Assassination Records Review Board Final Determination Notification

AGENCY : HSCA

RECORD NUMBER : 180-10070-10149

RECORD SERIES : STAFF PAYROLL RECORDS

AGENCY FILE NUMBER :

December 8, 1995

Status of Document:

Postponed in Part

Number of releases of previously postponed information: 9

Reason for Board Action: The Review Board's decision was premised on several factors including: (a) the significant historical interest in the document in question; (b) the absence of evidence that the release of the information would cause harm to the United States or to any individual.

Number of Postponements: 7

Postponements: All the postponements in this document represent Social Security numbers.

Reason for Board Action: The text is redacted because the public disclosure of the redaction could reasonably be expected to constitute an unwarranted invasion of personal privacy, and that invasion of privacy would be so substantial that it outweighs the public interest.

Substitute Language: SSN

Date of Next Review: 2017

Board Review Completed: 10/24/95

Date: 08/20/93

Page:1

JFK ASSASSINATION SYSTEM

IDENTIFICATION FORM

AGENCY INFORMATION

AGENCY : HSCA

RECORD NUMBER : 180-10070-10149

RECORDS SERIES : STAFF PAYROLL RECORDS

AGENCY FILE NUMBER :

DOCUMENT INFORMATION

ORIGINATOR : HSCA

FROM:

TITLE :

DATE: 01/01/78

PAGES: 9

SUBJECTS:

HSCA; ADMINISTRATION

ROSS, IDA JANE

DOCUMENT TYPE : PRINTED FORM

CLASSIFICATION : U
RESTRICTIONS : 3
CURRENT STATUS : P

DATE OF LAST REVIEW: 07/16/93

OPENING CRITERIA:

COMMENTS:

Box 3.

(Please Use Typewriter or Ballpoint Pen)

U.S. HOUSE OF REPRESENTATIVES Washington, D.C. 20515

(Any erasures, corrections, or changes on this form must be initialed by the authorizing official.)

To the Clerk of the House of Representatives:

Employee Name (First-Middle-Last)	Effective Date
Ida Jane Ross	12/31/78
Employee Social Security Number	Type of Action
227-18-5345	☐ Appointment
Employing Office or Committee/Subcommittee	☐ Salary Adjustment ☐ Title Change
Assassinations	Termination (At close of business on effective date) Leave without pay (Beginning with effective date above and ending close of business) Specify Date
(If type of action is an Appointment, Salary Adjustment, or Title C	
Position Title	Gross Annual Salary*
* If employee is a civil service annuitant (includes U.S. House of Representatives), the plus the salary received from the employing office. (If Committee Employee, complete appropriate item below.) 1. Standing Committee: Staff— Clerical or Profess 2. Special (Investigative staff of Standing Committee) or 3. Joint Committee.	
If Employee of an Officer of the House, complete item below.	
Position NumberIf applicable, Level_	Step
I certify that this authorization is not in violation relatives.	of 5 U.S.C. 3110(b), prohibiting the employment of
Date	
	(Signature of Authorizing Official)
	LOUIS STOKES
(If appropriate, signature of Subcommittee Chairman or Ranking Minority Member)	(Type or print name of Authorizing Official)
(Type or print name and title of above official)	(Title – If Member, District and State)
All appointments and salary adjustments for employees uployees, except those of the Committee on Appropriations, the Committee on House Administration.	under the House Classification Act and for Committee em-
APPROVED:	Chairman, Committee on House Administration
Office of Finance use only:	ID
Office Code	Benefits
Monthly Annuity \$00 as of	
/ Y	I WYI WII

(Please Use Typewriter or Ballpoint Pen)

U.S. HOUSE OF REPRESENTATIVES Washington, D.C. 20515

(Any erasures, corrections, or changes on this form must be initialed by the authorizing official.)

