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SECRET

BIOGRAPHIC PROFILE

REPRODUCTION MASTERS

H a n d l e   W i t h   C a r e

SECRET

ORIGINAL - Biographic Profile

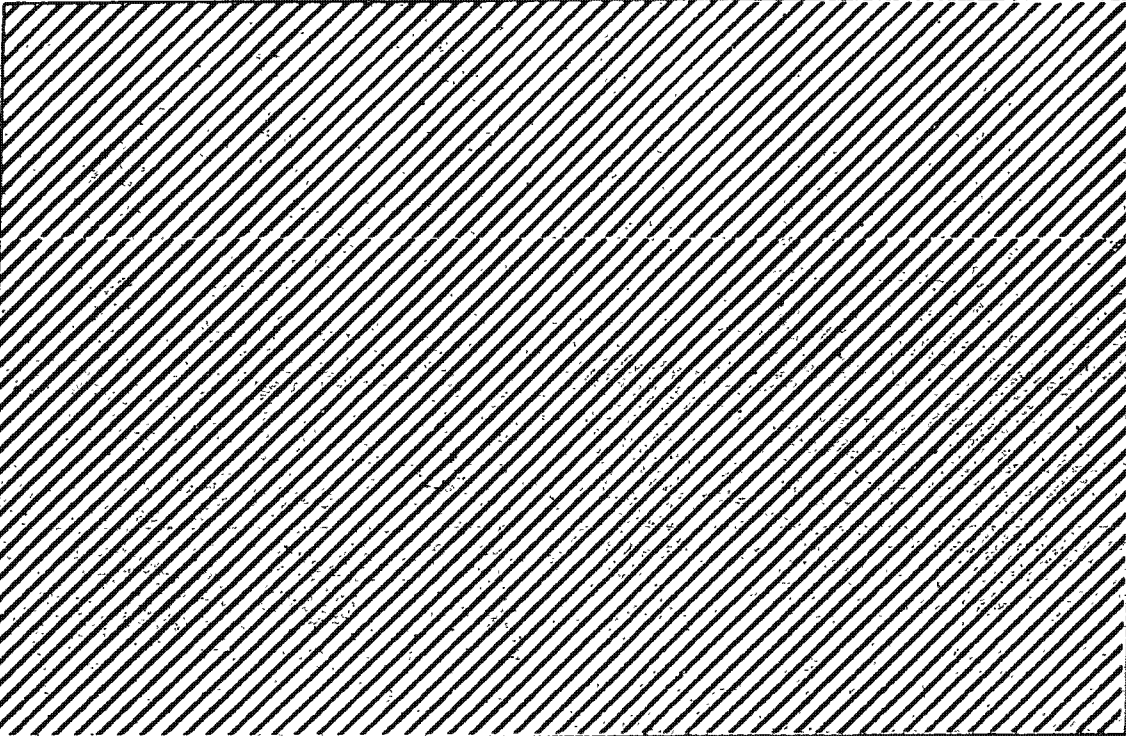
— see summarized copy in slot

Personnel Actions concerning  
Period After Mexico City  
Assignment

**SECRET**  
(When Filled In)

REQUEST FOR PERSONNEL ACTION										DATE PREPARED									
										15 June 1964									
1. SERIAL NUMBER		2. NAME (Last-First-Middle)																	
022592		ZAMBERNARDI, Robert																	
3. NATURE OF PERSONNEL ACTION					4. EFFECTIVE DATE REQUESTED			5. CATEGORY OF EMPLOYMENT											
TRANSFER TO VOUCHERED FUNDS & REASSIGNMENT					MONTH DAY YEAR 07 05 64			REGULAR											
6. FUNDS		7. COST CENTER NO. CHARGEABLE		8. LEGAL AUTHORITY (Completed by Office of Personnel)															
X		5225-0079		1000															
9. ORGANIZATIONAL DESIGNATIONS					10. LOCATION OF OFFICIAL STATION														
DDP/TSD OPERATIONAL AIDS PHOTOGRAPHIC OPERATIONS BRANCH AREA DESKS SECTION					WASHINGTON, D. C.														
11. POSITION TITLE					12. POSITION NUMBER			13. CAREER SERVICE DESIGNATION											
PHOTO GEN					0113			D											
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)			15. OCCUPATIONAL SERIES		16. GRADE AND STEP			17. SALARY OR RATE											
GS			1060.02		10 (3)			\$8200											
18. REMARKS																			
FROM: DDP/TSD FOREIGN FIELD MEXICO CITY																			
Security Approval Granted by Pers. SO/OS 6/23/64 6/27/64																			
CC: Security & Vouchered Payroll																			
DATE SIGNED					DATE SIGNED														
					6/27/64														
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL																			
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODE		22. STATION CODE		23. INTEREST CODE		24. MODEL CODE		25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEA			
16		10		41200		12		25013		1		05 09 35							
28. DATE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA		33. SECURITY REQ. NO.		34. SEX							
MO. DA. YR.				1 - SSC 2 - FICA 3 - NONE		CODE		TYPE MO. DA. YR.		EOD DATA									
35. VET. PREFERENCE		36. SERV. COMP. DATE		37. LONG. COMP. DATE		38. CAREER CATEGORY		39. FEGLI / HEALTH INSURANCE		40. SOCIAL SECURITY NO.									
CODE		0 - NONE 1 - 5 YR. 2 - 10 YR.		MO. DA. YR.		MO. DA. YR.		CODE		CODE		0 - WAIVER 1 - YES		HEALTH INS. CODE					
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT. CODE		43. FEDERAL TAX DATA				44. STATE TAX DATA									
CODE				0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YRS) 3 - BREAK IN SERVICE (MORE THAN 3 YRS)		FORM 1041/1042 1 - YES 2 - NO		FORM 1041/1042 1 - YES 2 - NO				FORM 1041/1042 1 - YES 2 - NO				CODE NO. TAX STATE CODE			
45. POSITION CONTROL CERTIFICATION										DATE APPROVED									
FILED										6/30/64									

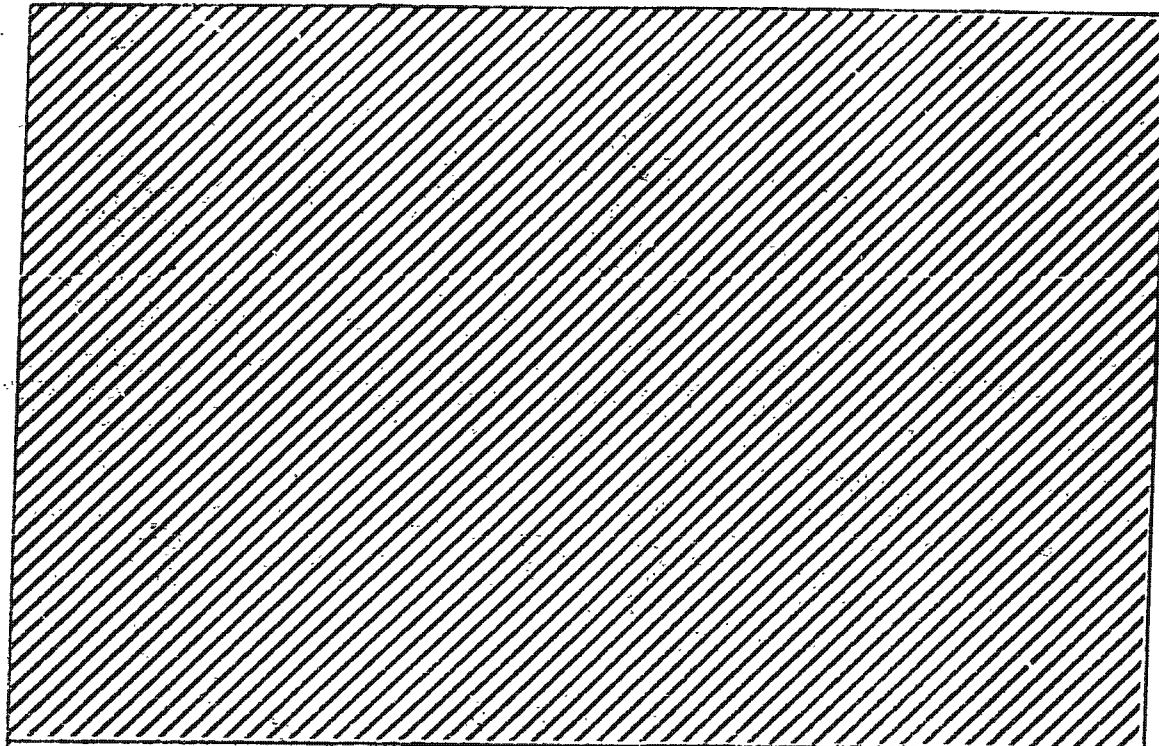
SECRET  
(When Filled In)

