

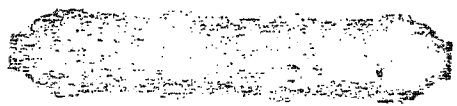
SECRET

Official Personnel Folder

SECRET

441100

RECEIVED



SECRET

REPRODUCTION MASTERS

SECRET

BIOGRAPHIC PROFILE

H a n d l e W i t h C a r e

SECRET

Ref. in 75

23 February 1977

Dear Mr. [REDACTED]

Enclosed is correspondence received in the Agency to be forwarded to you. Pursuant to the Privacy Act of 1974, we have made no response. In accordance with our policy, the request is mailed to you for any personal attention you wish to give it.

Sincerely,

[REDACTED]
Chief, Control Division

Dist.

Orig. - Adsp.

1 - TRS

1 - [REDACTED]
OP/1007/PGS/GSmith:1(a)(23Feb77)

☐ UNCLASSIFIED

☐ INTERNAL
USE ONLY

☐ CONFIDENTIAL

☐ SECRET

ROUTING AND RECORD SHEET

SUBJECT: (Optional)

FROM:

EXTENSION

NO

DATE

5695

02/22/77

TO: (Officer designation, room number, and building)

DATE

OFFICER'S
INITIALS

COMMENTS (Number each comment to show from whom to whom. Draw a line across columns after each comment.)

1.

OC/TRB

2.

3.

4.

5.

6.

7.

8.

9.

10.

11.

12.

13.

14.

15.

Enclosed is correspondence received in the Agency to be forwarded to you. Pursuant to the Privacy Act of 1974, we have made no response. In accordance with our policy, the request is mailed to you for any personal attention you wish to give it.

Sincerely,

410

☐ SECRET

☐ CONFIDENTIAL

☐ INTERNAL
USE ONLY

☐ UNCLASSIFIED

21 MAY 1975

Dear Mr. [REDACTED]

I am happy to send to you, under separate cover, your Agency Retirement Medallion. The Medallion is a tangible form of recognition and appreciation of your service to the Agency. It should serve as a lasting reminder of an honorable career, rewarding associations and the knowledge that you played your part in a vital activity.

Let me, therefore, add my congratulations and wish you the very best for the future.

Sincerely,

[REDACTED]
Director of Personnel

File - Mr. [redacted]
95-6755

21 APR 1975

[redacted]
Dear Mr. [redacted]

As you bring to a close your active career of service to your country, I join your friends and colleagues in wishing you well in your retirement.

It takes the conscientious efforts of many people to do the important work of this Agency. You leave with the knowledge that you have personally contributed to our success in carrying out our mission. Your faithful and loyal support has measured up to the high ideals and traditions of the Federal service.

May I extend to you my sincere appreciation for the important work you have done.

Sincerely,

W. E. Colby

W. E. Colby
Director

Distribution:

0 - Addressee
1 - OPE

Originator:

[redacted]
Director of Personnel

OP/RAD/ROH/ [redacted]

JAW/3287

(25 April 1975)

84 APR 1975

DL 48 23 MAY 75

NOTIFICATION OF PERSONNEL ACTION

ACP

1. SERIAL NUMBER

2. NAME (LAST FIRST MIDDLE)

317174

3. NATURE OF PERSONNEL ACTION (REPLACEMENT)
(DISABILITY) UNDER CIA RETIREMENT
AND DISABILITY SYSTEM FROM PSL

4. EFFECTIVE DATE

5. CATEGORY OF EMPLOYMENT

MO DA YR
65 15 75

REGULAR

6. FUNDS

X

V TO V

V TO CP

CP TO V

CP TO CP

7. PAN AND ASCA

8. CK OR OTHER LEGAL AUTHORITY

5237 1332

P014

PI 88-643 SECT 231

9. ORGANIZATIONAL DESIGNATIONS

10. LOCATION OF OFFICIAL STATION

11. POSITION TITLE

OPS OFFICER

12. POSITION NUMBER

JCDP

13. SERVICE DESIGNATION

J-46

14. CLASSIFICATION SCHEDULE (S.E. 18, 24)

15. OCCUPATION SERIES

16. GRADE AND STEP

17. SALARY OR RATE

GS

0136.01

13 6

75451

18. REMARKS

SIGNATURE OR OTHER AUTHENTICATION

17 MAY 11 02:00Z

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION

DATE PREPARED

3 September 1974

1. SERIAL NUMBER 017974		2. NAME (Last-First-Middle) [Redacted]																															
3. NATURE OF PERSONNEL ACTION Extended Sick Leave Pending Disability Retirement NTE: 14 MAY 75		4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 09 08 74																															
5. CATEGORY OF EMPLOYMENT Regular		6. FAN AND NSCA 5237-1392 0000																															
7. FUND X V TO V O TO V O TO O		8. LOCAL AUTHORITY (Completed by Office of Personnel)																															
9. ORGANIZATIONAL DESIGNATION DDO/EA Division Development Complement		10. LOCATION OF OFFICIAL STATION Wash., D. C.																															
11. POSITION TITLE Ops Officer		12. POSITION NUMBER 9997																															
13. CAREER SERVICE DESIGNATION DMG		14. GRADE AND STEP 13 0																															
15. CLASSIFICATION SYMBOL (U.S. L.A. 66-1) GS		16. OCCUPATIONAL SERIES 0138.01																															
17. SALARY OR RATE 24,122		18. REMARKS LWD: 6 September 1974 Pending Disability Retirement Reassigned from DDO/EA [Redacted] Position 4408 *CTHAR																															
19. OFFICE CNG/SEC 12		20. DATE SIGNED 6 Sept 74																															
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL																																	
<table border="1"> <tr> <td>21. ACTION CODE</td> <td>22. EMPLOY CODE</td> <td>23. OFFICE CODE</td> <td>24. NUMBER</td> <td>25. ALPHABETIC</td> <td>26. LOCATION</td> <td>27. STATUS</td> <td>28. DATE OF BIRTH</td> <td>29. DATE OF GRADE</td> <td>30. DATE OF LIT</td> </tr> <tr> <td>31. DATE OF BIRTH</td> <td>32. DATE OF GRADE</td> <td>33. DATE OF LIT</td> <td>34. DATE OF BIRTH</td> <td>35. DATE OF GRADE</td> <td>36. DATE OF LIT</td> <td>37. DATE OF BIRTH</td> <td>38. DATE OF GRADE</td> <td>39. DATE OF LIT</td> <td>40. DATE OF BIRTH</td> </tr> <tr> <td>41. DATE OF GRADE</td> <td>42. DATE OF LIT</td> <td>43. DATE OF BIRTH</td> <td>44. DATE OF GRADE</td> <td>45. DATE OF LIT</td> <td>46. DATE OF BIRTH</td> <td>47. DATE OF GRADE</td> <td>48. DATE OF LIT</td> <td>49. DATE OF BIRTH</td> <td>50. DATE OF GRADE</td> </tr> </table>				21. ACTION CODE	22. EMPLOY CODE	23. OFFICE CODE	24. NUMBER	25. ALPHABETIC	26. LOCATION	27. STATUS	28. DATE OF BIRTH	29. DATE OF GRADE	30. DATE OF LIT	31. DATE OF BIRTH	32. DATE OF GRADE	33. DATE OF LIT	34. DATE OF BIRTH	35. DATE OF GRADE	36. DATE OF LIT	37. DATE OF BIRTH	38. DATE OF GRADE	39. DATE OF LIT	40. DATE OF BIRTH	41. DATE OF GRADE	42. DATE OF LIT	43. DATE OF BIRTH	44. DATE OF GRADE	45. DATE OF LIT	46. DATE OF BIRTH	47. DATE OF GRADE	48. DATE OF LIT	49. DATE OF BIRTH	50. DATE OF GRADE
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SECRET

EXCLUDED BY P. 1102

EX 1

EX 2

40:

14-00000

SUMMARY OF AGENCY EMPLOYMENT

[REDACTED]

1955-1962: Economic Analyst - Conducted research and analysis including statistical studies of Sino-Soviet Bloc production of military equipment and related materials.

[REDACTED]

1963-1974: Intelligence Operations Officer - Served in various staff, supervisory and liaison capacities on U.S. and Asian area assignments. Was primarily concerned with the collection, evaluation and reporting of high priority intelligence of national interest including economic, political, social and military aspects of nations where assigned.

[REDACTED]

Supervised a staff [REDACTED]

[REDACTED] and provided guidance and assistance to colleagues involved in similar activities. At various times was responsible for the staffing, budgeting and management of major programs and projects.

SECRET

(If Not Filled In)

REQUEST FOR PERSONNEL ACTION

DATE PREPARED

9 September 1974

1. SERIAL NUMBER 2. NAME (Last-First-Middle)

017974

3. NATURE OF PERSONNEL ACTION

Reassignment

4. EFFECTIVE DATE REQUESTED

09 05 74

5. CATEGORY OF EMPLOYMENT

Regular

6. FUNDS

X

V TO V

V TO O

O TO V

O TO O

7. FAN AND NSCA

5237-1392 0000

8. LEGAL AUTHORITY (Completed by Office of Personnel)

9. ORGANIZATIONAL DESIGNATIONS

DDO/EA Division
Development Complement

10. LOCATION OF OFFICIAL STATION

Washington, D.C.

11. POSITION TITLE

Ops Officer

12. POSITION NUMBER

9997

13. CAREER SERVICE DESIGNATION

DMG

14. CLASSIFICATION SCHEDULE (GS, LP, etc.)

GS

15. OCCUPATIONAL SERIES

0136-01

16. GRADE AND STEP

13 6

17. SALARY OR RATE

24,122

18. REMARKS

HB:EA

Reassigned from: DDO/EA/JK/K Position #4408

Pending Disability Retirement

OTHER

19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODES		22. STATION CODE		23. INTELLIGENCE CODE		24. ROUTES CODE		25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LET	
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28. RET. EXPIRES		29. SPECIAL EMPLOYMENT		30. RETIREMENT DATA		31. SEPARATION DATA		32. COLLECTION/CONTRIBUTION DATA		33. SECURITY		34. SEC		35. SECURITY		36. SEC	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
37. PRIORITIES		38. SERV. COMP. DATE		39. LONG. COMP. DATE		40. CAREER CATEGORY		41. FIELD/HEALTH INTELLIGENCE		42. SOCIAL SECURITY NO.		43. SOCIAL SECURITY NO.		44. SOCIAL SECURITY NO.		45. SOCIAL SECURITY NO.	
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2-10 PT		2-10 PT		2-10 PT		2-10 PT		2-10 PT		2-10 PT		2-10 PT		2-10 PT		2-10 PT	
11. PREVIOUS CIVILIAN GOVERNMENT SERVICE		12. LEAVE CAT.		13. LEAVE CAT.		14. LEAVE CAT.		15. LEAVE CAT.		16. LEAVE CAT.		17. LEAVE CAT.		18. LEAVE CAT.		19. LEAVE CAT.	
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43. POSITION CONTROL CERTIFICATION		44. OF APPROVAL		45. OF APPROVAL		46. OF APPROVAL		47. OF APPROVAL		48. OF APPROVAL		49. OF APPROVAL		50. OF APPROVAL		51. OF APPROVAL	
CM 9/10/74		[]		[]		[]		[]		[]		[]		[]		[]	
9/10/74		9/10/74		9/10/74		9/10/74		9/10/74		9/10/74		9/10/74		9/10/74		9/10/74	

FORM 1152

USE PREVIOUS EDITION

SECRET

CLASSIFIED BY 01-0312

PAGE 1

ADMINISTRATIVE

6 SEP 1974

MEMORANDUM FOR : [REDACTED]

THROUGH

: Head of D Career Service

SUBJECT

: Notification of Approval of Disability Retirement

1. This is to inform you that the Director of Personnel has approved your request for disability retirement under the CIA Retirement and Disability System. On the basis of medical evidence, the Director of Personnel has determined that your disability is of a permanent nature; therefore, no further medical review of your case will be required.

2. Your retirement will become effective 14 May 1975, the expiration date of your accrued sick leave. You may be assured that every effort will be made to expedite delivery of your first check following completion of the administrative details required to effect your retirement.

[REDACTED]
Chief

Retirement Affairs Division

Distribution:

- 0 - Addressee
- 1 - D Career Service
- 1 - OMS
- 1 - OPF
- 1 - ROB Soft File
- 1 - ROB Reader

OP/RAD/ROB/[REDACTED] jat/3257 (5 September 1974)

ADMINISTRATIVE
INTERNAL USE ONLY

2 JUL 1974

MEMORANDUM FOR : Chairman, Board of Medical Examiners

SUBJECT : Request for Medical Evaluation -
[REDACTED]

1. Subject, a participant in the CIA Retirement and Disability System, has applied for disability retirement under the provisions of Section 231 of Public Law 88-643, Central Intelligence Agency Retirement Act of 1964 for Certain Employees. It is requested that a medical examination be arranged for Subject and that a written report of the Board of Medical Examiners as prescribed in paragraph f.(4) of HR 20-50 be submitted to the Director of Personnel.
2. Attached are copies of the Supervisor's Statement and the Application for Disability Retirement. The Office of Personnel has been advised by the Office of Medical Services that a private physician's statement has been forwarded directly to them.
3. Mr. [REDACTED] will remain on duty pending a decision on his application for retirement.

[REDACTED]
Deputy Director of Personnel
for Special Programs

Attachments:

- a. Supervisor's Statement
- b. Application

Distribution:

- 0 & 1 - Addressee
- 1 - D/Pers
- 1 - OPF
- 1 - ROB Soft File
- 1 - ROB Folder

OP/RAD/ROB/[REDACTED] lat/3257 (28 June 1974)

ADMINISTRATIVE
INTERNAL USE ONLY

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
1. SERIAL NUMBER 017974		2. NAME (Last-First-Middle) [Redacted]		3. JANUARY 1974	
3. NATURE OF PERSONNEL ACTION REASSIGNMENT			4. EFFECTIVE DATE REQUESTED MO: 01 DAY: 20 YEAR: 74		5. CATEGORY OF EMPLOYMENT REGULAR
6. FUNDS X V TO V O TO V		7. FINANCIAL ANALYSIS NO. (CHARGEABLE) 4237-1374-0000		8. LEGAL AUTHORITY (Completed by Office of Personnel)	
9. ORGANIZATIONAL DESIGNATIONS DDO/EAST ASIA DIVISION			10. LOCATION OF OFFICIAL STATION WASHINGTON, D.C.		
11. POSITION TITLE OPS OFFICER		12. POSITION NUMBER 1148 1400		13. CAREER SERVICE DESIGNATION D	
14. CLASSIFICATION SYMBOL (GS, LB, etc.) GS		15. OCCUPATIONAL SERIES 0136.01		16. GRADE AND STEP 13 6	
17. SALARY OR RATE \$24,122		18. REMARKS FROM: EA/PMI #4024			
DATE SIGNED 1/10/74		DATE SIGNED 7 Jan 74			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
19. ACTION CODE 3710	20. EMPLOY CODE 4500	21. OFFICE CODING NUMERIC ALPHABETIC EA 7003	22. STATION CODE 7003	23. INTEGRITY CODE 1	24. ADJUST.
25. DATE OF BIRTH MO. DA. YR.	26. DATE OF GRADE MO. DA. YR.	27. DATE OF LST MO. DA. YR.			
28. NTE CLARIFY	29. SPECIAL REFERENCE	30. RETIREMENT DATA 1-YES 2-NO 3-FILE 4-NO	31. SEPARATION DATA CODE TYPE	32. CORRECTION/CANCELLATION DATA MO. DA. YR.	33. SECURITY REQ. NO.
34. VET. PREFERENCE CODE 1-None 2-5 yr 3-10 yr	35. STY COMP DATE MO. DA. YR.	36. LWS COMP DATE MO. DA. YR.	37. EARLY CATEGORY CODE 1-YES 2-NO	38. HEALTH INSURANCE CODE 1-YES 2-NO 3-UNELIGIBLE	39. SOCIAL SECURITY NO.
40. METHOD OF CIVILIAN GOVERNMENT SERVICE CODE 1-25 PERIODS SERVICE 2-25 PERIODS SERVICE 3-25 PERIODS SERVICE (LESS THAN 3 YEARS) 4-25 PERIODS SERVICE (MORE THAN 3 YEARS)		41. STATE TAX CODE CODE	42. FEDERAL TAX DATA FORM EXECUTED CODE 1-YES 2-NO		43. STATE TAX DATA FORM EXECUTED CODE 1-YES 2-NO
44. POSITION CONTROL CERTIFICATION 11483 1-8-74			45. CP APPROVAL DATE APPROVED 1-9-74		

FORM 1152 USE PREVIOUS EDITION

SECRET

GROUP 1
EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION

DATE PREPARED
2 OCTOBER

1. SERIAL NUMBER
017974

2. NAME (Last, First, Middle Initial)

3. NATURE OF PERSONNEL ACTION

**REASSIGNMENT AND TRANSFER TO
VOUCHERED FUNDS**

4. EFFECTIVE DATE REQUESTED

MONTH DAY YEAR
10 14 73

5. CATEGORY OF EMPLOYMENT

REGULAR

6. FUNDS

V TO V
XX O TO V

Z TO Z
O TO O

7. FAN AND NSCA

4237-1374-0000

8. LEGAL AUTHORITY (Completed by Office of Personnel)

9. ORGANIZATIONAL DESIGNATION

DDO/EA DIVISION

10. LOCATION OF OFFICIAL STATION

WASH., D.C.

11. POSITION TITLE

OPS OFFICER

(D-13)

12. POSITION NUMBER

4024

13. CAREER SERVICE DEMONSTRATION

D

14. CLASSIFICATION SCHEDULE (GS, LB, etc.)

GS

15. OCCUPATIONAL SERIES

0136.01

16. GRADE AND STEP

13 6A

17. SALARY OR RATE

24,122

18. REMARKS

FROM: DDO/EA/PMI/MS/#4939/MANILA, P.I.

DATE SIGNED

10/2/73

DATE SIGNED

10-4-73

SPACES BELOW FOR EXCLUSIVE USE

19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING	22. STATION CODE	23. INITIAL CODE	24. ROUTES CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LST
10	10	US/NO EA	7003					
28. R/E EXPENSES	29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA CODE	32. LOGS (TYPE)	33. SECURITY REG. NO.	34. SEC.		
MO. DA. YR.		MO. DA. YR.		MO. DA. YR.				
35. VET. PREFERENCE	36. SERV. COMP. DATE	37. LONG. COMP. DATE	38. CAREER CATEGORY	39. HEALTH/HEALTH INSURANCE	40. SOCIAL SECURITY NO.			
CODE	MO. DA. YR.	MO. DA. YR.	CODE	CODE				
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE	42. LEAVE CAT. CODE	43. FEDERAL TAX DATA	44. STATE TAX DATA					
CODE	CODE	CODE	CODE					
45. POSITION CONTROL CERTIFICATION	46. O	47. DATE APPROVED						
		982773						

FORM 8-72 1152

USE PREVIOUS EDITION

SECRET

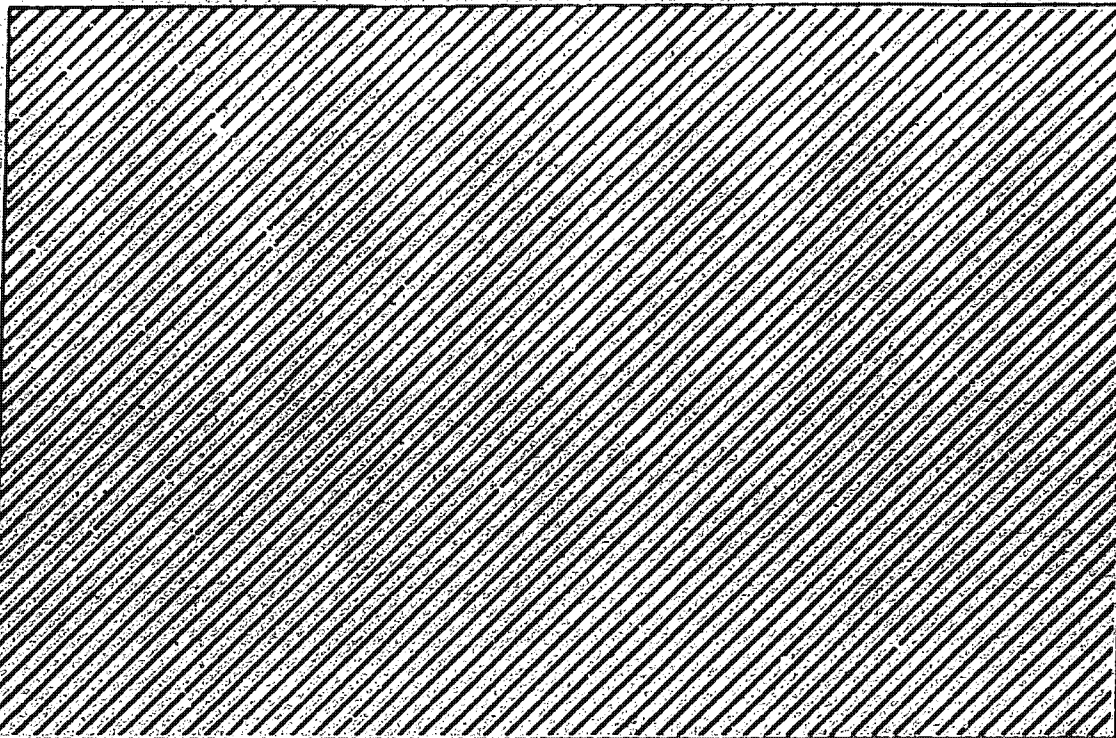

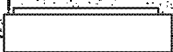
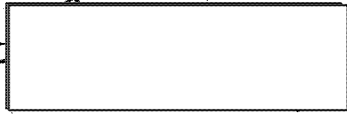
CLASSIFIED BY 01-0332

EX-2

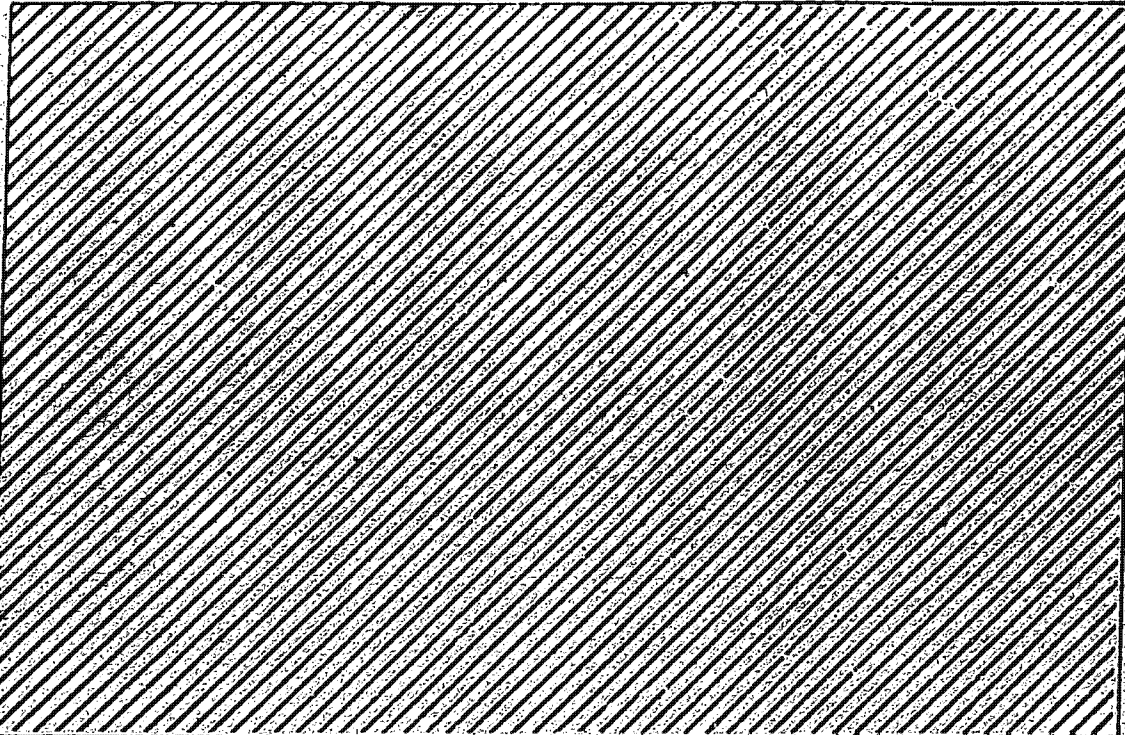
APC

14

ADMINISTRATIVE - INTERNAL USE ONLY

		
NAME OF EMPLOYEE (Last-First-Middle) 	NAME AND RELATIONSHIP OF DEPENDENT* 	CLAIM NUMBER 74-0194
<p>There is on file in the Personal Affairs Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent*) for an illness, injury, or death incurred on <u>1 July 1973</u>.</p> <p>This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.</p>		
DATE OF NOTICE 11 Sept 1973	SIGNATURE OF DSO REPRESENTATIVE 	
NOTICE OF OFFICIAL DISABILITY CLAIM FILE		

ADMINISTRATIVE - INTERNAL USE ONLY



NAME OF EMPLOYEE (Last-First-Middle)	NAME AND RELATIONSHIP OF DEPENDENT	CLAIM NUMBER
	Self	74-0096

There is on file in the Personal Affairs Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent*) for an illness, injury, or death incurred on 30 June 1973.

This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.

DATE OF NOTICE

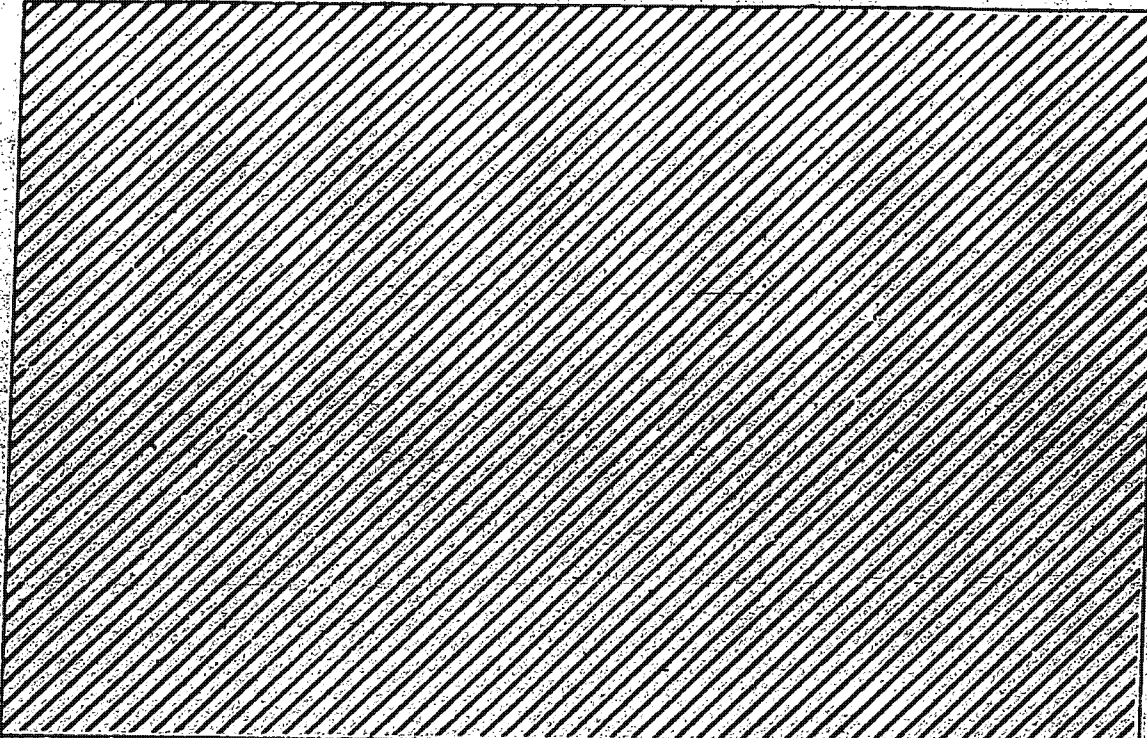
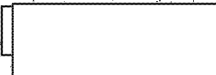
27 August 1973

SIGNATURE OF BSO REPRESENTATIVE



NOTICE OF OFFICIAL DISABILITY CLAIM FILE

SECRET
(When Filled In)

		
NAME OF EMPLOYEE (Last-First-Middle) 	NAME AND RELATIONSHIP OF DEPENDENT SELF	CLAIM NUMBER 72-0959
<p>There is on file in the Personal Affairs Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent*) for an illness, injury, or death incurred on <u>18 February 1972</u>.</p> <p>This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.</p>		
DATE OF NOTICE 9 May 72	SIGNATURE OF USG REPRESENTATIVE	
NOTICE OF OFFICIAL DISABILITY CLAIM FILE		

SECRET

1-21641

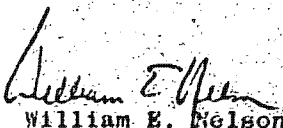
MEMORANDUM FOR: Deputy Director for Plans 20 Apr 71
THROUGH : Director of Personnel
SUBJECT : Departure Short of Tour and Home Leave -
[redacted]
REFERENCE : CSN 20-89, PERSONNEL, 16 April 1971

1. Paragraph four contains a recommendation for your approval.

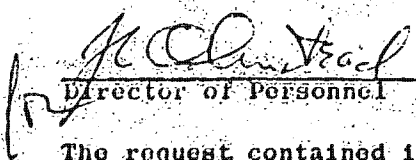
2. [redacted] is a GS-13 Operations Officer who has been assigned to the [redacted] since 20 May 1969. His current tour will end on 19 May 1971; his request for a second tour after home leave has been approved.

3. Mr. [redacted] wife has acrophobia and does not fly. In view of her condition she has been authorized round-trip travel by sea. The Division has authorized [redacted] and children to accompany her on the voyage from [redacted] to the U. S.

4. [redacted] advises that the [redacted] can be accommodated on a ship scheduled to sail from [redacted] on 3 May. In order to make the sailing, [redacted] would have to depart post before completion of his tour. The Far East Division recommends approval for Mr. Fox to depart [redacted] short of tour for home leave.

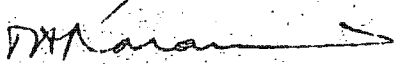

William E. Nelson
Chief, Far East Division

CONCUR:


Director of Personnel

30 April 1971
Date

The request contained in Paragraph four is APPROVED:


Deputy Director for Plans

3 May 71
Date

SECRET

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED 18 AUGUST 1970	
1. SERIAL NUMBER 017514		2. NAME (Last-First-Middle) <div style="border: 1px solid black; width: 100px; height: 20px;"></div>					
3. NATURE OF PERSONNEL ACTION REASSIGNMENT				4. EFFECTIVE DATE REQUESTED 08/21/70		5. CATEGORY OF EMPLOYMENT REGULAR	
6. FUNDS <div style="display: flex; align-items: center;"> <div style="width: 20px; height: 20px; background-color: black; margin-right: 5px;"></div> <div> V TO V C TO V </div> </div>		<div style="display: flex; align-items: center;"> <div style="width: 20px; height: 20px; background-color: black; margin-right: 5px;"></div> <div> V TO C C TO C </div> </div>		7. FINANCIAL ANALYSIS NO. CHARGEABLE 1137-1632		8. LEGAL AUTHORITY (Completed by Office of Personnel)	
9. ORGANIZATIONAL DESIGNATIONS DDP/FE FOREIGN FIELD				10. LOCATION OF OFFICIAL STATION <div style="border: 1px solid black; width: 150px; height: 40px;"></div>			
11. POSITION TITLE OPS. OFFICER				12. POSITION NUMBER 4945		13. CAREER SERVICE DESIGNATION D	
14. CLASSIFICATION SCHEDULE (GS, E, B, PW, J) GS		15. OCCUPATIONAL SERIES 0136.01		16. GRADE AND STEP 13 4		17. SALARY OR RATE \$ 18,437.	
18. REMARKS FROM: NAME/4947							
18A. <div style="border: 1px solid black; width: 150px; height: 40px;"></div>				DATE SIGNED <div style="border: 1px solid black; width: 100px; height: 40px;"></div>		DATE SIGNED 1 AUG 1970	
LOW FOR EXCLUSIVE USE							
19. ACTION CODE 37	20. EMPLOY CODE 10	21. OFFICE CODING NUMERIC: 4544 ALPHABETIC: FE		22. STATION CODE 5755	23. INTEGRATE CODE 3	24. HOURS CODE <div style="border: 1px solid black; width: 40px; height: 20px;"></div>	25. DATE OF ACTION MO. DA. YR. <div style="border: 1px solid black; width: 40px; height: 20px;"></div>
26. DATE OF GRACE MO. DA. YR.	27. DATE OF GRACE MO. DA. YR.	28. DATE OF GRACE MO. DA. YR.	29. DATE OF GRACE MO. DA. YR.	30. DATE OF GRACE MO. DA. YR.	31. DATE OF GRACE MO. DA. YR.	32. DATE OF GRACE MO. DA. YR.	33. DATE OF GRACE MO. DA. YR.
34. RET. PREFERENCE CODE 1-5 PT 3-10 PT		35. SERV. COMP. DATE MO. DA. YR.		36. ICRS COMP. DATE MO. DA. YR.		37. EARLIER CATEGORY CODE 1-10	
38. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0-NO PREVIOUS SERVICE 1-80 YEARS IN SERVICE 2-BRIEF IN SERVICE (LESS THAN 5 YEARS) 3-EXTENSIVE IN SERVICE (MORE THAN 5 YEARS)		39. LEAVE CAT. CODE		40. FORM EXECUTED CODE 1-YES 2-NO		41. FEDERAL TAX DATA CODE 1-YES 2-NO	
42. POSITION LOCATION CERTIFICATION				43. OF APPROVAL <div style="border: 1px solid black; width: 100px; height: 40px;"></div>		DATE APPROVED 08-21-70	

FORM 1152 3-67

PREVIOUS EDITION

SECRET

EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION										DATE PREPARED	
1. SERIAL NUMBER		2. NAME (Last-First-Middle)						18 AUGUST 1970			
017974											
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE REQUESTED		5. CATEGORY OF EMPLOYMENT					
REASSIGNMENT				MONTH DAY YEAR		REGULAR					
6. FUNDS		V TO V		V TO C		7. FINANCIAL ANALYSIS NO. CHARGEABLE		8. LEGAL AUTHORITY (Completed by Office of Personnel)			
C TO V		C TO C		1137-1639							
9. ORGANIZATIONAL DESIGNATIONS				10. LOCATION OF OFFICIAL STATION							
DIP/YE FOREIGN FIELD YE/PHI - INDILATERAL SPACE											
11. POSITION TITLE				12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION					
OPS OFFICER				3-14		D					
14. CLASSIFICATION SCHEDULE (GS, E, etc.)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OF BASE			
GS				0136.01		13 4		\$ 18,437.			
18. REMARKS											
FROM: 3AUG/1970											
18A. SIGNATURE OF OFFICE OF PERSONNEL											
DATE SIGNED 18 AUG 1970											
18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER											
DATE SIGNED											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODES	22. STATION CODE	23. INTEGRAL CODE	24. MONTHS CODE	25. DATE OF BIRTH	26. DATE OF BIRTH	27. DATE OF BIRTH	28. DATE OF BIRTH		
		NUMERIC ALPHABETIC				MO DA YR	MO DA YR	MO DA YR	MO DA YR		
29. DATE EXPIRES	30. SPECIAL REFERENCE	31. OFFICIAL DATA	32. SEPARATION DATA CODE	33. CORRECTION CANCELLATION DATA	34. SECURITY	35. SEE	36. SECURITY	37. SEE	38. SECURITY		
MO DA YR		CODE			MO DA YR		MO DA YR		MO DA YR		
39. VET PREFERENCE	40. SERV COMP DATA	41. LOAN COMP DATA	42. CAREER CATEGORY	43. FEEL HEALTH INSURANCE	44. SOCIAL SECURITY NO	45. SOCIAL SECURITY NO	46. SOCIAL SECURITY NO	47. SOCIAL SECURITY NO	48. SOCIAL SECURITY NO		
CODE	MO DA YR	MO DA YR	CODE	CODE	MO DA YR	MO DA YR	MO DA YR	MO DA YR	MO DA YR		
49. PREVIOUS CIVILIAN GOVERNMENT SERVICE	50. ALIAS CAT	51. FEDERAL TAX DATA	52. SOCIAL SECURITY DATA	53. SOCIAL SECURITY DATA	54. SOCIAL SECURITY DATA	55. SOCIAL SECURITY DATA	56. SOCIAL SECURITY DATA	57. SOCIAL SECURITY DATA	58. SOCIAL SECURITY DATA		
CODE	CODE	CODE	CODE	CODE	CODE	CODE	CODE	CODE	CODE		
59. POSITION CONFIRMATION CERTIFICATION	60. OFF APPROVAL	61. DATE APPROVED	62. OFF APPROVAL	63. DATE APPROVED	64. OFF APPROVAL	65. DATE APPROVED	66. OFF APPROVAL	67. DATE APPROVED	68. OFF APPROVAL		

FORM 1152 USE PREVIOUS EDITION

SECRET

EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

101

SECRET
 (S) Now Filled In

[illegible]

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
1. SERIAL NUMBER 017974				11 April 1969	
2. NAME (Last-First-Middle) [Redacted]					
3. NAME OF PERSONNEL ACTION CONVERSION FROM FBR STATUS				4. EFFECTIVE DATE REQUESTED MONTHS 04, DAY 06, YEAR 69	
5. CATEGORY OF EMPLOYMENT REGULAR				6. FINANCIAL ANALYSIS NO. CHARGEABLE 9137-1373	
7. LEGAL AUTHORITY (Completed by Office of Personnel)				8. LOCATION OF OFFICIAL STATION WASHINGTON, D. C.	
9. ORGANIZATIONAL DESIGNATIONS DDP/FE FE/PHI - [Redacted]				10. POSITION NUMBER 4024	
11. POSITION TITLE OPS OFFICER (13)				12. CAREER SERVICE DESIGNATION D	
13. CLASSIFICATION SCHEDULE (GS, F, B, etc.) GS				14. OCCUPATIONAL SERIES 0136.01	
15. GRADE AND STEP 13 3				16. SALARY OR RATE 15,369	
17. REMARKS F. Wash, D.C. Vm Dev (FE) FROM: Same					
18. DATE SIGNED 4/10/69		19. SIGNATURE OF CHIEF OF PERSONNEL [Redacted]		20. DATE SIGNED 4/10/69	
OR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
21. ACTION CODE Sg 10	22. DATE 4/10/69	23. STATION CODE 75013	24. INTEREST CODE	25. MONTHS CODE	26. DATE OF BIRTH
27. DATE OF LEAVE	28. DATE OF LEAVE	29. DATE OF LEAVE	30. DATE OF LEAVE	31. DATE OF LEAVE	32. DATE OF LEAVE
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FORM 1112-100 (REV. 1-67)

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EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

SECRET

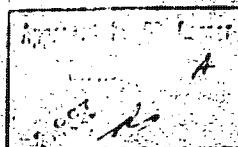
(S) How Filled In

REQUEST FOR PERSONNEL ACTION										DATE PREPARED	
1. SERIAL NUMBER 017974										19 OCTOBER 1968	
2. NAME (Last-First-Middle) [REDACTED]											
3. NATURE OF PERSONNEL ACTION PROMOTION										4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 10 30 68	
5. CATEGORY OF EMPLOYMENT REGULAR										6. LEGAL AUTHORITY (Complied by Office of Personnel)	
7. FINANCIAL ANALYSIS NO. CHARGEABLE 9137 1375											
8. ORGANIZATIONAL DESIGNATION DDP/FE FE/PHI - [REDACTED]										9. LOCATION OF OFFICIAL STATION WASH., D. C.	
10. POSITION TITLE [REDACTED]										11. POSITION NUMBER 4034	
12. CAREER SERVICE DESIGNATION (D-13)											
13. CLASSIFICATION SCHEDULE (GS, FS, AS) FSB										14. GRADE AND STEP GS 05/5	
15. OCCUPATIONAL SERIES 0138.01										16. SALARY OR RATE \$13,330 \$16,369	
17. REMARKS FROM: SAME (03-12/6 to 03-12/3) <i>Payroll called</i>											
18. SIGNATURE OF REQUESTING OFFICIAL [REDACTED]										19. DATE SIGNED 10/27/68	
20. SIGNATURE OF CAREER SERVICE APPROVING OFFICER [REDACTED]										21. DATE SIGNED 11/27/68	
SPACE BELOW FOR EXCLUSIVE USE											
22. ACTION CODE 03	23. EMPLOY CODE 10	24. SERVICE CODE 45/40	25. STATION CODE FE	26. INTEREST CODE 75/13	27. RIGHTS CODE S	28. DATE OF BIRTH [REDACTED]	29. DATE OF GRADES [REDACTED]	30. DATE OF LEL [REDACTED]	31. DATE OF LEL [REDACTED]	32. DATE OF LEL [REDACTED]	33. DATE OF LEL [REDACTED]
34. DATE OF LEL [REDACTED]	35. DATE OF LEL [REDACTED]	36. DATE OF LEL [REDACTED]	37. DATE OF LEL [REDACTED]	38. DATE OF LEL [REDACTED]	39. DATE OF LEL [REDACTED]	40. DATE OF LEL [REDACTED]	41. DATE OF LEL [REDACTED]	42. DATE OF LEL [REDACTED]	43. DATE OF LEL [REDACTED]	44. DATE OF LEL [REDACTED]	45. DATE OF LEL [REDACTED]
46. POSITION CONTROL INFORMATION [REDACTED]											

FORM 1152 USE PREVIOUS EDITION

SECRET

S-E-C-R-E-T



MEMORANDUM FOR: Clandestine Services Career Service Board

SUBJECT : Recommendation for Promotion from GS-12 to GS-13 for [redacted]

1. FE Division recommends the promotion of [redacted] from GS-12 to GS-13.
2. [redacted] first joined the Agency in 1955 in the DDI. He rose rapidly from GS-07 to GS-12 which grade he achieved in March 1961. He spent one overseas tour [redacted] In April 1963 he transferred to the DDP. This action and the adjustments it necessitated have undoubtedly held him back from the normal career advancement to be expected for one of his ability.
3. In the DDP [redacted] first served in Vietnam Operations in Headquarters and then from 1964-1966 in Saigon. There he performed effectively in both liaison and unilateral operations [redacted] He personally recruited several agents and established a successful [redacted] He was first recommended for promotion to GS-13 during his Vietnam tour.
4. In November 1966 [redacted] joined FE/PMI, first on the [redacted] He has served as [redacted] Desk and Branch referent for Communist Party Operations, where he proved himself to be an excellent analyst. He has also served as a desk officer handling a variety of projects. He has performed his duties in a consistently strong manner, and has shown sound operational judgment. [redacted] writes well, and gets along extremely well with his co-workers and contacts. He is now scheduled for a field assignment [redacted] in 1969. In view of his strong Headquarters desk performance and his previous recommendation from Vietnam, [redacted] was recommended for promotion again in February 1968.
5. [redacted] is an experienced and competent Headquarters and field operations officer. He has repeatedly demonstrated his ability to perform at the GS-13 level. In consideration of his fine record of productivity I recommend that he be promoted to GS-13.

William E. Nelson
William E. Nelson
Chief, Far East Division

1988-1989

REQUEST FOR PERSONNEL ACTION										DATE PREPARED	
1. SERIAL NUMBER 017974		2. NAME (Last - First - Middle) [Redacted]								9 May 1968	
3. NATURE OF PERSONNEL ACTION REASSIGNMENT						4. EFFECTIVE DATE REQUESTED MONTH: 05 DAY: 19 YEAR: 68		5. CATEGORY OF EMPLOYMENT REGULAR			
6. FROM [Redacted]		7. TO [Redacted]		8. TO [Redacted]		9. FROM [Redacted]		10. TO [Redacted]		11. FROM [Redacted]	
12. ORGANIZATIONAL DESIGNATION DEP/VE						13. LOCATION OF OFFICIAL STATION WASHINGTON, D.C.					
14. POSITION TITLE [Redacted]						15. POSITION NUMBER 4025		16. CAREER SERVICE DESIGNATION D			
17. CLASSIFICATION SYMBOL (GS, FS, etc.) PUR				18. OCCUPATIONAL SERIES 0136.01		19. GRADE AND STEP 5/5		20. SALARY OR RATE 12,604			
21. REMARKS FROM: DEVELOPMENT COMP. SLOT WAS VACANT				22. REMARKS X Wash, DC							
23. SIGNATURE OF REQUESTING OFFICIAL [Redacted]				24. DATE SIGNED 10 May 68		25. SIGNATURE OF CAREER SERVICE APPROVING OFFICIAL [Redacted]				26. DATE SIGNED 10 May 68	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
27. ACTION CODE		28. EMPLOY CODE		29. OFFICE CODES ALPHABETIC		30. STATION CODE		31. LANGUAGE CODE		32. MONTHS OF DATA	
33. DATE OF ACTION		34. DATE OF DATA		35. DATE OF DATA		36. DATE OF DATA		37. DATE OF DATA		38. DATE OF DATA	
39. DATE OF ACTION		40. DATE OF DATA		41. DATE OF DATA		42. DATE OF DATA		43. DATE OF DATA		44. DATE OF DATA	
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30 January 1968

MEMORANDUM FOR: FE Career Management Committee

SUBJECT: Recommendation for Promotion from GS-12 to GS-13 of [redacted]

1. This office wishes to reiterate its previous endorsement of the Saigon Station's recommendation for the promotion of [redacted] from GS-12 to GS-13.

2. [redacted] was initially assigned to the [redacted] as an Operations Officer responsible for Headquarters support of the [redacted] Communist Party Operations Program. This was a demanding task requiring sound operational judgment, experience, and the capacity to absorb large quantities of operational data and information. Despite no prior background [redacted] quickly got on top of the material and projects and made a valuable contribution. He also had other duties concerned with support for other Station unilateral activity.

3. [redacted] was subsequently assigned to the [redacted] Desk [redacted] was also marked by a high degree of professionalism and competence.

4. [redacted] is a capable and experienced Operations Officer. He has proven in Vietnam a unique ability to develop valuable operational assets [redacted] and his work in this branch has been excellent. In view of this good record of productivity, and as a stimulus for future development, I strongly recommend that [redacted] be promoted to GS-13.

[redacted]
Acting Chief, FE/PMI

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12 Ave. 22nd St.

REQUEST FOR PERSONNEL ACTION

DATE FORWARDED: 10/11/2000

17 November 1967

1. SERIAL NUMBER 017974		2. NAME (Last - First - Middle) [Redacted]																																																																																																					
3. NATURE OF PERSONNEL ACTION Suspension (for 3 working days)		4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 04 01 68																																																																																																					
5. CATEGORY OF EMPLOYMENT Regular		6. LEGAL AUTHORITY (Completed by Office of Personnel) 50 USC 403 F																																																																																																					
7. FINANCIAL ANALYSIS NO. CHARGEABLE 8137-1375		8. LOCATION OF OFFICIAL STATION Washington, D.C.																																																																																																					
9. ORGANIZATIONAL DESIGNATIONS DDP/FE Development Complement		10. POSITION TITLE Ops Officer																																																																																																					
11. POSITION NUMBER 9997		12. CAREER SERVICE DESIGNATION D																																																																																																					
13. CLASSIFICATION SCHEDULE (F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y, Z) FIR GS		14. OCCUPATIONAL SERIES 0136.01																																																																																																					
15. GRADE AND STEP 5 5 12 5		16. SALARY OR RATE 12,800 3 Feb 68																																																																																																					
17. REMARKS From 1150 Remarks: Suspended for three working days for infraction of Agency physical security regulations. To return to duty BOB [Redacted] 4 April 1968. Employee is warned that further violations will be viewed with extreme seriousness.																																																																																																							
18. SIGNATURE OF HEADSTATION OFFICIAL [Redacted]		DATE SIGNED 25 Nov 68																																																																																																					
19. SIGNATURE OF CAREER SERVICE APPROVING OFFICER [Redacted]		DATE SIGNED 25 Nov 68																																																																																																					
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CONFIDENTIAL

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(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
1. SERIAL NUMBER 01797				20 NOVEMBER 1967	
2. NAME (Last-First-Middle) [Redacted] ✓					
3. NATURE OF PERSONNEL ACTION		4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 11 21 67		5. CATEGORY OF EMPLOYMENT REGULAR	
6. FUND DDP/FE DEVELOPMENT COMPLEMENT		7. FINANCIAL ANALYSIS NO. 8137 1375		8. LEGAL AUTHORITY (Complied by Title of Personnel)	
9. ORGANIZATIONAL DESIGNATION DDP/FE DEVELOPMENT COMPLEMENT		10. LOCATION OF OFFICIAL STATION WASHINGTON, D. C.			
11. POSITION TITLE OPS. OFFICER		12. POSITION NUMBER 9997		13. CAREER SERVICE DESIGNATION D	
14. CLASSIFICATION SCHEDULE (F.S. 1.B. 1) FSR GS		15. OCCUPATIONAL SERIES 0136.01		16. GRADE AND STEP 5 5 12 5	
				17. SALARY OR RATE 12,074 12,443	
18. REMARKS All SICK AND All HOURS ANNUAL LEAVE TO BE TRANSFERRED MARITAL STATUS: MARRIED [Redacted] [Redacted]					
19A. SIGNATURE OF REQUESTING OFFICIAL [Redacted]		DATE SIGNED [Redacted]		19B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER [Redacted]	
				DATE SIGNED [Redacted]	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
1. ACTION [Redacted]	2. REASON [Redacted]	3. DATE [Redacted]	4. ACTION [Redacted]	5. DATE [Redacted]	6. ACTION [Redacted]
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91. ACTION [Redacted]	92. DATE [Redacted]	93. ACTION [Redacted]	94. DATE [Redacted]	95. ACTION [Redacted]	96. DATE [Redacted]
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127. ACTION [Redacted]	128. DATE [Redacted]	129. ACTION [Redacted]	130. DATE [Redacted]	131. ACTION [Redacted]	132. DATE [Redacted]
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277. ACTION [Redacted]	278. DATE [Redacted]	279. ACTION [Redacted]	280. DATE [Redacted]	281. ACTION [Redacted]	282. DATE [Redacted]
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295. ACTION [Redacted]	296. DATE [Redacted]	297. ACTION [Redacted]	298. DATE [Redacted]	299. ACTION [Redacted]	300. DATE [Redacted]

1157

SECRET

1967 NOV 28 10 00 AM

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED 30 October 1967	
1. SERIAL NUMBER 017974		2. NAME (Last-First-Middle) [Redacted]			
3. NATURE OF PERSONNEL ACTION Reassignment and Transfer to Confidential Funds			4. EFFECTIVE DATE REQUESTED MONTH: 10 DAY: 19 YEAR: 67		5. CATEGORY OF EMPLOYMENT Regular
6. FUNDS [Redacted]		7. FINANCIAL ANALYSIS NO. CHARGEABLE 8137-1392		8. LEGAL AUTHORITY (Completed by Office of Personnel)	
9. ORGANIZATIONAL DESIGNATIONS DDP/FE FE/Development Complement			10. LOCATION OF OFFICIAL STATION Washington, D.C.		
11. POSITION TITLE Ops Officer			12. POSITION NUMBER 9997		13. CAREER SERVICE DESIGNATION D
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS		15. OCCUPATIONAL SERIES 0136.01		17. SALARY OR RATE \$ 12,443	
16. REMARKS FROM: DDP/FE/PMI/[Redacted] 1397 Subject is being assigned to the [Redacted] NTE: [Redacted] and training for overseas assignment. ✱					
18a. SIGNATURE OF REQUESTING OFFICER [Redacted]		DATE SIGNED 30 OCT 1967		18b. SIGNATURE OF CAREER SERVICE APPROVING OFFICER [Redacted]	
DATE SIGNED 30 OCT 1967		DATE SIGNED 30 OCT 1967			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
19. ACTION CODE 90	20. EMPLOY CODE 103	21. OFFICE CODES PHONETIC: LS492 ALPHABETIC: FE	22. STATION CODE 25013	23. PAYSCALE CODE 1	24. DATE OF BIRTH MO: [Redacted] DA: [Redacted] YR: [Redacted]
25. NET EFFECTIVE MO: [Redacted] DA: [Redacted] YR: [Redacted]	26. SPECIAL REFERENCE [Redacted]	27. OFFICIAL DATA [Redacted]	28. RESIDENCE DATA CODE [Redacted]	29. COLLECTION (RESIDENCE DATA) TYPE: [Redacted] MO: [Redacted] DA: [Redacted] YR: [Redacted]	30. SECURITY REG NO FOD-DATA
31. NET EFFECTIVE CODE: [Redacted] MO: [Redacted] DA: [Redacted] YR: [Redacted]	32. DATE COMP DATE MO: [Redacted] DA: [Redacted] YR: [Redacted]	33. DATE COMP DATE MO: [Redacted] DA: [Redacted] YR: [Redacted]	34. LISTS, LISTS, ETC. CODE: [Redacted] MO: [Redacted] DA: [Redacted] YR: [Redacted]	35. HEALTH INSURANCE CODE: [Redacted] MO: [Redacted] DA: [Redacted] YR: [Redacted]	36. SOCIAL SECURITY NO [Redacted]
37. PHYSICAL FITNESS GOVERNMENT AFFAIRS CODE: [Redacted]		38. LEAVE CAT CODE [Redacted]		39. STAFF TEE DATA CODE: [Redacted] MO: [Redacted] DA: [Redacted] YR: [Redacted]	
40. POSITION CLASSIFICATION CERTIFICATION [Redacted]		41. G.P. APPROVAL [Redacted]		DATE APPROVED [Redacted]	

1152

PERSONNEL ACTION

SECRET

[Redacted Box]

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION

DATE PREPARED

13 May 1967

1. SERIAL NUMBER
017974

3. NATURE OF PERSONNEL ACTION

Reassignment

4. EFFECTIVE DATE REQUESTED

MONTH DAY YEAR
05 21 67

5. CATEGORY OF EMPLOYMENT

Regular

6. FUNDS



X V TO V

V TO O

O TO V

O TO O

7. COST CENTER NO. CHARGEABLE

7237-1385

8. LEGAL AUTHORITY (Completed by Office of Personnel)

9. ORGANIZATIONAL DESIGNATIONS

DDP/FE

10. LOCATION OF OFFICIAL STATION

Washington, D.C.

11. POSITION TITLE

Ops Officer

D-12

12. POSITION NUMBER

3877

13. CAREER SERVICE DESIGNATION

D

14. CLASSIFICATION SCHEDULE (GS, LB, etc.)

GS

15. OCCUPATIONAL SERIES

0136.01

16. GRADE AND STEP

12 5

17. SALARY OR RATE

\$ 12,443

18. REMARKS

FROM:

10A.

DATE SIGNED

5/15/67

10B. SIGNATURE OF...

