

MATERIAL OBTAINED IN CIA HEADQUARTERS BY  
HOUSE SELECT COMMITTEE ON ASSASSINATIONS STAFF MEMBERS

000000

FILE TITLE/NUMBER/VOLUME:

**INCLUSIVE DATES:**

INCLUSIVE DATES: 23 Jan 1951 - 29 June 1973

CUSTODIAL UNIT/LOCATION:

ROOM:

DELETIONS, IF ANY:

[illegible]

NO DEDUCTIONS MAY BE COPIED OR REMOVED FROM THIS FILE

**SECRET**

(Date)

**SUBJECT**

- 7000000000000000000000000000000000000000000000000000000

cc: PSD/03

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED  
DATE 10-20-01 BY 60322 UCBAW

21 July 1959

File: K-6484

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

**SUBJECT**

1. Cover arrangements ~~have not been completed~~ have been completed for the above-named Subject.
2. Effective 1 July 1959, it is requested that your records be properly blocked ~~in order to deny access to~~ Subject's current Agency employment to an external inquirer.

~~x000B~~

15/ PAUL P. STEWART

[redacted] JR.  
Chief, Central Cover Division

cc: SSD/OS

**SECRET**

FORM 1580a  
1-59

(4-13-40)

14-00000

SECRET

30 AUG 1961

MEMORANDUM FOR: Secretary, CS/CS Agent Panel

SUBJECT: Recommendation for Promotion to Grade GS-13

1. [REDACTED] entered on duty with CIA in 1951. After brief service in [REDACTED] he performed a variety of functions with different staffs and divisions, thus acquiring broad experience. Since June 1960 he has been on assignment in Mexico City.

2. In Mexico, [REDACTED] is still the manager of a large technical installation with over thirty employees. The production of the operation is tremendous and it is generally conceded to be the most successful thing of its kind. He manages its international staff smoothly, and all problems that arise are solved on the local scene. Security has been maintained faultlessly. [REDACTED] is a bluff, hearty, confident man without a worrisome fibre in his make-up. He will undertake anything. He has been in grade for five and a half year.

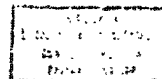
3. It is recommended that [REDACTED] be promoted to grade GS-13.

*J. C. King*  
J. C. KING

Chief,

Western Hemisphere Division

SECRET



**SECRET**  
(When Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED 8 June 1973	
1. SERIAL NUMBER [REDACTED]		2. NAME (Last-First-Middle) [REDACTED]					
3. NATURE OF PERSONNEL ACTION <b>RETIREMENT (VOLUNTARY) UNDER CIARDS</b>				4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR <b>06 29 73</b>		5. CATEGORY OF EMPLOYMENT <b>REGULAR</b>	
6. FUNDS [REDACTED]		V TO V CF TO V		V TO CF X CF TO CF		7. PAN AND NOCA <b>3135 0990 0000</b>	
9. ORGANIZATIONAL DESIGNATIONS <b>DDO/WH DIVISION FOREIGN FIELD BRANCH 1</b>				8. LEGAL AUTHORITY (Completed by Office of Personnel) <b>Public Law 88-643 Section 233</b>			
				10. LOCATION OF OFFICIAL STATION [REDACTED]			
11. POSITION TITLE <b>OPS OFFICER</b>				12. POSITION NUMBER <b>0418</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>13 7</b>		17. SALARY OR RATE <b>\$ 23642</b> ✓	
18. REMARKS <b>LAST WORKING DAY 29 JUNE 1973.</b>  1 - Security 1 - Finance  <i>[Handwritten signatures and initials]</i>							
18A. SIGNATURE OF REQUESTING OFFICIAL [REDACTED]				DATE SIGNED <b>8 JUN 73</b>		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER [REDACTED]	
				DATE SIGNED <b>8 JUN 73</b>			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
19. ACTION CODE <b>45</b>	20. EMPLOY CODE <b>10</b>	21. OFFICE CODING NUMERIC ALPHABETIC		22. STATUS CODE	23. INTEGRATE CODE	24. HOURS CODE <b>2</b>	25. DATE OF BIRTH MO DA YR <b>01 12 11</b>
26. DATE OF GRAD MO DA YR <b>1 1 11</b>	27. DATE OF LET MO DA YR	28. DATE EXPIRES MO DA YR	29. SPECIAL REFERENCE	30. RETIREMENT DATA CODE <b>0. PJ. 00. 4. 0</b>	31. SEPARATION DATA CODE TYPE <b>0</b>	32. CORRECTION/CANCELLATION DATA MO DA YR	33. SECURITY REQ NO
34. VET PREFERENCE CODE <b>0</b>	35. SERV. COMP DATE MO DA YR	36. LONG COMP. DATE MO DA YR	37. CARRIER CATEGORY CODE <b>0</b>	38. FEET/HEALTH INSURANCE CODE <b>0</b>	39. SOCIAL SECURITY NO <b>550-22-5259</b>		
40. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE <b>0</b>		41. LEAVE CAT. CODE		42. FEDERAL TAX DATA FORM EXECUTED <b>1-TES</b>		43. STATE TAX DATA FORM EXECUTED <b>1-TES</b>	
44. POSITION CONTROL CERTIFICATION		45. DATE APPROVED <b>7/2/73</b>					

FORM 1152

USE PREVIOUS EDITION

**SECRET**

CLASSIFIED BY 31-0332

11-2  
AFOR

(4)

XXB

SECRET  
(When Filled In)

6751

REQUEST FOR PERSONNEL ACTION										DATE PREPARED 25 April 1967	
1. SERIAL NUMBER		2. NAME (Last, First, Middle)									
3. NATURE OF PERSONNEL ACTION <b>DESIGNATION AS A PARTICIPANT IN THE CIA RETIREMENT AND DISABILITY SYSTEM</b>										4. EFFECTIVE DATE REQUESTED MONTH: 05 DAY: 07 YEAR: 67	
5. CATEGORY OF EMPLOYMENT <b>REGULAR</b>										6. LEGAL AUTHORITY (Completed by Office of Personnel) <b>PL 88-643 Sect. 203</b>	
7. FUNDS		V TO V		V TO CF		7. FINANCIAL ANALYSIS NO CHARGEABLE		8. LEGAL AUTHORITY (Completed by Office of Personnel)			
		CF TO V		X		CF TO CF		7135-0990			
9. ORGANIZATIONAL DESIGNATIONS  DDP/WH						10. LOCATION OF OFFICIAL STATION  MEXICO CITY, MEXICO					
11. POSITION TITLE						12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION  D			
14. CLASSIFICATION SCHEDULE (G.S., E.B., etc.)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP  13		17. SALARY OR RATE  \$			
18. REMARKS <b>EMPLOYEE WILL RECEIVE NOTIFICATION FROM THE DIRECTOR OF PERSONNEL OF THIS DESIGNATION.</b>											
19A. SIGNATURE OF REQUESTING OFFICIAL				DATE SIGNED		19B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER				DATE SIGNED	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE		25. EMPLOY CODE		21. OFFICE CODING NUMERIC ALPHABETIC		22. STATION CODE		23. INTEGREE CODE		24. MODITY CODE	
28. RTE EXPIRES MO. DA. YR.		29. SPECIAL EMPLOYER		30. RETIREMENT DATA 1-USE 2-FICA 3-NONE		31. SEPARATION DATA CODE		32. CORRECTION, CANCELLATION DATA TYPE MO. DA. YR.		33. SECURITY REQ NO	
								EOD DATA			
35. VET PREFERENCE CODE 0-NONE 1-5 PT 2-5 PT		36. SERV COMP DATE MO. DA. YR.		37. LONG COMP DATE MO. DA. YR.		38. CAREER CATEGORY CAR RISK PROV. TEMP		39. HEALTH INSURANCE CODE CODE 0-NONE 1-YES		40. SOCIAL SECURITY NO	
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 1-NO PREVIOUS SERVICE 2-NO SPECIAL SERVICE 3-NO SPECIAL SERVICE (LESS THAN 3 YEARS) 4-NO SPECIAL SERVICE (MORE THAN 3 YEARS)				42. LEAVE CAT CODE		43. FEDERAL TAX DATA FORM EXECUTED CODE 1-YES 2-NO		44. STATE TAX DATA FORM EXECUTED CODE 1-YES 2-NO		45. STATE TAX CODE CODE TAX STATE CODE	
46. POSITION CONTROL CERTIFICATION  67501671						47. OF APPROVAL  APPROVED BY DATE 17 APR 67			48. DATE APPROVED		

SECRET

**SECRET**  
(When Filled In)

REQUEST FOR PERSONNEL ACTION					DATE PREPARED	
1. SERIAL NUMBER <b>006830</b>					2. NAME (Last, First, Middle) <b>[REDACTED]</b>	
3. NATURE OF PERSONNEL ACTION <b>REASSIGNMENT</b>				4. EFFECTIVE DATE REQUESTED MONTH <b>04</b> DAY <b>10</b> YEAR <b>66</b>		
5. FUNDS V TO V <input type="checkbox"/> V TO CP <input type="checkbox"/> CP TO V <input type="checkbox"/> CP TO CP <input checked="" type="checkbox"/>				6. CATEGORY OF EMPLOYMENT <b>REGULAR</b>		
7. ORGANIZATIONAL DESIGNATIONS <b>DDP WH FOREIGN FIELD BRANCH 1 MEXICO CITY, MEXICO STATION</b>				8. LEGAL AUTHORITY (Completed by Office of Personnel) <b>6135-0990</b>		
9. LOCATION OF OFFICIAL STATION <b>MEXICO CITY, MEXICO</b>				10. POSITION TITLE <b>OPS OFFICER (13)</b>		
11. POSITION NUMBER <b>0418</b>				12. CAREER SERVICE DESIGNATION <b>D</b>		
13. CLASSIFICATION SCHEDULE (G.S. I.B., etc.) <b>GS</b>		14. OCCUPATIONAL SERIES <b>0136.01</b>		15. GRADE AND STEP <b>13 2</b>		
16. SALARY OR RATE <b>\$ 12,945</b>						
17. REMARKS <b>FROM: Pos. No.: 0853</b>						
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> Recorded by CSPD <i>[Signature]</i> </div>						
18A. SIGNATURE OF REQUESTING OFFICIAL <b>[Signature]</b> WH/PERS			DATE SIGNED <b>1 April 66</b>		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER <b>[Signature]</b>	
DATE SIGNED <b>1 April 66</b>						
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL						
19. ACTION CODE <b>37</b>	20. EMPLOY CODE <b>10</b>	21. OFFICE CODING NUMERIC <b>51620</b> ALPHABETIC <b>WH</b>	22. STATION CODE <b>15075</b>	23. INTEREST CODE <b>3</b>	24. HOURS CODE <b>04/12/19</b>	
25. DATE OF BIRTH MO. <b>04</b> DA. <b>12</b> YR. <b>19</b>	26. DATE OF GRACE MO. <b>04</b> DA. <b>12</b> YR. <b>19</b>	27. DATE OF DEATH MO. <b>04</b> DA. <b>12</b> YR. <b>19</b>	28. DATE OF RETIREMENT MO. <b>04</b> DA. <b>12</b> YR. <b>19</b>	29. DATE OF SEPARATION MO. <b>04</b> DA. <b>12</b> YR. <b>19</b>	30. DATE OF CORRECTION CANCELLATION MO. <b>04</b> DA. <b>12</b> YR. <b>19</b>	
31. SECURITY REG NO.	32. SECURITY REG NO.	33. SECURITY REG NO.	34. SECURITY REG NO.	35. SECURITY REG NO.	36. SECURITY REG NO.	
37. VET PREFERENCE CODE <b>1</b> 1-NO PREFERENCE 2-10% 3-15% 4-20%	38. VET EMP DATE MO. <b>04</b> DA. <b>12</b> YR. <b>19</b>	39. LONG COMP DATE MO. <b>04</b> DA. <b>12</b> YR. <b>19</b>	40. CAREER CATEGORY CODE <b>1</b> 1-NO RES 2-RES 3-TEMP	41. LEGAL HEALTH INSURANCE CODE <b>1</b> 1-YES 2-NO	42. SOCIAL SECURITY NO.	
43. PREVIOUS GOVERNMENT SERVICE DATA CODE <b>1</b> 1-NO PREVIOUS SERVICE 2-NO RES IN SERVICE 3-RES IN SERVICE (LESS THAN 3 YEARS) 4-RES IN SERVICE (MORE THAN 3 YEARS)		44. LEAVE CAT. CODE <b>1</b>	45. FEDERAL TAX DATA FORM EXECUTED CODE <b>1</b> 1-YES 2-NO		46. STATE TAX DATA FORM EXECUTED CODE <b>1</b> 1-YES 2-NO	
47. POSITION CONFIRMATION CERTIFICATION <b>[Signature]</b>			48. C.P. APPROVAL <b>[Signature]</b>			

1152 USE PREVIOUS EDITION

**SECRET**

GROUP 1  
EXCLUDED FROM AUTOMATIC DOWNGRADING  
AND DECLASSIFICATION

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED 21 MAY 1965	
1 NAME [REDACTED]					
3 NATURE OF PERSONNEL ACTION PROMOTION			4 EFFECTIVE DATE REQUESTED MONTH DAY YEAR MAY 23 65		5 CATEGORY OF EMPLOYMENT REGULAR
6 FUNDS V TO V C TO V V TO C C TO C			7 COST CENTER NO CHARGE 6135 0990		8 LEGAL AUTHORITY (Completed by Office of Personnel)
9 ORGANIZATIONAL DESIGNATIONS DDP/WH FOREIGN FIELD BRANCH III MEXICO CITY, MEXICO STATION			10 LOCATION OF OFFICIAL STATION MEXICO CITY, MEXICO		
11 POSITION TITLE OPS OFFICER			12 POSITION NUMBER 0853		13 CAREER SERVICE DESIGNATION D
14 CLASSIFICATION SCHEDULE (GS, F, B, etc.) GS 12		15 OCCUPATIONAL SERIES 0136.01		16 GRADE AND STEP 13 2	
17 SALARY OR RATE \$ 12,495					
18 REMARKS FROM: SAME/GS 12.5/\$11,670. TO BE EFFECTIVE 23 MAY 1965 [Stamp: I certify that this promotion is absolutely correct and in accordance with Action Item 5, 23K, dated 21 May 1965.] [Stamp: RECEIVED BY CDDP]					
19A SIGNATURE OF PERSONNEL OFFICER [Signature]			DATE SIGNED 31 May 65		19B SIGNATURE OF CAREER SERVICE APPROVING OFFICER [Signature]
DATE SIGNED 31 May 65			DATE SIGNED 31 May 65		
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
19. ACTION CODE 2-2	20 EMPLOY CODE 10	21 OFFICE CODING NUMERIC ALPHABETIC 51200 WH 45075	22 STATION CODE 45075	23 INTEGRITY CODE 3	24 HOURS CODE 3
25 DATE OF BIRTH MO. DA. YR. 05/22/67	26 DATE OF EXPIRE MO. DA. YR. 05/23/65	27 DATE OF LEI MO. DA. YR. 05/23/65	28 DATE OF BIRTH MO. DA. YR. 05/23/65	29 DATE OF EXPIRE MO. DA. YR. 05/23/65	30 DATE OF LEI MO. DA. YR. 05/23/65
31 SPECIAL REFERENCE 1-15C 2-15C 3-15C 4-15C	32 RETIREMENT DATA CODE 1-15C 2-15C 3-15C 4-15C	33 SEPARATION DATA CODE TYPE 1-15C 2-15C 3-15C 4-15C	34 CORRECTION/CANCELLATION DATA MO. DA. YR. 05/23/65	35 SECURITY NO 34 SEA	
36 VET PREFERENCE CODE 0-NONE 1-5 PT. 2-10 PT.	37 SERP COMP DATE MO. DA. YR. 05/23/65	38 LONG COMP DATE MO. DA. YR. 05/23/65	39 CAREER CATEGORY CODE 1-15C 2-15C 3-15C 4-15C	40 FEDERAL HEALTH INSURANCE CODE 1-15C 2-15C 3-15C 4-15C	41 SOCIAL SECURITY NO
42 PREVIOUS GOVERNMENT SERVICE DATA CODE 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)		43 LEAVE CAT CODE 1-15C 2-15C 3-15C 4-15C	44 FEDERAL TAX DATA CODE 1-15C 2-15C 3-15C 4-15C	45 STATE TAX DATA CODE 1-15C 2-15C 3-15C 4-15C	46 STATE CODE
47 POSITION CONTROL CERTIFICATION [Signature]			48 UP APPROVAL [Signature]		

SECRET

GROUP 1  
EXCLUDED FROM AUTOMATIC DOWNGRADING  
AND DECLASSIFICATION



14-00000

SECRET

7 NOV 1955

MEMORANDUM FOR: Chief, Western Hemisphere Division

SUBJECT: Notification of Approval of Quality Step Increase - [REDACTED]

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

2. The salary increase accomplished by the award of a Quality Step Increase is important and tangible evidence of the esteem in which the employee so recognized is held. However, I believe the commendatory and incentive benefits of this award will be partially lost unless it is presented in an appropriate ceremony which will afford the individual recognition among co-workers and supervisory officials. Also, I believe such recognition serves to inspire other employees to aspire to earning such recognition.

3. Acknowledging that cover problems may severely limit the manner in which this notice is presented to the employee concerned, may I ask that you arrange to have it presented with such ceremony as is appropriate to his status and assignment.

Robert S. Wattles  
Director of Personnel

SECRET

EYES ONLY  
SECRET

16 MAR 1965

MEMORANDUM FOR: Secretary, CSCS Agent Panel

SUBJECT : Recommendation for Promotion to Grade GS-13  
~~\_\_\_\_\_~~

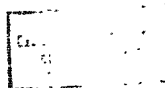
1. WH Division fully endorses the strong recommendation made by Chief of Station, Mexico, for the promotion of Arnold F. ~~\_\_\_\_\_~~ from GS-12 to GS-13.
2. The project supported by ~~\_\_\_\_\_~~ during the last five years is considered a model in the Agency and a good deal of the credit for such excellence is due to this officer, whose management of the project for a prolonged period of time has been well in excess of that required of a GS-13.
3. Subject is 46 years old and has been in grade as a GS-12 for the past seven years.

*Desmond FitzGerald*  
Desmond FitzGerald  
Chief

Western Hemisphere Division

*Approved - May 1965*

EYES ONLY  
SECRET



# DISPATCH

CLASSIFICATION

PROCESSING ACTION

SECRET/RYBAT

MARKED FOR INDEXING

TO

Chief, MI Division

NO INDEXING REQUIRED

INFO

ONLY QUALIFIED DESK  
CAN JUDGE INDEXING

FROM

Chief of Station, Mexico City

MICROFILM

SUBJECT

Annual Fitness Report

(S. P.)

