



CENTRAL INTELLIGENCE AGENCY  
WASHINGTON, D.C. 20505

2 February 1976

Mr. David A. Phillips  
8224 Stone Trail Drive  
Bethesda, Maryland 20034

Dear Dave:

From time to time we receive letters and telephonic inquiries concerning the Association of Retired Intelligence Officers. In view of the restrictions of the Privacy Act, we hesitate to release your name and address without your prior knowledge and consent.

If you have no problem with our providing your name and address in response to such inquiries, please indicate to that effect by signing below and returning this letter to us for official filing. In the future, we would then be free to release this information concerning the Association of Retired Intelligence Officers without consulting you in each and every instance.

Thank you for your assistance in this matter, and best wishes.


Sincerely,



B. DeFelice

Acting Director of Personnel

I hereby authorize the Director of Personnel to release my name and address to individuals seeking contact with or information concerning the Association of Retired Intelligence Officers:

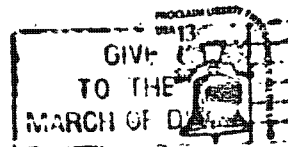
  
David Atlee Phillips

4 February 1976  
Date

*AND THANKS,  
DAP*



14-00000  
Mr. David A. Phillips  
8224 Stone Trail Drive  
Bethesda, Maryland 20034



Director of Personnel  
P. O. Box 1925  
Washington, D. C. 20013

14-00000

MEMORANDUM FOR: :

Addresses for former Agency employees organizations:

Association of Retired Intelligence Officers  
Mr. David A. Phillips  
8224 Stone Trail Drive  
Bethesda, Maryland, 20034

Central Intelligence Retirees Association (CIRA)  
Box 1150  
Fort Myer, Virginia, 22211

Date



31 5-9-75

3 JUL 1975

Mr. David A. Phillips  
8224 Stone Trail Drive  
Bethesda, Maryland 20034

Dear Dave:

I am happy to send to you, under separate cover, your Agency Retirement Medallion. The Medallion is a tangible form of recognition and appreciation of your service to the Agency. It should serve as a lasting reminder of an honorable career, rewarding associations and the knowledge that you played your part in a vital activity.

Let me, therefore, add my congratulations and wish you the very best for the future.

Sincerely,

P. W. M. Janney  
Director of Personnel

Distribution:  
Orig - Addressee  
X - OPF

OP/RAD/ROB/MWBenthall:cl (1 July 75)

75 2/72

10 June 1975

Mr. David A. Phillips  
8224 Stone Trail Drive  
Bethesda, Maryland 20034

Dear Dave:

The ordinary retirement letter is in no way appropriate for you. In the first place, your retirement is no stepping out of the active world into a world of pleasure. Instead, you are launching off on even a tougher challenge because of your sense of dedication. Your retirement also will not be the termination of your interest in intelligence and in this Agency. Instead, you are going to be doing what you can to help it survive the current set of attacks upon it. But most of all, your retirement is the departure of one of our most exceptional officers, to whom I had the great pleasure to give the Distinguished Intelligence Medal and whose work I have admired these many years. The only thing ordinary about your retirement is the sincere and special personal and official good wishes we in the Agency send to you and your family for success and satisfaction in the years ahead. This we send to all our retirees, and we send it to you with special spirit.

Sincerely,

W. E. Colby  
Director

WEC:jlh (10 June 75)

Distribution:

Orig - Addressee  
1 - DCI  
1 - Dir/Personnel  
1 - ER

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
1 SERIAL NUMBER 024545				NAME (Last-First-Middle) Phillips, David A.	
3 NATURE OF PERSONNEL ACTION Cancellation of N.S.C.A. and Retirement (Voluntary) under CIARDS			4 EFFECTIVE DATE REQUESTED MONTH 05 DAY 09 YEAR 75		5 CATEGORY OF EMPLOYMENT Regular
6 FUNDS V TO V O TO V			7. PAN AND NSCA 5135 4523 0000		8 LEGAL AUTHORITY (Completed by Office of Personnel) Public Law 88-643, Section 233
9 ORGANIZATIONAL DESIGNATIONS DDO/LA Division Office of the Chief			10 LOCATION OF OFFICIAL STATION Wash., D.C.		
11 POSITION TITLE Chief, LA Division			12 POSITION NUMBER CN51		13 CAREER SERVICE DESIGNATION DYY
14 CLASSIFICATION SCHEDULE (GS, ZR, etc.) GS		15 OCCUPATIONAL SERIES 0001.10		16 GRADE AND STEP 18 1	
17 SALARY OR RATE \$ 36,000.					
18 REMARKS * supergrade blurb Co-ordinated with [ ] /ROB 11 April 1975.  Kathleen D. Smith 4/1/75					
19A SIGNATURE OF REQUESTING OFFICIAL H.L. Berthold, C/LA/Pers			DATE SIGNED 28 Mar 75		19B SIGNATURE OF CAREER SERVICE APPROVING OFFICER [ ] 4/1/75
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
19 ACTION CODE 45	20 EMPLOY CODE 10	21 OFFICE CODING NUMERIC ALPHABETIC	22 STATION CODE	23 INITIATE CODE	24 MODIFIERS CODE 1 10/31/22
25 DATE OF BIRTH MO DA YR 1 10 31	26 DATE OF GRADE MO DA YR	27 DATE OF LEI MO DA YR	28 DATE OF RETIREMENT DATA CODE 0.EJ.00.0.0	29 CORRECTION CANCELLATION DATA MO DA YR	30 SECURITY REQ NO
31 VET PREFERENCE CODE 1-NO 2-10 PT 3-15 PT	32 VET COMP DATE MO DA YR	33 LONG COMP DATE MO DA YR	34 CAREER CATEGORY CODE 1-15 2-20	35 FEGLI HEALTH INSURANCE CODE 1-WAIVER 2-15% 3-15%/OPT 4-IRREVERSIBLE	36 SOCIAL SECURITY NO
41 PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 1-NO PREVIOUS SERVICE 2-DEBAR IN SERVICE (20 THRU 3 YEARS) 3-DEBAR IN SERVICE (MORE THAN 3 YEARS)		42 LEAVE CAT CODE	43 FEDERAL TAX DATA FORM EXECUTED 1-YES 2-NO	44 STATE TAX DATA FORM EXECUTED 1-YES 2-NO	45 POSITION CONTROL CERTIFICATION 12 MAY 1975 OK 5/10/75
46 O.P. APPROVAL [Signature] 4 APR 1975				DATE APPROVED	

FORM 1152 USE PREVIOUS EDITION

SECRET

E.2. IMPDET CL BY: 007622

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION										DATE PREPARED 27 Dec 73	
1. SERIAL NUMBER 024345		2. NAME (Last-First-Middle) PHILLIPS DAVID A									
3. NATURE OF PERSONNEL ACTION PROMOTION					4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 12 23 73			5. CATEGORY OF EMPLOYMENT REGULAR			
6. FUNDS		V TO V		V TO CF		7. PAN AND NSCA 4135-4523 0001		8. LEGAL AUTHORITY (Completed by Office of Personnel)			
CF TO V		XX		CF TO CF							
9. ORGANIZATIONAL DESIGNATIONS DDO/WH DIVISION OFFICE OF THE CHIEF					10. LOCATION OF OFFICIAL STATION WASH., D.C.						
11. POSITION TITLE CHIEF WH DIVISION					12. POSITION NUMBER 0001		13. CAREER SERVICE DESIGNATION D				
14. CLASSIFICATION SCHEDULE (GS, L.B., etc.) GS			15. OCCUPATIONAL SERIES 0001.10		16. GRADE AND STEP 18 1		17. SALARY OR RATE 36,000				
18. REMARKS  <p style="text-align: center;"><i>Super</i></p> <p style="text-align: center;"><i>Approved By DCI on 21 Dec 1973</i></p> <p style="text-align: center;"><i>RWR</i></p>											
18A. SIGNATURE OF REQUESTING OFFICIAL				DATE SIGNED		18B. _____		18C. _____			
						C/MSR		27 Dec 73			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE 22	20. EMPLOY CODE ID	21. OFFICE CODING NUMERIC ALPHABETIC 51050 WH		22. STATION CODE 70613	23. INTEGRAL CODE	24. PDGTRS CODE 1	25. DATE OF BIRTH MO DA YR 10/31/22	26. DATE OF GRADE MO DA YR 12/23/73	27. DATE OF LEI MO DA YR 12/23/73		
28. WTE EXPIRES MO DA YR		29. SPECIAL REFERENCE 1-CC 2-CCB 3-CCB 4-CCB		30. RETIREMENT DATA CODE	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA TYPE MO DA YR	33. SECURITY REQ NO		34. SEX		
35. WTE PREFERENCE CODE 0-BONE 1-1 PT 2-10 PT		36. SERV COMP DATE MO DA YR		37. LONG COMP DATE MO DA YR		38. CAREER CATEGORY CAR-BEV PSTY/TIMP		39. FEELI HEALTH INSURANCE CODE CODE 0-DWYER 1-BIP 2-BIP 3-UNELIGIBLE			
40. SOCIAL SECURITY NO		41. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0-NO PREVIOUS SERVICE 1-NO BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)		42. LEAVE CAT CODE		43. FEDERAL TAX DATA FORM EXECUTED CODE MO TAX EXEMPTIONS		44. STATE TAX DATA FORM EXECUTED CODE MO TAX EXEMPTIONS			
45. POSITION CONTROL CERTIFICATION 1000 10-20-73		46. OF APPROVAL Tom J. J. J.		47. DATE APPROVED 27 Dec 73							

FORM 1152  
8-72

USE PREVIOUS EDITION

SECRET

CLASSIFIED BY 01-0332

EX-2  
APPRO

(41)

SECRET  
(When Filled In)

REQUEST FOR PERSONNEL ACTION										DATE PREPARED 10 July 1973	
1. SERIAL NUMBER 024345		2. NAME (Last-First-Middle) PHILLIPS, DAVID A. ✓								cOB	
3. NATURE OF PERSONNEL ACTION					4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 07 21 73			5. CATEGORY OF EMPLOYMENT REGULAR			
6. FUNDS		V TO V		V TO CF		7. PAN AND NSCA 4135 4523 0001			8. LEGAL AUTHORITY (Completed by Office of Personnel)		
		CF TO V		X CF TO CF							
9. ORGANIZATIONAL DESIGNATIONS 000/WH DIVISION OFFICE OF THE CHIEF					10. LOCATION OF OFFICIAL STATION WASH., D.C.						
11. POSITION TITLE CHIEF, WH DIVISION					12. POSITION NUMBER 0001			13. CAREER SERVICE DESIGNATION D			
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS				15. OCCUPATIONAL SERIES 0001.10		16. GRADE AND STEP 17-4		17. SALARY OR RATE 36,000			
18. REMARKS WASH., D.C.											
1 - Security 1 - Finance											
E2 IMPDET CL BY 007034											
18A. SIGNATURE OF REQUESTING OFFICIAL HENRY L. BERTHOLD, C/WH/PERS					DATE SIGNED 10 JUL 73		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER			DATE SIGNED	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE 56	20. EMPLOY CODE 16	21. OFFICE CODING NUMERIC ALPHABETIC 51050 WH		22. STATION CODE 75013	23. INTIGLE CODE	24. PROOTPS CODE 1	25. DATE OF BIRTH MO DA YR 10 31 22		26. DATE OF GRADE MO DA YR		27. DATE OF LEI MO DA YR
28. NTE EXPIRES MO DA YR		29. SPECIAL REFERENCE		30. RETIREMENT DATA 1-SV 2-DIA 3-PLA 4-NOM		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA TYPE MO DA YR		33. SECURITY REQ. NO	
35. VET PREFERENCE CODE 0-NONE 1-5 PT 2-10 PT		36. SERV COMP DATE MO DA YR		37. LONG COMP DATE MO DA YR		38. CAREER CATEGORY CAB/RESF PROV/TIMP		39. FECH/HEALTH INSURANCE CODE CODE 0-WAYED 1-NO 2-NO OPT 3-INELIGIBLE		40. SOCIAL SECURITY NO	
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0-NO PREVIOUS SERVICE 1-NO BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)				42. LEAVE CAT CODE		43. FEDERAL TAX DATA FORM EXECUTED CODE NO TAX EXEMPTIONS		44. STATE TAX DATA FORM EXECUTED CODE NO TAX EXEMPTIONS		45. POSITION CONTROL CERTIFICATION	
										46. APPROVAL DATE APPROVED	
1106-7-1178				16 JUL 1973		J. T. Bell		16			

FORM 6-72 1152

USE PREVIOUS EDITION

SECRET

CLASSIFIED BY 01-0322

EX-2

APPROB

161

SECRET  
(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED 15 June 1973	
1. SERIAL NUMBER 024345		2. NAME (Last-First-Middle) PHILLIPS, DAVID A.			
3. NATURE OF PERSONNEL ACTION REASSIGNMENT AND DELEGATION OF N-9-0-0-0			4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 06 15 73		5. CATEGORY OF EMPLOYMENT REGULAR
6. FUNDS V TO V C TO V		7. FINANCIAL ANALYSIS NO. CHARGEABLE 135 0620 0001		8. LEGAL AUTHORITY (Completed by Office of Personnel)	
9. ORGANIZATIONAL DESIGNATIONS DDO/WH DIVISION OFFICE OF THE CHIEF			10. LOCATION OF OFFICIAL STATION WASH., D.C.		
11. POSITION TITLE 1st Secretary In Rel Off Chief, WH Division (14)			12. POSITION NUMBER 0001		13. CAREER SERVICE DESIGNATION D
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) FSR GS		15. OCCUPATIONAL SERIES 0001.10		16. GRADE AND STEP 02 3 17 4	
17. SALARY OR RATE 33057 \$ 33,051 PHS \$ 36,000 -					
18. REMARKS FROM: DDO/WH/FOR FOLD/BR 3/ /0093 VICE THEODORE G. SHACKLEY Supergrade Blank- 77003 1 - Security 1 - Finance					
18A. SIGNATURE OF REQUESTING OFFICIAL H.L. BERTHOLD, G/WH/PERS		DATE SIGNED 15 Jun 73		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER 20 June 73	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
19. ACTION CODE 37 10	20. EMPLOY CODE 51050	21. OFFICE CODING NUMERIC ALPHABETIC WH	22. STATION CODE 75013	23. INTEGRITY CODE 5	24. HOURS CODE 1
25. DATE OF BIRTH MO DA. YR. 10 31 22	26. DATE OF GRADE MO DA. YR.	27. DATE OF LET MO DA. YR.	28. SECURITY REQ. NO.		
29. SPECIAL REFERENCE 1-ESC 2-ORGN 3-FICA 4-PSHE			30. RETIREMENT DATA CODE		
31. SEPARATION DATA CODE			32. CORRECTION/CANCELLATION DATA TYPE MO DA. YR.		
33. VET PREFERENCE CODE 0-NONE 1-5 PT 2-10 PT			34. SERV COMP DATE MO DA YR		
35. LONG COMP DATE MO DA YR			36. CAREER CATEGORY LAE RES PROV. TEMP		
37. FEDERAL HEALTH INSURANCE CODE CODE 0-WAIVER 1-YES 2-REG/OPT 3-UNELIGIBLE			38. SOCIAL SECURITY NO.		
39. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0-NO PREVIOUS SERVICE 1-NO BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)			40. LEAVE CAT CODE		
41. FEDERAL TAX DATA FORM EXECUTED CODE NO TAX EXEMPTIONS 1-YES 2-NO			42. STATE TAX DATA FORM EXECUTED CODE NO TAX EXEMPTIONS 1-YES 2-NO		
43. POSITION CONTROL CERTIFICATION 11/18/78			44. OFF APPROVAL Harry B. Fisher		
45. DATE APPROVED 28 June 73					

FORM 1152 USE PREVIOUS EDITION

SECRET

GROUP 1  
EXCLUDED FROM AUTOMATIC DOWNGRADING  
AND DECLASSIFICATION

(4)

# OUTGOING MESSAGE

1				
2				
3				

SIGNAL CENTER USE ONLY  
 ADD 0 0 0 0 0 0  
 CLASSIFICATION

SECRET

STAFF

CONF: 4/11/73

INFO: FILE

DATE-TIME GROUP  
 191830Z

DIRECTOR

MESSAGE REFERENCE NUMBER

411279

DISSEM BY: 28

PER 4/11/73 (EC)

TO: IMMEDIATE

RYBAT PLVUCADET

CHOADEN FROM PARDEE

REF: [ ] IN 9217701

1. I AM PLEASED TO INFORM YOU THAT YOU HAVE BEEN SELECTED AS CHIEF, WH DIVISION. YOUR APPOINTMENT WILL BE EFFECTIVE AT SUCH TIME AS YOU (AND YOUR FAMILY) CAN CONVENIENTLY RETURN TO THE WASHINGTON AREA. [ ] ORDERS FOR YOUR MOVE WILL BE REQUESTED ON A PRIORITY BASIS ON <sup>12/1</sup> MAY. I WOULD APPRECIATE YOUR TENTATIVE SCHEDULE AS SOON AS PRACTICABLE.

2. YOUR SELECTION WILL BE ANNOUNCED EARLY THIS NEXT WEEK. THEREFORE, YOU SHOULD FEEL FREE TO INDICATE TO WHOMEVER YOU FEEL NECESSARY LOCALLY THE REASON FOR YOUR RETURN AND WHAT YOUR NEXT ASSIGNMENT WILL BE.

3. I WANT TO EXTEND MY PERSONAL CONGRATULATIONS ON YOUR SELECTION. I AM SURE YOU WILL HANDLE THIS VERY IMPORTANT ASSIGNMENT WITH THE SAME KIND OF EXCELLENCE, DEDICATION AND LEADERSHIP THAT HAVE CHARACTERIZED YOUR PAST ASSIGNMENTS.

DATE: 19 MAY 1973

ORIG: [ ]

UNIT: AC/UHD

EXT: 3366

CONCUR:

Director of Personnel

5/23/73  
 Date

CLASSIFICATION

REPRODUCTION BY OTHER THAN THE ISSUING OFFICE IS PROHIBITED

AUTHENTICATING OFFICER

E 2 IMPDET

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
				9 August 1972	
1. SERIAL NUMBER 024345		2. NAME (Last-First-Middle) PHILLIPS DAVID A			
3. NATURE OF PERSONNEL ACTION REASSIGNMENT			4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 08 14 72		5. CATEGORY OF EMPLOYMENT REGULAR
6. FUNDS V TO V O TO V X O TO O			7. FINANCIAL ANALYSIS NO. CHARGEABLE 3135 @ 1138		8. LEGAL AUTHORITY (Completed by Office of Personnel)
9. ORGANIZATIONAL DESIGNATIONS DDP/WH DIVISION FOREIGN FIELD BRANCH 3- STATION			10. LOCATION OF OFFICIAL STATION		
11. POSITION TITLE 1ST SECRETARY INT REL OFF CHIEF OF STATION			12. POSITION NUMBER 0093		13. CAREER SERVICE DESIGNATION D
14. CLASSIFICATION SCHEDULE (GS, LP, etc.) FSR ES		15. OCCUPATIONAL SERIES 0136.05		16. GRADE AND STEP 03 7 17 3	
				17. SALARY OR RATE 28022 \$ 36000	
18. REMARKS Vice Thomas J. Flores Approved 259a. attached.  * [Redacted] SENSITIVE AND UNCLASSIFIED AND OF [Redacted]  1-Payroll  18A. SIGNATURE OF REQUESTING OFFICIAL H.L. Berthold C/WH/Pers DATE SIGNED 8/9/72  18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER [Signature] DATE SIGNED 15/8/72  CLASSIFIED BY 51-00002 EXEMPT FROM DECLASSIFICATION SCHEDULE OF E.O. 11652, CATEGORY 5 EXEMPT (see 51-00002 note) [Signature] (unless original is in date or event)					
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
19. ACTION CODE 31	20. EMPLOY CODE 10	21. OFFICE CODING NUMERIC ALPHABETIC 51745 WH 77003	22. STATION CODE	23. INTEGRITY CODE	24. MONTHS CODE
25. DATE OF BIRTH MO. DA. YR.	26. DATE OF GRADE MO. DA. YR.	27. DATE OF LBI MO. DA. YR.	28. RETIREMENT DATA 1-YES 2-NO 3-OTHER	29. SEPARATION DATA CODE	30. CORRECTION CANCELLATION DATA TYPE MO. DA. YR.
31. VET PREFERENCE CODE 0-NONE 1-5 PT 2-10 PT	32. SER. COMP DATE MO. DA. YR.	33. LONG COMP DATE MO. DA. YR.	34. CAREER CATEGORY CODE 0-NONE 1-RES 2-PROV TEMP	35. FEELT HEALTH INSURANCE CODE 0-WAIVER 1-YES 2-YES OPT 3-UNINSURABLE	36. SOCIAL SECURITY NO.
37. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0-NONE 1-BEFORE IN SERVICE 2-BEFORE IN SERVICE (LESS THAN 3 YEARS) 3-BEFORE IN SERVICE (MORE THAN 3 YEARS)	38. LEAVE CAT CODE	39. FEDERAL TAX DATA FORM EXECUTED 1-YES 2-NO	40. STATE TAX DATA FORM EXECUTED 1-YES 2-NO	41. POSITION CONTROL CERTIFICATION	
42. POSITION CONTROL CERTIFICATION			43. DATE APPROVED [Signature] DATE APPROVED 15/8/72		

SECRET



SECRET

1. NAME (Last, First, Middle) SS# [redacted] Phillips, David A.		2. DATE OF BIRTH 31 Oct 22		3. GRADE GS-17	
4. OFFICE, DIVISION, BRANCH (or overseas assignment) DDP/WH/ [redacted]		5. PRESENT POSITION COS		6. EMPLOYEE EXTENSION 7431	
7. PROPOSED STATION [redacted]		8. PROPOSED POSITION (Title, Number, Grade) COS/0093/GS-16			
9. TYPE OF COVER AT NEW STATION [redacted]		10. ESTIMATED DATE OF DEPARTURE August 1972		11. NO. OF DEPENDENTS TO ACCOMPANY YOLYX five	
12. COMMENTS Vice: Thomas Flores Please schedule appointments for the week of 10 July. Mr. Phillips will not be occupying a specific language position. However, his tested Spanish proficiency of High reading and Intermediate Speaking and Understanding will add to the overall language requirements of the Station.					
13. DATE OF REQUEST 10 May 72		14. SIGNATURE OF REQUESTING OFFICIAL [redacted]		15. ROOM NUMBER AND BUILDING 3D 5309 Hqs	
				16. EXTENSION 7431	
17. OFFICE OF MEDICAL SERVICES DISPOSITION					
18. OFFICE OF SECURITY DISPOSITION					
19. OVERSEAS CANDIDATE REVIEW PANEL DISPOSITION 5 May 1972 4-1-72 QUALIFIED FOR PROPOSED ASSIGNMENT OVERSEAS [Signature] Chairman, Overseas Candidate Review Panel					
REQUEST FOR PCS OVERSEAS EVALUATION					

**SECRET**  
When Filled In

<b>REQUEST FOR PERSONNEL ACTION</b>				DATE PREPARED 24 November 1971	
1. SERIAL NUMBER 024345		2. NAME (Last-First-Middle) Phillips, David A			
3. NATURE OF PERSONNEL ACTION  Promotion			4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 11 28 71		5. CATEGORY OF EMPLOYMENT Regular
6. FUNDS V TO V CF TO V XX CF TO CF			7. FINANCIAL ANALYSIS NO. CHARGEABLE 2135-0694-0000		8. LEGAL AUTHORITY (Completed by Office of Personnel)
9. ORGANIZATIONAL DESIGNATIONS DDP/WH FOREIGN FIELD BRANCH 5			10. LOCATION OF OFFICIAL STATION		
11. POSITION TITLE Chief of Station (11)			12. POSITION NUMBER 0186		13. CAREER SERVICE DESIGNATION D
14. CLASSIFICATION SCHEDULE (GS, LP, etc.) GS		15. OCCUPATIONAL SERIES 0136.05		16. GRADE AND STEP 17 3	17. SALARY OR RATE \$ 34,716
18. REMARKS  * See De Janerio, David   cc: Payroll					
18A. SIGNATURE OF REQUESTING OFFICIAL			DATE SIGNED		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER Robert W. Sheay, C/CSPS
					DATE SIGNED 24 Nov 71
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. INTEGREE CODE	24. HQGTRS CODE
25. DATE OF BIRTH MO. DA. YR.	26. DATE OF GRADE MO. DA. YR.	27. DATE OF LEI MO. DA. YR.			
28. AFE EXPENSE MO. DA. YR.	29. SPECIAL REFERENCE	30. RETIREMENT DATA 1-YES 2-NO 3-PLA 4-POSS	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA TYPE MO. DA. YR.	33. SECURITY REQ. NO
34. VET PREFERENCE CODE 1-NO 2-5 PT 3-10 PT	35. SERV COMP DATE MO. DA. YR.	36. LONG COMP DATE MO. DA. YR.	37. CAREER CATEGORY CAREER SERV PROV. TEMP	38. FEDERAL HEALTH INSURANCE CODE 1-YES 2-NO 3-REG/OPS 4-IRRELIABLE	39. SOCIAL SECURITY NO.
40. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 1-NO PREVIOUS SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)			41. LEAVE CAT CODE	42. FEDERAL TAX DATA FORM EXECUTED CODE NO TAX EXEMPTIONS	
43. POSITION CONTROL CERTIFICATION 11 26 71 142			44. OP APPROVAL Harry B. Fisher		45. DATE APPROVED 1 Dec 71

FORM 1152 USE PREVIOUS EDITION

SECRET

GPO  
OFFICE OF PERSONNEL  
AND ORGANIZATION

(4)

14-00000

SECRET

72-0311

MEMORANDUM FOR: Director of Central Intelligence

THROUGH : Deputy Director for Plans

SUBJECT : Appointment of Mr. David A. Phillips, as  
Chief of Station, [redacted]

1. The appointment of Mr. David A. Phillips, GS-17, as Chief of Station, [redacted] effective on or about 15 July 1972 is recommended. Mr. Phillips would replace Mr. Thomas J. Flores.

2. Mr. Phillips has been with the Agency since 1952, first in a contract capacity, and since April 1955 as a staff employee. He is currently serving as Chief of Station in [redacted]. He previously served as COS, [redacted] and in Mexico City, Havana, [redacted] and [redacted]. Mr. Phillips has a strong command of both Spanish and Portuguese. A biographic profile including information regarding his Agency experience and training is attached.

*William V. Broe*  
William V. Broe  
Chief

Western Hemisphere Division

1 Attachment  
Biographic Profile (Parts 1 and 2)

APPROVAL RECOMMENDED:

*W. H. Karam*  
Deputy Director for Plans

*17 Jan 72*  
Date

SECRET

SECRET

-2-

SUBJECT: Appointment of Mr. David A. Phillips, as  
Chief of Station,

The recommendation in paragraph 1 is APPROVED:

Richard Helms  
Director of Central Intelligence

19 Jan 72  
Date

SECRET

By the Clerk  
J. W. Smith

SECRET

4-1 (Rev. 1-67)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
				2 January 1970	
1 SERIAL NUMBER		2 NAME (Last-First-Middle)			
024345		PHILLIPS, DAVID A.			
3 NATURE OF PERSONNEL ACTION		4 EFFECTIVE DATE REQUESTED		5 CATEGORY OF EMPLOYMENT	
REASSIGNMENT		MONTH DAY YEAR 01 11 70		REGULAR	
6 FUNDS		7 FINANCIAL ANALYSIS NO CHARGEABLE		8 LEGAL AUTHORITY (Completed by Office of Personnel)	
V TO V CF TO V		V TO CF CF TO CF		0135 0694	
9 ORGANIZATIONAL DESIGNATIONS		10 LOCATION OF OFFICIAL STATION			
DDP/WH FOREIGN FIELD BRANCH 5					
11 POSITION TITLE		12 POSITION NUMBER		13 POSITION DESIGNATION	
CHIEF OF STATION (00)		0186		D	
14 CLASSIFICATION SCHEDULE (GS, IN, etc)		15 OCCUPATIONAL SERIES		17 SALARY OR RATE	
GS		0136.05		16 4 \$27,549	
18 REMARKS					
FROM: DDP/WH/COG/OFF OF THE CH/POS #1105 HOME BASE WH APPROVED 259a attached  1 - Finance 2 - Security  18A SIGNATURE OF REQUESTING OFFICIAL HENRY L. BERTHOLD C/WH/Pers DATE SIGNED 1-1-70 18B SIGNATURE OF CAREER SERVICE APPROVING OFFICER R. S. Long DATE SIGNED 1-7-70  SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL 19 ACTION CODE 51 20 EMPLOY CODE 18 21 OFFICE CODING NUMERIC ALPHABETIC 51736 WH 22 STATION CODE 1705 23 INTEGRITY CODE S 24 PDGMS CODE 3 25 DATE OF BIRTH MO DA YR 10 31 22 26 DATE OF GRADE MO DA YR 10 31 22 27 DATE OF LEI MO DA YR 10 31 22 28 RTR EMPLOY MO DA YR 10 31 22 29 SPECIAL REFERENCE 1-CSC 2-ORCA 3-PCA 4-NONE 30 RESIGNMENT DATA CODE 31 SEPARATION DATA CODE 1705 32 CORRECTION CANCELLATION DATA MO DA YR 10 31 22 33 SECURITY REQ NO 34 SER 35 NET PREFERENCE CODE 1-NONE 2-10 YR 36 SERV COMP DATE MO DA YR 10 31 22 37 LONG COMP DATE MO DA YR 10 31 22 38 CAREER CATEGORY CODE 1-NONE 2-10 YR 39 FEGLI HEALTH INSURANCE CODE 1-NONE 2-10 YR 40 SOCIAL SECURITY NO 41 PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 1-NONE 2-10 YR 3-ORCA 4-ORCA 5-ORCA 42 LEAVE CAT CODE 43 FEDERAL TAX DATA CODE 1-NONE 2-10 YR 44 STATE TAX DATA CODE 1-NONE 2-10 YR 45 POSITION CONTROL CERTIFICATION 46 OP APPROVAL DATE APPROVED 5 Jan 70					

SECRET

SECRET

1. NAME (Last, First, Middle) <b>Phillips, David A.</b>		2. DATE OF BIRTH <b>10/31/22</b>		3. GRADE <b>GS-16</b>	
4. OFFICE, DIVISION, BRANCH (or overseas station and existing cover if lateral assignment) <b>DDP/WH/COG</b>		5. PRESENT POSITION <b>Branch Chief</b>		6. EMPLOYEE EXTENSION <b>7451</b>	
7. PROPOSED STATION <div style="border: 1px solid black; height: 15px; width: 100px;"></div>		8. PROPOSED POSITION (Title, Number, Grade) <b>COS, # 0186, GS-00</b>			
9. TYPE OF COVER AT NEW STATION <div style="border: 1px solid black; height: 15px; width: 50px;"></div>		10. ESTIMATED DATE OF DEPARTURE <b>o/a 28 Dec. '69</b>		11. NO. OF DEPENDENTS TO ACCOMPANY <b>7</b>	
12. COMMENTS <b>Vice Robert D. Gahagen</b> <div style="border: 1px solid black; height: 15px; width: 100px;"></div> <b>Form DS-1686 to be forwarded</b>  <div style="text-align: right;"><i>James H. Long</i> CS PS</div>					
13. DATE OF REQUEST		14. SIGNATURE OF REQUESTING OFFICIAL <div style="border: 1px solid black; height: 20px; width: 150px;"></div>		15. ROOM NUMBER AND BUILDING <b>3D 5309</b>	
				16. EXTENSION <b>6815</b>	
17. OFFICE OF MEDICAL SERVICES DISPOSITION					
18. OFFICE OF SECURITY DISPOSITION					
19. OVERSEAS CANDIDATE REVIEW PANEL DISPOSITION  <b>29 DEC 69</b> <b>QUALIFIED</b>  <b>7860</b>  Chairman					
<b>REQUEST FOR PCS OVERSEAS EVALUATION</b>					

☐ UNCLASSIFIED ☐ ~~CONFIDENTIAL~~ ☐ CONFIDENTIAL ☒ SECRET

# ROUTING AND RECORD SHEET

SUBJECT: (Optional)

Appointment of Mr. David A. Phillips as Chief of Station, [redacted]

FROM:

Special Agent, FMC

EXTENSION

NO.

DATE

TO: (Officer designation, room number, and building)

DATE

RECEIVED

FORWARDED

OFFICER'S INITIALS

COMMENTS (Number each comment to show from whom to whom. Draw a line across column after each comment.)

1.

Chairman, FMC

[redacted] is a GS-17 position.

2.

Mr. Phillips' current assignment as Chief, Cuban Operations Group plus previous overseas tours in WH Div. including a tour as Chief of Station.

3.

ADDP

[redacted] qualify him for the proposed assignment as Chief of Station, [redacted]

4.

5.

DDP

He will enter [redacted] language training this fall which should provide adequate exposure to make the transition from [redacted] which he speaks with native fluency.

6.

7.

XXXXX DCI

Mr. Phillips has been highly effective as a senior member of WH Div., both at Headquarters and in the field. His relations with his co-workers and subordinates have always been excellent and his liaison with State Department representatives has been marked by good will and mutual respect.

8.

1 CC. EUS

9.

Chairman, FMC

10.

NOTE: Above statement prepared by WH Division.

11.

Secretary, FMC GS10

Mr. Gahagen has been recalled from the Station. The DCOS Mr. Stewart D. Barton, GS-15, will serve as Acting CGS until the arrival of Mr. Phillips in January 1970.

12.

13.

14.

15.

FORM 3-62 610 ☐ UNCLASSIFIED ☒ SECRET ☐ CONFIDENTIAL ☐ INTER ☐ UNCLASSIFIED



SECRET

9-4209

8 AUG 1970

MEMORANDUM FOR: Director of Central Intelligence

THROUGH : Deputy Director for Plans

SUBJECT : Appointment of Mr. David A. Phillips as  
Chief of Station, [REDACTED]

1. The appointment of Mr. David A. Phillips, GS-16, as Chief of Station, [REDACTED] effective on or about 15 January 1970 is recommended. Mr. Phillips would replace Mr. Robert D. Gahagan.

2. Mr. Phillips has been an employee of the Agency since 1951 initially in a contract capacity. He has served in [REDACTED] Havana, [REDACTED] Mexico City and most recently as Chief, Cuban Operations Group. Mr. Phillips is fluent in the [REDACTED] language and is scheduled for two months of full-time [REDACTED] training immediately prior to his departure. A biographic profile including information regarding his Agency experience and training is attached.

Signed William V. Broe

William V. Broe  
Chief  
Western Hemisphere Division

Attachment  
Biographic Profile (Parts 1 and 2)

SECRET

SECRET

- 2 -

SUBJECT: Appointment of Mr. David A. Phillips as Chief of  
Station, [REDACTED]

## APPROVAL RECOMMENDED:

/s/ Thomas H. Harmaness

8 OCT 1959

Deputy Director for Plans

Date

The recommendation in paragraph one is APPROVED:

/s/ [REDACTED]

1 OCT 1959

Director of Central Intelligence

Date

## Distribution:

Original &amp; 2 - Addressee

2 - DDP

1 - C/OPS

1 - C/CSIS

1 - C/WH/5

1 - C/WH/33

1 - C/WH/Personnel

DDP/WH/PLRS/[REDACTED] rjs/CS15 (5 August 1959)

SECRET

23 October 1968

MEMORANDUM FOR: Secretary, Clandestine Services  
Career Service Board

SUBJECT : Recommendation for Promotion to  
GS-16: David A. Phillips

1. Mr. David A. Phillips is strongly recommended for promotion to GS-16 and is ranked Number 2 in WH Division's preference for promotion in that grade.

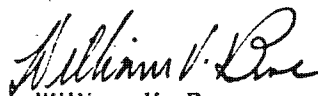
2. Mr. Phillips stands out among his peers as a true Clandestine Services operator. He has had a range of operational assignments enjoyed by few Clandestine Services officers. He served in Cuba, [redacted] Mexico and the [redacted]. His functional assignments have included Contract Agent, Operations Officer [redacted] [redacted] Chief of Station, and he is currently assigned as Chief, Cuban Operations Group. In regard to his tour as Chief of Station, [redacted] I cite the following quote made by [redacted] the [redacted] concerning the turbulent events in his country during his tenure:

"You know," he said, "looking back over those months when things seemed pretty bleak, two names come immediately to mind as able and effective representatives of the United States. They are Ellsworth Bunker and David Phillips."

203422-6  
24 Oct 1968

- 2 -

3. Mr. Phillips has the intelligence, language capability, personality, management and operational ability to move forward steadily in this Agency and he is now ready for promotion to GS-16. I urge you to act affirmatively on this promotion recommendation.



William V. Broe

Chief

Western Hemisphere Division

14-00000

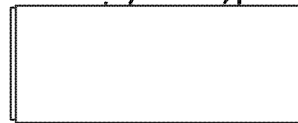
**S-E-C-R-E-T.**

27 February 1969

**MEMORANDUM FOR: Chief, WH Division**

**SUBJECT: Briefing at DO Base Chiefs' Conference  
by Mr. David A. Phillips**

I should like to express my thanks to you for having made available Mr. David A. Phillips to brief the DO Base Chiefs' Conference on 17 February 1969. His briefing was extremely lucid and helpful and expressly commended by all Conference participants. Please convey to him my personal appreciation of his efforts.



Chief, DO Division

**S-E-C-R-E-T**

SECRET

(If Not Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
1 SERIAL NUMBER 024345		2 NAME (Last-First-Middle) PHILLIPS, David A.			
3 NATURE OF PERSONNEL ACTION <b>PROMOTION</b>			4 EFFECTIVE DATE REQUESTED MONTH DAY YEAR 12 15 68		5 CATEGORY OF EMPLOYMENT Regular
6 FUNDS	V TO V	V TO CF	7 FINANCIAL ANALYSIS NO CHARGEABLE 9135-0620		8 LEGAL AUTHORITY (Completed by Office of Personnel)
9 ORGANIZATIONAL DESIGNATIONS DDP/WH WH/COG Office of the Chief			10 LOCATION OF OFFICIAL STATION Washington, D. C.		
11 POSITION TITLE Ops Officer-Ch			12 POSITION NUMBER 1105		13 CAREER SERVICE DESIGNATION D
14 CLASSIFICATION SCHEDULE (GS, FS, etc.) GS		15 OCCUPATIONAL SERIES 0136.01		17 SALARY OR RATE \$25,118	
16 REMARKS					
18A SIGNATURE OF REQUESTING OFFICIAL		DATE SIGNED		18B SIGNATURE OF CAREER SERVICE APPROVING OFFICER Secretary, CSCS Board	
DATE SIGNED 9 Dec 68					
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 MONTHS
					25 DATE OF BIRTH MO. DA. YR.
					26 DATE OF GRADE MO. DA. YR.
					27 DATE OF LEL MO. DA. YR.
28 NTE EXPIRES MO. DA. YR.	29 SPECIAL REFERENCE	30 RES. PRESENT DATA 1-YES 2-CRCH 3-12A 4-NO	31 SEPARATION DATA CODE	32 CORRECTION CANCELLATION DATA TYPE MO. DA. YR.	33 SECURITY REQ NO
					34 SEC
35 PET PREFERENCE CODE 0-NOISE 1-5 PT 2-10 PT	36 SERV COMP DATE MO. DA. YR.	37 LONG COMP DATE MO. DA. YR.	38 CAREER CATEGORY LGE RES PROM TYP	39 FEGLI HEALTH INSURANCE CODE CODE 0-NAIVE 1-YES	40 SOCIAL SECURITY NO
41 PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0-NO PREVIOUS SERVICE 1-NO BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)		42 LEAVE CAT CODE	43 FEDERAL TAX DATA FORM EXECUTED CODE NO TAX EXEMPTIONS 1-YES 2-NO		44 STATE TAX DATA FORM EXECUTED CODE NO TAX STATE CODE 1-YES 2-NO
45 POSITION CONTROL CERTIFICATION			46 OF APPROVAL H.B. Fisher		DATE APPROVED 13 Dec 68

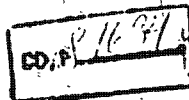
FORM 1152 USE PREVIOUS EDITION

SECRET

GROUP 1  
EXCLUDED FROM AUTOMATIC DOWNGRADING AND  
DECLASSIFICATION



VOICE OF AMERICA  
UNITED STATES INFORMATION AGENCY  
WASHINGTON, D.C. 20547



April 15, 1968

Dear Dave:

I thought you would be pleased about a reference to you which came up in the course of a longish conversation last night with

[redacted] about the turbulent events in his country three years ago.

"You know," he said, "looking back over those months when things seemed pretty bleak, two names come immediately to mind as able and effective representatives of the United States. They are Ellsworth Bunker and David Phillips."

I thought such a pleasant echo of a rough period would help heal your ulcers.

Cordially,

Richard G. Cushing  
Deputy Director

Mr. David A. Phillips  
8224 Stone Trail Drive  
Carderock Springs  
Bethesda, Md. 20034

SECRET

(If Not Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
				30 August 1967	
1. SERIAL NUMBER		2. NAME (Last-First-Middle)			
024345		PHILLIPS, David A.			
3. NATURE OF PERSONNEL ACTION			4. EFFECTIVE DATE REQUESTED		5. CATEGORY OF EMPLOYMENT
REASSIGNMENT			MONTH DAY YEAR 9 10 67		REGULAR
6. FUNDS			7. FINANCIAL ANALYSIS NO. CHARGES		8. LEGAL AUTHORITY (Completed by Office of Personnel)
<input checked="" type="checkbox"/> V TO V <input type="checkbox"/> CP TO V <input checked="" type="checkbox"/> V TO CP <input type="checkbox"/> CP TO CP			8235 0620		
9. ORGANIZATIONAL DESIGNATIONS			10. LOCATION OF OFFICIAL STATION		
DDP/WH WH/COG OFFICE OF THE CHIEF			WASH., D.C.		
11. [Redacted]			12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION
OPS OFFICER-CH			1105		D
14. CLASSIFICATION SCHEDULE (G.S. 11, etc.)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP	
GS		0136.01		15 5	
17. SALARY GRADE					
19,978					
18. REMARKS					
FROM: DDP/WH/ [Redacted] STATION [Redacted] Request Approved Created by Pers. SD/GS 8/31/67 Rec 9/11/67 1 - Doc. 1 - [Redacted]					
18A. SIGNATURE OF REQUESTING OFFICER		DATE SIGNED		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER	
Henry L. Berthold C/WH/Pers		9/1/67		[Signature]	
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. HDQRS CODE
37	10	51504 WH	75013	5	1
25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEL	28. DATE OF BIRTH	29. DATE OF GRADE	30. DATE OF LEL
1/1/31/32					
31. WTE EXPIRES	32. SPECIAL REFERENCE	33. RETIREMENT DATA	34. SEPARATION DATA CODE	35. CORRECTION/CANCELLATION DATA	36. SECURITY REQ NO
MO DA YR	1-CC 2-DCG 3-FICB 4-NONE	CODE	TYPE	MO DA YR	37. SEX
38. VET PREFERENCE	39. SERV COMP DATE	40. LONG COMP DATE	41. CAREER CATEGORY	42. FEGLI HEALTH INSURANCE	43. SOCIAL SECURITY NO
CODE	MO DA YR	MO DA YR	CODE	CODE	
0-NONE 1-5 PT 2-10 PT					
44. PREVIOUS CIVILIAN GOVERNMENT SERVICE	45. LEAVE CAT. CODE	46. FEDERAL TAX DATA	47. STATE TAX DATA	48. FORM EXECUTED	49. FORM EXECUTED
CODE	CODE	CODE	CODE	CODE	CODE
0-NONE 1-NONE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)					
45. POSITION CONTROL CERTIFICATION			46. OP APPROVAL		
			[Signature]		
			DATE APPROVED		
			8 Sept 67		

SECRET



SECRET  
(When Filled In)

25 October 1966

David A. Phillips

MEMORANDUM FOR: [REDACTED]

THROUGH :

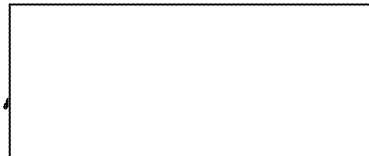
SUBJECT : Notification of Designation as a Participant in the Organization Retirement and Disability System

REFERENCE : Book Dispatch 5096 dated 12 August 1965

1. You have been found to be qualified as a participant in the Organization Retirement and Disability System and have been so designated effective 23 October 1966.

2. Although such designation under present statutes is viewed favorably by most persons, the regulation governing this retirement system gives the individual the right to appeal such a determination if he deems the designation adverse to his best interests. In order that this technical requirement may be satisfied, you are hereby notified of your right to appeal. An appeal with reasons therefore must be received in Headquarters within 60 days of the date of this memorandum or acceptance of designation will be assumed. Any questions that you may have in connection with your designation that cannot be answered by referring to referenced Book Dispatch should be forwarded to Headquarters.

3. We believe that the benefits of the Organization Retirement System are superior to the benefits of the Civil Service Retirement System. However, there are a few situations in which an employee *at the time of retirement* may have so many years of service (almost 37) that he would receive a higher annuity under the Civil Service System. Because of this, the policy decision has been made that a participant in the Organization System who would receive a higher annuity under the Civil Service System may, not later than one year prior to his retirement, apply to be removed from our system and transferred to the Civil Service System. Thus, you should not anticipate this contingency as a factor in deciding whether you regard your designation as a participant adverse to your best interests.



SECRET

GROUP 1  
Excluded from automatic  
downgrading and  
declassification

David A. Phillips

**CONFIDENTIAL**

24 October 1966

**MEMORANDUM FOR: Chief, WH Division**

**THROUGH : Deputy Director for Plans**

**SUBJECT : Commendation**

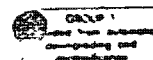
1. The [ ] Station has distinguished itself by especially meritorious service during the past year and has made a major contribution toward the advancement of the objectives of the United States Government in a critical situation. One year ago the people of the [ ] were facing a dismal future. Today, while the future remains uncertain, the prospects for eventual stability have been immeasurably increased. Several Departments and Agencies of the United States Government engaged in an effort to bring this about. I believe that the role of the CIA in the [ ] during the past year was a crucial one. The highly effective performance of the [ ] and the Base [ ] was the result of the combined efforts of each officer and employee stationed there. These men and women gave unsparingly of their time, energy and brain power. Their efforts were sustained over a long period under stressful circumstances. Now, while our long-term mission continues, a significant milestone has been reached and it is most appropriate at this time to grant this special recognition for a job well done to all members of the CIA team in the [ ] during the year ending June 30, 1966.

2. I should like to commend each member of the Station who contributed to this noteworthy performance and request that a copy of this commendation be placed in individual personnel files as appropriate.

*Richard Helms*

Richard Helms  
Director of Central Intelligence

**CONFIDENTIAL**



SECRET  
(If Any Filled In)

6-54

REQUEST FOR PERSONNEL ACTION										DATE PREPARED 4 October 1966	
1. SERIAL NUMBER 024345		2. NAME (Last-First-Middle) PHILLIPS, DAVID A.									
3. NATURE OF PERSONNEL ACTION DESIGNATION AS A PARTICIPANT IN THE CIA RETIREMENT AND DISABILITY SYSTEM						4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 10 23 66		5. CATEGORY OF EMPLOYMENT REGULAR			
6. FUNDS V TO V CP TO V X CP TO CP		7. FINANCIAL ANALYSIS NO CHARGEABLE 7135-0875		8. LEGAL AUTHORITY (Completed by Office of Personnel) PL 88-643 Sect. 203							
9. ORGANIZATIONAL DESIGNATIONS DDP/WH						10. LOCATION OF OFFICIAL STATION					
11. POSITION TITLE						12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION D			
14. CLASSIFICATION SCHEDULE (G.S., L.B. etc.)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP 15		17. SALARY OR RATE 5			
18. REMARKS EMPLOYEE WILL RECEIVE NOTIFICATION FROM THE DIRECTOR OF PERSONNEL OF THIS DESIGNATION AND RIGHT OF APPEAL TO THE DIRECTOR OF CENTRAL INTELLIGENCE.											
18A. SIGNATURE OF REQUESTING OFFICIAL				DATE SIGNED		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER				DATE SIGNED	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING NUMERIC ALPHABETIC		22. STATION CODE	23. INTEGREE CODE	24. MOOTHS CODE	25. DATE OF BIRTH MO DA YR	26. DATE OF GRADE MO DA YR	27. DATE OF LEI MO DA YR		
28. RTE EXPIRES MO DA YR	29. SPECIAL REFERENCE	30. RETIREMENT DATA 1-USE 3-1-CA 5-WONE 2		31. SEPARATION DATA CODE	32. CORRECTION CANCELLATION DATA TYPE MO DA YR	EOD DATA		33. SECURITY REQ NO	34. SER		
35. VET PREFERENCE CODE 0-NONE 1-5 PT 2-10 PT	36. SERV COMP DATE MO DA YR	37. LONG COMP DATE MO DA YR	38. CAREER CATEGORY CAR RESH PROV TEMP	39. REG. HEALTH INSURANCE CODE CODE 0-WAIVER 1-YES	40. SOCIAL SECURITY NO						
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0-NO PREVIOUS SERVICE 1-NO BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)				42. LEAVE CAT CODE	43. FEDERAL TAX DATA FORM EXECUTED CODE NO TAX EXEMPTIONS 1-YES 2-NO	44. STATE TAX DATA FORM EXECUTED CODE NO TAX EXEMPTIONS 1-YES 2-NO		45. POSITION CONTROL CERTIFICATION			
45. POSITION CONTROL CERTIFICATION 10-13 GGN						46. O P APPROVAL See memo signed by D/Pers dated 10 OCT 1966				DATE APPROVED	

FORM 1152 USE PREVIOUS EDITION  
DD FORM 4-7-66

SECRET

GROUP 1  
EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

**CONFIDENTIAL**  
(When Filled In)

<b>NOTICE OF CREDITABLE SERVICE</b> [FOR LEAVE PURPOSES]		<input type="checkbox"/> VOUCHERED <input checked="" type="checkbox"/> UNVOUCHERED
NAME (Last, First, Middle) <b>PHILLIPS, David A.</b>		SERIAL NO. <b>004345</b>
OFFICE (and Division) <b>DDP/VH</b> <b>Foreign Field</b> <b>Branch 2</b>		
<input type="checkbox"/> ORIGINAL <input checked="" type="checkbox"/> CORRECTION	SERVICE COMPUTATION DATE (Mo - da - yr) <b>01-15-53</b>	
THIS DATE <b>7-01-66</b>	SIGNATURE (Office of Personnel) <div style="border: 1px solid black; height: 20px; width: 100px; margin: 5px 0;"></div>	

FORM 171 OBSOLETE PREVIOUS  
5-63 EDITIONS.

**CONFIDENTIAL**

GROUP 1  
EXCLUDED FROM AUTOMATIC  
DOWNGRADING AND  
DECLASSIFICATION

(4)

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION										DATE PREPARED 27 JULY 1965	
1 SERIAL NUMBER 024345		2 NAME (Last-First-Middle) PHILLIPS, DAVID A.									
3 NATURE OF PERSONNEL ACTION REASSIGNMENT						4 EFFECTIVE DATE REQUESTED MONTH DAY YEAR JUN 6 65		5 CATEGORY OF EMPLOYMENT REGULAR			
6 FUNDS		V TO V		V TO CF		7 COST CENTER NO. CHARGE ABLE 6135 0875		8 LEGAL AUTHORITY (Completed by Office of Personnel)			
CF TO V		XX		CF TO CF							
9 ORGANIZATIONAL DESIGNATIONS DDP/WH FOREIGN FIELD BRANCH 2 STATION						10 LOCATION OF OFFICIAL STATION					
11 POSITION TITLE CHIEF OF STATION						12 POSITION NUMBER 0274		13 CAREER SERVICE DESIGNATION D			
14 CLASSIFICATION SCHEDULE (GS, I, II, etc.) GS				15 OCCUPATIONAL SERIES 0136.05		16 GRADE AND STEP 15 4		17 SALARY OR RATE \$ 18,170			
18 REMARKS FROM: DDP/WH/BRANCH 1 MEXICO CITY, MEXICO STATION/0340/ MEMORANDUM SENT TO DDCT VIA DDP REQUESTED THE APPOINTMENT OF MR. PHILLIPS AS COS, STATION APPROVED ON 13 APRIL 1965. MR. PHILLIPS REPLACED MR. EDWIN M. TERRELL WHO HAS BEEN ASSIGNED TO WH/BRANCH 2/HEADQUARTERS, EFFECTIVE 6 JUNE 1965. FORM 259 HAS BEEN SUBMITTED 1-FINANCE 1-SECURITY 18A SIGNATURE OF REQUESTING OFFICER ROBERT D. CASHMAN C/WH/PERS DATE SIGNED 29 July 65 18B SIGNATURE OF CAREER SERVICE APPROVING OFFICER DATE SIGNED 8/3/65 SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL 19 ACTION CODE 37 20 EMPLOY CODE 10 21 OFFICE CODING NUMERIC ALPHABETIC 51650 WH 19039 22 STATION CODE 19039 23 INTEGREE CODE 3 24 HOURS CODE 10 25 DATE OF BIRTH MO DA YR 10 31 43 26 DATE OF GRADE MO DA YR 10 31 43 27 DATE OF LEI MO DA YR 10 31 43 28 NTE EXPIRES MO DA YR 10 31 43 29 SPECIAL REFERENCE 1-CSE 2-FICA 3-VOIR 30 RETIREMENT DATA CODE 31 SEPARATION DATA CODE TYPE 32 CORRECTION/CANCELLATION DATA MO DA YR 33 SECURITY REQ NO 34 SEX 35 VET PREFERENCE CODE 36 SERV COMP. DATE MO DA YR 37 LONG COMP DATE MO DA YR 38 CAREER CATEGORY CODE 39 FEGLI HEALTH INSURANCE CODE 40 SOCIAL SECURITY NO 41 PREVIOUS GOVERNMENT SERVICE DATA CODE 42 LEAVE CAT CODE 43 FEDERAL TAX DATA FORM EXECUTED CODE 44 STATE TAX DATA FORM EXECUTED CODE 45 POSITION CONTROL CERTIFICATION 8-3-65 46 O.P. APPROVAL DATE APPROVED 8/3/65											

S-E-C-R-E-T

## CENTRAL INTELLIGENCE AGENCY

WASHINGTON, D.C. 20505

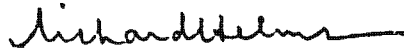
TO : David A. Phillips

SUBJECT: TDY in [REDACTED]

Most of you who went down to [REDACTED] departed with so much speed and so little ceremony that there was no time to explain the importance and urgency of your assignments. Now that you have served there during the crisis, the importance of the task needs no embellishment from us, but you should know that the contribution of the augmented Station was decisive in shaping the policies and actions of the government and in avoiding several major mistakes. For weeks after the [REDACTED] revolution, our Station reporting was literally the only source of information that the United States had on the role of Communism among the rebel forces and on conditions outside the capital.

Many fine things were done in the Station and in the hinterland by all of you. Manning the check-points under fire, flying to remote and hostile villages, moving tons of supplies through the gauntlet of the communications line, toiling over midnight reports, and keeping open our country's only commo link -- all these things were commonplace. The dedication, discipline, and routine of our personnel placed them in a class apart.

To the sense of pride and accomplishment you must already feel, I want to add the gratitude and admiration of the DDP and of the Agency.



Richard Helms  
Deputy Director of Central Intelligence

S-E-C-R-E-T

SECRET

DDP-5-1766

12 Apr 1965

65-1911

MEMORANDUM FOR: Deputy Director of Central Intelligence

VIA : Deputy Director for Plans

SUBJECT : Appointment of Mr. David A. Phillips as  
Chief of Station, [redacted]  
[redacted]

1. The appointment of Mr. David A. Phillips as Chief of Station, [redacted] effective on or about 15 October 1965, is recommended. Mr. Phillips would replace Mr. Edwin M. Terrell.

2. Mr. Phillips was employed in a contract status from 1952 to 1955 and became a Staff Employee in April 1955. He resigned from the Agency in August 1958 to enter private business. In March 1960 he returned to the Agency as a staff employee and is presently assigned as Operations Officer, Mexico City, Mexico, GS-15. A biographic data sheet, giving more detailed information on Agency experience and training, is attached.

*R. W. Hecker*  
Desmond Fitzgerald  
Chief

Western Hemisphere Division

1 Attachment  
Biographic Profile (Part 1)

APPROVAL RECOMMENDED:

*[Signature]*

Deputy Director for Plans

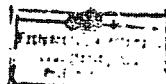
(Date)

The recommendation in paragraph 1 is APPROVED:

*[Signature]*  
Deputy Director of Central Intelligence

20 Apr 1965  
(Date)

SECRET



157-1104 100

FORM 1152 (REV. 1-1-60)

**SECRET**

GROUP 1

(43)



SECRET

REQUEST FOR PERSONNEL ACTION				DATE PREPARED 17 August 1961															
1. SIC AL NUMBER <b>0136</b> ✓		2. NAME (Last First Middle) <b>PHILLIPS, David A.</b>		3. EFFECTIVE DATE OF ACTION MONTH DAY YEAR <b>8 23 61</b>															
4. NATURE OF PERSONNEL ACTION  <b>[ ]</b>		5. CATEGORY OF EMPLOYMENT <b>Regular</b>		6. COST CENTER NO. CHARGEABLE <b>1135-5700-1000</b>															
7. FUNDS <b>[ ]</b>		8. V TO V <b>[ ]</b>		9. V TO CF <b>[ ]</b>															
10. ORGANIZATIONAL DESIGNATIONS <b>DDP/AR Branch 3 Mexico City Mexico Station</b>		11. LOCATION OF OFFICIAL STATION <b>Mexico City, Mexico</b>		12. POSITION NUMBER <b>340</b>															
13. POSITION TITLE <b>Ops. Officer</b>		14. PER CONTROL NO. <b>[ ]</b>		15. CAREER SERVICE DESIGNATION <b>[ ]</b>															
16. CLASSIFICATION SCHEDULE (GS, LP, etc.) <b>GS</b>		17. OCCUPATIONAL SERIES <b>0136.01</b>		18. SALARY OR RATE <b>10,700</b> ✓															
19. REMARKS <b>No sick and 102 hours annual leave to be transferred to the Dept. of State</b>																			
20. SIGNATURE OF REQUESTING OFFICIAL <b>H. Honey, Cover Officer, 10104</b>				21. SIGNATURE OF CAREER SERVICE APPROVING OFFICER <b>[ ]</b>															
22. SPACE BELOW FOR EXCHANGE USE																			
<table border="1"> <thead> <tr> <th>EXCHANGE NO.</th> <th>EXCHANGE DATE</th> <th>EXCHANGE TYPE</th> <th>EXCHANGE STATUS</th> <th>EXCHANGE DATE</th> <th>EXCHANGE TYPE</th> <th>EXCHANGE STATUS</th> </tr> </thead> <tbody> <tr> <td><b>55</b></td> <td><b>10</b></td> <td><b>64710</b></td> <td><b>64H</b></td> <td><b>43015</b></td> <td><b>3</b></td> <td><b>10.31.22</b></td> </tr> </tbody> </table>						EXCHANGE NO.	EXCHANGE DATE	EXCHANGE TYPE	EXCHANGE STATUS	EXCHANGE DATE	EXCHANGE TYPE	EXCHANGE STATUS	<b>55</b>	<b>10</b>	<b>64710</b>	<b>64H</b>	<b>43015</b>	<b>3</b>	<b>10.31.22</b>
EXCHANGE NO.	EXCHANGE DATE	EXCHANGE TYPE	EXCHANGE STATUS	EXCHANGE DATE	EXCHANGE TYPE	EXCHANGE STATUS													
<b>55</b>	<b>10</b>	<b>64710</b>	<b>64H</b>	<b>43015</b>	<b>3</b>	<b>10.31.22</b>													
23. PAY ADJUSTMENT SERVICE DATA																			
24. POSITION CONTROL CERTIFICATION <b>9/2 Kearney 08/3 1/1</b>																			

SECRET

SECRET

REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
				28 June 1961	
1. SERIAL NUMBER		2. NAME (Last-First-Middle)			
024345		PHILLIPS, DAVID A.			
3. NATURE OF PERSONNEL ACTION			4. EFFECTIVE DATE REQUESTED		5. CATEGORY OF EMPLOYMENT
REASSIGNMENT			08 05 61		REGULAR
6. FUNDS		7. COST CENTER NO. CHARGE-ABLE		8. LEGAL AUTHORITY (Completed by Office of Personnel)	
<div style="display: flex; align-items: center;"> <div style="width: 20px; height: 20px; background-color: black; margin-right: 5px;"></div> <div style="display: flex; flex-direction: column;"> <div>V TO V</div> <div>CF TO V</div> </div> </div>		<div style="display: flex; align-items: center;"> <div style="width: 20px; height: 20px; background-color: black; margin-right: 5px;"></div> <div style="display: flex; flex-direction: column;"> <div>V TO CF</div> <div>CF TO CF</div> </div> </div>		1135 5700 1000	
9. ORGANIZATIONAL DESIGNATIONS			10. LOCATION OF OFFICIAL STATION		
DDP WH BRANCH 3 MEXICO CITY, MEXICO STATION			MEXICO CITY, MEXICO		
11. POSITION TITLE			12. POSITION NUMBER	13. PER CONTROL NO.	14. CAREER SERVICE DESIGNATION
OPS OFFICER			D	0-340	D
15. CLASSIFICATION SCHEDULE (GS, LP, etc.)		16. OCCUPATIONAL SERIES	17. GRADE AND STEP	18. SALARY OR RATE	
GS 14		0136.01	14 3	12,730 ✓	
19. REMARKS					
<p>From: DDP/WH/4/BA-624/Wash., D.C. <del>10</del></p> <p>Subject scheduled to integrate o/a 21 August 1961.</p> <p>It is requested that this action be made effective no later than 6 August 1961.</p> <p>1 copy to Security.</p> <p style="text-align: right;">Security Approval Transferred by Pers. SD/OS 7/12/61 6/22/21/61</p>					
19A. SIGNATURE OF REQUESTING OFFICER			19B. SIGNATURE OF APPROVING OFFICER		
STATE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
20. ACTION CODE	21. EMP CODE	22. ACTION DATE	23. ACTION NO.	24. ACTION DATE	25. ACTION NO.
37	10	6/4/61	45075	3	10/31/62
26. ACTION REASON		27. ACTION REASON	28. ACTION REASON		
REASSIGNMENT		REASSIGNMENT	REASSIGNMENT		
29. ACTION REASON		30. ACTION REASON	31. ACTION REASON		
REASSIGNMENT		REASSIGNMENT	REASSIGNMENT		
32. ACTION REASON		33. ACTION REASON	34. ACTION REASON		
REASSIGNMENT		REASSIGNMENT	REASSIGNMENT		
35. ACTION REASON		36. ACTION REASON	37. ACTION REASON		
REASSIGNMENT		REASSIGNMENT	REASSIGNMENT		
38. ACTION REASON		39. ACTION REASON	40. ACTION REASON		
REASSIGNMENT		REASSIGNMENT	REASSIGNMENT		
41. POSITION CONTROL CERTIFICATION			42. U.S. APPROVAL		
21 Kearney 6/18/61					

SECRET

1 2473

29 June 1961

MEMORANDUM FOR THE RECORD

SUBJECT: David A. Phillips

On 14 June 1961 the undersigned reviewed with Mr. David A. Phillips his career development prospects for the next five year period. We agreed that the following represented a desirable and fairly firm goal in this respect:

a. In general his future training and field experience should place sufficient stress on the CI and FI fields to avoid the career confinement of strict CA specialization.

b. His next assignment would be a normal field tour in Mexico City. Upon return from that assignment, he would receive up to six months training to be followed by an assignment to the CA Staff (or the organizational successor thereof). One of his primary undertakings in the CA Staff would be to develop what might best be termed "ideological warfare" (e.g., a search for basic ideas and concepts with wide appeal) as opposed to the normal propaganda approach (e.g., a running debate on current events).

(Signed: Richard M. Bissell, Jr.)

RICHARD M. BISSELL, JR.  
Deputy Director  
(Plans)

cc: ASIA (Pers)  
Attn Panel A  
Mr. Phillips  
Thru C/WH  
-OP/RSD

NYH 800H

JUN 30 3 23 PM '61

SECRET

OFFICE OF SECRETARY

14-00000

**SECRET**

1 June 1961

MEMORANDUM FOR: Chief, Finance Division

FROM : Chief, WH/4/Support

SUBJECT : Premium Pay

Due to the recent reduction in heavy workload requirements, the following employees are no longer entitled to Premium Pay. It is requested that this entitlement be discontinued effective c.o.b. 10 June 1961. The salaries are chargeable to Allotment #535-5000-8021:

[REDACTED]  
BROWN, Fravel S.

[REDACTED]  
CARTWRIGHT, Cecil J.

KENT, William M.  
MORALES, David S.  
MURRAY, William J.

[REDACTED]  
PHILIPS, David A.

[REDACTED]  
REYNOLDS, Robert

[REDACTED]  
[REDACTED]  
Chief, WH/4/Support

Distribution:

- 2 - Chief, Finance Division (ea. employee)
- 2 - Director of Personnel (ea. employee)

**SECRET**

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

1. Serial No.	2. Name (Last-First-Middle)	3. Date Of Birth Mo. Da. Yr.	4. Ver. Prof. None 0 5 Pt-1 10 Pt-2	5. Sex	6. CS - EOD Mo. Da. Yr.
7. SCD Mo. Da. Yr.	8. CSC Retmt. Yes-1 No-2	9. CSC Or Other Legal Authority	10. Apmt. Affidav. Mo. Da. Yr.	11. FEQU Yes-1 No-2	12. LCD Mo. Da. Yr.
					13. Serv. Series, Etc. Yes-1 No-2

**PREVIOUS ASSIGNMENT**

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

**ACTION**

27. Nature Of Action REASSIGNMENT	Code	28. Eff. Date Mo. Da. Yr.	29. Type Of Employee REGULAR	Code	30. Separation Data
--------------------------------------	------	------------------------------	---------------------------------	------	---------------------

**PRESENT ASSIGNMENT**

31. Organizational Designations DIP WH BRANCH 4	Code	32. Location Of Official Station WASH., D. C.	Station Code
33. Dept. - Field Dept. - USfld - Frqn -	34. Position Title OPS OFFICER	35. Position No. PA-624	36. Serv. 37. Occup. Series GS 0136.01
38. Grade & Step 14 3	39. Salary Or Rate \$ 11835	40. SD D	41. Date Of Grade Mo. Da. Yr.
			42. PSI Due Mo. Da. Yr.
43. Appropriation Number 0135 1000 1000			
<b>SOURCE OF REQUEST</b>			
A. Requested By (Name And Title) WH/PERSONNEL OFFICER		C. Request Approved By (Signature And Title)	
B. For Additional Information Call (Name & Telephone Ext.) JOHN WASHINKO X8242			
<b>CLEARANCES</b>			
Clearance	Signature	Date	Clearance
A. Career Board			D. Placement
B. Pos. Control		7-15-60	E.
C. Classification			F. Approval B.
Remarks Staffing Complement Change.			
2 copies to Security.			

RE

**SECRET**  
FOR PERSONNEL ACTION

1. Serial No. 4345		2. Name (Last-First-Middle) PHILLIPS, DAVID A.		3. Date Of Birth Mo. 10, Da. 31, Yr. 22		4. Vet. Pres. Mo. 5, Da. 10, Yr. 10		5. Sex M - W		6. CS - EOD Mo. 6, Da. 3, Yr. 60	
7. SCD Mo. 1, Da. 1, Yr. 1		8. CSC Permit Yes - 1 Code 1, No - 8		9. CSC Or Other Legal Authority CSCA 4035		10. Appt. Affidav. Mo. 5, Da. 1, Yr. 60		11. ECL - 19 Mo. 1, Da. 1, Yr. 60		12. LCD Mo. 1, Da. 1, Yr. 60	

02 12 54

## PREVIOUS ASSIGNMENT

14. Organizational Designations OFFICE/SECTION 3-14-60		Code W12		15. Location Of Official Station		Station Code	
16. Dept. - Field Dept. USIld. Frn.		17. Position Title		18. Position No.		19. Serv.	
20. Occup. Series		21. Grade & Step 5		22. Salary Or Rate		23. SD	
24. Date Of Grade Mo. , Da. , Yr. ,		25. PSI Due Mo. , Da. , Yr. ,		26. Appropriation Number			

## ACTION

7. Nature Of Action EXCEPTED APPOINTMENT*		Code 11		28. Eff. Date Mo. 1, Da. 1, Yr. 60		29. Type Of Employee REGULAR		Code 25		30. Separation Date	
--	--	------------	--	---------------------------------------	--	---------------------------------	--	------------	--	---------------------	--

## PRESENT ASSIGNMENT

31. Organizational Designations CS/CS DEVELOPMENT COMPLEMENT DDP WH DIVISION		Code 4658		32. Location Of Official Station WASHINGTON, D. C.		Station Code	
33. Dept. - Field Dept. USIld. Frn.		34. Position Title OPS OFFICER		35. Position No. 63146-C		36. Serv. GS	
37. Occup. Series 0130.01		38. Grade & Step 14 3		39. Salary Or Rate \$11,835		40. SD D	
41. Date Of Grade Mo. 1, Da. 1, Yr. 60		42. PSI Due Mo. 1, Da. 1, Yr. 60		43. Appropriation Number 0320-1998			

## SOURCE OF REQUEST

A. Requested By (Name And Title) WH/PERSONNEL OFFICER		C. Request Approved By (Signature And Title) <i>[Signature]</i>	
B. For Additional Information Call (Name & Telephone Ext.) John Washinko X6242			

## CLEARANCES

Clearance		Signature		Date		Clearance		Signature		Date	
A. Career Board		<i>[Signature]</i>		1/17/60		D. Placement		<i>[Signature]</i>			
B. Post Control		<i>[Signature]</i>		2-9-60		E		<i>[Signature]</i>			
C. Classification		<i>[Signature]</i>				F. Approved By		<i>[Signature]</i>			

## Remarks

\*See DIR 10716 (OUT 83837) released by DDP on 16 January 1960. Proposed EOD date is 22 February 1960. *Two copies given to DDP's office by using Phillips address as it is not complete.*

2 copies to Security Office.

FORM NO 1 MAR 57 1152

\*APPROPRIATE

*Received*  
*21/2/60*

**SECRET**

*APPROPRIATE*

## OFFICE OF PERSONNEL

## RESIGNATION

I Resign For The Following Reason:

FL9 4 2 37 PM '60

MAIL ROOM

My Last Working Day Will Be

This Date (Date Of Signature)

Signature

Forward Communications, Including Salary Checks And Bonds, To The Following Address (Number, Street, City, Zone, State):

I am resigning for personal reasons in order to accept a position  
 with the Federal Bureau of Investigation as a Special Agent in Charge  
 and to be able to take care of my family.

*Office Memorandum* • UNITED STATES GOVERNMENT

TO : File

DATE 18 March 1960

FROM :

SUBJECT: PHILLIPS, DAVID A.

Effective date of CA is 19 Aug 1958, per Mr. Toomey, x2823

This time is creditable for LCD only, per Mr. Stevens.

Mr. Phillips was same as independent contractor, per Lyle Miller, x3039.

*Lc*



David Phillips

Per Mr. Washburn x8x4x

Phillips is presently contract Agent.  
and (a staff employee)

DDP. approval per Pissell via Cable.  
will be here to Food 1 March.

WH - Has already contacted <sup>(Cagione)</sup> Security  
but they will grant clearance, subject  
to poly.

Kennedy (MC) has copies of 89 (on  
Phillips' wife and children). He says  
OK to enter on duty, but will  
be subject to medical when on  
duty.

Phillips will be in (8 Feb) Mon.  
for TOY and will have poly at  
that time (1:00 pm)

2-8-60 <sup>Policy is</sup> ~~limited~~ <sup>in</sup> ~~policy~~ <sup>the</sup> ~~for~~ <sup>in</sup> ~~1st~~ <sup>March.</sup>

**SECRET**  
(When Filled In)

REQUEST FOR SECURITY CLEARANCE				REQUEST NO. (11-8) / CS 1-3573 Rev. 6-57 REQUEST DATE (12-11) 8 Feb 1966 YEAR OF BIRTH (29-30) 1922 GRADE (42-44) GS-11 ORGN. CODE (49-49) 1600 TYPE OF APPL. (49) 7 NOQTR & FUND (50) 1 CLEARANCE (51) 3 RECRUIT. CODE (55-54) 001 VET PREP. & SEX (55) 1	
NAME (LAST - FIRST - MIDDLE) PHILIP M. DAVITATINE				(12 - 20)	
POSITION TITLE OFF. COUNCILOR		POSITION NUMBER (31 - 35) 0136.01		OCCUP. CODE (37 - 48) 0136.01	
LOCATION (CITY, STATE, COUNTRY) Washington, DC		ASSIGNMENT (OFFICE, DIVISION, BRANCH) NSA/WH Division, CS/CG Dev Comp			
TYPE OF APPLICANT REGULAR CONTRACT CONSULTANT MILITARY		CONVERSION ACTION CONTRACT to SE		IF OTHER, SPECIFY	
NAME OF REQUESTER (OR OFFICIAL) G. M. Stewart/hc		TYPE OF ASSIGNMENT AND FUND HQS USP PP V X UV		PROVISIONAL FOR (INDICATE NAME OF POOL OR GROUP) SECRET X FULL	
ATTACHMENTS PERSONAL HISTORY STATEMENT PHOTOGRAPHIC MALE - VETERAN MALE - NON-VETERAN		APPENDIX I APPENDIX II FEMALE - VETERAN FEMALE - NON-VETERAN		REQUEST FOR WAIVER REPORT OF INTERVIEW	
VETERANS STATUS		CLEARANCE REQUIRED			
<p><u>PLEASE EXPEDITE</u></p> <p>Mr. Washinko, WH Division, advises that Mr. Osborne (Office of Security) has indicated that subject would be granted immediate security clearance, subject to poly.</p> <p>Former Staff Employee. Your Case #10696.</p> <p>Presently Contract Agent.</p> <p>HAND CARRY</p> <p>0 SO 0 OTF</p>					
SPACE BELOW FOR OS USE ONLY					

☐ UNCLASSIFIED ☐ INTERNAL USE ONLY ☐ CONFIDENTIAL ☒ SECRET

# ROUTING AND RECORD SHEET

SUBJECT: (Optional)

FROM:

WH/Personnel

NO.

DATE

22 January 1960

TO: (Officer designation, room number, and building)

DATE

RECEIVED

FORWARDED

OFFICER'S INITIALS

COMMENTS (Number each comment to show from whom to whom. Draw a line across column after each comment.)

1.

WH/Pers Ofcr

2.

3.

C/WH/Support

4.

5.

WH/Pers

6.

7.

CS/PO 2120 I Bldg.

8.

9.

MRS. CARROLL

10.

CURIE

11.

12.

13.

14.

15.

22 Jan 60 JCB

JAN 25 1960

Mr

JAN 26 1960

1/27

RG

42460 JCB

Service as CA with agency, no creditable service RCD, but not SCD. 3-14-60 per Gene Stuenkel

Please coordinate with [redacted] per his conversation with Mr. [redacted] WH/Pers on 22 Jan 60.

Send 259 p to Mr Kennedy MO. stating 89's have been forwarded to MO on Phillips, wife and all children.

See to MO 2-10-60

For mail - 15 Mar - 8:30

FORM 1 DEC 56

SECRET

USE PREVIOUS EDITIONS

☐ SECRET

☐ CONFIDENTIAL

☐ INTERNAL USE ONLY

☐ UNCLASSIFIED

U. S. GOVERNMENT PRINTING OFFICE: 1956 O - 316731

☐ UNCLASSIFIED☐ INTERNAL  
USE ONLY☐ CONFIDENTIAL☐ SECRET

## ROUTING AND RECORD SHEET

SUBJECT: (Optional)

FROM:

NEA/ADM/Personnel  
403 1 Bldg x8671

NO.

