

TARASOFF, ANNA ..... 1-25935 L

28 March 1957

Mrs. Anna Tarasoff  
2819 Gainesville Street, S. E., Apt. 202  
Washington, D. C.

Dear Mrs. Tarasoff:

We wish to inform you that the preliminary processing of your application has been accomplished and that you may enter on duty immediately on a temporary basis at Grade GS-4, salary \$415.00 per annum as Clerk.

Your temporary appointment will be subject to taking an oath of office, signing a loyalty affidavit, and completing a medical examination which will include determination of physical health and emotional stability. If you enter on duty based on this preliminary processing, you will be assigned to the Interim Assignment Section pending the completion of the full processing and a final security interview. The Interim Assignment Section is a "pool" where you will be doing clerical work of a routine nature. Should anything of an unfavorable nature arise during this period, your employment will not result in a permanent appointment; otherwise you then will be placed on duty in the position for which employed.

If you are interested in this temporary position please call Mrs. [ ] on EXecutive 3-6115, extension 2781, as soon as possible to advise her of the exact date you will report. We would appreciate your selecting a Monday. You may prefer to await the completion of the full processing which will require about 60 to 90 more days. In any event we would appreciate your calling Mrs. [ ] promptly and informing her of your plans. In the meantime, it is requested that you submit three passport-size photographs of yourself as soon as possible.

Please report to the Receptionist at Curle Hall at 8:15 a.m. and ask for Mrs. [ ] on the reporting-for-duty date that you establish with this office. Curle Hall is located at the intersection of 23rd Street, Independence Avenue and Ohio Drive, S.W., with entrance on Ohio Drive.

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Employees of this Agency are entitled to the regular United States Government leave and retirement benefits.

The gross salary quoted will be subject to deductions for Federal income tax and 6½ percent for the United States Civil Service Retirement Fund. In addition, the benefits of low-cost group life insurance are available to Federal civilian employees. The enclosed pamphlet outlines the features of the program and lists the amount which will be deducted from your salary each pay period for this term insurance. This insurance is not obligatory. However, if you do not wish coverage, which is automatic, you should sign a Waiver of Life Insurance Coverage form at the time you enter on duty.

You will not receive a pay check for approximately four weeks after you enter on duty.

If you have any problems, Mrs.  will be glad to discuss them with you when you call.

Very truly yours,

G. M. Stewart  
Director of Personnel

Enclosures (2)  
Life Insurance Pamphlet  
Map

OP/CORRES/bjs(FIXIX) (PI)

## CONFIDENTIAL

CLERICAL & COMMUNICATIONS REPORT OF INTERVIEW	DATE AND PLACE OF INTERVIEW 2-5 and 2-12-57		CLEARANCE REQUESTED FULL <input type="checkbox"/> PROFESSIONAL <input type="checkbox"/>	
	SOURCE Husband; agency employee		AVAILABILITY DATE	
NAME (Last - First - Middle) TARASOFF, Anna NMT		MARITAL STATUS M; 2 children	SEX F	DATE OF BIRTH 5-5-23
PERMANENT ADDRESS 2619 Gainesville Street S.E., Washington, D.C. (Apartment 202)			TELEPHONE LU 4-1300	
TEMPORARY ADDRESS			TELEPHONE	
POSITION RECOMMENDED (Grade and Title) GS-4 Clerk	TEST SCORES			
	LA-5	TYPING	SHORTHAND	OTHER
ACCEPTABLE STATION <input checked="" type="checkbox"/> WASHINGTON, D.C. <input type="checkbox"/> ANYWHERE IN U.S. <input type="checkbox"/> OVERSEAS (Under conditions stipulated) LIMITATIONS o/s per husband's assignments		CITIZENSHIP <input checked="" type="checkbox"/> U.S. BY BIRTH <input type="checkbox"/> U.S. BY NATURALIZATION DATE _____ PREVIOUS NATIONALITY _____ <input type="checkbox"/> OTHER (Specify) _____		
HEALTH Generally good		FOREIGN RELATIVES No 2D-210 claimed		
BACKGROUND AND EVALUATION				
MILITARY SERVICE, IF ANY (Primary and duty MOS and length of time in each, training, dates of entrance and discharge, areas visited)  INDICES CLEARANCE X IR to SO / 59 1: Medical				
EVALUATION AND BACKGROUND DATA (Include education and work experience)				
<p>Mrs. Taraseff is the wife of Boris Taraseff, FBI employee. She first made application shortly after her husband's EOD while she and the children were still in California. Attempts to have her tested and interviewed on the West Coast were unsuccessful.</p> <p>The family is all now gathered in D.C.; the children are in school; arrangements have been made for the care of the children during the lags between the end of the school day and the end of the parents work day.</p> <p>Test results are very interesting. It would appear that Mrs. Taraseff should be able to do a most adequate job in a clerical job of the most deadly routine nature. I'm quite sure such positions are available in the Agency.</p> <p>Mrs. Taraseff apparently has a reasonably good command of Russian, both spoken and written; I gathered that some of the household conversation is carried on in that language. HOWEVER, I gave her absolutely no assurance that we would be able to utilize this skill.</p> <p>She is interested in employment as soon as possible and I discussed an Indices Clearance with her. The Pool, the temporary indefinite appointment, et al. were described in lurid detail. She is willing and interested.</p> <p>Personally, I found Mrs. Taraseff to be a very pleasant little woman. She is slight and slender with reddish hair; smiles easily and appears as easy to work with. GS-4 Clerk agreeable and recommended.</p>				
INDICES CLEARANCE REQUESTED <input checked="" type="checkbox"/> INDICES CLEARANCE <input type="checkbox"/> CONTINUE ON REVERSE SIDE				
DATE REPORT AND FORMS FORWARDED TO HEADQUARTERS IR to SO / 59 1: Medical		RECRUITER D.L. Mooney, Ch/C. PPD/OP		

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(When Filled In)

### EMPLOYMENT INFORMATION

After my discussion with the field representative, I wish to acknowledge the existence of the following conditions of employment:

**A. Qualifications:**

(1) Upon my arrival in Washington I understand I will be tested to determine (a) my general aptitude; (b) my typing skill if I am being considered for a typing position, the minimum standards for which are 40 words per minute net speed; (c) my stenographic skill if I am being considered for a stenographic or secretarial position, the minimum standards for which are 80 words per minute accurate transcription with at least 40 words per minute net typing speed.

(2) I understand that should I fail to meet the minimum standards as outlined above I will be given an opportunity to receive refresher training. As soon as I am able to meet the prescribed standards I will then be assigned to a position within the organization. If, within a reasonable period of time, I should fail to meet the minimum skills requirements, I understand that I will be assigned to a position not requiring specific skills if such a position exists. (For example: An individual initially selected as a Clerk-Typist who is not able to qualify fully as a typist would be assigned to any available clerical position.)

**B. Initial Placement:**

I understand there are initial placement procedures, including the testing and refresher training outlined above, that may require a period of several weeks before I am given my specific job assignment. I have had explained to me the operations of the interim assignment group where I may expect to receive the testing and refresher training mentioned and where I will work pending my specific job assignment.

**C. Overseas Possibilities:**

(1) I have not been promised an overseas assignment. I understand I must demonstrate fully my abilities while on a Washington, D.C. assignment after which I may be considered for whatever positions may exist for which I am qualified. The decision to assign me to an overseas post rests with responsible individuals in the Washington office.

(2) I understand that from past experience of the organization I may expect to remain on a Washington assignment from 1 1/2 to 2 years before I may be considered for an overseas post.

(3) I understand that overseas assignments in the clerical and general administrative categories require, for most positions, typing and stenographic skills.

**D. General:**

I understand that any eventual assignment to a professional type position, if I am qualified for such by specific education, training, or experience, will depend upon the existence of a suitable vacancy and that no promises to the contrary have been made to me.

Date: February 12, 1957

James T. [Signature]  
Signature of Applicant

14-00000

**CENTRAL INTELLIGENCE AGENCY**  
**WASHINGTON 25, D. C.**

**Applicant Information**  
**Sheet No. 1**

**To all persons applying for employment  
with the Central Intelligence Agency:**

**This paper is the first step in applying for employment or consultant  
status with the Central Intelligence Agency. No application may proceed  
beyond this first step if the applicant is not in agreement with the  
conditions stated below:**

**General Considerations:**

- 1. The National Security Act of 26 July 1947 (Public Law 253, 80th Congress) which created the Central Intelligence Agency places upon the Agency the responsibility:**
  - a. "to advise the National Security Council in matters concerning such intelligence activities of the Government departments and agencies as relate to the national security;**
  - b. "to make recommendations to the National Security Council for the coordination of such intelligence activities of the departments and agencies of the Government as relate to the national security;**
  - c. "to correlate and evaluate intelligence relating to the national security, and provide for the appropriate dissemination of such intelligence within the Government . . . ;**
  - d. "to perform, for the benefit of the existing intelligence agencies, such additional services of common concern as the National Security Council determines can be more efficiently accomplished centrally;**
  - e. "to perform such other functions and duties related to intelligence affecting the national security as the National Security Council may from time to time direct."**

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The special character of this national responsibility requires the Agency to maintain correspondingly special employment criteria which may be different from the routine or normal employment standards of other Government departments and agencies which do not have the highly sensitive responsibility borne by the Central Intelligence Agency. It follows that the investigation of applicants prerequisite to their acceptance is a time-consuming process which, in addition to loyalty and security checks, includes evaluation of competence, physical and emotional fitness, and availability of a suitable position at such time as employment may be offered. This is called "clearance" of an applicant.

2. Investigation of an applicant may reveal something which prevents his clearance - perhaps something of which the applicant is genuinely unaware, perhaps something which only the special employment criteria of the Agency make unacceptable. In any event, adverse findings by the Agency are conclusive and final so far as the Agency is concerned, and no statement of specific reasons is made to the applicant.

3. Employment by the Central Intelligence Agency is not a right upon which an applicant can insist. Offer of employment which is subject to full clearance does not constitute a commitment on the Agency's part giving an unsuccessful applicant grounds for any claim against the Agency. Acceptance of employment upon the condition of clearance is at the applicant's risk, taken with the knowledge that a very substantial percentage of applicants are not cleared.

Statement of Understanding  
and Agreement

I have read, understand, and agree to the foregoing General Considerations. If not accepted for employment by the Central Intelligence Agency, I will make no claim or demand in conflict with those considerations.

I have also seen and read Applicant Information Sheet No. 2.

James T. Russell  
(Signature of Applicant)

**SECRET**  
(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
				6 September 1963	
1. SERIAL NUMBER		2. NAME (Last-First-Middle)			
025935 ✓		TARASOFF, ANNA ✓			
3. NATURE OF PERSONNEL ACTION			4. EFFECTIVE DATE REQUESTED		5. CATEGORY OF EMPLOYMENT
RESIGNATION (FROM LWOP)			MONTH DAY YEAR 9   8   63		REGULAR
6. FUNDS		7. COST CENTER NO. CHARGEABLE		8. LEGAL AUTHORITY (Completed by Office of Personnel)	
V V V TO V CF TO V		V TO CF CF TO CF		4227-1990-1000	
9. ORGANIZATIONAL DESIGNATIONS			10. LOCATION OF OFFICIAL STATION		
DDP CI STAFF CS/CS/ DEVELOPMENT COMPLEMENT			WASHINGTON, D.C.		
11. POSITION TITLE			12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION
INTELLIGENCE CLERK			49997		D
14. CLASSIFICATION SCHEDULE (GS, LR, etc.)		15. OCCUPATIONAL SERIES		17. SALARY OR RATE	
GS		0301.27		GS- 6 4 \$ 5545 ✓	
16. REMARKS					
<p align="center">FROM: DDP/CI STAFF/CS/CS/DEVELOPMENT COMPLEMENT/ INTELLIGENCE CLERK/WASH., D.C./# 9997</p> <p>Memorandum of Resignation attached cc to Security &amp; Finance</p> <p align="center">Subject is re-employable in the opinion of CI Staff</p> <div align="right">Recorded by CSPD <i>DM</i></div>					
18A. SIGNATURE OF REQUESTING OFFICIAL		DATE SIGNED		18B. SIGNATURE OF CAREER SERVICE APPROVING	
<i>Bryan B. Rinehart</i>		6/9/63		<i>Re-employable</i>	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING	
43 17				NUMERIC ALPHABETIC	
22. STATION CODE		23. INTERMEDIATE CODE		24. HOODS CODE	
				1	
25. DATE OF BIRTH		26. DATE OF DEATH		27. DATE OF LEI	
MO. DA. YR. 05   05   23		MO. DA. YR.		MO. DA. YR.	
28. DATE EMP. RES.		29. SPECIAL REFERENCE		30. RETIREMENT DATA	
MO. DA. YR.				1 - CSC 2 - FICA 3 - NONE	
31. VET. PREFERENCE		32. SERV. COMP. DATE		33. LONG. COMP. DATE	
CODE 1 - NONE 2 - 5 PT. 3 - 10 PT.		MO. DA. YR.		MO. DA. YR.	
34. CAREER CATEGORY		35. FEGLI / HEALTH INSURANCE		36. SOCIAL SECURITY NO.	
CAR/RESV PROV/TIMP		CODE U - WAIVER 1 - YES		HEALTH INS. CODE	
37. PREVIOUS GOVERNMENT SERVICE DATA		38. LEAVE CAT. CODE		39. FEDERAL TAX DATA	
CODE 1 - NO PREVIOUS SERVICE 2 - NO BREAK IN SERVICE 3 - BREAK IN SERVICE (LESS THAN 3 YRS) 4 - BREAK IN SERVICE (MORE THAN 3 YRS)				FORM EXECUTED 1 - YES 2 - NO	
40. STATE TAX DATA		41. STATE TAX DATA		42. STATE TAX DATA	
CODE 1 - YES 2 - NO		CODE 1 - YES 2 - NO		CODE 1 - YES 2 - NO	
43. POSITION CONTROL CERTIFICATION		44. O.P. APPROVAL		DATE APPROVED	
19 SEP 1963 <i>lin</i>		<i>E. E. Dougherty</i> <i>Carl Butcher</i>		13 Sept 63	



## SECRET

(When Filled In)

## EMPLOYEE NOTICE OF RESIGNATION

I RESIGN EFFECTIVE \_\_\_\_\_

OFFICE OF PERSONNEL

FOR THE FOLLOWING REASON:

(Date)

SEP 17 1 55 PM '63

MAIL ROOM

From L WOP -

McC. Hubbard

In searched and approved.

MY LAST WORKING DAY WILL BE \_\_\_\_\_

DATE SIGNED \_\_\_\_\_

SIGNATURE OF EMPLOYEE \_\_\_\_\_

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

## INSTRUCTIONS

Items 1 thru 7  
and  
Items 9 thru 18a

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

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

Regular	Summer	WAE
Part Time	Detail Out	Consultant
Temporary	Detail In	Military
Temporary - Part Time		

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

FIRST LINE  
 Major Component (Director, Deputy Director, etc.)  
 Office, Major Staff, etc.  
 Division or Staff (subordinate to first line)  
 Branch  
 Section  
 Unit

Item 11 - "Position Title" should reflect the standard abbreviated title given in the most current edition of the Position Control Register or reported on Form 261, Staffing Complement Change Authorization.

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

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

SECRET

MHC 1 26 SEP 83

NOTIFICATION OF PERSONNEL ACTION					
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)			
025935		TARASOFF ANNA			
3. NATURE OF PERSONNEL ACTION			4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT
RESIGNATION FROM LEOP			09 08 83		REGULAR
6. FUNDS		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY	
<input checked="" type="checkbox"/> V TO V <input type="checkbox"/> CF TO V <input type="checkbox"/> V TO CF <input type="checkbox"/> CF TO CF		4227 1890 1000			
9. ORGANIZATIONAL DESIGNATIONS			10. LOCATION OF OFFICIAL STATION		
11. POSITION TITLE			12. POSITION NUMBER	13. SERVICE DESIGNATION	
INTELLIGENCE CLERK			9997	D	
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)		15. OCCUPATIONAL SERIES	16. GRADE AND STEP	17. SALARY OR RATE	
03		0301.27	06 4	5545	
18. REMARKS					
SIGNATURE OR OTHER AUTHENTICATION					

SECRET


(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
SERIAL NUMBER 025935				NAME (Last-First-Middle) TARASOFF, ANNA	
3. NATURE OF PERSONNEL ACTION LWOP <del>REASSIGNMENT</del> <i>and</i>				4. EFFECTIVE DATE REQUESTED 06-12-63	
5. CATEGORY OF EMPLOYMENT REGULAR				6. LEGAL AUTHORITY (Completed by Office of Personnel)	
7. COST CENTER NO. CHARGEABLE 3027-1990-1000				8. LOCATION OF OFFICIAL STATION WASHINGTON, D.C.	
9. ORGANIZATIONAL DESIGNATIONS DDP CI STAFF CS DEVELOPMENT COMPLEMENT				10. POSITION TITLE INTELL CLERK	
11. POSITION NUMBER 01 9997				12. CAREER SERVICE DESIGNATION D	
13. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS				14. OCCUPATIONAL SERIES 0301-27 0310-01	
15. GRADE AND STEP 66 4				16. SALARY OR RATE 5,545.	
17. REMARKS FROM: DDP CI STAFF/SPECIAL INVESTIGATION GROUP/PROJECTS RR/INTELL CLK/WASH., D.C./0151 Employee's last working day 7 June 1963. LWOP (HRS 20-1 Para. 10 a.) Leave of absence to accompany husband to new station - not to exceed 90 days. <i>To begin upon expiration of annual leave.</i> cc to security and finance					
18. SIGNATURE OF REQUESTING OFFICIAL Byron B. Barnes CI STAFF				19. SIGNATURE OF CAREER SERVICE APPROVING OFFICER 6/18/63	
DATE SIGNED 5 Jun 63					
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
20. ACTION CODE 38 18		21. OFFICE CODING 32 777 C I		22. STATION CODE 75713	
23. NTE EXPIRES MO. DA. YR.		24. RETIREMENT DATA 1 - YES 2 - FICA 3 - NONE		25. DATE OF BIRTH MO. DA. YR. 05/05/23	
26. VET. PREFERENCE 0 - NONE 1 - 5 PT. 2 - 10 PT.		27. LEAVE CAT. 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)		28. FEDERAL TAX DATA FORM EXECUTED 1 - YES 2 - NO	
29. SOCIAL SECURITY NO.		30. HEALTH INSURANCE 0 - DRIVER 1 - YES		31. STATE TAX DATA FORM EXECUTED 1 - YES 2 - NO	
45. POSITION CONTROL CERTIFICATION 12 JUN 1963 <i>flw</i>					
46. O.P. APPROVAL <i>[Signature]</i>					
DATE APPROVED					

Recorded by  
CSPD*[Signature]*

SECRET

**SECRET**  
(When Filled In)

REQUEST FOR PERSONNEL ACTION										DATE PREPARED 5 June 1963	
1. SERIAL NUMBER <b>025935</b>		2. NAME (Last-First-Middle) <b>TARASOFF, ANNA</b>									
3. NATURE OF PERSONNEL ACTION <b>LWOP AND REASSIGNMENT</b>						4. EFFECTIVE DATE REQUESTED MONTH <b>6</b> DAY <b>7</b> YEAR <b>63</b>		5. CATEGORY OF EMPLOYMENT <b>REGULAR</b>			
6. FUNDS 		X V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE <b>3227-1990-1000</b>		8. LEGAL AUTHORITY (Completed by Office of Personnel)			
		CF TO V		CF TO CF							
9. ORGANIZATIONAL DESIGNATIONS <b>DDP CI STAFF</b> <b>CS DEVELOPMENT COMPLEMENT</b>						10. LOCATION OF OFFICIAL STATION <b>WASHINGTON, D.C.</b>					
11. POSITION TITLE <b>INTELL CLERK</b>						12. POSITION NUMBER <b>01 9997</b>		13. CAREER SERVICE DESIGNATION <b>D</b>			
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) <b>GS</b>		15. OCCUPATIONAL SERIES <b>0318.01</b>		16. GRADE AND STEP <b>6 4</b>		17. SALARY OR RATE <b>5,545.</b>					
18. REMARKS  FROM: DDP CI STAFF/SPECIAL INVESTIGATION GROUP/PROJECTS BR/INTELL CLK/WASH., D.C/0151  Employee's last working day 7 June 1963.  LWOP (HBB 20-1 Para. 10 a.) Leave of absence to accompany husband to new station - not to exceed 90 days.  cc to security and finance											
19a. SIGNATURE OF REQUESTING OFFICIAL <i>Byron A. Bures</i> <b>CI STAFF</b>				DATE SIGNED <b>5 Jun 63</b>		19b. SIGNATURE OF CAREER SERVICE APPROVING OFFICER		DATE SIGNED			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE	20. EMPLOY. CODE	21. OFFICE CODING NUMERIC ALPHABETIC		22. STATION CODE	23. INTEREST CODE	24. MOOTPS CODE	25. DATE OF BIRTH MO. DA. YR.	26. DATE OF GRADE MO. DA. YR.	27. DATE OF LST MO. DA. YR.		
28. NTE EXPIRES MO. DA. YR.	29. SPECIAL REFERENCE	30. RETIREMENT DATA 1 - CSC 3 - FICA 5 - NONE		31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA NAME MO. DA. YR.		33. SECURITY REQ. NO.	34. SEA			
35. VET. PREFERENCE CODE 0 - NONE 1 - 5 YR. 2 - 10 YR.		36. SERV. COMP. DATE MO. DA. YR.	37. LONG. COMP. DATE MO. DA. YR.	38. CAREER CATEGORY CART/RESN CODE PROV/TEMP	39. SECL / HEALTH INSURANCE CODE 0 - NONE 1 - YES		40. SOCIAL SECURITY NO.				
41. PREVIOUS GOVERNMENT SERVICE DATA CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YRS) 3 - BREAK IN SERVICE (MORE THAN 3 YRS)				42. LEAVE CAT. CODE	43. FEDERAL TAX DATA FORM EXECUTED CODE 1 - YES 2 - NO		44. STATE TAX DATA FORM EXECUTED CODE 1 - YES 2 - NO				
45. POSITION CONTROL CERTIFICATION				46. O.P. APPROVAL				DATE APPROVED			

**SECRET**  
(When Filled In)

<b>REQUEST FOR PERSONNEL ACTION</b>				DATE PREPARED <b>25 November 1960</b>	
1. SERIAL NUMBER <b>125935</b>		2. NAME (Last-First-Middle) <b>TARASOFF, ANNA</b>			
3. NATURE OF PERSONNEL ACTION <b>PROMOTION</b>			4. EFFECTIVE DATE REQUESTED MONTH <b>11</b> DAY <b>05</b> YEAR <b>61</b>		5. CATEGORY OF EMPLOYMENT <b>REGULAR</b>
6. FUNDS <input checked="" type="checkbox"/> X V TO V <input type="checkbox"/> V TO CF <input type="checkbox"/> CF TO V <input type="checkbox"/> CF TO CF			7. COST CENTER NO. CHARGEABLE <b>1227-1001-10</b>		8. LEGAL AUTHORITY (Completed by Office of Personnel)
9. ORGANIZATIONAL DESIGNATIONS <b>DDP CI STAFF SPECIAL INVESTIGATION GROUP PROJECTS BRANCH</b>			10. LOCATION OF OFFICIAL STATION <b>WASHINGTON, D.C.</b>		
11. POSITION TITLE <b>INTELL. CLERK <del>ED-D</del></b>			12. POSITION NUMBER <b>0151</b>		13. CAREER SERVICE DESIGNATION <b>D</b>
14. CLASSIFICATION SCHEDULE (GS, LP, etc.) <b>GS <del>(GS-6)</del></b>		15. OCCUPATIONAL SERIES <b>0301.27</b>		16. GRADE AND STEP <b>06 12</b>	
17. SALARY OR RATE <b>4,330 1995</b>					
18. REMARKS  <b>FROM: DDP CI STAFF/SIG/PROJECTS BRANCH/0151</b>  <b>Memorandum of recommendation attached.</b>					
19a. SIGNATURE OF REQUESTING OFFICER <i>Byron B. Barnes</i> <b>AC/CI STAFF</b>				19b. SIGNATURE OF CAREER SERVICE APPROVING OFFICER	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
20. ACTION CODE <b>30</b>	21. EMPLOY CODE <b>07</b>	22. OFFICE CODING NUMERIC <b>42250</b> ALPHABETIC <b>CI</b>	23. STATION CODE <b>75013</b>	24. MONTH CODE <b>11</b>	25. DATE OF BIRTH <b>05/05/23</b>
26. DATE EXP. RES. MO. DA. YR.	27. SPECIAL REFERENCE	28. RETIREMENT DATA 1 - CSC 2 - FICA 3 - NONE	29. SEPARATION DATA CODE	30. CORRECTION/CANCELLATION DATA FORM NO. DA. YR.	31. SECURITY REQ. NO.
32. NET. PREFERENCE CODE 0 - NONE 1 - 5 yr. 2 - 10 yr.	33. SERA. COMP. DATE MO. DA. YR.	34. LONL. COMP. DATE MO. DA. YR.	35. SER. CREDITED CODE 1 - YES 2 - NO	36. REG. / HEALTH INSURANCE CODE 0 - HEALTH 1 - YES	37. SOCIAL SECURITY NO.
38. PREVIOUS GOVERNMENT SERVICE DATA CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 12 MOS) 3 - BREAK IN SERVICE (MORE THAN 12 MOS)		39. LEAVE CAT. CODE	40. FEDERAL TAX DATA FORM EMPLOY CODE NO. TAX EXEMPTIONS FORM FREQUENT 1 - YES 2 - NO		
41. STATE TAX DATA CODE NO. TAX EXEMPTIONS FORM FREQUENT 1 - YES 2 - NO			42. STATE TAX DATA CODE NO. TAX EXEMPTIONS FORM FREQUENT 1 - YES 2 - NO		
43. POSITION CONTROL CERTIFICATION <i>W-L 01-09-11</i>			44. D.P. APPROVAL		