ACTION REQUIRED - REFERENCES

ACTION: See Below

1. Attached are copies of an Annual Fitness Report on ~~██████████~~, who is outside case officer and technician for Project LIRIO.

2. Chief of Station again strongly urges that this officer be promoted to GS-13 immediately. It is not just, in the opinion of Chief of Station, Mexico City, to penalize an officer who is given an assignment as a "specialist" (in this case a "technician") and not promote him as would be the case of a regular case officer.

3. Chief of Station, Mexico City, has repeatedly recommended and urged the promotion of ~~██████████~~ - see his Annual Fitness Report and letter of transmittal of 16 January 1964 (2001-4299). This request for promotion is repeated.

WILLARD C. CURTIS

Attachment:

As stated above (h/w)

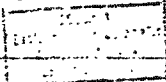
Distribution:

3 - MI, W/atts

CROSS REFERENCE TO

DISPATCH SYMBOL AND NUMBER

DATE



100-111111-1000

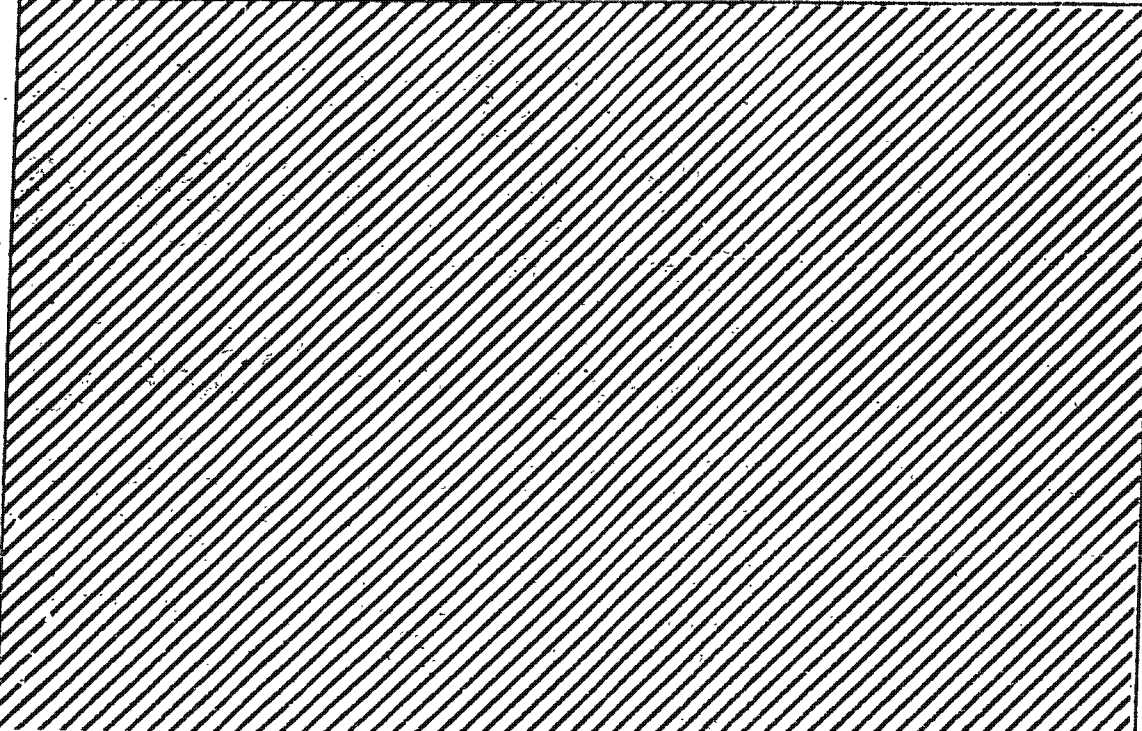

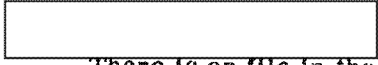
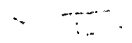
13 January 1965

CLASSIFICATION

MSG FILE NUMBER

SECRET/RYBAT

SECRET  
(When Filled In)

		
NAME OF EMPLOYEE (Last-First-Middle) 	NAME AND RELATIONSHIP OF DEPENDENT* Self	CLAIM NUMBER 65-280
<p></p> <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>24 April 1964</u>.</p> <p>This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.</p>		
DATE OF NOTICE 1 OCT 1964	SIGNATURE OF BGD REPRESENTATIVE 	
NOTICE OF OFFICIAL DISABILITY CLAIM FILE		

14-00000

EYES ONLY

8 November 1963

MEMORANDUM FOR: Secretary, Agent Panel

SUBJECT: Promotion of [REDACTED]

REFERENCE: Memorandum for: Secy, Agent Panel, dated 30 Aug. '63,  
Subject: Nominations of Staff Agents for Promotion to  
Grade GS-13

1. On 30 August 1963 a memorandum recommending the promotion of [REDACTED] was submitted to the Staff Agent Panel supporting the WH Division semi-annual ranking of GS-12 Staff Agents. In view of recently received information, I feel even stronger now that this employee is deserving of recognition by promotion at this time.

2. A representative of the FI Staff has just returned from a visit to the Mexico City Station and reports that [REDACTED] is performing exceedingly well on the duties and responsibilities assigned to him. I am very gratified to hear this news and believe that it should be considered significantly by the Staff Agent Panel.

J. C. King  
J. C. King  
Chief,

Western Hemisphere Division

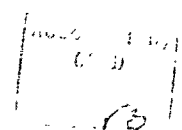
*Not Approved*  
*Jan 1964*

EYES ONLY

**SECRET**  
(When Filled In)

*Red*

*XXB*

REQUEST FOR PERSONNEL ACTION										DATE PREPARED	
1. SERIAL NUMBER										31 JANUARY 1962	
2. <i>[Redacted]</i>											
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE REQUESTED		5. CATEGORY OF EMPLOYMENT			
REASSIGNMENT						MONTH DAY YEAR 02 24 62		REGULAR			
6. FUNDS						7. COST CENTER NO. CHARGEABLE		8. LEGAL AUTHORITY (Completed by Office of Personnel)			
<input checked="" type="checkbox"/> V TO V <input type="checkbox"/> CF TO V <input checked="" type="checkbox"/> V TO CF <input type="checkbox"/> CF TO CF						2135-5700-1000					
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION					
DDP WH BRANCH 3 MEXICO CITY, MEXICO STATION						MEXICO CITY, MEXICO					
11. POSITION TITLE						12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION			
OPS OFFICER (D)						853		D			
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
GS (12)				0136.01		12 3		9475			
18. REMARKS											
FROM: DDP/WH/3/PROJECT LIENVOY/BAP-3120/MEXICO, <i>and</i> STAFFING COMPLEMENT CHANGE.											
<div style="text-align: right;">  </div>											
10A. <i>[Redacted]</i>				DATE SIGNED		10B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER				DATE SIGNED	
<i>[Redacted]</i>						<i>Louis W. Armstrong</i>				1 Feb 62	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE		20. OFFICE SYMBOL		21. STATION CODE		22. DATE OF MONTH		23. DATE OF GRADE		24. DATE OF LEAVE	
37 10		64700 WH		45075		3 04 12 19					
25. DATE OF RES.		26. SPECIAL REFERENCE		27. RETIREMENT DATA		28. DEPARTMENT DATA CODE		29. CORRECTION/CANCELLATION DATA		30. DATA NO.	
								FOR DATA			
31. VET. PREFERENCE		32. SERV. COMP. DATE		33. LONG. COMP. DATE		34. MIL. SERV. PREFERENCE		35. SGLI / HEALTH INSURANCE		36. SOCIAL SECURITY NO.	
37. PREVIOUS GOVERNMENT SERVICE DATA				38. FORMER CODE		39. FEDERAL JOB DATA		40. STATE DATA		41. DATA	
42. POSITION CONTROL CERTIFICATION						43. C.P. APPROVAL			DATE APPROVED		
<i>[Signature]</i>						<i>[Redacted]</i>			1 Feb 62		

# SECRET

## REQUEST FOR PERSONNEL ACTION

1. Serial No.			2. <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span>			3. Date Of Birth			4. Vol. Prod.			5. Sex			6. CS - FOD		
						Mo. Da. Yr.			Non-0 5 Pt-1 10 Pt-2			Code			Mo. Da. Yr.		
						04 12 19			1			M 1			04 16 51		
7. SCB			8. CSC Reim.			9. CSC Or Other Legal Authority			10. Agent Affidav.			11. FEGLI			12. LCB		
Mo. Da. Yr.			Yes-1 No-2			Code			Mo. Da. Yr.			Yes-1 No-2			Code		
03 16 41															04 16 51		

### 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. - Field 161d - 17gn -											
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				Mo. Da. Yr.		STAFF AGENT					
				6 12 60							

### PRESENT ASSIGNMENT

31. Organizational Designations				Code		32. Location Of Official Station				Station Code	
DDP WH BRANCH 3 MEXICO CITY, MEXICO STATION PROJECT LITVOT						MEXICO CITY, MEXICO					
33. Dept. - Field		34. Position Title		35. Position No.		36. Serv.		37. Occup. Series			
Dept. - Field 161d - 17gn -		OPS OFCR		2120		03		0136,01			
38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grade		42. PSI Due		43. Appropriation Number	
12 2		8570		D		03 10 58		03 10 58		0135 5701 5170	
										XXXXXX00000000	

### SOURCE OF REQUEST

A. Requested By (Name And Title)		C. Request Approved By (Signature And Title)	
WH/PERSONNEL OFFICER			
B. For Additional Information Call (Name & Telephone Ext.)			
X8242			

### CLEARANCES

Clearance		Signature		Date		Clearance		Signature		Date	
A. Career Board		[Signature]		10/10/60		D. Placement		[Signature]			
B. Pos. Control		[Signature]		10/10/60							
C. Classification		[Signature]		10/10/60		E. Approved By		[Signature]		10/10/60	
Remarks		<p>Log 07/07/58</p> <p>0100B 04/16/51</p> <p>0100 03/16/41</p>									

FORM NO. 1152  
1 MAR 57

# SECRET

(4)

Personnel Actions Covered  
Period Prior to Mexico  
Assessment



ORIGINAL Biotrophic Profile

(sanitized version in slot)

SECRET

REPRODUCTION MASTERS

When Filled

BIOGRAPH

BIOGRAPHIC PROFILE

H a n d l e   W i t h   C a r e

SECRET

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

EFFECTIVE DATE OF PAY ADJUSTMENT: 07 JANUARY 1973

NAME

SERIAL ORGN. FUNDS GR-STEP

NEW  
SALARY

006830 51 620 CF GS 13 7

\$23,642

1. SERIAL NO.		2. NAME		3. ORGANIZATION		4. FUNDS		5. LWOP HOURS	
006830				51 620		CF			
6. OLD SALARY RATE		7. NEW SALARY RATE		8. TYPE ACTION					
Grade	Step	Salary	Last Ftd. Date	Grade	Step	Salary	EFFECTIVE DATE	SI	ADJ.
GS 13	6	\$20,721	05/18/69	GS 13	7	\$21,313	05/16/71		
CERTIFICATION AND AUTHENTICATION									
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE.									
SIGNATURE						DATE			
<i>Robert W. [illegible]</i>						01/17/73			
<input type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> LWOP STATUS AT END OF WAITING PERIOD									
CLERK'S INITIALS						AUDITED BY			
20714 550 E Use previous editions						PAY CHANGE NOTIFICATION (4-51)			

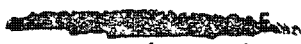

4/29/71

0000

3

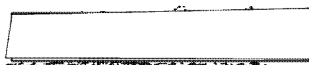

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 91-656 AND EXECUTIVE ORDER 11576 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 10 JANUARY 1971

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	NEW SALARY
	006830	31	620	CF GS 13 6	\$20,721
					

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

EFFECTIVE DATE OF PAY ADJUSTMENT: 28 DECEMBER 1969

	SERIAL	ORGN.	FUNDS	GR-STEP	NEW SALARY
	006830	31	620	CF GS 13 6	\$19,555
					

1. Serial No.		2. Name		3. Civil Service Number		4. LWOP Hours	
006830		<del>XXXXXXXXXX</del>		51 620 CF			
5. OLD SALARY RATE				6. NEW SALARY RATE			
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	Effective Date
GS 13	5	\$17,920	05/18/69	GS 13	6	\$18,447	11/18/69
7. TYPE ACTION							
8. Remarks and Authority <p style="text-align: center;">Quality Step Increase</p> <p style="text-align: center;"><i>Don H. Lutescher</i></p> <p>S/R.S. Watters      <i>Initial</i></p> <p style="text-align: center;"><b>PAY CHANGE NOTIFICATION</b></p>							

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

EFFECTIVE DATE OF PAY ADJUSTMENT: 13 JULY 1969

NAME

SERIAL ORGN. FUNDS CR-STEP

NEW SALARY

006830 51 620 CF GS 13 5

\$17,920

*Fletcher, Charles E*

1. SERIAL NO.		2. NAME		3. ORGANIZATION		4. FUNDS		5. LWOP HOURS	
006830		<i>Fletcher, Charles E</i>		51 620		CF			
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 13	4	\$15,849	05/21/67	GS 13	5	\$16,329	05/18/69		
CERTIFICATION AND AUTHENTICATION									
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE.									
SIGNATURE <i>Don H. Lutescher</i>							DATE		
<input type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> LWOP STATUS AT END OF WAITING PERIOD									
CLERK'S INITIALS							APPROVED BY		

14-00000

"PAY ADJUSTMENT IN ACCORDANCE WITH SECTIONS 212 AND 216 OF PL 90-206 AND EXECUTIVE ORDER 11413 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A-DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 14 JULY 1968

NAME

SERIAL ORGN. FUNDS GR-STEP

OLD  
SALARY

NEW  
SALARY

006830 51 620 CF GS 13 4 \$14,857 \$15,849

"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

006830 51 620 CF GS 13 4 \$14,217 \$14,857

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

006830 51 700 CF GS 12 4 \$10,420 \$10,970

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-793 AND  
 DCI MEMORANDUM DATED 11 AUGUST 1962, SALARY IS ADJUSTED AS FOLLOWS:  
 EFFECTIVE 14 OCTOBER 1962

NAME [REDACTED] SERIAL ORGN FUNDS OLD GREST SALARY NEW GREST SALARY  
 006830 433036 64700 CF 12 4 9735 12 4 210420

POSTED ON

WM

1. Serial No.		2. [REDACTED]		3. Cost Center Number		4. LWOP Hours	
006830		[REDACTED]		64 700 CF			
5. OLD SALARY RATE				6. NEW SALARY RATE			
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	Effective Date
GS 12	3	9,475	03/09/61	GS 12	4	9,735	09/02/62
7. TYPE ACTION							
PSI ISI ADJ							
8. Remarks and Authorization							
<p style="text-align: right;"><i>Joseph B. Ragan</i></p> <p>/ / NO EXCESS LWOP / / EXCESS LWOP</p> <p>/ / IN PAY STATUS AT END OF WAITING PERIOD</p> <p>/ / IN LWOP STATUS AT END OF WAITING PERIOD</p> <p>CLERKS INITIALS      AUDITED BY</p>							
PAY CHANGE NOTIFICATION							

Form 941 560

Obsolete Previous Edition

C/201/1

1. Serial No.		2. [REDACTED]		3. Cost Center Number		4. LWOP Hours	
006830		[REDACTED]		51 420 CF			
5. OLD SALARY RATE				6. NEW SALARY RATE			
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	Effective Date
GS 13	3	13,749	05/22/66	GS 13	4	14,217	05/21/67
7. TYPE ACTION							
PSI ISI ADJ							
8. Remarks and Authorization							
<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 <i>John K. [Signature]</i></p>							
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.							
SIGNATURE <i>[Signature]</i>				DATE <i>11/15/66</i>			
PAY CHANGE NOTIFICATION							

7 6-29-73

1. LAST NAME <div style="border: 1px solid black; height: 15px; width: 100%;"></div>		FIRST NAME <div style="border: 1px solid black; height: 15px; width: 100%;"></div>		INITIAL(S) <div style="border: 1px solid black; height: 15px; width: 100%;"></div>		2. APPOINTMENT DATA Entered on duty <u>4/16/51</u> <input checked="" type="checkbox"/> F <input type="checkbox"/> P Subject to Sec. 203(d), 1951 Leave Act Yes <input type="checkbox"/> No <input type="checkbox"/> Ceased to be subject to Sec. 203(d) on _____ Ann. Leave Act		3. TOTAL SERVICE FOR LEAVE (at date of separation) Years Months Days <u>32</u> <u>3</u> <u>14</u> <input checked="" type="checkbox"/> More than 15 years	
4. DATE AND NATURE OF SEPARATION <b>RETIREMENT 6/29/73</b>									

SUMMARY OF ANNUAL AND SICK LEAVE (HOURS)			SUMMARY OF HOME LEAVE (DAYS)		REMARKS
	ANNUAL	SICK			
5. Balance from prior leave year ended <u>1/6</u> <u>1973</u>	360	2248	14. Date arrival abroad for HL purposes _____		SCD: 3/16/41  * sick lv. sent to comm
6. Current leave year accrual through <u>6/23</u> <u>1973</u>	96	48	15. Current balance as of _____ 19 _____		
7. Total	456	2296	16. 12-month accrual rate _____		
8. Reduction in credits, if any (current year)	0	0	17. Dates leave used, prior 24 months _____		
9. Total leave taken	30	0	18. Monthly accrual date _____		
10. Balance	426	2296	19. Calendar days credit for next accrual date _____		
11. Total hours paid in lump sum <u>360 + 2 hols.</u>			20. Date basic service period completed _____		
12. Salary rate: <u>23642.00</u>			MILITARY LEAVE		
13. Lump sum leave dates: From <u>0830, 7/2/73</u> to <u>9/1/73</u> <u>1700</u> (Hours)			21. Dates during current calendar yr _____ to _____		
26. Certified correct by: <u>[Signature]</u> <u>6/6/73</u> (Signature) (Date) <b>for Chief Payroll</b> <u>143-2213</u> (Telephone)			22. Dates during preceding calendar yr _____ to _____		
			ABSENCE WITHOUT PAY		
			23. During leave year in which separated _____		<div style="border: 1px solid black; padding: 2px;">           LWOP or AWOL or            Furlough, Suspension            (Hours)            _____            _____         </div>
			24. During step increase waiting period which began on <u>5/16/71</u>		
			25. During 12 month HL accrual period (dates): _____		

