

STANDARD FORM 64
October 1960
PREPARED BY U. S. CIVIL SERVICE COM.
Federal Personnel Manual
66-102

SECRET

Official Personnel Folder

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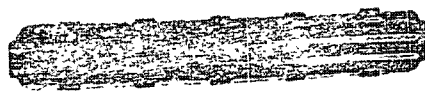
(N)

69 Fil Cuts

29 SEP 1969

ACDS JAMES S
502-16-0500

02/20/78



SECRET

(When Filled In)

09 AUG 1978

REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
1. SERIAL NUMBER				2. NAME (Last-First-Middle)	
RETIREMENT - (VOLUNTARY) CIARDS				4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 08 04 78	
6. FUNDS V TO V O TO V O TO O				3. CATEGORY OF EMPLOYMENT REGULAR	
9. ORGANIZATIONAL DESIGNATIONS DBO/IMS AND INFORMATION MGMT & PLANNING GROUP RECORDS MANAGEMENT BRANCH AREAS UNIT				8. LEGAL AUTHORITY (Completed by Office of Personnel) PL 88-613 Section 33	
10. LOCATION OF OFFICIAL STATION WASH., D.C.				7. FAR AND NSCA 8026-3430 0000	
11. POSITION TITLE RECORDS ADMIN OFF NR (13)		12. POSITION NUMBER CG45		13. CAREER SERVICE DESIGNATION DCC	
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS		15. OCCUPATIONAL SERIES 0344.01		16. GRADE AND STEP 13 2	
17. SALARY OR RATE \$26,889		18. REMARKS Last Working Day: 4 August 1978 CONCUR [Signature] Date 7/26/78 co-ordinated with: [Signature] 7/31/78			
19. SIGNATURE OF REQUESTING OFFICIAL [Signature]		DATE SIGNED 7/26/78		100. SIGNATURE OF CAREER SERVICE APPROVING OFFICER [Signature]	
DATE SIGNED 7/26/78		101. SIGNATURE OF CAREER SERVICE APPROVING OFFICER [Signature]			
FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
19. ACTION CODE 45	20. EMPLOY CODE 10	21. OFFICE CODING NUMERIC ALPHABETIC	22. STATION CODE	23. INTEGREE CODE	24. IDOTIS CODE
25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI	28. RETIREMENT DATA 1-ESC 2-OPGM 3-RICA 4-NONE	29. SEPARATION DATA CODE	30. CORRECTION/CANCELLATION DATA TYPE NO DA YR
31. VET PREFERENCE	32. SERV COMP DATE	33. LONG COMP DATE	34. CAREER CATEGORY CAB/RES PROV/TEMP	35. FEDERAL HEALTH INSURANCE CODE CODE 1-WAIVER 2-REG 3-REG/OPT 4-UNELIGIBLE	36. SOCIAL SECURITY NO
37. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0-NO PREVIOUS SERVICE 1-NO BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)	38. LEAVE CAT CODE	39. FEDERAL TAX DATA FORM EXECUTED CODE 1-TS 2-NO	40. STATE TAX DATA FORM EXECUTED CODE 1-TS 2-NO	41. POSITION CONTROL CERTIFICATION 84 7/26	42. OFF. APPROVAL [Signature]
43. POSITION CONTROL CERTIFICATION 03 AUG 1978				44. DATE APPROVED 8/1/78	

FORM 1152 USE PREVIOUS EDITION

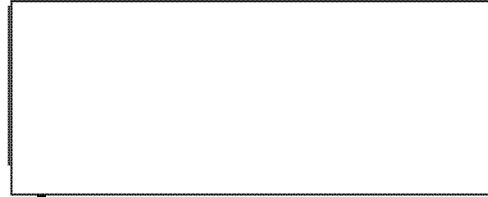
SECRET

E-2, IMPDET CL. BY. [Signature]

25 July 1978

SUMMARY OF AGENCY EMPLOYMENT

I entered on duty with the CIA in April 1952 and have been in records management for my whole career, seventeen years of it overseas.



NO SECURITY CONCERNS
[Signature]

SECRET

(When Filled In)

16 MAY 1978

10-21-25 7/10/78

OCF REQUEST FOR PERSONNEL ACTION

DATE PREPARED: 9 May 1978

1. SERIAL NUMBER: *10-21-25 7/10/78*

2. NAME (Last-First-Middle):

3. NATURE OF PERSONNEL ACTION: **REASSIGNMENT** ~~REASSIGNMENT~~

4. EFFECTIVE DATE REQUESTED: MONTH 04 DAY 09 YEAR 78

5. CATEGORY OF EMPLOYMENT: **REGULAR**

6. FUNDS: *V TO V* *V TO O* *O TO V* *O TO O*

7. PAN AND NSCA: 8026-3430-0000

8. LEGAL AUTHORITY (Completed by Office of Personnel):

9. ORGANIZATIONAL DESIGNATION: **DDO/IMS INFORMATION, MGMT AND PLANNING GROUP RECORDS MANAGEMENT BRANCH AREAS UNIT**

10. LOCATION OF OFFICIAL STATION: **NASH., D.C.**

11. POSITION TITLE: **RECORDS ADMIN OFF** *102* (13)

12. POSITION NUMBER: **CG45**

13. CAREER SERVICE DESIGNATION: **DCC**

14. CLASSIFICATION SYMBOL (A.S. 400-100): **GS**

15. OCCUPATIONAL SERIES: **0344.01**

16. GRADE AND STEP: **13 2**

17. SALARY OR RATE: **\$26,889**

18. REMARKS: **FROM: DDO/NE**
CONCUR: [] (telecord)
C/NE/Pers **DATE**
05/10/78

19. SIGNATURE OF REQUESTING OFFICIAL: *[Signature]* DATE SIGNED: *5/10/78*

20. SIGNATURE OF APPROVING OFFICIAL: *[Signature]* DATE SIGNED: *5/10/78*

21. OFFICE CODING: NUMERIC 37 10 53746 1MS ALPHABETIC 75013

22. STATION CODE: 75013

23. INTEGREE CODE:

24. MONTHS CODE:

25. DATE OF BIRTH: MO. DA. YR.

26. DATE OF GRADE: MO. DA. YR.

27. DATE OF LEI: MO. DA. YR.

28. SITE EXP. MO. DA. YR.

29. SOCIAL REFERENCE: 1-DC 2-DCB 3-ELC 4-NONE

30. RETIREMENT DATA: CODE

31. SEPARATION DATA CODE

32. CORRECTION CANCELLATION DATA: TYPE MO. DA. YR.

33. SECURITY REQ. NO.

34. SEX:

35. VET PREFERENCE: CODE 0-NONE 1-5 PT 2-10 PT

36. SERV COMP DATE: MO. DA. YR.

37. LONG. COMP DATE: MO. DA. YR.

38. CAREER CATEGORY: CODE 1-YES 2-NO

39. FEGLI/HEALTH INSURANCE: CODE 1-WAIVER 2-REG/OPT 3-UNELIGIBLE

40. SOCIAL SECURITY NO.

41. PREVIOUS CIVILIAN GOVERNMENT SERVICE: CODE 0-NONE 1-NO PREVIOUS SERVICE 2-NO AWARD IN SERVICE 3-BEARS IN SERVICE (LESS THAN 3 YEARS) 4-22+YEARS IN SERVICE (MORE THAN 3 YEARS)

42. LEAVE CAT. CODE

43. FEDERAL TAX DATA: CODE 1-YES 2-NO

44. STATE TAX DATA: CODE 1-YES 2-NO

45. POSITION CONTROL CERTIFICATION: **3 U INITIAL 5-12-78** *From we* *DAPP*

46. DATE APPROVED: *5/26/78*

SECRET
(When Filled In)

C REQUEST FOR PERSONNEL ACTION				DATE PREPARED 6 Feb 78	
1. SERIAL NUMBER []		2. NAME (Last-First-Middle) []			
3. NATURE OF PERSONNEL ACTION PROMOTION			4. EFFECTIVE DATE REQUESTED MONTH <u>02</u> DAY <u>12</u> YEAR <u>78</u>		5. CATEGORY OF EMPLOYMENT REGULAR
6. FUNDS []			7. FAR AND NSCA 3033 4800 0000		8. LEGAL AUTHORITY (Complied by Office of Personnel)
9. ORGANIZATIONAL DESIGNATION DDO/NE DIVISION OFFICE OF THE CHIEF, NE DIVISION PLANS STAFF			10. LOCATION OF OFFICIAL STATION WASH, D.C.		
11. POSITION TITLE RECORDS ADMIN OFF			12. POSITION NUMBER CG45		13. CAREER SERVICE DESIGNATION DCC
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS		15. OCCUPATIONAL SERIES 0344.01		16. GRADE AND STEP 13 # 2	
17. SALARY OR RATE 26889					
18. REMARKS CONCUR: <div style="display: flex; justify-content: space-between; align-items: center;"> <div> [] (telecoord) ISS </div> <div> From 125 6 Feb 78 Date </div> </div>					
[]		DATE SIGNED 6 Feb 78		19. SIGNATURE [Signature]	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
20. ACTION CODE 22 10		21. OFFICE CODING 46015 NE		22. STATION CODE 75013	
23. INTEGRITY CODE 1		24. DATE OF BIRTH 03/12/78		25. DATE OF GRADE 03/12/78	
26. DATE OF LEL 03/12/78		27. DATE OF LEL 03/12/78		28. SECURITY REG. NO. []	
29. SPECIAL REFERENCE []		30. RETIREMENT DATA []		31. SEPARATION DATA CODE []	
32. CORRECTION/CANCELLATION DATA []		33. SECURITY REG. NO. []		34. SEC []	
35. VET PREFERENCE []		36. SERV COMP DATE []		37. LONG COMP DATE []	
38. CAREER CATEGORY []		39. FEGLI HEALTH INSURANCE []		40. SOCIAL SECURITY NO. []	
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE []		42. LEAVE CAT []		43. FEDERAL TAX DATA []	
44. STATE TAX DATA []		45. POSITION CONTROL CERTIFICATION 3-6-78 A20		DATE APPROVED 8 MAR 78	

18 August 1978

[Redacted]
We are enclosing the employee copy of your retirement action (Form 1150) that you requested 04 August 1978.

Sincerely,

151

[Redacted]
Chief, Control Division

Enclosure: 1 Form

Dist.

Orig. - Adse.

1 - TRB

1 - OP

OP/TRB

[Redacted] UG78)

ADMINISTRATIVE-INTERNAL USE ONLY

18 APR 1978

MEMORANDUM FOR: [REDACTED]

FROM: John N. McMahon
Deputy Director for Operations

SUBJECT: Commendation for Exceptional Performance

1. The Directorate of Operations Records Review Task Force has finished its work in Warrenton. I want you to know that I realize that a large measure of the success of this effort was due to the exceptional performance of the Records Management Officers who worked long and hard during the six-month period, patiently guiding the 435 Directorate personnel who served on the component teams. Many of you performed additional duties, voluntarily and cheerfully, extending beyond the ten-hour work day, which kept the task force functioning smoothly.

2. This fine team effort and your personal contribution to it is in the best tradition of the Directorate of Operations. I commend you for a job well done.

Thank you

[REDACTED]
John N. McMahon

ADMINISTRATIVE-INTERNAL USE ONLY

CONFIDENTIAL

1 AUG 1978

MEMORANDUM FOR: Director of Personnel

FROM : [REDACTED]
Chief, Retirement Affairs Division

SUBJECT : Request for Voluntary Retirement -
[REDACTED]

1. This memorandum submits a recommendation for your approval in paragraph 3.

2. The employee named above has applied for voluntary retirement under the provisions of Headquarters Regulation 20-50h.

Grade: GS-13	Position: Records Management Officer
Career Service	Operations
Office/Division	Information Management Staff
Date Requested for Retirement:	4 August 1978
Age at that Date	50
Years of Creditable Service	29
Years of Agency Service	26
Years of Qualifying Service	9

3. The applicant's Career Service and the CIA Retirement Board recommend that the request be approved.

/s/ [REDACTED]

The recommendation contained in paragraph 3 is approved.

(SIGNED) F. W. H. J. [REDACTED]

Director of Personnel

2 AUG 1978

Date

Distribution:

- 0 - Return to ROB
- 1 - Applicant
- 1 - OPF
- 1 - ROB Soft File
- 1 - ROB Reader

2 AUG 1978 [REDACTED]

CONFIDENTIAL

SECRET

(If Not Filled In)

CUB

11/1

REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
				5 Oct 1977	
1. SERIAL NUMBER		2. NAME (Last-First-Middle)			
3. NATURE OF PERSONNEL ACTION			4. EFFECTIVE DATE REQUESTED		5. CATEGORY OF EMPLOYMENT
Reassignment AND CANCELLATION of			07 11 77		Regular ✓
6. RACE			7. PAN AND NSCA		8. LEGAL AUTHORITY (Completed by Office of Personnel)
V TO V O TO V			V TO O O TO O		9033 4801 0000
9. ORGANIZATIONAL DESIGNATION			10. LOCATION OF OFFICE & STATION		
DDO/NE Division Office of the Chief, NE Division Plans Staff			Wash., D. C. ✓		
11. POSITION NAME			12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION
Records Admin Off-ene			6645 ✓		ncc ✓
14. CLASSIFICATION NUMBER (GS, LB, PE, E)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP	
GS ✓		0344.03 ✓		12 A ✓	
17. SENIORITY OR RATE					
74070 ✓ 822-103 ✓					
18. REMARKS					
replacing []					
#11 PER Sue 10.17.77					
#3 PER NANCY 10.17.77					
10/18/77 Date					
Concur:					
[]					
AC/PCS/SS/Personnel					
DATE SIGNED		19. SIGNATURE OF CAREER SERVICE APPROVING OFFICER		DATE SIGNED	
10-05-77		[]		10/15/77	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
20. ACTION CODE	21. LATER CODE	22. POLY CODES	23. STATION CODE	24. INTEGRITY CODE	25. DATE OF BIRTH
37	10	4603	NE	7504	
26. RET EXPIRY	27. SPECIAL REFERENCE	28. RETIREMENT DATA	29. SEPARATION DATA CODE	30. CANCELLATION CANCELLATION DATA	31. SECURITY
MO DA YR		CODE			MO DA YR
32. RET PREFERENCE	33. SERV COMP DATE	34. LONG COMP DATE	35. CAREER CATEGORY	36. FICA HEALTH INSURANCE	37. SOCIAL SECURITY NO
CODE	MO DA YR	MO DA YR	CODE	CODE	
38. PREVIOUS CIVILIAN GOVERNMENT SERVICE	39. LEAVE CAT.	40. FEDERAL TAX DATA	41. STATE TAX DATA	42. SOCIAL SECURITY NO	43. SOCIAL SECURITY NO
CODE	CODE	CODE	CODE	CODE	CODE
44. POSITION CONTROL CERTIFICATION			45. O.P. APPROVAL		
01 NOV 1977			[]		
FROM: CCS			DATE APPROVED		
10.14.77 RSP			1700-7		

1152-100-1000 EDITION

SECRET

E-2, IMPDET CL BY: []

SECRET

(When Filled In)

C-20

REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
				9 August 1976	
1. SERIAL NUMBER		2. NAME (Last-First-Middle)			
3. REASON FOR PERSONNEL ACTION			4. EFFECTIVE DATE REQUESTED		5. CAREER/AN OF EMPLOYMENT
CHANGE OF PAN NUMBER			08 09 76		22771AR
6. PAGES		7. PAN AND NSCA		8. OFFICE AUTHORITY (Completed by Office of Personnel)	
XX V TO V		T230 0130 0002			
9. ORGANIZATIONAL DESIGNATIONS			10. LOCATION OF OFFICIAL STATION		
DDC/CCS REGISTRY			WASH., D. C.		
11. POSITION NUMBER			12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION
REGISTRY ADMIN OFF CH			BL 14		fcc
14. CLASSIFICATION SCHEDULE (G, E, P, W, Y)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP	
E		0344.01		12 4	
17. REMARKS					
DATE SIGNED		18. SIGNATURE OF CAREER SERVICE APPROVING OFFICER		DATE SIGNED	
Off 9 Aug 76					
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODES	22. STATION CODE	23. INTEGRITY CODE	24. MOTIVATION CODE
37	10	39115 CC5	75013		
25. DATE OF BIRTH	26. DATE OF GROSS	27. DATE OF LSI	28. SPECIAL REFERENCE	29. RETIREMENT DATA	30. SEPARATION DATA CODE
31. OFF. PREFERENCE	32. SERV COMP DATE	33. LONG COMP DATE	34. CAREER CATEGORY	35. FIC/1/HEALTH INSURANCE	36. SOCIAL SECURITY NO
37. PERMITS (CIVILIAN GOVERNMENT SERVICE)	38. LEAVE CAT	39. FEDERAL TAX DATA	40. STATE TAX DATA	41. FEDERAL TAX DATA	42. STATE TAX DATA
43. POSITION CONTROL CERTIFICATION			44. O.P. APPROVAL		
10 AUG 1976			DATE APPROVED		

SECRET

C-NO MEM
ABS 7/10

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION										DATE PREPARED							
1. SERIAL NUMBER										13 July 1976							
2. NAME (Last-First-Middle)																	
3. NATURE OF PERSONNEL ACTION Reassignment - Change of Home Base CHANGE OF SERVICE DESIGNATION												4. EFFECTIVE DATE REQUESTED 07 13 76		5. CATEGORY OF EMPLOYMENT REGULAR			
6. PAGES XX		7. TO-Y		8. TO-Z		9. FROM AND NSCA 0000 0118 0000		10. LEGAL AUTHORITY (Completed by Office of Personnel)									
9. ORGANIZATIONAL DESIGNATIONS DDO/CCS REGISTRY						10. LOCATION OF OFFICIAL STATION WASH., D. C.											
11. POSITION TITLE RECORDS ADMIN OF CH						12. POSITION NUMBER HL 1A		13. CAREER SERVICE DESIGNATION DCC									
14. CLASSIFICATION SCHEDULE (GS, LS, etc.) GS				15. OCCUPATIONAL SERIES 0311.01		16. GRADE AND STEP 12 1		17. SALARY OR RATE 21,324									
18. REMARKS DESIGNATION CHANGED FROM DAC TO DCC. DAC to DCC																	
19. DATE SIGNED 13 Jul 76						20. SIGNATURE OF CAREER SERVICE APPROVING OFFICER						21. DATE SIGNED					
22. SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL																	
23. SECTION CODE 37 10		24. EMPLOY CODE 37 10		25. OFFICE CODING CCS		26. STATION CODE 75013		27. INTEREST CODE		28. ADAPT CODE		29. DATE OF BIRTH		30. DATE OF GRADE		31. DATE OF LST	
32. SENIORITY		33. SPECIAL REFERENCE		34. RETIREMENT DATA		35. SEPARATION DATE-REASON		36. IDENTIFIED CANCELLATION DATA		37. EOD DATA		38. SECURITY REG-NO		39. IN SER			
40. NET PREFERENCE		41. NEW CORP DATE		42. LONG CORP DATE		43. CAREER CATEGORY		44. HEALTH INSURANCE		45. SOCIAL SECURITY NO.							
46. PREVIOUS CIVILIAN GOVERNMENT SERVICE		47. STATE CAT CODE		48. FEDERAL TAX DATA		49. STATE TAX DATA											
50. POSITION CONTROL CERTIFICATION		51. DATE APPROVED		52. EMPDET CL BY													

CR

11-22-74

C. Macey

SECRET

(If App. Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED 13 November 1974	
1. SERIAL NUMBER		2. NAME (Last-First-Middle)					
3. NATURE OF PERSONNEL ACTION		4. EFFECTIVE DATE REQUESTED		5. CATEGORY OF EMPLOYMENT			
PROMOTION		11 24 74		REGULAR			
6. FUNDS		7. PAY AND NSCA		8. ISCOM AUTHORITY (Completed by Office of Personnel)			
XX V TO V C TO V		5230 0121 0002		50 USC 403 J			
9. ORGANIZATIONAL DESIGNATION		10. LOCATION OF OFFICE/STATION					
DDO/CCS GENERAL INVESTIGATIVE DIVISION REGISTRY		WASH., D. C.					
11. POSITION TITLE		12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION			
RECORDS ADMIN OF CH (12)		0061		DAC			
14. CLASSIFICATION SCHEME (GS, EA, etc.)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OF RATE	
CS		0344.01		12 3		\$ 19,693	
18. REMARKS							
CONCURRE: [] (TELECORD) SS/SE/PEZ5							
DATE SIGNED		13 Nov 74		VISING OFFICER		DATE SIGNED	
[]		[]		[]		15 Nov 74	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
19. ACTION CODE	20. EMPLOY CODE	21. OTHER CODING	22. STATION CODE	23. INTEREST CODE	24. MOTIV CODE	25. DATE OF BIRTH	26. DATE OF GRADE
2.2	10.	391157 CC3	75613			11/24/74	11/24/74
27. DATE EXPIRY	28. SPECIAL REFERENCE	29. REFERENCE DATA	30. SEPARATION DATA CODE	31. COMPETITION (AMERICAN CAS)	32. SECURITY REG CS	33. SECURITY REG CS	
						EOD DATA	
34. VET REFERENCE	35. SERV. COMP. DATE	36. LEAVE COMP. DATE	37. CAREER CATEGORY	38. FEDERAL TAX DATA	39. HEALTH INS. DATA	40. SOCIAL SECURITY NO.	
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE		42. LEAVE CAT. CODE	43. FORM EXECUTED CODE	44. FEDERAL TAX DATA	45. STATE TAX DATA	46. FORM EXECUTED CODE	
0-NO SERVICE SERVICE 1-NO SERVICE IN SERVICE 2-LEAVE IN SERVICE (LESS THAN 3 YEARS) 3-LEAVE IN SERVICE (MORE THAN 3 YEARS)							
47. POSITION CONTROL CERTIFICATION		48. O P APPROVAL		DATE APPROVED			
11-15-74		25 NOV 1974		[]			

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED 21 August 1973	
1. SERIAL NUMBER		2. NAME (Last-First-Middle)					
3. NATURE OF PERSONNEL ACTION TRANSFER TO VOLUNTARY FUNDS. REASSIGNMENT AND DELEGATION OF W.S.C.A.				4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 09 16 73		5. CATEGORY OF EMPLOYMENT REGULAR	
6. FUNDS XX		7. PAY AND NSCA 4230 0121 0002		8. LEGAL AUTHORITY (Completed by Office of Personnel)			
9. ORGANIZATIONAL DESIGNATIONS DDO/CCS OFFICE OF THE CHIEF RECORDS MANAGEMENT AND REGISTRY SEC				10. LOCATION OF OFFICIAL STATION WASH., D.C.			
11. POSITION TITLE RECORDS ADMIN OF CH				12. POSITION NUMBER 0061		13. CAREER SERVICE DESIGNATION D	
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS		15. OCCUPATIONAL SERIES 0344.01		16. GRADE AND STEP 11 6		17. SALARY OR RATE 16,326	
18. REMARKS HOME BASE: SS SS CONCUR: (TELECOORD) C/EUR/PERS CONCUR: (TELECOORD) DDF/RECORDS MGMT OFFICER * CONCUR FOR CIA W-2: CCS/OCB/S							
DATE SIGNED 8/24/73				108. SIGNATURE OF CAREER SERVICE APPROVING OFFICER		DATE SIGNED	
FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
19. ACTION CODE 16	20. EMPLOY CODE 10	21. OFFICE CODING NUMERIC ALPHABETIC 39/00/CCS	22. STATION CODE 15013	23. INTEGRAL CODE 1	24. RIGHTS CODE	25. DATE OF BIRTH MO. DA. YR.	26. DATE OF GRACE MO. DA. YR.
27. DATE OF LEI MO. DA. YR.	28. NTE EXPIRES MO. DA. YR. XX/XX/XX	29. SPECIAL REFERENCE	30. RETIREMENT DATA CODE	31. SEPARATION DATA CODE	32. GERALD TYPE MO. DA. YR.	33. SECURITY REQ. NO.	34. SEX
35. VET. PREFERENCE CODE	36. SERV. COMP. DATE MO. DA. YR.	37. LONG COMP. DATE MO. DA. YR.	38. CAREER CATEGORY CODE	39. FEGLI/HEALTH INSURANCE CODE	40. SOCIAL SECURITY NO.		
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE		42. LEAVE CAT. CODE	43. FEDERAL TAX DATA FORM EXECUTED CODE NO TAX EXEMPTIONS		44. STATE TAX DATA FORM EXECUTED CODE NO TAX EXEMPTIONS		
45. POSITION CONTROL CERTIFICATION 8-23-B		46. G. APPROVAL *FRJP. EUR 11/1/73		DATE APPROVED 5 Aug 73			

FORM 1152

USE PREVIOUS EDITION

SECRET

CLASSIFIED BY 01-0559

EX-72

(4)

CONFIDENTIAL
(When filled in)

NOTE TO PCS RETURNEES

Personnel processing in from a PCS foreign field assignment through Central Processing Branch are required to review the Employee Conduct Handbook and the information for PCS returnees. This information is contained in a notebook provided by the CPB receptionist.

MEMORANDUM OF UNDERSTANDING

I hereby acknowledge that I have read and understand the contents of Handbook 20-4, Employee Conduct, dated 9 July 1970 and the information for returnees dated 1 February 1972.

NAME

(Please Print)

Signature

Date

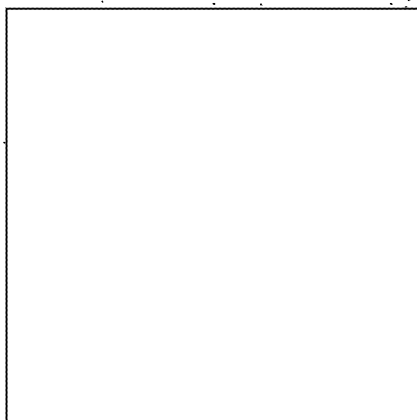
11 Sept 73

CONFIDENTIAL
(When filled in)

Group 1 - Excluded from
automatic downgrading
and declassification.

SECRET

17 APR 1973

**Certificate of Exceptional
Service (for Vietnam)****VIETNAM (Contract Employees)**

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION										DATE PREPARED	
1. SERIAL NUMBER		2. NAME (Last-First-Middle)								24 January 1973	
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE REQUESTED		5. CATEGORY OF EMPLOYMENT			
PROMOTION						MONTH DAY YEAR 02 04 73		REGULAR			
6. FUNDS		V TO Y		V TO OF		7. PAN AND NSCA		8. LEGAL AUTHORITY (Completed by Office of Personnel)			
OF TO Y		X OF TO OF				3136 1267 0000					
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION					
A 24 DDP/EUROPEAN DIVISION FOREIGN FIELD											
SUPPORT BRANCH											
11. POSITION TITLE						12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION			
A.D.M. RECORDS ADMIN OFFICER (09)						0699		D			
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
GS				0344 01		11.6		\$16326			
18. REMARKS											
HOME BASE: IS CONCUR PRA HR 20-17e (1) (a) PROMOTION CONCUR: C/E/EE the original to DDP/OS/PMU position 0061.mie											
DATE SIGNED						DATE SIGNED					
1/3/73						2/2/73					
SPACE BELOW FOR EXCLUSIVE USE											
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE		23. INTEREST CODE		24. NOTES	
33		10		44750 EUR		36533				3	
25. DATE EXPIRES		26. SPECIAL REFERENCE		27. RETIREMENT DATA		28. SEPARATION DATA CODE		29. CORRECTION/CANCELLATION DATA		30. DATE OF BIRTH	
MO. DA. YR. 02/03/74		81								MO. DA. YR. 02/04/73	
31. VET PREFERENCE		32. SERV COMP DATE		33. LONG COMP DATE		34. CAREER CATEGORY		35. FEGLI/HEALTH INSURANCE		36. SOCIAL SECURITY NO.	
CODE 1-NO 2-10 YR 3-10 YR		MO. DA. YR.		MO. DA. YR.		LBR/RESP PROV/TEMP		CODE 1-NO 2-NO 3-NO		HEALTH INS. CODE	
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE				42. LEAVE CAT. CODE		43. FEDERAL TAX DATA		44. STATE TAX DATA			
CODE 1-NO PREVIOUS SERVICE 2-NO BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)				CODE		CODE NO TAX EXEMPTIONS		CODE NO TAX EXEMPTIONS		CODE NO TAX EXEMPTIONS	
45. POSITION CONTROL CERTIFICATION						46. OP APPROVAL		DATE APPROVED			
2-2-73 mm								2/2/73			

FORM 1152 USE PREVIOUS EDITION

SECRET

E-2, IMPDET CL. BY: (4)

FEB 1973

☐ UNCLASSIFIED

☐ INTERNAL
USE ONLY

☐ CONFIDENTIAL

☐ SECRET

ROUTING AND RECORD SHEET

SUBJECT: (Optional)

FROM:

EUR/PERS
4B0002 Hqs

EXTENSION

NO.

DATE

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

DATE

RECEIVED

FORWARDED

OFFICER'S
INITIALS

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

1.

E/PERS/TEDDY

2.

C/E/PERS

3.

C/E/PERS I

4.

E/PERS/JON

5.

C/IS/PERS

6.

7.

CSPS/SOB GG10

8.

9.

OP/PI 5E03

10.

11.

12.

13.

14.

15.

for concurrence

for concurrence

7. Subject will be assigned as
Ch. Reg. + RMO DDP/CCS upon
his return to the (Ch. +
Aug 73), vice [redacted]

[redacted] will be assigned
to CCS/RMO position
0061 vice [redacted]

FORM
3-62

610 USE PREVIOUS
EDITIONS

☐ SECRET

☐ CONFIDENTIAL

☐ INTERNAL
USE ONLY

☐ UNCLASSIFIED

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
1. SERIAL NUMBER				2. NAME (Last-First-Middle)	
3. NATURE OF PERSONNEL ACTION REASSIGNMENT AND TRANSFER TO CONFIDENTIAL FUNDS				4. EFFECTIVE DATE REQUESTED MONTH: 05 DAY: 30 YEAR: 71	
5. CATEGORY OF EMPLOYMENT REGULAR				6. LEGAL AUTHORITY (Completed by Office of Personnel)	
7. FINANCIAL ANALYSIS NO CHARGEABLE 1136-1267		8. LEGAL AUTHORITY (Completed by Office of Personnel)			
9. ORGANIZATIONAL DESIGNATIONS DDP/EUR FOREIGN FIELD SUPPORT BRANCH		10. LOCATION OF OFFICIAL STATION			
11. POSITION TITLE RECORDS ADM OF (09)		12. POSITION NUMBER 0699		13. CAREER SERVICE DESIGNATION D	
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS		15. OCCUPATIONAL SERIES 0344.01		16. GRADE AND STEP 10 7	
17. SALARY OR RATE 13,821		18. REMARKS 1 cc: Payroll From: DDP/EUR DEVELOPMENT COMPLEMENT No Language Required PRA HR 20-17E(1) (B) NTE Two Yrs X HB: EUR			
DATE SIGNED 1E/Pers 3/15/71		19. SIGNATURE OF CAREER SERVICE APPROVING OFFICER		DATE SIGNED 3/15/71	
PLACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
19. ACTION CODE 20	20. EMPLOY CODE 10	21. OFFICE CODING NUMERIC: 44625 ALPHABETIC: 51P	22. STATION CODE 36533	23. INTEGRITY CODE 3	24. MONTHS CODE 3
25. DATE OF BIRTH	26. DATE OF GRADE MO. DA. YR.	27. DATE OF LIT MO. DA. YR.	28. DATE OF LIT MO. DA. YR.	29. DATE OF LIT MO. DA. YR.	30. DATE OF LIT MO. DA. YR.
31. NTE EXPIRES MO. DA. YR. 05/29/73	32. SPECIAL REFERENCE 82	33. RETIREMENT DATA 1-YES 2-NO 3-YES 4-NO	34. SEPARATION DATA CODE TYPE	35. CORRECTION, CANCELLATION DATA MO. DA. YR.	36. SECURITY RES. NO.
37. VET PREFERENCE CODE 0-NO 1-5 PT 2-10 PT	38. SERV COMP DATE MO. DA. YR.	39. LONG COMP. DATE MO. DA. YR.	40. CAREER CATEGORY CAR. DES. PROV/TMP	41. FEDERAL HEALTH INSURANCE CODE 0-WAIVER 1-YES	42. SOCIAL SECURITY NO
43. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0-NO PREVIOUS SERVICE 1-NO ACT IN SERVICE 2-GRAT IN SERVICE (LESS THAN 3 YEARS) 3-GRAT IN SERVICE (MORE THAN 3 YEARS)	44. LEAVE CAT. CODE	45. FEDERAL TAX DATA FORM EXECUTED 1-YES 2-NO	46. STATE TAX DATA FORM EXECUTED 1-YES 2-NO	47. SOCIAL SECURITY NO	48. STATE TAX DATA FORM EXECUTED 1-YES 2-NO
49. POSITION CONTROL CERTIFICATION 5-7-71 P. 1			50. APPROVAL DATE APPROVED 5-10-71		

FORM 3-67 1152 USE PREVIOUS EDITION

SECRET

GROUP 1
EXCLUDED FROM AUTOMATIC DOWNGRADING
AND DECLASSIFICATION

(4)

SECRET

(If New Entry to)

REQUEST FOR PERSONNEL ACTION

DATE PREPARED

02 DECEMBER 1970

1. SERIAL NUMBER		2. NAME (Last-First-Middle)		3. EFFECTIVE DATE REQUESTED		4. CATEGORY OF EMPLOYMENT	
				MONTH DAY YEAR 12 13 70		REGULAR	
5. REASSIGNMENT AND TRANSFER TO VOUCHERED FUNDS				6. FINANCIAL ANALYSIS NO. CHARGEABLE		7. LEGAL AUTHORITY (Completed by Office of Personnel)	
6. FUNDS XX				7. FINANCIAL ANALYSIS NO. 1236-1186			
9. ORGANIZATIONAL DESIGNATIONS				10. LOCATION OF OFFICIAL STATION			
DDP/EUR DEVELOPMENT COMPLEMENT				WASHINGTON, D.C.			
11. POSITION TITLE				12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION	
RECORDS ADM OFFICER				9997		D	
14. CLASSIFICATION SCHEDULE (GS, L.P., etc.)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE	
GS		0344.01		10 7		\$ 13,041	
18. REMARKS							
2cc: SECURITY cc: PAYROLL <i>Other</i> FROM: DDP/EUR/FOREIGN FIELD [] SLOT# 0254 NTE: 30 June 1971 Pending Reassignment [] Security Approval Granted by Data on 12/4/70 [] 12/10/70							
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE	
16 18		4499		CIR		75313	
23. DATE OF BIRTH		24. DATE OF GRADE		25. DATE OF LEP		26. DATE OF LEP	
MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.	
27. DATE OF BIRTH		28. DATE OF GRADE		29. DATE OF LEP		30. DATE OF LEP	
MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.	
31. SPECIAL REFERENCE		32. RETIREMENT DATA		33. SEPARATION DATA		34. CORRECTION CANCELLATION DATA	
1-ESC 2-OTIS 3-TICA 4-NONE		CODE		TYPE		MO. DA. YR.	
35. VER. PREFERENCE		36. SERV. COMP. DATE		37. LONG. COMP. DATE		38. CAREER CATEGORY	
CODE		MO. DA. YR.		MO. DA. YR.		CODE	
0-NONE 1-5 PF 2-10 PF						CODE	
39. FEGLI/HEALTH INSURANCE		40. SOCIAL SECURITY NO.		41. PREVIOUS CIVILIAN GOVERNMENT SERVICE		42. LEAVE CAT. CODE	
CODE		CODE		CODE		CODE	
0-NONE 1-YES 2-NO				0-NONE 1-NO BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)		0-NONE 1-YES 2-NO	
43. POSITION CONTROL CERTIFICATION		44. FEDERAL TAX DATA		45. STATE TAX DATA		46. FEDERAL TAX DATA	
12-8-70 MW		CODE		CODE		CODE	
		NO. TAX EXEMPTIONS		FORM EXECUTED		CODE	
				1-YES 2-NO		CODE	
47. DATE APPROVED		48. DATE APPROVED		49. DATE APPROVED		50. DATE APPROVED	
12/8/70		12/8/70		12/8/70		12/8/70	

FORM 1152 USE PREVIOUS EDITION

SECRET

GROUP 1
EXCLUDED FROM AUTOMATIC DOWNGRADING
AND DECLASSIFICATION

(4)

SECRET

(If Not Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
1. SERIAL NUMBER		2. NAME (Last-First-Middle)		20 JANUARY 1971	
3. NATURE OF PERSONNEL ACTION				5. EFFECTIVE DATE REQUESTED	
REASSIGNMENT AND TRANSFER TO VOUCHERED FUNDS (CORRECTION)				MONTH DAY YEAR 1 10 71	
6. FUNDS				7. FINANCIAL ANALYSIS NO. CHARGEABLE	
XX V TO V Q TO V				1234-1186	
9. ORGANIZATIONAL DESIGNATIONS				10. LOCATION OF OFFICIAL STATION	
DDP/EUR DEVELOPMENT COMPLEMENT				WASHINGTON, D.C.	
11. POSITION TITLE				12. POSITION NUMBER	
RECORDS ADM OFFICER				9997	
14. CLASSIFICATION SCHEDULE (GS, LS, etc.)				15. OCCUPATIONAL SERIES	
GS				0344.01	
16. GRADE AND STEP				17. SALARY OR RATE	
10 7				\$ 13,821	
18. REMARKS					
cc: Payroll TO CORRECT EFFECTIVE DATE TO READ 1/10/71 VICE 12/13/70 H.A. EUR					
DATE SIGNED		19. SIGNATURE OF CAREER SERVICE APPROVING OFFICER		DATE SIGNED	
AC/E/Pers 1/21/71				1/21/71	
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	24. MOBILE CODE
58	18	44777	EUR	75013	1
25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI	28. DATE EXPIRES	29. SPECIAL REFERENCE	30. RETIREMENT DATA
31. SEPARATION DATA CODE	32. CORRECTION CANCELLATION DATA	33. SECURITY RES. NO.	34. SEX	35. VET PREFERENCE	36. SERV. COMP. DATE
37. LONG COMP. DATE	38. CAREER CATEGORY	39. PEGU/HEALTH INSURANCE	40. SOCIAL SECURITY NO.	41. PREVIOUS CIVILIAN GOVERNMENT SERVICE	42. LEAVE CAT. CODE
43. FEDERAL TAX DATA	44. STATE TAX DATA	45. POSITION CONTROL CERTIFICATION	46. OP APPROVAL	DATE APPROVED	
				1/26/71	

FORM 1152 USE PREVIOUS EDITION

SECRET

GROUP 1
EXCLUDED FROM AUTOMATIC DOWNGRADING
AND DECLASSIFICATION

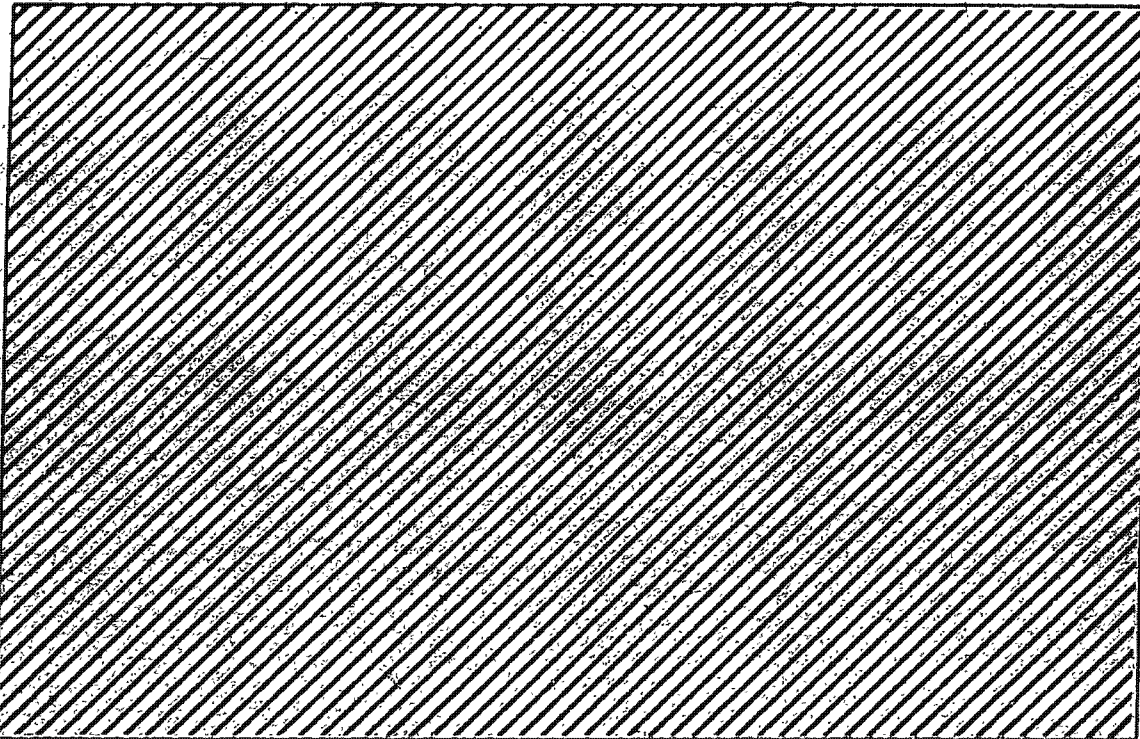
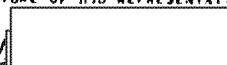
(4)

SECRET

(If box filled in)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED	
1. SERIAL NUMBER						12 FEBRUARY 1971	
2. NAME (Last-First-Middle)							
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE REQUESTED		5. CATEGORY OF EMPLOYMENT	
CHANGE OF FAN				MONTH DAY YEAR 02 12 71		REGULAR	
6. FUNDS		7. FINANCIAL ANALYSIS NO. CHARGEABLE		8. LEGAL AUTHORITY (Completed by Office of Personnel)			
XX V TO V		V TO C		1236-1186			
C TO V		C TO C					
9. ORGANIZATIONAL DESIGNATIONS				10. LOCATION OF OFFICIAL STATION			
DOP/EUR DEVELOPMENT COMPLEMENT				WASHINGTON, D.C.			
11. POSITION TITLE				12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION	
RECORDS ADM OFFICER				9997		D	
14. CLASSIFICATION SCHEDULE (GS, ES, etc.)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE	
GS		0344.01		10 7		\$ 13,821	
18. REMARKS							
FROM 1234-1186 cc: Payroll K-H-B-EUR							
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE	
37 18		44997		26R		75013	
23. INTEGRAL CODE		24. MODIFIERS CODE		25. DATE OF BIRTH		26. DATE OF GRADE	
		1		MO. DA. YR.		MO. DA. YR.	
27. DATE OF LEL		28. SECURITY REG. NO.		29. SEX		30. SOCIAL SECURITY NO.	
MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.	
31. VTE PREFERENCE		32. SERV. COMP. DATE		33. LONG COMP. DATE		34. CAREER CATEGORY	
CODE		MO. DA. YR.		MO. DA. YR.		CODE	
35. PREVIOUS CIVILIAN GOVERNMENT SERVICE		36. LEAVE CAT CODE		37. FEDERAL TAX DATA		38. STATE TAX DATA	
CODE		CODE		CODE		CODE	
39. POSITION CONTROL CERTIFICATION		40. DATE APPROVED		41. DATE APPROVED		42. DATE APPROVED	
2-18-71 km		2-18-71		2-18-71		2-18-71	

SECRET
(When Filled In)

		
NAME OF EMPLOYEE (Last-First-Middle)	NAME AND RELATIONSHIP OF DEPENDENT*	CLAIM NUMBER
	SELF	70-0961
<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>6 MAY 1970</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	SIGNATURE OF OSD REPRESENTATIVE	
19 JUNE 1970	/B/ 	
NOTICE OF OFFICIAL DISABILITY CLAIM FILE		

SECRET

14 May 1968

approved

MEMORANDUM FOR: FE Career Management Committee

SUBJECT: Recommendation for Promotion for [redacted]
from GS-09 to GS-10

1. FE Vietnam Operations concurs in the field recommendation for the promotion of [redacted] from GS-09 to GS-10. Following is the recommendation from the Chief, Operational Services Branch, Vietnam Station.

"Subject has been with the Organization since April 1952 and has served at Vietnam Station as Chief, RI since January 1967. Subject was last promoted in 1958.

"As Chief, RI at Vietnam Station, Subject is responsible for the supervision of eleven personnel engaged in highly diversified activities, all subject to tight scheduling and deadlines. Examples of some of the diversified activities for which Subject is responsible are courier service throughout Vietnam, cable secretariat functions and intelligence reports reproduction and distribution, in addition to the classic registry functions normally performed by a station registry.

"Subject has energetically applied himself to improving procedures within his Section and to the cross-training of employees under his supervision to provide flexibility in his operations. His efforts in these areas bore welcome fruit during the recent disturbances when his Section was placed on twenty-four (24) hour duty for several weeks. During this period, while operating with a reduced staff and an ever-increasing workload, Subject kept all services operationally effective and on a timely basis with the exception of the in-country courier runs which were interrupted for a few days by circumstances beyond his control.

"Subject is a dedicated, conscientious and loyal employee. He is cooperative, exercises initiative in accomplishing the tasks at hand and responds favorably to constructive criticism. Personnel in his section perform their duties in a friendly, courteous and efficient manner. Their attitude, which is an expression of the direction received, has been brought to the attention of the writer on numerous occasions by various Station personnel.


SECRET

SECRET

2

"Subject is an acknowledged expert in his chosen field. He constantly seeks out new methods, equipment and knowledge pertaining to his profession and is furthering himself academically through attendance at the local University extension. He has the background and drive to provide potential for assumption of more senior positions in his field. In view of Subject's strong performance, extensive overseas experience in a variety of situations and length of time in his present grade he is strongly recommended for promotion to the GS-10 level."

2. If promoted, Subject will occupy the position of 10 General, GS-11, Slot # 4984.


Chief, Vietnam Operations

SECRET

S E C R E T

4 March 1968

MEMORANDUM FOR: Chief of Station

SUBJECT : Recommendation for Promotion -

1. It is recommended that Subject be promoted from GS-09 to GS-10. Subject has been with the Organization since April 1952 and has served at Vietnam Station as Chief, RI since January 1967. Subject was last promoted in 1958.

2. As Chief, RI at Vietnam Station, Subject is responsible for the supervision of eleven personnel engaged in a highly diversified activities, all subject to tight scheduling and deadlines. Examples of some of the diversified activities for which Subject is responsible are courier service throughout Vietnam, cable secretariat functions and intelligence reports reproduction and distribution, in addition to the classic registry functions normally performed by a station registry.

3. Subject has energetically applied himself to improving procedures within his Section and to the cross training of employees under his supervision to provide flexibility in his operations. His efforts in these areas bore welcome fruit during the recent disturbances when his Section was placed on twenty-four (24) hour duty for several weeks. During this period, while operating with a reduced staff and an ever increasing workload, Subject kept all services operationally effective and on a timely basis with the exception of the in-country courier runs which were interrupted for a few days by circumstances beyond his control.

4. Subject is a dedicated, conscientious and loyal employee. He is cooperative, exercises initiative in accomplishing the tasks at hand and responds favorably to constructive criticism. Personnel in his Section perform their duties in a friendly, courteous and efficient manner. Their attitude, which is an expression of the direction received, has been brought to the attention of the writer on numerous occasions by various Station personnel.

S E C R E T

SECRET

- 2 -

5. Subject is an acknowledged expert in his chosen field. He constantly seeks out new methods, equipment and knowledge pertaining to his profession and is furthering himself academically through attendance at the local University extension. He has the background and drive to provide potential for assumption of more senior positions in his field. In view of Subject's strong performance, extensive overseas experience in a variety of situations and length of time in his present grade he is strongly recommended for promotion to the GS-10 level.

/s/

Chief, OSB

CONCUR

Acting Deputy Chief of Station

APPROVE:

Chief of Station

SECRET

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION										DATE PREPARED 8 Oct 1968	
1. SERIAL NUMBER		2. NAME (Last-First-Middle)									
3. NATURE OF PERSONNEL ACTION REASSIGNMENT										4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 11 15 68	
5. CATEGORY OF EMPLOYMENT REGULAR											
6. PURPOSE		V TO V		V TO O		7. FINANCIAL ANALYSIS NO. CHARGEABLE 9136 1214		8. LEGAL AUTHORITY (Completed by Office of Personnel)			
		O TO V		XX O TO O							
9. ORGANIZATIONAL DESIGNATIONS DIP/EUR FOREIGN FIELD										10. LOCATION OF OFFICIAL STATION	
11. POSITION TITLE RECORDS AID OF										12. POSITION NUMBER 0254	
13. CAREER SERVICE DESIGNATION D											
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GR				15. OCCUPATIONAL SERIES 0344.01		16. GRADE AND STEP 10 6		17. SALARY OR RATE \$ 10,847			
18. REMARKS <div style="display: flex; justify-content: space-between;"> <div> CONCUR: _____ FE/Pers By Phone 25% Attached </div> <div style="text-align: center;"> PRA 20-FI-D(1/2) (B) N 7-15 844 <i>via</i> </div> </div>											
19. DATE SIGNED C/E/Pers 7 Oct 68				20. DATE SIGNED				21. DATE SIGNED 8 Oct 1968			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
22. ACTION CODE 37 10		23. EMPLOY CODE 44525		24. OFFICE CODING EUR		25. STATION CODE 21025		26. HOURS CODE 3		27. DATE OF BIRTH	
28. DATE EMPLOYED 11 Oct 68		29. SPECIAL REFERENCE 53		30. RETIREMENT DATA 1-YES 2-ORDN 3-PICA 4-NONE		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA		33. SECURITY QES NO.	
34. SER. COMP DATE		35. LONG COMP DATE		36. CAREER CATEGORY		37. FEAT/HEALTH INSURANCE		38. VETERAN SECURITY NO.			
39. PREVIOUS CIVILIAN GOVERNMENT SERVICE		40. LEAVE CAT. CODE		41. FEDERAL TAX DATA		42. STATE TAX DATA		43. FORM EXECUTED		44. STATE CODE	
45. POSITION CONTROL CERTIFICATION Form FE		46. DATE APPROVED 10 28 68		47. DATE APPROVED		48. DATE APPROVED		49. DATE APPROVED		50. DATE APPROVED	

FORM 1152 USE PREVIOUS EDITION

SECRETGROUP 1
EXCLUDED FROM AUTOMATIC DOWNGRADING
AND DECLASSIFICATION

(1)

SECRET

(If Not Filled In)

REQUEST FOR PERSONNEL ACTION										DATE PREPARED 23 July 1968	
1. SERIAL NUMBER		2. NAME (Last-First-Middle)									
3. NATURE OF PERSONNEL ACTION PROMOTION						4. EFFECTIVE DATE REQUESTED MONTH: 07 DAY: 28 YEAR: 68		5. CATEGORY OF EMPLOYMENT REGULAR			
6. FUNDS		V TO V		V TO C		7. FINANCIAL ANALYSIS NO. CHARGEABLE 9137 1487		8. LEGAL AUTHORITY (Completed by Officer of Personnel)			
		C TO V		X C TO C							
9. ORGANIZATIONAL DESIGNATIONS DEP/FS FOREIGN FIELD FE/VSO - VIET NAM STATION INTELLIGENCE DIVISION COLLATION BRANCH CURRENT INTELLIGENCE SECTION BIOGRAPHIC UNIT						10. LOCATION OF OFFICIAL STATION SAIGON, South Vietnam.					
11. RECORDS ADMIN OF D 11						12. POSITION NUMBER 4984		13. CAREER SERVICE DESIGNATION D			
14. CLASSIFICATION SYMBOL (GS, I.D., etc.) OS		15. OCCUPATIONAL SERIES 0344.01		16. GRADE AND STEP 10.6		17. SALARY OR RATE \$ 10847					
18. REMARKS RECORDS ADMIN OFFICER OCCUPYING 10 GENERAL POSITION.											
19A. [Signature]		DATE SIGNED 23 July 68				[Signature]		DATE SIGNED 21			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE 22 10		20. EMPLOY CODE FE		21. POSITION CODE 7705		22. HOURS CODE 3		23. DATE OF BIRTH		24. DATE OF GRADE	
25. DATE OF LEI		26. DATE OF BIRTH		27. DATE OF GRADE		28. DATE OF LEI		29. DATE OF BIRTH		30. DATE OF GRADE	
31. DATE OF LEI		32. DATE OF BIRTH		33. DATE OF GRADE		34. DATE OF LEI		35. DATE OF BIRTH		36. DATE OF GRADE	
37. DATE OF LEI		38. DATE OF BIRTH		39. DATE OF GRADE		40. DATE OF LEI		41. DATE OF BIRTH		42. DATE OF GRADE	
43. DATE OF LEI		44. DATE OF BIRTH		45. DATE OF GRADE		46. DATE OF LEI		47. DATE OF BIRTH		48. DATE OF GRADE	
49. DATE OF LEI		50. DATE OF BIRTH		51. DATE OF GRADE		52. DATE OF LEI		53. DATE OF BIRTH		54. DATE OF GRADE	
55. DATE OF LEI		56. DATE OF BIRTH		57. DATE OF GRADE		58. DATE OF LEI		59. DATE OF BIRTH		60. DATE OF GRADE	
61. DATE OF LEI		62. DATE OF BIRTH		63. DATE OF GRADE		64. DATE OF LEI		65. DATE OF BIRTH		66. DATE OF GRADE	
67. DATE OF LEI		68. DATE OF BIRTH		69. DATE OF GRADE		70. DATE OF LEI		71. DATE OF BIRTH		72. DATE OF GRADE	
73. DATE OF LEI		74. DATE OF BIRTH		75. DATE OF GRADE		76. DATE OF LEI		77. DATE OF BIRTH		78. DATE OF GRADE	
79. DATE OF LEI		80. DATE OF BIRTH		81. DATE OF GRADE		82. DATE OF LEI		83. DATE OF BIRTH		84. DATE OF GRADE	
85. DATE OF LEI		86. DATE OF BIRTH		87. DATE OF GRADE		88. DATE OF LEI		89. DATE OF BIRTH		90. DATE OF GRADE	
91. DATE OF LEI		92. DATE OF BIRTH		93. DATE OF GRADE		94. DATE OF LEI		95. DATE OF BIRTH		96. DATE OF GRADE	
97. DATE OF LEI		98. DATE OF BIRTH		99. DATE OF GRADE		100. DATE OF LEI		101. DATE OF BIRTH		102. DATE OF GRADE	
103. DATE OF LEI		104. DATE OF BIRTH		105. DATE OF GRADE		106. DATE OF LEI		107. DATE OF BIRTH		108. DATE OF GRADE	
109. DATE OF LEI		110. DATE OF BIRTH		111. DATE OF GRADE		112. DATE OF LEI		113. DATE OF BIRTH		114. DATE OF GRADE	
115. DATE OF LEI		116. DATE OF BIRTH		117. DATE OF GRADE		118. DATE OF LEI		119. DATE OF BIRTH		120. DATE OF GRADE	
121. DATE OF LEI		122. DATE OF BIRTH		123. DATE OF GRADE		124. DATE OF LEI		125. DATE OF BIRTH		126. DATE OF GRADE	
127. DATE OF LEI		128. DATE OF BIRTH		129. DATE OF GRADE		130. DATE OF LEI		131. DATE OF BIRTH		132. DATE OF GRADE	
133. DATE OF LEI		134. DATE OF BIRTH		135. DATE OF GRADE		136. DATE OF LEI		137. DATE OF BIRTH		138. DATE OF GRADE	
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SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED 17 NOVEMBER	
1. SERIAL NUMBER		2. NAME (Last-First-Middle)			
3. NATURE OF PERSONNEL ACTION REASSIGNMENT		4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 12 1 66		5. CATEGORY OF EMPLOYMENT REGULAR	
6. FUNDS V TO V CP TO V X CP TO CP		7. FINANCIAL ANALYSIS NO. CHARGEABLE 7137-1487		8. LEGAL AUTHORITY (Completed by Office of Personnel)	
9. ORGANIZATIONAL DESIGNATIONS DDP/FE/FOREIGN FIELD FE/VNC - VIETNAM STATION EXECUTIVE OFFICE REGISTRY SECTION		10. LOCATION OF OFFICIAL STATION SAIGON, SOUTH VIETNAM			
11. POSITION TITLE RECORDS ADMIN OF GS-11 (11)		12. POSITION NUMBER 4127		13. CAREER SERVICE DESIGNATION D	
14. CLASSIFICATION SCHEDULE (G.S. I.R. no.) GS		15. OCCUPATIONAL SERIES 0344.01		16. GRADE AND STEP 09/4 7	
17. SALARY OR RATE \$ 9001-9262 ✓		18. REMARKS FROM: [] OFFICE OF THE CHIEF/ CENTRAL REGISTRY AND RECORDS SECTION			
19. DATE SIGNED 22 Nov 66		20. SIGNATURE OF CAREER SERVICE APPROVING OFFICER		21. DATE SIGNED 20 Nov 66	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
22. ACTION CODE 34 10	23. EMPLOY CODE 45500	24. OFFICE CODING FE	25. STATION CODE 71265	26. INDICATOR CODE 5	27. DATE OF BIRTH []
28. DATE OF DEATH []	29. SPECIAL REFERENCE []	30. DEPENDENT DATA 1-EX 2-PA 3-None	31. SEPARATION DATA CODE []	32. COMPLETION-CANCELLATION DATA TYPE []	33. SECURITY REG NO []
34. VET PREFERENCE CODE 0-None 1-1 PT 2-10 PT	35. SERV COMP DATE MO. DA. YR. []	36. LONG COMP DATE MO. DA. YR. []	37. CAREER CATEGORY CODE []	38. HEALTH INSURANCE CODE 0-None 1-YES	39. SOCIAL SECURITY NO []
40. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0-NO PREVIOUS SERVICE 1-BRIEF IN SERVICE 2-BRIEF IN SERVICE (LESS THAN 3 YEARS) 3-BRIEF IN SERVICE (MORE THAN 3 YEARS)	41. STATE CAT CODE []	42. FEDERAL TAX DATA CODE []	43. HEALTH INS. CODE CODE []	44. STATE TAX DATA CODE []	45. SOCIAL SECURITY NO []
46. POSITION CONTROL CERTIFICATION 170766N		47. OFF APPROVAL []		48. DATE APPROVED 11/1/66	

152 USE PREVIOUS EDITION

SECRET

GROUP 1
EXCLUDED FROM AUTOMATIC DOWNGRADING
AND DECLASSIFICATION

SECRET

(When filled in)

F-14

REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
1. SERIAL NUMBER		2. NAME (Last-First-Middle)		18 Nov 66	
3. NATURE OF PERSONNEL ACTION DESIGNATION AS A PARTICIPANT IN THE CIA RETIREMENT AND DISABILITY SYSTEM				4. EFFECTIVE DATE REQUESTED Month: 12, Day: 18, Year: 66	
5. CATEGORY OF EMPLOYMENT REGULAR		6. FUNDS V TO V CP TO V V TO CP CP TO CP		7. FINANCIAL ANALYSIS NO CHARGEABLE 7137-1566	
8. LEGAL AUTHORITY (Completed by Office of Personnel) PL 88-643 Sect. 203		9. ORGANIZATIONAL DESIGNATIONS			
10. LOCATION OF OFFICIAL STATION		11. POSITION TITLE			
12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION D			
14. CLASSIFICATION SCHEDULE (GS, E.B., etc.)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP 9	
17. SALARY OF RATE 5		18. 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. INTEGRITY CODE	24. RIGHTS CODE
25. DATE OF BIRTH MO DA YR	26. DATE OF GRADE MO DA YR	27. DATE OF LIT MO DA YR	28. SECURITY RIG NO	29. SEX	
30. RETIREMENT DATA 1-CSE 2-OTHER 3-NONE	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA TYPE MO DA YR	33. CAREER CATEGORY CAREER PROG. TEMP	34. SOCIAL SECURITY NO	
35. SET PREFERENCE CODE 0-NONE 1-5 PT 2-10 PT	36. NEW COMP DATE MO DA YR	37. LONG COMP DATE MO DA YR	38. HEALTH INSURANCE CODE 0-WAIVER 1-YE	39. SOCIAL SECURITY NO	
40. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0-NONE 1-NO BRIDGE TO SERVICE 2-BRIDGE TO SERVICE (LESS THAN 3 YEARS) 3-BRIDGE TO SERVICE (MORE THAN 3 YEARS)	41. LEAVE EXT CODE	42. FEDERAL TAX DATA FORM EXECUTED CODE 1-YE 2-NONE	43. NO TAX EXEMPTIONS	44. STATE TAX DATA FORM EXEMPTED CODE 1-YE 2-NONE	45. STATE CODE
45. POSITION CONTROL CERTIFICATION 11-21-66 N			46. OP APPROVAL See memo signed by D/Pers dated 16 NOV 66		DATE APPROVED

SECRET

5 January 1966

MEMORANDUM FOR: FE Career Management Committee
SUBJECT: Recommendation for Promotion
[redacted]
from GS-09 to GS-10

1. It is strongly recommended that [redacted] be promoted from GS-09 to GS-10. [redacted] entered on duty with the Agency in April 1952 as a GS-03 Records and File Clerk assigned to RFD. Since that time [redacted] has served as a Receiver Analyst at Headquarters [redacted] and since 1981 in the Central Registry Section of the [redacted]. He is 37 years old and has been in grade GS-09 since 1958. He was previously recommended for promotion to GS-10 in November 1964 and June 1965.

2. In the promotion recommendation for the [redacted] 9 November 1964, the action recommended on [redacted] is as follows:

"A. [redacted] is now on his second tour as [redacted] Registry. This unit is located at Boston Air Station and handles all correspondence for all Station elements. In view of the fact that the Station is located in a different geographic location, a great deal of responsibility is given to [redacted] to ensure that action responsibility in incoming cables is rapidly and properly handled, dispatched and properly routed and processed. Correspondence from other local military commands is correctly analyzed and routed. The day-a-day editing system is functioning effectively, and the Station Newsletter is rapidly turning out priority dispatches.

"B. The Registry is presently composed of six employees in addition to Mr. Woods, who is Chief of this Section. [redacted] does an exemplary job of supervising these employees with the result that the Registry is a well-run unit.

Not Approved
3/1/66

(Group 1)
Excluded from automatic
downgrading and
declassification

SECRET

"C. In addition to his normal duties, [redacted] is constantly thinking of ways to increase the efficiency of the Station Registry, and to be of greater assistance to the Station as a whole. Several of his ideas have been adopted by the Station with a resulting increase in effectiveness. His positive approach to all problems and his cheerfulness and willingness to perform any task have benefited both the Station and the Agency.

"D. In view of [redacted] demonstrated ability to provide leadership to the Station Registry unit, his positive approach to the solution of the many problems which daily beset this unit, it is strongly recommended that he be promoted from GS-09 to GS-10 at the earliest opportunity.

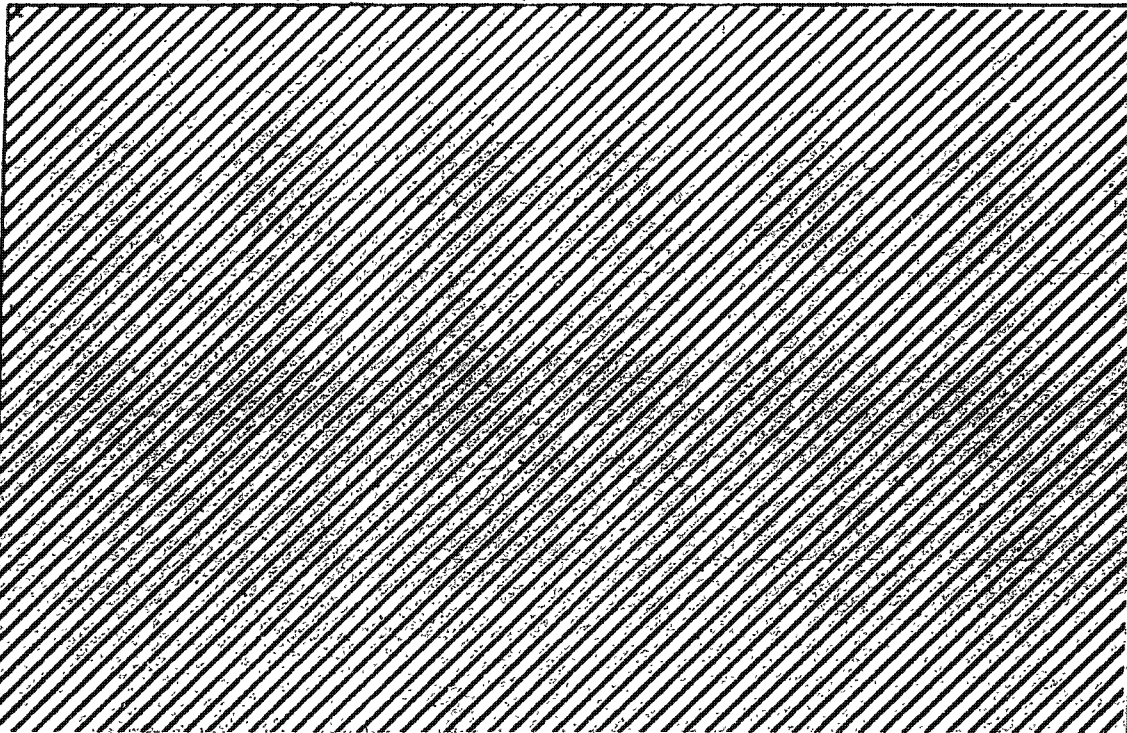
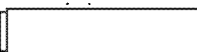
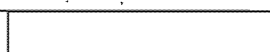
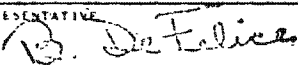
"[redacted] has continued to perform in an over-all "topnotch" manner as indicated in his recent appraisal report. He recently planned and effectively implemented the move of the State Department from one location to another. In a dispatch, dated 22 November, 1965, the present Chief of Station [redacted] stated: "There is little need to add to my predecessor's recommendation dated 8 November 1964, for promotion of [redacted]. He is performing all his duties as Chief of the Registry with a thoroughness and dispatch. He is a winning supervisor who maintains excellent relations with the staff and the use of his personnel and materials."

