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)*
HARRIS, Mr. Earl C. H-620	8-16-99	

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
Retirement	Close 8-31-59	

FROM—	8. POSITION TITLE AND NUMBER	TO—
05-556 Keeper Class 2-add-1($3220-3754) $3750 pa incl $75.40 pa qtrs.	9. SERIES, GRADE, SALARY	
5th Coast Guard District Norfolk, Virginia	10. NAME AND LOCATION OF OFFICE BY WHICH EMPLOYED	
Drum Point Light Station, Maryland	11. DUTY STATION	

	12. APPORTIONED POSITION	
[ ] Yes		[ ] 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] Competitive Service		[ ] Excepted Service	
X				I				

16. APPROPRIATION	17. PAYROLL DEDUCTIONS			18. DATE OF APPOINTMENT AFFIDAVITS *(accessions only)*
From: Operating Expenses, CG To:	CSR	FICA	FEGLI	LH 6-20-18

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

Annual rate of retired pay is : $3160.65 per annum

Total Service: 33 years, 8 months, 14 days

20. EMPLOYING DEPARTMENT OR AGENCY	22. SIGNATURE *(or other authentication)* AND TITLE
TREASURY DEPARTMENT **U. S. COAST GUARD**	[signature]
21. OFFICE MAINTAINING OFFICIAL PERSONNEL FOLDER *(if different than item 10, above)*	8-18-59 23. DATE: [illegible], Civilian Personnel Division

U. S. GOVERNMENT PRINTING OFFICE: 1957 O-F—446176

CMC

Standard Form 49
NOVEMBER 1954
U. S. CIVIL SERVICE COMMISSION
CHAPTER I 3, F. P. M.

CERTIFICATION OF INSURED EMPLOYEE'S RETIRED STATUS

Federal Employees' Group Life Insurance Act of 1954

See Instructions to Agencies on Reverse Side

1. NAME OF RETIRED EMPLOYEE — MR. / MISS / MRS. (Last, First, Middle): HARRIS, Earl C.

2. DATE OF BIRTH (Month, Day, Year): 8-16-99

3. MAILING ADDRESS (Number and street, city, zone number, and State): Fairport, Virginia
Northumberland County

4. PLAN OR SYSTEM UNDER WHICH RETIRED: Lighthouse Service Retirement Act of 20 June 1918 as amended

5. RETIREMENT CLAIM NO. (If any): None

6. EFFECTIVE DATE OF ANNUITY (Mo., day, yr.): 1 September 1959

7. DID EMPLOYEE RETIRE FOR DISABILITY? ☐ YES ☒ NO

8. DID EMPLOYEE RETIRE ON AN IMMEDIATE ANNUITY? ☒ YES ☐ NO

IF ITEM 7 IS ANSWERED "YES", OMIT ITEMS 9 AND 10.

9. DOES EMPLOYEE HAVE AT LEAST 15 YEARS' VERIFIED CREDITABLE CIVILIAN SERVICE? ☒ YES ☐ NO

10. If employee retired on an immediate annuity but has less than 15 years' verified creditable civilian 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		DEPARTMENT OR AGENCY	LOCATION OF EMPLOYMENT	TITLE OF POSITION	HAS SERVICE BEEN VERIFIED	
FROM—	TO—				YES	NO

11. 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)

20 August 1959
(DATE)

H. L. MORGAN
(TYPE NAME OF AUTHORIZED AGENCY OFFICIAL)

Chief, Civilian Personnel Division
(TITLE)

U. S. Coast Guard
(NAME OF AGENCY)

1300 E St., N.W., Washington 25, D.C.
(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 CIVILIAN 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
26 March 1967	Death	

GEORGE E. STORY, Acting Chief,
Position and Pay Management Branch
(SIGNATURE OF AUTHORIZED OFFICIAL)

6 April 1967
(DATE)

16—71110-1

File 3-2-

TREASURY DEPARTMENT
U. S. COAST GUARD
CGHQ-3867 (Rev. 8-60)

CERTIFICATION FOR DEATH CLAIM PAYMENT

DATE: 24 August 1967

NAME OF DECEASED	SERVICE NUMBER	RANK OR RATING	ESTAB'D. DATE OF DEATH
HARRIS, Earl Clifton	(FLHS)	Keeper, Ret.	26 March 1967

EACH PERSON LISTED BELOW IS:

☐ DESIGNATED BENEFICIARY ☒ UNDESIGNATED BENEFICIARY ☐ CLAIMANT

NAME OF BENEFICIARY OR CLAIMANT	RELATIONSHIP	ADDRESS
Clifton E. Harris	son	905 Adana Road Pikesville, Maryland 21208

☐ I CERTIFY that the records of the U. S. Coast Guard show that each beneficiary named above has qualified to receive unpaid pay and allowances that might be due the decedent and that the requirements of applicable law and regulations have been satisfied.

