		CIN	SE SE	RVICE	RE	CORD	OF E	MPLOY	EES — CO	OMMONWE	EAL	_TH OF	MASSAC	CHUSE	TTS	3	No	
	nicle	12		Bei	e an	SOR, B			Technot H	T OCCUPATION IM ENTERING STA	TE S	ervice Lyman dieal So	had O	PARTMENT F 1106 REAU			DO N	OT USE THIS SPACE
e1 EMPLOYED IN (N		Town		(f) LEGAL				0.0	SALARY OR WA BASS ACTUALLY PAI OR DAY; WK.; MD.; OR		VHAT)	(i) AGE (YE	10	/ISION			_	
Bosi	ton			Ro	rhu:	Py		1	720 PER V			22	Bu	ologu	i s	etorator	·	
D				HIS	TORY	OF EM	PLOYE	E FROM	THE TIME	OF ENTRANG	CE	TO THE S	SERVICE					
1) DEPARTMENT Of Heal	Ih		POSITION			(3) CIVIL SERVICI 1 CLASSIFIEI A · COMPE B · NON-CO C · WITHOU D · LABOR 2 UNCLASSIF	TITIVE OMPETITIVE UT EXAM.	(4) HOW EACH POSITION SECURED (ORIGINAL APPOINT- MENT, PROMOTION, OR TRANSFER)	DATE OF APPOINTMENT, PROMOTION OR TRANSFER	BY WHOM APPOIN		IS POSITION YOU HOLD STATUTORY? (GIVE SECTION)	SALARY OR WAGE (COMPUTE ON ANNUAL BADIS)	(9) Rejugues FOR EAST OF ALL SING TOTAL D SEE OUTLE	MENTS MINESTS MINESTS MINESTS	(10) AMOUNT CONTRIBUTED ANNUALLY BY EMPLOYEE	(11) AMOUNT CONTRIBUTED ANNUALLY BY STATE	DATE OF SEPARATION FROM SERVICE IF ANY
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(k) STATE AVER	STATE IN	CONNECTIO	N WITH PR	ESENT POS	ITION.	USE LAST	12 MOS.	AS BASIS FOR	GES, RECEIVED	FROM THE			THEREFOR, A	AND THE D	ATE O	F REINSTATE	MENT	
LIVING QUARTERS (ACTUAL OR ESTIMATED VALUE)	MEALS (ACTUAL OR ESTIMATED)	CLOTHING	EXPENSES TRAVELLING TO AND FROM WORK		MISC	CELLANEOUS	OTHER SO	RECEIVED FROM DURCES FOR WOR ED IN CONNECTIO I STATE WORK		TOTAL BY YEAR		Thre	has tu	u n	6 S.	eparate	in fe	on the
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(m) REMARKS						- 4												
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* INDICATE BY USING LETTERS AND NUMBERS IN COLUMN (3)

1.4 - IF APPOINTED FROM AN ELIGIBLE LIST ESTABLISHED BY COMPETITIVE EXAMINATION

1.5 - IF APPOINTED AS THE RESULT OF A HON-COMPETITIVE EXAMINATION

1.5 - IF APPOINTED WITHOUT EXAMINATION WITH APPROVAL OF CIVIL BERVICE COMMISSION

1.5 - IF APPOINTED FROM THE LANGUE LIST

4 - IP ELECTED ON OTHERWISE APPOINTED. EXPLAIN IN "REMARKS" (M)