Standard Form 1140  
November 1964  
1140-108

### RECORD OF LEAVE DATA TRANSFERRED

U.S. CIVIL SERVICE COMMISSION  
FPM SUPPLEMENTS 296-31 AND 990-2

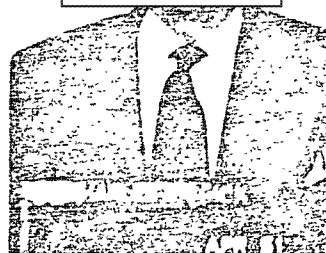


**SECRET**  
(When Filled In)

LML: 03 JUL 73

**NOTIFICATION OF PERSONNEL ACTION**

OEB									
1 SERIAL NUMBER									
006830									
3 NATURE OF PERSONNEL ACTION						4 EFFECTIVE DATE		5 CATEGORY OF EMPLOYMENT	
RETIREMENT (VOLUNTARY) UNDER CIA RETIREMENT AND DISABILITY SYSTEM						MO DA YR 06 29 73		REGULAR	
6 FUNDS		V TO V		V TO CF		7 Financial Analysis No Chargeable		8 CSC OR OTHER LEGAL AUTHORITY	
CF TO V		X		CF TO CF		3135 0990 0000		PL 88-643 SECT 233	
9 ORGANIZATIONAL DESIGNATIONS						10 LOCATION OF OFFICIAL STATION			
DDO/WH DIVISION FOREIGN FIELD BRANCH 1-									
11 POSITION TITLE						12 POSITION NUMBER		13 SERVICE DESIGNATION	
OPS OFFICER						0418		D	
14 CLASSIFICATION SCHEDULE (GS, LB, etc.)			15 OCCUPATIONAL SERIES			16 GRADE AND STEP		17 SALARY OR RATE	
GS			0136.01			13 7		23642	
18 REMARKS									
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PI									
19 ACTION CODE	20 EMPLOY CODE	21 OFFICE CODING		22 STATION CODE	23 INTEGREE CODE	24 Hdqtrs Code	25 DATE OF BIRTH		
45	10	NUMERIC	ALPHABETIC				MO	DA	YR
							04	12	
26 NTE EXP RES		29 SPECIAL REFERENCE		30 RESIDENCE DATA		31 SEPARATION DATA CODE		32 Correction / Cancellation Dg	
MO DA YR		1 CSC 2 CIA 3 FICA 4 NONE		CSC		08J0000		13PE MO DA YR	
33 VET PREFERENCE		36 SERV COMP DATE		37 LONG COMP DATE		38 CAREER CATEGORY		39 FEGLI / HI	
CODE		MO DA YR		MO DA YR		CSC SERV CODE		CODE	
0 NONE 1 5 PT 2 10 PT						CSC SERV CODE		0 WAIV 1 YES	
41 PREVIOUS CIVILIAN GOVERNMENT SERVICE				42 LEAVE CAT.		43 FEDERAL TAX DATA			
CODE				CODE		FORM EXECUTED			
0 NO PREVIOUS SERVICE 1 NO BREAK IN SERVICE 2 BREAK IN SERVICE (LESS THAN 3 YRS) 3 BREAK IN SERVICE (MORE THAN 3 YRS)						1 YES 2 NO			
SIGNATURE OR OTHER AUTHENTICATION									



FORM 550 1150 Use Previous Edition  
Mtg 11/71

**SECRET**

**SECRET**

Caution: Excluded from automatic downgrading and declassification

(When Filled In)

BJT: 17 MAY 67

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
XXB											
1. SERIAL NUMBER		2. NAME (Last, First, Middle)									
000830											
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
DESIGNATION AS PARTICIPANT IN CIA RETIREMENT AND DISABILITY SYSTEM						05 07 67		REGULAR			
6. FUNDS		V TO V		V TO CF		7. Financial Analysis No. Chargeable		8. CSC OR OTHER LEGAL AUTHORITY			
CF TO V		X		CF TO CF		7135 0990 (XXXX)		PL 88-643 SECT. 203			
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION					
DDP/WH						MEXICO CITY, MEXICO					
11. POSITION TITLE						12. POSITION NUMBER		13. SERVICE DESIGNATION			
								D			
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY RATE			
						13					
18. REMARKS											
EMPLOYEE WILL RECEIVE NOTIFICATION FROM THE DIRECTOR OF PERSONNEL OF THIS DESIGNATION.											
23 MAY 1967											
POSTED ON 07-40											
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. RESUME DATA	
25. NET EXPIRES		26. SPECIAL REFERENCE		27. RETIREMENT DATA		28. SEPARATION DATA CODE		29. CANCELLATION CANCELLATION DATA		30. SECURITY REQ NO	
				2						EOD DATA	
31. VET PREFERENCE		32. SERV COMP DATE		33. LONG COMP DATE		34. CAREER CATEGORY		35. FIGHT/HEALTH INSURANCE		36. SOCIAL SECURITY NO	
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE				42. LEAVE LVL		43. FEDERAL TAX DATA		44. STATE TAX DATA			
CODE				CODE		CODE		CODE			
1. NO PREVIOUS SERVICE				1. YES		1. YES		1. YES			
2. BREAK IN SERVICE (LESS THAN 1 YEAR)				2. NO		2. NO		2. NO			
3. BREAK IN SERVICE (MORE THAN 1 YEAR)											
SIGNATURE OR OTHER AUTHENTICATION											

FORM 1150

Use previous Edition

SECRET

BJT

POSTED

(When Filled In)

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

EFFECTIVE DATE OF PAY ADJUSTMENT: 3 JULY 1966

NAME

SERIAL ORGN, FUNDS GR-STEP

OLD  
SALARY

NEW  
SALARY

006830 51 620 CF GS 13 3 \$13,380 \$13,769

1. Serial No.		2. Name		3. Org Center Number		4. LWOP Hours				
006830				51 620 CF						
5. OLD SALARY RATE				6. NEW SALARY RATE				7. TYPE ACTION		
Grade	Step	Salary	Effective Date	Grade	Step	Salary	Effective Date	PSI	LS	AOJ
GS 13	2	\$12,945	05/23/65	GS 13	3	\$13,380	05/22/66			
8. Remarks and Justification										
/ / NO EXCESS LWOP / / IN PAY STATUS AT END OF WAITING PERIOD / / LWOP STATUS AT END OF WAITING PERIOD CLERKS INITIALS AUDITED BY										
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE										
SIGNATURE						DATE				
[Signature] [Date]										
PAY CHANGE NOTIFICATION										

APRIL 66

SECRET  
(When Filled In)

## NOTIFICATION OF PERSONNEL ACTION

006830																																																																																			
B. NATURE OF PERSONNEL ACTION		C. EFFECTIVE DATE																																																																																	
REASSIGNMENT		04 10 66																																																																																	
D. CATEGORY OF EMPLOYMENT		REGULAR																																																																																	
E. FUNDS		F. COST CENTER NO. CHARGEABLE																																																																																	
V TO V		6135 0990 0000																																																																																	
CF TO V		50 USC 403 J																																																																																	
X		CF TO CF																																																																																	
G. ORGANIZATIONAL DESIGNATIONS		H. LOCATION OF OFFICIAL STATION																																																																																	
DDP/WH FOREIGN FIELD BRANCH I MEXICO CITY, MEXICO STATION		MEXICO CITY, MEXICO																																																																																	
I. POSITION TITLE		J. POSITION NUMBER																																																																																	
OPS OFFICER		0418																																																																																	
K. CLASSIFICATION SCHEDULE (GS, LR, etc.)		L. SERVICE DESIGNATION																																																																																	
GS		D																																																																																	
M. OCCUPATIONAL SERIES		N. GRADE AND STEP																																																																																	
0136.01		13 2																																																																																	
O. SALARY OR RATE		12945																																																																																	
P. REMARKS																																																																																			
<div style="text-align: center;">SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL</div> <table border="1"> <tr> <td>19. ACTION TO EMPLOY CODE</td> <td>20. EMPLOY CODE</td> <td>21. OFFER CODE</td> <td>22. STATION CODE</td> <td>23. INTEREST CODE</td> <td>24. NUMBER CODE</td> <td>25. DATE OF BIRTH</td> <td>26. DATE OF DEATH</td> <td>27. DATE OF DEATH</td> <td>28. DATE OF DEATH</td> </tr> <tr> <td>07</td> <td>10</td> <td>01800</td> <td>1070</td> <td></td> <td>3</td> <td>04 12 19</td> <td></td> <td></td> <td></td> </tr> <tr> <td>29. NIE EXPIRES</td> <td>30. SPECIAL REFERENCE</td> <td>31. SEPARATION DATA</td> <td>32. CORRECTION/CANCELLATION DATA</td> <td>33. SECURITY</td> <td>34. SER</td> <td colspan="4">EOD DATA</td> </tr> <tr> <td>XX XX XX</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td colspan="4"></td> </tr> <tr> <td>35. VET PREFERENCE</td> <td>36. SER COMP DATE</td> <td>37. COMB COMP DATE</td> <td>38. CAREER CATEGORY</td> <td>39. RESLT / HEALTH INSURANCE</td> <td>40. SOCIAL SECURITY NO</td> <td colspan="4"></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td colspan="4"></td> </tr> <tr> <td>41. PREVIOUS GOVERNMENT SERVICE DATA</td> <td>42. LEAVE CAT</td> <td>43. FEDERAL TAX DATA</td> <td>44. STATE TAX DATA</td> <td colspan="6"></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td colspan="6"></td> </tr> </table>				19. ACTION TO EMPLOY CODE	20. EMPLOY CODE	21. OFFER CODE	22. STATION CODE	23. INTEREST CODE	24. NUMBER CODE	25. DATE OF BIRTH	26. DATE OF DEATH	27. DATE OF DEATH	28. DATE OF DEATH	07	10	01800	1070		3	04 12 19				29. NIE EXPIRES	30. SPECIAL REFERENCE	31. SEPARATION DATA	32. CORRECTION/CANCELLATION DATA	33. SECURITY	34. SER	EOD DATA				XX XX XX										35. VET PREFERENCE	36. SER COMP DATE	37. COMB COMP DATE	38. CAREER CATEGORY	39. RESLT / HEALTH INSURANCE	40. SOCIAL SECURITY NO															41. PREVIOUS GOVERNMENT SERVICE DATA	42. LEAVE CAT	43. FEDERAL TAX DATA	44. STATE TAX DATA																
19. ACTION TO EMPLOY CODE	20. EMPLOY CODE	21. OFFER CODE	22. STATION CODE	23. INTEREST CODE	24. NUMBER CODE	25. DATE OF BIRTH	26. DATE OF DEATH	27. DATE OF DEATH	28. DATE OF DEATH																																																																										
07	10	01800	1070		3	04 12 19																																																																													
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41. PREVIOUS GOVERNMENT SERVICE DATA	42. LEAVE CAT	43. FEDERAL TAX DATA	44. STATE TAX DATA																																																																																
SIGNATURE OR OTHER AUTHENTICATION																																																																																			

FORM 1150  
11 42

Use Previous Edition

SECRET

 GROUP 1  
 EXCLUDED FROM AUTOMATIC  
 DOWNGRADING AND  
 DECLASSIFICATION  
 (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 8 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 10 OCTOBER 1965

NAME

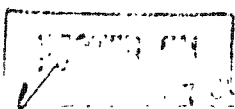
SERIAL	OPGN.	FUNDS	GR=STEP	OLD SALARY	NEW SALARY
006830	51	620	CF G9 13 2	\$12,495	\$12,945

PJH: 21 MAY 65

SECRET  
(When Filled In)

## NOTIFICATION OF PERSONNEL ACTION

OCB

1. SERIAL NUMBER		2. NATURE OF PERSONNEL ACTION		4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT	
006830		PROMOTION		05 23 65		REGULAR	
6. FUNDS		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY			
V TO V CF TO V		V TO CF CF TO CF		5135 0990 0000		50 USC 403 J	
9. ORGANIZATIONAL DESIGNATIONS				10. LOCATION OF OFFICIAL STATION			
DOP/WH FOREIGN FIELD BRANCH III MEXICO CITY, MEXICO STATION				MEXICO CITY, MEXICO			
11. POSITION TITLE				12. POSITION NUMBER		13. SERVICE DESIGNATION	
OPS OFFICER				0853		D	
14. CLASSIFICATION SCHEDULE (SS, LG, WH)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE	
QS		0136.01		13 2		12495	
18. REMARKS							
<div style="text-align: center;">               J. Edgar Hoover           </div>							
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
19. ACTION CODE	20. LOGICAL CODE	21. OFFICE CODING	22. STATION CODE	23. INTERNAL CODE	24. HIGHT CODE	25. DATE OF BIRTH	26. DATE OF GRADE
22	10	51700 WH	45075	3	04	12 19	05 23 65
27. DATE OF LEI	28. NTE EXPIRES	29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA	33. SECURITY REQ NO.	34. SEX
05 23 65	05 22 67	81			EOD DATA		
35. VET PREFERENCE	36. SERV COMP DATE	37. LONG COMP DATE	38. CAREER CATEGORY	39. FEGLI / HEALTH INSURANCE	40. SOCIAL SECURITY NO		
CODE	CODE	CODE	CODE	CODE			
41. PREVIOUS GOVERNMENT SERVICE DATA	42. LEAVE CAT.	43. FEDERAL TAX DATA	44. STATE TAX DATA				
CODE	CODE	CODE	CODE				
45. SIGNATURE OR OTHER AUTHENTICATION							

FORM 1150  
11-62Use Previous  
Edition

SECRET

GROUP 1  
Excluded from automatic  
downgrading and  
declassification

(When Filled In)

006A30

51 700 CF

5. OLD SALARY RATE				6. NEW SALARY RATE				7. TYPE ACTION		
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	Effective Date	PSI	LM	ADJ.
GS 12	4	11,315	09/02/62	GS 12	5	11,670	08/30/64			

8. Remarks and Authorization

/ / NO EXCESS LWOP  
 / / IN PAY STATUS AT END OF WAITING PERIOD  
 / / LWOP STATUS AT END OF WAITING PERIOD  
 CLERKS INITIALS AUDITED BY

I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.

SIGNATURE: *[Signature]* DATE: *June 64*

PAY CHANGE NOTIFICATION

Form 9-61 560

Obsolete Previous Edition

(4-51)

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

[illegible]



PAYROLL CHANGE DATA										
7. Previous amount	BASE PAY	OVERTIME	GROSS PAY	RET.	FEDERAL TAX	BOND	A.I.C.A.	STATE TAX	GROUP LIFE INS.	NET PAY
8. New amount										
9. Pay this period										
10. Remarks										11. Appropriation
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>POSTED ON</b>  <b>OF-40</b>  <i>John J. Bagan</i> </div>										12. Prepared by <b>jlw 24 Feb 1961</b>
										13. Audited by
<input checked="" type="checkbox"/> Periodic step-increase <input type="checkbox"/> Pay adjustment <input type="checkbox"/> Other step-increase										
14. Effective date <b>24 Mar 61</b>	15. Date last equivalent increase <b>6 Sep 59</b>	16. Old salary rate <b>\$7213</b>	17. New salary rate <b>\$9475</b>	18. Performance rating is <i>Excellent</i> (Satisfactory or better)						
19. LWOP data (fill in appropriate space covering LWOP during following periods)				(Signature or other authentication) <i>John J. Bagan</i> <input type="checkbox"/> In pay status at end of waiting period. <input type="checkbox"/> In LWOP status at end of waiting period.						
<input checked="" type="checkbox"/> No excess LWOP. Total excess LWOP _____										
STANDARD FORM NO. 1126-Rev 55 Form prescribed by Comp. Gen. U. S. October 26, 1954, General Regulations No. 192										
<b>CONFIDENTIAL</b> <b>PAYROLL CHANGE SLIP — PERSONNEL COPY</b>										

PSC: 16 FEB 62

SECRET  
(When Filled In)

OCB NOTIFICATION OF PERSONNEL ACTION									
1. SERIAL NUMBER <b>CCC-830</b> <b>03-26-20</b>		2. NAME (LAST-FIRST MIDDLE) <b>[REDACTED]</b>							
3. NATURE OF PERSONNEL ACTION <b>REASSIGNMENT</b>					4. EFFECTIVE DATE MO DA YR <b>02 04 62</b>		5. CATEGORY OF EMPLOYMENT <b>REGULAR</b>		
6. FUNDS <b>[REDACTED]</b>		V TO V CF TO V		V TO CF CF TO CF		7. COST CENTER NO CHARGEABLE <b>2135 5700 1000</b>		8. CSC OR OTHER LEGAL AUTHORITY <b>50 USC 403 J</b>	
9. ORGANIZATIONAL DESIGNATIONS <b>DOP WH BRANCH 3 MEXICO CITY, MEXICO STATION</b>					10. LOCATION OF OFFICIAL STATION <b>MEXICO CITY, MEXICO</b>				
11. POSITION TITLE <b>OPS OFFICER</b>					12. POSITION NUMBER <b>0853</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>12 3</b>		17. SALARY RATE <b>9475</b>		
18. REMARKS  <div style="border: 1px solid black; padding: 5px; display: inline-block; text-align: center;"> <b>OK 23 Feb 62</b> </div>									
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL									
19. ACTION CODE <b>37</b>		20. EMPLOY CODE <b>10</b>		21. OFFICE CODING NUMERIC ALPHABETIC <b>64700 WH</b>		22. STATION CODE <b>45075</b>		23. INTEGRAL CODE <b>3</b>	
24. MONTH <b>04</b>		25. DATE OF BIRTH <b>12 19</b>		26. DATE OF GRADE <b>04 12 19</b>		27. DATE OF LET <b>04 12 19</b>			
28. NTE EXPIRES MO YR <b>04 62</b>		29. SPECIAL REFERENCE <b>1</b>		30. RETIREMENT DATA 1. CSC 2. FECA 3. NONE <b>1</b>		31. SEPARATION DATA CODE <b>0000</b>		32. CORRECTION/CANCELLATION DATA TYPE NO DA YR <b>MOD DATA</b>	
33. YES PREFERENCE CODE <b>0</b>		34. SERV COMP DATE MO DA YR <b>04 62</b>		35. LONG COMP DATE MO DA YR <b>04 62</b>		36. MIL SERV CREDIT/LO CODE <b>0</b>		37. REG. HEALTH INSURANCE CODE <b>0</b>	
38. PREVIOUS GOVERNMENT SERVICE DATA CODE <b>0</b>		39. LEAVE CAT CODE <b>0</b>		40. FEDERAL TAX DATA CODE <b>0</b>		41. STATE TAX DATA CODE <b>0</b>		42. SOCIAL SECURITY AG CODE <b>0</b>	
SIGNATURE OR OTHER AUTHENTICATION <div style="border: 1px solid black; padding: 5px; display: inline-block; text-align: center;"> <b>POSTED</b>  <i>John J. Bagan</i> </div>									

SECRET  
(WHEN FILLED IN)

