

DELETIONS, IF ANY: PERSONAL & UNRELATED TIME PERIOD
MATERIAL

[illegible]

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FILE TITLE/NUMBER/VOLUME:

INCLUSIVE DATES:

CUSTODIAL UNIT/LOCATION:

ROOM:

DELETIONS, IF ANY:

PERSONAL & UNRELATED TIME PERIOD
MATERIAL

NO DOCUMENTS MAY BE COPIED OR REMOVED FROM THIS FILE

NEW YORK TIMES
14 JUNE 1976

W. Harvey, C.I.A. Aide, Dead; Linked to Anti-Castro Plotting

William K. Harvey, reported by the head of a special Central Intelligence Agency group set up in the 1960's to plan the removal of foreign leaders by means including assassination, died of a heart attack last Wednesday in an Indianapolis hospital.

Mr. Harvey, who was 60 years old, was said to have been in charge of the agency's efforts against Prime Minister Fidel Castro of Cuba. He was among 10 agents whose identities were disclosed by the Senate Select Committee on Intelligence after an investigation in 1975 of alleged assassination plots by the United States.

William E. Colby, then Director of Central Intelligence, had argued that disclosure of the names of agents would put them in jeopardy of retaliation by "irrational groups."

Mr. Harvey testified before the Senate committee that he had been told by superiors that the Castro assassination plot had been approved at the highest levels of the government, and that he had discussed the efforts with his immediate superior, Richard Helms, who later became director of the agency.

Mr. Harvey moved to Indianapolis in 1969 after retiring from the agency, where he had worked for 22 years. He worked for the Federal Bureau of Investigation from 1940 to 1947.

At the time of his death, Mr. Harvey was law editor for Bobbs-Merrill Publishing Company.

He was buried Saturday at South Cemetery in Danville, just west of Indianapolis. He is survived by his wife, Clara Grace, a daughter, Sally, and a son, James D. Harvey.

68-134

13 FEB 1968

Mr. William King Harvey
28 West Irving Street
Chevy Chase, Maryland 20015

Dear Bill:

I am sorry that due to a busy schedule and my absence for several days during the Christmas holidays I didn't have an opportunity to see you prior to your retirement at the end of the year.

Red White has told me of his visit with you, and I am particularly appreciative of your expression of continued loyalty to the Agency and your offer to be of assistance should an appropriate occasion arise.

I extend to you, personally and officially, my sincere appreciation for the important work you have done and my warmest hopes that you will find full enjoyment in the years ahead.

Sincerely,

/s/ Richard Helms

Richard Helms
Director

OP/BSR/RB/MJRoper:jsc

Rewritten:ExDir:sbo

Distribution:

0 - Adse

1 - ER

1 - C/EAB/OS

1 - D/Pers

1 - OPF

1 - RB

(Concurred in by C/EAB/OS on 8 Jan 68)

NOTE: Covert correspondence

Mr. William King Harvey
28 West Irving Street
Chevy Chase, Maryland 20815

Dear Bill:

As you reach the end of your active career of Government service, I want to join your friends and colleagues in wishing you continued success and satisfaction in your retirement.

You have been privileged to face the challenge of important responsibilities during your more than twenty-six years of service to your country. The success with which you have met them should be a source of lasting pride and satisfaction to you.

May I extend to you, personally and officially, my sincere appreciation for the important work you have done and my warmest hopes that you will find full enjoyment in the years ahead.

Sincerely,

Richard Helms
Director

Distribution:

0 - Addressee
1 - EDCI
1 - ER
1 - C/EAB/CS
1 - E/Pers
1 - OPP
1 - RB
1 - RB Reader

Originator:

Director of Personnel

Concur:

C/EAB/CS

GP/BSD/RB/MJNoper:jac (26 December 1967)

****NOTE: Covert correspondence.**

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
				25 December 1967	
1. SERIAL NUMBER		2. NAME (Last-First-Middle)			
051164		HARVEY, William K.			
3. NATURE OF PERSONNEL ACTION			4. EFFECTIVE DATE REQUESTED		5. CATEGORY OF EMPLOYMENT
Retirement - CIA Retirement System (Voluntary) AND DIS-24.67Y			MONTH DAY YEAR 12 31 67		Regular
6. FUNDS		7. FINANCIAL ANALYSIS NO CHARGEABLE		8. LEGAL AUTHORITY (Completed by Office of Personnel)	
<input checked="" type="checkbox"/> V TO V <input type="checkbox"/> C TO V <input type="checkbox"/> V TO C <input checked="" type="checkbox"/> C TO C		8136-1186		1-2-643 2-2-233	
9. ORGANIZATIONAL DESIGNATIONS			10. LOCATION OF OFFICIAL STATION		
DDP/EUR Development Complement			Wash., D. C.		
11. POSITION TITLE			12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION
Ops Officer			9997		D
14. CLASSIFICATION SCHEDULE (GX 1.B. etc.)		15. OCCUPATIONAL SERIES	16. GRADE AND STEP		17. SALARY OR RATE
GS		0135.01	18 1		\$ 27055
18. REMARKS					
Mr. Harvey is not recommended for the Agency Reserve List.					
<i>Revised by Mike Roper, R.B. by telecon 12/29/67.</i>					
18A. SIGNATURE OF REQUESTING OFFICIAL		DATE SIGNED		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER	
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
45	10	NUMERIC ALPHABETIC			
24. DATE OF BIRTH		25. DATE OF GRADE		26. DATE OF LEI	
MO. DA. YR. 1 09 13 16		MO. DA. YR.		MO. DA. YR.	
27. RATE EXPIRES		28. SPECIAL REFERENCE		29. RETIREMENT DATA	
MO. DA. YR.		1-ESC 2-FICA 3-NONE		CODE	
				30. SEPARATION DATA CODE	
				TYPE MO. DA. YR.	
				31. CORRECTION/CANCELLATION DATA	
				MO. DA. YR.	
32. VET PREFERENCE		33. SERV COMP DATE		34. LONG COMP DATE	
CODE 0-NONE 1-5 PT 2-10 PT		MO. DA. YR.		MO. DA. YR.	
				35. CAREER CATEGORY	
				CODE 0-WAIVER 1-YES	
				36. FEGLI/HEALTH INSURANCE	
				CODE 0-WAIVER 1-YES	
				37. SOCIAL SECURITY NO	
38. PREVIOUS CIVILIAN GOVERNMENT SERVICE		39. LEAVE CAT. CODE		40. FEDERAL TAX DATA	
CODE 0-NONE PREVIOUS SERVICE 1-NONE BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)				NO. TAX EXEMPTIONS	
				FORM EXECUTED	
				CODE 1-YES 2-NONE	
41. POSITION CONTROL CERTIFICATION		42. OP APPROVAL		43. DATE APPROVED	
		<i>1-9-68</i> <i>11-20</i>		<i>28 DEC 1967</i>	

FORM 1152 USE PREVIOUS EDITION

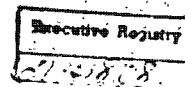
SECRET

GROUP 1
EXCLUDED FROM AUTOMATIC DOWNGRADING
AND DECLASSIFICATION

(4)

SECRET

13 DEC



MEMORANDUM FOR: Director of Central Intelligence

**SUBJECT : Request for Voluntary Retirement -
William K. Harvey**

1. This memorandum submits a recommendation for your approval; this recommendation is contained in paragraph 4.

2. Mr. William K. Harvey, GS-15, Operations Officer, European Division, Clandestine Services, has applied for voluntary retirement under the provisions of Headquarters Regulation 20-50j, to be effective 30 December 1967.

3. Mr. Harvey has been designated a participant in the CIA Retirement and Disability System and meets the technical requirements for voluntary retirement under the System. He is 52 years old with over 26 years of Federal Service. This service includes over 20 years with the Agency of which more than 9 years were in qualifying service overseas. The CIA Retirement Board has recommended that his application for voluntary retirement be approved. I endorse this recommendation.

4. It is recommended that you approve the voluntary retirement of Mr. William K. Harvey under the provisions of Headquarters Regulation 20-50j.

NOTED FOR THE DIRECTOR OF CENTRAL INTELLIGENCE
ON 12 DEC 1967 BY THE ASSISTANT SECRETARY FOR PERSONNEL

1 - 11 PERSONNEL
1 - 11 OFFICE OF THE DIRECTOR
1 - 11
1 - 11

Emmett D. Echols
Director of Personnel

The recommendation contained in paragraph 4 is approved:

13 DEC 1967
13 DEC 1967

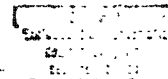
/s/ Richard Helms

Director of Central Intelligence

15 DEC 1967

Date

SECRET



SECRET

Distribution:

- 0 - Return to D/Pers **C13 3 25 PM '67**
- 1 - DDCI
- 1 - ER
- 1 - D/Pers
- 1 - OPF
- 1 - RB Soft file (w/hold)
- 1 - RB Reader

OP/FSD/RE/MJRoper:tlh (7 December 1967)

Retyped: OP/FSD/BDeFelice:jss (11 December 1967)

TO: [illegible]
 FROM: [illegible]
 SUBJECT: [illegible]

[illegible text block]

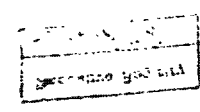
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Dec 16 10 18 AM '67

SECRET



Personal Information

7:25 min
not in

7-18

25,890

Op. officer

Conv. 2-25-67

EOD. 20 Sept 47

2:25. 60clerk
10-
12. not in
12.45 not in
1.15 not in
1.30 not in
2.00 not in

SECRET
(WHEN FILLED IN)
STATEMENT of EARNINGS and DEDUCTIONS

NAME HARVEY WILLIAM K	EMPLOYEE NO. 061164	PAY PERIOD DATE 04/09 05/06	ROLL 01	COST CENTER 1361186	STA 000
---------------------------------	-------------------------------	---------------------------------------	-------------------	-------------------------------	-------------------

CD	EARNINGS		DESCRIPTION
	NORMAL	OTHER	
01	199200		REG SAL

NOTE:

THIS FORM IS ISSUED ONLY WHEN AN
EMPLOYEE ENTERS ON DUTY OR THERE
IS ANY CHANGE IN THE PAY ACCOUNT

CD	DEDUCTIONS		DESCRIPTION
	NORMAL	OTHER	
41	35014		F/TAX 1
53	1102		INS WEAPA
54	1000		INS FEGLI
57	750		INS URLIC
61	1374		0820 HOSP 2
75	12948		AGY RET

ADDITIONAL COMPENSATION DATA							REFUND DUE FROM EMPLOYEE			NET PAY		
PP	OT/HRS	HT/HRS	ND/HRS	RATE	O/T-HT AMT	N/D AMOUNT	CD	NORMAL	OTHER	CD	NORMAL	OTHER
										99	147012	

REMARKS:

PAID AT HQS.

147012

SECRET

(If Not Filled In)

REQUEST FOR PERSONNEL ACTION										DATE PREPARED	
1. SERIAL NUMBER										27 February 1967	
2. NAME (Last-First-Middle)											
3. NATURE OF PERSONNEL ACTION											
4. EFFECTIVE DATE REQUESTED										5. CATEGORY OF EMPLOYMENT	
MONTH DAY YEAR										REGULAR	
6. FUNDS										7. FINANCIAL ANALYSIS	
V TO V										NO CHARGEABLE	
CF TO V										7136-1267	
8. LEGAL AUTHORITY (Completed by Office of Personnel)											
9. ORGANIZATIONAL DESIGNATIONS										10. LOCATION OF OFFICIAL STATION	
DDP/EUR										Wash, D.C.	
FOREIGN FIELD											
SOUTHERN REGION											
STATION											
OFFICE OF THE CHIEF (UNASSIGNED)											
11. POSITION TITLE										12. POSITION NUMBER	
CHIEF OF STATION										4997	
13. OCCUPATIONAL SERIES										14. GRADE AND STEP	
0136.01										18-1	
15. SALARY OR RATE										16. REMARKS	
\$ 25,890											
17. REMARKS											
cc payroll											
DATE SIGNED										18. SIGNATURE OF CAREER SERVICE APPROVING OFFICER	
										R. S. Lang	
DATE SIGNED										2/2/67	
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	
55				NUMERIC ALPHABETIC		44997				1	
25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI		28. DATE OF BIRTH		29. DATE OF GRADE		30. DATE OF LEI	
MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.	
1 09/13/16		1 09/13/16		1 09/13/16		1 09/13/16		1 09/13/16		1 09/13/16	
31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA		33. SECURITY REQ NO		34. SEX		35. YET PREFERENCE		36. SERV COMP DATE	
TYPE		MO. DA. YR.		EOD DATA				CODE		MO. DA. YR.	
37. LONG COMP DATE		38. CAREER CATEGORY		39. FEGLI/HEALTH INSURANCE		40. SOCIAL SECURITY NO		41. PREVIOUS CIVILIAN GOVERNMENT SERVICE		42. LEAVE CAT CODE	
MO. DA. YR.		CODE		CODE		CODE		CODE		CODE	
43. POSITION CONTROL CERTIFICATION		44. OP APPROVAL		45. DATE APPROVED		46. DATE APPROVED		47. DATE APPROVED		48. DATE APPROVED	
3-15-67		P. S. Lang		2/2/67							
mmw											

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 061164										27 February 1967	
2. NAME (Last-First-Middle) HARVEY, WILLIAM K											
3. NATURE OF PERSONNEL ACTION REASSIGNMENT					4. EFFECTIVE DATE REQUESTED 02/24/67		5. CATEGORY OF EMPLOYMENT REGULAR				
6. FUNDS V TO V CF TO V XXX					7. FINANCIAL ANALYSIS NO. CHARGEABLE 7136-1186		8. REGAL AUTHORITY (Completed by Office of Personnel)				
9. ORGANIZATIONAL DESIGNATIONS DDP/EUR CS/CS DEVELOPMENT COMPLEMENT					10. LOCATION OF OFFICIAL STATION WASHINGTON, D.C.						
11. POSITION TITLE Int Security OPS OFFICER					12. POSITION NUMBER 9997		13. CAREER SERVICE DESIGNATION D				
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS					15. OCCUPATIONAL SERIES 0136 01		16. GRADE AND STEP 01-1		17. SALARY OR RATE \$ 24,224 24770 \$ 25,890		
18. REMARKS From: DDP/EUR/FF/ Subject departed the Station 21 March 1966.											
Other: cc security Security Personnel Dept. SS/SS 3/15/67 6/3/16/67											
DATE SIGNED				18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER R. S. Long				DATE SIGNED 2/28/67			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE 32	20. EMPLOY CODE K	21. OFFICE CODING NUMERIC 44497		22. STATION CODE C118	23. INTEGREE CODE 73	24. HQ/RTS CODE 1	25. DATE OF BIRTH MO DA YR 09/13/16	26. DATE OF GRADE MO DA YR 1/1/67	27. DATE OF LEI MO DA YR		
28. NTE EXPIRES MO DA YR		29. SPECIAL REFERENCE	30. RETIREMENT DATA 1-ESC 2-FIER 3-NONE		31. SEPARATION DATA CODE	32. CORRECTION-CANCELLATION DATA TYPE MO DA YR		33. SECURITY REQ NO.		34. SER	
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 0-BEY PROV TEMP		39. FEGLI HEALTH INSURABLE CODE 0-WAIVER 1-YES		40. SOCIAL SECURITY NO.	
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0-NONE 1-NO BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)				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 3-15-67					46. OP APPROVAL R. S. Long					DATE APPROVED 2/28/67	

FORM 1152 USE PREVIOUS EDITION

SECRET

GROUP 1
EXCLUDED FROM AUTOMATIC DOWNGRADING
AND DECLASSIFICATION

(4)

SECRET

Chief of Station,

Director of Personnel

WELLSGAGE -

- Notification of Designation as a Participant in the Organization Retirement and Disability System

Action: As indicated

R&F: Book Dispatch 5096 & OIRS - 7586

1. You have been found to be qualified as a participant in the Organization Retirement and Disability System and have been so designated effective 21 November 1965.

2. Although such designation under present statutes is viewed favorably by most persons, the regulation governing this retirement system gives the individual the right to appeal such a determination if he deems the designation adverse to his best interests. In order that this technical requirement may be satisfied, you are hereby notified of your right to appeal. An appeal with reasons therefore must be received in Headquarters within 60 days of the date of this dispatch or acceptance of designation will be assumed. Any questions that you may have in connection with your designation that cannot be answered by referring to Book Dispatch 5096 should be forwarded to Headquarters.

3. We believe that the benefits of the Organization Retirement System are superior to the benefits of the Civil Service Retirement System. However, there are a few situations in which an employee at the time of retirement may have so many years of service (almost 37) that he would receive a higher annuity under the Civil Service system. Because of this, the policy decision has been made that a participant in the Organization system who would receive a higher annuity under the Civil Service system may, not later than one year prior to his retirement, apply to be removed from our system and transferred to the Civil Service system. Thus, you should not anticipate this contingency as a factor in deciding whether you regard your designation as a participant adverse to your best interests.

21 DEC 1965

15 DEC 1965

OIRS - 7779

SECRET

If Not Filled In

REQUEST FOR PERSONNEL ACTION										DATE PREPARED							
1. SERIAL NUMBER		2. NAME (Last-First-Middle)								16 November 1965							
061164		HARVEY, WILLIAM K.															
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE REQUESTED			5. CATEGORY OF EMPLOYMENT								
DESIGNATION AS PARTICIPANT IN THE CIA RETIREMENT AND DISABILITY SYSTEM						MONTH DAY YEAR 11 21 65			REGULAR								
6. FUNDS		V TO V		V TO CF		7. COST CENTER, NO. CHARGEABLE		8. LEGAL AUTHORITY (Compliance by Office of Personnel)									
CF TO V		XXX		CF TO CF		6136-1267		PL 86-643 Sect. 203									
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION											
DDP/WE STATION OFFICE OF THE CHIEF																	
11. POSITION TITLE						12. POSITION NUMBER			13. CAREER SERVICE DESIGNATION								
FIRST SECRETARY CHIEF OF STATION						0262			D								
14. CLASSIFICATION SCHEDULE (GS, E.B., etc.)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE									
FBR GS				0136.05		01 2 18 1		24,264 \$ 25,382									
18. REMARKS																	
EMPLOYEE WILL BE NOTIFIED BY DISPATCH FROM THE DIRECTOR OF PERSONNEL OF THIS DESIGNATION AND OF HIS RIGHT OF APPEAL TO THE DIRECTOR OF CENTRAL INTELLIGENCE.																	
1 cc to OP/BSD/RB 1 cc to CCS 1 cc to Finance through CCS																	
18A. SIGNATURE OF REQUESTING OFFICIAL				DATE SIGNED		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER				DATE SIGNED							
				18 NOV 1965													
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL																	
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE		23. INTEREST CODE		24. HOODS CODE		25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI	
28		10		NUMERIC ALPHABETIC 50630 WE		36533				3		09 13 16		05 17 59		05 17 59	
28 NTE EXPIRES		29 SPECIAL REFERENCE		30 RETIREMENT DATA		31 SEPARATION DATA CODE		32 CORRECTION CANCELLATION DATA		33 SECURITY RES. NO.		34 SEX					
MO. DA. YR.				1-CE 2-FR 3-NONE		CODE 2		TYPE		MO. DA. YR.		EOD DATA					
35. VET PREFERENCE		36 SERV. COMP. DATE		37 LONG. COMP. DATE		38 COVER CATEGORY		39 FEGLI/HEALTH INSURANCE		40 SOCIAL SECURITY NO.							
CODE		MO. DA. YR.		MO. DA. YR.		CODE		CODE		CODE							
1-5 PT. 2-10 PT.						CAR. RES. PRVD. THRP		CODE		CODE							
41. PREVIOUS GOVERNMENT SERVICE DATA		42. LEAVE CAT. CODE		43. FEDERAL TAX DATA		44. STATE TAX DATA											
CODE		CODE		CODE		CODE		CODE		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)						FORM EXECUTED 1-YES 2-NO		NO. TAX EXEMPTIONS		FORM EXECUTED 1-YES 2-NO							
45. POSITION CONTROL CERTIFICATION		46. OP APPROVAL		DATE APPROVED													

FORM 6-63 1152 USE PREVIOUS EDITION

SECRET

GROUP 1
EXCLUDED FROM AUTOMATIC DOWNGRADING
AND DECLASSIFICATION

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED 28 MARCH 1963	
1. SERIAL NUMBER 061164		2. NAME (Last-First-Middle) HARVEY, WILLIAM K.			
3. NATURE OF PERSONNEL ACTION REASSIGNMENT			4. EFFECTIVE DATE REQUESTED MONTH 6 DAY 30 YEAR 63		5. CATEGORY OF EMPLOYMENT REGULAR
6. FUNDS V TO V CF TO V CC		7. COST CENTER NO. CHARGE-ABLE 3136-6300-1014		8. LEGAL AUTHORITY (Completed by Office of Personnel)	
9. ORGANIZATIONAL DESIGNATIONS DDP WE STATION OFFICE OF THE CHIEF			10. LOCATION OF OFFICIAL STATION		
11. PC CHIEF OF STATION		12. POSITION NUMBER 0262		13. CAREER SERVICE DESIGNATION D	
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS		15. OCCUPATIONAL SERIES 0136.01		16. GRADE AND STEP 18 1	
17. SALARY OR RATE 20,000		18. REMARKS FROM: DDP BASE FORCE W/OFFICE OF THE CHIEF/0662. trans 1 APPOINTMENT MEMO TO DCI SENT ON 27 MARCH 1963. 259 SENT TO MEDICS ON 15 MARCH 1963. Security Approval Granted by DCS, SC/CS 4/2/63 REQUEST ALL NECESSARY CLEARANCES BE GRANTED PRIOR TO 1 JUNE 1963. COPIES SENT TO FINANCE AND SECURITY. CSPD reviewed 6/27/63			
DATE SIGNED		189. SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>me luan</i>		DATE SIGNED <i>26 June 63</i>	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
19. ACTION CODE 37	20. EMPLOY CODE 10	21. OFFICE CODE NUMERIC 62430 ALPHABETIC 10E	22. STATION CODE 34533	23. WIFE CODE 3	24. DATE OF BIRTH MO 09 DA 13 YR 16
25. DATE OF DEATH	26. DATE OF DEATH	27. DATE OF LER	28. SECURITY REQ. NO.		
29. VET. PREFERENCE CODE 1 - NONE 2 - 5 YR. 3 - 10 YR.		30. SER. COMP. DATE MO DA YR	31. LONG. COMP. DATE MO DA YR	32. CAREER CATEGORY CAP/RES PROG/TEMP	33. REG. / HEALTH INSURANCE CODE 0 - NEITHER 1 - YES
34. SOCIAL SECURITY NO.		35. PREVIOUS GOVERNMENT SERVICE DATA CODE 1 - NO PREVIOUS SERVICE 2 - NO BREAK IN SERVICE 3 - BREAK IN SERVICE (LESS THAN 3 YRS) 4 - BREAK IN SERVICE (MORE THAN 3 YRS)			
36. LEAVE CAT. CODE		37. FEDERAL TAX DATA FORM PREC. CODE 1 - YES 2 - NO		38. STATE TAX DATA CODE 1 - YES 2 - NO	
43. POSITION CONTROL CERTIFICATION <i>W. K. Harvey 6/27/63</i>		44. O.P. APPROVAL <i>P. L. Bond for New 28 June 63</i>		DATE APPROVED	

SECRET

SECRET

12 JUN 1963

CO/P 3-3-XX

Executive Registry

13446

ST/ASO 8126

MEMORANDUM FOR: Deputy Director of Central Intelligence

VIA : Deputy Director (Plans)

SUBJECT : Appointment of Mr. William K. Harvey
Chief of Station, [redacted]

1. This is to make a matter of written record the appointment of Mr. Harvey as Chief of Station, [redacted] effective on or about 30 June 1963. Mr. Harvey will replace Mr. Francis I. G. Coleman, who is scheduled to attend the next session of the National War College. Verbal approval was given by you and by the Director.

