge against the Commission for medical expense, when it should be forwarded to the United States Employees' Compensation Commission with report of injury, Form C. A. 2.)

OWENS (City or town), VIRGINIA (State)

(Street and number)

19 MARCH (Date of this notice), 1944

I HEREBY CERTIFY that I was injured in the performance of my duties on 18 MARCH (Date), 1944

SATURDAY (Day of week), 4:45 (Hour, a. m. or p. m.) P m.

1. The injury occurred at UPPER CEDAR POINT LIGHT STATION (Give name of establishment where employed)

in the following manner: FELL FROM UPPER DECK TO LOWER DECK, DOWN LADDER

2. Cause of injury FOOT SLIPPED, DUE TO SLIPPERY DECK AND LADDER

3. Nature of injury FRACTURED RIB AND LIGAMENTS

4. Names of witnesses to injury:

NO WITNESS AT IMMEDIATE SCENE - NICHOLA DIVINCENZO WAS AT SCENE VERY SHORTLY

5. If this notice was not given within 48 hours after the injury, explain failure to give notice and state the name of the person to whom first notice was given and date:

This injury was not caused by my willful misconduct, intention to bring about the injury or death of myself or of another, nor by my intoxication, and I hereby make claim for compensation and medical treat-

75 (pcp)

NAVCG 2660

1 SEP 8 1944

U. S. COAST GUARD

NOMINATION

From: DCGO, 5ND (Nominating officer) Norfolk, Va. (Place) 6 September, 1944 (Date)

To: Commandant, U. S. Coast Guard.

Action recommended Transfer and Promotion

Name CREWE, Floyd E. (Last name, first name, and initial) Date of birth 16 November, 1908

Legal residence Virginia

	From—	To—
Position	Keeper #1254 ✓	Keeper #940 ✓
Pay and grade	$1560 p.a., Range $1560-1920 ✓	$1680 p.a., Range $1680-2040 ✓
Valuation of quarters	$60 p.a. ✓	$60 p.a. ✓
Station	Upper Cedar Pt. Lt. Sta., Md. (P.O. - Rt. 3, Owens, Va.)	Wolf Trap Lt. Sta., Grimstead, Va.
Appropriation	Civilian Employees, CG	Civilian Employees, CG

Effective ~~10 October, 1944~~ EOD {~~when relieved from present duty~~, or as soon thereafter as he enters on duty.

Rank on eligible list - Rating - Percentage - Other eligibles considered:

Vice LEWIS, Nelson H. Pay $1800 p.a. Services terminated

Reason To fill vacancy created by proposed transfer of Mr. Lewis.

REMARKS: Funds are available for the above purpose. No traveling expense will be involved in this transfer. It is recommended that the position of Keeper of Upper Cedar Point Light Station be abolished coincident with the transfer of Crewe inasmuch as it will be permanently filled with an enlisted man.

Selection regular, _____, 19____

_____
Manager, Civil Service District.

C. C. PADEN
By direction (Title)

[1] Strike out the clause which does not apply.

16—21953-2

3-7

1943 JUL 28 AM 10 16

UNITED STATES COAST GUARD
Fifth Naval District
Post Office Box 540
NORFOLK, VIRGINIA

File - 75 (pcp)

26 July, 1943

To: Commandant, Coast Guard Headquarters

Subj: Report of effective date of change in position or pay status of civilian employee

Name CREWE, Floyd E.

Nature of Action Change in post of duty - promotion in range and salary

Effective date of change 16 July, 1943

	FROM	TO
Position	~~Second Assistant~~ Keeper	Keeper
Pay	$1500 per annum	$1560 per annum
Salary Range	$1500-1860	$1560-1920
Valuation of Quarters	$60 per annum	$60 per annum
Station	Smith Point Lt. Sta., Va.	Upper Cedar Pt. Lt. Sta., Va.

Remarks: This change is reported in accordance with Department approval dated (perforated in Form 2249) 5-26-43.

C. C. PADEN
By direction

(This space for use of Headquarters)
Headquarters United States Coast Guard CG-75 28 July, 1943

Submitted to the Director of Personnel, Navy Department, for information.

Very truly yours,

H. L. MORGAN, Assistant Chief,
Civilian Personnel Division

3 - 2

JUL 15 AM

UNITED STATES COAST GUARD
FIFTH NAVAL DISTRICT
POST OFFICE BOX 540
NORFOLK, VA.

ADDRESS REPLY TO THE
DISTRICT COAST GUARD OFFICER (pcp)
REFER TO FILE: 75

13 July, 1943

To: The Commandant (PCP)

Subj: Crewe, Floyd E.; Parkes, Bertrand H.; Diggs, William J.; Lewis, Frank R.; Austin, George W.; and Austin, Chester L.; keepers; transfer of

1. In connection with Headquarters' form letter of 9 July, 1943, CG-75, Headquarters is informed that the entrance on duty of Bertrand H. Parkes, William J. Diggs, and Frank R. Lewis is dependent upon the retirement of John T. Saunders, Keeper, Stingray Point Light Station. At the present time Mr. Saunders is on terminal leave and his retirement does not become effective until the close of 31 August, 1943, at which time the employees in question will enter on duty, or as soon as practicable thereafter.

2. George W. Austin and Chester L. Austin have not entered on duty by reason of the fact that they are dependent upon the retirement of Crawford R. Austin, effective at the close of 31 July, 1943. These two keepers will be placed on duty as soon as practicable thereafter.

3. Arrangements have been made for Floyd E. Crewe, who is to become keeper of Upper Cedar Point Light Station, to enter on duty on or about 16 July, 1943. However, Headquarters will be advised as soon thereafter as possible as to the date he actually enters on duty.

C. C. PADEN
By direction

(PGP)
CG-75

(16)

9 July, 1943

DCGO, 5th Naval District

Floyd E. Crewe, Bertrand H. Parkes, William J. Diggs, Frank R. Lewis, George W. Austin, and Chester L. Austin, keepers; transfer of.

XXXX X XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Reference is made to Form 2249 forwarded to your office for the changes in status and post of duty of subject employees. It is requested that the date of entrance on duty in each case be promptly submitted.

CARL E. HERRICK
BY direction

(PCP)
CG-75

12 July, 1943

To: DCGO, 5th Naval District

Subj: Abolishment of position of 2nd Asst. Keeper at Smith Point Light Station

Pursuant to your recommendation of 6 July, 1943, File 75 (pcp), the position of 2nd Assistant Keeper at Smith Point Light Station formerly occupied by Floyd E. Cryer has been abolished as of the close of 15 July, 1943.

CARL E. HENRICK
By direction

U. S. COAST GUARD
JUL 13 1943

FRYER
Return to 3-2

1943 JUL 7 AM 10 20

UNITED STATES COAST GUARD
FIFTH NAVAL DISTRICT
POST OFFICE BOX 540
NORFOLK, VA.

ADDRESS REPLY TO THE
DISTRICT COAST GUARD OFFICER (pcp)
REFER TO FILE: 75

6 July, 1943

To: The Commandant

Subj: Abolishing of position of Second Assistant Keeper, Smith Point Light Station

At the close of 15 July, 1943, the position of Second Assistant Keeper, Smith Point Light Station, will no longer be filled by a civilian. It is therefore recommended that the position be abolished as of the close of that date.

C. C. PADEN
By direction

Ind-1
9 July, 1943 (F-2)

To: Chief Personnel Officer

Returned. Pursuant to basic communication, the position of Second Assistant Keeper at Smith Point Light Station in the Fifth Naval District (Position No. 7436 payable from "Civilian Employees, Coast Guard") is hereby abolished.

E. C. NUSSEAR
Asst. Chief Finance & Supply Officer

UNITED STATES COAST GUARD
FIFTH NAVAL DISTRICT
POST OFFICE BOX 540
NORFOLK, VA.

ADDRESS REPLY TO THE
DISTRICT COAST GUARD OFFICER (pcp)
REFER TO FILE: 75

1 June, 1943

To: The Commandant (PCP)

Subj: Floyd E. Crewe; transfer

In connection with your letter of 28 May, 1943, File ~~CC-CP-75~~, Headquarters is informed that the vacancy created by transfer of Floyd E. Crewe, Second Assistant Keeper at Smith Point Light Station, will be permanently filled by an enlisted man and the civilian position may be ~~abolished~~ when Crewe's transfer becomes effective.

C. C. PADEN
By direction

DEPT. STOCK FORM 2219
REV. 12-41

UNITED STATES TREASURY DEPARTMENT
WASHINGTON, D. C.

PAGE: 9

TO:

Date Prepared 26 May, 1943

Name: Crowe, Floyd E.

From: U. S. Coast Guard Bureau No.: 1854

Change in post of duty - promotion in range and salary

Effective: ~~E.O.D.~~ 1 June 1943

	FROM 7436	TO 7452
Position	Keeper	Keeper
Grade	Range $1500-1860	Range $1560-1920
Salary	$1500 p.a. plus 360 p.a.qtrs.	$1560 p.a. plus 360 p.a.qtrs.
C. S. C. No.		
Bureau or Div.	U. S. Coast Guard	U. S. Coast Guard
Organizational Subdivisions		
Headquarters	Norfolk, Va.	Norfolk, Va.
Post of Duty	Smith Point Lt.Sta., Va.	Upper Cedar Pt. Lt.Sta., Va.
Appropriation	Civilian Employees, C. G.	Civilian Employees, C. G.
Allotment		
	FIELD ☒ DEPRTMTL. ☐	FIELD ☒ DEPRTMTL. ☐

Remarks:

Justification: The position of Keeper ($1500-1860) at Smith Point Light Station is to be discontinued coincident with the transfer of Mr. Crowe.

CIVIL SERVICE OR OTHER LEGAL AUTHORITY

APPROPRIATION: Regular

DATE OF BIRTH: 11-16-1906

LEGAL RESIDENCE: Va.

SEX: M

NATURE OF POSITION

NEW	ADDTL. IDENT.

VICE VACANCY	VICE
	*

NAME: *Edgar J. Harper (transferred C.S.C. No. 2.)

ACTION NO.:

DATE:

HAS C. S. COMM. ALLOWED VETERAN'S PREFERENCE? No

SUBJECT TO RETIREMENT ACT? Lighthouse Act 6-20-16

DATE OF OATH

T. C. ROBERTSON, Assistant Clerk,
Civilian Personnel Division.

XXXXXXXX
NAVY

DATE APPROVED BY THE SECRETARY

BUREAU OR DIVISION PERSONNEL FILES

JUN 1 1943

(7CP)
CG-CP-75

28 May, 1943

To: DCGO, 5th Naval District

Subj: Floyd E. Crewe; transfer

1. In accordance with your nomination Form 2660 dated 28 April, 1943 recommendation has been made for the transfer of Floyd E. Crewe to the position of keeper at $1560 ($1560-1920) per annum plus $60 for quarters at Upper Cedar Point Light Station.

2. Coincident with the change in post of duty and promotion of Mr. Crewe the position of second assistant keeper in the range $1500-1860 at Smith Point Light Station will become vacant. It is requested, therefore that information be furnished as to whether your office intends to fill this position by the transfer of a civilian or if it is intended that it should be abolished on Headquarters' records.

CARL E. HERRICK
By direction.

75

Form 2660

U. S, COAST GUARD

MAY 1 1943

NOMINATION

From: District Coast Guard Officer, 5th Naval District, Norfolk, Va., 28 April, 1943

To: Commandant, U. S. Coast Guard.

Action Recommended Transfer and Promotion.

Name CRENE, Floyd E. Date of birth 16 November, 1908

Legal residence Virginia

	FROM -	TO -
Position	Second Assistant Keeper 7436	Keeper 7452
Pay and grade	$1500 p.a. Range - $1500-1860	$1560 p.a. Range - $1560-1920
Valuation of quarters	$60 per annum	$60 per annum
Station	Smith Point Light Station, Va.	Upper Cedar Point Light Station, Va.
Appropriation	Civilian Employees, C. G.	Civilian Employees, C. G.

Effective 1 May, 1943 (~~xxxx

Standard Form No. 51, Rev.
Approved Dec. 1943
C. S. C. Dept. Cir. No. 468

Form approved
Budget Bureau No. 50-R012.
Approval expires Mar. 30, 1945.

REPORT OF EFFICIENCY RATING

ADMINISTRATIVE–UNOFFICIAL ( )
OFFICIAL:
REGULAR (X) SPECIAL ( )
PROBATIONAL or TRIAL PERIOD ( )

As of 15 July, 1943 based on performance during period from 1 April, 1943 to 15 July, 1943

CREWE, Floyd E. (Name of employee)

2nd Assistant Keeper (Title of position, service, and grade)

Navy Dept. - USCG - DCGO, 5ND - Smith Point Light Station - Norfolk

(Organization—Indicate bureau, division, section, unit, field station)

ON LINES BELOW MARK EMPLOYEE
V if adequate
– if weak
+ if outstanding

1. Study the instructions in the Rating Official's Guide, C. S. C. Form No. 3823A.
2. Underline the elements which are especially important in the position.
3. Rate only on elements pertinent to the position.
   a. Do not rate on elements in *italics* except for employees in administrative, supervisory, or planning positions.
   b. Rate administrative, supervisory, and planning functions on elements in *italics*.

CHECK ONE:
Administrative, supervisory, or planning ☐
All others ☒

V (1) Maintenance of equipment, tools, instruments.
+ (2) Mechanical skill.
(3) Skill in the application of techniques and procedures.
(4) Presentability of work (appropriateness of arrangement and appearance of work).
V (5) Attention to broad phases of assignments.
V (6) Attention to pertinent detail.
(7) Accuracy of operations.
(8) Accuracy of final results.
(9) Accuracy of judgments or decisions.
(10) Effectiveness in presenting ideas or facts.
(11) Industry.
(12) Rate of progress on or completion of assignments.
(13) Amount of acceptable work produced. (Is mark based on production records?) (Yes or no)
(14) Ability to organize his work.
(15) Effectiveness in meeting and dealing with others.
(16) Cooperativeness.
V (17) Initiative.
(18) Resourcefulness.
+ (19) Dependability.
+ (20) Physical fitness for the work.

(21) Effectiveness in planning broad programs.
(22) Effectiveness in adapting the work program to broader or related programs.
(23) Effectiveness in devising procedures.
(24) Effectiveness in laying out work and establishing standards of performance for subordinates.
(25) Effectiveness in directing, reviewing, and checking the work of subordinates.
(26) Effectiveness in instructing, training, and developing subordinates in the work.
(27) Effectiveness in promoting high working morale.
(28) Effectiveness in determining space, personnel, and equipment needs.
(29) Effectiveness in setting and obtaining adherence to time limits and deadlines.
(30) Ability to make decisions.
(31) Effectiveness in delegating clearly defined authority to act.

STATE ANY OTHER ELEMENTS CONSIDERED
(A)
(B)
(C)

STANDARD
Deviations must be explained on reverse side of this form

	Adjective rating
Plus marks on all underlined elements, and no minus marks	Excellent
Plus marks on at least half of the underlined elements, and no minus marks	Very good
Check marks or better on a majority of underlined elements, and any minus marks overcompensated by plus marks	Good
Check marks or better on a majority of underlined elements, and minus marks not overcompensated by plus marks	Fair
Minus marks on at least half of the underlined elements	Unsatisfactory

Adjective rating
Rating official Excellent
Reviewing official

Rated by [signature] (Signature of rating official) CAPTAIN, USCG (Title) 24 April 1944 (Date)

Reviewed by (Signature of reviewing official) (Title) (Date)

Rating approved by efficiency rating committee 11/26/44 (Date) Report to employee EC (Adjective rating)

16—26177-2

(PCP)
CG-CP-75

28 May, 1943

To: DOGO, 5th Naval District

Subj: Floyd E. Crewe; transfer

1. In accordance with your nomination Form 2660 dated 28 April, 1943 recommendation has been made for the transfer of Floyd E. Crewe to the position of keeper at $1560 ($1560-1920) per annum plus $60 for quarters at Upper Cedar Point Light Station.

2. Coincident with the change in post of duty and promotion of Mr. Crewe the position of second assistant keeper in the range $1500-1860 at Smith Point Light Station will become vacant. It is requested, therefore that information be furnished as to whether your office intends to fill this position by the transfer of a civilian or if it is intended that it should be abolished on Headquarters' records.

CARL E. HERRICK
By direction.

U. S. COAST GUARD
RECEIVED MAY 28 1943

ECO
Return to 3-2
ECO

EMPLOYEE'S NOTICE OF INJURY AND ORIGINAL CLAIM FOR COMPENSATION AND MEDICAL TREATMENT

(To be submitted to the official superior by every employee injured in the performance of his duty, or some one on his behalf, within forty-eight hours after the injury. This notice shall be given by delivering it personally to the official superior or by depositing it in the mail properly stamped and addressed to the official superior. It should be retained by the official superior unless the injury causes disability for work beyond the day or shift in which the injury occurred, or results in any charge against the Commission for medical expense, when it should be forwarded to the United States Employees' Compensation Commission with report of injury, Form C. A. 2.)

Sunnybank, (City or town) Va. (State)

(Street and number)

13 September (Date of this notice), 1942

I HEREBY CERTIFY that I was injured in the performance of my duties on 13 Sept. (Date), 1942

Sunday (Day of week), 7:35 P. (Hour, a. m. or p. m.) m.

1. The injury occurred at Smith Point Light Station (Give name of establishment where employed)

in the following manner: I was lowering gasoline drums over the side of the lighthouse to put on the deck of CGR-574 when I slipped and my foot caught between the deck of the lighthouse and the gasoline drum.

2. Cause of injury See above.

3. Nature of injury Great toe, left foot, fractured.

4. Names of witnesses to injury:

David P. Bowden, BM2c.

5. If this notice was not given within 48 hours after the injury, explain failure to give notice and state the name of the person to whom first notice was given and date:

This injury was not caused by my willful misconduct, intention to bring about the injury or death of [illegible] and I hereby make claim for compensation and medical treat-

oyd E. Crews, 2d Asst. Keeper,
ith Point Light Station.

Office of Dist. Coast Guard Officer, 5th Naval Dist.,
Norfolk, Va., 5 October, 1942.

1. Forwarded to U. S. Employees' Compensation Commission, 285 Madison Avenue, w York, N. Y., together with Form C.A.-2. Form C.A.-3 will be forwarded upon employee's turn to duty.

GLENN C. FOSGER,
Ensign, U. S. Coast Guard,
Fifth Naval District.

Personnel 75 531

N.C.G. No. 2599
U. S. Coast Guard
(Revised 1937)

REPORT OF CHANGE IN PERSONNEL

Crowe,	Floyd	E.	--	2d Asst. Keeper
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

5th Naval District - U. S. Coast Guard -	Norfolk, Va. -	1 April, 1942.
(Unit)	(Place)	(Date)

Effective 1 April, 1942, change in status, designation, and post of duty - increase in pay.

	From	To
Position:	Seaman	Second Assistant Keeper
Grade:	None	$1500-1860
Salary:	$67.50 p.m. (Incl. $60 p.a. longevity pay)	$1500 p.a. Plus $60 p.a. for quarters.
Station:	Lightship #116	Smith Point Light Station, Va.

AUTHORITY: Form 2249 approved 23 March, 1942.

O. J. SULLIVAN,
(Commanding)

By direction.
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	STATISTICS	CORRESPONDENCE	RECORDS

U. S. GOVERNMENT PRINTING OFFICE 0

Smt MC

#5

[redacted]
United States Coast Guard
Norfolk, Va.

Date 1 April, 1942.

REPORT OF EFFECTIVE DATE OF CHANGE IN POSITION
OR PAY STATUS OF CIVILIAN EMPLOYEE

From: District Coast Guard Officer, [redacted] Fifth Naval District.
To: Commandant.

Name Floyd E. Crowe

Nature of Action Change in status, designation, and post of duty - increase in pay.

Effective date of change 1 April, 1942.

	FROM	TO
Position	Seaman	2d Asst. Keeper
Pay	$67.50 p.m. (Incl. $60 p.a. longevity)	$1500 p.a. Plus $60 quarters.
Salary Range	None	$1500-1860
Valuation of Quarters	None	$60 per annum
Station	Lightship No. 116	Smith Point Lt. Sta., Va.

