



Personal - Post agency  
activity

all the killed to

REQUEST FOR PERSONNEL ACTION										DATE PREPARED 26 FEBRUARY 1970											
1. SERIAL NUMBER 027630		2. NAME (Last-First-Middle) HIDALGO, BALBINO N. JR.								3. EFFECTIVE DATE REQUESTED MO DAY YEAR 02 28 70		5. CATEGORY OF EMPLOYMENT REGULAR									
3. NATURE OF PERSONNEL ACTION RETIREMENT (DISABILITY) UNDER CIA RETIREMENT DISABILITY SYSTEM										7. FINANCIAL ANALYSIS NO. CHARGEABLE 0235 0620		8. LEGAL AUTHORITY (Completed by Office of Personnel) PLP 543 2-2-70									
6. FUNDS X 100 O 100 O 100		9. ORGANIZATIONAL DESIGNATION DDP/WH BRANCH 2 PANAMA SECTION										10. LOCATION OF OFFICIAL STATION WASHINGTON, D.C.									
11. POSITION TITLE OPS OFFICER										12. POSITION NUMBER 1318		13. CAREER SERVICE DESIGNATION D.									
14. CLASSIFICATION SCHEDULE (GS, E, F, etc.) GS				15. OCCUPATIONAL SERIES 0136.01				16. GRADE AND STEP 12 5		17. SALARY OR RATE \$15,173											
18. REMARKS SUBJECT HAS SIGNED WAIVER FOR SICK AND ANNUAL LEAVE ACCUMULATING AFTER 28 FEBRUARY 1970.  NOT Recommended in Agency Reserve Program due to Health for 13. Duane 1 - FINANCE W.H.P/S																					
18A. SIGNATURE OF REQUESTING OFFICIAL HENRY L. BEETHOLD, C/WH/PERS						DATE SIGNED 26 Feb 70		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER Paul M. Y. [Signature]		DATE SIGNED 27 Feb 70											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL																					
19. ACTION CODE 45 10		20. EMPLOY CODE		21. ORDER CODING NUMERIC ALPHABETIC		22. STATION CODE		23. INTEGRITY CODE		24. DATE OF BIRTH MO DA YR 05 27 19		25. DATE OF GRADE MO DA YR		26. DATE OF LEI MO DA YR							
27. DATE EXPIRES MO DA YR		28. SPECIAL REFERENCE		29. RETIREMENT DATA CODE 1-DC 2-DCG 3-FICA 4-NONE		30. SEPARATION DATA CODE		31. SEPARATION CANCELLATION DATA TYPE MO DA YR		32. SECURITY REG NO		33. SECURITY REG NO		34. SEC							
35. NET 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 CAP BISH PROV TEMP		39. FEDERAL HEALTH INSURANCE CODE 0-WAIVER 1-FIS		40. SOCIAL SECURITY NO		41. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0-NONE 1-NO PREVIOUS SERVICE 2-NO BREAK IN SERVICE 3-BREAK IN SERVICE LESS THAN 3 YEARS 4-BREAK IN SERVICE MORE THAN 3 YEARS		42. LEAVE CAT CODE		43. FEDERAL TAX DATA FORM EXECUTED CODE 1-FIS 2-NONE		44. STATE TAX DATA FORM EXECUTED CODE 1-FIS 2-NONE		45. POSITION CONTROL CERTIFICATION	
46. CP APPROVAL 02-04-70 MRR [Signature]												DATE APPROVED 3/1/70									

SECRET

## EMPLOYEE NOTICE OF RESIGNATION

RESIGN EFFECTIVE

(Date)

FOR THE FOLLOWING REASON

MAR 2 10 20 AM '70

MY LAST WORKING DAY WILL BE

DATE SIGNED

SIGNATURE OF EMPLOYEE

FORWARD COMMUNICATIONS, INCLUDING SALARY CHECKS AND BONDS, TO THE FOLLOWING ADDRESS (Number, Street, City, State, Zip Code)

403 Shiner Rock Rd.  
Rockville, Maryland 20851

## INSTRUCTIONS

Items 1 thru 7, and Items 9 thru 18a } The initiating office should fill in each of the referenced items. Items 3 thru 7 and 9 thru 18 require information which pertains *only* to the action requested, and NOT to the current status of the employee unless specific items remain unchanged.

Item 5 - "Category of Employment" should show one of the following entries:

Regular

Summer

WAE

Part Time

Detail-Out

Consultant

Temporary

Detail-In

Military

Temporary-Part Time

Item 9 - "Organizational Designations" should show *all* levels of organization pertinent to identifying the location of the position:

FIRST LINE  
Major Component (Director, Deputy Director, etc.)  
Office, Major Staff, etc.  
Foreign Field or U.S. Field (if pertinent)  
Division or Staff (subordinate to first line)  
Branch  
Section  
Unit

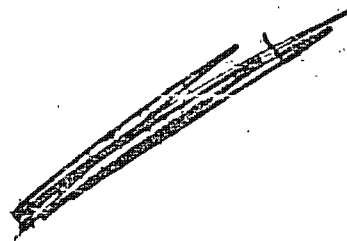
Items 11 and 15 - "Position Title" and "Occupational Series" should be the standard abbreviated title and corresponding occupational series in Handbook of Official Occupational Titles and Codes for the duties actually to be performed by the employee. If different from the title and series of the position occupied as shown on the most current edition of the Position Control Register or Form 261, Staffing Complement Change Authorization, explain under Item 18-Remarks.

Item 18b - Signature should be that of the official authorized to approve for the Career Service to which the employee belongs. If more than one Career Service is involved, the *gaining Career Service* should approve and the other Career Service should concur in Item 18, Remarks.

**ROUTING-** The original only of this form will be forwarded to the Office of Personnel through the appropriate Career Service official(s). In the case of requests specified in HB 20-800-1, which require advance approval of or notification to the Office of Security or the Office of Finance, one copy only will be sent to the Office(s) concerned.

SECRET





MEDICAL

25 JUL 1969

MEMORANDUM FOR: Mr. Balme N. Hidalgo, Jr.

SUBJECT : Exceptional Service Emblem

1. Your request for consideration to receive the Exceptional Service Emblem has been reviewed by this office to determine your eligibility for the award. With considerable regret, I must concur in the assessment that the injuries you suffered in the line of duty do not fall under the special criteria governing award of the Exceptional Service Emblem. Hazardous duties, in the meaning of the governing regulation, relate to duties performed in areas in which internal strife, civil disturbances or hostile action by armed forces or persons unfriendly to the United States were present at the time the injury was incurred, or, relate to duties performed in an assignment defined as hazardous due to unusual geographic or other natural conditions.

2. You may be sure that this decision has been based upon thoughtful deliberation. Please accept my personal thanks for a job well done under difficult conditions.

Robert C. Wattles  
Director of Personnel

Distribution:

- 0 - Addressee
- 1 - C/WH/Pers
- 1 - OPF/Hidalgo
- 1 - D/Pers
- 2 - BSD/HMAB

14-00000

S E C R E T

24 June 1969

MEMORANDUM FOR: Baltes E. Hidalgo

VIA : WA/RMO

SUBJECT : Records Officer Appointment

1. In accordance with a request received from your component, you are hereby appointed a Records Officer in the Clandestine Services. Your functions are described, in summary, in CSI 70-1, Para. 4.d. You have also participated in a training course in which these functions were reviewed in some detail.

2. The essence of your appointment is that you now occupy a position of trust in which you are expected to draw on your knowledge and experience to exercise responsible and sound judgment in building and maintaining a professionally useful records system in the Clandestine Services. You are, at the same time, expected to train and guide others within your component in these respects.

3. A copy of this memorandum will be placed in your official personnel folder.

*Edward A. Marelius*  
EDWARD A. MARELIUS  
DDP Records Management Officer

cc: Personnel File of Addressee

S E C R E T

GROUP I  
Excluded from automatic  
downgrading and  
declassification

SENSITIVE OPERATIONAL  
1968

SECRET

(When Filled In)

438

REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
				10 August 1966	
1. SERIAL NUMBER 027630		2. NAME (Last-First-Middle) HIDALGO, EDUARDO N., JR.			
3. NATURE OF PERSONNEL ACTION DESIGNATION AS A PARTICIPANT IN THE CIA RETIREMENT AND DISABILITY SYSTEM			4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 08 14 66		5. CATEGORY OF EMPLOYMENT REGULAR
6. FUNDS X	V TO V	V TO C	7. COST CENTER NO. CHARGE ABLE 7235-0620	8. LEGAL AUTHORITY (Completed by Office of Personnel) PL 88-643 Sect. 203	
9. ORGANIZATIONAL DESIGNATIONS DDP/WH			10. LOCATION OF OFFICIAL STATION WASHINGTON, D.C.		
11. POSITION TITLE			12. POSITION NUMBER	13. CAREER SERVICE DESIGNATION D	
14. CLASSIFICATION SCHEDULE (GS 18, 19, 20)		15. OCCUPATIONAL SERIES	16. GRADE AND STEP 12	17. SALARY OR RATE s	
18. REMARKS YOU ARE HEREBY NOTIFIED OF YOUR RIGHT TO APPEAL THIS ACTION TO THE DIRECTOR OF CENTRAL INTELLIGENCE IN ACCORDANCE WITH THE PROVISIONS OF HR 20-50. SUCH APPEAL MUST BE RECEIVED IN THE OFFICE OF THE DIRECTOR WITHIN 30 CALENDAR DAYS FROM THE EFFECTIVE DATE OF THIS ACTION.					
18A. SIGNATURE OF REQUESTING OFFICIAL		DATE SIGNED	18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER		DATE SIGNED
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING NUMERIC ALPHABETIC	22. STATION CODE	23. INTEGRATE CODE	24. MOOTED CODE
25. DATE OF BIRTH MO. DA. YR.	26. DATE OF GRADE MO. DA. YR.	27. DATE OF LEI MO. DA. YR.			
28. RTE EXPIRES MO. DA. YR.	29. SPECIAL REFERENCE	30. RETIREMENT DATA 1-ISC 2-TICA 3-NONE CODE 2	31. SEPARATION DATA CODE	32. CORRECTION CANCELLATION DATA TYPE MO. DA. YR.	33. SECURITY REQ NO.
34. VET PREFERENCE CODE 1-NONE 2-1 PT 3-10 PT	35. SERV COMP DATE MO. DA. YR.	36. LONG COMP DATE MO. DA. YR.	37. CAREER CATEGORY CODE 1-CAR BSH 2-PROD-TEMP	38. FEGLI HEALTH INSURANCE CODE 1-YES 2-NO	39. SOCIAL SECURITY NO.
40. PREVIOUS GOVERNMENT SERVICE DATA CODE 1-NO PREVIOUS SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)		41. LEAVE CAT CODE	42. FEDERAL TAX DATA FORM EXECUTED CODE NO. TAX EXEMPTIONS	43. STATE TAX DATA FORM EXECUTED CODE NO. TAX EXEMPTIONS	44. SOCIAL SECURITY NO.
45. POSITION CONTROL CERTIFICATION 027630-041			46. OP APPROVAL See memo signed by D/Pers dated 26 JUL 1966		DATE APPROVED

1152 USE PREVIOUS EDITION  
3-7-66

SECRET

GROUP 1  
EXCLUDED FROM AUTOMATIC DOWNGRADING  
AND DECLASSIFICATION

SECRET

(S and Secret A)

REQUEST FOR PERSONNEL ACTION										DATE PREPARED 10 DECEMBER 1965	
1. SERIAL NUMBER <b>027630</b>		2. NAME (Last-First-Middle) <b>HIDALGO, BALYES N.</b>									
3. NATURE OF PERSONNEL ACTION <b>REASSIGNMENT</b>					4. EFFECTIVE DATE/REQUESTS MONTH DAY YEAR <b>DEC 19 65</b>			5. CATEGORY OF EMPLOYMENT <b>REGULAR</b>			
6. FUNDS <b>I</b>		7. V TO V <b>V TO V</b>		8. V TO O <b>V TO O</b>		9. CENTER NO. CHARGE <b>6235 - 0620</b>		10. LEGAL AUTHORITY (Completed by Office of Personnel)			
9. ORGANIZATIONAL DESIGNATIONS <b>DOP/WH BRANCH 2 PANAMA SECTION</b>					12. LOCATION OF OFFICIAL STATION <b>WASHINGTON, D. C.</b>						
11. POSITION TITLE <b>OPS OFFICER (GS-12)</b>					12. POSITION NUMBER <b>1318</b>		13. CAREER SERVICE DESIGNATION <b>D</b>				
14. CLASSIFICATION SCHEDULE (G.S. 1.B. (a)) <b>GS</b>			15. OCCUPATIONAL SERIES <b>0136.01</b>		16. GRADE AND STEP <b>12 -2</b>		17. SALARY OR RATE <b>\$-10,987</b>				
18. REMARKS <b>FROM: WH/C/MIAMI OPS BR/FT SECTION/5235 - 1162/1145/WASHINGTON, D. C.</b>											
<div style="float: right; border: 1px solid black; padding: 5px;">Recorded by CSPD <i>Sgt</i></div>											
18A. SIGNATURE OF REQUESTING OFFICIAL <b>ROBERT D. CASHMAN C/WH/PERSONNEL</b>					DATE SIGNED <b>12/15/65</b>		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>[Signature]</i>		DATE SIGNED		
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE <b>57</b>	20. EMPLOY CODE <b>11</b>	21. OFFICE CODING NUMERIC ALPHABETIC <b>57370 WH 1503</b>		22. S*Y*O CODE <b>1503</b>	23. INTEGRATE CODE	24. MO/RES CODE	25. DATE OF BIRTH MO DA YR	26. DATE OF GRADE MO DA YR	27. DATE OF LIT MO DA YR		
28. RTE EXP. RES MO DA YR	29. SPECIAL REFERENCE 1-CIK 2-FICA 3-ROSE	30. RETIREMENT DATA CODE		31. SEPARATION DATA CODE	32. CORRECTION CANCELLATION DATA MO DA YR		33. SECURITY REG UP		34. SET		
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 INTERVIEW CAR RES PROV TEMP	39. FEDERAL HEALTH INSURANCE CODE 0-None 1-YES 2-NO	40. SOCIAL SECURITY NO.					
41. PREVIOUS GOVERNMENT SERVICE DATA CODE 0-NO PREVIOUS SERVICE 1-NO BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)				42. LEAVE CAT CODE	43. FEDERAL TAX DATA FORM EXECUTED CODE 0-NO TAX DEDUCTIONS 1-YES 2-NO		44. STATE TAX DATA CODE 0-NO STATE CODE 1-YES 2-NO				
45. POSITION CONTROL CERTIFICATION					DATE APPROVED <i>[Signature]</i> <b>12/15/65</b>						

SECRET

**CONFIDENTIAL**  
(When Filled In)

<b>NOTICE OF LONGEVITY COMPUTATION DATE</b>		<input checked="" type="checkbox"/> <b>VOUCHERED</b>
		<input type="checkbox"/> <b>UNVOUCHERED</b>
<b>NAME (Last, First, Middle)</b>		<b>SERIAL NUMBER</b>
HIDALGO B N Jr		027630
<b>OFFICE (and division)</b>		
DDP/WH		
<input type="checkbox"/> <b>ORIGINAL</b>	<b>LONGEVITY COMPUTATION DATE</b>	
<input checked="" type="checkbox"/> <b>CORRECTION</b>	02-18-52	
<b>THIS DATE</b>	<b>SIGNATURE (Office of Personnel)</b>	
12-13-65	[Signature]	
<b>FORM 171a</b> 11-59	<b>CONFIDENTIAL</b>	(4)

1152 USE PREVIOUS EDITION

**SECRET**

GROUP 1  
EXCLUDED FROM AUTOMATIC DOWNGRADING  
AND DECLASSIFICATION



SECRET

REQUEST FOR PERSONNEL ACTION										DATE PREPARED 9 APR 64	
1. SERIAL NUMBER 02733		2. NAME (Last-First-Middle) A. DALLO, B. N. Jr.									
3. NATURE OF PERSONNEL ACTION EXCLUDED APPOINTMENT (see 120)						4. EFFECTIVE DATE REQUESTED MONTH: 04 DAY: 12 YEAR: 64		5. CATEGORY OF EMPLOYMENT REGULAR			
6. FUNDS X V TO V CF TO V		V TO C CF TO C		7. COST CENTER NO. CHARGE AMT 4257-1000-100		8. LEGAL AUTHORITY (if completed by Office of Personnel)					
9. ORGANIZATIONAL DESIGNATIONS DDP Spec: 1 Affairs Staff #03/05 Development Complement						10. LOCATION OF OFFICIAL STATION Washington, D.C.					
11. POSITION TITLE OPS OFFICER						12. POSITION NUMBER XXXX 7277		13. CAREER SERVICE DESIGNATION D			
14. CLASSIFICATION SCHEDULE (GS, FS, etc.) GS				15. OCCUPATIONAL SERIES 0136.07		16. GRADE AND STEP 12 (1)		17. SALARY OR RATE \$9900		Recorded by CSPD RPH	
18. REMARKS * 0 40, <del>For medical reasons. Not to exceed one year.</del> For duration of period that the individual is on sick leave; not to exceed one year pushing for 505 1 of Payroll; 1 of Security 3/59											
18A. SIGNATURE OF REQUESTING OFFICER G. L. DALLO, JR. 9 APR 64				DATE SIGNED 9 APR 64		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER George H. Bennett 13 APR 64				DATE SIGNED 13 APR 64	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE 13		20. EMPLOY CODE W		21. OFFICE CODING NUMERIC: 4447 ALPHABETIC: SAS		22. STATION CODE 78013		23. INTEREST CODE 1		24. MOOTING CODE MO DA YR 12 22 63	
25. DATE OF GRADE MO DA YR 12 22 63		26. DATE OF LEL MO DA YR 12 22 63		27. DATE OF LEL MO DA YR 12 22 63		28. DATE OF LEL MO DA YR 12 22 63		29. DATE OF LEL MO DA YR 12 22 63		30. DATE OF LEL MO DA YR 12 22 63	
29. RITE GRAPHES MO DA YR		31. SPECIAL REFERENCE 1-YES 2-YES 3-NO		32. RETIREMENT DATA CODE 1		33. SEPARATION DATA CODE TYPE MO DA YR		34. CORRECTION CANCELLATION DATA TYPE MO DA YR		35. SECURITY REQ. NO 00000	
36. VET PREFERENCE CODE 0-NONE 1-5 PT 2-10 PT		37. SERV COMP DATE MO DA YR 12 22 63		38. LONG COMP DATE MO DA YR 12 22 63		39. CAREER CATEGORY CAR RESP PROG TEMP P 1		40. FEEL HEALTH INSURANCE CODE 0-NONE 1-YES 2-NO		41. SPECIAL SECURITY NO	
42. PREVIOUS GOVERNMENT SERVICE DATA CODE 1		43. LEAVE CAT CODE 1		44. FEDERAL TAX DATA FORM EXECUTED 1-YES 2-NO 0		45. STATE TAX DATA FORM EXECUTED 1-YES 2-NO 0		46. STATE TAX DATA CODE MO TAX STATE CODE		47. STATE TAX DATA CODE MO TAX STATE CODE	
48. POSITION CONTROL CERTIFICATION 12/27/64						49. OP APPROVAL George H. Bennett 13 APR 64				DATE APPROVED 13 APR 64	

FORM 1152 USE PREVIOUS EDITION

SECRET

GROUP 1  
EXCLUDED FROM AUTOMATIC DOWNGRADING  
AND DECLASSIFICATION

SECRET

18 Nov 1964

REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
1. SERIAL NUMBER 027630		2. NAME (Last, First, Middle) Hidalgo, B. J.		3. DATE PREPARED 9 April 1964	
3. NATURE OF PERSONNEL ACTION Rt. Trans. NOA		4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 04 01 64		5. CATEGORY OF EMPLOYMENT REGULAR	
6. FUNDS V TO V C TO V I C TO C		7. COST CENTER NO. CHARGE 4132-2031-100		8. LEGAL AUTHORITY (Completed by Office of Personnel)	
9. ORGANIZATIONAL DESIGNATIONS 40 4 DOP/Credial Affairs Staff U. S. Field Forward Operations Station - JMWAVE CI Section		10. LOCATION OF OFFICIAL STATION JMWAVE			
11. POSITION TITLE OPS C3FISER		12. POSITION NUMBER 0033		13. CAREER SERVICE DESIGNATION D	
14. CLASSIFICATION SCHEDULE / GS, ZB, etc. JS		15. OCCUPATIONAL SERIES 0135.01		16. GRADE AND STEP 12 (1)	
17. SALARY OR RATE \$ 0000		18. REMARKS  1 by Security 1 by Payroll  1 by Security 1 by Payroll			
19. ACTION CODE 45		20. EMPLOY CODE 10		21. OFFICE CODING NUMERIC ALPHABETIC	
22. STATION CODE		23. INTEGREE CODE		24. HOURS CODE	
25. DATE OF BIRTH MO DA YR 05 07 19		26. DATE OF GRADE MO DA YR		27. DATE OF LEL MO DA YR	
28. DATE EXPIRES MO DA YR		29. SPECIAL REFERENCE 1-CSE 2-ITCA 3-NONE		30. RETIREMENT DATA CODE	
31. SEPARATION DATA CODE		32. CORRECTION CANCELLATION DATA TYPE MO DA YR		33. SECURITY REQ NO	
34. VET PREFERENCE CODE 0-NONE 1-5 PT 2-10 PT		35. LONG COMP DATE MO DA YR		36. CAREER CATEGORY CODE 0-NO 1-YES	
37. LONG COMP DATE MO DA YR		38. FEDERAL TAX DATA CODE NO TAX EXEMPTIONS		39. STATE TAX DATA CODE NO TAX STATE CODE	
40. PREVIOUS GOVERNMENT SERVICE DATA CODE 0-NO PREVIOUS SERVICE 1-NO. BREAK IN SERVICE 2-BREAK IN SERVICE (1 TO 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)		41. LEAVE CAT CODE		42. FEDERAL TAX DATA CODE NO TAX EXEMPTIONS	
43. STATE TAX DATA CODE NO TAX STATE CODE		44. POSITION CONTROL CERTIFICATION W. K. R. 1/27/64		45. DATE APPROVED 11 April 1964	

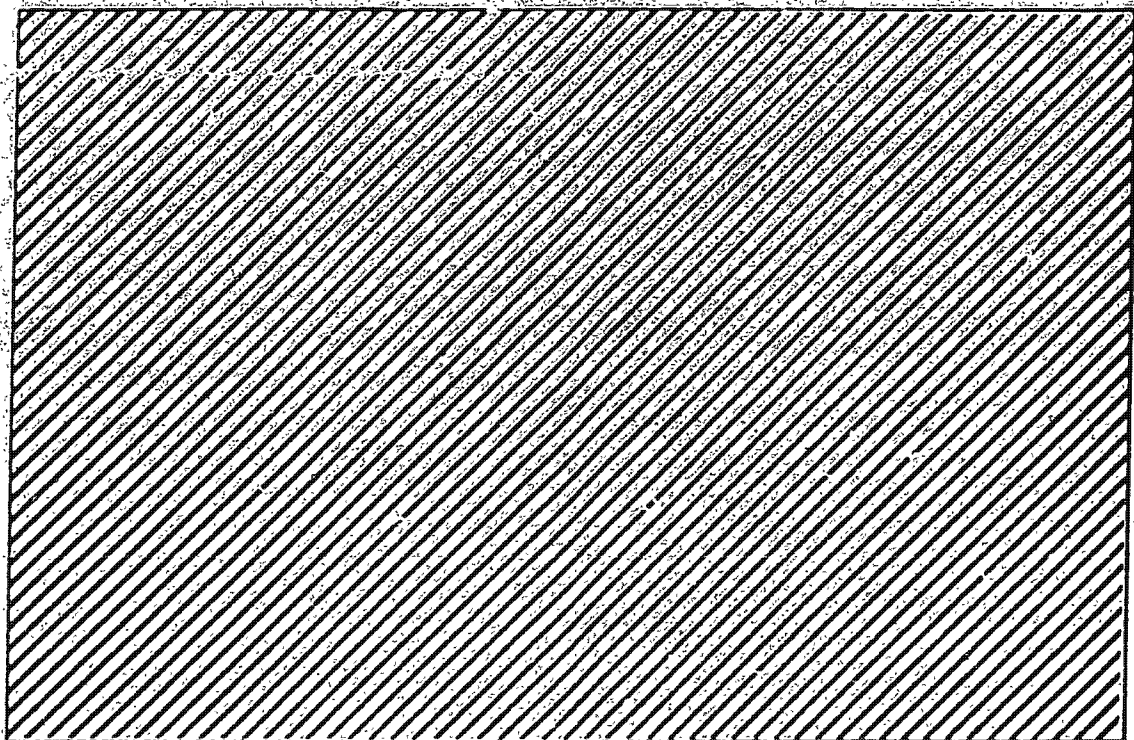
FORM 1152 USE PREVIOUS EDITION

SECRET

EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

SECRET

(When Filled In)



NAME OF EMPLOYEE (Last-First-Middle)	NAME AND RELATIONSHIP OF DEPENDENT	CLAIM NUMBER
HIDALGO, BALMES N.	self	60-264
<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>30 May 1960</u>. Broken left foot.</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 REPRESENTATIVE	
	<i>B. De Felice</i>	
NOTICE OF OFFICIAL DISABILITY CLAIM FILE		

**SECRET**  
(When Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED	
1. SERIAL NUMBER <i>6765</i>						2. NAME (Last, First, Middle) <i>[REDACTED]</i>	
3. NATURE OF PERSONNEL ACTION <b>EXCITED APPOINTMENT</b>				4. EFFECTIVE DATE REQUESTED MONTH: <i>04</i> DAY: <i>28</i> YEAR: <i>63</i>		5. CATEGORY OF EMPLOYMENT <b>REGULAR</b>	
6. FUNDS ▶		7. COST CENTER NO. CHARGE <i>3132-2001-1000</i>		8. LEGAL AUTHORITY (Completed by Office of Personnel)			
9. ORGANIZATIONAL DESIGNATIONS DDP/Special Affairs Staff U. S. Field Forward Operations Station - JMWAVE CI Section				10. LOCATION OF OFFICIAL STATION <b>JMWAVE</b>			
11. POSITION TITLE <b>OPS OFFICER</b>				12. POSITION NUMBER <b>0732</b>		13. CAREER SERVICE DESIGNATION <b>D</b>	
14. CLASSIFICATION SCHEDULE (GS, LP, etc.) <b>GS</b>		15. OCCUPATIONAL SERIES <b>0136.01</b>		16. GRADE AND STEP <b>11 (4)</b>		17. SALARY OR RATE <b>\$ 8840</b>	
18. REMARKS  <i>P - 359</i>  <div style="border: 1px solid black; padding: 5px; display: inline-block;">Recorded by CSPD <i>[Signature]</i></div>							
19. SIGNATURE OF REQUESTING OFFICER <i>Louis W. Armstrong</i> LOUIS W. ARMSTRONG, C/SAS/Ref.				DATE SIGNED <i>18 Apr 63</i>		20. SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>[REDACTED]</i>	
DATE SIGNED <i>11 Apr 63</i>							
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
21. OFFICE USE NO. 13 10		22. STATE CODE 61779 SAS 9449		23. DATE OF BIRTH 2		24. DATE OF BIRTH 05-27-19	
25. DATE OF BIRTH 05-27-19		26. DATE OF BIRTH 05-27-19		27. DATE OF BIRTH 05-27-19		28. DATE OF BIRTH 05-27-19	
29. DATE OF BIRTH 05-27-19		30. DATE OF BIRTH 05-27-19		31. DATE OF BIRTH 05-27-19		32. DATE OF BIRTH 05-27-19	
33. DATE OF BIRTH 05-27-19		34. DATE OF BIRTH 05-27-19		35. DATE OF BIRTH 05-27-19		36. DATE OF BIRTH 05-27-19	
37. DATE OF BIRTH 05-27-19		38. DATE OF BIRTH 05-27-19		39. DATE OF BIRTH 05-27-19		40. DATE OF BIRTH 05-27-19	
41. DATE OF BIRTH 05-27-19		42. DATE OF BIRTH 05-27-19		43. DATE OF BIRTH 05-27-19		44. DATE OF BIRTH 05-27-19	
45. DATE OF BIRTH 05-27-19		46. DATE OF BIRTH 05-27-19		47. DATE OF BIRTH 05-27-19		48. DATE OF BIRTH 05-27-19	
49. DATE OF BIRTH 05-27-19		50. DATE OF BIRTH 05-27-19		51. DATE OF BIRTH 05-27-19		52. DATE OF BIRTH 05-27-19	
53. DATE OF BIRTH 05-27-19		54. DATE OF BIRTH 05-27-19		55. DATE OF BIRTH 05-27-19		56. DATE OF BIRTH 05-27-19	
57. DATE OF BIRTH 05-27-19		58. DATE OF BIRTH 05-27-19		59. DATE OF BIRTH 05-27-19		60. DATE OF BIRTH 05-27-19	
61. DATE OF BIRTH 05-27-19		62. DATE OF BIRTH 05-27-19		63. DATE OF BIRTH 05-27-19		64. DATE OF BIRTH 05-27-19	
65. DATE OF BIRTH 05-27-19		66. DATE OF BIRTH 05-27-19		67. DATE OF BIRTH 05-27-19		68. DATE OF BIRTH 05-27-19	
69. DATE OF BIRTH 05-27-19		70. DATE OF BIRTH 05-27-19		71. DATE OF BIRTH 05-27-19		72. DATE OF BIRTH 05-27-19	
73. DATE OF BIRTH 05-27-19		74. DATE OF BIRTH 05-27-19		75. DATE OF BIRTH 05-27-19		76. DATE OF BIRTH 05-27-19	
77. DATE OF BIRTH 05-27-19		78. DATE OF BIRTH 05-27-19		79. DATE OF BIRTH 05-27-19		80. DATE OF BIRTH 05-27-19	
81. DATE OF BIRTH 05-27-19		82. DATE OF BIRTH 05-27-19		83. DATE OF BIRTH 05-27-19		84. DATE OF BIRTH 05-27-19	
85. DATE OF BIRTH 05-27-19		86. DATE OF BIRTH 05-27-19		87. DATE OF BIRTH 05-27-19		88. DATE OF BIRTH 05-27-19	
89. DATE OF BIRTH 05-27-19		90. DATE OF BIRTH 05-27-19		91. DATE OF BIRTH 05-27-19		92. DATE OF BIRTH 05-27-19	
93. DATE OF BIRTH 05-27-19		94. DATE OF BIRTH 05-27-19		95. DATE OF BIRTH 05-27-19		96. DATE OF BIRTH 05-27-19	
97. DATE OF BIRTH 05-27-19		98. DATE OF BIRTH 05-27-19		99. DATE OF BIRTH 05-27-19		100. DATE OF BIRTH 05-27-19	
49. POSITION CONTROL CERTIFICATION <i>W. Kearney 04/22/63</i>							
APPROVED <i>[Signature]</i>							

FORM 1152 OBSOLETE PREVIOUS EDITIONS  
AND FORM 1152A

**SECRET**

GROUP 1  
EXCLUDED FROM AUTOMATIC DOWNGRADING  
AND DECLASSIFICATION

(4)

**SECRET**  
(When Filled In)

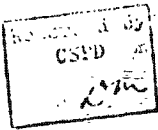
<b>REQUEST FOR PERSONNEL ACTION</b>				DATE PREPARED <b>18 April 1963</b>	
1. SERIAL NUMBER <b>027630</b>		2. NAME (Last-First-Middle) <b>HILLMAN, Robert N., Jr.</b>			
3. NATURE OF PERSONNEL ACTION <b>RESIGNATION</b>			4. EFFECTIVE DATE REQUESTED MONTH <b>04</b> DAY <b>27</b> YEAR <b>63</b>		5. CATEGORY OF EMPLOYMENT <b>REGULAR</b>
6. FUNDS <div style="display: flex; align-items: center;"> <div style="width: 20px; height: 20px; background-color: black; margin-right: 5px;"></div> <div> <input checked="" type="checkbox"/> V TO V  <input type="checkbox"/> CP TO V  <input type="checkbox"/> V TO CP  <input type="checkbox"/> CP TO CP </div> </div>		7. COST CENTER NO. CHARGEABLE <b>1032-1000-1000</b>		8. LEGAL AUTHORITY (Completed by Office of Personnel)	
9. ORGANIZATIONAL DESIGNATIONS <b>DDP Special Affairs Staff FI/CI Branch</b>			10. LOCATION OF OFFICIAL STATION <b>Washington, D.C.</b>		
11. POSITION TITLE <b>OPS OFFICER</b>			12. POSITION NUMBER <b>0682</b>		13. CAREER SERVICE DESIGNATION <b>D</b>
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) <b>GS</b>		15. OCCUPATIONAL SERIES <b>0136.01</b>		16. GRADE AND STEP <b>11 (4)</b>	
17. SALARY OR RATE <b>\$ 8640</b>					
18. REMARKS <div style="text-align: right; margin-top: 50px;"> <div style="border: 1px solid black; padding: 5px; display: inline-block;"> Recorded by CSPD <i>[Signature]</i> </div> </div>					
19. SIGNATURE OF REQUESTING OFFICER <i>Louis W. Armstrong</i> <b>LOUIS W. ARMSTRONG, JES</b>					
DATE SIGNED <b>18 Apr 63</b>		19A. SIGNATURE OF CAREER SERVICE APPROVING <i>[Signature]</i> <b>18 Apr 63</b>			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
20. ACTION CODE <b>45</b>	21. EMPLOY CODE <b>10</b>	22. OFFICE CODE NUMERIC ALPHABETIC <b>1059-112</b>	23. BIRTH DATE MM DD YY <b>10 05 19</b>	24. BIRTH PLACE STATE COUNTRY <b>MD USA</b>	25. DATE OF BIRTH MM DD YY <b>10 05 19</b>
26. DATE EMP RES MM DD YY <b>10 05 19</b>	27. SPI. ID. REFERENCE 1 - CS 2 - F 28 3 - OTHER	28. RET. SECT. DATE 1 - CS 2 - F 28 3 - OTHER	29. SEPARATION DATE MM DD YY <b>10 05 19</b>	30. SEPARATION REASON 1 - RESIGNATION 2 - DISCHARGE 3 - OTHER	31. SEPARATION REASON 1 - RESIGNATION 2 - DISCHARGE 3 - OTHER
32. VET. PREFERENCE 1 - NONE 2 - 50% 3 - 100%	33. SER. COMP. DATE MM DD YY <b>10 05 19</b>	34. JNL. COMP. DATE MM DD YY <b>10 05 19</b>	35. CAREER CATEGORY CAPTAIN PROV. EMP	36. REG. / HEALTH ALLOCATION 1 - REG 2 - HEALTH 3 - REG	37. OTHER HEALTH INFO
38. PREVIOUS GOVERNMENT SERVICE DATA 1 - NO PREVIOUS SERVICE 2 - NO BREAK IN SERVICE 3 - BREAK IN SERVICE (LESS THAN 5 YRS) 4 - BREAK IN SERVICE (MORE THAN 5 YRS)		39. PREVIOUS EMP CODE 1 - REG 2 - F 28 3 - OTHER	40. PREVIOUS EMP CODE 1 - REG 2 - F 28 3 - OTHER	41. PREVIOUS EMP CODE 1 - REG 2 - F 28 3 - OTHER	42. PREVIOUS EMP CODE 1 - REG 2 - F 28 3 - OTHER
43. POSITION CONTROL CERTIFICATION <i>[Signature]</i>			44. D.P. APPROVAL <i>[Signature]</i> <b>14 Apr 63</b>		

RZR: 25 APR 63

NOTIFICATION OF PERSONNEL ACTION							
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)					
027630		HIDALGO B N JR					
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT	
RESIGNATION				04 27 63		REGULAR	
6. FUNDS		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY			
X		3232 1000 1000					
9. ORGANIZATIONAL DESIGNATIONS				10. LOCATION OF OFFICIAL STATION			
11. POSITION TITLE				12. POSITION NUMBER		13. SERVICE DESIGNATION	
OPS OFFICER				0682		D	
14. CLASSIFICATION SCHEDULE (GS, LO, etc.)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE	
GS		0136.01		11 4		8840	
18. REMARKS							
SIGNATURE OR OTHER AUTHENTICATION							

SECRET

Form 10-1 (Rev. 1-63)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
1. SERIAL NUMBER 027630				11 December 1963	
2. NAME (Last, First, Middle) [REDACTED]				3. NATURE OF PERSONNEL ACTION PROMOTION	
4. EFFECTIVE DATE REQUESTED 12-1-63				5. CATEGORY OF EMPLOYMENT REGULAR	
6. FUNDS V. TO V CF. TO V		7. COST CENTER NO. CHARGEABLE 4132-2001-1000		8. LEGAL AUTHORITY (Completed by Office of Personnel)	
9. ORGANIZATIONAL DESIGNATIONS DEP Special Affairs Staff U. S. Field Forward Operations Station - JMWAVE CI Section				10. LOCATION OF OFFICIAL STATION JMWAVE	
11. POSITION TITLE OPS OFFICER				12. POSITION NUMBER 0731	
13. CAREER SERVICE DESIGNATION D				14. CLASSIFICATION SCHEDULE (GS, LD, etc.) GS	
15. OCCUPATIONAL SERIES 0136.01				16. GRADE AND STEP 12 (1)	
17. SALARY OR RATE 9475				18. REMARKS	
<div style="text-align: right;">  </div>					
19A. SIGNATURE REQUESTING OFFICIAL CRVILLE C. HAWSON, S/SAS/fers.		DATE SIGNED 12/11/63		19B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER [Signature]	
DATE SIGNED 12/11/63					
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
19. ACTUAL CODE 22	20. EMPLOY CODE 10	21. OFFICE CODE NO. 49700	22. POSITION CODE 0000	23. GRADE AND STEP 12 (1)	24. DATE OF ACTION 12/12/63
25. NTC EXP RES [Blank]	26. SPECIAL REFERENCE [Blank]	27. RESUME DATA [Blank]	28. ESTIMATE DATA [Blank]	29. ESTIMATE DATA [Blank]	30. ESTIMATE DATA [Blank]
31. PREVIOUS COMMAND SERVICE DATA [Blank]	32. PREVIOUS COMMAND SERVICE DATA [Blank]	33. PREVIOUS COMMAND SERVICE DATA [Blank]	34. PREVIOUS COMMAND SERVICE DATA [Blank]	35. PREVIOUS COMMAND SERVICE DATA [Blank]	36. PREVIOUS COMMAND SERVICE DATA [Blank]
37. POSITION CONTROL CERTIFICATION [Signature]		38. D.P. APPROVAL [Signature]		DATE APPROVED 12/11/63	

FORM 1152 (Rev. 1-63) QUALITY/PERFORMANCE SYSTEM AND PLAN 1962.

