

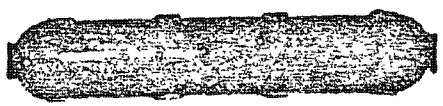
**SECRET**

# Official Personnel Folder

**SECRET**

*67 Jan Encl 1*  
*67 Jan Encl 1*

FD-60389 D



RETURN TO RECORDS DIVISION  
IMMEDIATELY AFTER USE  
JOB 74-57, BOX 67

*372024*

**SECRET**  
(When Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED	
1. SERIAL NUMBER 060389						2. NAME (Last-First-Middle) <div style="border: 1px solid black; width: 150px; height: 20px;"></div>	
3. NATURE OF PERSONNEL ACTION Conversion and Retirement (Voluntary) under CIA Retirement & Disability Sys				4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 26 30 72		5. CATEGORY OF EMPLOYMENT Regular	
6. FUNDS V TO V CF TO V XX CF TO CF		7. FINANCIAL ANALYSIS NO CHARGEABLE 2135-0620		8. LEGAL AUTHORITY (Completed by Office of Personnel) P.L. 84-643 Sec. 237			
9. ORGANIZATIONAL DESIGNATIONS DDP/WH Branch 6 Office of the Chief				10. LOCATION OF OFFICIAL STATION Washington, D.C.			
11. POSITION TITLE Ops Officer, Ch				12. POSITION NUMBER 1844		13. CAREER SERVICE DESIGNATION D	
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS		15. OCCUPATIONAL SERIES 0136.01		16. GRADE AND STEP 15 7		17. SALARY OR RATE \$ 30,701	
18. REMARKS From: <div style="border: 1px solid black; width: 100px; height: 20px;"></div>  115v Televised w/ <div style="border: 1px solid black; width: 80px; height: 20px;"></div> 6/28/72 <div style="border: 1px solid black; width: 100px; height: 50px; display: inline-block; transform: rotate(-15deg);">CIS</div> 1 - Security 1 - Finance							
19A. SIGNATURE OF REQUESTING OFFICIAL Henry L. Berthold, C/WH/Pers				DATE SIGNED 5/27/72		19B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER <div style="border: 1px solid black; width: 150px; height: 20px;"></div>	
DATE SIGNED 5 Jun 72							
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
19 ACTION CODE 45 10		20 OFFICE CODES NUMERIC ALPHABETIC		21 STATION CODE		22 OFFICER CODE	
23 DATE OF BIRTH MO DA YR		24 DATE OF GRADE MO DA YR		25 DATE OF LR MO DA YR		26 SECURITY RES ID	
27 DATE OF BIRTH MO DA YR		28 DATE OF GRADE MO DA YR		29 DATE OF LR MO DA YR		30 SECURITY RES ID	
31 DATE OF BIRTH MO DA YR		32 DATE OF GRADE MO DA YR		33 DATE OF LR MO DA YR		34 SECURITY RES ID	
35 DATE OF BIRTH MO DA YR		36 DATE OF GRADE MO DA YR		37 DATE OF LR MO DA YR		38 SECURITY RES ID	
39 DATE OF BIRTH MO DA YR		40 DATE OF GRADE MO DA YR		41 DATE OF LR MO DA YR		42 SECURITY RES ID	
43 DATE OF BIRTH MO DA YR		44 DATE OF GRADE MO DA YR		45 DATE OF LR MO DA YR		46 SECURITY RES ID	
47 DATE OF BIRTH MO DA YR		48 DATE OF GRADE MO DA YR		49 DATE OF LR MO DA YR		50 SECURITY RES ID	
51 DATE OF BIRTH MO DA YR		52 DATE OF GRADE MO DA YR		53 DATE OF LR MO DA YR		54 SECURITY RES ID	
55 DATE OF BIRTH MO DA YR		56 DATE OF GRADE MO DA YR		57 DATE OF LR MO DA YR		58 SECURITY RES ID	
59 DATE OF BIRTH MO DA YR		60 DATE OF GRADE MO DA YR		61 DATE OF LR MO DA YR		62 SECURITY RES ID	
63 DATE OF BIRTH MO DA YR		64 DATE OF GRADE MO DA YR		65 DATE OF LR MO DA YR		66 SECURITY RES ID	
67 DATE OF BIRTH MO DA YR		68 DATE OF GRADE MO DA YR		69 DATE OF LR MO DA YR		70 SECURITY RES ID	
71 DATE OF BIRTH MO DA YR		72 DATE OF GRADE MO DA YR		73 DATE OF LR MO DA YR		74 SECURITY RES ID	
75 DATE OF BIRTH MO DA YR		76 DATE OF GRADE MO DA YR		77 DATE OF LR MO DA YR		78 SECURITY RES ID	
79 DATE OF BIRTH MO DA YR		80 DATE OF GRADE MO DA YR		81 DATE OF LR MO DA YR		82 SECURITY RES ID	
83 DATE OF BIRTH MO DA YR		84 DATE OF GRADE MO DA YR		85 DATE OF LR MO DA YR		86 SECURITY RES ID	
87 DATE OF BIRTH MO DA YR		88 DATE OF GRADE MO DA YR		89 DATE OF LR MO DA YR		90 SECURITY RES ID	
91 DATE OF BIRTH MO DA YR		92 DATE OF GRADE MO DA YR		93 DATE OF LR MO DA YR		94 SECURITY RES ID	
95 DATE OF BIRTH MO DA YR		96 DATE OF GRADE MO DA YR		97 DATE OF LR MO DA YR		98 SECURITY RES ID	
99 DATE OF BIRTH MO DA YR		100 DATE OF GRADE MO DA YR		101 DATE OF LR MO DA YR		102 SECURITY RES ID	

**SECRET**

28 JUN 72

SECRET  
(When Filled In)

CERTIFICATION OF SEPARATING EMPLOYEE

Name (Last-First-Middle)

MEMORANDUM FOR THE RECORD - ATTACH TO OFFICIAL PERSONNEL FOLDER

I hereby acknowledge the receipt of the following forms and/or information concerning my separation from CIA as indicated by check marks:

1. Standard Form 8 (Notice to Federal Employee about Unemployment Compensation).

*Declined due to leave*

2. Standard Form 55 (Notice of Conversion Privilege, Federal Employees' Group Life Insurance).

3. Standard Form 56 (Agency Certification of Insurance Status, Federal Employees' Group Life Insurance Act of 1954).

4. Standard Form 2802 (Application for Refund of Retirement Deductions).

5. Form 2595 (Authorization for Disposition of Paychecks).

*to bank as usual*

6. Applicable to returnee (resignee from overseas assignment).

I have been advised of my right to have a medical examination before my separation from this Agency and of the importance of such a medical check to my health and well-being.

- ☐ Appointment arranged with Office of Medical Services.  
☐ Appointment for Office of Medical Services examination declined.

7. I have been informed of "conflict of interests" policy of the Agency and forenoon no problem in this regard concerning my new employment.

8. Form 71 (Application for Leave).

9. CSC Pamphlet 51 (Re-employment Rights of Federal Employees Performing Active Forces Duty).

10. Instructions for returning to duty from Extended Leave or Active Military Service.

Signature of Employee

Date Signed

[Redacted Signature]

*12 Oct 72*

Address (Street, City, State Zip Code)

Correspondence

over

ADMINISTRATIVE -- 1

JULY

OFF

15 SEP 1970

MEMORANDUM FOR: Chief, WH Division

THROUGH : Acting Deputy Director for Plans

SUBJECT : Certificate of Distinction for  
Mr. [REDACTED]

The Honor and Merit Awards Board is pleased to notify you that the Certificate of Distinction has been approved by the Executive Director-Comptroller in recognition of Mr. [REDACTED] sustained superior performance. Security considerations relevant to the award are contained in the attached memorandum from the Office of Security. Arrangements for presentation may be made with the Executive Secretary, Honor and Merit Awards Board, extension 3645, room 412, Magazine Building.

/s/ R. L. Austin, Jr.

R. L. Austin, Jr.  
Recorder

Honor and Merit Awards Board

Att

Distribution:

O &amp; 1 - Addressee

✓ 1 - D/Pers -- OPF w/forms 382 & 600

1 - Exec Sec/HMAB

1 - Recorder/HMAB

ADMIN



REPORT OF HONOR AND MERIT AWARDS BOARD		Executive Registry	29 August 1972
The Honor and Merit Awards Board having considered a recommendation that:			
ESAL OR ID NO. <b>060389</b>	NAME (Last, First, Middle) [Redacted]	GRADE [Redacted]	POSITION <b>M Staff</b>
OFFICE OF ASSIGNMENT <b>CS/WH</b>	SR <b>D</b>	SCHEME GRADE <b>GS 15</b>	STATUS [Redacted]
RE AWARDED			
<b>Certificate of Distinction</b>			
<input type="checkbox"/> FOR HEROIC ACTION ON			
<input checked="" type="checkbox"/> FOR MERITORIOUS SERVICE OR ACHIEVEMENT DURING THE PERIOD <b>June 1952 - June 1972</b>			
<input checked="" type="checkbox"/> RECOMMENDS APPROVAL		<input type="checkbox"/> DOES NOT RECOMMEND APPROVAL	
<input type="checkbox"/> RECOMMENDS AWARD OF			
UNCLASSIFIED CITATION  <p>Mr. [Redacted] is hereby awarded the Certificate of Distinction in recognition of his sustained superior performance throughout his Agency career. Since 1952 he has served in a variety of important positions in Headquarters and overseas in which the superior quality of his performance was sustained by his skillful leadership and dedication. In each assignment he has shown unswerving dedication to duty, good judgment and the ability to respond quickly in demanding situations. Mr. [Redacted] overall contributions to the mission of the Agency reflect credit on him and the Federal Service.</p>			
REMARKS  <p style="text-align: center;">(Recommendation approved by ADD/P on 11 August 1972)</p>			
APPROVED <u>/s/ W. E. Colby</u> Executive Director 13 SEP 1972		SIGNATURE <u>/s/ Harry B. Fisher</u> Harry B. Fisher R. L. Austin, Jr.	

OFF

FORM NO. 10-1 (Rev. 1-17-60) CERTIFICATE OF DISTINCTION		
1. NAME (Last, first, middle initial) [REDACTED]		
2. GRADE [REDACTED]		
3. OFFICE OF ASSIGNMENT [REDACTED]		
4. DATE OF ACTION [REDACTED]		
5. LOCATION [REDACTED]		
6. RELATIONSHIP [REDACTED]		
7. DATE OF ACTION [REDACTED]		
8. OFFICE OF ASSIGNMENT [REDACTED]		
9. DATE OF ACTION [REDACTED]		
10. LOCATION [REDACTED]		
11. RELATIONSHIP [REDACTED]		
12. DATE OF ACTION [REDACTED]		
13. OFFICE OF ASSIGNMENT [REDACTED]		
14. DATE OF ACTION [REDACTED]		
15. LOCATION [REDACTED]		
16. RELATIONSHIP [REDACTED]		
17. DATE OF ACTION [REDACTED]		
18. OFFICE OF ASSIGNMENT [REDACTED]		
19. DATE OF ACTION [REDACTED]		
20. LOCATION [REDACTED]		
21. RELATIONSHIP [REDACTED]		
22. DATE OF ACTION [REDACTED]		
23. OFFICE OF ASSIGNMENT [REDACTED]		
24. DATE OF ACTION [REDACTED]		
25. LOCATION [REDACTED]		
26. RELATIONSHIP [REDACTED]		
27. DATE OF ACTION [REDACTED]		
28. OFFICE OF ASSIGNMENT [REDACTED]		
29. DATE OF ACTION [REDACTED]		
30. LOCATION [REDACTED]		
31. RELATIONSHIP [REDACTED]		
32. DATE OF ACTION [REDACTED]		
33. OFFICE OF ASSIGNMENT [REDACTED]		
34. DATE OF ACTION [REDACTED]		
35. LOCATION [REDACTED]		
36. RELATIONSHIP [REDACTED]		
37. DATE OF ACTION [REDACTED]		
38. OFFICE OF ASSIGNMENT [REDACTED]		
39. DATE OF ACTION [REDACTED]		
40. LOCATION [REDACTED]		
41. RELATIONSHIP [REDACTED]		
42. DATE OF ACTION [REDACTED]		
43. OFFICE OF ASSIGNMENT [REDACTED]		
44. DATE OF ACTION [REDACTED]		
45. LOCATION [REDACTED]		
46. RELATIONSHIP [REDACTED]		
47. DATE OF ACTION [REDACTED]		
48. OFFICE OF ASSIGNMENT [REDACTED]		
49. DATE OF ACTION [REDACTED]		
50. LOCATION [REDACTED]		
51. RELATIONSHIP [REDACTED]		
52. DATE OF ACTION [REDACTED]		
53. OFFICE OF ASSIGNMENT [REDACTED]		
54. DATE OF ACTION [REDACTED]		
55. LOCATION [REDACTED]		
56. RELATIONSHIP [REDACTED]		
57. DATE OF ACTION [REDACTED]		
58. OFFICE OF ASSIGNMENT [REDACTED]		
59. DATE OF ACTION [REDACTED]		
60. LOCATION [REDACTED]		
61. RELATIONSHIP [REDACTED]		
62. DATE OF ACTION [REDACTED]		
63. OFFICE OF ASSIGNMENT [REDACTED]		
64. DATE OF ACTION [REDACTED]		
65. LOCATION [REDACTED]		
66. RELATIONSHIP [REDACTED]		
67. DATE OF ACTION [REDACTED]		
68. OFFICE OF ASSIGNMENT [REDACTED]		
69. DATE OF ACTION [REDACTED]		
70. LOCATION [REDACTED]		
71. RELATIONSHIP [REDACTED]		
72. DATE OF ACTION [REDACTED]		
73. OFFICE OF ASSIGNMENT [REDACTED]		
74. DATE OF ACTION [REDACTED]		
75. LOCATION [REDACTED]		
76. RELATIONSHIP [REDACTED]		
77. DATE OF ACTION [REDACTED]		
78. OFFICE OF ASSIGNMENT [REDACTED]		
79. DATE OF ACTION [REDACTED]		
80. LOCATION [REDACTED]		
81. RELATIONSHIP [REDACTED]		
82. DATE OF ACTION [REDACTED]		
83. OFFICE OF ASSIGNMENT [REDACTED]		
84. DATE OF ACTION [REDACTED]		
85. LOCATION [REDACTED]		
86. RELATIONSHIP [REDACTED]		
87. DATE OF ACTION [REDACTED]		
88. OFFICE OF ASSIGNMENT [REDACTED]		
89. DATE OF ACTION [REDACTED]		
90. LOCATION [REDACTED]		
91. RELATIONSHIP [REDACTED]		
92. DATE OF ACTION [REDACTED]		
93. OFFICE OF ASSIGNMENT [REDACTED]		
94. DATE OF ACTION [REDACTED]		
95. LOCATION [REDACTED]		
96. RELATIONSHIP [REDACTED]		
97. DATE OF ACTION [REDACTED]		
98. OFFICE OF ASSIGNMENT [REDACTED]		
99. DATE OF ACTION [REDACTED]		
100. LOCATION [REDACTED]		

21 - 77

OFF

(continued)

enabled for constant good and on how to pursue U.S. Government interests with the highly sensitive and significant intelligence assigned.

Over the years Mr. [ ] has been extremely effective in liaison activity. Through his skillful approach and genuine interest in the problems of representatives of foreign countries, he has been able to [ ]

During the past year, the task of supervising the [ ] Branch has been a most challenging one. [ ] has become a knotty foreign policy problem, and is the subject of continuous and extensive discussions between the Agency, the State Department, and other components of the Government, while receiving the attention of the most senior policy makers. Requirements from many directions have required constant pressure to respond with ideas, methods, procedures and the subsequent position papers. Through it all Mr. [ ] has maintained a sense of balance and professionalism which permits a proper focus on the crisis of the moment. We have been fortunate in having an officer of Mr. [ ] caliber in this position during such a difficult period.

In recognition of Mr. [ ] demonstrated continuous superior performance as a senior intelligence officer, which has contributed to the accomplishment of the mission of the Agency, it is recommended that he be awarded the Certificate of Distinction.

14-00000

C-O-N-F-I-D-E-N-T-I-A-L

21 March 1973

Dear [ ]:

You have just completed, at my direction, seven weeks of full-time service on the GS-13 Clandestine Service Personnel Evaluation Board. I know that this work has been particularly demanding. Your participation and diligent application of your professional experience have been decisive factors in the successful accomplishment of the Board's missions.

In the course of this assignment you have become thoroughly familiar with the use and interpretation of personnel files and personnel practices of the Clandestine Service. Having reviewed and analyzed the files of [ ] or more CS officers, you have had to make judgments and recommendations concerning their relative-ranking and their qualifications for promotion, for training required to overcome a deficiency or enhance career effectiveness, for changes of assignment to further career development and for Quality Step Increases to recognize outstanding performance. In so doing, you have carefully studied the career development of a large number of officers in all components of the CS, both as individuals and in relationship to each other in terms of merit and value to the Clandestine Service.

You have become familiar with a broad spectrum of personnel and administrative problems on a practical working level and have acquired a knowledge of personnel management which will better equip you to handle supervisory positions which require personnel reporting and career development of subordinates. The committee format of the panels has also deepened your understanding of the conference approach to management problems.

C-O-N-F-I-D-E-N-T-I-A-L

Sr. [ ]  
WH Division

C-O-N-F-I-D-E-N-T-I-A-L

I wish to commend you personally for your participation in an evaluation procedure which helps to strengthen the Clandestine Service Career Service. A copy of this letter will be included in your official personnel file so that your supervisors and future Evaluation Boards may make due note of this service.



Thomas H. Karamessines  
Deputy Director for Plans

C-O-N-F-I-D-E-N-T-I-A-L

- D.D.M. Sale

**SECRET**  
(When Filled In)

REQUEST FOR PERSONNEL ACTION										DATE PREPARED							
1. SERIAL NUMBER 060389										2. NAME (Last-First-Middle) [Redacted]							
3. NATURE OF PERSONNEL ACTION REASSIGNMENT					4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 06 13 71			5. CATEGORY OF EMPLOYMENT REGULAR									
6. FUNDS [Redacted] V TO V [Redacted] V TO CF CF TO V X CF TO CF					7. FINANCIAL ANALYSIS NO CHARGEABLE 2135-0623			8. LEGAL AUTHORITY (Completed by Office of Personnel)									
9. ORGANIZATIONAL DESIGNATIONS DDP/WH DEVELOPMENT COMPLEMENT					10. LOCATION OF OFFICIAL STATION WASHINGTON, D.C.												
11. POSITION TITLE OPS OFFICER - CHIEF					12. POSITION NUMBER 9997			13. CAREER SERVICE DESIGNATION D									
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS			15. OCCUPATIONAL SERIES 0136.01		16. GRADE AND STEP 15 6		17. SALARY OR RATE \$28,291										
18. REMARKS FROM: DDP/WH/FF/[Redacted] 0198 COMPLEMENT SLOTING IN DEVELOPMENT PENDING ISSUE OF PCR FOR BRANCH 6 (NEW). * [Redacted] 2 - SECURITY 1 - FINANCE * H.B.W.H. 6/14/71 JB 6/24/71																	
18A. SIGNATURE OF REQUESTING OFFICIAL HENRY D. BERTROLD, C/WH/PERB				DATE SIGNED 6/15/71		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER [Redacted]				DATE SIGNED 16 JUN 71							
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL																	
19. ACTION CODE 37		20. EMPLOY CODE 18		21. OFFICE CODES NUMBERIC ALPHABETIC 51777 WH		22. STATION CODE 7-0623		23. INTEGRAL CODE [Redacted]		24. HOD/PS CODE 1		25. DATE OF BIRTH MO DA YR [Redacted]		26. DATE OF GRADE MO DA YR [Redacted]		27. DATE OF LET MO DA YR [Redacted]	
28. DTS EXPERT MO DA YR [Redacted]		29. SPECIAL REFERENCE [Redacted]		30. RETIREMENT DATA CODE [Redacted]		31. SEPARATION DATA CODE [Redacted]		32. DISPOSITION (CANCELLATION) DATA CODE [Redacted]		33. SECURITY REQ NO [Redacted]		34. SEX [Redacted]					
35. VET PREFERENCE CODE [Redacted]		36. SERV COMP DATA MO DA YR [Redacted]		37. LODS COMP DATA MO DA YR [Redacted]		38. CABLED CATEGORY LAB RPT [Redacted]		39. FICA HEALTH REQUIREMENT CODE [Redacted]		40. SOL-26 SECURITY REQ [Redacted]							
41. PERIODS (CIVILIAN GOVERNMENT SERVICE) CODE [Redacted]				42. LEAVE CAT CODE [Redacted]		43. FEDERAL TAX DATA CODE [Redacted]		44. STATE TAX DATA CODE [Redacted]		45. FICA STATE CODE [Redacted]							
46. POSITION CONTROL (CONTINUATION)						47. OTHER APPROVALS [Redacted]						DATE APPROVED 6/15/71					

1110

SECRET

1. The first group of people who were involved in the project were the students of the school. They were the ones who were most interested in the project and they were the ones who were most involved in the project. They were the ones who were most interested in the project and they were the ones who were most involved in the project.

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED	
1. SERIAL NUMBER 060389						2. NAME (Last-First-Middle) [Redacted]	
3. NATURE OF PERSONNEL ACTION Reassignment				4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 09 22 71		5. CATEGORY OF EMPLOYMENT Regular	
6. FUNDS [Redacted]		7. FINANCIAL ANALYSIS NO CHARGEABLE 2135-0620		8. LEGAL AUTHORITY (Completed by Office of Personnel)			
9. ORGANIZATIONAL DESIGNATIONS DDP/WH Branch 6 Office of the Chief				10. LOCATION OF OFFICIAL STATION Washington, D.C.			
11. POSITION TITLE Ops Officer, Chief				12. POSITION NUMBER 1844		13. CAREER SERVICE DESIGNATION D	
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS		15. OCCUPATIONAL SERIES 0136.01		16. GRADE AND STEP 15 6		17. SALARY OR RATE \$ 28,291	
18. REMARKS Home Base: WH ✓ * Wash., D.C. From : DDP/WH/Dev Comp  1 - Finance							
18A. SIGNATURE OF REQUESTING OFFICIAL Henry L. Berthold, C/WH/Pers				DATE SIGNED 25 Sept 71		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER [Redacted]	
DATE SIGNED Sept 71							
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
19. ACTION CODE 37	20. EMPLOY CODE 10	21. OFFICE CODING 51480 WH	22. STATION CODE 75013	23. HOURS CODE [Redacted]	24. NOTES CODE 1	25. DATE OF BIRTH MO DA YR	26. DATE OF GRADE MO DA YR
27. DATE OF LEI MO DA YR	28. RETIREMENT DATA CODE	29. SPECIAL REFERENCE [Redacted]	30. SEPARATION DATA CODE [Redacted]	31. CORRECTION (CANCELLATION) DATA TYPE MO DA YR	32. SECURITY REQ. NO	33. SEC	34. SOCIAL SECURITY NO
35. VET PREFERENCE CODE	36. SICK COMP DATE MO DA YR	37. LONG COMP DATE MO DA YR	38. CAREER CATEGORY CODE	39. HEALTH INSURANCE CODE	40. SOCIAL SECURITY NO		
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE	42. LEAVE LAC CODE	43. FEDERAL TAX DATA CODE	44. STATE TAX DATA CODE	45. HEALTH INS CODE	46. SOCIAL SECURITY NO		
47. POSITION CONTROL CERTIFICATION [Redacted]				48. EMP APPROVAL [Redacted]			

SECRET



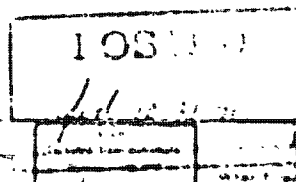
BS: 20 OCT 71

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION									
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)							
060389									
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
REASSIGNMENT				09 22 71		REGULAR			
6. FUNDS		7. V TO V		7. V TO CF		7. Financial Analysis No. Chargeable		8. CSC OF OTHER LEGAL AUTHORITY	
CF TO V		X		CF TO CF		2135 0020 0000		50 USC 403 J	
9. ORGANIZATIONAL DESIGNATIONS					10. LOCATION OF OFFICIAL STATION				
DJP/WH BRANCH 6 OFFICE OF THE CHIEF					WASH., D.C.				
11. POSITION TITLE					12. POSITION NUMBER		13. SERVICE DESIGNATION		
OPS OFFICER CH					1844		D		
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)			15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE		
GS			0136.01		15 6		28291		
18. REMARKS									
WASH., D.C.									
HOME BASE: WH									
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL									
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING	22. STATION CODE	23. INTEREST CODE	24. MOBILE CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI	
37	10	51480 WH	75013		1				
28. NTE EXPIRES		29. SPECIAL REFERENCE	30. RET. PAYMENT DATA	31. SEPARATION DATA CODE	32. CORRECTION/COMPLETION DATA		33. SECURITY REG. NO.		34. SEX
							IOD DATA		
35. VET. PREFERENCE		36. SERV. COMP. DATE	37. LONG. COMP. DATE	38. CAREER CATEGORY	39. HEALTH INSURANCE		40. SOCIAL SECURITY NO.		
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE			42. LEAVE CAT. CODE	43. FEDERAL TAX DATA		44. STATE TAX DATA			
45. PREVIOUS MILITARY SERVICE			46. MILITARY SERVICE DATA		47. MILITARY SERVICE DATA		48. MILITARY SERVICE DATA		
SIGNATURE (OR OTHER AUTHENTICATION)									

FORM 1130  
1-68 (Rev. 5-70)

SECRET DMB



SECRET

(When Filled In)

WEB: 15 JUL 71

## NOTIFICATION OF PERSONNEL ACTION

DDF

1. SERIAL NUMBER 080300		2. NAME (LAST, FIRST, MIDDLE) [REDACTED]	
3. NATURE OF PERSONNEL ACTION REASSIGNMENT		4. EFFECTIVE DATE 06 1 13 71	5. CATEGORY OF EMPLOYMENT REGULAR
6. FUNDS [REDACTED]	7. Financial Action No. Chargeable 2105 0023 0000	8. CNA OR OTHER LEGAL AUTHORITY 50 USC 403 J	
9. ORGANIZATIONAL DESIGNATIONS DDP/WH DEVELOPMENT COMPLEMENT		10. LOCATION OF OFFICIAL STATION WASH., D.C.	
11. POSITION TITLE OPS OFFICER CHIEF		12. POSITION NUMBER 0007	13. SERVICE DESIGNATION D
14. CLASSIFICATION SCHEDULE (GS OR WAC) GS	15. OCCUPATIONAL SERIES 0130.01	16. GRADE AND STEP 15 6	17. SALARY OR RATE 20201
18. REMARKS OTHER [REDACTED]			
HOME BASE: WH			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
19. ACTION CODE 37	20. EMPLOY CODE 18	21. OFFICE CODING 31007 WH	22. STATION CODE 75013
23. PAYE EXPIRES [REDACTED]	24. SPECIAL REFERENCE [REDACTED]	25. RETIREMENT DATA [REDACTED]	26. SEPARATION DATA CODE [REDACTED]
27. CORRECTION CONCURRENCE DATA [REDACTED]	28. SECURITY REQ NO [REDACTED]	29. SEX [REDACTED]	30. DATE OF BIRTH [REDACTED]
31. VET PREFERENCE [REDACTED]	32. SERV COMP DATE [REDACTED]	33. LONG COMP DATE [REDACTED]	34. CAREER CATEGORY [REDACTED]
35. HEALTH INSURANCE [REDACTED]	36. SOCIAL SECURITY FNO [REDACTED]	37. PREVIOUS CIVILIAN GOVERNMENT SERVICE [REDACTED]	38. STATE CAT CODE [REDACTED]
39. FEDERAL TAX DATA [REDACTED]	40. STATE TAX DATA [REDACTED]	41. SIGNATURE OF OTHER AUTHENTICATION [REDACTED]	42. POSTED JUL 7 20 71

1150  
May 8 70VAD Process  
12 June

SECRET

WEB

Excluded from automatic  
downgrading and  
declassification

Executed By
6/27/72

Mr. [REDACTED]

SI 001 1W2

Vienna, Virginia 22160

Dear Earl:

As you reach the end of your active career of Government service, I want to join your friends and colleagues in wishing you continued success and satisfaction in your retirement.

You have every reason to feel great pride in your accomplishments. Your record of service is both example and goal for the young people who are now just beginning their careers in intelligence.

May I extend to you, personally and officially, my sincere appreciation for the important work you have done and my warmest hopes that you will find full enjoyment in the years ahead.

Sincerely,

for Richard Holmes

1st DDC  
Richard Holmes  
Director

Distribution:

- 0 - Addressee
- 1 - DDCI
- 1 - ER
- 1 - D/Pers
- ✓ 1 - OPF
- 1 - ROB Soft File
- 1 - ROB Reader

Originator:

/s/Harry B. Fisher

Director of Personnel

27 JUN 1972

OP/RAD/ROB/[REDACTED]/3257 (20 June 1972)

ADMINISTRATIVE  
RECORDS - 1960

233497

# CIA RETIREMENT AND DISABILITY SYSTEM

## Request for Retirement

1. Name of Applicant : [REDACTED] DOB : [REDACTED]  
 Grade : GS-13 Position : Operations Officer  
 Office/Division : Western Hemisphere Division  
 Career Service : Clandestine Service

II. Date Requested for Retirement :		<u>30 June 1972</u>
Age at that Date :		<u>57</u>
Years of Creditable Service	:	<u>29</u>
Years of Agency Service	:	<u>20</u>
Years of Qualifying Service	:	<u>13</u>

III. Applicant's Career Service  
 Recommends :  X  Approval       Disapproval  
 Reasons for recommending disapproval \_\_\_\_\_

IV. Retirement Board  
 Recommends   X   Approval        Disapproval  
 Reasons for recommending disapproval \_\_\_\_\_

V. Director of Personnel  
 Recommends :   X   Approval        Disapproval  
 Reasons for recommending disapproval \_\_\_\_\_

CLARENCE - /s/ Harry S. Fisher: 7-1-62.