### NOTIFICATION OF PERSONNEL ACTION

1. NAME (LAST, FIRST, AND SURNAME) <b>[REDACTED]</b>		2. DATE OF BIRTH <b>04/12/19</b>	3. JOURNAL OR ACTION NO.	4. DATE <b>17 June 1960</b>
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) <b>EXCEPTED APPOINTMENT(STAFF AGENT)</b>		6. EFFECTIVE DATE <b>12 June 1960</b>	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY <b>50 USCA 4031</b>	
FROM		TO		
		8. POSITION TITLE <b>Ops Officer 8120</b>		
		9. SERVICE SERIES, GRADE, SALARY <b>GS-0136.01-12 \$8570.00 p/a</b>		
		10. ORGANIZATIONAL DESIGNATIONS <b>DDP/WH Branch 3 Mexico City, Mexico Station Project: LIENVOY</b>		
		11. HEADQUARTERS <b>Mexico City, Mexico</b>		
12. FIELD OR DEPT'L <input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL		12. FIELD OR DEPT'L <input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL		
13. VETERAN'S PREFERENCE NONE WWII OTHER S-PT 10-POINT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		14. POSITION CLASSIFICATION ACTION NEW VICE I. A. REAC <b>SD:D</b>		
15. SEX <b>M</b>	16. APPROPRIATION FROM <b>0135-5701-5170</b>	17. SUBJECT TO U. S. RETIREMENT ACT (YES/NO) <b>YES</b>	18. DATE OF APPOINTMENT AFFIDAVITS (EXCEPTIONS ONLY)	19. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> VERIFIED STATE:
20. REMARKS  DOG: 03/09/58 CSEOD: 04/16/51 LSD: 04/16/51 SCD: 03/16/41  <div style="border: 1px solid black; padding: 10px; width: fit-content; margin: 10px auto;"><b>FILED</b> <b>60</b></div> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;">TO: 501 DISCOWIE DATE: 13 JULY 1960 ART: 49,215</div> <div style="text-align: right;"><b>FOR DIRECTOR OF PERSONNEL</b> <i>Joseph B. Pagan</i> 21. SIGNATURE OR OTHER AUTHENTICATION</div>				

1. ~~EXCEPTED~~ COPY  
*file*

Personnel Actions -- period  
covered prior to Mexico City  
Assignment

SECRET

(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				006830	
<b>SECTION A</b>				<b>GENERAL</b>	
1. NAME (Last) (First) (Middle)		2. DATE OF BIRTH		3. SEX	4. GRADE 5. SD
<del>XXXXXXXXXX</del>		12 Apr 19		M	GS-13 D
6. OFFICIAL POSITION TITLE		7. OFFICE OR OF ASSIGNMENT		8. CURRENT STATION	
Operations Officer		DDP/WII/1		Mexico City	
9. CHECK (X) TYPE OF APPOINTMENT		10. CHECK (X) TYPE OF REPORT			
XX CAREER RESERVE TEMPORARY		INITIAL		REASSIGNMENT SUPERVISOR	
CAREER-PROVISIONAL (See instructions - Section C)		XX ANNUAL		REASSIGNMENT EMPLOYEE	
SPECIAL (Specify):		SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P.		12. REPORTING PERIOD (From - to)			
		1 February 1971 - 31 October 1971			
<b>SECTION B PERFORMANCE EVALUATION</b>					
<u>U-Unsatisfactory</u>		Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.			
<u>M-Marginal</u>		Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.			
<u>P-Proficient</u>		Performance is satisfactory. Desired results are being produced in the manner expected.			
<u>S-Strong</u>		Performance is characterized by exceptional proficiency.			
<u>O-Outstanding</u>		Performance is 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.			
<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					RATING LETTER
Maintenance and repair of all equipment used in the joint JKLANCE/GOM telephone tap operation.					S
SPECIFIC DUTY NO. 2					RATING LETTER
Responsible for the efficient and secure delivery of materials on a daily basis as well as administration of project monies totalling over \$1,000.00 per month.					S
SPECIFIC DUTY NO. 3					RATING LETTER
Protection of our equity in this important operation by performing his duties in a manner which the GOM could not duplicate.					S
SPECIFIC DUTY NO. 4					RATING LETTER
Maintaining good personal relationships with the GOM personnel involved in this operation so as to enhance the overall effectiveness of the operation.					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

SECRET

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Monitor of performance of managerial or supervisory duties and cost consciousness in the use of personnel, assets, equipment and funds, must be indicated on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.</p>			
<p>The ratings given in this report are not meant to indicate a change in Subject's overall fitness and effectiveness in this operation, but rather, a reflection of the reporting officer's interpretation of the letter grades themselves. Subject continues to do an impressive job in a task that to himost would be far from personally rewarding and often very frustrating.</p>			
<p>The equipment which he maintains is for the most part at least ten years old and requires constant maintenance and the use of improvised parts. Subject has used his ingenuity and sense of responsibility to improvise and keep the operation going. There has yet to be, to our knowledge, a moment when operations have been suspended due to his inability to keep the equipment going. This in itself is an act worthy of recognition.</p>			
<p>Subject has never missed a meeting nor has he ever complained about special meetings or special assignments due to operational necessity. He is often the first to call the attention of the Station to matters of operational interest which occur outside the normal working day.</p>			
<p>Subject has always been aware of the Stations equities in this operation which transcend the operational and technical aspects. He has always demonstrated this awareness in his dealings with his local counterparts. They have personal respect for Subject and count him as one of themselves in all respects.</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		
7 December 1971	<i>[Signature]</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	
7 December 1971	Operations Officer	<i>[Signature]</i>	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
7 December 1971	Chief of Station	<i>[Signature]</i>	

SECRET

(continued)

He has frequently been made privy to matters which would not normally be revealed to the Station or come to the Station's attention in the routine way. This is due to his closeness to the indigenous personnel connected with the operation and their acceptance of his "in" with the powers that be.

Overall, Subject contributes in a very strong way to the operation. Without him the operation and the resulting relationships may well have been lost some years ago. It is hoped that his personal desires will lead him to remain with the project for some years to come.

Reviewing Comments:

'I agree to all of the above. Those who are unaware of it should know that subject spent many years, until last January, having to work with an unpleasant, venal, untruthful, and lazy supervisor of the operation. (The new president fired him.) Subject went through those years of unpleasantness without ever losing sight of the agency's needs. Now, circumstances are more pleasant but subject is as keen as ever to be sure that the work is done in a way responsive to our requirements. He has done fine work over the years and he maintains the same high standards for his own performance and this influence carries over to his Mexican opposite number. I am convinced as ever that he deserves a promotion as he has in the past. He has been six-and-a-half years in grade since 23 May 1965, to be exact. We are putting such a recommendation forward. (Please note that he is being given an overall S. In past years he was given "O's". The change is not in his performance, which is as fine as ever. We simply are not throwing O's around.)

SECRET

(When Filled In)

FITNESS REPORT		EMPLOYEE SERIAL NUMBER	
		006830	
<b>SECTION A GENERAL</b>			
1. NAME (Last) (First) (Middle)		2. DATE OF BIRTH (M) (D) (YR)	
[REDACTED]		12 Apr 19 M GS-13E D	
3. OFFICIAL POSITION/TITLE		4. OFF DIV OR OF ASSIGNMENT	
Operations Officer		DDP, WH/1	
5. CHECK (X) TYPE OF APPOINTMENT		6. CHECK (X) TYPE OF REPORT	
CAREER RESERVE TEMPORARY		INITIAL ANNUAL	
CAREER-PROVISIONAL (See instructions - Section C)		REASSIGNMENT SUPERVISOR	
X SPECIAL (Specify) Staff Agent		REASSIGNMENT EMPLOYEE	
7. DATE REPORT DUE (M) (D) (YR)		8. REPORTING PERIOD (From - to)	
30 November 1972		1 November 1971 - 30 September 72	
<b>SECTION B PERFORMANCE EVALUATION</b>			
<p><b>U-Unsatisfactory</b> Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>M-Marginal</b> Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.</p> <p><b>P-Profluent</b> Performance is satisfactory. Desired results are being produced in the manner expected.</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			RATING LETTER
Staff Agent physically located within a BKCROWN [REDACTED] technical operation responsible for the day-to-day protection of our equities in this operation			S
SPECIFIC DUTY NO. 2			RATING LETTER
Responsible for the complete maintenance of all technical equipment used in this joint operation			O
SPECIFIC DUTY NO. 3			RATING LETTER
Technical supervision and training of fourteen [REDACTED] agents			S
SPECIFIC DUTY NO. 4			RATING LETTER
Maintaining good personal and managerial relationships with the personnel involved in this operation for the purpose of enhancing its overall effectiveness			S
SPECIFIC DUTY NO. 5			RATING LETTER
Responsible for the secure and efficient delivery of all materials on a daily basis			S
SPECIFIC DUTY NO. 6			RATING LETTER
Responsible for the accounting and administrative functions involved in this operation which includes funds totaling over \$3,000 US dollars monthly.			S
<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

SECRET

Form 10-1 (Rev. 1-67)

## SECTION C

## NARRATIVE COMMENTS

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

For the record, it must be stated that the rating officer has only worked with Subject since 26 July 1972 and the ratings listed in Section B are intended to cover the period of 26 July through 30 October 1972. However, it is also stated at this time, after having reviewed Subject's last two fitness reports, that Subject's former rating officer who departed PCS in July 1972 would probably concur in the ratings for the entire time span of this report.

Subject has been running the same delicate operation for the past twelve years and his performance then and now continues at the strong to outstanding level. Subject is constantly on the alert to protect our equities in this operation and this alertness is clearly demonstrated in the way he handles his relations with his Mexican counterparts. While they treat him as "one of them", they do not overlook the fact that he is BKCROWN and the inside supervisor of the operation.

Subject's ability to maintain the outdated and overused equipment in this operation is outstanding. His high degree of capability in equipment maintenance is definitely a money saving factor to the operation. Subject maintains a first echelon maintenance program and has a fixed schedule for dismantling, examining and repairing worn parts before the equipment actually breaks down. His perseverance in the maintenance program has saved the operation from ever experiencing a complete loss of

## SECTION D

## CERTIFICATION AND COMMENTS

(cont'd)

1.

BY EMPLOYEE

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

DATE

6 Nov 1972

SIGNATURE OF EMPLOYEE

/s/ [Signature]

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

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

DATE

6 Nov 1972

OFFICIAL TITLE OF SUPERVISOR

Operations Officer

SIGNATURE OF SUPERVISOR

/s/ [Signature]

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

The comments and ratings above are an accurate description of Subject's performance. I have been in a position to review his activities over the past three years and I have found his work to be consistently high. Of particular note I find his concentration on details in reporting and accounting, his availability for emergencies, cooperation and ability in his technical specialty to be commendable. Subject has been in grade since May 1965 and is deserving of a promotion. We will continue to make such recommendations.

DATE

6 Nov 1972

OFFICIAL TITLE OF REVIEWING OFFICIAL

Deputy Chief of Station

SIGNATURE OF REVIEWING OFFICIAL

/s/ [Signature]

SECRET



**FITNESS REPORT** - ~~CONFIDENTIAL~~

**SECTION C (CONTINUED)**

coverage due to an overall technical breakdown of the equipment.

Subject has a promptness and security consciousness about the entire operation and making clandestine meetings with his inside case officer that manifests a high degree of professionalism in his character. His dedication to getting the job done rapidly, efficiently and securely is yet another example of his professionalism. He works long and often extra hours without hesitation and is always available when called upon to perform special tasks.

Subject handles the black bagging of funds and the administrative functions of this operation in an excellent manner. His accountings are well prepared, detailed and always submitted on time. The accountings always reflect Subject's cost consciousness.

In summation, Subject executes all six of the specific duties listed under Section B of this report in a very strong professional manner. Subject is a definite asset to the success that this operation has enjoyed over the years and his absence from the scene for any prolonged time would have adversely affected the operation.

Fitness Reports for  
periods -

A. 1 FEB 71 - 31 Oct 71

B. 1 NOV 71 - 30 Sept 72

Sanitized copies in file

**SECRET**  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
SECTION A				006830	
1. NAME (First) (Middle)		2. DATE OF BIRTH	3. SEX	4. GRADE	5. SO
[REDACTED]		12 Apr 19	M	GS-13E	D
6. OFFICIAL POSITION TITLE		7. OFF/DIV/BR OF ASSIGNMENT			
Operations Officer		DDP/WH/1			
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"/> SPECIAL (Specify): Staff Agent		<input 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 November 1972		1 November 1971 - 30 September 72			
SECTION B PERFORMANCE EVALUATION					
<p><b>U-Unsatisfactory</b> Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>M-Marginal</b> Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.</p> <p><b>P-Proficient</b> Performance is satisfactory. Desired results are being produced in the manner expected.</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
Staff Agent physically located within a BECROWN [REDACTED] technical operation responsible for the day-to-day protection of our equities in this operation					S
SPECIFIC DUTY NO. 2					RATING LETTER
Responsible for the complete maintenance of all technical equipment used in this joint operation					O
SPECIFIC DUTY NO. 3					RATING LETTER
Technical supervision and training of fourteen Mexican agents					S
SPECIFIC DUTY NO. 4					RATING LETTER
Maintaining good personal and managerial relationships with the personnel involved in this operation for the purpose of enhancing its overall effectiveness					S
SPECIFIC DUTY NO. 5					RATING LETTER
Responsible for the secure and efficient delivery of all materials on a daily basis					S
SPECIFIC DUTY NO. 6					RATING LETTER
Responsible for the accounting and administrative functions involved in this operation which includes funds totaling over \$3,000 US dollars monthly					S
OVERALL PERFORMANCE IN CURRENT POSITION					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					S

SECRET

(When Filled In)

## SECTION C

## NARRATIVE COMMENTS

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

For the record, it must be stated that the rating officer has only worked with Subject since 26 July 1972 and the ratings listed in Section B are intended to cover the period of 26 July through 30 October 1972. However, it is also stated at this time, after having reviewed Subject's last two fitness reports, that Subject's former rating officer who departed PCS in July 1972 would probably concur in the ratings for the entire time span of this report.

Subject has been running the same delicate operation for the past twelve years and his performance then and now continues at the strong to outstanding level. Subject is constantly on the alert to protect our equities in this operation and this alertness is clearly demonstrated in the way he handles his relations with his Mexican counterparts. While they treat him as "one of them", they do not overlook the fact that he is BKCROWN and the inside supervisor of the operation.

Subject's ability to maintain the outdated and overused equipment in this operation is outstanding. His high degree of capability in equipment maintenance is definitely a money saving factor to the operation. Subject maintains a first echelon maintenance program and has a fixed schedule for dismantling, examining and repairing worn parts before the equipment actually breaks down. His perseverance in the maintenance program has saved the operation from ever experiencing a complete loss of

## SECTION D

## CERTIFICATION AND COMMENTS

(cont'd)

1.

BY EMPLOYEE

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

DATE

6 Nov 1972

SIGNATURE OF EMPLOYEE

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

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

DATE

6 Nov 1972

OFFICIAL TITLE OF SUPERVISOR

Operations Officer

TYPED OR PRINTED NAME AND SIGNATURE

/s/

3.

BY REVIEWING OFFICIAL

## COMMENTS OF REVIEWING OFFICIAL

The comments and ratings above are an accurate description of Subject's performance. I have been in a position to review his activities over the past three years and I have found his work to be consistently high. Of particular note I find his concentration on details in reporting and accounting, his availability for emergencies, cooperation and ability in his technical specialty to be commendable. Subject has been in grade since May 1965 and is deserving of a promotion. We will continue to make such recommendations.

DATE

6 Nov 1972

OFFICIAL TITLE OF REVIEWING OFFICIAL

Deputy Chief of Station

TYPED OR PRINTED NAME AND SIGNATURE

/s/

SECRET

14-00000

FITNESS REPORT - [REDACTED]

SECTION C (CONTINUED)

coverage due to an overall technical breakdown of the equipment.

Subject has a promptness and security consciousness about the entire operation and making clandestine meetings with his inside case officer that manifests a high degree of professionalism in his character. His dedication to getting the job done rapidly, efficiently and securely is yet another example of his professionalism. He works long and often extra hours without hesitation and is always available when called upon to perform special tasks.

Subject handles the black bagging of funds and the administrative functions of this operation in an excellent manner. His accountings are well prepared, detailed and always submitted on time. The accountings always reflect Subject's cost consciousness.

In summation, Subject executes all six of the specific duties listed under Section B of this report in a very strong professional manner. Subject is a definite asset to the success that this operation has enjoyed over the years and his absence from the scene for any prolonged time would have adversely affected the operation.

**SECRET**  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				006830	
<b>SECTION A</b>		<b>GENERAL</b>			
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE
			12 Apr. 19	M	GS-13
5. OFFICIAL POSITION TITLE			7. OFF/DIV. BR OF ASSIGNMENT		
Operations Officer			DDP/WH/Br 1		
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY			<input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR		
<input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)			<input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE		
SPECIAL (Specify):			SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to)		
			1 January 1970 - 31 January 1971		
<b>SECTION B PERFORMANCE EVALUATION</b>					
<p><b>U-Unsatisfactory</b> Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>M-Marginal</b> Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.</p> <p><b>P-Profluent</b> Performance is satisfactory. Desired results are being produced in the manner expected.</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 Maintenance and repair of all equipment used in the joint JKLANCE/GOM telephone tap operation.					RATING LETTER <b>O</b>
SPECIFIC DUTY NO. 2 Responsible for the efficient and secure delivery of materials on a daily basis as well as administration of project monies totaling some \$3,500 per month.					RATING LETTER <b>O</b>
SPECIFIC DUTY NO. 3 Protection of our equity in this important operation by performing his duties in a manner which the GOM could not replace.					RATING LETTER <b>S</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>O</b>
Reviewed by OP/SPD, PPB					

**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 assignment. Amplify, or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.</p>	
<p>It would be natural to expect that the rating officer after an additional year of working on a daily basis with Subject, would cease to be so completely impressed with the performance of this individual; in the normal course of events we all tend to slip here and there and on occasion do less than our best. However, reflecting back over these past thirteen months I can honestly state that Subject has continued to do an exceptional job of near perfection. He has not missed or been late for a meeting; he in each instance brought to us the materials we have needed; the basehouse has continued to run like clockwork; he has, in sum, met each and every requirement expected of him.</p> <p>In his day-to-day performance Subject continues to save us a great deal of money not only by being economical in the way he purchases and uses supplies but additionally by keeping equipment in operation which is not used any longer in any JKLANCE operations. (Visiting technicians are always amazed to find the equipment both in use and functioning substantially as it was on the day it was installed).</p> <p>In a less tangible way we are in debt to Subject for the invaluable contribution which we believe he made in maintaining our equities</p> <p align="right">-continued</p>	

SECTION D CERTIFICATION AND COMMENTS		
1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE 24 February 1971		
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
DATE 24 February 1971	OFFICIAL TITLE OF SUPERVISOR Operations Officer	TYPED OR PRINTED NAME AND SIGNATURE /s/ [ ] Jr.
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
<p>At first glance I find the ratings in Section B high and wonder how he would compare with other technicians doing the same work even though he is performing in a very professional manner. From the technical standpoint he has kept the operation alive through perseverance, hard work and a high degree of technical proficiency. His ability to get along with his Mexican contacts and the degree of respect they have for him is very commendable. Not having the opportunity to compare him with other technicians, doing the same job under identical circumstances, it is difficult to find a fair rating.</p> <p align="right">-continued</p>		
DATE 24 February 1971	OFFICIAL TITLE OF REVIEWING OFFICIAL Deputy Chief of Station	TYPED OR PRINTED NAME AND SIGNATURE /s/ [ ]

**SECRET**

SECTION C

NARRATIVE COMMENTS

-continued

in this basic and important activity through the recent change of government. There is little doubt in our minds that the new principals of the GOM appreciated in a very genuine way the professional standards which Subject alone was responsible for in this operation (their own representatives had been less than effective) and opted without hesitation to continue with us in the operation and to retain Subject in his position as the individual technically responsible.