SECRET

GROUP 1  
EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

(4)

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION					DATE PREPARED		
1. SERIAL NUMBER 027630		2. NAME (Last-First-Middle) EDWARD ALLEN, JR.					
3. NATURE OF PERSONNEL ACTION REASSIGNMENT			4. EFFECTIVE DATE REQUESTED MONTH 11 DAY 20 YEAR 62		5. CATEGORY OF EMPLOYMENT REGULAR		
6. FUNDS Y TO V CP TO V		7. COST CENTER NO. CHARGEABLE 23351 (M-2) 00		8. LEGAL AUTHORITY (Completed by Office of Personnel)			
9. ORGANIZATIONAL DESIGNATIONS DDP Task Force W PC-CI Branch			10. LOCATION OF OFFICIAL STATION Washington, D.C.				
11. POSITION TITLE OPS OFFICER		12. POSITION NUMBER 002		13. CAREER SERVICE DESIGNATION J			
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS		15. OCCUPATIONAL SERIES 000		16. GRADE AND STEP 11 04		17. SALARY OR RATE \$720	
18. REMARKS From: DDP/AF/Platoon St., 7th Co., 1st Bn., 1st Regt. 1st Div. 1st Army CO, CI BRANCH: Sgt. B. J. B. [Signature] Philip C. [Signature], AF/Platoon Off. [Signature] 11/19/62							
19. SIGNATURE OF REQUESTING OFFICIAL [Signature]		DATE SIGNED 6/7/62		20. SIGNATURE OF CAREER SERVICE APPROVING OFFICER [Signature]		DATE SIGNED	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
21. ACTION CODE 37	22. EMPLOY CODE 10	23. OFFICE CODING NUMERIC 61300 ALPHABETIC TFW	24. STATION CODE	25. INTEREST CODE	26. NO. 1 CODE 1	27. DATE OF BIRTH 5/27/19	28. DATE OF DEATH
29. RET. EXP. REF.	30. SPECIAL REFERENCE	31. RETIREMENT DATA 1 - CSC 2 - FICA 3 - NONE	32. SEPARATION DATA CODE	33. CORRECTION/CANCELLATION DATA	34. SECURITY REQ. NO.		35. SEC
36. VET. PREFERENCE 1 - NONE 2 - 5 PT 3 - 10 PT		37. SERV. COMP. DATE	38. LONG. COMP. DATE	39. CAREER CATEGORY CART/RES PROV/TEMP	40. FEGLI / HEALTH INSURANCE 0 - WAIVER 1 - YES	41. SOCIAL SECURITY NO.	
42. PREVIOUS GOVERNMENT SERVICE DATA 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)		43. LEAVE CAT. CODE	44. STODER, TAB DATA FORM EMPLOYED CODE 1 - YES 2 - NO	45. STATE TAX DATA FORM PRECUT 1 - YES 2 - NO		46. STATE CODE	
47. POSITION CONTROL CERTIFICATION [Signature] 11/19/62				48. O.P. APPROVAL [Signature]		DATE APPROVED	



**SECRET**  
(When Filled In)

REQUEST FOR PERSONNEL ACTION										DATE PREPARED							
1. SERIAL NUMBER		2. NAME (Last-First-Middle)								4. JANUARY 1962							
027630		HIDALGO, JAMES H. JR.															
3. NATURE OF PERSONNEL ACTION					4. EFFECTIVE DATE REQUESTED			5. CATEGORY OF EMPLOYMENT									
REASSIGNMENT					MONTH DAY YEAR 1 1 62			REGULAR									
6. FUNDS		X		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE		8. LEGAL AUTHORITY (Completed by Office of Personnel)							
				CF TO V		CF TO CF		2235 1000 1000									
9. ORGANIZATIONAL DESIGNATIONS					10. LOCATION OF OFFICIAL STATION												
DDP WH SECTION A PLANS & OPERATIONS STAFF					WASHINGTON, D. C.												
11. POSITION TITLE					12. POSITION NUMBER			13. CAREER SERVICE DESIGNATION									
OPS OFFICER					BA-641			D									
14. CLASSIFICATION SCHEDULE (GS, LP, etc.)			15. OCCUPATIONAL SERIES		16. GRADE AND STEP			17. SALARY OR RATE									
GS			0136.01		11 3			\$6,080									
18. REMARKS																	
FROM: DDP/WH/1-FI-CI/1681																	
18A. SIGNATURE OF REQUESTING OFFICIAL												DATE SIGNED		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER		DATE SIGNED	
				sonnel				R. Reedy									
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL																	
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE		23. INITIALS CODE		24. DATE OF BIRTH		25. DATE OF DEATH		26. DATE OF DEATH			
000		C		000		000		000		1 05 1919							
27. DATE EXPIRES		28. SPECIAL REFERENCE		29. RET. REMITT. DATA		30. SEPARATION DATA		31. SEPARATION DATA		32. SEPARATION DATA		33. SEPARATION DATA		34. SEPARATION DATA			
NO. DA. YR.				1 = 12 2 = 6 3 = 3 4 = NONE		NO. DA. YR.		NO. DA. YR.		NO. DA. YR.		NO. DA. YR.		NO. DA. YR.			
35. VET. PREFERENCE		36. SERV. COMP. DATE		37. LONG. COMP. DATE		38. MIL. SERV. DATE		39. MIL. SERV. DATE		40. MIL. SERV. DATE		41. MIL. SERV. DATE		42. MIL. SERV. DATE			
CODE		NO. DA. YR.		NO. DA. YR.		1 = YES 2 = NO		1 = YES 2 = NO		1 = YES 2 = NO		1 = YES 2 = NO		1 = YES 2 = NO			
43. PREVIOUS GOVERNMENT SERVICE DATA				44. PREVIOUS GOVT. CODE		45. PREVIOUS GOVT. DATA				46. PREVIOUS GOVT. DATA				47. PREVIOUS GOVT. DATA			
CODE				CODE		CODE				CODE				CODE			
1 = NO PREVIOUS SERVICE 2 = NO BREAK IN SERVICE 3 = BREAK IN SERVICE LESS THAN 12 MO. 4 = BREAK IN SERVICE MORE THAN 12 MO.						1 = YES 2 = NO				1 = YES 2 = NO				1 = YES 2 = NO			
48. POSITION CONTROL CERTIFICATION						49. J.P. APPROVAL						50. DATE APPROVED					
1/16/62						R. Reedy											

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED	
1. SERIAL NUMBER <b>027630</b>						2. NAME (Last-First-Middle) <b>HIDALGO, B. N., Jr.</b>	
3. NATURE OF PERSONNEL ACTION <b>REASSIGNMENT (And Transfer to Vouchered Funds)</b>				4. EFFECTIVE DATE REQUESTED MONTH <b>08</b> DAY <b>20</b> YEAR <b>61</b>		5. CATEGORY OF EMPLOYMENT <b>REGULAR</b>	
6. FUND <b>▶</b>		7. COST CENTER NO. CHARGEABLE <b>2635-5000-8021</b>		8. LEGAL AUTHORITY (Completed by Office of Personnel)			
9. ORGANIZATIONAL DESIGNATIONS <b>DDP/WH <del>DDP</del> Branch 4 FI-CI Sec.</b>				10. LOCATION OF OFFICIAL STATION <b>Washington, D.C.</b>			
11. POSITION TITLE <b>OPS OFFICER (D)</b>				12. POSITION NUMBER <b>0681</b>		13. CAREER SERVICE DESIGNATION <b>D</b>	
14. CLASSIFICATION SCHEDULE (GS, LP, etc.) <b>GS (12)</b>		15. OCCUPATIONAL SERIES <b>0136.01</b>		16. GRADE AND STEP <b>11 (3)</b>		17. SALARY OR RATE <b>\$ 8,080</b>	
18. REMARKS <b>From: DDP/WH, Br. 4, #0626</b>							
19. SIGNATURE OF REQUESTER <b>Pers. [Signature]</b>				20. SIGNATURE OF CAREER SERVICE APPROVING OFFICER <b>[Signature]</b>			
SIGN BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
21. ACTION CODE <b>16</b>		22. EMPLOYMENT CODE <b>10</b>		23. STATUS CODE <b>60450</b>		24. DATE OF ACTION <b>08/27/61</b>	
25. DATE OF ACTION <b>08/27/61</b>		26. DATE OF ACTION <b>08/27/61</b>		27. DATE OF ACTION <b>08/27/61</b>		28. DATE OF ACTION <b>08/27/61</b>	
29. DATE OF ACTION <b>08/27/61</b>		30. DATE OF ACTION <b>08/27/61</b>		31. DATE OF ACTION <b>08/27/61</b>		32. DATE OF ACTION <b>08/27/61</b>	
33. DATE OF ACTION <b>08/27/61</b>		34. DATE OF ACTION <b>08/27/61</b>		35. DATE OF ACTION <b>08/27/61</b>		36. DATE OF ACTION <b>08/27/61</b>	
37. DATE OF ACTION <b>08/27/61</b>		38. DATE OF ACTION <b>08/27/61</b>		39. DATE OF ACTION <b>08/27/61</b>		40. DATE OF ACTION <b>08/27/61</b>	
41. DATE OF ACTION <b>08/27/61</b>		42. DATE OF ACTION <b>08/27/61</b>		43. DATE OF ACTION <b>08/27/61</b>		44. DATE OF ACTION <b>08/27/61</b>	
45. DATE OF ACTION <b>08/27/61</b>		46. DATE OF ACTION <b>08/27/61</b>		47. DATE OF ACTION <b>08/27/61</b>		48. DATE OF ACTION <b>08/27/61</b>	
49. POSITION CONTROL CERTIFICATION <b>[Signature] 08/1/61</b>				50. O.P. APPROVAL <b>[Signature]</b>			

FORM 1152 OBSOLETE PREVIOUS EDITIONS AND FORM 1152A

SECRET

(4)

**SECRET**  
**REQUEST FOR PERSONNEL ACTION**

1. Serial No.	2. Name (Last-First-Middle)	3. Date Of Birth	4. Vol. Pref.	5. Sex	6. CS-FOU
	HIDALGO, BALTES H., JR.	Mo. Da. Yr. 05 27 19	Non-1 5 Pr. 1 10 Pr. 2	M	Pr. Da. Yr.
7. SCD	8. CSC Reim.	9. CSC Or Other Legal Authority	10. Appt. Affidav.	11. FEGLI: 19	12. LCD
Mo. Da. Yr.	Yes-1 No-2	Code	Mo. Da. Yr.	Yes-1 No-2	Code

**2**  
**PREVIOUS ASSIGNMENT**

14. Organizational Designations	Code	15. Location Of Official Station	Station Code
DIS/OTR OPERATIONS SCHOOL COVERT TRAINING		WASH., D. C.	
16. Dept. - Field	17. Position Title	18. Position No.	19. Serv. 20. Occup. Series
Dept. - USStd - Frgn -	Code	INSTRUCTOR OPERATIONS	1014 GS 1711.50
21. Grade & Step	22. Salary Or Rate	23. SD	24. Date Of Grade
11 2	\$ 7270	D	Mo. Da. Yr. 03 17 58
25. PSI Due	26. Appropriation Number		
Mo. Da. Yr. 03 17 61	0175-2533		

**ACTION**

27. Nature Of Action	Code	28. Eff. Date	29. Type Of Employee	Code: 30. Separation Data
REASSIGNMENT	17	Mo. Da. Yr. 06 12 60	REGULAR	17

**3A**  
**PRESENT ASSIGNMENT**

31. Organizational Designations	Code	32. Location Of Official Station	Station Code
DDP WH BRANCH 4	367	WASH., D. C.	
33. Dept. - Field	34. Position Title	35. Position No.	36. Serv. 37. Occup. Series
Dept. - USStd - Frgn -	Code	QPS OFFICER	BA-626 GS 0136.01
38. Grade & Step	39. Salary Or Rate	40. SD	41. Date Of Grade
11 2	\$ 7270	D	Mo. Da. Yr.
42. PSI Due	43. Appropriation Number		
Mo. Da. Yr.	0135 1000 1000		

**SOURCE OF REQUEST**

44. Request Approved By (Signature And Title)	45. Request Approved By (Signature And Title)
WH/PERSONNEL OFFICER	17 June 60
46. For Additional Information Call (Name & Telephone Ex.)	47. PERSONNEL OFFICER
8242	

**CLEARANCES**

Clearance	Signature	Date	Clearance	Signature	Date
A. Career Board	W. K. R. R. R.	6-21-60	D. Placement		
B. Pos. Control	W. K. R. R. R.	6-23-60	E.		
C. Classification			F. Approved By	W. K. R. R. R.	6-23-60

Remarks

2 copies to Security. 1 Loss Notice.

**SECRET**  
(When Filled In)

DATE PREPARED Mo Da Yr 5 20 59			<b>REQUEST FOR PERSONNEL ACTION</b>				V. to V XX		V. to UV	
1. Serial No.			2. Name (Last-First-Middle) HIDALGO, Balmea N., Jr.				3. Date of Birth Mo Da Yr 5 27 19		4. Var. Pref. None-0 5 P-1 10 P-2	
7. SCD Mo Da Yr			8. CSC Reim. Yes-1 No-2		9. CSC Or Other Legal Authority		10. Appt. Affidav. Mo Da Yr		11. FEGLI Mo Da Yr	
12. LCD Mo Da Yr			13. MIL SERV. CREDIT LCA Mo Da Yr		14. CRED LCA Mo Da Yr		15. CRED LCA Mo Da Yr		16. CRED LCA Mo Da Yr	

**PREVIOUS ASSIGNMENT**

14. Organizational Designations DDP/WH Branch III Central America Section			Code		15. Location Of Official Station Washington, D. C.			Station Code			
16. Dept.-Field Dept. Valid. Fragn. D		17. Position Title Area Ops Officer			18. Position No. 0486		19. Serv. GS		20. Occup. Series 0136.01		
21. Grade & Step 11 1		22. Salary Or Rate \$ 7,030		23. SD D		24. Date Of Grade Mo Da Yr 03 17 58		25. PSI Due Mo Da Yr 09 10 59		26. Appropriation Number 8-3500-20	

**ACTION**

27. Nature Of Action Reassignment + Transfer to Confidential Funds		Code		28. Eff. Date Mo Da Yr 06 14 59		29. Type Of Employee Regular		Code		30. Separation Date	
---	--	------	--	---------------------------------------	--	---------------------------------	--	------	--	---------------------	--

**PRESENT ASSIGNMENT**

31. Organizational Designations DDS/OTR Operations School Covert Training			Code 1172		32. Location Of Official Station Washington, D. C.			Station Code 75C03			
33. Dept.-Field Dept. Valid. Fragn. D		34. Position Title Instructor Operations			35. Position No. 1014		36. Serv. GS		37. Occup. Series 1711.50		
38. Grade & Step 11 1		39. Salary Or Rate \$ 7,030		40. SD D		41. Date Of Grade Mo Da Yr		42. PSI Due Mo Da Yr		43. Appropriation Number 9-7500-30-018	

**SOURCE OF REQUEST**

A. Requested By (Name And Title) C/OS		C. Request Approved By (Signature And Title) Director of Training	
B. For Additional Information Call (Name & Telephone Ext.) x-3078			

**CLEARANCES**

Clearance	Signature	Date	Clearance	Signature	Date
A. Career Board	CP	11/1/58	D. Placement		
B. Pos. Control			E.		
C. Classification			F. Approved By	C. Powell	11 JUN 59

**Remarks**

One copy forwarded to UNVOUCHERED Payroll. Two copies forwarded to Security.

Recorded by  
CSPD

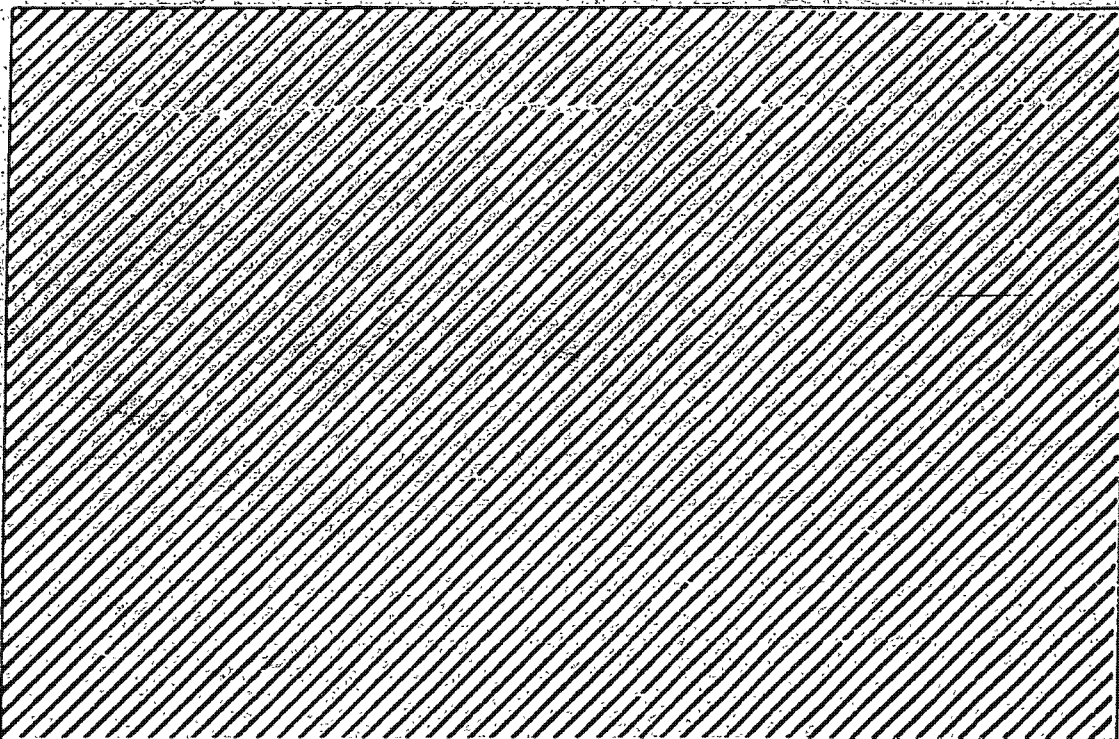
FORM 12-57 1152a (USE PREVIOUS EDITION)

**SECRET**

Security Approved For Release by CS/OS 4/17/59

SECRET

(When Filled In)



NAME OF EMPLOYEE (LAST-FIRST-MIDDLE)	DATE OF BIRTH	CASE OR CLAIM NUMBER
HIDALGO, Ealmes	Unk	58-112

There is on file in the Casualty Affairs Branch, Benefits and Casualty Division, Office of Personnel, an Official Disability Claim File on the above named employee for an illness, injury, or death incurred on 1 Oct 57.

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 BCD REPRESENTATIVE
21 Sept 58	<i>[Signature]</i>

NOTICE OF OFFICIAL DISABILITY CLAIM FILE

SECRET

Classify According  
To Legend

E 2266 REQUEST FOR PERSONNEL ACTION 2 7/24/58

1. Serial No. 12762	2. Name (Last-First-Middle) MR. BALTES N. HIDALGO, JR.	3. Date Of Birth Mo Da Yr 5 27 19	4. Var. Pref. None-0 5. Pr-1 10 Pr-2	5. Sex M	6. CS - EOD Mo Da Yr 2 17 58
7. SCD Mo Da Yr 7 16 46	8. CSC Reim. Yes-1 No-2	9. GSC Or Other Legal Authority 50 USC 4631	10. Apmt. Affidav. Mo Da Yr 3 13 58	11. FEGLI Yes-1 No-2	12. LCD Mo Da Yr 2 17 58
13. Code No-2	14. Code No-2	15. Code No-2	16. Code No-2	17. Code No-2	18. Code No-2

## PREVIOUS ASSIGNMENT

14. Organizational Designations	Code	15. Location Of Official Station	Station Code
16. Dept. Field Dept. Code Usfid. Code Frag. Code	17. Position Title	18. Position No.	19. Serv. 20. Occup. Series
21. Grade & Step	22. Salary Or Rate \$	23. SD	24. Date Of Grade Mo Da Yr
			25. PSI Due Mo Da Yr
			26. Appropriation Number

## ACTION

27. Nature Of Action Excepted Appointment	Code 13	28. Eff. Date Mo Da Yr 3 17 58	29. Type Of Employee Regular	Code C1	30. Separation Data
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## PRESENT ASSIGNMENT

31. Organizational Designations DDP/WH Branch III Central America Section	Code 4613	32. Location Of Official Station Washington, D.C.	Station Code
33. Dept. Field Dept. Code Usfid. Code Frag. Code	34. Position Title Area Ops Officer	35. Position No. # BA-486-11	36. Serv. 37. Occup. Series GS 0136.01
38. Grade & Step 11-A	39. Salary Or Rate \$ 6390	40. SD D	41. Date Of Grade Mo Da Yr 3 17 58
			42. PSI Due Mo Da Yr 9 12 58
			43. Appropriation Number 8-3500-20

## SOURCE OF REQUEST

A. Requested By (Name And Title) [Signature] / WH Personnel Officer	C. Request Approved By (Signature And Title) [Signature]
B. For Additional Information Call (Name & Telephone Ext) [Signature] X 8242	

## CLEARANCES

Clearance	Signature	Date	Clearance	Signature	Date
A. Career Board	[Signature]	3/17/58	D. Placement	[Signature]	3/14/58
B. Post. Control	[Signature]	3/17/58	E.		
C. Classification			F. Approved By	Robert W. Greay	10 MAR 1958

## Remarks

Subject is presently engaged as a Contract Employee with the WH Division.  
\* For slotting purposes Only.

SECRET

STANDARD FORM 52  
FORM 52-1  
B. A. SERVICE COMMISSION  
B. A. SERVICE COMMISSION  
B. A. SERVICE COMMISSION  
B. A. SERVICE COMMISSION

SECRET

UNVOUCHERED

# REQUEST FOR PERSONNEL ACTION

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

1. NAME (Mr., Mrs., Miss, One given name, initials, and surname)	2. DATE OF BIRTH	3. REQUEST NO.	4. DATE OF REQUEST
Mr. Balmes N. HIDALGO, Jr.	27 May 1919		8 July 55
5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.)		6. EFFECTIVE DATE A. PROPOSED:	7. C. S. OR OTHER LEGAL AUTHORITY
Excepted Appointment			
8. POSITION (Specify whether establish, change grade or title, etc.)		9. APPROVED:	

FROM—	10. POSITION TITLE AND NUMBER	TO—
	11. SERVICE, GRADE, AND SALARY	I. O. (FI) BAF-277
	12. ORGANIZATIONAL DESIGNATIONS	GS-0130.51-11, \$6390.00 P.a. X
	13. HEADQUARTERS	DDP/WH
<input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL	14. FIELD OR DEPARTMENTAL	<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL

15. REMARKS (Use reverse if necessary)

Subject is presently a contract employee with Project HYPOTHESIS.

16. REQUESTED BY (Name and title)	17. REQUEST APPROVED BY
<i>[Signature]</i> C/WH	Signature:
18. FOR ADDITIONAL INFORMATION (Name and telephone extension)	Title:
3692	

19. VETERAN PREFERENCE	20. POSITION CLASSIFICATION ACTION
NONE WWH OTHER 5 PT 15 POINT DISAB OTHER	NEW VICE L.A. REAL

21. SEX RACE	22. APPROPRIATION	23. SUBJECT TO C. S. RETIREMENT ACT (YES-NO)	24. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)	25. LEGAL RESIDENCE
M W	FROM: TO: 6-3525-56-051	Yes		<input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:

26. STANDARD FORM 50 REMARKS

27. CLEARANCES	28. INITIAL OR SIGNATURE	29. DATE	30. REMARKS
A.			
B. CEIL. OR POS. CONTROL	<i>[Signature]</i>	31. 31 Aug 55	
C. CLASSIFICATION			
D. PLACEMENT OR EMPL.	32. 320	33. 220	
E.			

34. APPROVED BY


*[Signature]* 7/28/55

**SECRET**  
(When Filled In)

1. PERSONAL SERIAL NO. <b>027630</b>		BIOGRAPHIC PROFILE (PART I) GDI: 16 Jul 1976			
2. NAME (Last-First-Middle) <b>HUTCHESON, B. N., Jr.</b>		3. SEX <b>M</b>	4. DATE OF BIRTH <b>27 May 1919</b>	5. LONGEVITY COMP. DATE <b>18 Feb 1976</b>	
6. MARITAL STATUS <b>Married</b>	7. DEPENDENTS (Include Own- Employees) <b>2</b>	8. YEARS OF BIRTH <b>1914-1892</b>		9. US NATURALIZATION DATE(S) <b>RA Puerto Rico NA</b>	
10. CAREER STATUS <b>Staff</b>	11. MEMBERSHIP <b>Mar 1961</b>	12. OTHER STATUS <b>None</b>		13. LAST MED. APT. QUAL. FOR <b>Jul 1967 Dept Only</b>	14. LAST MED. APT. QUAL. FOR <b>TDY O/S</b>
15. CURRENT RESERVE STATUS <b>None</b>	16. NON-CIA SERVICE <b>X</b>	17. GRADE <b>None</b>	18. ACTIVE DUTY WITH CIA CAT. 1 <b>None</b>	19. RELEASE TO MIL. SER. CAT. 1 <b>None</b>	20. DEFERRED CAT. 2 <b>None</b>
10. ASSESSMENT DATE <b>None</b>		11. PROFESSIONAL TEST DATE <b>Feb 1958</b>		12. LANGUAGE APITUDE TEST DATE <b>None</b>	
13. EMPLOYMENT HISTORY SINCE 13 SEPT 1947 (Personal Actions, Military Orders, and Principal Duties)					
1943-44 Military Service, US Army, Col - Infantry 1944-45 Jersey City Quartermaster Depot, Jersey City, NJ - Inspector 1945-47 Francis H. Loggitt Co (Food Wholesaler), NYC - Correspondence Clerk 1948-49 Dept of Justice, FBI, NYC - Contract Agent on a Penetration Project 1948-50 Colonial Trust Co (Bank), NYC - Collections Clerk 1950-51 American Trust Co (Bank), NYC - Collections Clerk 1951-52 Dept of Defense, New York QM Procurement Agency, NYC - Inspector					
14. NON-CIA EDUCATION High School Graduate					
1945-46 New York University - Foreign Trade, Business Law					
15. FOREIGN LANGUAGE ABILITIES (Language, Proficiency, Date Tested)		Portuguese - R: Inform; W, P, S, U None (Oct 1959); T None - May 1958 Spanish - R High; W Inform; P, S, U Native (Nov 1959); Translate, Interpret - May 1958			
16. AGENCY SPONSORED TRAINING					
1958 Comm Party Org & Ops		1958 Intel Orient			
1958 CI Famil		1959 Picks & Locks			
1958 Info Rptng, Rpts & Rqmts		1959 Audio Surveil Mgmt			
1958 Operations		1966 Undetermined Entry (Act)			
17. CIA EMPLOYMENT HISTORY SINCE 13 SEPT 1947 (Personal Actions, Military Orders, and Principal Duties)					
EFFECTIVE DATE	POSITION TITLE & OCCUPATIONAL CODE	GRADE	ED	ORGANIZATION & CHCH. TITLE (If any)	LOCATION
Mar 1958	Feb 1952 - Mar 1958, Contract Employee for DDP/WH/Project HYPOTHESIS Area Ops Off 0136.01	11	D	DDP/WH-III/Control America	Hq
	Jan - Feb 1959, TDY				
Jun 1959	Instructor (Ops) 1711.50	11	D	OTR/Ops School/Covert Trng	Hq
Jun 1960	Ops Off 0136.01	11	D	DDP/WH-4	"
Aug 1961	" " 0136.01	11	D	DDP/WH-4/PI-CI Sec	"
Jan 1962	" " 0136.01	11	D	DDP/WH/Plans & Ops Sec/Sec A	"
Apr 1963	" " 0136.01	11	D	DDP/SAS/US Fld/Forward, Ops Sta	JMWAVE
Dec 1963	" " 0136.01	12	D	" " " " " " " "	"
Apr 1964	" " 0136.01	12	D	DDP/SAS/CS/CS Dev Corp	Hq
Nov 1964	" " 0136.01	12	D	DDP/SAS/CI Staff/Ops	"
May 1965	" " 0136.01	12	D	DDP/WH/CS/CS Staff Ops Br	"
Dec 1965	" " 0136.01	12	D	DDP/WH-2	"
18. DATE REVIEWED <b>22 Jun 1966</b>		19. PROFILE REVIEWED BY <b>huc/abc</b>		20. STAND 1-10 REVIEWED & VERIFIED BY EMPLOYEE <b>huc/abc</b>	



**SECRET**  
(When Filled In)

PERS. SERIAL NO. 027630		<b>BIOGRAPHIC PROFILE (PART 2)</b>	
NAME (Last-First-Middle) HEDGECOCK, R. N., JR.		DATE OF BIRTH 27 May 1919	
23. SUMMARY OF EVALUATIVE REPORTS FOR THE PAST TWO YEARS			
			
24. SUMMARY OF CAREER PREFERENCE OUTLINE AND/OR FIELD REASSIGNMENT QUESTIONNAIRE			
25. IDENTITY OF OTHER DOCUMENTS WHICH SHOULD BE REVIEWED IN DETAIL			
26. ADDITIONAL INFORMATION Appreciation 1968 from TSD/AP/CAS for the postal intercept exemplars which are invaluable to that office.			
27. DATE REVIEWED 23 Jun 1969		28. PROFILE REVIEWED BY HNS/ots	

**SECRET**  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER			
				027630			
<b>SECTION A GENERAL</b>							
1. NAME (Last) (First) (Middle)		2. DATE OF BIRTH		3. SEX		4. GRADE	
Hidalgo Balmes N.		05/27/19		M		GS-12	
5. OFFICIAL POSITION TITLE		7. OFF/DIV BR OF ASSIGNMENT		8. CURRENT STATION			
Ops Officer		DDP/WH/2		HQS			
9. CHECK (X) TYPE OF APPOINTMENT				10. CHECK (X) TYPE OF REPORT			
<input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY				<input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR			
<input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)				<input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE			
<input type="checkbox"/> SPECIAL (Specify):				<input type="checkbox"/> SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P.				12. REPORTING PERIOD (From - To)			
31 January 1969				1 January 1968 - 31 December 1968			
<b>SECTION B PERFORMANCE EVALUATION</b>							
<p><b>W - Weak</b> 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><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> 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>							
<b>SPECIFIC DUTIES</b>							
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 Primary Desk Case Officer for [redacted] FI operations. Prepares cables and dispatches to [redacted] and other Stations and internal Headquarters correspondence.							RATING LETTER <b>P</b>
SPECIFIC DUTY NO. 2 Conducts required coordination with other offices within the agency.							RATING LETTER <b>P</b>
SPECIFIC DUTY NO. 3 Supervises and/or maintains files and regulates indexing relating to his cases.							RATING LETTER <b>P</b>
SPECIFIC DUTY NO. 4							RATING LETTER
SPECIFIC DUTY NO. 5							RATING LETTER
SPECIFIC DUTY NO. 6							RATING LETTER
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>							
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 <b>P</b>

SECRET  
(When Filled In)

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Degree of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.</p>			
<p>Mr. Hidalgo is a man of unusual background even in our unusual organization. This background undoubtedly affords him qualifications for our work, but nevertheless, on the professional level he suffers from disadvantages as well--overcoming some but not others. He is not well-educated in a formal sense, and in our world of words is not adequately equipped to prepare finished written correspondence. He has difficulty in organizing his work systematically, thus at times, giving an impression that the preparation has not been thorough--which might not really have been true.</p> <p>On the other hand, Mr. Hidalgo has the advantage of native fluency in Spanish and an obvious understanding of the Latin thinking process and culture. He is broadly experienced in operations, not only as a case officer but as an actual agent himself, having served four years as a Bureau penetration of the CPUSA. He is operationally imaginative and unquestionably possesses the ingenuity and courage to translate ideas into action. In this respect, however, his efforts must be channeled and selectivity exercised. On the [ ] Desk this officer provides the valuable service of operational history and continuity; he served six years [ ] and has been on the desk for three.</p>			
Continued			
SECTION D		CERTIFICATION AND COMMENTS	
1. BY EMPLOYEE			
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT			
DATE	SIGNATURE OF EMPLOYEE		
9 Jan 1969	<i>[Signature]</i>		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS GIVEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
4	<i>[Initials]</i>		
DATE	OFFICIAL TITLE OF SUPERVISOR	SIGNATURE	
9 January 1969	C/WI/2/P	<i>[Signature]</i>	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
<p>Mr. Hidalgo is an experienced and well qualified operations officer, and it is indeed unfortunate that there are medical problems which do not allow him to be assigned overseas. Since Mr. Hidalgo cannot be assigned overseas, I too endorse his desire to be assigned to OTR or to another assignment of his choice.</p>			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
9 JAN 1969	C/WI/2	<i>[Signature]</i> Edwin M. Terrell	

SECRET

SECRET

## SECTION C Continued

Hidalgo, Balmes N.