"The Agency Chief of Station [redacted] also recommended that [redacted] be promoted to GS-10. [redacted] is a highly motivated and efficient individual who is well qualified for the position of GS-10 at the

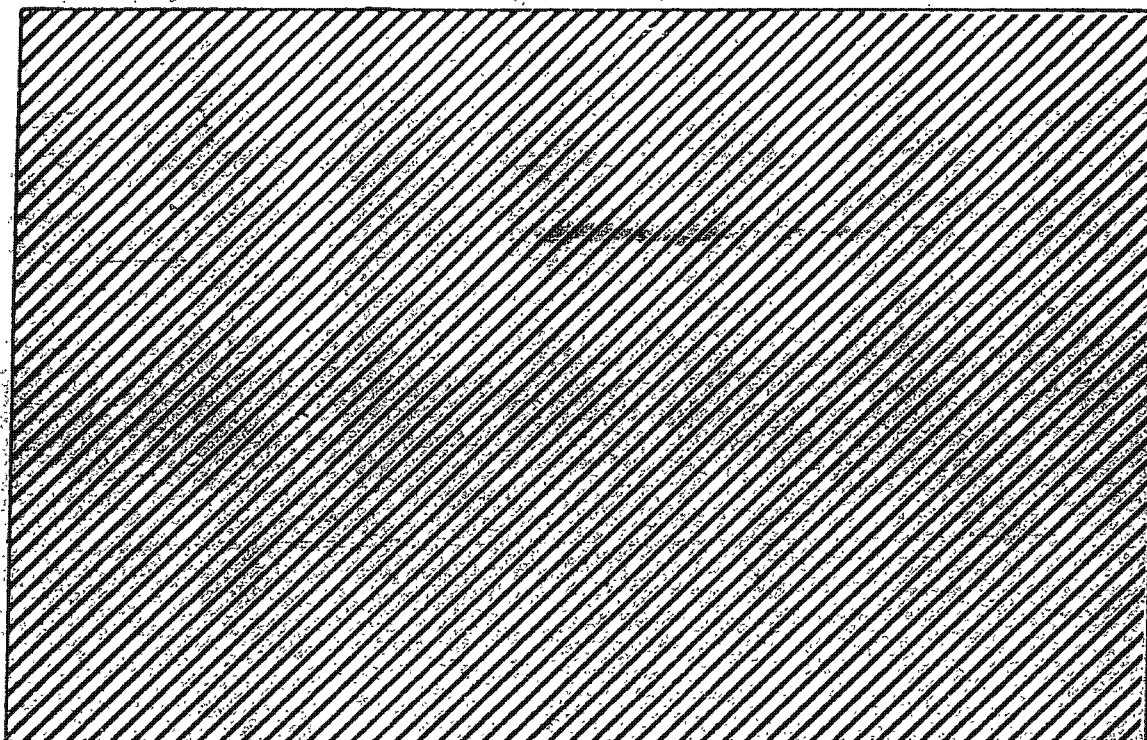
[redacted]

Chief, Registry

SECRET
(When Filled In)

		
NAME OF EMPLOYEE (Last-First-Middle)	NAME AND RELATIONSHIP OF DEPENDENT*	CLAIM NUMBER
		66-502
<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>26 October 1965</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 17 DEC 1965	SIGNATURE OF BSD REPRESENTATIVE 	
NOTICE OF OFFICIAL DISABILITY CLAIM FILE		

SECRET
(When Filled In)



NAME OF EMPLOYEE (Last-First-Middle) <input type="text"/>	NAME AND RELATIONSHIP OF DEPENDENT* <input type="text"/>	CLAIM NUMBER 66-148
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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 26 June 1965.

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 17 JULY 1965	SIGNATURE OF BSD REPRESENTATIVE <i>B. De Felice</i>
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NOTICE OF OFFICIAL DISABILITY CLAIM FILE

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED 10 Feb 1961	
1. SERIAL NUMBER		2. NAME (Last-First-Middle)					
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE REQUESTED		5. CATEGORY OF EMPLOYMENT	
Reassignment and Transfer to Confidential funds				03 19 61		Regular	
6. FUNDS		7. COST CENTER NO. CHARGEABLE		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		1137-7351-1000					
9. ORGANIZATIONAL DESIGNATIONS				10. LOCATION OF OFFICIAL STATION			
DDP/FE							
Office of the Chief Central Registry and Records Section							
11. POSITION TITLE		12. POSITION NUMBER		12A. PCR CONTROL NO.		13. CAREER SERVICE DESIGNATION	
Intel Analyst - Gen		12-D		3061		D	
14. CLASSIFICATION SCHEDULE (GS, LP, etc.)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE	
GS		0132.36		09 3		6765	
18. REMARKS							
FROM: FE/Office of the Chief/2461 tray 1 lcc - Security Form 259 forwarded to Medical Staff Departure Date: 31 March 1961 FE/CMC Approved <div style="text-align: right; margin-top: 10px;">Security App. 2/16/61 Mr 3/4/61</div>							
19. SIGNATURE OF REQUESTER				20. SIGNATURE OF CAREER SERVICE APPROVING OFFICER			
REL							
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
21. ACTION CODE	22. EMPLOY CODE	23. OFFICE CODE	24. STATION CODE	25. INTERVIEW CODE	26. MONTH CODE	27. DATE OF BIRTH	28. DATE OF LEAVE
45	11	5130	12		3		
29. DATE EXPIRES	30. DATE OF REFERENCE	31. SECURITY DATA	32. SEPARATION DATA	33. DISCONTINUANCE/ANCELLATION DATA	34. SECURITY REQ. NO.	35. SECURITY NO.	36. SECURITY NO.
37. VET. PREFERENCE	38. SER. COMP. DATE	39. CONT. COMP. DATE	40. MIL SER. COMP. DATE	41. PERM. / HEALTH INSURANCE	42. SOCIAL SECURITY NO.		
0 - NONE 1 - 5 YR. 2 - 10 YR.							
43. PREVIOUS GOVERNMENT SERVICE DATA	44. MILITARY DATA	45. VETERAN DATA	46. STATE DATA				
0 - NO PREVIOUS SERVICE 1 - NO BUREAU IN SERVICE 2 - BUREAU IN SERVICE LESS THAN 12 MONTHS 3 - BUREAU IN SERVICE MORE THAN 12 MONTHS							
47. POSITION CONTROL CERTIFICATION				48. O.P.S. APPROVAL			
03/13/61							

S-E-C-R-E-T

MEMORANDUM FOR:

VIA : Chief, FE

1. The problem of effective management of the operational records of the Clandestine Services is one of our most important responsibilities. In this connection, you have been selected by your Division, and authorized by the Clandestine Services Records Committee, to act as Records Officer for your component. Your selection is based on your professional qualifications to carry out an assignment requiring experience, judgment, and a knowledge of the objectives of the Clandestine Services. A copy of this memorandum will be placed in your official personnel folder to record your appointment as Records Officer.

2. You are to act on behalf of your Division or Staff element in authorizing the destruction of material of no value to the Clandestine Services in accordance with criteria established for this purpose. You are empowered to authorize the destruction of documents and index cards recommended for destruction by other members of your Branch, and to desensitize KAPOK and RYBAT material which is no longer sensitive or which has been restricted in error. Your signature will be recognized by RID as that of an officially appointed Records Officer.

3. At the meeting of 16 December 1958, you were briefed on the details of your duties as Records Officer. It is now considered that you will be able fully to execute your duties as Records Officer and thus make a real contribution to the CS Records Management Program.

DDP/RMO

cc: Personnel Jacket of Addressee

S-E-C-R-E-T

SECRET

REQUEST FOR PERSONNEL ACTION

1. Serial No.		2. Name (Last-First-Middle)		3. Date Of Birth		4. Vet. Prof.		5. Sex		6. CS - EOD			
						None-0 5 Pt-1 10 Pt-2		Code 1 M 1		Mo. Da. Yr. 04 21 52			
7. SCD		8. CSC Name		9. CSC Or Other Legal Authority		10. Apmt. Affidav.		11. FEGLI		12. LCD		13. Pay Plan	
Mo. Da. Yr.		Yes-1 No-2		Code		Mo. Da. Yr.		Yes-1 No-2		Code		Mo. Da. Yr. Yes-1 No-2	
11 12 48		1 No-2		1 50 USCA 403 J				/		04 21 52		2	

PREVIOUS ASSIGNMENT

14. Organizational Designations		Code		15. Location Of Official Station		Station Code	
DDP FE SUPPORT BRANCH		5161				57557	
16. Dept. - Field		17. Position Title		18. Position No.		19. Serv. 20. Occup. Series	
Dept. - US/Id - Frqn -		Code		3382		GS 0306.01	
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade	
09 1		\$ 5985		01		Mo. Da. Yr. 11 16 58	
						25. PSI Due	
						Mo. Da. Yr. 11 15 59	
						26. Appropriation Number	
						9 3780 55 006	

ACTION

27. Nature Of Action		Code		28. Eff. Date		29. Type Of Employee		Code		30. Separation Data	
Reassignment		01		Mo. Da. Yr. 3 22 59		Regular		01			

PRESENT ASSIGNMENT

31. Organizational Designations		Code		32. Location Of Official Station		Station Code	
DDP/FE Office of the Chief Secretariat		5112		Washington, D. C.		25013	
33. Dept. - Field		34. Position Title		35. Position No.		36. Serv. 37. Occup. Series	
Dept. - US/Id - Frqn -		Code		2461 58-11			
38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grade	
						Mo. Da. Yr. 9 3700 20 001	
						42. PSI Due	
						Mo. Da. Yr.	
						43. Appropriation Number	

SOURCE OF REQUEST

A. (Name & Title)		C. (Name & Title)	
B/Secretariat			
(Name & Telephone Ext.)		(Name & Telephone Ext.)	
Mozelle Little X2957		Personnel	

CLEARANCES

Clearance		Signature		Date		Clearance		Signature		Date	
A. Career Board				3-16-59		D. Placement					
B. Pos. Control		23				E.					
C. Classification						F. Approved By					
Remarks											
please transfer from Unvouchered to Vouchered funds											
2 Copies to Security											

SECRET

SECRET

REQUEST FOR PERSONNEL ACTION

6 October 1958

1. Serial No.		2. Name (Last-First-Middle)			3. Date Of Birth		4. Vol. Pref.		5. Sex		6. CS - EOD		
					Mo. Da. Yr.		None-0 5 Pt-1 10 Pt-2		Code 1 M 1		Mo. Da. Yr.		
											Mo. Da. Yr.		
7. SCD		8. CSC Reim.		9. CSC Or Other Legal Authority		10. Appt. Affidav.		11. FEGLI		12. LCD		13. Ill. Serv.	
Mo. Da. Yr.		Yes-1 No-2		Code		Mo. Da. Yr.		Yes-1 No-2		Code		Mo. Da. Yr.	
XX XX XX				50 USCA 403						04 21 52		Yes-1 No-2	

PREVIOUS ASSIGNMENT

14. Organizational Designations		Code		15. Location Of Official Station		Station Code	
DDP FE BRANCH 3							
ADMIN. SEC		5161				57557	
16. Dept. Field		17. Position Title		18. Position No.		19. Serv.	
Dept. Code USMID - Frqn -		RECORDS MGMT ANALYST		3382		GS	
20. Occup. Series						0306.01	
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade	
07 A 4		\$ 4799		DI		Mo. Da. Yr.	
						25. PSI Due	
						Mo. Da. Yr.	
						26. Appropriation Number	
						9-3780-55-006	

ACTION

27. Nature Of Action		Code		28. Eff. Date		29. Type Of Employee		Code		30. Separation Data	
Promotion		30		11/16/58		Regular		01			

PRESENT ASSIGNMENT

31. Organizational Designations		Code		32. Location Of Official Station		Station Code	
DDP/FE FE/PSH - Support Branch		5161				57557	
33. Dept. Field		34. Position Title		35. Position No.		36. Serv.	
Dept. Code USMID - Frqn -							
37. Occup. Series							
38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grade	
9 1		\$ 5505				Mo. Da. Yr.	
						42. PSI Due	
						Mo. Da. Yr.	
						43. Appropriation Number	
						9-3780-55-006	

SOURCE OF REQUEST

A. Requester (Name & Telephone Ext.)		B. Request Approved By (Signature And Title)	
Mozelle L. L. 11/17/58		[Signature]	

CLEARANCES

Clearance		Date		Clearance		Signature		Date	
A. Career Board		11/13/58		D. Placement					
B. Pos. Control		11/13/58		E.					
C. Classification		11/13/58		F. Approved By		[Signature]		11/14/58	

Remarks: Request for promotion slot to GS-9 submitted to Wage & Salary Division.
(Hold promotion in Career Panel until slot approved.)

14-00000
Stinberg
COPY

AIR

1024-A-9355
(50-1-5)

Chief, WH Division
ATTN : Chief, RI
Chief of Station [redacted]

31 January 1958

Administrative

EDY Service - RI Team

ACTION REQUIRED: Routing copies to Personnel files of employees concerned

[redacted]
wishes to make it a matter of record that the RI employees listed above served efficiently and well and were a fine addition to this station during their service here.

2. [redacted] wishes to acknowledge at this time, not only the exemplary service rendered by these employees but also the splendid support that RI Division has given to this station.

3. The RI employees named in paragraph 1 worked hard (expending many hours more than the forty normal work hours each week) and efficiently on [redacted] Station files. In addition, they were congenial, friendly and a pleasure to have in the Station.

[redacted]
ACV/cps

29 January 1958

Distribution:

8 - Hqs.
2 - Files

STANDARD FORM 52 FORM 52 OF THE U. S. GOVERNMENT PRINTING OFFICE JAN. 1957 EDITION GPO: 1957 O-574-000		<h1 style="margin: 0;">SECRET</h1>	
<h2 style="margin: 0;">REQUEST FOR PERSONNEL ACTION</h2>		<h3 style="margin: 0;">UNVOUCHERED</h3>	
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. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) Reassignment - transfer to US funds		4. REQUEST NO. 5. DATE OF REQUEST 5 July 1957	
6. POSITION (Specify whether establish, change grade or title, etc.)		7. C. S. OR OTHER LEGAL AUTHORITY 8. EFFECTIVE DATE 5/17/57 9. APPROVED S. S. 7/57	
FROM: Intel Analyst BV-430.12 GS-0132.35-7 4795 \$4,600.00 p/a DDP/PI Records Integration Division Analysis & Operations Branch Analysis Section Washington, D.C.		TO: Intel Analyst Records Integration Division GS-0132.35-7 4795 \$4,600.00 p/a DDP/FE GS-0136.01-7 Branch 3 - Administrative Section	
10. ORGANIZATIONAL DESIGNATIONS 3761		11. HEADQUARTERS	
12. FIELD OR DEPARTMENTAL <input checked="" type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL		13. FIELD OR DEPARTMENTAL <input checked="" type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL	
A. REMARKS (Use reverse if necessary) * Memo dtd 18 June 1957 to Mgm staff via SSA/DD/S requesting that three RI Positions (1 GS-9 and 2 GS-7n - Record Analyst) be established on the [redacted] to be slotted against the GS-9 slot. Please call FE/DT/III x 4000 for effective date.			
B. [redacted]		C. REQUEST APPROVED BY Signature: [redacted] Title: [redacted]	
D. [redacted] (Name and telephone extension) x 2957		E. [redacted]	
14. VETERAN PREFERENCE NONE <input type="checkbox"/> WWI <input type="checkbox"/> OTHER <input type="checkbox"/> SPT. <input type="checkbox"/> 10 POINT <input type="checkbox"/> DISAB. OTHER <input type="checkbox"/>		15. POSITION CLASSIFICATION ACTION NEW <input type="checkbox"/> VICE <input type="checkbox"/> I. A. <input type="checkbox"/> REAL <input type="checkbox"/>	
16. APPROPRIATION FROM 8-2309-23 TO 8-3780-55-006		17. SUBJECT TO C. S. RETIREMENT ACT (U.S.-NO) YES	
18. DATE OF APPOINTMENT AFFIDAVIT (ADVERSARY ONLY)		19. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:	
20. STANDARD FORM 50 REMARKS <div style="text-align: center; padding: 20px;"> <p>Doc 04.10.55</p> <p>PSI - 04.06.58</p> <p>No L W</p> </div>			
21. CLEARANCES A. <input type="checkbox"/> B. CEIL. OR POS. CONTROL <input type="checkbox"/> C. CLASSIFICATION <input type="checkbox"/> D. PLACEMENT OR ENPL <input type="checkbox"/> E. <input type="checkbox"/>		22. INITIAL OR SIGNATURE [Signature]	
23. DATE 6/12/57		24. REMARKS 10-4, Dtd to be forwarded to, payed 16 August 57	
F. APPROVED BY [Signature]			

STANDARD FORM 52
Revised 1-1-54
U. S. GOVERNMENT PRINTING OFFICE
WASHINGTON, D. C. 20540

REQUEST FOR PERSONNEL ACTION

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., Miss, Mrs., One from name, initial(s), and surname)	2. DATE OF BIRTH	3. REQUEST NO.	4. DATE OF REQUEST 15 Aug 1956
5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) Reassignment		6. EFFECTIVE DATE A. PROPOSED:	7. C.S. OR OTHER LEGAL AUTHORITY
8. POSITION (Specify whether establish, change grade or title, etc.)		D. APPROVED:	

FROM: BV-430.02	9. POSITION TITLE AND NUMBER	TO: Intel Analyst BV-430.12
	10. SERVICE, GRADE, AND SALARY	GS-0132.35-7 \$4660.00 pa
	11. ORGANIZATIONAL DESIGNATIONS	DDP/PI Records Integration Division Analysis & Operations Branch Analysis Section Washington, D.C.
12. FIELD OR DEPARTMENTAL	12. FIELD OR DEPARTMENTAL	12. FIELD OR DEPARTMENTAL

A. REMARKS (Use reverse if necessary)
Slot BV-430.02 was used for slotting purposes only--this action will eliminate double slotting.

B. REQUESTED BY (Name and title)
John M. Scott, Chief, R

D. REQUEST APPROVED BY
Ch. M. Scott, Jr., RFPD

C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension)
Ruth Robinson, Ext. 2519

Signatures

13. VETERAN PREFERENCE		14. POSITION CLASSIFICATION ACTION	
None	With Other, 5 PT.	New	Vice, L.A., PLM.
	<input checked="" type="checkbox"/> 5 PT.		

15. SEX M	16. APPROPRIATION FROM: 7-2309-23 TO: 86553	17. SUBJECT TO C.S. RETIREMENT ACT (YES-NO) YES	18. DATE OF APPOINTMENT, AFFIDAVIT (ACCESSIONS ONLY)	19. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:
--------------	---	--	--	---

20. STANDARD FORM 50 REMARKS
APPROVED BY
FI CAREER SERVICE BOARD
DATE 16 Aug 56

21. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS
A.			
B. CEIL OR POS CONTROL	K.P.	7/17/56	
C. CLASSIFICATION			
D. PLACEMENT OR EXPL.	<i>W. H. H. H.</i>	17 Aug 56	
E.			

F. APPROVED BY
Ch. M. Scott, Jr.

SECRET

Name:

Date: 15 June 1956

CS Designation: DI

Nature of Action: Reassignment

FROMTO

Pos. Title: I. O. (CI)

Intel Analyst

Grade: GS-7

GS-7

Division: DDP/FE

DDP/FE

Staff: Branch 1 -

RI

Branch: Records Integration

Analysis NM & Operations

Section: Personality Files

Analysis

Hqrs:

Washington

I & R Comment

1956

Date

VIA: AIR

SPECIFY AIR OR SEA POUCH

DISPATCH NO. FKLA 5886

CONFIDENTIAL

CLASSIFICATION

4 FEB 1955

TO : Chief, FE

DATE:

FROM : Chief, [REDACTED]

INFC: Chief, Support Mission, [REDACTED]

SUBJECT: GENERAL: Administrative/Personnel

SPECIFIC: Recommendation for Promotion - [REDACTED]

1. It is recommended that [REDACTED] be promoted from GS-5 to GS-7. Subject entered on duty with the [REDACTED] 26 July 1954.

2. [REDACTED] presently occupies proposed Slot No. 21 which has been recommended as a GS-9 slot. Subject has been in grade as a GS-5 since 6 June 1953 and has performed the duties of his present assignment since 10 August 1954.

3. Subject has had approximately two years of experience in the maintenance of agent records. This experience has enabled him not only to assume his present responsibilities with a minimum of supervision, but also to initiate a completely new and improved system for the maintenance of the agent records of the [REDACTED] Mission. Due partially to the efficiency of the system that he has initiated and partially to the enthusiasm with which he approaches his work, [REDACTED] has assumed the work load previously handled by two individuals and at the same time has managed to keep his backlog to a minimum.

4. [REDACTED] is conscientious, hard-working and more than willing to work long hours of overtime without additional compensation in order to maintain his section on a current basis. Subject individual devoted unusually long hours to reestablish himself during the recent move of this Mission to Japan. On the basis of work performance and motivation, subject is recommended as justly deserving of promotion to GS-7.

5. I certify that [REDACTED] is performing the duties outlined in the job description attached hereto.

/s/ [REDACTED]

1 February 1955

1 ENCL - a/s

DISTRIBUTION:

1 - Chief, FE

1 - Chief, EN

CONFIDENTIAL

CLASSIFICATION

CONFIDENTIAL

POSITION DESIGNATION: [REDACTED]

1. Nature and Purpose of Work:

My position is that of intelligence analyst in the Personality File section of the Records Integration Branch. I am responsible for the maintenance of agent records and personality files.

2. Duties:

a. To maintain all agent records. This takes a good percentage of my time as it includes the following:

- (1) Make all [REDACTED] on PRQ's and file check requests, writing up the results and forwarding them to the proper agencies.
- (2) Make sure that all PRQ's and file check requests have the correct classification, the proper number of copies for distribution, correct name and telecodes, and are forwarded to the proper case officer or foreign unit.
- (3) See that the results of [REDACTED] received from Headquarters and CHIMI are properly carded and forwarded to the case officer concerned.
- (4) Keep all agent records up-to-date with regard to cryptonyms, FOC's, OC's and other additional information received.
- (5) Keep files on all terminated agents and see that the proper records are filled out and forwarded when they are terminated.

b. To maintain the RI card index, assuring that all cards received in RI are properly filed and have the correct names and telecodes.

c. To analyze, card and file all documents forwarded to Personality Files; these include State Station memo, HQ's, Contact Reports, CCHAFE Reports, RFI's, various intelligence summaries, etc.

3. Responsibility for the Work of Others:

N/A

4. Scope and Effect of Work:

I am responsible for making all HONI file checks. I must see that they are made out thoroughly, quickly and accurately. My check may decide the outcome of hiring or refusing to hire a prospective agent or other employee for an operation or project.

5. Supervision and Guidance Received:

I receive no direct supervision or guidance in duties relating to the maintenance of agent records. I receive over-all policy guidance from the Chief of RI and some guidance from branch chiefs and case officers.

CONFIDENTIAL

CONFIDENTIAL

- 2 -

6. Mental Demands:

a. Initiative: In order to maintain agent records properly, I must always keep alert for new ways to keep them up-to-date and meet any demands that may be made for drawing up new procedures for the maintenance of agent records.

b. Originality: To adopt new ways of maintaining agent records without losing control over the flow of daily material.

c. Judgment: I must decide what action should be taken on all ☐ file checks, regarding what information is to be sent to Headquarters and ☐.

7. Personal Work Contacts:

I must maintain close personal contact with all case officers and branch chiefs in order that I may maintain up-to-date agent records.

8. Other:

I must maintain files of all documents routed to Personality Files. Also I must resolve problems the branch chiefs or case officers may have in regard to agent records.

Also, I have recently established a 201 agent record system for the Mission and am responsible for its continual maintenance.

CONFIDENTIAL

CHECK LIST FOR TRAINING

1. Typing

3. English Usage

2. shorthand

4. Office Practice
(Electric typewriter, filing,
phone, Correspondence Manual,
proofreading, office protocol.)

STANDARD FORM 52
FORM 52 OF THE
U. S. GOVERNMENT PRINTING OFFICE
WASHINGTON, D. C. 20540
GSA GEN. REG. NO. 27

REQUEST FOR PERSONNEL ACTION

YOU FILLED TO
UNVOUCHERED

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., Mrs., Miss, One given name, initial(s), and surname)	2. DATE OF BIRTH	3. REQUEST NO.	4. DATE OF REQUEST
			16 Feb 54
5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.)		6. EFFECTIVE DATE A. PROPOSED	7. C. S. OR OTHER LEGAL AUTHORITY
Reassignment			
8. POSITION (Specify whether establish, change grade or title, etc.)		B. APPROVED: Feb 25 1954	

FROM: Intell. Anal. ET-469.08 GS-1325, \$3410.00 p.a. GS-042.55-5 DDP/PI Records Integration STRT DIV Processing & Records Branch Consolidation Section Washington, D.C.	9. POSITION, TITLE, AND NUMBER 10. SERVICE, GRADE, AND SALARY 11. ORGANIZATIONAL DESIGNATIONS 12. HEADQUARTERS 13. FIELD OR DEPARTMENTAL	14. POSITION, TITLE, AND NUMBER 15. SERVICE, GRADE, AND SALARY 16. ORGANIZATIONAL DESIGNATIONS 17. HEADQUARTERS 18. FIELD OR DEPARTMENTAL
	Unconventional Warfare Intelligence Division Positive Intelligence Branch Langley	16(FI) EFF 602.02-5 GS-0136.51-15, \$3410.00 p.a. DDP/PI Intelligence Division Positive Intelligence Branch Langley
<input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL	<input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL	<input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL

A. REMARKS (Use reverse if necessary)
Transfer to Unvouchered Funds from Vouchered Funds.

19. SEX M	20. RACE W	21. APPROPRIATION FROM: A-2300-20 TO: 1-3720-55-096	22. D. REQUEST AP Signature: [Signature] Title: [Signature]
--------------	---------------	---	---

13. VETERAN PREFERENCE NONE WITH OTHER 5 PT. 10 POINT X X UNSUB OTHER		14. POSITION CLASSIFICATION ACTION NEW VILL I. A. REAL CD-PI	
15. SUBJECT TO C. S. RETIREDMENT ACT (YES-NO) YES	16. DATE OF APPOINT- MENT AFFIDAVITS (ACCESSIONS ONLY)	17. LEGAL RESIDENCE STATE: [State]	

21. STANDARD FORM 50 REMARKS
Eff date okay
Spec F.C. & FI
16 Apr 54
Case. 267200 54.
16 Apr 54

22. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS
A.			
B. CEIL OR POS. CONTROL	Jm	29 Mar 54	
C. CLASSIFICATION			
D. PLACEMENT ON EMPL	DDP/PI	25 Mar 54	
E.			

F. APPROVED BY [Signature]
[Signature]
27 Apr 1954

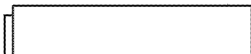
STANDARD FORM 52

PROPERTY OF THE
U. S. GOVERNMENT
PRINTED AT WASHINGTON
GSA GEN. REG. NO. 27
MAY 1962 EDITION

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 REGULARITY	
						1 June 1953	
5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) Promotion				6. EFFECTIVE DATE A. PROPOSED:		7. C. S. OR OTHER LEGAL AUTHORITY	
B. POSITION (Specify whether establish, change grade or title, etc.)				B. APPROVED: 7 June 53			
FROM: Intel. Anal. BV-469.08-4 GS-1332 \$3175.00 pa DDP/FI Records Integration Division STAFF Processing & Records Branch Consolidation Section Washington, D.C.		6. POSITION TITLE AND NUMBER 8. SERVICE GRADE AND SALARY 10. ORGANIZATIONAL DESIGNATION 11. HEADQUARTERS 12. FIELD OR DEPARTMENTAL		TO: Intel. Anal. BV-469.08 GS-1332 \$3410.00 pa DDP/FI Records Integration Division STAFF Processing & Records Branch Consolidation Section Washington, D.C.			
<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL		<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL		<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL			
A. REMARKS (Use reverse if necessary) 17 Aug Subject has been in grade since 21 April 1952.							
C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension) 2510				D. REQUEST Signature: [Signature] Title: Asst. FI/PO			
13. VETERAN PREFERENCE NONE <input type="checkbox"/> WH <input type="checkbox"/> OTHL <input type="checkbox"/> 5 PT. <input type="checkbox"/> 10 POINT DISAB <input type="checkbox"/> OTHER <input type="checkbox"/>				14. POSITION CLASSIFICATION ACTION NEW <input type="checkbox"/> VICE <input type="checkbox"/> I. A. <input type="checkbox"/> REAL <input type="checkbox"/> CO-FI			
15. SEX <input type="checkbox"/> M <input type="checkbox"/> F		16. RACE		17. APPROPRIATION FROM: TO:		18. SUBJECT TO C. S. RETIREMENT ACT (YES-NO)	
						19. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)	
						20. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:	
21. STANDARD FORM 50 REMARKS ✓							
22. CLEARANCES		INITIAL OR SIGNATURE		DATE		REMARKS	
A.							
B. CEIL. OR POS. CONTROL							
C. CLASSIFICATION							
D. PLACEMENT OR ENPL.		D C D		7 June			
E.							
F. APPROVED BY				4 June 1953			



25

1 June 1953

Washington, D. C.
Intel. Anal.

FI/RI

GS-4
GS-5

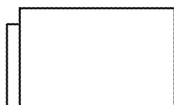
BV-469.08
GS-4

BV-469.08
GS-5

High School Graduate, 2 years of Business College

Treasury Dept., Accounting Clerk, GS-2, May 1950 to Jan. 1952
GS-3, Jan. 1952 to April 1952

OSO/RI, File Section, File Clerk, GS-3, 21 April 1952 to 17 Aug. 1952
GS-4, 17 Aug. 1952 to 16 March 1953
DDP/FI/RI, Consolidation Section, Mail & File Clerk, GS-4, 16 March 1953 to present



Chief, RI

STANDARD FORM 52
PROPOSED BY THE
U. S. CIVIL SERVICE COMMISSION
DESIGNATION—PERSONNEL
NAME, NUMBER

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 REQUEST
15 Apr 53

5. NATURE OF ACTION REQUESTED:

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

Reassignment

6. EFFECTIVE DATE
A. PROPOSED:

7. C. S. OR OTHER
LEGAL AUTHORITY

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

B. APPROVED:

26 Apr 53 *Saka*

FROM—

Mail & File Clerk BV-364.08

GS-4-305 \$3175.00 pa

DDP/FI/RI

Processing & Records Branch
Consolidation Section

Washington, D.C.

☐ FIELD

☒ DEPARTMENTAL

8. POSITION-TITLE AND
NUMBER

9. SERVICE, GRADE, AND
SALARY

10. ORGANIZATIONAL
DESIGNATIONS

11. HEADQUARTERS

12. FIELD OR DEPARTMENTAL

TO—

Intel. Anal.

BV-469.08-4

GS-4-132 \$3175.00 pa

DDP/FI/RI

Processing & Records Branch
Consolidation Section

Washington, D.C.

☐ FIELD

☒ DEPARTMENTAL

A. REMARKS (Use reverse if necessary)

Position BV-364.08 has been deleted from the T/O.

B. REQUEST BY

Signature

Title: *Asst. FI/PO*

13. VETERAN PREFERENCE

NONE WWII OTHER: S-P-F
10. POINT
DCA-B OTHER

14. POSITION CLASSIFICATION ACTION

NEW VICE L.A. REAL

15. SEX

16. RACE

17. APPROPRIATION
FROM:
TO:

18. SUBJECT TO C. S.
RETIREMENT ACT
(YES-NO)

19. DATE OF APPOINT-
MENT AFFIDAVIT
(ACCESSIONS ONLY)

20. LEGAL RESIDENCE

☐ CLAIMED ☐ PROVED
STATE:

21. STANDARD FORM 50 REMARKS

22. CLEARANCES

INITIAL OR SIGNATURE

DATE

REMARKS:

A.

B. CEN. OR POS. CONTROL

C. CLASSIFICATION

D. PLACEMENT OR EMPL.

E.

F. APPROVED BY

200, 2195-7

STANDARD FORM 52
FORM 52 OF THE
U. S. CIVIL SERVICE COMMISSION
JANUARY 1953 - FEDERAL PERSONNEL
MANUAL, CHAPTER 20

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 REQUEST 2 March 53	
5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) Reassignment				6. EFFECTIVE DATE & PROPOSED:		7. C. S. OR OTHER LEGAL AUTHORITY	
8. POSITION (Specify whether establish, change grade or title, etc.)				9. APPROVED: 15 March 53 Jha			
FROM: File Clerk BV-356 GS-4-305 \$3175.00 pa DD/P/PI/RI Processing & Records Branch File Section Washington, D.C. <input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL		10. POSITION TITLE AND NUMBER 11. SERVICE, GRADE, AND SALARY 12. ORGANIZATIONAL DESIGNATIONS 13. HEADQUARTERS 14. FIELD OR DEPARTMENTAL		TO: Mail & File Clerk BV-364.08 GS-4-305 \$3175.00 pa DD/P/PI/RI Processing & Records Branch Consolidation Section Washington, D.C. <input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL			
15. REMARKS (Use reverse if necessary) From BV-356 to BV-364.							
16. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension)				17. REQUEST AM Signature: [Signature] Title: [Signature] F1/100			
18. VETERAN PREFERENCE NONE [] WWI [] TOTAL [] SPT [] 10 POINT [] DISAB [] OTHER []				19. POSITION CLASSIFICATION ACTION NEW [] VICE [] L.A. [] REAL []			
20. SEX [] RACE []		21. APPROPRIATION FROM: 11/2/50 2309-20 TO:		22. SUBJECT TO C. S. RETIREMENT ACT (YES-NO)		23. DATE OF APPOINTMENT AFFIDAVIT (ACCESSIONS ONLY)	
24. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:							
25. STANDARD FORM 50 REMARKS							
26. CLEARANCES		INITIAL OR SIGNATURE		DATE		REMARKS	
A.							
B. CEN. OR POS. CONTROL							
C. CLASSIFICATION							
D. PLACEMENT OR ENPL.							
E.							
F. APPROVED		[Signature]		3/6/53			

PERSONNEL ACTION REQUEST				REGISTER NO.	
NAME			REQUESTED EFFECTIVE DATE		
NATURE OF ACTION			WHEN LEAVING (VOUCHERED)		
Promotion			17 Aug 52		
FROM			TO		
TITLE			TITLE		
File Clerk X-39.04			File Clerk X-102.22		
GRADE AND SALARY			GRADE AND SALARY		
GS-3-305 \$2950.00 per annum			GS-4-305 \$3175.00 per annum		
OFFICE			OFFICE		
OSO			OSO		
DIVISION			DIVISION		
RI			RI		
BRANCH AND SECTION			BRANCH AND SECTION		
Processing & Records Branch File Section			Analysis & Operations Branch Service & Correspondence Section		
OFFICIAL STATION			OFFICIAL STATION		
Washington, D.C.			Washington, D.C.		
DEPARTMENTAL <input checked="" type="checkbox"/> FIELD <input type="checkbox"/>			DEPARTMENTAL <input checked="" type="checkbox"/> FIELD <input type="checkbox"/>		
REMARKS:					
From X-39.04 to X-102.22					
Subject has been in grade since 21 April 1952.					
Approved: [Signature] 31 July 52					
RECOMMENDED:					
[Signature] 4 Aug 52					
FOR USE OF PERSONNEL ONLY					
PLACEMENT			TRANSACTIONS AND RECORDS		
DATE QUALIFICATIONS APPROVED			APPROPRIATION		
CLEARANCE REQUESTED			ALLOTMENT		
DATE TYPE			C S AUTHORITY		
DATE TYPE			DATE SIGNATURE		
DATE SIGNATURE			PERSONNEL RELATIONS		
CLASSIFICATION			DATE		
BUREAU NO.			SIGNATURE		
U. S. C. NO.			APPROVALS		
DATE APPROVED			DATE		
NEW			SIGNATURE OF EXECUTIVE		
VICE			DATE		
P. A.			SIGNATURE		
REAL			DATE		
EFFECTIVE DATE			DATE		
8/13/52			2 Aug 52		

1. To: RELEASING ORGANIZATION—You are requested to furnish promptly the leave data on

From 11 May 1950 to 19 April 1952
Fiscal Acct. Clerk GS - 3 \$2950.00 per annum
SUPERVISOR: Miss Ryan
U.S. Treasury Department
Pennsylvania Avenue
Washington, D.C.
PLEASE FORWARD FILE AND LEAVE RECORD TO:

[Redacted Box]

NOTE

If this address is not the correct one to which future inquiries should be mailed, be sure to insert the correct address under item 20a.

FOLD HERE FOR MAILING
IN WINDOW ENVELOPE

16-61926-1

2. Return to: EMPLOYING ORGANIZATION

FORWARD OFFICIAL PERSONNEL FOLDER TO
R. H. J. HOPKINS,
CENTRAL INTELLIGENCE AGENCY
2425 E STREET, N.W.
WASHINGTON 25, D.C.

To: RELEASING ORGANIZATION—You are requested to furnish promptly the leave data on

FROM 11 May 1950 to April 1952
Fiscal Acct. Clerk GS 3 \$2950.00
U.S. Treasury Dept.
15th & Penna. Ave N.W.
Washington D.C.

[Redacted Box] EMPLOYEE

NOTE

If this address is not the correct one to which future inquiries should be mailed, be sure to insert the correct address under item 18a.

FOLD HERE FOR MAILING
IN WINDOW ENVELOPE

16-61926-2 GPO

Return to: EMPLOYING ORGANIZATION

George E. Helson
2430 E Street N.W.
Washington D.C.

BY 1150 was forwarded by your office
in May 1952. Since this copy has been
detached from our files it is re-
quested that you forward a copy of
same to the address at left.

115 P.S.L.

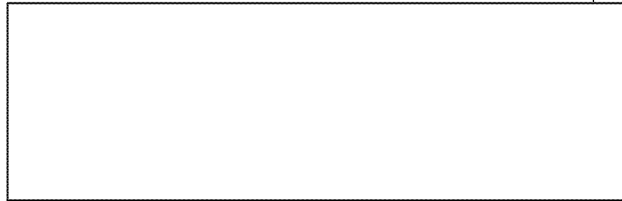
ENTRANCE ON DUTY NOTICE	
1. TO OSO NY	2. DATE 21 April 1952
Notice of Final Processing of Applicant for Entrance on Duty	
3. NAME <div style="border: 1px solid black; width: 100px; height: 1.2em; margin: 0 auto;"></div>	4. ENTRANCE SALARY \$2950.00
5. TITLE T - File Clerk	6. GRADE GS - 3
<p>The applicant named in item 3 above meets all standards for full employment with CIA. Signed clearance for entrance on duty has been received from Inspection and Security and made a part of the personnel file of this individual. Effective this date he/she is assigned to duty with your office.</p> <p>File - 26 April 1952 Let. - 23 April at 3:00 P.M.</p> <div style="text-align: center;"> <div style="border: 2px solid black; padding: 5px; display: inline-block;"> POSTED APR 30 1952 </div> <div style="display: inline-block; vertical-align: middle; margin-left: 20px;"> <div style="border: 1px solid black; width: 100px; height: 1.2em; margin: 0 auto;"></div> <div style="text-align: right; margin-top: -10px;"><i>ued</i></div> </div> </div> <p style="text-align: right;">PERSONNEL OFFICER</p>	

FORM NO. 97-114
JAN 1952

(4)

Date

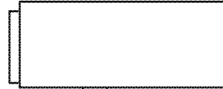
APR 4 1952



Your employment has been approved by this Agency at \$ 2950 per annum, subject to the satisfactory completion of additional processing on the day you enter on duty. It is requested that you report to the Receptionist, East End of Temporary "I" Building located at 17th and Independence Avenue, S. W., at 8:30 a.m. as soon as possible.

Please advise Mrs. Brown, 2430 "B" Street, N. W., by telephone, Executive 6115, Extension 3693 of your exact reporting date.

Sincerely yours,



4 - 1952

Personal Division

Subject telephoned: 4-5-52 (date); spoke with EJS

Subject will EOD 21 Apr 52 - New W/Treasury

SUBJECT WILL NOT EOD; Reason: _____

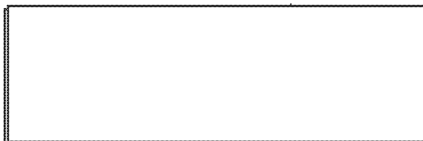
Not met
4/8

CENTRAL INTELLIGENCE AGENCY

2430 E STREET NW.

WASHINGTON 25, D. C.

22 March 1952



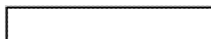
In reference to your application for employment, this letter is to assure you that the processing of your papers as a GS-3, \$ 2950 per annum is being continued by this agency. A definite offer of employment cannot be made, however, until such time as all processing has been completed.

The processing is a rather lengthy one; but when further information is available, we shall get in touch with you immediately.

In the meantime, it would be appreciated if you would advise us of any change in your present status, such as change of address, etc.

Your continued interest and patience are appreciated.

Very truly yours,



Personnel Division

OUTGOING CLASSIFIED MESSAGE

PAGE NO.

CENTRAL INTELLIGENCE AGENCY

DATE: <u>5 Mar 52</u>	ROUTINE <input type="checkbox"/>	PRIORITY <input type="checkbox"/>	URGENT <input type="checkbox"/>
FROM: <u>PDC</u>	(ORIGINATING OFFICER)		(PHONE EXTENSION)
TRANSMIT TO: <div style="border: 1px solid black; width: 200px; height: 40px; display: inline-block;"></div>	<i>see new address on route sheet</i> (CLASSIFICATION)		

TYPE IN CAPITAL LETTERS, DOUBLE SPACED

TELEGRAM - NIGHT LETTER

EMPLOYMENT APPROVED THIS AGENCY \$ 2750 PER ANNUM, SUBJECT SATISFACTORY COMPLETION OF ADDITIONAL PROCESSING. DESIRE REPORT SOONEST POSSIBLE RECEPTIONIST, EAST END TEMPORARY "I" BUILDING, 17TH AND INDEPENDENCE AVENUE, SOUTHWEST, WASHINGTON, D. C. AT 8:30 A.M. ADVISE MRS. BROWN 2430 "E" STREET NORTHWEST, BY COLLECT NIGHT LETTER OR COLLECT PHONE, EXECUTIVE 6115, EXTENSION 3698 THE EXACT REPORTING DATE.

*Is now a
G8-3 (see last PHS)
won't take a
for
8 March*

RELEASING OFFICER

COORDINATING OFFICERS

AUTHENTICATING OFFICER

CLASSIFICATION

CENTRAL INTELLIGENCE AGENCY

2430 E STREET NW.
WASHINGTON 25, D. C.

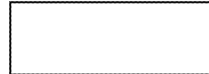
20 February 1952
In reply refer to ED-4



This is to advise that actual processing of your application for employment with this Agency has been initiated. Specific details as to the type of appointment and salary will be contained in subsequent correspondence. Please direct all future correspondence to the undersigned.

If applicable, the attached form should be completed and returned within two weeks. Thank you for your prompt attention to this matter.

Very truly yours,



Personnel Division

Enclosure

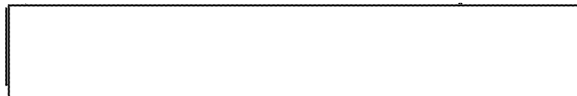
2 37-92
1 Append
1 CUS

Please forward three passport size photographs at your earliest convenience.

m 0

CERTIFICATE OF ATTENDANCE

I certify that on APR 28 1952 I have attended
the Agency Indoctrination Course specified by Regulation
25-1.



8-30 15-5-19-25


FORM NO. 51-121
DEC 1951

161

384

FORM NO. 37-115
MAY 1950

*File
WD*

TO: Medical Division
FROM: Transactions & Records
SUBJECT: 

Request that above named subject be given a physical examination.

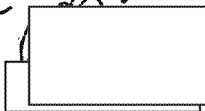
POSITION: File Clerk

GRADE: GS - 3

BRANCH: OSD RI

SERVICE: DEPT.

NATURE OF APPOINTMENT: EXC.

OK 

FORM NO. 37-115
MAY 1950

PERSONNEL ACTION REQUEST				REGISTER NO.
NAME		REQUESTED EFFECTIVE DATE APR 21 1952		
NATURE OF ACTION Excepted Appointment		WHEN LEAVING (VOUCHERED) LAST WORKING DAY: EMPLOYEE'S SIGNATURE:		
FROM		TO		
TITLE		File Clerk L-39.04-1		
GRADE AND SALARY		GS-305 \$2950.00		
OFFICE		OSO		
DIVISION		RI		
BRANCH AND SECTION		Processing and Records Branch File Section		
OFFICIAL STATION		Washington, D.C.		
DEPARTMENTAL <input type="checkbox"/> FIELD <input type="checkbox"/>		DEPARTMENTAL <input checked="" type="checkbox"/> FIELD <input type="checkbox"/>		
REMARKS: (To P-39.04) <i>gn</i> Approved: 15 FEB 1952 # 57 <i>In State 12852</i>				
RECOMMENDED: <u>15 Feb 52</u> 				
FOR USE OF PERSONNEL ONLY				
PLACEMENT DATE QUALIFICATIONS APPROVED		TRANSACTIONS AND RECORDS APPROPRIATION 2123400 ALLOTMENT 3009 C & C AUTHORITY Sch AC. 116 (8)		
CLEARANCE REQUESTED		DATE SIGNATURE		
DATE	TYPE	DATE	TYPE	
DATE	SIGNATURE		DATE SIGNATURE	
CLASSIFICATION BUREAU NO		PLACEMENT SIGNATURE		
C & C NO		DATE		
FILE	VICE	L.A.	APPROVALS	
DATE	EFFECTIVE DATE		DATE	
27 Feb			Apr 52	

CONFIDENTIAL				REQUEST NO.	
REQUEST FOR SECURITY CLEARANCE				H-3007A	
FULL NAME (Last) (First) (Middle)				DATE	
				10 FEB 52	
POSITION TITLE				YEAR OF BIRTH	
FILE CLERK				1928	
LOCATION (OFFICE)		GRADE	CODE		
NYC		GS-3	05-3		
CODE	DIVISION	CODE	BRANCH	CODE	
	NY		REC-200		
GEOGRAPHIC DESTINATION (CITY AND STATE OR COUNTRY, AS APPROPRIATE)					
A. H. J. C.					
TYPE OF EMPLOYEE					
1. <input checked="" type="checkbox"/> REGULAR 2. <input type="checkbox"/> CONTACT 3. <input type="checkbox"/> CONSULTANT 4. <input type="checkbox"/> MILITARY					
5. <input type="checkbox"/> OTHERS					
FUNDS					
<input checked="" type="checkbox"/> VOUCHERED <input type="checkbox"/> UNVOUCHERED					
TYPE(S) OF SECURITY CLEARANCE REQUESTED					
<input checked="" type="checkbox"/> PROVISIONAL FOR: (show name of pool or group)					
<input checked="" type="checkbox"/> SECRET					
<input checked="" type="checkbox"/> FULL					
<input type="checkbox"/> WAIVER					
D ST. POOL					
AVAILABILITY DATE (Da-Mo-Yr)		EST. CLEARANCE DATE (Mo-Yr)		RECRUITMENT SOURCE	
				CODE	
				01	
SEX AND VETERAN STATUS					
1. <input checked="" type="checkbox"/> M-V 2. <input type="checkbox"/> M-NV 3. <input type="checkbox"/> F-V 4. <input type="checkbox"/> F-NV					
REMARKS:					
SECURITY INITIATED BY NORTH. SUPERSEDED ACTION OF 1/5/52.					
CHANGED OFFICE, DIVISION & BRANCH.					
Attachments:					
FMS					
Append. I					
Photos.					
				SIGNATURE	
				DATE	

Office Memorandum • UNITED STATES GOVERNMENT

TO :

Jarema

DATE: 8 Feb. 1952

FROM :

SUBJECT:

In Process as G S 2 Clerk. He wants accounting clerk eventually, but there are no openings at present, & we have two other - better qualified - accounting clerks in process in reserve at present.

Possibility for microfilm trainee?

P.O.
12-26

MP

[Redacted]

January 12, 1952

Dear Sir:

I received your letter dated January 5, stating that I was to inform you of any changes in my present status.

I am now a grade GS 2 with an one year increase. I am now being considered for a grade GS 3 in the Treasury Dept. I assure you, this does not lessen my zeal to get in the C.I.A.

I would like to know if your Agency would transfer or consider me for appointment at a grade GS 3.

Sincerely yours,

[Redacted]

REQUEST FOR SECURITY CLEARANCE				REQUEST NO.	
				DATE 7-20-57	
FULL NAME (Last) (First) (Middle)		YEAR MONTH		1957 7 20	
POSITION TITLE		GRADE		1000	
LOCATION (OFFICE)	CODE	DIVISION	CODE	BRANCH	CODE
Personnel		Personnel (0)		Personnel Pool	
GEOGRAPHIC DESTINATION (CITY AND STATE OR COUNTRY, AS APPROPRIATE)					
Washington, D. C.					
TYPE OF EMPLOYEE 1. <input type="checkbox"/> REGULAR 2. <input type="checkbox"/> CONTACT 3. <input type="checkbox"/> CONSULTANT 4. <input type="checkbox"/> MILITARY					
5. <input type="checkbox"/> OTHER:					
FUNDS <input type="checkbox"/> VOUCHERED <input type="checkbox"/> UNVOUCHERED					
TYPE(S) OF SECURITY CLEARANCE REQUESTED					
<input type="checkbox"/> PROVISIONAL FOR: (Show name of pool or group)					
D. Street Pool					
<input type="checkbox"/> SECRET					
<input type="checkbox"/> FULL					
<input type="checkbox"/> WAIVER					
AVAILABILITY DATE (DD-MO-YR)	EST. CLEARANCE DATE (MO-YR)		RECRUITMENT SOURCE		CODE
					01
SEX AND VETERAN STATUS 1. <input type="checkbox"/> M-V 2. <input type="checkbox"/> M-NV 3. <input type="checkbox"/> F-V 4. <input type="checkbox"/> F-NV					
REMARKS:					
<div style="text-align: right;"> <i>Movie 1-17-52</i> </div>					
Attachments: <input type="checkbox"/> FHS <input type="checkbox"/> Append. I <input type="checkbox"/> Photos.					
<div style="text-align: center;"> CONFIDENTIAL </div>					
<div style="text-align: right;"> Chief, Personnel Division DIVISION </div>					

5 January 1952



You are being considered for employment with the Central Intelligence Agency at grade GS-2, salary ~~\$2750.00~~ per annum.

The appointment, if offered, will be temporary indefinite in nature. Processing procedures require about 30 days to complete. Unless you are notified to the contrary during this period, you may assume that you are being actively considered for employment. Upon completion of this processing, we will contact you immediately.

In the meantime, it would be appreciated if you will keep us advised of any changes in your present status, such as change of address, etc.

Please let us know immediately if during the interim you find that you will not be able to accept employment with this organization.

Very truly yours,

A rectangular box with a double border, used to redact a signature.

Chief, Personnel Division

REQUEST FOR SECURITY CLEARANCE				SECURITY INFORMATION		REQUEST NO.
FULL NAME				DATE		4 JAN. 1952
POSITION				YEAR OF BIRTH		1928
LOCATION (OFFICE)				GRADE		GS2
GEOGRAPHIC DESTINATION (CITY AND STATE OR COUNTRY, AS APPROPRIATE)				CODE		
TYPE OF EMPLOYEE				CODE		
1. <input checked="" type="checkbox"/> REGULAR				2. <input type="checkbox"/> CONTACT		3. <input type="checkbox"/> CONSULTANT
5. <input type="checkbox"/> OTHER:				4. <input type="checkbox"/> MILITARY		
FUNDS				CODE		
<input checked="" type="checkbox"/> VOUCHERED				<input type="checkbox"/> UNVOUCHERED		
TYPE(S) OF SECURITY CLEARANCE REQUESTED				CODE		
<input checked="" type="checkbox"/> PROVISIONAL FOR: (show name of pool or group)						
<input checked="" type="checkbox"/> SECRET						
<input checked="" type="checkbox"/> FULL						
<input type="checkbox"/> WAIVER						
AVAILABILITY DATE (Mo-Yr)				EST. CLEARANCE DATE (Mo-Yr)		RECRUITMENT SOURCE
SEX AND VETERAN STATUS				CODE		01
1. <input checked="" type="checkbox"/> M-V				3. <input type="checkbox"/> F-V		
2. <input type="checkbox"/> M-NV				4. <input type="checkbox"/> F-NV		
REMARKS:						
<p>89 to Mel. Jan 1/5</p> <p>Attachments:</p> <p>FHS</p> <p>Append. I</p> <p>Photos.</p> <p>CONFIDENTIAL</p> <p>SECURITY INFORMATION</p> <p>SIGNATURE</p> <p>DIVISION</p>						

Office Memorandum • UNITED STATES GOVERNMENT

TO : File

DATE: 3 January 1952

FROM :

SUBJECT:

1. Contacted Treasury Dept. this date and Employee Relations Officer stated that subject had no efficiency ratings since he had not been there long enough before being granted mil ough and after his discharge. However, she stated that had been a very satisfactory employee and there was nothing derogatory in his file.

CONFIDENTIAL

REPORT OF INTERVIEW			THIS DATE
NAME		REFERRED BY	
HOME ADDRESS		TELEPHONE	
BUSINESS ADDRESS		TELEPHONE	
DATE OF BIRTH		PLACE OF BIRTH	CITIZENSHIP (HOW ACQUIRED)
NAME OF SPOUSE		DATE OF BIRTH	
DATE OF BIRTH		PLACE OF BIRTH	CITIZENSHIP (HOW ACQUIRED)
SALARY REQUESTED		NO. OF DEPENDENTS	INTERVIEWER
EDUCATION (SCHOOLS, DEGREES, DATES, MAJORS, EXTRA-CURRICULAR ACTIVITIES)			
MAJOR EMPLOYMENT HISTORY (PRINCIPAL OCCUPATION, SPECIAL SKILLS, SALARY LEVELS)			
MILITARY OCCUPATION (RANK, SERIAL NO., DATES OF SERVICE, DUTIES AND AREAS)			

CONFIDENTIAL

AREA KNOWLEDGE (RESIDENCE OR STUDY)

Japan, Korea (US Army) No 10-9

LANGUAGE FACILITY

None

EVALUATION AND RECOMMENDATIONS (BE COMPLETE AND JUSTIFY DECISIONS, NOTE ANY UNFAVORABLE CIRCUMSTANCES.)

A CLEAN CUT, BRIGHT EYED, EAGER YOUNGSTER, VERY AMBITIOUS BUT HAS HAD LIMITED EXPERIENCE. HE WOULD LIKE TO GET INTO ACCOUNTING, BUT HE HAS HAD ONLY BASIC ACCOUNTING AND HAS NEVER HAD A JOB IN ACCOUNTING TO TEST HIM. HE IS WILLING TO TAKE A CLERK JOB IF HE WILL GET A CLEARANCE AT ACCOUNTING. WILL GO O/S. FEELS HE IS BLOCKED IN HIS JOB IN TREASURY DEPT. SINCE HE WILL COME AS A GS-2, I WOULD TAKE A CHANCE ON HQ HIM IF HIS TESTS SHOW ANYTHING ENCOURAGING. HE EXPECTS TO ENTER STRAYERS COLLEGE OF ACCOUNTING (NIGHT) IN FEBRUARY. DOES NOT DESIRE POOL. SUGGEST MISS MC KENNEY LOOK HIM OVER. FORMS ATTACHED. HAS BEEN SCHEDULED FOR GS-1 CLERK-ACCT. TEST ON 20 DECEMBER.

FORMS GIVEN: ☐ PHS ☐ MEDICAL ☐ RESERVE

SIGNATURE OF INTERVIEWER

CONFIDENTIAL

MEMORANDUM TO: Personnel Division
Central Intelligence Agency
2430 "E" Street, N. W.
Washington, 25, D. C.

DEC 3 1951

SUBJECT: Availability of [redacted]

1. This is to advise you that no objection is interposed to your consideration of the application for employment of the above-named individual who is presently employed by this office.

2. In the event this employee is accepted by your Agency, it is requested that the individual named below be contacted relative to the effective date of his ~~transfer~~ release.

[redacted]
(Signature)

Acting Personnel Officer
(Title)

Bureau of Accounts
Treasury Department
(Agency)

Contact for Further information:

[redacted]
(Name) Employee Relations Officer

Code 172, Extension 2628
(Telephone)

SECRET

REPRODUCTION MASTERS

SECRET

BIOGRAPHY

BIOGRAPHIC PROFILE

SECRET

Handle With Care

SECRET

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP		DATE 12 May 1975	FILE NO. 2542
TO: (Check)	<input checked="" type="checkbox"/> CHIEF, CONTROL DIVISION, CP	CS NO.	
	<input type="checkbox"/> CHIEF, CONTRACT PERSONNEL DIVISION, CP	EMPLOYEE NUMBER	
	<input checked="" type="checkbox"/> CHIEF, OPERATING COMPONENT (For action) CCS	ID CARD NUMBER	
ATTN:	CHIEF ADMIN STAFF	OFFICIAL COVER	<input type="checkbox"/> ESTABLISHED <input checked="" type="checkbox"/> DISCONTINUED
REF:	VERBAL REQUEST		
SUBJECT		UNIT	
KEEP ON TOP OF FILE WHILE COVER IN EFFECT			
ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS		CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS	
<input type="checkbox"/> BASIC COVER PROVIDED EFFECTIVE DATE _____		<input checked="" type="checkbox"/> EFFECTIVE DATE: EOB	
<input type="checkbox"/> OPERATIONAL COVER PROVIDED FOR _____ TDY _____ OTHER (Specify) _____		<input checked="" type="checkbox"/> SUBMIT FORM 3254 CIA W-2 TO BE ISSUED. (HNB 20-11)	
<input checked="" type="checkbox"/> SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY _____ (HNB 20-7)		<input checked="" type="checkbox"/> SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY 2 (HNB 20-7)	
<input checked="" type="checkbox"/> SUBMIT FORM 3254 THIS MEMO MUST REMAIN ON TOP OF FILE (HNB 20-11)		<input checked="" type="checkbox"/> EAA: CATEGORY I <input checked="" type="checkbox"/> CATEGORY II	
<input checked="" type="checkbox"/> SUBMIT FORM 1322 FOR ANY CHANGE IN COVER. (HR 240-2*)		<input checked="" type="checkbox"/> RETURN ALL OFFICIAL DOCUMENTATION TO CCS	
<input checked="" type="checkbox"/> SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (HR 240-2*)		<input checked="" type="checkbox"/> DO NOT WRITE IN THIS SPACE	
EAA: CATEGORY I		CATEGORY II	
SUBMIT FORM 2688 FOR _____ HOSPITALIZATION CARD			
REMARKS AND/OR COVER HISTORY			
COPY 1 - CD OR CPU COPY 2 - OPERATING COMPONENT COPY 3 - OS/SPACD COPY 4 - OC-OO/TED COPY 5 - CCS-FILE EDF:JP		CHIEF, OFFICIAL AFF	

FORM 1551 USE PREVIOUS EDITION

SECRET

E2 IMPDET CL BY

(13-20-43)

SECRET

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP		FILE NO.
TO: (Check)	CHIEF, CONTROL DIVISION, OP	SS NUMBER
	CHIEF, CONTRACT PERSONNEL DIVISION, OP	EMPLOYEE NUMBER
	CHIEF, OPERATING COMPONENT (For action)	ID CARD NUMBER
ATTN:		ESTABLISHED
REF:	OFFICIAL COVER	DISCONTINUED
SUBJECT	UNIT	
KEEP ON TOP OF FILE WHILE COVER IN EFFECT		
ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS		CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS
<input type="checkbox"/> BASIC COVER PROVIDED EFFECTIVE DATE _____		EFFECTIVE DATE: _____
<input type="checkbox"/> OPERATIONAL COVER PROVIDED FOR _____ TO _____ OTHER SPECIAL _____		SUBMIT FORM 3254 TO BE ISSUED (NR 20-11)
SUBMIT FORM 642 FOR ANY CHANGE AFFECTING THIS COVER. (NR 20-7)		SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (NR 240-20)
SUBMIT FORM 3254 TO BE ISSUED. (NR 20-11)		SUBMIT FORM 2683 FOR HOSPITALIZATION CARD.
SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (NR 240-20)		DO NOT WRITE IN THIS BLOCK
EAA, CATEGORY I		CATEGORY II
SUBMIT FORM 2688 FOR HOSPITALIZATION CARD		
REMARKS AND/OR COVER HISTORY		
DISTRIBUTION: COPY 1 - CD OR CPO COPY 2 - OPERATING COMPONENT COPY 3 - OS/SHACO COPY 4 - GL/TFB COPY 5 - CCS-FILE		CHIEF, OFFICIAL COVER; CENTRAL COVER STAFF

FORM 1551 USE PREVIOUS EDITIONS

SECRET

13, IMPDET CL BY 007622

613-20-481

SECRET

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP			DATE 10 May 1971	
TO: (Check)	<input checked="" type="checkbox"/>	CHIEF, CONTROL DIVISION	FILE NUMBER 2542	
	<input type="checkbox"/>	CHIEF, CONTRACT PERSONNEL DIVISION	EMPLOYEE NUMBER [REDACTED]	
	<input checked="" type="checkbox"/>	CHIEF, OPERATING COMPONENT (For action)	ID CARD NUMBER [REDACTED]	
ATTN: EUR/Chief Support Staff		OFFICIAL COVER	<input checked="" type="checkbox"/>	BACKSTOP ESTABLISHED
REF: Form 1413 dated 6 May 1971				DISCONTINUED
SUBJECT [REDACTED]		UNIT [REDACTED]		
KEEP ON TOP OF FILE WHILE COVER IN EFFECT				
ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS (OPM 20-800-11)			CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS (OPM 20-800-11)	
A. TEMPORARILY FOR _____ DAYS EFFECTIVE DATE _____			DATE _____	
B. CONTINUING AS OF From EOD				
<input checked="" type="checkbox"/>	SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HRB 20-7)		SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HRB 20-7)	
<input checked="" type="checkbox"/>	ASCERTAIN THAT State _____ W-2 BEING ISSUED. (HRB 20-11)		RETURN ALL OFFICIAL DOCUMENTATION TO CCS.	
<input checked="" type="checkbox"/>	SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (HR-240-20)		DO NOT WRITE IN THIS BLOCK - FOR CCS INTERNAL USE ONLY	
<input checked="" type="checkbox"/>	SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (HR-240-20)			
<input type="checkbox"/>	SUBMIT FORM 2688 FOR _____ HOSPITALIZATION CARD			
REMARKS AND/OR COVER HISTORY [REDACTED]				
DISTRIBUTION: COPY 1 - CD COPY 2 - OPERATING COMPONENT COPY 3 - O/OS COPY 4 - OL/TELETYPE COPY 5 - SP COPY 6 - CCS - FILE			[REDACTED]	

RF:km

CHIEF, OFFICIAL COVER, CENTRAL COVER STAFF

FORM 1551 USE PREVIOUS EDITIONS
12-70

SECRET

(13-20-43)

SECRET

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP		DA 15 November 1970	
TO: (Check)	<input checked="" type="checkbox"/> CHIEF, RECORDS AND CONTROL	FILE NUMBER 2542	
	<input type="checkbox"/> CHIEF, CONTRACT PERSONNEL DIVISION	EMPLOYEE NUMBER 16032	
	<input checked="" type="checkbox"/> CHIEF, OPERATING COMPONENT (For action)	ID CARD NUMBER 140-542	
ATTN: EME/ Chief Support Staff		OFFICIAL COVER	<input checked="" type="checkbox"/> BACKSTOP ESTABLISHED <input type="checkbox"/> DISCONTINUED
REF: Form 1322			
SUBJECT: 		UNIT Records Analysis Group	
KEEP ON TOP OF FILE WHILE COVER IN EFFECT			
ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS (OCS 20-800.11)		CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS (OCS 20-800.11)	
A. TEMPORARILY FOR _____ DAYS EFFECTIVE DATE COB _____		DATE (no. of COB) _____	
B. CONTINUING AS OF COB AUG 57			
<input checked="" type="checkbox"/>	SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HNS 20.7)	<input type="checkbox"/> SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HNS 20.7)	
<input checked="" type="checkbox"/>	ASCERTAIN THAT <u>Army</u> W-2 BEING ISSUED. (HNS 20.11)	<input type="checkbox"/> RETURN ALL OFFICIAL DOCUMENTATION TO CCS.	
<input checked="" type="checkbox"/>	SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (HR 240.2a)	DO NOT WRITE IN THIS BLOCK - FOR CCS INTERNAL USE ONLY	
<input checked="" type="checkbox"/>	SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (HR 240.2a)		
<input type="checkbox"/>	SUBMIT FORM 2608 <input checked="" type="checkbox"/> FOR HOSPITALIZATION CARD		
REMARKS AND/OR COVER HISTORY			
<div style="border: 1px solid black; width: 300px; height: 100px; margin: 10px auto;"></div> <div style="text-align: right; margin-top: 20px;"> </div>			
DISTRIBUTION: COPY 1 - HQ COPY 2 - OPERATING COMPONENT COPY 3 - 3-00 COPY 4 - PL/RELCO COPY 5 - CTS - AMEMB COPY 6 - ACD - FILE		<div style="border: 1px solid black; width: 200px; height: 40px; margin: 10px auto;"></div>	

FORM 1551

SECRET

112 20-431

SECRET

6 Mar 59

File: 2542

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

SUBJECT : [REDACTED]

1. [REDACTED] arrangements ~~have been completed~~ have been completed for the above-named Subject.

2. Effective as 5 Mar 1959, it is requested that your records be properly blocked ~~as follows~~

3. This memorandum confirms an oral request of 6 Mar 59
by [REDACTED] Room 1608 "L", Building, Extension 2420.

[REDACTED]
HARRY W. LITTLE, JR.
Chief, Central Cover Division

cc: SSD/OS

THIS MATERIAL IS SECRET
REMAIN
FORM 1580a
UN FOR OF FILE

(4-12-40)

SECRET

DEC 5 1956
(Date)

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

THROUGH : Security Support Division
Office of Security

SUBJECT :

1. arrangements have been completed for the above named subject who will be visiting a foreign country for a _____ day TDY trip.

2. Effective this date, it is requested that your records be properly ~~XXXXXX~~ (re-opened) to ~~XXXX~~ (acknowledge) subject's current Agency employment by an external inquirer.