2. A biographic data sheet, including information regarding his Agency experience and training, is attached.

[redacted]

Chief
Western Europe Division

Attachment
Biographic Profile (Part I)

CONCUR:

13 JUN 1963

Richard L. Helms
Deputy Director (Plans)

(Date)

APPROVED:

William K. Harvey
Deputy Director of Central Intelligence

20 June '63
(Date)

20 JUN 1963

SECRET

GROUP 1
Excluded from automatic
downgrading and
declassification

CONFIDENTIAL

22 May 1963

Mr. William K. Harvey

Dear Bill,

I wish to express my real appreciation for the time you have devoted to Agent Panel affairs. Your operational experience and personal knowledge of many of the individual staff agents and career agents have provided a sound basis for your contributions to Panel decisions concerning their promotions and reassignments. I look forward to the time, after your overseas assignment, when we may have the pleasure of your service in a similar capacity.

Sincerely,

W. Lloyd George
W. Lloyd George
Chairman, CS Agent Panel

*Bill, may I add in
my own hand and words
real appreciation for your
wisdom, objectivity and help*
Lloyd

CONFIDENTIAL

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED 24 August 1962	
1. SERIAL NUMBER 661164 ✓		2. NAME (Last-First-Middle) HARVEY, WILLIAM E. ✓					
3. NATURE OF PERSONNEL ACTION Reassignment				4. EFFECTIVE DATE REQUESTED MONTH 6 DAY 8 YEAR 62		5. CATEGORY OF EMPLOYMENT Regular	
6. FUNDS V TO V CF TO V X		V TO CF CF TO CF X		7. COST CENTER NO. CHARGE-ABLE 3132 - 1000 - 1000		8. LEGAL AUTHORITY (Completed by Office of Personnel)	
9. ORGANIZATIONAL DESIGNATIONS Task Force W Office of the Chief				10. LOCATION OF OFFICIAL STATION Washington, D.C.			
11. POSITION TITLE Ops Officer - CH <i>Staff Coord</i>				12. POSITION NUMBER BA-662		13. CAREER SERVICE DESIGNATION D	
14. CLASSIFICATION SCHEDULE (GS, LS, etc.) US 16		15. OCCUPATIONAL SERIES 0136.01		16. GRADE AND STEP 18 1		17. SALARY OR RATE 18500 ✓	
18. REMARKS PRA for the duration of Task Force W from FI staff tray 4							
18A. SIGNATURE OF REQUESTING OFFICIAL <i>[Signature]</i> Louis Armstrong				DATE SIGNED 8/27/62		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>[Signature]</i>	
DATE SIGNED 8/28/62							
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
19. ACTION CODE 37	20. EMPLOY CODE 10	21. OFFICE CODING NUMERIC 61100 ALPHABETIC TFW		22. STATION CODE 75013	23. INTER-REL CODE	24. MONTH CODE 1	25. DATE OF GRADE MO. 09 DA. 31 YR. 62
26. DATE OF GRADE MO. DA. YR.		27. DATE OF LE MO. DA. YR.		28. RATE EXPIRES MO. DA. YR.		29. SPECIAL REFERENCE	
30. RATE EXPIRES MO. DA. YR.		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA TYPE MO. DA. YR.		33. SECURITY REQ. NO.	
34. VET. PREFERENCE 0 - NONE 1 - 5 YR. 2 - 10 YR.		35. SERA. COMP. DATE MO. DA. YR.		36. LONG. COMP. DATE MO. DA. YR.		37. CAREER CATEGORY CAR/RESV PROV/TEMP	
38. FEELT HEALTH INSURANCE 0 - NO 1 - YES		39. SOCIAL SECURITY NO.		40. FEDERAL TAX DATA FORM EXECUTED 1 - YES 2 - NO		41. STATE TAX DATA FORM EXECUTED 1 - YES 2 - NO	
42. PREVIOUS GOVERNMENT SERVICE DATA 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)				43. LEAVE CAT. CODE			
44. POSITION CONTROL CERTIFICATION 08/29/62				45. O.P. APPROVAL <i>[Signature]</i> 29 Aug 62			

Pre - 1959 personnel
actions

SECRET
(When Filled In)

1. PERSONAL SERIAL NO.		BIOGRAPHIC PROFILE (PART I) COD: 15 Jan 1941			
061162		2. NAME (Last-First-Middle)		3. SEX	4. DATE OF BIRTH
HARVEY, William King		M		13 Sep 1915	5. LONGEVITY COMP. DATE
6. MARITAL STATUS (7. DEPENDENT?)		8. NO. YEARS OF BIRTH		9. US NATURALIZATION DATE(S)	
Remarried		3 2 7 7		NA	
9. CAREER STATUS		10. OTHER STATUS		11. LAST MD. RPT. QUAL. FOR	
D		May 1967		Current Duties Annual Exec	
12. CURRENT RESERVE STATUS		13. GRADE		14. ACTIVE CITY WITH CIA	
D		CAT. 1		RELEASE TO MIL. SER. CAT. 2	
15. ASSESSMENT DATE		16. PROFESSIONAL TEST DATE		17. LANGUAGE APTITUDE TEST DATE	
18. NON-CIA EMPLOYMENT					
1931-33 Danville Gazette, Indiana - Reporter & Printer					
1934-35 Indiana Univ, Bloomington - Publicity Writer (athletics) (PT)					
1937-40 Self-employed, Maysville, Kentucky - Attorney-at-Law					
1940-47 Dept of Justice, FBI, DC/NYC/Pittsburgh, Pa - Special Agent & Supervisor					
19. NON-CIA EDUCATION					
1933-37 Indiana Univ, Bloomington - LLB (with Distinction) Law, Psych, Philos, Journalism					
20. FOREIGN LANGUAGE ABILITIES (Language, Proficiency, Date Tested)		German - R, High; W, P, S, U, Inter; Interpret - Oct 1961			
21. AGENCY SPONSORED TRAINING					
1963 Italian					
22. CIA EMPLOYMENT HISTORY SINCE 10 SEPT 1947 (Personnel Actions, Military Orders, and Principal Details)					
EFFECTIVE DATE	POSITION TITLE & OCCUPATIONAL CODE	GRADE	SD	ORGANIZATION & ORG. TITLE (If any)	LOCATION
Sep 1947	Intcl Of	P-6		OSO/FBS/Ch, Int'l TUSRDIV	Hq
May 1948	" "	P-7		OSO/COPS/FBS/DCh, Foreign	"
Dec 1948	" "	P-7		OSO/COPS/DOPC/DCh, Foreign	"
Mar 1949	" "	P-7		OSO/COPS/DCh, Ops for CL	"
Oct 1949	" "	GS15		OSO/Ch, Stf-C&ACh, Stf-D	"
Feb 1951	Chief Stf E	16		OSO/Ch, Staff E	"
Dec 1951	I O	16		OSO/Ch, Plans Staff	"
Dec 1952	Ops Of	16		DDP/EE/GerMis/BOB/COB	Bonn
Nov 1953	I O	16	FI	DDP/EL/GerMis/BOB/COB	Berlin
Dec 1954	Area Ops Of 0136.01	16	FI	" " " " " "	"
Jan 1956	" " " 0136.01	17	DI	DDP/EE/GerSta/BOB/COB	"
May 1959	Chief of Base 0136.01	18	DI	" " " " " "	"
Sep 1959	return to Hq				
Oct 1959	Ops Of 0136.01	18	DI	DDP/Ch, FI/D	Hq
Jun 1962	" " 0136.01	18	D	DDP/Ch, Task Force W	"
Jun 1963	Chief of Sta 0136.01	18	D	DDP/HE/ " COS	"
Jun 1965	" " 0136.05	18	D	" " " " " "	"
Feb 1967	Ops Of 0136.01	18	D	DDP/EUR/Dev Comp	Hq
Dec 1967	Retirement (voluntary)	CIAPDS			
23. DATE REVIEWED		24. PROFILE REVIEWED BY		25. ITEMS 1-19 REVIEWED & VERIFIED BY EMPLOYEE	
22 Sep 1971		obs		D No	

SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER			
				061164			
SECTION A				GENERAL			
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH		3. SEX	4. GRADE	5. SD
Harvey William K.			13 Sept 1916		M	GS-18	D
6. OFFICIAL POSITION TITLE			7. OFF/DIV/RR OF ASSIGNMENT		8. CURRENT STATION		
Chief of Station			DDF/WF/				
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 <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> SPECIAL (Specify):				
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to)				
			1 April 1964 - 31 March 1965				
SECTION B				PERFORMANCE EVALUATION			
W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C. A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence. P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner. S - Strong Performance is characterized by exceptional proficiency. O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.							
SPECIFIC DUTIES							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
SPECIFIC DUTY NO. 1						RATING LETTER	
Chief of Station,						O	
SPECIFIC DUTY NO. 2						RATING LETTER	
Handles Station relationship with Ambassador and Embassy and the Base in						S	
SPECIFIC DUTY NO. 3						RATING LETTER	
Supervises CA Program.						O	
SPECIFIC DUTY NO. 4						RATING LETTER	
Engaged in reorientation of Station FI Program.						O	
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	
15 JUN 1965							

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.

Mr. Harvey has continued to manage the Agency's activities in [] with the same enthusiasm and drive which characterized the description of his approach to the Station Chief role in his past Fitness Report.

In his efforts to reorient the [] Station's FI program toward Soviet-Satellite targets Mr. Harvey has devoted considerable energy to acquiring the basic information needed for this task. This has been well reported and the responsibilities for carrying out this shift in operational approach have been precisely delegated. It is still early to assess the results operationally but the reorientation has been well organized. As an early indication of the trend this is taking, several successful technical operations have been established which are well on target.

To accomplish the objectives of the CA responsibilities of the [] Station Mr. Harvey has acquired the most competent officers with this highly specialized skill and has staunchly supported their efforts to prosecute this program which remains extensive. He has considerably improved the Station relationship with Embassy officers, including the Ambassador, by devoting greater effort to this necessary phase of the Station Chief's role and the Ambassador, during a recent trip to Washington, made special mention of the degree of confidence he had in the Station's reporting and in the extent to which it has kept him properly informed.

During the period under review Mr. Harvey acquired a Deputy Station Chief - for whose arrival he had waited more than 6 months. He has delegated general management of the Station's activities to this officer, who has applied himself diligently to this task and the results have been promising. Mr. Harvey has been receptive to headquarters guidance, is extremely prompt and thorough in replying to his correspondence.

(cont'd)

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

Employee at Field Station

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

24

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

DATE

OFFICIAL TITLE OF SUPERVISOR

TYPED OR PRINTED NAME AND SIGNATURE

2 June 1965

C/WE

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR PRINTED NAME AND SIGNATURE

3 June 66

ADDP

Thomas H. Karamessines

SECRET

SECRET

William K. Harvey

Fitness Report for Period 1 April 1964 - 31 March 1965

Section C (cont'd)

Some administrative details, such as the reports on the performance of officers whose evaluation he was reluctant to make, Mr. Harvey has had a tendency to postpone despite repeated efforts to provoke him into timely response.

I have rated Mr. Harvey's overall performance outstanding in recognition of his superior supervisory ability, his unusual skill in expressing his views and his determination to accomplish his basic objectives regardless of the obstacles which he encounters. The ☐ Station is complex, is engaged in some highly sensitive operations which must be guided with a strong hand and by an officer with a degree of professionalism which Mr. Harvey is well able to supply as a result of his extensive operational experience.

SECRET

SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER				
				061164				
SECTION A GENERAL								
1. NAME (Last) (First) (Middle) HARVEY William K.			2. DATE OF BIRTH 13 Sept 1916		3. SEX M		4. GRADE GS-18	
5. OFFICIAL POSITION TITLE Chief of Station			7. OFF/DIV/BR OF ASSIGNMENT DDP/WE/		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 CAREER-PROVISIONAL (See Instructions - Section C) SPECIAL (Specify):				<input type="checkbox"/> INITIAL <input checked="" 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 April 1965 - 27 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 Station, <input type="text"/>							RATING LETTER O	
SPECIFIC DUTY NO. 2 Handles Station relationship with Ambassador and Embassy and the Base in <input type="text"/>							RATING LETTER S	
SPECIFIC DUTY NO. 3 Supervises CA Program.							RATING LETTER O	
SPECIFIC DUTY NO. 4 Engaged in reorientation of Station FI Program.							RATING LETTER O	
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	
28 OCT 1965								

SECRET

OFFICE OF PERSONNEL

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.

442 8004

My rating of the performance of this officer remains the same as the description of his performance which is contained in his fitness report for period ending 31 March 1965.

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	
	<i>William A. Harvey</i>	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
30	Mr. Harvey is currently at his overseas post.	
DATE	OFFICIAL TITLE OF SUPERVISOR	
27 September 1965	Chief, WE Division	
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
<p>I concur in the evaluations given Mr. Harvey on duties No. 2, 3 and 4. I believe duty No. 2 could have been rated "outstanding" rather than "strong," with justification. I also think, however, that duty No. 1, involving the overall administration and management of the Station and its personnel, should more appropriately be rated "proficient," or perhaps "strong."</p> <p style="text-align: right;"><i>ADP</i></p>		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
21 October 1965	ADDP	<i>Thomas H. Karamessines</i> Thomas H. Karamessines

SECRET

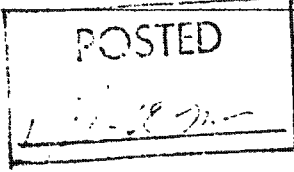
What date?

Colored photograph removed this
date and forwarded with Biographic
Profile to Mr. McCone via Mr. [redacted]
[redacted] WH/Pers. Mr. [redacted]
cleared with Mr. Gene Stevens,
Chief, T&R Branch, POD/OP; the removal
of picture.

[redacted] OP/POD/CAB
5E-2503 HQS
Ext. 7771



SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)									
100101		HARVEY WILLIAM K									
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
RETIREMENT VOLUNTARY UNDER THE CIA RETIREMENT AND DISABILITY SYSTEM						12/31/87		REGULAR			
6. FUNDS		V TO V		V TO CF		7. Financial Analysis No. Chargeable		8. CSC OR OTHER LEGAL AUTHORITY			
CF TO V		X		CF TO CF		8138-1100-0000		P.L. 88-543 SECT. 233			
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION					
DDP/EUR DEVELOPMENT COMPLEMENT						WASH., D.C.					
11. POSITION TITLE						12. POSITION NUMBER		13. SERVICE DESIGNATION			
CFS OFFICER						9997		D			
14. CLASSIFICATION SCHEDULE (GS 18 OK.)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
GS				0138.01		18 1		27055			
18. REMARKS											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE		23. INTEREST CODE		24. HOURS CODE	
45		18		NUMERIC ALPHABETIC							
25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI		28. DATE OF BIRTH		29. DATE OF GRADE		30. DATE OF LEI	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
08 13 16											
31. NTE EXPIRES		32. SPECIAL REFERENCE		33. RETIREMENT DATA		34. SEPARATION DATA CODE		35. CORRECTION/Calculation Data		36. SECURITY REQ NO	
MO DA YR				1. CSC 2. CUA 3. FCA 4. NCA				TYPE NO DA YR			
37. VET PREFERENCE		38. SERV. COMP DATE		39. LONG COMP DATE		40. CAREER CATEGORY		41. FEGLI / HEALTH INSURANCE		42. SOCIAL SECURITY NO	
CODE		MO DA YR		MO DA YR		CODE		CODE			
0 NONE 1 5 PT 2 10 PT											
43. PREVIOUS CIVILIAN GOVERNMENT SERVICE				44. LEAVE CAT CODE		45. FEDERAL TAX DATA		46. STATE TAX DATA			
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						1 YES 2 NO		1 YES 2 NO			
SIGNATURE OR OTHER AUTHENTICATION											
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FORM 566 1150
Mfg 10-87

Use Previous Edition

SECRET

PLW

GROUP 1
Excluded from automatic
downgrading and
declassification

(When Filled In)

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 90-236
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
HARVEY WILLIAM K	061164	44	997	CF GS 18 1	\$25,890	\$27,055

SECRET
(When Filled In)

B.T. 16 MAR 67

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)									
061164		HARVEY WILLIAM K.									
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
CONVERSION FROM <input type="checkbox"/> STATUS						NO. 005 02 125 67		REGULAR			
6. FUNDS		V TO V		U TO CP		7. Financial Analysis No. Chargeable		8. CSC OR OTHER LEGAL AUTHORITY			
<input type="checkbox"/>		<input type="checkbox"/>		<input checked="" type="checkbox"/>		7136 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			
OPS OFFICER						9997		D			
14. CLASSIFICATION SCHEDULE (GS, LR, etc.)			15. OCCUPATIONAL SERIES			16. GRADE AND STEP			17. SALARY OR RATE		
GS			0136.01			18 1			25890		
18. REMARKS											
OTHER WASH., D.C.											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE	20. EMPLOY. CODE	21. OFFICE CODING		22. STATION CODE	23. INTEGREE CODE	24. HOURS CODE	25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI
56	18	44997 EUR		75013		1	09 13 16				
28. NTE EXPIRE		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA		33. SECURITY REQ NO	
										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 GOV. SERVICE				42. LEAVE CAT. CODE		43. FEDERAL TAX DATA				44. STATE TAX DATA	
SIGNATURE OR OTHER AUTHENTICATION											
<div style="border: 2px solid black; padding: 5px; display: inline-block;"> POSTED </div>											

FORM 5-64 1150

Use Previous Edition

SECRET

GROUP 1
Excluded from automatic
downgrading and
declassification

(When Filled In)

SECRET
(When Filled In)