Mr. Hidalgo is a gregarious uncomplicated person, generally pleasant, and generous in his instincts--but not entirely without his quixotic side--and one whose natural Latin emotionality has been intensified by a life of experiences outside the norm, e.g. years as a CP penetration, air crashes, war wounds, etc.

This officer is aware that his intellectual background and medical debilities are obstructions to his advance. Understandably, he has developed outside interests, apparently as compensation. Expectedly, his attitudes at times so reflect.

In sum, Mr. Hidalgo serves a satisfactory function on the [ ] Desk and no doubt could continue to perform so indefinitely, but in view of his limitations in a desk-bound situation and the medical restrictions, both of which will continue to inhibit his advance in his present component, this supervisor endorses Mr. Hidalgo's desire to be considered for transfer to another component, namely OTR (specifically covert training), where his attributes would likely come more directly into play. He has the operational experience, competency in a foreign language, an outgoing personality, and experience in lecturing and teaching.\* Finally, regardless of the shortcomings reflected in this evaluation, the grading officer finds much to admire in Mr. Hidalgo personally.

\*Should a suitable opening in that field be unavailable, it is felt there would be merit also in considering Mr. Hidalgo's other stated interests, i.e., the technical interrogation section of the Office of Security or OO Contacts Division.

SECRET

SECRET

(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				027630	
<b>SECTION A GENERAL</b>					
1. NAME (Last) (First) (Middle) <b>HIDALGO, Balmes N., Jr.</b>			2. DATE OF BIRTH <b>27 May 1919</b>	3. SEX <b>M</b>	4. GRADE <b>GS-12</b>
5. OFFICIAL POSITION TITLE <b>Ops Officer</b>			6. OFF/DIV/BR OF ASSIGNMENT <b>DDP/WH/2</b>		
7. CHECK (X) TYPE OF APPOINTMENT			8. CURRENT STATION <b>Headquarters</b>		
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY CAREER-PROVISIONAL (See Instructions - Section C)			9. CHECK (X) TYPE OF REPORT <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL REASSIGNMENT SUPERVISOR REASSIGNMENT EMPLOYEE		
10. SPECIAL (Specify):			11. SPECIAL (Specify):		
12. DATE REPORT DUE IN O.P.			13. REPORTING PERIOD (From - to) <b>1 Jan 1967 to 31 Dec 1967</b>		
<b>SECTION B PERFORMANCE EVALUATION</b>					
<p><b>W - Weak</b> 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><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> 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>					
<b>SPECIFIC DUTIES</b>					
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 <b>Responsible for all FI/CI Projects for the Desk</b>					RATING LETTER <b>S</b>
SPECIFIC DUTY NO. 2 <b>Initiates, prepares and coordinates all operational communications to the field on FI/CI matters</b>					RATING LETTER <b>P</b>
SPECIFIC DUTY NO. 3 <b>Prepares project renewals, studies and papers on FI/CI matters</b>					RATING LETTER <b>P</b>
SPECIFIC DUTY NO. 4 <b>Translates Spanish language material for the Branch</b>					RATING LETTER <b>O</b>
SPECIFIC DUTY NO. 5 <b>Coordinates FI/CI matters for the Desk with other Hqs components</b>					RATING LETTER <b>S</b>
SPECIFIC DUTY NO. 6 <b>Occasionally handles visiting indigenous assets</b>					RATING LETTER <b>S</b>
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>					
31 MAR 1967 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 <b>S</b>

SECRET

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B, to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.</p>			
<p>Comment by Mr. Tsikerdanos, previous supervisor: 151 F1 '67</p> <p>Mr. Hidalgo is a very capable case officer who is more suited to a field position. He is adept at handling indigenous personnel and has a keen operational mind. He is good at grasping operational leads but is not a capable writer. He has trouble expressing himself on paper. His Spanish language capability is a decided asset to the Branch. A longstanding illness has limited his effectiveness at the Desk. He is cost conscious and has no supervisory responsibilities.</p> <p>Comments by Present Supervisor:</p> <p>I concur in the above estimate of Mr. Hidalgo's operational capabilities. During the months (Oct 1966 - March 1967) I have worked with Mr. Hidalgo I have not found his health to be a factor in his performance of his duties.</p> <p style="text-align: right;">Ken Knaus</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		
10 March 67	<i>[Signature]</i>		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
11			
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
9 MAR 1967	Formerly C/WH/2/P	<i>[Signature]</i>	
9 MAR 1967	Present C/WH/2/P	Ken Knaus	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
<p>Mr. Hidalgo's health caused him to be absent from his duties several times during the first part of 1966 but these absences were for a limited period. From my observation, his health has not presented a serious problem to the performance of his duties.</p> <p>Several times during the absence of Mr. Tsikerdanos in the year 1966 Mr. Hidalgo was the acting desk officer. His performance was most satisfactory, and his supervision of the other desk employees, albeit for a limited period, was fully satisfactory.</p>			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
9 MAR 1967	C/WH/2	<i>[Signature]</i> Edwin M. Terrell	

SECRET

**SECRET**  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER			
				027630			
<b>SECTION A GENERAL</b>							
1. NAME (Last) (First) (Middle) MILANO, Palmes A., Jr.			2. DATE OF BIRTH 27 May 1919		3. SEX M		4. GRADE GS-12
5. OFFICIAL POSITION TITLE C's Officer			7. OFF/DIV/BR OF ASSIGNMENT DD//T/C		6. CURRENT STATION Headquarters		
9. CHECK (X) TYPE OF APPOINTMENT				10. CHECK (X) TYPE OF REPORT			
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C) SPECIAL (Specify):				<input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P.				12. REPORTING PERIOD (From - to) 16 Mar - 30 October 1955			
<b>SECTION B PERFORMANCE EVALUATION</b>							
<p><b>W - Weak</b> 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><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> 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>							
<b>SPECIFIC DUTIES</b>							
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 Headquarters desk officer responsible for the support of Miami Station CI/CE activities and operations.							RATING LETTER P
SPECIFIC DUTY NO. 2 Advisor to various components of the WH and WE Divisions on Cuban operations with specific reference to the Cuban Security Intelligence Service, organization, modus operandi and							RATING LETTER S
SPECIFIC DUTY NO. 3 Briefing representatives of personnel foreign liaison services and selected agents visiting in Washington on the Cuban Security and Intelligence Services and his own unique experience in the Communist Party.							RATING LETTER S
SPECIFIC DUTY NO. 4 Translator/interpreter: Served as consultant to WH Division on Cuban Spanish.							RATING LETTER S
SPECIFIC DUTY NO. 5							RATING LETTER
SPECIFIC DUTY NO. 6							RATING LETTER
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>							
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.							RATING LETTER S
4 JAN 1956							

SECRET

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B by providing basis for determining future personnel action. Managerial performance of managerial or supervisory duties must be described, if applicable.</p>			
<p>Mr. Hidalgo is an able intelligence officer, <sup>Office of</sup> <del>developed</del> to his profession and selfless in his desire to be of <del>service</del> to the Government. Although he has suffered ill health in recent years, he was insistent that he be among the first to be sent to the Dominican Republic when the crisis occurred.</p>			
<p>An intense person, Mr. Hidalgo is industrious, works well under pressure and sets high standards for his performance. Because he is intent on getting things done, he is occasionally hasty in judgment and in written presentation of the results of his research and conclusions. He is perceptive, quickly accepts suggestions and offers counter-proposals with cogent argument. Mr. Hidalgo was not in a supervisory capacity. He was cost conscious; always endeavoring to be conservative where possible.</p>			
<p>He is an effective and cooperative member of an office, ready to assume responsibility and to help his colleagues. Thanks to his unique experience on the Cuban target, he has wide knowledge of the Cuban problem and is, in fact, an expert on the Cuban Security and Intelligence Services.</p>			
SECTION D		CERTIFICATION AND COMMENTS	
1. BY EMPLOYEE			
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT			
DATE	SIGNATURE OF EMPLOYEE		
9 December 1965	<i>[Signature]</i>		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
8 months			
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
9 December 1965	C/WH/C/MO/FI-CI	<i>[Signature]</i> Susan L. Darling	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
<p>I concur with the supervisor's assessment of Mr. Hidalgo with <del>an</del> exception to the statement that Subject works well under pressure. He is indeed an intense person and, under great pressure, his involvement affects his performance; and even more important, it has a very bad effect on his health. With this consideration noted, the undersigned thinks very highly of Mr. Hidalgo and would be pleased to be associated with him again.</p>			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
9 December 1965	C/WH/C/MO	Walter T. Cini <i>[Signature]</i>	

SECRET



SECRET  
(When Filled In)

1. PERSONAL NO. 27630		BIOGRAPHIC PROFILE (PART I) SCDD: 26 Jul 1946			
2. NAME (Last-First-Middle) JAMES H. HARRIS, JR.		3. SEX M	4. DATE OF BIRTH May 1919	5. LONGEVITY COMP. DATE 17 Mar 1958	
6. MARITAL STATUS Married	7. DEPENDENT(S) (If any, give names)	8. NO. YEARS OF BIRTH 3	9. YEAR(S) OF BIRTH 1927 1945 1950		10. NATURALIZATION DATE(S) NA Puerto Rico, NA
11. CARRIED STAFF STATUS D	12. MEMBERSHIP D	13. OTHER STATUS Pending		14. LAST REG. DUTY Sep 1962	15. EVAL. FOR Duty Only TDY O/S
16. CURRENT RESERVE STATUS D	17. NON-SERVICE D	18. GRADE	19. ACTIVE DUTY WITH CIA CAT. 1	20. RELEASED TO MIL. SER. CAT. 1	21. TO BE DEFERRED CAT. 3
22. ASSESSMENT DATE None		23. PROFESSIONAL TEST DATE Feb 1958		24. LANGUAGE ATTITUDE TEST DATE None	
25. EMPLOYMENT HISTORY 1940-43 Military Service, US Army, Cpl - Infantry 1944-45 Jersey City Quartermaster Depot, Jersey City, NJ - Inspector 1945-47 Francis H. Lussitt Co (Food Wholesaler), NYC - Correspondence Clerk 1946-49 Dept of Justice, FBI, NYC - Contract Agent on a Penetration Project 1948-50 Colonial Trust Co (Bank), NYC - Collections Clerk 1950-51 American Trust Co (Bank), NYC - Collections Clerk 1951 Dept of Defense, New York QM Procurement Agency, NYC - Inspector					
26. NON-CIA EDUCATION 1945-46 New York University - Foreign Trade, Business Law					
27. FOREIGN LANGUAGE ABILITIES (Language, Proficiency, Date Tested)		Portuguese - R Interim; W, P, S, U Zero (Oct 1959); T None - May 1958 Spanish - R High; W Interim; P, S, U Native (Nov 1959); Translate, Interpret - May 1958			
28. AGENCY SPONSORED TRAINING 1958 Intel Orient 1958 Comm Party Org & Ops 1958 CI Famil 1958 Info Rptng, Rpts & Rqmts 1958 Operations 1958 Pick & Locks 1959 Audio Surveill Mgmt					
29. CIA EMPLOYMENT HISTORY SINCE 15 SEPT 1947 (Personnel Actions, Military Orders, and Principal Details)					
EFFECTIVE DATE	POSITION TITLE & OCCUPATIONAL CODE	GRADE	SD	ORGANIZATION & DUTY TITLE (If any)	LOCATION
Mar 1958	Feb 1952 - Mar 1958, Contract Employee for DDP/WH/Project HYPOTHESIS Area Ops Off.	0136.01	11 D	DDP/WH-III/Central America	Hq
	Jan - Feb 1959, TDY Mexico and Guatemala				
Jun 1959	Instructor (Ops)	1711.50	11 D	OTR/Ops School/Covert Trng	Hq
Jun 1960	Ops Off	0136.01	11 D	DDP/WH-4	"
Aug 1961	"	"	11 D	DDP/WH-4/FI-CI Sec	"
Jan 1962	"	0136.01	11 D	DDP/WH/Plans & Ops Stf/Sec A	"
Apr 1963	"	0136.01	11 D	DDP/SAS/US Fld/Forward Ops Sta	JMWAVE
30. DATE REVIEWED 24 Oct 1963		31. PROFILE REVIEWED BY OP/POD/QC/hes/rwh		32. ITEMS 1-10 REVIEWED & VERIFIED BY EMPLOYEE 9 Feb 1960	


FORM 1200 (PART I) USE PREVIOUS EDITIONS

SECRET

- PROFILE

101

SECRET  
(When Filled In)

PERS. SERIAL NO. 27630	BIOGRAPHIC PROFILE (PART 2)	
NAME (Last-First-Middle) HIDALGO, Balmez Nieves, Jr.		DATE OF BIRTH May 1919
 <p>HIDALGO B N JR</p>		
24. SUMMARY OF CAREER PREFERENCE OUTLINE AND/OR FIELD REASSIGNMENT QUESTIONNAIRE		
25. IDENTITY OF OTHER DOCUMENTS WHICH SHOULD BE REVIEWED IN DETAIL		
26. ADDITIONAL INFORMATION		
27. DATE REVIEWED	28. PROFILE REVIEWED BY OP/POD/SAB	

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
HIDALGO, BALMES				27 May 1919		M	GS-11
5. OFFICIAL POSITION TITLE				7. OFF/DIV/DR OF ASSIGNMENT			
Ops Officer				DDE WH P&O SEC A.			
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"/> SPECIAL (Specify):				<input checked="" type="checkbox"/> INITIAL <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input type="checkbox"/> REASSIGNMENT EMPLOYEE			
11. DATE REPORT DUE IN O.P.				12. REPORTING PERIOD (From - to)			
30 October 1962				17 Jan 62 - 30 Sep 62			
SECTION B PERFORMANCE EVALUATION							
<p><b>W - Weak</b> 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><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
SPECIFIC DUTIES							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
SPECIFIC DUTY NO. 1							RATING LETTER
Responsible for initiation and development of WH Division durable assets program.							P
SPECIFIC DUTY NO. 2							RATING LETTER
Collate and maintain files on espionage laws of LA countries.							P
SPECIFIC DUTY NO. 3							RATING LETTER
Served as interpreter and translator for Division LA contacts.							P
SPECIFIC DUTY NO. 4							RATING LETTER
Coordinated with Branch 1 of WHD on FI and CI matters.							P
SPECIFIC DUTY NO. 5							RATING LETTER
Gives lectures as guest instructor to students attending School of International Communism.							S
SPECIFIC DUTY NO. 6							RATING LETTER
OVERALL PERFORMANCE IN CURRENT POSITION							
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.							RATING LETTER
							P

## SECRET

(When Filled In)

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. <u>Merits of performance of managerial or supervisory duties must be described, if applicable.</u></p> <p>Mr. Hidalgo joined WH/PO/A in November 1961 and took up those responsibilities listed above. However, Mr. Hidalgo's performance of duties was interrupted on two occasions by serious illness, 9-27 March and 15 April-31 May 1962. He was twice hospitalized. From 25 June-9 August 1962, Mr. Hidalgo was on TDY for WH/3 as escort officer for Latin American trainees. Although beset by health and other personal problems, Mr. Hidalgo seized upon each new assignment with his customary energy. He proved particularly adept in working as interpreter and escort officer for Latin American trainees, and demonstrated high interest and proven competence in counterintelligence work. His excellent memory and quick perception were distinct assets in these undertakings.</p> <p>It is recommended, however, that Mr. Hidalgo's next assignment not carry responsibility for submission of finished papers or staff studies, but be one entailing duties commensurate with his ability to work effectively with indigenous personnel and to pursue CI leads through records investigation.</p>			
SECTION D		CERTIFICATION AND COMMENTS	
1. BY EMPLOYEE			
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT			
DATE	SIGNATURE OF EMPLOYEE		
18 Sept 62	<i>Salvador Hidalgo</i>		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
18 September 1962	C/WH/PO/A		
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
I have had insufficient personal contact with Subject to make any meaningful comments.			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPE	RE
13 September 1962	C/WH/CPS		

SECRET

**SECRET**  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER								
<b>SECTION A GENERAL</b>				027630								
1. NAME (Last) <b>HIDALGO</b>		(First) <b>Baltes</b>		(Middle) <b>N., Jr.</b>								
2. DATE OF BIRTH <b>27 May 1919</b>		3. SEX <b>Male</b>		4. GRADE <b>GS-11</b>								
5. SERVICE DESIGNATION <b>D</b>		6. OFFICIAL POSITION TITLE <b>Operations Officer</b>		7. OFF. DIV./BR. OF ASSIGNMENT <b>DDP/WH, Rm. 4, D.C.</b>								
8. CAREER STAFF STATUS			9. TYPE OF REPORT									
<input type="checkbox"/> NOT ELIGIBLE <input type="checkbox"/> MEMBER <input type="checkbox"/> DEFERRED <input type="checkbox"/> PENDING <input type="checkbox"/> DECLINED <input type="checkbox"/> DENIED			<input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT/SUPERVISOR <input type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT/EMPLOYEE									
10. DATE REPORT DUE IN O.P. <b>31 October 1961</b>		11. REPORTING PERIOD <b>Oct60</b> To <b>30 Sep61</b>		12. SPECIAL (Specify)								
<b>SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES</b>												
List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>1 - Unsatisfactory</td> <td>2 - Barely adequate</td> <td>3 - Acceptable</td> <td>4 - Competent</td> <td>5 - Excellent</td> <td>6 - Superior</td> <td>7 - Outstanding</td> </tr> </table>						1 - Unsatisfactory	2 - Barely adequate	3 - Acceptable	4 - Competent	5 - Excellent	6 - Superior	7 - Outstanding
1 - Unsatisfactory	2 - Barely adequate	3 - Acceptable	4 - Competent	5 - Excellent	6 - Superior	7 - Outstanding						
SPECIFIC DUTY NO. 1 <b>Hqs. C.O. for 3 major CI/PI Projects-at one time comprising 301 Agents. Originates operational traffic, Support traffic and maintains records and files.</b>		RATING NO. <b>5</b>		SPECIFIC DUTY NO. 4 <b>Responsible for spotting, interviewing and recruiting of Cuban students in the U. S. for return to Cuba for operational purposes.</b>		RATING NO. <b>5</b>						
SPECIFIC DUTY NO. 2 <b>Hqs. C.O. for 8 unilateral independent Agents, including originating operational and Support traffic, and maintaining proper records and files.</b>		RATING NO. <b>4</b>		SPECIFIC DUTY NO. 5		RATING NO.						
SPECIFIC DUTY NO. 3 <b>Interviewing, briefing and debriefing Spanish only speaking Agents and contacts for all operational Sections of the Branch.</b>		RATING NO. <b>6</b>		SPECIFIC DUTY NO. 6		RATING NO.						
<b>SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION</b>												
Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance:												
1 - Performance in many important respects fails to meet requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets basic requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding.					RATING NO. <div style="border: 1px solid black; padding: 5px; width: 30px; margin: 0 auto;">5</div>							
<b>SECTION D DESCRIPTION OF THE EMPLOYEE</b>												
In the rating boxes below, check (X) the degree to which each characteristic applies to the employee:												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>1 - Least possible degree</td> <td>2 - Limited degree</td> <td>3 - Normal degree</td> <td>4 - Above average degree</td> <td>5 - Outstanding degree</td> </tr> </table>						1 - Least possible degree	2 - Limited degree	3 - Normal degree	4 - Above average degree	5 - Outstanding degree		
1 - Least possible degree	2 - Limited degree	3 - Normal degree	4 - Above average degree	5 - Outstanding degree								
CHARACTERISTICS			NOT APPLICABLE	NOT OBSERVED	RATING							
					1 2 3 4 5							
GETS THINGS DONE					X							
RESOURCEFUL					X							
ACCEPTS RESPONSIBILITIES					X							
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES					X							
DOES HIS JOB WITHOUT STRONG SUPPORT					X							
FACILITATES SMOOTH OPERATION OF HIS OFFICE					X							
WRITES EFFECTIVELY					X							
SECURITY CONSCIOUS					X							
THINKS CLEARLY					X							
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS					X							
OTHER (Specify):												
SEE SECTION "E" ON REVERSE SIDE												

## SECRET

(When Filled In)

SECTION E NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE		
<p>Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the best basis for determining future personnel actions.</p> <p>Mr. Hidalgo has done a fine job during the reporting period, while assigned to the CI Section of the Branch when it was in its most active period of buildup and operations. The manner in which he accepted any assignment is unusual and he was often working under pressure. During the period, he was on several temporary duty trips in connection with operational activities, which he completed very well.</p> <p>He has a talent for getting along with and understanding Latin Americans, and with his fluent Spanish language capability, he has performed in a commendable manner. While Mr. Hidalgo has never shunned responsibility, his assignment did entail the delegation of extensive responsibility. It is the feeling of the Rating Officer that he should be given the opportunity for greater responsibility, and training, which will qualify him for a supervisory role. After that, he should be qualified in all respects for promotion to GS-12.</p>		
SECTION F CERTIFICATION AND COMMENTS		
1. BY EMPLOYEE		
I certify that I have seen Sections A, B, C, D and E of this Report.		
DATE	SIGNATURE OF EMPLOYEE	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
11	Subject hospitalized.	
IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.		
EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS		REPORT MADE WITHIN LAST 90 DAYS
OTHER (Specify):		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
20 March 62	D/Chief, WH/4/CI	
3. BY REVIEWING OFFICIAL		
<input checked="" type="checkbox"/> I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION. <input type="checkbox"/> I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION. <input type="checkbox"/> I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION. <input type="checkbox"/> I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.		
COMMENTS OF REVIEWING OFFICIAL		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
21 March 1962	C/WH/4/CI	

SECRET

SECRET

NOTIFICATION OF CANCELLATION  
OF OFFICIAL COVER BACKSTOP

DA.	14 September 1966
SUBJECT	Hidalgo, Bmes N., Jr.
FILE NO.	9927
ID CARD NO.	1140 (Returned)
EMPLOYEE NO.	

TO: (Check)	<input checked="" type="checkbox"/> CHIEF, PERSONNEL OPERATIONS DIVISION
	<input checked="" type="checkbox"/> CHIEF, OPERATING COMPONENT (For Action)
	<input checked="" type="checkbox"/> CHIEF, CONTRACT PERSONNEL DIVISION WH

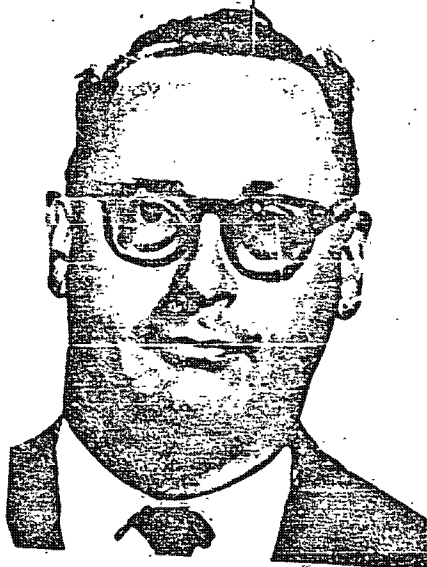
ATTN:	
REF:	Form 1322 dated 9 September 1966
OFFICIAL COVER DISCONTINUED	

☒ Unblock Records:  
(OP Memo 20-800-77)

Effective EOD

☒ Submit Form 642 To Change Limitation Category.  
(HB 20-800-2 to be redesignated HHB 20-7)

☒ Return All Official Documentation To CCS.



1-PSD:05

SECRET

SECRET

NOTIFICATION OF ESTABLISHMENT OF <u>COVER BACKSTOP</u>		DATE 9 April 1964
TO: <input checked="" type="checkbox"/> CHIEF, RECORDS AND SERVICES DIVISION	ESTABLISHED FOR	
(Check) <input type="checkbox"/> CHIEF, OPERATING COMPONENT, SAS	HIDALGO, Balmes N., Jr.	
ATTN: <u>                    </u>	FILE NO. K-7412	
REF: Request for Cover, 9 April 1964	ID CARD NO.	
MILITARY COVER BACKSTOP ESTABLISHED	NA	
<input type="checkbox"/> BLOCK RECORDS: (OPMEMO 20-800-11) <input checked="" type="checkbox"/> a. TEMPORARILY FOR <u>      </u> DAYS, EFFECTIVE <u>                    </u> . <input checked="" type="checkbox"/> b. CONTINUING, EFFECTIVE <u>ROD</u> <u>                    </u> . <input type="checkbox"/> SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY TO 3. (RB 20-800-7) <input type="checkbox"/> ASCERTAIN THAT ARMY W-2 BEING ISSUED. (RB 20-661-8) <input type="checkbox"/> SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (R 240-250) <input type="checkbox"/> SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (R 240-250) <input type="checkbox"/> REMARKS:		

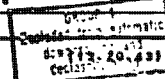
THIS MEMO MUST REMAIN  
TOP OF FILE

☐ COPY TO CPO/OP

*James H. Franklin*  
CD/sll CHIEF, MILITARY COVER, CCG

DISTRIBUTION: 1-OSD/OS, 1-PSD/OS, 1-ADPD/COMPT

SECRET





SECRET

NOTIFICATION OF ESTABLISHMENT OF [REDACTED] COVER BACKSTOP		DATE 23 April 1963
TO: <input checked="" type="checkbox"/> (CMAA)	CHIEF, RECORDS AND SERVICES DIVISION	ESTABLISHED FOR
ATTN: [REDACTED]	CHIEF, OPERATING COMPONENT SAS	HIDALGO, Balmea N., Jr.
REF: Verbal request for cover	MILITARY COVER BACKSTOP ESTABLISHED	FILE NO. K-7412
[REDACTED]		ID CARD NO.
<input checked="" type="checkbox"/> BLOCK RECORDS: (OPMEMO 20-800-11) <p>a. TEMPORARILY FOR _____ DAYS, EFFECTIVE _____.</p> <p>b. CONTINUING, EFFECTIVE _____ EOD _____.</p> <p><input type="checkbox"/> SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY TO 3. (HB 20-800-2)</p> <p><input type="checkbox"/> ASCERTAIN THAT ARMY W-2 BEING ISSUED. (HB 20-661-1)</p> <p><input type="checkbox"/> SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (R 240-250)</p> <p><input type="checkbox"/> SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (R 240-250)</p> <p><input type="checkbox"/> REMARKS:</p>		

THIS MESSAGE MUST REMAIN  
ON TOP OF FILE

☐ COPY TO CPD/OP

*James H. Franklin*  
CD/pp CHIEF, MILITARY COVER, CCA

DISTRIBUTION: 1-OSD/CS, 1-PSD/CS, 1-ADPD/COMPT

SECRET

NOTIFICATION OF CANCELLATION OF [REDACTED] COVER BACKSTOP		DATE 9 March 1962
TO: <input checked="" type="checkbox"/> CHIEF, RECORDS AND SERVICE DIVISION (Check) <input type="checkbox"/> CHIEF, OPERATING COMPONENT - WH D1v	SUBJECT HIDALGO, BALDES N. JR.	
ATTN: WH/SS [REDACTED]	FILE NO. K-7412	
REF: Your request of 1322 dated: undated MILITARY COVER DISCONTINUED	ID CARD NO. 832	
[REDACTED]		
<input checked="" type="checkbox"/> UNLOCK RECORDS: (OP memo 20-800.11)		
EFFECTIVE 27 October 1960		
<input type="checkbox"/> SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HD 20-800.2)		
<input type="checkbox"/> RETURN ALL MILITARY DOCUMENTATION.		
<input type="checkbox"/> REMARKS:		
<p style="text-align: center;">THIS MATERIAL MUST REMAIN ON TOP OF FILE</p>		
<input type="checkbox"/> COPY TO CPD/OP		
39165 DISTRIBUTION 1-SS		

FORM 12-61 1551a

SECRET

(13-20-43)

SECRET

7 March 1968

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

THROUGH : Personnel Security Division  
Office of Security

SUBJECT : Ealme N. HIDALGO, Jr., Contract Employee

1. Cover arrangements have been completed for the above named subject.

2. Effective immediately, it is requested that your records be properly (blocked) (~~XXXXXX~~) to (deny) (~~XXXXXXXXXX~~) subject's current Agency employment by an external inquirer. Subject is to be converted to Staff Employee status within the next few days.

3. This memorandum confirms an oral request of 7 March 1968.

cc:

THIS SECRET MUST REMAIN

1  
03

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 91-421 AND EXECUTIVE ORDER 11524 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT:

NAME: MIDALCO, B. N., JR. SERIAL: 00730 ORG: 51 POS: 350 V: 12 5 NEW SALARY: \$15,034

1. LAST NAME: MIDALCO, B. N. JR.		INITIAL(S):		2. APPOINTMENT DATA Entered on duty: F, T, P, T		3. TOTAL SERVICE FOR LEAVE (as of date of separation)		
4. DATE AND NATURE OF SEPARATION RETIREMENT-DISABILITY-UNDER CIA RET AND DIS SYSTEM EFF 2/28/70				Subject to Sec 203(d) 1937 Leave Act Yes <input type="checkbox"/> No <input type="checkbox"/> Ceased to be subject to Sec 203(d) on Annual Leave Bal		Years: Months: Days: <input type="checkbox"/> More than 15 years		
SUMMARY OF ANNUAL AND SICK LEAVE (HOURS)				SUMMARY OF HOME LEAVE (DAYS)				REMARKS SCD 7/16/46
5. Balance from prior leave year ended 1/10 1970 46 8				14. Date arrival abroad for HL purposes				
6. Current leave year accrual through 2/21 1970 24 12				15. Current balance as of 19				
7. Total 70 20				16. 12 month accrual rate				
8. Reduction in credits, if any (current year)				17. Dates leave used, prior 24 months				
9. Total leave taken 4 20				18. Monthly accrual date				
10. Balance 66 0				19. Calendar days credit for next accrual date				
11. Total hours paid in lump sum 66 hrs				20. Date basic service period completed				
12. Salary rate(s) \$15,173.00				21. Dates during current calendar yr to				
13. Lump sum leave dates from 0830 3/02/70 to 3/11/70 1030 (Hours)				22. Dates during preceding calendar yr to				
20. Certified correct by (Signature) for Chief Payroll (Title)				23. During leave year in which separated				MILITARY LEAVE 24. During step increase making period which began on 12/15/68 25. During 12-month HL accrual period (dates)
(Date) 3/13/70 (Telephone) 143-2585				26. During 12-month HL accrual period (dates)				

3-71-70

70-1271

70-1556

3-1 MAR 1970

Mr. Balmes N. Hidalgo, Jr.  
401 Silver Rock Road  
Rockville, Maryland 20851

Dear Mr. Hidalgo:

As you bring to a close more than twenty years of service to your country, I want to join your friends and co-workers in wishing you well and hoping that you find the years ahead filled with enjoyment and satisfaction.

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

May I express to you my appreciation and extend my best wishes for the years ahead.

Sincerely,

/s/ Richard Helms

Richard Helms  
Director

Distribution:

- 0 - Addressee
- 1 - DDCI
- 1 - ER
- 1 - C/EAB/OS
- 1 - D/Pers
- 1 - OPF
- 1 - ROB Soft File
- 1 - ROB Reader

Originator:

Director of Personnel

C/EAB/OS

OP/RAD/ROB/[ ]jat/3257 (5 March 1970)

8 SEP 70

Mr. Raloes N. Hidalgo, Jr.  
403 Silver Rock Road  
Rockville, Maryland 20851

Dear Mr. Hidalgo:

It is the practice of the Organization to follow up with former employees six months after their retirement. We hope by such inquiry to obtain information on what our retirees are doing and where they are located, invite suggestions for improving the retirement program and to learn if the Organization might be of some assistance on any post-retirement matters.

We should like very much to hear from you on the above points and on any other topics you think would be useful to us.

For your convenience in replying, we have enclosed a sheet somewhat akin to a form on which we have listed those standard items of information we'd like to have on every retiree. The remainder of the sheet, including the reverse side, is for your comments and suggestions. We shall be most appreciative of your fullest response to this inquiry.

Thank you very much for your cooperation.