REQUEST FOR PERSONNEL ACTION														
1. Serial No.		2. Name (Last-First-Middle)				3. Date Of Birth			4. Vol. Prof		5. Sex		6. CS-500	
125935		TARASOFF ANNA				Mo. Da. Yr. 05 05 23			Non-0 Code 5 Pr-1 10 Pr-2 0		F 2		Mo. Da. Yr. 04 08 57	
7. SCD		8. CSC Retmt.		9. CSC Or Other Legal Authority		10. Appt. Affidav.			11. FEGLI		12. LCC		13. Green Card	
Mo. Da. Yr. 04 08 57		Yes-1 No-2 1		50 USCA 403		Mo. Da. Yr. 04 08 57			Yes-1 No-2		Mo. Da. Yr. 04 08 57		Yes-1 No-2 2	

### PREVIOUS ASSIGNMENT

14. Organizational Designations				Code		15. Location Of Official Station				Station Code	
DDP CI STAFF SPECIAL PROJECTS DIV PROJECTS BRANCH				5412		WASH., D. C.				75013	
16. Dept. - Field		17. Position Title				18. Position No.		19. Serv.		20. Occup. Series	
Dept. - Field - Code USCd - 2 Frqn - 2		INTEL CLK				0151.05		GS		0301.27	
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade		25. PSI Due		26. Appropriation Number	
04 2		\$ 3850.00 DS				Mo. Da. Yr. 04 08 57		Mo. Da. Yr. 04 20 58		8-2700-17-001	

### ACTION

27. Nature Of Action		Code		28. Eff. Date		29. Type Of Employee		Code		30. Separation Data	
Promotion		30		11/08/58		Regular					

### PRESENT ASSIGNMENT

31. Organizational Designations				Code		32. Location Of Official Station				Station Code	
DDP/CI Staff Special Projects Div Projects Branch				5412		Washington, D.C.					
33. Dept. - Field		34. Position Title				35. Position No.		36. Serv.		37. Occup. Series	
Dept. - Field - Code USCd - 2 Frqn - 2		Intel Clk				0151.05		GS		0301.27	
38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grade		42. PSI Due		43. Appropriation Number	
5 1		\$ 4040.00 pa DS				11/08/58		11/08/58		9-2700-17-001	

### SOURCE OF REQUEST

A. Requested By (Name And Title)		C. Request Approved By (Signature And Title)	
Byron B. Burnes C/CI Support		S. Herman Horton DC/CI Staff	
B. For Additional Information Call (Name & Telephone Ext.)			
8537			

### CLEARANCES

Clearance	Signature	Date	Clearance	Signature	Date
A. Career Board	[Signature]	11/2/58	D. Placement		
B. Pos. Control	[Signature]	11/2/58	E.		
C. Classification			F. Approved By	[Signature]	

### Remarks

Promotion recommendations attached.

u/c file 11/2/58

REQUEST FOR PERSONNEL ACTION												28 February 1958			
1. Serial No.		2. Name (Last-First-Middle)				3. Date Of Birth			4. Vet. Pref.		5. Sex		6. CS - EOD		
125935		TARASOFF ANNA				Mo. Da. Yr. 05 05 23			None-0 5 Pt-1 10 Pt-2		Code 0 F 2		Mo. Da. Yr. 04 08 57		
7. SCD		8. CSC Reim. - CSC Or Other Legal Authority				10. Appt. Adj. Jv.			11. FEGLI		12. LCD		13. Int. Serv. Code		
Mo. Da. Yr. 04 08 57		Yes-1 Code No-2 1 50 USCA 403 J				Mo. Da. Yr. Mo. Da. Yr.			Yes-1 Code No-2		Mo. Da. Yr. 04 08 57		Yes-1 Code No-2 2		

### PREVIOUS ASSIGNMENT

14. Organizational Designations				Code		15. Location Of Official Station				Station Code	
ODS OFFICE OF PERSONNEL PERSONNEL ASSIGNMENT DIV PLACEMENT BR CLERICAL INTERIM ASSIGNMENT SECT				2931		WASH., D. C.				75013	
16. Dept. - Field		17. Position Title				18. Position No.		19. Serv.		20. Occup. Series	
Dept. - USIld - Frgn -		Code 2 CLERK						GS		0301.26	
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade		25. PSI Due		26. Appropriation Number	
Mo. Da. Yr. 04 1		\$ 3415		UD		Mo. Da. Yr. 04 108 157		Mo. Da. Yr. 04 120 155		8 6509 20	

### ACTION

27. Nature Of Action		Code		28. Eff. Date		29. Type Of Employee		Code		30. Separation Data	
Reassignment				Mo. Da. Yr. 4/1/1958		Regular					

### PRESENT ASSIGNMENT

31. Organizational Designations				Code		32. Location Of Official Station				Station Code	
DDP/CI Staff Special Projects Division Projects Branch				5412		Washington, D. C.					
33. Dept. - Field		34. Position Title				35. Position No.		36. Serv.		37. Occup. Series	
Dept. - USIld - Frgn - D		Code Intel Clerk				151.05		GS		0301.27-	
38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grade		42. PSI Due		43. Appropriation Number	
Mo. Da. Yr. 04 1		\$ 3415.00		D3		Mo. Da. Yr. 4 15 157		Mo. Da. Yr. 4 120 155		8-2705-27	

### SOURCE OF REQUEST

A. Requested By (Name And Title)		C. Request Approved By (Signature And Title)	
B. For Additional Information Call (Name & Telephone Ext.) x 4281		<i>[Signature]</i> FORGET R. 2202	

### CLEARANCES

Clearance	Signature	Date	Clearance	Signature	Date
A. Career Board			D. Placement		
B. Pos. Control		3 MAR 1958	E.		
C. Classification			F. Approved By		

Remarks: Temporary double slot with [ ] for slotting purposes only.

TO SALARY \$ 3500

*2C to Sec*

SECRET

Classified according  
To 1-21000

REQUEST FOR PERSONNEL ACTION														12 January 1958			
1. Serial No.		2. Name (Last-First-Middle)				3. Date Of Birth			4. Vet. Pref.		5. Sex		6. CS - EOD				
		Mrs. Anna Tarasoff				Mo Da Yr 05 05 23			None-0 5 Pt-1 10 Pt-2		Code 0		F		Mo Da Yr		
7. SCD		8. CSC Retmt.		9. CSC Or Other Legal Authority		10. Appt. Affidav.			11. FEGLI		12. LCD		13. Gen. Acc.				
Mo Da Yr		Yes - 1 No - 2		Code		Mo Da Yr			Yes - 1 No - 2		Code		Mo Da Yr		Yes - 1 No - 2		

## PREVIOUS ASSIGNMENT

14. Organizational Designations				Code		15. Location Of Official Station				Station Code	
DDP/PI Staff Division D Project Annex/Project PB Jointly Branch 2 - Section B						Washington, D. C.					
16. Dept.- Field		17. Position Title				18. Position No.		19. Serv.		20. Occup. Series	
Dept. - Unfld. - Frgn. -		D		Clerk		8073.12/907		GS		0301.26	
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade		25. PSI Due		26. Appropriation Number	
04 1		\$ 3415.00		DS		Mo Da Yr		Mo Da Yr		8-2306-23	

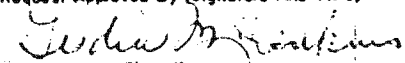
## ACTION

27. Nature Of Action		Code		28. Eff. Date		29. Type Of Employee		Code		30. Separation Data	
Reassignment		1		Mo Da Yr 12 24 58		Regular					

## PRESENT ASSIGNMENT

31. Organizational Designations				Code		32. Location Of Official Station				Station Code	
DDS/Office of Personnel Personnel Assignment Division Placement Branch (Clerical) Interim Assignment Section						Washington, D. C.					
33. Dept.- Field		34. Position Title				35. Position No.		36. Serv.		37. Occup. Series	
Dept. - Unfld. - Frgn. -		D		Clerk				GS		0301.26	
38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grade		42. PSI Due		43. Appropriation Number	
04 1		\$ 3415.00		UD		Mo Da Yr 04 28 57		Mo Da Yr 04 28 58		8-6509-23	

## SOURCE OF REQUEST

A. Requested By (Name And Title)		C. Request Approved By (Signature And Title)	
B. For Additional Information Call (Name & Telephone Ext.)		 William T. Sheaf	

## CLEARANCES

Clearance	Signature	Date	Clearance	Signature	Date
A. Career Board			D. Placement		
B. Pos. Control			E.		
C. Classification			F. Approved By		

Remarks:  
*Care in 1/22/58*  
*2 CD Sec.*

SECRET



SECRET

STANDARD FORM 52 FORM 52-1 U. S. GOVERNMENT PRINTING OFFICE WASHINGTON, D. C. 20540 MAY 1957 EDITION GPO : 1957 O - 348-000		REQUEST FOR PERSONNEL ACTION	
REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed. If applicable, obtain resignation and fill in separation data on reverse.			
1. NAME (Mr., Miss, Mrs., One given name, initial(s), and surname)	2. DATE OF BIRTH	3. REQUEST NO.	4. DATE OF REQUEST
Mrs. Anna Tarasoff	5 May 1923		26 June 57
5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.)		6. EFFECTIVE DATE A. PROPOSED:	7. U. S. GOVERNMENT LEGAL AUTHORITY IF:
Reassignment			
8. POSITION (Specify whether establish, change grade or title, etc.)		B. APPROVED:	
FROM—Clerk GS-0301.26-4 BU #5423 \$3415.00 p.a.	9. POSITION TITLE AND NUMBER 10. SERVICE, GRADE, AND SALARY 11. ORGANIZATIONAL DESIGNATIONS 12. HEADQUARTERS	TO—Clerk BVP-8073.12/907-4 GS-0301.26-4 \$3415.00 p.a. DDP/FI Staff Division D Project Annex Project P B Jointly Branch 2 Section B Washington, D. C.	
13. FIELD <input type="checkbox"/> DEPARTMENTAL <input checked="" type="checkbox"/>		14. FIELD OR DEPARTMENTAL <input type="checkbox"/> DEPARTMENTAL <input checked="" type="checkbox"/>	
A. REMARKS (Use reverse if necessary) Present incumbent is pending reassignment. BLOCKING CLERK Typist SLOT			
B. REQUESTED BY (Name and title)		C. REQUEST APPROVED BY	
D. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension)		Signature:	
x 4281		Title:	
15. VETERAN PREFERENCE NONE <input type="checkbox"/> WWI <input type="checkbox"/> OTHER <input type="checkbox"/> S.P.T. <input type="checkbox"/> 10 POINT <input type="checkbox"/> DISAB. OTHER <input type="checkbox"/>		16. POSITION CLASSIFICATION ACTION NEW <input type="checkbox"/> VICE <input type="checkbox"/> L. A. <input type="checkbox"/> REAL <input type="checkbox"/> SD:DS	
17. APPROPRIATION FROM 7-6509-20 TO 7-2306-23		18. SUBJECT TO C. S. RETIREMENT ACT (YES-NO) Yes	
19. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY) 8 April 1957		20. LEGAL RESIDENCE STATE: D. C.	
21. STANDARD FORM 50 REMARKS			
22. CLEARANCES			
INITIAL OR SIGNATURE		DATE	
A.		1957	
B. CEIL. OR POS. CONTROL		1957	
C. CLASSIFICATION			
D. PLACEMENT OR ENPL.			
E.			
F. APPROVED BY: K. S. SNEY			

SECRET 6-27-57 Lydia B. Jones

STANDARD FORM 56  
FORM 56-1 (Rev. 1-1-54)  
U. S. GOVERNMENT PRINTING OFFICE  
WASHINGTON, D. C. 20540

# REQUEST FOR PERSONNEL ACTION

PC 197710057  
C-3238

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

1. NAME (Mr., Miss, Mrs., One given name, initial(s), and surname) Mrs. Anna Taraseff  
2. DATE OF BIRTH 5 May 1923  
3. REQUEST NO. C-3238  
4. DATE OF REQUEST 19 Feb 57

5. NATURE OF ACTION REQUESTED:  
A. PERSONNEL (Specify whether appointment, promotion, separation, etc.)

Excepted Appointment 125035

B. POSITION (Specify whether establish, change grade or title, etc.)

13

6. EFFECTIVE DATE  
A. PROPOSED:

B. APPROVED:  
5 Apr 57

7. U. S. OR OTHER  
LEGAL AUTHORITY

50 USCA  
430 J

FROM—

8. POSITION TITLE AND  
NUMBER

9. SERVICE, GRADE, AND  
SALARY

10. ORGANIZATIONAL  
DESIGNATIONS

11. HEADQUARTERS

12. FIELD OR DEPARTMENTAL

TO—

Clerk  
GS-0301.26-4

Bu #5423

\$3415 p.a.

DDP / Office of Personnel  
Personnel Assignment Division  
Placement Branch (Clerical)  
Interim Assignment Section  
Washington, D.C.

☐ FIELD

☐ DEPARTMENTAL

☐ FIELD

☒ DEPARTMENTAL

A. REMARKS (Use reverse if necessary)

Request indices clearance.

IAS (Unassigned)

B. REQUESTED BY (Name and title)

D. REQUEST APPROVED BY

Signature:

C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension)

Title: Clerical Placement Officer

13. VETERAN PREFERENCE

NONE / WW / OTHER / SPT / 10 POINT  
DISAB / OTHER  
X

14. POSITION CLASSIFICATION ACTION

NEW / VICE / I.A. / REAL

15. SEX

F FROM  
TO 7-6509-20

17. SUBJECT TO U. S.  
RETIREMENT ACT  
(YES-NO)

Yes

18. DATE OF APPOINT-  
MENT ATTENDANTS  
(ACCESSIONS ONLY)

4 Apr 57

19. LEGAL RESIDENCE

☐ CLAIMED ☐ PROVED  
STATE:

20. STANDARD FORM 50 REMARKS

Subj. termed a trial period  
RC-153

DDP 7/2/57  
EC 7/9/57  
SCD 4/6/57  
4/6/57  
P/S due 4/20/58

Cms

21. CLEARANCES

INITIAL OR SIGNATURE

DATE

REMARKS:

A.

B. CEIL. OR POS. CONTROL

6/1/57

C. CLASSIFICATION

GA 2/18

D. PLACEMENT OR EMPL.

E.

F. APP.

SECRET

NOTIFICATION OF CANCELLATION OF MILITARY COVER BACKSTOP		DATE 18 October 1963
TO: (Check)	<input checked="" type="checkbox"/> CHIEF, PERSONNEL OPERATIONS DIVISION	SUBJECT TARASOFF, Anna  Forwarding Address: Unknown
	<input type="checkbox"/> CHIEF, OPERATING COMPONENT (For Action) CI	
ATTN: <input checked="" type="checkbox"/> Support Staff		FILE NO. K-111
REF: Resignation Debriefing in Absentia		ID CARD NO.
MILITARY COVER DISCONTINUED  Administrative Support Group, OSA		NA

☒ Unblock Records: (OP Memo 20-800-11) Resignation effective 8 September 1963 in Absentia

Effective EOD

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

☐ Return All Military Documentation To CCS.

☒ Remarks: Subject to indicate CIA as place of employment for the entire period.

☐ COPY TO CPD/OP

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

DISTRIBUTION: 1-OSD/OS; 1-PSD/OS

SECRET

GROUP 1  
Excluded from automatic  
downgrading and declassification

(13-20-43)

76-23-63

14-00000

SECRET

C-2532 (Biladean)  
5 June 1963

MEMORANDUM FOR: Transactions and Records Branch  
Office of Personnel

ATTENTION: Mary Coriden

SUBJECT: Boris D. TARASOFF  
Anna TARASOFF

1. Cover arrangements are in process, and/or, have been completed for the above-named subjects.
2. Effective immediately, it is requested that your records be properly blocked to deny subjects' current Agency employment to an external inquirer.

THOMAS K. STRANGE  
Deputy Chief, CCS/EC

cc: ID/SO

THIS MEMO MUST REMAIN  
ON TOP OF FILE

SECRET

DT

SECRET

19 October 1960

(Date)

File No. K-111

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

SUBJECT : Anna TARASOFF

1. Cover arrangements ~~have been completed~~ have been completed for the above-named Subject.

2. Effective 13 October 1960, it is requested that your records be properly blocked ~~to deny~~ to deny ~~Subject's~~ Subject's current Agency employment to an external inquirer.

3. Operating component must take necessary action to block ~~telephone~~ telephone locator by submitting the Personnel Information Card, "Office File Copy," Form No. 642, to Machine Records Division, Office of the Comptroller, Room 107 Curie Hall, Attention: Miss Wenkenbach.

<sup>4</sup> This memorandum confirms an oral request of Ed Fitzgerald,  
OCB/OCG, X 2420

*Paul P. Lemay*  
GLEN E. MOORHOUSE

~~XXXXXXXXXX~~

Acting Chief, Central Cover ~~Group~~ Group

cc: SSD/OS  
Operating Division - CI

SECRET

*Wm  
10/24/60*

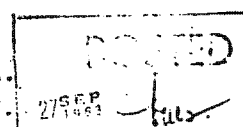
1. LAST NAME <u>Jaracoff, Anna</u>		FIRST NAME <u>Anna</u>		INITIAL(S) <u></u>		2. APPOINTMENT DATA Entered on duty <u>4-8-57</u> <input checked="" type="checkbox"/> F T <input type="checkbox"/> P T Subject to Sec. 203(a), 1951 Leave Act Yes <input type="checkbox"/> No <input type="checkbox"/> Ceased to be subject to Sec. 203(d) Annual Leave Bal. <u></u>		3. TOTAL SERVICE FOR LEAVE (as of date of separation) Years <u></u> Months <u></u> Days <u></u> <input type="checkbox"/> More than 15 years	
4. DATE AND NATURE OF SEPARATION <u>Resignation 1-10-63 on LWOP 9-8-63</u>						REMARKS <u>led: 4-8-57</u>			
SUMMARY OF ANNUAL AND SICK LEAVE (HOURS)						SUMMARY OF HOME LEAVE (DAYS)			
5. Balance from prior leave year ended <u>1-5</u> <u>1963</u>		ANNUAL		SICK		14. Date arrival abroad for HL purposes <u></u>			
		<u>39</u>		<u>20</u>		15. Current balance as of <u>19</u>			
6. Current leave year accrual through <u>8-31</u> <u>1963</u>		<u>102</u>		<u>68</u>		16. 12-month accrual rate <u></u>			
7. Total		<u>141</u>		<u>88</u>		17. Dates leave used, prior 24 months <u></u>			
8. Reduction in credits, if any (current year)		<u>20</u>		<u>20</u>		18. Monthly accrual date <u></u>			
9. Total leave taken		<u>111</u>		<u>56</u>		19. Calendar days credit for next accrual date <u></u>			
10. Balance		<u>-</u>		<u>12</u>		20. Date Basic service period completed <u></u>			
11. Total hours paid in lump sum <u>NONE</u>						21. Dates during current calendar yr. <u></u> to <u></u>			
12. Salary rate(s) <u>GS-6-4 \$5545</u>						22. Dates during preceding calendar yr. <u></u> to <u></u>			
13. Lump sum leave dates: From <u></u> to <u></u> (Hours)						MILITARY LEAVE			
26. Certified correct by: (Signature) <u></u> (Date) <u></u> (Title) <u></u> (Telephone) <u></u>						ABSENCE WITHOUT PAY LWOP or AWOL or Furlough Suspension (Hours) <u>497</u>			
						23. During leave year in which separated <u></u>			
						24. During step-increase waiting period which began on <u>1-6-63</u>			
						25. During 12-month HL accrual period (dates): <u></u>			

Standard Form No. 1150  
GSA GEN. REG. NO. 27  
5010-108

# RECORD OF LEAVE DATA TRANSFERRED

SECRET  
(When Filled In)

MHC: 26 SEPT 63

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)									
025935		TARASOFF ANNA									
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
RESIGNATION FROM LWOP						MO. DA. YR. 09 09 63		REGULAR			
6. FUNDS		X		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY	
		CF TO V		CF TO CF		4227 1990 1000					
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION					
DDP CI STAFF CS/CS DEVELOPMENT COMPLEMENT						WASH., D.C.					
11. POSITION TITLE						12. POSITION NUMBER		13. SERVICE DESIGNATION			
INTELLIGENCE CLERK						9997		D			
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)			15. OCCUPATIONAL SERIES			16. GRADE AND STEP			17. SALARY OR RATE		
GS			0301.27			06 4			5545		
18. REMARKS											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE	20. EMPLOY. CODE	21. OFFICE CODING		22. STATION CODE	23. INTEGREE CODE	24. NGMTS. CODE	25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI
43	18	NUMERIC ALPHABETIC					MO. DA. YR. 05 05 23		MO. DA. YR.		MO. DA. YR.
28. MTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA		33. SECURITY REQ. NO.	
MO. DA. YR.				1 - CSC 2 - FICA 3 - NONE		1CB006		EOD DATA		34. SER	
35. VET. PREFERENCE		36. SERV. COMP. DATE		37. LONG. COMP. DATE		38. CAREER CATEGORY		39. FEGLI / HEALTH INSURANCE		40. SOCIAL SECURITY NO.	
CODE 0 - NONE 1 - 5 PT. 2 - 10 PT.		MO. DA. YR.		MO. DA. YR.		CAR BENF PROV TEMP		CODE 0 - WAIVER 1 - YES		HEALTH INS. CODE	
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT. CODE		43. FEDERAL TAX DATA				44. STATE TAX DATA	
CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YRS) 3 - BREAK IN SERVICE (MORE THAN 3 YRS)				CODE		FORM EXECUTED CODE 1 - YES 2 - NO				FORM EXECUTED 1 - YES 2 - NO	
SIGNATURE OR OTHER AUTHENTICATION											
<div style="text-align: right;">             27 SEP 1963         </div>											

FORM 11-62 1150

Use Previous Edition

SECRET

26 SEP 1963

GROUP 1  
Excluded from automatic  
downgrading and  
declassification

(When Filled In)

SECRET  
(When Filled In)

LLG: 29 JUNE 63

NOTIFICATION OF PERSONNEL ACTION													
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)											
025935		TARASOFF ANNA											
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT					
REASSIGNMENT AND LWOP (NTE 11 SEPT. 1963)						06 10 30 06 12 63		REGULAR					
6. FUNDS		X		V TO V		V TO CF		7. COST CENTER NO. (NARSABLE)		8. CSC OR OTHER LEGAL AUTHORITY			
		CF TO V		CF TO CF		3227 1990 1000		50 USC 403 J					
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION							
DDP CI. STAFF CS/CS DEVELOPMENT COMPLEMENT						WASH., D.C.							
11. POSITION TITLE						12. POSITION NUMBER		13. SERVICE DESIGNATION					
INTELLIGENCE CLERK						9997		D					
14. CLASSIFICATION SCHEDULE (GS, LS, etc.)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE					
GS				0301.27		06 4		5545					
18. REFERENCES													
OTHER													
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL													
19. ACTION CODE	20. EMPLOY. CODE	21. OFFICE CODING		22. STATION CODE	23. INTEGREE CODE	24. NARS. CODE	25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LET		
38	18	NUMERIC	ALPHABETIC				MO.	DA.	YR.	MO.	DA.	YR.	
		32997	CI	75013		1	05	05	23				
28. NTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA		33. SECURITY REQ. NO.		34. SEX	
NO.	DA.	YR.		1 - CSC 2 - FICA 3 - NONE		CODE		TYPE		MO.		DA.	YR.
										EOD DATA			
35. VET. PREFERENCE		36. SERV. COMP. DATE		37. LONG. COMP. DATE		38. CAREER CATEGORY		39. FEGLI / HEALTH INSURANCE		40. SOCIAL SECURITY NO.			
CODE	0 - NONE 1 - 5 PT. 2 - 10 PT.	MO.	DA.	YR.	MO.	DA.	YR.	CODE	CODE	0 - GAINER 1 - YES	HEALTH INS. CODE		
41. PREVIOUS GOVERNMENT SERVICE DATA		42. LEAVE CAT. CODE		43. FEDERAL TAX DATA		44. STATE TAX DATA							
CODE		0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YRS.) 3 - BREAK IN SERVICE (MORE THAN 3 YRS.)		FORM EXECUTED 1 - YES 2 - NO		NO TAX EXEMPTIONS		FORM EXECUTED 1 - YES 2 - NO		CODE NO TAX EXEMPT STATE CODE			
SIGNATURE OF OTHER AUTHENTICATION													
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>POSTED</b>  2 JUL 1963 <i>[Signature]</i> </div>													

