

STANDARD FORM 66
Revised 1-60
GPO: 1960 O-550-000
U.S. GOVERNMENT PRINTING OFFICE
WASHINGTON, D.C. 20540

SECRET

Official Personnel Folder

SECRET

(S)

1001.12

SECRET

(When Filled In)

1. PASS. SERIAL NO. 000000		B. BIOGRAPHIC PROFILE (PART I) SCD: 2 Sep 1946			
2. NAME (Last-First-Middle) [Redacted]		3. SEX M		4. DATE OF BIRTH [Redacted]	
5. MARITAL STATUS Married		6. NO. YEARS OF MARRIAGE 3 1937 1955 1955		7. US NATURALIZATION DATE 3 Mar 1948	
8. CANCELED STATE [Redacted]		9. MEMBERSHIP 5-1 1954		10. OTHER STATUS [Redacted]	
11. CURRENT RESERVE STATUS [Redacted]		12. GRADE [Redacted]		13. RELEASE TO MIL. SER. [Redacted]	
14. ASSESSMENT DATE Jul 1947		15. PROFESSIONAL TEST DATE None		16. LANGUAGE APTITUDE TEST DATE None	
17. NON-CIA EDUCATION [Redacted]					
18. FOREIGN LANGUAGE ABILITIES (Language, Proficiency, Fluency, Date Tested)		Spanish - R, S, U Native; W, P High (May 1960); Translate - May 1957			
Continued)					
19. CIA EMPLOYMENT HISTORY SINCE 18 SEPT 1947 (Personal Actions, Military Orders, and Principal Details)					
EFFECTIVE DATE	POSITION, TITLE & OCCUPATIONAL CODE	GRADE	SD	ORGANIZATION & ORG. TITLE (If Any)	LOCATION
Mar 1948	I.O. (Trainee)	0132.06	5		
May 1948	"	0132.06	7		
Nov 1948	Reports Off	0132.53	7		
Dec 1949	I.O. Reports	0132.53	7		
Aug 1950	I.O. (Ops)	0132.06	9		
Jun 1952	Ops Off	0136.01	11		
Apr 1954	Area Ops Off	0136.01	12		
Aug 1954	I.O. (PI)	0136.51	12	DI	
May 1956	Area Ops Off	0136.01	12	DI	
Feb 1957	" " "	0136.01	13	DI	
Aug 1959	Instructor Ops	1711.50	13	DI	
Dec 1961	" " "	1711.50	14	D	
Jan 1963	Ops Off	0136.01	14	D	
Apr 1963	" " "	0136.01	14	D	
Sep 1964	Chief of Station	0136.05	15	D	
Sep 1968	Chief of Station	0136.05	15	D	
Sep 1970	Chief of Station	0136.05	15	D	
Oct 1972	" " "	0136.01	15	D	
Mar 1973	" " "	0136.01	15	D	
Dec 1973	" " "	0136.01	15	D	
20. DATE REVIEWED 20 Jan 1976		21. PROFILE REVIEWED BY hms' cml		22. SIGNATURE REVIEWED & VERIFIED BY EMPLOYEE 31 Aug 1959	

FORM 1200 (PART I) USE PREVIOUS EDITIONS.

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PROFILE

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SECRET
(When Filled In)

PERS. SERIAL NO.		BIOGRAPHIC PROFILE (Continuation Sheet)																						
NAME (Last-First-Middle)				DATE OF BIRTH																				
<p>197- 2124 OF 2124</p> <p>197- 2124 OF 2124</p>																								
<p>19. CIB EMPLOYMENT HISTORY SINCE 16 SEPT. 1947 (Personnel Actions, Military Orders, and Principal Details) (Cont'd.)</p> <table border="1"> <thead> <tr> <th>EFFECTIVE DATE</th> <th>POSITION TITLE & OCCUPATIONAL CODE</th> <th>GRADE</th> <th>SO</th> <th>ORGANIZATION & ORGAN. TITLE (If any)</th> <th>LOCATION</th> </tr> </thead> <tbody> <tr> <td>Apr 1975</td> <td>Ops Off Ch</td> <td>0136.01</td> <td>16</td> <td>DTB DPO/IA/Ch, Plans & Programs Stf</td> <td>Hq</td> </tr> <tr> <td>Aug 1975</td> <td>Ops Officer</td> <td>0136.01</td> <td>16</td> <td>DTB DDO/IA/DevComp (Training)</td> <td>"</td> </tr> </tbody> </table>							EFFECTIVE DATE	POSITION TITLE & OCCUPATIONAL CODE	GRADE	SO	ORGANIZATION & ORGAN. TITLE (If any)	LOCATION	Apr 1975	Ops Off Ch	0136.01	16	DTB DPO/IA/Ch, Plans & Programs Stf	Hq	Aug 1975	Ops Officer	0136.01	16	DTB DDO/IA/DevComp (Training)	"
EFFECTIVE DATE	POSITION TITLE & OCCUPATIONAL CODE	GRADE	SO	ORGANIZATION & ORGAN. TITLE (If any)	LOCATION																			
Apr 1975	Ops Off Ch	0136.01	16	DTB DPO/IA/Ch, Plans & Programs Stf	Hq																			
Aug 1975	Ops Officer	0136.01	16	DTB DDO/IA/DevComp (Training)	"																			
DATE REVIEWED		PROFILE REVIEWED BY																						
20 Jan 1976		hms/al																						

FORM 10-7, 1200-1c

USE PREVIOUS EDITIONS

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F. J. DUFFY CL. BY: 037622

PROFILE

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(When Filled In)

PERS. SERIAL NO. 055195		BIOGRAPHIC PROFILE (PART 2)	
NAME (Last-First-Middle)		DATE OF BIRTH	
<div style="border: 1px solid black; height: 200px; width: 100%;"></div>			
24. SUMMARY OF CAREER PREFERENCE OUTLINE AND/OR FIELD REASSIGNMENT QUESTIONNAIRE			
25. IDENTITY OF OTHER DOCUMENTS WHICH SHOULD BE REVIEWED IN DETAIL SEE COVER HISTORY ATTACHED			
26. ADDITIONAL INFORMATION			
Appreciation 1953 from the [] for invaluable services rendered during trip to [] Appreciation 1953 from [] for assistance on survey trip along the [] Commendation 1959 from the [] for outstanding performance of duty while stationed in [] Award 1955 Outstanding [] by the [] Chapter of Toastmaster International as a result of a speech entitled [] Award 1974 of a Quality Step Increase in recognition of subject's sustained excellent performance since 1972.			
27. DATE REVIEWED 20 Jan 1976		28. PROFILE REVIEWED BY hmc/col	
		E 2 IMPDET CL 27 017622	

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NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP				DATE	FILE NO.
				19 March 1973	734
X TO: (Check)	X	CHIEF, CONTROL DIVISION, OP	SS NUMBER	268-28-0199	
		CHIEF, CONTRACT PERSONNEL DIVISION, OP	EMPLOYEE NUMBER	055495	
	X	CHIEF, OPERATING COMPONENT (For action) WH	ID CARD NUMBER		
ATTN: Chief Support Staff			OFFICIAL COVER	ESTABLISHED	
REF: Form 1322 dated 12 Mar 73				DISCONTINUED	
SUBJECT			UNIT		
KEEP ON TOP OF FILE WHILE COVER IN EFFECT					
X	ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS			CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS	
	<input checked="" type="checkbox"/> BASIC COVER PROVIDED EFFECTIVE DATE <u>EOD</u>			SUBMIT FORM 3254 <u>W-2</u> TO BE ISSUED. (HNB 20-11)	
	<input type="checkbox"/> OPERATIONAL COVER PROVIDED FOR <u>TDV</u> OTHER (Specify)			SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HNB 20-7)	
X	SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HNB 20-7)			EAA: CATEGORY I <input type="checkbox"/> CATEGORY II <input type="checkbox"/>	
	SUBMIT FORM 325 <u>W-2</u> TO BE ISSUED. (HNB 20-11)			RETURN ALL OFFICIAL DOCUMENTATION TO CCS	
X	SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (HR 240-20)			SUBMIT FORM 2688 FOR HOSPITALIZATION CARD.	
X	SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (HR 240-20)			DO NOT WRITE IN THIS BLOCK	
X	EAA: CATEGORY I <input type="checkbox"/> CATEGORY II <input checked="" type="checkbox"/>				
X	SUBMIT FORM 2688 FOR AOE HOSPITALIZATION CARD				
REMARKS AND/OR COVER HISTORY					
MAR 48-OCT 49 OCT 49-FEB 52 FEB 52-MAY 52 MAY 52-JUL 54 JUL 54-MAY 56 17 MAY 56-MAY MAY 59-MAY 61 MAY 61-MAR 63 MAR 63-JUL 66 JUL 66-JUL 70					
DISTRIBUTION: JUL					
COPY 1 - CO OR CPD					
COPY 2 - OPERATING					
COPY 3 - GS/SSACO					
COPY 4 - OL/TFB HQ					
COPY 5 - CCS-FILE					
				CHIEF, OFFICIAL COVER, CENTRAL COVER STAFF	

FORM 155 USE PREVIOUS EDITION

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E-3, IMPDET CL. BY: C07022

113-80-431

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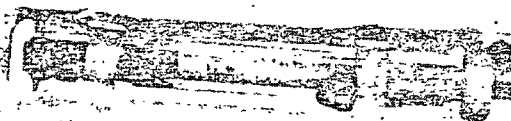
REPRODUCTION MASTERS

BIOGRAPHIC PROFILE

BIOGRAPHIC PROFILE

SECRET

H a n d l e W i t h C a r e

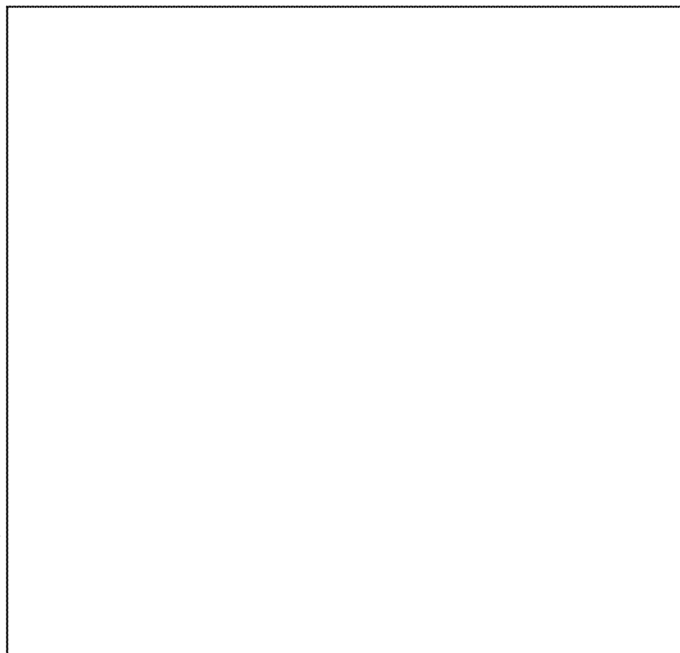


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Pre 1963 Requests
for Personnel Action

Left

Post 1966 Requests for
Notification
of Personnel Action
and other memos



~~Sanitized~~
bio profile and
Cover Summary



SECRET

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP				DATE	FILE NO.
				19 March 1973	734
X TO: (CHECK)	<input checked="" type="checkbox"/>	CHIEF, CONTROL DIVISION, OP	SS NUMBER	263-23-1199	
		CHIEF, CONTRACT PERSONNEL DIVISION, OP	EMPLOYEE NUMBER	055495	
	<input checked="" type="checkbox"/>	CHIEF, OPERATING COMPONENT (For action) VII	ID CARD NUMBER		
ATTN: Chief Support Staff			OFFICIAL COVER	<input checked="" type="checkbox"/> ESTABLISHED	
REF: Form 1322 dated 12 Mar 73				<input type="checkbox"/> DISCONTINUED	
SUBJECT			UNIT		
<p align="center">KEEP ON TOP OF FILE WHILE COVER IN EFFECT</p>					
<input checked="" type="checkbox"/>	ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS			CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS EFFECTIVE DATE:	
<input checked="" type="checkbox"/>	BASIC COVER PROVIDED EFFECTIVE DATE EOD			SUBMIT FORM 3254 _____ W-2 TO BE ISSUED. (HNB 20-11)	
<input type="checkbox"/>	OPERATIONAL COVER PROVIDED FOR _____ TOY _____ OTHER (Specify)			SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HNB 20-7)	
<input checked="" type="checkbox"/>	SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HNB 20-7)			EAA: CATEGORY I _____ CATEGORY II _____	
<input checked="" type="checkbox"/>	SUBMIT FORM 325 _____ W-2 TO BE ISSUED. (HNB 20-11)			RETURN ALL OFFICIAL DOCUMENTATION TO CGS	
<input checked="" type="checkbox"/>	SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (HR 240-20)			SUBMIT FORM 2688 FOR _____ HOSPITALIZATION CARD.	
<input checked="" type="checkbox"/>	SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (HR 240-20)			DO NOT WRITE IN THIS BLOCK	
<input checked="" type="checkbox"/>	EAA: CATEGORY I _____ CATEGORY II _____				
<input checked="" type="checkbox"/>	SUBMIT FORM 2688 FOR <u>ACE</u> HOSPITALIZATION CARD				
<p>REMARKS AND/OR COVER HISTORY</p> <p align="center">MAR 63-JUL 66</p>					
<p>DISTRIBUTION:</p> <p>COPY 1 - CD OR CP</p> <p>COPY 2 - OPERATING</p> <p>COPY 3 - OS/SRCH</p> <p>COPY 4 - OL/TFO</p> <p>COPY 5 - CCS-FILE</p>					

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FORM 1-72 1-1

1. PERSONAL SERIAL NO. OFFICE		B BIOGRAPHIC PROFILE (PART I) SCD: 2 Sep 1946			
2. NAME (Last-First-Middle)		3. SEX M	4. DATE OF BIRTH	5. LONGEVITY COMP. DATE 3 Mar 1948	
6. MARITAL STATUS Married	7. DEPENDENT (Include POC) None	8. NO. YEARS OF SER. M 3 1927 1955 1955	9. US NATURALIZATION DATE (S) NA SPOUSE NA		
10. CAREER STATUS D Jul 1954	MEMBERSHIP None	OTHER STATUS	11. LAST MO. RPT. DATE Jul 1975	QUAL. FOR Prop TDY	EVAL. FOR TDY
12. CURRENT STATUS D	NON-SERVICE x	GRADE	ACTIVE DUTY WITH CIA CAT. 1	RELEASE TO MIL. SER. CAT. 2	TO BE DEFERRED CAT. 3
13. ASSESSMENT DATE Jul 1947	14. PROFESSIONAL TEST DATE None		15. LANGUAGE APTITUDE TEST DATE None		
16. NON-CIA EDUCATION					
17. FOREIGN LANGUAGE ABILITIES (Language, Proficiency, Date Tested) Spanish - R, S, U Native; W, P High (May 1960); Translate - May 1957					
18. AGENCY ASSIGNED TRAINING 1965-66 1965 COS Sem (Continued)					
19. CIA EMPLOYMENT HISTORY SINCE 10 SEPT 1947 (Personnel actions, Military Orders, and Principal Details)					
EFFECTIVE DATE	POSITION TITLE & OCCUPATIONAL CODE	GRADE & SD	ORGANIZATION & ORG. TITLE (if any)	LOCATION	
1947	1947	1947	1947	1947	
1948	1948	1948	1948	1948	
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2100	2100	2100	2100	2100	

20. DATE REVIEWED

20 Jun 1976

21. PROFILE REVIEWED BY

Hansford

22. DATE REVIEWED

20 Jun 1976

23. PROFILE REVIEWED BY

Hansford

24. DATE REVIEWED

31 Aug 1959

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19400 Filled (m)

BIOGRAPHIC PROFILE (Continuation Sheet)

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4444 (1001-8000-01A10)

DATE OF BIRTH

THE UNIVERSITY OF CHICAGO

8. CIA EMPLOYMENT HISTORY SINCE 10 SEPT, 1947 (Personnel Actions, Military Orders, and Principal Details) (Cont'd.)			
	FROM AGENCY	TITLE (if any)	LOCATION

DATE OF BIRTH: 10/10/1924 POSITION TITLE & OCCUPATIONAL CODE: CODE 19, ORGANIZATION: U.S. AIR FORCE

APR 1975

Aug. 1975

DATE REVIEWED

20 Jan 1976

PROFILE REVIEWED BY

1951/52

SECRET

PROF '1

SECRET
(When Filled In)

PERS. SERIAL NO. 055695		BIOGRAPHIC PROFILE (PART 2)	
NAME (Last, First, Middle)		DATE OF BIRTH	
18.			
20. SUMMARY OF CAREER PREFERENCE OUTLINE AND/OR FIELD REASSIGNMENT QUESTIONNAIRE			
22. IDENTITY OF OTHER DOCUMENTS WHICH SHOULD BE REVIEWED IN DETAIL			
SEE COVER HISTORY ATTACHED			
24. ADDITIONAL INFORMATION			
<div style="background-color: black; height: 40px; width: 100%;"></div>			
26. DATE REVIEWED			
20 Jan 1976		26. PROFILE REVIEWED BY	
		hmc/cal	
		2 2 IMPDET	
		CL by 007622	
FORM NO. 1200 (PART 2) REPLACES FORM 1000 (PART 2) SECRET			
1 FEB 57			
PROFILE			
101			

Date: 1/21/71

MEMORANDUM FOR: Mr. [redacted], ROB
SUBJECT : Request for Estimate of Annuities

1. Please provide estimate of annuities for:

Name: _____

Grade: GS-16

Component:

DOB: _____

SCD: 09 02.46

System: C-7-1223

ETR: 11.12.1971 56 2529
11.12.1971 56 2529

2. Remarks: *Very good* *12/20/19*

HE SINGE I AM CHAY. I WOULD NOT FEEL

240X 11.5

CONFIDENTIAL (when filled in)

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP				18 OCT 78		734	
TO: (Check)	<input checked="" type="checkbox"/>	CHIEF, CONTROL DIVISION, OP		AS NUMBER 268-28-0199			
	<input type="checkbox"/>	CHIEF, CONTRACT PERSONNEL DIVISION, OP		EMPLOYEE NUMBER 055495			
	<input checked="" type="checkbox"/>	CHIEF, (OPERATING COMPONENT FOR ACTION) ATTN: IG		ID CARD NUMBER			
REF. FORM 1322 DATED 5 SEP 78				OFFICIAL COVER		ESTABLISHED <input type="checkbox"/> CANCELLED <input checked="" type="checkbox"/> CONTINUED	
STATUS		<input checked="" type="checkbox"/> STAFF	<input type="checkbox"/> CONTRACT				
SUBJECT				UNIT			
KEEP ON TOP OF FILE WHILE COVER IN EFFECT							
<input type="checkbox"/> ESTABLISHMENT OF OFFICIAL COVER (BLOCK RECORDS)				<input checked="" type="checkbox"/> CANCELLATION OF OFFICIAL COVER (UNBLOCK RECORDS)			
<input type="checkbox"/> BASIC COVER PROVIDED EFFECTIVE DATE _____				<input checked="" type="checkbox"/> EFFECTIVE DATE: EOD			
<input type="checkbox"/> OPERATIONAL COVER PROVIDED FOR _____ TDY _____ OTHER (Specify)				<input checked="" type="checkbox"/> FORM 3254 CTA W-2 TO BE ISSUED (HNR 20-7)			
SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY _____ (HNR 20-7)				<input checked="" type="checkbox"/> SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY _____ (HNR 20-7)			
FORM 3254 _____ W-2 TO BE ISSUED. (HNR 20-12)				<input checked="" type="checkbox"/> EAA: CATEGORY I <input checked="" type="checkbox"/> CATEGORY II			
				<input checked="" type="checkbox"/> RETURN ALL OFFICIAL DOCUMENTATION TO CGS			
				<input checked="" type="checkbox"/> SUBMIT FORM 2688 FOR GEHA HOSPITALIZATION CARD.			
SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (HR 240-20)				DO NOT WRITE IN THIS BLOCK THIS FILE MUST REMAIN ON TOP OF FILE			
SUBMIT FORM 1323 FOR TRANSFER OF COVER RESPONSIBILITY. (HR 240-20)							
EAA, CATEGORY I <input type="checkbox"/> CATEGORY II <input type="checkbox"/>							
SUBMIT FORM 2688 FOR _____ HOSPITALIZATION CARD							
DISTRIBUTION COPY 1 - CD/ISS OR CPU CONTROL COPY 2 - OPERATING COMPONENT COPY 3 - OS/SHD COPY 4 - OC/CO/TFB COPY 5 - CCS-FILE <div style="float: right; text-align: right;"> CHIEF, OFFICIAL COVER BRANCH, CENTRAL COVER STAFF </div>							

FORM 1551 JAN PREVIOUS EDITION
4-77

SECRET WN-SISM

E2, IMPDET CL. SY. 021964

(13-20-43)

*Not in file at time of review
by HSCA staff*

SECRET

TERMINATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP		DATE	FILE NO.
		19 March 1973	734
<input checked="" type="checkbox"/> CHIEF, CONTROL DIVISION, OP	AS NUMBER 268-28-0199		
<input type="checkbox"/> CHIEF, CONTRACT PERSONNEL DIVISION, OP	EMPLOYEE NUMBER 055495		
<input checked="" type="checkbox"/> CHIEF, OPERATING COMPONENT (For action) WH	ID CARD NUMBER		
TITLE: Chief Support Staff		OFFICIAL COVER	<input checked="" type="checkbox"/> ESTABLISHED <input type="checkbox"/> DISCONTINUED
REF: Form 1322 dated 12 Mar 73			
SUBJECT		UNIT	
KEEP ON TOP OF FILE WHILE COVER IN EFFECT			
<input checked="" type="checkbox"/> ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS	CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS EFFECTIVE DATE:		
<input checked="" type="checkbox"/> BASIC COVER PROVIDED EFFECTIVE DATE <u>EOD</u>	SUBMIT FORM 3254 <u>W-2</u> TO BE ISSUED. (HNB 20-11)		
<input type="checkbox"/> OPERATIONAL COVER PROVIDED FOR <u>TDY</u> OTHER (Specify)	SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HNB 20-7)		
<input checked="" type="checkbox"/> SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HNB 20-7)	EAA: CATEGORY I <input type="checkbox"/> CATEGORY II <input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/> SUBMIT FORM 2254 <u>State</u> W-2 TO BE ISSUED. (HNB 20-11)	RETURN ALL OFFICIAL DOCUMENTATION TO CCS		
<input checked="" type="checkbox"/> SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (HR 240-20)	SUBMIT FORM 2688 FOR <u>AGE</u> HOSPITALIZATION CARD.		
<input checked="" type="checkbox"/> SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (HR 240-20)	DO NOT WRITE IN THIS BLOCK		
<input checked="" type="checkbox"/> EAA: CATEGORY I <input type="checkbox"/> CATEGORY II <input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/> SUBMIT FORM 2688 FOR <u>AGE</u> HOSPITALIZATION CARD			
REMARKS AND/OR COVER HISTORY			
MAR 48-OCT 49 OCT 49-FEB 52 FEB 52-MAY 52 MAY 52-JUL 54 JUL 54-MAY 56 17 MAY 56-MAY 61 MAY 61-MAR 63 MAR 63-JUL 66 JUL 66-JUL 70			
DISTRIBUTION JUL 70 COPY 1 - CL OF CPD STA COPY 2 - OPERATING COMP COPY 3 - CS/SPED COPY 4 - GL/TED HOS/S COPY 5 - CCS-FILE 18			

Post 1966 Notifications
of Personnel Action

1. NAME (LAST, FIRST, MIDDLE) [REDACTED]		2. NATURE OF PERSONNEL ACTION REASSIGNMENT		3. EFFECTIVE DATE 11 100		4. CATEGORY OF EMPLOYMENT REGULAR	
5. FUNDS V TO V CP TO V X CP TO CP		6. COST CENTER NO. CHARGEABLE 104-0000		7. USE OF OTHER LEGAL AUTHORITY 50 USC 405			
8. ORGANIZATIONAL DESIGNATION [REDACTED]				9. LOCATION OF OFFICIAL STATION [REDACTED]			
10. POSITION TITLE [REDACTED]				11. POSITION NUMBER 104		12. SERVICE DESIGNATION D	
13. CLASSIFICATION SCHEDULE (GS, LO, etc.) [REDACTED]		14. OCCUPATIONAL SERIES 0136.05		15. GRADE AND STEP GS 2 14 4		16. SALARY OR RATE 16391 16675	
17. REMARKS [REDACTED]							
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
18. ACTION CODE 37	19. EMPLOY CODE 10	20. OFFICE CODING NUMERIC ALPHABETIC 51650 WH	21. STATION CODE 52073	22. INTEREST CODE 1	23. REGIONS CODE 3	24. DATE OF BIRTH MO DA YR	25. DATE OF GRADE MO DA YR
26. DATE EXPIRES MO DA YR	27. SPECIAL REFERENCE 1 - CSC 2 - PICA 3 - NONE	28. RETIREMENT DATA CODE	29. SEPARATION DATA CODE	30. CORRECTION/CANCELLATION DATA TYPE MO DA YR	31. SECURITY REG. NO.	32. SER.	
33. VET. PREFERENCE CODE 0 - NONE 1 - 5 PT. 2 - 10 PT.	34. SERV. COMP. DATE MO DA YR	35. LONG COMP. DATE MO DA YR	36. CAREER CATEGORY CAN SERV PROB. LUMP	37. FEGLI / HEALTH INSURANCE CODE CODE 0 - WAIVER 1 - YES	38. SOCIAL SECURITY NO.		
40. PREVIOUS GOVERNMENT SERVICE DATA CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YRS) 3 - BREAK IN SERVICE (MORE THAN 3 YRS)		41. LEAVE CAT CODE	42. FEDERAL TAX DATA FORM EXECUTED CODE NO TAX EXEMPTIONS 1 - YES 2 - NO		43. STATE TAX DATA FORM EXECUTED CODE NO TAX EXEMPTIONS 1 - YES 2 - NO		
SIGNATURE OR OTHER AUTHENTICATION							
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> POSTED 68-10-6-68 </div>							

FORM 1159 Use Previous Edition SECRET

G47

1. EMPLOYEE NO. 035495	2. NAME [REDACTED]	3. OLD CENTER NUMBER 01 090 CP	4. LWOP REASON
5. OLD SALARY RATE Grade Step Salary Last Pay Date GS 14 4 \$16,075 12/00/64		6. NEW SALARY RATE Grade Step Salary Effective Date GS 14 5 \$17,175 12/04/64	
7. TYPE ACTION PD ID ADL			
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 COMPLIANCE SIGNATURE [REDACTED] P			

PAY CHANGE NOTIFICATION

1. SERIAL NUMBER 055495		2. NAME (LAST FIRST MIDDLE)	
3. NATURE OF PERSONNEL ACTION DESIGNATION AS PARTICIPANT IN CIA RETIREMENT AND DISABILITY SYSTEM		4. EFFECTIVE DATE 07 03 66	5. CATEGORY OF EMPLOYMENT REGULAR
6. FUNDS DDP/WH	7. COST CENTER NO. (CHARGEABLE) 7135 (9990) (XXX)	8. CSE OR OTHER LEGAL AUTHORITY PL 88-643 SECT. 203	
9. ORGANIZATIONAL DESIGNATIONS		10. LOCATION OF OFFICIAL STATION	
11. POSITION TITLE		12. POSITION NUMBER	13. SERVICE DESIGNATION D
14. CLASSIFICATION SCHEDULE (GS, LO, etc.)	15. OCCUPATIONAL SERIES	16. GRADE AND STEP 14	17. SALARY OR RATE
18. REMARKS EMPLOYEE WILL RECEIVE NOTIFICATION FROM THE DIRECTOR OF PERSONNEL OF THIS DESIGNATION.			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODES NUMERIC ALPHABETIC	22. STATION CODE
23. INTEREST CODE	24. HOURS CODE	25. DATE OF BIRTH	26. DATE OF GRADE
27. DATE OF LSA	28. SECURITY RES NO.	29. SPECIAL REFERENCE	30. RETIREMENT DATA 1. EDC 2. FICA 3. NONE
31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA TYPE NO DA YR	33. VET. PREFERENCE	34. SERV. COMP. DATE
35. LONG COMP. DATE	36. CAREER CATEGORY	37. FEGLI / HEALTH INSURANCE	38. SOCIAL SECURITY NO.
39. LEAVE CAT. CODE	40. FEDERAL TAX DATA	41. STATE TAX DATA	42. FORM EXECUTED
43. FORM EXECUTED	44. FORM EXECUTED	45. FORM EXECUTED	46. FORM EXECUTED
SIGNATURE OF OTHER AUTHENTICATION			
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> POSTED 7-14-66 <i>QPS</i> </div>			

FORM 1150
11-66

Use Previous Edition

SECRET

FORM 1
11-66
11-66

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

EFFECTIVE DATE OF PAY ADJUSTMENT: 3 JULY 1966

NAME

SERIAL 0804, FUNDS 04-STEP

OLD SALARY NEW SALARY

055495 51 A20 CF 05 14 4 \$10,200 \$10,870

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 49-311
 PURSUANT TO AUTHORITY OF ACT AS PROVIDED IN THE CIA ACT OF 1949,
 AS AMENDED, AND A-DCI POLICY DIRECTIVE DATED 1 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 13 OCTOBER 1965

NAME

SERIAL ORGN. FUNDS GRADE STEP OLD SALARY NEW SALARY
 055495 51 620 CF GS 14 4 \$15,640 \$16,204

14

1. Serial No. 055495		2. Name [Redacted]		3. Cost Center Number 51 700 476 CF		4. LWOP Hours	
5. OLD SALARY RATE				6. NEW SALARY RATE			
Grade	Step	Salary	Low EH Date	Grade	Step	Salary	Effective Date
GS 14	3	\$15,190	12/08/63	GS 14	4	\$15,640	12/08/64
7. TYPE ACTION							
PSI LSI ADJ							
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 559 I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.							
SIGNATURE: [Redacted]				DATE 13 OCT 65			
PAY CHANGE NOTIFICATION							

501 500

Comptroller's Previous Edition

10 572

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-797 AND DCI MEMORANDUM DATED 1 AUGUST 1956, SALARY IS ADJUSTED AS FOLLOWS, EFFECTIVE 9 JANUARY 1964.

NAME

SERIAL	ORGN	FUNDS	GR-ST	OLD SALARY	NEW SALARY
095495	51	700	CF GS 14 3	\$12,695	\$14,915

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-797 AND DCI MEMORANDUM DATED 1 AUGUST 1956, SALARY IS ADJUSTED AS FOLLOWS, EFFECTIVE 14 OCTOBER 1962

NAME

SERIAL	ORGN	FUNDS	GR-ST	OLD SALARY	NEW SALARY
095495	26	720	V 14 1	\$12,210	\$12,845

275-251

1	Serial No.	2	Name	3	Old Career Number	4	EWOP Hours
	095495				26 720 V		
5	OLD SALARY PAGE			6	NEW SALARY PAGE		
	Grade	Step	Salary	Effective Date	PSI	LSI	ADI
	GS-14	1	\$12,845	12/10/61			
	GS-14	2	\$13,370	12/05/62			
7. Remarks and Authorization // NO EXCESS LEOP // IN PAY STATUS AT END OF WAITING PERIOD // LEOP STATUS AT END OF WAITING PERIOD CLERKS INITIALS <i>[Signature]</i> AUDITED BY <i>[Signature]</i>							
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.							
SIGNATURE: <i>[Signature]</i> DATE: 8 Nov. '62							
PAY CHANGE NOTIFICATION							

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

[illegible]

OLD SALARY RATE				NEW SALARY RATE				TYPE ACTION		
Grade	Step	Salary	Low 25 Date	Grade	Step	Salary	Effective Date	PS	IS	ADD
GS 14	2	\$13,270	12/09/62	GS 14	3	\$13,695	12/08/63			

/ / NO EXCESS LVOP
 / / IN PAY STATUS AT END OF WAITING PERIOD
 / / LVOP 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: [Redacted] DATE: 29 October 63

PAY CHANGE NOTIFICATION

ABM: 30 APR 63

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER:		2. NAME (LAST-FIRST-MIDDLE)									
055495											
3. NATURE OF PERSONNEL ACTION:						4. EFFECTIVE DATE:		5. CATEGORY OF EMPLOYMENT			
REASSIGNMENT						04 30 63		REGULAR			
4. FUNDS		5. TO OF		6. TO OF		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY			
FUND 2		OF 10 0		X OF 10 0		3135 5700 1000		50 USC 403 J			
9. ORGANIZATIONAL DESIGNATION:						10. LOCATION OF OFFICIAL STATION					
DDP WH BRANCH 3 MEXICO CITY, MEXICO STATION						MEXICO CITY, MEXICO					
11. POSITION TITLE				12. POSITION NUMBER				13. SERVICE DESIGNATION			
				0340				D			
14. CLASSIFICATION SCHEDULE (FC, LR, etc.)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
FSR GS				0136.01		04 0 14 2		11880 13270			
18. REMARKS MEXICO CITY, MEXICO											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE	20. EMPLOY CODE	21. GRADE CODE	22. STATION CODE	23. CATEGORY CODE	24. GRADE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LST			
37-	10	64700 WH	45075	1	3	06 18 25					
28. DATE EXPIRES		29. SPECIAL REFERENCE	30. ASSIGNMENT DATA	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA	33. SECURITY		34. SEX			
						EOD DATA					
35. VET PREFERENCE		36. SERV COMP DATE	37. LEAVE COMP DATE	38. CAREER CATEGORY	39. FEELI / HEALTH INSURANCE	40. SOCIAL SECURITY NO					
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE LST	43. FEDERAL TAX DATA	44. STATE TAX DATA					
SIGNATURE OR OTHER AUTHENTICATION											
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RZR: 29 MAR 63

SECRET
(When Filled In)

OOF NOTIFICATION OF PERSONNEL ACTION															
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)													
055495															
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT									
				03 27 63		REGULAR									
6. FUNDS		7. PAY		8. COST CENTER NO. CHARGEABLE		9. CSC OR OTHER LEGAL AUTHORITY									
OF TO V		X		OF TO O		3135 5700 1000		50 USC 403 J							
10. ORGANIZATIONAL DESIGNATIONS				11. LOCATION OF OFFICIAL STATION											
DOP/WH BRANCH 3 MEXICO CITY, MEXICO STATION				MEXICO CITY, MEXICO											
12. POSITION TITLE				13. POSITION NUMBER		14. SERVICE DESIGNATION									
				0418		D									
15. CLASSIFICATION SCHEDULE (GS, FS, etc.)				16. OCCUPATIONAL SERIES		17. GRADE AND STEP		18. SALARY OR RATE							
FSR GS				0136.01		04 0 14 2		11880 13270							
19. REMARKS															
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL (TWINS)															
20. ACTION CODE		21. EMPLOY CODE		22. OFFICE CODES		23. STATION CODE		24. INTEGREE CODE		25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI	
55		10		NUMERIC 64700 ALPHABETIC WH		45075		I		3 06 18 25					
28. RET. EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA		33. SECURITY REG. NO.		34. SEE			
NO. DA. YR.				1. CSC 2. FICA 3. NONS		CODE		TYPE NO. DA. YR.		EOD DATA					
35. VET PREFERENCE		36. SERV. COMP DATE		37. LONG COMP DATE		38. CAREER CATEGORY		39. FEGLI / HEALTH INSURANCE		40. SOCIAL SECURITY NO.					
CODE 0 - NONE 1 - 50% 2 - 100%		NO. DA. YR.		NO. DA. YR.		CAR SERV. CODE PROV. TEMP.		CODE 0 - WAIVER 1 - YES		HEALTH INS. CODE					
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT. CODE		43. FEDERAL TAX DATA				44. STATE TAX DATA					
CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 1 YR.) 3 - BREAK IN SERVICE (MORE THAN 1 YR.)				CODE		FORM EXECUTED CODE NO. TAX EXEMPTIONS 1 - YES 2 - NO				FORM EXECUTED CODE NO. TAX EXEMPTIONS 1 - YES 2 - NO					
SIGNATURE OR OTHER AUTHENTICATION															
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FORM 11-62 1150

Use Previous Edition

29 MAR 1963

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GROUP 1
EXCLUDED FROM AUTOMATIC
DOWNGRADING AND
DECLASSIFICATION

(When Filled In)

BAB: 15 FEB 63

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

OCF

1. SERIAL NUMBER 055495		2. NAME (LAST-FIRST-MIDDLE) [REDACTED]	
3. NATURE OF PERSONNEL ACTION REASSIGNMENT AND TRANSFER TO CONFIDENTIAL FUNDS		4. EFFECTIVE DATE MO. DA. YR. 02 17 63	
5. CATEGORY OF EMPLOYMENT REGULAR		6. CSC OR OTHER LEGAL AUTHORITY 50 USC 403 J	
7. COST CENTER NO. CHARGEABLE 3135 5700 1000		8. CSC OR OTHER LEGAL AUTHORITY 50 USC 403 J	
9. ORGANIZATIONAL DESIGNATIONS DDP * WH BRANCH 3 MEXICO CITY, MEXICO STATION		10. LOCATION OF OFFICIAL STATION MEXICO CITY, MEXICO	
11. POSITION TITLE OPS OFFICER		12. POSITION NUMBER 0418	
13. CAREER SERVICE DESIGNATION D		14. CLASSIFICATION SCHEDULE (GS, LO, etc.) GS	
15. OCCUPATIONAL SERIES 0136.01		16. GRADE AND STEP 14 2	
17. SALARY OR RATE 13270		18. REMARKS SUBJECT TO APPROVED MEDICAL CLEARANCE PRIOR TO BEING SENT OVERSEAS.	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
19. ACTION CODE 20		20. EMPLOY CODE 10	
21. OFFICE CODING NUMERIC ALPHABETIC 64700 WH		22. STATION CODE 45075	
23. INTEGREE CODE 3		24. DATE OF BIRTH MO. DA. YR. [REDACTED]	
25. DATE OF GRADE MO. DA. YR. [REDACTED]		26. DATE OF LEI MO. DA. YR. [REDACTED]	
27. NTE EXPIRES NO. DA. YR. [REDACTED]		28. SPECIAL REFERENCE 80	
29. RETIREMENT DATA 1. CBC 2. FICA 3. NONE CODE [REDACTED]		30. SEPARATION DATA CODE [REDACTED]	
31. CORRECTION/CANCELLATION DATA TYPE [REDACTED]		32. SECURITY REG NO. [REDACTED]	
33. VET. PREFERENCE 0. NONE 1. 50% 2. 100% NO. DA. YR. [REDACTED]		34. LONG COMP. DATE NO. DA. YR. [REDACTED]	
35. CAREER CATEGORY CAR. DESV. CODE 1. YES 2. NO [REDACTED]		36. FEGLI / HEALTH INSURANCE CODE 0. DRIVER 1. YES HEALTH INS. CODE [REDACTED]	
37. SOCIAL SECURITY NO. [REDACTED]		38. PREVIOUS GOVERNMENT SERVICE DATA CODE 0. NO PREVIOUS SERVICE 1. NO BREAK IN SERVICE 2. BREAK IN SERVICE (LESS THAN 3 YRS) 3. BREAK IN SERVICE (MORE THAN 3 YRS) [REDACTED]	
39. LEAVE CAT. CODE [REDACTED]		40. FEDERAL TAX DATA FORMER EXECUTED CODE 1. YES 2. NO [REDACTED]	
41. STATE TAX DATA CODE 1. YES 2. NO [REDACTED]		42. STATE TAX DATA CODE 1. YES 2. NO [REDACTED]	
SIGNATURE OR OTHER AUTHENTICATION			
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FORM 1130
4-67

Use Previous
Edition

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1. Subject
 2. Reference
 3. Classification
 4. Indexing
 5. Notes
 6. Comments
 7. Remarks
 8. Signature
 9. Date
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 269. Date

4-947

When filed in

LLG: 4 JAN. 63

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)									
055495											
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
REASSIGNMENT						01 04 63		REGULAR			
6. FUNDS		7. TO		8. FROM		9. COST CENTER NO. CHARGEABLE		10. CIP OR OTHER LEGAL AUTHORITY			
X		V TO V		V TO V		3232 1000 1000		50 USC 403 J			
11. ORGANIZATIONAL DESIGNATION						12. LOCATION OF OFFICIAL STATION					
						WASH., D.C.					
13. POSITION TITLE						14. POSITION NUMBER		15. CAREER SERVICE DESIGNATION			
OPS. OFFICER						0678		0			
16. CLASSIFICATION SCHEDULE (GS, LA, etc.)				17. OCCUPATIONAL SERIES		18. GRADE AND STEP		19. SALARY OR RATE			
GS				0136.01		14 2		13270			
20. REMARKS											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
21. ACTION CODE	22. EMPLOY CODE	23. OFFICE/ORGANIZATION		24. STATION CODE	25. INTEGRAL CODE	26. HOURS	27. DATE OF BIRTH		28. DATE OF GRADE		29. DATE OF LEI
37	10	61300 TFW		75013			MO DA YR		MO DA YR		MO DA YR
30. DATE EXPIRES		31. SPECIAL REFERENCE		32. RETIREMENT DATA		33. SEPARATION DATA CODE		34. CORRECTION/CANCELLATION DATA		35. SECURITY REG. NO.	
MO DA YR		1. CSC 2. FICA 3. NONE		CODE		TYPE		MO DA YR		EOD DATA	
36. VET. PREFERENCE		37. SERV. COMP. DATE		38. LONG COMP. DATE		39. CAREER CATEGORY		40. FEGLI/HEALTH INSURANCE		41. SOCIAL SECURITY NO.	
CODE		MO DA YR		MO DA YR		CODE		CODE		CODE	
0 - NONE 1 - 5 PT 2 - 10 PT		MO DA YR		MO DA YR		CODE		CODE		CODE	
42. PREVIOUS GOVERNMENT SERVICE DATA				43. LEAVE CAT. CODE		44. FEDERAL TAX DATA		45. STATE TAX DATA			
CODE				CODE		CODE		CODE			
0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE LESS THAN 3 YRS. 3 - BREAK IN SERVICE MORE THAN 3 YRS.				1 - YES 2 - NO		1 - YES 2 - NO		1 - YES 2 - NO			
SIGNATURE OR OTHER AUTHENTICATION											
<div style="float: right; border: 1px solid black; padding: 5px;"> POSTED 1/15/63 UK </div>											

FORM 1150
6-62Use Previous
Edition

JAN 1963

SECRET

 1-6-63
 (When Filled In)

(When Filled In)

Pte 1963 Notification
of Personnel Action

Post 1966
Futners Rpt

SECRET
(When Filled In)

FITNESS REPORT			EMPLOYEE SERIAL NUMBER	
			055495	
SECTION A GENERAL				
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX
				M
4. OFFICIAL POSITION TITLE			5. OFF/DIV/BR OF ASSIGNMENT	6. CURRENT STATION
Ops Officer			DDP/WI/1	Mexico City. WNL/CH
7. CHECK (X) TYPE OF APPOINTMENT			8. 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"/> ANNUAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input type="checkbox"/> REASSIGNMENT EMPLOYEE <input type="checkbox"/> SPECIAL (Specify)	
9. DATE REPORT DUE IN O.P.			10. REPORTING PERIOD (From - to)	
31 May 1965			1 June 64 - 31 March 1965	
SECTION B PERFORMANCE EVALUATION				
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>				
SPECIFIC DUTIES				
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).				
SPECIFIC DUTY NO. 1 Agent handling and exploitation. The management, direction and training of existing agent assets. Attention to full operational exploitation of such assets.				RATING LETTER O
SPECIFIC DUTY NO. 2 Development and handling of new operations: target studies, spotting, assessment and recruitment of new agent assets and potentials.				RATING LETTER S
SPECIFIC DUTY NO. 3 Operational management and administration. Maintenance of project records, preparation of contact reports, memoranda, dispatches and cables as required.				RATING LETTER O
SPECIFIC DUTY NO. 4 General operational support. Liaison with PBSWING, servicing of third country requirements, management of safe houses, etc.				RATING LETTER P
SPECIFIC DUTY NO. 5 Intelligence reporting.				RATING LETTER O
SPECIFIC DUTY NO. 6 Supervision of personnel.				RATING LETTER P
OVERALL PERFORMANCE IN CURRENT POSITION				
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.				RATING LETTER O
16 JUN 1965				

SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

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

JUN 16 11 15 AM '65

During the past year, this officer has continued to demonstrate his dedication and highly developed professional skills.