Sincerely yours,

Carroll A. Duchay  
Personnel Officer

Enclosures:

Questionnaire  
Return Envelope

Distribution:

Original - Addressee  
1 - OPF  
1 - RAD Subject's File

OP/RAD/EFAB/ [ ] :dag (31 Aug 70)

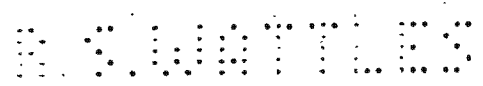
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(When Filled In)

DSJ: 4 MAR 70

## NOTIFICATION OF PERSONNEL ACTION

GEF

1. SERIAL NUMBER 027630		2. NAME (LAST, FIRST, MIDDLE) MIDALOO, J R JR	
3. NATURE OF PERSONNEL ACTION RETIREMENT-DISABILITY-UNDER CIA RETIREMENT AND DISABILITY SYSTEM		4. EFFECTIVE DATE MO DA YR 02 15 70	
5. CATEGORY OF EMPLOYMENT REG 1		6. FUNDS V TO V CF TO V V TO CF CF TO CF	
7. Financial Analysis No Chargeable		8. CSC OR OTHER LEGAL AUTHORITY P.L. 88-643 SECT. 231	
9. ORGANIZATIONAL DESIGNATIONS DDP/WH BRANCH 2 SECTION		10. LOCATION OF OFFICIAL STATION WASH., D.C.	
11. POSITION TITLE CPS OFFICER		12. POSITION NUMBER 1312	
13. SERVICE DESIGNATION D		14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS	
15. OCCUPATIONAL SERIES 0136.01		16. GRADE AND STEP 12 5	
17. SALARY OR RATE 13173		18. REMARKS	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
19. ACTION CODE 45	20. EMPLOY CODE 10	21. OFFICE CODING NUMERIC ALPHABETIC	22. STATION CODE
23. INTEGRATE CODE	24. MARS CODE	25. DATE OF BIRTH MO DA YR 03 27 11	26. DATE OF GRADE MO DA YR
27. DATE OF LEI MO DA YR	28. NTE EXPIRES MO DA YR	29. SPECIAL REFERENCE	30. RETIREMENT DATA 1 CSC 2 CIA 3 FICA 5 NONE
31. SEPARATION DATA CODE -70000	32. Correction / Cancellation Data TYPE MO DA YR	33. SECURITY REG NO	
34. SER	35. VET PREFERENCE CODE 0 NONE 1 5 PT 2 10 PT		
36. SER/COMP DATE MO DA YR	37. LONG COMP DATE MO DA YR	38. CAREER CATEGORY CAR DESV PROV TEMP	39. FEGLI - HEALTH INSURANCE CODE 0 WAIVER 1 YES
40. SOCIAL SECURITY NO	41. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0 NO PREVIOUS SERVICE 1 NO BREAK IN SERVICE 2 BREAK IN SERVICE (LESS THAN 3 YRS.) 3 BREAK IN SERVICE (MORE THAN 3 YRS.)		
42. LEAVE CAT. CODE	43. FEDERAL TAX DATA FORM EXECUTED 1 YES 2 NO		
44. STATE TAX DATA FORM EXECUTED 1 YES 2 NO	45. TAX STATE CODE CODE INC TAX STATE CODE FEDERAL		
SIGNATURE OR OTHER AUTHENTICATION			
<div style="text-align: center;">  </div>			

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03-05-70/jsc

FORM  
5-661150  
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(When Filled In)

REPRODUCTION OF THIS FORM IS PROHIBITED BY LAW

BSJ: 4 MAR 70

NOTIFICATION OF PERSONNEL ACTION					
1. OFF					
1. SERIAL NUMBER	2. NAME (LAST FIRST-MIDDLE)				
027630	HIDALGO D N JR				
3. NATURE OF PERSONNEL ACTION			4. EFFECTIVE DATE	5. CATEGORY OF EMPLOYMENT	
RETIREMENT-DISABILITY-UNDER CIA RETIREMENT AND DISABILITY SYSTEM			MO DA YR 02 28 70	REGULAR	
6. FUNDS	V TO V	V TO CF	7. Financial Analysis No Chargeable		
X	CF TO V	CF TO CF	8. CSC CS TYPE: LEGAL AUTHORITY		
			0235 0620 0000 P.L. 88-643 SECT. 231		
9. ORGANIZATIONAL DESIGNATIONS			10. LOCATION OF OFFICIAL STATION		
11. POSITION TITLE			12. POSITION NUMBER	13. SERVICE DESIGNATION	
OPS OFFICER			1310	D	
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)		15. OCCUPATIONAL SERIES	16. GRADE AND STEP	17. SALARY OR RATE	
GS		0136.01	12 5	15173	
18. REMARKS					
SIGNATURE OR OTHER AUTHENTICATION					



WDAV ADJUSTMENT IN ACCORDANCE WITH SECTION 212 OF P.L. 90-206 AND EXECUTIVE ORDER 11474 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A DCI EFFECTIVE DATE OF OCTOBER 1968.

EFFECTIVE DATE OF PAY ADJUSTMENT: 13 JUL 1969

NAME	SERIAL	DEPT.	FUNDS	GR-STEP	SALARY
HIDALGO E N JR	027630	51	300	GS 12-5	\$15,173

1. SERIAL NO.	2. NAME	3. ORGANIZATION	4. FUNDS	5. LWOP HOURS
027630	MIDALGO B N JR	51 390	V	
6. OLD SALARY RATE	7. NEW SALARY RATE	8. TYPE ACTION		
Grade Step Salary Last Eff Date	Grade Step Salary EFFECTIVE DATE	SI	ADJ	
GS 12 4 813,392 12/18/66	GS 12 9 813,798 12/19/66			
CERTIFICATION AND AUTHENTICATION				
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE.				
SIGNATURE		DATE		
E. J. Farrell		10 October 68		
<input checked="" type="checkbox"/> NO EXCESS LWOP <input checked="" type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input checked="" type="checkbox"/> LWOP STATUS AT END OF WAITING PERIOD				
CLERK'S INITIALS		T. J. WHITE		
FORM 560 E Use previous editions PAY CHANGE NOTIFICATION				

"PAY ADJUSTMENT IN ACCORDANCE WITH SECTIONS 212 AND 213 OF PL 90-206 AND EXECUTIVE ORDER 11413 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A-DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 14 JULY 1966

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
HIDALGO B N JR	027630	51	350	V GS 12 4	\$12,607	\$13,392

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

EFFECTIVE DATE OF PAY ADJUSTMENT: 8 OCTOBER 1967

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
HIDALGO B N JR	027630	51	350	V GS 12 4	\$12,004	\$12,607

c/w #12

G 30

1. Service No.		2. Name		3. Civil Control Number		4. LWOP Hours	
027630		HIGALGO B N JR		M1-390 V			
5. OLD SALARY RATE				6. NEW SALARY RATE			
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	Effective Date
GS 12	3	\$11,685	12/19/65	GS 12	4	\$12,000	12/14/66
7. TYPE ACTION							
							77.33
8. Remarks and Authorization							
NO EXCESS LWOP IN PAY STATUS AT END OF WAITING PERIOD LWOP STATUS AT END OF WAITING PERIOD CLERKS INITIALS      AUDITED BY <i>[Signature]</i>							
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.							
SIGNATURE: <i>[Signature]</i>				DATE: Dec 12 1966			
PAY CHANGE NOTIFICATION							

1-61 5000-10-1

1-61 5000-10-1

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION									
1. SERIAL NUMBER		2. NAME (LAST-FIRST MIDDLE)							
027630		FISALGO, B. N. OR							
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
DESIGNATION AS PARTICIPANT IN CIA RETIREMENT AND DISABILITY SYSTEM				14/66		REGULAR			
6. FUNDS		7. COST CENTER NO. (CHARGEABLE)		8. CSC OR OTHER LEGAL AUTHORITY		9. ORGANIZATIONAL DESIGNATION		10. LOCATION OF OFFICIAL STATION	
X		10020000		FSC 1043		DEPT. 203		WASH., D. C.	
11. POSITION TITLE		12. POSITION NUMBER		13. SERVICE DESIGNATION		14. CLASSIFICATION SCHEDULE (GS, LB, etc.)		15. OCCUPATIONAL SERIES	
16. REMARKS		17. SALARY OR RATE		18. SECTOR AND STEP		19. SALARY OR RATE		20. REMARKS	
YOU ARE HEREBY NOTIFIED OF YOUR RIGHT TO APPEAL THIS ACTION TO THE DIRECTOR OF CENTRAL INTELLIGENCE IN ACCORDANCE WITH THE PROVISIONS OF HR 20,500. SUCH APPEAL MUST BE RECEIVED IN THE OFFICE OF THE DIRECTOR WITHIN 30 CALENDAR DAYS FROM THE EFFECTIVE DATE OF THIS ACTION.									
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL									
21. AUTHORITY		22. OFFICE CODE		23. STATION		24. INTEREST		25. DATE OF BIRTH	
CODE		CODE		CODE		CODE		DATE	
26. DATE EXPIRES		27. SPECIAL REFERENCE		28. RETIREMENT DATA		29. SEPARATION DATA		30. CORRUPTION INVESTIGATION DATA	
DATE		REFERENCE		DATA		DATA		DATA	
31. NET PREFERENCE		32. SERP COMP DATE		33. COMP DATE		34. CREDITED EMPLOYER		35. PHYSICAL HEALTH INTERVIEW	
CODE		DATE		DATE		CODE		DATE	
36. PREVIOUS GOVERNMENT SERVICE DATA		37. LEAVE (L)		38. LEAVE (L)		39. LEAVE (L)		40. LEAVE (L)	
CODE		CODE		CODE		CODE		CODE	
SIGNATURE OF DCM'S AUTHORIZED ACTION									

FORM 11-66 1130

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 100-400000  
 100-400000  
 100-400000

When Filled In

PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 89-504  
PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949,  
AS AMENDED, AND A DCI DIRECTIVE DATED 6 OCTOBER 1962.

EFFECTIVE DATE OF PAY ADJUSTMENT: 3 JULY 1966

NAME	SERIAL	ORGN.	FUNDS	GRADE	OLD SALARY	NEW SALARY
WILALGO H N JR	027430	51	350	V GS 12 3	\$11,355	\$11,685

6-33

SERIAL		NAME		GRADE		FUNCTION		LWOP PERIOD	
027430		WILALGO H N JR		GS 12 3		V			
OLD SALARY RATE		NEW SALARY RATE		TYPE ACTION					
GRADE	STEP	GRADE	STEP	DATE	DATE	DATE	DATE	DATE	DATE
GS 12 2	10,987	GS 12 3	11,355	12/20/64	12/1/65				
<p>NO EXCESS LWOP</p> <p>IN PAY STATUS AT END OF WAITING PERIOD</p> <p>LWOP STATUS AT END OF WAITING PERIOD</p> <p>CLERKS INITIALS      AUDITED BY</p> <p>I CERTIFY THAT THE ROPA OF THE ABOVE NAMED EMPLOYEE IS</p> <p>OF AN ACCEPTABLE LEVEL OF COMPETENCE</p> <p>SIGNATURE: <b>E. J. HULL</b></p> <p style="text-align: center;"><b>PAY CHANGE NOTIFICATION</b></p>									

JH: 17 DEC 65

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION									
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)							
027630		HIDALGO B N JR							
3. NATURE OF PERSONNEL ACTION					4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT		
REASSIGNMENT					12 19 65		REGULAR		
6. FUNDS		7. TO: W		8. TO: CP		9. COST CENTER NO (CHARGEABLE)		10. CSC OR OTHER LEGAL AUTHORITY	
X		CP TO W		CP TO CP		6235 0620 0000		50 USC 403 J	
11. ORGANIZATIONAL DESIGNATIONS					12. LOCATION OF OFFICIAL STATION				
DOP/WH BRANCH 2 SECTION					WASH., D.C.				
13. POSITION TITLE					14. POSITION NUMBER		15. SERVICE DESIGNATION		
OPS OFFICER					1318		D		
16. CLASSIFICATION SCHEDULE (SEE 1.6, 1.7)			17. OCCUPATIONAL SERIES		18. GRADE AND STEP		19. SALARY OR RATE		
GS			0136.01		12 3		11355		
20. REMARKS									
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL									
21. ACTION CODE	22. EMPLOY CODE	23. OFFICE CODES	24. STATION CODE	25. INTEGRITY CODE	26. REGIONS CODE	27. DATE OF BIRTH	28. DATE OF GRADE	29. DATE OF LEI	
37	10	51350 WH	75013		1	05 27 19			
30. MTE EXPIRES	31. SPECIAL REFERENCE	32. RETIREMENT DATA	33. SEPARATION DATA CODE	34. CORRECTION/CANCELLATION DATA	35. SECURITY REG NO	36. SEC			
NO DA YR							EOD DATA		
37. VET PREFERENCE	38. SERV COMP DATE	39. LONG COMP DATE	40. CAREER CATEGORY	41. SICK/HEALTH INSURANCE	42. SOCIAL SECURITY NO				
CODE	0 NONE 1 50% 2 100%	NO DA YR	NO DA YR	CODE 0 NONE 1 50% 2 100%	HEALTH INS CODE				
43. PREVIOUS GOVERNMENT SERVICE DATA	44. LEAVE CAT	45. FEDERAL TAX DATA	46. STATE TAX DATA						
CODE	0 NO PREVIOUS SERVICE 1 NO SERVICE 2 SERVICE IN SERVICE 3 SERVICE IN SERVICE (LESS THAN 1 YEAR) 4 SERVICE IN SERVICE (MORE THAN 1 YEAR)	CODE	0 NO TAX EXEMPTIONS 1 YES 2 NO	CODE	0 NO TAX EXEMPTIONS 1 YES 2 NO	CODE	0 NO TAX EXEMPTIONS 1 YES 2 NO		
50. (ATTEST OR OTHER AUTHENTICATION)									

FORM 11-62 1150

Use Previous Edition

SECRET

 Form 11-62 (Rev. 1-64)  
 (When Filled In)

"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 1 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 10 OCTOBER 1965

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
WIDALGO R N JR	027630	51	500	V GS 12 2	\$10,605	\$10,987

**SECRET**  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION									
1. SERIAL NUMBER <b>005 04/27/65</b>		2. NAME (LAST FIRST MIDDLE) <b>WIDALGO B N JR</b>							
3. NATURE OF PERSONNEL ACTION <b>REASSIGNMENT</b>					4. EFFECTIVE DATE <b>05 J1 65</b>		5. CATEGORY OF EMPLOYMENT		
6. FUNDS <b>X</b>		7. TO V		8. TO G		7. COST CENTER NO CHARGEABLE <b>5235 1162 0000</b>		8. CSC OR OTHER LEGAL AUTHORITY	
9. ORGANIZATIONAL DESIGNATIONS <b>DDP/WH DIVISION WH C MIAMI OPS BR FI SEC</b>					10. LOCATION OF OFFICIAL STATION <b>WASH., D. C.</b>				
11. POSITION TITLE <b>OPS OFFICER</b>					12. POSITION NUMBER <b>1145</b>		13. CAREER SERVICE DESIGNATION <b>U</b>		
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) <b>GS</b>			15. OCCUPATIONAL SERIES <b>0136.01</b>		16. GRADE AND STEP <b>12</b>		17. SALARY OR RATE		
18. REMARKS									
<div style="border: 1px solid black; padding: 10px; display: inline-block;"> <b>POSTED</b>  <b>6-9-65</b> <i>HH</i> </div>									
SIGNATURE OR OTHER AUTHENTICATION									

Form 11508  
1-63 MAG 1-63

Use Previous  
Edition

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GROUP  
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downgrading and  
declassification

(When Filled In)

(43)



3CF

1. Serial No.		2. Name		3. Cost Center Number		4. LWOP Hours				
027630		MIDALGO B N JR		49 997 43F						
5. OLD SALARY RATE				6. NEW SALARY RATE				7. TYPE ACTION		
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	Effective Date	PSI	LSI	ADJ.
GS 12	1	\$10,250	12/22/63	GS 12	2	\$10,605	12/20/64			
<p>8. Remarks and Authorization</p> <p>/ / NO EXCESS LWOP</p> <p>/ / IN PAY STATUS AT END OF WAITING PERIOD</p> <p>/ / LWOP STATUS AT END OF WAITING PERIOD</p> <p>CLERKS INITIALS: <i>W</i> AUDITED BY</p> <p>I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.</p> <p>SIGNATURE: <i>[Signature]</i> DATE: <i>[Signature]</i></p>										
PAY CHANGE NOTIFICATION										

DEC 22 11 06 AM '64

DEC 22 11 06 AM '64

Form 500

Obsolete Previous Edition

(4-51)

MHC: 2 NOV 64

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST FIRST-MIDDLE)									
027630		HIDALGO B N JR									
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE			5. CATEGORY OF EMPLOYMENT		
REASSIGNMENT						NO. DA. YR. 11 02 64			REGULAR		
6. FUNDS		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE			8. CSC OR OTHER LEGAL AUTHORITY		
X		CF TO V		CF TO CF		5235 1162 0000			50 USC 403 J		
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION					
DDP/SAS COUNTERINTELLIGENCE STAFF OPERATIONS SECTION						WASH., D. C.					
11. POSITION TITLE						12. POSITION NUMBER			13. SERVICE DESIGNATION		
OPS OFFICER						0887			D		
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
GS				0136.01		12 1		10250			
18. REMARKS											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE		23. INTEGREE CODE		24. HOURS CODE	
37		10		NUMERIC ALPHABETIC 49150 SAS		75013				25. DATE OF BIRTH	
										NO. DA. YR. 05 27 19	
26. DATE OF GRADE		27. DATE OF LEI		28. RETIREMENT DATA		29. SPECIAL REFERENCE		30. SEPARATION DATA CODE		31. CORRECTION/CANCELLATION DATA	
NO. DA. YR.		NO. DA. YR.		1 - CSC 2 - FICA 3 - NONE		CODE		TYPE		EOD DATA	
32. SECURITY REQ NO		33. SEN		34. VET. PREFERENCE		35. SERV COMP DATE		36. LONG COMP DATE		37. CAREER CATEGORY	
CODE		0 - NONE 1 - B PT 2 - C PT		NO. DA. YR.		NO. DA. YR.		NO. DA. YR.		38. FEGLI / HEALTH INSURANCE	
39. SOCIAL SEC. TV NO		40. STATE TAX DATA		41. FEDERAL TAX DATA		42. STATE TAX DATA		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.)		CODE		FORM EXECUTED 1 - YES 2 - NO		NO. TAX EXEMPTIONS		FORM EXECUTED 1 - YES 2 - NO	
SIGNATURE OR OTHER AUTHENTICATION											
FROM: DEV COMP 2											
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>FOOTED</b>  11/02/64 </div>											

FORM 11 62 1150

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IN FILE FOR  
RECORDING AND  
REFERENCE

(When Filled In)

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

[illegible]

RZR: 22 APR 64

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST-FIRST MIDDLE)									
02730		HIDALGO, S N US									
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT					
CAREER PROVISIONAL EXCEPTED APPT				MO DA YR 01 12 64		REGULAR					
6. FUNDS		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY			
X		CF TO V		CF TO CF		4232 1230 1000		50 USC 403			
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION					
DDP/SAS CS/CS DEVELOPMENT COMPLEMENT						WASH., D.C.					
11. POSITION TITLE						12. POSITION NUMBER		13. SERVICE DESIGNATION			
OPS OFFICER						2227					
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
GS				0130.01		12.1		2280			
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. INTEGRAL CODE		24. MONTHS CODE	
13		12		NUMERIC ALPHABETIC 42227 SAS		25013					
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 05 12 13		MO DA YR 12 22 13		MO DA YR 12 22 13		MO DA YR 05 12 13		MO DA YR 12 22 13		MO DA YR 12 22 13	
31. NTE EXPIRES		32. SPECIAL REFERENCE		33. RETIREMENT DATA		34. SEPARATION DATA CODE		35. CORRECTION/CANCELLATION DATA		36. SECURITY REQ NO	
MO DA YR				1. CAC 2. FICA 3. NONE		CODE		TYPE MO DA YR		00000	
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		CODE	
0		07 11 63		03 11 75		P		1		1	
43. PREVIOUS GOVERNMENT SERVICE DATA				44. LEAVE CAT				45. FEDERAL TAX DATA			
CODE				CODE				CODE			
1				0				0			
46. STATE TAX DATA				47. STATE TAX DATA				48. STATE TAX DATA			
CODE				CODE				CODE			
1				0				0			
SIGNATURE OR OTHER AUTHENTICATION											
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FORM 11-62 1150

Old Previous Edition

22 APR 64

SECRET

GROUP 1  
Excluded from automatic  
downgrading and  
declassification

(When Filled In)

**SECRET**  
(When Filled In)

REF: 29 APR 64

### NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER 027830		2. NAME (LAST-FIRST-MIDDLE) Knaulge, B. J.	
3. NATURE OF PERSONNEL ACTION RESIGNATION		4. EFFECTIVE DATE MO DA YR 04 25 64	5. CATEGORY OF EMPLOYMENT REGULAR
6. FUNDS V TO V CF TO V X	V TO CF CF TO CF	7. COST CENTER NO. CHARGEABLE 4132 2001 1000	8. CSC OR OTHER LEGAL AUTHORITY
9. ORGANIZATIONAL DESIGNATIONS DOP/SAS US FIELD FORWARD OPERATIONS STATION-JMWAVE CI SECTION		10. LOCATION OF OFFICIAL STATION JMWAVE	
11. POSITION TITLE OPS OFFICER		12. POSITION NUMBER 0731	13. SERVICE DESIGNATION D
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS	15. OCCUPATIONAL SERIES 0130:01	16. GRADE AND STEP 12 1	17. SALARY OR RATE 9390
18. REMARKS <div align="right">FILED ON 29 APR 64</div>			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
19. ACTION CODE 45	20. EMPLOY CODE 10	21. OFFICE CODING NUMERIC ALPHABETIC	22. STATION CODE
23. INTEGREE CODE	24. HOURS CODE	25. DATE OF BIRTH MO DA YR 05 12 19	26. DATE OF GRADE MO DA YR
27. DATE OF LEI MO DA YR	28. RETIREMENT DATA 1. CSC 2. PFC 3. NONE	29. SPECIAL REFERENCE	30. SEPARATION DATA CODE 180000
31. CORRECTION/CANCELLATION DATA TYPE MO DA YR	32. SECURITY REQ NO	33. SEX	
34. NET. PREFERENCE 0 NONE 1 5 PT 2 10 PT	35. SERV. COMP. DATE MO DA YR	36. LONG. COMP. DATE MO DA YR	37. CAREER CATEGORY 1. YES 2. NO
38. FEGLI / HEALTH INSURANCE CODE 0. WAIVER 1. YES 2. NO	39. HEALTH INS. CODE	40. SOCIAL SECURITY NO	
41. PREVIOUS GOVERNMENT SERVICE DATA 0. NO PREVIOUS SERVICE 1. NO BREAK IN SERVICE 2. BREAK IN SERVICE (LESS THAN 3 YRS) 3. BREAK IN SERVICE (MORE THAN 3 YRS)	42. LEAVE CAT. CODE	43. FEDERAL TAX DATA FORM EXECUTED 1. YES 2. NO	44. STATE TAX DATA FORM EXECUTED 1. YES 2. NO
45. SIGNATURE OR OTHER AUTHENTICATION <div align="left">429-64 41</div>			

FORM 11-62 1150

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28 APR 64

**SECRET**  
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downgrading and  
declassification

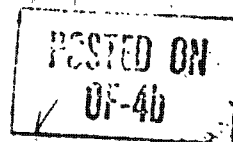
(When Filled In)

SAS

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

NAME	SERIAL	ORGN	FUNDS	GR-ST	OLD SALARY	NEW SALARY
	027630	49	730	CF GS 12 1	\$ 9,475	\$ 9,980

*Heduligo, B. H. Jr.*



SECRET  
(When Filled In)

300: 20 DEC 63

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER 02753		2. NAME (LAST FIRST MIDDLE) Hidalgo, R. J.									
3. NATURE OF PERSONNEL ACTION PROMOTION						4. EFFECTIVE DATE 12/22/63		5. CATEGORY OF EMPLOYMENT REGULAR			
6. FUNDS		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE 4432 2001 1000		8. CSC OR OTHER LEGAL AUTHORITY 50 USC 403 J			
9. ORGANIZATIONAL DESIGNATIONS DOF SPECIAL AFFAIRS STAFF U. S. FIELD FORWARD OPERATIONS STATION-JMWAVE CI SECTION						10. LOCATION OF OFFICIAL STATION JMWAVE					
11. POSITION TITLE OPS. OFFICER						12. POSITION NUMBER 0731		13. SERVICE DESIGNATION D			
14. CLASSIFICATION SCHEDULE (GS, LB, PH) GS				15. OCCUPATIONAL SERIES 0136.01		16. GRADE AND STEP 12 1		17. SALARY OR RATE 9475			
18. REMARKS  <div style="text-align: right;">30 DEC 63</div>											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE 22		20. EMPLOY CODE 10		21. OFFICE CODING NUMERICAL ALPHABETIC 40730 SAS		22. STATION CODE 000-00		23. INTEGREE CODE		24. HIGHER CODE 2	
25. DATE OF BIRTH 05/27/19		26. DATE OF GRADE 12/22/63		27. DATE OF LEI 12/22/63		28. NTE EXPIRES NO DA YR		29. SPECIAL REFERENCE		30. RETIREMENT DATA 1. CSC 2. FICA 3. NONE	
31. SEPARATION DATA CODE		32. CORRECTION CANCELLATION DATA TYPE NO DA YR		33. SECURITY REQ NO.		34. SEX		35. VET PREFERENCE CODE 1 NONE 2 5 PT 3 10 PT		36. SERV COMP DATE NO DA YR	
37. LONG COMP DATE NO DA YR		38. CAREER CATEGORY CBA DINA PHYS TEN		39. FEGLI / HEALTH INSURANCE CODE CODE 0 WAIVER 1 YES HEALTH INS CODE		40. SOCIAL SECURITY NO.		41. PREVIOUS GOVERNMENT SERVICE DATA CODE 1 NO PREVIOUS SERVICE 2 NO BREAK IN SERVICE 3 BREAK IN SERVICE (LESS THAN 1 YEAR) 4 BREAK IN SERVICE (MORE THAN 1 YEAR)		42. LEAVE CAT CODE	
43. FEDERAL TAX DATA FORM RECORDED CODE NO TAX EXEMPTIONS 1 YES 2 NO		44. STATE TAX DATA PLANN RECORDED CODE NO TAX EXEMPT 1 YES 2 NO		45. SIGNATURE OR OTHER AUTHENTICATION  12/27/63 K		46. SIGNATURE OR OTHER AUTHENTICATION  12/27/63 K		47. SIGNATURE OR OTHER AUTHENTICATION  12/27/63 K		48. SIGNATURE OR OTHER AUTHENTICATION  12/27/63 K	

FORM 1150  
11-62

Use Previous  
Edition

SECRET

20 DEC 1963

11/10/63  
EXEMPT FROM AUTOMATIC  
DOWNGRADING AND  
DISC. BY 101.101  
SEC. 2

(When Filled In)

LLG: 25 APRIL 63

SECRET  
(When Filled In)

OAB NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER 037630		2. NAME (LAST FIRST MIDDLE) Hange, W. H. Jr.									
3. NATURE OF PERSONNEL ACTION EXCEPTED APPOINTMENT CAREER PROVISIONAL						4. EFFECTIVE DATE MO DA YR 04 29 63		5. CATEGORY OF EMPLOYMENT REGULAR			
6. FUNDS		7. V TO V		8. V TO CP		9. COST CENTER NO. CHARGEABLE 3132 2001 1000		10. CSC OR JIN-R LEGAL AUTHORITY 50 USC 403 J			
11. ORGANIZATIONAL DESIGNATIONS DDP SPECIAL AFFAIRS STAFF U. S. FIELD FORWARD OPERATIONS STATION-JMWAVE CI SECTION						12. LOCATION OF OFFICIAL STATION JMWAVE					
13. POSITION TITLE OPS OFFICER						14. POSITION NUMBER 0732		15. SERVICE DESIGNATION 0			
16. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS				17. OCCUPATIONAL SERIES 0136.01		18. GRADE AND STEP 11 4		19. SALARY OR RATE 8840			
20. REMARKS <div style="text-align: right;"> <div style="border: 1px solid black; padding: 5px; display: inline-block;">           POSTED ON 21-07-63 6 MAY 1963         </div> </div>											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
21. ACTION CODE 13		22. EMPLOY CODE 10		23. OFFICE CODING NUMERIC ALPHABETIC 61730 SAS		24. STATION CODE 99999		25. INTEGREE CODE 2		26. DATE OF BIRTH MO DA YR 05 27 19	
27. DATE OF GRADE MO DA YR 03 17 58		28. DATE OF LEI MO DA YR 09 16 62		29. NTE EXPIRES MO DA YR		30. SPECIAL REFERENCE 1. LEC 2. PICA 3. NONE		31. RETIREMENT DATA CODE 1		32. SEPARATION DATA CODE TYPE NO. DA YR	
33. CORRECTION/CANCELLATION DATA EOD DATA		34. SECURITY REQ NO 27630		35. SEX MI		36. VET. PREFERENCE CODE 0		37. SERV. COMP. DATE MO DA YR 07 16 46		38. LONG. COMP. DATE MO DA YR 03 17 58	
39. CAREER CATEGORY CODE P		40. SEGEL / HEALTH INSURANCE CODE 1		41. SOCIAL SECURITY NO		42. PREVIOUS GOVERNMENT SERVICE DATA CODE 1		43. LEAVE CAT. CODE 8		44. FEDERAL TAX DATA FORM EXECUTED CODE 1 YES 2 NO	
45. STATE TAX DATA FORM EXECUTED CODE 1 YES 2 NO		46. NO TAX EXEMPTIONS CODE 0		47. STATE CODE		48. SIGNATURE OR OTHER AUTHENTICATION		49. POSTED 15/05/63 WK			

FORM 1150  
11-62Use Previous  
Edition

SECRET 25 APR 1963

14-811  
EXCLUDED FROM AUTOMATIC  
DOWNGRADING AND  
DECLASSIFICATION

(When Filled In)



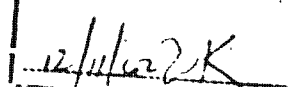
**SECRET**  
(When Filled In)

RZR: 25 APR 63

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)									
027630		HIDALCO B N JR									
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
RESIGNATION						04 27 63		REGULAR			
6. FUNDS		X		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE		8. ESC OR OTHER LEGAL AUTHORITY	
		U TO V		U TO CF		3232 1000 1000					
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION					
DDP/SPECIAL AFFAIRS STAFF FI/CI BRANCH						WASH., D.C.					
11. POSITION TITLE						12. POSITION NUMBER		13. SERVICE DESIGNATION			
OPS OFFICER						0692		D			
14. CLASSIFICATION SCHEDULE (GS, LB, etc)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
GS				0136.01		11 4		8940			
18. REMARKS											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATUS CODE		23. INTEGREE CODE		24. ADDRESS CODE	
45		10		NUMERIC ALPHABETIC		CODE		CODE		CODE	
25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI		28. DATE OF BIRTH		29. DATE OF GRADE		30. DATE OF LEI	
05 27 19											
31. DATE OF BIRTH		32. DATE OF GRADE		33. DATE OF LEI		34. DATE OF BIRTH		35. DATE OF GRADE		36. DATE OF LEI	
37. DATE OF BIRTH		38. DATE OF GRADE		39. DATE OF LEI		40. DATE OF BIRTH		41. DATE OF GRADE		42. DATE OF LEI	
43. DATE OF BIRTH		44. DATE OF GRADE		45. DATE OF LEI		46. DATE OF BIRTH		47. DATE OF GRADE		48. DATE OF LEI	
49. DATE OF BIRTH		50. DATE OF GRADE		51. DATE OF LEI		52. DATE OF BIRTH		53. DATE OF GRADE		54. DATE OF LEI	
55. DATE OF BIRTH		56. DATE OF GRADE		57. DATE OF LEI		58. DATE OF BIRTH		59. DATE OF GRADE		60. DATE OF LEI	
61. DATE OF BIRTH		62. DATE OF GRADE		63. DATE OF LEI		64. DATE OF BIRTH		65. DATE OF GRADE		66. DATE OF LEI	
67. DATE OF BIRTH		68. DATE OF GRADE		69. DATE OF LEI		70. DATE OF BIRTH		71. DATE OF GRADE		72. DATE OF LEI	
73. DATE OF BIRTH		74. DATE OF GRADE		75. DATE OF LEI		76. DATE OF BIRTH		77. DATE OF GRADE		78. DATE OF LEI	
79. DATE OF BIRTH		80. DATE OF GRADE		81. DATE OF LEI		82. DATE OF BIRTH		83. DATE OF GRADE		84. DATE OF LEI	
85. DATE OF BIRTH		86. DATE OF GRADE		87. DATE OF LEI		88. DATE OF BIRTH		89. DATE OF GRADE		90. DATE OF LEI	
91. DATE OF BIRTH		92. DATE OF GRADE		93. DATE OF LEI		94. DATE OF BIRTH		95. DATE OF GRADE		96. DATE OF LEI	
97. DATE OF BIRTH		98. DATE OF GRADE		99. DATE OF LEI		100. DATE OF BIRTH		101. DATE OF GRADE		102. DATE OF LEI	
103. DATE OF BIRTH		104. DATE OF GRADE		105. DATE OF LEI		106. DATE OF BIRTH		107. DATE OF GRADE		108. DATE OF LEI	
109. DATE OF BIRTH		110. DATE OF GRADE		111. DATE OF LEI		112. DATE OF BIRTH		113. DATE OF GRADE		114. DATE OF LEI	
115. DATE OF BIRTH		116. DATE OF GRADE		117. DATE OF LEI		118. DATE OF BIRTH		119. DATE OF GRADE		120. DATE OF LEI	
121. DATE OF BIRTH		122. DATE OF GRADE		123. DATE OF LEI		124. DATE OF BIRTH		125. DATE OF GRADE		126. DATE OF LEI	
127. DATE OF BIRTH		128. DATE OF GRADE		129. DATE OF LEI		130. DATE OF BIRTH		131. DATE OF GRADE		132. DATE OF LEI	
133. DATE OF BIRTH		134. DATE OF GRADE		135. DATE OF LEI		136. DATE OF BIRTH		137. DATE OF GRADE		138. DATE OF LEI	
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157. DATE OF BIRTH		158. DATE OF GRADE		159. DATE OF LEI		160. DATE OF BIRTH		161. DATE OF GRADE		162. DATE OF LEI	
163. DATE OF BIRTH		164. DATE OF GRADE		165. DATE OF LEI		166. DATE OF BIRTH		167. DATE OF GRADE		168. DATE OF LEI	
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193. DATE OF BIRTH		194. DATE OF GRADE		195. DATE OF LEI		196. DATE OF BIRTH		197. DATE OF GRADE		198. DATE OF LEI	
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253. DATE OF BIRTH		254. DATE OF GRADE		255. DATE OF LEI		256. DATE OF BIRTH		257. DATE OF GRADE		258. DATE OF LEI	
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265. DATE OF BIRTH		266. DATE OF GRADE		267. DATE OF LEI		268. DATE OF BIRTH		269. DATE OF GRADE		270. DATE OF LEI	
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415. DATE OF BIRTH		416. DATE OF GRADE		417. DATE OF LEI		418. DATE OF BIRTH		419. DATE OF GRADE		420. DATE OF LEI	
421. DATE OF BIRTH		422. DATE OF GRADE		423. DATE OF LEI		424. DATE OF BIRTH		425. DATE OF GRADE		426. DATE OF LEI	
427. DATE OF BIRTH		428. DATE OF GRADE		429. DATE OF LEI		430. DATE OF BIRTH		431. DATE OF GRADE		432. DATE OF LEI	
433. DATE OF BIRTH		434. DATE OF GRADE		435. DATE OF LEI		436. DATE OF BIRTH		437. DATE OF GRADE		438. DATE OF LEI	