To the Clerk of the House of Representatives:

	First-Middle-Last)	Effective Date	
Employee Social S		April 1, 1978	
Limployee Social S	occurry Mailinei	Type of Action	
227 18 5345		☐ Appointment	
Employing Office or Cor	mmittaa/Cuhaammittaa	☐ Salary Adjustment	
Employing Office or Cor	minitee/ Subcommittee	☐ Title Change	
		☐ Termination (At close of business on effective da	
Assassinations	☐ Leave without pay (Beginning with effective date above and ending close of business		
		Specify Date	
If type of action is an Appointment,	Salary Adjustment, or Title	Change, complete appropriate information below	1.)
Pos	sition Title	Gross Annual Salar	y*
		\$21,400	
* If employee is a civil service annuitant (inclu	des U.S. House of Representatives)	the gross annual salary shown should include the annuity recei	ived by the employ
or the salary received from the employing o	orrice.	grand and a second a second and	ived by me employ
f Committee Employee, complete	appropriate item below.)		
1. Standing Committee: S	taff— Clerical or Prof	ssional.	
		or Select Committee: Authority—H. Resof	0544
Toposiai (mirosingamiro si	arr or oranging committee)	or Select Committee: Authority—H. Resof	Congress
3. Joint Committee.			congress
3. Joint Committee.			Congress
 Joint Committee. f Employee of an Officer of the H 	louse, complete item belo	v.)	
3. Joint Committee.	louse, complete item belo	v.)	Congress
3. □ Joint Committee. f Employee of an Officer of the Hosition Number I certify that this authority	douse, complete item belo	v.)	
3. □ Joint Committee. f Employee of an Officer of the H Position Number I certify that this authorical positions.	douse, complete item beloIf applicable, Leve ization is not in violat	v.) IStep on of 5 U.S.C. 3110(b), prohibiting the en	
3. □ Joint Committee. f Employee of an Officer of the H Position Number I certify that this authorical street.	douse, complete item beloIf applicable, Leve ization is not in violat	v.) IStep on of 5 U.S.C. 3110(b), prohibiting the el	
3. □ Joint Committee. If Employee of an Officer of the Honor Position Number I certify that this authorical platives. Part 1 12	louse, complete item beloIf applicable, Leve ization is not in violat, 19_78	v.) IStep on of 5 U.S.C. 3110(b), prohibiting the en	
3. □ Joint Committee. f Employee of an Officer of the H Position Number I certify that this authorical street. Pate	louse, complete item beloIf applicable, Leve ization is not in violat, 19_78	v.) IStep on of 5 U.S.C. 3110(b), prohibiting the el	
3. □ Joint Committee. If Employee of an Officer of the Honor Position Number I certify that this authorical platives. Pate	louse, complete item beloIf applicable, Leve ization is not in violat, 19_73 or Ranking Minority Member)	(Signature of Authorizing Official) (Type or print name of Authorizing Official)	mployment o
3. □ Joint Committee. f Employee of an Officer of the H Position Number I certify that this authorical street. Pate	louse, complete item beloIf applicable, Leve ization is not in violat, 19_73 or Ranking Minority Member)	(Signature of Authorizing Official) (Type or print name of Authorizing Official)	mployment o
3. □ Joint Committee. If Employee of an Officer of the Honor Position Number I certify that this author elatives. PateADA	louse, complete item belo If applicable, Leve ization is not in violat, 19 or Ranking Minority Member) bove official) adjustments for employees	(Signature of Authorizing Official) (Type or print name of Authorizing Official) (Title-If Member, District and State)	mployment o
3. □ Joint Committee. If Employee of an Officer of the Honor Position Number I certify that this author elatives. PateADMIL_12 If appropriate, signature of Subcommittee Chairman (Type or print name and title of a All appointments and salary loyees, except those of the Committee Committees)	douse, complete item belo If applicable, Leve ization is not in violat, 19 or Ranking Minority Member) bove official) adjustments for employees itee on Appropriations, the	(Signature of Authorizing Official) (Title-If Member, District and State)	mployment o
3. ☐ Joint Committee. If Employee of an Officer of the Honor Position Number I certify that this author elatives. DateAnn (Type or print name and title of a All appointments and salary	douse, complete item belo If applicable, Leve ization is not in violat, 19 for Ranking Minority Member) bove official) adjustments for employees itee on Appropriations, the	(Signature of Authorizing Official) (Type or print name of Authorizing Official) (Title-If Member, District and State) under the House Classification Act and for Co	mployment o
3. □ Joint Committee. If Employee of an Officer of the H Position Number I certify that this authoricelatives. DateADMIL_12 f appropriate, signature of Subcommittee Chairman (Type or print name and title of a All appointments and salary loyees, except those of the Commi	douse, complete item belo If applicable, Leve ization is not in violat, 19 for Ranking Minority Member) bove official) adjustments for employees itee on Appropriations, the	(Signature of Authorizing Official) (Type or print name of Authorizing Official) (Title-If Member, District and State)	mployment o
3. □ Joint Committee. If Employee of an Officer of the Honor Position Number I certify that this author elatives. Pate	douse, complete item belo If applicable, Leve ization is not in violat, 19 for Ranking Minority Member) bove official) adjustments for employees itee on Appropriations, the	(Signature of Authorizing Official) (Type or print name of Authorizing Official) (Title—If Member, District and State) under the House Classification Act and for Committee on the Budget, and the Joint Com	mployment o
3. □ Joint Committee. If Employee of an Officer of the Honor Position Number □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	douse, complete item belo If applicable, Leve ization is not in violat, 19 for Ranking Minority Member) bove official) adjustments for employees itee on Appropriations, the	(Signature of Authorizing Official) (Type or print name of Authorizing Official) (Title-If Member, District and State) under the House Classification Act and for Committee on the Budget, and the Joint Com Chairman, Committee on House Administration	ommittee emainittees, must
3. ☐ Joint Committee. If Employee of an Officer of the H Position Number I certify that this authoricelatives. DateANYJI_12 f appropriate, signature of Subcommittee Chairman (Type or print name and title of a	douse, complete item belo If applicable, Leve ization is not in violat, 19 for Ranking Minority Member) bove official) adjustments for employees itee on Appropriations, the	(Signature of Authorizing Official) (Type or print name of Authorizing Official) (Title—If Member, District and State) under the House Classification Act and for Committee on the Budget, and the Joint Com	ommittee emainittees, must