FORM 11-62 1150

Use Previous Edition

SECRET

2 JUL 1963

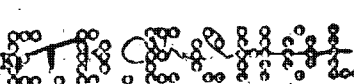
GROUP 1  
Excluded from automatic  
downgrading and  
declassification

(4-51)

(When Filled In)



**SECRET**  
(When Filled In)

1. EMP. SERIAL NO.		2. NAME		3. ASSIGNED ORGN.		4. FUNDS		5. ALLOTMENT	
025935		TARASOFF ANNA		32 250		V			
6. OLD SALARY RATE				7. NEW SALARY RATE					
GRADE	STEP	SALARY	LAST EFFECTIVE DATE			GRADE	STEP	SALARY	EFFECTIVE DATE
			MO	DA	YR				MO DA YR
GS 06	3	45375	02	07	62	GS 06	1	53165	02 06 63
TO BE COMPLETED BY THE OFFICE OF COMPTROLLER									
8. CHECK ONE <input type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> EXCESS LWOP					9. NUMBER OF HOURS LWOP				
IF EXCESS LWOP, CHECK FOLLOWING:					10. INITIALS OF CLERK				
<input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD					11. AUDITED BY				
<input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD									
TO BE COMPLETED BY THE OFFICE OF PERSONNEL									
12. TYPE OF ACTION					13. REMARKS				
<input checked="" type="checkbox"/> P.S.I. <input type="checkbox"/> L.S.I. <input type="checkbox"/> PAY ADJUSTMENT									
14. AUTHENTICATION									
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.									
SIGNATURE:  DATE: 30 Nov. 1962									
PAY CHANGE NOTIFICATION									

FORM 5-62

560 OBSOLETE PREVIOUS EDITION REPLACES FORM 560A AND 560B.

**SECRET**

OFFICIAL PERSONNEL FOLDER

(4)

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

NAME	SERIAL	ORGN	FUNDS	GR-ST	OLD SALARY	NEW SALARY
TARASOFF ANNA	025935	32250	V	06 3	\$ 5160	06 3 \$ 5375

**SECRET**  
(When Filled In)

1. Serial No.		2. Name		3. Cost Center Number		4. LWOP Hours	
25935		TARASOFF ANNA		32 250 / V		31	
5. OLD SALARY RATE				6. NEW SALARY RATE			
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	Effective Date
GS 06	3	45375	01/08/61	06	3	5160	01/07/62
7. TYPE ACTION							
PSI LSI ADJ.							
8. Remarks and Authentication							
<input checked="" type="checkbox"/> NO EXCESS LWOP <input checked="" type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input checked="" type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD							

70 12 01 1962

JEC

SECRET

(When Filled In)

AES: 10 MAY 61

## NOTIFICATION OF PERSONNEL ACTION

ONE

1. SERIAL NUMBER <b>025935</b>		2. NAME (LAST-FIRST-MIDDLE) <b>TARASOFF ANNA</b>	
3. NATURE OF PERSONNEL ACTION <b>PROMOTION - CORRECTION</b>		4. EFFECTIVE DATE MO. DA. YR. <b>01 08 61</b>	
5. CATEGORY OF EMPLOYMENT <b>REGULAR</b>		6. COST CENTER NO. CHARGEABLE <b>1227 1001 1000</b>	
7. CSC OR OTHER LEGAL AUTHORITY <b>50 USC 403 d</b>		8. ORGANIZATIONAL DESIGNATIONS <b>DDP CI STAFF SPECIAL INVESTIGATION GROUP PROJECTS BRANCH</b>	
9. LOCATION OF OFFICIAL STATION <b>WASH., D.C.</b>		10. POSITION NUMBER <b>0151</b>	
11. CAREER SERVICE DESIGNATION <b>D</b>		12. CLASSIFICATION SCHEDULE (GS, WD, etc.) <b>GS</b>	
13. OCCUPATIONAL SERIES <b>0301.27</b>		14. GRADE AND STEP <b>06 2</b>	
15. SALARY OR RATE <b>4995</b>		16. REMARKS <b>*THIS ACTION CORRECTS SF 1150 EFF 8 JAN 1961 ITEM #16, STEP, WHICH READ 1 TO READ 2 AND ITEM #17, SALARY, WHICH READ \$4830 TO READ \$4995.</b>	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
19. ACTION CODE <b>58</b>	20. EMPLOY CODE <b>10</b>	21. OFFICE CODING NUMERIC ALPHABETIC <b>32250 CI</b>	22. STATION CODE <b>75013</b>
23. INTEGREE CODE <b>1</b>	24. HOURS CODE <b>1</b>	25. DATE OF BIRTH MO. DA. YR. <b>05 05 23</b>	26. DATE OF GRADE MO. DA. YR. <b>01 08 61</b>
27. DATE OF LEI MO. DA. YR. <b>01 08 61</b>	28. NTE EXPIRES MO. DA. YR. <b>01 08 61</b>	29. SPECIAL REFERENCE 1. CBC 2. FICA 3. NONE <b>3</b>	30. RETIREMENT DATA CODE <b>3</b>
31. SEPARATION DATA CODE <b>22</b>	32. CORRECTION/CANCELLATION DATA TYPE MO. DA. YR. <b>01 08 61</b>	33. SECURITY REQ. NO.	34. SER
35. VET. PREFERENCE CODE <b>2</b>	36. SERV. COMP. DATE MO. DA. YR. <b>01 08 61</b>	37. LEAVE COMP. DATE MO. DA. YR. <b>01 08 61</b>	38. MIL. SERV. CREDIT/LCD 1. YES 2. NO <b>2</b>
39. FEGLI / HEALTH INSURANCE CODE <b>1</b>	40. SOCIAL SECURITY NO.	41. PREVIOUS GOVERNMENT SERVICE DATA CODE <b>2</b>	42. LEAVE CAT. CODE <b>2</b>
43. FEDERAL TAX DATA FORM EXECUTED CODE <b>1</b>	44. STATE TAX DATA FORM EXECUTED CODE <b>1</b>	45. NO TAX EXEMPTIONS CODE <b>1</b>	46. NO TAX STATE CODE EXEMP. <b>1</b>

SIGNATURE OR OTHER AUTHENTICATION

POSTED  
MAY 11 1961

Form 155

Obsolete Previous Editions

SECRET

(4-51)

**SECRET**  
(When Filled In)

AFS: 6 JAN 61

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)									
025935		TARASOFF ANNA									
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE			5. CATEGORY OF EMPLOYMENT		
PROMOTION						MO. DA. YR. 01 00 01			REGULAR		
6. FUNDS		X		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY	
		CF TO V		CF TO CF				1227 1001 1000		50 USC 403 J	
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION					
DDP CI STAFF SPECIAL INVESTIGATION GROUP PROJECTS BRANCH						WASH., D.C.					
11. POSITION TITLE						12. POSITION NUMBER			13. CAREER SERVICE DESIGNATION		
INTELL CLERK						0151			D		
14. CLASSIFICATION SCHEDULE (GS, WB, etc.)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
GS				0301.27		06 1		4830			
18. REMARKS											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE		20. EMPLOY. CODE		21. OFFICE CODING		22. STATION CODE		23. INTEGRITY CODE		24. HONOR. CODE	
22 10		32250		CI		75013				1	
25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI		28. NTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA	
MO. DA. YR. 05 05 23		MO. DA. YR. 01 08 61		MO. DA. YR. 01 08 61		MO. DA. YR.		1. CSC 2. FICA 3. NONE		CODE	
31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA		33. SECURITY REQ. NO.		34. SEX		ECD DATA			
35. VET. PREFERENCE		36. SERV. COMP. DATE		37. LONG. COMP. DATE		38. MIL. SERV. CREDIT/LCD		39. FEGLI / HEALTH INSURANCE		40. SOCIAL SECURITY NO.	
CODE 0 - NONE 1 - 5 PT 2 - 10 PT		MO. DA. YR.		MO. DA. YR.		1 - YES 2 - NO		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 12 MOS) 3 - BREAK IN SERVICE (MORE THAN 12 MOS)				CODE		FORM EXECUTED 1 - YES 2 - NO				CODE NO TAX EXEMP STATE CODE	
SIGNATURE OR OTHER AUTHENTICATION											
<p align="center">E. D. SCHOLZ</p> <p align="right">POSTED JAN 16 1961</p>											

IN ACCORDANCE WITH THE PROVISIONS OF P. L. 86-568 AND DCI MEMO DATED 1 AUGUST 1956, SALARY IS ADJUSTED AS FOLLOWS EFFECTIVE 10 JULY 1960.

SD	NAME	SERIAL	ORGN	GR-ST	OLD SALARY	NEW SALARY
05	TARASOFF ANNA	125935	54 18	GS-05 2	\$ 4,190	\$ 4,510

/S/ EMMETT D. ECHOLS  
DIRECTOR OF PERSONNEL

SECRET  
(WHEN FILLED IN)

1. EMP. SERIAL NO. 125935		2. NAME TARASOFF ANNA				3. ASSIGNED ORGAN. DDP/CI /		4. FUNDS V-20		5. ALLOTMENT	
6. OLD SALARY RATE						7. NEW SALARY RATE					
GRADE	STEP	SALARY	LAST EFFECTIVE DATE			GRADE	STEP	SALARY	EFFECTIVE DATE		
			MO	DA.	YR.				MO	DA.	YR.
GS 05	2	\$ 4,510	11	01	59	GS 05	3	\$ 4,675	10	30	60
TO BE COMPLETED BY THE OFFICE OF COMPTROLLER											
8. CHECK ONE <input checked="" type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> EXCESS LWOP						9. NUMBER OF HOURS LWOP					
IF EXCESS LWOP, CHECK FOLLOWING: <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD						10. INITIALS OF CLERK					
						11. AUDITED BY					
TO BE COMPLETED BY THE OFFICE OF PERSONNEL											
12. TYPE OF ACTION <input type="checkbox"/> P.B.I. <input type="checkbox"/> L.B.I. <input type="checkbox"/> PAY ADJUSTMENT						13. REMARKS					
14. AUTHENTICATION											
<div style="text-align: center;"> </div> <div style="text-align: right;"> </div>											
PAY CHANGE NOTIFICATION											

FORM 560

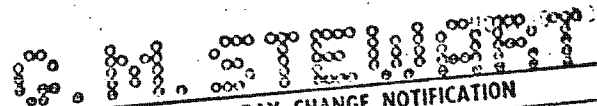
560 OBSOLETE PREVIOUS EDITION REPLACES FORM 560A AND 560B

SECRET

OFFICIAL PERSONNEL FOLDER

(4)

**SECRET**  
(WHEN FILLED IN)

1. EMP. SERIAL NO. 125934		2. NAME TARASOFF ANNA		3. ASSIGNED ORG. DDP/CI		4. FUNDS V-20		5. ALLOTMENT			
6. OLD SALARY RATE				7. NEW SALARY RATE				EFFECTIVE DATE			
GRADE	STEP	SALARY	LAST EFFECTIVE DATE			GRADE	STEP	SALARY	MO	DA	YR
GS 5	1	\$ 4,040	MO	DA	YR	GS 5	2	\$ 4,190	11	01	59
TO BE COMPLETED BY THE OFFICE OF COMPTROLLER											
8. CHECK ONE <input checked="" type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> EXCESS LWOP						9. NUMBER OF HOURS LWOP			11. AUDITED BY		
IF EXCESS LWOP, CHECK FOLLOWING:						10. INITIALS OF CLERK					
<input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD											
<input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD											
TO BE COMPLETED BY THE OFFICE OF PERSONNEL											
12. TYPE OF ACTION						13. REMARKS					
<input type="checkbox"/> P.B.I. <input type="checkbox"/> L.B.I. <input type="checkbox"/> PAY ADJUSTMENT											
14. AUTHENTICATION											
 <b>PAY CHANGE NOTIFICATION</b>											

**SECRET**

560 OBSOLETE PREVIOUS EDITION REPLACES FORM 560a AND 560b

OFFICIAL PERSONNEL FOLDER (4)

IN LIEU OF FORM 1150 THIS NOTIFICATION EFFECTS RESLOTING RESULTING  
FROM R-20-250

SEP #	NAME	SD	OLD SLOT	NEW SLOT	DATE
125935	TARASOFF ANNA	DS	0151.05	151	04/28/59

**SECRET**  
(When Filled In)

14611

NOTIFICATION OF PERSONNEL ACTION														
AEL 11 FEB 1959														
1. Serial No.		2. Name (Last-First-Middle)				3. Date Of Birth			4. Vet. Pref.		5. Sex		6. CS - EOD	
125935		TARASOFF ANNA				Mo. Da. Yr. 05 05 23			None-0 5 Pt-1 10 Pt-2		Code 0 F 2		Mo. Da. Yr. 04 08 57	
7. SCD		8. CSC Retat.		9. CSC Or Other Legal Authority		10. Apmt. Affidav.			11. FEGLI		12. LCB		13. Mil. Serv. Credit LCB	
Mo. Da. Yr. 04 08 57		Yes-1 No-2 1		Code 50 USCA 403		Mo. Da. Yr. 04 08 57			Yes-1 No-2 04 08 57		Code 04 08 57		Yes-1 No-2 2	

**PREVIOUS ASSIGNMENT**

14. Organizational Designations				Code		15. Location Of Official Station				Station Code	
DDP CI STAFF SPECIAL INVESTIGATION DIVISION PROJECTS BRANCH						WASH., D.C.					
16. Dept. - Field		17. Position Title		18. Position No.				19. Serv.		20. Occup. Series	
Dept. - 2 USId - 4 Frgh - 6		Code 2		INTEL CLK				0151.05		GS 0301.27	
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade		25. PSI Due		26. Appropriation Number	
04 2		\$ 3850		DS		Mo. Da. Yr. 11 02 58		Mo. Da. Yr. 11 101 159		8 2705 27	

**ACTION**

27. Nature Of Action		Code		28. Eff. Date		29. Type Of Employee		Code		30. Separation Data	
PROMOTION-CORRECTION*		30		11 02 58		REGULAR		01			

**PRESENT ASSIGNMENT**

31. Organizational Designations				Code		32. Location Of Official Station				Station Code	
DDP CI STAFF SPECIAL INVESTIGATION DIVISION PROJECTS BRANCH				5418		WASH., D.C.				75013	
33. Dept. - Field		34. Position Title		35. Position No.				36. Serv.		37. Occup. Series	
Dept. - 2 USId - 4 Frgh - 6		Code 2		INTEL CLK				0151.05		GS 0301.27	
38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grade		42. PSI Due		43. Appropriation Number	
05 1		\$ 4040		DS		11 102 158		11 101 159		9 2700 27 001	
44. Remarks											
<p>*THIS CORRECTS SF 1150 EFF 2 NOV 1958 ITEM #14 AND 31 SECOND LINE OF ORGANIZATIONAL DESIGNATIONS, WHICH READ "SPECIAL PROJECTS DIV", TO READ "SPECIAL INVESTIGATION DIVISION."</p> <div align="right"> <p><b>POSTED</b></p> <p>13 FEB 1959</p> </div>											

**SECRET**  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION														
AES 30 OCT 1958														
1. Serial No.		2. Name (Last-First-Middle)				3. Date Of Birth			4. Vet. Pref.		5. Sex		6. CS - EOD	
125935		TARASOFF ANNA				Mo. Da. Yr. 05 05 23			None-0 5 Pt-1 10 Pt-2		Code 0		F 2	
7. SCD		8. CSC Retmt.		9. CSC Or Other Legal Authority		10. Apmt. Affidav.			11. FEGLI		12. LCD		13. mil. Serv. Credit, Lte.	
Mo. Da. Yr. 04 08 57		Yes - 1 No - 2		Code 1		50 USCA 403 J			Mo. Da. Yr. 04 08 57		Yes-1 No-2		Code 2	

**PREVIOUS ASSIGNMENT**

14. Organizational Designations				Code		15. Location Of Official Station				Station Code	
DDP CI STAFF SPECIAL PROJECTS DIV PROJECTS BRANCH				5412		WASH., D. C.				75013	
16. Dept. - Field		17. Position Title		18. Position No.		19. Serv.		20. Occup. Series			
Dept - 2 USild - 4 Frgn - 6		Code 2		INTEL CLK		0151.05		GS		0301.27	
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade		25. PSI Due		26. Appropriation Number	
04 2		\$ 3850		DS		Mo. Da. Yr. 04 08 57		Mo. Da. Yr. 04 120 58		8 2705 27	

**ACTION**

27. Nature Of Action		Code		28. Eff. Date		29. Type Of Employee		Code		30. Separation Data	
PROMOTION		30		Mo. Da. Yr. 11 02 58		REGULAR		01			

**PRESENT ASSIGNMENT**

31. Organizational Designations				Code		32. Location Of Official Station				Station Code	
DDP CI STAFF SPECIAL PROJECTS DIV PROJECTS BRANCH				5412		WASH., D.C.				75013	
33. Dept. - Field		34. Position Title		35. Position No.		36. Serv.		37. Occup. Series			
Dept - 2 USild - 4 Frgn - 6		Code 2		INTEL CLK		0151.05		GS		0301.27	
38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grade		42. PSI Due		43. Appropriation Number	
05 1		\$ 4040		DS		Mo. Da. Yr. 11 102 58		Mo. Da. Yr. 11 101 59		9 2700 27 001	

44. Remarks

11/13/58

SECRET

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

NAME	SERIAL	GRADE-STEP	OLD SALARY	NEW SALARY
TARASOFF ANNA	125935	GS-04-2	\$ 3,500	\$ 3,950

GORDON W. STEWART  
/S/ DIRECTOR OF PERSONNEL

SECRET

SECRET  
(WHEN FILLED IN)

2705

1. EMP. SERIAL NO. 125935		2. NAME TARASOFF ANNA				3. ASSIGNED ORGAN. C1		4. FUNDS V-20		5. ALLOTMENT 6507	
6. OLD SALARY RATE						7. NEW SALARY RATE					
GRADE		STEP		SALARY		LAST EFFECTIVE DATE		GRADE		STEP	
						NO. DA. YR.					
GS 4		1		\$ 3,415		04 08 57		GS 4		2	
TO BE COMPLETED BY THE OFFICE OF COMPTROLLER											
9. CHECK ONE <input checked="" type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> EXCESS LWOP						9. NUMBER OF HOURS LWOP					
IF EXCESS LEAVE LWOP, CHECK FOLLOWING:						10. INITIALS OF CLERK					
<input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD						11. AUDITED BY					
<input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD											
TO BE COMPLETED BY THE OFFICE OF PERSONNEL											
12. PROJECTED SALARY RATE AND EFFECTIVE DATE						13. REMARKS					
GRADE		STEP		SALARY		NO.		DA.		YR.	
14. AUTHENTICATION											

SECRET  
(WHEN FILLED IN)

1. EMP. SERIAL NO. 125935		2. NAME TARASOFF ANNA				3. ASSIGNED ORGAN. C1		4. FUNDS V-20		5. ALLOTMENT	
6. OLD SALARY RATE						7. NEW SALARY RATE					
GRADE		STEP		SALARY		LAST EFFECTIVE DATE		GRADE		STEP	
						NO. DA. YR.					
GS 4		1		\$ 3,415		04 08 57		GS 4		2	
REMARKS											

CERTIFICATION

I CERTIFY THAT THE SERVICE AND CONDUCT OF THE ABOVE NAMED EMPLOYEE ARE SATISFACTORY.



**SECRET**  
(When Filled In)

MCM 7 MAR 58														NOTIFICATION OF PERSONNEL ACTION													
1. Serial No.			2. Name (Last-First-Middle)						3. Date Of Birth			4. Vet. Pref.		5. Sex		6. CS - EOD											
Mo.	Da.	Yr.							Mo.	Da.	Yr.	None-0	Code			Mo.	Da.	Yr.									
12	59	35	TARASOFF ANNA						05	05	23	5 Pt-1	0	F	2			04	08	57							
7. SCD			8. CSC Reent.			9. CSC Or Other Legal Authority			10. Apmt. Affidav.			11. FEGLI		12. LCD		13. Prom. Adv.											
Mo.	Da.	Yr.	Yes-1	Code					Mo.	Da.	Yr.	Yes-1	Code	Mo.	Da.	Yr.	Yes-1	Code									
04	08	57	No-2	1		50 USCA 403 J						No-2		04	08	57	No-2	2									

**PREVIOUS ASSIGNMENT**

14. Organizational Designations				Code	15. Location Of Official Station				Station Code
DDS OFFICE OF PERSONNEL PERSONNEL ASSIGNMENT DIV PLACEMENT BR CLERICAL INTERIM ASSIGNMENT SECT				2931	WASH., D. C.				75013
16. Dept. - Field		17. Position Title		18. Position No.		19. Serv.		20. Occup. Series	
Dept. - 2	Code					GS		0301.26	
USfld - 4		CLERK							
Frqn - 6	2								
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade		25. PSI Due	
04 1		\$ 3415		UD		04 08 57		04 20 58	
								8 6509 20	

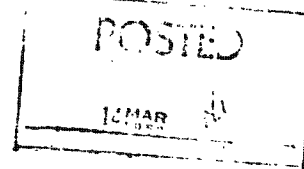
**ACTION**

27. Nature Of Action		Code	28. Eff. Date		29. Type Of Employee		Code	30. Separation Data	
			Mo.	Da.	Yr.				
REASSIGNMENT		57	03	09	58	REGULAR		01	

**PRESENT ASSIGNMENT**

31. Organizational Designations				Code	32. Location Of Official Station				Station Code
ODP CI STAFF SPECIAL PROJECTS DIV PROJECTS BRANCH				5412	WASH., D. C.				75013
33. Dept. - Field		34. Position Title		35. Position No.		36. Serv.		37. Occup. Series	
Dept. - 2	Code					GS		0301.27	
USfld - 4		INTEL CLK							
Frqn - 6	2								
38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grade		42. PSI Due	
04 1		\$ 3415		DS		04 10 57		04 20 58	
								8 2705 27	

44. Remarks



**SECRET**

**SECRET**  
(When Filled In)

## NOTIFICATION OF PERSONNEL ACTION

ARE: 24 JAN 1958

ARE: 24 JAN 1958										NOTIFICATION OF									
1. Serial No.			2. Name (Last-First-Middle)						3. Date Of Birth			4. Vot. Prof.		5. Sex		6. CS - EOD			
Mo.	Da.	Yr.							Mo.	Da.	Yr.	Nono-0	Code		Mo.	Da.	Yr.		
05	05	23	TARASOFF ANNA						05	05	23	5 Pt-1	0	F	2	04	08	57	
125935			TARASOFF ANNA						10. Apmt. Affidav.			11. FEGLI		12. LCD		13. Nat. Serv. Comm. LEO			
7. CSC			8. CSC Retmt.		9. CSC Or Other Legal Authority				Mo.	Da.	Yr.	Yes-1	Code	Mo.	Da.	Yr.	Yes-1	Code	
Mo.	Da.	Yr.	Yes-1	Code					Mo.	Da.	Yr.	Yes-1	Code	Mo.	Da.	Yr.	Yes-1	Code	
04	08	57	No-2	1	50 USCA 403 J				04	08	57	No-2		04	08	57	No-2	2	

**PREVIOUS ASSIGNMENT**

14. Organizational Designations DDP FI STAFF DIV D PROJECT ANNEX PROJECT JOINTLY PROJECT 2 SECTION B										Code		15. Location Of Official Station WASH., D. C.				Station Code	
16. Dept. - Field			17. Position Title							18. Position No.		19. Serv.		20. Occup. Series			
Dept. - 2 USIld - 4 Fign - 6		Code 2	CLERK							8073.12/907		GS		0301.26			
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade		25. PSI Due		26. Appropriation Number							
04 1		\$ 3415		DS		Mo. Da. Yr.		Mo. Da. Yr.		8 2306 23							

## ACTION

ACTION						
27. Nature Of Action	Code	28. E.H. Date		29. Type Of Employee	Code	30. Separation Date
		Mo.	Da.	Yr.		
REASSIGNMENT	57	01	26	58	REGULAR	01

## PRESENT ASSIGNMENT

PRESENT ASSIGNMENT											
31. Organizational Designations DDS OFFICE OF PERSONNEL PERSONNEL ASSIGNMENT DIV PLACEMENT BR CLERICAL INTERIM ASSIGNMENT SECT				Code 2931		32. Location Of Official Station WASH., D. C.			Station Code 75013		
33. Dept. - Field Dept - 2 USMld - 4 Frgrn - 6		34. Position Title Code 2 CLERK		35. Position No.		36. Serv. GS		37. Occup. Series 0301.26			
38. Grade & Step 04 1		39. Salary Or Rate \$ 3415		40. SD UD		41. Date Of Grade Mo. Da. Yr. 04 08 57		42. PSI Due Mo. Da. Yr. 04 20 58		43. Appropriation Number 8 6509 20	
44. Remarks											