DATE

6 August 1958

TO: (Officer designation, room number, and building)

DATE

RECEIVED

FORWARDED

OFFICER'S  
INITIALS

COMMENTS (Number each comment to show from whom to whom. Draw a line across column after each comment.)

1.

NEA/B &amp; P

2.

3.

~~NEA/ADM~~

4.

5.

NEA/PERSONNEL

6.

7.

CS/CS PANEL (Section A) 210GL

8.

CPD

9.

~~OFFICE OF PERSONNEL~~

10.

C/CPD

11.

2102-L

12.

13.

14.

15.

FORM

610

USE PREVIOUS  
EDITIONS

SECRET

☐ CONFIDENTIAL☐ INTERNAL  
USE ONLY☐ UNCLASSIFIEDEmployee had  
following:Security debriefing  
CPD  
Finance  
Logistics

F. Newald

1, 13, 00, 4, 1

In your signature  
Please - True Resp.

14-32-16-X

**SECRET**

**SUBJECT:** (Optional)

FROM:

NEA/ADM/Personnel  
1103 1 Bldg. x8671

NO

DATE \_\_\_\_\_

16 May 1957

TO: (Officer designation, room number, and building)

DATE \_\_\_\_\_

OFFICER'S  
INITIALS

COMMENTS (Number each comment to show from whom to whom. Draw a line across column after each comment.)

1.

NEA/B & F

**2.**

3.

NEA/TRG

4.

3.

NEA/PERSONNEL

CNEA

7.

WH DIVISION

1.

.

CS/CS PANEL (Section A) 2309L

•

PED

•

OFFICE OF PERSONNEL

CPD Bannyc

**1**

Heu.

7

Kief/CPD

1

CONFIDENTIAL PERSONNEL DIVISION  
Ext 5505

FORM  
1 DEC 36

610

USE PREVIOUS EDITIONS

**ST. CROIX.**

☐ **CONFIDENTIAL**

☐ INTERNAL USE ONLY

☐ UNCLASSIFIED

**SECRET**  
(WHEN FILLED IN)

REPORT OF SEPARATION			DATE 18 August 1955
			SERVICE DESIGNATION DP
1. NAME (LAST, FIRST, MIDDLE) <i>David H. [unclear]</i>	2. DATE OF BIRTH 10/31/22	3. JOB TITLE Ops Officer (PP)	
		4. GRADE GS-14	
5. OFFICE DDP/NSA	6. DIVISION DDP/NSA	7. BRANCH Egypt & Arab States Br.	
8. LONGEVITY COMPUTATION DATE 4/1/55	9. DATE OF RESIGNATION 13 Aug 55	10. SEPARATION CATEGORY 1,13,00,4,1	
11. DATE EXIT INTERVIEW	12. NAME OF EXIT INTERVIEWER		
13. REMARKS  <p align="center">To enter Private Business</p> <p align="center">This is for record only</p> <p align="center">No exit interview conducted</p>			
14. <input type="checkbox"/> IS <input type="checkbox"/> IS NOT RECOMMENDED FOR RE-EMPLOYMENT		15. <input type="checkbox"/> IS <input type="checkbox"/> IS NOT RECOMMENDED FOR RE-EMPLOYMENT	
SIGNATURE OF SUPERVISOR			
15. <input type="checkbox"/> IS <input type="checkbox"/> IS NOT RECOMMENDED FOR RE-EMPLOYMENT			
SIGNATURE OF PLACEMENT OFFICER		SIGNATURE OF PERSONNEL RELATIONS OFFICER	

FORM NO. 971 REPLACES FORM 87-154  
1 MAY 55 WHICH IS OBSOLETE

**SECRET**

(4)

## Office Memorandum • UNITED STATES GOVERNMENT

TO : The record

DATE: 15 Aug 58

FROM : [REDACTED] CPD(Staff Agent Branch)

SUBJECT: *Shirley Phillips*  
~~[REDACTED]~~

1. This is certification that during the Personnel interview with Mr. ~~[REDACTED]~~ on 7 Aug 58 he specifically stated that he did not want an SF-8(Unemployment Compensation Program) sent to the DDP/NEA Division.
2. Subject coordinated with CCB 7 Aug 58 re: retirement(all services were being combined and sent to the CSC)
3. Subject had intention of checking B & C re: Hospitalization, Mutual Insurance & Conversion of FEGLI.



11 August 1958

I resign from Central Intelligence Agency  
effective date of business Wednesday 13th  
5/ August, 1958.

David A. Shinn

4824 WILKINSON ST.  
FORT WORTH, TEXAS



## SECRET

(When Filled In)

DATE PREPARED			REQUEST FOR PERSONNEL ACTION										V to V		V to UV	
Mo	Da	Yr											UV to V		UV to UV	
8	6	58														
1. Serial No.			2. Name (Last-First-Middle)					3. Date of Birth			4. Var. Pref.		5. Sex		6. CS - EOD	
			<i>Frank J. Dewald</i>					Mo Da Yr			M		Mo Da Yr			
			10 31 22					Mo Da Yr								
7. SCD			8. CSC Reim.		9. CSC Or Other Legal Authority			10. Appt. Affidav.		11. FEGLI		12. LCD		13. MIL. SERV. CREDIT, LCD		
Mo Da Yr			Yes - 1 Code					Mo Da Yr		Yes - 1 Code		Mo Da Yr		Yes - 1 Code		
			No - 2							No - 2				No - 2		

## PREVIOUS ASSIGNMENT

14. Organizational Designations				Code		15. Location Of Official Station				Station Code	
DDP/NEA PROJECT ANNEX EGYPT & ARAB STATES BRANCH PROJECT PECCATE											
16. Dept.-Field		17. Position Title		18. Position No.		19. Serv.		20. Occup. Series			
Dept. Valid From		Code		CPS. OFFICER (PQ)		REP 8127		GS		0136.31	
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade		25. PSI Due		26. Appropriation Number	
14 3		\$ 11,835.00		DP		Mo Da Yr		Mo Da Yr		9-33-1-91-21	

## ACTION

27. Nature Of Action		Code		28. Eff. Date		29. Type Of Employee		Code		30. Separation Data	
RESIGNATION*		Tab		8 13 58		REGULAR (SA)					

## PRESENT ASSIGNMENT

31. Organizational Designations				Code		32. Location Of Official Station				Station Code																					
33. Dept.-Field		34. Position Title		35. Position No.		36. Serv.		37. Occup. Series																							
Dept. Valid From		Code																													
38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grade		42. PSI Due		43. Appropriation Number																					
		\$				Mo Da Yr		Mo Da Yr																							
<p><i>Frank J. Dewald</i></p> <p><b>SOURCE OF REQUEST</b></p> <p>A. Requested By (Name And Title) FRANK J. DEWALD, Jr., NEA/SS/PERSONNEL</p> <p>B. For Additional Information Call (Name &amp; Telephone Ext.) Shirley M. Ryan ext. 6071</p> <p>C. Request Approved By (Signature And Title) <i>Shirley M. Ryan</i></p>																															
<p><b>CLEARANCES</b></p> <table border="1"> <tr> <td>Clearance</td> <td>Date</td> <td>Clearance</td> <td>Signature</td> <td>Date</td> </tr> <tr> <td>A. Career Board</td> <td>10/13</td> <td>D. Placement</td> <td></td> <td></td> </tr> <tr> <td>B. Pos. Control</td> <td></td> <td>E.</td> <td></td> <td></td> </tr> <tr> <td>C. Classification</td> <td></td> <td>F. Approved By</td> <td><i>Shirley M. Ryan</i></td> <td>10/13</td> </tr> </table> <p>Remarks *See reverse side.</p> <p><i>Employee has following assignments - Security - Personnel - Civilian and Foreign - Employee is being bygone.</i></p>												Clearance	Date	Clearance	Signature	Date	A. Career Board	10/13	D. Placement			B. Pos. Control		E.			C. Classification		F. Approved By	<i>Shirley M. Ryan</i>	10/13
Clearance	Date	Clearance	Signature	Date																											
A. Career Board	10/13	D. Placement																													
B. Pos. Control		E.																													
C. Classification		F. Approved By	<i>Shirley M. Ryan</i>	10/13																											

SECRET  
(When Filled In)

## RESIGNATION

I Resign For The Following Reason:

ENTER PRIVATE BUSINESS

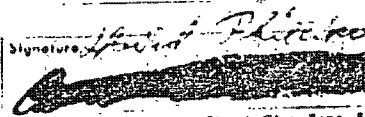
My Last Working Day Will Be

Cob 13 Aug 58

This Date (Date Of Signature)

13 Aug 58

Signature



Forward Communications, Including Salary Checks And Bonds, To The Following Address (Number, Street, City, Zone, State):

4804 WINSBORO - FORT WORTH, TEXAS

SECRET

05051

STANDARD FORM 52 U.S. GOVERNMENT PRINTING OFFICE: 1950 O - 781-000					
REQUEST FOR PERSONNEL ACTION				UNVOUCHERED	
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.	
(C) David Phillips		31 Oct. 1922			
4. DATE OF REQUEST		5. EFFECTIVE DATE & PROPOSED		6. C.S. OR OTHER LEGAL AUTHORITY	
16 May '57		30 April 1957 16 June 57 Per Joe 179			
A. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) Reassignment (Staff Agent)		B. APPROVED:			
B. POSITION (Specify whether establish, change grade or title, etc.)		16 JUN 1957			
FROM—Ops. Off. (PP) BAF 125		6. POSITION TITLE AND NUMBER		TO—Ops. Off. (PP)	
GS-0136.31-14 \$10,535.00 p.a. OKOR		9. SERVICE, GRADE, AND SALARY		GS-0136.31-14 \$10,535.00 p.a.	
DDP/WF Branch III Havana, Cuba - STATION		10. ORGANIZATIONAL DESIGNATIONS		DDP/NEA Egypt and Arab States Branch Project PECTATE	
Havana, Cuba		11. HEADQUARTERS			
<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL		12. FIELD OR DEPARTMENTAL		<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL	
A. REMARKS (Use reverse if necessary)  TRANSFERRED ON 11 July 57 Cause: Promoted for WAF/PSI. WAF/PSI + moved to NEA Security clearance - 16 May 57 - JPL SD-DR					
B. REQUESTED BY (Name and title) T. J. Hester, NEA/ADM/PERSONNEL			D. REQUEST APPROVED BY Signature: _____ Title: _____		
E. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension) Shirley Matthews ext. 8071					
13. VETERAN PREFERENCE SCORE: WWI OTHER: S PT 10 POINT USAB. OTHER: _____ JUL 11 1957 Security Clearance 44757			14. POSITION CLASSIFICATION ACTION NEW VICE L.A. PEAL SD-DR 14 JUL 57		
15. SECURITY FUNDS AVAILABLE: M Check: Rdb-8545-55-055 Charge #743361-91-215			17. SUBJECT TO C. S. RETIREMENT ACT (YES-NO) Yes		
18. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)			19. LEGAL RESIDENCE STATE: <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED		
20. STATE APPROVED FOR REASSIGNMENT  Present Letter o.k. Per Klev. 8 July 57 Fontana taking care of legal allowances.					
21. CLEARANCES		INITIAL OR SIGNATURE		DATE	
A					
B. CELL OR POS. CONTROL		715		25 JUN 57	
C. CLASSIFICATION		not 57		21 Jun 57	
D. PLACEMENT OR EMPL.		AS 14 JUL 57			
E					
F. APPROVED BY		Louis W. Nelson		SECRET	

10 JUL 1967

**10-6947**

SECRET

STANDARD FORM 52 PERSONNEL ACTION 1. USE ONLY ONE SIDE 2. USE ONLY ONE SIDE 3. USE ONLY ONE SIDE 4. USE ONLY ONE SIDE		REQUEST FOR PERSONNEL ACTION		UNVOUCHERED	
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., etc. and name, initial(s), and surname) <i>Harold [unclear]</i>		2. DATE OF BIRTH 31 Oct 1922		3. REQUEST NO.	
4. DATE OF REQUEST 7 May 1956		5. NATURE OF ACTION REQUESTED A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) Reassignment (Staff Agent)		6. EFFECTIVE DATE A. PROPOSED:	
7. C. S. OR OTHER LEGAL AUTHORITY		8. POSITION (Specify whether establish, change grade or title, etc.)		B. APPROVED: JUN 3 1956	
FROM— Ops Officer (PP) EAF-125		TO— Ops Officer (PP) EAF-125 GS-0136.31-14 \$10320.00 p.a.		9. SERVICE, GRADE, AND SALARY	
10. ORGANIZATIONAL DESIGNATIONS		11. HEADQUARTERS		DDP/AM Branch III HAVANA-CUBA STATION Havana, Cuba	
12. FIELD OR DEPARTMENTAL		13. FIELD OR DEPARTMENTAL		14. FIELD OR DEPARTMENTAL (DP)	
A. REMARKS (Use reverse if necessary) New T/O					
B. REQUESTED BY (Name and title) C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension) X-1457					
D. REQUEST APPROVED BY Signature: _____ Title: _____					
15. VETERAN PREFERENCE NONE WHITE OTHER SPT 15 POINT DISAB OTHER					
16. POSITION CLASSIFICATION ACTION NEW VICE 1 A REAL SD-DP					
17. SEX M		18. DATE OF APPOINTMENT AFFIDAVIT (ACCESSIONS ONLY)		19. LEGAL RESIDENCE STATE: _____	
20. APPROPRIATION FROM: 6-3545-55-355 TO: Same		21. STANDARD FORM 50 REMARKS		22. CLEARANCES A. _____ B. CEIL. OR POS. CONTROL C. CLASSIFICATION D. PLACEMENT OR EMPL E. _____ F. APPRO	
23. INITIAL OR SIGNATURE		24. DATE		25. REMARKS	
26. INITIAL OR SIGNATURE		27. DATE		28. REMARKS	
29. INITIAL OR SIGNATURE		30. DATE		31. REMARKS	
32. INITIAL OR SIGNATURE		33. DATE		34. REMARKS	
35. INITIAL OR SIGNATURE		36. DATE		37. REMARKS	
38. INITIAL OR SIGNATURE		39. DATE		40. REMARKS	
41. INITIAL OR SIGNATURE		42. DATE		43. REMARKS	
44. INITIAL OR SIGNATURE		45. DATE		46. REMARKS	
47. INITIAL OR SIGNATURE		48. DATE		49. REMARKS	
50. INITIAL OR SIGNATURE		51. DATE		52. REMARKS	
53. INITIAL OR SIGNATURE		54. DATE		55. REMARKS	
56. INITIAL OR SIGNATURE		57. DATE		58. REMARKS	
59. INITIAL OR SIGNATURE		60. DATE		61. REMARKS	
62. INITIAL OR SIGNATURE		63. DATE		64. REMARKS	
65. INITIAL OR SIGNATURE		66. DATE		67. REMARKS	
68. INITIAL OR SIGNATURE		69. DATE		70. REMARKS	
71. INITIAL OR SIGNATURE		72. DATE		73. REMARKS	
74. INITIAL OR SIGNATURE		75. DATE		76. REMARKS	
77. INITIAL OR SIGNATURE		78. DATE		79. REMARKS	
80. INITIAL OR SIGNATURE		81. DATE		82. REMARKS	
83. INITIAL OR SIGNATURE		84. DATE		85. REMARKS	
86. INITIAL OR SIGNATURE		87. DATE		88. REMARKS	
89. INITIAL OR SIGNATURE		90. DATE		91. REMARKS	
92. INITIAL OR SIGNATURE		93. DATE		94. REMARKS	
95. INITIAL OR SIGNATURE		96. DATE		97. REMARKS	
98. INITIAL OR SIGNATURE		99. DATE		100. REMARKS	

SECRET

STANDARD FORM 52 PREPARED BY THE U. S. GOVERNMENT PRINTING OFFICE WASHINGTON, D. C. 20540 GPO: 1955 O - 354-555		UNVOUCHERED	
REQUEST FOR PERSONNEL ACTION			
REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 38 and 7 unless otherwise instructed. If applicable, obtain resignation and fill in separation data on reverse.			
1. NAME (Mr., Miss, Mrs., One Word name, initials, and surname) <i>David Phillips</i>		2. DATE OF BIRTH <i>31 Oct 1922</i>	
3. REQUEST NO.		4. DATE OF REQUEST <i>16 Jan 56</i>	
5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) <i>Excepted Appointment (Staff Agent)</i>		6. EFFECTIVE DATE A. PROPOSED: <i>FEB 7 1956</i>	
B. POSITION (Specify whether establish, change grade or title, etc.)		7. C'S OR OTHER LEGAL AUTHORITY	
8. POSITION TITLE AND NUMBER		9. SERVICE, GRADE, AND SALARY <i>Ops Officer (PP) RAF-125</i> <i>GS-0136.31-14 \$10,320.00 p.a.</i> <i>DDP/WH</i> <i>Havana, , Cuba.</i>	
10. ORGANIZATIONAL DESIGNATIONS		11. HEADQUARTERS	
12. FIELD OR DEPARTMENTAL		13. FIELD OR DEPARTMENTAL (PP)	
14. REMARKS (Use reverse if necessary)			
15. REQUEST APPROVED BY <i>/CWH</i>		16. SIGNATURE: <i>[Signature]</i>	
17. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension)		18. TITLE: <i>[Title]</i>	
19. VETERAN PREFERENCE NONE <input type="checkbox"/> WITH OTHER <input type="checkbox"/> 5-PT. <input type="checkbox"/> 10-PT. <input checked="" type="checkbox"/> DISAB. OTHER <input type="checkbox"/>		20. POSITION CLASSIFICATION ACTION NEW <input type="checkbox"/> VOICE <input type="checkbox"/> I. A. <input type="checkbox"/> REAL <input type="checkbox"/> <i>SD-DP</i>	
21. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> W		22. DATE OF APPOINTMENT AFFIDAVITS (Accessions Only) <i>Yes</i>	
23. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:		24. STANDARD FORM 50 REMARKS <i>[Stamp: Approved JAN 15 1956]</i> <i>[Stamp: APPROVED Service CONTRACT PERSONNEL DIVISION]</i> <i>[Stamp: FEB 7 1956]</i>	
25. CLEARANCES A. <input type="checkbox"/> B. CEIL. OR POS. CONTROL <input type="checkbox"/> C. CLASSIFICATION <input type="checkbox"/> D. PLACEMENT ON EMPL. <input type="checkbox"/> E. <input type="checkbox"/>		26. INITIAL OR SIGNATURE <i>[Signature]</i> <i>23 JAN 1956</i> <i>118/56</i>	
27. APPROVED BY <i>[Signature]</i>		28. REMARKS <i>[Stamp: FEB 7 1956]</i>	

STANDARD FORM 52  
FORM 52-1  
U. S. CIVIL SERVICE COMMISSION  
APPOINTMENT AND PERSONNEL SERVICE  
BUREAU OF PERSONNEL

# REQUEST FOR PERSONNEL ACTION

BOUCHERED

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) <b>Mr. David A. PHILLIPS</b>	2. DATE OF BIRTH <b>31 Oct 1922</b>	3. REQUEST NO.	4. DATE OF REQUEST <b>1956 16 January 1</b>
5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) <b>Resignation</b>		6. EFFECTIVE DATE A. PROPOSED:	7. C. S. OR OTHER LEGAL AUTHORITY
8. POSITION (Specify whether establish, change grade or title, etc.)		9. APPROVED: <b>FEB 6 1956</b>	

FROM: <b>Ops Officer BW-229</b> <b>OS-0136, 31-14 \$10,320.00 p.a.</b> <b>DDP/PP Operations Staff</b> <b>Information Coordination Division</b> <b>Office of the Chief</b> <b>Washington, D. C.</b>	10. POSITION TITLE AND NUMBER <b>10. SERVICE, GRADE, AND SALARY</b> <b>10. ORGANIZATIONAL DESIGNATIONS</b> <b>10. HEADQUARTERS</b>	TO:
<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL	12. FIELD OR DEPARTMENTAL	<input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL

A. REMARKS (Use reverse if necessary)  
*Concurred with Mr. Slaughter's resignation by John S. Feb-1956.  
To seek other employment. K.L.W.*

B. REQUESTED <b>7/2/56</b>	D. REQUEST APPROVED BY Signature: _____ Title: _____
C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension) <b>X 4457</b>	
13. VETERAN PREFERENCE NONE: <input type="checkbox"/> WITH OTHER: <input type="checkbox"/> 5-PT. <input type="checkbox"/> 10-POINT <input checked="" type="checkbox"/> DISAB: <input type="checkbox"/> OTHER: <input type="checkbox"/>	14. POSITION CLASSIFICATION ACTION NEW: <input type="checkbox"/> VICE: <input type="checkbox"/> 1 A: <input type="checkbox"/> REAL: <input type="checkbox"/> <b>SD-DP</b>
15. SEX: <b>M</b> 16. RACE: <b>W</b> 17. APPROPRIATION FROM: <b>6-2105-20</b> TO: _____	18. SUBJECT TO C. S. RETIREMENT ACT (YES-NO) 19. DATE OF APPOINTMENT AFFIDAVIT (ACCESSIONS ONLY) 20. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE: _____

21. STANDARD FORM 50 REMARKS  

Approved by: *[Signature]*  
Per: *[Signature]*  
Career Service

22. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS
A.			
B. CEIL OR POS CONTROL		<b>23 JAN 1956</b>	
C. CLASSIFICATION			
D. PLACEMENT OR ENPL.	<b>062</b>	<b>1/18/56</b>	
E.			

F. APPROVED BY: *[Signature]* per **F. Bear, Jr** 18 Jan '56

STANDARD FORM 52  
PERSONNEL ACTION  
U. S. CIVIL SERVICE COMMISSION  
BUREAU OF PERSONNEL  
BRANCH, CHAPTER 10

# REQUEST FOR PERSONNEL ACTION

VOUCHERED

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
MR. DAVID A. PHILLIPS	31 Oct '22		16 Sept. '55
5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.)		6. EFFECTIVE DATE A. PROPOSED:	7. C. S. OR OTHER LEGAL AUTHORITY
REASSIGNMENT (CORRECTION)			
8. POSITION (Specify whether establish, change grade or title, etc.)		9. APPROVED	

FROM—	8. POSITION TITLE AND NUMBER	TO—
Paramilitary Off. BW-156		Ops Officer BW-229
GS-0136.11-14 \$600 p/a 10,320	9. SERVICE, GRADE AND SALARY	GS-0136.31-14 \$600 p/a 10,320
DDP/PP Operations Staff Office of the Chief	10. ORGANIZATIONAL DESIGNATIONS	DDP/PP Operations Staff Information Coordination Div. Office of the Chief
Washington, D. C.	11. HEADQUARTERS	Washington, D. C.
<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL	12. FIELD OR DEPARTMENTAL	<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL

A. REMARKS (Use reverse if necessary)

To correct allotment number shown in action effective 14 Aug '55

13. VETERAN PREFERENCE	14. REQUEST APPROVED BY
NAME: [ ] GRADE: [ ] SPT: [ ] POINT: [ ] DEAS: [ ] OTHER: [ ]	SIGNATURE: [ ] TITLE: [ ]
C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension)	
Frances A. Taylor - x-8606	

15. VETERAN PREFERENCE	16. POSITION CLASSIFICATION ACTION
NAME: [ ] GRADE: [ ] SPT: [ ] POINT: [ ] DEAS: [ ] OTHER: [ ]	NEW: [ ] OLD: [ ] REAL: [ ] SD:DP
17. APPROPRIATION	18. SUBJECT TO C. S. RETIREMENT ACT (YES-NO)
FROM: 6-2101-20 TO: 6-2105-20	yes
19. DATE OF APPOINTMENT AFFIDAVIT (ACCESSION ONLY)	20. LEGAL RESIDENCE
	<input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE: [ ]

21. STANDARD FORM 10-10-10-10

Approved SEP 20 1955

PP/Carer Service

22. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS
A			
B. CEN. OR POS. CONTROL		24 Sept	
C. CLASSIFICATION			
D. PLACEMENT OR EMP.		21 Sept	
E			

F. APPROVAL

for [ ] per [ ] 22 Sept 55

STANDARD FORM 52  
FORM 52-1 OF THE  
U. S. GOVERNMENT PRINTING OFFICE  
WASHINGTON, D. C. 20540  
MAY 1962 EDITION

# REQUEST FOR PERSONNEL ACTION

VOUCHERED

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

1. NAME (Mr., Mrs., Miss—One given name, initial(s), and surname) <b>MR. DAVID <del>DAVID</del> PHILLIPS</b>	2. DATE OF BIRTH <b>31 Oct. 1922</b>	3. REQUEST NO.	4. DATE OF REQUEST <b>1 July 1955</b>
5. NATURE OF ACTION REQUESTED A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) <b>Reassignment</b>		6. EFFECTIVE DATE A. PROPOSED:	7. C. S. OR OTHER LEGAL AUTHORITY
8. POSITION (Specify whether establish, change grade or title, etc.)		B. APPROVED: <b>14 Aug 55</b>	
FROM— <b>Paramilitary Off. BW-156</b> <b>G3-0136.11-14 <sup>10320</sup> \$9600 p/a</b> <b>DDP/PP Operations Staff</b> <b>Office of the Chief</b> <b>Washington, D.C.</b>	9. POSITION TITLE AND NUMBER <b>10320</b> 10. SERVICE GRADE AND SALARY <b>\$9600 p/a</b> 11. ORGANIZATIONAL DESIGNATIONS <b>DDP/PP Operations Staff</b> <b>Information Coordination Div.</b> <b>Office of the Chief</b> <b>Washington, D.C.</b>	TO— <b>Ops Officer BW-229</b> <b>G3-0136.31-14 <sup>10320</sup> \$9600 p/a</b> <b>DDP/PP Operations Staff</b> <b>Information Coordination Div.</b> <b>Office of the Chief</b> <b>Washington, D.C.</b>	
12. FIELD OR DEPARTMENTAL <input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL		12. FIELD OR DEPARTMENTAL <input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL	

A. REMARKS (Use reverse if necessary)

For record purposes only

B. REQUESTED <b>Frances A. Taylor, x 8606</b>		B. REQUEST APPROVED BY <b>E. M. Crider</b> PP/Career Service	
C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension)		D. SIGNATURE	
13. VETERAN PREFERENCE NONE <input type="checkbox"/> WAIT <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> 10 POINT DISAB <input type="checkbox"/> OTHER <input type="checkbox"/>		14. POSITION CLASSIFICATION ACTION NEW <input type="checkbox"/> VICE <input type="checkbox"/> L.A. <input type="checkbox"/> REAL <input type="checkbox"/> <b>SD-DP</b>	
15. SEX <b>M</b>	16. RACE <b>W</b>	17. APPROPRIATION FROM: <b>5-2101-20</b> TO: <b>6-2101-20</b>	18. SUBJECT TO C. S. RETIREMENT ACT (YES-NO) <b>NO</b>
19. DATE OF APPOINT- MENT AFFIDAVIT (ACCESSIONS ONLY) <b>22 Oct 55</b>		20. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE: <b>CA</b>	

21. STANDARD FORM 50 REMARKS

22. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS
A			
B. CEIL OR POS CONTROL	<b>8-1</b>		
C. CLASSIFICATION			
D. PLACEMENT OR EMPL.	<b>7-1</b>	<b>8-1</b>	
E			

F. APPROVED BY

**per Bear 1 Aug 55**



SECRET

ENTRANCE ON DUTY NOTICE		1. DATE 7 June 1955
TO: [Redacted]		DDP/PP
2. NAME (Last) (First) (Middle) Phillips, David A.		
3. POSITION TITLE AND GRADE Paramilitary Off. GS-14		4. TYPE CLEARANCE Full
5. EFFECTIVE DATE OF ACTION 1 April 1955		6. REMARKS: [Redacted]
H. G. Reynolds sep		
DISTRIBUTION: ORIGINAL AND COPY (WHITE) TO ITEM NO. 3. COPY (PINK) TO PERSONNEL FOLDER		

FORM NO. 37-118 PREVIOUS EDITIONS NOT BE USED  
NOV 1952

SECRET

CONFIDENTIAL

REQUEST FOR PRE-EMPLOYMENT MEDICAL EVALUATION			1. DATE 4/7/55
2. NAME (Last) (First) (Middle) Phillips, David Allen			3. SUSPENSE DATE (120 WORKING DAYS)
4. ORGANIZATIONAL ASSIGNMENT DDP/PP	5. POSITION TITLE (and grade) Paramilitary Off. GS-14	6. PERSONNEL DIVISION <input type="checkbox"/> Over <input type="checkbox"/> Covert	
7. THE MEDICAL OFFICE IS REQUESTED TO CHECK THE DESIRED ACTION, RETURNING THE ORIGINAL COPY OF THIS FORM TO THE APPROPRIATE PERSONNEL DIVISION NO LATER THAN THE SUSPENSE DATE INDICATED IN ITEM NO. 3.			
A <input checked="" type="checkbox"/> Approve processing for E.O.D. B <input type="checkbox"/> Hold pending receipt of additional medical information (for letters attached) C <input type="checkbox"/> Request pre-employment medical examination			
D <input type="checkbox"/> Rejected for medical reasons			
8. Remarks:  This (approval) <del>request</del> supersedes the previous (request) <del>request</del>			
H. G. Reynolds			SIGNATURE FOR MEDICAL OFFICE

FORM NO. 37-163  
FEB 1953

CONFIDENTIAL

CONFIDENTIAL

REQUEST FOR PRE-EMPLOYMENT MEDICAL EVALUATION			1. DATE 30 March 1955
2. NAME (Last) (First) (Middle) Phillips, David Allen			3. SUSPENSE DATE (120 WORKING DAYS)
4. ORGANIZATIONAL ASSIGNMENT DDP/PP	5. POSITION TITLE (and grade) Paramilitary Off. GS-14	6. PERSONNEL DIVISION <input checked="" type="checkbox"/> Over <input type="checkbox"/> Covert	
7. THE MEDICAL OFFICE IS REQUESTED TO CHECK THE DESIRED ACTION, RETURNING THE ORIGINAL COPY OF THIS FORM TO THE APPROPRIATE PERSONNEL DIVISION NO LATER THAN THE SUSPENSE DATE INDICATED IN ITEM NO. 3.			
A <input type="checkbox"/> Approve processing for E.O.D. B <input checked="" type="checkbox"/> Hold pending receipt of additional medical information (for letters attached) C <input type="checkbox"/> Request pre-employment medical examination			
D <input type="checkbox"/> Rejected for medical reasons			
8. Remarks: ADDITIONAL MEDICAL INFO ON: (4-6-55)			
[Redacted]			

CONFIDENTIAL

REQUEST FOR SECURITY CLEARANCE				REF ID: NO.	
				SR-6038-PP	
				3/	
				20 March 1955	
FULL NAME		LAST NAME		YEAR OF BIRTH	
Phillips, David		Atlee		1922	
POSITION TITLE				GRADE	
Paramilitary Off. PP DW-156-11				GS-11	
LOCATION (OFFICE)		CODE		CODE	
DDP/PP		Operations Staff		Office of Chief	
GEOGRAPHIC DESTINATION (CITY AND STATE OR COUNTRY, AS APPLICABLE)					
Washington, D. C.					
TYPE OF EMPLOYEE					
1. <input type="checkbox"/> OTHER 2. <input checked="" type="checkbox"/> REGULAR 3. <input type="checkbox"/> CONTACT 4. <input type="checkbox"/> CONSULTANT 5. <input type="checkbox"/> MILITARY					
FUNDS					
1. <input type="checkbox"/> VOUCHERED 2. <input type="checkbox"/> UNVOUCHERED					
TYPE(S) OF SECURITY CLEARANCE REQUESTED					
1. <input type="checkbox"/> PROVISIONAL (show name of pool or group)					
2. <input type="checkbox"/> SECRET					
3. <input checked="" type="checkbox"/> FULL					
4. <input type="checkbox"/> WAIVER					
AVAILABILITY DATE (MM-DD-YY)		EST. CLEARANCE DATE (MM-DD-YY)		RECRUITMENT SOURCE	
ASAP				CODE	
SEX AND VETERAN STATUS		1. <input type="checkbox"/> M-V 2. <input checked="" type="checkbox"/> M-NV 3. <input type="checkbox"/> F-V 4. <input type="checkbox"/> F-NV		AL	
REMARKS:					
<p>NO CORRECTION</p>					
<p>Attachments:</p> <p>FMS 1 (SO) 1 (otr)</p> <p>Append. 1 A-II-1</p> <p>Photos.</p>					
<p>Director of Personnel</p>					

UNCLASSIFIED

CONFIDENTIAL

SECRET

## ROUTING AND RECORD SHEET

INSTRUCTIONS: Officer designations should be used in the "TO" column. Under each comment a line should be drawn across sheet and each comment numbered to correspond with the number in the "TO" column. Each officer should initial (check mark insufficient) before further routing. This Routing and Record Sheet should be returned to Registry.

FROM: <i>PP/CS</i>				TELEPHONE NO.	NO.	
				DATE	<i>3 March 55</i>	
TO	ROOM NO.	DATE		OFFICER'S INITIALS	TELEPHONE	COMMENTS
		REC'D	FWD'D			
<i>CS/CS P 2001</i>	<i>L 1</i>	<i>3/3</i>	<i>3/3</i>	<i>E</i>		
<i>1. W. G. G. G. G.</i>		<i>3 March</i>	<i>3 March</i>	<i>JL</i>		
<i>2. Leford</i>		<i>3/4</i>	<i>3/17</i>	<i>BW</i>		
<i>3. P. R. D. Curie</i>						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						

*1. I suggest we approve on behalf of the CS/CS P and Curie a brief sheet for the info of all members.*

*2 & 3 agree.*

*JL*

STANDARD FORM 52

PROPERTY OF THE  
U. S. GOVERNMENT  
REPRODUCTION OF THIS FORM  
FOR OFFICIAL USE ONLY

## REQUEST FOR PERSONNEL ACTION

VOUCHERED

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)

MR. DAVID ATLEE PHILLIPS

2. DATE OF BIRTH

31 October 1922

3. REQUEST NO.

4. DATE OF REQUEST

4 Feb. '55

5. NATURE OF ACTION REQUESTED

A. PERSONNEL (Specify whether appointment, promotion, separation, etc.)

EXCEPTED APPOINTMENT

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

6. EFFECTIVE DATE

A. PROPOSED:

1 April 1955

7. C. S. OR OTHER

LEGAL AUTHORITY

B. APPROVED:

FROM—

8. POSITION TITLE AND NUMBER

9. SERVICE, GRADE, AND SALARY

10. ORGANIZATIONAL DESIGNATIONS

11. HEADQUARTERS

12. FIELD OR DEPARTMENTAL

TO— Paramilitary Off. BW-156-14

GS-0136.11-14 \$9600 p/a

DDP/PP Operations Staff  
Office of the Chief

Washington, D.C.

FIELD

DEPARTMENTAL

FIELD

DEPARTMENTAL

A. REMARKS (Use reverse if necessary)

For slotting purposes only pending approval of  
new T/O

John S. Baker, C/PP

B. REQUESTED BY

Admin

D. REQUEST APPROVED BY

Signature:

Title:

Career Service:PP

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

x 6606

13. VETERAN PREFERENCE

NONE	WAR	OTHER	5 PT	10 POINT
				DISAB OTHER

14. POSITION CLASSIFICATION ACTION

NEW VICE I A. REAL

16 Seaford,  
CS/PP/NO SD:PP D

15. SEX

16. RACE

M

W

17. APPROPRIATION

FROM

TO 5-2101-20

18. SUBJECT TO C. S. RETIREMENT ACT (YES-NO)

19. DATE OF APPOINTMENT AFFIDAVIT (ACCESSIONS ONLY)

20. LEGAL RESIDENCE

CLAIMED PROVED  
STATE:

21. STANDARD FORM 50 REMARKS

Approved MAR 2 1955

PP/Career Service

22. CLEARANCES

INITIAL OR SIGNATURE

DATE

REMARKS:

A.

B. CEIL. OR POS. CONTROL

EH 3/24

C. CLASSIFICATION

D. PLACEMENT OR EMPL.

66 3/15/55

F. APPROVED BY

by John J. Caldwell

UNCLASSIFIED

CONFIDENTIAL

SECRET

## ROUTING AND RECORD SHEET

INSTRUCTIONS: Officer designations should be used in the "TO" column. Under each comment a line should be drawn across sheet and each comment numbered to correspond with the number in the "TO" column. Each officer should initial (check mark insufficient) before further routing. This Routing and Record Sheet should be returned to Registry.

FROM:				TELEPHONE NO.	
PP/Admin				DATE	
				7 February 1955	
TO	ROOM NO.	DATE		OFFICER'S INITIALS	TELEPHONE
		REC'D	FWD'D		
1. C/PP	2032 K	PED	21 FEB 55	JCH	
2. CS/PP				MC	
3. CS/CS	2031 L	25 Feb		JH	
4. PP/CMO	Mr. Gell. 2405 K				
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					

Contract will be terminated - approx 1 April 55

3 to 4.

Dwight,

Per our telephone conversation, I feel that our Career System should provide for the review of such cases from the point of view of:

(a) Bringing someone in at this grade level

(b) Whether the person's background & experience indicate that he should be picked up under the jurisdiction of a specialist panel or the CS Panel.

It seems to me that such review could be the responsibility of the CS Panel or of the functional Panel concerned. The latter seems to make most sense.

Could you review this one in PP from that point of view and let me know how you folks feel on the policy question?

SECRET

11 DEC 1957

MEMORANDUM FOR: Chief, Finance Division

SUBJECT: Equalization Allowance Adjustment  
for ~~XXXXXXXXXX~~*David Phillips*

1. Effective 15 December 1957, subject individual's equalization allowance is decreased from \$930 to \$563 per annum due to a decrease in the cost of living at subject's post as compared with Washington, D. C.

2. All other terms and conditions of the original authorization remain in full force and effect.

SIGNED

Louis W. Armstrong  
Chief, Contract Personnel Division

## Distribution:

- Orig. and 1 - Addressee
- 2 - NEA Division
- 2 - CPD

OP/CPD:HSurles:ahw (9 Dec 57)

SECRET

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

27 JUN 1957

MEMORANDUM FOR: Chief, Contract Personnel Division

ATTENTION :

FROM : Deputy Director of Security (Investigations  
and Support)

SUBJECT : ~~XXXXXXXXXXXXXXXXXXXX~~

*Special Phillips*

1. Reference is made to the memorandum dated 18 June 1957 in which a covert security clearance was requested to permit the Subject's conversion from an Ops Officer (FP), GS-14, DDP/WH, Branch III, Havana, Cuba, to an Ops Officer (PP) GS-14 DDP/NEA, Egypt and Arab States Branch, Project PECTATE,

2. In accordance with the provisions set forth in the Director's Memorandum of 14 February 1949 entitled, "Security and Operational Clearances," a covert security clearance is granted for the use of the Subject, as described in your request as set forth in paragraph 1, above. For administrative purposes only, this clearance is effective as of 18 June 1957.

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

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

5. This clearance becomes invalid in the event the Subject's services are not utilized within 60 days of the date of this memorandum.

FOR THE DIRECTOR OF SECURITY:

*Robert H. Cunningham*  
Robert H. Cunningham

S-E-C-R-E-T

SECRET

Date: 18 June 1957

MEMORANDUM FOR: Chief, Special Security Division

FROM : Chief, Special Contracting, Allowances &  
Processing Staff, Wing 2F Curio Hall

SUBJECT Lincoln Phillips (P); Your Number 40636

1. In compliance with paragraph four (4), your memorandum dated                     , subject as above, clearance to cover the following proposed change in subject's status and/or use is hereby requested:

Ops Officer(PP)	Position Title	Ops. Off(PP)
GS-14	Grade & Salary	GS-14
DDP/WH	Orgn Designation	DDP/NEA
Branch III	Headquarters	Egypt & Arab States Branch
Havana, Cuba		Project PECTATE
( ) Field ( ) Dept'l	Field or Hqtrs.	( ) Field ( ) Dept'l

2. Changes other than specified above:

Cover is Commercial

Case Officer:                      X3548

3. The proposed effective date of this change is: 18 June 1957 (For Financial and Administrative reasons.

Please phone verbal concurrence  
to Det Kreinheder X3585

LOUIS W. ARMSTRONG  
~~XXXXXXXXXXXXXXXXXXXX~~

Verbal Concurrence  
Granted by Mr Godar  
21 June 57

SECRET



SECRET

2 FEB 1957

MEMORANDUM FOR: Chief, Finance Division

SUBJECT: Equalization Allowance Adjustment for

~~XXXXXXXXXX~~  
*Phillips, Howard*

1. Effective 13 January 1957, subject individual's equalization allowance is decreased from \$3780 to \$3145 per annum due to a reduced cost of living index for subject's post.

2. All other terms and conditions of the original authorization remain in full force and effect.

SIGNED

RALPH S. POLLOCK  
Chief, Contract Personnel Division

elt-28 Feb 57

Distribution:

Original and 1: FD

2: WH Div

1: Subject File

1: Chrono File

1: Equal Allow File

1: my copy

SECRET

26 April 1967

MEMORANDUM FOR: Deputy Director for Investigations  
& Operational Support

THROUGH : Contract Personnel Division  
*Richard L. Davis*  
SUBJECT : ~~Richard L. Davis~~ - Change of  
Pseudonym

REFERENCE : Memorandum for Deputy Director for Investigations  
& Operational Support, through, Contract Personnel  
Division, from this office, dated 26 April 1967

Due to a compromise, the pseudonym of  has been  
changed. Please refer to reference for new pseudonym.

/s/ J. C. KING  
Chief, WHD

*Distribution -*

*See  
Reference  
File*

*Chrono - Statistics*

*allowance Staff*

*Selection ...*

*Gas*

SECRET

14-00000

SECRET

26 April 1957

MEMORANDUM FOR: Deputy Director for Investigations  
& Operational Support

THROUGH: Contract Personnel Division

SUBJECT: ~~XXXXXXXXXX~~ *Philippe Hanid*  
New Pseudonym

REFERENCE: Memorandum for Deputy Director for Investigations  
& Operational Support, through, Contract Personnel  
Division, from this office, dated 26 April 1957

The pseudonym of subject of reference has been changed to

~~XXXXXXXXXX~~  
*Hanid Philippe*

J. C. AINO  
Chief, WMD

SECRET

MEMORANDUM FOR: Chief, Finance Division

SUBJECT: Equalization Allowance Adjustment for

~~██████████~~  
*Phillips, Special*

1. Effective 7 October 1956, subject individual's equalization allowance is increased from \$3670 to \$3780 per annum.

2. All other terms and conditions of the original authorization remain in full force and effect.

RALPH S. POLLOCK  
Chief, Contract Personnel Division

SECRET

JUL 1957

MEMORANDUM FOR: Chief, Finance Division

SUBJECT: Equalization Allowance for

*Philip David*

1. Subject individual is authorized an equalization allowance at the rate of \$950 per annum upon his arrival at

2. All other terms and conditions of the original authorization remain in full force and effect.

SECRET

Louis W. Armstrong  
Chief, Contract Personnel Division

## Distribution:

- Orig. and 1 - FD
- 2 - NEA
- ✓ 1 - Subject File
- 1 - Equal Allow File
- 1 - Chrono
- 1 - Extra

aih - 2 July 1957

SECRET

619  
 ORIG :   
 UNIT : WH/PLSS  
 EXT : 4457  
 DATE : 8 FEBRUARY 1956

## CLASSIFIED MESSAGE

19 SECRET

FOOTING			
1		4	
2		5	
3		6	

TO : HAVANA, CUBA  
 FROM : DIRECTOR  
 CCNF : WH 5  
 INFO : FI/ADMIN, FI/RI 2, OP 2, S/C 2

SA

DIR 46833 (OUT 67172)    2146Z 8 FEB 56

ROUTED  
 PRECEDENCE  
 CITE: DIR

TO: HAVA

RE: DIR 30629 (OUT 86720)

*David Phillips*

~~REDACTED~~ ARR HAVA 1440 HRS 9 FEB PAA 436 WITH FAMILY.

END OF MESSAGE

*J. C. King*  
 J. C. KING  
 RELEASING OFFICER

COORDINATING OFFICER

SECRET

IT IS FORBIDDEN TO MAKE A COPY OF THIS MESSAGE    Copy No.

SECRET

## Office Memorandum • UNITED STATES GOVERNMENT

TO : Chief, Contract Personnel Division      DATE: MAR 20 1956

FROM : Deputy Director of Security (Investigations and Support)

SUBJECT: ~~XXXXXXXXXX~~  
~~XXXXXXXXXX~~

*Philip, David*

1. Reference is made to your request dated 20 January 1956 for a Covert Security Clearance to permit appointment of Subject to Staff Agent/operations officer at Havana, Cuba.

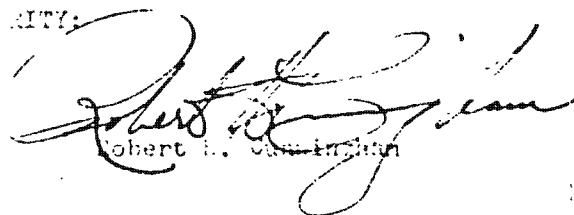
2. In accordance with the provisions set forth in the Director's Memorandum of 14 February 1949 entitled, "Security and Operational Clearances," a covert security clearance is granted for the covert use of the Subject, as described in your request as set forth in paragraph 1, above. This will confirm the Covert Security Clearance granted telephonically to Mr. Ken Wambold, OPD x-3585 on 26 January 1956.

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

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

5. This clearance becomes invalid in the event the Subject's services are not utilized within 60 days of the date of this memorandum.

FOR THE DIRECTOR OF SECURITY:



Robert L. Cunningham

SECRET

**SECRET**  
(When Filled In)

REQUEST FOR SECURITY CLEARANCE				REQUEST NO. (1-5)	
NAME (LAST - FIRST - MIDDLE) <i>David Phillip</i>				REQUEST DATE (6-11) 20 Jan 1956	
POSITION TITLE <i>Operations Officer (OP)</i>				YEAR OF BIRTH (29-30) 31 Oct 1922	
LOCATION (CITY, STATE, COUNTRY) <i>Havana, Cuba</i>		ASSIGNMENT (OFFICE, DIVISION, BRANCH) <i>DDP/WH</i>		GRADE (43-44) <i>GS-14</i>	
TYPE OF APPLICANT <input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> CONSULTANT <input type="checkbox"/> CONTRACT <input type="checkbox"/> MILITARY		CONVERSION ACTION <i>SE to SA</i>		IF OTHER, SPECIFY:	
NAME OF REQUESTER <i>Walter S. Collock, C/CPD</i>		TYPE OF ASSIGNMENT AND FUNDS MOS <input type="checkbox"/> USF <input type="checkbox"/> FF <input type="checkbox"/> V <input type="checkbox"/> UV <input type="checkbox"/>		HOLDERS & FUND (50)	
CLEARANCE REQUIRED <i>SECRET</i>		PERSONAL FOR INDICATE NAME OF POOL OR GROUP: <i>SECRET SECURITY CLEARANCE</i>		CLEARANCE (51) <i>SECRET</i>	
ATTACHMENTS <input type="checkbox"/> PERSONAL HISTORY STATEMENT <input type="checkbox"/> APPENDIX I <input type="checkbox"/> REQUEST FOR WAIVER		<input type="checkbox"/> PHOTOGRAPH(S) <input type="checkbox"/> APPENDIX II <input type="checkbox"/> REPORT OF INTERVIEW		RECRUIT. CODE (52-54)	
VETERANS STATUS <input type="checkbox"/> MALE - VETERAN <input type="checkbox"/> MALE - NON-VETERAN		<input type="checkbox"/> FEMALE - VETERAN <input type="checkbox"/> FEMALE - NON-VETERAN		VET. PREF. & SEX (55)	
REMARKS:  Security #40696  <i>Recommend approval granted by Capt. [illegible]</i> <i>at SSA [illegible] on 56 [illegible]</i>					
SPACE BELOW FOR SO USE ONLY					



CLASSIFIED MESSAGE

DATE : 021 08/MK/ALN  
3 MAY 57

S-E-C-R-E-T

ROUTING	
1	4
2	5
3	6
MAY 3 1231Z 57	
ROUTINE	
IN 39082	

TO : DIRECTOR  
FROM :   
ACTION: NCA 6  
INFO : FI/OPS 2, FI/RI 2, FD 3, OP 2, S/C 2

TO DIR INFO *SA* CITE

PECTATE  
*Philips*  
~~██████████~~ AND FAMILY ARRIVED 30 APRIL.

END OF MESSAGE

*File  
K66*

S-E-C-R-E-T

## CLASSIFIED MESSAGE

200 HM/JM/BJ

DATE : 30 APR 57

200

SECRET

TO : DIRECTOR

FROM : HAVANA

ACTION: WH 5

INFO : FI/OPS 2, FI/RI 2, NEA 4, OP 2, S/C 2

## ROUTING

1	4
2	5
3	6

APR 30 10 08.57

REC'D CABLE SECT.

PRIORITY

IN 37747

TO : PRITY DIR

INFO: 

CITE HAVA 900

ADMIN

*David Phillips*  
~~David Phillips~~ AND FAMILY DEPARTED HAVA CUBANA FLIGHT998 0800 HOURS 29 APR ETA  2100 HOURS 30 APR  TIMEPAA FLIGHT 

END OF MESSAGE

SECRET

IT IS PROHIBITED TO MAKE A COPY OF THIS MESSAGE

Copy No.

SECRET

(When Filled In)

1. NAME (Last, First, Middle)		2. BIOGRAPHIC PROFILE (PART I)		3. DOB: 15 Jan 1933	
PHILLIPS, David Alton		4. SEX: M		5. DATE OF BIRTH: 31 Oct 1932	
6. MARITAL STATUS: Married		7. DEPENDENTS (Include age): 7		8. US MAILING ADDRESS: MA	
9. COUNTRY OF ORIGIN: MA		10. OTHER STATUS: None		11. LAST MAJ. APT. QUAL. FOR: MA	
12. COUNTRY OF RESIDENCE: MA		13. DATE OF ENTRY: Apr 1965		14. DATE OF DEPARTURE: Dec 1969	
15. CURRENT RESERVE STATUS: X		16. GRADE: None		17. ACTIVE DUTY WITH US: None	
18. ASSESSMENT DATE: None		19. PROFESSIONAL TEST DATE: None		20. LANGUAGE ATTITUDE TEST DATE: None	
21. NON-CIA EMPLOYMENT					
1942-43 Self-employed, Actor					
1943-45 Military Service, USARV, S/Sgt					
1949-54 "The South Pacific Mail" (News Paper), Santiago, Chile, - Owner-editor, Publisher, Lecturer					
22. NON-CIA EDUCATION					
1940-41 College of William & Mary, Williamsburg, Va - Drama, English					
1941-42 Texas Christian Univ, Ft Worth, Texas - Drama, English					
1948 Univ of Chile, Santiago, Chile - Spanish					
23. FOREIGN LANGUAGE ABILITIES (Language, Proficiency, Date Tested)					
French-R, Elem; W, Slight (Jun 1961); P, S, U, Slight; T, None-Oct '57 (Sis and); Spanish, New World - R High; W, P, S, U Inter (Sep 1969) Transl & Interpreter					
Portuguese (Brazilia) - R Inter (Dec 1969)					
24. AGENCY SPONSORED TRAINING					
1955 Reading Improvement					
1965 COS Seminar					
1969 Short Range Agt Cont Surv					
1969 Portuguese					
1969 COS Sem					
25. CIA EMPLOYMENT HISTORY SINCE 10 SEPT 1949 (Personal Actions, Military Orders, and Technical Details)					
EFFECTIVE DATE		POSITION TITLE & OCCUPATIONAL CODE/GRADE		ORGANIZATION & ORG. TITLE (If any)	
1952-53		Contract Agent		WH/	
1954-55		Contract Employee		WH/	
Apr 1955	Para Mil Off	0136.11	14 D	DDP/PP Ops Stf	Hq
Aug 1955	Ops Officer	0136.31	14 DP	DDP/PP Ops/Info Coord Div	"
Feb 1956	Ops Off (PP)	0136.31	14 EP	DDP/WH XII/Havana Cuba Sta	Havana
Apr 1957	"	0136.31	14 EP	DDP/WH/EAS Br/Pro/PROSTATE	"
1958-60		Contract Agent (Independent)		DDP/WH	
Mar 1960	Ops Off	0136.01	14 D	DDP/OS Dev Comp/WH	Hq
Apr 1960	"	0136.01	14 D	DDP/WH-4	"
Sep 1961	"	0136.01	14 D	DDP/WH-3/Mexico Sta	Mexico City
Sep 1963	"	0136.01	15 D	"	"
Jan 1965	Chief of Station	0136.05	15 D	DDP/WH-2/	"
Sep 1967	Ops Off	0136.01	15 D	DDP/WH/Ch, Cuban Ops Group	Hq
Dec 1968	"	0136.01	16 D	"	"
Jan 1970	Chief of Sta	0136.05	16 D	DDP/WH/1-5/COS	"
Jul 1971	"	0136.05	16 D	"	"
Nov 1971	"	0136.05	17 D	"	"
Aug 1972	"	0136.05	17 D	DDP/WH-3/	Sta
26. DATE RECEIVED		27. PROFILE REVIEWED BY		28. PROFILE REVIEWED DATE	
5 Jun 1974		None		22 Jun 1963	

FORM 1236 (PART I) USE PREVIOUS EDITIONS

SECRET

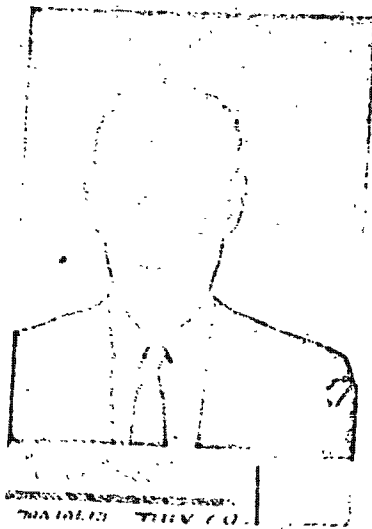
PROFILE

(4)

**SECRET**  
(When Filled In)

PERS. SERIAL NO.		BIOGRAPHIC PROFILE (Continuation Sheet)		DATE OF BIRTH																					
NAME (Last-First-Middle)																									
PHILLIPS, David Atlee				31 Oct 1922																					
<p>10. CIA EMPLOYMENT HISTORY SINCE 18 SEPT. 1947 (Personnel Actions, Military Orders, and Principal Details) (Cont'd.)</p> <table border="1"> <thead> <tr> <th>EFFECTIVE DATE</th> <th>POSITION TITLE &amp; OCCUPATIONAL CODE</th> <th>GRADE</th> <th>SL</th> <th>ORGANIZATION &amp; ORGAN. TITLE (If any)</th> <th>LOCATION</th> </tr> </thead> <tbody> <tr> <td>Jun 1973</td> <td>Ch WH Div</td> <td>0001.10</td> <td>17</td> <td>E</td> <td>DDO/Chief, WH Division</td> <td>Hq</td> </tr> <tr> <td>Dec 1973</td> <td>" " "</td> <td>0001.10</td> <td>18</td> <td>D</td> <td>" " " "</td> <td>"</td> </tr> </tbody> </table>						EFFECTIVE DATE	POSITION TITLE & OCCUPATIONAL CODE	GRADE	SL	ORGANIZATION & ORGAN. TITLE (If any)	LOCATION	Jun 1973	Ch WH Div	0001.10	17	E	DDO/Chief, WH Division	Hq	Dec 1973	" " "	0001.10	18	D	" " " "	"
EFFECTIVE DATE	POSITION TITLE & OCCUPATIONAL CODE	GRADE	SL	ORGANIZATION & ORGAN. TITLE (If any)	LOCATION																				
Jun 1973	Ch WH Div	0001.10	17	E	DDO/Chief, WH Division	Hq																			
Dec 1973	" " "	0001.10	18	D	" " " "	"																			
DATE REVISOR		PROFILE REVIEWED BY																							
Jun 1974		[Signature]																							

**SECRET**  
(When Filled In)

PERSONAL NO. 024585		<b>BIOGRAPHIC PROFILE (PART 2)</b>	
NAME (Last-First-Middle) PHILLIPS, David Allen		DATE OF BIRTH 31 Oct 1922	
23. PHOTOGRAPH <div align="center">  </div>			
24. IDENTITY OF OTHER DOCUMENTS WHICH SHOULD BE REVIEWED IN DETAIL <p align="center"><b>SEE COVER HISTORY ATTACHED.</b></p>			
25. ADDITIONAL INFORMATION <p> <u>Award 1955 Intelligence Medal of Merit</u> for his outstanding dedication and devotion to the cause of freedom, during the period Jan - Jul 1954.  <u>Commendation 1961</u> from DCI for loyal and devoted performance while serving with JMWAVE.  <u>Awarded 1965 Intelligence Medal of Merit</u> for outstanding dedication and devotion to the cause of freedom.  <u>Appreciation 1962</u> from US Ambassador, Mexico City conveying President Kennedy's thanks to Embassy Staff who contributed to success of his Mexican visit.  <u>Appreciation 1966</u> from CDR, USFORCENARP for outstanding contribution in the accomplishment of USFORCENARP Intelligence missions 1 May 1965 - 17 Jan 1966.  <u>Commendation 1966</u> from the DCI for especially meritorious service during the past year by members of the [redacted]  <u>Commendation from</u> [redacted] DCI for services rendered during the crisis while TDY in the [redacted] Station.  <u>Appreciation 1963</u> from [redacted] [redacted] to Deputy Director, Voice of America, USIA, for Subject's able and effective representation of the United States during turbulent events in the country three years ago.  <u>Appreciation 1969</u> from Ch, DOD for briefing the DO Base Chiefs' Conference - 17 Feb 1969.         </p>			
26. DATE REVIEWED 5 Jun 1974		27. PROFILE REVIEWED BY hms/cal	

FORM 1200 (PART 2) 1-68

**SECRET** CL 25 010026 PROFILE

## SECRET

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP		27 July 1973	2500
TO: (Check)	<input checked="" type="checkbox"/> CHIEF, CONTROL DIVISION, OP	SS NUMBER	
	<input type="checkbox"/> CHIEF, CONTRACT PERSONNEL DIVISION, OP	EMPLOYEE NUMBER 024345	
	<input checked="" type="checkbox"/> CHIEF, OPERATING COMPONENT (For action) WH	ID CARD NUMBER	
ATTN:	Chief Support Staff	OFFICIAL COVER	<input checked="" type="checkbox"/> ESTABLISHED <input type="checkbox"/> DISCONTINUED
REF:	Form 1322 dated 7 Jun 73		
SUBJECT	PHILLIPS, DAVID A.	UNIT	
<b>KEEP ON TOP OF FILE WHILE COVER IS EFFECTIVE</b>			
<input checked="" type="checkbox"/>	ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS	CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS EFFECTIVE DATE:	
<input checked="" type="checkbox"/>	BASIC COVER PROVIDED EFFECTIVE DATE EOD	SUBMIT FORM 3254 _____ W-2 TO BE ISSUED. (HHR 20-11)	
<input type="checkbox"/>	OPERATIONAL COVER PROVIDED FOR _____ TOY _____ OTHER (Specify)	SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY _____ (HHR 20-7)	
<input checked="" type="checkbox"/>	SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY _____ (HHR 20-7)	EAA: CATEGORY I _____ CATEGORY II _____	
<input checked="" type="checkbox"/>	SUBMIT FORM 32 _____ W-2 TO BE ISSUED. (HHR 20-11)	RETURN ALL OFFICIAL IDENTIFICATION TO CCS	
<input checked="" type="checkbox"/>	SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (HR 2-6-72)	SUBMIT FORM 2686 FOR _____ HOSPITALIZATION CARD	
<input checked="" type="checkbox"/>	SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (HR 240-2)	DO NOT WRITE IN THIS BLOCK	
<input checked="" type="checkbox"/>	EAA: CATEGORY I _____ CATEGORY II _____		
<input checked="" type="checkbox"/>	SUBMIT FORM 2686 FOR AGE HOSPITALIZATION CARD		
REMARKS AND/OR COVER HISTORY			
JAN 53-54- _____			
MAY 54-FEB 56- _____			
FEB 56-APR 57- _____			
APR 57-JUL 58- _____			
AUG 58-MAR 60- _____			
MAR 60-22 AUG 61-HQS/ _____			
23 AUG 61-JUL 65- _____			
JUL 65-JUN 67- _____			
JUN 67-JUN 70-HQS/ _____			
JUN 70-14 JUN 73- _____			
DISTRIBUTION 15 JUN 73-21 JUL 73-HQS/ _____			
COPY 1 - CD HQ CP: _____			
COPY 2 - OPERATING _____			
COPY 3 - OS/SSACD 22 JUL 73-HQS/ _____			
COPY 4 - OLATIS _____			
COPY 5 - CCS-FILE _____			
James J. Franklin CHIEF, OFFICIAL COVER, CENTRAL COVER STAFF			

SECRET

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP		7 MAY 1975	FILE NO. 2500
TC: (Check)	<input checked="" type="checkbox"/> CHIEF, CONTROL DIVISION, OF	CS NUMBER	
	<input type="checkbox"/> CHIEF, CONTRACT PERSONNEL DIVISION, OF	EMPLOYEE NUMBER	024345
	<input checked="" type="checkbox"/> CHIEF, OPERATING COMPONENT (For action) LA	ID CARD NUMBER	
ATTN: CHIEF SUPPORT STAFF		OFFICIAL COVER	ESTABLISHED
REF: RETIREMENT		<input checked="" type="checkbox"/>	DISCONTINUED
SUBJECT: DAVID ATLEE PHILLIPS		UNIT	

KEEP ON TOP OF FILE WHILE COVER IN EFFECT

ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS	<input checked="" type="checkbox"/> CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS EFFECTIVE DATE: EOD
<input type="checkbox"/> BASIC COVER PROVIDED EFFECTIVE DATE	<input checked="" type="checkbox"/> SUBMIT FORM 3254 CIA W-2 TO BE ISSUED: (HNB 20-11)
<input type="checkbox"/> OPERATIONAL COVER PROVIDED. FOR TDY OTHER (Specify)	<input checked="" type="checkbox"/> SUBMIT FORM 612 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY (HNB 20-7)
SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY (HNB 20-7)	NA EAA. CATEGORY I CATEGORY II
SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (HR 240-12)	<input checked="" type="checkbox"/> RETURN ALL OFFICIAL DOCUMENTATION TO CCS
SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (HR 240-12)	SUBMIT FORM 2688 FOR GEHA
EAA. CATEGORY I CATEGORY II	
SUBMIT FORM 2688 FOR HOSPITALIZATION CARD	
REMARKS AND/OR COVER HISTORY	
SUBJECT WILL BE ACKNOWLEDGED AS CIA FOR ENTIRE PERIOD OF EMPLOYMENT BUT WILL NOT REVEAL SPECIFIC PLACES OR LOCATIONS OF COVER ASSIGNMENTS.	

## DISTRIBUTION:

- 1 - CG OR CPD
- 2 - OPERATING COMPONENT
- 3 - OS/SRCD
- 4 - OC-03/TFB
- CCS-FILE

CHIEF, OFFICIAL COVER BRANCH, COVER AND COMMERCIAL STAFF

SECRET

E-2 IMPDET CL BY 097622

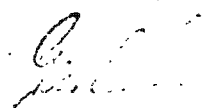
(13-20-48)

USE PREVIOUS EDITION

SECRET

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP		27 MARCH 1975	FILE NO. 2500
TC: (Check)	<input checked="" type="checkbox"/> CHIEF, CONTROL DIVISION, OP	SS NUMBER	
	<input type="checkbox"/> CHIEF, CONTRACT PERSONNEL DIVISION, OP	EMPLOYEE NUMBER 024345	
	<input checked="" type="checkbox"/> CHIEF, OPERATING COMPONENT (For action) LA	ID CARD NUMBER	
ATTN: CHIEF SUPPORT STAFF		OFFICIAL COVER	ESTABLISHED  DISCONTINUED
REF: VERBAL		XX	
SUBJECT: DAVID ATLEE PHILLIPS		UNIT	

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

ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS		<input checked="" type="checkbox"/> CANCELLATION OF OFFICIAL COVER UNSLOCK RECORDS EFFECTIVE DATE: 22 JULY 1973
<input type="checkbox"/> BASIC COVER PROVIDED EFFECTIVE DATE		<input checked="" type="checkbox"/> SUBMIT FORM 3254 CIA W-2 TO BE ISSUED. (HHB 20-11)
<input type="checkbox"/> OPERATIONAL COVER PROVIDED FOR TOY OTHER (Specify)		<input checked="" type="checkbox"/> SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY (HHB 20-7)
SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY (HHB 20-7)		NA EAA: CATEGORY I CATEGORY II
		<input checked="" type="checkbox"/> RETURN ALL OFFICIAL DOCUMENTATION TO CCS
SUBMIT FORM 3254 W-2 TO BE ASSIGNED (HHB 20-11)		<input checked="" type="checkbox"/> SUBMIT FORM 3254 BY GSEA HOSPITALIZATION CARD
SUBMIT FORM 1022 FOR ANY CHANGE AFFECTING THIS COVER. (HHB 20-7)		IS NOTED BY THE BRANCH
SUBMIT FORM 323 FOR TRANSFERRING COVER RESPONSIBILITY. (HHB 20-7)		
EAA: CATEGORY I CATEGORY II		
SUBMIT FORM 2688 FOR HOSPITALIZATION CARD		
PERIODS AND/OR COVER INTERVALS 15 JAN 53-54 MAY 54-FEB 56 FEB 56-APRIL 57 APRIL 57-JULY 58 AUG 58-MARCH 60 MARCH 60-22 AUG 61-HQS 23 AUG 61-JULY 65 JULY 65-JUNE 67 JUNE 67-JAN 70-HQS JAN 70-JULY 71 JULY 71-JULY 72		
DISTRIBUTION COPY 1 - CD OR CPD COPY 2 - OPERATING COMPONENT COPY 3 - OS/SRACD COPY 4 - OC-DO-TFB COPY 5 - CCS-FILE (TO BE CONTINUED)		CHIEF, OFFICIAL COVER BRANCH, COVER AND COMMERCIAL STAFF 

FORM 1-74 1551 USE PREVIOUS EDITION

SECRET

E-2. IMPDET CL. 3Y 007622

(13-20-43)



SECRET

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP		FILE NO. 2500	
TO: (Check)	CHIEF, CONTROL DIVISION, OP	SS NUMBER	
	CHIEF, CONTRACT PERSONNEL DIVISION, OP	EMPLOYEE NUMBER	
	CHIEF, OPERATING COMPONENT (For action)	ID CARD NUMBER	
ATTN:		OFFICIAL COVER	ESTABLISHED
REF:			DISCONTINUED
SUBJECT DAVID ATLEE PHILLIPS		UNIT	
<b>KEEP ON TOP OF FILE WHILE COVER IN EFFECT</b>			
ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS		CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS EFFECTIVE DATE:	
<input type="checkbox"/> BASIC COVER PROVIDED EFFECTIVE DATE _____		SUBMIT FORM 3254 _____ W-2 TO BE ISSUED. (HNB 20-11)	
<input type="checkbox"/> OPERATIONAL COVER PROVIDED FOR _____ TDY _____ OTHER (Specify)		SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY _____ (HNB 20-7)	
SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY _____ (HNB 20-7)		EAA: CATEGORY I <input type="checkbox"/> CATEGORY II <input type="checkbox"/>	
SUBMIT FORM 3254 _____ W-2 TO BE ISSUED. (HNB 20-11)		RETURN ALL OFFICIAL DOCUMENTATION TO CCS	
SUBMIT FORM 1326 FOR ANY CHANGE AFFECTING THIS COVER. (HR 240-2)		SUBMIT FORM 2688 FOR _____ HOSPITALIZATION CARD	
SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (HR 240-2)		DO NOT WRITE IN THIS BLOCK	
EAA: CATEGORY I <input type="checkbox"/> CATEGORY II <input type="checkbox"/>			
SUBMIT FORM 2688 FOR _____ HOSPITALIZATION CARD			
REMARKS AND/OR COVER HISTORY (CONTINUE)			
AUG 72-14 JUNE 73- 15 JUNE 73-21 JULY 73-HQS- 22 JULY 73-24 MARCH 75-HQS- 25 MARCH 75-HQS-			
DISTRIBUTION: COPY 1 - CD 24 CPD COPY 2 - OPERATING COMPONENT COPY 3 - OS-SPACD COPY 4 - OC-22 TFS COPY 5 - CCS-FILE		CHIEF, OFFICIAL COVER BRANCH COVER AND COMMERCIAL STAFF	

FORM 1551 USE PREVIOUS EDITION

SECRET

E-2, IMPDET CL. BY 007622

(13-20-43)

SECRET

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP				27 July 1973	2500
TO: (check)	<input checked="" type="checkbox"/>	CHIEF, CONTROL DIVISION, OF	SS NUMBER		
		CHIEF, CONTRACT PERSONNEL DIVISION, OF	024345		
	<input checked="" type="checkbox"/>	CHIEF, OPERATING COMPONENT (For action)	WH	ID CARD NUMBER	
ATTN:		Chief Support Staff		OFFICIAL COVER	<input checked="" type="checkbox"/> ESTABLISHED
REF:		Form 1322 dated 7 Jun 73			<input type="checkbox"/> DISCONTINUED
SUBJECT		PHILLIPS, DAVID A.		UNIT	
KEEP ON TOP OF FILE WHILE COVER IN EFFECT					
<input checked="" type="checkbox"/>	ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS			CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS	
	<input checked="" type="checkbox"/>	BASIC COVER PROVIDED EFFECTIVE DATE EOD		EFFECTIVE DATE:	
	<input type="checkbox"/>	OPERATIONAL COVER PROVIDED FOR TOY OTHER (Specify)		SUBMIT FORM 3254 W-2 TO BE ISSUED. (HNB 20-11)	
<input checked="" type="checkbox"/>	SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY I (HNB 20-7)			SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY II (HNB 20-7)	
<input checked="" type="checkbox"/>	SUBMIT FORM 3254 TO BE ISSUED. (HNB 20-11)			EAA: CATEGORY I CATEGORY II	
<input checked="" type="checkbox"/>	SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (HNB 240-70)			RETURN ALL OFFICIAL DOCUMENTATION TO CCS	
<input checked="" type="checkbox"/>	SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (HNB 240-70)			SUBMIT FORM 2688 FOR HOSPITALIZATION CARD	
<input checked="" type="checkbox"/>	EAA: CATEGORY I CATEGORY II			DO NOT WRITE IN THIS BLOCK	
<input checked="" type="checkbox"/>	SUBMIT FORM 2688 FOR HOSPITALIZATION CARD				
REMARKS AND/OR COVER HISTORY					
JAN 53-54- [redacted]					
MAY 54-FEB 56- [redacted]					
FEB 56-APR 57- [redacted]					
APR 57-JUL 58- [redacted]					
AUG 58-MAR 60- [redacted]					
MAR 60-22 AUG 61-HQS [redacted]					
23 AUG 61-JUL 65- [redacted]					
JUL 65-JUN 67- [redacted]					
JUN 67-JUN 70-HQS [redacted]					
JUN 70-14 JUN 73- [redacted]					
DISTRIBUTION: 15 JUN 73-21 JUL 73-HQS/					
COPY 1 - CD OF CPO [redacted]					
COPY 2 - OPERATING [redacted]					
COPY 3 - OS/BRACD 22 JUL 73-HQS/ [redacted]					
COPY 4 - DL TFB [redacted]					
COPY 5 - CCS-FILE [redacted]					
EBP:SS					
James Franklin CHIEF, OFFICIAL COVER, CENTRAL COVER STAFF					

COPY 1551 USE PREVIOUS EDITION

SECRET

E2 IMPDET CL DV 007622

173-20-331

SECRET

COVER CONTRL JT. RETIREMENT PROCESSING										FILE	
TO: Retirement Operations Branch Office of Personnel										DATE 17 April 1975	
RETIREE [REDACTED]					CATEGORY OF EMPLOYMENT						
On the basis of a review of the records of the [REDACTED] the following action is to be taken on processing retirement documentation for the person named above.											
TYPE RETIREMENT			CIVIL SERVICE			CIARDS			DATE 14 Apr 1975		
COVER		OVERT ROUTINE		COVERT (OFFICIAL COVER) LOCK-UP		COVERT (NOV) SPECIAL	RETENTION OF AWARDS		YES	NO	
CORRESPONDENCE			OVERT			COVERT			THRU CCS		
FINANCES											
ANNUITY PAYMENTS SHOULD BE					U.S. GOV'T. CHECK			OTHER (Payment instructions follow)			
TAX DOCUMENTATION SHOULD BE					CIA		CSC		OTHER (MEMO FOLLOWS)		
REQUEST TRANSFER OF FUNDS FROM CIVIL SERVICE COMMISSION					YES		NO		INTERNAL TRANSFER		
INSURANCE											
FGLI		OVERT		COVERT		MAINTAIN RECORDS INTERNALLY ONLY					
TYPE OF HOSPITALIZATION CARD:											
AUTHORIZATION TO CONVERT INSURANCE					YES		CONVERSION MUST BE APPROVED BY CCS				
RESERVE											
MEMBER OF CIVILIAN RESERVE					YES		NO		OVERT		COVERT
REMARKS											
<p style="text-align: right;">CHIEF, COVER SUPPORT BRANCH COVER A COMMERCIAL STAFF</p> <p style="text-align: center;">THIS SECTION TO BE COMPLETED BY OFFICE OF SECURITY</p> <p>_____ NO SECURITY OBJECTIONS TO ABOVE.</p> <p>OTHER INSTRUCTIONS AS FOLLOWS:</p>											
<p style="text-align: right;">CHIEF, EMPLOYEE ACTIVITY BRANCH, OFFICE OF SECURITY</p>											

FORM 3429 USE PREVIOUS EDITIONS

SECRET

E 2, IMPDET CL BY: 007622

4-3-131

7 - OFF. PERS. FILE ROOM

FOR PURPOSES OF THE FAIR LABOR STANDARDS ACT, AS AMENDED,  
YOU ARE DESIGNATED EXEMPT.

EFFECTIVE DATE OF DESIGNATION: 01 MAY 1974.

PHILLIPS DAVID A

024345

41354523

"PAY ADJUSTMENT IN ACCORDANCE WITH THE PROVISIONS OF SECTION 5305 OF  
TITLE 5, U.S.C. AND EXECUTIVE ORDER 11811 PURSUANT TO AUTHORITY OF DCI  
AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND DCI DIRECTIVE  
DATED 08 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 13 OCTOBER 1974

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	NEW SALARY
PHILLIPS DAVID A	024345	51	050	CF GS 18 1	\$36,000

SECRET

When filled in

OLM: 12 MAY 75

## NOTIFICATION OF PERSONNEL ACTION

DEF

1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)	
024345		PHILLIPS DAVID A	
3. NATURE OF PERSONNEL ACTION		4. EFFECTIVE DATE	
RETIREMENT (VOLUNTARY)		05 09 75	
5. CATEGORY OF EMPLOYMENT		REGULAR	
6. FUNDS		7. TAN AND NSCA	
V TO V		5135 4523	
CF TO V		8. CSC OR OTHER LEGAL AUTHORITY	
X		PL 88-643 SECT 233	
9. ORGANIZATIONAL DESIGNATIONS		10. LOCATION OF OFFICIAL STATION	
DDO/LA DIVISION OFFICE OF THE CHIEF		WASH., D.C.	
11. POSITION TITLE		12. POSITION NUMBER	
CHIEF LA DIVISION		CN51	
13. SERVICE DESIGNATION		DYY	
14. CLASSIFICATION SCHEDULE (GS 18-6N)		15. OCCUPATIONAL SERIES	
GS		0001.10	
16. GRADE AND STEP		17. SALARY OR RATE	
18 1		36000	
18. REMARKS			
"IN ACCORDANCE WITH HR 20-23A(2), AN EMPLOYEE WILL HOLD SUPERGRADE RANK FOR SUCH TIME AS THE DIRECTOR MAY DETERMINE, REGARDLESS OF THE NATURE OF THE DUTIES PERFORMED."			