Chief, Official Cover & Liaison, CCS

CC: SSD/CS

THIS INFO MUST REMAIN
ON TOP OF FILE
SECRET

JP
12-11-54

SECRET
(When Filled In)

RMR 080878

unable to locate

NOTIFICATION OF PERSONNEL ACTION

OFF

1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)		3. CATEGORY OF EMPLOYMENT	
				REGULAR	
4. FUNDS		5. EFFECTIVE DATE		6. CSC OR OTHER LEGAL AUTHORITY	
V TO V		08 04 78			
CF TO V		7. TAN AND NSCA			
		8026 3430 0000 PL 88-643 SEC 233			
9. ORGANIZATIONAL DESIGNATIONS		10. LOCATION OF OFFICIAL STATION			
DDO/INS INFORMATION MGMT AND PLANNING GROUP RECORDS MANAGEMENT BRANCH AREAS UNIT		WASH., D.C.			
11. POSITION TITLE		12. POSITION NUMBER		13. SERVICE DESIGNATION	
RECORDS ADMIN OFF NE		CG45		DCC	
14. CLASSIFICATION SCHEDULE (GS, WS, etc.)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP	
GS		0344.01		13 2	
17. REMARKS				26889	

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

9. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE		23. INTEGRITY CODE		24. PROGRESS CODE		25. DATE OF 5-REM		26. DATE OF GRADE		27. DATE OF LEL	
45		10		NUMERIC ALPHABETIC								MO DA YR		MO DA YR		MO DA YR	
28. MTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION		33. SECURITY REQ NO		34. SEX					
MO DA YR				CSC CIA AFA NONE		CODE		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 INSURANCE		40. SOCIAL SECURITY NO							
CODE		MO DA YR		MO DA YR		CAREER CATEGORY		CODE		CODE		CODE		CODE		CODE	
0. NONE 1. 5 PT 2. 10 PT						CAREER CATEGORY		CODE		CODE		CODE		CODE		CODE	
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE		42. LEAVE CAT CODE		43. FEDERAL TAX DATA		44. STATE TAX DATA											
CODE		CODE		CODE		CODE		CODE		CODE		CODE		CODE		CODE	
0. NO PREVIOUS SERVICE 1. NO BREAK IN SERVICE 2. BREAK IN SERVICE (LESS THAN 3 YRS) 3. BREAK IN SERVICE MORE THAN 3 YRS				FORM EXECUTED 1. YES 2. NO		FORM EXECUTED 1. YES 2. NO		FORM EXECUTED 1. YES 2. NO		FORM EXECUTED 1. YES 2. NO		FORM EXECUTED 1. YES 2. NO		FORM EXECUTED 1. YES 2. NO		FORM EXECUTED 1. YES 2. NO	

SIGNATURE OR OTHER AUTHENTICATION

JLS

tel

SECRET
(When Filled In)

153078

NOTIFICATION OF PERSONNEL ACTION

1. SIGNAL NUMBER		2. NAME (LAST FIRST MIDDLE)		4. EFFECTIVE DATE MO DA YR		5. CATEGORY OF EMPLOYMENT	
				04 09 78		REGULAR	
6. FUNDS		7. PAN AND NSCA		8. CSC OR OTHER LEGAL AUTHORITY			
REASSIGNMENT V TO V V TO CF CF TO V CF TO CF		8026 3430 0000		50 USC 403 J			
9. ORGANIZATIONAL DESIGNATIONS				10. LOCATION OF OFFICIAL STATION			
DDO/IMS INFORMATION MGMT AND PLANNING GROUP RECORDS MANAGEMENT BRANCH AREAS UNIT				WASH., D.C.			
11. POSITION NUMBER				13. SERVICE DESIGNATION			
RECORDS ADMIN OFF NE				DCC			
14. CLASSIFICATION SCHEDULE (GS, WG, etc.)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE	
GS		0344.01		13 2		26889	
18. REMARKS							
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODES	22. STATION CODE	23. INTEREST CODE	24. HOURS CODE	25. DATE OF BIRTH	26. DATE OF GRADE
37	10	53740	IMS 75013		1		
27. DATE OF LEI	28. DATE OF SEPARATION	29. DATE OF REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA CODE	32. CORRECTION/REVISIONS	33. SECURITY REQ NO	34. SEA
35. VET PREFERENCE	36. SERV COMP DATE	37. LONG COMP DATE	38. CAREER CATEGORY	39. FLIGHT / HEALTH INSURANCE	40. SOCIAL SECURITY NO		
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE			42. LEAVE CAT CODE	43. FEDERAL TAX DATA		44. STATE TAX DATA	
1. NO PREVIOUS SERVICE 2. PREVIOUS SERVICE 3. GREAT IN SERVICE (LESS THAN 3 YRS) 4. GREAT IN SERVICE (MORE THAN 3 YRS)				FORM EXEMPTED 1. YES 2. NO		FORM EXEMPTED 1. YES 2. NO	
SIGNATURE OR OTHER AUTHENTICATION							
FROM: NE							

FORM 1 (1-74)
5-74 5010-70

Use Previous Edition

SECRET

GPO: 1974 O-307-022 (4-73)

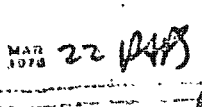
SECRET
(When Filled In)

OCF

R

NOTIFICATION OF PERSONNEL ACTION

OCF

1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)																																																																									
3.		4. EFFECTIVE DATE: MO DA YR 03 12 78																																																																									
5. CATEGORY OF EMPLOYMENT: REGULAR		6. CSC OR OTHER LEGAL AUTHORITY																																																																									
7. FUNDS		8. CSC OR OTHER LEGAL AUTHORITY																																																																									
9. ORGANIZATIONAL DESIGNATIONS		10. LOCATION OF OFFICIAL STATION																																																																									
11. POSITION TITLE		12. POSITION NUMBER																																																																									
13. SERVICE DESIGNATION		14. CLASSIFICATION SCHEDULE (GS, WO, etc.)																																																																									
15. OCCUPATIONAL SERIES		16. GRADE AND STEP																																																																									
17. SALARY OR RATE		18. REMARKS																																																																									
<p align="center">SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL</p> <table border="1"> <tr> <td>19. ACTION CODE</td> <td>20. EMPLOY CODE</td> <td>21. OFFICE CODING</td> <td>22. STATION CODE</td> <td>23. INTEGRAL CODE</td> <td>24. HOURS CODE</td> <td>25. DATE OF BIRTH</td> <td>26. DATE OF GRADE</td> <td>27. DATE OF LET</td> </tr> <tr> <td>22</td> <td>10</td> <td>46075 NE</td> <td>75013</td> <td></td> <td>1</td> <td></td> <td>03 12 78</td> <td>03 12 78</td> </tr> <tr> <td>28. TIME EXPIRES</td> <td>29. SPECIAL REFERENCE</td> <td>30. RETIREMENT DATA</td> <td>31. SEPARATION DATA CODE</td> <td>32. CURRENT/COMPLETION DATA</td> <td>33. SECURITY REG NO</td> <td>34. SEX</td> <td colspan="2"></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td colspan="2"></td> </tr> <tr> <td>35. VET PREFERENCE</td> <td>36. SERV COMP DATE</td> <td>37. LONG COMP DATE</td> <td>38. CAREER CATEGORY</td> <td>39. FEGLI / HEALTH INSURANCE</td> <td>40. SOCIAL SECURITY NO</td> <td colspan="3"></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td colspan="3"></td> </tr> <tr> <td>41. PREVIOUS CIVILIAN GOVERNMENT SERVICE</td> <td>42. HEART CAT CODE</td> <td>43. FEDERAL TAX DATA</td> <td>44. STATE TAX DATA</td> <td colspan="5"></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td colspan="5"></td> </tr> </table>				19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING	22. STATION CODE	23. INTEGRAL CODE	24. HOURS CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LET	22	10	46075 NE	75013		1		03 12 78	03 12 78	28. TIME EXPIRES	29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA CODE	32. CURRENT/COMPLETION DATA	33. SECURITY REG NO	34. SEX												35. VET PREFERENCE	36. SERV COMP DATE	37. LONG COMP DATE	38. CAREER CATEGORY	39. FEGLI / HEALTH INSURANCE	40. SOCIAL SECURITY NO													41. PREVIOUS CIVILIAN GOVERNMENT SERVICE	42. HEART CAT CODE	43. FEDERAL TAX DATA	44. STATE TAX DATA														
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<p align="center">SIGNATURE OR OTHER AUTHENTICATION</p> <p align="right">  MAR 22 1978 JLS </p>																																																																											

FORM 1150
5-74 Mfg 10-74

Use Previous
Edition

SECRET

82 IMPDET CL BY 00702 (1-51)

1 SERIAL NO		2 NAME		3 ORGANIZATION		4 FUNDS		5 LWOP HOURS	
6 OLD SALARY RATE				7 NEW SALARY RATE				8 TYPE ACTION	
Grade	Step	Salary	Last Eff Date	Grade	Step	Salary	EFFECTIVE DATE	WGI	QSI
		24070	11/23/75			24799	11/20/77		
12	5	52,400		12	5	52,400			
CERTIFICATION AND AUTHENTICATION									
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE.									
SIGNATURE				DATE					
				15 Sept 1977					
<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									
CLERK'S INITIALS				APPROVED BY					
FORM 10-73 560E Use previous editions									
PAY CHANGE NOTIFICATION									
(4 51)									

NEW 3 SEP 77

LJF 110977

SECRET
(When Filled In)

OCF

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)	
3. NATURE OF PERSONNEL ACTION REASSIGNMENT AND CANCELLATION OF NSCA			4. EFFECTIVE DATE MO DA YR 07 11 77
			5. CATEGORY OF EMPLOYMENT REGULAR
6. FUNDS	V TO V	V TO CF	7. PAN AND NSCA B033 4801 0000 50 USC 403 J
	CF TO V	CF TO CF	
9. ORGANIZATIONAL DESIGNATIONS DDO/NE DIVISION OFFICE OF THE CHIEF, NE DIVISION PLANS STAFF			10. LOCATION OF OFFICIAL STATION WASH., D.C.
11. POSITION TITLE RECORDS ADMIN OFF			12. POSITION NUMBER CG45
			13. SERVICE DESIGNATION DCC
14. CLASSIFICATION SCHEDULE (GS, WG, etc.) GS		15. OCCUPATIONAL SERIES 0344.01	16. GRADE AND STEP 12 4
			17. SALARY OR RATE 24070
18. REMARKS THIS ACTION REFLECTS NEW LEGISLATIVE PAY INCREASE EFFECTIVE 10/09/77.			

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE 37	20. EMPLOY CODE 10	21. OFFICE CODING NUMBER 48075 ALPHABETIC NE	22. STATION CODE 75013	23. INTERVIEW CODE	24. MGRS CODE 1	25. DATE OF BIRTH MO DA YR 07 11 77	26. DATE OF GRADE MO DA YR 07 11 77	27. DATE OF LEI MO DA YR 07 11 77
28. DATE EXPIRES MO DA YR 07 11 77	29. SPECIAL REFERENCE 1. CMC 2. COW 3. HCA 4. NONE	30. RETIREMENT DATA CODE 0000	31. SEPARATION DATA CODE TYPE 0000	32. CORRECTION CANCELLATION DATA MO DA YR 07 11 77		33. SECURITY REQ. NO.	34. SEX	
35. VET PREFERENCE CODE 0 - NONE 1 - 5 PT. 2 - 10 PT.	36. SERV. COMP. DATE MO DA YR 07 11 77	37. LONG COMP. DATE MO DA YR 07 11 77	38. CAREER CATEGORY CAR BRIV PROV IMP	39. PEOI / HEALTH INSURANCE CODE 0 - NO 1 - YES	40. SOCIAL SECURITY NO.			
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YRS) 3 - BREAK IN SERVICE (MORE THAN 3 YRS)	42. LEAVE CAT. CODE	43. FEDERAL TAX DATA FORM EXECUTED 1 - YES 2 - NO	44. STATE TAX DATA FORM EXECUTED 1 - YES 2 - NO					

FROM: CCS

SIGNATURE OR OTHER AUTHENTICATION

POSTED

NOV 18 1977

SECRET

ALL

L20 100 045

"PAY ADJUSTMENT IN ACCORDANCE WITH THE PROVISIONS OF SECTION 5305 OF TITLE 5 U.S.C. AND EXECUTIVE ORDER 12010 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND DCI DIRECTIVE DATED 8 OCTOBER 1962."

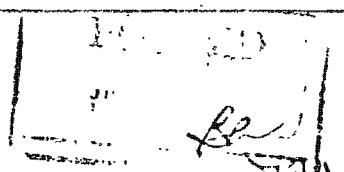
EFFECTIVE DATE OF PAY ADJUSTMENT: 09 OCTOBER 1977

NAME	ID NUMBER	ORG.	SCH-GR-STEP	NEW SALARY
		CCS	GS 12 4	\$24,070

15648

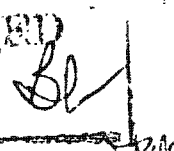
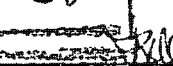
KKK: 22 JULY 76

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)									
3. NATURE OF PERSONNEL ACTION REASSIGNMENT - CHANGE OF HOME BASE						4. EFFECTIVE DATE MO DA YR 07 13 76		5. CATEGORY OF EMPLOYMENT REGULAR			
6. FUNDS		X		V TO V		V TO CF		7. PAN AND NBGA T230 0118 0002		8. CSC OR OTHER LEGAL AUTHORITY 50 USC 403 J	
CF TO V				CF TO CF							
9. ORGANIZATIONAL DESIGNATIONS DDO/CCS REGISTRY						10. LOCATION OF OFFICIAL STATION WASH., D.C.					
11. POSITION TITLE RECORDS ADMIN OFF CH						12. POSITION NUMBER BL 44		13. SERVICE DESIGNATION DCC			
14. CLASSIFICATION SCHEDULE (OS, LS, etc.) GS				15. OCCUPATIONAL SERIES 0344.01		16. GRADE AND STEP 12 4		17. SALARY OR RATE 21324			
18. REMARKS											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE 37	20. EMPLOY CODE 10	21. OFFICE CODING NUMERIC ALPHABETIC 39115 CCS		22. STATION CODE 75013	23. INTEGRITY CODE 1	24. INDENT CODE	25. DATE OF BIRTH MO DA YR		26. DATE OF GRADE MO DA YR		27. DATE OF LET MO DA YR
28. RATE EXPIRES MO DA YR		29. SPECIAL REFERENCE		30. RETIREMENT DATA 1. CSC 2. C.A. 3. F.C.A. 4. NONE		31. SEPARATION DATA CODE		32. Correction / Connection Data MO DA YR		33. SECURITY REQ NO	
35. VET PREFERENCE CODE 1. YES 2. NO		36. SERV. COMP DATE MO DA YR		37. LONG COMP DATE MO DA YR		38. CAREER CATEGORY CODE 1. YES 2. NO		39. FEGLI - 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 1 YR) 4. BREAK IN SERVICE (MORE THAN 1 YR)				42. LEAVE CAT CODE		43. FEDERAL TAX DATA FORM EXECUTED 1. YES 2. NO		44. STATE TAX DATA FORM EXECUTED 1. YES 2. NO		45. STATE CODE	
SIGNATURE OR OTHER AUTHENTICATION											
											

AEO:13 AUG 76

SECRET
(When Filled In)

OCCF												NOTIFICATION OF PERSONNEL ACTION																			
1. SERIAL NUMBER						2. NAME (LAST FIRST-MIDDLE)																									
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE						5. CATEGORY OF EMPLOYMENT																			
CHANGE OF FAN						08 09 76						REGULAR																			
6. FUNDS						7. PAN AND NSCA						8. CSC OR OTHER LEGAL AUTHORITY																			
X V TO V CF TO V						T230 0130 0002						50 USC 403 J																			
9. ORGANIZATIONAL DESIGNATION						10. LOCATION OF OFFICIAL STATION																									
DDO/CCS REGISTRY						WASH., D.C.																									
11. POSITION TITLE						12. POSITION NUMBER						13. SERVICE DESIGNATION																			
RECORDS ADMIN OFF CH						BL44						DCC																			
14. CLASSIFICATION SCHEDULE (GS, 18, etc.)						15. OCCUPATIONAL SERIES						16. GRADE AND STEP																			
GS						0344.01						12 4																			
17. SALARY OF RATE						21324																									
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				24. HOURS CODE				25. DATE OF BIRTH				26. DATE OF GRADE				27. DATE OF LEI			
37		10		39115 CCS				73013								1								MO DA YE				MO DA YE			
28. HRS EMPLOY				29. SPECIAL REFERENCE				30. RETIREMENT DATA				31. SEPARATION DATA CODE				32. CIVILIAN OR MILITARY EMPLOY				33. SECURITY REG NO.				34. SEX							
MO DA YE								1 CSC 2 CUB 3 FICA 4 SOCIAL				COGN				1111				MO DA YE				EOD DATA							
25. 1ST PREFERENCE				26. SERV COMP DATE				27. LONG COMP DATE				28. CAREER CATEGORY				29. PERSONAL HEALTH INSURANCE				30. SOCIAL SECURITY NO.											
CSCA				MO DA YE				MO DA YE				CAB PROV LEAD				CSCA				CSCA				HEALTH INS CODE							
1 NO PREVIOUS SERVICE 2 NO SERA IN SERVICE 3 SERA IN SERVICE (LESS THAN 3 YRS) 4 SERA IN SERVICE (MORE THAN 3 YRS)				31. LEAVE CAT CODE				32. FEDERAL TAX DATA				33. STATE TAX DATA																			
1 YES 2 NO				1 YES 2 NO				1 YES 2 NO				1 YES 2 NO				1 YES 2 NO				1 YES 2 NO											
SIGNATURE OR OTHER AUTHENTICATION																															
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SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION					
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)			
3. NATURE OF PERSONNEL ACTION			4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT
REASSIGNMENT			MO DA YR 01 23 76		
6. FUNDS	V TO V	V TO CF	7. FAN AND NSCA		8. CSC OR OTHER LEGAL AUTHORITY
	CF TO V	CF TO CF	6230 0118 0002		
9. ORGANIZATIONAL DESIGNATIONS			10. LOCATION OF OFFICIAL STATION		
DDO/CCS			WASH., D.C.		
11. POSITION TITLE			12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION
RECORDS ADMIN OF CM			6144		DAC
14. CLASSIFICATION SCHEDULE (GS, LB, etc)		15. OCCUPATIONAL SERIES		17. SALARY OR RATE	
GS		0344.01		12	
16. REMARKS					
SIGNATURE OR OTHER AUTHENTICATION					
<div style="text-align: right;">30 ACJ</div>					

NAME		ORGANIZATION		ACTION		EFFECTIVE DATE	
[Redacted]		39 115		[Redacted]		[Redacted]	
OLD SALARY RATE				NEW SALARY RATE			
Grade	Step	Salary	Last EM Date	Grade	Step	Salary	EFFECTIVE DATE
GS 12	3	20678	11/24/74	GS 12	4	21324	11/23/75
CERTIFICATION AND AUTHENTICATION							
I CERTIFY				THEE IS OF ACCEPTABLE LEVEL OF COMPETENCE			
SIGNATURE				DATE			
[Redacted]				12 Sept 1975			
<input checked="" type="checkbox"/> NO EXCESS (WOP) <input checked="" type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> LWOP STATUS AT END OF WAITING PERIOD							
CLERKS INITIALS							
[Handwritten initials]							
FORM 560E Use previous editions PAY CHANGE NOTIFICATION (4-51)							

"PAY ADJUSTMENT IN ACCORDANCE WITH THE PROVISIONS OF SECTION 5305 OF TITLE 5, U.S.C. AND EXECUTIVE ORDER 11541 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND DCI DIRECTIVE DATED 8 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 10 OCTOBER 1976

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	NEW SALARY
[Redacted]	39 115	V	GS 12	4	\$22,485

"PAY ADJUSTMENT IN ACCORDANCE WITH THE PROVISIONS OF SECTION 5305 OF TITLE 5, U.S.C. AND EXECUTIVE ORDER 11883 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND DCI DIRECTIVE DATED 8 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 12 OCTOBER 1975

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	NEW SALARY
WOODS JAMES S	010032	39 115	V	GS 12 3	\$20,678

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
1 SERIAL NUMBER		2 NAME (LAST FIRST MIDDLE)									
3 NATURE OF PERSONNEL ACTION		4 EFFECTIVE DATE				5 CATEGORY OF EMPLOYMENT					
PROMOTION		11 24 74				REGULAR					
FUNDS		X		V TO V		V TO CF		7. FAN AND NSCA		8 CSC OR OTHER LEGAL AUTHORITY	
		CF TO V		CF TO CF		5230 0121 0002		50 USC 403			
9. ORGANIZATIONAL DESIGNATIONS						10 LOCATION OF OFFICIAL STATION					
DDC/CCS REGISTRY						WASH., D.C.					
11. POSITION TITLE						12. POSITION NUMBER		13. SERVICE DESIGNATION			
RECORDS ADMIN. GE. CH.						0001		DAC			
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
GS				0344.01		12 3		19003			
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. INTEGREE CODE		24. HOURS CODE	
22		10		NUMERIC ALPHABETIC		75043		1		11 24 74	
25. NTE EXPIRES		26. SPECIAL REFERENCE		27. RETIREMENT DATA		28. SEPARATION DATA CODE		29. Correction / Cancellation Data		30. SECURITY REQ NO	
NO DA YE		1 CSC 2 CIP 3 TACA 4 NONE		CODE		TYPE		NO DA YE		EOD DATA	
31. VET PREFERENCE		32. SERV COMP DATE		33. LONG COMP DATE		34. CAREER CATEGORY		35. PEGU / HEALTH INSURANCE		36. SOCIAL SECURITY NO.	
CODE		NO DA YE		NO DA YE		CNA BEV PROV EMP		CODE CODE		HEALTH INS CODE	
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE				42. LEAVE CAT CODE		43. FEDERAL TAX DATA			44. STATE TAX DATA		
CODE				1. NO PREVIOUS SERVICE 2. BREAK IN SERVICE (LESS THAN 3 YRS) 3. BREAK IN SERVICE (MORE THAN 3 YRS)		FORM EXECUTED 1. YES 2. NO			FORM EXECUTED 1. YES 2. NO		
SIGNATURE OR OTHER AUTHENTICATION						POSTED					
						DEC 3 1974					

BBG: 19 SEPT 73

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION									
1 SERIAL NUMBER		2 NAME (LAST FIRST MIDDLE)							
3 NATURE OF PERSONNEL ACTION						4 EFFECTIVE DATE		5 CATEGORY OF EMPLOYMENT	
REASSIGNMENT, TRANSFER TO VOUCHERED FUNDS AND DELEGATION OF NSCA						MO DA YR 09 19 73		REGULAR	
6 FUNDS		7. FAN AND NSCA		8 CSC OR OTHER LEGAL AUTHORITY					
X		4230 0121 0002		50 USC 403 J					
9 ORGANIZATIONAL DESIGNATIONS						10 LOCATION OF OFFICIAL STATION			
DDO/CCS OFFICE OF THE CHIEF RECORDS MANAGEMENT AND REGISTRY SEC						WASH., D.C.			
11 POSITION TITLE				12 POSITION NUMBER		13 SERVICE DESIGNATION			
RECORDS ADMIN OF CH				0061		D			
14 CLASSIFICATION SCHEDULE (GGS 18-65)			15 OCCUPATIONAL SERIES		16 GRADE AND STEP		17 SALARY OR RATE		
GS			0344.01		11 6		16326		
18 REMARKS									
W-2 INFO: CIA									
HOME BASE: SS									
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 RESERVE CODE	25 DATE OF BIRTH	26 DATE OF GRADE	27 DATE OF LER	
16	10	35100	CCS	75013					
28 INT. EXPIRES	29 SPECIAL REFERENCE	30 RETIREMENT DATA	31 SEPARATION DATA CODE	32 Correction / Conviction Date	33 SECURITY REQ. NO.	34 SER			
XX XX XX									
35 VET. PREFERENCE	36 SERV. COMP. DATE	37 LONG. COMP. DATE	38 CAREER CATEGORY	39 FEGLI / HEALTH INSURANCE	40 SOCIAL SECURITY NO.				
41 PREVIOUS CIVILIAN / GOVERNMENT SERVICE	42 LEAVE CAT. CODE	43 FEDERAL TAX DATA	44 STATE TAX DATA						
SIGNATURE OR OTHER AUTHENTICATION									
FROM: EUR						<div style="border: 1px solid black; padding: 5px; display: inline-block;"> POSTED 9-30-73 <i>[Signature]</i> </div>			

14-00000

"PAY ADJUSTMENT IN ACCORDANCE WITH THE PROVISIONS OF SECTION 5325 OF
TITLE 5, U.S.C. AND EXECUTIVE ORDER 11811 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

NEW
SALARY

[REDACTED] 39 115 V GS 11 6

\$19,061

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

EFFECTIVE DATE OF DESIGNATION: 01 MAY 1974.

[REDACTED] 42300121

14-00000

"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	GR-STEP	NEW SALARY
		39	115	V GS 11 6	\$17,116

"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	SERIAL	ORGN.	FUNDS	GR-STEP	NEW SALARY
		44	750	CF GS 10 7	\$15,331

OF PAY ADJUSTMENT CORRECTED FROM
11777. DATED 12 APR 1974.

SECRET
When Filled In

LML: 13 FEB 73

NOTIFICATION OF PERSONNEL ACTION

OCF

1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)	
3. NATURE OF PERSONNEL ACTION			
PROMOTION			
4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT	
MO DA YR 02 04 73		REGULAR	
6. FUNDS		7. Financial Analysis No Chargeable	
V TO V CF TO V X CF TO CF		3135 1267 0000	
8. CSC OR OTHER LEGAL AUTHORITY		50 USC 403 J	
9. ORGANIZATIONAL DESIGNATIONS			
DDP/EUROPEAN DIVISION FOREIGN FIELD SUPPORT BRANCH			
10. LOCATION OF OFFICIAL STATION			
11. POSITION TITLE			
RECORDS ADM OF			
12. SERVICE DESIGNATION			
D			
13. CLASSIFICATION SCHEDULE (GS, LS, etc.)			
GS			
14. OCCUPATIONAL SERIES			
0344.01			
15. GRADE AND STEP			
11 6			
16. SALARY OR RATE			
16326			
17. REMARKS			
HOME BASE: IS			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
18. ACTION CODE			
22			
19. EMPLOY CODE			
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20. OFFICE CODING			
NUMERIC ALPHABETIC			
44750 EUR			
21. STATION CODE			
36533			
22. INTRINSIC CODE			
3			
23. DATE OF BIRTH			
MO DA YR			
02 04 73			
24. DATE OF GRADE			
MO DA YR			
02 04 73			
25. DATE OF LEI			
MO DA YR			
02 04 73			
26. NTE SYMBOLS			
MO DA YR			
02 03 74			
27. SPECIAL REFERENCE			
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28. RETIREMENT DATA			
1. CSC 2. C-A 3. FICA 4. WFO			
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30. CONTRACTOR/CONCURRENCE DATA			
HYR			
31. SECURITY REQ MO			
32. SEX			
EOD DATA			
33. VET PREFERENCE			
CODE			
0-NONE 1-5 PT 3-10 PT			
34. SERV COMP DATE			
MO DA YR			
35. LONG COMP DATE			
MO DA YR			
36. FLUSH CATEGORY			
37. FEDERAL HEALTH INSURANCE			
CODE			
D-WAIVER 1-YES 2-NO			
38. SOCIAL SECURITY NO			
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE			
42. LEAVE CAT. CODE			
43. FEDERAL TAX DATA			
44. STATE TAX DATA			
45. ANY PREVIOUS SERVICE			
1. NO BREAK IN SERVICE 2. BREAK IN SERVICE (LESS THAN 3 YRS) 3. BREAK IN SERVICE (MORE THAN 3 YRS)			
46. TAX EXEMPTIONS			
FORM EXECUTED 1. YES 2. NO			
47. NO TAX STATE CODE			
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SIGNATURE OF OTHER AUTHENTICATION			
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Use Appropriate Labels

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SECRET

1. The first step is to identify the problem or question that needs to be answered.

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"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 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 9 JANUARY 1972

NAME	SERIAL	ORGN. FUNDS GR. STEP	NEW SALARY
		44 750 CP GS 10 7	\$14,981

23 MAY 1971.

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

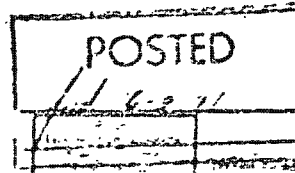
OCT

1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)	
[REDACTED]			
3. NATURE OF PERSONNEL ACTION REASSIGNMENT AND TRANSFER TO CONFIDENTIAL FUNDS			4. EFFECTIVE DATE MO DA YR 05 30 71
5. CATEGORY OF EMPLOYMENT REGULAR			
6. FUNDS	V TO V	X	V TO CF
	CF TO V		CF TO CF
7. Financial Analysis No. Chargeable		8. CSC OR OTHER LEGAL AUTHORITY	
1136 1267 0000		50 USC 403 J	
9. ORGANIZATION DDP/EUR DIVISION FOREIGN FIELD		10. LOCATION OF OFFICIAL STATION	
SUPPORT BRANCH		[REDACTED]	
11. POSITION TITLE RECORDS ADM OF		12. POSITION NUMBER 0699	13. SERVICE DESCRIPTION 0
14. CLASSIFICATION SCHEDULE (GSA, US, etc.) GS	15. OCCUPATIONAL SERIES 0344.01	16. GRADE AND STEP 10 7	17. SALARY OR RATE 13821
18. REMARKS			
HOME BASE: EUR			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
19. ACTION CODE 20	20. EMPLOY CODE 10	21. OFFICE CODE 44525	22. STATION CODE EUR
23. DATE OF ACTION 05 29 71	24. DATE OF BIRTH 82	25. DATE OF GRADE 3	26. DATE OF LEI 36533
27. DATE OF BIRTH 05 29 71	28. DATE OF GRADE 82	29. DATE OF LEI 36533	30. DATE OF ACTION 05 29 71
31. VET PREFERENCE		32. WORK COMP DATE	
33. VET PREFERENCE		34. WORK COMP DATE	
35. VET PREFERENCE		36. WORK COMP DATE	
37. VET PREFERENCE		38. WORK COMP DATE	
39. VET PREFERENCE		40. WORK COMP DATE	
41. VET PREFERENCE		42. WORK COMP DATE	
43. VET PREFERENCE		44. WORK COMP DATE	
45. VET PREFERENCE		46. WORK COMP DATE	
47. VET PREFERENCE		48. WORK COMP DATE	
49. VET PREFERENCE		50. WORK COMP DATE	
51. VET PREFERENCE		52. WORK COMP DATE	
53. VET PREFERENCE		54. WORK COMP DATE	
55. VET PREFERENCE		56. WORK COMP DATE	
57. VET PREFERENCE		58. WORK COMP DATE	
59. VET PREFERENCE		60. WORK COMP DATE	
61. VET PREFERENCE		62. WORK COMP DATE	
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85. VET PREFERENCE		86. WORK COMP DATE	
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89. VET PREFERENCE		90. WORK COMP DATE	
91. VET PREFERENCE		92. WORK COMP DATE	
93. VET PREFERENCE		94. WORK COMP DATE	
95. VET PREFERENCE		96. WORK COMP DATE	
97. VET PREFERENCE		98. WORK COMP DATE	
99. VET PREFERENCE		100. WORK COMP DATE	
SIGNATURE OR OTHER AUTHENTICATION			

FORM 1150
1-68
May 1970

SECRET

DMB



15

ARS: 11 MARCH 71

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)									
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT					
CHANGE OF FAN				02 15 71		REGULAR					
6. FUNDS		7. Financial Analysis No. Chargeable		8. CSC OR OTHER LEGAL AUTHORITY							
X		1236 1166 0000		50 USC 403 J							
9. ORGANIZATIONAL DESIGNATIONS				10. LOCATION OF OFFICIAL STATION							
OJP/EUR DEVELOPMENT COMPLEMENT				WASH., D.C.							
11. POSITION TITLE				12. POSITION NUMBER				13. SERVICE DESIGNATION			
RECORDS ADM OFFICER				9957				D			
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)				15. OCCUPATIONAL SERIES				16. GRADE AND STEP			
GS				0344.01				10 7			
17. SALARY OR RATE				13621							
18. REMARKS											
OTHER											
HOME BASE: EUR											
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. FIDELITY CODE	
37		16		NUMERIC ALPHABET		75013					
25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEL		28. DATE OF BIRTH		29. DATE OF GRADE		30. DATE OF LEL	
31. DATE OF BIRTH		32. DATE OF GRADE		33. DATE OF LEL		34. DATE OF BIRTH		35. DATE OF GRADE		36. DATE OF LEL	
37. DATE OF BIRTH		38. DATE OF GRADE		39. DATE OF LEL		40. DATE OF BIRTH		41. DATE OF GRADE		42. DATE OF LEL	
43. DATE OF BIRTH		44. DATE OF GRADE		45. DATE OF LEL		46. DATE OF BIRTH		47. DATE OF GRADE		48. DATE OF LEL	
49. DATE OF BIRTH		50. DATE OF GRADE		51. DATE OF LEL		52. DATE OF BIRTH		53. DATE OF GRADE		54. DATE OF LEL	
55. DATE OF BIRTH		56. DATE OF GRADE		57. DATE OF LEL		58. DATE OF BIRTH		59. DATE OF GRADE		60. DATE OF LEL	
61. DATE OF BIRTH		62. DATE OF GRADE		63. DATE OF LEL		64. DATE OF BIRTH		65. DATE OF GRADE		66. DATE OF LEL	
67. DATE OF BIRTH		68. DATE OF GRADE		69. DATE OF LEL		70. DATE OF BIRTH		71. DATE OF GRADE		72. DATE OF LEL	
73. DATE OF BIRTH		74. DATE OF GRADE		75. DATE OF LEL		76. DATE OF BIRTH		77. DATE OF GRADE		78. DATE OF LEL	
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127. DATE OF BIRTH		128. DATE OF GRADE		129. DATE OF LEL		130. DATE OF BIRTH		131. DATE OF GRADE		132. DATE OF LEL	
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199. DATE OF BIRTH		200. DATE OF GRADE		201. DATE OF LEL		202. DATE OF BIRTH		203. DATE OF GRADE		204. DATE OF LEL	
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283. DATE OF BIRTH		284. DATE OF GRADE		285. DATE OF LEL		286. DATE OF BIRTH		287. DATE OF GRADE		288. DATE OF LEL	
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379. DATE OF BIRTH		380. DATE OF GRADE		381. DATE OF LEL		382. DATE OF BIRTH		383. DATE OF GRADE		384. DATE OF LEL	
385. DATE OF BIRTH		386. DATE OF GRADE		387. DATE OF LEL		388. DATE OF BIRTH		389. DATE OF GRADE		390. DATE OF LEL	
391. DATE OF BIRTH		392. DATE OF GRADE		393. DATE OF LEL		394. DATE OF BIRTH		395. DATE OF GRADE		396. DATE OF LEL	
397. DATE OF BIRTH		398. DATE OF GRADE		399. DATE OF LEL		400. DATE OF BIRTH		401. DATE OF GRADE		402. DATE OF LEL	
403. DATE OF BIRTH		404. DATE OF GRADE		405. DATE OF LEL		406. DATE OF BIRTH		407. DATE OF GRADE		408. DATE OF LEL	
409. DATE OF BIRTH		410. DATE OF GRADE		411. DATE OF LEL		412. DATE OF BIRTH		413. DATE OF GRADE		414. DATE OF LEL	
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439. DATE OF BIRTH		440. DATE OF GRADE		441. DATE OF LEL		442. DATE OF BIRTH		443. DATE OF GRADE		444. DATE OF LEL	

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 91-656 AND EXECUTIVE ORDER 11576 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	SERIAL	ORGN.	FUNDS	GR-STEP	NEW SALARY
		44	997	V GS. 10 7	\$13,821

ARS: 27 JAN 71

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
OKF											
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)									
REASSIGNMENT AND TRANSFER TO VOUCHERED FUNDS-CORRECTION				4. EFFECTIVE DATE MO DA YR 01 10 71		5. CATEGORY OF EMPLOYMENT REGULAR					
A. FUNDS		V TO V		V TO CF		7. Financial Analysis No. Chargeable		8. CSC OR OTHER LEGAL AUTHORITY			
X		CF TO V		CF TO CF		1234 1186 0000		50 USC 403 J			
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION					
DDP/EUR DEVELOPMENT COMPLEMENT						WASH., D.C.					
11. POSITION TITLE						12. POSITION NUMBER		13. SERVICE DESIGNATION			
RECORDS ADM OFFICER						9997		D			
14. CLASSIFICATION-SCHEDULE (GS, LB, etc.)			15. OCCUPATIONAL SERIES			16. GRADE AND STEP		17. SALARY OR RATE			
GS			0344.01			10 7		13821			
18. REMARKS THIS ACTION CORRECTS FORM 1150 THE EFFECTIVE DATE WHICH READ 12/13/70 TO READ 01/10/71.											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING		22. STATION CODE	23. UTILITY CODE	24. RIGHTS CODE	25. DATE OF BIRTH	26. DATE OF GRADE		27. DATE OF LEI	
58	18	NUMERIC ALPHABETIC 44397 EUR		75013		1					
29. NTE EXP RES		30. RETIREMENT DATA		31. SEPARATION DATA CODE	32. Correction/Conciliation Done		33. SECURITY REQ PAD		34. SEA		
					16 12 13 70		EOD DATA				
35. VET PREFERENCE		36. SERV COMP DATE		37. LONG COMP DATE	38. CAREER CATEGORY		39. FEGLI - HEALTH INSURANCE		40. SOCIAL SECURITY NO		
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE				42. LEAVE CAT CODE		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 1-29-71 <i>mm</i> </div> </div>											

GCF

NOTIFICATION OF PERSONNEL ACTION

FOSTED

12-17-76

426

Dr. J. H. D. D.

(When Filled In)

1. SERIAL NO.		2. NAME		3. ORGANIZATION		4. FUNDS		5. LWOP MONTHS	
				44 525		CF			
6. OLD SALARY RATE				7. NEW SALARY RATE				8. TYPE ACTION	
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	EFFECTIVE DATE	SI	ADD.
GS 10	6	\$12,679	07/28/68	GS 10	7	\$13,041	07/26/70		
CERTIFICATION AND AUTHENTICATION									
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE.									
SIGNATURE						DATE			
<i>[Signature]</i>						6/23/70			
<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									
CLEAR INITIALS				APPROVED BY					
FORM 7-66 560 E Use previous editions				PAY CHANGE NOTIFICATION				<i>[Signature]</i> (4-81)	

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 91-231 AND EXECUTIVE ORDER 11924 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
[Redacted]		44	525	CF GS 10 6	\$12,679

"PAY ADJUSTMENT IN ACCORDANCE WITH SECTION 213 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	GR-STEP	NEW SALARY
[Redacted]		44	525	CF GS 10 7	\$11,942

SECRET

(When Filled In)

4 NOV 68

NOTIFICATION OF PERSONNEL ACTION

OCF

1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)	
[REDACTED]		[REDACTED]	
3. NATURE OF PERSONNEL ACTION		4. EFFECTIVE DATE	5. CATEGORY OF EMPLOYMENT
REASSIGNMENT		11 04 68	REGULAR
6. FUNDS	V TO V	V TO CF	7. Financial Analysis No. Chargeable
CF TO V	X	CF TO CF	8. CSC OR OTHER LEGAL AUTHORITY
		9136 1214 0000	50 USC 403 J
9. ORGANIZATIONAL DESIGNATIONS		10. LOCATION OF OFFICIAL STATION	
DDP/EUR FOREIGN FIELD		[REDACTED]	
SUPPORT BRANCH		[REDACTED]	
REGISTRY SECTION		[REDACTED]	
11. POSITION TITLE		12. POSITION NUMBER	13. SERVICE DESIGNATION
RECORDS ADM OF		0254	D
14. CLASSIFICATION SCHEDULE (OS, IS, etc.)	15. OCCUPATIONAL SERIES	16. GRADE AND STEP	17. SALARY OR RATE
GS	0344.01	10 6	10847
18. REMARKS			
[REDACTED]			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING	22. STATION CODE
37	10	44525 EUR	21025
23. DATE EXPIRES	24. SPECIAL REFERENCE	25. RETIREMENT DATA	26. SEPARATION DATA CODE
11 03 70	83		
27. VET PREFERENCE	28. SERV COMP DATE	29. LONG COMP DATE	30. CAREER CATEGORY
31. PREVIOUS CIVILIAN GOVERNMENT SERVICE	32. LEAVE CAT CODE	33. FEDERAL TAX DATA	34. STATE TAX DATA
SIGNATURE OR OTHER AUTHENTICATION			
FROM FE			
[REDACTED]			

FORM 5-66 1150
May 10-67

Use Previous Edition

SECRET

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GROUP 1
Excluded from automatic
downgrading and
declassification

(When Filled In)

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(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

DCF

1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)	
3. NATURE OF PERSONNEL ACTION		4. EFFECTIVE DATE	
PROMOTION		07 28 68	
5. CATEGORY OF EMPLOYMENT		REGULAR	
6. FUNDS		7. Financial Analysis No. Chargeable	
V TO V CF TO V		9137 1487 0000	
V TO CF CF TO CF		50 USC 403 J	
9. ORGANIZATIONAL DESIGNATIONS		10. LOCATION OF OFFICIAL STATION	
DDP/FE FOREIGN FIELD FE/VNO VIET NAM STATION INTELLIGENCE DIVISION COLLATION BRANCH CURRENT INTELLIGENCE SECTION BIOGRAPHIC UNIT		SAIGON, SOUTH VIET NAM	
11. POSITION TITLE		12. POSITION NUMBER	
RECORDS ADMIN OF		4984	
13. SERVICE DESIGNATION		D	
14. CLASSIFICATION SCHEDULE (OS, LB, etc.)		15. OCCUPATIONAL SERIES	
GS		0344.01	
16. GRADE AND STEP		17. SALARY OR RATE	
10 6		10847	
18. REMARKS			
RECORDS ADMIN OFFICER OCCUPYING 10 GENERAL POSITION			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING	22. STATION CODE
22	10	NUMERIC 45500 ALPHABETIC FE	77205
23. DATE OF BIRTH	24. DATE OF GRADE	25. DATE OF LES	
07 28 68	07 28 68	07 28 68	
26. NOTE EXEMPT		27. SPECIAL REFERENCE	
MO DA YR		1. FSC 2. CIA 3. FICA 4. FIDEL	
		28. RETIREMENT DATA	
		29. SEPARATION DATA CODE	
		30. Correction - Convalidation Data	
		31. SECURITY RTO NO	
		32. SEX	
33. VET PREFERENCE		34. SERV. COMP. DATE	
CODE 1. NONE 2. 10 YR		MO DA YR	
		35. LONG COMP. DATE	
		36. CAREER CATEGORY	
		37. FEDERAL TAX DATA	
		38. STATE TAX DATA	
39. PREVIOUS CIVILIAN GOVERNMENT SERVICE		40. LEAVE CAT. CODE	
CODE 0. NO PREVIOUS SERVICE 1. NO BREAK IN SERVICE 2. BREAK IN SERVICE (LESS THAN 3 YRS) 3. BREAK IN SERVICE (MORE THAN 3 YRS)		41. FEDERAL TAX DATA	
		42. STATE TAX DATA	
		43. SIGNATURE OR OTHER AUTHENTICATION	

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Mtg 10-67Use Previous
Edition

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GROUP 1
Excluded from automatic
downgrading and
declassification

(When Filled In)

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"PAY ADJUSTMENT IN ACCORDANCE WITH SECTIONS 212 AND 216 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 6 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 14 JULY 1968

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
	45	500	CF	GS 09 7	\$ 9,668	\$10,154

"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

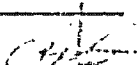
NAME	SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
	45	500	CF	GS 09 7	\$ 9,202	\$ 9,668

SECRET
(When Filled In)

OCS 05/31/67		NOTIFICATION OF PERSONNEL ACTION	
1. SERIAL NUMBER	2. NAME (LAST-FIRST MIDDLE)		
3. NATURE OF PERSONNEL ACTION		4. EFFECTIVE DATE	5. CATEGORY OF EMPLOYMENT
REASSIGNMENT		MO: 05 DA: 21 YE: 67	
6. FUNDS	V TO V	V TO CF	7. FINANCIAL ANALYSIS NO. CHARGEABLE
CF TO V	X	CF TO CF	8. CSC OR OTHER LEGAL AUTHORITY
			7137 1487 0000
9. ORGANIZATIONAL DESIGNATIONS		10. LOCATION OF OFFICIAL STATION	
ODPAFE DIVISION		SAIGON, SOUTH VIET NAM	
11. POSITION TITLE		12. POSITION NUMBER	13. CAREER SERVICE DESIGNATION
RECORDS ADMIN CP		4985	D
14. CLASSIFICATION SCHEDULE (GS, LO, etc.)	15. OCCUPATIONAL SERIES	16. GRADE AND STEP	17. SALARY OR RATE
GS	0344.01	09	
18. REMARKS			
SIGNATURE OR OTHER AUTHENTICATION			

MRT: 9 DEC 66

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(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)									
010032		WOODS JAMES S									
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
DESIGNATION AS PARTICIPANT IN CIA RETIREMENT AND DISABILITY SYSTEM						MO: DA: YR		REGULAR			
6. FUNDS						7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY			
<div style="display: flex; justify-content: space-between;"> V TO V V TO CF </div> <div style="display: flex; justify-content: space-between;"> CF TO V CF TO CF </div>						7137 1566 0000		PL 88-643 SECT. 203			
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION					
DOP/FE						Saigon, South Viet Nam					
11. POSITION TITLE						12. POSITION NUMBER		13. SERVICE DESIGNATION			
								D			
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
						09					
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		20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE		23. INTEGREE CODE		24. MOBILE CODE	
				NUMERIC ALPHABETIC							
25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI							
MO DA YR		MO DA YR		MO DA YR							
28. NTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA		33. SECURITY REQ NO	
MO DA YR				1 - CSC 2 - FICA 3 - NONE		CODE		TYPE MO DA YR			
				2				EOD DATA			
34. VET. PREFERENCE		35. SERV COMP DATE		36. LONG COMP. DATE		37. CAREER CATEGORY		38. FEGLI / HEALTH INSURANCE		39. SOCIAL SECURITY NO.	
CODE		MO DA YR		MO DA YR		CODE		CODE			
0 - NONE 1 - 5 PT 2 - 10 PT						CAR 11% PROV 15%		0 - WAIVER 1 - YES			
40. PREVIOUS GOVERNMENT SERVICE DATA				41. LEAVE CAT. CODE		42. FEDERAL TAX DATA				43. STATE TAX DATA	
CODE						FORM EXECUTED CODE NO TAX EXEMPTIONS				FORM EXECUTED CODE NO TAX EXEMPTIONS	
0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YRS) 3 - BREAK IN SERVICE (MORE THAN 3 YRS)						1 - YES 2 - NO				1 - YES 2 - NO	
SIGNATURE OR OTHER AUTHENTICATION											
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FORM 11 62 1150

Use Previous Edition

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 POSTED
 12-14-66
 (When Filled In)

MRT: 8 DEC 66

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

OCF

1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)	
3. NATURE OF PERSONNEL ACTION		4. EFFECTIVE DATE	
REASSIGNMENT		12 1 08 66	
5. CATEGORY OF EMPLOYMENT		REGULAR	
6. FUNDS		7. COST CENTER NO. CHARGEABLE	
V TO V		7137 1487 0000	
CF TO V		50 USC 403 J	
X		CF TO CF	
9. ORGANIZATIONAL DESIGNATIONS		10. LOCATION OF OFFICIAL STATION	
DDP/FE FOREIGN FIELD FE/VNC - VIETNAM STATION EXECUTIVE OFFICE REGISTRY SECTION		SAIGON, SOUTH VIET NAM	
11. POSITION TITLE		12. POSITION NUMBER	
RECORDS ADMIN OF		4127	
13. CLASSIFICATION SCHEDULE (GS, LO, etc.)		14. GRADE AND STEP	
GS		09 7	
15. OCCUPATIONAL SERIES		16. SALARY OR RATE	
0344.01		9262	
17. REMARKS			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
18. ACTION			
37 10 45500 FE 77205 3			
19. DATE OF BIRTH			
20. DATE OF GRADE			
21. DATE OF LEI			
22. SPECIAL REFERENCE			
23. RETIREMENT DATA			
24. SEPARATION DATA CODE			
25. CORRECTION/COMPLAINT DATA			
26. SECURITY REQ NO.			
27. SEX			
28. VET. PREFERENCE			
29. SERV. COMP. DATE			
30. LONG COMP. DATE			
31. CAREER CATEGORY			
32. PESTS / HEALTH INSURANCE			
33. SOCIAL SECURITY NO.			
34. PREVIOUS GOVERNMENT SERVICE DATA			
35. LEAVE CAT.			
36. FEDERAL TAX DATA			
37. STATE TAX DATA			
38. SIGNATURE OR OTHER AUTHENTICATION			
39. POSTED			

FORM 1156
10-62

Use Previous
Edition

SECRET

SECRET

When filed in

"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, FUNDS GR-STEP

OLD
SALARY

NEW
SALARY

45 380 CF GS 09 7 \$ 9,003 \$ 9,262

1. Serial No.		2. Name		3. Cost Center Number		4. LWOP Hours				
				45 380 CF						
5. OLD SALARY RATE				6. NEW SALARY RATE				7. TYPE ACTION		
Grade	Step	Salary	Last EH Date	Grade	Step	Salary	Effective Date	PSI	LSI	ADI
GS-09	6	88719	11/07/65	GS-09	7	89003	03/27/66			
8. Remarks and Authentication										
QUALITY STEP INCREASE										
/s/ Emmett D. Roberts Date: 31 March 1966										
PAY CHANGE NOTIFICATION										

Form 560

Obtain from
Edition

(4-51)

1. Serial No.		2. Name		3. Cost Center Number		4. LWOP Hours				
				45 380 CF						
5. OLD SALARY RATE				6. NEW SALARY RATE				7. TYPE ACTION		
Grade	Step	Salary	Last EH Date	Grade	Step	Salary	Effective Date	PSI	LSI	ADI
GS-09	6	88719	11/07/65	GS-09	7	89003	03/27/66			
8. Remarks and Authentication										
QUALITY STEP INCREASE										
/s/ Emmett D. Roberts Date: 31 March 1966										

"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 2 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 10 OCTOBER 1965

NAME	SERIAL	ORGN.	FUND	GR-STEP	OLD SALARY	NEW SALARY
	45 380	CF	GS	09 3	\$ 8,200	\$ 8,495

12

10F

1. Serial No.		2. Name		3. Cost Center Number		4. LWOP Hours	
				45 380 CF			
5. OLD SALARY RATE				6. NEW SALARY RATE			
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	Effective Date
		8195				8749	
GS	09 3	8195	11/10/63	GS	09 6	8749	11/07/65
7. Remarks and Authentication							
<p>✓✓✓ NO EXCESS LWOP</p> <p>✓✓✓ IN PAY STATUS AT END OF WAITING PERIOD</p> <p>✓✓✓ LWOP STATUS AT END OF WAITING PERIOD</p> <p>CLERKS INITIALS _____ AUDITED BY _____</p> <p>I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.</p> <p>SIGNATURE: <i>[Signature]</i> DATE: 11 October 65</p> <p>PAY CHANGE NOTIFICATION</p>							

Form 9-61 500

14311

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

[illegible]

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION									
ADPD 09/18/64									
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)							
3. NATURE OF PERSONNEL ACTION			4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT				
REASSIGNMENT			MO DA YR 09 18 64						
6. FUNDS		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY					
<table border="1"> <tr> <td>V TO V</td> <td>V DP D</td> </tr> <tr> <td>D TO V</td> <td>X D DP D</td> </tr> </table>		V TO V	V DP D	D TO V	X D DP D	5137 1966 0000			
V TO V	V DP D								
D TO V	X D DP D								
9. ORGANIZATION (OFFENSES)			10. LOCATION OF OFFICIAL STATION						
DDP/FE DIVISION [] CEN REG REC			[]						
11. POSITION TITLE			12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION				
INTEL ANALYST CM			4466		D				
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)		15. OCCUPATIONAL SERIES		17. SALARY OR RATE					
GS		0132.39		09					
16. REMARKS									
[]									
SIGNATURE OF OTHER AUTHENTICATION									
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> POSTED 9/24/64 MOK </div>									

Form 1120
1-63 MAR 63

Use Previous
Edition

SECRET

16-1
Excluded from automatic
downgrading and
declassification

(When Filled In)

16-51

SECRET
(When Filled In)

AES: 16 MARCH 61

NOTIFICATION OF PERSONNEL ACTION									
1. SERIAL NUMBER		2. NAME (LAST FIRST-MIDDLE)							
3. NATURE OF PERSONNEL ACTION REASSIGNMENT & TRANSFER TO CONFIDENTIAL FUNDS*				4. EFFECTIVE DATE MO DA YR. 03 19 61		5. CATEGORY OF EMPLOYMENT REGULAR			
6. FUNDS		V TO V		X		V TO CF		7. COST CENTER NO. CHARGEABLE	
		CF TO V				CF TO CF		1137 7351 1000	
								8. CSC OR OTHER LEGAL AUTHORITY 50 USC 403 d	
9. ORGANIZATIONAL DESIGNATIONS DDP FE OFFICE OF THE CHIEF CENTRAL REGISTRY AND RECORDS SEC				10. LOCATION OF OFFICIAL STATION					
11. POSITION TITLE INTEL ANALYST GEN				12. POSITION NUMBER 3061		13. CAREER SERVICE DESIGNATION D			
14. CLASSIFICATION SCHEDULE (GS, WD, etc.) GS		15. OCCUPATIONAL SERIES 0132.36		16. GRADE AND STEP 09 3		17. SALARY OR RATE 6765			
18. REMARKS *SUBJECT TO APPROVED MEDICAL CLEARANCE PRIOR TO BEING SENT OVERSEAS.									
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL									
19. ACTION CODE 20	20. EMPLOY CODE 10	21. OFFICE CODING NUMERIC ALPHABETIC 56380 FE		22. STATION CODE 37587	23. INTERSEE CODE 3	24. INDTG. CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LES
28. VET EXPIRES	29. SPECIAL REFERENCE	30. RETIREMENT DATA 1 - CSC 2 - FICA 3 - NONE		31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA EOD DATA	33. SECURITY REQ NO		34. SEC	
35. VET PREFERENCE	36. SERV. COMP. DATA	37. LONG COMP. DATE	38. MIL. SERV. CREDIT/LED	39. FEGLI / HEALTH INSURANCE		40. SOCIAL SECURITY NO.			
41. PREVIOUS GOVERNMENT SERVICE DATA	42. LEAVE CAT. CODE	43. FEDERAL TAX DATA		44. STATE TAX DATA					
45. NO. PREVIOUS SERVICE	46. NO. BREAK IN SERVICE	47. BREAK IN SERVICE (LESS THAN 12 MOS.)		48. BREAK IN SERVICE (MORE THAN 12 MOS.)		49. NO. TAX STATE CODES			
SIGNATURE OR OTHER AUTHENTICATION									
<div align="right"> POSTED 03/22/61 RK </div>									

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-793 AND DCI
MEMORANDUM DATED 1 AUGUST 1966, SALARY IS ADJUSTED AS FOLLOWS,
EFFECTIVE 5 JANUARY 1964.

NAME	SERIAL	ORGN	FUNDS	GR-ST	OLD SALARY	NEW SALARY
	49 380	CF	05 09 5		\$ 7,975	\$ 7,950

1. Serial No		2. Name		3. Cost Center Number		4. LWOP Hours				
				56 380 CF 11						
5. OLD SALARY RATE				6. NEW SALARY RATE				7. TYPE ACTION		
Grade	Step	Salary	Last Eff Date	Grade	Step	Salary	Effective Date	PM	LSI	ADJ.
GS 09	4	\$ 7,390	11/12/61	GS 09	5	\$ 7,975	11/10/62			
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: <i>[Signature]</i> DATE: <i>[Date]</i> PAY CHANGE NOTIFICATION										

Form 9-61 560

Obsolete Formwork Edition

(4-51)

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-793 AND
DCI MEMORANDUM DATED 1 AUGUST 1964, SALARY IS ADJUSTED AS FOLLOWS,
EFFECTIVE 14 OCTOBER 1962

NAME	SERIAL	ORGN	FUNDS	GR-ST	OLD SALARY	NEW SALARY
	5438	CF	06 4		\$ 6,950	\$ 7,280

6. OLD SALARY RATE						7. NEW SALARY RATE					
GRADE	STEP	SALARY	LAST EFFECTIVE DATE			GRADE	STEP	SALARY	EFFECTIVE DATE		
			DD	MM	YY				DD	MM	YY
GS 00	2	\$ 6,600	11	15	59	GS 00	3	\$ 6,745	11	13	60

TO BE COMPLETED BY THE OFFICE OF COMPTROLLER

8. CHECK ONE ☒ NO EXCESS LWOP ☐ EXCESS LWOP
 IF EXCESS LWOP, CHECK FOLLOWING:
☐ IN PAY STATUS AT END OF WAITING PERIOD
☐ IN LWOP STATUS AT END OF WAITING PERIOD

9. NUMBER OF HOURS LWOP

10. INITIALS OF CLERK

11. AUDITED BY

TO BE COMPLETED BY THE OFFICE OF PERSONNEL

12. TYPE OF ACTION
☐ P.O.I. ☐ L.S.I. ☐ PAY ADJUSTMENT

13. REMARKS

14. AUTHENTICATION

SECRET

PAY CHANGE NOTIFICATION

FORM 560 OBSOLETE PREVIOUS EDITION REPLACES FORM 560a AND 560b. SECRET OFFICIAL PERSONNEL FOLDER (41)

SECRET
(When Filled In)

1. Serial No.	2. Name	3. Cost Center Number	4. LWOP Hours
		DDP/FF 11 UV	

5. OLD SALARY RATE				6. NEW SALARY RATE				7. TYPE ACTION		
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	Effective Date	PSI	LSI	ADJ.
GS	00	3	\$ 6,765	11/13/60	GS	00	4	\$ 6,930	11/12/61	

8. Remarks and Authentication

/ / NO EXCESS LWOP
 / / IN PAY STATUS AT END OF WAITING PERIOD
 / / IN LWOP STATUS AT END OF WAITING PERIOD

SECRET

PAY CHANGE NOTIFICATION

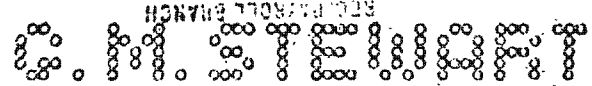
FORM 560 OBSOLETE PREVIOUS EDITION REPLACES FORM 560a AND 560b. SECRET (4-31)

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.

SO NAME SERIAL ORGN GR-ST OLD SALARY NEW SALARY

01 [] [] 51 12 GS-00 2 \$ 6,135 \$ 6,600

SECRET
(WHEN FILLED IN)

1. EMP. SERIAL NO.		2. NAME		3. ASSIGNED ORG.		4. FUNDS		5. ALLOTMENT	
				DDP/FE /		V-20		-37	
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 9	1	\$ 5,984	11	16	58	GS 9	2	\$ 6,135	11 15 59
TO BE COMPLETED BY THE OFFICE OF COMPTROLLER									
8. CHECK ONE <input type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> EXCESS LWOP						9. NUMBER OF HOURS LWOP			
IF EXCESS LWOP, CHECK FOLLOWING:									
<input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD						10. INITIALS OF CLERK		11. AUDITED BY	
<input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD									
TO BE COMPLETED BY THE OFFICE OF PERSONNEL									
12. TYPE OF ACTION						13. REMARKS			
<input type="checkbox"/> P.R.I. <input type="checkbox"/> S.S.I. <input type="checkbox"/> PAY ADJUSTMENT									
14. AUTHENTICATION									
SS. WARDEN OF E. MCH HONORARY TROOPMASTER  PAY CHANGE NOTIFICATION									

FORM 560

560. OBSOLETE PREVIOUS EDITION REPLACES FORM 560A AND 560B.

SECRET

OFFICIAL PERSONNEL FOLDER

(4)

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION															
MCM 20 MAR 59															
1. Serial No.		2. Name (Last-First-Middle)				3. Date Of Birth			4. Vet. Prof.		5. Sex		6. CS - EOD		
						Mo. Da. Yr.			None-0 5 Pt-1 10 Pt-2		Code		Mo. Da. Yr.		
									1		M 1		04 21 52		
7. SCU		8. CSC Netml.		9. CSC Or Other Legal Authority		10. Apmt. Affidav.			11. FEGLI		12. LCD		13. <small>act. serv. from 160</small>		
Mo. Da. Yr.		Yes-1 No-2		Code		Mo. Da. Yr.			Yes-1 No-2		Code		Mo. Da. Yr.		
11 12 48		1		50 USCA 403					1		04 21 52		2		

PREVIOUS ASSIGNMENT

14. Organizational Designations				Code		15. Location Of Official Station				Station Code	
DDP FE FE/ SUPPORT BRANCH				5161						57557	
16. Dept. - Field		17. Position Title		18. Position No.		19. Serv.		20. Occup. Series			
Dept - 2 USAd - 4 Frgh - 6		Code		3382		GS		0306.01			
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade		25. PSI Due		26. Appropriation Number	
09 1		\$ 5985		DI		Mo. Da. Yr. 11 16 50		Mo. Da. Yr. 11 15 59		9 3780 55 006	

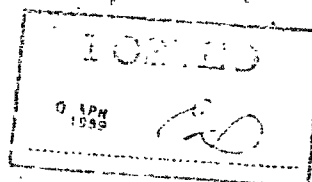
ACTION

27. Nature Of Action		Code		28. Eff. Date		29. Type Of Employee		Code		30. Separation Data	
REASSIGNMENT TRANSFER TO VOUCHERED FUNDS		01		03 22 59		REGULAR		01			

PRESENT ASSIGNMENT

31. Organizational Designations				Code		32. Location Of Official Station				Station Code	
DDP FE OFFICE OF THE CHIEF SECRETARIAT				5112		WASH., D. C.				75013	
33. Dept. - Field		34. Position Title		35. Position No.		36. Serv.		37. Occup. Series			
Dept - 2 USAd - 4 Frgh - 6		Code		2461		GS		0306.01			
38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grade		42. PSI Due		43. Appropriation Number	
09 1		\$ 5985		DI		Mo. Da. Yr. 11 16 50		Mo. Da. Yr. 11 15 59		9 3700 20 001	

44. Remarks



SECRET
(When released to)

NOTIFICATION OF PERSONNEL ACTION														
MCM 14 NOV 58														
1. Serial No.		2. Name (Last-First-Middle)			3. Date Of Birth			4. Vet Pref.		5. Sex		6. CS - EOD		
					Mo. Da. Yr.			None-0 5 Pt-1 10 Pt-9		Code		Mo. Da. Yr.		
								1		M 1		04 21 52		
7. SCD		8. CSC Retmt.		9. CSC Or Other Legal Authority			10. Apmt. Affidav.		11. FEGLI		12. LCD		13. mil. Serv. Credit, Lda.	
Mo. Da. Yr.		Yes-1 No-2		Code			Mo. Da. Yr.		Yes-1 No-2		Code		Mo. Da. Yr.	
11 12 48		1		50 USCA 403 J					04		21 52		2	

PREVIOUS ASSIGNMENT

14. Organizational Designations				Code		15. Location Of Official Station				Station Code	
DDP FE BRANCH 3				5161						57557	
ADMIN SEC											
16. Dept. Field		17. Position Title		18. Position No.		19. Serv.		20. Occup. Series			
Dept - 1 USfld - 3 Frqn - 5		5		RECORDS MGMT ANALYST		3382		GS		0306.01	
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade		25. PSI Due		26. Appropriation Number	
07 4		\$ 5430		01		Mo. Da. Yr. 04 10 55		Mo. Da. Yr. 04 06 58		8 3780 55 006	

ACTION

27. Nature Of Action		Code		28. Eff. Date		29. Type Of Employee		Code		30. Separation Data	
PROMOTION		30		11 16 58		REGULAR		01			

PRESENT ASSIGNMENT

31. Organizational Designations				Code		32. Location Of Official Station				Station Code	
DDP FE FE SUPPORT BRANCH				5161						57557	
33. Dept. Field				34. Position Title		35. Position No.		36. Serv.		37. Occup. Series	
Dept - 1 USfld - 3 Frqn - 5				5		RECDS MGMT ANAL		3382		GS 0306.01	
38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grade		42. PSI Due		43. Appropriation Number	
09 1		\$ 5985		01		Mo. Da. Yr. 11 16 58		Mo. Da. Yr. 11 15 59		9 3780 55 006	

44. Remarks

POSTED

20 NOV 1958

22B

S E C R E T

GENERAL SCHEDULE SALARY INCREASE RETROACTIVELY EFFECTIVE
12 JANUARY 1958 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

[REDACTED] GS-07-4 \$ 4,930 \$ 5,430

GORDON M. STEWART
/S/ DIRECTOR OF PERSONNEL

S E C R E T

S E C R E T

(WHEN FILLED IN)

1. EMP. SERIAL NO.		2. NAME				3. ASSIGNED ORGAB.		4. PURVS		5. ALLOTMENT	
						DDP/FE		UV			
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	7	\$ 4,795	04	07	57	GS	7	\$ 4,930	04	06	58
TO BE COMPLETED BY THE OFFICE OF COMPTROLLER											
8. CHECK ONE <input type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> EXCESS LWOP						9. NUMBER OF HOURS LWOP					
17. EXCESS LEAVE LWOP, CHECK FOLLOWING: <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD						10. INITIALS OF CLERK					
						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.	<div style="text-align: right;"> 42305 4005 J. H. 11/14 </div>					
14. AUTHENTICATION											
<div style="font-size: 2em; opacity: 0.5;">SECRET</div>											
PERIODIC STEP INCREASE - AUTHENTICATION											

FORM NO. 3600
1 MAY 58

S E C R E T

PERSONNEL FOLDER (4)

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION																
1. Serial No.		2. Name (Last-First-Middle)				3. Date Of Birth			4. Vol. Prod.		5. Sen.		6. CS - EOD			
						Mo. Da. Yr.			None-0 Code		Mo. Da. Yr.					
									5 Pt-1 10 Pt-2		M 1		04 21 52			
7. SCD		8. CSC Rmt.		9. CSC Or Other Legal Authority				10. Apmt. Affidav.			11. FEGLI		12. LCD		13. Mil. Serv. Code	
Mo. Da. Yr.		Yes-1 Code						Mo. Da. Yr.			Yes-1 Code		Mo. Da. Yr.		Yes-1 Code	
XX XX XX		No-2 1		50 USCA 403 J							No-2 1		04 21 52		No-2 2	

PREVIOUS ASSIGNMENT

14. Organizational Designations				Code		15. Location Of Official Station				Station Code	
DDP FI						WASH., D.C.					
RECORDS INTEGRATION DIV											
ANALYSIS AND OPERATIONS BR											
ANALYSIS SEC											
16. Dept. Field		17. Position Title				18. Position No.		19. Serv.		20. Occup. Series	
Dept. - 1 Code						430.12		GS		0132.35	
USfld - 3		INTEL ANALYST									
Frqn - 5		2									
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade		25. PSI Due		26. Appropriation Number	
07 3		\$ 2795		DI		Mo. Da. Yr.		Mo. Da. Yr.		S 2309 23	

ACTION

27. Nature Of Action		Code		28. Eff. Date		29. Type Of Employee		Code		30. Separation Date	
REASSIGNMENT TRANSFER		06		09 08 57		REGULAR		01			
TO UNVOUCHERED FUNDS											

PRESENT ASSIGNMENT

31. Organizational Designations				Code		32. Location Of Official Station				Station Code	
DDP FE											
BRANCH 3											
ADMIN SEC				5161						57557	
33. Dept. Field		34. Position Title				35. Position No.		36. Serv.		37. Occup. Series	
Dept. - 1 Code						3382		GS		0306.01	
USfld - 3		RECORDS MGMT ANALYST									
Frqn - 5		5									
38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grade		42. PSI Due		43. Appropriation Number	
07 3		\$ 2795		DI		Mo. Da. Yr.		Mo. Da. Yr.		8 3780 55 006	
						04 10 55		04 10 55			
44. Remarks											
SUBJECT TO APPROVED MEDICAL CLEARANCE PRIOR TO BEING SENT OVERSEAS.											