Remarks: This change is reported in accordance with Department approval dated (perforated in Form 2249) 23 March, 1942.

Signature G. J. SULLIVAN,
By direction.

(This space for use of Headquarters)

Headquarters United States Coast Guard CP-75 8 April, 1942.

Submitted to the Director of Personnel, Navy Department, for information.

By direction of the Commandant.

Very truly yours,

H. L. MORGAN, Chief,
Personnel Actions Subsection.

4-9-42

75-531

75
531

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Box 510
Federal Building

Norfolk, Virginia,
16 January, 1942.

U. S. COAST GUARD (5)
REC'D APR 9 1942

From: District Coast Guard Officer, Fifth Naval District.
To : Floyd E. Crane, Seaman - CHESAPEAKE LIGHTSHIP.

Subject: Orders; temporary duty; travel.

1. You are directed to proceed to the SMITH POINT LIGHT STATION and report to the keeper of that unit for temporary duty as assistant keeper.

3. You will be allowed a per diem in lieu of subsistence as follows: $3.00 including time spent on commercial vehicles where the price of passage includes subsistence, subject to the provisions of the Standardized Travel Regulations and Headquarters' letter, 1 September, 1940 (File - FB-75-531). A commuted subsistence allowance of $1.95 per diem will be allowed for the time spent on this detail in accordance with Headquarters' letter, 4 October, 1939 (A-701-522).

4. The travel necessary to the execution of this order is required by the public interests.

5. The expense incident to the travel to the detail herein authorized is chargeable to the Norfolk District's travel allotment, Symbol No. 20. Expense incurred for the subsistence allowance herein authorized is chargeable to the Norfolk District allotment under "General Expenses, Coast Guard (Navy) 1942, Subheads 90".

C. J. SULLIVAN,
By direction.

Copy to: Headquarters.

1

DEPT. STOCK FORM 2249
REV. 12-41

NAVY

UNITED STATES TREASURY DEPARTMENT
WASHINGTON, D. C.

PAGE: 9

TO:

Date Prepared 25 March, 1942

Name: Crowe, Floyd E.

From: U. S. Coast Guard

Bureau No.: 982

Change in status, designation, and post of duty - increase in pay.

Effective: E.O.D. (April 1, 1942)

	FROM	TO
Position	Seaman	Keeper
Grade	None	Field (Range $1500-1860)
Salary	$67.50 p.mo. (including $60 p.m. longevity pay)	$1500 p.a. plus $60 p.a. long. pay
Bureau or Div. Organizational Subdivisions	U. S. Coast Guard	U. S. Coast Guard
Headquarters	Norfolk, Virginia	Norfolk, Virginia
Post of Duty	Chesapeake Lightship #116	Smith Point Lt. Sta., Va.
Appropriation	Civilian Employees, C. G.	Civilian Employees, C. G.
Allotment		
	FIELD ☒ DEPRTMTL ☐	FIELD ☒ DEPRTMTL ☐

Remarks:

Justification: This is a regular position in the authorized complement of the station and it is necessary that it be filled in order that the work of the Service may be carried on.

CIVIL SERVICE OR OTHER LEGAL AUTHORITY:
U. S. Civil Service Comm.'s Cert. No. 2-11784, file 2R1AS, dated 2-17-42.

APPROPRIATION: Regular

DATE OF BIRTH: 11-16-1908

LEGAL RESIDENCE: Virginia

SEX: M

NATURE OF POSITION

NEW	ADDTL. IDENT.

VICE VACANCY	VICE
	*

*John E. Moore (promoted)

HAS C. S. COMM. ALLOWED VETERAN'S PREFERENCE? No

SUBJECT TO RETIREMENT ACT? Lighthouse Act 6-20-18.

DATE OF OATH:

DATE APPROVED BY THE SECRETARY

MAR 27 1942

BUREAU OR DIVISION PERSONNEL FILES

C. S. C. Standard Form No. 46
December 1939
(Supersedes Standard Forms
No. 15 and 16)

REQUEST FOR ~~TRANSFER~~ / ~~REINSTATEMENT~~ / CHANGE IN STATUS

TO BE MAILED DIRECT TO
U. S. COAST GUARD,
ROOM 506.

U. S. Coast Guard - Navy
(Department or establishment)

WASHINGTON, D. C., 5 March, 1942

CIVIL SERVICE COMMISSION
WASHINGTON, D. C.

GENTLEMEN:

In accordance with the civil service rules, authority is requested for the

☐ transfer ☐ reinstatement ☒ change in status

of Crewe, Floyd E.

November 16, 1908
(Date of birth)

Diggs, P. O. Mathews, Virginia
(Address)

FORMER CLASSIFIED STATUS
(In reinstatement cases)
PRESENT STATUS
(In transfer or change-in-status cases)

STATUS TO BE AUTHORIZED

Navy
(Department)

Navy
(Department)

U. S. Coast Guard
(Bureau or office)

U. S. Coast Guard
(Bureau or office)

Seaman-$67.50 a month
(Position, grade, and salary)

Salary - $1500 p.a.
Keeper (Range $1500-1860)plus $60 p.a. for qtrs.
(Position, grade, and salary)

Chesapeake Lightship #116
(City in which formerly employed)

Smith Point Lt. Sta., Va.
(City in which to be employed)

(Date and manner of separation)
(In reinstatement cases)

(Members of family in civil service—in reinstatement cases)
(State names, degree of relationship, and where employed. If more than one member of family is in the service, Form 1769 will be required)

MILITARY OR NAVAL SERVICE RECORD
(In reinstatement cases only)

Mr. Crewe was given classified status on January 1, 1942 under E.O. 8886. Form 375 recently executed is on file with Commission.

(Signature) Charles Pigott

(Official title) Director of Personnel

U. S. GOVERNMENT PRINTING OFFICE 16—11823

E.C.O. 7th. 8

Form 73

U. S. COAST GUARD (6)

RECD JAN 16 1942

NOMINATION

5th Naval District. U. S. Coast Guard, Norfolk, Va. 13 January 1942.

COMMANDANT:

Action recommended ~~Transfer and Promotion~~ Change in status, designation, post of duty - #932 increase in pay

Name Floyd E. Crewe Date of Birth 16 Nov., 1908 Legal Res. Va.

	From-	To-
Position	Seaman	~~1st Asst.~~ Keeper Plus $60 for qtrs.
Pay and grade	$67.50 per month (with $6.00 f.a. longevity pay)	$1500 p.a. ($1500-1860)
Station	Chesapeake Lightship #116	Smith Point Lt. Sta., Va.
Appropriation	Civilian Employees, C. G.	Civilian Employees, C. G.

Effective 1 February, 1942 C.O.D. or as soon thereafter as he enters on duty.

Rank on eligible list — Rating — Percentage — Other eligibles: —

Vice John R. Moore Pay $1500 p.a. Services terminated 31 Jan., 1942.

Reason Promotion.

Remarks: Mr. Crewe does ~~not~~ have a classified civil service status; however, he has been recommended for such a status in accordance with Executive Order of 3 Sept., 1941. He is not entitled to veterans preference. He did not decline induction, but was turned down because of physical disqualification.

Selection regular, _____, 19__

Manager, 4th Civil Service District

C. J. SULLIVAN,
By direction.

Form 3484
February 1941

UNITED STATES CIVIL SERVICE COMMISSION

WASHINGTON, D. C.

REINSTATEMENT
TRANSFER
CHANGE IN STATUS

CERTIFICATE NO. R-11754

SR:AS

MARCH 17, 1942
(Date)

CHIEF CIVILIAN PERSONNEL
UNITED STATES COAST GUARD
14TH AND D STREET, S.W.
WASHINGTON, D.C.

Sir:

In response to your request of MARCH 5, 1942

the CHANGE IN STATUS is hereby authorized of:
(Reinstatement, transfer or change in status)

FLOYD E. CREWE
(Name)

(Residence)

TO

NAVY
(Department)

U.S. COAST GUARD
(Bureau or Office)

KEEPER
(Position, Grade and Salary)

$1500 PER ANNUM

SMITH POINT LIGHT STATION, VIRGINIA
(City in which to be Employed)

Remarks or conditions:—

NOTE:—Report on certificates of reinstatement and transfer should be made within thirty days.

NOTE:—Payment of the compensation proposed is subject to applicable statutes, Executive orders, and decisions of the Comptroller General.

Very respectfully,

L. A. Moyer

L. A. MOYER,
Executive Director
and Chief Examiner.

Standard Form No. 8
(Approved by the President, May 22, 1925)

U.S. COAST GUARD
FEB 28 1942

OATH OF OFFICE

Prescribed by Section 1757, Revised Statutes of the United States

- 5th Naval District - (Department or Establishment)

U. S. Coast Guard (Bureau or Office)

I, Floyd Earl Crewe (Name in full, printed or typed), do solemnly swear (or affirm) that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties of the office on which I am about to enter. So HELP ME GOD.

Floyd Earl Crewe
(Signature of Appointee)

Subscribed and sworn to before me this 25th day of Feb., A. D. 1942

at Mathews, (City or place), Virginia (State)

[SEAL]

Notary Public

NOTE.—If the oath is taken before a Notary Public the date of expiration of his commission should be shown.

Position to which appointed Seaman

Date of entrance on duty 1 Jan., 1942

U. S. GOVERNMENT PRINTING OFFICE: 1939 10—1080

75

537

Personnel

N.C.G. No. 2599
U. S. Coast Guard
(Revised 1937)

REPORT OF CHANGE IN PERSONNEL

Crewe, (Surname)	Floyd (First name)	E. (Middle Initial)	-- (Service No.)	Seaman (Rank or rating)

5th Naval District - U. S. Coast Guard - Norfolk, Va. - (Unit) (Place) 6 Feb., 1942. (Date)

Classified Under Exec. Ord. #8886, effective 1 Jan., 1942:

Position: Seaman
Grade: None
Salary: $67.50 per month
Station: Chesapeake Lightship #116

AUTHORITY: Form 2249 approved 1/1/42.

C. J. SULLIVAN, (Commanding)

By direction. (Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	STATISTICS	CORRESPONDENCE	RECORDS

U. S. GOVERNMENT PRINTING OFFICE 0

Ltr 7 R

DEPT. STOCK FORM 2249
REV. 6-41

UNITED STATES TREASURY DEPARTMENT
WASHINGTON, D. C.

PAGE: 9

TO:

Date Prepared 1 January, 1942.

Name: Crowe, Floyd E.

From: U. S. Coast Guard

Bureau No.:

Classification

	FROM (EXCEPTED)	TO
Position	Seaman	Seaman
Grade	None	None
Salary	$67.50 a month, including $60 p.a. longevity pay.	$67.50 a month, including $60 p.a. longevity pay.
Bureau or Div. Organizational Subdivisions	U. S. Coast Guard	U. S. Coast Guard
Headquarters	Norfolk, Virginia	Norfolk, Virginia
Post of Duty	Chesapeake Lightship No.116	Chesapeake Lightship No. 116
Appropriation	Civilian Employees, C. G.	Civilian Employees, C. G.
Allotment		
	FIELD ☒ DEPRTMTL. ☐	FIELD ☒ DEPRTMTL. ☐

EFFECTIVE 1 January, 1942.

Remarks:

You have been given a classified civil service status under Executive Order No. 8256 of September 3, 1941, subject to satisfactory report on fingerprint chart.

Justification:

CIVIL SERVICE OR OTHER LEGAL AUTHORITY
U.S.Civil Service Comm.'s Cert. dated 1-26-1942, file No. 3-935

APPROPRIATION
Regular

DATE OF BIRTH
11-16-1905

LEGAL RESIDENCE
Virginia

SEX: M | RACE: W

NATURE OF POSITION

NEW | ADDTL. IDENT.

VICE VACANCY | VICE

HAS C. S. COMM. ALLOWED VETERAN'S PREFERENCE?
No

SUBJECT TO RETIREMENT ACT?
Lighthouse Act 6-20-18

DATE OF OATH

DATE APPROVED BY THE SECRETARY

BUREAU OR DIVISION PERSONNEL FILES

FEB 4 19..

Form 3829
April 1938

U. S. COAST GUARD (7)
RECD JAN 28 1942

UNITED STATES CIVIL SERVICE COMMISSION
WASHINGTON, D. C.

SR:LP

CERTIFICATE AUTHORIZING CLASSIFICATION

File No. 3-935

Director Of Personnel
Navy Department
Washington, D. C.

January 26, 1942

Attention: United States Coast Guard

Sir:

In response to your request of January 3, 1942 (Date) the classification under ~~Section 6 of Civil Service Rule~~ XI of the employee named below is hereby approved, subject to satisfactory report on finger-print chart; under Executive Order 8886:

FLOYD E. CREWE (Name)	Navy Department (Department)
Seaman (Position, grade, and salary)	United States Coast Guard (Bureau or office)
$67.50 per month	Lightship #116, Norfolk District (City in which employed)

Remarks: Mr. Crewe has been rated eligible on Form 375.

Effective January 1, 1942.

By direction of the Commission:

Very respectfully,

L. A. Moyer

L. A. MOYER,
Executive Director and Chief Examiner.

U. S. GOVERNMENT PRINTING OFFICE 16—7260

~~NAVY~~ TREASURY DEPARTMENT
Washington, D. C.

5 January, 1942.

Civil Service Commission,
Washington, D. C.

Gentlemen:

Pursuant to Reorganization Plan No. II, the Lighthouse Service was consolidated with the Coast Guard on July 1, 1939. The following named person was employed on a vessel of the Lighthouse Service prior to the consolidation and is still employed in a civilian status on a vessel of the Coast Guard. Therefore, it is recommended, since he meets the requirements with respect to employment and continuity of service after the consolidation, that he be given a classified status pursuant to authority contained in Executive Order No. 8886 of September 3, 1941.

Name:	**Crewe, Floyd E.**
Bureau:	**U. S. Coast Guard**
Designation:	**Seaman**
Salary:	**$67.50 a month**
Vessel on which stationed:	**Lightship #116, Norfolk District**
Authority under which employed:	**Schedule A-XI-5**
Legal Residence:	**Virginia**

This employee is subject to the Lighthouse Service Retirement Law of June 20, 1918, as amended.

It is requested the certificate authorizing classification be forwarded direct to the U. S. Coast Guard.

~~Director of Personnel~~
T. O. ROBERTSON,
Chief, Civilian Personnel Section,
U. S. Coast Guard.

Inclosures:
Form 375
Form 1769
Form 2413
Form 2390
~~Form 14 (Preference)~~
~~Certificate of citizenship~~
Statement showing record of service.

Form 375
June 1941

UNITED STATES CIVIL SERVICE COMMISSION
WASHINGTON, D. C.

TEMPORARY APPOINTMENT, TRANSFER, REINSTATEMENT, OR PROMOTION, ETC.

(NONCOMPETITIVE)

(This form is used to determine, noncompetitively, the qualifications of a person when official action is proposed in his case. It should be submitted only through the appointing officer, and only when official action is proposed.)

Any false statement in an application, or alteration of a voucher or certificate, or presentation to the Commission of any such paper, is a violation of the law and punishable as such. All answers must be in ink or typewriting. If more space is required, an additional sheet securely fastened to this form may be used. Answers on such sheet should be numbered to correspond to questions.

GIVE DATES AND PERIODS OF TIME REQUIRED IN YEARS AND MONTHS AS ACCURATELY AS POSSIBLE

Print your name plainly in ink, or typewrite (one given name, initial or initials, and surname). If a woman, prefix "Miss" or "Mrs.," and if married, use *your own* given name, as "Mrs. *Mary L.* Doe."

Floyd E. Crewe
(Name)

Diggs, P.O. Mathews Va.
(R. D. or street address) (City or post office) (County) (State)

(Telephone number)

Applicant will not fill the following blanks

Rating ..... Application No. .....
Kind of examination .....
Place .....
Date .....
Application ..... approved ....., 19....
By whom ..... approved .....

1. For what position are you filing this form? Seaman
2. Are you a citizen of the United States? (Answer yes or no) .....
3. Give (*a*) the date of your birth Nov. 16, 1908 (*b*) the place of your birth Mathews, Va.
4. Give in the blanks below a detailed statement of your education, including dates:
   (*a*) Grammar school: Attended from Sept., 1916, to June, 1923 Highest grade completed 7th
   (*b*) High school: Name and location Lee Jackson High School Mathews, Va
   Attended from Sept, 1923 to March, 1928 Highest grade completed 10 Were you graduated? No.

(*c*) College or university (Give both graduate and undergraduate work)		Dates of attendance (Give month and year)		Semester-hours credit received	Major subject		Degree conferred	Date of degree
Name	Location	From	To		Name	Sem. hrs. in major		

(*d*) Specify here any specialized courses which you have completed in high school, college, or elsewhere, and indicate the credits received for each course.

(*e*) Have you ever been admitted to the bar? No Of what State? ..... When? .....

5. Furnish in the blanks below a complete, comprehensive statement, showing every employment you have had since you first began to work, including your present employment, and accounting for all periods of unemployment. List employments chronologically, beginning with the earliest. If you acquired your experience under a different name from that shown above, indicate in the spaces below the name by which you were employed.

	Place of employment	Dates of employment (Month and year)	NAME AND ADDRESS OF EMPLOYER (Give street address and city and State. If unemployed, give own address at that time)	Yearly salary or net earnings	NAME OF POSITION AND DESCRIPTION OF DUTIES
1	City Mathews State Va.	From March 1928 To March 1929	J. E. Crewe Mathews, Va	$400.00	Farming
2	City Mathews State Va.	From April 1929 To Dec 1931	Va. State Highway	Per day 2.50	Tractor Chaufer and up Keeping Same
3	City Portsmouth State Va.	From June 1940 To Oct 1941	U. S. L. H. S. U. S Coast Guard	per mo 67.50	A. B. Seaman Civilian
4	City State	From ..... 19.... To ..... 19....			
5	City State	From ..... 19.... To ..... 19....			

IF MORE SPACE IS REQUIRED, CONTINUE YOUR ENTRIES ON A SEPARATE SHEET ARRANGED AS ABOVE 16—497

6. Have you ever been discharged or forced to resign from any position? ..... no (Yes or No)

If answer is "Yes," state when and where employed and give the name and address of your employer and the reason for your discharge or forced resignation in each case.

7. Within the past 12 months have you used intoxicating beverages? ..... no (Yes or No)

Habitually? ..... no (Yes or No)

To excess? ..... no (Yes or No)

READ CAREFULLY.—An answer to the following question concealing either trivial or serious offenses may cause rejection of application and debarment from examinations.

8. Have you ever been arrested, or summoned into Court as a defendant, or indicted, or convicted, or fined, or imprisoned, or placed on probation, or has any case against you been filed, or have you ever been ordered to deposit collateral for alleged breach or violation of any law or police regulation or ordinance whatsoever? ..... no (Yes or No)

If so, list all the cases without any exception whatsoever on a sheet attached, giving in each case (1) the date, (2) your age at the time, (3) the place where the alleged offense or violation occurred, (4) the name and location of the court, (5) the nature of the offense or violation, (6) the penalty, if any, imposed, or other disposition. The above question includes arrests by military or naval authorities and disciplinary action imposed by courts martial, as well as in civil cases. If appointed, your fingerprints will be taken.

9. If you have any practical knowledge of a mechanical trade, name the trade or trades, and state the time you have worked at each, and when, where, and under whom, giving places and dates. (If you have served an apprenticeship, so state.)

operating Moving picture Machine 2 nights a week for 4 years while going to school and making necessary repairs to same

10. If not now employed, state how long you have been unemployed _____

11. Have you ever been in the United States military or naval service? no (yes or no) If so, give name of organization and dates of enlistment and discharge.