3 FEB 1958

SECRET

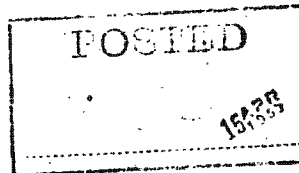


CENTRAL INTELLIGENCE AGENCY

P.C. 19 Mar 1957  
C-8238 1v1

NOTIFICATION OF PERSONNEL ACTION

1. NAME (MR., MRS., MISS, OR THE GIVEN NAME, INITIAL(S), AND SURNAME) <b>MRS. ANNA TARASOFF</b>		2. DATE OF BIRTH <b>5 May 1923</b>	3. JOURNAL OR ACTION NO.	4. DATE <b>8 Apr 1957</b>
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) <b>ACCEPTED APPOINTMENT</b>		6. EFFECTIVE DATE <b>8 Apr 1957</b>	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY <b>50 USC 403 J</b>	
FROM		TO		
8. POSITION TITLE <b>Clerk</b>		<b>BU/5423</b>		
9. SERVICE, SERIES, GRADE, SALARY <b>GS-0301.26-4 \$3415.00 per annum</b>				
10. ORGANIZATIONAL DESIGNATIONS <b>293199</b>		<b>IDS/Office of Personnel Personnel Assignment Division Placement Branch (Clerical) Interim Assignment Section</b>		
11. HEADQUARTERS <b>2</b>		<b>Washington, D.C.</b>		
12. FIELD OR DEPT'L <input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL		<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL		
13. VETERAN'S PREFERENCE NONE <input checked="" type="checkbox"/> WWII <input type="checkbox"/> OTHER <input type="checkbox"/> 5 PT <input type="checkbox"/> 10-POINT <input type="checkbox"/>		14. POSITION CLASSIFICATION ACTION NEW <input type="checkbox"/> VICE <input type="checkbox"/> I. A. <input type="checkbox"/> REAL <input type="checkbox"/>		
15. SEX <b>2</b>	16. APPROPRIATION FROM: <b>7-6509-20</b> TO: <b>750-13</b>		17. SUBJECT TO C. & RETIREMENT ACT (YES-NO) <b>Yes</b>	18. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY) <b>8 Apr 1957</b>
19. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:				
20. REMARKS: <b>AC-153</b> <b>5 EOD 04/08/57</b> <b>Subject to the satisfactory completion of a trial period of one year.</b> <b>Subject to the satisfactory completion of a medical examination.</b>  <b>DOO: 04/08/57</b> <b>CSEOD: 04/08/57</b> <b>LCD: 04/08/57</b> <b>ECD: 04/08/57</b>  <b>FEI due: 04/20/58</b>				
ENTRANCE PERFORMANCE RATING: <b>Director of Personnel</b>				



4. PERSONNEL FOLDER COPY

**SECRET**  
(When Filled In)

<b>FITNESS REPORT</b>				EMPLOYEE SERIAL NUMBER 25935	
<b>SECTION A GENERAL</b>					
1. NAME (Last) (First) (Middle) <b>TARASOFF, ANNA</b>			2. DATE OF BIRTH <b>5 May 1923</b>	3. SEX <b>F</b>	4. GRADE <b>GS-6</b>
6. OFFICIAL POSITION TITLE <b>INTELLIGENCE CLERK</b>			5. DIV/BR OF ASSIGNMENT <b>DDP CI STAFF/SIG/PROJ</b>		
9. CHECK (X) TYPE OF APPOINTMENT			8. CURRENT STATION <b>HEADQUARTERS</b>		
<input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input checked="" type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C) <input type="checkbox"/> SPECIAL (Specify)			10. CHECK (X) TYPE OF REPORT <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input checked="" type="checkbox"/> SPECIAL (Specify): <b>Terminal</b> <input type="checkbox"/> REASSIGNMENT EMPLOYEE		
11. DATE REPORT DUE IN O.P. <b>31 July 1963</b>			12. REPORTING PERIOD (From - to) <b>1 July 1962 - 30 June 1963</b>		
<b>SECTION B PERFORMANCE EVALUATION</b>					
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
<b>SPECIFIC DUTIES</b>					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					<b>RATING LETTER</b>
SPECIFIC DUTY NO. 1  <b>Transliterates Russian material</b>					<b>P</b>
SPECIFIC DUTY NO. 2  <b>Checks Project material which entails transliterating from the Cyrillic</b>					<b>P</b>
SPECIFIC DUTY NO. 3  <b>Takes over some supervisory duties during supervisor's absence</b>					<b>A</b>
SPECIFIC DUTY NO. 4  <b>Operates Xerox machine</b>					<b>A</b>
SPECIFIC DUTY NO. 5  <b>Guides others in Project learning Russian transliteration</b>					<b>A</b>
SPECIFIC DUTY NO. 6					<b>RATING LETTER</b>
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					<b>RATING LETTER</b>  <b>A</b>

SECRET

(When Filled In)

OFFICE OF PERSONNEL

## SECTION C

## NARRATIVE COMMENTS

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

Subject's Russian transliteration work is neat and accurate. This work she has been able to do without strong support of the office.

Recently she has assisted some of the new Project employees in learning Russian transliteration.

She has taken over in an acceptable manner some of the supervisory duties during the absence of the supervisor.

## SECTION D

## CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE	SIGNATURE OF EMPLOYEE	
7 June 63	<i>Anna Tarsuff</i>	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
27 months		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
7 June 63	Intelligence Assistant	
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
7 June 63	Chief, of Project	

SECRET

**SECRET**  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				25935	
<b>SECTION A GENERAL</b>					
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE 5. SD
TARASOFF Anna			5 May 1923	F	GS-6 D
6. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT 8. CURRENT STATION		
INTELLIGENCE CLERK			DDP/CI/SIG/PROJ		
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)			<input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE <input type="checkbox"/> SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to)		
31 July 1962			30 June 1961 - 30 June 1962		
<b>SECTION B PERFORMANCE EVALUATION</b>					
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
<b>SPECIFIC DUTIES</b>					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (Indicate number of employees supervised).					RATING LETTER
SPECIFIC DUTY NO. 1  Transliterates Russian material.					P
SPECIFIC DUTY NO. 2  Operates Verifax machine.					A
SPECIFIC DUTY NO. 3  Checks Project material which entails transliterating from the Cyrillic.					A
SPECIFIC DUTY NO. 4  Takes over some Supervisory duties during absence of Supervisor.					A-
SPECIFIC DUTY NO. 5					RATING LETTER
SPECIFIC DUTY NO. 6					RATING LETTER
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER  A

## SECRET

(When Filled In)

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.</p>			
<p>Subject does her job without strong support of the office and her transliteration work is neat and accurate. She has taken over some of the supervisory duties during the absence of the supervisor in a satisfactory manner.</p>			
SECTION D			
CERTIFICATION AND COMMENTS			
1. BY EMPLOYEE			
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT			
DATE	SIGNATURE OF EMPLOYEE		
3 August 1962	Anna Tarasoff		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
3 August 1962	Intelligence Assistant		
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
Cover -			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
3 August 1962	Chief, CI-Project		

SECRET



**SECRET**  
(When Filled In)

<b>FITNESS REPORT</b>				EMPLOYEE SERIAL NUMBER <b>125935</b>	
<b>GENERAL</b>					
1. NAME (Last) (First) (Middle) <b>TARASOFF Anna</b>			2. DATE OF BIRTH <b>5 MAY 1923</b>		3. SEX <b>F</b>
4. GRADE <b>GS-6</b>			7. OFF/DIV/BR OF ASSIGNMENT <b>DDP/CI/SIG PROJ</b>		
5. SERVICE DESIGNATION <b>D</b>			6. OFFICIAL POSITION TITLE <b>INTELLIGENCE CLERK</b>		
8. CAREER STAFF STATUS			9. TYPE OF REPORT		
<input checked="" type="checkbox"/> NOT ELIGIBLE <input type="checkbox"/> MEMBER <input type="checkbox"/> DEFERRED <input checked="" type="checkbox"/> PENDING <input type="checkbox"/> DECLINED <input type="checkbox"/> DENIED			<input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT/SUPERVISOR <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT/EMPLOYEE		
10. DATE REPORT DUE IN O.P. <b>31 JULY 1961</b>			11. REPORTING PERIOD From <b>30 JUNE 60</b> To <b>30 JUNE 61</b>		
<b>SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES</b>					
List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
1 - Unsatisfactory    2 - Barely adequate    3 - Acceptable    4 - Competent    5 - Excellent    6 - Superior    7 - Outstanding					
SPECIFIC DUTY NO. 1  <b>Transliterates Russian material.</b>		RATING NO. <b>4</b>	SPECIFIC DUTY NO. 4  <b>Makes name checks.</b>		RATING NO. <b>5</b>
SPECIFIC DUTY NO. 2  <b>Operates Verifax machine.</b>		RATING NO. <b>5</b>	SPECIFIC DUTY NO. 5		RATING NO.
SPECIFIC DUTY NO. 3  <b>Takes over some supervisory duties during absence of Supervisor.</b>		RATING NO. <b>3</b>	SPECIFIC DUTY NO. 6		RATING NO.
<b>SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION</b>					
Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.					
1 - Performance in many important respects fails to meet requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets basic requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding.					RATING NO. <b>3</b>
<b>SECTION D DESCRIPTION OF THE EMPLOYEE</b>					
In the rating boxes below, check (X) the degree to which each characteristic applies to the employee					
1 - Least possible degree		2 - Limited degree		3 - Normal degree	
4 - Above average degree		5 - Outstanding degree			
CHARACTERISTICS				RATING	
				NOT APPLICABLE	NOT OBSERVED
				1	2
GETS THINGS DONE					
RESOURCEFUL					
ACCEPTS RESPONSIBILITIES					
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES					
DOES HIS JOB WITHOUT STRONG SUPPORT					
FACILITATES SMOOTH OPERATION OF HIS OFFICE					
WRITES EFFECTIVELY					
SECURITY CONSCIOUS					
THINKS CLEARLY					
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS					
OTHER (Specify):					
SEE SECTION "E" ON REVERSE SIDE					

SECRET

UNCLASSIFIED

SECTION E			NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE		
<p>Stress, strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the best basis for determining future personnel actions.</p> <p style="text-align: right;">MAIL ROOM</p> <p style="text-align: center;">No further comments to be added to previous reports.</p>					
SECTION F			CERTIFICATION AND COMMENTS		
1. BY EMPLOYEE					
I certify that I have seen Sections A, B, C, D and E of this Report.					
DATE	SIGNATURE OF EMPLOYEE				
12 July 1961	Anna Tarasoff				
2. BY SUPERVISOR					
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION				
app. 2 months					
IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.					
EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS			REPORT MADE WITHIN LAST 90 DAYS		
OTHER (Specify):					
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE			
12 July 1961	Intelligence Assistant				
3. BY REVIEWING OFFICIAL					
I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.					
I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.					
I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.					
I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.					
COMMENTS OF REVIEWING OFFICIAL					
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE			
12 July 1961	Chief, CI-Project				

SECRET

SECRET

(When Filled In) (Class)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
24 APR 1961 24 APR 1961				125935	
SECTION A GENERAL					
1. NAME (Last) (First) (Middle) TARASOFF, Anna			2. DATE OF BIRTH 5 May 1923		3. SEX F
4. GRADE GS-6			5. OFF/DIV/BR OF ASSIGNMENT DDP/CI STAFF/SIG/ENCL		
6. SERVICE DESIGNATION D			7. OFFICIAL POSITION TITLE INTELL. CLERK		
8. CAREER STAFF STATUS			9. TYPE OF REPORT		
<input checked="" type="checkbox"/> NOT ELIGIBLE <input type="checkbox"/> MEMBER <input type="checkbox"/> DECLINED <input type="checkbox"/> DEFERRED <input type="checkbox"/> DENIED			<input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT/SUPERVISOR <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT/EMPLOYEE		
10. DATE REPORT DUE IN O.P. 30 April 1961			11. REPORTING PERIOD From To 31 March 60 - 31 March 61		
SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (Indicate number of employees supervised).					
1 - Unsatisfactory    2 - Barely adequate    3 - Acceptable    4 - Competent    5 - Excellent    6 - Superior    7 - Outstanding					
SPECIFIC DUTY NO. 1 Transliterates Russian material.		RATING NO. 4	SPECIFIC DUTY NO. 4 Makes name checks.		RATING NO. 5
SPECIFIC DUTY NO. 2 Operates Verifax machine.		RATING NO. 5	SPECIFIC DUTY NO. 5		RATING NO.
SPECIFIC DUTY NO. 3 Takes over some supervisory duties during absence of Supervisor.		RATING NO. 3	SPECIFIC DUTY NO. 6		RATING NO.
SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION					
Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.					
1 - Performance in many important respects fails to meet requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets basic requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding.					RATING NO. 3
SECTION D DESCRIPTION OF THE EMPLOYEE					
In the rating boxes below, check (X) the degree to which each characteristic applies to the employee					
1 - Least possible degree		2 - Limited degree		3 - Normal degree	
4 - Above average degree		5 - Outstanding degree			
CHARACTERISTICS		NOT APPLI- CABLE	NOT OB- SERVED	RATING	
				1	2
GETS THINGS DONE					X
RESOURCEFUL				X	
ACCEPTS RESPONSIBILITIES				X	
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES					X
DOES HIS JOB WITHOUT STRONG SUPPORT					X
FACILITATES SMOOTH OPERATION OF HIS OFFICE					X
WRITES EFFECTIVELY		X			X
SECURITY CONSCIOUS					X
THINKS CLEARLY					X
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS		X			
OTHER (Specify):					

SEE SECTION "E" ON REVERSE SIDE

SECRET OFFICE OF  
(When Filled In)

## SECTION E NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the best basis for determining future personnel actions.

No further comments to be added to previous reports.

MAIL ROOM

## SECTION F CERTIFICATION AND COMMENTS

## 1. BY EMPLOYEE

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

DATE  
12 April 1961

SIGNATURE OF EMPLOYEE

✓ Anne T. Massey

## 2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN  
UNDER MY SUPERVISION

App. 3 years

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

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

EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS

REPORT MADE WITHIN LAST 90 DAYS

OTHER (Specify):

DATE  
12 April 1961

OFFICIAL TITLE OF SUPERVISOR  
Intelligence Assistant

TYPED OR PRINTED NAME AND SIGNATURE

## 3. BY REVIEWING OFFICIAL

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

☐ I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.

☐ I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.

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

COMMENTS OF REVIEWING OFFICIAL

DATE

12 April '61

OFFICIAL TITLE OF REVIEWING OFFICIAL

Chief, CI-Project

TYPED OR PRINTED NAME AND SIGNATURE

SECRET

**SECRET**  
(When Filled In)

<div style="display: flex; justify-content: space-between;"> <div> <b>5 MAY 1960</b>  <b>FITNESS REPORT</b> </div> <div> <b>EMPLOYEE SERIAL NO. 125935</b> </div> </div>					
<b>SECTION A GENERAL</b>					
1. NAME (Last) (First) (Middle)		2. DATE OF BIRTH		3. SEX	4. GRADE
TARASOFF, Anna		5 May 1923		P	GS-05
5. SERVICE DESIGNATION		6. OFFICIAL POSITION TITLE		7. OFF/DIV/BR OF ASSIGNMENT	
SD/D		Intelligence Clerk		DDP/CI/SD-Projects	
8. CAREER STAFF STATUS			9. TYPE OF REPORT		
<input checked="" type="checkbox"/> NOT ELIGIBLE <input type="checkbox"/> MEMBER <input type="checkbox"/> DEFERRED <input type="checkbox"/> PENDING <input type="checkbox"/> DECLINED <input type="checkbox"/> DENIED			<input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT/SUPERVISOR <input type="checkbox"/> SPECIAL (Specify) <input type="checkbox"/> REASSIGNMENT/EMPLOYEE		
10. DATE REPORT DUE IN O.P.		11. REPORTING PERIOD From To			
30 April 1960		Apr 59 - 31 March 60			
<b>SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES</b>					
List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
1 - Unsatisfactory		2 - Barely adequate		3 - Acceptable	
4 - Consistent		5 - Excellent		6 - Superior	
7 - Outstanding					
SPECIFIC DUTY NO. 1		RATING NO.		SPECIFIC DUTY NO. 4	
Transliterates Russian material.		4		Checks transliteration work of other Junior Analysts.	
SPECIFIC DUTY NO. 2		RATING NO.		SPECIFIC DUTY NO. 5	
Operates Verifax machine.		5		Checks file list.	
SPECIFIC DUTY NO. 3		RATING NO.		SPECIFIC DUTY NO. 6	
Takes over some Supervisory duties during absence of Supervisor.		3			
<b>SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION</b>					
Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.					
1 - Performance in many important respects fails to meet requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets basic requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding.					RATING NO. <div style="border: 1px solid black; padding: 5px; width: 30px; margin: 0 auto;">3</div>
<b>SECTION D DESCRIPTION OF THE EMPLOYEE</b>					
In the rating boxes below, check (X) the degree to which each characteristic applies to the employee					
1 - Least possible degree		2 - Limited degree		3 - Normal degree	
4 - Above average degree		5 - Outstanding degree			
CHARACTERISTICS		NOT APPLICABLE	NOT OBSERVED	RATING	
				1	2
GETS THINGS DONE					X
RESOURCEFUL					X
ACCEPTS RESPONSIBILITIES					X
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES					X
DOES HIS JOB WITHOUT STRONG SUPPORT					X
FACILITATES SMOOTH OPERATION OF HIS OFFICE					X
WRITES EFFECTIVELY		X			
SECURITY CONSCIOUS					X
THINKS CLEARLY					X
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS					X
OTHER (Specify):					
SEE SECTION "F" ON REVERSE SIDE					

**SECRET**  
(When Filled In)

SECTION E		NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE	
<p>Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the basis for recommending future personnel actions.</p>			
<p>This employee is a conscientious worker and willingly carries out all of her assignments within a reasonable length of time. Her transliteration work is accurate and fairly productive.</p>			
<p>During the absence of the Supervisor, this employee has taken over some of the supervisory duties in an acceptable manner. However, it is believed that she requires more training in this field.</p>			
<p>This employee is scheduled to take the Agency Basic Supervision course on 2 May 1960.</p>			
SECTION F		CERTIFICATION AND COMMENTS	
1. BY EMPLOYEE			
I certify that I have seen Sections A, B, C, D and E of this Report.			
DATE	SIGNATURE OF EMPLOYEE		
25 April 1960	<i>[Signature]</i>		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
Approximately 2 years			
IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.			
EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS		REPORT MADE WITHIN LAST 90 DAYS	
OTHER (Specify):			
DATE	OFFICIAL TITLE OF SUPERVISOR	T	
25 April 1960	Intelligence Assistant		
3. BY REVIEWING OFFICIAL			
I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.			
I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.			
I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.			
I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.			
COMMENTS OF REVIEWING OFFICIAL			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	T	
25 April 1960	Chief, CI-Project		

**SECRET**

**SECRET**  
(When Filled In)

<b>FITNESS REPORT</b>				EMPLOYEE SERIAL NUMBER <b>125935</b>			
<b>SECTION A GENERAL</b>							
1. NAME (Last) (First) (Middle) <b>TARASOFF, Anna</b>			2. DATE OF BIRTH <b>5 May 1923</b>		3. SEX <b>F</b>		4. GRADE <b>GS-05</b>
5. SERVICE DESIGNATION <b>SD/DS</b>		6. OFFICIAL POSITION TITLE <b>Intelligence Clerk</b>			7. OFF/DIV/BR OF ASSIGNMENT <b>DDP/CI/SID - Projects</b>		
8. CAREER STAFF STATUS				9. TYPE OF REPORT			
<input checked="" type="checkbox"/> NOT ELIGIBLE		<input type="checkbox"/> MEMBER		<input type="checkbox"/> DEFERRED		<input type="checkbox"/> INITIAL	
<input type="checkbox"/> PENDING		<input type="checkbox"/> DECLINED		<input type="checkbox"/> DENIED		<input checked="" type="checkbox"/> ANNUAL	
				<input type="checkbox"/> REASSIGNMENT/SUPERVISOR			
				<input type="checkbox"/> REASSIGNMENT/EMPLOYEE			
10. DATE REPORT DUE IN O.P. <b>30 April 1959</b>		11. REPORTING PERIOD From <b>22 Oct 58</b> thru <b>Apr 59</b>		12. SPECIAL (Specify)			
<b>SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES</b>							
List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
1 - Unsatisfactory		2 - Barely adequate		3 - Acceptable		4 - Competent	
5 - Excellent		6 - Superior		7 - Outstanding			
SPECIFIC DUTY NO. 1 <b>Checks transliteration material of Junior Analysts.</b>				RATING NO. <b>3</b>		SPECIFIC DUTY NO. 4	
SPECIFIC DUTY NO. 2 <b>Transliterates Russian material into English.</b>				RATING NO. <b>4</b>		SPECIFIC DUTY NO. 5	
SPECIFIC DUTY NO. 3 <b>Operates Verifax machine.</b>				RATING NO. <b>4</b>		SPECIFIC DUTY NO. 6	
<b>SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION</b>							
Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.							
1 - Performance in many important respects fails to meet requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets basic requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding.							RATING NO. <div style="border: 1px solid black; padding: 5px; text-align: center;"><b>3</b></div>
<b>SECTION D DESCRIPTION OF THE EMPLOYEE</b>							
In the rating boxes below, check (X) the degree to which each characteristic applies to the employee							
1 - Least possible degree		2 - Limited degree		3 - Normal degree		4 - Above average degree	
5 - Outstanding degree							
CHARACTERISTICS				NOT APPLICABLE	NOT OBSERVED	RATING	
						1	2
						3	4
						5	
GETS THINGS DONE							<b>X</b>
RESOURCEFUL							<b>X</b>
ACCEPTS RESPONSIBILITIES							<b>X</b>
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES							<b>X</b>
DOES HIS JOB WITHOUT STRONG SUPPORT							<b>X</b>
FACILITATES SMOOTH OPERATION OF HIS OFFICE							<b>X</b>
WRITES EFFECTIVELY				<b>X</b>			<b>X</b>
SECURITY CONSCIOUS							<b>X</b>
THINKS CLEARLY							<b>X</b>
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS				<b>X</b>			
OTHER (Specify):							

SEE SECTION "E" ON REVERSE SIDE

## SECRET

(When Filled In)

SECTION E			NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE		
<p>Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the best basis for determining future personnel actions.</p> <p>This employee is a steady, diligent, and conscientious worker. Her transliteration work is accurate and productive. She has a native language ability in Russian which is a definite aid in her transliteration work.</p> <p>Although this employee's work is productive, her rate of production generally remains at a fixed level, with no substantial increase or decrease. This is probably due to the fact that there are no other girls with whom she can compete because of other duties being assigned to them, or this employee may be of a non-competitive type.</p> <p>This employee, although she does not meet the Agency qualifications in typing, has taken the Agency's Refresher Course in Typing. However, this course was too advanced for her and she will probably require additional training and more practice before she can become a qualified typist.</p> <p>Employee's husband is employed within the Agency in the Foreign Documents Division.</p> <p>It is believed that this employee has first line supervisory potential insofar as her ability to get along with people and her unwavering interest in her work are concerned. However, she will require the necessary training along this line before she would be capable of undertaking such supervisory duties.</p>					
SECTION F			CERTIFICATION AND COMMENTS		
1.			BY EMPLOYEE		
I certify that I have seen Sections A, B, C, D and E of this Report.					
DATE	SIGNATURE OF EMPLOYEE				
9 April 1959	<i>Anna T. Tansoff</i>				
2.			BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION				
10					
IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.					
EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS			REPORT MADE WITHIN LAST 90 DAYS		
DATE	OTHER (Specify):	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE		
9 April 1959		Intelligence Assistant			
3.					
I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.					
I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.					
I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.					
I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.					
COMMENTS OF REVIEWING OFFICIAL					
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL		TYPED OR PRINTED NAME AND SIGNATURE		
9 April 1959	Chief, CI-Project				

SECRET



SECRET

(When Filled In)

## FITNESS REPORT (Part I) PERFORMANCE

## INSTRUCTIONS

FOR THE ADMINISTRATIVE OFFICER: Consult current instructions for completing this report.

FOR THE SUPERVISOR: This report is designed to help you express your evaluation of your subordinate and to transmit this evaluation to your supervisor and senior officials. Organization policy requires that you inform the subordinate where he stands with you. Completion of the report can help you prepare for a discussion with him of his strengths and weaknesses. It is also organization policy that you show Part I of this report to the employee except under conditions specified in Regulation 20-370. It is recommended that you read the entire form before completing any question. If this is the initial report on the employee, it must be completed and forwarded to the Office of Personnel no later than 30 days after the date indicated in item A, of Section "A" below.