Subject has been called upon to meet a variety of requirements. The spectrum of his activity has been so broad that it has run from the exploitation of his manual dexterity (in installing technical devices) to the most sophisticated and demanding agent handling. Throughout the year, Subject has demonstrated his awareness of the value of KUBARK funds, which he spends as needed but always conscientiously. His reporting on his activities has been especially commendable, and his mastery of tradecraft has been continually in evidence.

Subject has now become Chief of PBRUMEN operations for Station Mexico. This slot was formerly held by a GS-15 officer. It is requested that Subject be promoted to the grade of GS-15, not only because of his present assignment, but in recognition of his fine past performance.

SECTION D

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE 3 June 65	SIGNATURE OF EMPLOYEE [] /s/	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
DATE 3 June 65	OFFICIAL TITLE OF SUPERVISOR Operations Officer	TYPED OR PRINTED NAME AND SIGNATURE [] /s/
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
<p>Para 2 of covering dispatch RMT 5493 in its entirety:</p> <p>"COS is in complete agreement with this excellent report of [] and recommends that [] be promoted to GS-15."</p>		
DATE 3 June 65	OFFICIAL TITLE OF REVIEWING OFFICIAL COS	TYPED OR PRINTED NAME AND SIGNATURE [] /s/

SECRET

No Reply

6 September 1966

SUBJECT: Memorandum in Lieu of Final Fitness Report on [REDACTED]

1. [REDACTED] is under (PCS) transfer to the position of COS, [REDACTED] and is scheduled to depart Mexico City on or about 17 September 1966.

2. This memorandum is to report that [REDACTED] has continued to perform duties assigned to him at the Mexico City Station in the same exceptional manner reported in HMMT-6516 in which he was rated as outstanding for the year April 1965-April 1966. His duties have been the same as reported in HMMT-6516 and a detailed report on his performance would be a repetition of his previous report.

3. It is again recommended that [REDACTED] be promoted to GS-15 in view of his performance and qualifications.

RATING OFFICER: [REDACTED] (6 September 1966) /s/ [REDACTED]

EMPLOYEE: [REDACTED] (6 September 1966) /s/ [REDACTED]

Employee Number: 055495

WY

SECRET

(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				055495	
SECTION A GENERAL					
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE
				M	GS-14
5. OFFICIAL POSITION TITLE			6. CURRENT STATION		
Ops Officer			Mexico City		
7. CHECK (X) TYPE OF APPOINTMENT			8. CHECK (X) TYPE OF REPORT		
CAREER RESERVE TEMPORARY			INITIAL		
CAREER-PROVISIONAL (See Instructions - Section C)			ANNUAL		
SPECIAL (Specify):			SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to)		
31 May 1966			1 April 1965 - 30 April 1966		
SECTION B PERFORMANCE EVALUATION					
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1 Manage Station PBRUMEN Operations Section. Supervise 3 other staff personnel (incl one GS-14) inside and one (GS-16) staff agent and contract personnel outside. Assign work responsibilities, provide operational guidances, review intelligence production and reporting, evaluate performances, etc.					RATING LETTER
Agent handling and exploitation. Manage agents and other operational assets working against the PBRUMEN target with particular attention to full exploitation of such assets.					S
SPECIFIC DUTY NO. 2 Planning and implementation of new operations, including technical operations, against the PBRUMEN target. Spotting, assessment, development, recruiting, training, and handling new agent assets.					RATING LETTER
Operational management and administration. Preparation of FIR's, dispatches (including operational progress reports), cables, memoranda, contact reports, file reviews, etc., as required.					0
SPECIFIC DUTY NO. 3					RATING LETTER
SPECIFIC DUTY NO. 4					0
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
25 MAY 1966					0

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. If applicable, 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 officer possesses highly developed professional skills. He is dedicated; his work is always well done and his reports are well written.

Subject has repeatedly demonstrated that he is aware of the value of government funds which he spends as necessary but always conscientiously.

This officer is articulate in speech and in his writing. He has excellent Spanish, an essential in the position he has occupied.

This officer is an asset to KUBARK and his family are excellent representatives abroad.

Subject could assume command of a station and he would make an excellent Chief of Station in the opinion of the rating officer.

It is again recommended that this officer be promoted to GS-15.

SECTION D

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE 21 April 1966	SIGNATURE OF EMPLOYEE /s/ [redacted]	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
DATE 21 April 1966	OFFICIAL TITLE OF SUPERVISOR Chief of Station	TYPED OR PRINTED NAME AND SIGNATURE /s/ [redacted]
1. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
I concur generally with the assessment made of [redacted] and agree that [redacted] has turned in a highly commendable job and is an excellent operations officer. From here and not having the advantage of on-scene observation I would have rated [redacted] with straight S' and overall rating of 'Strong' as compared to 'Outstanding.' Nevertheless, I strongly endorse the COS' recommendation for promotion for Shaw.		
DATE 10 MAY 1966	OFFICIAL TITLE OF REVIEWING OFFICIAL C/WR/1	TYPED OR PRINTED NAME AND SIGNATURE [redacted]

SECRET

SECRET

Section C (Continued)

Overall, this officer is still turning in a performance of high quality under difficult conditions and is a distinct asset to the Station.

SECRET

SECRET
(When Filled In)

EYES ONLY

FITNESS REPORT				EMPLOYEE SERIAL NUMBER			
				055495			
SECTION A GENERAL							
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD	
				M	GS-11	D	
6. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION		
Instructor, Operations			CTR				
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT				
CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/>			INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR				
CAREER-PROVISIONAL (See Instructions - Section C)			ANNUAL <input checked="" type="checkbox"/> REASSIGNMENT EMPLOYEE				
SPECIAL (Specify)			SPECIAL (Specify)				
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to)				
			21 July 1962 - 25 January 1963				
SECTION B PERFORMANCE EVALUATION							
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
SPECIFIC DUTIES							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory abilities MUST be rated on their ability to supervise (Indicate number of employees supervised).							
SPECIFIC DUTY NO. 1						RATING LETTER	
Supervises a group of instructors as departmental chairman in the Operations Branch						S	
SPECIFIC DUTY NO. 2						RATING LETTER	
Instructs clandestine operations by lecture, seminar and practical exercises.						P	
SPECIFIC DUTY NO. 3						RATING LETTER	
Instructs by role-playing as agent or operations officer opposite student case officers						S	
SPECIFIC DUTY NO. 4						RATING LETTER	
Counsels and guides students individually.						S	
SPECIFIC DUTY NO. 5						RATING LETTER	
Participates in course planning and contributes to course substance.						S	
SPECIFIC DUTY NO. 6						RATING LETTER	
Prepares instructional presentations and materials for use in clandestine operations courses.						P	
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, habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.						RATING LETTER	
						S	

SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

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

[] did an excellent job of course planning and personal supervision as a supervisor of instruction in the field of operational tradecraft. He is a first-rate spark plug and idea man, with good talent as a speaker, teacher and student counselor. His field experience, enthusiasm and loyalty have made him a particularly valuable member of the Operations Branch Staff.

In addition to his duties in the Operations Branch, [] also participated in the training of infiltration teams for Task Force W, using the Spanish language.

SECTION D

CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

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

DATE

30 January 1963

SIGNATURE OF

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

6

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

DATE

28 January 1963

OFFICIAL TITLE OF SUPERVISOR

Chief, Operations Branch

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

In general I agree with [] evaluation of [] performance. I would have given him a higher rating, however, on Specific Duty No. 2, which covers his over-all performance as an instructor. I think that [] has been one of our best seminar leaders and lecturers. I would, therefore, rate him as "Strong."

DATE

31 January 1963

OFFICIAL TITLE OF REVIEWING OFFICIAL

Deputy for Training, []

SECRET

Pre 1963 Fitness Rpts

Post 1966 Training
a insurance loss.



DEPARTMENT OF STATE
FOREIGN SERVICE INSTITUTE
WASHINGTON

June 28, 1966

[Redacted]
Friday we received your grade from the United States Department of Agriculture Graduate School in Modern Supervisory Practice.

✓ We wish to congratulate you on making an A+ in the course. To my knowledge, this is the first A+ received in any correspondence study course to be taken by Department personnel.

We trust that the course will be useful to you--and again congratulations.

Sincerely,

Evert T. Little

Evert T. Little
Chief

Extension Training Division

[Redacted]

[Redacted]

SECRET
(When Filled In)

VERIFIED RECORD OF OVERSEAS SERVICE

TO:
Office of Personnel, Statistical Reporting Branch, ROOM 5 E 2506 Headquarters

EMPLOYEE SERIAL NO.	NAME OF EMPLOYEE			OFFICE/COMPONENT
	LAST	FIRST	MIDDLE	
1-6 055495	(Print)	7-26		25-26 51

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 (<i>Basic</i>)	27	28-29	30-31	32-33	34-35	36-37	38-39		40-42
3 - CORRECTION									
5 - CANCELLATION	1	07	20	66					520

TDY DATES OF SERVICE

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

SOURCE OF RECORD DOCUMENT

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

DOCUMENT IDENTIFICATION NO. 1N 99956	DOCUMENT DATE/PERIOD 9/20/66
--	--

REMARKS

PREFARED BY	<input checked="" type="checkbox"/> REPORT ANNOTATED ON SOURCE DOCUMENT	ABOVE DATA VERIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
C & L DIVISION	DATE 9/22/66	SIGNATURE
<input checked="" type="checkbox"/> C & T DIVISION		

FORM 10-66 1451a USE PREVIOUS EDITIONS.

SECRET

(4-10)

SECRET

1. NAME (Last, First, Middle)		2. DATE OF BIRTH		3. GRADE	
				GS-14 4	
4. OFFICE, DIVISION, BRANCH (Overseas station and existing cover if lateral assignment)		5. PRESENT POSITION		6. EMPLOYEE EXTENSION	
DDP/WH/MEXICO CITY STATION		OPS OFFICER/340		FIELD	
7. PROPOSED STATION		8. PROPOSED POSITION (Title, number, grade)			
		COS, OPS OFFICER/0141/GS-00			
9. TYPE OF COVER AT NEW STATION		10. ESTIMATED DATE OF DEPARTURE		11. NO. OF DEPENDENTS TO ACCOMPANY	
		1 JULY 1966		4	
12. NAME OF DEPENDENT TO ACCOMPANY		13. RELATIONSHIP		14. DATE OF BIRTH	
				MONTH YEAR	
JANET L.		WIFE		APR 27	
BARBARA L.		DAUG		JUL 52	
RICHARD W.		SON		AUG 55	
THOMAS R.		SON		AUG 55	
15. COMMENTS					
SUBJECT AND DEPENDENTS WILL TAKE PHYSICALS IN THE FIELD IN ACCORDANCE WITH REGULATIONS.					
17. DATE OF REQUEST		19. ROOM NUMBER AND BUILDING		20. EXTENSION	
2 MAY 1966		GH-56, Hqs.		6815	
21. EVALUATION AND SIGNATURE OF APPROVING OFFICIAL					
<p>8 July 66</p> <p>75617</p> <p>705 55 10 52 VII 62</p>					
REQUEST FOR PCS OVERSEAS EVALUATION					

U. S. DEPARTMENT OF AGRICULTURE
GRADUATE SCHOOL
WASHINGTON, D. C. 20250

Information Record

To whom it may concern: **c/o American Embassy
Mexico City, Mexico**

has taken the following courses in the Graduate School and has received the grades shown.

This is an information record and not an official transcript. The student was admitted on the basis of his own statement of previous education and experience, subject to the approval of the instructor.

For certification of academic credit, an official transcript should be requested. Students desiring academic credit must meet qualifications for admission to any standard college on the level of the courses for which they are registering.

COURSE NO.	COURSE TITLE	SEMESTER	GRADE	NO. CREDITS
205 c	Modern Supervisory Practice	6/7/66	A+	2

Correspondence Program

A — 80-100 EXCELLENT	F — BELOW 60 FAILURE
B — 60-80 GOOD	W — AUDITOR
C — 70-79 FAIR	I — INCOMPLETE
D — 60-69 PASSABLE	W — WITHDRAWN

Helen Kempfer
Helen Kempfer, Head
Correspondence Program

AMERICAN EMBASSY
MEXICO, D. F.

June 3, 1965

EMBASSY MEMORANDUM

TO : All FSOs, FSSs and FSRs in Mexico City

FROM : Ralph Scarritt, ^{Personnel} Administrative Officer

SUBJECT: FOREIGN SERVICE INSTITUTE: Correspondence Course in Modern Supervisory Practice, Number 205C

REF. : CA-12771 dated May 28, 1965

Following is the text of the referenced communication:

The Extension Training Division of the Foreign Service Institute is offering for the first time a correspondence course MODERN SUPERVISORY PRACTICE.

The course is recommended for supervisors at all levels. It has been developed by W. R. Van Dersal, N.A. Earg and J. B. Rogers of the United States Department of Agriculture Graduate School. Dr. Van Dersal is a regular lecturer and discussion leader for management classes at the Foreign Service Institute and is highly recommended by FSI as a valued contributor to their programs and ...

The authors have conducted supervisory training all over the United States for thousands of employees. They are experienced with the Correspondence method.

The average student will devote a total of 160 hours to the course, which consists of 16 units and for which 2 credits are given. The course should be completed within twelve months of receipt of the first lesson.

The following is quoted from the course brochure, giving brief contents of each unit:

1. WORKING WITH PEOPLE. Basic Principles.
2. ORGANIZATION. The organization chart. Supervisory ratios. Span of control. Line and staff. Handling rapid expansion. Basic principles. How to judge a good organization.
3. COMMUNICATIONS I. Conferences: Planning and uses. Effective use of speech and discussion. Making one's own talk more persuasive. Problem solving. Efficient listening.

4. COMMUNICATIONS

4. COMMUNICATIONS 2. Formal and informal communication channels. The grapevine. How to read better and faster. How to write more effectively. Testing your own writing.
5. MOTIVATION. Basic principles. Drives, motives, and incentives. Selecting responses to reinforce. The pattern of successful motivation. Testing effectiveness of programs.
6. SUPERVISION--BASIC PRINCIPLES FOR LINE OPERATORS AND MANAGERS. Inducting new employees. Seven principles of supervision. The Scanlon Plan. Using authority constructively. Praise versus punishment.
7. GENERAL PRINCIPLES FOR STAFF OPERATORS. Staff functions. Line-staff relationships. Gaining acceptance. Getting the most value from staff officers. Effective consulting.
8. SUPERVISORY TECHNIQUES. Handling problem employees. What to do when personal problems affect work.
9. TRAINING. Training responsibilities of supervisors. How to plan training programs. Training new employees. The supervisor's own career development program. Handling training during rapid expansion. Justifying training time.
10. PARTICIPATION. When and how to use participation in planning and decision making. Setting guideposts and limits.
11. THE DECISION MAKING PROCESS. Eight steps to better decisions. Decisions making as a learned skill. How to train yourself to make better decisions.
12. WORKLOAD AND ITS RELATION TO STAFFING. Workload analyses. Work plans. Short and long term schedules. Work-improvement studies. Staffing patterns and workload.
13. PLANNING, SCHEDULING, ORGANIZING. Basic principles. Steps in planning. Making and using schedules. Evaluation for better time-use.
14. QUALITY AND QUANTITY CONTROL--INCLUDING INSPECTIONS. Purpose and importance. Theories. How standards control function. Constructive inspection.
15. BOOK REVIEW AND ANALYSIS. To help student integrate thinking and develop an independent approach.

16. SOLVING

16. SOLVING PROBLEM CASES. Student pulls together all he has learned in the course and uses it in solving a job problem.

The course will be offered on a first come, first served basis. It is hoped that a number of applications will be received in time for enrollment during June.

Students who fail, receive an incomplete, or withdraw from this course for other than officially approved reasons will be expected to reimburse FSI for the course cost of \$58.00. If a student fails to complete the course for official reasons, no record is sent to his Personnel File. If he fails to complete the course for other than official and approved reasons and reimburses FSI for the costs of his course, no record is sent to his Personnel File. However a record of "incomplete" or "failure" is sent to his file if he drops or fails the course for reasons not approved and fails to reimburse FSI. This record is then taken into consideration if training is requested at a later date.

All interested officers are requested to submit their applications to the Department on form DG-1131 Field Training Application in accordance with the instructions set forth in 2 FAM 551, 552.

Further information on the course may be obtained by writing to the Extension Training Division, Foreign Service Institute, Department of State, Washington, D. C. 20520.

NOTE: Application forms may be obtained in the Personnel Office.

U. S. DEPARTMENT OF AGRICULTURE
GRADUATE SCHOOL
WASHINGTON, D. C. 20250

Information Record

To whom it may concern: C/O American Embassy
Mexico City, Mexico

has taken the following courses in the Graduate School and has received the grades shown.

This is an information record and not an official transcript. The student was admitted on the basis of his own statement of previous education and experience, subject to the approval of the instructor.

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COURSE NO.	COURSE TITLE	SEMESTER	GRADE	CREDITS
205 c	Modern Supervisory Practice	6/7/66	A+	2

Correspondence Program

A -- 90-100 EXCELLENT	F -- BELOW 50 FAILURE
B -- 80-89 GOOD	7 -- AUDITOR
C -- 70-79 FAIR	8 -- INCOMPLETE
D -- 60-69 PASSABLE	9 -- WITHDRAWN

Helen Kempfer
Helen Kempfer, Head
Correspondence Program

AMERICAN EMBASSY
MEXICO, D. F.

June 3, 1965

EMBASSY MEMORANDUM

TO : All FSOs, PSSs and PSRs in Mexico City

FROM : Ralph Scarritt, Administrative Officer

SUBJECT: FOREIGN SERVICE INSTITUTE: Correspondence Course in Modern Supervisory Practice, Number 205C

REF. : CA-12771 dated May 28, 1965

Following is the text of the referenced communication:

The Extension Training Division of the Foreign Service Institute is offering for the first time a correspondence course MODERN SUPERVISORY PRACTICE.

The course is recommended for supervisors at all levels. It has been developed by W. R. Van Dersal, M.A. Berg and J. B. Rogers of the United States Department of Agriculture Graduate School. Dr. Van Dersal is a regular lecturer and discussion leader for management classes at the Foreign Service Institute and is highly recommended by FSI as a valued contributor to their programs and personnel.

The authors have conducted supervisory training all over the United States for thousands of employees. They are experienced with the Correspondence method.

The average student will devote a total of 160 hours to the course, which consists of 16 units and for which 2 credits are given. The course should be completed within twelve months of receipt of the first lesson.

The following is quoted from the course brochure, giving brief contents of each unit:

- "1. WORKING WITH PEOPLE. Basic Principles.
2. ORGANIZATION. The organization chart. Supervisory ratios. Span of control. Line and staff. Handling rapid expansion. Basic principles. How to judge a good organization.
3. COMMUNICATIONS I. Conferences: Planning and uses. Effective use of speeches and discussion. Making one's own talk more persuasive. Problem solving. Efficient listening.

4. COMMUNICATIONS

4. COMMUNICATIONS 2. Formal and informal communication channels. The grapevine. How to read better and faster. How to write more effectively. Testing your own writing.
5. MOTIVATION. Basic principles. Drives, motives, and incentives. Selecting responses to reinforce. The pattern of successful motivation. Testing effectiveness of programs.
6. SUPERVISION--BASIC PRINCIPLES FOR LINE OPERATORS AND MANAGERS. Inducting new employees. Seven principles of supervision. The Scanlon Plan. Using authority constructively. Praise versus punishment.
7. GENERAL PRINCIPLES FOR STAFF OPERATORS. Staff functions. Line-staff relationships. Gaining acceptance. Getting the most value from staff officers. Effective consulting.
8. SUPERVISORY TECHNIQUES. Handling problem employees. What to do when personal problems affect work.
9. TRAINING. Training responsibilities of supervisors. How to plan training programs. Training new employees. The supervisor's own career development program. Handling training during rapid expansion. Justifying training time.
10. PARTICIPATION. When and how to use participation in planning and decision making. Setting guideposts and limits.
11. THE DECISION MAKING PROCESS. Eight steps to better decisions. Decisions making as a learned skill. How to train yourself to make better decisions.
12. WORKLOAD AND ITS RELATION TO STAFFING. Workload analyses. Work plans. Short and long term schedules. Work-improvement studies. Staffing patterns and workload.
13. PLANNING, SCHEDULING, ORGANIZING. Basic principles. Steps in planning. Making and using schedules. Evaluation for better time-use.
14. QUALITY AND QUANTITY CONTROL--INCLUDING INSPECTIONS. Purpose and importance. Theories. How standards control function. Constructive inspection.
15. BOOK REVIEW AND ANALYSIS. To help student integrate thinking and develop an independent approach.

16. SOLVING

16. SOLVING PROBLEM CASES. Student pulls together all he has learned in the course and uses it in solving a job problem.

The course will be offered on a first come, first served basis. It is hoped that a number of applications will be received in time for enrollment during June.

Students who fail, receive an incomplete, or withdraw from this course for other than officially approved reasons will be expected to reimburse FSI for the course cost of \$58.00. If a student fails to complete the course for official reasons, no record is sent to his Personnel File. If he fails to complete the course for other than official and approved reasons and reimburses FSI for the costs of his course, no record is sent to his Personnel File. However a record of "incomplete" or "failure" is sent to his file if he drops or fails the course for reasons not approved and fails to reimburse FSI. This record is then taken into consideration if training is requested at a later date.

All interested officers are requested to submit their applications to the Department on form DS-1131 Field Training Application in accordance with the instructions set forth in 2 FAM 551, 552.

Further information on the course may be obtained by writing to the Extension Training Division, Foreign Service Institute, Department of State, Washington, D. C. 20520.

NOTE: Application forms may be obtained in the Personnel Office.

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 (true)	DATE (from item 5.1)	NAME OF SUPERVISOR (true)	DATE (from item 5.2)
	14 Aug 1964		14 Aug 1964
NAME AND SIGNATURE OF OFFICIAL AT HEADQUARTERS AUTHORIZED TO AUTHENTICATE SIGNATURES AND VERIFY DATA IN ITEMS NOS. 1 THROUGH 7, BELOW:			DATE
			2 Sept 1964
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
	GS-14	Operations Officer GS-14	24 April 1963
4. SERVICE DESIGNATION (if known)	5. CURRENT STATION OR FIELD BASE		7B. EXPECTED DATE OF DEPARTURE FROM FIELD
D	Mexico City		On leave - Summer 65
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>Conduct of operations aimed at the PERUMEN target.</p> <p>Acquisition and management of agents; operational and intelligence reporting.</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.			
<p>If my request for reassignment to current Station (first preference) is approved, I would expect to continue to operate primarily against the PERUMEN target in view of the priority assigned to that effort in the current RMD for Mexico. I would like to have an opportunity to do some work in other lines, however, especially in host government penetration and possibly in Soviet/Satellite penetration. If I am to be assigned elsewhere, I would prefer not to work on PERUMEN operations to the exclusion of other operations. I would prefer to retain [] which I have been using since 1948.</p> <p>If transferred elsewhere, would prefer assignment as Chief of a field installation have twice been COB in WHD.</p> <p>I do not wish a HQS assignment at this time. I have already had three HQS tours.</p>			
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):			
<p>In 1963 I completed a four-year stint as an instructor [] - do not believe further training is in order at this time.</p>			

SECRET

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:

☒ RETURN TO MY CURRENT STATION THIS IS BY FAR FIRST CHOICE

☒ BE ASSIGNED TO HEADQUARTERS FOR A TOUR OF DUTY, WITH RESPECT TO POSSIBLE ASSIGNMENT IN HEADQUARTERS, INDICATE CHOICE OF COMPONENT:
1ST. CHOICE DOD/Field 2ND. CHOICE OTR 3RD. CHOICE DCI/Staff

☒ 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 [] (COB) 2ND. CHOICE [] (DCOS) 3RD. CHOICE [] (COB)

10. HOW MUCH LEAVE DO YOU DESIRE BETWEEN ASSIGNMENTS?
INDICATE NUMBER OF WORK DAYS 45

11. INDICATE THE NUMBER AND AGE OF DEPENDENTS WHO WILL BE TRAVELLING OR MOVING WITH YOU:
Wife 37
Daughter 12 Total dependents = 4
Twin sons 9

11A. INDICATE ANY CHANGE IN YOUR PERSONAL OR FAMILY SITUATION WHICH SHOULD BE CONSIDERED IN DETERMINING YOUR NEXT ASSIGNMENT:
Children are all of school age. In case of transfer, would prefer assignment to Station having good schools.

**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:
It is urged that this officer be allowed to return to Mexico City Station for a second tour. He has excellent Spanish; he has many worthwhile contacts with [] personnel. He has excellent contacts with ODURGE [] officials. His unique (for this Station) [] enables him to meet persons of interest. He knows and likes Mexico; he is in the midst of a long-range program which can best be done by continuity.

**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:
WH Division recommends that [] return for a second tour of duty in Mexico City following home leave in the summer of 1965.

16. []

FOR USE OF CAREER SERVICE

17. EMPLOYEE [] HAS [] WAS NOT BEEN NOTIFIED OF PLANNED REASSIGNMENT **18. REFERENCE DISPATCH NO. 99003 3759 CABLE NO. _____**

19. TYPED OR PRINTED NAME []

20. TITLE Officer Alaska DATE 10/16/64

**21. COMMENTS
New Tour after Home Leave in December 65
Pd/Hax**

SECRET

SECRET
(When Filled In)

VERIFIED RECORD OF OVERSEAS SERVICE

TO:

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

EMPLOYEE SERIAL NO.	NAME OF EMPLOYEE		OFFICE/COMPONENT
1-6	LAST	FIRST MIDDLE	28-28
55495	(Print)	7-28	51

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	CWIT
		MONTH	DAY	YEAR	MONTH	DAY	YEAR		
1 - PCS (Basic)	27	28-28	30-31	32-33	34-35	36-37	38-99	MEXICO	60-62
2 - CORRECTION									
3 - CANCELLATION	1	04	23	63					450

TDY DATES OF SERVICE

TYPE OF DATA	CODE	DEPARTURE			RETURN			AREA(S)	CWIT
		MONTH	DAY	YEAR	MONTH	DAY	YEAR		
2 - TDY (Basic)	27	28-28	30-31	32-33	34-35	36-37	38-99		45-62
4 - CORRECTION									
6 - CANCELLATION									

SOURCE OF RECORD DOCUMENT

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

DOCUMENT IDENTIFICATION NO.	DOCUMENT DATE/PERIOD
HART - 3681	4/25/63

REMARKS

PREPARED BY	REPORT APPROVED BY	ABOVE DATA VERIFIED CORRECT BASED UPON SOURCE DOCUMENT CITED
1451a	5/11/63	

FORM 1451a USE PREVIOUS EDITIONS

SECRET

16-191

SECRET

VERIFIED RECORD OF OVERSEAS SERVICE

35:533 JAN 25 63

TO:

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

EMPLOYEE SERIAL NO.	NAME OF EMPLOYEE			OFFICE/COMPONENT
	LAST	FIRST	MIDDLE	
55495	(Print)	G. B.		24.28 51

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)	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	DEPARTURE				RETURN				AREA(S)	OMIT
	CODE	MONTH	DAY	YEAR	MONTH	DAY	YEAR			
1. TDY (Basic)	26	27-28	29-30	31-32	33-34	35-36	37-38		39-41	
2. CORRECTION	2	27-28	29-30	31-32	33-34	35-36	37-38	60 #	811	
3. CANCELLATION										

SOURCE OF RECORD DOCUMENT

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

DOCUMENT IDENTIFICATION NO.

DOCUMENT DATE/PERIOD

REMARKS

PREPARED BY

REPORT APPROVED BY
SOURCE DOCUMENTAPPROVE DATA VERIFIED CORRECTLY. DATES AND SOURCE
DOCUMENT CITED

FISCAL DIVISION

DATE

SIGNATURE

FINANCE DIVISION

1451a

SECRET

(14-10)

CONFIDENTIAL
(when filled in)

IMPORTANT

Central Processing Branch has been charged with responsibility (OPM 20-6-1 dated 12 October 1961) for ensuring that all employees processing PCS to the field have reviewed the field version of the Employee Conduct Handbook. You will not be checked out for your proposed travel until you sign the following statement and return it to CPB. Your Personnel Officer can provide you with a copy of the Handbook.

.....

MEMORANDUM OF UNDERSTANDING

I hereby acknowledge that I have read and understand the contents of Field Handbook 20-4, Employee Conduct, dated 30 July 1962.

14 February 1963
Date

12

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Complete in duplicate. The data recorded on this form is essential in determining travel expenses allowable in connection with leave of government expense, overseas duty, return to residence upon separation, and for providing current residence and dependency information required in the event of an employee emergency. The original of this form will be filed in the employee's official personnel folder.

NAME OF EMPLOYEE [REDACTED] SOCIAL SECURITY NUMBER [REDACTED]

1. RESIDENCE DATA

PLACE OF RESIDENCE WHEN INITIALLY APPOINTED
FT. THOMAS, KENTUCKY

LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. (If appointed abroad)

PLACE IN CONTINENTAL U.S. DESIGNATED AS PERMANENT RESIDENCE
~~FALLS CHURCH, VA.~~ TUCSON, ARIZONA

HOME LEAVE RESIDENCE
FALLS CHURCH, VIRGINIA

2. MARITAL STATUS (Check one)

☐ SINGLE ☒ MARRIED ☐ SEPARATED ☐ DIVORCED ☐ WIDOWED ☐ ANNULLED

IF MARRIED, PLACE OF MARRIAGE
TUCSON, ARIZONA

DATE OF MARRIAGE

IF DIVORCED, PLACE OF DIVORCE DECREE

DATE OF DECREE

IF WIDOWED, PLACE SPOUSE DIED

DATE SPOUSE DIED

IF PREVIOUSLY MARRIED, INDICATE NAME(S) OF SPOUSE, REASON(S) FOR TERMINATION, AND DATE(S)

3. MEMBERS OF FAMILY

NAME [REDACTED]

4. NAMES OF CHILDREN

BARBARA

ADDRESS

SAME

SEX

F

DATE OF BIRTH

27 JUL

RICHARD

ADDRESS

SAME

SEX

M

DATE OF BIRTH

10 SEP

THOMAS

ADDRESS

SAME

SEX

M

DATE OF BIRTH

10 SEP

5. ADDRESS AND TELEPHONE NO.

NAME OF MEMBER [REDACTED] ADDRESS [REDACTED] TELEPHONE NO. [REDACTED]

WHAT MEMBER(S) OF YOUR FAMILY IF ANY, HAS BEEN TOLD OF YOUR AFFILIATION WITH THE ORGANIZATION IF CONTACT IS REQUIRED IN AN EMERGENCY? FATHER

6. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

[REDACTED]

BUSINESS ADDRESS (No., Street, City, Zone, State) AND NAME OF EMPLOYER, IF APPLICABLE

RETIRED

BUSINESS TELEPHONE & EXTENSION

IS THE INDIVIDUAL NAMED ABOVE WITTING OF YOUR AGENCY AFFILIATION? (If "No" give name and address of person to whom he believes you work for.)

YES

✓

NO

IS THIS INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF? (If "No" give name and address of person, if any, who can make such decisions in case of emergency.)

YES

✓

NO

DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE? (If answer is "No" explain why in item 6.)

YES

✓

NO

The persons named in item 3 above may also be notified in case of emergency. If such notification is not desirable because of health or other reasons, please so state in item 6 on the reverse side of this form.

CONTINUED ON REVERSE SIDE

CURRENT RESIDENCE AND DEPENDENCY REPORT

CONFIDENTIAL

(When Filled In)

3. VOLUNTARY ENTRIES	
<p>Experience in the handling of employee emergencies has shown that the absence of certain personal data often delays and complicates the settlement of estate and financial matters. The information requested in this section may prove very useful to your family or attorney in the event of your disability or death and will be disclosed only when circumstances warrant.</p>	
<p>INDICATE NAME AND ADDRESS OF THE BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS AND THE NAMES IN WHICH THE ACCOUNTS ARE CARRIED.</p> <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>	
<p>HAVE YOU COMPLETED A LAST WILL AND TESTAMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. (If "Yes" where is document located?)</p>	
<p align="center">AMONG PERSONAL EFFECTS</p>	
<p>HAVE YOU PREPLANNED AN ARRANGED GUARDIANSHIP OF YOUR CHILDREN IN CASE OF COMMON DISASTER TO BOTH PARENTS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. (If "Yes" give name(s) and address)</p>	
<p>HAVE YOU EXECUTED A POWER OF ATTORNEY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. (If "Yes", who possess the power of attorney?)</p>	
<p align="center">4. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS</p> <div style="border: 1px solid black; height: 350px; margin-top: 5px;"></div>	
<p>SIGNED AT</p> <p align="center">NPS.</p>	<p>DATE</p> <p align="center">14 Feb 1963</p>

CONFIDENTIAL

SECRET

ASD

Supplement to Staff Employee Personnel

Action

Effective 27 March 1961

The purpose of this memorandum is to call your attention to existing policies which are particularly material to you while you are [] and to set forth certain rights and obligations which are incident to your status as an appointed employee. It is hereby agreed and understood that:

1. As an employee of this organization, at the present grade and salary of GS-14 \$13,270. per annum, you will accept [] employment with another instrumentality of the Government (hereinafter referred to as [] effective as of 27 March 1961. You will, insofar as consistent with your basic responsibility to this organization, abide by all the rules, regulations, practices and policies of your [] in order to appear as a conventional member of that establishment. Your appointment to your [] is being effected at [] and salary of \$11,800. per annum. You are prohibited, except as specifically authorized herein, from retaining emoluments paid []

2. It is understood and agreed that the minimum period of your overseas tour of duty is governed by and coincident with the prescribed tour of duty of your [] organization. Currently, your prescribed tour consists of a period of Two Years from the date of your arrival at your overseas post of duty. Your assignment may be terminated earlier for the convenience of this organization and the length of your tour of duty, as currently specified, may be unilaterally changed by this organization in order to conform with subsequent changes in the prescribed tour of your []. If you request termination of your overseas assignment solely for your own convenience, unless it is for circumstances that are considered by this organization to be beyond your control or if you are terminated for cause under the regulations of this organization before you have completed the minimum period of service prescribed above from the date of arrival at your overseas post of duty, you will not be entitled to return travel or transportation for yourself or your dependents to the United States at Government expense. If you request termination of your overseas assignment solely for your own convenience, unless it is for circumstances that are considered by this organization to be beyond your control or if you are terminated for cause under the regulations of this organization before you have completed one (1) year of service from the date of your arrival at your overseas post of duty, you will be required to reimburse the Government for all of its expenses for your travel and transportation, and that of your dependents, from the continental United States to such overseas post of duty.

SECRET

SECRET

3. Travel to your post of duty overseas and your return travel to the United States, as well as travel performed overseas which is consistent with your cover designation, will normally be at the direction of your cover facility. Such travel will be accomplished in conformance with applicable regulations of your [] except when you are directed for operational reasons to perform travel in accordance with the regulations of this organization.

4. Salary and (except as provided in paragraph three (3) above) allowances paid by your [] shall be retained by you to the extent that they are less than or equal to the salary and allowance payments due on the basis of your grade level with this organization. If such cover payments are less than the amount due, the difference will be credited to your payroll account with this organization. If such payments exceed the amount due, the overage will be remitted to this organization at designated intervals, presently NA. Computations hereunder will be made on the basis of the aggregate gross due and received provided, however, that in computing remittances for overage Federal and, if applicable, District of Columbia income taxes withheld by [] against the overage may be deducted. To assure timely accuracy in your payroll account with this organization you are expected to immediately report [] payroll changes.