12. (a) Have you ever filed an application with this Commission or its representative for any branch of the United States Government service? _____

(b) If so, give information indicated regarding each examination.	Name each position for which examined, or for which application was filed	In what city were you, or are you to be, examined?	Give the date of each examination (Month and year)	Did you pass? (Answer "Yes" or "No")
	Quartermaster	Norfolk	July or Aug 1934	no

13. In what State or Territory have you legal or voting residence?	Length of such residence therein? (Residence must be shown up to date of jurat)	In what county have you legal or voting residence?	Length of such residence in county? (Residence must be shown up to date of jurat)
Virginia	From Birth (Month) (Year), to present (Month) (Year)	Mathews	From Birth (Month) (Year), to present (Month), 19 (Year)

14. If during the past year you have *not* resided continuously in the State or Territory in which you claim legal or voting residence, or are not now actually living in such State or Territory, answer the following questions fully:

(a) For what periods since such residence was first established have you been absent therefrom? (Give dates) _____

(b) What is the name, address, and relationship of the person, if any, living at the place in the State or Territory in which you claim legal or voting residence?	(c) Are you now a voter in such State or Territory? (Answer "Yes" or "No")
	no

15. Are you a member of any Communist or German Bund organization or any political party or organization which advocates the overthrow of our constitutional form of government in the United States, or do you have membership in or any affiliation with any group, association, or organization which advocates, or lends support to any organization or movement advocating, the overthrow of our constitutional form of government in the United States? no (Yes or No) If so, name the organization and give complete details on sheet to be attached hereto.

JURAT (OR OATH).—This jurat (or oath) must be executed.

The following oath must be taken before a notary public, the secretary of a United States civil service board of examiners or other officer authorized to administer oaths, before whom the applicant must appear in person. The following are among those not authorized to administer this oath: Postmasters, Army officers, post-office inspectors, and chief clerks and assistant chief clerks in the Railway Mail Service.

The composition and work in connection with any material required to be submitted for this examination are entirely my own, except where I have given full credit for quoted matter or the collaboration of others by quotation marks and references, and in the composition of the same I have received no assistance except as indicated fully in my explanatory statement.

I, the undersigned, DO SOLEMNLY SWEAR (OR AFFIRM) that the statements made by me in answer to the foregoing questions are full and true to the best of my knowledge and belief. SO HELP ME GOD.

If female, prefix "Miss" or "Mrs.," and if married, use your own given name, as "Mrs. Mary L. Doe."

(*Signature of applicant*) Floyd E. Creeve
(Sign WITH PEN AND INK your name—use given name, initial or initials, and surname)

Subscribed and duly sworn to before me according to law by the above-named applicant, this 12th day of December, 19 34, at city [or town] of Norfolk county of Norfolk, and State [or Territory or District] of Virginia

(*Signature of officer*) /s/ J. ... Nichols (*Official title*) Member of Board, U.S.Civil Service

U. S. GOVERNMENT PRINTING OFFICE 16—407

Form 1769
November 1940

UNITED STATES CIVIL SERVICE COMMISSION

WASHINGTON, D. C.

Affidavit as to Number of Members of Family in the Government Service

NOTE.—Any false statement in this affidavit, which is under oath, alteration of a certificate, or the presentation to the Commission of a paper containing any false statement or alteration of a certificate, is a violation of the law and punishable as such. Answer all questions fully and with the utmost care. The jurat (or oath) on the back of this form must be executed.

1. (*a*) Are you an applicant for, or have you taken, an examination? yes (Answer "yes" or "no") (*b*) If so, give name of examination, Seaman date, Oct. 4 1941 place, Norfolk Va.

(*c*) If an applicant for reinstatement, state in what department and office

2. (*a*) Are you now married? (Answer "yes" or "no") yes (*b*) Were you ever married? (Answer "yes" or "no")

3. (*a*) Are any members of your family, including husband or wife, or other relatives (either blood or by marriage) in any part of the U. S. Government service whatsoever? (Answer "yes" or "no") ..... If so, furnish the information required below in regard to all such relatives:

Name (Give full name)	Address (Give complete address, including street and number)	(1) Position and (2) department or office in which employed	Relationship (blood or marriage)	Married or single
James L. Crewe	Susan, P.O. Mathews, Va.	(1) Seaman 1/C (2) U. S. Coast Guard	Brother	Married
		(1) (2) ~~Mathews Co. Va~~	"	"
William E. Crewe	Mathews, Va.	(1) Civilian Laborer (2) Navy mine Dept	Brother	Married

(*b*) Does your answer above include all your relatives in the U. S. Government service? yes (*c*) Which of the persons named above are temporarily employed? William E Crewe (*d*) Which live in the same house with you? None (*e*) Which are less than 21 years of age? None

(*f*) Which are related to you by marriage? None

If your answer to question 3 shows that two or more members of your family and relatives are employed in the U. S. Government service, the questions below must be answered. In any case, the jurat (or oath) on the back of this sheet must be executed.

4. At what address are you now living? No. ..... street, apartment No. .....

city or town Diggs, P. O. Mathews Va., State or Territory .....

5. Are you (*a*) a roomer? No (*b*) a boarder? No (*c*) a member of a household? yes

6. How long have you resided at your present address? Since June (Month) 21 (Day) 1930 (Year)

7. If you have moved during the last 6 months, state definitely your reason for doing so No

8. (*a*) Have you ever lived with any of the relatives mentioned in your answer to question 3 above? ~~No~~ Yes (*b*) If so, give names and exact dates between which you lived with them Lived with James L and William E. Crewe from birth to 1929

9. Since residing at the above address, have you received any pecuniary contributions, support, or assistance, from any member or members of your family (*a*) *not* living in the same household with you? No (Answer "yes" or "no") (*b*) living in the same household with you? No (Answer "yes" or "no") If so, state particulars .....

(Additional space, on the reverse, may be used to complete answers, if needed. Number answers to correspond with questions.)

JURAT (OR OATH) ON BACK MUST BE EXECUTED

16—644 (OVER)

Form 1769
November 1940

AFFIDAVIT

AS TO

NUMBER OF MEMBERS OF FAMILY IN THE GOVERNMENT SERVICE

Fill ALL blanks below

Name of position: Clerk (Give exact title of position or examination)

Branch of service: Coast Guard

Place of examination: Norfolk, Va. (City) (State)

Date of examination: Oct. 4, 1941

NOTE.—Write plainly one given name, initial or initials, and surname, and post-office address in the blanks below.

Name of affiant: Floyd E. Creure

Number and street:

City, town, post office: Diggs, P.O.

St. or Territory: Mathews, Va.

Date of birth: Nov. 16, 1908

Age on last birthday: 32 years

Legal or voting residence: State of: Virginia

County of: Mathews

U. S. GOVERNMENT PRINTING OFFICE 16—644

10. Do you intend in future to make your home with any of the members of your family who are in the service? If so, state particulars: No.

11. Do you contribute to the support of any of the other members of your family? If so, state particulars: No

12. Will you promptly inform the Commission of any change affecting members of your family in the service occurring after this affidavit is submitted? yes (Answer "yes" or "no")

THE JURAT (OR OATH) BELOW MUST BE EXECUTED

JURAT (OR OATH)—THIS APPLICATION WILL NOT BE ACCEPTED IF THE JURAT (OR OATH) IS OMITTED

The following oath must be taken before a notary public, the secretary of a United States civil service board of examiners, or other officer authorized to administer oaths, *before whom the affiant must appear in person.*

I, the undersigned, do solemnly swear (or affirm) that the statements made by me in answer to each and all of the foregoing questions are full and true to the best of my knowledge and belief, So HELP ME GOD.

If female, prefix "Miss" or "Mrs."

(*Signature of affiant*) Floyd E. Creure
(Sign your full name—one given name, initial or initials, and surname)

Subscribed and duly sworn to before me according to law by the above-named affiant, this 12th day of December, 19 41, at city [or town] of Norfolk, county of Norfolk, and State [or Territory or District] of Virginia

(*Signature of officer*) [illegible] Nicholas

(*Official title*) Member of Board U.S. Civil Service

Form No. Ex. O-2.

~~TREASURY~~ NAVY DEPARTMENT
United States Coast Guard

Service Record of Employee who was transferred to the Coast Guard from the Lighthouse Service pursuant to Reorganization Plan II of May 9, 1939, who is Recommended for Classification Under the Executive Order (No. 8886) of September 3, 1941.

NOTE: This form should contain a complete record of all the service which the employee has rendered in the Department of Commerce and the Treasury & Navy ~~Treasury~~ Departments. It is not necessary to include any service in Government agencies other than the two herein mentioned.

Name Floyd E. Crowe Date of Birth Nov. 16, 1906

District Norfolk

Nature of Action	Position	Monthly Salary	Effective Date	Vessel
A. Exc.	Seaman	$62.50 pm	1-18-30	Lightship #105, Commerce, L
Res.W.C.proj.(Vol.)	do	62.50	3-21-30	do
A. Exc.	do	62.50	4-18-30	do
Pro.	do	67.50	11-01-30	do
Trans.	do	67.50	10-05-37	Lightship #116
A. Trans. (Reorg. Plan II)		67.50	7- 1-39	Treas., Coast Guard
A. Trans. (Ex. Order 8929)		67.50	11- 1-41	Navy, Coast Guard

Certified correct:

C. J. SULLIVAN,
Lt. Commander, U. S. Coast Guard.

Personnel Officer. (of District).

OCT 31 1941

Mr. Floyd E. Crewe, Seaman,
Chesapeake Lightship No. 116,
Portsmouth, Virginia.

Dear Sir:

Your letter of October 12, 1941, addressed to the President, has been referred to this office for reply.

The rental allowance to which you refer was granted under the provisions of an Act of Congress of October 17, 1940, for the Army and is applicable to certain members of the other armed forces of the United States. It does not apply to civilian personnel in any branch of the Government.

With respect to your specific case you are advised that the probable grade into which you would have been inducted into the Coast Guard, had you been enlisted, would not have carried with it a rental allowance.

By direction of the Secretary.

Yours very truly,

(Signed) Herbert E. Gaston

HERBERT E. GASTON,
Assistant Secretary of the Treasury.

[redacted]

NOV 1 1941

EMPLOYEE'S NOTICE OF INJURY AND ORIGINAL CLAIM FOR COMPENSATION AND MEDICAL TREATMENT

(To be submitted to the official superior by every employee injured in the performance of his duty, or some one on his behalf, within forty-eight hours after the injury. This notice shall be given by delivering it personally to the official superior or by depositing it in the mail properly stamped and addressed to the official superior. It should be retained by the official superior unless the injury causes disability for work beyond the day or shift in which the injury occurred, or results in any charge against the Commission for medical expense, when it should be forwarded to the United States Employees' Compensation Commission with report of injury, Form C. A. 2.)

Chesapeake Lightship #116 on Station

(City or town), (State)

(Street and number)

28 August 41

(Date of this notice)

I HEREBY CERTIFY that I was injured in the performance of my duties on 27 August 41

(Date)

Wednesday about 10:30 A m.

(Day of week) (Hour, a. m. or p. m.)

1. The injury occurred at On board Chesapeake Lightship No.116

(Give name of establishment where employed)

in the following manner: I was chipping rust from under forward Boat david Port side When a piece fo rust or steel got in my Eye it diden't seem to hurt me but a verry little untill about 10:00 PM. that night. August 28. 1941. at 7:00 AM.I reported this to the Officer. Marshall B. Forrest, CBM

2. Cause of injury Chipping under Boat david port side.

3. Nature of injury Piece of rust or steel in left eye

4. Names of witnesses to injury: Albert Hudgins

Albert Hudgins, SEA.

Emmett A. Lilly

Emmett A. Lilly, SEA.

5. If this notice was not given within 48 hours after the injury, explain failure to give notice and state the name of the person to whom first notice was given and date:

Floyd E. Crewe, Seaman,
Lightship #116.

Office of Commander, Norfolk District, U. S. C. G.,
Norfolk, Virginia, 14 October, 1941.

1. Forwarded to U. S. Employees' Compensation Commission, Washington, D. C. Form CA-2 will be forwarded as soon as same is received in this office.

T. E. MIDGETT,
Chief Boatswain (L), U. S. Coast Guard.

Personal 5-37

STANDARD FORM NO. 6
(Approved by the President 3/28/24)
Revised Dec. 5, 1929

PERSONAL HISTORY STATEMENT

(To be prepared by appointee in own handwriting)

Department or Establishment U. S. Coast Guard **Date** Jan 23, 1941

1. Name in full (Mr., ~~Miss, or Mrs.~~) Crewe (Surname) Floyd (Given name) Earl (Middle name)
2. Present address Diggs (Number) Virginia (Street) Mathews (City) Va. (State)
3. Legal (voting) residence Virginia (State and Congressional District) First (County) Mathews (City or town)
4. Where born Mathews County (State or foreign country) Virginia (City or town) When born Nov. 16 1908 (Month Day Year)
5. If foreign-born, state whether naturalized or alien
6. Indicate sex, marital condition, and race by check, thus: √ If Mrs., state other names under which previously employed.

SEX		MARITAL CONDITION				RACE. (If other, state which)	
✓ Male	Female	Single	✓ Married	Divorced	Widowed	✓ White	Colored

7. Number and ages of dependents domiciled with you Wife age 27 Two children One age 8 one age 14 mo
8. A complete record of your past service for the United States Government other than military or naval:

BRANCH OF SERVICE	PLACE OF EMPLOYMENT	POSITION	SALARY	DATE APPOINTED Month	Day	Year	DATE SEPARATED Month	Day	Year
U. S. Lighthouse Service	Diamond Light Ship	Seaman	$67.50	Jan.	17	1930	Oct.	5	1937
U. S. Lighthouse Service	Chesapeake Light Ship	Seaman	$67.50	Oct.	5	1937	To present date		

9. Are any members of your family, who are domiciled with you, in the U. S. Government service? If so, state below:

NAME	POSITION AND DEPARTMENT OR OFFICE IN WHICH EMPLOYED	RELATIONSHIP
None	Position Department or office	
	Position Department or office	
	Position Department or office	

10. Do you now hold any State or municipal office? If so, state below:

None (Title) (Location) (Date appointment expires)

11. Are you the wife of a disabled veteran or widow or orphan of a person who was in the military or naval service?

(Wife, widow, or orphan) (Name of veteran) (Organization and last year of service)

12. Military and naval record. If any, check (√) to indicate branch and other information, and give dates of enlistment and discharge:

✓ None	Army	Navy	Marine Corps	Coast Guard	War veteran	Pensioner	Veterans' Bureau beneficiary

Enlisted	Discharged	Enlisted	Discharged
Rank	Rank	Rank	Rank
Organization	Organization	Organization	Organization

[OVER]

10—1930

13. State any special qualifications not involved in your present position (for instance, lawyer, physician, civil engineer, knowledge of foreign languages, etc.) None

14. Statement of principal employment other than with the United States Government:

NAME AND ADDRESS OF EMPLOYER	POSITION AND CHARACTER OF WORK	LENGTH OF SERVICE
Virginia State Highway	Tractor operator	11 months

15. Education. Indicate by circling the number of years:

Common school	High school	College	(Name of college, degrees, and dates conferred)
1 2 3 4 5 6 7 8	1 2 (3) 4	1 2 3 4	

16. In case of emergency, notify Mrs. Melva R. Crewe

Relationship Wife Post office address Diggs, P. O. Mathews, Va.

I certify that the foregoing answers are correct to the best of my knowledge and belief.

Floyd E. Crewe

(Name as usually written and which will be used as official signature)

U. S. GOVERNMENT PRINTING OFFICE 10—1930

STANDARD FORM 84
Promulgated August 4, 1947, by Civil Service Commission

REQUEST FOR REPORT ON LOYALTY DATA

THIS FORM TO BE USED FOR INCUMBENT EMPLOYEES AND EXCEPTED EMPLOYEES WHERE INVESTIGATION IS CONDUCTED BY AGENCY (Part VI—Executive Order 9835)

To: The Federal Bureau of Investigation, Washington 25, D. C.

The following information is furnished for identification purposes on the person named below. Kindly furnish a report on any derogatory loyalty information contained in your files. (The fingerprints of this person are attached.)

1. FULL NAME (Initials and abridgements of full name are not acceptable)	(Surname)	(Given name)	(Middle or other names)
	CREWE	FLOYD	EARL

2. ALIASES AND NICKNAMES: none

3. DATE OF THIS REQUEST: 3-25-48

4. SPECIAL NUMBERS KNOWN TO REQUESTING AGENCY (FBI number or FBI file number, passport number, Army or Navy serial number, seaman's certificate of identification, alien registration number, Social Security number, etc. Specify which)

Continuous Discharge Book No. 191337

5. PLACE OF BIRTH	6. DATE OF BIRTH	7. TITLE OF POSITION, OCCUPATION OR PROFESSION
Mathews County, Virginia	Nov. 16, 1908	Lighthouse Keeper

8. SEX: [X] MALE [ ] FEMALE

9. MARITAL STATUS: [ ] SINGLE [X] MARRIED

10. IF MARRIED, GIVE SPOUSE'S FULL NAME, AND DATE AND PLACE OF BIRTH: Melva Rosalyn Sadler May 3, 1914 Mathews, Co. Va.

11. ORGANIZATIONS WITH WHICH AFFILIATED OTHER THAN RELIGIOUS OR POLITICAL ORGANIZATIONS OR THOSE WHICH SHOW RELIGIOUS OR POLITICAL AFFILIATIONS: none

12. DATES AND PLACES OF RESIDENCE FOR THE LAST 10 YEARS

Date	Street	City	State
1930 to present date		Diggs	Virginia.

13. DATES, NAMES AND ADDRESSES OF EMPLOYERS FOR THE LAST 10 YEARS

Date	Employer	Address
1930 to present	U.S. Coast Guard	Norfolk, Virginia.

14. THIS AGENCY HAS LOYALTY INFORMATION REPORT(S) FURNISHED BY THE AGENCIES INDICATED BELOW:

AGENCY WHICH MADE THE LOYALTY REPORT	DATE OF REPORT	REMARKS
none		

15. THIS SPACE RESERVED FOR RETURN REPORT TO AGENCY WHERE NO DEROGATORY INFORMATION IS DEVELOPED

DATA [illegible]

CHECKED FBI FILES

16. NAME AND ADDRESS OF REQUESTING AGENCY

Treasury Department 6-05
Washington 25, D.C. Coast Guard

SEE REVERSE FOR REPORT ON CASES WHERE DEROGATORY INFORMATION WAS DEVELOPED

☆ U. S. GOVERNMENT PRINTING OFFICE: 1947-751890

V 5857

APPLI[illegible] T OR EMPLOYEE MUST FILL THE FO[illegible] WING

Name (in full) Floyd Earl Crewe Sex Male

Present address Diggs, P.O. Va. Date of birth Nov 16 1908

Give below all places of residence during the past FIVE years

From-- (Month and year)	To-- Month and year)	Number and Street	City and State
7/30	Present Date		Diggs, P.O. Va

Give, in your own handwriting, the information requested below

Have you ever been arrested for any reason whatsoever? No.
If so, give details in space provided below. (Yes or no)

Date of Arrest	Age	Charge	Court and Location	Judge	Disposition

NO ADDITIONAL RECORD FOUND AT F. B. I.

Have you ever been fingerprinted? yes Where? Custom House Norfolk Va.

When? 5/12/37 and 12/30/37 If for the Civil Service, what position?

I hereby swear (or affirm) that the above statements are complete and accurate in every detail.

Floyd E. Crewe
Customary payroll signature of employee

Subscribed and sworn to before me this 9th day of Nov. 1939

Ella Rodney C Hudgins
Notary Public

My commission expires July 8, 1941

TREASURY DEPARTMENT
U.S. Coast Guard

PHYSICAL EXAMINATION RECORD

(To be completely made up by medical officer, in duplicate)

Name CLARK, Floyd Earl (Surname first) Service Number

Age: Years 31 Months 5 Color White

For: Regular enlistment. (Special temporary or regular enlistment, appointment or promotion)

Rank or Rating Quarterman.

Place Norfolk, Va. Date 14 March, 1940.

Personal Medical History Usual diseases of childhood.
Denies serious illness or accident.