FORM NO. 1 MAR 57 1150a

SECRET

(4)

SECRET
(WHEN FILLED IN)

1. EMP. SERIAL NO.		2. NAME		3. ASSIGNED ORGAN.		4. FUNDS		5. ALLOTMENT			
				DDP/FI 29		V-20					
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.
7	2	\$ 4,660	04	08	56	7	3	\$ 4,795	04	07	57
REMARKS											
CERTIFICATION											
I CERTIFY THAT THE SERVICE AND CONDUCT OF THE ABOVE NAMED EMPLOYEE ARE SATISFACTORY.											
			11 MAR 1957			SIGNATURE OF					
PERIODIC STEP INCREASE - CERTIFICATION											

FORM NO. 560
1 MAR. 56

SECRET

PERSONNEL FOLDER (4)

SECRET
(WHEN FILLED IN)

1. EMP. SERIAL NO.		2. NAME		3. ASSIGNED ORGAN.		4. FUNDS		5. ALLOTMENT			
				DDP/FI		V-20		2301			
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.
7	2	\$ 4,660	04	08	56	7	3	\$ 4,795	04	07	57
TO BE COMPLETED BY THE OFFICE OF COMPTROLLER											
9. CHECK ONE <input type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> EXCESS LWOP IF EXCESS LEAVE LWOP, CHECK FOLLOWING: <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD						10. NUMBER OF HOURS LWOP					
						10. INITIALS OF CLERK			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											
PERIODIC STEP INCREASE - AUTHENTICATION											

FORM NO. 560b
1 MAR. 56

SECRET

PERSONNEL FOLDER (4)

INFORMATION FROM: CHIEF, FINANCE DIVISION

ATTENTION: Payroll Section

SUBJECT: Change in Assignment Request Designation

Personal Services of

1. The Division request that copy of personal services of employee be changed effective 1/1/64 to as follows:

FROM ASSIGNMENT **6-3712-55-026**

TO ASSIGNMENT **6-2302-83**

2. When this change is completed, it is requested that a copy of this request be sent to the Division, Bureau of the with the following information:

BT

CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION

are

1. NAME (MR - MISS - MRS - ONE GIVEN NAME, INITIALS AND SURNAME)		2. DATE OF BIRTH	3. JOURNAL OR ACTION NO.	4. DATE
				22 August 1956
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY)		6. EFFECTIVE DATE	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY	
HEADQUARTERS 56		26 Aug 1956	50 USC 403 J	
FROM		TO		
BW-430.02		Intel Analyst BW-430.12		
		GS-0132.35-7 \$4660.00 per annum		
		DDI/VI		
		Records Integration Division		
		Analysis & Operations Branch		
		Analysis Section		
		Washington, D. C.		
11. HEADQUARTERS		2		
12. FIELD OR DEPT'L		X DEPARTMENTAL		
13. VETERAN'S PREFERENCE				
NONE WWI OTHER 5-PT. 10 POINT				
14. POSITION CLASSIFICATION ACTION				
NEW VICE I. A. REAL				
BD-VII				
15. APPROVATION		16. SUBJECT TO C. S. RETIREMENT ACT (YES NO)		17. DATE OF APPOINTMENT AFFIDAVIT (ACCESSION UNIT)
FROM: 7-2309-83		Yes		
TO: Rome 750-13				
18. LEGAL RESIDENCE				
CLAIMED PROVED				
STATE:				
20. REMARKS:				
3 DEC 04/21/52				

POSTED
8/29/56 RAB

ENTRANCE PERFORMANCE RATING:

Director of Personnel

4. PERSONNEL FOLDER COPY

um 8/28/56

CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION

171

1. NAME (MR - MISS - MRS - ONE GIVEN NAME, INITIAL(S) AND SURNAME)		2. DATE OF BIRTH	3. JOURNAL OR ACTION NO.	4. DATE
				2 Jul 1956
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY)		6. EFFECTIVE DATE	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY	
Resignation		15 Jul 1956	50 UDCA 403 J	
FROM		TO		
10 (CI) 57-583.03 GS-0136.53-7 \$4660.00 per annum DDP/VI Branch 1 Records Integration Branch Personality Files Section		8. POSITION TITLE Intel Analyst 57-430.02 GS-0132.53-7 \$4660.00 per annum DDP/VI Records Integration Division Analysis & Operations Branch Analysis Section 410823 11. HEADQUARTERS 2 Washington, D. C.		
<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL		<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL		
13. VETERAN'S PREFERENCE		14. POSITION CLASSIFICATION ACTION		
NONE WWII OTHER 5-PT 10 POINT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		NEW VICE I. A. REAL <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
15. SEC 14 16. APPROPRIATION W FROM: 7-3740-55-056 TO: 7-6309-25		17. SUBJECT TO C. S. RETIREMENT ACT (YES-NO) Yes		18. DATE OF APPOINTMENT AFFIDAVIT (ACCESSIONS ONLY) 19. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:
20. REMARKS: <div style="text-align: right; border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;">POSTED 2/19/56</div> <p style="text-align: center;">"Transfer TO Vouchered Funds FROM Unvouchered Funds."</p> <p style="text-align: center;">3 BUD 04/21/52</p>				
ENTRANCE PERFORMANCE RATING: Director of Personnel				
H. SIGNATURE OR COPIED AUTHENTICATION				

4. PERSONNEL FOLDER COPY

SECRET

STANDARD FORM 52

 PREPARED BY THE
 U. S. CIVIL SERVICE COMMISSION
 JOINT AND FEDERAL PERSONNEL
 MANUAL CHAPTER II

REQUEST FOR PERSONNEL ACTION

UNCLASSIFIED

 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., Mrs., Miss - One given name, initial(s), and surname)	2. DATE OF BIRTH	3. REQUEST NO.	4. DATE OF REQUEST
			5 May 56
5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.)		6. EFFECTIVE DATE A. PROPOSED:	7. C.S. OR OTHER LEGAL AUTHORITY
Reassignment			
8. POSITION (Specify whether establish, change grade or title, etc.)		B. APPROVED:	
Change in Title and Service Number		17 JUN 1956	

FROM— Ops Off (CE) GS-0136.52-7 DDF/FE	BFF 583.05-7 4660	A. POSITION TITLE AND NUMBER	TO— IO-CI GS-0136.53-7 DDF/FE	BFF 583.05-7 4660
Records Integration Branch Personality Files Section		B. SERVICE, GRADE, AND SALARY	Branch 1 - Records Integration Branch Personality Files Section	
		C. ORGANIZATIONAL DESIGNATIONS		
		D. HEADQUARTERS		
X FIELD DEPARTMENTAL		12. FIELD OR DEPARTMENTAL	X FIELD DEPARTMENTAL SD:DI	

A. REMARKS (Use reverse if necessary)

T/O Change

10. REQUEST	Signature

F. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension)

Ex 8761

Title:

FJ/CRMO 21 May 56

13. VETERAN PREFERENCE

WAGE	WAGE	OTHER	WAGE	19 POINT
				USAS OTHER

14. POSITION CLASSIFICATION ACTION

NEW VICE I A REAL

SD:DI

15. APPROPRIATION

 FROM: 6-5760-55-096
 TO: Same

 17. SUBJECT TO C.S.
 RETIREMENT ACT
 (YES-NO)
 Yes

 18. DATE OF APPOINT-
 MENT AFFIDAVITS
 (ACCESSIONS ONLY)

 19. LEGAL RESIDENCE
☐ CLAIMED ☐ PROVED
 STATE: D.C.

20. STANDARD FORM 50 REMARKS

 JUN
 1956

 USED IN LIEU OF SF50
 NOT A BASIS OF PERSONNEL
 ACTION

21. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS
A.			
B. CEIL OR FOS CONTROL			
C. CLASSIFICATION			
D. PLACEMENT OR EMPL.			
E.			

SECRET

21 May 56

15-6170

PERIODIC STEP INCREASE CERTIFICATION

CONFIDENTIAL

(When Filled In)

U. S. GOVERNMENT PRINTING OFFICE 1954-220020

1. Agency and organizational designations						2. Payroll period		3. Block No. UV		4. Step No.	
5. Employee's name (and social security account number when appropriate)						6. Grade and salary GS-7 \$4525.00					
PAYROLL CHANGE DATA											
	BASE PAY	OVERTIME		GROSS PAY	RET.	FEDERAL TAX	BOND	F. I. C. A.	STATE TAX	GROUP LIFE INS.	NET PAY
7. Previous period											
8. New period											
9. Pay this period											
10. Remarks AED DIVISION						11. Appropriation(s) FE/7			12. Prepared by slu 1/10		
									13. Audited by		
<input checked="" type="checkbox"/> Periodic step increase <input type="checkbox"/> Pay adjustment <input type="checkbox"/> Other step increase											
14. Effective date 8 Apr 56	15. Date last increase 10 Apr 55	16. Old salary rate \$4525.00	17. New salary rate \$4660.00	18. Performance rating (in accordance with instructions on back) SERVICE AND CONDUCT ALL SATISFACTORY (Signature or other authentication)							
19. LWOP data (Fill in appropriate spaces covering LWOP during following periods):				(Check applicable box in case of excess LWOP) <input type="checkbox"/> LWOP period(s) of excess LWOP <input type="checkbox"/> LWOP period(s) of waiting period <input type="checkbox"/> No excess LWOP. Total excess LWOP							
STANDARD FORM NO. 11266-Excluded				CONFIDENTIAL PAYROLL CHANGE SLIP — PERSONNEL COPY							
Form prescribed by Comp. Gen., U. S.											
October 26, 1954, General Regulations No. 102											

5-2-C-14-E-F

COMBINED DIRECTED ACTION IN LINE OF SF-52
CHANGE OF SERVICE DESIGNATION
Defective Date - 22 April 1950

D to DI

<u>FE</u>	<u>Name</u>	<u>Grade</u>	<u>NEA</u>	<u>Name</u>	<u>Grade</u>
		12			12
		12			
		11			
		07	<u>FI</u>		07
		09			07

EE
12

SR
[Redacted]
07
11

7 to DS

WE [REDACTED] 05

D 4.9 DP

RE [REDACTED] 07

by

17 April 1966

S-I-C-I-E-T

STANDARD FORM 52
 FORM 52-1 (Rev. 1-54)
 1. CIVIL SERVICE COMMISSION
 2. PERSONNEL ACTION
 3. PERSONNEL ACTION
 4. PERSONNEL ACTION

SECRET
SECRET

UNVOUCHERED

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 REQUEST 21 Feb 54
5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) Promotion		6. EFFECTIVE DATE A. PROPOSED:	7. C. S. OR OTHER LEGAL AUTHORITY
8. POSITION (Specify whether establish, change grade or title, etc.)		B. APPROVED: <i>Ops. OPR. (CO) APR 10 1955</i>	
FROM— IO (FI) BFF 602.02-5 GS-0136.51-45 \$3535.00 p/a DDP/FE Intelligence Division Positive Intelligence Branch UNCONV. WARF. DIV.	9. POSITION TITLE AND NUMBER 10. SERVICE, GRADE, AND SALARY 11. ORGANIZATIONAL DESIGNATIONS 12. HEADQUARTERS	TO— IO (FI) BFF 602.02-7 GS-0136.51-47 \$4205.00 p/a Same Same Same Same Same Same RECORDS INTEGRATION BR. PERSONNEL SECURITY RISK SECTION	
<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL	<input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL		

A. REMARKS (Use reverse if necessary)

Attached herewith are Job Description, Dispatch, and DD/P Personnel Data Sheet.

13. VETERAN PREFERENCE NONE <input checked="" type="checkbox"/> WAR <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> 10 POINT DISAB. OTHER		14. POSITION CLASSIFICATION ACTION NEW <input type="checkbox"/> VICE <input type="checkbox"/> T. A. <input type="checkbox"/> REAL	
15. SEX M <input checked="" type="checkbox"/> F <input type="checkbox"/>	16. RACE W <input checked="" type="checkbox"/> N <input type="checkbox"/>	17. APPROPRIATION FROM 6-3740-55-096 TO: Same	18. SUBJECT TO C. S. RETIREMENT ACT (YES-NO) Yes
19. DATE OF APPOINTMENT AFFIDAVIT'S (SUCCESSORS ONLY)		20. LEGAL RESIDENCE STATE: D.C.	

21. STANDARD FORM 50 REMARKS

<p>PERMANENT TO CO DIRECTIVE 100. 1955 TO: 11525</p>			
22. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS
A.			
B. LEIL. OR POS. CONTROL			
C. CLASSIFICATION			
D. PLACEMENT OR EMPL.			
E.			
F. AFFIDAVIT			

SECRET

STANDARD FORM 52 PERSONNEL ACTION MANUAL CHAPTER 10		SECRET		2/24/55 Sam	
REQUEST FOR PERSONNEL ACTION			UNFOUCHENED		
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)		4. DATE OF BIRTH		2. REQUEST NO.	
				28 Jan 55	
3. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.)				5. EFFECTIVE DATE A. PROPOSED:	
Reassignment				26 Oct 54	
B. POSITION (Specify whether establish, change grade or title, etc.)				B. APPROVED:	
				26 Oct 1954	
FROM: IO (FI) BFF 602.02-5 GS-0136.51-45 3535.00 p/a 3535. DDP/FE		8. POSITION TITLE AND NUMBER		TO: IO (FI) BFF 602.02-5 GS-0136.51-45 3535.00 p/a 3535.	
WARFARE Division		9. SERVICE, GRADE, AND SALARY		Same	
10. ORGANIZATIONAL DESIGNATIONS		10. ORGANIZATIONAL DESIGNATIONS		Same	
11. HEADQUARTERS		11. HEADQUARTERS		Same	
12. FIELD OR DEPARTMENTAL		12. FIELD OR DEPARTMENTAL		Same	
X FIELD		X FIELD		X FIELD	
A. REMARKS (Use reverse if necessary)					
Subject arrived 26 Oct 54 per 5239 of 17 Nov 1954.					
13. VETERAN PRECEDENCE		14. REQUEST NO.		15. SIGNATURE	
None		floor		Signature	
X		nation		Title: 11 FICMO 8 Feb 55	
16. SEPARATION		17. INVENTION CLASSIFICATION ACTION		18. DATE OF APPOINTMENT AFFIDAVIT (ACCESSION ONLY)	
None		NEW		19. LEGAL RESIDENCE	
X		X		20. CLAIMED	
17. APPROPRIATION		18. SUBJECT TO C.S. RETIREMENT ACT (YES-NO)		20. CLAIMED	
63740-55-096		Yes		20. CLAIMED	
19. DATE OF APPOINTMENT AFFIDAVIT (ACCESSION ONLY)		20. CLAIMED		20. CLAIMED	
21. STANDARD FORM 50 REMARKS		22. CLEARANCES		23. INITIAL OR SIGNATURE	
See Concern for Division - 18 Feb 55 2/24/55 Sam		24. DATE		25. REMARKS	
26. DATE		27. INITIAL OR SIGNATURE		28. REMARKS	
29. DATE		30. INITIAL OR SIGNATURE		31. REMARKS	
32. DATE		33. INITIAL OR SIGNATURE		34. REMARKS	
35. DATE		36. INITIAL OR SIGNATURE		37. REMARKS	
38. DATE		39. INITIAL OR SIGNATURE		40. REMARKS	
41. DATE		42. INITIAL OR SIGNATURE		43. REMARKS	
44. DATE		45. INITIAL OR SIGNATURE		46. REMARKS	
47. DATE		48. INITIAL OR SIGNATURE		49. REMARKS	
50. DATE		51. INITIAL OR SIGNATURE		52. REMARKS	
53. DATE		54. INITIAL OR SIGNATURE		55. REMARKS	
56. DATE		57. INITIAL OR SIGNATURE		58. REMARKS	
59. DATE		60. INITIAL OR SIGNATURE		61. REMARKS	
62. DATE		63. INITIAL OR SIGNATURE		64. REMARKS	
65. DATE		66. INITIAL OR SIGNATURE		67. REMARKS	
68. DATE		69. INITIAL OR SIGNATURE		70. REMARKS	
71. DATE		72. INITIAL OR SIGNATURE		73. REMARKS	
74. DATE		75. INITIAL OR SIGNATURE		76. REMARKS	
77. DATE		78. INITIAL OR SIGNATURE		79. REMARKS	
80. DATE		81. INITIAL OR SIGNATURE		82. REMARKS	
83. DATE		84. INITIAL OR SIGNATURE		85. REMARKS	
86. DATE		87. INITIAL OR SIGNATURE		88. REMARKS	
89. DATE		90. INITIAL OR SIGNATURE		91. REMARKS	
92. DATE		93. INITIAL OR SIGNATURE		94. REMARKS	
95. DATE		96. INITIAL OR SIGNATURE		97. REMARKS	
98. DATE		99. INITIAL OR SIGNATURE		100. REMARKS	

SECRET

GOVERNMENT PRINTING OFFICE: 1952 - 657274

1. Agency and organizational designation		2. Pay rate		3. Bio. No.		4. Bio. No.	
5. [Redacted] by account number when appropriate		6. 15-5 0310					
PAY ROLL CHANGE DATA							
	BASE PAY	OVERTIME		GROSS PAY	RET.	TAX	NET PAY
7. Previous normal							
8. New normal							
9. For this period							
10. Remarks				11. Appropriation(s)		12. Prepared by	
				72-0		JA 4/20/52	
						13. Audited by	
14. Effective date							
15. Date last adjustment							
16. This salary rate							
17. New salary rate							
18. Performance rating is satisfactory or better.							
19. LWOP date if fill in appropriate space covering LWOP during following period(s)							
<input type="checkbox"/> No excess LWOP <input type="checkbox"/> Total excess LWOP							
STANDARD FORM 100-1126-Rev. 11-50 Form prescribed by Comp. Gen., U. S. Nov. 8, 1950, General Regulation No. 102							
PAY ROLL CHANGE SLIP—PERSONNEL COPY [Signature]							

CONFIDENTIAL
CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION Conc. 26 Mar 1954 Jan

1. NAME (USE -- MR., MRS., OR ONE OTHER NAME, INITIAL(S), AND SURNAME)		2. DATE OF BIRTH	3. JOURNAL OR ACTION NO.	4. DATE
<div></div>		<div></div>		16 Apr 1954
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY)		6. EFFECTIVE DATE	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY	
Reassignment		B.O.B. 25 Apr 1954	50 USCA 403 J	
FROM		TO		
1. POSITION TITLE		2. POSITION TITLE		
3. SERVICE, SERIES, GRADE, SALARY		4. SERVICE, SERIES, GRADE, SALARY		
5. ORGANIZATIONAL DESIGNATIONS		6. ORGANIZATIONAL DESIGNATIONS		
7. HEADQUARTERS		8. HEADQUARTERS		
9. FIELD		10. FIELD		
11. DEPARTMENTAL		12. DEPARTMENTAL		
13. POSITION CLASSIFICATION ACTION		14. POSITION CLASSIFICATION ACTION		
15. POSITION CLASSIFICATION ACTION		16. POSITION CLASSIFICATION ACTION		
17. POSITION CLASSIFICATION ACTION		18. POSITION CLASSIFICATION ACTION		
19. POSITION CLASSIFICATION ACTION		20. POSITION CLASSIFICATION ACTION		
21. POSITION CLASSIFICATION ACTION		22. POSITION CLASSIFICATION ACTION		
23. POSITION CLASSIFICATION ACTION		24. POSITION CLASSIFICATION ACTION		
25. POSITION CLASSIFICATION ACTION		26. POSITION CLASSIFICATION ACTION		
27. POSITION CLASSIFICATION ACTION		28. POSITION CLASSIFICATION ACTION		
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49. POSITION CLASSIFICATION ACTION		50. POSITION CLASSIFICATION ACTION		
51. POSITION CLASSIFICATION ACTION		52. POSITION CLASSIFICATION ACTION		
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97. POSITION CLASSIFICATION ACTION		98. POSITION CLASSIFICATION ACTION		
99. POSITION CLASSIFICATION ACTION		100. POSITION CLASSIFICATION ACTION		

"Transfer TO Unvouchered funds FROM Vouchered funds."

Jim Ben Mc

ANCE PERFORMANCE RATING
Acty Assistant Director

CONFIDENTIAL

4. PERSONNEL FOLDER COPY

4/16/54

CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION

1. NAME (MR - MISS - MRS - OR OTHER NAME, INITIALS, AND SUFFIX)		2. DATE OF BIRTH	3. JOURNAL OR ACTION NO.	4. DATE
				27 Feb. 54
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY)		6. EFFECTIVE DATE	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY	
Reassignment		28 Feb. 54	50 USCA 403 j	
FROM		TO		
03-132-5		Intel. Analyst BY 469.08		
R I Staff		03-0132-35-5 \$7410.00 per annum		
8. POSITION TITLE		9. SERVICE, SERIES, GRADE, SALARY		
10. ORGANIZATIONAL DESIGNATION		11. HEADQUARTERS		
		R I Division Processing & Records Branch Consolidation Section Washington, D. C.		
12. FIELD OR DEPT'L		13. FIELD OR DEPT'L		
<input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL		<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL		
14. VETERAN'S PREFERENCE		15. POSITION CLASSIFICATION ACTION		
NONE <input type="checkbox"/> WVR <input type="checkbox"/> OTHER <input type="checkbox"/> SPT <input checked="" type="checkbox"/> 15-PONT <input type="checkbox"/> DISAB <input type="checkbox"/> OTHER <input type="checkbox"/>		NEW <input type="checkbox"/> VICE <input type="checkbox"/> L.A. <input type="checkbox"/> REAL <input type="checkbox"/>		
16. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F		17. DATE OF APPOINTMENT AFFIDAVIT (ACCESSIONS ONLY)		
18. RACE		19. DATE OF APPOINTMENT AFFIDAVIT (ACCESSIONS ONLY)		
FROM: 4-2309-23		20. LEGAL RESIDENCE		
TO: 5422		<input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED		
		STATE:		

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.

ENTRANCE PERFORMANCE RATING

Deputy Assistant Director for Personnel

PERSONNEL FOLDER COPY

CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION

each

1. NAME (MR., MRS., MISS, OR MS. GIVE FULL NAME, INITIALS, AND SURNAME)		2. DATE OF BIRTH	3. JOURNAL OR ACTION NO.	4. DATE
				5 June 1953
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY)		6. EFFECTIVE DATE	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY	
Promotion		7 June 1953	Sch A-6, 116(b)	
FROM		TO		
Intel. Anal. EV-469.08-4		Same EV-469.08		
GS-132-4 \$3175.00 per annum		GS-132-3 \$3110.00 per annum		
DIR/FI Records Integration Staff Processing & Records Branch Consolidation Section Washington, D.C.		Same Same Same Same Same		
10. ORGANIZATIONAL DESIGNATIONS		11. HEADQUARTERS		
12. FIELD OR DEPT'L		12. FIELD OR DEPT'L		
13. VETERAN'S PREFERENCE		14. POSITION CLASSIFICATION ACTION		
NONE WWII OTHER S-P-T 16-POINT DEAD OTHER		NEW VICE L.A. REAL		
X X X X		CD-FI		
15. SEX RACE		18. SUBJECT TO C. S. RETIREMENT ACT (YES-NO)		19. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)
M H		Yes		20. LEGAL RESIDENCE CLAIMED <input type="checkbox"/> PROVED <input type="checkbox"/> STATE:
17. APPROPRIATION		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.		
FROM: 1189100 TO: 2309-20				
EXTENSION 2027				
ENTRANCE PERFORMANCE RATING				
Chief, Personnel Division				

CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION

1. NAME (MR., MISS, MRS., ONE OF TWO NAME, INITIAL(S), AND SURNAME)		2. DATE OF BIRTH	3. JOURNAL OR ACTION NO.	4. DATE
				24 Apr. 53
5. THIS IS TO NOTIFY YOU OF THE FOLLOWING ACTION AFFECTING YOUR EMPLOYMENT:				
6. NATURE OF ACTION (USE STANDARD TERMINOLOGY)		8. EFFECTIVE DATE	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY	
Reassignment		26 Apr. 53	Schedule A-6.116(b)	
FROM		TO		
Mail and File Clerk BV-304.00		Intuit. Anal. BV-469.00-4		
68-4-303 \$1175.00 per annum		68-4-132 Same		
DDP/FI/RI		Same		
Processing and Records Br.		Same		
Consolidation Section		Same		
Washington, D.C.		Same		
13. VETERAN'S PREFERENCE		14. POSITION CLASSIFICATION ACTION		
NONE <input checked="" type="checkbox"/> WWI <input checked="" type="checkbox"/> OTHER <input checked="" type="checkbox"/> 1-PT. <input checked="" type="checkbox"/> 10-POINT <input checked="" type="checkbox"/> DEAD/OTHER		12. FIELD OR DEPTL. <input checked="" type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL		
15. SEX <input checked="" type="checkbox"/> M <input checked="" type="checkbox"/> W		16. SUBJECT TO C.S. RETIREMENT ACT (YES-NO) <input checked="" type="checkbox"/> YES		
17. APPROPRIATION FROM: 2309-00 2309-20		19. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)		
18. RACE		20. LEGAL RESIDENCE <input checked="" type="checkbox"/> CLAIMED <input checked="" type="checkbox"/> PROVED		
21. REMARKS: This action is subject to all applicable laws, rules, and regulations and may be subject to investigation and approval. The action may be corrected or annulled by the Civil Service Commission.				
ENTRANCE PERFORMANCE RATING: Chief, Personnel Division				

CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION

1. NAME (MR., MRS., MISS, ONE GIVEN NAME, INITIAL(S), AND SURNAME)		2. DATE OF BIRTH	3. JOURNAL OR ACTION NO.	4. DATE
				9 Mar. 53
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY)		6. EFFECTIVE DATE	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY	
Reassignment		15 Mar. 53	Schedule A-6.116(b)	
FROM		TO		
File Clerk BY-356		Mail and File Clerk BY-364.08		
03-4-305 \$3175.00 per annum		03-4		
DDP/VI/RI		SAME		
Processing and Records Br.		SAME		
File Section		Consolidation Section		
Washington, D.C.		FIELD		
FIELD		DEPARTMENTAL		
13. VETERAN'S PREFERENCE		14. POSITION CLASSIFICATION ACTION		
NONE <input type="checkbox"/> WW <input type="checkbox"/> OTHER <input type="checkbox"/> 5-PT. <input type="checkbox"/> 10-POINT <input type="checkbox"/>		NEW <input type="checkbox"/> VICE <input type="checkbox"/> L.A. <input type="checkbox"/> REAL <input type="checkbox"/>		
15. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F		16. RACE <input checked="" type="checkbox"/> W <input type="checkbox"/> O		17. APPROPRIATION
				FROM: 11X2100
				TO: 2309-20
		18. SUBJECT TO C. S. RETIREMENT ACT (YES-NO)		19. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)
		YES		20. LEGAL RESIDENCE
				<input checked="" type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED
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.				
ENTRANCE PERFORMANCE RATING				
Chief, Personnel Division				

S-E-S-R-E-1
Security Information

COMBINED PERSONNEL ACTION

Page 9 of 36 pages

Used in lieu of SF-52 and/or SF-50 to document the following types of personnel actions involving no change in grade or salary: (a) Change in title (b) Change of position number (c) Reassignment within Division without series code change (d) Reassignment within Division with series code change. (Note: For action (type d) a SF-50 will be prepared for vouchered positions from information on this form.)

(1) Staff or Division RI (2) Date 17 November 1952 (3) Effective Date of Action 7 Dec 52
FROM TO

(1) NAME	(5) ORG. I.F. & POS. TITLE	(6) SCHEDULE SERIES-Grade	(7) SLOT NOS.	(8) ACTION	(9) ORG. I.F. & POS. TITLE	(10) SCHEDULE SERIES-Grade	(11) SLOT NOS.
	File Clerk	GS-4	X-32.03	A	File Supervisor	GS-305-4	BV-353.01
	File Clerk	GS-4	X-34.02	B	File Clerk	GS-305-4	BV-354.
	File Clerk	GS-4	X-34.	B	File Clerk	GS-305-4	BV-354.01
	File Clerk	GS-4	X-38.02	B	File Clerk	GS-305-4	BV-354.02
	File Clerk	GS-4	X-38.03	B	File Clerk	GS-305-4	BV-354.03
	File Supervisor e Section	GS-5	X-33.	B	File Supvr.	GS-305-5	BV-355.
	File Clerk	GS-4	X-302.22	B	File Clerk	GS-305-4	BV-356.
	File Clerk	GS-4	X-34.03	A	File Supervisor	GS-305-4	BV-357.
	File Clerk	GS-4	X-32.02	B	File Clerk	GS-305-4	BV-358.
	File Clerk	GS-4	X-38.04	B	File Clerk	GS-305-4	BV-358.01
	File Clerk	GS-4	X-34.01	B	File Clerk	GS-305-4	BV-358.02

(12) APPROVED:

(13) APPROVED:

(14) APPROVED:

Class & Wage Div.
S-E-S-R-E-1

Personnel Div.

V.C. 26 March 1952
JED

STANDARD FORM NO. 64 (5 PARTS)
4-72000-1000
PROPERTY OF THE
U. S. CIVIL SERVICE COMMISSION

CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION

1 NAME (MR., MISS, MRS., OR ONE GIVEN NAME INITIAL(S) AND SURNAME)		2 DATE OF BIRTH		3 JOURNAL OR ACTION NO.		4 DATE	
				# 57		21 Apr. ' 52	
THIS IS TO NOTIFY YOU OF THE FOLLOWING action affecting your employment:							
5 NATURE OF ACTION (USE STANDARD TERMINOLOGY)				6 EFFECTIVE DATE		7 CIVIL SERVICE OR OTHER LEGAL AUTHORITY	
Excepted Appointment				21 Apr. 1952		Sch. A -- 6,116 (B)	
FROM				TO			
				8 POSITION TITLE File Clerk GS - 3 139.04			
				9 SERVICE, SERIES, GRADE, SALARY GS - 3 305 \$2950.00 per annum			
				10 ORGANIZATIONAL DESIGNATIONS OEO RI PROCESSING AND RECORDS BRANCH FILE SECTION			
				11 HEADQUARTERS Washington, D.C.			
FIELD		DEPARTMENTAL		FIELD		DEPARTMENTAL	
13 VETERAN'S PREFERENCE				14 POSITION CLASSIFICATION ACTION			
NONE		OTHER & PT.		NEW		VICK	
10 POINT		DISAB. OTHER		E.A.		REAL	
15 SEX		16 RACE		17 APPROPRIATION		18 SUBJECT TO C. S. RETIREMENT ACT (YES--NO)	
M		W		FROM: 2125500 TO: 1000		Yes	
19 DATE OF APPOINTMENT AFFIDAVIT (ACCESSIONS ONLY)				20 LEGAL RESIDENCE			
21 APR. 1952				STATE:			
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 CANCELLED IF NOT IN ACCORDANCE WITH ALL REQUIREMENTS.							
(39.04) This appointment is subject to a satisfactory trial period of one year. Subject to a satisfactory medical examination. SF # 61 Affidavit executed. 344T DOE - 06/07/52 CSEOD - 04/21/52 LCD - 04/21/52 JUN 1952 OFFICE OF PERSONNEL DIVISION							

CONFIDENTIAL
CLASSIFICATION

FITNESS REPORT

SECTION A

GENERAL INFORMATION

1. EMPLOYEE NUMBER		2. NAME (Last, first, middle)		3. DATE OF BIRTH		4. SEX	5. GRADE	6. SD
						M	12	D
7. OFFICIAL POSITION TITLE				8. OFF. DIV. OR OF ASSIGNMENT		9. ACTION		
RECORDS ADMIN OFF CH				DDO/CCS/REG		HQS		
10. CODE (CS, I)				11. HQS		OF		
11. TYPE OF APPOINTMENT				12. TYPE OF REPORT				
<input checked="" type="checkbox"/> CAREER	<input type="checkbox"/> RESERVE	<input type="checkbox"/> TEMPORARY	13. REPORTING PERIOD (FROM-TO)		14. DATE REPORT DUE IN O.P.			
<input type="checkbox"/> CONTRACT	<input type="checkbox"/> SPECIAL	<input type="checkbox"/> OTHER	01 July 76 - 08 July 77		31 July 1977			

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.

NO

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 proposed 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 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 Chief of CCS Registry--Supervises employees in setting up and maintaining Staff files and necessary card indices; receiving, distributing and dispatching correspondence to and from the Staff; and processing requests for file traces and other information.	RATING LETTER O
SPECIFIC DUTY NO. 2 CCS Records Management Officer--Responsible for overall management of CCS records management program. Monitors developments in DDO records management policies and procedures; maintains liaison with ISS and DDO Records Management Officers; seeks improvement in CCS records organization and discipline.	RATING LETTER O
SPECIFIC DUTY NO. 3 Works with personnel responsible for developing and launching the CCS computerized records system (CENCO) to ensure proper integration of Registry Information.	RATING LETTER S
SPECIFIC DUTY NO. 4	RATING LETTER
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

O

CLASSIFICATION
CONFIDENTIAL

CONFIDENTIAL
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.

[] continued to perform in outstanding fashion as Chief of the CCS Registry during an extremely busy period. The figures cited in the last Fitness Report as to the workload of the CCS Registry continued to be representative of the volume and variety of [] responsibilities. He supervised the work of six subordinates with a successful combination of patience and firm professionalism. He continued to be the source of sound, constructive suggestions for coping with the paper "explosion" occasioned by the investigations of CIA and the Freedom of Information and Privacy Acts. [] is a highly valuable, reliable, unobtrusively effective records manager. In moving on to new responsibilities in an area division he leaves behind a solid record of achievement and the admiration of those with whom he has served in CCS.

SECTION E**CERTIFICATION AND COMMENTS****1. BY SUPERVISOR**

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

24

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

DATE

16 August 1977

OFFICIAL TITLE OF SUPERVISOR

DC/CCS

SIGNATURE

2. BY EMPLOYEEI HAVE ☐ OR HAVE NOT ☐ ATTACHED A STATEMENT CONCERNING THE SUPERVISOR'S EVALUATION OF MY PERFORMANCE.

DATE

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

[] evaluation of [] performance during the reporting period agrees completely with my observations and conclusions. [] is a first-class professional records officer and supervisor who has clearly earned an overall rating of OUTSTANDING.

DATE

17 August 1977

OFFICIAL TITLE OF REVIEWING OFFICIAL

Chief, Central Cover Staff

TYPE

4. BY EMPLOYEEI CERTIFY I HAVE SEEN THE ENTRIES IN ALL SECTIONS OF THIS REPORT. I HAVE ☐ HAVE NOT ☐ ATTACHED A STATEMENT CONCERNING THE REVIEWING OFFICIAL'S EVALUATION OF MY PERFORMANCE.

DATE

1977
18 Aug

SIGNATURE OF EMPLOYEE

CLASSIFICATION

CONFIDENTIAL

CONFIDENTIAL
CLASSIFICATION

FITNESS REPORT

SECTION A

GENERAL INFORMATION

1. EMPLOYEE NUMBER		2. NAME (Last, First, Middle)		3. DATE OF BIRTH	4. SEX	5. GRADE	6. DO
					M	GS-12	DAC
7. OFFICIAL POSITION TITLE			8. OFF/DIV. HR. OF ASSIGNMENT		9. CURRENT STATION		10. CODE (C.F. #)
RECORDS ADMIN OF CH			DDO/CCS/REG		HQS		X HQS. <input type="checkbox"/> DF
11. TYPE OF APPOINTMENT				12. TYPE OF REPORT			
<input checked="" type="checkbox"/> CAREER	<input type="checkbox"/> RESERVE	<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> INITIAL	<input checked="" type="checkbox"/> ANNUAL	<input type="checkbox"/> REASSIGNMENT	<input type="checkbox"/> SPECIAL	
<input type="checkbox"/> CONTRACT	<input type="checkbox"/> SPECIAL	<input type="checkbox"/> OTHER	13. REPORTING PERIOD (FROM-TO)		14. DATE REPORT DUE IN O.P.		
				1 July 1975-30 June 1976		30 July 1976	

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.

NO

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 proposed 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 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 Chief of Registry Section--supervises 6 employees in maintenance of Staff files and required card indices; receiving and distributing Staff correspondence; and processing requests for file checks and other information	RATING LETTER S
---	------------------------

SPECIFIC DUTY NO. 2 Records Management Officer--responsible for the overall CCS records management program	RATING LETTER O
--	------------------------

SPECIFIC DUTY NO. 3	RATING LETTER
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SPECIFIC DUTY NO. 4	RATING LETTER
---------------------	---------------

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

CONFIDENTIAL
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.

_____ is a quiet, highly effective manager of a major repository of records within the DDO. The workload of his Section is staggering: over 8,000 documents filed each month, over 500 index cards prepared each month; close to 300 Freedom of Information or Privacy Act requests processed each month, etc. _____ organizes his Section well; he handles a group of six women with skill and understanding and he heads, as a result, a harmoniously working team.

_____ approaches problems with a positive attitude and brings his considerable experience and imagination to bear with appropriate initiative and follow-through. His response to the exceptionally heavy workload of the Staff over the past year of Congressional investigations and cover exposes was vital to the Staff's and the DDO's requirements for current and historical records. He volunteers ideas designed to improve the Staff's records; he works weekends and after hours to keep ahead of a growing avalanche of paper and requests for information. He is, in sum, a highly competent, knowledgeable, yet flexible records manager upon whom the Staff relies heavily.

SECTION E**CERTIFICATION AND COMMENTS****1. BY SUPERVISOR**

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

12

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

DATE

27 July 1976

OFFICIAL TITLE OF SUPERVISOR

DC/CCS

TYPE AND PRINTED NAME AND SIGNATURE

2. BY EMPLOYEE

I HAVE ☐ OR HAVE NOT ☐ ATTACHED A STATEMENT CONCERNING THE SUPERVISOR'S EVALUATION OF MY PERFORMANCE.

DATE

27 July 76

SIGNATURE OF EMPLOYEE

3. BY REVIEWING OFFICIAL**COMMENTS OF REVIEWING OFFICIAL**

I have no difficulty in agreeing with the letter ratings and the narrative evaluation in the above report. _____ established the high level of his professional competence very soon after his assignment in CCS and has maintained this standard without interruption. I again must emphasize his abilities as supervisor in one of the toughest supervisory assignments known to me. With a Registry Chief like _____, it is easy to come to the conclusion that running a registry of the complexity and volume as that of CCS is a cinch - at least he makes it appear that way.

DATE

29 July 1976

OFFICIAL TITLE OF REVIEWING OFFICIAL

Chief, CCS

TYPE

4. BY EMPLOYEE

I CERTIFY I HAVE SEEN THE ENTRIES IN ALL SECTIONS OF THIS REPORT. I HAVE ☒ HAVE NOT ☐ ATTACHED A STATEMENT CONCERNING THE REVIEWING OFFICIAL'S EVALUATION OF MY PERFORMANCE.

DATE

29 July

SIGNATURE

CLASSIFICATION
CONFIDENTIAL

SECRET
CLASSIFICATION

FITNESS REPORT

SECTION A GENERAL INFORMATION			
1. EMPLOYEE NUMBER		2. NAME (last, first, middle)	
3. DATE OF BIRTH		4. SEX 5. GRADE 6. DD	
		M GS-12 DAC	
7. OFFICIAL POSITION TITLE		8. OFF/DIV/BR OF ASSIGNMENT 9. CURRENT STATION	
Records Admin OF-CH		DDO/CCS/REG HQS	
10. TYPE OF APPOINTMENT		11. TYPE OF REPORT	
<input checked="" type="checkbox"/> CAREER	<input type="checkbox"/> RESERVE	<input type="checkbox"/> CONTRACT	<input type="checkbox"/> OTHER (Spec.)
<input type="checkbox"/> TEMPORARY	<input checked="" type="checkbox"/> ANNUAL	<input type="checkbox"/> REASSIGNMENT	<input type="checkbox"/> SPECIAL
12. REPORTING PERIOD (from-to)		13. DATE REPORT DUE IN O.P.	
1 January 1975 - 30 June 1975		31 July 1975	

SECTION B QUALIFICATIONS UPDATE	
14. 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>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. Describe action taken or proposed in Section D.
<u>M-Marginal</u>	Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section D 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 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
Chief of Registry Section - supervises 7 employees	S
SPECIFIC DUTY NO. 2	RATING LETTER
Records Management Officer - responsible for the overall CCS records management program, ensuring that it is in conformity with DDO and Agency records management policy and procedures.	O
SPECIFIC DUTY NO. 3	RATING LETTER
SPECIFIC DUTY NO. 4	RATING LETTER
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
	S

SECRET
CLASSIFICATION

SECRET

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.

JUL 8 11 25 AM '75

During the 6 months under review [redacted] has continued to fulfill his responsibilities in the same excellent manner which has been documented in his last two fitness reports and which led to his promotion to GS-12. [redacted] surefootedness as a records officer and manager of people, together with ability to take necessary initiatives where actions are required and his maturity and sound judgement, make him an ideal chief of this very active and complex registry and records management office. I dread to think that eventual rotation will deprive me of the services of this extraordinarily competent and effective officer.

SECTION E

CERTIFICATION AND COMMENTS

1. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

1 year, 9 months

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

DATE

7 July 1975

OFFICIAL TITLE OF SUPERVISOR

Chief, CCS

TY

2. BY EMPLOYEE

STATEMENT CONCERNING THIS EVALUATION OF MY PERFORMANCE

DATE

7 July 1975

SI

HAVE ATTACHED

HAVE NOT ATTACHED

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

There is no one in the chain of command who could act as reviewing officer.

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR PRINTED NAME AND SIGNATURE

4. BY EMPLOYEE

I CERTIFY THAT I HAVE BEEN THE ENTRIES IN ALL SECTIONS OF THIS REPORT

DATE

7 July 1975

SIGNATURE OF EMPLOYEE

CLASSIFICATION

SECRET

CLASSIFICATION

FITNESS REPORT			
SECTION A GENERAL INFORMATION			
1. NAME (Last, First, Middle Initial)		4. SEX	5. GRADE & SD
		M	GS-12 D
7. OFFICIAL POSITION TITLE		8. OFF/DIV/BR OF ASSIGNMENT	
RECORDS ADMIN OF-CH		DDO/CCS/REGISTRY	
		HEADQUARTERS	
		10. CODE (4-6)	DP
		X	HQS
11. TYPE OF APPOINTMENT			
<input checked="" type="checkbox"/> CAREER	<input type="checkbox"/> RESERVE	<input type="checkbox"/> CONTRACT	<input type="checkbox"/> OTHER (Spec.)
12. TYPE OF REPORT			
<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> ANNUAL	<input type="checkbox"/> REASSIGNMENT	<input checked="" type="checkbox"/> SPECIAL
13. REPORTING PERIOD (from-to)		14. DATE REPORT DUE IN O.P.	
1 June 1974-31 December 1974		31 January 1974 (Retirement of 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			
<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 D.</p> <p>M-Marginal Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section D 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
Chief of Registry Section - supervises seven employees			S
SPECIFIC DUTY NO. 2			RATING LETTER
Records Management Officer - responsible for the overall CCS records management program, ensuring that it is in conformity with DDO and Agency records management policy and procedures.			O
SPECIFIC DUTY NO. 3			RATING LETTER
CCS Security Officer - Briefs all new and departing CCS employees on Agency and CCS security procedures. Also responsible for duty rosters and related security instructions, and maintains liaison with the Office of Security - through 6 October 1974.			S
SPECIFIC DUTY NO. 4			RATING LETTER
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
			S

FORM 45 9-73

CLASSIFICATION
SECRET

E2, IMPDET CL BY

NOV 1974

SECRET
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.

Since his last Fitness Report, in June 1974, [] has continued his extremely fine performance as a conscientious, hardworking and thoughtful records manager and registry supervisor. The CCS registry workload remains at about the same level as previously reported, and [] regularly works an hour or so of uninterrupted overtime every working day personally reorganizing procedures, cleaning out, consolidating, and retiring files. His enthusiastic determination in reducing the numbers of out-of-date and no longer useful files is most exemplary. Knowing the numbers of primary and supplemental files involved in this exercise, and as a retiring supervisor, I can only wish him "good luck".

[] also continues eager to learn and use new methods and techniques. During this reporting period, in July 1974, he took the Agency course "Introduction to Micrographics Seminar #2."

Finally it gives me pleasure to note here that, effective 24 November 1974, Mr. [] will be given a well deserved promotion from GS 11/6 to GS 12/3.

SECTION E

CERTIFICATION AND COMMENTS

1. BY SUPERVISOR	
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION
15 months	
DATE	OFFICIAL TITLE OF SUPERVISOR
20 November 1974	Deputy Chief, CCS
2. BY EMPLOYEE	
STATEMENT CONCERNING THIS EVALUATION OF MY PERFORMANCE	DATE
HAVE ATTACHED <input checked="" type="checkbox"/> HAVE NOT ATTACHED	20 NOV 74
3. BY REVIEWING OFFICIAL	
COMMENTS OF REVIEWING OFFICIAL	
Both [] letter ratings and narrative comments accurately reflect the quality of [] performance during the reporting period. He is a thoroughgoing professional records officer who uses his extensive experience and his good judgement to take initiatives toward improving the Registry service and the management of records. Hand in hand with his high substantive competence goes his excellent ability as a supervisor. I can say nothing more laudable in this regard than that I have not had to deal with Registry personnel problems during the last year. He knows the job that needs to be done and so do his people. With this kind of leadership, the work gets accomplished with a high state of	
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL
25 November 1974	Chief, Cover and Commercial Staff
4. BY EMPLOYEE	
I CERTIFY THAT I HAVE BEEN THE ENTRIES IN ALL SECTIONS OF THIS REPORT	DATE
	25 NOV 74

CLASSIFICATION
SECRET

S E C R E T
CLASSIFICATION

FITNESS REPORT										
SECTION A GENERAL INFORMATION										
1. EMPLOYEE NUMBER		2. NAME (Last, first, middle)			3. DATE OF BIRTH		4. SEX		5. GRADE	
							N		GS-11	
6. OFF/DIV/BR OF ASSIGNMENT		7. OFFICIAL POSITION TITLE		8. CURRENT STATION		9. CODE (1-4 only)		10. CODE (1-4 only)		
DDO/CCS/REGISTRY		RECORDS ADMIN 07 - CH		HEADQUARTERS		X		DP		
11. TYPE OF APPOINTMENT										
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> CONTRACT <input type="checkbox"/> OTHER (Spec.) <input type="checkbox"/> TEMPORARY <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT <input type="checkbox"/> SPECIAL										
12. TYPE OF REPORT										
<input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT <input type="checkbox"/> SPECIAL										
13. REPORTING PERIOD (from-to)					14. DATE REPORT DUE IN O.P.					
1 June 1973 - 31 May 1974					30 June 1974					
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.									NO	
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 proposed 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 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		
Chief of Registry Section - supervises seven employees.								S		
SPECIFIC DUTY NO. 2								RATING LETTER		
Records Management Officer - responsible for the overall CCS records management program, ensuring that it is in conformity with DDO and Agency records management policy and procedures.								O		
SPECIFIC DUTY NO. 3								RATING LETTER		
CCS Security Officer - Briefs all new and departing CCS employees on Agency and CCS security procedures. Also responsible for duty rosters and related security instructions, and maintains liaison with the Office of Security.								S		
SPECIFIC DUTY NO. 4								RATING LETTER		
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	
S									S	

SECRET
CLASSIFICATION

SECTION D		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 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.</p>			
<p>After a short overlap with his predecessor, [] assumed his responsibilities as Chief of Registry, CCS, on 3 October 1973 - roughly nine months ago. In this position he is responsible, overall, for CCS registry and records management activities, including the supervision of seven other individuals. As could be expected from even a casual reading of his past fitness reports, [] quickly took hold, and has been performing his new responsibilities in an exemplary manner. Despite the volume and variety of files with which he was required to become familiar, early on he systematically began cleaning out, consolidating, and retiring files as appropriate, reorganizing and updating the indexing system for individual and project files, and redistributing employee workloads. He also reorganized the placement of file machinery, desks, and service counter to achieve greater employee comfort and efficiency in the utilization of personnel. Although his task as Staff Security Officer is a secondary function, he also reorganized, simplified and re-wrote the security check and duty officer roster procedures.</p> <p>Indicative of the work which he supervises are selected Registry statistics for May 1974: 7015 documents filed, 8200 files pulled (and re-filed) for Staff officers' use, 6642 cables processed and distributed, 9900 facility and name searches, 2353 documents logged, 833 index cards made and filed, and 200 new files opened. During his nine months with CCS, [] not only has had to learn the CCS "system" himself,</p>			
SECTION E		CERTIFICATION AND COMMENTS	
1. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
10 mos			
DATE	OFFICIAL TITLE OF SUPERVISOR	TY	
25 June 1974	DC/CCS		
2. BY EMPLOYEE			
STATEMENT CONCERNING THIS EVALUATION OF MY PERFORMANCE	DATE		
<input type="checkbox"/> HAVE ATTACHED <input checked="" type="checkbox"/> HAVE NOT ATTACHED	25 June 74		
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
<p>In the relatively short period of his assignment to CCS, [] has completely lived up to his advance billing as reflected in past fitness reports. [] has provided the specifics of [] accomplishments and has left me only to say that [] is a first class professional Records Officer and supervisor who fully deserves an overall rating of Strong.</p>			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TY	
1 Aug	C/CCS		
4. BY EMPLOYEE			
I CERTIFY THAT I HAVE BEEN THE ENTRIES IN ALL SECTIONS OF THIS REPORT.		DATE	
		1 July 74	

CLASSIFICATION
SECRET

S E C R E T

Fitness Report

SECTION D NARRATIVE COMMENTS (continued)

but has been required, due to a turnover in personnel, to train three new Records Clerks.

Courses taken since the start of his tour with CCS include Operational Records I and III, ADP I, Forms Management Seminar, and Forms Analysis and Design Workshop.

has proved to be a conscientious, hard-working and thoughtful records manager and supervisor, and CCS is glad to have him aboard. I am sure that the next records inventory will provide statistical evidence of his abilities as a "housecleaner."

S E C R E T

SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				010032	
SECTION A GENERAL					
1. NAME (Last) (First) (Middle)		2. DATE OF BIRTH		3. SEX M	4. GRADE GS-11
					5. SD D
6. OFFICIAL POSITION TITLE Records Admin Officer			7. OFF. DIV/BR OF ASSIGNMENT DDO/EUR		8. CURRENT STATION Rome
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 checked="" type="checkbox"/> REASSIGNMENT SUPERVISOR		
<input checked="" type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)			<input checked="" type="checkbox"/> ANNUAL <input checked="" type="checkbox"/> REASSIGNMENT EMPLOYEE		
SPECIAL (Specify):			SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to)		
			1 June 72 - 31 May 73		
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 Records Management and Control Officer - responsible for the mediation, preparation, implementation and control of the Records Management Program.					RATING LETTER O
SPECIFIC DUTY NO. 2 Chief of Registry Section - in this capacity he supervises one employee in the processing and pouching of all dispatch and other correspondence; serves as the cable analyst, processing and distributing all cable traffic; and serves as Top Secret Control Officer.					RATING LETTER S
SPECIFIC DUTY NO. 3					RATING LETTER
SPECIFIC DUTY NO. 4					RATING LETTER
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 O

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 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 summarized on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.</p> <p>This officer has continued to perform with a high degree of effectiveness and accomplishment. He has concentrated on improving our records holding standards and on purging irrelevant and out dated files. In May 1972 he began a monthly series of progress reports for the Chief of Station outlining the month's accomplishments. Copies of these reports through January 1973 were sent to Hqs in OIRT-18014 and 18015, dated 9 Feb 73. These reports clearly show this officer's focus on records management activities, his ingenuity and aggressiveness in launching programs of review of files and his tireless efforts in reducing Station holdings to a practical and useable minimum. His records inventory as of September 1972, reporting a total reduction in excess of 85 feet, speaks for itself. His next report also promises to show dramatic reductions.</p> <p>This officer shows a sense of professional responsibility and determination in the oft neglected function of records management, deeper and more intense than any other witnessed by the rating officer in his career. He performs his other duties as Chief, Registry with an equally high degree of effectiveness. Subject officer may have been inadvertently hiding his talents under the proverbial bushel basket by having remained in the field for so long. It is the rater's hope that Hqs now has focussed on him and has discovered his potential for greater responsibilities. The records in this Station are tremendously improved for his having had a tour [redacted]. We are certainly glad he came.</p>			
SECTION D		CERTIFICATION AND COMMENTS	
1. BY EMPLOYEE			
I CERTIFY THAT I HAVE SEEN SECTIONS A, D, AND C OF THIS REPORT			
DATE	SIGNATURE		
30 April 1973	/s/ [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	
23 May 1973	Admin Officer	/s/ [redacted]	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
<p>This officer has been remarkably effective during his tour [redacted]. While we are very sorry to lose him, there is no question that his formidable talents should be used on a much broader range of records management and related problems than could be done in this Station. His next assignment in Headquarters appears to give him that additional scope. We are glad that he served [redacted] and that during this tour here he received a well-deserved promotion. [redacted] Station's records have improved considerably as a result of this officer's tour here. I am in full agreement with the above comments and ratings.</p>			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
23 May 1973	Ops Officer	/s/ [redacted]	

SECRET

SECRET

(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER		
				010032		
SECTION A GENERAL						
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD
				M	GS-10	D
6. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT 8. CURRENT STATION			
Records Admin Officer			DDP/EUF			
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"/> REASSIGNMENT SUPERVISOR			
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)			
31 July 1972			1 October 1971 - 31 May 1972			
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
Chief of Registry Section - In this capacity he supervises one employee in the processing and pouching of all dispatch correspondence and in the performance of other registry duties.						O
SPECIFIC DUTY NO. 2						RATING LETTER
Station Records Officer - Responsible for the Station's Record Management Program.						O
SPECIFIC DUTY NO. 3						RATING LETTER
Cable Analyst - Processes and distributes all incoming and outgoing cable traffic.						S
SPECIFIC DUTY NO. 4						RATING LETTER
Top Secret Control Officer.						S
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.						O

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 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. <u>Wagner</u> 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.</p> <p>This officer's performance over the past year has been outstanding. He is a skilled professional records manager, an indefatigable worker and a highly imaginative and efficient supervisor. Since his last Fitness Report he has directed a TDY team of records officers in a concentrated program of records reduction. He devised the program and supervised its execution with most effective results. This officer is a driver and a doer. He constantly strives to improve the Station's records management posture and follows up with procedures designed to maintain the gains achieved by his efforts. It is highly gratifying and stimulating to work with him. He sees the broad dimensions of the task at hand and focuses constantly on improving the system. This quality convinces the rater that he is capable of greater responsibilities in a position of broader scope. I recommend that Headquarters begin to plan for the utilization of this officer on the completion of his tour of duty [redacted]. He should be placed in a Headquarters position in which his skills and broad experience can be fully used and in which he can achieve the professional growth of which he is both capable and deserving.</p>			
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		
17 July 1972	/s/ [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	
17 July 1972	Admin Officer	/s/ [redacted]	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
<p>I concur in the comments of the rating officer and believe the overall outstanding rating is well deserved. Subject is a first-rate Records Management officer - deeply interested in his work, conscientious in the extreme and always looking for an innovative approach that will upgrade the functioning of Registry and better serve Station needs. Without losing sight of the unending pressure to reduce and periodically reorder the Station's holdings, this officer avoids assuming attitudes that are cast in cement. He works with the Branches and individual officers in solving problems rationally. He is unfailingly pleasant and courteous and is well-liked by all. The Station is fortunate to have</p>			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
25 July 1972	DCOS	/s/ [redacted]	

SECRET

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-10	5. SD D
6. OFFICIAL POSITION TITLE Records Admin Off			7. OFF/DIV/BR OF ASSIGNMENT DDP/EUR		8. STATION S/T #1	
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"/> INITIAL <input type="checkbox"/> ANNUAL <input type="checkbox"/> SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to) 4 July 1971-30 September 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).						RATING LETTER
SPECIFIC DUTY NO. 1 Chief of Registry Section - In this capacity he supervises one employee in the processing and pouching of all dispatch correspondence and other registry duties.						S
SPECIFIC DUTY NO. 2 Station Records Officer - Responsible for the Station's record program and to give guidance and/or assist the Station officers when called upon to do so.						S
SPECIFIC DUTY NO. 3 Cable Analyst - Process and distribute all incoming and outgoing cable traffic, this includes maintenance of the chrono files.						S
SPECIFIC DUTY NO. 4 Top Secret Control Officer.						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	
<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 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.</p>			
<p>I have worked with this Officer just 2½ months, but this has been long enough to satisfy me that he is above average in registry work. He is a very knowledgeable registry technician, but most important, he is aggressive and imaginative in devising new procedures, or revising old ones to improve the quality of registry service to this Station. He is affable in dealing with his peers and confident and persuasive in dealing with the senior management of this Station. Shortly after his arrival he took over the analysing and distribution of the cables, and prepared a Station procedure for this purpose. Immediately following that, he devised a new procedure for handling correspondence and installed it. He had reviewed the multitudinous files at this Station and has plans to trim them back to more reasonable and appropriate dimensions. In every respect, this officer has taken charge of the function he is here to perform, and has devoted a great deal of time, thought and effort to improve it. We are indeed satisfied with his performance.</p>			
SECTION D			
CERTIFICATION AND COMMENTS			
1. BY EMPLOYEE			
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT			
DATE	SIGNATURE		
4 October 1971	/s/ [Redacted]		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
2½ months			
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
4 October 1971	Chief, Support	/s/ [Redacted]	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
<p>Since I have just arrived at the Station I have not had an opportunity to observe this officer's performance. However, I respect the rating officer's judgment, which in this case coincides with other favorable comments I have heard about the Subject. I therefore defer to the rating officer's evaluation.</p>			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
4 October 1971	Deputy Chief of Station	/s/ [Redacted]	

SECRET

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-10	5. SD D
6. OFFICIAL POSITION/TITLE Records Adm. Officer			7. OFF/DIV/BR OF ASSIGNMENT DDP/EUI		8. CURRENT STATION	
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"/> CAREER-PROVISIONAL (See Instructions - Section C) <input type="checkbox"/> SPECIAL (Specify):			<input checked="" type="checkbox"/> INITIAL REASSIGNMENT SUPERVISOR <input type="checkbox"/> ANNUAL <input checked="" type="checkbox"/> REASSIGNMENT EMPLOYEE <input checked="" type="checkbox"/> SPECIAL (Specify): Promotion			
11. DATE REPORT DUE IN U.P.			12. REPORTING PERIOD (From - to) 1 January 1971 - 30 May 1971			
SECTION B 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).						RATING LETTER
SPECIFIC DUTY NO. 1 Reviewed, retired and rationalized [redacted] Branch Files and explained same system to Branch personnel						O
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
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.						O

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 Authority 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.

[] first made a survey of the Augcan stable that the [] files had become over many years of shifts in personnel and changes of direction. He then reviewed, downgraded, and retired approximately 350 Top Secret documents with appropriate Project and Subject files and copies destroyed. At the completion of this there was not one Top Secret document on the Branch. He devised, gained approval from FI/D, and carried out a new procedure for the downgrading of TYLOTE material from Top Secret to Secret so that it could be retired. He retired approximately 60 Project, 25 Subject, and fifty 201 files. He surveyed the [] files and discovered that there were a total of 93 of which 19 were already closed. He closed 47 of the remainder and left 25 open and arranged for RID/ARD to retire all the material in the open files prior to 1 January 1971. He closed and retired Plan files dating back to the early 1950's. All in all, out of 76 feet of safe space filled with CS material, he retired 36 feet of files leaving a catalogue of where everything is or has been sent. A remarkable record (and done with a minimum of fuss and Branch dislocation)!

What he did in such a short time speaks eloquently of how he went about his duties for which see the accompanying memorandum of recommendation for promotion. Reporting officer has known him over fourteen years and has the unvarying impression of him as a quietly competent, diligent, reliable, self-reliant individual.

/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	
	Subject now in Rome Station	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
4 months	See above	
DATE	OFFICIAL TITLE OF SUPERVISOR	TYE
27 July 1971	ADC/EUR []	[]
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL I concur in the above evaluation. Subject turned in a most impressive performance during his brief time []. Largely as a result of his enthusiasm and initiative, the Branch was able to achieve what had never been accomplished before: a complete overhaul, cleaning, purging, and restructuring of its filing system. To his credit, Subject has a keen appreciation for operational requirements and all of this work was done without sacrificing the future utilization of information acquired in the past; on the contrary, the efficient use of this material has been so enhanced that it will surely be reflected in our future operations. [] has a unique contribution to make [] or any other place he is assigned. The Station is fortunate to have him...his presence is sorely needed to do the same thing [] that he has just accomplished		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	
27 July 1971	Chief []	[]

SECRET

SECRET

-2-

You give him a job and need not worry about whether or how it will be done.

The job offered no opportunity to observe his supervisory capabilities. He is cost conscious and security conscious.

Fitness Report

(continued)

SECTION D.3. (continued).

in Headquarters. The importance of his contribution and his personal initiative and efforts should be rewarded by a promotion.

SECRET

SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER <div style="border: 1px solid black; width: 50px; height: 15px; margin: 0 auto;"></div>	
SECTION A GENERAL					
1. NAME <div style="border: 1px solid black; width: 150px; height: 15px;"></div>		2. SEX M	4. GRADE GS-10	5. ED D	
6. OFFICIAL POSITION TITLE Recs Adm Off		7. OFF/DIV/BR OF ASSIGNMENT DDP/EUR/ <div style="border: 1px solid black; width: 30px; height: 15px;"></div>		8. CURRENT STATION <div style="border: 1px solid black; width: 50px; height: 15px;"></div>	
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	INITIAL <div style="border: 1px solid black; width: 50px; height: 15px;"></div> REASSIGNMENT SUPERVISOR		
<input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)			<input checked="" type="checkbox"/> ANNUAL	<input checked="" type="checkbox"/> REASSIGNMENT EMPLOYEE	
SPECIAL (Specify):			SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P. 30 November 1970			12. REPORTING PERIOD (From to) 30 June 1970 - 18 November 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 Responsible for organization and direct management of the Station Registry					RATING LETTER S
SPECIFIC DUTY NO. 2 First-line supervisor for two full-time registry assistants.					RATING LETTER S
SPECIFIC DUTY NO. 3 Organizes and implements review and purge of Registry and other Station files.					RATING LETTER O
SPECIFIC DUTY NO. 4 Prepares Station notices and outgoing correspondence on Registry matters.					RATING LETTER S
SPECIFIC DUTY NO. 5 Maintains and controls case file index and 201 file index.					RATING LETTER S
SPECIFIC DUTY NO. 6 Top Secret Control Officer					RATING LETTER S
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

(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 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. <u>Managerial performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable.</u> If extra space is needed to complete Section C, attach a separate sheet of paper.</p>			
<p>In the four months he has been under my supervision, Subject has demonstrated that he merits in full measure the high opinion of him held by his previous supervisor. Conscientious, careful, fully knowledgeable of Registry procedures he has gone about his day-to-day tasks in an exceptionally proficient way without the need for constant supervision. He is prompt in his response to requests and has an excellent sense of "get the job done". He is an intelligent and concerned supervisor who has been meticulous in keeping his supervisors briefed on personnel and other problems as they have arisen in the Station Registry. He appears fully capable of assuming larger responsibilities in the records field. The rating officer regrets that Subject's family situation precludes his staying for another tour.</p>			
SECTION D		CERTIFICATION AND COMMENTS	
1. BY EMPLOYEE			
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT			
DATE	SIG		
17 Nov 1970			
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
4 months			
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
17 November 1970	DCOS	/s/ [Signature]	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
<p>Although the rating officer is newly arrived [Signature], he has had numerous opportunities in the past to observe Subject's work and the results he has achieved in reducing [Signature] files to manageable proportions. As a result the ratings awarded in this report are endorsed without hesitation.</p>			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
23 November 1970	COS	/s/ [Signature]	

SECRET

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-10 D
5. OFFICIAL POSITION TITLE Records Admin Off			7. OFF/DIV/BR OF ASSIGNMENT DDP/EUR	8. CURRENT STATION	
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"/> 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) 1 October 1969 - 30 June 1970		
SECTION B 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 Responsible for organization and direct management of station registry.					RATING LETTER S
SPECIFIC DUTY NO. 2 First-line supervisor for two full-time and one part-time registry assistants.					RATING LETTER S
SPECIFIC DUTY NO. 3 Organizes and implements review and purge of registry and other station files.					RATING LETTER O
SPECIFIC DUTY NO. 4 Prepares station notices and outgoing correspondence on registry matters.					RATING LETTER S
SPECIFIC DUTY NO. 5 Maintains and controls case file index and 201 file index.					RATING LETTER S
SPECIFIC DUTY NO. 6 Top Secret Control Officer.					RATING LETTER S
OVERALL PERFORMANCE IN CURRENT POSITION					
Take into account everything about the employee which influences his effectiveness in his current position: his 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

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 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 completed on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.</p>			
<p>With about nineteen months experience managing the station registry already under his belt, his usefulness here increases. He continues to demonstrate the same quietly effective leadership and talent for sound organization in his own shop as were noted on the last fitness report.</p>			
<p>While maintaining a high standard in the more routine day-to-day services and processes a registry is normally expected to supply, he has also been the catalyst for a thorough, carefully phased and continuing review and, where appropriate, purge of registry and other file holdings. Administering this ambitious reduction program requires sound judgment and experience in handling the detail in our existing records. Subject has these qualities and has achieved impressive results. To complete this task, he has asked to extend his tour here for one year until November 1971 and Headquarters has approved this.</p>			
<p>He is invariably completely responsive to guidance from the DCOS, his immediate supervisor, and conscientiously seeks to achieve the work goals which are identified during our occasional accomplishment and performance consultations. The spirit of cooperation with which he deals with other station personnel is equally commendable.</p>			
<p>No criticism can be made of his security and cover department.</p>			
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		
18 June 1970	/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	
18 June 1970	DCOS	/s/ []	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
<p>Concur entirely with this favorable assessment. Subject has been a dedicated and conscientious supervisor of his office. His achievements have been quite measurable and specific, as described in the above report. On the basis of his performance here, Subject should have excellent career prospects for further growth in his chosen field.</p>			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
22 June 1970	COS	/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-10	D
6. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT		
Records Admin Officer			DDP/EUR		
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"/> CAREER-PROVISIONAL (See Instructions - Section C) <input type="checkbox"/> SPECIAL (Specify):			<input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to)		
31 October 1969			18 November 1968-30 September 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).					
SPECIFIC DUTY NO. 1					RATING LETTER
Responsible for organization and direct management of Station Registry.					S
SPECIFIC DUTY NO. 2					RATING LETTER
First-line supervisor for at first three, later two full-time Registry personnel and one part-time Registry assistant.					S
SPECIFIC DUTY NO. 3					RATING LETTER
Provides informal training and guidance to some Station officers and secretaries on records procedures.					S
SPECIFIC DUTY NO. 4					RATING LETTER
Prepares Station Notices and outgoing correspondence on Registry matters.					P
SPECIFIC DUTY NO. 5					RATING LETTER
Maintains and controls case file index and 201 file index.					S
SPECIFIC DUTY NO. 6					RATING LETTER
Top Secret control officer.					S
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

(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 work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Analyze 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. He arrived ten months ago at this post with considerable experience in Registry work at Headquarters and at other field stations and with a thorough understanding of how a Station Registry should be organized and run. He immediately put this understanding to good use. While maintaining the overall efficiency of Registry programs already in effect when he took over, he enthusiastically began a carefully-planned and continuing effort to further reduce less than essential Registry paper holdings with results which are already impressive. His suggestions on new procedures designed to conserve space and manpower are usually imaginative and practical.</p> <p>He himself is a remarkably well-organized, conscientious and cooperative person.</p> <p>He has had to undertake his improvements while accommodating to the loss of one Registry slot which fell victim to a [redacted] reductions program. Primarily due to his managerial talents, the Registry has been made to carry on almost as well with three regulars as with the previous four. Although his people are increasingly hard-worked, their morale is high. He himself appears to be a glutton for work but his Registry is obviously a happy shop.</p>			
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		
9 October 1969	/s/ [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	
9 October 1969		/s/ [redacted]	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
<p>Concur with this very favorable assessment. Subject has a real talent for work in his chosen field and his professional accomplishments here have been impressive. Subject's career should be watched with care and there should be room for considerable advancement in the Records Management end of our business.</p>			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
5 November 1969		/s/ [redacted]	

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. DO
			M	GS-10	D
6. OFFICIAL POSITION TITLE		7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION	
Records Admin Of		DDP/FE/VNO		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"/> REASSIGNMENT SUPERVISOR		
<input checked="" type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)			<input checked="" type="checkbox"/> ANNUAL <input checked="" type="checkbox"/> REASSIGNMENT EMPLOYEE		
SPECIAL (Specify):			SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to)		
			5 March 1968 - 5 October 1968		
SECTION B PERFORMANCE EVALUATION					
<p>W - <u>Weak</u> 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 - <u>Adequate</u> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - <u>Proficient</u> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - <u>Strong</u> Performance is characterized by exceptional proficiency.</p> <p>O - <u>Outstanding</u> 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
Chief Station Registry					O
SPECIFIC DUTY NO. 2					RATING LETTER
Management and training of personnel under his supervision					S
SPECIFIC DUTY NO. 3					RATING LETTER
Scheduling of routine and exceptional work assigned to his unit.					O
SPECIFIC DUTY NO. 4					RATING LETTER
Preparation of routine and other reports on the activities of his Section.					S
SPECIFIC DUTY NO. 5					RATING LETTER
Overall Security of Registry operations					S
SPECIFIC DUTY NO. 6					RATING LETTER
<div style="position: absolute; left: -100px; top: 20px; transform: rotate(-45deg);"> E OCT 1968 PK </div>					
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

(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 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. <u>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.</u> If extra space is needed to complete Section C, attach a separate sheet of paper.</p>			
<p>This is Subject's final Fitness Report as Chief, Registry at Vietnam Station. He has worked long and hard but can look with pride at the many accomplishments that he has effected during his tenure. He will depart leaving a sound and well-functioning organization. His planning has been effective and his cross-training and development of the personnel under his supervision have been fully productive.</p>			
<p>During this period, his unit has experienced heavy increases in workload and assumed new or additional functions with no reduction in the service provided to Station components.</p>			
<p>Subject has been responsible for many work saving innovations, procedural changes and a thorough updating and revamping of the highly important registry reference records.</p>			
<p>The personnel under his supervision display enthusiasm and dedication in their work. Their pleasant manner is a reflection of Subject's management ability.</p>			
<p>Subject performs his managerial and supervisory duties in a highly professional manner. He knows systems, writes lucid and concise procedures and reacts positively to situations. He is a "Doer".</p>			
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 Sept 1968	/s/ []		
2. BY SUPERVISOR			
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
21 Sept 1968	Records Admin Officer	/s/ []	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
<p>I concur in the ratings and comments of the Rating Officer.</p> <p>Subject has been most amenable and responsive to positive direction.</p>			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
21 Sept 1968	Ctr Officer	/s/ []	

SECRET

14-00000

S E C R E T

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NARRATIVE COMMENTS, Section C. (Continued)

I have enjoyed serving with Subject, wish him success at his next post and look forward to serving with him again.