ARM: 20 NOV 62

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION													
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)											
027630		HICALGO B N JR											
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT					
REASSIGNMENT						11 20 62		REGULAR					
6. FUNDS						7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY					
<input checked="" type="checkbox"/> X <input type="checkbox"/> V TO V <input type="checkbox"/> V TO CF <input type="checkbox"/> CF TO V <input type="checkbox"/> CF TO CF						3232 1000 1000		50 USC 403 J					
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION							
DDP TASK FORCE "W" FI-CI BRANCH						WASH., D. C.							
11. POSITION TITLE						12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION					
CPS OFFICER						0682		D					
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE					
GS				0136.01		11 4		8840					
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. MAJORITY CODE	25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEL		
37	10	NUMERIC	ALPHABETIC	61300	TFW	75013	1	MO	DA	YR	MO	DA	YR
								05	27	19			
28. NTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA		33. SECURITY REQ NO		34. SEC.	
MO		DA		YR		TYPE		MO		DA		YR	
35. VET. PREFERENCE		36. SERV. COMP. DATE		37. LONG. COMP. DATE		38. CAREER CATEGORY		39. FEGLI - HEALTH INSURANCE		40. SOCIAL SECURITY NO			
CODE		MO		DA		YR		CODE		CODE		CODE	
0 - NONE								0 - WAIVER		HEALTH INS. CODE			
1 - 5 YR								1 - YES					
2 - 10 YR								2 - NO					
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT		43. FEDERAL TAX DATA		44. STATE TAX DATA					
CODE				CODE		CODE		CODE		CODE		CODE	
0 - NO PREVIOUS SERVICE				1 - YES		NO TAX EXEMPTIONS		FORM EXECUTED		CODE		NO TAX EXEMPT	
1 - NO BREAK IN SERVICE				2 - NO				1 - YES					
2 - BREAK IN SERVICE (LESS THAN 3 YRS)								2 - NO					
3 - BREAK IN SERVICE (MORE THAN 3 YRS)													
SIGNATURE OR OTHER AUTHENTICATION													
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>POSTED</b>   </div>													

FORM 462 1150

Use Previous Edition

SECRET

1227  
Include this address  
on all correspondence  
and reports

(When Filled In)

14-011

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

NAME	SERIAL	ORGN	FUNDS	OLD GRST SALARY	NEW GRST SALARY
HIDALGO B N JR	027630	64075	V 11 4	\$ 8340	\$ 8840

235-1000

1 Serial No		2 Name		3 Cost Center Number		4 LWOP Hours	
027630		HIDALGO B N JR		64 075 V /			
5 OLD SALARY RATE				6 NEW SALARY RATE			
Grade	Step	Salary	Last EM Date	Grade	Step	Salary	Effective Date
S 11 3		\$ 8,080	03/19/61	S 11 4		\$ 8,340	09/16/62
7 TYPE ACTION							
8 Remarks and Authorization  <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> NO EXCESS LWOP  <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD  <input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD         </div> <div>           CLERKS INITIALS <i>INC</i>            AUDITED BY <i>[Signature]</i> </div> </div>							
PAY CHANGE NOTIFICATION							

AES: 17 JAN 62

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION																	
OCF																	
1. SERIAL NUMBER: 2. NAME (LAST-FIRST-MIDDLE)																	
027630 HIDALGO B N JR																	
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT									
REASSIGNMENT						01 17 62		REGULAR									
6. FUNDS						7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY									
X						2235 1000 1000		50 USC 403 J									
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION											
DDP WH PLANS & OPERATIONS STAFF SECTION A						WASH., D.C.											
11. POSITION TITLE						12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION									
OPS OFFICER						0641		D									
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)			15. OCCUPATIONAL SERIES			16. GRADE AND STEP			17. SALARY OR RATE								
GS			0136.01			11 3			8080								
18. REMARKS																	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL																	
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE		23. INTEGRAL CODE		24. HOURS CODE		25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI	
37		10		64075 WH		75013		1		05 27 19							
28. DTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA		33. SECURITY REQ NO		34. SER					
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR					
35. VET PREFERENCE		36. SERV COMP DATE		37. LONG COMP DATE		38. MIL SERV CREDIT/LEO		39. FEGLI/HEALTH INSURANCE		40. SOCIAL SECURITY NO							
CODE		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR							
0 - NONE		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR							
1 - 5 YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR							
2 - 10 YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR							
3 - 15 YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR							
4 - 20 YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR							
5 - 25 YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR							
6 - 30 YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR							
7 - 35 YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR							
8 - 40 YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR							
9 - 45 YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR							
10 - 50 YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR							
11 - 55 YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR							
12 - 60 YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR							
13 - 65 YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR							
14 - 70 YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR							
15 - 75 YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR							
16 - 80 YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR							
17 - 85 YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR							
18 - 90 YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR							
19 - 95 YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR							
20 - 100 YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR							
41. PREVIOUS GOVERNMENT SERVICE DATA												42. LEAVE CAT		43. FEDERAL TAX DATA		44. STATE TAX DATA	
CODE												CODE		CODE		CODE	
0 - NO PREVIOUS SERVICE												1 - YES		1 - YES		1 - YES	
1 - NO BREAK IN SERVICE												2 - NO		2 - NO		2 - NO	
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Form 861 1150

Use Previous Edition

SECRET

14-011

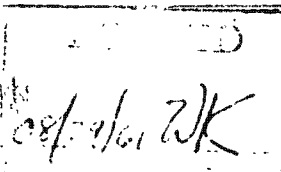
1/18/62

1/18/62 gm

L-1

ARE: 18 AUG 1961

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION									
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)							
027630		HIDALGO B N JR							
3. NATURE OF PERSONNEL ACTION					4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT		
REASSIGNMENT AND TRANSFER TO VOUCHERED FUNDS					08 20 61		REGULAR		
6. FUNDS		7. COST CENTER NO CHARGEABLE		8. CODE OR OTHER LEGAL AUTHORITY					
X		2635 5000 8021		50 USC 403 J					
9. ORGANIZATIONAL DESIGNATIONS					10. LOCATION OF OFFICIAL STATION				
DOP WH BRANCH 4 FI CI SECTION					WASH., D. C.				
11. POSITION TITLE					12. POSITION NUMBER		13. CAPTER SERVICE DESIGNATION		
OPS OFFICER					0681		D		
14. CLASSIFICATION (GENERAL, SPECIAL, etc.)			15. GRADE AND STEP		16. SALARY OR RATE				
GS			0136.01		11 3 8060				
17. REMARKS									
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL									
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE		23. INTERCEE CODE	
16		10		64450 WH		75013		1	
24. DATE OF BIRTH		25. DATE OF EXPIRE		26. DATE OF REI		27. DATE OF REI		28. DATE OF REI	
05 27 19									
29. NTE EXPIRES		30. SPECIAL REFERENCE		31. RETIREMENT DATA		32. SEPARATION DATA CODE		33. CORRECTION/CANCELLATION DATA	
								EOD DATA	
34. NET PREFERENCE		35. SERV COMP DATE		36. LONG COMP DATE		37. MIL SERV CREDIT/LED		38. PEGEL / HEALTH INSURANCE	
39. PREVIOUS GOVERNMENT SERVICE DATA				40. LEAVE CAT				41. FEDERAL TAX DATA	
42. STATE TAX DATA				43. FEDERAL TAX DATA				44. STATE TAX DATA	
SIGNATURE OR OTHER AUTHENTICATION									
									

**SECRET**  
(When Filled In)

1. Serial No.		2. Name		3. Cost Center Number		4. LWOP Hours					
527630		HIDALGO R N JR		DDP/WH 3A UV							
5. OLD SALARY RATE				6. NEW SALARY RATE				7. TYPE ACTION			
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	Effective Date	PSI	LSI	ADJ	
GS	11	2	7,820	09/20/59	11	3	8,040	04/19/61			
8. Remarks and Authentication											
<p>NO EXCESS LWOP</p> <p>IN PAY STATUS AT END OF WAITING PERIOD</p> <p>IN LWOP STATUS AT END OF WAITING PERIOD</p> <p align="center"><b>ENCLOSURE</b> WK</p> <p align="center"><b>PAY CHANGE NOTIFICATION</b></p>											

Form 560

Obsolete Previous Edition

**SECRET**

(C 34)

L-1

**SECRET**  
(When Filled In)

### NOTIFICATION OF PERSONNEL ACTION

ADPD 09/21/64

1. NPA NUMBER

2. NAME (Last, First, Middle)

027630

MICALGO R N JR

3. NATURE OF PERSONNEL ACTION

4. EFFECTIVE DATE

5. CATEGORY OF EMPLOYMENT

CONV. TO CAREER EMPLOYEE STATUS

03 17 61

6. FUNDS

A

V TO V

V TO G

(1) TO V

(2) TO U

7. COST CENTER NO. (CHARGEABLE)

8. CM OR OTHER LEGAL AUTHORITY

4232 1990 1000

9. ORGANIZATIONAL DESIGNATION

DDP/SAS

10. LOCATION OF OFFICIAL STATION

11. POSITION TITLE

12. POSITION NUMBER

13. CAREER GRADE DESIGNATION

U

14. CLASSIFICATION SCHEDULE (GS, GS-10, etc.)

15. OCCUPATIONAL SERIES

16. GRADE AND STEP

17. SALARY OR RATE

18. REMARKS

SIGNATURE OR OTHER AUTHENTICATION:

Form 1-63 11502  
1-63 WAC 1-63Use Previous  
Edition**SECRET**

Class. &  
Excluded from automatic  
downgrading and  
declassification

(When Filled In)

(4-52)

IN ACCORDANCE WITH THE PROVISIONS OF P. L. 86-566 AND DCI MEMO DATED  
1 AUGUST 1956, SALARY IS ADJUSTED AS FOLLOWS EFFECTIVE 10 JULY 1960.

SO	NAME	SERIAL	ORGN	GR-ST	OLD SALARY	NEW SALARY
D	HIDALGO B N JR	527630	46 17	GS-11 2	\$ 7,270	\$ 7,820

/S/

EMMETT D. ECHOLS  
DIRECTOR OF PERSONNEL



SECRET

AES: 24 JUNE 1960										NOTIFICATION OF PERSONNEL ACTION									
1. Serial No.		2. Name (Last-First-Middle)				3. Date Of Birth			4. Sex		5. SSN		6. CS-FOO						
527630		HIDALGO B N JR				Mo. 05, Da. 27, Yr. 19			Male		M 1		Mo. 03, Da. 17, Yr. 58						
7. SCID		8. CSC Permit		9. CSC Or Other Legal Authority		10. Appt. Affidvt			11. FEGLI		12. LPS		13. Elected						
Mo. 07, Da. 16, Yr. 46		No. 1, Code 1		50 USCA 403		Mo. , Da. , Yr. , No. 2			Mo. 03, Da. 17, Yr. 58		No. 1, Code 2		No. 2, Code 2						

## PREVIOUS ASSIGNMENT

14. Organizational Designations				Code		15. Location Of Official Station				Station Code	
DDS OTR OPERATIONS SCHOOL COVERT TRAINING				1172		WASH., D. C.				75013	
16. Duty Field		17. Position Title		18. Position No.		19. Serv.		20. Occup. Series			
Dept. - 1, Code 3		INSTRUCTOR OPERS		1014		02		1711.50			
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade		25. PSI Date		26. Appropriation Number	
11 2		\$ 7270		D		Mo. 03, Da. 17, Yr. 58		Mo. 09, Da. 20, Yr. 59		9 7500 30 018	

## ACTION

27. Nature Of Action		Code		28. Eff. Date		29. Type Of Employee		Code		30. Separation Data	
REASSIGNMENT		57		Mo. 04, Da. 24, Yr. 60		REGULAR		01			

## PRESENT ASSIGNMENT

31. Organizational Designations				Code		32. Location Of Official Station				Station Code	
DDP WH BRANCH 4				4617		WASH., D. C.				75013	
33. Duty Field		34. Position Title		35. Position No.		36. Serv.		37. Occup. Series			
Dept. - 1, Code 1		OPS OFFICER		0626		05		0136.01			
38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grade		42. PSI Date		43. Appropriation Number	
11 2		\$ 7270		D		Mo. 03, Da. 17, Yr. 58		Mo. 03, Da. 19, Yr. 60		0135 1000 1000	

44. Remarks

66-27-622K

**SECRET**  
(WHEN FILLED IN)

1. EMP. SERIAL NO.		2. NAME		3. ASSIGNED ORGAN		4. FORCE		5. ALLOTMENT	
527630		HIDALGO B H JR		DJS/TRNG 21		UV			
6. OLD SALARY RATE				7. NEW SALARY RATE					
GRADE	STEP	SALARY	LAST EFFECTIVE DATE			GRADE	STEP	SALARY	EFFECTIVE DATE
GS 11	1	\$ 7,000	03	17	56	GS 11	2	\$ 7,270	09 20 59
TO BE COMPLETED BY THE OFFICE OF THE COMPTROLLER									
8. CHECK ONE <input checked="" type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> EXCESS LWOP					9. NUMBER OF HOURS LWOP				
IF EXCESS LWOP, CHECK FOLLOWING: <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD					10. INITIALS OF CLERK				
11. AUTHORIZED BY					11. AUTHORIZED BY				
TO BE COMPLETED BY THE OFFICE OF PERSONNEL									
12. PROJECTED SALARY RATE AND EFFECTIVE DATE					13. REMARKS				
GRADE	STEP	SALARY	01	26	58	L 756.			
14. AUTHENTICATION									
<p align="center"><b>SECRET</b></p> <p align="right">FLX 9/2/59 MC 4/6/59 VIV</p>									
PERIODIC STEP INCREASE - AUTHENTICATION									

FORM 560a

SECRET

PERSONNEL FOLDER

SECRET

JEC:12 JUNE 59												NOTIFICATION OF PERSONNEL ACTION											
1. Serial No.		2. Name (Last-First-Middle)				3. Date Of Birth			4. Vet. Pref.		5. Sex		6. CSC: PSC										
527630		HIDALGO B N JR				Mo. Da. Yr. 05 27 19			Non-O 5 Pt-1 10 Pt-2		M 1		Mo. Da. Yr. 03 17 58										
7. SCD		8. CSC Reas.		9. CSC Or Other Legal Authority				10. Appr. Allotm.			11. FEGLI		12. LCB		13. Term Code								
Mo. Da. Yr. 07 16 46		Yes-1 No-2 1		50 USCA 403.8				Mo. Da. Yr. 07 16 46			Yes-1 No-2 1		Mo. Da. Yr. 03 17 58		Yes-1 No-2 2								

## PREVIOUS ASSIGNMENT

14. Organizational Designations				Code		15. Location Of Official Station				Station Code	
DDP WH BRANCH 1P1 CENTRAL AMERICA SECTION				4613		WASH., D.C.				75013	
16. Dept. Field		17. Position Title		18. Position No.		19. Serv.		20. Occup. Series			
Dept. - 1 USMID - 3 Fign. - 5		Code 2 AREA OPS OF		0486		GS		0136.01			
21. Grade & Step		22. Salary Or Rate		23. SO		24. Date Of Grade		25. PSI Due		26. Appropriation Number	
11 1		\$ 7030		0		Mo. Da. Yr. 03 17 58		Mo. Da. Yr. 09 20 57		8 3500 20	

## ACTION

27. Feature Of Action		Code		28. Eff. Date		29. Type Of Employee		Code		30. Separation Data	
REASSIGNMENT TRANSFER TO CONFIDENTIAL FUNDS		05		Mo. Da. Yr. 06 14 59		REGULAR		01			

## PRESENT ASSIGNMENT

31. Organizational Designations				Code		32. Location Of Official Station				Station Code	
DDS OTR OPERATIONS SCHOOL COVERT TRAINING				1172		WASH., D. C.				75013	
33. Dept. Field		34. Position Title		35. Position No.		36. Serv.		37. Occup. Series			
Dept. - 1 USMID - 3 Fign. - 5		Code 3 INSTRUCTOR EXPERS		1914		GS		1711.50			
38. Grade & Step		39. Salary Or Rate		40. SO		41. Date Of Grade		42. PSI Due		43. Appropriation Number	
11 1		\$ 7030		0		Mo. Da. Yr. 03 17 58		Mo. Da. Yr. 09 20 57		9 7500 20 018	

44. Remarks

POSTED

CP

## S E C R E T

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

NAME	SERIAL	GRADE-STEP	OLD SALARY	NEW SALARY
HIDALGO R N JR	127630	GS-11-1	\$ 6,390	\$ 7,030

GORDON M. STEWART  
 /S/ DIRECTOR OF PERSONNEL

S E C R E T

(When Filled In)

## NOTIFICATION OF PERSONNEL ACTION

LVL 16 MAY 58

1. Serial No.			2. Name (Last-First-Middle)			3. Date Of Birth			4. Vac. Prod.			5. Sex			6. CS - EOD					
127630			BALMES N. HIDALGO, JR.			Mo. Da. Yr.			None-0 5 Pt-1 10 Pt-2			Code			Mo. Da. Yr.					
			HIDALGO B N JR			05 27 19			1			M 1			03 17 58					
7. SCD			8. CSC Reem.			9. CSC Or Other Legal Authority			10. Appt. Affidav.			11. FECL			12. LCD			13. <sup>14. Other</sup> <sub>15. Other</sub>		
Mo. Da. Yr.			Yes-1 No-2			Code			Mo. Da. Yr.			Yes-1 No-2			Code			Mo. Da. Yr.		
07 16 86			1			50 USCA 203.4			03 13 58			1			03 17 58			2		

### PREVIOUS ASSIGNMENT

14. Organizational Designations			Code		15. Location Of Official Station			Session Code	
16. Dept. - Field			17. Position Title			18. Position No.		19. Serv. & J. Occup. Serv. as	
Dept. - 2 USMID - 4 Fron. - 6		Code							
21. Grade & Step		22. Salary Or Rate		23. SS		24. Date Of Grade		25. PSI Due	
		\$				Mo. Da. Yr.		Mo. Da. Yr.	
								26. Appropriation Number	

## ACTION

27. Nature Of Action	Code	28. EP Data	29. Type Of Employee	Code	30. Separation Data
EXCEPTEE APPOINTMENT CORRECTION*	13	Mo. Da. Yr. 03 17 58	REGULAR	01	

### PRESENT ASSIGNMENT

31. Organizational Designations				32. Location Of Official Station		33. Station Code	
DDP WH BRANCH 111 CENTRAL AMERICA SECTION				4613 WASH., D.C.		75013	
34. Dept. - Field		34. Position Title		35. Position No		36. Serv. 37. Occas. Series	
Distr. - 9 Unbid. - 4 Exp. - 0		Code		0436		GS 0136.01	
38. Grade & Step		39. Salary Or Rate		40. SF		41. Date Of Grade 49. PSI Due	
11 1		\$ 6390		0		42. App. Da. Yr. Mo. Da. Yr. 11 11 158 10 12 159	
43. Appropriation Number							
44. Remarks							
THIS ACTION CORRECTS SF 1150 EFF 17 MAR 58, ITEM #2, THE NAME, WICHEN BLAD BALMES N. HIDALGO TO READ BALMES N. HIDALGO, JH.							

**SECRET**  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION														
LVL 17 MAR 58														
1. Serial No.		2. Name (Last-First-Middle)				3. Date Of Birth			4. Vet. Prof.		5. Sex		6. CS-EOD	
127630		BALMES N. HIDALGO HIDALGO BALMES N				Mo. Da. Yr. 05 27 19			None-0 5 Pt-1 10 Pt-2 1		M 1		Mo. Da. Yr. 03 17 58	
7. SCD		8. CSC Permit		9. CSC Or Other Legal Authority		10. Apmt. Affidav.			11. FEGLI		12. LCD		13. Mil. Serv. Credit Ltr	
Mo. Da. Yr. 07 16 56		Yes-1 No-2 1		Code 50 USCA 403		Mo. Da. Yr. 03 13 58			Yes-1 No-2 1		Mo. Da. Yr. 03 17 53		Yes-1 No-2 2	

**PREVIOUS ASSIGNMENT**

14. Organizational Designations				Code		15. Location Of Official Station				Station Code	
16. Dept - Field		17. Position Title				18. Position No.		19. Serv.		20. Occup. Series	
Dept - 8 USld - 4 Frgh - 5											
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade		25. PSI Due		26. Appropriation Number	
		\$				Mo. Da. Yr.		Mo. Da. Yr.			

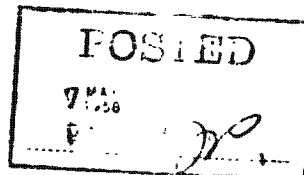
**ACTION**

27. Nature Of Action		Code		28. Eff. Date		29. Type Of Employee		Code		30. Separation Data	
EXCEPTED APPOINTMENT		13		03 117 158		REGULAR		01			

**PRESENT ASSIGNMENT**

31. Organizational Designations				Code		32. Location Of Official Station				Station Code	
DDP WH BRANCH 111 CENTRAL AMERICA SECTION				4613		WASH., D.C.				75013	
33. Dept - Field		34. Position Title				35. Position No.		36. Serv.		37. Occup. Series	
Dept - 8 USld - 4 Frgh - 6		AREA OPS OF				0486		US		0136.01	
38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grade		42. PSI Due		43. Appropriation Number	
11 1		\$ 6300		D		Mo. Da. Yr. 03 117 158		Mo. Da. Yr. 09 120 153		8 3500 20	

44. Remarks



FITNESS RPTS  
1966 - 1969

SECRET

(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				027630	
<b>SECTION A GENERAL</b>					
1. NAME (Last) (First) (Middle) HIDALGO, RAFAEL, JR.			2. DATE OF BIRTH 27 May 1919	3. SEX M	4. GRADE GS-12
5. OFFICIAL POSITION TITLE Ops Officer			7. OFF/DIV/BR OF ASSIGNMENT DDP/ F/O	8. CURRENT STATION Headquarters	
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY			<input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input type="checkbox"/> REASSIGNMENT EMPLOYEE		
CAREER-PROVISIONAL (See Instructions - Section C)			SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From to) 15 March - 31 October 1965		
<b>SECTION B PERFORMANCE EVALUATION</b>					
<p><b>W - Weak</b> 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><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> 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>					
<b>SPECIFIC DUTIES</b>					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					RATING LETTER
SPECIFIC DUTY NO. 1 Headquarters desk officer responsible for the support of Miami Station CI/CE activities and operations.					P
SPECIFIC DUTY NO. 2 Advisor to various components of the WH and WE Divisions on Cuban operations with specific reference to the Cuban Security Intelligence Service, organization, modus operandi and					S
SPECIFIC DUTY NO. 3 Briefing representatives of personnel foreign liaison services and selected agents visiting in Washington on the Cuban Security and Intelligence Services and his own unique experience in the Communist Party.					S
SPECIFIC DUTY NO. 4 Translator/interpreter: Served as consultant to WH Division on Cuban Spanish.					S
SPECIFIC DUTY NO. 5					RATING LETTER
SPECIFIC DUTY NO. 6					RATING LETTER
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER S
4 JAN 1966					



SECRET

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B. Provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.</p>			
<p>Mr. Hidalgo is an able intelligence officer, devoted to his profession and selfless in his desire to be of service to the Government. Although he has suffered ill health in recent years, he was insistent that he be among the first to be sent to the Dominican Republic when the crisis occurred.</p>			
<p>An intense person, Mr. Hidalgo is industrious, works well under pressure and sets high standards for his performance. Because he is intent on getting things done, he is occasionally hasty in judgment and in written presentation of the results of his research and conclusions. He is perceptive, quickly accepts suggestions and offers counter-proposals with cogent argument. Mr. Hidalgo was not in a supervisory capacity. He was cost conscious; always endeavoring to be conservative where possible.</p>			
<p>He is an effective and cooperative member of an office, ready to assume responsibility and to help his colleagues. Thanks to his unique experience on the Cuban target, he has wide knowledge of the Cuban problem and is, in fact, an expert on the Cuban Security and Intelligence Services.</p>			
SECTION D		CERTIFICATION AND COMMENTS	
1. BY EMPLOYEE			
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT			
DATE	SIGNATURE OF EMPLOYEE		
9 December 1965	<i>[Signature]</i>		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
8 months			
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
9 December 1965	C/WH/C/MO/FI-CI	<i>[Signature]</i> Susan L. Darling	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
<p>I concur with the supervisor's assessment of Mr. Hidalgo with <del>one</del> exception to the statement that Subject works well under pressure. He is indeed an intense person and, under great pressure, his involvement affects his performance; and even more important, it has a very bad effect on his health. With this consideration noted, the undersigned thinks very highly of Mr. Hidalgo and would be pleased to be associated with him again.</p>			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
9 December 1965	C/WH/C/MO	Walter T. Cini <i>[Signature]</i>	

SECRET

**SECRET**  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				027630	
<b>SECTION A</b>				<b>GENERAL</b>	
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE
HIDALGO, Balmes N.			27 May 1919	M	12 D
5. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT		
Ops Officer			DDP/SAS		
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input checked="" type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C) <input type="checkbox"/> SPECIAL (Specify):			<input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From to)		
31 January 1965			9 April 1964--15 March 1965		
<b>SECTION B</b>					
<b>PERFORMANCE EVALUATION</b>					
<p><b>W - Weak</b> 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><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> 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>					
<b>SPECIFIC DUTIES</b>					
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 Participated (with other WH/SA/CI officers) in the handling and debriefing of a defected intelligence officer housed in the Headquarters area.					RATING LETTER S
SPECIFIC DUTY NO. 2 Served as Headquarters desk case officer for several counterintelligence operations--prepared cables, dispatches, and memoranda pertaining to these operations.					RATING LETTER P
SPECIFIC DUTY NO. 3 Assisted in translations and preparation of operational documents in Spanish (s/w messages, cover letters, owl messages, etc.).					RATING LETTER S
SPECIFIC DUTY NO. 4 Served as case officer for a counterintelligence operation (the agent was located [redacted]) which included the debriefing, assessing, training, and dispatching of the agent to a denied area (Cuba).					RATING LETTER P
SPECIFIC DUTY NO. 5					RATING LETTER
SPECIFIC DUTY NO. 6					RATING LETTER
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>					RATING LETTER
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					S
29 MAR 1965					

## SECRET

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described if applicable.</p>			
<p>Mr. Hidalgo's fluent knowledge of Cuban Spanish, his previous experience in DD/P Cuban operations, and his broad knowledge of Cuba (people, geography, customs, etc.) made him a particularly useful and versatile operations officer during his assignment in the WH/SA counterintelligence operations section. As indicated in Section B, (specific duties) he performed a wide variety of duties.</p>			
<p>Mr. Hidalgo approached and performed his assignments with enthusiasm, keenness, dedication, and promptness. He displayed a particular talent for conducting debriefings, and it was in this type activity that he performed best. He also writes well which added to his debriefing capability as well as to his performance as a Headquarters desk operations officer in writing cables, dispatches, niempranda, etc. Mr. Hidalgo is cost conscious and effective in the use of space, equipment and funds. He does not hold a supervisory position.</p>			
<p>Mr. Hidalgo performed most of his duties with a minimum of supervision. In a few instances, however, he had a tendency (in his eagerness and desire to get the job done well) to become impatient with the slow and deliberate pace of progress which is sometimes necessary in operational activities. In these few instances, Mr. Hidalgo's work required supervision by a senior operations officer.</p>			
SECTION D		CERTIFICATION AND COMMENTS	
1.		BY EMPLOYEE	
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT			
DATE	23 March 65	SIGNATURE OF EMPLOYEE	
2.		BY SUPERVISOR	
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	11 Months	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
DATE	23 March 1965	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
		WH/SA/CI/COPS	Richard Tansing
3.		BY REVIEWING OFFICIAL	
COMMENTS OF REVIEWING OFFICIAL			
<p>Mr. Hidalgo is a sound operations officer with native fluency in Spanish. His impatience is with administrative delays rather than with operational problems which he understands fully and handles well. He has had problems with his health but these largely have been overcome and in the past 9 months have not impeded his operational usefulness. As of the date of this fitness report, he appears fully capable of handling any CI or FI operation assigned to him.</p>			
DATE	23 March 65	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
		C WH/SA CI (WH/C/SP)	Harold F. Swenson

SECRET

SECRET

(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				027630	
<b>SECTION A GENERAL</b>					
1. NAME (Last) (First) (Middle) [REDACTED]			2. DATE OF BIRTH 27 May 1919	3. SEX Male	4. GRADE GS-11
5. OFFICIAL POSITION TITLE OPS OFFICER			7. OFF/DIV/BR OF ASSIGNMENT IDP/S.I.S.	8. CURRENT STATION JMWAVE	
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 type="checkbox"/> ANNUAL <input checked="" type="checkbox"/> REASSIGNMENT SUPERVISOR <input type="checkbox"/> REASSIGNMENT EMPLOYEE		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to) 6 May 1963 to 5 September 1963		
<b>SECTION B PERFORMANCE EVALUATION</b>					
<p><b>W - Weak</b> 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><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> 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>					
<b>SPECIFIC DUTIES</b>					
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 To effect security screenings of PBRUMEN refugees arriving in the JMWAVE area from PBRUMEN in joint collaboration with ODENVY representatives.					RATING LETTER S
SPECIFIC DUTY NO. 2 To interrogate PBRUMEN security suspects, surfaced by the above screenings and other means, in conjunction with representatives of the KUJUMP interrogation center [REDACTED] DEB					RATING LETTER S
SPECIFIC DUTY NO. 3 To supervise the interrogation efforts of three KUJUMP interrogators connected with the JMWAVE/KUJUMP KUDESK debriefing program.					RATING LETTER P
SPECIFIC DUTY NO. 4 To prepare and present to his immediate supervisor completed interrogation reports.					RATING LETTER P
SPECIFIC DUTY NO. 5					RATING LETTER
SPECIFIC DUTY NO. 6					RATING LETTER
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>					
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. 27 SEP 1963					RATING LETTER S

SECRET

(When Filled In)

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in mind their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for promotion. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.</p>			
<p>The person being rated is a conscientious devoted <sup>SEP 26 2 00 PM '63</sup> <del>2 00 PM '63</del> who has demonstrated an extraordinary ability to get along with his co-workers and other ODYOKE representatives with whom he is collaborating. He receives his assignments cheerfully and with enthusiasm and approaches all of his tasks with great zeal. He devotes an inordinate amount of his own personal time to his duties in an effort to achieve perfection and sets very high standards for his own performance. The person being rated speaks native Spanish and is able to accomplish all of his interrogations in Spanish. This ability is a great asset to him in his work and redounds in benefits to the KUDESK effort of the Station.</p> <p>The person being rated is an accomplished interrogator and thus receives very little guidance in his work. His ability to trap security suspects in contradictions is unique and is paying dividends in the WAVE KUDESK field of endeavor. He has shown mature judgment in the handling of complex security cases, balance in appraising the interrogation results and in recommending disposal action, and proficiency in the preparation of his interrogation reports. He is currently supervising the interrogation activities of three KUJUMP interrogators <del>and</del> and has shown an ability in establishing personal rapport with these interrogators and proficiency in directing their activities. It is recommended from the standpoint of his career development that after the completion of his current assignment, the person being rated be moved into an assignment involving the handling of agents in the KUDESK field of effort.</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		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
4 months	At time preparation this report employee was on TDY Hqs and leave. Will be shown him upon return.		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
4 September 1963	Chief, CI Branch, JMWAVE	/s/ Neil T. PICKWORTH (signed in pseudo on Fld. Trans.)	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
<p>Subject is a hard working, dedicated, productive intelligence officer who has completely mastered those basic tools of the trade which are needed in CI activities. Subject has and uses native Spanish language fluency. Subject's performance during the period covered by this fitness report warrants an overall evaluation of "Strong." As a result, it is believed that Subject is a well-qualified journeyman who has earned a promotion to the grade of GS-12. Subject is strongly recommended for promotion to the grade of GS-12. Subject has additional growth potential as an intelligence officer. Subject's activities come to the attention of the Reviewing Officer on a bi-weekly basis.</p>			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
18 September 1963	Chief of Station, JMWAVE	/s/ Andrew K. REUTEMAN (signed in pseudo on Fld. Trans.)	

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
HIDALGO, BALMES			27 May 1919	M	GS-11 D
6. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT 8. CURRENT STATION		
Ops Officer			DDP WH P&O SEC A.		
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
CAREER RESERVE TEMPORARY			INITIAL ANNUAL REASSIGNMENT SUPERVISOR REASSIGNMENT EMPLOYEE		
CAREER-PROVISIONAL (See Instructions - Section C)			SPECIAL (Specify):		
SPECIAL (Specify):			SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to)		
30 October 1962			17 Jan 62 - 30 Sep 62		
SECTION B PERFORMANCE EVALUATION					
<p>W - <u>Weak</u> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - <u>Adequate</u> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - <u>Proficient</u> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - <u>Strong</u> Performance is characterized by exceptional proficiency.</p> <p>O - <u>Outstanding</u> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1					RATING LETTER
Responsible for initiation and development of WH Division durable assets program.					P
SPECIFIC DUTY NO. 2					RATING LETTER
Collate and maintain files on espionage laws of LA countries.					P
SPECIFIC DUTY NO. 3					RATING LETTER
Served as interpreter and translator for Division LA contacts.					P
SPECIFIC DUTY NO. 4					RATING LETTER
Coordinated with Branch 1 of WHD on FI and CI matters.					P
SPECIFIC DUTY NO. 5					RATING LETTER
Gives lectures as guest instructor to students attending School of International Communism.					S
SPECIFIC DUTY NO. 6					RATING LETTER
OVERALL PERFORMANCE IN CURRENT POSITION					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER P

SECRET

(When Filled In)

## SECTION C

## NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for holding, promotion, or 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. Hidalgo joined WH/PO/A in November 1961 and took up those responsibilities listed above. However, Mr. Hidalgo's performance of duties was interrupted on two occasions by serious illness, 9-27 March and 15 April-31 May 1962. He was twice hospitalized. From 25 June-9 August 1962, Mr. Hidalgo was on TDY for WH/3 as escort officer for Latin American trainees. Although beset by health and other personal problems, Mr. Hidalgo seized upon each new assignment with his customary energy. He proved particularly adept in working as interpreter and escort officer for Latin American trainees, and demonstrated high interest and proven competence in counterintelligence work. His excellent memory and quick perception were distinct assets in these undertakings.