CER

DATE SIGNED

7/18/67

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE 57	20. EMPLOY CODE 10	21. OFFICE CODES NUMERIC ALPHABETIC 43742 E	22. STATION CODE 75412	23. INTERPRET CODE	24. HOURS CODE 1	25. DATE OF BIRTH MO DA YR	26. DATE OF GRADE MO DA YR	27. DATE OF LST MO DA YR
28. INT. EXPIRES. MO DA YR	29. SPECIAL REFERENCE	30. RETIREMENT DATA 1-CX 2-FILA 3-NORS	31. SEPARATION DATA CODE	32. CORRECTION CANCELLATION DATA PPH MO DA YR	EOD DATA			
33. LST PREFERENCE CODE 1-NO 2-10 3-10	34. SERV COMP DATE MO DA YR	35. LONG COMP DATE MO DA YR	36. CATER CATEGORY CAR BSY PCH TLP	37. FIGHT HEALTH INSURANCE CODE 1-YES 2-NO	38. HEALTH INS. CODE	39. SOCIAL SECURITY NO.		
40. PREVIOUS COMPONENT SERVICE DATA CODE 1-NO FOREIGN SERVICE 2-NO ARMY OR NAVY 3-ARMY OR NAVY (LESS THAN 3 YEARS) 4-ARMY OR NAVY (MORE THAN 3 YEARS)		41. LEAVE CAT CODE	42. FEDERAL DATA FORM EXECUTED CODE 1-YES 2-NO	43. FEDERAL DATA FORM TAB RESUMPTIONS	44. FORM EXECUTED CODE 1-YES 2-NO	45. STATE TAB DATA CODE 1-YES 2-NO		
46. POSITION CONTROL CERTIFICATION				47. DATE APPROVED 05/16/67				

FORM 1152 USE PREVIOUS EDITION

SECRET

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION										DATE PREPARED																																													
1. SERIAL NUMBER 017974										20 October 1966																																													
2. NAME (Last-First-Middle) [Redacted]																																																							
3. NATURE OF PERSONNEL ACTION Reassignment and Transfer to Vouchered Funds										4. EFFECTIVE DATE REQUESTED MONTH: 11 DAY: 20 YEAR: 66																																													
5. CATEGORY OF EMPLOYMENT Regular										6. LEGAL AUTHORITY (Completed by Officer of Personnel)																																													
7. FINANCIAL ANALYSIS NO. CHARGEABLE 7237-1385																																																							
8. FUNDS V TO V C TO V C TO C																																																							
9. ORGANIZATIONAL DESIGNATIONS DDP/FE										10. LOCATION OF OFFICIAL STATION Washington, D.C.																																													
11. POSITION TITLE Ops Officer										12. POSITION NUMBER 4025																																													
13. CAREER SERVICE DESIGNATION D-12																																																							
14. CLASSIFICATION SCHEDULE (GS, E, P, etc.) GS										15. OCCUPATIONAL SERIES 0136.01																																													
16. GRADE AND STEP 12 5										17. SALARY OR RATE \$ 12,443																																													
18. REMARKS FROM: [Redacted] Subject is occupying a vacant slot. cy Security cy FE/B&F Security Approval Granted by [Redacted] 10/26/66 11/3/66																																																							
19A. SIGNATURE OF REQUESTER [Redacted]										DATE SIGNED 10/31/66																																													
19B. SIGNATURE OF APPROVING OFFICER [Redacted]										DATE SIGNED 11/3/66																																													
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL																																																							
<table border="1"> <tr> <td>20. ACTION CODE 16</td> <td>21. EMPLOY CODE 10</td> <td>22. OFFICE CODING NUMERIC: 45140 ALPHABETIC: FE</td> <td>23. STATION CODE 25013</td> <td>24. OFFICER CODE 1</td> <td>25. DATE OF BIRTH [Redacted]</td> <td>26. DATE OF GRADE [Redacted]</td> <td>27. DATE OF LEI [Redacted]</td> </tr> <tr> <td>28. VET STATUS [Redacted]</td> <td>29. VET REFERENCE [Redacted]</td> <td>30. RETIREMENT DATA [Redacted]</td> <td>31. SEPARATION DATA CODE [Redacted]</td> <td>32. CORRECTION / CANCELLATION DATA [Redacted]</td> <td colspan="3">EOD DATA</td> <td>33. SECURITY REG. NO. [Redacted]</td> </tr> <tr> <td>34. VET PREFERENCE [Redacted]</td> <td>35. VET COMP DATE [Redacted]</td> <td>36. VET COMP DATE [Redacted]</td> <td>37. VET COMP DATE [Redacted]</td> <td>38. CAREER CATEGORY [Redacted]</td> <td>39. FERR. HEALTH INSURANCE [Redacted]</td> <td colspan="3">40. SOCIAL SECURITY NO. [Redacted]</td> </tr> <tr> <td colspan="4">41. PREVIOUS CIVILIAN GOVERNMENT SERVICE [Redacted]</td> <td>42. LEAVE CAT CODE [Redacted]</td> <td colspan="3">43. FEDERAL TAX DATA [Redacted]</td> <td>44. STATE TAX DATA [Redacted]</td> </tr> <tr> <td colspan="4">45. POSITION CONTROL DESIGNATION 11-03-66N</td> <td colspan="4">46. OFF. APPROVAL [Redacted]</td> <td>DATE APPROVED 11-3-66</td> </tr> </table>												20. ACTION CODE 16	21. EMPLOY CODE 10	22. OFFICE CODING NUMERIC: 45140 ALPHABETIC: FE	23. STATION CODE 25013	24. OFFICER CODE 1	25. DATE OF BIRTH [Redacted]	26. DATE OF GRADE [Redacted]	27. DATE OF LEI [Redacted]	28. VET STATUS [Redacted]	29. VET REFERENCE [Redacted]	30. RETIREMENT DATA [Redacted]	31. SEPARATION DATA CODE [Redacted]	32. CORRECTION / CANCELLATION DATA [Redacted]	EOD DATA			33. SECURITY REG. NO. [Redacted]	34. VET PREFERENCE [Redacted]	35. VET COMP DATE [Redacted]	36. VET COMP DATE [Redacted]	37. VET COMP DATE [Redacted]	38. CAREER CATEGORY [Redacted]	39. FERR. HEALTH INSURANCE [Redacted]	40. SOCIAL SECURITY NO. [Redacted]			41. PREVIOUS CIVILIAN GOVERNMENT SERVICE [Redacted]				42. LEAVE CAT CODE [Redacted]	43. FEDERAL TAX DATA [Redacted]			44. STATE TAX DATA [Redacted]	45. POSITION CONTROL DESIGNATION 11-03-66N				46. OFF. APPROVAL [Redacted]				DATE APPROVED 11-3-66
20. ACTION CODE 16	21. EMPLOY CODE 10	22. OFFICE CODING NUMERIC: 45140 ALPHABETIC: FE	23. STATION CODE 25013	24. OFFICER CODE 1	25. DATE OF BIRTH [Redacted]	26. DATE OF GRADE [Redacted]	27. DATE OF LEI [Redacted]																																																
28. VET STATUS [Redacted]	29. VET REFERENCE [Redacted]	30. RETIREMENT DATA [Redacted]	31. SEPARATION DATA CODE [Redacted]	32. CORRECTION / CANCELLATION DATA [Redacted]	EOD DATA			33. SECURITY REG. NO. [Redacted]																																															
34. VET PREFERENCE [Redacted]	35. VET COMP DATE [Redacted]	36. VET COMP DATE [Redacted]	37. VET COMP DATE [Redacted]	38. CAREER CATEGORY [Redacted]	39. FERR. HEALTH INSURANCE [Redacted]	40. SOCIAL SECURITY NO. [Redacted]																																																	
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE [Redacted]				42. LEAVE CAT CODE [Redacted]	43. FEDERAL TAX DATA [Redacted]			44. STATE TAX DATA [Redacted]																																															
45. POSITION CONTROL DESIGNATION 11-03-66N				46. OFF. APPROVAL [Redacted]				DATE APPROVED 11-3-66																																															

FORM 1152 (2-66) PREVIOUS EDITION

SECRET

EXEMPT FROM AUTOMATIC DECLASSIFICATION

(10)

SECRET

(If Not Filled In)

F23

REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
				8 Sept 66	
1. SERIAL NUMBER 017974		2. NAME (Last-First-Middle) [REDACTED]			
3. NATURE OF PERSONNEL ACTION DESIGNATION AS A PARTICIPANT IN THE CIA RETIREMENT AND DISABILITY SYSTEM				4. EFFECTIVE DATE REQUESTED MONTH: 09 DAY: 25 YEAR: 66	
5. CATEGORY OF EMPLOYMENT REGULAR				6. FINANCIAL ANALYSIS NO CHARGEABLE 7137-1487	
7. PAY GRADE V TO V V TO U X U TO O				8. LEGAL AUTHORITY (Completed by Office of Personnel) PL 88-643 Sect. 203	
9. ORGANIZATIONAL DESIGNATION DDP/FE				10. LOCATION OF OFFICIAL STATION DAIGON, SOUTH VIET NAM	
11. POSITION TITLE				12. POSITION NUMBER	
13. CLASSIFICATION SCHEDULE (GS, LB, FE, etc.)				14. OCCUPATIONAL SERIES	
15. GRADE AND STEP 12				16. SALARY OR RATE	
17. REMARKS EMPLOYEE WILL RECEIVE NOTIFICATION FROM THE DIRECTOR OF PERSONNEL OF THIS DESIGNATION AND RIGHT OF APPEAL TO THE DIRECTOR OF CENTRAL INTELLIGENCE					
18A. SIGNATURE OF REQUESTING OFFICIAL		DATE SIGNED		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER	
DATE SIGNED					
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING NUMERIC ALPHABETIC	22. STATION CODE	23. INITIALS CODE	24. POSTS CODE
25. DATE OF BIRTH MO. DA. YR.	26. DATE OF GRADE MO. DA. YR.	27. DATE OF LIT MO. DA. YR.	28. DATE OF BIRTH MO. DA. YR.	29. DATE OF GRADE MO. DA. YR.	30. DATE OF LIT MO. DA. YR.
31. NTE EXPENSES MO. DA. YR.	32. SPECIAL REFERENCE	33. RETIREMENT DATA 1-CR 2-1000 3-6200	34. SEPARATION DATA CODE	35. CORRECTION/AMENDMENT DATA TYPE MO. DA. YR.	36. SECURITY 410-NO
37. VET PREFERENCE CODE 0-NO PREFERENCE 1-5 YR 2-10 YR	38. SLEP COMP DATE MO. DA. YR.	39. LONG LEAF DATE MO. DA. YR.	40. CAREER CATEGORY CODE 1-10 2-100 3-1000	41. SOCIAL SECURITY NO.	42. SOCIAL SECURITY NO.
43. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0-NO PREVIOUS SERVICE 1-NO BIRTH IN SERVICE 2-ENTER IN SERVICE (LESS THAN 3 YEARS) 3-ENTER IN SERVICE (MORE THAN 3 YEARS)	44. LEAVE CAT CODE	45. FEDERAL TAX DATA FORM EXEMPTED CODE 1-YES 2-NO	46. STATE TAX DATA FORM EXEMPTED CODE 1-YES 2-NO	47. STATE TAX DATA FORM EXEMPTED CODE 1-YES 2-NO	48. STATE TAX DATA FORM EXEMPTED CODE 1-YES 2-NO
49. POSITION CONTROL CERTIFICATION OS-16-66				50. CP APPROVAL See memo signed by D/Pers dated 2/8/66	

FORM 1152 USE PREVIOUS EDITION
SEP. 87. 66

SECRET

GROUP 1
EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

SECRET

REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
1. FILE NUMBER				3 November 1964	
2. NAME - Last, first, middle					
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE REQUESTED	
REASSIGNMENT				MONTH DAY YEAR 12 64	
5. FUNDS				6. CATEGORICAL EMPLOYMENT	
<input type="checkbox"/> V TO V <input type="checkbox"/> V TO O <input checked="" type="checkbox"/> O TO V <input type="checkbox"/> O TO O				REGULAR	
7. COST CENTER NO. CHARGE				8. LEGAL AUTHORITY (Completed by Office of Personnel)	
5137-1487					
9. ORGANIZATIONAL DESIGNATIONS				10. LOCATION OF OFFICIAL STATION	
DDP/FE FE/VHC - SAIGON STATION OPERATIONS CENTER INTERNAL OPS BRANCH 100 CAPITAL OPS SECTION				SAIGON, VIETNAM	
11. POSITION TITLE				12. POSITION NUMBER	
OPS OFFICER (1002)				4608	
14. CLASSIFICATION SCHEDULE (GS, LA, etc.)				15. OCCUPATIONAL SERIES	
GS				0136.01	
16. GRADE AND STEP				17. SALARY OR RATE	
12 4				\$ 11,315	
18. REMARKS					
Subject to Medical Approval. FROM: DDP/FE FE/LEV COMP 27F 11/15/64 11/12/64					
ONE COPY TO SECURITY ONE COPY TO CF PAYROLL					
FOR FURTHER INFORMATION CALL X5459					
19A. SIGNATURE OF REQUESTING OFFICIAL				19B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER	
[Signature]				[Signature]	
DATE SIGNED				DATE SIGNED	
11/10/64				11-10-64	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
19. ACTION CODE	20. EMPLOY CODE	21. SPECIAL CODES	22. STATION CODE	23. DUTY CODE	24. MOBILE CODE
41	10	1-10 1-10 1-10	1000	1000	3
25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LST	28. DATE OF SEPARATION	29. DATE OF CANCELLATION	30. DATE OF REENTRY
MO. DA. YR.	MO. DA. YR.	MO. DA. YR.	MO. DA. YR.	MO. DA. YR.	MO. DA. YR.
31. DATE OF PREVIOUS SERVICE	32. DATE OF LAST SERVICE	33. DATE OF LAST SERVICE	34. DATE OF LAST SERVICE	35. DATE OF LAST SERVICE	36. DATE OF LAST SERVICE
MO. DA. YR.	MO. DA. YR.	MO. DA. YR.	MO. DA. YR.	MO. DA. YR.	MO. DA. YR.
37. DATE OF PREVIOUS SERVICE	38. DATE OF LAST SERVICE	39. DATE OF LAST SERVICE	40. DATE OF LAST SERVICE	41. DATE OF LAST SERVICE	42. DATE OF LAST SERVICE
MO. DA. YR.	MO. DA. YR.	MO. DA. YR.	MO. DA. YR.	MO. DA. YR.	MO. DA. YR.
43. POSITION CONTROL INFORMATION	44. DATE OF APPROVAL	45. DATE OF APPROVAL	46. DATE OF APPROVAL	47. DATE OF APPROVAL	48. DATE OF APPROVAL
11-10-64	11-10-64	11-10-64	11-10-64	11-10-64	11-10-64

FORM 1152 USE PREVIOUS EDITION

SECRET

EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION

DATE PREPARED

17 September 1964

1. SERIAL NUMBER 017974		2. NAME (Last - First - Middle) [Redacted]		3. CATEGORY OF EMPLOYMENT Regular	
3. NATURE OF PERSONNEL ACTION [Redacted]		4. EFFECTIVE DATE REQUESTED MONTH: 9 DAY: 18 YEAR: 64		5. LEGAL AUTHORITY (Completed by Office of Personnel)	
6. PAY/26 [Redacted]		7. COST CENTER NO. CHARGE 5137-1392		8. LOCATION OF OFFICIAL STATION Washington, D. C.	
9. ORGANIZATIONAL DESIGNATIONS DDP/FE 65/CS Development Complement		10. POSITION NUMBER 9997		11. CAREER SERVICE DESIGNATION D	
12. CLASSIFICATION SCHEDULE (G.S. F.R. 14.) FSR GS		13. OCCUPATIONAL SERIES 0136.01		14. SALARY OR RATE \$10,290 \$11,315	
15. REMARKS All sick and all hours annual leave to be transferred [Redacted] MARITAL STATUS: Married [Redacted] Training					
16. ACTION CODE 55		17. EMPLOY CODE 13		18. OFFICE CODING PHONETIC: 115497 ALPHABETIC: FE	
19. STATION CODE 75012		20. INTEREST CODE 1		21. DATE OF BIRTH MO. DA. YR. [Redacted]	
22. DATE OF GRADE MO. DA. YR. [Redacted]		23. DATE OF 1st MO. DA. YR. [Redacted]		24. SECURITY HQ 50	
25. SPECIAL REFERENCE [Redacted]		26. SEPARATION DATA CODE [Redacted]		27. CORRECTIVE [Redacted]	
28. PREVIOUS SERVICE [Redacted]		29. LONG TERM DATE [Redacted]		30. HEALTH INSURANCE [Redacted]	
31. SOCIAL SECURITY NO. [Redacted]		32. STATE TAX DATA [Redacted]		33. STATE TAX DATA [Redacted]	
34. FEDERAL CONTROL CERTIFICATION [Redacted]		35. APPROVAL [Redacted]		36. DATE APPROVED [Redacted]	

SECRET

ENCLOSURE

SECRET

(If Not Filled In)

REQUEST FOR PERSONNEL ACTION										DATE PREPARED	
1. SERIAL NUMBER 017974										3 September 1964	
2. NAME (Last-First-Middle) [Redacted]											
3. NATURE OF PERSONNEL ACTION REASSIGNMENT AND TRANSFER TO CONFIDENTIAL FUNDS						4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 9 13 64		5. CATEGORY OF EMPLOYMENT REGULAR			
6. FUNDS V TO V C TO V X V TO C C TO C						7. COST CENTER NO. CHARGE-ABLE 5137-1392		8. LEGAL AUTHORITY (Completed by Office of Personnel)			
9. ORGANIZATIONAL DESIGNATIONS DDP/FE <i>cs/cs</i> DEVELOPMENT COMPLEMENT						10. LOCATION OF OFFICIAL STATION WASHINGTON, D.C.					
11. POSITION TITLE OPS OFFICER						12. POSITION NUMBER 9997		13. CAREER SERVICE DESIGNATION D			
14. CLASSIFICATION SCHEDULE (GS, PM, etc.) GS			15. OCCUPATIONAL SERIES 0136.01		16. GRADE AND STEP 12 ① 4		17. SALARY OR RATE 11,315 \$10,960				
18. REMARKS FROM: DDP/FE FE/VNC - VIETNAM, CAMBODIA - <i>Long</i> 7 F Security Approval Granted by Pers. SD/DS 9/19/64 NORTH VIETNAM SECTION [Redacted] [Redacted]											
ONE COPY TO SECURITY ONE COPY TO VOUCHERED PAYROLL										Recorded by CSFD <i>SLR</i>	
FOR FURTHER INFORMATION CALL 55459											
19A. SIGNATURE OF REQUESTING OFFICIAL [Redacted]				DATE SIGNED 9/11/64		19B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER [Redacted]				DATE SIGNED 9-11-64	
LOW FOR EXCLUSIVE USE OF											
19. ACTION CODE 20 13		20. EMPLOYMENT CODE 46997 12		21. STATION CODE 1513		22. INTEREST CODE 1		23. HOOURS CODE 1		24. DATE OF BIRTH MO DA YR	
25. DATE OF GRADE MO DA YR		26. DATE OF LST MO DA YR		27. SPECIAL REFERENCE 1-15 2-15 3-15 4-15 5-15 6-15		28. RETIREMENT DATA CODE		29. SEPARATION DATA CODE TYPE		30. SECURITY RFO NO	
31. VET PREFERENCE CODE		32. VET COMP DATA MO DA YR		33. LONG COMP DATA MO DA YR		34. CAREER CATEGORY CODE		35. LEGAL HEALTH INSURANCE CODE		36. SOCIAL SECURITY NO.	
37. PREVIOUS GOVERNMENT SERVICE DATA CODE		38. SERV CAT CODE		39. FEDERAL TAX DATA FORM EXECUTED CODE		40. STATE TAX DATA FORM EXECUTED CODE		41. STATE TAX DATA FORM EXECUTED CODE		42. STATE TAX DATA FORM EXECUTED CODE	
43. REASON FOR ACTION [Redacted]										DATE APPROVED 9-11-64	

SUBJECT: Letter of Commendation

TO: COLONEL FRUO DEWITT
Commander, Det #4 (PACATIC)
1125th USAF Field Activities
(ATIC) APO 94

1. The successful outcome of the Aerospace Technical Intelligence Course conducted at Nichols Air Base, Pasay City, has been due to the indefatigable efforts exerted by the training team of your unit from 12 to 23 June 1961.

2. During that brief period your team displayed professional competence and mastery of the subject. They successfully imparted to the students vital data on the procedural aspects of gathering aerospace technical intelligence. Their extensive use of training films further enhanced the student's learning process and the practical training they gave in intelligence photography will go a long way in helping USAF personnel assimilate important technical aspects. They are, indeed, a credit to your organization.

3. It is, therefore, with great pleasure that I commend the following members of your team for the valuable services they rendered to the Philippine Air Force:

1LT COL ROBERT O. BACKMUND 35042A
MAJOR ROBERT A. TOLIN 1ST MA62A
MAJOR JAMES R. COWIE 16720V
CAPT ELLIOTT J. DAVIS 40-2312014

17521 CHARLES W. MILLER AF-103762X0

4. It is requested that a copy of this commendation form be placed in each individual's military personnel record.

JAMES A. VICTORIA

Colonel, USAF

Headquarters, USAF

Washington, D.C.

25 JUN 61 4 05 PM '61

AF-103762X0

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED 9 MARCH 1963	
1. SERIAL NUMBER 017974		2. NAME (Last-First-Middle)					
3. NATURE OF PERSONNEL ACTION REASSIGNMENT And change of service designation				4. EFFECTIVE DATE REQUESTED 04 MAY 1963		5. CATEGORY OF EMPLOYMENT REGULAR	
6. FUNDS XX		V TO V CP TO V		7. COST CENTER NO. CHARGEABLE 3237-1250-1000		8. LOCAL AUTHORITY (Completed by Office of Personnel)	
9. ORGANIZATIONAL DESIGNATIONS DDP/FE FE/VCL - VIETNAM - CAMBODIA - LAOS VIETNAM OPERATIONS SECTION VI/CI OPERATIONS UNIT				10. LOCATION OF OFFICIAL STATION WASHINGTON, D. C.			
11. POSITION TITLE OPS OFFICER				12. POSITION NUMBER 2608		13. CAREER SERVICE DESIGNATION D	
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS		15. OCCUPATIONAL SERIES 0136.01		16. GRADE AND STEP 12 XE		17. SALARY OR RATE \$9790	
18. REMARKS FROM: DDI/OMR OFFICE OF THE ASSISTANT DIRECTOR ANALYSIS BRANCH/1564 ONE COPY TO SECURITY FOR FURTHER INFORMATION CALL PAT X5459 <div style="float: right; text-align: right;"> Recorded by CSPD 3/24/63 11/27 </div> <div style="float: right; text-align: right;"> CONCUR: [Signature] 13 Apr 63 DDI/OMR CONCUR: [Signature] 13 Apr 63 Date </div>							
19. SIGNATURE OF REQUESTER		20. DATE SIGNED 04 May 63		21. SIGNATURE OF CAREER SERVICE APPROVING		22. DATE SIGNED 18 Apr 63	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
23. ACTION CODE 37 10		24. OFFICE CODE 50160 FE		25. STATION CODE 10043		26. DATE OF ACTION 1	
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8 Mar 1963

MEMORANDUM FOR: CSFO/branch C

SUBJECT: [REDACTED] Request for Reassignment from
DDI/OSR to FE/VCL

1. The FE Division requests that arrangements be made with the DDI/OSR for the reassignment of [REDACTED] OS-12, to the VCL Branch to work on the recently approved North Vietnam program. The Vietnam Desk of VCL has a requirement for an officer to devote full time to the collection, collation and evaluation of material available on North Vietnam. This material, once assembled, will be used as a basis for both paramilitary and psychological warfare operations to be mounted against North Vietnam. It is felt that [REDACTED] is particularly qualified for this assignment with his excellent background as a research officer and the experience gained on his [REDACTED]. The knowledge he gained at that time of covert operations in relation to his DDI responsibilities will be helpful to him in the work envisioned for him in FE/VCL. [REDACTED] has traveled in Southeast Asia and also dealt with North Vietnam as an operational target during his military service 1952-54.

2. It is our understanding that [REDACTED] is available for reassignment. He has been interviewed by Division officers who feel his assignment would satisfy an important requirement on this priority program. It is requested that his assignment to FE/VCL, without a change in Service Designation, be arranged with DDI for approximately one year. At the end of that time, based on a review of [REDACTED] capabilities and interest in relation to a permanent DEP assignment, the possibilities of a change of service designation could be explored.

[REDACTED]
Acting Chief, Far East Division

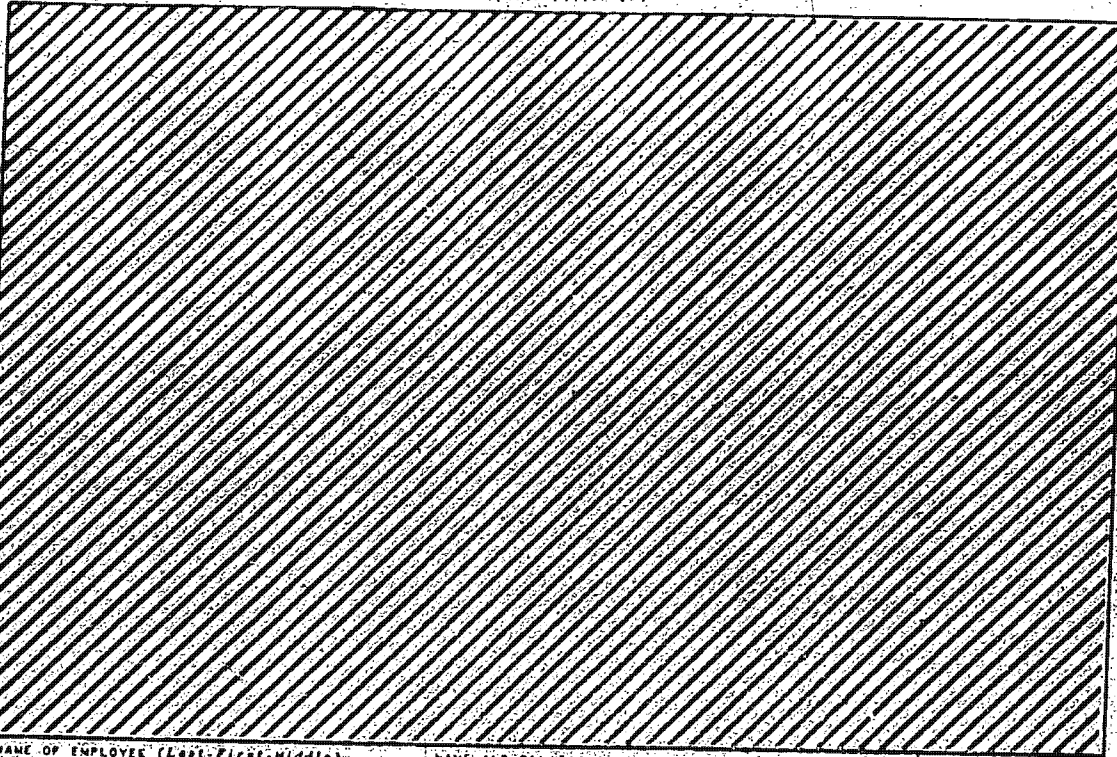
Approved by C/PNC
R.S. Sherry, Secy/PNC
15 MAR 1963

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
1. SERIAL NUMBER		2. NAME (Last-First-Middle)		23 November 1962	
017974					
3. NATURE OF PERSONNEL ACTION Reassignment and Transfer to Vouchered Funds			4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 11 23 62		5. CATEGORY OF EMPLOYMENT Regular
6. FUNDS		7. COST CENTER NO. CHANGE- ABLE		8. LEGAL AUTHORITY (Completed by Office of Personnel)	
<input checked="" type="checkbox"/> V TO V <input type="checkbox"/> V TO CF <input type="checkbox"/> CF TO V <input type="checkbox"/> CF TO CF		3257-1019-6000			
9. ORGANIZATIONAL DESIGNATIONS DDI/RRR Office of the Assistant Director Analysis Branch			10. LOCATION OF OFFICIAL STATION Washington, D. C.		
11. POSITION TITLE I.O. (Factory Markers)			12. POSITION NUMBER 1564		13. CAREER SERVICE DESIGNATION IR
14. CLASSIFICATION SCHEDULE (GS, LD, etc.) GS		15. OCCUPATIONAL SERIES 1390-08 0132-00		17. SALARY OR RATE 12 2 9,700	
16. REMARKS Attached are: Form W-4, Employee's Withholding Exemption Certificate Form D-4-A, Certificate of Non-Residence in the District of Columbia Form Va.-4, Virginia Employee's Withholding Exemption Certificate Copies to: Payroll Security					
18. SIGNATURE OF REQUESTING OFFICIAL [Signature]		DATE SIGNED 23 Nov. 62		19. SIGNATURE OF CAREER SERVICE APPROVING OFFICER [Signature]	
SE/EM/RR		23 Nov. 62		AD/RR 17 DEC 1962	
SPACES BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
20. DATE EMPLOYED 10 31 62		21. OFFICE CODE 22100		22. STATION CODE 750-13	
23. DATE OF BIRTH 11 23 62		24. DATE OF GRADE 11 23 62		25. DATE OF LEI 11 23 62	
26. DATE OF EXPIRY 11 23 62		27. SPECIAL REFERENCE 1 - CSC 2 - FICA 3 - NONE		28. SEPARATION DATA CODE 1 - YES 2 - NO	
29. RETIREMENT DATA 1 - YES 2 - NO		30. CORRECTION/RECLASSIFICATION DATA 1 - YES 2 - NO		31. SOCIAL SECURITY NO. [Redacted]	
32. PREVIOUS GOVERNMENT SERVICE DATA 1 - NO PREVIOUS SERVICE 2 - NO SERVICE IN SERVICE (LESS THAN 3 YRS) 3 - SERVICE IN SERVICE (MORE THAN 3 YRS)		33. FEDERAL TAX DATA 1 - YES 2 - NO		34. STATE TAX DATA 1 - YES 2 - NO	
35. POSITION CONTROL CERTIFICATION 18424		36. G.P. AP [Redacted]		DATE APPROVED Dec 62	

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SECRET
(When Filled In)

		
NAME OF EMPLOYEE (Last-First-Middle) <i>Bob Johnson</i>	NAME AND RELATIONSHIP OF DEPENDENT	CLAIM NUMBER <i>1-2-503</i>
<p>There is on file in the Benefits and Counseling Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent*) for an illness, injury, or death incurred on <u>1-1-62</u>.</p> <p>This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.</p>		
DATE OF NOTICE <i>2 JUL 1962</i>		
NOTICE OF OFFICIAL DISABILITY CLAIM FILE		

When Filled In:

DATE PREPARED
15 March 1961

1152

493

SECRET

23 FEB 1961

MEMORANDUM FOR: Director of Personnel

THROUGH: Chief, FS, DD/P

THROUGH: Assistant to the DD/I (Administration) *for*

SUBJECT: [redacted] Promotion

1. It is requested that [redacted] be promoted from GS-11 to GS-12. Mr. Fox is currently assigned [redacted] on the DD/I Foreign Field Annex. He entered the zone of consideration for promotion in October of 1958.

2. [redacted] was assigned [redacted] in July of 1959 to serve as the [redacted] officer. He has displayed expertise and professional competence in the markings field, functioning in an outstanding manner as the authoritative focal point for the program in the North Asian area. This request for promotion was initiated by the [redacted] and favorably endorsed by [redacted]. The Chief of the [redacted] ORR, who recently returned from a visit [redacted] personally observed [redacted] effective working relationships with U.S. officials and foreign liaison [redacted] has demonstrated high devotion to duty and displayed a high degree of initiative and self-reliance.

3. Upon completion of [redacted] he will return to the ORR Departmental Staffing Complement in a position commensurate with the grade to which promotion is recommended.

SECRET

SUBJECT:

Promotion

4. It is requested that FE/DD/P initiate the appropriate request for personnel action and that processing of this promotion action be accomplished as soon as possible. It is also requested that a copy of the 1150 be forwarded to this Office.

FOR THE ASSISTANT DIRECTOR, OFR:

Chief, Administrative Staff

CONCURRENCES:

Assistant to the DD/I (Administration)

3/1/61
Date

[Signature] Chief, FE Division

3/10/61
Date

SECRET

(When Filled In)

DATE PREPARED		REQUEST FOR PERSONNEL ACTION				V to V		V to UV			
Mo	Da	Yr					UV to V		UV to UV		
1. Serial No.		2. Name (Last-First-Middle)				3. Date of Birth		4. Ver. Prof.		5. Sec	
						Mo Da Yr		None-0 10-1 10-2		6. CS - EOD	
7. SCD		8. CSC Reinst.		9. CSC Or Other Legal Authority		10. Appt. Action		11. PEGLI		12. LCD	
Mo	Da	Yr	Yes-1 No-2	Code		Mo	Da	Yr	Yes-1 No-2	Code	

PREVIOUS ASSIGNMENT

14. Organizational Designations				Code		15. Location Of Official Station				Station Code	
DDI OPR						Wash., D.C.					
16. Dept. Field		17. Position Title				18. Position No.		19. Serv.		20. Occup. Series	
DDI Field From		Identification Spec.				923-01		CS		1390-06	
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade		25. PSI Due		26. Appraisal Number	
11-2		7,270		TR		Mo Da Yr 10 20 57		Mo Da Yr 10 16 60		9 5700-20	

ACTION

27. Nature Of Action		Code		28. Eff. Date		29. Type Of Employee		Code		30. Separation Date	
Reassignment to Capital Quadrant		06		07 26 59		Regular		01			

PRESENT ASSIGNMENT

31. Organizational Designations				Code		32. Location Of Official Station				Station Code	
OFFICE OF DDI ERS STAFF Strategic Intelligence Staff				1825						37587	
33. Dept. Field		34. Position Title				35. Position No.		36. Serv.		37. Occup. Series	
DDI Field From		I.O. Factory Mark				8-96					
38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grade		42. PSI Due		43. Appraisal	
11-2		7,270				Mo Da Yr 10 20 57		Mo Da Yr 10 16 60		75-401 16	

SOURCE OF REQUEST

A. Requester's Name		B. Requester's Title		C. Request Approved By (Signature And Title)	
		18257		C/E/Personnel	

CLEARANCES

Clearance		Signature		Date		Clearance		Signature		Date	
A. Current Status		CP		1 1955		B. Placement					
C. Application						Approved On					
Remarks		2 copies Security Please transfer from (enclosed to unvouchered) Unit on 30 July 1955. Subject to replace () who is returning to 31 Unit, 1955.									

1133g info requested 11/1/54

SECRET

101

SECRET

Change According
To Card.

REQUEST FOR PERSONNEL ACTION												VOUCHERED	
1. Serial No.		2. Name (Last-First-Middle)				3. Date Of Birth		4. Ver. Pref.		5. Sex		6. CS. LOD	
						Mo Da Yr		None-0 Code 1 2 3 4 5 6 7 8 9 10 11 12		M F		Mo Da Yr	
7. SCD		8. CSC Refmt		9. CSC Or Other Legal Authority		10. Appt. Affidav		11. FEGLI		12. LCD		13. ...	
Mo Da Yr		Yes-1 Code No-2				Mo Da Yr		Yes-1 Code No-2		Mo Da Yr		Yes-1 Code No-2	

PREVIOUS ASSIGNMENT

14. Organizational Designations				Code		15. Location Of Official Station				Section Code	
DDI/Office of Research & Reports						Washington, D.C.					
16. Dept. Field		17. Position Title				18. Position No.		19. Serv.		20. Occup. Series	
Dept. X Code Valid. Frm.		Identification Specialist				923.01		OS		1370.06	
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grate		25. PSI Due		26. Appropriation Number	
9-2		\$ 5575.		IR		Mo Da Yr		Mo Da Yr		8-5709-20	

ACTION

27. Nature Of Action		Code		28. Eff. Date		29. Type Of Employee		Code		30. Separation Date	
Promotion				Mo Da Yr ACAP		Regular					

PRESENT ASSIGNMENT

31. Organizational Designations				Code		32. Location Of Official Station				Section Code	
DDI/Office of Research & Reports						Washington, D.C.					
33. Dept. Field		34. Position Title				35. Position No.		36. Serv.		37. Occup. Series	
Dept. X Code Valid. Frm.		Identification Specialist				923.01		OS		1370.06	
38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grate		42. PSI Due		43. Appropriation Number	
11-1		\$ 6390.		IR		Mo Da Yr		Mo Da Yr		8-5709-20	
SOURCE OF REQ											
A. Requested By (Name And Title)						C. Re					
Charles J.					
in Call (Name & Telephone Ext.)						...					
CLEARANCES											
Clearance		Signature		Date		Clearance		Signature		Date	
A. Career Board						D. Placement					
B. Prog. Control						E.					
C. Classification						F. Approved By					
Remarks											

11329.

SECRET

CONFIDENTIAL

STANDARD FORM 52 REQUEST FOR PERSONNEL ACTION		21 JUN 1956 VOUCHERED	
REQUESTING OFFICE: Fill in Items 1 through 12 and A through D except 6B and 7 unless otherwise instructed. If applicable, obtain resignation and fill in separation data on reverse.			
1. NAME (Mr., XXXXXX One given name, initials, and surname)		2. DATE OF BIRTH	
3. NATURE OF ACTION REQUESTED A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) Promotion		4. REQUEST NO. 5. DATE OF REQUEST 12 June 56	
6. POSITION (Specify whether establish, change grade or title, etc.)		7. C. S. OR OTHER LEGAL AUTHORITY ASAP	
8. FROM— Identification Specialist F-925.08 GS-1390.06-07 \$4660 per annum DDI/Office of Research and Reports Office of Chief, Coordination Techniques and Methods Division Analysis and Reports Branch Washington, D.C.		9. TO— Identification Specialist F-924.08 GS-1390.06-09 \$5440.00 per annum DDI/Office of Research and Reports Office of Chief, Coordination Techniques and Methods Division Analysis and Reports Branch Washington, D.C.	
10. FIELD <input type="checkbox"/> DEPARTMENTAL <input checked="" type="checkbox"/>		11. FIELD OR DEPARTMENTAL <input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL <input type="checkbox"/>	
12. REMARKS (Use reverse if necessary) Complies with CIA Regulation 20-530			
13. REQUESTED BY (Name and title) Chief, D/T		14. SIGNATURE	
15. FOR ADDITIONAL INFORMATION CALL (Phone and telegraphic extension) 2485/600		16. TITLE: Chief, Administrative Staff, CAS	
17. VETERAN PREFERENCE NONE <input type="checkbox"/> WW <input type="checkbox"/> OTHER <input type="checkbox"/> 10% <input type="checkbox"/> 20% <input type="checkbox"/> 30% <input type="checkbox"/> 40% <input type="checkbox"/> 50% <input type="checkbox"/> 60% <input type="checkbox"/> 70% <input type="checkbox"/> 80% <input type="checkbox"/> 90% <input type="checkbox"/> 100% <input type="checkbox"/>		18. POSITION CLASSIFICATION ACTION NEW <input type="checkbox"/> VICE <input type="checkbox"/> 1A <input type="checkbox"/> REAL <input type="checkbox"/> 3D/IR	
19. DATE OF APPOINTMENT 1034: 5-31-56 TO: 6-25-56		20. DATE OF APPOINTMENT 1034: 5-31-56 TO: 6-25-56	
21. STANDARD FORM 50-16A-15 PERIODIC STEP INCREASE 17 5-31-56 TO SALARY 3 4660			
22. CLEARANCES		23. INITIAL OR SIGNATURE	
24. DATE OF NEXT REVIEW		25. DATE	
26. CLASSIFICATION		27. DATE	
28. PLACEMENT OR RATE		29. DATE	

SECRET
SECURITY INFORMATION

ENTRANCE ON DUTY NOTICE		1. DATE
2. TO:	[REDACTED]	22 June 1955
3. OFFICE (Division, Branch, Etc.)		DDI/CBR
4. THE [REDACTED] MEETS THE STANDARDS FOR EMPLOYMENT WITH THIS AGENCY SUBJECT TO THE TYPE OF CLEARANCE INDICATED IN ITEM NO. 9. THE SIGNED CLEARANCE FROM IAS FOR ENTRANCE ON DUTY HAS BEEN MADE A PART OF THE PERSONNEL FILE OF THIS INDIVIDUAL. HE/SHE IS REPORTING FOR DUTY THIS DATE.		
5. NAME	[REDACTED]	6. JOB TITLE AND GRADE
7. EFFECTIVE DATE	15 June 1955	Ident. Spec. GS-7
10. REMARKS: (Include Medical or Other Limitations)		9. TYPE CLEARANCE
Subject to BOD, testing, 24 June 1955.		Provisional
DISTRIBUTION: ORIGINAL AND COPY (WHITE) TO ITEM NO. 3. COPY (PINK) TO PERSONNEL FOLDER. [REDACTED]		

FORM NO. 37-114 PREVIOUS EDITIONS NOT TO BE USED
NOV 1952

SECRET

CONFIDENTIAL

DATE: JUN 9 1955

TO : Placement and Utilization Division, Personnel Office

FROM : Assistant Director, ORR

SUBJECT: [REDACTED]

The case of [REDACTED] [REDACTED] a
(provisionally) cleared applicant has been thoroughly reviewed
and this Office does guarantee that the position to which he
is to be assigned does fall within the personnel ceiling of
ORR. Therefore, it is requested that the above-named indi-
vidual be brought on duty as soon as possible.

FOR THE ASSISTANT DIRECTOR [REDACTED]

[REDACTED]
Chief, Administrative Staff, ORR

CONFIDENTIAL

CONFIDENTIAL

Office Memorandum • UNITED STATES GOVERNMENT

TO : Placement and Utilization Division, O/P

DATE: 21 April 1955

ATTN: [REDACTED]

FROM : Personnel Officer, OPR

SUBJECT: [REDACTED] - Request for Provisional Clearance

1. It is requested that a Provisional Clearance be granted for [REDACTED] to allow his entrance on duty at the earliest opportunity.

2. This Office is prepared to assign [REDACTED] to an unclassified project in the Library of Congress for the Techniques and Methods Division. It is the opinion of the Techniques and Methods Division that the material produced by this project will be advantageous to the Division.



St/A/RR

[REDACTED]

Distribution:

- 0 & 1 - Addressee
- 2 - St/A/RR
- 2 - AD/RR

CONFIDENTIAL

SECRET

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP		DATE	FILE NO.
		6 Sept. 1974	6215
TO: (Check)	<input checked="" type="checkbox"/> CHIEF, CONTROL DIVISION, OF	SS 	
	<input type="checkbox"/> CHIEF, CONTRACT PERSONNEL DIVISION, OF	EMPLOYEE NUMBER 017074	
	<input checked="" type="checkbox"/> CHIEF, OPERATING COMPONENT (For action) EA	ID CARD NUMBER	
ATTN: CHIEF SUPPORT STAFF	OFFICIAL COVER	<input type="checkbox"/> ESTABLISHED <input checked="" type="checkbox"/> DISCONTINUED	
REF: RETIREMENT	UNIT		
SUBJECT: 			
KEEP ON TOP OF FILE WHILE COVER IN EFFECT			
ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS		<input checked="" type="checkbox"/> CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS EFFECTIVE DATE: EOD	
<input type="checkbox"/> BASIC COVER PROVIDED EFFECTIVE DATE _____		<input checked="" type="checkbox"/> SUBMIT FORM 3254 <u>CIA</u> W-2 TO BE ISSUED. (HR 20-11)	
<input type="checkbox"/> OPERATIONAL COVER PROVIDED FOR <u>TOY</u> OTHER (Specify): _____		<input checked="" type="checkbox"/> SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY _____ (HR 20-11)	
SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY _____ (HR 20-11)		<input checked="" type="checkbox"/> EAA: CATEGORY I <input type="checkbox"/> CATEGORY II <input type="checkbox"/>	
SUBMIT FORM 3254 TO BE ISSUED.		<input checked="" type="checkbox"/> RETURN ALL DESIGNATION DOCUMENTATION TO CCS	
SUBMIT FORM 2088 FOR <u>RENA</u> HOSPITALIZATION CARD.		<input type="checkbox"/> DO NOT WRITE IN THIS BLOCK	
SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (HR 240-20)			
EAA: CATEGORY I <input type="checkbox"/> CATEGORY II <input type="checkbox"/>			
SUBMIT FORM 2088 FOR <u>HOSPITALIZATION CARD</u>			
RETURNED AND/OR COVER HISTORY: 			
DISTRIBUTION: COPY 1 - TO HR EPP COPY 2 - OPERATING COMPONENT COPY 3 - OLC/SSC COPY 4 - HR 20-11 COPY 5 - TO FILE			

SECRET

FORM 1051

SECRET

IFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP

28 Sep 1973

6415

TO: (Check)	<input checked="" type="checkbox"/>	CHIEF, CONTROL DIVISION, OP	FILE NUMBER	
	<input type="checkbox"/>	CHIEF, CONTRACT PERSONNEL DIVISION, OP	EMPLOYEE NUMBER	0179/4
	<input checked="" type="checkbox"/>	CHIEF, OPERATING COMPONENT (For action)	ZA LIVE	ID CARD NUMBER MC-102 #25389
ATTN:		Chief Support Staff		
REF:		Form 1322 dated 21 Sep 73		
SUBJECT		UNIT		

KEEP ON TOP OF FILE WHILE COVER IN EFFECT

<input checked="" type="checkbox"/> ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS	CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS EFFECTIVE DATE:
<input checked="" type="checkbox"/> BASIC COVER PROVIDED EFFECTIVE DATE: AUGUST 1959	SUBMIT FORM 3254 TO BE ISSUED (HNR 20-11)
<input type="checkbox"/> OPERATIONAL COVER PROVIDED FOR: TOY OTHER (Specify)	SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY
SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY	AA CATEGORY I CATEGORY II
<input checked="" type="checkbox"/> SUBMIT FORM 3254 (HNR 20-11) BE ISSUED.	RETURN ALL OFFICIAL DOCUMENTATION TO CCS
<input checked="" type="checkbox"/> SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING COVER (HNR 20-11)	SUBMIT FORM 2688 FOR A02 HOSPITALIZATION CARD
<input checked="" type="checkbox"/> SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY (HNR 20-11)	DO NOT WRITE IN THIS BLOCK
<input checked="" type="checkbox"/> AA CATEGORY I CATEGORY II	
<input checked="" type="checkbox"/> SUBMIT FORM 2688 FOR A02 HOSPITALIZATION CARD	

DISTRIBUTION:

1 - TO: CC OF CP
1 - OPERATIONAL COMPONENT
1 - CC (ASST)
1 - CC (TIG)
1 - CC (TIG)

JB/as

51 SEP 28 1973

SECRET

U.S. GOVERNMENT PRINTING OFFICE: 1973

113-100-001

SECRET

NOTIFICATION OF ESTABLISHMENT OF OFFICIAL COVER BACKSTOP		DATE 26 August 1966
TO: (Check)	<input checked="" type="checkbox"/> CHIEF, PERSONNEL OPERATIONS DIVISION	ESTABLISHED FOR <div style="border: 1px solid black; width: 100px; height: 20px;"></div>
	<input type="checkbox"/> CHIEF, CONTRACT PERSONNEL DIVISION	
	<input checked="" type="checkbox"/> CHIEF, OPERATING COMPONENT (For action) FE	
ATTN: FE/Security		FILE NO. 6415
REF: Form 1322 dated 24 August 1966		ID CARD NO. 8575
OFFICIAL COVER BACKSTOP ESTABLISHED UBAP Technical Services Group (Prov)		EMPLOYEE NO.

KEEP ON TOP OF FILE WHILE COVER IN EFFECT

☒ Block Record:
(OPMEMO 20-800-11)

a. Temporarily for _____ days, effective _____

b. Continuing, effective _____ as of August 1959

☒ Submit Form 642 to change limitation category.
(HNB-20-7)

☒

☒ Submit Form 1322 for any change affecting this cover.
(R 240-250)

☒ Submit Form 1323 for transferring cover responsibility.
(R 240-250)

☐ Remarks:

☒ Cover History:

RCB/ucg

DISTRIBUTION: Copy 1-PHD, Copy 2-Operating Component, Copy 3-OS D'OS, Copy 4-OL TELSEC, Copy 5-PAD OS,
 Copy 6-OS 1 OPS, Copy 7-File

SECRET

				DATE 8 November 1962	
TO: <input checked="" type="checkbox"/> (Check)		CHIEF, RECORDS AND SERVICES DIVISION		ESTABLISHED FOR	
		CHIEF, OPERATING COMPONENT - ORR			
ATTN:		Administrative Staff		FILE NO. K-2303	
REF:		Verbal request for cover		ID CARD NO.	
		MILITARY COVER BACKSTOP ESTABLISHED			

BLOCK RECORDS:
(OPMEMO 10-600.11)

a. TEMPORARILY FOR _____ DAYS, EFFECTIVE

b. CONTINUING, EFFECTIVE EOD

SUBMIT FORM 612 TO CHANGE LIMITATION CATEGORY TO 3.
(HB 20,800-2)

ASCEINAIN THAT [REDACTED] BEING ISSUED.
(HR 10-661.1)

☐ SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER.
(R 240.250)

☐ SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY.
(R 140-250)

REMARKS:

THIS OFFICE MUST BE MAINTAINED

6-10-78

Copy to CPUSA

COS/DP

0137818-7124 1 06/05 1 13/05 1 15/05 07/07

14-00000
"PAY ADJUSTMENT IN ACCORDANCE WITH THE PROVISIONS OF SECTION 5305 OF
TITLE 5, U.S.C. AND EXECUTIVE ORDER 11611 PURSUANT TO AUTHORITY OF DCI
AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND DCI DIRECTIVE
DATED 08 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 13 OCTOBER 1974

NAME

SERIAL ORGN. FUNDS GR-STEP
017974 45 997 V GS 13 6

NEW
SALARY

\$25,451

SECRET

1 July 1959

File: K - 2303

MEMORANDUM FOR: Chief, Records and Services Division
Office of Personnel

SUBJECT:

1. Cover arrangements ~~XXXXXXXXXXXX~~ have been completed for the above-named Subject.
2. Effective 15 June 59, it is requested that your records be properly blocked ~~XXXXXXXX~~ to deny ~~XXXXXXXX~~ Subject's current Agency employment to an external inquirer.
3. This memorandum confirms an oral request of 1 July 1959 by Room 1608, "L" Building, Extension 2420.

Chief, Central Cover Division

cc: SSB/OS

SECRET


1580a

(4-23-40)

14-00000

FOR PURPOSES OF THE FAIR LABOR STANDARDS ACT, AS AMENDED,
YOU ARE DESIGNATED EXEMPT.

EFFECTIVE DATE OF DESIGNATION: 01 MAY 1974.

 017974

42371374

DLN: 28 MAY 75

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION									
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)							
3. TYPE OF PERSONNEL ACTION (RETIREMENT)				4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
(DISABILITY) UNDER CIA RETIREMENT AND DISABILITY SYSTEM FROM CSI				MO DA YR 15 14 75		REGULAR			
6. FUNDS		V TO V		V TO CF		7. FAN AND NSCA		8. CSC OR OTHER LEGAL AUTHORITY	
		CF TO V		CF TO CF		5237 13 12 1434		PL 85-643 SECT 231	
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION			
DDO/EA DIVISION DEVELOPMENT COMPLEMENT						WASHINGTON, D.C.			
11. POSITION TITLE						12. POSITION NUMBER		13. SERVICE DESIGNATION	
OPS OFFICER						DCOF		DMG	
14. CLASSIFICATION SCHEDULE (GS, IB, etc.)			15. OCCUPATIONAL SERIES			16. GRADE AND STEP		17. SALARY OR RATE	
GS			7136.01			13 6		25051	
18. REMARKS									
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL									
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE		23. INTEGRAL CODE	
15		4		NUMERIC ALPHABETIC					
24. NTE EXPIRES		25. SPECIAL REFERENCE		26. RETIREMENT DATA		27. SEPARATION DATA CODE		28. COMMUTATION/CONCURRENCE	
MO DA YR				1. CSC 2. CS 3. NONE		1. 1 2. 2 3. 3		MO DA YR	
29. VET PREFERENCE		30. SERV. COMP. DATE		31. LONG. COMP. DATE		32. CAREER CATEGORY		33. FETTER	
CODE		MO DA YR		MO DA YR		SAB SERV CODE		CODE	
1. NO 2. 1 3. 2						1. 1 2. 2 3. 3		1. 1 2. 2 3. 3	
34. PREVIOUS CIVILIAN GOVERNMENT SERVICE				35. LEAVE CAT		36. FEDERAL TAX DATA			
CODE				CODE		CODE			
1. NO PREVIOUS SERVICE 2. NO REAR IN SERVICE 3. REAR IN SERVICE LESS THAN 3 YRS. 4. REAR IN SERVICE MORE THAN 3 YRS.				1. YES 2. NO		1. YES 2. NO			
SIGNATURE OR OTHER AUTHENTICATION									

PLN 8 1100
3 76 MAY 14 75

1000
1000

SECRET

86G: 25 SEPT 74

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)									
017974											
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT					
EXTENDED SICK LEAVE - DISABILITY RETIREMENT NTE: 14 MAY 1975				09 06 74		REGULAR					
6. RUNDI		X		V TO V		V TO CF		7. PAN AND NSCA		8. CSC OR OTHER LEGAL AUTHORITY	
		CF TO V		CF TO CF		5237 1392		0000		50 USC 403 J	
9. ORGANIZATIONAL DESIGNATION						10. LOCATION OF OFFICIAL STATION					
DDO/EA DIVISION DEVELOPMENT COMPLEMENT						WASH., D.C.					
11. POSITION TITLE						12. POSITION NUMBER		13. SERVICE DESIGNATION			
OPS OFFICER						9997		DMG			
14. CLASSIFICATION SCHEDULE (GS, LE, etc.)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
GS				0136.01		13 6		24122			
18. DATES:											
LWD: 06 SEPTEMBER 1974											
OTHER:											
HOME BASE: EA											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE		23. INTEREST CODE		24. MONTH CODE	
31		40		45997 EA		75013				1	
25. DATE OF BIRTH		26. DATE OF OFFICE		27. DATE OF LET		28. DATE OF OFFICE		29. DATE OF LET		30. DATE OF LET	
05 14 75		SL									
31. NTE EXPIRY		32. SPECIAL REFERENCE		33. RETIREMENT DATA		34. SEPARATION DATA CODE		35. DATE OF SEPARATION		36. SECURITY RISK NO.	
05 14 75		SL								EOD DATA	
37. VET REFERENCE		38. VET COMP DATE		39. LONG COMP DATE		40. CAREER CATEGORY		41. HEALTH INSURANCE		42. SOCIAL SECURITY NO.	
43. PREVIOUS CIVILIAN GOVERNMENT SERVICE				44. LEAVE CAT CODE		45. FEDERAL TAX DATA		46. STATE TAX DATA			
47. NO PREVIOUS SERVICE						48. NO DEPENDENTS		49. NO DEPENDENTS			
49. NO DEPENDENTS						50. NO DEPENDENTS		51. NO DEPENDENTS			
52. NO DEPENDENTS						53. NO DEPENDENTS		54. NO DEPENDENTS			
SIGNATURE OR OTHER AUTHENTICATION											
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> POSTED 8/24/74 </div>											

DMS: 10 SEPT 74

SECRET

(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER 17074		2. NAME (LAST FIRST MIDDLE)	
3. NATURE OF PERSONNEL ACTION REASSIGNMENT		4. EFFECTIVE DATE MO DA YR 09 15 74	5. CATEGORY OF EMPLOYMENT REGULAR
6. FUNDS V TO V CF TO V	V TO CF CF TO CF	7. PAN AND NSCA 5237 1300 3011	8. CSC OR OTHER LEGAL AUTHORITY 5 USC 403 J
9. ORGANIZATIONAL DESIGNATIONS DDO/LA DIVISION DEVELOPMENT COMPLEMENT		10. LOCATION OF OFFICIAL STATION ASH., D.C.	
11. POSITION TITLE OPS OFFICER		12. POSITION NUMBER 3097	13. SERVICE DESIGNATION DNC
14. CLASSIFICATION SCHEDULE (GS, LS, etc.) GS	15. OCCUPATIONAL SERIES 136.01	16. GRADE AND STEP 13 5	17. SALARY OR RATE 29122
18. REMARKS OTHER HOME BASE: EA			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
19. ACTION CODE 37	20. EMPLOY CODE 10	21. OFFICE CODING FUNCTIONAL ALPHABETIC 45007 EA	22. STATION CODE 75013
23. DATE OF BIRTH MO DA YR	24. DATE OF GRADE MO DA YR	25. DATE OF CH MO DA YR	26. SECURITY REQ NO
27. SPECIAL REFERENCE MO DA YR	28. RETIREMENT DATA CODE	29. SEPARATION DATA CODE	30. SOCIAL SECURITY NO
31. VET PREFERENCE CODE	32. SERV COMP DATE MO DA YR	33. LONG COMP DATE MO DA YR	34. CARRIER CATEGORY CODE
35. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE	36. LEAVE CAT CODE	37. FEDERAL TAX DATA CODE	38. STATE TAX DATA CODE
SIGNATURE FOR OTHER AUTHENTICATION			
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> POSTED </div>			

SECRET
(When Filled In)

REF: 22 JAN 74

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER 017574		2. NAME (LAST FIRST MIDDLE) [REDACTED]	
3. NATURE OF PERSONNEL ACTION REASSIGNMENT		4. EFFECTIVE DATE MO DA YR 01 20 74	5. CATEGORY OF EMPLOYMENT REGULAR
6. FUNDS X	V TO V X	V TO CF	7. PAY AND NSCA 4227 1374 0000
CI TO V	CI TO CF	8. CSC OR OTHER LEGAL AUTHORITY 50 USC 403	
9. ORGANIZATIONAL DESIGNATIONS DDG/EA DIVISION [REDACTED]		10. LOCATION OF OFFICIAL STATION WASH. D.C.	
11. POSITION TITLE OPS OFFICER		12. POSITION NUMBER 11408	13. SERVICE DESIGNATION D
14. CLASSIFICATION SCHEDULE (GS, IS, ON, I) GS	15. OCCUPATIONAL SERIES 0136.01	16. GRADE AND STEP 13 6	17. SALARY OR RATE 24122
18. REMARKS			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
19. AGENCY CODE 37	20. EMPLOY CODE 10	21. OFFICE SYMBOL 45020 EA	22. STATION CODE 75013
23. ACQUISITION DATE 01 20 74	24. SPECIAL REFERENCE	25. RETIREMENT DATA	26. SEPARATION DATA CODE
27. PREFERENCE	28. SERV COMP DATE	29. USNS COMP DATE	30. CARRIED CATEGORY
31. PREVIOUS GOVERNMENT SERVICE	32. LEAVE CAT CODE	33. REEMPLOY DATA	34. SOCIAL SECURITY NO.
SIGNATURE OR OTHER AUTHENTICATION			

FOI-D

006-12574

SECRET

F-7108

1. SERIAL NO.		2. NAME		3. ORGANIZATION		4. FUNDS		5. LWOP HOUSE	
C17974				43443		CP			
6. OLD SALARY RATE				7. NEW SALARY RATE				8. TYPE ACTION	
Grade	Step	Salary	Last Eff Date	Grade	Step	Salary	Effective Date	SI	ARI
GS 13	5	23433	10/17/73	GS 13	6	24122	10/14/73		
CERTIFICATION AND AUTHENTICATION									
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE.									
SIGNATURE				DATE					
				10/16/73					
<input type="checkbox"/> NO EXCESS SWOP <input checked="" type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> LWOP STATUS AT END OF WAITING PERIOD									
CLERK'S INITIALS						NOTED BY			
151						WOB			
PAY CHANGE NOTIFICATION									
(4-51)									

"PAY ADJUSTMENT IN ACCORDANCE WITH THE PROVISIONS OF SECTION 5305 OF TITLE 5, U.S.C. AND EXECUTIVE ORDER 11739 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND DCI DIRECTIVE DATED 08 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 14 OCTOBER 1973

NAME	SERIAL	ORGN.	FUNDS	ON-STEP	NEW SALARY
			V	GS 13 5	23,433

14-00000

"PAY ADJUSTMENT IN ACCORDANCE WITH 5 U.S.C. 5305 AND EXECUTIVE ORDER
11691 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949,
AS AMENDED, AND DCI DIRECTIVE DATED 08 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 07 JANUARY 1973

NAME

[REDACTED]

SERIAL ORGN. FUNDS GR-STEP

017974 45 440 CF GS 13 5

NEW
SALARY

\$22,328

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

005 04750/73

1. SERIAL NUMBER 017514		2. NAME (LAST, FIRST, MIDDLE) [REDACTED]	
3. NATURE OF PERSONNEL ACTION REASSIGNMENT		4. EFFECTIVE DATE 05/24/73	
5. CATEGORY OF EMPLOYMENT		6. CXC OR OTHER LEGAL AUTHORITY	
7. FAN AND NSCA	8. CXC OR OTHER LEGAL AUTHORITY		
9. ORGANIZATIONAL DESIGNATION JCS/FL DIVISION	10. LOCATION OF OFFICIAL STATION [REDACTED]		
11. POSITION TITLE OPS. OFFICER	12. POSITION NUMBER 4335	13. CAREER SERVICE DESIGNATION L	
14. CLASSIFICATION SCHEDULE (SA, SB, etc.) US	15. OCCUPATIONAL SERIES 0136.01	16. GRADE AND STEP 13	17. SALARY OR RATE
18. REMARKS			
SIGNATURE OF OTHER AUTHORITY			

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 92-210 AND EXECUTIVE ORDER 11637 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 6 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 9 JANUARY 1972

NAME

[REDACTED]

SERIAL ORGN. FUNDS GR-STEP

017974 45 440 CF GS 13 5

NEW SALARY

\$21,237

1. SERIAL NO.		2. NAME		3. ORGANIZATION		4. FUNDS		5. LWOP HOURS	
		[REDACTED]		45 440		CF			
6. OLD SALARY RATE				7. NEW SALARY RATE				8. TYPE ACTION	
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	Effective Date	ST	ADJ.
GS 13	4	\$19,537	10/19/69	GS 13	5	\$20,125	10/17/71		
9. CERTIFICATION AND AUTHENTICATION									
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE.									
SIGNATURE				DATE					
[REDACTED]				[REDACTED]					
<input type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> LWOP STATUS AT END OF WAITING PERIOD									
CLASS INITIALS				[REDACTED]				AUTHOR BY	
FORM 360 E				PAY CHANGE NOTIFICATION				776/37	

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 91-656 AND
EXECUTIVE ORDER 11976 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE
CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 10 JANUARY 1971

NAME

[REDACTED]

SERIAL ORGN. FUNDS GR-STEP

017974 49 440 CF GS 13 4

NEW
SALARY

\$19,537

SECRET

(When Filled In)

SENT 100

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER 017274		2. NAME (LAST FIRST MIDDLE) [REDACTED]	
3. NATURE OF PERSONNEL ACTION REASSIGNMENT		4. EFFECTIVE DATE MO DA YR 08 21 76	5. CATEGORY OF EMPLOYMENT REGULAR
6. FUNDS V TO V CF TO V- X	V TO CF CF TO CF	7. Financial Analysis Fee Chargeable 1137 1633 6000	8. CSC OR OTHER LEGAL AUTHORITY 50 USC 403 J
9. ORGANIZATIONAL DESIGNATIONS DDP/FE [REDACTED]		10. LOCATION OF OFFICIAL STATION [REDACTED]	
11. POSITION TITLE OPS OFFICER		12. POSITION NUMBER 1915	13. SERVICE DESIGNATION D
14. CLASSIFICATION SCHEDULE (GS, PB, etc.) GS	15. OCCUPATIONAL SERIES (136,01)	16. GRADE AND STEP 13 4	17. SALARY OR RATE 15437
18. REMARKS			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
19. ACTION CODE 37	20. EMPLOY CODE 10	21. OFFICE CODING 45440 FE	22. REPORT CODE 57507
23. DATE OF BIRTH MO DA YR [REDACTED]	24. DATE OF GRADE MO DA YR [REDACTED]	25. DATE OF 1ST MO DA YR [REDACTED]	26. DATE OF 2ND MO DA YR [REDACTED]
27. SPECIAL REFERENCE [REDACTED]	28. RETIREMENT DATA [REDACTED]	29. SEPARATION DATA CODE [REDACTED]	30. CURRENT EMPLOYMENT DATA [REDACTED]
31. PAY PERFORMANCE [REDACTED]	32. PAY COMP DATA [REDACTED]	33. PAY COMP DATA [REDACTED]	34. PAY COMP DATA [REDACTED]
35. FEDERAL GOVERNMENT SERVICE [REDACTED]	36. STATE GOV [REDACTED]	37. FEDERAL TAX DATA [REDACTED]	38. STATE TAX DATA [REDACTED]
39. SIGNATURE OR OTHER AUTHENTICATION [REDACTED]			

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FORM 100-100
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Form 100-100

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 91-231 AND EXECUTIVE ORDER 11524 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 28 DECEMBER 1969

NAME

SERIAL ORGN. FUNDS GR-STEP

NEW
SALARY

017976 43 440 CF GS 13 4

\$18,437

F22

1. SERIAL NO.		2. NAME		3. ORGANIZATION		4. FUNDS		5. LWOP HOURS	
				43 440		CF			
6. OLD SALARY RATE									
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	Effective Date	7. TYPE ACTION	
GS 13	3	\$16,065	10/20/68	GS 13	4	\$17,393	10/19/69		
CERTIFICATION AND AUTHENTICATION									
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE.									
SIGNATURE				DATE					
				6 OCT 69					
<input checked="" type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> EXCESS DATES AT END OF WAITING PERIOD									
EMPLOYER'S INITIALS									
PRINT NAME				SAGE					
PAY CHANGE NOTIFICATION									

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8418

14-00000
PAY ADJUSTMENT IN ACCORDANCE WITH SECTION 212 OF PL 90-206 AND EXECUTIVE
ORDER 11474 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949,
AS AMENDED, AND A DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 13 JULY 1969

NAME

SERIAL ORGN. FUNDS GRA-STEP

NEW
SALARY

017974 45 440 CF GS 13 3

\$16,866

SECRET

(When Filled In)

FV01: 2 MAY 69

NOTIFICATION OF PERSONNEL ACTION

OCL

1. SERIAL NUMBER 017974		2. NAME (LAST FIRST MIDDLE) [REDACTED]	
3. NATURE OF PERSONNEL ACTION REASSIGNMENT		4. EFFECTIVE DATE 05 02 69	5. CATEGORY OF EMPLOYMENT REGULAR
6. FUNDS V TO V CF TO V	V TO CF X CF TO CF	7. Financial Analyst No. Chargeable 9137 1039 0000	8. CSC OF OTHER LEGAL AUTHORITY 50 USC 403 J
9. OPERATIONAL DEMONSTRATIONS DOP/FE [REDACTED]		10. LOCATION OF OFFICIAL STATION [REDACTED]	
11. POSITION TITLE OPS OFFICER		12. POSITION NUMBER 4947	13. SERVICE DESIGNATION D
14. CLASSIFICATION SCHEDULE (GS 18-46)	15. OCCUPATIONAL SERIES 0135.01	16. GRADE AND STEP 13 3	17. SALARY OR RATE 15369
18. REMARKS HOME BASE: FE			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
19. ACTION CODE 37	20. EMPLOY CODE 10	21. OFFICE CODE 45440 FE	22. STATION CODE 57557
23. INTEGRITY CODE 3	24. DATE OF BIRTH [REDACTED]	25. DATE OF GRADE [REDACTED]	26. DATE OF TEL [REDACTED]
27. NTE REPTS [REDACTED]	28. SPECIAL EXPERIENCE [REDACTED]	29. RETIREMENT DATA [REDACTED]	30. SEPARATION DATA CODE [REDACTED]
31. CORRECTION / Correction Data [REDACTED]	32. SECURITY RTO NO [REDACTED]	33. SOCIAL SECURITY NO [REDACTED]	34. VET PREFERENCE [REDACTED]
35. VET PREFERENCE [REDACTED]	36. SERV COMP DATE [REDACTED]	37. JORD COMP DATE [REDACTED]	38. CARRIER CATEGORY [REDACTED]
39. HEALTH / HEALTH DISABILITY [REDACTED]	40. SOCIAL SECURITY NO [REDACTED]	41. PREVIOUS CIVILIAN GOVERNMENT SERVICE [REDACTED]	42. LEAVE CAT CODE [REDACTED]
43. FEDERAL TAX DATA [REDACTED]	44. STATE TAX DATA [REDACTED]	SIGNATURE OF OTHER AUTHENTICATION [REDACTED]	

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JLB: 14 APR 69

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST, FIRST, MIDDLE)									
017974											
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT					
CONVERSION				04 1 66 63		REGULAR					
6. FUNDS		V TO V		V TO CF		7. FUNDING AGENCY NO. CHARGED		8. CMC OR OTHER LEGAL AUTHORITY			
CF TO V		X		CF TO CF		9137 1275 0000		50 USC 403 J			
9. ORGANIZATIONAL DESIGNATIONS				10. LOCATION OF OFFICIAL STATION							
DDP/FE				WASH., D.C.							
11. POSITION TITLE				12. POSITION NUMBER		13. SERVICE DESIGNATIONS					
OPS OFFICER				4024		D					
14. CLASSIFICATION SCHEDULE (GS, LS, etc.)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
GS				0136.01		13 3		15863			
18. REMARKS											
WASH., D.C.											
HOME BASE: FE											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODE (HUMAN RESOURCES)		22. CLASSICAL CODE	23. PUBLIC CODE	24. POSITION CODE	25. DATE OF ACTION	26. DATE OF ACTION	27. DATE OF ACTION	28. DATE OF ACTION	29. DATE OF ACTION
56	10	45140 FE		75013							
30. NTS LINES		31. SPECIAL REFERENCE		32. RETIREMENT DATA		33. SEPARATION DATA CODE		34. CURRENT EDUCATIONAL DATA		35. EDUCATIONAL DATA	
										EOD DATA	
36. VET PREFERENCE		37. VET COMP DATE		38. VET COMP DATE		39. CAREER CATEGORY		40. HEALTH DATA		41. SECURITY DATA	
42. PREVIOUS CIVILIAN GOVERNMENT SERVICE				43. LEAVE DATA		44. PREPARATION DATA		45. STATE TAX DATA			
SIGNATURE OR OTHER AUTHENTICATION											

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3-63 304 10 67

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SDF: 7 NOV 62

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(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

NDF

1. SERIAL NUMBER 012974		2. NAME (LAST, FIRST, MIDDLE)	
3. NATURE OF PERSONNEL ACTION PROMOTION		4. EFFECTIVE DATE MO DA YR 10 20 63	5. CATEGORY OF EMPLOYMENT REGULAR
6. FUNDS V TO V CF TO V X	V TO CF CF TO CF	7. Financial Analysis No. Chargeable 9137 1375 0000	8. CSC OR OTHER LEGAL AUTHORITY 50 USC 403 J
9. ORGANIZATIONAL DESIGNATIONS DDP/FE		10. LOCATION OF OFFICIAL STATION WASH., D.C.	
11. POSITION NUMBER 4024		12. SERVICE DESIGNATION D	
13. CLASSIFICATION SCHEDULE (OS, LS, RL) GS	14. OCCASIONAL RATE 0136.01	15. GRADE AND STEP GS 13 3	16. SALARY OR RATE 13330 15369
17. REMARKS WASH., D.C.			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
19. ACTION CODE 22	20. PAY CODE 10	21. OFFICE CODING NATIVE ALPHABETIC 05140 FC	22. STATION CODE 75013
23. INTEGRITY CODE S	24. MAJOR CODE 1	25. DATE OF BIRTH MO DA YR 10 20 68	26. DATE OF GRADE MO DA YR 10 20 68
27. DATE OF BIRTH MO DA YR 10 20 68	28. DATE OF GRADE MO DA YR 10 20 68	29. SECURITY REQ NO.	30. SEC
31. VET PREFERENCE CODE 1. YES 2. NO	32. SERV. COMP. DATE MO DA YR	33. LONG. COMP. DATE MO DA YR	34. CAREER CATEGORY CODE 1. YES 2. NO
35. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 1. NO PREVIOUS SERVICE 2. NO BREAK IN SERVICE 3. BREAK IN SERVICE (LESS THAN 3 YRS) 4. BREAK IN SERVICE (MORE THAN 3 YRS)	36. LEAVE CAT. CODE	37. FEDERAL TAX DATA CODE 1. YES 2. NO	38. STATE TAX DATA CODE 1. YES 2. NO
SIGNATURE OR OTHER AUTHENTICATION			

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11-9-62

FORM 1150
3-62 May 70-67Use Previous
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JLB

Excluded from automatic
downgrading and
declassification

(When Filled In)

1. SERIAL NO.	2. NAME	3. ORGANIZATION	4. PURES	5. LWOP HOURS
017974	[Redacted]	43 140	CF	
6. OLD SALARY RATE		7. NEW SALARY RATE		8. TYPE ACTION
Grade	Step	Salary	Last Eff. Date	Grade
				Step
				Salary
				EFFECTIVE DATE
				BI
				ADJ.
45 12 3	13798	09/11/66	45 12 6	21204
				09/08/68
CERTIFICATION AND AUTHENTICATION				
I CERTIFY		EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE.		
SIGNATURE		DATE		
[Redacted]		[Redacted]		
<input type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> EMPLOYEE IS IN PAY STATUS AT END OF WAITING PERIOD				
CLERK'S INITIALS		BY		
[Redacted]		[Redacted]		
FORM 7-65 560 E Use previous editions PAY CHANGE NOTIFICATION (4-51)				

"PAY ADJUSTMENT IN ACCORDANCE WITH SECTIONS 212 AND 215 OF PL 90-206 AND EXECUTIVE ORDER 11413 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A-DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 14 JULY 1958

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
	017974	45	140	CF GS 12 5	\$12,489	\$13,798

JLB: 17N MAY 68

SECRET
(When Filled In)

ODF

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)	
017974			
3. NATURE OF PERSONNEL ACTION		4. EFFECTIVE DATE	5. CATEGORY OF EMPLOYMENT
REASSIGNMENT		05 19 68	REGULAR
6. FUNDS		7. Financial Analysis No. Chargeable	8. CSC OR OTHER LEGAL AUTHORITY
V TO V CF TO V		X	CF TO CF
9. ORGANIZATIONAL DESIGNATIONS		10. LOCATION OF OFFICIAL STATION	
DDP/EE		8137 1375 0000 50 USC 403 J	
11. POSITION TITLE		12. POSITION NUMBER	13. SERVICE DESIGNATION
WASH., D.C.		4025	D
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)		15. OCCUPATIONAL SERIES	16. GRADE AND STEP
GS		0136.01	05 5 12 5
17. SALARY OR RATE		18. REMARKS	
12604 12989		WASH., D.C.	