## E BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

22. STATION CODE		23. INTERVIEW CODE		24. MILITARY CODE		25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI	
						MO DA YR		MO DA YR		MO DA YR	
						10 31 22					
28. WENT DATA		29. SEPARATION DATA CODE		30. CORRECTION/COMPLETION DATA		31. EOD DATA		32. SECURITY REQ NO		33. SER	
CODE		CODE		TYPE		MO DA YR					
		000000									
34. DMS COMP DATE		35. CAREER CATEGORY		36. FEUIL / HEALTH INSURANCE		37. SOCIAL SECURITY NO					
DA YR		LAP RES CODE		CODE CODE		HEALTH INS CODE					
		0000 0000									
38. LEAVE CAT CODE		39. FEDERAL TAX DATA		40. STATE TAX DATA							
		FORM EXEMPTED CODE		FORM EXEMPTED		CODE NO TAX EXEMP		STATE COM			
		1 YES 2 NO				1 YES 2 NO					

SIGNATURE OF OTHER AUTHENTICATION

POSTED

JK 5/13/75

FORM 1150  
5-74 May 10-74Use Previous  
Edition

SECRET

6-2 IMPDET CL BY 007622

YB

RCS: 28 DEC 73

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST, FIRST, MIDDLE)									
024345		PHILLIPS DAVID A									
3. NATURE OF PERSONNEL ACTION					4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT				
PROMOTION					12 23 73		REGULAR				
6. FUNDS		7. V TO V		8. V TO CF		9. FAN AND NSCA		10. CSC OR OTHER LEGAL AUTHORITY			
CF TO V		X		CF TO CF		4135 4523 0001		50 USC 403 J			
11. ORGANIZATIONAL DESIGNATIONS						12. LOCATION OF OFFICIAL STATION					
DDO/WH DIVISION OFFICE OF THE CHIEF						WASH., D.C.					
13. POSITION TITLE						14. POSITION NUMBER		15. SERVICE DESIGNATION			
CHIEF WH DIVISION						0001		D			
16. CLASSIFICATION SCHEDULE (GS, FS, etc.)				17. OCCUPATIONAL SERIES		18. GRADE AND STEP		19. SALARY OR RATE			
GS				0001.10		18 1		36000			
20. REMARKS											
"IN ACCORDANCE WITH HR 20-23A(2), AN EMPLOYEE WILL HOLD SUPERGRADE RANK FOR SUCH TIME AS THE DIRECTOR MAY DETERMINE, REGARDLESS OF THE NATURE OF THE DUTIES PERFORMED."											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
21. ACTION CODE	22. EMPLOY CODE	23. OFFICE CODE	24. STATION CODE	25. INTEGRITY CODE	26. PAYMENT CODE	27. DATE OF BIRTH	28. DATE OF GRADE	29. DATE OF LEI			
22	10	51050	WH	75013	1	10 31 22	12 23 73	12 23 73			
30. NET PREFERENCE	31. SPECIAL REFERENCE	32. RETIREMENT DATA	33. SEPARATION DATA	34. CORRECTION - Completion Date	35. SECURITY REQ NO	36. SER					
						EOD DATA					
37. NET PREFERENCE	38. SERV COMP DATE	39. LONG COMP DATE	40. CAREER CATEGORY	41. FEGLI / HEALTH INSURANCE	42. SOCIAL SECURITY NO						
43. PREVIOUS CIVILIAN GOVERNMENT SERVICE	44. LEAVE CAT CODE	45. FEDERAL TAX DATA	46. STATE TAX DATA								
SIGNATURES OR OTHER AUTHENTICATION											
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> FOSTER  WRB 1-3-74 </div>											

"PAY ADJUSTMENT IN ACCORDANCE WITH THE PROVISIONS OF SECTION 5305 OF TITLE 5, U.S.C. AND EXECUTIVE ORDER 11739 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND DCI DIRECTIVE DATED 20 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 14 OCTOBER 1973

NAME	SERIAL	GRN.	FUNDS	GR-STEP	NEW SALARY
PHILLIPS DAVID A	024345	51	050	CF GS 17 4	\$36,000

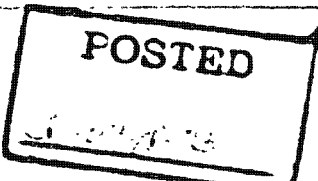
LML: 17 JUL 73

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION															
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)													
024345		PHILLIPS DAVID A													
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT									
				COB		REGULAR									
				07 21 73											
6. FUNDS				7. PAY AND GRADE		8. CSC OR OTHER LEGAL AUTHORITY									
<table border="1"> <tr> <td>V TO V</td> <td>V TO CF</td> </tr> <tr> <td>CF TO V</td> <td>CF TO CF</td> </tr> </table>				V TO V	V TO CF	CF TO V	CF TO CF	4135 4523 0001		50 USC 403 J					
V TO V	V TO CF														
CF TO V	CF TO CF														
9. ORGANIZATIONAL DESIGNATIONS				10. LOCATION OF OFFICIAL STATION											
DDO/WH DIVISION OFFICE OF THE CHIEF				WASH., D.C.											
11. POSITION TITLE				12. POSITION NUMBER				13. SERVICE DESIGNATION							
CHIEF, WH DIVISION				0001				D							
14. CLASSIFICATION SCHEDULE (GS, JE, etc.)				15. OCCUPATIONAL SERIES				16. GRADE AND STEP							
GS				0001, 10				17 4							
								36000							
18. REMARKS															
WASH., D.C. "IN ACCORDANCE WITH HR 20-23A(2), AN EMPLOYEE WILL HOLD SUPERGRADE RANK FOR SUCH TIME AS THE DIRECTOR MAY DETERMINE, REGARDLESS OF THE NATURE OF THE DUTIES PERFORMED."															
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL															
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODE	22. STATION CODE	23. INTEREST CODE	24. PAY CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI							
56	10	51050	WH	75013	1	10 31 22									
28. PAY EXPIRES		29. RETIREMENT DATA		30. SEPARATION DATA CODE		31. CORRECTION CONCURRENCE CODE		32. SECURITY REQ NO		33. SEE					
34. VET PREFERENCE		35. SERV COMP DATE		36. LONG COMP DATE		37. CAREER CATEGORY		38. REG. HEALTH INSURANCE		39. SOCIAL SECURITY NO					
40. PREVIOUS CIVILIAN GOVERNMENT SERVICE				41. LEAVE CAT				42. FEDERAL TAX DATA							
43. STATE TAX DATA				44. STATE TAX DATA				45. STATE TAX DATA							
SIGNATURE OF OTHER AUTHENTICATION															
<div style="text-align: right;"> <b>POSTED</b>            JUL 19 73         </div>															

UMS: 18 JULY 73

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION									
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)							
024345		PHILLIPS DAVID A							
3. NATURE OF PERSONNEL ACTION					4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT		
REASSIGNMENT					MO DA YR 05 15 73		REGULAR		
6. FUNDS		V TO V		V TO CF		7. PAN AND NSCA		8. CSC OR OTHER LEGAL AUTHORITY	
CF TO V		X		CF TO CF		4135 0620 (XXX)		50 USC 403 J	
9. ORGANIZATIONAL DESIGNATIONS					10. LOCATION OF OFFICIAL STATION				
DDO, WH DIVISION OFFICE OF THE CHIEF					WASH., D.C.				
11. POSITION TITLE					12. POSITION NUMBER		13. SERVICE DESIGNATION		
CHIEF WH DIVISION					(XXX)		D		
14. CLASSIFICATION SCHEDULE (GS, LE, etc.)			15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE		
GS			(XXX).10		17 4		361XXX		
18. REMARKS									
CARACAS, VENEZUELA "IN ACCORDANCE WITH HR 20-23A(2), AN EMPLOYEE WILL HOLD SUPERGRADE RANK FOR SUCH TIME AS THE DIRECTOR MAY DETERMINE, REGARDLESS OF THE NATURE OF THE DUTIES PERFORMED"									
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL									
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING		22. STATION CODE	23. INTEGRAL CODE	24. HANDBY CODE	25. DATE OF BIRTH	26. DATE OF GENDER	27. DATE OF DEATH
37	10	51000 WH		75011 J	S	1	MO DA YR 10 31 22		
28. VIT EXP. DATE		29. SPECIAL REFERENCE		30. RET. BENEFIT DATA		31. SEPARATION DATA CODE		32. CORRECTION/COMPLETION DATA	
XX XX XX								100 DATA	
33. VIT PREFERENCE		34. SERV. COMP. DATE		35. LONG. COMP. DATE		36. CAREER CATEGORY		37. FEDERAL HEALTH INSURANCE	
38. PREVIOUS U.S. GOVERNMENT SERVICE				39. LEAVE CAT. CODE		40. FEDERAL TAX DATA		41. STATE TAX DATA	
SIGNATURE OR OTHER AUTHENTICATION									
<div style="text-align: right;">  </div>									

FORM 100-10  
1-73Use Previous  
Editions

SECRET

RCS

U.S. GOVERNMENT PRINTING OFFICE



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

EFFECTIVE DATE OF PAY ADJUSTMENT: 07 JANUARY 1973

NAME  
PHILLIPS DAVID A

SERIAL ORGN. FUNDS GR-STEP  
024345 51 745 CF GS 17 4

NEW  
SALARY  
\$36,000

654

1. SERIAL NO		2. NAME		3. ORGANIZATION		4. FUNDS		5. LWOP HOUSE	
024345		PHILLIPS DAVID A.		51 745		CF			
6. OLD SALARY RATE				7. NEW SALARY RATE				8. TYPE ACTION	
Grade	Step	Salary	Last Eff Date	Grade	Step	Salary	EFFECTIVE DATE	SI	ADJ
		\$30,000	11/26/71	GS	17 4	\$36,000	11/26/72		
CERTIFICATION AND AUTHENTICATION									
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE.									
SIGNATURE <i>Shirley Hinkle</i>						DATE <i>1/19/73</i>			
<input type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> LWOP STATUS AT END OF WAITING PERIOD									
SUPERVISOR INITIALS						APPROVED BY			
FORM 360 E PAY CHANGE NOTIFICATION									

SECRET

(When Filled In)

EFG: 26 AUG 72

## NOTIFICATION OF PERSONNEL ACTION

1 SERIAL NUMBER 024345		2 NAME (LAST FIRST MIDDLE) PHILLIPS DAVID A	
3 NATURE OF PERSONNEL ACTION REASSIGNMENT		4 EFFECTIVE DATE MO DA YR 08 14 72	5 CATEGORY OF EMPLOYMENT REGULAR
6 FUNDS	V TO V CF TO V	V TO CF X CF TO CF	7 Financial Analysis No Chargeable 8 CSC OR OTHER LEGAL AUTHORITY 3135 1138 0000 50 USC 403 J
9 ORGANIZATIONAL DESIGNATIONS DDP/WH DIVISION FOREIGN FIELD BRANCH 3 -		10 LOCATION OF OFFICIAL STATION	
11 POSITION TITLE CHIEF OF STATION		12 POSITION NUMBER 0093	13 SERVICE DESIGNATION D
14 CLASSIFICATION SCHEDULE (DA 15.01) GS	15 OCCUPATIONAL SERIES 0136.05	16 GRADE AND STEP 17 3	17 SALARY AND RATE 36000
18 REMARKS "IN ACCORDANCE WITH HR 20-23A(2), AN EMPLOYEE WILL HOLD SUPERGRADE RANK FOR SUCH TIME AS THE DIRECTOR MAY DETERMINE, REGARDLESS OF THE NATURE OF THE DUTIES PERFORMED."			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
19 ACTION CODE 37	20 EMPLOY CODE 10	21 OFFICE CODING 517451WH	22 STATION CODE 77003
23 DATE OF BIRTH MO DA YR 10 13 74	24 DATE OF GRACE MO DA YR 82	25 DATE OF LEV MO DA YR 10 13 74	26 DATE OF GRACE MO DA YR 82
27 DATE OF LEV MO DA YR 10 13 74	28 DATE OF GRACE MO DA YR 82	29 DATE OF LEV MO DA YR 10 13 74	30 DATE OF GRACE MO DA YR 82
31 SIGNATURE OF DDP/WH AUTHORIZATION			

POSTED

SECRET

**SECRET**  
When Filled In:

## NOTIFICATION OF PERSONNEL ACTION

00 000000

1. SERIAL NUMBER 134345		2. NAME (LAST-FIRST-MIDDLE) WILLIAM DAVID																																																									
3. NATURE OF PERSONNEL ACTION RELATIONSHIP: N.S.C.C.		4. EFFECTIVE DATE MO DA YR 05 01 74																																																									
5. FUNDS V TO V CF TO V V TO CF CF TO CF		6. CATEGORY OF EMPLOYMENT 7. Financial Analysis No. Chargeable 8. CSC OR OTHER LEGAL AUTHORITY 5102 110 0001																																																									
9. ORGANIZATIONAL DESIGNATIONS RUP-11 011111		10. LOCATION OF OFFICIAL STATION FOR C-5, 18. ECUOLA																																																									
11. POSITION TITLE CHIEF OF SECTION		12. POSITION NUMBER 010																																																									
13. CLASSIFICATION SCHEDULE (GS (B (M)) S		14. GRADE AND STEP 7																																																									
15. REMARKS		16. SERVICE DESIGNATION 17. SALARY OR RATE																																																									
<p>SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL</p> <table border="1"> <tr> <td>19. ACTION CODE</td> <td>20. EMPLOYEE CODE</td> <td>21. OFFICE CODE</td> <td>22. STATUS CODE</td> <td>23. DATE OF BIRTH</td> <td>24. DATE OF GRADE</td> <td>25. DATE OF 101</td> </tr> <tr> <td>MO DA YR</td> <td>MO DA YR</td> <td>MO DA YR</td> <td>MO DA YR</td> <td>MO DA YR</td> <td>MO DA YR</td> <td>MO DA YR</td> </tr> <tr> <td>26. NET EXPERIENCE</td> <td>27. SPECIAL REFERENCE</td> <td>28. REPLACEMENT DATA</td> <td>29. SEPARATION DATA</td> <td>30. SECURITY</td> <td>31. MED</td> <td>32. SOCIAL SECURITY NO.</td> </tr> <tr> <td>MO DA YR</td> <td>MO DA YR</td> <td>MO DA YR</td> <td>MO DA YR</td> <td>MO DA YR</td> <td>MO DA YR</td> <td>MO DA YR</td> </tr> <tr> <td>33. NET PRESENCE</td> <td>34. MED. COND. DATA</td> <td>35. MED. COND. DATA</td> <td>36. MED. COND. DATA</td> <td>37. MED. COND. DATA</td> <td>38. MED. COND. DATA</td> <td>39. MED. COND. DATA</td> </tr> <tr> <td>MO DA YR</td> <td>MO DA YR</td> <td>MO DA YR</td> <td>MO DA YR</td> <td>MO DA YR</td> <td>MO DA YR</td> <td>MO DA YR</td> </tr> <tr> <td>40. PROGRAM DATA</td> <td>41. PROGRAM DATA</td> <td>42. PROGRAM DATA</td> <td>43. PROGRAM DATA</td> <td>44. PROGRAM DATA</td> <td>45. PROGRAM DATA</td> <td>46. PROGRAM DATA</td> </tr> <tr> <td>MO DA YR</td> <td>MO DA YR</td> <td>MO DA YR</td> <td>MO DA YR</td> <td>MO DA YR</td> <td>MO DA YR</td> <td>MO DA YR</td> </tr> </table>				19. ACTION CODE	20. EMPLOYEE CODE	21. OFFICE CODE	22. STATUS CODE	23. DATE OF BIRTH	24. DATE OF GRADE	25. DATE OF 101	MO DA YR	MO DA YR	MO DA YR	MO DA YR	MO DA YR	MO DA YR	MO DA YR	26. NET EXPERIENCE	27. SPECIAL REFERENCE	28. REPLACEMENT DATA	29. SEPARATION DATA	30. SECURITY	31. MED	32. SOCIAL SECURITY NO.	MO DA YR	MO DA YR	MO DA YR	MO DA YR	MO DA YR	MO DA YR	MO DA YR	33. NET PRESENCE	34. MED. COND. DATA	35. MED. COND. DATA	36. MED. COND. DATA	37. MED. COND. DATA	38. MED. COND. DATA	39. MED. COND. DATA	MO DA YR	MO DA YR	MO DA YR	MO DA YR	MO DA YR	MO DA YR	MO DA YR	40. PROGRAM DATA	41. PROGRAM DATA	42. PROGRAM DATA	43. PROGRAM DATA	44. PROGRAM DATA	45. PROGRAM DATA	46. PROGRAM DATA	MO DA YR	MO DA YR	MO DA YR	MO DA YR	MO DA YR	MO DA YR	MO DA YR
19. ACTION CODE	20. EMPLOYEE CODE	21. OFFICE CODE	22. STATUS CODE	23. DATE OF BIRTH	24. DATE OF GRADE	25. DATE OF 101																																																					
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26. NET EXPERIENCE	27. SPECIAL REFERENCE	28. REPLACEMENT DATA	29. SEPARATION DATA	30. SECURITY	31. MED	32. SOCIAL SECURITY NO.																																																					
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MO DA YR	MO DA YR	MO DA YR	MO DA YR	MO DA YR	MO DA YR	MO DA YR																																																					
<p>SIGNATURE OR OTHER AUTHENTICATION</p>																																																											
<p>POSTED</p>																																																											

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"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 92-210 AND EXECUTIVE ORDER 11637 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 9 JANUARY 1972

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	REL-SALARY
PHILLIPS DAVID A	024345	51	925	CF GS 17 3	\$35,000

SECRET  
(When Filled In)

BBG: 30 NOV 71

NOTIFICATION OF PERSONNEL ACTION																	
1. SERIAL NUMBER		2. NAME (LAST, FIRST, MIDDLE)															
024345		PHILLIPS DAVID A															
3. NATURE OF PERSONNEL ACTION			4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT												
PROMOTION			11 28 71		REGULAR												
6. FUNDS		7. V TO V		8. CF TO CF													
CF TO V		X		CF TO CF													
2135 0694 0000		50 USC 403 J															
9. ORGANIZATIONAL DESIGNATIONS			10. LOCATION OF OFFICIAL STATION														
DDP/WH DIVISION FOREIGN FIELD BRANCH 5																	
11. POSITION TITLE			12. POSITION NUMBER		13. SERVICE DESIGNATION												
CHIEF OF STATION			0186		0												
14. CLASSIFICATION SYMBOL		15. ORGANIZATIONAL SERIES		16. GRADE AND STEP													
GS		0136.05		17 3 34716													
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL																	
<table border="1"> <tr> <td>17. ACTION CODE</td> <td>18. EFFECTIVE DATE</td> <td>19. ACTION CODE</td> <td>20. ACTION CODE</td> <td>21. ACTION CODE</td> <td>22. ACTION CODE</td> </tr> <tr> <td>22</td> <td>10</td> <td>51825 WH</td> <td>09626</td> <td>S</td> <td>3</td> </tr> </table>						17. ACTION CODE	18. EFFECTIVE DATE	19. ACTION CODE	20. ACTION CODE	21. ACTION CODE	22. ACTION CODE	22	10	51825 WH	09626	S	3
17. ACTION CODE	18. EFFECTIVE DATE	19. ACTION CODE	20. ACTION CODE	21. ACTION CODE	22. ACTION CODE												
22	10	51825 WH	09626	S	3												
100 DATA																	

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

EFFECTIVE DATE OF PAY ADJUSTMENT: 28 DECEMBER 1969

NAME: PHILLIPS DAVID A. SERIAL: 024345 ORG: 51 FUNDS: CF GR: 16 STEP: 4 NEW SALARY: \$29,202

637

1. SERIAL NO.		2. NAME		3. ORGANIZATION		4. FUNDS		5. LWOP HOURS	
024345		PHILLIPS DAVID A		51 730		CF			
6. OLD SALARY RATE				7. NEW SALARY RATE				8. TYPE ACTION	
Grade	Step	Salary	Last Eff Date	Grade	Step	Salary	EFFECTIVE DATE	SI	ADJ
GS 16	4	\$29,202	12/13/69	GS 16	5	\$30,087	12/13/70		
CERTIFICATION AND AUTHENTICATION									
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE.									
SIGNATURE <i>Joseph D. [illegible]</i>						DATE			
<input type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> LWOP STATUS AT END OF WAITING PERIOD									
CLERK'S INITIALS									
FORM 7-68 5608		PAY CHANGE NOTIFICATION						(4-71)	

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

EFFECTIVE DATE OF PAY ADJUSTMENT: 10 JANUARY 1971

NAME: PHILLIPS DAVID A. SERIAL: 024345 ORG: 51 FUNDS: CF GR: 16 STEP: 5 NEW SALARY: \$31,000

**SECRET**  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST, FIRST, MIDDLE)									
24345		P ILLIPS DAVID A									
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
REASSIGNMENT						01 11 73		REGULAR			
6. FUNDS		V TO V		V TO CF		7. Financial Analysis No. Chargeable		8. CSC OR OTHER LEGAL AUTHORITY			
CF TO V		X		CF TO CF		0135 0684 0000		50 USC 403 J			
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION (V. OFFICIAL STATION)					
DDP/WH FOREIGN FIELD BRANCH 5											
11. POSITION TITLE						12. POSITION NUMBER		13. SERVICE DESIGNATION			
CHIEF OF STATION						0135		D			
14. CLASSIFICATION SCHEDULE (GS, LB, WNC)			15. OCCUPATIONAL SERIES			16. GRADE AND STEP			17. SALARY OR RATE		
GS			0135.45			16 4			27540		
18. REMARKS											
WAS ... D.C.											
... BASE: W											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODES		22. STATION CODE		23. INDOOR CODE		24. HOUSE CODE	
37		10		1731		W		09 37		3	
25. DATE EMPLOYED		26. SPECIAL REFERENCE		27. RETIREMENT DATA		28. SEPARATION DATA CODE		29. EMPLOYMENT DATA CODE		30. DATE OF BIRTH	
01 11 73										10 31 72	
31. VET PREFERENCE		32. SERV COMP DATE		33. LONG COMP DATE		34. CAREER CATEGORY		35. HEALTH INSURANCE		36. SOCIAL SECURITY NO.	
0000		01 11 73		01 11 73		0000		0000		0000	
37. PREVIOUS CIVILIAN GOVERNMENT SERVICE				38. FEDERAL TAX DATA				39. STATE TAX DATA			
0000				0000				0000			
40. SIGNATURE OF OTHER AUTHENTICATION											

14-00000 (Rev. 10-67) (10-67)

**SECRET**

J8C

01 22 73 1/2

"MAY BE IN ACCORDANCE WITH SECRETARY OF DEFENSE 11474 PLANS TO A FURTHER RITM OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 1 OCTOBER 1942"

EFFECTIVE DATE OF PAY ADJUSTMENT: 15 JULY 1949

NAME: PHILLIPS DAVID A SERIAL: 024745 FUNDS: GS-STEP 51 500 OF GS 16 4 P.F. SALARY: \$27,549

SECRET

(When Filled In)

PLW: 13 DEC 51

NOTIFICATION OF PERSONNEL ACTION									
1. SERIAL NUMBER		2. NAME (LAST, FIRST, MIDDLE)							
024745		PHILLIPS DAVID A							
3. NATURE OF PERSONNEL ACTION					4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT		
PROMOTION					12 15 50		REGULAR		
6. FUNDS		7. V TO V		8. V TO CF		9. FUNDAL ANALYSIS FOR EMERGENCY		10. FUNDAL ANALYSIS FOR OTHER SPECIAL AUTHORITY	
CF TO V		X		CF TO CF		1135 0000 0000		50 USC 403 J	
11. ORGANIZATIONAL DESIGNATIONS					12. LOCATION OF OFFICIAL STATION				
DDP/WH WH/COG OFFICE OF THE CHIEF					WASH., D.C.				
13. POSITION TITLE					14. POSITION NUMBER		15. SERVICE DESIGNATION		
CPS OFFICER CH					1100		D		
16. CLASSIFICATION SCHEDULE (SEE 48 USC)		17. OCCUPATIONAL MARK		18. GRADE AND STEP		19. SALARY OR RATE			
GS		0135.01		16 4		2011			
20. REMARKS									
WASH., D.C.									
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL									
21. ACTION CODE	22. EMPLOY CODE	23. OFFICE CODE	24. STATUS CODE	25. PAY CODE	26. DATE OF BIRTH	27. DATE OF GRADE	28. DATE OF LEI		
21	16	0000	0000	S	12 15 50	12 15 50	12 15 50		
29. INT. SERVICE		30. INT. SERVICE		31. INT. SERVICE		32. INT. SERVICE		33. INT. SERVICE	
34. INT. SERVICE		35. INT. SERVICE		36. INT. SERVICE		37. INT. SERVICE		38. INT. SERVICE	
39. INT. SERVICE		40. INT. SERVICE		41. INT. SERVICE		42. INT. SERVICE		43. INT. SERVICE	
44. INT. SERVICE		45. INT. SERVICE		46. INT. SERVICE		47. INT. SERVICE		48. INT. SERVICE	
49. INT. SERVICE		50. INT. SERVICE		51. INT. SERVICE		52. INT. SERVICE		53. INT. SERVICE	
54. INT. SERVICE		55. INT. SERVICE		56. INT. SERVICE		57. INT. SERVICE		58. INT. SERVICE	
59. INT. SERVICE		60. INT. SERVICE		61. INT. SERVICE		62. INT. SERVICE		63. INT. SERVICE	
64. INT. SERVICE		65. INT. SERVICE		66. INT. SERVICE		67. INT. SERVICE		68. INT. SERVICE	
69. INT. SERVICE		70. INT. SERVICE		71. INT. SERVICE		72. INT. SERVICE		73. INT. SERVICE	
74. INT. SERVICE		75. INT. SERVICE		76. INT. SERVICE		77. INT. SERVICE		78. INT. SERVICE	
79. INT. SERVICE		80. INT. SERVICE		81. INT. SERVICE		82. INT. SERVICE		83. INT. SERVICE	
84. INT. SERVICE		85. INT. SERVICE		86. INT. SERVICE		87. INT. SERVICE		88. INT. SERVICE	
89. INT. SERVICE		90. INT. SERVICE		91. INT. SERVICE		92. INT. SERVICE		93. INT. SERVICE	
94. INT. SERVICE		95. INT. SERVICE		96. INT. SERVICE		97. INT. SERVICE		98. INT. SERVICE	
99. INT. SERVICE		100. INT. SERVICE		101. INT. SERVICE		102. INT. SERVICE		103. INT. SERVICE	
SIGNATURE OF OTHER AUTHENTICATION									
POSTED									

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

EFFECTIVE DATE OF PAY ADJUSTMENT: 8 OCTOBER 1967

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
PHILLIPS DAVID A	024345	51	500	CF GS 15 5	\$19,978	\$20,856

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

EFFECTIVE DATE OF PAY ADJUSTMENT: 15 JULY 1968

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
PHILLIPS DAVID A	024345	51	500	CF GS 15 5	\$20,856	\$22,416

EX-10

COMPLETION  
DATE

SP-10 2011-11-11

1	SERIAL NO	2	NAME	3	ORGANIZATION	4	FUNDS	5	EWOP HOURS
	024345		PHILLIPS DAVID A		51	900	CF		
A		OLD SALARY RATE			B			NEW SALARY RATE	
Grade	Step	Salary	Last Eff Date	Grade	Step	Salary	EFFECTIVE DATE	SI	ADJ
		22416				23075			
GS-15	5	\$20,856	09/29/66	GS-15	5	\$22,416	09/22/68		
CERTIFICATION AND AUTHENTICATION									
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE.									
SIGNATURE						DATE			
Donald C. Marelius						12 July 1968			
<input type="checkbox"/> NO EXCESS STEP <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> EWOP STATUS AT END OF WAITING PERIOD									
CLERK'S INITIALS						AUDITED BY			



SECRET  
(When Filled In)

SE: 12 SEPT. 67

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)									
0211345		PHILLIPS DAVID A									
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
REASSIGNMENT						09   10   67		REGULAR			
6. FUNDS		V TO V		V TO CF		7. Financial Analysis No. Chargeable		8. CSC OR OTHER LEGAL AUTHORITY			
CF TO V		X		CF TO CF		3135 0020 (XXX)		50 USC 403 J			
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION					
DDP/WH WH/COG OFFICE OF THE CHIEF						WASH., D.C.					
11. POSITION TITLE						12. POSITION NUMBER		13. SERVICE DESIGNATION			
OPS OFFICER CH						1105		D			
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
GS				0136.01		15-5		19978			
18. REMARKS											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE		23. INTEGREE CODE		24. HOURS CODE	
37		10		51500 WH		75013		5		1	
25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI		28. DATE OF GRADE		29. DATE OF LEI		30. DATE OF LEI	
10   31   22											
31. RETIREMENT DATA		32. CORRECTION/CANCELLATION DATA		33. SECURITY REQ NO		34. SEX		35. VET. PREFERENCE		36. SERV. COMP DATE	
37. LONG COMP DATE		38. CAREER CATEGORY		39. FEGLI / HEALTH INSURANCE		40. SOCIAL SECURITY NO		41. PREVIOUS CIVILIAN GOVERNMENT SERVICE		42. LEAVE LAT	
43. FEDERAL TAX DATA		44. STATE TAX DATA		45. FEDERAL TAX DATA		46. STATE TAX DATA		47. FEDERAL TAX DATA		48. STATE TAX DATA	
SIGNATURE OR OTHER AUTHENTICATION											

FORM 1150  
5-66

Use Previous  
Edition

SECRET

MAH

GROUP 1  
Excluded from automatic  
downgrading and  
declassification

(When Filled In)

*GS-4*

1. Serial No.		2. Name		3. Cost Center Number		4. LWOP Hours				
024345		PHILLIPS DAVID A		01 750 GF						
5. OLD SALARY RATE				6. NEW SALARY RATE				7. TYPE ACTION		
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	Effective Date	PS	LS	AD
GS 15	4	<del>19371</del> 19371	09/27/64	GS 15	5	<del>19978</del> 19978	09/25/66			
8. Remarks and Authorization										
NO EXCESS LWOP IN PAY STATUS AT END OF WAITING PERIOD LWOP STATUS AT END OF WAITING PERIOD CLERKS INITIALS                      AUDITED BY										
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.										
SIGNATURE: <i>Marlene</i> DATE <i>15/7/66</i>										
<b>PAY CHANGE NOTIFICATION</b>										

**SECRET**  
(When Filled In)

BJT, 18 OCT 66

### NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER <b>024345</b>		2. NAME (LAST FIRST MIDDLE) <b>PHILLIPS DAVID A</b>	
3. NATURE OF PERSONNEL ACTION <b>DESIGNATION AS PARTICIPANT IN CIA RETIREMENT AND DISABILITY SYSTEM</b>		4. EFFECTIVE DATE MO DA YR <b>10 23 66</b>	5. CATEGORY OF EMPLOYMENT <b>REGULAR</b>
6. FUNDS	V TO V CF TO V	V TO CF CF TO CF	7. COST CENTER NO. CHARGEABLE <b>7135 0875 0000</b>
		8. CSC OR OTHER LEGAL AUTHORITY <b>PL 88-643 SECT. 203</b>	
9. ORGANIZATIONAL DESIGNATIONS  <b>DDP/WH</b>		10. LOCATION OF OFFICIAL STATION  <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
11. POSITION TITLE		12. POSITION NUMBER	13. SERVICE DESIGNATION <b>D</b>
14. CLASSIFICATION SCHEDULE (GS, LR, etc.)	15. OCCUPATIONAL SERIES <b>15</b>	16. GRADE AND STEP	17. SALARY OR RATE
18. REMARKS <b>EMPLOYEE WILL RECEIVE NOTIFICATION FROM THE DIRECTOR OF PERSONNEL OF THIS DESIGNATION AND RIGHT OF APPEAL TO THE DIRECTOR OF CENTRAL INTELLIGENCE.</b>			
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. INTEGRTEE CODE	24. Hdqts. Code	25. DATE OF BIRTH MO DA YR	26. DATE OF GRADE MO DA YR
27. DATE OF LEI MO DA YR	28. NTE EXPIRES MO DA YR	29. SPECIAL REFERENCE 1 - CSC 2 - FICA 3 - NONE	30. RETIREMENT DATA CODE <b>2</b>
31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA TYPE MO DA YR	33. SECURITY REQ NO.	34. SEX
35. VET PREFERENCE CODE 0 - NONE 1 - 5 PT 2 - 10 PT	36. SERV COMP DATE MO DA YR	37. LONG COMP. DATE MO DA YR	38. CAREER CATEGORY CODE CAP MIL PROG TEMP
39. FEGLI / HEALTH INSURANCE CODE 0 - WAIVER 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	
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. SIGNATURE OR OTHER AUTHENTICATION  <div style="border: 1px solid black; padding: 5px; display: inline-block; transform: rotate(-10deg);"><b>10-24-66</b></div>			

FORM 11 62 1150

Use Previous Edition

**SECRET**

GROUP 1  
Excluded from automatic  
downgrading and  
declassification

(When Filled In)

14-00000  
PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 89-504  
PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949,  
AS AMENDED, AND A-DCI DIRECTIVE DATED 8 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 3 JULY 1966

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
PHILLIPS DAVID A	024345	51	750	CF GS 15 4	\$18,825	\$19,371

SECRET

30 June 1966

MEMORANDUM FOR : Chief, TRB

SUBJECT : Record of Contract Service for  
David A. Phillips

1. Per your request we are forwarding record of Subject's contract service:

<u>Date</u>	<u>Action</u>
4 March 1954	Hired as Contract Employee
31 July 1954	Terminated
1 August 1954	Hired as Contract Employee
31 March 1955	Terminated
19 August 1958	Hired as Contract Agent
13 March 1960	Terminated

2. Subject was employed on a full time basis with leave benefits from 4 March 1954 through 31 March 1955. Accordingly, this entire period is "creditable" for establishing his annual leave category. However, the period from 19 August 1958 through 13 March 1960, as an independent contractor, is not creditable for this purpose. Only the period from 4 March 1954 through 31 December 1954 is "creditable for Civil Service Retirement, since Contract Employee's were mandatorily covered by Social Security as of 1 January 1955. 1951-1953 Contract Agent time is not creditable.

3. Attached is OF record of Agency service with salary breakdown.

Rogers C. Brooks

UNITED STATES GOVERNMENT

# Memorandum

TO : Chief, Contract Personnel Division  
ATTN :

DATE: 16 June 1966

FROM : Compensation and Tax Division  
Office of Finance

SUBJECT: Agency Service of David Atlee PHILLIPS

The records of the Office of Finance show the following Agency service for Subject:

**Contract Agent:**

EOD 1 February 1951 - \$600.00 P/M  
Term 28 February 1951 - \$600.00 P/M

*not creditable  
see memo 6-30-66*

EOD 25 January 1952 - \$6000.00 P/A  
Term 31 August 1953 - \$6000.00 P/A

*not creditable  
see memo 6-30-66*

**Contract Employee:**

EOD 4 March 1954 - \$7200.00 P/A  
Pay Inc. 1 August 1954 - \$8360.00 P/A  
Term. 31 March 1955 - \$8360.00 P/A

*O.K.*

**Staff Employee:**

Ex. Asst. 1 April 1955 - \$9600.00 P/A  
Res. 6 February 1956 - \$10,320.00 P/A

*O.K.*

**Staff Agent:**

Ex. Asst. 7 February 1956 - \$10,320.00 P/A  
PSI 7 October 1956 - \$10,535.00 P/A  
Pay Raise 12 January 1958 - \$11,835.00 P/A  
PSI 6 April 1958 - \$11,835.00 P/A  
Res. 12 August 1958 - \$11,835.00 P/A

*O.K.*

**Contract Agent:**

EOD 19 August 1958 - \$7,200.00 P/A  
Term. 12 March 1960 - \$7,200.00 P/A

*not creditable per  
memo from CPD  
dated 6-30-66*

**Staff Employee:**

Ex. Asst. 14 March 1960 - \$11,835.00 P/A  
Subject has been a Staff Employee since 14 March 1960.

*O.K.  
as Staff  
Employee*

Chief  
Agent Payroll Branch

\*PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 89-361  
PURSUANT TO AUTHORITY OF JOINT RESOLUTIONS IN THE JOINT ACT OF 1949,  
AS AMENDED, AND A-001 POLICY EFFECTIVE DATE - OCTOBER 1952.

EFFECTIVE DATE OF PAY ADJUSTMENT: 11 OCTOBER 1965

NAME: PHILLIPS DAVID A  
SERIAL: 024345  
STATION: STATION, FUNDS: GR-STEP  
OLD SALARY: \$18,170  
NEW SALARY: \$18,625

SECRET  
(When Filled In)

5 AUG 65

# NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER 024345		2. NAME (LAST-FIRST-MIDDLE) PHILLIPS DAVID A	
3. NATURE OF PERSONNEL ACTION REASSIGNMENT		4. EFFECTIVE DATE 051 051 65	
5. CATEGORY OF EMPLOYMENT REGULAR		6. COST CENTER NO. CHARGEABLE 6135 0575 0000	
7. CSC OR OTHER LEGAL AUTHORITY 50 USC 403 J		8. FUND V TO V CF TO V X CF TO CF	
9. ORGANIZATIONAL DESIGNATIONS DDP/WH FOREIGN FIELD BRANCH 2 STATION		10. LOCATION OF OFFICIAL STATION	
11. POSITION TITLE CHIEF OF STATION		12. POSITION NUMBER 0274	
13. SERVICE DESIGNATION D		14. CLASSIFICATION SCHEDULE (GS, LO, etc.) GS	
15. OCCUPATIONAL SERIES 0135.05		16. GRADE AND STEP 15 4	
17. SALARY OR RATE 18170		18. REMARKS MEXICO CITY, MEXICO	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
19. ACTION CODE 37	20. EMPLOY CODE 10	21. OFFICE CODING 51650 WH	22. STATION CODE 19039
23. INTEGRITY CODE 1	24. MILEAGE CODE 3	25. DATE OF BIRTH 10 31 22	26. DATE OF GRADE 1 1
27. DATE OF LER 1 1	28. SECURITY REQ NO 1	29. SEN 1	30. NTE EXPIRES XX1 XXXX
31. SPECIAL REFERENCE 1. CSC 2. FICA 3. NONE	32. RETIREMENT DATA CODE	33. SEPARATION DATA CODE TYPE	34. CORRECTION-CANCELLATION DATA NO DA YR
35. VET PREFERENCE 0. NONE 1. 5 PT 2. 10 PT	36. SERV COMP DATE NO DA YR	37. LONG COMP DATE NO DA YR	38. CAREER CATEGORY CODE
39. FEGLI / HEALTH INSURANCE 0. WAIVER 1. YES	40. SOCIAL SECURITY NO CODE	41. PREVIOUS GOVERNMENT SERVICE DATA 0. NO PREVIOUS SERVICE 1. NO BREAK IN SERVICE 2. BREAK IN SERVICE LESS THAN 1 YEAR 3. BREAK IN SERVICE MORE THAN 1 YEAR	42. LEAVE CAT 45 CODE
43. FEDERAL TAX DATA FORM EXECUTED CODE 1. YES 2. NO	44. STATE TAX DATA FORM EXECUTED CODE 1. YES 2. NO	45. NO TAX EXEMPTIONS 1. YES 2. NO	46. STATE CODE CODE
SIGNATURE OR OTHER AUTHENTICATION			

**SECRET**  
(When Filled In)

## NOTIFICATION OF PERSONNEL ACTION

ADPD 03/31/65

1. SERIAL NUMBER <b>024345</b>		2. NAME (LAST FIRST MIDDLE) <b>PHILLIPS DAVID A</b>	
3. NATURE OF PERSONNEL ACTION <b>CONV. TO CAREER EMPLOYEE STATUS</b>		4. EFFECTIVE DATE MO DA YE <b>04 01 58</b>	5. CATEGORY OF EMPLOYMENT
6. FUNDS	V TO V CF TO V	V TO CF CF TO CF	7. COST CENTER NO. CHARGEABLE
		<b>X</b>	8. CSC OR OTHER LEGAL AUTHORITY
9. ORGANIZATIONAL DESIGNATIONS <b>DDP/WH DIVISION</b>		10. LOCATION OF OFFICIAL STATION	
11. POSITION TITLE		12. POSITION NUMBER	13. CAREER SERVICE DESIGNATION <b>U</b>
14. CLASSIFICATION SCHEDULE (GS 18 19)	15. OCCUPATIONAL SERIES	16. GRADE AND STEP	17. SALARY OR RATE
18. REMARKS			
SIGNATURE OR OTHER AUTHENTICATION:			
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>POSTED</b>  04/01/65 <i>[Signature]</i> </div>			

12

1. Serial No.	2.	Name	3.	Cost Center Number	4.	LWOP Hours
024345		PHILLIPS DAVID A		31 700	456	CF
5.	OLD SALARY RATE			6.		NEW SALARY RATE
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary
		17,600				18,170
GS 15 3		09/29/63	GS 15 4			09/27/64
7. TYPE ACTION						
8. Remarks and Authorization						
/ / NO EXCESS LWOP / / IN PAY STATUS AT END OF WAITING PERIOD / / LWOP STATUS AT END OF WAITING PERIOD CLERKS INITIALS                      AUDITED BY						
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.						
SIGNATURE: <i>[Signature]</i>				DATE: 5/17/64		
PAY CHANGE NOTIFICATION						

## GENERAL SCHEDULE RATES

### Federal Employees Salary Act of 1964

[illegible]



IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-793 AND DCF MEMORANDUM DATED 1 AUGUST 1966, SALARY IS ADJUSTED AS FOLLOWS, EFFECTIVE 9 JANUARY 1964.

NAME	SERIAL	ORGN	FUNDS	GR-ST	OLD SALARY	NEW SALARY
PHILLIPS DAVID A	024345	DA	700	CF GS 15 3	\$15,925	\$16,495

SECRET  
(When Filled In)

MHC: 27 SEPT 63

NOTIFICATION OF PERSONNEL ACTION																											
1. SERIAL NUMBER		2. NAME (LAST/FIRST/MIDDLE)																									
024345		PHILLIPS DAVID A																									
3. NATURE OF PERSONNEL ACTION					4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT																				
PROMOTION					09 29 63		REGULAR																				
6. FUNDS		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY																			
CF TO V		X		CF TO CF		4135 5700 1000		50 USC 403 J																			
9. ORGANIZATIONAL DESIGNATIONS					10. LOCATION OF OFFICIAL STATION																						
DDP WH BRANCH 3 MEXICO CITY MEXICO STATION					MEXICO CITY, MEXICO																						
11. POSITION TITLE					12. POSITION NUMBER		13. SERVICE DESIGNATION																				
OPS OFFICER					0340		D																				
14. CLASSIFICATION SCHEDULE (GS, AB, etc.)			15. OCCUPATIONAL SERIES		16. STEP		17. SALARY GR. RATE																				
GS			0136.01		15 3		15525																				
18. REMARKS																											
MEXICO CITY, MEXICO																											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL																											
<table border="1"> <thead> <tr> <th>19. ACTION CODE</th> <th>20. EMPLOYMENT CODE</th> <th>21. OFFICE CODING</th> <th>22. STATION CODE</th> <th>23. INTERAGENCY CODE</th> <th>24. DEPT. CODE</th> <th>25. DATE OF BIRTH</th> <th>26. DATE OF GRADE</th> <th>27. DATE OF LEL</th> </tr> </thead> <tbody> <tr> <td>22</td> <td>10</td> <td>51700 WH</td> <td>45075</td> <td>1</td> <td>3</td> <td>10 31 22</td> <td>09 29 63</td> <td>09 29 63</td> </tr> </tbody> </table>										19. ACTION CODE	20. EMPLOYMENT CODE	21. OFFICE CODING	22. STATION CODE	23. INTERAGENCY CODE	24. DEPT. CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEL	22	10	51700 WH	45075	1	3	10 31 22	09 29 63	09 29 63
19. ACTION CODE	20. EMPLOYMENT CODE	21. OFFICE CODING	22. STATION CODE	23. INTERAGENCY CODE	24. DEPT. CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEL																			
22	10	51700 WH	45075	1	3	10 31 22	09 29 63	09 29 63																			
28. DATE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION CANCELLATION DATA																			
09 28 65 31								EOD DATA																			
33. NET PREFERENCE		34. SERV. COMP. DATA		35. LONG. COMP. DATA		36. CAREER CATEGORY		37. FEGLI / HEALTH INSURANCE																			
38. PREVIOUS GOVERNMENT SERVICE DATA		39. LEAVE CAT.		40. FEDERAL TAX DATA		41. STATE TAX DATA		42. SOCIAL SECURITY NO.																			
SIGNATURE OR OTHER AUTHENTICATION																											

10-110

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 7-735  
 DOI MEMORANDUM DATED 1 AUGUST 1964, SALARY IS ADJUSTED AS FOLLOWS.  
 EFFECTIVE 18 OCTOBER 1962

NAME SERIAL ORIGIN FUNDOS OLD GR- ST SALARY NEW GR- ST SALARY  
 PHILLIPS DAVID A 024345 64700 CF 14 4 \$12290 14 4 \$14120

1. Serial No.		2. Name		3. Cost Center Number		4. LWOP Hours	
024345		PHILLIPS DAVID A		340 64 700 CF 8			
5. OLD SALARY RATE				6. NEW SALARY RATE			
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	Effective Date
GS 14	4	\$14,120	09/17/61	GS 14	5	\$14,545	09/15/63
7. TYPE ACTION				PSI LSI ADJ			
				1			
8. Remarks and Authentication							
/ / NO EXCESS LWOP / / IN PAY STATUS AT END OF WAITING PERIOD / / LWOP STATUS AT END OF WAITING PERIOD CLERKS INITIALS AUDITED BY I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE. SIGNATURE: <i>[Signature]</i> DATE: <i>17 July 1965</i> PAY CHANGE NOTIFICATION							

Form 560

Obsolete Previous Edition

(431)

SECRET  
 (When Filled In)

1. Serial No.		2. Name		3. Cost Center Number		4. LWOP Hours	
24345		PHILLIPS DAVID A		DDP/WH 07 UV			
5. OLD SALARY RATE				6. NEW SALARY RATE			
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	Effective Date
GS 14	3	\$12,730	03/14/65	14	4	\$12,990	09/17/61
7. TYPE ACTION				PSI LSI ADJ			
8. Remarks and Authentication							
/ / NO EXCESS LWOP / / IN PAY STATUS AT END OF WAITING PERIOD / / IN LWOP STATUS AT END OF WAITING PERIOD							

BWS: 31 AUG 1961

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION									
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)							
024345		PHILLIPS DAVID A							
3. NATURE OF PERSONNEL ACTION					4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT		
					08 23 61		REGULAR		
6. FUNDS		7. V TO V		8. V TO CP		9. COST CENTER NO. CHARGEABLE		10. CSC OR OTHER LEGAL AUTHORITY	
X		X		X		2135 5700 1000		50 USC 403 J	
11. ORGANIZATIONAL DESIGNATIONS					12. LOCATION OF OFFICIAL STATION				
DDP WH BRANCH 3 MEXICO CITY MEXICO STATION					MEXICO CITY, MEXICO				
13. POSITION TITLE					14. POSITION NUMBER		15. CAREER SERVICE DESIGNATION		
OPS OFFICER					0340		D		
16. CLASSIFICATION SCHEDULE (GS, WB, etc)			17. OCCUPATIONAL SERIES		18. GRADE AND STEP		19. SALARY OR RATE		
GS			0136.01		14 3		12730		
20. REMARKS									

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL															
ACTION: 20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE		23. INTEGREE CODE		24. NEDS CODE		25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI	
5 10		64700 WH		45075		1		3		10 31 22					
28. EXP. RES.		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA		33. SECURITY REQ NO.		34. SEX			
D DA FA				1. YES 2. NO		CODE		TIME NO DA FA		EOD DATA					
35. VET PREFERENCE		36. SERV COMP DATE		37. LONG COMP DATE		38. MIL SERV CREDIT		39. REG/LI/HEALTH INSURANCE		40. SOCIAL SECURITY NO.					
0 NONE 1 1 PT 2 10 PT		NO DA FA		NO DA FA		1. YES 2. NO		CODE CODE 0 WAIVER 1 YES		HEALTH INS CODE					
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT CODE		43. FEDERAL TAX DATA				44. STATE TAX DATA					
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)				FOAM EXECUTED CODE 1. YES 2. NO		NO. TAX EXEMPTIONS FOAM EXECUTED 1. YES 2. NO				CODE NO TAX STATE CODE EXEMP					

SIGNATURE OR OTHER AUTHENTICATION

09/05/61 UK

PSC: 23 AUG 1961

SECRET  
(When Filled In)

OCF		NOTIFICATION OF PERSONNEL ACTION			
1. SERIAL NUMBER		2. NAME (LAST-FIRST MIDDLE)			
024345		PHILLIPS DAVID A			
3. NATURE OF PERSONNEL ACTION			4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT
REASSIGNMENT			08 15 61		REGULAR
6. FUTURE ACTIONS		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY	
<input type="checkbox"/> V TO V <input type="checkbox"/> CF TO V <input checked="" type="checkbox"/> V TO CF <input type="checkbox"/> CF TO CF		2135 5700 1000		50 USC 403 J	
9. ORGANIZATIONAL DESIGNATIONS			10. LOCATION OF OFFICIAL STATION		
DDP WH BRANCH 3 MEXICO CITY, MEXICO STATION			MEXICO CITY, MEXICO		
11. POSITION TITLE			12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION
CPS OFFICER			0340		D
14. CLASSIFICATION SCHEDULE (GS, WD, etc)		15. OCCUPATIONAL SERIES		17. SALARY OR RATE	
GS		0136.01		14 3 12730	
18. REMARKS TO BE					
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
19. ACTION CODE		21. OFFICE CODING		22. STATION CODE	
37		10		45075	
23. DATE OF BIRTH		24. DATE OF GRADE		25. DATE OF LEI	
10 31 22		10 31 22		10 31 22	
26. NTE EXPIRES		27. SPECIAL REFERENCE		28. RETIREMENT DATA	
10 31 22		10 31 22		10 31 22	
29. MIL. SERV. CREDIT		30. SEPARATION DATA CODE		31. CORRECTION CANCELLATION DATA	
10 31 22		10 31 22		10 31 22	
32. VET PREFERENCE		33. SERV. COMP. DATE		34. LONG COMP. DATE	
10 31 22		10 31 22		10 31 22	
35. MIL. SERV. CREDIT		36. RESLT / HEALTH INSURANCE		37. SOCIAL SECURITY NO.	
10 31 22		10 31 22		10 31 22	
38. PREVIOUS GOVERNMENT SERVICE DATA		39. LEAVE CAT.		40. FEDERAL TAX DATA	
10 31 22		10 31 22		10 31 22	
41. STATE TAX DATA		42. FORM EXECUTED		43. FORM EXECUTED	
10 31 22		10 31 22		10 31 22	
SIGNATURE OR OTHER AUTHENTICATION					
<div style="text-align: right;">           EOD DATA            08/29/61 W/K         </div>					

IN ACCORDANCE WITH THE PROVISIONS OF P. L. 86-368 AND DCI MEMO DATED 1 AUGUST 1966, SALARY IS ADJUSTED AS FOLLOWS EFFECTIVE 10 JULY 1960.

NO	NAME	SERIAL	ORGN	GR-ST	OLD SALARY	NEW SALARY
0	PHILLIPS DAVID A	524345	46	17 GS-14 3	\$11,835	\$12,730

/S/ EMMETT D. FCHOLS  
DIRECTOR OF PERSONNEL

SECRET

NOTIFICATION OF PERSONNEL ACTION															
1. Serial No.			2. Name (Last-First-Middle)			3. Date Of Birth			4. Vol. Prof		5. Sex		6. CS - EOD		
524345			PHILLIPS DAVID A			Mo. Da. Yr. 10 31 22			Non-0 5 Pt. 1 10 Pt. 2		Code 1		M 1		
7. SCD			8. CSC Rmt.			9. CSC Or Other Legal Authority			10. Appt. Auth.		11. ILGLI		12. LCD		
Mo. Da. Yr. 02 12 54			Yes-1 No-2			Code 1			50 USCA 403 J			Mo. Da. Yr. 04 05 55		Yes-1 No-2	

PREVIOUS ASSIGNMENT													
14. Organizational Designations					Code		15. Location Of Official Station			Station Code			
CS/CS DEVELOPMENT COMPLEMENT DOP WH DIVISION					3600		WASH., D.C.			75013			
16. Dept. - Field			17. Position Title			18. Position No.			19. Serv.		20. Occup. Series		
Dept. - 1 USMID - 3 Frgn - 5			Code 1			OPS OFFICER			031460			GS 0136.01	
21. Grade & Step			22. Salary Or Rate			23. SD			24. Date Of Grade			25. App. No.	
14 3			\$11835			D			Mo. Da. Yr. 03 14 60			0320 1998	

ACTION											
27. Nature Of Action		Code		28. Eff. Date		29. Type Of Employee		Code		30. Separation Data	
REASSIGNMENT		56		Mo. Da. Yr. 04 17 60		REGULAR		01			

PRESENT ASSIGNMENT													
31. Organizational Designations					Code		32. Location Of Official Station			Station Code			
DOP WH BRANCH A					4617		WASH., D. C.			75013			
33. Dept. - Field			34. Position Title			35. Position No.			36. Serv.		37. Occup. Series		
Dept. - 1 USMID - 3 Frgn - 5			Code 1			OPS OFFICER			0624		GS 0136.01		
38. Grade & Step			39. Salary Or Rate			40. SD			41. Date Of Grade			42. App. No.	
14 3			\$11835			D			Mo. Da. Yr. 03 14 60			0135 1000 1000	

43. Remarks

11-26-60-11X

**SECRET**  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION															
PAS: 14 MARCH 1960															
1. Serial No.		2. Name (Last-First-Middle)				3. Date Of Birth			4. Vet. Pref		5. Sex		6. CS - EOD		
524345		DAVID A PHILLIPS PHILLIPS DAVID A				Mo. Da. Yr. 10 31 22			None-0 5 Pt.1 10 Pt.2		1 M 1		Mo. Da. Yr. 03 14 60		
7. SCD		8. CSC Retmt.		9. CSC Or Other Legal Authority				10. Apmt Affidav		11. FEGLI		12. LCD		13. Int. Serv. Co.	
Mo. Da. Yr. 02 12 54		Yes-1 No-2		Code 1		50 USCA 403 J				Mo. Da. Yr. 03 14 60		Yes-1 No-2		Code 1	

**PREVIOUS ASSIGNMENT**

14. Organizational Designations				Code		15. Location Of Official Station				Station Code			
16. Dept. - Field		17. Position Title				18. Position No.				19. Serv.		20. Occup. Series	
Dept. - 1 USfld - 3 Frgr - 5		Code											
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade		25. PSI Due		26. Appropriation Number			
Mo. Da. Yr.		Mo. Da. Yr.		Mo. Da. Yr.		Mo. Da. Yr.		Mo. Da. Yr.					

**ACTION**

27. Nature Of Action		Code		28. Eff Date		29. Type Of Employee		Code		30. Separation Data	
EXCEPTED APPOINTMENT		17		03 14 60		REGULAR		20			

**PRESENT ASSIGNMENT**

31. Organizational Designations				Code		32. Location Of Official Station				Station Code					
CS/CS DEVELOPMENT COMPLEMENT DDP WH DIVISION				4688		WASH., D.C.				75013					
33. Dept. - Field		34. Position Title				35. Position No.				36. Serv.		37. Occup. Series			
Dept. - 1 USfld - 3 Frgr - 5		Code 1		OPS OFFICER				031460				GS		0136.01	
38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grade		42. PSI Due		43. Appropriation Number					
14 3		\$ 11835		0		Mo. Da. Yr. 03 14 60		Mo. Da. Yr. 09 17 61		0320 1998					

44. Remarks  
APPOINTEE.

100-1150  
3-24-60  
rik

32

SECRET

WHEN FILLED IN

NOTIFICATION OF PERSONNEL ACTION

1. NAME (Last - first - middle - one given name - initials - and surname) <i>David P. Phillips</i>		2. DATE OF BIRTH 31 Oct 1922	3. JOURNAL OR ACTION NO.	4. DATE 16 Aug 57
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) REASSIGNMENT (CORRECTION) * STAFF ASSET		6. EFFECTIVE DATE 30 Apr 1957	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY 50 USC 4031	
FROM Ops. Off (PP) BAF-126  GS-0136.31-14 \$10,535.00 p/a  DDP/VII Branch III Havana Cuba Station  Havana, Cuba		8. POSITION TITLE  9. SERVICE, SERIES, GRADE, SALARY  10. ORGANIZATIONAL DESIGNATIONS  11. HEADQUARTERS	TO Ops. Officer (PP) PSP-8127  GS-0136.31-14 \$10,535.00 p/a  DDP/SEA Project Annex Egypt and Arab States Branch Project FECTATE  [Redacted]	
<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL		<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL		
13. VETERAN'S PREFERENCE NONE <input type="checkbox"/> WWI <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"/> RED. <input type="checkbox"/>		
15. SEX M		SD:DP		
16. APPROPRIATION FROM 6-3545-55-055 TO: 7-3361-01-216		17. SUBJECT TO C. S. RETIREMENT ACT (YES-NO) Yes		18. DATE OF APPOINTMENT APPROVED (DD-MMM-YYYY)
19. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:				
20. REMARKS:  *Subject arrived PCS [Redacted] 30 Apr 57. Project FECTATE was approved 15 Mar 57  <div style="text-align: right;">FOR DIRECTOR OF PERSONNEL <i>Louis W. Armstrong</i></div>				
ENTRANCE PERFORMANCE RATING:				
21. SIGNATURE OR OTHER AUTHENTICATION				

POSTED ON  
OF-40  
[Signature]

SECRET

1. ~~REPRODUCTION~~ COPY

76



SECRET  
(WHEN FILLED IN)

### NOTIFICATION OF PERSONNEL ACTION

1. NAME (OR MISS-MS -OR GIVEN NAME INITIALS AND SURNAME) <i>Donald P. [illegible]</i>		2. DATE OF BIRTH 31 Oct 1922	3. JOURNAL OR ACTION NO.	4. DATE 11 July 1957
This is to advise you of the following action affecting your employment:				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) REASSIGNMENT (STAFF AGENT)		6. EFFECTIVE DATE 18 June 57	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY 50 USCA 4031	
FROM Ops Off (PP) BAF-125 SS-0136.31-14 \$10,535.00 p/a DDP/WH BRANCH III Havana Cuba Station Havana, Cuba		8. POSITION TITLE Ops Officer (PP) BEP-8127 9. SERVICE SERIES, GRADE, SALARY CS-0136.31-14 \$10,535.00 p/a 10. ORGANIZATIONAL DESIGNATIONS DDP/NEA Project Annex Egypt and Arab States Branch Project PEEFATE 11. HEADQUARTERS [Redacted]	TO Ops Officer (PP) BEP-8127 CS-0136.31-14 \$10,535.00 p/a DDP/NEA Project Annex Egypt and Arab States Branch Project PEEFATE [Redacted]	
<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL		<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL		
13. VETERAN'S PREFERENCE NONE <input 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"/> SD:DP		
15. SEX M	16. APPROPRIATION FROM: 6-3546-56-055 TO: 7-3381-91-215	17. SUBJECT TO C. S. RETIREMENT ACT (YES-NO) Yes	18. DATE OF APPOINTMENT AFFIDAVIT (ACCESSIONS ONLY)	19. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:
20. REMARKS: <div style="text-align: right;"><div>POSTED ON OF-49 <i>[Signature]</i></div><div>FOR DIRECTOR OF PERSONNEL  <i>Louis W. Armstrong</i> 21. SIGNATURE OR OTHER AUTHENTICATION</div></div>				

SECRET

1. ~~DUPLICATE~~ COPY

*File*

1. Payroll change data 2. Pay 3. Sick pay 4. Step pay		5. Grade and salary GS-14 \$10,320.00	
--	--	--	--

DATE	PAY	OVERTIME	GROSS PAY	RET.	FEDERAL TAX	BOND	F. I. C. A.	STATE TAX	GROUP LIFE INS.	NET PAY
10/25/56	10.52									
10/26/56										
10/27/56										
10/28/56										
10/29/56										
10/30/56										
10/31/56										

POSTED ON  
 OF-40  
 10/26/56

11. Appropriation(s)	12. Prepared by dak 1 Aug 56
13. Audited by	

14. Date last equivalent increase				15. Old salary rate		16. New salary rate	
17. Date last equivalent increase				18. Old salary rate		19. New salary rate	

20. Date last equivalent increase	21. Old salary rate	22. New salary rate
10/25/56	\$10,320.00	\$10,535.00

23. Signature of employee	24. Signature of supervisor or higher
25. Date	

26. Date	27. Signature of supervisor or higher
28. Date	

29. Date	30. Signature of supervisor or higher
31. Date	

32. Date	33. Signature of supervisor or higher
34. Date	

35. Date	36. Signature of supervisor or higher
37. Date	

38. Date	39. Signature of supervisor or higher
40. Date	

41. Date	42. Signature of supervisor or higher
43. Date	

44. Date	45. Signature of supervisor or higher
46. Date	

47. Date	48. Signature of supervisor or higher
49. Date	

50. Date	51. Signature of supervisor or higher
52. Date	

53. Date	54. Signature of supervisor or higher
55. Date	

56. Date	57. Signature of supervisor or higher
58. Date	

59. Date	60. Signature of supervisor or higher
61. Date	

62. Date	63. Signature of supervisor or higher
64. Date	

65. Date	66. Signature of supervisor or higher
67. Date	

68. Date	69. Signature of supervisor or higher
70. Date	

71. Date	72. Signature of supervisor or higher
73. Date	

74. Date	75. Signature of supervisor or higher
76. Date	

77. Date	78. Signature of supervisor or higher
79. Date	

80. Date	81. Signature of supervisor or higher
82. Date	

83. Date	84. Signature of supervisor or higher
85. Date	

86. Date	87. Signature of supervisor or higher
88. Date	

89. Date	90. Signature of supervisor or higher
91. Date	

92. Date	93. Signature of supervisor or higher
94. Date	

95. Date	96. Signature of supervisor or higher
97. Date	

[illegible]

## 15

**4. PERSONNEL FOLDER COPY**

STANDARD FORM 50-16 PART  
REV. APRIL 1955  
PROMULGATED BY:  
U. S. CIVIL SERVICE COMMISSION  
CHAPTER 1, FEDERAL PERSONNEL MANUAL

CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION dah

1. NAME (MR.-MISS.-MRS.-ONE SIXTH NAME, INITIALS, AND SURNAME) <b>Mr. David A. Phillips</b>		2. DATE OF BIRTH <b>31 Oct 1922</b>	3. JOURNAL OR ACTION NO.	4. DATE <b>4 October 1955</b>																							
This is to notify you of the following action affecting your employment:																											
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) <b>Reassignment (Correction)</b>		6. EFFECTIVE DATE <b>14 Aug 1955</b>	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY <b>50 USCA 403 j</b>																								
FROM		TO																									
<b>Paramilitary Off. Bd-156</b>  <b>GS-0136.11-14 \$10,320.00 Per Annum</b>  <b>Office of the Chief</b>	<b>8. POSITION TITLE</b>  <b>9. SERVICE SERIES GRADE SALARY</b>  <b>10. ORGANIZATIONAL DESIGNATIONS</b>  <b>11. HEADQUARTERS</b>	<b>Cps Officer 54-229</b>  <b>GS-0136.31-14 \$10,320.00 Per Annum</b>  <b>DDF/FP Operations Staff</b> <b>Information Coordination Division</b> <b>Office of the Chief</b>  <b>Washington, D.C.</b>																									
<input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL	<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL																										
13. VETERAN'S PREFERENCE <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">MAY</td> <td style="padding: 2px;">OTHER</td> <td style="padding: 2px;">S-PT</td> <td style="padding: 2px;">10-POINT</td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;">DISAB OTHER</td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: center;"><input checked="" type="checkbox"/></td> <td style="padding: 2px;"></td> </tr> </table>		NAME	MAY	OTHER	S-PT	10-POINT					DISAB OTHER				<input checked="" type="checkbox"/>		14. POSITION CLASSIFICATION ACTION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">S-1</td> <td style="padding: 2px;">S-2</td> <td style="padding: 2px;">S-3</td> <td style="padding: 2px;">REAL</td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> </table>			S-1	S-2	S-3	REAL				
NAME	MAY	OTHER	S-PT	10-POINT																							
				DISAB OTHER																							
			<input checked="" type="checkbox"/>																								
S-1	S-2	S-3	REAL																								
15. SEX <input type="checkbox"/> M <input type="checkbox"/> F 16. RACE <input type="checkbox"/> W <input type="checkbox"/> N	17. APPROPRIATION FROM: <b>6-2101-20</b> TO: <b>6-2105-20</b>		18. SUBJECT TO C.S. RETIREMENT ACT (YES-NO) Yes	19. DATE OF APPOINTMENT AFFIDAVIT ACCESS: BY ONLY																							
20. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PRO-13 STATE:																											
This action is subject to all applicable laws, rules, and regulations and may be subject to investigation and approval by the United States Civil Service Commission. The action may be corrected or canceled if not in accordance with all requirements.																											
* This Action corrects Item No. 17 on the "to" Side of Notification dated 4 August 1955, to show the correct Allotment Number, previously shown as 6-2101-20																											
SIGNATURE OF PERSONNEL OFFICER: _____ SPECIAL AGENT IN CHARGE OR OTHER AUTHENTICATION: _____																											

4. PERSONNEL FOLDER COPY

U. S. GOVERNMENT PRINTING OFFICE: 1954-31-5755

CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION

1. NAME (MR - MISS - MRS - OR) GIVEN NAME (INITIALS), AND SURNAME		2. DATE OF BIRTH	3. JOURNAL ACTION NO.	4. DATE
MR. DAVID A. PHILIPS		31 Oct 1922		4 Aug 1955
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY)		6. EFFECTIVE DATE	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY	
Reassignment		14 Aug 1955	50 U.S.C. 1033	
FROM		TO		
Paramilitary Off. D-156		Ops Officer D-229		
US-0136.11-14 \$10,320.00 per annum		US-0136.31-14 \$10,320.00 per annum		
DDP/PP Operations Staff Office of the Chief		DDP/PP Operations Staff Information Coordination Div. Office of the Chief		
11. HEADQUARTERS		Washington D. C.		
12. FIELD OR DEPT'L		12. FIELD OR DEPT'L		
13. VETERAN'S PREFERENCE		14. POSITION CLASSIFICATION ACTION		
15. SEX (M/F)		16. DATE OF APPOINTMENT AFFIDAVIT (ACCESSIONS ONLY)		
17. APPROPRIATION		18. SUBJECT TO C & E RETIREMENT ACT (YES-NO)		
19. STATE		20. LEGAL RESIDENCE		
21. REMARKS: This action is subject to all applicable laws, rules, and regulations and may be subject to investigation and approval by the United States Civil Service Commission. The action may be corrected or canceled if not in accordance with all requirements.				

Director of Personnel  
ENTRANCE PERFORMANCE RATING

7/11/55

4. PERSONNEL FOLDER COPY

CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION PC 26 April 1955  
SR 6032 eep

1. NAME (MR., MISS, MRS., OR GIVEN NAME, INITIALS, AND SURNAME) <b>Mr. David A. Phillips</b>		2. DATE OF BIRTH <b>31 October 1922</b>	3. JOURNAL OR ACTION NO. <b>SR 6032</b>	4. DATE <b>1 April 1955</b>
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) <b>Excepted Appointment</b>		6. EFFECTIVE DATE <b>1 April 1955</b>	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY <b>50 USCA 403 j</b>	
FROM		TO		
8. POSITION TITLE <b>Paramilitary Off. PM BW-156-14</b>		9. SERVICE, SERIES, GRADE, SALARY <b>GS-0136.11-14 \$9,000.00 P/a</b>		
10. ORGANIZATIONAL DESIGNATIONS <b>DDP/P&amp;P Operations Staff Office of the Chief</b>		11. HEADQUARTERS <b>Washington, D. C.</b>		
12. FIELD OR DEPT'L <input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL		13. FIELD OR DEPT'L <input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL		
14. VETERAN'S PREFERENCE None <input type="checkbox"/> 10-POINT <input checked="" type="checkbox"/> 5-POINT <input type="checkbox"/> OTHER <input type="checkbox"/>		15. POSITION CLASSIFICATION ACTION NEW <input type="checkbox"/> VICE <input type="checkbox"/> P.A. <input type="checkbox"/> SPECIAL <input type="checkbox"/>		
16. DATE OF APPOINTMENT <b>28 April 1955</b>		17. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input checked="" type="checkbox"/> PROVEN <b>State Texas</b>		
18. REMARKS: This action is subject to all applicable laws, rules, and regulations and may be subject to investigation and approval by the United States Civil Service Commission. The action may be corrected or canceled if not in accordance with all requirements. <b>Subject to a satisfactory physical examination.</b>				
19. RC 06 DOC 04-01-55 CSEED 04-01-55 LSD 04-01-55				
20. ENTRANCE PERFORMANCE RATING: <b>3</b>				
21. Director of Personnel				

4. PERSONNEL FOLDER COPY

U.S. GOVERNMENT PRINTING OFFICE: 1950-218756  
5/2/55

14-00000

SECRET

12 May 1966

MEMORANDUM FOR: Chief, Contract Personnel Division

ATTENTION :

[REDACTED]

SUBJECT :

Verification of Contract Service  
PHILLIPS, David A.

In order to establish the salary, LCD and to compute the SCD for both leave and retirement purposes, it is necessary to verify the contract service and salary of David A. PHILLIPS, DOB 31 October 1922, who claims employment with this Agency in a contract status from 27 March 1952 to 1 April 1955 and from 19 August 1958 to 13 March 1960.

Signed

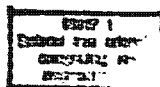
[REDACTED]

Deputy Chief, Transactions & Records Branch

Distribution:

- 0 & 1 - Addressee
- 1 - CPF - PHILLIPS
- 1 - TRB - Chrono

SECRET



4 February 1971

David A. Phillips

30 June 1966

4 March 1954

31 March 1955

WH/Personnel



30 June 1966

MEMORANDUM FOR : Chief, TRB

SUBJECT : Record of Contract Service for  
David A. Phillips

1. Per your request we are forwarding record of Subject's contract service:

<u>Date</u>	<u>Action</u>
4 March 1954	Hired as Contract Employee
31 July 1954	Terminated
1 August 1954	Hired as Contract Employee
31 March 1955	Terminated
19 August 1953	Hired as Contract Agent
13 March 1950	Terminated

2. Subject was employed on a full time basis with leave benefits from 4 March 1954 through 31 March 1955. Accordingly, this entire period is "creditable" for establishing his annual leave category. However, the period from 19 August 1953 through 13 March 1950, as an independent contractor, is not creditable for this purpose. Only the period from 4 March 1954 through 31 December 1954 is "creditable for Civil Service Retirement, since Contract Employee's were mandatorily covered by Social Security as of 1 January 1955. 1951-1953 Contract Agent time is not creditable

3. Attached is OF record of Agency service with salary breakdown.

Rogers C. Brooks  
Acting Chief, Contract Personnel Division

Distribution:

Orig - Addressee  
2 - CPD

ATTN: Chief, Contract Personnel Division

16 June 1966

Compensation and Tax Division  
Office of Finance

Agency Service of David Atlee PHILLIPS

The records of the Office of Finance show the following Agency service for Subject:

**Contract Agents:**

EOD 1 February 1951 @ \$600.00 P/M  
Term 28 February 1951 @ \$600.00 P/M

EOD 25 January 1952 @ \$6000.00 P/A  
Term 31 August 1953 @ \$6000.00 P/A

EOD 4 March 1954 @ \$7200.00 P/A  
Pay Inc. 1 August 1954 @ \$8360.00 P/A  
Term. 31 March 1955 @ \$8360.00 P/A

**Staff Employees:**

Ex. Appt. 1 April 1955 @ \$9600.00 P/A  
Res. 6 February 1956 @ \$10,320.00 P/A

**Staff Agent:**

Ex. Appt. 7 February 1956 @ \$10,320.00 P/A  
PSI 7 October 1956 @ \$10,535.00 P/A  
Pay Raise 12 January 1958 @ \$11,595.00 P/A  
PSI 6 April 1958 @ \$11,835.00 P/A  
Res. 13 August 1958 @ \$11,835.00 P/A

**Contract Agents:**

EOD 19 August 1958 @ \$7,200.00 P/A  
Term. 13 March 1960 @ \$7,200.00 P/A

**Staff Employees:**

Ex. Appt. 14 March 1960 @ \$11,835.00 P/A  
Subject has been a Staff Employee since 14 March 1960.

Chief

CLASSIFICATION			
<b>FITNESS REPORT</b>			
<b>SECTION A GENERAL INFORMATION</b>			
1. EMPLOYEE NUMBER <b>024345</b>		2. NAME (Last, first, middle) <b>Phillips, David A.</b>	
3. DATE OF BIRTH <b>10/31/22</b>		4. SEX <b>M</b>	
5. GRADE <b>GS-18</b>		6. SD <b>D</b>	
7. OFFICIAL POSITION TITLE <b>Chief, WE Division</b>		8. OFF. DIV. OR OF ASSIGNMENT <b>DDO/WH/O-CH</b>	
9. CURRENT STATION <b>Headquarters</b>		10. CODE (if any) <b>MSB</b>	
11. TYPE OF APPOINTMENT		12. TYPE OF REPORT	
<input checked="" type="checkbox"/> CAREER	<input type="checkbox"/> RESERVE	<input type="checkbox"/> CONTRACT	<input type="checkbox"/> OTHER (Spec.)
<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> ANNUAL	<input type="checkbox"/> REASSIGNMENT	<input type="checkbox"/> SPECIAL
13. REPORTING PERIOD (700-20-1) <b>1 May 1973 - 31 March 1974</b>		14. DATE REPORT DUE IN O.P. <b>30 April 1974</b>	
<b>SECTION B QUALIFICATIONS UPDATE</b>			
IF QUALIFICATIONS UPDATE FORM IS BEING SUBMITTED WITH CHANGES, AND IS ATTACHED TO THIS REPORT, PLACE THE WORD "YES" IN THE BOX TO THE RIGHT. IF NO CHANGES ARE REQUIRED, PLACE THE WORD "NO" IN THE BOX AT RIGHT.			
<b>SECTION C PERFORMANCE EVALUATION</b>			
<p><b>U - Unsatisfactory</b> Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section D.</p> <p><b>M - Marginal</b> Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section D and remedial actions taken or recommended should be described.</p> <p><b>P - Proficient</b> Performance is satisfactory. Desired results are being produced in the manner expected.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>			
<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 <b>Plans, organizes and implements the programs of the Operations Directorate in the Western Hemisphere area.</b>			<b>S</b>
SPECIFIC DUTY NO. 2 <b>Supervises approximately <input type="text"/> staff employees in Headquarters and <input type="text"/> in <input type="text"/> Stations and Bases abroad.</b>			<b>S</b>
SPECIFIC DUTY NO. 3 <b>Represents the Agency in contacts with senior representatives of liaison services.</b>			<b>O</b>
SPECIFIC DUTY NO. 4 <b>Represents the Directorate and/or the Agency in official contacts with other components of our government.</b>			<b>S</b>
SPECIFIC DUTY NO. 5 <b>Implements the EEO policy of the Agency.</b>			<b>S</b>
SPECIFIC DUTY NO. 6			RATING LETTER
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>			
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.			RATING LETTER <b>S</b>

## CLASSIFICATION

SECTION D		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 C to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section D, attach a separate sheet of paper.</p> <p>This report covers Mr. Phillips' initial period as a Division Chief. It coincided with a period of unusually high stress and strain in the Western Hemisphere Division, particularly in relationships with the State Department and in the problems left over from our drastic measures designed to protect ourselves against a potential counterintelligence disaster. The most important fact to be recorded about Mr. Phillips' direction of his Division during this period is that he kept operations at the top of his priority list, and that as a result our operational achievements in the area during the past year have been on the whole better than in the year before.</p> <p>Mr. Phillips is developing into a very competent manager, and has handled well the problems involved in adjusting to decreasing manpower ceilings. He is prudent in the use of official funds. He is a good supervisor and is providing excellent leadership to his subordinates, who have responded with a clear improvement in morale during the period since Mr. Phillips assumed charge.</p> <p style="text-align: right;">(continued next page)</p>			
SECTION E		CERTIFICATION AND COMMENTS	
1. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
9			
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
22 April 1974	Associate Deputy Director for Operations	David H. Blee	
2. BY EMPLOYEE			
STATEMENT CONCERNING THIS EVALUATION OF MY PERFORMANCE	DATE	SIGNATURE OF EMPLOYEE	
HAVE ATTACHED	HAVE NOT ATTACHED	23 April 1974	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
<p>Concur. An excellent operational leader who is learning rapidly the nuances of a Division Chief's job in Washington. He is an inspirational leader whose management techniques and abilities are still developing. All in all a first rate performance.</p>			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
11 June 1974	Deputy Director for Operations	William E. Nelson	
4. BY EMPLOYEE			
I CERTIFY THAT I HAVE BEEN THE ENTRIES IN ALL SECTIONS OF THIS REPORT	DATE	SIGNATURE OF EMPLOYEE	
	6/21/74	S. H. [Signature]	
CLASSIFICATION			
SECRET			

SECRET

Fitness Report - David A. Phillips

Section D., Continued:

The most dramatic challenge to the capabilities of the WH Division in the past year flowed from the overthrow of the Allende government in Chile. Overall, the intelligence reporting was timely and accurate, the adjustments to our political action programs skillfully made, and the responses to Congressional inquiry well handled.