TO: Thomas Howarth, Budget Officer
FROM: G. Robert Blakey, Chief Counsel, Staff Director
DATE: April, 11, 1978
RE: Salary Adjustments

Please increase the salaries of Louis Parisi and Ida Jane Ross seven percent (7%) effective April 1, 1978.

(Please Use Typewriter or Ballpoint Pen)

U.S. HOUSE OF REPRESENTATIVES Washington, D.C. 20515

(Any erasures, corrections, or changes on this form must be initialed by the authorizing official.)

To the Clerk of the House of Representatives:

Employee Name (First-Middle-Last)		Effective Date
Ida Jane Ross	5/1/77	
Employee Social Security Number		Type of Action
227 18 5345	☐ Appoin	tment
Employing Office or Committee	□ Salary	Adjustment
Assassinations	☐ Termination (At close of business on effective da	
(If type of action is an Appointment or Salary Adjustment, co	mplete the follo	wing information.)
Position Title		Gross Annual Salary
		\$20,000
(If Committee Employee, complete appropriate item below.)		
1. Standing Committee: Staff—Clerical or Pro	ofessional.	
2. Special or Select Committee: Authority—H. Res.	465 of 95th	L_Congress.
3. Doint Committee.		
If Employee of an Officer of the House, complete item below		
Position Numberlf applicable, Leve	IStep_	
I certify that this authorization is not in violati	on of 5 U.S.C.	3110(b), prohibiting the employment o
Date	W. Car	
Jule		(Signature of Authorizing Official)
	Louis S	
	Chadrens	ype or print name of Authorizing Official)
	VII II III	(Title—If Member, District and State)
All appointments and salary adjustments for employees ployees, except those of the Committee on Appropriations, the approved by the Committee on House Administration.		
APPROVED:		Compileo de Haus Administration
	Chairm	an, Committee on House Administration
Office of Finance use only:		
Office Code		FO 5/11
Monthly Annuity \$		40

(Please Use Typewriter or Ballpoint Pen)

U.S. HOUSE OF REPRESENTATIVES Washington, D.C. 20515

(Any erasures, corrections, or changes on this form must be initialed by the authorizing official.)