Vision: R.E. 20/ 20 L.E. 20/ 20 Corrected: R.E. 20/ L.E. 20/

Color blind? No Test used Ishihara plates

Hearing: Conversational speech R.E. 20/ 30 L.E. 20/ 30

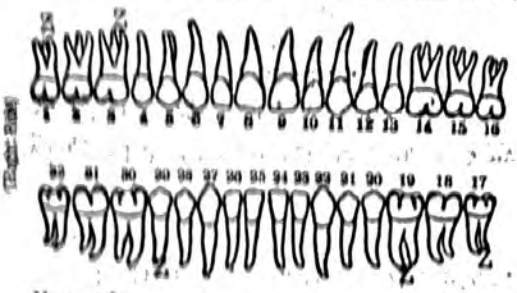
Eyes, eyelids, and reflexes Normal

Ears: Right Normal Left Normal (Condition of drum, discharge, etc.)

Head, face, and neck Normal

Mouth, nose, and throat Normal

Teeth (Indicate on diagram: Missing, "s"; replaced, "x"; carious, "I".)



Gums Normal Temperature 37.° C.

Height 69 inches Weight (stripped) 186 lbs. Obesity Some

Skin Psoriasis, marked, generalized.

Lymph. glands Normal

Chest: Inspiration 42" Expiration 39"

Heart and blood vessels Normal

Blood pressure: Systolic 118 Diastolic 75

Pulse before exercise 66, after exercise , after 2 min. 88

Lungs Normal

Abdomen and pelvis Normal

Genito-urinary organs Normal

Spine and extremities Arches depressed but no evidence of weak feet.

Nervous and mental conditions Normal

Urine: Albumin Negs. Sugar Negs. Sheds No

Microscopical exam. (if indicated) epithelia - - - Sp. Gr. 1.015

Blood cells - - Pus cells - - Casts - -

Blood (if indicated) Hb - - % Reds - - Whites - -

Wassermann or Kahn test: Date 5/14/40 Result Negative

9—10141

Lighthouse Service
Lightship #105
8-30
"
2-1-30
"
-18-30
"
-1-30
0-5-37 Lightship #116
7-1-39 U.S.C.G.

By direction of the Surgeon General:

2d INDORSEMENT

HEADQUARTERS, WASHINGTON, MAR 20 1940

From: Commandant.

To:

1. NOT ENLISTMENT AUTHORIZED.

Insert this copy in health record.

Service Record

A. Enc. Seaman	$62.50 mo	1-18-30	Lighthouse Service Lighttship #105
Res. "	62.50	3-21-30	"
A. Enc. "	62.50	4-18-30	"
Res "	67.50	11-1-30	"
Trans	67.50	10-5-37	Lighttship #11
A. Trans	67.50	7-1-39	U.S. CG

Standard Form 49
REVISED APRIL 1956
U. S. CIVIL SERVICE COMMISSION
CHAPTER 13, F. P. M.

CERTIFICATION OF INSURED EMPLOYEE'S RETIRED STATUS

Federal Employees' Group Life Insurance Act of 1954, as amended

See Instructions to Agencies on Reverse Side

1. NAME OF RETIRED EMPLOYEE — MR. (Last) (First) (Middle): CREWE , FLOYD E.

2. DATE OF BIRTH (Month, Day, Year): 11 16 1908

3. MAILING ADDRESS (Number and street, city, zone number, and State): Digge, Virginia 23045

4. PLAN OR SYSTEM UNDER WHICH RETIRED: Lighthouse Service Retireme Act of 20 June 1918, as amen

5. RETIREMENT CLAIM NO. (If any)	6. EFFECTIVE DATE OF ANNUITY (Mo., day, yr.)	7. DID EMPLOYEE RETIRE FOR DISABILITY?	8. DID EMPLOYEE RETIRE ON AN IMMEDIATE ANNUITY?
--	1 April 1968	☐ YES ☒ NO	☒ YES ☐ NO

IF ITEM 7 IS ANSWERED "YES", OMIT ITEMS 9 AND 10.

9. DOES EMPLOYEE HAVE 15 OR MORE YEARS' VERIFIED CREDITABLE SERVICE OF WHICH AT LEAST 5 YEARS ARE CIVILIAN SERVICE? ☒ YES ☐ NO

10. If employee retired on an immediate annuity but has less than 15 years' verified creditable service *and* if there is uncertainty as to the creditability of a period (or periods) of service which is essential to a total of 15 years, list all service of record and any other service alleged by the retired employee. The Civil Service Commission will verify and/or determine whether the service in question is creditable.

PERIOD OF SERVICE FROM—	PERIOD OF SERVICE TO—	DEPARTMENT OR AGENCY	LOCATION OF EMPLOYMENT	TITLE OF POSITION	HAS SERVICE BEEN VERIFIED YES	HAS SERVICE BEEN VERIFIED NO

I hereby certify that the above information, excepting period(s) of unverified service alleged by the retired employee, has been obtained from official records and is correct.

(SIGNATURE OF AUTHORIZED AGENCY OFFICIAL)

14 March 1968
(DATE)

ROY L. BARTON
(TYPE NAME OF AUTHORIZED AGENCY OFFICIAL)

Chief, Civilian Personnel Div.
(TITLE)

U. S. Coast Guard
(NAME OF AGENCY)

1300 E Street, N. W.
Washington, D. C. 20591
(MAILING ADDRESS OF AGENCY)

CERTIFICATION OF CIVIL SERVICE COMMISSION

☐ INDIVIDUAL NAMED ABOVE IS INSURED AS A RETIRED EMPLOYEE UNDER FEDERAL EMPLOYEES' GROUP LIFE INSURANCE ACT OF 1954.

☐ INDIVIDUAL NAMED ABOVE IS NOT INSURED BECAUSE:

☐ LESS THAN 15 YEARS CREDITABLE SERVICE.

☐ NOT RETIRED ON AN IMMEDIATE ANNUITY.

☐

(CSI NUMBER ASSIGNED) CERTIFIED BY: RETIREMENT DIVISION (DATE)

AGENCY REPORT OF TERMINATION OF RETIRED STATUS

DATE ANNUITY TERMINATED	REASON FOR TERMINATION	LAST ADDRESS IF DIFFERENT THAN SHOWN IN ITEM 3
15 August 1978	Death	

ROY L. BARTON
Chief, Civilian Personnel, U. S. Coast Guard 11/07/78
(SIGNATURE OF AUTHORIZED OFFICIAL) (DATE)

16—71110-3

DC per • 11/13/78 Sent to CSC

APPLICATION FOR UNIFORMED SERVICES IDENTIFICATION AND PRIVILEGE CARD

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: 10 U.S.C. 133 Executive Order 9397, 22 November 1943 (Social Security Number).

PRINCIPAL PURPOSE(S): Is used by applicant to apply for a DD Form 1173, "Uniformed Services Identification and Privilege Card."

ROUTINE USE(S): Is used by appropriate authority to evaluate an applicant's eligibility to be issued a DD Form 1173, "Uniformed Services Identification and Privilege Card." The DOD Enrollment/Eligibility System will be a routine user of information provided on this application.

DISCLOSURE: Mandatory for Active Duty military personnel. Failure to complete the form may result in disciplinary or administrative action. Voluntary for all other persons. However, failure to furnish all information, including SSN, could delay or prevent the issuance of an ID Card to persons otherwise eligible.

SECTION I – IDENTIFICATION OF PERSON UPON WHOM ELIGIBILITY FOR DD FORM 1173 IS BASED

1. NAME (Last - First - Middle Initial)	2. SSN	3. GRADE	4. HOME PHONE	5. OFFICE PHONE
CREWE, FLOYD E.	228-36-9806	LHK	725-2925	

6. ADDRESS (Include ZIP Code)

7. BRANCH OF SVC: USCG

8. STATUS: ☐ ACTIVE DUTY ☐ RETIRED ☐ 100% DAV ☒ DECEASED AD ☐ DECEASED RETIRED ☐ OTHER (Specify, Item 60)

9. DATE OF EXPIRATION OF SERVICE OR CONTRACT (or death): Aug 15- 78

10. REASON FOR APPLICATION: ☐ ORIGINAL CARD(S) ☒ OTHER (Specify, Item 59)

SECTION II – PERSONS FOR WHOM IDENTIFICATION CARDS ARE REQUESTED (INCLUDE YOURSELF WHEN APPLICABLE)

(List dependents claimed who will not be issued ID Cards in Section V, Item 60.)

11. NAME (Last - First - Middle Initial) - SSN (If applicable)	12. RELATIONSHIP	13. DATE OF BIRTH (Yr., Mo., Day)	14. PRIVILEGE AUTH 1/ (FOR USE OF VERIFYING OFFICER)	15. CARD NO. ISSUED (FOR USE OF ISSUING OFFICER)
CREWE, MELVA S. 224-42-5750	Wife	[redacted]	C, T, EU,	CG 585,849
16. ADDRESS (Include ZIP Code)	**17. EYES**	**18. HAIR**	**19. MC EFFECTIVE DATE (Yr., Mo., Day)**	**20. DATE ISSUED (Yr., Mo., Day)**
Diggs VA 23045	Blue	Brown	NA	80 May 14
	21. HEIGHT	**22. WEIGHT**	**23. EXPIRATION DATE (Yr., Mo., Day)**	
	5-3	210	83 May 02	
24. NAME (Last - First - Middle Initial) - SSN (If applicable)	**25. RELATIONSHIP**	**26. DATE OF BIRTH (Yr., Mo., Day)**	**27. PRIVILEGE AUTH 1/**	**28. CARD NO. ISSUED**
AND NO OTHERS				
ESS (Include ZIP Code)	**30. EYES**	**31. HAIR**	**32. MC EFFECTIVE DATE (Yr., Mo., Day)**	**33. DATE ISSUED (Yr., Mo., Day)**
	34. HEIGHT	**35. WEIGHT**	**36. EXPIRATION DATE (Yr., Mo., Day)**	
E (Last - First - Middle Initial) - SSN (If applicable)	**38. RELATIONSHIP**	**39. DATE OF BIRTH (Yr., Mo., Day)**	**40. PRIVILEGE AUTH 1/**	**41. CARD NO. ISSUED**
RESS (Include ZIP Code)	**43. EYES**	**44. HAIR**	**45. MC EFFECTIVE DATE (Yr., Mo., Day)**	**46. DATE ISSUED (Yr., Mo., Day)**
	47. HEIGHT	**48. WEIGHT**	**49. EXPIRATION DATE (Yr., Mo., Day)**	

CG 405188

1/ Abbreviated Privileges, i.e.: C—Commissary; Exchange, EL—Limited, EU—Unlimited; T—Theater; MC—Medical Care in Civilian Facilities; MS—Medical Care in Uniformed Services Facilities.

SECTION III – VERIFICATION BY PERSONNEL OFFICER OR OTHER RESPONSIBLE OFFICIAL OF SPONSOR'S SERVICE

verified by Mr. Lock (G/PC)

The status of the persons named in Section II has been verified, issue of DD Form 1173 by any U.S. Uniformed Service Activity is authorized, benefits and privileges to which entitled, effective and expiration date of eligibility for each named person are verified, issuing agency is requested to (A) issue DD Form 1173 upon presentation of this application, (B) enter in the appropriate column of Section II the card number issued with the date issued, (C) if dependents are claimed who will not be issued ID Cards in Section V, Item 60, send a copy of this application to DOD Enrollment/Eligibility Processing Center, OSD/HA, Rm. 3E173, Pentagon, Washington, D.C. 20301, (D) complete Section IV of this application form and return it to the organization designated in Item 50.

50. ORGANIZATION AND MAILING ADDRESS OF VERIFYING OFFICER	51. TYPED NAME, GRADE, AND TITLE	52. SIGNATURE
USCG RTC YKTWN, VA.	M. P. HUNT, YNC, USCG By direction	M P Hunt

SECTION IV – AUTHENTICATION BY ISSUING AGENCY

53. ISSUING OFFICE – Ensure Items 61 and 62 are completed and signed. A notation of the receipt and destruction or complete accounting of the previously issued card must be made in Item 59. Upon issue, forward one copy to the activity holding the service record of the sponsor or to the verifying activity.

54. ORGANIZATION OF ISSUING OFFICER (Include UIC)	55. TYPED NAME, GRADE, AND TITLE	56. SIGNATURE
USCG RTC YKTWN, VA. 75-63100-50	M. P. HUNT, YNC, USCG By direction	M P Hunt

57. X RECEIPT OF CARD(S) IS ACKNOWLEDGED	a. DATE ACKNOWLEDGED	b. SIGNATURE OF CARD RECIPIENT
	14 May 1980	Melva S. Crewe

DD FORM 1 JAN 79 1172 S/N 0102-LF-001-1721 PREVIOUS EDITION IS OBSOLETE

SECTION V – STATEMENT OF UNIFORMED SERVICES OR CIVILIAN SPONSOR; OTHERWISE THE APPLICANT

58. STATE MARITAL STATUS *(Check appropriate box(es) and complete entries as applicable.)*

[X] MARRIED [ ] SEPARATED [ ] DIVORCED/ ANNULLED [ ] ANNULLED AB INITIO [ ] UNMARRIED *(surviving)* SPOUSE [X] UNREMARRIED *(surviving)* SPOUSE

DEFINITION

UNMARRIED *(surviving)* SPOUSE – A spouse who has married subsequent to the death of the sponsor and has had that marriage terminated by death, decree of divorce or decree of annulment.

UNREMARRIED *(surviving)* SPOUSE – A spouse who has never remarried or never legally remarried as in the case of an "AB INITIO" annulment. Spouses in this category would not lose their benefits.

a. [X] Lawful marriage to the spouse named took place at MATHEWS (Place) VA on 1930 6 21 (Date Yr., Mo., Day)

b. [ ] I am the unmarried *(surviving)* spouse of the sponsor named in Section I, whose subsequent marriage terminated in divorce, annulment or death. I understand that I may not be entitled to medical care as administered by the Department of Defense. In the event of annulment, a special finding authorizing medical care must be made by the Parent service of the sponsor.

c. [ ] Child(ren) listed in Section II is (are) unmarried and legitimate child(ren), illegitimate child(ren) of a male sponsor whose paternity has been judicially determined, illegitimate child(ren) of record of a female sponsor who has been judicially directed to support the child(ren), adopted child(ren), or stepchild(ren), who is (are) legitimate child(ren) of the spouse of the active duty, retired, or deceased member listed in Section I; and (1) the child(ren) named is (are) less than 21 years of age, or (2) 21 years of age and over and (a) is incapable of self-support because of a mental or physical incapacity that existed prior to his or her reaching the age of 21, the incapacity has been continuous and the child(ren) is (are), in fact, dependent upon the sponsor for over fifty (50) percentum of his or her support *(or who was so dependent on sponsor at the time of death)*, or (b) has not passed his or her twenty-third birthday, is pursuing a fulltime course of education in an institution of higher learning approved by the Secretary of Defense or the Secretary of Health, Education and Welfare *(as appropriate)* or by a state agency under Title 38, U.S.C., Chapter 34, Veteran's Educational Assistance, and Chapter 35, War Orphans' and Widows' Educational Assistance, of Title 38 U.S.C., is carrying a course load of a minimum of twelve (12) semester credit hours or equivalent hours and is *(or was at the time of the member's death)* dependent upon the member for over fifty (50) percentum of his or her support.

d. [ ] Child(ren) listed in Section II is (are) unmarried and illegitimate child(ren) of a male sponsor whose paternity has not been judicially determined, illegitimate child(ren) of record of a female sponsor or illegitimate child(ren) of the spouse of a sponsor *(i.e., the sponsor's stepchild(ren), or stepchild(ren) of a deceased member or retiree at time of death)* who resides with or in a home provided by the sponsor, or which was being provided by the deceased member or retiree at the time of death, and who is and continues to be dependent upon the sponsor for over fifty (50) percentum of his or her support or who was dependent on the deceased member or retiree at the time of death; that the child(ren) named is (are) less than 21 years of age or is (are) 21 years of age and over and is (1) incapable of self-support because of a mental or physical incapacity that existed prior to his or her reaching the age of 21, and the incapacity has been continuous and who continues to be dependent upon the sponsor or (2) has not passed his or her twenty-third birthday, is pursuing a full-time course of education in an institution of higher learning approved by the Secretary of Defense or the Secretary of Health, Education and Welfare *(as appropriate)* or by a state agency under Title 38, U.S.C., Chapter 34, Veteran's Educational Assistance, and Chapter 35, War Orphans' and Widows' Educational Assistance, of Title 38, U.S.C., is carrying a course load of a minimum of twelve (12) semester hours or equivalent hours and is *(or was at the time of the member's death)* dependent upon the member for over fifty (50) percentum of his or her support.

NOTE: Section II – In those special circumstances which permit children over 21 entitlement to medical care, indicate after date of birth, (INCT) for a temporarily incapacitated child, (INCP) for a permanently incapacitated child or (SCH) for attendance at approved school. Enter under Item 60, REMARKS, the name of the institution of higher learning and expected date of graduation.

e. [ ] I am the parent, adoptive parent, parent-in-law, or adoptive parent-in-law of the sponsor named in Section I and at the time of his or her death, I, and all other parents, adoptive parents, parents-in-law, or adoptive parents-in-law named herein resided in the household of *(or, for medical care purposes, in a dwelling place provided or maintained by)* said sponsor, and were in fact dependent upon him or her for over one-half of our support. I understand that I am not entitled to CHAMPUS.

f. [ ] I am the legal guardian of the dependent or dependents of the sponsor named in Section I, and further certify that the named dependents meet the criteria for eligibility as indicated by blocks checked above.

g. [ ] All parents, adoptive parents, parents-in-law, or adoptive parents-in-law named are in fact dependent upon me for over one-half of their support and actually reside in my household or in a dwelling provided or maintained by me and, therefore, are eligible for benefits such as commissary stores, exchange and medical care. I understand my parents, adoptive parents, parents-in-law, or adoptive parents-in-law are not entitled to CHAMPUS.

h. [ ] I am entitled to retired, retirement, or retainer pay or equivalent pay as a result of service in a uniformed service.

59. DISPOSITION OF PREVIOUSLY ISSUED CARDS

[X] CARD NO. CG 405,198 RETURNED AND DESTROYED [ ] PREVIOUSLY ISSUED CARD LOST *(Cite circumstances in Item 60, REMARKS.)*

[ ] PREVIOUSLY ISSUED CARD STOLEN *(Cite circumstances in Item 60, REMARKS.)*

60. REMARKS *(List dependents claimed who will not be issued an ID Card. For each dependent provide name, date of birth, relationship to sponsor, SSN if applicable, and address if different from sponsor or applicant.)*

SECTION VI – CONDITIONS APPLICABLE TO SPONSOR

I understand that the actions of the recipient(s) of DD Form 1173, Uniformed Services Identification and Privilege Card, issued as a result of this application are my responsibility insofar as proper use of the card for the benefits and privileges, i.e., medical care, exchange, commissary and theater, authorized. I will cause the recipient to surrender the card immediately upon call to do so or when appropriate under applicable regulations and will notify an agency designated to grant authorizations for privileges and facilities in event of any change in status affecting a recipient's eligibility therefor.

I am aware that medical care furnished in uniformed services facilities is subject to availability of space, facilities and the capabilities of the medical staff to provide such care. Determinations made by the medical officer or contract surgeon, or his designee, as to availability of space, facilities and the capabilities of the medical staff shall be conclusive. Reimbursement shall be required for any unauthorized medical care furnished at Government expense. PENALTY FOR PRESENTING FALSE CLAIMS OR MAKING FALSE STATEMENTS IN CONNECTION WITH CLAIMS: FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN FIVE YEARS OR BOTH. (Act 25 June 1948, 18 U.S.C. 287, 1001.)

61. DATE OF APPLICATION: 14 May 1980

62. SIGNATURE OF SERVICE SPONSOR OR APPLICANT: [signature]

(G-PC-1/62)

(202) 426-0921

12831.1
8 November 1978

Mrs. Melva Crewe
Diggs, Virginia 23045

Dear Mrs. Crewe:

We were sorry to hear of the death of your husband, Mr. Floyd E. Crewe, on 15 August 1978.