5. Your status as an employee of this organization will continue in full force and effect during your period of duty with your [] and you will continue to be entitled to all rights, benefits and emoluments of such status. Certain variations in procedure will be required, however, to preserve the security of your []

a. Upon [] into your [] you will continue to be covered by the provisions of the Civil Service Retirement Act, as amended, and at your personal expense you will be subject to payroll deductions for retirement purposes (now six and one-half per cent) on the basis of your cover salary or your salary from this organization, whichever is the greater.

b. If you receive taxable income from both your [] and this organization, necessary adjustments for Federal, and if applicable, District of Columbia income tax purposes will be made in conformance with instructions received from this organization.

c. Consistent with [] you will continue to be responsible for compliance with the rules and regulations of this organization.

d. You are not assured upon the completion of your period of duty with your [] of any status with your cover based on your services performed with that organization at the request of this organization.

SECRET

e. All annual and sick leave which is accrued to your credit at the time of [] will be transferred to your []. While [] you will be permitted annual leave, sick leave, home leave, and leave without pay in accordance with the regulations of your [] in lieu of the leave benefits of this organization. Upon completion of your [] your accrued annual and sick leave will be transferred to your credit with this organization. If security conditions require that your [] make a lump-sum payment for accrued annual leave, you will be required to pay the gross amount thereof to this organization including any income taxes withheld by your [].

6. You will be required to keep forever secret this agreement and all other information which you may obtain by reason hereof, unless you are released in writing by this organization from this obligation. Violation of such secrecy may subject you to criminal prosecution under the Espionage Laws, dated 25 June 1948, as amended, and other applicable laws and regulations. The termination of your employment with this organization will not release you from the obligation of any security oath you may be required to take.

UNITED STATES GOVERNMENT

BY []

Personnel Office

ACCEPTED:

[]

Pre 1963 Training &
related loss.

Medical clearances

Pre 1963 Documents
(application forms,
awards, PHS supplements)

TELEPHONE REQUEST FOR RECORDS OR INFORMATION

NATIONAL PERSONNEL RECORDS CENTER, TCPS
111 Minnebago Street
St. Louis, MO 63118

CAUTION: Complete all items

Former Federal Employee informed of Privacy Act compliance requirements per instructions in NPRC-1067.43.

DATE OF REQUEST

6-9-78

CLERK'S INITIALS

DATE OF BIRTH

MONTH

DAY

YEAR

6

18

25

SOCIAL SECURITY NUMBER

PREVIOUS FEDERAL EMPLOYMENT

AGENCY AND BUREAU	LOCATION	FROM	TO
WAR DEPT	PATTERSON H7B	Summ	
STATE DEPT		1952	

RECORDS OR INFORMATION REQUESTED

- ☒ OFFICIAL PERSONNEL FOLDER
- ☒ Forward to requesting agency.
- ☐ Deliver to information desk for review by Federal Agent.
- ☐ Deliver to the appropriate Correspondence Unit Supervisor for review by employee.
- ☐ STATEMENT OF SERVICE
- ☐ Mail to requester.
- ☐ Deliver to information desk.
- ☐ FEDERAL EMPLOYEES GROUP LIFE INSURANCE
- ☐ Prepare and furnish duplicate original SF-56.
- ☐ Furnish SF-56.
- ☐ CALL BACK (Specify information wanted below).

RECORDS OR INFORMATION SENT

- ☒ Folder enclosed. 6-13-78 RA
- ☐ Folder was sent to your agency on
- ☐ Folder forwarded in place of information requested. Retain if person is rehired.
- ☐ Folder not received. Suggest you contact last employing office.
- ☐ Folder not located. Suggest further search in your agency. If still unlocated, verify correctness of name, and furnish date forwarded and several names of other folders in same shipment.
- ☐ Folder believed in custody of following agency. Original of your request sent to that agency for action.

TELEPHONE:

☐ ST ☒ COMMERCIAL/HOME

REMARKS:

CIA
PERSONNEL OFFICE
WASHINGTON, D.C.
20505

Enter complete address to which folder or reply is to be mailed. Include ZIP Code.

GENERAL SERVICES ADMINISTRATION

GSA FPMR 6895 (Rev. 1-77)

PERSONNEL FILES SECTION, DEPARTMENT OF STATE.

Date: 1/23/79

MEMORANDUM FOR: Sup. Gr., ROB
SUBJECT : Request for Estimate of Annuities

JB
86

1. Please provide estimate of annuities for:

Name:

Grade: GS-16

Component: IG

DOB:

SCD: 09 02 46

System: CDROS

ETR: 11 Jan 1958

2. Remarks: OP FILE ATTACHED ROSE KERN

COULD NOT FIND CDROS FILE

JOHN McGUIRE
Counselor, ROB/RAD

CONFIDENTIAL (when filled in)

FORM DS 1037

11-63
Department of the Interior
Bureau of Land Management

NOTIFICATION OF PERSONNEL ACTION

PERSONAL NUMBER

SERVICE

FS

1 NAME (LAST, FIRST, MIDDLE)		2 EMPLOYEE NO & SER		3 BIRTH DATE (MM-DD-YY)		4 SOCIAL SECURITY NO	
		539700 M					
5 TITLE, GRADE	6 CODE	7 EMPLOYMENT DATE		8 EMPLOYMENT STATUS			
2	(3) 06	02-28-48		00			
9 FUGU		10 DEPARTMENT		11 GRADE		12 PAY RATE	
1		1		05-65			
13 NATURE OF ACTION				14 EFFECTIVE DATE		15 CIVIL SERVICE OR OTHER LEGAL AUTHORITY	
317 RESIGNATION				03-17-73			
16 FROM POSITION TITLE AND NUMBER				17 GRADE		18 SALARY	
S-00000-00 REASSIGNMENT				03		PA\$29,462.00	
19 NAME AND LOCATION OF EMPLOYING OFFICE				20 MISCELLANEOUS ASSIGNMENTS			
DEPARTMENT OF STATE, WASHINGTON, D. C. 20520							

20 TO POSITION TITLE AND NUMBER		21 PAY RATE AND GRADE		22 GRADE		23 SALARY		24 WORK SCHEDULE	
25 NAME AND LOCATION OF EMPLOYING OFFICE									
DEPARTMENT OF STATE, WASHINGTON, D. C. 20520									

26 LOCATION (CITY AND STATE)		27 LOCATION CODE		28 LOCATION CODE	
WASHINGTON DC				110010001	
29 ADDRESS (STREET, CITY, STATE, ZIP)		30 ADDRESS (STREET, CITY, STATE, ZIP)		31 ADDRESS (STREET, CITY, STATE, ZIP)	
0113.0-1097-293600-000		2		AZ	

32 REASON FOR ACTION		33 REASON FOR ACTION		34 REASON FOR ACTION	
A. VOLUNTARY RESIGNATION		B. INCOMPETENCE		C. DISCIPLINARY ACTION	

SEPARATION: SHOW BY ANOTHER NO. REQUIRED. CHECK IF APPLICABLE. ☐ DURING PROBATION ☐ FROM EMPLOYMENT FOR A MONTH OR LESS.

This action is subject to all applicable laws, regulations, and orders and may be subject to review and approval by the United States Civil Service Commission or the Department. This action may be appealed or reviewed if not in accordance with applicable laws.

The employee's position may be filled by another employee, or the position may be left vacant by the Department or by the Civil Service Commission.

REASON: PERSONAL - NO OTHER INFORMATION AVAILABLE

FINAL PAYMENT TO BE MADE BY THE DEPARTMENT

FGLI COVERAGE-REGULAR ONLY

31 DATE OF APPOINTMENT ACTION

32 OFFICE ADDRESS AND PERSONNEL FILE NO.

33 CODE EMPLOYING DEPARTMENT OR AGENCY

XXXX DEPARTMENT OF STATE

ST00

2 PERSONNEL FOLDER

Form 09 1081

1-68

(Supplement to SF 57 approved by
GPO and G. of P. July 1967)

REQUEST FOR PERSONNEL ACTION

1105

PART I. REQUESTING OFFICE (To be completed except where indicated otherwise)

A. DATE OF REQUEST 3/14/73		B. EMPLOYER'S OFFICE DATE		C. REQUEST NUMBER		D. SERVICE 1. MGT/PS/TRANS 2. MGT/PS/TRANS		E. EMPLOYEE'S NAME 539700 M		F. BIRTH DATE MM/DD/YY		G. SOCIAL SECURITY NO.	
1. NAME (Last, First, Middle)		MR MISS MRS		2. EMPLOYEE'S NAME		3. BIRTH DATE		4. SOCIAL SECURITY NO.		5. POSITION		6. SKILL CODES	
7. NATURE OF ACTION REQUESTED (1. PERSONNEL (Specify appropriate management requirement))										8. POSITION VACATED		9. POSITION	
10. POSITION (Specify position name, selected on 1)										11. POSITION VACATED		12. POSITION	
13. VETERAN PREFERENCE 1. NO 2. 5 PT 3. 10 PT DISAB 4. 10 PT COMP 5. 10 PT OTHER		6. TENURE CODE		7. SERVICE COMP DATE		8. PHYSICAL HANDICAP CODE		9. RETIREMENT 1. COVERED 2. INELIGIBLE 3. WAIVED 4. NONE 5. OTHER		10. MO & YR OF GRADE		11. (For CH only)	
12. NATURE OF ACTION 317 RESIGNATION		13. EFFECTIVE DATE (MM/DD)		14. CIVIL SERVICE OR OTHER LEGAL AUTHORITY		15. GRADE OR LEVEL		16. SALARY		17. GRADE OR LEVEL		18. SALARY	
19. FROM POS NO. S-00000-00		POSITION TITLE		19. PAY PLAN AND OCCUPATION CODE		17. GRADE OR LEVEL		18. SALARY		19. ORGANIZATION DESIGNATION		20. SALARY	
21. ORGANIZATION DESIGNATION		22. ORGANIZATION DESIGNATION		23. ORGANIZATION DESIGNATION		24. ORGANIZATION DESIGNATION		25. ORGANIZATION DESIGNATION		26. ORGANIZATION DESIGNATION		27. ORGANIZATION DESIGNATION	

20. TO POS NO.		POSITION TITLE		21. PAY PLAN AND OCCUPATION CODE		22. GRADE		STEP		23. SALARY		24. SALARY	
25. ORGANIZATION DESIGNATION		26. ORGANIZATION DESIGNATION		27. ORGANIZATION DESIGNATION		28. ORGANIZATION DESIGNATION		29. ORGANIZATION DESIGNATION		30. ORGANIZATION DESIGNATION		31. ORGANIZATION DESIGNATION	
25. DUTY STATION (If any transfer)		WASHINGTON, D. C.		26. LOCATION CODE		27. POSITION OCCUPIED		28. APPOINTMENT POSITION		29. POSITION OCCUPIED		30. APPOINTMENT POSITION	
27. APPROPRIATION CODE		0113.0-1097-298600-000		28. POSITION OCCUPIED		29. APPOINTMENT POSITION		30. POSITION OCCUPIED		31. APPOINTMENT POSITION		32. POSITION OCCUPIED	

1. REMARKS (If applicable, any current additional modified reasons for resignation)

REASON: PERSONAL - No additional information available.

ADDRESS:

3. REQUESTED BY		4. REQUEST APPROVED BY	
SIGNATURE		SIGNATURE	
TITLE CA/FS/EUR		TITLE CA/FS/EUR	
PART II. TO BE COMPLETED BY PERSONNEL OFFICE (To be completed only if requested by PART I above and to be completed)			
1. CLEARANCE		2. INITIALS OR SIGNATURE	
3. DATE		4. DATE	
5. DATE		6. DATE	
7. DATE		8. DATE	
9. DATE		10. DATE	
11. DATE		12. DATE	
13. DATE		14. DATE	
15. DATE		16. DATE	
17. DATE		18. DATE	
19. DATE		20. DATE	
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25. DATE		26. DATE	
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81. DATE		82. DATE	
83. DATE		84. DATE	
85. DATE		86. DATE	
87. DATE		88. DATE	
89. DATE		90. DATE	
91. DATE		92. DATE	
93. DATE		94. DATE	
95. DATE		96. DATE	
97. DATE		98. DATE	
99. DATE		100. DATE	

PART III. TO BE COMPLETED BY EMPLOYEE

RESIGNATION EMPLOYEE MUST COMPLETE THIS FORM BEFORE RESIGNATION. Please print name, title, and address.

I RESIGN FOR THE FOLLOWING REASONS

RECEIVED

15 MAR 1973 PM 8.49

INTEREST IN OTHER EMPLOYMENT

RETIRED - NO WORKING IN THE FIELD

THE EFFECTIVE DATE OF MY RESIGNATION WILL BE

03/17/73

(Signature)

PART IV. SEPARATION DATA

FOR MAIL COMMUNICATIONS INCLUDING SALARY CHECKS AND BONDS TO THE FOLLOWING ADDRESS

(Name)

(City)

(State)

(Zip)

PART I. (Continued)

WE MAINTAIN THE FOLLOWING OFFICE

3/19/73

XXXXXX

RESIGNATION COB 3/17/73; FINAL SALARY PAYMENT BY

NOT ENROLLED IN HEALTH BENEFITS PLAN

ADDRESS:

Chief, Retirement Branch
Personnel Services Division

THS

15 MAR 1973



DEPARTMENT OF STATE

Washington, D.C. 20520

March 9, 1973

The Honorable William P. Rogers
The Secretary of State
Department of State
Washington, D.C. 20520

Dear Mr. Secretary:

It is with regret that I find it necessary to submit my resignation from the Foreign Service effective March 17, 1973.

I have enjoyed my years with the Foreign Service and hope that it will be possible for me to serve again in the future should circumstances permit.

Sincerely,



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

**IMPORTANT
AGENCY INSTRUCTIONS
ON BACK OF ORIGINAL**

TO COMPLETE THIS FORM—

1

FOLLOW THESE GENERAL INSTRUCTIONS:

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

2

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

NAME (last)	(first)	(middle)	DATE OF BIRTH (month day year)	SOCIAL SECURITY NUMBER
EMPLOYING DEPARTMENT OR AGENCY			LOCATION (City, State, ZIP Code)	

3

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

Mark here
if you
WANT BOTH
optional and
regular
insurance



ELECTION OF OPTIONAL (IN ADDITION TO REGULAR) INSURANCE

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

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



DECLINATION OF OPTIONAL (BUT NOT REGULAR) INSURANCE

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

Mark here
if you
WANT NEITHER
regular nor
optional
insurance



WAIVER OF LIFE INSURANCE COVERAGE

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

4

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

SIGNATURE

DATE

February 9, 1968

FOR EMPLOYING OFFICE USE ONLY

(official receiving date stamp)

February 9, 1968

See Table of Effective Dates on Back of Original

ORIGINAL COPY—Retain in Official Personnel Folder

STANDARD FORM NO. 170-1
REVISED 1963
GSA GEN. REG. NO. 27 1963
(7-170-1)

DESIGNATION OF BENEFICIARY
FEDERAL EMPLOYEES' GROUP LIFE
INSURANCE ACT OF 1954

IMPORTANT
Read instructions
on back of duplicate
before filling in this form

INFORMATION CONCERNING THE INSURED:

NAME (Last) (First) (Middle) DATE OF BIRTH (Month, day, year)

PLACE AN "X" IN THE APPROPRIATE BOX BELOW TO SHOW WHETHER YOU ARE:

☒ **AM EMPLOYEE** ☐ **RETIRED OR AN APPLICANT FOR RETIREMENT** ☐ **RECEIVING FEDERAL EMPLOYEES' COMPENSATION BENEFITS OR AN APPLICANT FOR SUCH BENEFITS**

IF YOU ARE RETIRED OR RECEIVING
FEDERAL EMPLOYEES' COMPEN-
SATION GIVE YOUR "CSA," "CSL," or
"X" NUMBER

(CSA or CSL or X number)

DEPARTMENT OR AGENCY IN WHICH LAST EMPLOYED (If retired, former department or agency):

(Department or Agency) (Department)

(Division)

WASH 25 D C.
(Location—City and State)

I, the individual identified above, canceling any and all previous Designations of Beneficiary under the Federal Employees' Group Life Insurance Act heretofore made by me, do now designate the beneficiary or beneficiaries named below to receive any amount of GROUP LIFE INSURANCE and GROUP ACCIDENTAL DEATH INSURANCE due and payable at my death. I understand that this Designation of Beneficiary will remain in full force and effect, with respect to any amount payable, unless or until canceled by me in writing, or until such time as it is automatically canceled (see regulation "f" on reverse side of duplicate copy).

INFORMATION CONCERNING THE BENEFICIARY OR BENEFICIARIES:

Type or print first name, middle initial, and last name	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
		WIFE	ALL

I hereby direct, unless otherwise indicated above, that, if more than one beneficiary is named, the share of any deceased beneficiary who may predecease me shall be distributed equally among the surviving beneficiaries, or entirely to the survivor. I understand that this Designation of Beneficiary shall be void if none of the designated beneficiaries is living at the time of my death.

I hereby specifically reserve the right to cancel or change any Designation of Beneficiary at any time without knowledge or consent of the beneficiary.

Mar 27 1963

(Date of execution—month, day, year)

WITNESSES TO SIGNATURE (A witness is ineligible to receive payment as a beneficiary):

PRINT OR TYPE NAME AND ADDRESS OF INSURED

THIS SPACE RESERVED FOR RECEIVING AGENCY

PER/END

MAR 27 1963

(Indicate date and be above initials)

IMPORTANT.—The filing of this form will completely cancel any Designation of Beneficiary under the Federal Employees' Group Life Insurance Act you may have previously filed. Be sure to name in this form all persons you wish to designate as beneficiaries of any group life and accidental death insurance payable under that act at your death.

EXAMPLES OF DESIGNATIONS

How To Designate One Beneficiary

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
		Niece	All

How To Designate More Than One Beneficiary

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
		Aunt	One-fourth
		Nephew	One-fourth
		Mother	One-half

How To Designate A Contingent Beneficiary

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
		Father	All
		Sister	All

How To Cancel A Designation Of Beneficiary So That Amount Due Will Be Payable As Provided In The Law

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
Cancel prior designations			

*The net amount payable to Mr. R. Brown or to Mrs. Julia M. Brown.
**Be sure that the share to be paid to the several beneficiaries add up to 100 percent.

Standard Form No. 1134
(Rev. 7-24-60)
1179 101



DESIGNATION OF BENEFICIARY

UNPAID COMPENSATION OF
DECEASED CIVILIAN EMPLOYEE

IMPORTANT

Read instructions
on back of duplicate
before filling in this form

INFORMATION CONCERNING THE EMPLOYEE:

NAME-- (Last) (First) (Middle) Date of Birth (Month, day, year)

DEPARTMENT OR AGENCY IN WHICH EMPLOYED

(Department or agency) (Division) (Division)

I, the employee identified above, canceling any and all previous Designations of Beneficiary heretofore made by me, do now designate the beneficiary or beneficiaries named below to receive any UNPAID COMPENSATION due and payable under existing law after my death. I understand that this Designation of Beneficiary relates solely to Unpaid Compensation as defined in section 2 of the act of August 8, 1950, Public Law 630, and in no way will affect the disposition of any benefit which may become payable under the Retirement Act applicable to my Government service. I further understand that this Designation of Beneficiary will remain in full force and effect, unless or until canceled by me in writing, so long as I am continuously employed in the above department or agency.

INFORMATION CONCERNING THE BENEFICIARY OR BENEFICIARIES:

Type or print first name, middle initial, and last name (Share to be paid to)

I hereby direct, unless otherwise indicated above, that, if more than one beneficiary is named, the share of any deceased beneficiary who may predecease me shall be distributed equally among the surviving beneficiaries, or entirely to the survivor. I understand that this Designation of Beneficiary shall be void if none of the designated beneficiaries is living at the time of my death.

I hereby specifically reserve the right to cancel or change any designation of beneficiary at any time in the manner and form prescribed by the Comptroller General of the United States, and without knowledge or consent of the beneficiary.

3-27-63

(Date of execution - month, day, year)

WITNESSES TO SIGNATURE:

DELIVER BOTH COPIES TO THE PROPER OFFICE OF YOUR AGENCY-OPERATOR WILL BE NOTED AND RETURNED

IMPORTANT—The filing of this form will completely cancel any designation you may have previously filed. Be sure to name in this form all persons you wish to designate as beneficiaries of any unpaid compensation payable at your death.

EXAMPLES OF DESIGNATIONS

How To Designate One Beneficiary

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
		Sister	All

How To Designate More Than One Beneficiary

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
		Aunt	One-fourth
		Niece	One-fourth
		Mother	One-half

How To Designate A Contingent Beneficiary

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
		Father	All
		Sister	All

How To Cancel A Designation Of Beneficiary So That Amount Due Will Be Payable As Provided In The Law

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
Cancel prior designations			

*To and write name as: C. M. Jackson as Mrs. John H. Jackson

**Be sure that the share to be paid to the named beneficiary does not exceed 100 percent.

Standard Form No. 2800 CHAPTER I - EMP O - GAO 3049		HEALTH BENEFITS REGISTRATION FORM <small>FEDERAL EMPLOYEES HEALTH BENEFITS ACT OF 1959</small>		LATEST FORM 100 153281																							
PART A ALL WHO REGISTER MUST FILL IN THIS PART.		1. NAME (Last, first, middle initial) <div style="border: 1px solid black; height: 40px; width: 100%;"></div>		3. Are you now married? YES <input checked="" type="checkbox"/> 1 NO <input type="checkbox"/> 2																							
4. DATE OF BIRTH (Month, day, year) <div style="border: 1px solid black; height: 40px; width: 100%;"></div>		5. Are you covered by, or is any family member 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"/>																									
6. Are you covered by, or is any family member 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. your annual basic salary range. UNDER \$4,000 <input type="checkbox"/> 1 \$4,000 TO \$9,999 <input type="checkbox"/> 2 \$10,000 TO \$19,999 <input checked="" type="checkbox"/> 3 \$20,000 OR OVER <input type="checkbox"/> 4																									
PART B FILL IN THIS PART IF YOU WISH TO ENROLL IN A HEALTH BENEFITS PLAN.		1. I elect to enroll in a health benefits plan as shown below. I authorize deductions to be made from my salary, compensation, or annuity to cover my share of the cost of the enrollment. (Copy the information requested below from inside cover of the plan you select.) <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">NAME OF PLAN</div> <div style="width: 20%;">OPTION (HIGH OR LOW)</div> <div style="width: 20%;">ENROLLMENT TYPE (SINGLE OR FAMILY)</div> </div>																									
2. In space below list all eligible family members, without exception. List your wife or husband first. If you are unmarried, list your dependent child first. Include illegitimate children who live with you in a regular parent-child relationship. Include dependent children who live with you in a regular parent-child relationship. Include dependent children who live with you in a regular parent-child relationship. (Include a child who is a dependent child of a disabled child age 19 or over.) (Attach a letter to this form for a disabled child age 19 or over.)		<table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th style="width: 40%;">NAMES OF FAMILY MEMBERS</th> <th style="width: 15%;">DATE OF BIRTH (Month, Day, Year)</th> <th style="width: 30%;">NAMES OF FAMILY MEMBERS</th> <th style="width: 15%;">DATE OF BIRTH (Month, Day, Year)</th> </tr> </thead> <tbody> <tr> <td>Wife or Husband</td> <td style="text-align: center;">1</td> <td></td> <td style="text-align: center;">2</td> </tr> <tr> <td></td> <td style="text-align: center;">3</td> <td></td> <td style="text-align: center;">3</td> </tr> <tr> <td></td> <td style="text-align: center;">4</td> <td></td> <td style="text-align: center;">4</td> </tr> <tr> <td></td> <td style="text-align: center;">5</td> <td></td> <td style="text-align: center;">5</td> </tr> <tr> <td></td> <td style="text-align: center;">6</td> <td></td> <td style="text-align: center;">6</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	1		2		3		3		4		4		5		5		6		6
NAMES OF FAMILY MEMBERS	DATE OF BIRTH (Month, Day, Year)	NAMES OF FAMILY MEMBERS	DATE OF BIRTH (Month, Day, Year)																								
Wife or Husband	1		2																								
	3		3																								
	4		4																								
	5		5																								
	6		6																								
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 disability or physical handicap which can be expected to continue for more than one year? (If answer is "Yes," attach a doctor's certificate.) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		PART C FILL IN THIS PART IF YOU WISH NOT TO ENROLL OR IF YOU WISH TO CHANGE YOUR ENROLLMENT.																									
1. I elect not to enroll in any plan under the Health Benefits Act. <input checked="" type="checkbox"/>		2. The reason for my election is (Place an "X" in proper box): (a) I am covered by a plan under the Health Benefits Act through the enrollment of my husband, wife, or parent. <input type="checkbox"/> 1 (b) I am covered by a health insurance plan which is not under the Health Benefits Act. <input checked="" type="checkbox"/> 2 (c) Any other reason <input type="checkbox"/> 3																									
2. I elect to cancel my present enrollment under the Health Benefits Act. <input type="checkbox"/>		PART D FILL IN THIS PART IF YOU WISH TO CHANGE YOUR ENROLLMENT.																									
1. I am covered by a plan under the Health Benefits Act through the enrollment of my husband, wife, or parent. <input type="checkbox"/> 1 2. I am covered by a health insurance plan which is not under the Health Benefits Act. <input checked="" type="checkbox"/> 2 3. Any other reason <input type="checkbox"/> 3		4. Date of event which is basis for change: <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th style="width: 33%;">MONTH</th> <th style="width: 33%;">DAY</th> <th style="width: 33%;">YEAR</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>		MONTH	DAY	YEAR																					
MONTH	DAY	YEAR																									
PART E ALL WHO REGISTER MUST FILL IN THIS PART.		WARNING. —Any intentional false statement in this application or willful misrepresentation or omission thereof 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)																									
1. NAME, ADDRESS AND PHONE NUMBER OF EMPLOYER'S OFFICE: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>		2. DATE RECEIVED BY EMPLOYER'S OFFICE: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>																									
PART F TO BE COMPLETED BY AGENCY.		3. PAYROLL OFFICE NO. <div style="border: 1px solid black; height: 40px; width: 100%;"></div>																									
4. PAYROLL ACTION (INITIALS AND DATE): <div style="border: 1px solid black; height: 40px; width: 100%;"></div>		5. REMARKS FOR USE ONLY BY ASSISTANTS AND AGENCY: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>																									

Standard Form No. 2809 CHAPTER 1-11 PM 6 GAO 1-10		HEALTH BENEFITS REGISTRATION FORM <small>FEDERAL EMPLOYEES HEALTH BENEFITS ACT OF 1959</small> <small>(Print) (Sign on back of last page. Use only provisions of 1959 Act.)</small>		CARRIER'S NUMBER NO. <div style="font-size: 1.2em; font-weight: bold;">153281</div>																								
PART A ALL WHO REGISTER MUST FILL IN THIS PART.	1. NAME (Last, First, Middle Initial) <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	2. DATE OF BIRTH <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	3. Are you now married? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>																									
	4. <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	5. Are you now enrolled 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"/>																										
	6. What is your annual basic salary? UNDER \$4,000 <input type="checkbox"/> \$4,000 TO \$7,999 <input checked="" type="checkbox"/> \$8,000 TO \$9,999 <input type="checkbox"/> \$10,000 OR OVER <input type="checkbox"/>																											
PART 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: 60%;">NAME OF PLAN</div> <div style="width: 20%;">COST (HIGH OR LOW)</div> <div style="width: 20%;">ESTIMATED COST PER MEMBER</div> </div>																											
	2. In space below list all eligible family members without exception. List your wife or husband first, then your unmarried children under age 19, including legally adopted children, and dependent children. Include also any unmarried child over 17 who became disabled before age 19 and who, because of the disability, is unable 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: 40%;">NAMES OF FAMILY MEMBERS</th> <th style="width: 20%;">DATE OF BIRTH (Month, Day, Year)</th> <th style="width: 20%;">NAMES OF FAMILY MEMBERS</th> <th style="width: 20%;">DATE OF BIRTH (Month, Day, Year)</th> </tr> </thead> <tbody> <tr> <td>Wife or Husband</td> <td style="text-align: center;">1</td> <td></td> <td style="text-align: center;">6</td> </tr> <tr> <td></td> <td style="text-align: center;">2</td> <td></td> <td style="text-align: center;">7</td> </tr> <tr> <td></td> <td style="text-align: center;">3</td> <td></td> <td style="text-align: center;">8</td> </tr> <tr> <td></td> <td style="text-align: center;">4</td> <td></td> <td style="text-align: center;">9</td> </tr> <tr> <td></td> <td style="text-align: center;">5</td> <td></td> <td style="text-align: center;">10</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	1		6		2		7		3		8		4		9		5		10
	NAMES OF FAMILY MEMBERS	DATE OF BIRTH (Month, Day, Year)	NAMES OF FAMILY MEMBERS	DATE OF BIRTH (Month, Day, Year)																								
	Wife or Husband	1		6																								
	2		7																									
	3		8																									
	4		9																									
	5		10																									
3. If you are a female (employee or annuitant)—does the family listed above include a husband who is incapable of self-support by reason of mental or physical disability which can be expected to continue for more than one year? (If answer is "Yes," attach a doctor's certificate.) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>																												
THIS PART MUST ALSO BE FILLED IN IF YOU CHANGE YOUR ENROLLMENT.																												
PART C FILL IN THIS PART IF YOU WISH NOT TO ENROLL OR IF YOU WISH TO CHANGE YOUR ENROLLMENT.	PLACE AN "X" IN ITEM 1 OR ITEM 2, WHICHEVER APPLIES AND ANSWER ITEM 3.																											
	1. I elect not to enroll in any plan under the Health Benefits Act. <input checked="" type="checkbox"/>																											
	2. I elect to cancel my present enrollment under the Health Benefits Act. <input type="checkbox"/>																											
PART D FILL IN THIS PART IF YOU WISH TO CHANGE YOUR ENROLLMENT.	3. The reason for my election is (Check one "X" in proper box): (a) I am covered by a plan under the Health Benefits Act through the enrollment of my husband, wife, or parent. <input type="checkbox"/> (b) I am covered by a health insurance plan which is not under the Health Benefits Act. <input checked="" type="checkbox"/> (c) Any other reason: _____																											
	4. I want to change my enrollment as follows: (Check one "X" in proper box): 1. Enrollment with another plan: _____ 2. Enrollment with same plan: _____ 3. Date of change (Month, Day, Year): MONTH _____ DAY _____ YEAR _____																											
	5. I want to change my enrollment as follows: (Check one "X" in proper box): 1. Enrollment with another plan: _____ 2. Enrollment with same plan: _____ 3. Date of change (Month, Day, Year): MONTH _____ DAY _____ YEAR _____																											
PART E ALL WHO REGISTER MUST FILL IN THIS PART.	6. SIGNATURE OF APPLICANT (Print name and date) <div style="border: 1px solid black; height: 40px; width: 100%;"></div>																											
	7. DATE RECEIVED BY EMPLOYER'S OFFICE <div style="border: 1px solid black; height: 40px; width: 100%;"></div>																											
PART F TO BE COMPLETED BY AGENCY.	8. EFFECTIVE DATE OF ENROLLMENT <div style="border: 1px solid black; height: 40px; width: 100%;"></div>																											
	9. SIGNATURE OF AGENCY OFFICIAL (Print name and date) <div style="border: 1px solid black; height: 40px; width: 100%;"></div>																											
REMARKS (For use only by annuitants and agency.) <div style="border: 1px solid black; height: 40px; width: 100%;"></div>																												

**DESIGNATION OF BENEFICIARY
FEDERAL EMPLOYEES' GROUP LIFE
INSURANCE ACT OF 1954**

IMPORTANT
Read instructions
on back of duplicate
before filling in this form

INFORMATION CONCERNING THE INSURED:

NAME (Last) (First) (Middle) DATE OF BIRTH (Month, day, year)

DEPARTMENT OR AGENCY IN WHICH EMPLOYED (If retired, so state and give "CSA" or "CSI" number):

PER/POD

I, the employee or annuitant identified above, canceling any and all previous Designations of Beneficiary under the Federal Employees' Group Life Insurance Act heretofore made by me, do now designate the beneficiary or beneficiaries named below to receive any amount of GROUP LIFE INSURANCE and GROUP ACCIDENTAL DEATH INSURANCE due and payable at my death. I understand that this Designation of Beneficiary will remain in full force and effect, with respect to any amount payable, unless or until canceled by me in writing, or until such time as I become insured in a department or agency other than the above, or until such time as I become insured as a retired employee, in which event this Designation of Beneficiary shall terminate.

INFORMATION CONCERNING THE BENEFICIARY OR BENEFICIARIES:

Name or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary

I hereby direct, unless otherwise indicated above, that, if more than one beneficiary is named, the share of any deceased beneficiary who may predecease me shall be distributed equally among the surviving beneficiaries, or entirely to the survivor. I understand that this Designation of Beneficiary shall be void if none of the designated beneficiaries is living at the time of my death.

I hereby specifically reserve the right to cancel or change any Designation of Beneficiary at any time without knowledge or consent of the beneficiary.

MAY 17, 1956

WITNESSES TO SIGNATURE (1 witness is mandatory to each)

IMPORTANT—The filing of this form will completely cancel any Designation of Beneficiary under the Federal Employees' Group Life Insurance Act you may have previously filed. Be sure to name in this form all persons you wish to designate as beneficiaries of any group life and accidental death insurance payable under that act at your death.

EXAMPLES OF DESIGNATIONS

How To Designate One Beneficiary

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
		Niece	All

How To Designate More Than One Beneficiary

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
		Aunt	One-fourth
		Nephew	One-fourth
		Mother	One-half

How To Designate A Contingent Beneficiary

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
		Father	All
		Sister	All

How To Cancel A Designation Of Beneficiary So That Amount Due Will Be Payable As Provided In The Law

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
Cancel prior designations			

*Do not write name as M. E. Brown or as Mrs. John H. Brown.
 **Be sure that the shares to be paid to the several beneficiaries add up to 100 percent.

16-70410-1

~~PAGE 9616~~

FEDERAL PAY ADJ.Ex.ORDER 11691 DEC.15,1972 EFF. JAN.7,1973

PREPARED ON 01/17/73
DATA AS OF 01/07/73

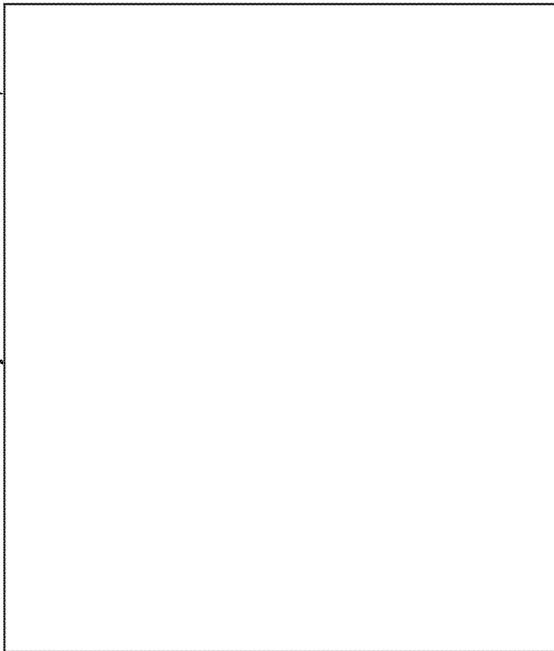
NEW NAME	SOC SEC NUMBER	NEW ORG-CD	N PP	N GR	PAY STEP	OLD SALARY	NEW SALARY
		298600	FR	03	07	2802200	2946200

PAGE 469

FED-EMP-ACT OF 1970, PL 92-210, DEC. 22, 1971, EX. OR 11637 EFF 1-9-72

PREPARED BY 01/10/72
DATA AS OF 01/09/72

NEW NAME SEC SEC N N PSI CIO NEW
NUMBER PP CR SALARY SALARY



162	1003300	1058300
124	1514100	1597300
022	693920	731900
102	1835300	1934200
002	3259300	3430700
042	1247200	1315900
002	1776130	1873700
154	1291100	1362200
042	1140400	1203100
162	1086700	1146400
002	2656300	2802200
162	772700	815300
153	1287400	1353500
262	874000	922100
702	827600	867900
CCC	2131100	2248700
CCC	2817900	2967800
002	2434900	2568800
152	1081900	1141400
132	552400	582800
002	2587500	2724400

FD-77 05-1968
3300DEPARTMENT OF STATE
PAY ROLL CHANGE SLIP

5288280199

PL	ORG CODE	POSITION NO.	ACTIVITY & PURPOSE	EFFECTIVE DATE	COST OF LAST EQUIV. INCREASE
	3126		01101 2401	07-01-71	
EMPLOYEE NO.	PAY & CLASS SERV. & GRADE	NEW SALARY RATE	OLD SALARY RATE		
		230,501	225,025		

☒ Merit Step Increase

☐ Other Step Increase

☐ Pay Adjustment

PERIODS:
Periods

☐ No excess LWOP. TOTAL EXCESS LWOP _____
(Check applicable box in case of excess LWOP)

☐ IN PAY STATUS AT END OF WAITING PERIOD.

☐ IN LWOP STATUS AT END OF WAITING PERIOD.

REMARKS

Performance rating is satisfactory or better.

JOHN H BURNS

(Signature or other authentication)

PERSONNEL COPY

PAGE 8894

FEDERAL PAY COMPATABILITY ACT OF 1970, PL 91-656

PREPARED ON 02/05/71
DATE AS OF 01/31/71

NAME	EMPLOYEE NUMBER	SEC SEC NUMBER	PAY PLAN	GRADE	NEXT PSI	OLD SALARY	NEW SALARY
	539700		FR	03	001	24368	25825
						24368	25825

RECORD COUNT = 1

APPOINTMENT AFFIDAVITS

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

First Secretary and Consul

(Position to which appointed)

November 20, 1970

(Date of appointment)

A. OATH OF OFFICE

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

B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

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

C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

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

D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

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

Subscribed and sworn (or affirmed) before me this

(City)

[SEAL]

Commission expires

(If by a Notary Public, the date of expiration of his Commission should be shown)

NOTE.—The oath of office must be administered by a person specified in 5 U.S.C. 2903. The words "SO HELP ME GOD" in the oath and the word "swear" wherever it appears above should be stricken out when the appointee elects to affirm rather than swear to the affidavits; only these words may be stricken and only when the appointee elects to affirm the affidavits.