Subject is cost conscious.

S E C R E T

SECRET.
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
SECTION A GENERAL					
1. NAME (First) (Middle)		3. SEX		4. GRADE	5. ID
		M		GS-9	D
6. OFFICIAL POSITION TITLE		7. ASSIGNMENT		8. CURRENT STATION	
Records Admin Officer		DDP/FE/VBO		Vietnam	
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"/> ANNUAL <input checked="" type="checkbox"/> SPECIAL (Specify): Promotion			
11. DATE REPORT DUE IN O.P.		12. REPORTING PERIOD (From - to)			
		1 Oct 67 - 31 March 68			
SECTION B PERFORMANCE EVALUATION					
W - <u>Weak</u>		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 - <u>Adequate</u>		Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.			
P - <u>Proficient</u>		Performance is more than satisfactory. Desired results are being produced in a proficient manner.			
S - <u>Strong</u>		Performance is characterized by exceptional proficiency.			
O - <u>Outstanding</u>		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
Chief Station Registry					S
SPECIFIC DUTY NO. 2					RATING LETTER
Management and training of Personnel under his supervision					P
SPECIFIC DUTY NO. 3					RATING LETTER
Scheduling of routine and exceptional work assigned to his unit					O
SPECIFIC DUTY NO. 4					RATING LETTER
Preparation of routine and other reports on the activities of his Section					S
SPECIFIC DUTY NO. 5					RATING LETTER
Overall Security of Registry operations					P
SPECIFIC DUTY NO. 6					RATING LETTER
20 MAY 68					
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

(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.

Subject has done an excellent job in organizing the layout and arranging the work flow in the new Station Registry. As a result, his unit has been operating on a fully effective and productive basis, even during the recent emergency when certain workloads increased several hundred per cent. In operation and physical appearance the Station Registry may be considered a model registry.

He is very cooperative and works well with other offices in solving mutual problems or setting up new requirements.

Subject is industrious and dedicated and willingly works long hours to meet the daily demands of his position. He performed in an exemplary manner while working for an extended period under stress during the recent emergency.

Subject is a pleasant, dependable individual who is anxious to do the best job possible in a demanding and vital position at the Station.

He is properly cost conscious in the use of personnel, space and equipment.

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	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
8 MONTHS	Subject has not reviewed this report inasmuch as it recommends him for promotion.	
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
5 March 1968	Records Admin Officer	/s/ []
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
5 March 1968	Ops Officer	/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
				M	GS-9
5. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION
Records Admin Of			DDP/FE/VNO		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"/> 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-)		
			10 May 1967 - 30 Sep, 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).					
SPECIFIC DUTY NO. 1					RATING LETTER
Chief, Station Registry Section					P
SPECIFIC DUTY NO. 2					RATING LETTER
Management and training of personnel under his supervision					A
SPECIFIC DUTY NO. 3					RATING LETTER
Scheduling of routine and exceptional work assigned to his unit.					S
SPECIFIC DUTY NO. 4					RATING LETTER
Preparation of routine and other reports on the activities of his Section.					P
SPECIFIC DUTY NO. 5					RATING LETTER
Overall security of Registry operations.					A
SPECIFIC DUTY NO. 6					RATING LETTER
29 NOV 1967					
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
(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 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. <u>Monetary performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable.</u> If extra space is needed to complete Section C, attach a separate sheet of paper.</p> <p>Subject is responsible for the supervision and operation of one of the more diversified and complex field registry operations in the Organization. He is thoroughly knowledgeable and experienced in registry practices. Subject is a dedicated and hard working officer who will apply himself diligently to individual registry activities. Such diligent application occasionally causes him to overlook his overall supervisory role, the supervision and management of eleven personnel and the responsibility for providing a wide variety of services, locally and in-country. In the press of his activities, he does not always employ a high degree of tact in dealing with his subordinates. In this context it should be noted that he is performing proficiently in a position well above his present grade level.</p> <p>During the past several months, the Section has undergone several changes and assumed additional functions under his guidance.</p> <p>Subject is cost conscious in the use of supplies and equipment in his Section.</p> <p>Subject is attending evening courses leading toward his degree to further himself professionally.</p>			
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		
14 Aug 1967	/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	
14 Oct 1967	Records Admin Officer	/s/ []	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
<p>I concur in the ratings and comments of the supervisor. In fairness to the employee, it should be noted that the supervisor is a conscientious and conservative rater.</p>			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
14 Oct 1967	Ops Officer	/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. SO
			M	GS 9	D
6. OFFICIAL POSITION TITLE		7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION	
Records Admin Officer		DC/FE/THO		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 checked="" type="checkbox"/> REASSIGNMENT SUPERVISOR			
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)			
		14 Jan 67 - 9 May 67			
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
Chief, Registry with supervisory responsibility for 8 employees.					8
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
28 JUN 1967					
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.

JUN 12 10 44 AM '67

Although Subject has been at the Station for only a few months, he quickly established himself as a formidable leader in a very large Registry operation. He is resourceful and constantly strives to improve office procedures in order to increase efficiency and provide better service. He is an old hand in the Registry field, well indoctrinated in proper procedure and knows when and how to adjust to meet changing situations.

Subject effectively supervises 8 employees and displays cost consciousness in the management and operation of his office.

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 1967	SIGNATURE OF EMPLOYEE /s/ []	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION 4	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
DATE 8 May 1967	OFFICIAL TITLE OF SUPERVISOR Records Officer	TYPED OR PRINTED NAME AND SIGNATURE /s/ []
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL Concur with rating and narrative comments. Subject is employing in this position his cumulative experience as a Registry supervisor at previous posts. Subject has contributed to the improvement of Registry procedures and in-country courier system of this large and fast moving station.		
DATE 15 May 1967	OFFICIAL TITLE OF REVIEWING OFFICIAL Ops Officer	TYPED OR PRINTED NAME AND SIGNATURE /s/ []

SECRET

SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
SECTION A GENERAL					
1. NAME		2. SEX	3. GRADE	5. SD	
		M	GS-9	b	
4. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT		
Intel. Analyst - CH			DDP/FE/Per		
8. 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 checked="" type="checkbox"/> REASSIGNMENT SUPERVISOR		
<input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)			<input 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)		
			30 Sept 65 - 1 Sept 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
Chief of Central Registry and Records with responsibility for the receipt and routing of all incoming and outgoing cables, dispatches, and memoranda of the Station, including all other organizations corresponding with the Station.					O
SPECIFIC DUTY NO. 2					RATING LETTER
Supervises six Registry employees					S
SPECIFIC DUTY NO. 3					RATING LETTER
Supervises Station courier service which distributes classified correspondence to the five geographically separated elements of the Station.					S
SPECIFIC DUTY NO. 4					RATING LETTER
Supervises the analysis and distribution of incoming and outgoing cables.					S
SPECIFIC DUTY NO. 5					RATING LETTER
Supervises the operation of the Station Flexowriters.					S
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
					S

SECRET

(When Filled In)

SECTION C		NARRATIVE COMMENTS		OFFICE OF THE
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective the 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.</p>				
<p>[] has continued to perform at a "Strong" level. He is a fine supervisor and thereby gets maximum performance from staff which is too small to handle a work load which has constantly increased over the past year. He is cost conscious in funds material and also strives to stream-line and improve the functioning of the Registry and its related functions.</p>				
<p>[] has twice been recommended for promotion. He definitely deserves it and should be assigned next to a position above his present rating.</p>				
SECTION D CERTIFICATION AND COMMENTS				
1. BY EMPLOYEE				
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT				
DATE	[] /S/			
15 August 1966				
2. BY SUPERVISOR				
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION			
14				
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE		
16 August 1966	OPS. Officer	[] /S/		
3. BY REVIEWING OFFICIAL				
COMMENTS OF REVIEWING OFFICIAL				
Concur in above rating.				
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE		
17 August 1966	Chief of Station	[] /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-09	D
6. OFFICIAL POSITION/TITLE		7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION	
Intel Analyst Ch		DDP/FE			
9. CHECK (X) TYPE OF APPOINTMENT		10. CHECK (X) TYPE OF REPORT			
<input type="checkbox"/> CARRER <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"/> REASSIGNMENT SUPERVISOR <input type="checkbox"/> REASSIGNMENT EMPLOYEE <input type="checkbox"/> SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P.		12. REPORTING PERIOD (From - to)			
NOV 30 1965		1 July - 30 September 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 Chief of Central Registry and Records with responsibility for the receipt and routing of all incoming and outgoing cables, dispatches, and memoranda of the Station, including all other organizations corresponding with the Station.					RATING LETTER O
SPECIFIC DUTY NO. 2 Supervises six Registry employees					RATING LETTER S
SPECIFIC DUTY NO. 3 Supervises Station courier service which distributes classified correspondence to the five geographically separated elements of the Station.					RATING LETTER S
SPECIFIC DUTY NO. 4 Analyze and distribute all incoming and outgoing Station cables.					RATING LETTER O
SPECIFIC DUTY NO. 5 Supervise the operation of the Station Flexowriter.					RATING LETTER S
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 S
15 DEC 1965					

SECRET

(When Filled In)

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position based on 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.</p>			
<p>During the four months [] has been under my supervision he has demonstrated very real supervisory ability and a talent for getting maximum performance from a small staff which handles an increasingly large volume of work. He has also shown his ability to cut the costs of his operation.</p> <p>[] not only runs a most efficient Registry but is also constantly seeking ways to improve and stream-line its operation. He is a man who takes such interest in his job that his ideas and plans for improvement are carefully worked out and sound.</p> <p>Though I have observed his work for only four months, I believe his over-all performance is "Strong" and close to "Outstanding." He has been recommended for promotion. He deserves it.</p>			
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		
27 October 1965	/s/ []		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYER, GIVE EXPLANATION		
4			
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
27 October 1965	Ops Officer	/s/ []	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
<p>I agree with his supervisor that Subject is unusually competent in his field and fully deserving of a "Strong" rating. Subject displays unflagging enthusiasm for his job and constantly tries to improve his operation. He has displayed a high degree of imagination and inventiveness in making changes in our over-all CRR set-up. He very definitely deserves promotion.</p>			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
2 November 1965	DCOS	/s/ []	

SECRET

SECRET
(When Filled In)

1371

FITNESS REPORT			EMPLOYEE SERIAL NUMBER	
SECTION A GENERAL				
1. NAME		2. GRADE	3. SSN	4. GRADE
		M	GS-09	D
5. OFFICIAL POSITION TITLE		7. OFF/DIV/BR OF ASSIGNMENT		
Intel Analyst Gen		DDP/PE		
8. CHECK (X) TYPE OF APPOINTMENT		9. CHECK (X) TYPE OF REPORT		
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY CAREER-PROVISIONAL (See Instructions - Section C) SPECIAL (Specify):		<input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P.		12. REPORTING PERIOD (From - to)		
		1 October 1964 - 30 June 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).				RATING LETTER
SPECIFIC DUTY NO. 1 Chief of Central Registry and Records with responsibility for the receipt and routing of all incoming and outgoing cables, dispatches, and memoranda of the Station, including all other organizations corresponding with the Station				S
SPECIFIC DUTY NO. 2 Supervises six Registry employees				S
SPECIFIC DUTY NO. 3 Supervises Station courier service which distributes classified correspondence to the five geographically separated elements of the Station				S
SPECIFIC DUTY NO. 4 Analyzes and distributes all incoming and outgoing Station cables				O
SPECIFIC DUTY NO. 5 Supervises the Station Flexewriter				S
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
29 JUN 1965				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 ~~foreign~~ ^{foreign} language competence, if required for current position. Amplify or explain ratings given in Section II to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

As Chief of the Station Registry this employee continues to perform an exceptional level with little supervision from his supervisor. His supervisor being reassigned and is scheduled to be replaced by another officer who will necessarily need several months to become knowledgeable of Registry activities. However there is no concern that the flow of paper and the maintenance of accurate records will be affected due to the turnover of supervisors. This employee continues to use his native ingenuity and high standards of achievement to ensure that his office continues to be a well run and efficient unit. He continues to ensure that no government funds are wasted, even to the extent of arranging for the construction of certain modifications to the Registry office by Registry employees at little cost to the Government. This employee has been performing at a level above his present GS-09 grade. As recommended in November 1964, it is recommended that this employee should be promoted to the next higher grade at the earliest possible opportunity.

SECTION D

CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

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

DATE

4 June 65

SIGNATURE OF EMPLOYEE

43

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN
UNDER MY SUPERVISION

45

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

GATE

6 June 65

OFFICIAL TITLE OF SUPERVISOR

Gen. Officer

TYPED OR PRINTED NAME AND SIGNATURE

18/

1.

BY REVIEWING OFFICIAL

COMMENTS OF RAYMOND OFFICIAL

Subject takes his job seriously and performs it in strong fashion. I would say that he displays more energy, interest, and continuing attention than just about anyone else I've seen in registry-type work.

545

10 June 55

OFFICIAL TITLE OF REVIEWING OFFICIAL

DE 95

TYPED ON PRINTED NAME AND SIGNATURE

121

Abstract

~~CONFIDENTIAL~~ Attachment No. 10 FBI 12202
 (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-09	5. SD D
6. OFFICIAL POSITION TITLE Intel Analyst Gen		7. OFF/DIV. BR OF ASSIGNMENT DDP/FE/		8. CURRENT STATION	
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"/> SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P. 30 Nov 64		12. REPORTING PERIOD (From - to) 1 October 1963 - 30 September 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).					RATING LETTER
SPECIFIC DUTY NO. 1 Chief of Central Registry and Records with responsibility for the receipt and routing of all incoming and outgoing cables, dispatches, and memoranda of the Station, including all other organizations corresponding with the Station					S
SPECIFIC DUTY NO. 2 Supervises six Registry employees					S
SPECIFIC DUTY NO. 3 Supervises Station courier service which distributes classified correspondence to the five geographically separated elements of the Station					S
SPECIFIC DUTY NO. 4 Analyzes and distributes all incoming and outgoing Station cables					S
SPECIFIC DUTY NO. 5 Supervises the Station Flexewriter					S
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, if applicable.

This employee continues to be Chief of the Station Registry. During the past year his level of performance can be properly evaluated as exceptionally proficient. He continues to welcome hard work, is not bothered by constantly changing deadlines and is able to fill in for any absent member of his unit, and keep up his own work as well. He is quite conscious of the value of Government personnel and materiel, and does everything in his power to conserve these resources. He continues to come up with new ideas on how to perform his functions in a more efficient and effective manner. This results in benefits to the entire Station. It is regrettable that the position this employee fills does not allow for promotion since he has been performing at a level above his present grade for several years.

SECTION D

CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

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

DATE

1 Oct 64

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

1 Oct 64

OFFICIAL TITLE OF SUPERVISOR

Ops Officer

TYPED OR PRINTED NAME AND SIGNATURE

/s/

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

I fully concur with the rater's comments and sentiments. I have known this employee for a number of years during which time he has evidenced real growth in self-sufficiency and also in the handling of his responsibilities as a supervisor.

DATE

29 Oct 64

OFFICIAL TITLE OF REVIEWING OFFICIAL

COS

TYPED OR PRINTED NAME AND SIGNATURE

/s/ William V. Broe

SECRET

CONFIDENTIAL

CONFIDENTIAL
SECRET
(When Filled In)

ATT TO FJTT-10860

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
SECTION A GENERAL					
1. NAME (Last) (First) (Middle)		2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD
			N	GS-09	D
6. OFFICIAL POSITION TITLE		7. OFF DIVISION OF ASSIGNMENT 8. CURRENT STATION			
Intel Analyst Gen		DDP/FE/			
9. CHECK (X) TYPE OF APPOINTMENT		10. CHECK (X) TYPE OF REPORT			
XX CAREER RESERVE TEMPORARY		INITIAL: REASSIGNMENT SUPERVISOR			
CAREER-PROVISIONAL (See Instructions - Section C)		X ANNUAL REASSIGNMENT EMPLOYEE			
SPECIAL (Specify):		SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P.		12. REPORTING PERIOD (From - to)			
30 November 1963		1 Oct 62-30 Sep 63			
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 Chief of Central Registry and Records with responsibility for the receipt and routing of all incoming and outgoing cables, dispatches, and memoranda of the Station, including all other organizations corresponding with the Station.					S
SPECIFIC DUTY NO. 2 Supervises six Registry employees					P
SPECIFIC DUTY NO. 3 Supervises Station courier service which distributes classified correspondence to the five geographically separated elements of the Station.					P
SPECIFIC DUTY NO. 4 Analyzes and distributes all incoming and outgoing Station cables.					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.					S

CONFIDENTIAL
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 must be described, if applicable.

As Chief of the [] Station Registry, this employee has performed at a level of exceptional proficiency for the past year. He welcomes hard work, is able to fill in for any absent member of his unit and keep up his own work as well. He continues to bring up ideas for the improvement of his unit. These have been particularly welcome during the past year in view of the impending move of the Registry to a new location []. The slight tendency to be arbitrary mentioned in the last fitness report has been eliminated during this reporting period. In view of this employee's strong performance over the past year, he is being recommended for promotion to GS-10.

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	
10 Sept. 63	/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
10 Sept. 63	Chief, Ops Support Staff	/s/ []
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
<p>I concur in this rating and add that this employee has not let the very serious personal problems thrust upon him during this period interfere in any way with his consistently dependable performance. In this key role, in any station of this size, dependability, reliability, and confidence are "musts" and while there are quite naturally small aggravating incidents of mis-routing or mis-direction of documents, I have been struck by the lack of them here, because ratee has the "must" qualities. His performance certainly warrants favorable consideration of the projected promotion action.</p>		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
11 September 63	Deputy Chief of Station	[]

SECRET

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-9
5. OFFICIAL POSITION TITLE Intel Analyst		6. OFF/DIV/BR OF ASSIGNMENT DDP/FE		7. CURRENT STATION	
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 type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C) <input type="checkbox"/> SPECIAL (Specify):		<input checked="" type="checkbox"/> INITIAL <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> SPECIAL (Specify):			
10. DATE REPORT DUE IN O.P.		11. REPORTING PERIOD (From - to) 1 Oct 61 - 30 Sept 62			
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 Chief of Central Registry and Records with responsibility for the receipt, analysis and routing of all incoming and outgoing cables, dispatches and memoranda of the Station, including all other organizations corresponding with the Station.					P
SPECIFIC DUTY NO. 2 Supervises four Registry employees.					P
SPECIFIC DUTY NO. 3 Supervises a courier service which distributes correspondence to the five geographically separated elements of the Station.					P
SPECIFIC DUTY NO. 4					RATING LETTER
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.					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.

As the Chief of the Registry this employee has performed well. He has abundant energy and constantly comes up with ideas for the improvement of the efficiency of his unit. He welcomes hard work and is able to fill in and take over any job in his unit and keep up with his own duties as well. As a supervisor, he has a slight tendency to be arbitrary when convinced he is right. This may be due to the fact that the Registry frequently operates under conditions of pressure due to the recent reorganization, reduction, and relocation of the Station. The Station has been required to get the job done with fewer people and under more difficult working conditions.

SECTION D

CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

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

DATE

25 Oct. 1962

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

OFFICIAL TITLE OF SUPERVISOR

TYPED OR PRINTED NAME AND SIGNATURE

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

Subject has done and continues to do well what is expected of him. In amplification of the last sentence of the rater's comments (Section C) Subject has made the adjustment to "fewer people" and "more difficult working conditions" quite well, without trouble and more importantly with no impediment to the CRM service.

DATE

26 Oct 1962

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR PRINTED NAME AND SIGNATURE

SECRET

SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SYMBOL NUMBER CSPD	
SECTION A GENERAL					
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH		3. SEX
					M
4. GRADE			GS-9		
5. SERVICE DESIGNATION, 6. OFFICIAL POSITION TITLE				7. OFF/DIV/BR OF ASSIGNMENT	
D Ops Officer				STATION	
8. CAREER STAFF STATUS			9. TYPE OF REPORT		
<input type="checkbox"/> NOT ELIGIBLE	<input type="checkbox"/> MEMBER	<input type="checkbox"/> DEFERRED	<input type="checkbox"/> INITIAL	<input type="checkbox"/> REASSIGNMENT/SUPERVISOR	
<input type="checkbox"/> PENDING	<input type="checkbox"/> DECLINED	<input type="checkbox"/> DENIED	<input checked="" type="checkbox"/> ANNUAL	<input type="checkbox"/> REASSIGNMENT/EMPLOYEE	
10. DATE REPORT DUE IN O.F.			11. REPORTING PERIOD		
			From 15 Apr 61-30 Sep 61 To		
			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		RATING NO.	SPECIFIC DUTY NO. 4		RATING NO.
Chief of local registry, supervising four persons.		4			
SPECIFIC DUTY NO. 2		RATING NO.	SPECIFIC DUTY NO. 5		RATING NO.
SPECIFIC DUTY NO. 3		RATING NO.	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. 4
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
GETS THINGS DONE					
RESOURCEFUL					
ACCEPTS RESPONSIBILITIES					
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES					
DOES HIS JOB WITHOUT STRONG SUPPORT					
FACILITATES SMOOTH OPERATION OF HIS OFFICE			X		
WRITES EFFECTIVELY			X		
SECURITY CONSCIOUS					
THINKS CLEARLY					
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS					
OTHER (Specify):					

SEE SECTION "E" ON REVERSE SIDE

SECRET

(When Filled In)

OFFICE OF PERSONNEL

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 developing and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide basis for determining future personnel actions.

Ratee has been in charge of station registry since 28 April 1961. This has been a period of dramatic change in the station and especially in our paper management. He has responded well to these changes and shows a degree of adaptability that bodes well. His handling of our recent "holdings" inventory, his unceasing efforts to reduce unnecessary holdings, and his knowledge of his business (RI) have made him a valued addition to our shrinking team. In this short rating period there has been little opportunity for me to observe his supervisory abilities, but the lack of any problem on this count coming to my attention means to me that he is doing well. Another six months should tell us more on this score.

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

6 Oct 61

[Signature]

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, 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

OFFICIAL TITLE OF SUPERVISOR

TYPED OR PRINTED NAME AND SIGNATURE

6 Oct 61

[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

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR PRINTED NAME AND SIGNATURE

6 Oct 61

[Signature]

SECRET

SECRET
(When Filled In)

20 DEC 1960

21111 FITNESS REPORT		EMPLOYEE SERIAL NUMBER <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div>	
SECTION A GENERAL			
1. NAME		3. SEX	4. GRADE
		M	GS-9
5. SERVICE DESIGNATION	6. OFFICIAL POSITION TITLE		7. OFF/DIV/BR OF ASSIGNMENT
DI	Records Management Officer		DDP/12/Secretariat
8. CAREER STAFF STATUS		9. TYPE OF REPORT	
NOT ELIGIBLE	<input checked="" type="checkbox"/> MEMBER	DEFERRED	INITIAL
PENDING	DECLINED	DENIED	<input checked="" type="checkbox"/> ANNUAL
		REASSIGNMENT/SUPERVISOR	
		REASSIGNMENT/EMPLOYEE	
10. DATE REPORT DUE IN O.P.		11. REPORTING PERIOD	
31 October 1960		From Sep 57 - 30 Sep 60 To	
		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 Liaison with RID, DDP/RMO, DDP/MCU, other Division records officers, etc., re implementation of DDP records management program		RATING NO. 6	SPECIFIC DUTY NO. 4 Assistance to FE personnel in problems of retention and retirement of records
SPECIFIC DUTY NO. 2 Training and assistance to FE personnel in records management procedures		RATING NO. 5	SPECIFIC DUTY NO. 5 Guidance to field records officers
SPECIFIC DUTY NO. 3 Planning and development of Division vital materials program		RATING NO. 5	SPECIFIC DUTY NO. 6 Implementation of various records purges and records programs
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. <div style="border: 1px solid black; width: 40px; height: 40px; text-align: center; line-height: 40px; margin: 10px;">5</div>
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	
DOES 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):			X
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 his ability to accept 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.

Subject is an excellent records officer. His interest in the subject and his perseverance in carrying out tasks connected with it have not only produced results in his own work, but have kindled enthusiasm and interest within the Division in developments in Agency records management. He has been able to improve records within the Division with a great deal of success, and at the same time avoided the usual aversion to records responsibility which too much emphasis on records creates in the case officer. His ability to get along well with others is important in his liaison function.

Subject's work on the vital materials program in the last year has resulted in a much more realistic program for the Division. The creation and ~~establishment~~ up-to-date retention of vital materials has for some time been a problem for which little solution could be found. It appears that the present program will result in vital materials which will be current and usable if needed.

Subject is at present assigned to a part-time detail in MMU. This should help to broaden his knowledge of new approaches in the records field. A/EXO/DDP has expressed his complete satisfaction with the very effective work [redacted] is doing on this detail.

[redacted] work during the last year was the basis for a commendation of the Division's records program by CDF.

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 16 DEC 1960

310

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

20

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, 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

16 December 1960

OFFICIAL TITLE OF SUPERVISOR

C/FE/ESEC

TYPED OR PRINTED NAME AND SIGNATURE

3. BY REVIEWING OFFICIAL

I COULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.

I COULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.

I COULD 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

OFFICIAL TITLE OF REVIEWING OFFICIAL

FE/EXO

TYPED OR PRINTED NAME AND SIGNATURE

SECRET

SECRET
(When Filled In)

Record
6020

1 1 55 1400

FITNESS REPORT						EMPLOYEE SERIAL NUMBER <div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div>	
SECTION A GENERAL							
1. NAME <div style="border: 1px solid black; width: 100%; height: 20px;"></div>				3. SEX M		4. GRADE AS-9	
5. SERVICE DESIGNATION OI		6. OFFICIAL POSITION TITLE Records Mgmt Officer		7. OFF/DIV/BR OF ASSIGNMENT OFFICE/Secretariat			
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 type="checkbox"/> PENDING		<input type="checkbox"/> DECLINED		<input type="checkbox"/> DENIED		<input checked="" type="checkbox"/> ANNUAL	
						<input type="checkbox"/> REASSIGNMENT/SUPERVISOR	
						<input type="checkbox"/> REASSIGNMENT/EMPLOYEE	
10. DATE REPORT DUE IN O.P. 31 October 1959				11. REPORTING PERIOD From 1 Sep 58 - 30 Sep 59 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 Liaison with RID, DDP/RMO, DDP/MMU, other Division records officers, etc, re implementation of records mgt program				RATING NO. 6		SPECIFIC DUTY NO. 4 Assistance to FE personnel in problems of retention and retirement of records	
SPECIFIC DUTY NO. 2 Training and assistance for FE personnel in records mgt procedures				RATING NO. 4		SPECIFIC DUTY NO. 5 Guidance to field records officers	
SPECIFIC DUTY NO. 3 Planning and development of Division vital materials program				RATING NO. 4		SPECIFIC DUTY NO. 6 Guidance in all records problems	
				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.							
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
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							

SECRET
(When Filled In)

OFFICE OF PERSONNEL

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

Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made 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 a basis for determining future personnel actions.

Subject is an excellent records officer. He is enthusiastic about his specialty and works hard at it, putting a great deal of energy into his work.

He is quick and understands records thoroughly. Because of this, he is at times inclined to jump ahead of others in records discussions and should attempt to slow down his approach to the subject to meet the level of persons who do not have the same records background.

Subject could fill any position in the records management field, and should advance quickly. He is interested in developing his capabilities and is at present enrolled in the Writing Workshop with this in mind.

This report has been prepared in accordance with FE Division standards which recognize the value of rating the individual against the group. Thus an "average" rating reflects an entirely satisfactory performance.

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 29 Oct 59	SIGNATURE [Redacted]	
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.		
EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS	REPORT MADE WITHIN LAST 90 DAYS	
OTHER (Specify):		
DATE 27 October 1959	OFFICIAL TITLE OF SUPERVISOR C/FE/ESEC	SIGNATURE [Redacted]
3. BY REVIEWING OFFICIAL		
<input checked="" type="checkbox"/> I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION. <input type="checkbox"/> I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION. <input type="checkbox"/> I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION. <input type="checkbox"/> I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.		
COMMENTS OF REVIEWING OFFICIAL: Subject is a promising young records officer. He has demonstrated a capability for growth and for assuming greater responsibility. He is very much interested in records management and wants to make a career of it. His career development should be designed to afford him opportunities for maximum development both in terms of varied Headquarters experience and in field assignments.		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL FE/EXO	SIGNATURE [Redacted]

SECRET

SECRET

(When Filled In)

FF-25

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 B, of Section "A" below.

SECTION A.

GENERAL

1. NAME			3. SEX	4. SERVICE DESIGNATION
5. OFFICE DIVISION BRANCH OF ASSIGNMENT	6. OFFICIAL DIVISION TITLE			
DDP/	RE FE/		H. D.T.	
7. GRADE	8. DATE REPORT DUE IN DP	9. PERIOD COVERED BY THIS REPORT (Inclusive dates)		
GS-7		21 August 1958 - 4 Sept. 1958		
10. TYPE OF REPORT (Check one)	INITIAL	REASSIGNMENT SUPERVISOR	SPECIAL (Specify)	
	ANNUAL	REASSIGNMENT EMPLOYEE	X For TDY Period	

SECTION B.

CERTIFICATION

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

Subject left station

A. CHECK (X) APPROPRIATE STATEMENT(S):

<input checked="" type="checkbox"/> THIS REPORT REFLECTS MY OWN OPINIONS OF THIS INDIVIDUAL.	IF INDIVIDUAL IS RATED "C" OR "D", A WARNING LETTER HAS BEEN SENT 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 KNOWS HOW I EVALUATE HIS JOB PERFORMANCE BECAUSE (Specify):
<input type="checkbox"/> I HAVE DISCUSSED WITH THIS EMPLOYEE HIS STRENGTHS AND WEAKNESSES SO THAT HE KNOWS HOW HE STANDS.	

B. THIS DATE	C. DATE OF SUPERVISOR'S REVIEW	D. SUPERVISOR'S OFFICIAL TITLE
18 Sept 1958		1st of Station,

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

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

A. THIS DATE	B. TYPE OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL	C. OFFICIAL TITLE OF REVIEWING OFFICIAL

SECTION C.

JOB PERFORMANCE EVALUATION

1. RATING ON GENERAL PERFORMANCE OF DUTIES

DEFINITIONS: 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. RARELY 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: This rating covers the period 21 August - 4 September 1958, while subject was [] surveying Station files and installing new RI standardized filing system.

SECRET

2. RATINGS IN PERFORMANCE OF SPECIFIC DUTIES		OFFICE OF PERSONNEL																									
<p>DIRECTIONS:</p> <p>a. State in the spaces below up to six of the more important SPECIFIC duties performed during this 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 supervisors those who supervise a secretary only).</p> <p>d. Compare in your mind, when possible, the individual being rated with others performing the same or 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 INTERVIEWS</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>TYPIST</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 at 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 INTERVIEWS	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	TYPIST	COORDINATES WITH OTHER OFFICES	DRIVES TRUCK	TAKING DICTATION	WRITES REGULATIONS	MAINTAINS AIR CONDITIONING	SUPERVISING	PREPARES CORRESPONDENCE	EVALUATES SIGNIFICANCE OF DATA
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SUPERVISING	PREPARES CORRESPONDENCE	EVALUATES SIGNIFICANCE OF DATA																									
<p>DESCRIPTIVE RATING NUMBER</p> <table border="0"> <tr> <td>1. INCOMPETENT IN THE PERFORMANCE OF THIS DUTY</td> <td>6. PERFORMS THIS DUTY IN AN OUTSTANDING MANNER FOUND IN VERY FEW INDIVIDUALS HOLDING SIMILAR JOBS</td> </tr> <tr> <td>2. BARELY ADEQUATE IN THE PERFORMANCE OF THIS DUTY</td> <td>7. EXCELS ANYONE I KNOW IN THE PERFORMANCE OF THIS DUTY</td> </tr> <tr> <td>3. PERFORMS THIS DUTY ACCEPTABLY</td> <td></td> </tr> <tr> <td>4. PERFORMS THIS DUTY IN A COMPETENT MANNER</td> <td></td> </tr> <tr> <td>5. PERFORMS THIS DUTY IN SUCH A FINE MANNER THAT HE IS A DISTINCT ASSET ON HIS JOB</td> <td></td> </tr> </table>				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															
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SPECIFIC DUTY NO. 1	RATING NUMBER	SPECIFIC DUTY NO. 4	RATING NUMBER																								
Installing new RI Filing System	5	Develops new Programs	5																								
SPECIFIC DUTY NO. 2	RATING NUMBER	SPECIFIC DUTY NO. 5	RATING NUMBER																								
Surveying Station Files	5	Manages Files	5																								
SPECIFIC DUTY NO. 3	RATING NUMBER	SPECIFIC DUTY NO. 6	RATING NUMBER																								
Oral Briefing	5																										
<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> <p>STRENGTHS: Ability to see another's viewpoint and to work out satisfactory compromises between the RI system and operational requirements of the [] station.</p> <p>WEAKNESSES: None observed.</p>																											
<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 past, 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> <table border="0"> <tr> <td>1. DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED</td> <td></td> </tr> <tr> <td>2. OF DOUBTFUL SUITABILITY - I SHOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW</td> <td></td> </tr> <tr> <td>3. A BARELY ACCEPTABLE EMPLOYEE...BETTER AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION</td> <td></td> </tr> <tr> <td>4. OF THE SAME SUITABILITY AS MOST PEOPLE I KNOW IN THE ORGANIZATION</td> <td></td> </tr> <tr> <td>5. A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS</td> <td></td> </tr> <tr> <td>6. AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION</td> <td></td> </tr> <tr> <td>7. EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION</td> <td></td> </tr> </table> <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>				1. DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED		2. OF DOUBTFUL SUITABILITY - I SHOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW		3. A BARELY ACCEPTABLE EMPLOYEE...BETTER AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION		4. OF THE SAME SUITABILITY AS MOST PEOPLE I KNOW IN THE ORGANIZATION		5. A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS		6. AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION		7. EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION											
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SECRET

SECRET

(When Filled In)

25

PWA

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. SEX	4. SERVICE DESIGNATION
		M	DI
5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT		6. OFFICIAL POSITION/TITLE	
		Records Management Analyst	
7. GRADE	8. DATE REPORT DUE IN OP	9. PERIOD COVERED BY THIS REPORT (Inclusive dates)	
GS-7		8 December 1957 - September 1958	
10. TYPE OF REPORT (Check one)	INITIAL	REASSIGNMENT-SUPERVISOR	SPECIAL (Specify)
	ANNUAL	REASSIGNMENT-EMPLOYEE	Promotion

SECTION B.

CERTIFICATION

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

Absent from Station. Will be shown upon return.

A. CHECK (X) APPROPRIATE STATEMENTS:

<input type="checkbox"/>	THIS REPORT REFLECTS MY OWN OPINIONS OF THIS INDIVIDUAL.	<input type="checkbox"/>	IF INDIVIDUAL IS RATED "I" IN C1 OR D, A WARNING LETTER HAS BEEN SENT TO HIM AS A COPY ATTACHED TO THIS REPORT.
<input checked="" type="checkbox"/>	THIS REPORT REFLECTS THE COMBINED OPINIONS OF MYSELF AND PREVIOUS SUPERVISORS SEE ATTACHED REPORTS	<input type="checkbox"/>	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.	<input checked="" type="checkbox"/>	Will upon return to Station.

8. THIS DATE	C. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR	9. SUPERVISOR'S OFFICIAL TITLE
4 Sept 1958		C/Amin

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
H. B.	10/2/58
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
4 Sept 1958	George E. Aurell	COG

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

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 by this rating person. 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 the same 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 style="width: 100%; font-size: small;"> <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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<p style="text-align: right; font-weight: bold;">OFFICE OF PERSONNEL OCT 14 9 17 AM '58 MAIL ROOM</p>																											
<p>DESCRIPTIVE RATING NUMBER</p>	<p>1 - INCOMPETENT 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>																									
<p>SPECIFIC DUTY NO. 1</p> <p>Supervises 2 Records Mgm. Analysts</p>	<p>RATING NUMBER</p> <p>5</p>	<p>SPECIFIC DUTY NO. 4</p> <p>Processes files in accordance with Specific Records System</p>	<p>RATING NUMBER</p> <p>6</p>																								
<p>SPECIFIC DUTY NO. 2</p> <p>Devises Records Systems to suit Station needs.</p>	<p>RATING NUMBER</p> <p>6</p>	<p>SPECIFIC DUTY NO. 5</p>	<p>RATING NUMBER</p>																								
<p>SPECIFIC DUTY NO. 3</p> <p>Trains Station personnel in Records maintenance.</p>	<p>RATING NUMBER</p> <p>5</p>	<p>SPECIFIC DUTY NO. 6</p>	<p>RATING NUMBER</p>																								
<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> <p>Strengths: Works hard and fast. Able to analyze problems and organize work of Records Management Team in methodical sequence.</p> <p>Weakness: No notable weaknesses.</p>																											
<p style="text-align: center;">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...BETTER AVERAGE BUT WITH NO REASONABLY 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</p> <p>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 CF 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	DE
5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT		6. OFFICIAL POSITION TITLE	
		Records Management Analyst	
7. GRADE	8. DATE REPORT DUE IN OF	9. PERIOD COVERED BY THIS REPORT (Inclusive dates)	
08-7		8 December 1957 - September 1958	
10. TYPE OF REPORT (Check one)	INITIAL	REASSIGNMENT-SUPERVISOR	SPECIAL (Specify)
	ANNUAL	REASSIGNMENT-EMPLOYEE	Promotion

SECTION F.

CERTIFICATION

1. FOR THE RATED: 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
1 Sept. 1958		C/Asst
2. FOR THE REVIEWING OFFICIAL: I HAVE REVIEWED THIS REPORT AND NOTED ANY DIFFERENCE OF OPINION IN ATTACHED MEMO.		
A. THIS DATE	B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL	C. OFFICIAL TITLE OF REVIEWING OFFICIAL
1 Sept. 1958	George E. Aurell	COB

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	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 as to 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	DESCRIPTION
0	HAVE NO OPINION ON HIS SUPERVISORY POTENTIAL IN THIS SITUATION
1	BELIEVE INDIVIDUAL WOULD BE A WEAK 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)
	3	A GROUP OF SUPERVISORS WHO PERFORM 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
3		WHEN IMMEDIATE SUPERVISORIAL ACTIVITIES ARE DIVERSE AND NEED CAREFUL COORDINATION
	3	WHEN IMMEDIATE SUPERVISORY DUTIES INCLUDE MEMBERS OF THE OPPOSITE SEX
		Other (Specify)

SECRET

(When Filled In)

3. INDICATE THE APPROXIMATE NUMBER OF MONTHS THE RATED EMPLOYEE HAS BEEN UNDER YOUR SUPERVISION 6 months	4. COMMENTS CONCERNING POTENTIAL <div style="text-align: right;"> OFFICE OF PERSONNEL OCT 14 9 17 AM '58 MAIL ROOM </div>
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SECTION II. FUTURE PLANS	
1. TRAINING OR OTHER DEVELOPMENTAL EXPERIENCE PLANNED FOR THE INDIVIDUAL None planned nor available while on current overseas tour.	
2. NOTE OTHER FACTORS, INCLUDING PERSONAL CIRCUMSTANCES, TO BE TAKEN INTO ACCOUNT IN INDIVIDUAL'S FUTURE ASSIGNMENTS Subject single and willing serve geographic locations. Believe subject performs best in demanding 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.					
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
3	1. ABLE TO SEE ANOTHER'S POINT OF VIEW	5	11. HAS HIGH STANDARDS OF ACCOMPLISHMENT	4	21. IS EFFECTIVE IN DISCUSSING SIGNS WITH ASSOCIATES
3	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 RESPONSIBILITIES	5	23. IS THOUGHTFUL OF OTHERS
4	4. IS ANALYTIC IN HIS THINKING	3	14. ADMITS HIS ERRORS	4	24. WORKS WELL UNDER PRESSURE
5	5. STRIVES CONSTANTLY FOR NEW KNOWLEDGE AND IDEAS	4	15. RESPONDS WELL TO SUPERVISION	4	25. DISPLAYS JUDGEMENT
4	6. KNOWS WHEN TO SEEK ASSISTANCE	5	16. DOES HIS JOB WITHOUT STRONG SUPPORT	3	26. IS SECURITY CONSCIOUS
5	7. CAN GET ALONG WITH PEOPLE	5	17. COMES UP WITH SOLUTIONS TO PROBLEMS	3	27. IS VERSATILE
4	8. HAS MEMORY FOR FACTS	3	18. IS OBSERVANT	3	28. HIS CRITICISM IS CONSTRUCTIVE
4	9. GETS THINGS DONE	3	19. THINKS CAREFULLY	4	29. FACILITATES SMOOTH OPERATION OF HIS OFFICE
X	10. CAN Cope WITH EMERGENCIES	4	20. COMPLETES ASSIGNMENTS WITHIN ALLOCABLE TIME LIMITS	5	30. DOES NOT REQUIRE STRONG AND CONTINUOUS SUPERVISION

SECRET

SECRET

(When Filled In)

FF-35 28 SEP 58

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 20-374. 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. SEX	4. SERVICE DESIGNATION
5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT		6. OFFICIAL POSITION TITLE	
7. GRADE	8. DATE REPORT DUE IN '58	9. PERIOD COVERED BY THIS REPORT (Inclusive dates) 4 April - 30 June 1958	
10. TYPE OF REPORT (Check one)	INITIAL ANNUAL	REASSIGNMENT-SUPERVISOR REASSIGNMENT-EMPLOYEE	SPECIAL (Specify) T.D.Y.

SECTION B.

CERTIFICATION

1. FOR THE RATER: THIS REPORT ☐ HAS ☒ HAS NOT BEEN SHOWN TO THE INDIVIDUAL RATED. IF NOT SHOWN, EXPLAIN WHY NOT.
Report prepared after subject departed this station

A. CHECK (X) APPROPRIATE STATEMENT(S):

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

B. THIS DATE

C. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR

D. SUPERVISOR'S OFFICIAL TITLE

10 July 1958

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
1. B.	11 OCT 1958
ALL	10/10/58

☐ 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

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.

6	1. DOES NOT PERFORM DUTIES ADEQUATELY. HE IS INCOMPETENT. 2. BRIEFLY 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

(When Filled In)

OFFICE OF PERSONNEL

2. RATINGS ON PERFORMANCE OF SPECIFIC DUTIES

DIRECTIONS:

- a. 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.
- b. Rate performance on each specific duty considering ONLY effectiveness in performance of this specific duty.
- c. For supervisors, ability to supervise will always be rated as a specific duty (do not rate on supervision those who supervise a secretary only).
- d. Compare in your mind, when possible, the individual being rated with others performing the same duty at a similar level of responsibility.
- e. Two individuals with the same job title may be performing different duties. If so, rate them on different duties.
- f. Be specific. Examples of the kind of duties that might be rated are:

ORAL BRIEFING

GIVING LECTURES

CONDUCTING SEMINARS

WRITING TECHNICAL REPORTS

CONDUCTING EXTERNAL LIAISON

TYPING

TAKING DICTATION

SUPERVISING

HAS AND USES AREA KNOWLEDGE

DEVELOPS NEW PROGRAMS

ANALYZES INDUSTRIAL REPORTS

MANAGES FILES

OPERATES RADIO

COORDINATES WITH OTHER OFFICES

WRITES REGULATIONS

PREPARES CORRESPONDENCE

CONDUCTS INTERROGATIONS

PREPARES SUMMARIES

TRANSLATES GERMAN

DEBRIEFING SOURCES

KEEPS BOOKS

DRIVES TRUCK

MAINTAINS AIR CONDITIONING

EVALUATES SIGNIFICANCE OF DATA

- 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.

DESCRIPTIVE
RATING
NUMBER

- 1 - INCOMPETENT IN THE PERFORMANCE OF THIS DUTY
- 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

Analysis of records problems and establishing records procedures

RATING
NUMBER
6

SPECIFIC DUTY NO. 2

Supervising

RATING
NUMBER
6

SPECIFIC DUTY NO. 3

SPECIFIC DUTY NO. 3
Keeping his own records and reporting on work progress.RATING
NUMBER
5

SPECIFIC DUTY NO. 4

RATING
NUMBERRATING
NUMBERRATING
NUMBER

3. NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

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

Subject analyzed difficult records problems quickly and precisely, discussed his recommendations forcefully and convincingly, and then proceeded to put them into effect with considerable energy. He not only supervised his subordinates effectively so that every minute was productive, but did a good share of the routine work himself, making certain that everything was done precisely as planned.

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.

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

6

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)

29 SEP 1958

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 OI 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
5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT		6. OFFICIAL POSITION TITLE	
7. GRADE	8. DATE REPORT DUE IN OF	9. PERIOD COVERED BY THIS REPORT (Inclusive dates)	
4 April - 30 June 1958			
10. TYPE OF REPORT (Check one)	INITIAL	REASSIGNMENT-SUPERVISOR	SPECIAL (Specify)
	ANNUAL	REASSIGNMENT-EMPLOYEE	T.D.Y.

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
10 July 1958		
2. FOR THE REVIEWING OFFICIAL: I HAVE REVIEWED THIS REPORT AND NOTED ANY DIFFERENCE OF OPINION IN ATTACHED MEMO.		
A. THIS DATE	B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL	C. OFFICIAL TITLE OF REVIEWING OFFICIAL
10 July 1958		

SECTION G.

ESTIMATE OF POTENTIAL

1. POTENTIAL TO ASSUME GREATER RESPONSIBILITIES
 INSTRUCTIONS: 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 - 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

INSTRUCTIONS: 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	0 - HAVE NO OPINION ON HIS SUPERVISORY POTENTIAL IN THIS SITUATION	
1	BELIEVE INDIVIDUAL WOULD BE A WEAK 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 supervisor)
	3	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)
	3	WHEN CONTACT WITH IMMEDIATE SUBORDINATES IS NOT FREQUENT
	3	WHEN IMMEDIATE SUBORDINATES' ACTIVITIES ARE DIVERSE AND NEED CAREFUL COORDINATION
	0	WHEN IMMEDIATE SUBORDINATES INCLUDE MEMBERS OF THE OPPOSITE SEX
	0	Other (Specify)

SECRET

Potential

SECRET

(When Filled In)

3. INDICATE THE APPROXIMATE NUMBER OF MONTHS THE RATED EMPLOYEE HAS BEEN UNDER YOUR SUPERVISION		DEGREE OF PERSONNEL	
Three			
4. COMMENTS CONCERNING POTENTIAL			
<p>From subject's performance here it appears that his potential in the records management field may be limited only by his lack of formal higher education, and even in this respect he could overcome this deficiency with some training. His forcefulness and boundless energy would unquestionably inspire any subordinates to higher performance. He has an intense interest in records work and an ability to grasp complex problems and make quick decisions.</p>			
SECTION II. FUTURE PLANS			
1. TRAINING OR OTHER DEVELOPMENTAL EXPERIENCE PLANNED FOR THE INDIVIDUAL			
None			
2. NOTE OTHER FACTORS, INCLUDING PERSONAL CIRCUMSTANCES, TO BE TAKEN INTO ACCOUNT IN INDIVIDUAL'S FUTURE ASSIGNMENTS			
None			
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.			
X = 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
3	1. ABLE TO SEE ANOTHER'S POINT OF VIEW	5	11. HAS HIGH STANDARDS OF ACCOMPLISHMENT
4	2. CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES	4	12. SHOWS ORIGINALITY
5	3. HAS INITIATIVE	5	13. ACCEPTS RESPONSIBILITIES
4	4. IS ANALYTIC IN HIS THINKING	3	14. ADMITS HIS ERRORS
5	5. STRIVES CONSTANTLY FOR NEW KNOWLEDGE AND IDEAS	3	15. RESPONDS WELL TO SUPERVISION
5	6. KNOWS WHEN TO DEAR ASSISTANCE	5	16. DOES HIS JOB WITHOUT STRONG SUPPORT
5	7. CAN GET ALONG WITH PEOPLE	4	17. COMES UP WITH SOLUTIONS TO PROBLEMS
5	8. HAS MEMORY FOR FACTS	4	18. IS OBEYANT
5	9. GETS THINGS DONE	5	19. THINKS CLEARLY
X	10. CAN COPE WITH EMERGENCIES	4	20. COMPLETES ASSIGNMENTS WITHIN ALLOWABLE TIME LIMITS
		5	21. IS EFFECTIVE IN DISCUSSIONS WITH ASSOCIATES
		3	22. IMPLEMENTS DECISIONS REGARDLESS OF OWN FEELINGS
		3	23. IS THOUGHTFUL OF OTHERS
		5	24. WORKS WELL UNDER PRESSURE
		4	25. DISPLAYS JUDGEMENT
		3	26. IS SECURITY CONSCIOUS
		X	27. IS VERSATILE
		4	28. HIS CRITICISM IS CONSTRUCTIVE
		4	29. FACILITATES SMOOTH OPERATION OF HIS OFFICE
		5	30. DOES NOT REQUIRE SUPERVISION

SECRET

SECRET

(When Filled)

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. SEX	4. SERVICE DESIGNATION
		M	SD: DI
5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT		6. OFFICIAL POSITION TITLE	
FI RI A&O		OS-013C.35-7 Intel Analyst	
7. GRADE	8. DATE REPORT DUE IN OP	9. PERIOD COVERED BY THIS REPORT (Inclusive dates)	
OS-7		21 January 1957 - 15 July 1957	
10. TYPE OF REPORT (Check one)	INITIAL	REASSIGNMENT-SUPERVISOR	SPECIAL (Specify)
	ANNUAL	X REASSIGNMENT-EMPLOYEE	

SECTION B.

CERTIFICATION

3. FOR THE RATER: THIS REPORT ☒ HAS ☒ HAS NOT BEEN SHOWN TO THE INDIVIDUAL RATED. IF NOT SHOWN, EXPLAIN WHY.
NOT: is on temporary duty

A. CHECK (X) APPROPRIATE STATEMENTS:

<input checked="" type="checkbox"/> THIS REPORT REFLECTS MY OWN OPINIONS OF THIS INDIVIDUAL.	IF INDIVIDUAL IS RATED "I" IN CI OR D, A WARNING LETTER WAS SENT TO HIM & A COPY ATTACHED TO THIS REPORT.
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)
I HAVE DISCUSSED WITH THIS EMPLOYEE HIS STRENGTHS AND WEAKNESSES SO THAT HE KNOWS WHERE HE STANDS.	

D. THIS DATE

22 July 1957

SUPERVISOR

SUPERVISOR'S OFFICIAL TITLE

Coordinator, 201 Control Unit

RI/Analysis Section

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 Pos. Control 208 7/23/57
 Reviewed by PUD D. L. REEDY 10-8-57

CONTINUED ON ATTACHED SHEET

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

A. THIS DATE

22 July 1957

B. TYPED

OFFICE

REVIEWING

C. OFFICIAL TITLE OF REVIEWING OFFICIAL

Supervisor, RI/Analysis Section

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.

- | | |
|----------------------------|---|
| INSERT
RATING
NUMBER | 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 NEARNESS. |
| | 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:

departed for temporary duty on 9 Feb 1957. His last Fitness Report was completed on 5 Feb 1957, just prior to his departure. Reports from the station indicate he is doing a commendable job.

SECRET
(When Filled In)

2. RATINGS ON PERFORMANCE OF MAIL ROOM PERSONNEL																											
DIRECTIONS:																											
<p>a. 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.</p> <p>b. Rate performance on each specific duty considering FULLY effectiveness in performance of this specific duty.</p> <p>c. For supervisors, ability to supervise (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 the same duty at a similar level of responsibility.</p> <p>e. Two individuals with the same job MAIL ROOM 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 style="width: 100%; font-size: small;"> <tr> <td>ORAL BRIEFING</td> <td>WAS 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	WAS 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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RATING NUMBER																											
IS THIS INDIVIDUAL BETTER SUITED FOR WORK IN SOME OTHER POSITION IN THE ORGANIZATION? <input type="checkbox"/> YES <input type="checkbox"/> NO. IF YES, EXPLAIN FULLY:																											

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(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, held 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 CF 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: DI
5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT		6. OFFICIAL POSITION/TITLE	
FI RI AAO		OS-0132.35-7 Intel Analyst	
7. GRADE	8. DATE REPORT DUE IN OP	9. PERIOD COVERED BY THIS REPORT (inclusive dates)	
GS-7		21 January 1957 - 15 July 1957	
10. TYPE OF REPORT (Check one)	11. SPECIAL (Specify)		
INITIAL	REASSIGNMENT-SUPERVISOR		
ANNUAL	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
2. FOR THE REVIEWING OFFICIAL: I HAVE REVIEWED THIS REPORT AND NOTED ANY DIFFERENCE OF OPINION IN ATTACHED MEMO.			
A. THIS DATE	B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL		C. OFFICIAL TITLE OF REVIEWING OFFICIAL
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	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? <input type="checkbox"/> Yes <input type="checkbox"/> 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	0 - HAVE NO OPINION ON HIS SUPERVISORY POTENTIAL IN THIS SITUATION 1 - BELIEVE INDIVIDUAL WOULD BE A WEAK 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	
		A GROUP DOING THE BASIC JOB (truck drivers, stenographers, technicians or professional specialists of various kinds) WHERE CONTACT WITH IMMEDIATE SUBORDINATES IS FREQUENT (First line supervisors)	
		A GROUP OF SUPERVISORS WHO DIRECT THE BASIC JOB (Second line supervisors)	
		A GROUP WHO MAY OR MAY NOT BE SUPERVISORS, WHICH IS RESPONSIBLE FOR MAJOR PLANS, ORGANIZATION AND POLICY (Executive level)	
		WHEN CONTACT WITH IMMEDIATE SUBORDINATES IS NOT FREQUENT	
		WHEN IMMEDIATE SUBORDINATES' ACTIVITIES ARE DIVERSE AND NEED CAREFUL COORDINATION	
		WHEN IMMEDIATE SUBORDINATES INCLUDE MEMBERS OF THE OPPOSITE SEX	
		OTHER (Specify)	

OFFICE OF PERSONNEL
SECRET
(When Filled-In)

3. INDICATE THE APPROXIMATE NUMBER OF MONTHS SINCE THE INDIVIDUAL HAS BEEN UNDER YOUR SUPERVISION

APR 16 3 19 PM '57

4. COMMENTS CONCERNING POTENTIAL

MAIL ROOM

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 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.

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

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 A, of Section A below.

SECTION A.

GENERAL

1. NAME (Last) - (First) (Middle)			2. DATE OF BIRTH	3. SEX M	4. SERVICE DESIGNATION SD:DI
5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT RI RI A&O			6. OFFICIAL POSITION TITLE OS-0132.35-7 Intel Analyst		
7. GRADE OS-7	8. DATE REPORT DUE IN OF 21 Jan 57	9. PERIOD COVERED BY THIS REPORT (Inclusive dates) 22 January 1956 - 20 January 1957			
10. TYPE OF REPORT (Check one)		INITIAL		REASSIGNMENT-SUPERVISOR	
<input checked="" type="checkbox"/> ANNUAL		<input type="checkbox"/> REASSIGNMENT-EMPLOYEE		SPECIAL (Specify)	

SECTION B.

CERTIFICATION

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

2. CHECK (X) APPROPRIATE STATEMENTS:

<input type="checkbox"/> THIS REPORT REFLECTS MY OWN OPINIONS OF THIS INDIVIDUAL.	<input type="checkbox"/> IF INDIVIDUAL IS RATED "E" IN C1 OR D, A WARNING LETTER HAS BEEN SENT TO HIM & A COPY ATTACHED TO THIS REPORT.
<input checked="" 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.	

3. THIS DATE 5 Feb 1957	4. SUPERVISOR'S OFFICIAL TITLE Coordinator 201 Control Unit
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5. 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.

since return from foreign assignment has completed one temporary duty assignment and is preparing for another. He has applied the present headquarters work at the station registry on a standard equating with this evaluation.

Posted Pos. Control

11 FEB 57

Reviewed by RUD

2-7-57

☐ CONTINUED ON ATTACHED SHEET

I certify that any substantial difference is reflected in the above section.

6. THIS DATE 5 Feb 1957	7. TYPED OR OFFICIAL	8. OFFICIAL TITLE OF REVIEWING OFFICIAL Supervisor, RI/AN Section
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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.

<p>5</p> <p>INCENT RATING NUMBER</p>	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)

FILE OF PERSONNEL

2. RATINGS ON PERFORMANCE OF SPECIFIC DUTIES																											
<p>DIRECTIONS:</p> <p>a. State in the spaces below up to six of the most 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 same 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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SPECIFIC DUTY NO. 1	RATING NUMBER	SPECIFIC DUTY NO. 4	RATING NUMBER																								
Analysis - subjective analysis of CE, FI and PP material.	5	Assignment Management - Organization & scheduling of work.	5																								
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Analysis - Quantitative	5																										
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Has and uses area knowledge.	4																										
<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> <p>During the short time [redacted] has been assigned to this office, he has very quickly grasped the essentials of his assignment; he knows when to seek guidance and is constantly striving to increase his knowledge and understanding of his assignment. He is extremely conscientious, accepts the responsibilities of his job and performs his duties commendably.</p>																											
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1 - DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED																											
2 - OF DOUBTFUL SUITABILITY...WOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW																											
3 - A BARELY ACCEPTABLE EMPLOYEE...BELOW AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION																											
4 - OF THE SAME SUITABILITY AS MOST PEOPLE I KNOW IN THE ORGANIZATION																											
5 - A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS																											
6 - AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION																											
7 - EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION																											

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 CE no later than 30 days after the due date indicated in item 8 of Section "E" below.

SECTION E.

GENERAL

1. NAME	2. DATE OF BIRTH	3. SEX	4. SERVICE DESIGNATION
		M	SDAD
5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT		6. OFFICIAL POSITION TITLE	
FI RI ALO		OS-0132.35-7 Intel Analyst	
7. GRADE	8. DATE REPORT DUE IN OP	9. PERIOD COVERED BY THIS REPORT (Inclusive dates)	
OS-7	21 Jan 57	21 January 1956 - 20 January 1957	
10. TYPE OF REPORT. (Check one)	INITIAL <input checked="" type="checkbox"/> ANNUAL	REASSIGNMENT-SUPERVISOR <input type="checkbox"/>	SPECIAL (Specify) <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	B.	C. SUPERVISOR'S OFFICIAL TITLE	
5 Feb 1957		Coordinator 201 Control Unit	
2. FOR THE REVIEWING OFFICER			
A. THIS DATE	B.	REFERENCE OF OPINION IN ATTACHED MEMO.	
5 Feb 1957		C. OFFICIAL TITLE OF REVIEWING OFFICIAL	
Supervisor, RI/Analysis Section			

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.

5 RATING NUMBER	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	0 - HAVE NO OPINION ON HIS SUPERVISORY POTENTIAL IN THIS SITUATION	1 - BELIEVE INDIVIDUAL WOULD BE A WEAK 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) WHEN CONTACT WITH IMMEDIATE SUBORDINATES IS FREQUENT (First line supervisor)		
	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)		
	0	WHEN CONTACT WITH IMMEDIATE SUBORDINATES IS NOT FREQUENT		
	2	WHEN IMMEDIATE SUBORDINATES' ACTIVITIES ARE DIVERSE AND NEED CAREFUL COORDINATION		
	2	WHEN IMMEDIATE SUBORDINATES INCLUDE MEMBERS OF THE OPPOSITE SEX		
		OTHER (Specify)		

SECRET

(When Filled In)

OFFICE OF PERSONNEL

3. INDICATE THE APPROXIMATE NUMBER OF MONTHS THE RATED EMPLOYEE HAS BEEN UNDER YOUR SUPERVISION:
Three Months

4. COMMENTS CONCERNING POTENTIAL

[] is lacking in formal education, however, he has intelligence, initiative and ability and with continued on-the-job experience is capable of developing into a good supervisor of a section in RI or in operating the Registry Section of a field installation.

FEB 6 3 08 PM '57

SECTION II. FUTURE PLANS

1. TRAINING OR OTHER DEVELOPMENTAL EXPERIENCE PLANNED FOR THE INDIVIDUAL

Training within the established FI/RI pattern.

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.

X - 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. ABLE TO SEE ANOTHER'S POINT OF VIEW	5	11. HAS HIGH STANDARDS OF ACCOMPLISHMENT	4	21. IS EFFECTIVE IN DISCUSSING 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 RESPONSIBILITIES	4	23. IS TOLERANT OF OTHERS
4	4. IS ANALYTIC IN HIS THINKING	3	14. ADMITS HIS ERRORS	4	24. WORKS WELL UNDER PRESSURE
4	5. STRIVES CONSTANTLY FOR NEW KNOWLEDGE AND IDEAS	3	15. RESPONDS WELL TO SUPERVISION	4	25. DISPLAYS JUDGMENT
3	6. KNOWS WHEN TO SEEK ASSISTANCE	4	16. DOES HIS JOB WITHOUT STRONG SUPPORT	4	26. IS SECURITY CONSCIOUS
5	7. CAN GET ALONG WITH PEOPLE	4	17. COMES UP WITH SOLUTIONS TO PROBLEMS	4	27. IS VERSATILE
4	8. HAS MEMORY FOR FACTS	4	18. IS OBSERVANT	4	28. HIS ENTHUSIASM IS CONTAGIOUS
5	9. GETS THINGS DONE	4	19. THINKS CLEARLY	5	29. FACILITATES SMOOTH OPERATION OF HIS OFFICE
5	10. CAN COPE WITH EMERGENCIES	5	20. COMPLETES ASSIGNMENTS WITHIN ALLOWABLE TIME LIMITS	3	30. DEEMED TO REQUIRE STRONG AND CONTINUOUS SUPERVISION

SECRET

SECRET

FIELD FITNESS REPORT

The Fitness Report is an important factor in organization personnel management. It seeks to provide:

1. The organization selection board with information of value when considering the application of an individual for membership in the career staff; and
2. A periodic record of job performance as an aid to the effective utilization of personnel.

INSTRUCTIONS

TO THE FIELD ADMINISTRATIVE OR PERSONNEL OFFICER: Consult current field administrative instructions regarding the initiation and transmittal of this report to headquarters.

TO THE FIELD SUPERVISOR: Read the entire form before attempting to complete any item. As the supervisor who assigns, directs and reviews the work of the individual, you have primary responsibility for evaluating his strengths, weaknesses, and on-the-job effectiveness as

revealed by his day-to-day activities. If this individual has been under your supervision for less than 30 days, you will collaborate, if practicable, with his previous supervisors to make sure the report is accurate and complete. Primary responsibility rests with the current supervisor. It is assumed that, throughout the period this individual has been under your supervision, you have discharged your supervisory responsibilities by frequent discussions of his work, so that in a general way he knows where he stands.

DATE

Approved For Control

28 MAY 1956

IT IS OPTIONAL WHETHER OR NOT THIS FITNESS REPORT IS SHOWN TO THE PERSON BEING RATED

SECTION I

LEAVE BLANK - FOR HEADQUARTERS USE ONLY

1. DATE OF BIRTH

2. SEX

3. SERVICE DESIGNATION

M

DI

4. GRADE

5. STATION DESIGNATION (Current)

GS-7

Hqs

6. DUE DATE OF THIS REPORT

April 1956

7. PERIOD COVERED BY THIS REPORT (Inclusive dates)

15 April 1955 - 15 April 1956

SECTION II (To be completed by field supervisor)

1. CURRENT POSITION

Intelligence Analyst - CE

2. DATE ASSUMED RESPONSIBILITY FOR POSITION

25 September 1954

3. STATE THE SPECIFIC ASSIGNMENTS OR TASKS WHICH ARE TYPICAL OF THOSE GIVEN TO THE EMPLOYEE DURING THE PAST THREE TO SIX MONTHS (List in order of frequency)

ity

Subject is an intelligence analyst in the Personal File Section of the Records Integration Branch. Subject is responsible for the maintenance of agent records and personality files, and is responsible for making all file checks.

SECTION III (To be completed at headquarters only)

DO NOT COMPLETE - FOR HEADQUARTERS USE ONLY

AUTHENTICATION OF REPORT AND SIGNATURES

1. NAME OF RATER (Typed)	2. NAME OF REVIEWING OFFICIAL IN FIELD (Typed)
3. THIS REPORT WAS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO WAS NOT SHOWN TO THE INDIVIDUAL	
4. DATE REPORT AUTHENTICATED AT Hqs.	5. NAME AND SIGNATURE OF ADMINISTRATIVE OR PERSONNEL OFFICER AT HEADQUARTERS
1 May 1956	CEP/1

DO NOT COMPLETE

FOR HEADQUARTERS USE ONLY

SECRET

SECRET
(When Filled In)

OFFICE OF PERSONNEL

SECTION IV

This section is provided as an aid in describing the individual. Your description is not favorable or unfavorable in itself but acquires its meaning in relation to a particular job or assignment. The descriptive words are to be interpreted literally.

On the left hand side of the page below are a series of statements that apply in some degree to most people. On the right hand side of the page are four major categories of descriptions. The table within each category is divided into three small blocks; this is to allow you to make finer distinctions if you so desire. Look at the statement on the left - then check the category on the right which best tells how much the statement applies to the person you are rating. Placing an "X" in the "Not Observed" column means you have no opinion on whether a phrase applies to an individual. Placing an "X" in the "Does Not Apply" column means that you have the definite opinion that the description is not at all suited to the individual.