		
NAME OF EMPLOYEE (Last-First-Middle)	NAME AND RELATIONSHIP OF DEPENDENT*	CLAIM NUMBER
Zambernardi, Robert M.	Philip Edward - son	64-184
<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>Log burn - 28 December 1963</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		
10 FEB 1964		
NOTICE OF OFFICIAL DISABILITY CLAIM FILE		

**SECRET**  
(When Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED 2 April 1963	
1. SERIAL NUMBER 022592		2. NAME (Last-First-Middle) ZAMBERNARDI, ROBERT					
3. NATURE OF PERSONNEL ACTION PROMOTION				4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 01 14 63		5. CATEGORY OF EMPLOYMENT REGULAR	
6. FINDS V TO V CP TO V		X V TO CP CP TO CP		7. COST CENTER NO. CHARGE-ABLE 3125-5700-3007		8. LEGAL AUTHORITY (Completed by Office of Personnel)	
9. ORGANIZATIONAL DESIGNATIONS DDP/TSD Foreign Field Western Hemisphere Mexico				10. LOCATION OF OFFICIAL STATION Mexico City, Mexico			
11. POSITION TITLE IC TECH AIDS				12. POSITION NUMBER 0575		13. CAREER SERVICE DESIGNATION D	
14. CLASSIFICATION SCHEDULE (GS, LB, #10.) GS		15. OCCUPATIONAL SERIES 0136. AT 63		16. GRADE AND STEP 10 (2)		17. SALARY OR RATE 7535	
18. REMARKS FED M: GS-9 (2)  P.A.A.  <div style="border: 1px solid black; padding: 5px; display: inline-block;">Recorded by CSPD <i>JM</i></div>							
DATE SIGNED				DATE SIGNED			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
19. ACTION CODE 22	20. EMP. CT. CODE 10	21. OFFICE CODE 46575 TS	22. STATION CODE 45015	23. INTER. CODE 3	24. DATE OF BIRTH 05/69/33	25. DATE OF DEATH	26. DATE OF DEATH
27. RATE EXPIRES NO. DA. YR.	28. SPECIAL REFERENCE 80	29. RETIREMENT DATA 1 - YES 2 - NO	30. SEPARATION DATA CODE	31. CORRECTION/CANCELLATION DATA CODE	32. SOCIAL SECURITY NO.	33. PER	34. PER
35. VET. PREFERENCE CODE	36. SERV. COMP. DATE NO. DA. YR.	37. LEAV. COMP. DATE NO. DA. YR.	38. MIL. SER. DATA 1 - YES 2 - NO	39. FEED. / HEALTH INSURANCE CODE	40. SOCIAL SECURITY NO.	41. PER	42. PER
43. PREVIOUS GOVERNMENT SERVICE DATA CODE		44. LEAV. CAT. CODE	45. FEDERAL TAX DATA CODE	46. STATE TAX DATA CODE	47. SOCIAL SECURITY NO.	48. PER	49. PER
43. POSITION CONTROL CERTIFICATION 5 APR 1963		DATE APPROVED 5 Apr 63					

SECRET  
(When Filled In)



NAME OF EMPLOYEE (Last-First-Middle)

Zambenardi, Robert M.

NAME AND RELATIONSHIP OF DEPENDENT\*

Paula - SON

CLAIM NUMBER

63-460

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 22 February 65 Intestinal disorder.

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

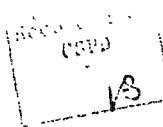
DATE OF NOTICE

8 January 1965

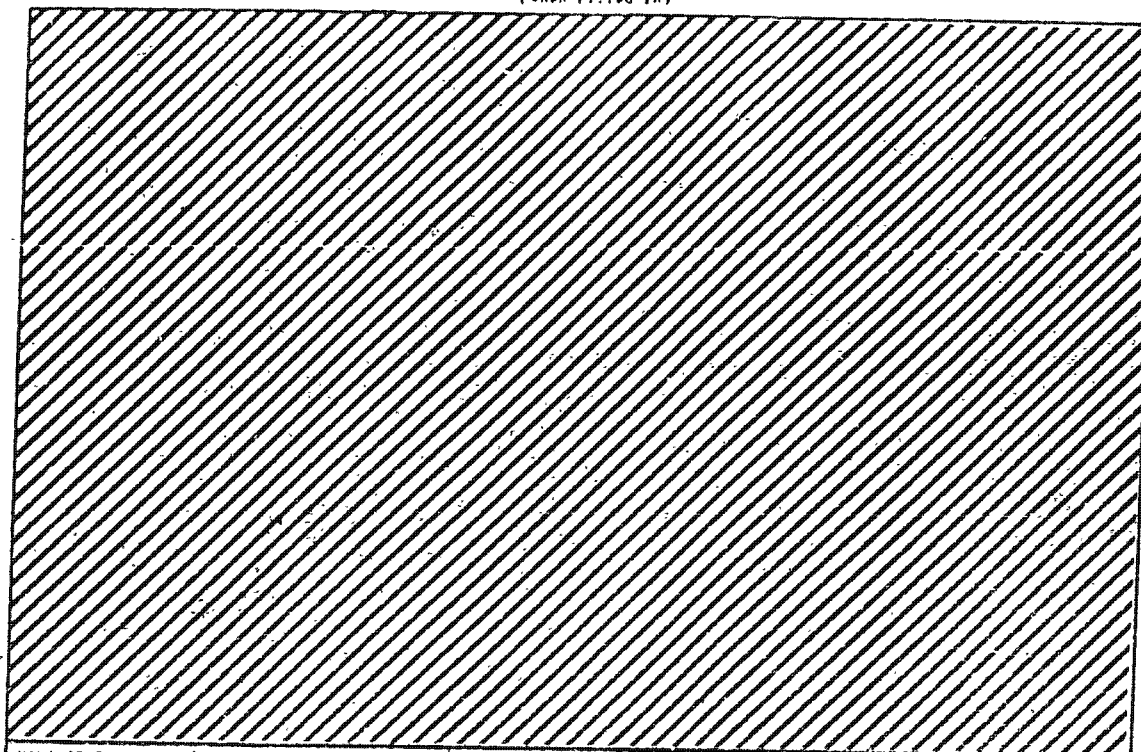
NOTICE OF OFFICIAL DISABILITY CLAIM FILE