It is recommended, however, that Mr. Hidalgo's next assignment not carry responsibility for submission of finished papers or staff studies, but be one entailing duties commensurate with his ability to work effectively with indigenous personnel and to pursue CI leads through records investigation.

## SECTION D

## CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE 18 Sept 62	SIGNATURE OF EMPLOYEE <i>Albert L. Hidalgo</i>	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
DATE 18 September 1962	OFFICIAL TITLE OF SUPERVISOR C/WH/PO/A	TYPED OR PRINTED NAME AND SIGNATURE
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
I have had insufficient personal contact with Subject to make any meaningful comments.		
DATE 13 September 1962	OFFICIAL TITLE OF REVIEWING OFFICIAL C/WH/OPS	TYPED OR PRINTED NAME AND SIGNATURE

SECRET

S E C R E T  
(When Filled In)

CERTIFICATION OF SEPARATING EMPLOYEE

Name (Last-First-Middle)

Hidalgo, Balmeo

MEMORANDUM FOR THE RECORD - ATTACH TO OFFICIAL PERSONNEL FOLDER

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

- |   |   |
|---|---|
| / | 1. Standard Form 8 (Notice to Federal Employee about Unemployment Compensation).  |
| / | 2. Standard Form 55 (Notice of Conversion Privilege, Federal Employees' Group Life Insurance). <i>N.A.</i>  |
|   | 3. Standard Form 55 (Agency Certification of Insurance Status, Federal Employers' Group Life Insurance Act of 1954).  |
| / | 4. Standard Form 2802 (Application for Refund of Retirement Deductions).<br><i>Medical Disability</i>   |
| / | 5. Form 2595 (Authorization for Disposition of Paychecks).<br><i>NO CHANGE</i>  |
|   | 6. Applicable to returnee (resignee from overseas assignment).<br>I have been advised of my right to have a medical examination before my separation from this Agency and of the importance of such a medical check to my health and well-being.<br><input type="checkbox"/> Appointment arranged with Office of Medical Services.<br><input type="checkbox"/> Appointment for Office of Medical Services examination declined. |
|   | 7. I have been informed of "conflict of interests" policy of the Agency and foresee no problem in this regard concerning my new employment.   |
|   | 8. Form 71 (Application for Leave).   |
|   | 9. CSC Pamphlet 51 (Re-employment Rights of Federal Employees Performing Armed Forces Duty).  |
|   | 10. Instructions for returning to duty from Extended Leave or Active Military Service.  |

Signature of Employee

*[Signature]*

Date Signed

*Feb 27, 1970*

Address (Street, City, State, Zip Code)

*403 SILVER ROCK RD ROCKVILLE MD 20851*

Correspondence

☒ Overt

☐ Covert

*OR 40 VERMONT HIGHLAND  
X6646*

S E C R E T



SECRET

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

**IMPORTANT  
AGENCY INSTRUCTIONS  
ON BACK OF ORIGINAL**

**TO COMPLETE THIS FORM—**

**1 FOLLOW THESE GENERAL INSTRUCTIONS:**

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

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

NAME (last) (first) (middle) DATE OF BIRTH (month, day, year) SOCIAL SECURITY NUMBER  
NEALGO Jr. Balnes Hieves May 27 1919  
Employee Serial Number 27630  
EMPLOYING DEPARTMENT OR AGENCY LOCATION (City, State, ZIP Code)

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

Mark here  
if you  
**WANT BOTH**  
optional and  
regular  
insurance



**ELECTION OF OPTIONAL (IN ADDITION TO REGULAR) INSURANCE**

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

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



**DECLINATION OF OPTIONAL (BUT NOT REGULAR) INSURANCE**

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

Mark here  
if you  
**WANT NEITHER**  
regular nor  
optional  
insurance



**WAIVER OF LIFE INSURANCE COVERAGE**

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

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

SIGNATURE (do not print)

DATE

13 February 1963

**FOR EMPLOYING OFFICE USE ONLY**

(official receiving date stamp)

OFFICE OF PERSONNEL  
FEB 20 3 30 PM '68

See Table of Effective Dates on back of Original

ORIGINAL COPY—Retain in Official Personnel Folder

SECRET

STANDARD FORM NO. 170-1  
JANUARY 1958  
(for use only until April 14, 1968)  
170-101

## APPOINTMENT AFFIDAVITS

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

CENTRAL INTELLIGENCE AGENCY

WASHINGTON, D.C.

(Department or agency)

(Bureau or division)

(Place of employment)

I, BALMES HIDALGO JR., do solemnly swear (or affirm) that—

### A. OATH OF OFFICE

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely without any mental reservation or purpose of evasion; that I will well and faithfully discharge the duties of the office on which I am about to enter, SO HELP ME GOD.

### B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

I am not a Communist or Fascist. I do not advocate nor am I knowingly a member of any organization that advocates the overthrow of the constitutional form of the Government of the United States, or which seeks by force or violence to deny other persons their rights under the Constitution of the United States. I do further swear (or affirm) that I will not so advocate, nor will I knowingly become a member of such organization during the period that I am an employee of the Federal Government or any agency thereof.

### C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

I am not participating in any strike against the Government of the United States or any agency thereof, and I will not so participate while an employee of the Government of the United States or any agency thereof. I do not and will not assert the right to strike against the Government of the United States or any agency thereof while an employee of the Government of the United States or any agency thereof. I do further swear (or affirm) that I am not knowingly a member of an organization of Government employees that asserts the right to strike against the Government of the United States or any agency thereof and I will not, while an employee of the Government of the United States or any agency thereof, knowingly become a member of such an organization.

### D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

I have not, nor has anyone acting in my behalf, given, transferred, promised or paid any consideration for or in expectation or hope of receiving assistance in securing such appointment.

### E. AFFIDAVIT AS TO DECLARATION OF APPOINTEE

The answers given in the Declaration of Appointee on the reverse of this form are true and correct.

17 Mar 58

(Date of entrance on duty)

Balme Hidalgo Jr.  
(Signature of appointee)

Subscribed and sworn before me this 13<sup>th</sup> day of March, A. D. 1958.

at Washington,  
(City)

D.C.  
(State)

[SEAL]

Billy A. Bussard 5 FEB 18 1958  
(Signature of officer)  
Appointment Clerk  
(Title)

NOTE.—If the oath is taken before a Notary Public the date of expiration of his commission should be shown.

## DECLARATION OF APPOINTEE

This form is to be completed before entrance on duty. Answer all questions. Admitted unfavorable information about such matters as arrests or discharges will be considered together with the favorable information in your record in determining your present fitness for Federal employment. However, a false statement or dishonest answer to any question may be grounds for dismissal after appointment and is punishable by law.

1. PRESENT ADDRESS (street and number, city and State)  
7615 B. T. RICHMOND BLVD. NW - WASH. 16, D. C.

2. (A) DATE OF BIRTH 27 May 1919 (B) PLACE OF BIRTH (city and State or city and foreign country)  
HAWAII, CUBA

3. (A) IN CASE OF EMERGENCY, PLEASE NOTIFY LOUISE HONOLUA (B) RELATIONSHIP WIFE (C) STREET AND NUMBER, CITY AND STATE \_\_\_\_\_ (D) TELEPHONE NO. \_\_\_\_\_

4. DOES THE UNITED STATES GOVERNMENT EMPLOY, IN A CIVILIAN CAPACITY, ANY RELATIVE OF YOURS (EITHER BY BLOOD OR MARRIAGE) WITH WHOM YOU LIVE OR HAVE LIVED WITHIN THE PAST 24 MONTHS? ☐ YES ☒ NO  
 If so, for each such relative fill in the blank below. If additional space is necessary, complete under item 12.

NAME	POST OFFICE ADDRESS (Give street number, if any)	(1) POSITIVE (2) TEMPORARY OR NOT (3) DEPARTMENT OR AGENCY IN WHICH EMPLOYED	RELATIONSHIP	MAR. RHD (C. Check one)	SIN. OLE (C. Check one)
		1. _____			
		2. _____			
		3. _____			
		1. _____			
		2. _____			
		3. _____			
		1. _____			
		2. _____			
		3. _____			

INDICATE ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO	INDICATE ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO
5. (A) ARE YOU A CITIZEN OF THE UNITED STATES OF AMERICA, OR (B) AS A NATIVE OF AMERICAN SAMOA DO YOU OBE ALLEGIANCE TO THE UNITED STATES OF AMERICA?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10. (A) HAVE YOU EVER FILED A WAIVER OF LIFE INSURANCE COVERAGE UNDER THE FEDERAL EMPLOYEES' GROUP LIFE INSURANCE ACT?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(B) IF YOU HAVE FILED SUCH A WAIVER, HAS IT BEEN CANCELED OR REVOKED?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If your answer is "Yes," give details in item 12.			11. SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT:		
7. DO YOU RECEIVE OR HAVE YOU APPLIED FOR AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT OR ANY PENSION OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	A. HAVE YOU BEEN DISCHARGED FROM EMPLOYMENT BECAUSE:		
If your answer is "Yes," give details in item 12.			(1) YOUR CONDUCT WAS NOT SATISFACTORY?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT, HAVE YOU BEEN ARRESTED, CHARGED, OR HELD BY FEDERAL, STATE, OR OTHER LAW ENFORCEMENT AUTHORITIES FOR ANY VIOLATION OF ANY FEDERAL LAW, STATE LAW, COUNTY OR MUNICIPAL LAW, REGULATION, OR ORDINANCE TO ANY INCLUDING TRAFFIC VIOLATIONS FOR WHICH A FINE OF \$5 OR LESS WAS IMPOSED? ALL OTHER CHARGES MUST BE INCLUDED EVEN IF THEY WERE DISMISSED.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(2) YOUR WORK WAS NOT SATISFACTORY?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If your answer is "Yes," give in item 12 for each case.			B. HAVE YOU RESIGNED AFTER OFFICIAL NOTIFICATION THAT:		
(1) approximate date, (2) charge, (3) place, (4) action taken.			(1) YOUR CONDUCT WAS NOT SATISFACTORY?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT, HAVE YOU BEEN BARRED BY THE U. S. CIVIL SERVICE COMMISSION FROM TAKING EXAMINATIONS OR ACCEPTING CIVIL SERVICE APPOINTMENTS?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(2) YOUR WORK WAS NOT SATISFACTORY?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If your answer is "Yes," give dates of and reasons for such debarment in item 12.			C. HAVE YOU BEEN DISCHARGED FROM THE ARMED SERVICES UNDER OTHER THAN HONORABLE CONDITIONS?		
			If your answer to A, B, or C is "Yes," give details in item 12 as fully as you can remember, including the name and address of employer, approximate date, and reasons in each case.		

12. SPACE FOR DETAILED ANSWERS TO OTHER QUESTIONS (Indicate item numbers to which answers apply.)

ITEM NO.	ANSWER	ITEM NO.	ANSWER

**INSTRUCTIONS TO APPOINTING OFFICER.**—You must determine that this appointment would be in conformance with the Civil Service Act, applicable Civil Service Rules and Regulations, and acts of Congress pertaining to appointment. This form should be checked for holding of office, pension, any record of recent discharge or arrest, age, citizenship, and members of family. Also, to establish the identity of the appointee, you should particularly check (1) his signature and handwriting against the application and/or other pertinent papers and (2) his physical appearance against the medical certificate.

**SECRET**  
(When Filled In)

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QUALIFICATIONS UPDATE							
READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING. TYPE OR PRINT. AVOID USING LIGHT COLORED INKS							
<p>Now that your qualifications are a matter of computer record, they must be periodically updated. This is done automatically for much information, however, some must be obtained directly from you. This form is for that purpose. Section I must be completed in all cases. You need provide other information only if there have been changes since you submitted your Form 444, "Qualifications Supplement to the Personal History Statement," or a previous update form. If you are in doubt whether information has been previously submitted, enter it in the appropriate section. The signed and dated form should be returned through administrative channels to the File Room, Office of Personnel, Room 5E-13, Headquarters, whether information is added or not. Additionally, a qualifications update may take place at any time there is information to be added or changed simply by completing and returning an update form on your initiative.</p>							
<b>SECTION I BIOGRAPHIC AND POSITION DATA</b>							
EMP. SER. NO.	NAME (Last-First-Middle)				DATE OF BIRTH		
027630	Hidalgo, Balmes N. Jr.				05/27/19		
<b>SECTION II EDUCATION</b>							
<b>HIGH SCHOOL</b>							
LAST HIGH SCHOOL ATTENDED		ADDRESS (City State Country)		YEARS ATTENDED (From To)		GRADUATE	
La Salle Academy		NYC NY		1938-1940		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
<b>COLLEGE OR UNIVERSITY STUDY</b>							
NAME AND LOCATION OF COLLEGE OR UNIVERSITY		SUBJECT		YEARS ATTENDED FROM-TO	DEGREE RECEIVED	YEAR RECEIVED	NO. SEM/GR. HRS. (Specify)
		MAJOR MINOR					
1. NY University		Comm Law		1943-45	NO		
UNIV of MD		Fire engineering		1968	No Credit Course		
2. Mont Jr College		Real Estate Procedures		1968	No Credit Course		
IF A GRADUATE DEGREE HAS BEEN NOTED ABOVE WHICH REQUIRED SUBMISSION OF A WRITTEN THESIS, INDICATE THE TITLE OF THE THESIS AND BRIEFLY DESCRIBE ITS CONTENT.							
<b>TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS</b>							
NAME AND ADDRESS OF SCHOOL		STUDY OR SPECIALIZATION		FROM	TO	NO. OF MONTHS	
Suburban Hospital		Emergency Room procedures		1968		3(?)	
<b>OTHER NON-AGENCY EDUCATION OR TRAINING NOT INDICATED ABOVE</b>							
NAME AND ADDRESS OF SCHOOL		STUDY OR SPECIALIZATION		FROM	TO	NO. OF MONTHS	
1. Non-Com leadership school				1947		?	
<b>SECTION III MARITAL STATUS</b>							
1. PRESENT STATUS (Single Married, Widowed, Separated, Divorced, Annulled, Remarried) SPECIFY. <b>MARRIED</b>							
2. NAME OF SPOUSE		(Last)	(First)	(Middle)	( maiden)		
		HIDALGO	Veronica	Waylonia	Waylonia		
3. DATE OF BIRTH		4. PLACE OF BIRTH (City State Country)					
23 May 14		DuBois, Pa, USA					
5. OCCUPATION		6. PRESENT EMPLOYER					
Train Asst		CIA					
7. CITIZENSHIP		8. FORMER CITIZENSHIP(S) COUNTRY(IES)			9. DATE U.S. CITIZENSHIP ACQUIRED		
US		N/A			Birth		
<b>SECTION IV DEPENDENT CHILDREN AND DEPENDENTS OTHER THAN SPOUSE</b>							
NAME		RELATIONSHIP	DATE AND PLACE OF BIRTH		CITIZENSHIP	PERMANENT ADDRESS	
1. <input type="checkbox"/> ADD <input checked="" type="checkbox"/> DELETE		Daughter	1945 NYC NY		US	Arlington, Va	
2. <input type="checkbox"/> ADD <input checked="" type="checkbox"/> DELETE		Daughter	1950 NYC NY		US	Alexandria Va	
		Mother	1892 SECRET SPAIN		US	Rockville MD	

FORM 444n

ADD

Mother

1892 SECRET SPAIN

US

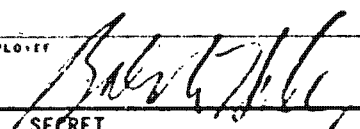
Rockville MD

(16-51)

(H) 301.001

SECRET

(When Filled In)

SECTION V GEOGRAPHIC AREA KNOWLEDGE AND FOREIGN TRAVEL							
NAME OF REGION OR COUNTRY	TYPE OF SPECIALIZED KNOWLEDGE	DATES OF TRAVEL OR RESIDENCE	DATE & PLACE OF ENTRY	KNOWLEDGE ACQUIRED BY: CHECK (X)			
				RECEIVED	TRAVEL	STUDY	OTHER
Havana Cuba	Language, customs, people	1949-55		X			X
Rep of Panama	"	1952-58	Dec 20	X	X		X
El Salvador, Mexico	"	various		X	X		X
Guatemala, Puerto Rico	"	various		X	X		X
SECTION VI Hawaii				X	X		X
1. TYPING (WPM) 2. SHORTHAND (WPM) 3. INDICATE SHORTHAND SYSTEM USED - CHECK (X) APPROPRIATE ITEM							
<input type="checkbox"/> CRECC <input type="checkbox"/> SPEEDWRITING <input type="checkbox"/> STENOGRAPH <input type="checkbox"/> OTHER SPECIFY:							
SECTION VII SPECIAL QUALIFICATIONS							
PROVIDE INFORMATION ON HOBBIES, SPORTS, LICENSES, PUBLISHED MATERIALS OR DEVICES WHICH YOU MAY HAVE INVENTED <b>Extremely capable in First Aid (advanced) and teaching of same. Firefighting procedures. Elementary knowledge of Real Estate Procedures.</b>							
SECTION VIII MILITARY SERVICE							
CURRENT DRAFT STATUS							
1. HAS YOUR SELECTIVE SERVICE CLASSIFICATION CHANGED?				2. NEW CLASSIFICATION			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				N/A			
3. LOCAL SELECTIVE SERVICE BOARD NUMBER AND ADDRESS				4. IF DEFERRED, GIVE REASON			
N/A				N/A			
MILITARY RESERVE, NATIONAL GUARD STATUS							
CHECK RESERVE OR GUARD ORGANIZATION TO WHICH YOU BELONG <input type="checkbox"/> ARMY <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> COAST GUARD <input type="checkbox"/> NATIONAL GUARD <input type="checkbox"/> NAVY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> AIR NATIONAL GUARD							
NONE							
1. CURRENT RANK, GRADE OR RATE		2. DATE OF APPOINTMENT IN CURRENT RANK		3. EXPIRATION DATE OF CURRENT OBLIGATION			
N/A		N/A		N/A			
4. CHECK CURRENT RESERVE CATEGORY <input type="checkbox"/> READY RESERVE <input type="checkbox"/> STANDBY (active) <input type="checkbox"/> STANDBY (inactive) <input type="checkbox"/> RETIRED <input checked="" type="checkbox"/> DISCHARGED							
5. MILITARY MOBILIZATION N/A				6. RESERVE UNIT TO WHICH ASSIGNED OR ATTACHED			
N/A				N/A			
MILITARY SCHOOLS COMPLETED (Extended Active, Reserve Duty, or as Civilian)							
NAME AND ADDRESS OF SCHOOL		STUDY OR SPECIALIZATION		DATE COMPLETED			
Non-Com leadership school		same		7777			
						PRESIDENT	
						AGENCY-SPONSORED	
SECTION IX PROFESSIONAL SOCIETIES AND OTHER ORGANIZATIONS							
NAME AND CHAPTER		ADDRESS (Number, Street, City, State, Country)			DATE OF MEMBERSHIP		
					FROM TO		
American Red Cross		Silver Spring Md			1964 present		
Rockville Fire Dept and OTHERS		(presently Rockville, Md)			1958 present		
International Rescue & 1st Aid Assoc		worldwide			1956(?) present		
Montgomery Board of Realtors (ASSOCIATE member)		(Permanency pending)			1958 present		
3.							
SECTION X REMARKS							
I am a bit hazy on the dates.							
DATE		SIGNATURE OF EMPLOYEE					
19 Dec 68							

SECRET

SECRET

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SECTION V GEOGRAPHIC AREA KNOWLEDGE AND FOREIGN TRAVEL							
NAME OF REGION OR COUNTRY	TYPE OF SPECIALIZED KNOWLEDGE	DATES OF TRAVEL OR RESIDENCE	DATE & PLACE OF STUDY	KNOWLEDGE ACQUIRED BY (CHECK IN)			
				RESIDENCE	TRAVEL	STUDY	HOME ASSIGNMENT
Cuba	Area and people/Lan.	1919-1924	Family	X		X	X
Panama	Area and people/Lan	1952-58	XXXX	X	X	X	X
Dom Rep	Area and People/Lan	1965			X		X
Salvador & Guat	" "	1961-2-3			X		X

SECTION VI & Mexi TYPING AND STEGNOGRAPHIC SKILLS

1. TYPING (PPV) 2. SHORTHAND (HPV) 3. INDICATE SHORTHAND SYSTEM USED--CHECK IN) APPROPRIATE ITEM

☐ GREGG ☐ SPEEDWRITING ☐ STENO TYPE ☐ OTHER SPECIFY:

SECTION VII SPECIAL QUALIFICATIONS

PROVIDE INFORMATION ON HOBBIES, SPORTS, LICENSES, PUBLISHED MATERIALS OR DEVICES WHICH YOU MAY HAVE INVENTED

Quite proficient in photography - Safety and Fire engineering - First Aid including the Instruction of First Aid & Hospital Corpsman duties. SOME Real Estate knowledge.

SECTION VIII MILITARY SERVICE

CURRENT DRAFT STATUS

1. HAS YOUR SELECTIVE SERVICE CLASSIFICATION CHANGED? ☐ YES ☐ NO 2. NEW CLASSIFICATION See age.

3. LOCAL SELECTIVE SERVICE BOARD NUMBER AND ADDRESS 4. IF DEFERRED, GIVE REASON

MILITARY RESERVE, NATIONAL GUARD STATUS

CHECK RESERVE OR GUARD ORGANIZATION TO WHICH YOU BELONG ☐ NONE

☐ ARMY ☐ MARINE CORPS ☐ COAST GUARD ☐ NATIONAL GUARD  
☐ NAVY ☐ AIR FORCE ☐ AIR NATIONAL GUARD

1. CURRENT RANK, GRADE OR RATE 2. DATE OF APPOINTMENT IN CURRENT RANK 3. EXPIRATION DATE OF CURRENT OBLIGATION

N/A N/A N/A

4. CHECK CURRENT RESERVE CATEGORY ☐ READY RESERVE ☐ STANDBY (ACTIVE) ☐ STANDBY (INACTIVE) ☐ RETIRED ☒ DISCHARGED

5. MILITARY MOBILIZATION ASSIGNMENT 6. RESERVE UNIT TO WHICH ASSIGNED OR ATTACHED

N/A N/A

MILITARY SCHOOLS COMPLETED (Extended Active, Reserve Duty, or as Civilian)

NAME AND ADDRESS OF SCHOOL	STUDY OR SPECIALIZATION	DATE COMPLETED	REMARKS
Non-Com leadership school	Infantry	1943	N/A

SECTION IX PROFESSIONAL SOCIETIES AND OTHER ORGANIZATIONS

NAME AND CHAPTER	ADDRESS (Number, Street, City, State, Country)	DATE OF MEMBERSHIP	
		FROM	TO
Rockville Fire Dept & others	Rockville Md & others	1958	present
Red Cross as Emergency transport and			
First Aid Instructor as well as Md Corpsman		1964	"
Associate member Mont Realtors		1968	"
Int Assoc Rescue & First Aid		1964	"

SECTION X REMARKS

Re Section IV: Both daughters now married.  
 Re Section III: This is second marriage.  
 Re Real Estate training: This still in active stage. Plans are to supplement my work and eventually change to it on full time basis.

DATE 25 Nov 68 SIGNATURE OF EMPLOYEE [Signature]

SECRET

**SECRET**  
(When Filled In)

### QUALIFICATIONS UPDATE

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

Now that your qualifications are a matter of computer record, they must be periodically updated. This is done automatically for much information; however, some must be obtained directly from you. This form is for that purpose. Section I must be completed in all cases. You need provide other information only if there have been changes since you submitted your Form 441, "Qualifications Supplement to the Personal History Statement," or a previous update form. If you are in doubt whether information has been previously submitted, enter it in the appropriate section. The signed and dated form should be returned through administrative channels to the File Room, Office of Personnel, Room 5E-13 Headquarters, whether information is added or not. Additionally, a qualifications update may take place at any time there is information to be added or changed simply by completing and returning an update form on your initiative.

<b>SECTION I</b>						<b>BIOGRAPHIC AND POSITION DATA</b>					
EMP. SER. NO.		NAME (Last-First-Middle)				DATE OF BIRTH					
027630		Hidalgo, Balmes N.				05/27/19					
<b>SECTION II</b>						<b>EDUCATION</b>					
<b>HIGH SCHOOL</b>											
LAST HIGH SCHOOL ATTENDED		ADDRESS (City, State, Country)		YEARS ATTENDED (From-To)		GRADUATE					
La Salle Academy		NY City NY		1938-40		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
<b>COLLEGE OR UNIVERSITY STUDY</b>											
NAME AND LOCATION OF COLLEGE OR UNIVERSITY		SUBJECT		YEARS ATTENDED FROM-TO		DEGREE RECEIVED		YEAR RECEIVED		NO. SEM/ QTR HRS. (Specify)	
		MAJOR		MINOR							
1. New York University		Comm Law Import-Export procedures		1943/45		NO					
2.											
IF A GRADUATE DEGREE HAS BEEN NOTED ABOVE WHICH REQUIRED SUBMISSION OF A WRITTEN THESIS, INDICATE THE TITLE OF THE THESIS AND BRIEFLY DESCRIBE ITS CONTENT.											
<b>TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS</b>											
NAME AND ADDRESS OF SCHOOL		STUDY OR SPECIALIZATION		FROM		TO		NO. OF MONTHS			
University of Md. College of Engineering		Fire Service extension		Jan 66		Aug 66		8			
OTHER NON-AGENCY EDUCATION OR TRAINING NOT INDICATED ABOVE											
NAME AND ADDRESS OF SCHOOL		STUDY OR SPECIALIZATION		FROM		TO		NO. OF MONTHS			
1. Montgomery Junior College Rockville, Md Campus		Real Estate procedures		Oct 1968				1			
2. Suburban Hospital Bethesda, Md		Emergency Medical Aid/ Maryland State Corpman		Jan-May 1968				5			
<b>SECTION III</b>											
<b>MARITAL STATUS</b>											
1. PRESENT STATUS (Single, Married, Widowed, Separated, Divorced, Annulled, Remarried) SPECIFY: <b>Married</b>											
2. NAME OF SPOUSE (Last) (First) (Middle) ( maiden)											
HIDALGO Veronica W. (WAYLONIS)											
3. DATE OF BIRTH				4. PLACE OF BIRTH (City, State, Country)							
May 29 1914				DuBois, Pa., USA							
5. OCCUPATION				6. PRESENT EMPLOYER							
Admin Asst				C.I.A.							
7. CITIZENSHIP				8. FORMER CITIZENSHIP(S) COUNTRY(IES)				9. DATE U.S. CITIZENSHIP ACQUIRED			
US				N/A				Birth			
<b>SECTION IV</b>											
<b>DEPENDENT CHILDREN AND DEPENDENTS OTHER THAN SPOUSE</b>											
NAME		RELATIONSHIP		DATE AND PLACE OF BIRTH		CITIZENSHIP		PERMANENT ADDRESS			
1. <input type="checkbox"/> ADD <input checked="" type="checkbox"/> DELETE		Daughter		NYC NY - Feb 23/50		US		Alexandria Va			
2. <input type="checkbox"/> ADD <input checked="" type="checkbox"/> DELETE		Daughter		NYC NY - Jan 6/45		US		Arlington Va			

FORM 444n  
2-68

**SECRET**

14-513  
G P 14-513

ALSO FIRST AID INSTRUCTIONS cover of form 2-444n

SECRET

When Filled In

OFFICIAL USE ONLY (until F-2000)

LLC

QUALIFICATIONS SUPPLEMENT TO PERSONAL HISTORY STATEMENT				
READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING. TYPE OR PRINT. AVOID USING LIGHT COLORED INKS.				
SECTION I				
BIOGRAPHIC AND POSITION DATA				
1. EMP. SEC. NO.	2. NAME (Last, First, Middle)	3. SEX	4. DATE OF BIRTH	5. SCHEDULE GRADE/STEP
027530	MICALGO B N JR	M	09/27/19	GS-12-04
6. SSN	7. POSITION TITLE	8. OFFICE OF ASSIGNMENT	9. LOCATION (Country, City)	
D	CPS OFFICER	AM	WASH., D.C.	
SECTION II				
AGENCY OVERSEAS SERVICE				
AREA		TYPE TOUR	FROM	TO
WESTERN HEMISPHERE		PCS-VV	92/05/12	97/12/30
WESTERN HEMISPHERE		TDY-CC	99/01/29	99/02/08
WESTERN HEMISPHERE		TDY-CC	03/02/01	01/03/01
WESTERN HEMISPHERE		TDY-CC	01/04/19	01/06/19
EUROPEAN AREA		TDY-CC	03/12/01	03/12/18
WESTERN HEMISPHERE		PCS-CC	08/04/01	08/09/01
WESTERN HEMISPHERE		TDY-CC	03/04/01	04/04/01
			05/17/11	05/27/11
			THIRTEEN	13
<div style="border: 1px solid black; padding: 10px; margin: 10px;"> <p><b>OVERSEAS DATA</b></p> <p><b>CODED</b> 25 APR 1968</p> <p><b>DATE:</b> <b>INITIALS:</b></p> </div>				
SECTION III				
EDUCATION				
DEGREE	MAJOR FIELD	COLLEGE	YEAR	
NONE	NO COLLEGE DEGREE ON RECORD			
	TWO YEARS - COMMERCIAL LAW IMPART EXPORT PROSECUTION	NYU	1943-45	



## SECRET

When Filled In

SECTION III							
EDUCATION (Cont'd)							
HIGH SCHOOL							
LAST HIGH SCHOOL ATTENDED		ADDRESS City, State, Country		YEARS ATTENDED From To		GRADUATE	
La Salle Academy		NYC NY		1938-40		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE OR UNIVERSITY STUDY							
NAME AND LOCATION OF COLLEGE OR UNIVERSITY	SUBJECT		YEARS ATTENDED FROM TO	DEGREE RECEIVED	YEAR RECEIVED	NO SEM / QTR HRS. Spec'd	
	MAJOR	MINOR					
1 NYU - NYC NY	Comm. Law	Export laws	Sept 43 to ? 45	No		???	
2							
3							
4							
5 IF A GRADUATE DEGREE HAS BEEN NOTED ABOVE, INDICATE SUBJECT OF A WRITTEN THESIS, INDICATE THE TITLE OF THE THESIS AND BRIEFLY DESCRIBE ITS CONTENT							
<div style="border: 1px solid black; padding: 5px; display: inline-block;">           011112            011112            011112         </div>							
TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS							
NAME AND ADDRESS OF SCHOOL		STUDY OR SPECIALIZATION		FROM	TO	NO OF MONTHS	
1							
2							
3							
OTHER NON-AGENCY EDUCATION OR TRAINING NOT INDICATED ABOVE							
NAME AND ADDRESS OF SCHOOL		STUDY OR SPECIALIZATION		FROM	TO	NO OF MONTHS	
1							
2							
3							
4							
5							
AGENCY-SPONSORED EDUCATION							
Specify which, if any, of the education shown in Section III was Agency sponsored							
NAME AND ADDRESS OF SCHOOL		STUDY OR SPECIALIZATION		FROM	TO	NO OF MONTHS	
1 Full Ops course					During 1958	9	
2 Management Course					1966 One Week		
3							
4							
5							

SECRET

SECRET

SECTION VII MILITARY SERVICE			
CURRENT DRAFT STATUS			
1. ARE YOU REGISTERED FOR THE DRAFT?		2. SELECTIVE SERVICE CLASSIFICATION	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		???	
3. LOCAL SELECTIVE SERVICE BOARD NUMBER AND ADDRESS		4. IF DEFERRED, GIVE REASON	
N/A		N/A	
MILITARY SERVICE RECORD (Active Duty Only)			
1. MILITARY ORGANIZATION (Army, Navy, etc.)	2. BRANCH OR CORPS	3. DATES OF SERVICE (extended active duty)	
Army	Infantry	FROM Oct 1940 TO Sept 1943	
4. STATUS (Regular, Reserve, etc.)	5. RANK, GRADE OR RATE (at separation, if not service)	6. SERIAL SERVICE OR FILE NUMBER	
Federalized National Guard	Cpl.	20249766	
7. CHECK TYPE OF SEPARATION			
<input checked="" type="checkbox"/> HONORABLE DISCHARGE <input type="checkbox"/> RELEASE TO INACTIVE DUTY <input type="checkbox"/> RETIREMENT FOR AGE <input type="checkbox"/> RETIREMENT FOR SERVICE <input type="checkbox"/> RETIREMENT FOR COMBAT DISABILITY <input checked="" type="checkbox"/> RETIREMENT FOR PHYSICAL DISABILITY <input type="checkbox"/> UNIQUE HARDSHIPS <input type="checkbox"/> OTHER (Specify)			
8. BRIEF DESCRIPTION OF MILITARY DUTIES (Record the duties and skills which best describe your work or function in the military service)			
Infantryman; Cryptographic sections; driver.			
MILITARY RESERVE, NATIONAL GUARD STATUS			
CHECK RESERVE OR GUARD ORGANIZATION TO WHICH YOU BELONG			
None			
<input type="checkbox"/> ARMY <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> COAST GUARD <input type="checkbox"/> NATIONAL GUARD <input type="checkbox"/> NAVY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> AIR NATIONAL GUARD			
1. CURRENT RANK, GRADE OR RATE	2. DATE OF APPOINTMENT IN CURRENT RANK	3. EXPIRATION DATE OF CURRENT RESERVE OBLIGATION	
4. CHECK CURRENT RESERVE CATEGORY			
<input type="checkbox"/> READY RESERVE <input type="checkbox"/> STANDBY (Active) <input type="checkbox"/> STANDBY (Inactive) <input type="checkbox"/> RETIRED <input type="checkbox"/> DISCHARGED			
5. BRIEF DESCRIPTION OF MILITARY RESERVE DUTIES (Record the duties and skills which best describe your work or function in the military service)			
6. IF YOU ARE CURRENTLY ASSIGNED TO A RESERVE OR NATIONAL GUARD TRAINING UNIT, IDENTIFY THE UNIT AND ITS ADDRESS			
MILITARY SCHOOLS COMPLETED (Active Duty, Reserve Status or as Civilian)			
NAME AND ADDRESS OF SCHOOL	FIELD OF SPECIALIZATION	DATE COMPLETED	
1.			<input type="checkbox"/> RECEIVED <input type="checkbox"/> CORRESPONDENCE <input type="checkbox"/> AGENCY SPONSORED
2.			<input type="checkbox"/> RECEIVED <input type="checkbox"/> CORRESPONDENCE <input type="checkbox"/> AGENCY SPONSORED
3.			<input type="checkbox"/> RECEIVED <input type="checkbox"/> CORRESPONDENCE <input type="checkbox"/> AGENCY SPONSORED
4.			<input type="checkbox"/> RECEIVED <input type="checkbox"/> CORRESPONDENCE <input type="checkbox"/> AGENCY SPONSORED
5.			<input type="checkbox"/> RECEIVED <input type="checkbox"/> CORRESPONDENCE <input type="checkbox"/> AGENCY SPONSORED