It is as a senior operations officer that Mr. Phillips has had the greatest experience, and it is not surprising that he has made an excellent input into the improvement of operational matters throughout the many areas of this hemisphere for which he is responsible. He has also consistently handled the many and important senior liaison contacts which he has made during this year, both at Headquarters and during field visits, with great effectiveness.

CLASSIFICATION	
<b>FITNESS REPORT</b>	
<b>SECTION A GENERAL INFORMATION</b>	
1. EMPLOYEE NUMBER <b>024345</b>	2. NAME (Last, first, middle) <b>Phillips, David A.</b>
3. DATE OF BIRTH <b>10/31/22</b>	4. SEX <b>M</b>
5. GRADE <b>GS-18</b>	6. SD <b>D</b>
7. OFFICIAL POSITION TITLE <b>Chief, WH Division</b>	8. OFF/DIV/BR OF ASSIGNMENT <b>DDO/WH/O-CH</b>
9. CURRENT STATION <b>Headquarters</b>	10. CODE (if any) <b>S</b>
11. TYPE OF APPOINTMENT	
<input checked="" type="checkbox"/> CAREER	<input type="checkbox"/> RESERVE
<input type="checkbox"/> CONTRACT	<input type="checkbox"/> OTHER (Spec)
<input type="checkbox"/> TEMPORARY	<input checked="" type="checkbox"/> ANNUAL
12. TYPE OF REPORT	
<input type="checkbox"/> REASSIGNMENT	<input type="checkbox"/> SPECIAL
13. REPORTING PERIOD (from-to) <b>1 May 1973 - 31 March 1974</b>	
14. DATE REPORT DUE IN O.P. <b>30 April 1974</b>	
<b>SECTION B QUALIFICATIONS UPDATE</b>	
IF QUALIFICATIONS UPDATE FORM IS BEING SUBMITTED WITH CHANGES, AND IS ATTACHED TO THIS REPORT, PLACE THE WORD "YES" IN THE BOX TO THE RIGHT. IF NO CHANGES ARE REQUIRED, PLACE THE WORD "NO" IN THE BOX AT RIGHT.	
<b>SECTION C PERFORMANCE EVALUATION</b>	
<p><b>U-Unsatisfactory</b> Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section D.</p> <p><b>M-Marginal</b> Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section D and remedial actions taken or recommended should be described.</p> <p><b>P-Proficient</b> Performance is satisfactory. Desired results are being produced in the manner expected.</p> <p><b>S-Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O-Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>	
<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>SPECIFIC DUTY NO. 1</b>	<b>RATING LETTER</b>
Plans, organizes and implements the programs of the Operations Directorate in the Western Hemisphere area.	<b>S</b>
<b>SPECIFIC DUTY NO. 2</b>	<b>RATING LETTER</b>
Supervises approximately <input type="text"/> staff employees in Headquarters and <input type="text"/> in <input type="text"/> Stations and Bases abroad.	<b>S</b>
<b>SPECIFIC DUTY NO. 3</b>	<b>RATING LETTER</b>
Represents the Agency in contacts with senior representatives of liaison services.	<b>O</b>
<b>SPECIFIC DUTY NO. 4</b>	<b>RATING LETTER</b>
Represents the Directorate and/or the Agency in official contacts with other components of our government.	<b>S</b>
<b>SPECIFIC DUTY NO. 5</b>	<b>RATING LETTER</b>
Implements the EEO policy of the Agency.	<b>S</b>
<b>SPECIFIC DUTY NO. 6</b>	<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>S</b>	
<b>11 JUL 1974</b>	
45	CLASSIFICATION
054581	E2, IMPDET CL BY

## CLASSIFICATION

## SECTION D

## NARRATIVE COMMENTS

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

This report covers Mr. Phillips' initial period as a Division Chief. It coincided with a period of unusually high stress and strain in the Western Hemisphere Division, particularly in relationships with the State Department and in the problems left over from our drastic measures designed to protect ourselves against a potential counterintelligence disaster. The most important fact to be recorded about Mr. Phillips' direction of his Division during this period is that he kept operations at the top of his priority list, and that as a result our operational achievements in the area during the past year have been on the whole better than in the year before.

Mr. Phillips is developing into a very competent manager, and has handled well the problems involved in adjusting to decreasing manpower ceilings. He is prudent in the use of official funds. He is a good supervisor and is providing excellent leadership to his subordinates, who have responded with a clear improvement in morale during the period since Mr. Phillips assumed charge.

(continued next page)

## SECTION E

## CERTIFICATION AND COMMENTS

## 1. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

9

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

DATE

22 April 1974

OFFICIAL TITLE OF SUPERVISOR

Associate Deputy Director  
for Operations

TYPED OR PRINTED NAME AND SIGNATURE

David H. Blee

## 2. BY EMPLOYEE

STATEMENT CONCERNING THIS EVALUATION  
OF MY PERFORMANCE

HAVE ATTACHED

HAVE NOT ATTACHED

DATE

23 APRIL 1974

SIGNATURE OF EMPLOYEE

## 3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

Concur. An excellent operational leader who is learning rapidly the nuances of a Division Chief's job in Washington. He is an inspirational leader whose management techniques and abilities are still developing. All in all a first rate performance.

DATE

11 June 1974

OFFICIAL TITLE OF REVIEWING OFFICIAL

Deputy Director for  
Operations

TYPED OR PRINTED NAME AND SIGNATURE

William E. Nelson  
William E. Nelson

## 4. BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN THE ENTRIES IN  
ALL SECTIONS OF THIS REPORT

DATE

June 21, 1974

SIGNATURE

EMPLOYEE

CLASSIFICATION

14-00000

Fitness Report - David A. Phillips

Section D., Continued:

The most dramatic challenge to the capabilities of the WH Division in the past year flowed from the overthrow of the Allende government in Chile. Overall, the intelligence reporting was timely and accurate, the adjustments to our political action programs skillfully made, and the responses to Congressional inquiry well handled.

It is as a senior operations officer that Mr. Phillips has had the greatest experience, and it is not surprising that he has made an excellent input into the improvement of operational matters throughout the many areas of this hemisphere for which he is responsible. He has also consistently handled the many and important senior liaison contacts which he has made during this year, both at Headquarters and during field visits, with great effectiveness.

SECRET



CLASSIFICATION									
<b>FITNESS REPORT</b>									
<b>SECTION A GENERAL INFORMATION</b>									
1. EMPLOYEE NUMBER		2. NAME (last, first, middle)			3. DATE OF BIRTH		4. SEX	5. GRADE	6. SD
024345		Phillips, David A.			31 Oct 22		M	GS-17	D
7. OFFICIAL POSITION TITLE				8. OFF/DIV/BR OF ASSIGNMENT		9. CURRENT STATION		10. NO CO	
Chief of Station				DDP/WII/3				3	
11. TYPE OF APPOINTMENT					12. TYPE OF REPORT				
<input checked="" type="checkbox"/>	CAREER	<input type="checkbox"/>	RESERVE	<input type="checkbox"/>	CONTRACT	<input type="checkbox"/>	OTHER (Spec.)	<input type="checkbox"/>	TEMPORARY
<input checked="" type="checkbox"/>	ANNUAL	<input type="checkbox"/>	REASSIGNMENT	<input type="checkbox"/>	SPECIAL				
13. REPORTING PERIOD (from-to)					14. DATE REPORT DUE IN O.P.				
1 February 1972 - 31 March 1973					31 May 1973				
<b>SECTION B QUALIFICATIONS UPDATE</b>									
IF QUALIFICATIONS UPDATE FORM IS BEING SUBMITTED WITH CHANGES, AND IS ATTACHED TO THIS REPORT, PLACE THE WORD "YES" IN THE BOX TO THE RIGHT. IF NO CHANGES ARE REQUIRED, PLACE THE WORD "NO" IN THE BOX AT RIGHT.									
<b>SECTION C PERFORMANCE EVALUATION</b>									
<u>U—Unsatisfactory</u>		Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section D.							
<u>M—Marginal</u>		Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section D and remedial actions taken or recommended should be described.							
<u>P—Proficient</u>		Performance is satisfactory. Desired results are being produced in the manner expected.							
<u>S—Strong</u>		Performance is characterized by exceptional proficiency.							
<u>O—Outstanding</u>		Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.							
<b>SPECIFIC DUTIES</b>									
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).									RATING LETTER
SPECIFIC DUTY NO. 1									
SPECIFIC DUTY NO. 2									RATING LETTER
SPECIFIC DUTY NO. 3									RATING LETTER
SPECIFIC DUTY NO. 4									RATING LETTER
SPECIFIC DUTY NO. 5									RATING LETTER
SPECIFIC DUTY NO. 6									RATING LETTER
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>									
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.									RATING LETTER

**SECRET**  
CLASSIFICATION

**SECTION D****NARRATIVE COMMENTS**

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

JAN 11 10 44 AM '74

SEE ATTACHED

**SECTION E****CERTIFICATION AND COMMENTS**

<b>1. BY EMPLOYEE</b>		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, C AND D OF THIS REPORT		
DATE	SIGNATURE OF EMPLOYEE	
	<i>[Signature]</i>	
<b>2. BY SUPERVISOR</b>		
MONTHS EMPLOYEE HAD BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
7 January 1974	Chief of Station	<i>Theodore G. Shackley</i> Theodore G. Shackley
<b>3. BY REVIEWING OFFICIAL</b>		
COMMENTS OF REVIEWING OFFICIAL		
<p>Mr. Phillips is a highly experienced senior operations officer with outstanding leadership ability. In both the Chief of Station positions covered by this report his performance was superior in every important respect.</p>		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
8 Jan 1974	ADD/O	<i>David H. Blee</i> David H. Blee

CLASSIFICATION  
**SECRET**

SECRET

SECTION D • NARRATIVE COMMENTS

1. In the period covered by this report Mr. Phillips was the Chief of Station [ ] during the time frame February to August 1972. After that Mr. Phillips became the Chief of Station, [ ] and served in [ ] during the period August 1972 to April 1973. At both of these posts Mr. Phillips was responsible for managing an average of [ ] Agency employees. Additionally, Mr. Phillips supervised in this period an average FY budget of [ ] which was spent on FI, CA, CI, anti-narcotics and protected economic intelligence operations. American policy interests in [ ] and [ ] are high in terms of the United States scale of values for Latin America. This means that Mr. Phillips was assigned to two prestige posts during a fifteen month time span.

2. As a manager Mr. Phillips is operations oriented. In view of this he places his time, attention and command emphasis on programs that are designed to acquire intelligence and agents. This approach has consistently produced results in terms of FI and CA operations which are targeted against the host country.

3. Mr. Phillips was also active at both posts as an operations manager who focused Station resources on the Soviet target, protected economic intelligence and the anti-narcotics effort. Unfortunately, as these programs moved into gear Mr. Phillips was also in motion between Stations, or had just been in place at his second Station for less than a year. As a result one can only say that Mr. Phillips made all the right moves in his managerial duties against these priority targets. The brevity of his program implementation at each of the two posts did not provide a solid basis, however, for measuring tangible success. In short Mr. Phillips deserves high marks for initiative, drive and imagination on programs that were receiving increased attention at Headquarters.

4. The myriad problems that are faced when a Station moves its location from one city to another were still challenging Mr. Phillips when he left [ ]. In overview terms, however, the move from [ ] to [ ] was well done. This does not mean that Mr. Phillips' successor at [ ] did not have some gaps to fill or adjustments to make in the administrative field. The scope of these actions, however, was in the realm of the reasonable and attests to the fact that while his basic interests are in

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-2-

operations, administration per se is not a totally alien field to Mr. Phillips.

5. In representational terms Mr. Phillips did a sound job in winning and maintaining the respect of the American Ambassadors in [ ] and [ ]. This is due in large measure to Mr. Phillips' native charm, area knowledge, and language skills [ ]. In addition, Mr. Phillips is people oriented, and this makes it possible for him to sell himself and CIA to senior American officials at the Ambassador level.

6. In personal terms Mr. Phillips is a hard-working, dedicated officer who is a good team player. This officer has the intent, capability and desire to fulfill the needs of the Organization. He is particularly well versed in CA skills and is politically oriented. As a result he likes the challenge of election operations and is well qualified in this area.

7. Mr. Phillips' total performance during the period covered by this report merits an evaluation of Strong.

8. In terms of future assignments Mr. Phillips is likely to be at his professional best in field activities. This officer is highly specialized in Latin American affairs, but he is perfectly capable of being a Station Chief at most Agency posts in Europe or Asia.

9. Mr. Phillips' activities come to the attention of the Rating Officer on a daily basis.

SECRET

**SECRET**  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				024345	
<b>SECTION A GENERAL</b>					
1. NAME (Last) (First) (Middle) <b>Phillips, David A.</b>			2. DATE OF BIRTH <b>31 Oct 1922</b>	3. SEX <b>M</b>	4. GRADE <b>GS-17</b>
			5. SD <b>D</b>		
6. OFFICIAL POSITION TITLE <b>Chief of Station</b>			7. OFF/DIV/RR OF ASSIGNMENT <b>DDP/WH/5</b>		
8. CHECK (X) TYPE OF APPOINTMENT			9. CHECK (X) TYPE OF REPORT		
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY			<input checked="" type="checkbox"/> INITIAL <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P.			10. REASSIGNMENT SUPERVISOR		
			11. REASSIGNMENT EMPLOYEE		
12. REPORTING PERIOD (From - to) <b>1 July 1971 - 31 January 1972</b>			13. SPECIAL (Specify):		
<b>SECTION B PERFORMANCE EVALUATION</b>					
<p><b>U-Unsatisfactory</b> Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>M-Marginal</b> Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.</p> <p><b>P-Proficient</b> Performance is satisfactory. Desired results are being produced in the manner expected.</p> <p><b>S-Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O-Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
<b>SPECIFIC DUTIES</b>					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1					RATING LETTER
SPECIFIC DUTY NO. 2					RATING LETTER
SPECIFIC DUTY NO. 3					RATING LETTER
SPECIFIC DUTY NO. 4					RATING LETTER
SPECIFIC DUTY NO. 5					RATING LETTER
SPECIFIC DUTY NO. 6					RATING LETTER
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER <b>S</b>

SECRET

(When Filled In)

**SECTION C**

**NARRATIVE COMMENTS**

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

HAN WEN

Please see attached MEMORANDUM IN LIEU OF FITNESS REPORT.

**SECTION D**

**CERTIFICATION AND COMMENTS**

<b>1. BY EMPLOYEE</b>		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE 27 January 1972	SIGNATURE OF EMPLOYEE /s/ David A. Phillips	
<b>2. BY SUPERVISOR</b>		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
DATE 10 January 1972	OFFICIAL TITLE OF SUPERVISOR Chief, WH Division	TYPED OR PRINTED NAME AND SIGNATURE William V. Broe
<b>3. BY REVIEWING OFFICIAL</b>		
COMMENTS OF REVIEWING OFFICIAL  Please see attached.		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
	ADP	Cord Meyer, Jr.

SECRET

- 2 -

Mr. Phillips continues to show excellent growth potential and his breadth of capabilities qualifies him for advancement to senior echelons.

I rate Mr. Phillips as very Strong as Chief of Station,

*William V. Broe*

William V. Broe

Chief

Western Hemisphere Division

I certify that I have seen this memorandum:

This fitness report is being sent to David A. Phillips in  for his signature and to be returned to Headquarters for file.

/s/ David A. Phillips  
David A. Phillips

27 January 1972  
Date

Comments of Reviewing Official:

I completely agree with this high rating and should add that subject has handled a continuing Congressional interest in  with a rare combination of diplomatic tact and sound judgment.

*Cord Meyer Jr.*

Cord Meyer Jr.

Assistant Deputy Director for Plans

15 Jan 72  
Date

10 January 1972

MEMORANDUM IN LIEU OF FITNESS REPORT

SUBJECT: David A. Phillips  
1 July - 31 December 1971

This memorandum is in lieu of a fitness report to cover Mr. Phillips' performance during the period 1 July to 31 December 1971. This rating is being prepared in view of the rater's imminent departure from the Division.

Last month Mr. Phillips was promoted from GS-16 to GS-17. There is no better evidence of the high esteem in which he is held by his superiors in the Agency.

During this rating period Mr. Phillips transferred the station from [redacted] This move, however, divorces the Chief of Station from the main area of operations. [redacted] In spite of this Mr. Phillips, through much extra effort and time on his part, has been able to maintain a high operational tempo in the station.

Station relations with key people in the [redacted] government, especially the security agencies, have been highly productive but through recent efforts, these relations have been placed on a much higher plane with the decision [redacted] to give the station copies of the briefings especially prepared for [redacted]



**SECRET**  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				024345	
<b>SECTION A GENERAL</b>					
1. NAME (Last) (First) (Middle) <b>Phillips, David A.</b>			2. DATE OF BIRTH <b>31 Oct 1922</b>	3. SEX <b>M</b>	4. GRADE <b>GS-16</b>
5. OFFICIAL POSITION TITLE <b>Chief of Station</b>			7. OFF. DIV/BR OF ASSIGNMENT <b>DDP/WH/5</b>	8. CURRENT STATION <div></div>	
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input checked="" type="checkbox"/> CAREER	<input type="checkbox"/> RESERVE	<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> INITIAL		
<input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)			<input checked="" type="checkbox"/> ANNUAL		
<input type="checkbox"/> SPECIAL (Specify):			<input type="checkbox"/> SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P. <b>30 April 1971</b>			12. REPORTING PERIOD (From - to) <b>1 April 1970 - 30 June 1971</b>		
<b>SECTION B PERFORMANCE EVALUATION</b>					
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
<b>SPECIFIC DUTIES</b>					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1  See attached memorandum.					RATING LETTER
SPECIFIC DUTY NO. 2					RATING LETTER
SPECIFIC DUTY NO. 3					RATING LETTER
SPECIFIC DUTY NO. 4					RATING LETTER
SPECIFIC DUTY NO. 5					RATING LETTER
SPECIFIC DUTY NO. 6					RATING LETTER
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER <b>S</b>

## SECRET

(When Filled In)

## SECTION C

## NARRATIVE COMMENTS

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

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AUG 5 11 05 AM '71

MAIL ROOM

See attached memorandum.

## SECTION D

## CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE 11 August 1971	SIGNATURE OF EMPLOYEE /s/ David A. Phillips	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION Copy of report has been sent to Mr. Phillips for acknowledgment.	
DATE 30 June 1971	OFFICIAL TITLE OF SUPERVISOR Chief, WH Division	TYPED OR PRINTED NAME AND SIGNATURE /signed/ William V. Broe
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL  See attached.		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL Assistant Deputy Director for Plans	TYPED OR PRINTED NAME AND SIGNATURE /signed/ Cord Meyer, Jr.

SECRET

14-00000

SECRET

30 June 1971

MEMORANDUM IN LIEU OF FITNESS REPORT

SUBJECT: Mr. David A. Phillips  
1 April 1970 - 30 June 1971

This memorandum is in lieu of the fitness report on Mr. Phillips as Chief of Station, [ ] during the period 1 April 1970 to 30 June 1971.

Mr. Phillips is a highly capable, versatile and imaginative Operations Officer and manager who makes a substantial contribution to the Clandestine Service.

The above statement is borne out by the fact that faced with a highly difficult, sensitive operational problem of the utmost priority in the fall of 1970, the Rater immediately thought of Mr. Phillips as the man to head the Task Force and received immediate and enthusiastic endorsement from the Deputy Director for Plans and the Director for Mr. Phillips' assignment. He was recalled from [ ] took over the Task Force, and handled it in an outstanding manner.

My first statement is further borne out by the fact that Ambassador [ ] on a recent visit to Washington, made a special effort to express to the Rater his appreciation for Mr. Phillips' support to him and the Embassy and to express further his appreciation to the Agency for furnishing him a man of Mr. Phillips' caliber.

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- 2 -

Mr. Phillips has a large, widely spread operation with Bases in [ ] However, he has succeeded in keeping them well coordinated and dead on the target.

I rate Mr. Phillips as Strong as Chief of Station, [ ]

*William V. Broe*  
William V. Broe

Chief

Western Hemisphere Division

I certify that I have seen  
this memorandum:

\_\_\_\_\_  
David A. Phillips

\_\_\_\_\_  
Date

Comments of Reviewing Official: I would have rated this performance as "very strong". Excellent political judgment and the ability to handle the most delicate situations with tact and discretion characterize this performance.

*Cord Meyer, Jr.*  
Cord Meyer, Jr.

Assistant Deputy Director for Plans

22 July 71  
Date

SECRET

S-E-C-R-E-T

TRAINING REPORT

Course # 3/71

Specialized Training in Weapons for  
Self-Defense and Countermeasures Against  
Vehicular Kidnapping

Date: 2-5 February 1971

Trainee: PHILLIPS, David A.

Office: WH

Purpose and Scope of the Course:

The course provides basic proficiency training in the use of weapons for self-defense and in the techniques of evasive driving to counter vehicular kidnapping for Agency officers being assigned to hostile or unstable political and operational environments abroad.

Achievement Record:

This is to certify that Mr. Phillips has satisfactorily completed the prescribed course of instruction.

FOR THE DIRECTOR OF TRAINING:

  
CHIEF, SPECIAL ACTIVITIES BRANCH

10 February 1971

DATE

S-E-C-R-E-T



SECRET

(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER			
				024345			
<b>SECTION A GENERAL</b>							
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD	
Phillips, David A			10/31/22	M	16	D	
6. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION		
COS			DDP/WH/Br. 5				
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT				
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY			<input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR				
<input type="checkbox"/> CAREER-PROVISIONAL (See instructions - Section C)			<input checked="" type="checkbox"/> ANNUAL <input checked="" type="checkbox"/> REASSIGNMENT EMPLOYEE				
SPECIAL (Specify):			SPECIAL (Specify):				
11. DATE REPORT DUE IN O.P.				12. REPORTING PERIOD (From - to)			
				1 April 1969 - 31 March 70			
<b>SECTION B PERFORMANCE EVALUATION</b>							
<u>U-Unsatisfactory</u>		Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.					
<u>M-Marginal</u>		Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.					
<u>P-Proficient</u>		Performance is satisfactory. Desired results are being produced in the manner expected.					
<u>S-Strong</u>		Performance is characterized by exceptional proficiency.					
<u>O-Outstanding</u>		Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.					
<b>SPECIFIC DUTIES</b>							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (Indicate number of employees supervised).							
SPECIFIC DUTY NO. 1							RATING LETTER
See attached memorandum.							S
SPECIFIC DUTY NO. 2							RATING LETTER
SPECIFIC DUTY NO. 3							RATING LETTER
SPECIFIC DUTY NO. 4							RATING LETTER
SPECIFIC DUTY NO. 5							RATING LETTER
SPECIFIC DUTY NO. 6							RATING LETTER
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>							
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.							RATING LETTER
							S

5 AUG 1970

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SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.</p> <p style="text-align: center;">AUG 4 3 49 PM '70</p> <p style="text-align: center;">See Attached Memorandum in Lieu of Fitness Report.</p>			
SECTION D		CERTIFICATION AND COMMENTS	
1. BY EMPLOYEE			
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT			
DATE	SIGNATURE OF EMPLOYEE		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
15 July 1970	Chief, WH Division	/signed/ William V. Broe	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
21 JUL 1970	Assistant Deputy Director for Plans	 Cord Meyer, Jr.	

SECRET

14-00000

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15 July 1970

MEMORANDUM IN LIEU OF FITNESS REPORT

SUBJECT: Mr. David A. Phillips  
1 April 1969 - 31 March 1970

This memorandum is in lieu of the fitness report on Mr. David A. Phillips as Chief of Station, [ ] during the period 1 April 1969 to 31 March 1970.

During this period Mr. Phillips took over command of the [ ] Station. It is typical of Mr. Phillips that he made excellent preparation for this assignment, including a full-time course [ ]

Mr. Phillips has brought to his new position the operational zeal and enthusiasm that has characterized all of his previous positions. [ ] by the very nature of its size but, more importantly, the type of "strait jacket" government in power, is a difficult place to operate on a broad plain. Mr. Phillips has the station moving and real effort and progress is seen on the more difficult targets, such as the Soviets.

He has excellent relations within the embassy and is recognized for his contribution to [ ] He, of course, handles his liaison contacts with mature style and is very actively developing a number of contacts in the local community.

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Mr. Phillips is a good supervisor of men and the present high morale of the [ ] Station and its Bases is a living proof of this. He furnishes good operational planning and guidance and exhibits a high degree of cost consciousness.

I rate Mr. Phillips as Strong as Chief of Station,

[ ]

*William V. Broe*

William V. Broe

Chief

Western Hemisphere Division

I certify that I have seen  
this memorandum:

*David A. Phillips*

David A. Phillips

*26 Sept 1970*

Date

Date of Report 15 January 1970		LANGUAGE TRAINING REPORT		Proficiency Level before and After Training													
Student Names PHILLIPS, DAVID A.		Officer WH		<table border="1"> <thead> <tr> <th></th> <th>Before</th> <th>After</th> </tr> </thead> <tbody> <tr> <td>Speaking</td> <td>--</td> <td>1 *</td> </tr> <tr> <td>Aural Comp</td> <td>--</td> <td>3 *</td> </tr> <tr> <td>Read Comp</td> <td>--</td> <td>3 *</td> </tr> </tbody> </table>			Before	After	Speaking	--	1 *	Aural Comp	--	3 *	Read Comp	--	3 *
	Before	After															
Speaking	--	1 *															
Aural Comp	--	3 *															
Read Comp	--	3 *															
Courses FULL-TIME		Inclusive Dates 11/03/69-12/18/69		Hours of Instruction Scheduled 244/Actual 108 Absences 28													

<p align="center"><b>LANGUAGE TRAINING AIMS AND EVALUATION CRITERIA</b></p> <p>The general aim of this course of study was to provide the student with a command of a foreign language in a skill and at the level set by the sponsoring office. Speaking, aural comprehension and reading comprehension, as required, were emphasized. Fluency and accuracy were given equal importance in training and in evaluation of the student. Cultural matters were covered only incidentally.</p> <p>This student evaluation is based on (1) Instructor and Linguist observations; (2) regularly administered oral and written achievement tests; (3) a final comprehensive achievement examination. The achievement rating reflects only performance and achievement in the course and is conditioned by the length of time the student spent in training, achievement potential based upon his or her aptitude for language study and upon motivation. This rating should not be confused with the Proficiency Rating which is submitted separately on Form 1273, Certification of Language Proficiency.</p>
--

<b>PROGRESS IN ACHIEVING COURSE AIMS</b>		
(Overall progress in the course is shown as unsatisfactory, marginal, satisfactory, above average, superior when compared against established standards for such training).		
Speaking	Aural Comprehension	Reading Comprehension
SUPERIOR	SUPERIOR	N.A.

<b>PERFORMANCE EVALUATION</b>
<p>In six weeks the student covered the entire DLI course of 75 lessons which usually takes 4 to 6 months to complete. His study habits and approach to language learning were excellent and he made maximum use of the time available.</p> <p>The joint decision by instructor and student to rush through 75 lessons was based on:</p> <ol style="list-style-type: none"> <li>(1) the student's determination to make as much of a conversion from [redacted] as possible and</li> <li>(2) on the instructor's faith and confidence in the student's ability to do so.</li> </ol> <p>In cases where the principal objective is to convert a student's command of [redacted] the point is often reached where the student is able to understand and make himself understood most adequately without, See reverse side for additional comment</p>

For the Director of Trainings:

[redacted]  
 [redacted]  
 Department Chief  
 Language School/DIR

14-00000

however, his having achieved a corresponding tested level because of the

[REDACTED]

In the case of this student, I judge his command of the language to be already adequate for all situations he may encounter in the field. So that while he may not test quite elementary, in reality, and as far as ability to communicate effectively is concerned, he would have to be rated intermediate.

SECRET

## TECHNICAL SERVICES DIVISION -- TECHNICAL SCHOOL

## SHORT RANGE AGENT CONTACT SURVEY (A-106)

Training ReportName : PHILLIPS, David A.Office: WH/COGDate : 6 June 19691. OBJECTIVES:

To provide a general knowledge in:

- a. Selected gear used for clandestine short range agent contacts. Included are representative samples of:

One way HF radio devices; two way HF radio devices; two way carrier current devices; optical communicators; and special telephone devices used for establishing agent contact.

- b. The philosophy, purpose, considerations and manageability of short range agent contact systems; including message security, link security, reliability and feasibility of agent contact systems.

INSTRUCTOR  
TSD/TECHNICAL SCHOOL

SECRET

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(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER		
				024345		
<b>SECTION A GENERAL</b>						
1. NAME (Last) (First) (Middle) Phillips, David A.			2. DATE OF BIRTH 10/31/22	3. SEX M	4. GRADE GS-16	5. SD D
6. OFFICIAL POSITION TITLE Ops Officer			7. OFF/DIV/BR OF ASSIGNMENT DDP/WH/COG		8. CURRENT STATION Hqs.	
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT			
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C) <input type="checkbox"/> SPECIAL (Specify):			<input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P. 04/69			12. REPORTING PERIOD (From- to-) 1 April 68 - 31 March 69			
<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						
SPECIFIC DUTY NO. 2						
SPECIFIC DUTY NO. 3						
SPECIFIC DUTY NO. 4						
SPECIFIC DUTY NO. 5						
SPECIFIC DUTY NO. 6						
7 JUL 1969						
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>						
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.						RATING LETTER S

**SECRET**  
(When Filled In)

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.</p>			
<p align="center">See attached Memorandum in Lieu of Fitness Report.</p>			
<p align="right">JUN 2 11 17 AM '69 WH DIVISION</p>			
SECTION D			
CERTIFICATION AND COMMENTS			
1. BY EMPLOYEE			
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT			
DATE	SIGNATURE OF EMPLOYEE		
9 June 1969	/signed/ David A. Phillips		
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	
6 June 1969	Deputy Chief, WH Division	/signed/ John R. Horton	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
<p align="center">See attached.</p>			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
27 June 1969	Chief, WH Division	/signed/ William V. Broe	

**SECRET**

6 June 1969

MEMORANDUM IN LIEU OF FITNESS REPORT

SUBJECT: Mr. David A. Phillips  
1 April 1968 to 31 March 1969

Mr. Phillips continues to head the Division's program against the high-priority Cuban target, although he has also been selected to fill an unusually responsible job overseas in the coming year, both of which jobs testify to the high regard in which he is held by his superiors in the Agency. Mr. Phillips has had the difficult task of presiding over a show which is being cut back, in terms of money and people, and in which task he has played a major role. At the same time as doing a pruning job, he has had to try to maintain a vigorous program and to keep up enthusiasm. His own qualities of personal leadership and of magnetism have done a great deal to keep up enthusiasm among his people. He has a positive attitude toward operations and is determined; his day-to-day concern is for developing new operations, and he has put all of his own notable vigor and drive into operational directions.

Mr. Phillips knows his target and knows Latin America well and he brings a good feel and insight into his work, which is never pedestrian or unimaginative. He speaks well and convincingly and makes a very good impression both within the Agency and outside, where he serves the Agency well in his relations with other government elements. He also writes notably well.

His task this year has not been easy for he has had to deal with an experimental situation, to a considerable extent, with the new Miami station which he is responsible for supporting and guiding. He has had to exercise a good deal of tact and diplomacy in the doing of it and he has done a good job of reconciling often conflicting views. He has shown a good head for costs in all of this.

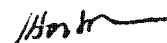
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Mr. Phillips is a notably good supervisor, especially with younger officers, for whom he is an object of admiration and emulation. Mr. Phillips is a fast-moving, energetic person and he has some of the faults that often go with this virtue: he is impatient with details and "paper" with the consequence that if someone else does not do it for him, his work is sometimes marred by inaccuracies and imprecisions.

Without going into it, it should be noted that Mr. Phillips has had a very trying year personally and it is a proof of his strength of character that he has not only come through it but has hardly broken his stride in carrying out a demanding job, or being any less than his usual cheerful and charming self.

His performance has been very Strong.

  
John R. Horton  
Deputy Chief  
Western Hemisphere Division

I certify that I have seen  
this memorandum:

  
David A. Phillips

1 June 1969  
Date

Comments of Reviewing Official:

I concur in the above rating of Mr. Phillips. Dave Phillips is an operator in the solid professional sense of the word. I have great hopes for the  which he takes over early in 1970.

  
William A. Brice  
Chief

27 June 1969  
Date

Western Hemisphere Division



OFFICER BEING RATED <i>DAVID A</i>			
CHIEF, CAS			
POSITION CHIEF, CAS		GRADE	AGENCY CAS
RATING PERIOD August 13, 1972 - October 31, 1972		DATE OF REPORT December 8, 1972	
SI		TITLE	
SIGNATURE OF REVIEWING OFFICER		TITLE	
EVALUATION OF PERFORMANCE			
<input checked="" type="checkbox"/> Outstanding <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory			
II. Does this officer properly understand and perform his role and his functions as a member of your staff under existing Presidential directives? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If no, explain in detail below.)			
Has he seen this report? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
NARRATIVE COMMENTS			
(Attach additional sheets, if necessary for this section or for reviewing officer's comments.)			
The CAS Station Chief has been at the post only since August 13, 1972. Although this period may seem unusually short for the preparation of a performance evaluation, I would like to say that I have been enormously and favorably impressed by his performance during this initial period.			
The CAS Station Chief comes [redacted] from a series of highly responsible positions in which, I understand, he performed outstandingly. He has taken hold of his new position in a commanding manner and gives every indication of being thoroughly on top of his job. He is understanding of [redacted] needs, professionally competent in his approach to his work, and highly articulate in explaining those facts and factors which are of importance to me and to other officers or [redacted]			
III. I am very favorably impressed by the initial performance of the CAS Station Chief and I consider myself fortunate to have him with me at [redacted]			

<div style="border: 1px solid black; height: 80px; width: 100%;"></div>		
OFFICER BEING RATED <b>Chief CAS</b>		<div style="border: 1px solid black; width: 100px; height: 20px;"></div>
POSITION <b>Chief of Station</b>	GRADE <div style="border: 1px solid black; width: 60px; height: 20px;"></div>	AGENCY <div style="border: 1px solid black; width: 40px; height: 20px;"></div>
RATING PERIOD <b>11/1/71 - 6/29/72</b>		DATE OF REPORT <b>October 16, 1972</b>
SIGNATURE OF REPORTING OFFICER <div style="border: 1px solid black; width: 150px; height: 30px;"></div>		TITLE <div style="border: 1px solid black; width: 100px; height: 20px;"></div>
SIGNATURE OF REVIEWING OFFICER <div style="border: 1px solid black; width: 150px; height: 30px;"></div>		TITLE <div style="border: 1px solid black; width: 100px; height: 20px;"></div>
<b>EVALUATION OF PERFORMANCE</b>		
<input checked="" type="checkbox"/> Outstanding <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory		
II. Does this officer properly understand and perform his role and his functions as a member of your staff under existing Presidential directives? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No    (If no, explain in detail below.)		
Has he seen this report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>NARRATIVE COMMENTS</b>		
(Attach additional sheets, if necessary for this section or for reviewing officer's comments.)		
<p>The previous incumbent completed his assignment at this post and departed on June 29, 1972. During the period under review he continued to perform in a highly creditable manner, working well with other members of <span style="border: 1px solid black; display: inline-block; width: 80px; height: 1.2em; vertical-align: middle;"></span> staff and handling the affairs of his agency in a most professional, efficient and effective manner.</p> <p>In my last evaluation I stated that both the Agency and <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span> were fortunate to have a man of the rated officer's abilities and qualities as CAS Chief at this important post. I am happy to say that his performance throughout his assignment here reinforced that view.</p>		
<div style="border: 1px solid black; height: 100px; width: 100%;"></div>		

OFFICER BEING RATED		POST	
Chief CAS		American Embassy	
POSITION		GRADE	AGENCY
Chief of Station			
RATING PERIOD		DATE OF REPORT	
11/1/70 - 10/31/71		November 1, 1971	
SIGNATURE		TITLE	
SIGNATURE OF REVIEWING OFFICER		TITLE	
EVALUATION OF PERFORMANCE			
<input checked="" type="checkbox"/> Outstanding <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory			
II. Does this officer properly understand and perform his role and his functions as a member of your staff under existing Presidential directives? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If no, explain in detail below.)			
Has he seen this report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
NARRATIVE COMMENTS			
(Attach additional sheets, if necessary for this section or for reviewing officer's comments.)			
<p>Mr. Phillips is an able officer and a highly cooperative member of [redacted] I have been impressed and pleased with the degree of cooperation which exists between him and other members of the [redacted] He has, to the extent that is possible considering the nature of his work, cooperated in our efforts to bring about maximum coordination of reporting. With rare exceptions he has, I believe, kept me appropriately advised on all matters relating to his functions, and the material which he provides on a regular basis has been extremely useful in the discharge of my mission.</p>			
<p>III. Mr. Phillips works quietly and discreetly and is alert to any situation which might create problems for [redacted] and the United States. I fully share the view of [redacted] expressed in a previous evaluation, that both Mr. Phillips and his wife conduct themselves in a quiet, friendly and wholly creditable manner.</p>			
<p>I feel that both the Agency and [redacted] are fortunate in having a man of Mr. Phillips' abilities and qualities as CAS Chief at this important [redacted]</p>			

OFFICER BEING RATED			
David A. PHILLIPS			
POSITION	GRADE	AGENCY	
Chief CAS, Chief of Station			
RATING PERIOD	DATE OF REPORT		
7/1/70 - 10/31/70	November 1, 1970		
SIGNATURE	TITLE		
SIGNATURE OF REVIEWING OFFICER		TITLE	
EVALUATION OF PERFORMANCE			
<input type="checkbox"/> Outstanding <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory			
II. Does this officer properly understand and perform his role and his functions as a member of your staff under existing Presidential directives? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No    (If no, explain in detail below.)			
Has he seen this report? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
NARRATIVE COMMENTS			
(Attach additional sheets, if necessary for this section or for reviewing officer's comments.)			
Mr. Phillips' performance during the four months covered by this evaluation has been highly satisfactory. For some years previous to my arrival here, in June 1970, I had been acquainted with him, and from this I already had a favorable impression of his qualities. This impression has continued and has improved further. He has worked quietly and discreetly, has kept me informed of all important developments, and has coordinated as necessary with other offices in the [redacted]. His interest in his work, and his dedication to the job, have been outstanding. His relations with others are very good. Because of wide previous experience in this hemisphere, he frequently is helpful to [redacted] officers in areas outside his own specialization. He appears to manage his personnel well. In functions outside the [redacted] both he and his wife conduct themselves in a quiet, friendly, and wholly creditable manner.			

OFFICER BEING RATED <b>David A. PHILLIPS</b>		
POSITION <b>Chief CAS, Chief of Station</b>	GRADE [ ]	AGENCY [ ]
RATING PERIOD <b>January 30 - June 30, 1970</b>	DATE OF REPORT <b>April 24, 1970</b>	
[ ]		TITLE [ ]
SIGNATURE OF [ ]		TITLE [ ]
EVALUATION OF PERFORMANCE		
<input checked="" type="checkbox"/> Outstanding <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory II. Does this officer properly understand and perform his role and his functions as a member of your staff under existing Presidential directives? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No    (If no, explain in detail below.) Has he seen this report? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
NARRATIVE COMMENTS		
(Attach additional sheets, if necessary for this section or for reviewing officer's comments.) Phillips has been here too short a time and there has been too little opportunity for us to work together for me to be able to discuss his performance in detail. I am able to say, however, that he has impressed me and [ ] officers with whom he works, including [ ] very favorably, indeed. He is a cool-headed, straightforward, intelligent man who seems professionally very capable. He has a clear understanding of the appropriate role for himself and his organization within [ ] and is working to achieve a genuinely low profile. He has already demonstrated his interest in the best possible relations with the rest of the U.S. Government organization and he knows how to act in order to achieve such a relationship. He has come to me a number of times to volunteer detailed information which he did not feel important enough to bother [ ] about, but he has kept [ ] fully informed about all those subjects which were of sufficient interest to him. I see every reason to assume that he will be a positive, constructive and very dependable and reliable factor in [ ]  Mrs. Phillips is an attractive and personable young lady who has particularly impressed my wife and me with her attitude and intellect.		
S E C R E T		

OFFICER BEING RATED Chief CAS <u>David A. Phillips</u>				
POSITION Station Chief		GRADE		AGENCY
RATING PERIOD January 1966 to July 1967		DATE OF REPORT July 15, 1967		
SIGNATURE		TITLE		
SIGNATURE OF REVIEWING OFFICER		TITLE		
EVALUATION OF PERFORMANCE				
<input checked="" type="checkbox"/> Outstanding <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory				
II. Does this officer properly understand and perform his role and his functions as a member of your staff under existing Presidential directives? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No    (If no, explain in detail below.)				
Has he seen this report? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
NARRATIVE COMMENTS				
(Attach additional sheets, if necessary for this section or for reviewing officer's comments.)				
I have been associated with the CAS Station Chief since my arrival at [ ] on January 11, 1966. Inasmuch as I have kept in very close daily touch with him, I believe that I am in position to evaluate his performance.				
Let me say at the outset that the Rated Officer has had to work under the most varied and difficult circumstances. His service at [ ] began, for example, in a revolutionary situation marked by great and continuing violence. The attention of a good part of the world was focused upon this situation, and some of the highest national interests of the United States were involved. The presence of the [ ] of its major U.S. component, and of [ ] in his unusual and unprecedented role added greatly to the dimensions of the work done by the Rated Officer. In the aftermath of revolution, he had unusual, delicate and complicated tasks to perform in connection with the establishment and maintenance in power of [ ].				
[ ], the CAS Station Chief faced a changing and constantly challenging set of requirements. Finally, his tour of duty at [ ] has encompassed the transition from [ ] and the gradual firming up of the position and institutions of the present democratically elected administration.				
To this intricate complex of circumstances, the CAS Station Chief has brought a background knowledge of the Latin American area and its				

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people as well as a proficiency in Spanish which has enabled him to deal readily and effectively with a heterogeneous range of contacts.

His performance can only be described as outstanding. He has provided a completely professional response to a most difficult and varied challenge. He has mounted an organization and provided a mechanism fully up to the tasks confronting it and the high-level requirements levied upon it. With the advantages afforded by hindsight, I suggest that the success which has been achieved speaks for itself.

It is pertinent to mention that the Rated Officer invariably places business ahead of pleasure and personal interests. He works long and irregular hours and is continuously available in time of need. He has evidenced the highest degree of cooperation with representatives of [redacted]

His quiet and professional approach inspires their confidence, and on innumerable occasions he has proven that he is an excellent team player who genuinely wants to be of assistance to all members of the official community. The harmonious, close relations among all the intelligence components of the [redacted] are due in great part to the tactful, skillful and thoughtful leadership of the Station Chief.

There is probably little need for me to comment upon the Rated Officer's technical achievements at this [redacted]. Under his guidance, specialized security agencies of the [redacted] Government have been brought to a state of high readiness. Penetration of subversive groups has reached impressive proportions. Subversive document seizures have been abundant. Counter-espionage work has been impressively successful.

no

The CAS Station Chief is in/sense a narrow technician or specialist. He keeps his eye on the broad picture, understands what he sees there and intelligently relates it to his own work. He is imaginative in his approach and does not hesitate to suggest innovations of various kinds. To mention only one of these, it was as a result of his initiative that [redacted]

[redacted] with a salutary calming effect upon the potential for political violence at the moment.

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- 3 -

I wish to make special mention of, first, the scrupulousness with which the Rated Officer has consulted me and kept me informed about his activities, and, second, his strict adherence to the guidance I have given him. At no time have I had any doubts concerning the care and fidelity with which he has followed my instructions.

I have developed the highest personal and professional regard for the Rated Officer. I have valued greatly his advice and his support not only upon matters within his own special field of competence, but also over a considerably broader spectrum of U.S. [ ] activities. I could not have asked for a better Chief of Station than the one whom I have had at [ ] I very much regret his departure but am comforted by the knowledge that his successor, as his deputy, has been trained by him.

I earnestly hope that these comments of mine -- based on a very close and continuous working relationship -- will be given full consideration and will contribute significantly to his career advancement.

SECRET



SECRET

(When Filled In)

FITNESS REPORT					EMPLOYEE SERIAL NUMBER	
					024345	
<b>SECTION A GENERAL</b>						
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD
Phillips, David A.			10/31/22	M	15	D
6. OFFICIAL POSITION TITLE			7. OFF/DIS BR OF ASSIGNMENT		8. CURRENT STATION	
Ops Officer Ch			WH/COG		Hqts.	
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT			
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY			<input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL			
CAREER-PROVISIONAL (See Instructions - Section C)			REASSIGNMENT SUPERVISOR			
SPECIAL (Specify):			REASSIGNMENT EMPLOYEE			
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to)			
04/68			1 April 1967 - 31 March 1968			
<b>SECTION B PERFORMANCE EVALUATION</b>						
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>						
<b>SPECIFIC DUTIES</b>						
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).						RATING LETTER
SPECIFIC DUTY NO. 1 Responsibility for overall management of Headquarters Branch activities.						S
SPECIFIC DUTY NO. 2 Support and guidance of field operations.						S
SPECIFIC DUTY NO. 3 Reporting to higher authority; implementing of policy level decisions.						O
SPECIFIC DUTY NO. 4 Supervision and management of personnel.						O
SPECIFIC DUTY NO. 5 Liaison with State Department and other agencies.						O
SPECIFIC DUTY NO. 6						RATING LETTER
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>						RATING LETTER
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.						O
Reviewed by OP/PD/EAB						

SECRET

(When Filled In)

## SECTION C

## NARRATIVE COMMENTS

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

JUN 1 8 53 AM '68

The Rating Officer's last fitness report on Mr. Phillips dealt with his terminating an outstandingly successful and very complicated assignment as Chief of Station, [REDACTED]. This report deals with a completely different situation, i.e. coming into Headquarters as Chief, Cuban Operations Group at the time that drastic reduction had just become the order of the day. The same energy, imagination and zeal which has characterized Mr. Phillips over the years has characterized his performance in this difficult task since his assumption of the new responsibility. He has been a prime mover in reducing the Headquarters WH/COG component to realistic and manageable proportions. By the same token he has been a prime mover, guider, cajoler and sometimes "patron saint" to JMWAVE management in its massive job of bringing JMWAVE down from its ponderous proportions to a viable Clandestine Services "instrument" compatible and consistent with the present day needs of Cuban operations. In this endeavor Mr. Phillips' accomplishments have been of the first order.

(See attached sheet)

## SECTION D

## CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE 13 MAY 1968	SIGNATURE OF EMPLOYEE <i>William V. Broe</i>	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION 32	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
DATE 10 May 1968	OFFICIAL TITLE OF SUPERVISOR Deputy Chief, WHD	TYPED OR PRINTED NAME AND SIGNATURE <i>Jacob D. Esterline</i> Jacob D. Esterline
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
This is a very fine officer with one of the best potentials in WH Division. I believe the rater is somewhat carried away in his views. Mr. Phillips' career advancement has been closely observed in this Division and I do not believe he is falling behind in the promotion timetable. It is definitely expected he will be recommended next year (which is within the proper time frame,) if his current excellent performance continues.		
DATE 20 May 1968	OFFICIAL TITLE OF REVIEWING OFFICIAL Chief, WH Division	TYPED OR PRINTED NAME AND SIGNATURE <i>William V. Broe</i> William V. Broe

SECRET

SECRET

Fitness Report - David A. Phillips

SECTION C (Continued)

Most important however, and this is one of Mr. Phillips' unique qualities, he has been able to bring about this drastic reduction and at the same time instill enthusiasm in his staff for new approaches to the ever more difficult Cuban target. His own infectious enthusiasm and his fine manner with co-workers and subordinates has made this possible. In short the Rating Officer believes he is the right man at the right time for the job he is in.

Mr. Phillips' relations with the Department of State and other agencies where it really counts are outstandingly good. He has in his short time back re-established his fine relationship with the manager of the Voice of America. This relationship will undoubtedly be of inestimable value in getting WH Division's new radio effort through the 303 Committee and into operation.

It is probably obvious to one reading this fitness report that the Rating Officer is well disposed towards Mr. Phillips. This is quite true. It in no way, however, affects the Rating Officer's opinion that Mr. Phillips is a man of considerable talent who for one reason or another has fallen at least one grade behind in the promotion timetable. The Rating Officer, therefore, trusts that this will be corrected in the near future. Mr. Phillips is a gentleman of breadth, drive, imagination and dedication. The Rating Officer considers Mr. Phillips to be one of the very best of the many fine officers he has known in his career in the Clandestine Services. In some ways he is unique in that he knows the business from the ground up, having started in [ ] (several assignments) and now having moved into the managerial area where he can speak with authority based on valid experience.

SECRET

Reviewed by OP/PD/EAB

14-00000

S-E-C-R-E-T

TRAINING REPORT

Chiefs of Station Seminar No. 1-70

80 hours, full time 6 - 17 October 1969

Participant : Phillips, David A. Office : WH  
Year of Birth: 1922 Service Designation: D  
Grade : 16 No. of Students : 8  
EOD Date : Apr '55

COURSE OBJECTIVES, CONTENT AND METHODS



The COS Seminar is aimed to prepare prospective Chiefs and Deputy Chiefs of Station and Chiefs of Base for field assignments. Emphasis was upon the difficulties confronting Chiefs of small or medium-sized installations, since they must handle a peculiarly wide range of problems. Included were case studies serving to remind outgoing chiefs of various operational approaches and techniques, but more time was devoted to policy, coordination, management, reporting, and administrative responsibilities of the Chief of Station, both within CIA and in the government at large, at home and abroad.

The bulk of the course is given in lectures and question periods conducted by officials responsible for the missions, functions, programs, and services discussed. A few key items of suggested reading are included, and bibliographies of suggested reading tailored to the individual's assignment are offered for those who want them.

ACHIEVEMENT RECORD

This is a certificate of attendance. No further assessment of individual capacity or performance is made in this course.

FOR THE DIRECTOR OF TRAINING:

  
 OCT 24 1969  
Date

S-E-C-R-E-T

**SECRET**  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				024345	
<b>SECTION A</b>			<b>GENERAL</b>		
1. NAME (Last) <b>Phillips</b> (First) <b>David</b> (Middle) <b>A.</b>		2. DATE OF BIRTH <b>10/31/22</b>	3. SEX <b>M</b>	4. GRADE <b>GS-15</b>	5. SO <b>D</b>
6. OFFICIAL POSITION TITLE <b>Chief of Station</b>			7. OFF DIV OR OF ASSIGNMENT <b>DDP/WH/7</b>		
8. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> SPECIAL (Specify):			<input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P. <b>May 1967</b>			12. REPORTING PERIOD (From - to) <b>1 April 1966 to 31 March 1967</b>		
<b>SECTION B</b>			<b>PERFORMANCE EVALUATION</b>		
<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. <b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence. <b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner. <b>S - Strong</b> Performance is characterized by exceptional proficiency. <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.					
<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>Station management.</b>					<b>S</b>
SPECIFIC DUTY NO. 2  <b>Direction of the operational program.</b>					<b>O</b>
SPECIFIC DUTY NO. 3  <b>Liaison with other U. S. agencies.</b>					<b>S</b>
SPECIFIC DUTY NO. 4					<b>RATING LETTER</b>
SPECIFIC DUTY NO. 5					<b>RATING LETTER</b>
SPECIFIC DUTY NO. 6					<b>RATING LETTER</b>
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>					<b>RATING LETTER</b>
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, professional 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>O</b>

## SECRET

(When Filled In)

## SECTION C

## NARRATIVE COMMENTS

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

May 8 3 37 PM '67

Mr. Phillips is nearing completion of his tour of duty as Chief of Station, [REDACTED]. During the past several months he has had the difficult task of reorganizing his Station and redirecting its manpower following a major election operation. His task has been made more difficult by a series of almost weekly political or security crises which not only required intensive intelligence coverage but also frequently involved Station assets.

Mr. Phillips has done remarkably well in this difficult reorganizing process. It has in no way affected the volume or quality of Station reporting which remains very high. His critical analysis and in-depth interpretation of the rapidly changing political scene have been timely and useful.

The Station under his direction has aggressively undertaken the development of new FI and CI assets without losing momentum in existing operations. Also in a relatively short period of time effective security and countersubversion units within the host government internal security apparatus have been established.

(Cont'd)

## SECTION D

## CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

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

DATE

SIGNATURE OF EMPLOYEE

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

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

20

Subject in the field.

DATE

OFFICIAL TITLE OF SUPERVISOR

TYPED OR PRINTED NAME AND SIGNATURE

5 April 1967

Deputy Chief, WHD

Jacob D. Esterline

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

I concur with the rating and statements made concerning Mr. Phillips. He is one of the best. He will take over as Chief, Cuban Operations Group this summer and we can expect new impetus in this difficult denied area program. We are carefully observing his promotional progress and are making every effort that he advance in accordance with his excellent capabilities and potential.

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR PRINTED NAME AND SIGNATURE

28 April 1967

Chief, WHD

William V. Broe

SECRET

~~SECRET~~

Fitness Report -- David A. Phillips

**SECTION C - (Cont'd)**

His relationships with the Ambassador and with representatives of other agencies are excellent and the high regard they accord him are reflected in the great confidence placed in him and his staff.

The overall management of the Station reflects careful consideration of manpower and money commitments. Mr. Phillips has taken the initiative in effecting savings wherever possible. In short he has turned in an aggressively outstanding performance under the most difficult imaginable conditions during the period under review.

~~SECRET~~

**SECRET**  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER: <b>024345</b>	
<b>SECTION A GENERAL</b>					
1. NAME (Last) (First) (Middle) <b>PHILLIPS, David A.</b>			2. DATE OF BIRTH <b>31 Oct 22</b>	3. SEX <b>M</b>	4. GRADE 5. SD <b>GS-15 D</b>
6. OFFICIAL POSITION TITLE <b>Opa Officer/Chief of Station</b>			7. OFF/DIV/BR OF ASSIGNMENT 8. CURRENT STATION <b>DDP/WH/DR</b>		
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C) <input type="checkbox"/> SPECIAL (Specify):			<input type="checkbox"/> INITIAL <input 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) <b>1 April 65 - 31 March 66</b>		
<b>SECTION B PERFORMANCE EVALUATION</b>					
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
<b>SPECIFIC DUTIES</b>					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1 <b>Direction of Station CA program.</b>					RATING LETTER <b>O</b>
SPECIFIC DUTY NO. 2 <b>Direction of Station FI/CI efforts.</b>					RATING LETTER <b>S</b>
SPECIFIC DUTY NO. 3 <b>Liaison responsibilities with Embassy and other U.S. Government representatives.</b>					RATING LETTER <b>O</b>
SPECIFIC DUTY NO. 4 <b>Managerial responsibilities as Chief of Station.</b>					RATING LETTER <b>S</b>
SPECIFIC DUTY NO. 5 <b>Cost consciousness.</b>					RATING LETTER <b>S</b>
SPECIFIC DUTY NO. 6					RATING LETTER
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER <b>S</b>



## SECRET

(When Filled In)

## SECTION C

## NARRATIVE COMMENTS

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

Mr. Phillips brings to this assignment (his first as Chief of Station) a wealth of CA experience gained through many years of operating in the Western Hemisphere and other areas. As a propagandist and general CA operator he must rank high among all Agency personnel. Consequently, it was indeed fortunate that his assignment [redacted] came at a time when a person of his talent was badly needed. Arriving shortly after [redacted] he has had the difficult task of ferreting out information in great detail about an entirely new government, diplomatically handling the delicate coordinations with other U.S. Government agencies in a crisis and highly emotional situation, while administering a rapidly expanding station composed in large degree of young men long on initiative and intelligence but somewhat lacking in depth of experience. At present he is engaged in a fairly large and vastly important election operation which is of concern to the highest authorities of our government.

(Continued - See  
attached sheet)

## SECTION D

## CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE	SIGNATURE OF EMPLOYEE	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
9 months	Employee will see report upon his return to Headquarters	
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
3 May 1966	Deputy Chief, WHD	Jacob D. Esterline Jacob D. Esterline
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
I heartily endorse the rater's comments. The Santo Domingo Station, under the excellent leadership of Mr. Phillips, recently completed a most successful and significantly important political action operation. It was a well-done Station operation but great credit has to go to Mr. Phillips personally.		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
14 June 1966	Chief, WHD	William V. Broc William V. Broc

SECRET

14-00000

Fitness Report - David A. Phillips

SECTION C - Continued:

Perhaps the outstanding quality which Mr. Phillips has demonstrated is his ability to "fire up" his people to produce at their maximum capacity. Another outstanding characteristic is his diplomatic manner of dealing with other officials. Of particular note is the fact that Subject's relationship with Ambassador [ ] of the OAS (who, in effect, has been the President's principal representative in [ ]) are closer and more fruitful than the relationship of the Embassy with Ambassador [ ]. This has in no way damaged the close relationship Subject has with the Embassy and other government officials.

Subject had little managerial experience of the scope required by his present position prior to his arrival in [ ] nor had he had much experience in FI matters. He has adapted readily however, and he continued to broaden in these respects with the passage of time.

Cost consciousness is, of course, a relative thing. Mr. Phillips as a CA operator "thinks big." However, it is clear that he weighs heavily costs against anticipated results and expects to get a dollar return for each one spent. Overall Subject can be described as a very able person. His ability to maintain Station morale at a high level while producing at a very gruelling pace under difficult conditions is in itself an outstanding accomplishment. Mr. Phillips has been recommended for an Agency Award.

627

S E C R E T  
TRAINING REPORT

Chiefs of Station Seminar No. 3  
60 hours, half days

19 April - 7 May 1965

Participant	: PHILLIPS, David A.	Office	: MI
Year of Birth	: 1922	Service Designation	: -D
Grade	: GS-15	No. of Students	: 15
EOD Date	: April 1955		

**COURSE OBJECTIVES, CONTENT AND METHODS**

The COS Seminar aimed to prepare prospective Chiefs and Deputy Chiefs of Station, Chiefs of Base, and senior Chiefs of Support for field assignments. Emphasis was upon the difficulties confronting Chiefs of small or medium-sized installations, since they must handle a peculiarly wide range of problems. Included were case studies serving to remind outgoing chiefs of various operational approaches and techniques, but more time was devoted to policy, coordination, management, reporting, and administrative responsibilities of the Chief of Station, both within CIA and in the government at large, at home and abroad. Special attention was given to counterinsurgency.

The bulk of the course is given in lectures and question periods conducted by officials responsible for the missions, functions, programs, and services discussed, most of them being from within the Agency but several also from outside. A few key items of suggested reading are included, and bibliographies of suggested reading tailored to the individual's assignment are offered for those who want them.


**ACHIEVEMENT RECORD**

This is a certificate of attendance.

Mr. Phillips attended the first half of the seminar being withdrawn at that point due to an operational emergency.

No further assessment of individual capacity or performance is made in this course.

FOR THE DIRECTOR OF TRAINING:

  
Acting Chief Instructor

*5/13/65*  
Date

S E C R E T

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 20-170. 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 B. of Section A below.

SECTION A. <i>Phillips, David</i>		GENERAL	
1. NAME (Last) (First) (Middle)	2. DATE OF BIRTH	3. SEX	4. SERVICE DESIGNATION
<i>[Redacted]</i>	31 Oct. 1922	Male	<i>[Redacted]</i> DP
5. OFFICE/DESIGNATION BRANCH OF ASSIGNMENT	6. OFFICIAL POSITION TITLE		
<i>[Redacted]</i> DDP/W	Staff agent <i>[Redacted]</i> Oper/PP		
7. GRADE	8. DATE REPORT MADE IN OF	9. PERIOD COVERED BY THIS REPORT (Inclusive dates)	
GS-14	August 9, 1956	9 February 1956 - 14 September 1956	
10. TYPE OF REPORT (Check one)	11. REASSIGNMENT SUPERVISOR		
<input checked="" type="checkbox"/> INITIAL	<input type="checkbox"/> ANNUAL		
		SPECIAL (Specify)	

SECTION B. CERTIFICATION	
1. FOR THE RATER: THIS REPORT <input checked="" type="checkbox"/> HAS <input type="checkbox"/> HAS NOT BEEN SHOWN TO THE INDIVIDUAL RATED. IF NOT SHOWN EXPLAIN WHY NOT.	

A. CHECK (X) APPROPRIATE STATEMENTS:		B. INDIVIDUAL IS RATED "E" IN C1 OR D. A WARNING LETTER HAS BEEN SENT TO HIM OR A COPY ATTACHED TO THIS REPORT.	
<input checked="" type="checkbox"/>	THIS REPORT REFLECTS MY OWN OPINIONS OF THIS INDIVIDUAL.	<input type="checkbox"/>	CANNOT CERTIFY THAT THE RATED INDIVIDUAL KNOWS HOW TO EVALUATE HIS JOB PERFORMANCE BECAUSE (Specify)
<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.		
C. THIS DATE 19 Sept. 1956		D. SUPERVISOR'S OFFICIAL TITLE Chief of Station	

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.

TESTED BY  
JFK/10/3/56

BY DATE  
Posted Pos Control *[Signature]* 9/27/56  
Reviewed by PUD *[Signature]*

☐ CONTINUED ON ATTACHED SHEET

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

A. THIS DATE 25 Sept '56	B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL <i>JFK</i>	C. OFFICIAL TITLE OF REVIEWING OFFICIAL C/WD
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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.

- |                               |  |
|-------------------------------|--|
| 5<br>NEXT<br>RATING<br>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

Performance

SECRET

(When Filled In)

2. 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 rating period. Place the most important first. In the case of more than one rating period, indicate the rating period.</p> <p>b. Rate performance on each specific duty in terms of effectiveness in performance of this specific duty.</p> <p>c. 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>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 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>MAIL ROOM</td> </tr> <tr> <td>GIVING LECTURES</td> <td>DEVELOPS NEW PROGRAMS</td> <td>CONDUCTS INTERROGATIONS</td> </tr> <tr> <td>CONDUCTING SEMINARS</td> <td>ANALYZES INDUSTRIAL REPORTS</td> <td>PREPARES SUMMARIES</td> </tr> <tr> <td>WRITING TECHNICAL REPORTS</td> <td>MANAGES FILES</td> <td>TRANSLATES GERMAN</td> </tr> <tr> <td>CONDUCTING EXTERNAL LIAISON</td> <td>OPERATES RADIO</td> <td>BRIEFING SOURCES</td> </tr> <tr> <td>TYPING</td> <td>COORDINATES WITH OTHER OFFICES</td> <td>KEEPS BOOKS</td> </tr> <tr> <td>TAKING DICTATION</td> <td>WRITES REGULATIONS</td> <td>DRIVES TRUCK</td> </tr> <tr> <td>SUPERVISING</td> <td>PREPARES CORRESPONDENCE</td> <td>MAINTAINS AIR CONDITIONING</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	MAIL ROOM	GIVING LECTURES	DEVELOPS NEW PROGRAMS	CONDUCTS INTERROGATIONS	CONDUCTING SEMINARS	ANALYZES INDUSTRIAL REPORTS	PREPARES SUMMARIES	WRITING TECHNICAL REPORTS	MANAGES FILES	TRANSLATES GERMAN	CONDUCTING EXTERNAL LIAISON	OPERATES RADIO	BRIEFING SOURCES	TYPING	COORDINATES WITH OTHER OFFICES	KEEPS BOOKS	TAKING DICTATION	WRITES REGULATIONS	DRIVES TRUCK	SUPERVISING	PREPARES CORRESPONDENCE	MAINTAINS AIR CONDITIONING
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SPECIFIC DUTY NO. 1	RATING NUMBER	SPECIFIC DUTY NO. 4	RATING NUMBER																								
Supervises KUCAGE projects	4	Supervises staff agents	4																								
SPECIFIC DUTY NO. 2	RATING NUMBER	SPECIFIC DUTY NO. 5	RATING NUMBER																								
Develops new KUCAGE programs	4	Spots and develops contacts	4																								
SPECIFIC DUTY NO. 3	RATING NUMBER	SPECIFIC DUTY NO. 6	RATING NUMBER																								
Has and uses Area Knowledge	5	Prepares progress reports	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>This officer has ability, talent, area knowledge, understanding of the people and experience in his field. In the initial six months covered by this report he has adjusted remarkably well to a difficult cover situation with a minimum of station support and guidance.</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 rowspan="7"> <div style="border: 1px solid black; padding: 5px; display: inline-block;">6</div> </td> <td>1 - DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED</td> </tr> <tr> <td>2 - OF DOUBTFUL SUITABILITY...WOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW</td> </tr> <tr> <td>3 - A BARELY ACCEPTABLE EMPLOYEE. BELOW AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION</td> </tr> <tr> <td>4 - OF THE SAME SUITABILITY AS MOST PEOPLE I KNOW IN THE ORGANIZATION</td> </tr> <tr> <td>5 - A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS</td> </tr> <tr> <td>6 - AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION</td> </tr> <tr> <td>7 - EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION</td> </tr> </table> <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>				<div style="border: 1px solid black; padding: 5px; display: inline-block;">6</div>	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. BELOW 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

(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, hold and complete after the 90 days has elapsed. If this is the INITIAL REPORT on the employee, however, it MUST be completed and forwarded to the (A) no later than 30 days after the due date indicated in item 8 of Section "F" below.

SECTION E. <i>Philip</i> <i>Phillips</i> <i>(Middle)</i>				GENERAL	
1. NAME (Last, first, middle)		2. DATE OF BIRTH		3. SEX	4. SERVICE DESIGNATION
[REDACTED]		31 Oct. 1922		Male	DP
5. OFFICIAL POSITION OR ASSIGNMENT		OFFICIAL POSITION TITLE			
DDP/111		Staff agent - <i>Upoff (PP)</i>			
7. GRADE	8. DATE REPORT DUE IN OP		9. PERIOD COVERED BY THIS REPORT (Inclusive dates)		
GS-14	9 August 1956		9 February 1956 - 14 September 1956		
10. TYPE OF REPORT (Check one)		11. SPECIAL (Specify)			
<input checked="" type="checkbox"/> INITIAL		[REDACTED]			
<input type="checkbox"/> ANNUAL		[REDACTED]			

SECTION F. CERTIFICATION		
1. FOR THE RATER: I CERTIFY THAT THIS REPORT REPRESENTS MY BEST JUDGEMENT OF THE INDIVIDUAL BEING RATED		
A. THIS DATE	B. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR	C. SUPERVISOR'S OFFICIAL TITLE
19 Sept. 1956	[REDACTED]	Chief of Station
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
25 Sept '56	<i>J. King</i>	C/Unit

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.	
5	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 NUMBER	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
	3
	3
2	
2	
3	
	OTHER (Specify)

FORM NO. 45 (Part II)  
1 NOV 55REPLACES PREVIOUS EDITIONS  
OF FORMS 45 AND 45A WHICH  
ARE OBSOLETE

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Potential

(4)

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(When Filled In)

3. INDICATE THE APPROXIMATE NUMBER OF MONTHS THE RATED EMPLOYEE HAS BEEN UNDER YOUR SUPERVISION <b>Six months</b>		OFFICE OF PERSONNEL OCT 27 3 16 PM '56 MAIL ROOM	
4. COMMENTS CONCERNING POTENTIAL This officer is a natural CONTROLLER DIV more responsible for future unofficial or staff assignments. He is qualified for			
SECTION II.		FUTURE PLANS	
1. TRAINING OR OTHER DEVELOPMENTAL EXPERIENCE PLANNED FOR THE INDIVIDUAL  None at present.			
2. NOTE OTHER FACTORS, INCLUDING PERSONAL CIRCUMSTANCES, TO BE TAKEN INTO ACCOUNT IN INDIVIDUAL'S FUTURE ASSIGNMENTS As senior KUCAGE officer, better knowledge of Station procedures and practices would be helpful.			
SECTION I. DESCRIPTION OF INDIVIDUAL			
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 NUMBER			
CATEGORY	STATEMENT	CATEGORY	STATEMENT
4	1. ABLE TO SEE ANOTHER'S POINT OF VIEW	5	11. HAS HIGH STANDARDS OF ACCOMPLISHMENT
4	2. CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES	5	12. SHOWS ORIGINALITY
5	3. HAS INITIATIVE	4	13. ACCEPTS RESPONSIBILITIES
4	4. IS ANALYTIC IN HIS THINKING	4	14. ADMITS HIS ERRORS
5	5. STRIVES CONSTANTLY FOR NEW KNOWLEDGE AND IDEAS	4	15. RESPONDS WELL TO SUPERVISION
4	6. KNOWS WHEN TO SEEK ASSISTANCE	4	16. DOES HIS JOB WITHOUT EXCESSIVE SUPPORT
5	7. CAN GET ALONG WITH PEOPLE	4	17. COMES UP WITH SOLUTIONS TO PROBLEMS
4	8. HAS MEMORY FOR FACTS	4	18. IS OBSERVANT
4	9. GETS THINGS DONE	4	19. THINKS CLEARLY
4	10. CAN COPE WITH EMERGENCIES	4	20. COMPLETES ASSIGNMENTS WITHIN ALLOWABLE TIME LIMITS
		5	21. IS EFFECTIVE IN DISCUSSIONS WITH ASSOCIATES
		4	22. IMPLEMENTS DECISIONS REGARDLESS OF OWN FEELINGS
		4	23. IS THOUGHTFUL OF OTHERS
		4	24. BOKES WELL UNDER PRESSURE
		5	25. DISPLAYS JUDGEMENT
		4	26. IS SECURITY CONSCIOUS
		5	27. IS VERSATILE
		4	28. HIS CRITICISM IS CONSTRUCTIVE
		4	29. FACILITATES SMOOTH OPERATION OF HIS OFFICE
		1	30. DOES NOT REQUIRE STRONG AND CONTINUOUS SUPERVISION

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(When Filled In)

# FITNESS REPORT

The Fitness Report is an important factor in agency personnel management. It seeks to provide:

1. The agency selection board with information of value when considering the application of an individual for membership in the career service; and
2. A periodic record of job performance as an aid to the effective utilization of personnel.

## INSTRUCTIONS

TO THE ADMINISTRATIVE OR PERSONNEL OFFICER: Consult current administrative instructions regarding the initiation and transmittal of this report.

TO THE SUPERVISOR: Read the entire form before attempting to complete any item. As the supervisor who assigns, directs and reviews the work of the individual, you have primary responsibility for evaluating his strengths, weaknesses, and on-the-job effectiveness as revealed by his day-to-day activities. If this individual has been under your supervision for less than 30 days, you will collaborate with his previous supervisors to make sure the report is accurate and complete. Primary responsibility rests with the current supervisor. It is assumed that, throughout the period this individual has been under your supervision, you have discharged your supervisory responsibilities by frequent discussions of his work, so that in a general way he knows where he stands.

*5. 1st due date Apr 57*

IT IS OPTIONAL WHETHER OR NOT THIS FITNESS REPORT IS SHOWN TO THE PERSON BEING RATED

## SECTION I (To be filled in by Administrative Officer)

1. NAME (Last)	(First)	(Middle)	2. DATE OF BIRTH	3. SEX	4. CAREER DESIGNATION
PHILLIPS,	David	A.	Oct '22	M	DP
5. DATE OF ENTRANCE ON DUTY	6. OFFICE ASSIGNED TO	7. DIVISION	8. BRANCH		
1 April 1955	PP	Information Coordination			
9. NATURE OF ASSIGNMENT	10. IF FIELD, SPECIFY STATION:			11. GRADE	
<input checked="" type="checkbox"/> DEPARTMENTAL <input type="checkbox"/> FIELD				GS-14	
12. DATE THAT THIS REPORT IS DUE	13. PERIOD COVERED BY THIS REPORT (Inclusive dates)				
1 January 1956	1 April 1955 - 1 January 1956 (Initial)				

## SECTION II (To be filled in by Supervisor)

1. CURRENT POSITION	2. DATE ASSUMED RESPONSIBILITY FOR POSITION
Ops. Off. (PP) Radio & Television Officer, PP/ICD 0136-31	1 April 1955

3. WHAT SPECIFIC ASSIGNMENTS OR TASKS ARE TYPICAL OF THOSE GIVEN TO HIM DURING THE PAST THREE TO SIX MONTHS (List in order of frequency):

Advising and assisting operating divisions in development, effective management and supervision of radio broadcasting facilities.

Maintaining liaison with Department of State and USIA on radio matters.

Collaboration with the Office of Communications in development of unconventional techniques for broadcasting and jamming evasion.

Preparation of staff study on proposed use of the television medium.

DATE	18 JAN 1956
Period For	2016

READ THE ENTIRE FORM BEFORE ATTEMPTING TO COMPLETE ANY ITEM

## SECTION III

I certify that, during the latter half of the period covered by this report, I have discussed with the rated individual the manner in which he has performed his job and provided suggestions and criticisms wherever needed. I believe that his understanding of my evaluation of his performance is consistent with my evaluation of him as evidenced by this fitness report and I have informed him of his strengths, weaknesses, and on-the-job effectiveness. If performance during the report period has been unsatisfactory, there is attached a copy of the memorandum notifying him of unsatisfactory performance.

This report ☒ has ☐ has not been shown to the individual rated.

THIS DATE	NAME AND SIGNATURE OF RATER (Employee's immediate supervisor)
6 January 1956	John G. Shaffer, Chief, PP/ICD
I HAVE REVIEWED THIS REPORT (Comments, if any, are reflected by attached memorandum)	NAME AND SIGNATURE OF REVIEWING OFFICIAL (Official next higher in line of authority)
19 Jan '56	



## SECRET

(When Filled In)

## SECTION IV

This section is provided as an aid in describing the individual. Your description is not satisfactory in itself but acquires its meaning in relation to a particular job or assignment. The descriptive words should be interpreted literally.