20 JUN 1972

## Director of Personnel

2020

**VI. Action by Director of Central Intelligence :**

**Approved**

**Disapproved**

Richard Holmes

**Director of Central Intelligence**

# 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100. 101. 102. 103. 104. 105. 106. 107. 108. 109. 110. 111. 112. 113. 114. 115. 116. 117. 118. 119. 120. 121. 122. 123. 124. 125. 126. 127. 128. 129. 130. 131. 132. 133. 134. 135. 136. 137. 138. 139. 140. 141. 142. 143. 144. 145. 146. 147. 148. 149. 150. 151. 152. 153. 154. 155. 156. 157. 158. 159. 160. 161. 162. 163. 164. 165. 166. 167. 168. 169. 170. 171. 172. 173. 174. 175. 176. 177. 178. 179. 180. 181. 182. 183. 184. 185. 186. 187. 188. 189. 190. 191. 192. 193. 194. 195. 196. 197. 198. 199. 200. 201. 202. 203. 204. 205. 206. 207. 208. 209. 210. 211. 212. 213. 214. 215. 216. 217. 218. 219. 220. 221. 222. 223. 224. 225. 226. 227. 228. 229. 230. 231. 232. 233. 234. 235. 236. 237. 238. 239. 240. 241. 242. 243. 244. 245. 246. 247. 248. 249. 250. 251. 252. 253. 254. 255. 256. 257. 258. 259. 260. 261. 262. 263. 264. 265. 266. 267. 268. 269. 270. 271. 272. 273. 274. 275. 276. 277. 278. 279. 280. 281. 282. 283. 284. 285. 286. 287. 288. 289. 290. 291. 292. 293. 294. 295. 296. 297. 298. 299. 300. 301. 302. 303. 304. 305. 306. 307. 308. 309. 310. 311. 312. 313. 314. 315. 316. 317. 318. 319. 320. 321. 322. 323. 324. 325. 326. 327. 328. 329. 330. 331. 332. 333. 334. 335. 336. 337. 338. 339. 340. 341. 342. 343. 344. 345. 346. 347. 348. 349. 350. 351. 352. 353. 354. 355. 356. 357. 358. 359. 360. 361. 362. 363. 364. 365. 366. 367. 368. 369. 370. 371. 372. 373. 374. 375. 376. 377. 378. 379. 380. 381. 382. 383. 384. 385. 386. 387. 388. 389. 390. 391. 392. 393. 394. 395. 396. 397. 398. 399. 400. 401. 402. 403. 404. 405. 406. 407. 408. 409. 410. 411. 412. 413. 414. 415. 416. 417. 418. 419. 420. 421. 422. 423. 424. 425. 426. 427. 428. 429. 430. 431. 432. 433. 434. 435. 436. 437. 438. 439. 440. 441. 442. 443. 444. 445. 446. 447. 448. 449. 450. 451. 452. 453. 454. 455. 456. 457. 458. 459. 460. 461. 462. 463. 464. 465. 466. 467. 468. 469. 470. 471. 472. 473. 474. 475. 476. 477. 478. 479. 480. 481. 482. 483. 484. 485. 486. 487. 488. 489. 490. 491. 492. 493. 494. 495. 496. 497. 498. 499. 500. 501. 502. 503. 504. 505. 506. 507. 508. 509. 510. 511. 512. 513. 514. 515. 516. 517. 518. 519. 520. 521. 522. 523. 524. 525. 526. 527. 528. 529. 530. 531. 532. 533. 534. 535. 536. 537. 538. 539. 540. 541. 542. 543. 544. 545. 546. 547. 548. 549. 550. 551. 552. 553. 554. 555. 556. 557. 558. 559. 560. 561. 562. 563. 564. 565. 566. 567. 568. 569. 570. 571. 572. 573. 574. 575. 576. 577. 578. 579. 580. 581. 582. 583. 584. 585. 586. 587. 588. 589. 590. 591. 592. 593. 594. 595. 596. 597. 598. 599. 600. 601. 602. 603. 604. 605. 606. 607. 608. 609. 610. 611. 612. 613. 614. 615. 616. 617. 618. 619. 620. 621. 622. 623. 624. 625. 626. 627. 628. 629. 630. 631. 632. 633. 634. 635. 636. 637. 638. 639. 640. 641. 642. 643. 644. 645. 646. 647. 648. 649. 650. 651. 652. 653. 654. 655. 656. 657. 658. 659. 660. 661. 662. 663. 664. 665. 666. 667. 668. 669. 670. 671. 672. 673. 674. 675. 676. 677. 678. 679. 680. 681. 682. 683. 684. 685. 686. 687. 688. 689. 690. 691. 692. 693. 694. 695. 696. 697. 698. 699. 700. 701. 702. 703. 704. 705. 706. 707. 708. 709. 710. 711. 712. 713. 714. 715. 716. 717. 718. 719. 720. 721. 722. 723. 724. 725. 726. 727. 728. 729. 730. 731. 732. 733. 734. 735. 736. 737. 738. 739. 740. 741. 742. 743. 744. 745. 746. 747. 748. 749. 750. 751. 752. 753. 754. 755. 756. 757. 758. 759. 760. 761. 762. 763. 764. 765. 766. 767. 768. 769. 770. 771. 772. 773. 774. 775. 776. 777. 778. 779. 780. 781. 782. 783. 784. 785. 786. 787. 788. 789. 790. 791. 792. 793. 794. 795. 796. 797. 798. 799. 800. 801. 802. 803. 804. 805. 806. 807. 808. 809. 810. 811. 812. 813. 814. 815. 816. 817. 818. 819. 820. 821. 822. 823. 824. 825. 826. 827. 828. 829. 830. 831. 832. 833. 834. 835. 836. 837. 838. 839.

ADMINISTRATIVE  
INTERNAL USE ONLY

1-1734

SECRET

MEMORANDUM FOR: Deputy Director for Plans

SUBJECT : Appointment of Mr. [ ]  
as Chief, Branch 6, WH Division

1. The appointment of Mr. [ ] as Chief of Branch 6, WH Division effective on or about 12 April 1971 is recommended. Mr. [ ] will replace Mr. Lawrence M. Stornfield who will assume the duties of Chief, Cuban Operations Group, WH Division.

2. Mr. [ ] has been an employee of the Agency since June 1952; he has recently completed his assignment as COS, [ ]. Attached is a biographic profile which reflects his training, foreign language proficiency, and Agency experience.

*William V. Broe*  
William V. Broe  
Chief

Western Hemisphere Division

Attachment:  
Biographic Profile (Parts I and II)

The recommendation in Paragraph 1 is APPROVED:

*DDP [Signature]*  
Deputy Director for Plans

*16 Apr 71*  
Date

SECRET

☐ UNCLASSIFIED    ☐ INTERNAL USE ONLY    ☐ CONFIDENTIAL    ☒ SECRET

## ROUTING AND RECORD SHEET

SUBJECT: (Optional)

WSLUGGAGE

FROM:

Director of Personnel  
5 E 56, Headquarters

§ 81(5)(4) (c) (7)

6825

140

HRSS - 1700

DATE

11 FEB 1971

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. Deputy Director for Plans  
Attn: DDP/OP  
3 C 29, Headquarters

12 FEB

44878

2.

3. C/WH Division  
3 D 3107, Headquarters

4.

5. RID/SD  
1/D 17, Headquarters



7. Director of Personnel  
5 E 56, Headquarters

8.

9. Chief, BSD/OP  
5 E 61, Headquarters

10.

11.

12.

13.

14.

19.

PLEASE HANDLE AS EYES  
ONLY MATERIAL.

PLEASE CALL X-4078 FOR  
HAND-CARRY TO NEXT  
ADDRESSEE.

4. This was held for your return.

4-7. My wife and I raised in  
Maricopa until 5 yrs ago. Her 2  
brothers live there. Remained in  
apparently having the yellow mother  
belong to another father. But go, and  
have some pictures of each group to  
show them and that we are not coming.  
PSEUDO NAME POUCH any further

2. *Libellula*.

14-00000

MEMORANDUM FOR:

SUBJECT : Foreign Divorce Decree

1. The purpose of this memorandum is to bring certain information to your attention which relates to the fact that your current spouse was a party to the dissolution in Mexico of a former marriage.

2. Recently, the Office of General Counsel completed a study of the validity of a Mexican divorce decree and potential problems arising from such a divorce for JKLANCE employees concerned and JKLANCE. A summary of OGC's study is attached.

3. You will note from the attachment that the employee whose current marriage follows a Mexican divorce may be confronted with serious problems affecting eligibility for payment of various government benefits such as reimbursement of hospitalization expenses, survivorship benefits and certain types of overseas allowances. My purpose in writing to you, therefore, is to be sure you are made aware of and understand the seriousness of the problems which would arise in the event of a challenge to the validity of the Mexican divorce and, consequently, to the validity of the current marriage. This challenge could arise at any time and from a number of sources.

4. JKLANCE has another interest stemming from Mexican divorces and this is one of security, depending upon the employee's specific employment. In the event such a divorce is challenged, subsequent litigation and attendant publicity become quite probable. It is, of course, in JKLANCE's best interest that this sort of activity be avoided where possible.

5. Recognizing that there are various types of Mexican divorce, and also that the various states in the United States have decided cases in different ways depending on the type of Mexican divorce involved and its own case law,

14-00000

you may wish to discuss your personal situation with your attorney or a representative of JKLANCE's Office of General Counsel. In the meantime, however, JKLANCE's position with respect to your situation is that it assumes the validity of your current marriage, unless the earlier Mexican divorce action and your current marriage are challenged. Should that challenge ever occur, it may be necessary for JKLANCE to determine that your eligibility for benefits based on your current marriage must be suspended until such time as the challenge is litigated or otherwise resolved. Special note should be taken of the fact that such a challenge might arise after your death, possibly resulting in the distribution of insurance proceeds and other death benefits to other than your immediate family as constituted at your death and contrary to your own intentions and wishes.

6. Please advise me of your plans and any actions taken in connection with the above. If you have any questions on the substance of this memorandum or its purpose, please do not hesitate to let me know.



Att

**Distribution:**

- 0 - Addressee through HDP/OP and C/WH Division
- 1 - Director of Security
- 1 - General Counsel
- 1 - D/Pers Subject
- 1 - D/Pers Chrono
- 1 - OPF
- 1 - C/BSD

OP/BSD/RLAustin ☐ (10 Feb 71)



14-00000

SECRET

27 JAN 1971

MEMORANDUM FOR: Director of Personnel

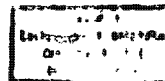
SUBJECT : Foreign Divorce Decrees,  
Agency Employees - Staff or Contract

REFERENCE : Memorandum for Director of Security  
dated 18 December 1969 from the  
Director of Personnel

1. Mr. [ ] was married to [ ]  
[ ] on 30 November 1965.
2. Mrs. [ ] was granted a divorce at Juarez, Mexico  
on 17 June 1963.

*Harlan A. Westrell*  
Harlan A. Westrell  
Deputy Director  
For Personnel Security

SECRET



SECRET

SSA-DD/5 #71- 0895

49 MAY 1971

12642

MEMORANDUM FOR: Director of Personnel  
THROUGH : Deputy Director for Plans  
SUBJECT : Mr. [ ] - Request  
for Approval of Ten Days of  
Additional Home Leave  
REFERENCE : HR 20-30b(3)(b)(10)

1. The circumstances surrounding Mr. [ ]  
[ ] departure from [ ] where he had  
been Chief of Station, are described in the attached  
memorandum. Because of the [ ] of his  
PCS transfer to Washington, Mr. [ ] has requested  
an additional ten days of home leave. As he is a [ ]

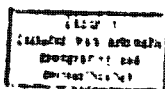
[ ]  
of his additional home leave and the charge to his annual  
leave by adjusting Mr. Williamson's escrow leave account  
as appropriate.

2. Due to the nature of his transfer, Mr. [ ]  
request for an additional ten days of home leave appears  
to be warranted. In accordance with the provisions of  
the referenced regulation, it is recommended that Mr.  
[ ] request for an additional ten days of home  
leave be approved.

*William V. Broome*  
William V. Broome  
Chief  
Western Hemisphere Division

Attachment:  
As stated

SECRET



SECRET

- 2 -

SUBJECT: Mr.  - Request  
for Approval of Ten Days of  
Additional Home Leave

CONCUR:

*h Gordon Mason*  
Deputy Director for Plans

*25 May '71*  
Date

The request in paragraph 2 is APPROVED

*for*   
Director of Personnel

*25 May 1971*  
Date

SECRET

14-00000

SECRET

14 April 1971

MEMORANDUM FOR THE RECORD

SUBJECT: Home Leave - [REDACTED]

1. The following are the circumstances concerning my departure and home leave from [REDACTED]

a. My home leave and return for a second tour to [REDACTED] was approved by Chief, WH Division in the summer of 1970 for January 1971.

b. In October 1970 home leave and return orders were requested from [REDACTED] and physicals were taken.

c. In December 1970 home leave and return orders were received from the [REDACTED] based on the itinerary I had requested to be effective on or about 1 January 1971.

d. My departure scheduled for 3 January was deferred by the [REDACTED] based on operational considerations at the time.

e. On 8 January 1971 I was officially declared by the [REDACTED]

SECRET

[REDACTED]

SECRET

-2-

f. To give the public [ ] was a [ ] the Agency, and the [ ] agreed to the postponement of my departure until 21 February 1971.

g. On 11 February 1971 I received [ ] orders based on my previously requested itinerary for home leave and reassignment to Washington.

h. My home leave itinerary included five days annual leave in Mexico enroute and 25 days home leave reporting for duty on 5 April. I actually arrived in D. C. on 23 March and was fully occupied until 5 April in locating and renting a home and getting my family settled.

i. In accordance with [ ] I have been credited with only 15 days home leave and the additional 10 days have been charged to annual leave.

2. I submit that the circumstances of my [ ] from [ ] and beyond my responsibility or control. The delay in departure definitely occurred because of operational requirements abroad which negated my original home leave schedule. I would like to request the granting of an exception to the 15 day home leave limitation to show my return to duty as of 23 March (the date I arrived in D. C.) rather than 5 April the date the [ ] has me returning to duty.

SECRET

SECRET

(If Not Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
				23 September 1970	
1. SERIAL NUMBER 060389		2. NAME (Last-First-Middle) [Redacted]			
3. NATURE OF PERSONNEL ACTION Reassignment <del>DDP/WH</del> <del>23 September 1970</del>		4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 09 20 70		5. CATEGORY OF EMPLOYMENT Regular	
6. FUNDS V TO V CF TO V X CF TO CF		7. FINANCIAL ANALYSIS NO. CHARGEABLE 1135-0856		8. LEGAL AUTHORITY (Completed by Office of Personnel)	
9. ORGANIZATIONAL DESIGNATIONS DDP/WH Foreign Field Branch 2 [Redacted] Station		10. LOCATION OF OFFICIAL STATION [Redacted]			
11. POSITION TITLE Chief of Station		12. POSITION NUMBER 0198		13. CAREER SERVICE DESIGNATION D	
14. CLASSIFICATION SCHEDULE (GS, LS, etc.) GS		15. OCCUPATIONAL SERIES 0136.05		16. GRADE AND STEP 15 6	
17. SALARY OR RATE \$ 26,700		18. REMARKS To add PRA information - PRA in accordance with HR 20-17e(1)(c) NFE: 09-14-72 [Redacted]			

2 - Security  
1 - Finance

18A. SIGNATURE OF REQUESTING OFFICIAL		DATE SIGNED		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER		DATE SIGNED	
Henry L. Berthold C/WH/Per's		23 Sep 1970		[Redacted]		9/27	
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		22. STATION CODE 16069	23. INTEGRITY CODE 3	24. MONTHS 3	25. DATE OF BIRTH MO DA YR
26. DATE OF GRADE MO DA YR	27. DATE OF LSI MO DA YR	28. SPECIAL REFERENCE 83	29. RETIREMENT DATA 1-YES 2-ORGR 3-FIR 4-NONE	30. SEPARATION DATA CODE	31. CORRECTION CANCELLATION DATA TYPE MO DA YR	32. SECURITY HQ NO	33. SER
34. NET PREFERENCE CODE 0-NONE 1-1 PT 2-10 PT	35. SEPR COMP DATE MO DA YR	36. LONG COMP DATE MO DA YR	37. CAREER CATEGORY CODE FAR DES PRDY TEMP	38. FISCAL YEAR DATA CODE MO TAX EXEMPTIONS	39. STATE TAX DATA CODE MO TAX EXEMPTIONS	40. SOCIAL SECURITY NO	
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0-NO PREVIOUS SERVICE 1-NO CREAR 10 SERVICE 2-ORGR 10 SERVICE (LESS THAN 3 YEARS) 3-ORGR 10 SERVICE (MORE THAN 3 YEARS)		42. LEAVE CAT CODE	43. FEDERAL TAX DATA CODE MO TAX EXEMPTIONS	44. STATE TAX DATA CODE MO TAX EXEMPTIONS	45. POSITION CONTROL CERTIFICATION	46. O P APPROVAL [Redacted]	47. DATE APPROVED 9-28-70

FORM 1152 USE PREVIOUS EDITION

SECRET

GROUP 1  
EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
				19 APRIL 1968	
1. SERIAL NUMBER		2. NAME (Last-First-Middle)			
060389					
3. NATURE OF PERSONNEL ACTION		4. EFFECTIVE DATE REQUESTED		5. CATEGORY OF EMPLOYMENT	
REASSIGNMENT		MONTH DAY YEAR 05 19 68		REGULAR	
6. FUNDS		7. FINANCIAL ANALYSIS NO. CHARGEABLE		8. LEGAL AUTHORITY (Completed by Office of Personnel)	
V TO V CP TO V XX CP TO CP		8135 0856			
9. ORGANIZATIONAL DESIGNATIONS		10. LOCATION OF OFFICIAL STATION			
DDP/WH FOREIGN FIELD BRANCH 2					
STATION					
11. POSITION TITLE		12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION	
OPS OFFICER - CHIEF OF STATION (X)		0198		D	
14. CLASSIFICATION SCHEDULE (GS, FS, etc.)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP	
GS		0136.05		15 45	
17. REMARKS		18. SALARY (DATE)			
FROM: DDP/WH/C OFFICE OF THE CHIEF/SLOT 1106		\$ 20,243 10 65 ✓			
Wash. D.C.					
19. SIGNATURE OF REQUESTING OFFICER		20. DATE SIGNED		21. SIGNATURE OF CAREER SERVICE APPROVING OFFICER	
HENRY L. BERTHOLD C/WH/PERSONNEL		14 May 68		10 May 68	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
22. ACTION CODE	23. EMPLOY CODE	24. OFFICE CODING	25. STATION CODE	26. INTEGRITY CODE	27. HONORARY CODE
57	10	61650	WH	3	
28. DATE EXPIRES	29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA CODE	32. CORRECTION CANCELLATION DATA	33. SECURITY REQ NO
34. VET PREFERENCE	35. SERV COMP DATE	36. LOBS COMP DATE	37. CAREER CATEGORY	38. FIGHT HEALTH INSURANCE	39. SOCIAL SECURITY NO
40. PREVIOUS CIVILIAN GOVERNMENT SERVICE	41. LEAVE CAT CODE	42. FEDERAL TAX DATA	43. STATE TAX DATA	44. SOCIAL SECURITY NO	45. SOCIAL SECURITY NO
46. POSITION CONTROL CERTIFICATION		47. C/P APPROVAL		48. DATE APPROVED	

1152 USE PREVIOUS EDITION

SECRET

14-00000

**SECRET**

1. NAME (Last, First, Middle) <div></div>		2. DATE OF BIRTH <div></div>		3. GRADE  GS-15	
4. OFFICE, DIVISION, BRANCH (or overseas station and existing cover if lateral assignment)  DDP/WH/COG		5. PRESENT POSITION  Ops Officer		6. EMPLOYEE EXTENSION  7451	
7. PROPOSED STATION <div></div>		8. PROPOSED POSITION (Title, Number, Grade)  Chief of Station, 0198			
9. <div></div>		10. ESTIMATED DATE OF DEPARTURE  June 1968		11. NO. OF DEPENDENTS TO ACCOMPANY  2	
12. COMMENTS					
13. DATE OF REQUEST  14 February 1968		14. SIGNATURE OF REQUESTING OFFICIAL <div></div>		15. ROOM NUMBER AND BUILDING  3 D 5309 HQS	
16. EXTENSION  4516		17. OFFICE OF MEDICAL SERVICES DISPOSITION			
18. OFFICE OF SECURITY DISPOSITION					
19. OVERSEAS CANDIDATE REVIEW PANEL DISPOSITION  QUALIFIED FOR FUTURE ASSIGNMENT OVERSEAS <div></div> Chairman, Overseas Candidate Review Panel  1968 FEB 15 10 00 AM					
REQUEST FOR PCS OVERSEAS EVALUATION					



SECRET

1324

19 DEC 1967

MEMORANDUM FOR: Director of Central Intelligence

THROUGH : Deputy Director for Plans

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

1. The appointment of Mr. [redacted] as Chief of Station, [redacted] effective on or about June 1968 is recommended. Mr. [redacted] would replace Mr. Louis P. Napoli.

2. Mr. [redacted] has been an employee of the Agency since June 1952 and is presently assigned as Operations Officer, GS-15, Deputy Branch Chief of the WH/COG. Mr. [redacted] has served in Havana and [redacted] and has excellent command of the Spanish language. 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 &amp; 2)

APPROVAL RECOMMENDED:

*T. A. Karam*  
Deputy Director for Plans

Date

The recommendation in Paragraph 1 is APPROVED:

*Richard L. Helms*  
Director of Central Intelligence

JAN 1968

Date

SECRET

CONFIDENTIAL

CONFIDENTIAL

**SECRET**  
(When Filled In)

<b>REQUEST FOR PERSONNEL ACTION</b>						DATE PREPARED <i>27 June 66</i>
1. SERIAL NUMBER <i>060339</i>		2. NAME (Last-First-Middle) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>				
3. NATURE OF PERSONNEL ACTION <b>ASSIGNMENT</b>				4. EFFECTIVE DATE REQUESTED MONTH <i>07</i> DAY <i>1</i> YEAR <i>66</i>		
5. CATEGORY OF EMPLOYMENT <i>200 311</i>				6. LEGAL AUTHORITY (Completed by Office of Personnel)		
7. FUNDS V TO V <input type="checkbox"/> V TO CF <input type="checkbox"/> CF TO V <input type="checkbox"/> Y <input checked="" type="checkbox"/> CF TO CF <input type="checkbox"/>		8. COST CENTER NO. CHARGE <i>7125 1162</i>		9. ORGANIZATIONAL DESIGNATIONS <i>DEP/II</i> <i>WH/C</i> OFFICE OF THE CHIEF		
10. LOCATION OF OFFICIAL STATION <i>WASH., D.C.</i>				11. POSITION NUMBER <i>1165</i>		
12. CLASSIFICATION SCHEDULE (GS, LR, etc.) <i>GS</i>		13. OCCUPATIONAL SERIES <i>0126.01</i>		14. GRADE AND STEP <i>15</i>		
15. SALARY GR. RATE <i>\$ 2,325</i>		16. REMARKS  <i>From: WH/C, FI Branch, O/C #1142</i>  <i>Replacement for Mr. <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span> who is reassigned to PE Div.</i>				
17A. SIGNATURE OF REQUESTING OFFICER <i>[Signature]</i>		DATE SIGNED <i>27 June</i>		17B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>[Signature]</i>		
DATE SIGNED <i>27 June 66</i>		SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL				
19. ACTION CODE <i>37 10</i>		20. EMPLOY CODE <i>5152</i>		21. OFFICE CODING NUMERIC <i>10A</i> ALPHABETIC <i>75013</i>		
22. STATION CODE <i>75013</i>		23. INTEGRATE CODE <i>1</i>		24. MOBILE CODE <i>1</i>		
25. DATE OF BIRTH <i>10/1/28</i>		26. DATE OF GRADE <i>10/1/66</i>		27. DATE OF LEI <i>10/1/66</i>		
28. INT. EXPIRES <i>10/1/66</i>		29. SPECIAL REFERENCE <i>1-CE</i>		30. RETIREMENT DATA <i>1-CE</i>		
31. SEPARATION DATA CODE <i>1-CE</i>		32. CORRECTION CANCELLATION DATA <i>1-CE</i>		33. SECURITY <i>1-CE</i>		
34. VET. PREFERENCE <i>1-CE</i>		35. SERV. COMP. DATA <i>1-CE</i>		36. LONG. COMP. DATA <i>1-CE</i>		
37. CAREER CATEGORY <i>1-CE</i>		38. HEALTH INSURANCE <i>1-CE</i>		39. SOCIAL SECURITY NO. <i>1-CE</i>		
40. PREVIOUS GOVERNMENT SERVICE DATA <i>1-CE</i>		41. LEAVE (L) <i>1-CE</i>		42. FEDERAL ID DATA <i>1-CE</i>		
43. POSTALION CONTRACT (OPTIONAL ACTION) <i>1-CE</i>		44. APPROVAL <i>1-CE</i>		45. APPROVED <i>1-CE</i>		

14-00000 1152 USE PREVIOUS EDITIONS

**SECRET**

SECRET

FORM NO. 100-100

REQUEST FOR PERSONNEL ACTION										DATE PREPARED 13 January 1966	
1. SERIAL NUMBER 060389		2. NAME OF OFFICER REQUESTING ACTION [Redacted]									
3. NATURE OF PERSONNEL ACTION REASSIGNMENT						4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 62 62 66		5. CATEGORY OF EMPLOYMENT REGULAR			
6. FUNDS [Redacted]		7. TO V V TO V CF TO V		8. V TO CF X CF TO CF		7. COST CENTER NO. CHARGE 6135-1162		8. LEGAL AUTHORITY (Completed by Office of Personnel)			
9. ORGANIZATIONAL DESIGNATIONS DDP/WH WH/C [Redacted] Branch Office of the Chief						10. LOCATION OF OFFICIAL STATION Washington, D.C.					
11. POSITION TITLE [Redacted] OPS. OFF. (CH) (D)						12. POSITION NUMBER 1148		13. CAREER SERVICE DESIGNATION D			
14. CLASSIFICATION SCHEDULE (GS, FH, etc.) GS (15)				15. OCCUPATIONAL SERIES 0136.01		16. GRADE AND STEP 15 (4)		17. SALARY OR RATE \$18,825			
18. REMARKS From DDP/WE, [Redacted] #0327. Vice John H. SHENWOOD, pending reassignment to DDP/FE, South Vietnam.  CONCURRENCE: [Redacted] Chief, WE/Personnel  1 by Security  Recorded By CSRP [Signature]											
19. DATE SIGNED 18 Jan 66				20. SIGNATURE OF CAREER SERVICE APPROVING OFFICER [Redacted]							
21. SIGNATURE OF REQUESTING OFFICER ROBERT D. CASIMAN, CAGN/Pers											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
22. ACTION CODE		23. EMPLOY CODE		24. OFFICE CODING NUMERIC ALPHABETIC		25. STATION CODE		26. INTEGRAL CODE			
27. DATE OF BIRTH		28. DATE OF GRADE		29. DATE OF LIT		30. DATE OF BIRTH		31. DATE OF GRADE			
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Chief of Station [redacted]

Director of Personnel [redacted]

USLUGOAGE -

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

Action: Advise Subject

REF: Book Dispatch 5096

1. Subject has been found to be qualified as a participant in the Organization Retirement and Disability System and has been so designated effective 24 October 1965.

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, subject should be notified promptly of his designation and of his right to appeal. Any questions he may have should be answered in accordance with information contained in Book Dispatch 5096 or referred to Headquarters. An appeal with reasons therefore must be received in Headquarters within 60 days of the date of this dispatch or acceptance of designation will be assumed.

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, subject should not anticipate this contingency as a factor in deciding whether he regards his designation as a participant adverse to his best interests.

QBS - 2591

1 Dec. 65

[redacted] 1 DEC 1965

(14)  $A_3 \in \mathcal{P}_{11}^{11}$  and  $B_3 = 0$ .

<b>REQUEST FOR PERSONNEL ACTION</b>						DATE PREPARED 13 Oct. 1965	
1 SERIAL NUMBER  060389		2 NAME (Last-First-Middle)  					
3 NATURE OF PERSONNEL ACTION DESIGNATION AS PARTICIPANT IN CIA RETIREMENT AND DISABILITY SYSTEM				4 EFFECTIVE DATE REQUESTED MONTH DAY YEAR 10   24   65		5 CATEGORY OF EMPLOYMENT REGULAR	
6 FUNDS V TO V CF TO V XX CF TO CF		7 LAST FUNDING NO. CHARGEABLE 6136-1347		8 LEGAL AUTHORITY (Completed by Office of Personnel) PL 88-643 Sect. 203			
9 ORGANIZATIONAL DESIGNATIONS DDP/WE FOREIGN FIELD STATION OFFICE OF THE CHIEF				10 LOCATION OF OFFICIAL STATION			
11 POSITION TITLE OPS OFF (DCOG)				12 POSITION NUMBER 0097		13 CAREER SERVICE DESIGNATION D	
14 CLASSIFICATION SCHEDULE (G.V., I.B., etc.) GJ		15 OCCUPATIONAL SERIES 0136.01		16 GRADE AND STEP 15 4		17 SALARY OR RATE \$18,170	
18 REMARKS EMPLOYEE WILL BE NOTIFIED BY DISPATCH FROM THE DIRECTOR OF PERSONNEL OF THIS DESIGNATION AND OF HIS RIGHT OF APPEAL TO THE DIRECTOR OF CENTRAL INTELLIGENCE.							
1 cc to OP/ESD/RB 1 cc to CCS 1 cc to Finance through CCS							
19A. SIGNATURE OF REQUESTING OFFICIAL  3 OCT 1965				DATE SIGNED		19B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER  DATE SIGNED	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
19 ACTION CODE 28		20 EMPLOY CODE 10		21 OFFICE CODING NUMERIC ALPHABETIC 5666 WE		22 STATION CODE 6203	
23 HOURS CODE 3		24 MONTH CODE		25 DATE OF BIRTH MO DA YR 09   16   62		26 DATE OF GRADE MO DA YR 09   12   65	
27 DATE OF LEI MO DA YR		28 SPECIAL REFERENCE		29 RETIREMENT DATA 1-EK 2-FICA 3-NONE CODE 2		30 SEPARATION DATA CODE	
31 CORRECTION CANCELLATION DATA TYPE		32 SECURITY RTO NO		33 SEX		EOD DATA →	
34 VET PREFERENCE CODE 0 - NONE 1 - 5 PT 2 - 10 PT		35 SERV COMP DATE MO DA YR		36 LONG COMP DATE MO DA YR		37 CAREER CATEGORY LGR ENLY PROG TEMP	
38 FEDERAL HEALTH INSURANCE LEAVE 0 - WRITER 1 - YES		39 SOCIAL SECURITY NO		40 PREVIOUS GOVERNMENT SERVICE DATA COLL 0 - NO PREVIOUS SERVICE 1 - NO PRIOR 5 YEARS 2 - PRIOR 5 YEARS (LESS THAN 3 YEARS) 3 - PRIOR 5 YEARS (MORE THAN 3 YEARS)		41 STATE TAX DATA CODE 1 - YES 2 - NO	
42 POSITION CONTROL CERTIFICATION		43 OF APPROVAL		44 DATE APPROVED		10-14: G.S. 11	

14-00000

INDEX ☐ YES ☐ NO

CLASSIFY TO FILE NO. \_\_\_\_\_ CLASSIFIED MESSAGE TOTAL COPIES 12

X-REF TO FILE NO. \_\_\_\_\_

FILE RID ☐ RET. TO BRANCH ☐

DESTROY ☐ SIG. \_\_\_\_\_

FROM \_\_\_\_\_

ACTION \_\_\_\_\_

INFO WE 8

FILE VR OP 3 6664

**SECRET**

REPRODUCTION PROHIBITED

PERSON/UNIT NOTIFIED

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32 DEC 65 IN 07186

ADMIN PERS

☐ HAS RECEIVED WIROM 624 RE RESIGNATION MR. ☐

☐ AND SHIPMENT HHE TO JACKSONVILLE FLORIDA. ☐

AND WIFE SAILED 1 DECEMBER AND ARRIVE NEW YORK 9 DECEMBER.

PRESUME HE WILL REPORT HQS 13 DEC. ☐ MAY NOT SHIP HHE

UNTIL FULL SHIPPING ADDRESS SUPPLIED. FYI EMPLOYEE DID NOT

SUEMIT RESIGNATION TO ☐ PRIOR DEPARTURE ☐

IS REQUESTING SHIPPING ADDRESS INFO FROM ☐ BY ☐

**S E C R E T**

CFN; 6406 WIROM 624 MR ☐ HHE JACKSONVILLE FLORIDA

1 NEW YORK 9 HQS 13 NOT SHIP HHE FYI NOT SUBMIT ☐

BT

**SECRET**

DEC 1 7 11 PM '65

SECRET


29 JUL 1955

MEMORANDUM FOR: Director of Personnel

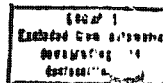
SUBJECT :

1. Attached are the papers pertaining to the request of Mr. [redacted] to remain with the Agency following his marriage to Miss [redacted] a Cuban citizen residing in [redacted]

2. [redacted]

  
Howard J. Gaumn  
Director of Security

SECRET





SECRET  
EYES ONLY

1475-5480

65-4405-64

26 JUL 1965

MEMORANDUM FOR: Deputy Director for Central Intelligence

THROUGH : Director of Personnel

SUBJECT : Request of [ ] GS-15, to  
Remain in the Employment of CIA Following  
Marriage to an Alien

1. This memorandum submits a recommendation for your approval: this recommendation is contained in paragraph 7.

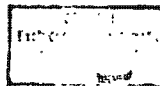
2. Mr. [ ] a GS-15 Operations Officer, has requested permission to remain in the employ of CIA as a Staff Employee following his marriage to Miss [ ] a 26 year old Cuban citizen living in [ ]. The marriage is scheduled to take place in October 1965.

3. Mr. [ ] 50 years old, attended Loyola University in 1947-48 and Berlitz School of Languages in 1948. Prior to joining CIA, Mr. [ ] served with the U.S. Army (1942-49) achieving the rank of 1st Lieutenant in CIC. Subsequently, he was Chief, Civil Intelligence Branch in the Panama Canal Government (1949-52). Mr. Williamson entered on duty with CIA in June 1952 as a GS-12 Operations Officer with WH Division. In January 1953 he was appointed DCOB, Havana, remaining in this position until January 1959 when he was reassigned to Headquarters. In August 1960 Mr. Williamson was assigned to [ ] and in 1963 was appointed DCOB, [ ] which is the position he presently occupies.

4. [ ]

5. Chief, WE Division strongly believes on the basis of past performance and proven ability that Mr. [ ] is the kind of officer whom the Agency should retain. Mr. [ ] record to date shows that he is a mature, experienced, and dedicated officer,

SECRET  
EYES ONLY




SECRET  
EYES ONLY

who has spared no effort to expand and improve the [ ] coverage in his area of assignment. WE Division and WH Division, where Mr. [ ] will be reassigned, foresee no difficulty, adverse effect in future usefulness or mobility as a result of this marriage.