Form 100-1000

(Exception to 47 U.S.C. 1007)
CIV. and R. of P. July 1967

REQUEST FOR PERSONNEL ACTION

PART I. REQUESTING OFFICE (fill in items except those in heavy lines)

A. DATE OF REQUEST 6/22/70		B. EMPLOYER EFFECTIVE DATE		C. REQUEST NUMBER		D. SERVICE (1-3 or 4-5)		E. POSITION T & RL/33/70		F. TRANSFER TRANS	
1. NAME (Last, First, Middle) MR.				2. EMPLOYEE NO. & GRADE 539700 M		3. BIRTH DATE (Mo. Day Yr.)		4. SOCIAL SECURITY NO.			
7. KIND OF ACTION REQUESTED (Specify appointment, reassignment, resignation, etc.)						8. POSITION WHC		9. POSITION CREATED 1. Remain funded 2. Infund 3. Abolish			
10. POSITION (Specify establish, reestablish, abolish, etc.)						11. POSITION CODE					
12. VETERAN PREFERENCE 1-NONE 2-5 PT 3-10 PT 4-10 PT COMP.		13. RETIREMENT 1-YES 2-NO		14. SERVICE DATE (MM-DD-YY) 10-20-70		15. SERVICE CAMP DATE		16. PHYSICAL HANDICAP CODE			
17. COVERED 1-YES 2-NO		18. ELIGIBLE 1-YES 2-NO		19. WAIVED 1-YES 2-NO		20. MO. & YR. OF GRADE Sec. 524 of the F.S. Act		21. (For CSC use)			
22. FROM POS NO. 1-035						23. GRADE OR LEVEL		24. SALARY \$22,332			
25. ORGANIZATION DESIGNATION CINT											
26. ORGANIZATION DESIGNATION TEGUCIGALPA						27. STEP 2		28. SALARY \$24,368		29. WEAPON CODE F	
30. ORGANIZATION DESIGNATION 001											

31. DUTY STATION (City & State) 0113.0 - 2081 - 312601-CCO		32. POSITION AUTHORITY 1. COMBINED SERVICE 2. TRANSFER		33. APPROVED POSTER TO STATE	
34. LOCATION CODE 918000430					

REMARKS (Show if applicable, any known additional modified reasons for resignation)
04/20/72

EFFECTIVE DATE OF TRANSFER: **9/6/70**

35. REQUESTER SIGNATURE (H)		36. REQUESTER SIGNATURE		37. JUSTIFIABLE UNDER Sec. 1007, P.L. 87-793	
38. TITLE		39. TITLE			
PART II. OFFICE (fill in items heavy lines in PART I above also to be completed)					
40. CLEARANCES		41. DETAILS OR SIGNATURE		42. DATE	
(1)					
(2) CEN. OR POS. CONTROL					
(3) CLASSIFICATION					
(4) EMPLOYMENT					
(5)					
43. APPROVED BY		44. TITLE & RANK - 6/22/70		45. ARA:LA:POD 6/22/70	
				46. SIGNATURE Arch-P 11/25	

1. The first part of the document is a letter from the President of the United States to the President of the Republic of China, dated January 1, 1955. The letter is signed by Dwight D. Eisenhower and is addressed to Chiang Kai-shek. The letter is a formal communication and is written in a respectful and diplomatic tone. It discusses the relationship between the United States and the Republic of China and expresses the President's confidence in the Republic of China's leadership.

സാക്ഷാത്കാരം വാ തത്വവാദിയിൽ അപ്രത്യക്ഷം

41351

RECEIVED

THE MONASTERY IN JOINT MILITARY

PART IV. SEPARATION DATA

FORWARD COMMUNICATIONS, INCLUDING SALARY CHECKS AND BONDS, TO THE FOLLOWING ADDRESS:

034507

Part I. (Continued)

REMARKS BY REQUESTING OFFICE.

Ad

0157

838.42

00

3-2-1

71



DEPARTMENT OF STATE
PERSONNEL ACTION
AND
AUTHORIZATION OF OFFICIAL TRAVEL
Applicable Regulations: 6 FAM 100 & FM-1 510.4

You are hereby authorized to perform official travel of Government expense as indicated herein. Unless otherwise noted, all expenses and the maximum per diem under the regulations are authorized. Unless otherwise noted, shipment of effects is authorized from station of origin to station of destination if allowances are shown in item 15.

1. NAME, ADDRESS AND DIPLOMATIC TITLE		2. EMPLOYEE NUMBER	3. AUTHORIZATION NUMBER
		539700	0-64968
		4. SOCIAL SECURITY NUMBER	
		5. CLASS	6. AUTHORIZATION DATE
		R-03	JUN. 24, 1970
		5550 ()	7. DO NOT START TRAVEL PRIOR TO:
		10-025 (P)	JUL. 9, 1970
8. ACCOUNTING CLASSIFICATION: The coding (A through E) must be shown on all documents issued under this authority and must appear on all vouchers, invoices, TR's, OB/L's, etc.			
A. FUND	B. ALLOTMENT	C. OBLIGATION NUMBER	D. ORGANIZATION CODE
1900113	2025	064968	312601
10A. STATION OF ORIGIN		10B. LOCATION CODE	11. OBJECT
		313001	2099
12. AMOUNT			
14. QUARTERS AVAILABILITY		15. ALLOWANCES FOR SHIPMENT AND/OR STORAGE OF HOUSEHOLD EFFECTS - NET WEIGHT	
1. UNKNOWN 2. UNFURNISHED 3. FURNISHED		A. LIMITED SHIPMENT 04500	
1		B. TOTAL ALLOWANCE 13000	
16. FOREIGN MOTOR VEHICLE		B. MEETS CRITERIA OF 6 FAM 165A, SUBSECTION	
A. SHIPMENT AUTHORIZED		1. YES 2. NO	
2		2. NO	
17. NUMBER OF DEPENDENTS		18. EXCESS BAGGAGE (for air travel)	
A. ADULTS 4		B. CHILDREN 0	
C. Under 2 0		000	
19. TOTAL NUMBER OF NON-TRAVEL DAYS AUTHORIZED BELOW, INCLUDING THOSE WITHOUT PER DIEM UNDER THIS AUTHORIZATION (AND AMENDMENTS)		A. CONSULTATION (WORKDAYS)	
05		000	
B. TRAINING (CALENDAR DAYS)		C. TDY (CALENDAR DAYS)	
000		000	
THIS SECTION FOR PERSONNEL ACTION ONLY. When completed for permanent change of station, this document constitutes a valid personnel action for transfer between posts. DO NOT USE FOR R. T. HOME LEAVE OR FIELD AMENDMENTS.			
20. SALARY	21. SALARY APPROPRIATION AND ALLOTMENT	22. NATURE OF ACTION AND EFFECTIVE DATE	23. DPL CODE
pa \$ 24,368	0113.0-2081	727 09/06/70	DA
24. ITINERARY, SPECIAL INSTRUCTIONS, SPECIAL AUTHORIZATION AND REMARKS		09/20972 06250	

DEPENDENTS:

25. ITD (Old post)	26. ETA (New post)	27. AUTHORIZING OFFICER
	09/70	
28. AUTHORIZED IN ADVANCE FOR DEPENDENTS		
29. TRAVEL REQUESTED BY		
A. OFFICE	B. EMPLOYEE	

FORM DS-1042
2-3-69

DEPARTMENT OF STATE
PAY ROLL CHANGE SLIP

5868100159

POST	ORG CODE	POSITION ID.	ALLOT. & ACTIVITY & PURPOSE	EFFECTIVE DATE	DATE OF LAST EQUIV. INCREASE
	3339		01135 3081	07-01-70	
EMPLOYEE NO.	CATG. & CLASS SERV. & GRADE	NEW SALARY RATE	OLD SALARY RATE		
939700		824,368	823,672	<input checked="" type="checkbox"/> Periodic Step-Increase	

LWOP DATA (fill in appropriate spaces covering LWOP during following periods)

Period(s)

☐ NO EXCESS LWOP. TOTAL EXCESS LWOP

(Check applicable box in case of excess LWOP)

☐ IN PAY STATUS AT END OF WAITING PERIOD

☐ IN LWOP STATUS AT END OF WAITING PERIOD

☐ Other Step-Increase

☐ Pay Adjustment

Initials of Clerk

REMARKS

Performance rating is satisfactory or better.

(Signature or other authentication)

PERSONNEL COPY

PAGE 304

FEDERAL SALARY 1961-1970, PL 30-211, SEC 22,1243

PREPARED BY 05/01/70
DATA AS OF 04/24/70

NAME	EMPLOYEE NUMBER	SOC SEC NUMBER	PAY PLAN	GRADE	NEXT POST	OLD SALARY	NEW SALARY
					052	12103	12840
					190	7094	7519
					051	10744	11432
					252	8729	8724
					131	13103	13890
					051	10785	11432
					000	27354	28995
					000	14132	14980
					161	11186	11955
					120	6568	6961
					170	9388	9951
					CCC	29841	31632
					001	31704	33609
					CCC	5522	5853
					170	9104	9649
					000	22332	23672
					163	11419	12104
					029	6865	7276
					210	6865	7276
					000	18447	19555
					000	20361	21584
					160	7894	8368
					110	7552	8005
					071	20385	21608
					041	10463	11096
					041	11316	11995

EMPLOYEE

PERSONNEL TRANSACTION REGISTER

PREPARED ON 07/23/69
PERIOD ENDING 07/18/69

ACTION

DATA NAME

DATA ELEMENTS

SECTION 01

EMPLOYEE NUMBER 939700

SSN IC CODE

SCC SEC NUMBER

NEW PAY PLAN

NEW GRACE

NEW SALARY

PSI PAY PERIOD

FORM CTL CODE

NAT ACTION CODE

939700

C

FR

C3

22132

COC

902

PUBLIC LAW PAY INCREASE

• ERROR

EFFECTIVE DATE

07/13/69

FORM DS-1042
2-15-60

DEPARTMENT OF STATE
PAY ROLL CHANGE SLIP

POST	ORG CODE	POSITION NO.	ALLOT & ACTIVITY & PURPOSE	EFFECTIVE DATE	DATE OF LAST EQUIV. INCREASE
	3113		31130 2-81	4-1-69	
EMPLOYEE'S NAME	EMPLOYEE NO.	CATS & CLASS SERV. & GRADE	NEW SALARY RATE	OLD SALARY RATE	
	319700	FSM 93	122,833	119,731	

LWOP DATA (fill in appropriate spaces covering LWOP during following periods):

Period(s)

- ☐ NO EXCESS LWOP. TOTAL EXCESS LWOP _____
(Check applicable box in case of excess LWOP)
☐ IN PAY STATUS AT END OF WAITING PERIOD.
☐ IN LWOP STATUS AT END OF WAITING PERIOD.

Initials of Clerk

☐

Other Step-Increase

☐

Pay Adjustment

☒ Periodic Step Increase

REMARKS

Performance rating is satisfactory or better.

(Signature of other authorization)

PERSONNEL COPY

FORM DS-1042
2-15-60

DEPARTMENT OF STATE
PAY ROLL CHANGE SLIP

POST	ORG CODE	POSITION NO.	ALLOT & ACTIVITY & PURPOSE	EFFECTIVE DATE	DATE OF LAST EQUIV. INCREASE
	3113		31130 2-81	7-01-68	
EMPLOYEE'S NAME	EMPLOYEE NO.	CATS & CLASS SERV. & GRADE	NEW SALARY RATE	OLD SALARY RATE	
	339700	FSM 93	118,278	117,724	

LWOP DATA (fill in appropriate spaces covering LWOP during following periods):

Period(s)

- ☐ NO EXCESS LWOP. TOTAL EXCESS LWOP _____
(Check applicable box in case of excess LWOP)
☐ IN PAY STATUS AT END OF WAITING PERIOD.
☐ IN LWOP STATUS AT END OF WAITING PERIOD.

Initials of Clerk

☐

Other Step-Increase

☐

Pay Adjustment

☒ Periodic Step-Increase

REMARKS

Performance rating is satisfactory or better.

(Signature of other authorization)

PERSONNEL COPY

FEDERAL EMPLOYEES SALARY ACT OF 1967

PUB. LAW 90-206

JULY 14 1968

5397C0

\$18,278 \$19,737 313001

FORM 100-1
1-64 (Rev. 1-64)
(Use only if 100-100)

NOTIFICATION OF PERSONNEL ACTION

JOURNAL NUMBER

OFFICE

1 NAME (LAST, FIRST, MIDDLE)		2 EMPLOYEE NO. D. S. F.		3 BIRTH DATE - MM-DD-YY		4 SOCIAL SECURITY NO.	
		539700M					
5 VETERAN PREFERENCE		6 PAY PLAN AND OCCUPATION CODE		7 PAY GRADE		8 PAY RATE	
2		(3) 06		08-28-48		0	
9 RESIDENCE		10 EFFECTIVE DATE		11 PAY GRADE		12 PAY RATE	
1		03-27-68		05-65			
13 ACTION		14 PAY PLAN AND OCCUPATION CODE		15 PAY GRADE		16 PAY RATE	
760		EXTENSION OF LIMITED APPOINTMENT		03-27-68		SEC. 522.3, P.L. 724 79TH CONGRESS AS AMENDED	
15 POSITION TITLE AND NUMBER		16 PAY PLAN AND OCCUPATION CODE		17 GRADE		18 SALARY	
19 NAME AND LOCATION OF EMPLOYING OFFICE		WASHINGTON, D. C. 20520					

20 TO POSTAL		21 PAY PLAN AND OCCUPATION CODE		22 GRADE		23 SALARY	
1-067						(pa\$17,724) 1	
24 NAME AND LOCATION OF EMPLOYING OFFICE		DEPARTMENT OF STATE, WASHINGTON, D. C. 20520					

25 ACTION		26 LOCATION CODE	
		917000665	
27 APPROVED FOR		28 POSITION OCCUPIED	
0113.0-2081-313001-000.10700768		2	

29 REMARKS		30 SERVICE COUNCIL MEMBER CARRIER FOR PERMANENT SERVICE FROM	

SEPARATION REASON BELOW, AS REQUESTED. CHECK IF APPLICABLE. ☐ C. DURING PROBATION ☐ D. TERM APPOINTMENT IN 6 MONTHS OR LESS

10. If a person is appointed to a position in the Federal Government, he must be a citizen of the United States and must be a resident of the United States at the time of appointment. If a person is appointed to a position in the Federal Government, he must be a citizen of the United States and must be a resident of the United States at the time of appointment.

31 DATE OF APPOINTMENT OR DATE OF SEPARATION		32 SIGNATURE (Typed name, position, and title)	

33 OFFICE EMPLOYING PERSONNEL OFFICE

34 DATE

35 DATE

36 DATE

37 DATE

38 DATE

39 DATE

40 DATE

41 DATE

42 DATE

43 DATE

44 DATE

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46 DATE

47 DATE

48 DATE

49 DATE

50 DATE

51 DATE

MI 3-5
P

2 PERSONNEL FOLDER

SUBMITTING OFFICE NO. 2051

Form 1091

REQUEST FOR PERSONNEL ACTION

PART I. REQUESTING OFFICE

(Fill in items except those on heavy lines)

1. DATE OF REQUEST 2/23/68	2. PERMANENT EFFECTIVE DATE	3. REQUEST NUMBER	4. SERVICE 1. PM/P 2. LEAVE & RET	5. TRANS 3/27	6. APPROVED [Signature]
7. NAME (CAPS) Last First Middle		8. MR MISS MRS		9. EMPLOYEE NO. & SEA 539700 M	10. BIRTH DATE (MM/DD/YY)
11. KIND OF ACTION REQUESTED (1) PERSONNEL (Specify department, position, and grade)			12. POSITION (Specify position, title, grade)		

13. VETERAN PREFERENCE 1. NO 2. 5 PT 3. 10 PT 4. 10 PT COMP	14. TENURE 1. NO 2. 5 PT 3. 10 PT 4. 10 PT COMP	15. SERVICE COMP DATE	16. PHYSICAL HANDICAP CODE
17. NATURE OF ACTION 1. COVERED 2. INELIGIBLE 3. WANTED 4. EXTENSION FOR LIMITED APPOINTMENT	18. EFFECTIVE DATE (MM/DD/YY) 3/27/68	19. CIVIL SERVICE OR OTHER LEGAL AUTHORITY Sec. 522.3, P.L. 724-79 Congress as amended	

20. FROM POS NO 1-067	21. POSITION TITLE	22. PAY PLAN AND OCCUPATION CODE	23. GRADE OR LEVEL 03	24. SALARY \$16,941
25. ORGANIZATION DESIGNATION				

26. TO POS NO 1-067	27. POSITION TITLE	28. PAY PLAN AND OCCUPATION CODE	29. GRADE 03	30. STEP 138	31. SALARY \$17,724	32. WORK SCHED
33. ORGANIZATION DESIGNATION						

34. DUTY STATION (City and State)	35. APPLICATION 0113.0 - 2021 - 313001	36. RECOMMENDATION RECEIVED FEB 28 1968	37. RECOMMENDATION RECEIVED FEB 28 1968
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REMARKS: Limited appointment effective 3-27-63 is hereby extended for a period not to exceed five years or needs of employees whichever is less. NTE 3/26/73.

service men whichever is less. NTE 3-26-73

ACTIVE 3/27/63

SIGNATURE		SIGNATURE	
TITLE		TITLE	
PART II. TO BE COMPLETED BY PERSONNEL OFFICE			
1. CLEARANCES	INITIALS OR SIGNATURE	DATE	2. REASON FOR ACTION
3. REASON FOR CONTINUATION			4. REASON FOR CONTINUATION
5. REASON FOR CONTINUATION			6. REASON FOR CONTINUATION
7. REASON FOR CONTINUATION			8. REASON FOR CONTINUATION
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AR:AMT:SOP:ME:asho 2/23/68

FEDERAL EMPLOYEES SALARY ACT OF 1967

PUB. LAW 90-206

OCTOBER 6 1967

339700

[Redacted]

[Redacted]

116,941 117,724 118,001

FEDERAL EMPLOYEES SALARY ACT OF 1966

PUB. LAW 89-504

1 JULY 1966

339700

[Redacted]

[Redacted]

115,929 116,391 117,801

FORM 05-1042
7-15-60


DEPARTMENT OF STATE
PAY ROLL CHANGE SLIP

POST	ORG. CODE	POSITION NO.	ALLOT. & ACTIVITY & PURPOSE	EFFECTIVE DATE	DATE OF LAST EQUIV. INCREASE
[Redacted]	3130	[Redacted]	01130 2081	7-01-67	
EMPLOYEE NAME	EMPLOYEE NO.	CATG. & CLASS NEW SERV. & GRADE RATE	NEW SALARY	OLD SALARY RATE	
[Redacted]	339700	[Redacted]	116,941	116,391	
LUMP SUM DATA (fill in appropriate spaces covering LUMP SUM during following periods): Periods: <input type="checkbox"/> EXCESS LWOP. TOTAL EXCESS LWOP (check included for in case of excess LWOP) <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"/> Periodic Step-Increase <input type="checkbox"/> Other Step Increase <input type="checkbox"/> Pay Adjustment		
REMARKS			Initials of Clerk		

[Redacted]

Performance rating is satisfactory or better.

Signature of officer concerned

 <p style="text-align: center;"> DEPARTMENT OF STATE PERSONNEL ACTION AND AUTHORIZATION OF OFFICIAL TRAVEL Applicable Regulations: 6 FAM 100 & FM-1 §10.4 </p>				
<p>You are hereby authorized to perform official travel at Government expense as indicated herein. Unless otherwise noted, all expenses and the maximum per diem under the regulations are authorized. Unless otherwise noted, shipment of effects is authorized from station of origin to station of destination if allowances are shown in item 15.</p>				
1. NAME, ADDRESS AND DIPLOMATIC TITLE		2. EMPLOYEE NUMBER	3. AUTHORIZATION NUMBER	
<div style="border: 1px solid black; width: 150px; height: 50px; margin: 5px;"></div>		539700	7-60514	
		4. SOCIAL SECURITY NUMBER		
		5. CLASS		
7. NEW POSITION TITLE, NUMBER AND OCCUPATION CODE		6. AUTHORIZATION DATE		8. DO NOT START TRAVEL PRIOR TO
<div style="border: 1px solid black; width: 150px; height: 20px; margin: 5px;"></div>		1011		JULY 6, 1966
		1-067(P)		
9. ACCOUNTING CLASSIFICATION: The coding 'A' through 'E' must be shown on all documents issued under this authority and must appear on all vouchers, invoices, TRs, GB's, etc.				
A. FUND	B. ALLOTMENT	C. OBLIGATION NUMBER	D. ORGANIZATION CODE	E. FUNCTION
1970113	2025	760514	313001	50-05
10A. STATION OF ORIGIN		10B. LOCATION CODE		11. OBJECT
MEXICO, D.F., MEXICO		312001		2099
12. STATION OF DESTINATION				13. AMOUNT
<div style="border: 1px solid black; width: 150px; height: 20px; margin: 5px;"></div>				
14. QUARTERS AVAILABILITY		15. ALLOWANCES FOR SHIPMENT AND/OR STORAGE OF HOUSEHOLD EFFECTS - NET WEIGHT		16. FOREIGN MOTOR VEHICLE
1. UNKNOWN 2. UNFURNISHED 3. FURNISHED		A. LIMITED SHIPMENT 03900		A. SHIPMENT AUTHORIZED 2
		B. TOTAL ALLOWANCE 13000		B. MEETS CRITERIA OF 6 FAM 103.2, SUBSECTION 1. YES 2. NO
17. NUMBER OF DEPENDENTS		18. EXCESS BAGGAGE (For air travel)		
A. ADULTS 2		B. TOTAL NUMBER OF NONTRAVEL DAYS AUTHORIZED BELOW, INCLUDING THOSE WITHOUT PER DIEM UNDER THIS AUTHORIZATION (AND AMENDMENTS) A. CONSULTATION (TWO DAYS) 00		
B. 2 to 12 2		C. TRAVELING (CALENDAR DAYS) 000		
C. Under 2 0		D. TDY (CALENDAR DAYS) 000		
THIS SECTION FOR PERSONNEL ACTION ONLY. When completed for permanent change of station, this document constitutes a valid personnel action for Transfer between Posts. DO NOT USE FOR R. T. HOME LEAVE OR FIELD AMENDMENTS.				
20. SALARY		21. SALARY APPROPRIATION AND ALLIEMENT		22. PAY PERIOD BEGINNING AND EFFECTIVE DATE
pa \$ 16,391		01130 2081		727 07-17-66
24. ITINERARY, SPECIAL INSTRUCTIONS, SPECIAL AUTHORIZATION AND REMARKS				23. DPL CODE
Transfer. Tour of duty of four years with home leave after two years (Subject to the needs of the Service).				Q
				10700700 00036
25. EID (Old post)		26. EIA (New post)		27. AUTHORIZING OFFICER
28. AUTHORIZED ITINERARY FOR DEPENDENTS MEXICO/				<div style="border: 1px solid black; width: 200px; height: 100px; margin: 5px;"></div>
29. TRAVEL REQUESTED BY				
A. OFFICE ARA/EX		B. OFFICER <div style="border: 1px solid black; width: 50px; height: 20px; margin: 5px;"></div>		

Form 05-1001
1-63

(Supplement to AF 17 approved by
C.M. and B. at R. July 1967)

REQUEST FOR PERSONNEL ACTION

PART I. REQUESTING OFFICE (Fill in items except those in heavy lines)

A. DATE OF REQUEST 7/5/66		B. PROPOSED EFFECTIVE DATE		C. REQUEST NUMBER		D. SERVICE 1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/>		E. ROUTING 1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/>		F. CD/CS 1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/>		G. <input type="checkbox"/>			
1. NAME (CAPS) Last First Middle Mr.				2. EMPLOYEE NO. & SEX XXLS 539700				3. BIRTH DATE (MM/DD/YY) 7/5				4. SOCIAL SECURITY NO. 			
7. KIND OF ACTION REQUESTED (1) PERSONNEL (Specify appropriate number from 1 to 10)										RIF CODE		G. POSITION		SKILL CODES	
(2) POSITION (Specify number from 1 to 10)										H. POSITION VACATED 1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/>					
5. VETERAN PREFERENCE 1- NO 2- 5 PT 3- 10 PT (DSAB) 4- 10 PT (COMP) 5- 10 PT (OTHER)				6. TENURE CODE 1- CS 2- PCS 3- FS 4- NONE 5- OTHER		7. SERVICE COMP. DATE				8. PHYSICAL HANDICAP CODE					
9. FEGLI 1- COVERED 2- INELIGIBLE 3- WAIVED				10. RETIREMENT 1- CS 2- PCS		10A. MO & YR OF GRADE				11. (For CSK only)					
12. NATURE OF ACTION 727 Transfer						13. EFFECTIVE DATE (MM/DD/YY) 7/17/66		14. CIVIL SERVICE OR OTHER LEGAL AUTHORITY							

15. FROM: POS. NO. 3-229		POSITION TITLE 		16. PAY PLAN AND OCCUPATION CODE 		17. GRADE OR LEVEL 03		18. SALARY pa 15,395 16,391	
19. ORGANIZATION DESIGNATION Mexico, D.F. Mexico									

20. TO: POS. NO. 1-067		POSITION TITLE 		21. PAY PLAN AND OCCUPATION CODE 		22. GRADE 03		23. SALARY 16,391 pa 15,395 NEXT PD DUE 15,727		24. WORK SCHED. 	
24. ORGANIZATION DESIGNATION 											

25. DUTY STATION (City/State) 				26. LOCATION CODE 					
27. APPROPRIATION CODE 01130 0-2081		313001		C-00		28. POSITION OCCUPIED 1- COMPETITIVE SERVICE 2- EXCEPTED SERVICE		29. APPOINTMENT POSITION FROM TO STATE	

REMARKS: Tour of duty four years with home leave after two years (subject to the needs of the Service).

ETA: 7/15/66.

J. REQUESTED BY SIGNATURE TITLE				K. REQUEST APPROVED SIGNATURE TITLE			
PART II. TO BE COMPLETED BY PERSONNEL OFFICE (Items marked heavy below in PART I are to be completed by Personnel Office)							
CLEARANCES		INITIALS OR SIGNATURE		DATE		ENTRANCE PERFORMANCE (Rating satisfactory) <input type="checkbox"/> 1A <input type="checkbox"/> 1B <input type="checkbox"/> 1C <input type="checkbox"/> 1D <input type="checkbox"/> 1E <input type="checkbox"/> 1F <input type="checkbox"/> 1G <input type="checkbox"/> 1H <input type="checkbox"/> 1I <input type="checkbox"/> 1J <input type="checkbox"/> 1K <input type="checkbox"/> 1L <input type="checkbox"/> 1M <input type="checkbox"/> 1N <input type="checkbox"/> 1O <input type="checkbox"/> 1P <input type="checkbox"/> 1Q <input type="checkbox"/> 1R <input type="checkbox"/> 1S <input type="checkbox"/> 1T <input type="checkbox"/> 1U <input type="checkbox"/> 1V <input type="checkbox"/> 1W <input type="checkbox"/> 1X <input type="checkbox"/> 1Y <input type="checkbox"/> 1Z	
1. OFFICE OR POS. CONTROL						SUBJECT TO COMPLETION OF PROBATIONARY PERIOD COMMENCING	
2. CLASSIFICATION						SERVICE COUNCIL TOWARD CAREER TENURE FROM	
3. EMPLOYMENT						SUCCESSOR AND PAY EMPLOYEE RETAINED IN THE COMPETITIVE SERVICE	
APPROVED BY S. S. Gould				7/5/66		REPERATIVE SHOW REASON BELOW CHECK IF APPLICABLE <input type="checkbox"/> 1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/> 5. <input type="checkbox"/> 6. <input type="checkbox"/> 7. <input type="checkbox"/> 8. <input type="checkbox"/> 9. <input type="checkbox"/> 10. <input type="checkbox"/> 11. <input type="checkbox"/> 12. <input type="checkbox"/> 13. <input type="checkbox"/> 14. <input type="checkbox"/> 15. <input type="checkbox"/> 16. <input type="checkbox"/> 17. <input type="checkbox"/> 18. <input type="checkbox"/> 19. <input type="checkbox"/> 20. <input type="checkbox"/> 21. <input type="checkbox"/> 22. <input type="checkbox"/> 23. <input type="checkbox"/> 24. <input type="checkbox"/> 25. <input type="checkbox"/> 26. <input type="checkbox"/> 27. <input type="checkbox"/> 28. <input type="checkbox"/> 29. <input type="checkbox"/> 30. <input type="checkbox"/> 31. <input type="checkbox"/> 32. <input 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FORM DS-1042
7-15-60

DEPARTMENT OF STATE
PAY ROLL CHANGE SLIP

POST	ORG CODE	POSITION NO.	ALLOT & ACTIVITY & PURPOSE	EFFECTIVE DATE	DATE OF LAST EQUIV. INCREASE
MEXICO D.F.	312A		01130 7081	7-01-66	
EMPLOYEE'S NAME	EMPLOYEE NO.	CATG. & CLASS SERV. & GRADE	NEW SALARY RATE	OLD SALARY RATE	
	539700	FSR 03	\$15,980	\$15,395	<input checked="" type="checkbox"/> Periodic Step-Increase
LWOP DATA (Fill in appropriate spaces covering LWOP during following periods):			<input type="checkbox"/> Other Step-Increase		
Period(s)			<input type="checkbox"/> Pay Adjustment		
<input type="checkbox"/> NO EXCESS LWOP. TOTAL EXCESS LWOP			Initials of Clerk		
<input type="checkbox"/> Check applicable box in case of excess (WOP)					
<input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD.					
<input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD.					

REMARKS

Performance rating is satisfactory or better.

(Signature of other authentication)

PERSONNEL COPY

FEDERAL EMPLOYEES SALARY ACT OF 1965

PUB. LAW 89-301

15 NOVEMBER 1965

539700

\$14,860 \$15,395 312801

This article of the program is subject to the official assignment and/or extension of duty by the Department or by the Civil Service Commission.

PERSONNEL FOLDER

RAY INC. FFF. 7-5-64 PL AR-426

NAME

PAY PLAN CLASS FROM TO SALARY SALARY STEP ORGAN

SHAW ROBERT T

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312801

DEPARTMENT OF STATE
PAY ROLL CHANGE SLIP

FORM DS-1042
7-13-60

POST OFFICE	ORG CODE	POSITION NO.	ALLOT & ACTIVITY & PURPOSE	EFFECTIVE DATE	DATE OF LAST EQUITY INCREASE
MEXICO CITY	AJ 7128		NO CHANGE	7-01-64	
EMPLOYER'S NAME	EMPLOYEE NO	CATG & CLASS NEW SALARY BENY & GRADE RATE	OLD SALARY RATE		
	830760	\$ 12,850	\$ 12,490		
LWOP DATA (Fill in appropriate spaces covering LWOP during following periods):			<input type="checkbox"/> Periodic Step-Increase		
<input type="checkbox"/> NO EXCESS LWOP TOTAL EXCESS LWOP			<input type="checkbox"/> Other Step-Increase		
<input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD			<input type="checkbox"/> Pay Adjustment		
<input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD			Initials of Clerk		

REMARKS

Performance rating is satisfactory or better

PERSONNEL COPY

NAME PAY PLAN CLASS FROM SALARY TO SALARY STEP ORGN

FR 04 \$ 11,880 \$ 12,495 03 312801

STANDARD FORM NO. 619
REVISED JUNE 1960
APPROVED BY
COMP. GEN. U.S.
MARCH 17, 1960
U.S. CIVIL SERVICE COMMISSION
F. P. M. CHAPTER 40

**CIVIL OFFICER
APPOINTMENT AFFIDAVITS**
(As defined in 5 USC 21a and 21b)

United Mexican States
Federal District
City of Mexico
Embassy of the United
States of America

SS:

I, [Redacted]
(Name in full)

Arizona

(State)

do solemnly swear (or affirm) that

A. OATH OF OFFICE

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

B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

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

C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

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

D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

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

(Type name of appointee)

Subscribed and sworn before me this 15th day of October, A. D. 1963,

at Mexico, D. F., Mexico
(State)

[SEAL]

E. L. REYES
Consul of the United States of America
(Title)

Department of State
(Department or agency)

Foreign Service of the U.S.
(Bureau or division)

Mexico D.F., Mexico
(Place of employment)

Consul

(Provide to each appointee)

September 10, 1963

(Date of signature on duty)

NOTE.—The oath of office must be administered by a person specified in 5 U. S. C. 18, or by a person designated to administer oaths under Section 206, Act of June 26, 1943, 5 U. S. C. 16a. If by a Notary Public, the date of expiration of his commission should be shown.

NOTIFICATION OF PERSONNEL ACTION

15-00000 1 - 17' 1/2" - 18' 1/2"

SERVICE		1 NAME (LAST, FIRST, MIDDLE)		2 EMPLOYEE NO. (SEE 539700M)		3 BIRTH DATE (MM, DD, YYYY)		4 SOCIAL SECURITY NO.	
[REDACTED]		[REDACTED]		539700M		[REDACTED]		[REDACTED]	
6 1. NO 2. YES		7. NO 8. YES		9. NO 10. YES		11. NO 12. YES		13. NO 14. YES	
2		1. NO 2. YES		3. NO 4. YES		5. NO 6. YES		7. NO 8. YES	
9 FEEL		1. COVERED		2. AVAILABLE		3. WANTED		4. OTHER	
10 RETIREMENT		11. YES 12. NO		13. YES 14. NO		15. YES 16. NO		17. YES 18. NO	
11		1. YES 2. NO		3. YES 4. NO		5. YES 6. NO		7. YES 8. NO	
12 NATURE OF ACTION		13 EFFECTIVE DATE		14 CIVIL SERVICE OR OTHER LEGAL AUTHORITY		15 FROM POSITION TITLE AND NUMBER		16 PAY PLAN AND OCCUPATION CODE	
980		09-10-63		[REDACTED]		[REDACTED]		[REDACTED]	
17 GRADE		18 SALARY		19 NAME AND LOCATION OF EMPLOYING OFFICE		20 DEPARTMENT OF STATE, WASHINGTON 25, D.C.		21	
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]	

20 TO <u>POSITION TITLE AND NUMBER</u> 3-2 <u>[REDACTED]</u> ON CODE V	21 PAY PLAN AND OCCUPATION CODE <u>[REDACTED]</u> FO	22 GRADE STEP (04) 06	23 SALARY (pa\$11,880)- 1 15 NEXT PAY DUE
24 NAME AND LOCATION OF EMPLOYER, OFFICE DEPARTMENT OF STATE, WASHINGTON 25, D. C.			

25. DUTY STATION (city and country) MEXICO CITY, D.F., MEXICO		26. LOCATION CODE 915300595	
27. ASSIGNMENT AJ -A-2081- 312801-32 A78		28. POSITION OCCUPIED 1. CURRENTLY 2 2. PREVIOUS 2	29. APPROPRIATE POSITION 1. PREVIOUS 1 2. PREVIOUS 2 1 TO 1 STATE

[illegible]

This document is subject to the applicable laws, rules and regulations that may be adopted by the investigations and intelligence community of the United States Civil Service Commission or the Department of Defense. It is to be controlled, stored, handled and disposed of in accordance with the applicable laws, rules and regulations.

The grade of the position to which you are officially assigned may be determined and corrected by the Department of Defense or the Civil Service Commission.

NOMINATED: 08-26-63.
CONFIRMED: 09-09-63.
ATTESTED: 09-10-63.

EXECUTE SF-61A.
APPOINTED BY THE PRESIDENT

[illegible]

CIP

2.

PERSONNEL FOLDER

SUBMITTING OFFICE NO 2951

Form 50-1081

Approved by AF 12 approved by
AF 12 and AF 12 approved by

REQUEST FOR PERSONNEL ACTION

PCS

PART I. REQUESTING OFFICE (fill in name and address of office)

A. DATE OF REQUEST 2/26/63	B. REQUESTED EMPLOYING OFFICE ASAP	C. SERVICE PO	D. REASONING 1. EXTENSION 2. PROMOTION 3. TRANSFER	E. POSITION 1. POSITION AREA 2. POSITION 3. POSITION	F. PAY/25 7.10
G. NAME (Last, First, Middle) [Redacted]		H. MRS. MRS. MR.	I. EMPLOYEE NO. & GRADE 53970M	J. BIRTH DATE [Redacted]	K. SOCIAL SECURITY NO. [Redacted]
L. KIND OF ACTION REQUESTED (fill in personnel action requested)				M. POSITION VACATED [Redacted]	N. POSITION [Redacted]

1. VETERAN PREFERENCE 2. NO 3. 10 PT. DEDUCT 4. 10 PT. DEDUCT 5. 10 PT. OTHER	6. TENURE CODE 3	7. GRADE G	8. PHYSICAL HANDICAP CODE [Redacted]
9. FEEL 1. COVERED 2. INTEREST 3. WAIVED	10. RETIREMENT 1. CS 2. FICA	11. PAY 1. PAY 2. PAY 3. PAY	12. CIVIL SERVICE (OTHER LEGAL AUTHORITY) Section 5-2-2-1-721
13. NATURE OF ACTION 980	14. EFFECTIVE DATE (M/Y)	15. GRADE OR LEVEL 03-63	16. SALARY 24th Congress amended

17. FROM POS NO. [Redacted]	18. PAY PLAN AND OCCUPATION CODE [Redacted]	19. GRADE OR LEVEL [Redacted]	20. SALARY [Redacted]
21. ORGANIZATION DESIGNATION [Redacted]			

22. TO POS NO. 3-229	23. POSITION TITLE [Redacted]	24. PAY PLAN AND OCCUPATION CODE [Redacted]	25. GRADE 04-06	26. STEP 15	27. SALARY (p.a. \$11,800)	28. STATE [Redacted]
29. ORGANIZATION DESIGNATION [Redacted]						

30. INSTITUTION Mexico City, Mexico	31. APPROPRIATION CODE A-2081	32. POSITION OCCUPIED 1. COMPLETE SERVICE 2. PARTIAL SERVICE	33. APPROPRIATION POSITION [Redacted]	34. STATE [Redacted]
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Presidential Commission required.

APPOINTED BY THE PRESIDENT AS [Redacted]

NOMINATED: 08-26-63
 CONFIRMED: 09-09-63
 ATTESTED: 09-10-63

EXECUTE SF 61a

APPOINTED BY THE PRESIDENT AS [Redacted]

小島一博(1962)は、*「日本経済の発展と労働市場」*、東京大学出版会、東京、1962年、200頁。本書は、戦後日本経済の発展と労働市場の関係を論じた。本書は、戦後日本経済の発展と労働市場の関係を論じた。本書は、戦後日本経済の発展と労働市場の関係を論じた。

NOTIFICATION OF PERSONNEL ACTION

Submitting Office No. 771
AR ENAL NUMBER

1 NAME (LAST, FIRST, MIDDLE)		MR. MISS MRS	2 EMPLOYEE NO. & SEA	3 BIRTH DATE (MM/DD/YY)	4 SOCIAL SECURITY NO.
[REDACTED] MR.			539700M	[REDACTED]	[REDACTED]
5 VETERAN'S PREFERENCE	6 RETIREMENT	7 GRADE	8 STEP	9 SOCIAL HANDICAP CODE	
2	(3) 0	03-63	0	0	
9 REGU:		10 RETIREMENT	11 GRADE	12 NATURE OF ACTION	13 EFFECTIVE DATE
1 COVERED 2 UNRELIABLE 3 WAIVED		1	03-63	171 LIMITED APPOINTMENT	03-27-63
14 CIVIL SERVICE OR OTHER LEGAL AUTHORITY		SEC. 522.1 PL 724-79TH AS AMENDED			
15 FROM POSITION TITLE AND NUMBER		16 PAY PLAN AND OCCUPATION CODE	17 GRADE	18 SALARY	
				pa\$	
19 NAME AND LOCATION OF EMPLOYING OFFICE DEPARTMENT OF STATE, WASHINGTON 25, D.C.					

20 TO POSITION TITLE AND NUMBER	21 PAY PLAN AND OCCUPATION CODE	22 GRADE	23 SALARY	24 NAME AND LOCATION OF EMPLOYING OFFICE
3-229	FO	(04) 06	(pa\$11,880) 1	DEPARTMENT OF STATE, WASHINGTON 25, D.C.
DPL CODE			15	
Z				

25 DUTY STATION (City & Country Name)		26 LOCATION CODE	
MEXICO D.F., MEXICO		915300595	
27 APPROPRIATION	28 POSITION OCCUPIED	29 APPROPRIATION POSITION	
AJ -A-2081-3128-32 12801 A78	2	10 STATE	
30 REMARKS	31 DATE OF APPOINTMENT APPROVED		
A. SUBJECT TO COMPLETION OF 1 YEAR PROBATIONARY PERIOD	32 EFFECT MAINTAINING PERSONNEL OFFICE		
B. SERVICE COUNTING TOWARD CAREER FOR PERMANENT EMPLOYMENT	33 OFFICE EMPLOYING DEPARTMENT OR AGENCY		

SEPARATIONS: SHOW REASON BELOW, AS REQUIRED

CHECK IF APPLICABLE

C. FROM APPOINTMENT OF 6 MONTHS OR LESS

D. FROM APPOINTMENT OF 6 MONTHS OR LESS

11. A person may be appointed to a position for which he is not qualified if he is a member of the uniformed services of the United States and is a member of the uniformed services of the United States and is a member of the uniformed services of the United States.

APPOINTMENT LIMITED TO FIVE YEARS OR NEED FOR EMPLOYEE'S SERVICES, WHICHEVER IS LESS.

