†Strike out one.

## UNITED STATES DEPARTMENT OF AGRICULTURE FOREST SERVICE, REGION NO. .....4.....

	Salmon National Forest,
	(Unit)
	Salmon, Idaho
	(Place)
	July 8, 1939
	(Date)
Mr. A. Orlo Johnson,	
Care Copper Creek Ranger Station, Form	ey, Idaho
Sir or Madam:	
You are hereby notified that you have h	been selected to fill the position of
Fire Guard	, CU-4 (Grade)*
in the Forest Service at a salary of \$1320	
effective July 10, 1939 (Date)	and continuing
texenek-in-clud-ingx-x-x-x-x-x-x-x-x-x-x-tUsexe	nly-for-classifiedxpositionsxof-30xdays)
for the duration of the work to which assig	ned unless sooner terminated.
A deduction of \$5.00 for Government quarters furnished. Employed under Rule 8, Section 2.	per month will be made from your salary  (1) Mayland Matterson  J. Wayland Ministrative from your salary
(Blackbird)	Acting Forest Supervisor (Title)
TOP OF FORM FOR NOTIFICATION OF EMPL	OYMENT: BOTTOM FOR TERMINATION
The above employment was terminated	(Deta of termination)
at the close of the day.	(Date of telimation)
a.m. p.m.	
All Government property of every descri	
	(Administrative officer)
(Date signed)	(Title)
*Use if applicable.	
ose ii appiioanie.	

Strike out one.

## UNITED STATES DEPARTMENT OF AGRICULTURE FOREST SERVICE, REGION NO. ...4.....

	SALMON NATIONAL FOREST	
	(Unit)	
	SALMON, IDAHO	
	(Place)	
	JULY 1, 1940	
	(Date)	
Mr. Orlo A. Johnson		
Forney, Idaho		
Sir or Madam:		
You are hereby notified that you have b	been selected to fill the position of	
Under Forest Guard	, CU-	
	(Grade)*	
in the Forest Service at a salary of \$ 126	o per annum	
effective July 1, 1940 (Date)	and continuing	
itexendxineludingx-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-	alyxforxelassified-positions-of <sub>x</sub> 3Q-day	s)
tfor the duration of the work to which assig	gned unless sooner terminated.	
\$5.00		
A deduction offor Government quarters furnished.	per month will be made from your salar	,Л
	2 "Co I mant	
Employed Under Section 1, Rule 8 Regular Funds	J. Wayland (Mertission Millsson)	
	Acting Forest Supervisor	
	(Title)	
TOP OF FORM FOR NOTIFICATION OF EMPLO	DYMENT: BOTTOM FOR TERMINATION	
The above employment was terminated		
tot the close of the day	(Date of termination)	
tat the close of the day.		
†at		
[p.m.		
All Government property of every descriemployee has been granted all accrued annual		
	(Administrative officer)	
	(Administrative onless)	
(Date signed)	(Title)	
*Use if applicable.		

N. S. GOVERNMENT PRINTING OFFICE 8-10999