6. I have reviewed Mr. [ ] employment record and consider him an able and valuable member of the Clandestine Services. He has consistently performed his duties well, has strong to outstanding Fitness Reports, and is a definite asset to the Agency. I believe that the proposed marriage will not detract from his long term use by the Clandestine Services.

7. In view of the above consideration, I recommend that Mr. [ ] be continued in Staff Employment Status following his proposed marriage.

  
Desmond FitzGerald  
Deputy Director for Plans

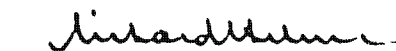
Attachments

Concur:

  
Emmett D. Echols  
Director of Personnel

2 AUG 65  
Date

The recommendation contained in paragraph 7 is approved:

  
Deputy Director for Central Intelligence

8 AUG 1965  
Date

SECRET  
EYES ONLY

SECRET

16 JUL 1965

MEMORANDUM FOR: Chairman, Personnel Management Committee

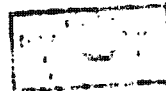
SUBJECT : Request of Mr. [ ] GS-15,  
to Remain in Staff Status Following  
Marriage to an Alien

1. Attached is a request from Mr. [ ] for permission to continue in a staff status with the Agency following marriage to a Cuban citizen. WE Division strongly recommends favorable consideration.

2. Mr. Williamson is a fifty year old officer who entered on duty with the Agency in 1952. He has been assigned to the [ ] Station since October 1960 where he has served as the Deputy Chief of Station and since May 1964 as the [ ] Coordinator for Cuban Activities. Since his assignment to the [ ] Station, Mr. [ ] performance has been outstanding. He is a mature, experienced, and well-rounded officer who is particularly well-suited for Agency employment. In every sense of the word, Mr. [ ] is a dedicated officer who has spared no effort to expand and improve the [ ] coverage in his area of assignment.

3. WE Division concurs with the Chief of Station, [ ] who has stated that he does not believe that Mr. [ ] marriage will adversely affect in any way his future usefulness or mobility of assignment in the Agency. Mr. [ ] plans to proceed with the marriage in October 1965 shortly prior to his return for reassignment to WH Division. Informal discussion with WH Division has indicated that they foresee no difficulty with their plans for Mr. [ ] were he to marry this alien as planned. Mr. [ ] is [ ] in the [ ] and will be required to submit a similar request after Agency decision is received if he retains his [ ] in his next assignment.

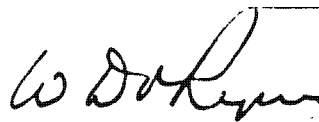
SECRET



14-00000

SECRET

4. WE Division strongly believes that on the basis of his past performance and proven capability, Mr. [ ] is the kind of officer whom the Agency should retain. We therefore, recommend that you favorably endorse his request and forward it to the Deputy Director of Central Intelligence for consideration.

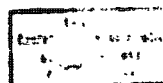


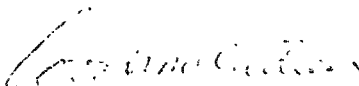
William D. O'Ryan  
Chief  
Western Europe Division

ATTACHMENTS:

- A. Employee's Request to Marry
- B. Letter of Resignation
- C. RYBAT Attachment to OSMT-4211
- D. Proposed Spouse's Intent to Become a Citizen
- E. Proposed Spouse's Biographic Data

SECRET



DISPATCH		CLASSIFICATION <del>SECRET</del> SECRET	PROCESSING	
TO	INFO	FROM	DATE	TIME
Chief, WE				
Chief of Station, [REDACTED]				
SUBJECT: [REDACTED] - Application to Marry an Alien				
ACTION REQUIRED REFERENCES				
<p>[REDACTED] application for permission to marry an alien is transmitted to Headquarters with my strong recommendation that it be promptly approved and he be so notified.</p> <p>[REDACTED]</p> <p>I have no reservations whatsoever - mental or otherwise - with respect to the security aspects of this marriage - as far as I have been able to ascertain, none exist. I do not feel that [REDACTED] marriage to this young lady should in any way restrict his future assignments.</p> <p>I urge speedy and favorable processing of this application.</p> <p style="text-align: center;">   WOODROW C. OLIVER </p>				
<div style="border: 1px dashed black; width: 100px; height: 100px; margin: 10px auto;"></div>		<div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between;"> <div>DATE FORWARDED</div> <div>DATE RECEIVED</div> </div> <div style="display: flex; justify-content: space-between;"> <div>1 Jul 05</div> <div>2 Jul 05</div> </div> <div style="border-top: 1px solid black; padding-top: 5px;"> COPIES TO BE FORWARDED TO: </div> <div style="border-top: 1px solid black; padding-top: 5px;"> COPIES TO BE FORWARDED TO: </div> </div>		
<div style="border: 1px solid black; padding: 5px; text-align: center;"> <del>SECRET</del> SECRET </div>				

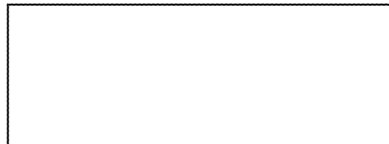
14-00000

SUBJECT: Request for permission to marry Miss   
a Cuban citizen.

In compliance with FR-20-5b(1), the writer hereby requests permission to marry Miss  a Cuban citizen, and permission to remain in the employ of the Organization after marriage.

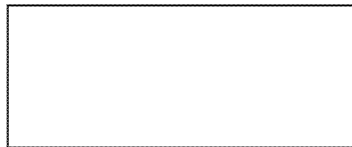
The following attachments are forwarded with this request:

- (a) Completed Form lhh
- (b) Certificate of Miss  of intent to become a United States citizen.
- (c) One passport size photograph.
- (d) Letter of resignation.



10 June 1965

In compliance with FR-20-5 para. b(1), the writer hereby recites his intent to marry Miss [ ] a Cuban citizen, with the understanding that the Organization may not permit me to remain employed after marriage. Therefore this letter can be considered as a resignation notice, said resignation to become effective not later than 15 days after the date of marriage, if permission is not obtained and the marriage occurs.



10 June 1965

TO WHOM IT MAY CONCERN:

This is to certify that as soon as possible after my  
marriage to  I intend to become a citizen  
of the United States.





**SECRET**  
(When Filled In)

<b>REQUEST FOR PERSONNEL ACTION</b>				DATE PREPARED <b>12 AUGUST 1963</b>	
1. SERIAL NUMBER <b>060389</b>		2. NAME (Last-First-Middle) <div style="border: 1px solid black; width: 150px; height: 20px;"></div>			
3. NATURE OF PERSONNEL ACTION <b>REASSIGNMENT</b>			4. EFFECTIVE DATE REQUESTED MONTH <b>10</b> DAY <b>16</b> YEAR <b>63</b>		5. CATEGORY OF EMPLOYMENT <b>REGULAR</b>
6. FUNDS <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>		V TO V CF TO V	V TO CF CC CF TO CF	7. COST CENTER NO. CHARGEABLE <b>4136-6400-1017</b>	
9. ORGANIZATIONAL DESIGNATIONS <b>DDP WE</b> <div style="border: 1px solid black; width: 50px; height: 15px; display: inline-block;"></div> STATION <b>OFFICE OF THE CHIEF</b>			10. LOCATION OF OFFICIAL STATION <div style="border: 1px solid black; width: 150px; height: 20px;"></div>		
11. POSITION TITLE <b>OPS OFFICER - DCOS</b>			12. POSITION NUMBER <b>0897</b>		13. CAREER SERVICE DESIGNATION <b>D</b>
14. CLASSIFICATION SCHEDULE (GS, LD, etc.) <b>JS</b>		15. OCCUPATIONAL SERIES <b>0136.01</b>		16. GRADE AND STEP <b>15</b>	
17. SA <b>15,045</b>		18. REMARKS <b>FROM: <div style="border: 1px solid black; width: 50px; height: 15px; display: inline-block;"></div> STATION/0400 (miss)</b>			
<div style="border: 1px solid black; padding: 5px; display: inline-block;">             RECORDED BY CSPD <i>jm</i> </div>					
19. DATE SIGNED <div style="border: 1px solid black; width: 100px; height: 20px;"></div>		19a. SIGNATURE OF CAREER SERVICE APPROVING OFFICER <div style="border: 1px solid black; width: 150px; height: 20px;"></div>		DATE SIGNED <b>20 Sept 63</b>	
<b>SIGN BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL</b>					
20. ACTION CODE <b>37</b>	21. EMPLOY CODE <b>10</b>	22. OFFICE CODE NUMERIC <b>5064</b> ALPHABETIC <b>WE</b>	23. STEP IN CODE <b>67033</b>	24. INTER-DEPT CODE <b>3</b>	25. DATE OF BIRTH MO. <b>08</b> DA. <b>12</b> YR. <b>45</b>
26. DATE OF DEATH MO. <b>08</b> DA. <b>12</b> YR. <b>45</b>		27. DATE OF LEI MO. <b>08</b> DA. <b>12</b> YR. <b>45</b>		28. SECURITY REG. NO. <b>15,045</b>	
29. REF. PREFERENCE CODE <b>1</b> 1 = NONE 2 = 1st 3 = 2nd 4 = 3rd		30. SERV. COMP. DATE MO. <b>08</b> DA. <b>12</b> YR. <b>45</b>		31. LEAD. COMP. DATE MO. <b>08</b> DA. <b>12</b> YR. <b>45</b>	
32. CAREER CATEGORY CODE <b>1</b> 1 = YES 2 = NO		33. FEELT / HEALTH INSURANCE CODE <b>1</b> 1 = YES 2 = NO		34. SOCIAL SECURITY NO. <b>15,045</b>	
35. PREVIOUS ASSIGNMENT SERVICE DATA CODE <b>1</b> 1 = NO PREVIOUS SERVICE 2 = NO BREAK IN SERVICE 3 = BREAK IN SERVICE (LESS THAN 3 YRS) 4 = BREAK IN SERVICE (MORE THAN 3 YRS)		36. FEDERAL TAX DATA CODE <b>1</b> 1 = YES 2 = NO		37. STATE TAX DATA CODE <b>1</b> 1 = YES 2 = NO	
38. POSITION CONTROL CERTIFICATION <b>702 Low / 1041 53</b>		39. O.P. APPROVAL <div style="border: 1px solid black; width: 100px; height: 20px;"></div>		DATE APPROVED <b>20 Sept 63</b>	

1452 OBSOLETE PREVIOUS EDITIONS  
AND FORM 1132A

**SECRET**

GROUP 1  
EXCLUDED FROM AUTOMATIC DOWNGRADING  
AND DECLASSIFICATION

(43)

SECRET

CD/P 3-5632

MEMORANDUM FOR: Deputy Director (Plans)

SUBJECT : Appointment of Mr. [ ] as  
Deputy Chief of Station, [ ]

1. The appointment of Mr. [ ] as Deputy Chief of Station, [ ] effective on or about 25 October 1963, is recommended. Mr. [ ] will occupy a new position.

2. Mr. [ ] has been an employee of the Agency since June 1952, and is presently assigned as Operations Officer, GS-15. A biographic data sheet, including information regarding his Agency experience and training, is attached.

*W. D. O'Ryan*  
WILLIAM D. O'RYAN  
Chief  
Western Europe Division

1 Attachment:  
Biographic Profile (Part 1)

The recommendation in paragraph 1 is APPROVED:

*Richard [ ]*  
Deputy Director (Plans)

4 - NOV 1963

(Date)

SECRET

SECRET

13 March 1963

MEMORANDUM FOR THE RECORD

SUBJECT: Salary Adjustments Upon Promotion

1. The following CICS Officer was promoted effective 16 September 1962, shortly before the effective date of the Salary Reform Act of 1962. Had the promotion been processed as of the effective date of the Act, 16 October 1962, he would have received substantial additional salary benefits as indicated below.

2. The purpose of this memorandum is to record the salary disadvantage which may continue to apply to this officer in comparison to those now junior in rank but who may accrue a salary advantage over such senior officers upon promotion through the operation of this Act.

<u>Name</u>	<u>Salary Upon Promotion</u>	<u>Salary if Promoted on 16 October 1962</u>
	\$13730 - \$14565	\$15045

Secretary, Clandestine Services  
Career Service Board

SECRET

SECRET

20 August 1962

MEMORANDUM FOR: Clandestine Services Career Service Section A

SUBJECT: Recommendation for Promotion - Mr. [REDACTED]

1. Since October 1960, Mr. [REDACTED] has served as Deputy Chief of the [REDACTED] Station, and during an extended period of this time, he was Acting Chief of Station. His performance has been outstanding. Not only has he assisted his Chief in the management of the Station, but simultaneously managed to reinvigorate [REDACTED] which was the particular area of responsibility originally assigned to him. His service has been noteworthy not only for his vigor in initiating new activities but also for his balanced, yet energetic, cutting away of deadwood, useless procedures and purposeless activity.

2. In recent months, in part on his own initiative, and later under forced draft at Headquarters direction, Mr. [REDACTED] has been instrumental in mounting an active operational program targeted against [REDACTED]. Due almost entirely to the imagination, energy, and effort which he has applied, this program has already had considerable success in the acquisition of intelligence and the recruitment of agents, and promises to be even more productive in the future.

3. Mr. [REDACTED] activity since his assignment to [REDACTED] is clearly of outstanding caliber and it is noteworthy that the present Chief of Station as well as the preceding Chief of Station have both, on the record, rated him as exceptionally able, energetic, and mature. Mr. [REDACTED] has been in his current grade since December 1956. In view of the considered judgment concerning the value of his performance in [REDACTED] his good administrative qualities, his obvious maturity, energy, judgment and experience, it is strongly recommended that Mr. [REDACTED] be promoted to grade GS-15.

*William D. O'Ryan*  
WILLIAM D. O'RYAN  
Acting Chief  
Western Europe Division

GROUP 1

Excluded from automatic  
downgrading and declassification SECRET

# DISPATCH

CLASSIFICATION  
SECRET

DATE - 26/3

TO: Chief, E

HEADQUARTERS FILE NO.

FROM:

Chief of Station, [redacted]

19 January 1962

SUBJECT:

Administrative/Personnel  
Recommendation for Promotion - [redacted]

REMARKS - CHECK "X" ONE

MARKED FOR INDEXING

INDEXING REQUIRED

ACTION REQUIRED

See below

INDEXING CAN BE JUDGED  
BY QUALIFIED HQ DESK ONLY

REFERENCE:

1. Subject is a mature, experienced, well-rounded operations officer and administrator. For the past fifteen months he held the position of Deputy Chief of the [redacted] Station. For an extended period of time during that period he was Acting Chief of Station. As the attached Fitness Report will attest he has at all times discharged his responsibilities in an outstanding manner. In addition to the approximately four months that I have been able to observe Subject's performance at this post, I also had the privilege of serving with him at Beirut and I was then, as I am now, impressed with his professional competence and his fine personal attributes. In every sense of the word, Subject is a dedicated officer who works "around the clock" in his efforts to expand and improve [redacted] coverage in this area.

2. Considerable credit is due to Subject for the improvement of our relations with the [redacted] during the past three months. He has spent a considerable amount of time and effort in bringing about needed reforms and economies in the operation of our [redacted] cutting away deadwood and streamlining the actual operations. In addition, Subject has been particularly effective in [redacted]

3. The attached Fitness Report speaks for itself. Subject has been in his current grade since October 1956. Given his age, his experience and maturity, and his consistently fine performance in his current position, I strongly urge that he be actively considered for promotion to GS-15 at the next appropriate annual meeting.

19 Jan 1962

Attachment: Fitness Report (1)

Initials:

# DISPATCH

SECRET

COMB-2212

TO  
FROM

Chief, WB

FROM

Chief of Station, [redacted] RIF

10 May 1961

SUBJECT

Administrative/Personnel  
Recommendation for Promotion of [redacted]

REASON (CHECK ONE)

MARKED FOR PROMOTION

NO PROMOTION REQUIRED

PROMOTION CAN BE REQUESTED  
BY QUALIFIED PERSON ONLY

ACTION REQUIRED

See para 2 below

REFERENCE

OSMT-2208, 5 May 61

1. As reflected in his most recent Fitness Report, Subject, who has been serving as Deputy Chief of Station and Chief of [redacted] at this Station, has demonstrated outstanding talents in management of personnel and their activities, developing [redacted] in operations both joint and independent. Because of my confidence in him, which is apparently shared by Headquarters, he is being retained here for a long period as Acting Chief of Station after my departure. As I have said in his Fitness Report, he is the best deputy I have had in my [redacted] career and altogether an outstanding officer.

CIA

2. Subject has been in grade four and a half years as a GS-14 and because of his outstanding qualifications, I recommend he be immediately considered for promotion to GS-15.

ARCHIBALD ROOSEVELT

[redacted signature]

5 May 1961

Distribution:

3 - C/WB

SECRET

F1 file

4 March 1954

MEMORANDUM FOR: Personnel Officer, FI

SUBJECT: [redacted]  
Recommendation for Promotion

1. Mr. [redacted] has been with the WH Division since June 1952 and at the Havana station since 17 January 1953. With approximately eight months headquarters training he has worked into a position demanding extremely sensitive [redacted] work. His efforts have been highly successful and are marked by an excellent grasp of the problems involved. Mr. [redacted] also acts as Chief of Station during any absence of the Chief. The variety of problems he encounters are met with considerable ability.

2. The promotion of Mr. [redacted] to the next higher grade is recommended, in view of the excellent performance of his present responsibilities. He has demonstrated his capacity to perform fully and effectively in a field assignment.

J. C. KING  
Chief, WH

SECRET

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED	
						12 September 1962	
1. SERIAL NUMBER		2. NAME (Last-First-Middle)					
060389							
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE REQUESTED		5. CATEGORY OF EMPLOYMENT	
PROMOTION				MONTH DAY YEAR 09 16 62		REGULAR	
6. FUNDS		7. V TO V		8. V TO CP		9. LEGAL AUTHORITY (Completed by Office of Personnel)	
XX		XX		XX		3136-6400-1017	
10. ORGANIZATIONAL DESIGNATIONS				11. LOCATION OF OFFICIAL STATION			
DDP WE STATION BRANCH							
12. POSITION TITLE				13. POSITION NUMBER		14. CAREER SERVICE DESIGNATION	
OPS OFF D BR CH OPS OFFICER				400		D	
15. CLASSIFICATION SCHEDULE (GS, LD, etc.)		16. OCCUPATIONAL SERIES		17. GRADE AND STEP		18. SALARY OR RATE	
GS		0136.01		15 1		13,730	
19. REMARKS							
PRA in accordance with HR 20-21c.(1) in order to complete two year tour of duty.							
<div style="text-align: right;">Recorded by CSPD <i>[Signature]</i></div>							
DATE SIGNED				100. SIGNATURE OF CAREER SERVICE APPROVING		DATE SIGNED	
C/WE/PT						4 SEP 1962	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
21. ACTION CODE	22. EMPLOY CODE	23. OFFICE CODING		24. STATION CODE	25. INT. MAIL CODE	26. DATE OF BIRTH	27. DATE OF GRAD
22	10	6266 WE 67033			3		
28. DATE EMPLOYED		29. DATE OF RETIREMENT		30. CORRECTION/CANCELLATION DATA		31. SECURITY REG. NO.	
150		150		FOD DATA			
32. RES. PREFERENCE		33. SERV. COMP. DATE		34. CARRIER CATEGORY		35. SEC. / HEALTH INSURANCE	
1		1		1		1	
36. PREVIOUS EMPLOYMENT SERVICE DATA		37. MILITARY SER. CODE		38. FED. SER. DATA		39. STATE SER. DATA	
1		1		1		1	
40. POSITION CONTROL CERTIFICATION				41. O.P. APPROVAL		DATE APPROVED	
[Signature]						4 SEP 1962	

SECRET



## CONFIDENTIAL

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

SUBJECT [REDACTED] Promotion of  
[REDACTED]

1. The [REDACTED] has informed this office that effective  
April 1, 1962 subject employee was promoted from  
[REDACTED] \$10,555 to [REDACTED] \$10,645

2. Request this notice be placed in the official folder  
of the employee concerned. [REDACTED]

Chief, Central Cover Group

cc: Operating Component Compensation  
and Tax Accounts Branch

CONFIDENTIAL

**SECRET**  
(When Filled In)

V to V UV to V		V to UV UV to UV		<b>REQUEST FOR PERSONNEL ACTION</b>				DATE PREPARED				
		X						Mo	Da	Yr		
08		04						60				
1. Serial No.	2. Name (Last-First-Middle)			3. Date Of Birth		4. Vet. Pref.		5. Sex		6. CS - EOD		
550379				Mo Da Yr		None-0 S. Pr. 1 10 Pr. 2		1 M		Mo Da Yr		
7. SCD	8. CSC Rating		9. CSC Or Other Legal Authority		10. Apmt. Affix		11. FEGLI		12. LCD		13. With Serv. Code	
Mo Da Yr	Yes - 1 No - 2		Code		Mo Da Yr		Yes - 1 No - 2		Mo Da Yr		Yes - 1 No - 2	

**CURRENT ASSIGNMENT**

14. Organizational Designations			Code		15. Location Of Official Station			Station Code			
DUP WE BRANCH					WASH., D. C.						
16. Dept. - Field		17. Position Title			18. Position No.		19. Serv.		20. Occup. Series		
Dept. - Unfld. - Frag. -		OPS OFFICER D BR CH			BB-179		GS		0136.01		
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade		25. PSI Due		26. Appropriation Number	
14 3		\$ 12,730		D		Mo Da Yr 12/16/56		Mo Da Yr 06/11/61		1136-1000-1000 22566003217	

**ACTION**

27. Nature Of Action		Code		28. Eff. Date		29. Type Of Employee		Code		30. Separation Data	
REASSIGNMENT		67		Mo Da Yr 05/07/60		REGULAR		001			

**PROPOSED ASSIGNMENT**

31. Organizational Designations			Code		32. Location Of Official Station			Station Code			
DUP WE STATION BRANCH			4133					67033			
33. Dept. - Field		34. Position Title			35. Position No.		36. Serv.		37. Occup. Series		
Dept. - Unfld. - Frag. -		OPS OFFICER			BBF-400		GS				
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		1136-6400-3017	
SOURCE OF REQUEST - funds available:											
A. Requested By (Name And Title)						C. Request Approved By (Signature And Title)			Date Approved		
WE PERSONNEL OFFICER						[Signature]			1-22-60		
B. For A. For Information Call (Name & Telephone Ext.)						Charge Allot. No.			1136-1450-7017		
x3124											
CLEARANCES											
Clearance		Signature		Date		Clearance		Auth. G. Signature		Date	
A. Career Board		[Signature]		[Date]		D. Placement		[Signature]		[Date]	
B. Pos. Control		[Signature]		5-25-60		E. Release		[Signature]		[Date]	
C. Classification		[Signature]		[Date]		F. Approved By		[Signature]		8-25-60	
Remarks											
COPIES SENT TO FINANCE AND SECURITY. 6/15/60 14-60 Continued on reverse side											

**SECRET**  
(When Filled In)

V to V		V to UV		<b>REQUEST FOR PERSONNEL ACTION</b>				DATE PREPARED					
UV to V		UV to UV						Mo	Da	Yr			
1. Serial No.		2. Name (Last-First-Middle)				3. Date Of Birth		4. Vet. Pref.		5. Sex		6. CS - EOD	
560389						Mo Da Yr		None-0 Code 5 Pr-1 10 Pr-2 1		M		Mo Da Yr	
7. SCD		8. CSC Permit		9. CSC Or Other Legal Authority		10. Apmt. Affidav.		11. FEGLI		12. LCD		13. M. Serv. Code	
Mo Da Yr		Yes - 1 Code No - 2 1				Mo Da Yr		Yes - 1 Code No - 2		Mo Da Yr		Yes - 1 Code No - 2	

**CURRENT ASSIGNMENT**

14. Organizational Designations		Code		15. Location Of Official Station		Station Code	
DDP CI STAFF				Washington, D. C.			
16. Dept. Field		17. Position Title		18. Position No.		19. Serv.	
Dept. Code Valid. Code Fragn. Code		TO CI BR CH		0211		GB	
20. Occup. Series		21. Grade & Step		22. Salary Or Rate		23. SD	
0136.53		14 3		\$ 22595/11835		DX	
24. Date Of Grade		25. PST Due		26. Appropriation Number			
Mo Da Yr		Mo Da Yr		9 2700 07 001			
12/14/56		06/11/61					

**ACTION**

27. Nature Of Action		Code		28. EH. Date		29. Type Of Employee		Code		30. Separation Date	
REASSIGNMENT		67		Mo Da Yr		Regular					
		05/15/60				I certify funds available:					

**PROPOSED ASSIGNMENT**

31. Organizational Designations		Code		32. Location Of Official Station		Station Code	
DDP WE				Auth. Officer			
BRANCH				Washington, D. C.			
33. Dept. Field		34. Position Title		35. Position No.		36. Serv.	
Dept. Code Valid. Code Fragn. Code		OPE OFF D BR CH		179		GB	
37. Occup. Series		38. Grade & Step		39. Salary Or Rate		40. SD	
0136.01		14 3		\$ 11835			
41. Date Of Grade		42. PST Due		43. Appropriation Number			
Mo Da Yr		Mo Da Yr		0136-1000-1000			

**SOURCE OF REQUEST**

A. Requested By (Name And Title)		C. Request Approved By (Signature And Title)		Date Approved	
WE PERSONNEL OFFICER					
B. For Approval/Signature of (Name & Telephone Ext.)					
x3124					

**CLEARANCES**

Clearance		Signature		Date		Clearance		Signature		Date	
A. Career Board		[Signature]		[Date]		D. Placement					
B. Pos. Control		[Signature]		[Date]		E. Release					
C. Classification						F. Approved By				[Signature]	
Remarks											
CI removed											
Copies sent to Security and Finance											

14-00000

30 June 1959

Dear Mr. [REDACTED]

It gives me great pleasure to accept an appointment to  
the [REDACTED] I understand that this  
appointment will be granted in accordance with the conditions as out-  
lined in your letter of May 27, 1959.

Sincerely yours,

[REDACTED]  
Chief, Personnel Operations Division  
[REDACTED]

30 June 1959

Dear Mr. [ ]

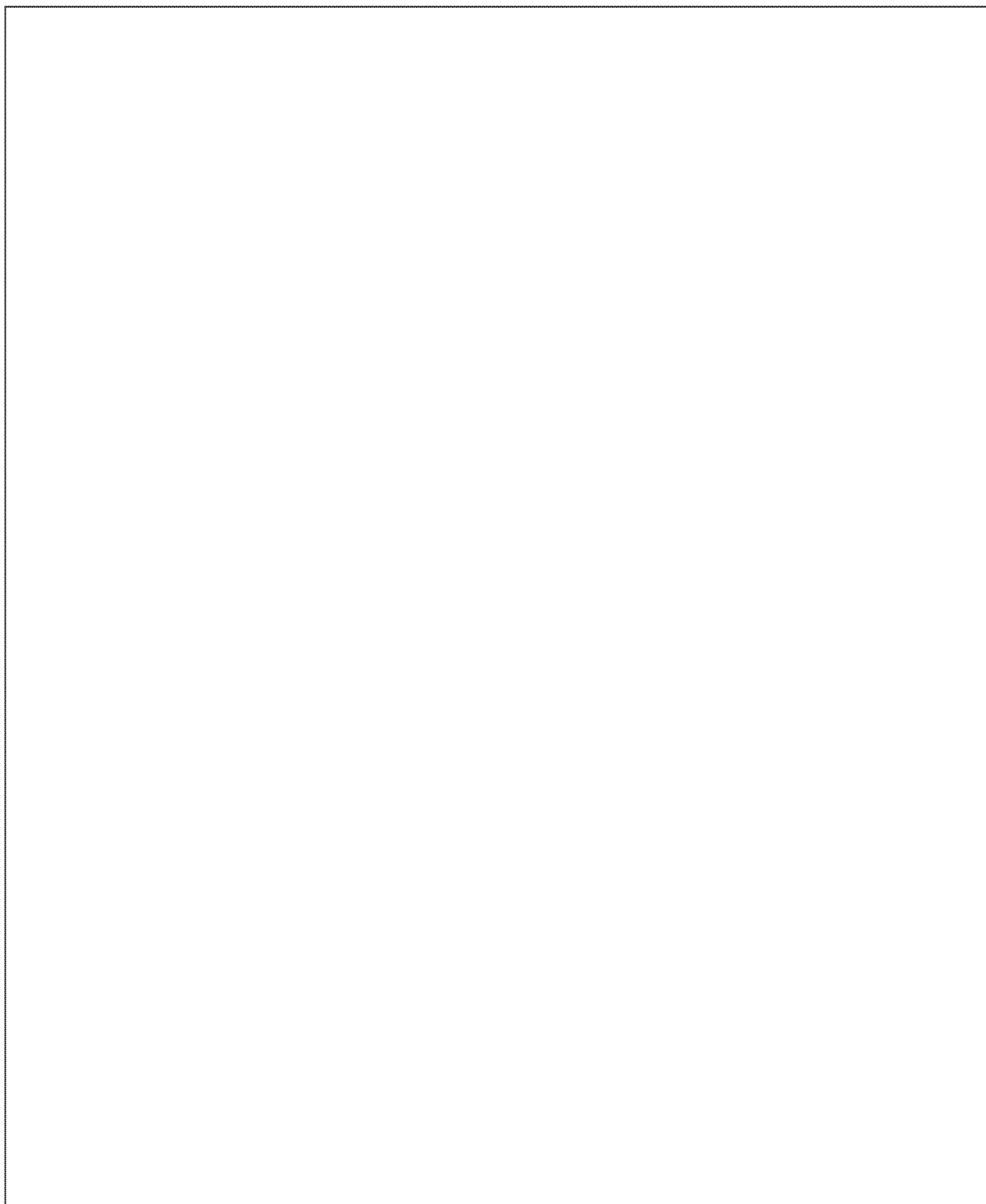
I hereby tender my resignation from the [ ]

[ ] to accept an appointment as [ ]

[ ] This resignation is tendered pursuant to  
the conditions contained in your letter of May 27, 1959, in which  
it is stated that my resignation from the [ ]  
[ ] will be effected without a break in service.

Sincerely yours,

[ ]  
Chief, Personnel Operations Division  
[ ]



**SECRET**  
(When Filled In)

V to V		V to UV		REQUEST FOR PERSONNEL ACTION				DATE PREPARED				
UV to V		UV to UV						Mo	Da	Yr		
1. Serial No.		2. Name (Last-First-Middle)			3. Date Of Birth		4. Vet. Pref.		5. Sex		6. CS - EGO	
550393					Mo Da Yr		None-0 5 Pt-1 10 Pt-2		N		Mo Da Yr	
7. SCU		8. CSC Rating		9. CSC Or Other Legal Authority			10. Appt Affidav		11. FLEGLI		12. LCD	
Mo Da Yr		Yes - 1 No - 2		Code			Mo Da Yr		Yes - 1 No - 2		Mo Da Yr	

**CURRENT ASSIGNMENT**

14. Organizational Designations				Code		15. Location Of Official Station				Station Code	
DDP/WH Branch II Section						Washington, D.C.					
16. Dept. Field		17. Position Title		18. Position No.		19. Serv.		20. Occup. Series			
Dept - Valid - Fgn -		Code /		Area Ops Off DCOS		458		GS		0136.01	
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade		25. PSI Due		26. Appropriation Number	
14 2		\$11595		DI		Mo Da Yr		Mo Da Yr		9 3500 10 200	

**ACTION**

27. Nature Of Action		Code		28. EH. Date		29. Type Of Employee		Code		30. Separation Data	
Reassignment				Mo Da Yr		Regular					
				3 9 59							

**PROPOSED ASSIGNMENT**

31. Organizational Designations				Code		32. Location Of Official Station				Station Code	
DDP/CI Staff				5430		Washington, D.C.					
33. Dept. Field		34. Position Title		35. Position No.		36. Serv.		37. Occup. Series			
Dept - Valid - Fgn -		Code /		IO CI PR CH		211		GS		0136.53	
38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grade		42. PSI Due		43. Appropriation Number	
14 2		\$11595		DI		Mo Da Yr		Mo Da Yr		9-2700-17-001	

**SOURCE OF REQUEST**

A. Request Approved By (Signature And Title)		Date Approved	
[Signature]		[Date]	
B. For Additional Information Call (Name & Telephone Ext.)			
[Name] [Phone]			

**CLEARANCES**

Clearance		Date		Clearance		Signature		Date	
A. Career Board		2/25/59		Placement					
B. Post Control				Release					
C. Classification				Armed By					
WH Concurrence [Signature]									
Three copies have been sent to [Location]. 207159 Continued on reverse side									

FORM 1152a (Rev. 5-58)

**SECRET**

SECRETARY OF DEFENSE

SECRET

Classify According  
To Content.