TOUR OF DUTY OF FIVE YEARS WITH HOME LEAVE AFTER THREE YEARS SUBJECT TO THE NEEDS OF THE SERVICE).

34 DATE OF APPOINTMENT APPROVED	35 SIGNATURE OF APPROVING OFFICIAL AND TITLE
	[REDACTED]
36 OFFICE EMPLOYING DEPARTMENT OR AGENCY	
ST 01	

CHP

2

PERSONNEL OFFICE

TEL: 1111 02 03

Form 05-1081

Approved by
2/25/63

REQUEST FOR PERSONNEL ACTION

PART I. REQUESTING OFFICE (Fill in except where indicated by instructions)

A. DATE OF REQUEST 2/25/63		B. PROMISED EMP. DATE ASAP		C. REQUEST NUMBER		D. SERVICE FS		E. POSITION PERSONNEL FODIR		F. BIRTH DATE 2/25/63		G. SOCIAL SECURITY NO.			
1. NAME (Last, First, Middle) MR.				2. EMPLOYEE NO. AND 559700				3. BIRTH DATE 2/25/63				4. SOCIAL SECURITY NO.			
H. KIND OF ACTION REQUESTED (Personnel Office) 1. Promotion 2. Transfer 3. Reassignment 4. Recall 5. Other										I. PAY CODE		J. POSITION		K. SKILL CODES	
L. POSITION (Specify position name, grade, etc.)										M. POSITION VACATED		N. Reason moved 1. Voluntary 2. Involuntary			
2. VETERAN PREFERENCE 1. NO 2. 5 PT		3. TO PT. DSAB 4. TO PT. COMP		5. TO PT. OTHER		6. TENURE CODE 3		7. SERVICE G		8. PHYSICAL HANDICAP CODE 0		9. REG. CODE 1			
10. COVERED		11. INELIGIBLE		12. WAIVED		13. RETIREMENT 1. FS 2. PCA		14. MO. & YR. OF GRADE 03-63		15. CIVIL SERVICE OR OTHER LEGAL AUTHORITY Section 522.1 - P. L. 724 - 79th Congress as amended		16. EFFECTIVE DATE (MM/YY) 3-27-63			
17. NATURE OF CODE		18. POSITION TITLE		19. PAY PLAN AND OCCUPATION CODE		20. GRADE OR LEVEL		21. STEP		22. SALARY (p.a. \$11,880) 1		23. ORGANIZATION DESIGNATION viros			
24. TO POS NO 3-229		25. POSITION TITLE		26. PAY PLAN AND OCCUPATION CODE		27. GRADE OR LEVEL		28. STEP		29. SALARY (p.a. \$11,880) 1		30. ORGANIZATION DESIGNATION viros			

25. DUTY STATION Mexico City, Mexico		26. POSITION CODE 915300595	
27. AUTHORITY 15-11-2091 PROGRAM		28. AUTHORITY 12301 3128-32 A73	

Authorize travel of appointee and dependents from Falls Church, Virginia to Mexico City. Authorize shipment of effects from Falls Church, Virginia and Williamsburg, Virginia to Mexico City. Authorize shipment of unaccompanied baggage from Falls Church, Virginia and/or Williamsburg, Virginia to Mexico City. Appointment limited to 5 years, or need of employee's services, whichever is less. Also separate DA 1031 for Granting of Consular Title.

Tour of duty (a)

29. REQUESTED BY Elvira M. Graham, Chief		30. REQUESTED BY P.L.D.M. - Paula C. Jollos	
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PART II. TO BE COMPLETED BY PERSONNEL OFFICE	
31. ACTION TAKEN 3128-32 A73	

PERIODICITY 2/28/63 Appd CM /

NOTIFICATION OF SECURITY CLEARANCE UNDER E.O. 10450

TO: Director, Office of Personnel
Attn:

DATE: February 1, 1963

SUBJECT:

☒ APPLICANT. If subject is not appointed within 90 days of the date of this notification, this clearance must be revalidated by the Office of Security.

☐ EMPLOYEE.

The case of above-named person has been reviewed in the Office of Security.

Investigative requirements of Executive Order 10450 have been complied with.

It has been determined that the employment or retention in employment of subject is clearly consistent with the interests of national security.

On the basis of this determination clearance is hereby granted. This clearance shall remain in effect for all purposes until further notice except that prior approval must continue to be requested from the Office of Security in the event of marriage to an alien, Presidential appointment, any appointment requiring Senate confirmation, and transfers or assignments to the Office of Security, R Area Special Projects Staff, and cryptographic duties. (This determination shall not eliminate or modify any other determination on security which may be required by law).

REMARKS:

☐ Investigative reports are attached. Please return these reports to the Office of Security within 10 days together with the names of the individuals who have reviewed them listed on the extra copy of this form herewith furnished.

☐

Deputy Assistant Secretary for Security

ATTACHMENTS

O/SY: ec

This memorandum may be considered as CONFIDENTIAL USE ONLY upon removal of attachments.

UNCLASSIFIED/Mexico City

STANDARD FORM 144
REVISED 10-1-60
U.S. GOVERNMENT PRINTING OFFICE
16-50801-1 (1-61 AND 62)

STATEMENT OF PRIOR FEDERAL CIVILIAN AND MILITARY SERVICE AND DETERMINATION OF COMPETITIVE STATUS

IMPORTANT: The information on this form will be used (1) in determining creditable service for leave purposes and retirement credits for reduction in force, and (2) in recording agency determination of competitive status. The employee should complete Part I and the Personnel Office should complete Parts II through V.

PART I—EMPLOYEE'S STATEMENT										PART II—THIS COLUMN IS FOR PERSONNEL OFFICE USE				
1. NAME (Last, first, middle initial) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>						2. DATE OF BIRTH <div style="border: 1px solid black; height: 20px; width: 100%;"></div>				9. RETENTION GROUP				
3. LIST THE FOLLOWING INFORMATION CONCERNING ALL FEDERAL AND DISTRICT OF COLUMBIA SERVICE YOU HAVE HAD PRIOR TO YOUR PRESENT APPOINTMENT (Do not include military service.)										10. A. CSC STATUS <input type="checkbox"/> YES <input type="checkbox"/> NO B. TYPE OF PRESENT APPOINTMENT				
NAME AND LOCATION OF AGENCY		FROM—			TO—			TYPE OF APPOINTMENT IF KNOWN	11. SERVICE YEAR MONTH DAY					
		YEAR	MONTH	DAY	YEAR	MONTH	DAY							
FOREIGN SERVICE		49	10		52	2								
DEPT OF STATE		52	5		54	7								
DEPT OF DEFENSE		54	7		56	5								
FOREIGN SERVICE		56	6		61	5								
DEPT OF STATE		61	5		63	3								
A. LIST PERIODS OF ACTIVE SERVICE IN ANY BRANCH OF THE ARMED FORCES OF THE UNITED STATES. IF YOU HAD NO ACTIVE MILITARY SERVICE, WRITE "NONE."														
BRANCH		FROM—			TO—			INCARCERATION (Year or Dishon. P.)						
YEAR	MONTH	DAY	YEAR	MONTH	DAY									
ARMY		43	9	11	45	3	8	HON.						
B. DURING PERIODS OF EMPLOYMENT SHOWN IN ITEM 3, DID YOU HAVE A TOTAL OF MORE THAN 6 MONTHS ABSENCE WITHOUT PAY, INCLUDING PERIODS OF MERCHANT MARINE SERVICE, DURING ANY ONE CALENDAR YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF ANSWER IS "YES," LIST FOLLOWING INFORMATION.										12. TOTAL SERVICE				
TYPE IF KNOWN (Ld Op., Port, Supp., AWOL, Mor Mor)		FROM—			TO—			TOTAL			13. NONCREDITABLE SERVICE (Leave purposes only)			
YEAR	MONTH	DAY	YEAR	MONTH	DAY	YEARS	MONTHS	DAYS				14. NONCREDITABLE SERVICE (RIF purposes only)		
												15. REEMPLOYMENT RIGHTS		
6. DURING THE FEDERAL SERVICE LISTED IN ITEM 3, DID YOU ACQUIRE A PERMANENT COMPETITIVE CIVIL SERVICE STATUS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO										16. REEMPLOYMENT RIGHTS				
7. ARE YOU: A. THE WIFE OF A DECEASED VETERAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B. THE WIDOW OF A DECEASED OR DISABLED VETERAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO C. THE UNEMPLOYED WIDOW OF A VETERAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO										17. EXPIRATION DATE OF SENIORITY RIGHTS				
8. TO BE EXECUTED BEFORE A NOTARY PUBLIC OR OTHER PERSONS AUTHORIZED TO ADMINISTER OATHS. I swear (or affirm) that the above statements are true to the best of my knowledge and belief.														
<div style="display: flex; justify-content: space-between;"> <div> 800 3-27-63 (DATE) </div> <div> <div style="border: 1px solid black; width: 150px; height: 20px;"></div> (SIGNATURE) </div> </div>														
Submitted and sworn to before me on this 27th day of March 1963 at Washington, D. C. <div style="display: flex; justify-content: space-between;"> <div> SEAL NOTE: If oath is taken before a Notary Public, the date, time, and place of oath shall be shown. </div> <div> <div style="border: 1px solid black; width: 150px; height: 20px;"></div> (SIGNATURE) </div> </div>														

INSTRUCTIONS: Fill this form on the permanent side of the employee's official personnel folder using indelible blue or black ink.

(OVER)

FORM DSP-34
9-1-53

DEPARTMENT OF STATE

SUPPLEMENT TO STANDARD FORM 57

If more space is required, use additional sheets of paper. Write on each sheet your name, address and date of birth. Identify each item, and attach to this application.

Budget Bureau No. 47-8071.4
Approval Expires June 30, 1955

A. NAME (Print)

2. USE OF APPLICATION - CHECK BELOW TO INDICATE TYPE OF EMPLOYMENT FOR WHICH YOU WISH TO BE CONSIDERED:

☒ Foreign Service only

☐ Departmental only

☐ Foreign Service and Departmental

3. PERMANENT ADDRESS (Place from which you will expect transportation of self and household effects, if any, if appointed to the Foreign Service)

4. IF BORN OUTSIDE THE UNITED STATES, HOW WAS CITIZENSHIP ACQUIRED? IF A NATURALIZED CITIZEN, GIVE PLACE, DATE, AND NUMBER OF NATURALIZATION CERTIFICATE. (Section 11 on Form 57)

5a. ARE YOU NOW INVOLVED IN ANY LITIGATION OR SEPARATION AGREEMENT? ☐ YES ☒ NO

5b. DO YOU KNOW OF ANY PROSPECTIVE LITIGATION IN WHICH YOU MAY BE INVOLVED? ☐ YES ☒ NO
(Give details, if answer is yes to a. or b.)

6. IF DIVORCED GIVE NAME OF COURT, LOCATION, AND DECREE.

6. IF APPLYING FOR OVERSEAS EMPLOYMENT WHAT IS THE LOWEST ENTRANCE SALARY YOU WILL ACCEPT? (Exclusive of overseas allowances)

\$

Per Year

7. IF OFFERED APPOINTMENT IN THE FOREIGN SERVICE WHAT RESTRICTIONS ARE THERE ON YOUR AVAILABILITY FOR DUTY IN ANY PART OF THE WORLD?

None

8a. FULL NAME OF SPOUSE (If wife, give maiden name)

8b. DATE OF BIRTH

8c. PLACE OF BIRTH (City, State or Province, and Country)

9a. IF BORN OUTSIDE THE UNITED STATES, HOW WAS CITIZENSHIP ACQUIRED?

9b. IF NATURALIZED, GIVE PLACE, DATE, AND NO. OF NATURALIZATION CERTIFICATE

10. NAME OF DEFENDENT	10a. NAME	10b. DATE OF BIRTH	10c. WILL RESIDE WITH YOU OVERSEAS?
			YES NO
			X
			X
			X
			X

10a. PRESENT ADDRESS

10c. PLACE OF BIRTH

11a. MOTHER'S NAME

11b. PRESENT ADDRESS

11c. PLACE OF BIRTH

Elizabethtown, Ky.

12. IF PARENTS BORN OUTSIDE THE UNITED STATES, DID THEY EVER OBTAIN UNITED STATES CITIZENSHIP? (Check below)

FATHER

☐ YES

☐ NO

MOTHER

☐ YES

☐ NO

13. HAVE YOU EVER APPLIED FOR A POSITION WITH THE DEPARTMENT OF STATE OR TAKEN AN EXAMINATION FOR A POSITION WITH THE DEPARTMENT OF STATE?

☒ YES

☐ NO

If "Yes" give date, nature of position applied for, and kind of examination taken, if any.

Asst. Attache, PSS-7, Caracas, Venezuela, 1949-52

Vice Consul, PSS-9, Guayaquil, Ecuador, 1952-54.

FORM 517-31 5-1-57
PAGE 7

14. RELATIVES BY BLOOD OR MARRIAGE NOW RESIDING IN FOREIGN COUNTRIES

NAME	RELATIONSHIP	ADDRESS

15. LIST PRESENT OR FORMER FOREIGN CONNECTIONS:

A. BUSINESS
B. EMPLOYMENT

16. DOES YOUR FINANCIAL POSITION PERMIT DISCHARGE OF ALL DEBTS INCURRED? ☒ YES ☐ NO
IF "NO," STATE INFORMATION REQUESTED BELOW:

NAMES OF CREDITORS	AMOUNTS DUE	DATES ON WHICH OBLIGATIONS WERE CONTRACTED

17a. HAVE YOU EVER BEEN MEDICALLY DISCHARGED FROM THE ARMED SERVICES? ☐ YES ☒ NO
b. HAVE YOU EVER BEEN UNDER TREATMENT FOR A MENTAL OR EMOTIONAL DISORDER? ☐ YES ☒ NO
IF "YES," GIVE DETAILS IN ITEM 39 OF FORM 57.

18. PRESENT MILITARY STATUS

A. ARE YOU REGISTERED WITH A SELECTIVE SERVICE BOARD? ☐ YES ☒ NO IF "YES," STATE BELOW THE NUMBER AND ADDRESS OF THE BOARD, AND YOUR CLASSIFICATION:

B. DO YOU HAVE A MILITARY RESERVE STATUS? ☐ YES ☒ NO IF "YES," STATE BELOW, THE BRANCH OF SERVICE, YOUR SERIAL NUMBER, YOUR ORGANIZATION UNIT AND HEADQUARTERS:

LIST DECORATIONS (Exclusive of service ribbons), CITATIONS, AND OFFICIAL LETTERS OF COMMENDATION RECEIVED FOR SERVICE IN THE ARMED FORCES:

19. LIST OTHER NAMES, IF ANY, BY WHICH YOU HAVE BEEN KNOWN INCLUDING MARRIED NAMES, IF MARRIED MORE THAN ONCE, GIVE DATES DURING WHICH NAMES WERE USED.

20. REFERENCES: LIST FIVE PERSONS, EXCLUSIVE OF SUPERVISORS, LIVING IN THE UNITED STATES WHO ARE NOT RELATED TO YOU AND WHO HAVE DEFINITIVE KNOWLEDGE OF YOUR QUALIFICATIONS AND FITNESS FOR THE POSITION FOR WHICH YOU ARE APPLYING. (Repeat names listed in Item 14, Form 57 and add two additional references.)

FULL NAME	PRESENT BUSINESS OR HOME ADDRESS (Give complete current address, including street and number)	BUSINESS OR OCCUPATION
[Redacted]	c/o Dept. of State	Retired, FSO
	c/p Dept. of State	FSO/Dept.
	c/o Dept. of State	FSO/Dept.
	Remington Rand, N.Y.C.	Corp. President
	Dept. of Air Force	Judge Advocate

21. SERVICE RETIREMENT SYSTEM ☒ YES
22. SOCIAL SECURITY NUMBER, IF ANY: [Redacted]

23. If you believe the information you have supplied on this application does not fully show your qualifications for Departmental or Foreign Service Employment, state in Item 33 of Form 57 or on a separate sheet, any additional appropriate data that you wish to be considered.

DATE
10 February 1956

SIGNATURE
[Redacted]

APPLICATION FOR FEDERAL EMPLOYMENT

87-103

DO NOT WRITE IN THIS SPACE	APPLICATION NO.	1. Kind of position applied for, or name of examination	Announcement No.	DO NOT WRITE IN THIS BLOCK For Use of Examining Office Only						
		FOREIGN SERVICE RESERVE								
		2. Options for which you wish to be considered (if listed in examination announcement)				<input type="checkbox"/> Appr.	<input type="checkbox"/> Material	<input type="checkbox"/> Entered Register		
		3. Primary place(s) of employment applied for (City and State)				<input type="checkbox"/> Nonappr.	<input type="checkbox"/> Submerged	<input type="checkbox"/> Returned		
		4. Name (First, middle, maiden, if any, last)				Notations:				
		5. [Redacted]				App. Reviewed:				
		6. Home phone		7. Office phone		App. Approved:				
		8. [Redacted] (State (State))				Option	Grade	Turned Rating	Preference	Augm. Rating
		9. Height without shoes		10. Weight					<input type="checkbox"/> 9 points (Ten.)	
		11. Sex		12. Marital status					<input type="checkbox"/> 10 points Camp. Dis.	
13. Birthplace (City and State, or foreign country)		14. [Redacted]					<input type="checkbox"/> Other 10 Points			
15. [Redacted]		16. [Redacted]					<input type="checkbox"/> Disab.			
17. [Redacted]		18. [Redacted]					<input type="checkbox"/> Being Investigated			
19. [Redacted]		20. [Redacted]								
21. [Redacted]		22. [Redacted]								
23. [Redacted]		24. [Redacted]								
25. [Redacted]		26. [Redacted]								
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353. [Redacted]		354. [Redacted]								
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359. [Redacted]		360. [Redacted]								
361. [Redacted]		362. [Redacted]								
363. [Redacted]		364. [Redacted]								
365. [Redacted]		366. [Redacted]								
367. [Redacted]		368. [Redacted]								
369. [Redacted]		370. [Redacted]								
371. [Redacted]		372. [Redacted]								
373. [Redacted]		374. [Redacted]								

PLEASE BE SURE TO READ ATTACHED INSTRUCTIONS BEFORE COMPLETING ITEM 19

19. EXPERIENCE (Start with your PRESENT position and work back)

May inquiry be made of your present employer regarding your character, qualifications, and record of employment? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
1	Dates of employment (month, year) From May 1961 To present time	Exact title of position Political Officer	Number and kind of employees you supervise 8 - 10
Salary or earnings Starting \$12,210 per yr Present \$13,270 per yr		Classification Grade (If in Federal service) GS-14	Place of employment (City & State) Washington, D. C.
Name and address of employer (firm, organization, etc.) Department of State		Kind of business or organization (Manufacturing, accounting, insurance, etc.) U.S. Govt	
Name, title, and present address of immediate supervisor			
Reason for leaving Desire to re-enter Foreign Service			
Description of work Analysis of political and economic reporting from Embassies and Consulates in Latin American countries; preparation of special studies based on these reports; conduct of official business with representatives of Latin American Governments in Washington.			
2	Dates of employment (month, year) From June 1958 to May 1961	Exact title of position Vice Consul & Consul	Number and kind of employees you supervised 1 (Secretary)
Salary or earnings Starting \$7,490 per annum Final \$9,900 per annum		Classification Grade (If in Federal service) FSR-4	Place of employment (City & State) Nogales, Mexico & Dept of State
Name and address of employer (firm, organization, etc.) Dept of State, Washington, D.C.		Kind of business or organization (Manufacturing, accounting, insurance, etc.) U.S. Govt	
Name, title, and present address of immediate supervisor Consul Gen Robert Martindale Consul Gen Terrence Leonhardy			
Reason for leaving Accept employment in the Department			
Description of work General duties of a Foreign Service Reserve Officer at the American Consulate in Nogales. Handled a considerable number of protection cases, maintained extensive contacts in the state and national governments, handled political reporting for the consulate. Transferred to Department in July 1959.			
3	Dates of employment (month, year) From July 1954 to May 1956	Exact title of position Foreign Affairs Officer	Number and kind of employees you supervised 2 (Secretary & Clerk)
Salary or earnings Starting \$ 5,785 per annum Final \$7,785 per annum		Classification Grade (If in Federal service) GS-12	Place of employment (City & State) Washington, D.C.
Name and address of employer (firm, organization, etc.) Dept of Defense Joint Chiefs of Staff		Kind of business or organization (Manufacturing, accounting, insurance, etc.) U.S. Govt	
Name, title, and present address of immediate supervisor			
Reason for leaving Re-enter Foreign Service			
Description of work Preparation of studies and reports for the military departments and the Joint Chiefs of Staff on Inter-American Defense matters.			

IF YOU NEED ADDITIONAL EXPERIENCE BLOCKS USE STANDARD FORM 57-A OR BLANK SHEETS
SEE INSTRUCTION SHEET

CONTINUATION SHEET FOR STANDARD FORM 57
"Application for Federal Employment"

57-202

INSTRUCTIONS.—Fill out this form only when necessary for completion of item 16, "EXPERIENCE," on Standard Form 57. Enclose with your application. Type or write clearly in dark ink.

1. NAME (First, Middle, Maiden (if any), Last) 	2. DATE OF BIRTH (month, day, year)
3. R. 	4. D.

FOREIGN SERVICE

DATES OF EMPLOYMENT (month, year) FROM May 1952 TO July 1954		EXACT TITLE OF YOUR POSITION Vice Consul	
SALARY OR EARNINGS STARTING \$ PER FINAL \$ PER	CLASSIFICATION GRADE (if in Federal Service) FSS-9	PLACE OF EMPLOYMENT CITY Guayaquil, STATE Ecuador	KIND OF BUSINESS OR ORGANIZATION (manufacturing, accounting, insurance, etc.) U.S. Govt
NAME AND ADDRESS OF EMPLOYER (firm, organization, etc.) Dept of State		NAME AND TITLE OF IMMEDIATE SUPERVISOR Consul Gen Paul W. Meyer	

REASON FOR LEAVING: **Position with Dept of Defense**
DESCRIPTION OF WORK: **General duties of a Foreign Service Staff Officer in the Economic and commercial section of the consulate general in Guayaquil. Also performed political reporting functions and assisted in visa and citizenship matters.**

DATES OF EMPLOYMENT (month, year) FROM Oct 1949 TO Feb 1952		EXACT TITLE OF YOUR POSITION Asst Attache	
SALARY OR EARNINGS STARTING \$ FSS-10 PER FINAL \$ FSS-9 PER	CLASSIFICATION GRADE (if in Federal Service) FSS-9	PLACE OF EMPLOYMENT CITY Washington & Caracas, Ven STATE Government	KIND OF BUSINESS OR ORGANIZATION (manufacturing, accounting, insurance, etc.)
NAME AND ADDRESS OF EMPLOYER (firm, organization, etc.) Dept of State		NAME AND TITLE OF IMMEDIATE SUPERVISOR Ambassadors Donnally, Sparks, Armour	

REASON FOR LEAVING:
DESCRIPTION OF WORK: **General duties of a Foreign Service Staff officer in the Political Section, Embassy Caracas. Preparation of reports for the Department and memoranda for the Ambassador, consultation with officials of the local government and American companies (esp of the petroleum industry operating in Venezuela). Assistance in the Consular Section with visa affairs**

DATES OF EMPLOYMENT (month, year) FROM Nov 1947 TO Oct 1949		EXACT TITLE OF YOUR POSITION Editor	
SALARY OR EARNINGS STARTING \$ \$2400 PER ANNUM FINAL \$ \$3600 PER	CLASSIFICATION GRADE (if in Federal Service)	PLACE OF EMPLOYMENT CITY Cincinnati STATE Ohio	KIND OF BUSINESS OR ORGANIZATION (manufacturing, accounting, insurance, etc.) Soap & Chemical manufacture
NAME AND ADDRESS OF EMPLOYER (firm, organization, etc.) Procter & Gamble		NAME AND TITLE OF IMMEDIATE SUPERVISOR Carl Prantz Chief, Personnel Relations	
REASON FOR LEAVING: Desire for Foreign Service			
DESCRIPTION OF WORK: Supervision of preparation (compilation through final printing & finding) of sales manuals for entire company sales force. Preparation of aptitude tests and general qualifications questionnaires used by company in recruitment of salesman and administrative employees. Preparation of material for company house magazine. Maintenance of close liaison with other personnel dept. Work with company print shop and private printing establishments.			

ATTACH SUPPLEMENTAL SHEETS OR FORMS HERE

• ANSWER ALL QUESTIONS CORRECTLY AND FULLY

20. SPECIAL QUALIFICATIONS AND SKILLS

A. Kind of license or certificate (For example, pilot, teacher, registered nurse, lawyer, radio operator, C.P.A., etc.)	B. State or other licensing authority	C. Year of first license or certificate	D. Year of latest license or certificate
Private Pilot (Blue Seal, Sel)	FAA	1958	Current
E. Special skills you possess and machines and equipment you can use. (For example, short wave radio, multilith, comptometer, key punch, turret lathe, transcribing machine, scientific or professional devices)		F. Approximate number of words per minute:	
		Typing	Shorthand
G. Special qualifications not covered in application. (For example, your most important publications (do not submit copies unless requested); your patents or inventions; public speaking and publications experience; membership in professional or scientific societies, etc.; and honors and fellowships received)			
Writing - Occasional articles on sporting & aviation subjects. Honors - PHI BETA KAPPA (1948)			

21. EDUCATION

A. Place "X" in column indicating highest grade completed												B. If you graduated from high school, give date		C. Name and location of last high school attended					
1	2	3	4	5	6	7	8	9	10	11	12	1943							
D. Name and location of college or university												Dates attended		Years completed		Credit hours		Degree received	Year received
												From	To	Day	Night	Semester	Quarter		
												1943	1943	2/3					
												1945	1945	2/3		49			
												1945	1947	3		132		BA	1947
E. Chief undergraduate college subjects												Semester Hours Credit	Quarter Hours Credit	F. Chief graduate college subjects		Semester Hours Credit	Quarter Hours Credit		
Spanish												35							
History & Poli Sci												26							
G. State major field of study at highest level of college work																			
Spanish																			
H. Other schools or training (for example, trade, vocational, Armed Forces, or business). Give for each the name and location of school, dates attended, subjects studied, certificates, and any other pertinent data.																			
Camp Callan, Calif. Basic anti-aircraft schooling in fire control, specialization in anti-armor use of AA weapons																			

22. FOREIGN TRAVEL

Have you lived or traveled in any foreign countries?

☒ Yes ☐ No

If Yes, give in Item 23 names of countries, dates and length of time spent there and reason or purpose (military service, business, education, or vacation)

23. FOREIGN LANGUAGES

List foreign language and indicate your knowledge of each by placing "X" in proper column	Reading		Speaking		Understanding		Writing	
	Use Good Fair	Use Good Fair	Use Good Fair	Use Good Fair	Use Good Fair	Use Good Fair	Use Good Fair	
Spanish	X		X		X		X	
Portuguese	X						X	
French			X					

24. REFERENCES

List three persons living in the United States or territories of the United States who are NOT RELATED TO YOU AND WHO HAVE DEFINITE KNOWLEDGE of your qualifications and fitness for the position for which you are applying. Do not repeat names of supervisors listed under Item 19.

FULL NAME	PRESENT BUSINESS OR HOME ADDRESS (Number, Street, City, Zone, and State)	BUSINESS OR OCCUPATION
		Former Ambassador to Mexico
		Former Ambassador to Venezuela
		Former Consul at Nogales

DATE OF EMPLOYMENT (month, year)		EXACT TITLE OF YOUR POSITION	
ANSWER ALL QUESTIONS BY PLACING "X" IN PROPER COLUMN			
25. Are you a citizen of the United States of America? If "No," give country of which you are a citizen.	YES	NO	
26. Are you now, or have you ever been, a member of the Communist Party, U.S.A., the Communist Political Association, the Young Communist League, or any Communist organization?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
27. Are you now or have you ever been a member of any foreign or domestic organization, association, movement, group, or combination of persons which is totalitarian, fascist, Communist, or subversive, or which has adopted, or shows, a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means? If your answer to 26 and/or 27 above is "Yes," state on a separate sheet attached to and made a part of this application the names of all such organizations, associations, movements, groups or combination of persons and date of membership. Give complete details of your activities therein and make any explanation you desire regarding your membership or activities. (See Instruction Sheet)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
28. Have you any physical handicap, chronic disease, or other disability?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
29. Have you ever had a nervous breakdown?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
30. Have you ever had tuberculosis? If your answer to 28, 29, or 30 above is "Yes," give details in Item 39.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
31. Have you ever been barred by the U.S. Civil Service Commission from taking examinations or accepting civil service appointment? (If your answer is "Yes," give dates of and reasons for such debarment in Item 39.)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
32. Does the United States Government employ in a civilian capacity any relative of yours (by blood or marriage) with whom you live or have lived within the past 24 months? If your answer is "Yes," give in Item 39 for each relative (1) full name; (2) present address; (3) relationship; (4) department or agency by which employed, and (5) kind of appointment.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
33. Do you receive or have you applied for an annuity from the United States or District of Columbia Government under any retirement act or any pension or other compensation for military or naval service? If your answer is "Yes," give details in Item 39.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
34. Are you an official or employee of any State, territory, country, or municipality? If your answer is "Yes," give details in Item 39.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35. Have you ever been discharged (fired) from employment for any reason?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
36. Have you ever resigned (quit) after being informed that your employer intended to discharge (fire) you for any reason? If your answer to 35 or 36 above is "Yes," give details in Item 39. Show the name and address of employer, approximate date, and reason, in each case. This information should agree with statements made in Item 19—Experience.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
37. Have you ever been arrested, taken into custody, held for investigation or questioning, or charged by any law enforcement authority? (You may omit: (1) Traffic violations for which you paid a fine of \$30.00 or less, and (2) anything that happened before your 16th birthday. All other incidents must be included, even though they were dismissed or you merely forfeited collateral.)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
38. While in the military service were you ever arrested for an offense which resulted in a trial by deck court or by summary, special, or general court martial? If your answer to 37 or 38 is "Yes," give details in Item 39, showing for each incident: (1) date, (2) charge, (3) place, (4) law enforcing authority or type of court or court-martial, and (5) action taken.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
39. SPACE FOR DETAILED ANSWERS TO OTHER QUESTIONS. Indicate item numbers to which answers apply.			
Item No.	22. China — Reside w/parents 1931-34	Item No.	Venezuela/Asst Att/1949-52
	Mexico — Travel since 45, Vice Consul & Consul at Neguete 1956-59		Ecuador/Vice Consul/Guayaquil/1952-54
			Visits to Colombia, Panama, Trinidad, Barbados, Brazil, Hawaii, Philippines
			Hong Kong
If more space is required, use full sheets of paper approximately the same size as this page. Write on each sheet your name, date of birth, and exact position title. Attach on inside of this application.			
ATTENTION: READ THE FOLLOWING PARAGRAPH CAREFULLY BEFORE SIGNING THIS APPLICATION A false or dishonest answer to any question in this application may be grounds for rating you ineligible for Federal employment, or for dismissing you after appointment, and may be punishable by fine or imprisonment (U.S. Code, Title 18, Sec. 1001). All statements made in the application are subject to investigation, including a check of your fingerprints, police records, and former employers. All information will be considered in determining your present fitness for Federal employment.			
CERTIFICATION			
I CERTIFY that all of the statements made herein are true and correct to the best of my knowledge and belief, and I am signing this application in good faith. Signature of applicant: _____			

FORM DS-1032
Exception to SF 50
approved by CSC and
B. of B. April 22, 1960

NOTIFICATION OF PERSONNEL ACTION

JOURNAL
NUMBER 16

NAME		SERVICE - DEPARTMENT		FS	X	DATE	05-25-61
539700		EMPLOYEE NUMBER		EFFECTIVE DATE		05-28-52	
04-28-48		DATE APPT. AFTER		SOCIAL SECURITY NO.		BU VA	
05-28-52		DATE APPT. AFTER		LEGAL RESIDENCE		AT D.C.	
2		MARRIED		CHILDREN		02 ADULTS - 1	
1		CHILDREN		DATE APPT. AFTER		009	
1		CHILDREN		DATE APPT. AFTER		25	

THIS IS AN OFFICIAL NOTICE OF THE PERSONNEL ACTION DESCRIBED BELOW, WHICH AFFECTS YOUR EMPLOYMENT			
NATURE OF ACTION (USE STANDARD TERMINOLOGY)		18 EFFECTIVE DATE	19 N.A. CODE
RESIGNATION FOR PERSONAL REASONS WITHOUT PREJUDICE COB		05-12-61	82
21 LEGAL AUTHORITY		20 APPORTIONED	23 CODE
FROM -		22 POSITION TITLE	24 POSITION IS
FOREIGN SERVICE RESERVE OFFICER		2	IN THE
2333		26 DPL-CONS TITLE	27 PAYROLL CODE
FSR-04-44-10,945-0-0000-000		2	28 DATE ASSIGNED
DEPARTMENT GROUP I-C		29 SCHEDULE - SERIES - GRADE - SALARY - POSITION NUMBER	7-26-59
30 ORGANIZATION		31 POS. VACATED (REMOVED, STRAIGHT)	32 POS. CODE
DESIGNATION		33 POS. CODE	34 TENURE
ON POST		9-99-03	0 L FT
35 POS. CODE		36 CITY	37 PSR - PSN
02-59		12	5
38 DATE ASSIGNED		39 CITY & CLASS	40 F.S. SALARY \$
41 MONTH AND YR. OF GRADE		42 MONTH AND YR. OF GRADE	43 MONTH AND YR. OF GRADE

35 POS. CODE		36 CITY	37 PSR - PSN
02-59		12	5
38 DATE ASSIGNED		39 CITY & CLASS	40 F.S. SALARY \$
41 MONTH AND YR. OF GRADE		42 MONTH AND YR. OF GRADE	43 MONTH AND YR. OF GRADE
TO -			
35 POS. CODE		36 CITY	37 PSR - PSN
02-59		12	5
38 DATE ASSIGNED		39 CITY & CLASS	40 F.S. SALARY \$
41 MONTH AND YR. OF GRADE		42 MONTH AND YR. OF GRADE	43 MONTH AND YR. OF GRADE

This action is subject to all applicable laws, rules and regulations and may be subject to investigation and approval by the United States Civil Service Commission or the Department. This action may be carried out or canceled if not in accordance with all requirements.

The grade of the position to which you are officially assigned may be reviewed and corrected by the Department or by the Civil Service Commission.

☐ a. Subject to completion of 1 year probationary (or trial) period commencing

☐ b. Subject to completion of 1 year probationary (or trial) period commencing

REASON - TO ACCEPT OTHER EMPLOYMENT.

NO LUMP SUM PAYMENT AUTHORIZED FOR LEAVE.

ADDRESS: C/o FOREIGN SERVICE MAIL ROOM,
WASHINGTON, D. C.

Employing Department or Agency
DEPARTMENT OF STATE

ALL PERSONNEL FOLDERS ON AMERICAN EMPLOYEES ARE MAINTAINED IN
OFFICE OF PERSONNEL - WASHINGTON 25, D. C.

PERSONNEL FOLDER

[Redacted] NO. 123456789

Resignation COB 5/12/61

No lump sum payment authorized for leave.

[Redacted] *Lib*

Leave and Retirement Section

Address:
c/o Foreign Service Mail Room,
Washington 25, D. C.

ATTENTION: ROOM 5000

ATTORNEY GENERAL'S OFFICE

5333

SEPARATION DATA

RESIGNATION

Washington, D.C.
April 20, 1961

The Honorable
The Secretary of State
Washington, D.C.

Dear Mr. Secretary:

It is with great regret that I submit my resignation from
The Foreign Service to accept other employment.

I have enjoyed my years with the Service and the fine
people comprising it and hope that at some future time I may
be able to return to the Service.

Respectfully,



Foreign Service Reserve Officer

5-12-61

A1950

FROM 10175 TO 10965 PAY RAISE 63% 10965 PL568

DEPARTMENT OF STATE
PAY ROLL CHANGE SLIP

POST	ORG. CODE	POSITION NO.	APPR. & ALLOT.	EFFECTIVE DATE	DATE OF LAST EQUIV. INCREASE
	0013		1A-7025	7-1-65	2-59
EMPLOYEE NO.	CATS. & CLASS SERV. & GRADE	NEW SALARY RATE	OLD SALARY RATE		
A1950		110,175	57,900	<input checked="" type="checkbox"/> Seniority Increase <input type="checkbox"/> Pay Adjustment	

☐ NO EXCESS LEAVE TOTAL EXCESS LEAVE
☐ IN PAY STATUS AT END OF WAITING PERIOD
☐ IN LEAVE STATUS AT END OF WAITING PERIOD

REMARKS

Performance rating: satisfactory or better

RECORDING COPY

Exception to SF 50
Approved by the
Bureau of the Budget
May 1951

WASHINGTON 25, D. C.