Therefore, we look forward to having the services of Subject indefinitely and so long as it is in his own interest to remain here; we know it has been, is now and will continue to be in the best interest of JKLANCE.

COMMENTS OF REVIEWING OFFICIAL

The Station needs him, cannot do without him and cannot find any fault in his performance. Perhaps from his limited technical standpoint he is outstanding.

Reviewed by CP, TD/PPR



**SECRET**  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				006830	
<b>SECTION A</b>				<b>GENERAL</b>	
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE 5. SD
			12 April 1919	M	GS-13 D
6. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT 8. CURRENT STATION		
Ops Officer			DDP/WH/Branch 1		
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY			<input type="checkbox"/> 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)		
			1 July - 31 December 1969		
<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					RATING LETTER
Maintenance and repair of all equipment used in the joint RVROCK/GOM telephone tap operation.					O
SPECIFIC DUTY NO. 2					RATING LETTER
Responsible for the efficient and secure delivery of large quantities of tapes, transcripts and equipment on a daily basis.					O
SPECIFIC DUTY NO. 3					RATING LETTER
Responsible for the control, expenditure and accounting of about \$4,000 per month for salaries and equipment of this project.					S
SPECIFIC DUTY NO. 4					RATING LETTER
Protection of our equity in this important operation by performing his duties in a manner which the GOM could not replace.					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
					O

**SECRET**  
(When Filled In)

**SECTION C****NARRATIVE COMMENTS**

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

During this reporting period the Station recommended (HMMT-9895 of 4 September 1969) that Staff Agent [REDACTED] be granted a Quality Step Increase in recognition of the outstanding performance of this individual in the LIENVOY operation. The QSI was recently approved.

As noted in our dispatch, and in previous Fitness Reports, the original equipment installed in 1959 is still in excellent condition after 10 years and more than 50,000 hours of use for each machine. This is due, exclusively, to the conscientious and skilled maintenance of this equipment by [REDACTED] and has resulted in a substantial saving of funds for RVROCK.

[REDACTED] is exceptionally responsive to Station requirements (his accountings are flawless; his work day begins before dawn to permit early pick-up of materials; his maturity and flexibility have permitted him to work a decade with liaison types who are not "finest") and we are looking forward to his remaining here indefinitely. Practically speaking, he is irreplaceable. This, we feel, is a uniquely productive and successful "deep cover" case.

**SECTION D****CERTIFICATION AND COMMENTS****1.****BY EMPLOYEE**

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

DATE

6 January 1970

SIGNATURE OF EMPLOYEE

**2.****BY SUPERVISOR**

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

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

DATE

6 January 1970

OFFICIAL TITLE OF SUPERVISOR

Ops Officer

TYPED OR PRINTED NAME AND SIGNATURE

/s/ [REDACTED] Jr.

**3.****BY REVIEWING OFFICIAL**

COMMENTS OF REVIEWING OFFICIAL

While [REDACTED] performance in his rather unique capacity has indeed been exceptional, it should be clearly noted that these ratings reflect, more than anything else, a measure of his performance in that unique (but highly circumscribed) capacity, a performance which would be hard to match. They should not be interpreted however as a relative grading of [REDACTED] as compared with other more "broad guage" personnel at the same grade level. It is for that reason that the Station did not recommend [REDACTED] for promotion, but rather for a quality step increase which was approved.

DATE

6 January 1970

OFFICIAL TITLE OF REVIEWING OFFICIAL

Chief of Station

TYPED OR PRINTED NAME AND SIGNATURE

/s/ [REDACTED]

**SECRET**

**SECRET**  
(When Filled In)

FITNESS REPORT				EMPLOYER SERIAL NUMBER	
				006830	
<b>SECTION A</b>			<b>GENERAL</b>		
1. NAME (Last) (First) (Middle) [REDACTED] [REDACTED] [REDACTED]			2. DATE OF BIRTH 12 Apr 19	3. SEX M	4. GRADE GS-13
5. OFFICIAL POSITION/TITLE Ops Officer			7. OFF/DIV/BR OF ASSIGNMENT DDP/WH/1	8. CURRENT STATION [REDACTED]	
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CAREER-PROVISIONAL (See instructions - Section C) <input type="checkbox"/> SPECIAL (Specify):			<input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> REASSIGNMENT SUPERVISOR <input type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE <input type="checkbox"/> SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to) 1 January 1969 - 30 June 1969		
<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 Staff Agent responsible for the day-to-day protection of WOFIRM equities in the supervision of a joint WOFIRM technical operation.					RATING LETTER  S
SPECIFIC DUTY NO. 2 Technical supervision of eleven (11) [REDACTED] agents.					RATING LETTER  S
SPECIFIC DUTY NO. 3 Maintenance of the technical equipment used in the joint operation.					RATING LETTER  O
SPECIFIC DUTY NO. 4 Responsible for the accounting and administrative functions involved in the joint operation.					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

## SECRET

(When Filled In)

## SECTION C

## NARRATIVE COMMENTS

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

Subject Staff Agent continues to be the outside Case Officer for the LIENVOY Project, a position he has held for the last 9 1/2 years. This assignment requires that Subject work full-time in relatively close quarters with Mexican assets. He has adapted well to such a working arrangement and has developed a smooth and efficient working relationship with the assets involved in the day-to-day LIENVOY activities.

He and his family also have adapted well to living conditions demanded by his non-official cover and have caused no security or administrative problems for the Station during the tenure of the present supervisor.

As the primary technician for repair and maintenance of the LIENVOY equipment, this officer has been outstanding. The equipment has operated more than 50,000 hours since its installation and remains in good working condition. His ability to instruct the Mexican personnel in equipment use and operation is attested by the hours-run and present condition.

This officer's tasks require that he be on the job by 0700 hours each morning in order to arrange, log and deliver the product to a  
-continued-

## SECTION D

## CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

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

DATE

30 June 69

SIGNATURE OF EMPLOYEE

/s/

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

9

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

DATE

30 June 69

OFFICIAL TITLE OF SUPERVISOR

Ops Officer

TYPED OR PRINTED NAME AND SIGNATURE

/s/

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

Because of this Staff Agent's fine performance and the contribution he makes to the smooth-functioning of the LIENVOY Project, the Reviewing Officer concurs fully in this report and recommends that Subject be considered for promotion to GS-14.

DATE

30 June 69

OFFICIAL TITLE OF REVIEWING OFFICIAL

Chief of Station

TYPED OR PRINTED NAME AND SIGNATURE

Winston Scott /s/

SECRET

SECTION C

NARRATIVE COMMENTS - continued

Station Officer by 0800. He has not been known to complain about such early working hours or the long hours involved.

Subject also is responsible for paying the salaries of the assets and accounting for operational expenses and local procurement. As mentioned in previous Fitness Reports, he is very cost-conscious and diligent in carrying out his administrative responsibilities.

This Fitness Report should be considered in conjunction with the last Annual Report which was forwarded in January 1969 and which is still valid as far as ratings and narrative comment are concerned.


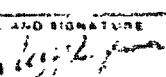
SECRET

(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER			
				006830			
<b>SECTION A GENERAL</b>							
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE	5. ID	
			12 Nov 1919	M	09-13	D	
6. OFFICIAL POSITION TITLE			7. OFFICE OF ASSIGNMENT		8. CURRENT STATION		
ODR Officer			DE W/		Mexico City		
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT				
<input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY			<input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> SPECIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input type="checkbox"/> REASSIGNMENT EMPLOYEE				
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to)				
28 February 1967			1 January 1966 - 31 December 1966				
<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						RATING LETTER	
Staff Agent responsible for WOPACT interests in supervision of a complex technical operation.						8	
SPECIFIC DUTY NO. 2						RATING LETTER	
Supervision of eleven Mexican agents						8	
SPECIFIC DUTY NO. 3						RATING LETTER	
Maintenance of technical equipment						O	
SPECIFIC DUTY NO. 4						RATING LETTER	
SPECIFIC DUTY NO. 5						RATING LETTER	
SPECIFIC DUTY NO. 6						RATING LETTER	
<div style="border: 1px solid black; padding: 5px; display: inline-block;">             21 MAR 1967              [Signature]           </div>							
<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	
						8	

## 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. Consider on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. <u>Manner of performance of managerial or supervisory duties and best consciousness in the use of personnel, assets, equipment and funds, must be commented on, if applicable.</u> If extra space is needed to complete Section C, attach a separate sheet of paper.</p>			
<p>For the past seven years, this officer has been <sup>MAN 31</sup> <del>MAN 31</del> <sup>PH 57</sup> <del>PH 57</del> officer for the LIENVOY listening post. He was promoted to GS-13 on 23 May 1965 and he continues to perform his duties with exceptional proficiency particularly in the care and maintenance of the technical equipment. This <del>equipment</del> <sup>equipment</sup> has run for over 35,000 hours without a major breakdown.</p> <p>In addition to maintenance of the equipment, this officer dispenses funds for payment of agent salaries and operating expenses.</p> <p>This officer works continuously with indigenous personnel and has maintained a smooth working relationship. He has adapted well to living outside and to the life of a Staff Agent.</p> <p>During 1966 this project produced 8,644 reels of raw take and 18,766 pages of transcripts which accounted for a considerable volume of positive intelligence. This project has been cited by Headquarters as outstanding for its production of positive intelligence and for the procedure used in processing the raw take. This officer's performance has made a major contribution to the effectiveness of this project.</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		
17 Jan 1967			
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN GIVEN TO EMPLOYEE, GIVE EXPLANATION		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
17 Jan 1967	CHIEF OF STATION	Winston M. Scott	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
<p>This officer has performed excellently in the running of the LIENVOY plant and in this regard I concur with the above. It is my impression, however, that Arehart could improve effectiveness of the unit by better acquainting himself with station objectives and relating this to day to day ops. I have discussed this with him and COS.</p>			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
13 March 1967	C/WH/1	W.J. Kaufman 	

SECRET

**SECRET**  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				006830	
<b>SECTION A</b>		<b>GENERAL</b>			
1. NAME (Last) (First) (Middle)		2. DATE OF BIRTH	3. SEX	4. GRADE	5. SO
[REDACTED]		12 Apr 1919	M	GS-13	D
6. OFFICIAL POSITION TITLE		7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION	
Ops Officer		DDP/WH/1		Mexico City	
9. CHECK (X) TYPE OF APPOINTMENT		10. CHECK (X) TYPE OF REPORT			
<input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY		<input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR			
<input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)		<input checked="" type="checkbox"/> ANNUAL		<input type="checkbox"/> REASSIGNMENT EMPLOYEE	
SPECIAL (Specify):		SPECIAL (Specify):			
11. DATE REPORT DUE IN D.P.		12. REPORTING PERIOD (From - to)			
28 February 1968		1 January-31 December 1967			
<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					RATING LETTER
Staff Agent responsible for WOFIRM interests in supervision of a complex technical operation.					S
SPECIFIC DUTY NO. 2					RATING LETTER
Supervision of eleven Mexican agents.					S
SPECIFIC DUTY NO. 3					RATING LETTER
Maintenance of technical equipment.					O
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
					S



**SECRET**  
(When Filled In)

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.</p>			
<p>JAN 31 3 13 PM '68</p> <p>This officer has been the outside case officer for the LIENVOY Project for the past eight years. He was promoted to GS-13 on 23 May 1965. His outstanding contribution to this project is the maintenance of the equipment. He also protects WOFIRM's interest inside the LP and provides the Station with all copies of the take on a daily basis.</p> <p>Supervision duties of this officer are limited to handling the machinery, advice on handling records, and dispensing funds. He pays the salaries of eleven local agents, purchases spare parts, office supplies and pays other expenses such as utilities and rent. Most of these are fixed amounts but subject is prudent in the use of funds for operational purposes.</p> <p>Subject has developed a working knowledge of the language sufficient for routine communication with the local agents. He has also adjusted well to the life of a Staff Agent.</p> <p>The only weakness in this officer's assignment is a lack of real cover and administrative handling. He is dependent on the Station for all funds, including salary and allowances as well as an operational revolving fund. During subject's assignment of eight years there has been no security problem as far as his lack of cover is concerned and no funds have been lost. This officer is a very conscientious worker who puts in long hours (beginning before seven a.m.) in the fulfillment of his various tasks. His performance makes a major contribution to the effectiveness of this project.</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		
16 Jan. 1968	[Signature]		
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	
16 Jan. 1968	Ops. Officer	Ann L. Goodpasture	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
<p>The Reviewing Officer concurs completely with this report.</p> <p>This officer is a vital part of a proven operation of great value to this Station and to WOFIRM.</p>			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
16 January 1968	Chief of Station	Winston D. Scott	

**SECRET**

**S E C R E T****SECTION C****NARRATIVE COMMENTS****(CONTINUED)**

his requests. His ability to supervise the proper handling of the equipment is again verified by the number of hours each piece of machinery has operated. Subject officer has a working knowledge of the Spanish language which enables him to conduct pertinent conversations with the local agents.

The officer is responsible for paying the salaries of the agents, local procurement and other operational expenses. He has proven to be notably cost-conscious in carrying out this responsibility. His monthly accountings are accurate and submitted in regulation form.

Subject officer's overall performance makes a major contribution to the effectiveness of this complex and valuable technical project.

This Staff Agent was promoted to his present grade on 23 May 1965.

**S E C R E T**

**SECRET**  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				006830	
<b>SECTION A</b>		<b>GENERAL</b>			
1. NAME (Last) (First) (Middle)		2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD
[REDACTED]		12 Apr 19	M	GS-13	D
6. OFFICIAL POSITION TITLE		7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION	
Ops Officer		DDP/WH/1		Mexico City	
9. CHECK (X) TYPE OF APPOINTMENT		10. CHECK (X) TYPE OF REPORT			
<input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY		<input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> SPECIAL (Specify)			
11. DATE REPORT DUE IN O.P.		12. REPORTING PERIOD (From to)			
28 February 1969		1 January 68 thru 31 December 68			
<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					RATING LETTER
Staff Agent responsible for day to day protection of WOFIRM equities in the supervision of a joint WOFIRM/Liaison technical operation.					S
SPECIFIC DUTY NO. 2					RATING LETTER
Technical supervision of eleven Mexican agents.					S
SPECIFIC DUTY NO. 3					RATING LETTER
Maintenance of technical equipment used in the joint operation.					O
SPECIFIC DUTY NO. 4					RATING LETTER
Responsible for the accounting and administrative functions involved in the joint operation.					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

SECRET

(When Filled In)

**SECTION C**

**NARRATIVE COMMENTS**

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

This Staff Agent is the outside case officer for the LIENVOY Project and has had this position for the past nine years. As such, he has shown the ability to fit into the unofficial life required and to work full-time in relatively close quarters with indigenous personnel.


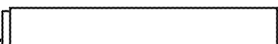
Subject officer has shown an outstanding ability to diagnose equipment problems and to resolve same in an expeditious and thorough manner. This is evident by the fact that the equipment has operated almost 50,000 hours without a major breakdown which would cause a closure in the coverage.

As the outside case officer, he protects WOFIRM's interest in the basehouse and also logs and delivers the product to the in-Station case officer on a daily basis. Because of the perishable nature of the product, he must report for duty before 0700 hours each work morning in order to log and deliver the production to the Station contact.