**SECRET**  
(When Filled In)

REQUEST FOR PERSONNEL ACTION										DATE PREPARED																																			
1. SERIAL NUMBER 022592 ✓										2. NAME (Last-First-Middle) ZAMBERNARDI, Robert																																			
3. NATURE OF PERSONNEL ACTION PROMOTION						4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 01   21   62		5. CATEGORY OF EMPLOYMENT REGULAR <del>XXXXXXX</del>																																					
6. FUNDS		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE 2125-5700-3007		8. LEGAL AUTHORITY (Completed by Office of Personnel)																																					
CF TO V		X=		CF TO CF																																									
9. ORGANIZATIONAL DESIGNATIONS DDP/TSD - Foreign Field Western Hemisphere Mexico						10. LOCATION OF OFFICIAL STATION Mexico City, Mexico																																							
11. POSITION TITLE IO TECH AIDS						12. POSITION NUMBER 0575		13. CAREER SERVICE DESIGNATION D																																					
14. CLASSIFICATION SCHEDULE (GS, LP, etc.) GS				15. OCCUPATIONAL SERIES 0136.63		16. GRADE AND STEP # 9 (1)		17. SALARY OR RATE \$ 6435 ✓																																					
18. REMARKS FROM: GS-8 (1)																																													
<div style="text-align: right;">  </div>																																													
<div style="display: flex; justify-content: space-between;"> <div></div> <div>DATE SIGNED</div> <div></div> </div>																																													
<p align="center">SPACE BELOW FOR INCLUSIVE USE OF THE OFFICE OF PERSONNEL</p> <table border="1"> <tr> <td>19. ACTION CODE 22</td> <td>20. EMPLOY CODE 10</td> <td>21. OFFICE CODING NUMERIC ALPHABETIC 46575 TS</td> <td>22. STATION CODE 45025</td> <td>23. INTER-STATE CODE</td> <td>24. DATE OF BIRTH MM DD YY 05 09 35</td> <td>25. DATE OF DEATH</td> <td>26. DATE OF DEPARTURE MM DD YY 11 21 62</td> <td>27. DATE OF LEI</td> </tr> <tr> <td>28. NCE EXPIRES MO. DA. YR.</td> <td>29. SPECIAL REFERENCE</td> <td>30. RETIREMENT DATA 1 - CSC 2 - FICA 3 - NONE</td> <td>31. SEPARATION DATA CODE</td> <td>32. CORRECT. DISCONT. ACTION DATA</td> <td colspan="2">FOD DATA →</td> <td>33. SECURITY REQ. NO.</td> <td>34. SEA</td> </tr> <tr> <td>35. VET. PREFERENCE CODE 1 - NONE 2 - 5 PT 3 - 10 PT</td> <td>36. SERV. COMP. DATE MO. DA. YR.</td> <td>37. LONG. COMP. DATE MO. DA. YR.</td> <td>38. MIL. SERV. CODE 1 - YES 2 - NO</td> <td>39. FEEDS / HEALTH INSURANCE CODE 1 - YES 2 - NO</td> <td colspan="2">40. SOCIAL SECURITY NO.</td> <td colspan="2"></td> </tr> <tr> <td colspan="3">41. PREVIOUS GOVERNMENT SERVICE DATA CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 12 MOS) 3 - BREAK IN SERVICE (MORE THAN 12 MOS)</td> <td>42. LEAVE CAT. CODE</td> <td>43. FEDERAL TAX DATA FORM REQUESTED CODE 1 - YES 2 - NO</td> <td>44. STATE TAX DATA FORM REQUESTED CODE 1 - YES 2 - NO</td> <td>45. STATE TAX DATA</td> <td colspan="2">46. STATE CODE</td> </tr> </table>										19. ACTION CODE 22	20. EMPLOY CODE 10	21. OFFICE CODING NUMERIC ALPHABETIC 46575 TS	22. STATION CODE 45025	23. INTER-STATE CODE	24. DATE OF BIRTH MM DD YY 05 09 35	25. DATE OF DEATH	26. DATE OF DEPARTURE MM DD YY 11 21 62	27. DATE OF LEI	28. NCE EXPIRES MO. DA. YR.	29. SPECIAL REFERENCE	30. RETIREMENT DATA 1 - CSC 2 - FICA 3 - NONE	31. SEPARATION DATA CODE	32. CORRECT. DISCONT. ACTION DATA	FOD DATA →		33. SECURITY REQ. NO.	34. SEA	35. VET. PREFERENCE CODE 1 - NONE 2 - 5 PT 3 - 10 PT	36. SERV. COMP. DATE MO. DA. YR.	37. LONG. COMP. DATE MO. DA. YR.	38. MIL. SERV. CODE 1 - YES 2 - NO	39. FEEDS / HEALTH INSURANCE CODE 1 - YES 2 - NO	40. SOCIAL SECURITY NO.				41. PREVIOUS GOVERNMENT SERVICE DATA CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 12 MOS) 3 - BREAK IN SERVICE (MORE THAN 12 MOS)			42. LEAVE CAT. CODE	43. FEDERAL TAX DATA FORM REQUESTED CODE 1 - YES 2 - NO	44. STATE TAX DATA FORM REQUESTED CODE 1 - YES 2 - NO	45. STATE TAX DATA	46. STATE CODE	
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45. POSITION CONTROL CERTIFICATION MA 1-29-62						<div style="text-align: right;">             DATE APPROVED 11/2/62           </div>																																							

**SECRET**  
(When Filled In)



NAME OF EMPLOYEE (Last-First-Middle)	NAME AND RELATIONSHIP OF DEPENDENT*	CLAIM NUMBER
ZAMBERNARDI, Robert	Wife - Martha Cecilia	51-286

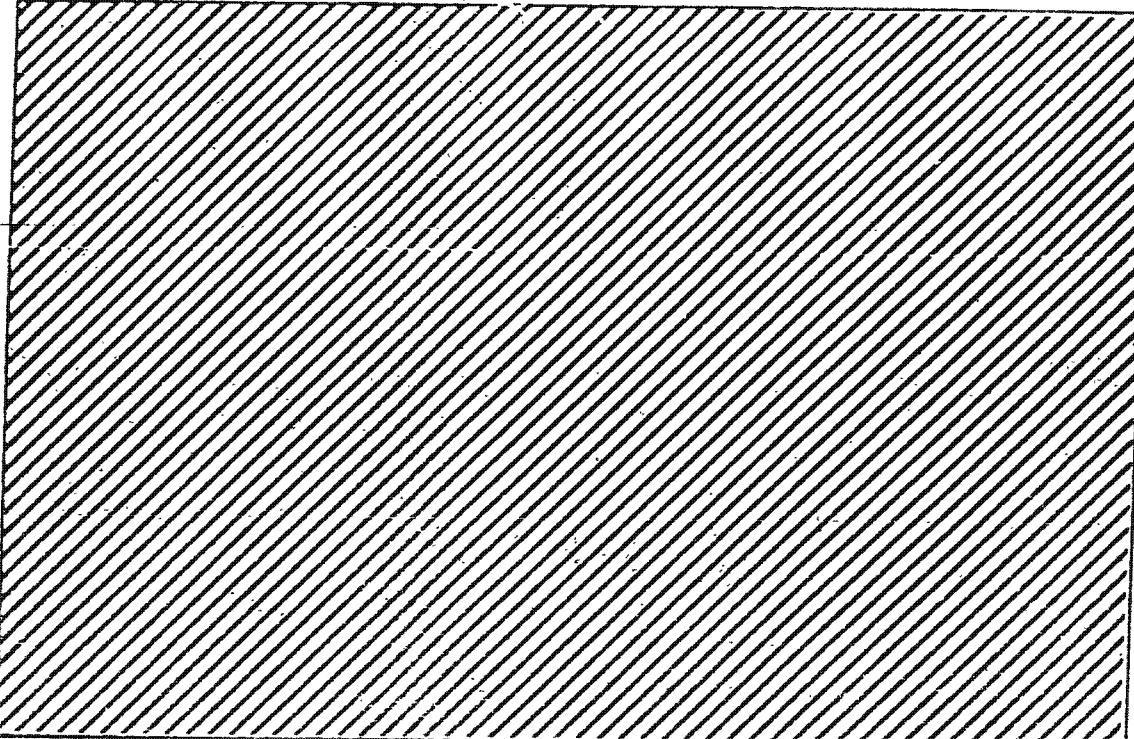
There is on file in the Benefits and Counseling Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent\*) for an illness, injury, or death incurred on 3 March 1961 - Leukemia of Uterus

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

DATE OF NOTICE

**NOTICE OF OFFICIAL DISABILITY CLAIM FILE**

SECRET  
(When Filled In)