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL									
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING		22. STATION CODE	23. INTEGRITY CODE	24. MONTH CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI
37	10	45140 FE		75013	S	I			
28. PTE EMPLOY		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION	
33. VI: PREFERENCE		34. SERV COMP DATE		35. LONG COMP DATE		36. CAREER CATEGORY		37. FEGLI / HEALTH INSURANCE	
38. PREVIOUS CIVILIAN GOVERNMENT SERVICE		39. LEAVE CAT CODE		40. FEDERAL TAX DATA		41. STATE TAX DATA		42. SOCIAL SECURITY NO.	

SIGNATURE OR OTHER AUTHENTICATION

POSTED

EXAMINED - CIVILIAN GOVERNMENT SERVICE
EXAMINED - MILITARY SERVICE
EXAMINED - OTHER SERVICE

(When Filled In)

SECRET

PLW

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 90-206
PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949,
AS AMENDED, AND A-DCI DIRECTIVE DATED 8 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 8 OCTOBER 1967

NAME

SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
017974	45	997	CF GS 12 5	\$12,443	\$12,989

FVU: 1 APR 65

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER 017974		2. NAME (LAST FIRST MIDDLE) [REDACTED]	
3. NATURE OF PERSONNEL ACTION SUSPENSION FOR THREE WORKING DAYS		4. EFFECTIVE DATE 04 01 68	5. CATEGORY OF EMPLOYMENT REGULAR
6. FUNDS V TO V CF TO V X CF TO CF		7. Financial Analysis No. Chargeable 0137 1375 0000	8. CSC OR OTHER LEGAL AUTHORITY 50 USC 403 J
9. ORGANIZATIONAL DESIGNATION ODP/FE DEVELOPMENT COMPLEMENT		10. LOCATION OF OFFICIAL STATION WASH., D.C.	
11. POSITION/TITLE [REDACTED] CPS OFFICER		12. POSITION NUMBER 0997	13. SERVICE DESIGNATION D
14. CLASSIFICATION SCHEDULE (GS, 15, 16) FSR GS		15. OCCUPATIONAL SERIES 0136.01	16. GRADE AND STEP 05 5 12 5
17. SALARY OR RATE 12604 12959			

18. REMARKS:
SUSPENDED FOR THREE WORKING DAYS FOR INFRACTION OF AGENCY PHYSICAL SECURITY REGULATIONS. TO RETURN TO DUTY EOS 4 APRIL 1965. EMPLOYEE IS WARNED THAT FURTHER VIOLATIONS WILL BE VIEWED WITH EXTREME SERIOUSNESS.
OTHER

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODE (15) NUMBER ALPHABETIC	22. STATION CODE	23. INTEGRAL CODE	24. MAJOR CODE	25. DATE OF BIRTH MO DA YR	26. DATE OF GRADE MO DA YR	27. DATE OF LEI MO DA YR
28. INT. EXPIRES MO DA YR	29. SPECIAL REFERENCE 1. CSC 2. FSA 3. FGA 4. FGA	30. RETIREMENT DATA CODE	31. SEPARATION DATA CODE	32. CORRECTION / CANCELLATION DATA MO DA YR	33. SECURITY REQ. TAG	34. SEX	EOD DATA	
35. VET. PREFERENCE CODE 1. NONE 2. 5 PT 3. 10 PT	36. SERV. COMP. DATE MO DA YR	37. LONG. COMP. DATE MO DA YR	38. CAREER CATEGORY CODE 1. AS 2. MS 3. MO 4. MS 5. MS 6. MS	39. REG. / HEALTH INSURANCE CODE 1. YES 2. NO	40. SOCIAL SECURITY NO.			
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 1. NO PREVIOUS SERVICE 2. NO BREAK IN SERVICE 3. BREAK IN SERVICE (LESS THAN 3 YRS) 4. BREAK IN SERVICE (MORE THAN 3 YRS)		42. LEAVE CAT. CODE	43. FEDERAL TAX DATA CODE 1. YES 2. NO		44. STATE TAX DATA CODE 1. YES 2. NO			

SIGNATURE OR OTHER AUTHENTICATION

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FORM 3-66 1150
May 1967

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GROUP 1
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declassification

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SECRET
(When Filled In)

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NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER 017974		2. NAME (LAST-FIRST-MIDDLE) [REDACTED]	
3. NATURE OF PERSONNEL ACTION [REDACTED]		4. EFFECTIVE DATE NO. DA. YR. 11 21 67	
5. CATEGORY OF EMPLOYMENT REGULAR		6. FINANCIAL ANALYSIS NO. CHARGEABLE 8137 1375 0000	
7. FUNDING V TO V OF TO V X OF TO V		8. CSC OR OTHER LEGAL AUTHORITY 50 USC 403 J	
9. ORGANIZATIONAL DESIGNATIONS DOP/FE DEVELOPMENT COMPLEMENT		10. LOCATION OF OFFICIAL STATION WASH., D.C.	
11. POSITION TITLE OPS. OFFICER		12. POSITION NUMBER 9997	
13. SERVICE DESIGNATION D		14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS	
15. OCCUPATIONAL SERIES 0136.01		16. GRADE AND STEP GS 5 12 5	
17. SALARY OR RATE 12074 12443		18. REMARKS OTHER	
MARITAL STATUS--MARRIED			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
19. ACTION CODE 55	20. EMPLOY CODE 13	21. OFFICE CODES NUMERIC ALPHABETIC 45997 FE	22. STATION CODE 75013
23. INTEGRITY CODE S	24. HEALTH CODE 1	25. DATE OF BIRTH [REDACTED]	26. DATE OF GRADE [REDACTED]
27. DATE OF LEI [REDACTED]	28. NTA EXPIRES NO. DA. YR. [REDACTED]	29. SPECIAL REFERENCE [REDACTED]	30. RETIREMENT DATA 1. CSC 2. CIA 3. RFA CODE [REDACTED]
31. SEPARATION DATA CODE [REDACTED]	32. CORRECTION/CANCELLATION DATA [REDACTED]	33. SECURITY REQ. NO. [REDACTED]	34. SER. [REDACTED]
35. VET. PREFERENCE CODE 0 - NONE 1 - 5 YR. 2 - 10 YR.	36. SERV. COMP. DATE NO. DA. YR. [REDACTED]	37. LONG COMP. DATE NO. DA. YR. [REDACTED]	38. CAREER CATEGORY [REDACTED]
39. FEET/HEALTH INSURANCE CODE 0 - NONE 1 - YES 2 - NO	40. SOCIAL SECURITY NO. [REDACTED]	41. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0 - NO PREVIOUS SERVICE 1 - NO PREVIOUS SERVICE 2 - BREAK IN SERVICE LESS THAN 3 YRS. 3 - BREAK IN SERVICE MORE THAN 3 YRS.	42. LEAVE CAT. CODE [REDACTED]
43. FEDERAL TAX DATA FORM EXECUTED CODE 1 - YES 2 - NO	44. STATE TAX DATA FORM EXECUTED CODE 1 - YES 2 - NO	45. NO. FOR STATE OVER [REDACTED]	
SIGNATURE OR OTHER AUTHENTICATION [REDACTED]			

POSTED

RS

11-23-67

FORM 1150

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PLW

DO NOT WRITE IN THESE SPACES

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L.J.L.
608

MAILED 17 NOV 67

NOTIFICATION OF PERSONNEL ACTION									
1. SERIAL NUMBER 017274		2. NAME (LAST-FIRST-MIDDLE) <div style="border: 1px solid black; width: 100px; height: 20px;"></div>							
3. NATURE OF PERSONNEL ACTION REASSIGNMENT AND TRANSFER TO CONFIDENTIAL FUNDS					4. EFFECTIVE DATE 11/11/67		5. CATEGORY OF EMPLOYMENT REGULAR		
6. FUNDS <div style="border: 1px solid black; width: 50px; height: 20px;"></div>		V TO V <input checked="" type="checkbox"/>		V TO CF <input checked="" type="checkbox"/>		7. Financial Analysts No. Chargeable 0137-1292-0000		8. CSC OR OTHER LEGAL AUTHORITY 50 USC 402 J	
9. ORGANIZATIONAL DESIGNATIONS DOP/FE FE DEVELOPMENT COMPLEMENT					10. LOCATION OF OFFICIAL STATION WASHINGTON, D.C.				
11. POSITION TITLE CPS OFFICER					12. POSITION NUMBER 197		13. SERVICE DESIGNATION D		
14. CLASSIFICATION SCHEDULE (GS, LB, WFL) GS			15. OCCUPATIONAL SERIES 138-01		16. GRADE AND STEP 12-5		17. SALARY OR RATE 12945		
18. REMARKS TRAINING									
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL									
19. ACTION CODE 20		20. EMPLOY CODE 13		21. OFFICE CODE 45507		22. STATION CODE 75012		23. INTEGRITY CODE <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	
24. NTE EXPIRES MO. DAY YR.		25. SPECIAL REFERENCE 1. CEN 2. CIB 3. CCA 4. CNA		26. RETIREMENT DATA CODE		27. SEPARATION DATA CODE		28. CORRECTION CODE	
29. NET PREFERENCE CODE		30. SERV COMP. DATE MO. DAY YR.		31. LONG COMP. DATE MO. DAY YR.		32. CARRIER CATEGORY CODE		33. RETI / HEALTH INSURANCE CODE	
34. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE		35. LEAVE (AI) CODE		36. FEDERAL TAX DATA CODE		37. STATE TAX DATA CODE		38. SOCIAL SECURITY NO.	
39. SIGNATURE OR OTHER AUTHENTICATION									

FORM 1150
1-64

Use Previous
Edition

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FVD

FORM 1150
1-64
When Filled In

When Filled In

SECRET
(When Filled In)

BJT: 25 MAY 67

NOTIFICATION OF PERSONNEL ACTION

OCF

1. SERIAL NUMBER 017974		2. NAME (LAST-FIRST-MIDDLE) [REDACTED]																																					
3. NATURE OF PERSONNEL ACTION REASSIGNMENT		4. EFFECTIVE DATE MO. DA. YR. 05 21 67																																					
5. CATEGORY OF EMPLOYMENT REGULAR		6. CSK OR OTHER LEGAL AUTHORITY 50 USC 403 J																																					
7. FUNDS X	8. TO V V TO V	9. TO V V TO V	10. TO V V TO V																																				
11. ORGANIZATIONAL DESIGNATIONS DDP/FE		12. LOCATION OF OFFICIAL STATION WASH., D.C.																																					
13. POSITION TITLE OPS OFFICER		14. POSITION NUMBER 3877																																					
15. SERVICE DESIGNATION D		16. CLASSIFICATION SCHEDULE (GS, LO, etc.) GS																																					
17. OCCUPATIONAL SERIES 0136.01		18. GRADE AND STEP 12 5																																					
19. SALARY OR RATE 12443		20. REMARKS																																					
<p align="center">SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL</p> <table border="1"> <tr> <td>21. ACTION CODE 37</td> <td>22. EMPLOY CODE 10</td> <td>23. OFFICE CODING NUMERIC ALPHABETIC 45140 FE</td> <td>24. STATION CODE 75013</td> <td>25. INTEREST CODE 1</td> <td>26. MONTH CODE 1</td> <td>27. DATE OF BIRTH MO. DA. YR. [REDACTED]</td> <td>28. DATE OF GRADE MO. DA. YR. [REDACTED]</td> <td>29. DATE OF LET MO. DA. YR. [REDACTED]</td> </tr> <tr> <td>30. INT. EXPIRES MO. DA. YR. [REDACTED]</td> <td>31. SPECIAL REFERENCE 1. CSK 2. CSK 3. CSK [REDACTED]</td> <td>32. RETIREMENT DATA 1. CSK 2. CSK 3. CSK [REDACTED]</td> <td>33. SEPARATION DATA CODE [REDACTED]</td> <td>34. CORRECTION/CANCELLATION DATA TYPE MO. DA. YR. [REDACTED]</td> <td>35. SECURITY REQ NO. [REDACTED]</td> <td>36. SER [REDACTED]</td> <td colspan="2">37. SOCIAL SECURITY NO. [REDACTED]</td> </tr> <tr> <td>38. VET. PREFERENCE CODE [REDACTED]</td> <td>39. SERV. COMP. DATE MO. DA. YR. [REDACTED]</td> <td>40. LONG. COMP. DATE MO. DA. YR. [REDACTED]</td> <td>41. CAREER CATEGORY CODE [REDACTED]</td> <td>42. HEALTH INSURANCE CODE [REDACTED]</td> <td colspan="4">43. SOCIAL SECURITY NO. [REDACTED]</td> </tr> <tr> <td colspan="2">44. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE [REDACTED]</td> <td colspan="2">45. LEAVE CAT. CODE [REDACTED]</td> <td colspan="2">46. FEDERAL TAX DATA CODE [REDACTED]</td> <td colspan="3">47. STATE TAX DATA CODE [REDACTED]</td> </tr> </table>				21. ACTION CODE 37	22. EMPLOY CODE 10	23. OFFICE CODING NUMERIC ALPHABETIC 45140 FE	24. STATION CODE 75013	25. INTEREST CODE 1	26. MONTH CODE 1	27. DATE OF BIRTH MO. DA. YR. [REDACTED]	28. DATE OF GRADE MO. DA. YR. [REDACTED]	29. DATE OF LET MO. DA. YR. [REDACTED]	30. INT. EXPIRES MO. DA. YR. [REDACTED]	31. SPECIAL REFERENCE 1. CSK 2. CSK 3. CSK [REDACTED]	32. RETIREMENT DATA 1. CSK 2. CSK 3. CSK [REDACTED]	33. SEPARATION DATA CODE [REDACTED]	34. CORRECTION/CANCELLATION DATA TYPE MO. DA. YR. [REDACTED]	35. SECURITY REQ NO. [REDACTED]	36. SER [REDACTED]	37. SOCIAL SECURITY NO. [REDACTED]		38. VET. PREFERENCE CODE [REDACTED]	39. SERV. COMP. DATE MO. DA. YR. [REDACTED]	40. LONG. COMP. DATE MO. DA. YR. [REDACTED]	41. CAREER CATEGORY CODE [REDACTED]	42. HEALTH INSURANCE CODE [REDACTED]	43. SOCIAL SECURITY NO. [REDACTED]				44. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE [REDACTED]		45. LEAVE CAT. CODE [REDACTED]		46. FEDERAL TAX DATA CODE [REDACTED]		47. STATE TAX DATA CODE [REDACTED]		
21. ACTION CODE 37	22. EMPLOY CODE 10	23. OFFICE CODING NUMERIC ALPHABETIC 45140 FE	24. STATION CODE 75013	25. INTEREST CODE 1	26. MONTH CODE 1	27. DATE OF BIRTH MO. DA. YR. [REDACTED]	28. DATE OF GRADE MO. DA. YR. [REDACTED]	29. DATE OF LET MO. DA. YR. [REDACTED]																															
30. INT. EXPIRES MO. DA. YR. [REDACTED]	31. SPECIAL REFERENCE 1. CSK 2. CSK 3. CSK [REDACTED]	32. RETIREMENT DATA 1. CSK 2. CSK 3. CSK [REDACTED]	33. SEPARATION DATA CODE [REDACTED]	34. CORRECTION/CANCELLATION DATA TYPE MO. DA. YR. [REDACTED]	35. SECURITY REQ NO. [REDACTED]	36. SER [REDACTED]	37. SOCIAL SECURITY NO. [REDACTED]																																
38. VET. PREFERENCE CODE [REDACTED]	39. SERV. COMP. DATE MO. DA. YR. [REDACTED]	40. LONG. COMP. DATE MO. DA. YR. [REDACTED]	41. CAREER CATEGORY CODE [REDACTED]	42. HEALTH INSURANCE CODE [REDACTED]	43. SOCIAL SECURITY NO. [REDACTED]																																		
44. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE [REDACTED]		45. LEAVE CAT. CODE [REDACTED]		46. FEDERAL TAX DATA CODE [REDACTED]		47. STATE TAX DATA CODE [REDACTED]																																	

SIGNATURE OR OTHER AUTHENTICATION

POSTED

FORM 1150

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BJT

APPROVED
[REDACTED]
[REDACTED]

(When Filled In)

MRT: 17 NOV 66

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)									
017974											
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
REASSIGNMENT AND TRANSFER TO VOUCHERED FUNDS						11 20 66		REGULAR			
6. FUNDS		7. TO - V		8. V TO CP		9. GROSS ENTERED NO. CHARGEABLE		10. CCK OR OTHER LEGAL AUTHORITY			
X		CP TO V		CP TO CP		7237 1385 0000		50 USC 403 J			
9. ORGANIZATIONAL DESIGNATION						10. LOCATION OF OFFICIAL STATION					
DDP/FE						WASH., D.C.					
11. POSITION TITLE						12. POSITION NUMBER		13. SERVICE DESIGNATION			
OPS OFFICER						4025		D			
14. CLASSIFICATION SCHEDULE (GS-18, etc.)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
GS				0136.01		12 5		12443			
18. REMARKS											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING		22. STATION CODE	23. INTEREST CODE	24. EMPLOY CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LST		
16	10	45140 FE		75013							
28. DATE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CLASSIFICATION/COMBINATION DATA		33. SECURITY	
										812.80	
34. VET. PREFERENCE		35. LEAVE COMP. DATE		36. LEAVE COMP. DATE		37. CAREER CATEGORY		38. REG. / HEALTH INSURANCE		39. SOCIAL SECURITY NO.	
40. PREVIOUS GOVERNMENT SERVICE DATA				41. LEAVE CAT		42. FEDERAL TAX DATA		43. STATE TAX DATA			
SIGNATURE OR OTHER AUTHENTICATION											

FORM 1120
11-62Use Previous
Editions

SECRET

 READ
 INSTRUCTIONS
 BEFORE FILING
 (When Filled In)

(When Filled In)

RZF: 26 SEPT 66

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER 017374		2. NAME (LAST-FIRST-MIDDLE) <div style="border: 1px solid black; width: 100px; height: 20px;"></div>	
3. NATURE OF PERSONNEL ACTION DESIGNATION AS PARTICIPANT IN CIA RETIREMENT AND DISABILITY SYSTEM		4. EFFECTIVE DATE MO: 09 DA: 25 YR: 66	
5. CATEGORY OF EMPLOYMENT REGULAR		6. COST CENTER NO. CHARGEABLE 7137 1487 0000	
7. CXC OR OTHER LEGAL AUTHORITY PL 88-643 SECT. 203		8. FUNDING V TO V: <input type="checkbox"/> V TO CF: <input type="checkbox"/> CF TO V: <input checked="" type="checkbox"/> CF TO CF: <input type="checkbox"/>	
9. ORGANIZATIONAL DESIGNATIONS DGP/FE		10. LOCATION OF OFFICIAL STATION SAIGON, SOUTH VIET NAM	
11. POSITION TITLE		12. POSITION NUMBER	
13. SERVICE DESIGNATION D		14. CLASSIFICATION SCHEDULE (GS, LO, etc.)	
15. OCCUPATIONAL SERIES		16. GRADE AND STEP 12	
17. SALARY OR RATE		18. REMARKS EMPLOYEE WILL RECEIVE NOTIFICATION FROM THE DIRECTOR OF PERSONNEL OF THIS DESIGNATION AND RIGHT OF APPEAL TO THE DIRECTOR OF CENTRAL INTELLIGENCE.	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
19. ACTION CODE (CODE)	20. EMPLOY CODE	21. OFFICE CODING NUMERIC ALPHABETIC	22. STATION CODE
23. INTEGRITY CODE	24. RATING CODE	25. DATE OF BIRTH MO: DA: YR:	26. DATE OF GRADE MO: DA: YR:
27. DATE OF LEI MO: DA: YR:	28. NTE EXPIRES MO: DA: YR:	29. SPECIAL REFERENCE 1. CXC 2. PDC 3. NONE	30. RETIREMENT DATA CODE
31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA TYPE MO: DA: YR:	33. SECURITY REQ. NO.	34. SEN
35. NET PREFERENCE CODE 1: 0 NONE 2: 1 3: 2	36. SERV. COMP. DATE MO: DA: YR:	37. LONG. COMP. DATE MO: DA: YR:	38. CURRENT CATEGORY CODE
39. PEST / HEALTH INSURANCE CODE 0: DRIVER 1: YES	40. SOCIAL SECURITY NO.	41. PREVIOUS GOVERNMENT SERVICE DATA CODE 0: NO PREVIOUS SERVICE 1: NO BREAK IN SERVICE 2: BREAK IN SERVICE LESS THAN 1 YEAR 3: BREAK IN SERVICE MORE THAN 1 YEAR	42. LEAVE CAT. CODE
43. FEDERAL TAX DATA NO. TAX EXEMPTIONS FORM EXECUTED 1: YES 2: NO	44. STATE TAX DATA CODE 1: YES 2: NO	45. FEDERAL TAX DATA NO. TAX EXEMPTIONS FORM EXECUTED 1: YES 2: NO	46. STATE TAX DATA CODE 1: YES 2: NO
SIGNATURE OR OTHER AUTHENTICATION			
<div style="border: 2px solid black; padding: 10px; display: inline-block;"> POSTED 9-27-66/hm </div>			

FORM 1150

Use Previous Edition

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 1500
 Form 1150 (Rev. 6-66)
 (When Filled In)

123

1. Social No.		2. Name		3. Civil Control Number		4. LWOP Status	
017974				45 500 CF			
5. OLD SALARY RATE				6. NEW SALARY RATE			
Grade	Step	Salary	Effective Date	Grade	Step	Salary	Effective Date
GS 12	4	12064	09/13/64	GS 12	5	12093	09/11/66
7. TYPE ACTION							
PSA LG ADJ							
8. Remarks and Authorization							
NO EXCESS LWOP IN PAY STATUS AT END OF WAITING PERIOD LWOP STATUS AT END OF WAITING PERIOD CLERKS INITIALS AUDITED BY I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE. SIGNATURE: 8/24/66 PAY CHANGE NOTIFICATION							

1-65-567E-116-343

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 89-504
 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949,
 AS AMENDED, AND A DCI DIRECTIVE DATED 8 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 3 JULY 1966

NAME

SERIAL ORGN. FONDS. CN-1161 OLD NEW
 SALARY SALARY
 017974 45 500 CF GS 12 4 12064 12093

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 89-301
PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949,
AS AMENDED, AND A-DCI POLICY DIRECTIVE DATED 5 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 10 OCTOBER 1965

NAME

SERIAL ORGN. FUNDUS GR-STEP

OLD
SALARY

NEW
SALARY

017974 45 500 CF GS 12 4 \$11,315 \$11,723

ADJUSTMENT OF SALARY RATE IN ACCORDANCE WITH THE
SCHEDULES OF THE GOVERNMENT EMPLOYEES SALARY REFORM
ACT OF 1964 PURSUANT TO THE AUTHORITY OF THE DIRECTOR
OF CENTRAL INTELLIGENCE AS PROVIDED IN THE CENTRAL
INTELLIGENCE AGENCY ACT OF 1949, AS AMENDED, AND POLICY
DIRECTIVE ISSUED BY THE ACTING DIRECTOR OF CENTRAL
INTELLIGENCE DATED 8 OCTOBER 1962.

SALARY CONVERTED TO RATE SHOWN FOR INDIVIDUAL'S GRADE
AND STEP AS INDICATED IN CHART BELOW.

GENERAL SCHEDULE RATES

Federal Employees Salary Act of 1964

GRADE	Per Annum Rates and Steps									
	1	2	3	4	5	6	7	8	9	10
GS-1	\$3,385	\$3,500	\$3,615	\$3,730	\$3,845	\$3,960	\$4,075	\$4,190	\$4,305	\$4,420
GS-2	3,680	3,805	3,930	4,055	4,180	4,305	4,430	4,555	4,680	4,805
GS-3	4,005	4,140	4,275	4,410	4,545	4,680	4,815	4,950	5,085	5,220
GS-4	4,480	4,620	4,760	4,900	5,080	5,230	5,380	5,530	5,680	5,830
GS-5	5,000	5,165	5,330	5,495	5,660	5,825	5,990	6,155	6,320	6,485
GS-6	5,505	5,690	5,875	6,060	6,245	6,430	6,615	6,800	6,985	7,170
GS-7	6,050	6,250	6,450	6,650	6,850	7,050	7,250	7,450	7,650	7,850
GS-8	6,630	6,830	7,030	7,230	7,430	7,630	7,830	8,030	8,230	8,430
GS-9	7,220	7,420	7,620	7,820	8,020	8,220	8,420	8,620	8,820	9,020
GS-10	7,900	8,100	8,300	8,500	8,700	8,900	9,100	9,300	9,500	9,700
GS-11	8,650	8,850	9,050	9,250	9,450	9,650	9,850	10,050	10,250	10,450
GS-12	10,250	10,450	10,650	10,850	11,050	11,250	11,450	11,650	11,850	12,050
GS-13	12,075	12,275	12,475	12,675	12,875	13,075	13,275	13,475	13,675	13,875
GS-14	14,170	14,370	14,570	14,770	14,970	15,170	15,370	15,570	15,770	15,970
GS-15	16,460	16,660	16,860	17,060	17,260	17,460	17,660	17,860	18,060	18,260
GS-16	18,915	19,115	19,315	19,515	19,715	19,915	20,115	20,315	20,515	20,715
GS-17	21,445	21,645	21,845	22,045	22,245	22,445	22,645	22,845	23,045	23,245
GS-18	24,300	24,500	24,700	24,900	25,100	25,300	25,500	25,700	25,900	26,100

DLR: 30 SEPT 64

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(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER 017974		2. NAME (LAST FIRST MIDDLE) [REDACTED]	
3. NATURE OF PERSONNEL ACTION (CANCELLATION)		4. EFFECTIVE DATE MO DA YR 09 1 18 64	
5. CATEGORY OF EMPLOYMENT REGULAR		6. COST CENTER NO. CHARGEABLE 5137 1392 0000	
7. FUNDS U TO U U TO U U TO U U TO U X U TO U		8. CSC OR OTHER LEGAL AUTHORITY 50 USC 403 J	
9. ORGANIZATIONAL DESIGNATION DOP FE CS/CS DEVELOPMENT COMPLEMENT		10. LOCATION OF OFFICIAL STATION WASH., D. C.	
11. POSITION TITLE [REDACTED]		12. POSITION NUMBER 9997	
13. SERVICE DESIGNATION D		14. CLASSIFICATION SCHEDULE (GS, LE, etc.) GS	
15. OCCUPATIONAL SERIES 0136.01		16. GRADE AND STEP 05 2 12 4	
17. SALARY OR RATE 10290 11315		18. REMARKS ADMIN ERROR	

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE		20. OFFICE CODE		21. STATUS CODE		22. INTEREST CODE		23. GRADE CODE		24. DATE OF BIRTH		25. DATE OF GRADE		26. DATE OF LEI	
01 13		45927 FE		75013		1		1		[REDACTED]		[REDACTED]		[REDACTED]	
27. DATE EXPIRES		28. SPECIAL OFFER		29. RETIREMENT DATA		30. PARATION DATA (CODE)		31. CORRECTION		32. SECURITY RISK NO.		33. SER		34. SER	
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]	
35. PAY PREFERENCE		36. LEAD (EMP. DATA)		37. CODE (EMP. DATA)		38. CARRIER CATEGORY		39. FEEL / HEALTH INSURANCE		40. SOCIAL SECURITY NO.		41. SOCIAL SECURITY NO.		42. SOCIAL SECURITY NO.	
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]	
43. PREVIOUS EMPLOYMENT DATA		44. LEAD (EMP. DATA)		45. CODE (EMP. DATA)		46. FEDERAL TAX DATA		47. STATE TAX DATA		48. STATE TAX DATA		49. STATE TAX DATA		50. STATE TAX DATA	
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]	

SIGNATURE OF OTHER AUTHORITY ACTION

POSTED

10/22/64 215

11-64 1130

11-64 1130

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11-64 1130

11-64 1130

DLB: 23 SEPT 64

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(When Filled In)

ODF

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER 017974		2. NAME (LAST-FIRST-MIDDLE) [REDACTED]	
3. NATURE OF PERSONNEL ACTION [REDACTED]		4. EFFECTIVE DATE 09 13 64	5. CATEGORY OF EMPLOYMENT REGULAR
6. FUNDS [REDACTED]	7. COST CENTER NO. CHARGEABLE 5137 1392 0000	8. CSC OR OTHER LEGAL AUTHORITY 50 USC 403 J	
9. ORGANIZATIONAL DESIGNATION DDP FE GS/CS DEVELOPMENT COMPLEMENT		10. LOCATION OF OFFICIAL STATION WASH., D. C.	
11. POSITION TITLE OPS OFF		12. POSITION NUMBER 9997	13. SERVICE DESIGNATION D
14. CLASSIFICATION SCHEDULE (GS, B, etc.) GS	15. OCCUPATIONAL SERIES 0136.01	16. GRADE AND STEP GS-2 12 4	17. SALARY OR RATE 10290 11315
18. REMARKS [REDACTED]			

FINAL FILING

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE 55	20. EMPLOY CODE 13	21. OFFICE CODING 45097FE	22. STATION CODE 75013	23. INTEGRAL CODE 1	24. PAPER OR DATE OF BIRTH [REDACTED]	25. DATE OF GRADE [REDACTED]	26. DATE OF LST [REDACTED]
28. BTE EXPIRES [REDACTED]		29. SPECIAL REFERENCE [REDACTED]	30. RETIREMENT DATA [REDACTED]	31. SEPARATION DATA CODE [REDACTED]	32. CANCELLATION CANCELLATION DATE [REDACTED]	33. SECURITY REG NO. [REDACTED]	
35. PER PREFERENCE [REDACTED]		36. SERV COMP DATE [REDACTED]	37. LONG COMP DATE [REDACTED]	38. CAREER CATEGORY [REDACTED]	39. FEEL / HEALTH INSURANCE [REDACTED]	40. SOCIAL SECURITY NO. [REDACTED]	
41. PREVIOUS EMPLOYMENT SERVICE DATA [REDACTED]		42. LEAVE (Y/N) [REDACTED]	43. FEDERAL TAX DATA [REDACTED]	44. STATE TAX DATA [REDACTED]	45. SIGNATURE AND AUTHENTICATION [REDACTED]		

EOD DATA

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Handwritten signature

FORM 10-22 11-20

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SECRET
(When Filled In)

JGD: 11 SEPT 64

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION									
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)							
017974									
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
REASSIGNMENT AND TRANSFER TO CONFIDENTIAL FUNDS				09 13 64		REGULAR			
6. FUNDS		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY					
V TO V U TO V		X U TO U		5137 1392 mm		50 USC 403 J			
9. ORGANIZATIONAL DESIGNATIONS				10. LOCATION OF OFFICIAL STATION					
DDP/FE CS/CS DEVELOPMENT COMPLEMENT				WASH., D. C.					
11. POSITION TITLE				12. POSITION NUMBER		13. SERVICE DESIGNATION			
OPS OFFICER				9997		D			
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
GS		0136.01		12 4		11315			
18. REMARKS									
TRAINING. SUBJECT TO APPROVED MEDICAL CLEARANCE PRIOR TO BEING SENT OVERSEAS.									
[REDACTED]									
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL									
19. ACTION CODE	20. TOY CODE	21. OFFICE CODE	22. STATION CODE	23. INTEGRATE CODE	24. NAME	25. DATE OF BIRTH	26. DATE OF ENTRY	27. DATE OF LST	
20	13	45997 FE	75013						
28. DATE EXPIRES	29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA	EOD DATA		33. SECURITY REQ. NO.	34. SEC	
35. PFT. PREFERENCE	36. 5089 COMP. DATE	37. 1046 COMP. DATE	38. CAREN CATEGORY	39. FSLT. HEALTH INSURANCE	40. SOCIAL SECURITY NO.				
41. PREVIOUS GOVERNMENT SERVICE DATA		42. LEAVE CAT		43. FOREIGN TRL DATA		44. STATE TRL DATA			
SIGNATURE OR OTHER AUTHENTICATION									
FROM: FE									
[REDACTED]									

1000 1150

Use Previous Edition

13 SEP 64 SECRET

NOTED

[REDACTED]

1. Serial No.		2. Name		3. Civil Service Number		4. LWOP Hours	
017974				27 RF 45 160 V			
5. OLD SALARY RATE				6. NEW SALARY RATE			
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	Effective Date
GS 12 3		10,960	09/19/63	GS 12 4		11,315	09/13/64
7. TYPE ACTION							
PSI LSI ADI							
8. Remarks and Authorization							
/ NO EXCESS LWOP / IN PAY STATUS AT END OF WAITING PERIOD / LWOP STATUS AT END OF WAITING PERIOD / CLERKS INITIALS <i>[Signature]</i> AUDITED BY <i>[Signature]</i>							
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.							
SIGNATURE <i>[Signature]</i>				DATE <i>[Signature]</i>			
PAY CHANGE NOTIFICATION							

Form 560

Obsolete Previous Edition

(4-61)

PAYMENT GRAPH

SEP 14 10 34 AM '64

DEC 64

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

1. NUMBER 017974		2. NAME (LAST-FIRST MIDDLE) [REDACTED]	
3. NATURE OF PERSONNEL ACTION REASSIGNMENT		4. EFFECTIVE DATE 12 1 02 64	5. CATEGORY OF EMPLOYMENT REGULAR
6. FUNDS V TO V C TO V X C TO C	7. COST CENTER NO. CHARGEABLE 5137 1487 0000		8. CXC OR OTHER LEGAL AUTHORITY 50 USC 403 J
9. ORGANIZATIONAL DESIGNATIONS DDP FE FE/VNC - SAIGON STATION INTERNAL OPS BRANCH IOB CAPITAL OPS SECTION		10. LOCATION OF OFFICIAL STATION SAIGON, SOUTH VIET NAM	
11. POSITION TITLE OPS OFFICER		12. POSITION NUMBER 4608	13. SERVICE DESIGNATION D
14. CLASSIFICATION SCHEDULE (GS, AB, etc.) GS	15. OCCUPATIONAL SERIES 0136.01	16. GRADE AND STEP 12 4	17. SALARY GS RATE 11315
18. REMARKS			

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE 37	20. EMPLOY CODE 10	21. OFFICE CODE 45300 FE	22. STATION CODE 77205	23. INTEREST CODE 3	24. BIRTH CODE [REDACTED]	25. DATE OF BIRTH [REDACTED]	26. DATE OF SERVICE [REDACTED]	27. DATE OF LAST [REDACTED]
28. APT. EMPLOY [REDACTED]	29. SPECIAL REFERENCE [REDACTED]	30. RESIGNMENT DATE [REDACTED]	31. SEPARATION DATA CODE [REDACTED]	32. COUNCIL [REDACTED]	EOD DATA			
33. VET. PREFERENCE [REDACTED]	34. APOB CODE [REDACTED]	35. LUMP SUM DATA [REDACTED]	36. SERVICE CATEGORY [REDACTED]	37. PERS. DATA CATEGORY [REDACTED]	38. SECURITY NO. [REDACTED]			
39. PREVIOUS EMPLOYMENT SERVICE DATA [REDACTED]		40. LUMP SUM DATA [REDACTED]		41. PERS. DATA [REDACTED]		42. STATE EMP DATA [REDACTED]		

SIGNATURE OF OFFICE OF PERSONNEL

10-11-64

5149

1142

1142

1142

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1142

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SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

ADPD 09/01/64

1. SERIAL NUMBER 017974		2. NAME (LAST FIRST MIDDLE) [REDACTED]	
3. NATURE OF PERSONNEL ACTION REASSIGNMENT		4. EFFECTIVE DATE MO DA YR 08 31 64	
5. CATEGORY OF EMPLOYMENT		6. COST CENTER NO. (CHARGEABLE)	
7. FUNDS R V TO V V TO O O TO V O TO O		8. CYC OR OTHER LEGAL AUTHORITY	
9. ORGANIZATIONAL DESIGNATION DDP/P6 DIVISION P6 VNC NORTH VIETNAM 860		10. LOCATION OF OFFICIAL STATION WASH., D. C.	
11. POSITION TITLE OPS OFFICER		12. POSITION NUMBER 4429	
13. CAREER SERVICE DESIGNATION D		14. CLASSIFICATION SCHEDULE (GS-10, etc.) GS	
15. OCCUPATIONAL SERIES 0136.01		16. GRADE AND STEP 12	
17. SALARY OR RATE		18. REMARKS	
SIGNATURE OR OTHER AUTHENTICATION			
FO ID 9/1/64 met			

Form 1-63 1-63

Use Previous 1-63

SECRET

SECRET
Excluded from automatic
downgrading and
declassification

(When Filled In)

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-793 AND DCI
MEMORANDUM DATED 1 AUGUST 1956, SALARY IS ADJUSTED AS FOLLOWS,
EFFECTIVE 5 JANUARY 1964.

NAME

SERIAL ORGN FUNDS GR-ST OLD SALARY NEW SALARY
017974 45 160 V GS 12 3 \$10,105 \$10,640

1. Serial No.		2. Name		3. Cost Center Number		4. LWOP Hours	
017974				56-160 V 7			
5. OLD SALARY RATE				6. NEW SALARY RATE			
Grade	Step	Salary	Eff. Date	Grade	Step	Salary	Eff. Date
GS 12	2	9,790	07/16/62	GS 12	3	10,105	09/15/63
7. TYPE ACTION							
PSI LSI ADJ.							
8. Remarks and Authentication							
/ NO EXCESS LWOP / IN PAY STATUS AT END OF WAITING PERIOD / LWOP STATUS AT END OF WAITING PERIOD CLERKS INITIALS AUDITED BY I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE. SIGNATURE _____ DATE _____ _____ NOTIFICATION							

SECRET
(When Filled In)

1. SERIAL NUMBER		2. NAME (LAST/FIRST MIDDLE)	
017974			
3. NATURE OF PERSONNEL ACTION			
REASSIGNMENT AND CHANGE OF SERVICE DESIGNATION			
4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT	
04 12 63		REGULAR	
6. FUNDS		7. COST CENTER NO. CHARGEABLE	
X		3237 1250 1000	
8. CAC OR OTHER LEGAL AUTHORITY		50 USE 403 J	
9. ORGANIZATIONAL DESIGNATIONS			
DDP/FE FE/VCL - VIETNAM - CAMBODIA - LAOS VIETNAM OPERATIONS SECTION FI/CI OPERATIONS UNIT			
10. LOCATION OF OFFICIAL STATION		WASH., D.C.	
11. POSITION TITLE		12. POSITION NUMBER	
OPS OFFICER		2003	
13. SERVICE DESIGNATION		D	
14. CLASSIFICATION SCHEDULE (GS, LO, etc.)		15. OCCUPATIONAL SERIES	
CS		0135.01	
16. GRADE AND STEP		17. SALARY OR RATE	
12 2		9790	
18. REMARKS			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
19. ACTION CODE		20. EMPLOY CODE	
37		10	
21. OFFICE CODES		22. STATION CODE	
56150		75013	
23. EMPLOYEE CODE		24. HOURS CODE	
FE			
25. DATE OF BIRTH		26. DATE OF SPIRE	
27. DATE ENTERED		28. SECURITY	
		YES	
29. SPECIAL REFERENCE		30. RETIREMENT DATA	
31. SEPARATION DATA CODE		32. CANCELLATION/CANCELLATION DATA	
33. YES, PREFERENCE		34. SERV. COMP. DATE	
35. SERV. COMP. DATE		36. LONG COMP. DATE	
37. CAREER CATEGORY		38. FECA/HWTH INSURANCE	
39. PREVIOUS GOVERNMENT SERVICE DATA		40. LEAVE/ENT CODE	
41. FEDERAL TAX DATA		42. STATE TAX DATA	
43. THE EMPLOYMENT		44. THE EMPLOYMENT	
SIGNATURE OR OTHER AUTHENTICATION			
POSTED			
05/01/63/K			

115

the previous
 Edition

22 APR 1965

~~SECRET~~

4-22-59
100-100000-100000
100-100000-100000
100-100000-100000

Case Report

ABM: 20 DEC 62

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)									
017974											
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
REASSIGNMENT AND TRANSFER TO VOUCHERED FUNDS						NO. DA. YR. 12 23 62		REGULAR			
6. FUNDS		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY			
X		CF TO V		CF TO CF		3257 1019 6000		50 USC 403 J			
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION					
DOI ORR OFFICE OF THE ASSISTANT DIRECTOR						WASH., D. C.					
11. POSITION TITLE						12. POSITION NUMBER		13. CAREER-SERVICE DESIGNATION			
						1564		IR			
14. CLASSIFICATION SCHEDULE (GS, LO, etc.)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
GS				1390.08		12 2		9790			
18. REMARKS											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING		22. STATION CODE	23. INTEGRITY CODE	24. MONTH CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI		
16	10	NUMERIC 88100	ALPHABETIC ORR	75013		1					
28. INT. EXPIRY		29. SPECIAL REFERENCE		30. RETIREMENT DATA	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA		33. SECURITY REQ. NO.		34. SEN.	
						EOD DATA					
35. VET. PREFERENCE		36. SERV. COMP. DATE		37. LONG. COMP. DATE	38. CAREER CATEGORY		39. FECLT / HEALTH INSURANCE		40. SOCIAL SECURITY NO.		
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT		43. FEDERAL TAX DATA		44. STATE TAX DATA			
SIGNATURE OR OTHER AUTHENTICATION											
<div style="text-align: right;"> <div style="border: 1px solid black; padding: 5px; display: inline-block;"> POSTED 20 DEC 62 </div> </div>											

FORM 1150

Use Previous
Edition

SECRET

FORM 1150
FEDERAL GOVERNMENT
EMPLOYMENT
OFFICE

(When Filled In)

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87 - 793 AND
 DCI MEMORANDUM DATED 1 AUGUST 1956, SALARY IS ADJUSTED AS FOLLOWS.
 EFFECTIVE 14 OCTOBER 1962

NAME	SERIAL	ORGN	FUNDS	OLD GR-ST SALARY	OLD GR-ST SALARY	NEW GR-ST SALARY	NEW GR-ST SALARY
[REDACTED]	017974	70530	CF	12 2	\$ 9215	12 2	\$ 9700

1. Serial No.		2. Name		3. Civil Control Number		4. LWOP Hours	
017974		[REDACTED]		70 530 CF 3			
5. OLD SALARY RATE				6. NEW SALARY RATE			
Grade	Step	Salary	Effective Date	Grade	Step	Salary	Effective Date
GS 12 1	3	8,955	03/19/61	GS 12 2	3	9,215	09/16/62
7. TYPE ACTION							
PSI LSI ADI							
8. Remarks and Authentication							
/ NO EXCESS LWOP / EXCESS LWOP / IN PAY STATUS AT END OF WAITING PERIOD / IN LWOP STATUS AT END OF WAITING PERIOD CLERKS INITIALS PAY [REDACTED] NOTIFICATION							

PSC: 17 MARCH 1961

SECRET
(When Filled In)

OCF										NOTIFICATION OF PERSONNEL ACTION									
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)								3. NATURE OF PERSONNEL ACTION		4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT					
017974										PROMOTION		03 19 61		REGULAR					
6. FUNDS		V TO V		V TO CF		CF TO V		X		CF TO CF		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY					
												1137 7000 6135		50 USC 403 J					
9. ORGANIZATIONAL DESIGNATION										10. LOCATION OF OFFICIAL STATION									
OFFICE OF DDI (TOKYO) STRATEGIC INTELLIGENCE STAFF																			
11. POSITION TITLE										12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION							
										0096		1R							
14. CLASSIFICATION SCHEDULE (GS, PL, etc.)					15. OCCUPATIONAL SERIES					16. GRADE AND STEP					17. SALARY OR RATE				
GS					1390.08					12 1					8955				
18. REMARKS																			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL																			
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE		23. INTELLIGENCE CODE		24. MODER CODE		25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI			
22		10		70530 DDI		37587				3				03 19 61		03 19 61			
28. NTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA		33. SECURITY REQ. NO.		34. SEX							
								EOD DATA											
35. VET. PREFERENCE		36. SEAV. COMP. DATE		37. LONG. COMP. DATE		38. MIL. SERV. CREDIT/LED		39. HEALTH INSURANCE		40. SOCIAL SECURITY NO.									
41. PREVIOUS GOVERNMENT SERVICE DATA										42. LEAVE CAT.									
43. FEDERAL TAX DATA										44. STATE TAX DATA									
SIGNATURE OR OTHER AUTHENTICATION																			
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> POSTED MARCH 28-61 </div> <div style="border: 1px solid black; width: 200px; height: 50px; display: inline-block; vertical-align: top; margin-left: 20px;"></div>																			

Form 1150
6-63Obsolete Previous
Editions

SECRET

14-511

SECRET
(WHEN FILLED IN)

1. EMP. SERIAL NO. 517974		2. NAME [REDACTED]		3. ASSIGNED ORG. DDI 3		4. FUNDS UV		5. ALLOTMENT	
6. OLD SALARY RATE						7. NEW SALARY RATE			
GRADE	STEP	SALARY	LAST EFFECTIVE DATE			GRADE	STEP	SALARY	EFFECTIVE DATE
			MO	DA	YR				MO DA YR
GS 11	2	\$ 7,820	04	19	59	GS 11	3	\$ 8,080	10 16 60
8. CHECK ONE <input type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> EXCESS LWOP									
9. NUMBER OF HOURS LWOP									
10. INITIALS OF CLERK									
11. AUDITOR									
12. TYPE OF ACTION									
13. REMARKS									
14. AUTHENTICATION									
[REDACTED]									

PAY CHANGE NOTIFICATION

FORM 5-58

560

OBSOLETE PREVIOUS EDITION
REPLACES FORM 560A AND 560B

SECRET

OFFICIAL PERSONNEL FOLDER

(4)

IN ACCORDANCE WITH THE PROVISIONS OF P. L. 86-568 AND DCI MEMO DATED
1 AUGUST 1956, SALARY IS ADJUSTED AS FOLLOWS EFFECTIVE 10 JULY 1960.

GD	NAME	SERIAL	ORGN	GR-ST	OLD SALARY	NEW SALARY
IR	[REDACTED]	517974	18 25	GS-11 2	\$ 7,270	\$ 7,820

/S/

[REDACTED]
DIRECTOR OF PERSONNEL

IN LIEU OF FORM 1150 THIS NOTIFICATION EFFECTS A CHANGE IN OCCUPATIONAL
SERIES RESULTING FROM APPLICATION OF STAFFING COMPLEMENT CHANGE

AUTHORIZATION NUMBER 22 DATED 1 JULY 1960.

SD	NAME	SERIAL	ORGN	OLD OCC SERIES	NEW OCC SERIES
IR	[REDACTED]	517974	10 25	1390.06	1390.08

/S/

[REDACTED]
DIRECTOR OF PERSONNEL

SECRET

(When Filled In)

JFC:7 JULY 59

NOTIFICATION OF PERSONNEL ACTION

1. Serial No.		2. Name (Last-First-Middle)		3. Date Of Birth		4. Vet. Pref.		5. Sex		6. CS-EOD	
51797*						None-0 5 Pt. 1 10 Pt. 2		M 1		06 15 55	
7. SCD		8. CSC Rating		9. CSC Or Other Legal Authority		10. Appt. Authority		11. FEGLI		12. LCD	
Mo. Da. Yr.		Yes-1 No-2		Code		Mo. Da. Yr.		Yes-1 No-2		Code	
04 16 54		1		50 USCA 403-J		Mo. Da. Yr.		1		06 15 55	

PREVIOUS ASSIGNMENT

14. Organizational Designations		Code		15. Location Of Official Station		Station Code	
DDI ORR				WASH., D.C.		75013	
16. Dept. - Field		17. Position Title		18. Position No.		19. Serv.	
Dopt. - 1 USID - 3 Frqn. - 5		IDENTIFICATION SPEC		92301		GS	
20. Grade & Step		21. Salary Or Rate		22. SO		23. Date Of Change	
11 2		\$ 7270		1R		Mo. Da. Yr.	
						Mo. Da. Yr.	
						10 20 57 04 19 59	
24. Appropriation Number		25. App. Div.		26. Appropriation Number			
8 5709 20							

ACTION

27. Nature Of Action		Code		28. Eff. Date		29. Type Of Employee		Code		30. Separation Data	
REASSIGNMENT TRANSFER TO CONFIDENTIAL FUNDS		06		07 26 59		REGULAR		01			

PRESENT ASSIGNMENT

31. Organizational Designations		Code		32. Location Of Official Station		Station Code	
OFFICE OF DDI (TOKYO) STRATEGIC INTELLIGENCE STAFF		1825				37587	
33. Dept. - Field		34. Position Title		35. Position No.		36. Serv.	
Dopt. - 1 USID - 3 Frqn. - 5				003		GS	
37. Grade & Step		38. Salary Or Rate		39. SO		40. Date Of Change	
11 2		\$ 7270		1R		Mo. Da. Yr.	
						Mo. Da. Yr.	
						10 20 57 10 11 59	
41. Appropriation Number		42. App. Div.		43. Appropriation Number			
0 3709 75 901							

44. Remarks:
SUBJECT TO APPROVED MEDICAL CLEARANCE PRIOR TO BEING SENT OVERSEAS.

POSTED
Cp 23 JUL 59

SECRET
(WHEN FILLED IN)

1. EMP. SERIAL NO. 117074		2. NAME		3. ASSIGNED ORG. DDI/ORR 3		4. FUNDS V-20		5. ALLOTMENT	
6. OLD SALARY RATE						7. NEW SALARY RATE			
GRADE	STEP	SALARY	LAST EFFECTIVE DATE			GRADE	STEP	SALARY	EFFECTIVE DATE
			MO.	DA.	YR.				MO. DA. YR.
GS 11	1	\$ 7,030	10	20	57	GS 11	2	\$ 7,270	04 19 59
TO BE COMPLETED BY THE OFFICE OF THE COMPTROLLER									
8. CHECK ONE IF EXCESS LUMP, CHECK FOLLOWING: <input checked="" type="checkbox"/> NO EXCESS LUMP <input type="checkbox"/> EXCESS LUMP <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> IN LUMP STATUS AT END OF WAITING PERIOD						9. NUMBER OF HOURS LUMP None			
						10. INITIALS OF CLERK W		11. AUDITED BY	
TO BE COMPLETED BY THE OFFICE OF PERSONNEL									
12. PROJECTED SALARY RATE AND EFFECTIVE DATE						13. REMARKS			
GRADE	STEP	SALARY	MO.	DA.	YR.				
14. AUTHENTICATION									
<p align="center">SECRET</p> <p align="center">PERSONNEL FOLDER (4)</p>									

IN LIEU OF FORM 1150 THIS NOTIFICATION EFFECTS RESLOTTING RESULTING
FROM R-20-250

SER. #	NAME	SD	OLD SLOT	NEW SLOT	DATE
117074		IR	0925.01	923	03/11/59

SECRET

GENERAL SCHEDULE SALARY INCREASE RETROACTIVELY EFFECTIVE
12 JANUARY 1959 AUTHORIZED BY P. L. 85 - 462 AND DCI
DIRECTIVE, SALARY AS OF 15 JUNE 1958 ADJUSTED AS FOLLOWS

NAME

SERIAL

GRADE-STEP

OLD SALARY

NEW SALARY

117974

GS-11-1

\$ 6,390

\$ 7,030

/S/ [REDACTED] DIRECTOR OF PERSONNEL

SECRET

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

1. Serial No.		2. Name (Last-First-Middle)		3. Date Of Birth		4. Vet. Prof.		5. Sec.		6. CS - EOD	
117				Mo. Da. Yr.		None-0 5: Pt. 1 10: Pt. 2		Code		Mo. Da. Yr.	
7. SCB		8. CSC Reinst.		9. CSC Or Other Legal Authority		10. Apmt. A/Hlday		11. FEGLI		12. LCD	
Mo. Da. Yr.		Yes-1 No-2		Code		Mo. Da. Yr.		Yes-1 No-2		Code	
1		1		50 USC 3162		1		1		1	

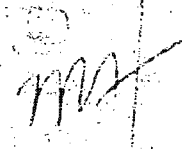
PREVIOUS ASSIGNMENT

14. Organizational Designations		Code		15. Location Of Official Station		Station Code	
L01				WASH., D.C.			
16. Dept. Field		17. Position Title		18. Position No.		19. Serv.	
Dept. 2 USStd. 4 Frgn. 6		IDENTIFICATION CPE		2001		US	
20. Grade & Step		21. Salary Or Rate		22. SD		23. Date Of Grada	
2		\$ 575		IR		Mo. Da. Yr.	
						24. Pst Due	
						Mo. Da. Yr.	
						25. Appropriation Number	
						1000	

ACTION

27. Nature Of Action		Code		28. Eff. Date		29. Type Of Employee		Code		30. Separation Data	
PROMOTION		100		12/17		REGULAR		1			

PRESENT ASSIGNMENT

31. Organizational Designations		Code		32. Location Of Official Station		Station Code	
L01				WASH., D.C.			
33. Dept. Field		34. Position Title		35. Position No.		36. Serv.	
Dept. 2 USStd. 4 Frgn. 6		IDENTIFICATION CPE		2001		US	
37. Grade & Step		38. Salary Or Rate		39. SD		40. Date Of Grada	
1		\$ 575		IR		Mo. Da. Yr.	
						41. Pst Due	
						Mo. Da. Yr.	
						42. Appropriation Number	
						1000	
43. Remarks							
<div align="right">  11/15/02 </div>							

SECRET
(WHEN FILLED IN)

1. EMP. SERIAL NO. 117974		2. NAME [REDACTED]		3. ASSIGNED OFFICER DDI/ORR 3		4. FUNDS V-20		5. ALLOCATION	
6. OLD SALARY RATE						7. NEW SALARY RATE			
GRADE	STEP	SALARY	LAST EFFECTIVE DATE			GRADE	STEP	SALARY	EFFECTIVE DATE
			MO.	DA.	YR.				MO. DA. YR.
9	1	\$ 5,440	07	01	56	9	2	\$ 5,575	06 30 57
REMARKS									
CERTIFICATION									
I CERTIFY THAT THE SERVICE AND CONDUCT OF THE ABOVE NAMED EMPLOYEE ARE SATISFACTORY.									
[REDACTED]			DATE 23 May 57		SIGNATURE [REDACTED]		[REDACTED]		
PERIODIC STEP INCREASE									
SECRET									
PERSONNEL FOLDER (4)									

FORM NO. 560
1 MAR 56

SECRET
(WHEN FILLED IN)

1. EMP. SERIAL NO. 117974		2. NAME [REDACTED]		3. ASSIGNED OFFICER DDI/ORR		4. FUNDS V-20		5. ALLOCATION	
6. OLD SALARY RATE						7. NEW SALARY RATE			
GRADE	STEP	SALARY	LAST EFFECTIVE DATE			GRADE	STEP	SALARY	EFFECTIVE DATE
			MO.	DA.	YR.				MO. DA. YR.
9	1	\$ 5,440	07	01	56	9	2	\$ 5,575	06 30 57
8. CHECK ONE: <input type="checkbox"/> NO STEPS LOST <input type="checkbox"/> EXCESS LEAVE 9. NUMBER OF HOURS LOST 10. INITIALS OF CLERK 11. AUDITED BY									
12. PROJECTED SALARY RATE AND EFFECTIVE DATE 13. SIGNATURE									
14. AUTHORIZATION									
[REDACTED]									
PERIODIC STEP INCREASE									
SECRET									
PERSONNEL FOLDER									

FORM NO. 560
1 MAR 56

STANDARD FORM 52
PREPARED BY THE
U. S. GOVERNMENT PRINTING OFFICE
WASHINGTON, D. C. 20540

REQUEST FOR PERSONNEL ACTION

REQUESTING OFFICE: Fill in Items 1 through 12 and A through D except 6B and 7 unless otherwise instructed.
If applicable, obtain resignation and fill in separation data on reverse.

1. NAME (Mr., Miss, Mrs., One (given name, initial(s), and surname))

2. DATE OF BIRTH

3. REQUEST NO.

4. DATE OF RECEIPT

18 April 1957

5. NATURE OF ACTION REQUESTED:

A. PERSONNEL (Specify whether appointment, promotion, separation, etc.)

Reassignment

6. EFFECTIVE DATE
A. PROPOSED:

ASAP

7. C.S. OR OTHER
LEGAL AUTHORITY

B. POSITION (Specify whether establish, change grade or title, etc.)

B. APPROVED:

2 JUN 1957

FROM—

Identification Specialist 7-924.03
GS-1390.06-09 \$5440.00 per annum
DDI/Office of Research and Reports
Chief,

8. POSITION TITLE AND
NUMBER

9. SERVICE GRADE AND
SALARY

10. ORGANIZATIONAL
DESIGNATION

11. HEADQUARTERS

12. FIELD OR DEPARTMENTAL

TO—

Identification Specialist 7-923.01
GS-1390.06-09 \$5440.00 per annum
DDI/Office of Research and Reports

Washington, D.C.

Washington, D.C.