On the left hand side of the page below are a series of statements that apply in some degree to most people. On the right hand side of the page are four major categories of descriptions. The scale is divided into three small blocks; this is to allow you to make finer distinctions if you so desire. The statement on the left - then check the category on the right which best tells how much the statement applies to the person you are rating. Placing an "X" in the "Not Observed" column means you have no opinion on whether a phrase applies to an individual. Placing an "X" in the "Does Not Apply" column means that you have the definite opinion that the description is not at all suited to the individual.

STATEMENTS	NOT OR SERVED	CATEGORIES				
		DOES NOT APPLY	APPLIES TO A LIMITED DEGREE	APPLIES TO A REASONABLE DEGREE	APPLIES TO AN ABOVE AVERAGE DEGREE	APPLIES TO AN OUTSTANDING DEGREE
A. ABLE TO SEE ANOTHER'S POINT OF VIEW.			X			
B. PRACTICAL.					X	
1. A GOOD REPORTER OF EVENTS.				X		
2. CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES.					X	
3. CAUTIOUS IN ACTION.				X		
4. HAS INITIATIVE.					X	
5. UNEMOTIONAL.	X					
6. ANALYTIC IN HIS THINKING.					X	
7. CONSTANTLY STRIVING FOR NEW KNOWLEDGE AND IDEAS.					X	
8. GETS ALONG WITH PEOPLE AT ALL SOCIAL LEVELS.						X
9. HAS SENSE OF HUMOR.					X	
10. KNOWS WHEN TO SEEK ASSISTANCE.				X		
11. CALM.				X		
12. CAN GET ALONG WITH PEOPLE.						X
13. MEMORY FOR FACTS.				X		
14. GETS THINGS DONE.					X	
15. KEEPS ORIENTED TOWARD LONG TERM GOALS.				X		
16. CAN COPE WITH EMERGENCIES.					X	
17. HAS HIGH STANDARDS OF ACCOMPLISHMENT.				X		
18. HAS STAMINA. CAN KEEP GOING A LONG TIME.						X
19. HAS WIDE RANGE OF INFORMATION.					X	
20. SHOWS ORIGINALITY.				X		
21. ACCEPTS RESPONSIBILITIES.					X	
22. ADMITS HIS ERRORS.	X					
23. RESPONDS WELL TO SUPERVISION.					X	
24. EVEN DISPOSITION.						X
25. ABLE TO DO HIS JOB WITHOUT STRONG SUPPORT.					X	

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**SECRET**  
(When Filled In)

C. INDICATE IF YOU THINK THAT ANY SINGLE STRENGTH OR WEAKNESS OUTWEIGHS ALL OTHER CONSIDERATIONS:  
 Strengths indicated above easily outweigh the few characteristics of the subject is average. OFFICE of the  
PERSONNEL

D. DO YOU FEEL THAT HE REQUIRES CLOSE SUPERVISION? ☒ NO ☐ YES. IF YES, JAN 16 3 47 PM '56

E. WHAT TRAINING DO YOU RECOMMEND FOR THIS INDIVIDUAL? MAIL ROOM  
 Operations Familiarization course.

F. OTHER COMMENTS (Indicate here general traits, specific habits or characteristics not covered elsewhere in the report but which have a bearing on effective utilization of this person):  
 None

#### SECTION VI

*Read all descriptions before rating. Place "X" in the most appropriate box under subsections A, B, C, and D.*

<p><b>A. DIRECTIONS:</b> Consider only the skill with which the person has performed the duties of his job and rate him accordingly.</p> <p><input type="checkbox"/> 1. DOES NOT PERFORM DUTIES ADEQUATELY; HE IS INCOMPETENT.</p> <p><input type="checkbox"/> 2. BARELY ADEQUATE IN PERFORMANCE; ALTHOUGH HE HAS HAD SPECIFIC GUIDANCE OR TRAINING, HE OFTEN FAILS TO CARRY OUT RESPONSIBILITIES COMPETENTLY.</p> <p><input type="checkbox"/> 3. PERFORMS MOST OF HIS DUTIES ACCEPTABLY; OCCASIONALLY REVEALS SOME AREA OF WEAKNESS.</p> <p><input type="checkbox"/> 4. PERFORMS DUTIES IN A TYPICALLY COMPETENT, EFFECTIVE MANNER.</p> <p><input checked="" type="checkbox"/> 5. A FINE PERFORMANCE; CARRIES OUT MANY OF HIS RESPONSIBILITIES EXCEPTIONALLY WELL.</p> <p><input type="checkbox"/> 6. PERFORMS HIS DUTIES IN SUCH AN OUTSTANDING MANNER THAT HE IS EQUALLED BY FEW OTHER PERSONS KNOWN TO THE RATER.</p> <p>IS THIS INDIVIDUAL BETTER QUALIFIED FOR WORK IN SOME OTHER AREA? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES. IF YES, WHAT?        Better qualified for field assignment in WA area only because such assignment can utilize his language and area experience in addition to utilizing the characteristics that have made him a successful staff officer.</p> <p><b>B. DIRECTIONS:</b> Considering others of this person's grade and type of assignment, how would you rate him on potentiality for assumption of greater responsibilities normally indicated by promotion.</p> <p><input type="checkbox"/> 1. HAS REACHED THE HIGHEST GRADE LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED.</p> <p><input type="checkbox"/> 2. IS MAKING PROGRESS, BUT NEEDS MORE TIME IN PRESENT GRADE BEFORE PROMOTION TO A HIGHER GRADE CAN BE RECOMMENDED.</p> <p><input type="checkbox"/> 3. IS READY TO TAKE ON RESPONSIBILITIES OF THE NEXT HIGHER GRADE, BUT MAY NEED TRAINING IN SOME AREAS.</p> <p><input checked="" type="checkbox"/> 4. WILL PROBABLY ADJUST QUICKLY TO THE MORE RESPONSIBLE DUTIES OF THE NEXT HIGHER GRADE.</p> <p><input type="checkbox"/> 5. IS ALREADY PERFORMING AT THE LEVEL OF THE NEXT HIGHER GRADE.</p> <p><input type="checkbox"/> 6. AN EXCEPTIONAL PERSON WHO IS ONE OF THE FEW WHO SHOULD BE CONSIDERED FOR RAPID ADVANCEMENT.</p>	<p><b>C. DIRECTIONS:</b> Based upon what he has said, his actions, and any other indications, give your opinion of this person's attitude toward the agency.</p> <p><input type="checkbox"/> 1. HAS AN ANTAGONISTIC ATTITUDE TOWARD THE AGENCY... WILL DEFINITELY LEAVE THE AGENCY AT THE FIRST OPPORTUNITY.</p> <p><input type="checkbox"/> 2. HAS STRONG NEGATIVE ATTITUDE TOWARD AGENCY... IRKED BY RESTRICTIONS... REGARDS AGENCY AS A TEMPORARY STOP UNTIL HE CAN GET SOMETHING BETTER.</p> <p><input type="checkbox"/> 3. TENDS TO HAVE AN UNFAVORABLE ATTITUDE TOWARD THE AGENCY... BOTHERED BY MINOR FRUSTRATIONS... WILL QUIT IF THESE CONTINUE.</p> <p><input type="checkbox"/> 4. HIS ATTITUDE TOWARD THE AGENCY IS INDIFFERENT... HAS "WAIT AND SEE" ATTITUDE... WOULD LEAVE IF SOMEONE OFFERED HIM SOMETHING BETTER.</p> <p><input type="checkbox"/> 5. TENDS TO HAVE FAVORABLE ATTITUDE TOWARD AGENCY... MAKES ALLOWANCES FOR RESTRICTIONS IMPOSED BY WORKING FOR AGENCY... THINKS IN TERMS OF A CAREER IN THE AGENCY.</p> <p><input checked="" type="checkbox"/> 6. DEFINITELY HAS FAVORABLE ATTITUDE TOWARD THE AGENCY... BARRING AN UNEXPECTED OUTSIDE OPPORTUNITY, WILL PROBABLY ENDEAVOR TO MAKE A CAREER IN THE AGENCY.</p> <p><input type="checkbox"/> 7. HAS AN ENTHUSIASTIC ATTITUDE TOWARD THE AGENCY... WILL PROBABLY NEVER CONSIDER WORKING ANY PLACE BUT IN THE AGENCY.</p> <p><b>D. DIRECTIONS:</b> Consider everything you know about this person in making your rating, skill in job duties, conduct on the job, personal characteristics or habits, and special defects or talents.</p> <p><input type="checkbox"/> 1. DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED.</p> <p><input type="checkbox"/> 2. OF DOUBTFUL SUITABILITY... WOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW.</p> <p><input type="checkbox"/> 3. A BARELY ACCEPTABLE EMPLOYEE... DEFINITELY BELOW AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION.</p> <p><input type="checkbox"/> 4. A TYPICAL EMPLOYEE... HE DISPLAYS THE SOME SUITABILITY AS MOST OF THE PEOPLE I KNOW IN THE AGENCY.</p> <p><input type="checkbox"/> 5. A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS.</p> <p><input checked="" type="checkbox"/> 6. AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE AGENCY.</p> <p><input type="checkbox"/> 7. EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE AGENCY.</p>
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**SECRET**

MEMORANDUM FOR

PP/C/100

ATTENTION : Training Officer

SUBJECT : Attendance at PPS In-Service-Training Series  
10 January to 20 March 1956

REFERENCE : Memorandum for Chiefs, Senior Staffs and Area  
Divisions, and Chief, 10 Division from CPP,  
subject: "Seminar on Preparation and Processing  
of PP/PN Projects" dated 19 December 1955.

1. David Phillips attended the lectures in the subject  
series which commenced from 10 Jan to 20 March, 1956.  
During this period, instruction in "Preparation and Processing of  
PP/PN Projects" was given as follows:

a. INTRODUCTION

b. PROJECT DOCUMENTATION

Step-by-step explanation of items in project outline format.

c. PROJECT REVIEW AND COORDINATION

Step-by-step officers should take in determining extent of  
coordination of projects. Importance of discussion with  
Senior Staff in draft stage.

d. PROJECT APPROVAL SYSTEM

e. PROJECT RE-ENTRY

f. PROJECT AND COORDINATION

g. PROJECT REVIEW

Officers were required to study the following references,  
prior to attending the lectures:

1. PROJECT REVIEW

2. PROJECT REVIEW  
COMMISSION & PROJECTS TO THE PROGRAM  
MANAGEMENT COMMITTEE, dated 1 April 1955

3. PROJECT REVIEW  
COMMISSION & PROJECTS TO THE PROGRAM  
MANAGEMENT COMMITTEE, dated 1 April 1955

Continued

-2-

(3) OSI 250-72

THE CHARACTER SERVICES REPORTING  
SYSTEMS DIVISIONS, CHAPTER II.  
THE MONTHLY COST STATUS REPORT,  
dated 3 June 1957.

## b. REFERENCES:

- (1) R 250-100 - AGENCY ACTIVITIES AND ANAL SYSTEM,  
dated 3 March 1955
- (2) R 250-131 - REQUEST REVIEW COMMITTEE, dated  
10 March 1955
- (3) R 250-1 - PROPOSED NEW SIGNAL PROJECT TO THE  
JCS, dated 10 April 1955
- (4) OSI 250-1 - THE NEW SIGNAL SYSTEM, PLANNING  
REPORT, dated 10 April 1955
- (5) OSI 250-3 - SIGNAL SYSTEM, PLANNING REPORT, dated  
10 April 1955
- (6) OSI 250-6 - OPERATIONAL REQUIREMENTS FOR SIGNALING,  
dated 7 December 1955

The information is provided to permit appropriate recording of  
the activities received by the employee named in paragraph 1, above.

John H. [unclear]

Chief

John H. [unclear]

Chief

✓

SECRET

TRAINING EVALUATION

READING IMPROVEMENT COURSE # 26

SECTION I: IDENTIFYING INFORMATION			
Name	Sex	Dates of Course	No. of Students
Phillips, David A.	M	24 October-9 December 1955	23
Date of Birth	EOB Date	Grade or Rank	Office
31 October 1922	2 April 1955	GS-14	ICD/PP
Projected Assignment or Present Position			
PP Officer			

SECTION II: OBJECTIVES OF THE COURSE

The Reading Improvement Course is designed to increase the reading efficiency of Agency employees by developing their speed and level of comprehension through (1) extending the range of reading techniques, (2) adjusting rate of reading to comprehension requirements and (3) improving perceptual habits.

SECTION III: SPECIFIC CHARACTERISTICS OF THE COURSE

The course consists of 30 class hours, one hour a day, 5 days a week. 9 hours are devoted to lectures and practice exercises, 12 hours to speed reading practice and 9 hours to specific perception techniques.

Each student's reading skills are analyzed at the beginning of the course and the student then concentrates on the development of those skills in which he is deficient or those which are most frequently demanded by the nature of his office reading.

SECTION IV: METHOD OF EVALUATION

Student achievement is measured by an initial and final test battery and class exercises. Two sets of norms have been developed on the test battery. Group I represents the scores of 400 Agency employees, 84% of whom had four or more years of college. Group II represents the scores of 94 Agency employees with two years or less of college training. Section V contains a description of the tests and exercises. Section VI indicates the student's skill level and Section VII includes the student's over-all achievement and the instructor's comments.

SECRET

## SECTION VI: REPORT OF SKILL LEVEL

This student is being compared with the following norm group:  
Group I - Four or more years of college  
Group II - Two or less years of college

	Fail	Poor	Sat.	Exc.	Sup.
Basic Comprehension Skills					
Extensive Techniques					
Intensive Techniques					
Scanning Techniques					

SECTION VII: OVER-ALL ACHIEVEMENT

In consideration of all factors observed during the course and taking into account this student's experience, profession, age and education, an "A" in one of the boxes shows the student's over-all achievement in the course.

FAIL	POOR	MINUS	SATISFACTORY	PLUS	EXCELLENT	SUPERIOR
------	------	-------	--------------	------	-----------	----------

000000000000000000000000

Inadequate in performance since	Barely acceptable but adequate in some skills	Performed acceptably	A typically effective student who performed in a competent manner.	Performed at a high level of competence	Performed at an extremely high level that only a few students have surpassed.
---------------------------------	---	----------------------	--	---	---

COMMENTS:

**Incomplete - 5 hours Overseas assignment**

FOR THE DIRECTOR OF TRAINING:

**S E C R E T**

Chief Instructor

DESIGNATION OF BENEFICIARY  
FEDERAL EMPLOYEES GROUP LIFE  
INSURANCE PROGRAM

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

INFORMATION CONCERNING THE INSURED:

NAME (Last) (First) (Middle) DATE OF BIRTH (Month, day, year)  
Phillips, David A.

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

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

IF YOU ARE RETIRED OR RECEIVING FEDERAL EMPLOYEES' COMPENSATION BENEFITS OR AN APPLICANT FOR SUCH BENEFITS, GIVE YOUR "CSA," "CSL," "A," or "X" NUMBER

(CSA, CSL, A, or X number)

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

Central Intelligence Agency

(Department or agency)

(Bureau)

(Division)

Langley, Va.

(Location—City, State, and ZIP Code)

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

INFORMATION CONCERNING THE BENEFICIARY OR BENEFICIARIES (SEE EXAMPLES OF DESIGNATIONS):

Type or print first name, middle initial, and last name of each beneficiary	Type or print address (including ZIP Code) of each beneficiary	Relationship	Share to be paid to each beneficiary
VIRGINIA S. PHILLIPS	8224 FORT TRAIL DR. BETHESDA, MD. 20034	WIFE	All
FOR DISTRIBUTION ACCORDING TO MY WILL. <u>DL</u>			

For each type of insurance (regular and optional): (1) I hereby direct, unless otherwise indicated above, that if more than one beneficiary is named, the share of any beneficiary who may predecease me shall be distributed equally among the surviving beneficiaries, or entirely to the survivor. (2) I understand that this Designation of Beneficiary shall be void if none of the designated beneficiaries is living at the time of my death.

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

(Date of execution—month, day, year)

(Signature of insured)

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

Bladip S. Neovare 1218 Cronos St. Alex, Va. 22314  
(Signature of witness) (Number and street) (City, State, and ZIP Code)  
Nancy B. Johnson 401 7th St. N. Vienna, Va. 22180  
(Signature of witness) (Number and street) (City, State, and ZIP Code)

PRINT OR TYPE NAME AND ADDRESS (including ZIP Code) OF INSURED

THIS SPACE IS RESERVED FOR RECEIVING AGENCY

PERSONNEL  
OFFICE OF  
MAY 6 4 28 PM '75  
BRANCH  
PERSONAL AFFAIRS

(Indicate date and by whom received)

SEE REVERSE SIDE OF DUPLICATE COPY FOR INSTRUCTIONS ON WHERE TO FILE THESE FORMS.  
DO NOT FILE WITH THE OFFICE OF FEDERAL EMPLOYEES GROUP LIFE INSURANCE.



ADMINISTRATIVE  
Internal Use Only

# REPORT OF SERVICE ABROAD

FILE  
PUNCHED  
BY *S/E*

TO: Office of Personnel, Control Division, Statistical Reporting Branch

SERIAL NO.

NAME

LAST

FIRST

MIDDLE

024345

PHILLIPS

DAVID

A

## INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 58, REVISED.

## PCS DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/P USE ONLY	COUNTRY	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR					
25-26	27-28	29-30	31-32	33-34	35-36	1 - PCS (Basic) 3 - CORRECTION 5 - CANCELLATION	37	38 39		40-42

## TDY DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/P USE ONLY	AREA(S)	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR					
25-26	27-28	29-30	31-32	33-34	35-36	2 - TDY (Basic) 4 - CORRECTION 6 - CANCELLATION	37	38 39		40-42
11	03	74	11	15	74		2		EUR	801

## OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

## SOURCE DOCUMENT AND CERTIFICATION

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

DOCUMENT IDENTIFICATION NO.

DOCUMENT DATE/PERIOD

REMARKS

PREPARED BY

DCO

C & L DIVISION, CTBB.

C & L DIVISION

REPORT ANNOTATED ON  
CONTROL DOCUMENT

DATE

2/14/75

ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE  
DOCUMENT CITED

SIGNATURE

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL  
IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

ADMINISTRATIVE  
Internal Use Only

REPORT OF SERVICE ABROAD

FILE  
PUNCHED  
BY

TO: Office of Personnel, Control Division, Statistical Reporting

SERIAL NO.

NAME

LAST

FIRST

MIDDLE

024345

(Print) Phillips

7-24  
Dylio

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION. REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 58 FOR SED.

PCS DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA		COUNTRY	
MONTH	DAY	YEAR	MONTH	DAY	YEAR	1 - PCS (Basic)	CODE		CODE
25-26	27-28	29-30	31-32	33-34	35-36	3 - CORRECTION	37	38-39	40-42
						5 - CANCELLATION			

TDY DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA		AREA(S)	
MONTH	DAY	YEAR	MONTH	DAY	YEAR	2 - TDY (Basic)	CODE		CODE
25-26	27-28	29-30	31-32	33-34	35-36	4 - CORRECTION	37	38-39	40-42
1-2	3	74	12	15	74	6 - CANCELLATION	2	29 Area	311

OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

SOURCE DOCUMENT AND CERTIFICATION

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

DOCUMENT IDENTIFICATION NO.

DOCUMENT DATE/PERIOD

13-15 Dec 74

REMARKS

PREPARED BY

REPORT ANNOTATED ON  
CONTROL DOCUMENT

ABOVE DATA CERTIFIED CORRECT BASED UPON SOURCE  
DOCUMENT

☒ C & L DIVISION, CYBR

DATE

6 Feb 75

SIGNATURE

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL  
IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

**FILE COPY OF STANDARD FORM 56**  
**"AGENCY CERTIFICATION OF INSURANCE STATUS—**  
**FEDERAL EMPLOYEES GROUP LIFE INSURANCE PROGRAM"**

**on file with the Retirement Operations Branch,**  
**Office of Personnel (x3257).**

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

**IMPORTANT**  
AGENCY INSTRUCTIONS  
ON BACK OF ORIGINAL

## **TO COMPLETE THIS FORM—**

**1**

### **FOLLOW THESE GENERAL INSTRUCTIONS:**

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

**2**

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

NAME (last)	(first)	(middle)	DATE OF BIRTH (month, day, year)	SOCIAL SECURITY NUMBER
Phillips	David	Atlee	October 31 1922	
EMPLOYING DEPARTMENT OR AGENCY			LOCATION (City, State, Zip Code)	

HAVE YOU EVER BEFORE FILED AN "ELECTION, DECLINATION, OR WAIVER OF LIFE INSURANCE COVERAGE"? ☐ YES ☒ NO  
If "YES" your last such form remains in effect and you should not file this new form unless you want to change the old one. (See Instructions for Employees on page 4) *Not to be kept on my record, but I cannot remember positively.*

**3**

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

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

☒  
(A)

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

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

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

☐  
(B)

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

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

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

☐  
(C)

#### **WAIVER OF LIFE INSURANCE COVERAGE**

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

**4**

### **DATE AND SIGN. RETURN THE ENTIRE FORM TO YOUR EMPLOYING OFFICE.**

SIGNATURE (do not print)

*David Phillips*

DATE

20 March 1970

### **FOR EMPLOYING OFFICE USE ONLY**

(official receiving date stamp)

Received March 20, 1970

Personnel Officer

See Table of Effective Dates on back of Original

**ORIGINAL COPY—Retain in Official Personnel Folder**

STANDARD FORM No. 178  
April 1968  
FPMR Supplement 870-1  
170-102

SECRET

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

**IMPORTANT  
AGENCY INSTRUCTIONS  
ON BACK OF ORIGINAL**

## **TO COMPLETE THIS FORM—**

### **1 FOLLOW THESE GENERAL INSTRUCTIONS:**

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

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

NAME (last)	(first)	(middle)	DATE OF BIRTH (month, day, year)	SOCIAL SECURITY NUMBER
Phillips	David	Atlee	31 Oct 1922	
EMPLOYING DEPARTMENT OR AGENCY			LOCATION (City, State, ZIP Code)	

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

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



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

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

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



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

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

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



#### **WAIVER OF LIFE INSURANCE COVERAGE**

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

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

SIGNATURE (do not print)

*David Atlee Phillips*

DATE

13 February 1968

#### **FOR EMPLOYING OFFICE USE ONLY**

(official receiving date stamp)

RECEIVED  
PERSONNEL  
FEB 19 2 31 PM '68

See Table of Effective Dates on back of Original

ORIGINAL COPY—Retain in Official Personnel Folder

SECRET

STANDARD FORM No. 170-2  
(MAY 1964)  
(For use only until April 14, 1968)  
170-101

REPORT OF HONOR AND MERIT AWARDS BOARD				DATE	
				11 March 1975	
The Honor and Merit Awards Board having considered a recommendation that:					
SERIAL OR ID NO.	NAME (Last-First-Middle)	BIRTHYEAR	SEX	TYPE EMPLOYEE	
024345	PHILLIPS, David A.	1922	M	Staff	
OFFICE OF ASSIGNMENT	SD	SCHEDULE	GRADE	STATION	
DDO/LA	D	GS	18		
BE AWARDED					
Distinguished Intelligence Medal					
<input type="checkbox"/> FOR HEROIC ACTION ON					
<input checked="" type="checkbox"/> FOR MERITORIOUS SERVICE OR ACHIEVEMENT DURING THE PERIOD: 1953 - Present					
<input checked="" type="checkbox"/> RECOMMENDS APPROVAL					
<input type="checkbox"/> DOES NOT RECOMMEND APPROVAL					
<input type="checkbox"/> RECOMMENDS AWARD OF					
UNCLASSIFIED CITATION					
<p>Mr. David A. Phillips is hereby awarded the Distinguished Intelligence Medal in recognition of his outstanding service to the Central Intelligence Agency for more than 22 years. Throughout his career Mr. Phillips has held a series of highly important positions in Headquarters and overseas, including four assignments as Chief of Station. In each instance his superior accomplishments were marked by his broad area knowledge, initiative, drive and imagination. His most recent assignment as Chief of a major division is further evidence of his exceptional capability. Mr. Phillips' efforts during his career constitute a major contribution to the mission of the Agency, reflecting great credit on him and the Federal service.</p>					
REMARKS					
(Recommendation approved by DD/O on 5 March 1975)					
APPROVED			SIGNATURE		
W. Vernon A. Whitford DEPUTY DIRECTOR OF CENTRAL INTELLIGENCE 31 March 1975 DATE			(Signature) F. W. M. Janney TYPED NAME OF CHAIRMAN, HONOR AND MERIT AWARDS BOARD F. W. M. Janney SIGNATURE TYPED NAME OF RECORDER R. L. Austin, Jr.		

SECRET  
CLASSIFICATION

OPF

RECOMMENDATION FOR HONOR OR MERIT AWARD (Sub-It in triplicate - see HR 10-37)			
<b>SECTION A</b>			
1. EMPLOYEE NO. <b>024345</b>		2. NAME OF PERSON RECOMMENDED (Last, First, Middle) <b>Phillips, David A.</b>	
		3. POSITION TITLE <b>Division Chief</b>	
4. GRADE <b>GS-18</b>	5. SD <b>D</b>	6. OFFICE OF ASSIGNMENT <b>DDO/LA</b>	7. RECOMMENDED AWARD <b>Distinguished Intelligence Medal</b>
8. INCLUSIVE DATES FOR WHICH RECOMMENDED <b>1953 - May 1975</b>		9. IF RETIRING, DATE OF RETIREMENT <b>9 May 1975</b>	
		10. POSTHUMOUS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
11. HOME ADDRESS <b>8224 Stone Trail Drive Bethesda, Maryland</b>		12. HOME PHONE <b>365-0527</b>	
<b>SECTION B</b>			
LIST ANY PERSONNEL GIVEN AN AWARD OR RECOMMENDED FOR AWARD WHO ASSISTED IN THE ACT OR PARTICIPATED IN THE PERFORMANCE.			
13. FULL NAME		14. TYPE OF AWARD	
<b>SECTION C</b>			
ATTACH NARRATIVE DESCRIPTION OF PERFORMANCE OR SERVICE WARRANTING AWARD, ANY SUPPORTING DOCUMENTS AND A PROPOSED, UNCLASSIFIED CITATION.			
<b>SECTION D</b>			
15. TITLE AND SIGNATURE OF EMPLOYEE MAKING RECOMMENDATION <b>William E. Nelson Deputy Director for Operations</b>		DATE	
16. HEAD OF <u>  D  </u> CAREER SERVICE (Career service of nominee)		TITLE AND SIGNATURE <b>See Item #18</b>	DATE
17. DEPUTY DIRECTOR OF CAREER SERVICE		TITLE AND SIGNATURE <b>See Item #18</b>	DATE
18. DEPUTY DIRECTOR OF OPERATING COMPONENT		TITLE AND SIGNATURE <b>Deputy Director for Operations</b>	DATE
FORM 10-73 600 OBSOLETE PREVIOUS EDITIONS		CLASSIFICATION <b>SECRET</b>	E-2, IMPDET CL. FY: _____ (4)

SECRET

OFF

Mr. David A. Phillips is retiring after a distinguished career with the Agency. He has been an employee of the Agency since 1951 when he initially joined as a Contract employee. He served with distinction in [redacted] Mexico City, [redacted] and [redacted]. His excellent command of [redacted] has enhanced each of his assignments in Latin America. A true DDOer, fifteen years of this glorious and active career were spent overseas. His outstanding dedication and devotion to the cause of freedom won for him in 1956, the Intelligence Medal of Merit. His file is replete with letters of commendation and appreciation from the DCI, DDCI, the former [redacted] Ambassadors, and military commanders, all of whom recognized the uniqueness of his outstanding service. Mr. Phillips has been highly effective as a senior member of the Latin American Division which has been under his immediate command since 1973. An excerpt from a late fitness report nicely characterizes the caliber of his work. "It is as a senior operations officer that Mr. Phillips has had the greatest experience, and it is not surprising that he has made an excellent input into the improvement of operational matters throughout the many areas of this hemisphere for which he is responsible." Mr. Phillips will be remembered for his initiative, drive and imagination, and for the excellence of his representational responsibilities which in large part is attributable to his native charm, area knowledgeability and superb language skills. He will be remembered for his intent capability and desire to fulfill the needs of the Organization. It is fitting and proper that upon his retirement, Mr. Phillips be recognized with the award of the Distinguished Intelligence Medal.

SECRET



**CONFIDENTIAL**Daniel A. Phillips

5 JUN 1974

Dear Dave,

You have just finished an important albeit grueling GS-16 Evaluation Exercise at my direction. The recommendations for promotion and executive development you gave me were a major factor in my recommendations to the Director for the upward movement of officers who will be the top management cadre of the Directorate in the near future.

I believe you will find that the last several weeks will have sharpened your focus on one of our most important management responsibilities, our personnel. Many thanks for a job well done.



William E. Nelson  
Deputy Director for Operations

E2 IMPDET CL BY 056788

**CONFIDENTIAL**

**SECRET**  
(When Filled In)

### REPORT OF SERVICE ABROAD

TO:

Office of Personnel, Transactions and Records Branch, Status Section

**FILE  
PUNCHED  
BY**

SERIAL NO.

NAME

LAST

FIRST

MIDDLE

024345 (Prints) Philhyps DAVID

## INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 58, REVISED.

## PCS DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/P USE ONLY	COUNTRY	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR					
25-26	27-28	29-30	31-32	33-34	35-36	1 - PCS (Basic) 2 - CORRECTION 3 - CANCELLATION	37	38 39		40-42

## TDY DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/P USE ONLY	AREA(S)	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR					
25-26	27-28	29-30	31-32	33-34	35-36	1 - TDY (Basic) 2 - CORRECTION 3 - CANCELLATION	37	38 39	WESTERN Hemisphere	40-42
1	1	1	7	3	7		2			8 11

## OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

IMPDET CL BY 6/23/74

## SOURCE DOCUMENT AND CERTIFICATION

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

DOCUMENT IDENTIFICATION NO.

LHM 870 1/74

DOCUMENT DATE/PERIOD

11/1 - 12/4/73

REMARKS

PREPARED BY	<input checked="" type="checkbox"/> REPORT ANNOTATED ON CONTROL DOCUMENT	ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
DCO	DATE	
<input checked="" type="checkbox"/> C & L DIVISION, CTBR.	1/23/74	
<input type="checkbox"/> C & T DIVISION		

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL  
IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

**SECRET**  
(When Filled In)

### REPORT OF SERVICE ABROAD

**TO:** Office of Personnel, Transactions and Records Branch, Status Section

**SERIAL NO.**

**NAME**

**LAST**

**FIRST**

024345

Phillips

David

**FILE**  
**PUNCHED**  
**BY** *1/1*

#### INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 50, REVISED.

#### PCS DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/P USE ONLY	COUNTRY	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR					
25-26	27-28	29-30	31-32	33-34	35-36	1 - PCS (Basic) 3 - CORRECTION 5 - CANCELLATION	37	38 39		40-42

#### TDY DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/P USE ONLY	AREA(S)	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR					
25-26	27-28	29-30	31-32	33-34	35-36	2 - TDY (Basic) 4 - CORRECTION 6 - CANCELLATION	37	38 39	WESTERN Hemisphere	40-42
11	29	73	12	04	73		2			811

#### OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

2 IMPROVED CL BY *6/2/77*

#### SOURCE DOCUMENT AND CERTIFICATION

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

DOCUMENT IDENTIFICATION NO. *WH BTO #1/74* DOCUMENT DATE/PERIOD *1/11 - 12/4/73*

REMARKS

PREPARED BY	<input checked="" type="checkbox"/> REPORT ANNOTATED ON CONTROL DOCUMENT	ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
DCO	DATE <i>1/23/74</i>	
<input checked="" type="checkbox"/> C & L DIVISION, CYBR.		
<input checked="" type="checkbox"/> C & Y DIVISION		

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL  
IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER



**SECRET**  
(When Filled In)

# REPORT OF SERVICE ABOARD

**PUNCHED  
BY**

**TO:** Office of Personnel, Control Division, Statistical Reporting Branch

SERIAL NO.	NAME		
	LAST	FIRST	MIDDLE
034345	PHILLIPS	DAVID	A

## INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 39, REVISED.

## PCS DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/P USE ONLY	COUNTRY	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR					
25-26	27-28	29-30	31-32	33-34	35-36	1 - PCS (Basic) 3 - CORRECTION 5 - CANCELLATION	37	38 39		40-42
			06	29	72		1			090

## TDY DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/P USE ONLY	AREA(S)	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR					
25-26	27-28	29-30	31-32	33-34	35-36	2 - TDY (Basic) 4 - CORRECTION 6 - CANCELLATION	37	38 39		40-42

## OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

## SOURCE DOCUMENT AND CERTIFICATION

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

DOCUMENT IDENTIFICATION NO. 646685	DOCUMENT DATE/PERIOD 27 JUL 1972
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REMARKS
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PREPARED BY	REPORT ANNOTATED ON CONTROL DOCUMENT	ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
DCO	DATE 25 SEPT 72	SIGNATURE
C & L DIVISION, CTUR.		
C & T DIVISION		

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL  
IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

SECRET  
(When Filled In)

## SERVICE ABROAD AGREEMENT

### I. GENERAL

IT IS UNDERSTOOD THAT YOU AGREE TO SERVE THE PERIOD OF SERVICE ABROAD PRESCRIBED IN SECTION II BELOW AND THAT THE GOVERNMENT IS OBLIGATED TO RETURN YOU, YOUR DEPENDENTS AND YOUR HOUSEHOLD AND PERSONAL EFFECTS UPON THE SATISFACTORY COMPLETION OF THIS PERIOD. YOUR ALLOWABLE EXPENSES WILL BE DETERMINED IN ACCORDANCE WITH AGENCY REGULATIONS.

IF YOU TERMINATE YOUR PERMANENT ASSIGNMENT OUTSIDE THE CONTINENTAL UNITED STATES BEFORE YOU COMPLETE 12 MONTHS OF CREDITABLE SERVICE FOLLOWING THE DATE OF YOUR ARRIVAL ABROAD, YOU WILL BE REQUIRED TO REIMBURSE THE GOVERNMENT FOR ALL EXPENSES IT INCURS IN THE TRAVEL AND TRANSPORTATION OF YOU, YOUR DEPENDENTS, YOUR HOUSEHOLD AND PERSONAL EFFECTS TO YOUR POST. IF YOU FAIL TO COMPLETE YOUR PRESCRIBED TOUR OF DUTY ABROAD YOU WILL NOT BE ENTITLED TO THE RETURN TRAVEL AND TRANSPORTATION OF YOURSELF, YOUR DEPENDENTS AND YOUR HOUSEHOLD AND PERSONAL EFFECTS TO THE UNITED STATES. IF, HOWEVER, AGENCY OFFICIALS DETERMINE THAT YOUR EARLY DEPARTURE IS NECESSARY FOR OFFICIAL REASONS, OR FOR PERSONAL REASONS OF SIGNIFICANT INTEREST TO THE GOVERNMENT, THEY MAY WAIVE THE REIMBURSEMENT OF EXPENSES ALREADY INCURRED, OR AUTHORIZE YOUR RETURN TRAVEL AND TRANSPORTATION, WHICHEVER IS APPLICABLE.

IF ELIGIBLE UNDER THE TERMS OF HR 20-30, YOU WILL BE GRANTED HOME LEAVE AS SOON AS IT CAN BE ARRANGED AT GOVERNMENT CONVENIENCE AFTER COMPLETION OF YOUR PRESCRIBED TOUR OF DUTY, PROVIDED YOU HAVE SERVED AT LEAST 18 MONTHS OF CONTINUOUS CREDITABLE SERVICE OUTSIDE THE UNITED STATES. HOME LEAVE AND HOME LEAVE TRAVEL ARE CONTINGENT UPON YOUR WILLINGNESS TO RETURN, AND CONTEMPLATION BY AGENCY OFFICIALS THAT YOU WILL RETURN TO SERVICE OUTSIDE THE UNITED STATES IMMEDIATELY AFTER HOME LEAVE OR UPON COMPLETION OF AN ASSIGNMENT IN THE UNITED STATES.

YOU ARE ADVISED THAT ANY MONIES DUE YOU FROM THE GOVERNMENT MAY BE APPLIED IN LIQUIDATION OF ANY INDEBTEDNESS ARISING FROM VIOLATION OF THIS AGREEMENT. YOU WILL BE AFFORDED ALL NORMAL RECOURSE IN APPEALING DECISIONS MADE PURSUANT TO THIS AGREEMENT.

NAME OF EMPLOYEE

David A. Phillips

SO

D

### II. TOUR OF DUTY ABROAD

1. NAME OF POST OF ASSIGNMENT

2. PERIOD OF SERVICE ABROAD AS PRESCRIBED IN A, B, OR C BELOW

A. STANDARD TOUR OF DUTY OF 24 MONTHS X

C. NONSTANDARD TOUR OF DUTY OF \_\_\_\_\_ MONTHS FOR THIS TOUR ONLY FOR THE EMPLOYEE SIGNING THIS AGREEMENT. (See HR 20-18)

REQUESTED (Memo attached)

OPERATING OFFICIAL

CONCUR

CAREER SERVICE

DEPUTY DIRECTOR

APPROVED

DIRECTOR OF PERSONNEL

OPERATING OFFICIAL

C/WH/Pers

### III. PERMANENT PLACE OF RESIDENCE

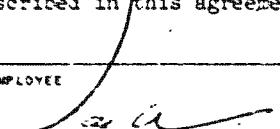
3. YOUR "PERMANENT PLACE OF RESIDENCE" IS A PLACE TO WHICH ALLOWABLE TRAVEL AND TRANSPORTATION EXPENSES MAY BE AUTHORIZED IN CERTAIN CIRCUMSTANCES PURSUANT TO HR 22. ITS DESIGNATION WILL BE KEPT IN YOUR OFFICIAL PERSONNEL FOLDER.

4. IN REQUESTING YOUR PERMANENT PLACE OF RESIDENCE IN ITEM 5 ON THE REVERSE SIDE, YOU MUST INDICATE THE PLACE WHERE YOU PHYSICALLY DWELL IN THE UNITED STATES, ITS POSSESSIONS OR THE COMMONWEALTH OF PUERTO RICO AT THE TIME OF YOUR PCS TRANSFER TO A POST ABROAD. YOU MAY REQUEST IN ITEM 5 THE DESIGNATION OF ANOTHER PLACE AS YOUR PERMANENT PLACE OF RESIDENCE IF YOU CAN ESTABLISH THAT YOUR PHYSICAL DWELLING PLACE IS (OF WAR) TRANSITORY AND THAT SUCH OTHER PLACE IS YOUR DOMICILE OR HAS PREVIOUSLY BEEN USED BY YOU AS A PHYSICAL DWELLING. INFORMATION THAT CAN BE PRESENTED IN AN ATTACHED STATEMENT AS EVIDENCE INCLUDES BUT IS NOT LIMITED TO, STATE VOTING REGISTRATION, PROPERTY OWNERSHIP AND PLACE WHERE INCOME OR PERSONAL PROPERTY TAXES HAVE BEEN PAID.

CLASSIFIED BY 10401  
EXEMPTED FROM AUTOMATIC  
DECLASSIFICATION AND  
DOWNGRADING  
(See 25 U.S.C. 1651, 1652, 1653, 1654, 1655, 1656, 1657, 1658, 1659, 1660, 1661, 1662, 1663, 1664, 1665, 1666, 1667, 1668, 1669, 1670, 1671, 1672, 1673, 1674, 1675, 1676, 1677, 1678, 1679, 1680, 1681, 1682, 1683, 1684, 1685, 1686, 1687, 1688, 1689, 1690, 1691, 1692, 1693, 1694, 1695, 1696, 1697, 1698, 1699, 1700, 1701, 1702, 1703, 1704, 1705, 1706, 1707, 1708, 1709, 1710, 1711, 1712, 1713, 1714, 1715, 1716, 1717, 1718, 1719, 1720, 1721, 1722, 1723, 1724, 1725, 1726, 1727, 1728, 1729, 1730, 1731, 1732, 1733, 1734, 1735, 1736, 1737, 1738, 1739, 1740, 1741, 1742, 1743, 1744, 1745, 1746, 1747, 1748, 1749, 1750, 1751, 1752, 1753, 1754, 1755, 1756, 1757, 1758, 1759, 1760, 1761, 1762, 1763, 1764, 1765, 1766, 1767, 1768, 1769, 1770, 1771, 1772, 1773, 1774, 1775, 1776, 1777, 1778, 1779, 1780, 1781, 1782, 1783, 1784, 1785, 1786, 1787, 1788, 1789, 1790, 1791, 1792, 1793, 1794, 1795, 1796, 1797, 1798, 1799, 1800, 1801, 1802, 1803, 1804, 1805, 1806, 1807, 1808, 1809, 1810, 1811, 1812, 1813, 1814, 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2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 2680, 2681, 2682, 2683, 2684, 2685, 2686, 2687, 2688, 2689, 2690, 2691, 2692, 2693, 2694, 2695, 2696, 2697, 2698, 2699, 2700, 2701, 2702, 2703, 2704, 2705, 2706, 2707, 2708, 2709, 2710, 2711, 2712, 2713, 2714, 2715, 2716, 2717, 2718, 2719, 2720, 2721, 2722, 2723, 2724, 2725, 2726, 2727, 2728, 2729, 2730, 2731, 2732, 2733, 2734, 2735, 2736, 2737, 2738, 2739, 2740, 2741, 2742, 2743, 2744, 2745, 2746, 2747, 2748, 2749, 2750, 2751, 2752, 2753, 2754, 2755, 2756, 2757, 2758, 2759, 2760, 2761, 2762, 2763, 2764, 2765, 2766, 2767, 2768, 2769, 2770, 2771, 2772, 2773, 2774, 2775, 2776, 2777, 2778, 2779, 2780, 2781, 2782, 2783, 2784, 2785, 2786, 2787, 2788, 2789, 2790, 2791, 2792, 2793, 2794, 2795, 2796, 2797, 2798, 2799, 2800, 2801, 2802, 2803, 2804, 2805, 2806, 2807, 2808, 2809, 2810, 2811, 2812, 2813, 2814, 2815, 2816, 2817, 2818, 2819, 2820, 2821, 2822, 2823, 2824, 2825, 2826, 2827, 2828, 2829, 2830, 2831, 2832, 2833, 2834, 2835, 2836, 2837, 2838, 2839, 2840, 2841, 2842, 2843, 2844, 2845, 2846, 2847, 2848, 2849, 2850, 2851, 2852, 2853, 2854, 2855, 2856, 2857, 2858, 2859, 2860, 2861, 2862, 2863, 2864, 2865, 2866, 2867, 2868, 2869, 2870, 2871, 2872, 2873, 2874, 2875, 2876, 2877, 2878, 2879, 2880, 2881, 2882, 2883, 2884, 2885, 2886, 2887, 2888, 2889, 2890, 2891, 2892, 2893, 2894, 2895, 2896, 2897, 2898, 2899, 2900, 2901, 2902, 2903, 2904, 2905, 2906, 2907, 2908, 2909, 2910, 2911, 2912, 2913, 2914, 2915, 2916, 2917, 2918, 2919, 2920, 2921, 2922, 2923, 2924, 2925, 2926, 2927, 2928, 2929, 2930, 2931, 2932, 2933, 2934, 2935, 2936, 2937, 2938, 2939, 2940, 2941, 2942, 2943, 2944, 2945, 2946, 2947, 2948, 2949, 2950, 2951, 2952, 2953, 2954, 2955, 2956, 2957, 2958, 2959, 2960, 2961, 2962, 2963, 2964, 2965, 2966, 2967, 2968, 2969, 2970, 2971, 2972, 2973, 2974, 2975, 2976, 2977, 2978, 2979, 2980, 2981, 2982, 2983, 2984, 2985, 2986, 2987, 2988, 2989, 2990, 2991, 2992, 2993, 2994, 2995, 2996, 2997, 2998, 2999, 3000, 3001, 3002, 3003, 3004, 3005, 3006, 3007, 3008, 3009, 3010, 3011, 3012, 3013, 3014, 3015, 3016, 3017, 3018, 3019, 3020, 3021, 3022, 3023, 3024, 3025, 3026, 3027, 3028, 3029, 3030, 3031, 3032, 3033, 3034, 3035, 3036, 3037, 3038, 3039, 3040, 3041, 3042, 3043, 3044, 3045, 3046, 3047, 3048, 3049, 3050, 3051, 3052, 3053, 3054, 3055, 3056, 3057, 3058, 3059, 3060, 3061, 3062, 3063, 3064, 3065, 3066, 3067, 3068, 3069, 3070, 3071, 3072, 3073, 3074, 3075, 3076, 3077, 3078, 3079, 3080, 3081, 3082, 3083, 3084, 3085, 3086, 3087, 3088, 3089, 3090, 3091, 3092, 3093, 3094, 3095, 3096, 3097, 3098, 3099, 3100, 3101, 3102, 3103, 3104, 3105, 3106, 3107, 3108, 3109, 3110, 3111, 3112, 3113, 3114, 3115, 3116, 3117, 3118, 3119, 3120, 3121, 3122, 3123, 3124, 3125, 3126, 3127, 3128, 3129, 3130, 3131, 3132, 3133, 3134, 3135, 3136, 3137, 3138, 3139, 3140, 3141, 3142, 3143, 3144, 3145, 3146, 3147, 3148, 3149, 3150, 3151, 3152, 3153, 3154, 3155, 3156, 3157, 3158, 3159, 3160, 3161, 3162, 3163, 3164, 3165, 3166, 3167, 3168, 3169, 3170, 3171, 3172, 3173, 3174, 3175, 3176, 3177, 3178, 3179, 3180, 3181, 3182, 3183, 3184, 3185, 3186, 3187, 3188, 3189, 3190, 3191, 3192, 3193, 3194, 3195, 3196, 3197, 3198, 3199, 3200, 3201, 3202, 3203, 3204, 3205, 3206, 3207, 3208, 3209, 3210, 3211, 3212, 3213, 3214, 3215, 3216, 3217, 3218, 3219, 3220, 3221, 3222, 3223, 3224, 3225, 3226, 3227, 3228, 3229, 3230, 3231, 3232, 3233, 3234, 3235, 3236, 3237, 3238, 3239, 3240, 3241, 3242, 3243, 3244, 3245, 3246, 3247, 3248, 3249, 3250, 3251, 3252, 3253, 3254, 3255, 3256, 3257, 3258, 3259, 3260, 3261, 3262, 3263, 3264, 3265, 3266, 3267, 3268, 3269, 3270, 3271, 3272, 3273, 3274, 3275, 3276, 3277, 3278, 3279, 3280, 3281, 3282, 3283, 3284, 3285, 3286, 3287, 3288, 3289, 3290, 3291, 3292, 3293, 3294, 3295, 3296, 3297, 3298, 3299, 3300, 3301, 3302, 3303, 3304, 3305, 3306, 3307, 3308, 3309, 3310, 3311, 3312, 3313, 3314, 3315, 3316, 3317, 3318, 3319, 3320, 3321, 3322, 3323, 3324, 3325, 3326, 3327, 3328, 3329, 3330, 3331, 3332, 3333, 3334, 3335, 3336, 3337, 3338, 3339, 3340, 3341, 3342, 3343, 3344, 3345, 3346, 3347, 3348, 3349, 3350, 3351, 3352, 3353, 3354, 3355, 3356, 3357, 3358, 3359, 3360, 3361, 3362, 3363, 3364, 3365, 3366, 3367, 3368, 3369, 3370, 3371, 3372, 3373, 3374, 3375, 3376, 3377, 3378, 3379, 3380, 3381, 3382, 3383, 33

SECRET

(when Filled In)

4. PHYSICAL DOLLING PLACE (Permanent Place of Residence unless address in item 6 is approved in lieu thereof) FULL ADDRESS 8234 Stone Trail Drive Ames, IA, 50010		5. OTHER PLACE REQUESTED (Requested Permanent Place of Residence if different from item 4) FULL ADDRESS  	
APPROVED DEPUTY DIRECTOR  		CONCUR DEPUTY DIRECTOR  	
DATE 7 Aug 1972		APPROVED DIRECTOR OF PERSONNEL  	
DATE  		DATE  	
IV. HOME LEAVE POINT			
7. AMONG THE PLACES YOU MAY REQUEST AS A HOME LEAVE POINT ARE: YOUR PERMANENT PLACE OF RESIDENCE SHOWN ABOVE, HEADQUARTERS AREA, AND WHERE YOUR CHILDREN, PARENTS, PARENTS-IN-LAW, BROTHERS, SISTERS, BROTHERS-IN-LAW, OR SISTERS-IN-LAW RESIDE.			
8. YOU MAY REQUEST FOR APPROVAL SOME OTHER POINT SUBJECT TO THE PROVISIONS OF HR 20-308(3)(C). THE REQUEST MUST BE ACCOMPANIED BY A MEMORANDUM EXPLAINING THE CIRCUMSTANCES.			
9. DESIGNATION PER ITEM 7 ABOVE FULL ADDRESS SAME AS 5 ABOVE		10. DESIGNATION PER ITEM 8 ABOVE FULL ADDRESS  	
RELATIONSHIP OF RELATIVE AT HOME LEAVE POINT None		CONCUR DEPUTY DIRECTOR  	
APPROVED DEPUTY DIRECTOR  		APPROVED DIRECTOR OF PERSONNEL  	
DATE 7 Aug 1972		DATE  	
EMPLOYEE CERTIFICATION			
I have read and understand my service obligations and travel entitlements as described in this agreement.			
SIGNATURE OF EMPLOYEE 		DATE 7/28/72	

SECRET

**SECRET**  
(When Filled In)

REPORT OF SERVICE ABROAD												
<b>TO:</b> Office of Personnel, Transactions and Records Branch, Status Section												
SERIAL NO.		NAME										
		LAST		FIRST				MIDDLE				
1-6		(Print)		2-24				A				
024345		Phillips		David				A				
INSTRUCTIONS												
USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TOY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 88, REVISED.												
PCS DATES OF SERVICE												
ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA			O/P USE ONLY		COUNTRY	
MONTH	DAY	YEAR	MONTH	DAY	YEAR				CODE	CODE		
25-26	27-28	29-30	31-32	33-34	35-36	1 - PCS (Basic) 3 - CORRECTION 5 - CANCELLATION			37	38	39	
2	7	1	6	7	1				3			
TOY DATES OF SERVICE												
ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA			O/P USE ONLY		AREA(S)	
MONTH	DAY	YEAR	MONTH	DAY	YEAR				CODE	CODE		
25-26	27-28	29-30	31-32	33-34	35-36	2 - TOY (Basic) 4 - CORRECTION 6 - CANCELLATION			37	38	39	
OFFICE OF PERSONNEL USE ONLY - PUNCH AREA												
SOURCE DOCUMENT AND CERTIFICATION												
TRAVEL VOUCHER						DISPATCH						
✓ CABLE						DUTY STATUS OR TIME AND ATTENDANCE REPORT						
OTHER (Specify)												
DOCUMENT IDENTIFICATION NO.						DOCUMENT DATE/PERIOD						
14177						13 July 1971						
REMARKS												
Correction - LATRAAL												
PREPARED BY						REPORT ANNOTATED ON CONTROL DOCUMENT						
SCB						ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED						
C & L DIVISION, C'BR.						DATE						
C & T DIVISION						7/19/71						
THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER												



SECRET  
(When Filled In)

REPORT OF SERVICE ABROAD												
TO: Office of Personnel, Transactions and Records Branch										<b>FILE PUNCHED</b> Status <b>BY</b> Section		
SERIAL NO.		NAME										
		LAST		FIRST				MIDDLE				
1-6		(Print)		7-24								
024345		Phillips		Lard				A				
INSTRUCTIONS												
USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION ( <i>One only</i> ). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 92, REVISED.												
PCS DATES OF SERVICE												
ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA			O/P USE ONLY		COUNTRY	
MONTH	DAY	YEAR	MONTH	DAY	YEAR	1 - PCS (Basic) 2 - CORRECTION 3 - CANCELLATION			CODE	38	39	CODE
25-26	27-28	29-30	31-32	33-34	35-36				37			40-42
01	11	70	07	09	71				1			090
TDY DATES OF SERVICE												
ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA			O/P USE ONLY		AREA(S)	
MONTH	DAY	YEAR	MONTH	DAY	YEAR	2 - TDY (Basic) 4 - CORRECTION 5 - CANCELLATION			CODE	38	39	CODE
25-26	27-28	29-30	31-32	33-34	35-36				37			40-42
OFFICE OF PERSONNEL USE ONLY - PUNCH AREA												
SOURCE DOCUMENT AND CERTIFICATION												
TRAVEL VOUCHER						DISPATCH						
CABLE						DUTY STATUS OR TIME AND ATTENDANCE REPORT						
OTHER (Specify)												
DOCUMENT IDENTIFICATION NO.						DOCUMENT DATE/PERIOD						
13872						8 July 1971						
REMARKS						- <i>Internal</i>						
NO Record - <i>date</i> claimed												
PREPARED BY						REPORT ANNOTATED ON CONTROL DOCUMENT			ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED			
DCO						DATE			SIGNATURE			
C & L DIVISION, CYRR.						7/15/71						
C & Y DIVISION												
THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER												

TO: Chief, WHD		RECEIVED: [ ]
FROM: Chief of Station, [ ]		CLASSIFICATION: [ ]
SUBJECT: General - Administrative Specific - Performance of TDY Personnel During Recent [ ] Crisis		ANALYST: [ ]
ACTION REQUIRED: [ ]		
<p>1. As Headquarters is well aware, a constant flow of TDY personnel was provided the Station by Headquarters during the crisis period of the recent revolution. Obviously, the Station could have found it most difficult, if not impossible, to perform in the fashion it did without this assistance. What deserves special comment, however, is the generally high quality of their performance under quite demanding, fluid, and, often, dangerous conditions. With few exceptions, already known to Headquarters, the TDY personnel did a magnificent job both collectively and as individuals. Considering the grade and experience of most of these officers, it can probably be assumed that this was to be expected. But, what clearly was not predictable was their willingness to accept any type of assignment regardless of grade or circumstances, their quick adaptability and initiative in an unfamiliar and confused situation, and their stamina under the stress of long and irregular work days seven days a week. Furthermore, in spite of the close working quarters, constant association, and strain inherent in this type of situation, "personality clashes" or other signs of incompatibility were very few indeed.</p> <p>2. Undoubtedly, Headquarters has sensed the foregoing from returns. The purpose of sending this dispatch is to make it a matter of record and to suggest to Headquarters that their standard of performance under these conditions may merit consideration of some special recognition in the personnel files of the personnel concerned.</p> <p style="text-align: right;">Continued...</p> <p>Distribution: 3 - WHD</p> <p>Attachment: As stated - h/w</p>		
CROSS REFERENCE TO	DISPATCH SYMBOL AND NUMBER	DATE
	HDCT-1221	17 July 1965
	CLASSIFICATION	HQS FILE NUMBER
	S-E-C-R-E-T	

DISPATCH

S-P-C-R-E-T

HDCI-1721

3. Without detracting one whit from the performance of any of the other officers on TDY assignment, the present COS would like to single out [ ] and [ ] as deserving special comment. Their performance has been exceptional. A special note is attached for [ ]. Therefore, it is recommended that the attached memoranda be inserted into each of their personnel files.

4. Also, the COS would like to register the fact that the foregoing not only speaks highly of the TDY personnel assigned, but Headquarters as well in providing this type of support.

5. As a final comment, Headquarters may care to check this memorandum with [ ] the COS for a good part of this period, to obtain any special comments he might wish to make in this regard -- either with respect to content or individuals whom he considered exceptional and who are not known to the present COS.

*David Phillips*

14-00000

S-E-C-R-E-T

17 July 1965

MEMORANDUM FOR THE RECORD

SUBJECT: TDY in Santo Domingo

1. [ ] was assigned to Station [ ] on a TDY basis for the period 2 June to 16 July 1965. During this assignment, [ ] was placed in charge of the Station CIA program with special emphasis on exploiting targets of opportunity in the very fluid crisis situation then prevalent and, simultaneously, generating new assets and new approaches to lay the groundwork for the altered situation which would be confronting the Station in the post-crisis era. In addition to supervising the CIA program, he handled a number of existing agents, developed some new assets, and conducted numerous special CIA operations, including some quite effective black activities. On this assignment, [ ] worked some fourteen to sixteen hours a day throughout the entire period.

2. The undersigned is aware that CIA would expect a quite professional and dedicated performance from an officer of [ ] seniority, experience, and caliber; however, even taking this into consideration, his performance in every respect was exceptional, and should merit special recognition.

3. It is recommended that a copy of this memorandum be placed in [ ] personnel folder.

*John F. [ ]*

S-E-C-R-E-T

SECRET

CO: 94209

6 AUG 1969

MEMORANDUM FOR: Director of Central Intelligence

THROUGH : Deputy Director for Plans

SUBJECT : Appointment of Mr. David A. Phillips as  
Chief of Station, [REDACTED]

1. The appointment of Mr. David A. Phillips, GS-16, as Chief of Station, [REDACTED] effective on or about 15 January 1970 is recommended. Mr. Phillips would replace Mr. Robert D. Gahagen.

2. Mr. Phillips has been an employee of the Agency since 1951 initially in a contract capacity. He has served in [REDACTED] Havana, [REDACTED] Mexico City and most recently as Chief, Cuban Operations Group. Mr. Phillips is fluent in the Spanish language [REDACTED]

[REDACTED] A biographic profile including information regarding his Agency experience and training is attached.

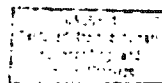
*William V. Broe*  
William V. Broe

Chief

Western Hemisphere Division

Attachment  
Biographic Profile (Parts 1 and 2)

SECRET



- 2 -

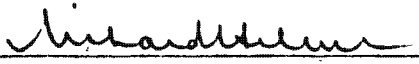
SUBJECT: Appointment of Mr. David A. Phillips as Chief of  
Station,

## APPROVAL RECOMMENDED:

  
Deputy Director for Plans

20 Sept 69  
Date

The recommendation in paragraph one is APPROVED:

  
Director of Central Intelligence

1 Oct 69  
Date

SECRET

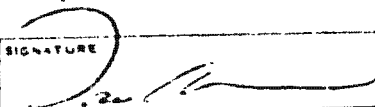
## CONFIDENTIAL

(When Filled In)

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

NAME OF EMPLOYEE (Last)		(First)		(Middle)		SOCIAL SECURITY NUMBER	
Phillips		David		Atlee		440-28-3930	
1. RESIDENCE DATA							
PLACE OF RESIDENCE WHEN INITIALLY EMPLOYED BY AGENCY				LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. (If appointed abroad)			
[ ] DESIGNATED AS PERMANENT RESIDENCE				Washington, D.C.			
2. MARITAL STATUS (Check one)				(Please note this is a change)			
<input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> ANNULLED							
IF MARRIED, PLACE OF MARRIAGE				DATE OF MARRIAGE			
Bethesda, Maryland				28 March 1969			
IF DIVORCED, PLACE OF DIVORCE DECREE				DATE OF DECREE			
IF WIDOWED, PLACE SPOUSE DIED				DATE SPOUSE DIED			
IF PREVIOUSLY MARRIED, INDICATE NAME(S) OF SPOUSE, REASON(S) FOR TERMINATION, AND DATE(S)							
Joan Hildebrant, incompatibility, circa September 1941 Helen Haasch, incompatibility, 22 November 1967.							
3. MEMBERS OF FAMILY							
NAME OF SPOUSE		ADDRESS (No. Street, City, State, Zip Code)		TELEPHONE NO.			
Virginia S. Phillips		8224 Stone Trail Drive, Bethesda Md 20034		469-6753			
NAMES OF CHILDREN		ADDRESS		SEX		DATE OF BIRTH	
Maria		Same as above		F		1949	
David Jr		"		M		1951	
Christopher		"		M		1956	
(See Continuation)							
NAME OF YOUR FATHER (Or male guardian)		ADDRESS		TELEPHONE NO.			
Deceased							
NAME OF YOUR MOTHER (Or female guardian)		ADDRESS		TELEPHONE NO.			
Deceased							
WHAT MEMBER(S) OF YOUR FAMILY IF ANY, HAS BEEN TOLD OF YOUR AFFILIATION WITH THE ORGANIZATION IF CONTACT IS REQUIRED IN AN EMERGENCY.							
My brother, Edwin T. Phillips, Jr.							
4. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY							
NAME (Mr., Mrs., Miss) (Last-First-Middle)				RELATIONSHIP			
Mr. Phillips, Edwin Thomas				Brother			
HOME ADDRESS (No. Street, City, State, Zip Code)				HOME TELEPHONE NUMBER			
Fort Worth National Bank, Bldg., Fort Worth, Texas				Unknown			
BUSINESS ADDRESS (No. Street, City, State, Zip Code) NAME OF EMPLOYEE, IF APPLICABLE				BUSINESS TELEPHONE & EXTENSION			
Same as above				Unknown			
IS THE INDIVIDUAL NAMED ABOVE WITTING OF YOUR AGENCY AFFILIATION? (If "No" give name and address of organization he believes you work for.)						YES	X
Yes						NO	
IS THIS INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF IN THE EVENT YOU ARE INCAPABLE? (If "No" give name and address of person, if any, who can make such decisions in case of emergency.)						YES	X
Yes, he is my attorney-in-fact.						NO	
DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE? (If answer is "No" explain why in item 5.)						YES	X
						NO	
The persons named in item 3 above may also be notified in case of emergency. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE IN ITEM 6 ON THE REVERSE SIDE OF THIS FORM.							
CONTINUED ON REVERSE SIDE							
CURRENT RESIDENCE AND DEPENDENCY REPORT							

**CONFIDENTIAL**  
(When Filled In)

VOLUNTARY ENTRIES		
<p>8. Experience in the handling of employee emergencies has shown that the absence of certain personal data often delays and complicates the settlement of estate and financial matters. The information requested in this section may prove very useful to your family or attorney in the event of your disability or death and will be disclosed only when circumstances warrant.</p>		
<p>INDICATE NAME AND ADDRESS OF ANY BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS AND THE NAMES IN WHICH THE ACCOUNTS ARE CARRIED.</p> <p align="center"> <b>Fort Worth National Bank, Fort Worth, Texas. Checking and Saving.</b>  <b>Potomac National Bank, Potomac, Md. Checking.</b>  <b>Columbia Federal (House mortgage).</b> </p> <p align="center"><b>All in name David A. Phillips</b></p>		
<p>ARE YOU A MEMBER OF THE NORTHWEST FEDERAL CREDIT UNION?    <input checked="" type="checkbox"/> YES    <input type="checkbox"/> NO</p>		
<p>IF YES, DO YOU HAVE A JOINT ACCOUNT?    <input type="checkbox"/> YES    <input checked="" type="checkbox"/> NO</p>		
<p>HAVE YOU COMPLETED A LAST WILL AND TESTAMENT?    <input checked="" type="checkbox"/> YES    <input type="checkbox"/> NO. (If "Yes" where is document located?)</p> <p align="center"><b>In possession of my brother and attorney, Edwin T. Phillips, Jr. (See above).</b></p>		
<p>HAVE YOU PRE-PLANNED AN ARRANGED GUARDIANSHIP OF YOUR CHILDREN IN CASE OF COMMON DISASTER TO BOTH PARENTS?    <input type="checkbox"/> YES    <input checked="" type="checkbox"/> NO. (If "Yes" give name(s) and address)</p>		
<p><b>But... My children would go their mother; my step-children to their father.</b></p>		
<p>HAVE YOU EXECUTED A POWER OF ATTORNEY?    <input checked="" type="checkbox"/> YES    <input type="checkbox"/> NO. (If "Yes", who possess the power of attorney?)</p>		
<p><b>My brother, Edwin T. Phillips, Jr.</b></p>		
<p>9. <b>ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS</b></p>		
<p>Continuation of children:</p> <p align="center">The following are my step children, who live with/andx receive more than half their support from me: (All have common address of 8224 Stone Trail Drive):</p> <p align="center"> <b>Deborah Anne Ahern (d)</b>  <b>Bryan Moss Ahern (m)</b>  <b>Wynne Augherton Ahern</b> </p>		
<p>SIGNED AT</p> <p align="center">Washington Dc</p>	<p>DATE</p> <p align="center">10 November 1969</p>	<p>SIGNATURE</p> <p align="center"></p>

**CONFIDENTIAL**



**SECRET**  
(When Filled In)

## REPORT OF SERVICE ABROAD

FILE  
PUNISHED

TO: Office of Personnel, Transactions and Records Branch, Status Section

SERIAL NO.		NAME															
LAST		FIRST	MIDDLE														
1-6		7-14															
024345		Phillips, David A.															
INSTRUCTIONS																	
USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OPI NO. 98, REVISED.																	
PCS DATES OF SERVICE																	
ARRIVAL O/S			DEPARTURE O/S		TYPE OF DATA		O/P USE ONLY		COUNTRY								
MONTH	DAY	YEAR	MONTH	DAY	YEAR	1 - PCS (Basic) 2 - CORRECTION 3 - CANCELLATION	CODE	37	38	39	CODE						
25-26	27-28	29-30	31-32	33-34	35-36						40-42						
TDY DATES OF SERVICE																	
ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA		O/P USE ONLY		AREA(S)							
MONTH	DAY	YEAR	MONTH	DAY	YEAR	2 - TDY (Basic) 4 - CORRECTION 6 - CANCELLATION	CODE	37	38	39	CODE						
25-26	27-28	29-30	31-32	33-34	35-36						40-42						
0	8	0	5	6	9	0	8	0	6	6	9						
OFFICE OF PERSONNEL USE ONLY - PUNCH AREA																	
SOURCE DOCUMENT AND CERTIFICATION																	
<input checked="" type="checkbox"/> TRAVEL VOUCHER						DISPATCH											
CABLE						DUTY STATUS OR TIME AND ATTENDANCE REPORT											
OTHER (Specify)																	
DOCUMENT IDENTIFICATION NO.						DOCUMENT DATE/PERIOD											
Wh 71-70						5 - 8 Aug 69											
REMARKS																	
PREPARED BY						REPORT ANNOTATED OR CONTROL DOCUMENT						ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED					
C & B DIVISION, CYDR.						DATE						SIGNATURE					
C & B DIVISION						21 Nov 69						[Signature]					
THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER																	

**SECRET**  
(When Filled In)

## REPORT OF SERVICE ABROAD

**TO:**

Office of Personnel, Transactions and Records Branch, Status Section

PUNCHED  
CY 01

SERIAL NO.

**NAME**

LAST

**◆ 人生の宝**

**MIDDLE**

● ●

(P. 104)

7-24

024 2415

741216

Dec 10

3. 14

## INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (See only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO SFI NO. 50, REVISED.

### PCS DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA		O/P USE ONLY	COUNTRY	
NORTH	DAY	YEAR	NORTH	DAY	YEAR	1 - PCS (Basic) 3 - CORRECTION 5 - CANCELLATION	CODE	38 39		CODE
25-26	27-28	29-30	31-32	33-34	35-36					40-42

TDY DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA		O/S USE ONLY		AREA(S)	
MONTH	DAY	YEAR	MONTH	DAY	YEAR	2 - TOY (Basic) 4 - CORRECTION 0 - CANCELLATION	C238			JSCIT4 ADISBIC2.663	CODE
25-26	27-28	29-30	31-32	33-34	35-36		37	38	39		40-42
07	18	17	07	12	69		2				

## OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

SOURCE DOCUMENT AND CERTIFICATION

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

DOCUMENT IDENTIFICATION NO.

IDENTIFICATION NO.  
W H 48.70

DOCUMENT DATE/PERIOD

7-6-72

REMARKS

PREPARED BY

REPORT ANALYZED ON  
CONTROL DOCUMENT

ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE  
DOCUMENT CITED

950

C. A. L. DIVISION, CTAB.

DATE

3/10/5-

**SIGNATURE**

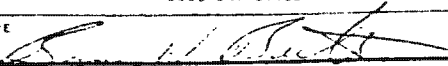
C A T DIVISION

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL  
IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

**SECRET**  
(When Filled In)

REPORT OF SERVICE ABROAD										FILE PUNCHED BY <i>RT</i>								
TO: Office of Personnel, Transactions and Records Branch, Status Section																		
SERIAL NO.			NAME															
			LAST			FIRST			MIDDLE									
1-8			(Print)			7-28												
024345			PHILLIPS			DAVID			A.									
INSTRUCTIONS																		
USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 59, REVISED.																		
PCS DATES OF SERVICE																		
ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA			O/P USE ONLY		COUNTRY							
MONTH	DAY	YEAR	MONTH	DAY	YEAR	1 - PCS (Basic) 3 - CORRECTION 5 - CANCELLATION			CODE	38	39	CODE 40-42						
25-26	27-28	29-30	31-32	33-34	35-36				37									
TDY DATES OF SERVICE																		
ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA			O/P USE ONLY		AREA(S)							
MONTH	DAY	YEAR	MONTH	DAY	YEAR	2 - TDY (Basic) 4 - CORRECTION 6 - CANCELLATION			CODE	38	39	CODE 40-42						
25-26	27-28	29-30	31-32	33-34	35-36				37									
0	5	1	9	6	9	0	5	2	1	6	9	2			WH	1	2	0
OFFICE OF PERSONNEL USE ONLY - PUNCH AREA																		
SOURCE DOCUMENT AND CERTIFICATION																		
<input checked="" type="checkbox"/> TRAVEL VOUCHER						DISPATCH												
CABLE						DUTY STATUS OR TIME AND ATTENDANCE REPORT												
OTHER (Specify)																		
DOCUMENT IDENTIFICATION NO.						DOCUMENT DATE/PERIOD												
						5 thru 21 May 1969												
REMARKS																		
PREPARED BY			REPORT ANNOTATED ON CONTROL DOCUMENT			ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED												
DCO																		
<input checked="" type="checkbox"/> C & L DIVISION, CYBR.			DATE			SIGNATURE												
C & Y DIVISION			25 May 1969															
THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER																		

**SECRET**  
(When Filled In)

VERIFIED RECORD OF OVERSEAS SERVICE										
TO: Office of Personnel, Statistical Reporting Branch, ROOM 5 E 2506 Headquarters										
EMPLOYEE SERIAL NO.		NAME OF EMPLOYEE						OFFICE / COMPONENT		
		LAST		FIRST		MIDDLE				
1-6		(Print)		7-24				25-36		
024345		Phillips		David		A.		WH Division		
INSTRUCTIONS										
USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION ( <i>One only</i> ). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR.										
PCS DATES OF SERVICE										
TYPE OF DATA		ARRIVAL				DEPARTURE			COUNTRY	OMIT
		CODE	MONTH	DAY	YEAR	MONTH	DAY	YEAR		
1 - PCS (Basic)		27	28-29	30-31	32-33	34-35	36-37	38-39		40-42
3 - CORRECTION										
5 - CANCELLATION										
TDY DATES OF SERVICE										
TYPE OF DATA		DEPARTURE				RETURN			AREA(S)	OMIT
		CODE	MONTH	DAY	YEAR	MONTH	DAY	YEAR		
2 - TDY (Basic)		27	28-29	30-31	32-33	34-35	36-37	38-39		40-42
4 - CORRECTION										
6 - CANCELLATION										
		2	5	22	68	5	25	68	Mexico	450
SOURCE OF RECORD DOCUMENT										
<input checked="" type="checkbox"/> TRAVEL VOUCHER					DISPATCH					
<input type="checkbox"/> CABLE					DUTY STATUS OR TIME AND ATTENDANCE REPORT					
<input type="checkbox"/> OTHER (Specify)										
DOCUMENT IDENTIFICATION NO.					DOCUMENT DATE/PERIOD					
WH-703-68					22-25 May 1968					
REMARKS										
PREPARED BY		REPORT ANNOTATED ON SOURCE DOCUMENT				ABOVE DATA VERIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED				
<input checked="" type="checkbox"/> OS1		DATE				SIGNATURE				
<input checked="" type="checkbox"/> C & L DIVISION		5 August 1968								
<input type="checkbox"/> C & T DIVISION										

Creditable Service —

Military 45-10-31<sup>32</sup>

43-02-13

02-08-19

Contract Employee — 54-03-04

55-03-31<sup>TO</sup>

Staff Employee — 55-04-01

56-02-06<sup>TO</sup>

STAFF AGENT — 56-02-07

58-02-13<sup>TO</sup>

CON-

TINUOUS

SERVICE

INDEPENDENT CONTRACTOR 58-08-19

60-03-13<sup>TO</sup>

NOT

CREDITABLE

SERVICE

STAFF EMPLOYEE — 03-14-60

<sup>TO</sup>  
PRESENT

02-08-19 MILITARY 58-08-13

04-05-10

54-03-04

06-13-29

04-05-10

07-01-29

60-03-13<sup>44</sup>

07-01-29

S.C.D. 53-01-15

L.C.D. 55-10-04

2.7.7.01-66

Standard Form No. 1132  
4-7430-200  
1132-102

**DESIGNATION OF BENEFICIARY**  
UNPAID COMPENSATION OF  
DECEASED CIVILIAN EMPLOYEE

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

**INFORMATION CONCERNING THE EMPLOYEE:**

NAME—	(Last)	(First)	(Middle)	Date of Birth (Month, day, year)
	Phillips	David	Atlee	October 31, 1922

**DEPARTMENT OR AGENCY IN WHICH EMPLOYED**

(Department or agency)	(Bureau)	(Division)

I, the employee identified above, canceling any and all previous Designations of Beneficiary heretofore made by me, do now designate the beneficiary or beneficiaries named below to receive any UNPAID COMPENSATION due and payable under existing law after my death. I understand that this Designation of Beneficiary relates solely to Unpaid Compensation as defined in section 2 of the act of August 3, 1950, Public Law 526, and in no wise will affect the disposition of any benefit which may become payable under the Retirement Act applicable to my Government service. I further understand that this Designation of Beneficiary will remain in full force and effect, unless or until canceled by me in writing, so long as I am continuously employed in the above department or agency.