	WOR	RK RECORD-	-TO BE FIL	LED IN BY E	MPLOYEE
. EMPLOYEE'S OFFICE TITLE OR DEPARTMENTAI DESIGNATION	2. IMMEDIATE SUPERIOR (NAME	_ /	3. LEN	GTH OF SERVICE AT NOW PERFORMED	4. TIME DEVOTED TO DUTIES (acquired) HAS PER 7 DAYS PER 5 1 WEEKS PER 14 9 DAYS WITH PAY (VACATION) VECK YEAR GIVE HOURS, ORNS, WEEKS OR FRACTIONS THEREOF) DAYS WITHOUT PAY (VACATION)
DESCRIPTION OF WORK IN DETAIL: (INDICATE	Biologic Sales		CHARACTER OF YO	YAS. D MO	3.0
	hars of The	toohnia	o of thi	Tests.	and have general charge of the work
					ndants, I also perform the purely
A A	The state of the s				a for bacteriologie examination,
and ottain s	premies of the	ord fro	- p	atients	sent to the laboratory for this
Purpose					
7. IS YOUR WORK UNIFORM? (YES ON NO)	STATE THE EXTENT TO WHICH		YOUR WORK VA	RIES.	
B. ARE YOU RESPONSIBL FOR THE DIRECTION	OF OTHERS 1 (Y	ES OR NO)			THIS SPACE IS TO BE FILLED IN BY THE BUREAU HEAD, OR OTHER ADMINISTRATIVE OFFICIAL
9. LIST THE TITLES OR NAMES OF BUREAUS, DIVISIONS, E TOTAL SALARY COST [USING COLUMNS (A), (b) AND (E LIST THE CIVIL SERVICE TITLES, AND FOR EACH TITLE).] IF YOUR SUPERVISION DOES NOT COVER	AN ENTIRE BUREAU, DÍ	VISION OR OTHER O	(c) AND (D).	11. PLEASE STATE IN WHAT RESPECTS, IF ANY, THE CLASSES OF WORK ABOVE SET FORTH DO NOT LOGICALLY ATTACH TO THE POSITION UNDER EXISTING CONDITIONS AND REGULATIONS.
ORGANIZATION UNIT CIV	(a)	SALARY RATE	NUMBER OF EMPLOYEES (o)	TOTAL SALARY OF EMPLOYEES (t)	Mone -
			1-		12. PLEASE STATE WHAT TECHNICAL OR SPECIAL TRAINING OR EXPERIENCE, IF ANY, IS REQUIRED FOR THE SATISFACTORY PERFORMANCE OF THE DUTIES OF THIS POSITION.
		TOTALS			Two or were year of Inperience in a paterlyic latinal where
10. IF YOUR SUPERVISION IS ONLY PARTIAL, I				and.	an done with
the laboratory attendant i certify to the correctness of the ABOVE RECORD.	5 .	APPROVED			13. REMARKS. By the matter of the work done

Bussy Beranson SIGNED SIGNED SIGNED BUILDAN HEAD ON OTHER OFFICIAL

a) PRESENT CIVI	nogra		and	(b) NAM	E IN F	ULL (SURNAM	C FIRST)			sten	T OCCUPATION ENTERING S	TATE S	or myr.	of	PARTMENT Roalth			OT USE THIS SPACE
e) EMPLOYED IN				Sor.		DENCE J	oseph		ON BASIS		YR.		yent (i) AGE (YE	185)	REAU	e Lab.		
j)	0011		COLUMN TO THE PARTY OF THE PART				MPLOYE	EE FROM			OF ENTRA	NCE						
1) DEPARTMENT		(:	2) POSITION		- 1	(3) CIVIL SERV	ICE CLASS		(5)		(6)	-	(7)	(8)	(9)	PEN	SION	(12)
of Ste	alth	84	Stenogy	appler 4		A - COMI B - NON- C - WITH	PETITIVE COMPETITIVE OUT EXAM.	POSITION SECURED ORIGINAL APPO MENT, PROMOT OR TRANSFER	I API	POINTMENT, ROMOTION OR THANSFER	BY WHOM APP		IS POSITION YOU HOLD STATUTORY? (GIVE SECTION)	SALARY OR WAGE (COMPUTE ON ANNUAL BASIS)	For Cortain, Ford, or Paligners on hy draw (new torks or years) Sie (Driew (K)	(10) AMOUNT CONTRIBUTED ANNUALLY BY EMPLOYEE	(11) AMOUNT CONTRIBUTED ANNUALLY BY STATE	DATE OF SEPARATION FROM SERVICE, IF ANY
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(k) STATE AVER			H OF ALLOV								FROM THE	_ (1)		THEREFOR, A	EPARATION FROM ND THE DATE O	F REINSTATE	MENT	
LIVING QUARTERS (ACTUAL OR ESTIMATED VALUE)	MEALS (ACTUAL OR ESTIMATED)	CLOTHING	EXPENSES TRAVELLING TO AND FROM WORK	ERPENGER TRAVELLING IN SERVICE	MISCE	LLANEOUS	OTHER SO	RECEIVED FROM URCES FOR WO D IN CONNECT STATE WORK	ORK T	OTAL BY MONTH	TOTAL BY YEAR		Vhere the se	has s	leen no	- sepa	ration	from
\$ hone	\$ home	Thorne	\$hone	\$	\$ d	one	\$ de	one	\$		\$							
m) REMARKS		Laterage	-								**********							
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* INDICATE BY USING LETTERS AND NUMBERS IN COLUMN (9)