☐ FIELD

☒ DEPARTMENTAL

☐ FIELD

☒ DEPARTMENTAL

13. REMARKS (Use reverse if necessary)

Reassignment submitted to conform to T/O reorganization

14. REQUEST APPROVED BY

Signature:

Title: Chief, Administrative Staff, O-2

15. FROM 7-5709-20
TO 7-5709-20

16. POSITION CLASSIFICATION ACTION

NEW VICE 1 A 1 B 1 C 1 D 1 E 1 F 1 G 1 H 1 I 1 J 1 K 1 L 1 M 1 N 1 O 1 P 1 Q 1 R 1 S 1 T 1 U 1 V 1 W 1 X 1 Y 1 Z

SD/IR

17. DATE OF APPOINTMENT
18. DATE OF RESIGNATION
(1957-)

19. LEGAL RESIDENCE
☐ CLAIMED ☐ REJECTED
STATE:

20. STANDARD FORM 50 NUMBER

POSTED

01 1957

21. CLEARANCE

INITIAL OF SIGNATURE

DATE

REMARKS

A

B. C. S. CONTROL

C. CLASSIFICATION

D. PLACEMENT OF TAMP

22. APPROVED BY

1957 JUN 1957

PERIODIC STEP INCREASE CERTIFICATION

CONFIDENTIAL

U. S. GOVERNMENT PRINTING OFFICE: 1954-#20080

1. Agency and organizational description		2. Period: period		3. Book No.		4. Slip No.	
[redacted] serial security account number when appropriate		5. Grade and salary		6-5709-20			
		GS-7		\$4525			
PAYROLL CHANGE DATA							
	BASE PAY	OVERTIME	GROSS PAY	RET.	FEDERAL TAX	BOND	NET PAY
7. Previous normal							
8. New normal							
9. Pay this period							
10. Remarks				11. Appropriation		12. Prepared by	
				OPR 21		Sjp 23APR56	
						13. Audited by	
<input type="checkbox"/> Periodic step-increase <input type="checkbox"/> Pay adjustment <input type="checkbox"/> Other step-increase							
14. Effective date	15. Date last equivalent increase	16. Old salary rate	17. New salary rate	18. Acknowledgment of receipt of this copy			
JUN 56	15 JUNE 55	\$4525	\$4660	19. If LWOP data (fill in appropriate spaces covering LWOP during following periods): Periods:			
<input type="checkbox"/> No excess LWOP. Total excess LWOP				20. Signature of official certifying that pay, rate or step is correct. (Check appropriate box in case of excess LWOP) a. To pay, rate or step at ending period. b. To LWOP rate at end of ending period.			
STANDARD FORM NO. 1126d—Revised				21. Signature of official certifying that pay, rate or step is correct. (Check appropriate box in case of excess LWOP) a. To pay, rate or step at ending period. b. To LWOP rate at end of ending period.			
Form prescribed by Comp. Gen. U. S. October 20, 1954, General Regulations No. 107				22. Signature of official certifying that pay, rate or step is correct. (Check appropriate box in case of excess LWOP) a. To pay, rate or step at ending period. b. To LWOP rate at end of ending period.			
CONFIDENTIAL PAYROLL CHANGE SLIP—PERSONNEL COPY							

CENTRAL INTELLIGENCE AGENCY P.C. 27 May 1955
SR-9297-1 CB

NOTIFICATION OF PERSONNEL ACTION

1. NAME (MR., MISS, MRS. JOSEPH STEVE NAME, INITIALS, AND SURNAME) [REDACTED]		2. DATE OF BIRTH [REDACTED]	3. JOURNAL OR ACTION NO. [REDACTED]	4. DATE 15 June 1955
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) RECEIVED APPOINTMENT		6. EFFECTIVE DATE 15 June 1955	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY 50 USCA 403.1	
FROM		TO		
8. POSITION TITLE Ident. Specialist P 925.99		9. SERVICE, SERIES, GRADE, SALARY GS-1390.06-7 \$4205.00 per annum		
10. ORGANIZATIONAL DESIGNATIONS DDI/Office of Research and Reports Office of Chief, [REDACTED]		11. HEADQUARTERS Washington, D.C.		
12. FIELD OR DEPT'L <input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL		13. VETERAN'S PREFERENCE NONE <input type="checkbox"/> OTHER <input type="checkbox"/> DISAB <input type="checkbox"/> OTHER <input type="checkbox"/>		
14. POSITION CLASSIFICATION ACTION RC		15. DATE OF APPOINTMENT AFFIDAVIT 15 June 1955		
16. SUBJECT TO C.S. RETIREMENT ACT Yes		17. LEGAL RESIDENCE New York		
21. REMARKS: This action is subject to all applicable laws, rules, and regulations and may be subject to investigation and approval by the United States Civil Service Commission. The action may be corrected or canceled if not in accordance with all requirements. Subject to the satisfactory completion of a trial period of one year and a medical examination. R3-69 RCV 06/15/55 CSC 06/15/55 L2 06/15/55				
22. POSTED 27 JUN 1955				

3. PERSONNEL FOLDER COPY

CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION

1. NAME (Last, first, middle initial, and surname) 1179A		2. DATE OF BIRTH	3. JOURNAL OR ACTION NO.	4. DATE 26 June 1956
7. See 4-10. Modify one of the following action affecting your employment:				
5. NATURE OF ACTION (See Standard Form 10-101) PROMOTION		6. EFFECTIVE DATE 1 July 1956	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY 50 U.S.C. 401	
FROM F-985.99 GS-1390.06-7 \$4660.00 per annum		8. POSITION TITLE Identification Specialist F-985.99	TO GS-1390.06-9 \$5440.00 per annum	
9. SERVICE STRIP GRADE, SALARY		10. ORGANIZATIONAL DESIGNATION 131630		
11. HEADQUARTERS R		12. FIELD OR DEPT. Washington, D. C.		
13. VETERAN'S PREFERENCE: NONE <input type="checkbox"/> WHITE <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> 10 POINT <input type="checkbox"/>		14. POSITION CLASSIFICATION ACTION GS-IR		
15. APPROPRIATION: FROM 7-5700-00		16. DATE OF APPOINTMENT 7-5700-00		17. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:
18. REMARKS 4 200 06/25/56				

POSTED
6/25/56

CLASSIFICATION

FITNESS REPORT

SECTION A

GENERAL INFORMATION

1. EMPLOYEE NUMBER 017974	2. NAME (last, first, middle) [REDACTED]	3. DATE OF BIRTH [REDACTED]	4. SEX M	5. GRADE GS-13	6. SD D
7. OFFICIAL POSITION TITLE Ops Officer	8. OFF/DIV/BR OF ASSIGNMENT DDO/EA	9. CURRENT STATION Hqs	10. CODE (1-4) [REDACTED]	11. TYPE OF APPOINTMENT X CAREER [] RESERVE [] CONTRACT [] OTHER (spec) []	12. TYPE OF REPORT X REASSIGNMENT OF [] SPECIAL []
13. REPORTING PERIOD (from-to) Feb - Jul 1974		14. DATE REPORT DUE IN O.P. supervisor			

SECTION B

QUALIFICATIONS UPDATE

IF QUALIFICATIONS UPDATE FORM IS BEING SUBMITTED WITH CHANGES, AND IS ATTACHED TO THIS REPORT, PLACE THE WORD "YES" IN THE BOX TO THE RIGHT. IF NO CHANGES ARE REQUIRED, PLACE THE WORD "NO" IN THE BOX AT RIGHT.

SECTION C

PERFORMANCE EVALUATION

U - Unsatisfactory	Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or recommended in Section D.
M - Marginal	Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section D and remedial action taken or recommended should be described.
P - Proficient	Performance is satisfactory. Desired results are being produced in the manner expected.
S - Strong	Performance is characterized by exceptional proficiency.
O - Outstanding	Performance is exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.

SPECIFIC DUTIES

List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).

SPECIFIC DUTY NO.	RATING LETTER
1 See Section C	
2	
3	
4	
5	
6	
OVERALL PERFORMANCE IN CURRENT POSITION	
<p>Place the overall rating which best describes the employee's performance in the current position. This rating should be based on the employee's performance in all specific duties listed above. It should not be based on the employee's performance in any one specific duty. The overall rating should be based on the employee's performance in all specific duties listed above. It should not be based on the employee's performance in any one specific duty. The overall rating should be based on the employee's performance in all specific duties listed above. It should not be based on the employee's performance in any one specific duty.</p>	RATING LETTER

CLASSIFICATION

SECTION D

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section C to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section D, attach a separate sheet of paper.

It is neither feasible nor desirable to attempt an evaluation of [redacted] performance as an operations officer based on the relatively short period (5 months) he has been assigned to the [redacted]. Throughout this time he has been faced by a series of [redacted] which have understandably pre-occupied him. His [redacted] which caused him almost [redacted] has led him to apply [redacted] a decision on his application is pending. He has also had to undergo a series of [redacted] which required a great deal of time and attention. Under the circumstances no specific duties and letter grades are being listed in Section B above.

SECTION E

CERTIFICATION AND COMMENTS

1. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

5

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

DATE

15 July 1974

OFFICIAL TITLE OF SUPERVISOR

Chief, EA/ [redacted]

TYPED OR PRINTED NAME AND SIGNATURE

[redacted]

2. BY EMPLOYEE

STATEMENT CONCERNING THIS EVALUATION OF MY PERFORMANCE

DATE

15 July 1974

SIGNATURE OF EMPLOYEE

[redacted]

HAVE ATTACHED

HAVE NOT ATTACHED

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

I fully agree with the supervisor's narrative comments. It would be grossly misleading to attempt to provide letter ratings or a performance evaluation under the unique conditions which obtained throughout this period.

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

IN/EA [redacted]

TYPED OR PRINTED NAME AND SIGNATURE

[redacted]

4. BY EMPLOYEE

EMPLOYEE'S STATE: DATE WHEN THIS REPORT WAS SHOWN TO EMPLOYEE

DATE

15 July 1974

SIGNATURE

[redacted]

CLASSIFICATION

7

SECRET

28 August 1974

MEMORANDUM FOR THE RECORD

SUBJECT: Meritorious Unit Citation

On 20 August 1974 the Director of Central Intelligence approved award of the Meritorious Unit Citation to the [redacted] Station in recognition of the outstanding performance of the following employees during the period June 1971 to December 1973:

Recorder
Honor and Merit Awards Board

SECRET

28 AUG 1974

CONFIDENTIAL

FITNESS REPORT		NOTE: Supervisor or Reviewing Official may assign a higher classification if CONFIDENTIAL is not adequate for the report when completed.					
SECTION A. GENERAL INFORMATION							
1. EMPLOYEE NUMBER		2. NAME (last, first, middle)		3. DATE OF BIRTH		4. SEX	5. GRADE
0 17974						M	GS-13 D
7. OFFICIAL POSITION TITLE				8. OFF/DIV/BR OF ASSIGNMENT		9. CURRENT STATION	
Ops Officer				FE			
10. TYPE OF APPOINTMENT				11. TYPE OF REPORT			
<input checked="" type="checkbox"/> CAREER	<input type="checkbox"/> PROVISIONAL	<input type="checkbox"/> RESERVE	<input checked="" type="checkbox"/> ANNUAL	<input type="checkbox"/> 31-MONTH	<input type="checkbox"/> 30-MONTH	<input checked="" type="checkbox"/> REASSIGNMENT	<input type="checkbox"/> SPECIAL
<input type="checkbox"/> CONTRACT	<input type="checkbox"/> SPECIAL	<input type="checkbox"/> TEMPORARY	12. REPORTING PERIOD (From-to)		13. DATE REPORT DUE IN O.P.		
			30 Nov 72-31 July 73		30 September 1973		
SECTION B. PERFORMANCE EVALUATION							
<p>U-Unsatisfactory Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>M-Marginal Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.</p> <p>P-Proficient Performance is satisfactory. Desired results are being produced in the manner expected.</p> <p>S-Strong Performance is characterized by exceptional proficiency.</p> <p>O-Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
SPECIFIC DUTIES							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
SPECIFIC DUTY NO. 1						RATING LETTER	
Serves as Station referent for MILABYSS matters.						P	
SPECIFIC DUTY NO. 2						RATING LETTER	
Spot, develop, assess and recruit [redacted]						P	
SPECIFIC DUTY NO. 3						RATING LETTER	
Spot, develop, assess and recruit agents to obtain [redacted]						S	
SPECIFIC DUTY NO. 4						RATING LETTER	
Handle on-going cases: tighten operational security, increase production, strengthen agent motivation.						P	
SPECIFIC DUTY NO. 5						RATING LETTER	
Serves as official Station [redacted] contact on PBRAMPART affairs.						P	
SPECIFIC DUTY NO. 6						RATING LETTER	
Prepare reports, correspondence and other management/administrative requirements.						P	
OVERALL PERFORMANCE IN CURRENT POSITION							
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, personal personal traits, etc. Give particular emphasis on talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement about performance which reflects his level of performance.						RATING LETTER	
						P	

FORM 45N

CONFIDENTIAL

1. 17974 2. 21 10/73

CONFIDENTIAL

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

[Redacted]

SECTION D

CERTIFICATION AND COMMENTS

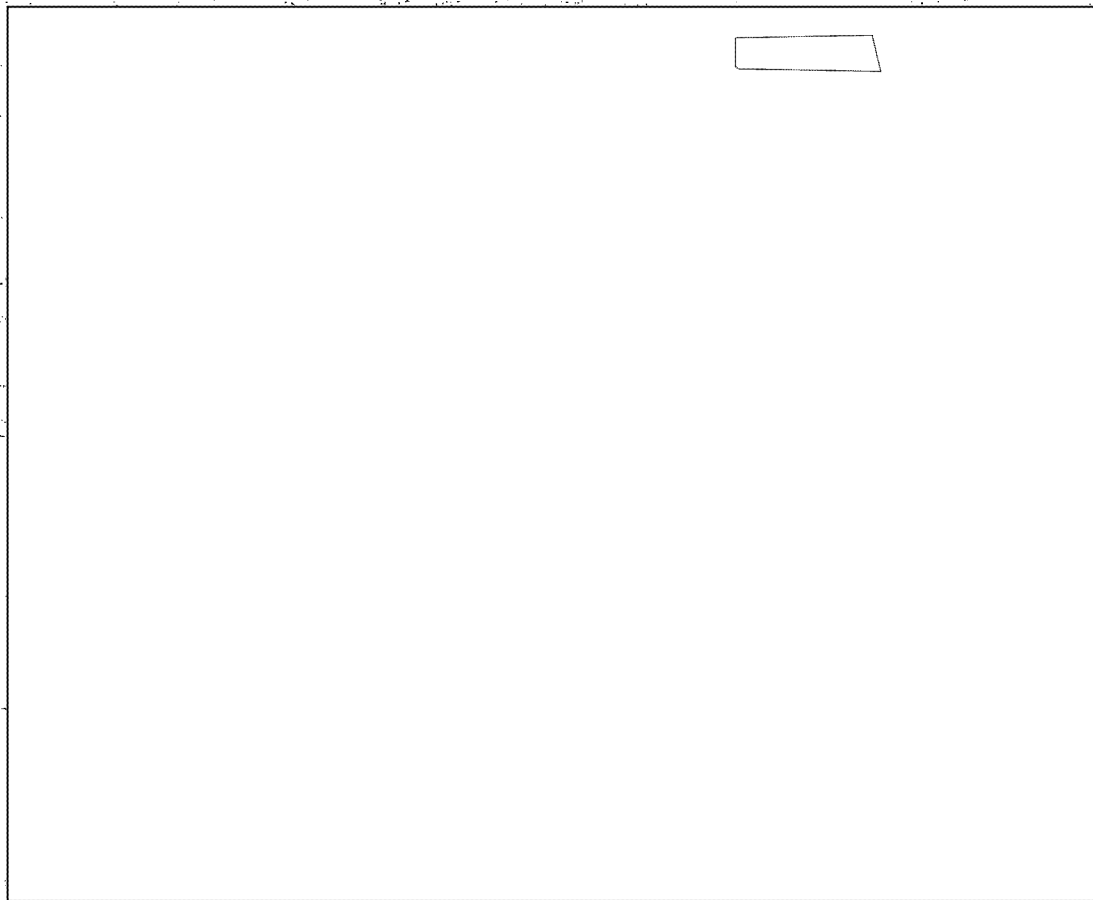
1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE	SIGNATURE OF EMPLOYEE	
21 August 1973	[Redacted]	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
21 August 1973	DCOS	[Redacted]
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		

DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
5 September 1973	COS	/S/ [Redacted]

CONFIDENTIAL

CONFIDENTIAL

Section C. Narrative Comments (Continued)



CONFIDENTIAL

CONFIDENTIAL

CONFIDENTIAL

SECRET
(When Filled In)

FITNESS REPORT

EMPLOYER SERIAL NUMBER

017974

SECTION A

GENERAL

GENERAL				
1. NAME (Last) (First) (Middle)	2. DATE OF BIRTH	3. SER	4. GRADE	5. SD
		M	GS-13	D
6. OFFICIAL POSITION/TITLE	7. OFFICIAL ASSIGNMENT		8. CURRENT STATION	
Ops Officer	DDP/FE/			
9. CHECK (X) TYPE OF APPOINTMENT		10. CHECK (X) TYPE OF REPORT		
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY		<input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR		
<input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)		<input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE		
<input type="checkbox"/> SPECIAL (Specify):		<input type="checkbox"/> SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P.		12. REPORTING PERIOD (From - to)		
SECTION B		30 November 1971-30 November 1972		

SECTION B

PERFORMANCE EVALUATION

PERFORMANCE EVALUATION	
U-Unsatisfactory	Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.
M-Marginal	Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.
P-Proficient	Performance is satisfactory. Desired results are being produced in the manner expected.
S-Strong	Performance is characterized by exceptional proficiency.
O-Outstanding	Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.

SPECIFIC DUTIES

List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).

SPECIFIC DUTY NO. 1	RATING LETTER
Serve as the Station referent for NHABYSS matters.	S
SPECIFIC DUTY NO. 2	RATING LETTER
Serve as the Station referent for Communist matters.	S
SPECIFIC DUTY NO. 3	RATING LETTER
Spot, develop, assess and recruit [redacted]	P
SPECIFIC DUTY NO. 4	RATING LETTER
Spot, develop, assess and recruit agents to obtain intelligence early the [redacted] the Communist parties (particularly the [redacted] and their main front organizations.	P
SPECIFIC DUTY NO. 5	RATING LETTER
Handle on-going cases: tighten operational security, increase production, strengthen agent motivations, handle ad hoc operational cases.	P
SPECIFIC DUTY NO. 6	RATING LETTER
Prepare reports, correspondence and other management/administrative requirements.	P

OVERALL PERFORMANCE IN CURRENT POSITION

Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.

P

SECRET

FORM 8-11-71

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Monitor of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

(Continued)

SECTION D

CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE

24 November 1972

SIGNATURE OF EMPLOYEE

/s/ []

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

DATE

24 November 1972

OFFICIAL TITLE OF SUPERVISOR

Deputy Chief of Station

TYPED OR PRINTED NAME AND SIGNATURE

/s/ []

3.

BY REVIEWING OFFICIAL

(Continued)

DATE

24 November 1972

OFFICIAL TITLE OF REVIEWING OFFICIAL

Chief of Station

TYPED OR PRINTED NAME AND SIGNATURE

/s/ []

SECRET

S E C R E T

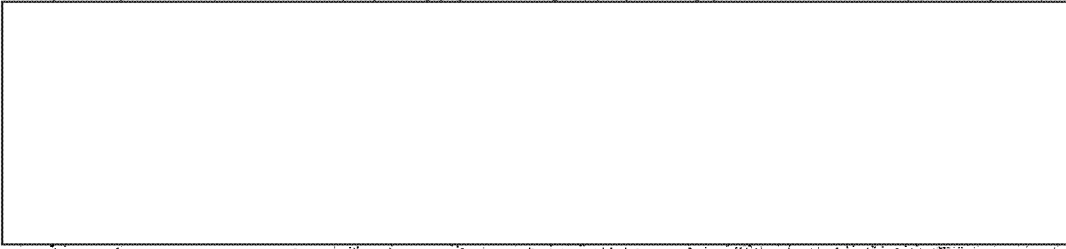
SECTION C - Narrative Comments (continued)

The image shows a large rectangular box, likely a redaction or placeholder for narrative comments. Inside the box, there are three horizontal bars of varying lengths, suggesting redacted text. The first bar is at the top, the second is in the middle, and the third is at the bottom. The bars are white with black outlines, and the background of the box is white.

S-E-C-R-E-T

S E C R E T

SECTION D - Comments of Reviewing Official (continued)



S E C R E T

SECRET

(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				017974	
SECTION A GENERAL					
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE 5. SD
				M	09-13 D
6. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION
Ops. Officer			DDP/FE		
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY			<input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR		
<input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)			<input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE		
<input type="checkbox"/> SPECIAL (Specify)			<input type="checkbox"/> SPECIAL (Specify)		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to)		
28 February 1972			1 August 1971 - 31 December 1971		
SECTION B PERFORMANCE EVALUATION					
<p>U-Unsatisfactory Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>M-Marginal Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.</p> <p>P-Proficient Performance is satisfactory. Desired results are being produced in the manner expected.</p> <p>S-Strong Performance is characterized by exceptional proficiency.</p> <p>O-Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1					RATING LETTER
Serve as the Station referent for communist matters.					B
SPECIFIC DUTY NO. 2					RATING LETTER
Spot, develop, assess and recruit [redacted]					P
SPECIFIC DUTY NO. 3					RATING LETTER
Spot, develop, assess and recruit agents to obtain intelligence from the [redacted] (particularly the [redacted]) and their main front organizations.					P
SPECIFIC DUTY NO. 4					RATING LETTER
Handle on-going cases, tighten operational security, increase production, strengthen agent motivations; handle ad hoc operational cases.					S
SPECIFIC DUTY NO. 5					RATING LETTER
Prepare reports, correspondence, and other management/administrative requirements.					P
SPECIFIC DUTY NO. 6					RATING LETTER
Prepare media placement articles and themes.					P
OVERALL PERFORMANCE IN CURRENT POSITION					RATING LETTER
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					P

SECRET

SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

Dec. C-16-24171

SECTION D

CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE

29 November 1971

SIGNATURE OF EMPLOYEE

/s/

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

DATE

29 November 1971

OFFICIAL TITLE OF SUPERVISOR

COS

TYPED OR PRINTED NAME AND SIGNATURE

/s/

3.

BY REVIEWING OFFICIAL

COMMENT OF REVIEWING OFFICIAL

DATE

02 DEC 1971

OFFICIAL TITLE OF REVIEWING OFFICIAL

CFE

TYPED OR PRINTED NAME AND SIGNATURE

SECRET

SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER 017974	
SECTION A GENERAL					
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX M	4. GRADE GS-13
				D	
6. OFFICIAL POSITION TITLE Ops Officer			7. OFF/DIV/BR OR ASSIGNMENT DDP/FE		
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CAREER-PROVISIONAL (See instructions - Section C)			<input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> REASSIGNMENT SUPERVISOR <input type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From to)		
			1 January 1971 - 30 July 1971		
SECTION B PERFORMANCE EVALUATION					
<p>U-Unsatisfactory Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>M-Marginal Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.</p> <p>P-Proficient Performance is satisfactory. Desired results are being produced in the manner expected.</p> <p>S-Strong Performance is characterized by exceptional proficiency.</p> <p>O-Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1 Serve as the Station Referent for Communist Matters.					RATING LETTER S
SPECIFIC DUTY NO. 2 Spot, develop, assess, and recruit agents to obtain intelligence the () and their main front organizations.					RATING LETTER P
SPECIFIC DUTY NO. 3 Handle on-going cases: tighten operational security, increase production, strengthen agent motivations; handle ad hoc operational cases.					RATING LETTER S
SPECIFIC DUTY NO. 4 Spot, develop, assess, and recruit ()					RATING LETTER P
SPECIFIC DUTY NO. 5 Prepare reports, correspondence, and other management/administrative requirements.					RATING LETTER P
SPECIFIC DUTY NO. 6 Prepare media-placement articles and themes.					RATING LETTER P
OVERALL PERFORMANCE IN CURRENT POSITION					
Take into account everything about the employee which influences his effectiveness in his current position, such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place this letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER S

SECRET

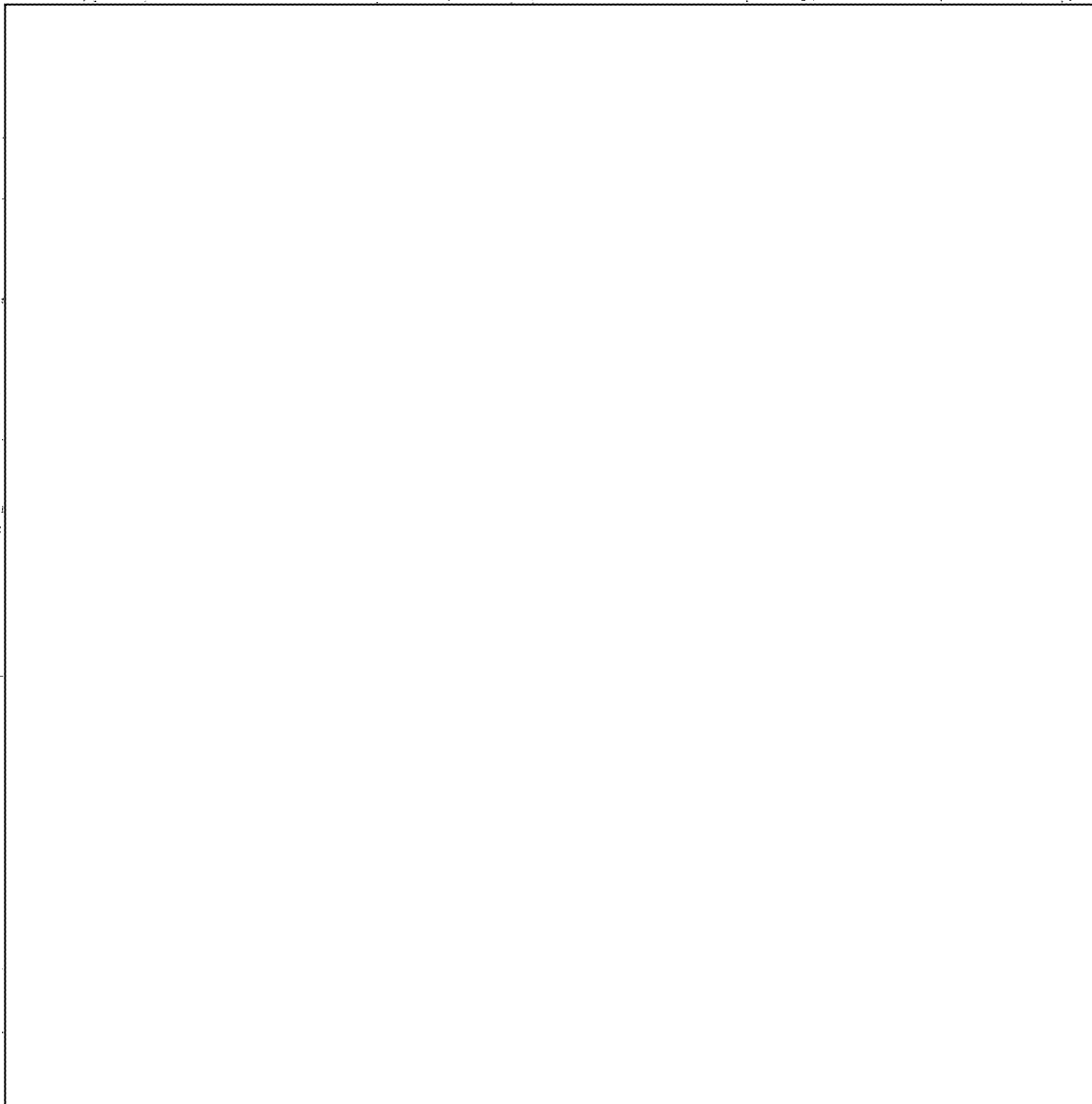
(When Filled In)

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper. Aug 20, 11 am AM 1971</p>			
(Continued)			
SECTION D			
CERTIFICATION AND COMMENTS			
1. BY EMPLOYEE			
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT			
DATE	SIGNATURE OF EMPLOYEE		
31 July 1971	/s/ [redacted]		
2. BY SUPERVISOR			
MONTHS EMPLOYEES HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
31 July 1971	Deputy Chief of Station	/s/ [redacted]	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
6 August 1971	Chief of Station	/s/ [redacted]	

SECRET

SECRET

NARRATIVE (Continued)



SECRET

SECRET

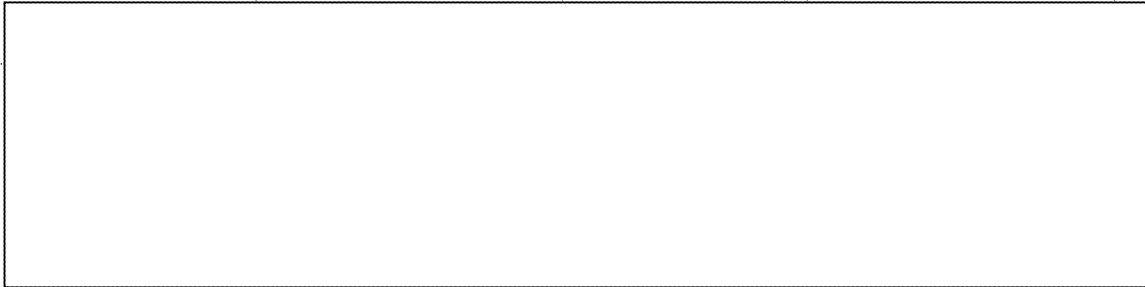
NARRATIVE (Continued)



SECRET

S E C R E T

REVIEWING COMMENTS (continued)



MK

S E C R E T

SECRET

(When Filled In)

FITNESS REPORT				EMPLOYER SERIAL NUMBER	
				017974	
SECTION A GENERAL					
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE
				M	GS-13 D
5. OFFICIAL POSITION TITLE			7. OFF. DIV. OR OF ASSIGNMENT		
Ops. Officer			DDP/FE		
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY			<input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input type="checkbox"/> REASSIGNMENT EMPLOYEE		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to)		
28 February 1971			1 May 1970 to 31 December 1970		
SECTION B PERFORMANCE EVALUATION					
<p>U-Unsatisfactory Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>M-Marginal Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.</p> <p>P-Proficient Performance is satisfactory. Desired results are being produced in the manner expected.</p> <p>S-Strong Performance is characterized by exceptional proficiency.</p> <p>O-Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1: Station Communist Movement (CM) Officer responsible for functional coordination of overall program, including program guidance, analysis and research, and maintenance of central subject files pertinent to program targets (1 May - 10 August 1970).					S
SPECIFIC DUTY NO. 2: Serve as the Station Referent for Communist Matters (August - 30 December 1970).					S
SPECIFIC DUTY NO. 3: Spot, develop, assess, and recruit agents to obtain intelligence from [redacted] and their main front organizations.					P
SPECIFIC DUTY NO. 4: Handle on-going cases: tighten operational security, increase production, strengthen agent motivation, and handle ad hoc operational cases.					S
SPECIFIC DUTY NO. 5: Spot, develop, assess, and recruit [redacted]					P
SPECIFIC DUTY NO. 6: Prepare reports, correspondence, and other management/administrative requirements.					P
OVERALL PERFORMANCE IN CURRENT POSITION 9 May 1971					
I see into great detail about the employee which influences his effectiveness in his present position such as past performance of specific duties, productivity, conduct on job, education, training, personal qualities, traits or habits, and particular limitations or strengths. Based on our knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					S

SECRET

SECRET

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

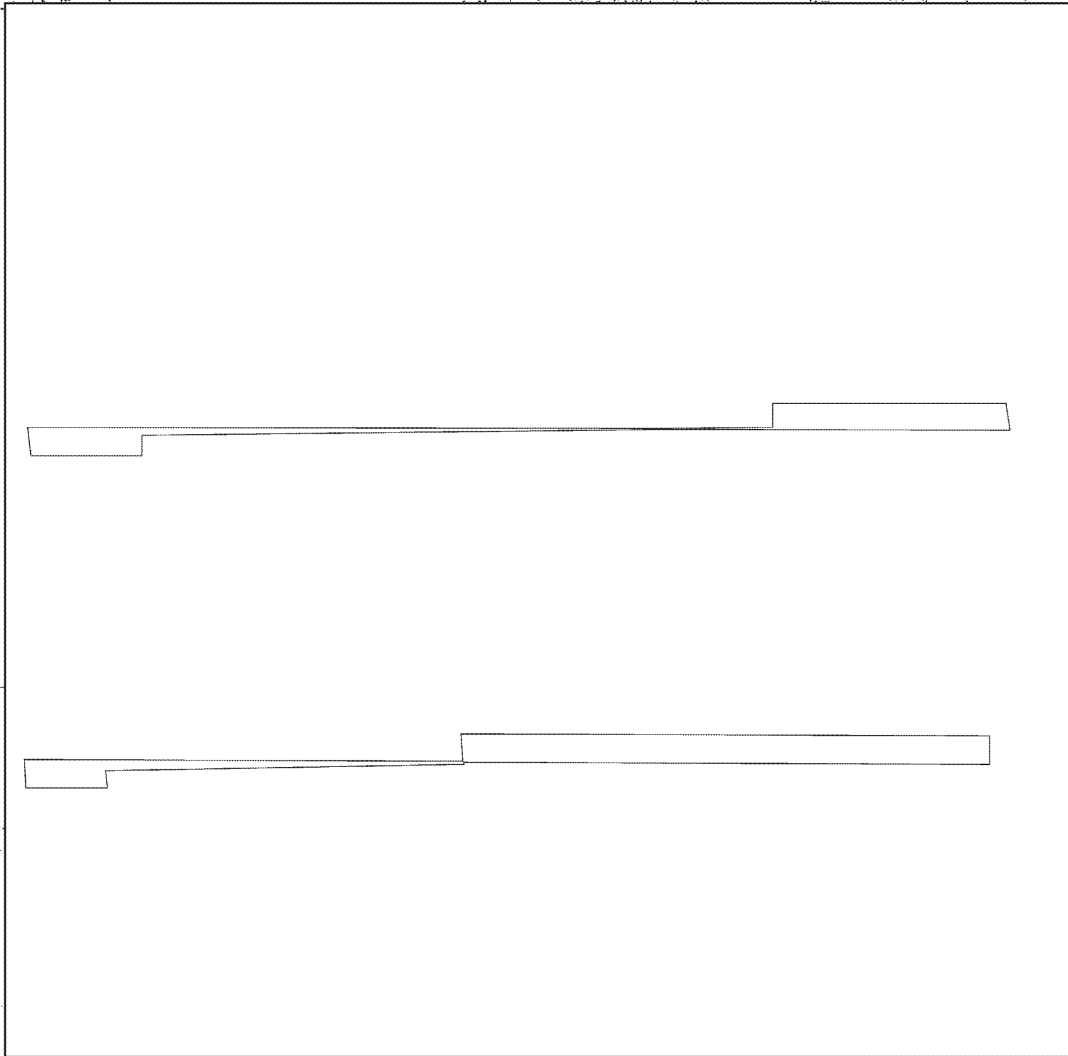
[Large empty box for narrative comments]

1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE	SIGNATURE OF EMPLOYEE	
12 February 1971	/s/ []	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
17 February 1971	DCG3 []	/s/ []
3. BY REVIEWING OFFICIAL		
[Large empty box for reviewing official comments]		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
17 February 1971	SG []	/s/ []

SECRET

S E C R E T

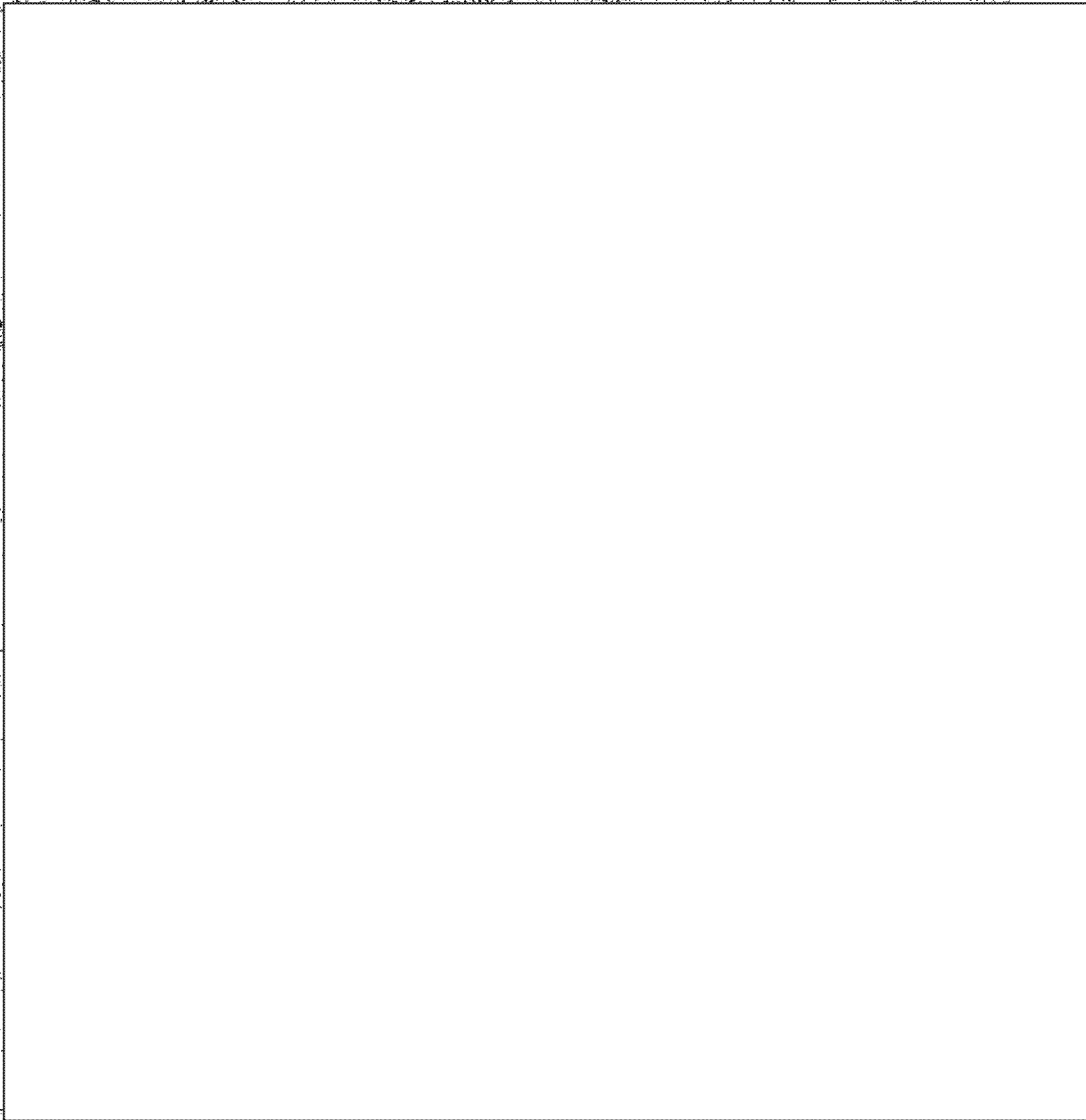
NARRATIVE (con'td)



S E C R E T

SECRET

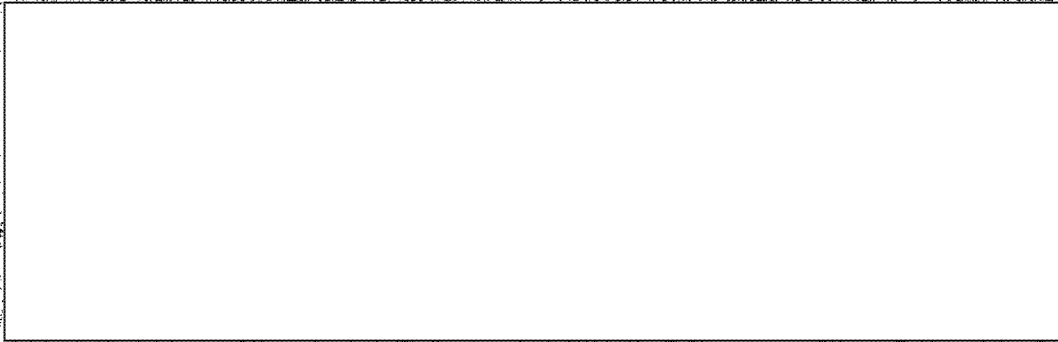
NARRATIVE (CON'TD)



SECRET

S E C R E T

NARRATIVE (CON'TD)



S E C R E T

SECRET
(When Filled In)

FITNESS REPORT

EMPLOYEE SERIAL-NUMBER 00

017974

SECTION A

GENERAL

1. NAME (Last) (First) (Middle)		2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD
[Redacted] (nm1)		[Redacted]	M	GS-13	D
6. OFFICIAL POSITION TITLE		7. OFF DIV BR OR ASSIGNMENT 8. CURRENT STATION			
Ops Officer		DDP/FE [Redacted] [Redacted]			
9. CHECK (X) TYPE OF APPOINTMENT		10. CHECK (X) TYPE OF REPORT			
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY		<input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> REASSIGNMENT SUPERVISOR			
<input type="checkbox"/> CAREER-PROVISIONAL (See instructions - Section C)		<input type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE			
SPECIAL (Specify):		SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P.		12. REPORTING PERIOD (From - to)			
28 February 1970		1 January 1970 - 30 April 1970			

SECTION B

PERFORMANCE EVALUATION

PERFORMANCE EVALUATION	
<u>U-Unsatisfactory</u>	Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Desirable action taken or proposed in Section C.
<u>M-Marginal</u>	Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.
<u>P-Proficient</u>	Performance is satisfactory. Desired results are being produced in the manner expected.
<u>S-Strong</u>	Performance is characterized by exceptional proficiency.
<u>O-Outstanding</u>	Performance is exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.

SPECIFIC DUTIES

List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).

SPECIFIC DUTY NO. 1		RATING LETTER
Station communist movement (CM) officer responsible for functional coordination of overall program, including program guidance, analysis and research, and maintenance of central subject files pertinent to program targets.		S
SPECIFIC DUTY NO. 2		RATING LETTER
Case officer for [redacted] operations and the conduct of relationships [redacted] including intelligence exchange, operational, support and administrative matters consonant with maintaining Station's [redacted]		S
SPECIFIC DUTY NO. 3		RATING LETTER
Unilateral case officer for selected agents/operations targeted against CM and CM-related objectives and for the development of new unilateral assets under the CM program, including [redacted] operations.		S
SPECIFIC DUTY NO. 4		RATING LETTER
The collation and preparation of raw intelligence data from [redacted] primarily, but including Station-wide unilateral sources as feasible, into draft field information reports		S
SPECIFIC DUTY NO. 5		RATING LETTER
Managerial and supervisory conduct in performance of duties and cost consciousness in the use of own time, other personnel, equipment, funds and on-the-job initiative.		P
SPECIFIC DUTY NO. 6		RATING LETTER

OVERALL PERFORMANCE IN CURRENT POSITION

17 JUN 64

This rate indicates everything about the employee which influences his effectiveness in his current position, such as performance of specific duties, productivity, conduct on job, cooperativeness, personal peculiarities or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place this stamp in the rating box corresponding to the statement which most accurately reflects his level of performance.

SECRET

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

JUN 16 3 10 PM '70

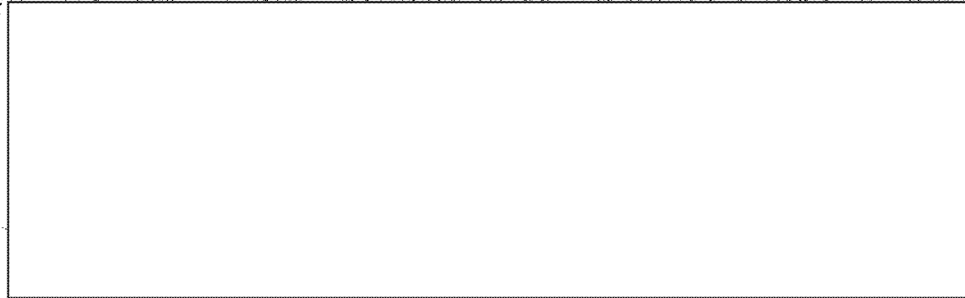
SECTION D

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE 8 May 1970	SIGNATURE OF EMPLOYEE /s/ []	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION 12 months	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
DATE 8 May 1970	OFFICIAL TITLE OF SUPERVISOR Opn Officer	TYPED OR PRINTED NAME AND SIGNATURE /s/ []
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
[]		
DATE 22 May 1970	OFFICIAL TITLE OF REVIEWING OFFICIAL DCOS	TYPED OR PRINTED NAME AND SIGNATURE /s/ []

SECRET

COMMENTS OF REVIEWING OFFICIAL

A large, empty rectangular box with a thin black border, intended for the reviewing official to provide comments. The box is currently blank.

SECRET

(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				017974	
SECTION A GENERAL					
1. NAME (Last) (First) (Middle)		3. DATE OF BIRTH	4. GRADE	5. DD	
(nmf)			M	GS-13 D	
6. OFFICIAL POSITION TITLE		7. OFF/DIV/BR/OP ASSIGNMENT			
Operations Officer		DDP/FE/			
8. CHECK (X) TYPE OF APPOINTMENT		10. CHECK (X) TYPE OF REPORT			
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> SPECIAL (Specify)		<input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> SPECIAL (Specify)			
11. DATE REPORT DUE IN O.P.		12. REPORTING PERIOD (From - to)			
21 February 1970		20 May 1969 - 31 December 1969			
SECTION B PERFORMANCE EVALUATION					
<p>U-Unsatisfactory Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>M-Marginal Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.</p> <p>P-Proficient Performance is satisfactory. Desired results are being produced in the manner expected.</p> <p>S-Strong Performance is characterized by exceptional proficiency.</p> <p>O-Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1 Station MPWATCH officer responsible for functional coordination of overall program, including program guidance, analysis and research, and maintenance of central subject files pertinent to program targets.					RATING LETTER S
SPECIFIC DUTY NO. 2 Case officer for [redacted] operations and the conduct of relationships [redacted] including intelligence exchange, operational, support and administrative matters consonant with maintaining Station's [redacted]					RATING LETTER S
SPECIFIC DUTY NO. 3 Unilateral case officer for selected agents/operations targeted against MPWATCH and MPWATCH-related objectives and for the development of new unilateral assets under the MPWATCH program, including [redacted] operations.					RATING LETTER P
SPECIFIC DUTY NO. 4 The collation and preparation of raw intelligence data from [redacted] primarily, but including Station-wide unilateral sources as feasible, into draft field information reports.					RATING LETTER S
SPECIFIC DUTY NO. 5 The preparation and organization of finished field intelligence reports, operational cables, teletapes, dispatches and related correspondence on MPWATCH and other [redacted] operational matters.					RATING LETTER P
SPECIFIC DUTY NO. 6 Managerial and supervisory conduct in performance of duties and cost consciousness in the use of own time, other personnel, equipment, funds and on-the-job initiative.					RATING LETTER S
OVERALL PERFORMANCE IN CURRENT POSITION					RATING LETTER
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					S

SECRET

SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and staff consciousness in the use of personnel, assets, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

SECTION D

CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT.

DATE

26 February 1970

SIGNATURE OF EMPLOYEE

/S/

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

DATE

26 February 1970

OFFICIAL TITLE OF SUPERVISOR

Ops Officer

TYPED OR PRINTED NAME AND SIGNATURE

/S/

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

DATE

26 February 1970

OFFICIAL TITLE OF REVIEWING OFFICIAL

DCOS

TYPED OR PRINTED NAME AND SIGNATURE

/S/

SECRET

SECRET

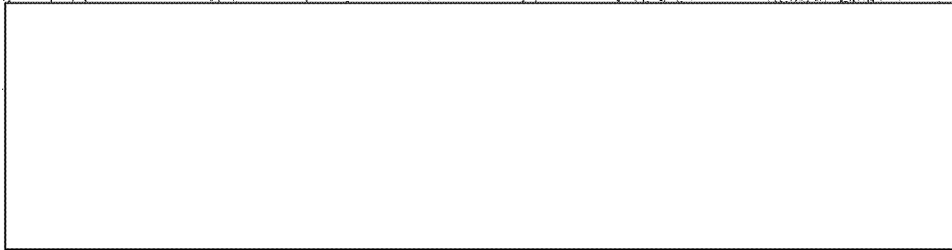
SECTION C - /continued --/



SECRET

SECRET

Reviewing Comments (continued)



SECRET

SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER 017974	
SECTION A GENERAL					
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE
				M	GS-13
5. OFFICIAL POSITION TITLE Operations Officer			7. OFF/DIV/BR OF ASSIGNMENT DDP/FE	8. CURRENT STATION Headquarters	
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CAREER-PROVISIONAL (See instructions - Section C) <input type="checkbox"/> SPECIAL (Specify):			<input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input type="checkbox"/> ANNUAL <input checked="" type="checkbox"/> REASSIGNMENT EMPLOYEE <input type="checkbox"/> SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to) 1 January 1969 - 10 May 1969		
SECTION B PERFORMANCE EVALUATION					
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					RATING LETTER
SPECIFIC DUTY NO. 1 Acting Chief of the _____ Desk					S
SPECIFIC DUTY NO. 2 Headquarters case officer for a variety of _____ CA and FI operations					S
SPECIFIC DUTY NO. 3 Contact of _____ unilateral assets in the U.S.					S
SPECIFIC DUTY NO. 4 Preparation and coordination of correspondence, studies, etc., in connection with Desk activities					P
SPECIFIC DUTY NO. 5					RATING LETTER
SPECIFIC DUTY NO. 6					RATING LETTER
OVERALL PERFORMANCE IN CURRENT POSITION					RATING LETTER
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					S

SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

SECTION D

CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT.

DATE

28 April 1969

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

DATE

28/4/69

OFFICIAL TITLE OF SUPERVISOR

ADC/FE

TY

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

DATE

29 APR 1969

OFFICIAL TITLE OF REVIEWING OFFICIAL

AC/FE

SECRET

SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER 017974	
SECTION A GENERAL					
1. NAME <div style="display: flex; justify-content: space-between;"><div>First </div><div>Middle </div></div>		2. DATE OF BIRTH <div style="display: flex; justify-content: space-between;"><div> </div><div> </div><div> </div></div>		3. SEX M	
4. OFFICIAL POSITION TITLE Operations Officer		5. OFF/DIV/BR OR ASSIGNMENT DDP/FE		6. GRADE GS-13	
7. CHECK (X) TYPE OF APPOINTMENT		8. CHECK (X) TYPE OF REPORT			
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CAREER PROVISIONAL (See Instructions - Section C) <input type="checkbox"/> SPECIAL (Specify):		<input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL <input type="checkbox"/> SPECIAL (Specify):			
9. DATE REPORT DUE IN O.P. 31 January 1969		10. REPORTING PERIOD (From - To) 1 January 1968 - 31 December 1968			
SECTION B PERFORMANCE EVALUATION					
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1 Hqs desk officer for a variety of CA & FI operations.					RATING LETTER S
SPECIFIC DUTY NO. 2 Contact of potential unilateral assets in connection with operations.					RATING LETTER S
SPECIFIC DUTY NO. 3 Preparation and coordination of correspondence, studies, etc. in connection with Desk Activities.					RATING LETTER P
SPECIFIC DUTY NO. 4					RATING LETTER
SPECIFIC DUTY NO. 5					RATING LETTER
SPECIFIC DUTY NO. 6 In CK					RATING LETTER
OVERALL PERFORMANCE IN CURRENT POSITION					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER S

SECRET

(RADM, P-1122-1-1)

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Monitor of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

SECTION D

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE 30 Dec 1968	SIGNATURE <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
2. MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
DATE	OFFICIAL TITLE OF SUPERVISOR CFE <div style="border: 1px solid black; width: 40px;"></div>	TYPED OR PRINTED NAME AND SIGNATURE <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL <div style="border: 1px solid black; height: 100px; width: 100%;"></div>		
DATE 2 January 1969	OFFICIAL TITLE OF REVIEWING OFFICIAL DC/FE <div style="border: 1px solid black; width: 40px;"></div>	TYPED OR PRINTED NAME AND SIGNATURE <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

SECRET

SECRET

TRAINING REPORT

NAME OF TRAINEE: [REDACTED]

COURSE: CI Operations

DOB: [REDACTED]

HOURS: 80

OFFICE: FE SD:D

DATES: 25 Nov - 6 Dec '68

OBJECTIVE AND METHOD OF INSTRUCTION

Objectives

To provide the Clandestine Services Officer who will be responsible for counterintelligence operational planning and implementation with current counterintelligence operational concepts, techniques, and tactics; to describe the current field organization, functions, techniques, and tactics of selected intelligence and security services; to increase his proficiency in the planning, management, and implementation of counterintelligence operations; and to acquaint him with Headquarters organization and support for operations against selected counterintelligence targets.

Method of Instruction

The course is presented by means of lecture, case study, and discussion.

ADJECTIVAL RATINGS OF ACHIEVEMENT

Adjectival Rating

- | | |
|--|-----------|
| 1. Demonstration of understanding of course concepts and materials. | Excellent |
| 2. Participation in class discussions. | Excellent |
| 3. Imaginative and practical application of operational principles to case studies and problems. | Good |
| 4. Industriousness. | Excellent |

COMMENT: [REDACTED] a very active student in discussions to which he contributed many helpful ideas. His presentation of the Wennerstroem Case was both objective and critical in terms of the available information on the case.

OVERALL adjectival rating of achievement: Excellent

FOR THE DIRECTOR OF TRAINING:

2 JAN 1969

Date

[REDACTED]
Chief Instructor

SECRET

SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER 017974	
SECTION A GENERAL					
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX M	4. GRADE GS-12
5. OFFICIAL POSITION TITLE Operations Officer			7. OFF/DIV/DR OF ASSIGNMENT DDP/EE	6. CURRENT STATION Headquarters	
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)			<input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input type="checkbox"/> SPECIAL (Specify) <input type="checkbox"/> REASSIGNMENT EMPLOYEE		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to) 7 April 1967 - 31 December 1967		
SECTION B PERFORMANCE EVALUATION					
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment, or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					RATING LETTER
SPECIFIC DUTY NO. 1 Headquarters Desk Officer for several operational activities.					S
SPECIFIC DUTY NO. 2 Study and Familiarization of the situation in preparation to an assignment in that country.					S
SPECIFIC DUTY NO. 3 Contacts various operating units and staffs in the furtherance of operational assignments.					S
SPECIFIC DUTY NO. 4 Prepares operational correspondence to the field in connection with his assigned responsibilities.					P
SPECIFIC DUTY NO. 5					RATING LETTER
SPECIFIC DUTY NO. 6					RATING LETTER
OVERALL PERFORMANCE IN CURRENT POSITION					RATING LETTER
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					S

SECRET

SECTION C


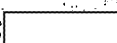

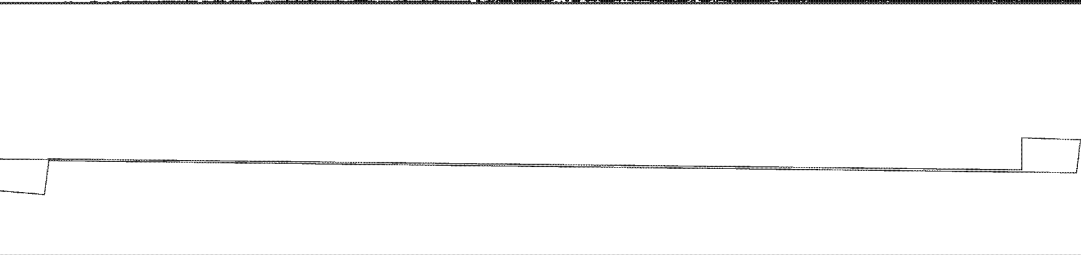


NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. State recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Mention of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds must be stated, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

Dec 29 3 52 PM '67

SECTION D

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE 10 Dec 1967	SIGNATURE 	
2. MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION 5 months	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
DATE 14/12/67	OFFICIAL TITLE OF SUPERVISOR CFE 	TYPED 
3. BY REVIEWING OFFICIAL		
		
DATE 22 December 1967	OFFICIAL TITLE OF REVIEWING OFFICIAL DCFE/ 	SIGNATURE 

SECRET

SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER 017974			
SECTION A GENERAL							
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE	5. ID	
				M	GS-12	D	
6. OFFICIAL POSITION/TITLE Operations Officer				7. CITY/STATE OF ASSIGNMENT & CURRENT STATION FEA Hqs			
8. CHECK (X) TYPE OF APPOINTMENT				9. CHECK (X) TYPE OF REPORT			
<input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY				<input checked="" type="checkbox"/> SPECIAL (Specify)			
CAREER-PROVINCIAL (See Instructions - Section C)				REASSIGNMENT SUPERVISOR			
SPECIAL (Specify)				REASSIGNMENT EMPLOYEE			
11. DATE REPORT DUE IN G.P.				12. REPORTING PERIOD (From - to)			
				1 January - 7 April 1967			
SECTION B PERFORMANCE EVALUATION							
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
SPECIFIC DUTIES							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider (X) effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
SPECIFIC DUTY NO. 1 Serves as Headquarters Desk case officer for certain operational activities as assigned to him. <i>DB/O</i>						RATING LETTER S	
SPECIFIC DUTY NO. 2 Serves as primary referent on the <i>DB/O</i> for operations involving communist and other left-wing matters <i>DB/O</i>						RATING LETTER S	
SPECIFIC DUTY NO. 3 Performs operational research functions on <i>DB/O</i> communist and left-wing activities <i>DB/O</i>						RATING LETTER S	
SPECIFIC DUTY NO. 4 Prepares operational correspondence to the field in connection with his assigned responsibilities						RATING LETTER P	
SPECIFIC DUTY NO. 5						RATING LETTER	
SPECIFIC DUTY NO. 6						RATING LETTER	
13 JUN 1967 OVERALL PERFORMANCE IN CURRENT POSITION						RATING LETTER S	
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal merits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.							

SECRET

(When Filled In)

SECTION C

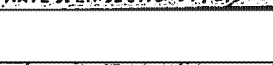
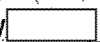
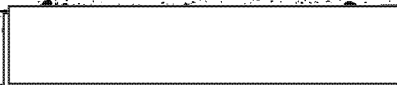
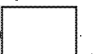

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of major or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

(Continued)

SECTION D

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SPEN SECTIONS A, B, AND C OF THIS REPORT		
DATE	SIGNATURE	
25 May 1967		
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
Three		
DATE	OFFICIAL TITLE OF SUPERVISOR	
25 May 1967	Acting Chief, FE/ 	
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR WRITTEN NAME AND SIGNATURE
20 May 1967	Deputy Chief, FE/ 	

SECRET

SECRET

FITNESS REPORT -

25 May 1967

SECTION C, NARRATIVE COMMENTS (Continued)

SECRET

SECRET
(When Filled In)

FITNESS REPORT						EMPLOYEE SERIAL NUMBER 017974	
SECTION A GENERAL							
1. NAME		(First) (Middle)		3. SER.	4. GRADE	5. SD	
				M	12	align="center"> D	
6. OFFICIAL POSITION TITLE Ops Officer				7. OFF/DIV/RS OF ASSIGNMENT DDP/FE		8. CURRENT STATION Hqs	
9. CHECK (X) TYPE OF APPOINTMENT				10. CHECK (X) TYPE OF REPORT			
<input type="checkbox"/> CAREER		<input type="checkbox"/> RESERVE		<input type="checkbox"/> TEMPORARY		<input checked="" type="checkbox"/> INITIAL	
<input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)				<input type="checkbox"/> ANNUAL		<input type="checkbox"/> REASSIGNMENT SUPERVISOR	
<input type="checkbox"/> SPECIAL (Specify):				<input type="checkbox"/> SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P.				12. REPORTING PERIOD (From - to) October - December 1966			
SECTION B PERFORMANCE EVALUATION							
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
SPECIFIC DUTIES							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
SPECIFIC DUTY NO. 1						RATING LETTER	
See Section C							
SPECIFIC DUTY NO. 2						RATING LETTER	
SPECIFIC DUTY NO. 3						RATING LETTER	
SPECIFIC DUTY NO. 4						RATING LETTER	
SPECIFIC DUTY NO. 5						RATING LETTER	
SPECIFIC DUTY NO. 6						RATING LETTER	
Jan 1967							
OVERALL PERFORMANCE IN CURRENT POSITION							
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.						RATING LETTER	
						P	

SECRET
(When Filled In)

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Mention of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

JAN 12 1967

SECTION D

CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE

15 December 1966

SIGN

2.

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

Oct - Dec 1966

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

DATE

15 Dec 1966

OFFICIAL TITLE OF SUPERVISOR

CPE/

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

Concur.

DATE

20 December 1966

OFFICIAL TITLE OF REVIEWING OFFICIAL

Deputy Chief, FE/

SIGNATURE

SECRET

S-E-C-R-E-T

TRAINING REPORT

Operations Course No. 4
80 hours, full time 18 - 19 March 1968

Student : Office : DDP/FE
Year of Birth: Service Designation: D
Grade : GS-12 No. of Students : 32
EOD Date : 1955

COURSE OBJECTIVES

To orient the student on the special nature of the
Clandestine Services' target and to train him
in the application of clandestine methods for collecting
information on, assessing, and preparing recruitment oper-
ations

ACHIEVEMENT RECORD

This is a certificate of attendance. No evaluation is
made of individual performance in the course.

FOR THE DIRECTOR OF TRAINING:

S-E-C-R-E-T

SECRET

TRAINING REPORT

[] FAMILIARIZATION NO. 34
(40 hours, full-time)

26 February - 1 March 1968

Name : []

No. of Students: 17

Office : FE

ED : D

Year of Birth: []

Grade : GS-12

BOB Date : June 1955

COURSE OBJECTIVES - CONTENT AND METHODS

The course is designed for Agency personnel requiring a sound basic understanding of contemporary [] and some acquaintance with the fundamentals of the [] language. The aim is familiarization, no specialization. The course focuses on []. The language familiarization phase includes pronunciation of [] an introduction to the most widely accepted system of dictionary recording of [] and the telegraphic code. The area phase includes: cultural and historical development, geography and resources, economic development and problems, the political system, social change and control in contemporary [] and foreign relations.

ACHIEVEMENT RECORD

The above named student actively participated in the [] Familiarization Course No. 34. In this session no evaluation was attempted for the area phase. The student's performance in the language familiarization phase was Excellent.

FOR THE DIRECTOR OF TRAINING:

[]
Chief Instructor

5 March 1968
Date

GROUP 1
Excluded from automatic
downgrading and
declassification

SECRET

SECRET

TRAINING REPORT

 Operations Course No. 1-68
40 hours, full time 4 - 8 March 1968

Student :

Office : YE

Year of Birth:

Service Designation: D

Grade : GS-12

No. of Students : 25

EOD Date : June 1955

COURSE OBJECTIVE

To prepare Clandestine Services officers to conduct operations against from the point of view of Human Source Collection; to present material directed toward the updating of officers in the operational realities inside and outside today; and specifically to train officers in providing political, political-military, advanced weapons and other coverage of the priority target which cannot be obtained by technical means.

ACHIEVEMENT RECORD

This is a certificate of attendance. No record is made of individual performance in the course.

FOR THE DIRECTOR OF TRAINING:

 5 MAR 1968
Date
Chief Instructor

SECRET

S-E-C-R-E-T

TRAINING REPORT

Chiefs of Station Seminar No. 68

80 hours, full time 5 - 16 February 1968

Participant :

Office :

Year of Birth:

Service Designation:

Grade : GS-12

No. of Students : 18

EOD Date : 1955

COURSE OBJECTIVES, CONTENT AND METHODS

The COS Seminar is aimed to prepare prospective Chiefs and Deputy Chiefs of Station and Chiefs of Base for field assignments. Emphasis was upon the difficulties confronting Chiefs of small or medium-sized installations, since they must handle a peculiarly wide range of problems. Included were case studies serving to remind outgoing chiefs of various operational approaches and techniques, but more time was devoted to policy, coordination, management, reporting, and administrative responsibilities of the Chief of Station, both within CIA and in the government at large, at home and abroad.

The bulk of the course is given in lectures and question periods conducted by officials responsible for the missions, functions, programs, and services discussed. A few key items of suggested reading are included, and bibliographies of suggested reading tailored to the individual's assignment are offered for those who want them.

ACHIEVEMENT RECORD

This is a certificate of attendance. No further assessment of individual capacity or performance is made in this course.

FOR THE DIRECTOR OF TRAINING:

20 FEB 1968

Date

S-E-C-R-E-T

S-E-C-R-E-T

TRAINING REPORT

Information Reporting, Reports and Requirements Course No. 2 - 68
 LEO Hours, full time - 26 February 1968

Student : Office :
 Year of Birth: Service Designation:
 Grade : OS-12 No. of Students : 5
 EOD Date : 1955

COURSE OBJECTIVES - CONTENT AND METHODS

The over-all objectives of the course are: to show the requirements function as it develops; to describe information evaluation, appraisal, and dissemination; to present fundamental principles of collection and communication of information; to demonstrate how, through Headquarters guidance, reporters can be directed and developed; and to prepare intelligence officers in the field to put information into finished report form. Supervised practice to develop skills is given in the production of finished reports; in reporting on area guidance patterns; in tailoring requirements into specific assignments; and in observing, collecting, organizing, and communicating information.