This officer works continuously with indigenous personnel and supervises their use of the equipment. He has developed a smooth working relationship with these agents and they are responsive to  
(continued)

**SECTION D**

**CERTIFICATION AND COMMENTS**

<b>1. BY EMPLOYEE</b>		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE 1/22/69	SIGNATURE OF EMPLOYEE 	
<b>2. BY SUPERVISOR</b>		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
DATE 22 Jan 69	OFFICIAL TITLE OF SUPERVISOR Ops Officer	TYPED OR PRINTED NAME AND SIGNATURE  /s/
<b>3. BY REVIEWING OFFICIAL</b>		
COMMENTS OF REVIEWING OFFICIAL		
<p>The reviewing officer concurs in the rating given for Specific Duties and in the Narrative Comments in this report.</p> <p>The rated officer fills a very important and difficult job for this Station; he must spend long hours at tedious work, live among middle class natives and protect WOFIRM's interests and yet have the respect of the natives with whom he works.</p> <p>He has done all this well.</p> <p>He should be considered for promotion to GS-14.</p>		
DATE 22 Jan 69	OFFICIAL TITLE OF REVIEWING OFFICIAL COS	TYPED OR PRINTED NAME AND SIGNATURE Winston M. Scott /s/

SECRET

HEALTH BENEFITS REGISTRATION FORM		New Carrier's Control No.							
Standard Form No. 290 1964 Supplement 1-67 GSA GEN. REG. NO. 27 5010-106		<b>FEDERAL EMPLOYEES HEALTH BENEFITS PROGRAM</b> <small>(Continued on reverse side - last page. Do not type on this page.)</small>							
1. EMPLOYING OFFICE CODE OR AGENCY CODE (See instructions on back page) <b>067002</b> CANCEL: If you are not on the list of agencies participating in this program, you must not fill out this form.		<b>8449187</b> <small>Old Carrier's Control No.</small>							
<b>PART A</b> ALL WHO REGISTER MUST FILL IN THIS PART.		2. DATE OF BIRTH (Month, Day, Year) <table border="1" style="width: 100%; text-align: center;"> <tr> <td>MONTH</td> <td>DAY</td> <td>YEAR</td> </tr> <tr> <td>04</td> <td>12</td> <td>19</td> </tr> </table>		MONTH	DAY	YEAR	04	12	19
MONTH	DAY	YEAR							
04	12	19							
3. YOUR MARITAL STATUS (Check one) <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED		4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE							
IF IT IS NECESSARY FOR AN EMPLOYEE OR A MEMBER OF HIS FAMILY TO REGISTER, THE EMPLOYEE MUST REGISTER NOT TO ENROLL THROUGH THE PLAN. IF A MEMBER OF HIS FAMILY IS REGISTERED, HE OR SHE MUST REGISTER TO ENROLL THROUGH THE PLAN. IF A MEMBER OF HIS FAMILY IS REGISTERED, HE OR SHE MUST REGISTER TO ENROLL THROUGH THE PLAN. IF A MEMBER OF HIS FAMILY IS REGISTERED, HE OR SHE MUST REGISTER TO ENROLL THROUGH THE PLAN.									
<b>PART B</b> FILL IN THIS PART IF YOU WISH TO ENROLL OR CHANGE YOUR ENROLLMENT IN A HEALTH BENEFITS PLAN.									
1. NAME OF PLAN <b>Association Benefit Plan</b>		2. OPTION (HIGH OR LOW) <b>High</b>							
3. ENROLLMENT CODE NUMBER <b>4 2 2</b>		4. IF YOU ARE CHANGING YOUR ENROLLMENT ALSO FILL IN PART D.							
IF YOU ARE CHANGING YOUR ENROLLMENT ALSO FILL IN PART D.									
<b>PART C</b> FILL IN THIS PART IF YOU WISH TO ENROLL OR CHANGE YOUR ENROLLMENT IN A HEALTH BENEFITS PLAN.									
IF YOU ARE CHANGING YOUR ENROLLMENT ALSO FILL IN PART D.									
<b>PART D</b> FILL IN THIS PART IF YOU WISH TO CHANGE YOUR ENROLLMENT.									
IF YOU ARE CHANGING YOUR ENROLLMENT ALSO FILL IN PART D.									
<b>PART E</b> ALL WHO REGISTER MUST FILL IN THIS PART.									
IF YOU ARE CHANGING YOUR ENROLLMENT ALSO FILL IN PART D.									
<b>PART F</b> TO BE COMPLETED BY AGENCY.									
SIGNATURE OF EMPLOYEE OR AGENCY OFFICIAL: <i>[Signature]</i> OFFICIAL (PRINT NAME) DATE OF REGISTRATION: 11-30-66 DATE OF REVIEW: 1-1-67									
REMARKS: <b>Open Season 11/14-30/66</b>									

SECRET

FIELD REASSIGNMENT QUESTIONNAIRE				
DO NOT COMPLETE		FOR HEADQUARTERS USE ONLY		
NAME OF THE DUTY CHAS. (RECORD ONLY IF SA)		DATE (from item 3-2)	NAME OF SUPERVISOR (true)	DATE (from item 3-2)
[REDACTED]		30 Dec 1965	Winston M. Scott	30 Dec 1965
DATE RECEIVED AT HEADQUARTERS:		DISPATCH NUMBER:	DATE RECEIVED BY CAREER SERVICE:	
		HMNT-6089	3 Feb 66	
TO BE COMPLETED BY EMPLOYEE				
1. DATE OF BIRTH	2. SERVICE DESIGN	3. YOUR CURRENT POSITION, TITLE AND GRADE	4. STATION OR BASE	5. CRYPT FOR CURRENT COVER
12 Apr 19	D	Staff Agent GS-13	Mexico City	Commercial
6a. DATE OF PCS ARRIVAL IN FIELD	6b. REQUESTED DATE OF DEPARTURE	6c. EXPECTED DATE OF FIRST CHECK-IN AT HQ	6d. DESIRED DATE TO REPORT TO DUTY AFTER LEAVE	
June 1960	28 Sept 1966		o/a 1 November 1966	
7. NUMBER AND AGES OF DEPENDENTS WHO WILL TRAVEL WITH YOU:				
Wife [REDACTED] Son - [REDACTED] Son - [REDACTED]				
8. PERSONAL CIRCUMSTANCES THAT SHOULD BE CONSIDERED IN DETERMINING NEXT ASSIGNMENT:				
<p>9. LIST YOUR MAJOR DUTIES DURING CURRENT TOUR (see special note on transmittal form). (also attach personal cover questionnaire in accordance with CSI-P 240-8)</p> <p>Staff Agent responsible for supervision of 30 line telephone intercept center, with responsibility for all administrative and financial aspects of the center.</p> <p>Responsible for the supervision of 10 Mexican agent monitors and transcribers, maintenance and service of all technical equipment used in the project, and for the delivery (clandestinely) of this important and sensitive intelligence information to the Mexico City Station.</p>				
10. TRAINING DESIRED: INDICATE WHAT TRAINING YOU BELIEVE YOU SHOULD HAVE DURING THE NEXT SEVERAL YEARS				

SECRET

11. PREFERENCE FOR NEXT ASSIGNMENT:

11A. DESCRIBE BRIEFLY THE TYPE OF WORK YOU WOULD PREFER FOR NEXT ASSIGNMENT IF DIFFERENT FROM THAT INDICATED IN ITEM NO. 8 ABOVE. IF YOU HAVE MORE THAN ONE PREFERENCE, INDICATE YOUR CHOICE.

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

- ☐ EXTEND TOUR \_\_\_\_\_ MONTHS AT CURRENT STATION TO \_\_\_\_\_ (DATE)
- ☐ BE ASSIGNED TO HQ/STAFF FOR A TOUR OF DUTY; INDICATE YOUR CHOICE OF DIVISION, STAFF OR OFFICE.  
1ST CHOICE \_\_\_\_\_ 2ND CHOICE \_\_\_\_\_ 3RD CHOICE \_\_\_\_\_
- ☐ BE ASSIGNED TO ANOTHER FIELD STATION; INDICATE CHOICE OF GEOGRAPHIC AREA OR SPECIALIZATION  
1ST CHOICE \_\_\_\_\_ 2ND CHOICE \_\_\_\_\_ 3RD CHOICE \_\_\_\_\_
- ☒ RETURN TO MY CURRENT STATION

TO BE COMPLETED BY FIELD STATION

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

At the end of his present tour on 20 September 1966 it is requested that ARMIANT be allowed to take one month's home leave in the U.S.A. and return for another tour in Mexico City in the same job he presently does as well.

TO BE COMPLETED BY APPROPRIATE HEADQUARTERS OFFICE

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

An Division recommends \_\_\_\_\_ be granted home leave and return to Mexico City as he requests and as COS endorses.

DATE 27 Jan 66 TITLE C/WH/Pers SIGNATURE Robert D. CASHMAN

FOR USE BY CAREER SERVICE

14. APPROVED ASSIGNMENT:

Approved home leave fall of 66 and return to Mexico City for third tour.

15. EMPLOYEE NOTIFIED BY DISPATCH NO. 12443-4581 DATED 21 Feb. 1966

CABLE NO. \_\_\_\_\_ DATED: \_\_\_\_\_

CAREER SERVICE REPRESENTATIVE

SIGNATURE

DATE: 21 Feb. 1966

SECRET

**SECRET**  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
SECTION A				006830	
GENERAL					
1. NAME (Last) (First) (Middle)		2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD
[REDACTED]		12 Apr 1919	M	GS-13	D
6. OFFICIAL POSITION TITLE		7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION	
Ops Officer		DDP/WH/1		Mexico City	
9. CHECK (X) TYPE OF APPOINTMENT		10. CHECK (X) TYPE OF REPORT			
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CAREER-PROVISIONAL (See instructions - Section C) <input type="checkbox"/> SPECIAL (Specify):		<input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE <input type="checkbox"/> SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P.		12. REPORTING PERIOD (From - to)			
28 February 1966		1 January 1965 - 31 December 1965			
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).					RATING LETTER
SPECIFIC DUTY NO. 1 Staff Agent responsible for KUBARK Interests in supervision of a complex technical operation.					S
SPECIFIC DUTY NO. 2 Supervision of ten Mexican agents.					S
SPECIFIC DUTY NO. 3 Maintenance of technical equipment.					O
SPECIFIC DUTY NO. 4					RATING LETTER
SPECIFIC DUTY NO. 5					RATING LETTER
SPECIFIC DUTY NO. 6					RATING LETTER
OVERALL PERFORMANCE IN CURRENT POSITION					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER
S					

**POSTED ON**  
**OF-4b** *bx*



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 improvement. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If space is needed to complete Section C, attach a separate sheet of paper.

This Staff Agent is the outside case officer for the LIENVOY listening post. He was promoted to GS-13 on 23 May 1965 and he continues to perform his work with exceptional proficiency.

For the past six years, this officer has worked continuously with this project under unofficial cover with only indigenous personnel. He has acquired legal working papers in cover arranged by the Station. He has improved his knowledge of the Spanish language to the point that he can communicate with the agent personnel and understand most conversations.

This officer arrives at the LP at seven o'clock each day except Saturday and Sunday and remains there throughout the day except for meetings with his inside case officer. In addition to other management duties, he dispenses funds for payment of the indigenous agents and expenses for operating the equipment and base. He exercises cost consciousness by shopping around for spare parts, persuading firms to give discounts, and by ordering from PBPRIME. The equipment is kept in excellent condition.

There has been no major breakdown in the equipment despite the fact that it has been in continuous use for over seven years. Working relationships inside the LP have been smooth without personality clashes or security problems. Both of these attest to the excellent performance of this officer in the duties assigned to him. During 1965, this project produced 8,541 reels of raw take and 19,960 pages of transcripts which accounted for 27% of the Station's positive intelligence production plus SECTION D an inestimable amount of CE/CI operational data on Soviet and Soviet orbit employee intelligence officers stationed in Mexico.

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

DATE

12 January 66

SIGNATURE OF EMPLOYEE

2.

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

BY SUPERVISOR

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

DATE

12 January 66

OFFICIAL TITLE OF SUPERVISOR

Chief of Station

TYPED OR PRINTED NAME AND SIGNATURE

Winston M. Scott /s/

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

Subject provides a distinct service to the Station, particularly in that his arduous but very repetitive duties confined to a very limited group of indigenous personnel operating in extreme security restrictions, requires personal characteristics not easy to find. I probably would have made the individual ratings in Section B a bit lower but at the same time recognize that this Staff Agent would be extremely difficult to replace by anyone as competent in the maintenance of the equipment. I believe Subject would be even more valuable if he could apply more imagination and initiative in relating the Project take to operational potential.

DATE

26 Jan 66

OFFICIAL TITLE OF REVIEWING OFFICIAL

C/WH/1

TYPED OR PRINTED NAME AND SIGNATURE

W.J. Kaufman

SECRET

**SECRET**  
(When Filled In)

<b>FITNESS REPORT</b>				EMPLOYEE'S GRADE NUMBER <i>056830</i>							
<b>SECTION A</b>		<b>GENERAL</b>									
1. NAME <i>[REDACTED]</i>		2. DATE OF BIRTH <b>12 April 1919</b>		3. SEX <b>Male</b>	4. GRADE <b>OS-12</b>						
5. SERVICE DESIGNATION <b>IMP</b>		6. OFFICIAL POSITION TITLE <b>Operations Officer</b>		7. OFF/DIV/BR OF ASSIGNMENT <b>IMP</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.		11. REPORTING PERIOD <b>1 Feb 1961 to Dec 1961</b>		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).											
1 - Unsatisfactory    2 - Barely adequate    3 - Acceptable    4 - Competent    5 - Excellent    6 - Superior    7 - Outstanding											
SPECIFIC DUTY NO. 1 <b>Staff Agent responsible for HIRAKI interests in supervision of technical operations</b>		RATING NO. <b>5</b>	SPECIFIC DUTY NO. 4		RATING NO.						
SPECIFIC DUTY NO. 2 <b>Supervision of ten Hawaiian agent monitors.</b>		RATING NO. <b>5</b>	SPECIFIC DUTY NO. 5		RATING NO.						
SPECIFIC DUTY NO. 3 <b>Maintenance of technical equipment for covering over 30 telephone lines on a twenty-four hour schedule.</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, grade, facility, 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. <b>5</b>						
<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											
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

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.

This officer has adapted himself to the role of staff agent in a most commendable manner.

His primary duties are the protection of KIRARI interests in the maintenance of technical equipment in a base which monitors over thirty telephone lines on a twenty-four hour schedule and the supervision of ten Mexican monitors who also work in this installation. This officer has performed these duties in a quiet, efficient and creditable manner, thus reducing the amount of time formerly spent by Station Case Officers in going to the base and trying to supervise the work there. At present no persons in the Station visit the base during work hours and only the COS is known to the two ranking Mexican agents.

Policy decisions are of course made by the COS and LIEBIGAUF but this officer is the responsible Case Officer for the LIEBIGAUF project. The remarkable manner in which he has performed his duties during the past year is reflected in the smoothness with which the project now runs.

Based on the marked improvement since the last efficiency report, the COS recommends that this Officer be returned to Mexico after home leave in mid-1962. It is also recommended that this officer be considered for promotion to GS-13.

## 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

23 Jan. 62

SIGNATURE OF EMPLOYEE

2.

BY SUPERVISOR

IF THIS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

IF THIS REPORT HAS NOT BEEN SHOWN TO EMP. GIVE EXPLANATION

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

EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS

REPORT MADE WITHIN LAST 90 DAYS

OTHER (Specify):

DATE

OFFICIAL TITLE OF SUPERVISOR

TYPED OR PRINTED NAME AND SIGNATURE

23 January 1962

Chief of Station

/s/ Winston H. Scott

3.

BY REVIEWING OFFICIAL

I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.

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

COMMENTS OF REVIEWING OFFICIAL

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR PRINTED NAME AND SIGNATURE

23 January 1962

Chief of Station

/s/ Winston H. Scott

SECRET

**SECRET**  
(When Filled In)

<b>15 FEB 1961 / FITNESS REPORT</b>				EMPLOYEE SERIAL NUMBER 1006800 <i>gph</i>			
<b>SECTION A</b>				<b>GENERAL</b>			
1. NAME (Last) (First) (Middle) [REDACTED]			2. DATE OF BIRTH April 12, 1919		3. SEX Male		4. GRADE GS-12
5. SERVICE DESIGNATION DDP		6. OFFICIAL POSITION TITLE Operations Officer			7. OFF/DIV/BR OF ASSIGNMENT WHID		
8. CAREER STAFF STATUS				9. TYPE OF REPORT			
<input type="checkbox"/> NOT ELIGIBLE <input type="checkbox"/> MEMBER <input type="checkbox"/> DEFERRED <input type="checkbox"/> INITIAL				<input type="checkbox"/> REASSIGNMENT/SUPERVISOR			
<input type="checkbox"/> PENDING <input type="checkbox"/> DECLINED <input type="checkbox"/> DENIED				<input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT/EMPLOYEE			
10. DATE REPORT DUE IN O.P.		11. REPORTING PERIOD June 1960-Feb. 1961		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).							
1 - Unsatisfactory		2 - Barely adequate		3 - Acceptable		4 - Competent	
5 - Excellent		6 - Superior		7 - Outstanding			
SPECIFIC DUTY NO. 1 Staff Agent Responsible for Outside Supervision of Technical Operation			RATING NO. 4	SPECIFIC DUTY NO. 4			RATING NO.
SPECIFIC DUTY NO. 2 Maintenance of Technical Equipment			RATING NO. 5	SPECIFIC DUTY NO. 5			RATING NO.
SPECIFIC DUTY NO. 3 Reporting on Various Phases of Technical Op.			RATING NO. 3	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.						POSTED OF-AD RATING NO. 4	
<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							
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

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.

This officer is an extremely willing and hard worker. From the technical standpoint his performance is satisfactory in every sense. He devotes long hours to keeping the equipment in perfect working order and is always willing and ready to accept any extra assignment given him regardless of his personal and family commitments. His principal weakness is his almost total inability to write clear, concise reports. Because he lacks aggressiveness and due to his limited knowledge of the Spanish language he has been unable to provide first rate case officer control over the LP under his command. This is at least partially due to the fact that the indigenous personnel resent to some extent being under the control of a PBPRIMER and prefer to take instructions from the indigenous case officer (LIENVOY/2). This is not because of the KUBARK Case Officer's personality but because of pride of nationality. As a matter of fact, this officer has a very pleasant personality and gets along well with his co-workers. With respect to this officer's potential and future development the rating officer recommends that at the conclusion of his present tour in June of 1962 that he be reassigned to Headquarters for extensive training. This training period should include basic english, reports writing and trade craft. If he is to continue as a technical case officer he should also have further technical training depending upon his future assignments.

## 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

1 Feb 61

SIGNATURE OF EMPLOYEE

## 2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

8 months.

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

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

EMPLOYEE UNDER MY SUPERVISION LAGS THAN 90 DAYS

REPORT MADE WITHIN LAST 90 DAYS

OTHER (Specify):

DATE

1 Feb 61

OFFICIAL TITLE OF SUPERVISOR

Chief of Ops

TYPED OR PRINTED NAME AND SIGNATURE

/s/

## 3. BY REVIEWING OFFICIAL

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

☐ I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.

☐ I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.

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

COMMENTS OF REVIEWING OFFICIAL

DATE

1 Feb 61

OFFICIAL TITLE OF REVIEWING OFFICIAL

Chief of Station

TYPED OR PRINTED NAME AND SIGNATURE

/s/ Winston M. Scott

SECRET

Fitness Reports covering period  
prior to Mexico City Assignment

OFF  
NR-CPD

28 June 1973

MEMORANDUM FOR: Mr.

THROUGH : Chief, WH Division

SUBJECT : Certificate of Merit

1. I am pleased to notify you that the Certificate of Merit will be conferred on you in recognition of the excellent service you have rendered this Agency. Security considerations relevant to the award are explained in the attached memorandum from the Office of Security.

2. The award will be presented to you at a ceremony to be held in the near future. Members of your family, Agency associates, and intimate friends who are aware of your Agency affiliation may attend.

3. Invitations to the ceremony will be extended by the Executive Secretary, Honor and Merit Awards Board, extension 3645, room 412, Magazine Building. Please send to that office the names and phone numbers of the guests you would like to have invited, and indicate any dates on which you would not be available for such a ceremony.

/s/ R. L. Austin, Jr.