SECTION A. GENERAL			
1. NAME (Last) (First) (Middle) <b>Tarasoff, Anna</b>	2. DATE OF BIRTH <b>5/5/23</b>	3. SEX <b>F</b>	4. SERVICE DESIGNATION <b>SD:DS</b>
5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT <b>DDP/CI Staff/SID Proj.</b>		6. OFFICIAL POSITION TITLE <b>Intel Clk</b>	
7. GRADE <b>GS-4</b>	8. PERIOD COVERED BY THIS REPORT (Inclusive dates) <b>23 June 1958--22 October 1958</b>		
10. TYPE OF REPORT (Check one)	INITIAL <input type="checkbox"/>	REASSIGNMENT-SUPERVISOR <input type="checkbox"/>	SPECIAL (Specify) <b>Possible promotion</b>
	ANNUAL <input type="checkbox"/>	REASSIGNMENT-EMPLOYEE <input type="checkbox"/>	

SECTION B. CERTIFICATION

1. FOR THE RATER: THIS REPORT ☒ HAS ☐ HAS NOT BEEN SHOWN TO THE INDIVIDUAL RATED. IF NOT SHOWN, EXPLAIN WHY NOT:

A. CHECK (X) APPROPRIATE STATEMENTS:

<input checked="" type="checkbox"/> THIS REPORT REFLECTS MY OWN OPINIONS OF THIS INDIVIDUAL.	IF INDIVIDUAL IS RATED "1" IN C1 OR D, A WARNING LETTER WAS SENT TO HIM & A COPY ATTACHED TO THIS REPORT.
<input type="checkbox"/> THIS REPORT REFLECTS THE COMBINED OPINIONS OF MYSELF AND PREVIOUS SUPERVISORS.	
<input checked="" type="checkbox"/> I HAVE DISCUSSED WITH THIS EMPLOYEE HIS STRENGTHS AND WEAKNESSES SO THAT HE KNOWS WHERE HE STANDS.	I CANNOT CERTIFY THAT THE RATED INDIVIDUAL KNOWS HOW TO EVALUATE HIS JOB PERFORMANCE BECAUSE (Specify):
B. THIS DATE <b>21 October 1958</b>	C. TYPED NAME AND SIGNATURE OF SUPERVISOR <b>Intelligence Asst.</b>

2. FOR THE REVIEWING OFFICIAL: RECORD ANY SUBSTANTIAL DIFFERENCE OF OPINION WITH THE SUPERVISOR, OR ANY OTHER INFORMATION, WHICH WILL LEAD TO A BETTER UNDERSTANDING OF THIS REPORT.

☐ CONTINUED ON ATTACHED SHEET

I certify that any substantial difference of opinion with the supervisor is reflected in the above section.

A. THIS DATE <b>21 October 1958</b>	B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL <b>Chief, C/I Project</b>	C. OFFICIAL TITLE OF REVIEWING OFFICIAL <b>Chief, C/I Project</b>
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## SECTION C. JOB PERFORMANCE EVALUATION

1. RATING ON GENERAL PERFORMANCE OF DUTIES

DIRECTIONS: Consider ONLY the productivity and effectiveness with which the individual being rated has performed his duties during the rating period. Compare him ONLY with others doing similar work at a similar level of responsibility. Factors other than productivity will be taken into account later in Section D.

4 INSERT RATING NUMBER	1. DOES NOT PERFORM DUTIES ADEQUATELY. HE IS INCOMPETENT.
	2. BARELY ADEQUATE IN PERFORMANCE. ALTHOUGH HE HAS HAD SPECIFIC GUIDANCE OR TRAINING, HE OFTEN FAILS TO CARRY OUT RESPONSIBILITIES.
	3. PERFORMS MOST OF HIS DUTIES ACCEPTABLY; OCCASIONALLY REVEALS SOME AREA OF WEAKNESS.
	4. PERFORMS DUTIES IN A COMPETENT, EFFECTIVE MANNER.
	5. A FINE PERFORMANCE; CARRIES OUT MANY OF HIS RESPONSIBILITIES EXCEPTIONALLY WELL.
	6. PERFORMS HIS DUTIES IN SUCH AN OUTSTANDING MANNER THAT HE IS EQUALLED BY FEW OTHER PERSONS KNOWN TO THE SUPERVISOR.

COMMENTS:

SECRET

FORM NO. 45 (Part I)  
1 NOV 55

REPLACES PREVIOUS EDITIONS  
OF FORMS 45 AND 45A WHICH  
ARE OBSOLETE.

BY  
**[Signature]**  
DATE  
**29 OCT 1958**  
Performance

(4)

## SECRET

(When Filled In)

RATINGS ON PERFORMANCE OF SPECIFIC DUTIES																									
<p><b>DIRECTIONS:</b></p> <p>a. State in the spaces below up to six of the more important SPECIFIC duties performed during this rating period. Place the most important first. Do not include minor or unimportant duties.</p> <p>b. Rate performance on each specific duty considering ONLY effectiveness in performance of this specific duty. For supervisors, ability to supervise will always be rated as a specific duty (do not rate as supervisors those who supervise a secretary only).</p> <p>c. Compare in your mind, when possible, the individual being rated with others performing the same duty at a similar level of responsibility.</p> <p>d. Two individuals with the same job title may be performing different duties. If so, rate on different duties.</p> <p>f. Be specific. Examples of the kind of duties that might be rated are:</p> <table border="0"> <tr> <td>ORAL BRIEFING</td> <td>HAS AND USES AREA KNOWLEDGE</td> <td>CONDUCTS INTERROGATIONS</td> </tr> <tr> <td>GIVING LECTURES</td> <td>DEVELOPS NEW PROGRAMS</td> <td>PREPARES SUMMARIES</td> </tr> <tr> <td>CONDUCTING SEMINARS</td> <td>ANALYZES INDUSTRIAL REPORTS</td> <td>TRANSLATES GERMAN</td> </tr> <tr> <td>WRITING TECHNICAL REPORTS</td> <td>MANAGES FILES</td> <td>DEBRIEFING SOURCES</td> </tr> <tr> <td>CONDUCTING EXTERNAL LIAISON</td> <td>OPERATES RADIO</td> <td>KEEPS BOOKS</td> </tr> <tr> <td>TYPING</td> <td>COORDINATES WITH OTHER OFFICES</td> <td>DRIVES TRUCK</td> </tr> <tr> <td>TAKING DICTATION</td> <td>WRITES REGULATIONS</td> <td>MAINTAINS AIR CONDITIONING</td> </tr> <tr> <td>SUPERVISING</td> <td>PREPARES CORRESPONDENCE</td> <td>EVALUATES SIGNIFICANCE OF DATA</td> </tr> </table> <p>g. For some jobs, duties may be broken down even further if supervisor considers it advisable, e.g., combined key and phone operation, in the case of a radio operator.</p>		ORAL BRIEFING	HAS AND USES AREA KNOWLEDGE	CONDUCTS INTERROGATIONS	GIVING LECTURES	DEVELOPS NEW PROGRAMS	PREPARES SUMMARIES	CONDUCTING SEMINARS	ANALYZES INDUSTRIAL REPORTS	TRANSLATES GERMAN	WRITING TECHNICAL REPORTS	MANAGES FILES	DEBRIEFING SOURCES	CONDUCTING EXTERNAL LIAISON	OPERATES RADIO	KEEPS BOOKS	TYPING	COORDINATES WITH OTHER OFFICES	DRIVES TRUCK	TAKING DICTATION	WRITES REGULATIONS	MAINTAINS AIR CONDITIONING	SUPERVISING	PREPARES CORRESPONDENCE	EVALUATES SIGNIFICANCE OF DATA
ORAL BRIEFING	HAS AND USES AREA KNOWLEDGE	CONDUCTS INTERROGATIONS																							
GIVING LECTURES	DEVELOPS NEW PROGRAMS	PREPARES SUMMARIES																							
CONDUCTING SEMINARS	ANALYZES INDUSTRIAL REPORTS	TRANSLATES GERMAN																							
WRITING TECHNICAL REPORTS	MANAGES FILES	DEBRIEFING SOURCES																							
CONDUCTING EXTERNAL LIAISON	OPERATES RADIO	KEEPS BOOKS																							
TYPING	COORDINATES WITH OTHER OFFICES	DRIVES TRUCK																							
TAKING DICTATION	WRITES REGULATIONS	MAINTAINS AIR CONDITIONING																							
SUPERVISING	PREPARES CORRESPONDENCE	EVALUATES SIGNIFICANCE OF DATA																							
<p><b>DESCRIPTIVE RATING NUMBER</b></p> <p>1 - INCOMPETENT IN THE PERFORMANCE OF THIS DUTY</p> <p>2 - BARELY ADEQUATE IN THE PERFORMANCE OF THIS DUTY</p> <p>3 - PERFORMS THIS DUTY ACCEPTABLY</p> <p>4 - PERFORMS THIS DUTY IN A COMPETENT MANNER</p> <p>5 - PERFORMS THIS DUTY IN SUCH A FINE MANNER THAT HE IS A DISTINCT ASSET ON HIS JOB</p> <p>6 - PERFORMS THIS DUTY IN AN OUTSTANDING MANNER FOUND IN VERY FEW INDIVIDUALS HOLDING SIMILAR JOBS</p> <p>7 - EXCELS ANYONE I KNOW IN THE PERFORMANCE OF THIS DUTY</p>																									
<p>SPECIFIC DUTY NO. 1 Transliterates Russian material into English.</p> <p>RATING NUMBER 4</p>	<p>SPECIFIC DUTY NO. 4</p> <p>RATING NUMBER</p>																								
<p>SPECIFIC DUTY NO. 2 Reproduces material on verifax machine.</p> <p>RATING NUMBER 4</p>	<p>SPECIFIC DUTY NO. 5</p> <p>RATING NUMBER</p>																								
<p>SPECIFIC DUTY NO. 3</p> <p>RATING NUMBER</p>	<p>SPECIFIC DUTY NO. 6</p> <p>RATING NUMBER</p>																								
<p><b>3. NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE</b></p> <p><b>DIRECTIONS:</b> Stress strengths and weaknesses, particularly those which affect development on present job.</p> <p>Employee's work is productive and her accuracy has improved steadily. She is cooperative and conscientious and is willing to learn additional duties which may be assigned to her.</p>																									
<p><b>SECTION D. SUITABILITY FOR CURRENT JOB IN ORGANIZATION</b></p> <p><b>DIRECTIONS:</b> Take into account here everything you know about the individual...productivity, conduct in the job, pertinent personal characteristics or habits, special defects or talents...and how he fits in with your team. Compare him with others doing similar work of about the same level.</p> <p>1 - DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED</p> <p>2 - OF DOUBTFUL SUITABILITY...WOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW</p> <p>3 - A BARELY ACCEPTABLE EMPLOYEE...BELOW AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION</p> <p>4 - OF THE SAME SUITABILITY AS MOST PEOPLE I KNOW IN THE ORGANIZATION</p> <p>5 - A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS</p> <p>6 - AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION</p> <p>7 - EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION</p> <p>4</p> <p>RATING NUMBER</p>																									
<p>IS THIS INDIVIDUAL BETTER SUITED FOR WORK IN SOME OTHER POSITION IN THE ORGANIZATION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF YES, EXPLAIN FULLY:</p>																									

SECRET

SECRET

(When Filled In)

## FITNESS REPORT (Part II) POTENTIAL

## INSTRUCTIONS

FOR THE ADMINISTRATIVE OFFICER: Consult current instructions for completing this report.

FOR THE SUPERVISOR: This report is a privileged communication to your supervisor, and to appropriate career management and personnel officials concerning the potential of the employee being rated. It is NOT to be shown to the rated employee. It is recommended that you read the entire report before completing any question. This report is to be completed only after the employee has been under your supervision FOR AT LEAST 90 DAYS. If less than 90 days, to be completed after the 90 days has elapsed. If this is the INITIAL REPORT on the employee, however, it MUST be completed and forwarded to the (R) no later than 30 days after the due date indicated in item 8 of Section "E" below.

SECTION E. GENERAL			
1. NAME (Last) (First) (Middle)	2. DATE OF BIRTH	3. SEX	4. SERVICE DESIGNATION
Tarasoff, Anna	5/5/23	F	SD:DS
5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT		6. OFFICIAL POSITION TITLE	
DDP/CI Staff/SID Proj.		Intel Clk	
7. GRADE	8. DATE REPORT DUE IN OF	9. PERIOD COVERED BY THIS REPORT (Inclusive dates)	
GS-1		23 June 1958 - 22 October 1958	
10. TYPE OF REPORT (Check one)		SPECIAL (Specify)	
INITIAL		Possible promotion	
ANNUAL		REASSIGNMENT-SUPERVISOR	
		REASSIGNMENT-EMPLOYEE	

SECTION F. CERTIFICATION		
1. FOR THE RATER: I CERTIFY THAT THIS REPORT REPRESENTS MY BEST JUDGMENT OF THE INDIVIDUAL BEING RATED		
A. THIS DATE	B. TYPED OR PRINTED NAME AND SIGNATURE OF RATER	C. SUPERVISOR'S OFFICIAL TITLE
21 October 1958		Intelligence Asst.
2. FOR THE REVIEWING OFFICIAL: I HAVE REVIEWED THIS REPORT AND NOTED ANY DIFFERENCE OF OPINION IN ATTACHED MEMO.		
A. THIS DATE	B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL	C. OFFICIAL TITLE OF REVIEWING OFFICIAL
21 October 1958		Chief, CI/Project

SECTION G. ESTIMATE OF POTENTIAL	
1. POTENTIAL TO ASSUME GREATER RESPONSIBILITIES	
DIRECTIONS: Considering others of his grade and type of assignment, rate the employee's potential to assume greater responsibilities. Think in terms of the kind of responsibility encountered at the various levels in his kind of work.	
<div style="border: 1px solid black; padding: 5px; display: inline-block;">6</div> RATING NUMBER	1. ALREADY ABOVE THE LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED
	2. HAS REACHED THE HIGHEST LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED
	3. MAKING PROGRESS, BUT NEEDS MORE TIME BEFORE HE CAN BE TRAINED TO ASSUME GREATER RESPONSIBILITIES
	4. READY FOR TRAINING IN ASSUMING GREATER RESPONSIBILITIES
	5. WILL PROBABLY ADJUST QUICKLY TO MORE RESPONSIBLE DUTIES WITHOUT FURTHER TRAINING
	6. ALREADY ASSUMING MORE RESPONSIBILITIES THAN EXPECTED AT HIS PRESENT LEVEL
	7. AN EXCEPTIONAL PERSON WHO IS ONE OF THE FEW WHO SHOULD BE CONSIDERED FOR EARLY ASSUMPTION OF HIGHER LEVEL RESPONSIBILITIES

2. SUPERVISORY POTENTIAL	
DIRECTIONS: Answer this question: Has this person the ability to be a supervisor? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If your answer is YES, indicate below your opinion or guess of the level of supervisory ability this person will reach AFTER SUITABLE TRAINING. Indicate your opinion by placing the number of the descriptive rating below which comes closest to expressing your opinion in the appropriate column. If your rating is based on observing him supervise, note your rating in the "actual" column. If based on opinion of his potential, note the rating in the "potential" column.	

DESCRIPTIVE RATING		DESCRIPTIVE SITUATION
0 - HAVE NO OPINION ON HIS SUPERVISORY POTENTIAL IN THIS SITUATION		
1 - BELIEVE INDIVIDUAL WOULD BE A WEAK SUPERVISOR IN THIS KIND OF SITUATION		
2 - BELIEVE INDIVIDUAL WOULD BE AN AVERAGE SUPERVISOR IN THIS KIND OF SITUATION		
3 - BELIEVE INDIVIDUAL WOULD BE A STRONG SUPERVISOR IN THIS SITUATION		
ACTUAL	POTENTIAL	
	2	A GROUP DOING THE BASIC JOB (such as clerks, stenographers, technicians or professional specialists of various kinds) WHERE CONTACT WITH IMMEDIATE SUBORDINATES IS FREQUENT (First line supervisor)
	1	A GROUP OF SUPERVISORS WHO DIRECT THE BASIC JOB (Second line supervisors)
	1	A GROUP, WHO MAY OR MAY NOT BE SUPERVISORS, WHICH IS RESPONSIBLE FOR MAJOR PLANS, ORGANIZATION AND POLICY (Executive level)
	1	WHEN CONTACT WITH IMMEDIATE SUBORDINATES IS NOT FREQUENT
	1	WHEN IMMEDIATE SUBORDINATE ACTIVITIES ARE DIVERSE AND NEED CAREFUL COORDINATION
	1	WHEN IMMEDIATE SUBORDINATES INCLUDE MEMBERS OF THE OPPOSITE SEX
		OTHER (Specify)

SECRET

(When Filled In)

3. INDICATE THE APPROXIMATE NUMBER OF MONTHS THE NATED EMPLOYEE HAS BEEN UNDER YOUR SUPERVISION <b>5 Months</b>					
4. COMMENTS CONCERNING POTENTIAL Have no opinion concerning employee's potential at this time. <b>OFFICE OF PERSONNEL</b> <b>OCT 24 2 02 PM '58</b> <b>MAIL ROOM</b>					
<b>SECTION H. FUTURE PLANS</b>					
1. TRAINING OR OTHER DEVELOPMENTAL EXPERIENCE PLANNED FOR THE INDIVIDUAL On-the-job training is all that is necessary for this employee at this time.					
2. NOTE OTHER FACTORS, INCLUDING PERSONAL CIRCUMSTANCES, TO BE TAKEN INTO ACCOUNT IN INDIVIDUAL'S FUTURE ASSIGNMENTS Employee is a conscientious and diligent individual. She readily carries out the various duties assigned to her and shows a willingness to take on any additional assignments.					
<b>SECTION I. DESCRIPTION OF INDIVIDUAL</b>					
DIRECTIONS: This section is provided as an aid to describing the individual as you see him on the job. Interpret the words literally. On the page below are a series of statements that apply in some degree to most people. To the left of each statement is a box under the heading "category." Read each statement and insert in the box the category number which best tells how much the statement applies to the person covered by this report.					
X - HAVE NOT OBSERVED THIS; HENCE CAN GIVE NO OPINION AS TO HOW THE DESCRIPTION APPLIES TO THE INDIVIDUAL 1 - APPLIES TO THE INDIVIDUAL TO THE LEAST POSSIBLE DEGREE 2 - APPLIES TO INDIVIDUAL TO A LIMITED DEGREE 3 - APPLIES TO INDIVIDUAL TO AN AVERAGE DEGREE 4 - APPLIES TO INDIVIDUAL TO AN ABOVE AVERAGE DEGREE 5 - APPLIES TO INDIVIDUAL TO AN OUTSTANDING DEGREE					
CATEGORY	STATEMENT	CATEGORY	STATEMENT	CATEGORY	STATEMENT
3	1. ABLE TO SEE ANOTHER'S POINT OF VIEW	4	11. HAS HIGH STANDARDS OF ACCOMPLISHMENT	3	21. IS EFFECTIVE IN DISCUSSIONS WITH ASSOCIATES
3	2. CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES	3	12. SHOWS ORIGINALITY	3	22. IMPLEMENTS DECISIONS REGARDLESS OF OWN FEELINGS
3	3. HAS INITIATIVE	4	13. ACCEPTS RESPONSIBILITIES	3	23. IS THOUGHTFUL OF OTHERS
3	4. IS ANALYTIC IN HIS THINKING	3	14. ADMITS HIS ERRORS	4	24. WORKS WELL UNDER PRESSURE
3	5. STRIVES CONSTANTLY FOR NEW KNOWLEDGE AND IDEAS	3	15. RESPONDS WELL TO SUPERVISION	3	25. DISPLAYS JUDGEMENT
3	6. KNOWS WHEN TO SEEK ASSISTANCE	4	16. DOES HIS JOB WITHOUT STRONG SUPPORT	4	26. IS SECURITY CONSCIOUS
3	7. CAN GET ALONG WITH PEOPLE	3	17. COMES UP WITH SOLUTIONS TO PROBLEMS	3	27. IS VERSATILE
3	8. HAS MEMORY FOR FACTS	3	18. IS OBLIVIOUS	3	28. HIS CRITICISM IS CONSTRUCTIVE
4	9. GETS THINGS DONE	3	19. THINKS CLEARLY	4	29. FACILITATES SMOOTH OPERATION OF HIS OFFICE
3	10. CAN COPE WITH EMERGENCIES	4	20. COMPLETES ASSIGNMENTS WITHIN ALLOWABLE TIME LIMITS	4	30. DOES NOT REQUIRE STRONG AND CONTINUOUS SUPERVISION

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(When Filled In)

## FITNESS REPORT (Part I) PERFORMANCE

## INSTRUCTIONS

FOR THE ADMINISTRATIVE OFFICER: Consult current instructions for completing this report.

FOR THE SUPERVISOR: This report is designed to help you express your evaluation of your subordinate and to transmit this evaluation to your supervisor and senior officials. Organization policy requires that you inform the subordinate where he stands with you. Completion of the report can help you prepare for a discussion with him of his strengths and weaknesses. It is also organization policy that you show Part I of this report to the employee except under conditions specified in Regulation 20-370. It is recommended that you read the entire form before completing any portion. If this is the initial report on the employee, it must be completed and forwarded to the Office of Personnel no later than 30 days after the date indicated in item 8, of Section A below.

SECTION A. GENERAL			
1. NAME (Last) (First) (Middle) <b>TARASOFF, Anna</b>	2. DATE OF BIRTH <b>5 May 1923</b>	3. SEX <b>F</b>	4. SERVICE DESIGNATION <b>DS</b>
5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT <b>DDP/FI/D/PB</b>		6. OFFICIAL POSITION TITLE <b>Clerk</b>	
7. GRADE <b>GS-4</b>	8. PERIOD COVERED BY THIS REPORT (Inclusive dates) <b>14 July 1957 - 31 December 1957</b>		
9. DATE REPORT DUE IN OP <b>GS-4</b>	10. TYPE OF REPORT (Check one) INITIAL <input type="checkbox"/> REASSIGNMENT-SUPERVISOR <input type="checkbox"/> SPECIAL (Specify) <input type="checkbox"/> ANNUAL <input checked="" type="checkbox"/> REASSIGNMENT-EMPLOYEE <input type="checkbox"/>		
SECTION B. CERTIFICATION			
1. FOR THE RATER: THIS REPORT <input checked="" type="checkbox"/> HAS <input type="checkbox"/> WAS NOT BEEN SHOWN TO THE INDIVIDUAL RATED. IF NOT SHOWN, EXPLAIN WHY NOT: <b>Individual was not rated.</b>			
2. CHECK (X) APPROPRIATE STATEMENTS:			
<input checked="" type="checkbox"/> THIS REPORT REFLECTS MY OWN OPINIONS OF THIS INDIVIDUAL.		IF INDIVIDUAL IS RATED "IN" IN CI OR D, A WARNING LETTER WAS SENT TO HIM OR A COPY ATTACHED TO THIS REPORT.	
<input type="checkbox"/> THIS REPORT REFLECTS THE COMBINED OPINIONS OF MYSELF AND PREVIOUS SUPERVISORS.		<input type="checkbox"/> I CANNOT CERTAINLY RATE THE RATED INDIVIDUAL BECAUSE (Specify):	
<input type="checkbox"/> I HAVE DISCUSSED WITH THIS EMPLOYEE HIS STRENGTHS AND WEAKNESSES SO THAT HE KNOWS WHERE HE STANDS.			
3. THIS DATE <b>31 Dec. 1957</b>	4. SIGNED ON PRINTED NAME AND SIGNATURE <b>[Signature]</b>		
5. FOR THE REVIEWING OFFICIAL: RECORD ANY SUBSTANTIAL DIFFERENCE OF OPINION WITH THE SUPERVISOR, OR ANY OTHER INFORMATION, WHICH WILL LEAD TO A BETTER UNDERSTANDING OF THIS REPORT.			
DATE <b>31 JAN 1958</b> Reviewed by <b>[Signature]</b>			
<input type="checkbox"/> CONTINUED ON ATTACHED SHEET			

I certify that any substantial difference of opinion with the supervisor is reflected in the above section.

6. THIS DATE <b>9 Jan 1958</b>	7. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL <b>[Signature]</b>	8. OFFICIAL TITLE OF REVIEWING OFFICIAL <b>Sup. Officer, FI/D/PB</b>
-----------------------------------	------------------------------------------------------------------------------------	-------------------------------------------------------------------------

SECTION C. JOB PERFORMANCE EVALUATION	
1. RATING ON GENERAL PERFORMANCE OF DUTIES	
DEFLECTIONS: Consider ONLY the productivity and effectiveness with which the individual being rated has performed his duties during the rating period. Compare him ONLY with others doing similar work at a similar level of responsibility. Factors other than productivity will be taken into account later in Section D.	
2. DOES NOT PERFORM DUTIES ADEQUATELY; HE IS INCOMPETENT.	3. BARELY ADEQUATE IN PERFORMANCE; ALTHOUGH HE HAS HAD SPECIFIC INJURY OR TRAINING, HE OFTEN FAILS TO CARRY OUT RESPONSIBILITIES.
4. PERFORMS MOST OF HIS DUTIES ACCEPTABLY; OCCASIONALLY REVEALS SOME AREA OF WEAKNESS.	5. PERFORMS DUTIES IN A COMPETENT, EFFECTIVE MANNER.
6. A FINE PERFORMANCE; CARRIES OUT MANY OF HIS RESPONSIBILITIES EXCEPTIONALLY WELL.	7. PERFORMS HIS DUTIES IN SUCH AN OUTSTANDING MANNER THAT HE IS EQUALLED BY FEW OTHER PERSONS KNOWN TO THE SUPERVISOR.