2 - IF ELECTED OR OTHERWISE APPOINTED. EXPLAIN IN "REMARKS" (M)

1 D - IF APPOINTED FROM THE LABOR LIST

1 A - IF APPOINTED FROM AN ELICIDEE LIST ESTABLISHED BY COMPETITIVE EXAMINATION
1 D - IF APPOINTED AT THE RESULT OF A MON-COMPETITIVE EXAMINATION
1 C - IF APPOINTED WITHOUT EXAMINATION WITH APPROVAL OF CHILL SERVICE COMMISSION

SERVICE RECORD OF EMPLOYEES - COMMONWEALTH OF MASSACHUSETTS

No.____

BUREAU HEAD OR OTHER OFFICIAL

		STA	TE SEF	RVICE RE	CORD O	F EMP	LOYE	s co	MMONWEA	LTH OF	MASSAC	HUSETT	S	No		
a) PRESENT CIVIL SERV	VICE TITL	E		(b) NAME IN S	FULL (SURNAME FIRE	st)		(C) LAST	OCCUPATION IMMED ENTERING STATE S			PARTMENT		DO NO	DO NOT USE THIS SPACE	
(e) EMPLOYED IN (NAME	OF CITY OR	Town)		(f) LEGAL RES	IDENCE		ON PA	LARY OR WAG	GE (h) VETERAN (OF WHAT WAIL)	(1) AGE (Yu	нэ)	ISION				
(J)				HISTOR	Y OF EMP	LOYEE F	ROM TH	E TIME	OF ENTRANCE	TO THE S	STATE SEF	RVICE				
(1)		(2)			(3) CIVIL SERVICE	CLASS ^b (4)	W EACH	5)	(6)	(7)	(8)	(9)	PENS	ION	(12)	
DEPARTME	NT		POSITIO	N (1171E)	1 CLASSIFIED A - COMPETIT B - NON-COM C - WITHOUT D - LABOR 2 UNCLASSIFIE	PETITIVE (CANCEL MEAT.		OATE OF APPORTMENT, PROMOTION OR TRANSFER	BY WHOM APPOINTE!	D STATUTORY? (GIVE CECTION)	SALARY OR WAGE (COUNTE ON ANNUAL DASIS)		(10) AMOUNT % CONTRIBUTED ANNUALLY BY EMPLOYEE	(11)	DATE OF SEPARATION FROM SERVICE, IF ANY	
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					-				- 1-							
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		*														
(IA) STATE AVERAGE	E VALUE	DED MONT	THE ALLOW	MANGES OR DEN	EFITS OTHER	711111 01110			TOOM THE	(1) IF THERE	HAS BEEN A	SEPARATION	FROM THE STAT	E SERVICE	GIVE	
(k) STATE AVERAGE	TATE IN	CONNECTIO	N WITH PRI	ESENT POSITION	. USE LAST 1	2 MOS. AS I	BASIS FOR	CALCULATION	FROM THE				DATE OF REINS		uive	
	MEALS ACTUAL OR STIMATED)	CLOTHING	EXPENSES TRAVELLING TO AND FROM WORK	MISCELLA	NEOUS	FEES RECEIN OTHER SOURCE: PERFORMED IN WITH STAT	CONNECTION	TOTAL BY MONTH	TOTAL DY YEAR							
\$	\$	\$	\$	\$		\$		\$	\$	NUMBERS II	OLUMN (3)		CLASS. INDICAT			
(m) REMARKS										1 B-1F . 1 C-1F . 1 D-1F	APPOINTED AS TH APPOINTED WITHO APPOINTED FROM	E RESULT OF A P UT EXAMINATION THE LABOR LIST	CSTABLISHED BY CONON-COMPETITIVE E. WITH APPROVAL OF LAIN IN "REMARKS"	XAMINATION CIVIL SERVIC		
										IF APPOINTMEN	T IS SECURED FROM	M A COMPETITIVE FROM A COMPE	LIST, WRITE THE NA TITIVE LIST, WRITE	ME OF THE LIS	T IN COLUMN (3)	