		
NAME OF EMPLOYEE (LAST-FIRST-MIDDLE)	DOORXXXXX Dependent	CASE OR CLAIM NUMBER
Zumbernardi, Robert M.	Wife Martha	56-226
<p>There is on file in the Casualty Affairs Branch, Benefits and Casualty Division, Office of Personnel, an Official Disability Claim File on the above named employee for an illness, injury, or death incurred on <u>16 February 1960</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		
8 April 1960		
NOTICE C OFFICIAL DISABILITY CLAIM FILE		

**SECRET**  
(When Filled In)

<b>REQUEST FOR PERSONNEL ACTION</b>				DATE PREPARED <b>15 Dec 1960</b>																																																																									
1. SERIAL NUMBER <b>522592</b>		2. NAME (Last-First-Middle) <b>ZAMBERNARDI, Robert</b>																																																																											
3. NATURE OF PERSONNEL ACTION <b>PROMOTION</b>			4. EFFECTIVE DATE REQUESTED MONTH <b>12</b> DAY <b>25</b> YEAR <b>60</b>		5. CATEGORY OF EMPLOYMENT <b>REGULAR</b>																																																																								
6. FUNDS <input type="checkbox"/> V TO V <input type="checkbox"/> V TO CF <input checked="" type="checkbox"/> CF TO V <input type="checkbox"/> CF TO CF		7. COST CENTER NO. CHARGEABLE <b>1125-5700-3007</b>		8. LEGAL AUTHORITY (Completed by Office of Personnel)																																																																									
9. ORGANIZATIONAL DESIGNATIONS <b>DDP/TSD Western Hemisphere MEXICO</b>			10. LOCATION OF OFFICIAL STATION <b>Mexico, City, Mexico</b>																																																																										
11. POSITION TITLE <b>IO TECH AIDS</b>			12. POSITION NUMBER <b>575</b>		13. CAREER SERVICE DESIGNATION <b>D3</b>																																																																								
14. CLASSIFICATION SCHEDULE (GS, LP, etc.) <b>GS-9</b>		15. OCCUPATIONAL SERIES <b>0136.63</b>		16. GRADE AND STEP <b>08 01</b>																																																																									
17. SALARY OR RATE <b>\$ 5885</b>																																																																													
18. REMARKS <div style="text-align: right; margin-top: 50px;"></div>																																																																													
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<table border="1" style="width:100%; border-collapse: collapse; font-size: small;"> <tr> <td colspan="2">19. ACTION CODE</td> <td colspan="2">20. DATE OF ACTION</td> <td colspan="2">21. DATE OF REVIEW</td> </tr> <tr> <td>CODE</td> <td>DESCRIPTION</td> <td>DATE</td> <td>DATE</td> <td>DATE</td> <td>DATE</td> </tr> <tr> <td><b>46575</b></td> <td><b>75</b></td> <td><b>12/25/60</b></td> <td><b>12/25/60</b></td> <td><b>12/25/60</b></td> <td><b>12/25/60</b></td> </tr> <tr> <td colspan="2">22. DATE OF REVIEW</td> <td colspan="2">23. DATE OF REVIEW</td> <td colspan="2">24. DATE OF REVIEW</td> </tr> <tr> <td>DATE</td> <td>DATE</td> <td>DATE</td> <td>DATE</td> <td>DATE</td> <td>DATE</td> </tr> <tr> <td><b>12/25/60</b></td> <td><b>12/25/60</b></td> <td><b>12/25/60</b></td> <td><b>12/25/60</b></td> <td><b>12/25/60</b></td> <td><b>12/25/60</b></td> </tr> <tr> <td colspan="2">25. DATE OF REVIEW</td> <td colspan="2">26. DATE OF REVIEW</td> <td colspan="2">27. DATE OF REVIEW</td> </tr> <tr> <td>DATE</td> <td>DATE</td> <td>DATE</td> <td>DATE</td> <td>DATE</td> <td>DATE</td> </tr> <tr> <td><b>12/25/60</b></td> <td><b>12/25/60</b></td> <td><b>12/25/60</b></td> <td><b>12/25/60</b></td> <td><b>12/25/60</b></td> <td><b>12/25/60</b></td> </tr> <tr> <td colspan="2">28. DATE OF REVIEW</td> <td colspan="2">29. DATE OF REVIEW</td> <td colspan="2">30. DATE OF REVIEW</td> </tr> <tr> <td>DATE</td> <td>DATE</td> <td>DATE</td> <td>DATE</td> <td>DATE</td> <td>DATE</td> </tr> <tr> <td><b>12/25/60</b></td> <td><b>12/25/60</b></td> <td><b>12/25/60</b></td> <td><b>12/25/60</b></td> <td><b>12/25/60</b></td> <td><b>12/25/60</b></td> </tr> </table>						19. ACTION CODE		20. DATE OF ACTION		21. DATE OF REVIEW		CODE	DESCRIPTION	DATE	DATE	DATE	DATE	<b>46575</b>	<b>75</b>	<b>12/25/60</b>	<b>12/25/60</b>	<b>12/25/60</b>	<b>12/25/60</b>	22. DATE OF REVIEW		23. DATE OF REVIEW		24. DATE OF REVIEW		DATE	DATE	DATE	DATE	DATE	DATE	<b>12/25/60</b>	<b>12/25/60</b>	<b>12/25/60</b>	<b>12/25/60</b>	<b>12/25/60</b>	<b>12/25/60</b>	25. DATE OF REVIEW		26. DATE OF REVIEW		27. DATE OF REVIEW		DATE	DATE	DATE	DATE	DATE	DATE	<b>12/25/60</b>	<b>12/25/60</b>	<b>12/25/60</b>	<b>12/25/60</b>	<b>12/25/60</b>	<b>12/25/60</b>	28. DATE OF REVIEW		29. DATE OF REVIEW		30. DATE OF REVIEW		DATE	DATE	DATE	DATE	DATE	DATE	<b>12/25/60</b>	<b>12/25/60</b>	<b>12/25/60</b>	<b>12/25/60</b>	<b>12/25/60</b>	<b>12/25/60</b>
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20. POSITION CONTROL CERTIFICATION <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: left;"> <b>12-21-60</b>  <small>FORM 1152 (REV. 1-52) AND FORM 1-52A</small> </div> <div style="border: 1px solid black; width: 200px; height: 40px; margin-left: auto;"></div> </div>																																																																													

**SECRET**

587

Personnel Actions Committee  
Room 7F, Reservoir, Mexico City

SECRET

NOTIFICATION OF ESTABLISHMENT OF MILITARY COVER BACKSTOP		DATE 19 August 1965
TO: (Check)	<input checked="" type="checkbox"/> CHIEF, PERSONNEL OPERATIONS DIVISION	ESTABLISHED FOR ZAMBERNARDI, Robert M.
	<input checked="" type="checkbox"/> CHIEF, OPERATING COMPONENT (For action) TSD	
ATTN: Personnel		FILE NO. 4054
REF: Resignee Backstop debriefing		ID CARD NO.
MILITARY COVER BACKSTOP ESTABLISHED Technical Services Group, Provisional		EMPLOYEE NO.