SECRET

## SECRET

(When filled in)

SECTION IV GEOGRAPHIC AREA KNOWLEDGE AND FOREIGN TRAVEL							
NAME OF REGION OR COUNTRY	TYPE OF SPECIALIZED KNOWLEDGE	DATE OF TRAVEL OR RESIDENCE	DATE & PLACE OF STUDY	KNOWLEDGE ACQUIRED BY: CHECK IN			
				RES- DENCE	TRA- VAIL	STUDY	WORK ASSOC- IATION
Cuba	Language-Area knowledge	1919-1924	---	X			
Panama	" " "	1952-58		X			X
Puerto Rico	" " "	various			X		X
Guatemala	" " "	various			X		X
El Salvador	" " "	various			X		X
Mexico	" " "	various			X		X
Dom Rep	" Limited area knowledge	1965					X
Germany	" " "	1963					X
Scotland	" " "	1963					X

SECTION V TYPING AND STENOGRAPHIC SKILLS			
1. TYPING (WPM) 40	2. SHORTHAND (WPM)	3. INDICATE SHORTHAND SYSTEM USED - CHECK IN APPROPRIATE ITEM <input type="checkbox"/> GREGG <input type="checkbox"/> SPEEDWRITING <input type="checkbox"/> STENOGRAPH <input type="checkbox"/> OTHER SPECIFY	
4. INDICATE OTHER BUSINESS MACHINES WITH WHICH YOU HAVE HAD OPERATING EXPERIENCE OR TRAINING (comparator, mimeograph, card punch, etc.) Various			

SECTION VI SPECIAL QUALIFICATIONS	
1. LIST ALL HOBBIES AND SPORTS IN WHICH YOU ARE ACTIVE OR HAVE ACTIVELY PARTICIPATED. INDICATE YOUR PROFICIENCY IN EACH. First Aid Instructor. Very active currently. Fire Fighting and safety practices. University of Maryland. Active currently. <i>Shy, Diving - 10 fingers during 1962. Love swimming.</i>	
2. LIST ALL BUSINESS EQUIPMENT FOR WHICH YOU MAY HAVE LISTED IN ITEM 4. SPECIFY. LIST ANY SPECIAL SKILLS YOU POSSESS RELATING TO OTHER EQUIPMENT AND MACHINES SUCH AS OPERATION OF RADIO TRANSMITTERS, ELECTRIC CIRCUIT BOARD REPAIRING, OFFSET PRESS, TYPING MACHINE, ETC. AND OTHER SCIENTIFIC & PROFESSIONAL DEVICES.	
3. ARE YOU NOW OR HAVE YOU EVER BEEN A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION SUCH AS PHOTO, ELECTRICIAN, RADIO OPERATOR, TEACHER, LAWYER, CPA, MEDICAL TECHNICIAN, PSYCHOLOGIST, PHYSICIAN, ETC? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
4. IF YOU HAVE ANSWERED "YES" TO ITEM 3 ABOVE, INDICATE KIND OF LICENSE OR CERTIFICATION AND THE ISSUING STATE, MUNICIPALITY, ETC. (Provide license registration number if known) First Aid Instructor - National Red Cross - 1963	5. FIRST LICENSE, CERTIFICATE (year of issue) 1963 6. LATEST LICENSE, CERTIFICATE (year of issue)
7. LIST ANY SIGNIFICANT PUBLISHED MATERIALS OF WHICH YOU ARE THE AUTHOR. Do NOT submit names unless requested. INDICATE THE TITLE, PUBLICATION DATE, AND TYPE OF WRITING. (non-fiction or scientific articles, general interest subjects, novels, short stories, etc.)	
8. INDICATE ANY DEVICES WHICH YOU HAVE INVENTED AND STATE WHETHER OR NOT THEY ARE PATENTED	
9. PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE	

SECRET

(When Filled In)

[illegible]

**SECRET**

SECRET

(When Filled In)

1. PERSONNEL SERIAL NO. (1-6)		LANGUAGE PROFICIENCY AND AWARDS DATA				2. L.D. NO.	
3. NAME (7-24)		4. COMPONENT		5. GRADE		6. DATE OF BIRTH	
7. LANGUAGE		8. CODE (25-27)		9. DATE OF TEST		10. ANNIVERSARY DATE (28-33)	
11. TEST PURPOSE		12. TEST SCORES				13. ELIGIBILITY (39)	
AWARD		READING (34)		WRITING (35)		PRONUNCIATION (36)	
SKILL		SPEAKING (37)		UNDERSTANDING (38)		AWARDABLE	
						NOT AWARDABLE	
14. I CERTIFY THIS EMPLOYEE FOR AWARD				15. TYPE OF AWARD			
SIGNATURE		DATE		A - M		E - I - M	
				C		R - W - S	
				D - V			
16. AMOUNT OF AWARD		\$		17. I CERTIFY THAT FUNDS ARE AVAILABLE			
18. FEDERAL TAX DEDUCTION		\$		OBLIGATION REF. NO.			
19. STATE/DC TAX DEDUCTION		\$		SIGNATURE			
20. NET AMOUNT OF AWARD		\$		20. CHANGE ALLOTMENT NO.			
21. FORWARD CHECK TO				DATE			
				22. EMPLOYEE PAYROLL NO.			
				24. ALLOTMENT OF ASSIGNMENT			
				25. CHECK NO.			
				DATE			

FORM 1273 USE PREVIOUS EDITIONS

SECRET

(10-49) MRD COPY

SECRET

(When Filled In)

1. PERSONNEL SERIAL NO. (1-6)		LANGUAGE PROFICIENCY AND AWARDS DATA				2. L.D. NO.	
3. NAME (7-24)		4. COMPONENT		5. GRADE		6. DATE OF BIRTH	
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				24. ALLOTMENT OF ASSIGNMENT			
				25. CHECK NO.			
				DATE			

FORM 1273 USE PREVIOUS EDITIONS

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(When Filled In)

127 630		LANGUAGE DATA RECORD			
PART I-GENERAL					
1. NAME (Last-First-Middle)		17-241		2. DATE OF BIRTH (25-30)	
Hidalgo, Balmea Nieves JR				MONTH	DAY YEAR
				May	27 1912
3. LANGUAGE (31-33)		4. TODAY'S DATE (34-36)		5.	
Spanish 720		MONTH DAY YEAR		<input type="checkbox"/> I HAVE NO PROFICIENCY IN ANY FOREIGN LANGUAGE	
May		9 1958			
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.
3.	BOTH OF THE ABOVE STATEMENTS APPLY.
4.	NONE OF THE ABOVE STATEMENTS APPLY.
PART IV—CERTIFICATION	
I CERTIFY THAT THE INFORMATION GIVEN ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS CERTIFICATION CONSTITUTES MY APPLICATION FOR A MAINTENANCE AWARD PROVIDED I AM ELIGIBLE UNDER THE TERMS OF REGULATION NO. 23-115, 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.	
DATE SIGNED 9 May 1958	SIGNATURE Halmy L. Helms
(46) C	(47) A

SECRET

(When Filled In)

(11-81)		LANGUAGE DATA RECORD	
127630			
PART I-GENERAL			
1. NAME (Last-First-Middle) (17-24)		2. DATE OF BIRTH (75-30)	
Hidalgo, Balnos Nieves JR		MONTH	DAY YEAR
		May	27 1958
3. LANGUAGE (31-33)	4. TODAY'S DATE (34-39)		5.
Portuguese 630	MONTH	DAY YEAR	<input type="checkbox"/> I HAVE NO PROFICIENCY IN ANY FOREIGN LANGUAGE
	May	9 1958	
PART II-LANGUAGE ELEMENTS			
SECTION A. Reading (40)			
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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.			
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(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.
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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)	
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2.	I HAVE HAD EXPERIENCE AS AN INTERPRETER.
3.	BOTH OF THE ABOVE STATEMENTS APPLY.
4.	NONE OF THE ABOVE STATEMENTS APPLY.
PART IV—CERTIFICATION	
<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. 25-115, PAR. 1(C)(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	SIGNATURE
9 May 1958	J. Salas, J. Velazquez
(40)	(47)

CONFIDENTIAL

SECURITY APPROVAL

DATE : 17 April 1964

YOUR  
REFERENCE: 18658 DDP/SAS

CASE NO. : 65077

TO : Director of Personnel

ATTN :

SUBJECT : HIDALGO, Balnes Nieves, Jr.

1. This is to inform you that Subject has been approved for the appointment specified in your request under the provisions of Headquarters Regulations 10-3 and 20-5 including access to classified information through TOP SECRET as required in the performance of duties.
2. Unless arrangements are made within 60 days for entrance on duty within 120 days, this approval becomes invalid.
3. As part of the entrance on duty processing:
  - ☐ A personal interview in the Office of Security must be arranged.
  - ☒ A personal interview is not necessary.
  - ☐ Please advise Chief, Clearance Branch, extension 5620 when Subject enters on duty.
4. This is a conversion case.

FOR THE DIRECTOR OF SECURITY:

*W. A. Osborne*  
W. A. Osborne

Chief, Personnel Security Division

CONFIDENTIAL  
(When Filled In)

STAFF AGENT CLEARANCE

DATE : 22 April 1963

YOUR REFERENCE: Memorandum of 19 April 1963

CASE NO. : 65077

TO : Chief, Contract Personnel Division

ATTN. : Staff Agents Branch

SUBJECT : ~~REDACTED~~ Hedley R. N. Jr.

1. This is to advise that a security clearance is granted for the employment of the Subject as a Staff Agent, GS-11, by DDP/SAS in the capacity of Operations Officer under Project JMWAVE.

2. If your office should desire at a later date to change the status or use of the Subject, a request to cover any proposed change should be submitted to this office.

3. Unless arrangements are made within 60 days for entrance on duty within 120 days, this Approval becomes invalid.

4. As a part of entrance on duty processing:

☐ A personal interview in the Office of Security must be arranged by your office.

☒ A personal interview is not necessary.

☐

*W. A. Osborne*

W. A. Osborne

CHIEF, PERSONNEL SECURITY DIVISION OS

**CONFIDENTIAL**  
(WHEN FILLED IN)

**SECURITY APPROVAL**

**DATE** : 10 March 1958

**YOUR  
REFERENCE:**

**CASE NO.** : 65077

**TO** : Director of Personnel

**FROM** : Director of Security

**SUBJECT** : HIDALGO, Balma Nieves

1. This is to inform you of security approval of the subject person as follows:

- ☒ Subject has been approved for the appointment specified in your request under the provisions of Regulations 10-210 and 20-730 including access to classified information through Top Secret as required in the performance of his duties.
- ☐ Subject has been approved for appointment under the authority of Paragraph 4(d) of Regulation 10-210, and under Regulation 20-730 including access to classified information through Top Secret as required in the performance of his duties.

2. Unless arrangements are made within 60 days for entrance on duty within 120 days, this approval becomes invalid.

3. As part of the entrance on duty processing:

- ☒ A personal interview in the Office of Security must be arranged.
- ☐ A personal interview is not necessary.
- ☒ This clearance is issued in advance of receipt of a SF-377. Subject will be assigned to the WH Division.

FOR THE DIRECTOR OF SECURITY:

*W. M. Knott*  
W. M. Knott  
Chief, Personnel Security Division

SECRET

## BIOGRAPHIC INFORMATION

**Name:** Raimon E. HIDALGO, Jr.  
**Grade:** GS-11  
**Service Designation:** CI

**Date and Place of Birth:** 27 May 1919  
Havana, Cuba

**Marital Status:** Married

**Education and Career Outside the Agency:** 1945-46 New York University - No degree (2 yrs)  
Nov 45-Dec 49 FBI, Eastern part of United States -  
Undercover Agent

**Languages:** Spanish - Fluent  
Portuguese & French - Fair

**Military Duty:** 27 Mar 39-27 Sep 1943 New York National Guard  
(Federalized Oct 40) U.S. Army

**CIA Experience:** 18 Feb 52 Ex Appt... Contract Employee, GS-9, DDP/WH/  
HYPOTHESIS, [REDACTED]  
1 Feb 56 Promotion, Contract Employee, GS-11, DDP/WH,  
HYPOTHESIS, [REDACTED]

**CIA Training:** Covert training

## CONFIDENTIAL

(When Filled In)

INSTRUCTIONS: COMPLETE IN DUPLICATE. THE DATA RECORDED ON THIS FORM IS ESSENTIAL IN DETERMINING TRAVEL EXPENSES ALLOWABLE IN CONNECTION WITH LEAVE AT GOVERNMENT EXPENSE, OVERSEAS DUTY, RETURN TO RESIDENCE UPON SEPARATION, AND FOR PROVIDING CURRENT RESIDENCE AND DEPENDENCY INFORMATION REQUIRED IN THE EVENT OF AN EMPLOYEE EMERGENCY. THE ORIGINAL OF THIS FORM WILL BE FILED IN THE EMPLOYEE'S OFFICIAL PERSONNEL FOLDER.			
NAME OF EMPLOYEE (Last) (First) (Middle)			
HIDALGO JA BALMES NIEVES			
1. RESIDENCE DATA			
PLACE OF RESIDENCE WHEN APPOINTED		LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. (If appointed abroad)	
D.C.			
PLACE IN CONTINENTAL U.S. DESIGNATED AS PERMANENT RESIDENCE			
D.C.			
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
BERZONI MISS. USA			9 APR 1943
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)	
LOUISE HIDALGO			
NAMES OF CHILDREN		ADDRESS	SEX F AGE 13
LUZ MARIA			F 8
FRANCES REBECCA			
NAME OF FATHER (Or male guardian)		ADDRESS	
BALMES N HIDALGO			
NAME OF MOTHER (Or female guardian)		ADDRESS	
ROSE HIDALGO			
WHAT MEMBER(S) OF YOUR FAMILY HAS BEEN TOLD OF YOUR AFFILIATION WITH THE AGENCY FOR EMERGENCY PURPOSES?			
WIFE			
4. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY			
NAME (Mr., Mrs., Miss) (Last-First-Middle)		RELATIONSHIP	
HIDALGO LOUISE		WIFE	
HOME ADDRESS (No., Street, City, Zone, State)		HOME TELEPHONE NUMBER	
BUSINESS ADDRESS (No., Street, City, Zone, State) AND NAME OF EMPLOYER, IF APPLICABLE		BUSINESS TELEPHONE & EXTENSION	
IS THE INDIVIDUAL NAMED ABOVE SITTING 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 7 ON THE REVERSE SIDE OF THIS FORM.			
5. VOLUNTARY ENTRIES			
INDICATE ANY BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS			
GREENWICH SAVINGS BANK			
CONTINUED ON REVERSE SIDE			
CURRENT RESIDENCE AND DEPENDENCY REPORT			

CONFIDENTIAL  
(When Filled In)

5. (CONTINUED)		
IN WHOSE NAME(S) ARE THE ACCOUNTS LISTED?		
JAMES W. HIGHLANDER 7/12 10:30 11/11/60		
HAVE YOU COMPLETED A LAST WILL AND TESTAMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES", WHERE IS DOCUMENT LOCATED?		
HAVE YOU EXECUTED A POWER OF ATTORNEY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES", WHO POSSESSES THE POWER OF ATTORNEY?		
6. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS		
Do NOT NOTIFY OTHER PERSONS IN ITEM 3 OF EMERGENCY. <u>UNLESS</u> WIFE IS NOT AVAILABLE.		
SIGNED AT	DATE	SIGNATURE
		<i>James W. Highlander</i>

CONFIDENTIAL

# STATEMENT OF PRIOR FEDERAL AND MILITARY SERVICE

**IMPORTANT:** The information on this form will be used in determining creditable service for leave purposes and retention credits for reduction in force. The employee should complete Part I and the Personnel Office should complete Parts II through IV.

## PART I.—EMPLOYEE'S STATEMENT

## PART II.—THIS COLUMN IS FOR PERSONNEL OFFICE USE

1. NAME (Last, first, middle initial)		2. DATE OF BIRTH		9. RETENTION GROUP						
HIDALGO JR, BALMIES NIEVES		27 MAY 1919								
3. LIST THE FOLLOWING INFORMATION CONCERNING ALL FEDERAL AND DISTRICT OF COLUMBIA SERVICE YOU HAVE HAD PRIOR TO YOUR PRESENT APPOINTMENTS (Do not include military service).				10. CSC STATUS (For permanent employees only) <input type="checkbox"/> YES <input type="checkbox"/> NO						
NAME AND LOCATION OF AGENCY	FROM—			TO—			TYPE OF APPOINTMENT IF KNOWN	11. SERVICE		
	YEAR	MONTH	DAY	YEAR	MONTH	DAY		YEAR	MONTH	DAY
US ARMY, DEPT OF DEFENSE QUARTERMASTER CORP	51	1	12				Permanent	7	2	6
4. LIST PERIODS OF SERVICE IN ANY BRANCH OF THE ARMED FORCES OF THE UNITED STATES. IF YOU HAD NO MILITARY SERVICE, WRITE "NONE."										
BRANCH	FROM—			TO—			DISCHARGE (Hon. or dishon.?)			
	YEAR	MONTH	DAY	YEAR	MONTH	DAY				
US ARMY INF	1933	MAR	27	43	SEPT	21	HONORABLE	4	5	25
5. DURING PERIODS OF EMPLOYMENT SHOWN IN ITEM 3, DID YOU HAVE A TOTAL OF MORE THAN 6 MONTHS ABSENCE WITHOUT PAY, INCLUDING PERIODS OF MERCHANT MARINE SERVICE, DURING ANY ONE CALENDAR YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF ANSWER IS "YES," LIST FOLLOWING INFORMATION.										
TYPE IF KNOWN (LWOP, Furl, Susp, AWOL, Mer Mer)	FROM—			TO—			TOTAL			
	YEAR	MONTH	DAY	YEAR	MONTH	DAY	YEARS	MONTHS	DAYS	
6. DURING THE FEDERAL SERVICE LISTED IN ITEM 3, DID YOU ACQUIRE A PERMANENT COMPETITIVE CIVIL SERVICE STATUS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If answer is "Yes," in what agency were you employed at the time status was acquired?)										
7. ARE YOU: A. THE WIFE OF A DISABLED VETERAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B. THE MOTHER OF A DECEASED OR DISABLED VETERAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO C. THE UNREMARKED WIDOW OF A VETERAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO										
8. TO BE EXECUTED BEFORE A NOTARY PUBLIC OR OTHER PERSONS AUTHORIZED TO ADMINISTER OATHS. I swear (or affirm) that the above statements are true to the best of my knowledge and belief.										

(DATE)

(SIGNATURE)

Subscribed and sworn to before me on this 13th day of Mar 1958 at Washington, D.C.  
(MONTH) (CITY) (STATE)

SEAL

Betty A. Bussard

NOTE: If oath is taken before a Notary Public, the date of expiration of his Commission should be shown.

(OVER)

10-58480-1



**PART III.—DETERMINING CREDITABLE SERVICE  
AND SERVICE COMPUTATION DATE FOR  
LEAVE PURPOSES**

TOTAL SERVICE (Item 12) .....

NONCREDITABLE SERVICE (Item 13) .....

CREDITABLE SERVICE (Leave purposes) .....

ENTRANCE ON DUTY DATE (Present agency) .....

LESS CREDITABLE SERVICE (Leave purposes) .....

SERVICE COMPUTATION DATE (Leave purposes) .....

YEARS	MONTHS	DAYS

58	3	17
11	8	1
46	7	16

**PART IV.—DETERMINING CREDITABLE SERVICE  
AND SERVICE COMPUTATION DATE FOR  
REDUCTION IN FORCE PURPOSES**

(To be completed only in those cases when the amount of creditable service for reduction  
in force purposes differs from the amount creditable for leave purposes)

TOTAL SERVICE (Item 12) .....

NONCREDITABLE SERVICE (Item 14) .....

CREDITABLE SERVICE (RIF purposes) .....

ENTRANCE ON DUTY DATE (Present agency) .....

LESS CREDITABLE SERVICE (RIF purposes) .....

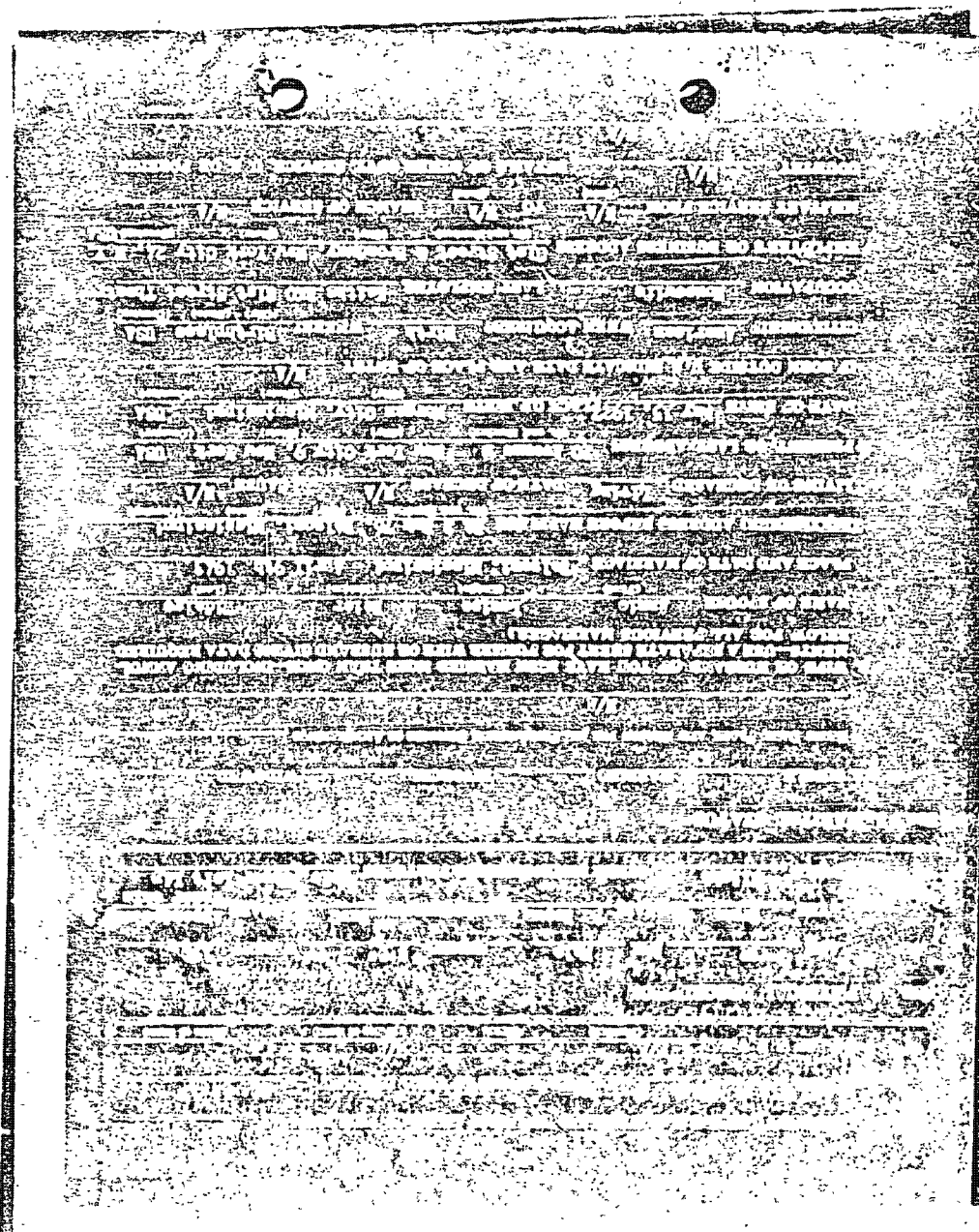
SERVICE COMPUTATION DATE (RIF purposes) .....

(Enter as the "service computation date" on the employee's "Service Record Card," SP-7)

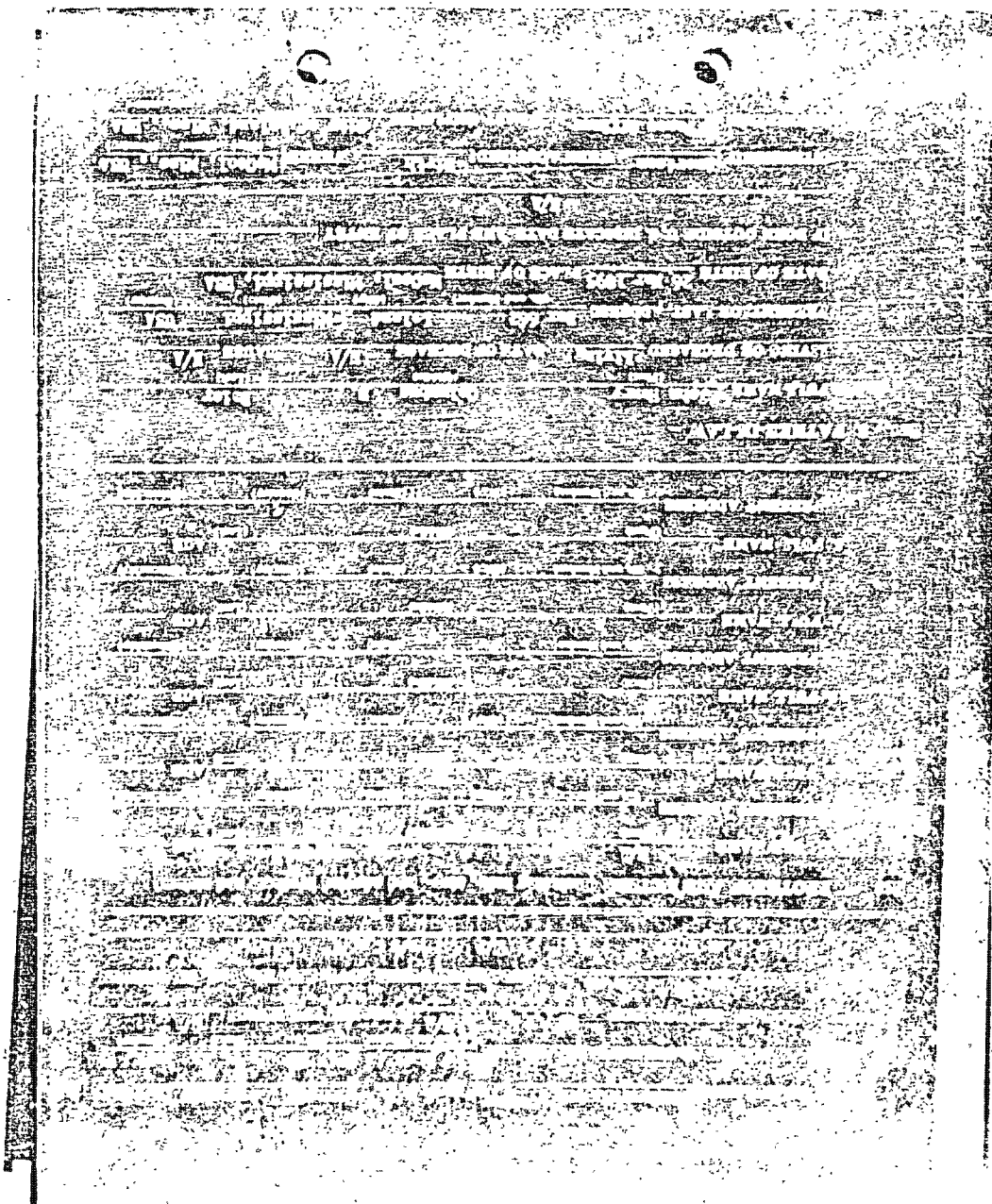
YEARS	MONTHS	DAYS


REMARKS:









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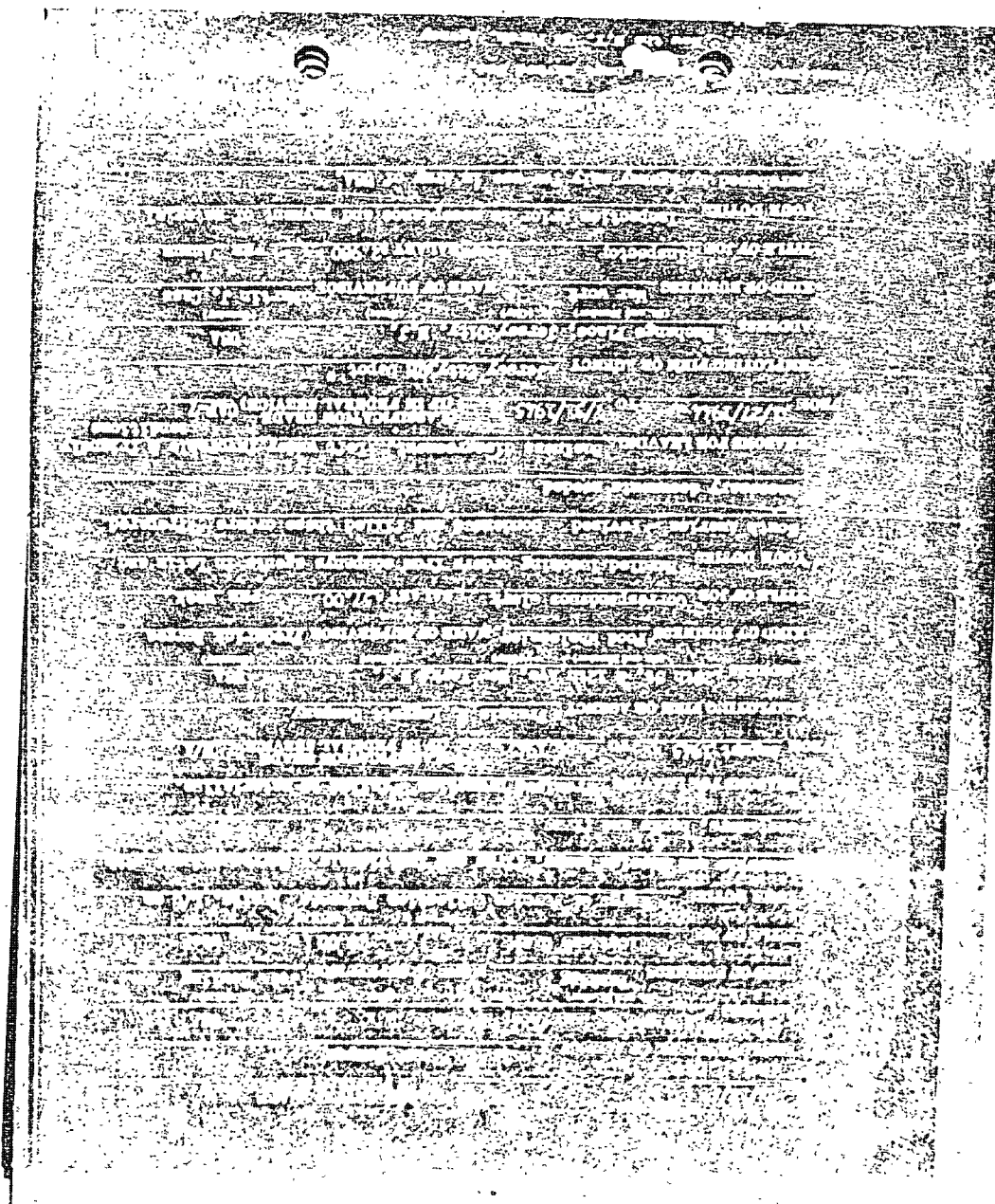
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[illegible]





1. The first part of the document is a letter from the President of the United States to the Congress, dated January 1, 1861. It is a formal communication, and the language is highly formal and dignified. The President expresses his regret that he cannot deliver the message in person, and he asks the Congress to excuse his absence.

2. The second part of the document is a report from the Secretary of the Interior, dated January 1, 1861. It is a formal report, and the language is highly formal and dignified. The Secretary reports on the work of the Department during the year, and he asks the Congress to approve the report.

3. The third part of the document is a report from the Secretary of the Navy, dated January 1, 1861. It is a formal report, and the language is highly formal and dignified. The Secretary reports on the work of the Department during the year, and he asks the Congress to approve the report.

4. The fourth part of the document is a report from the Secretary of the War, dated January 1, 1861. It is a formal report, and the language is highly formal and dignified. The Secretary reports on the work of the Department during the year, and he asks the Congress to approve the report.

5. The fifth part of the document is a report from the Secretary of the Treasury, dated January 1, 1861. It is a formal report, and the language is highly formal and dignified. The Secretary reports on the work of the Department during the year, and he asks the Congress to approve the report.

6. The sixth part of the document is a report from the Secretary of the State, dated January 1, 1861. It is a formal report, and the language is highly formal and dignified. The Secretary reports on the work of the Department during the year, and he asks the Congress to approve the report.

7. The seventh part of the document is a report from the Secretary of the War, dated January 1, 1861. It is a formal report, and the language is highly formal and dignified. The Secretary reports on the work of the Department during the year, and he asks the Congress to approve the report.

8. The eighth part of the document is a report from the Secretary of the Navy, dated January 1, 1861. It is a formal report, and the language is highly formal and dignified. The Secretary reports on the work of the Department during the year, and he asks the Congress to approve the report.

9. The ninth part of the document is a report from the Secretary of the Interior, dated January 1, 1861. It is a formal report, and the language is highly formal and dignified. The Secretary reports on the work of the Department during the year, and he asks the Congress to approve the report.

10. The tenth part of the document is a report from the Secretary of the Treasury, dated January 1, 1861. It is a formal report, and the language is highly formal and dignified. The Secretary reports on the work of the Department during the year, and he asks the Congress to approve the report.

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## 1990-1995

DO YOU ADVOCATE DEATH? HAVE YOU ADVOCATED? CAN HE TELL YOU HOW WE HAVE YOU  
EVER BEEN FINDER OR HAVE YOU SUPPORTED ANY POLITICAL PARTY? A SEARCH  
ACTION? HAVE ADVOCATED THE GOVERNMENT OF OUR CONSTITUTIONAL FORM OF GOV-  
ERNMENT IN THE UNITED STATES?