NOTIFICATION OF PERSONNEL ACTION

SECRET

☒ FS ☐ DEFL

A1950

1. NAME (Last, first, middle initial, and surname)		2. DATE OF BIRTH	3. JOURNAL OR ACTION NO.	4. DATE
				7-21-59
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (Use standard terminology)		6. EFFECTIVE DATE	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY	
Transfer		7-26-59		
FROM:		TO:		
FROM: [Redacted]		TO: [Redacted]		
8. POSITION TITLE		9. SCHEDULE, SERIES NO., GRADE, SALARY		
Diplomatic or Consular Title		\$9900		
10. ORGANIZATIONAL DESIGNATIONS		11. HEADQUARTERS		
Post				
12. DS CATEGORY		13. VETERAN'S PREFERENCE		
F.S. Category		NONE <input type="checkbox"/> 5-PT <input type="checkbox"/> 10-POINT <input type="checkbox"/> Disab. <input type="checkbox"/> Other <input type="checkbox"/>		
<input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL <input type="checkbox"/> Regular <input type="checkbox"/> Resident <input type="checkbox"/> Non-US		14. POSITION CLASSIFICATION ACTION		
		NEW <input type="checkbox"/> VICE <input type="checkbox"/> I. A. <input type="checkbox"/> REAL <input type="checkbox"/>		
		Group I-6		
15. SEX		16. RETIREMENT COVERAGE		17. DATE OF APPOINTMENT AFFIDAVITS (Accession Only)
M		X OSC <input type="checkbox"/> FS <input type="checkbox"/> FULL <input type="checkbox"/> NONE <input type="checkbox"/>		18. LEGAL RESIDENCE
19. APPROPRIATION		20. DATE OF APPOINTMENT AFFIDAVITS (Accession Only)		<input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED
FROM OA-4011				STATE:
TO OA-3025				
21. This action is subject to all applicable laws, rules and regulations and may be subject to investigation and approval by the United States Civil Service Commission or the Department				
ENTRANCE PERFORMANCE RATING				
22. SIGNATURE OR OTHER AUTHENTICATION				

PERSONNEL FOLDER

Form 10-1 Reception to SF-53 Approved by the Bureau of the Budget May 1954 DEPARTMENT OF STATE REQUEST FOR PERSONNEL ACTION		ROUTING 1. <input checked="" type="checkbox"/> 1. X 2. <input checked="" type="checkbox"/> 2. X 3. <input checked="" type="checkbox"/> 3. X 4. <input checked="" type="checkbox"/> 4. X 5. <input checked="" type="checkbox"/> 5. X 6. <input checked="" type="checkbox"/> 6. X 7. <input checked="" type="checkbox"/> 7. X 8. <input checked="" type="checkbox"/> 8. X 9. <input checked="" type="checkbox"/> 9. X 10. <input checked="" type="checkbox"/> 10. X 11. <input checked="" type="checkbox"/> 11. X 12. <input checked="" type="checkbox"/> 12. X 13. <input checked="" type="checkbox"/> 13. X 14. <input checked="" type="checkbox"/> 14. X 15. <input checked="" type="checkbox"/> 15. X 16. <input checked="" type="checkbox"/> 16. X 17. <input checked="" type="checkbox"/> 17. X 18. <input checked="" type="checkbox"/> 18. X 19. <input checked="" type="checkbox"/> 19. X 20. <input checked="" type="checkbox"/> 20. X 21. <input checked="" type="checkbox"/> 21. X 22. <input checked="" type="checkbox"/> 22. X 23. <input checked="" type="checkbox"/> 23. X 24. <input checked="" type="checkbox"/> 24. X 25. <input checked="" type="checkbox"/> 25. X 26. <input checked="" type="checkbox"/> 26. X 27. <input checked="" type="checkbox"/> 27. X 28. <input checked="" type="checkbox"/> 28. X 29. <input checked="" type="checkbox"/> 29. X 30. <input checked="" type="checkbox"/> 30. X 31. <input checked="" type="checkbox"/> 31. X 32. <input checked="" type="checkbox"/> 32. X 33. <input checked="" type="checkbox"/> 33. X 34. <input checked="" type="checkbox"/> 34. X 35. <input checked="" type="checkbox"/> 35. X 36. <input checked="" type="checkbox"/> 36. X 37. <input checked="" type="checkbox"/> 37. X 38. <input checked="" type="checkbox"/> 38. X 39. <input checked="" type="checkbox"/> 39. X 40. <input checked="" type="checkbox"/> 40. X 41. <input checked="" type="checkbox"/> 41. X 42. <input checked="" type="checkbox"/> 42. X 43. <input checked="" type="checkbox"/> 43. X 44. <input checked="" type="checkbox"/> 44. X 45. <input checked="" type="checkbox"/> 45. X 46. <input checked="" type="checkbox"/> 46. X 47. <input checked="" type="checkbox"/> 47. X 48. <input checked="" type="checkbox"/> 48. X 49. <input checked="" type="checkbox"/> 49. X 50. <input checked="" type="checkbox"/> 50. X 51. <input checked="" type="checkbox"/> 51. X 52. <input checked="" type="checkbox"/> 52. X 53. <input checked="" type="checkbox"/> 53. X 54. <input checked="" type="checkbox"/> 54. X 55. <input checked="" type="checkbox"/> 55. X 56. <input checked="" type="checkbox"/> 56. X 57. <input checked="" type="checkbox"/> 57. X 58. <input checked="" type="checkbox"/> 58. X 59. <input checked="" type="checkbox"/> 59. X 60. <input checked="" type="checkbox"/> 60. X 61. <input checked="" type="checkbox"/> 61. X 62. <input checked="" type="checkbox"/> 62. X 63. <input checked="" type="checkbox"/> 63. X 64. <input checked="" type="checkbox"/> 64. X 65. <input checked="" type="checkbox"/> 65. X 66. <input checked="" type="checkbox"/> 66. X 67. <input checked="" type="checkbox"/> 67. X 68. <input checked="" type="checkbox"/> 68. X 69. <input checked="" type="checkbox"/> 69. X 70. <input checked="" type="checkbox"/> 70. X 71. <input checked="" type="checkbox"/> 71. X 72. <input checked="" type="checkbox"/> 72. X 73. <input checked="" type="checkbox"/> 73. X 74. <input checked="" type="checkbox"/> 74. X 75. <input checked="" type="checkbox"/> 75. X 76. <input checked="" type="checkbox"/> 76. X 77. <input checked="" type="checkbox"/> 77. X 78. <input checked="" type="checkbox"/> 78. X 79. <input checked="" type="checkbox"/> 79. X 80. <input checked="" type="checkbox"/> 80. X 81. <input checked="" type="checkbox"/> 81. X 82. <input checked="" type="checkbox"/> 82. X 83. <input checked="" type="checkbox"/> 83. X 84. <input checked="" type="checkbox"/> 84. X 85. <input checked="" type="checkbox"/> 85. X 86. <input checked="" type="checkbox"/> 86. X 87. <input checked="" type="checkbox"/> 87. X 88. <input checked="" type="checkbox"/> 88. X 89. <input checked="" type="checkbox"/> 89. X 90. <input checked="" type="checkbox"/> 90. X 91. <input checked="" type="checkbox"/> 91. X 92. <input checked="" type="checkbox"/> 92. X 93. <input checked="" type="checkbox"/> 93. X 94. <input checked="" type="checkbox"/> 94. X 95. <input checked="" type="checkbox"/> 95. X 96. <input checked="" type="checkbox"/> 96. X 97. <input checked="" type="checkbox"/> 97. X 98. <input checked="" type="checkbox"/> 98. X 99. <input checked="" type="checkbox"/> 99. X 100. <input checked="" type="checkbox"/> 100. X		SERVICE <input checked="" type="checkbox"/> DPTL <input type="checkbox"/> DPTL	
1. NAME (Mr., Miss, Mrs., One given name, initial (s), and surname) [Redacted]		2. REQUEST NO. [Redacted]			
3. NATURE OF ACTION REQUESTED A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) Direct Transfer to [Redacted]		4. DATE OF REQUEST 3-26-59			
B. POSITION (Specify whether establish, change grade or title, etc.) [Redacted]		5. EFFECTIVE DATE A. PROPOSED: TDR B. APPROVED: 7-26-59			
6. POSITION TITLE AND NUMBER Diplomatic or Consular Title [Redacted]		7. C.B. OR OTHER LEGAL AUTHORITY [Redacted]			
8. SCHEDULE, SERIES NO., GRADE, SALARY \$9900		9. ORGANIZATIONAL DESIGNATIONS [Redacted]			
10. HEADQUARTERS [Redacted]		11. DEPARTMENTAL [Redacted]			
12. DEPARTMENTAL [Redacted]		13. RESIDENT [Redacted]			
14. VETERAN PREVIOUSLY [Redacted]		15. FULL STAFFING ALLOTMENT [Redacted]			
16. POSITION CLASSIFICATION ACTION [Redacted]		17. GROUP I-e [Redacted]			
18. DATE OF APPOINTMENT AFFIDAVIT (Accessions only) [Redacted]		19. LEGAL RESIDENCE [Redacted]			
20. RESERVE STATUS [Redacted]		21. MARITAL STATUS [Redacted]			
22. REQUESTED BY (Name and title) Chief, WROS		23. REQUEST APPROVED BY Signature and title Asst. Chief, PER/POD			
24. CLEARANCES [Redacted]		25. APPROVED BY [Redacted]			
26. INITIAL OR SIGNATURE [Redacted]		27. DATE [Redacted]			
28. REPLACEMENT OR ENPL [Redacted]		29. DATE [Redacted]			
30. CLASSIFICATION [Redacted]		31. APPROVED BY [Redacted]			
32. DATE [Redacted]		33. DATE [Redacted]			
34. DATE [Redacted]		35. DATE [Redacted]			
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98. DATE [Redacted]		99. DATE [Redacted]			
100. DATE [Redacted]		101. DATE [Redacted]			

Form DS-1032
Exception to SF-63
Approved by the
Bureau of the Budget
May 1954

DEPARTMENT OF STATE
WASHINGTON 25, D. C.

NOTIFICATION OF PERSONNEL ACTION

A1950

SERIAL

☒ FS ☐ DFTL

1. NAME (Mr., Mrs., Miss, give name, surname, and surname)		2. DATE OF BIRTH	3. JOURNAL OR ACTION NO.	4. DATE
				2-19-59
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (Use standard terminology)		6. EFFECTIVE DATE	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY	
Promotion		2-22-59		
FROM:		TO:		
8. POSITION TITLE		9. SCHEDULE, SERIES, GRADE, SALARY		
Diplomatic or Consular Title				
10. ORGANIZATIONAL DESIGNATIONS		11. HEADQUARTERS		
Post				
12. DS CATEGORY		13. POSITION CLASSIFICATION ACTION		
FS Category		NEW VICE I. A. REAL		
<input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL <input type="checkbox"/> Regular <input type="checkbox"/> Resident <input type="checkbox"/> Non-US		<input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL <input type="checkbox"/> Regular <input type="checkbox"/> Resident <input type="checkbox"/> Non-US		
14. VETERAN'S PREFERENCE		15. DATE OF APPOINTMENT AFFIDAVITS (Accessions Only)		
NONE SPT TO-POINT Disab. Other		16. LEGAL RESIDENCE		
15. SEX		17. RETIREMENT COVERAGE		
M		CSG <input type="checkbox"/> FS <input type="checkbox"/> FICA <input type="checkbox"/> NONE		
18. APPROPRIATION		19. DATE OF APPOINTMENT AFFIDAVITS (Accessions Only)		
FROM TO 9A-4011		STATE: <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED		
20. This action is subject to all applicable laws, rules and regulations and may be subject to investigation and approval by the United States Civil Service Commission or the Department.				
21. Signature of Official Authorizing				
ENTRANCE PERFORMANCE RATING				

Exemption to SF-53 Approved by the Bureau of the Budget May 1954 DEPARTMENT OF STATE REQUEST FOR PERSONNEL ACTION		ROUTING 1. <input checked="" type="checkbox"/> 3-X 2. <input type="checkbox"/> 3-1 3. <input type="checkbox"/> 3-2 4. <input type="checkbox"/> 3-3 5. <input type="checkbox"/> 3-4 6. <input type="checkbox"/> 3-5 7. <input type="checkbox"/> 3-6 8. <input type="checkbox"/> 3-7 9. <input type="checkbox"/> 3-8 10. <input type="checkbox"/> 3-9 11. <input type="checkbox"/> 3-10 12. <input type="checkbox"/> 3-11 13. <input type="checkbox"/> 3-12 14. <input type="checkbox"/> 3-13 15. <input type="checkbox"/> 3-14 16. <input type="checkbox"/> 3-15 17. <input type="checkbox"/> 3-16 18. <input type="checkbox"/> 3-17 19. <input type="checkbox"/> 3-18 20. <input type="checkbox"/> 3-19 21. <input type="checkbox"/> 3-20 22. <input type="checkbox"/> 3-21 23. <input type="checkbox"/> 3-22 24. <input type="checkbox"/> 3-23 25. <input type="checkbox"/> 3-24 26. <input type="checkbox"/> 3-25 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3-527 529. <input type="checkbox"/> 3-528 530. <input type="checkbox"/> 3-529 531. <input type="checkbox"/> 3-530 532. <input type="checkbox"/> 3-531 533. <input type="checkbox"/> 3-532 534. <input type="checkbox"/> 3-533 535. <input type="checkbox"/> 3-534 536. <input type="checkbox"/> 3-535 537. <input type="checkbox"/> 3-536 538. <input type="checkbox"/> 3-537 539. <input type="checkbox"/> 3-538 540. <input type="checkbox"/> 3-539 541. <input type="checkbox"/> 3-540 542. <input type="checkbox"/> 3-541 543. <input type="checkbox"/> 3-542 544. <input type="checkbox"/> 3-543 545. <input type="checkbox"/> 3-544 546. <input type="checkbox"/> 3-545 547. <input type="checkbox"/> 3-546 548. <input type="checkbox"/> 3-547 549. <input type="checkbox"/> 3-548 550. <input type="checkbox"/> 3-549 551. <input type="checkbox"/> 3-550 552. <input type="checkbox"/> 3-551 553. <input type="checkbox"/> 3-552 554. <input type="checkbox"/> 3-553 555. <input type="checkbox"/> 3-554 556. <input 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Exception to SS-80
Approved by the
Bureau of the Budget
May 1954

WASHINGTON 25, D. C.

NOTIFICATION OF PERSONNEL ACTION

A1950

SERVICE

☒ PS ☐ DPTL

1. NAME (Mr., Mrs., or Miss. One given name, initial(s) and surname)	2. DATE OF BIRTH	3. JOURNAL OR ACTION NO.	4. DATE
		-107	2-19-59

This is to notify you of the following action affecting your employment:

5. NATURE OF ACTION (Use standard terminology)	6. EFFECTIVE DATE	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY
Promotion	2-22-59	

FROM:	TO:
8. POSITION TITLE	
Diplomatic or Consular Title	
9. SCHEDULE, SERIES NO., GRADE, SALARY	
\$8965	\$9900
10. ORGANIZATIONAL DESIGNATIONS	
Post	
11. HEADQUARTERS	
<input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL <input type="checkbox"/> Regular <input type="checkbox"/> Resident <input type="checkbox"/> Non-US	<input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL <input type="checkbox"/> Regular <input type="checkbox"/> Resident <input type="checkbox"/> Non-US
12. GS CATEGORY	FS Category

13. VETERAN'S PREFERENCE	14. POSITION CLASSIFICATION ACTION
NONE 5-PT 10-POINT Disch. Other	NEW VICE I. A. REAL
15. SEX	16. APPROPRIATION
M	FROM TO 9A-4011
17. RETIREMENT CATEGORY	18. DATE OF APPOINTMENT ATTORNEYS (Accession Only)
CSO <input type="checkbox"/> PS <input type="checkbox"/> FICA <input type="checkbox"/> NONE	19. LEGAL RESIDENCE
	<input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVEN

20. This action is subject to all applicable laws, rules and regulations and may be subject to investigation and approval by the United States Civil Service Commission or the Department.

17044-100-01 PERSONNEL ACTION

17044-100-01 50 DOTS ATTENTION

DEPARTMENT OF STATE		Organization Code		Pay Roll Period		Block No.		Step No.						
AL-50														
Grade and Salary				Prepared		Audited by								
PAY ROLL CHANGE DATA														
	A. Base Non-Fac	C. Prom. Non-Fac	B. Base Fac	D. Prom. Fac	F. C.S.R.	U. F.S.R.	T. F.S.V.	G. Fed. Tax	BOND H. Ded. J. Ret	P. State Tax	E. Fac	V. Other	S. Life Insurance	Not Pay
P. M.														
N. M.														
P. T.														
P. D.														
App														
Alt														
REMARKS:														
<input type="checkbox"/> Periodic step-increase <input type="checkbox"/> Pay adjustment <input type="checkbox"/> Other step-increase														
Effective date	Date last equivalent increase	Old salary rate	New salary rate	Perform										
7-1-33	7-27	6690	6965											
LWOP data (fill in appropriate spaces covering LWOP during following periods):														
<input type="checkbox"/> No excess LWOP. Total excess LWOP _____														
(Check applicable box in case of excess LWOP) <input type="checkbox"/> In pay status at end of waiting period. <input type="checkbox"/> In LWOP status at end of waiting period.														
Initials of Clerk _____														

DS-1042a

Form approved by Comp. Gen., U.S., June 29, 1934

PAY ROLL CHANGE SLIP—PERSONNEL COPY

[Redacted]

FOR 85TH CONGRESS FROM 1900 TO 1900

1900

STANDARD FORM NO 61a
REVISED MARCH 1956
APPROVED BY
COMP GEN U S
FEB 10, 1956
U S CIVIL SERVICE COMMISSION
F P M CHAPTER 46

**CIVIL OFFICER
APPOINTMENT AFFIDAVITS**
(As defined in 5 USC 21a and 21b)

PER DILES

I, [Redacted] (Name in full) (-Arizona) Virginia (State)

do solemnly swear (or affirm) that

A. OATH OF OFFICE

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

B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

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

C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

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

D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

I have not, nor has anyone acting in my behalf, given, transferred, promised or paid any consideration for or in expectation or hope of receiving as

Robert Tyler Shaw
(Type name of applicant)

Subscribed and sworn before me this 19th day of August, A. D. 1957.

Service No. 22863
Item No. 58
Fee: Nil
(SHAW)

at [Redacted]
[Redacted]

Consul of the United States of America

Department of State Foreign Service of the U.S. [Redacted]

Consul of the United States of America

August 5, 1957

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

Exception to SF-50
Approved by the
Bureau of the Budget
May 1954

WASHINGTON 25, D. C.

NOTIFICATION OF PERSONNEL ACTION

SERVICE

☒ FS ☐ DPTL

1. NAME (Mr., Miss, Mrs., One given name, initial(s) and surname)

2. DATE OF BIRTH

3. JOURNAL OR ACTION NO.

4. DATE

6-28-25

8-12-57

This is to notify you of the following action affecting your employment:

5. NATURE OF ACTION (Use standard terminology)

6. EFFECTIVE DATE

7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY

Change of

8-5-57

FROM:

TO:

8. POSITION TITLE

Diplomatic or Con-
sular Title

9. SCHEDULE, SERIES
NO., GRADE,
SALARY

10. ORGANIZATIONAL
DESIGNATIONS

Post

11. HEADQUARTERS

12. DS CATEGORY

PS Category

☐ FIELD

☐ DEPARTMENTAL

☐ Regular

☐ Resident

☐ Non-US

13. VETERAN'S PREFERENCE

None ☐ 10. POINTS

Black ☐ Other ☐

14. POSITION CLASSIFICATION ACTION

NEW ☐ VICE ☐ L ☐ A ☐ REAL ☐

1-1011-009

15. EX

16. APPROPRIATION

FROM

TO

84-8011

17. AFFIDAVIT OF

18. DATE OF AFFIDAVIT

19. (FILL APPROPRIATE)

20. (FILL APPROPRIATE)

This action is subject to all applicable laws, rules and regulations and may be subject to investigation and approval by the United States Civil Service Commission or the Department.

Initiated:

7-3-57

Confirmed:

8-5-57

Attested:

8-5-57

Execute SF-61a to

in accordance with 1 FAM-IV 129.

L. L. COMBES

PERSONNEL ACTION

PERSONNEL ACTION

EMPLOYEE'S NAME		8186		Organization Code	No. of Periods	Block No.	Map No.
Employee's Name		89712		Credit and Salary	Amount to	Audited by	
					\$7,900		
PAY ROLL CHANGE DATA							
	A	C	B	D	E	F	G
	Base	Prom.	Base	Prom.	CSR	FSR	FSV
	New Inc.	New Inc.	New Inc.	New Inc.			
P							
N							
N							
P							
T							
P							
Age							
AB							
REMARKS:							
<div style="border: 1px solid black; padding: 5px; display: inline-block; transform: rotate(-15deg);"> D - P PUNCHED </div>							
<input checked="" type="checkbox"/> Periodic step-increase <input type="checkbox"/> Pay adjustment <input type="checkbox"/> Other description							
Effective Date	Date last increased	Old salary rate	New salary rate	Payroll			
7/1/57	3/17/56	\$7,550	\$7,900				
LWOP date (if in appropriate space covers LWOP during following periods): Period (d): <input type="checkbox"/> No excess LWOP Total excess LWOP: _____							
Check applicable box in case of excess LWOP: <input type="checkbox"/> In pay status at end of waiting period. <input type="checkbox"/> In LWOP status at end of waiting period. Initial of Clerk: _____							
PS-1012 Form approved by Comp. Gen., U.S., June 29, 1954							

SALARY ADJ EFF 7-28-56 PL028 CA 1166 9-7-56

7490 PSP. 5 7650

STANDARD FORM 718
BUREAU OF THE BUDGET
FORM APPROVED BY THE COMP. GEN., U.S.
JUNE 15, 1970
U.S. CIVIL SERVICE COMMISSION
P. P. M. CHAPTER 46

**CIVIL OFFICER
APPOINTMENT AFFIDAVITS**

(As defined in 5 USC 31a and 31b)

RECEIVED

WASHINGTON D.C.

1976 AUG 21 AM 10 25

(State)

do solemnly swear (or affirm) that

A. OATH OF OFFICE

PERSONNEL FILES

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

B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

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

C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

I am not engaged in any strike against the Government of the United States and that I will not so engage while an employee of the Government of the United States; that I am not a member of an organization of Government employees that asserts the right to strike against the Government of the United States, and that I will not, while a Government employee, become a member of such an organization.

D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

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

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

Form 01-1033
Exception to SF-50
Approved by the
Bureau of the Budget
May 1954

DEPARTMENT OF STATE
WASHINGTON 25, D. C.

NOTIFICATION OF PERSONNEL ACTION

SERVICE

☒ PS ☐ DFTL

1. NAME (Mr., Mrs., One given name, initial, and surname)	2. DATE OF BIRTH	3. JOURNAL OR ACTION NO.	4. DATE
		PS 148	7-27-56

This is to notify you of the following action affecting your employment:

5. NATURE OF ACTION (Use standard terminology)	6. EFFECTIVE DATE	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY
Granting of	7-21-56	

8. POSITION TITLE	9. SCHEDULE, SERIES NO., GRADE, SALARY	10. ORGANIZATIONAL DESIGNATIONS	11. HEADQUARTERS	12. DS CATEGORY
Diplomatic or Consular Title				
<input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL	<input type="checkbox"/> Regular <input type="checkbox"/> Resident <input type="checkbox"/> Non-US	<input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL	<input type="checkbox"/> Regular <input type="checkbox"/> Resident <input type="checkbox"/> Non-US	

13. VETERAN'S PREFERENCE	14. POSITION CLASSIFICATION ACTION	15. LEGAL RESIDENCE
NONE 3-PT 10-POINT	NEW VICE I. A. REAL	<input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED
X	X	

16. This action is subject to all applicable laws, rules and regulations and may be subject to investigation and approval of the United States Civil Service Commission or the Department.

Notified: 7-17-56.
Confirmed: 7-21-56.
Attested: 7-21-56.

Execute SF-61s in accordance with 1 PCM IV 124 as

PERSONNEL FILES
AUG 2 AM 10
OFFICE OF PERSONNEL
RECEIVED

ENTRANCE PERFORMANCE RATING
21. SIGNATURE OR OTHER AUTHENTICATION

Form DS-1557 Exception to SF 52
Approved by the Bureau of the Budget
May 1956

DEPARTMENT OF STATE
REQUEST FOR PERSONNEL ACTION

1. NAME (Mr., Mrs., Miss, etc. (last given name, initial(s), and surname))
[Redacted]

2. REQUEST NO.
AAB 5-31
TRANS

3. DATE OF REQUEST
6-27-56

4. EFFECTIVE DATE
A. PROPOSED:
ASAP
B. APPROVED:
7-21-56

5. CL. OR OTHER LEGAL AUTHORITY
[Redacted]

6. POSITION (Specify whether appointment, promotion, separation, etc.)
Granting of [Redacted]

7. POST (Specify whether establish, change grade or title, etc.)
[Redacted]

8. POSITION TITLE AND NUMBER
Diplomatic or Consular Title
[Redacted]

9. SCHEDULE, SERIES NO., GRADE, SALARY
[Redacted]

10. ORGANIZATIONAL DESIGNATIONS
Post
[Redacted]

11. HEADQUARTERS
[Redacted]

12. DS CATEGORY
FSS Category
[Redacted]

13. VETERAN PRESENCE
NONE ☒ YES
DATE: 7-21-56
BY: [Redacted]

14. POSITION CLASSIFICATION ACTION
NEW ☒ VICE ☐ I. A. REAL ☐
X

15. DATE OF APPOINTMENT AFFIDAVIT (Accessions only)
NO 1-1011-009

16. LEGAL RESIDENCE
☐ CLAIMED
☐ PROVED
STATE: Va.

17. RETIREMENT COVERAGE
☒ CIVIC ☐ FS
☒ VICA ☐ NONE

18. MARITAL STATUS
☒ MARRIED ☐ SINGLE
☐ WIDOWED ☐ WIDOW ☐ DIVORCED ☐ SEPARATED

19. REQUEST APPROVED BY
Signature and title [Redacted]
DATE: [Redacted]

20. CLEARANCES
[Redacted]

21. PLACEMENT OR EMPL.
[Redacted]

22. APPROVED BY
PERITH [Redacted] 5/1/56

REMARKS:
Completed 7-17-56
Expend SF-61 as recommended with
7-21-56
1 FSM-24. 124 as Vna Change of the USA
7-21-56
Presidential Commission Necessary.

REMARKS:
No travel involved.

OFFICE OF PERSONNEL
RECEIVED
JUL 2 1956
AM 10 53

Virginia
(State)

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

AP - 01452-1 • 1. 2024-03-29 12:47:34 49714

Approved by the
Director of the Budget
May 1956

WASHINGTON 25, D. C.

NOTIFICATION OF PERSONNEL ACTION

SERIALS

☒ PS ☐ DPTL

1. NAME (Mr., Miss, Mrs. One given name, initial(s) and surname)	2. DATE OF BIRTH	3. JOURNAL OR ACTION NO.	4. DATE
		PSA 9	5-3-56

This is to notify you of the following action affecting your employment:

5. NATURE OF ACTION (Use standard terminology)	6. EFFECTIVE DATE	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY
Limited Appointment	5/17/56	Section 522.1 PL 724a-79th

FROM:

TO:

	8. POSITION TITLE	
	Diplomatic or Consular Title	
	9. SCHEDULE, SERIES NO., GRADE, SALARY	\$7490
	10. ORGANIZATIONAL DESIGNATIONS	
	Post	
	11. HEADQUARTERS	
<input type="checkbox"/> FIELD <input type="checkbox"/> Regular	<input type="checkbox"/> DEPARTMENTAL <input type="checkbox"/> Resident <input type="checkbox"/> Non-US	<input type="checkbox"/> FIELD <input type="checkbox"/> Regular <input type="checkbox"/> DEPARTMENTAL <input type="checkbox"/> Resident <input type="checkbox"/> Non-US
	12. DS CATEGORY	FS Category

13. VETERAN'S PREFERENCE		14. POSITION CLASSIFICATION ACTION	
NONE	5-PT	NEW	VICE
	<input checked="" type="checkbox"/> 10-POINT		
	Disch. Other		
			1-1011-009
15. SEX	16. APPROPRIATION	17. RETIREMENT COVERAGE	18. DATE OF APPOINTMENT AFFIDAVIT (Accessions Only)
M	FROM TO 6A-8011	XOSC <input type="checkbox"/> PS <input type="checkbox"/> FICA <input type="checkbox"/> NONE	5/17/56
			19. LEGAL RESIDENCE
			<input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED
			STATE: VA.

20. This action is subject to all applicable laws, rules and regulations and may be subject to investigation and approval by the United States Civil Service Commission or the Department.

Execute SF-61a

Marital status - Married - Three

Reserve status - None

ENTRANCE PERFORMANCE RATING

21. SIGNATURE OF OFFICIAL AUTHORIZING ACTION

PERSONNEL FOLDER

GPO: 1956-23427

Form DS-1031 Exemption to SF-52 Approved by the Bureau of the Budget May 1954				DEPARTMENT OF STATE		SERVICE																																																							
REQUEST FOR PERSONNEL ACTION				TRANS		XX FS. <input type="checkbox"/> DPTL																																																							
1. NAME (Mr., Miss, Mrs., One given name, initial(s), and surname)				2. DATE OF BIRTH		3. REQUEST NO.																																																							
5. NATURE OF ACTION REQUESTED A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) Limited Appointment Section 522.1 B. POSITION (Specify whether establish, change grade or title, etc.)				6. EFFECTIVE DATE A. PROPOSED ASAP B. APPROVED		4. DATE OF REQUEST 4-27-56 7. C.S. OR OTHER LEGAL AUTHORITY																																																							
FROM				8. POSITION TITLE AND NUMBER Diplomatic or Consular Title		aw Tion- 5/1/56-																																																							
<input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL <input type="checkbox"/> REGULAR <input type="checkbox"/> RESIDENT				9. SCHEDULE, SERIES NO., GRADE, SALARY																																																									
10. ORGANIZATIONAL DESIGNATIONS				11. HEADQUARTERS		12. DS CATEGORY																																																							
13. VETERAN PREFERENCE				14. POSITION CLASSIFICATION ACTION																																																									
NONE <input type="checkbox"/> S-PT <input type="checkbox"/> 10-PT <input type="checkbox"/> DISAB <input type="checkbox"/> OTHER <input type="checkbox"/> YES				NEW <input checked="" type="checkbox"/> VICE <input type="checkbox"/> I. A. <input type="checkbox"/> REAL <input type="checkbox"/> NO 1-1011-009																																																									
15. SEX M				16. APPROPRIATION FROM: TO: 6A-8011		17. RETIREMENT COVERAGE <input checked="" type="checkbox"/> CSC <input type="checkbox"/> FS <input type="checkbox"/> FICA <input type="checkbox"/> NONE																																																							
18. DATE OF APPOINTMENT AFFIDAVITS (Accessions only)				19. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE: Va.																																																									
20. RESERVE STATUS				21. MARITAL STATUS <input type="checkbox"/> WIDOWED <input type="checkbox"/> WIDOW <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SINGLE <input type="checkbox"/> SEPARATED																																																									
22. REQUEST APPROVED BY Signature and title				23. APPROVED BY																																																									
24. ENCUMBRANCES				25. PLACEMENT OR EMPL.																																																									
A. ...				B. PER/TR																																																									
C. CLASSIFICATION				5/1/56																																																									
REMARKS: * See separate DS-1031 for Commissioning for Vice Consul - red. - mife																																																													
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REMARKS: Authorize travel of appointee and dependents from Arlington, Va. to 																																																													

STATEMENT OF PRIOR FEDERAL CIVILIAN AND MILITARY SERVICE
AND DETERMINATION OF COMPETITIVE STATUS

IMPORTANT: The information on this form will be used (1) in determining creditable service for leave purposes and retention credits for reduction in force, and (2) in recording agency determination of competitive status. The employee should complete Part I and the Personnel Office should complete Parts II through V.

PART I.—EMPLOYEE'S STATEMENT										PART II.—THIS COLUMN IS FOR PERSONNEL OFFICE USE		
1. NAME (Last, first, middle initial)					2. DATE OF BIRTH					9. RETENTION GROUP		
										10. A. CSC STATUS <input type="checkbox"/> YES <input type="checkbox"/> NO B. TYPE OF PRESENT APPOINTMENT		
3. LIST THE FOLLOWING INFORMATION CONCERNING ALL FEDERAL AND DISTRICT OF COLUMBIA SERVICE YOU HAVE HAD PRIOR TO YOUR PRESENT APPOINTMENT (Do not include military service.)										11. SERVICE		
NAME AND LOCATION OF AGENCY		FROM—			TO—			TYPE OF APPOINTMENT IF KNOWN		YEAR MONTH DAY		
		YEAR	MONTH	DAY	YEAR	MONTH	DAY		YEAR	MONTH	DAY	
FOREIGN SERVICE		49	OCT	19	52	FEB	6		2	3	18	
FOREIGN SERVICE		52	MAY	28	54	JULY	30		2	2	3	
DEPT. OF DEFENSE, WASH.		54	JUL	31	56	APR	6		1	8	6	
NO SICK OR ANNUAL LEAVE TO BE PICKED UP.												
4. LIST PERIODS OF ACTIVE SERVICE IN ANY BRANCH OF THE ARMED FORCES OF THE UNITED STATES. IF YOU HAD NO ACTIVE MILITARY SERVICE, WRITE "NONE"												
BRANCH		FROM—			TO—			DISCHARGE (Hon. or dishon.)		YEAR MONTH DAY		
		YEAR	MONTH	DAY	YEAR	MONTH	DAY		YEAR	MONTH	DAY	
U.S. ARMY		43	SEP	11	45	MAR	8	HON.	1	5	28	
5. DURING PERIODS OF EMPLOYMENT SHOWN IN ITEM 3, DID YOU HAVE A TOTAL OF MORE THAN 6 MONTHS ABSENCE WITHOUT PAY, INCLUDING PERIODS OF MERCHANT MARINE SERVICE, DURING ANY ONE CALENDAR YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF ANSWER IS "YES," LIST FOLLOWING INFORMATION.										12. TOTAL SERVICE		
TYPE IF KNOWN (LWOP, Furl, Susp, AWOL, Mor Mar)		FROM—			TO—			TOTAL		13. NONCREDITABLE SERVICE (Leave purposes only):		
		YEAR	MONTH	DAY	YEAR	MONTH	DAY	YEARS MONTHS DAYS				
6. DURING THE FEDERAL SERVICE LISTED IN ITEM 3, DID YOU ACQUIRE A PERMANENT COMPETITIVE CIVIL SERVICE STATUS? <input type="checkbox"/> YES <input type="checkbox"/> NO (If answer is "Yes," in what agency were you employed at the time status was acquired?)										14. NONCREDITABLE SERVICE (RIF purposes only):		
7. ARE YOU										15. REEMPLOYMENT RIGHTS		
A. THE WIFE OF A DISABLED VETERAN <input type="checkbox"/> YES <input type="checkbox"/> NO										<input type="checkbox"/> YES <input type="checkbox"/> NO		
B. THE MOTHER OF A DECEASED OR DISABLED VETERAN <input type="checkbox"/> YES <input type="checkbox"/> NO										16. RETENTION RIGHTS		
C. THE UNMARRIED WIDOW OF A VETERAN <input type="checkbox"/> YES <input type="checkbox"/> NO										<input type="checkbox"/> YES <input type="checkbox"/> NO		
8. TO BE EXECUTED BEFORE A NOTARY PUBLIC OR OTHER PERSONS AUTHORIZED TO ADMINISTER OATHS. I swear (or affirm) that the above statements are true to the best of my knowledge and belief.										17. EXPIRATION DATE OF RETENTION RIGHTS		
EOB May 17, 1956 (DATE)												
Subscribed and sworn to before me on this 17th day of May 1956 at Washington, D.C. (MONTH) (DAY) (YEAR) (CITY) (STATE)												
S E A L												
NOTE: If oath is taken before a Notary Public, the date of expiration of his Commission should be shown.												
INSTRUCTIONS: File this form on the personnel side of the employee's official personnel folder immediately before or after the personnel action involved.												

(OVER)

15-6747-8

NOTIFICATION OF SECURITY CLEARANCE UNDER E.O. 10450

TO: Director, Office of Personnel
Attention: Mr. Howard P. Mace

DATE: May 7, 1956

SUBJECT:

☒ **APPLICANT.** If subject is not appointed within 90 days of the date of this notification, this clearance must be revalidated by the Office of Security.

☐ **EMPLOYEE.**

The case of above-named person has been reviewed in the Office of Security.

Investigative requirements of Executive Order 10450 have been complied with.

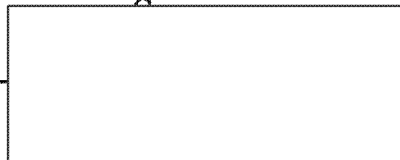
It has been determined that the employment or retention in employment of subject is clearly consistent with the interests of national security.

On the basis of this determination clearance is hereby granted. This clearance shall remain in effect for all purposes until further notice except that prior approval must continue to be requested from the Office of Security in the event of marriage to an alien, Presidential appointment, any appointment requiring Senate confirmation, and transfers or assignments to the Office of Security, R Area Special Projects Staff, and cryptographic duties. (This determination shall not eliminate or modify any other determination on security which may be required by law).

REMARKS:

☐ Investigative reports are attached. Please return these reports to the Office of Security within 10 days together with the names of the individuals who have reviewed them listed on the extra copy of this form herewith furnished.

☐



ATTACHMENTS

SCA:SY:WBds:Grace:abw

UNCLASSIFIED
Authorized by William O. Hall
Director General of the

This memorandum may be considered as **OFFICIAL USE ONLY** - Open removal of attachments.

STANDARD FORM 57
 GPO: 1954 O-550-000
 U.S. CIVIL SERVICE COMMISSION

APPLICATION FOR FEDERAL EMPLOYMENT

CWB 4-27-56

1. Kind of position applied for or name of examination 2. Option (b) (if mentioned in examination announcement) 3. Place of employment applied for (city and State) Foreign Service (First name) (Middle) (Maiden, if any) (Last) Mr. [Redacted] Mrs. [Redacted] Miss [Redacted] 4. Street and number or R. D. number City or post office 5. Place of birth City Washington State or foreign country D.C. 6. Date of birth (month, day, year) [Redacted] 7. Height without shoes 5 feet 7 inches Weight 140 pounds 8. Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> 9. Married <input checked="" type="checkbox"/> Single <input type="checkbox"/>		DO NOT WRITE IN THIS BLOCK For Use of Civil Service Commission Only														
		<table border="1"> <tr> <td> <input type="checkbox"/> Approved <input type="checkbox"/> Not approved </td> <td> <input type="checkbox"/> Material Submitted <input type="checkbox"/> Returned </td> <td> <input type="checkbox"/> Interest Registered </td> </tr> <tr> <td colspan="2"> Notations </td> <td> App. Review </td> </tr> <tr> <td> Option </td> <td> Grade </td> <td> Earned Rating </td> </tr> <tr> <td></td> <td></td> <td> <input type="checkbox"/> 3 Points (Ten.) <input type="checkbox"/> 10 Point Comp. Dis. <input type="checkbox"/> Other 10 Point <input type="checkbox"/> Disal. <input type="checkbox"/> Being Investigated </td> </tr> <tr> <td colspan="2"> Initials and Date </td> <td> Augm. Rating </td> </tr> </table>		<input type="checkbox"/> Approved <input type="checkbox"/> Not approved	<input type="checkbox"/> Material Submitted <input type="checkbox"/> Returned	<input type="checkbox"/> Interest Registered	Notations		App. Review	Option	Grade	Earned Rating			<input type="checkbox"/> 3 Points (Ten.) <input type="checkbox"/> 10 Point Comp. Dis. <input type="checkbox"/> Other 10 Point <input type="checkbox"/> Disal. <input type="checkbox"/> Being Investigated	Initials and Date
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Notations		App. Review														
Option	Grade	Earned Rating														
		<input type="checkbox"/> 3 Points (Ten.) <input type="checkbox"/> 10 Point Comp. Dis. <input type="checkbox"/> Other 10 Point <input type="checkbox"/> Disal. <input type="checkbox"/> Being Investigated														
Initials and Date		Augm. Rating														
11. Home phone JA 2-1586 Office phone 12. Legal or voting residence (State) Virginia 13. If you have ever been employed by the Federal Government, indicate last grade GS-12 Dates of service in that grade From July 1954 To present																
14. AVAILABILITY INFORMATION. A. Indicate the lowest salary you will accept \$ _____ per year You will not be considered for any position with a lower minimum salary. B. Have you ever been a Federal employee? Indicate the lowest grade you will accept C. Will you accept appointment for <input type="checkbox"/> 1 to 3 months? <input type="checkbox"/> 3 to 6 months? <input type="checkbox"/> 6 to 12 months? Absence or refusal of a short term appointment will not affect your consideration for another appointment. D. Are you willing to travel <input type="checkbox"/> Occasionally? <input checked="" type="checkbox"/> Frequently? <input type="checkbox"/> Constantly? E. Will you accept appointment <input type="checkbox"/> In Washington, D. C.? <input type="checkbox"/> Anywhere in United States? <input checked="" type="checkbox"/> Outside U. S. F. Do you will accept appointment only in certain locations, list them:																
15. MILITARY EXPERIENCE. A. If you claim 4-point preference based on war or military service, indicate: Date(s) of active service September 1943 Date(s) of separation March 1945 Branch of service (Army, Navy, Air Force, etc.) Army Serial number (if not a, give grade of) [Redacted] B. Do you claim 4-point preference as a peacetime campaign veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No C. Do you claim 4-point preference? <input type="checkbox"/> Yes <input type="checkbox"/> No D. Have you ever been granted 10-point veteran preference or 4-point preference as a peacetime campaign veteran by the U. S. Civil Service Commission? <input type="checkbox"/> Yes <input type="checkbox"/> No. If so, indicate below the office which granted this preference to you. Attach your notice of preference whenever it is available. It will be returned to you. Name of U. S. Civil Service Commission office or name of Board of U. S. Civil Service Examiners Address of Commission office or Board of Examiners City State Zip																
THIS SPACE IS FOR THE APPOINTING OFFICER ONLY. The information contained herein is to be used by the appointing officer in making his selection. It is not to be used for any other purpose. Signature _____ Agency _____ Date _____																

IN EXPERIENCE (Start with your present position and work back)			
1 Dates of employment (month, year) From July 1954 To present time		Exact title of your position Foreign Affairs Officer	
Salary or earnings Starting \$ 7785 per annum Final 7785 per annum		Place of employment City Washington State D.C. Kind of business or organization (manufacturing, accounting, insurance, etc.) U.S. Government	
Name and address of employer (firm, organization, etc.) Dept. of Defense, Joint Chiefs of Staff		Name and title of immediate supervisor [Redacted]	
Reason for leaving Re-enter Foreign Service			
Description of work Preparation of studies and reports for the military departments and the Joint Chiefs of Staff on Inter-American Defense matters.			
[Redacted]			
[Redacted]			
[Redacted]			
[Redacted]			
[Redacted]			
2 Dates of employment (month, year) From May 1952 To July 1954		Exact title of your position Vice Consul	
Salary or earnings Starting \$ 7785 per annum Final 7785 per annum		Place of employment City Guayaquil State Ecuador Kind of business or organization (manufacturing, accounting, insurance, etc.) Government	
Name and address of employer (firm, organization, etc.) Dept. of State		Name and title of immediate supervisor [Redacted]	
Reason for leaving Position with Dept. of Defense			
Description of work General duties of a Foreign Service Staff Officer in the Economic and Commercial Section of the Consulate General in Guayaquil. Also performed political reporting functions and assisted in visa and citizenship matters.			
[Redacted]			
[Redacted]			
[Redacted]			
[Redacted]			
[Redacted]			
3 Dates of employment (month, year) From October 1949 To February 1952		Exact title of your position Asst. Attache	
Salary or earnings Starting \$ 7785-10 per annum Final 7785-9 per annum		Place of employment City Washington & Caracas, Venez. Kind of business or organization (manufacturing, accounting, insurance, etc.) Government	
Name and address of employer (firm, organization, etc.) Department of State		Name and title of immediate supervisor [Redacted]	
Reason for leaving Accompany wife to U.S. for medical attention			
Description of work General duties of a Foreign Service Staff Officer in the Political Section, Embassy Caracas. Preparation of reports for the Department and memoranda for the Ambassador, consultation with officials of the local government and American companies (esp. of the petroleum industry operating in Venezuela). Assistance in the Consular Section with visa affairs.			