**KEEP ON TOP OF FILE WHILE COVER IN EFFECT**

☒ Block Records: (OPMEMO 20-800-11) Resignation effective 20 Aug 65

a. Temporarily for \_\_\_\_\_ days, effective \_\_\_\_\_

b. Continuing, effective EOD Jul 56

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

☐ NA Ascertain that Army W-2 being issued.  
(HB 20-561.1)

☐ NA Submit Form 1322 for any change affecting this cover.  
(R 240-310)

☐ NA Submit Form 1323 for transferring cover responsibility.  
(R 240-350)

Forwarding Address:  
c/o American Embassy  
Mexico City, Mexico  
Employment Address:  
Unknown

DISSEMINATION: Copy 1-POD, Copy 2-Operating Component, Copy 3-OS D OS, Copy 4-OS/TLSM, Copy 5-PSD/OS, Copy 6-File

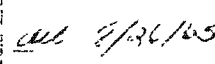
FORM 1551  
6-64 1551

SECRET

(13-10-43)

SECRET  
(When Filled In)

N.M. 25 AUG 65

NOTIFICATION OF PERSONNEL ACTION											
OEF											
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)									
022592		ZAMBERNARDI ROBERT									
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
RESIGNATION						08 20 65		REGULAR			
6. FUNDS		V TO V		V TO CF		7. COST CENTER NO. (CHARGEABLE)		8. CSC OR OTHER LEGAL AUTHORITY			
CF TO V		X		CF TO CF		6125 0079 0000					
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION					
DDP/TSD OPERATIONAL AIDS PHOTO OPERATIONS BRANCH AREA DESKS SECTION						WASH., D. C.					
11. POSITION TITLE						12. POSITION NUMBER		13. SERVICE DESIGNATION			
PHOTOG GEN						0113		D			
14. (CLASSIFICATION SCHEDULE (GS, GS, etc.))				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
GS				1060.02		11 3		9240			
18. REMARKS											
COMMUNICATIONS - C/O AMERICAN EMBASSY MEXICO D.F. MEXICO CHECKS, BONDS - UNION TRUST COMPANY, 1500 H ST. NW WASHINGTON, D. C.											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE		23. INITIATES CODE		24. HAZARD CODE	
45		10		NUMERIC ALPHABETIC							
25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LST		28. DATE OF BIRTH		29. DATE OF GRADE		30. DATE OF LST	
05 09 35											
31. N/A CAPITIES		32. SPECIAL REFERENCE		33. RETIREMENT DATA		34. SEPARATION DATA CODE		35. CANCELLATION CANCELLATION DATA		36. SECURITY R/S NO	
				1. YES 2. NO		3ACOM				EOD DATA	
37. NET PREFERENCE		38. SERV COMP DATE		39. LONG COMP DATE		40. CENTER CATEGORY		41. PEGIT / HEALTH INSURANCE		42. SOCIAL SECURITY NO	
CODE		4. NONE 5. YES 6. NO		4. NONE 5. YES 6. NO		CODE		CODE		CODE	
43. PREVIOUS GOVERNMENT SERVICE DATA				44. LEAVE CAT		45. FEDERAL TAX DATA				46. STATE TAX DATA	
1. NO PREVIOUS SERVICE 2. NO BREAK IN SERVICE 3. BREAK IN SERVICE (YES, YEAR, MONTH) 4. BREAK IN SERVICE (YES, YEAR, MONTH)				CODE		1. YES 2. NO				CODE	
SIGNATURE (S) OTHER AUTHENTICATION											
											

FORM 1150  
11 67

Use Previous  
Edition

SECRET

GROUP 1  
(Excluded from automatic  
downgrading and  
declassification)

When Filled In

1. Serial No.	2. Name		3. Cost Center Number		4. LWOP Hours
022592	ZAMBERNARDI ROBERT		41 575 CF		
5. OLD SALARY RATE		6. NEW SALARY RATE			7. TYPE ACTION
Grade	Step	Salary	Step	Effective Date	PSI ISI ADI
GS 10	2	\$ 7,945	GS 10	3 \$ 8,200	04/12/64
<p>8. Remarks and Authentication</p> <p>/ / NO EXCESS LWOP</p> <p>/ / IN PAY STATUS AT END OF WAITING PERIOD</p> <p>/ / LWOP STATUS AT END OF WAITING PERIOD</p> <p>CLERKS INITIALS AUDITED BY</p> <p>I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.</p> <p>SIGNATURE <span style="border: 1px solid black; display: inline-block; width: 150px; height: 30px; vertical-align: middle;"></span> DATE: 6 March 1964</p> <p>PAY CHANGE NOTIFICATION</p>					

Form 560

Obsolete Previous Edition

(4 51)



**SECRET**  
(When Filled In)

ARMY - 100 50

NOTIFICATION OF PERSONNEL ACTION															
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)													
022502		ZAMBERNARDI ROBERT													
3. NATURE OF PERSONNEL ACTION					4. EFFECTIVE DATE			5. CATEGORY OF EMPLOYMENT							
PROMOTION (CORRECTION)*					NO. DA YR 04 14 63			REGULAR							
6. FUNDS		V TO V		V TO CF		7. COST CENTER NO CHARGEABLE			8. CSC OR OTHER LEGAL AUTHORITY						
CF TO V		X		CF TO CF		3125 5700 3007			50 USC 403						
9. ORGANIZATIONAL DESIGNATIONS					10. LOCATION OF OFFICIAL STATION										
DDP TSD FOREIGN FIELD WESTERN HEMISPHERE MEXICO					MEXICO CITY, MEXICO										
11. POSITION TITLE					12. POSITION NUMBER			13. SERVICE DESIGNATION							
IC TECH AIDS					0575			D							
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)			15. OCCUPATIONAL SERIES		16. GRADE AND STEP			17. SALARY OR RATE							
GS			0136.63		10 2			7535							
18. REMARKS															
*THIS CORRECTS FORM 118A, EFFECTIVE 04/14/63, ITEM #15, OCCUPATIONAL SERIES, WHICH READ "0136.01" TO READ "0136.63."															
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL															
19. ACTION: 20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE		23. INTEROFFICE CODE		24. MILEAGE CODE		25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI	
NO DA YR		ALPHABETIC ALPHABETIC		CODE		CODE		CODE		NO DA YR		MO DA YR		MO DA YR	
										04 04 63					
28. NTR EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA		33. SECURITY REQ NO		34. SEX			
NO DA YR				1. YES 2. NO		CODE		TIME NO DA YR		EOD DATA					
35. VET PREFERENCE		36. SERV COMP DATE		37. LONG COMP DATE		38. EARLIER CATEGORY		39. FEES / HEALTH INSURANCE		40. SOCIAL SECURITY NO					
CODE 1. YES 2. NO		NO DA YR		NO DA YR		CODE 1. YES 2. NO		CODE 0. REFUSED 1. YES		HEALTH INS CODE					
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT		43. FEDERAL TAX DATA		44. STATE TAX DATA							
CODE 0. NO PREVIOUS SERVICE 1. NO BREAK IN SERVICE 2. BREAK IN SERVICE (LAST MONTH + YEAR) 3. BREAK IN SERVICE (LAST MONTH + YEAR)				CODE		1. YES 2. NO		1. YES 2. NO		CODE 0. NO TAX 1. YES		STATE CODE			
SIGNATURE OR OTHER AUTHENTICATION															
<div style="border: 1px solid black; padding: 10px; display: inline-block;"> <p style="font-size: 24px; margin: 0;">POSTED</p> <p style="margin: 5px 0;">15 APR 1963</p> <p style="font-family: cursive; font-size: 18px; margin: 0;">[Signature]</p> </div>															

**SECRET**  
(When Filled In)

APM: 11 APR 63

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)									
022592		ZAMBERNARDI ROBERT									
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
PROMOTION						MO. DA. YR. 04 14 63		REGULAR			
6. FUNDS		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY			
CF TO V		X		CF TO CF		3125 5700 3007		50 USC 403 J			
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION					
DDP TSO FOREIGN FIELD WESTERN HEMISPHERE MEXICO						MEXICO CITY, MEXICO					
11. POSITION TITLE						12. POSITION NUMBER		13. SERVICE DESIGNATION			
10 TECH AIDS						0575		D			
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
GS				2130.01		10 2		7535			
18. REMARKS											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING		22. STATION CODE	23. INTERPRET CODE	24. HOURS CODE	25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LET
22	10	NUMERIC ALPHABETIC	48-075 75	48075	3		MO. DA. YR. 05 14 63		MO. DA. YR. 04 14 63		MO. DA. YR. 04 14 63
28. NTE EXPIRY		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA		33. SECURITY	
NO. DA. YR.		NO.		1. CEC 2. RICA 3. OTHER		CODE		TYPE NO. DA. YR.		216 NO.	
34. VET. PREFERENCE		35. SERV. COMP. DATE		36. LONG. COMP. DATE		37. CAREER CATEGORY		38. FEGLI / HEALTH INSURANCE		39. SOCIAL SECURITY NO.	
CODE		MO. DA. YR.		MO. DA. YR.		CODE		CODE		CODE	
40. PREVIOUS GOVERNMENT SERVICE DATA				41. LEAVE CAT. 43				42. FEDERAL TAX DATA			
CODE				CODE				CODE			
1. NO. PREVIOUS SERVICE				1. YES				1. YES			
2. NO. PREVIOUS SERVICE				2. NO				2. NO			
3. DRIVE IN SERVICE (1-100)				3. YES				3. YES			
4. DRIVE IN SERVICE (1-100)				4. NO				4. NO			
SIGNATURE OR OTHER AUTHENTICATION											
<div style="border: 1px solid black; width: 200px; height: 50px; margin: 0 auto;"></div> <div style="text-align: right; margin-top: 10px;">             15 APR 1963 <i>[Signature]</i> </div>											