REQUEST FOR PERSONNEL ACTION											
1. Serial No. 510389		2. Name (Last-First-Middle) [Redacted]			3. Date Of Birth Mo Da Yr			4. Vet. Frat. None-0 Code 5. P-1 10. P-2		6. CS - EOD Mo Da Yr	
7. SCD Mo Da Yr 11 26 42		8. CSC Refmt. Yes - 1 No - 2		9. CSC Or Other Legal Authority Code 1		10. Apmt. Affidav. Mo Da Yr		11. FEGLI Yes - 1 No - 2		12. LCU Mo Da Yr	
										13. Cost Yes - 1 No - 2	
										Code 2	

## PREVIOUS ASSIGNMENT

14. Organizational Designations DDP WH Branch III Havana, Cuba Station			Code		15. Location Of Official Station Havana, Cuba			Station Code			
16. Dept. Field Dept. - Valid - Frag. -		17. Position Title Area Ops Off (SCCs)			18. Position No. BAF-115		19. Serv. 65		20. Occup. Series 0136.01		
21. Grade & Step 14 - 2		22. Salary Or Rate \$ 11,595		23. SD DI -		24. Date Of Code Mo Da Yr		25. P-1 Due Mo Da Yr		26. Appropriation Number 9-3545-55-055	

## ACTION

27. Nature Of Action REASSIGNMENT		Code		28. Eff. Date Mo Da Yr 10/19/58		29. Type Of Employee Regular		Code		30. Separation Data 9M	
--------------------------------------	--	------	--	---------------------------------------	--	---------------------------------	--	------	--	---------------------------	--

## PRESENT ASSIGNMENT

31. Organizational Designations DDP WH Branch II [Redacted] Section			Code 4675		32. Location Of Official Station Washington, D. C.			Station Code			
33. Dept. Field Dept. - Valid - Frag. -		34. Position Title			35. Position No. BA-458		36. Serv.		37. Occup. Series		
38. Grade & Step 14 - 2		39. Salary Or Rate \$ 11,595		40. SD		41. Date Of Code Mo Da Yr 2/16/59		42. P-1 Due Mo Da Yr 2/13/59		43. Appropriation Number 9-3500-10-200	

## SOURCE OF REQUEST

A. Requested By (Name And Title) [Redacted] WH/PERSONNEL		C. Request Approved By (Signature And Title) [Redacted]	
B. For Additional Information Call (Name & Telephone Ext.) [Redacted] X 8212			

## CLEARANCES

Clearance	Signature	Date	Clearance	Signature	Date
A. Career Board	[Redacted]		D. Promot		
B. Pos. Control			E.		
C. Classification			F. Appointed P.		

## Remarks

2 copies Security  
vices [Redacted]

FORM 1152a

SECRET



SECRET

STANDARD FORM 52 FORM 52-1 (Rev. 1-5-58) OFFICIAL USE - PERSONNEL ACTION REMARKS (To be filled in)		UN VOUCHERED	
<b>REQUEST FOR PERSONNEL ACTION</b>			
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, initials, and surname)		2. DATE OF BIRTH	
Mr. [REDACTED]		[REDACTED]	
3. NATURE OF ACTION REQUESTED A. PERSONNEL (Specify whether appointment, promotion, separation, etc.)		4. DATE OF REQUEST	
Promotion		14 Dec 56	
5. POSITION (Specify whether establish, change grade or title, etc.)		6. EFFECTIVE DATE A. PROPOSED	
		B. APPROVED 16 Dec	
7. C. 7. OR OTHER LEGAL AUTHORITY			
FROM - Area Ops Off (DCOS) BAF-115 09-0136.01-13 \$7205.00 p.a. DDP/WH \$7630.00 p.a. Branch III Havana, Cuba Station Havana, Cuba		TO - Area Ops Off (DCOS) BAF-115 09-0136.01-14 \$10,320.00 p.a. DDP/WH \$7630.00 p.a. Branch III Havana, Cuba Station Havana, Cuba	
8. POSITION TITLE AND NUMBER		9. SERVICE GRADE AND SALARY	
10. ORGANIZATIONAL DESIGNATIONS		11. HEADQUARTERS	
12. FIELD OR DEPARTMENTAL		13. FIELD OR DEPARTMENTAL (D)	
<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL		<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL (D)	
A. REMARKS (Use reverse if necessary)			
B. REGISTERED BY [REDACTED]			
C. REQUEST APPROVED BY Signature: [REDACTED] Title: [REDACTED]			
D. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension) [REDACTED] X8242			
13. VETERAN PREFERENCE NONE <input type="checkbox"/> 50% <input type="checkbox"/> OTHER <input type="checkbox"/> 5 PT <input type="checkbox"/> 10 POINT <input type="checkbox"/> UNSUB <input type="checkbox"/> OTHER <input type="checkbox"/>			
14. POSITION CLASSIFICATION ACTION NEW <input type="checkbox"/> VAC <input type="checkbox"/> 1 A <input type="checkbox"/> REAL <input type="checkbox"/>			
15. SEX M <input checked="" type="checkbox"/> W <input type="checkbox"/>		16. RACE FROM 7-3545-55-055 TO Same	
17. APPROPRIATION		18. SUBJECT TO C. 5 RETIREMENT ACT (YES - NO) Yes	
19. DATE OF APPOINT- MENT AFFIDAVIT (Necessaries ONLY)		20. LEGAL RESIDENCE STATE: <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED	
21. STANDARD FORM 50 REMARKS			
22. CLEARANCE'S A. [REDACTED] B. CEN. OR PEX. CONTROL [REDACTED] C. CLASSIFICATION [REDACTED] D. PLACEMENT [REDACTED]			
INITIAL OR SIGNATURE [REDACTED] DATE [REDACTED] REMARKS [REDACTED]			
[REDACTED] 14 Dec 56			

SECRET

STANDARD FORM 52 12-100-107-01-1 U. S. AIR FORCE PERSONNEL MANAGEMENT - PERSONNEL MANUAL (PART 1)		UNVOUCHERED	
REQUEST FOR PERSONNEL ACTION			
REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed. If applicable, obtain resignation and fill in separation data on reverse.			
1. NAME (Mr - Miss Mrs - One given name, initials, and surname) P.P. [ ]		2. DATE OF BIRTH [ ]	
3. NATURE OF ACTION REQUESTED. A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) Reassignment		4. DATE OF REQUEST 7 May 56	
5. POSITION (Specify whether establish, change grade or title, etc.)		6. EFFECTIVE DATE A. PROPOSED.	
		7. C. S. OR OTHER LEGAL AUTHORITY	
		B. APPROVED: [ ]	
FROM - Intelligence Off (FI) BAF-116 GS-0136.51-13 \$9205.00 p.a.		TO - Area Ops Off - D COS BAF-115 GS-0136.01-13 \$9205.00 p.a. [ ] \$7570.00 p.a.) DDP/MH Branch III HAVANA-CUBA STATION Havana, Cuba	
8. POSITION TITLE AND NUMBER		9. SERVICE, GRADE, AND SALARY	
10. ORGANIZATIONAL DESIGNATIONS		11. HEADQUARTERS	
12. FIELD OR DEPARTMENTAL		13. FIELD OR DEPARTMENTAL	
FIELD [ ] DEPARTMENTAL [ ]		FIELD [X] DEPARTMENTAL [ ]	
A. REMARKS (Use reverse if necessary)  New T/O			
B. REQUESTED BY (Name and title) [ ]		D. REQUEST APPROVED [ ]	
C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension) [ ] X-4457		Signature: [ ] Title: [ ]	
13. VETERAN PREFERENCE NONE [ ] WWI [ ] OTHER [ ] 5 PT. [ ] 10 PT. [ ] DEAD [ ] OTHER [ ]		14. POSITION CLASSIFICATION ACTION NEW [ ] VICE [ ] I. A. [ ]	
15. SALARY M [ ] W [ ]		16. SUBJECT TO C. S. RETIREMENT ACT (YES-NO)	
17. APPROPRIATION FROM: 6-3545-55-055 TO: Same		18. DATE OF APPOINTMENT AFFIDAVIT (ACCESSIONS ONLY)	
19. LEGAL RESIDENCE [ ] CLAIMED [ ] PROVED STATE: [ ]		20. STANDARD FORM 50 REMARKS	
APPROVED BY FI CAREER SERVICE BOARD DATE: 14 May 56			
21. CLEARANCES A [ ] B CEIL OR POS CONTROL [ ] C CLASSIFICATION [ ] D PLACEMENT OR EMPL. [ ]		INITIAL OR SIGNATURE [ ] [ ] [ ] [ ]	
DATE 24 May		REMARKS [ ]	
[ ]		[ ]	
[ ]		25 May 56	

SECRET

CONFIDENTIAL

Date \_\_\_\_\_

TO : Chief, Placement and Utilization Division/OP  
Attn : Mr. [ ] OC Placement Officer  
FROM : Chief, Operations and Training Division/OC  
SUBJECT: Communications Training for [ ]

The communications training record for this individual is on file in the [ ] Branch, Room 2308, I Building. If information is desired concerning this training, please call extension 2977.

*W. O. Edwards*  
WILLIAM O. EDWARDS

CONFIDENTIAL

14-00000

SECRET

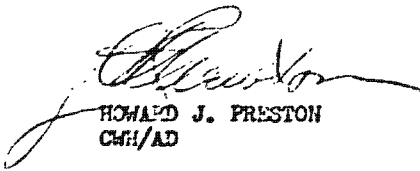
1 December 1954

MEMORANDUM FOR: Chief, Central Processing Branch

SUBJECT: Request for Badges -  
[redacted] and [redacted]

1. It is requested that building badges of Mr. [redacted] and Mr. [redacted] be given to the bearer, Miss [redacted] and Mr. [redacted] presently stationed at Havana, Cuba, will be at headquarters this coming weekend and it will be necessary that they have their badges in order that they may enter and leave the buildings without an escort.

2. Mr. [redacted] Operations Officer of the Havana desk of WHD, will be responsible for the return of these badges to CPB.

  
HOWARD J. PRESTON  
CHH/AD

*100-100000-100000  
100-100000-100000  
100-100000-100000*

[redacted]

SECRET

SECRET

4 March 1954

MEMORANDUM FOR: Personnel Officer, FI

SUBJECT: [REDACTED]  
Recommendation for Promotion

1. Mr. [REDACTED] has been with the WH Division since June 1952 and at the Havana station since 17 January 1953. With approximately eight months headquarters training he has worked into a position demanding extremely [REDACTED] work. His efforts have been highly successful and are marked by an excellent grasp of the problems involved. Mr. [REDACTED] also acts as Chief of Station during any absence of the Chief. The variety of problems he encounters are met with considerable ability.
2. The promotion of Mr. [REDACTED] to the next higher grade is recommended, in view of the excellent performance of his present responsibilities. He has demonstrated his capacity to perform fully and effectively in a field assignment.

*J. C. King*  
J. C. KING  
Chief, WH

SECRET

*file  
ind*

**SECRET**  
Security Information

OCT 18 1952

MEMORANDUM FOR: [REDACTED]

SUBJECT: [REDACTED]

Request for Appointment

REFERENCE: [REDACTED]

Memorandum of 23 November 1951,  
Subject, Representation [REDACTED]  
Missions

1. It is requested that Mr. [REDACTED] GS-12,  
\$7040, be appointed in the [REDACTED] with the title of -  
[REDACTED] for duty in the [REDACTED] at  
Havana, Cuba. Mr. [REDACTED] will occupy position number 2  
of [REDACTED]

2. It is requested that subject arrive at his destination  
on or about 15 December 1952.

FOR THE DEPUTY DIRECTOR, PLANS

BY M. F. W. [REDACTED]

- Enclosures: a. Application Forms 57 and DSR-34  
b. Occupational History Supplement  
c. Proposed Biography

WHD/[REDACTED]

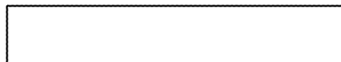
23 September 1952

Distribution: Orig & 1 to addressee

- 1 - CFI
- 1 - WHD (green)
- 2 - LC

Security Information

Section



OCCUPATIONAL EXPERIENCE: June 1952 to Present - Intelligence  
Officer, Central Intelligence Agency  
Washington, D. C.

SECRET

Security Information

## PROPOSED BIOGRAPHY

[REDACTED]

Auburn Senior High School grad; Loyola College, 1947-48; buyer  
with electrical supply co., 1934-1941; U.S. Army, 1941-48, 1st lt.,  
oversere duty; Governor's Staff, Canal Zone Government, 1948 to 1952.



CLASSIFICATION  
Security Information

Date 26 September 1952

MEMORANDUM FOR: PERSONNEL BOARD/SO

FROM: ADMIN/SO

SUBJECT: Transfer -

Approval is requested for the transfer of subject from

\_\_\_\_ OPS OF, GS-12, \$7040.00 at   
(title) (station)

to \_\_\_\_ OPS OF, GS-12, \$7040.00 at Havana, Cuba  
(title) (station)

~~J. Caldwell King~~  
Colonel, WH

APPROVAL

For the Personnel Board

30 Sept 1952  
(date)

100-100000  
100-100000  
100-100000

## Office Memorandum • UNITED STATES GOVERNMENT

TO : Personnel Division

DATE: 11 April 1951

FROM : PD (C)

SUBJECT: 

The following personnel action has been cancelled:

DESIGNATIONINTERESTED UNIT  
Intelligence Officer

OSO, FDT

Reason: Branch holding until December 1951. Sent to Placement until released.

I&SS  
M.R.  
Med. Serv.  
FDT*File**R**Info.  
CR  
11 Apr*

SECRET

CONFIDENTIAL FUNDS PERSONNEL ACTION			
NAME <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span>		DATE 15 August 1950	
NATURE OF ACTION Appointment		EFFECTIVE DATE	
	FROM	TO	
TITLE		Intelligence Officer (OPS)	
GRADE AND SALARY		GS-11	\$5400.00
OFFICE		OSO	
DIVISION		FDT	
BRANCH			
OFFICIAL STATION			
QUALIFICATIONS	APPROVAL		EXECUTIVE
<span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span> 11 August 1950	<span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span>		
CLASSIFICATION	PERSONNEL OFFICER		
	<span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span>		
POST DIFFERENTIAL AUTHORIZED IN ACCORDANCE WITH AGENCY REGULATIONS		YES <input type="checkbox"/>	NO <input type="checkbox"/>
OATH OF OFFICE AND NO STRIKE AFFIDAVIT EXECUTED ON			
SECURITY CLEARED ON			
OVERSEAS AGREEMENT SIGNED			
ENTERED ON DUTY			
		SIGNATURE OF AUTHENTICATING OFFICER	
REMARKS: S-2 Sec. Init. 14 August 1950. Employee is replacement for <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span>		130  MD GR	

SECRET

## EMPLOYMENT CHECK SHEET

NAME		INITIATING OFFICE AND DIVISION		ATTENTION	
F					
DATE RECEIVED FOR PROCESSING		SECURITY CLEARANCE		CRYPTOGRAPHIC CLEARANCE	
		DATE INITIATED	DATE EFFECTIVE	DATE INITIATED	DATE EFFECTIVE
DATE MEMO REC'D (ADM. INST. 10-2)		DATE 37-1 PREPARED		DATE 37-3 PREPARED	
				DATE 568 TO DISPENSARY	
DATE HELD	TAB FOR	REASON HELD			
25 Sept.	+4 Nov.	25 Sept.			
27 Nov.	12 Dec.	No intention to be sent			
28 Dec.	15 Jan.	subject is in [redacted]			
		Check security.			
		FDT sent cable to field.			
		Check, [redacted] in reply			
		so we'll know when subj.			
		is to report.			
	15 Jan	28 Dec. - Subj. still in Army			
		FDT trying to get release. Check			
		on results.			

**SECRET**

7 August 1950

MEMORANDUM

TO: Chief, Employees Division

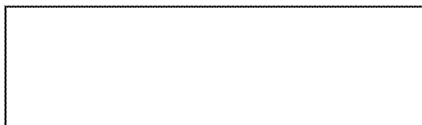
FROM: Chief, Foreign Division T

SUBJECT: [REDACTED]

FDT

1. It is requested that subject be processed at the grade of GS-11 for Slot No. 2, Intelligence Officer Operations, [REDACTED] as a replacement for Mr. [REDACTED]. Mr. [REDACTED] will be transferred to another station in Latin America in the next few months.

2. Although Mr. [REDACTED] is at present a GS-9, he has had a total of approximately 8 years in investigative work with C.I.C., and FDT believes that a rating of GS-11 is thoroughly justified. Since his present salary in the [REDACTED] is \$ 5750 per annum, it is specifically requested that he be processed at the grade of GS-11, \$ 5600 per annum.

**SECRET**

14-00000  
SECRET

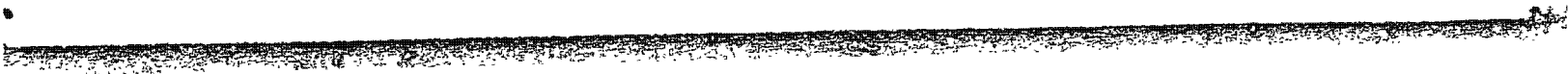
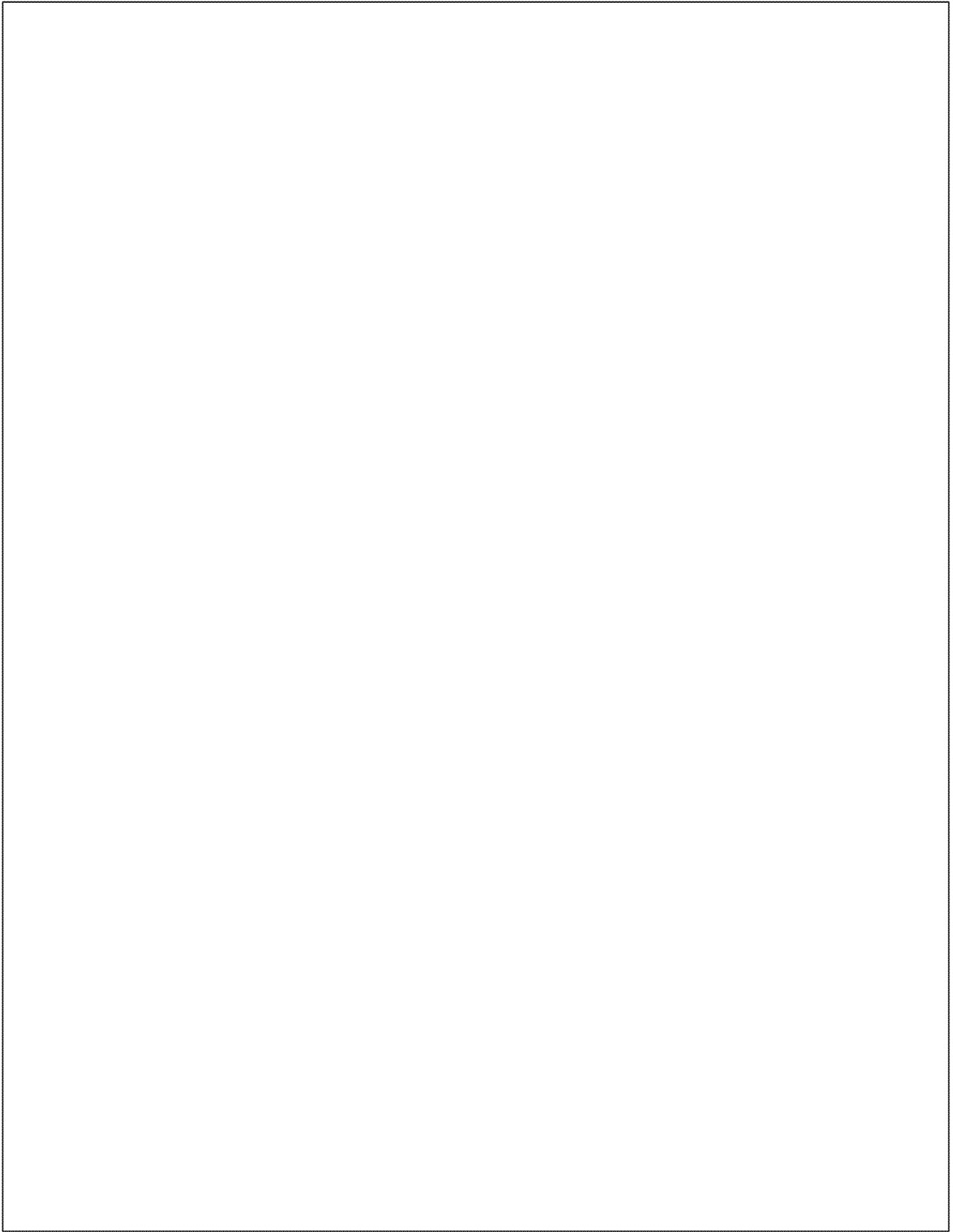
REPRODUCTION MASTER

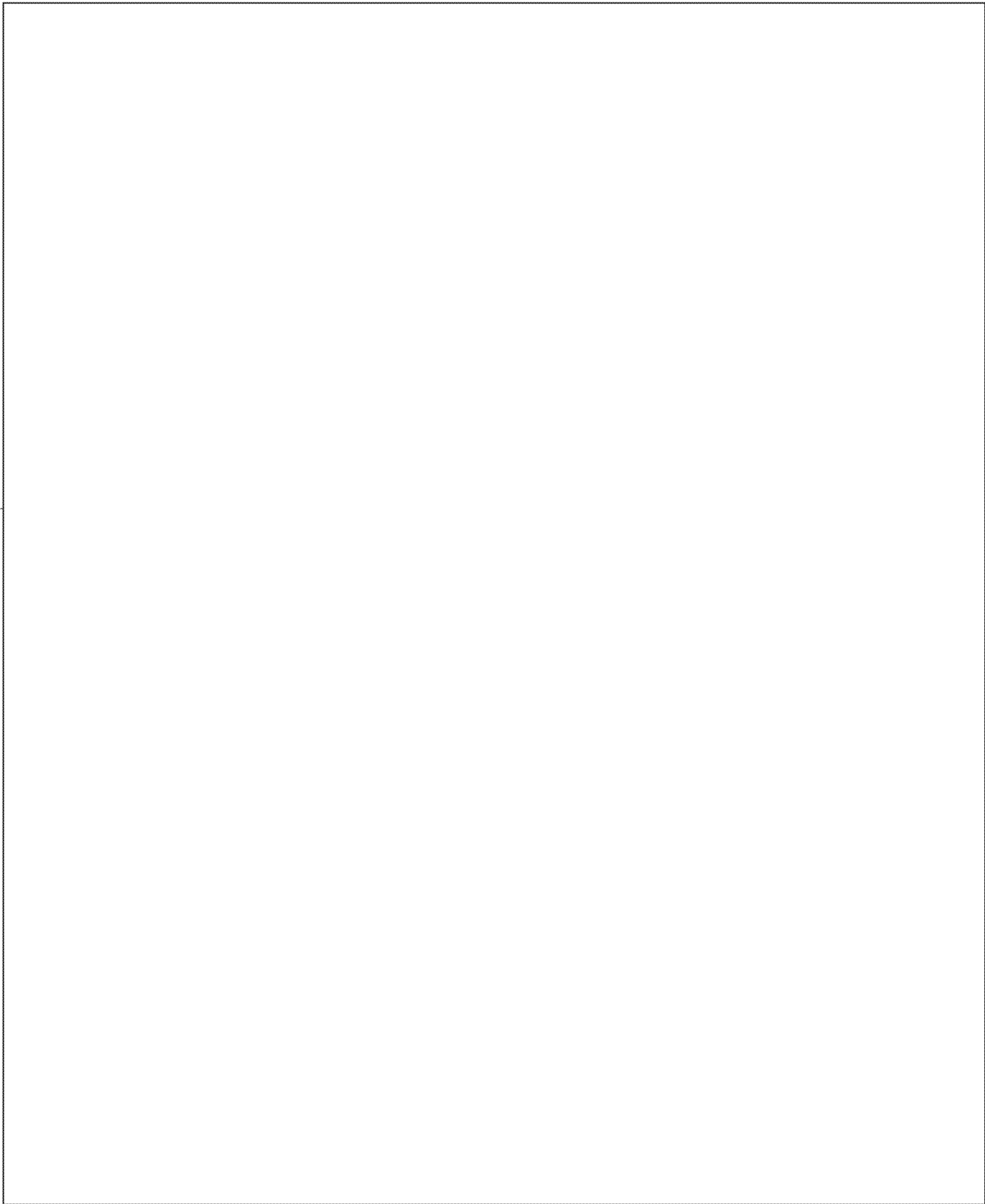
SECRET

BIOGRAPHIC PROFILE

SECRET

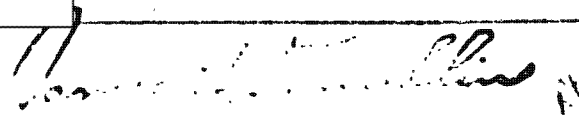
H a n d l e   W i t h   C a r e







SECRET

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP		14 June 1972	FILE NO. 2432
TO: (Check)	<input checked="" type="checkbox"/> CHIEF, CONTROL DIVISION	SS NUMBER 069-03-9635	
	<input type="checkbox"/> CHIEF, CONTRACT PERSONNEL DIVISION	EMPLOYEE NUMBER 060389	
	<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: Retirement Debriefing			<input type="checkbox"/> DISCONTINUED
SUBJECT		UNIT	
<b>KEEP ON TOP OF FILE WHILE COVER IN EFFECT</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 EOD EFFECTIVE DATE		SUBMIT FORM 3254 _____ W-2 TO BE ISSUED. (HNB 20-11)
<input type="checkbox"/>	OPERATIONAL COVER PROVIDED FOR _____ TOY _____ OTHER (Specify)		SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HNB 20-7)
<input checked="" type="checkbox"/>	SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HNB 20-7)		EAA: CATEGORY I _____ CATEGORY II _____
<input checked="" type="checkbox"/>	SUBMIT FORM 3254 _____ W-2 TO BE ISSUED. (HNB 20-11)		RETURN ALL OFFICIAL DOCUMENTATION TO CCS
<input checked="" type="checkbox"/>	SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (HB 240-24)		SUBMIT FORM 2688 FOR _____ HOSPITALIZATION CARD.
<input checked="" type="checkbox"/>	SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (HB 240-24)		DO NOT WRITE IN THIS BLOCK
NA	EAA, CATEGORY I _____	CATEGORY II _____	
NA	SUBMIT FORM 2688 FOR _____ HOSPITALIZATION CARD		
REMARKS AND/OR COVER HISTORY			
DISTRIBUTION			
COPY 1 - TO COPY 2 - OPERATING COMPONENT COPY 3 - OCS COPY 4 - ASST/SECDEF COPY 5 - OP COPY 6 - FOR FILE		RF:BN UNITED STATES GOVERNMENT - NATIONAL ARCHIVE	

FORM 1551 1951

SECRET

"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	NEW SALARY
	060989	SI	480	CF GS 15 7	\$30,701

SECRET  
(When Filled In)

DS: 20 JUL 72

Dotter

DEF										NOTIFICATION OF PERSONNEL ACTION																			
1. SERIAL NUMBER 000386					2. NAME (LAST FIRST MIDDLE) [REDACTED]																								
3. NATURE OF PERSONNEL ACTION CONVERSION FROM [REDACTED] STATUS & RETIREMENT-VOLUNTARY-UNDER CIA RETIREMENT & DISABILITY SYSTEM					4. EFFECTIVE DATE MO COB 06 30 72					5. CATEGORY OF EMPLOYMENT REGULAR																			
6. FUNDS V TO V CF TO V X					7. Financial Analysis No. (Chargeable) 2135 0620 (X)00					8. CSC OR OTHER LEGAL AUTHORITY PL 88-643 SECT 233																			
9. ORGANIZATIONAL DESIGNATIONS DUP/WH DIVISION BRANCH 6 OFFICE OF THE CHIEF					10. LOCATION OF OFFICIAL STATION WASH., D.C.																								
11. POSITION TITLE OPS OFFICER CH					12. POSITION NUMBER 1844					13. SERVICE DESIGNATION D																			
14. CLASSIFICATION SCHEDULE (GS, IS, etc.) GS					15. OCCUPATIONAL SERIES 0135.01					16. GRADE AND STEP 15 7					17. SALARY OR RATE 30701														
18. REMARKS																													
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL																													
19. EMPLOY CODE 10		21. OFFICE CODING NUMERIC ALPHABETIC				22. STATION CODE				23. OFFICE CODE				24. HOURS CODE				25. DATE OF BIRTH MO DA YR				26. DATE OF GRADE MO DA YR				27. DATE OF LEI MO DA YR			
28. INTO EMPLOY		29. SPECIAL REFERENCE				30. RETIREMENT DATA				31. SEPARATION DATA CODE				32. CORRECTION / CANCELLATION DATA				33. SECURITY REQ NO				34. SEX							
35. VET PREFERENCE		36. SERV COMP DATE				37. LEAVE COMP DATE				38. CAREER CATEGORY				39. PRIOR HEALTH INSURANCE				40. SOCIAL SECURITY NO											
41. PREVIOUS FEDERAL GOVERNMENT SERVICE		42. LEAVE CAT				43. FEDERAL TAX DATA				44. STATE TAX DATA				45. PRIOR EXECUTED				46. NO TAX STATE CODE											
47. PRIOR FEDERAL GOVERNMENT SERVICE		48. LEAVE CAT				49. FEDERAL TAX DATA				50. STATE TAX DATA				51. PRIOR EXECUTED				52. NO TAX STATE CODE											
53. SIGNATURE OF OTHER AUTHENTICATION																													
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p>POSTED</p> <p>6 29 72</p> </div>																													

MLH

13

1. EMP. NO.		2. NAME		3. ORGANIZATION		4. FUNDS		5. LWOP HOURS	
060389				51 650		CF			

A. OLD SALARY RATE				7. NEW SALARY RATE				8. TYPE ACTION	
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	EFFECTIVE DATE	SI	ADI
GS 15	6	\$28,291	09/07/69	GS 15	7	\$29,092	09/03/71		

CERTIFICATION AND AUTHENTICATION

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

SIGNATURE:  DATE:

☐ NO EXCESS LWOP  
☐ IN PAY STATUS AT END OF WAITING PERIOD  
☐ LWOP STATUS AT END OF WAITING PERIOD

PERIOD OF WAITING PERIOD: 1-30/3/71  
 EQUIVALENT INCREASE

CLERK'S INITIALS	AUDITED BY
0 0	0 0

FORM 7-68 560 E Use previous editions PAY CHANGE NOTIFICATION (4-31)

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

EFFECTIVE DATE OF PAY ADJUSTMENT: 10 JANUARY 1971

NAME	SERIAL	ORGANIZATION	FUNDS	GRADE-STEP	NEW SALARY
<span style="border: 1px solid black; display: inline-block; width: 150px; height: 30px; vertical-align: middle;"></span>	060389	51 650	CF	GS 15 6	\$28,291

FVD: 13 OCT 70

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)									
060389											
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT					
REASSIGNMENT				09 20 70		REGULAR					
6. FUNDS		V TO V		V TO CP		7. Financial Analysis No. Chargeable		8. CSC OR OTHER SPECIAL AUTHORITY			
		CP TO V		CP TO CP		1135 0856 0000		50 USC 403 J			
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION					
DDP/WH FOREIGN FIELD BRANCH 2											
STATION											
11. POSITION TITLE				12. POSITION NUMBER		13. SERVICE DESIGNATION					
CHIEF OF STATION				0198		D					
14. CLASSIFICATION SCHEDULE GS 18 OR			15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OF RATE				
GS			0136.05		15 6		26700				
18. REMARKS											
HOME BASE: WH											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODES		22. STATION CODE	23. INTELLIGENCE CODE	24. MONTH CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI		
37	10	51650 WH		16059		3					
28. NTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. Extension / Cancellation Data		33. SECURITY REG. NO.	
09 19 72		83								EOD DATA	
34. VET PREFERENCE		35. SERV. COMP. DATE		36. LONG. COMP. DATE		38. CAREER CATEGORY		39. REG. / HEALTH INSURANCE		40. SOCIAL SECURITY NO.	
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE				42. LEAVE CAT. CODE		43. FEDERAL TAX DATA		44. STATE TAX DATA			
45. NO. PREVIOUS SERVICE				46. LEAVE CAT. CODE		47. FEDERAL TAX DATA		48. STATE TAX DATA			
49. NO. PREVIOUS SERVICE				46. LEAVE CAT. CODE		47. FEDERAL TAX DATA		48. STATE TAX DATA			
50. NO. PREVIOUS SERVICE				46. LEAVE CAT. CODE		47. FEDERAL TAX DATA		48. STATE TAX DATA			
SIGNATURE OR OTHER AUTHENTICATION											
<div style="text-align: right;"> <b>POSTED</b>            10-14-70            BSI         </div>											