		RK RECORD	10 RE LIF	LED IN BY EN	MPLOYEE
MPLOYEE'S OFFICE TITLE OR DEPARTMENT DESIGNATION	NTAL 2. IMMEDIATE SUPERIOR (NAME	AND TITLE)	3. LENG WORK	STH OF SERVICE AT NOW PERFORMED	HAS. PER DAYS PER WEEKS PER DAYS WETCH OF FRACTIONS THEREOF) COIVE HOURS, DAYS, WEEKS OR FRACTIONS THEREOF) DAY WITHOUT PAY (VACATION) DAYS WITHOUT PAY (VACATION)
DESCRIPTION OF WORK IN DETAIL:	INDICATE AS CLEARLY AND COMPLETELY AS F	OSSIBLE THE CHARACTE	G OF YOUR DUTI	S.) GIVE (1) GENE	ERAL DUTIES AND RESPONSIBILITIES, INDICATING THE NATURE AND EXTENT; (2) SPECIAL AND INDIVIDI
	(3) MISCELLANEOUS, I.E., EXTRA, OCCASION	NAL, UNUSUAL.			
DOES THE GENERAL CHARACTER OF YOU (YES	UR DUTIES CHANGE DURING ANY PERIOD 5 OR NO)	OF THE YEAR? IF	SO, BRIEFLY INL	DICATE THE CHANG	32S.
. ARE YOU RESPONSIBLE FOR THE DIRECT	TION OF OTHERS?	YES OR NO)			THIS SPACE IS TO BE FILLED IN BY THE BUREAU HEAD, OR OTHE ADMINISTRATIVE OFFICIAL
LIST THE TITLES OR NAMES OF BUREAUS, DIVISION TOTAL BALARY COST (USING COLUMNS (A), (D) AI LIST THE CIVIL BERVICE TITLES, AND FOR EACH T	NS, SECTIONS, ETC., UNDER YOUR DIRECTION, SHOE (E) , If Your supervision does not cove litle the salary rate and number of employee	OWING FOR EACH THE TO ER AN ENTIRE BUREAU, DIV IS WHOM YOU DIRECT [USI	TAL NUMBER OF EN	RELOYEES AND THE REANIZATION UNIT, C) AND (D).]	11. PLEASE STATE IN WHAT RESPECTS, IF ANY, THE CLASSES OF WORK ABOVE FORTH DO NOT LOGICALLY ATTACH TO THE POSITION UNDER EXISTING CONTIONS AND REGULATIONS.
ORGANIZATION UNIT	TITLES OF EMPLOYEES (6)	SALARY RATE (c)	NUMBER OF EMPLOYEES (b)	TOTAL SALARY OF EMPLOYEES (c)	
					12. PLEASE STATE WHAT TECHNICAL OR SPECIAL TRAINING OR EXPERIENCE, IF A
					12. PLEASE STATE WHAT TECHNICAL OR SPECIAL TRAINING OR EXPERIENCE, IF A IS REQUIRED FOR THE SATISFACTORY PERFORMANCE OF THE DUTIES OF T POSITION.
		TOTALS			
TO LET HOUSE OUR FOUND TO COMMAND	1 5 0 0 0 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0	AND LOCATION TO SERVICE			
10. IF YOUR SUPERVISION IS ONLY PARTIA	L, I.E., SHARED WITH SOMEONE ELSE,	INDICATE THE EXTER	NI.		
I CERTIFY TO THE CORRECTNESS OF THABOVE RECORD.	IE APPROVED	APPROVED			13. REMARKS.
DA*	TE .	DATE		DATE	
BIGNED	BIGNED	Signed			
EMPLOYEE	INMENIATE AUGEBIAS		BUREAU MEAD OR O	MER DESICIAL	