COMMENTS:

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Performance

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(When Filled In)

OFFICE OF PERSONNEL

2. RATINGS IN PERFORMANCE OF SPECIFIC DUTIES																											
<p><b>DIRECTIONS:</b></p> <p>a. State in the spaces below up to six of the more important SPECIFIC duties performed during this rating period. Place the most important first. In not include minor or unimportant duties.</p> <p>b. Rate performance on each specific duty considering ONLY effectiveness in performance of this duty. Those who supervise a secretary only.</p> <p>c. For supervisors, ability to supervise will always be rated as a specific duty (do not rate as "supervisory" those who supervise a secretary only).</p> <p>d. Compare in your mind, when possible, the individual being rated with others performing the same duty at a similar level of responsibility.</p> <p>e. Two individuals with the same job title may be performing different duties. If so, rate them on different duties.</p> <p>f. Be specific. Examples of the kind of duties that might be rated are:</p> <table border="0"> <tr> <td>ORAL BRIEFING</td> <td>HAS AND USES AREA KNOWLEDGE</td> <td>CONDUCTS INTERROGATIONS</td> </tr> <tr> <td>GIVING LECTURES</td> <td>DEVELOPS NEW PROGRAMS</td> <td>PREPARES SUMMARIES</td> </tr> <tr> <td>CONDUCTING SEMINARS</td> <td>ANALYZES INDUSTRIAL REPORTS</td> <td>TRANSLATES GERMAN</td> </tr> <tr> <td>WRITING TECHNICAL REPORTS</td> <td>MANAGES FILES</td> <td>DEBRIEFING SOURCES</td> </tr> <tr> <td>CONDUCTING EXTERNAL LIAISON</td> <td>OPERATES RADIO</td> <td>KEEPS BOOKS</td> </tr> <tr> <td>TYPING</td> <td>COORDINATES WITH OTHER OFFICES</td> <td>DRIVES TRUCK</td> </tr> <tr> <td>TAKING DICTATION</td> <td>WRITES REGULATIONS</td> <td>MAINTAINS AIR CONDITIONING</td> </tr> <tr> <td>SUPERVISING</td> <td>PREPARES CORRESPONDENCE</td> <td>EVALUATES SIGNIFICANCE OF DATA</td> </tr> </table> <p>g. For some jobs, duties may be broken down even further if supervisor considers it advisable, e.g., combined key and phone operation, in the case of a radio operator.</p>				ORAL BRIEFING	HAS AND USES AREA KNOWLEDGE	CONDUCTS INTERROGATIONS	GIVING LECTURES	DEVELOPS NEW PROGRAMS	PREPARES SUMMARIES	CONDUCTING SEMINARS	ANALYZES INDUSTRIAL REPORTS	TRANSLATES GERMAN	WRITING TECHNICAL REPORTS	MANAGES FILES	DEBRIEFING SOURCES	CONDUCTING EXTERNAL LIAISON	OPERATES RADIO	KEEPS BOOKS	TYPING	COORDINATES WITH OTHER OFFICES	DRIVES TRUCK	TAKING DICTATION	WRITES REGULATIONS	MAINTAINS AIR CONDITIONING	SUPERVISING	PREPARES CORRESPONDENCE	EVALUATES SIGNIFICANCE OF DATA
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Logging Intelligence Material	5.																										
SPECIFIC DUTY NO. 2	RATING NUMBER	SPECIFIC DUTY NO. 5	RATING NUMBER																								
Filing	5.																										
SPECIFIC DUTY NO. 3	RATING NUMBER	SPECIFIC DUTY NO. 6	RATING NUMBER																								
Related Clerical Duties	4.																										
<p><b>3. NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE</b></p> <p><b>DIRECTIONS:</b> Stress strengths and weaknesses, particularly those which affect development on present job.</p> <p>Individual very alert and she performs all her duties in an accurate, competent and thorough manner. She is a definite asset to the office.</p>																											
<p><b>SECTION D. SUITABILITY FOR CURRENT JOB IN ORGANIZATION</b></p> <p><b>DIRECTIONS:</b> Take into account here everything you know about the individual....productivity, conduct in the job, pertinent personal characteristics or habits, special defects or talents....and how he fits in with your team. Compare him with others doing similar work of about the same level.</p> <table border="0"> <tr> <td>1 - DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED</td> <td></td> </tr> <tr> <td>2 - OF DOUBTFUL SUITABILITY...WOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW</td> <td></td> </tr> <tr> <td>3 - A BARELY ACCEPTABLE EMPLOYEE...BETTER AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION</td> <td></td> </tr> <tr> <td>4 - OF THE SAME SUITABILITY AS MOST PEOPLE I KNOW IN THE ORGANIZATION</td> <td></td> </tr> <tr> <td>5 - A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS</td> <td></td> </tr> <tr> <td>6 - AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION</td> <td></td> </tr> <tr> <td>7 - EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION</td> <td></td> </tr> </table> <p>IS THIS INDIVIDUAL BETTER SUITED FOR WORK IN SOME OTHER POSITION IN THE ORGANIZATION? <input type="checkbox"/> YES <input type="checkbox"/> NO. IF YES, EXPLAIN FULLY:</p>				1 - DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED		2 - OF DOUBTFUL SUITABILITY...WOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW		3 - A BARELY ACCEPTABLE EMPLOYEE...BETTER AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION		4 - OF THE SAME SUITABILITY AS MOST PEOPLE I KNOW IN THE ORGANIZATION		5 - A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS		6 - AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION		7 - EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION											
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SECRET

STANDARD FORM 56  
REVISED JULY 1962  
U. S. CIVIL SERVICE COMMISSION  
CHAPTER 1-3, F.P.M. 56-104

AGENCY CERTIFICATION OF INSURANCE STATUS  
**Federal Employees' Group Life Insurance Act**

1. FULL NAME OF EMPLOYEE (Last) (First) (Middle) <b>Parasoff Anna</b>		2. DATE OF BIRTH (MONTH, DAY, YEAR) <b>May 5, 1923</b>
3. CHECK THE REASON FOR TERMINATING INSURANCE (a) <input checked="" type="checkbox"/> <b>SEPARATED</b> (c) <input type="checkbox"/> <b>DIED</b> (b) <input type="checkbox"/> <b>RETIRED</b> (d) <input type="checkbox"/> <b>12 MONTHS NON-PAY STATUS</b> (e) <input type="checkbox"/> <b>OTHER (Specify)</b> WAS EMPLOYEE AT TIME OF DEATH AN APPLICANT FOR CIVIL SERVICE RETIREMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		
4. CHECK APPROPRIATE BOX CONCERNING S. F. 54, DESIGNATION OF BENEFICIARY (a) <input type="checkbox"/> <b>CURRENT S. F. 54 ATTACHED</b> (b) <input checked="" type="checkbox"/> <b>A CURRENT S. F. 54 IS NOT ON FILE WITH THIS AGENCY</b> (c) <input type="checkbox"/> <b>A CURRENT S. F. 54 IS ON FILE IN THE EMPLOYEE'S OFFICIAL PERSONNEL FOLDER (OR EQUIVALENT)</b>		
NOTE: IF EMPLOYEE (a) DIED OR (b) IS RETIRING OR RECEIVING FEDERAL EMPLOYEES' COMPENSATION UNDER CONDITIONS ENTITLING HIM TO RETAIN FREE LIFE INSURANCE, ATTACH CURRENT S. F. 54, IF ANY, TO ORIGINAL S. F. 56 AND CHECK BOX 4 (a) ON ORIGINAL AND ALL COPIES OF S. F. 56; IF NO CURRENT S. F. 54 IS ON FILE, CHECK BOX 4 (b). IN ALL OTHER CASES, SHOW WHETHER OR NOT CURRENT S. F. 54 IS ON FILE BY CHECKING BOX 4 (a) OR (c). A CURRENT S. F. 54 IS ONE THAT HAS NOT BEEN CANCELED BY EMPLOYEE OR AUTOMATICALLY BY TRANSFER OR PRIOR TERMINATION OF INSURANCE.		
5. DATE OF EVENT CHECKED IN ITEM 3 (MONTH, DAY, YEAR) <b>September 8, 1963</b>	6. ANNUAL COMPENSATION RATE - NOT AMOUNT OF INSURANCE - (CONVERT DAILY, HOURLY, PIECEWORK, ETC. RATE TO ANNUAL RATE) ON DATE IN ITEM 5. <b>\$5,545.00 PER ANNUM</b>	7. DATE OF NOTICE OF CONVERSION PRIVILEGE (SF 55) TO EMPLOYEE (MONTH, DAY, YEAR) <b>October 2, 1963</b>
8. I CERTIFY THAT THE ABOVE INFORMATION HAS BEEN OBTAINED FROM, AND CORRECTLY REFLECTS OFFICIAL RECORDS, AND THAT THE EMPLOYEE NAMED WAS COVERED BY FEDERAL EMPLOYEES' GROUP LIFE INSURANCE ON THE DATE SHOWN IN ITEM 5. (SIGN ORIGINAL ONLY)  <div style="display: flex; justify-content: space-between;"><div>(Personal signature of authorized agency official)  (Type name of authorized agency official)  (Name of agency)</div><div style="text-align: center;">2 OCT 1963 (Date)  (Title)  <b>P. O. Box 3521, Central Station, Arlington, Va 22203</b> (Mailing address of agency)</div></div>		

SEE OTHER SIDE  
FOR  
INSTRUCTIONS TO EMPLOYING AGENCY

Standard Form No. 2809 CHAPTER I-5 FPM. GSA GEN. REG. NO. 27		HEALTH BENEFITS REGISTRATION FORM FEDERAL EMPLOYEES HEALTH BENEFITS ACT OF 1959 (Read instructions on back of last page. Use only November or January open.)		CAREER CONTROL NO. 092790																																								
PART A ALL WHO REGISTER MUST FILL IN THIS PART.	1. NAME (LAST) (FIRST) (MIDDLE INITIAL)	2. DATE OF BIRTH (Use numbers)		3. Are you now married?																																								
	TARASOFF ANNA	5 5 23		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>																																								
	4. YOUR MAILING ADDRESS (NUMBER AND STREET) (CITY AND ZONE NUMBER) (STATE)	2619 Gainsville St., S.E. Washington 20, D.C.																																										
PART B FILE IN THIS PART IF YOU WISH TO EN- ROLL IN A HEALTH BENEFITS PLAN.	6. Are you covered by, or is any family member listed below cov- ered by or enrolling in, a plan under the Federal Employees Health Benefits Act of 1959, through the enrollment of another United States or District of Columbia Government employee or annuitant? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		7. Place an "X" in proper box to show your annual basic salary range.																																									
			UNDER \$4,000 <input type="checkbox"/> \$4,000 TO \$5,999 <input checked="" type="checkbox"/> \$6,000 TO \$9,999 <input type="checkbox"/> \$10,000 OR OVER <input type="checkbox"/>																																									
PART C FILE IN THIS PART IF YOU WISH TO EN- ROLL 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 brochure of the plan you select.)																																											
	NAME OF PLAN																																											
	OPTION (HIGH OR LOW) ENROLLMENT CODE NUMBER																																											
PART D FILE IN THIS PART IF YOU WISH TO EN- ROLL IN A HEALTH BENEFITS PLAN.	2. In space below list all living family members without exception. List your wife or husband first, then your unmarried children under age 19, including legally adopted children, and dependent children who live with you in a regular parent-child relation- ship. Include also any unmarried child over age 19 who became disabled before age 19 and who, because of the disability, is incapable of self support. (Attach a doctor's certificate for a disabled child age 19 or over.)																																											
	<table border="1"> <thead> <tr> <th>NAMES OF FAMILY MEMBERS</th> <th>DATE OF BIRTH (Month, Day, Year)</th> <th>NAMES OF FAMILY MEMBERS</th> <th>DATE OF BIRTH (Month, Day, Year)</th> </tr> </thead> <tbody> <tr> <td>Wife or Husband</td> <td>1</td> <td></td> <td>2</td> </tr> <tr> <td></td> <td>2</td> <td></td> <td>3</td> </tr> <tr> <td></td> <td>3</td> <td></td> <td>4</td> </tr> <tr> <td></td> <td>4</td> <td></td> <td>5</td> </tr> <tr> <td></td> <td>5</td> <td></td> <td>6</td> </tr> <tr> <td></td> <td>6</td> <td></td> <td>7</td> </tr> <tr> <td></td> <td>7</td> <td></td> <td>8</td> </tr> <tr> <td></td> <td>8</td> <td></td> <td>9</td> </tr> <tr> <td></td> <td>9</td> <td></td> <td>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		2		2		3		3		4		4		5		5		6		6		7		7		8		8		9		9		10
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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"/>																																												
PART E ALL WHO REGISTER MUST FILL IN THIS PART	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 F TO BE COMPLETED BY AGENCY.	3. 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 enroll- ment of my husband. <input checked="" type="checkbox"/>																																											
	(b) I am covered by a health insurance plan which is not under the Health Benefits Act. <input type="checkbox"/>																																											
PART G TO BE COMPLETED BY AGENCY.	1. I elect to change my enrollment as shown by the enrollment number and other information in Part B.																																											
	2. Number of event which permits change.																																											
	3. Date of event which permits change.																																											
REMARKS (USE ONLY BY ANNUITANTS AND AGENCY.)	WARNING.—Any intentional false statement in this application or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001.)																																											
	13 June 1960																																											
	DATE RECEIVED IN EMPLOYING OFFICE																																											
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REMARKS (USE ONLY BY ANNUITANTS AND AGENCY.)	3. PAYROLL OFFICE NO.																																											
	4. EFFECTIVE DATE OF ELECTION																																											
	5. PAYROLL ACTION NO. INITIALS AND DATE																																											
REMARKS (USE ONLY BY ANNUITANTS AND AGENCY.)	SIGNATURE OF AUTHORIZED REPRESENTATIVE																																											
	125935																																											
	11-69																																											



## APPOINTMENT AFFIDAVITS

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

CENTRAL INTELLIGENCE AGENCY

(Department or agency)

Washington, D.C.

(Bureau or division)

(Place of employment)

I, Anna Tarasoff, do solemnly swear (or affirm) that—

### A. OATH OF OFFICE

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

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

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

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

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

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

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

### E. AFFIDAVIT AS TO DECLARATION OF APPOINTEE

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

8 Apr 1957

(Date of entrance on duty)

Anna Tarasoff

(Signature of appointee)

Subscribed and sworn before me this 8th day of April, A. D. 1957,

at Washington, D.C.

(City)

(State)

[SEAL]

Ann G. Jones

(Signature of officer)

Appointment Clerk

(Title)

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

## DECLARATION OF APPOINTEE

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

1. PRESENT ADDRESS (street and number, city and State) <u>3819 GRIMESVILLE ST. S.E. WASH. D.C.</u>			
2. (A) DATE OF BIRTH <u>5-5-33</u>		(B) PLACE OF BIRTH (city and State or city and foreign country) <u>CLEVELAND, OHIO</u>	
3. (A) IN CASE OF EMERGENCY, PLEASE NOTIFY <u>Boris D. Tarnosoff</u>		(B) RELATIONSHIP <u>HUSBAND</u>	(C) STREET AND NUMBER, CITY AND STATE <u>3819 GRIMESVILLE ST. S.E. WASH. D.C.</u>
(D) TELEPHONE NO. <u>4-1350</u>			
4. DOES THE UNITED STATES GOVERNMENT EMPLOY, IN A CIVILIAN CAPACITY, ANY RELATIVE OF YOURS (EITHER BY BLOOD OR MARRIAGE) WITHIN WHICH YOU LIVE OR HAVE LIVED WITHIN THE PAST 24 MONTHS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
If so, for each such relative fill in the blank below. If additional space is necessary, complete under Item 12.			

NAME	POST OFFICE ADDRESS (Give street number, if any)	(1) POSITION (2) TEMPORARY OR NOT (3) DEPARTMENT OR AGENCY IN WHICH EMPLOYED	RELATIONSHIP	MAR. RIED	SIN- GLE (Check one)
<u>BORIS D. TARNOSOFF</u>	<u>3819 GRIMESVILLE ST. S.E.</u>	1. <u>Asst. Dir. ST.</u> 2. _____ 3. _____	<u>Wife</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		1. _____ 2. _____ 3. _____		<input type="checkbox"/>	<input type="checkbox"/>
		1. _____ 2. _____ 3. _____		<input type="checkbox"/>	<input type="checkbox"/>

INDICATE ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO	INDICATE ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO
5. (A) ARE YOU A CITIZEN OF THE UNITED STATES OF AMERICA, OR (B) AS A NATIVE OF AMERICAN SAMOA DO YOU OWE ALLEGIANCE TO THE UNITED STATES OF AMERICA?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10. (A) HAVE YOU EVER FILED A WAIVER OF LIFE INSURANCE COVERAGE UNDER THE FEDERAL EMPLOYEES' GROUP LIFE INSURANCE ACT?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY? If your answer is "Yes," give details in Item 12.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(B) IF "Y" HAVE FILED SUCH A WAIVER, HAS IT BEEN CANCELED OR REVOKED?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. DO YOU RECEIVE OR HAVE YOU APPLIED FOR AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT OR ANY PENSION OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE? If your answer is "Yes," give details in Item 12.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	11. SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT: A. HAVE YOU BEEN DISCHARGED FROM EMPLOYMENT BECAUSE: (1) YOUR CONDUCT WAS NOT SATISFACTORY? (2) YOUR WORK WAS NOT SATISFACTORY?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT, HAVE YOU BEEN ARRESTED, CHARGED, OR HELD BY FEDERAL, STATE, OR OTHER LAW ENFORCEMENT AUTHORITIES, FOR ANY VIOLATION OF ANY FEDERAL LAW, STATE LAW, COUNTY OR MUNICIPAL LAW, REGULATION OR ORDINANCE? DO NOT INCLUDE TRAFFIC VIOLATIONS FOR WHICH A FINE OF \$25 OR LESS WAS IMPOSED. ALL OTHER CHARGES MUST BE INCLUDED EVEN IF THEY WERE DISMISSED. If your answer is "Yes," give in Item 12 for each case: (1) approximate date, (2) charge, (3) place, (4) action taken.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	B. HAVE YOU RESIGNED AFTER OFFICIAL NOTIFICATION THAT: (1) YOUR CONDUCT WAS NOT SATISFACTORY? (2) YOUR WORK WAS NOT SATISFACTORY?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT, HAVE YOU BEEN BARRED BY THE U. S. CIVIL SERVICE COMMISSION FROM TAKING EXAMINATIONS OR ACCEPTING CIVIL SERVICE APPOINTMENTS? If your answer is "Yes," give dates of and reasons for such debarment in Item 12.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	C. HAVE YOU BEEN DISCHARGED FROM THE ARMED SERVICES UNDER OTHER THAN HONORABLE CONDITIONS? If your answer to A, B, or C is "Yes," give details in Item 12 as clearly as you can remember, including the name and address of employer, approximate date, and reasons in each case.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

ITEM NO.	ITEM NO.

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

STATEMENT OF PRIOR FEDERAL 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		
TARASOFF, Anna					5-5-23					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	
None												
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				
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 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			
			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?)										13. NONCREDITABLE SERVICE (Leave purposes only):		
										14. NONCREDITABLE SERVICE (RIF purposes only):		
										15. REEMPLOYMENT RIGHTS <input type="checkbox"/> YES <input type="checkbox"/> NO		
										16. RETENTION RIGHTS <input type="checkbox"/> YES <input type="checkbox"/> NO		
7. ARE YOU: A. THE WIFE OF A DISABLED VETERAN? <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 C. THE UNREMARKED WIDOW OF A VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> NO										17. EXPIRATION DATE OF RETENTION 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.												
APR 8 1957 (DATE)										Anna Tarasoff (SIGNATURE)		
Subscribed and sworn to before me on this _____ day of _____ 19____ at _____ (MONTH) (CITY) (STATE)												
SEAL										Linda Force		
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 permanent side of the employee's official personnel folder immediately before or after the personnel action involved.												


**Part III.—DETERMINATION OF COMPETITIVE STATUS.** (Complete for noncompetitive hires based on competitive status as required by instructions in FPM Chapter 51.) Employee has a competitive status. This determination is based upon the following evidence:

NAME OF AGENCY	SIGNATURE AND OFFICIAL TITLE	DATE

**PART IV.—DETERMINATION OF CREDITABLE SERVICE AND SERVICE COMPUTATION DATE FOR LEAVE PURPOSES**

	TOTAL SERVICE (Item 12)	NONCREDITABLE SERVICE (Item 13)	CREDITABLE SERVICE (Leave Purposes)	ENTRANCE ON DUTY DATE (Present Agency)	LESS CREDITABLE SERVICE (Leave Purposes)	SERVICE COM- PUTATION DATE (Leave Purposes)
						
Years						5 1/2
Months						
Days						8

**PART V.—DETERMINATION OF CREDITABLE SERVICE AND SERVICE COMPUTATION DATE FOR REDUCTION IN FORCE PURPOSES.** (Complete only in those cases when the amount of creditable service for reduction in force purposes differs from the amount creditable for leave purposes.)

	TOTAL SERVICE (Item 12)	NONCREDITABLE SERVICE (Item 14)	CREDITABLE SERVICE (RIF Purposes)	ENTRANCE ON DUTY DATE (Present Agency)	LESS CREDITABLE SERVICE (RIF Purposes)	SERVICE COM- PUTATION DATE* (RIF Purposes)
						
Years						
Months						
Days						

\* Enter as the "Service Computation Date" on the employee's "Service Record Card," SF 7

REMARKS:

**SECRET**  
(When Filled In)

APR

<b>PERIODIC SUPPLEMENT PERSONAL HISTORY STATEMENT</b>		THIS DATE <b>4 MAY 1958</b>
<b>INSTRUCTIONS</b>		
<p>This form provides the means whereby your official personnel records will be kept current. Even though it duplicates information you have furnished previously, it will be necessary for you to complete Sections I through VI in their entirety. You need complete Sections VII through XII only if there has been a change since you entered on duty with the organization or if you believe the item requires more complete coverage than you have previously reported.</p>		
<b>SECTION I GENERAL</b>		
1. FULL NAME (Last-First-Middle) <b>TARASOFF, ANNA</b>		
2. CURRENT ADDRESS (No., Street, City, Zone, State) <b>2819 GAINESVILLE ST. SE, WASH. DC D.C.</b>		3. PERMANENT ADDRESS (No., Street, City, Zone, State) <b>2819 GAINESVILLE ST. SE, WASH. DC D.C.</b>
4. HOME TELEPHONE NUMBER	5. STATE, TERRITORY, POSSESSION OR COUNTRY IN WHICH YOU NOW CLAIM RESIDENCE	
<b>SECTION II PERSON TO BE NOTIFIED IN CASE OF EMERGENCY</b>		
1. NAME (Last-First-Middle) PREFERABLY RESIDING IN U.S. <b>TARASOFF, BEN'S DIMITRI</b>		2. RELATIONSHIP <b>HUSBAND</b>
3. HOME ADDRESS (No., Street, City, Zone, State, Country) <b>3819 GAINESVILLE ST. S.E. WASH. DC D.C.</b>		
4. BUSINESS ADDRESS (No., Street, City, Zone, State, Country) INDICATE NAME OF FIRM OR EMPLOYER, IF APPLICABLE <b>2930 E. ST. N.W. WASH. DC</b>		
5. HOME TELEPHONE NUMBER <b>W. 4-1380</b>	6. BUSINESS TELEPHONE NUMBER <b>EX-34115</b>	7. BUSINESS TELEPHONE EXTENSION <b>EX. 581</b>
8. IN CASE OF EMERGENCY, OTHER CLOSE RELATIVES (Spouse, Mother, Father, etc.) MAY ALSO BE NOTIFIED. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE. <b>MR. &amp; MRS. T. ADAMSON 13816 CLEVELAND AVE. CLEVELAND 5 OHIO</b>		
<b>SECTION III MARITAL STATUS</b>		
1. CHECK (X) ONE: <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> ANNULLED		
2. FURNISH DATE, PLACE AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS		
<p>SPOUSE: If you have been married more than once, including annulments, use a separate sheet for former wife or husband giving data below for all previous marriages. If marriage is contemplated, provide same data for fiancé.</p>		
3. NAME (First) (Middle) (Last) <b>BEN'S DIMITRI TARASOFF</b>		
4. DATE OF MARRIAGE <b>3-10-45</b>	5. PLACE OF MARRIAGE (City, State, Country) <b>CLEVELAND OHIO</b>	
6. ADDRESS OF SPOUSE BEFORE MARRIAGE (No., Street, City, State, Country) <b>620 W. 141 ST. NEW YORK, N.Y.</b>		
7. LIVING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	8. DATE OF DEATH	9. CAUSE OF DEATH
10. CURRENT ADDRESS (Give last address, if deceased) <b>2819 GAINESVILLE ST. S.E. WASH. DC D.C.</b>		
11. DATE OF BIRTH <b>2 NOV 1908</b>	12. PLACE OF BIRTH (City, State, Country) <b>ERATERINGSLAV RUSSIA</b>	
13. IF BORN OUTSIDE U.S.-DATE OF ENTRY <b>Oct. 1923</b>	14. PLACE OF ENTRY <b>NEW YORK, N.Y.</b>	
15. CITIZENSHIP (Country) <b>U.S.A.</b>	16. DATE ACQUIRED <b>JUNE 22, 1936</b>	17. WHERE ACQUIRED (City, State, Country) <b>LONG ISLAND, N.Y. U.S.A.</b>
18. OCCUPATION <b>FOREIGN DOCUMENTS OFFICER</b>		
19. PRESENT EMPLOYER (Also give former employer, or if spouse is deceased or unemployed, list two employers) <b>BLUE TRIANGLE CLUB (YWCA)</b>		
20. EMPLOYER'S OR BUSINESS ADDRESS (No., Street, City, State, Country) <b>2930 E. ST. N.W. WASH. DC</b>		

SECTION III CONTINUED TO PAGE 2

**SECRET**  
(When Filled In)

SECTION III CONTINUED FROM PAGE 1		
21. DATES OF MILITARY SERVICE OF SPOUSE (From and To) BY MONTH AND YEAR <i>FEB. 3, 1941 — OCT. 20, 1945</i>		
22. BRANCH OF SERVICE <i>U.S. ARMY</i>	23. COUNTRY WITH WHICH MILITARY SERVICE AFFILIATED <i>U.S.A.</i>	
24. DETAILS OF OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN  <i>ENTERED ON DUTY WITH CIA FEB. 20, 1956</i>		
SECTION IV RELATIVES BY BLOOD, MARRIAGE OR ADOPTION LIVING ABROAD OR WHO ARE NOT U.S. CITIZENS		
1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT
1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT
1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT
1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT
5. SPECIAL REMARKS, IF ANY, CONCERNING THESE RELATIVES		
SECTION V FINANCIAL STATUS		
1. ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
2. DO YOU HAVE ANY FINANCIAL INTEREST IN, OR OFFICIAL CONNECTION WITH, NON-U.S. CORPORATIONS OR BUSINESSES OR IN OR WITH U.S. CORPORATIONS OR BUSINESSES HAVING SUBSTANTIAL FOREIGN INTERESTS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YOU HAVE ANSWERED "YES," GIVE COMPLETE DETAILS ON A SEPARATE SHEET AND ATTACH IN A SEALED ENVELOPE.		
3. DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT, PENSION, OR COMPENSATION FOR MILITARY OR NAVAL SERVICE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
4. IF YOU HAVE ANSWERED "YES" TO QUESTION 3 ABOVE, GIVE COMPLETE DETAILS.		
5. WITHOUT REFERENCE TO YOUR SALARY, STATE OTHER SOURCES OF RECURRENT INCOME NOT INDICATED BY PRECEDING ITEMS.		