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Edition

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(When Filled In)

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

EFFECTIVE DATE OF PAY ADJUSTMENT: 28 DECEMBER 1969

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	NEW SALARY
	060389	51	650	CF GS 15 6	\$26,700

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

EFFECTIVE DATE OF PAY ADJUSTMENT: 28 DECEMBER 1969

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	NEW SALARY
	060389	51	650	CF GS 15 6	\$26,700

653

1. SERIAL NO.		2. NAME		3. ORGANIZATION		4. FUND		5. LWOP HOURS	
060389				51 630		CF			
6. OLD SALARY RATE				7. NEW SALARY RATE				8. TYPE ACTION	
Grade	Step	Salary	Last Eff Date	Grade	Step	Salary	EFFECTIVE DATE	SI	AOI
GS 13	5	<del>222,911</del> \$24,469	09/10/67	GS 13	6	<del>222,911</del> \$25,189	09/07/69		
CERTIFICATION AND AUTHENTICATION									
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF CONFIDENCE.									
SIGNATURE <i>[Signature]</i>						DATE <i>Jan 22 1969</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									
CLERKS INITIALS <i>[Handwritten Initials]</i>									
FORM 560 E Use previous editions PAY CHANGE NOTIFICATION (431)									

"PAY ADJUSTMENT IN ACCORDANCE WITH SECTION 212 OF PL 90-206 AND EXECUTIVE ORDER 11474 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 6 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 13 JULY 1968

NAME

SERIAL 060389 FUND 51-630

OFFICE 51 630 CF GS 13 5

NEW  
SALARY

\$24,469

14-00000  
"PAY ADJUSTMENT IN ACCORDANCE WITH SECTIONS 212 AND 216 OF PL 90-206 AND  
EXECUTIVE ORDER 11413 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT  
OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 14 JULY 1968

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
[REDACTED]	060389	51	650	CF GS 13 5	\$20,356	\$22,416

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

EFFECTIVE DATE OF PAY ADJUSTMENT: 13 JULY 1969

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	NEW SALARY
[REDACTED]	062134	42	775	CF GS 13 4	\$17,393

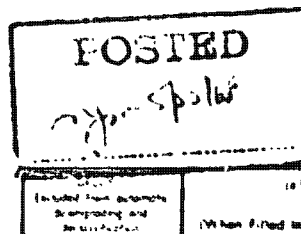


**SECRET**  
(When Filled In)

FVO:

NOTIFICATION OF PERSONNEL ACTION									
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)							
060389									
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
REASSIGNMENT				05 19 68		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		8135 0856 0000		50 USC 403 J	
9. ORGANIZATIONAL DESIGNATIONS				10. LOCATION OF OFFICIAL STATION					
DDP/WH FOREIGN FIELD BRANCH 2									
STATION									
11. POSITION TITLE				12. POSITION NUMBER		13. SERVICE DESIGNATION			
CHIEF OF STATION				0198		D			
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
GS		0136.05		15 5		20856			
18. REMARKS									
WASH., D.C.									
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL									
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING		22. STATION CODE	23. INTEGRITY CODE	24. HOURS CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LET
37	10	51650 WH		18069		3			
28. NTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION - CANCELLATION DATA	
								EOD DATA	
35. VET PREFERENCE		36. SERV. COMP. DATE		37. LONG. COMP. DATE		38. CAREER CATEGORY		39. PEGU - HEALTH INSURANCE	
40. SOCIAL SECURITY NO.		41. PREVIOUS CIVILIAN GOVERNMENT SERVICE		42. LEA - CAT CODE		43. FEDERAL TAX DATA		44. STATE TAX DATA	

SIGNATURE OR OTHER AUTHENTICATION



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Use Previous  
Edition

SECRET

FVO

(When Filled In)

"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 9 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 9 OCTOBER 1967

NAME

SERIAL ORGN, FUNDS GR-STEP OLD SALARY NEW SALARY  
060389 51 500 CF GS 15 5 \$19,978 \$20,856

1. Serial No.		2. Name		3. Cost Center Number		4. LWOP Hours	
060389				51 500 CF			
5. OLD SALARY RATE				6. NEW SALARY RATE			
Grade	Step	Salary	Last PW Date	Grade	Step	Salary	Effective Date
GS 15	4	\$19,371	09/12/65	GS 15	5	\$19,978	09/10/67
7. TYPE ACTION							
PSI LSI ADI							
8. Remarks and Authorization							
/ NO EXCESS LWOP / IN PAY STATUS AT END OF WAITING PERIOD / LWOP STATUS AT END OF WAITING PERIOD CLERKS INITIALS <i>SB</i> AUDITED BY <i>1</i> I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE. SIGNATURE: <i>[Signature]</i> DATE <i>10/10/67</i> <b>PAY CHANGE NOTIFICATION</b>							

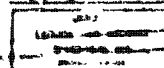
PJH: 15 JUL 66

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION									
1. SERIAL NUMBER 060384		2. NAME (LAST, FIRST, MIDDLE) [REDACTED]							
3. NATURE OF PERSONNEL ACTION REASSIGNMENT				4. EFFECTIVE DATE MO DA YR 07 15 66		5. CATEGORY OF EMPLOYMENT REGULAR			
6. FUNDS [REDACTED]		V TO V [REDACTED]		V TO CP [REDACTED]		7. COST CENTER NO. CHARGEABLE 7135 1162 0000		8. CS, OR OTHER LEGAL AUTHORITY 30 USC 403 J	
9. ORGANIZATIONAL DESIGNATIONS DDP/WH WH/C OFFICE OF THE CHIEF				10. LOCATION OF OFFICIAL STATION WASH., D.C.					
11. POSITION TITLE OPS OFFICER D CH				12. POSITION NUMBER 1106		13. SERVICE DESIGNATION D			
14. CLASSIFICATION SCHEDULE (GS, LS, etc.) GS		15. OCCUPATIONAL SERIES 0136.01		16. GRADE AND STEP 15 4		17. SALARY OR RATE 18825			
18. REMARKS WASH., D.C.									
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL									
19. ACTION CODE 37		20. EMPLOY CODE 10		21. OFFICE CODING NUMERICAL ALPHABETIC 51500 WH		22. STATION CODE 75013		23. INTEGRITY CODE [REDACTED]	
24. HOURS CODE 1		25. DATE OF BIRTH MO DA YR [REDACTED]		26. DATE OF GRADE MO DA YR [REDACTED]		27. DATE OF LEI MO DA YR [REDACTED]		28. NTE EXPIRES MO DA YR [REDACTED]	
29. SPECIAL REFERENCE [REDACTED]		30. RETIREMENT DATA 1. YES 2. NO 3. NONE		31. SEPARATION DATA CODE TYPE [REDACTED]		32. CORRECTION/CANCELLATION DATA MO DA YR [REDACTED]		33. SECURITY REQ. NO. [REDACTED]	
34. VET PREFERENCE CODE 0 NONE 1. 5 PF 2. 10 PF		35. SERV COMP DATE MO DA YR [REDACTED]		36. LONG COMP DATE MO DA YR [REDACTED]		37. CAREER CATEGORY CODE [REDACTED]		38. FEGLI / HEALTH INSURANCE CODE 0 WAIVER 1 YES	
39. SOCIAL SECURITY NO. [REDACTED]		40. PREVIOUS GOVERNMENT SERVICE DATA CODE 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		41. LEAVE CAT. 42 CODE [REDACTED]		43. FEDERAL TAX DATA FORM EXECUTED CODE 1 YES 2 NO		44. STATE TAX DATA CODE NO TAX EXEMPTION 1 YES 2 NO	
SIGNATURE OR OTHER AUTHENTICATION									

FORM 1150  
11 62Use Previous  
Edition

SECRET



"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
<div></div>	060389	51	500	CF GS 15 4	\$18,825	\$19,371

N.J. 18 FEB 66

SECRET  
(When Filled In)

## NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER 060389		2. NAME (LAST FIRST MIDDLE) [REDACTED]	
3. NATURE OF PERSONNEL ACTION REASSIGNMENT		4. EFFECTIVE DATE NO. DA YR 02 18 66	
5. CATEGORY OF EMPLOYMENT REGULAR		6. COST CENTER NO. (MANDATORY) 6135 1162 0000	
7. CSC OR OTHER LEGAL AUTHORITY 50 USC 403 J		8. FUNDS V TO V CF TO V X CF TO CF	
9. ORGANIZATIONAL DESIGNATIONS DDP/WH WH/C [REDACTED] OFFICE OF THE CHIEF		10. LOCATION OF OFFICIAL STATION WASH., D. C.	
11. POSITION TITLE [REDACTED] OPS OFFICER		12. POSITION NUMBER 1148	
13. SERVICE DESIGNATION D		14. CLASSIFICATION SCHEDULE (GS, LB, SM) GS	
15. OCCUPATIONAL SERIES 0136.01		16. GRADE AND STEP 15 4	
17. SALARY OR RATE 16825		18. REMARKS MADRID, SPAIN	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
19. ACTION CODE 37	20. EMPLOY CODE 10	21. OFFICE CODING NUMERIC ALPHABETIC 51500 WH	22. STATION CODE 75013
23. INTEGRITY CODE [REDACTED]	24. MILEAGE CODE [REDACTED]	25. DATE OF BIRTH NO DA YR [REDACTED]	26. DATE OF GRADE NO DA YR [REDACTED]
27. DATE OF LEI NO DA YR [REDACTED]	28. NTE EXPIRES NO DA YR [REDACTED]	29. SPECIAL REFERENCE 1. CSC 2. FICA 3. NONE	30. RETIREMENT DATA CODE [REDACTED]
31. SEPARATION DATA CODE [REDACTED]	32. CORRECTION/CANCELLATION DATA TYPE NO DA YR [REDACTED]	33. SECURITY REQ NO [REDACTED]	34. SEX [REDACTED]
35. VET PREFERENCE CODE 0 - NONE 1 - 5 PT 2 - 10 PT	36. SERV COMP DATE NO DA YR [REDACTED]	37. LONG COMP DATE NO DA YR [REDACTED]	38. CAREER CATEGORY CODE [REDACTED]
39. FEELT / HEALTH INSURANCE CODE 0 - NO FEELT 1 - YES 2 - NO	40. SOCIAL SECURITY NO [REDACTED]	41. PREVIOUS GOVERNMENT SERVICE DATA CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YRS) 3 - BREAK IN SERVICE (MORE THAN 3 YRS)	42. LEAVE CAT CODE [REDACTED]
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 [REDACTED]	
FROM WE 2			

FORM 1150  
11 62Use Previous  
Edition

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(When Filled In)

RZF: 21 OCT 65

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(When Filled In)

NOTIFICATION OF PERSONNEL ACTION																	
<b>NOF</b> 1. SERIAL NUMBER    2. NAME (LAST FIRST MIDDLE) 060389    [ ]																	
3. NATURE OF PERSONNEL ACTION DESIGNATION AS PARTICIPANT IN CIA RETIREMENT AND DISABILITY SYSTEM						4. EFFECTIVE DATE MO DA YR 10 24 65		5. CATEGORY OF EMPLOYMENT REGULAR									
6. FUNDS    ▶		V TO V (F TO V)    X    (F TO V)		7. COST CENTER NO. CHARGEABLE 5135 1347 0000		8. USE OR OTHER LEGAL AUTHORITY SECTION 203 P.L. 88-643											
9. ORGANIZATIONAL DESIGNATIONS ODP/WE FOREIGN FIELD [ ] STATION OFFICE OF THE CHIEF						10. LOCATION OF OFFICIAL STATION [ ]											
11. POSITION TITLE [ ] OPS OFF OCOS				12. POSITION NUMBER 0397		13. SERVICE DESIGNATION D											
14. CLASSIFICATION SCHEDULE (1-5, etc.) 65			15. OCCUPATIONAL SERIES 0136.01		16. GRADE AND STEP 15 4		17. SALARY OR RATE 18170										
18. REMARKS EMPLOYEE WILL BE NOTIFIED BY DISPATCH FROM THE DIRECTOR OF PERSONNEL OF THIS DESIGNATION AND OF HIS RIGHT OF APPEAL TO THE DIRECTOR OF CENTRAL INTELLIGENCE.																	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL																	
19. ACTION CODE 28		20. EMPLOY CODE 10		21. OFFICE CODING ALPHABETIC 50660 WE		22. STATION CODE 67033		23. INTEREST CODE [ ]		24. NEGOTI CODE 3		25. DATE OF BIRTH MO DA YR 03 16 62		26. DATE OF GRADE MO DA YR 03 12 65		27. DATE OF LEI MO DA YR 03 12 65	
28. NTE EXPIRES MO DA YR [ ]		29. SPECIAL REFERENCE [ ]		30. RETIREMENT DATA 1 - CSC 2 - PICA 3 - NONE 2		31. SEPARATION DATA CODE [ ]		32. CORRECTION/CANCELLATION DATA TYPE MO DA YR [ ]		33. SECURITY REQ NO. [ ]		34. SER [ ]		EOD DATA			
35. VET. PREFERENCE CODE 0 - NONE 1 - 5 PT 2 - 10 PT		36. SPH COMP DATE MO DA YR [ ]		37. LONG COMP DATE MO DA YR [ ]		38. CAREER CATEGORY CODE 1 - YES 2 - NO		39. FEGLI / HEALTH INSURANCE CODE 0 - WAIVED 1 - YES		40. SOCIAL SECURITY NO. [ ]							
41. PREVIOUS GOVERNMENT SERVICE DATA CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE LESS THAN 3 YRS 3 - BREAK IN SERVICE MORE THAN 3 YRS				42. LEAVE CAT CODE [ ]		43. FEDERAL TAX DATA UNREFLECTED CODE 1 - YES 2 - NO		44. STATE TAX DATA NO TAX EXEMPTIONS CODE 1 - YES 2 - NO		45. FORM EXECUTED 1 - YES 2 - NO		46. CODE NO TAX EXEMPT STATE CODE		47. STATE CODE [ ]			
SIGNATURE OR OTHER AUTHENTICATION																	
[ ]																	

FORM 1130  
11 62Use Previous  
Edition

SECRET

POSTED  
 10-22-65

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 (When Filled In)

14-00000

PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 49-381  
PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949,  
AS AMENDED, AND A-DCI POLICY DIRECTIVE DATED 4 OCTOBER 1942."

EFFECTIVE DATE OF PAY ADJUSTMENT: 10 OCTOBER 1965

NAME	SERIAL	GRADE	FOUNDER	OLD SALARY	NEW SALARY
	060389	GS 15	4	\$18,170	\$18,825

10

F57

1. Serial No.		2. Name		3. Cost Center Number		4. LWOP Hours	
060389				90 600 CF			
5. OLD SALARY RATE				6. NEW SALARY RATE			
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	Effective Date
GS 15	3	\$17,600	09/13/64	GS 15	4	\$18,170	09/12/65
7. TYPE ACTION							
PSI LSI ADJ							
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: 4 Aug '65 PAY CHANGE NOTIFICATION							

SECRET  
(When Filled In)

## NOTIFICATION OF PERSONNEL ACTION

APR 23/30/65

1. SOCIAL NUMBER 000389		2. NAME (LAST FIRST MIDDLE) [REDACTED]		4. EFFECTIVE DATE MO DA YR 03 29 65		5. CATEGORY OF EMPLOYMENT	
3. NATURE OF PERSONNEL ACTION SERIES CODE ADJUSTMENT				7. COST (ENTER NO. CHARGEABLE) 5136 1347 0000		8. CIVIL OR OTHER LEGAL AUTHORITY	
6. FUNDS [REDACTED]		V TO V CF TO V		X TO CF CF TO CF			
9. OCCASIONAL DESIGNATIONS DDP/WE DIVISION				10. LOCATION OF OFFICIAL STATION [REDACTED]			
11. POSITION TITLE OPS OFFICER DCOS				12. POSITION NUMBER 0897		13. CAREER SERVICE DESIGNATION D	
14. CLASSIFICATION SCHEDULE (GS 18, etc.) GS		15. OCCUPATIONAL SERIES 0136.01		16. GRADE AND STEP 15		17. SALARY OR RATE	
18. REMARKS							
<div style="border: 1px solid black; padding: 5px; display: inline-block;">             POSTED              04/05/65 J.K.           </div> <div style="border: 1px solid black; padding: 5px; display: inline-block; margin-left: 20px;">             SIGNATURE OR OTHER AUTHENTICATION              [REDACTED]           </div>							

143 000000 143

പ്രതി ശ്രദ്ധിക്കുക  
ദീർഘമായ

**SECRET**

1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100. 101. 102. 103. 104. 105. 106. 107. 108. 109. 110. 111. 112. 113. 114. 115. 116. 117. 118. 119. 120. 121. 122. 123. 124. 125. 126. 127. 128. 129. 130. 131. 132. 133. 134. 135. 136. 137. 138. 139. 140. 141. 142. 143. 144. 145. 146. 147. 148. 149. 150. 151. 152. 153. 154. 155. 156. 157. 158. 159. 160. 161. 162. 163. 164. 165. 166. 167. 168. 169. 170. 171. 172. 173. 174. 175. 176. 177. 178. 179. 180. 181. 182. 183. 184. 185. 186. 187. 188. 189. 190. 191. 192. 193. 194. 195. 196. 197. 198. 199. 200. 201. 202. 203. 204. 205. 206. 207. 208. 209. 210. 211. 212. 213. 214. 215. 216. 217. 218. 219. 220. 221. 222. 223. 224. 225. 226. 227. 228. 229. 230. 231. 232. 233. 234. 235. 236. 237. 238. 239. 240. 241. 242. 243. 244. 245. 246. 247. 248. 249. 250. 251. 252. 253. 254. 255. 256. 257. 258. 259. 260. 261. 262. 263. 264. 265. 266. 267. 268. 269. 270. 271. 272. 273. 274. 275. 276. 277. 278. 279. 280. 281. 282. 283. 284. 285. 286. 287. 288. 289. 290. 291. 292. 293. 294. 295. 296. 297. 298. 299. 300. 301. 302. 303. 304. 305. 306. 307. 308. 309. 310. 311. 312. 313. 314. 315. 316. 317. 318. 319. 320. 321. 322. 323. 324. 325. 326. 327. 328. 329. 330. 331. 332. 333. 334. 335. 336. 337. 338. 339. 340. 341. 342. 343. 344. 345. 346. 347. 348. 349. 350. 351. 352. 353. 354. 355. 356. 357. 358. 359. 360. 361. 362. 363. 364. 365. 366. 367. 368. 369. 370. 371. 372. 373. 374. 375. 376. 377. 378. 379. 380. 381. 382. 383. 384. 385. 386. 387. 388. 389. 390. 391. 392. 393. 394. 395. 396. 397. 398. 399. 400. 401. 402. 403. 404. 405. 406. 407. 408. 409. 410. 411. 412. 413. 414. 415. 416. 417. 418. 419. 420. 421. 422. 423. 424. 425. 426. 427. 428. 429. 430. 431. 432. 433. 434. 435. 436. 437. 438. 439. 440. 441. 442. 443. 444. 445. 446. 447. 448. 449. 450. 451. 452. 453. 454. 455. 456. 457. 458. 459. 460. 461. 462. 463. 464. 465. 466. 467. 468. 469. 470. 471. 472. 473. 474. 475. 476. 477. 478. 479. 480. 481. 482. 483. 484. 485. 486. 487. 488. 489. 490. 491. 492. 493. 494. 495. 496. 497. 498. 499. 500. 501. 502. 503. 504. 505. 506. 507. 508. 509. 510. 511. 512. 513. 514. 515. 516. 517. 518. 519. 520. 521. 522. 523. 524. 525. 526. 527. 528. 529. 530. 531. 532. 533. 534. 535. 536. 537. 538. 539. 540. 541. 542. 543. 544. 545. 546. 547. 548. 549. 550. 551. 552. 553. 554. 555. 556. 557. 558. 559. 560. 561. 562. 563. 564. 565. 566. 567. 568. 569. 570. 571. 572. 573. 574. 575. 576. 577. 578. 579. 580. 581. 582. 583. 584. 585. 586. 587. 588. 589. 590. 591. 592. 593. 594. 595. 596. 597. 598. 599. 600. 601. 602. 603. 604. 605. 606. 607. 608. 609. 610. 611. 612. 613. 614. 615. 616. 617. 618. 619. 620. 621. 622. 623. 624. 625. 626. 627. 628. 629. 630. 631. 632. 633. 634. 635. 636. 637. 638. 639. 640. 641. 642. 643. 644. 645. 646. 647. 648. 649. 650. 651. 652. 653. 654. 655. 656. 657. 658. 659. 660. 661. 662. 663. 664. 665. 666. 667. 668. 669. 670. 671. 672. 673. 674. 675. 676. 677. 678. 679. 680. 681. 682. 683. 684. 685. 686. 687. 688. 689. 690. 691. 692. 693. 694. 695. 696. 697. 698. 699. 700. 701. 702. 703. 704. 705. 706. 707. 708. 709. 710. 711. 712. 713. 714. 715. 716. 717. 718. 719. 720. 721. 722. 723. 724. 725. 726. 727. 728. 729. 730. 731. 732. 733. 734. 735. 736. 737. 738. 739. 740. 741. 742. 743. 744. 745. 746. 747. 748. 749. 750. 751. 752. 753. 754. 755. 756. 757. 758. 759. 760. 761. 762. 763. 764. 765. 766. 767. 768. 769. 770. 771. 772. 773. 774. 775. 776. 777. 778. 779. 780. 781. 782. 783. 784. 785. 786. 787. 788. 789. 790. 791. 792. 793. 794. 795. 796. 797. 798. 799. 800. 801. 802. 803. 804. 805. 806. 807. 808. 809. 810. 811. 812. 813. 814. 815. 816. 817. 818. 819. 820. 821. 822. 823. 824. 825. 826. 827. 828. 829. 830. 831. 832. 833. 834. 835. 836. 837. 838. 839. 840.

1-20-2000 1-20-2000 0-20-2000



|                 |  |              |  |       |                    |        |                |             |     |
|-----------------|--|--------------|--|-------|--------------------|--------|----------------|-------------|-----|
| 12. NO.         |  | Name         |  | 3     | City Center Number |        | 4              | LWOP Hours  |     |
| 10309           |  |              |  |       | 50 000             |        |                | 106         |     |
| OLD SALARY RATE |  | Last EM Date |  | 6     | NEW SALARY RATE    |        | 7              | TYPE ACTION |     |
| 17,030          |  | 09/15/63     |  | Grade | Step               | Salary | Effective Date | PSI         | LSI |
|                 |  | 09/15/63     |  | GS 15 | 3                  | 17,600 | 09/15/64       |             |     |
|                 |  |              |  |       |                    |        |                |             |     |

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

01  
 663  
 EH

AUDITED BY

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

SIGNATURE: [Signature] DATE 22 July 64

PAY CHANGE NOTIFICATION

Form 9-61 560 Obsolete Previous

## GENERAL SCHEDULE RATES

### Federal Employees Salary Act of 1964

SECRET  
(When Filled In)

DLS: 8 OCT 63

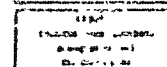
| NOTIFICATION OF PERSONNEL ACTION  |  |                                 |  |                        |  |                                 |  |                                 |  |                       |  |
|---|--|---------------------------------|--|------------------------|--|---------------------------------|--|---------------------------------|--|-----------------------|--|
| 1 SERIAL NUMBER   |  | 2 NAME (LAST FIRST MIDDLE)      |  |                        |  |                                 |  |                                 |  |                       |  |
| 050389  |  |                                 |  |                        |  |                                 |  |                                 |  |                       |  |
| 3 NATURE OF PERSONNEL ACTION  |  |                                 |  |                        |  | 4 EFFECTIVE DATE                |  | 5 CATEGORY OF EMPLOYMENT        |  |                       |  |
| REASSIGNMENT  |  |                                 |  |                        |  | 10 OCT 63                       |  | REGULAR                         |  |                       |  |
| 6 FUNDS   |  | 7 V TO V                        |  | 8 V TO CF              |  | 9 COST CENTER NO CHARGEABLE     |  | 10 CSC OR OTHER LEGAL AUTHORITY |  |                       |  |
| CF TO V   |  | X                               |  | CF TO CF               |  | 4135 6400 1017                  |  | 50 USC 403 J                    |  |                       |  |
| 9 ORGANIZATIONAL DESIGNATIONS   |  |                                 |  |                        |  | 10 LOCATION OF OFFICIAL STATION |  |                                 |  |                       |  |
| DDP/WE<br>STATION<br>OFFICE OF THE CHIEF  |  |                                 |  |                        |  |                                 |  |                                 |  |                       |  |
| 11 POSITION TITLE   |  |                                 |  |                        |  | 12 POSITION NUMBER              |  | 13 SERVICE DESIGNATION          |  |                       |  |
| CPS OFFICER DCOS  |  |                                 |  |                        |  | 0897                            |  | D                               |  |                       |  |
| 14 CLASSIFICATION SCHEDULE (GS, LE, etc)  |  |                                 |  | 15 OCCUPATIONAL SERIES |  | 16 GRADE AND STEP               |  | 17 SALARY OR RATE               |  |                       |  |
| GS  |  |                                 |  | 0136.01                |  | 15 2                            |  | 15045                           |  |                       |  |
| 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 PAGES CODE         |  |
| 37 10   |  |                                 |  | NUMERIC ALPHABETIC     |  | 67033                           |  |                                 |  | 3                     |  |
| 25 DATE OF BIRTH  |  | 26 DATE OF GRADE                |  | 27 DATE OF LEI         |  | 28 DATE OF BIRTH                |  | 29 DATE OF GRADE                |  | 30 DATE OF LEI        |  |
| MO DA YR  |  | MO DA YR                        |  | MO DA YR               |  | MO DA YR                        |  | MO DA YR                        |  | MO DA YR              |  |
|   |  |                                 |  |                        |  |                                 |  |                                 |  |                       |  |
| 31 RETE CAPS  |  | 32 SPECIAL REFERENCE            |  | 33 RETIREMENT DATA     |  | 34 SEPARATION DATA CODE         |  | 35 CORRECTION/CANCELLATION DATA |  | 36 SECURITY RTO NO    |  |
| MO DA YR  |  | 1 - CSC<br>2 - PICA<br>3 - NONE |  | CODE                   |  | TYPE                            |  | MO DA YR                        |  | 37 SER                |  |
|   |  |                                 |  |                        |  |                                 |  | EOD DATA                        |  | 38 SER                |  |
| 39 VET PREFERENCE   |  | 40 SERV COMP DATE               |  | 41 LONG COMP DATE      |  | 42 CAREER CATEGORY              |  | 43 REG/LI HEALTH INSURANCE      |  | 44 SOCIAL SECURITY NO |  |
| CODE  |  | MO DA YR                        |  | MO DA YR               |  | LAW CIVIL TEMP                  |  | CODE                            |  | MO DA YR              |  |
|   |  |                                 |  |                        |  |                                 |  |                                 |  |                       |  |
| 45 PREVIOUS GOVERNMENT SERVICE DATA   |  |                                 |  | 46 LEAVE CAT           |  |                                 |  | 47 FEDERAL TAX DATA             |  |                       |  |
| CODE  |  |                                 |  | CODE                   |  |                                 |  | CODE                            |  |                       |  |
| 1 - NO PREVIOUS SERVICE<br>2 - NO DATA IN SERVICE<br>3 - BREAK IN SERVICE LESS THAN 3 YEARS<br>4 - BREAK IN SERVICE MORE THAN 3 YEARS |  |                                 |  | 1 - YES<br>2 - NO      |  |                                 |  | 1 - YES<br>2 - NO               |  |                       |  |
|   |  |                                 |  |                        |  |                                 |  |                                 |  |                       |  |
| SIGNATURE OF OTHER AUTHENTICATION   |  |                                 |  |                        |  |                                 |  |                                 |  |                       |  |
| <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>POSTED</b><br/> 10/24/63 JK </div>                     |  |                                 |  |                        |  |                                 |  |                                 |  |                       |  |

FORM 1110  
1-63

Use Previous  
Edition

SECRET

8 OCT 63



(When Filled In)

|  |      |                           |       |             |        |
|--|------|---------------------------|-------|-------------|--------|
| 0A0389   |      | 02 660                    |       | CF 17       |        |
| OLD SALARY RATE  |      | NEW SALARY RATE           |       | DATE 2/1/63 |        |
| Grade  | Step | Salary                    | Grade | Step        | Salary |
| GS 15 1 \$14,565 09/16/62  |      | GS 15 2 \$15,045 09/15/63 |       |             |        |
| Remarks and Authorization  |      |                           |       |             |        |
| / / NO EXCESS LEOP<br>/ / IN PAY STATUS AT END OF WAITING PERIOD<br>/ / LEOP STATUS AT END OF WAITING PERIOD<br>CLERKS INITIALS AUDITED BY |      |                           |       |             |        |
| I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.   |      |                           |       |             |        |
| SIGNATURE  |      | DATE                      |       | 15 July 63  |        |
| PAY CHANGE NOTIFICATION  |      |                           |       |             |        |
| From: 0A0  |      | Obsolescing Previous      |       | (151)       |        |

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-793 AND DCI MEMORANDUM DATED 1 AUGUST 1966, SALARY IS ADJUSTED AS FOLLOWS, EFFECTIVE 5 JANUARY 1966.