ACHIEVEMENT RECORD

Student achievement is judged from each student's observed performance during laboratory practice in the areas of instruction indicated. An asterisk (*) indicated this student's ratings. The ratings are weak, adequate, proficient, strong, and outstanding.

A. Qualitative and Quantitative Production of Reports:

Weak Adequate Proficient Strong Outstanding

COMMENT: The quality of work was uniformly excellent in every respect. He worked to full capacity.

B. Requirements Performance:

Weak Adequate Proficient Strong Outstanding

COMMENT:

His paper on this subject demonstrated that he has a very sound understanding of the Requirements and guidance systems.

S-E-C-R-E-T

S-E-C-R-E-T

C. Editorial Performance:

Weak Adequate Proficient Strong Outstanding

COMMENT:

His work demonstrated that he has acquired a very sound understanding of the principles of good editorial organization in intelligence reporting.

D. Reporting Performance:

Weak Adequate Proficient Strong Outstanding

COMMENT:

His outside reporting assignment was efficiently executed. It was well organized. Unfortunately, it lacked sufficient reporting detail to warrant a higher rating.

INSTRUCTOR'S OVER-ALL COMMENT:

[] was a very fine student. He worked extremely well and his many penetrating questions added very considerably to the tone of the class. His work was of excellent quality and it showed that he has acquired a sound understanding of the various aspects of the reporting function discussed.

FOR THE DIRECTOR OF TRAINING

[]
Chief Instructor

1 FEB 1968
Date

S-E-C-R-E-T

SECRET

(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER		
				017974		
SECTION A				GENERAL		
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE	5. SO
				M	GS-12	D
6. OFFICIAL POSITION TITLE			7. OFFICE OF ASSIGNMENT		8. CURRENT STATION	
Ops Officer			DDP/EE/VHC		Vietnam	
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT			
<input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY			<input type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL <input checked="" type="checkbox"/> SPECIAL (Specify):			
CAREER-PROVISIONAL (See instructions - Section C)			REASSIGNMENT SUPERVISOR			
SPECIAL (Specify):			REASSIGNMENT EMPLOYEE			
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to)			
			1 January - 9 July 1966			
SECTION B						
PERFORMANCE EVALUATION						
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>						
SPECIFIC DUTIES						
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).						
SPECIFIC DUTY NO. 1						RATING LETTER
The initiation, development and management of a sensitive FI/CI operation.						S
SPECIFIC DUTY NO. 2						RATING LETTER
The spotting, assessment, development, recruitment and management of unilateral FI agents.						S
SPECIFIC DUTY NO. 3						RATING LETTER
Functions as a liaison officer with officials of the Vietnamese National Police.						P
SPECIFIC DUTY NO. 4						RATING LETTER
The preparation of dispatches, cables, intelligence information reports, memoranda and other necessary papers required by the above duties.						A
SPECIFIC DUTY NO. 5						RATING LETTER
SPECIFIC DUTY NO. 6						RATING LETTER
OVERALL PERFORMANCE IN CURRENT POSITION						RATING LETTER
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.						S

SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

Jul 20

SECTION D

CERTIFICATION AND COMMENTS *with him again.*

1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT.		
DATE	SIGNATURE OF EMPLOYEE	
8 July 1966	[] (s)	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
8 July 1966	Ops Officer	[] (s)
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
I concur in the above.		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
8 July 1966	Chief of LB	[] (s)

SECRET

SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
SECTION A GENERAL					
1. NAME (Last) (First) (Middle)		2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD
			M	GS-12	D
6. OFFICIAL POSITION/TITLE		7. ASSIGNMENT		8. CURRENT STATION	
Ops Officer		DDP/NSA		Saigon	
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CAREER-PROVISIONAL (See instructions - Section C) <input type="checkbox"/> SPECIAL (Specify):			<input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE <input type="checkbox"/> SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - To)		
Feb 66			29 December 1964 to 31 Dec 1965		
SECTION B PERFORMANCE EVALUATION					
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1 Officer in charge of liaison with the Municipal Police <div style="text-align: center;">DES</div>					RATING LETTER P
SPECIFIC DUTY NO. 2 Officer in charge of liaison					RATING LETTER S
SPECIFIC DUTY NO. 3 Officer in liaison with operational components of Headquarters, Special Branch					RATING LETTER P
SPECIFIC DUTY NO. 4 Handles all the correspondence, files and associated memoranda connected with the tasks cited above.					RATING LETTER P
SPECIFIC DUTY NO. 5					RATING LETTER
SPECIFIC DUTY NO. 6					RATING LETTER
OVERALL PERFORMANCE IN CURRENT POSITION					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER P

SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

OFFICE OF PERSONNEL
FEB 15 10 45 AM '66

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SECTION D

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT.		
DATE	SIGNATURE OF EMPLOYEE	
1 Feb 66	/s/ []	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
1 Feb 66	Ops Officer	/s/ []
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
I concur with the above.		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
1 Feb 66	Ops Officer	/s/ []

SECRET

SECRET
(When Filled In)

TRAINING REPORT - LANGUAGE				COURSE TITLE			
				French Inter. - NW - Ph I			
INSTRUCTOR				PROGRAM			
				Daytime - Part-time			
NO. OF STUDENTS		NO. OF HOURS		DATE OF COURSE			
1		60		05/04/64 - 07/20/64			
STUDENT							
NAME		YOB	DOB DATE	OFFICE		GS	SD
		28	06/55	FB		12	D
(See reverse side for definitions of proficiency levels)							
LEVEL OF PROFICIENCY AT ENTRY INTO TRAINING				<input checked="" type="checkbox"/> INSTRUCTORS ESTIMATE		OFFICIAL TEST	
	NO PROFICIENCY	SLIGHT	ELEMENTARY	INTERMEDIATE	HIGH		
LEVEL	READING		X				
	WRITING		X				
	PRONUNCIATION		X				
	SPEAKING	X					
	UNDERSTANDING	X					
LANGUAGE TRAINING OBJECTIVES AND METHODS							
<p>The general aims of language training are attainment of proficiency in speaking, understanding, reading and writing. The specific objectives are: (1) ability to produce and distinguish the sounds of the language; (2) ability to use a stock of basic sentences and expressions; (3) ability to recombine the elements of basic sentences and expressions and to apply them to new situations; (4) ability to comprehend the language spoken at normal speed in various situations; (5) ability to write and read the language commensurate with ability to speak.</p> <p>Methods used in all courses stress oral drills and free conversation based at first on memorized material and, at a later stage, on varied reading materials. Written and oral tests are given at intervals. Listening to and recording on tapes in the Language Lab is essential for class preparation.</p>							
PERFORMANCE EVALUATION							
	UNSATISFACTORY		SATISFACTORY		EXCELLENT		
ACHIEVEMENT			X				
ATTITUDE			X				
ATTENDANCE			X				
LEVEL OF PROFICIENCY AT COMPLETION OF TRAINING				<input checked="" type="checkbox"/> INSTRUCTORS ESTIMATE		OFFICIAL TEST	
	NO PROFICIENCY	SLIGHT	ELEMENTARY	INTERMEDIATE	HIGH		
LEVEL	READING			X			
	WRITING			X			
	PRONUNCIATION			X			
	SPEAKING			X			
	UNDERSTANDING			X			
<p>Foreign Language Aptitude Test: 6</p> <div style="border: 1px solid black; width: 200px; height: 40px; margin: 10px auto;"></div>							
FOR THE DIRECTOR OF TRAINING:				25 Mar 64 DATE			

1-80 2222

SECRET

GROUP 1
Excluded from automatic
downgrading and declassification

(45)

SECRET

TRAINING REPORT

Covert Action Operations Course No. 63, 30 March to 17 April 1964
60 hours part time

Student : Office : FE
Year of Birth: Service Designation: D
Grade : GS-12 No. of Students : 13
EOD Date : June 1955

STUDENT OBJECTIVES - CONTENT AND METHODS

The Covert Action Operations Course is an advanced seminar for senior and middle grade CS officers who will direct and conduct covert action operations in the field. It provides a conference setting in which experienced officers may discuss the full range of operational problems — from policy and strategy to tactics and techniques — with senior Agency officers, both those recently returned from field posts and those assigned to Headquarters for guidance and support of CA field operations.

The CAO course covers the origin and scope of CIA's covert action mission, tactical approaches to the direction of CA operations, political action, economic action, propaganda, paramilitary operations, special operations, the national counterinsurgency program, covert action in the counterintelligence problems in covert action, joint CI-CA programs, and current area case studies.

ACHIEVEMENT RECORD

This is a certificate of attendance. Adjectival ratings are not given in this course.

FOR THE DIRECTOR OF TRAINING:

Chief Instructor

22 April 1964
Date

Group I
Excluded from automatic
downgrading and
declassification

SECRET

SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				017974	
SECTION A GENERAL					
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEA	4. GRADE
				M	GS-12
5. OFFICIAL POSITION TITLE			7. OFF/DIVISION OF ASSIGNMENT	8. CURRENT STATION	
Ops Officer			DDP/EE/	Headquarters	
9. CHECK IN TYPE OF APPOINTMENT			10. CHECK IN		
<input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY			<input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> SPECIAL (Specify)		
11. DATE REPORT DUE IN O.P.			12. REPORT PERIOD (From - to)		
January 1964			April - 31 January 1964		
SECTION B PERFORMANCE EVALUATION					
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1					RATING LETTER
Assembles available information on North Vietnam, and its diplomatic establishments abroad.					S
SPECIFIC DUTY NO. 2					RATING LETTER
Acts as ZRGRAIL officer for Vietnam Desk.					P
SPECIFIC DUTY NO. 3					RATING LETTER
Aids in giving operational support to denied areas ops program run by Saigon Station.					P
SPECIFIC DUTY NO. 4					RATING LETTER
Prepares periodic reports on progress of denied area ops program.					S
SPECIFIC DUTY NO. 5					RATING LETTER
SPECIFIC DUTY NO. 6					RATING LETTER
OVERALL PERFORMANCE IN CURRENT POSITION					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER
17 MAR 1964					P

SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial

SE

1.

BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE

18 February 1964

SIGNATURE OF EMPLOYEE

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

10

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

DATE

18 February 1964

OFFICIAL TITLE OF SUPERVISOR

Chief, FE/

TYPED OR PRINTED NAME AND SIGNATURE

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

DATE

9 March 1964

OFFICIAL TITLE OF REVIEWING OFFICIAL

Chief, FE/

SECRET

SECRET

(When Filled In)

FITNESS REPORT

FILED SERIAL NUMBER

017774

SECTION A

GENERAL

1. NAME (Last) (First) (Middle)	2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD
		M	GS-12	IR
6. OFFICIAL POSITION TITLE	7. OFF. DIV. OR ASSIGNMENT	8. CURRENT STATUS		
ID	DDP/FE			
9. CHECK (X) TYPE OF APPOINTMENT	10. CHECK (X) TYPE OF REPORT			
CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/>	INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input type="checkbox"/>			
CAREER-PROVISIONAL (See Instructions - Section C)	X ANNUAL <input checked="" type="checkbox"/> REASSIGNMENT EMPLOYEE <input checked="" type="checkbox"/>			
SPECIAL (Specify)	SPECIAL (Specify)			
11. DATE REPORT DUE IN O.P.	12. REPORTING PERIOD (From To)			
	1 Jan 62 - 23 September 1962			

SECTION B

PERFORMANCE EVALUATION

- W - Weak** Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.
- A - Adequate** Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.
- P - Proficient** Performance is more than satisfactory. Desired results are being produced in a proficient manner.
- S - Strong** Performance is characterized by exceptional proficiency.
- O - Outstanding** Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.

SPECIFIC DUTIES

List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).

SPECIFIC DUTY NO. 1	Monitors and coordinates with ODYOKE and allied armed services the [redacted] in North Asian area covering specifically [redacted]	RATING LETTER
		S
SPECIFIC DUTY NO. 2	Determines, initiates and directly participates in the exploitation of [redacted] in conjunction with KUDOVE and ODYOKE armed services.	RATING LETTER
		S
SPECIFIC DUTY NO. 3	Provides detailed training and guidance for ODYOKE personnel and for foreign allied personnel [redacted] in the identification, photographic and collection techniques applicable to the [redacted]	RATING LETTER
		S
SPECIFIC DUTY NO. 4	Maintains continuing & close official and personal working liaison with & support for commanders & officers of the various ODYOKE military intel collection units in [redacted] & with [redacted] KUDOVE elements, particularly the [redacted] Staff.	RATING LETTER
		A
SPECIFIC DUTY NO. 5	Responsible for preparation of collection intel & admin rpts & dispatches to KULYNX [redacted] on all matters pertaining to the [redacted] in this area of jurisdiction.	RATING LETTER
		A
SPECIFIC DUTY NO. 6	Assisted the Branch Chief in the handling of KULYNX requirements.	RATING LETTER
		P

OVERALL PERFORMANCE IN CURRENT POSITION

Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.

RATING LETTER

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SECTION C

NARRATIVE COMMENTS

SECTION C **NARRATIVE COMMENTS**

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in section B to provide basis for determining future personnel action. Manner of performance of major or supervisory duties must be described, if applicable.

... demonstrated a thorough

SECTION D

CERTIFICATION AND COMMENTS

BY EMPLOYEE

1.

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE-

 $4/23/63$

SIGNATURE OF :

BY SUPERVISOR

2. MONTHS EMPLOYER HAS BEEN UNDER MY SUPERVISION

15 NOV 73

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION *FR shown*
 HAS ALREADY DEPARTED TO NEW POST *to Singapore 4/5/6*

HAS ALREADY DEPARTED TO NEW POST

DATE

19 Oct 1962

OFFICIAL TITLE OF SUPERVISOR

• TYPED OR PRINTED NAME AND SIGNATURE

BY REVIEWING OFFICIAL

3. COMMENTS OF REVIEWING OFFICIAL

COPY

DATE _____

22 Oct 1962

OFFICIAL TITLE OF REVIEWING OFFICIAL

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(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				017974	
SECTION A GENERAL					
1. NAME (Last, First, Middle Initial)		2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD
			M	GS-12	D
6. OFFICIAL POSITION/TITLE		7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION	
Ops Officer		DDP/FE		Headquarters	
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY			<input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR		
<input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)			<input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE		
SPECIAL (Specify):			SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to)		
January 1984			April - 31 January 1984		
SECTION B PERFORMANCE EVALUATION					
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1					RATING LETTER
Assembles available information on North Vietnam, and its diplomatic establishments abroad.					S
SPECIFIC DUTY NO. 2					RATING LETTER
Acts as ZRGRail officer for Vietnam Desk.					P
SPECIFIC DUTY NO. 3					RATING LETTER
Aids in giving operational support to denied areas ops program run by Saigon Station.					P
SPECIFIC DUTY NO. 4					RATING LETTER
Prepares periodic reports on progress of denied area ops program.					S
SPECIFIC DUTY NO. 5					RATING LETTER
SPECIFIC DUTY NO. 6					RATING LETTER
OVERALL PERFORMANCE IN CURRENT POSITION					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER
					P

SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

SECTION D

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE <i>18 February 1964</i>	SIGNATURE OF EMPLOYEE <div style="border: 1px solid black; width: 100px; height: 20px;"></div>	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION 10	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
DATE 18 February 1964	OFFICIAL TITLE OF SUPERVISOR Chief, FE <div style="border: 1px solid black; width: 100px; height: 20px;"></div>	TYPED OR PRINTED NAME AND SIGNATURE <div style="border: 1px solid black; width: 100px; height: 20px;"></div>
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL <div style="border: 1px solid black; height: 100px; width: 100%;"></div>		
DATE 9 March 1964	OFFICIAL TITLE OF REVIEWING OFFICIAL Chief, FE <div style="border: 1px solid black; width: 100px; height: 20px;"></div>	TYPED OR PRINTED NAME AND SIGNATURE <div style="border: 1px solid black; width: 100px; height: 20px;"></div>

SECRET

4 F. 27

SECRET
(When Filled In)

FITNESS REPORT

EMPLOYEE SERIAL NUMBER

SECTION A

GENERAL

1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH		3. SEX M		4. GRADE GS-12		
5. SERVICE DESIGNATION IN		6. OFFICIAL POSITION TITLE IO			7. OFF/DOW/BB OF ASSIGNMENT				
8. CAREER STAFF STATUS					9. TYPE OF REPORT				
NOT ELIGIBLE		X MEMBER		DEFERRED		INITIAL		REASSIGNMENT/SUPERVISOR	
PENDING		DECLINED		DENIED		X ANNUAL		REASSIGNMENT/EMPLOYEE	
10. DATE REPORT DUE IN O.P.		11. REPORTING PERIOD From: 15 Apr 61 - 31 Dec 61 To:			12. SPECIAL (Specify)				

SECTION B		EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES	
-----------	--	--	--

List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).

1 - Unsatisfactory	2 - Barely adequate	3 - Acceptable	4 - Competent	5 - Excellent	6 - Superior	7 - Outstanding	
SPECIFIC DUTY NO. 1 Monitors and coordinates with COMUSC and allied armed services the [redacted] in North Asian area covering S-C [redacted]			RATING NO. 6	SPECIFIC DUTY NO. 4 Maintains continuing close official & personal working liaison with & support for commanders & officers of the various COMUSC military intel collection units in [redacted] (cont)			RATING NO. 5
SPECIFIC DUTY NO. 2 Determines, initiates & directly participates in the exploitation of [redacted] targets in conjunction with HUDOME and COMUSC armed services.			RATING NO. 5	SPECIFIC DUTY NO. 5 Responding for preparation of collection intel to assist [redacted] liaison to [redacted] Center, on all matters pertaining to the CSF in this area of jurisdiction.			RATING NO. 4
SPECIFIC DUTY NO. 3 Provides detailed training and guidance for COMUSC personnel & for foreign allied personnel (e.g., [redacted] [redacted] Others, etc/officials), in the [redacted]			RATING NO. 5	SPECIFIC DUTY NO. 6 Represents the interest of [redacted] generally in liaison with other COMUSC intelligence components-both collection & analysis [redacted]			RATING NO. 5

SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION

Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.

<ol style="list-style-type: none"> 1. Performance in many important respects fails to meet requirements. 2. Performance meets most requirements but is deficient in one or more important respects. 3. Performance clearly meets basic requirements. 4. Performance clearly exceeds basic requirements. 5. Performance in every important respect is superior. 6. Performance in every respect is outstanding. 	<table border="1"> <tr> <td> RATING NO. 5 </td> </tr> </table>	RATING NO. 5
RATING NO. 5		

SECTION D	DESCRIPTION OF THE EMPLOYEE
-----------	-----------------------------

In the rating boxes below, check (X) the degree to which each characteristic applies to the employee

1 - Least possible degree	2 - Limited degree	3 - Normal degree	4 - Above average degree	5 - Outstanding degree					
CHARACTERISTICS			NOT APPLICABLE	NOT OBSERVED	RATING				
					1	2	3	4	5
GETS THINGS DONE								X	
RESOURCEFUL									X
ACCEPTS RESPONSIBILITIES								X	
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES									X
DOES HIS JOB WITHOUT STRONG SUPPORT									X
FACILITATES SMOOTH OPERATION OF HIS OFFICE								X	
WRITES EFFECTIVELY							X		
SECURITY CONSCIOUS							X		
THINKS CLEARLY								X	
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS							X		
OTHER (Specify):									

SEE SECTION "E" ON REVERSE SIDE

SEE SECTION "E" ON REVERSE SIDE

SECRET

(When Filled In)

OFFICE

SECTION E

NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for assignment and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the best basis for determining future personnel actions.

02 PM '62

SECTION F

CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

I certify that I have seen Sections A, B, C, D and E of this Report.

DATE

31 December 61

SIGNATURE OF EMPLOYEE

[Signature]

(Signed)

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

7

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.

3.

EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS

REPORT MADE WITHIN LAST 90 DAYS

OTHER (Specify):

DATE

31 December 61

OFFICIAL TITLE OF SUPERVISOR

TYPED OR PRINTED NAME AND SIGNATURE

[Signature]

(Signed)

4.

BY REVIEWING OFFICIAL

☒ I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.☐ I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.☐ I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.☐ I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.

COMMENTS OF REVIEWING OFFICIAL

DATE

31 Dec. 61

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR PRINTED NAME AND SIGNATURE

[Signature]

(Signed)

SECRET

SECRET

Continuation of Section B:

Specific Duty No. 3

collection techniques [REDACTED]

Specific Duty No. 4

.. KUDOVs elements, particularly [REDACTED]

SECRET

SECRET
(When Filled In)

EMPLOYER SERIAL NUMBER

FITNESS REPORT

SECTION A

GENERAL

1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX Male	4. GRADE GS-11
5. SERVICE DESIGNATION IR		6. OFFICIAL POSITION/TITLE XO		7. OFF/DIV/EN OF ASSIGNMENT	
8. CAREER STAFF STATUS			9. TYPE OF REPORT		
<input checked="" type="checkbox"/> NOT ELIGIBLE <input type="checkbox"/> MEMBER <input type="checkbox"/> DEFERRED <input type="checkbox"/> PENDING <input type="checkbox"/> DECLINED <input type="checkbox"/> DENIED			<input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT/SUPERVISOR <input type="checkbox"/> REASSIGNMENT/EMPLOYEE		
10. DATE REPORT DUE IN O.P.		11. REPORTING PERIOD From Sept 59 To Apr 61		12. SPECIAL (Specify)	

SECTION B

EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES

List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).

1 - Unsatisfactory	2 - Barely adequate	3 - Acceptable	4 - Competent	5 - Excellent	6 - Superior	7 - Outstanding
SPECIFIC DUTY NO. 1: Monitors and coordinates with ODVOR and allied armed services in North Asian area covering etc.			RATING NO. 6	SPECIFIC DUTY NO. 4: Maintains continuing and close official & personal working liaison with a support for commanders & officers of the various ODVOR Military Intel collection units in (cont)		
SPECIFIC DUTY NO. 2: Determines, initiates and directly participates in the exploitation of PMS targets in conjunction with KUEGZ and ODVOR armed services.			RATING NO. 6	SPECIFIC DUTY NO. 5: Responsible for proper use of collection intel & admin rpts & dispatches to on all matters pertaining to the ENCI in this area of jurisdiction.		
SPECIFIC DUTY NO. 3: Provides detailed training and guidance for ODVOR personnel and for foreign allied personnel (e.g. use, but in the identification, photographic and (cont)			RATING NO. 6	SPECIFIC DUTY NO. 6: Represents the interest of generally in liaison with other ODVOR intelligence components - both collection and analysis in		

SECTION C

EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION

Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.

- 1 - Performance in many important respects falls to meet requirements.
- 2 - Performance meets most requirements but is deficient in one or more important respects.
- 3 - Performance clearly meets basic requirements.
- 4 - Performance clearly exceeds basic requirements.
- 5 - Performance in every important respect is superior.
- 6 - Performance in every respect is outstanding.

RATING NO.
5

SECTION D

DESCRIPTION OF THE EMPLOYEE

In the rating boxes below, check (X) the degree to which each characteristic applies to the employee.

CHARACTERISTICS	NOT APPLICABLE	NOT OBSERVED	RATING				
			1	2	3	4	5
GETS THINGS DONE							X
RESOURCEFUL							X
ACCEPTS RESPONSIBILITIES							X
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES							X
DOES HIS JOB WITHOUT STRONG SUPPORT							X
FACILITATES SMOOTH OPERATION OF HIS OFFICE							X
DRIVES EFFECTIVELY							X
IS SOCIALLY CONSCIOUS							X
THINKS CLEARLY							X
DISCIPLINED IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS							X
OTHER (Specify)							

SEE SECTION "E" ON REVERSE SIDE

SECRET

(When Filled In)

SECTION E NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the best basis for determining future personnel actions.

The undersigned's assessment of subject officer continues essentially the same as stated in the previous fitness report.

SECTION F		CERTIFICATION AND COMMENTS		(continued)
1. BY EMPLOYEE				
I certify that I have seen Sections A, B, C, D and E of this Report.				
DATE 14 April 1961	SIGNATURE OF EMPLOYEE (Signed)		This report has been prepared in accordance with F.P. Division standards which require the rating of the individual to be based on his performance during the rating period.	
2. BY SUPERVISOR				
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION 18	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION.		GIVE EXPLANATION.	
IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.				
EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS		REPORT MADE WITHIN LAST 90 DAYS		
OTHER (Specify):				
DATE 14 April 1961	OFFICIAL TITLE OF SUPERVISOR Chief, SIB		TYPED OR PRINTED NAME AND SIGNATURE	
3. BY REVIEWING OFFICIAL				
I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.				
I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.				
I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.				
I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.				
14 Apr 1961				

SECRET

Continuation of Section B:

Specific Duty No. 3

collection techniques [REDACTED]

Specific Duty No. 4

KUDOV elements, [REDACTED]

Continuation of Section E:

and experience in the broader, analytical aspects of the KUCHAP area, including language and area studies.

Continuation of Section F-3:

normal administrative responsibilities.

[Signature]
EMPLOYEE AREA

EMPLOYEE SERIAL NUMBER

GENERAL

SECTION 8 EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES

1 - Unsatisfactory	2 - Barely adequate	3 - Acceptable	4 - Competent	5 - Excellent	6 - Superior	7 - Outstanding
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SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION

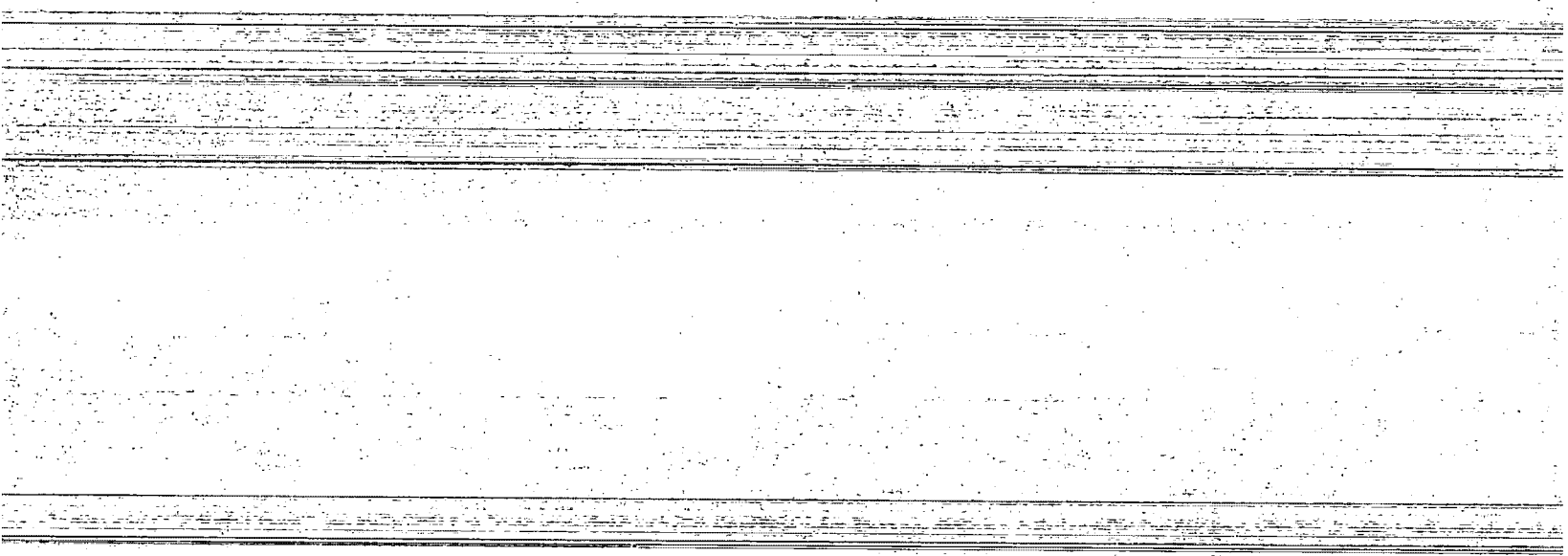
1. Performance in many important respects fails to meet requirements.
2. Performance meets most requirements but is deficient in one or more important respects.
3. Performance clearly meets basic requirements.
4. Performance clearly exceeds basic requirements.
5. Performance in every important respect is superior.
6. Performance in every respect is outstanding.

RATING
NO.
5.

DESCRIPTION OF THE EMPLOYEE

1 - Least possible degree	2 - Limited degree	3 - Normal degree	4 - Above average degree	5 - Outstanding degree
---------------------------	--------------------	-------------------	--------------------------	------------------------

SEE SECTION "E" ON REVERSE SIDE



Continuation of Section E:

In recognition of subject officer's outstanding performance to date and in view of the considerable responsibilities incident to the post of representative in this area, I recommend that subject officer be promoted to the grade of GS-12 as soon as possible.

SECRET 24 AUG 1959
(When Filled In)

24-128

FITNESS REPORT						EMPLOYEE SERIAL NUMBER 117974	
SECTION A GENERAL							
1. NAME (Last) (First) (Middle) 			2. DATE OF BIRTH 		3. SEX Male		4. GRADE GS-11
5. SERVICE DESIGNATION IR			6. OFFICIAL POSITION-TITLE IO			7. OFF/DIV/GR OF ASSIGNMENT ORR-	
8. CAREER STAFF STATUS				9. TYPE OF REPORT			
<input type="checkbox"/> NOT ELIGIBLE <input checked="" type="checkbox"/> MEMBER <input type="checkbox"/> DEFERRED				<input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> REASSIGNMENT/SUPERVISOR			
<input type="checkbox"/> PENDING <input type="checkbox"/> DECLINED <input type="checkbox"/> DENIED				<input checked="" type="checkbox"/> ANNUAL <input checked="" type="checkbox"/> REASSIGNMENT/EMPLOYEE			
10. DATE REPORT DUE IN O.P. 31 Oct 1959			11. REPORTING PERIOD 15 Mar 58 - 30 Sep 1959		12. SPECIAL (Specify)		
SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES							
List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
1 - Unsatisfactory		2 - Barely adequate		3 - Acceptable		4 - Competent	
5 - Excellent		6 - Superior		7 - Outstanding			
SPECIFIC DUTY NO. 1 Prepares written reports on results of analysis.			RATING NO. 3		SPECIFIC DUTY NO. 4 Directs and participates in field exploitation.		
SPECIFIC DUTY NO. 2 Derives significant intelligence from factory markings data.			RATING NO. 4		SPECIFIC DUTY NO. 5 Organizes raw data into analytic file.		
SPECIFIC DUTY NO. 3 Supervises junior analyst.			RATING NO. 4		SPECIFIC DUTY NO. 6		
					RATING NO.		
SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION							
Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.							
1 - Performance in many important respects fails to meet requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets basic requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding.							RATING NO. 3
SECTION D DESCRIPTION OF THE EMPLOYEE							
In the rating boxes below, check (X) the degree to which each characteristic applies to the employee							
1 - Least possible degree		2 - Limited degree		3 - Normal degree		4 - Above average degree	
5 - Outstanding degree							
CHARACTERISTICS				NOT APPLI- CABLE		NOT OB- SERVED	
						RATING	
						1 2 3 4 5	
GETS THINGS DONE						X	
RESOURCEFUL						X	
ACCEPTS RESPONSIBILITIES						X	
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES						X	
DOES HIS JOB WITHOUT STRONG SUPPORT						X	
FACILITATES SMOOTH OPERATION OF HIS OFFICE						X	
WRITES EFFECTIVELY						X	
SECURITY CONSCIOUS						X	
THINKS CLEARLY						X	
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS						X	
OTHER (Specify):							

SEE SECTION "E" ON REVERSE SIDE

SECRET
(When Filled In)

SECTION E **NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE**

State strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the best basis for determining

OFFICE OF PERSONNEL
AUG 19 4 56 PM '59
MAIL ROOM

SECTION F **CERTIFICATION AND COMMENTS**

1. BY EMPLOYEE

I certify that I have seen Sections A, B, C, D and E of this Report.

DATE SIGNATURE OF EMPLOYEE

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

42

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

Departed on PCS overseas.

IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.

EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS

REPORT MADE WITHIN LAST 90 DAYS

OTHER (Specify):

DATE

13 August 1959

OFFICIAL TITLE OF SUPERVISOR:

Chief, FM/EA

AND SIGNATURE

3. BY REVIEWING OFFICIAL

☒ I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.

☐ I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.

☐ I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.

☐ I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.

COMMENTS OF REVIEWING OFFICIAL

DATE

13 August 1959

OFFICIAL TITLE OF REVIEWING OFFICIAL

Chief, St/PM

TYPED OR PRINTED NAME AND SIGNATURE

SECRET

S-E-C-R-E-T

REPORT OF TRAINING

Operations Familiarization Course No. 17

I. IDENTIFYING INFORMATION

Name: [REDACTED] Sex: Male
Date of Birth: [REDACTED] Grade or Rank: GS-11
EOD Date: 15 June 1953 Office: OAR
Dates of Course: 6 Apr - 15 May 59 No. of Students: 25
Projected Assignment or Present Position:
(from Request for Internal Training) [REDACTED]

II. DESCRIPTION OF COURSE

The Operations Familiarization Course is a six-week course designed primarily for Clandestine Services non-case officer personnel and for non-Clandestine Services officers whose responsibilities in support of operations require adequate familiarization with case officer functions and with the programs and operations of the Clandestine Services.

III. REPORT OF STUDENT ACHIEVEMENT

To satisfactorily complete the Operations Familiarization Course the student must demonstrate in a series of seminars and in a limited number of written assignments that he has acquired an adequate understanding of the fundamentals of clandestine operations. Testing mechanisms are minimal and do not permit an extensive evaluation of individual performance.

[REDACTED] satisfactorily completed Operations Familiarization Course No. 17.

FOR THE DIRECTOR OF TRAINING:

[REDACTED]
Chief Instructor, OFC

[REDACTED]
Chief, Field Training

S-E-C-R-E-T

(When filled in)

COURSE DESCRIPTION

SPANISH BASIC COURSE (REPEATED) - SEMESTER II (PART-TIME)

SECTION I: IDENTIFYING INFORMATION

NAME [REDACTED]	SEX Male	DATES OF COURSE 5 Jan - 13 March 1959	NO. OF STUDENTS 3
DATE OF BIRTH [REDACTED]	BOB DATE 15 June 1955	GRADE OR RANK OS-11	OFFICE OSB
PROJECTED ASSIGNMENT ON PRESENT LOCATION Analytic position in ST/FM			

SECTION II: SPECIFIC CHARACTERISTICS OF THE COURSE

This course lasts 10 weeks. The classes are held 2 hours per day, 5 days a week. Students are required to do a minimum of 10 hours per week of drill in the language laboratory outside of class hours. The instructor is able to meet at any time by appointment with each student individually. Students are given at least two major tests and a number of ten-minute tests during the progress of the course.

SECTION III: OBJECTIVES

The general aim of this course is to provide a thorough grounding for the student who has previously had either a reading course in the language or an insufficient introduction to the language. It serves as a basis for further advancement either by independent learning in the area or by further study.

The specific objectives are:

- Ability to produce and distinguish all the sounds of the language.
- Ability to use adequately a stock of correct Spanish sentences and expressions.
- Ability to analyze sentences and expressions into their components.
- Ability to comprehend speech-speed spoken Spanish in a wide variety of non-technical situations.
- Ability to read and write informal Spanish using a limited number of vocabulary and structural items.

SECTION IV: EVALUATION RATING

The following is an explanation of the five terms of evaluation employed below:

- The student failed to satisfy minimum requirements, and his grasp of the material is too inadequate to be functional.
- The student satisfied only the minimum requirements of the objectives. His grasp is barely functional.

3-E-C-R-R-T
(When filled in)

S-B-C-R-F-P
(When Filled In)

3. The student met the objectives in a creditable manner, revealing a good grasp of essentials.
4. The student showed a high degree of competence in meeting the objectives.
5. The student demonstrated exceptional ability or proficiency in meeting the objectives. His accomplishment was one attained by a very small number of students.

SECTION V: ACHIEVEMENT RATINGS

The number in each cell represents the number of students receiving that rating in terms of the above objectives. The asterisk (*) represents the rating this student achieved.

Course Objectives	Rating 1	Rating 2	Rating 3	Rating 4	Rating 5
Objective A			2 *	1	
Objective B			2 *	1	
Objective C			2 *	1	
Objective D			2 *	1	
Objective E			2 *	1	

This class as a whole is rated as:

Above average _____ Average X _____ Below than average _____

SECTION VI: COMMENTS

FOR THE DIRECTOR OF TRAINING

181
Signature of Instructor

S-B-C-R-F-P
(When Filled In)

SECTION I: IDENTIFYING FACTS

NAME	Male	13 Oct 58-19 Dec 58	NO. OF SPECIMENS
DATE OF BIRTH	15 June 1955	03-11	008
PROJECTED ADJUDICATION OR PRESENT POSITION			
Analyst			

SECTION II: SPECIFIC CHARACTERISTICS OF THE COURSE

This course lasts 10 weeks. The classes are held 2 hours per day, 5 days a week. Students are required to do a minimum of 10 hours per week of drill in the language laboratory outside of class hours. The instructor is able to meet at any time by appointment with each student individually. Students are given at least two major tests and a number of assignments during the period of the course.

SECTION III: OBJECTIVES

The general aim of this course is to provide a thorough grounding for the student who has previously had no or a passing course in the language or an insufficient introduction to the language. It serves as a basis for further advancement either by independent learning in the area or by further study.

The specific objectives are:

- Objective A. Ability to produce and distinguish all the sounds of the language.
- Objective B. Ability to use intelligibly a stock of correct Spanish sentences and expressions.
- Objective C. Ability to analyze sentences and phrases into their components.
- Objective D. Ability to understand conversational spoken Spanish in a wide variety of conversational situations.
- Objective E. Ability to read and understand a limited number of elementary and attractive texts.

SECTION IV: EVALUATION SYSTEM

SECTION V:
When filled in.

CLASSROOM EVALUATION REPORT

The following is an explanation of the five terms of evaluation employed below:

- Rating 1. The student failed to satisfy minimum requirements, and his grasp of the material is too inadequate to be functional.
- Rating 2. The student satisfied only the minimum requirements of the objectives. His grasp is barely functional.
- Rating 3. The student met the objectives in a creditable manner, revealing a good grasp of essentials.
- Rating 4. The student showed a high degree of competence in meeting the objectives.
- Rating 5. The student demonstrated exceptional ability or proficiency in meeting the objectives. His accomplishment was one attained by a very small number of students.

SECTION VI: ACHIEVEMENT RATINGS

The number in each cell represents the number of students receiving that Rating in terms of the above objectives. The asterisk (*) represents the Rating this student achieved.

Course Objectives	Rating 1	Rating 2	Rating 3	Rating 4	Rating 5
Objective A		1	2	2*	1
Objective B			3*	3	
Objective C			4*	2	
Objective D			3*	3	
Objective E			3	3*	

This class as a whole is rated as:

Above average _____ Average X _____ Below average _____

SECTION VII: COMMENTS

Since reading skills are stressed during the latter part of the 50-week course series, the rating for Objective E is based on a limited amount of information.

FOR THE DIRECTOR OF TRAINING:

/s/

Signature of Unit Instructor

DATE: _____
(When filled in)

SECRET

(When Filled In)

FITNESS REPORT (Part I) PERFORMANCE

INSTRUCTIONS

FOR THE ADMINISTRATIVE OFFICER: Consult current instructions for completing this report.

FOR THE SUPERVISOR: This report is designed to help you express your evaluation of your subordinate and to transmit this evaluation to your supervisor and senior officials. Organization policy requires that you inform the subordinate where he stands with you. Completion of the report can help you prepare for a discussion with him of his strengths and weaknesses. It is also organization policy that you show Part I of this report to the employee except under conditions specified in Regulation 20-370. It is recommended that you read the entire form before completing any question. If this is the initial report on the employee, it must be completed and forwarded to the Office of Personnel no later than 30 days after the date indicated in item 8, of Section A below.

SECTION A.

GENERAL

1. NAME (Last) (First) (Middle)	2. DATE OF BIRTH	3. SER	4. SERVICE DESIGNATION
5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT	6. OFFICIAL POSITION TITLE		
7. GRADE	8. DATE REPORT DUE IN OP	9. PERIOD COVERED BY THIS REPORT (Exclusive dates)	
10. TYPE OF REPORT (Check one)	11. SPECIAL (Specify)		

SECTION B.

CERTIFICATION

1. FOR THE RATER: THIS REPORT WAS ☒ HAS NOT BEEN SHOWN TO THE INDIVIDUAL RATED. IF NOT SHOWN, EXPLAIN WHY NOT.

Individual on TDY Overseas

A. CHECK (X) APPROPRIATE STATEMENTS:

<input checked="" type="checkbox"/> THIS REPORT REFLECTS MY OWN OPINIONS OF THIS INDIVIDUAL.	<input type="checkbox"/> IF INDIVIDUAL IS RATED "I" IN CI OR O, A WARNING LETTER HAS BEEN SENT TO HIM & A COPY ATTACHED TO THIS REPORT.
<input type="checkbox"/> THIS REPORT REFLECTS THE COMBINED OPINIONS OF MYSELF AND PREVIOUS SUPERVISORS.	<input type="checkbox"/> I CANNOT CERTIFY THAT THE RATED INDIVIDUAL KNOWS HOW I EVALUATE HIS JOB PERFORMANCE BECAUSE (Specify):
<input checked="" type="checkbox"/> I HAVE DISCUSSED WITH THIS EMPLOYEE HIS STRENGTHS AND WEAKNESSES SO THAT HE KNOWS WHERE HE STANDS.	

B. THIS DATE

2 April 1958

C. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR

D. SUPERVISOR'S OFFICIAL TITLE

Branch Chief/EA

2. FOR THE REVIEWING OFFICER:

FOR THE REVIEWING OFFICER: I CERTIFY THAT THERE IS NO SUBSTANTIAL DIFFERENCE OF OPINION WITH THE SUPERVISOR, OR ANY OTHER INFORMATION, WHICH WILL LEAD TO A BETTER UNDERSTANDING OF THIS REPORT.

BY *MA* DATE 10 APR 1958
 Posted For Control
 Reviewed by PCD *WID* 4/14/58

☐ CONTINUED ON ATTACHED SHEET

I certify that any substantial difference of opinion with the supervisor is reflected in the above section.

A. THIS DATE	B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL	C. OFFICIAL TITLE OF REVIEWING OFFICIAL
2 April 58		Chief, SE/ENR

SECTION C.

JOB PERFORMANCE EVALUATION

1. RATING ON GENERAL PERFORMANCE OF DUTIES

DIRECTIONS: Consider ONLY the productivity and effectiveness with which the individual being rated has performed his duties during the rating period. Compare him ONLY with others doing similar work at a similar level of responsibility. Factors other than productivity will be taken into account later in Section D.

1. DOES NOT PERFORM DUTIES ADEQUATELY; HE IS INCOMPETENT.
2. BARELY ADEQUATE IN PERFORMANCE; ALTHOUGH HE HAS HAD SPECIFIC GUIDANCE OR TRAINING, HE OFTEN FAILS TO CARRY OUT RESPONSIBILITIES.
3. PERFORMS MOST OF HIS DUTIES ACCEPTABLY; OCCASIONALLY REVEALS SOME AREA OF WEAKNESS.
4. PERFORMS DUTIES IN A COMPETENT, EFFECTIVE MANNER.
5. A FINE PERFORMANCE; CARRIES OUT MANY OF HIS RESPONSIBILITIES EXCEPTIONALLY WELL.
6. PERFORMS HIS DUTIES IN SUCH AN OUTSTANDING MANNER THAT HE IS EQUALLED BY FEW OTHER PERSONS KNOWN TO THE SUPERVISOR.

COMMENTS:

SECRET

Performance

SECRET

(When Filled In)

2. RATINGS ON PERFORMANCE OF SPECIFIC DUTIES																											
<p>DIRECTIONS:</p> <p>a. State in the spaces below up to six of the more important SPECIFIC duties performed during the rating period. Place the most important first. Do not include minor or unimportant duties.</p> <p>b. Rate performance on each specific duty considering ONLY effectiveness in performance of this specific duty.</p> <p>c. For supervisors, ability to supervise will always be rated as a specific duty (do not rate as supervisors those who supervise a secretary only).</p> <p>d. Compare in your mind, when possible, the individual being rated with others performing a similar duty at a similar level of responsibility.</p> <p>e. Two individuals with the same job title may be performing different duties. If so, rate them on different duties.</p> <p>f. Be specific. Examples of the kind of duties that might be rated are:</p> <table border="0"> <tr> <td>ORAL BRIEFING</td> <td>HAS AND USES AREA KNOWLEDGE</td> <td>CONDUCTS INTERROGATIONS</td> </tr> <tr> <td>GIVING LECTURES</td> <td>DEVELOPS NEW PROGRAMS</td> <td>PREPARES SUMMARIES</td> </tr> <tr> <td>CONDUCTING SEMINARS</td> <td>ANALYZES INDUSTRIAL REPORTS</td> <td>TRANSLATES GERMAN</td> </tr> <tr> <td>WRITING TECHNICAL REPORTS</td> <td>MANAGES FILES</td> <td>DEBRIEFING SOURCES</td> </tr> <tr> <td>CONDUCTING EXTERNAL LIAISON</td> <td>OPERATES RADIO</td> <td>KEEPS BOOKS</td> </tr> <tr> <td>TYPING</td> <td>COORDINATES WITH OTHER OFFICES</td> <td>DRIVES TRUCK</td> </tr> <tr> <td>TAKING DICTATION</td> <td>WRITES REGULATIONS</td> <td>MAINTAINS AIR CONDITIONING</td> </tr> <tr> <td>SUPERVISING</td> <td>PREPARES CORRESPONDENCE</td> <td>EVALUATES SIGNIFICANCE OF DATA</td> </tr> </table> <p>g. For some jobs, duties may be broken down even further if supervisor considers it advisable, e.g., combined key and phone operation, in the case of a radio operator.</p>				ORAL BRIEFING	HAS AND USES AREA KNOWLEDGE	CONDUCTS INTERROGATIONS	GIVING LECTURES	DEVELOPS NEW PROGRAMS	PREPARES SUMMARIES	CONDUCTING SEMINARS	ANALYZES INDUSTRIAL REPORTS	TRANSLATES GERMAN	WRITING TECHNICAL REPORTS	MANAGES FILES	DEBRIEFING SOURCES	CONDUCTING EXTERNAL LIAISON	OPERATES RADIO	KEEPS BOOKS	TYPING	COORDINATES WITH OTHER OFFICES	DRIVES TRUCK	TAKING DICTATION	WRITES REGULATIONS	MAINTAINS AIR CONDITIONING	SUPERVISING	PREPARES CORRESPONDENCE	EVALUATES SIGNIFICANCE OF DATA
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CONDUCTING EXTERNAL LIAISON	OPERATES RADIO	KEEPS BOOKS																									
TYPING	COORDINATES WITH OTHER OFFICES	DRIVES TRUCK																									
TAKING DICTATION	WRITES REGULATIONS	MAINTAINS AIR CONDITIONING																									
SUPERVISING	PREPARES CORRESPONDENCE	EVALUATES SIGNIFICANCE OF DATA																									
<p>1 - INCOMPLETE IN THE PERFORMANCE OF THIS DUTY</p> <p>2 - BARELY ADEQUATE IN THE PERFORMANCE OF THIS DUTY</p> <p>3 - PERFORMS THIS DUTY ACCEPTABLY</p> <p>4 - PERFORMS THIS DUTY IN A COMPETENT MANNER</p> <p>5 - PERFORMS THIS DUTY IN SUCH A FINE MANNER THAT HE IS A DISTINCT ASSET ON HIS JOB</p> <p>6 - PERFORMS THIS DUTY IN AN OUTSTANDING MANNER FOUND IN VERY FEW INDIVIDUALS HOLDING SIMILAR JOBS</p> <p>7 - EXCELS ANYONE I KNOW IN THE PERFORMANCE OF THIS DUTY</p>																											
SPECIFIC DUTY NO. 1	RATING NUMBER	SPECIFIC DUTY NO. 2	RATING NUMBER																								
Organizes raw data into analytic file	5	Directs field exploitation	4																								
SPECIFIC DUTY NO. 3	RATING NUMBER	SPECIFIC DUTY NO. 4	RATING NUMBER																								
Derives significant intelligence from data	5	Supervises junior analysts	4																								
SPECIFIC DUTY NO. 5	RATING NUMBER	SPECIFIC DUTY NO. 6	RATING NUMBER																								
Prepares reports on conclusions	3																										
<p>3. NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE</p> <p>DIRECTIONS: Stress strengths and weaknesses, particularly those which affect development on present job.</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>																											
<p>SECTION D: SUITABILITY FOR CURRENT JOB IN ORGANIZATION</p> <p>DIRECTIONS: Take into account here everything you know about the individual... productivity, conduct in the job, pertinent personal characteristics or habits, special defects or talents... and how he fits in with your team. Compare him with others doing similar work of about the same level.</p> <p>1 - DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED</p> <p>2 - OF DOUBTFUL SUITABILITY... WOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW</p> <p>3 - A BARELY ACCEPTABLE EMPLOYEE... BELOW AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION</p> <p>4 - OF THE SAME SUITABILITY AS MOST PEOPLE I KNOW IN THE ORGANIZATION</p> <p>5 - A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS</p> <p>6 - AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION</p> <p>7 - EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION</p>																											
<p>IS THIS INDIVIDUAL BETTER SUITED FOR WORK IN SOME OTHER POSITION IN THE ORGANIZATION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF YES, EXPLAIN FULLY.</p>																											

SECRET

SECRET

(When Filled In)

FITNESS REPORT (Part II) POTENTIAL

INSTRUCTIONS

FOR THE ADMINISTRATIVE OFFICER: Consult current instructions for completing this report.

FOR THE SUPERVISOR: This report is a privileged communication to your supervisor, and to appropriate career management and personnel officials, concerning the potential of the employee being rated. It is NOT to be shown to the rated employee. It is recommended that you read the entire report before completing any question. This report is to be completed only after the employee has been under your supervision for AT LEAST 90 DAYS. If less than 90 days, hold and complete after the 90 days has elapsed. If this is the INITIAL REPORT on the employee, however, it MUST be completed and forwarded to the CR no later than 30 days after the due date indicated in item 8 of Section "E" below.

SECTION E:

GENERAL

1. NAME (Last) (First) (Middle)	2. DATE OF BIRTH	3. SEX M	4. SERVICE DESIGNATION IR
5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT CRR		6. OFFICIAL POSITION TITLE Identification Specialist	
7. GRADE 11	8. DATE REPORT DUE IN OP 29 March 58	9. PERIOD COVERED BY THIS REPORT (Inclusive dates) 15 March 57 - 15 March 58	
10. TYPE OF REPORT (Check one)	INITIAL <input checked="" type="checkbox"/>	REASSIGNMENT-SUPERVISOR <input type="checkbox"/>	SPECIAL (Specify)
	ANNUAL <input type="checkbox"/>	REASSIGNMENT-EMPLOYEE <input type="checkbox"/>	

SECTION F:

CERTIFICATION

1. FOR THE RATER: I CERTIFY THAT THIS REPORT REPRESENTS MY BEST JUDGEMENT OF THE INDIVIDUAL BEING RATED.		
A. THIS DATE 8 April 1958	B. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR	C. SUPERVISOR'S OFFICIAL TITLE Branch Chief/EA
2. FOR THE REVIEWING OFFICIAL: I HAVE REVIEWED THIS REPORT AND NOTED ANY DIFFERENCE OF OPINION IN ATTACHED MEMO.		
A. THIS DATE 8 Apr 58	B. TYPED OR PRINTED NAME AND SIGNATURE OF OFFICIAL	C. OFFICIAL TITLE OF REVIEWING OFFICIAL Chief, St/EN/RR

SECTION G:

ESTIMATE OF POTENTIAL

1. POTENTIAL TO ASSUME GREATER RESPONSIBILITIES
DIRECTIONS: Considering others of his grade and type of assignment, rate the employee's potential to assume greater responsibilities. Think in terms of the kind of responsibility encountered at the various levels in his kind of work.

RATING NUMBER 4	1 - ALREADY ABOVE THE LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED	DATE
	2 - HAS REACHED THE HIGHEST LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED	
	3 - MAKING PROGRESS, BUT NEEDS MORE TIME BEFORE HE CAN BE TRAINED TO ASSUME GREATER RESPONSIBILITIES	
	4 - READY FOR TRAINING IN ASSUMING GREATER RESPONSIBILITIES	
	5 - WILL PROBABLY ADJUST QUICKLY TO MORE RESPONSIBLE DUTIES WITHOUT FURTHER TRAINING	
	6 - ALREADY ASSUMING MORE RESPONSIBILITIES THAN EXPECTED AT HIS PRESENT LEVEL	
	7 - AN EXCEPTIONAL PERSON WHO IS ONE OF THE FEW WHO SHOULD BE CONSIDERED FOR EARLY ASSUMPTION OF HIGHER LEVEL RESPONSIBILITIES	Reviewed by PUC

2. SUPERVISORY POTENTIAL

DIRECTIONS: Answer this question: Has this person the ability to be a supervisor? ☒ Yes ☐ No. If your answer is YES, indicate below your opinion or guess of the level of supervisory ability this person will reach AFTER SUIABLE TRAINING. Indicate your opinion by placing the number of the descriptive rating below which comes closest to expressing your opinion in the appropriate column. If your rating is based on observing him supervise, note your rating in the "actual" column. If based on opinion of his potential, note the rating in the "potential" column.

DESCRIPTIVE RATING NUMBER	0 - HAVE NO OPINION ON HIS SUPERVISORY POTENTIAL IN THIS SITUATION	1 - BELIEVE INDIVIDUAL WOULD BE AT LEAST SUPERVISOR IN THIS KIND OF SITUATION	2 - BELIEVE INDIVIDUAL WOULD BE AN ASSISTANT SUPERVISOR IN THIS KIND OF SITUATION	3 - BELIEVE INDIVIDUAL WOULD BE A JUNIOR SUPERVISOR IN THIS SITUATION
ACTUAL	POTENTIAL	DISCRIPTIVE SITUATION		
2		A GROUP USING THE BASIC JOB (such as clerks, stenographers, technicians or professional specialists of various kinds) whose contact with immediate subordinates is frequent (First line supervisors)		
	2	A GROUP OF SUPERVISORS WHO DIRECT THE BASIC JOB (Second line supervisors)		
	3	A GROUP WHO MAY OR MAY NOT BE SUPERVISORS, WHO IS RESPONSIBLE FOR WORK PLANS, ORGANIZATION AND POLICY (Executive level)		
	2	WHICH CONTACT WITH IMMEDIATE SUBORDINATES IS NOT FREQUENT		
	2	WHICH IMMEDIATE SUBORDINATES ARE SCATTERED AND NEED FREQUENT COORDINATION		
	2	WHICH IMMEDIATE SUBORDINATES INCLUDE MEMBERS OF THE STAFF OR STAFF		
		Other (Specify)		

SECRET

OFFICE OF PERSONNEL

3. INDICATE THE APPROXIMATE NUMBER OF MONTHS THE NAMED EMPLOYEE HAS BEEN UNDER YOUR SUPERVISION
30 APR 9 4 31 PM '58

4. COMMENTS CONCERNING POTENTIAL

SECTION II. FUTURE PLANS

1. TRAINING OR OTHER DEVELOPMENTAL EXPERIENCE PLANNED FOR THE INDIVIDUAL

Writing courses and additional on-the-job training, to include overseas TDY on operational assignments.

2. NOTE OTHER FACTORS, INCLUDING PERSONAL CIRCUMSTANCES, TO BE TAKEN INTO ACCOUNT IN INDIVIDUAL'S FUTURE ASSIGNMENTS

SECTION I. DESCRIPTION OF INDIVIDUAL

DIRECTIONS: This section is provided as an aid to describing the individual as you see him on the job. Interpret the words literally. On the page below are a series of statements that apply in some degree to most people. To the left of each statement is a box under the heading "category." Read each statement and insert in the box the category number which best tells how much the statement applies to the person covered by this report.

4 - HAVE NOT OBSERVED THIS; HENCE, CAN GIVE NO OPINION AS TO HOW THE DESCRIPTION APPLIES TO THE INDIVIDUAL

CATEGORY NUMBER

1 - APPLIES TO THE INDIVIDUAL TO THE LEAST POSSIBLE DEGREE

2 - APPLIES TO INDIVIDUAL TO A LIMITED DEGREE

3 - APPLIES TO INDIVIDUAL TO AN AVERAGE DEGREE

4 - APPLIES TO INDIVIDUAL TO AN ABOVE AVERAGE DEGREE

5 - APPLIES TO INDIVIDUAL TO AN OUTSTANDING DEGREE

CATEGORY	STATEMENT	CATEGORY	STATEMENT	CATEGORY	STATEMENT
3	1. POSE TO SEE ANOTHER'S POINT OF VIEW	4	11. HAS HIGH STANDARDS OF ACCOMPLISHMENT	3	21. IS EFFECTIVE IN DISCUSSIONS WITH ASSOCIATES
4	2. CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES	4	12. SHOWS ORIGINALITY	3	22. IMPLEMENTS DECISIONS REGARDLESS OF OWN FEELINGS
4	3. HAS INITIATIVE	4	13. ACCEPTS RESPONSIBILITY	3	23. IS THOUGHTFUL OF OTHERS
4	4. IS ANALYTIC IN HIS THINKING	3	14. ADMITS HIS ERRORS	4	24. KEEPS WELL UNDER PRESSURE
4	5. STRIVES CONSTANTLY FOR NEW RESEARCH AND IDEAS	4	15. RESPONDS WELL TO SUPERVISION	4	25. DISPLAYS JUDGMENT
3	6. ADDS WHEN TO SEE SUBSTANCE	2	16. DOES HIS JOB WITHOUT STRONG SUPPORT	3	26. IS SECURITY CONSCIOUS
4	7. CAN GET ALONG WITH PEOPLE	4	17. COMES UP WITH SOLUTIONS TO PROBLEMS	4	27. IS CREATIVE
4	8. HAS MEMORY FOR FACTS	4	18. IS OBSERVANT	4	28. HAS CRITICISM TO CONSTRUCTIVE
4	9. GETS THINGS DONE	4	19. THINKS CLEARLY	4	29. FACILITATES OTHERS' OPERATION OF HIS OFFICE
4	10. CAN Cope WITH EMERGENCIES	4	20. COMPLETES ASSIGNMENTS WITHIN ALLOWABLE TIME LIMITS	4	30. DOES NOT RESIGNAL STRESS AND CONTINUOUS SUPERVISORY

SECRET

TSS/PB TRAINING DIVISION EVALUATION

DARKROOM 9

BASIC PHOTOGRAPHY No. 1

NAME DIV CR BR EA DATES TRAINED: from 29 June to 17 July '70

This course is primarily designed to develop the following skills: Use of 35 mm cameras with accessories, document copy, processing and printing.

	None	Unsat	Fair	Good	Excellent	Superior
I. Manipulation of camera.						
a. Leica				X		
b. Retina II C	X					
c. Recordak				X		
II. Processing and printing.						
a. Film loading				X		
b. Film processing				X		
c. Enlarging				X		
d. Reflex and contact printing					X	
III. Use of accessory equipment.						
a. Exposure meter				X		
b. Filters	X					
c. Telephoto and wide angle lenses				X		
IV. Document copy and small objects.						
a. Available light	X					
b. Accessory illumination				X		
c. BOOWU, portra lens, focus slide				X		
V. Ground photography.						
a. Coverage						
b. Report	X					
VI. Casing.						
a. Coverage						
b. Report						
VII. Surveillance.						
a. Coverage						
b. Report						
VIII. Special problems.						
a. Coverage						
b. Report						
General quality of prints				X		
Choice of subject matter				X		
Quality of darkroom work (Cleanliness, etc.)				X		
Attitude toward subject matter				X		
Cooperation					X	

REMARKS

APPROVED
C/TSS/ID

Instructor

SECRET

SECRET

(When Filled In)

FITNESS REPORT (Part I) PERFORMANCE

INSTRUCTIONS

FOR THE ADMINISTRATIVE OFFICER: Consult current instructions for completing this report.

FOR THE SUPERVISOR: This report is designed to help you express your evaluation of your subordinate and to transmit this evaluation to your supervisor and senior officials. Organization policy requires that you inform the subordinate where he stands with you. Completion of the report can help you prepare for a discussion with him of his strengths and weaknesses. It is also organization policy that you show Part I of this report to the employee except under conditions specified in Regulation 20-370. It is recommended that you read the entire form before completing any question. If this is the initial report on the employee, it must be completed and forwarded to the Office of Personnel no later than 30 days after the date indicated in item 8 of Section A below.

SECTION A.

GENERAL

1. NAME (Last) (First) (Middle)	2. DATE OF BIRTH	3. SER	4. SERVICE DESIGNATION
		M	IR
5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT		6. OFFICIAL POSITION/TITLE	
ORR/Techniques & Methods/Analysis & Reports		Identification Specialist	
7. GRADE	8. DATE REPORT DUE IN OF	9. PERIOD COVERED BY THIS REPORT (Inclusive dates)	
GS-9	29 March 1957	15 March 1956 - 15 March 1957	
10. TYPE OF REPORT (Check one)	INITIAL	PERMANENT EMPLOYEE	SPECIAL (Specify)
	<input checked="" type="checkbox"/> ANNUAL		

SECTION B.

CERTIFICATION

1. FOR THE RATER: THIS REPORT ☒ HAS ☐ HAS NOT BEEN SHOWN TO THE INDIVIDUAL RATED. IF NOT SHOWN, EXPLAIN WHY NOT.

A. CHECK (X) APPROPRIATE STATEMENTS:

<input checked="" type="checkbox"/>	THIS REPORT REFLECTS MY OWN OPINIONS OF THIS INDIVIDUAL.	IF INDIVIDUAL IS RATED "I" IN CY OR D, A BARRING LET. FOR HAS BEEN TO HIM OR A COPY ATTACHED TO THIS REPORT.
<input type="checkbox"/>	THIS REPORT REFLECTS THE COMBINED OPINIONS OF MYSELF AND PREVIOUS SUPERVISORS.	I CANNOT CERTIFY THAT THE RATED INDIVIDUAL UNDERSTANDS HIS JOB PERFORMANCE BECAUSE (Specify):
<input checked="" type="checkbox"/>	I HAVE DISCUSSED WITH THIS EMPLOYEE HIS STRENGTHS AND WEAKNESSES SO THAT HE KNOWS WHERE HE STANDS.	

B. THIS DATE 28 March 57	C. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR	D. SUPERVISOR'S OFFICIAL TITLE Acting Branch Chief
-----------------------------	--	---

2. FOR THE REVIEWING OFFICIAL: RECORD ANY SUBSTANTIAL DIFFERENCE OF OPINION WITH THE SUPERVISOR, OR ANY OTHER INFORMATION, WHICH WILL LEAD TO A BETTER UNDERSTANDING OF THIS REPORT.