BJT: 16 MAR 67

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)									
061164		HARVEY WILLIAM K									
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
REASSIGNMENT						02 124 67		REGULAR			
6. FUNDS		V TO V		V TO CF		7. Financial Analysis No. Chargeable		8. CSC OR OTHER LEGAL AUTHORITY			
CF TO V		X		CF TO CF		7136 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			
OPS OFFICER						9997		D			
14. CLASSIFICATION SCHEDULE (GS, LB, etc)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
GS				0136.01		18 1		25890			
18. REMARKS											
OTHER											
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	25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI
37	18	44337	EUR	75013	1	1	08 13 16				
28. NTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA		33. SECURITY REQ NO.	
NO DA YR		1. CSC 2. CIA 3. FICA 4. NONE		CODE		TYPE NO. DA YR		EOD DATA		34. SEX	
35. VET. PREFERENCE		36. SERV COMP DATE		37. LONG COMP. DATE		38. CAREER CATEGORY		39. FEGLI / HEALTH INSURANCE		40. SOCIAL SECURITY NO.	
CODE 0 - NONE 1 - 5 PT 2 - 10 PT		MC SP. YR		NO DA YR		CAR RESL PROV TEMP		CODE 0 - WAIVER 1 - YES		HEALTH INS CODE	
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE				42. LEAVE CAT CODE		43. FEDERAL TAX DATA				44. STATE TAX DATA	
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)				CODE		FORM EXECUTED CODE NO TAX EXEMPTIONS 1 - YES 2 - NO				FORM EXECUTED CODE NO TAX EXEMPT 1 - YES 2 - NO	
SIGNATURE OR OTHER AUTHENTICATION											
<div style="float: right; border: 1px solid black; padding: 5px; text-align: center;"> POSTED 3-17-67 </div>											

FORM 5-66 1150

Use Previous Edition

SECRET

GROUP 1
Excluded from automatic
downgrading and
declassification

(When Filled In)

261

"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
HARVEY WILLIAM K	061164	50	630	CF GS 18 1	\$25,382	\$25,890

"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 8 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 10 OCTOBER 1965

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
HARVEY WILLIAM K	061164	50	630	CF GS 18 1	\$24,500	\$25,382

JGD: 19 NOV 65

SECRET
(When Filled In)

OD/perr

NOTIFICATION OF PERSONNEL ACTION																	
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)															
061164		HARVEY WILLIAM K															
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT									
DESIGNATION AS PARTICIPANT IN CIA RETIREMENT AND DISABILITY SYSTEM						NO DA YR 11 21 65		REGULAR									
6. FUNDS		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY									
CF TO V		X		CF TO CF		6136 1267 0000		PL 88-643 SECT. 203									
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION											
DDP/WE OFFICE OF THE CHIEF																	
11. POSITION TITLE						12. POSITION NUMBER		13. SERVICE DESIGNATION									
CHIEF OF STATION						0262		D									
14. CLASSIFICATION SCHEDULE (GS, LO, etc.)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE									
GS				0136.05		18 1		25382									
18. REMARKS																	
EMPLOYEE WILL BE NOTIFIED BY DISPATCH FROM THE DIRECTOR OF PERSONNEL OF THIS DESIGNATION AND OF HIS 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. HQ/INT. CODE		25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI	
28		10		50630 WE		36533		1		3		09 13 16		05 17 59		05 17 59	
28. NTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA		33. SECURITY REQ. NO		34. SEX					
NO DA YR				1 - CSC 2 - PICA 3 - NONE		2		TYPE NO DA YR		EOD DATA							
35. VET. PREFERENCE		36. SERV COMP DATE		37. LONG COMP. DATE		38. CAREER CATEGORY		39. FEGLI / HEALTH INSURANCE		40. SOCIAL SECURITY NO.							
CODE 0 - NONE 1 - 5 PT 2 - 10 PT		NO DA YR		NO DA YR		CAR RESV PROV TEMP		CODE 0 - WAIVER 1 - YES		HEALTH INS CODE							
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT CODE		43. FEDERAL TAX DATA				44. STATE TAX DATA							
CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 1 YRS) 3 - BREAK IN SERVICE (MORE THAN 1 YRS)						FORM EXECUTED 1 - YES 2 - NO				FORM EXECUTED 1 - YES 2 - NO							
SIGNATURE OR OTHER AUTHENTICATION																	
												POSTED 112665H					

FORM 11-62 1150

Use Previous
Edition

SECRET

GROUP 1
Excluded from automatic
downgrading and
declassification

(When Filled In)

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION									
1. SERIAL NUMBER 061144		2. NAME (LAST FIRST, MIDDLE) HARVEY WILLIAM K							
3. NATURE OF PERSONNEL ACTION SERIES CODE ADJUSTMENT					4. EFFECTIVE DATE MO DA YR 06 07 65		5. CATEGORY OF EMPLOYMENT		
6. FUNDS		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE 5136 1267 0000		8. CCS OR OTHER LEGAL AUTHORITY	
		CF TO V		A CF TO CF					
9. ORGANIZATIONAL DESIGNATIONS DDP/WE DIVISION					10. LOCATION OF OFFICIAL STATION <div style="border: 1px solid black; height: 20px; width: 100px;"></div>				
11. POSITION TITLE CHIEF OF STATION					12. POSITION NUMBER 0262		13. CAREER SERVICE DESIGNATION D		
14. CLASSIFICATION SCHEDULE (GS LB etc) GS			15. OCCUPATIONAL SERIES 0136.05		16. GRADE AND STEP 18		17. SALARY OR RATE		
18. REMARKS <div style="text-align: center; margin-top: 100px;"> <div style="border: 2px solid black; padding: 10px; transform: rotate(-5deg); display: inline-block;"> POSTED JUN 21-65 </div> </div>									
SIGNATURE OR OTHER AUTHENTICATION									

Form 1150B
1-63 MFG 1-63

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Edition

SECRET

GROUP 1
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downgrading and
declassification

(When Filled In)

(451)

SECRET
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RZR: 28 JUNE 63

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)									
061164		HARVEY WILLIAM K									
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
REASSIGNMENT						06 30 63		REGULAR			
6. FUNDS		V TO V		V TO CF		7. COST (ENTER NO. CHARGEABLE)		8. CSC OR OTHER LEGAL AUTHORITY			
CF TO V		X		CF TO CF		3136.6300 1014		50 USC 403 J			
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION					
DDP/WE											
OFFICE OF THE CHIEF											
11. POSITION TITLE						12. POSITION NUMBER		13. SERVICE DESIGNATION			
CHIEF OF STATION						0262		D			
14. CLASSIFICATION SCHEDULE (GS, LR, etc.)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
GS				0136.01		18 1		20000			
WASH., D.C.											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING		22. STATION CODE	23. INTEGREE CODE	24. MOBILE CODE	25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI
37	10	62630 WE		36533	1	3	09 13 16				
28. NTE EXPIRES		29. SPECIAL REFERENCE		30. DEJIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA		33. SECURITY REQ. NO.	
NO DA YR				1. CSC 2. FICA 3. NONE		CODE		TYPE NO DA YR		EOD DATA	
35. VET. PREFERENCE		36. SERV. COMP. DATE		37. LONG. COMP. DATE		38. CAREER CATEGORY		39. FEGLI / HEALTH INSURANCE		40. SOCIAL SECURITY NO.	
CODE 0 - NONE 1 - 5 PT 2 - 10 PT		NO DA YR		NO DA YR		CAN. RES. / PROV. TEMP.		CODE 0 - WAIVER 1 - YES		HEALTH INS. CODE	
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT. CODE		43. FEDERAL TAX DATA		44. STATE TAX DATA			
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)				CODE		FORM EXECUTED 1 - YES 2 - NO		NO TAX EXEMPTIONS		FORM EXECUTED 1 - YES 2 - NO	
SIGNATURE OR OTHER AUTHENTICATION											
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> POSTED 07/02/63 JK </div>											

FORM 11-62 1150

Use Previous Edition

SECRET

JUN 28 1963

GROUP 1
Excluded from automatic
downgrading and
declassification

(4.01)

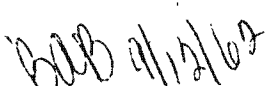
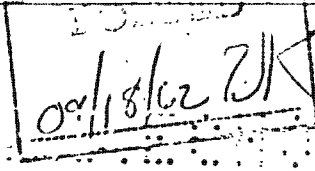
(When Filled In)

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-279 AND
 DCI MEMORANDUM DATED 1 AUGUST 1954, SALARY IS ADJUSTED AS FOLLOWS,
 EFFECTIVE 14 OCTOBER 1962

NAME	SERIAL	ORGN	FUNDS	OLD GRST	OLD SALARY	NEW GRST	NEW SALARY
HARVEY WILLIAM K	261144	A1100	CF 13 1	318500	18 1	320000	

PSC: 12 SEPT 62

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION																	
OKF																	
1. SERIAL NUMBER		2. NAME (LAST-FIRST MIDDLE)															
061164		HARVEY WILLIAM K															
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT											
REASSIGNMENT (CORRECTION)				06 08 62		REGULAR											
6. FUNDS		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY									
CF TO V		X		CF TO CF		3132 1000 1000		50 USC 403 J									
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION											
DDP TASK FORCE W OFFICE OF THE CHIEF						WASH., D.C.											
11. POSITION TITLE						12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION									
OPS OFFICER CH						0662		D									
14. CLASSIFICATION SCHEDULE (GS, LB, etc)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE									
GS				0136.01		18 1		18500									
18. REMARKS																	
THIS ACTION CORRECTS FORM 1150 EFFECTIVE DATE 06/08/62 TO SHOW THE TITLE, CLASSIFICATION, GRADE, STEP, & SALARY WHICH WERE PREVIOUSLY OMITTED.																	
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		25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI	
57		10		6.1100 TFW		75013		1		1		09 13 16					
28. HTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA		33. SECURITY REQ NO.		34. SEN					
NO DA YR				1 - CSC 2 - FICA 3 - NONE		CODE		TYPE NO. DA YR		37 06 08 62		EOD DATA					
35. VET. PREFERENCE		36. SERV. COMP. DATE		37. LONG. COMP. DATE		38. CAREER CATEGORY		39. FEI / HEALTH INSURANCE		40. SOCIAL SECURITY NO.							
CODE 0 - NONE 1 - 5 PT 2 - 10 PT		NO DA YR		NO DA YR		CAP DESV PROJ TEMP		CODE CODE 0 - WAIVER 1 - YES		HEALTH INS CODE							
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT. CODE		43. FEDERAL TAX DATA				44. STATE TAX DATA							
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)				CODE		FORM EXECUTED CODE NO. TAX EXEMPTIONS 1 - YES 2 - NO				FORM EXECUTED CODE NO. TAX EXEMP 1 - YES 2 - NO							
SIGNATURE OR OTHER AUTHENTICATION																	
 																	

FORM 1150
4-62Use Previous
Edition

SECRET

GROUP 1
Excluded from automatic
downgrading and
declassification

(4-51)

(When Filled In)

DATE: 31 AUG 62

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION															
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)													
051101		HARVEY WILLIAM K													
3. NATURE OF PERSONNEL ACTION					4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT								
REASSIGNMENT					MO DA YR 10 02 62		REGULAR								
6. FUNDS		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY							
CF TO V		X		CF TO CF		3102 1060 1000		50 USC 403 J							
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION									
TASK FORCE W OFFICE OF THE CHIEF						WASHINGTON, D.C.									
11. POSITION TITLE						12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION							
OPS OFFICER CI						2162		D							
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE							
GS				0136.01		18 1		18500							
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. DATE OF BIRTH		25. DATE OF GRADE		26. DATE OF 1ST	
27 12		12		NUMERIC ALPHABETIC 01100 CFW		75013				MO DA YR 12 12 18		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.		34. SEX			
MO DA YR				1. CSC 2. FICA 3. NONE		DATA CODE		TYPE MO DA YR		EOD DATA					
35. VET PREFERENCE		36. SERV. COMP DATE		37. LONG COMP DATE		38. CAREER CATEGORY		39. PEGEL / HEALTH INSURANCE		40. SOCIAL SECURITY NO					
CODE 0 - NONE 1 - 5 PT 2 - 10 PT		MO DA YR		MO DA YR		CAR SERV PROV TEMP		CODE 0 - WAIVER 1 - YES		HEALTH INS CODE					
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT CODE		43. FEDERAL TAX DATA				44. STATE TAX DATA					
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 CODE 1 - YES 2 - NO				NO TAX EXEMPTIONS FORM EXECUTED 1 - YES 2 - NO					
SIGNATURE OR OTHER AUTHENTICATION															
<div style="float: right; border: 1px solid black; padding: 5px; text-align: center;"> POSTED 9/5/62 <i>Law</i> </div>															

FORM 1150
4-62Use Previous
Edition8/31/62 *don*

SECRET

GROUP 1
Excluded from automatic
downgrading and
declassification

(When Filled In)

(4-01)

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.

SD	NAME	SERIAL	ORGN	GR-ST	OLD SALARY	NEW SALARY
DI	HARVEY WILLIAM K	561164	41 09	GS-18 1	\$17,500	\$18,500

/S/ EMMETT D. ECHOLS
DIRECTOR OF PERSONNEL

SECRET

NOTIFICATION OF PERSONNEL ACTION

PAS: 15 AUGUST 1960

1. Serial No.		2. Name (Last-First-Middle)				3. Date Of Birth			4. Vol. Prod.		5. Sex		6. CS-FOB		
561164		HARVEY WILLIAM K				Mo. Da. Yr.			Nono-0 Code		M 1		Mo. Da. Yr.		
09 13 15						5 Pt-1 10 Pt-2		0				09 29 47			
7. SCD		8. CSC Retmt		9. CSC Or Other Legal Authority				10. Appt. AINS		11. FEGLI		12. LCD		13. Pres. Leg.	
Mo. Da. Yr.		Yes-1 Code						Mo. Da. Yr.		Yes-1 Code		Mo. Da. Yr.		Yes-1 Code	
12 09 40		No-2 1		50 USCA 403 J				Mo. Da. Yr.		Yes-1 Code		Mo. Da. Yr.		Yes-1 Code	
								Mo. Da. Yr.		Yes-1 Code		Mo. Da. Yr.		Yes-1 Code	
								Mo. Da. Yr.		Yes-1 Code		Mo. Da. Yr.		Yes-1 Code	

PREVIOUS ASSIGNMENT

14. Organizational Designations				Code		15. Location Of Official Station				Station Code	
DDP FI STAFF DIVISION D OFFICE OF THE CHIEF				4109		WASH., D. C.				75013	
16. Dept. - Field		17. Position Title		18. Position No.		19. Serv.		20. Occup. Series			
Dept - 1 USfld - 3 Frgr - 5		Code 1		OPS OFFICER CHIEF		0872		GS		0136.01	
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade		25. PSI Due		26. Appropriation Number	
18 1		18500		D		Mo. Da. Yr.		Mo. Da. Yr.		0123 1003 1000	
05 17 59						XX XX XX					

ACTION

27. Nature Of Action		Code		28. Eff. Date		29. Type Of Employee		Code		30. Separation Data	
CONVERSION TO PERMANENT SUPERGRADE RANK				07 27 60		REGULAR		QM			

PRESENT ASSIGNMENT

31. Organizational Designations				Code		32. Location Of Official Station				Station Code	
DDP FI STAFF DIVISION D OFFICE OF THE CHIEF				4109		WASH., D. C.				75013	
33. Dept. - Field		34. Position Title		35. Position No.		36. Serv.		37. Occup. Series			
Dept - 1 USfld - 3 Frgr - 5		Code 1		OPS OFFICER CHIEF		0872		GS		0136.01	
38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grade		42. PSI Due		43. Appropriation Number	
18 1		18500		D		Mo. Da. Yr.		Mo. Da. Yr.		1123 1003 1000	
05 17 59						XX XX XX					

44. Remarks

* THE DIRECTOR OF CENTRAL INTELLIGENCE ON 27 JULY 1960 APPROVED YOUR PERMANENT GRADE AS GS-18.

2.29.60 W12

Pre 1960
Peromelactons

SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				061164	
SECTION A GENERAL					
1. NAME (Last) (First) (Middle) HARVEY William K.			2. DATE OF BIRTH 13 Sept 1916	3. SEX M	4. GRADE GS-18
					5. SO D
6. OFFICIAL POSITION TITLE Chief of Station			7. OFF. DIV. OR OF ASSIGNMENT DDP/WE/		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 type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C) <input type="checkbox"/> SPECIAL (Specify):			<input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> REASSIGNMENT SUPERVISOR <input type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE <input type="checkbox"/> SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to) 1 April 1965 - 27 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 Station,					RATING LETTER O
SPECIFIC DUTY NO. 2 Handles Station relationship with Ambassador and Embassy and the Base in					RATING LETTER S
SPECIFIC DUTY NO. 3 Supervises CA Program.					RATING LETTER O
SPECIFIC DUTY NO. 4 Engaged in reorientation of Station FI Program.					RATING LETTER O
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

OFFICE OF PERSONNEL

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 must be described, if applicable.</u></p>			
<p>My rating of the performance of this officer remains the same as the description of his performance which is contained in his fitness report for period ending 31 March 1965.</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		
	<i>William M. Harvey</i>		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
30	Mr. Harvey is currently at his overseas post.		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
27 September 1965	Chief, WE Division		
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
<p>I concur in the evaluations given Mr. Harvey on duties No. 2, 3 and 4. I believe duty No. 2 could have been rated "outstanding" rather than "strong," with justification. I also think, however, that duty No. 1, involving the overall administration and management of the Station and its personnel, should more appropriately be rated "proficient," or perhaps "strong."</p>			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
21 October 1965	ADDP	<i>Thomas H. Karamessines</i> Thomas H. Karamessines	

SECRET

SECRET

(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER			
				061164			
SECTION A				GENERAL			
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH		3. SEX	4. GRADE	5. SD
Harvey William K.			13 Sept 1916		M	GS-18	D
6. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION		
Chief of Station			DDP/WE/				
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 <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> SPECIAL (Specify):				
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to)				
			1 April 1964 - 31 March 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						RATING LETTER	
Chief of Station,						O	
SPECIFIC DUTY NO. 2						RATING LETTER	
Handles Station relationship with Ambassador and Embassy and the Base in						S	
SPECIFIC DUTY NO. 3						RATING LETTER	
Supervises CA Program.						O	
SPECIFIC DUTY NO. 4						RATING LETTER	
Engaged in reorientation of Station FI Program.						O	
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
15 JUN 1965							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 performance of managerial or supervisory duties must be described, if applicable.

Mr. Harvey has continued to manage the Agency's activities in [redacted] with the same enthusiasm and drive which characterized the description of his approach to the Station Chief role in his past Fitness Report.

In his efforts to reorient the [redacted] Station's FI program toward Soviet-Satellite targets Mr. Harvey has devoted considerable energy to acquiring the basic information needed for this task. This has been well reported and the responsibilities for carrying out this shift in operational approach have been precisely delegated. It is still early to assess the results operationally but the reorientation has been well organized. As an early indication of the trend this is taking, several successful technical operations have been established which are well on target.

To accomplish the objectives of the CA responsibilities of the [redacted] Station Mr. Harvey has acquired the most competent officers with this highly specialized skill and has staunchly supported their efforts to prosecute this program which remains extensive. He has considerably improved the Station relationship with Embassy officers, including the Ambassador, by devoting greater effort to this necessary phase of the Station Chief's role and the Ambassador, during a recent trip to Washington, made special mention of the degree of confidence he had in the Station's reporting and in the extent to which it has kept him properly informed.

During the period under review Mr. Harvey acquired a Deputy Station Chief - for whose arrival he had waited more than 6 months. He has delegated general management of the Station's activities to this officer, who has applied himself diligently to this task and the results have been promising. Mr. Harvey has been receptive to headquarters guidance, is extremely prompt and thorough in replying to his correspondence.

(cont'd)

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

Employee at Field Station

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

24

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

DATE

OFFICIAL TITLE OF SUPERVISOR

TYP

2 June 1965

C/WE

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR PRINTED NAME AND SIGNATURE

3 June 65

ADDP

Thomas H. Karwessines

SECRET

SECRET

William K. Harvey

Fitness Report for Period 1 April 1964 - 31 March 1965

Section C (cont'd)

Some administrative details, such as the reports on the performance of officers whose evaluation he was reluctant to make, Mr. Harvey has had a tendency to postpone despite repeated efforts to provoke him into timely response.

I have rated Mr. Harvey's overall performance outstanding in recognition of his superior supervisory ability, his unusual skill in expressing his views and his determination to accomplish his basic objectives regardless of the obstacles which he encounters. The [] Station is complex, is engaged in some highly sensitive operations which must be guided with a strong hand and by an officer with a degree of professionalism which Mr. Harvey is well able to supply as a result of his extensive operational experience.

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	
Harvey	William	K.	1916	N	18	D	
6. OFFICIAL POSITION TITLE			7. OFF/DIV. OR OF ASSIGNMENT		8. CURRENT STATION		
Chief of Station, <input type="checkbox"/>			DDP/WE/ <input type="checkbox"/>		<input type="checkbox"/>		
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 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)			
				1 March 1963 - 31 March 1964			
SECTION B PERFORMANCE EVALUATION							
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
SPECIFIC DUTIES							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
SPECIFIC DUTY NO. 1						RATING LETTER	
Chief of Station, <input type="checkbox"/>						O	
SPECIFIC DUTY NO. 2						RATING LETTER	
Handles Station relationship with Ambassador and Embassy and Station Bases.						S	
SPECIFIC DUTY NO. 3						RATING LETTER	
Supervises correspondence with headquarters on entire complex Station program.						O	
SPECIFIC DUTY NO. 4						RATING LETTER	
Supervises CA Program.						O	
SPECIFIC DUTY NO. 5						RATING LETTER	
Engaged in reorientation of Station FI program.						O	
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	
12 AUG 1964						O	

EAP

SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

OFFICE OF PERSONNEL

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 to be described, if applicable.