STANDARD FORM 57 - continuation
#16
5.

September 1943 - March 1945
Pfc
U. S. Army
United States
Honorable Discharge

Anti-Aircraft

ATTACH SUPPLEMENTAL SHEETS OR FORMS HERE

Dates of employment (month, year) From November 1947 To October 1949		Exact title of your position Editor																										
Salary or earnings Salary: \$ 2400 per year Paid: \$ 3600 per year		Place of employment City: Cincinnati State: Ohio																										
Name and address of employer (firm, organization, etc.) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		Kind of business or organization (Manufacturing, distribution, service, etc.) Soap and chemical manufacture																										
Name and title of immediate supervisor <div style="border: 1px solid black; height: 20px; width: 100%;"></div> Chief																												
Reason for leaving: Desire for Foreign Service																												
Description of work: Supervision of preparation (compilation through final printing and binding) of sales manuals for entire company sales force. Preparation of aptitude tests and general qualifications questionnaires used by company in recruitment of salesmen and administrative employees. Preparation of material for Company "house magazine". Maintenance of close liaison with other personnel departments. Work with company print shop and private printing establishments.																												
If you had additional experience blocks, use supplemental sheets. SEE INSTRUCTION SHEET.																												
17. SPECIAL QUALIFICATIONS AND SKILLS.																												
(A) Licenses and Certificates: List the kind of license or certificate and the State or other issuing authority which granted it, for example, pilot, mechanic, electrician, lawyer, sales representative, C. P. A., etc.		(B) List any special qualifications not covered elsewhere in this report, such as: (1) Your more important publications. (Do not exceed six pages unless essential.) (2) Your patents or inventions. (3) Public speaking and public relations experience. (4) Membership in professional or scientific societies, etc. (5) Honors and fellowships received.																										
(C) List any special skills you possess and machines and equipment you can use, such as short wave radio, multimeter, computerizer, key-punch, turret lathe, moulder or professional devices.		(5) Phi Beta Kappa																										
(D) Approximate number of words per minute in: Typing: Shorthand																												
18. EDUCATION.																												
A. Give the highest elementary or high school grade completed: 12 If you completed high school, give date: 1943		B. Name and location of last high school attended: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>																										
C. Name and location of college or university:		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Dates attended</th> <th>Years completed</th> <th>Credit hours</th> <th>Degrees received</th> </tr> <tr> <th>From</th> <th>To</th> <th>Year</th> <th>Number of Quarters</th> <th></th> </tr> </thead> <tbody> <tr> <td colspan="2">The Ohio State University</td> <td>Mar 43</td> <td>Sept 43</td> <td></td> </tr> <tr> <td colspan="2">The Ohio State University</td> <td>Mar 43</td> <td>Sept 43</td> <td></td> </tr> <tr> <td colspan="2">University of Arizona</td> <td>Sept 43</td> <td>June 44</td> <td></td> </tr> </tbody> </table>		Dates attended		Years completed	Credit hours	Degrees received	From	To	Year	Number of Quarters		The Ohio State University		Mar 43	Sept 43		The Ohio State University		Mar 43	Sept 43		University of Arizona		Sept 43	June 44	
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The Ohio State University		Mar 43	Sept 43																									
University of Arizona		Sept 43	June 44																									
D. List undergraduate college subjects:		E. Check for foreign subjects:																										
Spanish Political Science		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Credit hours</th> <th colspan="2">Number of Quarters</th> <th colspan="2">Degrees received</th> </tr> <tr> <th>From</th> <th>To</th> <th>Year</th> <th>Number of Quarters</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td colspan="2">Spanish</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">Political Science</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Credit hours		Number of Quarters		Degrees received		From	To	Year	Number of Quarters			Spanish						Political Science						
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Spanish																												
Political Science																												
F. Give a brief description of such training as special, annual, annual leave or temporary. Give dates, name and location of school, place attended, and course studied, including any other pertinent data. Jan. 44-May 44 (Camp Callan, California): Basic anti-aircraft schooling in fire control, specialization in anti-air use of AA weapons.																												
G. Have you ever received a foreign language award? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																												
H. Check for foreign language proficiency:		I. Check for foreign language proficiency:																										
Spanish <input checked="" type="checkbox"/> French <input checked="" type="checkbox"/>		Spanish <input checked="" type="checkbox"/> French <input checked="" type="checkbox"/>																										

21. REFERENCES and is three persons living in the United States or Territories of the United States who are fully RELATED TO YOU and WHO HAVE KNOWN YOU KNOWLEDGE of your qualifications and know the positions for which you are applying. The full names, addresses and telephone numbers of these persons are:

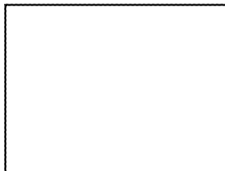
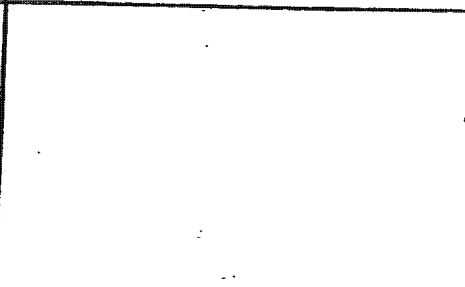
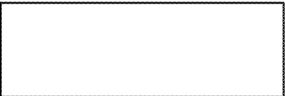
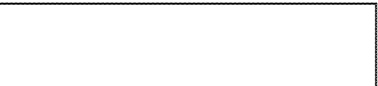
21. REFERENCE is made to those persons living in the United States or Territories of the United States who are fully RELATED TO YOU AND WHO HAVE EMPLOYED IN ANY OF THE SPECIFICATIONS AND KNOW THE PERSONS FOR WHICH YOU ARE APPLYING. Do not repeat names of superiors listed under Item 10, EMPLOYMENT.		BUSINESS OR OCCUPATION	
FULL NAME		PRESENT BUSINESS OR HOME ADDRESS	
		Last complete street address	
1.		c/o Dept. of State	Former Ambassador
2.		c/o Dept. of State	FSO
3.		c/o Dept. of State	FSO

22. (a) Are you a citizen of the United States of America, or (b) a native of America born in the United States of America?		INDICATE ANSWER BY PLACING "X" IN PROPER COLUMN		YES	NO
22. (a) Are you a citizen of the United States of America, or (b) a native of America born in the United States of America?	<input checked="" type="checkbox"/>	25. Has inquiry be made of your present employer regarding your character, qualifications, etc?	<input checked="" type="checkbox"/>		
23. Are you now, or have you ever been, a member of the Communist Party, U. S. A., or any Communist organization?	<input checked="" type="checkbox"/>	29. Do you receive or have you applied for an annuity from the United States or District of Columbia Government under any retirement act or any pension or salary compensation for military or naval service?	<input checked="" type="checkbox"/>		
24. Are you now, or have you ever been, a member of a Federal organization?	<input checked="" type="checkbox"/>	30. Are you an official or employee of any State, Territory, county, or municipality?	<input checked="" type="checkbox"/>		
25. Are you now or have you ever been a member of any foreign or domestic organization, association, military, group, or combination of persons which is inimical to the Government of the United States or which is inimical to the Government of the United States or which works to alter the form of government of the United States or which is inimical to the Government of the United States?	<input checked="" type="checkbox"/>	31. Have you ever been barred by the U. S. Civil Service Commission from taking employment or receiving appointment?	<input checked="" type="checkbox"/>		
26. Have you ever been discharged from employment because:		32. A. Have you ever been discharged from employment because:			
(1) Your conduct was not satisfactory?	<input checked="" type="checkbox"/>	(1) Your conduct was not satisfactory?	<input checked="" type="checkbox"/>		
(2) Your work was not satisfactory?	<input checked="" type="checkbox"/>	(2) Your work was not satisfactory?	<input checked="" type="checkbox"/>		
(3) Your conduct was not satisfactory?	<input checked="" type="checkbox"/>	(3) Your conduct was not satisfactory?	<input checked="" type="checkbox"/>		
(4) Your work was not satisfactory?	<input checked="" type="checkbox"/>	(4) Your work was not satisfactory?	<input checked="" type="checkbox"/>		
(5) Your conduct was not satisfactory?	<input checked="" type="checkbox"/>	(5) Your conduct was not satisfactory?	<input checked="" type="checkbox"/>		
(6) Your work was not satisfactory?	<input checked="" type="checkbox"/>	(6) Your work was not satisfactory?	<input checked="" type="checkbox"/>		
(7) Your conduct was not satisfactory?	<input checked="" type="checkbox"/>	(7) Your conduct was not satisfactory?	<input checked="" type="checkbox"/>		
(8) Your work was not satisfactory?	<input checked="" type="checkbox"/>	(8) Your work was not satisfactory?	<input checked="" type="checkbox"/>		
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(10) Your work was not satisfactory?	<input checked="" type="checkbox"/>	(10) Your work was not satisfactory?	<input checked="" type="checkbox"/>		
(11) Your conduct was not satisfactory?	<input checked="" type="checkbox"/>	(11) Your conduct was not satisfactory?	<input checked="" type="checkbox"/>		
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(15) Your conduct was not satisfactory?	<input checked="" type="checkbox"/>	(15) Your conduct was not satisfactory?	<input checked="" type="checkbox"/>		
(16) Your work was not satisfactory?	<input checked="" type="checkbox"/>	(16) Your work was not satisfactory?	<input checked="" type="checkbox"/>		
(17) Your conduct was not satisfactory?	<input checked="" type="checkbox"/>	(17) Your conduct was not satisfactory?	<input checked="" type="checkbox"/>		
(18) Your work was not satisfactory?	<input checked="" type="checkbox"/>	(18) Your work was not satisfactory?	<input checked="" type="checkbox"/>		
(19) Your conduct was not satisfactory?	<input checked="" type="checkbox"/>	(19) Your conduct was not satisfactory?	<input checked="" type="checkbox"/>		
(20) Your work was not satisfactory?	<input checked="" type="checkbox"/>	(20) Your work was not satisfactory?	<input checked="" type="checkbox"/>		
(21) Your conduct was not satisfactory?	<input checked="" type="checkbox"/>	(21) Your conduct was not satisfactory?	<input checked="" type="checkbox"/>		
(22) Your work was not satisfactory?	<input checked="" type="checkbox"/>	(22) Your work was not satisfactory?	<input checked="" type="checkbox"/>		
(23) Your conduct was not satisfactory?	<input checked="" type="checkbox"/>	(23) Your conduct was not satisfactory?	<input checked="" type="checkbox"/>		
(24) Your work was not satisfactory?	<input checked="" type="checkbox"/>	(24) Your work was not satisfactory?	<input checked="" type="checkbox"/>		
(25) Your conduct was not satisfactory?	<input checked="" type="checkbox"/>	(25) Your conduct was not satisfactory?	<input checked="" type="checkbox"/>		
(26) Your work was not satisfactory?	<input checked="" type="checkbox"/>	(26) Your work was not satisfactory?	<input checked="" type="checkbox"/>		
(27) Your conduct was not satisfactory?	<input checked="" type="checkbox"/>	(27) Your conduct was not satisfactory?	<input checked="" type="checkbox"/>		
(28) Your work was not satisfactory?	<input checked="" type="checkbox"/>	(28) Your work was not satisfactory?	<input checked="" type="checkbox"/>		
(29) Your conduct was not satisfactory?	<input checked="" type="checkbox"/>	(29) Your conduct was not satisfactory?	<input checked="" type="checkbox"/>		
(30) Your work was not satisfactory?	<input checked="" type="checkbox"/>	(30) Your work was not satisfactory?	<input checked="" type="checkbox"/>		
(31) Your conduct was not satisfactory?	<input checked="" type="checkbox"/>	(31) Your conduct was not satisfactory?	<input checked="" type="checkbox"/>		
(32) Your work was not satisfactory?	<input checked="" type="checkbox"/>	(32) Your work was not satisfactory?	<input checked="" type="checkbox"/>		
(33) Your conduct was not satisfactory?	<input checked="" type="checkbox"/>	(33) Your conduct was not satisfactory?	<input checked="" type="checkbox"/>		
(34) Your work was not satisfactory?	<input checked="" type="checkbox"/>	(34) Your work was not satisfactory?	<input checked="" type="checkbox"/>		
(35) Your conduct was not satisfactory?	<input checked="" type="checkbox"/>	(35) Your conduct was not satisfactory?	<input checked="" type="checkbox"/>		
(36) Your work was not satisfactory?	<input checked="" type="checkbox"/>	(36) Your work was not satisfactory?	<input checked="" type="checkbox"/>		
(37) Your conduct was not satisfactory?	<input checked="" type="checkbox"/>	(37) Your conduct was not satisfactory?	<input checked="" type="checkbox"/>		
(38) Your work was not satisfactory?	<input checked="" type="checkbox"/>	(38) Your work was not satisfactory?	<input checked="" type="checkbox"/>		
(39) Your conduct was not satisfactory?	<input checked="" type="checkbox"/>	(39) Your conduct was not satisfactory?	<input checked="" type="checkbox"/>		
(40) Your work was not satisfactory?	<input checked="" type="checkbox"/>	(40) Your work was not satisfactory?	<input checked="" type="checkbox"/>		
(41) Your conduct was not satisfactory?	<input checked="" type="checkbox"/>	(41) Your conduct was not satisfactory?	<input checked="" type="checkbox"/>		
(42) Your work was not satisfactory?	<input checked="" type="checkbox"/>	(42) Your work was not satisfactory?	<input checked="" type="checkbox"/>		
(43) Your conduct was not satisfactory?	<input checked="" type="checkbox"/>	(43) Your conduct was not satisfactory?	<input checked="" type="checkbox"/>		
(44) Your work was not satisfactory?	<input checked="" type="checkbox"/>	(44) Your work was not satisfactory?	<input checked="" type="checkbox"/>		
(45) Your conduct was not satisfactory?	<input checked="" type="checkbox"/>	(45) Your conduct was not satisfactory?	<input checked="" type="checkbox"/>		
(46) Your work was not satisfactory?	<input checked="" type="checkbox"/>	(46) Your work was not satisfactory?	<input checked="" type="checkbox"/>		
(47) Your					

7-7-64-1000
Exception to SF-50
Approved by the
Bureau of the Budget
May 1964

DEPARTMENT OF STATE
WASHINGTON 25, D. C.

NOTIFICATION OF PERSONNEL ACTION

1. NAME (Mr., Mrs., Miss, etc. (give name, initials) and surname)		2. DATE OF BIRTH	3. JOURNAL OR ACTION NO.	4. DATE
			FS 20	12/9/54
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (Use standard terminology) Resignation for Personal Reasons without Prejudice		6. EFFECTIVE DATE OCB 7/30/54	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY	
FROM:		TO:		
				
8. POSITION TITLE AND NUMBER <i>Diplomatic or Consular Title</i>		9. SCHEDULE, SERIES NO., GRADE, SALARY		
10. ORGANIZATIONAL DESIGNATIONS <i>Post</i>		11. HEADQUARTERS		
12. DS CATEGORY		13. VETERAN'S PREFERENCE		
<input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL <input type="checkbox"/> Regular <input type="checkbox"/> Resident <input type="checkbox"/> Non-US		<input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL <input type="checkbox"/> Regular <input type="checkbox"/> Resident <input type="checkbox"/> Non-US		
14. POSITION CLASSIFICATION ACTION		15. DATE OF APPOINTMENT AFFIDAVIT (Accessions Only)		
16. DATE OF APPOINTMENT AFFIDAVIT (Accessions Only)		17. LEGAL RESIDENCE		
18. DATE OF APPOINTMENT AFFIDAVIT (Accessions Only)		19. LEGAL RESIDENCE		
20. This action is subject to all applicable laws, rules and regulations and may be subject to investigation and approval by the United States Civil Service Commission or the Department.				
Employment status-Indefinite				
All leave transferred.				
Address: 				
				
21. SIGNATURE OF PERSONNEL ACTION				
22. SIGNATURE OF PERSONNEL ACTION				

PERSONNEL FOLDER

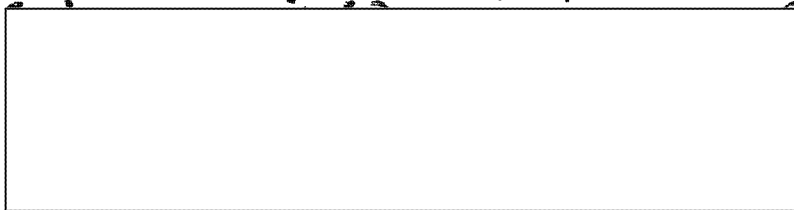
674

PERSONNEL ACTION WORK SHEET				DATE OF REQUEST 7-20-54		ACTION CONTROL	
				EFFECTIVE DATE		NO.	ROUTING
				PROPOSED	ACTUAL		DATE
NAME (Last) (First) (Middle)				DATE OF BIRTH			
				SEX			
NATURE OF ACTION				PREJUDICE			
ALLEGATIONS - RECORDING OFFICER - RECOMMENDATION WITHOUT				RECOMMENDED STATUS (If)			
PRESENT STATUS (From)							7/28
FUNCTIONAL TITLE						STATE OF LEGAL RESIDENCE	
DIP. CONS. OR OTHER TITLE						RETIREMENT DEDUCTIONS	
POST						<input type="checkbox"/> CSC <input type="checkbox"/> SOC. SEC. SOC. SEC. NO.	
CLASS AND SALARY						<input type="checkbox"/> VETERAN <input type="checkbox"/> NON-VETERAN	
APPROPRIATION ALLOTMENT						RESERVE STATUS	
POSITION NUMBER						<input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE	
NATURE OF EMPLOYMENT						BRANCH OF SERVICE (Specify)	
<input checked="" type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME				<input checked="" type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME		SERIAL NO.	
NATURE OF POSITION (Check applicable box)				STATE LIMITATION		PRESENT MARITAL STATUS	
<input type="checkbox"/> NEW <input type="checkbox"/> COMPLEMENT REPLACEMENT (Name) <input type="checkbox"/> VICE						<input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOW <input type="checkbox"/> WIDOWER <input type="checkbox"/> SEPARATED	
CONCURRENCE BY (Initials)				APPOINTED TO		DATE AAB APPROVED	
REGIONAL BUREAUX OTHER AGENCIES OTHER OFFICES				<input checked="" type="checkbox"/> REGULAR STAFF <input type="checkbox"/> RESIDENT U.S. STAFF <input type="checkbox"/> LOCAL NON-U.S.		LOYALTY FORMS SUBMITTED	
						<input type="checkbox"/> SP 83 <input type="checkbox"/> SP 87 CLEARED UNDER P.L. NO.	
ADDITIONAL INFORMATION AND INSTRUCTIONS (Subject to A, B, C, D, E, F, G, H, I, J and K) Please accept [redacted] resignation in accordance with his letter of 7-19-54 (attached). Reason: Continue post-graduate studies. [redacted] 6-28-52 Arrival at post: 6-19-52							
SIGNATURE OF REQUESTING OFFICER				SIGNATURE AND TITLE OF APPROVING OFFICER			
[redacted] Operations Officer, ARA							
REQUEST FOR TRAVEL AUTHORIZATION							
OBJECT CLASS	ESTIMATED COST	PER/PTC ENCUMBRANCE FUNDS AVAILABLE	NAMES OF DEPENDENTS FROM AND DATES OF BIRTH OF CHILDREN UNDER 21	FROM	TO		
0206	1500	APPR.		Gueyaquil	Arlington, Va.		
		ALLOT. 753025		VIA	DETAIL ENROUTE		
		OLD IG. NO.		NATL. EXCESS BAGGAGE AUTH.	approx 5 days'		
		STATE SIGNATURE		SHIPMENT OF EFFECTS FROM	cons w/per dies		
					to Arlington, Va.		
DATE				REMARKS			
TRAVEL ORDER NUMBER				GS/T: [redacted] has completed 5 days commutation in [redacted] and is now taking leave in Arlington, Va. Please cancel that part of TO 4-2123 dated June 11, 1954 which authorized transportation from [redacted] to Tucson, Arizona and thence to [redacted]. Authorize instead shipment of effects from [redacted] to Arlington, Va. (place of residence on service separation listed on list) [redacted] dated 4-1-54.			
OR Also cancel OF 31223							

✓ *Wda*
All leave transferred. 1150 forwarded. COB 7/30/54


Leave and Retirement Section



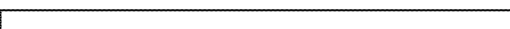

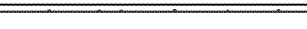
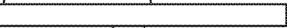
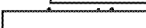
Washington, D.C.
July 19, 1954

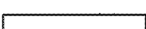
Division of Personnel Operations

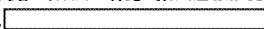
Washington 25, D.C.

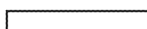
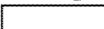
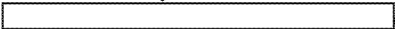
Attn: 

Gentlemen:

I hereby submit 
 in which I hold the 
 This  is submitted in order
that I may devote full time to post-graduate studies.

It is requested that this  take effect as of
the close of business July 19, 1954.

It is also requested that the Administrative Officer at
my former post of duty,  be authorized to
ship a lift van containing furnishings and personal effects
to the Security Storage Company, Washington, D.C.

It has been a great pleasure serving with 
 and I shall always remember with pleasure my association
with the many fine officers and clerical personnel of both


Yours very truly,



NOTIFICATION OF SECURITY CLEARANCE UNDER E.O. 10450

TO: Director, Office of Personnel
Attention: [redacted]

DATE: 6 July 1954

[redacted]

☐ APPLICANT. If subject is not appointed within 90 days of the date of this notification, this clearance must be revalidated by the Office of Security.

☒ EMPLOYEE.

The case of above-named person has been reviewed in the Office of Security.

Investigative requirements of Executive Order 10450 have been complied with.

It has been determined that the employment or retention in employment of subject is clearly consistent with the interests of national security.

On the basis of this determination clearance is hereby granted. This clearance shall remain in effect for all purposes until further notice except that prior approval must continue to be requested from the Office of Security in the event of marriage to an alien, Presidential appointment, any appointment requiring Senate confirmation, and transfers or assignments to the Office of Security, R Aron Special Projects Staff, and cryptographic duties. (This determination shall not eliminate or modify any other determination on security which may be required by law).

REMARKS:

☐ Investigative reports are attached. Please return these reports to the Office of Security within 10 days together with the names of the individuals who have reviewed them listed on the extra copy of this form herewith furnished.

☐

[redacted]

Director, Office of Security

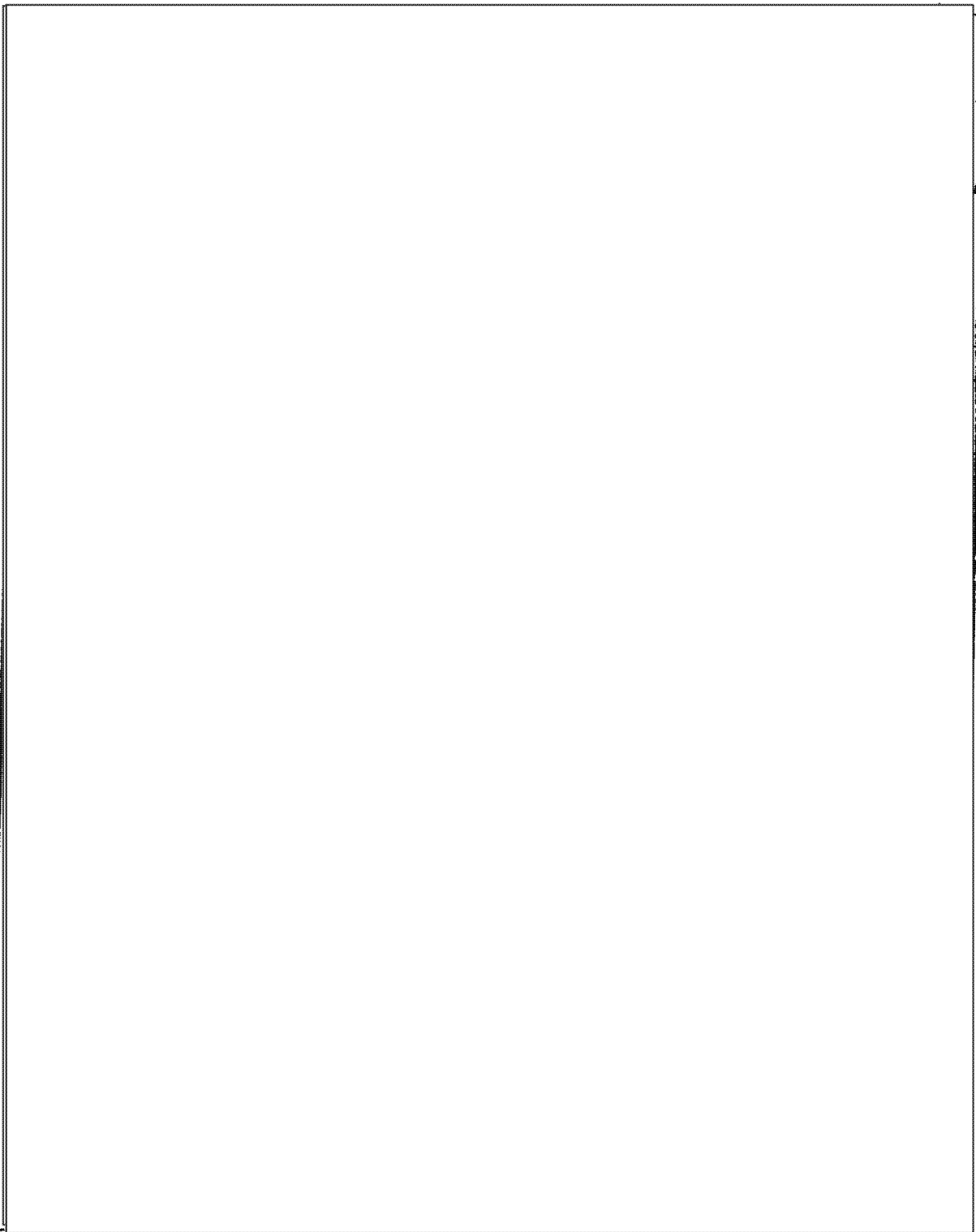
ATTACHMENTS

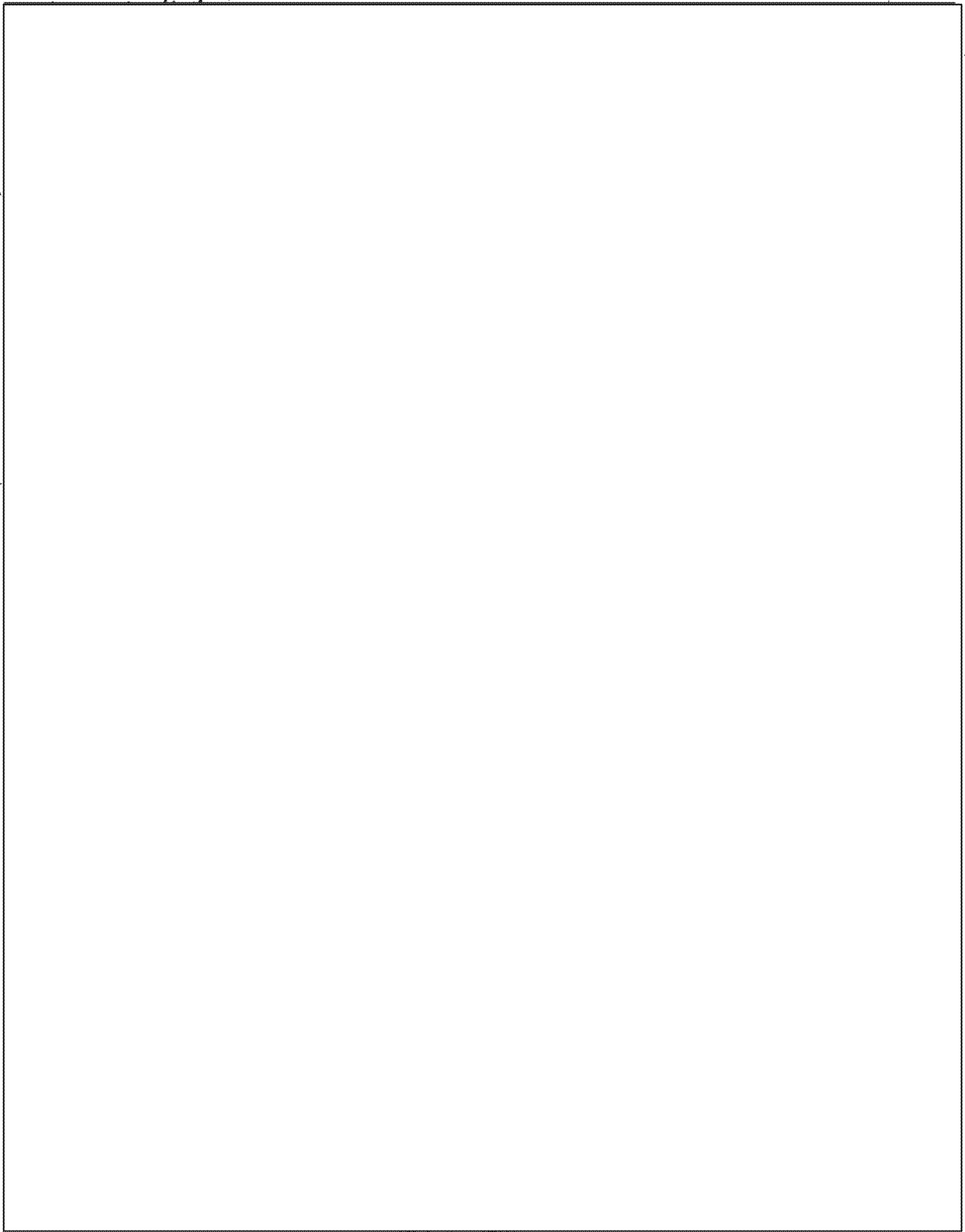
SY: [redacted]

This memorandum may be considered as OFFICIAL USE ONLY upon removal of attachments.

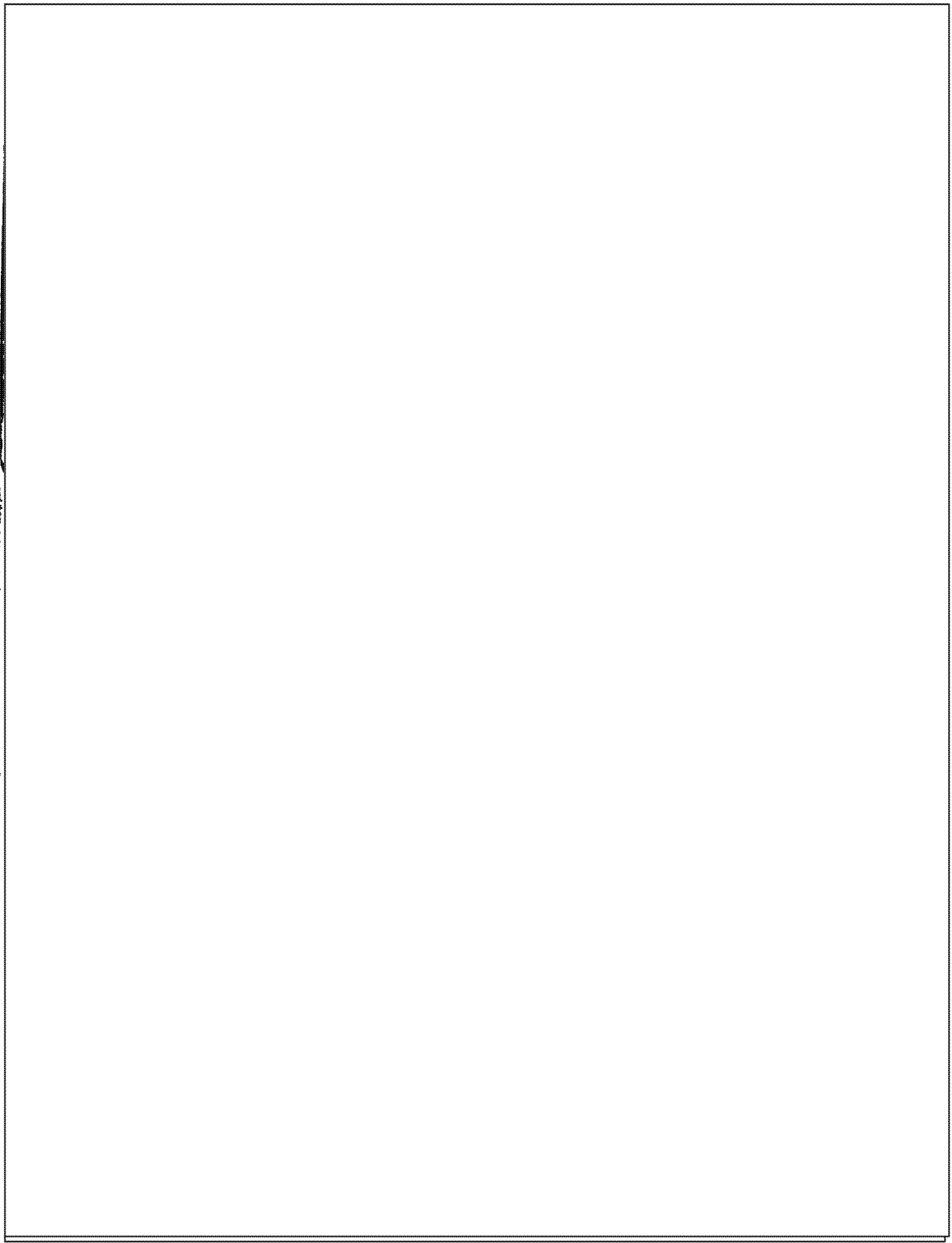
<small>FORM 8-1-51</small> NOTIFICATION OF PERSONNEL ACTION		Operation' <small>PERSONNEL ACTION</small>		DATE July 16, 1954	
NAME (Last) (First) (Middle) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		DATE OF BIRTH <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		SEX <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
NATURE OF ACTION Periodic Step Increase		EFFECTIVE DATE June 20, 1954		JOURNAL NO. 82	
FUNCTIONAL TITLE <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		FROM <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		TO <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
DIPLOMATIC OR CONSULAR TITLE <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		POST <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		CLASS AND SALARY <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
APPROPRIATION ALLOTMENT <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		POSITION NUMBER <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		LEGAL AUTHORITY <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
NATURE OF EMPLOYMENT <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		PERM. <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		INDEF. <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
REGULAR STAFF <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		LEGAL RESIDENCE <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		CITY <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
RESIDENT U.S. STAFF <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		STATE <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		RETIREMENT DEDUCTIONS <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
LOCAL NON-U.S. <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		BRANCH OF SERVICE <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		MARITAL STATUS <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
VETERAN <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		MILITARY RESERVE STATUS <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		CHILDREN <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
NON-VETERAN <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		READY <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		DEPENDENTS <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
ABOVE ACTION AND CONTINUANCE OF STATUS EFFECTED THEREBY ARE SUBJECT TO ALL APPLICABLE LAWS, RULES AND REGULATIONS. THE ACTION MAY BE CORRECTED OR CANCELLED IF NOT IN ACCORDANCE WITH ALL REQUIREMENTS.					
REMARKS: <div style="border: 1px solid black; height: 100px; width: 100%;"></div>					
(Signature) _____ (Title) _____					

PERSONNEL ACTION					DATE June 5, 1953 JOURNAL NO. 147			
NAME (Last, First, Middle)					DATE OF BIRTH			
LEGAL AUTHORITY					SERVICE			
This is to notify you of the following action concerning your employment					DATE OF OATH			
NATURE OF ACTION					EFFECTIVE DATE			
PERIODIC STEP INCREASE					June 7, 1953			
FROM					TO			
FUNCTIONAL TITLE					same			
DIP. CONSULAR OR OTHER TITLE					same			
POST					same			
CLASS AND SALARY					same			
APPROPRIATION					3A 2011			
POSITION NUMBER					same			
NATURE OF EMPLOYMENT					NATURE OF POSITION			
PERMA-NENT					PERMA-NENT			
TEMPO-RARY					TEMPO-RARY			
OTHER					OTHER			
FULL PART					FULL PART			
RETIREMENT DEDUCTIONS					NATURE OF POSITION			
YES					NEW			
NO					ADDITIONAL			
REGULAR STAFF					REALLOCATION			
LOCAL STAFF					VICE (name)			
VETERAN					LEGAL RESIDENCE			
NON-VETERAN								
SEX								
MARITAL STATUS, CHILDREN, AND DEPENDENTS								
<p>Conditions and requirements: Above action and continuance of status effected thereby are subject to such conditions and requirements listed on reverse of this page as are cited herewith.</p> <p>REMARKS:</p> <p>Last salary increase May 23, 1952.</p> <p>Performance rating meets required standards.</p>								
2					TITLE			
FOLDER								





QSC 4 1996



20 191 20 20

FOLDER

CIVIL OFFICIAL
APPOINTMENT AFFIDAVITS
(As defined in 5 USC 21a and 21b)

A. OATH OF OFFICE

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

B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

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

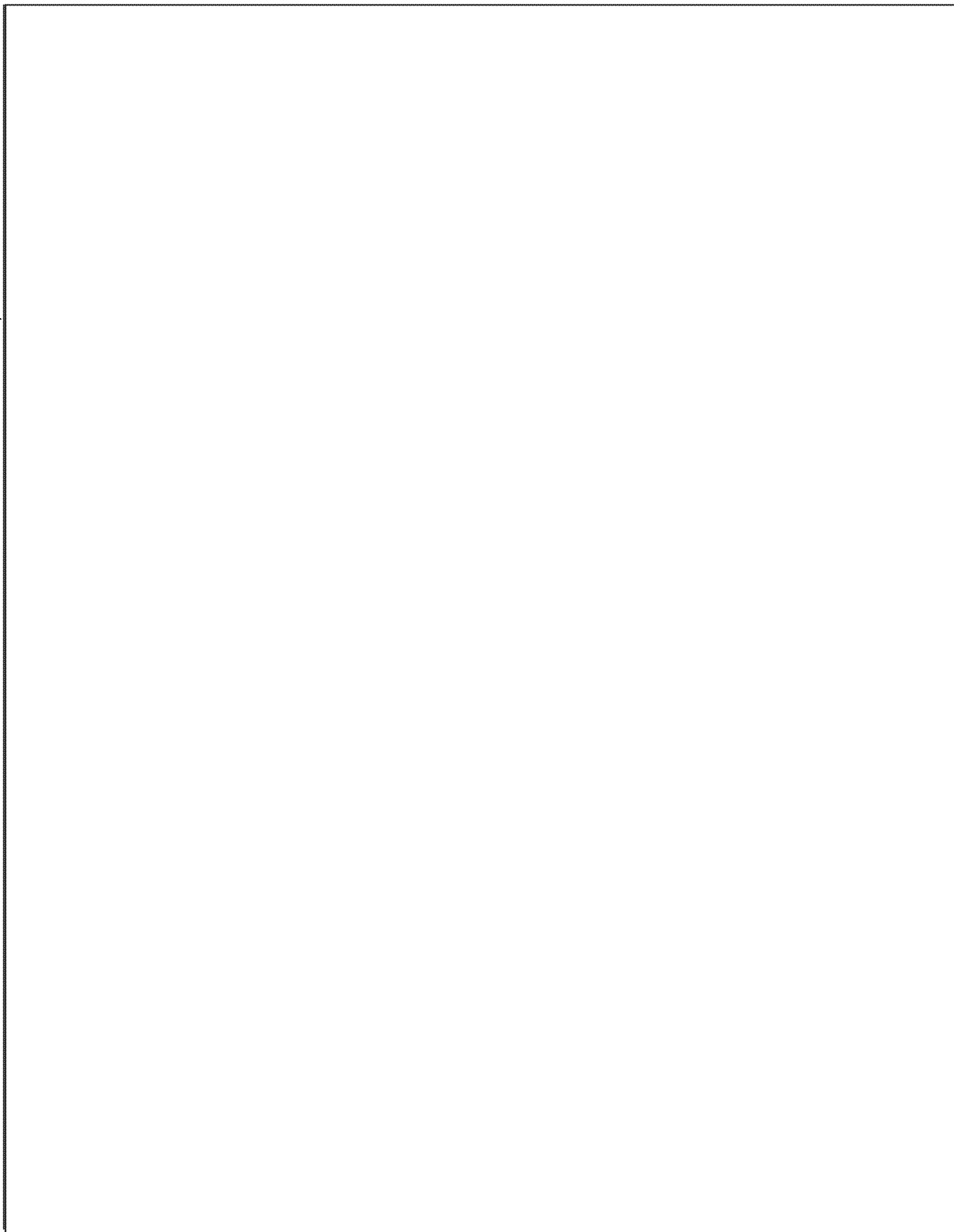
C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

I am not engaged in any strike against the Government of the United States and that I will not so engage while an employee of the Government of the United States; that I am not a member of an organization of Government employees that asserts the right to strike against the Government of the United States, and that I will not, while a Government employee, become a member of such an organization.