STATEMENTS	NOT. OR. SERVED	CATEGORIES				
		DOES NOT APPLY	APPLIES TO A LIMITED DEGREE	APPLIES TO A REASONABLE DEGREE	APPLIES TO AN ABOVE AVERAGE DEGREE	APPLIES TO AN OUTSTANDING DEGREE
A. ABLE TO SEE ANOTHER'S POINT OF VIEW.	SAMPLES		X			
B. PRACTICAL.					X	
1. A GOOD REPORTER OF EVENTS.	X					
2. CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES.				X		
3. CAUTIOUS IN ACTION.				X		
4. HAS INITIATIVE.					X	
5. UNEMOTIONAL.				X		
6. ANALYTIC IN HIS THINKING.				X		
7. CONSTANTLY STRIVING FOR NEW KNOWLEDGE AND IDEAS.				X		
8. GETS ALONG WITH PEOPLE AT ALL SOCIAL LEVELS.				X		
9. HAS SENSE OF HUMOR.				X		
10. KNOWS WHEN TO SEEK ASSISTANCE.				X		
11. CALM.				X		
12. CAN GET ALONG WITH PEOPLE.				X		
13. MEMORY FOR FACTS.				X		
14. GETS THINGS DONE.					X	
15. KEEPS ORIENTED TOWARD LONG TERM GOALS.					X	
16. CAN COPE WITH EMERGENCIES.					X	
17. HAS HIGH STANDARDS OF ACCOMPLISHMENT.					X	
18. HAS STAMINA: CAN KEEP GOING A LONG TIME.					X	
19. HAS WIDE RANGE OF INFORMATION.				X		
20. SHOWS ORIGINALITY.				X		
21. ACCEPTS RESPONSIBILITIES.					X	
22. ADMITS HIS ERRORS.				X		
23. RESPONDS WELL TO SUPERVISION.				X		
24. EVEN DISPOSITION.				X		
25. ABLE TO DO HIS JOB WITHOUT STRONG SUPPORT				X		

SECRET

SECRET
(When Filled In)

[illegible]

SECTION V

A. WHAT ARE HIS OUTSTANDING STRENGTHS?

WHAT ARE HIS OUTSTANDING STRENGTHS?

Subject is conscientious, hard-working and more than willing to work long hours. Subject has a good background and experience in maintaining agent records. Subject has assumed his present responsibilities with a minimum of supervision.

0. MAY 19 4 23 PM '73 ADDING MEMBERSHIP

Subject is weak in his ability to express himself in writing.

SECRET

(When Filled In)

OFFICE OF PERSONNEL

C. INDICATE IF YOU THINK THAT ANY SINGLE STRENGTH OR WEAKNESS OUTWEIGHS ALL OTHER CONSIDERATIONS.
 Subject's stamina and persistence in accomplishing his tasks in a minimum amount of time outweigh his weakness.

D. DO YOU FEEL THAT HE REQUIRES CLOSE SUPERVISION? ☒ NO ☐ YES. IF YES, WHY?

MAIL ROOM

E. WHAT TRAINING DO YOU RECOMMEND FOR THIS INDIVIDUAL?

Recommend training in Phase II and III

F. OTHER COMMENTS (Indicate here general traits, specific habits or characteristics not covered elsewhere in the report but which have a bearing on effective utilization of this person):

SECTION VI

Read all descriptions before rating. Place "X" in the most appropriate box under subsections A, B, C, & D.

A. DIRECTIONS: Consider only the skill with which the person has performed the duties of his job and rate him accordingly.

- ☐ 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 COMPETENTLY.
☐ 3. PERFORMS MOST OF HIS DUTIES ACCEPTABLY; OCCASIONALLY REVEALS SOME AREA OF WEAKNESS.
☐ 4. PERFORMS DUTIES IN A TYPICALLY 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 RATER.

IS THIS INDIVIDUAL BETTER QUALIFIED FOR WORK IN SOME OTHER AREA? ☒ NO ☐ YES. IF YES, WHAT?

C. DIRECTIONS: Based upon what he has said, his actions, and any other indications, give your opinion of this person's attitude toward the organization.

- ☐ 1. HAS AN ANTAGONISTIC ATTITUDE TOWARD THE ORGANIZATION; WILL DEFINITELY LEAVE THE ORGANIZATION AT THE FIRST OPPORTUNITY.
☐ 2. HAS STRONG NEGATIVE ATTITUDE TOWARD ORGANIZATION; IRKED BY RESTRICTIONS; REGARDS ORGANIZATION AS A TEMPORARY STOP UNTIL HE CAN GET SOMETHING BETTER.
☐ 3. TENDS TO HAVE AN UNFAVORABLE ATTITUDE TOWARD THE ORGANIZATION; BOTHERED BY MINOR FRUSTRATIONS; WILL QUIT IF THESE CONTINUE.
☐ 4. HIS ATTITUDE TOWARD THE ORGANIZATION IS INDIFFERENT; HAS "WAIT AND SEE" ATTITUDE; WOULD LEAVE IF SOMEONE OFFERED HIM SOMETHING BETTER.
☒ 5. TENDS TO HAVE FAVORABLE ATTITUDE TOWARD ORGANIZATION; MAKES ALLOWANCES FOR RESTRICTIONS IMPOSED BY WORKING FOR ORGANIZATION; THINKS IN TERMS OF A CAREER IN THE ORGANIZATION.
☐ 6. DEFINITELY HAS FAVORABLE ATTITUDE TOWARD THE ORGANIZATION; BARRING AN UNEXPECTED OUTSIDE OPPORTUNITY, WILL PROBABLY ENDEAVOR TO MAKE A CAREER IN THE ORGANIZATION.
☐ 7. HAS AN ENTHUSIASTIC ATTITUDE TOWARD THE ORGANIZATION; WILL PROBABLY SEARCH FOR BETTER WORKING AND PAY, BUT IN THE ORGANIZATION.

B. DIRECTIONS: Considering others of this person's grade and type of assignment, how would you rate him on potentiality for assumption of greater responsibilities than normally indicated by promotion.

- ☐ 1. HAS REACHED THE HIGHEST GRADE LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED.
☐ 2. IS MAKING PROGRESS, BUT NEEDS MORE TIME IN PRESENT GRADE BEFORE PROMOTION TO A HIGHER GRADE CAN BE RECOMMENDED.
☒ 3. IS READY TO TAKE ON RESPONSIBILITIES OF THE NEXT HIGHER GRADE, BUT MAY NEED TRAINING IN SOME AREAS.
☐ 4. WILL PROBABLY ADJUST QUICKLY TO THE MORE RESPONSIBLE DUTIES OF THE NEXT HIGHER GRADE.
☐ 5. IS ALREADY PERFORMING AT THE LEVEL OF THE NEXT HIGHER GRADE.
☐ 6. AN EXCEPTIONAL PERSON WHO IS ONE OF THE FEW WHO SHOULD BE CONSIDERED FOR RAPID ADVANCEMENT.

D. DIRECTIONS: Consider everything you know about this person in making your rating; skill in job duties, conduct on the job, personal characteristics or habits, and special defects or talents.

- ☐ 1. DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED.
☐ 2. OF DOUBTFUL SUITABILITY; WOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW.
☐ 3. A BARELY ACCEPTABLE EMPLOYEE; DEFINITELY BELOW AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION.
☐ 4. A TYPICAL EMPLOYEE; HE DISPLAYS THE SAME SUITABILITY AS MOST OF THE PEOPLE I KNOW IN THE ORGANIZATION.
☒ 5. A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS.
☐ 6. AN ESPECIALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION.
☐ 7. EQUALLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION.

SECRET

DDP-FF 7-7

SECRET
(When Filled In)

FIELD FITNESS REPORT

COPIED

The Fitness Report is an important factor in organization personnel management. It seeks to provide:

1. The organization selection board with information of value when considering the application of an individual for membership in the career staff, and
2. A periodic record of job performance as an aid to the effective utilization of personnel.

INSTRUCTIONS

TO THE FIELD ADMINISTRATIVE OR PERSONNEL OFFICER: Consult current field administrative instructions regarding the initiation and transmittal of this report to headquarters.

TO THE FIELD SUPERVISOR: Read the entire form before attempting to complete any item. As the supervisor who assigns, directs and reviews the work of the individual, you have primary responsibility for evaluating his strengths, weaknesses, and on-the-job effectiveness as

revealed by his day-to-day activities. If this individual has been under your supervision for less than 30 days, you will collaborate, if practicable, with his previous supervisors to make sure the report is accurate and complete. Primary responsibility rests with the current supervisor. It is assumed that throughout the period this individual has been under your supervision, you have discharged your supervisory responsibilities by frequent discussions of his work, so that in a general way he knows the standards against which he is being evaluated.

Reviewed by FUD

IT IS OPTIONAL WHETHER OR NOT THIS FITNESS REPORT IS SHOWN TO THE PERSON BEING EVALUATED

SECTION I

1. QUARTERS USE ONLY		2. SER	3. SERVICE DESIGNATION
		M	SD-D
4. GRADE	5. STATION DESIGNATION (Current)		
GS-5	Mission Headquarters		
6. DUE DATE OF THIS REPORT	7. PERIOD COVERED BY THIS REPORT (Inclusive dates)		
	1 November 1954 - 1 April 1955		

SECTION II (To be completed by field supervisor)

1. CURRENT POSITION	2. DATE ASSUMED RESPONSIBILITY FOR POSITION
Intelligence Analyst - CE 0136.52	25 September 1955
3. STATE THE SPECIFIC ASSIGNMENTS OR TASKS WHICH ARE TYPICAL OF THOSE GIVEN TO THE EMPLOYEE DURING THE PAST THREE TO SIX MONTHS (List in order of frequency)	

Subject is an intelligence analyst in the Personality Files Section of the Records Integration Branch. Subject is responsible for the maintenance of agent records and personality files, and is responsible for making all Mission file checks.

SECTION III (To be completed at headquarters only)

DO NOT COMPLETE - FOR HEADQUARTERS USE ONLY

AUTHENTICATION OF REPORT AND SIGNATURES	
1. NAME OF RATER (Type)	2. NAME OF REVIEWER (Type)
3. THIS REPORT <input type="checkbox"/> WAS <input type="checkbox"/> WAS NOT SHOWN TO THE INDIVIDUAL BEING RATED.	
4. DATE REPORT AUTHENTICATED AT HQS.	5. NAME AND SIGNATURE OF ADMINISTRATIVE OR PERSONNEL OFFICER AT HEADQUARTERS
29 April 55	

DO NOT COMPLETE - FOR HEADQUARTERS USE ONLY

SECRET
(When Filled In)

SECTION IV

OFFICE OF PERSONNEL

This section is provided as an aid in describing the individual. Your description is not responsible or unfavorable in itself but acquires its meaning in relation to a particular job or assignment. The descriptions are to be interpreted literally.

On the left hand side of the page below are a series of statements that apply to the degree to which people. On the right hand side of the page are four major categories of descriptions. The second category is divided into three small blocks; this is to allow you to make finer distinctions if you so desire. At the statement on the left - then check the category on the right which best tells how much the statement applies to the person you are rating. Placing an "X" in the "Not Observed" column means you have no opinion on whether a phrase applies to an individual. Placing an "X" in the "Does Not Apply" column means you have the definite notion that the description is not at all suited to the individual.

STATEMENTS		CATEGORIES					
		NOT OBSERVED	DOES NOT APPLY	APPLIES TO A LIMITED DEGREE	APPLIES TO A REASONABLE DEGREE	APPLIES TO AN ABOVE AVERAGE DEGREE	APPLIES TO AN OUTSTANDING DEGREE
A. ABLE TO SEE ANOTHER'S POINT OF VIEW.	SAMPLES			X			
B. PRACTICAL.						X	
1. A GOOD REPORTER OF EVENTS.				X			
2. CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES.					X		
3. CAUTIOUS IN ACTION.						X	
4. HAS INITIATIVE.							X
5. UNEMOTIONAL.						X	
6. ANALYTIC IN HIS THINKING.						X	
7. CONSTANTLY STRIVING FOR NEW KNOWLEDGE AND IDEAS.						X	
8. GETS ALONG WITH PEOPLE AT ALL SOCIAL LEVELS.						X	
9. HAS SENSE OF HUMOR.						X	
10. KNOWS WHEN TO SEEK ASSISTANCE.						X	
11. CALM.						X	
12. CAN GET ALONG WITH PEOPLE.						X	
13. MEMORY FOR FACTS.						X	
14. GETS THINGS DONE.							X
15. KEEPS ORIENTED TOWARD LONG TERM GOALS.						X	
16. CAN COPE WITH EMERGENCIES.						X	
17. HAS HIGH STANDARDS OF ACCOMPLISHMENT.							X
18. HAS STAMINA; CAN KEEP GOING A LONG TIME.							X
19. HAS WIDE RANGE OF INFORMATION.						X	
20. SHOWS ORIGINALITY.						X	
21. ACCEPTS RESPONSIBILITIES.						X	
22. ADMITS HIS ERRORS.						X	
23. RESPONDS WELL TO SUPERVISION.						X	
24. EVEN DISPOSITION.						X	
25. ABLE TO DO HIS JOB WITHOUT STRONG SUPPORT.						X	

SECRET

SECRET
(When Filled In)

26. CAN THINK ON HIS FEET.						X													
27. COMES UP WITH SOLUTIONS TO PROBLEMS.						X													
28. STIMULATING TO ASSOCIATES: A "SPARK PLUG".										X									
29. TOUGH MINDED.						X													
30. OBSERVANT.						X													
31. CAPABLE.						X													
32. CLEAR THINKING.						X													
33. COMPLETES ASSIGNMENTS WITHIN ALLOWABLE TIME LIMITS.										X									
34. EVALUATES SELF REALISTICALLY.						X													
35. WELL INFORMED ABOUT CURRENT EVENTS.				X															
36. DELIBERATE.						X													
37. EFFECTIVE IN DISCUSSIONS WITH ASSOCIATES.						X													
38. IMPLEMENTS DECISIONS REGARDLESS OF OWN FEELINGS.										X									
39. THOUGHTFUL OF OTHERS.						X													
40. WORKS WELL UNDER PRESSURE.										X									
41. DISPLAYS JUDGEMENT.						X													
42. GIVES CREDIT WHERE CREDIT IS DUE.						X													
43. HAS DRIVE.										X									
44. IS SECURITY CONSCIOUS.										X									
45. VERSATILE.						X													
46. HIS CRITICISM IS CONSTRUCTIVE.						X													
47. ABLE TO INFLUENCE OTHERS.						X													
48. FACILITATES SMOOTH OPERATION OF HIS OFFICE.						X													
49. DOES NOT REQUIRE STRONG AND CONTINUOUS SUPERVISION.										X									
50. A GOOD SUPERVISOR.						X													

SECTION V

A. WHAT ARE HIS OUTSTANDING STRENGTHS?

Subject is conscientious, hard-working, and more than willing to work long hours. He has a good background and experience in maintaining agent records. Subject has assumed his present responsibilities with a minimum of supervision.

B. WHAT ARE HIS OUTSTANDING WEAKNESSES?

Subject is weak in his ability to express himself in writing.

SECRET

SECRET
(When Filled In)

C. INDICATE IF YOU THINK THAT ANY SINGLE STRENGTH OR WEAKNESS OUTWEIGNS ALL OTHER CONSIDERATIONS:

Subject's stamina and persistence in accomplishing his tasks in **81-001-1000**
amount of time outweigh his weaknesses.

D. DO YOU FEEL THAT HE REQUIRES CLOSE SUPERVISION? ☒ NO ☐ YES. IF YES, WHY?

May 16 8 43 AM '55

MAIL ROOM

E. WHAT TRAINING DO YOU RECOMMEND FOR THIS INDIVIDUAL?

Recommend training in Phase II and III

F. OTHER COMMENTS (Indicate here general traits, specific habits or characteristics not covered elsewhere in the report but which have a bearing on effective utilization of this person):

SECTION VI

Read all descriptions before rating. Place "X" in the most appropriate box under subsections A, B, C, and D.

A. DIRECTIONS: Consider only the skill with which the person has performed the duties of his job and rate him accordingly.

- ☐ 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 COMPETENTLY.
- ☐ 3. PERFORMS MOST OF HIS DUTIES ACCEPTABLY; OCCASIONALLY REVEALS SOME AREA OF WEAKNESS.
- ☐ 4. PERFORMS DUTIES IN A TYPICALLY 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 RATER.

IS THIS INDIVIDUAL BETTER QUALIFIED FOR WORK IN SOME OTHER AREA? ☒ NO ☐ YES. IF YES, WHAT?

C. DIRECTIONS: Based upon what he has said; his actions, and any other indications, give your opinion of this person's attitude toward the organization.

- ☐ 1. HAS AN ANTAGONISTIC ATTITUDE TOWARD THE ORGANIZATION... WILL DEFINITELY LEAVE THE ORGANIZATION AT THE FIRST OPPORTUNITY.
- ☐ 2. HAS STRONG NEGATIVE ATTITUDE TOWARD ORGANIZATION... FRANK BY RESTRICTIONS... REGARDS ORGANIZATION AS A TEMPORARY STOP UNTIL HE CAN GET SOMETHING BETTER.
- ☐ 3. TENDS TO HAVE AN UNFAVORABLE ATTITUDE TOWARD THE ORGANIZATION... BOTHERED BY MINOR FRUSTRATIONS... WILL QUIT IF THESE CONTINUE.
- ☐ 4. HIS ATTITUDE TOWARD THE ORGANIZATION IS INDIFFERENT... HAS "WAIT AND SEE" ATTITUDE... WOULD LEAVE IF SOMEONE OFFERED HIM SOMETHING BETTER.
- ☐ 5. TENDS TO HAVE FAVORABLE ATTITUDE TOWARD ORGANIZATION... MAKES ALLOWANCES FOR RESTRICTIONS IMPOSED BY WORKING FOR ORGANIZATION... THINKS IN TERMS OF A CAREER IN THE ORGANIZATION.
- ☒ 6. DEFINITELY HAS FAVORABLE ATTITUDE TOWARD THE ORGANIZATION... BARRING AN UNEXPECTED OUTSIDE OPPORTUNITY, WILL PROBABLY ENDEAVOR TO MAKE A CAREER IN THE ORGANIZATION.
- ☐ 7. HAS AN ENTHUSIASTIC ATTITUDE TOWARD THE ORGANIZATION... WILL PROBABLY NEVER CONSIDER WORKING ANY PLACE BUT IN THE ORGANIZATION.

B. DIRECTIONS: Considering others of this person's grade and type of assignment, how would you rate him on potentiality for assumption of greater responsibilities normally indicated by promotion.

- ☐ 1. HAS REACHED THE HIGHEST GRADE LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED.
- ☐ 2. IS MAKING PROGRESS, BUT NEEDS MORE TIME IN PRESENT GRADE BEFORE PROMOTION TO A HIGHER GRADE CAN BE RECOMMENDED.
- ☐ 3. IS READY TO TAKE ON RESPONSIBILITIES OF THE NEXT HIGHER GRADE, BUT MAY NEED TRAINING IN SOME AREAS.
- ☐ 4. WILL PROBABLY ADJUST QUICKLY TO THE MORE RESPONSIBLE DUTIES OF THE NEXT HIGHER GRADE.
- ☒ 5. IS ALREADY PERFORMING AT THE LEVEL OF THE NEXT HIGHER GRADE.
- ☐ 6. AN EXCEPTIONAL PERSON WHO IS ONE OF THE FEW WHO SHOULD BE CONSIDERED FOR RAPID ADVANCEMENT.

D. DIRECTIONS: Consider everything you know about this person in making your rating... skill in job duties, conduct on the job, personal characteristics or habits, and special defects or talents.

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

SECRET

SECRET
SECURITY INFORMATION

FE 9 JWC/DV		DATE 28 June 54 27	
PERSONNEL EVALUATION REPORT			
Items 1 through 5 will be completed by Administrative or Personnel Officer			
1. NAME (Last)	(First)	(Middle)	2. GRADE
			GS-5
3. POSITION TITLE		Intel. Anal. CD-FT	
4. OFFICE	STAFF OR DIVISION	BRANCH	DEPT'L. <input checked="" type="checkbox"/> FIELD <input type="checkbox"/>
DDP/FI/RI	P & R Branch	Consol Section	
5. PERIOD COVERED BY REPORT		6. TYPE OF REPORT	
From	To	<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Annual <input type="checkbox"/> Special
21 Apr. 53	20 Apr. 54	<input type="checkbox"/> Reassignment	<input type="checkbox"/> Reassignment of Supervisor
Items 7 through 10 will be completed by the person evaluated			
7. LIST YOUR MAJOR DUTIES IN APPROXIMATE ORDER OF IMPORTANCE, WITH A BRIEF DESCRIPTION OF EACH. OMIT MINOR DUTIES.			
As senior analyst on the EE/FI/G/Z area my duties consist of: (A) Consolidating personality files which entails the following: (1) Make a complete search in Index on all references pertaining to the subject, (2) gathering all references in RI/Files, (3) analyzing documents for inclusion in ZOI, (4) preparing a summary of reference sheet which notes the disposition of all the documents put in the case. (B) Liaison with the area desk. (C) Supervising the work of the junior analyst.			
8. LIST COURSES OF INSTRUCTION COMPLETED DURING REPORT PERIOD.			
Name of Course	Location	Length of Course	Date Completed
NONE			
9. IN WHAT TYPE OF WORK ARE YOU PRIMARILY INTERESTED?			
Intelligence work at the desk level.			
IF DIFFERENT FROM YOUR PRESENT JOB, EXPLAIN YOUR QUALIFICATIONS (APTITUDE, KNOWLEDGE, SKILLS).			
Two years experience in RI.			
10.			
12 April 1954			
DATE			
Items 11 through 13 will be completed by Supervisor			
11. BRIEFLY DESCRIBE THIS PERSON'S PERFORMANCE ON THE MAJOR DUTIES LISTED UNDER ITEM 7 ABOVE.			
[] has performed his duties conscientiously and well. He possesses a great deal of energy, is extremely industrious and has maintained excellent relations in his liaison with the area desk.			

SECRET
SECURITY INFORMATION

OFFICE OF PERSONNEL

12. IN WHAT RESPECT IS THIS PERSON'S PERFORMANCE ON PRESENT JOB MOST NOTICEABLY GOOD OR OUTSTANDING?	
<div> </div> has performed his duties most outstandingly by virtue of his formation and maintenance of excellent liaison relations.	
13. ON WHAT ASPECT OF PERFORMANCE SHOULD THIS PERSON CONCENTRATE EFFORT FOR SELF IMPROVEMENT?	
14. COMMENT ON THIS PERSON'S ABILITY TO HANDLE GREATER RESPONSIBILITIES NOW OR IN THE FUTURE.	
<div> </div> has handled his present responsibilities admirably and I am certain he would be capable of handling additional ones as the opportunity occurs.	
15. ARE THERE OTHER DUTIES WHICH BETTER SUIT THIS PERSON'S QUALIFICATIONS? (Recommend appropriate reassignment, if possible.)	
<div> </div> could qualify as an Intelligence Analyst in any of the appropriate section of RI.	
16. WHAT TRAINING OR ROTATION DO YOU RECOMMEND FOR THIS PERSON?	
None at this time	
17. IF PERFORMANCE DURING REPORT PERIOD HAS BEEN UNSATISFACTORY, THERE IS ATTACHED COPY OF MEMORANDUM NOTIFYING THIS PERSON OF UNSATISFACTORY PERFORMANCE.	
18. THIS PERSONNEL EVALUATION REPORT HAS BEEN DISCUSSED WITH THE PERSON EVALUATED. ADDITIONAL COMMENTS INCLUDING COMMENT ON ITEMS 7, 8 AND 9, ARE SHOWN BELOW UNDER ITEM 20.	
13 April 54 DATE	<div> </div>
18 May 1954 DATE	
19. I HAVE REVIEWED THE ABOVE REPORT. (Comments, if any, are shown below.)	
Subject transferred to FE effective 25 April 1954.	
over	

SECRET

SECRET
SECURITY INFORMATION

PERSONNEL EVALUATION REPORT

Items 1 through 6 will be completed by Administrative or Personnel Officer

1. NAME 		2. GRADE GS-4	3. POSITION TITLE File Clerk
4. OFFICE DD/P	STAFF OR DIVISION FI	BRANCH FI	<input checked="" type="checkbox"/> DEPT'L. <input type="checkbox"/> FIELD
5. PERIOD COVERED BY REPORT from 4-21-52 to 4-21-53		6. TYPE OF REPORT <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Special <input type="checkbox"/> Reassignment <input type="checkbox"/> Reassignment of Supervisor	

Items 7 through 10 will be completed by the person evaluated

7. LIST YOUR MAJOR DUTIES IN APPROXIMATE ORDER OF IMPORTANCE, WITH A BRIEF DESCRIPTION OF EACH. OMIT MINOR DUTIES.

Review and analyze material for consolidation of 201 Personality Files. This includes making a complete impartial name check in RI/SC index and a complete search for all material pertinent to the subject in the RI/Files. Also maintain liaison with the ARS Books.

After reviewing documents, make up Cross References and any Document changes as necessary. Complete a Summary of References Form listing all references reviewed and the action taken on each.

8. LIST COURSES OF INSTRUCTION COMPLETED DURING REPORT PERIOD.

Name of Course	Location	Length of Course	Date Completed
None			

9. IN WHAT TYPE OF WORK ARE YOU PRIMARILY INTERESTED?

Accounting.

IF DIFFERENT FROM YOUR PRESENT JOB, EXPLAIN YOUR QUALIFICATIONS (AFFITUDE, KNOWLEDGE, SKILLS).

Two years of Accounting and law school.

10.

2 April 1953

DATE SIGNATURE

Items 11 through 12 will be completed by Supervisor

11. BRIEFLY DESCRIBE THIS PERSON'S PERFORMANCE ON THE MAJOR DUTIES LISTED UNDER ITEM 7 ABOVE.

performance in this section has been very satisfactory. While still in a trainee position, he is learning the procedure of this section very well. He is extremely industrious and shows little inclination to waste time.

SECRET
SECURITY INFORMATION

<p>12. IN WHAT RESPECT IS THIS PERSON'S PERFORMANCE ON PRESENT JOB MOST NOTICEABLY GOOD OR OUTSTANDING?</p> <p> has been most outstanding by virtue of his industry.</p>
<p>13. ON WHAT ASPECT OF PERFORMANCE SHOULD THIS PERSON CONCENTRATE EFFORT FOR SELF IMPROVEMENT?</p>
<p>14. COMMENT ON THIS PERSON'S ABILITY TO HANDLE GREATER RESPONSIBILITIES NOW OR IN THE FUTURE.</p> <p> has had little opportunity to show his ability, in this line, so far.</p>
<p>15. ARE THERE OTHER DUTIES WHICH BETTER SUIT THIS PERSON'S QUALIFICATIONS? (Recommend appropriate reassignment, if possible.)</p> <p>Due to his position as trainee, other duties cannot be considered, but I feel that he is quite capable of filling any number of jobs in RI.</p>
<p>16. WHAT TRAINING OR ROTATION DO YOU RECOMMEND FOR THIS PERSON?</p> <p>None at this time.</p>
<p>17. IF PERFORMANCE DURING REPORT PERIOD HAS BEEN UNSATISFACTORY, THERE IS ATTACHED COPY OF MEMORANDUM NOTIFYING THIS PERSON OF UNSATISFACTORY PERFORMANCE.</p>
<p>18. THIS PERSONNEL EVALUATION REPORT HAS BEEN DISCUSSED WITH THE PERSON EVALUATED. ADDITIONAL COMMENTS INCLUDING COMMENT ON ITEMS 7, 8 AND 9, ARE SHOWN BELOW UNDER ITEM 20.</p>
<p>20 April 1953</p> <p style="text-align: center;">DATE</p>
<p>19. I HAVE REVIEWED THE ABOVE REPORT. (Comments, if any, are shown below.)</p> <p style="text-align: center;">DATE</p>
<p>20. COMMENTS: (If necessary, may be continued on reverse side of cover sheet.)</p>

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
<input type="text"/>			<input type="text"/>	<input type="text"/>
EMPLOYING DEPARTMENT OR AGENCY			LOCATION (City, State, ZIP Code)	
<input type="text"/>			<input type="text"/>	

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.**

SIG	<input type="text"/>
DATE	1 MAR 1968

FOR EMPLOYING OFFICE USE ONLY

(official receiving date stamp)

RECEIVED
OFFICE PERSONNEL
MAR 20 1 47 PM '68

See Table of Effective Dates on back of Original

ORIGINAL COPY—Retain in Official Personnel Folder

SECRET

STANDARD FORM No. 176-7
JANUARY 1964
(For use only until April 16 1968)
176-101

14-00000

C-O-N-F-I-D-E-N-T-I-A-L
(when filled in)

TRAINING REPORT

PERFORMANCE EVALUATION WORKSHOP

Student: Dates: 23-24 February 1978
Employee No: Office: ISS
Service Designation: p

COURSE OBJECTIVES

At the conclusion of this Workshop, students should:

1. Be familiar with the principal parts of the Agency's Personnel Evaluation Program;
2. Understand their roles as supervisors in the Performance Evaluation part of the overall Program;
3. Be better prepared to deal with some of the more troublesome problems encountered in performance evaluation;
4. Know how to prepare more useful Fitness Reports and conduct more effective FR interviews;
5. Understand how the Letter of Instruction relates to the performance evaluation process.

ACHIEVEMENT RECORD

This is a certificate of attendance only. No attempt was made to evaluate student achievement in the workshop.

FOR THE DIRECTOR OF TR

Instructor

MAR 1978

Date

C-O-N-F-I-D-E-N-T-I-A-L
(when filled in)

CERTIFICATION OF SEPARATING EMPLOYEE

NAME (Last-First-Middle)

Black, James S.

MEMORANDUM FOR THE RECORD - ATTACH TO OFFICIAL PERSONNEL FOLDER

I hereby acknowledge the receipt of the following forms and/or information concerning separation from CIA as indicated by check mark:

- | | |
|-------------------------------------|--|
| <input checked="" type="checkbox"/> | 1. Standard Form 8 (Notice to Federal Employee about Unemployment Compensation) |
| <input checked="" type="checkbox"/> | 2. Standard Form 55 (Notice of Conversion Privilege, Federal Employees' Group Life Insurance). |
| <input checked="" type="checkbox"/> | 3. Standard Form 55 (Agency Certification of Insurance Status, Federal Employees' Group Life Insurance Act of 1954). |
| <input checked="" type="checkbox"/> | 4. Standard Form 2302 (Application for Refund of Retirement Deductions). |
| <input checked="" type="checkbox"/> | 5. Form 2595 (Authorization for Disposition of Paychecks).
<i>Continued to back</i> |
| <input checked="" type="checkbox"/> | 6. <u>Only applicable to Retirees - Returnees</u> (resignees from overseas assignment)
I have been advised of my right to have a medical examination before my separation from this Agency and of the importance of such a medical check to my health and well-being. |
| <input checked="" type="checkbox"/> | 7. CSC Pamphlet 51 (Re-employment Rights of Federal Employees Performing Armed Forces Duty). |
| <input checked="" type="checkbox"/> | 8. Instructions for returning to duty from Extended Leave or Active Military Service. |

Date Signed

Correspondence

OPTIONAL FORM NO. 10



Overt



Covert

C-O-N-F-I-D-E-N-T-I-A-L
(when filled in)

TRAINING REPORT

PERFORMANCE EVALUATION WORKSHOP

Student: Dates: 23-24 February 1978
Employee No: Office: ISS
Service Designation: D

COURSE OBJECTIVES

At the conclusion of this Workshop, students should:

1. Be familiar with the principal parts of the Agency's Personnel Evaluation Program;
2. Understand their roles as supervisors in the Performance Evaluation part of the overall Program;
3. Be better prepared to deal with some of the more troublesome problems encountered in performance evaluation;
4. Know how to prepare more useful Fitness Reports and conduct more effective PR interviews;
5. Understand how the Letter of Instruction relates to the performance evaluation process.

ACHIEVEMENT RECORD

This is a certificate of attendance only. No attempt was made to evaluate student achievement in the workshop.

FOR THE DIRECTOR OF TRAINING

Instructor

Date

1978

C-O-N-F-I-D-E-N-T-I-A-L
(when filled in)

ADMINISTRATIVE - INTERNAL USE ONLY



3 February 1977

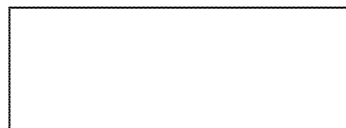
MEMORANDUM FOR THE RECORD

FROM : ISS/Training Staff

SUBJECT: Document Analysis II for Records Management Officers

1. [redacted] OPF has satisfactorily completed the Document Analysis II Course given for Division and Staff Records Management Officers by ISS Training Officer, [redacted]. Classes were held daily from 0900 to 1230 hours from 29 November through 10 December 1976.

2. The topics covered in the course were records principles and processing procedures used by Data Management Section analysts for initial input of correspondence into the DDO Records System. The students also covered the official files system and indexing criteria as they currently exist and discussed some of the drawbacks and possible systems changes we might expect in the next few years. Periodic exercises were given to test the students comprehension of topics discussed.



ADMINISTRATIVE - INTERNAL USE ONLY

20 JUL 1976

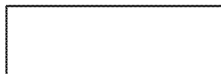
I, the undersigned, authorize the Office of Personnel
to give to CartBlanche whatever information is necessary
for me to obtain a credit card.

*pro
7-21-76*

14-00000

CERTIFICATE OF TRAINING

THIS IS TO CERTIFY THAT



SUCCESSFULLY COMPLETED

SUPERVISORY COUNSELING WORKSHOP

ON

26 - 27 AUGUST 1976

INFORMATION SERVICES GROUP



CHIEF, ISG TRAINING

14-00000

TRAINING REPORT
OFFICE OF TRAINING

This certifies that [] has
successfully completed the Introduction to Micrographics Seminar #2
which was conducted from 24 July to 25 July 1974.

This seminar provides basic information on microphotography
and explores the application of this technology in controlling
overburdened and sometimes inefficient paperwork systems. Specific
blocks of instruction include: Image Recording Techniques,
Microfilm Formats, Viewers and Viewer-Printers, Indexing Methods,
Computer Output Microfilm (COM), Micropublishing, and Development
and Implementation of Agency Applications. Participants receive
a portfolio of various samples of microforms, a Glossary of
Micrographic Terms, and a Primer on Information Science.

FOR THE DIRECTOR OF TRAINING:

[]
Course Coordinator

Final Grade Report

Grading System:

- A - Superior Scholarship
 B - Good Scholarship
 C - Average Scholarship
 D - Passing Scholarship
 F(a) - Failure Academic
 F(n) - Failure Non-Attendance
 I - Incomplete
 WX - Withdrawal during first half of term
 WF - Withdrawal during second half of term
 WF - Withdrawal during second half of term
 X - Emergency withdrawal officer withdrawal

 UNIVERSITY OF MARYLAND
 EUROPEAN DIVISION - UNIVERSITY COLLEGE
 OFFICE OF THE REGISTRAR

Report of

Student
Copy

Term 1, Acad. Yr. 1971/72 at Rome

Center

COURSE	Semester Hours	GRADE
ITAL 111	3	B

Signature of Instructor: DeSantis

* If Incomplete is to be assigned, student must have attended three-fourths of class meetings. Indicate below remaining work, e.g. final exam, term paper, reports, etc.

Grade to date _____ Deadline date for completion, if established _____

The student is responsible for arranging with the instructor for completion of these requirements.

UMR 11 (50302-42-43)

Final Grade Report

Grading System:

- A - Superior Scholarship
 B - Good Scholarship
 C - Average Scholarship
 D - Passing Scholarship
 F(a) - Failure Academic
 F(n) - Failure Non-Attendance
 I - Incomplete
 WX - Withdrawal during first half of term
 WF - Withdrawal during second half of term
 WF - Withdrawal during second half of term
 X - Emergency withdrawal officer withdrawal

 UNIVERSITY OF MARYLAND
 EUROPEAN DIVISION - UNIVERSITY COLLEGE
 OFFICE OF THE REGISTRAR

Report of

Student
Copy

Term 2, Acad. Yr. 1971/72 at Rome

Center

COURSE	Semester Hours	GRADE
ITAL 112	3	B

Signature of Instructor: DeSantis

* If Incomplete is to be assigned, student must have attended three-fourths of class meetings. Indicate below remaining work, e.g. final exam, term paper, reports, etc.

Grade to date _____ Deadline date for completion, if established _____

The student is responsible for arranging with the instructor for completion of these requirements.

UMR 11 (50302-42-43)

Page 6 of 6
(When Completed)

TRAINING REPORT

Americana Foreign Orientation -

16 Hours

20-21 March 1961

6 Students

Student: [REDACTED]

Year of Entry 1960

DD Form April 1952

Grade: GS-9

Office

FE

COURSE OBJECTIVES - COURSE OF INSTRUCTION

The course was designed to provide the student with a general understanding of the Americana Foreign Orientation program. The course included a briefing on "The Americana Foreign Orientation," its objectives for the individual employee or dependent and the Agency, practical advice for successful personal adjustment to foreign assignment, useful information on the host country, and guide lines for understanding its social problems. Advice included a guide for effective interpersonal relations in the particular country or region. Area information included an analysis of the importance of the mission to the United States and descriptions of the host country, the institutions, and current living conditions. The course offered lectures, panel discussions, films, slides and other aids, and selected reading materials for a recommended period of self-study. Emphasis was placed on the importance of the Americana Foreign Orientation program.

This is a summary of the course. Any other information, or any other information revealed in this course.

20 April 1961

20 April 1961

/s/ [REDACTED]

14-00000
(When Completed)

U. S. DEPARTMENT OF STATE

16 Form Good Orientation 20-21 March 1961

6

Name: [Redacted]

Student:

Year of Birth:

Grades:

Office:

Office:

1. General Information

The course is designed to provide students with general information for orientation of travel in the general area and country of assignment. Included are a briefing on "The Americans Abroad Problem," its implications for the individual employee or diplomat and his family, practical advice for successful personal adjustment to overseas problems of working and living in the area of assignment, useful information on the area, and a guide line for understanding the major problems. Advice is given on the effective interpersonal relationships in the particular country or area. Area information includes an outline of the framework of the nation to the United States and description of the people, the institutions, and current major problems. The course offers lectures, panel discussions, films, slide presentations, and selected readings for a general survey of the area. Students are encouraged to participate in the course and to make use of the course materials.

This is a very short list of suggested reading materials. It is not intended to be a complete list of all the materials available in this course.

26 April 1961

/s/ [Redacted]

SECRET

WRITING WORKSHOP (INTERMEDIATE) NO. 2

TRAINING EVALUATION

SECTION I: IDENTIFYING INFORMATION			
NAME <div></div>	SEX M	DATES OF COURSE 26 October - 19 November 1959	NO. OF STUDENTS 17
DATE OF BIRTH <div></div>	EOB DATE April 1952	GRADE OR RANK GS-9	OFFICE FE/Administration
PROJECTED ASSIGNMENT OR PRESENT POSITION Records Officer			
SECTION II: OBJECTIVE OF THE COURSE			
To stimulate habits of thoughtful, self-critical writing for intelligence production.			

SECTION III: TECHNIC CHARACTERIZATION OF THE COURSE

The class is conducted for 10 to 15 students. It began the nine three-hour morning sessions over a period of four weeks. There are three sessions during the first week and two thereafter for three weeks. The course is run on the "learn by practice" system. A number of writing tests are given in class, and they are evaluated against national and Agency norms. The trainees also prepare written exercises and have an opportunity to rewrite some of them during later sessions. Students may use the form and substance of their own office's written product. Special attention is paid to logical organization, diction, sentence structure and other mechanics of writing. The trainees receive detailed comments on their papers and are encouraged to discuss special writing problems with the staff.

SECTION IV: HOW THE STUDENTS ARE EVALUATED

Staff members observe the student's writing ability, any change demonstrated, and application to the course material. The evaluation represents their agreed comments based on the student's total performance.

SECRET

14-00000
S-E-C-R-E-T

SECTION V: REPORT OF STUDENT ACHIEVEMENT

[] added to the good improvement in mechanics of expression he had achieved in the Basic Writing Workshop. He has now developed the ability to write smooth, compact, and readable sentences. He also learned to organize topics more effectively, and with further writing experience, he can develop the ability to write analytical papers of a professional caliber.

[]
Chief Instructor

S-E-C-R-E-T

S-E-C-R-E-T

WRITING WORKSHOP (BASIC) NO. 2

TRAINING EVALUATION

SECTION I: IDENTIFYING INFORMATION			
NAME <div></div>	SEX M	DATES OF COURSE 21 Sept. - 15 Oct. 1959	NO. OF STUDENTS 13
DATE OF BIRTH <div></div>	EOD DATE April 1952	GRADE OR RANK GS-9	OFFICE FE/Administration
PROJECTED ASSIGNMENT OR PRESENT POSITION Records Officer			
SECTION II: OBJECTIVE OF THE COURSE			
To stimulate habits of thoughtful, self-critical writing for intelligence production.			

SECTION III: SPECIFIC CHARACTERISTICS OF THE COURSE

The class is conducted for ten to fifteen students. It meets for about three-hour morning sessions over a period of four weeks. There are three sessions during the first week and two thereafter for three weeks. The course is run on the "learn by practice" system. A number of writing tests are given in class, and they are evaluated against national and Agency norms. The trainees also prepare written exercises and have an opportunity to rewrite some of them during later sessions. Students may use the form and substance of their own office's written product. Special attention is paid to logical organization, diction, sentence structure and other mechanics of writing. The trainees receive detailed comments on their papers and are encouraged to discuss special writing problems with the staff.

SECTION IV: HOW THE STUDENTS ARE EVALUATED

Staff members observe the student's writing ability, any change demonstrated, and application to the course material. The evaluation represents their agreed comments based on the student's total performance.

S-E-C-R-E-T

3-6-C-R-5-7

SECTION V: REPORT OF STUDENT ACHIEVEMENT

[redacted] considerably improved the clarity of his writing during the course, by reducing sentence errors and roundabout phrasing. His written papers reflected his gains in knowledge of basic rules of English usage. His achievement in the Writing Workshop (Basic) shows that [redacted] can develop good writing skills, and that he and the Agency would benefit if he took the Writing Workshop (Intermediate).

[redacted]

3-6-C-R-5-7

S-1-C-P-E-T

TRAINING EVALUATION

ADMINISTRATIVE SUPPORT COURSE # 2

SECTION I: IDENTIFYING INFORMATION				
NAME	SEX	DATE OF COURSE	NO. OF STUDENTS	
	M	10 - 28 May 1954	1st week-49 2nd & 3rd weeks-44	
DATE	FOR DATE	GRADE OR RANK	OFFICE	
	21 April 1952	GS-5	FE/FI	
PROJECT ASSIGNMENT OR PRESENT POSITION				
Registry Analyst				
SECTION II: OBJECTIVES				
The objectives of this course are to provide the student with (1) an understanding of the inter-relationships between operating functions and administrative support functions; (2) an understanding of some of the basic principles and techniques of Agency operations and the organization and functions of the various clandestine components; (3) a knowledge of procedures, regulations, and problems peculiar to Logistics, Finance, and other areas of administrative support.				
SECTION III: SPECIFIC CHARACTERISTICS OF THE COURSE				
One week of the course is devoted to lectures in the area described in category 1 on reverse of this page. The material in categories 2 and 3 is presented both by lecture and by practical exercises during the remaining two weeks of the course. Categories 4 through 9 are concerned with the application of knowledge of Agency organization, structure, procedures and regulations in practical situations.				
SECTION IV: STUDENT'S PERFORMANCE				
The instructor should have every student's individual rating for each objective. If a student is not rated, the instructor should indicate the reason for this. The student's performance in the course will be an average of all ratings in each category, education, experience, etc. These ratings are defined as follows:				
<p>EXCELLENT: The student indicated exceptional ability or proficiency in meeting this goal or objective; he demonstrated an unusually thorough knowledge of the material presented.</p> <p>SATISFACTORY: The student met this objective in a competent and effective manner; he demonstrated a good grasp and understanding of the material presented.</p> <p>UNSATISFACTORY: The student did not achieve this goal or objective; the student's performance indicated a serious lack of knowledge concerning material presented.</p>				
S-1-C-P-E-T				

SECRET

MAJOR CATEGORIES	ORAL	WRT	REPRESENT
1. Orientation in basic principles of clandestine activity.	2	30	17
2. Knowledge of clandestine services command structure and organization.	5	14	25
3. Knowledge of Agency and clandestine services regulations and administrative procedures.	2	28	14
4. (A) Preparation of advance form; travel voucher (DOMESTIC) and entertainment reimbursement (DOMESTIC).	0	17	1
(B) Preparation of travel voucher (FOREIGN) including computation of per diem and currency conversion.	1	15	28
5. Preparation of Station Finance Reports.	3	5	6
6. Preparation of forms used in a detached station for property records; knowledge of responsibility for property at the station.	2	20	22
7. Preparation of form required for project presentation to the Project Review Committee.	1	30	13
8. Preparation of cable form used at Headquarters writing message from material given, with use of accepted digits, punctuation, and abbreviations.	1	23	4
9. Preparation of Headquarters and Field dispatch form and Field pouch manifest.	0	24	10

SECTION VI. COMMENTS

Comments, especially on habits and characteristics, with particular reference to strong or weak points of the individual or anything that might have influenced his performance in the course.

FOR THE DIRECTOR OF TRAINING:



SECRET

S E C R E T

TRAINING EVALUATION

SECTION I: IDENTIFYING INFORMATION						
Name [REDACTED]		Sex M	Course and Beginning Date PHASE I - ORIENTATION/9 - 19 April 54			
Date of Birth [REDACTED]	E O D April 152	Grade or Rank GS-5	Office FE/PI			
Projected Assignment or Present Position Registry Analyst						
<p>This evaluation is based on a course of 120 hours given over a period of 3 weeks in which there were 89 students. The length of the course, number of students, nature of the course, skills and knowledge taught, and the opportunity for observing the individual student determine which sections of this report are used. These facts must also be considered in interpreting the evaluations which, therefore, should not be used as the sole basis for personnel decisions. THIS REPORT IS INTENDED PRIMARILY TO FURNISH INFORMATION AS TO HOW WELL THE STUDENT LEARNED THE SUBJECT MATTER OR SKILLS TAUGHT. In addition, observations of interest and importance are reported which can have significance only as they are related to other information. Unless otherwise stated, performance is evaluated in terms of standards set by instructors or in relation to the performance of others who have taken the course. For further information, consult the Training Evaluation Branch, Assessment and Evaluation Staff, Office of Training.</p>						
SECTION II: KNOWLEDGE						
Subject	Hrs	Rating				
		Fail	Poor	Sat	Exc	Sup
Introduction to Intelligence	80	5	12	26*	34	12
Communism and the U S S R	40	5	17	35*	31	7
<p>The numbers show how many students received each rating. An asterisk (*) shows the rating this student received.</p>						
SECTION III: SKILLS						
<p>The 'Course Instruction' column contains scores and/or ratings given by the instructional staff for skills which are specifically intended to be outcomes of the course. The 'Observation' column contains ratings by instructors and/or students concerning skills which have been observed for every student in a class but which have not been the subject of intensive instruction or practice.</p>						
Skill	Hrs.	Course Instruction		Observation		
		Objective Score	Rating or Evaluation	Av. Rating by Instructors	Av. Rating by Students	

SECTION IV: OBSERVATIONS of ATTITUDES or OTHER PERSONAL CHARACTERISTICS																								
<i>During the course incidents were observed which suggested that this person:</i>																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> </tr> <tr> <td style="padding: 5px;">Had difficulty in getting along with others.</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">Interfered with instructional and classroom activities.</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table>		Yes	No	Had difficulty in getting along with others.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Interfered with instructional and classroom activities.	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> </tr> <tr> <td style="padding: 5px;">Lacked motivation for an Agency career.</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">Lacked sufficient security-mindedness.</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">Lacked interest in the course.</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table>		Yes	No	Lacked motivation for an Agency career.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Lacked sufficient security-mindedness.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Lacked interest in the course.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	Yes	No																						
Had difficulty in getting along with others.	<input type="checkbox"/>	<input checked="" type="checkbox"/>																						
Interfered with instructional and classroom activities.	<input type="checkbox"/>	<input checked="" type="checkbox"/>																						
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Lacked sufficient security-mindedness.	<input type="checkbox"/>	<input checked="" type="checkbox"/>																						
Lacked interest in the course.	<input type="checkbox"/>	<input checked="" type="checkbox"/>																						
Explanations of any 'Yes' answers to items above. Frequency of occurrence and number of persons observing these attitudes or characteristics are included.																								
SECTION V: COMMENTS																								
Comments, especially on habits or characteristics, with particular reference to strong and weak points of the individual, or anything that may have influenced his performance in the course are reported here.																								
<div style="border: 1px solid black; width: 150px; height: 30px; margin: 0 auto;"></div> Chief-Instructor																								
SECTION VI: ADJUSTED OVER-ALL EVALUATION																								
FOR OPTIONAL USE BY INSTRUCTORS 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 boxes shows the instructor's judgment of his performance in the course.			FOR OPTIONAL USE BY TRAINING OFFICERS This evaluation, shown by an 'X' in one of the boxes, takes into account this training record, the student's age, grade, Area of experience, and projected assignment. It is included for the purpose of giving supervisors an estimate of the implications of the training evaluation report for the student's assignment and career potential.																					
He was inadequate in his performance. <input type="checkbox"/> He was barely adequate in his performance and performed acceptably only in a limited range of assignments. <input type="checkbox"/> He performed acceptably, but was barely adequate in some respects. <input type="checkbox"/> He was a typically effective student who performed in a competent, dependable manner. <input type="checkbox"/> He performed at a high level of competence. <input type="checkbox"/> He performed at an extremely high level that only a few students have surpassed. <input type="checkbox"/>	<input type="checkbox"/> This is an inadequate performance. <input type="checkbox"/> This is a barely adequate performance and raises questions concerning his suitability for his assignment. <input type="checkbox"/> This is an acceptable performance but discloses possible areas of weakness. <input checked="" type="checkbox"/> This is a satisfactory performance revealing a typically competent person. <input type="checkbox"/> This performance reveals a high level of competence. <input type="checkbox"/> This is an extremely competent performance that only a few persons of his background and position have surpassed.																							
Training Officer's Comments																								

SECRET

15

MEMORANDUM FOR: Chairman, Clandestine Service Personnel Staff

SUBJECT: [] - Recommendation for Promotion

1. Subject has been in grade GS-10 since June 1968. Based on his outstanding performance as Chief of Registry in [] Station since June 30, 1971, he strongly merits promotion to grade GS-11 at this time. When Subject took over the responsibility for Registry a year ago, he found a system glutted with paper and bound up by a policy which discouraged getting rid of it. He found many procedures in force which were out of date, if not obsolete, and proposed streamlined procedures, which were adopted, to replace them. He asked for and was given the responsibility to analyze and distribute the cables, which had previously been a function of the Chief of Station's secretary. He recommended the discontinuance of the abstract system, which proposal had been adopted by most elements of the Station. He recommended a reduction in the retention period for cable and dispatch chronos. With the help of a TDY team here for the first half of CY 1972, he devised and instituted a program of purging the files. This program has resulted in the disposition of most of the departed Soviet files, a severe trimming of the true name files, and the review, reduction and up-dating of the project and operational files. All of this work was accompanied by appropriate name checks, entries on the index cards and selection of pertinent documents for transmittal to Headquarters. In summary, Subject performed a thorough "house-cleaning" of Station records in the full meaning of that phrase. This program is by no means finished. In fact, Subject has plans for continuing efforts along these lines which may exceed his tenure at this Station since he intends to return to Headquarters not later than May 1974. The on-going program includes a review and reorganization of the subject files, the encrypted 201's and the disposition (hopefully) of about 50 feet of microfilm. A corollary to these projects will be a significant reduction in the index cards, which at present lead to the microfilm and to other superfluous material we either have or will destroy.

2. The equally important aspect of records management, namely the introduction of procedures to lessen the likelihood

WARNING NOTICE
SENSITIVE INFORMATION SOURCES
AND METHODS INVOLVED

SECRET

CLASSIFIED BY []
EXCLUDED FROM AUTOMATIC DECLASSIFICATION
SCHEDULED FOR REVIEW AND DECLASSIFICATION CATEGORY:
5 (unless impossible, insert date or event)
AT []
PP-212
(unless impossible, insert date or event)

SECRET

-2-

if not prevent the reoccurrence of this pile-up of paper is not lost on this officer. He constantly thinks in terms of procedures and controls to accomplish this end.

3. Subject is dedicated, highly motivated, conscientious, and hard working. He reports to work each day an hour before the Station opens in order to distribute the cables by opening of business. He never hesitates to respond positively to any request for help. Indeed, he solicits work which he believes can be done more easily or more simply in his unit. In all respects, Subject is a trained, professional records management officer who is thoughtful as well as enthusiastic about his work.

4. It is strongly recommended that Subject be promoted to grade GS-11.

Archibald B. Roosevelt

Archibald B. Roosevelt, Jr.
Chief, European Division

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(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 HMR 25-7, 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	
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	
Washington, D.C.	
IF DIVORCED, PLACE OF DIVORCE DECREE	
DATE OF MARRIAGE	
6 Aug 60	
DATE OF DECREE	

2. MEMBERS OF FAMILY

		TELEPHONE NO.
		24-0163
		DATE OF BIRTH
		20/2/71
NAME OF FATHER (or male guardian)		ADDRESS

NAME	DATE OF BIRTH	RELATIONSHIP
IS THE INDIVIDUAL NAMED ABOVE A MEMBER OF YOUR ARMY'S AFFILIATION (If NO, state name and address of organization he believes you work for.)		
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
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 NO, who can make such decisions in case of emergency.)		
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE? (If NO, explain why in item 6.)		
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
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.		

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(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> <div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 10px;"></div>									
<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> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>									
<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 align="center" style="margin-top: 5px;"><i>In the will</i></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 <small>(No Approval Required)</small>									
<p>RESIDENCE WHEN EMPLOYED (Full Address):</p> <div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 5px;"></div>	<p>PERMANENT PLACE OF RESIDENCE AS DEFINED IN HR 22-3 (Full Address):</p> <div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 5px;"></div>								
8. CHANGE IN PERMANENT PLACE OF RESIDENCE (See HR 22-3) <small>(To Be Completed by Employee Desiring Such Change While Assigned to Headquarters)</small>									
<p>FULL ADDRESS:</p> <div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 5px;"></div>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">DEPUTY DIRECTOR OR DESIGNEE</td> <td style="width: 40%;">DATE</td> </tr> <tr> <td style="height: 30px;"></td> <td></td> </tr> <tr> <td>DIRECTOR OF PERSONNEL (when applicable per HR 22-3)</td> <td>DATE</td> </tr> <tr> <td style="height: 30px;"></td> <td></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: <i>Hq</i></p>	<p>DATE: <i>9 Nov 71</i></p>	<div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 5px;"></div>							

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(When Filled In)

REPORT OF SERVICE ABROAD											
TO: Office of Personnel, Transactions and Records Branch, Status Section											
SERIAL NO.		NAME									
		LAST		FIRST				MIDDLE			
		(Initial)		T-3A							
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 (<i>One only</i>). 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			CODE			CODE
25-26	27-28	29-30	31-32	33-34	35-36	1 - PCS (<i>Basic</i>) 2 - CORRECTION 3 - CANCELLATION		37	38	39	40-42
			11	18	70						210
TDY DATES OF SERVICE											
ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA		O/P USE ONLY		AREA(S)	
MONTH	DAY	YEAR	MONTH	DAY	YEAR			CODE			CODE
25-26	27-28	29-30	31-32	33-34	35-36	2 - TDY (<i>Basic</i>) 3 - CORRECTION 4 - CANCELLATION		37	38	39	40-42
OFFICE OF PERSONNEL USE ONLY - PUNCH AREA											
SOURCE DOCUMENT AND CERTIFICATION											
TRAVEL VOUCHER						DISPATCH					
CABLE						<input checked="" type="checkbox"/> DUTY STATUS OR TIME AND ATTENDANCE REPORT					
OTHER (<i>Specify</i>)											
DOCUMENT IDENTIFICATION NO.						DOCUMENT DATE/PERIOD					
REMARKS											
PREPARED BY						REPORT SUBMITTED ON CONTROL DOCUMENT					
JACO						ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED					
C & L DIVISION, CTR.						DATE					
<input checked="" type="checkbox"/> C & L DIVISION						SIGNATURE					
THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER											

30 June 1970

MEMORANDUM FOR: Chief, European Division
FROM : Chief of Station [redacted]
SUBJECT : Promotion Recommendation -
[redacted]

Subject, who has been in grade as a GS-10 just two years, has been Chief of the Registry of the [redacted] Station for eighteen months. Subject, fresh from a Saigon assignment, brought with him a broad and varied background of field experience (Far East) and several Headquarters' assignments. He has been in one or another aspect of records management work since he started with us as a very junior clerk in 1952.

Subject's fitness reports, since he has been in [redacted] testify to the high regard in which he is held by the Station and the excellent results he has managed to achieve. When he arrived at the Station, the start had been made on a file reduction program but an enormous amount of organized work remained to be done. Subject set about it with great enthusiasm and a high degree of professional organization. As a result, the Registry inventory today is the leanest and the most efficient the Station has seen for many a long day, if ever before. To a great extent this can be laid at Subject's own door and he personally did much of the work. At the same time, Subject surveyed and reorganized the overall workload of the Registry and was finally able to recommend to the Station management a reduction of one Registry clerk. The smaller staff was certainly required a more intensive work effort on the part of Registry personnel, which has been attained without any loss of morale; in fact, quite the reverse.

Subject, therefore, emerges as a records management officer who has thoroughly learned his business and a hard-driving, sympathetic and successful supervisor. In the opinion of the Station management, Subject is already quite capable of taking over broader and more senior responsibilities in the records management field. In this respect, however, we do not believe he will be wasting his time [redacted] by spending, as he currently plans to do, an additional year here on the completion of his tour in November. The [redacted] Registry, reflecting the multi-faceted work of the Station, is sufficiently complex an operation to warrant

-2-

Subject's continued attention.

In view of his really excellent performance and high promise, it is strongly recommended that Subject be promoted to GS-11.

/s/ Bronson Tweedy
COS

SECRET
(When Filled In)

REPORT OF SERVICE ABROAD												
TO: Office of Personnel, Transactions and Records Branch, Status Section												
SERIAL NO.		NAME										
		LAST				FIRST				MIDDLE		
I.S.		(Pcirt)				Z.N.						
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. 86, REVISED.												
PCS DATES OF SERVICE												
ARRIVAL O/S			DEPARTURE O/S			TIME OF DATA			O/P USE ONLY		COUNTRY	
MONTH	DAY	YEAR	MONTH	DAY	YEAR				CODE	CODE		
25-26	27-28	29-30	31-32	33-34	35-36	1 - BASIC DATA 3 - CORRECTION 5 - CANCELLATION			37	38	39	40-42
11	18	68							1			210
TOY DATES OF SERVICE												
ARRIVAL O/S			DEPARTURE O/S			TIME OF DATA			O/P USE ONLY		AREA(S)	
MONTH	DAY	YEAR	MONTH	DAY	YEAR				CODE	CODE		
25-26	27-28	29-30	31-32	33-34	35-36	2 - TOY (Temporary) 4 - CORRECTION 6 - CANCELLATION			37	38	39	40-42
OFFICE OF PERSONNEL USE ONLY - PUNCH AREA												
SOURCE DOCUMENT AND CERTIFICATION												
TRAVEL VOUCHER						DISPATCH						
CABLE						DAYS STATUS OR TIME AND ATTENDANCE REPORT						
Other (Specify)												
DOCUMENT IDENTIFICATION NO.						DOCUMENT DATE PERIOD						
						1-18-68						
REMARKS												
PREPARED BY			REPORT ANNOTATED BY			BASIC DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED						
REC			CONTROL DOCUMENT									
C & A DIVISION, 2700.			DATE			895:0300						
X T & P DIVISION												
THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER												

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(When Filled In)

IMPORTANT

Central Processing Branch has been charged with responsibility (OM 20-6-
dated October 1961) 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 CPB. Your Personnel Officer can provide you with a
copy of the Handbook.

MEMORANDUM OF UNDERSTANDING

I heroby acknowledge that I have read and understand the contents of
Field Handbook 20-6, Employee Conduct, dated 30 July 1962.

[Redacted Signature Box]

Signature

15 NOV 68
cto

JAMES G. ROSS

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(When Filled In)

REPORT OF SERVICE ABROAD

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

SERIAL NO.

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. 98, 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) 3 - CORRECTION 5 - CANCELLATION	37	38 39	Vietnam	40-42
			10	03	68		1			7/10

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) *teleprint*

DOCUMENT IDENTIFICATION

DOCUMENT DATE/PERIOD

REMARKS

PREPARED BY	REPORT APPROVED ON CONTROL DOCUMENT	ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
UIC	DATE	SIGNATURE
C & L DIVISION, CTR.	10/5/68	
C & T DIVISION		

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

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

SERIAL NO.

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. 98, REVISED.

PCS DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	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) 3 - CORRECTION 6 - CANCELLATION	37 38 39		40-42
01	1	467					1	Vietnam	772

TDY DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	O/P USE ONLY	SPECIAL	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)	

DOCUMENT IDENTIFICATION NO. 764	DOCUMENT DATE/PERIOD
---------------------------------	----------------------

REMARKS

PREPARED BY	REPORT INITIATED ON	ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
OCO	CONTROL DOCUMENT	
C & L DIVISION, CYER.	DATE 5/22/61	SIGNATURE
C & T DIVISION		

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

CONFIDENTIAL
(When Filled In)

I hereby acknowledge that I have read and understand the contents of Handbook 20-4, Employee Conduct, dated 7 October 1963, and the information brochure for PCS returnees, dated May 1964.

[Redacted Signature Box]

JAMES S. WOOLLS

28 NOV 66
Date

CONFIDENTIAL
(When Filled In)

14-00000
SECRET
(When Filled In)

19 December 1966


MEMORANDUM FOR:

THROUGH : Head of ^{CS} Career Service

SUBJECT : Notification of Designation as a Participant
in the CIA Retirement and Disability System

1. I have determined that you meet the criteria outlined in HR 20-50 for designation as a participant in the CIA Retirement and Disability System. Your designation as a participant was made effective ~~18 December 1966~~.

2. You are hereby notified of your right to appeal this action to the Director of Central Intelligence as specified in HR 20-50. Such appeal must be received in the Office of the Director not later than 30 calendar days from the date of this memorandum.


Emmett D. Echols
Director of Personnel

SECRET

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	
1-6	(Print)	7-24		25-26
				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	CODE	ARRIVAL			DEPARTURE			COUNTRY	OMIT
		MONTH	DAY	YEAR	MONTH	DAY	YEAR		
1 - PCS (Basic)	27	28-29	30-31	32-33	34-35	36-37	38-39		40-42
3 - CORRECTION									
5 - CANCELLATION	1	04	24	61	09	24	66		375

TDY DATES OF SERVICE

TYPE OF DATA	CODE	DEPARTURE			RETURN			AREA(S)	OMIT
		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									
5 - CANCELLATION									

SOURCE OF RECORD DOCUMENT

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

DOCUMENT IDENTIFICATION NO.	DOCUMENT DATE/PERIOD
	5/28 - 9/24/66

REMARKS

PREPARED BY	<input checked="" type="checkbox"/> REPORT ANNOTATED ON SOURCE DOCUMENT	ABOVE DATA VERIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
C & L DIVISION	DATE	
<input checked="" type="checkbox"/> C & T DIVISION	10/17/66	

FORM 1451a
10-64 USE PREVIOUS EDITIONS.

SECRET

GROUP 1
Excluded from automatic
downgrading and declassification

(4-10)

CONFIDENTIAL
(When Filled In)

TRAVEL AGREEMENT BY STAFF EMPLOYEES ASSIGNED TO PERMANENT
DUTY STATION OUTSIDE CONTINENTAL UNITED STATES

1. In accordance with the policy of the Central Intelligence Agency, I agree to serve outside the continental United States a minimum tour of 2 Years from the date of my arrival at my permanent post of duty, unless said tour is sooner terminated by the Government for its convenience, or it is terminated by the Agency for circumstances that are considered by it to be beyond my control.

2. It is understood and agreed that if I terminate for reasons within my control in less than 12 months from the date of arrival at said post, I shall reimburse CIA for all travel expenses, including storage and per diem, incurred in the transporting of myself, my dependents, my household and personal effects and my automobile to my permanent post of duty, and shall pay all return travel and transportation expenses to the United States.

3. It is further understood and agreed that if I terminate for reasons within my control subsequent to the twelfth month but prior to the completion of my tour of duty, I shall pay all return expenses for the travel and transportation of myself, my dependents, my household and personal effects and my automobile to the United States.

WITNESS:

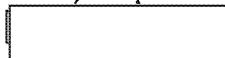
Date: 24 July 66

SECRET

23 MAR 1966

MEMORANDUM FOR: Head, Clandestine Services Career Service

SUBJECT : Notification of Approval of
Quality Step Increase -



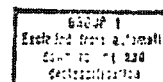
1. I am pleased to send to you the attached official notification of the approval of the Quality Step Increase which you recommended for this employee.

2. As this award is designed to encourage excellence by recognizing and rewarding the employee, may I ask that you arrange to have this Quality Step Increase presented at an appropriate ceremony.



Emmett D. Scholz
Director of Personnel

SECRET



~~SECRET~~

29 MAR 1966

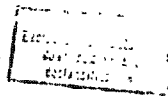
MEMORANDUM FOR: [REDACTED]

SUBJECT : Quality Step Increase

1. I was pleased to learn that you have been granted a Quality Step Increase. Such a recognition is proof of the high esteem in which you are held by your supervisors in the Clandestine Services.

2. Please accept my personal best wishes. I am confident that your future performance will be of a continuing high quality.

[REDACTED]
Desmond Fitzgerald
Deputy Director for Plans

~~SECRET~~

SECRET

CP-257

4 MAR 1956

MEMORANDUM FOR: Deputy Director for Plans

ATTENTION: DDP/OP

SUBJECT: Request for Quality Step Increase
for [] GS-09

1. On the basis of the information presented below, it is recommended that a Quality Step Increase be approved for []

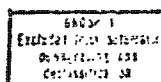
2. [] entered on duty with the Agency in April 1952 as a GS-03 Records and File Clerk assigned to RID. Since that time [] has served as a Records Analyst at Headquarters, [] and since 1961 in the Central Registry Section of the [] [] is 37 years old and has been in grade as a GS-09 since 1958.

3. [] exceptional performance is described by the [] Station as follows:

"A. [] is now on his second tour as Chief of the [] Station Registry. This unit is located at [] and handles all correspondence for all Station elements. In view of the fact that the Station is located [] a great deal of responsibility is given to [] to ensure that action responsibility on incoming cables is rapidly and properly assigned, dispatches are correctly routed and processed, correspondence from other local military agencies is correctly analyzed and routed, the twice-a-day courier system is functioning effectively, and the Station flexowriter is rapidly churning out priority dispatch traffic.

"B. The Registry is presently composed of six employees in addition to [] who is Chief of this unit. [] does an exemplary job in supervising these employees with the result that the Station Registry is a smooth and well-functioning unit.

SECRET



SECRET

"C. In addition to his normal duties, [] is constantly thinking of ways to increase the efficiency of the Station Registry, and to be of greater assistance to the Station as a whole. Several of his ideas have been adopted by the Station with a resulting increase in effectiveness. His positive approach to all problems and his cheerfulness and willingness to perform any task have benefited both the Station and the Agency.

"D. In view of [] demonstrated ability to provide leadership to the Station Registry unit, his positive approach to the solution of the many problems which daily beset this unit, it is strongly recommended that he be promoted from GS-09 to GS-10 at the earliest opportunity."

4. [] has continued to perform in an over-all "Strong" manner as indicated in his recent fitness report. He recently planned and effectively implemented the move of the Cable Secretariat from one location to another. In a dispatch, dated 22 November 1965, the present Chief of Station, [] stated, "There is little I can add to my predecessor's recommendation, dated 9 November 1964, for promotion of [] He is performing his duties as Chief of the [] Station Registry with efficiency and dispatch. He is a strong supervisor who constantly strives to achieve the maximum economy in the use of his personnel and materials."

5. Consideration has been given to the granting of an Honor and Merit Award to [] but in this particular case it appears that a Quality Step Increase is more appropriate.