Mr. Harvey's management of the Agency's program in [] has to date been characterized by the forcefulness and drive which have gained for him in previous assignments a reputation for dynamism. He has undertaken to reorient the [] Station's FI program toward Soviet-satellite targets and any delay in this reorientation has been due fully to our inability for administrative reasons to supply the personnel he desires on the time schedule which he would prefer.

Although not by inclination oriented toward the objectives of CA, he has preserved and guided the most complex CA program in Western Europe with understanding and skill. To accomplish this it has been necessary for Mr. Harvey to learn the intricacies of an extremely complex local political situation. This he has set about to do with confidence. His accumulated experience in earlier assignments has equipped Mr. Harvey with a self-assurance and confidence which I have rarely seen equalled in any other officer. The continuance of ideal relationships with the key Embassy officials in [] has been somewhat handicapped by the sudden death of the principal officer in the Embassy who was knowledgeable of our program and the impossibility of bringing into knowledge of our activity the next lower level echelon of Embassy officials for reasons beyond Mr. Harvey's control. This handicap has been overcome over the past year and Mr. Harvey is currently supervising extremely sensitive political operations and contacts to the satisfaction of the Ambassador and his headquarters.

He delegates responsibilities skillfully to those officers under his command who are best qualified and by his own outstanding performance, which is always at its best under heavy stress, he earns an intense loyalty from these personnel. He demonstrates cost-consciousness and outstanding supervisory ability.

SECTION D

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE 27/2/65	SIGNATURE OF EMPLOYEE <i>[Signature]</i>	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION 12	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION Report will be shown to employee upon return from overseas.	
DATE 28 July 1964	OFFICIAL TITLE OF SUPERVISOR C/WE	
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
DATE 17 AUG 1964	OFFICIAL TITLE OF REVIEWING OFFICIAL Deputy Director for Plans	TYPED OR PRINTED NAME AND SIGNATURE <i>[Signature]</i> Richard Helms

SECRET

SECRET

18 April 1963

MEMORANDUM FOR: Director of Personnel

SUBJECT: Fitness Report - Mr. William K. Harvey

1. This Fitness Report covers the period from 1 April 1962 to 15 January 1963 during which Mr. Harvey was Chief, Task Force W.

2. As a senior officer in the Clandestine Services, Mr. Harvey has behind him a long record of professional accomplishment achieved during tours in Washington as well as seven years in Berlin. He is thoroughly grounded in the tradecraft of clandestine activities, and has brought to each and every assignment an intelligent, thorough, and uncommonly conscientious approach. His qualities of leadership are attested to by the loyalty and devotion of those colleagues who have worked under his direction. If anything, there has tended to grow up within the Clandestine Services a coterie of officers who have come to regard themselves as "Harvey men", a development which Mr. Harvey himself has not encouraged but which demonstrates the strong emphasis on first-class tradecraft which he has insisted upon in each assignment.

3. As Chief, Task Force W, Mr. Harvey had the task of organizing and developing a large operational team devoted to the acquisition of intelligence and the handling of special operations directed at Cuba. He was obliged to work within a complicated bureaucratic framework, a fact which made the clearing of actions a laborious and time-consuming exercise. Under his direction, the Task Force grew substantially in size and in professional competence with the result that when the Cuban crisis arrived in October intelligence assets were in place to make a significant contribution to the overall intelligence picture. Mr. Harvey devoted considerable ingenuity, long hours of personal time, and great energy to this enterprise, and, although certain aspects of the intra-governmental coordination of the operations had rough sledding, his net achievement was the establishment of an effective, going concern with momentum which carries on to the present.

4. Mr. Harvey, after a strong performance as Chief, TFW, has been assigned as Chief of Station, [] and is now preparing himself to take over at that post in the coming months.

Thomas H. Karamessines
Thomas H. Karamessines
Assistant Deputy Director (Plans)

29 APR 1963
Richard Helms
Richard Helms
Deputy Director (Plans)

SECRET

Read 23/4/63

RF

OCT
1962

C.D./Pers

15 OCT 1962

MEMORANDUM FOR: Director of Personnel**SUBJECT: William K. Harvey - Memorandum in lieu of
fitness report for period 30 March 1960 -
10 May 1962**

1. It is difficult to prepare a fitness report on this outstanding officer, largely because forms do not lend themselves to measuring his many unique characteristics. His strengths are in professional knowledge and competence in the operational field, in a toughness of mind and firmness of attitude, while the latter in past years have moved him into positions that were sometimes stronger than superior officers, with a responsibility for adjustments necessary in matters of policy in relation to Agency position in the community, were able to handle easily, his own closeness to policy positions of the Agency within the U.S. community in the last two years has found him with a real ability to handle policy matters and to adjust to necessities, without losing his firmness and his independence of thought.

2. He is sometimes accounted to be less than outgoing of information about operational matters in which he is engaged, yet it should be remembered that this characteristic has been part and parcel of a sound operational attitude in his career. He has a wide knowledge of personalities within the officer corps of the DD/P and is for the most part a good selector of officers to accomplish necessary tasks. He handles people well. He has a tremendous energy and is a loyal officer both to his superiors and to the purposes of the Clandestine Services of CIA.

3. He is one of the few distinctly outstanding officers in the DD/P.

W. Lloyd George
W. LLOYD GEORGE

Chief
Foreign Intelligence



8 September 1960

MEMORANDUM IN LIEU OF FITNESS REPORT

The following statement relates to the performance of William K. Harvey, GS 18, Chief of FI, Division D.

This officer has held a series of responsible positions in DD/P and its predecessor clandestine intelligence organization for well over ten years. He excels in the field of clandestine operations in general and especially so in that phase of clandestine staff and operational activities concerned with the procurement, handling and exploitation of highly sensitive and critical intelligence and operational materials.

His performance generally over the recent years has proved him to be one of the outstanding officers of the DD/P organization. He has demonstrated clearly superior performance both in staff responsibility at Headquarters and as Chief of Base in a very important field station where he was directly engaged in supervising and carrying on operations successfully against targets of the highest priority.

In the period under review, June 1959 to March 1960, he took over and directed functioning of one of DD/Ps most sensitive components charged with achievement by special means against targets of the highest importance. This included carrying on negotiations and liaison with other components of CIA and other Agencies and Departments of the U. S. Government concerned with his special field. His performance of this responsibility in many respects has been outstanding. He has continued to demonstrate his fitness to handle a wide range of positions of major responsibility within the clandestine service.

Among his outstanding characteristics are: thorough understanding of his profession and ability to make this clear to persons of high level whose knowledge of the Clandestine Services is general. He is firm, tenacious, and on occasions strongly aggressive in pursuit of his point of view. While this may sometimes make for difficulty on the part of those in higher echelons who wish to dispose of a complicated problem easily and quickly, this officer's persistence in carefully

*Adm
5-10-60*

presenting his arguments and in holding to them until their fact and logic prevail or until policy factors override, makes him a highly valuable asset to CIA.

Rater

W. Lloyd George
W. Lloyd George
C/FI

Reviewer

Richard Helms
Richard Helms
COPS

SECRET

010

14 January 1959

MEMORANDUM FOR: Director of Personnel
ATTENTION: Chief, Records and Services Division
FROM: Chief of Station, Germany
SUBJECT: Fitness Report - William K. Harvey
November 1957 - January 1959

1. Subject's abilities and performance are too generally known to require detailed comment. One of the very senior officers in KUDOVE he has been chief of what is probably the largest and most productive overseas Base of KUBARK for approximately seven years. During this period Subject has been personally responsible for a number of operational successes, some of which have been of national importance. Possessed of driving energy, determination and initiative, he has few equals in professional experience and competence. Throughout his administration of the Base he has established and maintained exceedingly high standards of accomplishment, discipline and endeavor. Subject's judgement, on occasion, is impulsive and proposals of the Base have been, from time to time, advanced and defended with greater vehemence and more exhaustively than the occasion, objectively speaking, required. Subject's basic self-discipline, good sense and loyalty, however, have prevented any such incidents, which are in large measure manifestations of the highly charged atmosphere and insistent operational pressures of Berlin, from developing into serious friction with the German Station or Washington headquarters.

2. It has been a pleasure to serve with this officer and, during his assignment, he has consistently rendered dedicated and effective service of the very highest order.

John A. Bröss
John A. Bröss

CONCUR:

James H. [Signature]
CHIEF, EE DIVISION

RYBAT
SECRET

138-62

Harvey, W. K. EE

Chief of Base GS-48-811330

Berlin

18 June 1959

MEMORANDUM FOR: Director of Personnel

ATTENTION: Chief, Records and Services Division

FROM: Chief of Station, Germany

SUBJECT: Fitness Report - William K. Harvey
January 1959 - June 1959

I have nothing to add to the memorandum dated 14 January 1959.

Subject continues to render an outstanding performance.

John A. Bross
John A. Bross

I certify that I have seen
this Fitness Report

W. K. Harvey

William K. Harvey

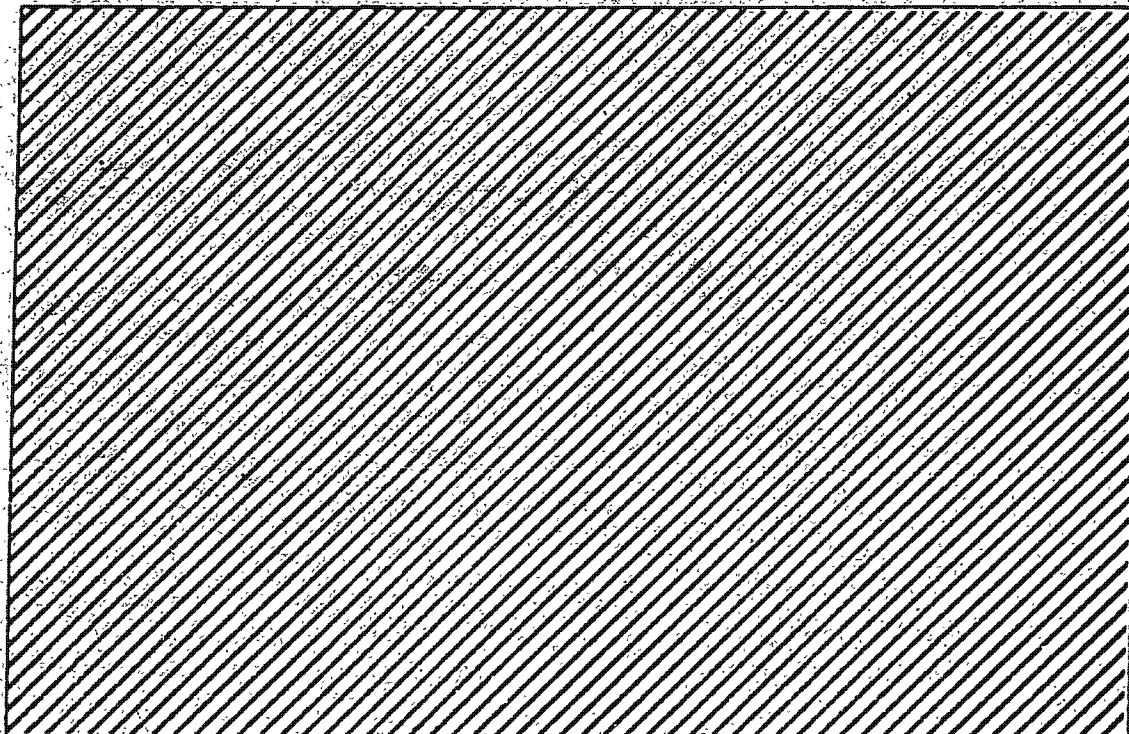
CONCUR:

James H. Hitchfield
Chief, Eastern European Division

SECRET

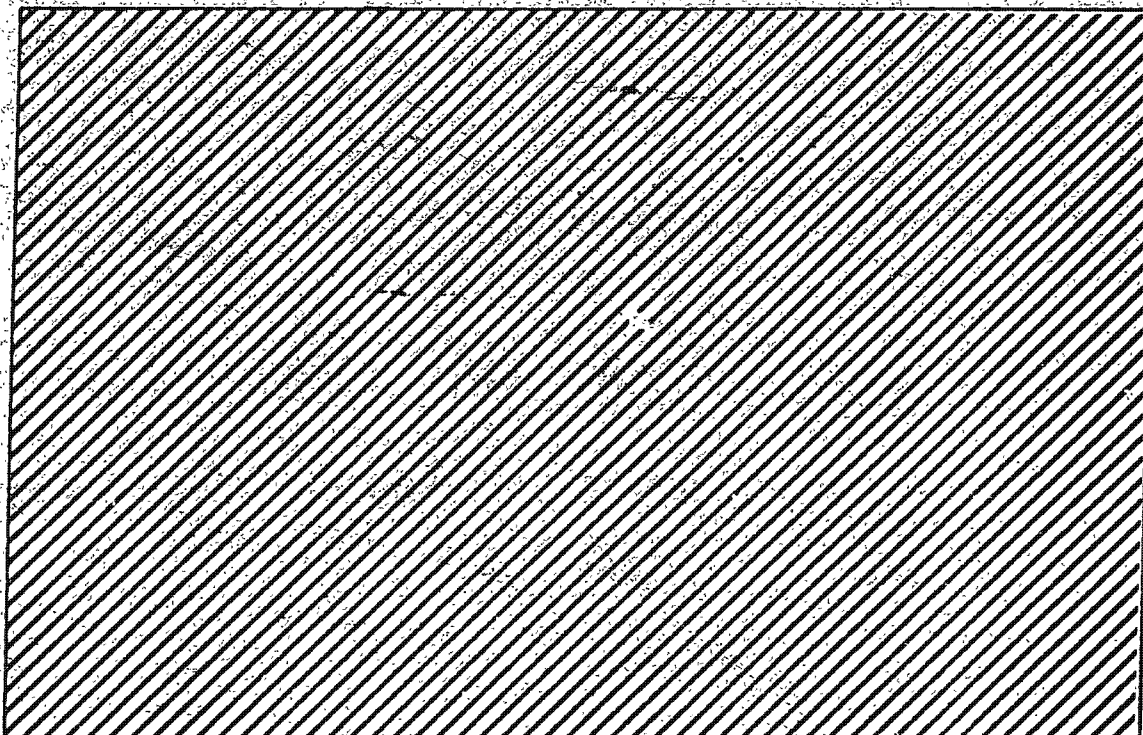
Pre 1959 Fitness
Reports

SECRET
(When Filled In)



NAME OF EMPLOYEE (Last-First-Middle)	NAME AND RELATIONSHIP OF DEPENDENT*	CLAIM NUMBER
Harvey, William K.	Son-James	68-0535
<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>7 March 1967</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	
3 January 1968		
NOTICE OF OFFICIAL DISABILITY CLAIM FILE		

SECRET
(When Filled In)



NAME OF EMPLOYEE (Last-First-Middle)	NAME AND RELATIONSHIP OF DEPENDENT*	CLAIM NUMBER
Harvey, William	Self	68-0533

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 30 July 1964.

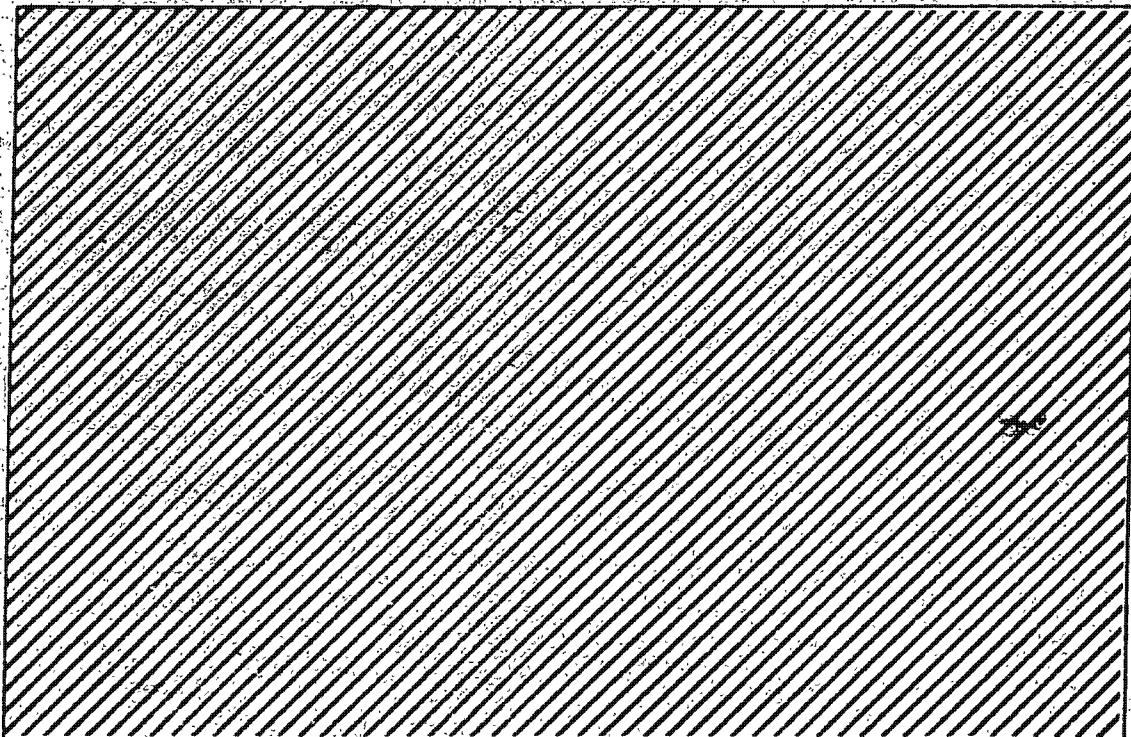
This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.

DATE OF NOTICE	SIGNATURE OF BSD REPRESENTATIVE
3 January 1968	<i>R. D. Felice</i>

NOTICE OF OFFICIAL DISABILITY CLAIM FILE

SECRET

(When Filled In)



NAME OF EMPLOYEE (Last-First-Middle)	NAME AND RELATIONSHIP OF DEPENDENT*	CLAIM NUMBER
Harvey, William K.	Daughter-Sally	68-0534

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 3 August 1967.

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	SIGNATURE OF SAC REPRESENTATIVE
3 January 1968	<i>B. DeFalice</i>

NOTICE OF OFFICIAL DISABILITY CLAIM FILE

Items Indicated by * Star are to be completed by the payee.		TRAVEL REIMBURSEMENT VOUCHER				2. U.O. VOUCHER NO.	
						3. BU. VO. NO.	
*4. PAYEE'S COMPLETE NAME AND ADDRESS William K. Harvey 28 West Irving Street Chevy Chase, Md. 20015				*5. TRAVEL AUTHORIZATION A. Number 6-69348 6-69348A B. Dated 2/23/66 5/13/66		6. U.O. PAID BY	
*8. TRAVEL ADVANCE STATUS A. Old Balance \$ -0- B. Applied This Voucher \$ -0- C. New Balance \$ -0-				*7. EMPLOYEE NUMBER (State Only) 253900			
				*9. OFFICIAL STATION (State Only) to Dept.			
*10. STATEMENT OF GOVERNMENT FURNISHED TRANSPORTATION							
A. GTR or Bus No.		B. Value		C. Carrier		D. Class	
LI 302,207		\$1302.90		SS Constitution 1st		(1) from	
LO 359,316		271.55		AF TWA Economy		(2) to	
						New York	
						Washington	
*11. PAYEE CERTIFICATE: I hereby certify that this voucher and attachments are correct and just in all respects, and that payment or credit has not been received **				*12. PAYMENT CALCULATION			
A. Date March 19, 1967		B. Signature William K. Harvey		*A. Amount Claimed (See Item 19.)		\$ 649.61	
*13. ADMINISTRATIVE APPROVAL: Recommended for approval.				B. Differences, if any			
A. Date		B. Signature				\$	
		Name:		C. Amount Allowed (Verified correct to Approp.)		\$	
		Title:					
*14. PREVIOUS PAYMENTS: The next previous V.O. paid under same travel auth. was:				D. Applied to Advance (See Item 8B.)			
A. D.O. Voucher No.		B. Paid (mo. & yr.)		C. D.O. Name and Symbol		\$	
*15. CERTIFIED FOR PAYMENT: Pursuant to authority vested in me, I certify this voucher is correct and proper for payment:				E. Not to Payee			
A. Date		B. Authorized Certifying Officer's Signature				\$	
		Name:					
		Title:					
*16. METHOD OF PAYMENT (For Paying Office Use Only)							
A. Cash or Dep. Check Amt.		B. Exchange Rate		C. U.S. \$ Equivalent		*D. Date	
E. Treasury or Depository Check No. and Name of Depository				*F. Payment Received			
				(Payee's Signature)			
*17. ACCOUNTING CLASSIFICATION				D. Organization (State Only)		E. Function (State Only)	
A. Fund		B. Allotment		C. Oblig. (T/A) No		F. Object	
				USIA: Activity/Sub-Activity		G. Paying Office (State Only)	
						H. Paying Date (State Only)	
						I. Amount	

*Item 10C - If carrier was foreign ship registry, attach certificate of readiness.
 ** FRAUDULENT CLAIM - Falsification of any item in an expense account works a forfeiture of the claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years, or both (18 U.S.C. 1014).