D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

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

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

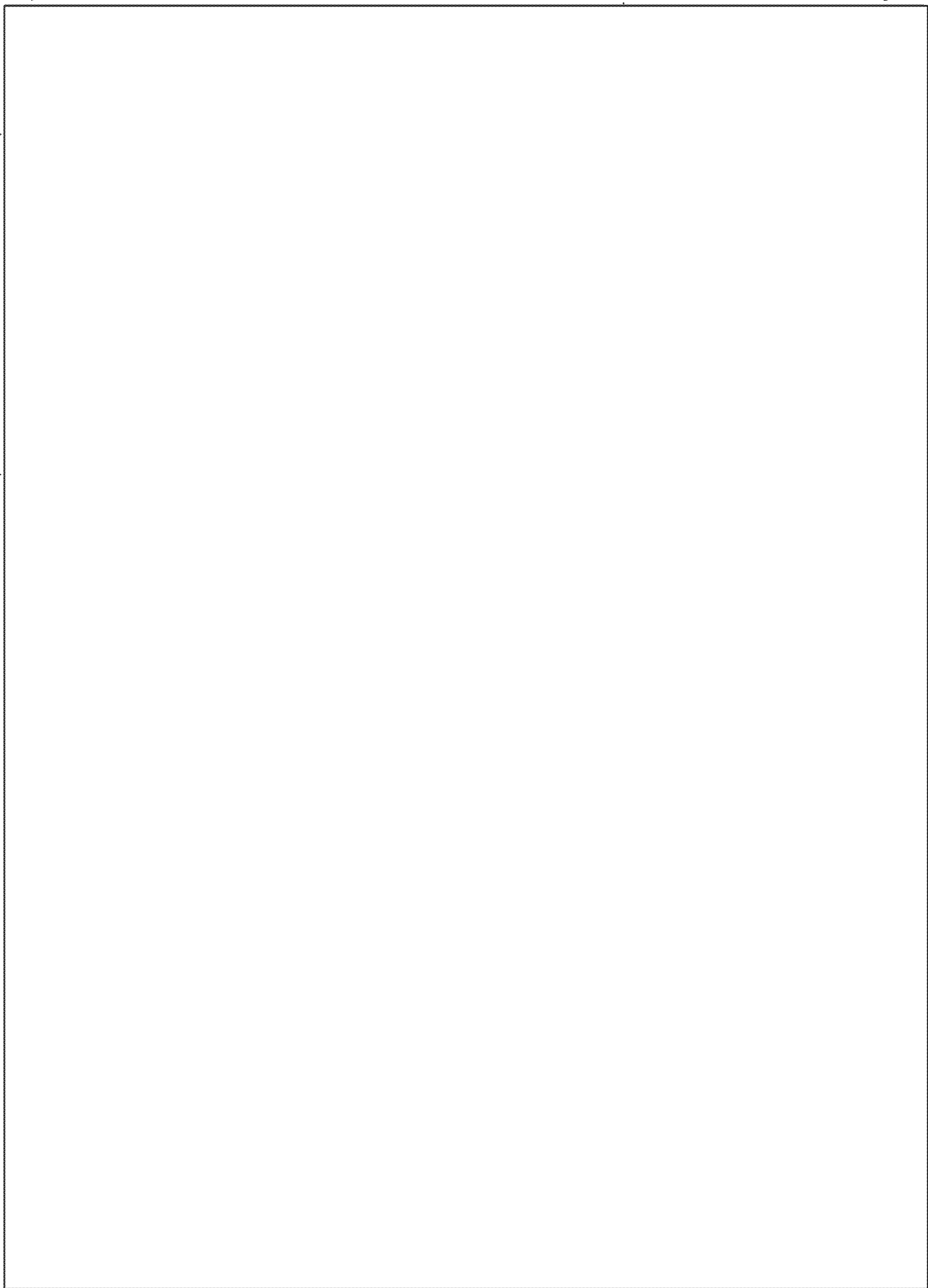


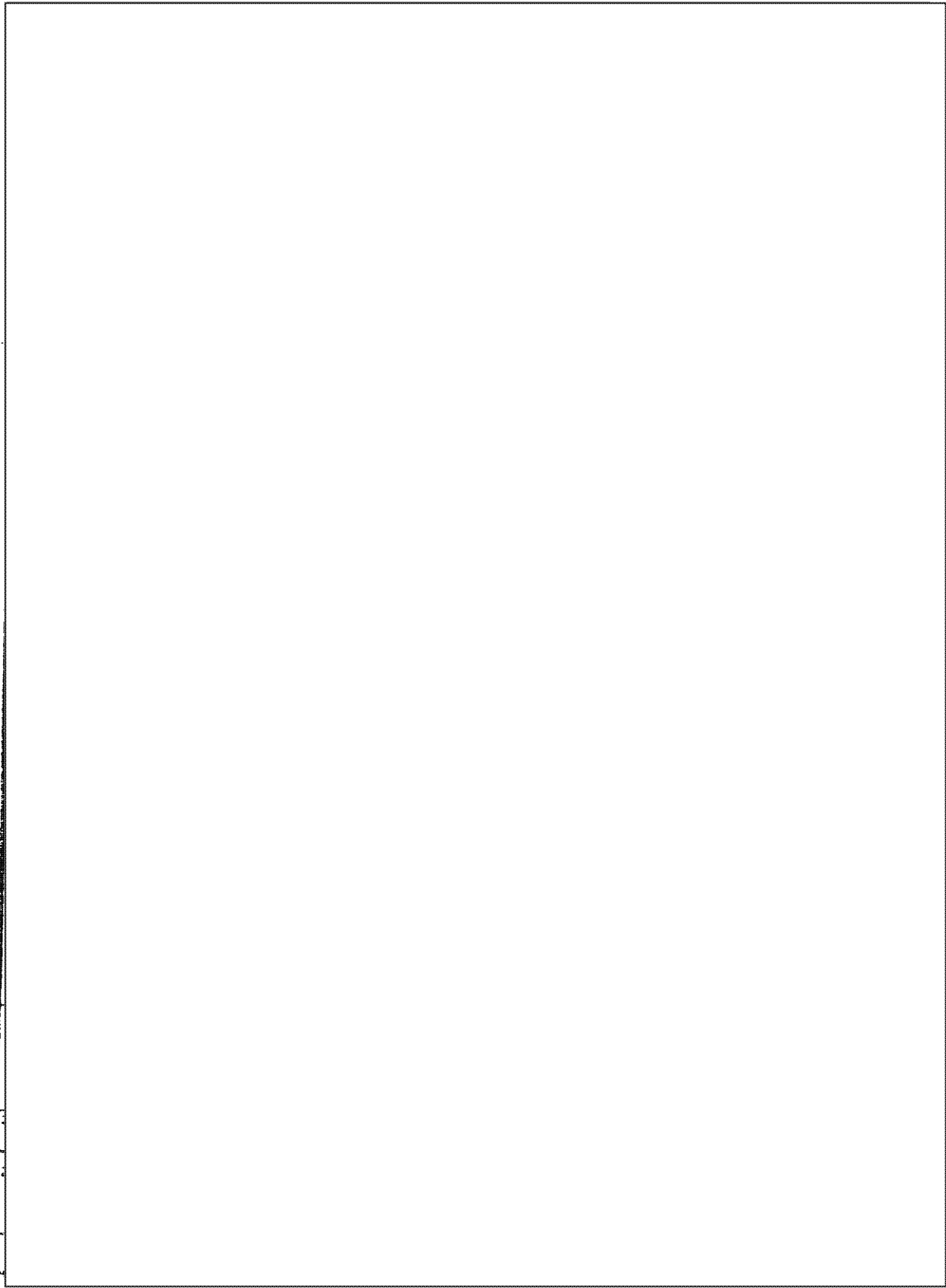
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Office Memorandum • UNITED STATES GOVERNMENT

ATTACHMENTS:

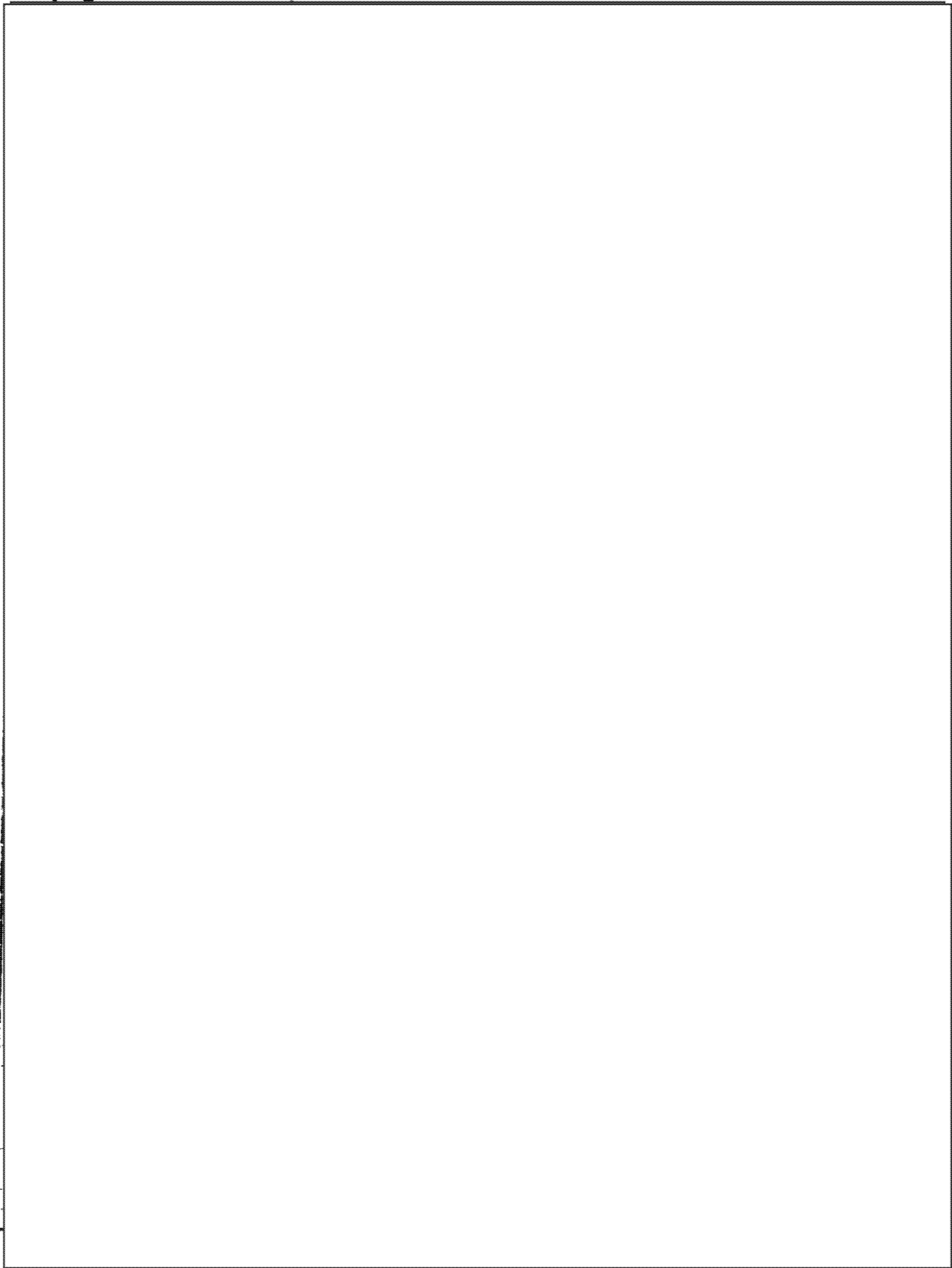
CC:SY:HFLinneman;cfs

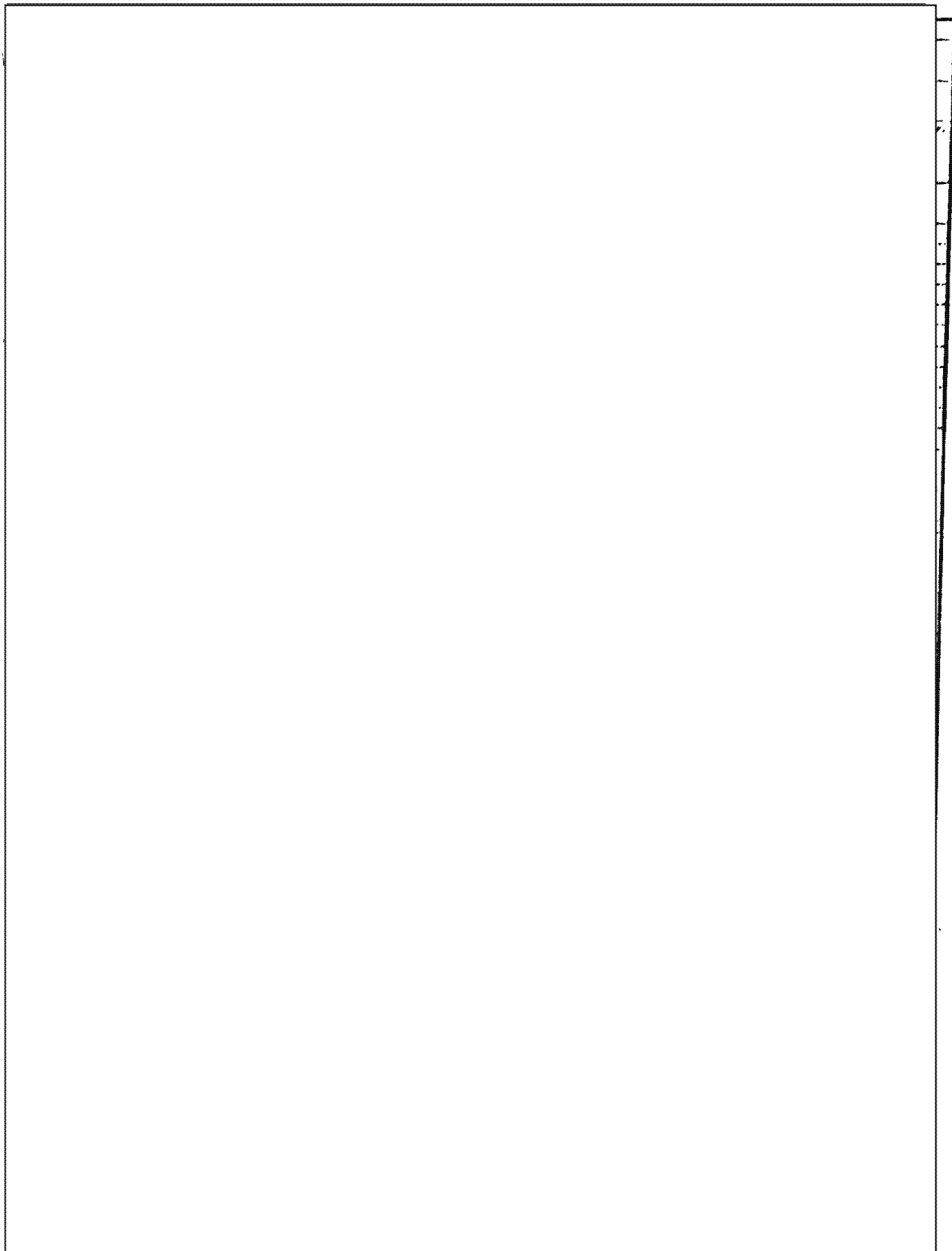


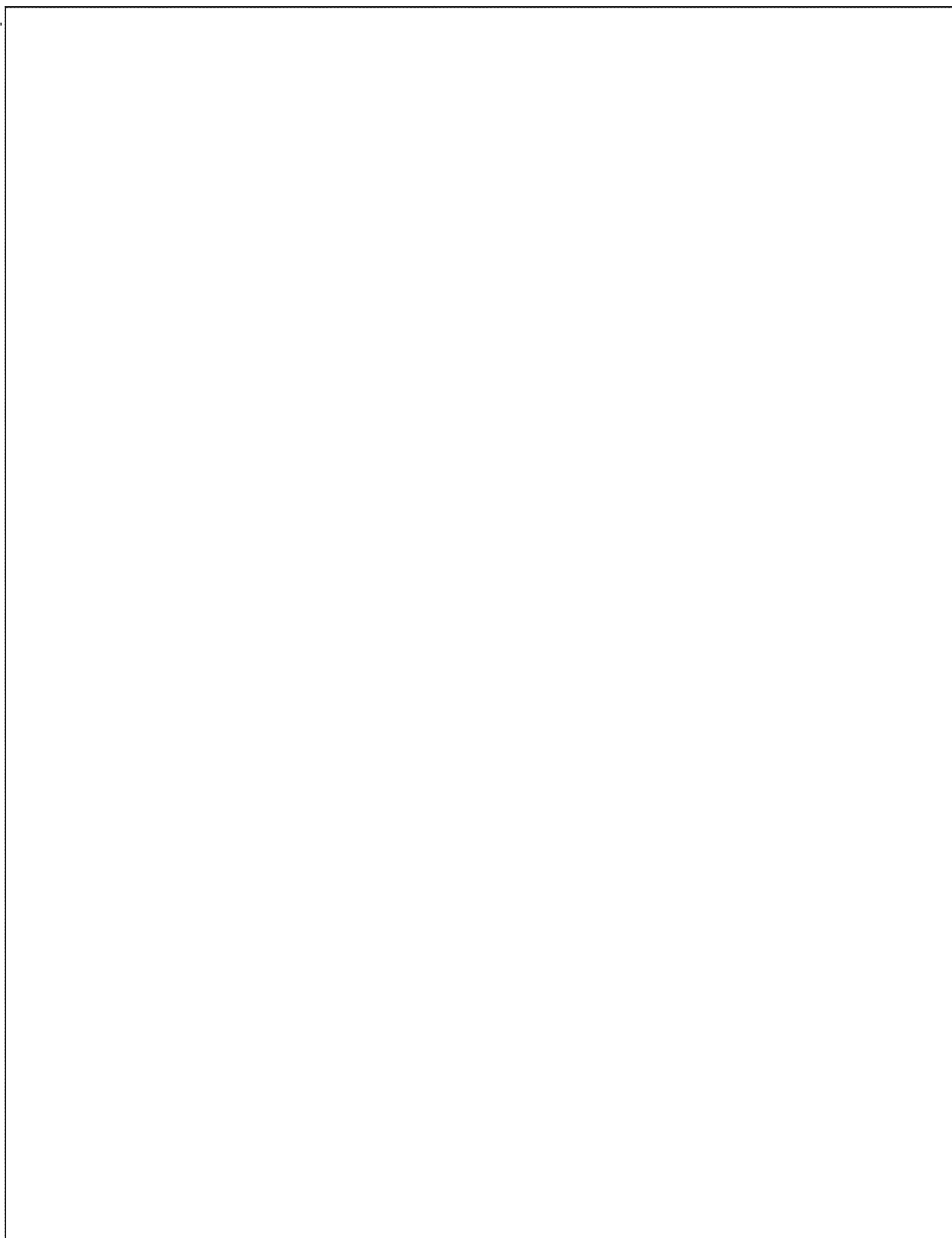


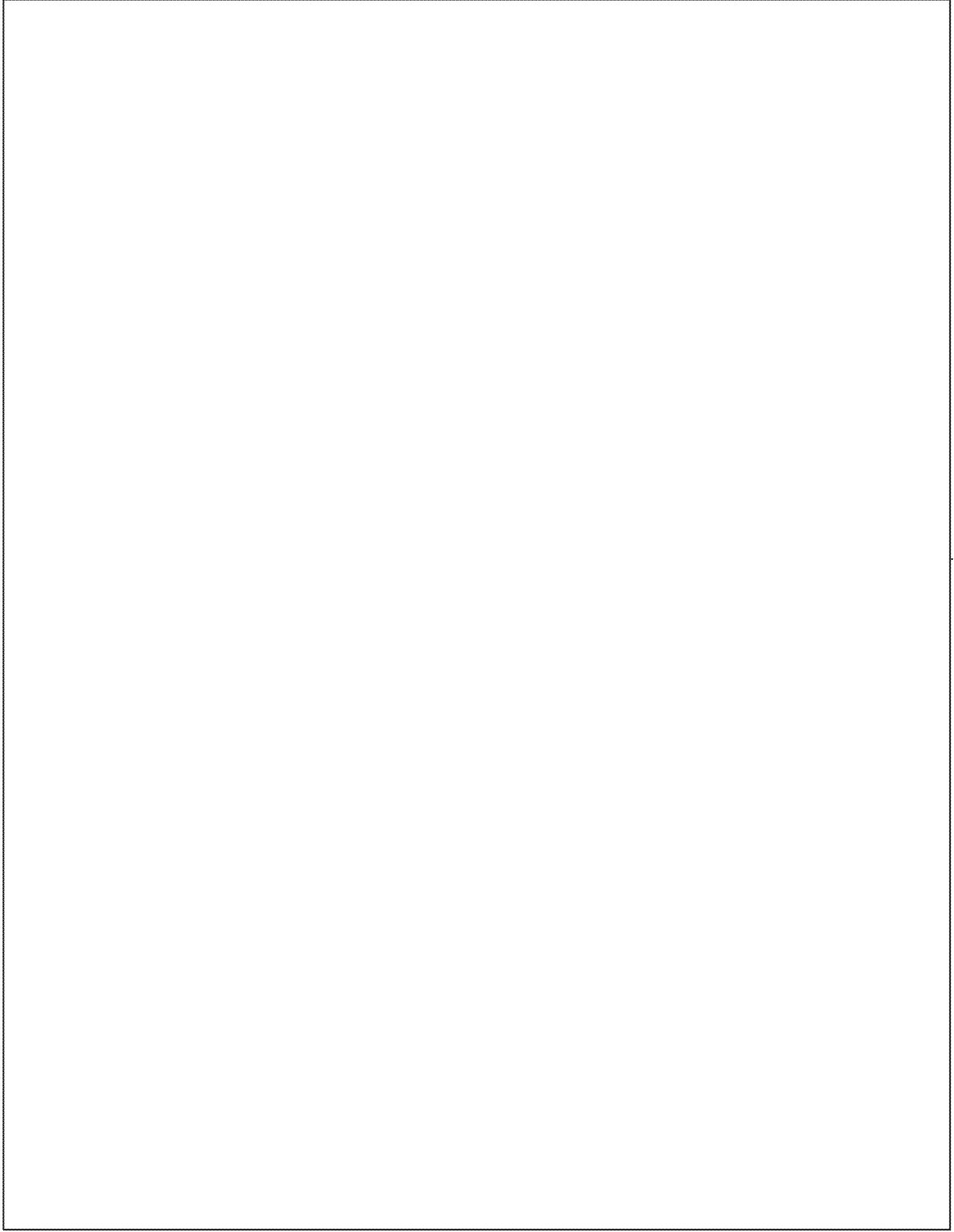
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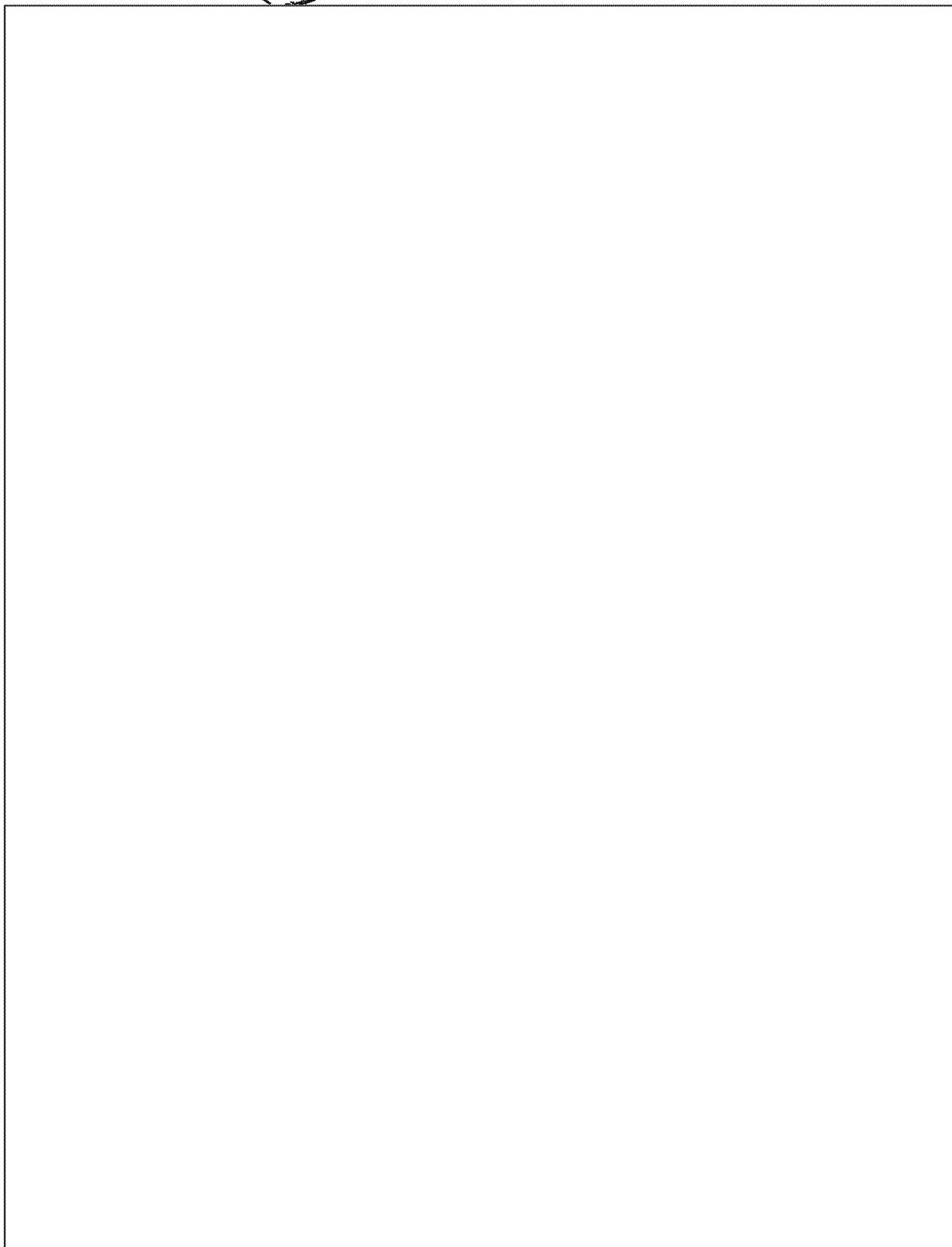
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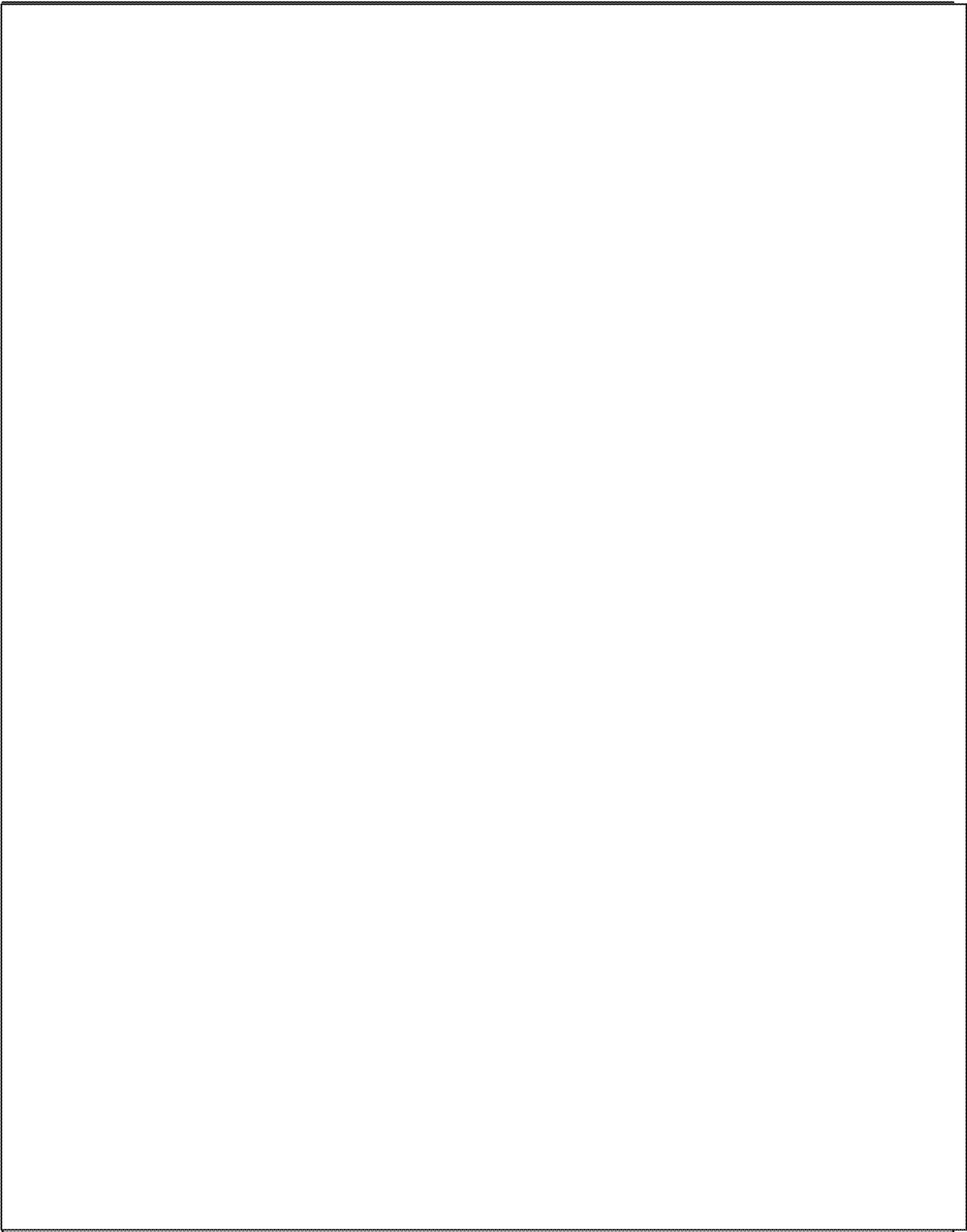


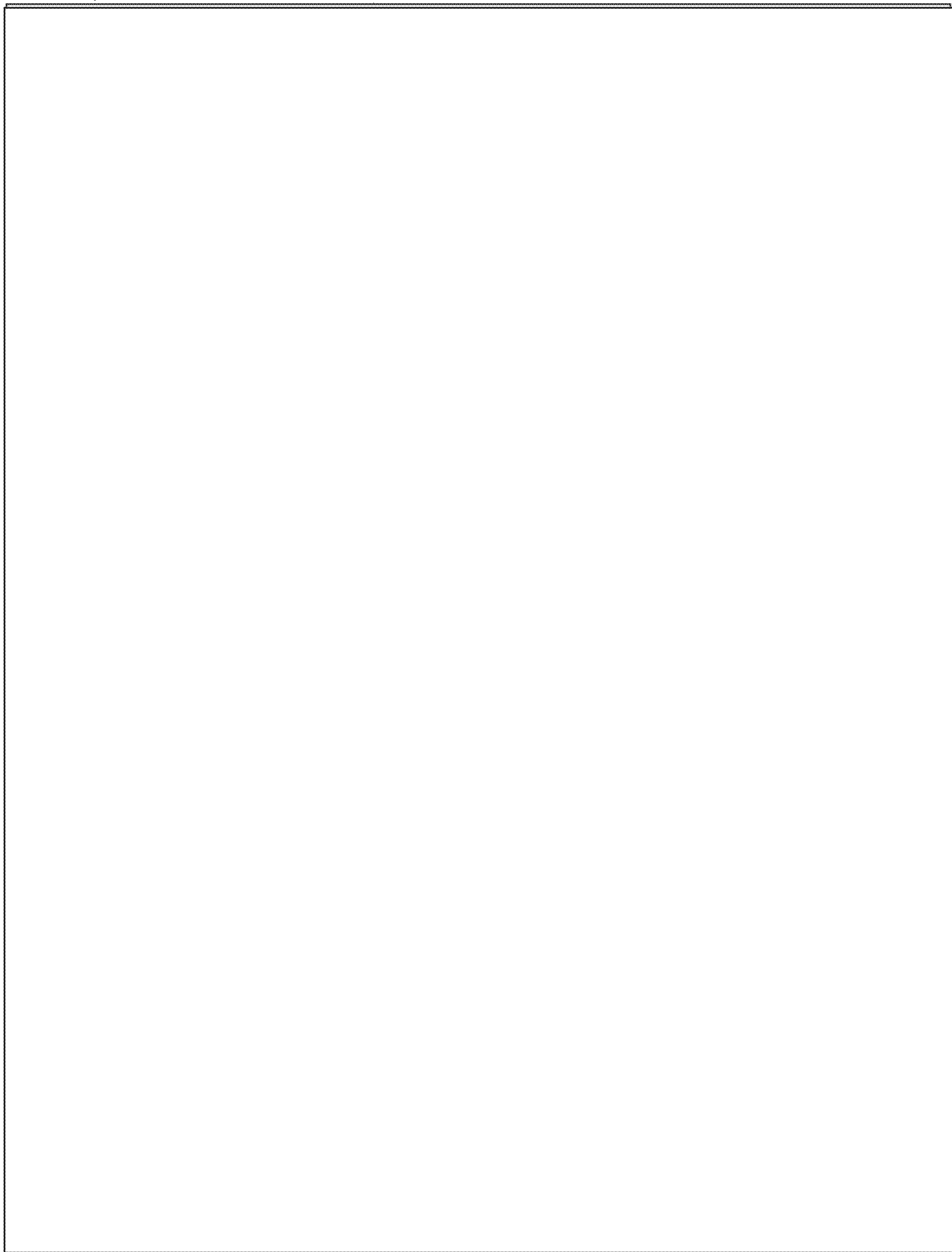


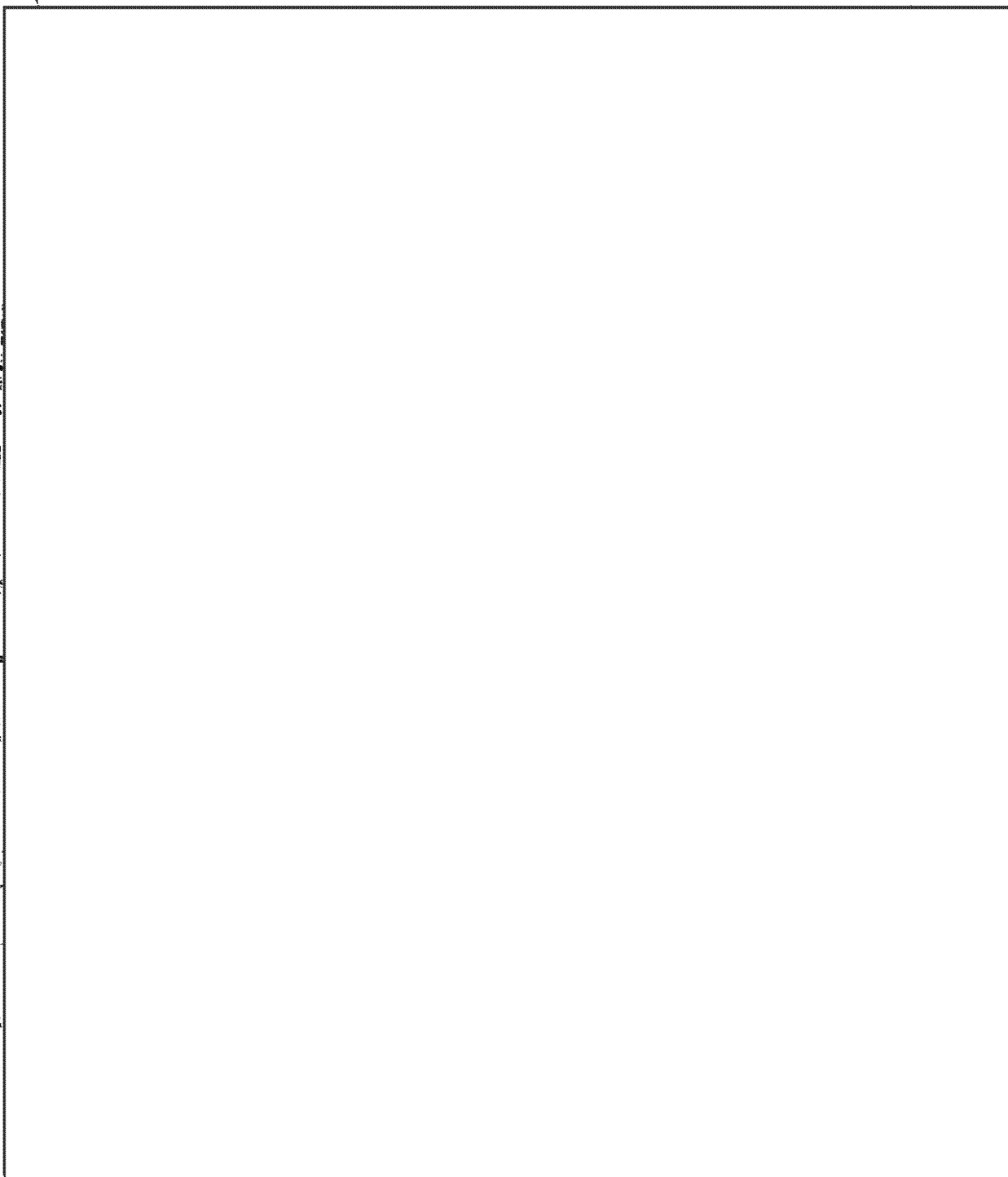












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FIM/cb