BY	DATE
Posted For	22 APR 1957
Reviewed by	54

☐ CONTINUED ON ATTACHED SHEET

I certify that any substantial difference of opinion with the supervisor is reflected in the above section.

A. THIS DATE 28 March 57	B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL	C. OFFICIAL TITLE OF REVIEWING OFFICIAL Chief, D/TAR
-----------------------------	--	---

SECTION C.

JOB PERFORMANCE EVALUATION

1. RATING ON GENERAL PERFORMANCE OF DUTIES:

DIRECTIONS: Consider ONLY the productivity and effectiveness with which the individual being rated has performed his duties during the rating period. Compare him ONLY with others doing similar work at a similar level of responsibility. Factors other than productivity will be taken into account later in Section D.

5	1. DOES NOT PERFORM DUTIES ADEQUATELY. HE IS INCOMPETENT.
	2. BARELY ADEQUATE IN PERFORMANCE. ALTHOUGH HE HAS HAD SPECIFIC GUIDANCE OR TRAINING, HE OFTEN FAILS TO CARRY OUT RESPONSIBILITIES.
	3. PERFORMS MOST OF HIS DUTIES ACCEPTABLY. OCCASIONALLY REVEALS SOME AREA OF WEAKNESS.
	4. PERFORMS DUTIES IN A COMPETENT, EFFECTIVE MANNER.
	5. A FINE PERFORMANCE. CARRIES OUT MANY OF HIS RESPONSIBILITIES EXCEPTIONALLY WELL.

COMMENTS:

SECRET

Performance

(4)

SECRET

(When Filled In)

2. RATINGS ON PERFORMANCE OF SPECIFIC DUTIES

DIRECTIONS:

- State in the spaces below up to six of the more important SPECIFIC duties performed during this rating period. Place the most important first. Do not include minor or unimportant duties.
- Rate performance on each specific duty considering ONLY effectiveness in performance of this specific duty.
- For supervisors, ability to supervise will always be rated as a specific duty (do not rate as supervisors those who supervise a secretary only).
- Compare in your mind, when possible, the individual being rated with others performing the same duty at a similar level of responsibility.
- Two individuals with the same job title may be performing different duties. If so, rate them on different duties.
- Be specific. Examples of the kind of duties that might be rated are:

ORAL BRIEFING	HAS AND USES AREA KNOWLEDGE	CONDUCTS INTERROGATIONS
GIVING LECTURES	DEVELOPS NEW PROGRAMS	PREPARES SUMMARIES
CONDUCTING SEMINARS	ANALYZES INDUSTRIAL REPORTS	TRANSLATES GERMAN
WRITING TECHNICAL REPORTS	MANAGES FILES	DEBRIEFING SOURCES
CONDUCTING EXTERNAL LIAISON	OPERATES RADIO	KEEPS BOOKS
TYPING	COORDINATES WITH OTHER OFFICES	DRIVES TRUCK
TAKING DICTATION	WRITES REGULATIONS	MAINTAINS AIR CONDITIONING
SUPERVISING	PREPARES CORRESPONDENCE	EVALUATES SIGNIFICANCE OF DATA
- For some jobs, duties may be broken down even further, if supervisor considers it advisable, e.g., combined key and phone operation, in the case of a radio operator.

DESCRIPTIVE RATING NUMBER	1 - INCOMPETENT IN THE PERFORMANCE OF THIS DUTY	8 - PERFORMS THIS DUTY IN AN OUTSTANDING MANNER FOUND IN VERY FEW INDIVIDUALS HOLDING SIMILAR JOBS
	2 - BARELY ADEQUATE IN THE PERFORMANCE OF THIS DUTY	
	3 - PERFORMS THIS DUTY ACCEPTABLY	
	4 - PERFORMS THIS DUTY IN A COMPETENT MANNER	
	5 - PERFORMS THIS DUTY IN SUCH A FINE MANNER THAT HE IS A DISTINCT ASSET ON HIS JOB	
	6 - PERFORMS THIS DUTY IN AN OUTSTANDING MANNER FOUND IN VERY FEW INDIVIDUALS HOLDING SIMILAR JOBS	
	7 - EXCELS ANYONE I KNOW IN THE PERFORMANCE OF THIS DUTY	

SPECIFIC DUTY NO. 1 Organizes raw data into analytic file.	RATING NUMBER 6	SPECIFIC DUTY NO. 4 Devises codes for mechanical processing of raw data.	RATING NUMBER 5
SPECIFIC DUTY NO. 2 Derives significant intelligence from data.	RATING NUMBER 5	SPECIFIC DUTY NO. 5 Participates in field exploitation	RATING NUMBER 5
SPECIFIC DUTY NO. 3 Drafts reports on conclusions.	RATING NUMBER 4	SPECIFIC DUTY NO. 6	RATING NUMBER

3. NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

DIRECTIONS: Stress strengths and weaknesses; particularly those which affect development on present job.

SECTION C. SUITABILITY FOR CURRENT JOB IN ORGANIZATION

DIRECTIONS: Take into account here everything you know about the individual... productivity; conduct in the job; pertinent personal characteristics or habits; special defects or talents... and how he fits in with your team. Compare him with others doing similar work of about the same level.

- DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED
- OF DOUBTFUL SUITABILITY - SHOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW
- A BARELY ACCEPTABLE EMPLOYEE - BELOW AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION
- OF THE SAME SUITABILITY AS MOST PEOPLE I KNOW IN THE ORGANIZATION
- A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS
- AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION
- EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION

5
RATING
NUMBER

IS THIS INDIVIDUAL BETTER SUITED FOR WORK IN SOME OTHER POSITION IN THE ORGANIZATION? ☐ YES ☒ NO. IF YES, EXPLAIN FULLY.

SECRET

SECRET

(When Filled In)

FITNESS REPORT (Part II) POTENTIAL

INSTRUCTIONS

FOR THE ADMINISTRATIVE OFFICER: Consult current instructions for completing this report.

FOR THE SUPERVISOR: This report is a privileged communication to your supervisor, and to appropriate career management and personnel officials concerning the potential of the employee being rated. It is NOT to be shown to the rated employee. It is recommended that you read the entire report before completing any question. This report is to be completed only after the employee has been under your supervision FOR AT LEAST 90 DAYS. If less than 90 days, hold and complete after the 90 days has elapsed. If this is the INITIAL REPORT on the employee, however, it MUST be completed and forwarded to the IS no later than 90 days after the due date indicated in item 8 of Section "F" below.

SECTION E.

GENERAL

1. NAME (Last) (First) (Middle)	2. DATE OF BIRTH	3. SER. M	4. SERVICE DESIGNATION IR
5. OFFICE/SITE/BRANCH OF PERSONNEL		6. OFFICIAL POSITION/TITLE	
OPR/Techniques & Methods/Analysis & Reports		Ident. Specialist	
7. GRADE OS-9	8. DATE REPORT DUE IN OF 25 March 1957	9. PERIOD COVERED BY THIS REPORT (Inclusive dates) 15 March 1956 - 15 March 1957	
10. TYPE OF REPORT (Check one)	INITIAL	PERIODIC SUPERVISOR	SPECIAL (Specify)
<input checked="" type="checkbox"/> INITIAL	<input type="checkbox"/> PERIODIC	<input type="checkbox"/> SPECIAL	

SECTION F.

CERTIFICATION

1. FOR THE DATED 28 March 57, I CERTIFY THAT THIS REPORT REPRESENTS MY BEST JUDGEMENT OF THE INDIVIDUAL BEING RATED.		
A. THIS DATE	B. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR	C. SUPERVISOR'S OFFICIAL TITLE
28 March 57		Acting Branch Chief
2. FOR THE DATED 28 March 57, I HAVE REVIEWED THE REPORT AND NOTED ANY DIFFERENCES, IF ANY, IN ATTACHED MEMO.		
A. THIS DATE	B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING	C. OFFICIAL TITLE OF REVIEWING OFFICIAL
28 March 57		CHIEF JLT

SECTION G.

ESTIMATE OF POTENTIAL

1. POTENTIAL TO ASSUME GREATER RESPONSIBILITIES
DIRECTIONS: Considering others of his grade and type of assignment, rate the employee's potential to assume greater responsibilities. Think in terms of the kind of responsibility encountered at the various levels in his kind of work.

6 RATING NUMBER	1 - ABOVE THE LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED	DATE 24 1957
	2 - HAS REACHED THE HIGHEST LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED	
	3 - MAKING PROGRESS, BUT NEEDS MORE EXPERIENCE BEFORE HE CAN BE TRAINED TO ASSUME GREATER RESPONSIBILITIES	
	4 - READY FOR TRAINING IN ASSUMING GREATER RESPONSIBILITIES	
	5 - WILL PROBABLY ADJUST HIMSELF TO MORE RESPONSIBILITIES WITHOUT FURTHER TRAINING	
	6 - ALREADY ASSUMING MORE RESPONSIBILITIES THAN EXPECTED AT HIS PRESENT LEVEL	
	7 - AN EXPERIENCED PERSON WHO IS ONE OF THE FEW WHO SHOULD BE CONSIDERED FOR EARLY ASSUMPTION OF HIGHER LEVEL RESPONSIBILITIES	

2. SUPERVISORY POTENTIAL

DIRECTIONS: Answer this question: Has this person the ability to be a supervisor? ☒ Yes ☐ No. If your answer is YES, indicate below your opinion as to the level of supervisory ability this person will reach AFTER SUITABLE TRAINING. Indicate your opinion by checking the number of the descriptive rating below which comes closest to expressing your opinion in the appropriate column. If your rating is based on observing him supervise, note your rating in the "actual" column. If based on opinion of his potential, note the rating in the "potential" column.

DISCREPTE RATING NUMBER	ACTUAL	POTENTIAL	DISCREPTE SITUATION
1			A SUPERVISOR WHO HAS THE ABILITY TO SUPERVISE, BUT WHOSE SUPERVISORY ABILITY IS NOT YET DEVELOPED (First line supervisor)
2			A GROUP OF SUPERVISORS WHO HAVE THE BASIC AND SECOND LINE SUPERVISORY ABILITY
3			A GROUP OF SUPERVISORS WHO HAVE THE BASIC AND SECOND LINE SUPERVISORY ABILITY, BUT WHOSE SUPERVISORY ABILITY IS NOT YET DEVELOPED
2			GROUP CONTACT WITH IMMEDIATE SUPERVISORS IS NOT FREQUENT
2			GROUP IMMEDIATE SUPERVISORS' ACTIVITIES ARE DIVERSE AND NEED CLOSE COORDINATION
2			GROUP IMMEDIATE SUPERVISORS' ACTIVITIES ARE DIVERSE AND NEED CLOSE COORDINATION
			None (Specify)

SECRET
(When Filled In)

1. INDICATE THE APPROXIMATE NUMBER OF MONTHS THE RATED EMPLOYEE HAS BEEN UNDER "SUPERVISION OF PERSONNEL"

18

2. COMMENTS CONCERNING POTENTIAL

SECTION III: FUTURE PLANS

1. TRAINING OR OTHER DEVELOPMENTAL EXPERIENCE PLANNED FOR THE INDIVIDUAL

2. NOTE OTHER FACTORS, INCLUDING PERSONAL CIRCUMSTANCES, TO BE TAKEN INTO ACCOUNT IN INDIVIDUAL'S FUTURE ASSIGNMENTS

SECTION I: DESCRIPTION OF INDIVIDUAL

DIRECTIONS: This section is provided as an aid to describing the individual as you see him on the job. Interpret the words literally. On the page below are a series of statements that apply to each degree to most people. To the left of each statement is a box under the heading "category." Read each statement and insert in the box the category number which best tells how much the statement applies to the person covered by this report.

- X - HAVE NOT OBSERVED THIS; HENCE, CAN GIVE NO OPINION AS TO HOW THE DESCRIPTION APPLIES TO THE INDIVIDUAL
- 1 - APPLIES TO THE INDIVIDUAL TO THE LEAST POSSIBLE DEGREE
- 2 - APPLIES TO INDIVIDUAL TO A LIMITED DEGREE
- 3 - APPLIES TO INDIVIDUAL TO AN AVERAGE DEGREE
- 4 - APPLIES TO INDIVIDUAL TO AN ABOVE AVERAGE DEGREE
- 5 - APPLIES TO INDIVIDUAL TO AN OUTSTANDING DEGREE

CATEGORY	STATEMENT	CATEGORY	STATEMENT	CATEGORY	STATEMENT
4	1. ABLE TO SEE ANOTHER'S POINT OF VIEW	4	11. HAS HIGH STANDARDS OF ACCOMPLISHMENT	4	21. IS EFFECTIVE IN SIGNIFYING WITH ASSOCIATES
4	2. CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES	4	12. SHOWS ORIGINALITY	4	22. IMPLEMENTS DECISIONS REGARDLESS OF OWN FEELINGS
5	3. HAS INITIATIVE	5	13. ACCEPTS RESPONSIBILITY	4	23. IS THOUGHTFUL OF OTHERS
5	4. IS ANALYTIC IN HIS THINKING	4	14. ADMITS HIS ERRORS	2	24. MOVES WELL UNDER PRESSURE
4	5. STRIVES CONSTANTLY FOR NEW KNOWLEDGE AND IDEAS	4	15. RESPONDS WELL TO SUPERVISION	4	25. DISPLAYS JUDGMENT
4	6. KNOWS WHEN TO SEEK ASSISTANCE	5	16. DOES HIS JOB WITHOUT STRONG SUPPORT	4	26. IS SECURITY CONSCIOUS
4	7. CAN GET ALONG WITH PEOPLE	4	17. COMES UP WITH SOLUTIONS TO PROBLEMS	5	27. IS VERSATILE
4	8. HAS MEMORY FOR FACTS	4	18. IS OBSERVANT	2	28. HIS CRITICISM IS CONSTRUCTIVE
5	9. GETS THINGS DONE	4	19. THINKS CLEARLY	4	29. FACILITATES SMOOTH OPERATION OF HIS OFFICE
	10. CAN Cope WITH EMERGENCIES	5	20. COMPLETES ASSIGNMENTS WITHIN ALLOWABLE TIME LIMITS		30. DOES NOT REQUIRE A PLEthora AND CONTINUOUS SUPERVISION

SECRET

21
SECRET

(When Filled In)

FITNESS REPORT (Part I) PERFORMANCE

INSTRUCTIONS

FOR THE ADMINISTRATIVE OFFICER: Consult current instructions for completing this report.
FOR THE SUPERVISOR: This report is designed to help you express your evaluation of your subordinate and to transmit this evaluation to your supervisor and senior officials. Organization policy requires that you inform the subordinate where he stands with you. Completion of the report can help you prepare for a discussion with him of his strengths and weaknesses. It is also organization policy that you show Part I of this report to the employee except under conditions specified in Regulation 20-370. It is recommended that you read the entire form before completing any section. If this is the initial report on the employee, it must be completed and forwarded to the Office of Personnel no later than 30 days after the date indicated in Item B. of Section A. below.

SECTION A.

GENERAL

1. NAME (Last) (Middle)	2. DATE OF BIRTH	3. SEX M	4. SERVICE DESIGNATION SD/IR
5. OFFICE/DIV OPR, Techniques & Methods Div., Analysis & Reports Br.	6. OFFICIAL POSITION TITLE Identification Specialist		
7. GRADE GS-7	8. DATE REPORT DUE IN OF 6 April 1956	9. PERIOD COVERED BY THIS REPORT (Inclusive dates) 15 June 1955 - 15 March 1956	
10. TYPE OF REPORT (Check one)	11. SPECIAL (Specify)		
<input checked="" type="checkbox"/> INITIAL	<input type="checkbox"/> REASSIGNMENT SUPERVISOR		
<input type="checkbox"/> ANNUAL	<input type="checkbox"/> REASSIGNMENT EMPLOYEE		

SECTION B.

CERTIFICATION

1. FOR THE RATER: THIS REPORT ☒ HAS ☐ HAS NOT BEEN SHOWN TO THE INDIVIDUAL RATED. IF NOT SHOWN, EXPLAIN WHY.
NOT

A. CHECK (X) APPROPRIATE STATEMENTS:

<input checked="" type="checkbox"/> THIS REPORT REFLECTS MY OWN OPINIONS OF THIS INDIVIDUAL.	IF INDIVIDUAL IS RATED "I" IN C1 OR D, A WARNING LETTER HAS BEEN SENT TO HIM & A COPY ATTACHED TO THIS REPORT.
<input type="checkbox"/> THIS REPORT REFLECTS THE COMBINED OPINIONS OF MYSELF AND PREVIOUS SUPERVISORS.	I CANNOT CERTIFY THAT THE RATED INDIVIDUAL KNOWS HOW TO EVALUATE HIS JOB PERFORMANCE BECAUSE (Specify):
<input type="checkbox"/> I HAVE DISCUSSED WITH THIS EMPLOYEE HIS STRENGTHS AND WEAKNESSES SO THAT HE KNOWS WHERE HE STANDS.	

2. THIS DATE
9 April 1956

3. TYPED OR PRINTED NAME AND SIGNATURE

SUPERVISOR'S OFFICIAL TITLE

4. FOR THE REVIEWING OFFICIAL

HEF, T/AR

5. NO DIFFERENCE OF OPINION WITH THE SUPERVISOR, OR ANY OTHER INFORMATION, WHICH WILL LEAD TO A BETTER UNDERSTANDING OF THIS REPORT.

No difference of opinion. Concur in evaluation of [] as one of the better young men I've seen.

BY
Posted Pos. Control 7-P.
Reviewed by PUD 4-25
DATE
20 APR 1956

I certify that any substantial difference of opinion with the supervisor is reflected in the above section.

6. THIS DATE
9 April 56

7. TYPED OR PRINTED NAME AND SIGNATURE

8. OFFICIAL TITLE OF REVIEWING OFFICIAL

SECTION C.

1. RATING ON GENERAL PERFORMANCE OF DUTIES

INSTRUCTIONS: Consider ONLY the productivity and effectiveness with which the individual being rated has performed his duties during the rating period. Compare him ONLY with others doing similar work at a similar level of responsibility. Factors other than productivity will be taken into account later in Section D.

- | | |
|---|---|
| 5 | 1. DOES NOT PERFORM DUTIES ADEQUATELY; HE IS INCOMPETENT. |
| | 2. BARELY ADEQUATE IN PERFORMANCE; ALTHOUGH HE HAS HAD SPECIFIC GUIDANCE OR TRAINING, HE OFTEN FAILS TO CARRY OUT RESPONSIBILITIES. |
| | 3. PERFORMS MOST OF HIS DUTIES ACCEPTABLY; OCCASIONALLY REVEALS SOME AREA OF WEAKNESS. |
| | 4. PERFORMS DUTIES IN A COMPETENT, EFFECTIVE MANNER. |
| | 5. A FINE PERFORMANCE; CARRIES OUT MANY OF HIS RESPONSIBILITIES EXCEPTIONALLY WELL. |

6. PERFORMS HIS DUTIES IN SUCH AN OUTSTANDING MANNER THAT HE IS EQUALLED BY FEW OTHER PERSONS KNOWN TO THE SUPERVISOR.

COMMENTS:

1. Employment should be continued beyond the probationary period.
2. [] performance on the job was substantially superior to indications from the BUC evaluation.

SECRET

Performance

SECRET

(When Filled In)

2. RATINGS ON PERFORMANCE OF SPECIFIC DUTIES

DIRECTIONS:

- State in the spaces below up to six of the more important SPECIFIC duties performed during this rating period. Place the most important first. Do not include minor or unimportant duties.
- Rate performance on each specific duty considering ONLY effectiveness in performance of this SPECIFIC duty.
- For supervisors, ability to supervise will always be rated as a specific duty (do not rate as supervisors those who supervise a secretary only).
- Compare in your mind, when possible, the individual being rated with other individuals performing the same duty at a similar level of responsibility.
- Two individuals with the same job title may be performing different duties. If so, rate as different duties.
- Be specific. Examples of the kind of duties that might be rated are:

ORAL BRIEFING	HAS AND USES AREA KNOWLEDGE	CONTACTS INTERROGATIONS
GIVING LECTURES	DEVELOPS NEW PROGRAMS	PREPARES BUDGETS
CONDUCTING SEMINARS	ANALYZES INDUSTRIAL REPORTS	TRANSLATES GERMAN
WRITING TECHNICAL REPORTS	MANAGES FILES	DEBRIEFING SOURCES
CONDUCTING EXTERNAL LIAISON	OPERATES RADIO	KEEPS BOOKS
TYPIST	COORDINATES WITH OTHER OFFICES	DRIVES TRUCK
TAKING DICTATION	WRITES REGULATIONS	MAINTAINS AIR CONDITIONING
SUPERVISING	PREPARES CORRESPONDENCE	EVALUATES SIGNIFICANCE OF DATA
- For some jobs, duties may be broken down even further if supervisor considers it advisable: e.g., combined key and phone operation, in the case of a radio operator.

- | | | |
|---------------------------------|---|--|
| DESCRIPTIVE
RATING
NUMBER | 1 - INCOMPETENT IN THE PERFORMANCE OF THIS DUTY | 6 - PERFORMS THIS DUTY IN AN OUTSTANDING MANNER FOUND IN VERY FEW INDIVIDUALS HOLDING SIMILAR JOBS |
| | 2 - BARELY ADEQUATE IN THE PERFORMANCE OF THIS DUTY | 7 - EXCELS ANYONE I KNOW IN THE PERFORMANCE OF THIS DUTY |
| | 3 - PERFORMS THIS DUTY ACCEPTABLY | |
| | 4 - PERFORMS THIS DUTY IN A COMPETENT MANNER | |
| | 5 - PERFORMS THIS DUTY IN SUCH A FINE MANNER THAT HE IS A DISTINCT ASSET ON HIS JOB | |

SPECIFIC DUTY NO. 1 Organize raw data into analytic file	RATING NUMBER 6	SPECIFIC DUTY NO. 4 Participate in field exploitation	RATING NUMBER 4
SPECIFIC DUTY NO. 2 Derive significant intelligence from data	RATING NUMBER 6	SPECIFIC DUTY NO. 5	RATING NUMBER
SPECIFIC DUTY NO. 3 Draft reports on conclusions	RATING NUMBER 5	SPECIFIC DUTY NO. 6	RATING NUMBER

3. NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

DIRECTIONS:

State in the space below a narrative description of the manner of job performance.

SECTION D. SUITABILITY FOR CURRENT JOB IN ORGANIZATION

DIRECTIONS: Take into account here everything you know about the individual... productivity, conduct in the job, pertinent personal characteristics or habits, special defects or talents... and how he fits in with your team. Compare him with others doing similar work of about the same level.

- DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED
- OF DOUBTFUL SUITABILITY - WOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW
- A BARELY ACCEPTABLE EMPLOYEE - BEYOND AVERAGE BUT WITH NO BRIGHTNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION
- OF THE SAME SUITABILITY AS MOST PEOPLE I KNOW IN THE ORGANIZATION
- A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS
- AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION
- EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION

IS THIS INDIVIDUAL BETTER SUITED FOR WORK IN SOME OTHER POSITION IN THE ORGANIZATION? ☐ NO ☒ YES

EXPLAIN FULLY:

SECRET

SECRET

(When Filled In)

FITNESS REPORT- (Part II) POTENTIAL

INSTRUCTIONS

FOR THE ADMINISTRATIVE OFFICER: Consult current instructions for completing this report.

FOR THE SUPERVISOR: This report is a privileged communication to your supervisor, and to appropriate career management and personnel officials concerning the potential of the employee being rated. It is NOT to be shown to the rated employee. It is recommended that you read the entire report before completing any question. This report is to be completed only after the employee has been under your supervision NINE AT LEAST 90 DAYS. If less than 90 days, hold and complete after the 90 days has elapsed. If this is the INITIAL REPORT on the employee, however, it MUST be completed and forwarded to the CE no later than 30 days after the due date indicated in item 8 of Section "E" below.

SECTION E.

GENERAL

1. NAME (Last) (First) (Middle)	2. DATE OF BIRTH	3. SEX	4. SERVICE DESIGNATION
		M	SD/IR
5. OFFICE/DIVISION BRANCH OF ASSIGNMENT		6. OFFICIAL POSITION TITLE	
OR, Techniques and Methods Div., Analysis & Reports Br., Identification Specialist			
7. GRADE	8. DATE REPORT DUE IN OF	9. PERIOD COVERED BY THIS REPORT (Inclusive dates)	
GS-7	6 April 1956	15 June 1955 - 15 March 1956	
10. TYPE OF REPORT (Check one)	11. SPECIAL (Specify)		
<input checked="" type="checkbox"/> INITIAL			
<input type="checkbox"/> ANNUAL			
<input type="checkbox"/> REASSIGNMENT-SUPERVISOR			
<input type="checkbox"/> REASSIGNMENT-EMPLOYEE			

SECTION F.

CERTIFICATION

1. FOR THE RATER: I CERTIFY THAT THIS REPORT REPRESENTS MY BEST JUDGEMENT OF THE INDIVIDUAL BEING RATED.		
A. THIS DATE	B. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR	C. SUPERVISOR'S OFFICIAL TITLE
9 April 1956		CHIEF, T/AR
2. FOR THE REVIEWING OFFICIAL: I HAVE REVIEWED THIS REPORT AND VOTED MY OPINION OF OPINION IN ATTACHED MEMO.		
A. THIS DATE	B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL	C. OFFICIAL TITLE OF REVIEWING OFFICIAL
9 Apr 56		CHIEF, D/T

SECTION G.

ESTIMATE OF POTENTIAL

1. POTENTIAL TO ASSUME GREATER RESPONSIBILITIES
DIRECTIONS: Considering others of his grade and type of assignment, rate the employee's potential to assume greater responsibilities. Think in terms of the kind of responsibility encountered at the various levels in his kind of work.

1. ALREADY ABOVE THE LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED	
2. HAS REACHED THE HIGHEST LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED	
3. MAKING PROGRESS, BUT NEEDS MORE TIME BEFORE HE CAN BE TRAINED TO ASSUME GREATER RESPONSIBILITIES	
4. READY FOR TRAINING IN ASSUMING GREATER RESPONSIBILITIES	
5. WILL PROBABLY ADJUST QUICKLY TO MORE RESPONSIBLE DUTIES WITHOUT FURTHER TRAINING	
6. ALREADY ASSUMING MORE RESPONSIBILITIES THAN EXPECTED AT HIS PRESENT LEVEL	
7. AN EXCEPTIONAL PERSON WHO IS ONE OF THE FEW WHO SHOULD BE CONSIDERED FOR EARLY ASSUMPTION OF HIGHER LEVEL RESPONSIBILITIES	

2. SUPERVISORY POTENTIAL

DIRECTIONS: Answer this question: Has this person the ability to be a supervisor? ☒ Yes ☐ No If your answer is YES, indicate below your opinion or guess of the level of supervisory ability this person will reach AFTER SUITABLE TRAINING. Indicate your opinion by placing the number of the descriptive rating below which comes closest to expressing your opinion in the appropriate column. If your rating is based on observing him supervise, note your rating in the "actual" column. If based on opinion of his potential, note the rating in the "potential" column.

DESCRIPTIVE RATING NUMBER	1. HAVE AN OPINION ON HIS SUPERVISORY POTENTIAL IN THIS SITUATION	
1	BELIEVE INDIVIDUAL WOULD BE A BEST SUPERVISOR IN THIS KIND OF SITUATION	
2	BELIEVE INDIVIDUAL WOULD BE AN AVERAGE SUPERVISOR IN THIS KIND OF SITUATION	
3	BELIEVE INDIVIDUAL WOULD BE A STRONG SUPERVISOR IN THIS SITUATION	
ACTUAL	POTENTIAL	DESCRIPTIVE SITUATION
3		A GROUP DOING THE BASIC JOB (truck drivers, stenographers, technicians or professional specialists of various kinds) whose contact with immediate subordinates is frequent (First line supervisors)
	2	A GROUP OF SUPERVISORS WHO DIRECT THE BASIC JOB (Second line supervisors)
	0	A GROUP WHO MAY OR MAY NOT BE SUPERVISORS, WHICH IS RESPONSIBLE FOR MAJOR PLANS, ORGANIZATION, AND POLICY (Executive level)
	2	WHEN CONTACT WITH IMMEDIATE SUBORDINATES IS NOT FREQUENT
	2	WHEN IMMEDIATE SUBORDINATE ACTIVITIES ARE DIVERSE AND NEED CAREFUL COORDINATION
	2	WHEN IMMEDIATE SUBORDINATES INCLUDE MEMBERS OF THE OPPOSITE SEX
		OTHER (Specify)

SECRET

(When Filled In)

1. INDICATE THE APPROXIMATE NUMBER OF MONTHS THE RATED SUBJECT HAS BEEN UNDER YOUR SUPERVISION		SIX		OFFICE OF PERSONNEL	
2. COMMENTS CONCERNING POTENTIAL					
3. COMMENTS CONCERNING POTENTIAL					
SECTION II. FUTURE PLANS					
1. TRAINING OR OTHER DEVELOPMENTAL EXPERIENCE PLANNED FOR THE INDIVIDUAL					
2. NOTE OTHER FACTORS, INCLUDING PERSONAL CIRCUMSTANCES, TO BE TAKEN INTO ACCOUNT IN INDIVIDUAL'S FUTURE ASSIGNMENT					
SECTION I. DESCRIPTION OF INDIVIDUAL					
<p>DIRECTIONS: This section is provided as an aid to describing the individual as you see him on the job. Interpret the words literally. On the page below are a series of statements that apply in some degree to most people. To the left of each statement is a box under the heading "category." Read each statement and insert in the box the category number which best tells how much the statement applies to the person covered by this report.</p> <p>X - HAVE NOT OBSERVED THIS; HENCE CAN GIVE NO OPINION AS TO HOW THE DESCRIPTION APPLIES TO THE INDIVIDUAL</p> <p>1 - APPLIES TO THE INDIVIDUAL TO THE LEAST POSSIBLE DEGREE</p> <p>2 - APPLIES TO INDIVIDUAL TO A LIMITED DEGREE</p> <p>3 - APPLIES TO INDIVIDUAL TO AN AVERAGE DEGREE</p> <p>4 - APPLIES TO INDIVIDUAL TO AN ABOVE AVERAGE DEGREE</p> <p>5 - APPLIES TO INDIVIDUAL TO AN OUTSTANDING DEGREE</p>					
CATEGORY	STATEMENT	CATEGORY	STATEMENT	CATEGORY	STATEMENT
4	1. ABLE TO SEE ANOTHER'S POINT OF VIEW	4	11. HAS HIGH STANDARDS OF ACCOMPLISHMENT	4	21. IS EFFICIENT IN DISCUSSIONS WITH ASSOCIATES
4	2. CAN MAKE DECISIONS OR CAN GET HELP WHEN AID IS NEEDED	4	12. SHOWS ORIGINABILITY	4	22. IMPLEMENTS DECISIONS REGARDLESS OF OWN FEELINGS
5	3. HAS INITIATIVE	5	13. ACCEPTS RESPONSIBILITY	4	23. IS THOUGHTFUL OF OTHERS
5	4. IS ANALYTIC IN HIS THINKING	4	14. ADMITS HIS ERRORS	X	24. WORKS WELL UNDER PRESSURE
5	5. STRIVES CONSTANTLY FOR NEW KNOWLEDGE AND SKILL	4	15. RESPONDS WELL TO SUPERVISION	4	25. DISPLAYS JUDGMENT
4	6. KNOWS WHEN TO ASK ASSISTANCE	5	16. DOES HIS JOB WITHOUT STRESS OR STRAIN	4	26. IS SECURITY CONSCIOUS
4	7. CAN GET ALONG WITH PEOPLE	4	17. COMES UP WITH SOLUTIONS TO PROBLEMS	5	27. IS VERSATILE
4	8. HAS MINDSET FOR FACTS	4	18. IS OBSERVANT	4	28. HIS CRITICISM IS CONSTRUCTIVE
5	9. DOES THINGS DONE	4	19. THINKS CLEARLY	5	29. FACILITATES SMOOTH OPERATION OF HIS OFFICE
X	10. CAN COPE WITH EMERGENCIES	4	20. COMPLETES ASSIGNMENTS WITHIN ALLOWABLE TIME LIMITS	4	30. DOES NOT REQUIRE STRESS AND CONTINUOUS SUPERVISION

SECRET

SECRET

TRAINING EVALUATION

INTEL. PRINCIPLES AND METHODS EOL 8

SECTION I: IDENTIFYING INFORMATION			
NAME [REDACTED]	SEX M	DATES OF COURSE 26 Sept. - 21 Oct.	NO. OF STUDENTS 11
DATE OF BIRTH [REDACTED]	EXP. DATE 15 June 1955	GRADE OR RANK OS-7	SECTOR OSR

PROJECTED ASSIGNMENT OR FUTURE POSITION
Identification Specialist

- SECTION II: OBJECTIVES OF THE COURSE
1. To introduce students to the skills and methods involved in the processing of intelligence materials;
 2. To provide practice in the oral and written presentation of intelligence for a variety of purposes.

SECTION III: SPECIFIC CHARACTERISTICS OF THE COURSE

Intelligence Principles and Methods is a four weeks (100 hours) extension of Basic Orientation Course for personnel who are or will be engaged in the production of intelligence. Emphasis is on "learning by doing", through the medium of a series of integrated written exercises which require processing of actual intelligence documents. Exercise is also gained in the oral presentation of intelligence through a series of briefings before the class. Each student is assigned a special research problem for which approximately 40 hours are allotted in the course schedule. The results are presented to fellow-students and instructors in an oral briefing at the close of the course. The student also prepares an annotated bibliography, and writes a critical review of one of his chief sources.

SECTION IV: HOW THE STUDENTS ARE EVALUATED

Written exercises are graded independently by at least two members of the instructional staff on the basis of how well the student has fulfilled the requirements of selectivity, organization, accuracy, to original, brevity and clarity of style. Grades for each type of written exercise are defined in Section V. Oral briefings are evaluated by both instructors and fellow students through the use of written critique sheets and oral observations following each presentation. A composite grade is given for the oral briefings. In the evaluation of the research problem the grade awarded reflects intelligence focus, exploitation of sources, and general effectiveness of written and oral presentation. The grades are defined as follows:

SUPERIOR: The student demonstrated outstanding ability in processing intelligence; met all objectives; demonstrated thorough knowledge of the material presented; and, if applicable, no demonstrated lack of interest or effort in the training area.

EXCELLENT: The student showed unusual competence, skill or ability in meeting this objective or goal; he demonstrated a thorough grasp of the presented material, or, if skills are involved, he demonstrated that he can perform in an extremely effective manner in this area.

SATISFACTORY: The student met this objective in a competent and adequate manner; he demonstrated a good understanding and grasp of the information presented, or, if skills are involved, he demonstrated sufficient competence to operate effectively in this area.

FOOR: Although the student may have met some of the standards set for minimum achievement of this course goal or objective, he demonstrated serious gaps in knowledge or sufficient lack of skill to be of doubtful competence.

FAILURE: The student was unable to grasp the concepts of information presented, or demonstrated that he had not acquired the necessary information and skills to operate at even minimum capacity in this area.

Figures show grade distribution. The asterisk indicates grade this student received.

SUBJECT	FAIL	POOR	SAT	EXC	SUP
1. Exercise -- Interview Reporting	0	0	6*	7	1
2. Exercise -- Brief Daily Intell. Item	0	0	7	6*	1
3. Exercise -- Periodical Intell. Item	0	0	5*	9	0
4. Critical Book Review	0	0	4	7*	3
5. Research Problem	0	0	6*	7	1
6. Skill in Oral Briefing	0	0	6*	8	0

In terms of all factors observed during the course and taking into account this student's experience in the Agency, grade, and general area of work, an "X" in one of the boxes shows the judgment of the instructional staff of his performance.

Fail	Poor	Minus	Satisfactory	Plus	Excellent	Superior
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>

COMMENTS:

FOR THE DIRECTOR OF TRAINING:

Chief Instructor

- 3 -

SECTION VII: INSTRUCTORS' COMMENTS

cc. especially on habits, characteris-

Fail	Poor	Minus	Satisfactory	Plus	Excellent	Superior
------	------	-------	--------------	------	-----------	----------

0 0000 000000000000 0000 0

Training Officer

S-S-C-R-E-T

SECRET

W/7-1

READING ANALYSIS PROGRAM

8

OBJECTIVE ORIGIN

1. To determine employee's proficiency level in scanning, extensive and intensive reading tasks.
2. To determine employee's degree of reading versatility. Versatility is defined as the ability to apply the several reading skills appropriately to various reading situations.
3. To ascertain the probable gain which would accrue from further training in reading skills.
4. To inform each employee concerning his relative reading proficiency in scanning, extensive and intensive reading and his versatility.

TEST DESCRIPTION

READING COMPREHENSION TESTS: Measures speed and accuracy of basic comprehension skills. Complete and objective understanding, analysis, and interpretation are required in this test.

EXTENSIVE READING TESTS: Measure the degree of proficiency in informational, or general reading.

INTENSIVE READING TESTS: Measure reading proficiency in acquiring basic knowledge of new subjects.

SCANNING TESTS: Measure proficiency in the organization and location of specific information, main ideas, and questions.

ANALYSIS OF READING PERFORMANCE

	Poor	Fair	Ext.	Exo.	Sup.
1. Basic Comprehension Skills			X		
2. Extensive Techniques			X		
3. Intensive Techniques		X			
4. Scanning Techniques:					
Specific Information			X		
Main Ideas			X		
Questions			X	X	
Organization			X		
5. Versatility			X		

COMMENTS AND RECOMMENDATIONS:

FOR THE DIRECTOR OF TRAINING

Chief Instructor

SECRET

SECRET

TRAINING EVALUATION -- BASIC ORIENTATION					COURSE NO. 21	
SECTION I IDENTIFYING INFORMATION						
NAME <input type="text"/>		SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE		DATE OF COURSE 6 - 23 September 1955		NO. OF STUDENTS 126
DATE OF BIRTH <input type="text"/>		EOD DATE June '55		GRADE OR RANK GS-7		OFFICE VR
PROJECTED ASSIGNMENT OR PRESENT POSITION Identification Specialist						
SECTION II CHARACTERISTICS OF THE COURSE						
Material in this course is presented primarily by lecture and exhibit; several seminars and discussions are also held. The rating on Introduction to Intelligence is determined by the results of one multiple choice test, based on lecture material; the rating on Communism and the USSR is determined by one multiple choice test covering the lecture and readings.						
SECTION III OBJECTIVES						
<p>A. The Basic Orientation Course is designed to provide the student with information in the following areas:</p> <ol style="list-style-type: none"> 1. <u>Introduction to Intelligence</u> <ol style="list-style-type: none"> a. Organization for national security, with emphasis on the intelligence community and the organization and mission of CIA as it fits into the whole national security effort. b. The principles and methods of intelligence, emphasizing the substantive components of CIA, considering the types of information, and the collecting, processing, and disseminating functions. c. An introduction to clandestine activity, with emphasis on the functions of the clandestine services. 2. <u>Communism and the USSR</u> <p>This deals with Marxist theory, the history of Socialism and Communism, Communist activities outside the USSR, history and geography of Russia, political structure of the USSR, Soviet foreign policy, and potentialities and vulnerabilities of the USSR.</p> <p>B. Throughout the three weeks of the course discussions and conferences deal with the American Thesis.</p>						
SECTION IV STUDENT ACHIEVEMENT RATINGS						
The numbers placed in the columns below show how many students received each rating. An asterisk (*) shows the rating this student received.						
SUBJECT	HOURS	RATING				
		FAIL	POOR	SATISFACTORY	EXCELLENT	SUPERIOR
INTRODUCTION TO INTELLIGENCE	64	4	9	30	45 *	32
COMMUNISM AND THE USSR	56	2	14	40*	37	29
SECTION V COMMENTS						
INDICATE ANY STRONG AND WEAK POINTS OF THE STUDENT, OR ANYTHING THAT MAY HAVE INFLUENCED HIS PERFORMANCE IN THE COURSE						
CONTINUE COMMENTS ON REVERSE SIDE <input type="checkbox"/> OVER						
FOR THE DIRECTOR OF TRAINING:				SIGNATURE <input type="text"/>		

SECRET

COVER CONTROL OF RETIREMENT PROCESSING										FILE	
TO: Retirement Operations Branch Office of Personnel										DATE	
RETIREE					CATEGORY OF EMPLOYMENT						
On the basis of a review of the records the following action is to be taken on processing retirement documentation for the person named above.											
TYPE RETIREMENT			CIVIL SERVICE			CIARDS			DATE		
COVER			OVERT ROUTINE			COVERT (OFFICIAL COVER) LOCK-UP			COVERT (NOC) SPECIAL		
CORRESPONDENCE			OVERT			COVERT			THRU CCS		
FINANCES											
ANNUITY PAYMENTS SHOULD BE						U.S. GOV'T. CHECK			OTHER (Payment instructions follow)		
TAX DOCUMENTATION SHOULD BE						CIA			CSC		
REQUEST TRANSFER OF FUNDS FROM CIVIL SERVICE COMMISSION						YES			NO		
INSURANCE											
FEGLI			OVERT			COVERT			MAINTAIN RECORDS INTERNALLY ONLY		
TYPE OF HOSPITALIZATION CARD:											
AUTHORIZATION TO CONVERT INSURANCE						YES			CONVERSION MUST BE APPROVED BY CCS		
RESERVE											
MEMBER OF CIVILIAN RESERVE						YES			NO		
						OVERT			COVERT		
REMARKS											
<p>CHIEF, COVER SUPPORT BRANCH COVER & COMMERCIAL STAFF</p> <p>THIS SECTION TO BE COMPLETED BY OFFICE OF SECURITY</p> <p>NO SECURITY OBJECTIONS TO ABOVE.</p> <p>OTHER INSTRUCTIONS AS FOLLOWS:</p>											
CHIEF, EMPLOYEE ACTIVITY BRANCH, OFFICE OF SECURITY											

FORM 3429 USE PREVIOUS EDITIONS

SECRET

E-2 IMPDET CL BY: 007622

(4-0-13)

7 - OFF. PERS. FILE ROOM

DESIGNATION OF BENEFICIARY
FEDERAL EMPLOYEES GROUP LIFE
INSURANCE PROGRAM

IMPORTANT
Read instructions
on back of duplicate
before filling in this form

INFORMATION CONCERNING THE INSURED:

NAME (Last) (First) (Middle) DATE OF BIRTH (Month, day, year)

PLACE AN "X" IN THE APPROPRIATE BOX BELOW TO SHOW WHETHER YOU ARE:

☐ AN EMPLOYEE ☐ RETIRED OR AN APPLICANT FOR RETIREMENT ☐ RECEIVING FEDERAL EMPLOYEES' COMPENSATION BENEFITS OR AN APPLICANT FOR SUCH BENEFITS

IF YOU ARE RETIRED OR RECEIVING FEDERAL EMPLOYEES' COMPENSATION BENEFITS, GIVE YOUR "CSA," "CSL," "A," or "X" NUMBER

(CSA, CSL, A, or X number)

DEPARTMENT OR AGENCY IN WHICH PRESENTLY EMPLOYED (If retired, former department or agency):

(Department or agency) (Bureau) (Division) (Location—City, State, and ZIP Code)

I, the individual identified above, canceling any and all previous Designations of Beneficiary under the Federal Employees Group Life Insurance Program heretofore made by me, do now designate the beneficiary or beneficiaries named below to receive any amount of LIFE INSURANCE and ACCIDENTAL DEATH INSURANCE due and payable at my death. I understand that this Designation of Beneficiary will remain in full force and effect, with respect to any amount payable, unless or until canceled by me in writing, or until such time as it is automatically canceled (see regulation "f" on reverse side of duplicate copy).

INFORMATION CONCERNING THE BENEFICIARY OR BENEFICIARIES (SEE EXAMPLES OF DESIGNATIONS):

Type or print first name, middle initial, and last name of each beneficiary	Type or print address (including ZIP Code) of each beneficiary	Relationship	Share to be paid to each beneficiary
		Daughter	50%
		Son	50%

For each type of insurance (regular and optional): (1) I hereby direct, unless otherwise indicated above, that if more than one beneficiary is named, the share of any beneficiary who may predecease me shall be distributed equally among the surviving beneficiaries, or entirely to the survivor. (2) I understand that this Designation of Beneficiary shall be void if none of the designated beneficiaries is living at the time of my death.

I hereby specifically reserve the right to cancel or change this designation at any time without knowledge or consent of the beneficiary.

(Date of execution—month, day, year)

(Signature of insured)

WITNESSES TO SIGNATURE (A witness is ineligible to receive payment as a beneficiary):

PRINT OR TYPE NAME AND ADDRESS (including ZIP Code) OF INSURED:

THIS SPACE RESERVED FOR RECEIVING AGENCY

JUL 9 10 00 AM '74

PERSONAL AFFAIRS

(Indicate date and by whom received)

SEE REVERSE SIDE OF DUPLICATE COPY FOR INSTRUCTIONS ON WHERE TO FILE THESE FORMS.
DO NOT FILE WITH THE OFFICE OF FEDERAL EMPLOYEES' GROUP LIFE INSURANCE.

IMPORTANT.—The filing of this form will completely cancel any Designation of Beneficiary under the Federal Employees Group Life Insurance Program you may have previously filed. Be sure to name in this form all persons you wish to designate as beneficiaries of any insurance payable under that program at your death.

EXAMPLES OF DESIGNATIONS

1. How To DESIGNATE ONE BENEFICIARY

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary (including ZIP Code)	Relationship	Share to be paid to each beneficiary
Mary E. Brown*	214 Central Avenue Muncie, Ind. 47303	Niece	All

2. How To DESIGNATE MORE THAN ONE BENEFICIARY

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary (including ZIP Code)	Relationship	Share to be paid to each beneficiary
Alice M. Long	503 Canal Street Red Bank, N.J. 07701	Aunt	25%
Joseph P. Brady	360 William Street Red Bank, N.J. 07701	Nephew	25%
Catherine L. Rowe	792 Broadway Whiting, Ind. 46394	Mother	50%

3. How To DESIGNATE A CONTINGENT BENEFICIARY

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary (including ZIP Code)	Relationship	Share to be paid to each beneficiary
John M. Parrish, if living	810 West 130th Street New York, N.Y. 10033	Father	All
Otherwise to: Susan A. Parrish	810 West 130th Street New York, N.Y. 10033	Sister	All

4. How To DESIGNATE DIFFERENT BENEFICIARIES FOR REGULAR AND OPTIONAL INSURANCE**

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary (including ZIP Code)	Relationship	Share to be paid to each beneficiary
John D. Jones	124 Elm Street Dayton, Ohio 45420	Son	All Regular Insurance
Jane M. Smith	421 Spring Avenue Portland, Maine 04101	Niece	All Optional Insurance

5. How To CANCEL A DESIGNATION OF BENEFICIARY AND EFFECT PAYMENT UNDER ORDER OF PRECEDENCE (see back of duplicate)

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary (including ZIP Code)	Relationship	Share to be paid to each beneficiary
Cancel prior designations			

*Do not write name as M. E. Brown or as Mrs. John H. Brown. If you want to designate your estate as beneficiary, enter "My estate" in the beneficiary column.
 **Be sure that the shares to be paid to the beneficiaries add up to 100 percent.
 ***If you have designated a beneficiary for regular or optional insurance, payment for that type of insurance will be made in order of precedence as shown on the back of duplicate.

SECRET

**ELECTION, DECLINATION, OR WAIVER
OF LIFE INSURANCE COVERAGE**
FEDERAL EMPLOYEES GROUP LIFE INSURANCE PROGRAM

**IMPORTANT
AGENCY INSTRUCTIONS
ON BACK OF ORIGINAL**

TO COMPLETE THIS FORM—

1

FOLLOW THESE GENERAL INSTRUCTIONS:

- Read the back of the "Duplicate," carefully before you fill in the form.
- Fill in BOTH COPIES of the form. Type or use ink.
- Do not detach any part.

2

FILL IN THE IDENTIFYING INFORMATION BELOW (please print or type):

NAME (Last)	(First)	(Middle)	DATE OF BIRTH (month, day, year)	SOCIAL SECURITY NUMBER*
EMPLOYING DEPARTMENT OR AGENCY			LOCATION (City, State, ZIP Code)	

3

MARK AN "X" IN ONE OF THE BOXES BELOW (do NOT mark more than one):

Mark here
if you
WANT BOTH
optional and
regular
insurance

☐
(A)

ELECTION OF OPTIONAL (IN ADDITION TO REGULAR) INSURANCE

I elect the \$10,000 additional optional insurance and authorize the required deductions from my salary, compensation, or annuity to pay the full cost of the optional insurance. This optional insurance is in addition to my regular insurance.

Mark here
if you
DO NOT WANT
OPTIONAL but
do want
regular
insurance

☒
(B)

DECLINATION OF OPTIONAL (BUT NOT REGULAR) INSURANCE

I decline the \$10,000 additional optional insurance. I understand that I cannot elect optional insurance until at least 1 year after the effective date of this declination and unless at the time I apply for it I am under age 50 and present satisfactory medical evidence of insurability. I understand also that my regular insurance is not affected by this declination of additional optional insurance.

Mark here
if you
WANT NEITHER
regular nor
optional
insurance

☐
(C)

WAIVER OF LIFE INSURANCE COVERAGE

I desire not to be insured and I waive coverage under the Federal Employees Group Life Insurance Program. I understand that I cannot cancel this waiver and obtain regular insurance until at least 1 year after the effective date of this waiver and unless at the time I apply for insurance I am under age 50 and present satisfactory medical evidence of insurability. I understand also that I cannot now or later have the \$10,000 additional optional insurance unless I have the regular insurance.

4

**SIGN AND DATE. IF YOU MARKED BOX "A" OR "C",
COMPLETE THE "STATISTICAL STUB." THEN RETURN
THE ENTIRE FORM TO YOUR EMPLOYING OFFICE.**

SIGNATURE (do not print)

DATE

February 19, 1968

FOR EMPLOYING OFFICE USE ONLY

(official receiving date stamp)

OFFICE OF PERSONNEL
FEB 21 10 32 AM '68

See Table of Effective Dates on back of Original

ORIGINAL COPY—Retain in Official Personnel Folder

SECRET

STANDARD FORM No. 176-1
JANUARY 1968
(For use only until April 16, 1968)
176-101

SECRET

13 December 1973

Letter of Commendation

TO:

1. I heroby commend you for your performance in a sensitive Station operation which was completed on 3 and 4 December 1973. Your role ensuring the security of the operation was of the utmost importance. To your credit you remained alert and carried out your duties professionally, despite the initial frustrations and the long hours involved. In doing so you have contributed to the successful accomplishment of a priority objective of our organization.

2. A copy of this letter will be placed in your official personnel file.

Chief of Station

SECRET

CONFIDENTIAL
(When Filled In)

RESIDENCE AND DEPENDENCY REPORT

AN ORIGINAL OF THIS FORM WILL BE EXECUTED BY EACH EMPLOYEE AT THE TIME OF HIS APPOINTMENT AND WHEN A CHANGE OCCURS IN THE INFORMATION SHOWN BELOW. ITEMS OF CHANGE MAY BE REPORTED IN THE APPROPRIATE BLOCKS WITHOUT COMPLETING THE REMAINDER OF THE FORM EXCEPT THE EMPLOYEE'S SIGNATURE AND DATE. WHEN EXECUTING ITEM 4 ALSO COMPLY WITH HMB 20-7, PERSONNEL EMERGENCY AND LOCATOR RECORDS. THIS FORM WILL BE COMPLETED ONLY BY HEADQUARTERS PERSONNEL AND NOT SENT TO THE FIELD. FORM WILL BE FILED IN THE EMPLOYEE'S OFFICIAL PERSONNEL FOLDER.

GENERAL

NAME OF EMPLOYEE	(Middle)	OFFICIAL SERVICE NUMBER
1. MARITAL STATUS (Check one)		
<input type="checkbox"/> SINGLE	<input checked="" type="checkbox"/> MARRIED	<input type="checkbox"/> SEPARATED
<input type="checkbox"/> DIVORCED	<input type="checkbox"/> WIDOWED	<input type="checkbox"/> ANNULLED
IF MARRIED, PLACE OF MARRIAGE		DATE OF MARRIAGE
IF DIVORCED, PLACE OF DIVORCE DECREE		DATE OF DECREE

MEMBERS OF FAMILY

NAME OF SPOUSE		
ADDRESS (No Street, P.O. Box, etc.)		
TELEPHONE NO.		
NAME OF FATHER (or male guardian)		
ADDRESS		
TELEPHONE NO.		
NAME OF MOTHER (including maiden name (or female guardian))		
ADDRESS		
TELEPHONE NO.		

WHAT MEMBERS OF YOUR FAMILY IF ANY, HAS BEEN TOLD OF YOUR AFFILIATION WITH THE ORGANIZATION IF CONTACT IS REQUIRED IN AN EMERGENCY. Brother

3. OTHER RELATIVES WHO ARE DEPENDENT UPON ME FOR AT LEAST 51% OF THEIR SUPPORT AND MEET OTHER REQUIREMENTS IN TRAVEL REGULATIONS (HMB 22-12). SPECIFY NAMES AND RELATIONSHIPS.

NAME	DATE OF BIRTH	RELATIONSHIP
4. PERSON RESIDING IN U.S. TO BE NOTIFIED IN CASE OF EMERGENCY		
NAME (If (Mr/Mrs))	(Last, First, Middle)	RELATIONSHIP
HO		Friend
BUS		TELEPHONE NUMBER
LICENS. BUSINESS TELEPHONE & EXTENSION		

IS THE INDIVIDUAL NAMED ABOVE, BEYOND OF YOUR AGENCY AFFILIATIONS (If "No" give name and address of organization to which you work for.)	YES	
USAF	NO	X
IS THE INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF IN THE EVENT YOU ARE INCAPABLE? (If "No" give name and address of person, if any, who can make such decisions in case of emergency.)	YES	X
Yes	NO	
DID THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESS? (If answer is "No" explain why in item 6.)	YES	X
Yes	NO	

The persons named in item 2 or 3 above may also be notified in case of emergency. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE IN ITEM 6 ON THE REVERSE SIDE OF THIS FORM.

CONFIDENTIAL
(When Filled In)

5. VOLUNTARY ENTRIES					
<p>Experience in the handling of employee emergencies has shown that the absence of certain personal data often delays and complicates the settlement of estate and financial matters. The information requested in this section may prove very useful to your family or attorney in the event of your disability or death and will be disclosed only when circumstances warrant.</p>					
<p>INDICATE NAME AND ADDRESS OF ANY BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS, AND THE NAMES IN WHICH THE ACCOUNTS ARE CARRIED:</p> <p><i>Northern Virginia Bank</i> </p>					
<p>ARE YOU A MEMBER OF THE NORTHWEST FEDERAL CREDIT UNION? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>IF YES, DO YOU HAVE A JOINT ACCOUNT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>					
<p>HAVE YOU COMPLETED A LAST WILL AND TESTAMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. (If "Yes" where is document located?)</p> <p><i>Northern Virginia Bank</i>, </p>					
<p>HAVE YOU PREPLANNED AN ARRANGED GUARDIANSHIP OF YOUR CHILDREN IN CASE OF COMMON DISASTER TO BOTH PARENTS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. (If "Yes" give name(s) and address)</p>					
<p>HAVE YOU EXECUTED A POWER OF ATTORNEY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. (If "Yes" who possess the power of attorney?)</p>					
6. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS					
7. RESIDENCE DATA - TO BE COMPLETED ONLY BY EMPLOYEES ENTERING ON DUTY. (No Approval Required)					
<p>RESIDENCE WHEN EMPLOYED (Full Address)</p>	<p>PERMANENT PLACE OF RESIDENCE AS DEFINED IN HR 22-3 (Full Address)</p>				
8. CHANGE IN PERMANENT PLACE OF RESIDENCE (See HR 22-3) (To Be Completed by Employee Desiring Such Change While Assigned to Headquarters)					
<p>FULL ADDRESS</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">DEPUTY DIRECTOR OR DESIGNEE</td> <td style="width: 50%;">DATE</td> </tr> <tr> <td style="width: 50%;">DIRECTOR OF PERSONNEL (when applicable per HR 22-3)</td> <td style="width: 50%;">DATE</td> </tr> </table>	DEPUTY DIRECTOR OR DESIGNEE	DATE	DIRECTOR OF PERSONNEL (when applicable per HR 22-3)	DATE
DEPUTY DIRECTOR OR DESIGNEE	DATE				
DIRECTOR OF PERSONNEL (when applicable per HR 22-3)	DATE				
<p>SIGNED AT</p> <p><i>Wash DC</i></p>	<p>DATE</p> <p><i>4 Oct 73</i></p>	<div style="border: 1px solid black; width: 100%; height: 40px;"></div>			

CONFIDENTIAL

SECRET

FIELD ASSIGNMENT QUESTIONNAIRE

DO NOT COMPLETE FOR HEADQUARTERS USE ONLY

NAME	DATE (from item 3-2)	NAME OF SUPERVISOR (if any)	DATE (from item 3-2)
	14 Mar 73		14 Mar 73

DATE RECEIVED AT HEADQUARTERS:	DISPATCH NUMBER:	DATE RECEIVED BY CAREER SERVICE:
14 March 1973	FPMT-15218	

TO BE COMPLETED BY EMPLOYEE

1. DATE OF BIRTH	2. SERVICE DESIGN	3. YOUR CURRENT POSITION, TITLE AND GRADE	4. STATION ON BASE	5.
	D	Ops Ofcr, GS-13		

6a. DATE OF PCS ARRIVAL IN FIELD	6b. DESIRED DATE OF DEPARTURE	6c. EXPECTED DATE OF FIRST CHECK-IN AT HQ	6d. DESIRED DATE TO REPORT TO DUTY AFTER LEAVE
(2nd tour) 29 June 71	1 July 1973	1 August 1973	1 September 1973

7. NUMBER AND AGES OF DEPENDENTS WHO WILL TRAVEL WITH YOU:

Wife; Dau - 13; Son - 12

8. PERSONAL CIRCUMSTANCES THAT SHOULD BE CONSIDERED IN DETERMINING NEXT ASSIGNMENT:

Wife cannot travel by air for medical reasons. Separate travel has been utilized in past assignments with principal and dependents going by air and wife following by ship.

9. LIST YOUR MAJOR DUTIES DURING CURRENT TOUR (see special note on transmittal form). (also attach personal cover questionnaire in accordance with CSI-P 340-8)

Referent on MHABYSS matters 1 July 1972 to present.
Referent on MPWATCH matters prior to 1 July 1972.
Recruit and handle unilateral agents.
Backup liaison officer with official services.
Station PERAMPART officer.

10. TRAINING DESIRED:
INDICATE WHAT TRAINING YOU WOULD LIKE YOU SHOULD HAVE DURING THE NEXT SEVERAL YEARS

None

SECRET

<p>11. PREFERENCE FOR NEXT ASSIGNMENT.</p> <p>11a. DESCRIBE BRIEFLY THE TYPE OF WORK YOU WOULD PREFER FOR NEXT ASSIGNMENT IF DIFFERENT FROM THAT INDICATED IN ITEM NO. 9 ABOVE. IF YOU HAVE MORE THAN ONE PREFERENCE, INDICATE YOUR CHOICE.</p> <p style="text-align: center; font-weight: bold;">Supervise field unilateral and [] MIABYSS program.</p>	
<p>11b. INDICATE IF YOU DESIRE TO EXTEND YOUR CURRENT TOUR BY CHECKING IN APPROPRIATE BOX. ALSO INDICATE PREFERENCE FOR NEXT REGULAR ASSIGNMENT BY INSERTING 1, 2, 3, 4 (for 1st, 2nd, and 3rd choice) IN REMAINING BOXES. COMPLETE ALL ALTERNATE CHOICES AND OPTIONS IN ALL CASES EVEN THOUGH YOU ARE REQUESTING AN EXTENSION OF YOUR TOUR.</p> <p><input checked="" type="checkbox"/> EXTEND YOUR <u>12</u> MONTHS AT CURRENT STATION TO <u>1 July 1974</u> (DATE)</p> <p><input type="checkbox"/> BE ASSIGNED TO DUTY FOR A TOUR OF DUTY. INDICATE YOUR CHOICE OF DIVISION, STAFF OR OFFICE.</p> <p>1ST CHOICE <u>EA</u> 2ND CHOICE <u>WH</u> 3RD CHOICE <u>EVR</u></p> <p><input type="checkbox"/> BE ASSIGNED TO DUTY FOR A TOUR OF DUTY. INDICATE YOUR CHOICE OF PROGRAMATIC AREA OR SPECIALIZATION.</p> <p>1ST CHOICE []</p> <p><input type="checkbox"/> RETURN TO MY CURRENT STATION.</p>	
<p>TO BE COMPLETED BY FIELD STATION.</p>	
<p>12. IN CONSIDERATION OF THE EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE AND HIS PREFERENCE FOR NEXT ASSIGNMENT, INDICATE YOUR RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING.</p> <p>I believe that Subject could make a contribution as a case officer at a station with an active MIABYSS program. He knows the subject well and can get along with LNAGON personnel. His other strength lies in Communist Party operations either as a handler of recruited assets or as an analyst of doctrine. In light of the foregoing, [] might well be an appropriate assignment. Should that not be practical, recommend that Subject be reassigned to HQs in a component where his strengths can be utilized. If assigned at HQs, he should be given the []</p> <p style="text-align: right;">(CONT'D)</p>	
<p>13. IN CONSIDERATION OF THE EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF YOUR COMPONENT, INDICATE YOUR COMPONENT'S RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING.</p> <p>[] will be assigned to EA [] upon completion of his tour and home leave. He has been so advised.</p>	
<p>DATE <u>24 Jul 73</u> TITLE <u>C/EA/PERSONNEL</u> SIGNATURE []</p> <p style="text-align: center;">FOR USE BY CAREER</p>	
<p>14. APPROVED ASSIGNMENT.</p>	
<p>15. EMPLOYEE NOTIFIED BY DISPATCH NO. _____ DATE: _____</p> <p>CABLE NO. _____ DATE: _____</p>	
<p>CAPTEL SERVICE REPRESENTATIVE: _____ DATE: _____</p> <p style="text-align: center;">(SIGNATURE)</p>	

SECRET

PRQ [REDACTED] - 14 March 1973

Operations Review course and training in writing.

SECRET
(When Filled In)

REPORT OF SERVICE ABROAD

**FILE
PUNCHED**

TO: Office of Personnel, Transactions and Records Branch, Status Section

SERIAL NO. 017974	NAME		
	LAST	FIRST	MIDDLE

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 50, REVISED.