*18. CLAIM (Show complete itinerary, including transportation expenses for persons and things, food, and reimbursement is claimed, or object of claim, including receipts.)

REMARKS (Names and Ages of Dependents; explanation for use of foreign registry ship; rates of exchange, etc.)

Concurrent travel

Wife

Daughter, Sally, Age 7

Separate travel

Son, James, born December 1947

Lire 625/\$1 DN 4/\$1

Date: 19 66 (A)	Local Time (B)	Itinerary and Description (C)	Per Diem Days (D)	Daily Rate (E)	Amount	
					Per Diem (F)	Other (G)
FORWARDED						
		Mr. Harvey, Wife, and Daughter				
Mar. 21	0700	LV. Rome via private auto				
	1130	AR. <input type="text"/>				
		163 miles at 12¢				19.56
		Autostrada tolls L.1750				2.80
		Required fees for auto (Ford)				
		at dock				
		Preparation of car L.1500				
		Auto check-in fee L.1000				
		L.2500				4.00
		Baggage transport <input type="text"/>				
		to <input type="text"/> L.3500				5.60
		Baggage transfer charges				
		for hold baggage L.9350				14.96
	2300	LV. <input type="text"/>	3/4	6	11.25	
Mar. 22 thru 30		At sea	9	6	135.00	
Mar. 31		At sea	1	2	5.00	
*19. COLUMN TOTALS (Sum of which forwarded to Item 12A. on face of voucher)					151.25	43.92

FORM FS-285

(THIS SIDE MAY BE USED AS A SUPPLEMENTAL SHEET.)

Page 2

*18. CLAIM (Show complete itinerary, or transportation expenses for persons and things, which reimbursement is claimed; attach receipts, etc.)

REMARKS (Name and Age of Dependent, explanation for use of foreign registry ship, rates of exchange, etc.)

Dates 19 66 (A)	Local Time (B)	Itinerary and Description (C)	Per Diem Days (D)	Daily Rate (E)	Amount	
					Per Diem (F)	Other (G)
FORWARDED					151.25	46.92
April 1	0800	AR. New York				
	1200	LV. New York via personal auto				
	1830	AR. Washington				
		269 miles at 12¢				32.28
		Tolls				4.55
		Dock charge for release of car				2.50
		Baggage transfer charge				
		at New York pier	1	16.00	40.00	15.00
		Railway express charges for				
		shipment of 337 lbs. of				
		baggage from New York to				
		Washington				23.40
Travel of son James						
June 2		LV. Munich via AF				
		AR. Paris				
June 5	1200	LV. Paris via TWA 803				
	1500	AR. New York				
*19. COLUMN TOTALS (Sum of which forwarded to Item 12A. on face of voucher)					191.25	124.65

FORM FS-285

(THIS SIDE MAY BE USED AS A SUPPLEMENTAL SHEET)

Page 2

13. CLAIM (Show complete itinerary for transportation expenses for persons and things for which reimbursement is claimed, on effects, show weight, measures and attach all receipts.)

REMARKS (Names and Ages of Dependents, explanation for use of foreign registry ship, rates of exchange, etc.)

Dates 1966 (A)	Local Time (B)	Itinerary and Description (C)	Per Diem Days (D)	Daily Rate (E)	Amount	
					Per Diem (F)	Other (G)
FORWARDED					191.25	124.65
June 5	1630	LV. New York via TW 203				
	1807	AR. Washington Nat'l Airport				
		Air travel from Munich is				
		less expensive than \$302.90				
		economy air FARE from <input type="text"/>				
		to Washington				
		Airport tax in Munich DM500				1.25
		Direct scheduling from Munich				
		via air				
June 2	0740	LV. Munich via LH 161				
	0830	AR. Frankfurt				
	1215	LV. Frankfurt via PA 107				
	1745	AR. Washington				
		Per diem 1 @ 16.00 less 35%			5.20	
		Shipment of air freight from				
		Munich to Washington (85lbs.)				67.10
		Deferred home leave travel for				
		Mr. Harvey, James and Sally				
19. COLUMN TOTALS (Sum of which forwarded to item 12A, on face of voucher)					196.45	193.00

GPO : 1965 - 501-271-100

*18 CLAIM (Show complete itinerary for transportation expenses for persons and things which are claimed as direct or indirect costs, weights, measures and attach all receipts.)

REMARKS (Names and Ages of Dependents, explanation for use of foreign registry ship, rates of exchange, etc.)

Dates 19 (A)	Local Time (B)	Itinerary and Description (C)	Per Diem Days (D)	Daily Rate (E)	Amount	
					Per Diem (F)	Other (G)
FORWARDED					196.45	193.00
June 28	0900	LV. Washington via personal auto	3/4	16.00	30.00	
June 29	1500	AR. Indianapolis	3/4	16.00	30.00	
		Mileage 584 @ 12¢				70.08
July 22	0900	LV. Indianapolis via personal	3/4	16.00	30.00	
		auto				
July 22	1500	AR. Washington	3/4	16.00	30.00	
		Mileage 584 miles @ 12¢				70.08
		Cost by auto is less than				
		cost by rail with scheduling				
		as follows:				
June 28	1900	LV. Washington via rail				
June 29	1205	AR. Indianapolis				
July 22	1505	LV. Indianapolis via rail				
July 22	0915	AR. Washington				
		Per diem 2 x \$16.00 x 2.5		\$80.00		
		RT 1st class rail (Family Plan)		169.40		
		RT Sleeping accommodations (Bed- room, plus roomette is least expensive)		76.96		
				\$326.36		
*19. COLUMN TOTALS (Sum of which forwarded to Item 12A, on face of voucher)					316.45	363.16

SECRET

(When Filled In)

(1-6)		LANGUAGE DATA RECORD	
PART I-GENERAL			
1. NAME (Last-First-Middle) (7-28)		2. DATE OF BIRTH (23-30)	
HARVEY, WILLIAM		MONTH DAY YEAR 7 13 15	
3. LANGUAGE (31-33)	4. TODAY'S DATE (34-39)		5.
German	MONTH DAY YEAR 7 13 15		<input 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 JOKES 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. <i>James Earl</i>
3.	BOTH OF THE ABOVE STATEMENTS APPLY.
4.	NONE OF THE ABOVE STATEMENTS APPLY.
PART IV-CERTIFICATION	
<p>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. 29-115, PAR. 1C(4). I UNDERSTAND THAT I MUST PASS AN OBJECTIVE LANGUAGE PROFICIENCY TEST BEFORE I BECOME ELIGIBLE FOR AN AWARD, AND THAT IRRESPECTIVE OF THE DATE OF TESTING, ANNUAL MAINTENANCE AWARDS WILL BE CUMULATIVE AS OF THE ANNIVERSARY DATE OF COMPLETING THIS FORM.</p>	
DATE SIGNED <i>10/2/61</i>	SIGNATURE <i>William H. Kearney</i>
(46)	(47)

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		
1-8		LAST		FIRST		MIDDLE		29-38		
0 61164		HARVEY		WILLIAM		K.		50		
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
		CODE	MONTH	DAY	YEAR	MONTH	DAY	YEAR		40-42
1. PCS (Basic)		27	28-29	30-31	32-33	34-35	36-37	38-39		
3. CORRECTION										
5. CANCELLATION		3				03	21	66		365
TDY DATES OF SERVICE										
TYPE OF DATA		DEPARTURE			RETURN			AREA(S)		OMIT
		CODE	MONTH	DAY	YEAR	MONTH	DAY	YEAR		40-42
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					
<input checked="" type="checkbox"/> CABLE					DUTY STATUS OR TIME AND ATTENDANCE REPORT					
OTHER (Specify)										
DOCUMENT IDENTIFICATION NO.					DOCUMENT DATE/PERIOD					
IN 80062					22 March 1966					
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 3/29/66		SIGNATURE					
<input checked="" type="checkbox"/> C & Y DIVISION										

FORM 10-64 1451a USE PREVIOUS EDITION.

SECRET

GROUP 1
Excluded from automatic
downgrading and declassification

(4-10)

16-3535

Office of the Director General

G.P.O. FORM NO. 5105BB,
MILITARY

22 May, 1966.

My dear Mr. Raborn

My Liaison Officer in [] has told me of the tremendous assistance and co-operation that he and his section received at all times from Mr. W.K. Harvey.

I understand that Mr. Harvey has now returned to Washington and I would like to say how much I appreciate all that he has done to assist the work of my officers in []

With kindest regards and best wishes,

Yours *very truly*

The Honorable W.F. Raborn,
Director,
Central Intelligence Agency,
WASHINGTON.

SECRET
(When Filled In)

VERIFIED RECORD OF OVERSEAS SERVICE

TO:

Office of Personnel, Statistical Reporting Branch, ROOM 5 E 2nd Headquarters

EMPLOYEE SERIAL NO.	NAME OF EMPLOYEE			OFFICE/COMPONENT
	LAST	FIRST	MIDDLE	
1-6	(Print)	7-26		25-28.
061164	ELSTY, WILLIAM K.			50

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
	CODE	MONTH	DAY	YEAR	MONTH	DAY		
1 - PCS (Basic)	27	03-28	30-31	32-33	34-35	36-37	38-39	40-42
2 - CORRECTION								
3 - CANCELLATION	1				01	08	66	365

TDY DATES OF SERVICE

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

SOURCE OF RECORD DOCUMENT

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

DOCUMENT IDENTIFICATION NO.	DOCUMENT DATE/PERIOD
IN 26160	4 Jan. 1966

附录 1 参考文献

PREPARED BY		REPORT ANNOTATED ON X SOURCE DOCUMENT	ABOVE DATA VERIFIED CORRECT. BASED UPON SOURCE DOCUMENT CITED
	C & L DIVISION	74-1	SI [REDACTED]
X	C & T DIVISION	13 Jan. 1966	

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 29-30
	LAST (Print)	FIRST 7-24	MIDDLE	
61164	Harvey	William	K	50

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		40-42
3. CORRECTION									
5. CANCELLATION	1	06	30	63					365

TDY DATES OF SERVICE

TYPE OF DATA	CODE	DEPARTURE			RETURN			AREAS	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		40-42
4. CORRECTION									
6. CANCELLATION									

SOURCE OF RECORD DOCUMENT

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

DOCUMENT IDENTIFICATION NO. <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div> 9510 IN 70727	DOCUMENT DATE/PERIOD
---	----------------------

REMARKS

PREPARED BY	REPORT ANNOTATED ON SOURCE DOCUMENT	ABOVE DATA VERIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
<input checked="" type="checkbox"/> FISCAL DIVISION	DATE 7/20/63	SIGNATURE [Signature]
<input checked="" type="checkbox"/> FINANCE DIVISION		

SECRET
(When Filled In)

VERIFIED RECORD OF OVERSEAS SERVICE 130470 FEB 61

TO:

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

EMPLOYEE SERIAL NO.	NAME OF EMPLOYEE			OFFICE/COMPONENT
	LAST	FIRST	MIDDLE	
1.5	(Print)	8-23		24-25
2464	W. J.	34

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	QMS
	CODE	MONTH	DAY	YEAR	MONTH	DAY		
1 - PCS (Basic)	26	27-28	29-30	31-32	33-34	35-36	37-39	39-41
2 - CORRECTION								
3 - CANCELLATION								

TDY DATES OF SERVICE

TYPE OF DATA	DEPARTURE				RETURN			AREA(S)	OMIT
	CODE	MONTH	DAY	YEAR	MONTH	DAY	YEAR		
2 - TOY (Basic)	26	27-28	29-30	31-32	33-34	35-36	37-38		39-41
4 - CORRECTION		04			05				
6 - CANCELLATION		01			02				801

SOURCE OF RECORD DOCUMENT

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

DOCUMENT IDENTIFICATION NO.	DOCUMENT DATE/PERIOD
57-10000-1000	

REMARKS

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

SECRET
(When Filled In)

VERIFIED RECORD OF OVERSEAS SERVICE		130471 FEB 961	
TO: Office of Personnel, Statistical Reporting Branch, ROOM 192 Curie Hall			
EMPLOYEE SERIAL NO.	NAME OF EMPLOYEE		OFFICE/COMPONENT
1-5	LAST (Print)	FIRST 6-23	24-28
6-1104	Harvey, William		34
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 MONTH DAY YEAR	DEPARTURE MONTH DAY YEAR
1. PCS (Basic)	26	27-28 29-30 31-32	33-34 35-36 37-38
3. CORRECTION			
5. CANCELLATION			
			39-41
TDY DATES OF SERVICE			
TYPE OF DATA	CODE	DEPARTURE MONTH DAY YEAR	RETURN MONTH DAY YEAR
2. TDY (Basic)	26	27-28 29-30 31-32	33-34 35-36 37-38
4. CORRECTION			
6. CANCELLATION			
			39-41
			801
SOURCE OF RECORD DOCUMENT			
1. TRAVEL VOUCHER		DISPATCH	
CABLE		DUTY STATUS OR TIME AND ATTENDANCE REPORT	
OTHER (Specify)			
DOCUMENT IDENTIFICATION NO.		DOCUMENT DATE/PERIOD	
FI-100-61			
REMARKS			
PREPARED BY		REPORT ANNOTATED ON SOURCE DOCUMENT	
FISCAL DIVISION		DATE	
FINANCE DIVISION		SIGNATURE	

CONFIDENTIAL

(When Filled In)

O/R - Personnel T & R

INSTRUCTIONS: COMPLETE IN DUPLICATE. THE DATA RECORDED ON THIS FORM IS ESSENTIAL IN DETERMINING TRAVEL EXPENSES ELIGIBLE IN CONNECTION WITH LEAVE AT GOVERNMENT EXPENSE, OVERSEAS DUTY, RETURN TO RESIDENCE UPON SEPARATION, AND FOR PROVIDING CURRENT RESIDENCE AND DEPENDENCY INFORMATION REQUIRED IN THE EVENT OF AN EMPLOYEE EMERGENCY. THE ORIGINAL OF THIS FORM WILL BE FILED IN THE EMPLOYEE'S OFFICIAL PERSONNEL FOLDER.			
NAME OF EMPLOYEE (Last) (First) (Middle)			
HARVEY WILLIAM KING			
1. RESIDENCE DATA			
PLACE OF RESIDENCE WHEN APPOINTED		LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. (If appointed abroad)	
PLACE IN CONTINENTAL U.S. DESIGNATED AS PERMANENT RESIDENCE			
88 W. IRVING ST Chevy Chase, Md			
2. MARITAL STATUS			
CHECK (X) 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, INDICATE PLACE OF MARRIAGE		DATE OF MARRIAGE	
Berlin		3/2/54	
IF DIVORCED, PLACE OF DIVORCE DECREE		DATE OF DECREE	
IF WIDOWED, INDICATE PLACE SPOUSE DIED		DATE SPOUSE DIED	
IF PREVIOUSLY MARRIED, INDICATE NAME(S) OF SPOUSE, REASON(S) FOR TERMINATION, AND DATE(S)			
3. MEMBERS OF FAMILY			
NAME OF SPOUSE		ADDRESS (No., Street, City, Zone, State)	
CIARA GRACE, nee Follick		Above	
TELEPHONE NUMBER			
NAMES OF CHILDREN		ADDRESS	
JAMES		Same	
SALLY			
SEX		AGE	
M		12	
F		18 Mo	
NAME OF FATHER (Or male guardian)		ADDRESS	
Deceased			
TELEPHONE NUMBER			
NAME OF MOTHER (Or female guardian)		ADDRESS	
SARA K. HARVEY		Indianapolis, Ind 1615 Northwood Drive	
TELEPHONE NUMBER		2579	
WHAT MEMBER(S) OF YOUR FAMILY HAS BEEN TOLD OF YOUR AFFILIATION WITH THE AGENCY FOR EMERGENCY PURPOSES?			
Mother			
4. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY			
NAME (Mr., Mrs., Miss) (Last-First-Middle)		RELATIONSHIP	
WIFE - Above			
HOME ADDRESS (No., Street, City, Zone, State)		HOME TELEPHONE NUMBER	
		OK 4-5178	
BUSINESS ADDRESS (No., Street, City, Zone, State) AND NAME OF EMPLOYER, IF APPLICABLE		BUSINESS TELEPHONE & EXTENSION	
IS THE INDIVIDUAL NAMED ABOVE WITTING OF YOUR AGENCY AFFILIATION?			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
IS THIS INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF?			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE?			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
THE PERSONS NAMED IN ITEM 3 ABOVE MAY ALSO BE NOTIFIED IN CASE OF EMERGENCY. IF SUCH NOTIFICATION IS NOT DESIRABLE, BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE IN ITEM 6 ON THE REVERSE SIDE OF THIS FORM.			
5. VOLUNTARY ENTRIES			
INDICATE ANY BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS			
BANK & BANK OF SILVER SPRING HAMILTON NATIONAL			
CONTINUED ON REVERSE SIDE			
CURRENT RESIDENCE AND DEPENDENCY REPORT			

CONFIDENTIAL
(When Filled In)

5. (CONTINUED)	
IN WHOSE NAME(S) ARE THE ACCOUNTS LISTED? <div style="text-align: center; font-size: 1.2em;"><i>self & wife jointly</i></div>	
HAVE YOU COMPLETED A LAST WILL AND TESTAMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO.	IF "YES", WHERE IS DOCUMENT LOCATED?
HAVE YOU EXECUTED A POWER OF ATTORNEY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO.	IF "YES", WHO POSSESSES THE POWER OF ATTORNEY? <div style="text-align: right; margin-right: 50px;"><i>wife</i></div>
6. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS. 	
SIGNED AT _____	DATE <i>11/4</i> SIGNATURE <i>William Harnoy</i>

CONFIDENTIAL

02/Rev

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

TUTORIAL TRAINING REPORT

03/11/63 - 06/17/63

Student : William K. Harvey

Office : WE

Year of Birth: 1915

Service Designation: D

Grade : 18

No. of Students : 1

EOD Date : 09/47

Instructor: Mrs.

This is to certify that William K. Harvey
received 92 hours of tutorial training in
 language.