WORK DECOME

		(N	SEF	RVICE F	ECORD O	F EMPLOYE	ES — CO	MMONWEAL	_TH OF	MASSAC	HUSETTS	3	No	
a) PRESENT CIVIL S	SERVICE TITL			21	PULL (SURNAME FIRS	ovievo O.	(C) LAST	OCCUPATION IMMEDIATE S		2.0	ARTMENT HOAlth		DO NO	T USE THIS SPACE
e) EMPLOYED IN (N		Town		(f) LEGAL R		ON	BALARY OR WAG		(i) AGE (YEA	-	SION , O I	· ·		
ិ០ន	ton			New	ton	\$ 6	SOO PER N	Y4	19	Biol	ogic Lab	toralorie	2	
(j)				нівто	RY OF EMPI	LOYEE FROM T	HE TIME	OF ENTRANCE	TO THE S	ERVICE				
(1) DEPARTMENT		(5	POSITION (-	1171.6)	(3) CIVIL SERVICE 1 CLASSIFIED A - COMPETIT B - NON-COM C - WITHOUT D - LABOR 2 UNCLASSIFIE	POSITION SECURED PETITIVE (ORIGINAL APPOINT- EXAM. MENT, PROMOTION,	(5) DATE OF APPOINTMENT, PROMOTION OR TRANSFER	BY WHOM APPOINTED	IS POSITION YOU HOLD STATUTORY?	(8) SALARY OR WAGE (COMPUTE ON ANNUAL BASIS)	Arratos toy	(10) AMOUNT CONTRIBUTED ANNUALLY	SION (11) AMOUNT CONTRIBUTED ANNUALLY BY STATE	DATE OF SEPARATION FROM SERVICE IF ANY
of Heal	eth		Stonog	napher	- IA	Original	Sept. 8,10	6 Commissione	n no	#600.		none		
		_	V	0		appointment	t	of Health						
						••			6					
(k) STATE AVE						THAN SALARY OR WA		D FROM THE		THEREFOR.	SEPARATION FR	OF REINSTAT	EMENT	
LIVING QUARTERS (ACTUAL OR ESTIMATED VALUE)	MEALS (ACTUAL OR ESTIMATED)	CLOTHIN	EXPENSES TRAVELLING TO AND FROM WORK	Mark Cities		FEES RECEIVED FROM OTHER SOURCES FOR WOR PERFORMED IN CONNECTIO WITH STATE WORK		TOTAL BY YEAR	Ther	e ha	s bed	en n	servi	ie.
\$ None	none	non	none	\$	*none	\$ none	\$	\$	sejia					
(m) REMARKS	,	1-0-0		1	****									

^{*}INDICATE BY USING LETTERS AND NUMBERS IN COLUMN (3)

1 A - 15 APPOINTED FROM AN ELIGIBLE LIST STABLISHED BY COMPETITIVE EXAMINATION

1 B - 15 APPOINTED AS THE REQUET OF A NON-COMPETITIVE EXAMINATION

1 C - 15 APPOINTED WITHOUT EXAMINATION WITH APPROVAL OF CIVIL BERVICE COMMISSION

1 D - 15 APPOINTED FROM THE LADOR LIST

2 - 15 ELECTED OR OTHERWISE APPOINTED. EXPLAIN IN "REMARKS" (M)