**INFORMATION CONCERNING THE BENEFICIARY OR BENEFICIARIES:**

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
Maria I. Phillips	8224 Stone Trail Drive Bethesda, Maryland 20034	daughter	one-fourth
David A. Phillips, Jr.	8224 Stone Trail Drive Bethesda, Maryland 20034	son	one-fourth
Atlee Y. Phillips	8224 Stone Trail Drive Bethesda, Maryland 20034	daughter	one-fourth
Christopher C. Phillips	8224 Stone Trail Drive Bethesda, Maryland 20034	son	one-fourth

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

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

1 December 1967

(Date of execution—month, day, year)

(Signature of employee)

**WITNESSES TO SIGNATURE:**

<i>Margaret Force</i> (Signature of witness)	2400 So. Glebe Rd (Number and street)	Arlington, Va 22206 (City, zone number, and State)
<i>Elizabeth Ann Kelly</i> (Signature of witness)	8137 Prescott Dr (Number and street)	Vienna, Va 22180 (City, zone number, and State)

**PRINT OR TYPE NAME AND ADDRESS OF EMPLOYEE**

David A. Phillips  
8224 Stone Trail Drive  
Bethesda, Maryland 20034

**THIS SPACE RESERVED FOR RECEIVING DATA  
OF EMPLOYING AGENCY**

03 DEC 1967

(Indicate date and by whom received) *Rec'd. C/P*

DELIVER BOTH COPIES TO THE PROPER OFFICE OF YOUR AGENCY—DUPLICATE WILL BE NOTED AND RETURNED

**SECRET**  
(When Filled In)

### REPORT OF SERVICE ABROAD

**TO:** Office of Personnel, Transactions and Records Branch, Status Section

SERIAL NO.	NAME		
	LAST	FIRST	MIDDLE
1-S 024345	(Print) Phillips	7-24 Darius	A

#### INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 59, REVISED.

#### PCS DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/P USE ONLY	COUNTRY	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR					
25-26	27-28	29-30	31-32	33-34	35-36	1 - PCS (Basic) 3 - CORRECTION 5 - CANCELLATION	37	38 39		40-42
			08	02	67		1			190

#### TDY DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/P USE ONLY	AREA(S)	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR					
25-26	27-28	29-30	31-32	33-34	35-36	2 - TDY (Basic) 4 - CORRECTION 6 - CANCELLATION	37	38 39		40-42

#### OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

#### SOURCE DOCUMENT AND CERTIFICATION

TRAVEL VOUCHER	DISPATCH
<input checked="" type="checkbox"/> CABLE	DUTY STATUS OR TIME AND ATTENDANCE REPORT
OTHER (Specify)	
DOCUMENT IDENTIFICATION NO. IN 24259	DOCUMENT DATE/PERIOD August 2, 1967

REMARKS

PREPARED BY	REPORT ANNOTATED ON CONTROL DOCUMENT	ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
DCO	DATE	
C & L DIVISION, CTBR.		
C & T DIVISION		

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL  
IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

<b>DISPATCH</b>		CLASSIFICATION <b>SECRET</b>		PROCESSING ACTION	
TO Chief, Western Hemisphere Division				MARKED FOR INDEXING	
INFO.				NO INDEXING REQUIRED	
FROM Chief of Station, [REDACTED]				ONLY QUALIFIED DESK CAN JUDGE INDEXING	
SUBJECT Letter of Appreciation from [REDACTED]				MICROFILM	
ACTION REQUIRED - REFERENCES					
<p>Action: See para two</p> <p>1. Attached find an original and two copies of a letter of appreciation from [REDACTED] until 18 January, [REDACTED]</p> <p>2. It is requested that the original be placed in the personnel file of Michael C. CHOADEN. The first copy, marked "A" should be placed in the personnel file of Stewart R. PATAKER. The second copy, marked "B", should be passed to Franklyn D. MALLEK for his information and disposition.</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p><i>Michael C. Choaden</i> Michael C. CHOADEN</p> <p>18 JAN 1966</p>					
Attachment: Letter					
Distribution: 3 - Chief, WHD w/att h/w					
CROSS REFERENCE TO		DISPATCH SYMBOL AND NUMBER		DATE	
		HDCT 1359		18 January 1966	
		CLASSIFICATION		HQS FILE NUMBER	
		SECRET			



HEADQUARTERS  
UNITED STATES FORCES [REDACTED]  
APO New York 09478

*Compliments at the  
this is a typical of  
your unusual  
performance*

17 January 1966

SUBJECT: Letter of Appreciation

THRU: [REDACTED]  
[REDACTED]

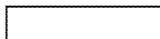
TO: [REDACTED]  
[REDACTED]

DAVID A PHILLIPS

1. I wish to express my sincere appreciation for the outstanding contributions you and your staff have made in the accomplishment of [REDACTED] Intelligence missions from 1 May 1965 through 17 January 1966. The first intelligence contact upon our arrival at [REDACTED] on 1 May was a representative from your office. From that day on a mutual respect, cordial relationship and a unity of effort prevailed throughout the many trying days in the [REDACTED] crisis. Without your assistance we would have realized a serious gap in the intelligence picture, a gap which would have made intelligence evaluations and the development of tactical estimates most difficult.

2. My [REDACTED] has frequently mentioned the close association and coordination he has had with you and the members of your organization and repeatedly expressed the high esteem and respect he has for the professionalism and competence displayed by you and your subordinates.

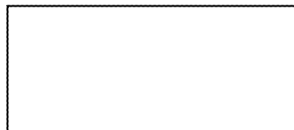
3. The intelligence unity of effort in [REDACTED] has been exemplary and a prototype for future operations. This cohesive atmosphere is directly attributable to your efforts.



17 January 1966

**SUBJECT: Letter of Appreciation**

4. Again I wish to express my appreciation and congratulations on a job well done.



[illegible]

CONFIDENTIAL  
(When Filled In)

MEMORANDUM OF UNDERSTANDING

I hereby acknowledge that I have read and understand the contents  
of Handbook 20-4, Employee Conduct, dated 29 August 1961.

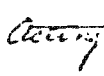
David A. Phillips  
Signature

2 October 1963  
Date

DAVID A. PHILLIPS

CONFIDENTIAL

---

REPORT OF HONOR AWARDS BOARD			
(CONVENED PURSUANT TO REGULATIONS R 20-635 AND AFR 20-635)			
The Honor Awards Board having considered a recommendation that:			
NAME:	(Last)	(First)	(Middle)
	PHILLIPS	David	Atlee
POSITION TITLE	Covert Associate		
PRESENT GRADE	OFFICE ASSIGNED TO		STATION
7200.00 p.a.	CIA Division		
RECOMMENDATION:			
Distinguished Intelligence Medal			
<input type="checkbox"/> FOR HEROIC ACTION, OR			
<input checked="" type="checkbox"/> FOR MERITORIOUS ACHIEVEMENT OR SERVICE DURING THE PERIOD January - July 1954			
<input type="checkbox"/> APPROVES THE RECOMMENDATION <input type="checkbox"/> DISAPPROVES THE RECOMMENDATION			
<input checked="" type="checkbox"/> APPROVES, BUT IN LIEU THEREOF, RECOMMENDS THE AWARD OF: Intelligence Medal of Merit			
CITATION			
<p>DAVID ATLEE PHILLIPS is hereby awarded the Intelligence Medal of Merit for his outstanding dedication and devotion to the cause of freedom.</p> <p>While assigned a position of responsibility in creating a psychological medium to further the efforts of removing a serious threat to the security and welfare of his government, he, personally, with superior talent and concentration of energy proceeded to develop a program which greatly contributed to the ultimate elimination of the threat which concurrently brought historical relief to the oppressed people of an entire population.</p> <p>The psychological medium developed and sustained by Mr. PHILLIPS was directed and operated with such ingenuity, resourcefulness and forceful imagination that he was able to create and maintain a completely notional situation for an extended period thereby making it possible to achieve the objectives of his government. This achievement has no parallel in the history of psychological warfare.</p>			
REASONS FOR DISAPPROVAL OF RECOMMENDED AWARD			
APPROVED		SIGNATURE	
 <b>SIGNED</b> DIRECTOR OF CENTRAL INTELLIGENCE 8 SEP 1954		<b>SIGNED</b> TYPED NAME OF CHAIRMAN, HONOR AWARDS BOARD Philip H. Johnson	
		SIGNATURE	
		<b>SIGNED</b> TYPED NAME OF RECORDER (Name illegible)	
DATE			

SECRET  
(When Filled In)

### VERIFIED RECORD OF OVERSEAS SERVICE

TO:

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

EMPLOYEE SERIAL NO.	NAME OF EMPLOYEE			OFFICE/COMPONENT
1-6	LAST (Print)	FIRST 7-24	MIDDLE	25-26
24345	Phillips	David	A	35- 64

## INSTRUCTIONS

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

## PCS DATES OF SERVICE

TYPE OF DATA	CODE	ARRIVAL				DEPARTURE			COUNTRY	OMIT
		MONTH	DAY	YEAR	MONTH	DAY	YEAR			
1 - PCS (Basic)	27	28-29	30-31	32-33	34-35	36-37	38-39	Mexico	40-42	
2 - CORRECTION										
3 - CANCELLATION	1	09	25	61					450	

## TDY DATES OF SERVICE

TYPE OF DATA	CODE	DEPARTURE				RETURN			AREA(S)	OMIT
		MONTH	DAY	YEAR	MONTH	DAY	YEAR			
1 - TDY (Basic)	27	28-29	30-31	32-33	34-35	36-37	38-39	WH	40-42	
2 - CORRECTION										
3 - CANCELLATION										

## SOURCE OF RECORD DOCUMENT

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

DOCUMENT IDENTIFICATION NO. <i>HMMT-2316</i>	DOCUMENT DATE PERIOD <i>13 October 1961</i>
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REMARKS	
PREPARED BY	REPORT ANNOTATED ON SOURCE DOCUMENT
FISCAL DIVISION	DATE <i>11/20/61</i>
FINANCE DIVISION <i>22</i>	SIGNATURE <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span>

SECRET

00761:7443

29 June 1961

MEMORANDUM FOR THE RECORD

SUBJECT: David A. Phillips

On 14 June 1961 the undersigned reviewed with Mr. David A. Phillips his career development prospects for the next five year period. We agreed that the following represented a desirable and fairly firm goal in this respect:

- a. In general his future training and field experience should place sufficient stress on the CI and FI fields to avoid the career confinement of strict CA specialization.
- b. His next assignment would be a normal field tour in Mexico City. Upon return from that assignment, he would receive up to six months training to be followed by an assignment to the CA Staff (or the organizational successor thereof). One of his primary undertakings in the CA Staff would be to develop what might best be termed "ideological warfare" (e.g., a search for basic ideas and concepts with wide appeal) as opposed to the normal propaganda approach (e.g., a running debate on current events).

*Richard M. Bissell, Jr.*  
RICHARD M. BISSELL, JR.  
Deputy Director  
(Plans)

cc: ASOA (Pers)  
Attn Panel A  
Mr. Phillips  
Thru C/WH  
OP/RSD

SECRET

**CONFIDENTIAL**  
(When Filled In)

*TR*

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

NAME OF EMPLOYEE (Last)		(First)		(Middle)		SOCIAL SECURITY NUMBER	
THOMPSON		DAVID		ATLEE			
<b>1. RESIDENCE DATA</b>							
PLACE OF RESIDENCE WHEN INITIALLY APPOINTED				LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. (If appointed abroad)			
FORT WORTH, TEXAS							
PLACE IN CONTINENTAL U.S. DESIGNATED AS PERMANENT RESIDENCE				HOME LEAVE RESIDENCE			
FORT WORTH, TEXAS				FORT WORTH, TEXAS			
<b>2. MARITAL STATUS (Check one)</b>							
<input type="checkbox"/> SINGLE		<input checked="" type="checkbox"/> MARRIED		<input type="checkbox"/> SEPARATED		<input type="checkbox"/> DIVORCED	
<input type="checkbox"/> WIDOWED		<input type="checkbox"/> ANNULLED					
IF MARRIED, PLACE OF MARRIAGE						DATE OF MARRIAGE	
FORT WORTH, TEXAS							
IF DIVORCED, PLACE OF DIVORCE DECREE						DATE OF DECREE	
IF WIDOWED, PLACE SPOUSE DIED						DATE SPOUSE DIED	
IF PREVIOUSLY MARRIED, INDICATE NAME(S) OF SPOUSE, REASON(S) FOR TERMINATION, AND DATE(S)							
JOHN HANDELMAN THOMPSON INCARCERATION SEPT 15, 1941							
<b>3. MEMBERS OF FAMILY</b>							
NAME OF SPOUSE		ADDRESS (No., Street, City, Zone, State)				TELEPHONE NO.	
HELEN H. PHILLIPS		6307 DUNDAS RD. WASH 16, DC				OL-2-8134	
NAMES OF CHILDREN		ADDRESS				SEX	
MARIA		" " " "				F	
DAVID, JR.		" " " "				M	
ATLEE		" " " "				F	
CHRISTOPHER		" " " "				4	
NAME OF FATHER (or male guardian)		ADDRESS				TELEPHONE NO.	
DECEASED							
NAME OF MOTHER (or female guardian)		ADDRESS				TELEPHONE NO.	
DECEASED							
WHAT MEMBER(S) OF YOUR FAMILY IF ANY, HAS BEEN TOLD OF YOUR AFFILIATION WITH THE ORGANIZATION IF CONTACT IS REQUIRED IN AN EMERGENCY.							
WIFE - BRISTOL EDWIN T. PHILLIPS (A)							
<b>4. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY</b>							
NAME (Mr., Mrs., Miss) (Last-First-Middle)				RELATIONSHIP			
PHILLIPS, EDWIN T.				BROTHER			
HOME ADDRESS (No., Street, City, Zone, State)				HOME TELEPHONE NUMBER			
4408 WASHBURN ST. FORT WORTH, TEX				?			
BUSINESS ADDRESS (No., Street, City, Zone, State) AND NAME OF EMPLOYER, IF APPLICABLE				BUSINESS TELEPHONE & EXTENSION			
FORT WORTH NATIONAL BANK Bldg.				?			
IS THE INDIVIDUAL NAMED ABOVE WITTING OF YOUR AGENCY AFFILIATION? (If "No" give name and address of organization he believes you work for.)						YES <input checked="" type="checkbox"/>	
						NO <input type="checkbox"/>	
IS THIS INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF? (If "No" give name and address of person, if any, who can make such decisions in case of emergency.)						YES <input checked="" type="checkbox"/>	
						NO <input type="checkbox"/>	
DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE? (If answer is "No" explain why in item 6.)						YES <input checked="" type="checkbox"/>	
						NO <input type="checkbox"/>	
The persons named in item 3 above may also be notified in case of emergency. If such notification is not desirable because of health or other reasons, please so state in item 6 on the reverse side of this form.							
CONTINUED ON REVERSE SIDE							
<b>CURRENT RESIDENCE AND DEPENDENCY REPORT</b>							



14-00000

# SECRET

## Supplement to Staff Employee Personnel

Action for [ ] David A. Phillips

Effective 21 August 1961

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

1. As an employee of this organization, at the present grade and salary of GS-31, [ ] per annum, you will accept cover employment with [ ] (hereinafter referred to as "your cover facility") effective as of 21 August 1961. You will, insofar as consistent with your basic responsibility to this organization, abide by all the rules, regulations, practices and policies of your cover facility, in order to appear as a conventional member of that establishment. Your [ ] to your cover facility is being effected at [ ] and salary of [ ] per annum. You are prohibited, except as specifically authorized herein, from retaining emoluments paid by your cover facility.

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

14-00000

## SECRET

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

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

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

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

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

c. Consistent with your cover activity, you will continue to be responsible for compliance with the rules and regulations of this organization.

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

**SECRET**

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

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

**ACCEPTED:**

S E C R E T

11 January 1961

TO : Director of Personnel

FROM : Chief, WHD

SUBJECT: Additional Compensation in Lieu of Overtime Payment

REF: Memo dated 11 January 1961 from SSA/DPS to DD/S, approved by DD/S, Subject: "Employee Benefits for JFATS Personnel"; and Memo dated 22 December 1960 from ADD(P) to Deputy Director (Plans), Subject: "Employee Benefits for Personnel Assigned to JFATS".

In accordance with referenced memoranda, it is requested that the personnel listed below be authorized to receive additional compensation effective 8 January 1961, at the rate of 15% of their respective rates of basic annual compensation (but not to exceed the ~~regular~~ rate for ~~irregular~~ US-9) in lieu of payment of the regular overtime rates for irregular, unscheduled and frequent overtime.

NAME	EMPLOYEE Serial No.	TITLE	SALARY
ESTERLINE, Jacob D.	56793	OPS Officer	\$14,055
WHEBBER, Robert A.	509360	Ops Officer	12,990
[REDACTED]	229360	OPS Officer	14,055
PHILLIPS, David A.	654500	OPS Officer	12,730
MACOLI, Louis F.	012515	OPS Officer	12,210
YUNZUY, Walter P.	064733	OPS Officer	12,730
PETERSON, John D.	56093	OPS Officer	11,575
[REDACTED]	59794	Instructor (OPS)	8,955
HIGGS, Calvin W.	56361	Guerrilla Warfare Officer	9,475
RILEY, James	50471	OPS Officer	8,955
WILCO, Anthony L.	559127	OPS Officer	7,820
[REDACTED]	60218	Instructor (OPS)	8,955
VEDDALL, Sidney B.	059517	OPS Officer	11,155
REYNOLDS, Robert	55407	OPS Officer	12,470
SPAARS, Ernest W.	62285	Instructor (OPS)	12,470
BROWN, Pravel S.	61901	Ops Officer	9,475
CARTWRIGHT, Cecil J.	57840	OPS Officer	9,215
CHULLINO, Samuel J.	55622	ADM Officer	7,820
MORALES, David S.	53385	OPS Officer	12,210
KENT, William R.	555193	Ops Officer	9,215

All the above employees are on Allotment #535-5000-3021.

APPROVED  
  
 ROBERT D. SCHOOLS

  
 J. C. KING  
 Chief, WHD

S E C R E T

## 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, DAVID ATLEE PHILLIPS, 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.

14 March 1960  
(Date of entrance on duty)

David A. Phillips  
(Signature of appointee)

Subscribed and sworn before me this 11th day of March A. D. 1960

at WASHINGTON, D.C.  
(City)

(State)

[SEAL]

William C. Carpenter  
(Signature of officer)  
PERSONNEL CLERK  
(Title)

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



STANDARD FORM 144 REVISED SEPTEMBER 1964 U. S. CIVIL SERVICE COMMISSION FPM CHAPTERS 11, 12, AND 32										STATEMENT OF PRIOR FEDERAL CIVILIAN AND MILITARY SERVICE AND DETERMINATION OF COMPETITIVE STATUS										
<b>IMPORTANT:</b> 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					3. RETENTION GROUP					
PHILLIPS, DAVID ATLEE										OCTOBER 31, 1927										
3. LIST THE FOLLOWING INFORMATION CONCERNING ALL FEDERAL AND DISTRICT OF COLUMBIA SERVICE YOU HAVE HAD PRIOR TO YOUR PRESENT APPOINTMENT (Do not include military service).															10. A. CSC STATUS <input type="checkbox"/> YES <input type="checkbox"/> NO B. TYPE OF PRESENT APPOINTMENT					
NAME AND LOCATION OF AGENCY										FROM— YEAR MONTH DAY			TO— YEAR MONTH DAY			TYPE OF APPOINTMENT IF KNOWN		11. SERVICE YEAR MONTH DAY		
CIA										1944-1945			1945-1946			C.S.-1		3 4 13		
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— YEAR MONTH DAY			TO— YEAR MONTH DAY			DISCHARGE (Hon. or dishon.?)		12. TOTAL SERVICE		
ARMY AIR FORCE										1942-1943			1943-1944			HON.		2 8 19		
5. DURING PERIODS OF EMPLOYMENT SHOWN IN ITEM 3, DID YOU HAVE A TOTAL OF MORE THAN 6 MONTHS ABSENCE WITHOUT PAY, INCLUDING PERIODS OF MERCHANT MARINE SERVICE, DURING ANY ONE CALENDAR YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF ANSWER IS "YES," LIST FOLLOWING INFORMATION.															13. NONCREDITABLE SERVICE (Leave purposes only):					
TYPE IF KNOWN (LWOP, Furl, Susp, AWOL, Mer Mar)										FROM— YEAR MONTH DAY			TO— YEAR MONTH DAY			TOTAL YEARS MONTHS DAYS		14. NONCREDITABLE SERVICE (RIF purposes only):		
6. DURING THE FEDERAL SERVICE LISTED IN ITEM 3, DID YOU ACQUIRE A PERMANENT COMPETITIVE CIVIL SERVICE STATUS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If answer is "Yes," in what agency were you employed at the time status was acquired?)															15. REEMPLOYMENT RIGHTS <input type="checkbox"/> YES <input type="checkbox"/> NO					
7. ARE YOU: A. THE WIFE OF A DISABLED VETERAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B. THE MOTHER OF A DECEASED OR DISABLED VETERAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO C. THE UNREMARKED WIDOW OF A VETERAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO															16. RETENTION RIGHTS <input type="checkbox"/> YES <input type="checkbox"/> NO					
8. TO BE EXECUTED BEFORE A NOTARY PUBLIC OR OTHER PERSONS AUTHORIZED TO ADMINISTER OATHS. I swear (or affirm) that the above statements are true to the best of my knowledge and belief.															17. EXPIRATION DATE OF RETENTION RIGHTS					
12 MARCH 1967 (DATE)										David A. Phillips (SIGNATURE)										
Subscribed and sworn to before me on this _____ day of _____ 1960 at WASHINGTON, D.C. (MONTH) (CITY) (STATE)																				
SEAL Sheldon Capriotti																				
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.																				

(OVER)

15-55450-2

**Part III.—DETERMINATION OF COMPETITIVE STATUS.** (Complete for noncompetitive hires based on competitive status as required by instructions in FPM Chapter 52.) 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				1960	5	
Months				03	12	3
Days				14	14	1

**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:



(43)

**CONFIDENTIAL**  
(When Filled In)

5. (CONTINUED) <u>2</u>		
IN WHOSE NAME ARE THE ACCOUNTS LISTED?		
<u>DAVID A. PHILLIPS, SPECIAL ACCOUNT</u>		
HAVE YOU COMPLETED A LAST WILL AND TESTAMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. IF "YES", WHERE IS DOCUMENT LOCATED?		
<u>LAW OFFICES OF EDWIN T. PHILLIPS, JR., FORT WORTH NATIONAL BANK BUILDING, FORT WORTH, TEXAS, AND AUTOMAN ENERGY, INC.</u>		
HAVE YOU EXECUTED A POWER OF ATTORNEY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. IF "YES", WHO POSSESSES THE POWER OF ATTORNEY?		
<u>EDWIN T. PHILLIPS, JR., FORT WORTH NATIONAL BANK BUILDING, FORT WORTH, TEX.</u>		
6. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS		
SIGNED AT <u>WASHINGTON, DC</u>	DATE <u>11 MAR 84 P.O.</u>	SIGNATURE <u>David A. Phillips</u>

**CONFIDENTIAL**

SECRET

MEMORANDUM FOR:

SUBJECT: Credit Reference

1. You are advised that the position for which you have been hired is of a sensitive nature and that YOU ARE NOT TO IDENTIFY YOURSELF WITH THIS AGENCY FOR credit reference or for any other purpose.

2. You are to disregard that portion of the Monday morning Personnel EEO Orientation and the Monday morning Security Introduction (which you will receive during your second or third week with the Agency) which authorizes certain personnel to identify themselves with this Agency, when necessary, for credit, rental agreements, and like purposes.

3. You will be advised by your Placement Officer as to the correct information necessary for proper job identification. If at any time you experience any difficulties or you may arrange an appointment through your Placement Officer to see the Security Officer responsible for your activity.

G. W. STURGEY

Director of Personnel

I have read the above and understand that I am not to associate myself with the Central Intelligence Agency for credit reference or for any other purpose.

14 March 1960

Date

David G. Plumer

Signature of Employee

SECRET

STAFF AGENT LETTER OF APPOINTMENT

Mr. *Howard Phillips*

Dear Mr. *Phillips*

1. Pursuant to the authority vested in me by section 5.2 of the Confidential Fund Regulations, you are hereby appointed a Staff Agent of the Government at an initial salary of \$10,320, grade GS-14, effective as of FEB 7 1956.

2. As a Staff Agent of the Government, you are an appointed employee of the Government and as such are entitled to all the emoluments of, and subject to the restrictions of, that status. As a Staff Agent, you will under-

3. As an appointed employee of the Government, you are required to make certain contributions to the Civil Service Retirement Fund. In the event

4. (a) In addition to your basic salary, you will be entitled to any post differential, living-quarters allowances, cost-of-living allowances (except post allowance), or other allowances that are granted Government employees stationed at the same  abroad. You will account for such allowances in compliance with applicable Government regulations.

(b) In addition to the above payments, effective upon the arrival of you and your dependents at your initial permanent  overseas you will be entitled to an equalization allowance calculated at the rate of \$3,670 per annum. This allowance is in lieu of any present or future standardized post allowance established for your initial permanent  overseas, but is subject to the entitlement provisions applicable to standardized  allowances. It is understood and agreed that this allowance is predicated upon the comparative cost of living between Washington, D. C., and your overseas  family status and basic compensation. Consequently, this allowance may be unilaterally adjusted or discontinued by the Government whenever warranted by a change in any of these factors. No accounting will be required for this allowance.

SECRET

5. You will be advanced or reimbursed funds for necessary expenses including travel and operational expenses which are authorized by the Government. [redacted] Accountings for such expenses will be in compliance with applicable Government regulations unless such accounting is inconsistent.

[redacted]

6. (a) It is specifically understood and agreed that as an appointed employee of the Government you are entitled to receive and retain only the salary, allowances, and other benefits which are commensurate with your appointed position and salary grade except as provided in paragraph five (5) above and paragraphs six (6), (b) and (c), below.

[redacted]

(b) It is understood and agreed that any fees derived from the remaining three (3) lectures on your current lecture tour will not be subject to the offset provisions of this agreement. It is further understood and agreed, however, that said lectures will be made by you while on annual leave and that you will be solely responsible for all expenses incidental thereto. Subsequent to the completion of said three (3) lectures, the income derived from any additional lectures will be presumed to be [redacted] activities and will, therefore, be subject to offset unless specifically excluded by an amendment hereto.

(c) It is understood and agreed that should a specific manuscript, the title to which is set forth in your operational letter of instructions, be published during your tour of duty hereunder, the income derived therefrom will not be subject to offset as said manuscript was completed in its entirety prior to your appointment as a Staff Agent.

7. It is understood and agreed that your overseas assignment is to be for a minimum of two (2) years from the date of your arrival at your overseas [redacted] unless such assignment shall be sooner terminated by the Government for its convenience. If, in violation of this letter, you terminate your overseas assignment for your convenience at any time prior to the expiration of two (2) years from the date of your arrival at your overseas [redacted] you shall not be entitled to return travel or transportation for yourself or your dependents from such [redacted] to the United States; and, further, if, in violation of this letter, you terminate your overseas assignment for your convenience prior to the expiration of one (1) year from the date of your arrival at your overseas [redacted] you shall reimburse the Government for all its expenses for your travel and transportation, and that of your dependents, from the continental United States to such overseas [redacted].

8. It is expressly understood and agreed that any and all documents which you may execute in the course of such [redacted] are subordinate to this letter and any contradiction in terms which may in any way appear to amplify, extend or restrict your rights and/or obligations hereunder shall be resolved by this letter which shall always be dominant.

SECRET

9. Upon termination [ ] you will revert to normal staff employee status, unless for good and sufficient cause, such as misconduct or demonstrated incompetence, such reversion would be opposed to the best interest of the Government.

10. If, in the performance [ ] you assume the custody of Government funds or take title of record to, property of any nature whatsoever situate which property has in fact been purchased with monies of the U. S. Government, you hereby recognize and acknowledge the existence of a trust relationship, either express or constructive, and you agree to execute whatever documents may be required by the Government to evidence this relationship.

11. Instructions received by you from the Government in briefing or training are a part of this letter and are incorporated herein, provided that such instructions are not inconsistent with the terms hereof.

12. You will be required to keep forever secret this letter and all information which you may obtain by reason hereof (unless released in writing by the Government from such obligation), with full knowledge that violation of such secrecy may subject you to criminal prosecution under the Espionage Laws, dated 25 June 1948, as amended, and other applicable laws and regulations.

UNITED STATES GOVERNMENT

BY

Office of Personnel

ACCEPTED:

[REDACTED]

*David Phillips*

SECRET

CONTRACT INFORMATION AND CHECK LIST		CASE OFFICER	DIVISION
INSTRUCTIONS: Complete all items, inserting "NA" when items are not applicable. Forward original and one copy for preparation of contract.		<b>Roy Malcolm</b>	<b>WH</b>
		TELEPHONE EXTENSION	DATE
		<b>2056</b>	<b>17 January, 1956</b>
SECTION I GENERAL			
1. NAME <b>[REDACTED]</b>	2. PROJECT	3. ALLOTMENT NO.	4. SLOT NO.
		<b>6-3545-55-055</b>	<b>BAF-125</b>
5. PREVIOUS CIA PSEUDONYM OR ALIASES	6. INDIVIDUAL IS PRESENTLY ENGAGED, OR HAS BEEN ENGAGED BY CIA OR ITS ALLIED ACTIVITIES IN SOME CAPACITY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If yes, describe and include salary)		
	<b>Contract Agent, 1952 - 1954</b> <b>Staff Employee as of 1 May 1955 - \$10,320</b>		
7. SECURITY CLEARANCE (Type and date)		8. CONTRACT IS TO BE WRITTEN IN STERILE FORM I.E., "U.S. GOVERNMENT" <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
<b>Top Secret</b>			
9. INDIVIDUAL WILL WORK UNDER "CONTROLLED CONDITIONS" I.E., REGULAR OFFICE HOURS AWAY FROM SUBJECT'S HOME AND PERFORMED UNDER THE SUPERVISION OF A STAFF EMPLOYEE OR STAFF AGENT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		10. PROPOSED CATEGORY (Contract agent, contract employee, etc.)	
		<b>Staff Agent</b>	
SECTION II PERSONAL DATA			
11. CITIZENSHIP	12. IF NOT U.S. CITIZEN, INDIVIDUAL IS A PERMANENT RESIDENT ALIEN <input type="checkbox"/> YES <input type="checkbox"/> NO	13. AGE	14. DATE OF BIRTH (Month, day, year)
<b>U.S.</b>		<b>33</b>	<b>31 October 1922</b>
15. LEGAL RESIDENCE (City and state or country)		16. CURRENT RESIDENCE (City and state or country)	
<b>4804 Washburn, Fort Worth, Texas, USA</b>		<b>949 Rose Lane, Falls Church, Va.</b>	
17. MARITAL STATUS (Check as appropriate)			
<input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> ANNULLED <input type="checkbox"/> SEPARATED <input checked="" type="checkbox"/> DIVORCED			
18. NUMBER OF DEPENDENTS (Not including individual) RELATIONSHIP:		19. INDIVIDUAL IS RELATED TO A STAFF EMPLOYEE, STAFF AGENT OR AN INDIVIDUAL CURRENTLY WORKING FOR THE AGENCY IN SOME CAPACITY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO RELATIONSHIP:	
<b>Wife : Helen H. Phillips</b> <b>Daughter : Maria Louise Phillips</b> <b>Son : David A. Phillips, Jr.</b> <b>Daughter : Atlee Young Phillips</b>			
SECTION III U.S. MILITARY STATUS			
20. RESERVE	21. VETERAN	22. IF RETIRED, INDICATE CATEGORY (Longevity, combat disability, service disability non-combat)	
<b>No</b>	<b>Yes</b>		
23. BRANCH OF SERVICE	24. RANK OR GRADE	25. DRAFT ELIGIBLE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	26. DRAFT DEFERMENT OBTAINED BY CIA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
SECTION IV COMPENSATION			
27. BASIC SALARY	28. POST DIFFERENTIAL	29. COVER (Breakdown, if any)	30. TAXES TO BE WITHHELD BY COVER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<b>\$10,320</b>	<b>Yes</b>	<b>No</b>	
SECTION V ALLOWANCES (NORMALLY GRANTED ONLY TO RESIDENTS OF THE UNITED STATES)			
31. QUARTERS	32. POST	33. OTHER	
<b>Yes</b>			
34. COVER (Breakdown, if any)			
SECTION VI TRAVEL			
35. TYPES <input checked="" type="checkbox"/> PCS <input type="checkbox"/> DOMESTIC OPERATIONAL <input type="checkbox"/> FOREIGN OPERATIONAL			36. WITH DEPENDENTS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
37. HOUSEHOLD EFFECTS TO BE SHIPPED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	38. PERSONAL VEHICLE TO BE SHIPPED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	39. TRANSPORTED VEHICLE TO BE USED FOR OPERATIONAL TRAVEL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
40. IF WITH DEPENDENTS STATE RELATIONSHIP, CITIZENSHIP, AGE AND DATE OF BIRTH			
<b>Helen H. Phillips, Wife, U.S. 36, [REDACTED]</b> <b>Maria Louise Phillips, Daughter, U.S. 6, [REDACTED]</b> <b>David A. Phillips, Jr., Son, U.S. 4, [REDACTED]</b> <b>Atlee Young Phillips, Daughter, U.S. 2, [REDACTED]</b>			
41. PAYMENT AND ACCOUNTABILITY WILL BE IN CONFORMANCE WITH <input checked="" type="checkbox"/> CIA REGULATIONS <input type="checkbox"/> COVER POLICIES AND PROCEDURES			
SECTION VII OPERATIONAL EXPENSES			
42. PURCHASE OF INFORMATION	43. ENTERTAINMENT	44. OTHER	
45. PAYMENT AND ACCOUNTABILITY WILL BE IN CONFORMANCE WITH			

SECRET

# CONTRACT INFORMATION AND CHECK LIST (CONTINUED)

TE: SEE INSTRUCTIONS ON FIRST SHEET.

NAME OFFICER

2056

DATE

17

17 January 1956

## SECTION VIII

## OTHER BENEFITS

BENEFITS (See Part XIV of Confidential Fund Regulations or successor regulations for benefits applicable to various categories of contract personnel. If medical benefits are requested, see R 15-235 or successor regulations.)

Staff Agent benefits

SECTION IX		COVER ACTIVITY			
7. STATUS (Check)	<input checked="" type="checkbox"/> PROPOSED <input checked="" type="checkbox"/> ESTABLISHED	40. TYPE (Check)	<input type="checkbox"/> PROPRIETARY <input type="checkbox"/> SUBSIDIARY	<input type="checkbox"/> CULTURAL <input type="checkbox"/> EDUCATIONAL	<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> MILITARY
10. IF COVER PAYMENTS ARE CONTEMPLATED, THEY WILL BE EFFECTED ON REIMBURSABLE BASIS					
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL					

SECTION X		OFFSET OF INCOME	
9. OFFSET OF INCOME AND OTHER EMOLUMENTS DERIVED FROM COVER ACTIVITIES (If less than total, justify in separate memo attached hereto.)			
<input checked="" type="checkbox"/> TOTAL <input type="checkbox"/> PARTIAL <input type="checkbox"/> NONE			

SECTION XI		TERM	
1. DURATION	32. EFFECTIVE DATE	33. RENEWABLE	
DAYS MONTHS 2 YEARS	Upon Departure	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
34. TERMINATION NOTICE (Number of days)		35. FORFEITURE OF RETURN TRAVEL FOR RESIGNATION PRIOR TO CONTRACT TERMINATION	
		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

SECTION XII		FUNCTION	
6. PRIMARY FUNCTION (PI, PP, other)			
PP			

SECTION XIII		DUTIES	
7. GENERAL DESCRIPTION OF DUTIES TO BE PERFORMED			
PP Officer, Cuba			

SECTION XIV		QUALIFICATIONS	
58. EXPERIENCE			
Contract Agent 1952-1954 in [ ]			
Contract Agent 1954 (PBI SUCCESS & FBI HISTORY)			
Associate 1954-1955			
59. EDUCATION (Check Highest Level Attained)		61. INDIVIDUAL'S COUNTRY OF ORIGIN	
<input type="checkbox"/> GRADE SCHOOL <input type="checkbox"/> HIGH SCHOOL GRADUATE <input type="checkbox"/> TRADE SCHOOL GRADUATE <input type="checkbox"/> BUSINESS SCHOOL GRADUATE <input checked="" type="checkbox"/> COLLEGE (No degree) <input type="checkbox"/> COLLEGE DEGREE <input type="checkbox"/> POST GRADUATE <input type="checkbox"/> MA <input type="checkbox"/> PHD		U.S.	
60. LANGUAGE COMPETENCY (Check Appropriate Degree Competency)			
LANGUAGE SPEAK WRITE READ Spanish <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> French <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
62. AREA KNOWLEDGE			
Latin America, Europe			

SECTION XV		PRIOR EMPLOYMENT	
63. JOB AND SALARY PRIOR TO SERVICE FOR CIA			
Self employed: Newspaper editor and publisher; lecturer.			

SECTION XVI		ADDITIONAL INFORMATION	
64. ADDITIONAL OR UNUSUAL REQUIREMENTS JUSTIFICATIONS OR EXPLANATIONS (See other side if necessary)			

DATE	TYPED NAME & SIGNATURE OF CONTRACTOR OR EMPLOYEE	TYPED NAME & SIGNATURE OF SERVICE STAFF OFFICER



CONFIDENTIAL

You will utilise your [redacted]

[redacted]

You have chosen to live temporarily [redacted] because of ~~many~~ unfulfilled lecture contracts in the United States. You have not returned to your business in [redacted] because of the great expense of traveling between [redacted] and the United States. You will, in fact, return to the United States on two occasions to deliver lectures contracted before your employment as a Staff Employee of this Agency. (February 14 and 15 in Sioux Falls, South Dakota, and Wichita, Kansas; and March 13 in Palm Beach, Florida). You are strictly enjoined against using any material relating to intelligence or other covert activities. You are advised that [redacted]

[redacted] ~~you should not depend on~~  
(this letter of instruction). It is understood that the lectures will be made while on annual leave and that all expenses incidental thereto will be met by you. At some future date, should it be decided that you should renew your lecture activities, the decision as to whether or not the income will be [redacted]

[redacted]

are

You ~~are~~ also informed that should the manuscript entitled [redacted]

now

[redacted] ~~is~~ in the hands of your literary agent, be published during your tour of duty the income therefrom will not be subject to

[redacted]

SECRET

CONTRACT INFORMATION AND CHECK LIST		NAME OFFICER	DIVISION
INSTRUCTIONS: Complete all items inserting "NA" when items are not applicable. Forward original and one copy for preparation of contract.		TELEPHONE EXTENSION 3548	NEA DATE 9 May 1957
SECTION I GENERAL			
1. NAME <i>Walter Phillips</i>	2. PROJECT PSCLATE	3. ALLOTMENT NO.	4. SLOT NO.
5. PREVIOUS CIA PSEUDONYM OR ALIASES <i>[Redacted]</i>	6. INDIVIDUAL IS PRESENTLY ENGAGED OR HAS BEEN ENGAGED BY CIA OR ITS ALLIED ACTIVITIES IN SOME CAPACITY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If yes, describe and include salary) Staff Agent, WH \$10,535.00		
7. SECURITY CLEARANCE (Type and date) Top Secret, 1 April 1955		8. CONTRACT IS TO BE WRITTEN IN STERILE FORM I.E., "U.S. GOVERNMENT" <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
9. INDIVIDUAL WILL WORK UNDER "CONTROLLED CONDITIONS" I.E., REGULAR OFFICE HOURS AWAY FROM SUBJECT'S HOME AND PERFORMED UNDER THE SUPERVISION OF A STAFF EMPLOYEE OR STAFF AGENT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		10. PROPOSED CATEGORY (Contract agent, contract employee, etc.) Staff Agent	
SECTION II PERSONAL DATA			
11. CITIZENSHIP U.S.A.	12. IF NOT U.S. CITIZEN, INDIVIDUAL IS PERMANENT RESIDENT ALIEN <input type="checkbox"/> YES <input type="checkbox"/> NO	13. AGE 34	14. DATE OF BIRTH (Month, day, year) 31 Oct. 1922
15. LEGAL RESIDENCE (City and state or country) 4804 Washburn, Fort Worth, Texas		16. CURRENT RESIDENCE (City and state or country)	
17. MARITAL STATUS (Check as appropriate) <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> ANNULLED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED			
18. NUMBER OF DEPENDENTS (Not including individual) RELATIONSHIP: Five; Wife and four children		19. INDIVIDUAL IS RELATED TO A STAFF EMPLOYEE, STAFF AGENT OR AN INDIVIDUAL CURRENTLY WORKING FOR THE AGENCY IN SOME CAPACITY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO RELATIONSHIP:	
SECTION III U.S. MILITARY STATUS			
20. RESERVE N.A.	21. VETERAN World War II	22. IF RETIRED, INDICATE CATEGORY (Longevity, combat disability, service disability non-combat) N.A.	
23. BRANCH OF SERVICE N.A.	24. RANK OR GRADE N.A.	25. DRAFT ELIGIBLE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	26. DRAFT DEFERMENT OBTAINED BY CIA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
SECTION IV COMPENSATION			
27. BASIC SALARY \$10,320.00	28. POST DIFFERENTIAL \$585.00	29. COVER (Breakdown, if any)	30. TAXES TO BE WITHHELD BY COVER <input type="checkbox"/> YES <input type="checkbox"/> NO
SECTION V ALLOWANCES (NORMALLY GRANTED ONLY TO RESIDENTS OF THE UNITED STATES)			
31. QUARTERS \$3,000.00	32. POST \$585.00	33. OTHER	
34. COVER (Breakdown, if any)			
SECTION VI TRAVEL			
35. TYPES <input checked="" type="checkbox"/> PCS <input type="checkbox"/> DOMESTIC OPERATIONAL <input type="checkbox"/> FOREIGN OPERATIONAL			36. WITH DEPENDENTS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
37. HOUSEHOLD EFFECTS TO BE SHIPPED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	38. PERSONAL VEHICLE TO BE SHIPPED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	39. TRANSPORTED VEHICLE TO BE USED FOR OPERATIONAL TRAVEL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
40. IF WITH DEPENDENTS STATE RELATIONSHIP, CITIZENSHIP, AGE AND DATE OF BIRTH Wife: Helen H. Phillips, U.S., 38, [Redacted] Daughter: Maria Louise Phillips, U.S., 7, [Redacted] Daughter: Atless Young Phillips, U.S., 4, [Redacted] Son: David A. Phillips, Jr., U.S. 5, [Redacted] Child approx. 5 mos., U.S.			
Present letter OK. H.W. - April 57			
41. PAYMENT AND ACCOUNTABILITY WILL BE IN CONFORMANCE WITH <input checked="" type="checkbox"/> CIA REGULATIONS <input type="checkbox"/> COVER POLICIES AND PROCEDURES			
SECTION VII OPERATIONAL EXPENSES			
42. PURCHASE OF INFORMATION N.A.	43. ENTERTAINMENT N.A.	44. OTHER N.A.	
45. PAYMENT AND ACCOUNTABILITY WILL BE IN CONFORMANCE WITH			

**SECRET**

CONTRACT INFORMATION AND CHECK LIST (CONTINUED)				CASE OFFICER [Redacted]		DIVISION NEA	
WITH: SEE INSTRUCTIONS ON FIRST SHEET				TELEPHONE EXTENSION 3548		DATE 9 May 1957	
SECTION VIII				OTHER BENEFITS			
46. BENEFITS (See Part XIV of Confidential Fund Regulations or successor regulations for benefits applicable to various categories of contract personnel. If medical benefits are requested, see B 55-230 or successor regulations.)							
Usual staff employee benefits							
SECTION IX				COVER ACTIVITY			
47. STATUS (Check)		<input type="checkbox"/> PROPOSED <input checked="" type="checkbox"/> ESTABLISHED		48. TYPE (Check)		<input type="checkbox"/> PROPRIETARY <input type="checkbox"/> SUBSIDIZED <input type="checkbox"/> CULTURAL <input type="checkbox"/> EDUCATIONAL <input checked="" type="checkbox"/> COMMERCIAL <input type="checkbox"/> MILITARY <input type="checkbox"/> TOURIST <input type="checkbox"/> OTHER	
49. IF COVER PAYMENTS ARE CONTEMPLATED, THEY WILL BE EFFECTED ON REIMBURSABLE BASIS							
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL							
SECTION X				OFFSET OF INCOME			
50. OFFSET OF INCOME AND OTHER EMOLUMENTS DERIVED FROM COVER ACTIVITIES (If less than total, justify in separate memo attached hereto.)							
<input checked="" type="checkbox"/> TOTAL <input type="checkbox"/> PARTIAL <input type="checkbox"/> NONE							
SECTION XI				TERM			
51. DURATION		52. EFFECTIVE DATE		53. RENEWABLE			
DAYS    MONTHS    2    YEARS		Upon departure		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
54. TERMINATION NOTICE (Number of days)				55. FORFEITURE OF RETURN TRAVEL FOR RESIGNATION PRIOR TO CONTRACT TERMINATION			
				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
SECTION XII				FUNCTION			
56. PRIMARY FUNCTION (PI, PP, other)							
PP							
SECTION XIII				DUTIES			
57. GENERAL DESCRIPTION OF DUTIES TO BE PERFORMED							
SECTION XIV				QUALIFICATIONS			
58. EXPERIENCE							
PP operations officer in the development, management and supervision of radio broadcasting facilities; professional experience in several media, particularly newspapers and radio.							
59. EDUCATION (Check Highest Level Attained)		<input type="checkbox"/> GRADE SCHOOL <input type="checkbox"/> BUSINESS SCHOOL GRADUATE <input checked="" type="checkbox"/> COLLEGE (No degree)		<input type="checkbox"/> HIGH SCHOOL GRADUATE <input type="checkbox"/> COLLEGE DEGREE <input type="checkbox"/> POST GRADUATE		<input type="checkbox"/> TRADE SCHOOL GRADUATE <input type="checkbox"/> COMMERCIAL SCHOOL GRADUATE <input type="checkbox"/> MA <input type="checkbox"/> PHD	
60. LANGUAGE COMPETENCY (Check Appropriate Degree Competency)		61. INDIVIDUAL'S COUNTRY OF ORIGIN					
LANGUAGE    SPEAK    WRITE    READ		U.S.A.					
Spanish <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>							
French <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>							
German <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>							
62. AREA KNOWLEDGE							
Central and South America; North Africa; Italy							
SECTION XV				PRIOR EMPLOYMENT			
63. JOB AND SALARY PRIOR TO SERVICE FOR CIA							
Editor and publisher, lecturer, actor and free-lance writer.							
SECTION XVI				ADDITIONAL INFORMATION			
64. ADDITIONAL OR UNUSUAL REQUIREMENTS, JUSTIFICATIONS OR EXPLANATIONS (Use other side if necessary)							
Assignment to Project PECTATE should be effective 30 April 1957							
[Redacted]							
APPROVAL							
DATE		TYPED NAME & SIGNATURE OF DIVISION OFFICER		DATE		TYPED NAME & SIGNATURE OF SENIOR STAFF OFFICER	
10 May 57		[Signature]					

TR

CONFIDENTIAL  
(When Filled In)

1. NAME (Last) <i>Phillips</i> (First) <i>David</i> (Middle) <i>A</i>		2. THIS DATE <i>9 Dec 55</i>			
3. THE FOLLOWING AGENCY SPONSORED INSURANCE PROGRAMS HAVE BEEN EXPLAINED TO ME: <input type="checkbox"/> WAR ASSOCIATES' EMPLOYEES PROTECTIVE ASSOCIATION (WAEPA) <input type="checkbox"/> DEATH DISEASES <input checked="" type="checkbox"/> GROUP HOSPITALIZATION INCORPORATED (GHI) <input checked="" type="checkbox"/> INCOME REPLACEMENT <input checked="" type="checkbox"/> MUTUAL BENEFIT OF OHIO - HOSPITALIZATION <input checked="" type="checkbox"/> UNITED LIFE INSURANCE (ULIC) <input type="checkbox"/> CASH PAYMENT OF PREMIUMS AT THE TIME EMPLOYEE APPLIES FOR INSURANCE MUST COVER THE PERIOD OF TIME HE WILL BE AWAY FROM HEADQUARTERS. <input checked="" type="checkbox"/> AIR TRIP INSURANCE					
4. ITINERARY (To be completed only for individuals making application for Air Trip Insurance)					
5. I AM NOW PARTICIPATING, OR WOULD LIKE TO PARTICIPATE IN THE INSURANCE PROGRAMS LISTED BELOW.		SIGNATURE OF EMPLOYEE <i>David C. Phillips</i>			
TYPE OF POLICY	DESIRED	NOW HAVE	POLICY NUMBER	DEDUCTIONS AUTHORIZED EACH PAY PERIOD	CASH PAID
<i>Life Insurance</i>		<input checked="" type="checkbox"/>			
<i>Health Insurance</i>		<input checked="" type="checkbox"/>	<i>PC Thompson</i>	<i>50</i>	
6. I DO NOT ELECT TO PARTICIPATE IN ANY OF THE STATED INSURANCE PROGRAMS		SIGNATURE OF EMPLOYEE			
7. EMPLOYEE INTERVIEWED BY	CPB (Signature) <i>C-T Churman</i>	ICD (Signature)			
8. REMARKS					
When completed, the original of this form should be forwarded to T&B for incorporation in the employee's official personnel folder. The copy should be forwarded to CPB for retention in CPB files.					

## INSURANCE QUESTIONNAIRE

TR

CONFIDENTIAL  
(When Filled In)

RESIDENCE AND DEPENDENCY REPORT					
<b>INSTRUCTIONS:</b> Submit in duplicate when ordered overseas or whenever designated place of residence, marital or dependency status changes. This information is important in determining travel expenses allowable in connection with leave at Government expense, overseas duty, return to residence upon separation, and in determining transportation expenses allowable in connection with shipment of remains of employee or member of family.					
1. NAME OF EMPLOYEE (Last)		(First)		(Middle)	
Phillips		David		Atlee	
2. RESIDENCE DATA					
PLACE OF RESIDENCE WHEN APPOINTED			LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. (if appointed abroad)		
919 Rose Lane, Falls Church, Va.					
PLACE IN CONTINENTAL U.S. DESIGNATED PERMANENT OR LEGAL RESIDENCE					
1804 Washburn, Fort Worth, Texas.					
3. MARITAL STATUS					
<input type="checkbox"/> SINGLE		PLACE OF MARRIAGE		DATE OF MARRIAGE	
<input checked="" type="checkbox"/> MARRIED		Fort Worth, Texas		5 June 1948	
<input type="checkbox"/> DIVORCED		PLACE OF DIVORCE DECREE		DATE OF DIVORCE DECREE	
<input type="checkbox"/> WIDOWED		PLACE SPOUSE DIED		DATE SPOUSE DIED	
4. MEMBERS OF FAMILY					
NAME OF SPOUSE		ADDRESS (Number) (Street) (City) (State)		TELEPHONE	
Helen Haasch Phillips		919 Rose Lane Falls Church Va.		JE-3-9579	
NAMES OF CHILDREN		ADDRESS (Number) (Street) (City) (State)		SEX	AGE
Maria Louise Phillips		" " " "		Female	6
David Atlee Phillips, Jr.		" " " "		Male	3
Atlee Young Phillips		" " " "		Female	2
NAME OF FATHER (or male guardian)		ADDRESS (Number) (Street) (City) (State)		TELEPHONE	
Deceased					
NAME OF MOTHER (or female guardian)		ADDRESS (Number) (Street) (City) (State)		TELEPHONE	
Deceased					
5. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY					
NAME				RELATIONSHIP	
Edwin T. Phillips, Jr.				Brother	
ADDRESS (Number) (Street) (City) (State)				TELEPHONE	
1804 Washburn Fort Worth Texas					
THE PERSONS NAMED IN ITEM 4 ABOVE WILL ALSO BE NOTIFIED IN CASE OF EMERGENCY. IF SUCH NOTIFICATION IS NOT DESIRABLE, DUE TO HEALTH OR OTHER PERTINENT REASONS, PLEASE SO STATE UNDER "REMARKS."					
VOLUNTARY ENTRIES					
THE FOLLOWING AGENCY ENDORSED LIFE AND HOSPITALIZATION INSURANCE POLICIES ARE IN FORCE IN MY NAME: THE "POLICY NO." SHOULD BE ENTERED IF POSSIBLE, SINCE THIS INFORMATION WILL ASSIST IN EXPEDITING ACTION BY THE INSURANCE COMPANY SHOULD A CLAIM BECOME PAYABLE.					
6. FULL NAME OF COMPANY		ADDRESS OF HOME OFFICE		POLICY NO.	
U.S. Government Employee		Washington, D.C.			
Mutual of Omaha Hospitalization		Omaha, Neb.		GWF 1514	
7. I HAVE COMPLETED THE FOLLOWING: WILL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO POWER OF ATTORNEY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
8. REMARKS:					
Power of Attorney to: Edwin T. Phillips, Jr. 1804 Washburn, Fort Worth, Texas.  Edmond K. Rannon Casilla 1250, Santiago, Chile					
SIGNED AT		DATE		SIGNATURE	
Washington, D.C.		27 December 1955		David C. Phillips	

# CERTIFICATE OF ATTENDANCE

I certify that on MAY 12 1955 I have attended  
(DATE)  
 the Induction Course specified by Regulation 25-110.

*Note:*  
 Displayed unusu-  
 alterations at the  
 Introduction Program  
 on May 12  
 For

DAVID A. PHILLIPS

(NAME) - Please print

☐ CLERICAL

☐ STENOGRAPHIC

☒ OTHER

OFFICE 2010/PP/130

GS- 14 (Grade)

FORM NO. 110 REPLACES FORM SI-121  
 1-55 AS SHOWN WHICH MAY BE USED.

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

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

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

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

I have not paid, or offered or promised to pay, any money or other thing of value to any person, firm or corporation for the use of influence to procure my 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.

1 April 1955

(Date of entrance on duty)

(Signature of appointee)

Subscribed and sworn before me this 23 day of April, A. D. 1955,

at Washington,  
(City)

D. C.  
(State)

[SEAL]

(Signature of officer)  
DSC 10 & 16a

(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. Any false statement in this declaration will be grounds for cancellation of application or dismissal after appointment. Impersonation is a criminal offense and will be prosecuted accordingly.

1. PRESENT ADDRESS (street and number, city and State)  
 7201 JACKSON AVE. FORT WORTH, TEXAS

2. (A) DATE OF BIRTH: OCTOBER 31, 1922 (B) PLACE OF BIRTH (city or town and State or country): FORT WORTH, TEXAS

3. (A) IN CASE OF EMERGENCY PLEASE NOTIFY: NELEN SEVEN PHILIPS (B) RELATIONSHIP: WIFE (C) STREET AND NUMBER, CITY AND STATE: 7201 JACKSON AVE. FORT WORTH, TEXAS (D) TELEPHONE NO.: JF-19-1777

4. DOES THE UNITED STATES GOVERNMENT EMPLOY, IN A CIVILIAN CAPACITY, ANY RELATIVE OF YOURS (OTHER BY BLOOD OR MARRIAGE) WITH WHOM YOU LIVE OR HAVE LIVED WITHIN THE PAST 24 MONTHS? ☐ YES ☒ NO  
 If so, for each such relative fill in the blanks below. If additional space is necessary, complete under Item 10.

NAME	POST OFFICE ADDRESS (Give street number, if any)	(1) POSITION (2) TEMPORARY OR NOT (3) DEPARTMENT OR AGENCY IN WHICH EMPLOYED	RELATION- SHIP	MAR- RIED (Check one)	SINGLE
		1. ....			
		2. ....			
		3. ....			
		1. ....			
		2. ....			
		3. ....			
		1. ....			
		2. ....			
		3. ....			

INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO	10. SPACE FOR DETAILED ANSWERS TO OTHER QUESTIONS
			ITEM NO. WRITE IN LEFT COLUMN NUMBERS OF ITEMS TO WHICH DETAILED ANSWERS APPLY
5. ARE YOU A CITIZEN OF OR DO YOU OWE ALLEGIANCE TO THE UNITED STATES?	X		
6. ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY?		X	
If your answer is "Yes", give details in Item 10.			
7. DO YOU RECEIVE ANY 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?		X	
If your answer is "Yes", give in Item 10 reason for retirement, that is, age, optional disability, or by reason of voluntary or involuntary separation after 5 years' service, amount of retirement pay, and under what retirement act; and rating, if retired from military or naval service.			
8. SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT HAVE YOU BEEN DISCHARGED OR FORCED TO RESIGN, FOR MISCONDUCT OR UNSATISFACTORY SERVICE FROM ANY POSITION?		X	
If your answer is "Yes", give in Item 10 the name and address of employer, date and reason in each case.			
9. HAVE YOU BEEN ARRESTED (NOT INCLUDING TRAFFIC VIOLATIONS FOR WHICH YOU WERE FINED \$5 OR LESS OR FORFEITED COLLATERAL OF \$5 OR LESS) SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT?		X	
If your answer is "Yes", list all such cases under Item 10. Give in each case, (1) The date, (2) the nature of the offense or violation, (3) the name and location of the court, (4) the penalty imposed, if any, or other disposition of the case. If appointed, your fingerprints will be taken.			

### INSTRUCTIONS TO APPOINTING OFFICER

The appointing officer before whom the foregoing certificate is made shall determine to his own satisfaction that this appointment would be in conformity with the Civil Service Act, applicable Civil Service Rules and Regulations and Acts of Congress pertaining to appointment. This form should be checked for holding of office, pension, suitability in connection with any record of recent discharge or arrest, and particularly for the following:

(1) **Identity of appointee**—It is the duty of the appointing officer to guard against impersonation and to determine beyond reasonable doubt that the appointee is the same person whose appointment was authorized. The appointee's signature and handwriting are to be compared with the application and other pertinent papers. If the appointee qualified in a written examination, the signature on this form should be compared with the signature on the declaration sheet, which was signed in the examination room. His physical appearance may be checked against the medical certificate. The appointee may also be questioned on his personal history for agreement with his previous statements.

(2) **Age**—If definite age limits have been established for the position, it should be determined that applicant is not outside the age range for appointment. Until such determination is made, the appointment may not be consummated.

(3) **Citizenship**—The appointing officer is responsible for observing the citizenship provisions of (1) the Civil Service Rules and (2) appropriation acts. Form 61 constitutes an affidavit for both purposes and is acceptable proof of citizenship status in the absence of conflicting evidence. In doubtful cases the appointee should not be consummated until clearance has been secured from the certifying officer of the Civil Service Commission.

(4) **Members of Family**—Section 9 of the Civil Service Act provides that whenever there are already two or more members of a family serving under probational or permanent appointment in the competitive service, no other member of such family is eligible for probational or permanent appointment in the competitive service. The appointments of persons entitled to veteran preference are not subject to this requirement. The members of family provision does not apply to temporary appointments. Doubtful cases may be referred to the appropriate office of the Civil Service Commission for decision.



SECRET  
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST
2. NAME (Last, First, Middle) <b>Phillips, David A.</b>		29 Jan 75
3. POSITION TITLE <b>C/LAD</b>		4. GRADE <b>GS-18</b>
5. OFFICE, DIVISION, BRANCH <b>DDO/LA</b>		6. EMPLOYEE'S EXT. <b>5103</b>
7. PURPOSE OF EVALUATION		
<input type="checkbox"/> PRE-EMPLOYMENT  <input type="checkbox"/> ENTRANCE ON DUTY  <input checked="" type="checkbox"/> TDY STANDBY  <input type="checkbox"/> SPECIAL TRAINING  <input type="checkbox"/> ANNUAL  <input type="checkbox"/> RETURN TO DUTY  <input type="checkbox"/> FITNESS FOR DUTY  <input type="checkbox"/> MEDICAL RETIREMENT	<input type="checkbox"/> HQS/TDY <input type="checkbox"/> OVERSEAS ASSIGNMENT <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">           ETD            STATION            TDY OR PCS            TYPE OF COVER            NO. OF DEPENDENTS TO ACCOMPANY            NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY ATTACHED         </div> <input type="checkbox"/> RETURN FROM OVERSEAS <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">           ETA            STATION            NO. OF DEP.'S         </div>	
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER
<input type="checkbox"/> YES  <input type="checkbox"/> NO		SIGNATURE <div style="border: 1px solid black; width: 100px; height: 30px; margin: 5px 0;"></div> <b>LA/Trng</b> ROOM NO. & BUILDING <b>3D5317 Hqs</b> EXT <b>7431</b>

10. COMMENTS  <b>Subject has completed his Executive Annual.</b>	
11. REPORT OF EVALUATION  <b>Qualified for <del>TDY</del> TDY Standby until 1 October 1975.</b>	
DATE  <b>4 February 1975</b>	SIGNATURE FOR CHIEF OF MEDICAL STAFF  <b>William T. Golder, OMS/Registrar</b>

SECRET

(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST 10 May 1972	
2. NAME (Last, First, Middle) Phillips, David A. (Dependents of)		3. POSITION TITLE COS	4. GRADE GS-17
5. OFFICE DIVISION, BRANCH [Redacted]		6. EMPLOYEE'S EXT. 7431	
7. PURPOSE OF EVALUATION			
<input type="checkbox"/> PRE-EMPLOYMENT <input type="checkbox"/> ENTRANCE ON DUTY <input type="checkbox"/> TDY STANDBY <input type="checkbox"/> SPECIAL TRAINING <input type="checkbox"/> ANNUAL <input type="checkbox"/> RETURN TO DUTY <input type="checkbox"/> FITNESS FOR DUTY <input type="checkbox"/> MEDICAL RETIREMENT		<input type="checkbox"/> HQS/TDY <input checked="" type="checkbox"/> OVERSEAS ASSIGNMENT <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">           ETD            August 1972            STATION            [Redacted]            TDY OR PCS            PCS            TYPE OF COVER            [Redacted]            NO. OF DEPENDENTS TO ACCOMPANY  <del>XXXX</del> five            NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY ATTACHED         </div> <input type="checkbox"/> RETURN FROM OVERSEAS <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">           ETA            STATION            NO. OF DEP'S         </div>	
8. OVERSEAS PLANNING EVALUATION (One block must be checked)			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		9. REQUESTING OFFICER	
<div style="font-size: 2em; font-weight: bold; text-align: center;">DEPENDENT</div> <div style="text-align: right; margin-top: -20px;">10 JUL 1972</div>		SIGNATURE [Redacted]	
		ROOM NO. & BUILDING 3D 5309 Hqs	EXT. 7431

10. COMMENTS			
Please schedule appointments for the week of 10 July.			
Virginia S. wife	26 Feb 43	Wynne Aughterton	12 Sep 64
Deborah Anne Mau	25 Dec 59	Todd	3 Aug 70
Bryan Moss	31 Dec 60	son	28 Dec 56
11. REPORT OF EVALUATION		QUALIFIED FOR IS PCS SPERRY, PRESTON DATE	
		SIGNATURE FOR CHIEF OF MEDICAL STAFF [Redacted]	

FORM 259 USE PREVIOUS EDITIONS

SECRET

15 MAY 1972

SECRET

(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST
2. NAME (Last, First, Mi.Mi.) Phillips, David A. (dependents)		17 October 1969
3. POSITION TITLE Branch Chief		4. GRADE GS-16
5. OFFICE, DIVISION, BRANCH DDP/MH/COG		6. EMPLOYEE'S EAT. 7451
7. PURPOSE OF EVALUATION		
<input type="checkbox"/> PRE-EMPLOYMENT  <input type="checkbox"/> ENTRANCE ON DUTY  <input type="checkbox"/> TDY STANDBY  <input type="checkbox"/> SPECIAL TRAINING  <input type="checkbox"/> ANNUAL  <input type="checkbox"/> RETURN TO DUTY  <input type="checkbox"/> FITNESS FOR DUTY  <input type="checkbox"/> MEDICAL RETIREMENT	<input type="checkbox"/> HQS/TDY <input checked="" type="checkbox"/> OVERSEAS ASSIGNMENT <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">           ETD            o/a 28 December 1969            STATION            [REDACTED]            TDY OR PCS            PCS            TYPE OF COVER            [REDACTED]            NO. OF DEPENDENTS TO ACCOMPANY            7            NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (See 87) ATTACHED            To be forwarded         </div> <input type="checkbox"/> RETURN FROM OVERSEAS <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">           ETA            STATION            NO. OF DEP.'S         </div>	
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SIGNATURE [REDACTED] MI Personnel ROOM NO. & BUILDING 305309 14 EXT. 6815

10. COMMENTS	
Virginia S. - wife - [REDACTED] [REDACTED] (12 31 69) Christopher Clark - son - [REDACTED] Bryan Moss - son - [REDACTED] DeSHERRY, PRESTON [REDACTED] Lynn Auerherton - son [REDACTED] (12 31 69)	
11. REPORT OF EVALUATION	
QUALIFIED OS PCS [REDACTED]	
DATE	SIGNATURE FOR CHIEF OF MEDICAL STAFF

SECRET

SECRET

1. NAME (Last, First, Middle) <b>Phillips, David A.</b>		2. DATE OF BIRTH <b>10/31/22</b>		3. GRADE <b>GS-16</b>	
4. OFFICE, DIVISION, BRANCH (or overseas station and existing cover if lateral assignment) <b>DOP/VR/COO</b>		5. PRESENT POSITION <b>Branch Chief</b>		6. EMPLOYEE EXTENSION <b>7451</b>	
7. PROPOSED STATION <div></div>		8. PROPOSED POSITION (Title, Number, Grade) <b>COS, # 0106, GS-00</b>			
9. TYPE OF COVER AT NEW STATION <b>State</b>		10. ESTIMATED DATE OF DEPARTURE <b>c/a 28 Dec. '69</b>		11. NO. OF DEPENDENTS TO ACCOMPANY <b>7</b>	
12. COMMENTS <b>Vice Robert D. Gahagen</b> <div></div> <b>Form DS-1688 to be forwarded</b>					
13. DATE OF REQUEST		14. SIGNATURE OF REQUESTING OFFICIAL <div></div>		15. ROOM NUMBER AND BUILDING <b>3D 3309</b>	
				16. EXTENSION <b>6813</b>	
17. OFFICE OF MEDICAL SERVICES DISPOSITION  <b>MEDICALLY QUALIFIED FOR PROPOSED OS PCS.</b>  <b>DONALD FARLEY</b>					
18. OFFICE OF SECURITY DISPOSITION <b>12 24 69</b>					
19. OVERSEAS CANDIDATE REVIEW PANEL DISPOSITION					
REQUEST FOR PCS OVERSEAS EVALUATION					

**SECRET**  
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST	
2. NAME (Last, First, Middle) <b>PHILLIPS, David A.</b>		3. POSITION TITLE <b>Ops Officer</b>	4. GRADE <b>OS-15</b>
5. OFFICE, DIVISION, BRANCH <b>DDP/WH/COB</b>		6. EMPLOYEE'S EXT.	
7. PURPOSE OF EVALUATION			
<input type="checkbox"/> PRE-EMPLOYMENT  <input type="checkbox"/> ENTRANCE ON DUTY  <input type="checkbox"/> TDY STANDBY  <input type="checkbox"/> SPECIAL TRAINING  <input type="checkbox"/> ANNUAL  <input type="checkbox"/> RETURN TO DUTY  <input type="checkbox"/> FITNESS FOR DUTY  <input type="checkbox"/> MEDICAL RETIREMENT	<input type="checkbox"/> HQQS/TDY <input type="checkbox"/> OVERSEAS ASSIGNMENT <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">         ETO  <b>22 May - 5 June 1968</b>          STATION  <b>Mexico City</b>          TDY OR PCS  <b>TDY</b>          TYPE  <div style="border: 1px solid black; width: 50px; height: 15px; display: inline-block;"></div>          NO. <div style="border: 1px solid black; width: 50px; height: 15px; display: inline-block;"></div> ITS TO ACCOMPANY          NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED       </div> <input type="checkbox"/> RETURN FROM OVERSEAS <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">         ETA          STATION          NO. OF DEPTS       </div>		
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER	
<input type="checkbox"/> YES  <input type="checkbox"/> NO		SIGNATURE <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> ROOM NO. & BUILDING <b>3DE309</b>	
		EXT. <b>1516</b>	
10. COMMENTS			
<b>QUALIFIED FOR PROTECT</b> <b>TDY</b> <b>ROX HART</b>			
11. REPORT OF EVALUATION		SIGNATURE FOR CHIEF OF MEDICAL STAFF	
DATE			

**SECRET**  
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST 6 September 1967
2. NAME (Last, First, Middle) <b>Phillips, David</b>		3. POSITION TITLE
4. OFFICE, DIVISION, BRANCH <b>WH</b>		5. GRADE <b>GS-15</b>
		6. EMPLOYEE'S EXT.
7. PURPOSE OF EVALUATION		
<input type="checkbox"/> PRE-EMPLOYMENT  <input type="checkbox"/> ENTRANCE ON DUTY  <input type="checkbox"/> TDY STANDBY  <input type="checkbox"/> SPECIAL TRAINING  <input checked="" type="checkbox"/> ANNUAL - Executive  <input type="checkbox"/> RETURN TO DUTY  <input type="checkbox"/> FITNESS FOR DUTY  <input type="checkbox"/> MEDICAL RETIREMENT	<input type="checkbox"/> HQS/TDY <input type="checkbox"/> OVERSEAS ASSIGNMENT  <div style="border: 1px solid black; padding: 2px;">         ETD          STATION          TDY OR PCS          TYPE OF COVER          NO. OF DEPENDENTS TO ACCOMPANY          NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED       </div> <input type="checkbox"/> RETURN FROM OVERSEAS  <div style="border: 1px solid black; padding: 2px;">         ETA          STATION          NO. OF DEP.'S       </div>	
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER
<input type="checkbox"/> YES  <input type="checkbox"/> NO		SIGNATURE
		ROOM NO. & BUILDING
		EXT.
10. COMMENTS		
11. REPORT OF EVALUATION		
DUTIES DEPT. HART		
DATE		SIGNATURE FOR CHIEF OF MEDICAL STAFF

**SECRET**  
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST	
2. NAME (Last, First, Middle) <b>PHILLIPS, David A.</b>		3. POSITION TITLE <b>Ops Off</b>	
4. GRADE <b>GS-15</b>		5. OFFICE, DIVISION, BRANCH <b>DDP/WH/3</b>	
6. EMPLOYEE'S EXT. <b>5909</b>		7. PURPOSE OF EVALUATION	
<input type="checkbox"/> PRE-EMPLOYMENT  <input type="checkbox"/> ENTRANCE ON DUTY  <input type="checkbox"/> TDY STANDBY  <input type="checkbox"/> SPECIAL TRAINING  <input type="checkbox"/> ANNUAL  <input type="checkbox"/> RETURN TO DUTY  <input type="checkbox"/> FITNESS FOR DUTY  <input type="checkbox"/> MEDICAL RETIREMENT		<input type="checkbox"/> MD/JS/TDY  <input type="checkbox"/> OVERSEAS ASSIGNMENT  <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">         PTD          STATION          TDY OR PCS          TYPE OF COVER          NO. OF DEPENDENTS TO ACCOMPANY          NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 42) ATTACHED       </div> <input checked="" type="checkbox"/> RETURN FROM OVERSEAS  <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">         ETA          STATION  <div style="border: 1px solid black; width: 100px; height: 15px; margin: 5px 0;"></div> <p align="center"><b>Five</b></p> </div>	
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER	
<input type="checkbox"/> YES  <input type="checkbox"/> NO		SIGNATURE  <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>	
		ROOM NO. & BUILDING  EXT.	
10. COMMENTS			
Wife: Helen F. Dau: Maria L. DOB <span style="border: 1px solid black; display: inline-block; width: 60px; height: 15px;"></span> Son: David A DOB <span style="border: 1px solid black; display: inline-block; width: 60px; height: 15px;"></span> Son: Atlee I DOB <span style="border: 1px solid black; display: inline-block; width: 60px; height: 15px;"></span> Son: Christopher DOB <span style="border: 1px solid black; display: inline-block; width: 60px; height: 15px;"></span>			
11. REPORT OF EVALUATION			
DATE		SIGNATURE FOR CHIEF OF MEDICAL STAFF	

**SECRET**  
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST <b>31 October 1966</b>
2. NAME (Last, First, Middle) <b>Phillips, David A.</b>	3. POSITION TITLE	4. GRADE <b>03-</b>
5. OFFICE, DIVISION, BRANCH <b>COB (WH)</b>		6. EMPLOYEE'S EXT. <b>5903</b>
7. PURPOSE OF EVALUATION		
<input type="checkbox"/> PRE-EMPLOYMENT  <input type="checkbox"/> ENTRANCE ON DUTY  <input type="checkbox"/> TDY STANDBY  <input type="checkbox"/> SPECIAL TRAINING  <input checked="" type="checkbox"/> ANNUAL - Executive  <input type="checkbox"/> RETURN TO DUTY  <input type="checkbox"/> FITNESS FOR DUTY  <input type="checkbox"/> MEDICAL RETIREMENT	<input type="checkbox"/> HQS/TDY <input type="checkbox"/> OVERSEAS ASSIGNMENT  <div style="border: 1px solid black; padding: 2px; margin-bottom: 10px;">           ETU            STATION            TDY OR PCS            TYPE OF COVER            NO. OF DEPENDENTS TO ACCOMPANY            NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED         </div> <input type="checkbox"/> RETURN FROM OVERSEAS  <div style="border: 1px solid black; padding: 2px;">           ETA            STATION            NO. OF DEP.'S         </div>	
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER
<input type="checkbox"/> YES  <input type="checkbox"/> NO		SIGNATURE  <div style="display: flex; justify-content: space-between;"> <div>ROOM NO. &amp; BUILDING</div> <div>EXT.</div> </div>
10. COMMENTS		
<p>QUALIFIED FOR CURRENT DUTIES</p>		
11. REPORT OF EVALUATION		
<p>REX HART</p>		
DATE <b>12 1 67</b>		SIGNATURE FOR CHIEF OF MEDICAL STAFF



**SECRET**  
(When Filled In)

<b>REQUEST FOR MEDICAL EVALUATION</b>		1. DATE OF REQUEST <b>2 June 64</b>	
2. NAME (Last, First, Middle) <b>PHILLIPS, David A.</b>		3. POSITION TITLE <b>Ops Ofcr</b>	
4. GRADE <b>15</b>		5. EMPLOYEE'S EXT. <b>x5909</b>	
6. OFFICE, DIVISION, BRANCH <b>DDP/WH/3</b>			
7. PURPOSE OF EVALUATION			
<input type="checkbox"/> PRE-EMPLOYMENT  <input type="checkbox"/> ENTRANCE ON DUTY  <input type="checkbox"/> TDY STANDBY  <input type="checkbox"/> SPECIAL TRAINING  <input type="checkbox"/> ANNUAL  <input type="checkbox"/> RETURN TO DUTY  <input type="checkbox"/> FITNESS FOR DUTY  <input type="checkbox"/> MEDICAL RETIREMENT		<input checked="" type="checkbox"/> HQS/TDY <input type="checkbox"/> OVERSEAS ASSIGNMENT <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">         ETD  <b>3 July 64</b>          STATION  <b>Return to Mexico City</b>          TDY OR PCS  <b>PCS</b>          TYPE OF COVER  <div style="border: 1px solid black; height: 15px; width: 100%;"></div>          NO. OF DEPENDENTS TO ACCOMPANY  <b>5</b>          NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 59) ATTACHED  <b>-0</b> </div> <input checked="" type="checkbox"/> RETURN FROM OVERSEAS <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">         ETA  <b>30 June 64</b>          STATION  <b>Mexico City, Mexico</b>          NO. OF DEP.'S  <b>5</b> </div>	
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER	
<input checked="" type="checkbox"/> YES  <input type="checkbox"/> NO		Sig <div style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></div> <b>WH/Pers Ofcr</b> ROOM NO. & BUILDING <b>GH 4407 Hqs</b>	
		EXT. <b>x5909</b>	

10. COMMENTS  <b>Will be in Hqs beginning 30 June until 3 July for TDY.</b>	
<b>1-2 July</b> <b>QUALIFIED FOR PROPOSED O'S</b>	
11. REPORT OF EVALUATION  <b>PCS</b>	
<b>JOE W. CLINE</b>	
DATE	SIGNATURE FOR CHIEF OF MEDICAL STAFF
	<div style="border: 1px solid black; display: inline-block; width: 150px; height: 40px;"></div>