Beginner : XNon-beginner :

FOR THE DIRECTOR OF TRAINING:

Bengt C. Herder
BENGT C. HERDER
Chief Instructor

10/21/63
Date

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

GROUP 1
Excluded from automatic
downgrading and
declassification

Pre 1961 Personnel
Material

SECRET
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST 28 November 1966
2. NAME (Last, First, Middle) Harvey, William K.	3. POSITION TITLE	4. GRADE GS-18
5. OFFICE, DIVISION, BRANCH		6. EMPLOYEE'S EXT. 6765
7. PURPOSE OF EVALUATION Room 3E 30		
<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 - Executive <input type="checkbox"/> RETURN TO DUTY <input type="checkbox"/> FITNESS FOR DUTY <input type="checkbox"/> MEDICAL RETIREMENT	<input type="checkbox"/> HQS/TDY <input type="checkbox"/> OVERSEAS ASSIGNMENT <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> ETD STATION TDY OR PCS TYPE OF COVER NO. OF DEPENDENTS TO ACCOMPANY NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED </div> <input type="checkbox"/> RETURN FROM OVERSEAS <div style="border: 1px solid black; padding: 2px;"> ETA STATION NO. OF DEP.'S </div>	
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER
<input type="checkbox"/> YES <input type="checkbox"/> NO		SIGNATURE <div style="display: flex; justify-content: space-between;"> <div>ROOM NO. & BUILDING</div> <div>EXT.</div> </div>
10. COMMENTS QUALIFIED FOR CURRENT DUTIES AT HEADQUARTERS		
11. REPORT OF EVALUATION		
DATE 24 MAY 1967	SIGNATURE FOR CHIEF OF MEDICAL STAFF PHYSICAL REQUIREMENTS OFFICER	

SECRET
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST 31 January 1966	
2. NAME (Last, First, Middle) HARVEY, William K.		3. POSITION TITLE	4. GRADE
5. OFFICE, DIVISION, BRANCH WE		6. EMPLOYEE'S EXT.	
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 <input type="checkbox"/> RETURN TO DUTY <input type="checkbox"/> FITNESS FOR DUTY <input type="checkbox"/> MEDICAL RETIREMENT		<input type="checkbox"/> HQS/TDY <input type="checkbox"/> OVERSEAS ASSIGNMENT <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> ETD STATION TDY OR PCS TYPE OF COVER NO. OF DEPENDENTS TO ACCOMPANY NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 34) ATTACHED </div> <input type="checkbox"/> RETURN FROM OVERSEAS <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> ETA STATION NO. OF DEP.'S </div>	
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER	
<input type="checkbox"/> YES <input type="checkbox"/> NO		SIGNATURE	
		ROOM NO. & BUILDING	
		EXT.	
10. COMMENTS Qualified for Current Duties			
11. REPORT OF EVALUATION 31 January 1966			
DATE 31 January 1966		SIGNATURE FOR CHIEF OF MEDICAL STAFF <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>	

SECRET
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST	
2. NAME (Last, First, Middle) HARVEY, William E.		3. POSITION TITLE COS	
3. OFFICE, DIVISION, BRANCH WE DIVISION		4. GRADE GS-13	
		5. EMPLOYEE'S EXT. 7157	
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 type="checkbox"/> ANNUAL <input type="checkbox"/> RETURN TO DUTY <input type="checkbox"/> FITNESS FOR DUTY <input type="checkbox"/> MEDICAL RETIREMENT		<input type="checkbox"/> HQGS/TDY <input checked="" type="checkbox"/> OVERSEAS ASSIGNMENT <div>ETO 10 March 1965 STATION <div></div> TDY OR PCS PCS TYPE OF COVER <div></div> NO. OF DEPENDENTS TO ACCOMPANY 2 NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED 0</div> <div><input type="checkbox"/> RETURN FROM OVERSEAS <div>ETA STATION NO. OF DEP.'S</div></div>	
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SIGNATURE <div></div> ROOM NO. & BUILDING 4-B 4404 EXT. 7157	
10. COMMENTS 259 forwarded at request of <div></div> QUALIFIED FOR PROPOSED O S PCS <div></div>			
11. REPORT OF EVALUATION <div></div>			
DATE 13 22 63		SIGNATURE FOR CHIEF OF MEDICAL STAFF	

SECRET

(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST	
		17 March 1965	
2. NAME (Last, First, Middle)		3. POSITION TITLE	4. GRADE
Dependents of HARVEY, William K.		COS	GS-18
5. OFFICE, DIVISION, BRANCH		6. EMPLOYEE'S EXT.	
WS DIVISION		7157	
7. PURPOSE OF EVALUATION			
<input type="checkbox"/> PRE-EMPLOYMENT <input type="checkbox"/> ENTRANCE ON DUTY <input type="checkbox"/> TOY STANDBY Dependents: Wife: Clara G. Daughter: Sally J., 10 Aug 58 <input type="checkbox"/> SPECIAL TRAINING <input type="checkbox"/> ANNUAL <input type="checkbox"/> RETURN TO DUTY <input type="checkbox"/> FITNESS FOR DUTY <input type="checkbox"/> MEDICAL RETIREMENT		<input type="checkbox"/> HQS/TOY <input checked="" type="checkbox"/> OVERSEAS ASSIGNMENT <div style="border: 1px solid black; padding: 5px;"> ETD 10 March 1965 STATION TOY OR PCS D.O.C. TYPE OF COVER NO. OF DEPENDENTS TO ACCOMPANY 2 NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED 0 </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)		9. REQUESTING OFFICER	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SIGNATURE JRE <div style="border: 1px solid black; width: 150px; height: 20px; margin: 5px;"></div>	
		ROOM NO. & BUILDING	EXT.
		1. 5 1104	7157
10. COMMENTS			
259 forwarded at request of <div style="border: 1px solid black; width: 60px; height: 15px; display: inline-block;"></div>			
QUALIFIED FOR PROPOSED O S PCS			
11. REPORT OF EVALUATION			
<div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div>			
DATE		SIGNATURE FOR CHIEF OF MEDICAL STAFF	

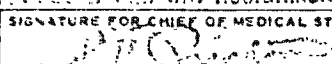
SECRET
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST 16 May 1963
2. NAME (Last, First, Middle) William K. Harvey		3. POSITION TITLE Chief of Station
4. GRADE GS-18		5. OFFICE, DIVISION, BRANCH WE Division
6. EMPLOYEE'S EXT. 7157		
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 type="checkbox"/> ANNUAL <input type="checkbox"/> RETURN TO DUTY <input type="checkbox"/> FITNESS FOR DUTY <input type="checkbox"/> MEDICAL RETIREMENT	<input type="checkbox"/> HQS/TDY <input checked="" type="checkbox"/> OVERSEAS ASSIGNMENT <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> ETD. o/a 1 July 1963 STATION <div style="border: 1px solid black; height: 15px; width: 100%;"></div> TDY OR PCS PCS TYPE OF COVER <div style="border: 1px solid black; height: 15px; width: 100%;"></div> NO. OF DEPENDENTS TO ACCOMPANY 3 NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED 0 </div> <input type="checkbox"/> RETURN FROM OVERSEAS <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> ETA <div style="border: 1px solid black; height: 15px; width: 100%;"></div> STATION <div style="border: 1px solid black; height: 15px; width: 100%;"></div> NO. OF DEP.'S <div style="border: 1px solid black; height: 15px; width: 100%;"></div> </div>	
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SIGNATURE * <div style="border: 1px solid black; height: 20px; width: 100%;"></div> ROOM NO. & BUILDING 4 B 4404
		EXT. 7157

10. COMMENTS Request evaluation for above PCS.	
11. REPORT OF EVALUATION <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	
DATE 17 May 1963	SIGNATURE FOR CHIEF OF MEDICAL STAFF <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

SECRET
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST 16 May 1963	
2. NAME (Last, First, Middle) Dependents of William K. Harvey		3. POSITION TITLE Chief of Station	4. GRADE GS-18
5. OFFICE, DIVISION, BRANCH WE Division		6. EMPLOYEE'S EXT. 5356	
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 type="checkbox"/> ANNUAL <input type="checkbox"/> RETURN TO DUTY <input type="checkbox"/> FITNESS FOR DUTY <input type="checkbox"/> MEDICAL RETIREMENT		<input type="checkbox"/> HQS/TDY <input checked="" type="checkbox"/> OVERSEAS ASSIGNMENT <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> ESTD o/a 1 July 1963 STATION TDY OR PCS PCS TYPE OF COVER NO. OF DEPENDENTS TO ACCOMPANY 3 NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED 0 </div> <input type="checkbox"/> RETURN FROM OVERSEAS <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> ETA STATION NO. OF DEP.'S </div>	
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<div style="border: 1px solid black; height: 30px; width: 100%;"></div>	
		ROOM NO. & BUILDING 4 B 4404	EXT. 7157

10. COMMENTS 89's on file in medical office - per telephone conversation 16 May 63	
11. REPORT OF EVALUATION	
DATE JUN 1963	SIGNATURE FOR CHIEF OF MEDICAL STAFF 

IRM 259 USE PREVIOUS EDITIONS.

SECRET


EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

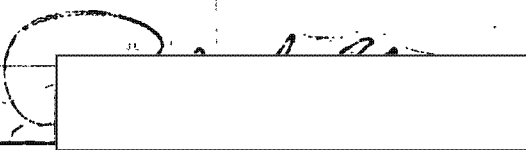
(26)

SECRET
(When Filled In)

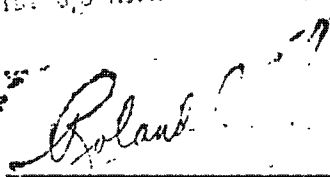
REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST <div style="text-align: right;">25 January 1962</div>
2. NAME (Last, First, Middle) HARVEY, WILLIAM K.	3. POSITION TITLE Chief	4. GRADE GS-18
5. OFFICE, DIVISION, BRANCH FI/Division D		6. EMPLOYEE'S EXT. 8471
7. PURPOSE OF EVALUATION		
<input type="checkbox"/> PRE-EMPLOYMENT <input type="checkbox"/> ENTRANCE ON DUTY <div style="text-align: center;">XXXXXXXXXXXXXX</div> <input checked="" type="checkbox"/> TDY STANDBY <input type="checkbox"/> SPECIAL TRAINING <input type="checkbox"/> ANNUAL <input type="checkbox"/> RETURN TO DUTY <input type="checkbox"/> FITNESS FOR DUTY <input type="checkbox"/> MEDICAL RETIREMENT	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> HOS/TDY <input checked="" type="checkbox"/> OVERSEAS ASSIGNMENT </div> <div style="border: 1px solid black; padding: 5px; width: 100%;"> ETO 28 January 1962 STATION <div style="border: 1px solid black; height: 15px; width: 100%;"></div> TDY OR PCS <div style="text-align: center;">TDY</div> TYPE OF COVER <div style="border: 1px solid black; height: 15px; width: 100%;"></div> <div style="text-align: center;">NONE</div> NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED </div> </div> <div style="margin-top: 10px;"> <input type="checkbox"/> RETURN FROM OVERSEAS <div style="border: 1px solid black; padding: 5px;"> ERA STATION NO. OF DEPS </div> </div>	
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	SIGNATURE <div style="text-align: center; font-family: cursive; font-size: 1.2em;">[Signature]</div> <div style="display: flex; justify-content: space-between;"> <div>ROOM NO. & BUILDING 1505 - I Building</div> <div>EXT. hh64</div> </div>	
10. REPORT OF EVALUATION		
COMMENTS 		
11. REPORT OF EVALUATION		
DATE <div style="text-align: right;">1962</div>		SIGNATURE FOR CHIEF OF MEDICAL STAFF <div style="text-align: center; font-family: cursive; font-size: 1.2em;">[Signature]</div>

SECRET
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST											
2. NAME (Last, First, Middle) Harvey, William K.		20 October 1960											
3. POSITION TITLE Division Chief	4. GRADE GS-18												
5. OFFICE, DIVISION, BRANCH FI Staff, Division D	6. EMPLOYEE'S EXT. 8 471												
7. PURPOSE OF EVALUATION													
<input type="checkbox"/> PRE-EMPLOYMENT <input type="checkbox"/> ENTRANCE ON DUTY <input type="checkbox"/> OVERSEAS RETURN <input type="checkbox"/> TDY STANDBY <input type="checkbox"/> SPECIAL TRAINING <input type="checkbox"/> ANNUAL <input type="checkbox"/> RETURN TO DUTY <input type="checkbox"/> FITNESS FOR DUTY <input type="checkbox"/> MEDICAL RETIREMENT	<input checked="" type="checkbox"/> OVERSEAS ASSIGNMENT <table border="1"> <tr><td>ETO</td></tr> <tr><td>28 October 1960</td></tr> <tr><td>STATION</td></tr> <tr><td>Germany and Switzerland</td></tr> <tr><td>TOY OR PCS</td></tr> <tr><td>TDY</td></tr> <tr><td> </td></tr> <tr><td>NO. OF DEPENDENTS TO ACCOMPANY</td></tr> <tr><td>None</td></tr> <tr><td>NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 49) ATTACHED</td></tr> <tr><td> </td></tr> </table>		ETO	28 October 1960	STATION	Germany and Switzerland	TOY OR PCS	TDY		NO. OF DEPENDENTS TO ACCOMPANY	None	NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 49) ATTACHED	
ETO													
28 October 1960													
STATION													
Germany and Switzerland													
TOY OR PCS													
TDY													
NO. OF DEPENDENTS TO ACCOMPANY													
None													
NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 49) ATTACHED													
8. OVERSEAS PLANNING EVALUATION (One block must be checked)													
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	9. REQUESTING OFFICER SIGNATURE:  ROOM NO. & BUILDING: 1505 L EXT.: 4464												

10. REPORT OF EVALUATION	
Subject departed on another TDY prior to evaluation. However is Qualified for proposed TDY.	
DATE	 2 NOV 1960

SECRET
(When Filled In)

MEDICAL ACTION REQUEST AND REPORT			
1. REQUEST FOR PHYSICAL EXAMINATION BY _____		FI/D ADAMS	
2. NAME (Last) LAWRY, William R. (First) (Middle)		3. DATE 5 April 1960	
4. TO POSITION	5. OFFICE DIVISION BRANCH FI/Division D	6. GRADE GS-18	
7. TYPE OF POSITION <input checked="" type="checkbox"/> Departmental <input type="checkbox"/> U.S. Field <input type="checkbox"/> Overseas	8. EVALUATE FOR <input type="checkbox"/> EOD <input checked="" type="checkbox"/> Overseas TDY <input type="checkbox"/> Returned <input type="checkbox"/> Pre-Employment <input type="checkbox"/> Annual <input type="checkbox"/> Special (Specify)		
II REPORT OF MEDICAL EVALUATION <input type="checkbox"/> Qualified for Full Duty (General) <input type="checkbox"/> Qualified for Departmental Duty Only <input type="checkbox"/> Qualified for Full Duty (Special) <input type="checkbox"/> Disqualified Remarks:			
<div style="text-align: center;"> 14 JUN 1960 QUALIFIED FOR DEPARTMENTAL DUTIES AND PROPOSED TDY U.S. ASSIGNMENT SECRET  MEDICAL OFFICE </div>			

SECRET
(When Filled In)

MEDICAL ACTION REQUEST AND REPORT			
I. REQUEST FOR PHYSICAL EXAMINATION BY			
1. NAME (Last)	(First)	(Middle)	2. DATE
HARVEY	William	K.	1004- 11 OCT 1957
3. TO POSITION	4. OFFICE, DIVISION, BRANCH		5. GRADE
Germany	DDP/SS/-		09036
6. TYPE OF POSITION	7. EVALUATE FOR		
<input type="checkbox"/> Departmental <input type="checkbox"/> U.S. Field <input checked="" type="checkbox"/> Overseas PCS	<input type="checkbox"/> EOD <input checked="" type="checkbox"/> Overseas PCS <input type="checkbox"/> Returnee <input type="checkbox"/> Pre-Employment <input type="checkbox"/> Annual <input type="checkbox"/> Special (Specify)		
Second tour.			
II. REPORT OF MEDICAL EVALUATION			
<input type="checkbox"/> Qualified for Full Duty (General) <input type="checkbox"/> Qualified for Departmental Duty Only		<input type="checkbox"/> Qualified for Full Duty (Special) <input type="checkbox"/> Disqualified	
Remarks: Please notify , X3041, of results.			
<p align="center">QUALIFIED FOR PROPOSED PCS D/S ASSIGNMENT - OCT 9 1957</p> <p align="center"><i>Frederick J. Lynde</i></p> <p align="center">SECRET MEDICAL OFFICE</p>			

REPORT OF PHYSICAL QUALIFICATIONS	
NAME <u>H. Arvey, William King</u>	DATE <u>8/21/52</u>
FOR VOUCHERED EMPLOYEE ONLY	
NATURE OF ACTION	TITLE OF POSITION
GRADE	<input type="checkbox"/> DEPT. <input type="checkbox"/> FIELD
SUBJECT FOUND <input type="checkbox"/> FIT <input type="checkbox"/> UNFIT FOR DUTY IN THE ABOVE GRADE AND POSITION.	
FOR UNVOUCHERED EMPLOYEE ONLY	
SUBJECT QUALIFIED FOR: <u>FI</u>	
<input type="checkbox"/> FULL DUTY OVERSEAS <input checked="" type="checkbox"/> LIMITED DUTY OVERSEAS <input type="checkbox"/> DUTY IN USA ONLY	
PROFILE SERIAL (MILITARY ONLY)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
DEFECTS NOTED AND/OR RECOMMENDATIONS:	
<p><i>Nox - arduous O.K. for TDY</i> <i>o/s where medical</i> <i>facilities are</i> <i>available</i></p> <p style="text-align: right;"><i>R. H. [Signature]</i></p>	
PHYSICAL REQUIREMENTS OFFICER	

080

REPORT PHYSICAL QUALIFICATIONS & DUTY

31 Jan 51 194

Harvey, William K.

WAS GIVEN A PHYSICAL

EXAMINATION ON THIS DATE AND FOUND QUALIFIED FOR

☒ Overseas

☐ FULL DUTY OVERSEAS

☐ LIMITED DUTY OVERSEAS

☐ DUTY IN USA ONLY

PROFILE SERIAL (FOR ARMY EM ONLY)

--	--	--	--	--	--

DEFECTS NOTED:

Approved for TDY. To report to Medical after TDY

JOHN R. TIENTJEN, M.D.

PHYSICAL QUALIFICATION RECORD

NAME HARVEY, WILLIAM K.	NATURE OF ACTION E.O.D.
TITLE OF POSITION Intelligence Officer	GRADE P-7
DEPARTMENT OR FIELD Departmental	

Subject was found physically ☒ fit ☐ unfit for duty with this organization in the above grade and position. 10 May 1948

RECOMMENDATIONS:

2 February 1949

DATE

John R. Tietjen

SIGNATURE OF PHYSICAL REQUIREMENTS OFFICER

CENTRAL INTELLIGENCE AGENCY
WASHINGTON 25, D. C.
REPORT OF PHYSICAL QUALIFICATIONS FOR DUTY

10 November 1948

Harvey, William

CWO

WAS GIVEN A PHYSICAL

EXAMINATION ON THIS DATE AND FOUND QUALIFIED FOR

☒ FULL DUTY OVERSEAS ☐ LIMITED DUTY OVERSEAS ☐ DUTY IN USA ONLY

PROFILE SERIAL (FOR ARMY EM ONLY)

☐ ☐ ☐ ☐ ☐ ☐

DEFECTS NOTED:

None

John W. P. [Signature]
Capt., IIC

FORM NO. 37-32
NOV 1947

(1053)

720

CENTRAL INTELLIGENCE GROUP
WASHINGTON 25, D. C.
REPORT OF PHYSICAL QUALIFICATIONS FOR DUTY

~~10-11-1943~~ 194

SARNEY, TITAN WAS GIVEN A PHYSICAL
EXAMINATION ON THIS DATE AND FOUND QUALIFIED FOR
PI OVERSEAS
☒ FULL DUTY OVERSEAS ☐ LIMITED DUTY OVERSEAS ☐ DUTY IN USA ONLY

PROFILE SERIAL (FOR ARMY EM ONLY)

☐ ☐ ☐ ☐ ☐ ☐

DEFECTS NOTED:

None

John R. P. Patten

FORM NO.
JAN 1947 37-32

JOHN E. PATTEN, CAPT MC

(10333)

12/9/40 8/22/47 Washington, D. C. N.Y., N.Y., Pittsburgh, Pa., FBI - Dept. of Justice Law Enforcement-counter Intelligence various Name and title of immediate supervisor: D. M. Ladd Reason for leaving: voluntary		Exact title of your position: Special Agent & Supervisor Description of your work: Supervision of Counter-Intelligence operation		Salary or earnings: Starting \$ 3200 per annum Final \$ 7000 per annum
From 9/37 To 12/40 Name and address of employer (firm, organization, or person): Mayeville, Ky Name and address of employer (firm, organization, or person): Self Kind of business or organization (e.g., wholesale and insurance agency, etc.): Practice of Law Number and kind of employees supervised by you: None Name and title of immediate supervisor: None Reason for leaving: Voluntary		Exact title of your position: Attorney-at-law Description of your work: General Practice of Law		Salary or earnings: Starting \$ per Final \$ per
From 6/31 To 9/33 Name and address of employer (firm, organization, or person): Danville, Indiana Name and address of employer (firm, organization, or person): Danville Gazette Danville, Indiana Kind of business or organization (e.g., wholesale and insurance agency, etc.): Newspaper Number and kind of employees supervised by you: None Name and title of immediate supervisor: Alvin Hall, Editor Reason for leaving: Voluntary		Exact title of your position: Reporter & Printer Description of your work: General Newspaper Publishing business		Salary or earnings: Starting \$ per Final \$ per
From To Name and address of employer (firm, organization, or person): Kind of business or organization (e.g., wholesale and insurance agency, etc.): Number and kind of employees supervised by you: Name and title of immediate supervisor: Reason for leaving:		Exact title of your position: Description of your work:		Salary or earnings: Starting \$ per Final \$ per

If more space is needed, use a continuation sheet (blank form No. 28) or a sheet of paper the same size as this page. Write on each sheet your name, address, date of birth, and estimate a time. Attach to inside of this application.

16-47298-3

[illegible]

NOTE

1. **Continuation of Training:**

From To

Rating received at end of this training:

(c) Duty assignment or rating after this training (give all pertinent details in duty assignment whether or not you attended a Service School):

What did you do during this duty assignment?

Date of duty assignment (month, year):

From To

(d) Second General Service School attended (if any):

What did you do during this duty assignment?

Location:

Date attended (month, year):

From To

Rating received at end of this training:

(g) Duty assignment after this training:

What did you do during this duty assignment?

Date of duty assignment (month, year):

From To

List on a separate sheet of paper any additional experience, training, service, or special duty assignments during military service or hospitalization.

19. **EDUCATION**—Circle highest grade completed:

1 2 3 4 5 6 7 8 9 10 11 12

Mark (a) the appropriate box to indicate satisfactory completion of:

☐ Elementary School ☐ Junior High School ☒ Senior High School

(a) Name and Location of College or University:

Indiana University
Bloomington, Indiana

Major: **LAW**

Dates Attended		Years Completed		Degrees Conferred		Senior Hours Credit
From	To	Day	Night	Title	Date	
1933	1937	6		LLB	9/37	180

(b) List Your Chief Undergraduate College Subjects:

Subject	Credit Hours
Journalism	20
Phil & Psych	20

List Your Chief Graduate College Subjects:

Subject	Credit Hours
Law	95

(c) List Your Chief Undergraduate College Subjects:

Subject Studied	Dates Attended		Years Completed	
	From	To	Day	Night

(d) Give your knowledge of foreign languages:

Language	Reading		Speaking		Understanding	
	Ess	Good	Flu	Good	Flu	Good
German						

(e) How was your knowledge of foreign languages acquired?