Public Law 719, 81st Congress, as amended, was enacted to provide benefits to widows of employees who were retired under the provisions of the Lighthouse Service Retirement Act of 20 June 1918 as amended. To be eligible for such benefits it is a requirement of Public Law 719 that the widow must have married the employee prior to his retirement. Accordingly, if you married Mr. Crewe prior to his retirement on 31 March 1968, you are eligible for benefits under the aforementioned law. An application for benefits isxenclosed. Lighthouse widows are currently receiving $237 per month. They also receive cost-of-living increases when such increases are granted.

Please forward the following documents to the Commandant (G-PC-1/62) U. S. Coast Guard, Washington, D. C. 20590:

1. The completed application for widow's annuity (Form BRI 46-156).
2. A certified copy of the public or church record of your marriage.
3. A certified copy of Mr. Crewe's death certificate.

Please note — we must have certified copies of the latter two documents cited above. You must send us either the original, or a copy which bears the seal and signature of an issuing official such as a Clerk of the Court. We find that many widows do not wish to submit the original of their marriage certificate. If you wish to send us a photocopy of your marriage certificate, you may do so, provided the copy bears the seal of a Notary Public and a statement signed by the Notary attesting that he has compared this copy with the original document, and it is a ture copy of the original.

Upon receipt of the appropriate documents, we will certify Mr. Crewe's service and forward the application and supporting papers to the U. S. Civil Service Commission, Bureau of Retirement, Insurance and Occupational Health, Washington, D. C., since that agency is responsible for the administration of benefits for widows of Lighthouse Service annuitants.

12831.1
8 November 1978

If your late husband had a period of employment under the Social Security Law, it may be beneficial to inquire of your local Social Security Office concerning your eligibility for survivor's benefits.

We hope the foregoing information will be of assistance to you.

Sincerely,

ROY L. BARTON
Chief, Civilian Personnel Division
By direction of the Commandant

Encl: (1) Form BRI 46-156

804-725-2722
725-2[illegible]

DCAMPBELL:dc:G-PC-1/62:X60921:11-08-78

MAILED: 11-13-78

BRI 46-156
OCTOBER 1968

UNITED STATES CIVIL SERVICE COMMISSION

APPLICATION FOR WIDOW'S ANNUITY

LIGHTHOUSE SERVICE
(ACT AUGUST 19, 1950, AS AMENDED)

1. NAME OF WIDOW (Last) (First) (Middle)

CRewe Melva Sadler

2. DATE OF WIDOW'S BIRTH
MONTH DAY YEAR

[redacted]

3. NAME OF DECEASED HUSBAND (Last) (First) (Middle)

CRewe Floyd Earl

4. DATE OF HUSBAND'S BIRTH
MONTH DAY YEAR

NOV. 16 1908

5. DATE OF HUSBAND'S DEATH
MONTH DAY YEAR

AUG. 15 1978

6. WAS DECEASED RETIRED UNDER THE LIGHTHOUSE RETIREMENT ACT?

☒ YES ☐ NO

7. LOCATION OF LAST EMPLOYMENT IN THE LIGHTHOUSE SERVICE (SHIP OR LIGHT STATION)

Wolf Trap Light House

8. DATE OF SEPARATION FROM LAST EMPLOYMENT IN THE LIGHTHOUSE SERVICE
MONTH DAY YEAR

MAR 31 1968

9. DATE OF MARRIAGE TO DECEASED
MONTH DAY YEAR

JUNE 21 1930

10. PLACE OF MARRIAGE (CITY & STATE)

MATHEWS VIRGINIA

11. MARRIAGE WAS PERFORMED BY

☒ MINISTER OR JUSTICE OF THE PEACE

☐ OTHER (SPECIFY)

12. WERE YOU DIVORCED FROM THE DECEASED AT THE TIME OF HIS DEATH?

☐ YES ☒ NO

13. HAVE YOU REMARRIED SINCE HIS DEATH?

☐ YES ☒ NO

INSTRUCTIONS TO APPLICANT

1a. This application should be filled out only if your deceased husband -
Was receiving or entitled to receive retirement pay by reason of his employment in the Lighthouse Service, or
Died from non-service connected causes while employed in the Lighthouse Service. (Widow's annuity is payable only if the deceased husband worked at least 15 years in the Lighthouse Service.)

1b. You must also have been married to your deceased husband before his retirement (or separation) from the Lighthouse Service and must not have remarried since his death.

2. Application must be filled in with ink, or preferably be typewritten, but signature must be in handwriting of the applicant. Signature and address must be legibly written.

3. Give full and complete local postoffice address to which you desire check mailed.

4. Completed application should be forwarded direct to the U. S. Coast Guard, Department of Transportation, Washington, D. C., 20591. You will be advised what benefits, if any, you are entitled to receive.

5. There must be forwarded with this application a certified copy of the public or church record of your marriage and a certified copy of public record showing your husband's death.

I hereby certify that all statements made in this application are true to the best of my knowledge and belief.

Melva Sadler Crewe
(Signature of Applicant)

Drage
(Number and Street)

(City)

Nov 16-78 Va 23045
(Date) (State and Zip Code)

WARNING.--Any intentional false statement in this application or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than $10,000, or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001).

Sent to CSC 11/29/78

FOR USE OF TH[E] CERTIFYING OFFICER OF THE UNITED [STA]TES COAST GUARD

NAME OF DECEASED EMPLOYEE OR [CLAI]MANT	DATE OF BIRTH *(Month, Day, Year)*
/ Floyd E. Crewe	16 November 1908
TITLE OF LAST POSITION	**DATE OF FINAL SEPARATION OR RETIREMENT**
Keeper	31 May 1968

SCHEDULE I

According to the official records of the U. S. Coast Guard, the deceased person named above is a former employee of the Lighthouse Service who was receiving or entitled to receive retirement pay under Section 6 of the Act approved June 20, 1918 as amended and supplemented.

Roy L. Barton

ROY L. BARTON
(Signature)

27 November 1978
(Date)

Chief, Civilian Personnel Division
(Official Title)

SCHEDULE II

According to the official records of the U. S. Coast Guard, the deceased person named above was an employee of the Lighthouse Service and had completed fifteen or more years of employment in such service.

(Signature)

(Date)

(Official Title)

SCHEDULE III

Schedule 1 or 2 above, cannot be completed because:

(Signature)

(Date)

(Official Title)

USCSC--WASHINGTON D C



Marriage License

Virginia Mathews County *to-wit:*

To Any Person Licensed to Celebrate Marriages:

You are hereby authorized to join together in the Holy State of Matrimony, according to the rites and ceremonies of your Church or religious denomination, and the laws of the Commonwealth of Virginia,

Mr. Floyd Earl Crew *and* Miss Melva Rosalyn Sadler

Given under my hand, as Clerk of Circuit *Court of* Mathews *County (or City) this* 20 *day of* June, 19 30.

W. D. Smith, *Clerk*

Marriage Certificate

To be annexed to License required by Section 5074 of the Code of Virginia.

VIRGINIA: In the Clerk's Office of the Circuit *Court for the County (or City) of* Mathews

Date of Marriage June 21-1930 *Place of Marriage* Mathews County, Va.

(FULL NAMES OF PARTIES)

Mr. Floyd Earl Crew *and* Miss Melva Rosalyn Sadler

Age of Husband 21 years; Condition (single, widowed or divorced) Single

Age of Wife 16 years; Condition (single, widowed or divorced) Single

Race (White or Colored) White

Husband's Place of Birth Mathews Co. Va. (PRESENT) Mailing Address Mathews, Va.

Wife's Place of Birth Mathews Co. Va. Mailing Address Diggs, Va.

Names of Parents: Husband J. E. Crew and Lucy F. Hall

Wife Carroll Sadler and Rose Morgan

Occupation of Husband Light House Service

Given under my hand this 20 day of June 1930.

W. D. Smith, *Clerk.*

Certificate of Time and Place of Marriage

I, Ernest F. Hall, a Minister of the M. E. Ch. So. Church or religious order of that name, do certify that on the 21 day of June, 19 30, at Mathews, Virginia, under authority of the above License, I joined together in the Holy State of Matrimony the persons named and described therein. I qualified and gave bond according to law authorizing me to celebrate the rites of marriage in the County (or City) of Mathews, State of Virginia.

Given under my hand this 21 st day of June, 19 30.

Ernest F. Hall

(Person who performs ceremony sign here.)

The Minister or other person celebrating a marriage is required, within thirty (30) days thereafter, to return the License and Certificate of the Clerk and his certificate of the time and place at which the marriage was celebrated to the Clerk who issued the License; failure to comply with these requirements of the law makes the Minister or other person celebrating the marriage liable to a fine of not less than ten nor more than twenty dollars for each offense (see Section 5074 of the Code of Virginia, 1919).

A COPY TESTE:

E. E. Callis III Clerk

COMMONWEALTH OF VIRGINIA—CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH—BUREAU OF VITAL RECORDS AND HEALTH STATISTICS—RICHMOND

COPY B

FOR LOCAL HEALTH DEPARTMENT

REGISTRATION AREA NUMBER: 157 | CERTIFICATE NUMBER: 35 | STATE FILE NUMBER:

DECEDENT

1. FULL NAME OF DECEASED (first) (middle) (last): Floyd Earl Crewe
2. SEX: male ☒ female ☐
3. RACE: White
4. DATE OF DEATH (mo.) (day) (year): Aug. 15, 1978
5. AGE: 69 years
IF UNDER 1 YEAR: months / days
IF UNDER 1 DAY: hours / minutes
6. DATE OF BIRTH (mo.) (day) (year): Nov. 16, 1908
7. WAS DECEDENT EVER IN U.S. ARMED FORCES? yes ☐ no ☒

PLACE OF DEATH

8. NAME OF HOSPITAL OR INSTITUTION OF DEATH (If none, so state): None — DOA ☐ Outpatient or Emergency Room ☐ Inpatient ☐
9. COUNTY OF DEATH (If independent city, leave blank): Mathews
10. CITY OR TOWN OF DEATH: Diggs — Inside city or town limits? yes ☐ no ☒
11. STREET ADDRESS OR RT. NO. OF PLACE OF DEATH:

USUAL RESIDENCE OF DECEDENT

12. STATE (OR FOREIGN COUNTRY) OF DECEASED'S RESIDENCE: Virginia
13. COUNTY OF DECEASED'S RESIDENCE (If independent city, leave blank): Mathews
14. CITY OR TOWN OF RESIDENCE: Diggs — Inside city or town limits? yes ☐ no ☒
15. STREET ADDRESS OR RT. NO. OF RESIDENCE:
ZIP CODE: 23045

PERSONAL DATA OF DECEDENT

16. NAME OF FATHER OF DECEASED: James Edward Crewe
17. MAIDEN NAME OF MOTHER OF DECEASED: Lucy F. Hall
18. CITIZEN OF WHAT COUNTRY: USA
19. BIRTHPLACE (state or country): Virginia
20. NEVER MARRIED ☐ DIVORCED ☐ MARRIED ☒ WIDOWED ☐
21. IF MARRIED OR WIDOWED, NAME OF SPOUSE (If divorced leave blank): Melva S. Crewe
22. SOCIAL SECURITY NUMBER: 228-36-9806
23. USUAL OR LAST OCCUPATION: Light House
24. KIND OF BUSINESS OR INDUSTRY: Coast Guard
25. INFORMANT OR SOURCE OF INFORMATION: Mrs. Melva S. Crewe

MEDICAL CERTIFICATION

TO PHYSICIAN: Complete and sign medical certification (Items 26) and return to the funeral director as soon as possible after determination of cause.

NOTE: If "Pending" must be indicated, so state in part I and notify registrar of final disposition as soon as possible.

26. CAUSE OF DEATH (Enter only one cause per line for (A), (B), and (C).)
PART I. DEATH WAS CAUSED BY:
(IMMEDIATE CAUSE (A)) Respiratory Failure
DUE TO (B): Carcinomatosis
DUE TO (C): CA of Lung
Conditions, if any, which gave rise to immediate cause (A), stating the underlying cause last.
INTERVAL BETWEEN ONSET AND DEATH:
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (A)
26a. AUTOPSY? yes ☐ no ☐ AUTHORIZED BY
26b. IF FEMALE, WAS THERE A PREGNANCY IN PAST 3 MONTHS? yes ☐ no ☐ unknown ☐
26c. IF EXTERNAL CAUSE, IT WAS PRIMARY ☐ or CONTRIBUTING ☐ TO CAUSE OF DEATH. NOTE: IF EXTERNAL CAUSE, NOTIFY MED. EXAMINER
26d. DESCRIBE HOW INJURY RELATING TO DEATH OCCURRED
26e. TIME OF INJURY (mo.) (day) (year) A.M. P.M.
26f. INJURY OCCURRED while at work ☐ not while at work ☐
26g. PLACE OF INJURY (home, farm, factory, street, office bldg. etc.)
26h. (city or town) (county) (state)
26i. To the best of my knowledge, death occurred at 1:10PM (a.m.) (p.m.) on the date and place and from the cause(s) stated.
ACTUAL SIGNATURE ▶ H. Bland Hudgins
DATE SIGNED: 8/24/78
NAME OF ATTENDING PHYSICIAN (Type or Print): H. Bland Hudgins, M.D.
ADDRESS OF ATTENDING PHYSICIAN: Mathews, Virginia 23109

FUNERAL DIRECTOR

27. BURIAL ☒ REMOVAL ☐ CREMATION ☐
28. PLACE OF BURIAL, REMOVAL, ETC. (name of cemetery or crematory): Milford Cemetery (city or county): Moon, Va. (state):
29. (Signature of funeral director or person legally filing this certificate) ▶ Charles W Faulkner
NAME OF FUNERAL HOME AND ADDRESS: Foster-Faulkner Funeral Home, Mathews, Va. 23109

REGISTRAR

30. (Signature of registrar) ▶ Jane G Brooks
DATE RECORD FILED: 8-24-78

This is to certify that this is a true and correct reproduction of the original record filed with the Mathews Department of Health, Mathews Virginia

Date issued: 11-15-78

Helen Ferrell
Registrar or Deputy

SEAL)

ANY REPRODUCTION OF THIS DOCUMENT IS PROHIBITED BY STATUE.
DO NOT ACCEPT UNLESS IT BEARS THE IMPRESSED SEAL OF THE MATHEWS COUNTY DEPARTMENT OF HEALTH CLEARLY AFFIXED.
Section 32-352.27, code of Virginia, as Amended.

UNITED STATES CIVIL SERVICE COMMISSION

IN REPLY PLEASE REFER TO

WASHINGTON, D.C. 20415

10/24/78

YOUR REFERENCE

Civilian Personnel Division
U.S. Coast Guard
Treasury Department
Washington, DC 20220

Dear Sir:

We are enclosing the Application for Widow's Annuity, Lighthouse Service, filed by Melva Sadley Crewe, widow of Floyd Earl Crewe, which was sent directly to this office.

Please have the certifying officer complete the application and return to this office as promptly as possible.

Sincerely yours,

for Chief of Section

cc: Melva S. Crewe

CSI 1083239

APPLICATION FOR DEATH BENEFITS
CIVIL SERVICE RETIREMENT SYSTEM

IMPORTANT.—To secure all possible benefits and to avoid delay: 1. Read carefully the "Information for the Applicant" on the reverse of this sheet; 2. Complete application in full; 3. If answer to any question is "no" or "none" so state; 4. Type or print in ink.

A. PERSONAL INFORMATION CONCERNING THE DECEASED

1. FULL NAME OF THE DECEASED (Last) (First) (Middle)	2. DATE OF BIRTH (Month) (Day) (Year)	3. DATE OF DEATH (Month) (Day) (Year)
MR. ~~MRS.~~ ~~MISS~~ Crewe Floyd Earl	Nov. 16 1908	aug. 15 1978

4. DOMICILE (Legal residence at time of death—City and State)	6. GIVE NAME OF EACH SPOUSE (Include all former marriages)	7. HOW WAS MARRIAGE TERMINATED? (Check one in each case)	8. DATE MARRIAGE WAS TERMINATED
Drys Virginia	Melva S. Crewe	☒ DEATH ☐ DIVORCE	Aug 15-78
5. HOW MANY TIMES WAS DECEASED MARRIED? ONE.		☐ DEATH ☐ DIVORCE	
		☐ DEATH ☐ DIVORCE	

B. INFORMATION CONCERNING CIVILIAN AND MILITARY SERVICE OF THE DECEASED

1. DEPARTMENT OR AGENCY IN WHICH LAST EMPLOYED, INCLUDING BUREAU OR DIVISION	2. LOCATION OF LAST EMPLOYMENT (City and State)	3. DATE OF FINAL SEPARATION (Month) (Day) (Year)
U. S. Coast Guard	Mathews Wolf Trap Light House	MAR 31 1968

4. WAS DECEASED RETIRED AND RECEIVING CIVIL SERVICE ANNUITY?	5. IF RETIRED, GIVE CLAIM NUMBER, IF KNOWN	6. DID DECEASED HAVE A SOCIAL SECURITY NUMBER?	7. IF ANSWER TO ITEM 6 IS "YES" GIVE DECEASED'S SOCIAL SECURITY ACCOUNT NUMBER
☒ YES ☐ NO	CSA-	☒ YES ☐ NO	228-36-9806

8. IF DECEASED HAD RENDERED ACTIVE DUTY, WHICH TERMINATED UNDER HONORABLE CONDITIONS, IN ANY OF THE FOLLOWING SERVICES, COMPLETE THE SCHEDULE BELOW TO THE BEST OF YOUR ABILITY. IF AVAILABLE, ATTACH A COPY OF THE DISCHARGE CERTIFICATE.

(a) ARMY, NAVY, MARINE CORPS, AIR FORCE, OR COAST GUARD OF THE UNITED STATES; OR
(b) REGULAR CORPS OR RESERVE CORPS OF THE PUBLIC HEALTH SERVICE AFTER JUNE 30, 1960; OR
(c) AS A COMMISSIONED OFFICER OF THE COAST AND GEODETIC SURVEY AFTER JUNE 30, 1961; OR
(d) AS A COMMISSIONED OFFICER IN THE ENVIRONMENTAL SCIENCE SERVICES ADMINISTRATION.

He was a Civilian under Civil Service under U.S. Coast Guard

BRANCH OF SERVICE	SERIAL NO.	DATE OF ENTRANCE ON ACTIVE DUTY	DATE OF SEPARATION FROM ACTIVE DUTY	LAST GRADE OR RANK	ORGANIZATION AT DISCHARGE (Div., Regiment, Co., etc.)
Coast Guard		MAR-17-30	MAR 31-68	Lt House Keeper	U.S. C. G.

28 OCT 11 AM 9:21

C. INFORMATION CONCERNING THE APPLICANT

1. YOUR NAME (Last) (First) (Middle)	2. YOUR RELATIONSHIP TO THE DECEASED	3. YOUR DATE OF BIRTH (Month) (Day) (Year)
~~MR.~~ MRS. ~~MISS~~ Crewe Melva Sadler	wife	[redacted]

4. ARE YOU A CITIZEN OF THE UNITED STATES OF AMERICA? (Place an "X" in proper box)	5. IF ANSWER TO ITEM 4 IS "NO," OF WHAT COUNTRY ARE YOU A CITIZEN?
☒ YES ☐ NO	

Fill in items 6 through 16 if you are the widow or widower of the deceased.

6. DATE OF MARRIAGE (Month) (Day) (Year)	7. PLACE OF MARRIAGE (City and State)	8. MARRIAGE WAS PERFORMED BY	9. WERE YOU LIVING WITH DECEASED AT TIME OF DEATH?
June 21 1930	MATHEWS VIRGINIA	☒ CLERGYMAN OR JUSTICE OF THE PEACE ☐ OTHER (Specify)	☒ YES ☐ NO

10. WERE YOU EVER DIVORCED FROM DECEASED?	12. GIVE NAME OF EACH SPOUSE (Include all former marriages)	13. HOW WAS MARRIAGE TERMINATED? (Check one in each case)	14. DATE MARRIAGE WAS TERMINATED	15. DO YOU HAVE A SOCIAL SECURITY ACCOUNT NUMBER?
☐ YES ☒ NO	Floyd Earl Crewe	☒ DEATH ☐ DIVORCE	Aug 15-78	yes
11. HOW MANY TIMES WERE YOU MARRIED? ONE		☐ DEATH ☐ DIVORCE		16. IF ANSWER TO ITEM 15 IS "YES," GIVE YOUR NUMBER [redacted]
		☐ DEATH ☐ DIVORCE		

Items 17, 18, and 19, apply only if you are the widower (husband) of the deceased.