[]
William E. Colby
Chief, Far East Division

APPROVAL RECOMMENDED:

[]
Secretary, CS Panel Section C

MAR 11
1966

MAR 11
1966

Date

SECRET

SECRET

SUBJECT: Request for Quality Step Increase
for [REDACTED] GS-09

CONCUR:

[REDACTED]

DLP/OP

15 March 66
Date

APPROVED:

[REDACTED]

for Director of Personnel18 Mar '66
Date

SECRET

SECRET
(When Filled In)

VERIFIED RECORD OF OVERSEAS SERVICE

TO:

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

EMPLOYEE SERIAL NO. 1-6	NAME OF EMPLOYEE			OFFICE/COMPONENT 25-28
	LAST (Print)	FIRST	MIDDLE	
				56

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	OMIT 40-42
		MONTH	DAY	YEAR	MONTH	DAY	YEAR		
1 - PCS (Basic)	27	28-29	30-31	32-33	34-35	36-37	38-39		
3 - CORRECTION									
5 - CANCELLATION	1	04	15	61					375

TDY DATES OF SERVICE

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

SOURCE OF RECORD DOCUMENT

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

DOCUMENT IDENTIFICATION NO.	DOCUMENT DATE/PERIOD 30 MAR - 15 APR 1961
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REMARKS

PREPARED BY	REPORT ANNOTATED ON SOURCE DOCUMENT	ADDITIONAL DATA VERIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
FISCAL DIVISION	DATE 26 JUNE 1961	SIGNATURE
FINANCE DIVISION		

Standard Form No. 2800 CHAPTER 4-15 P.P.M. 6-7-61-1000		HEALTH BENEFITS REGISTRATION FORM <small>FEDERAL EMPLOYEES HEALTH BENEFITS ACT OF 1959</small> <small>(Read Instructions on back of last page. Use only typewriter or ballpoint pen.)</small>		CARRIER'S CONTROL NO. <div style="border: 1px solid black; padding: 2px; display: inline-block;">078-38</div>	
PART A ALL WHO REGISTER MUST FILL IN THIS PART.	1. NAME (LAST) (FIRST) (MIDDLE INITIAL) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	2. DATE OF BIRTH <small>(Month, Day, Year)</small> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MONTH DAY YEAR _____ </div>	3. Are you now married? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
	4. YOUR MAILING ADDRESS (NUMBER AND STREET) (CITY AND ZONE NUMBER) (STATE) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	5. SEX MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/>			
	6. Are you covered by, or is any family member listed below covered by or enrolling in, a plan under the Federal Employees Health Benefits Act of 1959 (through the enrollment of another United States or District of Columbia Government employee or annuitant)? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		7. Place an "X" in proper box to show your annual basic salary range. UNDER \$4,000 <input type="checkbox"/> \$4,000 TO \$4,999 <input type="checkbox"/> \$5,000 TO \$5,999 <input checked="" type="checkbox"/> \$6,000 TO \$6,999 <input type="checkbox"/> \$7,000 TO \$7,999 <input type="checkbox"/> \$8,000 TO \$8,999 <input type="checkbox"/> \$9,000 TO \$9,999 <input type="checkbox"/> \$10,000 OR OVER <input type="checkbox"/>		
PART B FILL IN THIS PART IF YOU WISH TO ENROLL IN A HEALTH BENEFITS PLAN. <small>If enrollment is for self only, answer item 1. If enrollment is for self and family, also answer item 2 and item 3. If applicable.</small> THIS PART MUST ALSO BE FILLED IN IF YOU CHANGE YOUR ENROLLMENT.	1. I elect to enroll in a health benefits plan as shown below. I authorize deductions to be made from my salary, compensation, or annuity to cover my share of the cost of this enrollment. (Copy the information requested below from inside cover of brochure of the plan you select.) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> NAME OF PLAN Association Benefits Plan - Family </div> <div style="width: 20%;"> OPTION (PLAN OR PLAN) High </div> <div style="width: 35%;"> ENROLLMENT CODE NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 4 2 2 </div> </div> </div>				
	2. In space below list all eligible family members without exception. List your wife or husband first, then your unmarried children under age 19, including legally adopted children, and stepchildren and illegitimate children who live with you in a regular parent-child relationship. Include also any unmarried child over 19 who became disabled before age 19 and who, because of the disability, is incapable of self-support. (Attach a doctor's certificate for a disabled child age 19 or over.)				
	NAMES OF FAMILY MEMBERS <small>Wife or Husband</small>		DATE OF BIRTH <small>(Month, Day, Year)</small>		
	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
3. If you are a female (employee or annuitant)—does the family listed above include a husband who is incapable of self-support by reason of mental or physical disability which can be expected to continue for more than one year? (If answer is "Yes," attach a doctor's certificate.) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
PART C FILL IN THIS PART IF YOU WISH NOT TO ENROLL OR IF YOU WISH TO CANCEL YOUR ENROLLMENT.	PLACE AN "X" IN ITEM 1 OR ITEM 2, WHICHEVER APPLIES AND ANSWER ITEM 3.				
	1. I elect not to enroll in any plan under the Health Benefits Act. <input type="checkbox"/> 2. I elect to cancel my present enrollment under the Health Benefits Act. <input type="checkbox"/> 3. The reason for my election is: (Place an "X" in proper box.) (a) I am covered by a plan under the Health Benefits Act through the enrollment of my husband, wife, or spouse. <input type="checkbox"/> (b) I am covered by a health insurance plan which is not under the Health Benefits Act. <input type="checkbox"/> (c) Any other reason. <input type="checkbox"/>				
PART D FILL IN THIS PART IF YOU WISH TO CHANGE YOUR ENROLLMENT.	I elect to change my enrollment as shown by the enrollment number and other information in item 8.				
	1. Enrollment code number of present plan: <div style="border: 1px solid black; padding: 2px; display: inline-block;">4 2 5</div> 2. Date of event which permits change. (See table on back of duplicate for proper number.) <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> MONTH DAY YEAR March 22 1964 </div> </div>				
PART E ALL WHO REGISTER MUST FILL IN THIS PART.	SIGNATURE—OF SELF OR OTHER <div style="border: 1px solid black; height: 20px; width: 100%;"></div>				
	WARNING—Any intentional false statement to this application or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (10 U.S.C. 1061.)				
PART F TO BE COMPLETED BY AGENCY.	1. NAME AND ADDRESS OF AGENCY HEALTH BENEFITS OFFICER (100-1000000)		2. DATE RECEIVED BY EMPLOYING OFFICE 3-15-64		
	3. EFFECTIVE DATE OF ELECTION 3-15-64		4. PAYROLL OFFICE NO. 5. PAYROLL ACTION (INITIALS AND DATE)		
REMARKS FOR USE ONLY BY ANNUITANTS AND AGENCY. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">15</div> <div style="width: 60%;">5010</div> </div>					

SECRET
(When Filled In)

<div style="float: left; font-size: 2em; margin-right: 10px;">CS</div> VERIFIED RECORD OF OVERSEAS SERVICE									
TO: Office of Personnel, Statistical Reporting Branch, ROOM 192 Curie Hall									
EMPLOYEE SERIAL NO.		NAME OF EMPLOYEE						OFFICE/COMPONENT	
1-6		LAST (Prior)		FIRST		MIDDLE		25-26	
								57	
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		ARRIVAL		DEPARTURE			COUNTRY		OMIT
1 - PCS (Basic)		2020	MONTH	DAY	YEAR	MONTH	DAY	YEAR	40-42
3 - CORRECTION		27	28-29	30-31	32-33	34-35	36-37	38-39	
5 - CANCELLATION		1				03	19	59	575
TDY DATES OF SERVICE									
TYPE OF DATA		DEPARTURE		RETURN			AREA(S)		OMIT
2 - TDY (Basic)		CODE	MONTH	DAY	YEAR	MONTH	DAY	YEAR	40-42
4 - CORRECTION		27	28-29	30-31	32-33	34-35	36-37	38-39	
5 - CANCELLATION									
SOURCE OF RECORD DOCUMENT									
<input checked="" type="checkbox"/> TRAVEL VOUCHER					<input 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.					DOCUMENT DATE/PERIOD				
REMARKS									
PREPARED BY		REPORT ANNOTATED ON SOURCE DOCUMENT			ABOVE DATA VERIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED				
FISCAL DIVISION		DATE			SIGNATURE				
FINANCE DIVISION									

Standard Form No. 2879
CHAPTER 1-5 FPM.
5 GAO 5-09

HEALTH BENEFITS REGISTRATION FOR 1961
FEDERAL EMPLOYEES HEALTH BENEFITS ACT OF 1959
(Trans on back of last page. Use only typewriter or ball point pen.)

CARRIER'S CONTROL NO.
082697

PART A
ALL WHO REGISTER MUST FILL IN THIS PART.

1. NAME (LAST) (FIRST) (MIDDLE INITIAL)
2. DATE OF BIRTH (The numbers)
MONTH DAY YEAR
3. Are you now married?
YES ☒ NO ☐
4. SEX
MALE ☒ FEMALE ☐
5. Are you covered by, or is any family member listed below covered by or enrolling in, a plan under the Federal Employees Health Benefits Act of 1959 (through the enrollment of another United States or District of Columbia Government employee or annuitant)?
YES ☒ NO ☐
6. Place an "X" in proper box to show your annual basic salary range.
UNDER \$4,000 ☐ \$4,000 TO \$5,999 ☐ \$6,000 TO \$9,999 ☒ \$10,000 OR OVER ☐

PART B
FILL IN THIS PART IF YOU WISH TO ENROLL IN A HEALTH BENEFITS PLAN.

1. I elect to enroll in a health benefits plan as shown below. I authorize deductions to be made from my salary, compensation, or annuity to cover my share of the cost of the enrollment. (Copy the information requested below from inside cover of brochure of the plan you select.)
NAME OF PLAN: UNITED STATES GOVERNMENT PLAN OPTION (HIGH OR LOW): LOW ENROLLMENT CODE NUMBER: 4 2 5
2. In space below list all eligible family members without exceptions. List your wife or husband first, then your unmarried children under age 19, including legally adopted children and stepchildren and illegitimate children who live with you in a regular parent-child relationship. Include also any unmarried child over 19 who became disabled before age 19 and who, because of the disability, is incapable of self-support. (Attach a doctor's certificate for a disabled child age 19 or over.)
3. If you are a female (employee or annuitant)—does the family listed above include a husband who is incapable of self-support by reason of mental or physical disability which can be expected to continue for more than one year? (If answer is "Yes," attach a doctor's certificate.) YES ☐ NO ☒

PART C
FILL IN THIS PART IF YOU WISH NOT TO ENROLL OR IF YOU WISH TO CANCEL YOUR ENROLLMENT.

1. I elect not to enroll in any plan under the Health Benefits Act. ☐
2. I elect to cancel my present enrollment under the Health Benefits Act. ☐
3. The reason for my election is (Place an "X" in proper box):
(a) I am covered by a plan under the Health Benefits Act through the enrollment of my husband, wife, or parent. ☐
(b) I am covered by a health insurance plan which is not under the Health Benefits Act. ☐
(c) Any other reason. ☒

PART D
FILL IN THIS PART IF YOU WISH TO CHANGE YOUR ENROLLMENT.

1. Enrollment code number of present plan: 4 2 2
2. Number of event which permits change. (See table on back of duplicate for proper number.) 7
3. Date of event which permits change.
MONTH DAY YEAR
MAR 31 1961

PART E
ALL WHO REGISTER MUST FILL IN THIS PART.

1. SIGNATURE (Typed name)
17 APR 61
2. DATE RECEIVED IN EMPLOYING OFFICE
3/27/61
3. EFFECTIVE DATE OF ELECTION
4/16/61
4. PAYROLL OFFICE NO.
5. PAYROLL ACTION (Initials and date)

PART F
TO BE COMPLETED BY AGENCY.

1. NAME AND ADDRESS OF EMPLOYING OFFICE
2. SIGNATURE OF AUTHORIZED AGENCY OFFICIAL

REMARKS
FE
X-7579
110032

CONFIDENTIAL
(When Filled In)

TRAVEL AGREEMENT BY STAFF EMPLOYEES ASSIGNED TO PERMANENT
DUTY STATION OUTSIDE CONTINENTAL UNITED STATES

1. In accordance with the policy of the Central Intelligence Agency, I agree to serve outside the continental United States a minimum tour of Twenty-four months from the date of my arrival at my permanent post of duty, unless said tour is sooner terminated by the Government for its convenience, or it is terminated by the Agency for circumstances that are considered by it to be beyond my control.

2. It is understood and agreed that if I terminate for reasons within my control in less than 12 months from the date of arrival at said post, I shall reimburse CIA for all travel expenses, including storage and per diem, incurred in the transporting of myself, my dependents, my household and personal effects and my automobile to my permanent post of duty, and shall pay all return travel and transportation expenses to the United States.

3. It is further understood and agreed that if I terminate for reasons within my control subsequent to the twelfth month but prior to the completion of my tour of duty, I shall pay all return expenses for the travel and transportation of myself, my dependents, my household and personal effects and my automobile to the United States.

WITNESS:

[Redacted Signature Box]

[Redacted Signature Box]

Date: 21 Feb. 1961

Standard Form No. 2809 CHAPTER I - U.P.M. 6 (Rev. 1-1-60)		HEALTH BENEFITS REGISTRATION FOR 1 2362		CAREER'S NUMBER NO 000000	
(Read instructions on back of last page. Use only Appendix or last page.)		1. NAME (LAST) (FIRST) (MIDDLE INITIAL)		2. DATE OF BIRTH (Use Appendix)	
PART A ALL WHO REGISTER MUST FILE IN THIS PART.		3. Are you now married? YES <input checked="" type="checkbox"/> 1 NO <input type="checkbox"/> 2		3. SEX MALE <input checked="" type="checkbox"/> 1 FEMALE <input checked="" type="checkbox"/> 2	
4. Are you covered by, or is any family member listed below covered by or enrolling in, a plan under the Federal Employees Health Benefits Act of 1959 (through the enrollment of another United States or District of Columbia Government employee or annuitant)? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		7. Place an "X" in proper box to show your annual basic salary range. UNDER \$4,000 <input type="checkbox"/> 1 \$4,000 TO \$5,999 <input type="checkbox"/> 2 \$6,000 TO \$9,999 <input checked="" type="checkbox"/> 3 \$10,000 OR OVER <input type="checkbox"/> 4			
PART B FILE IN THIS PART IF YOU WISH TO EN- ROLL IN A HEALTH BENEFITS PLAN.		1. I elect to enroll in a health benefits plan as shown below. I authorize deductions to be made from my salary, compensation, or annuity to cover my share of the cost of the enrollment. (Copy the information requested below from inside cover of brochure of the plan you select.)			
NAME OF PLAN		OPTION (HIGH OR LOW)		ENROLLMENT CODE NUMBER	
2. In space below list all eligible family members without exception: list your wife or husband first, then your unmarried children under age 19, including legally adopted children, and stepchildren and illegitimate children who live with you in a regular parent-child relationship. Include also any unmarried child over 19 who became disabled before age 19 and who, because of the disability, is incapable of self-support. (Attach a doctor's certificate for a disabled child age 19 or over.)					
NAMES OF FAMILY MEMBERS		DATE OF BIRTH (Month, Day, Year)		DATE OF BIRTH (Month, Day, Year)	
Wife or Husband		1		6	
		2		7	
		3		8	
		4		9	
		5		10	
3. If you are a female (employee or annuitant)—does the family listed above include a husband who is incapable of self-support by reason of mental or physical disability which can be expected to continue for more than one year? (If answer is "Yes," attach a doctor's certificate.)		YES <input type="checkbox"/>		NO <input checked="" type="checkbox"/>	
PART C FILE IN THIS PART IF YOU WISH TO EN- ROLL OR IF YOU WISH TO CHANGE YOUR ENROLLMENT.		PLACE AN "X" IN ITEM 1 OR ITEM 2, WHICHEVER APPLIES AND ANSWER ITEM 3			
1. I elect not to enroll in any plan under the Health Benefits Act. <input type="checkbox"/>		3. The reason for my election is (Place an "X" in proper box)			
2. I elect to cancel my present enrollment under the Health Benefits Act. <input type="checkbox"/>		(a) I am covered by a plan under the Health Benefits Act through the enrollment of my husband, wife, or parent. <input type="checkbox"/> 1			
		(b) I am covered by a health insurance plan which is not under the Health Benefits Act. <input type="checkbox"/> 2			
		(c) Any other reason. <input type="checkbox"/> 3			
PART D FILE IN THIS PART IF YOU WISH TO CHANGE YOUR ENROLLMENT.		I elect to change my enrollment as shown by the enrollment number and other information in Part B			
1. Enrollment code number of present plan.		2. Number of event which permits change (See table on back of booklet for proper number)		3. Date of event which permits change	
4 2 1		2		AUG 6 1960	
PART E ALL WHO REGISTER MUST FILE IN THIS PART.		WARNING.—Any intentional false statement in this application or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001.)			
PART F TO BE COMPLETED BY AGENCY.		2. DATE RECEIVED BY EMPLOYER/AGENCY		3. EFFECTIVE DATE OF ELECTION	
HEALTH BENEFITS OFFICER		8/11/60		8/11/60	
		4. PAYROLL OFFICE NO.		5. PAYROLL ACTION (INITIALS AND DATE)	
REMARKS					

Standard Form No. 2800 CHAPTER I-5 FPM 6-1-60 (Rev.)		HEALTH BENEFITS REGISTRATION FORM FEDERAL EMPLOYERS HEALTH BENEFITS ACT OF 1959 (Read Instructions on back of last page. Use only handwritten or ballpoint pen.)		CARRIER'S CONTRACT NO. 3362 003076
PART A ALL WHO REGISTER MUST FILL IN THIS PART.	1. NAME (LAST) (FIRST) (MIDDLE INITIAL)	2. DATE OF BIRTH		3. Are you now married?
	4. YOUR MARITAL ADDRESS (NUMBER AND STREET) (CITY AND ZONE NUMBER) (STATE)		5. SEX MALE <input checked="" type="checkbox"/> FEMALE <input checked="" type="checkbox"/>	
	6. Are you covered by, or is any family member listed below covered by, an enrollment in a plan under the Federal Employees Health Benefits Act of 1959 (through the enrollment of another United States or District of Columbia Government employee or annuitant)? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		7. Place an "X" in proper box to show your annual basic salary range: UNDER \$4,000 <input type="checkbox"/> \$4,000 TO \$5,999 <input type="checkbox"/> \$6,000 TO \$9,999 <input checked="" type="checkbox"/> \$10,000 OR OVER <input type="checkbox"/>	
PART B FILL IN THIS PART IF YOU WISH TO ENROLL IN A HEALTH BENEFITS PLAN. <small>If enrollment is for self only, answer item 1. If enrollment is for self and family, also answer item 2 and item 3 if it applies.</small>	1. I elect to enroll in a health benefits plan as shown below. I authorize deductions to be made from my salary, compensation, or annuity to cover my share of the cost of the enrollment. (Copy the information requested below from inside cover of brochure of the plan you select.)			
	NAME OF PLAN ASSOCIATION BENEFIT PLAN		OPTION (HIGH OR LOW) HIGH	
	2. In space below list all eligible family members without exception. List your wife or husband first, then your unmarried children under age 19, including legally adopted children, and stepchildren and legitimate children who live with you in a regular parent-child relationship. Include also any unmarried child over 19 who became disabled before age 19 and who, because of the disability, is incapable of self-support. (Attach a doctor's certificate for a disabled child age 19 or over.)			
	3. If you are a female (employee or annuitant)—does the family listed above include a husband who is incapable of self-support as a result of mental or physical disability which can be expected to continue for more than one year? (If answer is "Yes," attach a doctor's certificate.) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
PART C FILL IN THIS PART IF YOU WISH NOT TO ENROLL OR IF YOU WISH TO CANCEL YOUR ENROLLMENT.	PLACE AN "X" IN ITEM 1 OR ITEM 2, WHICHEVER APPLIES, AND ANSWER ITEM 3.			
	1. I elect not to enroll in any plan under the Health Benefits Act. <input type="checkbox"/> 2. I elect to cancel my present enrollment under the Health Benefits Act. <input type="checkbox"/> 3. The reason for my election is (Place an "X" in proper box): (a) I am covered by a plan under the Health Benefits Act through the enrollment of my husband, wife, or parent. <input type="checkbox"/> (b) I am covered by a health insurance plan which is not under the Health Benefits Act. <input type="checkbox"/> (c) Any other reason. <input type="checkbox"/>			
PART D FILL IN THIS PART IF YOU WISH TO CHANGE YOUR ENROLLMENT.	1. Enrollment card number of present plan.			
	2. Number of event which permits change. (See table on back of duplicate for proper number.)			
PART E ALL WHO REGISTER MUST FILL IN THIS PART.	3. Date of event which permits change. MONTH DAY YEAR			
	4. Date received in employing office.			
PART F TO BE COMPLETED BY AGENCY.	5. EFFECTIVE DATE OF ELECTION			
	6. PAYROLL OFFICE NO.			
7. PAYROLL OFFICE (INITIALS AND DATE)				
REMARKS <small>FOR USE ONLY BY ANNUITANTS AND AGENCY.</small> FE				

Triplicate—To Employing Office

AFR 1-59

10564

CONFIDENTIAL
(When Filled In)

TRAVEL AGREEMENT BY STAFF EMPLOYEES ASSIGNED TO PERMANENT
DUTY STATION OUTSIDE CONTINENTAL UNITED STATES

1. In accordance with the policy of the Central Intelligence Agency, I agree to serve outside the continental United States a minimum tour of 24 months from the date of my arrival at my permanent post of duty, unless said tour is sooner terminated by the Government for its convenience, or it is terminated by the Agency for circumstances that are considered by it to be beyond my control.

2. It is understood and agreed that if I terminate for reasons within my control in less than 12 months from the date of arrival at said post, I shall reimburse CIA for all travel expenses, including storage and per diem, incurred in the transporting of myself, my dependents, my household and personal effects and my automobile to my permanent post of duty, and shall pay all return travel and transportation expenses to the United States.

3. It is further understood and agreed that if I terminate for reasons within my control subsequent to the twelfth month but prior to the completion of my tour of duty, I shall pay all return expenses for the travel and transportation of myself, my dependents, my household and personal effects and my automobile to the United States.

WITNESS:

Signature: 23 Aug 57

CONFIDENTIAL

29 November 1956

[] Station wishes to express its appreciation to [] his most diligent performance of duty during his recent TDY here, his highly cooperative attitude and above all, his extreme eagerness to get a job done well and expeditiously.

It was largely with his help that [] station was able to screen and process the voluminous material which needed to be handled in order to establish a coordinated and integrated record and file maintenance system.

All [] station personnel connected with the work of the TSI Team members were impressed and gratified by the eagerness with which they assisted with details and helped with problems that were outside the responsibilities of their assigned task. Their pleasant manner, apt suggestions, their excellent cooperation and untiring efforts to complete more than the initially estimated workload, all created a most favorable impression which reflects much credit not only on the team members themselves but on the Records Integration Branch as well.

[]

CONFIDENTIAL

CONFIDENTIAL
(When Filled In)

144 Cecil Hall
Wash. Branch
10-3

1. NAME (Last) (First) (Middle)		2. THIS DATE	
		6 August 1952	
3. THE FOLLOWING AGENCY SPONSORED INSURANCE PROGRAMS HAVE BEEN EXPLAINED TO ME			
<input checked="" type="checkbox"/> WAR AGENCIES EMPLOYEES PROTECTIVE ASSOCIATION (WAEPA)		<input checked="" type="checkbox"/> SICK DISEASES	
<input checked="" type="checkbox"/> GROUP HOSPITALIZATION INCORPORATED (GHI)		<input checked="" type="checkbox"/> INCOME REPLACEMENT	
<input checked="" type="checkbox"/> MUTUAL BENEFIT OF CHANA - HOSPITALIZATION		* CASH PAYMENT OF PREMIUMS AT THE TIME EMPLOYEE APPLIES FOR INSURANCE MUST COVER THE PERIOD OF TIME HE WILL BE AWAY FROM HEADQUARTERS.	
<input checked="" type="checkbox"/> UNITED LIFE INSURANCE (ULIC)			
<input checked="" type="checkbox"/> AIR TRIP INSURANCE			
4. ITINERARY (To be completed only for individuals making application for Air Trip Insurance)			
WDC - - WASH - TDY			
5. I AM NOW PARTICIPATING, OR WOULD LIKE TO PARTICIPATE IN THE INSURANCE PROGRAMS LISTED BELOW.			
SIGNATURE OF EMPLOYEE			
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>			
TYPE OF POLICY	DESIRED	HOW HAVE	POLICY NUMBER
AIR TRIP FLIGHT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2017
6. I DO NOT ELECT TO PARTICIPATE IN ANY OF THE STATED INSURANCE PROGRAMS			
SIGNATURE OF EMPLOYEE			
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>			
7. EMPLOYEE INTERVIEWED BY		CPB (Signature)	
		<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
8. REMARKS			
When completed, the original of this form should be forwarded to T&RB for incorporation in the employee's official personnel folder. The copy should be forwarded to CPB for retention in CPB files.			

INSURANCE QUESTIONNAIRE

CENTRAL INTELLIGENCE AGENCY

2430 E STREET NW.

WASHINGTON 25, D. C.

Date 23 July 1954

Dear

1. This is to notify you that the United States Government, as represented by the Central Intelligence Agency, has accepted your employment effective 25 April 1954.

Position: I.C.

Base Salary: GS-5 \$3535.00

2. You will be:

a. Entitled to annual and sick leave in accordance with Civil Service Commission rules and regulations, or such other provisions of law or regulations as may be established in lieu thereof.

b. Reimbursed for travel expenses in accordance with CIA Regulations or Standardized Government Travel Regulations, as amended.

c. If stationed outside continental United States, granted such monetary allowances as are prescribed by CIA Regulations.

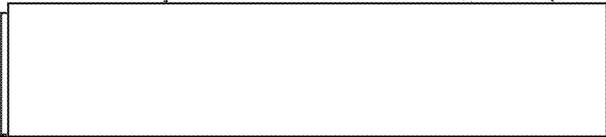
3. As a condition of your employment by the Central Intelligence Agency, you are subject to assignment to tours of duty at posts outside the continental United States. Each time you are so assigned, unless otherwise specified in advance by CIA, you will be required to remain at the post to which assigned for a period of 24 months from the date of arrival thereat, unless sooner transferred, reassigned or separated for reasons beyond your control. If you wish to return to the United States for personal reasons during that period, all travel and transportation costs incident to such return will be borne by you, with no expense to the Government.

4. If this employment is for assignment to an overseas post, it is understood and agreed that, unless earlier separated for reasons beyond your control, you will remain in Government service for 12 months after your arrival at your first overseas post, and if you violate this agreement, any money expended by the United States on account of your travel and the transportation of your immediate family and household goods will be considered a debt due to the United States.


5. Employment is conditioned upon satisfactory completion of the training courses prescribed by CIA and satisfactory performance of duty for a total period of six months from date of employment. In the event

either training or performance of duty is deemed unsatisfactory by CIA, you will be offered other types of employment if available, or your employment will be terminated.

6. Your appointment is for such time as your services may be required and funds are available for the work of CIA. Notice of termination will be given you by procedure similar to that provided by Civil Service rules and regulations.


Official authorized to sign letters of appointment.

I accept the above agreement as a condition of my employment by CIA.


Employee

23 July 54
Date

• 1880 18

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APPOINTMENT AFFIDAVITS

IMPORTANT.—Before swearing to these appointment affidavits, you should read and understand the attached information for appointees

C.I.A.

(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.

April 21, 1952
(Date of entrance on duty)

Subscribed and sworn before me this 21st day of April, A. D. 19 52,

at Washington
(City)

D.C.

[SEAL]

(Signature of officer)

J. S. C. 16016A
(Title)

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)

--	--

INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO	ITEM NO.	10. SPACE FOR DETAILED ANSWERS TO OTHER QUESTIONS <small>WRITE IN LEFT COLUMN NUMBERS OF ITEMS TO WHICH DETAILED ANSWERS APPLY</small>
6. ARE YOU A CITIZEN OF OR DO YOU OWE ALLEGIANCE TO THE UNITED STATES?	X			
8. ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY? <i>If your answer is "Yes", give details in Item 10.</i>		X		
7. DO YOU RECEIVE ANY ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT OR ANY PENSION OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE? <i>If your answer is "Yes", give in Item 10 reason for retirement, that is, age, optional disability, or by reason of voluntary or involuntary separation after 5 years' service; amount of retirement pay, and under what retirement act; and rating, if retired from military or naval service.</i>		X		
9. SINCE YOU FILED APPLICATION FOR THIS APPOINTMENT HAVE YOU BEEN DISCHARGED, OR FORFEITED YOUR RIGHTS FOR MISCONDUCT OR UNSATISFACTORY SERVICE FROM ANY PLACE OF EMPLOYMENT? <i>If your answer is "Yes", give in Item 10 the name and address of employer, date and reason for such case.</i>		X		
5. HAVE YOU EVER BEEN ARRESTED (NOT INCLUDING TRAFFIC VIOLATIONS FOR WHICH YOU WERE FINED \$25 OR LESS OR FORFEITED COLLATERAL OF \$5 OR LESS) SINCE YOU FILED APPLICATION FOR THIS APPOINTMENT? <i>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 function of the court; (4) the penalty imposed, if any; or (5) the disposition of the case. If appointed, your fingerprints will be taken.</i>		X		

INSTRUCTIONS TO APPOINTING OFFICER

The appointing officer before whom the foregoing certificate is made shall determine to his own satisfaction that this appointment would be in accordance with the Civil Service Act, applicable Civil Service Rules and Regulations and acts of Congress pertaining to appointments.

This form should be checked for tracing of office, pension, suitability in connection with any record of criminal record, or arrest, and particularly for the following:

(1) **Identity of appointee**—It is the duty of the appointing officer to guard against impersonation and to determine beyond reasonable doubt that the appointee is the same person whose appointment was authorized. The appointee's signature and photograph are to be compared with the application and other pertinent papers. If the appointee qualified in a written examination, the signature on this form should be compared with the signature on the declaration sheet, which was signed in the examination room. His physical appearance may be checked against the medical certificate. The appointing officer also has questioned his personal history for agreement with his previous statements.

(2) **Age**—If definite age limits have been established for the position, it should be determined that applicant is not outside the age range for appointment. Until such determination is made, the appointment may not be consummated.

(3) **Citizenship**—The appointing officer is responsible for observing the citizenship provisions of (1) the Civil Service Rules and Regulations with Part 61 constitutes an affidavit for both purposes and is acceptable proof of citizenship status in the absence of conflicting evidence. In doubtful cases the appointment should not be consummated until citizenship has been secured from the certifying office of the Civil Service Commission.

(4) **Members of Family**—Section 9 of the Civil Service Act provides that whenever there are already two or more members of a family serving under probationary or permanent appointment in the competitive service, no other member of such family is eligible for probationary or permanent appointment in the competitive service. The appointments of persons entitled to veteran preference are not subject to this requirement. The members of family provision does not apply to temporary appointments. Doubtful cases may be referred to the appropriate office of the Civil Service Commission for decision.

STATEMENT OF FEDERAL CIVILIAN AND MILITARY SERVICE				OFFICE		DIVISION				
NAME (Last) (First) (Middle)				GRADE		SECTION				
				050		RL				
				Pursuing a Record		File				
I. FEDERAL CIVILIAN SERVICE (BEGIN WITH THIS AGENCY AND FOLLOW IN REVERSE CHRONOLOGICAL ORDER)										
AGENCY	LOCATION	FROM			TO			TOTAL SERVICE		
		DA.	MO.	YR.	DA.	MO.	YR.	DA.	MO.	YR.
C. I. A.	15th St. Penn.	21	4	1952						
Treasury Dept.	15th St. Penn.	7	11	1951	25	4	1952	14	5	-
Treasury Dept.	15th St. Penn.	19	5	1950	19	9	1950	10	3	14
		Total Civilian Service			15			9 -		
II. MILITARY SERVICE (INCLUDE ONLY PERIODS OF ACTIVE DUTY DO NOT INCLUDE TERMINAL LEAVE)										
BRANCH OF SERVICE	FROM			TO			TOTAL SERVICE			
	DA.	MO.	YR.	DA.	MO.	YR.	DA.	MO.	YR.	
Army	3	10	1946	12	4	1948	10	8	1	
Army	19	10	1950	7	8	1951	15	7	1	
		Total Military Service			9			5 - 2		
III. CERTIFICATION										
I hereby certify (or affirm) that the above Civilian and Military service is complete and accurate to the best of my knowledge.										
April 21, 1952 DATE				SIGNATURE OF EMPLOYEE						
REMARKS: (CONCERNING ABOVE SERVICE)				V FOR PERSONNEL OFFICE USE ONLY TOTAL CREDITABLE SERVICE						
				DAYS			MONTHS		YEARS	
				25			1		3	
				as of 21 April 1952						
MAY BE CONTINUED ON NON-REPLACEMENT SERVICE										

PERSONNEL QUALIFICATION QUESTIONNAIRE

SECRET SECURITY INFORMATION

1. Serial No. (no entry)	2. NAME: (last) (first) (middle) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		3. Office <div style="border: 1px solid black; padding: 5px;">RI/FI</div>
4. Date of Birth	5. Sex: <input checked="" type="checkbox"/> male (1) <input type="checkbox"/> female (2)	Marital Status: <u>Single</u> Nr. Dependents: <u> </u>	6. Employment Date: <div style="border: 1px solid black; padding: 5px;">April 1952</div>
7. Citizenship: <input checked="" type="checkbox"/> U.S. <input type="checkbox"/> Other	8. Acquired By: (1) <input checked="" type="checkbox"/> Birth (2) <input type="checkbox"/> Marriage (3) <input type="checkbox"/> Naturalization (4) <input type="checkbox"/> Other (specify) _____ Year U.S. citizenship acquired, if not by birth _____		

SEC. I. EDUCATION

1. Extent: (circle one)

- | | | |
|--|--|-------------------|
| 1. Less than high school | <input checked="" type="radio"/> 4. Two years college, or less | 8. Masters degree |
| 2. High school graduate | 5. Over two years, no degree | 9. Doctors degree |
| 3. Trade, Business or Commercial school graduate | 6. Bachelor degree | |
| | 7. Post-graduate study (minimum 8 sem. hrs.) | |

2. College or University Study:

Name and location of College or University	Major	Minor	Dates att'd		Yrs Compl		Degree Recd		Sem Hrs
			From	To	Day	Night	Title	Date	
Wakers Business School - Grand Forks N. Dakota	Accounting	Law	Oct 48	Feb 50					Junior Accounting Diploma
Strayer College - Washington D.C.	Accounting	Law	Now attending						

3. Trade, Commercial, and Specialized Training:

School	Attendance Dates			Study or Specialization
	From	To	Tot. mo's	

4. Military, Intelligence or Investigative training (full time duty as a student in specialized schools such as intelligence, communications, ordnance disposal, etc.)

School	Attendance Dates			Study or Specialization
	From	To	Tot. mo's	

SEC. II. WORK EXPERIENCE

1. State the nature of duties performed with this organization, starting with your present position. Approximate dates (month and year) are sufficient. Use a continuation sheet, if necessary, to adequately describe your duties.

From <u>April 52</u> To <u>Nov 54</u> Tot. mos. <u>7</u>	Description of Duties:
Grade <u>GS-4</u> Salary <u>3175</u> yr.	<u>Supervise the changing of the folders from folders to single documents.</u>
Office <u>RI/FI</u>	<u>Autostat documents for P&I</u>
Position <u>CHERK</u>	<u>Do requests and other general office duties.</u>
Duty Title: <u>General Office Work</u>	Duty Station, if overseas:
From <u> </u> To <u> </u> Tot. mos. <u> </u>	Description of Duties:
Grade <u> </u> Salary <u> </u>	
Office <u> </u>	
Position <u> </u>	
Title: <u> </u>	
Duty Title: <u> </u>	Duty Station, if overseas:
From <u> </u> To <u> </u> Tot. mos. <u> </u>	Description of Duties:
Grade <u> </u> Salary <u> </u>	
Office <u> </u>	
Position <u> </u>	
Title: <u> </u>	
Duty Title: <u> </u>	Duty Station, if overseas:
From <u> </u> To <u> </u> Tot. mos. <u> </u>	Description of Duties:
Grade <u> </u> Salary <u> </u>	
Office <u> </u>	
Position <u> </u>	
Title: <u> </u>	
Duty Title: <u> </u>	Duty Station, if overseas:
From <u> </u> To <u> </u> Tot. mos. <u> </u>	Description of Duties:
Grade <u> </u> Salary <u> </u>	
Office <u> </u>	
Position <u> </u>	
Title: <u> </u>	
Duty Title: <u> </u>	Duty Station, if overseas:

SEC. II. WORK EXPERIENCE (CONT'D.)

2. Previous Employment: Describe your previous work experience in sufficient detail to permit full recognition of your qualifications. Include military work experience. List last position first.

From <u>Jan 52</u> To <u>Jan 54</u> Tot. mo's <u>4</u> Classification Grade (if in Federal Service) <u>GS-3</u> Salary <u>2950</u> Number and Class of Employees Supervised: Employer <u>Treasury Dept.</u> Kind of Business or organization (i.e., paper products mfr, public utility) <u>Div. of Investments</u>	Exact Title of your position <u>Fiscal Accounting Clerk</u> Description of Duties: <u>Working with Mexican Claims</u>
From <u>May 50</u> To <u>Jan 54</u> Tot. mo's <u>7</u> Classification Grade (if in Federal Service) <u>GS-2</u> Salary <u>2150</u> Number and Class of Employees Supervised: Employer <u>Treasury Dept.</u> Kind of Business or organization (i.e., paper products mfr, public utility) <u>Div. of Investments</u>	Exact Title of your position <u>Fiscal Accounting Clerk</u> Description of Duties: <u>verified checks for correct names, addresses and money.</u> <u>Other (3 months of this period spent in the Army)</u> Duty Station if overseas:
From _____ To _____ Tot. mo's _____ Classification Grade (if in Federal Service) _____ Salary _____ Number and Class of Employees Supervised: _____ Employer _____ Kind of Business or organization (i.e., paper products mfr, public utility) _____	Exact Title of your position _____ Description of Duties: _____ Duty Station if overseas: _____
From _____ To _____ Tot. mo's _____ Classification Grade (if in Federal Service) _____ Salary _____ Number and Class of Employees Supervised: _____ Employer _____ Kind of Business or organization (i.e., paper products mfr, public utility) _____	Exact Title of your position _____ Description of Duties: _____ Duty Station if overseas: _____
From _____ To _____ Tot. mo's _____ Classification Grade (if in Federal Service) _____ Salary _____ Number and Class of Employees Supervised: _____ Employer _____ Kind of Business or organization (i.e., paper products mfr, public utility) _____	Exact Title of your position _____ Description of Duties: _____ Duty Station if overseas: _____

SEC. II. WORK EXPERIENCE (CONT'D)

3. Special Work Experience: Check any of the following organizations by which you may have been employed.

- | | | | |
|----|------------------------------|----|------------------------------|
| 01 | U.S. Secret Service | 24 | Air Force A-2 |
| 02 | Civil Police | 25 | Foreign Economic Admin. |
| 03 | Military Police | 26 | Counter Intelligence Corps |
| 04 | U.S. Border Patrol | 27 | Immigration & Naturalization |
| 05 | U.S. Narcotics Squad | 28 | Strategic Services Unit |
| 06 | FBI | 29 | Foreign Service, State Dept. |
| 07 | Criminal Investigation Div. | 30 | Central Intelligence Group |
| 21 | Office of Naval Intelligence | 31 | Armed Forces Security Agency |
| 22 | Office of War Information | 32 | Coordinator of Information |
| 23 | Army G-2 | 33 | Office of Facts & Figures |
| 20 | Office of Strategic Services | 34 | Board of Economic Warfare |
| | | 35 | Federal Communications Comm. |

SEG. III. FOREIGN LANGUAGES

List below the foreign languages in which you have some competence. Be sure to include uncommon modern languages. Check (X) your competence and how acquired.

[illegible]

* If you have checked 'Fluent' for a language that has significant difference in spoken and written form (e.g., Arabic), explain your competence herein

****Specialized Language Competence:** Describe ability to do specialized language work involving vocabularies and terminology in the scientific, engineering, telecommunications, and military fields. List the language with the type of speciality.

SEC. IV. AREA KNOWLEDGE

1. List below any foreign countries or regions of which you have knowledge gained as a result of residence, travel or study. Study can mean either academic study, or study of a foreign country resulting from an intelligence, military, commercial or professional work assignment.

Country or Region	Dates of Residence, Study Etc.	Manner in Which Knowledge Was Acquired (check (X) one)		
		Residence	Travel	Study
Tokyo, Japan	Jan 47 - March 48	X (Army)		
Korea	Dec 50 - June 51	X (Army)		

2. Specialized Knowledge of Area

List specialized knowledge of foreign country such as knowledge of terrain, coasts and harbors, utilities, railroads, industries, political parties, etc., gained as a result of study or work assignment. Include name of employer or organization.

Country	Type of Knowledge	How and When Gained

SEC. V. TYPING AND STENOGRAPHIC SKILLS (PRESENT UTILIZATION)

Skill	Per Cent of Time Used	Not Used	WPM (Approximate Proficiency)	Prefer Assignment Using Skill Oftener
Typing	1. 54%	2.	35	1. Yes 2. No
Shorthand	1.	2. ✓		1. Yes 2. No

Shorthand System: 1. Manual 2. Machine 3. Speedwriting.

SEC. VI. LICENSES, HOBBIES, SPECIAL QUALIFICATIONS

1. Licenses: List any licenses or certification such as teachers, pilot, marine, etc.	2. Hobbies: List any hobbies such as sailing, skiing, writing, or other special qualifications.

SEC. VII. PROFESSIONAL AND ACADEMIC HONORS

List any professional or academic associations or honorary societies in which you hold membership.

SEC. VIII. PUBLICATIONS

List below the type of writing (non-fiction: professional or scientific articles, general interest subjects, current events, etc; fiction: novels, short stories, etc.) of any published materials of which you were author or co-author.

SEC. IX. INVENTIONS

Describe any devices you have invented as to type of work for which intended and whether patented.

Device	Patented	
	(1) Yes	(2) No
	(1) Yes	(2) No
	(1) Yes	(2) No

SEC. X. TESTS (Within present organization)

Describe below the type of tests which you have taken.

Type of Test	Date Taken

SEC. XI. PHYSICAL HANDICAPS

List any physical handicaps you may have.

<i>None</i>

SEC. XII. OVERSEAS ASSIGNMENT

Are you willing to accept periodic tour of duty overseas?

(1) 2 year Tour <input checked="" type="checkbox"/>	(2) 4 year Tour <input type="checkbox"/>	(3) Not interested <input type="checkbox"/>
---	--	---

SEC. XIII. WORK ASSIGNMENT

In view of your total experience and education, for what assignment do you think you are best qualified?

<i>One in which I may be able to use my accounting experience, such as in the finance work or administrative work.</i>

SEC. XIV. MILITARY STATUS

1. Present Draft Status
Have you registered under the Selective Service Act of 1948? ☒ Yes ☐ No.
If yes, indicate your present draft classification 4 F

2. Present Reserve or National Guard Status
Do you now have Reserve or National Guard Status ☐ Yes ☒ No.
If yes, complete the following.

1. ☐ National Guard
2. ☐ Air National Guard
3. ☐ Active Reserve Status (member of organized unit)
4. ☐ Inactive Reserve Status

Service ARMY Grade P.F.C. Serial Number

Reserve Unit with which currently affiliated _____

Service Mobilization Assignment, if any _____

Location of Service Records, if known Washington 25, D.C.

SEC. XV. TRAINING

List the training courses or subjects you have taken in this organization.

Course or Subject	(from) Dates (to)	Hours

SEC. XVI. REMARKS

Use this space to indicate any other qualifications you may have which you do not describe above.

DATE Nov. 13, 1952

SIGNATURE

WEAR

REPORT OF QUALIFICATIONS

NOTE: THIS REPORT MUST NOT BE DISCUSSED WITH APPLICANT OR EMPLOYEE.

NAME OF EMPLOYEE (OR APPLICANT)

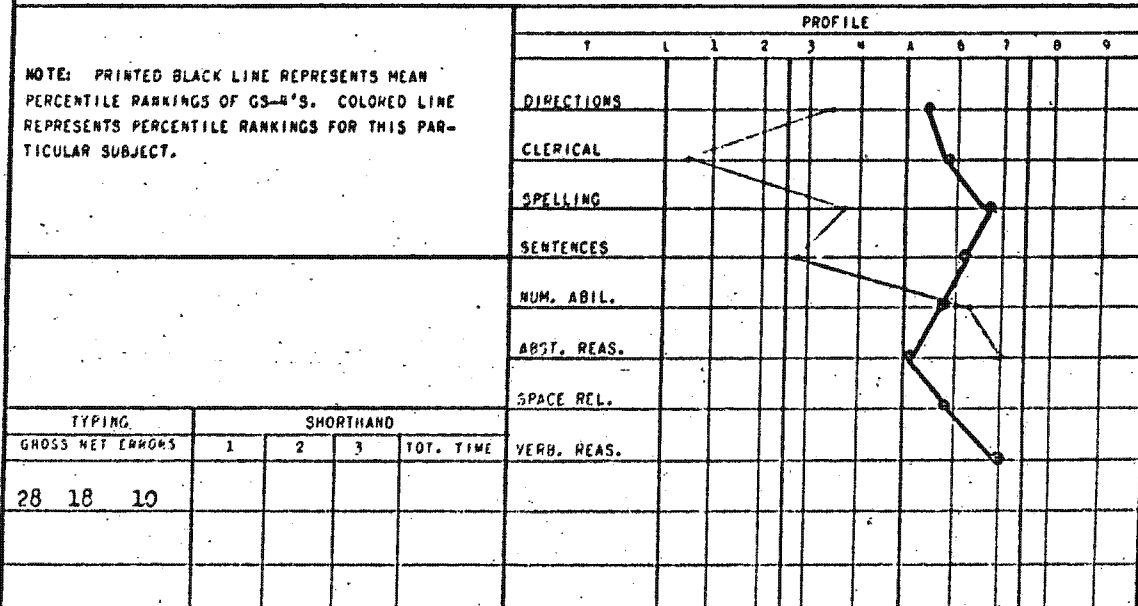
Asst Clk.

THIS DATE

20 December 1951

TEST RECORD

NOTE: PRINTED BLACK LINE REPRESENTS MEAN PERCENTILE RANKINGS OF GS-4'S. COLORED LINE REPRESENTS PERCENTILE RANKINGS FOR THIS PARTICULAR SUBJECT.



EVALUATION OF EDUCATION AND EXPERIENCE

TYPE OF POSITION	OUTSTANDING	SUPERIOR	ADEQUATE	WEAK	INADEQUATE
EDUCATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DIRECT EXPERIENCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INDIRECT EXPERIENCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EDUCATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DIRECT EXPERIENCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INDIRECT EXPERIENCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EDUCATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DIRECT EXPERIENCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INDIRECT EXPERIENCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

QUALIFICATIONS TECHNICIAN

SECRET
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST
		25 August 1976
2. NAME (Last, First, Middle)	3. POSITION TITLE	4. GRADE
	Records Admin Officer	GS-12
5. OFFICE, DIVISION, BRANCH		6. EMPLOYEE'S EXT.
DDO/ACS/ASD		6352
7. PURPOSE OF EVALUATION		
<input type="checkbox"/> PRE-EMPLOYMENT <input type="checkbox"/> ENTRANCE ON DUTY <input type="checkbox"/> TDY STANDBY <input type="checkbox"/> SPECIAL TRAINING <input checked="" type="checkbox"/> ANNUAL <i>Feb</i> <input type="checkbox"/> RETURN TO DUTY <input type="checkbox"/> FITNESS FOR DUTY <input type="checkbox"/> MEDICAL RETIREMENT	<input type="checkbox"/> HDQS/TDY <input type="checkbox"/> OVERSEAS ASSIGNMENT <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> ETD STATION TDY OR PCS TYPE OF COVER NO. OF DEPENDENTS TO ACCOMPANY NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY ATTACHED </div> <input type="checkbox"/> RETURN FROM OVERSEAS <div style="border: 1px solid black; padding: 5px;"> ETA STATION NO. OF DEP.'S </div>	
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		
<input type="checkbox"/> YES <input type="checkbox"/> NO		
9. REQUESTING OFFICER		
10. COMMENTS		
11. REPORT OF EVALUATION		
Annual Exam Completed.		
DATE	SIGNATURE FOR CHIEF OF MEDICAL STAFF	
4 October 1976	<div style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></div> OMS/PEO	

SECRET

1. NAME (Last, First, Middle)		2. DATE OF BIRTH		3. GRADE	
				GS-10	
4. OFFICE, DIVISION, BRANCH (or overseas station and existing cover if lateral assignment)			5. PRESENT POSITION		6. EMPLOYEE EXTENSION
DDP/EUR			Records Admin Officer		a/o7152
7. PROPOSED STATION			8. PROPOSED POSITION (Title, Number, Grade)		
			Records Admin Officer 0699 (09)		
9. TYPE OF COVER AT NEW STATION			10. ESTIMATED DATE OF DEPARTURE		11. NO. OF DEPENDENTS TO ACCOMPANY
			31 May 1971		-2-
12. COMMENTS					
<p>Please evaluate for proposed assignment.</p> <p>No language is required for this position</p> <p>Form 58 attached</p>					
13. DATE OF REQUEST		14. OFFICIAL		15. ROOM NUMBER AND BUILDING	16. EXTENSION
8 March 1971		/Pers		4B0002 Hq.	7152
17. OFFICE OF MEDICAL SERVICES DISPOSITION					
18. OFFICE OF SECURITY DISPOSITION					
19. OVERSEAS CANDIDATE REVIEW PANEL DISPOSITION					
<p>2 APR 1971</p> <p>QUALIFIED FOR OVERSEAS ASSIGNMENT</p> <p>NOV 1 3 58 PM '71</p>					
REQUEST FOR PCS OVERSEAS EVALUATION					

SECRET
(When Filled In)

QUALIFICATIONS UPDATE

READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING, TYPE OR PRINT, AVOID USING LIGHT COLORED INKS

Note that your qualifications are a matter of computer record, they must be periodically updated. This is done automatically for much information; however, some must be obtained directly from you. This form is for that purpose.

Section I must be completed in all cases. You need provide other information only if there have been changes since you submitted your Form 444, "Qualifications Supplement to the Personal History Statement," or a previous update form. If you are in doubt whether information has been previously submitted, enter it in the appropriate section. The signed and dated form should be returned through administrative channels to the File Room, Office of Personnel, Room 5E-13 Headquarters, whether information is added or not.

Additionally, a qualifications update may take place at any time there is information to be added or changed simply by completing and returning an update form on your initiative.

SECTION I BIOGRAPHIC AND POSITION DATA

SECTION II EDUCATION

HIGH SCHOOL

LAST HIGH SCHOOL ATTENDED	ADDRESS (City, State, Country)	YEARS ATTENDED (From-To)	GRADUATE <input type="checkbox"/> YES <input type="checkbox"/> NO
---------------------------	--------------------------------	--------------------------	--

COLLEGE OR UNIVERSITY STUDY

NAME AND LOCATION OF COLLEGE OR UNIVERSITY	SUBJECT		YEARS ATTENDED FROM-TO	DEGREE RECEIVED	YEAR RECEIVED	NO. SEM/ QTR. HRS. (Specify)
	MAJOR	MINOR				
UNIVERSITY OF MARYLAND			1964-1970			24 SEM HRS
1.						
2.						

IF A GRADUATE DEGREE HAS BEEN NOTED ABOVE WHICH REQUIRED SUBMISSION OF A WRITTEN THESIS, INDICATE THE TITLE OF THE THESIS AND BRIEFLY DESCRIBE ITS CONTENT.

TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS

NAME AND ADDRESS OF SCHOOL	STUDY OR SPECIALIZATION	FROM	TO	NO. OF MONTHS

OTHER NON-AGENCY EDUCATION OR TRAINING NOT INDICATED ABOVE

NAME AND ADDRESS OF SCHOOL	STUDY OR SPECIALIZATION	FROM	TO	NO. OF MONTHS
1.				
2.				

SECTION III MARITAL STATUS

1. PRESENT STATUS (Single, Married, Widowed, Separated, Divorced, Annulled, Remarried) SPECIFY:

2. NAME OF SPOUSE (Last) (First) (Middle) (Maiden)

3. DATE OF BIRTH

4. PLACE OF BIRTH (City, State, Country)

5. OCCUPATION

6. PRESENT EMPLOYER

7. CITIZENSHIP

8. FORMER CITIZENSHIP(S) COUNTRY(IES)

9. DATE U.S. CITIZENSHIP ACQUIRED

SECTION IV DEPENDENT CHILDREN AND DEPENDENTS OTHER THAN SPOUSE

	NAME	RELATIONSHIP	DATE AND PLACE OF BIRTH	CITIZENSHIP	PERMANENT ADDRESS
1. <input checked="" type="checkbox"/> ADD <input type="checkbox"/> DELETE	DAUGHTER	RETHESDA, MD.	AMERICAN	432 COLLEGE PKWY	ROCKVILLE, MD
2. <input type="checkbox"/> ADD <input type="checkbox"/> DELETE					

SECRET

(When filled in)

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OFFICIAL USE ONLY (When Filled In)

QUALIFICATIONS SUPPLEMENT TO PERSONAL HISTORY STATEMENT

READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING. TYPE OR PRINT. AVOID USING LIGHT COLORED INKS.

SECTION I

BIOGRAPHIC AND POSITION DATA

1. EMP. SER. NO.	2. NAME (Last First Middle)	3. SEX	4. DATE OF BIRTH	5. SCHEDULE/GRADE/STEP
				GS-09-07
6. SSN	7. POSITION TITLE	8. OFFICE OF ASSIGNMENT	9. LOCATION (Country, City)	
D	RECORDS ADMIN CF	PE	SAIGON, SOUTH VIET NAM	

SECTION II

AGENCY OVERSEAS SERVICE

AREA	TYPE TOUR	FROM	TO
VIETNAM	PCS 56	94/08/01	98/07/01
	TDY 56	96/08/01	96/11/01
	TDY 56	97/02/01	97/08/01
	PCS 56	97/09/01	99/03/29
	PCS 45	61/04/24	66/09/24
	PCS 6	67/01/04	68/10/3

OVERSEAS DATA

COLEJ

16 OCT 1968

DATE:

INITIALS:

SECTION III

EDUCATION

DEGREE	MAJOR FIELD	COLLEGE	YEAR
	NO COLLEGE DEGREE ON RECORD		

FORM
1-7 3441
MAY 2-67

SECRET

GROUP 1
Excluded from automatic
downgrading and declassification

28 FEB 1970

(451)

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When Filled In

SECTION III EDUCATION (Cont'd)							
HIGH SCHOOL							
LAST HIGH SCHOOL ATTENDED		ADDRESS City State Country			YEARS ATTENDED From To		GRADUATE <input type="checkbox"/> YES <input type="checkbox"/> NO
COLLEGE OR UNIVERSITY STUDY							
NAME AND LOCATION OF COLLEGE OR UNIVERSITY	SUBJECT		YEARS ATTENDED FROM TO	DEGREE RECEIVED	YEAR RECEIVED	NO SEM - QTR MRS (Specify)	
	MAJOR	MINOR					
1 U. OF MD.		ENG I	1966				3
2 U. OF MD.		PHY 10	1966				3
3 U. OF MD. SAIGON		HIS 127	1967				3
4 U. OF MD. SAIGON		PHY 31	1967				3
5 U. OF MD. SAIGON		PHY 1	1967				3
6 IF A GRADUATE DEGREE HAS BEEN NOTED ABOVE WHICH REQUIRED SUBMISSION OF A WRITTEN THESIS, INDICATE THE TITLE OF THE THESIS AND BRIEFLY DESCRIBE ITS CONTENT.							
<p>CS.</p> <p>CHIEF OF STAFF</p>							
TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS							
NAME AND ADDRESS OF SCHOOL		STUDY OR SPECIALIZATION		FROM	TO	NO. OF MONTHS	
1							
2							
3							
OTHER NON-AGENCY EDUCATION OR TRAINING NOT INDICATED ABOVE							
NAME AND ADDRESS OF SCHOOL		STUDY OR SPECIALIZATION		FROM	TO	NO. OF MONTHS	
1							
2							
3							
4							
5							
AGENCY SPONSORED EDUCATION							
Specify which, if any, of the education shown in Section III was Agency sponsored							
NAME AND ADDRESS OF SCHOOL		STUDY OR SPECIALIZATION		FROM	TO	NO. OF MONTHS	
1							
2							
3							
4							
5							

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- 2 -

NONI

GEOGRAPHIC AREA KNOWLEDGE AND FOREIGN TRAVEL

SECTION V <i>NONE</i>		TYPING AND STENOGRAPHIC SKILLS	
1. TYPING (WPM)	2. SHORTHAND (WPM)	3. INDICATE SHORTHAND SYSTEM USED -- CHECK (X) APPROPRIATE ITEM: <input type="checkbox"/> GROSS <input type="checkbox"/> SPEEDWRITING <input type="checkbox"/> STENOTYPE <input type="checkbox"/> OTHER, SPECIFY:	

NONI

TYPE-60 AND STENOGRAPHIC SKILLS

1. TYPING (WPM) _____ 2. SHORTHAND (WPM) _____ 3. INDICATE SHORTHAND SYSTEM USED -- CHECK (X) APPROPRIATE ITEM:

☐ GREGG ☐ SPEEDWRITING ☐ STENOGRAPH ☐ OTHER, SPECIFY _____

4. INDICATE OTHER BUSINESS MACHINES WITH WHICH YOU HAVE HAD OPERATING EXPERIENCE OR TRAINING (comptometer, mimeograph, card punch, etc.)

NONE

SPECIAL QUALIFICATIONS

1. LIST ALL HOBBIES AND SPORTS IN WHICH YOU ARE ACTIVE OR HAVE ACTIVELY PARTICIPATED. INDICATE YOUR PROFICIENCY IN EACH.

2. EXCLUDING BUSINESS EQUIPMENT OR MACHINES WHICH YOU HAVE LISTED IN ITEM 4, SECTION V, LIST ANY SPECIAL SKILLS YOU POSSESS RELATING TO OTHER EQUIPMENT AND MACHINES SUCH AS OPERATION OF RADIO TRANSmitters, *including TV sound, sending & receiving.* OFFSET PRESS, TURRET LATHE, EDP AND OTHER SCIENTIFIC & PROFESSIONAL DEVICES.

3. ARE YOU NOW OR HAVE YOU EVER BEEN A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION SUCH AS PILOT, ELECTRICIAN, RADIO OPERATOR, TEACHER, LAWYER, CPA, MEDICAL TECHNICIAN, PSYCHOLOGIST, PHYSICIAN, ETC? ☐ YES ☐ NO

4. IF YOU HAVE ANSWERED "YES" TO ITEM 3 ABOVE, INDICATE KIND OF LICENSE OR CERTIFICATION AND THE ISSUING STATE, MUNICIPALITY, ETC. Provide license registry number, if known.

6. LATEST LICENSE, CERTIFICATE Year of issue

7. LIST ANY SIGNIFICANT PUBLISHED MATERIALS OF WHICH YOU ARE THE AUTHOR. Do NOT submit copies unless requested. INDICATE THE TITLE, PUBLICATION DATE, AND TYPE OF WRITING (non fiction or scientific articles, general interest subjects, novels, short stories, etc.)

INDICATE ANY DEVICES WHICH YOU HAVE INVENTED AND STATE WHETHER OR NOT THEY ARE PATENTED

SECRET

(When Filled In)

SECTION VIII			AGENCY EMPLOYMENT HISTORY	
1. INCLUSIVE DATES (From-To-by month & year) APR 61 - OCT 68		2. LOCATION (Country, City) S. 1900 V. H. T. N. M.		3. DIRECTORATE/OFFICE OR DIVISION/ BRANCH
4. TITLE OF JOB		5. GRADES HELD IN JOB		
6. DESCRIPTION OF DUTIES				
1. INCLUSIVE DATES (From-To-by month & year) APR 61 - SEPT 66		2. LOCATION (Country, City)		3. DIRECTORATE/OFFICE OR DIVISION/ BRANCH FE
4. TITLE OF JOB CHIEF OF REGISTRY		5. GRADES HELD IN JOB GS 9		
6. DESCRIPTION OF DUTIES SUPERVISED 7 EMPLOYEES IN REGISTRY WORK.				
1. INCLUSIVE DATES (From-To-by month & year) FEB 59 - MAR 61		2. LOCATION (Country, City) WASH. D.C.		3. DIRECTORATE/OFFICE OR DIVISION/ BRANCH FE
4. TITLE OF JOB RECORDS ADMIN OFFICER		5. GRADES HELD IN JOB GS-9		
6. DESCRIPTION OF DUTIES ASSIST THE FE RMO IN THE MANAGEMENT OF FE RECORDS. INCLUDED CLOSE LIAISON WITH RID. ALSO INVOLVED 4 MONTHS OF HALF-DAY WORK WITH DDP/MACHINE RECORD GROUP IN SETTING UP THE APERTURE CARD SYSTEM.				

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When Filled In

SECTION VIII		AGENCY EMPLOYMENT HISTORY (Cont'd)	
1. INCLUSIVE DATES (From-To, by month & year)	2. [REDACTED]	3. DIRECTORATE OFFICE OR DIVISION, BRANCH	4. GRADES HELD IN JOB
AUG 57 - FEB 59	[REDACTED]	FE	GS-7 & GS-9
4. TITLE OF JOB		5. GRADES HELD IN JOB	
CHIEF OF RECORDS MANAGEMENT TEAM		GS-7 & GS-9	
6. DESCRIPTION OF DUTIES			
<p>CHIEF OF A TEAM OF THREE INDIVIDUALS WERE STATIONED PCS [REDACTED] but TRAVELLED THROUGHOUT THE F.E. [REDACTED] TO SET UP RECORD SYSTEMS, INCLUDING REGISTRY, ACCORDING TO HEADQUARTERS REGULATION. THIS WAS TO ENSURE THAT FIELD SYSTEMS WOULD BE IN LINE WITH HQS PROCEDURES.</p>			
1. INCLUSIVE DATES (From-To, by month & year)	2. [REDACTED]	3. DIRECTORATE OFFICE OR DIVISION, BRANCH	4. GRADES HELD IN JOB
FEB 57 - JULY 57	[REDACTED]	WH	GS-7
4. TITLE OF JOB		5. GRADES HELD IN JOB	
TEAM MEMBER OF RECORDS MANAGEMENT TEAM		GS-7	
6. DESCRIPTION OF DUTIES			
<p>MEMBER OF A TEAM OF 4 WERE SENT [REDACTED] TO ESTABLISH AND STREAMLINE A SYSTEM OF RECORDS. THIS INVOLVED SETTING UP A 201 SYSTEM, BETTER NAME TRACE SYSTEM, CHARGE-OUT SYSTEM FOR FILES AND THE MICROFILMING OF FBI RECORDS. MY MAIN SPECIALTY WAS 201'S.</p>			
1. INCLUSIVE DATES (From-To, by month & year)	2. [REDACTED]	3. DIRECTORATE OFFICE OR DIVISION, BRANCH	4. GRADES HELD IN JOB
AUG 54 - NOV 56	[REDACTED]	FE	GS-5 & GS-7
4. TITLE OF JOB		5. GRADES HELD IN JOB	
ADMIN ASSISTANT		GS-5 & GS-7	
6. DESCRIPTION OF DUTIES			
<p>NAME TRACES AND OTHER REGULAR REGISTRY DUTIES.</p>			

SECRET

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When Pilled In?

[illegible]

SECRET

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SECRET
(When Filled In)

PERIODIC SUPPLEMENT PERSONAL HISTORY STATEMENT		THIS DATE
Return to 1604 Curie		
<p style="font-size: 0.8em;"> <i>This form provides the means whereby your official personnel file will be kept current. Even though it duplicates information you have furnished previously, it will be necessary for you to complete Sections I through III in their entirety. You need complete Sections VII through XIII only if there has been a change since you entered on duty with the organization or if you believe the item you are reporting is more complete than you have previously reported.</i> </p>		
SECTION I GENERAL		
<div style="border: 1px solid black; width: 100%; height: 100%;"></div>		
HOME TELEPHONE NUMBER: 4791 COUNTRY: U.S.A.		
SECTION II PERSON TO BE NOTIFIED IN CASE OF EMERGENCY		
<div style="border: 1px solid black; width: 100%; height: 100%;"></div>		
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: <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDDED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> ANNULLED		
2. FURNISH DATE, PLACE AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS		
<div style="border: 1px solid black; width: 100%; height: 100%;"></div>		
WIFE OR HUSBAND: 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 fiancée.		
3. NAME (First) (Middle) (Maiden) (Last)		
4. DATE OF MARRIAGE 5. PLACE OF MARRIAGE (City, State, Country)		
6. HIS (OR HER) ADDRESS BEFORE MARRIAGE (No., Street, City, State, Country)		
7. LIVING 8. DATE OF DEATH 9. CAUSE OF DEATH		
10. CURRENT ADDRESS (Give date address, if deceased)		
11. DATE OF BIRTH 12. PLACE OF BIRTH (City, State, Country)		
13. IF BORN OUTSIDE U.S. DATE OF ENTRY 14. PLACE OF ENTRY		
15. CITIZENSHIP (Country) 16. DATE ACQUIRED 17. WHERE ACQUIRED (City, State, Country)		
18. OCCUPATION 19. PRESENT EMPLOYER (Also give former employer, or if school or university or unemployed, list two employers)		
20. EMPLOYER'S OR OWNERS ADDRESS (No., Street, City, State, Country)		

SECTIONS III CONTINUED TO PAGE 2

SECRET
(When Filled In)

SECTION III CONTINUED FROM PAGE 1

21. DATES OF MILITARY SERVICE (From- and To-) BY MONTH AND YEAR

22. BRANCH OF SERVICE

23. COUNTRY WITH WHICH MILITARY SERVICE AFFILIATED

24. DETAILS OF OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN

SECTION IV RELATIVES BY BLOOD, MARRIAGE OR ADOPTION LIVING ABROAD OR WHO ARE NOT U.S. CITIZENS

1	1. FULL NAME (Last-First-Middle) <i>NA</i>	2. RELATIONSHIP	3. AGE
	4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
	5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT
2	1. FULL NAME (Last-First-Middle) <i>NA</i>	2. RELATIONSHIP	3. AGE
	4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
	5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT
3	1. FULL NAME (Last-First-Middle) <i>NA</i>	2. RELATIONSHIP	3. AGE
	4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
	5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT
4	1. FULL NAME (Last-First-Middle) <i>NA</i>	2. RELATIONSHIP	3. AGE
	4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
	5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT

5. SPECIAL REMARKS, IF ANY, CONCERNING THESE RELATIVES

NA

SECTION V FINANCIAL STATUS

1. ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY?