To the Clerk of the House of Representatives:

Employee Name (First-Middle-Last)	Effective Date
Ida Jane Ross	4/1/77
Employee Social Security Number	Type of Action
227 18 5345	☐ Appointment
Employing Office or Committee	☐ Salary Adjustment
Assassinations	☐ Termination (At close of business on effective date)
(If type of action is an Appointment or Salary Adjustment, comp	olete the following information.)
Position Title	Gross Annual Salary
	\$42,400
(If Committee Employee, complete appropriate item below.)	
1. Standing Committee: Staff—Clerical or Profe	ssional.
2. Special or Select Committee: Authority-H. Res. 40	5 of 95th Congress.
3. Joint Committee.	
3. Som Comminee.	
(If Employee of an Officer of the House, complete item below.)	
Position NumberIf applicable, Level_	Step
I certify that this authorization is not in violation relatives.	of 5 U.S.C. 3110(b), prohibiting the employment of
DateApril 29, 19_77	
	(Signature of Authorizing Official)
	(Type or print name of Authorizing Official)
<u> </u>	Chairman (Title—If Member, District and State)
All appointments and salary adjustments for employees uployees, except those of the Committee on Appropriations, the Cobe approved by the Committee on House Administration.	
APPROVED:	Chairman, Committee on House Administration
Office of Finance use only:	
Office Code	
Monthly Annuity \$00	

(Please Use Typewriter or Ballpoint Pen)

U.S. HOUSE OF REPRESENTATIVES Washington, D.C. 20515

(Any erasures, corrections, or changes on this form must be initialed by the authorizing official.)

To the Clerk of the House of Representatives:

Employee Name (First-Middle-Last)		Effective Date
Ida Jane Ross		2-1-77
Employee Social Security Number		Type of Action
227-18-5345	☐ Appointment	
Employing Office or Committee	Salary Adjustment	
Select Committee on Assassinations	☐ Termination (At close of business on effective date)	
(If type of action is an Appointment or Salary Adjustment, comple	ete the fo	llowing information.)
Position Title		Gross Annual Salary
		\$12,300.
(If Committee Employee, complete appropriate item below.)		
1. Standing Committee: Staff—Clerical or Professi	ional.	
2. Special or Select Committee: Authority—H. Res	of_9!	Congress.
3. Joint Committee.		
(If Employee of an Officer of the House, complete item below.)		
Position NumberIf applicable, Level	Ste	p
I certify that this authorization is not in violation or relatives.	of 5 U.S	S.C. 3110(b), prohibiting the employment of
2-28-77 Date, 19		
He	nry B.	(Signature of Authorizing Official)
Ch	airman	(Type or print name of Authorizing Official)
		(Title–If Member, District and State)
All appointments and salary adjustments for employees und ployees, except those of the Committee on Appropriations, the Corbe approved by the Committee on House Administration.	er the Ho mmittee o	ouse Classification Act and for Committee em- n the Budget, and the Joint Committees, must
APPROVED:		airman, Committee on House Administration
	Cho	airman, Committee on House Administration
Office of Finance use only:		
Office Code		
Monthly Annuity \$00		

(Please Use Typewriter or Ballpoint Pen)

U.S. HOUSE OF REPRESENTATIVES Washington, D.C. 20515

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To the Clerk of the House of Representatives:

Employee Name (First-Middle-Last)		Effective Date
Ida Jane Ross		
Employee Social Security Number	1/3/77 Type of Action	
227 18 5345	Appointment	
Employing Office or Committee	Salary Adjustment	
Limptoying office of committee	☐ Termination (At close of business on effective do	
Select Committee on Assassinations	l leim	initiality (At close of business on effective date)
(If type of action is an Appointment or Salary Adjustment, compl	ete the fol	llowing information.)
Position Title		Gross Annual Salary
		\$13,000.
(If Committee Employee, complete appropriate item below.)		
1. ☐ Standing Committee: Staff─☐ Clerical or ☐ Profess	sional.	
2. 🗷 Special or Select Committee: Authority—H. Res	Lof_9	5Congress.
3. Joint Committee.		
(If Employee of an Officer of the House, complete item below.)		•
Position NumberIf applicable, Level	Ste	ρ
I certify that this authorization is not in violation relatives.	of 5 U.S.	.C. 3110(b), prohibiting the employment of
Date, 19 77		
		(Signature of Authorizing Official)
<u>ne</u>	nry B.	Gonzalez (Type or print name of Authorizing Official)
<u>C</u> h	airman	
		(Title—If Member, District and State)
All appointments and salary adjustments for employees uncoployees, except those of the Committee on Appropriations, the Cobbe approved by the Committee on House Administration.	der the Ho mmittee or	use Classification Act and for Committee emnthe Budget, and the Joint Committees, must
APPROVED:		
	Cha	irman, Committee on House Administration
Office of Finance use only:		
Office Code		
Monthly Annuity \$00		

(Please Use Typewriter or Ballpoint Pen)

U.S. HOUSE OF REPRESENTATIVES Washington, D.C. 20515

(Any erasures, corrections, or changes on this form must be initialed by the authorizing official.)

To the Clerk of the House of Representatives:

Employee Name (First-Middle-Last)		Effective Date	
I la Jane Ross		1/1/77	
Employee Social Security Number		Type of Action	
227 18 5345	☐ Appointment		
Employing Office or Committee	☐ Salary Adjustment		
Select Committee on Assassinations	☐ Termination (At close of business on effective date)		
(If type of action is an Appointment or Salary Adjustment, comple	te the fo	llowing information.)	
Position Title		Gross Annual Salary	
Administrative Secretary/Receptionist		520,900	
(If Committee Employee, complete appropriate item below.)			
1. Standing Committee: Staff—Clerical or Profession	onal.		
2. Special or Select Committee: Authority—H. ResofCongress.			
3. Joint Committee.			
(If Employee of an Officer of the House, complete item below.)			
Position NumberIf applicable, Level	Position NumberIf applicable, LevelStep		
I certify that this authorization is not in violation o relatives.	f 5 U.S	.C. 3110(b), prohibiting the employment of	
Date			
		(Signature of Authorizing Official)	
<u>Frion</u>	13 OF 1	(Type or print name of Authorizing Official)	
Selec	t-Cour	rittee on Assassinations.	
		(Title–If Member, District and State)	
All appointments and salary adjustments for employees under the House Classification Act and for Committee employees, except those of the Committee on Appropriations, the Committee on the Budget, and the Joint Committees, must be approved by the Committee on House Administration.			
APPROVED:		airman, Committee on House Administration	
	Cho	irman, Committee on House Administration	
Office of Finance use only:			
Office Code			
Monthly Annuity \$00			

MEMORANDUM

All Staff Employees

Budget Officer

Signature of Employee

TO:

FROM:

January 3, 1977 DATE: RE: Payroll Certification Starting with the January, 1977 payroll, the certification to the House Finance Office requires, among other things, the relationship, if any, of each staff employee to any current Member of Congress (those taking office January 3, 1977). The following are the relationships to be included in the certification: father nephew brother-in-law mother niece sister-in-law husband son stepfather daughter wife stepmother. brother father-in-law stepbrother. sister mother-in-law stepsister uncle son-in-law half-brother aunt daughter-in-law half-sister first cousin All staff employees are requested to complete this form and return it to the Budget officer. Approved Richard A. Sprague I am not related I am related by the following relationship