☒ I CERTIFY that the records of the U. S. Coast Guard show that the decedent did not designate a beneficiary or beneficiaries to receive any unpaid pay and allowances that might be due.

☒ I CERTIFY that any claimant named above has qualified to receive any unpaid pay and allowances that might be due and that the requirements of applicable law and regulations have been satisfied. Attached are substantiating documents to support this claim.

☐ Payment of unpaid pay and allowances that might be due is to be made to the person(s) determined to be entitled thereto under the laws of the domicile of the deceased.

ENCLOSURE(S):

(1) Form No. SF-1155
(2) Death Certificate
(3) Birth Certificate

TYPED NAME AND GRADE OF CHIEF, SPECIAL SERVICES DIV.	SIGNATURE
AARON O. MARTIN Chief, Decedent Affairs and Claims Branch	

VCW:Lmon:vcw 24 Aug 1967

(PS-1)

1772
31 July 1967

Bureau of Vital Records and
Health Statistics
State Department of Health
1227 West Broad Street
Richmond, Virginia 23220

RE: HARRIS, Earl Clifton, Keeper,
(FLHS), now USCG, Retired,
deceased

Dear Sirs:

A copy of the decedent's death certificate is required to substantiate the claim for the accrued retired pay due Mr. Harris at the time of death. Mr. Harris died on 26 March 1967 in Tappahannock, Virginia. It would be appreciated if you would furnish Commandant (PS-1), United States Coast Guard, Washington, D. C. 20591, a copy of the document or verification of its existance so that the claim may be processed without undue delay.

This information will be used for government purposes only.

A pre-addressed envelope is enclosed.

Very truly yours,

AARON O. MARTIN
Chief, Decedent Affairs and Claims Branch
Personnel Services Division
By direction of the Commandant

Encl: (1) Envelope

VCWilson:vcw: 31 July 1967

(PS-1)

1772
1 June 1967

Mr. Clifton E. Harris
905 Adana Road
Pikesville, Maryland 21208

Dear Mr. Harris:

Receipt is acknowledged of the forms to claim the final retired pay due upon the death of your father, Earl Clifton Harris, Keeper, former Lighthouse Service, now United States Coast Guard, Retired.

In order that your claim may be approved for payment, it will be necessary for you to forward to Commandant (PS-1) a copy of your father's death certificate and proof that there is no surviving widow.

A pre-addressed envelope is enclosed for your convenience.

Very truly yours,

R. H. WOOD
Commander, U. S. Coast Guard
Acting Chief, Personnel Services Division
By direction of the Commandant

Encl: (1) Envelope

VCWilson:vcw: 1 June 1967

(PS-1)

1770
14 April 1967

Mr. Clifton Earl Harris
905 Adona Road
Baltimore, Maryland 21208

My dear Mr. Harris:

Information has been received at Coast Guard Headquarters of the death of your father, Earl Clifton Harris, Keeper, former Lighthouse Service, now United States Coast Guard, Retired. I wish to extend to you and your family my sincere sympathy in your loss.

At the time of death there was due your father retired pay for the period 1 - 26 March 1967. Retirement benefits paid by the Coast Guard cease at the death of the member.

The records at Coast Guard Headquarters fail to reveal any evidence that your father designated a beneficiary to receive the accrued retired pay due on the date of his death. Payment therefore must be made in the following order of precedence:

1. widow
2. child or children in equal shares
3. parents
4. legal representative
5. heirs at law.

If a widow does not survive, payment will be made to the surviving child or children in equal shares. Proof that there is no surviving widow must be submitted with the claim. Forms No. SF-1155, "Claim for Unpaid Compensation of Deceased Civilian Employee (no designated beneficiary or surviving spouse)", should be completed by you to claim your share of the accrued retired pay due. Upon receipt of the names and addresses of other surviving children the necessary forms to apply for their share will be forwarded to them. The original and two copies of the completed claim with a copy of this letter should be returned to Commandant (PS-1). A copy of your birth certificate, and a copy of your father's death certificate are required to support the claim.

In the event you have in your possession any uncashed retired pay checks, these should be returned to Coast Guard Headquarters for inclusion with the claim for the final retired pay due. Any other uncashed Government checks should be returned to the issuing agency.

When the enclosed forms have been completed, return them to Commandant (PS-1) in the enclosed pre-addressed envelope.

Sincerely yours,

JAMES W. KINCAID
Captain, U. S. Coast Guard
Chief, Personnel Services Division
By direction of the Commandant

Encl: (1) Form No. SF-1155
(2) Envelope