Study

(f) If you have traveled or resided in any foreign countries, indicate:

(1) names of countries, (2) dates and length of time spent there and (3) reason or purpose (e.g., business, education, recreation):

(g) List any special skills you possess and machines and equipment you can use, such as operator, of short-wave radio, multi-lith, compo-tometer, key punch, turret lathe, scientific or professional device:

Approximate number of words per minute in typing: **50** shorthand

13. **REFERENCES**—List three persons living in the United States or Territories of the United States who are NOT related to you and who have adequate knowledge of your qualifications and fitness for the position for which you are applying. Do not repeat names of applicants listed under item 16 (EXPERIENCE).

FULL NAME	BUSINESS OR HOME ADDRESS (Give complete address including street and number)	BUSINESS OR OCCUPATION
1. B. F. Small	Sycamore Bldg-Terre Haute, Indiana	Atty
2. E. L. Zeigler	Cochran Bldg., Maysville, Ky.	Atty
3. A. M. Thurston	C.I.O.- Washington, D. C.	

24. May inquiry be made of your present employer regarding your character qualifications, etc.? ☐ Yes ☐ No

Indicate "Yes" or "No" answer by placing X in proper column.	YES	NO	Indicate "Yes" or "No" answer by placing X in proper column.	YES	NO
25. Are you a citizen of the United States?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	28. Have you any physical defect or disability whatever? If your answer is "Yes," give complete details in Item 38.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
26. Do you advocate or have you ever advocated or are you now or have you ever been a member of any organization that advocates the overthrow of the Government of the United States by force or violence? If your answer is "Yes," give complete details in Item 38.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	30. (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? (c) Were services performed on an active full time basis, with full military pay and allowances?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
27. Within the past 12 months, have you habitually used intoxicating liquors or narcotics?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<div style="display: flex; justify-content: space-between;"> <div> Date of entry or entries into service: Serial No. (if none, give grade or rating at time of separation.) </div> <div> Date of separation or separations: </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Branch of service (Army, Navy, M. C., C. G., etc.)</div> <div></div> </div>		
28. Since your 16th birthday, have you ever been convicted, or fined or imprisoned, or placed on probation, or have you ever been ordered to deposit bond for violation of any law, peace regulation or ordinance pertaining to traffic violations for which a fine of \$25 or less was imposed? If your answer is "Yes," list all past convictions under Item 38 below. Give in each case (1) the date; (2) a statement of the offense or offense; (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 type="checkbox"/>		<p>IF YOUR ANSWER TO THIS QUESTION NO. 30 INDICATE THAT YOU ARE ENTITLED TO VETERAN PREFERENCE, SUCH PREFERENCE WILL BE CREDITED IN BUREAU ACTION. IF APPOINTED, YOU WILL BE REQUESTED TO FURNISH TO THE APPOINTING OFFICE PRIOR TO ENTRY ON DUTY, OFFICIAL EVIDENCE OF SEPARATION FROM YOUR LATEST PERIOD OF ACTIVE SERVICE IN THE ARMED SERVICES OF THIS UNITED STATES, DURING TIME OF WAR. DO NOT SUBMIT PROOF OF DISCHARGE OF SEPARATION WITH THIS APPLICATION.</p>	
29. Have you ever been discharged or barred to receive pay and pension or unsatisfactory service from any position?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Indicate "Yes" or "No" answer by placing X in proper column.	YES	NO
If your answer is "Yes," give in Item 39 the nature and address of employer, date, and reason in each case.					
30. Do you receive an annuity from the U. S. or D. C. Government under any retirement act for any pension or other compensation for military or naval service? If your answer is "Yes," give in Item 39 the reason for retirement, that is, age, physical disability or by reason of voluntary or involuntary separation after 5 years' service on, and of retirement pay and under what retirement act, and rating if retired from military or naval service.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	37. (a) If you served in the U. S. Military or Naval Service during time of war ONLY, did you participate in a campaign or expedition and receive a campaign badge or service certificate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
31. Are you an official or employee of any State, Territory, county, or municipality? If your answer is "Yes," give details in Item 39.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(b) Are you a disabled veteran?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
32. Does the U. S. Government employ in a civilian capacity any of your family (head or next of kin) with whom you live or have lived within the past 6 months?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(c) Are you the unmarried widow of a veteran?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If your answer is "Yes," show in Item 39 for EACH such relative (1) full name, (2) present address, (3) relationship, (4) department or agency by whom employed, and (5) kind of appointment.			(d) Are you the wife of a veteran who has service-connected disability?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
33. Have you ever had a nervous break-down?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>IF YOUR ANSWER TO QUESTION 37 (a), (b), (c) OR (d) IS "YES" AND YOU WISH TO CLAIM VETERAN PREFERENCE, ATTACH TO THIS APPLICATION VETERAN PREFERENCE CLAIM CIVIL SERVICE COMMISSION (FORM 14) TOGETHER WITH THE NECESSARY PROOF SPECIFIED THEREIN.</p>		
If your answer is "Yes," give complete details in Item 38.			<p align="center">THIS SPACE FOR USE OF APPOINTING OFFICE ONLY</p> <p>The information contained in the answers to Question 33 above has been verified by comparison with the discharge certificate on _____ 19__.</p>		
34. Have you ever had tuberculosis?	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
If your answer is "Yes," give complete details in Item 38.			Agency _____	Date _____	

If more space is required, use paper the same size as this page. Write on each sheet your name, address, date of birth, and examination title. Attach to the back of the last sheet.

FALSE STATEMENT ON THIS APPLICATION IS PUNISHABLE BY LAW (U. S. CODE, TITLE 18, SECTION 1001)

I certify that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief and are made in good faith.

Date _____

Signature of applicant _____

• (Sign your name in INK (one given name, last, if

Mr. and Mrs. married use your own name

PERSONAL HISTORY STATEMENT

INSTRUCTIONS: ANSWER ALL QUESTIONS COMPLETELY. IF QUESTION DOES NOT APPLY WRITE "NOT APPLICABLE". WRITE "UNKNOWN" ONLY IF YOU DO NOT KNOW THE ANSWER AND CANNOT OBTAIN THE ANSWER FROM PERSONAL RECORDS. USE A SEPARATE SHEET OF PAPER FOR EXTRA DETAILS ON ANY QUESTION OR QUESTIONS FOR WHICH YOU DO NOT HAVE SUFFICIENT ROOM. ATTACH TWO RECENT PASSPORT SIZE PICTURES TO THIS FORM. DATE TAKEN WRITTEN ON THE BACK OF EACH. TYPE, PRINT OR WRITE CAREFULLY; ILLEGIBLE OR INCOMPLETE FORMS WILL NOT RECEIVE CONSIDERATION.

HAVE YOU READ AND UNDERSTOOD THE ABOVE INSTRUCTIONS?

YES ☒

NO ☐

SECTION 1. PERSONAL BACKGROUND

NAME FIRST MIDDLE LAST TELEPHONE
 MR. ☒ MISS ☐ MRS. ☐ William King Harvey OR 2914

PRESENT ADDRESS STREET AND NUMBER CITY STATE COUNTRY
 2627 39th Street N.W. Washington, D. C. U.S.A.

LEGAL RESIDENCE STREET AND NUMBER CITY STATE COUNTRY
 Maysville Kentucky U.S.A.

NICKNAMES OTHER NAMES THAT YOU HAVE USED
 None None

UNDER WHAT CIRCUMSTANCES HAVE YOU EVER USED THESE NAMES? HOW LONG?
 None None

IF LEGAL CHANGE, GIVE PARTICULARS (WHERE, WHEN AND BY WHAT AUTHORITY)
 None

DATE OF BIRTH PLACE OF BIRTH CITY STATE COUNTRY
 9/13/15 Danville, Indiana U.S.A.

PRESENT CITIZENSHIP ACQUIRED BY:
 US BIRTH ☒ MARRIAGE ☐ NATURALIZATION ☐

NATURALIZATION CERTIFICATE NUMBER DATE ISSUED NAME OF COURT

LOCATION OF COURT CITY STATE COUNTRY

PREVIOUS CITIZENSHIP DATE FROM: TO:
 None None

OTHER CITIZENSHIPS (GIVE PARTICULARS)
 None

STEPS TAKEN TO CHANGE PRESENT NATIONALITY (GIVE PARTICULARS)

LAST U.S. PASSPORT NUMBER DATE PLACE OF ISSUE
 None - -

ALL OTHER U.S. PASSPORTS YOU HAVE HAD (GIVE APPROXIMATE DATES)
 None

PASSPORTS OF OTHER NATIONS
 None

IF BORN OUTSIDE U.S. DATE OF ARRIVAL IN THIS COUNTRY PORT OF ENTRY PASSPORT OF COUNTRY
 - - -

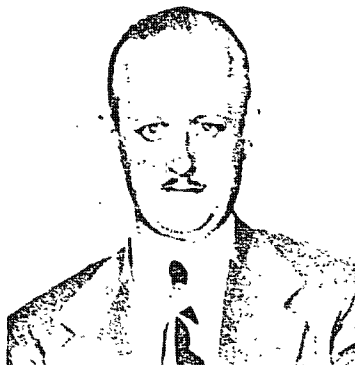
LAST U.S. VISA NUMBER TYPE DATE PLACE OF ISSUE
 - - -

SECTION 2. PHYSICAL DESCRIPTION

AGE SEX HEIGHT WEIGHT EYES HAIR
 31 M 5' 185 Green Blonde

COMPLEXION SCARS BUILD
 Fair triangular scar rt. cheek Medium stocky

OTHER DISTINGUISHING FEATURES
 mustache



SECTION 3. MARITAL STATUS									
MARRIED <input checked="" type="checkbox"/>	WIDOWED <input type="checkbox"/>	SEPARATED <input type="checkbox"/>	DATE OF SEPARATION OR DIVORCE			PLACE			
SINGLE <input type="checkbox"/>	DIVORCED <input type="checkbox"/>								
REASON FOR SEPARATION OR DIVORCE									
NOTE: IF YOU HAVE BEEN MARRIED MORE THAN ONCE USE A SEPARATE SHEET FOR FORMER WIFE OR HUSBAND AND GIVE DATA REQUIRED BELOW FOR ALL PREVIOUS MARRIAGES.									
NAME OF WIFE OR HUSBAND		FIRST	MIDDLE (FOR WIFE, MAIDEN)	LAST		DATE OF MARRIAGE			
		Elizabeth	Howe	McIntire		Harvey			
PLACE OF MARRIAGE		(HIS OR HER ADDRESS BEFORE MARRIAGE)		STREET AND NUMBER		CITY	STATE	COUNTRY	
Bloomington, Indiana		Flemingsburg, Kentucky						U.S.A.	
LIVING <input checked="" type="checkbox"/>		DATE OF DECEASE		CAUSE					
DECEASED <input type="checkbox"/>									
PRESENT OR LAST ADDRESS		STREET AND NUMBER		CITY		STATE	COUNTRY		
		2627 39th Street N.W.		Washington, D. C.			U.S.A.		
DATE OF BIRTH		PLACE OF BIRTH		CITY		STATE	COUNTRY		
2/3/16		Flemingsburg, Kentucky					U.S.A.		
CITIZENSHIP		DATE ACQUIRED		WHERE ACQUIRED		CITY	STATE	COUNTRY	
USA		Birth							
OCCUPATION				LAST EMPLOYER					
Housewife				War Department - MDW - 1942-1944					
EMPLOYER'S OR OWN BUSINESS ADDRESS		STREET AND NUMBER		CITY		STATE	COUNTRY		
		Pentagon Bldg		Washington D. C.			USA		
DATE OF MILITARY SERVICE		FROM		TO		BRANCH OF SERVICE		COUNTRY	
OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN (GIVE DETAILS)									
See above, War Dept., MDW - Washington, D. C. 1942-1944									
SECTION 4. CHILDREN OR DEPENDENTS (INCLUDE PARTIAL DEPENDENTS)									
NAME					RELATIONSHIP			AGE	
					NONE				
CITIZENSHIP		ADDRESS STREET AND NUMBER		CITY		STATE	COUNTRY		
NAME					RELATIONSHIP			AGE	
					NONE				
CITIZENSHIP		ADDRESS STREET AND NUMBER		CITY		STATE	COUNTRY		
NAME					RELATIONSHIP			AGE	
CITIZENSHIP		ADDRESS STREET AND NUMBER		CITY		STATE	COUNTRY		
SECTION 5. PARENTS									
NOTE: FOR STEPFATHER, STEPMOTHER AND/OR GUARDIAN, GIVE THE SAME INFORMATION AS REQUIRED BELOW ON SEPARATE SHEET									
NAME OF FATHER		FIRST	MIDDLE	LAST		LIVING <input type="checkbox"/>		DECEASED <input checked="" type="checkbox"/>	
		Dranon	R. (only)	Harvey					
DATE OF DECEASE		CAUSE							
7/25/16		Spinal Meningitis							
PRESENT OR LAST ADDRESS		STREET AND NUMBER		CITY		STATE	COUNTRY		
		S. Tennessee St.		Danville, Indiana			U.S.A.		
DATE OF BIRTH		PLACE OF BIRTH		CITY		STATE	COUNTRY		
1898		Danville, Indiana					U.S.A.		
CITIZENSHIP		DATE ACQUIRED		WHERE ACQUIRED		CITY	STATE	COUNTRY	
USA		Birth							
OCCUPATION				LAST EMPLOYER					
Attorney				Self					
EMPLOYER'S OR OWN BUSINESS ADDRESS		STREET AND NUMBER		CITY		STATE	COUNTRY		
		Danville		Indiana			U.S.A.		
SECTION 5. PARENTS (CONTINUED)									

SECTION 5. PARENTS (CONTINUED FROM PAGE 1)									
DATE OF MILITARY SERVICE		FROM		TO		BRANCH OR SERVICE		COUNTRY	
None									
OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN (GIVE DETAILS)									
None									
NAME OF MOTHER		FIRST		MAIDEN		LAST		LIVING <input checked="" type="checkbox"/> DECEASED <input type="checkbox"/>	
Sara		Jewel		King		Harvey			
DATE OF DECEASE		CAUSE							
PRESENT OR LAST ADDRESS		STREET AND NUMBER		CITY		STATE		COUNTRY	
607 1/2		South Center Street		Terre Haute,		Indiana		U.S.A.	
DATE OF BIRTH		PLACE OF BIRTH		CITY		STATE		COUNTRY	
1890		Danville		Indiana				U.S.A.	
CITIZENSHIP		DATE ACQUIRED		WHERE ACQUIRED		CITY		STATE	
USA		Birth							
OCCUPATION		LAST EMPLOYER							
Professor		Indiana State Teachers College							
EMPLOYER'S OR OWN BUSINESS ADDRESS		STREET AND NUMBER		CITY		STATE		COUNTRY	
		Terre Haute,		Indiana				U.S.A.	
GOVERNMENT SERVICE, U.S. OR FOREIGN (GIVE DETAILS)									
None									
SECTION 6. BROTHERS AND SISTERS (INCLUDING HALF, STEP, AND ADOPTED BROTHERS AND SISTERS)									
NAME		FIRST		MIDDLE		LAST			
		None							
PRESENT ADDRESS		STREET AND NUMBER		CITY		STATE		COUNTRY	
NAME		FIRST		MIDDLE		LAST			
		None							
PRESENT ADDRESS		STREET AND NUMBER		CITY		STATE		COUNTRY	
NAME		FIRST		MIDDLE		LAST			
PRESENT ADDRESS		STREET AND NUMBER		CITY		STATE		COUNTRY	
SECTION 7. PARENTS-IN-LAW									
NAME OF FATHER-IN-LAW		FIRST		MIDDLE		LAST		LIVING <input checked="" type="checkbox"/> DECEASED <input type="checkbox"/>	
James		Marvin		McIntire, Sr.					
DATE OF DECEASE		CAUSE							
PRESENT OR LAST ADDRESS		STREET AND NUMBER		CITY		STATE		COUNTRY	
480 Mt. Carmel Avenue		Flemingsburg,		Kentucky				USA	
DATE OF BIRTH		PLACE OF BIRTH		CITY		STATE		COUNTRY	
1890		Fleming County,		Kentucky				USA	
CITIZENSHIP		DATE ACQUIRED		WHERE ACQUIRED		CITY		STATE	
USA		Birth							
OCCUPATION		LAST EMPLOYER							
Attorney		Self							
NAME OF MOTHER-IN-LAW		FIRST		MAIDEN		LAST		LIVING <input type="checkbox"/> DECEASED <input checked="" type="checkbox"/>	
Nannie		Ross		McIntire					
DATE OF DECEASE		CAUSE							
1942		Arterio-sclerosis							
PRESENT OR LAST ADDRESS		STREET AND NUMBER		CITY		STATE		COUNTRY	
480 Mt. Carmel Avenue		Flemingsburg,		Kentucky				USA	
DATE OF BIRTH		PLACE OF BIRTH		CITY		STATE		COUNTRY	
1886		Fleming County,		Kentucky				USA	
CITIZENSHIP		DATE ACQUIRED		WHERE ACQUIRED		CITY		STATE	
USA		Birth							
OCCUPATION		LAST EMPLOYER							
Housewife									

SECTION 8. RELATIVES

NOTE: INDICATE BELOW THE RELATIVES BY BLOOD, MARRIAGE, OR ADOPTION, WHO LIVE ABROAD, ARE UNDER THE INFLUENCE OF A FOREIGN POWER, ARE NOT CITIZENS OF THE UNITED STATES, OR ARE MARRIED TO NON-CITIZENS.

NAME NONE	RELATIONSHIP	AGE
CITIZENSHIP	ADDRESS STREET AND NUMBER CITY STATE COUNTRY	
REASON FOR LISTING UNDER THIS QUESTION		
NAME NONE	RELATIONSHIP	AGE
CITIZENSHIP	ADDRESS STREET AND NUMBER CITY STATE COUNTRY	
REASON FOR LISTING UNDER THIS QUESTION		
NAME NONE	RELATIONSHIP	AGE
CITIZENSHIP	ADDRESS STREET AND NUMBER CITY STATE COUNTRY	
REASON FOR LISTING UNDER THIS QUESTION		

NOTE: INDICATE BELOW THE RELATIVES BY BLOOD OR MARRIAGE, IN MILITARY, NAVAL OR OTHER GOVERNMENT SERVICE (UNITED STATES OR FOREIGN)

NAME Dwight Harvey	RELATIONSHIP Cousin	AGE 45 approx.
CITIZENSHIP USA-Birth	ADDRESS STREET AND NUMBER CITY STATE COUNTRY Not known to me as present	
TYPE AND LOCATION OF SERVICE (IF KNOWN) Colonel - U.S. Army		
NAME	RELATIONSHIP	AGE
CITIZENSHIP	ADDRESS STREET AND NUMBER CITY STATE COUNTRY	
TYPE AND LOCATION OF SERVICE (IF KNOWN)		
NAME	RELATIONSHIP	AGE
CITIZENSHIP	ADDRESS STREET AND NUMBER CITY STATE COUNTRY	
TYPE AND LOCATION OF SERVICE (IF KNOWN)		

SECTION 9. EDUCATION

SCHOOL Public Schools	ADDRESS Danville, Indiana	CITY Terre Haute, Indiana	STATE USA	COUNTRY USA
DATES ATTENDED FROM 1921 TO 1928	DEGREE 8 yrs. Elementary Credit			
SCHOOL Wiley High School	ADDRESS Terre Haute, Indiana	CITY Terre Haute, Indiana	STATE USA	COUNTRY USA
DATES ATTENDED FROM 1928 TO 1931	DEGREE H.S. Diploma			
COLLEGE Indiana University	ADDRESS Bloomington Indiana	CITY Bloomington Indiana	STATE USA	COUNTRY USA
DATES ATTENDED FROM 1933 TO 1937	DEGREE L.B. with Distinction (8 yrs. credit)			
COLLEGE -	ADDRESS -	CITY -	STATE -	COUNTRY -
DATES ATTENDED FROM - TO -	DEGREE -			

SECTION 10. SELECTIVE SERVICE (CONTINUED TO PAGE 5)

SECTION 10. SELECTIVE SERVICE STATUS			
CLASSIFICATION II-A	ORDER NUMBER 1104	APPROXIMATE INDUCTION DATE None	BOARD NUMBER E 113
ADDRESS OF BOARD Mayville, Mason County, Kentucky		CITY Mayville	STATE USA
IF DEFERRED, STATE REASON Yes, 1942-1947 Special Agent- FBI- US Dept of Justice			
SECTION 11. MILITARY, NAVAL OR OTHER GOVERNMENT SERVICE - UNITED STATES OR FOREIGN			
COUNTRY USA	SERVICE FBI-US D of J	SERVICE DATES 12/9/40	TO: 8/22/47
GRADE Special Agent	SERIAL NUMBER -----	TYPE OF DISCHARGE Voluntary Resignation	
LAST STATION Washington, D. C.		COMMANDING OFFICER -----	
REMARKS:			
SECTION 12. CHRONOLOGICAL HISTORY OF EMPLOYMENT (USE ADDITIONAL SHEET IF NECESSARY)			
NOTE: INCLUDE BELOW PERIODS OF UNEMPLOYMENT AND CASUAL EMPLOYMENT. GIVE ADDRESS AND STATE WHAT YOU DID DURING PERIODS OF UNEMPLOYMENT. INCLUDE LAST 5 POSITIONS AND COVER AT LEAST 15 YEARS.			
EMPLOYER R. H. King Construction Co.		JOB TITLE Laborer	
ADDRESS Danville, Indiana		KIND OF BUSINESS Bridge Construction	
YOUR DUTIES AND SPECIALITY Construction Worker		NAME OF SUPERVISOR R. H. King	
DATES COVERED 5/26	FROM: 5/26	TO: 9/26	SALARY \$10 PER week
REASONS FOR LEAVING Return to school			
EMPLOYER Danville Gazette		JOB TITLE Reporter & Printer	
ADDRESS Danville, Indiana		KIND OF BUSINESS Newspaper	
YOUR DUTIES AND SPECIALITY Editorial and Mechanical Work		NAME OF SUPERVISOR Alvin Hall, Editor	
DATES COVERED 1931	FROM: 1931	TO: 1933	SALARY \$10-\$15 PER week
REASONS FOR LEAVING To Enter University			
EMPLOYER Indiana University		JOB TITLE Publicity Writer	
ADDRESS Bloomington, Indiana		KIND OF BUSINESS See above	
YOUR DUTIES AND SPECIALITY Writing Athletic Publicity		NAME OF SUPERVISOR Various	
DATES COVERED Parttime 1934	FROM: Parttime 1934	TO: 1935	SALARY \$10-(Approx) PER week
REASONS FOR LEAVING Voluntary Resignation			
EMPLOYER Self		JOB TITLE Attorney-at-law	
ADDRESS 210 Court Street, Mayville, Ky		KIND OF BUSINESS Practice of Law	