**SECRET**  
(When Filled In)

<b>REQUEST FOR MEDICAL EVALUATION</b>		1. DATE OF REQUEST <b>27 JULY 1965</b>	
2. NAME (Last, First, Middle) <b>PHILLIPS, DAVID A.</b>		3. POSITION TITLE <b>COS</b>	4. GRADE <b>15</b>
5. OFFICE, DIVISION, BRANCH <b>DDP/WH/BRANCH 2</b>		6. EMPLOYEE'S EXT. <b>6576</b>	
7. PURPOSE OF EVALUATION			
<input type="checkbox"/> PRE-EMPLOYMENT  <input type="checkbox"/> ENTRANCE ON DUTY  <input type="checkbox"/> TDY STANDBY  <input type="checkbox"/> SPECIAL TRAINING  <input type="checkbox"/> ANNUAL  <input type="checkbox"/> RETURN TO DUTY  <input type="checkbox"/> FITNESS FOR DUTY  <input type="checkbox"/> MEDICAL RETIREMENT	<input type="checkbox"/> HQS/TDY <input checked="" type="checkbox"/> OVERSEAS ASSIGNMENT  <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;">         ETO  <b>LATERAL TRANSFER</b>          STATION          TO <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span>  <b>PCS</b>          TYPE OF COVER  <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span>          NO. OF DEPENDENTS TO ACCOMPANY  <b>5</b>          NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED  <b>0</b> </div> <input type="checkbox"/> RETURN FROM OVERSEAS  <div style="border: 1px solid black; padding: 5px;">         ETA  <b>LATERAL TRANSFER</b>          STATION  <b>MEXICO CITY, MEXICO</b>          NO. OF DEP.'S  <b>5</b> </div>		
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER	
<input type="checkbox"/> YES  <input type="checkbox"/> NO		SIGNATURE <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div> <b>WH/PERSONNEL</b> ROOM NO. & BUILDING <b>CH 56</b>	
		EXT. <b>6576</b>	
10. COMMENTS  <b>MR. PHILLIPS IS A DIRECT TRANSFER.</b>  <b>QUALIFIED FOR PROPOSED PCS</b>			
11. REPORT OF EVALUATION  <b>JOE W. CLINE</b>			
DATE  <b>17 30 65</b>		SIGNATURE FOR CHIEF OF MEDICAL STAFF  <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div>	

**SECRET**  
(When Filled In)

<b>REQUEST FOR MEDICAL EVALUATION</b>		1. DATE OF REQUEST <b>22 June 1961</b>
2. NAME (Last, First, Middle) <b>PHILLIPS, David A.</b>	3. POSITION TITLE <b>Ops Officer</b>	4. GRADE <b>GS-14</b>
5. OFFICE, DIVISION, BRANCH <b>DDP/AFD</b>		6. EMPLOYEE'S EXT. <b>8242</b>
7. PURPOSE OF EVALUATION		
<input type="checkbox"/> PRE-EMPLOYMENT  <input type="checkbox"/> ENTRANCE ON DUTY  <input checked="" type="checkbox"/> OVERSEAS RETURN  <input type="checkbox"/> TDY STANDBY  <input type="checkbox"/> SPECIAL TRAINING  <input type="checkbox"/> ANNUAL  <input type="checkbox"/> RETURN TO DUTY  <input type="checkbox"/> FITNESS FOR DUTY  <input type="checkbox"/> MEDICAL RETIREMENT	<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;">         ETO  <b>16 August 1961</b>          STATION  <b>Maricao City</b>          TDY OR PCS  <b>PCS</b>          NO. OF DEPENDENTS TO ACCOMPANY  <b>five</b>          NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED       </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;">         ECA          STATION          NO. OF DEPS       </div> <p><i>FORM 89 attached</i></p> <input checked="" type="checkbox"/> RETURN FROM OVERSEAS  <p>Subject's last physical exam was more than a year ago.</p>	
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER
<input checked="" type="checkbox"/> YES  <input type="checkbox"/> NO		SIGNATURE _____ ROOM NO. & BUILDING <b>1404 Barton Hall</b>
		EXT. <b>8242</b>

10. REPORT OF EVALUATION COMMENTS	
11. REPORT OF EVALUATION	
DATE <b>10 AUG 1961</b>	SIGNATURE FOR CHIEF OF MEDICAL STAFF

SECRET

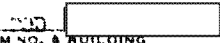
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST											
2. NAME (Last, First, Middle) <b>PHILLIPS, David Atlee</b>		12 April 1960											
3. POSITION TITLE		4. GRADE <b>CS-14</b>											
5. OFFICE, DIVISION, BRANCH <b>Washington, D. C.</b>		6. EMPLOYEE'S EXT. <b>2560</b>											
7. PURPOSE OF EVALUATION													
<input type="checkbox"/> PRE-EMPLOYMENT  <input type="checkbox"/> ENTRANCE ON DUTY  <input type="checkbox"/> OVERSEAS RETURN  <input type="checkbox"/> TDY STANDBY  <input type="checkbox"/> SPECIAL TRAINING  <input type="checkbox"/> ANNUAL  <input type="checkbox"/> RETURN TO DUTY  <input type="checkbox"/> FITNESS FOR DUTY  <input type="checkbox"/> MEDICAL RETIREMENT		<input checked="" type="checkbox"/> OVERSEAS ASSIGNMENT  <table border="1"> <tr><td>ETD</td></tr> <tr><td><b>15 April 1960</b></td></tr> <tr><td>STATION</td></tr> <tr><td><b>WH Area</b></td></tr> <tr><td>TDY OR PCS</td></tr> <tr><td><b>TDY</b></td></tr> <tr><td>TYPE OF COVER</td></tr> <tr><td>NO. OF DEPENDENTS TO ACCOMPANY</td></tr> <tr><td><b>None</b></td></tr> <tr><td>NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 82) ATTACHED</td></tr> </table>		ETD	<b>15 April 1960</b>	STATION	<b>WH Area</b>	TDY OR PCS	<b>TDY</b>	TYPE OF COVER	NO. OF DEPENDENTS TO ACCOMPANY	<b>None</b>	NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 82) ATTACHED
ETD													
<b>15 April 1960</b>													
STATION													
<b>WH Area</b>													
TDY OR PCS													
<b>TDY</b>													
TYPE OF COVER													
NO. OF DEPENDENTS TO ACCOMPANY													
<b>None</b>													
NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 82) ATTACHED													
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER											
<input type="checkbox"/> YES  <input type="checkbox"/> NO		SIGNATURE <div style="border: 1px solid black; width: 150px; height: 30px; margin: 5px;"></div> ROOM NO. & ADDRESS <b>1014 Barton</b>											
		EXT. <b>8717</b>											

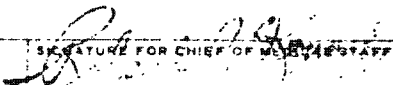
10. REPORT OF EVALUATION	
(REVIEW FOR EVALUATION OF AND FOR THE CHIEF OF MEDICAL STAFF)	
DATE  <b>21 APR 1960</b>	SIGNATURE FOR CHIEF OF MEDICAL STAFF  <div style="border: 1px solid black; width: 150px; height: 30px; margin: 5px;"></div>

**SECRET**  
(When Filled In)

CS/

<b>REQUEST FOR MEDICAL EVALUATION</b>		1. DATE OF REQUEST							
2. NAME (Last, First, Middle) MILLER, DAVID A.		3. POSITION TITLE OPB O-1000							
4. GRADE GS-14		5. OFFICE, DIVISION, BRANCH INSP/IR CS/CS Development Command							
6. EMPLOYEE'S EXT.									
7. PURPOSE OF EVALUATION									
<input type="checkbox"/> PRE-EMPLOYMENT  <input checked="" type="checkbox"/> ENTRANCE ON DUTY  <input type="checkbox"/> OVERSEAS RETURN  <input type="checkbox"/> TDY STANDBY  <input type="checkbox"/> SPECIAL TRAINING  <input type="checkbox"/> ANNUAL  <input type="checkbox"/> RETURN TO DUTY  <input type="checkbox"/> FITNESS FOR DUTY  <input type="checkbox"/> MEDICAL RETIREMENT		<input type="checkbox"/> OVERSEAS ASSIGNMENT  <table border="1"> <tr><td>ETD</td></tr> <tr><td>STATION</td></tr> <tr><td>TDY OR PCS</td></tr> <tr><td>TYPE OF COVER</td></tr> <tr><td>NO. OF DEPENDENTS TO ACCOMPANY</td></tr> <tr><td>NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED</td></tr> </table>		ETD	STATION	TDY OR PCS	TYPE OF COVER	NO. OF DEPENDENTS TO ACCOMPANY	NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED
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STATION									
TDY OR PCS									
TYPE OF COVER									
NO. OF DEPENDENTS TO ACCOMPANY									
NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED									
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER							
<input type="checkbox"/> YES  <input type="checkbox"/> NO		SIGNATURE  ROOM NO. & BUILDING 1001 Curia EXT. 4371							

*my com. from  
O-1000  
22 May 1968  
HOC*

10. REPORT OF EVALUATION	
DATE OF THE EVALUATION <i>Qualified com from S. PSE</i>	
DATE	SIGNATURE FOR CHIEF OF MEDICAL STAFF 

**SECRET**  
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST							
2. NAME (Last, First, Middle) <b>PHILLIPS, DAVID A.</b>		3. POSITION TITLE <b>OPS O-11-1</b>							
4. GRADE		5. EMPLOYEE'S EXT. <b>11</b>							
6. OFFICE, DIVISION, BRANCH <b>DEPT/IN CE/C Development Consultant</b>									
7. PURPOSE OF EVALUATION									
<input type="checkbox"/> PRE-EMPLOYMENT <input checked="" type="checkbox"/> ENTRANCE ON DUTY <input type="checkbox"/> OVERSEAS RETURN <input type="checkbox"/> TDY STANDBY <input type="checkbox"/> SPECIAL TRAINING <input type="checkbox"/> ANNUAL <input type="checkbox"/> RETURN TO DUTY <input type="checkbox"/> FITNESS FOR DUTY <input type="checkbox"/> MEDICAL RETIREMENT		<input type="checkbox"/> OVERSEAS ASSIGNMENT <table border="1"> <tr><td>ETO</td></tr> <tr><td>STATION</td></tr> <tr><td>TDY OR PCS</td></tr> <tr><td>TYPE OF COVER</td></tr> <tr><td>NO. OF DEPENDENTS TO ACCOMPANY</td></tr> <tr><td>NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED</td></tr> </table>		ETO	STATION	TDY OR PCS	TYPE OF COVER	NO. OF DEPENDENTS TO ACCOMPANY	NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED
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STATION									
TDY OR PCS									
TYPE OF COVER									
NO. OF DEPENDENTS TO ACCOMPANY									
NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED									
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER							
<input type="checkbox"/> YES <input type="checkbox"/> NO		SIGNATURE							
		ROOM NO. <b>1501</b> EXT. <b>0371</b>							

10. REPORT OF EVALUATION	
<p align="center">PLEASE EXPEDITE</p> <p align="center"><b>DEPARTMENTAL DUTIES</b></p> <p align="center"><i>For Lifespan Commission from ST to SE</i></p>	
DATE <b>24 MAR 1960</b>	SIGNATURE FOR CHIEF OF MEDICAL STAFFS <i>[Signature]</i>

**SECRET**  
(When Filled In)

<b>REQUEST FOR MEDICAL EVALUATION</b>		1. DATE OF REQUEST						
2. NAME (Last, First, Middle) <b>PHILLIPS, DAVID A.</b>	3. POSITION TITLE <b>OPS OFFICER</b>	4. GRADE <b>GS-11</b>						
5. OFFICE, DIVISION, BRANCH <b>NSA/PR CS/CI Development Complement</b>		6. EMPLOYEE'S EXT.						
7. PURPOSE OF EVALUATION								
<input type="checkbox"/> PRE-EMPLOYMENT  <input checked="" type="checkbox"/> ENTRANCE ON DUTY  <input type="checkbox"/> OVERSEAS RETURN  <input type="checkbox"/> TDY STANDBY  <input type="checkbox"/> SPECIAL TRAINING  <input type="checkbox"/> ANNUAL  <input type="checkbox"/> RETURN TO DUTY  <input type="checkbox"/> FITNESS FOR DUTY  <input type="checkbox"/> MEDICAL RETIREMENT	<input type="checkbox"/> OVERSEAS ASSIGNMENT  <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">ETO</td></tr> <tr><td style="padding: 2px;">STATION</td></tr> <tr><td style="padding: 2px;">TDY OR PCS</td></tr> <tr><td style="padding: 2px;">TYPE OF COVER</td></tr> <tr><td style="padding: 2px;">NO. OF DEPENDENTS TO ACCOMPANY</td></tr> <tr><td style="padding: 2px;">NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED</td></tr> </table>		ETO	STATION	TDY OR PCS	TYPE OF COVER	NO. OF DEPENDENTS TO ACCOMPANY	NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED
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TDY OR PCS								
TYPE OF COVER								
NO. OF DEPENDENTS TO ACCOMPANY								
NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED								
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER						
<input type="checkbox"/> YES  <input type="checkbox"/> NO		SIGNATURE  <div style="display: flex; justify-content: space-between;"> <div>ROOM NO. <b>1501</b></div> <div>EXT. <b>8371</b></div> </div>						
10. REPORT OF EVALUATION								
<p><b>PLEASE COMPLETE</b></p>								
DATE		SIGNATURE FOR CHIEF OF MEDICAL STAFF						

**SECRET**  
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST							
2. NAME (Last, First, Middle) <b>PHILLIPS, LATH A. (DEPEND MTS)</b>		3. POSITION TITLE <b>O S OFFER</b>	4. GRADE <b>14</b>						
5. OFFICE, DIVISION, BRANCH <b>IDP/TH CS/IS Development Complement</b>		6. EMPLOYEE'S EXT.							
7. PURPOSE OF EVALUATION									
<input type="checkbox"/> PRE-EMPLOYMENT  <input type="checkbox"/> ENTRANCE ON DUTY  <input type="checkbox"/> OVERSEAS RETURN  <input type="checkbox"/> TDY STANDBY  <input type="checkbox"/> SPECIAL TRAINING  <input type="checkbox"/> ANNUAL  <input type="checkbox"/> RETURN TO DUTY  <input type="checkbox"/> FITNESS FOR DUTY  <input type="checkbox"/> MEDICAL RETIREMENT		<input type="checkbox"/> OVERSEAS ASSIGNMENT  <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>ETO</td></tr> <tr><td>STATION</td></tr> <tr><td>TDY OR PCS</td></tr> <tr><td>TYPE OF COVER</td></tr> <tr><td>NO. OF DEPENDENTS TO ACCOMPANY</td></tr> <tr><td>NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED</td></tr> </table>		ETO	STATION	TDY OR PCS	TYPE OF COVER	NO. OF DEPENDENTS TO ACCOMPANY	NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED
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STATION									
TDY OR PCS									
TYPE OF COVER									
NO. OF DEPENDENTS TO ACCOMPANY									
NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED									
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER							
<input type="checkbox"/> YES  <input type="checkbox"/> NO		SIGNATURE  POD <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span> ROOM NO. & BUILDING <b>1504 Curie</b>							
		EXT. <b>8371</b>							
10. REPORT OF EVALUATION  <p align="center"><b>PLEASE EXPEDITE (DEPENDENTS)</b></p>									
DATE		SIGNATURE FOR CHIEF OF MEDICAL STAFF							



SECRET  
(When Filled In)

MEDICAL ACTION REQUEST AND REPORT		
I REQUEST FOR PHYSICAL EXAMINATION BY <i>Ralph S. Pollock, C/CPD</i>		
1. NAME (Last)	(First) (Middle)	2. DATE
PHILLIPS, DAVID A.		20 Jan 56
3. TO POSITION	4. OFFICE, DIVISION, BRANCH	5. GRADE
Operations Officer (PP)	DDP/MI	CS-14
6. TYPE OF POSITION	7. EVALUATE FOR	
<input type="checkbox"/> Departmental <input type="checkbox"/> U.S. Field <input checked="" type="checkbox"/> Overseas	<input type="checkbox"/> EOD <input type="checkbox"/> Pre-Employment <input checked="" type="checkbox"/> Overseas <input type="checkbox"/> Annual <input type="checkbox"/> Returnee <input type="checkbox"/> Special (Specify) Please notify Ken Hambold <u>only</u> , 2508 Currie Hall, x3585	
II REPORT OF MEDICAL EVALUATION		
<input type="checkbox"/> Qualified for Full Duty (General) <input type="checkbox"/> Qualified for Full Duty (Special) <input type="checkbox"/> Qualified for Departmental Duty Only <input type="checkbox"/> Disqualified		
Remarks: Subject is qualified for proposed PCS O/S assignment. (1-16-56)		
<p style="text-align: center;">SECRET <i>C.O. [Signature]</i></p> <p style="text-align: right;">MEDICAL OFFICE</p>		

SECRET  
(When Filled In)

MEDICAL ACTION REQUEST AND REPORT		
I REQUEST FOR PHYSICAL EXAMINATION BY		
1. NAME (Last)	(First) (Middle)	2. DATE
Phillips,	David A.	12 Dec., 1955
3. TO POSITION	4. OFFICE, DIVISION, BRANCH	5. GRADE
	WH	CS-12
6. TYPE OF POSITION	7. EVALUATE FOR	
<input type="checkbox"/> Departmental <input type="checkbox"/> U.S. Field <input type="checkbox"/> Overseas	<input type="checkbox"/> EOD <input type="checkbox"/> Pre-Employment <input type="checkbox"/> Overseas <input type="checkbox"/> Annual <input type="checkbox"/> Returnee <input type="checkbox"/> Special (Specify)	
II REPORT OF MEDICAL EVALUATION		
<input type="checkbox"/> Qualified for Full Duty (General) <input type="checkbox"/> Qualified for Full Duty (Special) <input type="checkbox"/> Qualified for Departmental Duty Only <input type="checkbox"/> Disqualified		
Remarks: Subject is qualified for proposed 7 days TDY assignment. (12/12/55) Must have a physical examination on return from trip. This memo supersedes previous qualification.		
<p style="text-align: center;">SECRET <i>C.O. [Signature]</i></p> <p style="text-align: right;">MEDICAL OFFICE</p>		

SECRET  
(When Filled In)

MEDICAL ACTION REQUEST AND REPORT			
I. REQUEST FOR PHYSICAL EXAMINATION BY			
1. NAME (Last)	2. NAME (First)	3. NAME (Middle)	4. DATE
PHILLIPS	DAVID	ATLEE	30 Dec 1955
5. TO POSITION	6. OFFICE, DIVISION, BRANCH	7. GRADE	
Ops officer	W. H.	GS-14	
8. TYPE OF POSITION	9. EVALUATE FOR		
<input type="checkbox"/> Departmental <input type="checkbox"/> U.S. Field <input type="checkbox"/> Overseas Cuba	<input type="checkbox"/> EOD <input type="checkbox"/> Overseas <input type="checkbox"/> Returnee <input type="checkbox"/> Pre-Employment <input type="checkbox"/> Annual <input type="checkbox"/> Special (Specify)		
10. TYPE OF POSITION ETD 17 Dec 1956 PCS			
II. REPORT OF MEDICAL EVALUATION			
<input type="checkbox"/> Qualified for Full Duty (General) <input type="checkbox"/> Qualified for Departmental Duty Only <input type="checkbox"/> Qualified for Full Duty (Special) <input type="checkbox"/> Disqualified			
Remarks: Subject is qualified for proposed PCS O/S assignment. (1/16/56)			
_____ MEDICAL OFFICE			

SECRET

MEDICAL ACTION REQUEST AND REPORT			
I. REQUEST FOR PHYSICAL EXAMINATION BY			
1. NAME (Last)	2. NAME (First)	3. NAME (Middle)	4. DATE
<del>XXXXXXXX</del>	PHILLIPS, DAVID A.		2 August 1954
5. TO POSITION	6. OFFICE, DIVISION, BRANCH	7. GRADE	
	WH	GS 12	
8. TYPE OF POSITION	9. EVALUATE FOR		
<input type="checkbox"/> Departmental <input type="checkbox"/> U.S. Field <input checked="" type="checkbox"/> Overseas <input type="checkbox"/> Returnee	<input type="checkbox"/> EOD <input checked="" type="checkbox"/> Overseas <input type="checkbox"/> Returnee <input type="checkbox"/> Pre-Employment <input type="checkbox"/> Annual <input type="checkbox"/> Special (Specify)		
II. REPORT OF MEDICAL EVALUATION			
<input checked="" type="checkbox"/> Qualified for Full Duty (General) <input type="checkbox"/> Qualified for Departmental Duty Only <input type="checkbox"/> Qualified for Full Duty (Special) <input type="checkbox"/> Disqualified			
Remarks: WH #1			
Mr. GAHAGAN x 3995			
Full duty/General (8-9-54)			
_____			

(WHEN FILLED IN)

QUALIFICATIONS SYSTEM RECORD CHANGE									
AFFICANT CODING DATA									
1. ID		2. APPL. NO. 6-DIGITS		3. NAME MUST CONTAIN 20-DIGITS					
4. DATE OF BIRTH MO DA YR		5. DATE CODED MO DA YR			THE DATA ABOVE (ITEMS 2 THRU 5) WILL BE FILLED IN WHEN CODING AN APPLICANT FOR THE FIRST TIME. THIS FORM IS THEN ATTACHED TO FORM 1962, MASTER QUALIFICATIONS CODING RECORD.				

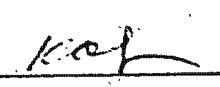
LANGUAGE CODING DATA - FORM 444c													
<b>1.</b>	<b>ID</b>	<b>2.</b>	<b>EMPLOYEE NO.</b>	<b>3.</b>	<b>NAME</b>	<b>4.</b>	<b>LANGUAGE DATA CODE</b>						
<•	3 •	•		•	3-LETTERS	BASE CODE	R	W	P	S	U	T	YR
						•							
<b>5.</b>	<b>DATE SUBMITTED</b>			<b>6.</b>	<b>DATE OF BIRTH</b>								
	MO	DA	YR		MO	DA	YR	> WHEN FORM 444C DENOTES NO LANGUAGE COMPETENCE, ENTER THE FOLLOWING IN ITEM 4: "NO+LANGUAGE"- (12-DIGITS)					
•				•									

LANGUAGE PROFICIENCY TEST DATA														
1. ID	2. EMPLOYEE NO	3. NAME	4. CODE	5. LANGUAGE DATA BEFORE TEST										
		3-LETTERS	C-A-D	BASE CODE	R	W	P	S	U	T	YR			
<5	124345	PHI	A	BL 31	1	+	+	+	+	+	69			
6. LANGUAGE DATA AFTER TEST				7. DATE OF TEST			DATA FOR ITEM 2 THRU 7 IS							
BASE CODE	R	W	P	S	U	T	YR	NO	DA	YR	EXTRACTED FROM FORM 1273 PLW			
+	+	+	+	+	+	+	+	12	18	69	LANGUAGE PROFICIENCY AND AWARDS DATA.			

[illegible]

**GROUP I**

( 4 - 5 1 )

CERTIFICATION OF LANGUAGE PROFICIENCY																													
1. EMPLOYEE NO.		2. NAME (LAST-FIRST-MIDDLE)										3. TYPE CHANGE		4. LANGUAGE DATA BEFORE TEST															
		PHILLIPS, DAVID A.										SPACE CHANGE OBSOLETE		LAN. CODE		R		W		P		S		U		T		YR	
5. LANGUAGE DATA AFTER TEST										6. DATE TESTED		7. DATE OF BIRTH		8. GRADE		9. OFFICE OR DIVISION													
LAN. CODE										12/18/69		10/31/22		16		WS													
NOTICE TO PERSON TESTED																													
10. ON THE DATE SHOWN IN ITEM 6 ABOVE, YOU WERE TESTED IN _____ (NAME OF LANGUAGE)																													
AND YOUR TEST SCORES ARE AS FOLLOWS:																													
READING		WRITING		PRONUNCIATION		SPEAKING		UNDERSTANDING		TEST RATINGS		0 = ZERO 1 = INTERMEDIATE 2 = SLIGHT 3 = FLUENT 4 = ELEMENTARY 5 = NATIVE																	
I		+		+		+		+																					
11. REMARKS										12. SIGNATURE																			
										 13. LD NUMBER 17603																			

FORM 11-64

1273

OBSOLETE PREVIOUS EDITIONS

(10-45)

SECRET

GROUP 1 EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

1 - OP/CAS

QUALIFICATIONS SYSTEM RECORD CHANGE																							
APPLICANT CODING DATA																							
1. ID		2. APPL. NO.		3. NAME																			
< 2		9-DIGITS		MUST CONTAIN 20-DIGITS																			
4. DATE OF BIRTH				5. DATE CODED				THE DATA ABOVE (ITEMS 2 THRU 5) WILL BE FILLED IN WHEN CODING AN APPLICANT FOR THE FIRST TIME. THIS FORM IS THEN ATTACHED TO FORM 1962, MASTER QUALIFICATIONS CODING RECORD.															
MO DA YR				MO DA YR																			
LANGUAGE CODING DATA - FORM 444c																							
1. ID		2. EMPLOYEE NO.		3. NAME		4. LANGUAGE DATA CODE																	
< 3				3-LETTERS		BASE CODE		R		W		P		S		U		T		YR			
5. DATE SUBMITTED				6. DATE OF BIRTH				WHEN FORM 444c DENOTES NO LANGUAGE COMPETENCE, ENTER THE FOLLOWING IN ITEM 4: "NO+LANGUAGE" (12-DIGITS)															
MO DA YR				MO DA YR																			
LANGUAGE PROFICIENCY TEST DATA																							
1. ID		2. EMPLOYEE NO.		3. NAME		4. CODE		5. LANGUAGE DATA BEFORE TEST															
< 5		024345		PHI		C		BASE CODE		R		W		P		S		U		T		YR	
								BK50		ES		1		1		1		4		61			
6. LANGUAGE DATA AFTER TEST										17. DATE OF TEST		DATA FOR ITEM 2 THRU 7 IS EXTRACTED FROM FORM 1273. LANGUAGE PROFICIENCY AND AWARDS DATA.											
BASE CODE										MO DA YR													
BK50										FT 0 0 4 4 1 1 1 1 1 1 1 1													

3 JUN 1969

The authorization to process this employee's disclaimer of proficiency in the language factors indicated on this form is contained in a memorandum on file and designated "Language Proficiency Disclaimer File", located in the Qualifications Analysis Branch, Office of Personnel.

# PERSONAL HISTORY STATEMENT

## INSTRUCTIONS

— DO NOT ATTEMPT TO COMPLETE THIS FORM UNTIL YOU HAVE READ THE FOLLOWING INSTRUCTIONS —

1. Answer all questions completely or check (X) the box which applies. If the question is not applicable, write "NA". If you do not know the answer and it cannot be obtained from personal records, write "Unknown". Use the blank space on pages 15 and 16 for extra details on any question for which you do not have enough space.
2. Type or print carefully — USE BLACK TYPEWRITER RIBBON OR BLACK INK.
3. Leave blank any boxes or columns which are marked "FOR OFFICE USE ONLY".
4. Consider each of your answers carefully; accurate completion of the form will permit review of your qualifications to the best advantage. Your signature at the end of the form will certify to its correctness.
5. Page 17 entitled "Personal History Summary" must be completed. It is a brief abstract of information from other parts of the form and will help to speed the processing of your application.

## SECTION I GENERAL PERSONAL AND PHYSICAL DATA

1. Full Name (Last first-middle) Abern, Virginia, Simmons		2. Age 26	3. Sex <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	4. Social Security Number [ ]
5. Nicknames Gina		6. Other names you have used N/A		
7. Indicate circumstances (including length of time) under which you have used the names noted in item 6 above N/A				
8. If legal change of name, give particulars (Where and by what authority) N/A				
9. Height 5' 3"	10. Weight 105	11. Color of eyes green	12. Color of hair blond	13. Type of complexion fair
14. Build slight		15. Scars (Type and location) appendix, stomach		
16. Other distinguishing physical features N/A				
17. Current address (No., Street, City, State & ZIP code — country if not U.S.) 9741 Corral Dr., Potomac, Maryland 20854			18. Current phone number 202-5362	19. Long distance area code 301
20. Permanent address (No., Street, City, State & ZIP code — country if not U.S.) 9741 Corral Dr., Potomac, Maryland 20854			21. Permanent phone number 202-5362	22. Long distance area code 301
23. Office phone number 332-2730	24. Office extension N/A	25. Legal residence (State, territory or country) Maryland		

## SECTION II POSITION DATA

1. Indicate the type of work or position for which you are applying [ ]	
2. Indicate the lowest annual entrance salary you will accept \$ [ ]	3. Dates available for employment Earliest [ ] Latest [ ]
4. Indicate your willingness to travel Occasionally [ ] Frequently [ ] Constantly [ ]	5. Indicate your willingness to accept assignment in the following locations — check (X) each item applicable Washington, D.C. [ ] Outside continental U.S. [ ] Anywhere in U.S. [ ] Certain locations only (Specify) [ ]
6. Indicate any restrictions you would place on assignments outside the Washington, D.C. area [ ]	
(For Office Use Only)	
Date of this application	

SECTION III		CITIZENSHIP	
1. [Blank]		2. Place of birth (City, State, Country) Philadelphia, Pennsylvania	
3. Previous citizenship (Country) U.S.		4. Naturalization certificate number N/A	
5. Citizenship acquired by: <input checked="" type="checkbox"/> Birth <input type="checkbox"/> Marriage <input type="checkbox"/> Other (Specify):		6. Date naturalized N/A	
7. Court issuing naturalization certificate N/A		8. Issued at (City, State, Country) N/A	
9. If alien, give alien registration number N/A		10. Date and place of arrival in U.S. N/A	
11. Have you held previous nationality? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		12. If yes, give name of country N/A	
13. Give particulars concerning previous nationalities  N/A			
14. Last U.S. visa (Number, type, place of issue) N/A		15. Date visa issued n/a	

SECTION IV		EDUCATION					
ELEMENTARY SCHOOL							
1. Name of elementary school	Address (City, State, Country)	Years attended (From - to -)	Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No				
HIGH SCHOOLS							
1. Name of high school	Address (City, State, Country)	Years attended (From - to -)	Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No				
2. Name of high school	Address (City, State, Country)	Years attended (From - to -)	Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No				
COLLEGE OR UNIVERSITY STUDY							
Name and location of college or university	Subject		Years attended From - to -	Degree Received	Year Received	Grade or Final Average	Number of Sem./Qtr. Hours (Specify)
	Major	Minor					
1.							
2.							
3.							
4. If a graduate degree has been noted above which required submission of a written thesis, indicate the title of the thesis and briefly describe its content							
THIRD, COMMERCIAL AND SPECIALIZED SCHOOLS							
Name and address of school	Study or specialization		From	To	No. of months		
1.							
2.							
3.							
4.							

EDUCATION (Continued)				
MILITARY TRAINING IN SPECIALIZED SCHOOLS SUCH AS ORDNANCE, COMMUNICATIONS, ETC.				
Name and address of school	Study or specialization	From	To	No. of months
1.				
2.				
3.				
Other education or training not indicated above				

## SECTION V

## FOREIGN LANGUAGE ABILITIES

1. List below the foreign language or languages in which you possess any degree of competence. Indicate your proficiency in each of the five skill factors shown (reading comprehension, writing ability, etc.) by noting the number most indicative of your level of skill under the factor being considered.  If your proficiency relates to a particular dialect of a major language, identify this dialect by noting it in parentheses after the language on the same line.  If you have no proficiency in any foreign language, check (X) box at right and leave other items blank.	Level of Skill					HOW ACQUIRED (Check (X) Boxes which apply)				
	(Slight)	2	3	4	(Native)					
	1				5					
	0 = No proficiency in a specific skill factor									
	SKILL FACTORS									
	Reading comprehension	Writing ability	Proficiency	Conversational ability	Oral comprehension	Native of country	Prolonged residence	Contact (with persons, etc.)	Academic study	
2. If you have had experience as a translator, interpreter or instructor — explain and specify in which language(s) you have had such experience.										
3. Describe your ability to do specialized language work involving vocabularies and terminology in the scientific, engineering, telecommunications, military and other specialized fields										
4. If you have noted a proficiency in language, would you be willing to use this ability in any position for which you might be selected? —> <input type="checkbox"/> Yes <input type="checkbox"/> No										
(For Office Use Only)										

## SECTION XI

## MARITAL STATUS

1. Present status (Single, married, widowed, separated, divorced, annulled, remarried) specify <b>Divorced</b>	
2. State date, place, and reason for all separation, divorce or annulments <b>2-10-69, Juarez, Mexico, incompatibility</b>	
Wife, husband or fiancé(s) If you have been married more than once (including annulments) use separate sheet for former wife or husband giving date required below for all previous marriages. If marriage contemplated, fill in appropriate information for fiancé(s).	
3. Name of spouse (Last) <b>Phillips</b> (First) <b>David</b> (Middle) <b>Atleo</b> (Maiden)	
4. State any other names ever used by spouse <b>N/A</b>	
Indicate circumstances (including length of time) under which any names noted in item 4 above were used. If legal change, give particulars (where and by what authority). Use extra space provided on pages 13 and 16 of this form to record this information.	
5. Date of birth <b>10-31-22</b>	6. Place of birth (City, State, Country) <b>Fort Worth, Texas</b>
7. Date of marriage	
8. Place of marriage (City, State, Country)	
9. Living <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10. Citizenship <b>U.S.</b>	11. Former citizenship(s) (country(ies)) <b>N/A</b>
12. If alien, give alien registration number <b>N/A</b>	
13. Date U.S. citizenship acquired <b>N/A</b>	14. Where acquired <b>N/A</b>
15. Date and place of arrival in U.S. <b>N/A</b>	16. Naturalization certificate number <b>N/A</b>
17. Date of death <b>N/A</b>	18. Cause of death <b>N/A</b>
19. Current address (Give last address, if deceased)	
20. Address of spouse before marriage	
21. Occupation	22. Present employer (Also give former employer, or if spouse deceased or unemployed, give last two employers)
23. Employer's or business address (Number, Street, City, State, Country)	
24. Dates of military service (From -- to -- by month & year)	25. Branch of military service
26. Country with which military service affiliated <b>U.S.</b>	
27. Details of other government service, U.S. or foreign	

## SECTION XII

## CHILDREN AND OTHER DEPENDENTS

1. Provide the following information for all children and dependents				
Name	Relationship	Date & Place of Birth	Citizenship	Address
2. No. of children (include stepchildren & adopted children) who are unmarried, under 21 years of age, and are NOT self-supporting		3. No. of other dependents (e.g., spouse, parents, stepchildren, etc.) who depend on you for at least 50% of their support or children over 21 NOT self-supporting		



SECTION XVII MOTHER-IN-LAW (If marriage contemplated, fill in information for future mother-in-law)			
1. Full name (Last - First - Middle - Maiden)			
2. State other names she has used			
Indicate circumstances (including length of time) under which any names noted in item 2 above were used. If legal change, give particulars (where and by what authority). Use extra space provided on pages 15 and 16 of this form to record this information.			
3. Date of birth	4. Place of birth	5. Living <input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Date of death	7. Cause of death	8. Citizenship (Country)	
9. Former citizenship(s) (country/ies)		10. Date U.S. citizenship acquired	11. Where acquired (City, State, Country)
12. Naturalization certificate number		13. If alien, give alien registration number	14. Date and place of arrival in U.S.
15. Occupation		16. Present employer (Give last employer if mother-in-law deceased or unemployed)	
17. Current address (Give last address, if deceased)			

SECTION XVIII RELATIVES BY BLOOD, MARRIAGE OR ADOPTION WHO EITHER (1) LIVE ABROAD, (2) ARE NOT U.S. CITIZENS OR (3) WORK FOR A FOREIGN GOVERNMENT						
RELATIVES WITH FOREIGN CONNECTIONS	(1)	1. Name (Last - First - Middle) Simmons, George Stuart	2. Relationship Grandfather	3. Date of birth 3-17-84	4. Place of birth (City, State, Country) San Francisco, Calif	
		5. Citizenship (Country) U.S.	6. Address or country in which relative resides 4143 Unterer Zielweg 111, Dornach, Switzerland			
		7. Employed by N/A	8. Frequency of contact none	9. Date of last contact 1961		
	(2)	1. Name (Last - First - Middle)	2. Relationship	3. Date of birth	4. Place of birth (City, State, Country)	
		5. Citizenship (Country)	6. Address or country in which relative resides			
		7. Employed by	8. Frequency of contact	9. Date of last contact		
	(3)	1. Name (Last - First - Middle)	2. Relationship	3. Date of birth	4. Place of birth (City, State, Country)	
		5. Citizenship (Country)	6. Address or country in which relative resides			
		7. Employed by	8. Frequency of contact	9. Date of last contact		

SECTION XIX RELATIVES BY BLOOD, MARRIAGE OR ADOPTION WHO ARE IN THE MILITARY OR CIVIL SERVICE OF THE UNITED STATES						
RELATIVES IN THE SERVICE OF THE UNITED STATES	(1)	1. Name (Last - First - Middle)	2. Relationship	3. Date of birth	4. Place of birth (City, State, Country)	
		5. Citizenship (Country)	4. Address (Number, Street, City, State, Country)	7. Type and location of service (If known)		
		1. Name (Last - First - Middle)	2. Relationship	3. Date of birth	4. Place of birth (City, State, Country)	
	(2)	5. Citizenship (Country)	4. Address (Number, Street, City, State, Country)		7. Type and location of service (If known)	
		1. Name (Last - First - Middle)	2. Relationship	3. Date of birth	4. Place of birth (City, State, Country)	
		5. Citizenship (Country)	4. Address (Number, Street, City, State, Country)		7. Type and location of service (If known)	
	(3)	1. Name (Last - First - Middle)	2. Relationship	3. Date of birth	4. Place of birth (City, State, Country)	
		5. Citizenship (Country)	4. Address (Number, Street, City, State, Country)		7. Type and location of service (If known)	
		(For Office Use Only)				

Use the following space for extra details. Reference each continued item by the section and item number to which it relates and sign your name at the end of the material. If additional space is required beyond page 16, use extra pages the same size as this page and sign each such page.

**SECTION XI    MARITAL STATUS    FORMER HUSBAND**

- |   |   |
|---|---|
| 3. Ahorn, Thomas Joseph                       | 21. <input type="text"/>                      |
| 4. N/A  | 22. <input type="text"/>                      |
| 5. 4-12-40                                    | 23. <input type="text"/> <input type="text"/> |
| 6. Washington, D.C.                           | <input type="text"/> Washington, D.C.         |
| 7. 4-6-59                                     | 24. N/A                                       |
| 8. Hyattsville, Maryland                      | 25. N/A                                       |
| 9. yes  | 26. N/A                                       |
| 10. U.S.                                      | 27. N/A                                       |
| 11. N/A                                       |   |
| 12. N/A                                       |   |
| 13. N/A                                       |   |
| 14. N/A                                       |   |
| 15. N/A                                       |   |
| 16. N/A                                       |   |
| 17. N/A                                       |   |
| 18. N/A                                       |   |
| 19. <input type="text"/> <input type="text"/> |   |
| 20. 4622 Hunt Avenue, Chevy Chase, Maryland   |   |

(Signature)

Space for extra details continued on page 16 →

# PERSONAL HISTORY STATEMENT — (Appendix I)

Listed below are names of organizations identified by the Attorney General, under his responsibility pursuant to Executive Order 10450, dated 27 April 1953, to list the names of each foreign or domestic organization, association, movement, group or combination of persons which he designates as Totalitarian, Fascist, Communist, or subversive, or as having adopted or having shown a policy of advocating or approving the commission of acts of force or violence to deny others their rights under the Constitution of the United States, or as seeking to alter the form of government of the United States by unconstitutional means.

Each applicant or employee and spouse (if any) must review the following list of organizations for certification purposes, and sign on the last page.

Abraham Lincoln Brigade  
 Abraham Lincoln School, Chicago, Illinois  
 Action Committee to Free Spain Now  
 Alabama People's Educational Association (see Communist Political Association)  
 American Association for Reconstruction in Yugoslavia, Inc.  
 American Branch of the Federation of Greek Maritime Unions  
 American Christian Nationalist Party  
 American Committee for European Workers' Relief (see Socialist Workers Party)  
 American Committee for Protection of Foreign Born  
 American Committee for Spanish Freedom  
 American Committee for the Settlement of Jews in Birobidjan, Inc.  
 American Committee for Yugoslav Relief, Inc.  
 American Committee to Survey Labor Conditions in Europe  
 American Council for a Democratic Greece, formerly known as the Greek American Council; Greek American Committee for National Unity  
 American Council on Soviet Relations  
 American Croatian Congress  
 American Jewish Labor Council  
 American League Against War and Fascism  
 American League for Peace and Democracy  
 American National Labor Party  
 American National Socialist League  
 American National Socialist Party  
 American Nationalist Party  
 American Patriots, Inc.  
 American Peace Crusade  
 American Peace Mobilization  
 American Poets for Peace  
 American Polish Labor Council  
 American Polish League  
 American Rescue Ship Mission (a project of the United American Spanish Aid Committee)  
 American-Russian Fraternal Society  
 American Russian Institute, New York, also known as the American Russian Institute for Cultural Relations with the Soviet Union  
 American Russian Institute, Philadelphia  
 American Russian Institute of San Francisco  
 American Russian Institute of Southern California, Los Angeles  
 American Slav Congress  
 American Women for Peace  
 American Youth Congress  
 American Youth for Democracy  
 Armenian Progressive League of America  
 Associated Klans of America  
 Association of Georgia Klans  
 Association of German Nationals (Reichsdeutsche Vereinigung)  
 Ausland-Organisation der NSDAP, Overseas Branch of Nazi Party  
 Baltimore Forum  
 Benjamin Davis Freedom Committee  
 Black Dragon Society

Boston School for Marxist Studies, Boston, Massachusetts  
 Bridges-Robertson-Schmidt Defense Committee  
 Bulgarian American People's League of the United States of America  
 California Emergency Defense Committee  
 California Labor School, Inc., 321 Divisadero Street, San Francisco, California  
 Carpatho-Russian People's Society  
 Central Council of American Women of Croatian Descent, also known as Central Council of American Croatian Women, National Council of Croatian Women  
 Central Japanese Association (Heikoku Chuo Nipponjin Kai)  
 Central Japanese Association of Southern California  
 Central Organization of the German-American National Alliance (Deutsche-Amerikanische Einheitsfront)  
 Cervantes Fraternal Society  
 China Welfare Appeal, Inc.  
 Chopin Cultural Center  
 Citizens Committee for Harry Bridges  
 Citizens Committee of the Upper West Side (New York City)  
 Citizens Committee to Free Earl Browder  
 Citizens Emergency Defense Conference  
 Citizens Protective League  
 Civil Liberties Sponsoring Committee of Pittsburgh  
 Civil Rights Congress and its affiliated organizations, including:  
 Civil Rights Congress for Texas  
 Veterans Against Discrimination of Civil Rights Congress of New York  
 Civil Rights Congress for Texas (see Civil Rights Congress)  
 Columbians  
 Comité Coordinador Pro Republica Espanola  
 Comité Pro Derechos Civiles  
 (See Puerto Rican Comité Pro Libertades Civiles)  
 Committee for a Democratic Far Eastern Policy  
 Committee for Constitutional and Political Freedom  
 Committee for Nationalist Action  
 Committee for Peace and Brotherhood Festival in Philadelphia  
 Committee for the Defense of the Pittsburgh Six  
 Committee for the Negro in the Arts  
 Committee for the Protection of the Bill of Rights  
 Committee for World Youth Friendship and Cultural Exchange  
 Committee to Abolish Discrimination in Maryland  
 (See Congress Against Discrimination; Maryland Congress Against Discrimination; Provisional Committee to Abolish Discrimination in the State of Maryland)  
 Committee to Aid the Fighting South  
 Committee to Defend Marie Richardson  
 Committee to Defend the Rights and Freedom of Pittsburgh's Political Prisoners  
 Committee to Uphold the Bill of Rights  
 Commonwealth College, Mena, Arkansas  
 Communist Party, U. S. A., its subdivisions, subsidiaries, and affiliates

### CERTIFICATION

I certify that I have read the names of the above listed organizations.

To the best of my knowledge and belief, I am not, nor have I been a member of, contributed to, received literature from, signed petitions of or in behalf of, or attended meetings of any organization listed above, or any organization outside the United States espousing Communist, Fascist, Totalitarian or Nazi causes, except as noted below.

To the best of my knowledge and belief, none of my close relatives are, nor have ever been members of, contributed to, received literature from, signed petitions of or in behalf of, or attended meetings of any such organizations, except as noted below.

### INSTRUCTIONS

For the purpose of this certification, if an applicant or employee is completing this form, the term "close relative" will include spouse, children, parents, brothers, sisters, uncles, and aunts. "Close relatives" of the spouse, for this purpose, will include children, parents, brothers, sisters, uncles, and aunts.

If there are exceptions to this certification, set forth below under Remarks all pertinent information concerning the nature and extent of your activities or those of your close relatives in such organizations, including the names of the organizations, dates of membership, meetings attended, titles of positions held, amounts and dates of contributions, nature of petitions signed falling within the meaning of the above certification and circumstances thereof, titles and authors of literature received, and dates on which received.

In exceptions concerning relatives, include only such information presently known to you or available from your own records.

If necessary, use additional sheets and sign each sheet. Write none if there are no exceptions.

REMARKS: To be completed by Spouse	REMARKS: To be completed by Applicant or Employee
Date	Date <i>March 12, 1969</i>
Signature of Spouse	Signature of Applicant or Employee <i>Virginia L. Aherne</i>
Address — City and State	Address — City and State <i>Peterboro, Maryland</i>
Witness	Witness
Address — City and State	Address — City and State

PHILLIPS DAVID A

1065 44

PP 0 (1) 00 00 0

(2) (3)

(4)

SUBJECT: NOTIFICATION OF GRANTING OR OF REVOCATION OF CRYPTOGRAPHIC CLEARANCE

THE ABOVE NAMED INDIVIDUAL (ITEM 1) HAS BEEN GRANTED A CRYPTOGRAPHIC CLEARANCE FOR THE CRYPTOGRAPHIC CLEARANCE HELD BY THIS INDIVIDUAL HAS BEEN REVOKED UNDER THE PROVISIONS OF HR 90-8. THE CLEARANCE (ITEM 2) OR REVOCATION (ITEM 4), IS EFFECTIVE AS OF THE MONTH AND YEAR SHOWN ABOVE. SUBJECT HAS BEEN BRIEFED OR DEBRIEFED, AS APPROPRIATE, CONCERNING CRYPTOGRAPHIC AND RELATED COMMUNICATIONS SECURITY MATTERS AND HAS SIGNED A BRIEFING/DEBRIEFING STATEMENT, AS APPROPRIATE, ACKNOWLEDGING RESPONSIBILITY FOR THE PROTECTION OF CRYPTOGRAPHIC INFORMATION. UPON REVOCATION OF CRYPTOGRAPHIC CLEARANCE SUBJECT IS NOT AUTHORIZED TO HAVE CONTINUED CUSTODY OF, ACCESS TO, OR OTHERWISE GAIN FURTHER KNOWLEDGE OF STAFF CRYPTOGRAPHIC MATERIAL OR INFORMATION.

WHEN EMPLOYEE NO LONGER REQUIRES THE CLEARANCE IN ORDER TO PERFORM HIS/HER ASSIGNED DUTIES, IT IS REQUESTED THAT THE COMMUNICATIONS SECURITY STAFF, OC, BE NOTIFIED THAT THE CLEARANCE MAY BE REVOKED.

## DISTRIBUTION:

- 1 - EMPLOYEE'S COMPONENT (ITEM 3)
- 1 - OFFICE OF PERSONNEL

FORM 12-63 597b US PREVIOUS EDITIONS

FOR THE DIRECTOR OF COMMUNICATIONS.

CHIEF, ~~SECURITY~~ BRANCH, OC-S

CONFIDENTIAL

DOCTRINE

GROUP 1  
Excluded from automatic  
downgrading and declassification

**SECRET**  
(When Filled In)

1. PERSONNEL SERIAL NO. (1-6) 10410		<b>LANGUAGE PROFICIENCY AND AWARDS DATA</b>				2. LD NO. 7010	
3. NAME (7-24) LAST Phillips, David A.		FIRST D		MIDDLE M		4. OFFICE OR DIVISION II	
5. LANGUAGE English		6. LANG. CODE (25-27) 100		7. DATE OF TEST '46-51 June 10, 1961		8. ANNIVERSARY DATE Mar. 16, 1962	
9. GRADE 25		10. DATE OF BIRTH Oct. 21, 1908		11. REASON FOR TAKING TEST APPLY FOR AWARD		12. TEST SCORES	
ESTABLISH SKILL LEVEL		READING (34)		WRITING (35)		PRONUNCIATION (36)	
						SPEAKING (37)	
						UNDERSTANDING (38)	
13. ELIGIBILITY (39)		14. TYPE OF AWARD					
A		ACHIEVEMENT (A)		ELEMENTARY (E)		READING (R) SPEAKING (S)	
M		MAINTENANCE (M)		INTERMEDIATE (I)		BASED ON TRAINING THAT WAS DIRECTED (D) OR VOLUNTARY (V)	
NA				HIGH (H)		COMPREHENSIVE (C)	
15. INELIGIBLE (REASON) level of proficiency not maintained				16. I CERTIFY THIS EMPLOYEE FOR A PROFICIENCY AWARD OF \$ (40-45)			
				SIGNATURE		DATE	
REMARKS				17. I CERTIFY THAT FUNDS ARE AVAILABLE			
				OBLIGATION REF. NO.		CHARGE ALLOTMENT NO.	
				SIGNATURE			

FORM 127-1  
5-60

OBsolete PREVIOUS  
EDITIONS

**SECRET**

(10-45)

MRD COPY

**SECRET**  
(When Filled In)

1. PERSONNEL SERIAL NO (1-6) 54445		<b>LANGUAGE PROFICIENCY AND AWARDS DATA</b>				2. LO NO. 752
3. NAME (7-24) LAST DUBILE, David A.		FIRST	MIDDLE	4. OFFICE OR DIVISION 18	5. LANGUAGE French	6. LANG. CODE (25-27) 202
7. DATE OF TEST (46-51) May 20, 1965		8. ANNIVERSARY DATE Mar. 14, 1960		9. GRADE 18	10. DATE OF BIRTH Oct. 21, 1900	
11. REASON FOR TAKING TEST		12. TEST SCORES				
APPLY FOR AWARD		READING (34)	WRITING (35)	PRONUNCIATION (36)	SPEAKING (37)	UNDERSTANDING (38)
ESTABLISH SKILL LEVEL						
13. ELIGIBILITY (39)		14. TYPE OF AWARD				
A		ACHIEVEMENT (A)	ELEMENTARY (E)	READING (R) SPEAKING (S)		BASED ON TRAINING THAT WAS DIRECTED (D) OR VOLUNTARY (V)
M		MAINTENANCE (M)	INTERMEDIATE (I)	COMPREHENSIVE (C)		
NA			HIGH (H)			
15. INELIGIBLE (REASON) did not achieve an awardable level.				16. I CERTIFY THIS EMPLOYEE FOR A PROFICIENCY AWARD OF \$ (40-45) SIGNATURE _____ DATE _____		
REMARKS				17. I CERTIFY THAT FUNDS ARE AVAILABLE		
				OBLIGATION REF. NO. _____ CHARGE ALLOTMENT NO. _____		
				SIGNATURE _____		

FORM 1273  
5-60

OBSELETE PREVIOUS  
EDITIONS

**SECRET**

(10-45)

MRD COPY

SECRET

(When Filled In)

11-581		LANGUAGE DATA RECORD		
524345				
PART I-GENERAL				
1. NAME (Last-First-Middle)		2. DATE OF BIRTH		
PHILLIPS, DAVID A.		OCTOBER 31 1922		
3. LANGUAGE	4. TODAY'S DATE	5.		
FRENCH 265	MARCH 14 60	<input type="checkbox"/> I HAVE NO PROFICIENCY IN ANY FOREIGN LANGUAGE		
PART II-LANGUAGE ELEMENTS				
SECTION A. Reading (40)				
1. I CAN READ TEXTS OF ANY DIFFICULTY, OF A GENERAL NATURE OR IN FIELDS I AM FAMILIAR WITH, USING THE DICTIONARY ONLY RARELY.				
2. I CAN READ TEXTS OF MOST GRADES OF DIFFICULTY, OF A GENERAL NATURE OR IN FIELDS I AM FAMILIAR WITH, USING THE DICTIONARY OCCASIONALLY.				
3. I CAN READ TEXTS OF AVERAGE DIFFICULTY (newspapers, reference materials, etc.), USING THE DICTIONARY FREQUENTLY.				
4. I CAN READ SIMPLE TEXTS, SUCH AS STREET SIGNS, NEWSPAPER HEADLINES, ETC., USING THE DICTIONARY FREQUENTLY.				
5. I HAVE NO READING ABILITY IN THE LANGUAGE.				
SECTION B. Writing (41)				
1. I CAN WRITE PERSONAL LETTERS AND SIMILAR MATERIAL WITH COMPLETE SUCCESS WITHOUT USING THE DICTIONARY. I CAN WRITE FACTUAL NARRATIVE AND EXPOSITORY MATERIAL WITH REASONABLE CLARITY, WITH VERY FEW GRAMMATICAL ERRORS, IN NATIVE STYLE, USING THE DICTIONARY ONLY RARELY.				
2. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL WITH COMPLETE SUCCESS, USING THE DICTIONARY ONLY RARELY. I CAN WRITE FACTUAL NARRATIVE AND EXPOSITORY MATERIAL WITH REASONABLE CLARITY, WITH FEW GRAMMATICAL ERRORS, BUT IN A STYLE WHICH MAY NOT BE NATIVE, USING THE DICTIONARY OCCASIONALLY.				
3. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL, WITH REASONABLE SUCCESS IN CONVEYING MY MEANING, BUT WITH OCCASIONAL MINOR GRAMMATICAL ERRORS AND IN OBVIOUSLY FOREIGN, AWKWARD STYLE, USING THE DICTIONARY OCCASIONALLY.				
4. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL, WITH REASONABLE SUCCESS IN CONVEYING MY MEANING, BUT WITH MANY GRAMMATICAL ERRORS AND IN A VERY FOREIGN, AWKWARD STYLE, USING THE DICTIONARY FREQUENTLY.				
5. I CANNOT WRITE IN THE LANGUAGE.				
SECTION C. Pronunciation (42)				
1. MY PRONUNCIATION IS NATIVE.				
2. WHILE NATIVES CAN DETECT AN ACCENT IN MY PRONUNCIATION THEY HAVE NO DIFFICULTY UNDERSTANDING ME.				
3. MY PRONUNCIATION IS OBVIOUSLY FOREIGN, BUT ONLY RARELY CAUSES DIFFICULTY FOR NATIVES TO UNDERSTAND.				
4. MY PRONUNCIATION IS OCCASIONALLY DIFFICULT FOR NATIVES TO UNDERSTAND.				
5. I HAVE NO SKILL IN PRONUNCIATION				
CONTINUE ON REVERSE SIDE				



CONTINUATION OF PART II—LANGUAGE ELEMENTS	
<b>SECTION D. Speaking (43)</b>	
1. I SPEAK FLUENTLY AND ACCURATELY IN ALL PRACTICAL AND SOCIAL SITUATIONS; I CONVERSE FREELY AND IDIOMATICALLY IN ALL FIELDS WITH WHICH I AM FAMILIAR.	
2. I SPEAK FLUENTLY AND ACCURATELY IN NEARLY ALL PRACTICAL AND SOCIAL SITUATIONS; I CAN CONVERSE IN MOST FIELDS WITH WHICH I AM FAMILIAR AND I EMPLOY SOME POPULAR SAYINGS, LITERARY QUOTATIONS, AND COMMON PROVERBS.	
3. I GET ALONG QUITE WELL IN SITUATIONS OF DAILY LIFE AND TRAVEL AND CAN CONDUCT ROUTINE BUSINESS IN PARTICULAR FIELDS.	
<input checked="" type="radio"/> 4. I MANAGE TO GET ALONG IN THE MOST COMMON SITUATIONS OF DAILY LIFE AND TRAVEL.	
5. I HAVE NO ABILITY TO USE THE LANGUAGE IN ANY OF THE ABOVE RESPECTS.	
<b>SECTION E. Understanding (44)</b>	
1. I UNDERSTAND NON-TECHNICAL CONVERSATION ON ALL SUBJECTS, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND NEARLY EVERYTHING I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES.	
2. I UNDERSTAND NON-TECHNICAL CONVERSATION ON NEARLY ALL SUBJECTS, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND MOST OF WHAT I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES, INCLUDING MOST JOKES AND PUNS.	
3. I UNDERSTAND NEARLY ALL CONVERSATION ON TOPICS OF DAILY LIFE AND TRAVEL, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND MUCH OF WHAT I HEAR ON THE RADIO, AND AT THE MOVIES, PLAYS, AND LECTURES.	
<input checked="" type="radio"/> 4. I UNDERSTAND THE SIMPLEST CONVERSATION, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND SOME OF WHAT I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES.	
5. I AM NOT ABLE TO UNDERSTAND THE SPOKEN LANGUAGE.	
BEFORE CONTINUING — CHECK PART II TO ENSURE THAT YOU HAVE CIRCLED ONE NUMBER PER SECTION.	
<b>PART III—EXPERIENCE AS TRANSLATOR OR INTERPRETER (45)</b>	
1. I HAVE HAD EXPERIENCE AS A TRANSLATOR.	
2. I HAVE HAD EXPERIENCE AS AN INTERPRETER.	
3. BOTH OF THE ABOVE STATEMENTS APPLY.	
<input checked="" type="radio"/> 4. NONE OF THE ABOVE STATEMENTS APPLY.	
<b>PART IV—CERTIFICATION</b>	
I CERTIFY THAT THE INFORMATION GIVEN ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS CERTIFICATION CONSTITUTES MY APPLICATION FOR A MAINTENANCE AWARD PROVIDED I AM ELIGIBLE UNDER THE TERMS OF REGULATION NO. 25-175, PAR. 10(a). I UNDERSTAND THAT I MUST PASS AN OBJECTIVE LANGUAGE PROFICIENCY TEST BEFORE I BECOME ELIGIBLE FOR AN AWARD, AND THAT IRRESPECTIVE OF THE DATE OF TESTING, ANNUAL MAINTENANCE AWARDS WILL BE CUMULATIVE AS OF THE ANNIVERSARY DATE OF COMPLETING THIS FORM.	
DATE SIGNED 14 MARCH 1960	SIGNATURE D. A. Plesner
(46)	(47)

SECRET

(When Filled In)

(11-6)		LANGUAGE DATA RECORD	
524345			
PART I-GENERAL			
1. NAME (Last-First-Middle) (17-24)		2. DATE OF BIRTH (25-30)	
PHILLIPS, DAVID ATLEE		OCTOBER 31 1922	
3. LANGUAGE (31-33)	4. TODAY'S DATE (34-39)		5.
SPANISH DC	MARCH 14 1960		<input type="checkbox"/> I HAVE NO PROFICIENCY IN ANY FOREIGN LANGUAGE
PART II-LANGUAGE ELEMENTS			
SECTION A. Reading (40)			
1. I CAN READ TEXTS OF ANY DIFFICULTY, OF A GENERAL NATURE OR IN FIELDS I AM FAMILIAR WITH, USING THE DICTIONARY ONLY RARELY.			
2. I CAN READ TEXTS OF MOST GRADES OF DIFFICULTY, OF A GENERAL NATURE OR IN FIELDS I AM FAMILIAR WITH, USING THE DICTIONARY OCCASIONALLY.			
3. I CAN READ TEXTS OF AVERAGE DIFFICULTY (newspapers, reference materials, etc.), USING THE DICTIONARY FREQUENTLY.			
4. I CAN READ SIMPLE TEXTS, SUCH AS STREET SIGNS, NEWSPAPER HEADLINES, ETC., USING THE DICTIONARY FREQUENTLY.			
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SECTION B. Writing (41)			
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3. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL, WITH REASONABLE SUCCESS IN CONVEYING MY MEANING, BUT WITH OCCASIONAL MINOR GRAMMATICAL ERRORS AND IN OBVIOUSLY FOREIGN, AWKWARD STYLE, USING THE DICTIONARY OCCASIONALLY.			
4. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL, WITH REASONABLE SUCCESS IN CONVEYING MY MEANING, BUT WITH MANY GRAMMATICAL ERRORS AND IN A VERY FOREIGN, AWKWARD STYLE, USING THE DICTIONARY FREQUENTLY.			
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4. MY PRONUNCIATION IS OCCASIONALLY DIFFICULT FOR NATIVES TO UNDERSTAND.			
5. I HAVE NO SKILL IN PRONUNCIATION.			
CONTINUE ON REVERSE SIDE			

CONTINUATION OF PART II—LANGUAGE ELEMENTS	
<b>SECTION D. Speaking (43)</b>	
1. I SPEAK FLUENTLY AND ACCURATELY IN ALL PRACTICAL AND SOCIAL SITUATIONS; I CONVERSE FREELY AND IDIOMATICALLY IN ALL FIELDS WITH WHICH I AM FAMILIAR.	
<input checked="" type="radio"/> 2. I SPEAK FLUENTLY AND ACCURATELY IN NEARLY ALL PRACTICAL AND SOCIAL SITUATIONS; I CAN CONVERSE IN MOST FIELDS WITH WHICH I AM FAMILIAR AND I EMPLOY SOME POPULAR SAYINGS, LITERARY QUOTATIONS, AND COMMON PROVERBS.	
3. I GET ALONG QUITE WELL IN SITUATIONS OF DAILY LIFE AND TRAVEL AND CAN CONDUCT ROUTINE BUSINESS IN PARTICULAR FIELDS.	
4. I MANAGE TO GET ALONG IN THE MOST COMMON SITUATIONS OF DAILY LIFE AND TRAVEL.	
5. I HAVE NO ABILITY TO USE THE LANGUAGE IN ANY OF THE ABOVE RESPECTS.	
<b>SECTION E. Understanding (44)</b>	
<input checked="" type="radio"/> 1. I UNDERSTAND NON-TECHNICAL CONVERSATION ON ALL SUBJECTS, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND NEARLY EVERYTHING I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES.	
2. I UNDERSTAND NON-TECHNICAL CONVERSATION ON NEARLY ALL SUBJECTS, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND MOST OF WHAT I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES, INCLUDING MOST JOKES AND PUNS.	
3. I UNDERSTAND NEARLY ALL CONVERSATION ON TOPICS OF DAILY LIFE AND TRAVEL, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND MUCH OF WHAT I HEAR ON THE RADIO, AND AT THE MOVIES, PLAYS, AND LECTURES.	
4. I UNDERSTAND THE SIMPLEST CONVERSATION, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND SOME OF WHAT I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES.	
5. I AM NOT ABLE TO UNDERSTAND THE SPOKEN LANGUAGE.	
BEFORE CONTINUING - CHECK PART II TO ENSURE THAT YOU HAVE CIRCLED ONE NUMBER PER SECTION.	
<b>PART III—EXPERIENCE AS TRANSLATOR OR INTERPRETER (45)</b>	
1. I HAVE HAD EXPERIENCE AS A TRANSLATOR.	
2. I HAVE HAD EXPERIENCE AS AN INTERPRETER.	
<input checked="" type="radio"/> 3. BOTH OF THE ABOVE STATEMENTS APPLY.	
4. NONE OF THE ABOVE STATEMENTS APPLY.	
<b>PART IV—CERTIFICATION</b>	
I CERTIFY THAT THE INFORMATION GIVEN ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS CERTIFICATION CONSTITUTES MY APPLICATION FOR A MAINTENANCE AWARD PROVIDED I AM ELIGIBLE UNDER THE TERMS OF REGULATION NO. 23-115, PAR. 1C(4). I UNDERSTAND THAT I MUST PASS AN OBJECTIVE LANGUAGE PROFICIENCY TEST BEFORE I BECOME ELIGIBLE FOR AN AWARD, AND THAT IRRESPECTIVE OF THE DATE OF TESTING, ANNUAL MAINTENANCE AWARDS WILL BE CUMULATIVE AS OF THE ANNIVERSARY DATE OF COMPLETING THIS FORM.	
DATE SIGNED 14 MARCH 1960	SIGNATURE Doris G. Miller
(46)	(47)

SECRET

(When Filled In)

(1-6)		LANGUAGE DATA RECORD			
963663					
PART I-GENERAL					
1. NAME (Last-First-Middle) <i>DAVID A. Phillips</i>			2. DATE OF BIRTH (25-30)		
			MONTH	DAY	YEAR
			OCTOBER	31	1957
3. LANGUAGE (31-33)		4. TODAY'S DATE (34-38)		5.	
FRENCH 265		MONTH	DAY	YEAR	
		OCTOBER	22	1957	<input type="checkbox"/> I HAVE NO PROFICIENCY IN ANY FOREIGN LANGUAGE
PART II-LANGUAGE ELEMENTS					
SECTION A. Reading (40)					
1. I CAN READ TEXTS OF ANY DIFFICULTY, OF A GENERAL NATURE OR IN FIELDS I AM FAMILIAR WITH, USING THE DICTIONARY ONLY RARELY.					
2. I CAN READ TEXTS OF MOST GRADES OF DIFFICULTY, OF A GENERAL NATURE OR IN FIELDS I AM FAMILIAR WITH, USING THE DICTIONARY OCCASIONALLY.					
3. I CAN READ TEXTS OF AVERAGE DIFFICULTY (newspapers, reference materials, etc.), USING THE DICTIONARY FREQUENTLY.					
4. I CAN READ SIMPLE TEXTS, SUCH AS STREET SIGNS, NEWSPAPER HEADLINES, ETC., USING THE DICTIONARY FREQUENTLY.					
5. I HAVE NO READING ABILITY IN THE LANGUAGE.					
SECTION B. Writing (41)					
1. I CAN WRITE PERSONAL LETTERS AND SIMILAR MATERIAL WITH COMPLETE SUCCESS WITHOUT USING THE DICTIONARY. I CAN WRITE FACTUAL NARRATIVE AND EXPOSITORY MATERIAL WITH REASONABLE CLARITY, WITH VERY FEW GRAMMATICAL ERRORS, IN NATIVE STYLE, USING THE DICTIONARY ONLY RARELY.					
2. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL WITH COMPLETE SUCCESS, USING THE DICTIONARY ONLY RARELY. I CAN WRITE FACTUAL NARRATIVE AND EXPOSITORY MATERIAL WITH REASONABLE CLARITY, WITH FEW GRAMMATICAL ERRORS, BUT IN A STYLE WHICH MAY NOT BE NATIVE, USING THE DICTIONARY OCCASIONALLY.					
3. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL, WITH REASONABLE SUCCESS IN CONVEYING MY MEANING, BUT WITH OCCASIONAL MINOR GRAMMATICAL ERRORS AND IN OBVIOUSLY FOREIGN, AWKWARD STYLE, USING THE DICTIONARY OCCASIONALLY.					
4. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL, WITH REASONABLE SUCCESS IN CONVEYING MY MEANING, BUT WITH MANY GRAMMATICAL ERRORS AND IN A VERY FOREIGN, AWKWARD STYLE, USING THE DICTIONARY FREQUENTLY.					
5. I CANNOT WRITE IN THE LANGUAGE.					
SECTION C. Pronunciation (42)					
1. MY PRONUNCIATION IS NATIVE.					
2. WHILE NATIVES CAN DETECT AN ACCENT IN MY PRONUNCIATION THEY HAVE NO DIFFICULTY UNDERSTANDING ME.					
3. MY PRONUNCIATION IS OBVIOUSLY FOREIGN, BUT ONLY RARELY CAUSES DIFFICULTY FOR NATIVES TO UNDERSTAND.					
4. MY PRONUNCIATION IS OCCASIONALLY DIFFICULT FOR NATIVES TO UNDERSTAND.					
5. I HAVE NO SKILL IN PRONUNCIATION.					
13					
CONTINUE ON REVERSE SIDE					

CONTINUATION OF PART II-LANGUAGE ELEMENTS	
SECTION D.	Speaking (43)
1.	I SPEAK FLUENTLY AND ACCURATELY IN ALL PRACTICAL AND SOCIAL SITUATIONS; I CONVERSE EASILY AND IDIOMATICALLY IN ALL FIELDS WITH WHICH I AM FAMILIAR.
2.	I SPEAK FLUENTLY AND ACCURATELY IN NEARLY ALL PRACTICAL AND SOCIAL SITUATIONS; I CAN CONVERSE IN MOST FIELDS WITH WHICH I AM FAMILIAR AND I EMPLOY SOME POPULAR SAYINGS, LITERARY QUOTATIONS, AND COMMON PROVERBS.
3.	I GET ALONG QUITE WELL IN SITUATIONS OF DAILY LIFE AND TRAVEL AND CAN CONDUCT ROUTINE BUSINESS IN PARTICULAR FIELDS.
4.	I MANAGE TO GET ALONG IN THE MOST COMMON SITUATIONS OF DAILY LIFE AND TRAVEL.
5.	I HAVE NO ABILITY TO USE THE LANGUAGE IN ANY OF THE ABOVE RESPECTS.
SECTION E.	Understanding (44)
1.	I UNDERSTAND NON-TECHNICAL CONVERSATION ON ALL SUBJECTS, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND NEARLY EVERYTHING I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES.
2.	I UNDERSTAND NON-TECHNICAL CONVERSATION ON NEARLY ALL SUBJECTS, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND MOST OF WHAT I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES, INCLUDING MOST JOKE AND PUNS.
3.	I UNDERSTAND NEARLY ALL CONVERSATION ON TOPICS OF DAILY LIFE AND TRAVEL, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND MUCH OF WHAT I HEAR ON THE RADIO, AND AT THE MOVIES, PLAYS, AND LECTURES.
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5.	I AM NOT ABLE TO UNDERSTAND THE SPOKEN LANGUAGE.
BEFORE CONTINUING - CHECK PART II TO ENSURE THAT YOU HAVE CIRCLED ONE NUMBER PER SECTION.	
PART III-EXPERIENCE AS TRANSLATOR OR INTERPRETER (45)	
1.	I HAVE HAD EXPERIENCE AS A TRANSLATOR.
2.	I HAVE HAD EXPERIENCE AS AN INTERPRETER.
3.	BOTH OF THE ABOVE STATEMENTS APPLY.
4.	NONE OF THE ABOVE STATEMENTS APPLY.
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DATE SIGNED	SIGNATURE
	<i>[Signature]</i>
(46)	E

SECRET  
(When Filled In)

56  
Link

17-81		LANGUAGE DATA RECORD			
913003					
PART I-GENERAL					
1. NAME (Last-First-Middle) (17-24)			2. DATE OF BIRTH (25-30)		
DAVID A. PHILLIPS			MONTH	DAY	YEAR
			OCTOBER	31	1912
3. LANGUAGE (31-33)		4. TODAY'S DATE (34-39)		5.	
SPANISH 720		MONTH	DAY	YEAR	<input type="checkbox"/> I HAVE NO PROFICIENCY IN ANY FOREIGN LANGUAGE
		OCTOBER	22	1957	
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3. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL, WITH REASONABLE SUCCESS IN CONVEYING MY MEANING, BUT WITH OCCASIONAL MINOR GRAMMATICAL ERRORS AND IN OBVIOUSLY FOREIGN, AWKWARD STYLE, USING THE DICTIONARY OCCASIONALLY.					
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5. I HAVE NO SKILL IN PRONUNCIATION.					
CONTINUE ON REVERSE SIDE					

13

CONTINUATION OF PART II—LANGUAGE ELEMENTS	
SECTION D. Speaking (43)	
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2	I SPEAK FLUENTLY AND ACCURATELY IN NEARLY ALL PRACTICAL AND SOCIAL SITUATIONS; I CAN CONVERSE IN MOST FIELDS WITH WHICH I AM FAMILIAR AND I EMPLOY SOME POPULAR SAYINGS, LITERARY QUOTATIONS, AND COMMON PROVERBS.
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DATE SIGNED	SIGNATURE
	<i>Sam</i>
(46)	(47) <i>A</i>

## CONFIDENTIAL

(WHEN FILLED IN)

## SECURITY APPROVAL

03 MAR 60 11 23

DATE : 9 February 1960

YOUR

REFERENCE: E-8573 CS/CS Div. Comp.

CASE NO. : 40696

TO : Director of Personnel

FROM : Director of Security

SUBJECT : PHILLIPS, David Atlee

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

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

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

3. As part of the entrance on duty processing:

- ☒ A personal interview in the Office of Security must be arranged.
- ☐ A personal interview is not necessary.
- ☐

FOR THE DIRECTOR OF SECURITY:

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

Acting Chief, Personnel Security Division

*(WH.)*  
*Mr. Washburn advised*  
*2-10-60*

FORM NO. 1173 REPLACES FORM 28-104  
1 MAR 57 WHICH IS OBSOLETE

CONFIDENTIAL



CONFIDENTIAL  
SECURITY INFORMATION  
SECURITY APPROVAL

Date: 26 April 1955

TO: Chief, Processing & Records Division

Your Reference: SR-6038-PP

FROM: Chief, Personnel Office  
Security Division  
Personnel

Case Number: 10696

SUBJECT: PHILLIPS, David Atlee

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.

4. *This clearance is retroactive to 1 April 1955*  
*per Myers*  
*27 April 55*

*Ernest P. Geiss*  
Ernest P. Geiss

CONFIDENTIAL

**HAVE YOU READ AND DO YOU UNDERSTAND THE INSTRUCTIONS**

### Section 1 - PERSONAL BACKGROUND

A. FULL NAME Mr. [REDACTED]  
 B. DATE 10-1-68  
 C. [REDACTED] 10-1-68  
 D. [REDACTED] 10-1-68  
 E. [REDACTED] 10-1-68  
 F. [REDACTED] 10-1-68  
 G. [REDACTED] 10-1-68  
 H. [REDACTED] 10-1-68  
 I. [REDACTED] 10-1-68  
 J. [REDACTED] 10-1-68  
 K. [REDACTED] 10-1-68  
 L. [REDACTED] 10-1-68  
 M. [REDACTED] 10-1-68  
 N. [REDACTED] 10-1-68  
 O. [REDACTED] 10-1-68  
 P. [REDACTED] 10-1-68  
 Q. [REDACTED] 10-1-68  
 R. [REDACTED] 10-1-68  
 S. [REDACTED] 10-1-68  
 T. [REDACTED] 10-1-68  
 U. [REDACTED] 10-1-68  
 V. [REDACTED] 10-1-68  
 W. [REDACTED] 10-1-68  
 X. [REDACTED] 10-1-68  
 Y. [REDACTED] 10-1-68  
 Z. [REDACTED] 10-1-68

PARENT ADDRESS \_\_\_\_\_

**PERMANENT ADDRESS:** 2002 DORRANCE STREET, NEW YORK, NY 10014

10. NICKNAME \_\_\_\_\_ WHAT OTHER NAMES HAVE YOU USED? \_\_\_\_\_

1000 1100 1200 1300 1400 1500 1600 1700 1800 1900 2000 2100 2200 2300 2400 2500 2600 2700 2800 2900 3000 3100 3200 3300 3400 3500 3600 3700 3800 3900 4000 4100 4200 4300 4400 4500 4600 4700 4800 4900 5000 5100 5200 5300 5400 5500 5600 5700 5800 5900 6000 6100 6200 6300 6400 6500 6600 6700 6800 6900 7000 7100 7200 7300 7400 7500 7600 7700 7800 7900 8000 8100 8200 8300 8400 8500 8600 8700 8800 8900 9000 9100 9200 9300 9400 9500 9600 9700 9800 9900 10000

# WILLIAMS

CONFIDENTIAL - SECURITY INFORMATION

1. The first step is to identify the problem. This involves understanding the current situation and what needs to be changed.

**RESEARCH AND ANALYSIS**

\_\_\_\_\_

\_\_\_\_\_

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

100-443887-100

[illegible]

*(continued)*

\_\_\_\_\_

1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 26

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WE VE YOUR MAD AND DO YOU UNDERSTAND THE INSTRUCTIONS

### PERSONAL BACKGROUND

11-11-68

**WILLIAM D. DAVIS**

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STUDY OF THE EFFECTS OF THE

100-443887-1000

100-443887-100

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

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the 1990s, the number of people in the world who are undernourished has declined from 1.1 billion to 800 million. The number of people who are malnourished has declined from 1.5 billion to 1 billion. The number of people who are obese has increased from 100 million to 300 million. The number of people who are overweight has increased from 100 million to 300 million. The number of people who are obese and overweight has increased from 100 million to 300 million. The number of people who are obese and overweight has increased from 100 million to 300 million.