PCS DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/P USE ONLY	COUNTRY	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR					
25-26	27-28	29-30	31-32	33-34	35-36	1 - PCS (Basic) 2 - CORRECTION 3 - CANCELLATION	37	38	39	40-42
05	22	69					1			575

TDY DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/P USE ONLY	AREA(S)	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR					
25-26	27-28	29-30	31-32	33-34	35-36	2 - TDY (Basic) 4 - CORRECTION 6 - CANCELLATION	37	38	39	40-42

OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

SOURCE DOCUMENT AND CERTIFICATION

TRAVEL VOUCHER	DISPATCH
CABLE	DUTY STATUS OR TIME AND ATTENDANCE REPORT
OTHER (Specify) <i>Per Division</i>	
DOCUMENT IDENTIFICATION NO.	DOCUMENT DATE/PERIOD

REMARKS	
PREPARED BY	REPORT ANNOTATED ON CONTROL DOCUMENT
DEC	DATE
C & L DIVISION, CYO	6/2/71
C & T DIVISION	SIGNATURE

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL
IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

SECRET
(When Filled In)

REPORT OF SERVICE ABROAD

**FILE
PUNCHED
BY**

TO: Office of Personnel, Transactions and Records Branch, Status Section

SERIAL NO.

NAME

LAST

FIRST

MIDDLE

(Print)

017974

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TOY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 58 REVISED.

PCS DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA		O/P USE ONLY		COUNTRY	
MONTH	DAY	YEAR	MONTH	DAY	YEAR	1 - PCS (Basic)	CODE	37	38	39	CODE
25-26	27-28	29-30	31-32	33-34	35-36	3 - CORRECTION					
						0 - CANCELLATION					
			05	22	71		1				575

TOY DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA		O/P USE ONLY		AREA(S)	
MONTH	DAY	YEAR	MONTH	DAY	YEAR	1 - TOY (Basic)	CODE	37	38	39	CODE
25-26	27-28	29-30	31-32	33-34	35-36	3 - CORRECTION					
						0 - CANCELLATION					

OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

SOURCE DOCUMENT AND CERTIFICATION

TRAVEL VOUCHER

DISPATCH

CABLE

DUTY STATUS OR TIME AND ATTENDANCE REPORT

OTHER (Specify)

DOCUMENT IDENT

DOCUMENT DATE/PERIOD

REMARKS

4 May 1971

PREPARED BY

REPORT ASSOCIATED ON
CONTROL DOCUMENT

AC

DEC

C & S DIVISION, CTR.

DATE

SIGNATURE

C & S DIVISION

5/21/71

THIS REPORT WILL BE FILED IN THE
IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

SECRET

FIELD REASSIGNMENT QUESTIONNAIRE

DO NOT COMPLETE FOR HEADQUARTERS USE ONLY

NAME OF EMPLOYEE (Use barcode only if 34)	DATE (from item 5-D)	NAME OF	DATE (from item 5-2)
	5 Oct 1970		5 Oct 1970
DATE RECEIVED AT HEADQUARTERS	DISPATCH NUMBER	DATE RECEIVED BY CAREER SERVICE	
16 October 1970	FPMT 13290	11 DEC 1970	

TO BE COMPLETED BY EMPLOYEE

1. DATE OF BIRTH	2. SERVICE DESIGN	3. YOUR CURRENT POSITION, TITLE AND GRADE	4. STATION OR BASE	5. CRYPT FOR CURRENT COVER
	D	Operations Officer GS-13		
6a. DATE OF PCS ARRIVAL IN FIELD	6b. REQUESTED DATE OF DEPARTURE	6c. EXPECTED DATE OF FIRST CHECK-IN AT HQ	6d. DESIRED DATE TO REPORT TO DUTY AFTER LEAVE	
22 May 1969	26 May 1971		27 July 1971	

7. NUMBER AND AGES OF DEPENDENTS WHO WILL TRAVEL WITH YOU:

8. PERSONAL CIRCUMSTANCES THAT SHOULD BE CONSIDERED IN DETERMINING NEXT ASSIGNMENT:

9. LIST YOUR MAJOR DUTIES DURING CURRENT TOUR (see special note on transmittal form). (also attach personal cover questionnaire in accordance with CSI-P 340.8)

- A. Recruit and handle unilateral agents
- B. Conduct [redacted] as required.
- C. Provide advice and support for Station's [redacted] program.

10. TRAINING DESIRED: INDICATE WHAT TRAINING YOU BELIEVE YOU SHOULD HAVE DURING THE NEXT SEVERAL YEARS:

None

SECRET

SECRET

11. PREFERENCE FOR NEXT ASSIGNMENT:

11a. DESCRIBE BRIEFLY THE TYPE OF WORK YOU WOULD PREFER FOR NEXT ASSIGNMENT IF DIFFERENT FROM THAT INDICATED IN ITEM NO. 9 ABOVE. IF YOU HAVE MORE THAN ONE PREFERENCE, INDICATE YOUR CHOICE.

NA

11b. INDICATE IF YOU DESIRE TO EXTEND YOUR CURRENT TOUR BY CHECKING IN APPROPRIATE BOX. ALSO INDICATE PREFERENCE FOR NEXT REGULAR ASSIGNMENT BY INSERTING 1, 2, 3 (for 1st, 2nd, and 3rd choice) IN REMAINING BOXES. COMPLETE ALL ALTERNATE CHOICES AND OPTIONS IN ALL CASES EVEN THOUGH YOU ARE REQUESTING AN EXTENSION OF YOUR TOUR.

☒ EXTEND YOUR 12 MONTHS AT CURRENT STATION TO 30 May 1972 (DATE)

☐ BE ASSIGNED TO HQTRS FOR A TOUR OF DUTY. INDICATE YOUR CHOICE OF DIVISION, STAFF OR OFFICE.
1ST CHOICE _____ 2ND CHOICE _____ 3RD CHOICE _____

☒ BE ASSIGNED TO _____ STATION
1ST CHOICE _____

☒ RETURN TO MY CURRENT STATION after home leave.

TO BE COMPLETED BY FIELD STATION

12. IN CONSIDERATION OF THE EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE AND HIS PREFERENCE FOR NEXT ASSIGNMENT, INDICATE YOUR RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING.

I favor strongly the return of Subject to this Station for a second tour of duty following home leave. He is handling one of the most complex fields of activity at this Station, one which is of a very high priority - the radical left in all its manifestations. Continuity and experience are essentials to any significant progress against this target. Returning Subject for a second tour of duty would give us both at a time when the radical left will be expanding and moving ahead towards its goals.

TO BE COMPLETED BY APPROPRIATE HEADQUARTERS OFFICE

13. IN CONSIDERATION OF THE EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF YOUR COMPONENT, INDICATE YOUR COMPONENT'S RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING.

The Division approves subject's request for home ^{leave} and return ☐

DATE 10 Dec 70 TITLE CFE SIGNATURE [Signature]

FOR USE BY CAREER SERVICE

14. APPROVED ASSIGNMENT:

15. EMPLOYEE NOTIFIED BY DISPATCH NO. FPMS-5948 DATED 10 Dec 70

CABLE NO. _____ DATED: _____

CAREER SERVICE REPRESENTATIVE: [Signature] DATE: 14 Dec 70

SECRET

S E C R E T

FIELD COMMENTS - continued

Subject has performed well in his assigned field thus far and I would expect to reap substantial benefits from his performance during his second tour based on the experience and knowledge he will have gained by the end of his first tour.

S E C R E T

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(When Filled In)

Complete in original. The data recorded on this form is essential in determining travel expenses allowable in connection with leave at government expense, overseas duty, return to residence upon separation, and for providing current residence and dependency information required in the event of an employee emergency. This form will be filed in the employee's official personnel folder.

NAME OF EMPLOYEE (Last)

1.

IF WIDOWED, PLACE SPOUSE DIED

DATE SPOUSE DIED

IF PREVIOUSLY MARRIED, INDICATE NAME(S) OF SPOUSE, REASON(S) FOR TERMINATION, AND DATE(S)

2.

MEMBERS OF FAMILY

NAME OF SPOUSE

SEX

DATE OF BIRTH

NAME OF YOUR FATHER (Or male quantile)

ADDRESS

TELEPHONE NO.

NAME OF YOUR MOTHER (Or female quantile)

ADDRESS

TELEPHONE NO.

WHAT MEMBER(S) OF YOUR FAMILY IF ANY, HAS BEEN TOLD OF YOUR AFFILIATION WITH THE ORGANIZATION IF CONTACT IS REQUIRED IN AN EMERGENCY. *None*

3.

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

NAME (Mr., Mrs., etc.)

HOME ADDRESS

BUSINESS ADDRESS

IS THE INDIVIDUAL NOTIFIED BY YOU?

RELATIONSHIP

Brother-in-Law

HOME TELEPHONE NUMBER

(111)

BUSINESS ADDRESS

EXTENSION

YES

NO

YES

NO

YES

NO

IS THIS INDIVIDUAL CAPABLE TO MAKE DECISIONS ON YOUR BEHALF IN THE EVENT YOU ARE INCAPABLE? (If "No" explain name and address of person, if any, who can make such decisions in case of emergency.)

DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE? (If answer is "No" explain why in item 6.)

The persons named in item 3 above may also be notified in case of emergency. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE IN ITEM 6 ON THE REVERSE SIDE OF THIS FORM.

CONTINUED ON REVERSE SIDE

CURRENT RESIDENCE AND DEPENDENCY REPORT

CONFIDENTIAL
(When Filled In)

5. VOLUNTARY ENTRIES
Experience in the handling of employee emergencies has shown that the absence of certain personal data often delays and complicates the settlement of estate and financial matters. The information requested in this section may prove very useful to your family or attorney in the event of your disability or death and will be disclosed only when circumstances warrant.

INDICATE NAME AND ADDRESS OF ANY BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS AND THE NAMES IN WHICH THE ACCOUNTS ARE CARRIED.

Northern Virginia Bank
Check-A-Lot Division
Springfield, Va.

First National Bank of Arizona
Scottsdale, Ariz. Acct # 535 6462

ARE YOU A MEMBER OF THE NORTHWEST FEDERAL CREDIT UNION? ☒ YES ☐ NO

IF YES, DO YOU HAVE A JOINT ACCOUNT? ☒ YES ☐ NO

HAVE YOU COMPLETED AN ESTATEMENT? ☒ YES ☐ NO. (If "Yes" where is document located?)

Riverside Branch Lot Box No. 171

HAVE YOU PREPLANNED AN ARRANGED GUARDIANSHIP OF YOUR CHILDREN IN CASE OF COMMON DISASTER TO BOTH PARENTS? ☒ YES ☐ NO. (If "Yes" give name(s) and address)

HAVE YOU EXECUTED A POWER OF ATTORNEY? ☐ YES ☒ NO. (If "Yes", who possess the power of attorney?)

Rockville, Md.

6. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS

SIGNED AT

DATE

28 April 1969

CONFIDENTIAL

CONFIDENTIAL
(When filled in)

IMPORTANT

Central Processing Branch has been charged with responsibility for ensuring that all employees processing PCS to the field have reviewed the field version of the Employee Conduct Handbook. You will not be checked out for your proposed travel until you sign the following statement and return it to CFB. Your Personnel Officer can provide you with a copy of the Handbook.

MEMORANDUM OF UNDERSTANDING

I hereby acknowledge that I have read and understand the contents of Field Handbook 20-4, Employee Conduct, dated 23 October 1964.

[Redacted Signature Box]

18 Oct 1964
Date

[Redacted Signature Box]

CONFIDENTIAL

Group 1 - Excluded from
automatic downgrading
and declassification.

SECRET

SSA/DAS 67-2037

CD 7-4476

16 OCT 1967

MEMORANDUM FOR: Deputy Director for Plans

SUBJECT : [REDACTED]
Fourth Security Violation

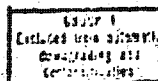
REFERENCE : HR 10-1a

1. This memorandum contains a recommendation for approval in paragraph 4.

2. Two officers of this Division have incurred their fourth security violation. Reference requires that I impose at least two weeks' leave without pay in each case unless your approval is obtained for a lesser penalty. I propose such a lesser penalty and request your concurrence.

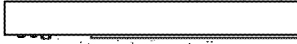
3. The officers concerned [REDACTED] are both dedicated Agency employees who have never, to the best of my knowledge, evidenced contempt for our security procedures nor displayed such gross negligence as to require strong remedial action. In neither case were any of the violations such as to indicate a compromise of information was probable; all were either open-safe or "exposed-classified-material" violations such as one-time typewriter ribbons, and none involved loss of documents, indiscreet talk or other more serious matters. Further, the majority of the violations occurred on occasions when the individuals concerned worked past the normal close of business and, while this is no excuse for carelessness, frequent overtime work does increase the possibility of a violation since the usual after-hours duty check is not operative. It seems to me, therefore, that the two weeks' leave without pay required by reference would be an excessively harsh penalty and not conducive to the enhancement of Agency security in general. I, therefore, propose the imposition of two days' leave without pay and a written reprimand for each officer. Copies of the proposed reprimand are attached.

SECRET



SECRET

4. It is recommended that the subjects be each issued a written reprimand and directed to take two days' leave without pay as the result of incurring their fourth security violation.


William E. Colby
Chief, Far East Division

Attachment
Proposed reprimands

* The recommendation contained
in paragraph 4 is APPROVED:

/s/ Cord Meyer, Jr.
Deputy Director for Plans

16 NOV 1967

Date

* The recommendation contained in para. 4 is approved; except that 3 days LWOP will be charged instead of the 2 days proposed.

SECRET

14-00000

SECRET

Supplement to Staff Employee Personnel

Action [] of []

Effective 21 November 1967

The purpose of this memorandum is to call your attention to existing policies which are particularly material to you while you are [] and to set forth certain rights and obligations which are incident to your status as an appointed employee. It is hereby agreed and understood that:

1. As an employee of this organization, at the present grade and salary of [] per annum, []

[] effective as of 21 November 1967

You will, insofar as consistent with your basic responsibility to this organization, abide by all the rules, regulations, practices and policies of [] in order to [] of that establishment. Your appointment to your [] is being effected at [] and salary of [] You are prohibited, except as specifically authorized herein, from retaining emoluments paid []

2. It is understood and agreed that the minimum period of your overseas tour of duty is governed by and coincident with the prescribed tour of duty [] Currently, your prescribed tour consists of a period of 2 years from the date of your arrival at your overseas post of duty. Your assignment may be terminated earlier for the convenience of this organization and the length of your tour of duty, as currently specified, may be unilaterally changed by this organization in order to conform with subsequent changes in the prescribed tour [] If you request termination of your overseas assignment solely for your own convenience, unless it is for circumstances that are considered by this organization to be beyond your control or if you are terminated for cause under the regulations of this organization before you have completed the minimum period of service prescribed above from the date of arrival at your overseas post of duty, you will not be entitled to return travel or transportation for yourself or your dependents to the United States at Government expense. If you request termination of your overseas assignment solely for your own convenience, unless it is for circumstances that are considered by this organization to be beyond your control or if you are terminated for cause under the regulations of this organization before you have completed one (1) year of service from the date of your arrival at your overseas post of duty, you will be required to reimburse the Government for all of its expenses for your travel and transportation, and that of your dependents, from the continental United States to such overseas post of duty.

SECRET

3. Travel to your post of duty overseas and your return travel to the United States, as well as travel performed overseas which is [redacted] will normally be at the direction of your [redacted]. Such travel will be accomplished in conformance with applicable regulations [redacted] except when you are directed for operational reasons to perform travel in accordance with the regulations of this organization.

4. Salary and (except as provided in paragraph three (3) above) allowances [redacted] shall be retained by you to the extent that they are less than or equal to [redacted].

If such [redacted] are less than the amount due, the difference will be credited to your payroll account with this organization. If such [redacted] exceed the amount due, the overage will be remitted to this organization at designated intervals, presently [redacted]. Computations hereunder will be made on the basis of the aggregate gross due and received provided, however, that in computing remittances for overage Federal and, if applicable, District of Columbia income taxes [redacted] may be deducted. To assure timely accuracy in your payroll account with this organization you are expected to immediately report [redacted] payroll changes.

5. Your status as an employee of this organization will continue in full force and effect during your period of duty [redacted] and you will continue to be entitled to all rights, benefits and emoluments of such status. Certain variations in procedure will be required, however, to preserve [redacted].

a. [redacted] you will continue to be covered by the provisions of the Civil Service Retirement Act, as amended, and at your personal expense you will be subject to payroll deductions for retirement purposes (now six and one-half per cent) on the basis of [redacted] your salary from this organization, whichever is the greater.

b. [redacted] necessary adjustments for Federal, and if applicable, District of Columbia income tax purposes will be made in conformance with instructions received from this organization.

c. Consistent with your [redacted] you will continue to be responsible for compliance with the rules and regulations of this organization.

d. You are not assured upon the completion of your period of duty [redacted] at the request of this organization.

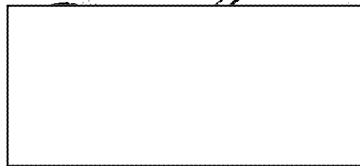
SECRET

e. All annual and sick leave which is accrued to your credit

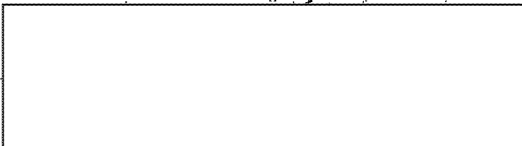
[redacted] you will be permitted annual leave, sick leave, home leave, and leave without pay in accordance with the regulations of [redacted] in lieu of the leave benefits of this organization. Upon completion of [redacted] your accrued annual and sick leave will be [redacted] with this organization. If security conditions require that [redacted] make a lump-sum payment for accrued annual leave, you will be required [redacted] including any income taxes withheld [redacted]

6. You will be required to keep forever secret this agreement and all other information which you may obtain by reason hereof, unless you are released in writing by this organization from this obligation. Violation of such secrecy may subject you to criminal prosecution under the Espionage Laws, dated 25 June 1948, as amended, and other applicable laws and regulations. The termination of your employment with this organization will not release you from the obligation of any security oath you may be required to take.

UNITED STATES GOVERNMENT



ACCEPTED:



SECRET

FIELD REASSIGNMENT QUESTIONNAIRE

CS/S/S 80M

DO NOT COMPLETE FOR HEADQUARTERS USE ONLY

NAME OF EMPLOYEE (Last, first, middle initial only if SA) DATE (from item 5-1) NAME OF SUPERVISOR (Last, first, middle initial only if SA) DATE (from item 5-2)

DATE RECEIVED AT HEADQUARTERS: 11 Mar 66 DISPATCH NUMBER: EVST 11617 DATE RECEIVED BY EMPLOYER SERVICE: 3 Mar 66

TO BE COMPLETED BY EMPLOYEE

1. DATE OF BIRTH 2. SERVICE DESIGN 3. YOUR CURRENT POSITION, TITLE AND GRADE 4. STATION OR BASE 5. CRYPT FOR CURRENT COVER

29 Dec 1964 D XX GS-12 Ops Officer Saigon

6. DATE OF PCS ARRIVAL IN FIELD 7. REQUESTED DATE OF DEPARTURE 8. EXPECTED DATE OF FIRST CHECK-IN AT HQ 9. DESIRED DATE TO REPORT TO DUTY AFTER LEAVE

29 Dec 1964 9 July 1966 15 August 1966 10 September 1966

10. NUMBER AND AGES OF DEPENDENTS WHO WILL TRAVEL WITH YOU:

3 - 35, 6, 5

11. PERSONAL CIRCUMSTANCES THAT SHOULD BE CONSIDERED IN DETERMINING NEXT ASSIGNMENT:

No unaccompanied assignment

12. LIST YOUR MAJOR DUTIES DURING CURRENT TOUR (see special note on transmittal form). (also attach personal cover questionnaire in accordance with CSI-P 240-8)

operations - penetration communist organizations

Unilateral operations -

13. TRAINING DESIRED. INDICATE WHAT TRAINING YOU BELIEVE YOU SHOULD HAVE DURING THE NEXT SEVERAL YEARS

CI course

SECRET

11. PREFERENCE FOR NEXT ASSIGNMENT:

11A. DESCRIBE BRIEFLY THE TYPE OF WORK YOU WOULD PREFER FOR NEXT ASSIGNMENT IF DIFFERENT FROM THAT INDICATED IN ITEM NO. 9 ABOVE. IF YOU HAVE MORE THAN ONE PREFERENCE, INDICATE YOUR CHOICE.

Unilateral operations

11B. INDICATE IF YOU DESIRE TO EXTEND YOUR CURRENT TOUR BY CHECKING IN APPROPRIATE BOX. ALSO INDICATE PREFERENCE FOR NEXT REGULAR ASSIGNMENT BY INSERTING 1, 2, 3 (for 1st, 2nd, and 3rd choice) IN REMAINING BOXES. COMPLETE ALL ALTERNATE CHOICES AND OPTIONS IN ALL CASES EVEN THOUGH YOU ARE REQUESTING AN EXTENSION OF YOUR TOUR.

- ☐ EXTEND TOUR _____ MONTHS AT CURRENT STATION TO _____ (DATE)
- ☐ BE ASSIGNED TO HQ/TRA FOR A TOUR OF DUTY. INDICATE YOUR CHOICE OF DIVISION, STAFF OR OFFICE.
1ST CHOICE _____ 2ND CHOICE _____ 3RD CHOICE _____
- ☒ BE ASSIGNED _____ STATION
1ST CHOICE _____
- ☐ RETURN TO MY CURRENT STATION _____

TO BE COMPLETED BY FIELD STATION

12. IN CONSIDERATION OF THE EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE AND HIS PREFERENCE FOR NEXT ASSIGNMENT, INDICATE YOUR RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING. This man has completed a tour separated from his family and has performed competently in which he has done an outstanding job. Believe he would profit by the CI course and another field tour a post where he can be with his family.

TO BE COMPLETED BY APPROPRIATE HEADQUARTERS OFFICE

13. IN CONSIDERATION OF THE EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF YOUR COMPONENT, INDICATE YOUR COMPONENT'S RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING.

PE Division has no suitable assignment for subject. Request his next assignment be determined by the CS Career Service and that he be advised accordingly.

DATE 02/24/68 TITLE C/EE/Trs SIGNATURE _____

FOR USE BY CAREER SERVICE

14. APPROVED ASSIGNMENT:

Assigned to C/EE/Trs

15. EMPLOYEE NOTIFIED BY DISPATCH NO. _____ DATED: _____

CABLE NO. _____ DATED: _____

CAREER SERVICE REPRESENTATIVE: _____

REPORT NO. _____

DATE: 02/24/68

SECRET

CONFIDENTIAL

MEMORANDUM FOR: JS Career Management Committee

SUBJECT: Recommendation for Promotion of [redacted]
from GS-12 to GS-13

1. The Vietnam Station has recommended the promotion of [redacted] from GS-12 to GS-13. He has been in his present grade for almost five years. He is already performing at the level normally expected of a GS-13. [redacted] was ranked fifth among all GS-12's currently at Vietnam Station. The Station recommendation as contained in [redacted] is quoted in the following paragraphs.

2. This employee has performed at a highly commendable level during his tour at this Station. During the first year he was assigned to a variety of jobs, all of which he approached with vigor and capability. These included [redacted] responsibilities [redacted]

He has also engaged in unilateral agent activities; he has developed, recruited and managed [redacted] unilateral agents, and plans to attempt the recruitment of [redacted] prior to his departure. During the last period of his duty, Subject has concentrated on the development and progress of a sensitive VI/CI activity concerned with a [redacted]. He initiated this project, and has since managed it in such a manner that it has evolved into a unilateral project with considerable potential. During the course of his tour, the case officer was also charged with the implementation of an activity designed to bring about the [redacted]

While this did not come to fruition, Subject approached this difficult task with a measurable degree of initiative and energy.

3. Subject displays the qualities of a highly capable, well-rounded officer. He has approached his own tasks with a mature and efficient manner, and has always demonstrated an excellent understanding of the role and mission [redacted] the Station in this area. He appears to be highly motivated, and I consider him an officer with a great deal of long-range potential.

(11 Aug 66)

Chief, [redacted] Branch

CONFIDENTIAL

CONFIDENTIAL

28 MAR 1967

MEMORANDUM FOR: Chief, FE Division DD/P

SUBJECT : Security Violation - Open Safe
[redacted]
(FOURTH VIOLATION)

1. An investigation by this Office has determined that [redacted] assigned to your Division, was responsible for an Open Safe security violation which occurred on 9 March 1967.

2. The records of this Office indicate that [redacted] has been previously charged with an Open Safe security violation which occurred on 28 May 1964, an Exposed Classified Material security violation which occurred on 11 January 1966, and an Exposed Classified Material security violation which occurred on 12 May 1966. In view of the fact that there have not been two consecutive years without a violation since 28 May 1964, this is to be considered [redacted] fourth security violation for administrative action as specified in Section (e) of CIA Headquarters Regulation 10-1.

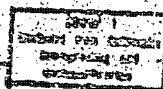
3. It would be appreciated if you would advise this Office by memorandum of the administrative action taken in this case.

fe [redacted]
Deputy Director of Security (PTOS)

Att
Violation Report

cc: Deputy Director for Plans
Director of Personnel

CONFIDENTIAL



CONFIDENTIAL

SECURITY VIOLATION REPORT

DETAILS OF VIOLATION:

On 9 March 1967, at 7:29 p.m., USSP Poag reported finding Safe No. D-1460 improperly secured in Room 5C-35, Headquarters Building. Security Duty [] responded and determined that:

1. both drawers were found closed but unlocked;
2. the safe was opened by merely depressing the hand latch;
3. the safe contained material classified through SECRET;
4. the char force had not been in the area prior to this discovery.

SDC [] changed the combination and secured the safe at 8:30 p.m.

INVESTIGATIVE FACTS:

Mr. [] the custodian of the safe, accepted full responsibility for this occurrence when interviewed in his office on 10 March. [] stated that he obviously failed to secure the safe due to the fact that he had no reason to believe anyone else would have opened it subsequent to his departure at 6:00 p.m. (NOTE: The safe was left improperly secured for approximately 90 minutes.) It should be noted that [] had signed for the security check of his area.

CONCLUSION:

In view of the above circumstances, [] is charged with an Open Safe security violation.

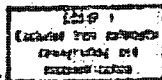
SECURITY HISTORY:

[] has been employed by the Agency since June 1955. A review of his record indicates that he has been previously charged with an Open Safe security violation which occurred on 28 May 1964, an Exposed Classified Material security violation which occurred on 11 January 1966, and an Exposed Classified Material security violation which occurred on 12 May 1966.

[]
Chief, Survey Branch

[]
Investigator

CONFIDENTIAL



REPUBLIC OF VIETNAM

MERIT COMMENDATION

FOR [] American counterpart to the Police Special Branch of the Directorate General of National Police, who is awarded the Third Class Honorary Police Medal by Decree No. 1744-ND/HP/VP of 24 September 1966.

[] is an outstanding counterpart and a sincere friend of the National Police Branch.

During his period of service in Vietnam, [] devoted all his ability, experience, and good will to helping the Police Special Branch, especially in the task of setting up a people's intelligence net.

The dedication and enthusiasm of [] helped the National Police Branch to achieve excellent results in safeguarding security and maintaining law and order in Saigon, the Capital.

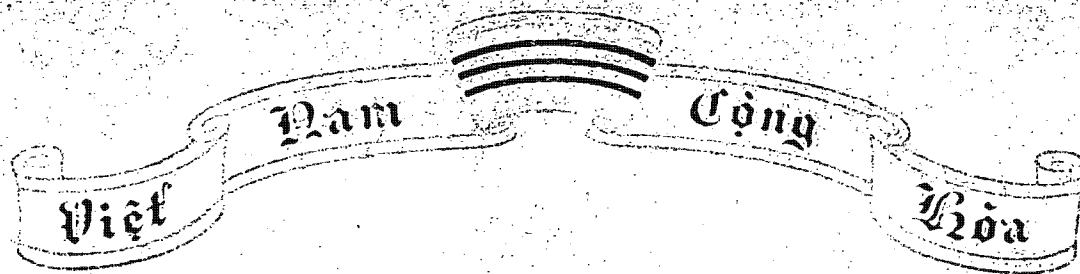
[] spirit of mutual aid merits praise and remembrance.

Saigon, 24 September 1966

Chairman of the Central Executive Committee

/Signed and Sealed/

Air Vice Marshal NGUYEN CAO KY



HÀNG TUYÊN DƯƠNG CÔNG TRẠNG

về [] Phó-trí-viên Hoa-ý cảnh Khố
Cảnh-Sát Đặc-Biệt Tổng Nha Cảnh-Sát Quốc-Gia được
ăn thưởng Lộc tam đẳng Cảnh-sát danh-dự Bội-tinh do
do Nghị-dịnh số 1744-NĐ/HP/VP ngày 24 tháng 9 năm 1966.

[] là một Phó-trí-viên ưu-tú và là
Người bạn chân-thành của ngành Cảnh-Sát Quốc-gia.

Trong thời gian phục-vụ tại Việt-Nam, []
[] đã đem hết khả năng, kinh-nghiệm và thiện-chí giúp đỡ Khố
Cảnh-sát Đặc-biệt, nhất là trong công tác đặt lưới tình báo
nhân dân.

Sự tận tâm và lòng nhiệt thành của []
đã giúp cho ngành Cảnh-sát Quốc-gia thân đạt được nhiều kết-
quả tốt đẹp trong công cuộc bảo vệ an-ninh và duy-trì trật-tự
tại Lô-thành Saigon.

Tinh-thần tương-trợ của [] đáng được
khôn quên và ghi nhớ.

Saigon, ngày 24 tháng 9 năm 1966
CHỦ-TỊCH ỦY-BAN HÀNH-PHÁP TRUNG-ƯƠNG,



NGUYỄN CAO KIỆT

REPUBLIC OF VIETNAM
OFFICE OF THE CHAIRMAN
NATIONAL LEADERSHIP COMMITTEE

CHAIRMAN OF THE CENTRAL EXECUTIVE COMMITTEE

Reference the order of 19 June 1965 which was supplemented by
Decree No. 6-QLVNCH/QD of 6 June 1966 of the Armed Forces Council of
the Republic of Vietnam;

Reference Decree No. 3-QLVNCH/QD of 14 June 1965 which was supple-
mented by Decree No. 7-QLVNCH/QD of 6 June 1966 of the Armed Forces
Council of the Republic of Vietnam which established and fixed the
composition of the National Leadership Council;

Reference Decree No. 001-a/CT/LDQG/SL of 19 June 1965 and all suc-
ceeding documents which established and set the composition of the
Central Executive Committee;

Reference Decree No. 080-CT/LDQG/SL of 6 September 1965 which
created two types of medals, the Police Service Medal and the Honorary
Police Medal;

Reference Decree No. 001-CT/LDQG/SL of 21 January 1966 which
fixed the methods of awarding the medals mentioned above;

DECREE

Article One. Now the Third Class Honorary Police Medal is
awarded American Counterpart to the Police Special
Branch of the Directorate General of National Police.

Article Two. The Commissioner General for Security and the
Administrative Assistant in the Office of the Chairman of the Central
Executive Committee will assume the responsibility for implementing
the Decree.

Saigon, 24 September 1966

/Signed and Sealed/

Air Vice Marshal NGUYEN CAO KY

VIỆT-NAM CỘNG-HÒA

Phủ Chủ-Tịch
Ủy-Ban Hành-Pháp Trung-Ương

Số 1744-ND/HF/VP.

Chức Vụ
Ủy-Ban Hành-Pháp Trung-Ương

Chiếu theo: Lệnh ngày 19 tháng Sáu năm 1965 bổ-tức bởi quyết-định số 6-LV/CH/QĐ ngày 6 tháng Sáu năm 1966 của Đại Hội-Dồng Quốc-Lực Việt-Nam Cộng-Hòa ;

Chiếu quyết-định số 3-LV/CH/QĐ ngày 14 tháng Sáu năm 1965 bổ-tức bởi quyết-định số 7-LV/CH/QĐ ngày 6 tháng Sáu năm 1966 của Đại Hội-Dồng Quốc-Lực Việt-Nam Cộng-Hòa thành-lập và ấn-lệnh thành-phần Ủy-Ban Lãnh-Dạo Quốc-Dân ;

Chiếu sắc-lệnh số 001-a/CT/LĐQG/SL ngày 19 tháng Sáu năm 1965 và các văn-khẩu kế-tiếp thành-lập và ấn-lệnh thành-phần Ủy-Ban Hành-Pháp Trung-Ương ;

Chiếu sắc-lệnh số 000-CT/LĐQG/SL ngày 6 tháng Sáu năm 1965 thành-lập hai loại huy-chương "Cảnh-Sát Chiến-Cong Lội-Tinh" và "Cảnh-Sát Dành-Dự Đại-Tinh" ;

Chiếu nghị-định số 001-CT/LĐQG/HĐ ngày 21 tháng Giêng năm 1966 ấn-lệnh thiế-thức cấp-tướng các huy-chương kể trên,

H Ì N H - D Ì N H :

Điều thứ nhất. - Huy-ân-thưởng Độ-tam đẳng Cảnh-Sát Dành-Dự Đại-Tinh cho Phó-trí-viên Hoa-Kỳ cạnh Khối Cảnh-Sát Đặc-biệt Tổng Mưu Cảnh-Sát Quốc-Gia.

Điều thứ 2. - Tổng-Ủy-Viên An-Hình và Phụ-Tá Hành-Chánh tại Phủ Chủ-Tịch Ủy-Ban Hành-Pháp Trung-Ương, chiếu nhiệm-vụ, lãnh thi-hành nghị-định này.

Saigon, ngày 24 tháng 9 năm 1966



[Handwritten signature]

SECRET
(When Filled In)

VERIFIED RECORD OF OVERSEAS SERVICE

TO:

Office of Personnel, Statistical Reporting Branch, ROOM 5 E 2506 Headquarters

EMPLOYEE SERIAL NO.	NAME OF EMPLOYEE			OFFICE/COMPONENT
	LAST	FIRST	MIDDLE	
1-9 617974	(Print) [REDACTED]	7-24		25-29 45

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (ORR ORTD). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR.

PCS DATES OF SERVICE

TYPE OF DATA	ARRIVAL				DEPARTURE				COUNTRY	OMIT
	CODE	MONTH	DAY	YEAR	MONTH	DAY	YEAR			
1 - PCS (Basic)	27	20-29	30-31	32-33	34-35	36-37	38-39	VIET NAM	40-42	
3 - CORRECTION										
5 - CANCELLATION	1				07	11	66		7-22	

TDY DATES OF SERVICE

TYPE OF DATA	DEPARTURE				RETURN			AREA(S)	OMIT
	CODE	MONTH	DAY	YEAR	MONTH	DAY	YEAR		
2 - TDY (Basic)	27	20-29	30-31	32-33	34-35	36-37	38-39		40-42
4 - CORRECTION									
6 - CANCELLATION									

SOURCE OF RECORD DOCUMENT

<input type="checkbox"/> TRAVEL VOUCHER	<input checked="" type="checkbox"/> DISPATCH
<input type="checkbox"/> CABLE	<input type="checkbox"/> DUTY STATUS OR TIME AND ATTENDANCE REPORT
<input type="checkbox"/> OTHER (Specify):	

DOCUMENT IDENTIFICATION NO.

[REDACTED]

DOCUMENT DATE/PERIOD

7-14-66

REMARKS

PREPARED BY	REPORT ANNOTATED ON SOURCE DOCUMENT	ABOVE DATA VERIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
USA	DATE 7-21-66	SIGNATURE [REDACTED]
C & S DIVISION		
C & S DIVISION		

FORM 1451a USE PREVIOUS EDITIONS

SECRET

GROUP 1
Excluded from automatic
downgrading and declassification

(4-10)

SECRET
(When Filled In)

VERIFIED RECORD OF OVERSEAS SERVICE

TO:

Office of Personnel, Statistical Reporting Branch, ROOM 5 E 2506 Headquarters.

EMPLOYEE SERIAL NO. 1-8	NAME OF EMPLOYEE			OFFICE/COMPONENT 25-28
	LAST (Print)	FIRST 7-24	MIDDLE	
17974				45

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION. (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR.

PCS DATES OF SERVICE

TYPE OF DATA 1. PCS (Basic) 3. CORRECTION 5. CANCELLATION	CODE 27	ARRIVAL			DEPARTURE			COUNTRY VIET NAM	OMIT 40-42 772
		MONTH 28-29	DAY 30-31	YEAR 32-33	MONTH 34-35	DAY 36-37	YEAR 38-39		
	1	12	29	64					

TDY DATES OF SERVICE

TYPE OF DATA 2. TDY (Basic) 4. CORRECTION 6. CANCELLATION	CODE 27	DEPARTURE			RETURN			AREA(S)	OMIT 40-42
		MONTH 28-29	DAY 30-31	YEAR 32-33	MONTH 34-35	DAY 36-37	YEAR 38-39		

SOURCE OF RECORD DOCUMENT

TRAVEL VOUCHER	<input checked="" type="checkbox"/>	DISPATCH
CABLE	<input type="checkbox"/>	DUTY STATUS OR TIME AND ATTENDANCE REPORT
OTHER (Specify)		

DOCUMENT IDENTIFICATION NO.

DOCUMENT DATE/PERIOD

REMARKS

PREPARED BY:

REPORT ANNOTATED ON
SOURCE DOCUMENTABOVE DATA VERIFIED CORRECT, BASED UPON SOURCE
DOCUMENT CITED

D & I DIVISION

DATE

SIGNATURE

FORM 1451a USE PREVIOUS EDITIONS.

SECRET

GROUP 1
Excluded from automatic
downgrading and declassification

(14-10)

SECRET
(When Filled In)

VERIFIED RECORD OF OVERSEAS SERVICE

TO:

Office of Personnel, Statistical Reporting Branch, ROOM 192 Curie Hall

EMPLOYEE SERIAL NO. 1-6	NAME OF EMPLOYEE			OFFICE/COMPONENT 20-30
	LAST (Print)	FIRST	MIDDLE	
17974				45

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TOY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR.

PCS DATES OF SERVICE

TYPE OF DATA	CODE	ARRIVAL			DEPARTURE			COUNTRY	OMIT
		MONTH	DAY	YEAR	MONTH	DAY	YEAR		
1 - PCS (Basic)	97	28-29	30-31	32-33	34-35	36-37	38-39		40-42
2 - CORRECTION									
3 - CANCELLATION	1				09	23	62		375

TOY DATES OF SERVICE

TYPE OF DATA	CODE	DEPARTURE			RETURN			AREA(S)	OMIT
		MONTH	DAY	YEAR	MONTH	DAY	YEAR		
2 - TOY (Basic)	27	28-29	30-31	32-33	34-35	36-37	38-39	40...	
4 - CORRECTION									
5 - CANCELLATION									

SOURCE OF RECORD DOCUMENT

TRAVEL VOUCHER	DISPATCH
CABLE	* DUTY STATUS OR TIME AND ATTENDANCE REPORT
OTHER (Specify)	

DOCUMENT IDENTIFICATION NO. FORM - 764	DOCUMENT DATE/PERIOD 2 Sept - 23 Sept 62
---	---

REMARKS

PREPARED BY	REPORT ANNOTATED ON SOURCE DOCUMENT	ABOVE DATA VERIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
FISCAL DIVISION	DATE 16 OCT 1962	SIGNATURE
FINANCE DIVISION		

FORM 1451a OBSOLETE PREVIOUS EDITIONS.

SECRET

(4-10)

SECRET

100

FIELD REASSIGNMENT QUESTIONNAIRE

DO NOT COMPLETE

HEADQUARTERS USE ONLY

AUTHENTICATION OF SIGNATURES AND VERIFICATION OF ITEMS 1 THROUGH 7, BELOW:

NAME (Last, First, Middle Initial)	DATE (from item 1)	NAME OF SUPERVISOR (Last, First, Middle Initial)	DATE (from item 2)
[Redacted]	Jan 1962	[Redacted]	Jan 1962
NAME AND SIGNATURE OF OFFICIAL AT HEADQUARTERS AUTHORIZED TO AUTHENTICATE SIGNATURES AND VERIFY DATA IN ITEMS NOS. 1 THROUGH 7, BELOW:			DATE
[Redacted]			12 Feb 1962

DO NOT COMPLETE

DO NOT COMPLETE

TO BE COMPLETED BY EMPLOYEE

1. DATE OF BIRTH	2. GRADE	3. CURRENT POSITION TITLE
[Redacted]	GS-12	[Redacted]
4. SERVICE DESIGNATION (if known)	5. CURRENT STATION - FIELD BASE	
NA	[Redacted]	
6. OTHER DUTY STATIONS OR FIELD BASES DURING CURRENT TOUR	7. EXPECTED DATE OF DEPARTURE	
NA	September 1962	

8. WRITE A DESCRIPTION OF YOUR MAJOR DUTIES DURING THE CURRENT TOUR OF DUTY (see special note on Transmittal Form):

a) Supervise, coordinate and monitor with KUDOVE, ODYOKE and allied military services, the [Redacted] in North Asia specifically covering [Redacted] b) Determine new CHUCKWAGON targets and initiate specific collection projects with appropriate KUDOVE, ODYOKE and allied military units. c) Prepare and provide detailed training and guidance for KUDOVE assets, ODYOKE and allied military personnel, on CHUCKWAGON collection techniques and CHUCKWAGON targets. d) Personally participate in the exploitation of CHUCKWAGON targets when appropriate. e) Conduct official liaison relationships with ODYOKE [Redacted] pertaining to KUCHAP interests, as directed by the Chief, [Redacted]

9. PREFERENCE FOR NEXT ASSIGNMENT:

A. WRITE A BRIEF DESCRIPTION OF THE TYPE OF ASSIGNMENT YOU WOULD PREFER FOR YOUR NEXT ASSIGNMENT IF IT DIFFERS FROM THAT INDICATED IN ITEM NO. 3, ABOVE. IF YOU HAVE MORE THAN ONE PREFERENCE, INDICATE YOUR CHOICES.

SAME

B. INDICATE WHAT TRAINING YOU BELIEVE YOU SHOULD HAVE IN ORDER TO INCREASE YOUR VALUE TO THE ORGANIZATION (refer to catalog of courses, if available):

Language Training

SECRET

B. PREFERENCE FOR NEXT ASSIGNMENT (continued)

C. INDICATE YOUR PREFERENCE FOR NEXT ASSIGNMENT BY INSERTING NUMBERS 1, 2 AND 3 (for 1st, 2nd and 3rd choice) IN THE BOXES BELOW:

☐ RETURN TO MY CURRENT STATION ☒ BE ASSIGNED TO HEADQUARTERS FOR A TOUR OF 24TH

☒ BE ASSIGNED TO ANOTHER FIELD STATION

WITH RESPECT TO A POSSIBLE REASSIGNMENT TO ANOTHER FIELD STATION, INDICATE YOUR 1ST, 2ND AND 3RD CHOICE FOR GEOGRAPHIC AREA OR SPECIFIC STATION:

1ST CHOICE:

2ND CHOICE:

3RD CHOICE:

10. HOW MUCH LEAVE DO YOU DESIRE BETWEEN ASSIGNMENTS?
30 days

11. INDICATE THE NUMBER AND AGE OF DEPENDENTS WHO WILL BE TRAVELLING OR MOVING WITH YOU:
Three: 32, 30 months, 18 months

12. SIGNATURE: COMPLETE ITEM NO. 3-1, TRANSMITTAL SHEET, TO INDICATE COMPLETION OF ABOVE PORTION OF THIS FORM.
TO BE COMPLETED BY SUPERVISOR AT FIELD STATION:

13. IN CONSIDERATION OF THE PAST EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS EXPRESSED PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF THE STATION, INDICATE YOUR RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING:

In view of this officer's field experience and his competent performance as in the area, his continued assignment to a field station would soon to be in the best interests of KUBARK.

14. SIGNATURE: COMPLETE ITEM NO. 3-2, TRANSMITTAL SHEET, TO INDICATE COMPLETION OF THIS PORTION OF THE FORM.
TO BE COMPLETED BY APPROPRIATE SUPERVISOR AT HEADQUARTERS:

15. IN CONSIDERATION OF THE PAST EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS EXPRESSED PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF THE DIVISION TO WHICH HE IS CURRENTLY ASSIGNED, INDICATE YOUR RECOMMENDATIONS FOR HIS NEXT ASSIGNMENT AND TRAINING:

FE Division concurs.

"The staffing plans of St/FM call for the assignment of to analytical duties on his return to Headquarters in the fall of 1962."

16. NAME OF SUPERVISOR:

TITLE:

Personnel Officer, ORR

20 March 1962

17. REMARKS (additional comment):

was notified of his planned reassignment in Memorandum No. 363, dated 14 March 1962.

21 MAY

Acting Secretary, ORR Career Service Board

SECRET

SECRET
(When Filled In)

VERIFIED RECORD OF OVERSEAS SERVICE

TO:

Office of Personnel, Statistical Reporting Branch, ROOM 192 Curie Hall

EMPLOYEE SERIAL NO. 1-8	NAME OF EMPLOYEE			OFFICE/COMPONENT 29-38
	LAST (Print)	FIRST	MIDDLE	
17974	[Redacted]	7-24		18

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR.

PCS DATES OF SERVICE

TYPE OF DATA	CODE	ARRIVAL			DEPARTURE			COUNTRY	UNIT
		MONTH	DAY	YEAR	MONTH	DAY	YEAR		
1 - PCS (Basic)	27	28-29	30-31	32-33	34-35	36-37	38-39	[Redacted]	40-42
3 - CORRECTION									
5 - CANCELLATION	1	29	04	59					375

TDY DATES OF SERVICE

TYPE OF DATA	CODE	DEPARTURE			RETURN			AREA(S)	UNIT
		MONTH	DAY	YEAR	MONTH	DAY	YEAR		
2 - TDY (Basic)	27	28-29	30-31	32-33	34-35	36-37	38-39		40-42
4 - CORRECTION									
6 - CANCELLATION									

SOURCE OF RECORD DOCUMENT

<input type="checkbox"/> TRAVEL VOUCHER	<input type="checkbox"/> DISPATCH
<input type="checkbox"/> CABLE	<input checked="" type="checkbox"/> DUTY STATUS OR TIME AND ATTENDANCE REPORT
<input type="checkbox"/> OTHER (Specify)	

DOCUMENT IDENTIFICATION NO.	DOCUMENT DATE/PERIOD
	10 AUG. - 5 SEP. 59

REMARKS

PREPARED BY	REPORT ANNOTATED ON SOURCE DOCUMENT	ADDITIONAL DATA VERIFIED CORRECT, BASED UPON SOURCE
<input checked="" type="checkbox"/> FISCAL DIVISION <input checked="" type="checkbox"/> FINANCE DIVISION	DATE: 21 APR. 60 SIGNATURE: [Redacted]	

FORM 1451a 3000000 PREVIOUS EDITIONS

SECRET

(4-10)

Office of Training
TRAINING REPORT

Instructor Training Course No. 60
40 hours, 30 Oct. - 3 Nov. 1961

6 students

Student:

Year of birth:

EOB Date: June 1955

Grade: 11

Office: Orr

COURSE OBJECTIVES, CONTENT, AND METHODS

The Objectives of this course are:

1. To develop an acquaintance with the learning processes.
2. To apply the principles of learning and instruction in practical teaching experiences.

This course included planning and practical teaching work in: principles of learning and teaching; effective oral communication; demonstration techniques; training aids; elements of effective class discussions; principles of lesson planning; all based upon the implementation of the principles of learning. Due to the shortness of the course, familiarization only was attempted with the above aspects of teaching.

During this course, each student presented to the class a sample speech, demonstration, a class discussion, and lesson plan, all related to his own subject matter area. These presentations were critiqued and voted by his classmates and the instructor. Over half of the students' course time was spent in practical exercises.

ACHIEVEMENT RECORDED

This student has satisfactorily accomplished the course objectives and met the course standards in presenting his exercises. has a pleasant manner of speaking, and with each presentation to the class his effectiveness increased. He was able to use visual aids effectively to good advantage, and he made worthwhile suggestions for improving the presentations of others. He evidenced a sound grasp of the principles of lesson plan format.

Despite his noticeable progress during the course, needs to show more interest in his students and regularly maintain good eye contact with his entire class. By giving continual attention and practice to vocal variety, overt manifestations of enthusiasm, and the establishment of closer rapport with the students, should be able to increase considerably his competence as an instructor.

FOR THE DIRECTOR OF TRAINING:

9 NOV 1961

SECRET

FIELD REASSIGNMENT QUESTIONNAIRE

DO NOT COMPLETE		FOR HEADQUARTERS USE ONLY	
AUTHENTICATION OF SIGNATURES AND VERIFICATION OF ITEMS 1 THROUGH 7, BELOW:			
NAME OF EMPLOYEE (From)	DATE (From Item 1)	NAME OF SUPERVISOR (From)	DATE (From Item 2)
	21 March 1961		21 March 1961
NAME AND SIGNATURE OF OFFICIAL AT HEADQUARTERS AUTHORIZED TO AUTHENTICATE SIGNATURES AND VERIFY DATA IN ITEMS NOS. 1 THROUGH 7, BELOW:		DATE	
TO BE COMPLETED BY EMPLOYEE			
1. DATE OF BIRTH	2. GRADE	3. CURRENT POSITION TITLE	
	GS-11	Identification Specialist	
4. SERVICE DESIGNATION (if known)	5. CURRENT STATION OR FIELD BASE		
NA			
6. OTHER DUTY STATIONS OR FIELD BASES DURING CURRENT TOUR			7. EXPECTED DATE OF DEPARTURE
NA			October 1961
8. WRITE A DESCRIPTION OF YOUR MAJOR DUTIES DURING THE CURRENT TOUR OF DUTY (see special note on Transmittal Form):			
<p>a) Supervise, coordinate and monitor with KUDOVE, ODYOKE and allied military services, the [redacted] in North Asia specifically covering [redacted] b) Determine new CHUCKWAGON targets and initiate specific collection projects with appropriate KUDOVE, ODYOKE and allied military units. c) Prepare and provide detailed training and guidance for KUDOVE assets, ODYOKE and allied military personnel, on CHUCKWAGON collection techniques and CHUCKWAGON targets. d) Personally participate in the exploitation of CHUCKWAGON targets when appropriate. e) Conduct official liaison relationships with ODYOKE [redacted] pertaining to KUCHAI interests, as directed by the Chief [redacted]</p>			
9. PREFERENCE FOR NEXT ASSIGNMENT:			
<p>A. WRITE A BRIEF DESCRIPTION OF THE TYPE OF WORK YOU WOULD PREFER FOR YOUR NEXT ASSIGNMENT IF IT DIFFERS FROM THAT INDICATED IN ITEM NO. 8, ABOVE. IF YOU HAVE MORE THAN ONE PREFERENCE, INDICATE YOUR CHOICES.</p> <p>SAME</p>			
<p>B. INDICATE WHAT TRAINING YOU BELIEVE YOU SHOULD HAVE IN ORDER TO INCREASE YOUR VALUE TO THE ORGANIZATION (refer to catalog of courses, if available).</p> <p>Language Training</p>			

SECRET

9. PREFERENCE FOR NEXT ASSIGNMENT (continued)

10. INDICATE YOUR PREFERENCE FOR NEXT ASSIGNMENT BY INSERTING NUMBERS 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100, 101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180, 181, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 196, 197, 198, 199, 200, 201, 202, 203, 204, 205, 206, 207, 208, 209, 210, 211, 212, 213, 214, 215, 216, 217, 218, 219, 220, 221, 222, 223, 224, 225, 226, 227, 228, 229, 230, 231, 232, 233, 234, 235, 236, 237, 238, 239, 240, 241, 242, 243, 244, 245, 246, 247, 248, 249, 250, 251, 252, 253, 254, 255, 256, 257, 258, 259, 260, 261, 262, 263, 264, 265, 266, 267, 268, 269, 270, 271, 272, 273, 274, 275, 276, 277, 278, 279, 280, 281, 282, 283, 284, 285, 286, 287, 288, 289, 290, 291, 292, 293, 294, 295, 296, 297, 298, 299, 300, 301, 302, 303, 304, 305, 306, 307, 308, 309, 310, 311, 312, 313, 314, 315, 316, 317, 318, 319, 320, 321, 322, 323, 324, 325, 326, 327, 328, 329, 330, 331, 332, 333, 334, 335, 336, 337, 338, 339, 340, 341, 342, 343, 344, 345, 346, 347, 348, 349, 350, 351, 352, 353, 354, 355, 356, 357, 358, 359, 360, 361, 362, 363, 364, 365, 366, 367, 368, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 380, 381, 382, 383, 384, 385, 386, 387, 388, 389, 390, 391, 392, 393, 394, 395, 396, 397, 398, 399, 400, 401, 402, 403, 404, 405, 406, 407, 408, 409, 410, 411, 412, 413, 414, 415, 416, 417, 418, 419, 420, 421, 422, 423, 424, 425, 426, 427, 428, 429, 430, 431, 432, 433, 434, 435, 436, 437, 438, 439, 440, 441, 442, 443, 444, 445, 446, 447, 448, 449, 450, 451, 452, 453, 454, 455, 456, 457, 458, 459, 460, 461, 462, 463, 464, 465, 466, 467, 468, 469, 470, 471, 472, 473, 474, 475, 476, 477, 478, 479, 480, 481, 482, 483, 484, 485, 486, 487, 488, 489, 490, 491, 492, 493, 494, 495, 496, 497, 498, 499, 500, 501, 502, 503, 504, 505, 506, 507, 508, 509, 510, 511, 512, 513, 514, 515, 516, 517, 518, 519, 520, 521, 522, 523, 524, 525, 526, 527, 528, 529, 530, 531, 532, 533, 534, 535, 536, 537, 538, 539, 540, 541, 542, 543, 544, 545, 546, 547, 548, 549, 550, 551, 552, 553, 554, 555, 556, 557, 558, 559, 560, 561, 562, 563, 564, 565, 566, 567, 568, 569, 570, 571, 572, 573, 574, 575, 576, 577, 578, 579, 580, 581, 582, 583, 584, 585, 586, 587, 588, 589, 590, 591, 592, 593, 594, 595, 596, 597, 598, 599, 600, 601, 602, 603, 604, 605, 606, 607, 608, 609, 610, 611, 612, 613, 614, 615, 616, 617, 618, 619, 620, 621, 622, 623, 624, 625, 626, 627, 628, 629, 630, 631, 632, 633, 634, 635, 636, 637, 638, 639, 640, 641, 642, 643, 644, 645, 646, 647, 648, 649, 650, 651, 652, 653, 654, 655, 656, 657, 658, 659, 660, 661, 662, 663, 664, 665, 666, 667, 668, 669, 670, 671, 672, 673, 674, 675, 676, 677, 678, 679, 680, 681, 682, 683, 684, 685, 686, 687, 688, 689, 690, 691, 692, 693, 694, 695, 696, 697, 698, 699, 700, 701, 702, 703, 704, 705, 706, 707, 708, 709, 710, 711, 712, 713, 714, 715, 716, 717, 718, 719, 720, 721, 722, 723, 724, 725, 726, 727, 728, 729, 730, 731, 732, 733, 734, 735, 736, 737, 738, 739, 740, 741, 742, 743, 744, 745, 746, 747, 748, 749, 750, 751, 752, 753, 754, 755, 756, 757, 758, 759, 760, 761, 762, 763, 764, 765, 766, 767, 768, 769, 770, 771, 772, 773, 774, 775, 776, 777, 778, 779, 780, 781, 782, 783, 784, 785, 786, 787, 788, 789, 790, 791, 792, 793, 794, 795, 796, 797, 798, 799, 800, 801, 802, 803, 804, 805, 806, 807, 808, 809, 810, 811, 812, 813, 814, 815, 816, 817, 818, 819, 820, 821, 822, 823, 824, 825, 826, 827, 828, 829, 830, 831, 832, 833, 834, 835, 836, 837, 838, 839, 840, 841, 842, 843, 844, 845, 846, 847, 848, 849, 850, 851, 852, 853, 854, 855, 856, 857, 858, 859, 860, 861, 862, 863, 864, 865, 866, 867, 868, 869, 870, 871, 872, 873, 874, 875, 876, 877, 878, 879, 880, 881, 882, 883, 884, 885, 886, 887, 888, 889, 890, 891, 892, 893, 894, 895, 896, 897, 898, 899, 900, 901, 902, 903, 904, 905, 906, 907, 908, 909, 910, 911, 912, 913, 914, 915, 916, 917, 918, 919, 920, 921, 922, 923, 924, 925, 926, 927, 928, 929, 930, 931, 932, 933, 934, 935, 936, 937, 938, 939, 940, 941, 942, 943, 944, 945, 946, 947, 948, 949, 950, 951, 952, 953, 954, 955, 956, 957, 958, 959, 960, 961, 962, 963, 964, 965, 966, 967, 968, 969, 970, 971, 972, 973, 974, 975, 976, 977, 978, 979, 980, 981, 982, 983, 984, 985, 986, 987, 988, 989, 990, 991, 992, 993, 994, 995, 996, 997, 998, 999, 1000

11. INDICATE THE NUMBER AND AGE OF DEPENDENTS WHO WILL BE TRAVELLING OR MOVING WITH YOU:
Three, 51, 23 months, 8 months

12. SIGNATURE: COMPLETE ITEM NO. 8-1, TRANSMITTAL SHEET, TO INDICATE COMPLETION OF ABOVE PORTION OF THIS FORM.
TO BE COMPLETED BY SUPERVISOR AT FIELD STATION

13. IN CONSIDERATION OF THE PAST EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS EXPRESSED PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF THE DIVISION TO WHICH HE IS CURRENTLY ASSIGNED, INDICATE YOUR RECOMMENDATIONS FOR HIS NEXT ASSIGNMENT AND TRAINING:
EE Division recommends subject be reassigned by the IA Career Board.
Headquarters recommends extension of tour for another year.

14. NAME OF SUPERVISOR: [Signature]
PERSONNEL OFFICER, ORR

15. SIGNATURE: [Signature]
DATE: [Date]

16. REMARKS (additional comments):
[Text]

SECRET

SECRET

18 April 1961

MEMORANDUM FOR THE RECORD

SUBJECT: Outstanding Advance Balance [redacted]

1. This memorandum is to be made a part of subject's personnel file, by direction of Acting Chief, [redacted]
2. As stated in Paragraph 4 of the [redacted] Audit Report for the period 1 September 1960 through 28 February 1961, subject has an outstanding balance of \$167.62 in his travel advance account. The advance has been open since 8 December 1960, despite repeated efforts on the part of Finance to close the account.
3. The balance referred to above is computed as follows:

8 December 1960 - Travel advance	\$500.00
22 March 1961 - Accounting for travel for period 10-18 December 1960	332.38
Balance Outstanding	<u>\$167.62</u>
4. Finance Memorandum 61-19 dated 17 April 1961 again requested that the balance be refunded and the account closed. An addendum to this memorandum, signed by Acting Deputy for Operations, informed [redacted] that he was to refund the balance no later than COB 17 April 1961.
5. [redacted]'s written reply to the memo stated that he would refund the balance no later than 28 April 1961, upon receipt of a bank deposit slip from PBPRIME.
6. After further discussion between [redacted] and the undersigned, [redacted] were sent to Headquarters requesting an immediate transfer of \$167.62 from subject's Credit Union account to Finance Division for T/A [redacted]
7. Subject has been informed that no further advances of official funds will be made to him, except for housing expenses and the exact cost of tickets necessary for official travel.

[redacted]
Finance Officer

Distribution

- ✓ 1 - PERS
- 2 - FIM
- 1 - A/DOPS

SECRET

TSS/PB/TRAINING DIVISION EVALUATION

DARKROOM 9

BASIC PHOTOGRAPHY No. 1

NAME DIV. CR1 BR. 1A DATES TRAINED: from 23 June to 17 July '71

This course is primarily designed to develop the following skills: Use of 35 mm cameras with accessories, document copy, processing and printing.

	None	Unsat.	Fair	Good	Excellent	Superior
I. Manipulation of camera.						
a. Leica				X		
b. Retina II C	X					
c. Recordak				X		
II. Processing and printing.						
a. Film loading				X		
b. Film processing				X		
c. Enlarging				X		
d. Reflex and contact printing					X	
III. Use of accessory equipment.						
a. Exposure meter				X		
b. Filters	X					
c. Telephoto and wide angle lenses				X		
IV. Document copy and small objects.						
a. Available light	X			X		
b. Accessory illumination				X		
c. BOOWU, porta lens, focus slide				X		
V. Ground photography.						
a. Coverage						
b. Report	X					
VI. Casing.						
a. Coverage						
b. Report						
VII. Surveillance.						
a. Coverage						
b. Report						
VIII. Special problems.						
a. Coverage						
b. Report						
General quality of prints				X		
Choice of subject matter				X		
Quality of darkroom work (Cleanliness, etc.)				X		
Attitude toward subject matter				X		
Cooperation					X	

REMARKS:

 met the course objectives and completed all of the course assignments for this two weeks he attended with average results.

Overcoming some difficulty at the outset, soon overcame many of his problems in the two week time. He demonstrated an eagerness to learn, by asking to be checked out in not only course equipment, but other equipment as well. He also offered to complete additional assignments on his own time.

It is suggested he continue his practice and association with photography in order to maintain and improve present proficiency.

APPROVED
C/TSS/TO

Instructor

SECRET
(When Filled In)

**PERIODIC SUPPLEMENT
PERSONAL HISTORY STATEMENT**

THIS DATE

INSTRUCTIONS

This form provides the space whereby your official personnel records will be kept current. Even though it duplicates information you have furnished previously, it will be necessary for you to complete Sections I through VI in 1969. You need complete Sections VII through XII only if there has been a change since you entered on duty with the organization or if you believe the data requires more complete coverage than you have previously reported.

SECTION I

GENERAL

1. FULL NAME John Edward Miller

2. CURRENT ADDRESS (No., Street, City, Zone, State) [Redacted]

3. PERMANENT ADDRESS (No., Street, City, Zone, State) [Redacted]

4. HOME TELEPHONE NUMBER [Redacted]

5. STATE, TERRITORY, POSSESSION OR COUNTRY IN WHICH YOU NOW CLAIM RESIDENCE [Redacted]

SECTION II

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

1. NAME (Last-First-Middle), preferably residing in U.S. [Redacted]

2. RELATIONSHIP Aunt

3. HOME ADDRESS (No., Street, City, Zone, State, Country) [Redacted]

4. DOB [Redacted]

5. HOME PHONE NUMBER HO 9-3173

6. BUSINESS TELEPHONE NUMBER [Redacted]

7. BUSINESS TELEPHONE EXTENSION [Redacted]

8. IN CASE OF EMERGENCY, OTHER CLOSE RELATIVES (Spouse, Mother, Father) MAY ALSO BE NOTIFIED. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE.

SECTION III

MARITAL STATUS

1. CHECK (X) ONE: ☒ SINGLE ☒ MARRIED ☐ MARRIED ☐ SEPARATE ☐ DIVORCED ☐ ANNULLED

2. FURNISH DATE, PLACE AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS

SPOUSE: If you have been married more than once, including annulments, use a separate sheet for former wife or husband giving data below for all previous marriages. If marriage is contemplated, provide same data for fiancé.