		ON	NE SEF	RVICE	RECORD	OF EMPI	OYEE	s — co	MMONWEA	LTH OF	MASSAC	HUSETTS	3	No	
PRESENT CIVIL S	envice Titl				N FULL (SURNAME F		0.		OCCUPATION IMMERIENTERING STATE			Mealth	DO NOT USE THIS SPACE		
EMPLOYED IN (NA	ME OF CITY OR	Town)		(f) LEGAL	RESIDENCE		ON DAS		GE (h) VETERAN	(i) AGE (YEAR	15)			-	
Dost	con		-	Nev	iton		\$ 60	VO PER T	Y4	19	Biol	ogic dal	oratories	V	A CHARLES AND A SHARE
j)				HIST	ORY OF EM	PLOYEE FF	ком тн	E TIME	OF ENTRANCE	TO THE S	ERVICE				
1) DEPARTMENT			POSITION (D - LABOR 2 UNCLASSII	TITIVE SECONDETITIVE (ORIGINAL MENT, P	EACH SITION A	DATE OF APPOINTMENT, PROMOTION OR TRANSFER	BY WHOM APPOINTE	IS POSITION YOU HOLD STATUTORY? (GIVE SECTION)	SALARY OR WAGE (COMPUTE ON AHHUAL BASIS)	(9) Color of Carry Total of Carry Enter of Carry And Carry Total of Carry	PENS (10) AMOUNT CONTRIBUTED ANNUALLY BY EMPLOYEE	(11)	DATE OF SEPARATION FROM SERVICE IF ANY
of Heal	th	X	Honoy	graphe	V IA	ori	ginal	Sept. 8, 16	Commission	n no	#600.		none		
			0	V		appe	riortment		of Health	2					
						00									
(k) STATE AVER					BENEFITS, OTHE				J THOM THE		THEREFOR,	SEPARATION FR AND THE DATE	OF REINSTATE	EMENT	
LIVING QUARTERS (ACTUAL OR ESTIMATED VALUE)	MEALS (ACTUAL OR ESTIMATED)	CLOTHING	EXPENSES TRAVELLING TO AND FROM WORK		MISCELLANEOUS	FEES RECEIVE OTHER SOURCES PERFORMED IN C	FOR WORK	TOTAL BY MONTH	TOTAL BY YEAR	Ther	e ha	e bee	n n	o- servi	ice.
\$ None	none	none	none	\$	* none	\$ no	re	\$	\$	sepa	laure	9-00110			
(m) REMARKS		-			1				-						

^{*} INDICATE BY USING LETTERS AND NUMBERS IN COLUMN (3)

1 A - IF APPOINTED FROM AN ELIDIES LIST ESTABLISHED BY COMPETITIVE EXAMINATION

1 B - IF APPOINTED AN THE REQUITY OF A NOT-COMPETITIVE EXAMINATION

1 C - IF APPOINTED WITHOUT EXAMINATION WITH APPROVAL OF CIVIL BERVICE COMMISSION

1 D - IF APPOINTED FROM THE LADOR LIST

F - IF ELECTED ON OTHERWISE APPOINTED. EXPLAIN IN "AEMANKS" (M)

		WOI	RK RECORD-	TO BE FI	LLED IN BY	EMPLOYEE
- 1	EMPLOYEE'S OFFICE TITLE OR DEPARTMENTAL DESIGNATION	ase't Duector of Laborat	Biologi	WORK	NGTH OF SERVICE AS NOW PERFORMED	HAS. PER 7 DAYS PER 5/2 WEEKS PER 49 DAY WEEK YEAR (GIVE HOURS, DAYS, WEEKS OR FRACTIONS THEREOF) DAYS WITH PAY (VACATION) DAYS WITH PAY (VACATION) DAYS WITH PAY (VACATION) DAYS WITH PAY (SICK)
;.	DESCRIPTION OF WORK IN DETAIL: (INDICATE			CHARACTER OF Y	OUR DUTIES, WHETHE	ER OFFICE, TRAVELLING OR FIELD WORK, ETC.) GIVE (1) GENERAL ROUTINE DUTIES AND RESPONSIBILITIES.
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_	+ Il	arge of in	o sono	diabi	1	wh of the Laboratory, type
_1	worke the repo	rs and b	ellers	which	h are	sent out; prepare the
	requisitions for	- punchases	; keep	1 th	e fin	ancial accounts, and
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	1200	exmonent of superising the s	leurs rantici	clinical work of the	Eli to The	In firmaid ascent 2 I product the beducal
-	4 -	y tests for rabil				
	Vies class y wood don					
	4 m - 4	1				
7	. IS YOUR WORK UNIFORM?	STATE THE EXTENT TO WHICH	THE VOLUME OF	YOUR WORK VA	RIES.	
8	. ARE YOU RESPONSIBLE FOR THE DIRECTION (OF OTHERS 1 (Y	ES OR NO)	to yes.		THIS SPACE IS TO BE FILLED IN BY THE BUREAU HEAD, OR OTHER ADMINISTRATIVE OFFICIAL
9	LIST THE TITLES OR NAMES OF BUREAUS, DIVISIONS, SE TOTAL SALARY COST [USING COLUMNS (A), (D) AND (E). LIST THE CIVIL SERVICE TITLES, AND FOR EACH TITLE THE] IF YOUR SUPERVISION DOES NOT COVER	AN ENTIRE BUREAU, DI	VISION OR OTHER O	RGANIZATION UNIT,	11. PLEASE STATE IN WHAT RESPECTS, IF ANY, THE CLASSES OF WORK ABOVE SET FORTH DO NOT LOGICALLY ATTACH TO THE POSITION UNDER EXISTING CONDITIONS AND REGULATIONS.
	ORGANIZATION UNIT CIVI	L SERVICE TITLES OF EMPLOYEES (8)	SALARY RATE	NUMBER OF EMPLOYEES (0)	TOTAL SALARY OF EMPLOYEES (c)	Nime -
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						12. PLEASE STATE WHAT TECHNICAL OR SPECIAL TRAINING OR EXPERIENCE, IF ANY, IS REQUIRED FOR THE SATISFACTORY PERFORMANCE OF THE DUTIES OF THIS
						POSITION.
			TOTALS			Steet hand, type willy log the
						with-educat agricolate &
	10. IF YOUR SUPERVISION IS ONLY PARTIAL, I.E	Mich I was en a	Partial.	matter	relation	high relied training
	Mi - supervin provinte formate to organizate, discipling	are referred to	the Dried	7 lli -	lake	
						13. REMARKS. (de The nature of work done
	I CERTIFY TO THE CORRECTNESS OF THE A	PPROVED	APPROVED			considerable vortime work is required and
		Jours 1-197	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		DATE	13. REMARKS. By the nature of the work done considerable vortime work is required and performed. No extra pay is given for

