

<b>CONTRACT INFORMATION AND CHECK LIST (CONTINUED)</b>		NAME: <b>John T. Pierce</b> TELEPHONE EXTENSION: <b>1118/3091</b>		DIVISION: <b>W/L/OI</b> DATE: <b>11 Aug 60</b>			
NOTE: SEE INSTRUCTIONS ON FIRST SHEET.							
SECTION VIII OTHER BENEFITS							
48. BENEFITS (See P 20-616, P 20-620, P 20-670, P 20-1000, and HR 20-620-1, HR 20-1000-1 and/or successor regulations for benefits applicable to various categories of contract personnel.)  <b>None</b>							
SECTION IX COVER ACTIVITY							
47. STATUS (Check)		<input checked="" type="checkbox"/> PROPOSED <input type="checkbox"/> ESTABLISHED	48. TYPE (Check)	<input type="checkbox"/> PROFESSIONAL <input type="checkbox"/> SUBSIDIARY	<input type="checkbox"/> CULTURAL <input type="checkbox"/> EDUCATIONAL	<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> MILITARY	<input checked="" type="checkbox"/> TOURIST <input type="checkbox"/> OTHER
49. IF COVER PAYMENTS ARE CONTEMPLATED, THEY WILL BE EFFECTED ON REIMBURSABLE BASIS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL							
SECTION X OFFSET OF INCOME							
50. OFFSET OF INCOME AND OTHER EMOLUMENTS DERIVED FROM COVER ACTIVITIES (If less than total, justify in separate memo attached hereto.) <input type="checkbox"/> NONE <input type="checkbox"/> PARTIAL <input checked="" type="checkbox"/> FULL							
SECTION XI TERM							
51. DURATION		52. EFFECTIVE DATE		53. RENEWABLE			
<input type="checkbox"/> DAYS <input type="checkbox"/> MONTHS <input checked="" type="checkbox"/> YEARS	<b>1 Oct</b>	<b>11 Aug 1960</b>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
54. TERMINATION NOTICE (Number of days) <b>30 days</b>			55. FORFEITURE OF RETURN TRAVEL FOR RESIGNATION PRIOR TO CONTRACT TERMINATION <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
SECTION XII FUNCTION							
56. PRIMARY FUNCTION (CI, PI, PP, other) <b>CI</b>							
SECTION XIII DUTIES							
57. GENERAL DESCRIPTION OF DUTIES TO BE PERFORMED <b>To penetrate Cuban Government in an effort to obtain current information on present and planned activities of the CASTRO regime. In the event she is determined to be under control of another service, she will be played as a double.</b>							
SECTION XIV QUALIFICATIONS							
58. EXPERIENCE <b>Subject is in a position close to Fidel CASTRO and other high government officials and has access through her work and contacts to information of interest to this Agency.</b>							
59. EDUCATION (Check Highest Level Attained)		<input type="checkbox"/> GRADE SCHOOL <input checked="" type="checkbox"/> BUSINESS SCHOOL GRADUATE	<input type="checkbox"/> HIGH SCHOOL GRADUATE <input type="checkbox"/> COLLEGE (No degree)	<input type="checkbox"/> TRADE SCHOOL GRADUATE <input type="checkbox"/> COLLEGE DEGREE <input type="checkbox"/> POST GRADUATE	<input type="checkbox"/> MA <input type="checkbox"/> PHD		
60. LANGUAGE COMPETENCY (Check Appropriate Degree Competency)		LANGUAGE	SPEAK FLUENT AVERAGE POOR	WRITE FLUENT AVERAGE POOR	READ FLUENT AVERAGE POOR	61. INDIVIDUAL'S COUNTRY OF ORIGIN  <b>U. S. of America</b>	
		<b>Spanish</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
		<b>French</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
62. AREA KNOWLEDGE <b>Latin America</b>							
SECTION XV EMPLOYMENT PRIOR TO CIA							
63. GIVE INCLUSIVE DATES, POSITION TITLE OR TYPE WORK, SALARY AND REASON FOR LEAVING  <b>Translator - Office of Administrative Officer, Juan OETA</b>							
SECTION XVI ADDITIONAL INFORMATION							
64. ADDITIONAL OR UNUSUAL REQUIREMENTS, JUSTIFICATIONS OR EXPLANATIONS (Use other side if necessary)							
<input type="checkbox"/> OVER							
APPROVAL							
DATE	TYPED NAME & SIGNATURE OF REQUESTING OPERATING OFFICIAL <b>C/W/L/OI</b>		DATE	TYPED NAME & SIGNATURE OF CONTRACT APPROVING OFFICER <b>J. D. ESTERLIER C/W/L/A</b>			