SECTION V CONTINUED TO PAGE 3

**SECRET**

SECRET

(When Filled In)

## SECTION V CONTINUED FROM PAGE 2

## 6. BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS

NAME OF INSTITUTION	ADDRESS (City, State, Country)
AMERICAN NAT'L BANK OF WASHINGTON	WASHINGTON 20, D.C.

7. HAVE YOU EVER BEEN IN, OR PETITIONED FOR, BANKRUPTCY?

YES ☐ NO ☒

8. IF YOU HAVE ANSWERED "YES" TO QUESTION 7 ABOVE, GIVE PARTICULARS, INCLUDING COURT AND DATE(S)

## CITIZENSHIP

1. COUNTRY OF CURRENT CITIZENSHIP	2. CITIZENSHIP ACQUIRED BY - CHECK (X) ONE: <input checked="" type="checkbox"/> BIRTH <input type="checkbox"/> MARRIAGE <input type="checkbox"/> OTHER (Specify):
3. HAVE YOU TAKEN STEPS TO CHANGE YOUR PRESENT CITIZENSHIP? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	4. GIVE PARTICULARS
5. IF YOU HAVE APPLIED FOR U.S. CITIZENSHIP, INDICATE PRESENT STATUS OF YOUR APPLICATION (First papers, etc.)	

## SECTION VII EDUCATION

## 1. CHECK (X) HIGHEST LEVEL OF EDUCATION ATTAINED

<input type="checkbox"/> LESS THAN HIGH SCHOOL GRADUATE	<input type="checkbox"/> OVER 100 YEARS OF COLLEGE - NO DEGREE
<input checked="" type="checkbox"/> HIGH SCHOOL GRADUATE	<input type="checkbox"/> BACHELOR'S DEGREE
<input type="checkbox"/> TRADE, BUSINESS, OR COMMERCIAL SCHOOL GRADUATE	<input type="checkbox"/> GRADUATE STUDY LEADING TO MASTERS DEGREE
<input type="checkbox"/> TWO YEARS COLLEGE OR LESS	<input type="checkbox"/> MASTER'S DEGREE <input type="checkbox"/> DOCTOR'S DEGREE

## 2. COLLEGE OR UNIVERSITY STUDY

NAME AND LOCATION OF COLLEGE OR UNIVERSITY	SUBJECT		DATES ATTENDED		DEGREE REC'D	DATE REC'D	SEM/OTH HRS. COMPLETED (Specify)
	MAJOR	MINOR	FROM	TO			

## 3. TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS

NAME OF SCHOOL	STUDY OR SPECIALIZATION	DATES ATTENDED		TOTAL HOURS
		FROM	TO	

## 4. MILITARY TRAINING (Full time duty in specialized schools such as Ordnance, Intelligence, Communications, etc.)

NAME OF SCHOOL	STUDY OR SPECIALIZATION	DATES ATTENDED		TOTAL WEEKS
		FROM	TO	

## 5. OTHER EDUCATIONAL TRAINING NOT INDICATED ABOVE

--

SECRET

**SECRET**  
(When Filled In)

**SECTION X CONTINUED FROM PAGE 8**

7. LIST ANY SIGNIFICANT PUBLISHED MATERIALS OF WHICH YOU ARE THE AUTHOR (Do not submit copies unless requested). INDICATE TITLE, PUBLICATION DATE, AND TYPE OF WRITING (Non-fiction, scientific articles, general interest subjects, novels, short stories, etc.)

8. INDICATE ANY DEVICES WHICH YOU HAVE INVENTED AND STATE WHETHER OR NOT THEY ARE PATENTED

9. LIST ANY PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE

10. LIST ANY PROFESSIONAL, ACADEMIC OR HONORARY ASSOCIATIONS OR SOCIETIES IN WHICH YOU ARE NOW OR WERE FORMERLY A MEMBER. LIST ACADEMIC HONORS YOU HAVE RECEIVED.

**SECTION XI ORGANIZATION WORK EXPERIENCE - SINCE LAST COMPLETION OF A PERSONNEL QUALIFICATIONS QUESTIONNAIRE**

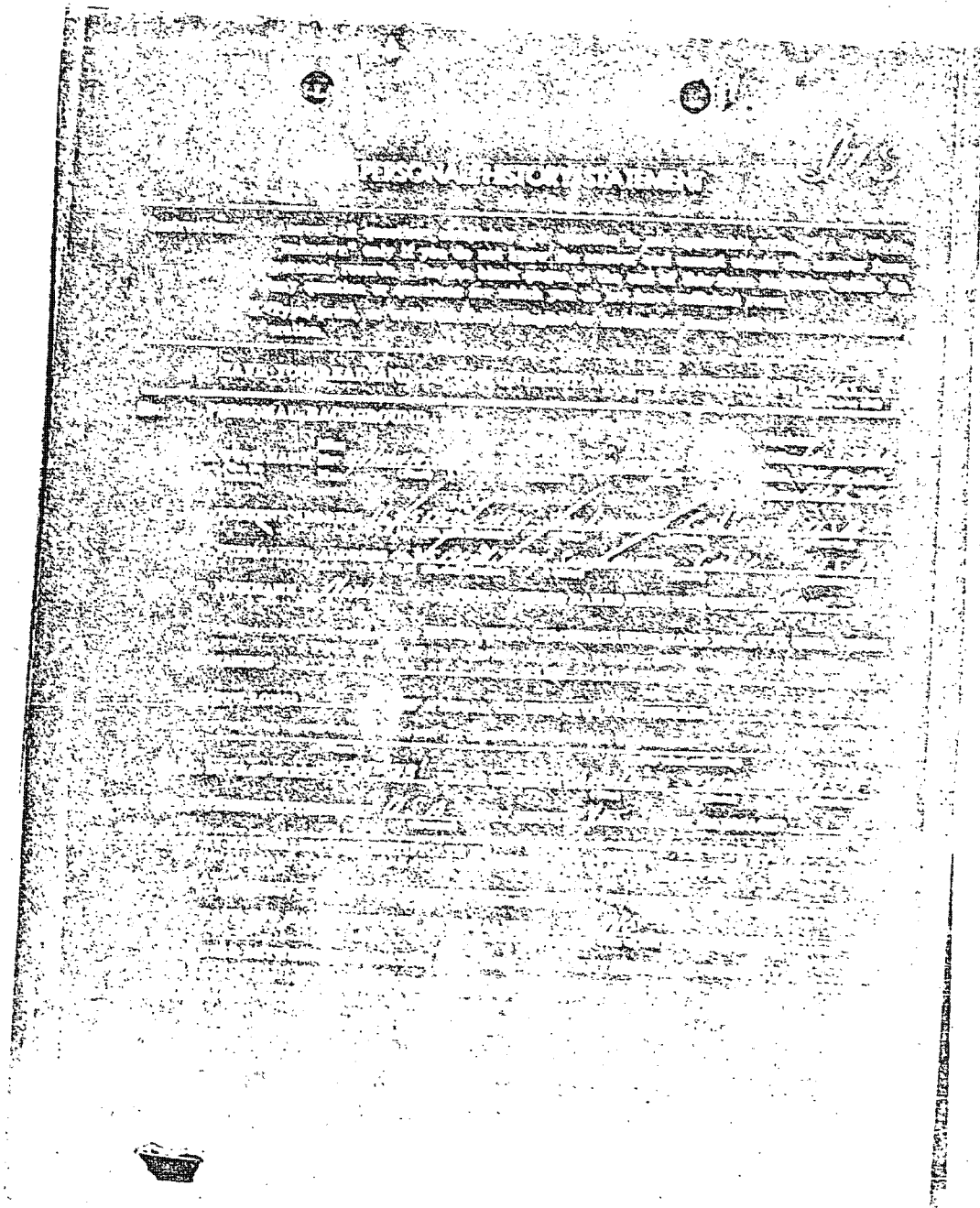
1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
6-27-57 2-28-58	GS 4	FI/D/PB/TPE
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
0	INTELLIGENCE CLERK	
6. DESCRIPTION OF DUTIES		
RECORDING & FILING OF INTELLIGENCE MATERIAL & VARIETY OF CLERICAL DUTIES		
1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
3-3-58	GS 4	CE/STD/PROTECT
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
0	INTELLIGENCE CLERK	
6. DESCRIPTION OF DUTIES		
TRANSLITERATING - RECORDS INFORMATION IN ACCORDANCE WITH ENTEL REQUIREMENTS		
1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
6. DESCRIPTION OF DUTIES		
1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
6. DESCRIPTION OF DUTIES		
1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
6. DESCRIPTION OF DUTIES		

(Use additional pages if required)

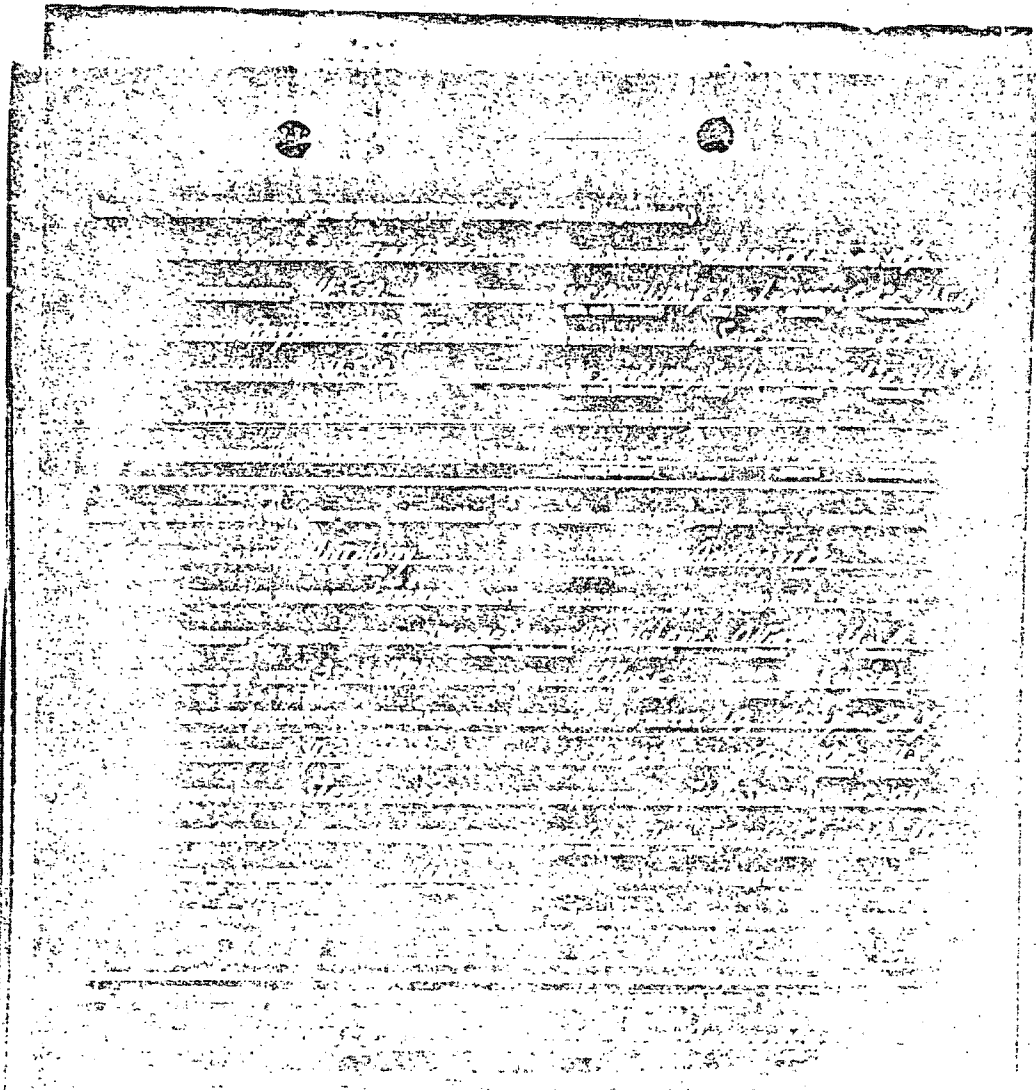
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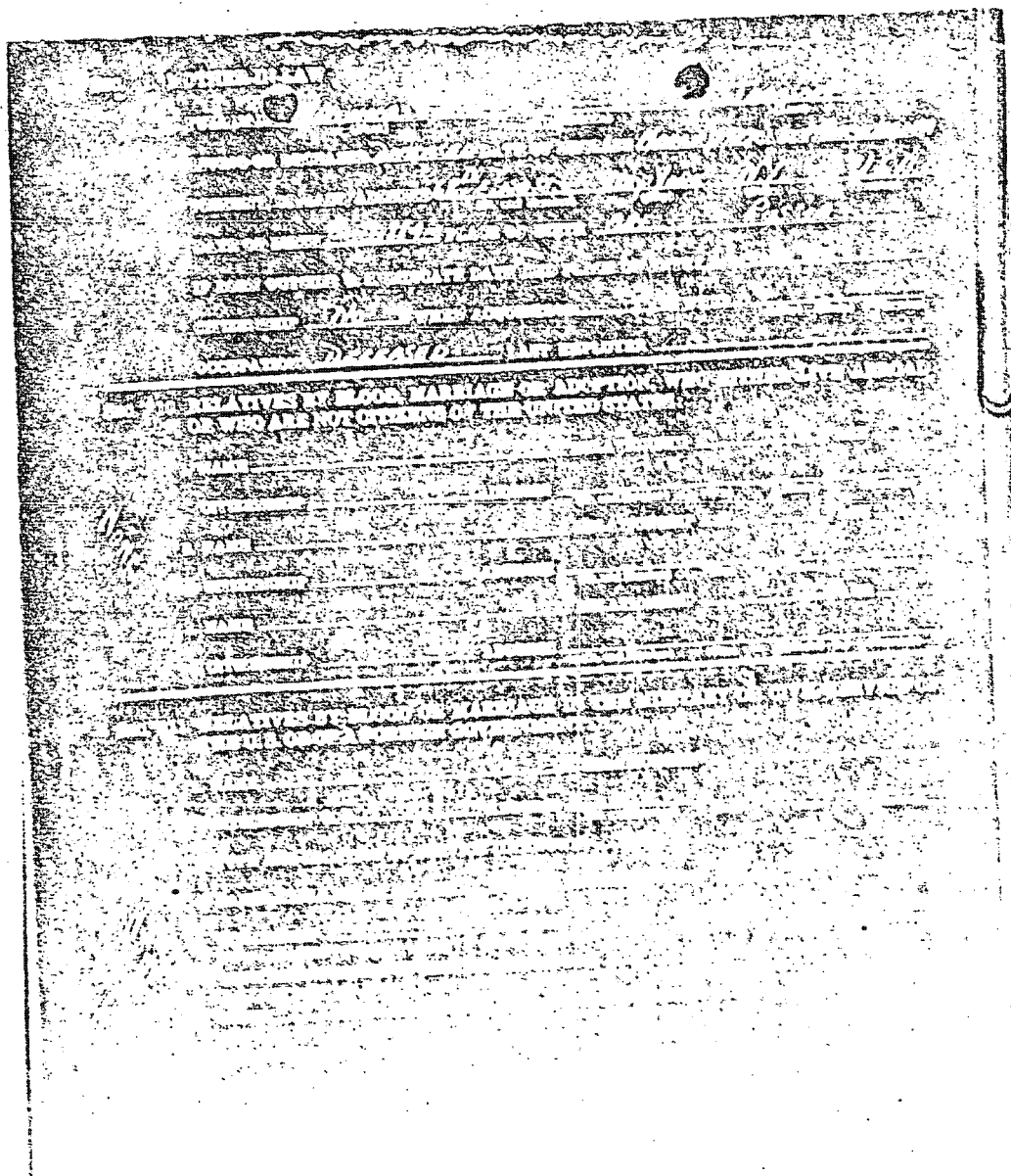


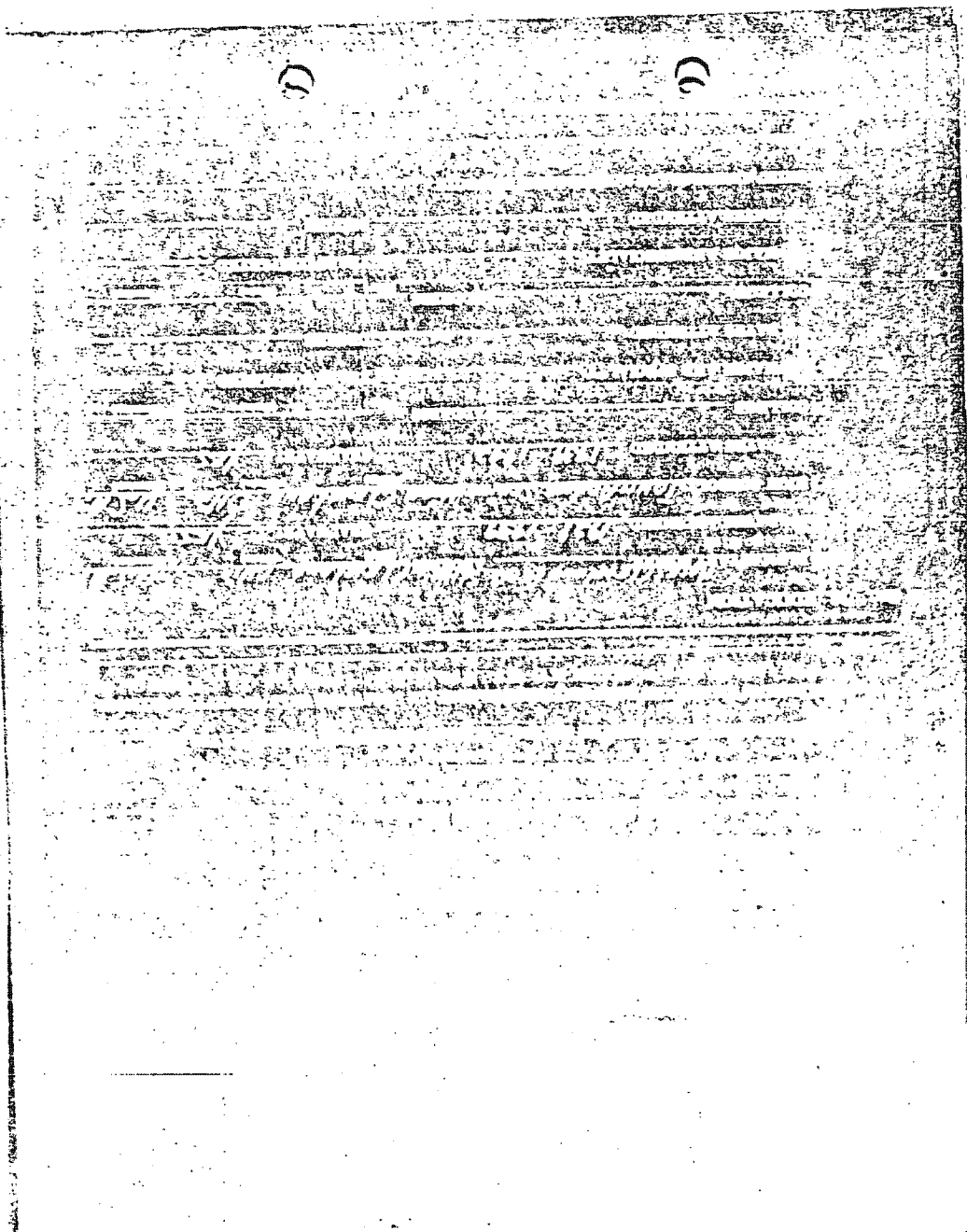


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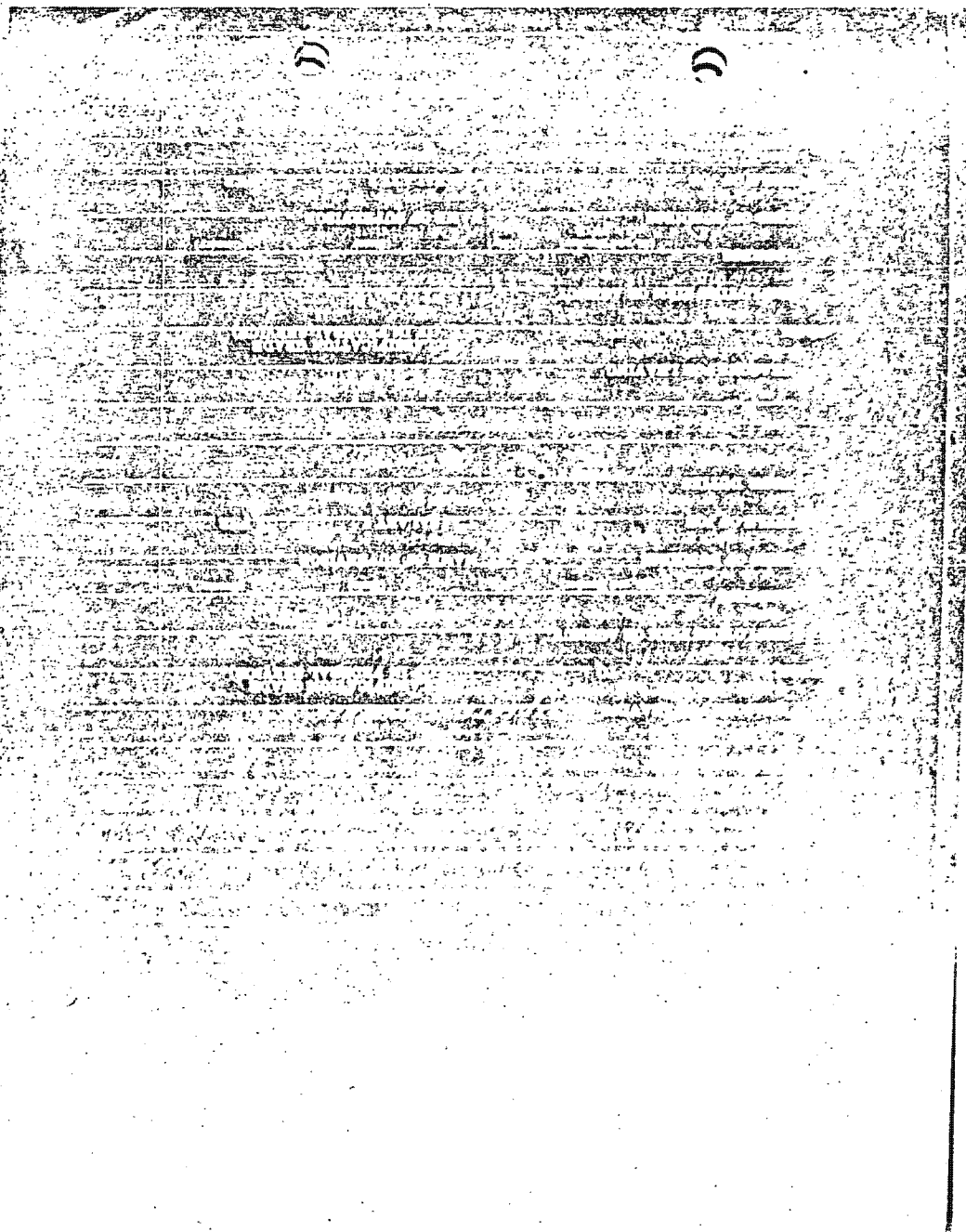
*[The page contains several paragraphs of extremely faint, illegible text. The text is mostly concentrated in the upper half of the page, with some lines appearing as horizontal streaks. A paperclip is visible on the left edge, and two punch holes are at the top.]*