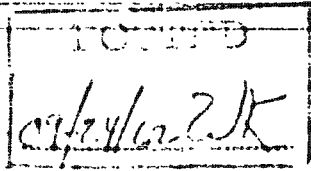
| NAME | SERIAL | ORGN | FUNDS | GR-ST      | OLD SALARY | NEW SALARY |
|------|--------|------|-------|------------|------------|------------|
|      | 060389 | 50   | 660   | CF GS 15 2 | \$15,045   | \$16,190   |

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-793 AND DCI MEMORANDUM DATED 1 AUGUST 1966, SALARY IS ADJUSTED AS FOLLOWS, EFFECTIVE 14 OCTOBER 1966.

| NAME | SERIAL | ORGN | FUNDS | GR-ST   | OLD SALARY | NEW SALARY |
|------|--------|------|-------|---------|------------|------------|
|      | 060389 | 50   | 660   | CF 15 1 | \$12,735   | \$16,967   |

PSC: 14 SEPT 62

SECRET  
(When Filled In)


| NOTIFICATION OF PERSONNEL ACTION   |                       |                             |                          |                                  |                         |                                  |                   |                                  |         |  |  |
|--|-----------------------|-----------------------------|--------------------------|----------------------------------|-------------------------|----------------------------------|-------------------|----------------------------------|---------|--|--|
| 1. SERIAL NUMBER   |                       | 2. NAME (LAST FIRST MIDDLE) |                          |                                  |                         |                                  |                   |                                  |         |  |  |
| 060389   |                       |                             |                          |                                  |                         |                                  |                   |                                  |         |  |  |
| 3. NATURE OF PERSONNEL ACTION  |                       |                             |                          |                                  |                         | 4. EFFECTIVE DATE                |                   | 5. CATEGORY OF EMPLOYMENT        |         |  |  |
| PROMOTION  |                       |                             |                          |                                  |                         | 09 16 62                         |                   | REGULAR                          |         |  |  |
| 6. FUNDS   |                       | 7. TO V                     |                          | 8. TO CP                         |                         | 9. POST CENTER NO. CHARGEABLE    |                   | 10. CSC OR OTHER LEGAL AUTHORITY |         |  |  |
| V TO V   |                       | V TO CP                     |                          | CP TO CP                         |                         | 3136 6400 1017                   |                   | 50 USC 403 J                     |         |  |  |
| 11. ORGANIZATIONAL DESIGNATIONS  |                       |                             |                          |                                  |                         | 12. LOCATION OF OFFICIAL STATION |                   |                                  |         |  |  |
| DDP WE   |                       |                             |                          |                                  |                         |                                  |                   |                                  |         |  |  |
| STATION<br>BRANCH  |                       |                             |                          |                                  |                         |                                  |                   |                                  |         |  |  |
| 13. POSITION TITLE   |                       |                             |                          | 14. POSITION NUMBER              |                         |                                  |                   | 15. CAREER SERVICE DESIGNATION   |         |  |  |
| OPS OFFICER  |                       |                             |                          | 0400                             |                         |                                  |                   | D                                |         |  |  |
| 16. CLASSIFICATION SCHEDULE (GS, LB, etc.)   |                       |                             |                          | 17. OCCUPATIONAL SERIES          |                         |                                  |                   | 18. GRADE AND STEP               |         |  |  |
| GS   |                       |                             |                          | 0136.01                          |                         |                                  |                   | 15 1                             |         |  |  |
| 19. REMARKS  |                       |                             |                          |                                  |                         |                                  |                   |                                  |         |  |  |
|  |                       |                             |                          |                                  |                         |                                  |                   |                                  |         |  |  |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL   |                       |                             |                          |                                  |                         |                                  |                   |                                  |         |  |  |
| 19. ACTION CODE  | 20. EMPLOY CODE       | 21. OFFICE CODING           | 22. STATION CODE         | 23. INTEREST CODE                | 24. MONTHS              | 25. DATE OF BIRTH                | 26. DATE OF GRADE | 27. DATE OF LEI                  |         |  |  |
| 22   | 10                    | 62660 WE                    | 67033                    |                                  | 3                       | 09 16 62                         | 09 16 62          | 09 16 62                         |         |  |  |
| 28. MTE EXPIRES  | 29. SPECIAL REFERENCE | 30. RETIREMENT DATA         | 31. SEPARATION DATA CODE | 32. CORRECTION CANCELLATION DATA | EOD DATA                |                                  |                   | 33. SECURITY REG NO.             | 34. SER |  |  |
|  | 80                    |                             |                          |                                  |                         |                                  |                   |                                  |         |  |  |
| 35. VET PREFERENCE   | 36. SERV COMP DATE    | 37. LONG COMP DATE          | 38. CARTER CATEGORY      | 39. SOCIAL / HEALTH INSURANCE    | 40. SOCIAL SECURITY NO. |                                  |                   |                                  |         |  |  |
|  |                       |                             |                          |                                  |                         |                                  |                   |                                  |         |  |  |
| 41. PREVIOUS GOVERNMENT SERVICE DATA   |                       |                             |                          | 42. LEAVE CAT                    | 43. FEDERAL TAX DATA    | 44. STATE TAX DATA               |                   |                                  |         |  |  |
|  |                       |                             |                          |                                  |                         |                                  |                   |                                  |         |  |  |
| SIGNATURE OR OTHER AUTHENTICATION  |                       |                             |                          |                                  |                         |                                  |                   |                                  |         |  |  |
| <div style="display: flex; justify-content: space-between;"> <div>Bar 9/14/62</div> <div>  </div> </div> |                       |                             |                          |                                  |                         |                                  |                   |                                  |         |  |  |

FORM 1150  
4-62Use Previous  
Editions

SECRET

 10-011  
 EXCLUDED FROM AUTOMATIC  
 DOWNGRADING AND  
 DECLASSIFICATION  
 (When Filled In)

**SECRET**  
(When Filled In)

|  |      |          |                |                       |      |               |                |                |     |     |
|--|------|----------|----------------|-----------------------|------|---------------|----------------|----------------|-----|-----|
| 1. Serial No.  |      | 2. Name  |                | 3. Post Center Number |      | 4. LWOP Hours |                |                |     |     |
| 560389   |      |          |                | DDP/WE 14 UV          |      |               |                |                |     |     |
| 5. OLD SALARY RATE   |      |          |                | 6. NEW SALARY RATE    |      |               |                | 7. TYPE ACTION |     |     |
| Grade  | Step | Salary   | Last Eff. Date | Grade                 | Step | Salary        | Effective Date | PBI            | LBI | ADI |
| GS 14  | 3    | \$12,730 | 12/13/59       | 14                    | 4    | \$12,990      | 06/11/61       |                |     |     |
| 8. Remarks and Authentication  |      |          |                |                       |      |               |                |                |     |     |
| <p>/ / NO EXCESS LWOP</p> <p>/ / IN PAY STATUS AT END OF WAITING PERIOD</p> <p>/ / IN LWOP STATUS AT END OF WAITING PERIOD</p> <p align="right">WK</p> |      |          |                |                       |      |               |                |                |     |     |
| <br><b>PAY CHANGE NOTIFICATION</b>                                 |      |          |                |                       |      |               |                |                |     |     |

Form 560

Obsolete Previous Edition

**SECRET**

(4-61)

L 1

**SECRET**  
(When Filled In)

|                 |     |     |                             |      |                                 |  |  |  |  |   |     |     |                                   |      |         |     |                         |                   |      |
|-----------------|-----|-----|-----------------------------|------|---------------------------------|--|--|--|--|---|-----|-----|-----------------------------------|------|---------|-----|-------------------------|-------------------|------|
| BWS: 5 AUG 1960 |     |     |                             |      |                                 |  |  |  |  | <b>NOTIFICATION OF PERSONNEL ACTION</b> |     |     |                                   |      |         |     |                         |                   |      |
| 1. Serial No.   |     |     | 2. Name (Last-First-Middle) |      |                                 |  |  |  |  | 3. Date Of Birth                        |     |     | 4. Vet. Prof.                     |      | 5. Sex  |     | 6. C. S. T. C. D.       |                   |      |
| 560389          |     |     |                             |      |                                 |  |  |  |  |   |     |     | Navy - 0<br>5 Pt - 1<br>10 Pt - 8 |      | M 1     |     | Mo. Da. Yr.<br>06 26 52 |                   |      |
| 7. SCD          |     |     | 8. CSC Point                |      | 9. CSC Or Other Legal Authority |  |  |  |  | 10. Appt. Affidav.                      |     |     | 11. HCU                           |      | 12. LCD |     | 13. Grant No.           |                   |      |
| Mo.             | Da. | Yr. | Yes - 1<br>No - 2           | Code |                                 |  |  |  |  | Mo.                                     | Da. | Yr. | Yes - 1<br>No - 2                 | Code | Mo.     | Da. | Yr.                     | Yes - 1<br>No - 2 | Code |
| 11              | 25  | 42  |                             | 1    | 50 USCA 403                     |  |  |  |  |   |     |     |                                   |      | 06      | 26  | 52                      |                   | 2    |

**PREVIOUS ASSIGNMENT**

|                                     |           |                    |  |                          |                                  |                         |  |                         |              |  |
|-------------------------------------|-----------|--------------------|--|--------------------------|----------------------------------|-------------------------|--|-------------------------|--------------|--|
| 14. Organizational Designations     |           |                    |  | Code                     | 15. Location Of Official Station |                         |  |                         | Station Code |  |
| DDP WE<br>BRANCH                    |           |                    |  | 4712                     | WASH., D.C.                      |                         |  |                         | 75013        |  |
| 16. Dept. - Field                   |           | 17. Position Title |  | 18. Position No.         |                                  | 19. Serv.               |  | 20. Occup. Series       |              |  |
| Dept. - 1<br>USMID - 3<br>Frgn. - 5 | Code<br>1 | OPS OFF D BR CH    |  | 0179                     |                                  | GS                      |  | 0136.01                 |              |  |
| 21. Grade & Step                    |           | 22. Salary Or Rate |  | 23. SD                   |                                  | 24. Rate Of Grade       |  | 25. PSI Due             |              |  |
| 14 3                                |           | \$12730            |  | D                        |                                  | Mo. Da. Yr.<br>12 16 56 |  | Mo. Da. Yr.<br>06 11 61 |              |  |
|                                     |           |                    |  | 26. Appropriation Number |                                  |                         |  |                         |              |  |
|                                     |           |                    |  | 0136 1000 1000           |                                  |                         |  |                         |              |  |

**ACTION**

|                      |  |      |                         |  |                      |  |      |                     |  |
|----------------------|--|------|-------------------------|--|----------------------|--|------|---------------------|--|
| 27. Nature Of Action |  | Code | 28. Eff. Date           |  | 29. Type Of Employee |  | Code | 30. Separation Data |  |
| REASSIGNMENT         |  | 67   | Mo. Da. Yr.<br>08 07 60 |  | REGULAR              |  | OM   |                     |  |

**PRESENT ASSIGNMENT**

|                                     |           |                    |  |                          |                                  |                         |  |                         |              |  |
|-------------------------------------|-----------|--------------------|--|--------------------------|----------------------------------|-------------------------|--|-------------------------|--------------|--|
| 31. Organizational Designations     |           |                    |  | Code                     | 32. Location Of Official Station |                         |  |                         | Station Code |  |
| DDP WE<br>STATION<br>BRANCH         |           |                    |  | 4733                     |                                  |                         |  |                         | 67033        |  |
| 33. Dept. - Field                   |           | 34. Position Title |  | 35. Position No.         |                                  | 36. Serv.               |  | 37. Occup. Series       |              |  |
| Dept. - 1<br>USMID - 3<br>Frgn. - 5 | Code<br>5 | OPS OFFICER        |  | 0400                     |                                  | GS                      |  | 0136.01                 |              |  |
| 38. Grade & Step                    |           | 39. Salary Or Rate |  | 40. SD                   |                                  | 41. Rate Of Grade       |  | 42. PSI Due             |              |  |
| 14 3                                |           | \$12730            |  | D                        |                                  | Mo. Da. Yr.<br>12 16 56 |  | Mo. Da. Yr.<br>06 11 61 |              |  |
|                                     |           |                    |  | 43. Appropriation Number |                                  |                         |  |                         |              |  |
|                                     |           |                    |  | 1136 6400 3017           |                                  |                         |  |                         |              |  |

44. Remarks

**POSTED**

08-26-60 2/X

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

| SD | NAME | SERIAL | ORGN  | GR-ST   | OLD SALARY | NEW SALARY |
|----|------|--------|-------|---------|------------|------------|
| 0  |      | 560389 | 47 12 | GS-14 3 | \$11,835   | \$12,730   |

/S/ EMMETT D. ECHOLS  
DIRECTOR OF PERSONNEL

SECRET  
(When Filled In)

650

| AES: 10 MAY 1960               |  |  |   |  |   |  |  |  |   |  |  |  |  |   | NOTIFICATION OF PERSONNEL ACTION |   |  |  |  |  |  |  |  |  |
|--------------------------------|--|--|---|--|---|--|--|--|---|--|--|--|--|---|----------------------------------|---|--|--|--|--|--|--|--|--|
| 1. Serial No.<br><b>560389</b> |  |  | 2. Name (Last-First-Middle)<br><div style="border: 1px solid black; height: 1.2em; width: 100%;"></div> |  |   |  |  |  | 3. Date Of Birth<br>Mo. Da. Yr.<br><div style="border: 1px solid black; height: 1.2em; width: 100%;"></div> |  |  | 4. Vet. Prof.<br>Name-0<br>S Pt-1<br>10 Pt-2 |  | 5. Sex<br><b>M</b>                        |                                  | 6. CS - EOD<br>Mo. Da. Yr.<br><b>06 26 52</b> |  |  |  |  |  |  |  |  |
| 7. SCD                         |  |  | 8. CSC Rating<br>Yes-1<br>No-2  |  | 9. CSC Or Other Legal Authority<br><b>50 USCA 403 a</b> |  |  |  | 10. Apmt Affidav<br>Mo. Da. Yr.   |  |  | 11. FEGLI<br>Yes-1<br>No-2                   |  | 12. LCB<br>Mo. Da. Yr.<br><b>06 26 52</b> |                                  | 13. Mil Serv Credit, Yrs<br>Yes-1<br>No-2     |  |  |  |  |  |  |  |  |
| <b>11 25 42</b>                |  |  | <b>1</b>  |  |   |  |  |  |   |  |  | <b>06 26 52</b>                              |  | <b>2</b>                                  |                                  |   |  |  |  |  |  |  |  |  |

PREVIOUS ASSIGNMENT

|  |  |  |  |                                 |  |   |  |   |  |  |  |
|--|--|--|--|---------------------------------|--|---|--|---|--|--|--|
| 14. Organizational Designations<br><b>DDP CI STAFF</b> |  |  |  | Code<br><b>5430</b>             |  | 15. Location Of Official Station<br><b>WASH., D. C.</b> |  |   |  | Station Code<br><b>75013</b>                     |  |
| 16. Dept - Field<br>Dept - 1<br>USMld - 3<br>Frgn - 5  |  | 17. Position Title<br>Code<br><b>10 CI BR CH</b> |  | 18. Position No.<br><b>0211</b> |  |   |  | 19. Ser.<br><b>GS</b>                         |  | 20. Occup. Series<br><b>0136.53</b>              |  |
| 21. Grade & Step<br><b>14 3</b>                        |  | 22. Salary Or Rate<br><b>\$ 11835</b>            |  | 23. SD<br><b>DI</b>             |  | 24. Date Of Grade<br>Mo. Da. Yr.<br><b>12 16 56</b>     |  | 25. PSI Due<br>Mo. Da. Yr.<br><b>12 13 59</b> |  | 26. Appropriation Number<br><b>9 2700 17 001</b> |  |

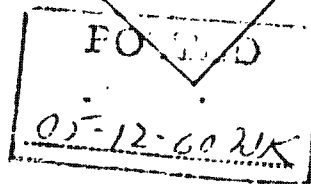
ACTION

|   |  |                   |  |   |  |  |  |                   |  |                     |  |
|---|--|-------------------|--|---|--|--|--|-------------------|--|---------------------|--|
| 27. Nature Of Action<br><b>REASSIGNMENT</b> |  | Code<br><b>57</b> |  | 28. Eff. Date<br>Mo. Da. Yr.<br><b>05 15 60</b> |  | 29. Type Of Employee<br><b>REGULAR</b> |  | Code<br><b>QM</b> |  | 30. Separation Data |  |
|---|--|-------------------|--|---|--|--|--|-------------------|--|---------------------|--|

PRESENT ASSIGNMENT

|  |  |  |  |                                 |  |  |  |   |  |   |  |
|--|--|--|--|---------------------------------|--|--|--|---|--|---|--|
| 31. Organizational Designations<br><b>DDP WE</b><br><div style="border: 1px solid black; height: 1.2em; width: 100%;"></div> <b>BRANCH</b> |  |  |  | Code<br><b>4712</b>             |  | 32. Location Of Official Station<br><b>WASH., D.C.</b> |  |   |  | Station Code<br><b>75013</b>                      |  |
| 33. Dept - Field<br>Dept - 1<br>USMld - 3<br>Frgn - 5  |  | 34. Position Title<br>Code<br><b>OPS OFF D BR CH</b> |  | 35. Position No.<br><b>0179</b> |  |  |  | 36. Ser.<br><b>GS</b>                         |  | 37. Occup. Series<br><b>0136.01</b>               |  |
| 38. Grade & Step<br><b>14 3</b>  |  | 39. Salary Or Rate<br><b>\$ 11835</b>                |  | 40. SD<br><b>D</b>              |  | 41. Date Of Grade<br>Mo. Da. Yr.<br><b>12 16 56</b>    |  | 42. PSI Due<br>Mo. Da. Yr.<br><b>06 11 61</b> |  | 43. Appropriation Number<br><b>0136 1000 1000</b> |  |

44 Remarks



FORM NO 1 MAR 57 1150a

a E 5/10/60

SECRET

(4)



**SECRET**  
(WHEN FILLED IN)

|  |      |  |                     |                               |    |                         |      |                |                |
|--|------|--|---------------------|-------------------------------|----|-------------------------|------|----------------|----------------|
| 1. EMP. SERIAL NO.<br>560389   |      | 2. NAME<br><div style="border: 1px solid black; width: 100px; height: 1.2em;"></div> |                     | 3. ASSIGNED ORGAN<br>DDP/CI 5 |    | 4. FUNDS<br>UV          |      | 5. ALLOTMENT   |                |
| 6. OLD SALARY RATE   |      |  |                     |                               |    | 7. NEW SALARY RATE      |      |                |                |
| GRADE  | STEP | SALARY   | LAST EFFECTIVE DATE |                               |    | GRADE                   | STEP | SALARY         | EFFECTIVE DATE |
|  |      |  | MO                  | DA                            | YR |                         |      |                | MO DA YR       |
| GS 14  | 2    | \$11,595   | 06                  | 15                            | 58 | GS 14                   | 3    | \$11,835       | 12 13 59       |
| TO BE COMPLETED BY THE OFFICE OF COMPTROLLER   |      |  |                     |                               |    |                         |      |                |                |
| 8. CHECK ONE <input type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> EXCESS LWOP<br>IF EXCESS LWOP, CHECK FOLLOWING:<br><input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD<br><input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD |      |  |                     |                               |    | 9. NUMBER OF HOURS LWOP |      |                |                |
|  |      |  |                     |                               |    | 10. INITIALS OF CLERK   |      | 11. AUDITED BY |                |
| TO BE COMPLETED BY THE OFFICE OF PERSONNEL   |      |  |                     |                               |    |                         |      |                |                |
| 12. TYPE OF ACTION<br><br><input type="checkbox"/> P.B.I. <input type="checkbox"/> L.B.I. <input type="checkbox"/> PAY ADJUSTMENT  |      |  |                     |                               |    | 13. REMARKS<br><br>000  |      |                |                |
| 14. AUTHENTICATION<br><br><div style="text-align: center; font-family: monospace; font-size: 1.2em;">G. M. STEWART</div><br><div style="text-align: center;">PAY CHANGE NOTIFICATION</div>   |      |  |                     |                               |    |                         |      |                |                |

FORM 560

560 OBSOLETE PREVIOUS EDITION  
REPLACES FORM 560a AND 560b.

**SECRET**

OFFICIAL PERSONNEL FOLDER

(4)

L. 1

9733

**SECRET**  
(When Filled In)

| NOTIFICATION OF PERSONNEL ACTION |  |                             |  |  |                                 |  |  |                             |  |                                    |  |                                 |  |   |  |
|----------------------------------|--|-----------------------------|--|--|---------------------------------|--|--|-----------------------------|--|------------------------------------|--|---------------------------------|--|---|--|
| ARE: 6 MAR 1959                  |  |                             |  |  |                                 |  |  |                             |  |                                    |  |                                 |  |   |  |
| 1. Serial No.                    |  | 2. Name (Last-First-Middle) |  |  | 3. Date Of Birth                |  |  | 4. Vet. Pref.               |  | 5. Sex                             |  | 6. CS - EOB                     |  |   |  |
| 560389                           |  |                             |  |  | Mo.   Da.   Yr.                 |  |  | None-0<br>5 Pt-1<br>10 Pt-2 |  | M 1                                |  | Mo.   Da.   Yr.<br>06   26   52 |  |   |  |
| 7. SCD                           |  | 8. CSC Rmt.                 |  |  | 9. CSC Or Other Legal Authority |  |  | 10. Apmt. Affidav.          |  | 11. FEGLI                          |  | 12. LCD                         |  | 13. <del>ent</del> <del>cto</del>         |  |
| Mo.   Da.   Yr.<br>11   25   42  |  | Yes-1<br>No-2               |  |  | Code<br>1                       |  |  | 50 USCA 403                 |  | Mo.   Da.   Yr.<br>Mo.   Da.   Yr. |  | Yes-1<br>No-2                   |  | Code<br>06   26   52<br>Yes-1<br>No-2   2 |  |

**PREVIOUS ASSIGNMENT**

|                                   |  |                    |  |                   |  |                                  |  |                                 |  |                          |  |
|-----------------------------------|--|--------------------|--|-------------------|--|----------------------------------|--|---------------------------------|--|--------------------------|--|
| 14. Organizational Designations   |  |                    |  | Code              |  | 15. Location Of Official Station |  |                                 |  | Station Code             |  |
| DDP WH<br>BRANCH 11               |  |                    |  |                   |  | WASH., D.C.                      |  |                                 |  | 75013                    |  |
| SECTION                           |  |                    |  | 4675              |  |                                  |  |                                 |  |                          |  |
| 16. Dept. - Field                 |  | 17. Position Title |  | 18. Position No.  |  | 19. Serv.                        |  | 20. Occup. Series               |  |                          |  |
| Dept - 1<br>USfld - 3<br>Frqn - 5 |  | Code<br>1          |  | AREA OPS OFF DCOS |  | 0458                             |  | GS                              |  | 0136.01                  |  |
| 21. Grade & Step                  |  | 22. Salary Or Rate |  | 23. SD            |  | 24. Date Of Grade                |  | 25. Pst Due                     |  | 26. Appropriation Number |  |
| 14 2                              |  | \$11595            |  | DI                |  | Mo.   Da.   Yr.<br>12   16   56  |  | Mo.   Da.   Yr.<br>12   13   59 |  | 9 3500 10 200            |  |

**ACTION**

|                      |  |      |  |                                 |  |                      |  |      |  |                     |  |
|----------------------|--|------|--|---------------------------------|--|----------------------|--|------|--|---------------------|--|
| 27. Nature Of Action |  | Code |  | 28. Eff. Date                   |  | 29. Type Of Employee |  | Code |  | 30. Separation Data |  |
| REASSIGNMENT         |  | 57   |  | Mo.   Da.   Yr.<br>03   08   59 |  | REGULAR              |  | OM   |  |                     |  |

**PRESENT ASSIGNMENT**

|                                   |  |                    |  |                  |  |                                  |  |                                 |  |                          |  |
|-----------------------------------|--|--------------------|--|------------------|--|----------------------------------|--|---------------------------------|--|--------------------------|--|
| 31. Organizational Designations   |  |                    |  | Code             |  | 32. Location Of Official Station |  |                                 |  | Station Code             |  |
| DDP CI STAFF                      |  |                    |  |                  |  | WASH., D. C.                     |  |                                 |  | 75013                    |  |
| SECTION                           |  |                    |  | 5430             |  |                                  |  |                                 |  |                          |  |
| 33. Dept. - Field                 |  | 34. Position Title |  | 35. Position No. |  | 36. Serv.                        |  | 37. Occup. Series               |  |                          |  |
| Dept - 1<br>USfld - 3<br>Frqn - 5 |  | Code<br>1          |  | 10 CI BR CH      |  | 0211                             |  | GS                              |  | 0136.53                  |  |
| 38. Grade & Step                  |  | 39. Salary Or Rate |  | 40. SD           |  | 41. Date Of Grade                |  | 42. Pst Due                     |  | 43. Appropriation Number |  |
| 14 2                              |  | \$11595            |  | DI               |  | Mo.   Da.   Yr.<br>12   16   56  |  | Mo.   Da.   Yr.<br>12   13   59 |  | 9 2700 17 001            |  |

44. Remarks

TESTED  
12 MAR 59  
69

SECRET

# NOTIFICATION OF PERSONNEL ACTION

AES 15 OCT 58

|               |  |                             |  |                                 |  |                    |  |                 |  |             |  |
|---------------|--|-----------------------------|--|---------------------------------|--|--------------------|--|-----------------|--|-------------|--|
| 1. Serial No. |  | 2. Name (Last-First-Middle) |  | 3. Date Of Birth                |  | 4. Vol. Pref.      |  | 5. Sex          |  | 6. CS-EOD   |  |
| 560389        |  |                             |  | Mo. Da. Yr.                     |  | None-1 Code        |  | Mo. Da. Yr.     |  | 5 Pt. 1     |  |
| 7. SCD        |  | 8. CSC Rmt                  |  | 9. CSC Or Other Legal Authority |  | 10. Act. All. Adv. |  | 11. REGU        |  | 13. P. No.  |  |
| Mo. Da. Yr.   |  | Yes-1 Code No-2             |  | Yes-1 Code No-2                 |  | Mo. Da. Yr.        |  | Yes-1 Code No-2 |  | Mo. Da. Yr. |  |
| 11 25 42      |  | 1                           |  | USCA 403                        |  |                    |  | 10 20 52        |  | 2           |  |

## PREVIOUS ASSIGNMENT

|  |  |                     |  |                                  |  |              |  |
|--|--|---------------------|--|----------------------------------|--|--------------|--|
| 14. Organizational Designations              |  | Code                |  | 15. Location Of Official Station |  | Station Code |  |
| DOP WH<br>BRANCH III<br>HAVANA, CUBA STATION |  |                     |  | HAVANA, CUBA                     |  |              |  |
| 16. Dept. - Field                            |  | 17. Position Title  |  | 18. Position No.                 |  | 19. Serv.    |  |
| Dept. - 1<br>USMID - 3<br>Frgr - 5           |  | AREA OPS OFF (DCOS) |  | 0115                             |  | GS           |  |
| 20. Occup. Series                            |  | 21. Grade & Step    |  | 22. Salary Or Rate               |  | 23. SD       |  |
| 0136.01                                      |  | 14 2                |  | 11595                            |  | DI           |  |
| 24. Date Of Grade                            |  | 25. PSI Due         |  | 26. Appropriation Number         |  |              |  |
| Mo. Da. Yr.                                  |  | Mo. Da. Yr.         |  | 9 3545 55 055                    |  |              |  |

## ACTION

|                      |  |      |  |               |  |                      |  |      |  |                     |  |
|----------------------|--|------|--|---------------|--|----------------------|--|------|--|---------------------|--|
| 27. Nature Of Action |  | Code |  | 28. Eff. Date |  | 29. Type Of Employee |  | Code |  | 30. Separation Data |  |
| REASSIGNMENT         |  | 67   |  | 10 19 58      |  | REGULAR              |  | OM   |  |                     |  |

## PRESENT ASSIGNMENT

|                                    |  |                    |  |                                  |  |              |  |
|------------------------------------|--|--------------------|--|----------------------------------|--|--------------|--|
| 31. Organizational Designations    |  | Code               |  | 32. Location Of Official Station |  | Station Code |  |
| DOP WH<br>BRANCH II<br>SECTION     |  | 4675               |  | WASH., D.C.                      |  | 75013        |  |
| 33. Dept. - Field                  |  | 34. Position Title |  | 35. Position No.                 |  | 36. Serv.    |  |
| Dept. - 1<br>USMID - 3<br>Frgr - 5 |  | AREA OPS OFF DCOS  |  | 0158                             |  | GS           |  |
| 37. Occup. Series                  |  | 38. Grade & Step   |  | 39. Salary Or Rate               |  | 40. SD       |  |
| 0136.01                            |  | 14 2               |  | 11595                            |  | DI           |  |
| 41. Date Of Grade                  |  | 42. PSI Due        |  | 43. Appropriation Number         |  |              |  |
| Mo. Da. Yr.                        |  | Mo. Da. Yr.        |  | 9 3500 10 200                    |  |              |  |

44. Remarks

0115  
20 OCT 58  
3 B.

SECRET

FORM 1150a

SECRET

12 Nov 10/16/58 (4)

**SECRET**  
(WHEN FILLED IN)

|  |      |          |                     |                   |                         |                    |      |              |                |
|--|------|----------|---------------------|-------------------|-------------------------|--------------------|------|--------------|----------------|
| 1. EMP. SERIAL NO.   |      | 2. NAME  |                     | 3. ASSIGNED ORGAN |                         | 4. FUNDS           |      | 5. ALLOTMENT |                |
| 560389   |      |          |                     | DDP/WH 7          |                         | UV                 |      |              |                |
| 6. OLD SALARY RATE   |      |          |                     |                   |                         | 7. NEW SALARY RATE |      |              |                |
| GRADE  | STEP | SALARY   | LAST EFFECTIVE DATE |                   |                         | GRADE              | STEP | SALARY       | EFFECTIVE DATE |
|  |      |          | MO                  | DA                | YR                      |                    |      |              | MO DA YR       |
| GS 14  | 1    | \$10,320 |                     |                   |                         | GS 14              | 2    | \$11,595     | 06 15 58       |
| REMARKS  |      |          |                     |                   |                         |                    |      |              |                |
|  |      |          |                     |                   |                         |                    |      |              |                |
| CERTIFICATION  |      |          |                     |                   |                         |                    |      |              |                |
| I CERTIFY THAT THE SERVICE AND CONDUCT OF THE ABOVE NAMED EMPLOYEE ARE SATISFACTORY. |      |          |                     |                   |                         |                    |      |              |                |
| TYPED, OR PRINTED, NAME OF SUPERVISOR  |      |          | DATE                |                   | SIGNATURE OF SUPERVISOR |                    |      |              |                |
|  |      |          | 15 May 58           |                   | N.B.                    |                    |      |              |                |
| PERIODIC STEP INCREASE - CERTIFICATION   |      |          |                     |                   |                         |                    |      |              |                |

FORM NO. 560  
1 MAR. 58**SECRET**

PERSONNEL FOLDER (4)

**SECRET**

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

| NAME | SERIAL | GRADE-STEP | OLD SALARY | NEW SALARY |
|------|--------|------------|------------|------------|
|      | 560389 | GS-14-2    | \$10,525   | \$11,595   |

GORDON M. STEWART  
/S/ DIRECTOR OF PERSONNEL

**SECRET**

SECRET  
(WHEN FILLED IN)

NOTIFICATION OF PERSONNEL ACTION

BJW

|   |  |   |  |                        |
|---|--|---|--|------------------------|
| 1. NAME (Last - first - middle - one given name - initial - and surname)<br>MR. [REDACTED] 560383   |  | 2. DATE OF BIRTH<br>[REDACTED]  | 3. JOURNAL OR ACTION NO.<br>[REDACTED]                     | 4. DATE<br>14 Dec 1956 |
| This is to notify you of the following action affecting your employment:  |  |   |  |                        |
| 5. NATURE OF ACTION (USE STANDARD TERMINOLOGY)<br>Promotion 30  |  | 6. EFFECTIVE DATE<br>16 Dec 1956  | 7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY<br>50 USCA 403 J |                        |
| FROM  |  | TO  |  |                        |
| GS-0136.01-13 \$9205.00 per annum   |  | 8. POSITION TITLE<br>Area Ops Off (DCCS) BAR-115  | GS-0136.01-14 \$10,320.00 per annum                        |                        |
| [REDACTED]  |  | 9. SERVICE, SERIES, GRADE, SALARY<br>[REDACTED]   | [REDACTED]   |                        |
| 10. ORGANIZATIONAL DESIGNATIONS<br>[REDACTED]   |  | DDF/MI<br>Branch III<br>Havana, Cuba Station<br>Havana, Cuba  |  |                        |
| 11. HEADQUARTERS<br>5   |  | 12. FIELD OR DEPT'L.<br>[REDACTED]  |  |                        |
| 13. VETERAN'S PREFERENCE<br>NONE <input checked="" type="checkbox"/> OTHER <input checked="" type="checkbox"/> 5-PT <input checked="" type="checkbox"/> 10-POINT <input type="checkbox"/> |  | 14. POSITION CLASSIFICATION ACTION<br>NEW <input type="checkbox"/> VICE <input type="checkbox"/> I. A. <input type="checkbox"/> REA. <input type="checkbox"/> |  |                        |
| 15. SEX<br>M  |  | 16. APPROPRIATION<br>FROM 7-3545-55-055<br>TO: 88MB 170-85  |  |                        |
| 17. SUBJECT TO C. S. RETIREMENT ACT (YES-NO)<br>Yes   |  | 18. DATE OF APPOINTMENT AFFIDAVITS (EXCEPTIONS ONLY)<br>[REDACTED]  |  |                        |
| 19. LEGAL RESIDENCE<br>CLAIMED <input type="checkbox"/> PROVED <input type="checkbox"/>   |  | 20. REMARKS<br>3 BOD 06/26/52<br>FOSTED<br>1538   |  |                        |

ENTRANCE PERFORMANCE RATING:

Director of Personnel

U. S. CIVIL SERVICE COMMISSION

SECRET

1. EMPLOYEE COPY

9/12/2012

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION dah

|   |  |   |  |  |
|---|--|---|--|--|
| 1. NAME (MR - MISS - MRS. - ONE GIVEN NAME, INITIAL (S), AND SURNAME)<br>Mr. [REDACTED]   |  | 2. DATE OF BIRTH<br>[REDACTED]  | 3. GENERAL OR ACTION NO.<br>[REDACTED]                     | 4. DATE<br>31 May 1956   |
| This is to notify you of the following action affecting your employment:  |  |   |  |  |
| 5. NATURE OF ACTION (USE STANDARD TERMINOLOGY)<br>Reassignment  |  | 6. EFFECTIVE DATE<br>3 June 1956  | 7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY<br>50 USCA 403 J |  |
| FROM  |  | TO  |  |  |
| Intelligence Officer (FI) BAF-116<br>[REDACTED]<br>GS-0136.51-13 \$2205.00 per annum<br>[REDACTED]<br>DDP/WH<br>Havana, Cuba                                  |  | Area Ops. Officer D COB BAF-115<br>[REDACTED]<br>GS-0136.01-13 \$2205.00 per annum<br>[REDACTED]<br>DDP/WH - Branch III<br>Havana-Cuba Station<br>Havana, Cuba  |  |  |
| 8. POSITION TITLE   |  | 9. SERVICE, SERIES, GRADE, INCENT   |  |  |
| 10. ORGANIZATIONAL DESIGNATION<br>455230  |  | 11. HEADQUARTERS<br>5   |  |  |
| 12. FIELD OR DEPT'L<br><input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL  |  | 13. VETERAN'S PREFERENCE<br>NONE <input type="checkbox"/> WWI <input type="checkbox"/> OTHER <input type="checkbox"/> 5-PT. <input type="checkbox"/> 10-POINT <input checked="" type="checkbox"/> 15-POINT <input type="checkbox"/> 20-POINT <input type="checkbox"/> |  |  |
| 14. POSITION CLASSIFICATION ACTION<br>NEW <input type="checkbox"/> VICE <input type="checkbox"/> I. A. <input type="checkbox"/> REAL <input type="checkbox"/> |  | 15. DATE OF APPOINTMENT<br>ED/DI  |  |  |
| 16. SEX<br>M <input checked="" type="checkbox"/> F <input type="checkbox"/>   |  | 17. RACE<br>W <input checked="" type="checkbox"/> N <input type="checkbox"/> O <input type="checkbox"/>   |  | 18. APPROPRIATION<br>FUND. 6-9545-55-055 170-85<br>SAC   |
| 19. SUBJECT TO C. S. RETIREMENT ACT (YES-NO)<br>Yes   |  | 20. DATE OF APPOINTMENT<br>WEST AFFIDAVITS (EXCERPTS ONLY)  |  | 21. LEGAL RESIDENCE<br><input checked="" type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED<br>STATE: |
| 22. REMARKS:<br><br>3 EOD<br><br>POSTED<br>6/9/56<br><br>ENTRANCE PERFORMANCE RATING:<br>Director of Personnel<br><br>1. EMPLOYEE COPY<br>6/6/56              |  |   |  |  |

SECRET

## PERIODIC STEP INCREASE CERTIFICATION

CONFIDENTIAL

U. S. GOVERNMENT PRINTING OFFICE: 1946-237797

| 1. Agency and organizational designation  |                                   |                     |                     |   |      | 2. Payroll period    |      | 3. Block No. |                 | 4. Slip No.     |         |
|---|-----------------------------------|---------------------|---------------------|---|------|----------------------|------|--------------|-----------------|-----------------|---------|
| 5. Employee's name (and social security account number when appropriate)  |                                   |                     |                     |   |      | 6. Grade and salary  |      |              |                 |                 |         |
|   |                                   |                     |                     |   |      | GS-11 GS220          |      |              |                 |                 |         |
| PAYROLL CHANGE DATA   |                                   |                     |                     |   |      |                      |      |              |                 |                 |         |
|   | BASE PAY                          | OVERTIME            |                     | GROSS PAY   | RET. | FEDERAL TAX          | BOND | F.I.C.A.     | STATE TAX       | GROUP LIFE INS. | NET PAY |
| 7. Previous normal  |                                   |                     |                     |   |      |                      |      |              |                 |                 |         |
| 8. New normal   |                                   |                     |                     |   |      |                      |      |              |                 |                 |         |
| 9. Pay this period  |                                   |                     |                     |   |      |                      |      |              |                 |                 |         |
| 10. Remarks   |                                   |                     |                     |   |      | 11. Appropriation(s) |      |              | 12. Prepared by |                 |         |
|   |                                   |                     |                     |   |      | WIL-6                |      |              | Feb 12 502 55   |                 |         |
| 13. Audited by  |                                   |                     |                     |   |      |                      |      |              |                 |                 |         |
| <input checked="" type="checkbox"/> Periodic step increase <input type="checkbox"/> Pay adjustment <input type="checkbox"/> Other step increase |                                   |                     |                     |   |      |                      |      |              |                 |                 |         |
| 14. Effective date  | 15. Date last equivalent increase | 16. Old salary rate | 17. New salary rate | 18. EXAMINE WITH CARE AND SIGNATURE AND COMMENT ALL EMPLOYEES   |      |                      |      |              |                 |                 |         |
| Oct 55  | 11 Apr 54                         | 9920                | 9925.00             |   |      |                      |      |              |                 |                 |         |
| 19. LWOP data (fill in appropriate spaces covering LWOP during following period(s))   |                                   |                     |                     | (Check applicable box in case of excess LWOP)   |      |                      |      |              |                 |                 |         |
| <input type="checkbox"/> No excess LWOP. Total excess LWOP  |                                   |                     |                     | <input type="checkbox"/> In pay status at end of waiting period.<br><input type="checkbox"/> (in LWOP status) at end of waiting period. |      |                      |      |              |                 |                 |         |
|   |                                   |                     |                     | Signature or other authentication: <i>yes</i> Initials of Clerk: <i>E.H.W.</i>  |      |                      |      |              |                 |                 |         |
| STANDARD FORM NO. 1126-4—Revised  |                                   |                     |                     | PAYROLL CHANGE SLIP — PERSONNEL COPY  |      |                      |      |              |                 |                 |         |
| Form prescribed by Comp. Gen., U. S.  |                                   |                     |                     |   |      |                      |      |              |                 |                 |         |
| October 26, 1954, General Regulations No. 102   |                                   |                     |                     |   |      |                      |      |              |                 |                 |         |

Change of Service Designation from D to DI.

Effective date: 17 June 1955

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| Date | Time | Location | Description |
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10 June 1955

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**SECRET**

UNVOUCHERED

### REQUEST FOR PERSONNEL ACTION

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

|  |  |  |  |   |  |   |  |
|--|--|--|--|---|--|---|--|
| 1. NAME (Mr - Miss - Mrs - One given name, initial(s), and surname)  |  | 2. DATE OF BIRTH                       |  | 3. REQUEST NO.  |  | 4. DATE OF REQUEST  |  |
| Mr. [REDACTED]   |  |  |  |   |  | 4 Mar. 54   |  |
| 5. NATURE OF ACTION REQUESTED:<br>A. PERSONNEL (Specify whether appointment, promotion, separation, etc.)<br><br>PROMOTION |  |  |  | 6. EFFECTIVE DATE<br>A. PROPOSED:   |  | 7. C.S. OR OTHER LEGAL AUTHORITY  |  |
| B. POSITION (Specify whether establish, change grade or title, etc.)   |  |  |  | B. APPROVED:  |  |   |  |
|  |  |  |  | APR 11 1954   |  |   |  |
| 8. POSITION TITLE AND NUMBER   |  | TO-                                    |  | 9. SERVICE, GRADE AND SALARY  |  | 10. ORGANIZATIONAL DESIGNATIONS   |  |
| INTELLIGENCE OFFICER (F) BAF-116-12  |  |  |  | INTELLIGENCE OFFICER (F) BAF-116  |  |   |  |
| CS-0136.51-12, \$7240.00 p.e.  |  |  |  | CS-0136.51-13, \$8360.00 p.e.   |  |   |  |
| DDP/WH<br>Havana, Cuba   |  |  |  | DDP/WH<br>Havana, Cuba  |  |   |  |
| <input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL  |  | 17. FIELD OR DEPARTMENTAL              |  | <input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL |  |   |  |
| 11. REMARKS (Use reverse if necessary)<br><br>BAF-116  |  |  |  |   |  |   |  |
| APPROVED BY<br>FI CAREER SERVICE BOARD<br>DATE: MAR 23 1954  |  |  |  |   |  |   |  |
| 12. REQUESTED BY (Name and title)<br>C/M [Signature]   |  |  |  | 13. REQUEST APPROVED BY<br>[Signature]  |  |   |  |
| 14. FOR ADDITIONAL INFORMATION CALL (Number and telephone extension)<br>[REDACTED] 31167                                   |  |  |  | 15. SIGNATURE<br>[Signature]  |  |   |  |
| 16. WITH AN PREFERENCE   |  |  |  | 17. POSITION CLASSIFICATION ACTION  |  |   |  |
| REGULARITY: YES [ ] NO [X]<br>DISAB: YES [ ] NO [X]  |  |  |  | CD-FI   |  |   |  |
| 18. FROM PAGE  |  | 19. APPROPRIATION                      |  | 20. SUBJECT TO C.S. RETIREMENT ACT (YES-NO)                                     |  | 21. DATE OF APPOINTMENT AFFIDAVIT (ACCESSIONS ONLY)   |  |
| M W  |  | FROM 4-3545-55-055<br>TO 4-3545-55-055 |  |   |  | 22. LEGAL RESIDENCE<br><input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED<br>STATE: |  |
| 23. STANDARD FORM NO. 100-100-100-100<br>EFFECTIVE 100-100-100-100<br>SALARY ADJUSTED TO 8990                              |  |  |  | 1 COLED<br>1 April 54 (W)   |  |   |  |
| 24. CLEARANCES   |  | INITIAL OR SIGNATURE                   |  | DATE  |  | REMARKS   |  |
| A  |  | [Signature]                            |  | 3/29  |  |   |  |
| B. CEIL. OR POS. CONTROL   |  |  |  |   |  |   |  |
| C. CLASSIFICATION  |  |  |  |   |  |   |  |
| D. PLACEMENT OR EMPL.  |  |  |  |   |  |   |  |
| E  |  |  |  |   |  |   |  |
| 25. APPROVED BY  |  |  |  |   |  |   |  |

STANDARD FORM 52  
PROPOSED BY THE  
U. S. CIVIL SERVICE COMMISSION  
EXCLUDED FROM FEDERAL PERSONNEL  
MANUAL, CHAPTER IV

SECRET

CONFIDENTIAL

# REQUEST FOR PERSONNEL ACTION

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

|  |                                |   |                                       |
|--|--------------------------------|---|---------------------------------------|
| 1. NAME (Mr., Miss, Mrs., Use given name, initial(s), and surname)<br><b>Mr.</b> [redacted]                                      | 2. DATE OF BIRTH<br>[redacted] | 3. REQUEST NO.<br>-                                   | 4. DATE OF REQUEST<br><b>6 Feb 54</b> |
| 5. NATURE OF ACTION REQUESTED:<br>A. PERSONNEL (Specify whether appointment, promotion, separation, etc.)<br><b>Reassignment</b> |                                | 6. EFFECTIVE DATE<br>A. PROPOSED:<br><b>14 Feb 54</b> | 7. C. S. OR OTHER<br>LEGAL AUTHORITY  |
| 8. POSITION (Specify whether establish, change grade or title, etc.)   |                                | B. APPROVED:<br><b>FEB 14 1954</b>                    |                                       |

|  |   |  |
|--|---|--|
| FROM—<br><b>Ops OF -DEP CHIEF, BA-144-12</b><br>[redacted]<br><b>GS-132-12, \$7240.00 p.a.</b><br>[redacted]<br><b>DDP/WH</b><br><b>HAVANA, CUBA</b> | 9. POSITION TITLE AND<br>NUMBER<br><br>10. SERVICE, GRADE, AND<br>SALARY<br><br>11. ORGANIZATIONAL<br>DESIGNATION<br><br>12. HEADQUARTERS<br><br>13. FIELD OR DEPARTMENTAL<br><input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL | TO—<br><b>IO-FI - PAF-116-12</b><br>[redacted]<br><b>GS-0136.51-12, \$7240.00 p.a.</b><br>[redacted]<br><b>DDP/WH</b><br><b>HAVANA, CUBA</b><br><br>14. FIELD OR DEPARTMENTAL<br><input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL |
|--|---|--|

A. REMARKS (Use reverse if necessary):  
**BAF-116**

|   |  |
|---|--|
| B. REQUESTED BY (Name and title)<br>[redacted] <b>LC/WH</b> | D. REQUEST APPROVED BY<br>Signature: _____<br>Title: _____ |
| C. [redacted] <b>X 4457</b>                                 |  |

|   |
|---|
| 15. VETERAN PREFERENCE<br>NONE <input type="checkbox"/> WW <input type="checkbox"/> OTHER <input type="checkbox"/> 5 PT <input type="checkbox"/> 10 PT <input type="checkbox"/> 15 PT <input type="checkbox"/> 20 PT <input type="checkbox"/> 25 PT <input type="checkbox"/> 30 PT <input type="checkbox"/> 35 PT <input type="checkbox"/> 40 PT <input type="checkbox"/> 45 PT <input type="checkbox"/> 50 PT <input type="checkbox"/> 55 PT <input type="checkbox"/> 60 PT <input type="checkbox"/> 65 PT <input type="checkbox"/> 70 PT <input type="checkbox"/> 75 PT <input type="checkbox"/> 80 PT <input type="checkbox"/> 85 PT <input type="checkbox"/> 90 PT <input type="checkbox"/> 95 PT <input type="checkbox"/> 100 PT <input type="checkbox"/> 105 PT <input type="checkbox"/> 110 PT <input type="checkbox"/> 115 PT <input type="checkbox"/> 120 PT <input type="checkbox"/> 125 PT <input type="checkbox"/> 130 PT <input type="checkbox"/> 135 PT <input type="checkbox"/> 140 PT <input type="checkbox"/> 145 PT <input 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U.S. GOVERNMENT PRINTING OFFICE: 1942 987574

| 1. Agency and employee's name and designation  |                                   | 2. Pay rate         |                     | 3. Basic rate  |     | 4. Step rate      |            |
|--|-----------------------------------|---------------------|---------------------|--|-----|-------------------|------------|
| 5. Employee's name and social security number when appropriate   |                                   | 6. Grade and rate   |                     | 7. Grade and rate  |     | 8. Grade and rate |            |
|  |                                   | 6-12                |                     | \$7010.00  |     |                   |            |
| PAY ROLL CHANGE DATA   |                                   |                     |                     |  |     |                   |            |
|  | BASE PAY                          | OVERTIME            | GROSS PAY           | RET.   | TAX | BOND              | F. I. C. A |
| 7. Previous normal   |                                   |                     |                     |  |     |                   |            |
| 8. New normal  |                                   |                     |                     |  |     |                   |            |
| 9. Pay this period   |                                   |                     |                     |  |     |                   |            |
| 10. Remarks  |                                   |                     |                     | 11. Appropriation  |     | 12. Prepared by   |            |
|  |                                   |                     |                     | VI-6   |     | JK 0-25           |            |
|  |                                   |                     |                     |  |     | 13. Audited by    |            |
|  |                                   |                     |                     |  |     |                   |            |
| <input type="checkbox"/> Periodic step increase <input type="checkbox"/> Pay adjustment <input type="checkbox"/> Other step increase |                                   |                     |                     |  |     |                   |            |
| 14. Effective date   | 15. Date last equivalent increase | 16. Old salary rate | 17. New salary rate | 18. Performance rating is satisfactory or better.                |     |                   |            |
| 27 Sept 42   | 2 Mar 42                          | \$7010.00           | \$7210.00           |  |     |                   |            |
| 19. LWOP data (check appropriate boxes covering LWOP during following period):   |                                   |                     |                     | (Signature or other authentication)                              |     |                   |            |
| <input type="checkbox"/> No extra LWOP <input type="checkbox"/> Total extra LWOP   |                                   |                     |                     | <input type="checkbox"/> Is pay stated at end of waiting period. |     |                   |            |
|  |                                   |                     |                     | Initials of Clerk  |     |                   |            |
| STANDARD FORM NO. 1126d—Revised<br>Form prescribed by Comp. Gen. U. S.<br>Nov. 8, 1930 General Regulations No. 102                   |                                   |                     |                     | PAY ROLL CHANGE SLIP—PERSONNEL UNIT                              |     |                   |            |

wh 4-6

SECRET

Security Information

STANDARD FORM 52  
 FORM 52-1 (Rev. 1-57)  
 U. S. GOVERNMENT PRINTING OFFICE  
 JANUARY 1957 - 100,000 - PERMANENT PAPER  
 GSA GEN. REG. NO. 27

## 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.                                | 4. DATE OF REQUEST<br>12/22/52       |
| 5. NATURE OF ACTION REQUESTED:<br>A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) |                  | 6. EFFECTIVE DATE<br>A. PROPOSED:<br>12/29/52 | 7. C. S. OR OTHER<br>LEGAL AUTHORITY |
| 8. POSITION (Specify whether establish, change grade or title, etc.)                                      |                  | B. APPROVED:<br>20 Dec 52                     |                                      |

|   |  |   |
|---|--|---|
| FROM—<br><br>Operations Officer<br>GS-12, \$7040<br>WII/FT<br>Havana            | 9. POSITION TITLE AND<br>NUMBER<br><br>10. SERVICE, GRADE, AND<br>SALARY<br><br>11. ORGANIZATIONAL<br>DESIGNATIONS<br><br>12. HEADQUARTERS | TO—<br><br>WII/FT<br>Havana   |
| <input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL | <input type="checkbox"/> FIELD OR DEPARTMENTAL   | <input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL |

A. REMARKS (Use reverse if necessary)

| B. REQUESTED BY (Name and title)<br>FI/OIS/  |          | D. REQUEST APPROVED BY<br>Signature: _____<br>Title: _____ |   |            |       |          |  |  |  |  |            |   |  |     |      |   |      |  |  |  |  |
|--|----------|--|---|------------|-------|----------|--|--|--|--|------------|---|--|-----|------|---|------|--|--|--|--|
| C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension)<br>W/Sec - 2103  |          |  |   |            |       |          |  |  |  |  |            |   |  |     |      |   |      |  |  |  |  |
| 13. VETERAN PREFERENCE<br><table border="1"> <tr> <th>NAME</th> <th>WHS</th> <th>OTHER</th> <th>5 PT.</th> <th>10 POINT</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>GSAB OTHER</td> </tr> </table> |          | NAME   | WHS   | OTHER      | 5 PT. | 10 POINT |  |  |  |  | GSAB OTHER | 14. POSITION CLASSIFICATION ACTION<br><table border="1"> <tr> <th>NEW</th> <th>VICE</th> <th>A</th> <th>REAL</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table> |  | NEW | VICE | A | REAL |  |  |  |  |
| NAME   | WHS      | OTHER  | 5 PT.   | 10 POINT   |       |          |  |  |  |  |            |   |  |     |      |   |      |  |  |  |  |
|  |          |  |   | GSAB OTHER |       |          |  |  |  |  |            |   |  |     |      |   |      |  |  |  |  |
| NEW  | VICE     | A  | REAL  |            |       |          |  |  |  |  |            |   |  |     |      |   |      |  |  |  |  |
|  |          |  |   |            |       |          |  |  |  |  |            |   |  |     |      |   |      |  |  |  |  |
| 15. GRADE  | 16. RACE | 17. APPROPRIATION<br>FROM:<br>TO:                          | 18. SUBJECT TO C. S.<br>RETIREMENT ACT<br>(112-102)   |            |       |          |  |  |  |  |            |   |  |     |      |   |      |  |  |  |  |
|  |          |  | 19. LIMIT OF APPOINT-<br>MENT AUTHORITY<br>(ACCESSARY ONLY)                                       |            |       |          |  |  |  |  |            |   |  |     |      |   |      |  |  |  |  |
|  |          |  | 20. LEGAL RESIDENCE<br><input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED<br>STATE: |            |       |          |  |  |  |  |            |   |  |     |      |   |      |  |  |  |  |

21. STANDARD FORM 50 REMARKS

| 22. CLEARANCE        | INITIAL OR SIGNATURE | DATE | REMARKS |
|----------------------|----------------------|------|---------|
| A                    |                      |      |         |
| B. CIL OR NA CONTROL |                      |      |         |
| C. CLAIM/STATUS      |                      |      |         |
| D. PLACEMENT OR EMP. |                      |      |         |
| E                    |                      |      |         |

F. APPROVED BY

SECRET

1-5-53

GPO 67-00000

SECRET

## CONFIDENTIAL FUNDS PERSONNEL ACTION

|   |  |  |  |
|---|--|--|--|
| NAME  |  | DATE   |  |
|   |  | 26 September 1952  |  |
| NATURE OF ACTION  |  | EFFECTIVE DATE   |  |
| <del>Transfer</del> <i>Reassignment</i>                                       |  | 26 October 1952  |  |
| FROM  |  | TO   |  |
| Operations Officer, GS-12   |  | OPS OF PA-114-12   |  |
| GRADE AND SALARY  |  | GS-12, \$7040.00 per annum                               |  |
|   |  | GS-132-12, \$7040.00 p.a.                                |  |
| OFFICE  |  |  |  |
| DIVISION  |  | WH   |  |
| BRANCH  |  | III  |  |
| OFFICIAL STATION  |  | Havana, Cuba (#3517)                                     |  |
| QUALIFICATIONS  |  | APPROVAL   |  |
| 10-22-52  |  | FOR ASSISTANT DIRECTOR                                   |  |
| CLASSIFICATION  |  | EXECUTIVE  |  |
| PERSONNEL OFFICER   |  |  |  |
| POST DIFFERENTIAL AUTHORIZED IN ACCORDANCE WITH AGENCY REGULATIONS            |  | YES <input type="checkbox"/> NO <input type="checkbox"/> |  |
| DATE OF OFFICE AND NO STRIKE AFFIDAVIT EXECUTED ON                            |  |  |  |
| SECURITY CLEARED ON   |  |  |  |
| OVERSEAS AGREEMENT SIGNED   |  |  |  |
| ENTERED ON DUTY   |  |  |  |
| SIGNATURE OF AUTHENTICATING OFFICER   |  |  |  |
| REMARKS: 8 in app 21 Oct 52 wa action<br>PA-114<br><i>[Signature]</i><br>Date |  |  |  |

POSTED  
 Oct 29 1952

SECRET

SECRET

## CONFIDENTIAL FUNDS PERSONNEL ACTION

|  |                        |                            |           |
|--|------------------------|----------------------------|-----------|
| NAME   |                        | DATE                       |           |
|  |                        | 3 April 1952               |           |
| NATURE OF ACTION   |                        | EFFECTIVE DATE             |           |
| Appointment  |                        | 26 June 1952               |           |
| TITLE<br><br>GRADE AND SALARY<br><br>OFFICE<br><br>DIVISION<br><br>BRANCH<br><br>OFFICIAL STATION                                      | FROM                   | TO                         |           |
|  |                        | Operations Officer, GS-12  |           |
|  |                        | GS-12, \$7010.00 per annum |           |
|  |                        |                            |           |
|  |                        | W1                         |           |
|  |                        | Branch III                 |           |
| APPROVAL   |                        |                            |           |
| QUALIFICATIONS   | FOR ASSISTANT DIRECTOR |                            | EXECUTIVE |
|  | PERSONNEL OFFICER      |                            |           |
| POST DIFFERENTIAL AUTHORIZED IN ACCORDANCE WITH AGENCY REGULATIONS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |                        |                            |           |
| OATH OF OFFICE AND NO STRIKE AFFIDAVIT EXECUTED ON 27 June 1952  |                        |                            |           |
| SECURITY CLEARED ON 9 May 1952   |                        |                            |           |
| OVERSEAS AGREEMENT SIGNED 27 June 1952   |                        |                            |           |
| ENTERED ON DUTY 26 June 1952   |                        |                            |           |
| DOB - 04/11/54<br>CSEUD - 06/26/52<br>LCD - 06/26/52   |                        |                            |           |
| REMARKS:   |                        |                            |           |
| S-#2   |                        |                            |           |
| Please initiate security clearance. Addendum to PIS attached.  |                        |                            |           |
| 3 April 1952<br>37-1<br>SECRET   |                        |                            |           |

FORM NO. 37-1

SECRET

**SECRET**  
**SECRET**  
 (When Filled In)

| MEDICAL ACTION REQUEST AND REPORT  |  |  |  |
|--|--|--|--|
| I REQUEST FOR PHYSICAL EXAMINATION BY  |  |  |  |
| 1. NAME (Last) (First) (M. Initial)  |  | 2. DATE  |  |
|  |  | 6 June 1956  |  |
| 3. TO POSITION   |  | 4. OFFICE, DIVISION, BRANCH  |  |
| Area Ops Off (DCOS)  |  | DDP, WH, III   |  |
| 5. TYPE OF POSITION  |  | 6. GRADE   |  |
| <input type="checkbox"/> Departmental<br><input type="checkbox"/> U.S. Field<br><input checked="" type="checkbox"/> Overseas |  | 02-13  |  |
| Havana, Cuba   |  | 7. EVALUATE FOR  |  |
|  |  | <input type="checkbox"/> EOD<br><input checked="" type="checkbox"/> Overseas<br><input checked="" type="checkbox"/> Returnee<br><input type="checkbox"/> Pre-Employment<br><input type="checkbox"/> Annual<br><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 PUS overseas assignment (6/12/56).  |  |  |  |
| <b>SECRET</b>  |  | <i>Max N. Hartman</i><br>_____<br>MEDICAL OFFICE   |  |

**SECRET**  
(When Filled In)

| FITNESS REPORT   |  |  |                                  | EMPLOYEE SERIAL NUMBER |               |
|--|--|--|----------------------------------|------------------------|---------------|
|  |  |  |                                  | 060389                 |               |
| <b>SECTION A</b>   |  |  | <b>GENERAL</b>                   |                        |               |
| 1. NAME (Last) (First) (Middle)  |  |  | 2. DATE OF BIRTH                 | 3. SEX                 | 4. GRADE      |
|  |  |  |                                  | M                      | GS-15 D       |
| 5. OFFICIAL POSITION TITLE   |  |  | 7. OFF. DIV. OR OF ASSIGNMENT    |                        |               |
| Ops Officer, Chief   |  |  | DDP/WH/6                         |                        |               |
| 8. CURRENT STATION   |  |  | Headquarters                     |                        |               |
| 9. CHECK (X) TYPE OF APPOINTMENT   |  |  | 10. CHECK (X) TYPE OF REPORT     |                        |               |
| XX CAREER  |  |  | INITIAL                          |                        |               |
| RESERVE  |  |  | REASSIGNMENT SUPERVISOR          |                        |               |
| TEMPORARY  |  |  | REASSIGNMENT EMPLOYEE            |                        |               |
| CAREER-PROVISIONAL (See Instructions - Section C)  |  |  | XX ANNUAL                        |                        |               |
| SPECIAL (Specify):   |  |  | SPECIAL (Specify):               |                        |               |
| 11. DATE REPORT DUE IN O.P.  |  |  | 12. REPORTING PERIOD (From - To) |                        |               |
| February 1972  |  |  | 1 April 1971 - 31 January 1972   |                        |               |
| <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 |
|  |  |  |                                  |                        | 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>See MEMORANDUM IN LIEU OF FITNESS REPORT attached.</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 |  |
| 14 March 1972   | Acting Deputy Chief, WHD  | Richard S. Welch (signed)           |  |
| 3. BY REVIEWING OFFICIAL  |   |                                     |  |
| COMMENTS OF REVIEWING OFFICIAL  |   |                                     |  |
| <p>See MEMORANDUM IN LIEU OF FITNESS REPORT attached.</p>   |   |                                     |  |
| DATE  | OFFICIAL TITLE OF REVIEWING OFFICIAL                            | TYPED OR PRINTED NAME AND SIGNATURE |  |
| 14 March 1972   | Acting Chief, WHD   | James E. Flannery (signed)          |  |

SECRET

**SECRET**  
(When Filled In)

| FITNESS REPORT   |  |  |   | EMPLOYEE SERIAL NUMBER |                    |          |               |
|--|--|--|---|------------------------|--------------------|----------|---------------|
|  |  |  |   | 060389                 |                    |          |               |
| <b>SECTION A GENERAL</b>   |  |  |   |                        |                    |          |               |
| 1. NAME (Last) (First) (Middle)  |  |  | 2. DATE OF BIRTH  |                        | 3. SEX             | 4. GRADE | 5. SD         |
|  |  |  |   |                        | M                  | GS-15    | D             |
| 6. OFFICIAL POSITION TITLE   |  |  | 7. OFF/DIV/BR OF ASSIGNMENT   |                        | 8. CURRENT STATION |          |               |
| Ops Officer/Chief of Station   |  |  | DDP/WH/2  |                        |                    |          |               |
| 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<br>CAREER-PROVISIONAL (See Instructions - Section C)  |  |  | <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR<br><input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE<br>SPECIAL (Specify): |                        |                    |          |               |
| 11. DATE REPORT DUE IN O.P.  |  |  | 12. REPORTING PERIOD (From - to)  |                        |                    |          |               |
| 30 April 1971  |  |  | 1 April 1970 - 31 March 1971  |                        |                    |          |               |
| <b>SECTION B PERFORMANCE EVALUATION</b>  |  |  |   |                        |                    |          |               |
| <p><b>U-Unsatisfactory</b> Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>M-Marginal</b> Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.</p> <p><b>P-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 |
| See attached memorandum.   |  |  |   |                        |                    |          |               |
| 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             |

## 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> |   |                                     |  |
| See Attachment.   |   |                                     |  |
| 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   |                                     |  |
|   | /s/   |                                     |  |
| 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 |  |
| 14 April 1971   | Deputy Chief, WH Division                                       | /s/ James E. Flannery               |  |
| 3. BY REVIEWING OFFICIAL  |   |                                     |  |
| COMMENTS OF REVIEWING OFFICIAL  |   |                                     |  |
| See attachment.   |   |                                     |  |
| DATE  | OFFICIAL TITLE OF REVIEWING OFFICIAL                            | TYPED OR PRINTED NAME AND SIGNATURE |  |
| 24 June 1971  | Chief, WH DIVISION  | /signed/<br>William V. Broe         |  |

SECRET

14 April 1971

MEMORANDUM IN LIEU OF FITNESS REPORT

SUBJECT: [REDACTED]

1 April 1970 to 31 March 1971

Mr. [REDACTED] departed [REDACTED] on 21 February 1971, after having served as Chief of Station for two and one half years. The last year of his tour was highlighted by two extremely delicate, highly productive operations targeted against the [REDACTED] operation of a most sensitive nature stemming from them. This latter operation, focused as it was around [REDACTED] called for constant good judgment on how to pursue U. S. Government interests with this highly sensitive and significant intelligence at hand. (It was highlighted at the WH Division's Chiefs of Station Conference held in February 1971 as a classic example of both the collection and use of intelligence on the real "national interest" level.)

Throughout these operations, Mr. [REDACTED] handled himself very well, especially during the latter part of his tenure when he was under considerable pressure as an almost inevitable consequence of the impact of these operations. Ultimately, Mr. [REDACTED] was requested by the [REDACTED] [REDACTED] It should be stressed that this was a mark of his operational success rather than the result of any operational "flap" or miscue whatever. [REDACTED]

The

- 2 -

fact that, under these general circumstances, he continued to function normally, responding to numerous demands being made on him by the situation and Headquarters, and set about paving the way for his successor to take up the cudgel from the best operational platform -- all this speaks for itself and certainly underlines the fine quality of Mr. [ ] professional and personal characteristics.

In the realm of normal activity, Mr. [ ] handled his officers with both firmness and tact. He was a good manager, ran a taut Station, and had cut back on several marginal operations, streamlined others, and initiated some new ones. He writes well and quickly, and he has exceptional fluency in Spanish. He moved very well in the local community and, during his tenure, established a wide range of contacts.

Mr. [ ] relationship with the [ ] was excellent, and [ ] was a great help to him in discharging his representational duties and [ ] within the [ ]

In sum, Mr. [ ] is a "pro" who turned in a strong performance both before and after the chips were down.

*James E. Flannery*  
James E. Flannery  
Deputy Chief  
Western Hemisphere Division

I certify that I have seen  
this memorandum:

*15 Feb 1971*  
Date

SECRET

[REDACTED]  
1 April 1970 to 31 March 1971

Comments of Reviewing Official:

I fully concur with the Rater's comments. I am pleased that Mr. Flannery explained the circumstances surrounding Mr. Williamson's [REDACTED] so well. His tour was a fine piece of operational work and in no way should it be tarnished by misinterpretation or gossip.