SECTION 12. CHRONOLOGICAL HISTORY OF EMPLOYMENT (CONTINUED FROM PAGE 5)				
YOUR DUTIES AND SPECIALTY General Legal Practice			NAME OF SUPERVISOR None	
DATE COVERED	FROM	TO	SALARY	PER
	1937	1940	\$1500-2200	year
REASONS FOR LEAVING To enter FBI				
EMPLOYER Federal Bureau of Investigation			JOB TITLE Special Agent & Supervisor	
ADDRESS STREET AND NUMBER Department of Justice Bldg. Washington, D. C.			KIND OF BUSINESS Law enforcement and counter intelligence	
YOUR DUTIES AND SPECIALTY Counter-Intelligence			NAME OF SUPERVISOR J. Edgar Hoover	
DATE COVERED	FROM	TO	SALARY	PER
	12/9/40	8/22/47	\$3200-\$7000	Annual
REASONS FOR LEAVING Voluntary Resignation				
EMPLOYER			JOB TITLE	
ADDRESS STREET AND NUMBER			KIND OF BUSINESS	
YOUR DUTIES AND SPECIALTY			NAME OF SUPERVISOR	
DATE COVERED	FROM	TO	SALARY	PER
REASONS FOR LEAVING				
NOTE: IN SPACE BELOW GIVE DETAILS CONCERNING ANY POSITION FROM WHICH YOU MAY HAVE BEEN DISCHARGED OR WHICH YOU MAY HAVE LEFT UNDER CIRCUMSTANCES WHICH WERE NOT ENTIRELY FAVORABLE.				
DETAILS: Absolutely None				
SECTION 13. CHARACTER REFERENCES-FIVE IN THE UNITED STATES (GIVE BUSINESS ADDRESS WHERE POSSIBLE)				
NAME	ADDRESS STREET AND NUMBER CITY STATE			
D. F. Scwell	Jarvis Ridge Rd. Maysville, Ky.			
NAME	ADDRESS STREET AND NUMBER CITY STATE			
B. F. Scwell, Atty	Sycamore Bldg. Terre Haute Indiana			
NAME	ADDRESS STREET AND NUMBER CITY STATE			
J. H. Finch, Sr.	Bank of Maysville Maysville, Ky.			
NAME	ADDRESS STREET AND NUMBER CITY STATE			
Harry Stewart	Chief of Police PD Maysville, Ky.			
NAME	ADDRESS STREET AND NUMBER CITY STATE			
E. L. Zeigler, Atty	Cochran Bldg. Maysville, KY			
SECTION 14. SOCIAL ACQUAINTANCES-FIVE IN THE UNITED STATES (GIVE BUSINESS ADDRESS WHERE POSSIBLE)				
NAME	ADDRESS STREET AND NUMBER CITY STATE			
A. H. Thurston	§ C.I.O. Washington, D. C.			
NAME	ADDRESS STREET AND NUMBER CITY STATE			
Matthew McPaire	U.S. District Court Washington, D. C.			
NAME	ADDRESS STREET AND NUMBER CITY STATE			
J. A. Bennet, Lt. Col.	Andrews Field, Maryland			
NAME	ADDRESS STREET AND NUMBER CITY STATE			
L. Whitson	Room 1734 Dept. of Justice Washington, D. C.			
NAME	ADDRESS STREET AND NUMBER CITY STATE			
SECTION 15. NEIGHBORS-THREE IN THE UNITED STATES (AT YOUR LAST NORMAL ADDRESS)				

SECTION 13. NEIGHBORS-THREE IN THE UNITED STATES (AT YOUR LAST NORMAL ADDRESS)			
NAME	ADDRESS - STREET AND NUMBER	CITY	STATE
Richard Frear	2627 39th St. N.W.	Washington	D. C.
John Holzberg	2629 39th St. N.W.	Washington	D. C.
Richard Callahan	2629 39th St. N.W.	Washington	D. C.

SECTION 14. MISCELLANEOUS

DID YOU EVER HAVE OR DO YOU NOW HAVE MEMBERSHIP IN, OR SUPPORT ANY POLITICAL PARTY OR ORGANIZATION WHICH ADVOCATES THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT IN THE UNITED STATES? YES ☐ NO ☐

IF ANSWER IS "YES" EXPLAIN BELOW:

DO YOU USE, OR HAVE YOU USED DRUGS? **In Moderation**

HAVE YOU EVER BEEN ARRESTED, INDICTED OR CONVICTED FOR ANY VIOLATION OF LAW OTHER THAN A MINOR TRAFFIC VIOLATION? IF SO, STATE NAME OF COURT, CITY, STATE, COUNTRY, NATURE OF OFFENSE, AND DISPOSITION OF CASE.

NO

HAVE YOU EVER BEEN COURT-MARTIALED WHILE A MEMBER OF THE ARMED FORCES? YES ☐ NO ☒

IF ANSWER IS "YES", GIVE DETAILS BELOW:

SECTION 17. FINANCIAL BACKGROUND

ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY? YES ☒ NO ☐ IF ANSWER IS "NO", STATE SOURCES OF OTHER INCOME.

NAMES OF BANKS WITH WHICH YOU HAVE ACCOUNTS

Peoples Bank of Fleming County, Flemingsburg, Kentucky

State National Bank, Maysville, Kentucky (Recently closed)

HAVE YOU EVER BEEN IN BANKRUPTCY? YES ☐ NO ☒ IF ANSWER IS "YES", GIVE PARTICULARS:

SECTION 18. CREDIT REFERENCES-THREE IN THE UNITED STATES

NAME	ADDRESS - STREET AND NUMBER	CITY	STATE
Peoples Bank of Fleming County	Flemingsburg,	Kentucky	
State National Bank	Maysville,	Kentucky	
J. Garfield & Co.	Washington,	D. C.	

SECTION 19. RESIDENCES FOR PAST 25 YEARS

FROM	TO	ADDRESS - STREET AND NUMBER	CITY	STATE	COUNTRY
3/1942	Late	2627 39th St. N.W.	Washington	D. C.	
2/1942	3/1942	Grace Court, Center Avenue	Pittsburgh	Pa.	
1/41	2/1942	45-71 Albertson Street	Albany	L.O. N.Y.C.	N.Y.

(CONTINUED TO PAGE 8)

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SECTION 19. RESIDENCES FOR PAST 15 YEARS (CONTINUED FROM PAGE 7)

FROM:	TO:	ADDRESS STREET AND NUMBER	CITY	STATE	COUNTRY
9/1937	12/1940	1011 E. Main	Moreville	Ky.	USA
FROM:	TO:	ADDRESS STREET AND NUMBER	CITY	STATE	COUNTRY
1933	1937	1011 E. Main	Bloomington	Ind.	USA
FROM:	TO:	ADDRESS STREET AND NUMBER	CITY	STATE	COUNTRY
1931	1933	E. Main	Deville	Ind.	USA
FROM:	TO:	ADDRESS STREET AND NUMBER	CITY	STATE	COUNTRY
1928	1931	607 S. Center St.	Terre Haute	Ind.	USA
FROM:	TO:	ADDRESS STREET AND NUMBER	CITY	STATE	COUNTRY

SECTION 20. RESIDENCES OR TRAVEL OUTSIDE THE UNITED STATES (NONE EXCEPT VISIT CANADA)

FROM: (MO. AND YR.)	TO: (MO. AND YR.)	CITY OR SECTION	COUNTRY	PURPOSE
9/10	9/40	Canada (S. Ste. Marie)		Fish
FROM: (MO. AND YR.)	TO: (MO. AND YR.)	CITY OR SECTION	COUNTRY	PURPOSE
FROM: (MO. AND YR.)	TO: (MO. AND YR.)	CITY OR SECTION	COUNTRY	PURPOSE
FROM: (MO. AND YR.)	TO: (MO. AND YR.)	CITY OR SECTION	COUNTRY	PURPOSE
FROM: (MO. AND YR.)	TO: (MO. AND YR.)	CITY OR SECTION	COUNTRY	PURPOSE

SECTION 21. CLUBS, SOCIETIES AND OTHER ORGANIZATIONS

NOTE: IN SPACE BELOW LIST NAMES AND ADDRESSES OF ALL DOMESTIC AND FOREIGN CLUBS, SOCIETIES AND ORGANIZATIONS OF ALL KINDS TO WHICH YOU HAVE BELONGED, OTHER THAN RELIGIOUS SOCIETIES, POLITICAL PARTIES AND LABOR UNIONS. INCLUDE ANY ORGANIZATION HAVING HEADQUARTERS OR A BRANCH IN A FOREIGN COUNTRY OF WHICH YOU HAVE BEEN A MEMBER OR TO WHICH YOU HAVE GIVEN SUPPORT.

NAME	STREET AND NUMBER	CITY	STATE	COUNTRY
Sigma Chi		Bloomington	Indiana	USA
NAME	STREET AND NUMBER	CITY	STATE	COUNTRY
Phi Delta Phi		"	"	"
NAME	STREET AND NUMBER	CITY	STATE	COUNTRY
Order of Coif		"	"	"
NAME	STREET AND NUMBER	CITY	STATE	COUNTRY
Rotary International		Moreville	Ky.	USA
NAME	STREET AND NUMBER	CITY	STATE	COUNTRY
Natl. Rifle Association		Various		
NAME	STREET AND NUMBER	CITY	STATE	COUNTRY
Boy Scouts of America		Various		
NAME	STREET AND NUMBER	CITY	STATE	COUNTRY
FBI Recreation Association		Washington, D. C.		
NAME	STREET AND NUMBER	CITY	STATE	COUNTRY

SECTION 22. LANGUAGES-FOREIGN (STATE DEGREE OF PROFICIENCY AS "SLIGHT", "FAIR" OR "FLUENT")

LANGUAGE	SPEAK	READ	WRITE
German		Slight	
LANGUAGE	SPEAK	READ	WRITE
LANGUAGE	SPEAK	READ	WRITE
LANGUAGE	SPEAK	READ	WRITE
LANGUAGE	SPEAK	READ	WRITE

SECTION 23. GENERAL QUALIFICATIONS

INDICATE ANY SPECIAL KNOWLEDGE OR TRAINING YOU HAVE, ALSO, SET FORTH ANY QUALIFICATIONS AS A RESULT OF TRAINING OR EXPERIENCE, WHICH MIGHT FIT YOU FOR A PARTICULAR POSITION.

Specialist in counter Intelligence, operations, analysis, and
evaluation

SECTION 24. SPORTS AND HOBBIES

Fishing, hunting, firearms

SECTION 25. EMERGENCY ADDRESSEE

NAME	Mrs. Elizabeth M. Harvey			RELATIONSHIP	wife
ADDRESS	STREET AND NUMBER	CITY	STATE	COUNTRY	TELEPHONE
	2527 39th Street N.W.	Washington, D. C.			OR 2014

SECTION 26. INFORMATION AND FINAL COMMENTS

NOTE: YOU ARE INFORMED THAT CORRECTNESS OF ALL STATEMENTS MADE HEREIN WILL BE INVESTIGATED, AND YOU ARE INVITED TO MAKE ANY CHANGES (OR ADDITIONS) IN YOUR STATEMENTS THAT YOU MAY THINK ADVISABLE.

ARE THERE ANY UNFAVORABLE INCIDENTS IN YOUR LIFE NOT MENTIONED ABOVE WHICH MAY BE DISCOVERED IN SUBSEQUENT INVESTIGATION, WHETHER YOU WERE DIRECTLY INVOLVED OR NOT, WHICH MIGHT REQUIRE EXPLANATION, IF SO, DESCRIBE, IF NOT, ANSWER, "NO".

NOTE

SECTION 27. CERTIFICATION

I CERTIFY THAT THE FOREGOING ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND I AGREE THAT ANY INTENTIONAL MISSTATEMENT OR OMISSION AS TO A MATERIAL FACT WILL CONSTITUTE GROUNDS FOR MY IMMEDIATE DISMISSAL.

SIGNED AT _____
City State

Witness

DATE _____

Signature of Applicant

SECRET

27 August 1947

PERSONAL HISTORY STATEMENT OF WILLIAM KING HARVEY

PERSONAL: Birth: September 13, 1915 Place: Danville, Indiana
Log Res: Maysville, Kentucky

PARENTAGE: Father: Drenan R. Harvey
Birth: 1888 Place: Danville, Indiana
Mother: Sara Jewel King Harvey
Birth: 1890 Place: Danville, Indiana

RELATIVES ABROAD: None

EDUCATION: Wiley High School, Terre Haute, Indiana
Dates: 1928 to 1931
Indiana University, Bloomington, Indiana
Dates: 1933 to 1937 LLB degree

EXPERIENCE: Danville Gazette - Newspaper, Danville, Indiana
Dates: 1931 to 1933
Indiana University, Bloomington, Indiana
Dates: 1933 to 1937
Practice of Law, Maysville, Kentucky
Dates: 1937 to 1940
F.B.I., Special Agent
Dates: 1940 to August 22, 1947

MILITARY: None

TRAVEL: Visited Canada for one month in September 1940 on vacation.

MARITAL STATUS: Married to: Elizabeth Howe McIntire Harvey
Birth: February 3, 1916 Place: Flemingsburg, Kentucky
Dependents: None besides wife
Father-in-law: James Marvin McIntire, Ky.
Birth: 1880 Place: Fleming County, Ky.
Mother-in-law: Mannie Ross McIntire - now deceased
Birth: 1886 Place: Fleming County, Ky.

Washington address and telephone number:

2627 - 39th St., N. W.
Washington, D. C. Tel: ORday 2914

Emergency Addressee: Mrs. Elizabeth M. Harvey
2627 - 39th St., N. W.
Washington, D. C. Tel: ORday 2914

SECRET

27 August 1947

PERSONAL HISTORY STATEMENT ON WILLIAM KING HARVEY

PERSONAL: Birth: September 13, 1915 Place: Danville, Indiana
 Leg Res: Mayeville, Kentucky

PARENTAGE: Father: Dronan R. Harvey
 Birth: 1888 Place: Danville, Indiana
 Mother: Sara Jewel King Harvey
 Birth: 1890 Place: Danville, Indiana

RELATIVES
ABROAD: None

EDUCATION: Wiley High School, Terre Haute, Indiana
 Dates: 1928 to 1931
 Indiana University, Bloomington, Indiana
 Dates: 1933 to 1937 LLB degree

EXPERIENCE: Danville Gazette - Newspaper, Danville, Indiana
 Dates: 1911 to 1933
 Indiana University, Bloomington, Indiana
 Dates: 1933 to 1937
 Practice of Law, Mayeville, Kentucky
 Dates: 1937 to 1940
 F.B.I., Special Agent
 Dates: 1940 to August 22, 1947

MILITARY: None

TRAVEL: Visited Canada for one month in September 1940 on vacation.

MARITAL
STATUS: Married to: Elisabeth Howe McIntire Harvey
 Birth: February 3, 1916 Place: Flemingsburg, Kentucky
 Dependents: None besides wife
 Father-in-law: James Marvin McIntire, Sr.
 Birth: 1880 Place: Fleming County, Ky.
 Mother-in-law: Hannie Ross McIntire - now deceased
 Birth: 1886 Place: Fleming County, Ky.

Washington address and telephone number:

2627 - 39th St., N. W.
 Washington, D. C. Tel: ORdway 2914

Emergency Addressee: Mrs. Elisabeth H. Harvey
 2627 - 39th St., N. W.
 Washington, D. C. Tel: ORdway 2914

SECRET

27 August 1947

PERSONAL HISTORY STATEMENT ON WILLIAM KING HARVEY

PERSONAL: Birth: September 13, 1915 Place: Danville, Indiana
Lug Res: Mayeville, Kentucky

PARENTAGE: Father: Drenan R. Harvey Place: Danville, Indiana
Birth: 1888
Mother: Sara Jewel King Harvey Place: Danville, Indiana
Birth: 1890

RELATIVES
ABROAD: None

EDUCATION: Wiley High School, Terre Haute, Indiana
Dates: 1928 to 1931
Indiana University, Bloomington, Indiana
Dates: 1933 to 1937 LLB degree

EXPERIENCE: Danville Gazette - Newspaper, Danville, Indiana
Dates: 1911 to 1933
Indiana University, Bloomington, Indiana
Dates: 1933 to 1937
Practice of Law, Mayeville, Kentucky
Dates: 1937 to 1940
F.B.I., Special Agent
Dates: 1940 to August 22, 1947

MILITARY: None

TRAVEL: Visited Canada for one month in September 1940 on vacation.

MARITAL
STATUS: Married to: Elisabeth Howe McIntire Harvey
Birth: February 3, 1916 Place: Flemingsburg, Kentucky
Dependents: None besides wife
Father-in-law: James Marvin McIntire, Sr.
Birth: 1880 Place: Fleming County, Ky.
Mother-in-law: Mammie Ross McIntire - now deceased
Birth: 1886 Place: Fleming County, Ky.

Washington address and telephone number:

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Washington, D. C. Tel: Ordway 2914

Emergency Addressee: Mrs. Elisabeth H. Harvey
2627 - 39th St., N. W.
Washington, D. C. Tel: Ordway 2914

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Birth: 1888
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Birth: 1890

RELATIVES
ABROAD: None

EDUCATION: Wiley High School, Terre Haute, Indiana
Dates: 1928 to 1931
Indiana University, Bloomington, Indiana
Dates: 1933 to 1937 LLB degree

EXPERIENCE: Danville Gazette - Newspaper, Danville, Indiana
Dates: 1931 to 1933
Indiana University, Bloomington, Indiana
Dates: 1933 to 1937
Practice of Law, Mayville, Kentucky
Dates: 1937 to 1940
F.B.I., Special Agent
Dates: 1940 to August 22, 1947

MILITARY: None

TRAVEL: Visited Canada for one month in September 1940 on vacation.

MARITAL
STATUS: Married to: Elisabeth Howe McIntire Harvey
Birth: February 3, 1916 Place: Flemingsburg, Kentucky
Dependents: None besides wife
Father-in-law: James Marvin McIntire, Sr.
Birth: 1880 Place: Fleming County, Ky.
Mother-in-law: Maude Ross McIntire - now deceased
Birth: 1886 Place: Fleming County, Ky.

Washington address and telephone number:

2627 - 39th St., N. W.
Washington, D. C. Tel: ORdway 2914

Emergency Addressee: Mrs. Elisabeth M. Harvey
2627 - 39th St., N. W.
Washington, D. C. Tel: ORdway 2914

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CONFIDENTIAL

SECURITY OFFICE

CONFIDENTIAL

Investigation Report

Date: October 8, 1947

Number: 32814

Subject: HARVEY, William King

To: CPD (2)

1. Investigation directed by: KAC

2. Sources of information: OSO

3. Remarks

4. Recommendation:

SECURITY APPROVAL RECOMMENDED. THOUGH SUBJECT
IS SUBJECT OF DEROGATORY INFORMATION AT SOME
RE DATE. INTERVIEW WAIVED.
IF THE APPLICANT ENTERS UPON DUTY WITHIN
30 DAYS FROM ABOVE DATE. THIS APPROVAL BECOMES
INVALID.

*Branch notified of
this report (orig) sent to
Special Agent 90000-1447.*

CC: Mr. Judson H. Lightsey

By RHC/Em
Security Officer
ROBERT H. CUNNINGHAM

CONFIDENTIAL

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MEMORANDUM

Re: William King Harvey

A complete and thorough investigation has been conducted on this employee and he was found suitable for employment in this agency.

SECRET
SECURITY INFORMATION

TO : Chief, Communications
Acting
FROM : Chief, Security Division
SUBJECT: HARVEY, William King
3251h

DATE: 8 August 1952

In reply to your memorandum this is to advise that subject meets the current requirements for cryptographic clearance and is approved for such duties as of this date.

E. P. Geiss
E. P. Geiss

SECRET

Personal & 3rd Agency Material