17. ARE YOU INCAPABLE OF SELF-SUPPORT BECAUSE OF DISABILITY?	18. DID YOU RECEIVE MORE THAN ONE-HALF YOUR SUPPORT FROM THE DECEASED?	19. IF YOUR ANSWERS TO BOTH ITEMS 17 AND 18 ARE "YES," AND IF THE DECEASED DIED WHILE STILL EMPLOYED AFTER AT LEAST 18 MONTHS' CIVILIAN SERVICE, ATTACH A SEPARATE SHEET GIVING FULL PARTICULARS ABOUT YOUR DISABILITY AND THE EXTENT OF SUPPORT FROM THE DECEASED AND A SUMMARY OF YOUR INCOME FROM ALL SOURCES.
☐ YES ☐ NO	☐ YES ☐ NO	

D. INFORMATION CONCERNING THE ESTATE OF THE DECEASED

1. IF AN EXECUTOR OR ADMINISTRATOR HAS BEEN APPOINTED BY THE COURT TO SETTLE THE ESTATE OF THE DECEASED, GIVE NAME AND ADDRESS OF THE EXECUTOR OR ADMINISTRATOR.		2. IF AN EXECUTOR OR ADMINISTRATOR HAS NOT BEEN APPOINTED, WILL ONE BE APPOINTED?
NAME	ADDRESS	☐ YES ☒ NO

(CONTINUE ON OTHER SIDE)

STANDARD FORM 2800
December 1969
FPM Supplement 831-1
2800-106

E. INFORMATION CONCERNING DEPENDENT CHILDREN OF THE DECEASED

1. LIST BELOW ALL SURVIVING UNMARRIED CHILDREN OF THE DECEASED WHO WERE UNDER AGE 18 AT THE TIME OF HIS (OR HER) DEATH. INCLUDE LEGALLY ADOPTED CHILDREN, STEPCHILDREN, AND ILLEGITIMATE CHILDREN, AND INDICATE AFTER THEIR NAMES THAT THEY ARE ADOPTED, ILLEGITIMATE, OR STEPCHILDREN.

INCLUDE ALSO ANY UNMARRIED CHILD BETWEEN AGE 18 AND 22 WHO IS A FULL-TIME STUDENT IN A RECOGNIZED EDUCATIONAL INSTITUTION. WRITE THE WORD "STUDENT" AFTER EACH SUCH CHILD'S NAME. (A STUDENT WHOSE LAST BIRTHDAY FALLS DURING A SCHOOL YEAR (SEPTEMBER 1 THROUGH JUNE 30) IS DEEMED NOT TO ATTAIN AGE 22 UNTIL THE FOLLOWING JULY 1. HOWEVER, IF YOU LIST SUCH A CHILD, BE SURE TO SHOW HIS ACTUAL DATE OF BIRTH.)

INCLUDE ALSO ANY UNMARRIED CHILD OVER 18 WHO BECAME DISABLED BEFORE AGE 18 AND WHO, BECAUSE OF THE DISABILITY, IS INCAPABLE OF SELF-SUPPORT. WRITE THE WORD "DISABLED" AFTER SUCH CHILD'S NAME AND ATTACH A SEPARATE SHEET GIVING FULL PARTICULARS ABOUT THE DISABILITY.

FULL NAME OF CHILD	DATE OF BIRTH *(Month) (Day) (Year)*	DID CHILD RECEIVE MORE THAN ONE-HALF HIS SUPPORT FROM DECEASED?	NAME AND ADDRESS OF PERSON WHO NOW HAS THE CHILD AND HIS (OR HER) RELATIONSHIP TO THE CHILD
		☐ YES ☐ NO	
		☐ YES ☐ NO	
		☐ YES ☐ NO	
		☐ YES ☐ NO	
		☐ YES ☐ NO	
		☐ YES ☐ NO	

2. IF ANY STEPCHILD OR ILLEGITIMATE CHILD LISTED ABOVE WAS NOT LIVING WITH THE DECEASED AT THE TIME OF HIS (OR HER) DEATH, GIVE NAME OF CHILD AND EXPLAIN BRIEFLY WHY THEY WERE LIVING APART.

3. IS THERE AN UNBORN CHILD OF THE DECEASED?
☐ YES ☐ NO

4. IF A GUARDIAN HAS BEEN APPOINTED BY THE COURT FOR ANY OF THE CHILDREN LISTED ABOVE, GIVE GUARDIAN'S NAME AND ADDRESS.

NAME	ADDRESS

5. IF A GUARDIAN HAS NOT BEEN APPOINTED, WILL ONE BE APPOINTED?
☐ YES ☐ NO

F. INFORMATION CONCERNING NON-DEPENDENT CHILDREN AND OTHER RELATIVES OF THE DECEASED

1. LIST BELOW THE NAME, AGE, ETC., OF THE DECEASED'S WIDOW OR WIDOWER.
2. IF NO WIDOW OR WIDOWER SURVIVES, LIST ALL CHILDREN OF THE DECEASED NOT NAMED IN ITEM E, AND THE DESCENDANTS OF ANY DECEASED CHILD OR CHILDREN.
3. IF THERE ARE NO CHILDREN OR DESCENDANTS OF DECEASED CHILDREN, LIST THE DECEASED'S PARENTS (IF LIVING), BROTHERS, AND SISTERS, AND DESCENDANTS OF ANY DECEASED BROTHERS AND SISTERS. (INDICATE WHETHER THE BROTHERS AND SISTERS ARE OF WHOLE OR HALF BLOOD WHEN BOTH DEGREES OF KINSHIP ARE INVOLVED.)
4. IF THERE ARE NO SURVIVORS WITHIN THE DEGREES INDICATED IN 1, 2, AND 3, LIST THE HEIRS WHO CAN INHERIT FROM THE DECEASED.

NAME	AGE	RELATIONSHIP TO DECEASED	ADDRESS

1978 SEP 11 A 6:10

G. CERTIFICATION

WARNING.—Any intentional false statement in this application or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than $10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001.)

NOTICE

Forward application to the Bureau of Retirement, Insurance, and Occupational Health, United States Civil Service Commission, Washington, D.C. 20415.

I hereby certify that all statements made in this application are true to the best of my knowledge, information, and belief, and that no evidence necessary to a settlement of this claim is suppressed or withheld.

SIGNATURE OF APPLICANT	DATE
Melva S. Crewe	Sept. 6 - 78
NUMBER AND STREET Driggs	PHONE NUMBER, INCLUDING AREA CODE (804) - 725 - 2923
CITY, STATE, AND ZIP CODE Virginia 23045	

INFORMATION FOR THE APPLICANT

EVIDENCE REQUIRED

There must be submitted with this application a certified copy of the public record showing the death of the employee or annuitant. Failure to submit such death certificate will delay settlement of claim.

Any other necessary evidence not of record in the United States Civil Service Commission will be requested after receipt of this application.

IF ASSISTANCE IS NEEDED

If you need assistance in completing this application, contact the personnel office of the department or agency in which the deceased was employed, the nearest regional office of the United States Civil Service Commission, or the Bureau of Retirement, Insurance, and Occupational Health, United States Civil Service Commission, Washington, D.C. 20415.

FINAL DETERMINATIONS

Upon receipt of this application, the United States Civil Service Commission will determine what benefits, if any, are payable, the amount of such benefits and to whom they are payable. The Commission will inform the applicant of the final determination

* U.S. GOVERNMENT PRINTING OFFICE : 1970 O - 388-979

APPLICATION FOR UNIFORMED SERVICES IDENTIFICATION AND PRIVILEGE CARD

Form Approved
OMB No. 22-R174

SECTION I - IDENTIFICATION OF PERSON UPON WHOM ELIGIBILITY FOR DD FORM 1173 IS BASED

1. LAST NAME - FIRST NAME - MIDDLE INITIAL OF SPONSOR (Uniformed services or civilian sponsor, if applicable)	2. ADDRESS (Omit if sponsor is deceased)	3. TELEPHONE NUMBER HOME	OFFICE
CREWE, Floyd E.	Diggs, Virginia		

4. STATUS	5. GRADE - RATE - RANK	6. BRANCH OF SERVICE	7. SSN
☐ ACTIVE DUTY ☐ RETIRED ☐ DECEASED AD OR RETIRED (Indicate) ☒ OTHER (Specify)	Retired Lighthouse Keeper	USCG/CIV	228 36 9806

8. DATE OF (expiration of service or contract) OR (death)(if applicable)	9. REASON FOR APPLICATION (Check applicable box) ☐ ORIGINAL CARD(S) ☒ EXPIRATION OF CARD(S) ☐ REPLACE LOST CARD(S) DAMAGED CARD(S) CORRECT AN ERROR, ETC. (explain circumstances surrounding loss or damage in Item 18 Remarks)
5/29/68	

SECTION II - PERSONS FOR WHOM AUTHORIZATION IS REQUESTED (Include yourself when applicable)

				FOR USE OF VERIFYING OFFICER	FOR USE OF ISSUING OFFICER
10a. LAST NAME - FIRST NAME - MIDDLE INITIAL - SSN CREWE, Floyd E.	b. RELATIONSHIP --	c. COLOR EYES Blue	d. COLOR HAIR Blond	e. PRIVILEGE AUTHORIZED[1] C,T,EU,MC(USPHS)	f. CARD NO. ISSUED CG405,197
g. ADDRESS Diggs, Virginia	h. DATE OF BIRTH 11/16/08	i. HEIGHT 69"	j. WEIGHT 170	k. MC(C) EFFECTIVE DATE NA l. EXPIRATION DATE 5/20/80	m. DATE ISSUED 5/21/74
11a. LAST NAME - FIRST NAME - MIDDLE INITIAL - SSN CREWE, Melva S.	b. RELATIONSHIP W	c. COLOR EYES Blue	d. COLOR HAIR Brown	e. PRIVILEGE AUTHORIZED[1] C,T,EU	f. CARD NO. ISSUED CG405,198
g. ADDRESS Diggs, Virginia	h. DATE OF BIRTH [redacted]	i. HEIGHT 63"	j. WEIGHT 215	k. MC(C) EFFECTIVE DATE NA l. EXPIRATION DATE 5/20/80	m. DATE ISSUED 5/21/74
12a. LAST NAME - FIRST NAME - MIDDLE INITIAL - SSN "AND NO OTHERS"	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILEGE AUTHORIZED[1]	f. CARD NO. ISSUED
g. ADDRESS	h. DATE OF BIRTH	i. HEIGHT	j. WEIGHT	k. MC(C) EFFECTIVE DATE l. EXPIRATION DATE	m. DATE ISSUED
13a. LAST NAME - FIRST NAME - MIDDLE INITIAL - SSN	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILEGE AUTHORIZED[1]	f. CARD NO. ISSUED
g. ADDRESS	h. DATE OF BIRTH	i. HEIGHT	j. WEIGHT	k. MC(C) EFFECTIVE DATE l. EXPIRATION DATE	m. DATE ISSUED
14a. LAST NAME - FIRST NAME - MIDDLE INITIAL - SSN	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILEGE AUTHORIZED[1]	f. CARD NO. ISSUED
g. ADDRESS	h. DATE OF BIRTH	i. HEIGHT	j. WEIGHT	k. MC(C) EFFECTIVE DATE l. EXPIRATION DATE	m. DATE ISSUED
15a. LAST NAME FIRST NAME - MIDDLE INITIAL - SSN	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILEGE AUTHORIZED[1]	f. CARD NO. ISSUED
g. ADDRESS	h. DATE OF BIRTH	i. HEIGHT	j. WEIGHT	k. MC(C) EFFECTIVE DATE l. EXPIRATION DATE	m. DATE ISSUED

16. RECEIPT OF CARD(S) IS ACKNOWLEDGED	a. DATE ACKNOWLEDGED	b. SIGNATURE OF RECIPIENT
	5/21/74	Floyd E. Crewe

SECTION III - STATEMENT OF UNIFORMED SERVICES OR CIVILIAN SPONSOR; OTHERWISE THE APPLICANT

17. I STATE: (Check appropriate box or boxes and complete entries as applicable)

a. ☒ Lawful marriage to the spouse named took place at Matthews County, Va. (PLACE) on 6/21/30 (DATE)

b. ☐ The lawful husband named is in fact dependent upon me for over one-half of his support. (Required for medical care benefits only.)

c. ☐ I am the widow of the sponsor named in Section I, that I am not now married and have never remarried since date of his death.

Lawful marriage to said sponsor took place at _____ (PLACE)

on _____ (DATE).

[1] Abbreviated Privileges, i.e.: C - Commissary; T - Theater; EU - Exchange Unlimited; EL - Exchange Limited; MC(C) - Medical Care in Civilian Facilities; MC(US) - Medical Care in Uniformed Services Facilities

d. ☐ I am the widower of the sponsor n in Section I, that I am not now married and have not remarried since date of her death and that at the time of said sponsor's death I was dependent upon her for over one-half of my support because of a mental or physical incapacity. Lawful marriage to said sponsor took place at _____ on _____.
Place Date

e. ☐ All children named are my legitimate, legally adopted or step children; that all children are unmarried; that all children named who are 21 years of age and over are (1) incapable of self-support because of a mental or physical incapacity that existed prior to their reaching the age of 21 and are in fact dependent upon me for over one-half of their support or (2) have not passed their twenty-third birthday and are enrolled in a full-time course of study in an educational institution above high school level which normally maintains a regular faculty and curriculum and normally has a regularly organized body of students in attendance at the place where the educational activities are carried on and are in fact dependent upon me for over one-half of their support.

f. ☐ All children named are the legitimate, legally adopted or step-children of the sponsor named in Section I, that all children named are unmarried; that all children named who are over 21 years of age are (1) incapable of self-support because of a mental or physical incapacity that existed prior to their reaching the age of 21 and were in fact dependent upon the sponsor at the time of his or her death for over one-half of their support of (2) have not passed their twenty-third birthday and are enrolled in a full-time course of study in an educational institution above high school level which normally maintains a regular faculty and curriculum and place where the educational activities are carried on and were in fact dependent upon the sponsor at the time of his or her death for over one-half of their support.

NOTE: Section II - In those special circumstances which permit children over 21 entitlement to medical care, indicate after date of birth (INC) for incompetency, or (SCH) for attendance at approved school. Enter under Remarks the name of the institution of higher learning.

g. ☐ All children named are dependent as described in paragraph 1-2 f. (2)(b) of Joint Services Regulation AR 40-121/SECNAVINST 6320.8c /AFR 168-9/ PHS GEN CIR No. 6/CG COMDTINST 6320.2A, Medical Services Uniformed Services Health Benefits Program. To be used only when Items e and f are not appropriate.

h. ☐ I am the parent or parent-in-law of the sponsor named in Section I and at the time of his or her death, I, and all other parents or parents-in-law named herein resided in the household of *(or, for medical care purposes, in a dwelling place provided or maintained by)* said sponsor, and were in fact dependent upon him or her for over one-half of our support.

i. ☐ I am the legal guardian of the dependent or dependents of the sponsor named in Section I, and further certify that the named dependents meet the criteria for eligibility as indicated by blocks checked above.

j. ☐ All parents or parents-in-law named are in fact dependent upon me for over one-half of their support and actually reside in my household or, for medical care purposes, in dwelling place provided or maintained by me.

k. ☐ I am entitled to retired, retirement, or retainer pay or equivalent pay as a result of service in a uniformed service. [redacted]

18. REMARKS

19. CONDITIONS APPLICABLE TO RECIPIENTS OF CARDS

I understand that the actions of the recipient(s) of DD Form 1173, uniformed services identification and privilege card, issued as a result of this application are my responsibility insofar as proper use of the card for the benefits and privileges, i.e., medical care, exchange, commissary and theater, authorized. I will cause the recipient to surrender the card immediately upon call to do so or when appropriate under applicable regulations and will notify an agency designated to grant authorizations for privileges and facilities in event of any change in status affecting a recipient's eligibility therefor.

I am aware that medical care furnished in uniformed services facilities is subject to availability of space, facilities and the capabilities of the medical staff to provide such care. Determinations made by the medical officer or contract surgeon, or his designee, as to availability of space, facilities and the capabilities of the medical staff shall be conclusive. Reimbursement shall be required for any unauthorized medical care furnished at government expense. Penalty for presenting false claims or making false statements in connection with claims: fine of not more than $10,000 or imprisonment for not more than five years or both. Act 25 June 1948, 18 U.S.C. 287, 1001.

20. DATE OF APPLICATION	21. SIGNATURE OF APPLICANT
5/21/74	Floyd E. Creeve

SECTION IV - VERIFICATION BY PERSONNEL OFFICER OR OTHER RESPONSIBLE OFFICIAL OF SPONSOR'S SERVICE

THE STATUS OF THE PERSONS NAMED IN SECTION II HAS BEEN VERIFIED, ISSUE OF DD FORM 1173 BY ANY U.S. MILITARY ACTIVITY IS AUTHORIZED, BENEFITS AND PRIVILEGES TO WHICH ENTITLED, EFFECTIVE AND EXPIRATION DATES OF ELIGIBILITY FOR EACH NAMED PERSON ARE VERIFIED. ISSUING AGENCY REQUESTED TO (A) ISSUE DD FORM 1173 UPON PRESENTATION OF THIS APPLICATION, (B) ENTER IN THE APPROPRIATE COLUMN OF SECTION II THE CARD NUMBER ISSUED WITH THE DATE ISSUED, (C) COMPLETE SECTION V OF THIS APPLICATION FORM AND RETURN IT TO THE ORGANIZATION DESIGNATED IN ITEM 22.

22. ORGANIZATION AND MAILING ADDRESS OF VERIFYING OFFICER	23. TYPED NAME, GRADE AND TITLE	24. SIGNATURE
USCG RESTRACEN, YKTWN, VA.	C. S. McCREARY, CWO, USCG, PO	C S McCreary

SECTION V - AUTHENTICATION BY ISSUING AGENCY

25. ORGANIZATION OF ISSUING OFFICER	26. TYPED NAME, GRADE AND TITLE	27. SIGNATURE
USCG RESTRACEN, YKTWN, VA.	C. S. McCREARY, CWO, USCG, PO	C S McCreary

APPLICATION FOR UNIFORMED SERVICES IDENTIFICATION AND PRIVILEGE CARD

Form Approved Budget Bureau No. 22-R174

RECEIVED JUN 6 1968

SECTION I - IDENTIFICATION OF PERSON UPON WHOM ELIGIBILITY FOR A CARD IS BASED

1. LAST NAME - FIRST NAME - MIDDLE INITIAL OF SPONSOR (and former service or civilian sponsor, if applicable)	2. ADDRESS (Omit if sponsor is deceased)	TELEPHONE NUMBER HOME / OFFICE
CREWE, Floyd E.	Diggs, Virginia 23045	725-2923

4. STATUS	5. GRADE-RATE-RANK	6. BRANCH OF SERVICE	7. SERVICE NUMBER
☐ ACTIVE DUTY ☒ RETIRED ☐ DECEASED AD ☐ DECEASED RETIRED ☐ OTHER (Specify)	Lighthouse Keeper	USCG Fifth CG District (Staff) CHRS, Chief, Personnel Div.	None

8. DATE OF (expiration of service or contract) OR (death) (if applicable)	9. REASON FOR APPLICATION (Check applicable box.)
3-31-68	☐ ORIGINAL CARD(S) ☒ EXPIRATION OF CARD(S) ☐ REPLACE LOST CARD(S) DAMAGED CARD(S) CORRECT AN ERROR, ETC. (Explain circumstances surrounding loss or damage in item 18 if space is required)

SECTION II - PERSONS FOR WHOM AUTHORIZATION IS REQUESTED (Include yourself when applicable.)