R. L. Austin, Jr.

Recorder

Honor and Merit Awards Board

Att

Distribution:

0 - Addressee

1 - C/WH

1 - OPE w/form 600

1 - Exec Sec/HMAB

1 - Recorder/HMAB

DEPARTMENT OF THE ARMY  
OFFICE OF THE ADJUTANT GENERAL  
U. S. ARMY ADMINISTRATION CENTER  
ST LOUIS, MISSOURI 63132

LO USAR: T-07-23191

10 July 1967

SUBJECT: Active Duty for Training

TO: MAJ [REDACTED] O1 640 454 SIGC USAR Con Gp (Mob Des) USAAC  
Apartado 41510, Correo Admon #41  
Mexico City, Mexico

TC 145. By direction of the Secretary of the Army, you are ORDERED TO ACTIVE DUTY FOR TRAINING for the period indicated, plus any allowable time necessary to perform travel. Travel indicated is necessary in the military service. You will proceed to the organization and station to which attached in sufficient time to report on date specified. Upon satisfactory completion of the period of active duty for training indicated, unless sooner relieved or extended by proper authority, you will return to the place where you entered on active duty for training and stand relieved therefrom. Travel by public carrier (land, sea, or air) is authorized. This is a permanent change of station order. Travel of dependents and shipment of permanent change of station weight allowance is not authorized. Shipment of temporary change of station weight allowance is authorized. Individual clothing items in your possession will be taken to the training installation in accordance with previous instructions. At least one copy of orders will be carried on person in your immediate possession subsequent to departing for the training site until return home.

Accounting classification: FY68 2182070 32-121S P3221.2000-11, 12 P5226.0000-21 \$49092 ON AA-C370  
Subject to Availability of Funds

Attached to: USA Element (SD5888), HQ, USSOUTHCOM Quarry Heights, Canal  
Zone dy/w Intel Directorate J2

Security clearance: TOP SECRET

Reporting Place: See attached to

Authority: 10 USC 270 (a) (2)

Home of record: Same as above

MCS: 2120

Social Security No: [REDACTED]

Period of duty: 12 days  
(Excl of tvl time)

Reporting date: NLT 0800 hrs 17 Jul 67

Basic Pay Entry Date: 3 Jan 41

Special Instructions: FO making payment under the above allotment will mail 1 copy of the paid voucher to:  
CO 1646 Mob Dsg Det (STAFF: JICS) P. O. Box 24, Ft Myer Station, Arlington, Virginia  
22211.

BY ORDER OF THE SECRETARY OF THE ARMY:

DISTRIBUTION:

C 5 Plus

10 JICS

*Heber Kachner*  
Adjutant General

2539  
10 JUL 67  
10 10 10



SECRET

## FIELD REASSIGNMENT QUESTIONNAIRE

DO NOT COMPLETE - FOR HEADQUARTERS USE ONLY

NAME OF EMPLOYEE (use pseudo only if SA)	DATE (from item 5-2)	NAME OF SUPERVISOR (if any)	DATE (from item 5-2)
[REDACTED]	28 Jan. 1970	[REDACTED]	28 Jan. 1970

DATE RECEIVED AT HEADQUARTERS:	DISPATCH NUMBER:	DATE RECEIVED BY CAREER SERVICE:
2 February 1970	HMNT-10,114	

## TO BE COMPLETED BY EMPLOYEE

1. DATE OF BIRTH	2. SERVICE DESIGN	3. YOUR CURRENT POSITION, TITLE AND GRADE	4. STATION OR BASE	5. CRYPT FOR CURRENT COVER
12 April 1919	DDP	Staff Agent - GS-13	[REDACTED]	

6a. DATE OF PCS ARRIVAL IN FIELD	6b. REQUESTED DATE OF DEPARTURE	6c. EXPECTED DATE OF FIRST CHECK-IN AT HQ	6d. DESIRED DATE TO REPORT TO DUTY AFTER LEAVE
June 1980	28 August 1970		5 October 1970

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

[REDACTED] wife

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

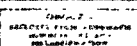
9. LIST YOUR MAJOR DUTIES DURING CURRENT TOUR (see special note on transmittal form). (also attach personal cover questionnaire in accordance with CSI-P 240-2)

Staff Agent responsible for supervision of LIENVOY basehouse including all technical and financial aspects of this operation.

10. TRAINING DESIRED:

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

SECRET



## SECRET

## 11. PREFERENCE FOR NEXT ASSIGNMENT.

11A. DESCRIBE BRIEFLY THE TYPE OF WORK YOU WOULD PREFER FOR NEXT ASSIGNMENT IF DIFFERENT FROM THAT INDICATED IN ITEM NO. 8 ABOVE. IF YOU HAVE MORE THAN ONE PREFERENCE, INDICATE YOUR CHOICE.

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

- ☐ EXTEND TOUR \_\_\_\_\_ MONTHS AT CURRENT STATION TO \_\_\_\_\_ (DATE)
- ☐ BE ASSIGNED TO HQ/STRS FOR A TOUR OF DUTY; INDICATE YOUR CHOICE OF DIVISION, STAFF OR OFFICE.  
1ST CHOICE \_\_\_\_\_ 2ND CHOICE \_\_\_\_\_ 3RD CHOICE \_\_\_\_\_
- ☐ BE ASSIGNED TO ANOTHER FIELD STATION; INDICATE CHOICE OF GEOGRAPHIC AREA OR SPECIALIZATION  
1ST CHOICE \_\_\_\_\_ 2ND CHOICE \_\_\_\_\_ 3RD CHOICE \_\_\_\_\_
- ☒ RETURN TO MY CURRENT STATION

## TO BE COMPLETED BY FIELD STATION

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

It is strongly recommended that ~~XXXXXX~~ return to Mexico City for his next tour. As indicated in his recent fitness report, he is practically irreplaceable.

## TO BE COMPLETED BY APPROPRIATE HEADQUARTERS OFFICE

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

DATE \_\_\_\_\_ TITLE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

## FOR USE BY CAREER SERVICE

14. A

15. EMPLOYEE NOTIFIED BY DISPATCH NO. XXXXXX-6795 DATED: 10/27/62

CABLE NO. \_\_\_\_\_ DATED: \_\_\_\_\_

CAREER SERVICE REPRESENTATIVE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(SIGNATURE)

SECRET

SECRET

FIELD REASSIGNMENT QUESTIONNAIRE				
DO NOT COMPLETE FOR HEADQUARTERS USE ONLY				
NAME OF EMPLOYEE (use pseudonym only if SA)		DATE (from item 5-D)		NAME OF SUPERVISOR (true)
[REDACTED]		8 Dec. 1967		[REDACTED]
DATE RECEIVED AT HEADQUARTERS:		DISPATCH NUMBER:		DATE RECEIVED BY CANTER SERVICE:
		HMNT-8546		7 Feb 68
TO BE COMPLETED BY EMPLOYEE				
1. DATE OF BIRTH	2. SERVICE DESIGN	3. YOUR CURRENT POSITION, TITLE AND GRADE	4. STATION OR BASE	5. CRYPT FOR CURRENT COVER
12 APR 1919	DDP	STAFF AGENT - GS-13	Mexico City	Commercial
6A. DATE OF PCS ARRIVAL IN FIELD	6B. REQUESTED DATE OF DEPARTURE	6C. EXPECTED DATE OF FIRST CHECK-IN AT HQ	6D. DESIRED DATE TO REPORT TO DUTY AFTER LEAVE	
June 1960	13 May 1968		17 June 1968	
7. NUMBER AND AGES OF DEPENDENTS WHO WILL TRAVEL WITH YOU:				
[REDACTED] - Wife, Son, [REDACTED]				
8. PERSONAL CIRCUMSTANCES THAT SHOULD BE CONSIDERED IN DETERMINING NEXT ASSIGNMENT:				
[REDACTED]				
9. LIST YOUR MAJOR DUTIES DURING CURRENT TOUR (see special note on transmittal form). (also attach personal cover questionnaire in accordance with CSI-P 240-8)				
<p>Staff agent responsible for supervision of 32 line telephone intercept center, with responsibility for all administrative and financial aspects of the center.</p> <p>Responsible for the supervision of twelve Mexican agents and maintenance of the technical equipment used in the project.</p>				
10. TRAINING DESIRED: INDICATE WHAT TRAINING YOU BELIEVE YOU SHOULD HAVE DURING THE NEXT SEVERAL YEARS				
[REDACTED]				

SECRET

**SECRET**

**11. PREFERENCE FOR NEXT ASSIGNMENT:**

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

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

☐ EXTEND TOUR \_\_\_\_\_ MONTHS AT CURRENT STATION TO \_\_\_\_\_ (DATE)

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

☐ BE ASSIGNED TO ANOTHER FIELD STATION. INDICATE CHOICE OF GEOGRAPHIC AREA OR SPECIALIZATION  
1ST CHOICE \_\_\_\_\_ 2ND CHOICE \_\_\_\_\_ 3RD CHOICE \_\_\_\_\_

☒ RETURN TO MY CURRENT STATION

**TO BE COMPLETED BY FIELD STATION**

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

It is very strongly recommended and requested that this officer be allowed to return to his present position for another tour, after home leave.  
He would be one of the most difficult persons in this Station to replace; he is peculiarly and very excellently fitted for the exacting, difficult and very key job he occupies.

**TO BE COMPLETED BY APPROPRIATE HEADQUARTERS OFFICE**

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

WH concurs in Subject's request for home leave

in May 1968 to be followed by a new tour.

DATE: 6 Feb 68 TITLE: C/WH/Personnel SIGNATURE: \_\_\_\_\_

**FOR USE BY CAREER SERVICE**

14. APPROVED ASSIGNMENT:

Home leave in May 1968 and return to Mexico City for new tour.

15. EMPLOYEE NOTIFIED BY DISPATCH NO. WWS-5825 DATE: 23 Feb 68

TABLE NO. \_\_\_\_\_ DATE: \_\_\_\_\_

CAREER SERVICE REPRESENTATIVE: \_\_\_\_\_

DATE: 23 Feb 68

**SECRET**

SECRET

FIELD REASSIGNMENT QUESTIONNAIRE			
DO NOT COMPLETE FOR HEADQUARTERS USE ONLY			
AUTHENTICATION OF SIGNATURES AND VERIFICATION OF ITEMS 1 THROUGH 7, BELOW:			
NAME OF EMPLOYEE (XXXXX)	DATE (from item 3-1)	NAME OF SUPERVISOR (true)	DATE (from item 3-2)
[REDACTED]	21 June 1963	Winston M. Scott	21 June 1963
NAME AND SIGNATURE OF OFFICIAL AT HEADQUARTERS AUTHORIZED TO AUTHENTICATE SIGNATURES AND VERIFY DATA IN ITEMS NOS. 1 THROUGH 7, BELOW:			DATE
[REDACTED]			19 Aug 1963
TO BE COMPLETED BY EMPLOYEE			
1. DATE OF BIRTH	2. GRADE	3. CURRENT POSITION TITLE AND GRADE	7A. DATE OF PCS ARRIVAL IN FIELD ON THIS TOUR
12 Apr 1919	GS-12	Staff Agent	July 1960 21 June 1960
4. SERVICE DESIGNATION (if known)	5. CURRENT STATION OR FIELD BASE		7B. EXPECTED DATE OF DEPARTURE FROM FIELD
	Mexico City		Sep 1964
6. OTHER DUTY STATIONS OR FIELD BASES DURING CURRENT TOUR			7C. EXPECTED DATE OF ARRIVAL AT HEADQUARTERS PCS
None			
8. WRITE A DESCRIPTION OF YOUR MAJOR DUTIES DURING THE CURRENT TOUR OF DUTY (see special note on Transmittal Form):			
<p>Staff Agent responsible for supervision of 30 line telephone intercept center, with responsibility for all administrative and financial aspects of the center.</p> <p>Responsible for the supervision of 10 Mexican agent monitors and transcribers and maintenance and service of all technical equipment used in the project.</p>			
9. PREFERENCE FOR NEXT ASSIGNMENT:			
A. WRITE A BRIEF DESCRIPTION OF THE TYPE OF WORK YOU WOULD PREFER FOR YOUR NEXT ASSIGNMENT IF IT DIFFERS FROM THAT INDICATED IN ITEM NO. 3, ABOVE. IF YOU HAVE MORE THAN ONE PREFERENCE, INDICATE YOUR CHOICES.			
<ol style="list-style-type: none"> <li>Assigned to WH Division, Mexican Desk, as desk officer with responsibility for technical operations.</li> <li>TSS Division, assigned to WH Division desk.</li> <li>Any position where it is felt that I can best serve the organization.</li> </ol>			
B. INDICATE WHAT TRAINING YOU BELIEVE YOU SHOULD HAVE IN ORDER TO INCREASE YOUR VALUE TO THE ORGANIZATION (refer to catalog of courses, if available):			

## SECRET

B. PREFERENCE FOR NEXT ASSIGNMENT (continued)	
C. INDICATE YOUR PREFERENCE FOR NEXT ASSIGNMENT BY INSERTING NUMBERS 1, 2 AND 3 (for 1st, 2nd and 3rd choices) IN THE BOXES BELOW:	
<input type="checkbox"/> RETURN TO MY CURRENT STATION	
<input checked="" type="checkbox"/> BE ASSIGNED TO HEADQUARTERS FOR A TOUR OF DUTY. WITH RESPECT TO POSSIBLE ASSIGNMENT IN HEADQUARTERS, INDICATE CHOICE OF COMPONENT:	
1ST. CHOICE <u>WH-Mex Desk</u> 2ND. CHOICE <u>TSS- WH Desk</u> 3RD. CHOICE <u>WE-5</u>	
<input type="checkbox"/> BE ASSIGNED TO ANOTHER FIELD STATION. WITH RESPECT TO POSSIBLE REASSIGNMENT TO ANOTHER FIELD STATION, INDICATE CHOICE OF GEOGRAPHIC AREA OR SPECIFIC STATION, BASED ON QUALIFICATIONS:	
1ST. CHOICE _____ 2ND. CHOICE _____ 3RD. CHOICE _____	
10. HOW MUCH LEAVE DO YOU DESIRE BETWEEN ASSIGNMENTS? <span style="float: right;">INDICATE NUMBER OF WORK DAYS <u>30</u></span>	
11. INDICATE THE NUMBER AND AGE OF DEPENDENTS WHO WILL BE TRAVELLING OR MOVING WITH YOU:	
Wife; Son, <input type="text"/> ; Son, <input type="text"/>	
11A. INDICATE ANY CHANGE IN YOUR PERSONAL OR FAMILY SITUATION WHICH SHOULD BE CONSIDERED IN DETERMINING YOUR NEXT ASSIGNMENT	
12. SIGNATURE. COMPLETE ITEM NO. 5-1, TRANSMITTAL SHEET, TO INDICATE COMPLETION OF ABOVE PORTION OF THIS FORM. TO BE COMPLETED BY SUPERVISOR AT FIELD STATION	
13. IN CONSIDERATION OF THE PAST EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS EXPRESSED PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF THE STATION, INDICATE YOUR RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING:	
<p style="text-align: center;">It is requested that, if at all possible, this employee be given the job of his preference as his next assignment. He has performed excellently in Mexico.</p>	
14. SIGNATURE. COMPLETE ITEM NO. 5-2, TRANSMITTAL SHEET, TO INDICATE COMPLETION OF THIS PORTION OF THE FORM. TO BE COMPLETED BY APPROPRIATE CAREER SERVICE OFFICER OR PERSONNEL OFFICER AT HEADQUARTERS	
15. IN CONSIDERATION OF THE PAST EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS EXPRESSED PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF THE COMPONENT TO WHICH HE IS CURRENTLY ASSIGNED, INDICATE YOUR RECOMMENDATIONS FOR HIS NEXT ASSIGNMENT AND TRAINING:	
<p style="text-align: center;">WHO recommends one year extension of present tour. In subsequent correspondence <del>has</del> has agreed to the extension.</p>	
16. NAME OF CAREER SERVICE OFFICER OR PERSONNEL OFFICER DATE	SIGNATURE
ROBERT D. CASHMAN	
FOR USE OF CAREER SERVICE	
17. EMPLOYEE <input type="checkbox"/> HAS <input type="checkbox"/> HAS NOT BEEN NOTIFIED OF PLANS FOR REASSIGNMENT	18. REFERENCE DISPATCH NO. _____ CABLE NO. <u>20023</u>
19. TYPED OR PRINTED NAME	20. SIGN <input type="text"/>
21. TITLE	22. DATE <u>18 Feb 63</u>
23. COMMENTS <u>Second Tour Extension H.L.</u>	

SECRET

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## FIELD REASSIGNMENT QUESTIONNAIRE

DO NOT COMPLETE FOR HEADQUARTERS USE ONLY

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

NAME AND SIGNATURE OF OFFICIAL AT HEADQUARTERS AUTHORIZED TO AUTHENTICATE SIGNATURES AND VERIFY DATA IN ITEMS NOS. 1 THROUGH 7, BELOW:

DATE (from item 5.1) **21 June 1963** NAME OF SUPERVISOR (item) **Winston M. Scott** DATE (from item 5.2) **21 June 1963**

DATE **19 Aug 1963**

## TO BE COMPLETED BY EMPLOYEE

1. DATE OF BIRTH **12 Apr 1919** 2. GRADE **GS-12** 3. CURRENT POSITION TITLE AND GRADE **Staff Agent** 7A. DATE OF PCS ARRIVAL IN FIELD ON THIS TOUR **July 1964**

4. SERVICE DESIGNATION (if known) 5. CURRENT STATION OR FIELD BASE **Mexico City** 7B. EXPECTED DATE OF DEPARTURE FROM FIELD **Sep 1964**

6. OTHER DUTY STATIONS OR FIELD BASES DURING CURRENT TOUR **None** 7C. EXPECTED DATE OF ARRIVAL AT HEADQUARTERS PCS

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

Staff Agent responsible for supervision of 30 line telephone intercept center, with responsibility for all administrative and financial aspects of the center.

Responsible for the supervision of 10 Mexican agent monitors and transcribers and maintenance and service of all technical equipment used in the project.

## 9. PREFERENCE FOR NEXT ASSIGNMENT:


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

1. Assigned to WH Division, Mexican Desk, as desk officer with responsibility for technical operations.
2. TSS Division, assigned to WH Division desk.
3. Any position where it is felt that I can best serve the organization.