CRIMINAL RECORD DEFENDERS (Continued)

NAME David Louis Phillips DOB 01/01/1922 SEX M  
 CITIZENSHIP USA PLACE OF BIRTH Waco, Texas, Falls Church, Va. USA  
 NAME David Louis Phillips, Jr. RELATIONSHIP Son USA  
 CITIZENSHIP USA PLACE OF BIRTH Waco, Texas, Falls Church, Va. USA  
 NAME David Louis Phillips RELATIONSHIP Uncle USA  
 CITIZENSHIP USA PLACE OF BIRTH Waco, Texas, Falls Church, Va. USA

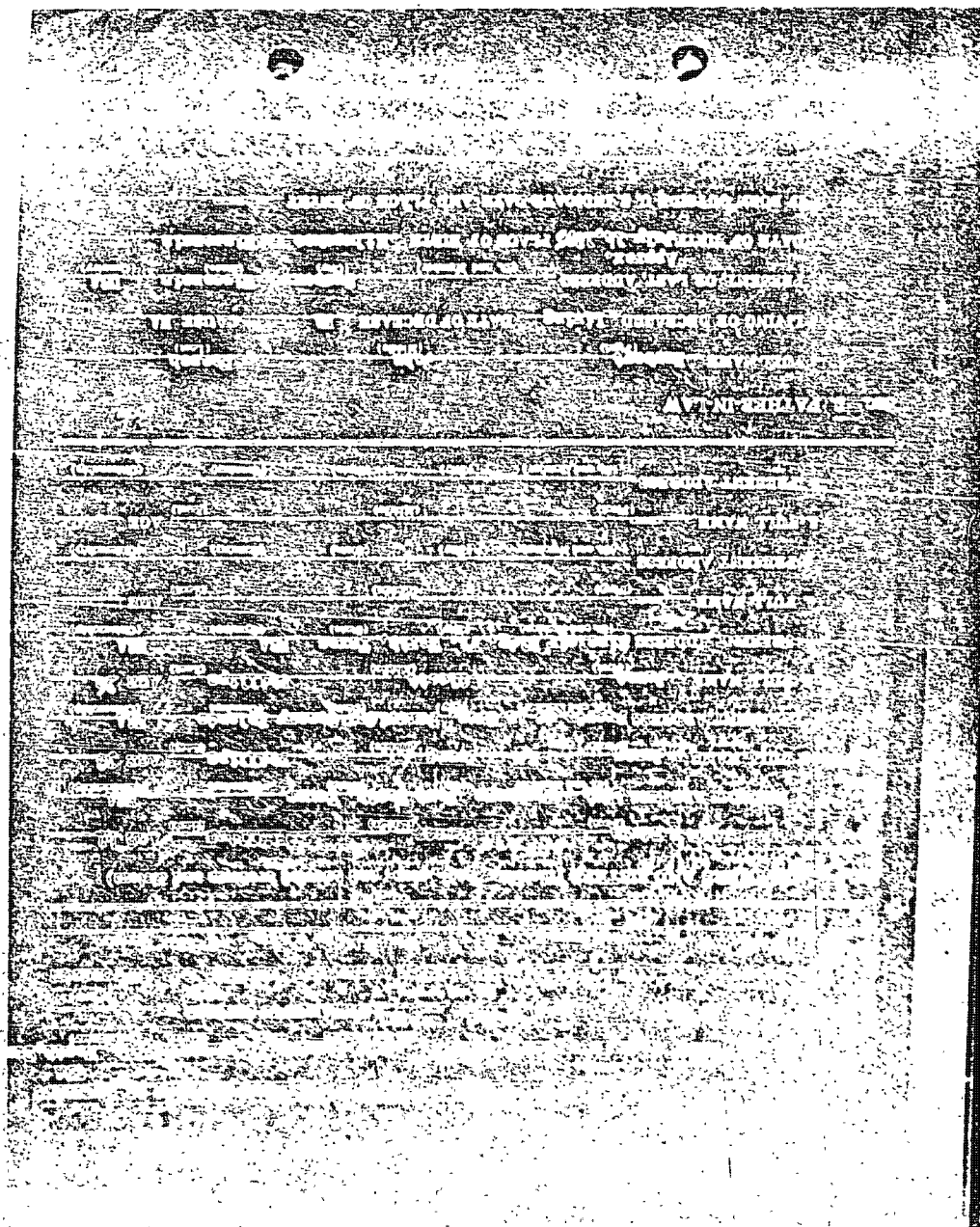
Arrested (Over the past 12 months) Yes and/or pending Yes

FULL NAME David Louis Phillips  
 ALIAS None  
 DATE OF BIRTH 01/01/1922  
 PLACE OF BIRTH Waco, Texas, Falls Church, Va. USA  
 DATE OF ARREST 01/01/1922 PLACE OF ARREST Waco, Texas USA  
 IF BORN OUTSIDE U.S. DATE AND PLACE OF BIRTH None

CITIZENSHIP USA PLACE OF BIRTH Waco, Texas, Falls Church, Va. USA  
 NAME David Louis Phillips RELATIONSHIP Son USA  
 CITIZENSHIP USA PLACE OF BIRTH Waco, Texas, Falls Church, Va. USA

Arrested (Over the past 12 months) Yes and/or pending Yes

FULL NAME David Louis Phillips  
 ALIAS None  
 DATE OF BIRTH 01/01/1922  
 PLACE OF BIRTH Waco, Texas, Falls Church, Va. USA  
 DATE OF ARREST 01/01/1922 PLACE OF ARREST Waco, Texas USA  
 IF BORN OUTSIDE U.S. DATE AND PLACE OF BIRTH None







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# SECTION 1. FOREIGN MILITARY SERVICE

Name of Country \_\_\_\_\_

Date of Entry \_\_\_\_\_

Date of Departure \_\_\_\_\_

Relative Service \_\_\_\_\_

Other Service \_\_\_\_\_

Indicate membership in military reserve organization \_\_\_\_\_

## SECTION 2. CHRONOLOGICAL HISTORY OF EMPLOYMENT FOR PAST 15 YEARS. ACCOUNT FOR ALL PERIODS. INCLUDE CASUAL EMPLOYMENT. INCLUDE ALSO PERIODS OF UNEMPLOYMENT. GIVE ADDRESSES AND STATE WHAT YOU DID DURING PERIODS OF UNEMPLOYMENT. LIST LAST POSITION FIRST. IF A MEMBER OF A UNION, STATE NAME OF UNION.

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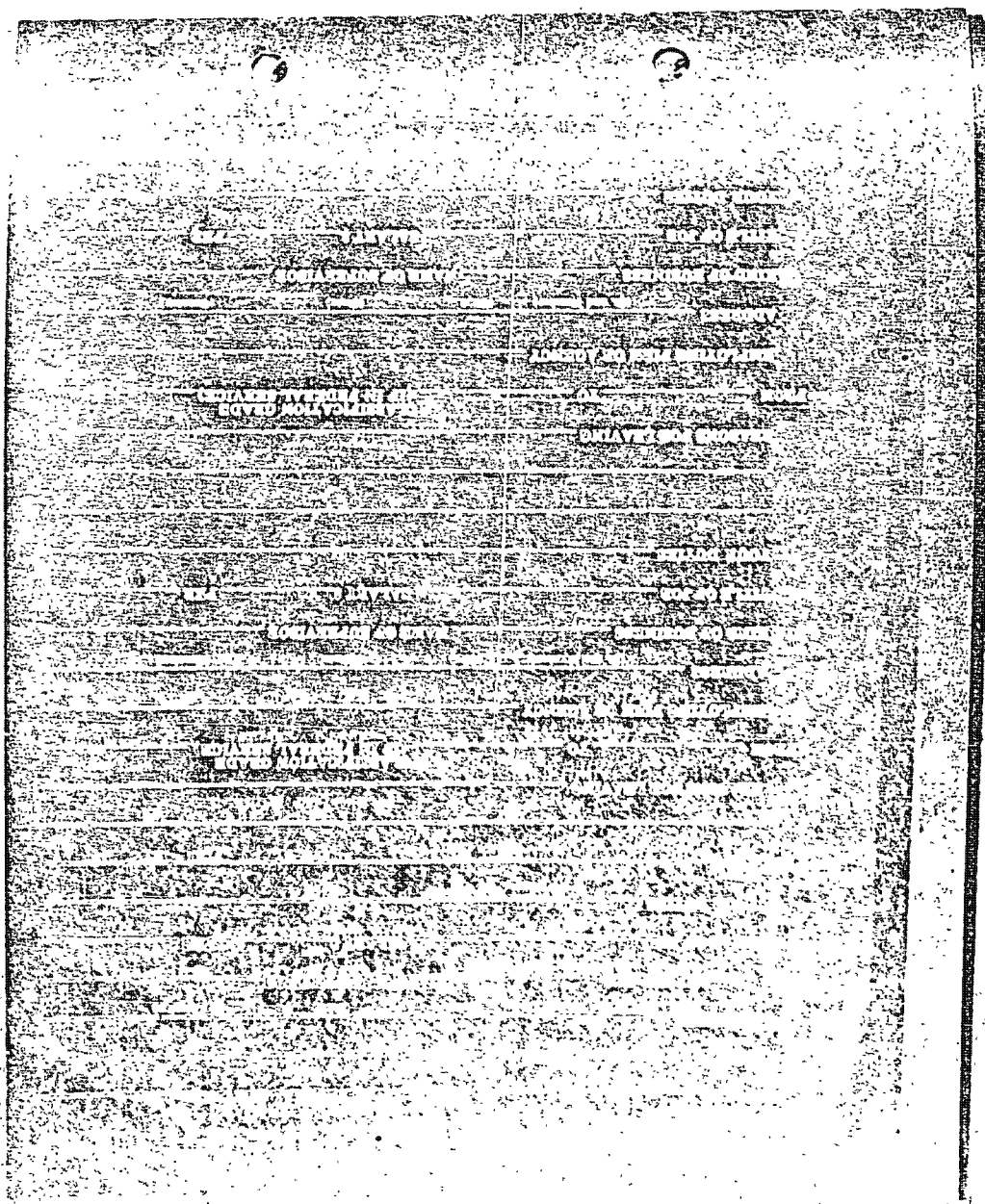
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DO NOT HAVE TO LEAVE A POSITION OR REPORT TO THE OFFICE WHERE YOU DESIRE TO RE-ENTER THE SERVICE.

GENERAL INFORMATION

1. NAME (Last, First, Middle Initial)  
2. DATE OF BIRTH (Month, Day, Year)  
3. SOCIAL SECURITY NUMBER  
4. GRADE  
5. DIVISION  
6. ADDRESS (Street, City, State, Zip)  
7. PHONE NUMBER  
8. MARITAL STATUS  
9. NUMBER OF DEPENDENTS  
10. EDUCATION  
11. EMPLOYMENT HISTORY  
12. REFERENCES  
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DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES GOVERNMENT OR ANY OTHER GOVERNMENT AND ARE YOU ENTITLED TO ANY OTHER BENEFIT OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE? IF ANSWER YES, GIVE COMPLETE DETAILS.

[illegible]

1. NAME \_\_\_\_\_  
 2. ADDRESS \_\_\_\_\_  
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<u>Name</u>	<u>Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
JOHN A. SMITH	1234 Main St.	Springfield	Mass.	01102
MRS. J. SMITH	1234 Main St.	Springfield	Mass.	01102
JOHN A. SMITH	1234 Main St.	Springfield	Mass.	01102
MRS. J. SMITH	1234 Main St.	Springfield	Mass.	01102
JOHN A. SMITH	1234 Main St.	Springfield	Mass.	01102
MRS. J. SMITH	1234 Main St.	Springfield	Mass.	01102
JOHN A. SMITH	1234 Main St.	Springfield	Mass.	01102
MRS. J. SMITH	1234 Main St.	Springfield	Mass.	01102
JOHN A. SMITH	1234 Main St.	Springfield	Mass.	01102
MRS. J. SMITH	1234 Main St.	Springfield	Mass.	01102

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FILE TITLE/NUMBER/VOLUME: Phillips, David A.

CUSTODIAL UNIT/LOCATION: OP Files

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10 SECOND ST. 2ND FL.  
TEL: 477-1038  
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JOE # 720154 BOX #

## Contract Service —

(P)

GS

<u>Date</u>	<u>Action</u>	<u>Compensation</u>	<u>Expend</u>
1 Feb 51	Independent contractor	\$600 per mo	
28 Feb 51	<del>Independent</del> contract terminated	600 " "	
25 Jan 52	Independent contractor	\$6,000 p.a.	
31 Aug 53	Contract terminated	6,000	
4 Mar 54	Contract Employee	\$7,200	
31 Jul 54	Contract terminated	7,200	
1 Aug 54	Contract Employee	8,360	
31 Mar 55	Contract terminated	8,360	
1 Apr 55	Agency Staff Agent service		
13 Aug 58			
19 Aug 58	Independent contractor (Note: the base rate of pay of \$7,200 is subject to increase on occasions wherein subject performs specialized assignments)	<del>\$7,200</del>	
13 Mar 60	<del>Contract</del> terminated	\$7,200	
14 Mar 60	Entered on duty as an Agency Staff Employee at the rate of GS-14/3 (\$11,835).	7,200	


ADMINISTRATIVE-INTERNAL USE ONLY

13 May 1975

MEMORANDUM FOR: Chief, Contract Personnel Division  
SUBJECT : Earnings of David A. Phillips

In accordance with your telephone request, the following is a record of income earned by Mr. Phillips during the period 19 August 1958 through 13 March 1960. Mr. Phillips was paid at \$7,200 P/A, with the exception of those periods of service performed outside of his country of permanent assignment and then he was paid at \$13,000 P/A.

<u>DATES</u>	<u>PAID AT \$7200 P/A</u>	<u>DUE DIFFERENCE BETWEEN \$7200 P/A &amp; \$13000 P/A</u>	<u>TOTAL</u>
19-31 Aug 58	\$ 240.00	-0-	\$ 240.00
Sept 58	600.00	\$ 32.22	632.22
Oct 58	600.00	434.97	1034.97
Nov 58-Jan 59	1800.00	-0-	1800.00
Feb 59	600.00	88.60	688.60
March 59	600.00	-0-	600.00
April 59	600.00	157.07	757.07
May 59	600.00	128.88	728.88
June-July 59	1200.00	-0-	1200.00
Aug 59	600.00	80.55	680.55
Sept 59-Feb 60	3600.00	-0-	3600.00
1-13 March 60	260.00	-0-	260.00
Totals	\$11,300.00	\$922.29	\$12,222.29

  
Deputy Chief  
Compensation and Tax Division

ADMINISTRATIVE-INTERNAL USE ONLY

13-00000  
Out of Country 6 times

P.O.

David Phillips

19 Aug 58 - \$7200

19-31 Aug 58	-	\$260	
Sep 58	-	600 + 32.22	\$632.22
Oct 58	-	600 + 289.98	889.98
Nov 58	-	Thru Jan 59 600	\$1800.00
Feb 59	-	600 + 88.60	688.60
Mar 59	-		600.00
Apr 59	-	600 + 157.07	757.07
May 59	-	600 + 128.88	728.88
Jun 59	-	600	600.00
Jul 59	-	600	600.00
Aug 59	-	600 + 80.55	680.55
Sept 59	-	600	600.00
Oct 59	-	600	600.00
Nov 59	-	600	600.00
Dec 59	-	600	600.00
Jan 60	-	600	600.00
Feb 60	-	600	600.00
1-13 Mar 60	-	260	260.00

11,320 paid at \$7200

also pay \$777.30

Total Paid \$12,097.30

4 March 1975

BACKGROUND ON REQUEST FOR CREDITABLE SERVICE: August 1950 Until 3 March 1954

1. A basic document in consideration of this request is HCSA-825, dated 4 February 1954.

*Poly. gh*  
*Document* 2. I was running an English-language newspaper [redacted] when asked to work with our Station there. My first pay was \$50.00 per month. The file contains a project approval dated 31 May 1950; TCS-A-1064 asks that the first payment be made to the U.S. bank on 1 August 1950.

*Conclus*  
*73 a*  
*one 26*  
*C* 3. During this period I recall a number of activities undertaken for the Station, and I travelled to New York for clandestine training. The file indicates "He was originally approved operationally to handle the complex Soviet espionage case of FULMINATER-2. His conduct of this case was considered excellent...." Also, "It will be recalled that Headquarters was very pleased with the printing job...which he had done." The latter was indicative of a number of such chores, when I stayed behind in my plant after the employees had left for the night, printing leaflets, booklets, etc. I also handled agents and did a number of spotting and assessing jobs for the Station.

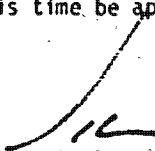
4. I signed a new contract on 25 January 1952 for \$500.00 per month which ran until the termination date of 31 August 1953. (Actually this was in the form of a loan which was paid off at the rate of \$500.00. The advance was used to purchase printing equipment which allowed me to do certain work for the Station, but which I retained.)"

5. After termination of the contract on 31 August I remained in [redacted] until 4 March 1954. During this period I recruited a CP agent who still works for the Station--and was a cabinet member under Allende. On 3 February 1954 Headquarters asked that I be made available for another assignment. The Station pointed out that I was working on the recruitment, and that I and my family were planning on a European vacation. Headquarters again requested my assignment. Thus I departed for the [redacted] project in early March, abandoning my free family trip to Europe (tickets paid for by advertising in my paper) and leaving my family behind to pack up. I accepted this assignment without knowing where it was, or for how long it would last. Indeed I did not even have a contract.

E2 IMPDET  
CL BY 024345

SECRET

6. I worked for the Agency in [ ] then, between 1 August 1950 until departure for PBSUCCESS on 4 March 1954. I was always available and when I finally did leave it was for Agency business rather than my own. Thus I request that all or part of this time be approved as creditable toward retirement."

  
David A. Phillips



14-00000

3

Mr. DeFelice:

Information from Adele regarding  
Dave Phillips' creditable service:

As of 31 December 1974:

18 years, 11 months, 27 days  
(Agency civilian service)

2 years, 8 months, 11 days  
(military service)

Total creditable service:

21 years, 8 months, 8 days.

Sick leave will be added to that.

For your information, [ ] has  
an appointment with Mr. Phillips on  
Wednesday afternoon. He is in the  
CIARDS system and with his birth date  
in 1922, he is eligible for voluntary  
retirement.

Bonnie

18 - 11 23

Mar 54 - July 54 - 4 mo -  
 1 Aug 54 - 31 Mar 55 - 6 mo -

April 55 - 15 Mar 56 - 3 mo  
 Mar 56 - Mar 57 - 1 yr

Off land - 7 Feb 56 - 13 Aug 58

Raymond Brown - Chem

Contract rent - 1 Feb 51 - 28 Feb 51 -  
 Contract rent 28 Mar 52 - 31 Aug 53

Contract rent 4 March 54 - 31 Mar 55  
 Self 1 April 55 - 6 Feb 56  
 Self 2 Feb 56 - 13 Aug 58  
 Contract rent 13 Aug 58 - 13 Mar 60  
 Self 14 Mar 60 - 6 Oct 60

David A. Phillips

Accepted Appointment Staff Employee 1 Apr 55

Resignation Staff Employee 6 Feb 56

Accepted Appointment Staff Agent 7 Feb 56

Resignation Staff Agent 13 Aug 58

Contract Agent 19 Aug 58

Terminated 13 Mar 60

Accepted Agent Staff Employee 14 Mar 60

Staff Employee since 14 Nov 1960

14-00000  
**SECRET**

21 May 1975

**MEMORANDUM FOR:** Office of Finance/C&TD

**SUBJECT :** Verification of Contract Employee Service of David A. Phillips, current staff employee for period 19 August 1958 through 13 March 1960.

**REFERENCE :** Memorandum from Deputy Chief Comp & Tax Division subject earnings of David A. Phillips dated 13 May 1975

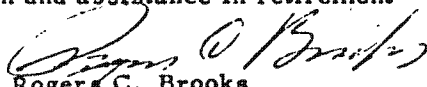
1. Based upon new information it has now been determined that subject served as an Agency contract employee during period 19 August 1958 through 13 March 1960, and that this period is creditable for both retirement and leave account category purposes. Civil Service Retirement deductions were not withheld during the period. Records of this office reflect subject was authorized compensation during referenced period at the rate of \$7,200 per annum, except that when he was outside of the United States he was paid at the rate of \$13,000 per annum. For times and amounts involved in change of rate see reference.

2. Action required:

(a) Office of Finance: Please post the above information to subjects retirement records.

(b) DDO/LA/Pers: Please advise subject of the contents of this memorandum.

(c) RAD/ROB: For your information and assistance in retirement processing.

  
Rogers C. Brooks  
Deputy Chief

Contract Personnel Division

**Distribution:**

Orig - Addressee  
1 - DDO/LA/Pers  
1 - RAD/ROB

OGC Concurrence: 11 MAY 1975

**SECRET**

E2IMPDET  
CL by: 063837

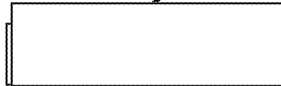
ADMINISTRATIVE-INTERNAL USE ONLY

13 May 1975

MEMORANDUM FOR: Chief, Contract Personnel Division  
SUBJECT : Earnings of David A. Phillips

In accordance with your telephone request, the following is a record of income earned by Mr. Phillips during the period 19 August 1958 through 13 March 1960. Mr. Phillips was paid at \$7,200 P/A, with the exception of those periods of service performed outside of his country of permanent assignment and then he was paid at \$13,000 P/A.

<u>DATES</u>	<u>PAID AT \$7200 P/A</u>	<u>DUE DIFFERENCE BETWEEN \$7200 P/A &amp; \$13000 P/A</u>	<u>TOTAL</u>
19-31 Aug 58	\$ 240.00	-0-	\$ 240.00
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June-July 59	1200.00	-0-	1200.00
Aug 59	600.00	80.55	680.55
Sept 59-Feb 60	3600.00	-0-	3600.00
1-13 March 60	260.00	-0-	260.00
Totals	\$11,300.00	\$922.29	\$12,222.29

  
Deputy Chief  
Compensation and Tax Division

ADMINISTRATIVE-INTERNAL USE ONLY

14-00000

**SECRET**

21 May 1975

**MEMORANDUM FOR: Office of Finance/C&TD**

**SUBJECT** : Verification of Contract Employee Service of David A. Phillips, current staff employee for period 19 August 1958 through 13 March 1960.

**REFERENCE** : Memorandum from Deputy Chief Comp & Tax Division subject earnings of David A. Phillips dated 13 May 1975

1. Based upon new information it has now been determined that subject served as an Agency contract employee during period 19 August 1958 through 13 March 1960, and that this period is creditable for both retirement and leave account category purposes. Civil Service Retirement deductions were not withheld during the period. Records of this office reflect subject was authorized compensation during referenced period at the rate of \$7,200 per annum, except that when he was outside of the United States he was paid at the rate of \$13,000 per annum. For times and amounts involved in change of rate see reference.

**2. Action required:**

(a) Office of Finance: Please post the above information to subjects retirement records.

(b) DDO/LA/Pers: Please advise subject of the contents of this memorandum.

(c) RAD/ROB: For your information and assistance in retirement processing.

7s/ Rogers C. Brooks

Rogers C. Brooks

Deputy Chief

Contract Personnel Division

**Distribution:**

Orig - Addressee

1 - DDO/LA/Pers

1 - RAD/ROB

1 - Subjects CPD file

1 - CPD Chrono file

DDA/OP/CPD: RCB;sp (21 May 1975)

**EXEMPT**

CL by: 063837

**SECRET**

SECRET

10 MAR 1975

MEMORANDUM FOR: Chief, TRB

SUBJECT : Verification of Contract Employee Service for  
[redacted] (P) Current Staff Employee

REFERENCE : CPD Memorandum of 30 June 1966 to Chief, TRB,  
Subject "Record of Contract Service for [redacted]  
[redacted]"

1. Referent memorandum is revised in its entirety to reflect the following periods of full time contract employee service as being creditable service for both leave and Civil Service Retirement purposes.

<u>DATE</u>	<u>ACTION</u>	<u>PER ANNUM COMPENSATION</u>
4 March 1954	Contract employee	\$7,200
31 July 1954	Contract terminated	7,200
1 August 1954	Contract employee	8,360
31 March 1955	Contract terminated	8,360

2. Period of service 4 March 1954 through 31 December 1954 had in previous memorandum been declared creditable service for both leave and retirement purposes. It denied creditable retirement service for the period 1 January 1955 through 31 March 1955 because of a Federal statutory provision relating to periods covered by Social Security. The foregoing position was removed by P. L. 91-630 of 31 December 1970, thereby having the effect of rendering said service as creditable.

3. Action required:

- a. Office of Personnel/TRB: Please file this memorandum in subject's official personnel file folder.
- b. Office of Personnel/ROB: For your information.

202227

**SECRET**

- 2 -

- c. Office of Finance/C&TD: Please post the above information to subject's retirement records.
- d. DDO/LA/Personnel: Please advise subject of the contents of this memorandum.

Rogers C. Brooks  
Deputy Chief  
Contract Personnel Division

**Distribution:**

Orig - Addressee  
1 - CP/ROB  
1 - OF/C&TD  
1 - DDO/LA/Personnel  
1 - CPD Subject file  
1 - CPD Chrono  
OP/CPD/R.C.Brooks:jc (10 March 1975)

**SECRET**



S E C R E T

MEMO FOR: The File

SUBJECT: [REDACTED] (P), Verification of Contract Service

19 Oct 70

Subject, now a Staff Disbursed, asked Don DeFelice to see if any of his old contract time is creditable towards GIASB retirement. Currently, subject is assigned PCS in VII field, but is currently in Hqtrs on TDY.

21 Oct 70:

Met with subject and discussed all aspects of his questions and his prior contractual service. Provided him with ~~some~~ information concerning his service, ~~and~~ that criteria CPD used in determining independent contractor service vs contract employee service, applicability of the "social security rule" precluding the use of ~~old~~ contract employee time under social security being creditable retirement time, etc. Also, provided subject with a sample of a memo which could be written to CPD requesting old independent contractor time be reauthorized as contract employee time. Also indicated to subject we would help him draft an appropriate memo if he (subject) felt he had a good case. In general, from information provided by subject, it seemed that subject's old independent contractor time was not of a type that might lend itself to conversion to contract ~~and~~ employee time.

3 Dec 70: As of this date, CPD had heard nothing more from subject and it was therefore assumed that ~~and~~ subject had, ~~and~~ at least for the immediate moment, decided not to pursue the matter further.

Paul Wilson  
3 Dec 1970

1

O/Personnel/Contract Personnel Div  
5F-69 Hqtrs.  
(Paul R. Wilson)

23 April 1970

OP/RAD - 205 Magazine Bldg.  
Attn: Adelo J. Sukowicz

1. Adele: Hope the following with  
help you:

- (a) Attached is our CPD file on  
loan. In it find a chrono of  
all of subject's contract  
service.
- (b) Information in our CPD memo of  
30 June 66 is reaffirmed. How-  
ever, note it did not cite sub-  
ject's 1951/52/53 service, which  
service is cited in the O/Finance  
memo of 16 June 1966. This  
1951/52/53 service is independent  
contractor service and not  
creditable for purposes of  
Civil Service Retirement.
- (c) Our CPD memo of 30 Jun 66 indi-  
cates subject ~~had~~ had a social  
security obligation for period  
1 Jan 55 thru 31 Mar 55. Since  
this obligation came about  
retroactively in Mid 1955, possi-  
bility exists that neither sub-  
ject or the Agency made contri-  
butions to the Social Security  
System. If they were not made,  
it is possible for such to be  
made at this late date and if  
subject or WH Division is in-  
terested in looking into this,  
they should contact Rod Brooks  
of CPD.

Paul R. Wilson

☐ UNCLASSIFIED☐ INTERNAL  
USE ONLY☐ CONFIDENTIAL☐ SECRET

## ROUTING AND RECORD SHEET

SUBJECT: (Optional)

FROM:

KH Personnel

3D3102

6815

DATE

6 April 1970

TO: (Officer designation, room number, and building)

DATE

RECEIVED

FORWARDED

OFFICER'S

INITIALS

COMMENTS (Number each comment to show from whom to whom. Draw a line across column after each comment.)

1.

CP/RAD 205 Magazine  
ATTN: Adele J. Sukowicz

2.

3.

4.

5.

6. Chief, Contract Personnel Div  
5 E 69 HRS

7.

8.

9.

10.

11.

12.

13.

14.

15.

Attached is Mr. [redacted] official file and a dispatch from him in which he requests a computation of his time with the Agency for retirement purposes. It is a very complicated case. Good luck!

KH Personnel

1 to 6:

On the basis of CPL's memo dated 30 June 1966 (copy attached) ruling on the creditability of Subject's contract service, HOS can reply to the attached dispatch. However, it is requested that CPL review HOS for its factual content and advise HOS if the memo of 30 Jun 66 is reaffirmed.

Your attention is invited to a discrepancy in identifying 1951 contract service. In the dispatch (para 5) Subject refers to himself as a "covert associate"; the Office of Finance (see memo dtd 16 Jun 66) copy attached lists the time as "contract agent" service; and your memo of 30 Jun 66 lists the time as "contract employee" service.

FORM  
3-62

610

USE PREVIOUS  
EDITIONS☐ SECRET☐ CONFIDENTIAL☐ INTERNAL  
USE ONLY☐ UNCLASSIFIED

DISPATCH		CLASSIFICATION	PROCESSING ACTION
		SECRET	
TO	Chief, Western Hemisphere Division		MARKED FOR INDEXING
INFO.	Chief, Operational Services		NO INDEXING REQUIRED
FROM	Chief of Station, [REDACTED]		ONLY QUALIFIED DESK CAN JUDGE INDEXING
SUBJECT	Request for Review of Retirement Status---		MICROFILM
ACTION REQUIRED - REFERENCES			
<p>Action Required: See Paragraph 9 et all</p> <p>1. During his RVROCK career [REDACTED] has served as Contract Agent, Covert Associate, Staff Agent and Contract Employee. On one occasion [REDACTED] resigned from RVROCK, became a Contract Agent, then returned as a Staff Employee. The purpose of this dispatch is to request a review of exactly what [REDACTED] status has been over the years, what must be done to repay retirement funds for any periods of creditable service not now covered, and to study the possibility that some periods of tenure might be converted from uncreditable to creditable status.</p> <p>2. [REDACTED] served in the Air Force from February 1943 through October 1945, with total service of two years, eight months and 19 days.</p> <p>3. The dates of [REDACTED] first RVROCK service in [REDACTED] are very hazy to [REDACTED]. He does recall that he was first recruited by the COS, but cannot recall if this was on a formal, salaried basis. At some time during 1950 or 1951, probably the latter, [REDACTED] signed an RVROCK contract, for at least two years, possibly longer. The salary is remembered as US\$500 per month, and on one occasion this salary was paid in advance to allow [REDACTED] to purchase printing equipment. Please check the contract covering this period and advise [REDACTED] (a) the duration of the contract and (b) if any provision for deductions (or future payment of) was made. If, as [REDACTED] suspects, there were no deductions, even for Social Security, [REDACTED] would appreciate Headquarters comment on the possibility that this period might be retroactively converted to creditable service status (after payments into retirement system, of course). In this connection it is suggested</p>			
<p>Distribution:</p> <p>③ - Chief, WHD</p> <p>2 - Chief, OPSER</p>			
REFERENCE TO	DISPATCH SYMBOL AND NUMBER	DATE	
	HBRT-7797	25 March 1970	
	CLASSIFICATION	MOS FILE NUMBER	
	SECRET		

CONTINUATION OF DISPATCH	CLASSIFICATION S E C R E T	DISPATCH SYMBOL AND NUMBER HBRT-7797
<p>that a discussion might be held with James G. COLLETT, who was COS in [ ] during most of that time. [ ] believes that COLLETT will confirm that [ ] demonstrated his intense interest in his RVROCK work by performing not only the work called for in his contract (mostly clandestine printing) but other chores as well. Example: during this period, or perhaps just after the expiration of [ ] contract, [ ] under Station guidance and instruction, approached and recruited a Communist Party agent. (It is understood that the agent is still reporting.) Another example: in March 1954, COS COLLETT approached [ ] and asked him if he would accept the Headquarters' request that he leave [ ] board an airplane for the U.S. and assist in an unidentified operation which would last "some months." That was the extent of the offer. [ ] accepted. This was despite the fact that he had no contract, and that he had to leave his family behind and to abandon a trip which had been planned through Europe. It is believed that this indicates that [ ] was pretty much "under RVROCK control" during this period. (Perhaps training records can assist in finding information on this [ ] period, as [ ] went to New York on one occasion for a six-week training course).</p>		
<p>4. The next period of contract employment is also hazy. The operation in which [ ] was asked to participate turned out to be PBSUCCESS. Some sort of contract was drawn up, but [ ] does not recall if any deduction for retirement was made, nor of the terms of the contract. It is requested that this contract be reviewed and, should there have been no retirement credit, that it too be reviewed for possible conversion to creditable service. There is no question of [ ] "responding to RVROCK control" during this period. It was full time work, and most of it performed away from family---some of it in the jungle. About sixty days, [ ] recalls, was spent [ ] in Project PBHISTORY. [ ] was awarded an RVROCK decoration for his work during this period. <i>ABROAD.</i></p>		
<p>5. As the result of his participation in PBSUCCESS, [ ] was contracted as a Covert Associate from (about; this is a guess) October, 1954 until April of 1955. [ ] distinctly recalls that this contract called for retirement credit if chosen as a future option. (It is not impossible that this contract was made retroactive to cover [ ] departure from [ ] in March, 1954.) It would be appreciated if [ ] would be advised of the exact duration and terms of this contract.</p>		
<p>6. [ ] was a Staff Employee from 1 April 1955 until 13 July of 1958, when he resigned. Retirement payments for this period were returned to [ ] and he understands that they must be repaid sometime before retirement to make the period creditable.</p>		
<p>7. After resigning in 1958 [ ] went to Cuba and within a week signed a contract---as an independent operator and, to the best of [ ] recollection, without any retirement benefits. Again, it is requested that this contract be reviewed with the view of possible conversion to creditable status.</p>		
<p>8. On March 14, 1960 [ ] again became a Staff Employee, and has remained in that status.</p>		
<p>9. Despite a rather long tenure with RVROCK [ ] now finds that much of his service is either not creditable, or is creditable and not paid. [ ] would like to set this house in order, and to begin having regular deductions from his salary begin building up his paid-up creditable retirement equities. Headquarters' assistance in arriving at this happy state would be appreciated. [ ] is especially interested in obtaining approval for conversion of the early contract days in [ ]. It seems apparent that if repayment into the retirement system is to be initiated,</p>		
FORM 53e USE PREVIOUS EDITION.	CLASSIFICATION S E C R E T	PAGE NO. 2 <input checked="" type="checkbox"/> CONTINUED

CONTINUATION OF DISPATCH	CLASSIFICATION S E C R E T	DISPATCH SYMBOL AND NUMBER HBRT-7797
<p>it would be wiser to repay the early years first (so as to add more time more quickly with less payment). In any event, a Headquarters' review of the case would be appreciated.</p> <div data-bbox="1023 527 1380 621" style="border: 1px solid black; height: 44px; width: 220px; margin: 20px auto;"></div>		
FORM 53a 8-64 1-601	CLASSIFICATION S E C R E T	<input type="checkbox"/> CONTINUED PAGE NO. 3

30 June 1966

MEMORANDUM FOR : Chief, TRB

SUBJECT : Record of Contract Service for

1. Per your request we are forwarding record of Subject's contract service:

<u>Date</u>	<u>Action</u>
4 March 1954	Hired as Contract Employee
31 July 1954	Terminated
1 August 1954	Hired as Contract Employee
31 March 1955	Terminated
19 August 1958	Hired as Contract Agent
13 March 1960	Terminated

2. Subject was employed on a full time basis with leave benefits from 4 March 1954 through 31 March 1955. Accordingly, this entire period is "creditable" for establishing his annual leave category. However, the period from 19 August 1958 through 13 March 1960, as an independent contractor, is not creditable for this purpose. Only the period from 4 March 1954 through 31 December 1954 is "creditable for Civil Service Retirement, since Contract Employee's were mandatorily covered by Social Security as of 1 January 1955.

3. Attached is OF record of Agency service with salary breakdown.

Rogers C. Brooks  
Acting Chief, Contract Personnel Division

Distribution:  
Orig - Addressee  
2 - CPD

ATTN : Chief, Contract Personnel Division  
[Redacted]

16 June 1966

Compensation and Tax Division  
Office of Finance

Agency Service of ~~Department of Defense~~

The records of the Office of Finance show the following Agency service for Subject:

**Contract Agent:**

ECB 1 February 1951 @ \$600.00 P/A  
Term 29 February 1951 @ \$600.00 P/A

ECB 25 January 1952 @ \$1000.00 P/A  
Term 31 August 1953 @ \$6000.00 P/A

ECB 4 March 1954 @ \$7200.00 P/A  
Pay Inc. 1 August 1954 @ \$6360.00 P/A  
Term 31 March 1955 @ \$2360.00 P/A

**Staff Employee:**

Ex. Appt. 1 April 1955 @ \$9600.00 P/A  
Pos. 8 February 1956 @ \$10,320.00 P/A

**Staff Agent:**

Ex. Appt. 7 February 1956 @ \$10,320.00 P/A  
PSI 7 October 1956 @ \$10,535.00 P/A  
Pay Raise 12 January 1958 @ \$11,595.00 P/A  
PSI 6 April 1958 @ \$11,835.00 P/A  
Pos. 13 August 1958 @ \$11,835.00 P/A

**Contract Agent:**

ECB 19 August 1958 @ \$7,200.00 P/A  
Term 13 March 1960 @ \$7,200.00 P/A

**Staff Employee:**

Ex. Appt. 14 March 1960 @ \$11,835.00 P/A  
Subject has been a Staff Employee since 14 March 1960.

[Redacted]  
Chief  
Agent Payroll Branch



STANDARD FORM 144  
REVISED SEPTEMBER 1954  
U. S. CIVIL SERVICE COMMISSION  
FPM CHAPTERS 51, 52 AND 53

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

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

PART I—EMPLOYEE'S STATEMENT										PART II—THIS COLUMN IS FOR PERSONNEL OFFICE USE		
1. NAME (Last, first, middle initial)					2. DATE OF BIRTH					3. RETENTION GROUP		
PHILLIPS, DAVID ATLEE					OCTOBER 31, 1927							
4. 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).										12. A CSC STATUS <input type="checkbox"/> YES <input type="checkbox"/> NO		
5. SERVICE										13. TYPE OF PRESENT APPOINTMENT		
NAME AND LOCATION OF AGENCY			FROM—			TO—			TYPE OF APPOINTMENT IF KNOWN			
			YEAR	MONTH	DAY	YEAR	MONTH	DAY				
CIA			1955	APRIL	1	1955	AUG	13	GS-14			
6. 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."										11. SERVICE		
BRANCH			FROM—			TO—			DISCHARGE (Hon. or dishon.?)			
			YEAR	MONTH	DAY	YEAR	MONTH	DAY				
ARMY AIR FORCE			1945	2	12	1945	10	31	HON.			
7. TOTAL OF MORE THAN 6 MONTHS ABSENCE Y ONE CALENDAR YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO										12. TOTAL SERVICE		
										6 3 2		
8. NONCREDITABLE SERVICE (Leave purposes only):										13. NONCREDITABLE SERVICE (RIF purposes only):		
9. NONCREDITABLE SERVICE (RIF purposes only):										14. NONCREDITABLE SERVICE (RIF purposes only):		
10. COMPETITIVE CIVIL SERVICE STATUS										15. PREEMPLOYMENT RIGHTS		
no status was acquired?										<input type="checkbox"/> YES <input type="checkbox"/> NO		
										16. RETENTION RIGHTS		
										<input type="checkbox"/> YES <input type="checkbox"/> NO		
										17. EXPIRATION DATE OF RETENTION RIGHTS		

## NOTE:

This SF-144 was completed by subject on 14 March 1960 on occasion of entering on duty as a Staff Employee.

Note that he did not claim any of his prior contract service.

Original of this SF-144 on file in subject's Staff Employee file.

... ON OTHER PERSONS AUTHORIZED TO ADMINISTER OATHS.

I swear (or affirm) that the above statements are true to the best of my knowledge and belief.

14 MARCH 1960  
(DATE)

David G. Phillips  
(SIGNATURE)

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_ 1960 at WASHINGTON, D.C.  
(MONTH) (DAY) (STATE)

SEAL

William Caperton  
(SIGNATURE)

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.

(OVER)

15-54400-2

SECRET

14 March 1960

MEMORANDUM FOR: Chief, Contract Personnel Division

SUBJECT : Termination of [ ] Contract

It is requested that the contract of [ ] be terminated as of close of business 13 March 1960 in view of his appointment to staff employee status effective 14 March 1960

J. C. King  
Chief, Western Hemisphere Division

SECRET

[REDACTED]  
Dear [REDACTED]

Reference is made to your contract with the United States Government, as represented by the Contracting Officer, effective 19 August 1958, as amended.

Effective 16 February 1960, said contract, as amended, is further amended by adding after paragraph seven (7), entitled "Travel and Operational Expenses," the following paragraph:

"8. Return Travel. Upon the successful completion of your services under this agreement you will be advanced or reimbursed funds for authorized travel and transportation expenses for you, your dependents and your household effects from Havana, Cuba to the Washington, D.C. area, including per diem in lieu of subsistence in the course of such travel. Such funds will be subject to payment and accounting in conformance with applicable Government regulations."

All other terms and conditions of the contract, as amended, remain in full force and effect.

UNITED STATES GOVERNMENT

BY \_\_\_\_\_

Contracting Officer

Entk-aid - 15 Feb 60  
W.H./PP Amourille  
cc. Robert. Rayner  
C.A.

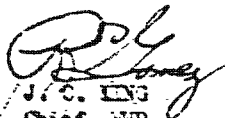
SECRET

16 February 1960

MEMORANDUM FOR: Chief, Contract Personnel Division

SUBJECT: Amendment to Contract -

It is requested that Subject's contract dated 19 August 1958, as amended, be further amended to authorize return travel from Havana, Cuba, to Washington, D. C., for Subject and his dependents at Government expense. It is also requested that the amendment authorize shipment of  household effects from Havana, Cuba, to Washington, D. C., at Government expense.

  
J. C. KING  
Chief, ASD

SECRET

~~SECRET~~  
(When Filled In)

MEMORANDUM FOR: CHIEF, Finance Division

FROM: Contract Personnel Division

**SUBJECT:** Contract Extension for XXXXXXXXXXXXXXXXXXXX

1. Effective 1/1/58, the contract (as amended) for the subject individual, effective 19 Aug 58, is extended for a period of 1 year.

2. All other terms and conditions of the contract (as amended) remain in full force and effect.

UNITED STATES OF AMERICA

BY \_\_\_\_\_  
CONTROLLING OFFICER

~~S-E-C-R-E-T~~

**SECRET**

18 August 1959

MEMORANDUM FOR: Chief, Contract Personnel Division  
Attention: [REDACTED]

FROM : Acting Chief, WHD

SUBJECT : Renewal of Contract of [REDACTED]

It is hereby requested that the contract of [REDACTED] effective  
19 August 1958 and amended, be renewed for one (1) year effective 19 August  
1959.

*R. E. Gomez*  
for R. E. GOMEZ  
Acting Chief, Western Hemisphere Division

**SECRET**

SECRET

Dear [redacted]

Reference is made to your contract with the United States Government, as represented by the Contracting Officer, effective 19 August 1958.

Effective 19 August 1958, said contract is amended in the following manner:

(a) The first sentence of paragraph one (1), entitled "Compensation," is deleted and in lieu thereof the following sentence is substituted:

"In full consideration for the purchase of such information and services you will be compensated in an amount calculated at the rate of \$7200 per annum except that for those periods of time during which you are performing services necessitating certain specialized professional skills on a full time basis outside of the country of your present permanent assignment, you will be compensated at the rate of \$13,000 per annum."

(b) The following paragraph is added after paragraph six (6), entitled "Term":

"7. Travel and Operational Expenses. While performing those tasks for which you will be compensated at the rate of \$13,000 per annum, as set forth in paragraph one (1) above, you will be advanced or reimbursed funds for necessary expenses incurred in connection with such operational travel as may be directed or authorized by the Government. This may include per diem in lieu of subsistence in the course of such travel and while on temporary duty away from your permanent post of assignment overseas. In addition, you will be advanced or reimbursed funds for necessary operational expenses as specifically approved by the Government. Payment and accounting for the items set forth herein will be in conformance with applicable Government regulations."

All other terms and conditions of the contract remain in full force and effect.

You will please indicate your approval by signing in the space provided below.

UNITED STATES GOVERNMENT

BY \_\_\_\_\_  
Contracting Officer

ACCEPTED:

WITNESS: \_\_\_\_\_

APPROVED:

6/26/58 29-416-100  
21-416-100/Annex 10 (1000)

**SECRET**

17 September 1958

**MEMORANDUM FOR** : Chief, Contract Personnel Division  
Attention: [ ]

**FROM** : Chief, Western Hemisphere Division

**SUBJECT** : Amendment To Contract of [ ]

1. It is hereby requested that the contract of [ ] be amended to provide that he be compensated in an amount calculated at the rate of \$13,000. per annum while travelling outside Cuba at the request of the United States Government and engaged full time in the work of the United States Government. It is further requested that while so travelling outside Cuba, [ ] be paid per diem at the standard United States Government rate for the area of travel or temporary residence.

2. [ ] possesses certain specialized professional skills which are in temporary, but urgent demand in a country (other than Cuba) within the jurisdiction of the Western Hemisphere Division. The contract amendment outlined in paragraph 1. (above) is being requested so as to provide a means by which [ ] skills might be made available to meet this current need for them.

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

**SECRET**



[REDACTED]

Dear [REDACTED]

The United States Government, as represented by the Contracting Officer, hereby contracts with you as an independent contractor for the purchase of certain information and related services of a confidential nature under the following terms and conditions:

1. Compensation. In full consideration for the purchase of such information and services, you will be compensated in an amount calculated at the rate of \$7200 per annum. Payments will be made as directed by you in writing in a manner acceptable to the Government. No taxes will be withheld therefrom but it will be your responsibility to report such income under existing Federal income tax laws and regulations. A Form No. 1099 prepared in a manner to conceal the true source of such income will be furnished you by the Government in order that said responsibility may be properly fulfilled. Income received pursuant to this contract is not subject to relief from Federal income taxes on the basis of foreign residence.

2. Status. You are not an employee of the United States Government under this agreement and are not entitled to any benefits normally incident to an employee status.

3. Secrecy. You will be required to keep forever secret this contract and all information which you may obtain by reason hereof (unless released in writing by the Government from such obligation), with full knowledge that violation of such secrecy may subject you to criminal prosecution under the Espionage Laws, dated 25 June 1943, as amended, and other applicable laws and regulations.

4. Instructions. Instructions received by you from the Government in briefing, training or otherwise are a part of this contract and are incorporated herein, provided that such instructions are not inconsistent with the terms hereof.

5. Unauthorized Commitments. No promises or commitments pertaining to rights, privileges or benefits other than those expressly stipulated in writing in this agreement or any amendment thereto shall be binding on the Government.

6. Term. This contract is effective as of 15 August 1958, and shall continue thereafter for a period of one (1) year unless sooner terminated either:

(a) By fifteen (15) days' actual notice by either party hereto, or

(b) Without prior notice by the Government in the event of a breach of this contract by your violation of the security provisions hereof or by your otherwise rendering yourself unavailable for acceptable service.

Subject to the availability of appropriations, this agreement may be extended upon notice from the Government. Termination of this agreement will not release you from the obligations of any security oath you may be required to take.

UNITED STATES GOVERNMENT

BY

Contracting Officer

ACCEPTED:

WITNESS:

APPROVED:

*L P M / uc / 11 Sept 58*

## SECRET

CONTRACT INFORMATION AND CHECK LIST		NAME OF OFFICER	DIVISION
INSTRUCTIONS: Complete all items, inserting "N.A." where items are not applicable. Forward original and one copy for preparation of contract.		Robert Reynolds	WHD
TELEPHONE EXTENSION		DATE	
2056		13 August 1958	
SECTION I			
1. NAME <input checked="" type="checkbox"/> STUDY <input type="checkbox"/> TRUE		24. PROJECT	3. ALLIANCE NO.
[Redacted]		Amourette-Z (D&TO)	8. SLOT NO.
25. PERMANENT STATION		8-3545-01-500	
Habana		N.A.	
9. [Redacted] PAST		10. INDIVIDUAL IS PRESENTLY ENGAGED, OR HAS BEEN ENGAGED BY CIA OR ITS ALLIED ACTIVITIES IN SOME CAPACITY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If yes, describe and include salary)	
[Redacted]		Contact Agent, 1952-1954 Staff Agent, 1957-1958	
7. SECURITY CLEARANCE (Type and date)		11. CONTRACT IS TO BE WRITTEN IN STERILE FORM I.E., "U.S. GOVERNMENT" <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Top Secret Clearance EOD/CIA 1 April 1955		10. PROPOSED CATEGORY (Contract agent, contract employee, etc.)	
9. INDIVIDUAL WILL WORK UNDER "CONTROLLED CONDITIONS" I.E., REGULAR OFFICE HOURS AWAY FROM SUBJECT'S HOME AND PERFORMED UNDER THE SUPERVISION OF A STAFF EMPLOYEE OR STAFF AGENT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Contract Agent	
SECTION II			
11. CITIZENSHIP		12. IF NOT U.S. CITIZEN, INDIVIDUAL IS A PERMANENT RESIDENT ALIEN <input type="checkbox"/> YES <input type="checkbox"/> NO	
U. S.		35	
13. LEGAL RESIDENCE (City and state or country)		14. DATE OF BIRTH (Month, day, year)	
4804 Washburn, Fort Worth, Texas		31 October 1922	
15. CURRENT RESIDENCE (City and state or country)		16. MARITAL STATUS (Check as appropriate)	
Habana, Cuba		<input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> ANNULLED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED	
17. NUMBER OF DEPENDENTS (Not including individual) RELATIONSHIP AND AGE:		19. INDIVIDUAL IS RELATED TO A STAFF EMPLOYEE, STAFF AGENT OR AN INDIVIDUAL CURRENTLY WORKING FOR THE AGENCY IN SOME CAPACITY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Five: Wife and four children.		RELATIONSHIP:	
SECTION III			
20. RESERVE		21. VETERAN	
N.A.		World War II	
22. IF RETIRED, INDICATE CATEGORY (Longevity, combat disability, service disability non-combat)		23. BRANCH OF SERVICE	
N.A.		Air Force	
24. RANK OR GRADE		25. DRAFT ELIGIBLE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
S/Sgt.		26. DRAFT DEFERMENT OBTAINED BY CIA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
SECTION IV			
27. BASIC SALARY		28. POST DIFFERENTIAL	
\$7200 p. a.		N.A.	
29. COVER (Breakdown, if any)		30. TAXES TO BE WITHHELD BY <input type="checkbox"/> COVER <input type="checkbox"/> CIA name of notional <input type="checkbox"/> NOT WITHHELD payor.	
N.A.		H.A.	
SECTION V			
ALLOWANCES (NORMALLY GRANTED ONLY TO RESIDENTS OF THE UNITED STATES)			
31. QUARTERS		32. POST	
N.A.		N.A.	
33. OTHER		34. COVER (Breakdown, if any)	
N.A.		N.A.	
SECTION VI			
35. TYPES <input type="checkbox"/> PCS <input type="checkbox"/> DOMESTIC OPERATIONAL <input type="checkbox"/> FOREIGN OPERATIONAL		36. WITH DEPENDENTS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
37. HOUSEHOLD EFFECTS TO BE SHIPPED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		38. PERSONAL VEHICLE TO BE SHIPPED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
39. TRANSPORTED VEHICLE TO BE USED FOR OPERATIONAL TRAVEL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		40. IF WITH DEPENDENTS STATE RELATIONSHIP, CITIZENSHIP, AGE AND DATE OF BIRTH	
41. PAYMENT AND ACCOUNTABILITY WILL BE IN CONFORMANCE WITH <input type="checkbox"/> U.S. REGULATIONS <input type="checkbox"/> COVER POLICY AND REGULATIONS			
N.A.			
SECTION VII			
OPERATIONAL EXPENSES			
42. PURCHASE OF INFORMATION		43. ENTERTAINMENT	
44. OTHER			

SECRET

<b>CONTRACT INFORMATION AND CHECK LIST (CONTINUED)</b>				CASE NUMBER <b>Robert Reynolds</b>		DIVISION <b>WHD</b>	
NOTE: SEE INSTRUCTIONS ON FIRST SHEET				TELEPHONE EXTENSION <b>2056</b>		DATE <b>13 August 1958</b>	
SECTION VIII				OTHER BENEFITS			
40. BENEFITS (See Part XIV of Confidential Fund Regulations or successor regulations for benefits applicable to various categories of contract personnel. If medical benefits are requested, see R 15-210 or successor regulations.)							
N. A.							
SECTION IX				COVER ACTIVITY			
47. STATUS (Check)		<input checked="" type="checkbox"/> PROPOSED <input type="checkbox"/> ESTABLISHED		48. TYPE (Check)		<input type="checkbox"/> PROPRIETARY <input type="checkbox"/> SUBSIDIZED <input type="checkbox"/> CULTURAL <input type="checkbox"/> EDUCATIONAL <input checked="" type="checkbox"/> COMMERCIAL <input type="checkbox"/> MILITARY <input type="checkbox"/> TOURIST <input type="checkbox"/> OTHER	
49. IF COVER PAYMENTS ARE CONTEMPLATED, THEY WILL BE EFFECTED ON REIMBURSABLE BASIS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL							
SECTION X				OFFSET OF INCOME			
50. OFFSET OF INCOME AND OTHER EMOLUMENTS DERIVED FROM COVER ACTIVITIES (If less than total, justify in separate memo attached hereto.) <input type="checkbox"/> TOTAL <input type="checkbox"/> PARTIAL <input checked="" type="checkbox"/> NONE							
SECTION XI				TERM			
51. DURATION		52. EFFECTIVE DATE		53. RENEWABLE			
DAYS <b>12</b> MONTHS <b>15</b> YEARS <b>15 August 1958</b>		<b>15 August 1958</b>		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
54. TERMINATION NOTICE (Number of days) <b>15</b>				55. FORTITUDE OF RETURN TRAVEL FOR RESIGNATION PRIOR TO CONTRACT TERMINATION <b>N. A.</b> <input type="checkbox"/> YES <input type="checkbox"/> NO			
SECTION XII				FUNCTION			
56. PRIMARY FUNCTION (FI, PP, other) <b>PP</b>							
SECTION XIII				DUTIES			
57. GENERAL DESCRIPTION OF DUTIES TO BE PERFORMED  <b>To be assigned by CCS, Habana, according to Station requirements.</b>							
SECTION XIV				QUALIFICATIONS			
58. EXPERIENCE <b>Contract Agent in [ ] 1952-1954</b> <b>Contract Agent, PBSUCCESS and PHISTORY, 1954</b> <b>Covert Associate, 1954-1955</b> <b>Staff Agent, Cuba, 1956-1957</b> <b>Staff Agent, [ ] 1957-1958</b>							
59. EDUCATION							
(Check Highest Level Attained)		<input type="checkbox"/> GRADE SCHOOL		<input type="checkbox"/> HIGH SCHOOL GRADUATE		<input type="checkbox"/> TRADE SCHOOL GRADUATE	
		<input type="checkbox"/> BUSINESS SCHOOL GRADUATE		<input type="checkbox"/> COMMERCIAL SCHOOL GRADUATE		<input type="checkbox"/> MA <input type="checkbox"/> PHD	
		<input checked="" type="checkbox"/> COLLEGE (No degree)		<input type="checkbox"/> COLLEGE DEGREE		<input type="checkbox"/> POST GRADUATE	
60. LANGUAGE COMPETENCY  (Check Appropriate Degree Competency)		LANGUAGE		SPEAK		WRITE	
		FLUENT AVERAGE POOR FLUENT AVERAGE POOR FLUENT AVERAGE POOR		READ		FLUENT AVERAGE POOR FLUENT AVERAGE POOR	
		<b>Spanish</b> <b>French</b>		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
61. INDIVIDUAL'S COUNTRY OF ORIGIN  <b>U.S.A.</b>							
62. AREA KNOWLEDGE  <b>[ ] Cuba, [ ]</b>							
PRIOR EMPLOYMENT							
63. JOB AND SALARY PRIOR TO SERVICE FOR CIA  <b>Editor and publisher, actor, lecturer, free-lance writer.</b>							
SECTION XVI				ADDITIONAL INFORMATION			
64. ADDITIONAL OR UNUSUAL REQUIREMENTS, JUSTIFICATIONS OR EXPLANATIONS (Use other side if necessary)							
<input type="checkbox"/> OVER							
APPROVAL							
DATE <b>13 August 1958</b> TYPED NAME & SIGNATURE OF DIVISION OFFICER				DATE TYPED NAME & SIGNATURE OF SENIOR STAFF OFFICER			

7 February 1955

MEMORANDUM FOR: CHIEF, SCAPS

VIA : Contract Approving Officer, PP Staff

SUBJECT : Termination of Contract.

It is requested that the contract on   
be terminated effective 1 April 1955.

SIGNED

Chief of Administration  
Psychological and Paramilitary  
Operations Staff

APPROVED

PP/CONTRACT APPROVING OFFICER

SECRET

19 October 1954

**MEMORANDUM FOR:** Chief, Psychological and Paramilitary  
Operations Staff

**SUBJECT:** [REDACTED] (P) - Covert Associate

**REFERENCE:** Memo to Special Contracting Officer, CIA,  
dated 12 October 1954, Same Subject

Pending publication of a regulation on Employee Services, the Office of Personnel issued N 20-660-19, dated 29 July 1954 to be effective 1 August 1954. This Notice announced the availability of two life insurance and two health insurance programs sponsored by the Agency under the name of "Government Employees Health Association, Inc." Eligibility for these life and health insurance programs has been limited to those categories of personnel expressly stipulated in the Notice. Nowhere are Covert Associates listed as an eligible group, although in fact a Covert Associate may be an employee of the U. S. Government. Until the notice or the proposed regulation is changed, this Staff is precluded from inserting in contracts similar to that of subject individual's any reference to health and life insurance programs normally available to staff employees.

JOHN L. DISCHOFF  
Special Contracting Officer

DHL/pr  
Orig & 1 Addressee  
1 cc Employee Services Div. (attn. [REDACTED])  
1 cc subject file  
1 cc chrono  
1 cc corres w/PPStaff file

SECRET

SECRET

12 OCT 1954

12 Oct 1954

MEMORANDUM FOR: SPECIAL CONTRACTING OFFICER, CIA

SUBJECT : [REDACTED] (P)--Foreign Associate

It is requested that the subject's contract effective 1 August 1954 be amended to permit the subject to apply for Hospitalization and Life Insurance with the Agency.

[REDACTED]

Chief

Psychological and Paramilitary Operations Staff

APPROVE

[REDACTED]  
SPECIAL CONTRACTING OFFICER

SECRET

14-00000

SECRET

MEMORANDUM FOR: Mr. Kermit Roosevelt

ATTENTION : Mr. John Baker

SUBJECT : [ ] Employment as CIA  
Staff Officer

1. To those of us at Headquarters who have followed closely the work of [ ] in connection with PBSUCCESS, it is completely evident that he made one of the major and most outstanding contributions to this Operation and that he has demonstrated himself to be exceptionally qualified in the field of political and psychological operations (covert). I have just been informed by Messrs. Barnes and [ ] that the latter who has heretofore been employed in the capacity of a Contract Agent, desires to become more closely associated with the Agency and would like to be employed as a regular staff officer. I am very much in favor of following up on this opportunity, and I have good reason to believe that the Director likewise is specifically interested.

2. There are certain aspects of this case which appear to require special handling and tailoring -- none of which presents any difficulties as I see it -- but, on the contrary, would tie in very neatly with both the near term and longer range aspects of the employment of [ ]. These aspects are as follows:

(a) [ ] desires to begin his term of employment by the Agency with a period of service at Headquarters. (He has spent many years in Latin America, principally in [ ] where he has owned and still owns a newspaper, and, in my judgment, it would be mutually advantageous to the Agency and to [ ] for him to spend not less than a year as a member of the Headquarters organization.)

(b) [ ] has for some years in the past been giving an annual series of lectures in various Latin American capitals. These lectures have been arranged by an agent of his in New York and his audiences have consisted of business and professional groups and women's organizations. The general subject matter of his lectures has included talks on the threat of international Communism to Latin America. [ ] would desire, if it can be worked out, to be permitted to continue to deliver lectures of this kind in the future and is at the present time

SECRET



contemplating a series of lectures on Latin America to be given in various cities within the United States.

(c) [ ] would be ready and able to accept a field assignment in South America following the conclusion of the period of Headquarters' duty referred to.

3. As already indicated, it seems to me that there are no serious problems involved in any of the foregoing and that the material can be readily cut to fit the pattern. It is the recommendation of Mr. Barnes in which I concur, that [ ] be assigned to the PP Staff during his tour of duty here. He could in this capacity work very closely with WH Division, but it seems to Tracy and myself that he can contribute importantly to the work of the PP Staff and in the process broaden himself. As regards the matter of the lectures, I would recommend that arrangements be made to permit and even encourage him to continue these since it seems to me that they would fit in very well with his general PP assignment -- assuming, of course, that his Headquarters and field cover are properly designed and maintained. The Headquarters cover problem is not a substantial one and as far as the field is concerned if [ ] were to go [ ] cover of the right kind this also should present no problem. There is a ready-made cover in the field and in a critically important country by virtue of his ownership -- for some six years -- of a newspaper in [ ]. It would not be incompatible with his resumption of his position as owner and editor of the [ ] newspaper to work in an annual series of lectures either in Latin America or in the United States. There is only one further point involved in connection with the lectures: Because of [ ] intimate association with many of the details of PBSUCCESS and also in light of the standing rules of the Agency, it would be desirable for him to submit at least in general outlines, and preferably textually to the extent feasible, the substance of his proposed lectures. He is anxious to do this in connection with the forthcoming lectures -- for his own piece of mind since he would like to be double-checked on the things which he should say and those which he should not say with respect to the Guatemalan development. He could -- and in the material to Mr. Holcomb or myself -- or to you -- and after it has been checked over by one of us, we could arrange to submit it to the Office of Security for such further checking as may be desirable.

4. [ ] proposes to take a leave of absence of a month or six weeks, starting within the next few days. I believe it would be desirable for Mr. Baker, to start the necessary personnel and other administrative actions, including any additional security clearances which may

which may be necessary, etc., looking toward having everything in line for  to come aboard officially at the conclusion of this leave.

5. His home address is: 811 Hollywood Blvd.  
Hollywood, Florida

**FRANK G. WISNER**  
Deputy Director (PLANS)

ct" COPS -- DD/P  
CWH

SECRET

Date:

Dear 

Reference is made to your contract effective 4 March 1954 with the United States Government, as represented by the Central Intelligence Agency, for the submission of certain information and related services of a confidential nature.

Effective <sup>31 July</sup> ~~14 September~~ 1954, said contract is terminated and in lieu thereof the following contract is substituted:

The United States Government, as represented by the Central Intelligence Agency, hereby contracts with you as a Covert Associate for the submission of certain information and related services of a confidential nature under the following terms and conditions:

1. Compensation. In full consideration for the submission of certain information and related services of a confidential nature, you will be compensated at the rate of \$8360 per annum. In addition, you will be entitled to authorized overtime in excess of 40 working hours per week at the rate of \$1.51 per hour. Payments will be made as directed by you in writing in a manner acceptable to CIA. No taxes will be withheld from any sums paid to you hereunder directly by CIA, but it will be your responsibility to report such sums in accordance with applicable Federal income tax laws and regulations.

2. Travel. You will be advanced or reimbursed funds for necessary expenses incurred in connection with such travel as may be directed or authorized by CIA. This will include per diem in lieu of subsistence in the course of such travel while away from Washington, D. C., and while on temporary duty overseas. You will be required to account for such expenses in accordance with applicable CIA regulations or those of your cover facility, whichever is directed by CIA.

3. Operational Expenses. You will be advanced or reimbursed funds for necessary operational expenses including, but not limited to, entertainment and the purchase of information as specifically approved by CIA. Such funds will be subject to accounting in compliance with CIA regulations.

4. Benefits. (a) You will be entitled to death and disability benefits equal to those authorized under the Federal Employees' Compensation Act, as amended. Claims by you, your heirs, or legal representatives under this paragraph will be processed by CIA in accordance with its procedures in such manner as not to impair security.

(b) You will be entitled to sick and annual leave equal to and subject to the same rules and regulations applicable to CIA employees. Such leave may only be taken at times and places approved in advance by appropriate representatives of CIA.

(c) Civil Service Retirement deductions will not be made from your wages since your employment hereunder is not a covered employment under the Civil Service Retirement Act. However, your status is that of an

SECRET

employee of the United States Government paid from Government funds. Therefore, if in the future you are employed by the United States Government in a status covered by the Civil Service Retirement Act, periods of service under this contract will be available as creditable service for retirement purposes in conformance with Civil Service Regulations.

5. Cover. It is anticipated that you will undertake certain cover employment in the course of your performance under this agreement. It is expressly understood and agreed that any and all documents which you may execute in the course of such cover employment are subordinate to this agreement and any contradiction in terms which may in any way amplify, extend or restrict your rights and/or obligations hereunder shall be resolved by this agreement which shall always be dominant.

6. Leave Without Pay. During the term of this contract it is anticipated that you will undertake contracted speaking engagements. For such periods of time necessary to fulfill these commitments you will be considered on leave without pay status under the terms of this agreement.

7. Execution of Documents. If, in the performance of your cover service, you assume the custody of government funds or take title of record to property of any nature whatsoever and wherever situate, which property has in fact been purchased with monies of the U. S. Government, you hereby recognize and acknowledge the existence of a trust relationship, either express or constructive, and you agree to execute whatever documents may be required by CIA to evidence this relationship.

8. Secrecy. You will be required to keep forever secret this contract and all information which you may obtain by reason hereof (unless released in writing by CIA from such obligation), with full knowledge that violation of such secrecy may subject you to criminal prosecution under the Espionage Laws, dated 25 June 1948, as amended, and other applicable laws and regulations.

9. Instructions. Instructions received by you from CIA in briefing, training or otherwise are a part of this contract and are incorporated herein, provided that such instructions are not inconsistent with the terms hereof.

10. Unauthorized Commitments. No promises or commitments pertaining to rights, privileges or benefits other than those expressly stipulated in writing in this agreement or any amendment thereto shall be binding on the Government.

11. Term. This contract is effective as of 1 August 1954, and shall continue thereafter for a period of one (1) year unless sooner terminated by CIA either:

- (a) By fifteen (15) days' actual notice to you from CIA, or
- (b) Without prior notice, in the event of a breach of this contract by your violation of the security provisions hereof or by your otherwise rendering yourself unavailable for acceptable service.

*Remit of 2d page  
(3 Aug 54)*

SECRET

employee of the United States Government paid from Government funds. Therefore, if in the future you are employed by the United States Government in a status covered by the Civil Service Retirement Act, periods of service under this contract will be available as creditable service for retirement purposes in conformance with Civil Service Regulations.

5. Cover. It is anticipated that you will undertake certain cover employment in the course of your performance under this agreement. It is expressly understood and agreed that any and all documents which you may execute in the course of such cover employment are subordinate to this agreement and any contradiction in terms which may in any way amplify, extend or restrict your rights and/or obligations hereunder shall be resolved by this agreement which shall always be dominant.

6. Offset. Any sums or substantially similar benefits or allowances received from your cover facility will be used to offset those due under this contract by CIA. Sums, similar benefits or allowances thus received through your cover facility are acknowledged and agreed to be payment by CIA within the provisions of this contract. You will report all sums or substantially similar benefits received from your cover facility at least every four (4) months during the term of this contract.

7. Execution of Documents. If, in the performance of your cover service, you assume the custody of government funds or take title of record to property of any nature whatsoever and wherever situate, which property has in fact been purchased with monies of the U. S. Government, you hereby recognize and acknowledge the existence of a trust relationship, either express or constructive, and you agree to execute whatever documents may be required by CIA to evidence this relationship.

8. Secrecy. You will be required to keep forever secret this contract and all information which you may obtain by reason hereof (unless released in writing by CIA from such obligation), with full knowledge that violation of such secrecy may subject you to criminal prosecution under the Espionage Laws, dated 25 June 1948, as amended, and other applicable laws and regulations.

9. Instructions. Instructions received by you from CIA in briefing, training or otherwise are a part of this contract and are incorporated herein, provided that such instructions are not inconsistent with the terms hereof.

10. Unauthorized Commitments. No promises or commitments pertaining to rights, privileges or benefits other than those expressly stipulated in writing in this agreement or any amendment thereto shall be binding on the Government.

11. Term. This contract is effective as of 15 September 1954, and shall continue thereafter for a period of one (1) year unless sooner terminated by CIA either:

(a) By 'fifteen (15) days' actual notice to you from CIA, or

(b) Without prior notice, in the event of a breach of this contract by your violation of the security provisions hereof or by your otherwise rendering yourself unavailable for acceptable service.

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Subject to the availability of appropriations, this agreement may be renewed for successive periods of one year each upon notice from CIA accepted by you. Termination of this agreement will not release you from the obligations of any security oath you may be required to take.

UNITED STATES OF AMERICA

BY \_\_\_\_\_  
Special Contracting Officer

ACCEPTED: \_\_\_\_\_

WITNESS: \_\_\_\_\_

APPROVED: \_\_\_\_\_

Dis 6/1/54  
2003 54

Sp. Agent,

SECRET

14-00000

[Redacted]

Dear [Redacted]

The United States Government, as represented by the Central Intelligence Agency, hereby contracts with you for the submission of certain information and related services of a confidential nature under the following terms and conditions:

1. Compensation. In full consideration for the submission of such information and services, you will be paid an amount calculated at the rate of \$7200.00 per annum. Payments will be made as directed by you in writing in a manner acceptable to CIA. No taxes will be withheld from this amount, and it will be your responsibility to report such income under existing Federal income tax laws and regulations.

2. Travel. (a) You will be advanced or reimbursed funds for necessary expenses incurred in connection with such travel as is directed or authorized by CIA. This will include per diem in lieu of subsistence in the course of such travel and while on a temporary duty status away from your permanent station. All travel, transportation and per diem provided for under this paragraph must be properly authorized, and expenses incurred hereunder are subject to payment and accounting in compliance with CIA regulations.

(b) Upon the successful completion of your services under this contract or any renewal thereof, you will be advanced or reimbursed funds for return travel and transportation expenses to your permanent residence in [Redacted]

3. Operational Expenses. You will be advanced or reimbursed funds for necessary operational expenses including, but not limited to entertainment and the purchase of information as specifically approved by CIA. Such funds will be subject to accounting in compliance with CIA regulations.

4. Benefits. (a) You will be entitled to death and disability benefits equal to those authorized under the Federal Employees' Compensation Act, as amended. Claims by you, your heirs, or legal representatives under this paragraph will be processed by CIA in accordance with its procedures in such manner as not to impair security.

(b) You will be entitled to continuance of pay and allowances in a manner similar to that set forth in the Missing Persons Act (50 U. S. C. A., App. 1001-1015).

(c) You will be entitled to fourteen (14) calendar days' leave per contract year. Such leave may be accrued during the term of this contract or any renewal hereof except that payment in lieu of unused leave will not be authorized. Such leave may only be taken at times and places approved in advance by appropriate representatives of CIA.

5. Execution of Documents. If, in the performance of your cover service, you assume the custody of government funds or take title of record to property of any nature whatsoever and wherever situate, which property has in fact been purchased with monies of the U. S. Government, you hereby recognize and acknowledge the existence of a trust relationship, either

express or constructive, and you agree to execute whatever documents may be required by CIA to evidence this relationship.

6. Status. You are not an employee of the United States Government under this agreement and are not entitled to any benefits normally incident to an employee status, except as specifically enumerated herein.

7. Instructions. Instructions received by you from CIA in briefing, training or otherwise are a part of this contract and are incorporated herein, provided that such instructions are not inconsistent with the terms hereof.

8. Unauthorized Commitments. No promises or commitments pertaining to rights, privileges or benefits other than those expressly stipulated in writing in this agreement or any amendment thereto shall be binding on the Government.

9. Secrecy. You will be required to keep forever secret this contract and all information which you may obtain by reason hereof (unless released in writing by CIA from such obligation), with full knowledge that violation of such secrecy may subject you to criminal prosecution under the espionage laws dated 25 June 1948, as amended, and other applicable laws and regulations.

10. Term. This contract is effective as of 4 March 1954, and shall continue thereafter for a period of two (2) years, unless sooner terminated by CIA either:

- (a) By thirty (30) days' actual notice to you from CIA, or
- (b) Without prior notice, in the event of a breach of this contract by your violation of the security provisions hereof or by your otherwise rendering yourself unavailable for acceptable service.

Subject to the availability of appropriations, this agreement may be renewed for successive periods of one year each upon notice from CIA accepted by you. In the event of voluntary termination on your part or termination for cause by CIA prior to the expiration of this agreement or any renewal thereof, you will not be entitled to return travel and transportation expenses to [redacted]. Termination of this agreement will not release you from the obligations of any security oath you may be required to take.

UNITED STATES OF AMERICA

JW/PA 4 May 54  
Contracting Officer

BY \_\_\_\_\_  
Contracting Officer

ACCEPTED:

[redacted]  
APPROVED:



**SECRET**  
Security Information

13 June 1952

MEMORANDUM FOR: Record

SUBJECT: PBROVEL Amendment #1

1. This date copy number four of subject project has been forwarded to Mr. William Rowland for approval in view of the fact that the original and copies number two and three have been temporarily misplaced.

2. As amendment number one to PBROVEL covers no substantive operations it has not been coordinated with Security and Cover.

3. It is requested that approval of subject project amendment be given as soon as possible in view of the urgency of action as stated in the project itself.

  
WB/Project Coordinator

WLD/HB/jc

Distribution

Orig: CO/CO

cc: Special Contracting Officer (Mr. J.L. Bischoff)  
CM (Mr. Ernest W. Pittman)  
Chief, Branch I  
Project File PBROVEL WPD/P&O  
Chrono P&O

**SECRET**  
Security Information

28 May 1952

MEMORANDUM FOR: AD/CO

ATTENTION:

SUBJECT: Project APPROVAL, Amendment No. 1

1. Forwarded herewith are the original and two copies of subject amendment plus an extra copy of WPC Form 404a.

2. It is respectfully requested that approval of subject amendment be expedited as the Project Financial Data, Form 404a, indicates that payment of eight thousand (\$8,000.00) dollars to PA L. D. LANDREVIN must be made on or about 20 June 1952.

3. Subparagraph six of the Proposal indicates that as a prerequisite to issuance of a loan to LANDREVIN the latter will be required to submit a complete narrative inventory of all machinery and equipment involved in the loan transaction, its physical existence in his custody, his title to the property, and an approximate evaluation of its worth (as determined by WPC station personnel). WPC will be prepared to do this shortly after Amendment No. 1 is approved and the necessary funds are available for payment.

4. Subparagraph five of the Proposal indicates the details of the loan contract and selection of the appropriate legal instrument to secure a lien on the machinery and equipment will be arrived at through joint agreement of WPC, CCC and the Legal Division. These financial details will be arranged and sent to approval of the amendment in question and will comprise the financial plan governing the expenditure of the funds requested.

J. C. KING  
LCH

WHD/JCY/PMH/VLC/AB/jc

Distribution

Orig: 05/0

cc: Special Contracting Officer (Mr. J. L. Paschoff)  
CM (Mr. Ernest M. Pittman) ✓  
Chief, Branch I  
Project File APPROVAL WHD/PMH  
Chrono 40/240