10a. LAST NAME - FIRST NAME - MIDDLE INITIAL	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILEGE AUTHORIZED[1]	f. CARD NO. ISSUED	FOR USE OF VERIFYING OFFICER	FOR USE OF ISSUING OFFICER
CREWE, Floyd E.		Blue	Blond	T, C, EU USPHS Hosp.only	CG260,401		
g. ADDRESS	h. DATE OF BIRTH	i. HEIGHT	j. WEIGHT	k. MCIC EFFECTIVE DATE	a. DATE ISSUED		
Diggs, Virginia 23045	11-16-08	5' 9"	190	l. EXPIRATION DATE 6 yrs. from issue date	5-29-68		
11a. LAST NAME - FIRST NAME - MIDDLE INITIAL	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILEGE AUTHORIZED[1]	f. CARD NO. ISSUED		
CREWE, Melva S.	Wife	Blue	Dk.Brown	T, C, EU	CG260,402		
g. ADDRESS	h. DATE OF BIRTH	i. HEIGHT	j. WEIGHT	k. MCIC EFFECTIVE DATE	a. DATE ISSUED		
Diggs, Virginia 23045	[redacted]	5' 3"	198	l. EXPIRATION DATE 6 yrs. from issue date	5-29-68		
12a. LAST NAME - FIRST NAME - MIDDLE INITIAL	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILEGE AUTHORIZED[1]	f. CARD NO. ISSUED		
g. ADDRESS	h. DATE OF BIRTH	i. HEIGHT	j. WEIGHT	k. MCIC EFFECTIVE DATE	a. DATE ISSUED		
				l. EXPIRATION DATE			
13a. LAST NAME - FIRST NAME - MIDDLE INITIAL	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILEGE AUTHORIZED[1]	f. CARD NO. ISSUED		
g. ADDRESS	h. DATE OF BIRTH	i. HEIGHT	j. WEIGHT	k. MCIC EFFECTIVE DATE	a. DATE ISSUED		
				l. EXPIRATION DATE			
14a. LAST NAME - FIRST NAME - MIDDLE INITIAL	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILEGE AUTHORIZED[1]	f. CARD NO. ISSUED		
g. ADDRESS	h. DATE OF BIRTH	i. HEIGHT	j. WEIGHT	k. MCIC EFFECTIVE DATE	a. DATE ISSUED		
				l. EXPIRATION DATE			
15a. LAST NAME - FIRST NAME - MIDDLE INITIAL	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILEGE AUTHORIZED[1]	f. CARD NO. ISSUED		
g. ADDRESS	h. DATE OF BIRTH	i. HEIGHT	j. WEIGHT	k. MCIC EFFECTIVE DATE	a. DATE ISSUED		
				l. EXPIRATION DATE			

16. RECEIPT OF CARD(S) IS ACKNOWLEDGED	a. DATE ACKNOWLEDGED	b. SIGNATURE OF RECIPIENT
	5-29-68	X Floyd E. Crewe

SECTION III - STATEMENT OF UNIFORMED SERVICES OR CIVILIAN SPONSOR; OTHERWISE THE APPLICANT

17. I STATE: (Check appropriate box or boxes and complete entries as applicable.)

a. ☒ Lawful marriage to the spouse named took place at Mathews, Virginia (PLACE) on 6-21-30 (DATE)

b. ☐ The lawful husband named is in fact dependent upon me for over one-half of his support.

c. ☐ I am the widow of the deceased member or retired member named in Section I, that I am not now married and have never remarried since date of death of said member or retired member. Lawful marriage to said member or retired member took place at _____ (PLACE) on _____ (DATE)

[1] Abbreviated Privileges, i.e., C - Commissary; T - Theater; EU - Exchange Unlimited; EL - Exchange Limited; MC(C) - Medical care in Civilian Facilities; MC(US) - Medical Care in Uniformed Services Facilities

DD FORM 1 MAR 61 1172 PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.

d. ☐ I am the widower of the deceased member or retired member named in Section I, that I am not now married and have not remarried since date of death of said member or retired member and that at the time of said member's or retired member's death I was dependent upon such member or retired member for over one-half of my support because of a mental or physical incapacity. Lawful marriage to said member or retired member took place at _____ (PLACE) on _____ (DATE)

e. ☐ All children named are my legitimate, legally adopted or step children; that all children are unmarried; that all children named who are over 21 years of age are (1) incapable of self-support because of a mental or physical incapacity that existed prior to their reaching the age of 21 and are in fact dependent upon me for over one-half of their support or (2) have not passed their twenty-third birthday and are enrolled in a full-time course of study in an educational institution above high school level which normally maintains a regular faculty and curriculum and normally has a regularly organized body of students in attendance at the place where the educational activities are carried on and are in fact dependent upon me for over one-half of their support.

f. ☐ All children named are the legitmate, legally adopted or step-children of the deceased member or retired member named in Section I, that all children named are unmarried; that all children named who are over 21 years of age are (1) incapable of self-support because of a mental or physical incapacity that existed prior to their reaching the age of 21 and were in fact dependent upon the deceased member or retired member at the time of the member's or retired member's death for over one-half of their support or (2) have not passed their twenty-third birthday and are enrolled in a full-time course of study in an educational institution above high school level which normally maintains a regular faculty and curriculum and place where the educational activities are carried on and were in fact dependent upon the deceased member or retired member at the time of member's or retired member's death, for over one-half of their support.

NOTE - Section II.- In those special circumstances which permit children over 21 entitlement to medical care, indicate after date of birth (INC) for incompetency, or (SCH) for attendance at approved school. Enter under Remarks the name of the institution of higher learning.

g. ☐ I am the parent or parent-in-law of the deceased member or retired member named in Section I and at the time of said member's or retired member's death, I, and all other parents or parents-in-law named herein resided in the household of said member or retired member, and were in fact dependent upon said member or retired member for over one-half of our support.[2]

h. ☐ I am the legal guardian of the dependent or dependents of the deceased member or retired member named in Section I, and further certify that the named dependents meet the criteria for eligibility prescribed by Public Law 569, 84th Congress, as indicated by blocks checked above.

i. ☐ All parents or parents-in-law named are in fact dependent upon me for over one-half of their support and actually reside in my household.[2]

j. ☐ I am entitled to retired, retirement, or retainer pay or equivalent pay as a result of service in a uniformed service, other than by retirement under title III of the Army and Air Force Vitalization and Retirement Equalization Act of 1948.

k. ☐ I am entitled to retired or retirement pay under Title 10, U.S.C. Section 1331 - 1337 *(formerly Title III of the Army and Air Force Vitalization and Retirement Equalization Act of 1948)* and I have completed eight or more years of active duty as defined in sub-section 101(E) of the Armed Forces Reserve Act of 1952, 66 Stat. 481, 50 U.S.C. 901, periods of active duty were as follows:

[2] *For the purposes of medical care, the requirement of actually residing in the household shall be fulfilled when the parent or parent-in-law actually resides, or was residing at the time of death of a member or retired member, in a dwelling place provided or maintained by said member or retired member.*

18. REMARKS

1 - 2

19. CONDITIONS APPLICABLE TO RECIPIENTS OF CARDS

Recipients of the Uniformed Services Identification and Privilege Card(s) authorized on the basis of this application will be responsible for proper use of the privileges and facilities authorized. Recipients will surrender cards immediately upon call to do so or when appropriate under applicable regulations, and will notify the agencies designated to grant authorizations for privileges and facilities in event of any change in status affecting eligibility therefor. Medical care furnished in uniformed services facilities is subject to the availability of space, facilities, and the capabilities of the medical staff to provide such care. Determinations made by the medical officer or contract surgeon, or his designee, as to availability of space, facilities, and the capabilities of the medical staff shall be conclusive. Reimbursement shall be required for any unauthorized medical care furnished at Government expense. Penalty for presenting false claims or making false statements in connection with claims; fine of not more than $10,000 or imprisonment for not more than five years or both. Act 25 June 1948, 18 U.S.C. 287, 1001.

20. DATE OF APPLICATION	21. SIGNATURE OF APPLICANT
29 May 1968	Floyd E. Crewe

SECTION IV - VERIFICATION BY PERSONNEL OFFICER OR OTHER RESPONSIBLE OFFICIAL OF SPONSOR'S SERVICE

THE STATUS OF THE PERSONS NAMED IN SECTION II HAS BEEN VERIFIED. ISSUE OF DD FORM 1173 BY ANY U.S. MILITARY ACTIVITY IS AUTHORIZED. BENEFITS & PRIVILEGES TO WHICH ENTITLED, EFFECTIVE & EXPIRATION DATES OF ELIGIBILITY FOR EACH NAMED PERSON ARE VERIFIED. ISSUING AGENCY REQUESTED TO (A) ISSUE DD FORM 1173 UPON PRESENTATION OF THIS APPLICATION (B) ENTER IN THE APPROPRIATE COLUMN OF SEC II THE CARD NUMBER ISSUED WITH THE DATE ISSUED (C) COMPLETE SECTION V OF THIS APPLICATION FORM AND RETURN IT TO THE ORGANIZATION DESIGNATED IN ITEM 22.

22. ORGANIZATION AND MAILING ADDRESS OF VERIFYING OFFICER	23. TYPED NAME, GRADE AND TITLE	24. SIGNATURE
Fifth Coast Guard District Federal Bldg., 431 Crawford St. Portsmouth, Virginia 23705	N. LESTER BRAUN Chief, Civilian Personnel Branch	N. Lester Braun

SECTION V - AUTHENTICATION BY ISSUING AGENCY

25. ORGANIZATION OF ISSUING OFFICER	26. TYPED NAME, GRADE AND TITLE	27. SIGNATURE
COMMANDER, FIFTH COAST GUARD DISTRICT 431 CRAWFORD ST., PORTSMOUTH, VA.	LTJG GORDON G. [illegible], USCGR	Gordon [illegible]

8-60756

3-2

APPLICATION FOR UNIFORMED SERVICES IDENTIFICATION AND PRIVILEGE CARD

Form Approved
Budget Bureau No. 22-R176

SECTION I - IDENTIFICATION OF PERSON UPON WHOM ELIGIBILITY FOR DD FORM 1173 IS BASED

1. LAST NAME - FIRST NAME - MIDDLE INITIAL OF SPONSOR (Uniformed services or civilian sponsor, if applicable)	2. ADDRESS (Omit if sponsor is deceased)	3. TELEPHONE NUMBER: HOME / OFFICE
CREWE, Floyd E.	Diggs, Va., 23045	725-2923 /

4. STATUS	5. GRADE-RATE-RANK	6. BRANCH OF SERVICE	7. SERVICE NUMBER
[X] ACTIVE DUTY [ ] RETIRED [ ] DECEASED AD [ ] DECEASED RETIRED [ ] OTHER (Specify)	Lt. Sta. Keeper		

8. DATE OF (expiration of service or contract) OR (death) (if applicable)	9. REASON FOR APPLICATION (Check applicable box.)
Unknown	[ ] ORIGINAL CARD(S) [X] EXPIRATION OF CARD(S) [ ] REPLACE LOST CARD(S) DAMAGED CARD(S) CORRECT AN ERROR, ETC. (Explain circumstances surrounding loss or damage in item 12 Remarks)

SECTION II - PERSONS FOR WHOM AUTHORIZATION IS REQUESTED (Include yourself when applicable.)

				FOR USE OF VERIFYING OFFICER	FOR USE OF ISSUING OFFICER
10a. LAST NAME - FIRST NAME - MIDDLE INITIAL: CREWE, Melva R.	b. RELATIONSHIP: Wife	c. COLOR EYES: Blue	d. COLOR HAIR: Brown	e. PRIVILEGE AUTHORIZED[1]: T C EL	f. CARD NO. ISSUED: CG 248, 029
g. ADDRESS: Diggs, Va., 23045	h. DATE OF BIRTH: [redacted]	i. HEIGHT: 5'4"	j. WEIGHT: 170	k. MC(C) EFFECTIVE DATE: N/A l. EXPIRATION DATE: 12-27-73	a. DATE ISSUED: 12-28-67
11a. LAST NAME - FIRST NAME - MIDDLE INITIAL	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILEGE AUTHORIZED[1]	f. CARD NO. ISSUED
g. ADDRESS	h. DATE OF BIRTH	i. HEIGHT	j. WEIGHT	k. MC(C) EFFECTIVE DATE l. EXPIRATION DATE	a. DATE ISSUED
12a. LAST NAME - FIRST NAME - MIDDLE INITIAL	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILEGE AUTHORIZED[1]	f. CARD NO. ISSUED
g. ADDRESS	h. DATE OF BIRTH	i. HEIGHT	j. WEIGHT	k. MC(C) EFFECTIVE DATE l. EXPIRATION DATE	a. DATE ISSUED
13a. LAST NAME - FIRST NAME - MIDDLE INITIAL	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILEGE AUTHORIZED[1]	f. CARD NO. ISSUED
g. ADDRESS	h. DATE OF BIRTH	i. HEIGHT	j. WEIGHT	k. MC(C) EFFECTIVE DATE l. EXPIRATION DATE	a. DATE ISSUED
14a. LAST NAME - FIRST NAME - MIDDLE INITIAL	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILEGE AUTHORIZED[1]	f. CARD NO. ISSUED
g. ADDRESS	h. DATE OF BIRTH	i. HEIGHT	j. WEIGHT	k. MC(C) EFFECTIVE DATE l. EXPIRATION DATE	a. DATE ISSUED
15a. LAST NAME - FIRST NAME - MIDDLE INITIAL	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILEGE AUTHORIZED[1]	f. CARD NO. ISSUED
g. ADDRESS	h. DATE OF BIRTH	i. HEIGHT	j. WEIGHT	k. MC(C) EFFECTIVE DATE l. EXPIRATION DATE	a. DATE ISSUED

16. RECEIPT OF CARD(S) IS ACKNOWLEDGED	a. DATE ACKNOWLEDGED	b. SIGNATURE OF RECIPIENT
	28 December 1967	X Melva R. Crewe

SECTION III - STATEMENT OF UNIFORMED SERVICES OR CIVILIAN SPONSOR; OTHERWISE THE APPLICANT

17. I STATE: (Check appropriate box or boxes and complete entries as applicable.)

a. [X] Lawful marriage to the spouse named took place at Matthews, Virginia (PLACE) on 21 June 1930 (DATE)

b. [ ] The lawful husband named is in fact dependent upon me for over one-half of his support.

c. [ ] I am the widow of the deceased member or retired member named in Section I, that I am not now married and have never remarried since date of death of said member or retired member. Lawful marriage to said member or retired member took place at _____ (PLACE) on _____ (DATE)

[1] Abbreviated Privileges, i.e., C - Commissary; T - Theater; EU - Exchange Unlimited; EL - Exchange Limited; MC(C) - Medical care in Civilian Facilities; MC(US) - Medical Care in Uniformed Services Facilities

d. ☐ I am the widower of the deceased member or retired member named in Section I, that I am not now married and have not remarried since date of death of said member or retired member and that at the time of said member's or retired member's death I was dependent upon such member or retired member for over one-half of my support because of a mental or physical incapacity. Lawful marriage to said member or retired member took place at _____ (PLACE) on _____ (DATE)

e. ☐ All children named are my legitimate, legally adopted or step children; that all children are unmarried; that all children named who are over 21 years of age are (1) incapable of self-support because of a mental or physical incapacity that existed prior to their reaching the age of 21 and are in fact dependent upon me for over one-half of their support or (2) have not passed their twenty-third birthday and are enrolled in a full-time course of study in an educational institution above high school level which normally maintains a regular faculty and curriculum and normally has a regularly organized body of students in attendance at the place where the educational activities are carried on and are in fact dependent upon me for over one-half of their support.

f. ☐ All children named are the legitmate, legally adopted or step-children of the deceased member or retired member named in Section I, that all children named are unmarried; that all children named who are over 21 years of age are (1) incapable of self-support because of a mental or physical incapacity that existed prior to their reaching the age of 21 and were in fact dependent upon the deceased member or retired member at the time of the member's or retired member's death for over one-half of their support or (2) have not passed their twenty-third birthday and are enrolled in a full-time course of study in an educational institution above high school level which normally maintains a regular faculty and curriculum and place where the educational activities are carried on and were in fact dependent upon the deceased member or retired member at the time of member's or retired member's death, for over one-half of their support.

NOTE - Section II.- In those special circumstances which permit children over 21 entitlement to medical care, indicate after date of birth (INC) for incompetency, or (SCH) for attendance at approved school. Enter under Remarks the name of the institution of higher learning.

g. ☐ I am the parent or parent-in-law of the deceased member or retired member named in Section I and at the time of said member's or retired member's death, I, and all other parents or parents-in-law named herein resided in the household of said member or retired member, and were in fact dependent upon said member or retired member for over one-half of our support.[2]

h. ☐ I am the legal guardian of the dependent or dependents of the deceased member or retired member named in Section I, and further certify that the named dependents meet the criteria for eligibility prescribed by Public Law 569, 84th Congress, as indicated by blocks checked above.

i. ☐ All parents or parents-in-law named are in fact dependent upon me for over one-half of their support and actually reside in my household.[2]

j. ☐ I am entitled to retired, retirement, or retainer pay or equivalent pay as a result of service in a uniformed service, other than by retirement under title III of the Army and Air Force Vitalization and Retirement Equalization Act of 1948.

k. ☐ I am entitled to retired or retirement pay under Title 10, U.S.C. Section 1331 - 1337 *(formerly Title III of the Army and Air Force Vitalization and Retirement Equalization Act of 1948)* and I have completed eight or more years of active duty as defined in sub-section 101(E) of the Armed Forces Reserve Act of 1952, 66 Stat. 481, 50 U.S.C. 901, periods of active duty were as follows:

[2] For the purposes of medical care, the requirement of actually residing in the household shall be fulfilled when the parent or parent-in-law actually resides, or was residing at the time of death of a member or retired member, in a dwelling place provided or maintained by said member or retired member.

18. REMARKS

19. CONDITIONS APPLICABLE TO RECIPIENTS OF CARDS

Recipients of the Uniformed Services Identification and Privilege Card(s) authorized on the basis of this application will be responsible for proper use of the privileges and facilities authorized. Recipients will surrender cards immediately upon call to do so or when appropriate under applicable regulations, and will notify the agencies designated to grant authorizations for privileges and facilities in event of any change in status affecting eligibility therefor. Medical care furnished in uniformed services facilities is subject to the availability of space, facilities, and the capabilities of the medical staff to provide such care. Determinations made by the medical officer or contract surgeon, or his designee, as to availability of space, facilities, and the capabilities of the medical staff shall be conclusive. Reimbursement shall be required for any unauthorized medical care furnished at Government expense. Penalty for presenting false claims or making false statements in connection with claims: fine of not more than $10,000 or imprisonment for not more than five years or both. Act 25 June 1948, 18 U.S.C. 287, 1001.

20. DATE OF APPLICATION	21. SIGNATURE OF APPLICANT
28 December 1967	Floyd E. Crewe FLOYD E. CREWE

SECTION IV - VERIFICATION BY PERSONNEL OFFICER OR OTHER RESPONSIBLE OFFICIAL OF SPONSOR'S SERVICE

THE STATUS OF THE PERSONS NAMED IN SECTION II HAS BEEN VERIFIED. ISSUE OF DD FORM 1173 BY ANY U.S. MILITARY ACTIVITY IS AUTHORIZED. BENEFITS & PRIVILEGES TO WHICH ENTITLED, EFFECTIVE & EXPIRATION DATES OF ELIGIBILITY FOR EACH NAMED PERSON ARE VERIFIED. ISSUING AGENCY REQUESTED TO (A) ISSUE DD FORM 1173 UPON PRESENTATION OF THIS APPLICATION (B) ENTER IN THE APPROPRIATE COLUMN OF SEC II THE CARD NUMBER ISSUED WITH THE DATE ISSUED (C) COMPLETE SECTION V OF THIS APPLICATION FORM AND RETURN IT TO THE ORGANIZATION DESIGNATED IN ITEM 22.