3. NAME (First) (Middle) (Maiden) (Last) [Redacted]

4. DATE OF MARRIAGE 2 Sept. 1956

5. PLACE OF MARRIAGE (City, State, Country) New York, N.Y.

6. ADDRESS OF SPOUSE BEFORE MARRIAGE (No., Street, City, State, Country) [Redacted]

7. LIVING ☒ YES ☐ NO

8. DATE OF DEATH [Redacted]

9. CAUSE OF DEATH [Redacted]

10. CURRENT ADDRESS (Give last address, if deceased) [Redacted]

11. DATE OF BIRTH 11 June 1930

12. PLACE OF BIRTH (City, State, Country) Jackson, Tenn.

13. IF BORN OUTSIDE U.S., DATE OF ENTRY [Redacted]

14. PLACE OF ENTRY [Redacted]

15. CITIZENSHIP (Country) [Redacted]

16. DATE ACQUIRED [Redacted]

17. WHERE ACQUIRED (City, State, Country) [Redacted]

18. OCCUPATION Housewife

19. PRESENT EMPLOYER (Also give former employer, or if spouse is deceased or unemployed, last two employers) [Redacted]

20. EMPLOYER'S OR BUSINESS ADDRESS (No., Street, City, State, Country) [Redacted]

SECTION III CONTINUED TO PAGE 2

FORM 444b USE PREVIOUS EDITIONS.
10-57

SECRET

SECRET
(When Filled In)

SECTION V CONTINUED FROM PAGE 2

9. BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS

NAME OF INSTITUTION	ADDRESS (City, State, Country)
National Bank of Washington	Wash. D.C.
Old Dominion	Arlington, Va.

7. HAVE YOU EVER BEEN IN, OR PETITIONED FOR, BANKRUPTCY?

YES

☒ NO

8. IF YOU HAVE ANSWERED "YES" TO QUESTION 7 ABOVE, GIVE PARTICULARS, INCLUDING COURT AND DATE(S)

SECTION VI

CITIZENSHIP

1. COUNTRY OF CURRENT CITIZENSHIP

2. CITIZENSHIP ACQUIRED BY - CHECK (A) ONE:

☐ BIRTH

☐ MARRIAGE

☐ OTHER (Specify):

3. HAVE YOU TAKEN STEPS TO CHANGE YOUR PRESENT CITIZENSHIP? ☐ YES ☒ NO

4. GIVE PARTICULARS:

5. IF YOU HAVE APPLIED FOR U.S. CITIZENSHIP, INDICATE PRESENT STATUS OF YOUR APPLICATION (FEEB, PAPER, ETC.)

SECTION VII

EDUCATION

1. CHECK (X) HIGHEST LEVEL OF EDUCATION ATTAINED

LESS THAN HIGH SCHOOL GRADUATE

OVER TEN YEARS OF COLLEGE - NO DEGREE

HIGH SCHOOL GRADUATE

BACHELOR'S DEGREE

TRADER, BUSINESS, OR COMMERCIAL SCHOOL GRADUATE

GRADUATE STUDY LEADING TO HIGHER DEGREE

TWO YEARS COLLEGE OR LESS

MASTER'S DEGREE

DOCTOR'S DEGREE

2. COLLEGE OR UNIVERSITY STUDY

NAME AND LOCATION OF COLLEGE OR UNIVERSITY

SUBJECT

DATES ATTENDED

DEGREE REC'D

DATE REC'D

STATUS AND COMPLETION (Specify)

MAJOR

MINOR

FROM

TO

DEGREE REC'D

DATE REC'D

STATUS AND COMPLETION (Specify)

3. TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS

NAME OF SCHOOL

STUDY OR SPECIALIZATION

DATES ATTENDED

FROM

TO

TOTAL CREDITS

4. MILITARY TRAINING (Full time duty in specialized schools such as Ordnance, Intelligence, Communications, etc.)

NAME OF SCHOOL

STUDY OR SPECIALIZATION

DATES ATTENDED

FROM

TO

TOTAL CREDITS

5. OTHER EDUCATIONAL TRAINING NOT INDICATED ABOVE

SECRET

DESIGNATION OF BENEFICIARY
FEDERAL EMPLOYEES' GROUP LIFE
INSURANCE ACT OF 1951

IMPORTANT
Read instructions
on back of duplicate
before filling in this form

INFORMATION CONCERNING THE INSURED:

NAME (Last) (First) (Middle) DATE OF BIRTH (Month, day, year)

DEPARTMENT OR AGENCY IN WHICH EMPLOYED (If retired, so state and give "CSA" or "CSI" number):

(Department or agency)

(Bureau)

(Division)

I, the employee or annuitant identified above, canceling any and all previous Designations of Beneficiary under the Federal Employees' Group Life Insurance Act heretofore made by me, do now designate the beneficiary or beneficiaries named below to receive any amount of GROUP LIFE INSURANCE and GROUP ACCIDENTAL DEATH INSURANCE due and payable at my death. I understand that this Designation of Beneficiary will remain in full force and effect, with respect to any amount payable, unless or until canceled by me in writing, or until such time as I become insured in a department or agency other than the above, or until such time as I become insured as a retired employee, in which event this Designation of Beneficiary shall terminate.

INFORMATION CONCERNING THE BENEFICIARY OR BENEFICIARIES:

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
Cancel prior designations			

I hereby direct, unless otherwise indicated above, that, if more than one beneficiary is named, the share of any deceased beneficiary who may predecease me shall be distributed equally among the surviving beneficiaries, or entirely to the survivor. I understand that this Designation of Beneficiary shall be void if none of the designated beneficiaries is living at the time of my death.

I hereby specifically reserve the right to cancel or change any Designation of Beneficiary at any time without knowledge or consent of the beneficiary.

August 30, 1956

(Date of execution—month, day, year)

(Signature of insured)

WITNESSES TO SIGNATURE (A witness is ineligible to receive payment as a beneficiary):

(Signature of witness)

(Number and street)

(City, town, county, and State)

(Signature of witness)

(Number and street)

(City, town, county, and State)

PRINT OR TYPE NAME AND ADDRESS OF INSURED

THIS SPACE RESERVED FOR RECEIVING AGENCY

IF ISSUED AS AN EMPLOYEE, SEND BOTH COPIES TO THE FEDERAL BUREAU OF INVESTIGATION, DEPARTMENT OF JUSTICE, WASHINGTON, D. C. 20535. IF ISSUED AS AN ANNUITANT, SEND BOTH COPIES TO THE CIVIL SERVICE COMMISSION, WASHINGTON, D. C. 20535. COPIES WILL BE RETAINED AND RETURNED.

IMPORTANT.--The filing of this form will completely cancel any Designation of Beneficiary under the Federal Employees' Group Life Insurance Act you may have previously filed. Be sure to name in this form all persons you wish to designate as beneficiaries of any group life and accidental death insurance payable under that act at your death.

EXAMPLES OF DESIGNATIONS

How To Designate ONE BENEFICIARY

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
Mary E. Brown*	214 Central Avenue, Muncie, Ind.	Niece	All

How To Designate MORE THAN ONE BENEFICIARY

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
Alice M. Long	509 Canal Street, Red Bank, N. J.	Aunt	One-fourth**
Joseph P. Brady	360 Williams Street, Red Bank, N. J.	Nephew	One-fourth
Catherine L. Rowe	792 Broadway, Whiting, Ind.	Mother	One-half

How To Designate A CONTINGENT BENEFICIARY

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
John M. Parrish, if living	810 West 180th Street, New York, N. Y.	Father	All
Otherwise to: Susan A. Parrish	810 West 180th Street, New York, N. Y.	Sister	All

How To CANCEL A DESIGNATION OF BENEFICIARY SO THAT AMOUNT DUE WILL BE PAYABLE AS PROVIDED IN THE LAW

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
Cancel prior designations.			

*Do not write names as Mr. E. Brown or as Mrs. John H. Brown.

**Be sure that the shares to be paid to the named beneficiaries add up to 100 percent.

19-7084-1

CONFIDENTIAL

TO : Chief, Fiscal Division 1405 Alcott Hall
FROM : Chief, Records and Services Division
SUBJECT: SF-2808

Attached is SF-2808 (Designation of Beneficiary) for:

Date 21 JUN 1955

Please sign second copy and return to:

Chief, Transactions and Records Branch
Room 187
Curio Hall

CONFIDENTIAL

APPOINTMENT AFFIDAVITS

IMPORTANT.—Before swearing to these appointment affidavits, you should read and understand the attached information for appointee

CENTRAL INTELLIGENCE AGENCY

(Department or agency)

WASHINGTON, D.C.

(Bureau or division)

(Place of employment)

I, , do solemnly swear (or affirm) that—

A. OATH OF OFFICE

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely without any mental reservation or purpose of evasion; that I will well and faithfully discharge the duties of the office on which I am about to enter, SO HELP ME GOD.

B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

I am not a Communist or Fascist. I do not advocate nor am I a member of any organization that advocates the overthrow of the Government of the United States by force or violence or other unconstitutional means or seeking by force or violence to deny other persons their rights under the Constitution of the United States. I do further swear (or affirm) I will not so advocate, nor will I become a member of such organization during the period that I am an employee of the Federal Government.

C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

I am not engaged in any strike against the Government of the United States and that I will not so engage while an employee of the Government of the United States; that I am not a member of an organization of Government employees that asserts the right to strike against the Government of the United States, and that I will not, while a Government employee, become a member of such an organization.

D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

I have not paid, or offered or promised to pay, any money or other thing of value to any person, firm or corporation for the use of influence to procure my appointment.

E. AFFIDAVIT AS TO DECLARATION OF APPOINTEE

The answers given in the Declaration of Appointee on the reverse of this form are true and correct.

15 June 1955

(Date of entrance on duty)

Subscribed and sworn before me this 15th day of June, A. D. 1955,

at Washington, D.C.

(City)

(State)

[SEAL]

NOTE.—If the oath is taken before a Notary Public the date of expiration of his commission should be shown.

DECLARATION OF APPOINTEE

This form is to be completed before entrance on duty. Answer all questions. Any false statement in this declaration will be grounds for cancellation of application or dismissal after appointment. Impersonation is a criminal offense and will be prosecuted accordingly.

1. PRESENT ADDRESS (street and number, city and State)			
NASA, D. C.			
2. (A) DATE OF BIRTH	(B) PLACE OF BIRTH (city or town and State or country)		
	BROOKLYN, N. Y.		
3. (A) IN CASE OF EMERGENCY PLEASE NOTIFY	(B) RELATIONSHIP	(C) STREET AND NUMBER, CITY AND STATE	(D) TELEPHONE NO.
	Brother		EL 5-7829

4. DOES THE UNITED STATES GOVERNMENT EMPLOY, IN A CIVILIAN CAPACITY, ANY RELATIVE OF YOURS (EITHER BY BLOOD OR MARRIAGE) WITH WHOM YOU LIVE OR HAVE LIVED WITHIN THE PAST 24 MONTHS? ☐ YES ☒ NO
If no, for each such relative fill in the blanks below. If additional space is necessary, complete under item 10.

NAME	POST OFFICE ADDRESS (One street number, if any)	(1) POSITION (2) TEMPORARY OR NOT (3) DEPARTMENT OR AGENCY IN WHICH EMPLOYED		RELATIONSHIP	MAR- RIED (Check one)	SINGLE
		1.	2.			
		1.				
		2.				
		1.				
		2.				
		1.				
		2.				

INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO	10. SPACE FOR DETAILED ANSWERS TO OTHER QUESTIONS	
			ITEM NO.	WRITE IN LEFT COLUMN NUMBERS OF ITEMS TO WHICH DETAILED ANSWERS APPLY
5. ARE YOU A CITIZEN OF OR DO YOU OWE ALLEGIANCE TO THE UNITED STATES?	X			
6. ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY? If your answer is "Yes", give details in item 10.		X		
7. TO YOU INCUR ANY ANNUITY FROM THE UNITED STATES OR PAYMENT OF COMPENSATION OR BENEFIT UNDER ANY LAW OR ACT OR ANY PENSION OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE? If your answer is "Yes", give in item 10 reason for retirement, that is, age, physical disability, or the reason of voluntary or involuntary separation after 5 years' service, amount of retirement pay, and under what retirement act, and stating if retired from military or naval service.		X		
8. SINCE THE FILED APPLICATION HEREIN THIS APPLICANT HAVE YOU BEEN EMPLOYED OR ENGAGED IN ANY POSITION DISCLOSED ON UNCLASSIFIED FACTORY SERVICE FROM ANY POSITION? If your answer is "Yes", give in item 10 the name and address of employer, date and reason in each case.		X		
9. HAVE YOU BEEN ARRESTED (NOT INCLUDING TRAFFIC VIOLATIONS FOR WHICH YOU RECEIVED A CITIZEN OR NON-CITIZEN CITIZENSHIP OR LEGAL STATUS FOR FILED APPLICATION RESIDENCE IN THIS APPOINTMENT)? If your answer is "Yes", list all such cases under item 10. Give in each case: (1) The date; (2) the nature of the offense or violation; (3) the name and location of the court; (4) the penalty imposed; (5) any other disposition of the case. If appointed, your fingerprints will be taken.		X		

INSTRUCTIONS TO APPOINTING OFFICER

The appointing officer before whom the foregoing certificate is made shall determine to his own satisfaction that the appointee is worthy to receive the appointment. He shall verify the facts stated in the certificate and shall sign the certificate and forward it to the Civil Service Commission and to the appointing officer. This form should be placed in the hands of the appointing officer with the certificate and the certificate of the appointing officer should be placed in the hands of the appointing officer.

(1) **Identity of appointee**—It is the duty of the appointing officer to check against impersonation and to determine to his own satisfaction that the appointee is the person named in the certificate. The appointing officer should compare the appointee with the certificate and the certificate should be compared with the appointing officer. The appointing officer should compare the appointee with the certificate and the certificate should be compared with the appointing officer.

(2) **Age**—If definite age limits have been established for the position, it should be determined that applicant is not outside the range for appointment. Until such determination is made, the applicant should not be recommended.

(3) **Citizenship**—The appointing officer is responsible for checking the citizenship provisions of (1) the Civil Service Rules and (2) the appointing officer. Form 81 constitutes an affidavit for both purposes and is accepted proof of citizenship status in the absence of conflicting evidence. In doubtful cases the appointing officer should be recommended to the Civil Service Commission.

(4) **Members of family**—Section 1 of the Civil Service Act prohibits members of family from being members of a family serving under the Government of the United States. The appointing officer should check the family members of the appointee against the list of family members of the appointing officer. The appointing officer should check the family members of the appointee against the list of family members of the appointing officer.

Standard Form No. 64
September 1954
U. S. Civil Service Commission
7, F. S. Chapter 71

DESIGNATION OF BENEFICIARY
FEDERAL EMPLOYEES' GROUP LIFE
INSURANCE ACT OF 1954

IMPORTANT
Read instructions
on back of duplicate
before filling in this form

INFORMATION CONCERNING THE INSURED:

NAME (Last) (First) (Middle) DATE OF BIRTH (Month, day, year)

OBJECT OF DESIGNATION: [Redacted]

DEPARTMENT OR AGENCY IN WHICH EMPLOYED (If retired, so state and give "CSA" or "CSI" number):

CIA (Department or agency) (Bureau) (Division)

I, the employee or annuitant identified above, canceling any and all previous Designations of Beneficiary under the Federal Employees' Group Life Insurance Act heretofore made by me, do now designate the beneficiary or beneficiaries named below to receive any amount of GROUP LIFE INSURANCE and GROUP ACCIDENTAL DEATH INSURANCE due and payable at my death. I understand that this Designation of Beneficiary will remain in full force and effect, with respect to any amount payable, unless or until canceled by me in writing, or until such time as I become insured in a department or agency other than the above, or until such time as I become insured as a retired employee, in which event this Designation of Beneficiary shall terminate.

INFORMATION CONCERNING THE BENEFICIARY OR BENEFICIARIES:

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
[Redacted]	[Redacted]	Brother	ALL
[Redacted]	[Redacted]	Sister	50%
[Redacted]	[Redacted]	Sister	50%
[Redacted]	[Redacted]	Sister	50%

I hereby direct, unless otherwise indicated above, that, if more than one beneficiary is named, the share of any deceased beneficiary who may predecease me shall be distributed equally among the surviving beneficiaries, or entirely to the survivor. I understand that this Designation of Beneficiary shall be void if none of the designated beneficiaries is living at the time of my death. I hereby specifically reserve the right to cancel or change my Designation of Beneficiary at any time without knowledge or consent of the beneficiary.

JUNE 15, 1955

(Date of execution—month, day, year)

WITNESSES TO SIGNATURE (A witness is ineligible to receive payment as a beneficiary):

[Redacted]

(City, zone number, and State)

Washington, D.C.
(City, zone number, and State)

PRINT OR TYPE NAME AND ADDRESS OF INSURED

THIS SPACE RESERVED FOR RECEIVING AGENCY

Rec'd Off. of Personnel
6/15/55

(Indicate date and by whom received)

IF ISSUED AS AN EMPLOYEE, GIVE BOTH COPIES TO THE PROPER OFFICE OF YOUR AGENCY - DUPLICATE WILL BE NOTED AND RETURNED. IF ISSUED AS AN ANNUITANT, SEND BOTH COPIES TO THE CIVIL SERVICE COMMISSION, WASHINGTON 25, D. C. - DUPLICATE WILL BE NOTED AND RETURNED.

IMPORTANT.—The filing of this form will completely cancel any Designation of Beneficiary under the Federal Employees' Group Life Insurance Act you may have previously filed. Be sure to name in this form all persons you wish to designate as beneficiaries of any group life and accidental death insurance payable under that act at your death.

EXAMPLES OF DESIGNATIONS

How To Designate One Beneficiary

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
Mary E. Brown*	214 Central Avenue, Muncie, Ind.	Niece	All

How To Designate More Than One Beneficiary

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
Alice M. Long	509 Canal Street, Red Bank, N. J.	Aunt	One-fourth **
Joseph P. Brady	360 Williams Street, Red Bank, N. J.	Nephew	One-fourth
Catherine L. Rowe	792 Broadway, Whiting, Ind.	Mother	One-half

How To Designate A Contingent Beneficiary

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
John M. Parrish, if living	810 West 180th Street, New York, N. Y.	Father	All
Otherwise to: Susan A. Parrish	810 West 180th Street, New York, N. Y.	Sister	All

How To Cancel A Designation Of Beneficiary So That Amount Due Will Be Payable As Provided In The Law

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
Cancel prior designations			

*Do not write name as M. E. Brown or as Mrs. John M. Brown.

**Be sure that the shares to be paid to the several beneficiaries add up to 100 percent.

STATEMENT OF PRIOR FEDERAL AND MILITARY SERVICE

IMPORTANT: The information on this form will be used in determining creditable service for leave purposes and retention credits for reduction in force. The employee should complete Part I and the Personnel Office should complete Parts II through IV.

PART I—EMPLOYEE'S STATEMENT

1. NAME (Last, first, middle initial)

[Redacted]

2. DATE OF BIRTH

[Redacted]

3. LIST THE FOLLOWING INFORMATION CONCERNING ALL FEDERAL AND DISTRICT OF COLUMBIA SERVICE YOU HAVE HAD PRIOR TO YOUR PRESENT APPOINTMENTS (Do not include military service.)

NAME AND LOCATION OF AGENCY	FROM—			TO—			TYPE OF APPOINTMENT IF KNOWN
	YEAR	MONTH	DAY	YEAR	MONTH	DAY	
CIA	55	6	15				

4. LIST PERIODS OF SERVICE IN ANY BRANCH OF THE ARMED FORCES OF THE UNITED STATES. IF YOU HAD NO MILITARY SERVICE, WRITE "NONE."

BRANCH	FROM—			TO—			DISCHARGE (Hon. or dishon?)
	YEAR	MONTH	DAY	YEAR	MONTH	DAY	
U.S. ARMY	1952	NOV	17	1959	MAY	16	HON.

5. DURING PERIODS OF EMPLOYMENT SHOWN IN ITEM 3, DID YOU HAVE A TOTAL OF MORE THAN 6 MONTHS ABSENCE WITHOUT PAY, INCLUDING PERIODS OF MERCHANT MARINE SERVICE, DURING ANY ONE CALENDAR YEAR? ☐ YES ☒ NO
IF ANSWER IS "YES," LIST FOLLOWING INFORMATION:

TYPE OF ABSENCE (LWOP, Phil. Serv., AWOL, Mat. Mat.)	FROM—			TO—			TOTAL		
	YEAR	MONTH	DAY	YEAR	MONTH	DAY	YEARS	MONTHS	DAYS

6. DURING THE FEDERAL SERVICE LISTED IN ITEM 3, DID YOU ACQUIRE A PERMANENT COMPETITIVE CIVIL SERVICE STATUS? ☐ YES ☒ NO

(If answer is "Yes," in what agency were you employed at the time status was acquired?)

7. ARE YOU:

- A. THE WIFE OF A DECEASED VETERAN? ☐ YES ☒ NO
B. THE MOTHER OF A DECEASED OR DISABLED VETERAN? ☐ YES ☒ NO
C. THE UNDECEASED WIDOW OF A VETERAN? ☐ YES ☒ NO

8. TO BE EXECUTED BEFORE A NOTARY PUBLIC OR OTHER PERSONS AUTHORIZED TO ADMINISTER OATHS.

I swear (or affirm) that the above statements are true to the best of my knowledge and belief.

15 June 1955
(DATE)

Subscribed and sworn to before me on this 15th day of June 1955 at Washington, D.C.

SEAL

NOTE: If oath is taken before a Notary Public, the date of expiration of his Commission should be shown.

PART II—THIS COLUMN IS FOR PERSONNEL OFFICE USE

9. RETENTION GROUP

10. CSC STATUS (For permanent employees only)

☐ YES ☒ NO

11. SERVICE

YEAR MONTH DAY

2 00 00
1 1 29

12. TOTAL SERVICE

1 1 29

13. NONCREDITABLE SERVICE (Leave purposes only)

14. NONCREDITABLE SERVICE (RIF purposes only)

15. REEMPLOYMENT RIGHTS

☐ YES ☒ NO

16. RETENTION RIGHTS

☐ YES ☒ NO

17. EXPIRATION DATE OF RETENTION RIGHTS

(OVER)

**PART III.—DETERMINING CREDITABLE SERVICE
AND SERVICE COMPUTATION DATE FOR
LEAVE PURPOSES**

TOTAL SERVICE (Item 13)

NONCREDITABLE SERVICE (Item 13)

CREDITABLE SERVICE (Leave purposes)

ENTRANCE ON DUTY DATE (Present agency)

LESS CREDITABLE SERVICE (Leave purposes)

SERVICE COMPUTATION DATE (Leave purposes)

YEARS	MONTHS	DAYS
55	5	45
1	1	29
54	4	16

*verified
1/11/57*

**PART IV.—DETERMINING CREDITABLE SERVICE
AND SERVICE COMPUTATION DATE FOR
REDUCTION IN FORCE PURPOSES**

(To be completed only in those cases when the amount of creditable service for reduction
in force purposes differs from the amount creditable for leave purposes)

TOTAL SERVICE (Item 13)

NONCREDITABLE SERVICE (Item 14)

CREDITABLE SERVICE (RIF purposes)

ENTRANCE ON DUTY DATE (Present agency)

LESS CREDITABLE SERVICE (RIF purposes)

SERVICE COMPUTATION DATE (RIF purposes)
(Enter as the "service computation date" on the employee's "Service Record Card," SF-7)

YEARS	MONTHS	DAYS

REMARKS:

SECRET

1. NAME (Last, First, Middle) [Redacted]		2. DATE OF BIRTH [Redacted]	3. GRADE GS-13
4. OFFICE, DIVISION, BRANCH (or overseas station and existing cover if lateral assignment) DDP/EE/[Redacted]		5. PRESENT POSITION Ops Officer - [Redacted]	6. EMPLOYEE EXTENS. 6109
7. PROPOSED STATION [Redacted]		8. PROPOSED POSITION (Title, Number, Grade) OPS Officer-4947-GS-13	
9. [Redacted]		10. ESTIMATED DATE OF DEPARTURE 10 May 1969	11. NO. OF DEPENDENTS TO ACCOMPANY 3
12. COMMENTS Request evaluation of current medical for proposed PCS assignment			
13. DATE OF REQUEST 24 Jan 1969		14. [Redacted]	
15. ROOM NUMBER AND BUILDING 6 U 22		16. EXTENSION 6109	
17. OFFICE OF MEDICAL SERVICES DISPOSITION			
18. OFFICE OF SECURITY DISPOSITION			
OVERSEAS CANDIDATE REVIEW PANEL DISPOSITION			
<p>27 MAR 1969</p> <p>GALLIMOD, J. R. (RECEIVED) & [Redacted]</p> <p>Chairman, Overseas [Redacted]</p>			
REQUEST FOR PCS OVERSEAS EVALUATION			

259a USE PREVIOUS EDITIONS

SECRET

GROUP 1
EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

(4)

SECRET

1. NAME (Last, First, Middle) [REDACTED]		2. DATE OF BIRTH [REDACTED]		3. GRADE GS-12	
4. OFFICE, DIVISION, BRANCH (or overseas station and existing cover if lateral assignment) DDP/TE [REDACTED]		5. PRESENT POSITION Ops Officer		6. EMPLOYEE EXTENSION 140	
7. PROPOSED STATION [REDACTED]		8. PROPOSED POSITION (Title, Number, Grade) Ops Officer/441/GS-13			
9. [REDACTED]		10. ESTIMATED DATE OF DEPARTURE 1 June 1968		11. NO. OF DEPENDENTS TO ACCOMPANY 3	
12. COMMENTS Request that Subject's [REDACTED] physical be re-evaluated for the above PCS assignment.					
13. DATE OF REQUEST 23 December 1967		14. SIGNATURE OF REQUESTING OFFICIAL [REDACTED]		15. ROOM NUMBER AND BUILDING 5 E 22	
16. EXTENSION 6109					
17. OFFICE OF MEDICAL SERVICES DISPOSITION [REDACTED]					
18. OFFICE OF SECURITY DISPOSITION [REDACTED]					
19. OVERSEAS CANDIDATE REVIEW PANEL DISPOSITION [REDACTED]					
REQUEST FOR PCS OVERSEAS EVALUATION					

PERSONAL HISTORY STATEMENT

- Instructions:** 1. Answer all questions completely. If question is not applicable write "NA." Write "unknown" only if you do not know the answer and cannot obtain the answer from personal records. Use the blank pages at the end of this form for extra details on any question or questions for which you do not have sufficient room.
2. Type, print, or write carefully; illegible or incomplete forms will not receive consideration.

HAVE YOU READ AND DO YOU UNDERSTAND THE INSTRUCTIONS? Yes
(Yes or No)

SEC. 1. PERSONAL BACKGROUND

A. FULL NAME Miss Telephone:
(Use No. Initials) **Mr.** Office 2-8115
Initials **Mrs.** Ext. 853
Initials **Home**

PRESENT ADDRESS
(St. and Number) (City) (State) (Country)

PERMANENT ADDRESS NA
(St. and Number) (City) (State) (Country)

B. NICKNAME **WHAT OTHER NAMES HAVE YOU USED?** NA

UNDER WHAT CIRCUMSTANCES HAVE YOU EVER USED THESE NAMES?

HOW LONG? IF A LEGAL CHANGE, GIVE PARTICULARS

C. DATE OF BIRTH **PLACE OF BIRTH** NEW YORK KINGS
(Where?) (City) (State) (Country)

D. PRESENT CITIZENSHIP U.S.A. **BY BIRTH?** YES **BY MARRIAGE?** NA
(Country) (Yes or No) (Country)

BY NATURALIZATION CERTIFICATE NO. NA **ISSUED** **BY**
(Date) (Court)

AT (City) (State) (Country)

HAVE YOU HAD A PREVIOUS NATIONALITY? NA
(Yes or No) (Country)

HELD BETWEEN WHAT DATES? **TO** **ANY OTHER NATIONALITY?**
(Country)

GIVE PARTICULARS

HAVE YOU TAKEN STEPS TO CHANGE PRESENT CITIZENSHIP? NA **GIVE PARTICULARS:**

(2)

K. IF BORN OUTSIDE U. S. WHEN DID YOU FIRST ARRIVE IN THIS COUNTRY? USA

PORT OF ENTRY? _____ ON PASSPORT OF WHAT COUNTRY? _____

LAST U. S. VISA _____
(Number) (Type) (Place of Issue) (Date of Issue)

SEC. 2. PHYSICAL DESCRIPTION

AGE _____ SEX _____ HEIGHT _____ WEIGHT _____

EYES _____ HAIR _____ COMPLEXION _____ SCARS _____

BUILD _____ OTHER DISTINGUISHING FEATURES _____

SEC. 3. MARITAL STATUS

A. SINGLE _____ MARRIED ☒ DIVORCED _____ WIDOWED _____

STATE DATE, PLACE, AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS _____

B. WIFE OR HUSBAND (IF YOU HAVE BEEN MARRIED MORE THAN ONCE—INCLUDING ANNULMENTS—USE A SEPARATE SHEET FOR FORMER WIFE OR HUSBAND GIVING DATA REQUIRED BELOW FOR ALL PREVIOUS MARRIAGES.)

NAME OF SPOUSE _____
(First) (Middle) (Maiden) (Last)

PLACE AND DATE OF MARRIAGE NEW YORK, NY SEPT 2, 1956

HIS (OR HER) ADDRESS BEFORE MARRIAGE _____
(St. and Number) (City) (State) (Country)

LIVING OR DECEASED Living DATE OF DECEASE _____ CAUSE _____

PRESENT, OR LAST, ADDRESS _____
(St. and Number) (City) (State) (Country)

DATE OF BIRTH JUNE 11, 1930 PLACE OF BIRTH JACKSON, TENN MISSISSIPPI
(City) (State) (Country)

IF BORN OUTSIDE U. S. INDICATE DATE AND PLACE OF ENTRY USA

CITIZENSHIP USA WHEN ACQUIRED? BIRTH WHERE? _____

OCCUPATION CLERK LAST EMPLOYER _____

EMPLOYER'S OR BUSINESS ADDRESS _____
(St. and Number) (City) (State) (Country)

MILITARY SERVICE FROM USA TO _____ BRANCH OF SERVICE _____
(Date) (Date)

COUNTRY _____ DETAILS OF OTHER GOVT. SERVICE, U. S. OR FOREIGN _____

(2)

E. IF BORN OUTSIDE U. S. WHEN DID YOU FIRST ARRIVE IN THIS COUNTRY? NA

PORT OF ENTRY? ON PASSPORT OF WHAT COUNTRY?

LAST U. S. VISA
(Number) (Type) (Place of Issue) (Date of Issue)

Sec. 2. PHYSICAL DESCRIPTION

AGE SEX HEIGHT WEIGHT

EYES HAIR COMPLEXION SCARS

BUILD OTHER DISTINGUISHING FEATURES

Sec. 3. MARITAL STATUS

A. SINGLE MARRIED ☒ DIVORCED WIDOWED

STATE DATE, PLACE, AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS

B. WIFE OR HUSBAND (IF YOU HAVE BEEN MARRIED MORE THAN ONCE—INCLUDING ANNULMENTS—USE A SEPARATE SHEET FOR FORMER WIFE OR HUSBAND GIVING DATA REQUIRED BELOW FOR ALL PREVIOUS MARRIAGES.)

NAME OF SPOUSE
(First) (Middle) (Initials) (Last)

PLACE AND DATE OF MARRIAGE NEW YORK, N.Y. SEPT 3, 1956

HIS (OR HER) ADDRESS BEFORE MARRIAGE
(St. and Number) (City) (State) (Country)

LIVING OR DECEASED Living DATE OF DECEASE CAUSE

PRESENT, OR LAST, ADDRESS
(St. and Number) (City) (State) (Country)

DATE OF BIRTH JUNE 11, 1926 PLACE OF BIRTH TACOMA, WASH.
(City) (State) (Country)

IF BORN OUTSIDE U. S. INDICATE DATE AND PLACE OF ENTRY NA

CITIZENSHIP USA WHEN ACQUIRED? BORN WHERE?
(City) (State) (Country)

OCCUPATION CLERK LAST EMPLOYER

EMPLOYER'S OR BUSINESS ADDRESS
(St. and Number) (City) (State) (Country)

MILITARY SERVICE FROM NA TO BRANCH OF SERVICE
(Date) (Date)

COUNTRY DETAILS OF OTHER GOVT. SERVICE, U. S. OR FOREIGN

SEC. 4. CHILDREN OR DEPENDENTS (Include partial dependents):

1. NAME RELATIONSHIP AGE
CITIZENSHIP ADDRESS
(St. and Number) (City) (State) (Country)
2. NAME RELATIONSHIP AGE
CITIZENSHIP ADDRESS
(St. and Number) (City) (State) (Country)
3. NAME RELATIONSHIP AGE
CITIZENSHIP ADDRESS
(St. and Number) (City) (State) (Country)

SEC. 5. FATHER (Give the same information for stepfather and/or guardian on a separate sheet)

FULL NAME
(First) (Middle) (Last)
LIVING OR DECEASED DATE OF DECEASE CAUSE
PRESENT, OR LAST, ADDRESS
(St. and Number) (City) (State) (Country)
DATE OF BIRTH PLACE OF BIRTH
(City) (State) (Country)
IF BORN OUTSIDE U. S. INDICATE DATE AND PLACE OF ENTRY
CITIZENSHIP WHEN ACQUIRED? WHERE?
(City) (State) (Country)
OCCUPATION LAST EMPLOYER
EMPLOYER'S OR OWN BUSINESS ADDRESS
(St. and Number) (City) (State) (Country)
MILITARY SERVICE FROM TO BRANCH OF SERVICE
(Date) (Date)
COUNTRY DETAILS OF OTHER GOVT. SERVICE, U. S. OR FOREIGN

SEC. 6. MOTHER (Give the same information for stepmother on a separate sheet)

FULL NAME
(First) (Middle) (Last)
LIVING OR DECEASED DATE OF DECEASE CAUSE
PRESENT, OR LAST, ADDRESS
(St. and Number) (City) (State) (Country)
DATE OF BIRTH PLACE OF BIRTH
(City) (State) (Country)
CITIZENSHIP WHEN ACQUIRED? WHERE?
(City) (State) (Country)
IF BORN OUTSIDE U. S. INDICATE DATE AND PLACE OF ENTRY

(4)

OCCUPATION _____ LAST EMPLOYER _____

EMPLOYER'S OR OWN BUSINESS ADDRESS _____
(St. and Number) (City) (State) (Country)

MILITARY SERVICE FROM _____ TO _____ BRANCH OF SERVICE _____

COUNTRY _____ DETAILS OF OTHER GOVT. SERVICE, U. S. OR FOREIGN _____

SEC. 7. BROTHERS AND SISTERS (Including half, step, and adopted brothers and sisters):

1. FULL NAME _____ AGE _____
(First) (Middle) (Last)

PRESENT ADDRESS _____
(St. and Number) (City) (State) (Country) (Citizenship)

2. FULL NAME _____ AGE _____
(First) (Middle) (Last)

PRESENT ADDRESS _____
(St. and Number) (City) (State) (Country) (Citizenship)

3. FULL NAME _____ AGE _____
(First) (Middle) (Last)

PRESENT ADDRESS _____
(St. and Number) (City) (State) (Country) (Citizenship)

4. FULL NAME _____ AGE _____
(First) (Middle) (Last)

PRESENT ADDRESS _____
(St. and Number) (City) (State) (Country) (Citizenship)

5. FULL NAME _____ AGE _____
(First) (Middle) (Last)

PRESENT ADDRESS _____
(St. and Number) (City) (State) (Country) (Citizenship)

SEC. 8. FATHER-IN-LAW

FULL NAME _____
(First) (Middle) (Last)

LIVING OR DECEASED LIVING DATE OF DECEASE _____ CAUSE _____

PRESENT, OR LAST, ADDRESS _____
(St. and Number) (City) (State) (Country)

DATE OF BIRTH _____ PLACE OF BIRTH JACKSON, TENN

IF BORN OUTSIDE U. S. INDICATE DATE AND PLACE OF ENTRY 1910

CITIZENSHIP USA WHEN ACQUIRED? BIRTH WHERE? _____
(City) (State) (Country)

OCCUPATION _____ LAST EMPLOYER _____

SEC. 9. MOTHER-IN-LAW

FULL NAME _____
(First) (Middle) (Last)
LIVING OR DECEASED DECEASED DATE OF DECEASE MAY 1955 CAUSE L.C. 1000
PRESENT, OR LAST, ADDRESS _____
(St. and Number) (City) (State) (Country) REAR MADISON
DATE OF BIRTH _____ PLACE OF BIRTH INDICISART, N.Y.
IF BORN OUTSIDE U. S. INDICATE DATE AND PLACE OF ENTRY NA
CITIZENSHIP U.S.A. WHEN ACQUIRED? BIRTH WHERE? _____
(City) (State) (Country)
OCCUPATION NA LAST EMPLOYER _____

SEC. 10. RELATIVES BY BLOOD, MARRIAGE OR ADOPTION, WHO EITHER LIVE ABROAD OR WHO ARE NOT CITIZENS OF THE UNITED STATES:

1. NAME NA RELATIONSHIP _____ AGE _____
CITIZENSHIP _____ ADDRESS _____
(St. and Number) (City) (State) (Country)
2. NAME _____ RELATIONSHIP _____ AGE _____
CITIZENSHIP _____ ADDRESS _____
(St. and Number) (City) (State) (Country)
3. NAME _____ RELATIONSHIP _____ AGE _____
CITIZENSHIP _____ ADDRESS _____
(St. and Number) (City) (State) (Country)

SEC. 11. RELATIVES BY BLOOD OR MARRIAGE IN THE MILITARY OR CIVIL SERVICE OF THE U. S. OR OF A FOREIGN GOVERNMENT:

1. NAME NA RELATIONSHIP _____ AGE _____
CITIZENSHIP _____ ADDRESS _____
(St. and Number) (City) (State) (Country)
TYPE AND LOCATION OF SERVICE (IF KNOWN) _____
2. NAME _____ RELATIONSHIP _____ AGE _____
CITIZENSHIP _____ ADDRESS _____
(St. and Number) (City) (State) (Country)
TYPE AND LOCATION OF SERVICE (IF KNOWN) _____
3. NAME _____ RELATIONSHIP _____ AGE _____
CITIZENSHIP _____ ADDRESS _____
(St. and Number) (City) (State) (Country)
TYPE AND LOCATION OF SERVICE (IF KNOWN) _____

(14)

F. IF, TO YOUR KNOWLEDGE, ANY OF THE ABOVE HAS CONDUCTED AN INVESTIGATION OF YOU, INDICATE BELOW THE NAME OF THAT AGENCY AND THE APPROXIMATE DATE OF THE INVESTIGATION:

SEC. 26. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:

NAME _____ RELATIONSHIP _____

ADDRESS _____
(St. and Number) (City) (State) (Country)

SEC. 27. YOU ARE INFORMED THAT THE CORRECTNESS OF ALL STATEMENTS MADE HEREIN WILL BE INVESTIGATED.

ARE THERE ANY UNFAVORABLE INCIDENTS IN YOUR LIFE NOT MENTIONED ABOVE WHICH MAY BE DISCOVERED IN SUBSEQUENT INVESTIGATION, WHETHER YOU WERE DIRECTLY INVOLVED OR NOT, WHICH MIGHT REQUIRE EXPLANATION? IF SO, DESCRIBE. IF NOT, ANSWER "NO."

SEC. 28. I CERTIFY THAT THE FOREGOING ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND I AGREE THAT ANY MISSTATEMENT OR OMISSION AS TO A MATERIAL FACT WILL CONSTITUTE GROUNDS FOR IMMEDIATE DISMISSAL OR REJECTION OF MY APPLICATION.

SIGNED AT WASHINGTON, D. C.
(City and State)

DATE AUG 30, 1956

(Witness)



USE THE FOLLOWING PAGES FOR EXTRA DETAILS. NUMBER ACCORDING TO THE NUMBER OF THE QUESTION TO WHICH THEY RELATE. SIGN YOUR NAME AT THE END OF THE ADDED MATERIAL. IF ADDITIONAL SPACE IS REQUIRED USE EXTRA PAGES THE SAME SIZE AS THESE AND SIGN EACH SUCH PAGE.

PERSONAL HISTORY STATEMENT

Instructions: 1. Answer all questions completely. If question is not applicable write "N/A". Write "unknown" only if you do not know the answer and cannot obtain the answer from personal records. Use the blank pages at the end of this form for extra details on any question or questions for which you do not have sufficient room.
2. Type print or write carefully; illegible or handwritten names will not receive credit.

HAVE YOU READ AND DO YOU UNDERSTAND THE INSTRUCTIONS? ☐ YES ☐ NO

22A. PERSONAL BACKGROUND

1. FULL NAME

DATE

2. PRESENT ADDRESS

3. HOME PHONE NUMBER

4. OCCUPATION

5. EDUCATION

6. MARITAL STATUS

7. CHILDREN

8. MILITARY SERVICE

9. FOREIGN TRAVEL

10. OTHER INFORMATION

11. SIGNATURE

12. DATE

13. WITNESS SIGNATURE

14. WITNESS DATE

15. OFFICIAL USE ONLY

16. COMMENTS

17. SIGNATURE

18. DATE

19. OFFICIAL USE ONLY

20. COMMENTS

21. SIGNATURE

22. DATE

23. OFFICIAL USE ONLY

24. COMMENTS

25. SIGNATURE

26. DATE

Form 100-1 (Rev. 1-25-60)

NAME (Last, First, Middle Initial) _____

DATE OF BIRTH (Month/Day/Year) _____

DATE OF DEATH (Month/Day/Year) _____

PLACE OF BIRTH (City, State, Country) _____

PLACE OF DEATH (City, State, Country) _____

EDUCATION (School, Degree) _____

EMPLOYMENT (Employer, Position) _____

RELIGION _____

POLITICAL AFFILIATION _____

ACTIVITIES (Sports, Clubs, Organizations) _____

CHARACTER (Personality, Traits) _____

REMARKS (Additional Information) _____

DATE OF INTERVIEW _____

INTERVIEWER (Name, Title) _____

APPROVED (Signature, Title) _____

DATE OF APPROVAL _____

Section 1 CHILD LIST OF DEFENDANTS (Include partial defendant) - JE

NAME	RELATIONSHIP	AGE
[REDACTED]	[REDACTED]	[REDACTED]
ADDRESS		
NAME	RELATIONSHIP	AGE
[REDACTED]	[REDACTED]	[REDACTED]
ADDRESS		
NAME	RELATIONSHIP	AGE
[REDACTED]	[REDACTED]	[REDACTED]
ADDRESS		

Section 2 FATHER (Give the same information for stepfather and/or guardian on a separate sheet)

NAME [REDACTED]
DATE OF BIRTH [REDACTED]
DATE OF DEATH [REDACTED]

DATE OF BIRTH [REDACTED]
PLACE OF BIRTH [REDACTED]
DATE OF DEATH [REDACTED]
PLACE OF DEATH [REDACTED]
DATE OF ARRIVAL [REDACTED]
PLACE OF ARRIVAL [REDACTED]
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PLACE OF RETURN [REDACTED]

UNITED STATES DEPARTMENT OF JUSTICE FEDERAL BUREAU OF INVESTIGATION	
MEMORANDUM FOR THE DIRECTOR	
SUBJECT: [REDACTED]	
TO :	THE DIRECTOR
FROM :	SPECIAL AGENT IN CHARGE
DATE :	10/10/62
RE :	100-100000-100000
1. [REDACTED]	
2. [REDACTED]	
3. [REDACTED]	
4. [REDACTED]	
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10-10000
SECTION 2. MOTHER-IN-LAW

FULL NAME _____
LIVING OR DECEASED _____ DATE OF DECEASE _____ CAUSE _____
PRESENT, OR LAST, ADDRESS _____
DATE OF BIRTH _____ PLACE OF BIRTH _____
IF BORN OUTSIDE U.S. GIVE DATE DATE AND PLACE OF ENTRY _____
CITIZENSHIP _____ WHEN ACQUIRED _____ WHEREBY _____
OCCUPATION _____ LAST EMPLOYER _____

SECTION 3. RELATIVES BY BLOOD, MARRIAGE OR ADOPTION, WHO ENTERED U.S. AIRCRAFT OR WHO ARE NOT CITIZENS OF THE UNITED STATES:

NAME _____
CITIZENSHIP _____
NAME _____
CITIZENSHIP _____
NAME _____
CITIZENSHIP _____
NAME _____
CITIZENSHIP _____
NAME _____
CITIZENSHIP _____
NAME _____
CITIZENSHIP _____

SECTION 4. RELATIVES BY BLOOD OR MARRIAGE OF THE PERSONS WHO ENTERED U.S. AIRCRAFT OR WHO ARE NOT CITIZENS OF THE UNITED STATES:

NAME _____
CITIZENSHIP _____
NAME _____
CITIZENSHIP _____
NAME _____
CITIZENSHIP _____
NAME _____
CITIZENSHIP _____
NAME _____
CITIZENSHIP _____
NAME _____
CITIZENSHIP _____

1. NAME OF THE PARTY: _____

2. ADDRESS: _____

3. CITY: _____

4. STATE: _____

5. ZIP CODE: _____

6. DATE OF BIRTH: _____

7. SEX: _____

8. OCCUPATION: _____

9. EDUCATION: _____

10. MARITAL STATUS: _____

11. NUMBER OF CHILDREN: _____

12. DATE OF ENTRY: _____

13. TYPE OF ENTRY: _____

14. SOURCE OF FUNDS: _____

15. OTHER INFORMATION: _____

16. SIGNATURE: _____

17. DATE: _____

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100. OFFICIAL USE: _____

1. The first part of the document is a letterhead which includes the name of the organization, the date, and the name of the person to whom the letter is addressed. The letterhead is followed by a salutation and a brief statement of the purpose of the letter.

2. The second part of the document is the body of the letter, which contains the main text of the communication. This section is divided into several paragraphs, each dealing with a different aspect of the subject matter. The paragraphs are written in a clear, concise, and professional manner, and are separated by appropriate spacing and indentation.

3. The third part of the document is the closing, which includes a signature block and a closing phrase. The signature block contains the name of the person who is sending the letter, and the closing phrase is a polite expression of goodwill.

4. The fourth part of the document is the footer, which includes the name of the organization, the address, and the telephone number. The footer is located at the bottom of the page and is written in a smaller font than the rest of the document.

17. CENTRAL QUALIFICATIONS

FOREIGN-~~LA~~WAGNER STATE - ~~PROCES~~ ~~FOR~~ APPROXIMATELY AN ~~IN~~ ~~RENT~~ ~~IS~~ ~~2200~~ ~~EST~~

LANGUAGE: French

1. **PLANNING** – **Planning** is the process of developing a plan of action for the future. It involves setting goals, identifying resources, and determining the steps needed to achieve the goals.

1. **PROPOSED** 2. **RECEIVED** 3. **RECEIVED** 4. **RECEIVED** 5. **RECEIVED** 6. **RECEIVED** 7. **RECEIVED** 8. **RECEIVED** 9. **RECEIVED** 10. **RECEIVED** 11. **RECEIVED** 12. **RECEIVED** 13. **RECEIVED** 14. **RECEIVED** 15. **RECEIVED** 16. **RECEIVED** 17. **RECEIVED** 18. **RECEIVED** 19. **RECEIVED** 20. **RECEIVED** 21. **RECEIVED** 22. **RECEIVED** 23. **RECEIVED** 24. **RECEIVED** 25. **RECEIVED** 26. **RECEIVED** 27. **RECEIVED** 28. **RECEIVED** 29. **RECEIVED** 30. **RECEIVED** 31. **RECEIVED** 32. **RECEIVED** 33. **RECEIVED** 34. **RECEIVED** 35. **RECEIVED** 36. **RECEIVED** 37. **RECEIVED** 38. **RECEIVED** 39. **RECEIVED** 40. **RECEIVED** 41. **RECEIVED** 42. **RECEIVED** 43. **RECEIVED** 44. **RECEIVED** 45. **RECEIVED** 46. **RECEIVED** 47. **RECEIVED** 48. **RECEIVED** 49. **RECEIVED** 50. **RECEIVED** 51. **RECEIVED** 52. **RECEIVED** 53. **RECEIVED** 54. **RECEIVED** 55. **RECEIVED** 56. **RECEIVED** 57. **RECEIVED** 58. **RECEIVED** 59. **RECEIVED** 60. **RECEIVED** 61. **RECEIVED** 62. **RECEIVED** 63. **RECEIVED** 64. **RECEIVED** 65. **RECEIVED** 66. **RECEIVED** 67. **RECEIVED** 68. **RECEIVED** 69. **RECEIVED** 70. **RECEIVED** 71. **RECEIVED** 72. **RECEIVED** 73. **RECEIVED** 74. **RECEIVED** 75. **RECEIVED** 76. **RECEIVED** 77. **RECEIVED** 78. **RECEIVED** 79. **RECEIVED** 80. **RECEIVED** 81. **RECEIVED** 82. **RECEIVED** 83. **RECEIVED** 84. **RECEIVED** 85. **RECEIVED** 86. **RECEIVED** 87. **RECEIVED** 88. **RECEIVED** 89. **RECEIVED** 90. **RECEIVED** 91. **RECEIVED** 92. **RECEIVED** 93. **RECEIVED** 94. **RECEIVED** 95. **RECEIVED** 96. **RECEIVED** 97. **RECEIVED** 98. **RECEIVED** 99. **RECEIVED** 100. **RECEIVED**

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10. The following table shows the number of people who have been convicted of a crime in the United States since 1970, by race and sex. The data are from the U.S. Department of Justice, Bureau of the Census, and the U.S. Department of Education, Office of Education Statistics.

10. The Commission has been informed that the Government of the Republic of Armenia has agreed to accept the Commission's findings and recommendations.

11-12-1964

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Journal of Management Studies, 36(7), 809-826

(continued)

100-443887-100

[Faint, illegible text]

1. The first part of the document is a list of names and addresses, which appears to be a directory or a list of contacts. The names are written in a cursive script, and the addresses are listed below them. The list includes names such as "Mr. J. H. Smith", "Mr. W. H. Jones", and "Mr. R. H. Brown".

the 1990s, the number of people in the world who are under 15 years of age is expected to increase by 1.5 billion, from 1.1 billion in 1990 to 2.6 billion in 2010. The number of people aged 65 and over is expected to increase by 1.1 billion, from 350 million in 1990 to 1.4 billion in 2010. The number of people aged 15-64 is expected to increase by 1.5 billion, from 2.5 billion in 1990 to 4.0 billion in 2010. The number of people aged 65 and over is expected to increase by 1.1 billion, from 350 million in 1990 to 1.4 billion in 2010. The number of people aged 15-64 is expected to increase by 1.5 billion, from 2.5 billion in 1990 to 4.0 billion in 2010.

Figure 1. The effect of the concentration of the *Agrobacterium* suspension on the transformation efficiency of *Agrobacterium* strains. The concentration of the *Agrobacterium* suspension was 10⁶ cells/ml (A), 10⁷ cells/ml (B), 10⁸ cells/ml (C), and 10⁹ cells/ml (D). The concentration of the *Agrobacterium* suspension was 10⁶ cells/ml (A), 10⁷ cells/ml (B), 10⁸ cells/ml (C), and 10⁹ cells/ml (D). The concentration of the *Agrobacterium* suspension was 10⁶ cells/ml (A), 10⁷ cells/ml (B), 10⁸ cells/ml (C), and 10⁹ cells/ml (D). The concentration of the *Agrobacterium* suspension was 10⁶ cells/ml (A), 10⁷ cells/ml (B), 10⁸ cells/ml (C), and 10⁹ cells/ml (D).

1. The first part of the document is a header section containing the following information:

- 1.1. The name of the organization: "The National Association of Manufacturers"
- 1.2. The address: "1234 Main Street, New York, NY 10001"
- 1.3. The date: "January 1, 1960"

2. The second part of the document is a letterhead section containing the following information:

- 2.1. The name of the person: "Mr. John Doe"
- 2.2. The title: "President"
- 2.3. The company: "ABC Corporation"
- 2.4. The address: "5678 Elm Street, New York, NY 10002"

3. The third part of the document is the body of the letter, which contains the following text:

Dear Mr. Doe:

I am writing to you today to inform you of the results of our recent survey. The survey was conducted in order to determine the needs and desires of our members. The results of the survey are as follows:

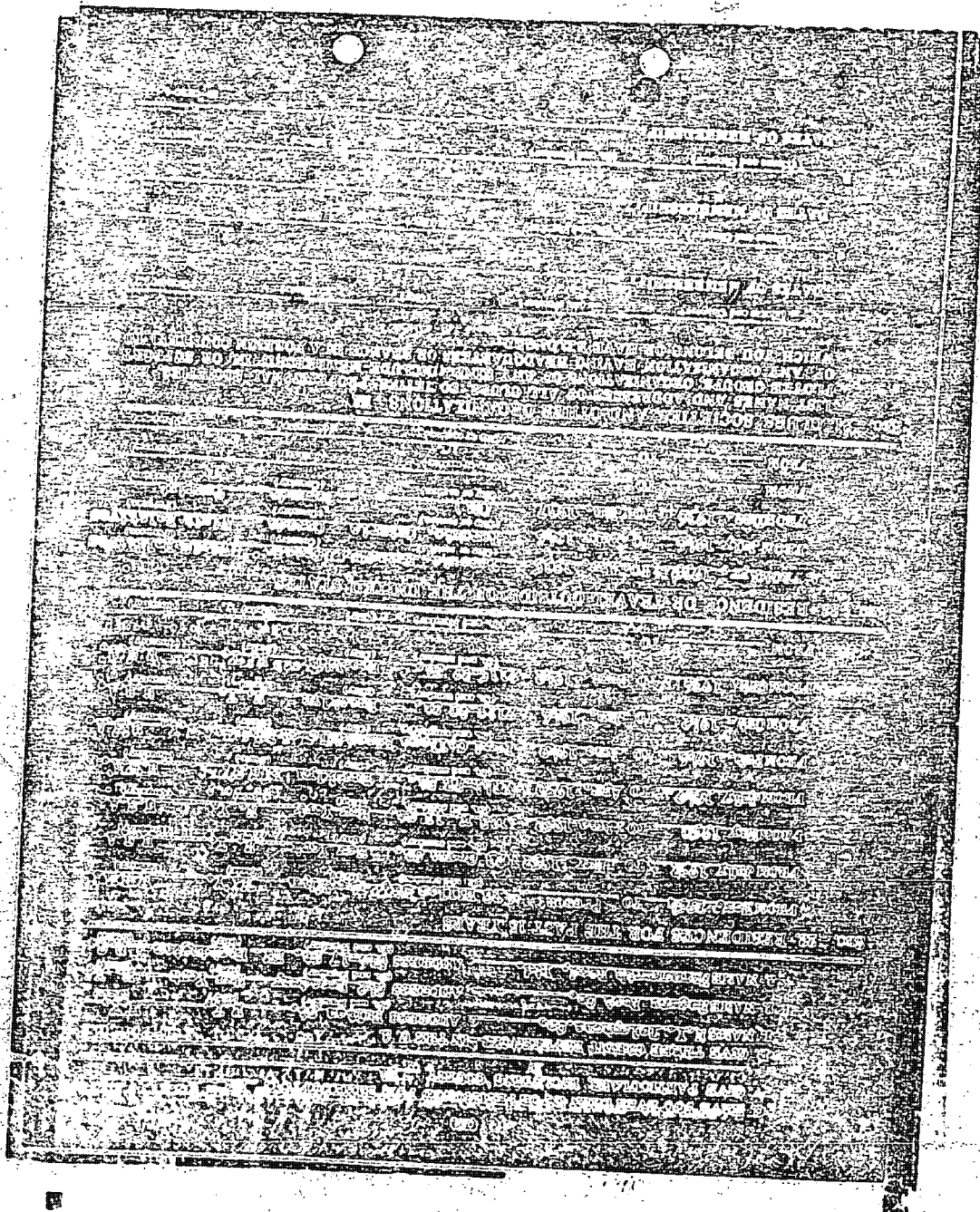
- 3.1. The majority of our members are in favor of increasing the size of the association.
- 3.2. Our members are interested in more frequent meetings.
- 3.3. Our members are interested in more frequent publications.

I am sure that these results will be helpful to you in your planning for the future. Please let me know if you have any questions or if you need any further information.

Sincerely,
 Mr. John Doe
 President
 ABC Corporation

4. The fourth part of the document is a footer section containing the following information:

- 4.1. The name of the organization: "The National Association of Manufacturers"
- 4.2. The address: "1234 Main Street, New York, NY 10001"
- 4.3. The date: "January 1, 1960"



STATES OF MINNESOTA

DATES OF MEASUREMENT

DECLARATION OF MEMBERSHIP

MASTERS OF DECEIT

1920-1921 MISCELLANEOUS

DO YOU ADVOCATE OR HAVE YOU EVER ADVOCATED BE AROUND OR HAVE YOU
EVER BEEN A MEMBER OF OR HAVE YOU SUPPORTED ANY POLITICAL PARTY OR ORGANI-
ZATION WHICH ADVOCATES THE CANCELLATION OF OUR CONSTITUTIONAL FORM OF GOV-
ERNMENT IN THE UNITED STATES? YES OR NO

THE UNIVERSITY OF CHICAGO PRESS

[illegible]

13. *Chrysomelidae* (13 specimens)

100

100-443887-100

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<p>1. <i>What is the purpose of the study?</i></p> <p>2. <i>What are the research questions or hypotheses?</i></p> <p>3. <i>What is the study design?</i></p> <p>4. <i>What is the sample size and how was it selected?</i></p> <p>5. <i>What are the variables being measured?</i></p> <p>6. <i>What are the data collection methods?</i></p> <p>7. <i>What are the data analysis methods?</i></p> <p>8. <i>What are the results of the study?</i></p> <p>9. <i>What are the conclusions of the study?</i></p> <p>10. <i>What are the limitations of the study?</i></p> <p>11. <i>What are the implications of the study?</i></p> <p>12. <i>What are the future research directions?</i></p>	<p>1. <i>What is the purpose of the study?</i></p> <p>2. <i>What are the research questions or hypotheses?</i></p> <p>3. <i>What is the study design?</i></p> <p>4. <i>What is the sample size and how was it selected?</i></p> <p>5. <i>What are the variables being measured?</i></p> <p>6. <i>What are the data collection methods?</i></p> <p>7. <i>What are the data analysis methods?</i></p> <p>8. <i>What are the results of the study?</i></p> <p>9. <i>What are the conclusions of the study?</i></p> <p>10. <i>What are the limitations of the study?</i></p> <p>11. <i>What are the implications of the study?</i></p> <p>12. <i>What are the future research directions?</i></p>
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1. The first step in the process is to identify the problem or issue that needs to be addressed. This involves gathering information and understanding the context of the problem.

1. The first step in the process is to identify the problem or issue that needs to be addressed. This involves gathering information and understanding the context of the problem.

[illegible]

[illegible]

19. The Commission has also received information from the Government of the Republic of the Congo that the armed forces of the Republic of the Congo have been involved in the commission of human rights violations in the Democratic Republic of the Congo.

Journal of Management Studies, 20(6), 791-806.

(The following information was obtained from the records of the FBI, New York City Office, dated 6-10-79.)

THE ABOVE INFORMATION WAS OBTAINED FROM THE FILES OF THE FBI, WASHINGTON, D.C. AND IS BEING FURNISHED TO YOU FOR YOUR INFORMATION. IT IS REQUESTED THAT YOU ADVISE THE FBI OF ANY DEVELOPMENTS IN THIS MATTER.

THE UNIVERSITY OF CHICAGO

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UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY
WASHINGTON, D. C.

CONFIDENTIAL

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Living
Brooklyn, N.Y., U.S.
near New York City, N.Y., U.S.A.
last father on Oct. 10, 1947

Sec. 10 - Rodentium - Living abroad

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Ferraro, Carlo, Canada

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1-101

SUBJECT

[REDACTED]

[REDACTED]

On the basis of the above information, the Office of the Chief of Police is advised to conduct a search of the files of the Department of the City of New York for the purpose of determining the performance of any of the members of the City of New York Police Department during the period of the 1940's.

The Office of the Chief of Police is further advised that the results of the search of the files of the Department of the City of New York for the purpose of determining the performance of any of the members of the City of New York Police Department during the period of the 1940's should be reported to the Office of the Chief of Police as soon as the results are available.

Very truly yours,
[Signature]

Chief of Police

City of New York

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SECURITY INFORMATION
SECURITY APPROVAL

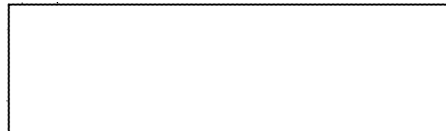
Date: 2 August 1955

TO: Chief, Records & Services Division
Personnel Office
FROM: Chief, Security Division
Personnel
SUBJECT: [REDACTED]

Your Reference: SR-9299-A ORR

Case Number: 102815

1. This is to advise you of security action in the subject case as indicated below:
 - ☒ Security approval is granted the subject person for access to classified information.
 - ☐ Provisional clearance for full duty with CIA is granted under the provisions of Paragraph D of Regulation 10-9 which provides for a temporary appointment pending completion of full security investigation.
 - ☐ The Director of Central Intelligence has granted a provisional clearance for full duty with CIA under the provisions of paragraph H of Regulation 10-9.
2. Unless the subject person enters on duty within 60 days from the above date, this approval becomes invalid.
3. Subject is to be polygraphed as part of EOD procedures.



My

*Branch advised
8/4/55*

CONFIDENTIAL

CONFIDENTIAL
SECURITY INFORMATION
INTEROFFICE MEMORANDUM

Date: 27 May 1955

TO: Chief, Processing & Records Division
Personnel Office

FROM: Chief, Security Division
Personnel

SUBJECT: [REDACTED] - #102815

Request No. SR-9299-A - ORR

1. Reference is made to your request for security clearance of the subject person who is being considered for employment in the following position:

Ident. Spec. OS-7, DDI/ORR-Office of the Chief, Washington, D. C.

2. This is to advise you of the following security action:

a. ☒ Provisional security clearance is granted to permit subject's employment on a temporary basis in the following area or in the following capacity:

This clearance is granted upon the condition that subject: 1. not have access to classified material; 2. not have access to secure areas; 3. not be issued a badge or credential; 4. not represent himself as a CIA employee; and 5. not be assigned to any unclassified duties other than indicated above.

b. ☐ Name-checks have been completed on this person. Arrangements should now be made by your office for an interview in this Division. Upon completion of this interview further consideration will be given to the requested Limited clearance for access to information classified no higher than Secret. If subject has not entered on duty under a previously granted provisional clearance the interview should be arranged after entrance on duty.

c. ☐ Subject is security approved for temporary appointment to a position requiring access to information classified no higher than Secret.

Officials of the employing office should be advised of this security limitation and should be instructed to supply future supervisors with advice as to the limitation so as to insure continued compliance.

Security action to effect full approval is continuing and your office will receive advice of full clearance upon completion of this action. Upon receipt of full security clearance, the present limitation will be rescinded and supervisors should be advised accordingly.

3.

[REDACTED]

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