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

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9. PREFERENCE FOR NEXT ASSIGNMENT (continued)	
C. INDICATE YOUR PREFERENCE FOR NEXT ASSIGNMENT BY INSERTING NUMBERS 1, 2 AND 3 (for 1st, 2nd and 3rd choice) IN THE BOXES BELOW:	
<input type="checkbox"/> RETURN TO MY CURRENT STATION <input checked="" type="checkbox"/> BE ASSIGNED TO HEADQUARTERS FOR A TOUR OF DUTY, WITH RESPECT TO POSSIBLE ASSIGNMENT IN HEADQUARTERS, INDICATE CHOICE OF COMPONENT: 1ST. CHOICE <u>WH-Mex Desk</u> 2ND. CHOICE <u>TSS- WH Desk</u> 3RD. CHOICE <u>WE-5</u> <input type="checkbox"/> BE ASSIGNED TO ANOTHER FIELD STATION, WITH RESPECT TO POSSIBLE REASSIGNMENT TO ANOTHER FIELD STATION, INDICATE CHOICE OF GEOGRAPHIC AREA OR SPECIFIC STATION, BASED ON QUALIFICATIONS: 1ST. CHOICE _____ 2ND. CHOICE _____ 3RD. CHOICE _____	
10. HOW MUCH LEAVE DO YOU DESIRE BETWEEN ASSIGNMENTS? INDICATE NUMBER OF WORK DAYS <u>30</u>	
11. INDICATE THE NUMBER AND AGE OF DEPENDENTS WHO WILL BE TRAVELLING OR MOVING WITH YOU:  Wife; Son, <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; vertical-align: middle;"></span>	
11A. INDICATE ANY CHANGE IN YOUR PERSONAL OR FAMILY SITUATION WHICH SHOULD BE CONSIDERED IN DETERMINING YOUR NEXT ASSIGNMENT	
12. SIGNATURE: COMPLETE ITEM NO. 9-1, TRANSMITTAL SHEET, TO INDICATE COMPLETION OF ABOVE PORTION OF THIS FORM. TO BE COMPLETED BY SUPERVISOR AT FIELD STATION	
13. IN CONSIDERATION OF THE PAST EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS EXPRESSED PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF THE STATION, INDICATE YOUR RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING:  It is requested that, if at all possible, this employee be given the job of his preference as his next assignment. He has performed excellently in Mexico.	
14. SIGNATURE: COMPLETE ITEM NO. 9-2, TRANSMITTAL SHEET, TO INDICATE COMPLETION OF THIS PORTION OF THE FORM. TO BE COMPLETED BY APPROPRIATE CAREER SERVICE OFFICER OR PERSONNEL OFFICER AT HEADQUARTERS	
15. IN CONSIDERATION OF THE PAST EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS EXPRESSED PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF THE COMPONENT TO WHICH HE IS CURRENTLY ASSIGNED, INDICATE YOUR RECOMMENDATIONS FOR HIS NEXT ASSIGNMENT AND TRAINING:  WHO recommends one year extension of present tour. In subsequent correspondence <del>has</del> has agreed to the extension.	
16. NAME OF CAREER SERVICE OFFICER OR PERSONNEL OFFICER ROBERT D. CASHMAN DATE _____	SIGNATURE 
FOR USE OF CAREER SERVICE	
17. EMPLOYEE <input type="checkbox"/> HAS <input type="checkbox"/> HAS NOT BEEN NOTIFIED OF PLANNED REASSIGNMENT	18. REFERENCE DISPATCH NO. _____ CABLE NO. _____
19. TYPED OR PRINTED NAME	20. SIGNATURE <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; vertical-align: middle;"></span>
21. TITLE <u>ASPO/Agent Branch</u>	22. DATE <u>21 Aug '63</u>
23. COMMENTS <u>Extension approved in HMMS 3031, 24 Jul '63</u>	

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SECRET

15 March 1963

MEMORANDUM FOR: Secretary, CS/CS Agent Panel

SUBJECT: Recommendation for Promotion to Grade GS-13

1. ~~██████████~~ entered on duty with CIA in 1951. After brief service in ~~██████████~~ he performed a variety of functions with different staffs and divisions, thus acquiring broad experience. Since June 1960 he has been on assignment in Mexico City.

2. In Mexico ~~██████████~~ is in charge of a very large technical operation with several dozen employees. The productions of this operation is tremendous and the technical problems to be met are intricate. ~~██████████~~ manages the project and its many native staff experts smoothly. No problems seem to arise. Security has been maintained faultlessly. ~~██████████~~ is a bold, bluff, and hearty man without a worrisome fiber in his make-up. He is capable of many kinds of work and will try anything. ~~██████████~~ has been in grade as a GS-12 for five years.

3. It is recommended that ~~██████████~~ be promoted to grade GS-13.

*J. C. King*  
J. C. KING/*or*  
Chief,  
Western Hemisphere Division

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SECRET  
(When Filled In)

11 R P Pak

VERIFIED RECORD OF OVERSEAS SERVICE										
TO: Office of Personnel, Statistical Reporting Branch, ROOM 192 Curie Hall										
EMPLOYEE SERIAL NO.		NAME OF EMPLOYEE						OFFICE/COMPONENT		
406830 <del>33020</del>		LAST		FIRST		MIDDLE		20-20 <del>#664</del>		
		(Print) [REDACTED]								
INSTRUCTIONS										
USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR.										
PCS DATES OF SERVICE										
TYPE OF DATA		ARRIVAL			DEPARTURE			COUNTRY		OMIT
		CODE	MONTH	DAY	YEAR	MONTH	DAY	YEAR		
1. PCS (Basic)		27	28-29	30-31	32-33	34-35	36-37	38-39	MEXICO	40-42
3. CORRECTION										
5. CANCELLATION		1	06	05	60					450
TDY DATES OF SERVICE										
TYPE OF DATA		DEPARTURE			RETURN			AREA(S)		OMIT
		CODE	MONTH	DAY	YEAR	MONTH	DAY	YEAR		
2. TDY (Basic)		27	28-29	30-31	32-33	34-35	36-37	38-39		40-42
4. CORRECTION										
6. CANCELLATION										
SOURCE OF RECORD DOCUMENT										
TRAVEL VOUCHER					<input checked="" type="checkbox"/> DISPATCH					
CARL					DUTY STATUS, OR TIME AND ATTENDANCE REPORT					
OTHER (Specify)										
DOCUMENT IDENTIFICATION NO.					DOCUMENT DATE/PERIOD					
HMMT-1625					10/11/60					
REMARKS										
PREPARED BY		REPORT ANNOTATED ON SOURCE DOCUMENT			ABOVE DATA VERIFIED CORRECT. BASED UPON SOURCE DOCUMENT LATER					
FISCAL DIVISION		DATE			SIGNATURE					
FINANCE DIVISION		1/10/60			[REDACTED]					

FORM 1451a OBSOLETE PREVIOUS EDITIONS.

SECRET

(A-10)

Standard Form No. 2842 CHAPTER I-V-LPM 6-6400-1-100		<b>HEALTH BENEFITS REGISTRATION FC</b> <small>FEDERAL EMPLOYEES HEALTH BENEFITS ACT OF 1959</small> <small>(Based on Form No. 2842 of last year. Use only typewriter or ballpoint pen.)</small>			4551 447772																								
<b>PART A</b> ALL WHO REGISTER MUST FILL IN THIS PART.	1. NAME (LAST, FIRST, MIDDLE INITIAL) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	2. DATE OF BIRTH <div style="display: flex; justify-content: space-between;"> <div>MONTH 4</div> <div>DAY 12</div> <div>YEAR 19</div> </div>	3. Are you now married? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>																										
	4. YOUR MAILING ADDRESS (NUMBER AND STREET) (CITY AND ZONE NUMBER) (STATE) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	5. SEX MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/>		6. Are you covered by, or is any family member listed below covered by or enrolling in, a plan under the Federal Employees Health Benefits Act of 1959 (through the enrollment of another United States or District of Columbia Government employee or annuitant)? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>																									
	7. Place an "X" in proper box to show your annual basic salary range. <div style="display: flex; justify-content: space-around;"> <div>UNDER \$4,000 <input type="checkbox"/></div> <div>\$4,000 TO \$5,000 <input type="checkbox"/></div> <div>\$5,000 TO \$9,999 <input checked="" type="checkbox"/></div> <div>\$10,000 OR OVER <input type="checkbox"/></div> </div>																												
<b>PART B</b> FILL IN THIS PART IF YOU WISH TO EN- ROLL IN A HEALTH BENEFITS PLAN.  <small>If enrollment is for self only answer item 1. If enrollment is for self and family, also answer item 2 and item 3 if it applies.</small>	1. I elect to enroll in a health benefits plan as shown below. I authorize deductions to be made from my salary, compensation, or annuity to cover my share of the cost of the enrollment. (Copy the information requested below from inside cover of brochure of the plan you select.) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">             NAME OF PLAN  <b>ASSOCIATION BENEFIT PLAN</b> </div> <div style="width: 20%;">             OPTION (HIGH OR LOW)  <b>LOW</b> </div> <div style="width: 35%;">             ENROLLMENT CODE NUMBER  <div style="display: flex; justify-content: space-around;"> <div>4</div> <div>2</div> <div>5</div> </div> </div> </div>																												
	2. In space below list all eligible family members (with an exception: list your wife or husband first, then your unmarried child under age 19, including a legally adopted or other child, step-children and illegitimate children who live with you, and a regular parent child rental or-ship. Include also any unmarried child over 17 who became disabled before age 19 and who, because of the disability, is incapable of self support. (Attach a doctor's certificate for a disabled child age 19 or over.) <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">NAMES OF FAMILY MEMBERS</th> <th style="width: 20%;">DATE OF BIRTH (Month, Day, Year)</th> <th style="width: 35%;">NAMES OF FAMILY MEMBERS</th> <th style="width: 10%;">DATE OF BIRTH (Month, Day, Year)</th> </tr> </thead> <tbody> <tr> <td>Wife or husband</td> <td>16 Sep 21</td> <td></td> <td></td> </tr> <tr> <td></td> <td>26 Feb 46</td> <td></td> <td></td> </tr> <tr> <td></td> <td>28 Feb 51</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					NAMES OF FAMILY MEMBERS	DATE OF BIRTH (Month, Day, Year)	NAMES OF FAMILY MEMBERS	DATE OF BIRTH (Month, Day, Year)	Wife or husband	16 Sep 21				26 Feb 46				28 Feb 51										
	NAMES OF FAMILY MEMBERS	DATE OF BIRTH (Month, Day, Year)	NAMES OF FAMILY MEMBERS	DATE OF BIRTH (Month, Day, Year)																									
Wife or husband	16 Sep 21																												
	26 Feb 46																												
	28 Feb 51																												
3. If you are a female (employee or annuitant)—does the family listed above include a husband who is incapable of self-support by reason of mental or physical disability which can be expected to continue for more than one year? (If answer is "Yes," attach a doctor's certificate.) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>																													
<b>PART C</b> FILL IN THIS PART IF YOU WISH TO EN- ROLL OR IF YOU WISH TO RENEW YOUR ENROLLMENT.	PLACE AN "X" UNDER 1 OR ITEM 2, WHICHEVER APPLIES AND ANSWER ITEM 3. 1. I elect not to enroll in any plan under the Health Benefits Act. <input type="checkbox"/> 2. I elect to enroll in any plan under the Health Benefits Act through the enrollment of my husband, wife, or parent. <input checked="" type="checkbox"/> 3. I elect to enroll in any plan under the Health Benefits Act through the enrollment of another United States or District of Columbia Government employee or annuitant. <input type="checkbox"/>																												
	4. I elect to enroll in any plan under the Health Benefits Act through the enrollment of another United States or District of Columbia Government employee or annuitant. <input type="checkbox"/>																												
<b>PART D</b> FILL IN THIS PART IF YOU WISH TO EN- ROLL OR IF YOU WISH TO RENEW YOUR ENROLLMENT.	1. Enrollment from outside and present plan. 2. Enrollment from outside and previous plan. 3. Enrollment from outside and previous plan.																												
	4. Enrollment from outside and previous plan.																												
<b>PART E</b> ALL WHO REGISTER MUST FILL IN THIS PART.	WARNING: Any intentional false statement in this application or willful misrepresentation of facts is a violation of the law punishable by a fine of not more than \$10,000, or imprisonment of not more than 3 years, or both. (18 U.S.C. 1001)																												
	9 June 1960																												
<b>PART F</b> TO BE COMPLETED BY AGENT.	1. DATE RECEIVED BY AGENT 6/22/60																												
	2. EFFECTIVE DATE OF SELECTION 7/10/60																												
REMARKS 1. NAME ONLY 2. ADDRESS 3. PHONE 4. SIGNATURE 5. DATE																													

23 May 1960

MEMORANDUM FOR: Chief, FI

SUBJECT : Comments on attached agenda list dated 19 May 1960.

1. [REDACTED] is the principal case officer and technician handling the LIENVOY operation in Mexico City. As you know, we are awaiting the response of the Chief, WH division to the Chief, FI's recommendation, 17 May 1960, that we gradually withdraw from this operation. I would suggest that the proposed change of status for [REDACTED] from SE to SA be postponed pending the decision re the future of the LIENVOY operation.

[REDACTED]  
DC/FI/GPS

Heffron informed me 10 June 1960 that the FI staff was satisfied that this commission should be made and that [REDACTED] staff be assigned to LIENVOY in Mexico City. With that notification I approved the action in behalf of the Agent General since the only original objection to this assignment was from the FI staff.

William Strong  
Asst. Dir. CI  
13 June 1960

WCS:li

SECRET  
(When Filled In)

### VERIFIED RECORD OF OVERSEAS SERVICE

TO:

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

EMPLOYEE SERIAL NO.	NAME OF EMPLOYEE			OFFICE/COMPONENT
	LAST	FIRST	MIDDLE	
1-5  06830	(Print) [REDACTED]	[REDACTED]	[REDACTED]	24-25  46

#### INSTRUCTIONS

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

#### PCS DATES OF SERVICE

TYPE OF DATA	CODE	ARRIVAL			DEPARTURE			COUNTRY	OMIT
		MONTH	DAY	YEAR	MONTH	DAY	YEAR		
1 - PCS (Basic)	26	27-29	29-30	31-32	33-34	35-36	37-38		39-41
3 - CORRECTION									
5 - CANCELLATION									

#### TDY DATES OF SERVICE

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

2    03    04    60    06    03    60    WH    811

#### SOURCE OF RECORD DOCUMENT

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

DOCUMENT IDENTIFICATION NO. 046503 JUN 1960 WH-234-60	DOCUMENT DATE/PERIOD
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REMARKS
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PREPARED BY	<input checked="" type="checkbox"/>	REPORT ANNOTATED ON SOURCE DOCUMENT	ABOVE DATA VERIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
FISCAL DIVISION		DATE	SIGNATURE
FINANCE DIVISION		21 JUN 60	[Signature]

**SECRET**  
(When Filled In)

**VERIFIED RECORD OF OVERSEAS SERVICE**

**TO:**

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

EMPLOYEE SERIAL NO. 1-3	NAME OF EMPLOYEE			OFFICE/COMPONENT 14-29
	LAST (Print)	FIRST 0-23	MIDDLE	
06830	[REDACTED]	[REDACTED]	[REDACTED]	47

**INSTRUCTIONS**

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

**PCS DATES OF SERVICE**

TYPE OF DATA	CODE	ARRIVAL			DEPARTURE			COUNTRY	OMIT 39-41
		MONTH	DAY	YEAR	MONTH	DAY	YEAR		
1 - PCS (Basic)	20	27-28	29-30	31-32	33-34	35-36	37-38		
3 - CORRECTION									
5 - CANCELLATION									

**TDY DATES OF SERVICE**

TYPE OF DATA	CODE	DEPARTURE			RETURN			AREA(S)	OMIT 39-41
		MONTH	DAY	YEAR	MONTH	DAY	YEAR		
2 - TDY (Basic)	20	27-28	29-30	31-32	33-34	35-36	37-38		
4 - CORRECTION									
6 - CANCELLATION									

**SOURCE OF RECORD DOCUMENT**

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

DOCUMENT IDENTIFICATION NO. 02334-UEL2759	DOCUMENT DATE/PERIOD
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REMARKS
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PREPARED BY	REPORT ANNOTATED ON SOURCE DOCUMENT	ABOVE DATA VERIFIED CORRECT. BASED UPON SOURCE DOCUMENT CITED
<input type="checkbox"/> FISCAL DIVISION	DATE	SIGNATURE
<input checked="" type="checkbox"/> FINANCE DIVISION		

FORM 1451a  
4-58

**SECRET**

(4-10)

SECRET  
(When Filled In)

VERIFIED RECORD OF OVERSEAS SERVICE

053982 MAR 14 60

TO:

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

EMPLOYEE SERIAL NO.

NAME OF EMPLOYEE

OFFICE/COMPONENT

1-8	LAST	FIRST	MIDDLE	24-25
06830	[REDACTED]	[REDACTED]	[REDACTED]	47

INSTRUCTIONS

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

PCS DATES OF SERVICE

TYPE OF DATA	CODE	MONTH	DAY	YEAR	MONTH	DAY	YEAR	COUNTRY	OMIT
1. PCS (Basic)	26	27-28	29-30	31-32	33-34	35-36	37-38		39-41
2. CORRECTION									
3. CANCELLATION									

TDY DATES OF SERVICE

TYPE OF DATA	CODE	MONTH	DAY	YEAR	MONTH	DAY	YEAR	AREAS	OMIT
2. TDY (Basic)	26	27-28	29-30	31-32	33-34	35-36	37-38		39-41
3. CORRECTION									
4. CANCELLATION									
	2	01	05	60	01	16	60	1041	811

SOURCE OF RECORD DOCUMENT

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

DOCUMENT IDENTIFICATION NO.

DOCUMENT DATE/PERIOD

REMARKS

PREPARED BY

REPORT ANNOTATED ON  
SOURCE DOCUMENT

ABOVE DATA VERIFIED, CORRECT, BASED UPON SOURCE  
DOCUMENT CITED

FISCAL DIVISION

DATE

SIGNATURE

FINANCE DIVISION

FORM 1451a  
6-58

SECRET

(4.10)

S-E-C-R-E-T

13 June 1960  
Date

THIS IS TO CERTIFY THAT I AM AWARE OF THE PROVISIONS OF  
REGULATION 20-155, DATED 10 FEBRUARY 1959 CONCERNING THE PERSONAL  
CONDUCT OF AGENCY EMPLOYEES OVERSEAS.



[REDACTED]

S-E-C-R-E-T



S-E-C-R-E-T  
(When Filled In)

10 MAY 1960

MEMORANDUM FOR: Chief, Contract Personnel Division

ATTENTION :

FROM : Deputy Director of Security (Investigations  
and Support)

SUBJECT : 

1. Reference is made to the memorandum dated 16 May 1960 in which a covert security clearance was requested to permit Subject's conversion from Staff Employee to Staff Agent, GS-12, DDP, WH/3, Operations Officer in Mexico City, Mexico in connection with Project LIENVOY under non-official cover.

2. This is to advise that a covert security clearance is granted for the use of the Subject, as described in your request as set forth in paragraph 1, above.

3. Subjects of covert security clearances are not to represent themselves as, nor are they to be represented as, employees of CIA.

4. Your attention is called to the fact that a covert security clearance does not constitute complete compliance with the provisions of CIA Regulation 10-210. Therefore, if you should desire at a later date to change the status or use of this individual, a request for clearance to cover any proposed change should be submitted to this office.

5. This clearance becomes invalid in the event the Subject's services are not utilized within six months of the date of this memorandum.

FOR THE DIRECTOR OF SECURITY:



S-E-C-R-E-T

14-00000

Personal Notes & Documents  
covering period prior to Mexico City  
Homicide