100-443887-100

[illegible]

HAVE TOO EVER BEEN ARRESTED, INDICTED OR CONVICTED FOR ANY VIOLATION OF  
ANY FEDERAL LAW SINCE TRAVELING THROUGH OR FROM THE UNITED STATES INTO AN  
OTHER COUNTRY, NAVALY OR OTHERWISE AND INCLUDING ON GAIN

[illegible][illegible]

100-443887-100

**THE UNIVERSITY OF CHICAGO**

*(The following information was obtained from the records of the Department of Social Services, New York City.)*

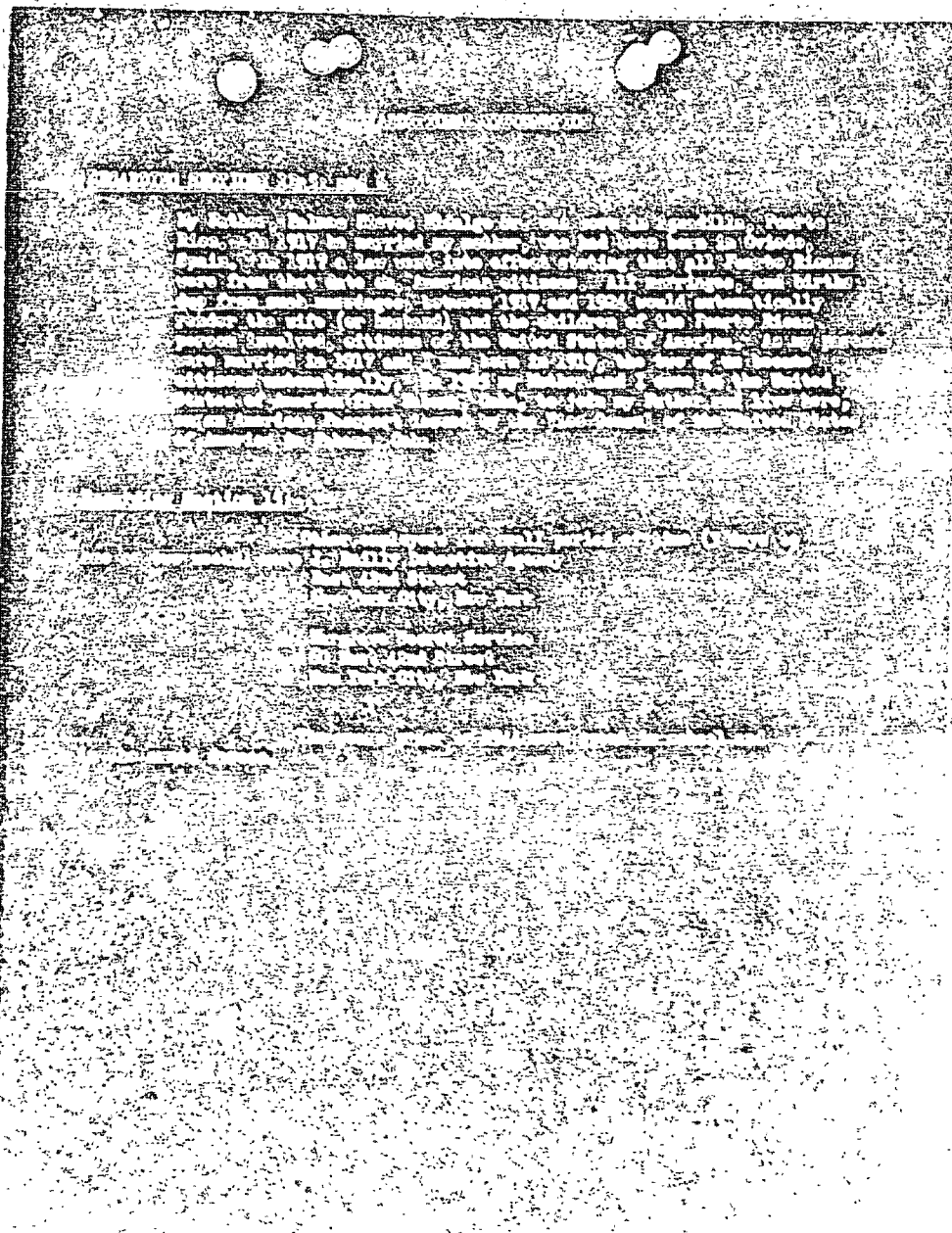
1. The first step in the process is to identify the problem or issue that needs to be addressed. This involves gathering information and understanding the context of the problem.

\_\_\_\_\_









CONFIDENTIAL

MEMORANDUM FOR THE DIRECTOR, FBI

SUBJECT: [Illegible]

DATE: [Illegible]

TO: [Illegible]

FROM: [Illegible]

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## PERSONAL HISTORY STATEMENT

**Instructions:** 1. Answer all questions completely. If question is not applicable write "NA." Write "unknown" only if you do not know the answer and cannot obtain the answer from personal records. Use the blank pages at the end of this form for extra details on any question or questions for which you do not have sufficient room.

2. Type, print, or write carefully; illegible or incomplete forms will not receive consideration.

HAVE YOU READ AND DO YOU UNDERSTAND THE INSTRUCTIONS? \_\_\_\_\_

(Yes or No)

### Sec. 1. PERSONAL BACKGROUND

**A. FULL NAME** **Mr.** IXL Ealnes Nieves Ridalgo, Jr. **Telephone:**  
(U. S. Name) (First) (Middle) (Last) **Office** NA  
**Ext.** NA  
**Home** NA

**PRESENT ADDRESS** House number 60, 94th St., East, \_\_\_\_\_  
(St. and Number) (City) (State) (Country)

**PERMANENT ADDRESS** NA  
(St. and Number) (City) (State) (Country)

**B. NICKNAME** "Barney" "Bal" **WHAT OTHER NAMES HAVE YOU USED?** See remarks

**UNDER WHAT CIRCUMSTANCES HAVE YOU EVER USED THESE**

**NAMES?** See remarks

**HOW LONG?** See remarks **IF A LEGAL CHANGE, GIVE PARTICULARS.**

No  
(Where) (By what authority)

**C. DATE OF BIRTH** 27 May 1919 **PLACE OF BIRTH** Havana, Cuba  
(City) (State) (Country)

**D. PRESENT CITIZENSHIP** U. S. **BY BIRTH?** NA **BY MARRIAGE?** NA  
(Country)

**BY NATURALIZATION CERTIFICATE NO.** NA **ISSUED** NA **BY** NA  
(Date) (Court)

**AT** See remarks  
(City) (State) (Country)

**HAVE YOU HAD A PREVIOUS NATIONALITY?** No  
(Yes or No) (Country)

**HELD BETWEEN WHAT DATES?** NA **TO** NA **ANY OTHER NATIONALITY?** NA  
(Country)

**GIVE PARTICULARS** NA

**HAVE YOU TAKEN STEPS TO CHANGE PRESENT CITIZENSHIP?** No **GIVE PARTICULARS:**

NA

(2)

E. IF BORN OUTSIDE U. S. WHEN DID YOU FIRST ARRIVE IN THIS COUNTRY? March 1924

PORT OF ENTRY: NYC, NY ON PASSPORT OF WHAT COUNTRY? U. S.

LAST U. S. VISA None  
(Number) (Type) (Place of Issue) (Date of Issue)

SEC. 2. PHYSICAL DESCRIPTION

AGE 38 SEX Male HEIGHT 5' 9" WEIGHT 145  
EYES Brown HAIR Dark Brown COMPLEXION Dark SCARS under chin  
BUILD slight OTHER DISTINGUISHING FEATURES Mole, Upper left lip.

SEC. 3. MARITAL STATUS

A. SINGLE ☐ MARRIED ☒ DIVORCED ☐ WIDOWED ☐

STATE DATE, PLACE, AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS

B. WIFE OR HUSBAND (IF YOU HAVE BEEN MARRIED MORE THAN ONCE—INCLUDING ANNULMENTS—USE A SEPARATE SHEET FOR FORMER WIFE OR HUSBAND GIVING DATA REQUIRED BELOW FOR ALL PREVIOUS MARRIAGES.)

NAME OF SPOUSE Annie Louise Beier Hidalgo  
(First) (Middle) (Maiden) (Last)

PLACE AND DATE OF MARRIAGE Belzoni, Mississippi - 9 April 1943

~~WIFE~~ (HER) ADDRESS BEFORE MARRIAGE Rt. 2, Box 76, Belzoni, Mississippi, USA  
(St. and Number) (City) (State) (Country)

LIVING OR DECEASED Living DATE OF DECEASE NA CAUSE NA

PRESENT, OR LAST, ADDRESS Same as applicant  
(St. and Number) (City) (State) (Country)

DATE OF BIRTH 15 May 1927 PLACE OF BIRTH Morgan City, Mississippi, USA  
(City) (State) (Country)

IF BORN OUTSIDE U. S. INDICATE DATE AND PLACE OF ENTRY NA

CITIZENSHIP US WHEN ACQUIRED? Birth WHERE? USA  
(City) (State) (Country)

OCCUPATION File Clerk LAST EMPLOYER Classified

EMPLOYER'S OR BUSINESS ADDRESS Classified  
(St. and Number) (City) (State) (Country)

MILITARY SERVICE FROM NA TO NA BRANCH OF SERVICE NA  
(Date) (Date)

COUNTRY NA DETAILS OF OTHER GOVT. SERVICE, U. S. OR FOREIGN

NA

SEC. 4. CHILDREN OR DEPENDENTS (Include partial dependents):

1 NAME Luz Maria Hidalgo RELATIONSHIP Daughter AGE 12  
 CITIZENSHIP U. S. ADDRESS Same as applicant  
(St. and Number) (City) (State) (Country)

2 NAME Frances Rebecca Hidalgo RELATIONSHIP Daughter AGE 7  
 CITIZENSHIP U. S. ADDRESS Same as applicant  
(St. and Number) (City) (State) (Country)

3 NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ AGE \_\_\_\_\_  
 CITIZENSHIP \_\_\_\_\_ ADDRESS \_\_\_\_\_  
(St. and Number) (City) (State) (Country)

(also dependent)

SEC. 5. FATHER (Give the same information for stepfather and/or guardian on a separate sheet)

FULL NAME Salinas Reyes Hidalgo  
(First) (Middle) (Last)

LIVING OR DECEASED Living DATE OF DECEASE \_\_\_\_\_ CAUSE NA

PRESENT, OR LAST, ADDRESS Same as applicant  
(St. and Number) (City) (State) (Country)

DATE OF BIRTH December 1920 PLACE OF BIRTH Aguadilla, Puerto Rico  
(City) (State) (Country)

IF BORN OUTSIDE U. S. INDICATE DATE AND PLACE OF ENTRY 1923 (March) NYC, NY

CITIZENSHIP U. S. WHEN ACQUIRED? Birth WHERE? Puerto Rico  
(City) (State) (Country)

OCCUPATION Retired LAST EMPLOYER Do not remember

EMPLOYER'S OR OWN BUSINESS ADDRESS None  
(St. and Number) (City) (State) (Country)

MILITARY SERVICE FROM NA TO NA BRANCH OF SERVICE NA  
(Date) (Date)

COUNTRY NA DETAILS OF OTHER GOVT. SERVICE, U. S. OR FOREIGN  
NA

SEC. 6. MOTHER (Give the same information for stepmother on a separate sheet)

FULL NAME Frances Resario Hidalgo  
(First) (Middle) (Last)

LIVING OR DECEASED Living DATE OF DECEASE NA CAUSE NA

PRESENT, OR LAST, ADDRESS Same as applicant  
(St. and Number) (City) (State) (Country)

DATE OF BIRTH 12 Jan. 1892 PLACE OF BIRTH Oviedo, Spain

CITIZENSHIP U. S. WHEN ACQUIRED? Marriage 1917 WHERE? Havana, Cuba  
(City) (State) (Country)

IF BORN OUTSIDE U. S. INDICATE DATE AND PLACE OF ENTRY March 1924, NYC, NY, USA

(4)

OCCUPATION Retired LAST EMPLOYER Leonid De Lessinski

EMPLOYER'S OR OWN BUSINESS ADDRESS 48 St. NYC, NY  
(St. and Number) (City) (State) (Country)

MILITARY SERVICE FROM NA TO NA BRANCH OF SERVICE NA

COUNTRY NA DETAILS OF OTHER GOVT. SERVICE, U. S. OR FOREIGN  
NA

**Sec. 7. BROTHERS AND SISTERS** (Including half-, step-, and adopted brothers and sisters):

1. FULL NAME ..... AGE .....  
(First) (Middle) (Last)

PRESENT ADDRESS .....  
(St. and Number) (City) (State) (Country) (Citizenship)

2. FULL NAME ..... AGE .....  
(First) (Middle) (Last)

PRESENT ADDRESS .....  
(St. and Number) (City) (State) (Country) (Citizenship)

3. FULL NAME ..... AGE .....  
(First) (Middle) (Last)

PRESENT ADDRESS .....  
(St. and Number) (City) (State) (Country) (Citizenship)

4. FULL NAME ..... AGE .....  
(First) (Middle) (Last)

PRESENT ADDRESS .....  
(St. and Number) (City) (State) (Country) (Citizenship)

5. FULL NAME ..... AGE .....  
(First) (Middle) (Last)

PRESENT ADDRESS .....  
(St. and Number) (City) (State) (Country) (Citizenship)

### SEC. 8. FATHER-IN-LAW

FULL NAME Henry B. Polier  
(First) (Middle) (Last)

LIVING OR DECEASED Living DATE OF DECEASE NA CAUSE NA

PRESENT, OR LAST, ADDRESS 210 California Avenue, Leland, Mississippi, USA  
(St. and Number) (City) (State) (Country)

DATE OF BIRTH 1895 PLACE OF BIRTH USA

IF BORN OUTSIDE U. S. INDICATE DATE AND PLACE OF ENTRY NA

CITIZENSHIP US WHEN ACQUIRED? Birth WHERE? USA  
(City) (State) (Country)

OCCUPATION Laborer LAST EMPLOYER Unknown

SEC. 9. MOTHER-IN-LAW

FULL NAME Erma Rebecca Feior  
(First) (Middle) (Last)  
 LIVING OR DECEASED Living DATE OF DECEASE NA CAUSE NA  
 PRESENT, OR LAST, ADDRESS 210 California Avenue, Leland, Mississippi, USA  
(St. and Number) (City) (State) (Country)  
 DATE OF BIRTH 1893 PLACE OF BIRTH USA  
 IF BORN OUTSIDE U. S. INDICATE DATE AND PLACE OF ENTRY NA  
 CITIZENSHIP U. S. WHEN ACQUIRED? Birth WHERE? U.S.A.  
(City) (State) (Country)  
 OCCUPATION Housewife LAST EMPLOYER NA

SEC. 10. RELATIVES BY BLOOD, MARRIAGE OR ADOPTION, WHO EITHER LIVE ABROAD OR WHO ARE NOT CITIZENS OF THE UNITED STATES:

See remarks 1. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ AGE \_\_\_\_\_  
 CITIZENSHIP \_\_\_\_\_ ADDRESS \_\_\_\_\_  
(St. and Number) (City) (State) (Country)  
 2. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ AGE \_\_\_\_\_  
 CITIZENSHIP \_\_\_\_\_ ADDRESS \_\_\_\_\_  
(St. and Number) (City) (State) (Country)  
 3. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ AGE \_\_\_\_\_  
 CITIZENSHIP \_\_\_\_\_ ADDRESS \_\_\_\_\_  
(St. and Number) (City) (State) (Country)

SEC. 11. RELATIVES BY BLOOD OR MARRIAGE IN THE MILITARY OR CIVIL SERVICE OF THE U. S. OR OF A FOREIGN GOVERNMENT:

NONE 1. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ AGE \_\_\_\_\_  
 CITIZENSHIP \_\_\_\_\_ ADDRESS \_\_\_\_\_  
(St. and Number) (City) (State) (Country)  
 TYPE AND LOCATION OF SERVICE (IF KNOWN) \_\_\_\_\_  
 2. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ AGE \_\_\_\_\_  
 CITIZENSHIP \_\_\_\_\_ ADDRESS \_\_\_\_\_  
(St. and Number) (City) (State) (Country)  
 TYPE AND LOCATION OF SERVICE (IF KNOWN) \_\_\_\_\_  
 3. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ AGE \_\_\_\_\_  
 CITIZENSHIP \_\_\_\_\_ ADDRESS \_\_\_\_\_  
(St. and Number) (City) (State) (Country)  
 TYPE AND LOCATION OF SERVICE (IF KNOWN) \_\_\_\_\_

## SEC. 12. POSITION DATA

A. KIND OF POSITION APPLIED FOR ..... See covering dispatch reference .....

B. WHAT IS THE LOWEST ANNUAL ENTRANCE SALARY YOU WILL ACCEPT? \$5390.00 P/A  
(You Will Not Be Considered For Any Position With A Lower Entrance Salary.)

C. IF YOU ARE WILLING TO TRAVEL, SPECIFY: OCCASIONALLY ..... Yes .....  
FREQUENTLY ..... CONSTANTLY ..... X .....

D. CHECK IF YOU WILL ACCEPT APPOINTMENT, IF OFFERED: IN WASHINGTON, D. C. X .....  
ANYWHERE IN THE UNITED STATES X ..... OUTSIDE THE UNITED STATES X .....

E. IF YOU WILL ACCEPT APPOINTMENT IN CERTAIN LOCATIONS ONLY, SPECIFY LOCATIONS:

## SEC. 13. EDUCATION

ELEMENTARY SCHOOL St. Thomas Apostolic ADDRESS NYC NY USA  
(City) (State) (Country)  
DATES ATTENDED 1926-1934 GRADUATE? Yes

HIGH SCHOOL La Salle Academy ADDRESS 2nd St. and 2nd Avenue NYC, NY USA  
(City) (State) (Country)  
DATES ATTENDED 1936-1940 GRADUATE? Yes

COLLEGE NY University ADDRESS Washington Square, NYC, NY, USA  
Foreign Trade and (City) (State) (Country)  
MAJOR AND SPECIALTY Business Law YEARS COMPLETED Two (Night School)

DATES ATTENDED 1944-1945 DEGREE No

COLLEGE ADDRESS  
(City) (State) (Country)  
MAJOR AND SPECIALTY YEARS COMPLETED  
DATES ATTENDED DEGREE

CHIEF UNDERGRADUATE COLLEGE SUBJECTS

CHIEF GRADUATE COLLEGE SUBJECTS



Sec. 14. ACTIVE U. S. OR FOREIGN MILITARY SERVICE

U. S. Army Cpl. 1940-1943  
 (Country) (Service) (Rank) (Dates of Service)  
 Camp Hale, Colorado 202 149766 Honorable  
 (Last Station) (Serial Number) (Type of Discharge)  
 REMARKS: None  
 Do not remember  
 SELECTIVE SERVICE BOARD NUMBER ADDRESS  
 IF DEFERRED GIVE REASON NA  
 INDICATE MEMBERSHIP IN MILITARY RESERVE ORGANIZATIONS NA

Sec. 15. CHRONOLOGICAL HISTORY OF EMPLOYMENT FOR PAST 15 YEARS. ACCOUNT FOR ALL PERIODS. INCLUDE CASUAL EMPLOYMENT. INCLUDE ALSO PERIODS OF UNEMPLOYMENT. GIVE ADDRESSES AND STATE WHAT YOU DID DURING PERIODS OF UNEMPLOYMENT. LIST LAST POSITION FIRST. (List all civilian employment by a foreign government, regardless of dates.)

FROM Feb. 1952 TO Present CLASSIFICATION GRADE GS-11  
 (IF IN FEDERAL SERVICE)  
 EMPLOYING FIRM OR AGENCY See covering dispatch reference  
 ADDRESS See covering dispatch reference  
 (St. and Number) (City) (State) (Country)  
 KIND OF BUSINESS U. S. Govt. NAME OF SUPERVISOR See covering dispatch  
 TITLE OF JOB See covering dispatch SALARY \$6390.00 PER annum  
 YOUR DUTIES See covering dispatch reference

REASONS FOR LEAVING  
 FROM January 1951 TO February 1952 CLASSIFICATION GRADE GS-7  
 (IF IN FEDERAL SERVICE)  
 EMPLOYING FIRM OR AGENCY NY US Procurement Agency  
 ADDRESS 111 East 16th Street NYC, NY, USA  
 (St. and Number) (City) (State) (Country)  
 KIND OF BUSINESS U. S. Govt. NAME OF SUPERVISOR Do not remember  
 TITLE OF JOB Inspector SALARY \$3525.00 PER annum  
 YOUR DUTIES Inspecting material being purchased by U. S. Govt. specifically the U. S. Army.  
 REASONS FOR LEAVING To obtain present position.  
 (7)

(8)

FROM July 1950 TO January 1951 CLASSIFICATION GRADE (IF IN FEDERAL SERVICE) NA

EMPLOYING FIRM OR AGENCY American Trust Company

ADDRESS Wall Street, New York City, NY, USA  
(St. and Number) (City) (State) (Country)

KIND OF BUSINESS Banking NAME OF SUPERVISOR Do not remember

TITLE OF JOB Collections clerk SALARY \$50.00 PER week

YOUR DUTIES Export banking clerical work

REASONS FOR LEAVING Left for higher paying work

FROM January 1948 TO May 1950 CLASSIFICATION GRADE (IF IN FEDERAL SERVICE) NA

EMPLOYING FIRM OR AGENCY Colonial Trust Company

ADDRESS 6th Avenue and 45th Street, NYC, NY, USA  
(St. and Number) (City) (State) (Country)

KIND OF BUSINESS Banking NAME OF SUPERVISOR Do not remember

TITLE OF JOB Collections clerk SALARY \$50.00 PER week

YOUR DUTIES Export banking clerical work.

REASONS FOR LEAVING Promised promotion failed to materialize.

FROM August 1945 TO September 1947 CLASSIFICATION GRADE (IF IN FEDERAL SERVICE) NA

EMPLOYING FIRM OR AGENCY Francis H. Leggett Inc.

ADDRESS 28th Street and 12th Avenue, NYC, NY, USA  
(St. and Number) (City) (State) (Country)

KIND OF BUSINESS Wholesale Grocery house. NAME OF SUPERVISOR Do not remember

TITLE OF JOB Correspondence clerk SALARY \$ 57.00 PER week

YOUR DUTIES Export correspondence clerical duties.

REASONS FOR LEAVING Disatisfied with type of work.

14-00000

SEC. 16. HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN FROM ANY POSITION? HAVE YOU LEFT A POSITION UNDER CIRCUMSTANCES WHICH YOU DESIRE TO EXPLAIN? GIVE DETAILS:

No

SEC. 17. GENERAL QUALIFICATIONS

A. FOREIGN LANGUAGES (STATE DEGREE OR PROFICIENCY AS "SLIGHT," "FAIR," OR "FLUENT")

LANGUAGE Spanish ..... SPEAK Fluent ..... READ ..... Fluent ..... WRITE ..... Fluent .....

LANGUAGE Portuguese ..... SPEAK Slight ..... READ ..... Fair ..... WRITE ..... Slight .....

LANGUAGE ..... SPEAK ..... READ ..... WRITE .....

B. LIST ALL SPORTS AND HOBBIES WHICH INTEREST YOU: INDICATE DEGREE OF PROFICIENCY IN EACH:

Judo - Have attained "yellow belt" rank .....

Photography - Very good degree of proficiency .....

Bowling - Fair degree of proficiency .....

Philately - Fair degree of proficiency .....

Fishing (no comment) .....

C. HAVE YOU ANY QUALIFICATIONS, AS A RESULT OF TRAINING OR EXPERIENCE, WHICH MIGHT FIT YOU FOR A PARTICULAR POSITION?

Yes. See covering dispatch reference. ....

D. LIST ANY SPECIAL SKILLS YOU POSSESS AND MACHINES AND EQUIPMENT YOU CAN USE, SUCH AS OPERATION OF SHORT-WAVE RADIO, MULTILITH, COMPTOMETER, KEY PUNCH, TURRET LATHE, SCIENTIFIC OR PROFESSIONAL DEVICES:

All photographic devices. ....

APPROXIMATE NUMBER OF WORDS PER MINUTE IN TYPING 30 ..... SHORTHAND 0 .....

(10)

E. ARE YOU NOW OR HAVE YOU EVER BEEN A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION, SUCH AS PILOT, ELECTRICIAN, RADIO OPERATOR, TEACHER, LAWYER, CPA, ETC.

IF YES, INDICATE KIND OF LICENSE AND STATE No

FIRST LIC. OR CERTIFICATE (YR)            LATEST LIC. OR CERTIFICATE (YR)           

F. GIVE ANY SPECIAL QUALIFICATIONS NOT COVERED ELSEWHERE IN YOUR APPLICATION SUCH AS:

- (1) YOUR MORE IMPORTANT PUBLICATIONS (DO NOT SUBMIT COPIES UNLESS REQUESTED)
- (2) YOUR PATENTS OR INVENTIONS
- (3) PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE
- (4) HONORS AND FELLOWSHIPS RECEIVED

NA

G. HAVE YOU A PHYSICAL HANDICAP, DISEASE, OR OTHER DISABILITY WHICH SHOULD BE CONSIDERED IN ASSIGNING YOU TO WORK? IF ANSWER IS "YES," EXPLAIN:

Yes. I must wear glasses continually.

H. DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT OR ANY PENSION OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE? IF ANSWER IS "YES," GIVE COMPLETE DETAILS:

No

SEC. 18. GIVE FIVE CHARACTER REFERENCES—IN THE U. S.—WHO KNOW YOU INTIMATELY—(Give residence and business addresses where possible.)

	Street and Number	City	State
1. Edward Lee Anderson	BUS. ADD. See Dispatch reference.		
	RES. ADD.		
2. Willard Galbraith	BUS. ADD. " "	"	
	RES. ADD.		
3. Homer Neal	BUS. ADD. " "	"	
	RES. ADD.		
4. Andres Rivera	BUS. ADD. " "	"	
	RES. ADD.		
5. Joseph Sancho	BUS. ADD. " "	"	
	RES. ADD.		

SEC. 19. NAMES OF FIVE PERSONS WHO KNOW YOU SOCIALLY IN THE UNITED STATES—NOT REFERENCES, RELATIVES, SUPERVISORS, OR EMPLOYERS—(Give residence and business addresses where possible.)

	Street and Number	City	State
1. _____	BUS. ADD. _____		
	RES. ADD. _____		
2. _____	BUS. ADD. _____		
	RES. ADD. _____		
3. _____	BUS. ADD. _____		
	RES. ADD. _____		
4. _____	BUS. ADD. _____		
	RES. ADD. _____		
5. _____	BUS. ADD. _____		
	RES. ADD. _____		

See  
remarks

SEC. 20. GIVE THREE NEIGHBORS AT YOUR LAST NORMAL RESIDENCE IN THE U. S.—(Give residence and business addresses where possible.)

	Street and Number	City	State
1. _____	BUS. ADD. _____		
	RES. ADD. _____		
2. _____	BUS. ADD. _____		
	RES. ADD. _____		
3. _____	BUS. ADD. _____		
	RES. ADD. _____		

See  
remarks

SEC. 21. FINANCIAL BACKGROUND

- A. ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY? Yes IF NOT, STATE SOURCES OF OTHER INCOME \_\_\_\_\_
- B. NAMES AND ADDRESSES OF BANKS WITH WHICH YOU HAVE ACCOUNTS Greenwich Savings Bank, 36th St. and Broadway and 6th Avenue, NYC, NY.

(12)

C. HAVE YOU EVER BEEN IN, OR PETITIONED FOR, BANKRUPTCY? No

GIVE PARTICULARS, INCLUDING COURT: \_\_\_\_\_

D. GIVE THREE CREDIT REFERENCES—IN THE U. S.

1. NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_  
(St. and Number) (City) (State)

2. NAME None ADDRESS \_\_\_\_\_  
(St. and Number) (City) (State)

3. NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_  
(St. and Number) (City) (State)

## SEC. 22. RESIDENCES FOR THE PAST 15 YEARS

FROM April 1952 TO Present \_\_\_\_\_  
(St. and number) (City) (State) (Country)

FROM 1949 TO 1952 20 Ave. D, NYC, NY, USA  
(St. and number) (City) (State) (Country)

FROM 1944 TO 1948 200 West 82nd St., NYC, NY, USA  
(St. and number) (City) (State) (Country)

FROM \_\_\_\_\_ TO \_\_\_\_\_  
(St. and number) (City) (State) (Country)

FROM \_\_\_\_\_ TO \_\_\_\_\_  
(St. and number) (City) (State) (Country)

FROM \_\_\_\_\_ TO \_\_\_\_\_  
(St. and number) (City) (State) (Country)

FROM \_\_\_\_\_ TO \_\_\_\_\_  
(St. and number) (City) (State) (Country)

FROM \_\_\_\_\_ TO \_\_\_\_\_  
(St. and Number) (City) (State) (Country)

## SEC. 22 RESIDENCE OR TRAVEL OUTSIDE OF THE UNITED STATES

A. FROM 1919 TO 1924 Havana, Cuba Country of birth  
(City or section) (Country) (Purpose)

FROM 1942 TO 1943 Pacific area US Army  
(City or section) (Country) (Purpose)

FROM 1952 TO Present Republic of Panama Work  
(City or section) (Country) (Purpose)

FROM \_\_\_\_\_ TO \_\_\_\_\_  
(City or section) (Country) (Purpose)

FROM \_\_\_\_\_ TO \_\_\_\_\_  
(City or section) (Country) (Purpose)

## SEC. 24. CLUBS, SOCIETIES, AND OTHER ORGANIZATIONS

LIST NAMES AND ADDRESSES OF ALL CLUBS, SOCIETIES, PROFESSIONAL SOCIETIES, EMPLOYEE GROUPS, ORGANIZATIONS OF ANY KIND (INCLUDE MEMBERSHIP IN, OR SUPPORT OF, ANY ORGANIZATION HAVING HEADQUARTERS OR BRANCH IN A FOREIGN COUNTRY) TO WHICH YOU BELONG OR HAVE BELONGED:

1. None  
(Name and Chapter) (St. and Number) (City) (State) (Country)

DATES OF MEMBERSHIP: \_\_\_\_\_

2. \_\_\_\_\_  
(Name and Chapter) (St. and Number) (City) (State) (Country)

DATES OF MEMBERSHIP: \_\_\_\_\_

3. \_\_\_\_\_  
(Name and Chapter) (St. and Number) (City) (State) (Country)

DATES OF MEMBERSHIP: \_\_\_\_\_

4. \_\_\_\_\_  
 (Name and Chapter) (St. and Number) (City) (State) (Country)

DATES OF MEMBERSHIP: \_\_\_\_\_

5. \_\_\_\_\_  
 (Name and Chapter) (St. and Number) (City) (State) (Country)

DATES OF MEMBERSHIP: \_\_\_\_\_

6. \_\_\_\_\_  
 (Name and Chapter) (St. and Number) (City) (State) (Country)

DATES OF MEMBERSHIP: \_\_\_\_\_

7. \_\_\_\_\_  
 (Name and Chapter) (St. and Number) (City) (State) (Country)

DATES OF MEMBERSHIP: \_\_\_\_\_

#### Sec. 25. MISCELLANEOUS

A. DO YOU ADVOCATE OR HAVE YOU EVER ADVOCATED; OR ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF, OR HAVE YOU SUPPORTED, ANY POLITICAL PARTY OR ORGANIZATION WHICH ADVOCATES THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT IN THE UNITED STATES?

IF "YES," EXPLAIN: No (See remarks)

B. DO YOU USE, OR HAVE YOU USED, INTOXICANTS? Yes IF SO, TO WHAT

EXTENT? Beer with meals

C. 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

D. HAVE YOU EVER BEEN COURT-MARTIALED WHILE A MEMBER OF THE ARMED FORCES? IF ANSWER IS "YES," GIVE DETAILS BELOW:

No

E. LIST BELOW THE NAMES OF GOVERNMENT DEPARTMENTS, AGENCIES OR OFFICES TO WHICH YOU HAVE APPLIED FOR EMPLOYMENT SINCE 1940:

Department of Defense

Present Organization

(14)

F. IF, TO YOUR KNOWLEDGE, ANY OF THE ABOVE HAS CONDUCTED AN INVESTIGATION OF YOU, INDICATE BELOW THE NAME OF THAT AGENCY AND THE APPROXIMATE DATE OF THE INVESTIGATION:

Federal Bureau of Investigation - 1946

This Organisation - 1952

SEC. 26. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:

NAME Amie Louise Hidalgo RELATIONSHIP wife  
 ADDRESS Same as applicant  
(No. and Number) (City) (State) (Country)

SEC. 27. YOU ARE INFORMED THAT THE CORRECTNESS OF ALL STATEMENTS MADE HEREIN WILL BE INVESTIGATED.

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

No

SEC. 28. I CERTIFY THAT THE FOREGOING ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND I AGREE THAT ANY MISSTATEMENT OR OMISSION AS TO A MATERIAL FACT WILL CONSTITUTE GROUNDS FOR IMMEDIATE DISMISSAL OR REJECTION OF MY APPLICATION.

SIGNED AT Pt. Amador, Canal Zone  
(City and State)

DATE 19 July 1957

[Signature]  
(Witness)

[Signature]  
(Signature of Applicant)

USE THE FOLLOWING PAGES FOR EXTRA DETAILS. NUMBER ACCORDING TO THE NUMBER OF THE QUESTION TO WHICH THEY RELATE. SIGN YOUR NAME AT THE END OF THE ADDED MATERIAL. IF ADDITIONAL SPACE IS REQUIRED USE EXTRA PAGES THE SAME SIZE AS THESE AND SIGN EACH SUCH PAGE.



Section 1A - While an undercover agent for the Federal Bureau of Investigations from 1946 to 1949 I used the name of Bernard Harris to members of the Communist Party of the United States. This information is already on file in this organization.

Section 1D - I became an American citizen at birth through the citizenship of my father. This information is already on file in this organization.

Section 3B - My wife is employed by this organization.

Section 10 - I have many relatives in Spain and Cuba but do not correspond with them and so do not know names, addresses or present status.

Section 18 - All persons mentioned in this section are employees of this organization.

Sections 19

and 20 - Not having lived in the USA for over five years I have lost all contact with old friends, neighbors, etc. I do not know their addresses, status, etc., at this time.

Section 25 - My past connections with any subversive groups and the reasons for such connections is already on file in the files of this organization.

RECORD OF  
PREVIOUS GOVERNMENT  
SERVICE RETURNED TO  
FEDERAL RECORDS CENTER IN  
ST. LOUIS, MO.

DATE

July 14 71