FORM 1150

11 52

11 APR 1963

Use Previous Edition

SECRET

(When Filled In)

(When Filled In)

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-793 AND DCI  
MEMORANDUM DATED 1 AUGUST 1966, SALARY IS ADJUSTED AS FOLLOWS,  
EFFECTIVE 9 JANUARY 1969.

NAME	SERIAL	ORGN	FUNDS	GH-ST	OLD SALARY	NEW SALARY
ZAMBERNARDI ROBERT	022592	41	575	CF GS 10 2	\$ 7,535	\$ 7,945

BWS: 19 JAN 62

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION																		
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)																
022592		ZAMBERNARDI ROBERT																
3. NATURE OF PERSONNEL ACTION					4. EFFECTIVE DATE					5. CATEGORY OF EMPLOYMENT								
PROMOTION					01   21   62					REGULAR								
6. FUNDS					7. COST CENTER NO. (CHARGEABLE)					8. CSC OR OTHER LEGAL AUTHORITY								
<table border="1"> <tr> <td>V TO V</td> <td>V TO CF</td> </tr> <tr> <td>CF TO V</td> <td>CF TO CF</td> </tr> </table>					V TO V	V TO CF	CF TO V	CF TO CF	2125 5700 3007					50 USC 403 J				
V TO V	V TO CF																	
CF TO V	CF TO CF																	
9. ORGANIZATIONAL DESIGNATIONS					10. LOCATION OF OFFICIAL STATION													
DDP 7SD FOREIGN FIELD WESTERN HEMISPHERE MEXICO					MEXICO CITY, MEXICO													
11. POSITION TITLE					12. POSITION NUMBER					13. CAREER SERVICE DESIGNATION								
10 TECH AIDS					0575					D								
14. CLASSIFICATION SCHEDULE (SS, LS, etc.)					15. OCCUPATIONAL SERIES					16. GRADE AND STEP								
GS					0136.01					09 1								
17. SALARY OR RATE					6435													
18. REMARKS																		
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL																		
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE		23. INTEGREE CODE		24. HOURS CODE		25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LFI		
22		10		40575 TS		45075		3		3		05   09   35		01   21   62		01   21   62		
28. HTE EXPIRES		29. SPECIAL RESERVE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. FORFEITURE-CANCELLATION DATA		33. SECURITY REQ NO		34. SEX						
										EOD DATA								
35. VET PREFERENCE		36. LEAF CLMP DATE		37. LONG CLMP DATE		38. MIL SERV CREDIT/CD		39. FECLT / HEALTH INSURANCE		40. SOCIAL SECURITY NO								
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT CODE				43. FEDERAL TAX DATA				44. STATE TAX DATA						
SIGNATURE OR OTHER AUTHENTICATION																		
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>POSTED</b>  1/25/62 <i>Qm</i> </div>																		

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-732 AND  
 DCI MEMORANDUM DATED 1 AUGUST 1954, SALARY IS ADJUSTED AS FOLLOWS,  
 EFFECTIVE 16 OCTOBER 1962

NAME SERIAL ORGN FUNDS OLD OLD NEW NEW  
 GR-ST SALARY GR-ST SALARY  
 ZAMBERNARDI ROBERT 022592 46575 CF 09 1 \$ 6433 09 1 \$ 6675

1. Serial No.	2. Name		3. Cost Center Number		4. LWOP Hours	
022592	ZAMBERNARDI ROBERT		46 575 CF 10			
5. OLD SALARY RATE				6. NEW SALARY RATE		7. TYPE ACTION
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary
GS 09	15	\$ 6,675	01/21/62	GS 09	23	\$ 6,900
				Effective Date	PSI	LSI
				01/20/63		
8. Remarks and Authentication						
/ / NO EXCESS LWOP / / IN PAY STATUS AT END OF WAITING PERIOD / / LWOP STATUS AT END OF WAITING PERIOD CLERKS INITIALS AUDITED BY						
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.						
SIGNATURE				DATE		
PAY CHANGE NOTIFICATION						

Form 560

Obsolete Previous Edition

(4-51)

SECRET  
 (When Filled In)

1. Serial No.	2. Name		3. Cost Center Number		4. LWOP Hours	
22592	ZAMBERNARDI ROBERT		DIP/TSD 10 UV			
5. OLD SALARY RATE				6. NEW SALARY RATE		7. TYPE ACTION
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary
GS 08	1	\$ 5,885	12/25/61	GS 08	2	\$ 6,055
				Effective Date	PSI	LSI
				12/24/61		
8. Remarks and Authentication						
/ / IN LWOP STATUS AT END OF WAITING PERIOD / / NO EXCESS LWOP / / IN PAY STATUS						
PAY CHANGE NOTIFICATION						

Form 560

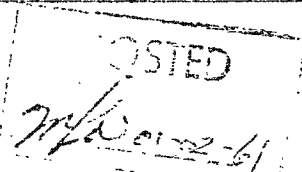
Obsolete Previous Edition

SECRET

(4-51)

BLT: 23 DEC 1960

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)									
022592		ZAMBERNARDI ROBERT									
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE			5. CATEGORY OF EMPLOYMENT		
PROMOTION						MO DA YR 12 25 60			REGULAR		
6. FUNDS		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE			8. CSC OR OTHER LEGAL AUTHORITY		
CF TO V		X		CF TO CF		1125 5700 3007			50 USC 403 d		
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION					
DDP TSO WESTERN HEMISPHERE MEXICO						MEXICO CITY, MEXICO					
11. POSITION TITLE						12. POSITION NUMBER			13. CAREER SERVICE DESIGNATION		
IO TECH AIDS						0575			D		
14. CLASSIFICATION SCHEDULE (GS, WB, etc.)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP			17. SALARY OR RATE		
by				0136.63		08 1			5885		
18. REMARKS											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING		22. STATION CODE	23. INTERSEE CODE	24. Hdqrs. Code	25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI
22	10	46575 TS		45075		3	MO DA YR 05 09 35		MO DA YR 12 25 60		MO DA YR 12 25 60
28. NTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA		33. SECURITY RLO NO.	
NO DA YR				1. CBL 2. FICA 3. NONE		TYPE		MO DA YR		EOD DATA	
35. VET PREFERENCE		36. SERV COMP DATE		37. LONG. COMP DATE		38. MIL. SERV. CREDIT/LEO		39. FEGLI / HEALTH INSURANCE		40. SOCIAL SECURITY NO.	
CODE		MO DA YR		MO DA YR		1. YES 2. NO		CODE CODE U. WAIVER HEALTH INS. CODE			
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT CODE		43. FEDERAL TAX DATA			44. STATE TAX DATA		
CODE				CODE		FORM EXECUTED CODE NO. TAX EXEMPTIONS FORM EXECUTED CODE NO. TAX EXEMPTIONS			CODE NO. TAX EXEMPT STATE CODE		
0. NO PREVIOUS SERVICE 1. NO BREAK IN SERVICE 2. BREAK IN SERVICE (LESS THAN 12 MOS) 3. BREAK IN SERVICE (MORE THAN 12 MOS)						1. YES 2. NO			1. YES 2. NO		
SIGNATURE OR OTHER AUTHENTICATION											
<div style="text-align: right;">  </div>											