	-CIVIL SE	RVICE R	ECORD O	F EMPLOYE	EES CC	MMONWEAL	LTH OF	MASSAC	HUSETT	S	NO	
(a) PRESENT CIVIL SERVICE TITLE			FULL (SURNAME FIRS	т)	(C) LAST	OCCUPATION IMMED	NATELY BEFOR	E (d) DEF	PARTMENT		DO NO	T USE THIS
	attenda	w. Yu			7.0.	ENTERING STATE S	hr HEJ	.س.	Health			SPACE
(e) EMPLOYED IN (NAME OF CITY OF TOW		(f) LEGAL RE	on, Maud		CALADY OR WA	THE WETERAN	(1) ACE (1)		REAU			
(C) EMPLOYED IN THAME OF CITY OR TOW	<i>.</i> 111	()/ LEGAL RE	SIDENCE	ON	I BASIS ACTUALLY PAIL OF DAY; WK.; MO.; OR		(i) AGE (YE		ISION	0,		
Boston		Roxb	ury	1	SCO PER		20 -	0K. d	Biologi	ectal-		
()		ністої	RY OF EMPL		Cutte Commonwhile	OF ENTRANCE	TO THE S		AC.			
(1) DEPARTMENT	(2) POSITION	-	(3) CIVIL SERVICE C	14568 (4)	(5)	(6)	(7)	(8)	(9)	PEN	SION	(12)
& Kealth	Laborat	ory att	1 CLASSIFIED A - COMPETITI B - NON-COMP C - WITHOUT	VE POSITION SECURED ETITIVE (ORIGINAL APPOINT- EXAM. NENT, PROMOTION,	DATE OF APPOINTMENT, PROMOTION OR TRANSFER	BY WHOM APPOINTED	IS POSITION YOU HOLD STATUTORY? (GIVE SCETION)	SALARY OR WAGE (COMPUTE ON ANNUAL DASIS)	Refuglate Core For a Charlet TS OF ANY TO JANG TO JANG SEE CAPTIGN (K)	(10) AMOUNT CONTRIBUTED ANNUALLY BY EMPLOYEE	(11) AMOUNT CONTRIBUTED ANNUALLY BY STATE	DATE OF SEPARATION
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(k) STATE AVERAGE VALUE PER STATE IN CONN				HAN SALARY OR WAS MOS. AS BASIS FOR		FROM THE (I) IF THERE		SEPARATION FRO			ASONS
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LIVING QUARTERS MEALS (ACTUAL OR (ACTUAL OR CLOT	THING TO AND FROM	TRAVECTOR MI	SCELLANEOUS OT	FEES RECLIVED FROM HER SOURCES FOR WORK REFORMED IN CONNECTION	TOTAL BY	TOTAL BY YEAR	- wine	The second	hun	no	7	
ESTIMATED VALUE) ESTIMATED)	WORK	THOSE CHOICE		WITH STATE WORK			from	the	rend	ice.		
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Two. of												
	1						1 A - IF APP	DINTED FROM AN ELIG	UMBERS IN COLUM	D BY COMPETITIVE	EXAMINATION	
							1 C-IF APP		T OF A KON-COMPETI HINATION WITH APPROT SOR LIST		CE COMMISSION	
									ED, EXPLAIN IN "FE	MARKS" (m)		