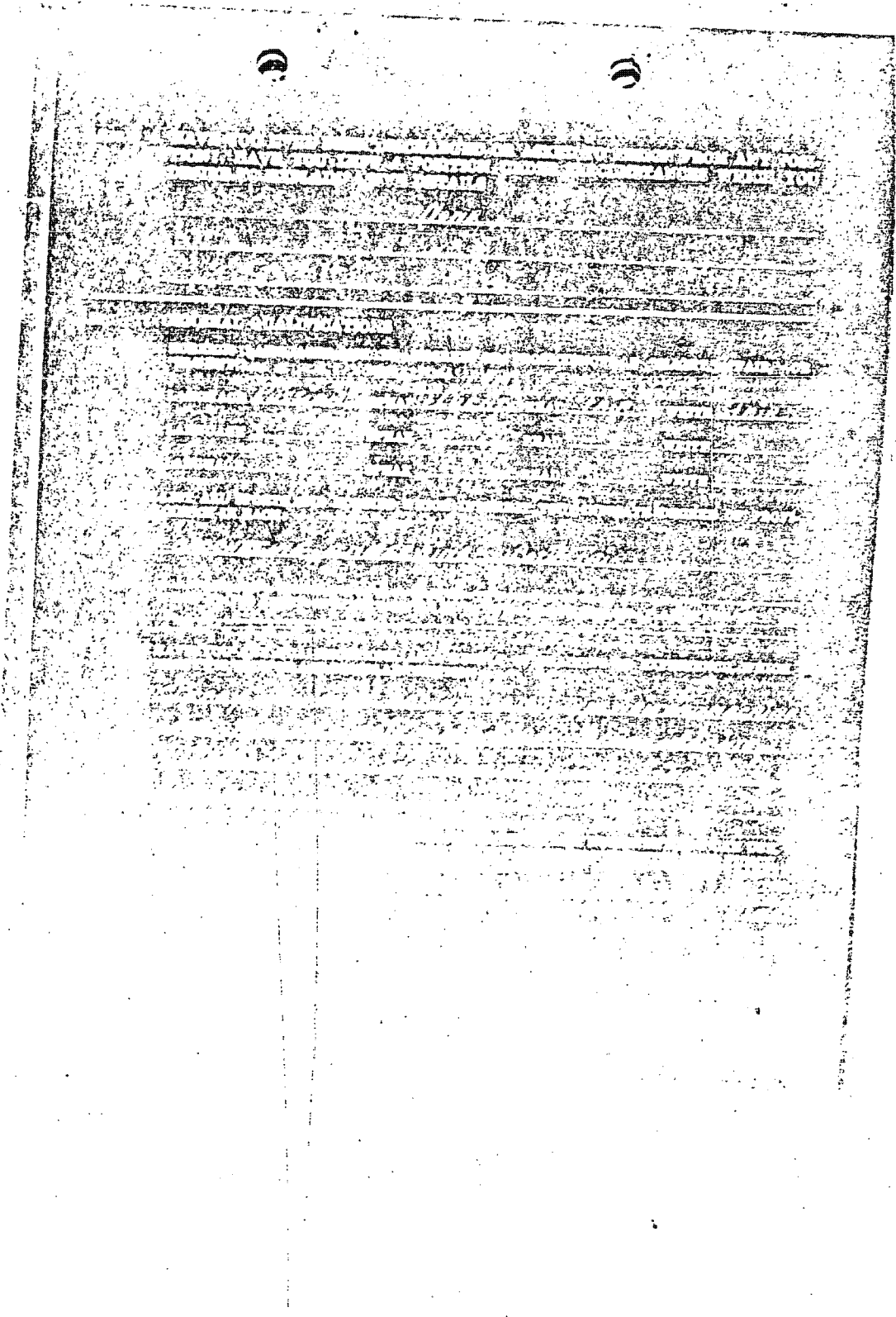


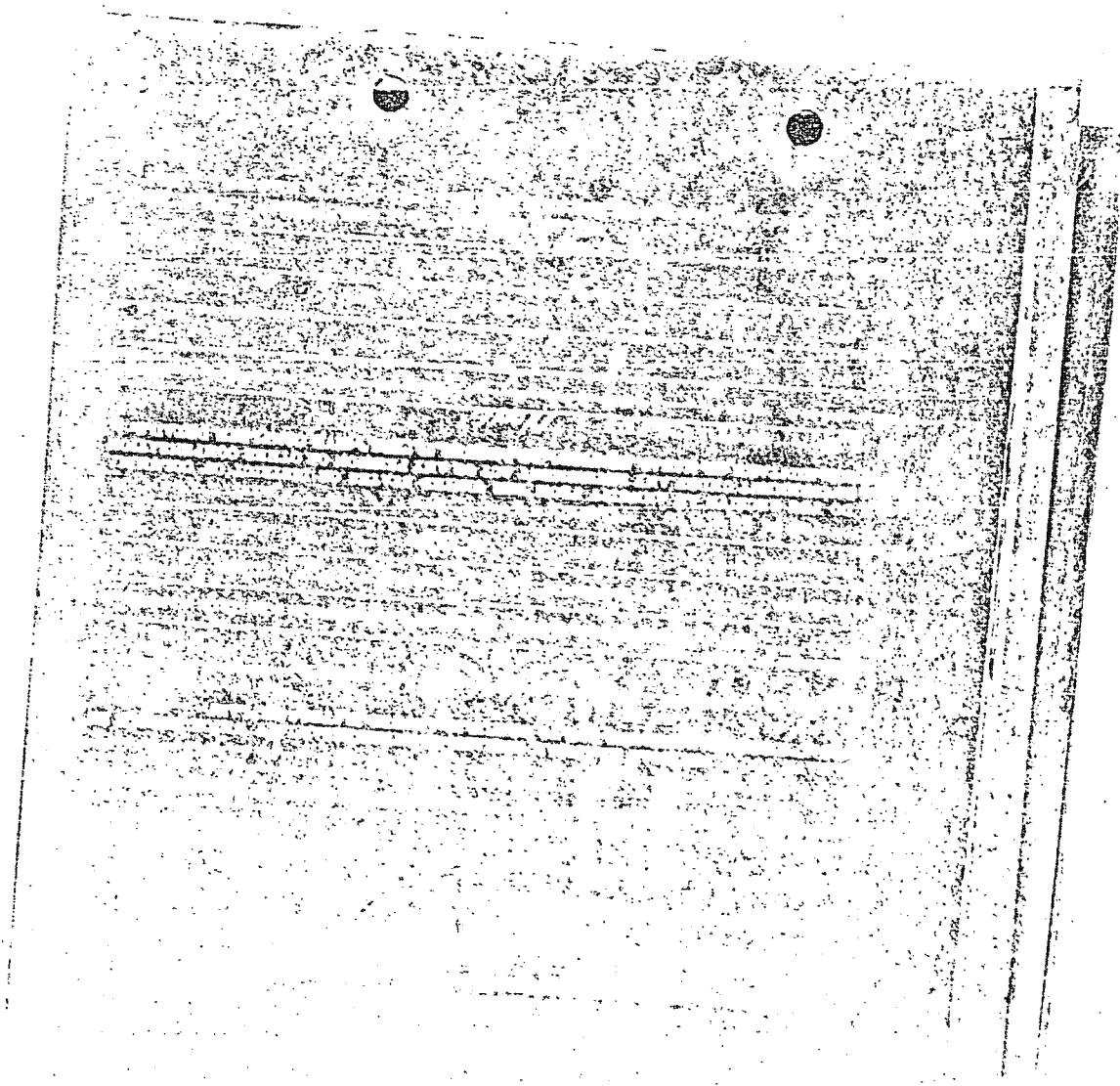






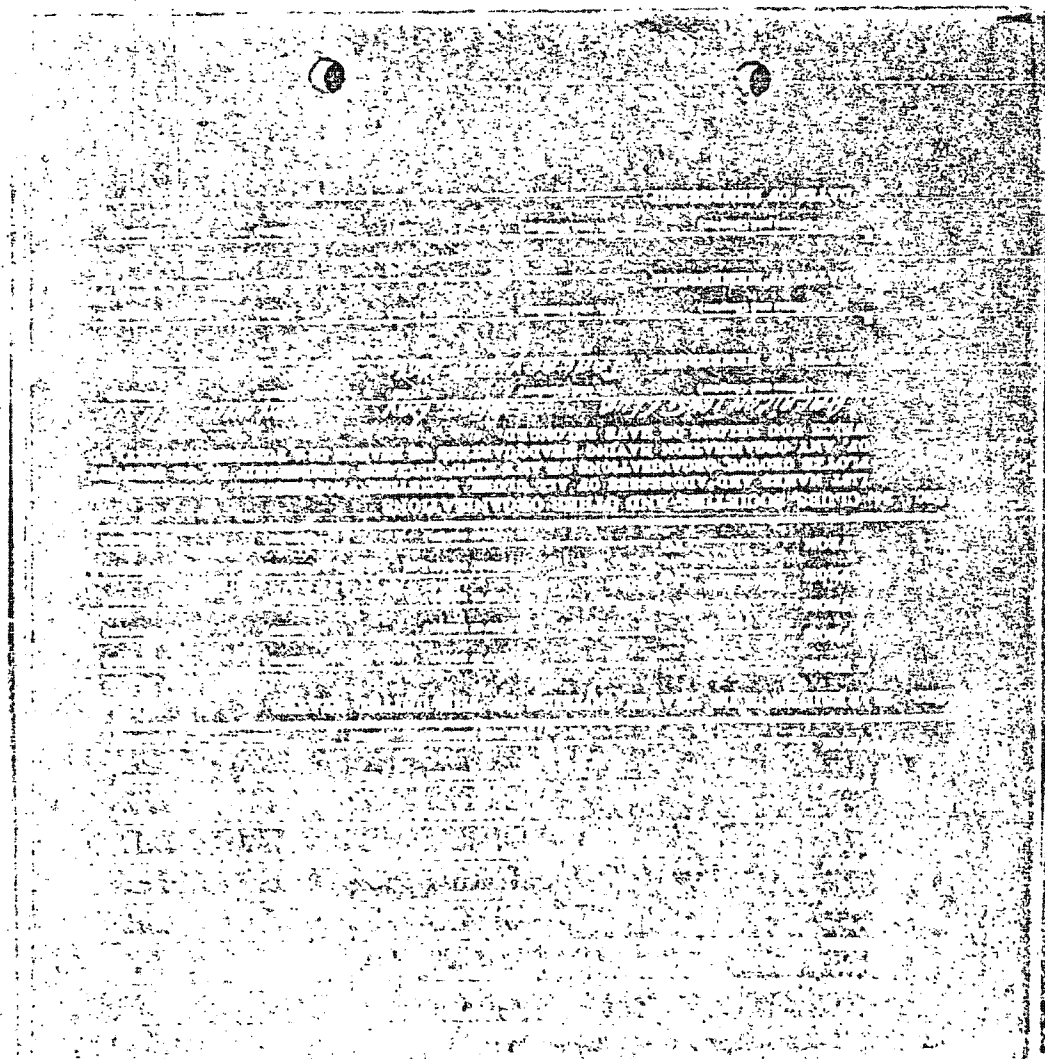


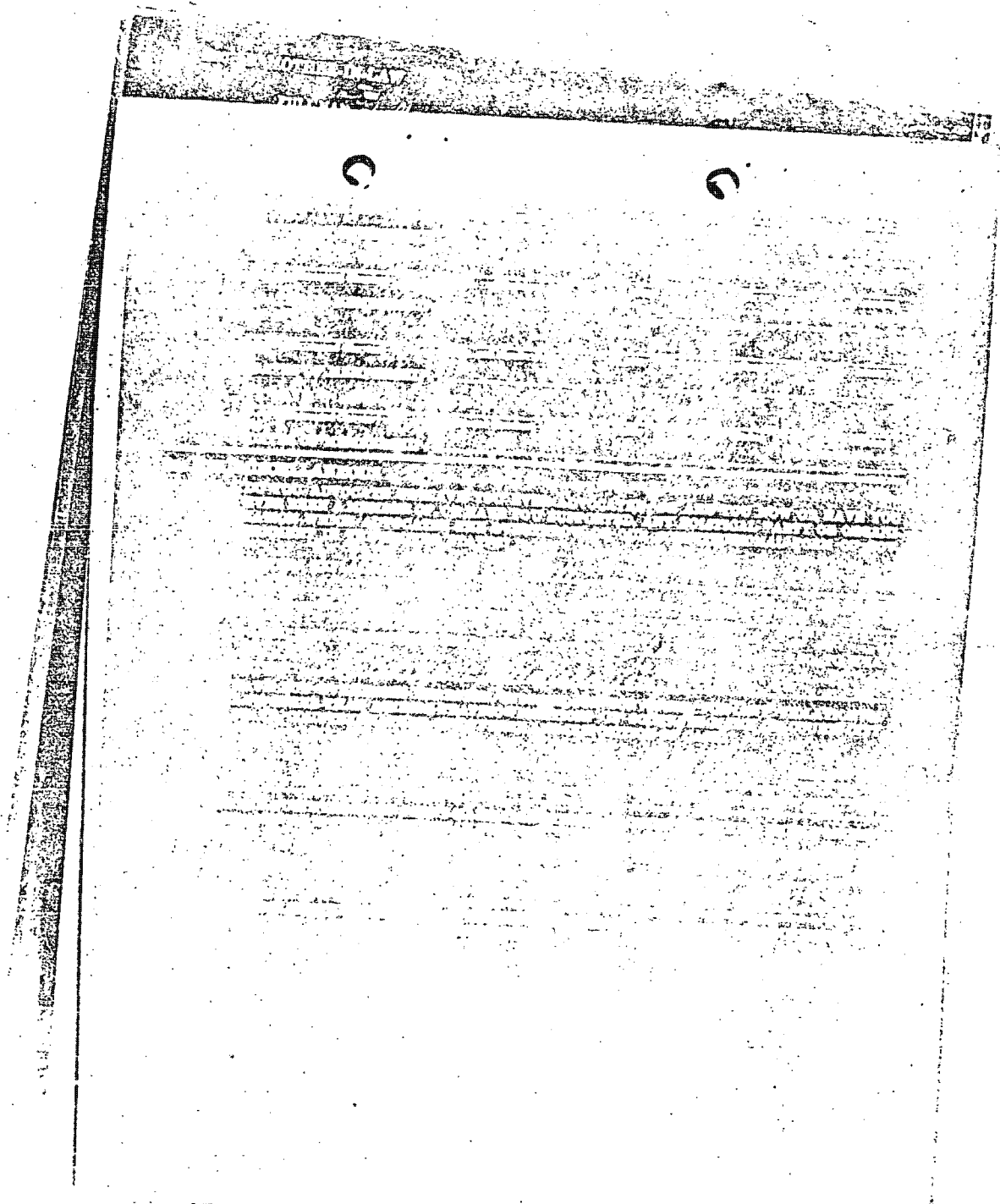


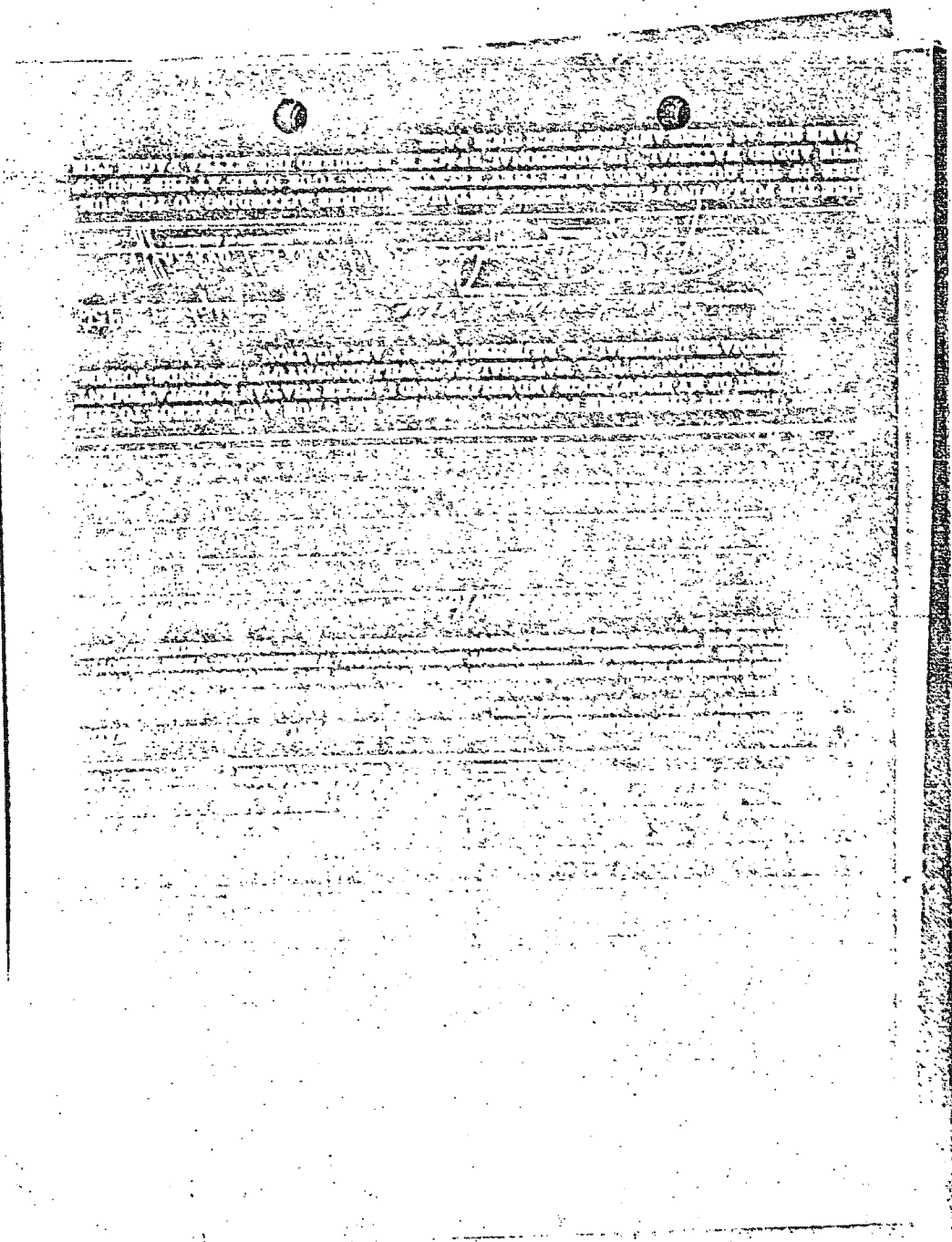


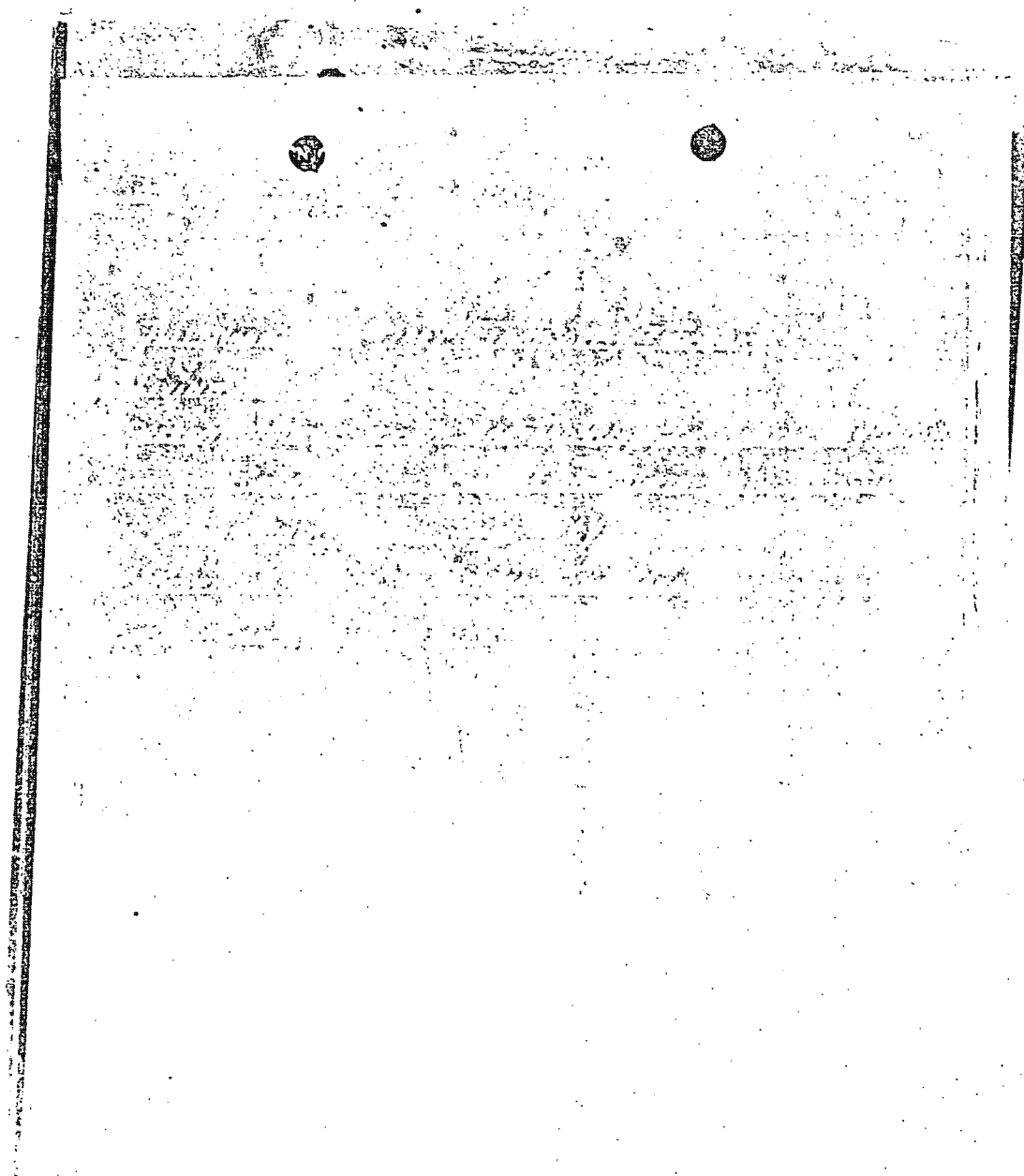
U.S. OF TORONTO MILITARY SERVICE

[The body of the document contains several paragraphs of text that are extremely faint and illegible due to the quality of the scan. The text appears to be organized into sections, possibly separated by horizontal lines, but the specific content cannot be discerned.]











CONFIDENTIAL  
SECURITY INFORMATION  
SECURITY APPROVAL

Date: 29 May 1957

TO: Chief, Records & Services Division  
Personnel Office  
FROM: Chief, Security Division  
Personnel  
SUBJECT: TARASOFF, Anna Adamovics

Your Reference: C-8238 *AS*

Case Number: 131751

1. This is to advise you of security action in the subject case as indicated below:
  - ☒ Security approval is granted the subject person for access to classified information.
  - ☐ Provisional clearance for full duty with CIA is granted under the provisions of Paragraph D of Regulation 10-9 which provides for a temporary appointment pending completion of full security investigation.
  - ☐ The Director of Central Intelligence has granted a provisional clearance for full duty with CIA under the provisions of paragraph H of Regulation 10-9.
2. Unless the subject person enters on duty within 60 days from the above date, this approval becomes invalid.
3. Subject is to be polygraphed as part of EOD procedures.

*W. M. Knott*  
W. M. Knott  
*u*

CONFIDENTIAL

*See original  
6/7*

CONFIDENTIAL  
SECURITY INFORMATION  
INTEROFFICE MEMORANDUM

Date: 19 March 1957

TO: Chief, Records and Services Division, CP  
Personnel  
FROM: Chief, Security Division, OS  
SUBJECT: TARASOFF, Anna - #131751

Request No. C-2238

1. Reference is made to your request for security clearance of the subject person who is being considered for employment in the following position:

2. This is to advise you of the following security action:

a. ☒ Provisional security clearance is granted to permit subject's employment on a temporary basis in the following area or in the following capacity: Interim Assignment Section

This clearance is granted upon the condition that subject: 1. not have access to classified material; 2. not have access to secure areas; 3. not be issued a badge or credential; 4. not represent himself as a CIA employee; and 5. not be assigned to any unclassified duties other than indicated above.

b. ☐ Name-checks have been completed on this person. Arrangements should now be made by your office for an interview in this Division. Upon completion of this interview further consideration will be given to the requested Limited clearance for access to information classified no higher than Secret. If subject has not entered on duty under a previously granted provisional clearance the interview should be arranged after entrance on duty.

c. ☐ Subject is security approved for temporary appointment to a position requiring access to information classified no higher than Secret.

Officials of the employing office should be advised of this security limitation and should be instructed to supply future supervisors with advice as to the limitation so as to insure continued compliance.

Security action to effect full approval is continuing and your office will receive advice of full clearance upon completion of this action. Upon receipt of full security clearance, the present limitation will be rescinded and supervisors should be advised accordingly.

3.

*W. H. KNOTT*  
W. H. KNOTT

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