Form 650 (1-59)

Obsolete Previous Editions

SECRET

(4-51)

**SECRET**  
(When Filled In)

### NOTIFICATION OF PERSONNEL ACTION

AES: 17 APRIL 1959

1. Serial No.		2. Name (Last-First-Middle)		3. Date Of Birth		4. Var. Prof.		5. Sex		6. CS - FOD	
522592		ZAMBERNARDI ROBERT		Mo. Da. Yr. 05 05 35		None-0 5 Pt-1 10 Pt-2 1		M 1		Mo. Da. Yr. 07 30 56	
7. SCD		8. CSC Retmt.		9. CSC Or Other Legal Authority		10. Apmt. Affidavit		11. FEGLI		12. TCD	
Mo. Da. Yr. 08 02 54		Yes-1 No-2 1		50 USCA 403 J		Mo. Da. Yr. 08 02 54		Yes-1 No-2 1		Mo. Da. Yr. 07 30 56	

#### PREVIOUS ASSIGNMENT

14. Organizational Designations		Code		15. Location Of Official Station		Station Code	
DDP TSS TECHNICAL AIDS PHOTOGRAPHIC DIV OPERATIONAL PHOTOGRAPHY BR		4448		WASH.D.C.		75013	
16. Dept. - Field		17. Position Title		18. Position Flr.		19. Serv.	
Dept - 1 USfld - 3 Frgn - 5 2		PHOTOG GEN		0513		GS	
20. Occup. Series		21. Grade & Step		22. Salary Or Rate		23. SD	
1060.02		07 1		\$ 4980		DT	
24. Date Of Grade		25. Pst Duo		26. Appropriation Number			
Mo. Da. Yr. 12 28 58		Mo. Da. Yr. 12 27 59		9 2500 25 007			

#### ACTION

27. Nature Of Action		Code		28. Eff. Date		29. Type Of Employee		Code		30. Separation Data	
REASSIGNMENT & TRANSFER TO CONFIDENTIAL FUNDS*		05		04 19 59		REGULAR		01			

#### PRESENT ASSIGNMENT

31. Organizational Designations		Code		32. Location Of Official Station		Station Code	
DDP TSS FOREIGN FIELD WESTERN HEMISPHERE MEXICO		4455		MEXICO		45000	
33. Dept. - Field		34. Position Title		35. Position Flr.		36. Serv.	
Dept - 1 USfld - 3 Frgn - 5 5		10 TECH AIDS		0575		GS	
37. Occup. Series		38. Grade & Step		39. Salary Or Rate		40. SD	
0136.63		07 1		\$ 4980		DT	
41. Date Of Grade		42. Pst Duo		43. Appropriation Number			
Mo. Da. Yr. 12 28 58		Mo. Da. Yr. 12 27 59		9 2500 25 007			

44. Remarks

\*SUBJECT TO APPROVED MEDICAL CLEARANCE PRIOR TO BEING SENT OVERSEAS.

**POSTED**  
24 APR 1959  
RW

NOV  
1961SECRET  
(When Filled In)

## FITNESS REPORT

EMPLOYEE SERIAL NUMBER  
22592

## SECTION A

## GENERAL

1. NAME (Last) (First) (Middle) <b>ZAMBERNARDI, Robert M.</b>		2. DATE OF BIRTH <b>9 May 1935</b>	3. SER <b>M</b>	4. GRADE <b>GS-8</b>
5. SERVICE DESIGNATION <b>KURIOT</b>	6. OFFICIAL POSITION TITLE <b>IO TECH AIDS</b>		7. OFF/DIV/BR OF ASSIGNMENT <b>WH/III/MEXI</b>	
8. CAREER STAFF STATUS		9. TYPE OF REPORT		
<input type="checkbox"/> NOT ELIGIBLE <input checked="" type="checkbox"/> MEMBER <input type="checkbox"/> DECLINED <input type="checkbox"/> DENIED		<input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT/SUPERVISOR <input type="checkbox"/> REASSIGNMENT/EMPLOYEE		
10. DATE REPORT DUE IN O.P. <b>31 AUGUST 1961</b>		11. REPORTING PERIOD From <b>7/1/60</b> - To <b>6/30/61</b> SPECIAL (Specify)		

## SECTION B

## EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES

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

1 - Unsatisfactory	2 - Barely adequate	3 - Acceptable	4 - Competent	5 - Excellent	6 - Superior	7 - Outstanding
		RATING NO. <b>6</b>				RATING NO. <b>5</b>
		RATING NO. <b>5</b>				RATING NO. <b>5</b>
		RATING NO. <b>6</b>				RATING NO.
		SPECIFIC DUTY NO. 6				RATING NO.

## SECTION C

## EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION

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

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

RATING NO.  
**5**

## SECTION D

## DESCRIPTION OF THE EMPLOYEE

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

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

SEE SECTION "E" ON REVERSE SIDE

SECRET

(When Filled In)

OFFICE OF PERSONNEL

## SECTION E

## NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

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

This officer is willing, and has become much more effective and sure of himself during the past year. He is an excellent photographer and this with his increasing resourcefulness in support of operations, has resulted in some unusually good work of the ops support type.

This officer has a pleasant personality, is well liked, gets along well with his fellow employees, works overtime without question, and is well adjusted to overseas life in Mexico. The Station is very pleased to have him for another tour as he is most definitely a part of our operational capabilities.

██████████ was commended by COS, ██████████ in January 1961 and a review of this file should include a review of HMT-1798 dated 12 January 1961.

## 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

13 September 1961

SIGNATURE OF EMPLOYEE

/s/ Robert M. Zambernardi

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

12 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 LESS THAN 90 DAYS

REPORT MADE WITHIN LAST 90 DAYS

OTHER (Specify):

DATE

13 September 1961

OFFICIAL TITLE OF SUPERVISOR

Deputy Chief of Station

TYPED OR PRINTED NAME AND SIGNATURE

/s/ in pseudo

3.

BY REVIEWING OFFICIAL

I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.

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

COMMENTS OF REVIEWING OFFICIAL

DATE

13 September 1961

OFFICIAL TITLE OF REVIEWING OFFICIAL

Chief of Station

TYPED OR PRINTED NAME AND SIGNATURE

/s/ in pseudo

SECRET



14-00000

Fitness Reports for period After, and  
Personnel Actions for period prior to —  
Assignment Mexico City

**SECRET**  
(When Filled In)

<div style="display: flex; justify-content: space-between;"> <div> <b>FITNESS REPORT</b>  <small>29 DEC 1965</small> </div> <div> <b>EMPLOYEE SERIAL NUMBER</b>  22592 </div> </div>										
<b>SECTION A GENERAL</b>										
1. NAME (Last) (First) (Middle) <b>ZAMBERNARDI Robert</b>			2. DATE OF BIRTH <b>9 May 1935</b>		3. SEX <b>N</b>					
4. GRADE <b>GS-7</b>		5. OFF/DIV/BR OF ASSIGNMENT <b>KURIOT/Mexico</b>								
6. SERVICE DESIGNATION <b>KURIOT</b>		7. OFFICIAL POSITION TITLE <b>IO TECH AIDS</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"/> 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 From To 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										
		RATING NO.		RATING NO.						
		5		4						
		RATING NO.		RATING NO.						
		6		4						
		RATING NO.		RATING NO.						
		5		6						
<b>SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION</b>										
Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.										
1 - Performance in many important respects fails to meet requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets basic requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding.					RATING NO. 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 APPL- CABLE	NOT OB- SERVED	RATING				
						1	2	3	4	5
GETS THINGS DONE									X	
RESOURCEFUL								X		
ACCEPTS RESPONSIBILITIES									X	
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES									X	
DOES HIS JOB WITHOUT STRONG SUPPORT									X	
FACILITATES SMOOTH OPERATION OF HIS OFFICE									X	
WRITES EFFECTIVELY							X			
SECURITY CONSCIOUS									X	
THINKS CLEARLY							X			
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS									X	
OTHER (Specify):										

SEE SECTION "E" ON REVERSE SIDE

19601/27

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 basis for determining future personnel actions.