	wo	RK RECORD	TO_BE_FI	LLED IN BY E	MPLOYEE	
1. EMPLOYEE'S OFFICE TITLE OR DEPAR DESIGNATION Laboratory attended	assistant Dir.	y peipling	is WORK	NOW PERFORMED	HRS. PER 4 DAYS PER 5 /2 WELKS DER 4 7 DAY WELK YEAR YEAR (GIVE HOURS, DAYS, WELKS OR FRACTIONS THEREOF)	5. ABSENCE ALLOWANCE
6. DESCRIPTION OF WORK IN DETAIL	(INDICATE AS CLEARLY AND COMPLETELY AS POSSI (2) SPECIAL; (3) MISCELLANEOUS.	BLE THE SCOPE AND	CHARACTER OF YO	OUR DUTIES, WHETHE	[EXPLAIN IN "REMARKS" (13)] R OFFICE, TRAVELLING OR FIELD WORK, ETC.) GIVE (1) 6	ENERAL ROUTINE DUTIES AND RESPONSIBILITIES;
0	of class word a dec					
				Led	ortfil for the	minals,
clean th	u alacerra	u s	end	out.	outfile for the	is collections
of sky;	mens, and	alast	ralle	1 ass	ist in keeps	in the
laborata	an til	9	,			
	Juny.					
7. IS YOUR WORK UNIFORM?	STATE THE EXTENT TO WHICH	THE VOLUME OF	YOUR WORK VA	RIES.		
(YES ON HO)		== 00 NO			THIS SPACE IS TO BE SHIED IN DV	THE DIRECTI HEAD OF OTHER
8. ARE YOU RESPONSIBLE FOR THE DIR	ECTION OF OTHERS? (Y	ES OR NO)			THIS SPACE IS TO BE FILLED IN BY ADMINISTRATIVE	OFFICIAL
TOTAL SALARY COST (USING COLUMNS (A), (D	ISIONS, SECTIONS, ETC., UNDER YOUR DIRECTION, SHO) AND (E).] IF YOUR SUPERVISION DOES NOT COVER H TITLE THE SALARY RATE AND NUMBER OF EMPLOYEES	AN ENTIRE BUREAU, DI	VISION OR OTHER C	(c) AND (D).	11. PLEASE STATE IN WHAT RESPECTS, IF AN FORTH DO NOT LOGICALLY ATTACH TO TIONS AND REGULATIONS.	IY, THE CLASSES OF WORK ABOVE SET THE POSITION UNDER EXISTING CONDI-
ORGANIZATION UNIT	CIVIL SERVICE TITLES OF EMPLOYEES (b)	SALARY RATE (c)	NUMBER OF EMPLOYEES (0)	TOTAL SALARY OF EMPLOYEES (c)	none.	
					12. PLEASE STATE WHAT TECHNICAL OR SPECIS REQUIRED FOR THE SATISFACTORY PERSONNEL PROSITION.	CIAL TRAINING OR EXPERIENCE, IF ANY, ERFORMANCE OF THE DUTIES OF THIS
					una.	
		TOTALS				
10. IF YOUR SUPERVISION IS ONLY PART	TIAL, I.E., SHARED WITH SOMEONE ELSE, IN	I	NT.			
CERTIFY TO THE CORRECTNESS OF ABOVE RECORD.		APPROVED			13. REMARKS. Joy the nate	certinic works
June 1. 19/70	ATE June 1. 1917	DATE		DATE	done considered or required and people is given for over-to	med. no extra per
SIGNED Maude a. Dagron	SIGNED W - G / MELLEY .	SIGNED	BUREAU HEAD OR OT	HER OFFICIAL	is given for over-su	m work