☒ YES

☐ NO

2. IF YOUR ANSWER IS "NO" TO THE ABOVE, STATE SOURCES OF OTHER INCOME

NA

3. BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS

NAME OF INSTITUTION	ADDRESS (City, State, Country)
	<i>Washington, D.C.</i>

SECTION V CONTINUED TO PAGE 3

SECRET

SECRET
(When Filled In)

SECTION V CONTINUED FROM PAGE 2

4. HAVE YOU EVER BEEN IN, OR PETITIONED FOR, BANKRUPTCY? ☐ YES ☒ NO

5. IF YOUR ANSWER IS "YES" TO THE ABOVE QUESTION, GIVE PARTICULARS, INCLUDING COURT AND DATE(S):
NA

6. DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT, PENSION, OR COMPENSATION FOR MILITARY OR NAVAL SERVICE? ☐ YES ☒ NO

7. IF YOUR ANSWER IS "YES" TO THE ABOVE QUESTION, GIVE COMPLETE DETAILS:
NA

8. DO YOU HAVE ANY FINANCIAL INTEREST IN, OR OFFICIAL CONNECTION WITH, NON-U.S. CORPORATIONS OR BUSINESSES OR IN OR WITH U.S. CORPORATIONS OR BUSINESSES HAVING SUBSTANTIAL FOREIGN INTERESTS? ☐ YES ☒ NO IF YOU HAVE ANSWERED "YES", GIVE COMPLETE DETAILS ON A SEPARATE SHEET AND ATTACH IN A SEALED ENVELOPE.

SECTION VI

CITIZENSHIP

1. PRESENT CITIZENSHIP (Country): **U.S.A.**

2. CITIZENSHIP ACQUIRED BY - CHECK (X) ONE:
☒ BIRTH ☐ MARRIAGE ☐ OTHER (Specify):

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

4. GIVE PARTICULARS: **NA**

5. IF YOU HAVE APPLIED FOR U.S. CITIZENSHIP, INDICATE PRESENT STATUS OF YOUR APPLICATION (First papers, etc.):
NA

SECTION VII

EDUCATION

1. CHECK (X) HIGHEST LEVEL OF EDUCATION ATTAINED

<input type="checkbox"/> LESS THAN HIGH SCHOOL GRADUATE	<input type="checkbox"/> OVER TWO YEARS OF COLLEGE - NO DEGREE
<input type="checkbox"/> HIGH SCHOOL GRADUATE	<input type="checkbox"/> BACHELOR'S DEGREE
<input checked="" type="checkbox"/> TRADE, BUSINESS, OR COMMERCIAL SCHOOL GRADUATE	<input type="checkbox"/> GRADUATE STUDY LEADING TO HIGHER DEGREE
<input type="checkbox"/> TWO YEARS COLLEGE OR LESS	<input type="checkbox"/> MASTER'S DEGREE <input type="checkbox"/> DOCTOR'S DEGREE

2. COLLEGE OR UNIVERSITY STUDY

NAME AND LOCATION OF COLLEGE OR UNIVERSITY	SUBJECT		DATES ATTENDED		DEGREE REC'D	DATE REC'D	SEM/OTR. HOURS SPECIFY
	MAJOR	MINOR	FROM	TO			
NA							

3. TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS

NAME OF SCHOOL	STUDY OR SPECIALIZATION	DATES ATTENDED		TOTAL MONTHS
		FROM	TO	
HADLICK'S PRIVATE BUSINESS SCHOOL	ACCOUNTING	NOV-48	APR-49	9 MONTHS
GRAND FORKS, N.DAK.		OCT-49	FEB-50	

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

NAME OF SCHOOL	STUDY OR SPECIALIZATION	DATES ATTENDED		TOTAL MONTHS
		FROM	TO	
NA				

5. OTHER EDUCATIONAL TRAINING NOT INDICATED ABOVE:
NA

SECRET

When Filled In

SECTION VIII

FOREIGN LANGUAGE ABILITIES

LANGUAGE	COMPETENCE - IN ORDER LISTED					HOW ACQUIRED			
	EQUIVALENT TO NATIVE FLUENCY	FLUENT SPEAKING CONVERSATION	ADEQUATE FOR RESEARCH	ADEQUATE FOR TRAVEL	LIMITED KNOWLEDGE	NATIVE TO COUNTRY	PROLONGED RESIDENCE	CONTACT (WITH PARENTS ETC.)	ACADEMIC STUDY (ALL LEVELS)
<i>(List below each language in which you possess any degree of competence. Indicate your proficiency to read, write or speak by placing a check (X) in the appropriate boxes)</i>									
	R = READ W = WRITE S = SPEAK								
	R	W	S	R	W	S	R	W	S
	CANCELLED								

2. IF YOU HAVE CHECKED "ACADEMIC STUDY" UNDER "NOT ACQUIRED", INDICATE LENGTH AND INTENSIVENESS OF STUDY

3. DESCRIBE YOUR ABILITY TO DO SPECIALIZED LANGUAGE WORK INVOLVING VOCABULARIES AND TERMINOLOGY ON THE SCIENTIFIC, ENGINEERING, TELECOMMUNICATIONS, MILITARY OR ANY OTHER SPECIALIZED FIELD .

SECTION IX

GEOGRAPHIC AREA KNOWLEDGE


1. LIST BELOW ANY FOREIGN REGIONS OR COUNTRIES OF WHICH YOU HAVE KNOWLEDGE GAINED AS A RESULT OF RESIDENCE, TRAVEL, STUDY OR WORK ASSIGNMENT. UNDER COLUMN "TYPE OF SPECIALIZED KNOWLEDGE", INDICATE TYPE OF KNOWLEDGE SUCH AS TERRAIN, COASTS, HARBORS, UTILITIES, RAILROADS, INDUSTRIES, POLITICAL PARTIES, ETC.

NAME OF REGION OR COUNTRY	TYPE OF SPECIALIZED KNOWLEDGE	DATES OF RESIDENCE, TRAVEL, ETC.	KNOWLEDGE ACQUIRED BY			
			RESIDENCE	TRAVEL	STUDY	WORK ASSIGNMENT
N 7						

2. INDICATE THE PURPOSE OF VISIT, RESIDENCE OR TRAVEL FOR EACH OF THE REGIONS OR COUNTRIES LISTED ABOVE

SECTION X

TYPING AND STENOGRAPHIC SKILLS

1. TYPING (W.P.H.)	2. SHORTHAND (W.P.H.)	3. SHORTHAND SYSTEM USED - CHECK (X) APPROPRIATE ITEM			
30	NA	CHEGG	SPEEDWRITING	STENOGRAPH	OTHER (Specify):
4. INDICATE OTHER BUSINESS MACHINES WITH WHICH YOU HAVE HAD OPERATING EXPERIENCE OR TRAINING (Computester, Videograph, Card Punch, etc.)					
<div style="text-align: center;">  </div>					

SECTION XI

SPECIAL QUALIFICATIONS

1. LIST ALL HOBBIES AND SPORTS IN WHICH YOU ARE ACTIVE OR HAVE ACTIVELY PARTICIPATED. INDICATE YOUR PROFICIENCY IN EACH.

<p>1. NAME <u>NA</u></p>	
<p>2. INDICATE ANY SPECIAL QUALIFICATIONS, RESULTING FROM EXPERIENCE OR TRAINING, WHICH MIGHT FIT YOU FOR A PARTICULAR POSITION OR TYPE OF WORK</p> <p><u>NA</u></p>	
<p>3. EXCLUDING EQUIPMENT NOTED IN SECTION 1, LIST ANY SPECIAL SKILLS YOU POSSESS RELATING TO OTHER EQUIPMENT OR MACHINES SUCH AS OPERATION OF SHOTGRAGE RADIO, MULTILITH, TURRET LATHE, SCIENTIFIC AND PROFESSIONAL DEVICES, ETC.</p> <p><u>NA</u></p>	
<p>4. IF YOU ARE A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION (Pilot, Electrician, Radio Operator, Teacher, Lawyer, CPA, Medical Technician, etc.), INDICATE THE KIND OF LICENSE OR CERTIFICATE, NAME OF ISSUING STATE, AND REGISTRY NUMBER, IF KNOWN.</p> <p><u>NA</u></p>	
<p>5. FIRST LICENSE OR CERTIFICATE (Year of issue)</p> <p><u>NA</u></p>	<p>6. LATEST LICENSE OR CERTIFICATE (Year of issue)</p> <p><u>NA</u></p>

SECRET

SECRET

(When Filled In)

SECTION XI CONTINUED FROM PAGE 8

7. LIST ANY SIGNIFICANT PUBLISHED MATERIALS OF WHICH YOU ARE THE AUTHOR (Do not submit copies unless requested). INDICATE TITLE, PUBLICATION DATE, AND TYPE OF WRITING (Non-fiction, scientific articles, general interest, subjects, novels, short stories, etc.)

NA

8. INDICATE ANY DEVICES WHICH YOU HAVE INVENTED AND STATE WHETHER OR NOT THEY ARE PATENTED

NA

9. LIST ANY PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE

NA

10. LIST ANY PROFESSIONAL, ACADEMIC OR HONORARY ASSOCIATIONS OR SOCIETIES IN WHICH YOU ARE NOW OR WERE FORMERLY A MEMBER. LIST ACADEMIC HONORS YOU HAVE RECEIVED.

NA

SECTION XII ORGANIZATION WORK EXPERIENCE - SINCE LAST COMPLETION OF A PERSONNEL QUALIFICATIONS QUESTIONNAIRE

1. INCLUSIVE DATES (From and To)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
APR - 1952 - JUNE - 1954	4	RI
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
NONE	FILE CLERK	
6. DESCRIPTION OF DUTIES		
WORKED IN FILES DOING FILING AND OTHER RELATED DUTIES. WORKED IN CONSOLIDATION WITH 201's		
1. INCLUSIVE DATES (From and To)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
JULY 54 - JUNE 56	5	FE/6 OVERSEAS
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
NONE	ADMIN INTELL ANALYST	
6. DESCRIPTION OF DUTIES		
HEAD OF PERSONALITY FILE (201 FILES) SECTION FOR BASE, WHICH INCLUDED ALL AGENT FILES.		
1. INCLUSIVE DATES (From and To)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
AUG 56 - NOV 56	7	RI ADMIN TDY OVERSEAS FOR FE/6
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
5	INTELL ANALYST	
6. DESCRIPTION OF DUTIES		
RETIREMENT OF RECORDS TO Hqs FROM BASE. SET UP ^{NEW} SYSTEM OF RECORDS FOR BASE		
1. INCLUSIVE DATES (From and To)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
DEC 56 - JAN 57	7	RI
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
NONE	INTELL ANALYST	
6. DESCRIPTION OF DUTIES		
WORKED IN RI/AN 201 SECTION IN FILLING OUT 831's		
1. INCLUSIVE DATES (From and To)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
FEB 57 - AUG 57	7	RI TDY
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
NONE	INTELL ANALYST	
6. DESCRIPTION OF DUTIES		
SET UP SYSTEM OF RECORDS FOR STATION		

(Use additional pages if required)

SECRET

SECRET

(When Filled In)

SECTION XIII

CHILDREN AND OTHER DEPENDENTS

1. NUMBER OF CHILDREN (including stepchildren and adopted children) WHO ARE UNMARRIED, UNDER 21 YEARS OF AGE, AND ARE NOT SELF-SUPPORTING.

2. NUMBER OF OTHER DEPENDENTS (including spouse, partner, stepchildren, sister, etc.) WHO DEPEND ON YOU FOR AT LEAST 50% OF THEIR SUPPORT, OR, CHILDREN OVER 21 YEARS OF AGE WHO ARE NOT SELF-SUPPORTING.

3. PROVIDE THE FOLLOWING INFORMATION FOR ALL CHILDREN AND DEPENDENTS

NAME	RELATIONSHIP	YEAR OF BIRTH	SEX		CITIZENSHIP	ADDRESS
			M	F		

ADDITIONAL COMMENT AND/OR CONTINUATION OF PRECEDING ITEMS

Can't recall addresses but lived in the following places since Apr 1952 -

Corn Ave. N.W. D.C.

Minnesota Ave. S.E. D.C.

Colonial Terrace, ~~Washington~~ Arlington, VA.

Greenbrier St, Arlington, VA.

DATE COMPLETED

10 Sept 57

SIGNATURE OF EMPLOYEE

James S. Shoads

SECRET

SECRET
(When Filled In)

LANGUAGE DATA RECORD				
PART I-GENERAL				
1. NAME (Last-First-Middle) _____			2. DATE OF BIRTH _____	
3. LANGUAGE _____	4. MONTH _____	5. DAY _____	6. YEAR _____	7. <input checked="" type="checkbox"/> I HAVE NO PROFICIENCY IN ANY FOREIGN LANGUAGE
PART II-LANGUAGE ELEMENTS				
SECTION A. Reading (40)				
1. I CAN READ TEXTS OF ANY DIFFICULTY, OF A GENERAL NATURE OR IN FIELDS I AM FAMILIAR WITH, USING THE DICTIONARY ONLY RARELY.				
2. I CAN READ TEXTS OF MOST GRADES OF DIFFICULTY, OF A GENERAL NATURE OR IN FIELDS I AM FAMILIAR WITH, USING THE DICTIONARY OCCASIONALLY.				
3. I CAN READ TEXTS OF AVERAGE DIFFICULTY (newspapers, reference materials, etc.), USING THE DICTIONARY FREQUENTLY.				
4. I CAN READ SIMPLE TEXTS, SUCH AS STREET SIGNS, NEWSPAPER HEADLINES, ETC., USING THE DICTIONARY FREQUENTLY.				
5. I HAVE NO READING ABILITY IN THE LANGUAGE.				
SECTION B. Writing (41)				
1. I CAN WRITE PERSONAL LETTERS AND SIMILAR MATERIAL WITH COMPLETE SUCCESS WITHOUT USING THE DICTIONARY. I CAN WRITE FACTUAL NARRATIVE AND EXPOSITORY MATERIAL WITH REASONABLE CLARITY, WITH VERY FEW GRAMMATICAL ERRORS, IN NATIVE STYLE, USING THE DICTIONARY ONLY RARELY.				
2. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL WITH COMPLETE SUCCESS, USING THE DICTIONARY ONLY RARELY. I CAN WRITE FACTUAL NARRATIVE AND EXPOSITORY MATERIAL WITH REASONABLE CLARITY, WITH FEW GRAMMATICAL ERRORS, BUT IN A STYLE WHICH MAY NOT BE NATIVE, USING THE DICTIONARY OCCASIONALLY.				
3. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL, WITH REASONABLE SUCCESS IN CONVEYING MY MEANING, BUT WITH OCCASIONAL MINOR GRAMMATICAL ERRORS AND IN OBVIOUSLY FOREIGN, AWKWARD STYLE, USING THE DICTIONARY OCCASIONALLY.				
4. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL, WITH REASONABLE SUCCESS IN CONVEYING MY MEANING, BUT WITH MANY GRAMMATICAL ERRORS AND IN A VERY FOREIGN, AWKWARD STYLE, USING THE DICTIONARY FREQUENTLY.				
5. I CANNOT WRITE IN THE LANGUAGE.				
SECTION C. Pronunciation (42)				
1. MY PRONUNCIATION IS NATIVE.				
2. WHILE NATIVES CAN DETECT AN ACCENT IN MY PRONUNCIATION THEY HAVE NO DIFFICULTY UNDERSTANDING ME.				
3. MY PRONUNCIATION IS OBVIOUSLY FOREIGN; BUT ONLY RARELY CAUSES DIFFICULTY FOR NATIVES TO UNDERSTAND.				
4. MY PRONUNCIATION IS OCCASIONALLY DIFFICULT FOR NATIVES TO UNDERSTAND.				
5. I HAVE NO SKILL IN PRONUNCIATION.				
CONTINUE ON REVERSE SIDE				

CONTINUATION OF PART II-LANGUAGE ELEMENTS

SECTION D.

Speaking (43)

1. I SPEAK FLUENTLY AND ACCURATELY IN ALL PRACTICAL AND SOCIAL SITUATIONS; I CONVERSE FREELY AND IDIOMATICALLY IN ALL FIELDS WITH WHICH I AM FAMILIAR.
2. I SPEAK FLUENTLY AND ACCURATELY IN NEARLY ALL PRACTICAL AND SOCIAL SITUATIONS; I CAN CONVERSE IN MOST FIELDS WITH WHICH I AM FAMILIAR AND I EMPLOY SOME POPULAR SAYINGS, LITERARY QUOTATIONS, AND COMMON PROVERBS.
3. I GET ALONG QUITE WELL IN SITUATIONS OF DAILY LIFE AND TRAVEL AND CAN CONDUCT ROUTINE BUSINESS IN PARTICULAR FIELDS.
4. I MANAGE TO GET ALONG IN THE MOST COMMON SITUATIONS OF DAILY LIFE AND TRAVEL.
5. I HAVE NO ABILITY TO USE THE LANGUAGE IN ANY OF THE ABOVE RESPECTS.

SECTION E.

Understanding (44)

1. I UNDERSTAND NON-TECHNICAL CONVERSATION ON ALL SUBJECTS, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND NEARLY EVERYTHING I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES.
2. I UNDERSTAND NON-TECHNICAL CONVERSATION ON NEARLY ALL SUBJECTS, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND MOST OF WHAT I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES, INCLUDING MOST JOKE AND PUNS.
3. I UNDERSTAND NEARLY ALL CONVERSATION ON TOPICS OF DAILY LIFE AND TRAVEL, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND MUCH OF WHAT I HEAR ON THE RADIO, AND AT THE MOVIES, PLAYS, AND LECTURES.
4. I UNDERSTAND THE SIMPLEST CONVERSATION, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND SOME OF WHAT I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES.
5. I AM NOT ABLE TO UNDERSTAND THE SPOKEN LANGUAGE.

BEFORE CONTINUING - CHECK PART II. TO ENSURE THAT YOU HAVE CIRCLED ONE NUMBER PER SECTION.

PART III-EXPERIENCE AS TRANSLATOR OR INTERPRETER (45)

1. I HAVE HAD EXPERIENCE AS A TRANSLATOR.
2. I HAVE HAD EXPERIENCE AS AN INTERPRETER.
3. BOTH OF THE ABOVE STATEMENTS APPLY.
4. NONE OF THE ABOVE STATEMENTS APPLY.

PART IV-CERTIFICATION

I CERTIFY THAT THE INFORMATION GIVEN ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS CERTIFICATION CONSTITUTES MY APPLICATION FOR A MAINTENANCE AWARD PROVIDED I AM ELIGIBLE UNDER THE TERMS OF REGULATION NO. 29-112, PAR. 1C(4). I UNDERSTAND THAT I MUST PASS AN OBJECTIVE LANGUAGE PROFICIENCY TEST BEFORE I BECOME ELIGIBLE FOR AN AWARD, AND THAT INDEPENDENT OF THE DATE OF TESTING, ANNUAL MAINTENANCE AWARDS WILL BE CUMULATIVE AS OF THE ANNIVERSARY DATE OF COMPLETING THIS FORM.

DATE SIGNED

9 Sept 57

SIGN

1463

APPLICATION FOR FEDERAL EMPLOYMENT

INSTRUCTIONS: In order to prevent delay in consideration of your application, answer every question on this form clearly and completely. Type or print in INK. In applying for a specific United States Civil Service examination, read the examination announcement carefully and follow all directions. If you are applying for a WHITEHALL examination, follow the

instructions on the admission card regarding disposition of this application. If you are applying for an OPEN WHITEHALL examination, mail this application to the office named in the announcement. Be sure to mail to the same office any other forms required by the announcement. Notify the office with which you file this application of any change in your address.

<p>1. NAME OF EXAMINATION OR KIND OF POSITION APPLIED FOR</p> <p style="text-align: center;">Accountant</p> <p>2. OPTION(S) (if mentioned in examination announcement)</p> <p>3. PLACE OF EXAMINATION, APPLICANT (City and State)</p> <p style="text-align: center;">Washington D.C.</p> <p>4. DATE OF THIS APPLICATION</p> <p style="text-align: center;">(Last)</p> <p>5. LEGAL OR VOTING RESIDENCE (State)</p> <p style="text-align: center;">N. Dak.</p> <p>6. DATE OF BIRTH (month, day, year)</p> <p style="text-align: center;">(b) OFFICE PHONE</p> <p style="text-align: center;">ex 6400 at 2612</p> <p>(c) HOME PHONE</p> <p style="text-align: center;">AD 8430</p> <p>7. MARRIAGE STATUS</p> <p><input type="checkbox"/> MARRIED <input checked="" type="checkbox"/> SINGLE</p> <p>8. NAME (city and country)</p> <p>9. SEX</p> <p><input type="checkbox"/> MALE <input type="checkbox"/> FEMALE</p> <p>10. HEIGHT</p> <p style="text-align: center;">5 FEET 6 INCHES</p> <p>11. WEIGHT</p> <p style="text-align: center;">156 POUNDS</p>		<p style="text-align: center;">DO NOT WRITE IN THIS BLOCK For Use of Civil Service Commission Only</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"><input type="checkbox"/> AFFOR.</td> <td style="width: 33%;"><input type="checkbox"/> MATERIAL SUBMITTED</td> <td style="width: 33%;"><input type="checkbox"/> ENTERED REGISTER</td> </tr> <tr> <td><input type="checkbox"/> NON AFFOR.</td> <td><input type="checkbox"/> RETURNED</td> <td></td> </tr> </table> <p>INITIALS AND DATE</p> <p>APP. REVIEW</p> <p>APPROVED</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>OPTION</th> <th>GRADE</th> <th>EARNED RATING</th> <th>PREFER. RENCE</th> <th>AUGM. RATING</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> 1 POINTS (CENT.)</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> 10 POINTS</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> WIFE OR WIDOW</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> DISAL.</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> BEING INVESTIGATED</td> <td></td> </tr> </tbody> </table>		<input type="checkbox"/> AFFOR.	<input type="checkbox"/> MATERIAL SUBMITTED	<input type="checkbox"/> ENTERED REGISTER	<input type="checkbox"/> NON AFFOR.	<input type="checkbox"/> RETURNED		OPTION	GRADE	EARNED RATING	PREFER. RENCE	AUGM. RATING				<input type="checkbox"/> 1 POINTS (CENT.)					<input type="checkbox"/> 10 POINTS					<input type="checkbox"/> WIFE OR WIDOW					<input type="checkbox"/> DISAL.					<input type="checkbox"/> BEING INVESTIGATED	
<input type="checkbox"/> AFFOR.	<input type="checkbox"/> MATERIAL SUBMITTED	<input type="checkbox"/> ENTERED REGISTER																																					
<input type="checkbox"/> NON AFFOR.	<input type="checkbox"/> RETURNED																																						
OPTION	GRADE	EARNED RATING	PREFER. RENCE	AUGM. RATING																																			
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			<input type="checkbox"/> DISAL.																																				
			<input type="checkbox"/> BEING INVESTIGATED																																				
<p>12. (a) HAVE YOU EVER BEEN EMPLOYED BY THE FEDERAL GOVERNMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>(b) IF SO, GIVE LAST GRADE AND DATE OF LAST CHANGE IN GRADE</p> <p style="text-align: center;">GS-2</p>		<p>13. (a) WHAT IS THE LOWEST ENTRANCE SALARY YOU WILL ACCEPT? \$ 2950 PER YEAR</p> <p>(b) CHECK IF YOU WILL ACCEPT SHORT-TERM APPOINTMENT IF OFFERED, FOR</p> <p><input type="checkbox"/> 1 TO 3 MONTHS <input type="checkbox"/> 3 TO 6 MONTHS <input checked="" type="checkbox"/> 6 TO 12 MONTHS</p> <p>NOTE: Acceptance or refusal of a temporary short-term appointment will not affect your opportunity to obtain a probational appointment.</p> <p>(c) IF YOU ARE WILLING TO TRAVEL, SPECIFY</p> <p><input type="checkbox"/> OCCASIONALLY <input checked="" type="checkbox"/> FREQUENTLY <input type="checkbox"/> CONSTANTLY</p>																																					
<p>14. EXPERIENCE: It is important for you to furnish all information requested below in sufficient detail to enable the Civil Service Commission and the appointing office of agencies to give you full credit in determining your qualifications. Use a separate block for each position. Start with your present position and work back, including clearly the principal tasks which you performed in each position, accounting for all periods of unemployment. Experience gained more than 15 years ago which is not pertinent to the work for which you are applying may be summarized in one or more of the blocks. If your duties changed materially while working for the same employer, use a separate block to describe each position. You may include any pertinent religious, civic, welfare, or organizational activity which you have performed, either with or without compensation, showing the number of hours per week and weeks per year in which you were engaged in such activity. Military experience should be described in the spaces below in its proper sequence.</p> <p>(a) If you were ever employed in any position under a name different from that shown in Item 3 of this application, give under "Description of your work" for each position, the name used.</p> <p>(b) If you have never been employed or are now unemployed, indicate that fact in the space provided below for "Present Position."</p>																																							
<p>PRESENT POSITION</p>																																							
<p>15. DATES OF EMPLOYMENT (month, year)</p> <p>FROM May, 1950 TO PRESENT TIME</p>		<p>16. EXACT TITLE OF YOUR PRESENT POSITION</p> <p style="text-align: center;">clerk</p>																																					
<p>17. PLACE OF EMPLOYMENT (city and State)</p> <p style="text-align: center;">Washington D.C.</p>		<p>18. CLASSIFICATION GRADE (if in Federal Service)</p> <p style="text-align: center;">GS-2</p>																																					
<p>19. NAME AND TITLE OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division)</p> <p style="text-align: center;">Treasury Dept., Penn. Ave.</p>		<p>20. SALARY OR EARNINGS</p> <p>STARTING \$ 2450 PER YEAR</p> <p>PRESENT \$ 2850 PER YEAR</p>																																					
<p>21. NAME AND TITLE OF IMMEDIATE SUPERVISOR</p> <p style="text-align: center;">Division of Disbursements</p>		<p>22. REASON FOR DESIRING TO CHANGE EMPLOYMENT</p> <p style="text-align: center;">Better Position</p>																																					
<p>23. SUMMARY OF YOUR WORK</p> <p style="text-align: center;">Working with vouchers and checks; checking them for names, dates, money, etc. Doing other clerical duties of a general nature.</p>																																							

(CONTINUED ON NEXT PAGE)

16-53548-1

10 CONTINUED

② DATES OF EMPLOYMENT (month, year)		FACT TITLE OF YOUR POSITION		CLASSIFICATION GRADE (If in Federal service)	SALARY OR EARNINGS STARTING \$ FINAL \$	PER MONTH
FROM Feb. 1950 TO May, 1950		Clerk & Salesman			180	
PLACE OF EMPLOYMENT (City and State)		NAME AND TITLE OF IMMEDIATE SUPERVISOR				
Grand Forks, N. Dak.						
NAME AND ADDRESS OF EMPLOYER (Firm, organization, or person; if Federal, name department, bureau or establishment, and division)		KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale store, insurance agency, manufacture of locks, etc.)				
General Tobacco & Candy Company Grand Forks, N. Dak.		Wholesaler of Tobacco & Candy				
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU		REASON FOR LEAVING				
None		To work for the Government				

DESCRIPTION OF YOUR WORK

Selling tobacco and candy. Doing office work such as taking inventories and making out sales tickets.

③ DATES OF EMPLOYMENT (month, year) FROM Oct., 1949 to Feb., 1950		EXACT TITLE OF YOUR POSITION In school		CLASSIFICATION GRADE (if in Federal service)		SALARY OR EARNINGS: BY SETTING \$ PER PER	
PLACE OF EMPLOYMENT (city and State)				NAME AND TITLE OF IMMEDIATE SUPERVISOR			
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division)				KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale silk, insurance agency, manufacture of tanks, etc.)			
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU				REASON FOR LEAVING			

DESCRIPTION OF YOUR WORK

④ DATES OF EMPLOYMENT (month, year)		EXACT TITLE OF YOUR POSITION	CLASSIFICATION GRADE (if in Federal Government)	SALARY OR EARNINGS, PER MONTH
FROM April, 1949 TO Oct., 1949		Farm Laborer		\$ 150
PLACE OF EMPLOYMENT (city and State)		NAME AND TITLE OF IMMEDIATE SUPERVISOR		
Inkster, N. Dak.				
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division)		NATURE OF BUSINESS OR ORGANIZATION (if a wholesale club, insurance agency, manufacture of locks, etc.)		
		Farming		
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU		REASON FOR LEAVING		
None		To go to school.		

DESCRIPTION OF YOUR WORK

Doing general farm duties.

24. REFERENCES. List three persons living in the United States or Territories of the United States who are NOT related to you and who have definite knowledge of your qualifications and fitness for the position for which you are applying. Do not repeat names of supervisors listed under Item 16 (EXPERIENCE).		PRESENT BUSINESS OR HOME ADDRESS (Give complete current address, including street and number)	BUSINESS OR OCCUPATION
		Box 659, Grand Forks, N. Dak.	Teacher
		521 Maple Ave. Grand Forks N. Dak.	Teacher
		618 Cottonwood St., Grand Forks N. Dak.	Teacher
INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN		YES	NO
25. MAY INQUIRY BE MADE OF YOUR PRESENT EMPLOYER REGARDING YOUR CHARACTER QUALIFICATIONS ETC?	<input checked="" type="checkbox"/>	26. ARE YOU A CITIZEN OF OR DO YOU OWE ALLEGIANCE TO THE UNITED STATES?	<input checked="" type="checkbox"/>
27. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF THE COMMUNIST PARTY U.S.A. OR ANY COMMUNIST ORGANIZATION?	<input checked="" type="checkbox"/>	28. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF A FASCIST ORGANIZATION?	<input checked="" type="checkbox"/>
29. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP, OR COMBINATION OF PERSONS WHICH ADVOCATES THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT, OR OF AN ORGANIZATION ASSOCIATION MOVEMENT GROUP OR COMBINATION OF PERSONS WHICH HAS ADOPTED A POLICY OF ADVOCATING OR APPROVING THE COMMISSION OF ACTS OF FORCE OR VIOLENCE TO OBTAIN OR PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES OR OF SEEKING TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY UNCONSTITUTIONAL MEANS?	<input checked="" type="checkbox"/>	SPECIAL INSTRUCTIONS FOR CLAIMING VETERAN PREFERENCE A. If you are claiming preference as a PEACETIME VETERAN who has been awarded a campaign badge or service ribbon, or as a DISABLED VETERAN, or as the WIFE OF A DISABLED VETERAN, or as the WIDOW OF A WAR OR CAMPAIGN VETERAN, attach Veterans Preference Claim, CSC Form 14, together with proof specified therein. B. If you are a WAR-TIME VETERAN not claiming disability preference, you should NOT submit your discharge with this application. Preference will be tentatively credited to you and if appointed, you will be required to submit to the appointing officer prior to entry on duty, official evidence of separation from active service in the armed forces of the United States in time of war.	
If your answer to question 27, 28, or 29 above is "yes," state in Item 30 the names of all such organizations, associations, movements, groups, or combination of persons and dates of membership. Give complete details of your activities therein and make any explanation you desire regarding your membership or activities therein.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
30. SINCE YOUR 16TH BIRTHDAY, HAVE YOU EVER BEEN ARRESTED, INDICTED, OR SUMMONED INTO COURT AS A DEFENDANT IN A CRIMINAL PROCEEDING, OR CONVICTED, FINED, OR IMPRISONED OR PLACED ON PROBATION OR HAVE YOU EVER BEEN ORDERED TO FORFEIT BAIL OR COLLATERAL FOR THE VIOLATION OF ANY LAW, POLICE REGULATION OR ORDINANCE, LOCAL, STATE, OR FEDERAL, OR FOR VIOLATION OF WHICH A FINE OR FORTIFITURE OF \$25 OR LESS WAS IMPOSED?		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
If your answer is "Yes," list all such cases under Item 31 below. 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, if any, or other disposition of the case. If appointed, your fingerprints will be taken.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
31. HAVE YOU EVER BEEN DISBARRED OR FORCED TO RESIGN, FOR MISCONDUCT OR UNSATISFACTORY SERVICE FROM ANY POSITION? If your answer is "Yes," give in Item 32 the name and address of employer, date, and reason in each case.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
32. HAVE YOU EVER BEEN BARRED BY THE U.S. CIVIL SERVICE COMMISSION FROM TAKING FURTHER WORK OR ACCEPTING OTHER EMPLOYMENT? If your answer is "Yes," give dates of and reasons for each disbarment in Item 33.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
33. HAVE YOU ANY PHYSICAL HANDICAP, DISEASE OR OTHER DISABILITY WHICH SHOULD BE CONSIDERED IN ASSIGNING YOU TO WORK? If your answer is "Yes," give complete details in Item 34 so that consideration can be given to your physical fitness for work.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
34. (a) DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT OR ANY PERSON OR OTHER COMPLETION FOR MILITARY OR NAVAL SERVICE? If your answer is "Yes," give complete details in Item 35.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
35. (a) ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY? If your answer is "Yes," give details in Item 36.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
36. DOES THE UNITED STATES GOVERNMENT EMPLOY IN A CIVILIAN CAPACITY ANY RELATIVE OF YOURS (BY BLOOD OR MARRIAGE) WITH WHOM YOU LIVE OR HAVE LIVED WITHIN THE PAST 12 MONTHS? If your answer is "Yes," show in Item 37 for EACH such relative (1) full name, (2) present address, (3) relationship, (4) Department or Agency by which employed, and (5) kind of appointment.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
37. (a) WERE YOU EVER IN THE UNITED STATES MILITARY OR NAVAL SERVICE DURING TIME OF WAR?			
(b) IS THE WORD "HONORABLE" OR THE WORD "SATISFACTORY" USED IN YOUR DISCHARGE OR SEPARATION PAPERS TO SHOW THE TYPE OF YOUR DISCHARGE OR SEPARATION?		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
(c) WAS SERVICE PERFORMED ON AN ACTIVE FULL-TIME BASIS, WITH FULL MILITARY PAY AND ALLOWANCES?		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
(d) DATE OF ENTRY ON ENTRIES INTO SERVICE: Oct. 1946		DATE OF SEPARATION OR SEPARATIONS: April 1948	
BRANCH OR SERVICE: Army		GRADE OR RATE (at time of separation): ER 17 214 704	
38. (a) IF YOU SERVED IN THE UNITED STATES MILITARY OR NAVAL SERVICE DURING PEACETIME ONLY, DID YOU PARTICIPATE IN A CAMPAIGN OR EXPEDITION AND RECEIVE A CAMPAIGN BADGE OR SERVICE RIBBON?			
(b) ARE YOU A DISABLED VETERAN? If so, and you have not listed your disability in answer to Item 33, explain in Item 39 below.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
(c) ARE YOU A VETERAN'S WIDOW (WH) HAS NOT REMARRIED?		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
(d) ARE YOU THE WIFE OF A VETERAN WHO HAS A SERVICE CONNECTED DISABILITY AND WHOSE STATUS IS SUBJECT TO SEPARATE APPOINTMENT?		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
THIS SPACE FOR USE OF APPOINTING OFFICER ONLY			
The information contained in the answers to Question 37 above has been verified by comparison with the discharge certificate on _____ 19____.			
Agent: _____ Title: _____			
39. (a) IF YOU DESIRE ANNUAL PAY TO BE PAID TO YOU, (b) IF YOU DESIRE ANNUAL PAY TO BE PAID TO YOU, (c) IF YOU DESIRE ANNUAL PAY TO BE PAID TO YOU, (d) IF YOU DESIRE ANNUAL PAY TO BE PAID TO YOU.			
If your answer is "Yes," give complete details in Item 40.			
Before signing this application check it over to make sure that you have answered ALL questions correctly.			
I CERTIFY that the statements made by me in this application are true and correct, and are made in good faith.			
False statement on this application is punishable by Law (U.S. Code, Title 18, Section 80).		SIGNATURE OF APPLICANT: _____	

PERSONAL HISTORY STATEMENT

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Answer all questions completely. If you are unable to give an answer, write "unknown" only if you do not know the answer and cannot check the answer from personal records. Use the blank pages at the end of this form for extra details on any questions or questions for which you do not have complete answers. Type print, or write cursive. English or handwritten names with last name, first name, middle name.

HAVE YOU READ AND DO YOU UNDERSTAND THE INSTRUCTIONS?

PERSONAL BACKGROUND

NAME (Last, first, middle) _____

DATE OF BIRTH (Month, day, year) _____

PLACE OF BIRTH (City, State, Country) _____

EDUCATION (School, College, University) _____

EMPLOYMENT (Company, Organization) _____

RESIDENCE (Address, City, State, Country) _____

RELIGION (Religion, Church, Synagogue, Mosque) _____

POLITICAL AFFILIATION (Party, Organization) _____

OTHER INFORMATION (Other, Details) _____

DATE OF COMPLETION (Month, day, year) _____

SIGNATURE (Name, Title) _____

DATE OF SIGNATURE (Month, day, year) _____

PLACE OF SIGNATURE (City, State, Country) _____

OTHER INFORMATION (Other, Details) _____

DATE OF COMPLETION (Month, day, year) _____

SIGNATURE (Name, Title) _____

DATE OF SIGNATURE (Month, day, year) _____

PLACE OF SIGNATURE (City, State, Country) _____

OTHER INFORMATION (Other, Details) _____

DATE OF COMPLETION (Month, day, year) _____

SIGNATURE (Name, Title) _____

DATE OF SIGNATURE (Month, day, year) _____

PLACE OF SIGNATURE (City, State, Country) _____

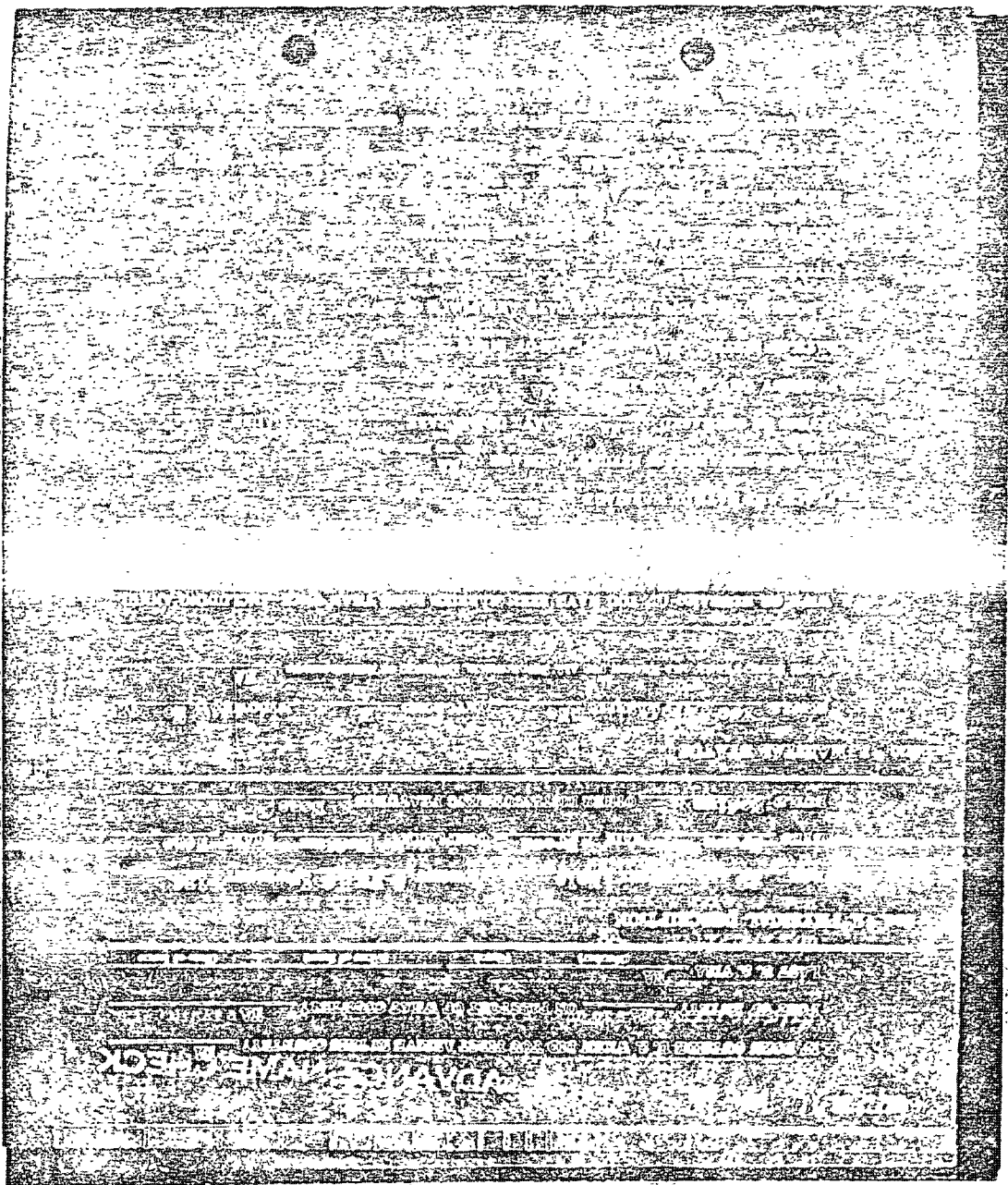
OTHER INFORMATION (Other, Details) _____

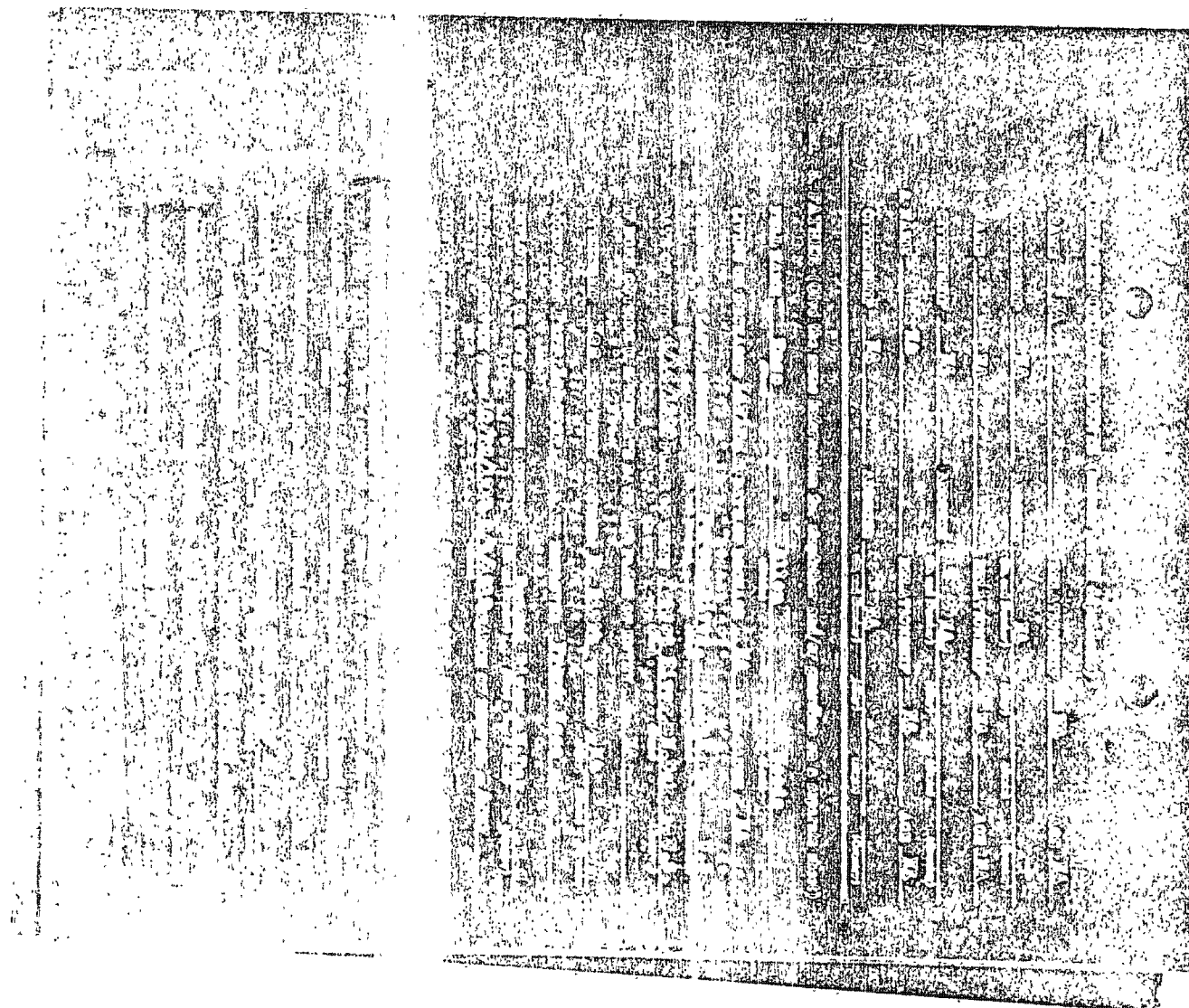
DATE OF COMPLETION (Month, day, year) _____

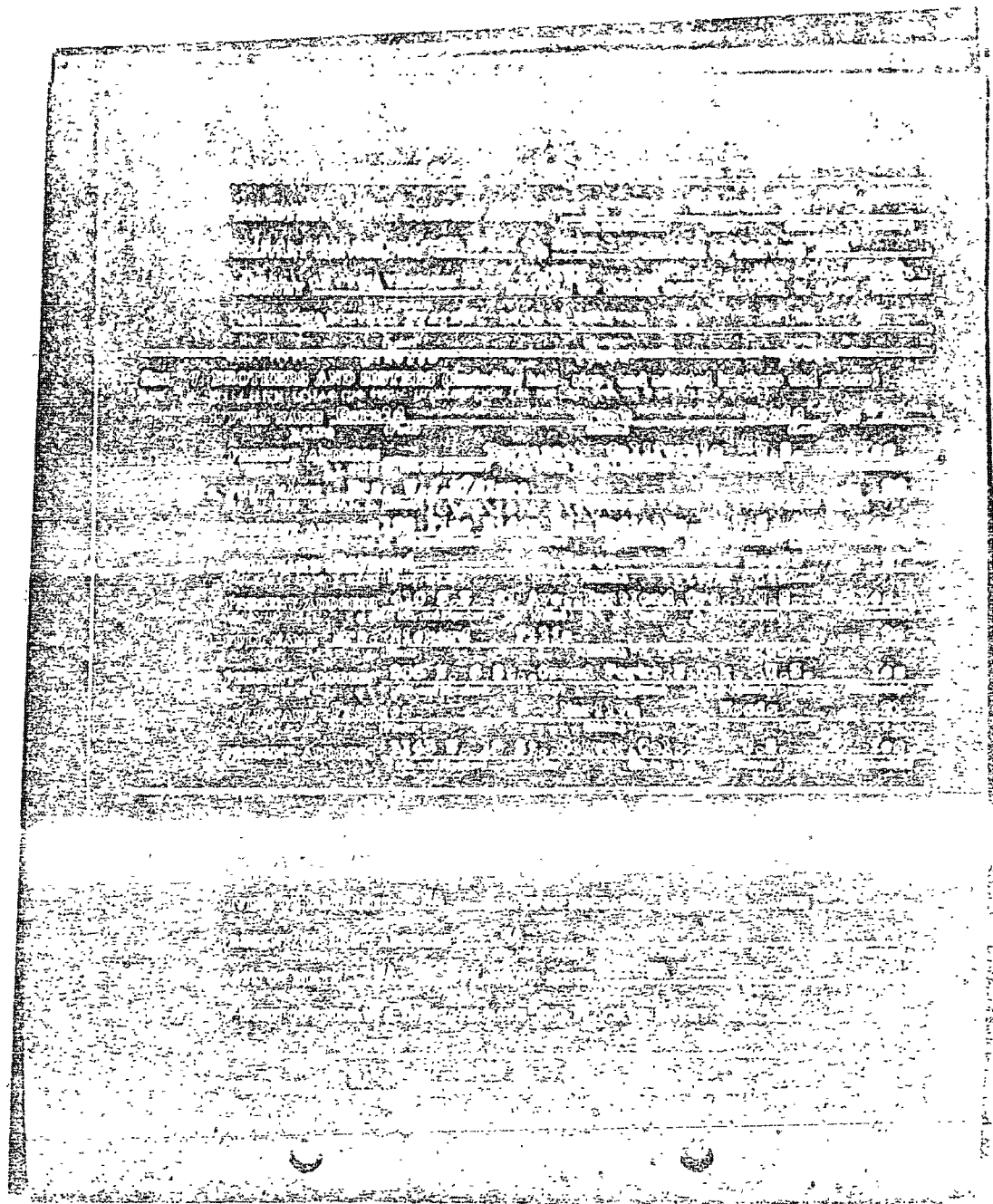
SIGNATURE (Name, Title) _____

DATE OF SIGNATURE (Month, day, year) _____

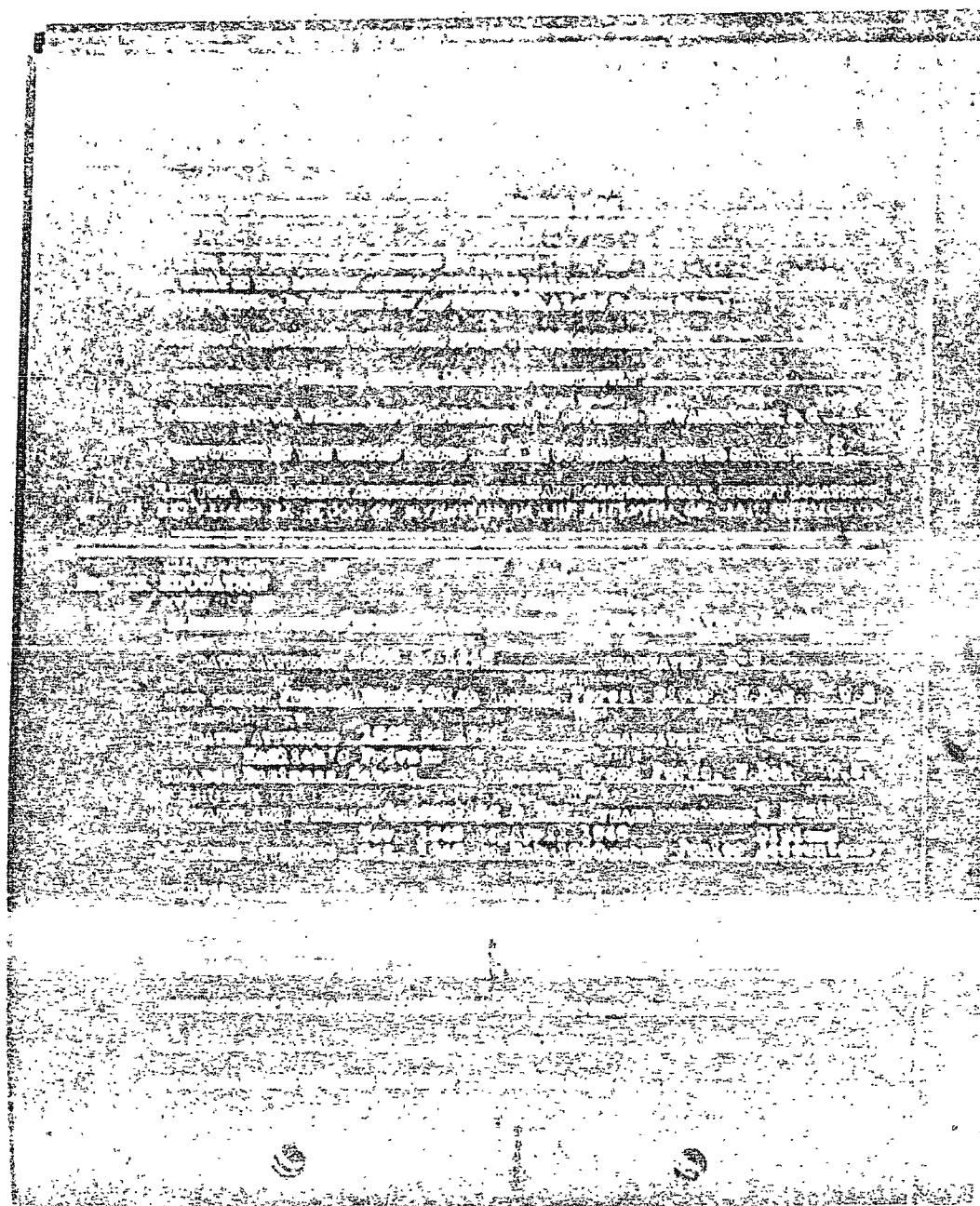
PLACE OF SIGNATURE (City, State, Country) _____



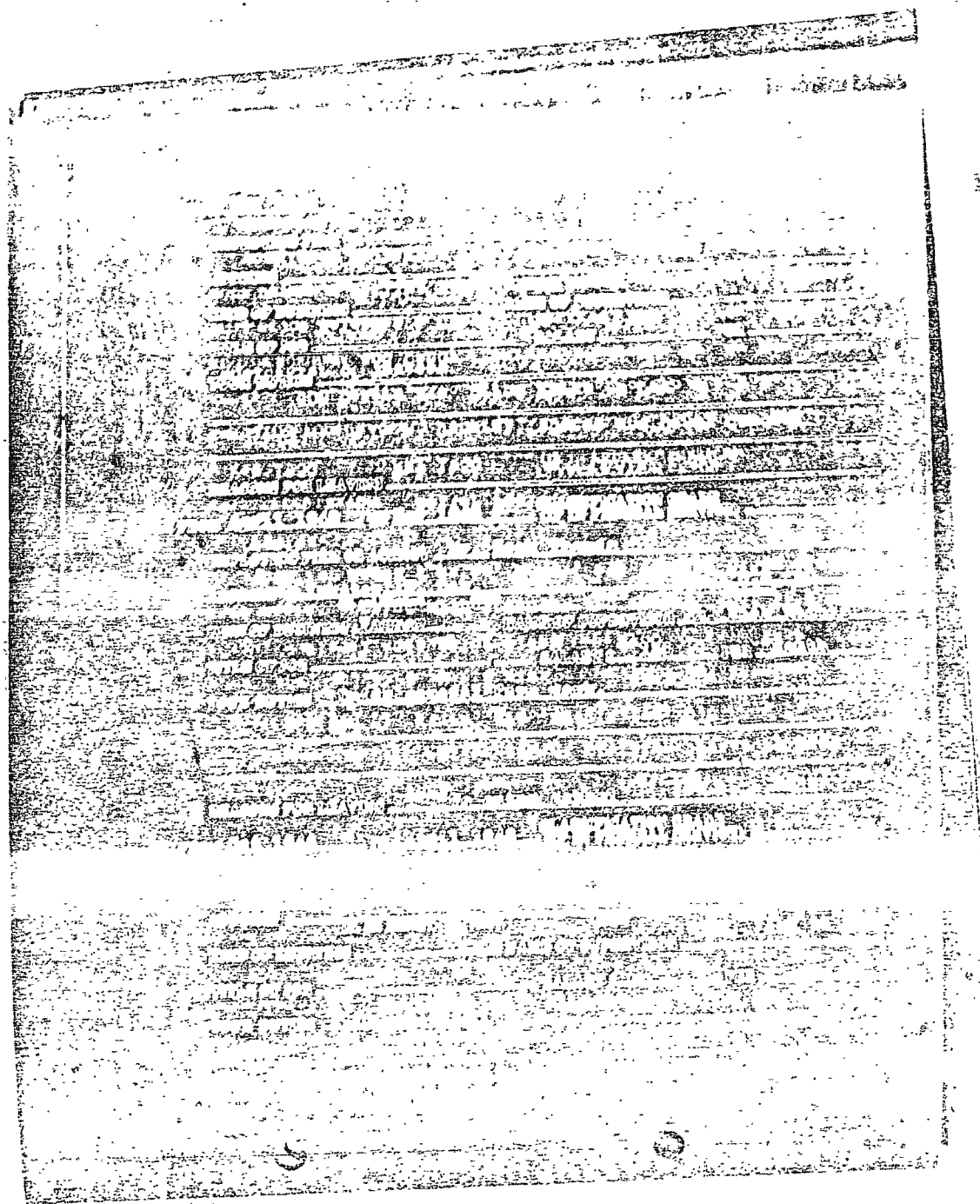




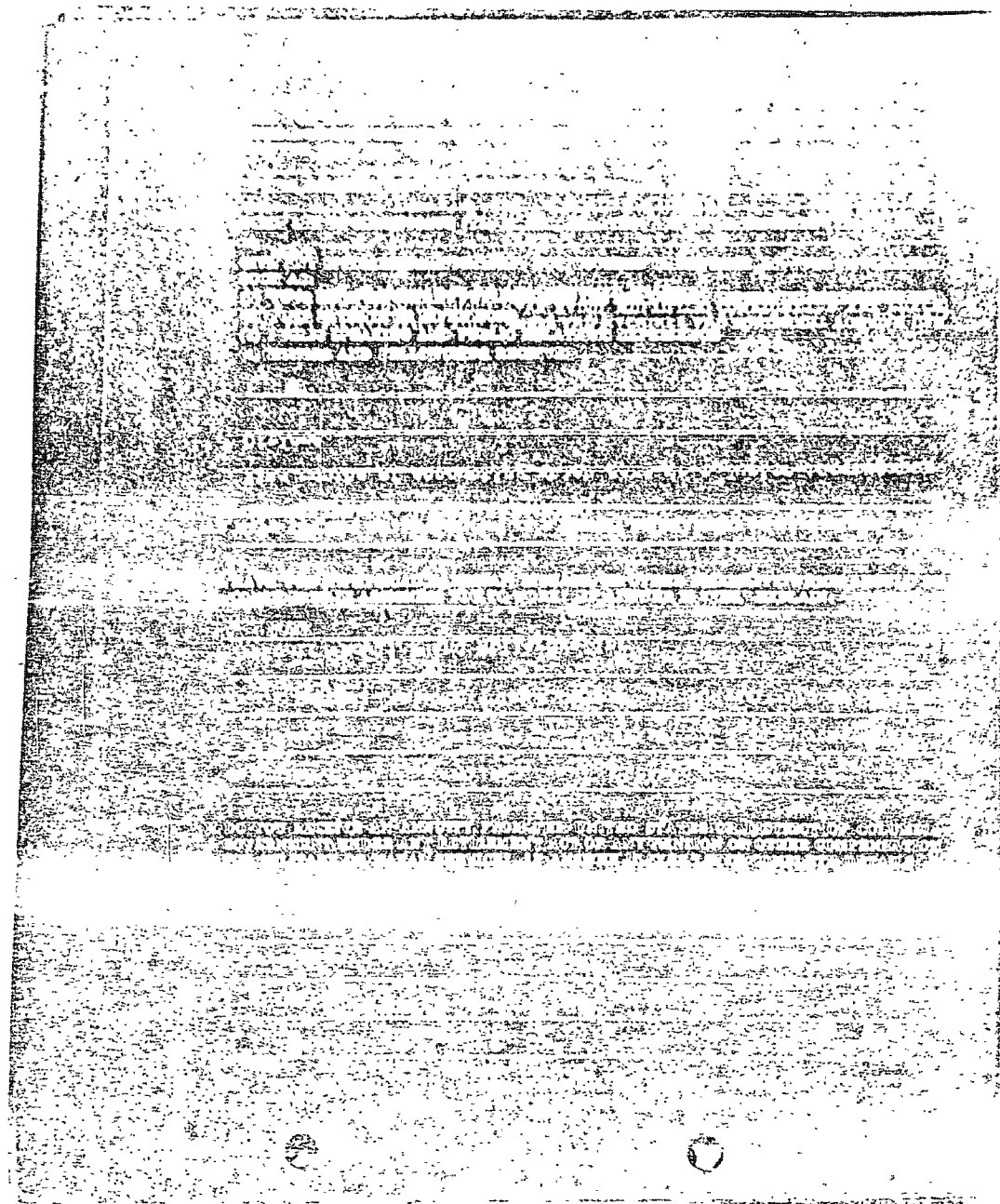
1. NAME (Last, First, Middle Initial) _____
2. DATE OF BIRTH (Month/Day/Year) _____
3. PLACE OF BIRTH (City, State, Country) _____
4. CURRENT ADDRESS (Street, City, State, Zip) _____
5. SOCIAL SECURITY NUMBER _____
6. MARITAL STATUS (Married, Single, Divorced, Widowed) _____
7. OCCUPATION _____
8. EDUCATION (High School, College, University) _____
9. RELIGION _____
10. RACE _____
11. SEX (Male, Female) _____
12. HEIGHT (Feet, Inches) _____
13. WEIGHT (Pounds) _____
14. HAIR COLOR _____
15. EYE COLOR _____
16. SKIN COLOR _____
17. BLOOD TYPE _____
18. RELATIVES BY BLOOD, MARRIAGE OR ADOPTION WHO RESIDE IN THE UNITED STATES OR WHO ARE NOT CURRENTLY IN THE UNITED STATES _____
19. SIGNATURE _____
20. DATE _____

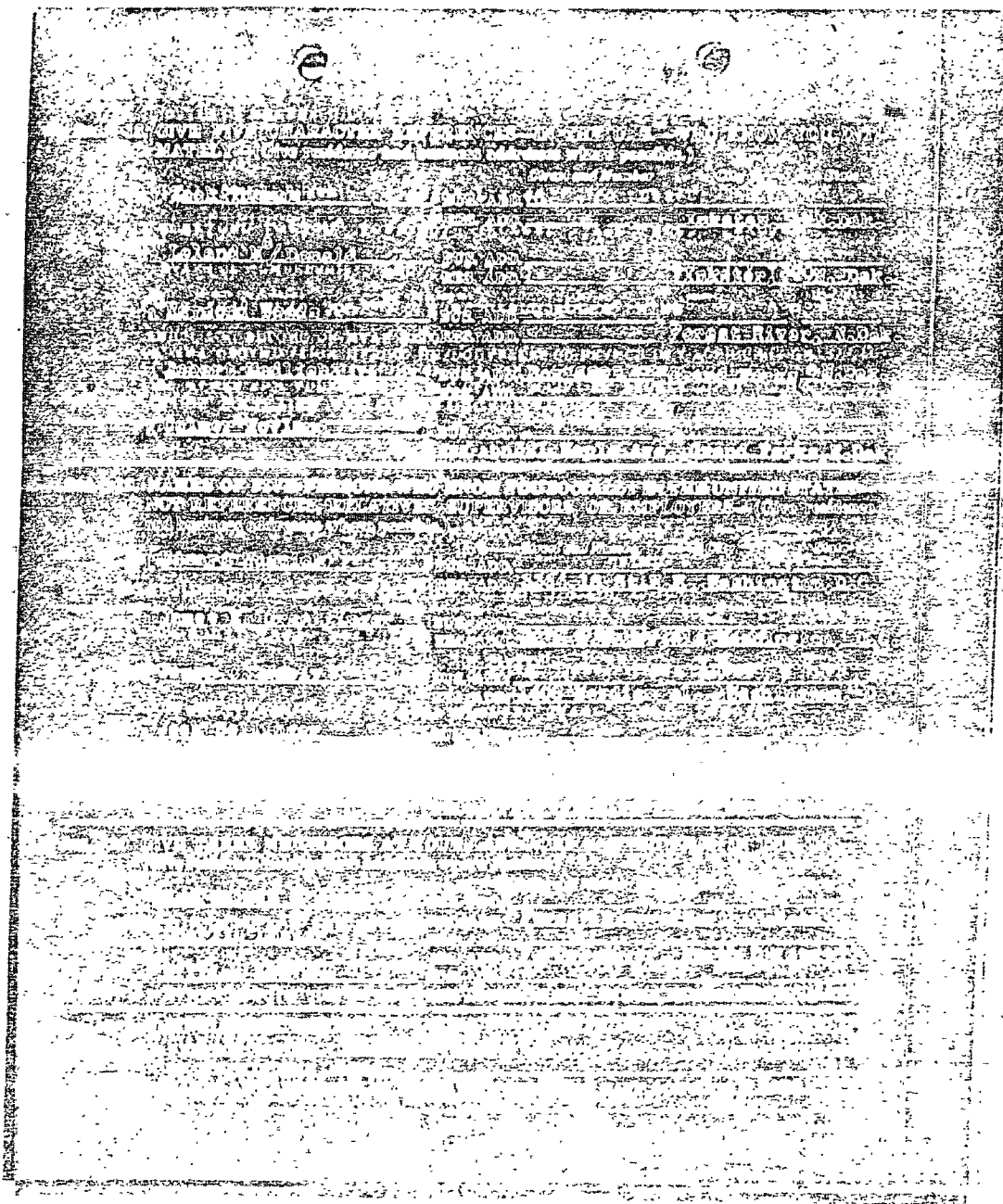


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1. **GENERAL INFORMATION**
 2. **PERSONAL DATA**
 3. **EDUCATION**
 4. **EMPLOYMENT HISTORY**
 5. **REFERENCES**
 6. **REMARKS**
 7. **SIGNATURE**
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Aaker's School of Business

Grand Forks, North Dakota

REPORT OF PROGRESS

NAME

ADDRESS

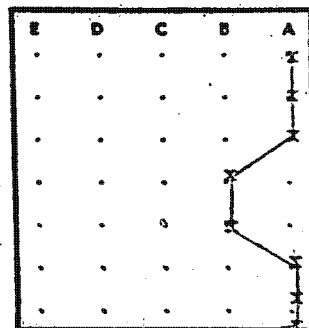
COURSE OF STUDY Accountancy

DATE December 14, 1951

SCHOLASTIC ACHIEVEMENT

SUBJECTS COMPLETED:

Elementary Accounting
Advanced Accounting
Income Tax
Cost Accounting (Elem.)
Typewriting
Spelling
Business Mathematics
Business Law
Penmanship
Salesmanship
Business English
Office Machines



KEY

A Superior
 B Above Average
 C Average
 D Fair
 E Slow

COMPLETED SUBJECTS

PERSONAL CHARACTERISTICS

INITIATIVE

QUALITY OF WORK

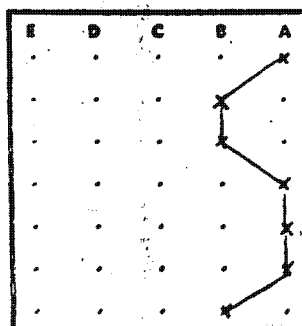
QUANTITY OF WORK

ENTHUSIASM

PUNCTUALITY

COOPERATION

ADAPTABILITY



E

Needs Supervision

Careless

Very Low Output

Indifferent

Undependable

Reluctant

Limited

D

Routine Worker

Inaccurate

Low Output

Occasionally
Enthusiastic

Improvement
Needed

Passive

Slow

KEY

C

Fairly Progressive

Passable

Average Output

Average

Occasionally Ab-
sent or Late

Usually Agreeable

Average

B

Resourceful

Good Quality

High Output

Determined

Seldom Late

Co-operating

A

Marked Ability

Highest Quality

Very High Output

Confident

Always Punctual

Co-operative

Manager

Please keep this report for future comparison

CONFIDENTIAL
SECURITY APPROVAL

Date: 26 March 1952

TO: Chief, Personnel Division

Your Reference: H-3007A

FROM: Chief, Security Division

Case Number: 61115

SUBJECT:

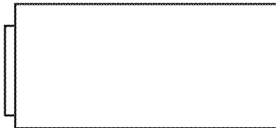
1. This is to advise you of security action in the subject case as indicated below:

- ☒ 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 the ECD procedures.

mt. 1/2: will call back:
called 1/2:
ok:



CONFIDENTIAL

CONFIDENTIAL
SECURITY INFORMATION
INTEROFFICE MEMORANDUM

Date: 29 Feb. 1952

TO: Chief, Personnel Division

FROM: Chief, Security Division

SUBJECT:

Request No. H-3007-A

1. Reference is made to your request for security clearance of the subject person who is being considered for employment in the following position: File Clerk, GS-2, OSO, RI, Proc. & Rec., 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.

*Carlin
per S. Linder
5 min.*

CONFIDENTIAL

CONFIDENTIAL
SECURITY
INTEROFFICE MEMORANDUM

Date: 25 January 1952

TO: Chief, Personnel Division

FROM: Chief, Security Division

SUBJECT: Request No. H-3007

1. Reference is made to your request for security clearance of the subject person who is being considered for employment in the following position:

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: D Street Pool.

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.

CONFIDENTIAL

OAF OF TERMINATED FILE BEING MICROFILMED