This young officer is conscientious and willing. He is an excellent photographer and fulfills duties related to photography (which is his principal duty) in completely satisfactory fashion.

He is willing to take on any assignments given him; is willing to put in any amount of overtime needed to get assignments completed within the prescribed time.

Dec 20 11 04 AM '60  
MAIL ROOM

**SECTION F CERTIFICATION AND COMMENTS**

<b>1. BY EMPLOYEE</b>		
I certify that I have seen Sections A, B, C, D and E of this Report.		
DATE	SIGNATURE OF EMPLOYEE	
27 Oct 1960	Subject signed form 45a in pseudo.	
<b>2. BY SUPERVISOR</b>		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.		
EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS		REPORT MADE WITHIN LAST 90 DAYS
OTHER (Specify):		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
27 Oct 1960		Winston Scott
<b>3. BY REVIEWING OFFICIAL</b>		
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

SECRET

**SECRET**  
(When Filled In)

13 AUG 1959

<b>FITNESS REPORT</b>				EMPLOYEE SERIAL NUMBER <b>122592</b>							
<b>SECTION A GENERAL</b>											
1. NAME (Last) (First) (Middle) <b>ZAMBERNARDI Robert M.</b>		2. DATE OF BIRTH <b>9 May 1935</b>		3. SEX <b>M</b>	4. GRADE <b>GS-7</b>						
5. SERVICE DESIGNATION <b>DT</b>		6. OFFICIAL POSITION TITLE <b>PHOTOG GEN</b>		7. OFF/DIV/BR OF ASSIGNMENT <b>DDP/TSS/TA/PSD</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"/> INITIAL <input type="checkbox"/> REASSIGNMENT/SUPERVISOR								
<input checked="" 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. <b>30 June 1959</b>		11. REPORTING PERIOD <b>Dec 1958 to Jun 1959</b>									
<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											
		RATING NO. <b>3</b>									
		RATING NO. <b>4</b>									
		RATING NO. <b>4</b>									
		RATING NO. <b>4</b>		RATING NO. <b>4</b>							
		RATING NO. <b>5</b>		RATING NO. <b>3</b>							
		RATING NO. <b>3</b>		RATING NO. <b>3</b>							
<b>SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION</b>											
Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.											
1 - Performance in many important respects fails to meet requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets basic requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding.					RATING NO. <b>4</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									XX		
RESOURCEFUL									XX		
ACCEPTS RESPONSIBILITIES										XX	
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES									XX		
DOES HIS JOB WITHOUT STRONG SUPPORT									XX		
FACILITATES SMOOTH OPERATION OF HIS OFFICE									XX		
WRITES EFFECTIVELY					XX						
SECURITY CONSCIOUS										XX	
THINKS CLEARLY									XX		
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS					XX						
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.

SUBJECT'S KNOWLEDGE OF PHOTOGRAPHY IS INCREASING AT A STEADY PACE. HE IS VERY ATTENTIVE TO HIS ON-THE-JOB TRAINING AND APPLIES IT VERY WELL. CONSIDERABLE INITIATIVE HAS BEEN SHOWN BY LEARNING NEW METHODS AND TECHNIQUES. THIS IS PARTLY DUE TO THE CORRESPONDENCE COURSE, IN PHOTOGRAPHY, IN WHICH HE IS CURRENTLY ENGAGED.

SUBJECT LACKS SOME CONFIDENCE IN HIS ABILITY TO PRODUCE PHOTOGRAPHIC PRINTS, HOWEVER, IT IS FELT BY THE RATER THAT THIS IS DUE TO HIS LIMITED EXPERIENCE IN DARKROOM TECHNIQUES AND PROCEDURES. THE RATER FEELS CONFIDENT THAT SUBJECT WILL OVERCOME THIS LACK OF CONFIDENCE SOON.

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

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

DATE SIGNATURE OF EMPLOYEE

**2. BY SUPERVISOR**

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

12

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

SUBJECT LEFT PCS, MEXICO CITY JUNE 20, 1959.

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

25 JUNE 1959

C/TSS/PSD/OSL

**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 THEIR EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.

COMMENTS OF REVIEWING OFFICIAL

DATE OFFICIAL TITLE OF REVIEWING OFFICIAL

25 JUNE 1959

I. O. TECH. AIDS

SECRET

**SECRET**  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER		
				122592		
<b>SECTION A GENERAL</b>						
1. NAME (Last) (First) (Middle) <b>ZAMBERNARDI Robert</b>			2. DATE OF BIRTH <b>5 Sept 1935</b>		3. SEX <b>M</b>	
4. GRADE <b>GS-5</b>		5. SERVICE DESIGNATION <b>DT</b>		6. OFFICIAL POSITION TITLE <b>PHOTOG GEN</b>		
7. OFF/DIV/BR OF ASSIGNMENT <b>DDP/TSS/TA/PD</b>						
8. CAREER STAFF STATUS						
<input checked="" 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. <b>December 1958</b>		11. REPORTING PERIOD <b>Dec 1957 to Dec 1958</b>		12. SPECIAL (Specify) <b>Also Promotion</b>		
<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						
		RATING NO. 1 <b>3</b>		RATING NO. 2 <b>4</b>		
		RATING NO. 3 <b>4</b>		RATING NO. 4 <b>4</b>		
		RATING NO. 5 <b>3</b>		RATING NO. 6 <b>4</b>		
		SPECIFIC DUTY NO. 6		RATING NO. 7		
<b>SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION</b>						
Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.						
1 - Performance in many important respects fails to meet requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets basic requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding.					RATING NO. <b>4</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
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.

MR. ZAMBERNARDI JOINED THE PHOTOGRAPHIC SUPPORT DIVISION IN JANUARY 1958 WITH NO PHOTOGRAPHIC EXPERIENCE. MR. ZAMBERNARDI HAS PROGRESSED VERY RAPIDLY IN HIS NEWLY CHOSEN FIELD DURING THE PAST YEAR BY TAKING AN ACTIVE INTEREST IN HIS ON THE JOB TRAINING AND BY DISPLAYING CONSIDERABLE INITIATIVE IN LEARNING NEW METHODS AND TECHNIQUES. MR. ZAMBERNARDI IS SUPPLEMENTING HIS AGENCY TRAINING BY COMPLETING A CORRESPONDENCE COURSE IN PHOTOGRAPHY GIVEN BY THE NEW YORK INSTITUTE OF PHOTOGRAPHY. IN RELATIVELY SHORT TIME, MR. ZAMBERNARDI HAS DEVELOPED INTO A VALUED ASSET TO THIS DIVISION.

BECAUSE OF HIS BRIEF BACKGROUND IN PHOTOGRAPHY, MR. ZAMBERNARDI LACKS SOME CONFIDENCE IN PERFORMING HIS DUTIES. THE UNDERSIGNED FEELS CONFIDENT THAT THIS WILL REMEDY ITSELF AS MORE EXPERIENCE IS GAINED.

## SECTION F CERTIFICATION AND COMMENTS

## 1. BY EMPLOYEE

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

DATE

SIGNATURE OF EMPLOYEE

## 2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

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

8

Subject on leave, will be shown to him later

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

23/12/58

C/TSS/PSD/CSC

## 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

MR. ZAMBERNARDI IS PRESENTLY PERFORMING THE DUTIES OF A GS-7 PHOTOGRAPHER WITH THIS DIVISION IN A MOST COMPETENT MANNER. IT IS RECOMMENDED THAT HE BE FAVORABLY CONSIDERED FOR AN INCREASE FROM GS-5 TO GS-7.

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

23 DECEMBER 1958

DC/TSS/PSD

SECRET

14-00000

Fitness Reports and other  
Personnel Documents During Period  
prior His Assignment to Mexico City