22. ORGANIZATION AND MAILING ADDRESS OF VERIFYING OFFICER	23. TYPED NAME, GRADE AND TITLE	24. SIGNATURE
USCG Norfolk Station P. O. Box 4557, Norfolk, Va. 23529	R. H. ELKINS, LCDR, USCG, XO	R. H. Elkins

SECTION V - AUTHENTICATION BY ISSUING AGENCY

25. ORGANIZATION OF ISSUING OFFICER	26. TYPED NAME, GRADE AND TITLE	27. SIGNATURE
U. S. Coast Guard	R. H. ELKINS, LCDR, USCG	R. H. Elkins

A-80788

File 3-2

APPLICATION FOR UNIFORMED SERVICES IDENTIFICATION AND PRIVILEGE CARD

Form Approved
Budget Bureau No. 22-R174

SECTION I - IDENTIFICATION OF PERSON UPON WHOM ELIGIBILITY FOR DD FORM 1173 IS BASED

1. LAST NAME - FIRST NAME - MIDDLE INITIAL OF SPONSOR (uniformed services or civilian sponsor, if applicable)	2. ADDRESS (Omit if sponsor is deceased)	3. TELEPHONE NUMBER: HOME / OFFICE
CREWE, Floyd E.	Diggs, Virginia 23045	

4. STATUS	5. GRADE-RATE-RANK	6. BRANCH OF SERVICE	7. SERVICE NUMBER
[X] ACTIVE DUTY [ ] RETIRED [ ] DECEASED AD [ ] DECEASED RETIRED [ ] OTHER (Specify)	LIGHTHOUSE KEEPER	CG Lighthouse Service	NONE

8. DATE OF (expiration of service or contract) OR (death) (if applicable)	9. REASON FOR APPLICATION (Check applicable box.)
NONE	[ ] ORIGINAL CARD(S) [X] EXPIRATION OF CARD(S) [ ] REPLACE LOST CARD(S) DAMAGED CARD(S) CORRECT AN ERROR, ETC. (Explain circumstances surrounding loss or damage in item 18 Remarks)

SECTION II - PERSONS FOR WHOM AUTHORIZATION IS REQUESTED (Include yourself when applicable.)

10a. LAST NAME - FIRST NAME - MIDDLE INITIAL	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILEGE AUTHORIZED[1] (FOR USE OF VERIFYING OFFICER)	f. CARD NO. ISSUED (FOR USE OF ISSUING OFFICER)
CREWE, Floyd E.	SELF	BLUE	BLOND	T,C,EU, ~~MC(C)~~ ~~MC(US)~~ PHSonly	CG242,861
g. ADDRESS	h. DATE OF BIRTH	i. HEIGHT	j. WEIGHT	k. MC(C) EFFECTIVE DATE: ---------	m. DATE ISSUED
Diggs, Virginia 23045	11-16-08	69"	190	l. EXPIRATION DATE: 6 yrs from issue date	5-12-67
11a. LAST NAME - FIRST NAME - MIDDLE INITIAL	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILEGE AUTHORIZED[1]	f. CARD NO. ISSUED
g. ADDRESS	h. DATE OF BIRTH	i. HEIGHT	j. WEIGHT	k. MC(C) EFFECTIVE DATE / l. EXPIRATION DATE	m. DATE ISSUED
12a. LAST NAME - FIRST NAME - MIDDLE INITIAL	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILEGE AUTHORIZED[1]	f. CARD NO. ISSUED
g. ADDRESS	h. DATE OF BIRTH	i. HEIGHT	j. WEIGHT	k. MC(C) EFFECTIVE DATE / l. EXPIRATION DATE	m. DATE ISSUED
13a. LAST NAME - FIRST NAME - MIDDLE INITIAL	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILEGE AUTHORIZED[1]	f. CARD NO. ISSUED
g. ADDRESS	h. DATE OF BIRTH	i. HEIGHT	j. WEIGHT	k. MC(C) EFFECTIVE DATE / l. EXPIRATION DATE	m. DATE ISSUED
14a. LAST NAME - FIRST NAME - MIDDLE INITIAL	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILEGE AUTHORIZED[1]	f. CARD NO. ISSUED
g. ADDRESS	h. DATE OF BIRTH	i. HEIGHT	j. WEIGHT	k. MC(C) EFFECTIVE DATE / l. EXPIRATION DATE	m. DATE ISSUED
15a. LAST NAME - FIRST NAME - MIDDLE INITIAL	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILEGE AUTHORIZED[1]	f. CARD NO. ISSUED
g. ADDRESS	h. DATE OF BIRTH	i. HEIGHT	j. WEIGHT	k. MC(C) EFFECTIVE DATE / l. EXPIRATION DATE	m. DATE ISSUED

16. RECEIPT OF CARD(S) IS ACKNOWLEDGED	a. DATE ACKNOWLEDGED	b. SIGNATURE OF RECIPIENT
	5-12-67	x Floyd E. Crewe

SECTION III - STATEMENT OF UNIFORMED SERVICES OR CIVILIAN SPONSOR; OTHERWISE THE APPLICANT

17. I STATE: (Check appropriate box or boxes and complete entries as applicable.)

a. [ ] Lawful marriage to the spouse named took place at _____ (PLACE) on _____ (DATE)

b. [ ] The lawful husband named is in fact dependent upon me for over one-half of his support.

c. [ ] I am the widow of the deceased member or retired member named in Section I, that I am not now married and have never remarried since date of death of said member or retired member. Lawful marriage to said member or retired member took place at _____ (PLACE) on _____ (DATE)

[1] *Abbreviated Privileges, i.e., C - Commissary; T - Theater; EU - Exchange Unlimited; EL - Exchange Limited; MC(C) - Medical care in Civilian Facilities; MC(US) - Medical Care in Uniformed Services Facilities*

DD FORM 1 MAR 61 1172

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.

☐ I, as the widow of the deceased member or retired member named in Section I, that I am not married and have not remarried since date of death of said member or retired member and that at the time of said member's or retired member's death I was entitled upon such member or retired member the over one-half of my support because of a mental or physical incapacity I failed marriage to said member or retired member took place at _____ on _____
PLACE DATE

☐ All children named are my legitimate, legally adopted or step children; that all children are unmarried; that all children named who are over 21 years of age are (1) incapable of self-support because of a mental or physical incapacity that existed prior to their reaching the age of 21 and are in fact dependent upon me for over one-half of their support (2) have not passed their twenty-third birthday and are enrolled in a full-time course of study in an educational institution above high school level which normally maintains a regular faculty and curriculum and normally has a regularly organized body of students in attendance at the place where the educational activities are carried on and are in fact dependent upon me for over one half of their support

☐ All children named are the legitimate, legally adopted or step-children of the deceased member or retired member named in Section I; that all children named are unmarried; that all children named who are over 21 years of age are (1) incapable of self support because of a mental or physical incapacity that existed prior to their reaching the age of 21 and are in fact dependent upon the deceased member or retiredmember at the time of the member's or retired member's death for over one-half of their support or (2) have not passed their twenty-third birthday and are enrolled in a full-time course of study in an educational institution above high school level which normally maintains a regular faculty and curriculum and where the educational activities are carried on and are in fact dependent upon the deceased member or retired member at the time of member's or retired member's death, for over one half of their support.

NOTE: Section II.- In those special circumstances which permit children over 21 entitlement to medical care, indicate after case of birth (BIC) for incompetency, or (SCH) for attendance at approved school. Enter under Remarks the name of the institution of higher learning.

☐ I, as the spouse or parent-in-law of the deceased member or retired member named in Section I and at the time of said member's or retired member's death, I, and all other parents or parents-in-law named herein resided in the household of said member or retired member, and were in fact dependent upon said member or retired member for over one-half of our support.

☐ I, as the legal guardian of the dependent or dependents of the deceased member or retired member named in Section I, and further certify that the named dependents meet the criteria for eligibility prescribed by Public Law 89-614, 89th Congress, as indicated by blocks checked above.

☐ All parents or parents-in-law named are in fact dependent upon me for over one-half of their support and actually reside in my household.

☐ I am entitled to retired, retirement, or retainer pay or equivalent pay as a result of service in a uniformed service, other than as retirement under title III of the Army and Air Force Vitalization and Retirement Equalization Act of 1948.

☐ I am entitled to retired or retirement pay under Title 10, U.S.C. Section 1331 - 1337 (formerly Title III of the Army and Air Force Vitalization and Retirement Equalization Act of 1948) and I have completed eight or more years of active duty as defined in sub section 101(E) of the Armed Forces Reserve Act of 1952, 66 Stat. 481, 50 U.S.C. 901, periods of active duty were as follows:

For the purposes of medical care, the requirement of actually residing in the household shall be fulfilled when the parent or parent in law actually resides, or was residing at the time of death of member or retired member, in a dwelling place provided or maintained by said member or retired member.

10. REMARKS

11. CONDITIONS APPLICABLE TO RECIPIENTS OF CARDS

Recipients of the Uniformed Services Identification and Privilege Card(s) authorized on the basis of this application will be responsible for proper use of the privileges and facilities authorized. Recipients will surrender cards immediately upon call to do so or when appropriate under applicable regulations, and will notify the agencies designated to grant authorizations for privileges and facilities in event of any change in status affecting eligibility therefor. Medical care furnished in uniformed services facilities is subject to the availability of space, facilities, and the capabilities of the medical staff to provide such care. Determinations made by the medical officer or contract surgeon, or his designee, as to availability of space, facilities, and the capabilities of the medical staff shall be conclusive. Reimbursement shall be required for any unauthorized medical care furnished at Government expense. Penalty for presenting false claims or making false statements in connection with claims: fine of not more than $10,000 or imprisonment for not more than five years or both. Act 25 June 1948, 18 U.S.C. 287, 1001.

12. DATE OF APPLICATION	13. SIGNATURE OF APPLICANT
12 May 1967	Floyd E. Crewe

SECTION IV - VERIFICATION BY PERSONNEL OFFICER OR OTHER RESPONSIBLE OFFICIAL OF SPONSOR'S SERVICE

THE STATUS OF THE PERSONS NAMED IN SECTION II HAS BEEN VERIFIED. ISSUE DD FORM 1173 BY ANY U.S. MILITARY ACTIVITY IS AUTHORIZED. BENEFITS & FACILITIES TO WHICH ENTITLED, EFFECTIVE & EXPIRATION DATES OF ELIGIBILITY FOR EACH NAMED PERSON ARE VERIFIED. ISSUING AGENCY REQUESTED TO (A) ISSUE DD FORM 1173 UPON PRESENTATION OF THIS APPLICATION (B) ENTER IN THE APPROPRIATE COLUMN OF SEC IA THE CARD NUMBER ISSUED WITH THE DATE ISSUED (C) COMPLETE SECTION V OF THIS APPLICATION. FINAL ACTION IS TO BE ACCOMPLISHED IN TEN DAYS.

14. ORGANIZATION AND MAILING ADDRESS OF VERIFYING OFFICER	15. TYPED NAME, GRADE AND TITLE	16. SIGNATURE
Fifth Coast Guard District Federal Building Portsmouth, Virginia 23705	ROBERT E. WALSH, CDR, USCG Chief, Personnel Division	

SECTION V - AUTHENTICATION BY ISSUING AGENCY

17. ORGANIZATION OF ISSUING OFFICER	18. TYPED NAME, GRADE AND TITLE	19. SIGNATURE
COMMANDER, FIFTH COAST GUARD DISTRICT 431 CRAWFORD ST., PORTSMOUTH, VA.	G. C. SMITH, ENS, USCGR	

No. K-Hoch

Crewe, Floyd Earl
(SURNAME) (FIRST NAME) (SECOND NAME)

DATE OF BIRTH			LEGAL VOTING RESIDENCE		
MONTH	DAY	YEAR	STATE AND CONG. DISTRICT	COUNTY	CITY OR TOWN
Nov.	16	1908	Va. - 1st	Mathews	--

SEX M RACE W

RETIREMENT AGE

MILITARY SERVICE ____ YES ____ NO X

MILITARY PENSION OR WAR RISK COMPENSATION ____ YES ____ NO ____

REFERENCE	NATURE OF ACTION	POSITION AND GRADE	SALARY		EFFECTIVE DATE	DEPARTMENT OR ESTABLISHMENT OFFICIAL STATION	TOTAL SERVICE		
			PAY LESS ALLOWANCES	BASIC PAY			MOS.	DAYS	YRS.
	A. Exc.	Seaman		$62.50pm	1-18-30	Com-5th LHS Dist., Lightship #105			
	Res.w.o.prej.	do		62.50	3-21-30	do			
	A. Exc.	do		62.50	4-18-30	do			
	Pro.	do		67.50	11-01-30	do			
	Trans.	do		67.50	10-05-37	do , Lightship #116			
	A. Trans. (Recr.Plan II, 5-09-39)			67.50	7-01-39	Treas-USCG-Norf.Dist., Lightship #116			
	A.Trans.E.O.8929 of 11-1-41.			67.50	11- 1-41	Navy-CG-Norfolk-CHESAPEAKE LS #116			
	Class. EO 8886-CSC Cert.1-26-42			67.50	1-1-42	do			
352	Change in status	Keeper	$1500	*1560 A	401-42	Navy-CG-Norfolk-Smith Point Lt. Sta., Va.			
	Trans.	Keeper (1560-1920)	1560	* 1620	7-16-43	do -Upper Cedar, Va.			
	Trans & Prom	Keeper (1680-2040)	1680	1740*	10-5-44	do -Wolf Trap Lt.Sta.,Va.			
	Pay Adj	Keeper (2034-2430)	1974	2034*	7-1-45	do do			
	Pay Inc(Per)	do (2034-2430)	2040	2100*	10-7-45	do do			
	Appt [illegible]	E.O.#9088 of 12-28-45			1-1-46	Trans [illegible]			
	Pay Adj	Keeper (2318.76-2770.20)	2334	2394*	7-1-46	do			
	Intra Trans & Chg Lower Range	Keeper (2168.28-2619.72)	2334	2394*	8-8-46	TREAS-CG-Norf.-Windmill Pt.Lt.Sta.Va.			
	Adm Pay Inc	Keeper (2168.28-2619.72)	2409.24	2469.24*	10-20-46	do			
	Adm Pay Inc	do	2484.48	2544.48*	11-2-47	do			

EDUCATION: (INDICATE NUMBER OF YEARS) COMMON SCHOOL 1 2 3 4 5 6 7 8 HIGH SCHOOL 1 2 X 4 COLLEGE 1 2 3 4 DEGREES, IF ANY ____

SPECIAL QUALIFICATIONS ____

*$60. per annum Quarters

U.S. GOVERNMENT PRINTING OFFICE 16—183

FEDERAL EMPLOYMENT RECORD

U. S. GOVERNMENT PRINTING OFFICE 16—54970-1

22. NATURE OF ACTION	23. EFFECTIVE DATE	24. POSITION TITLE AND NO.	25. SERVICE, CLASS NO., AND GRADE	26. SALARY OR PAY RATE	27. ORGANIZATION, HEADQU AND LOCATION RS.
		PREVIOUS SERVICE (SEE FORM 2806)			
Pay Adj	7-11-48	Keeper (2498.28-2949.72)		$2874.48**	5th-Windmill Pt [redacted] V
Adm Pay Inc	11-14-48	do (2498.28-2949.72)		$2949.72**	do
Pay Adj	7-8-51	do (2798.28-3249.72)		3249.72**	do
Adj Val Qtrs	5-11-52	do ($2798.28-3249.72)		$3249.72##	do
Prom&Chg Duty Post	11-8-54	do ($2948.76-3400.20)		$3249.72##	5th-Wolf Trap [redacted] Va,
Adm Pay Inc	11-21-54	do ($2948.76-3400.20)		$3324.96##	do
Pay Adj.	3-13-55	do ($3169.91-3655.19)		$3574.31##	do
Adm. Pay Inc.	11-20-55	do ($3169.91-3655.19)		$3655.19##	do
Pay Adj	1-12-58	do ($3487.00-4021.00)		$3750.00##	do
Pay Adj	9-21-59	do ($3487.00-4021.00)		$4021.00##	do
Adm Pay Inc	7-10-60	do ($3751.00-4327.00)		$4327.00##	do
Adm Pay Inc	10-14-62	do ($3916.00-4516.00)		$4516.00##	do
Adm Pay Inc	1-5-64	do ($4018.10-4636.00)		$4636.00##	do
Adm Pay Inc	7-5-64	do ($4235.00-4889.00)		$4889.00##	do
Adm Pay Inc	10-10-65	do ($4387.00-5065.00)		$5065.00##	
Adm Pay Inc	7-3-66	do ($4514.00-5210.00)	Maximum by law	$5100.00##	do
Adm Pay Inc	10-8-67	do ($4717.00-5443.00)	Maximum by law	$5100.00##	do
Retire (Opt)	3-31-68	do ($4717.00-5443.00)	"	5100.00##	do

CREWE, FLOYD E.

* Incl $240 pa Qtrs
** " $ 60 " "
*** " $180 " "

$301.60 pa Qtrs
$75.40 " "

1. LAST NAME—FIRST NAME—MIDDLE INITIAL	2. IDENT NO.	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
CREWE, FLOYD E.	6 4 5												

3. DATE OF BIRTH (MONTH—DAY—YEAR)	4. SEX		5. RACE			6. U. S. CITIZENSHIP			14. FOLLOW-UP
	MALE	FEMALE	WHITE	NEGRO	OTHER	NATIVE	NATURALIZED	NONCITIZEN	

7. VETERANS' PREFERENCE									8. COMP STATUS		9. TYPE OF APPOINTMENT
NONE	5-PT.	10-POINT				WW II	WW I	OTHER	YES	NO	
		DISAB.	WIFE	WIDOW	OTHER						

10. NATURE OF EMPLOYMENT				11 PAY BASIS				12. SUBJ. TO RETIREMENT			13. SUBJ. TO CLASS. ACT	
FT	PT	WAE	OTHER	ANNUAL	WAGE	WOC	OTHER	NO	CSC	OTHER	YES	NO

15. COMPETITIVE LEVEL	16. RETENTION SUBGROUP	17. SERV. COMP. DATE (MONTH—DAY—YEAR)	18. PHYSICAL IMPAIRMENTS

19 EFFICIENCY RATINGS

DATE AND TYPE	RATING	DATE AND TYPE	RATING	DATE AND TYPE	RATING	DATE AND TYPE	RATING

20. PERSONNEL FOLDER SENT TO (AND DATE

21. ADDITIONAL INFORMATION AND REMARKS

STANDARD FORM 7A (MARCH 1948) SERVICE RECORD CARD (VERTICAL-VISIBLE) PRESCRIBED BY CIVIL SERVICE COMMISSION (FEDERAL PERSONNEL MANUAL) 10-54-49-1

1. LAST NAME—FIRST NAME—MIDDLE INITIAL	2. IDENT. NO.	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC

No. _____

DATE OF BIRTH			DATE	DESIGNATION	OFFICE
MONTH	DAY	YEAR			
Nov.	16	1908			
SEX M	RACE W				
RETIREMENT AGE					

Crewe, Floyd Earl
(SURNAME) (FIRST NAME) (SECOND NAME)

DATE	FISCAL YEAR DEDUCTIONS AND SERVICE CREDIT CONTRIBUTIONS	TONTINE DEDUCTIONS	NET FISCAL YEAR DEDUCTIONS AND SERVICE CREDIT CONTRIBUTIONS	DEPARTMENTS ESTABLISHMENTS WILL NOT USE THIS COLUMN	BALANCE FORWARD	TOTAL CREDITED TO EMPLOYEE	DATE OF ORIGINAL APPOINTMENT / REMARKS
No deductions. Service history certified correct: C.J. Sullivan							C.J.SULLIVAN, Lt.Comdr., U.S.C.G.

RETIREMENT RECORD CARD—CIVIL SERVICE COMMISSION FORM 2806—FEB. 1931

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