  
William V. Broe  
Chief

24 June 1971  
Date

Western Hemisphere Division

SECRET

**SECRET**  
(When Filled In)

| FITNESS REPORT   |  |   |   | EMPLOYEE SERIAL NUMBER |                |
|--|--|---|---|------------------------|----------------|
|  |  |   |   | 060389                 |                |
| <b>SECTION A GENERAL</b>   |  |   |   |                        |                |
| 1. NAME (Last) (First) (Middle)  |  |   | 2. DATE OF BIRTH  | 3. SEX                 | 4. GRADE 5. SD |
|  |  |   |   | M                      | GS-13 D        |
| 6. OFFICIAL POSITION TITLE   |  |   | 7. OFF. DIV./BR. OF ASSIGNMENT 8. CURRENT STATION   |                        |                |
| Ops Officer/Chief of Station   |  |   | DDP/WH/2  |                        |                |
| 9. CHECK (X) TYPE OF APPOINTMENT   |  |   | 10. CHECK (X) TYPE OF REPORT  |                        |                |
| <input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY   |  |   | <input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR         |                        |                |
| <input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)   |  |   | <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE |                        |                |
| SPECIAL (Specify):   |  |   | SPECIAL (Specify):  |                        |                |
| 11. DATE REPORT DUE IN O.P.  |  |   | 12. REPORTING PERIOD (From - to)  |                        |                |
|  |  |   | 1 April 1969 - 31 March 1970  |                        |                |
| <b>SECTION B PERFORMANCE EVALUATION</b>  |  |   |   |                        |                |
| <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. |   |                        |                |
| <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.  |   |                        |                |
| <b>P-Proficient</b>  |  | Performance is satisfactory. Desired results are being produced in the manner expected.   |   |                        |                |
| <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).   |  |   |   |                        |                |
| 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  |
|  |  |   |   |                        |                |

9 JUL 1970  
JIC

SECRET

23 June 1970

## MEMORANDUM IN LIEU OF FITNESS REPORT

SUBJECT: [REDACTED]  
1 April 1969 - 31 March 1970

[REDACTED] has become progressively more important to the Agency because of its very active [REDACTED] and signs of the imminent arrival of the [REDACTED]. In anticipation, Mr. [REDACTED] has geared his Station and honed his operations to cope with these problems. [REDACTED] Station has some of the more sophisticated and interesting operations in the [REDACTED] area, and the Station is preparing to exploit its assets to the maximum to meet the expected presence of the [REDACTED].

Mr. [REDACTED] is an old "pro" who has had a variety of experiences in the intelligence field and who brings to his work maturity garnished with enthusiasm and expertise.

He has done particularly well in guiding his subordinates and extracting the maximum from them. His leadership is deft but firm.

His relationship with the [REDACTED] a difficult person to deal with, who was not at first happy to have Mr. [REDACTED] progressed to the point that he became a valuable member of the [REDACTED] and had the respect of the ambassador. There is a new ambassador now and it is clear that Mr. [REDACTED] has gotten off to a very good start with him.

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He has a large range of contacts in the community and he has been helped [redacted] in his work.

His subordinates have a high regard for him--from a professional as well as personal standpoint--and look to him for guidance and leadership.

He is judicious in the use of government funds, extracting the maximum from the operational dollar. His Spanish is excellent, and his experiences in Latin affairs have given him a grace in moving among the locals.

He is rated as Strong.



Deputy Chief  
Western Hemisphere Division

I certify that I have seen  
this memorandum:



24 June 1970  
Date

SECRET

SECRET

SUBJECT: 

1 April 1969 - 31 March 1970

Comments of Reviewing Official:

I concur completely with the Rater's comments concerning this excellent officer. Mr.  has again and again shown himself to be the real professional that he is. It is a comfort to a Division Chief to have such a COS in the field.

8 JUL 1970

---

Date

*William V. Broe*  
William V. Broe  
Chief  
Western Hemisphere Division

SECRET

**SECRET**  
(When Filled In)

| FITNESS REPORT  |  |                  |   | EMPLOYEE SERIAL NUMBER |                        |
|---|--|------------------|---|------------------------|------------------------|
|   |  |                  |   | 060389                 |                        |
| <b>SECTION A GENERAL</b>  |  |                  |   |                        |                        |
| 1. NAME<br>(Last) (First) (Middle)  |  | 2. DATE OF BIRTH |   | 3. SEX                 | 4. GRADE 5. SD         |
|   |  |                  |   | M                      | GS-15 D                |
| 6. OFFICIAL POSITION TITLE<br>Chief of Station  |  |                  | 7. OFF DIV BR OF ASSIGNMENT   |                        | 8. CURRENT STATION     |
|   |  |                  | DDP/WII/2   |                        |                        |
| 9. CHECK TYPE OF APPOINTMENT  |  |                  | 10. CHECK TYPE OF REPORT  |                        |                        |
| <input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY  |  |                  | <input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR         |                        |                        |
| <input type="checkbox"/> CAREER PROVISIONAL (See Instructions - Section C)  |  |                  | <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE |                        |                        |
| SPECIAL (Specify):  |  |                  | SPECIAL (Specify):  |                        |                        |
| 11. DATE REPORT DUE IN O.P.<br>30 April 1969  |  |                  | 12. REPORTING PERIOD (From - To)<br>1 April 1968 - 31 March 1969                          |                        |                        |
| <b>SECTION B PERFORMANCE EVALUATION</b>   |  |                  |   |                        |                        |
| <p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p> |  |                  |   |                        |                        |
| <b>SPECIFIC DUTIES</b>  |  |                  |   |                        |                        |
| List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).  |  |                  |   |                        |                        |
| SPECIFIC DUTY NO. 1<br><br>See attached   |  |                  |   |                        | 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 on 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<br><br>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>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   |                                     |  |
|  | /subject in field/  |                                     |  |
| 2. BY SUPERVISOR   |   |                                     |  |
| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION  | IF THIS REPORT WAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION |                                     |  |
| DATE   | OFFICIAL TITLE OF SUPERVISOR                                    | TYPED OR PRINTED NAME AND SIGNATURE |  |
| 10 July 1969   | Deputy Chief, WH Division                                       | /signed/                            |  |
| 3. BY REVIEWING OFFICIAL   |   |                                     |  |
| COMMENTS OF REVIEWING OFFICIAL   |   |                                     |  |
| <p>See attached.</p>   |   |                                     |  |
| DATE   | OFFICIAL TITLE OF REVIEWING OFFICIAL                            | TYPED OR PRINTED NAME AND SIGNATURE |  |
| 28 July 1969   | Chief, WH Division  | /signed/ William V. Hume            |  |

SECRET

10 July 1969

MEMORANDUM IN LIEU OF FITNESS REPORT

SUBJECT: [REDACTED]  
1 April 1968 - 31 March 1969

Mr. [REDACTED] began his tour as Chief of Station, [REDACTED] in July 1968. He was well prepared for the responsibilities of the assignment, having served in two important stations as Deputy Chief of Station, and as Deputy Chief, WH/COG.

At the outset of his assignment, Mr. [REDACTED] was confronted with [REDACTED] who had reservations on several matters connected with the station, including problems concerning the establishment of a [REDACTED] operation. Shortly thereafter [REDACTED] activities placed an additional burden on the [REDACTED] station and on relations with the [REDACTED] Mr. [REDACTED] weathered these initial rough spots well, keeping Agency interests protected.

In the seven months since his arrival in [REDACTED] Mr. [REDACTED] not only succeeded in overcoming the [REDACTED] initial frostiness, but has mollified the [REDACTED] misgivings on several potential items of conflict. Furthermore, he has won a strong endorsement from the ambassador who has made it a point to inform Headquarters officers that he is highly pleased by the manner in which Mr. [REDACTED] is handling his assignment.

14-00000

SECRET

SUBJECT: [REDACTED]

1 April 1968 - 31 March 1969

Mr. [REDACTED] has an aggressive, constructive and realistic approach to operations. He has made a good assessment of the station's operational assets and personnel and has succeeded in sharpening general performances. Coordination and cooperation between the station and Headquarters leaves nothing to be desired.

He displays appropriate cost-consciousness. The morale of station personnel is high. Mr. [REDACTED] and his wife are highly regarded by embassy personnel, and have established a wide circle of Costa Rican friends and contacts.

He has put in a Strong performance.

[REDACTED]  
Deputy Chief  
Western Hemisphere Division

I certify that I have  
seen this memorandum:

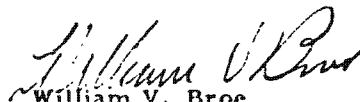
[REDACTED] \_\_\_\_\_  
Date

14-00000

SECRET

SUBJECT:   
1 April 1968 - 31 March 1969

I concur with the rater's comments. Mr.   
has handled himself most professionally and adriotly and the  
 Station is making fine progress under his leader-  
ship.

  
William V. Broe  
Chief

28 July 1969  
Date

Western Hemisphere Division

SECRET

SECRET

(When Filled In)

| FITNESS REPORT   |  |  |   | EMPLOYEE SERIAL NUMBER |                             |
|--|--|--|---|------------------------|-----------------------------|
|  |  |  |   | 060389                 |                             |
| <b>SECTION A GENERAL</b>   |  |  |   |                        |                             |
| 1. NAME<br>(Last) (First) (Middle)   |  | 2. DATE OF BIRTH   |   | 3. SEX<br>M            | 4. GRADE<br>15              |
|  |  |  |   |                        | D                           |
| 5. OFFICIAL POSITION TITLE<br>Ops Officer D Ch   |  |  | 7. OFF/DIV/BR OF ASSIGNMENT<br>VII/COG  |                        | 6. CURRENT STATION<br>Hots. |
| 9. CHECK (X) TYPE OF APPOINTMENT   |  |  | 10. CHECK (X) TYPE OF REPORT  |                        |                             |
| <input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY   |  |  | <input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR         |                        |                             |
| <input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)   |  |  | <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE |                        |                             |
| SPECIAL (Specify):   |  |  | SPECIAL (Specify):  |                        |                             |
| 11. DATE REPORT DUE IN O.P.<br>04/68   |  |  | 12. REPORTING PERIOD (From - to)<br>1 April 1967 - 31 March 1968                          |                        |                             |
| <b>SECTION B PERFORMANCE EVALUATION</b>  |  |  |   |                        |                             |
| <b>W - <u>Weak</u></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 - <u>Adequate</u></b>   |  | Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.   |   |                        |                             |
| <b>P - <u>Proficient</u></b>   |  | Performance is more than satisfactory. Desired results are being produced in a proficient manner.  |   |                        |                             |
| <b>S - <u>Strong</u></b>   |  | Performance is characterized by exceptional proficiency.   |   |                        |                             |
| <b>O - <u>Outstanding</u></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).   |  |  |   |                        |                             |
| SPECIFIC DUTY NO. 1  |  |  |   |                        | RATING LETTER               |
| See attached Memorandum for the Record.  |  |  |   |                        |                             |
| 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>   |  |  |   |                        | RATING LETTER               |
| 2-5 JUN 1968<br>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>S</b>                    |



## 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 style="text-align: right;">MAR 5 1968</p> |   |                                     |  |
| SECTION D   |   |                                     |  |
| CERTIFICATION AND COMMENTS  |   |                                     |  |
| 1. BY EMPLOYEE  |   |                                     |  |
| I CERTIFY THAT I HAVE SEEN SE   |   |                                     |  |
| DATE  | SIGNATURE OF EMPLOYEE   |                                     |  |
| 20 June 1968  |   |                                     |  |
| 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 |  |
| 19 June 1968  | Chief, WH/COG   | David A. Phillips                   |  |
| 3. BY REVIEWING OFFICIAL  |   |                                     |  |
| COMMENTS OF REVIEWING OFFICIAL  |   |                                     |  |
| <p>I heartily concur with the rating and comments submitted by Mr. [ ] superior. Mr. [ ] is a fine professional who very much deserves his new assignment as Chief of Station,</p> <p>[ ]</p>   |   |                                     |  |
| DATE  | OFFICIAL TITLE OF REVIEWING OFFICIAL                            | TYPED OR PRINTED NAME AND SIGNATURE |  |
| 21 June 1968  | Chief, WH Division  | William V. Broe                     |  |

SECRET

SECRET

19 June 1968

MEMORANDUM FOR THE RECORD

SUBJECT: Memorandum in Lieu of Fitness Report -  
Mr. [ ]

1. Mr. [ ] is on the eve of his departure as an overseas Chief of Station. This is a logical and justified next step in his career development. Mr. [ ] responsibilities have been considerable in recent years: DCOS in two important Stations; Chief, FI and then Deputy Chief of WH/COG. It should be pointed out that in the latter position he was Acting Chief for long periods, performing admirably. His new assignment indicates that the most senior officers in the Division have recognized this.


2. Mr. [ ] is a professional intelligence officer in the strictest sense of the word. He is hard-driving and tenacious; despite his seniority he is on any list of activists; he has the capability of getting things going, of getting the job done. He applies rigid standards to his subordinates, but no less rigid than those he applies to himself. He is cost-conscious to an unusual degree. He is a fluent speaker of idiomatic Spanish and can handle himself well in any milieu. If Mr. [ ] is ever less than diplomatic it is when considering ersatz operational proposals or phoney practices, neither of which he can tolerate.

3. There is no question that in his next assignment Mr. [ ] will benefit from the social graces of his [ ]. In his own private life Mr. [ ] maintains numerous important contacts.

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SECRET

4. In summary, Mr. [ ] is a dedicated and professional intelligence officer. He will undoubtedly continue his fine performance as a Chief of Station, and should in time be promoted to the next higher grade.



David A. Phillips  
Chief, WH/COG

SECRET

TECHNICAL SERVICES DIVISION -- TECHNICAL SCHOOL

Name :

Office: WII

Date : 10 May 1968

**To provide a general knowledge in:**

- a. Selected gear used for [redacted]  
[redacted] Included are representa-  
tive samples of:

b. The philosophy, purpose, considerations and manageability of [redacted] systems; including message security, link security, reliability and feasibility of [redacted] systems.

**S E C R E T**

14-00000  
S-E-C-R-E-T  
(When Filled In)

24 May 1968

MEMORANDUM FOR: Chief, Transactions & Records Branch/OP

FROM : Chief, External Training Branch/RS/TR

SUBJECT : Completion of External Training

This is to advise you that                      training request  
# R-022109 attended the following external training program :

COURSE : NATIONAL INTERDEPARTMENTAL SEMINAR

INSTITUTION: FSI

DATE : 26 Feb.-22 Mar. 1968

GRADE : Successfully Completed

FOR THE DIRECTOR OF TRAINING:



Attachments:

- ☐ Grade Report
- ☒ Certificate of Completion
- ☐ Roster of Participants
- ☐ Training Report by Student
- ☐ Training Report by Institution
- ☐ None
- ☐ Other:

GROUP 1  
Excluded from Automatic  
Downgrading and  
Declassification

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



Department of State • Department of Defense •  
Agency for International Development • U. S. Information Agency

NATIONAL INTERDEPARTMENTAL SEMINAR

*This is to certify that*

[Redacted Name]

*has successfully completed the seminar on*  
**PROBLEMS OF DEVELOPMENT  
AND INTERNAL DEFENSE**  
*at the Foreign Service Institute, Washington, D.C.*

WITNESSED  
SIGNED OFFICIAL

Seminar Coordinator

March 22, 1958

*Geo. L. ...*  
Director of FSI

S-E-C-R-E-T

## TRAINING REPORT

Chiefs of Station Seminar No. 3-68  
80 hours, full time

Participant  Office : WH  
Year of Birth:  Service Designation: D  
Grade : GS-15 No. of Students   
EOD Date : June 1952

## 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:

APR 1968

Date

S-E-C-R-E-T

**SECRET**  
(When Filled In)

|   |  |   |   |  |                           |
|---|--|---|---|--|---------------------------|
| <b>FITNESS REPORT</b>   |  |   |   | EMPLOYEE SERIAL NUMBER<br><b>060389</b>  |                           |
| <b>SECTION A GENERAL</b>  |  |   |   |  |                           |
| 1. NAME<br><div style="border: 1px solid black; height: 15px; width: 100%;"></div>  |  | 2. DATE OF BIRTH<br><div style="border: 1px solid black; height: 15px; width: 100%;"></div> | 3. SEX<br><b>M</b>  | 4. GRADE<br><b>GS-15</b>                 | 5. SD<br><b>D</b>         |
| 6. OFFICIAL POSITION TITLE<br><b>Ops Officer D Ch</b>   |  | 7. OFF/DIV/BR OF ASSIGNMENT<br><b>DDP/WH/COG</b>  |   | 8. CURRENT STATION<br><b>WASH., D.C.</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"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR         |  |                           |
| <input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)  |  |   | <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE |  |                           |
| <input type="checkbox"/> SPECIAL (Specify):   |  |   | <input type="checkbox"/> SPECIAL (Specify):   |  |                           |
| 11. DATE REPORT DUE IN O.P.   |  |   | 12. REPORTING PERIOD (From - to)  |  |                           |
|   |  |   | <b>19 Feb 66 - 31 March 67</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   |  |   |   |  | RATING LETTER             |
| See attached memorandum.  |  |   |   |  |                           |
| 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>20 JUL 1967 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<br><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 is needed to complete Section C, attach a separate sheet of paper.

JUN 14 3 27 PM '67

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

SIGNATURE

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

12

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

DATE

OFFICIAL TITLE OF SUPERVISOR

TYPED OR PRINTED NAME AND SIGNATURE

1 May 1967

Chief, WH/COG

Thomas J. Flores

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

Concur. Mr. [ ] is one of the relatively few Division officers who, having reached a senior position, still enjoys making recruitments and handling agents. He will be going to the field during the next calendar year to a senior assignment.

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR PRINTED NAME AND SIGNATURE

12 June 1967

Deputy Chief, WH Division

Jacob D. Esterline

SECRET

SECRET

MEMORANDUM FOR THE RECORD

SUBJECT: Memorandum in Lieu of Fitness Report -  
Mr. [ ]

1. Mr. [ ] reported to WH/Cuban Operations Group in February 1966 and immediately took over the functions of Chief of the FI Branch. This Branch is concerned with the conduct of positive intelligence operations on a world-wide basis [ ] target. A small proportion of these operations were conducted directly from Headquarters (including the [ ] The larger number of these operations was conducted through [ ] supervision involved the provision of staff support and guidance and extensive dealings with other Divisions and, to a lesser degree, with [ ] Mr. [ ] took hold of these duties quickly and forcefully and carried them out effectively and efficiently.

2. In July 1966, Mr. [ ] was appointed Deputy Chief of the Cuban Operations Group. In this role his duties involved supervision of the totality of the operational effort, including FI, CI, [ ] and [ ] Again, Mr. [ ] undertook his broader duties forcefully and efficiently. He has shown qualities of leadership and good managerial skills in dealing with personnel and organizational matters.

3. During this period, Mr. [ ] has primarily been interested in substantive operational matters. He has carried out efficiently and promptly those staff functions which I have assigned to him, but I detect a certain lack of interest in these. Probably this reflects his most outstanding ability and consuming interest in the real heart of our activities--the production of intelligence and in the conduct of actions against our target. He has participated personally in several operations and is one of the relatively few senior officers who delights in handling agents and making recruitments.

SECRET

SECRET

4. Mr. [ ] is conscientious and economical in the use of operational assets, manpower and money. He is married to a charming young woman who is socially active, entertains well and is a real asset in representational activities.

5. Mr. [ ] Spanish is fluent and colloquial, and in combination with his extensive understanding of Latin America and its people contributes enormously to his effectiveness.

*Thomas J. Flores*  
Thomas J. Flores  
Chief, WH/COG

SECRET

**SECRET**  
(When Filled In)

| FITNESS REPORT  |  |                  |   | EMPLOYEE SERIAL NUMBER<br>060,310 |               |
|---|--|------------------|---|-----------------------------------|---------------|
| <b>SECTION A GENERAL</b>  |  |                  |   |                                   |               |
| 1. NAME   |  | 2. DATE OF BIRTH | 3. SEX  | 4. GRADE                          | 5. SD         |
|   |  |                  |   |                                   |               |
| 6. OFFICIAL POSITION TITLE  |  |                  | 7. OFF/DUTY OF ASSIGNMENT   |                                   |               |
| Sgt. Major P. CH  |  |                  | Headquarters  |                                   |               |
| 9. CHECK (X) TYPE OF APPOINTMENT  |  |                  | 10. CHECK (X) TYPE OF REPORT  |                                   |               |
| <input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY   |  |                  | <input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR         |                                   |               |
| <input type="checkbox"/> CAREER-PROVISIONAL (See instructions - Section C)  |  |                  | <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE |                                   |               |
| SPECIAL (Specify):  |  |                  | SPECIAL (Specify):  |                                   |               |
| 11. DATE REPORT DUE IN O.P.   |  |                  | 12. REPORTING PERIOD (From - to)  |                                   |               |
| 31 MAY 1966   |  |                  | 1 December 1965 - 12 February 1966  |                                   |               |
| <b>SECTION B PERFORMANCE EVALUATION</b>   |  |                  |   |                                   |               |
| <p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p> |  |                  |   |                                   |               |
| <b>SPECIFIC DUTIES</b>  |  |                  |   |                                   |               |
| List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).  |  |                  |   |                                   |               |
| SPECIFIC DUTY NO. 1   |  |                  |   |                                   | RATING LETTER |
| SEE SECTION C.  |  |                  |   |                                   |               |
| 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

(When Filled In)

## SECTION C

## NARRATIVE COMMENTS

OFFICE OF THE

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

Subject's last fitness report covered the period April - November 1965, while assigned to [REDACTED]. He departed the Station 1 December 1965, arrived headquarters 13 December and was on home leave until his reassignment to DOP/WH Division on 14 February 1966. Therefore, no evaluation can be submitted on Subject's performance during that period. After 14 February 1966 his evaluations should be handled by DOP/WH.

DC/Personnel  
European Division  
30 September 1966

## SECTION D

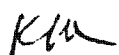
## CERTIFICATION AND COMMENTS

|  |   |                                     |
|--|---|-------------------------------------|
| 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 |
| 3. BY REVIEWING OFFICIAL                                       |   |                                     |
| COMMENTS OF REVIEWING OFFICIAL                                 |   |                                     |
| DATE   | OFFICIAL TITLE OF REVIEWING OFFICIAL                            | TYPED OR PRINTED NAME AND SIGNATURE |

SECRET

**SECRET**

(WHEN FILLED IN)

| CERTIFICATION OF LANGUAGE PROFICIENCY   |  |                             |   |               |   |          |     |                               |          |  |  |           |    |                       |    |   |   |   |     |      |
|---|--|-----------------------------|---|---------------|---|----------|-----|-------------------------------|----------|--|--|-----------|----|-----------------------|----|---|---|---|-----|------|
| 1. EMPLOYER NO.   |  | 2. NAME (LAST-FIRST-MIDDLE) |   |               |   |          |     | 3. TYPE CHANGE                |          | 4. LANGUAGE DATA PRIOR TO TEST   |  |           |    |                       |    |   |   |   |     |      |
|   |  |                             |   |               |   |          |     | A=ADD<br>C=CHANGE<br>D=DELETE |          | CODE   |  | LAN. CODE |    | R                     | W  | P | S | U | I/T | YEAR |
| 5. LANGUAGE DATA AFTER TEST   |  |                             |   |               |   |          |     | 6. DATE TESTED                |          | 7. DATE OF BIRTH   |  | 8. GRADE  |    | 9. OFFICE OR DIVISION |    |   |   |   |     |      |
| LAN. CODE   |  | R                           | W | P             | S | U        | I/T | YEAR                          | 04/11/67 |  |  |           | 15 |                       | WH |   |   |   |     |      |
| NOTICE TO PERSON TESTED   |  |                             |   |               |   |          |     |                               |          |  |  |           |    |                       |    |   |   |   |     |      |
| 10. ON THE DATE SHOWN IN ITEM 6 ABOVE, YOU WERE TESTED IN <u>SPANISH (NEW WORLD)</u> BL18<br>AND YOUR TEST SCORES ARE AS FOLLOWS: <u>(NAME OF LANGUAGE)</u> |  |                             |   |               |   |          |     |                               |          |  |  |           |    |                       |    |   |   |   |     |      |
| READING   |  | WRITING                     |   | PRONUNCIATION |   | SPEAKING |     | UNDERSTANDING                 |          | TEST RATINGS 2 = ZERO 1 = INTERMEDIATE<br>3 = SLIGHT H = HIGH<br>L = ELEMENTARY N = NATIVE |  |           |    |                       |    |   |   |   |     |      |
| I   |  | +                           |   | H             |   | H        |     | H                             |          |  |  |           |    |                       |    |   |   |   |     |      |
| 11. REMARKS   |  |                             |   |               |   |          |     |                               |          | 12. SIGNATURE  |  |           |    |                       |    |   |   |   |     |      |
| CODED<br>IS<br>QUALIFICATIONS<br>DATE   |  |                             |   |               |   |          |     |                               |          |        |  |           |    |                       |    |   |   |   |     |      |
|   |  |                             |   |               |   |          |     |                               |          | 13. LD NUMBER  |  |           |    |                       |    |   |   |   |     |      |
|   |  |                             |   |               |   |          |     |                               |          | 14653  |  |           |    |                       |    |   |   |   |     |      |

FORM 11-64 1273

OBSOLETE PREVIOUS EDITIONS

(16-65)

**SECRET**GROUP 1  
EXCLUDED FROM AUTOMATIC DOWNGRADING  
AND DECLASSIFICATION

1 - CFI/AB

**SECRET**  
(When Filled In)

| FITNESS REPORT   |  |  |  | EMPLOYEE SERIAL NUMBER |  |
|--|--|--|--|------------------------|--|
|  |  |  |  | 060389                 |  |
| SECTION A  |  | GENERAL  |  |                        |  |
| 1. NAME (Last) (First) (Middle)  |  | 2. DATE OF BIRTH 3. SEX  |  | 4. GRADE 5. SO         |  |
|  |  | M  |  | GS-15 D                |  |
| 6. OFFICIAL POSITION TITLE   |  | 7. OFF. DIV. OR OF ASSIGNMENT  |  | 8. CURRENT STATION     |  |
| Deputy Chief of Station  |  | DDP/WE   |  |                        |  |
| 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 type="checkbox"/> ANNUAL <input checked="" type="checkbox"/> REASSIGNMENT EMPLOYEE  |  |                        |  |
| <input type="checkbox"/> SPECIAL (Specify):  |  | <input type="checkbox"/> SPECIAL (Specify):  |  |                        |  |
| 11. DATE REPORT DUE IN O.P.  |  | 12. REPORTING PERIOD (From - to)   |  |                        |  |
|  |  | 1 April 1965 - 15 November 1965  |  |                        |  |
| SECTION B  |  | PERFORMANCE EVALUATION   |  |                        |  |
| W - <u>Weak</u>  |  | 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.   |  |                        |  |
| A - <u>Adequate</u>  |  | Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.   |  |                        |  |
| P - <u>Proficient</u>  |  | Performance is more than satisfactory. Desired results are being produced in a proficient manner.  |  |                        |  |
| S - <u>Strong</u>  |  | Performance is characterized by exceptional proficiency.   |  |                        |  |
| O - <u>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.   |  |                        |  |
|  |  | SPECIFIC DUTIES  |  |                        |  |
|  |  | List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).   |  |                        |  |
| SPECIFIC DUTY NO. 1  |  | In charge of operations of the Station   |  | RATING LETTER<br>S     |  |
| SPECIFIC DUTY NO. 2  |  | Supports other WE stations in the conduct of their operations, of operational and intelligence interests.  |  | RATING LETTER<br>S     |  |
| SPECIFIC DUTY NO. 3  |  |  |  | RATING LETTER<br>S     |  |
| SPECIFIC DUTY NO. 4  |  | Drafts operational dispatches and cables.  |  | RATING LETTER<br>S     |  |
| SPECIFIC DUTY NO. 5  |  | In charge of Station during absences of the Chief of Station   |  | RATING LETTER<br>S     |  |
| SPECIFIC DUTY NO. 6  |  |  |  | RATING LETTER          |  |
|  |  | OVERALL PERFORMANCE IN CURRENT POSITION  |  | RATING LETTER          |  |
|  |  | Take time to write a statement 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 other pertinent information. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance. |  | S                      |  |

**SECRET**

SECRET  
(When Filled In)

JAN 21 2 48 PM '66

## 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. State recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

Subject is departing [ ] for an assignment PCS Headquarters following a tour of over [ ] years at the [ ] Station. During the past three and one-half years he has headed up the Station's [ ] operations, has acted as a coordinator of [ ] activities in Western Europe and has actively participated in operations in support of other WE stations.

Starting completely from scratch, the Station was able, under Subject's able direction, to develop extensive operations against the

Subject is an officer of considerable energy and drive. He has a knack of [ ] and [ ] interesting contacts and much of the success of the Station's [ ] program was due to his [ ] connections in [ ] Subject was also able to [ ] in connection with certain aspects of the over-all program which could not be handled [ ]

Subject has shown himself to be "cost conscious" in the utilization of funds and manpower. His [ ] unit of the Station was

## SECTION D

## CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

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

DATE

1 Dec 65

SIGNATURE OF EMPLOYEE

/s/ [ ]

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

50

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

DATE

1 Dec 65

OFFICIAL TITLE OF SUPERVISOR

Chief of Station

TYPED OR PRINTED NAME AND SIGNATURE

/s/ [ ]

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

Having observed subject's work only from Headquarters, my evaluation of his performance is based entirely on the results and production which he and the section which he supervised achieved. During the rating period, the station's [ ] operations were conducted vigorously with fine results. This report appears to be fair and objective.

DATE

10 Jan. 1966

OFFICIAL TITLE OF REVIEWING OFFICIAL

C/WE/S

SECRET



14-00000

SECTION C

NARRATIVE COMMENTS (continued)

composed (in addition to himself) of [redacted] officers and a secretary. Although he may be considered a "tough" supervisor in demanding the best of his subordinates, the record will show that he was able to build a very successful program.

During his tour at this Station, Subject made an important contribution toward the achievement of high priority targets. He is in every sense of the word an experienced, energetic and dedicated officer.

Since Subject's activities in support of other WE stations in the conduct of [redacted] operations were under the direction of Headquarters, the rating box for this specific duty has been left blank for completion by the appropriate Headquarters official.

**SECRET**  
(When Filled In)

| FITNESS REPORT  |  |                             |  | EMPLOYEE SERIAL NUMBER |               |
|---|--|-----------------------------|--|------------------------|---------------|
|   |  |                             |  | 060389 ✓               |               |
| <b>SECTION A</b>  |  |                             | <b>GENERAL</b>   |                        |               |
| 1. NAME   |  | 2. DATE OF BIRTH            |  | 3. SEX                 | 4. GRADE      |
|   |  |                             |  | M                      | GS-15         |
| 5. OFFICIAL POSITION TITLE  |  | 7. OFF/DIV/BR OF ASSIGNMENT |  | 8. CURRENT STATION     |               |
| Ops Officer DCOS  |  | DDP/WE                      |  |                        |               |
| 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<br><input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)<br>SPECIAL (Specify):  |  |                             | <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR<br><input type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE<br>SPECIAL (Specify): |                        |               |
| 11. DATE REPORT DUE IN O.P.   |  |                             | 12. REPORTING PERIOD (From - to)   |                        |               |
| 31 May 1965   |  |                             | 1 April 1964 - 31 March 1965   |                        |               |
| <b>SECTION B</b>  |  |                             | <b>PERFORMANCE EVALUATION</b>  |                        |               |
| <p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p> |  |                             |  |                        |               |
| <b>SPECIFIC DUTIES</b>  |  |                             |  |                        |               |
| List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).  |  |                             |  |                        |               |
| SPECIFIC DUTY NO. 1   |  |                             |  |                        | RATING LETTER |
| Supervises Station's operations.  |  |                             |  |                        | S             |
| SPECIFIC DUTY NO. 2   |  |                             |  |                        | RATING LETTER |
| Supports other WE stations in conduct of their operations, including of persons of operational and intelligence interest.   |  |                             |  |                        | S             |
| SPECIFIC DUTY NO. 3   |  |                             |  |                        | RATING LETTER |
| Coordinator of operations for   |  |                             |  |                        | S             |
| SPECIFIC DUTY NO. 4   |  |                             |  |                        | RATING LETTER |
|   |  |                             |  |                        | S             |
| SPECIFIC DUTY NO. 5   |  |                             |  |                        | RATING LETTER |
| Drafts operational dispatches and cables.   |  |                             |  |                        | S             |
| SPECIFIC DUTY NO. 6   |  |                             |  |                        | RATING LETTER |
| Assumes charge of Station during absence of Chief of Station.   |  |                             |  |                        | S             |
| <b>OVERALL PERFORMANCE IN CURRENT POSITION</b>  |  |                             |  |                        |               |
| Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.  |  |                             |  |                        | RATING LETTER |
|   |  |                             |  |                        | S             |

FORM 15, OBSOLETE PREVIOUS EDITIONS.

**SECRET**

## SECRET

(When Filled In)

## SECTION C

## NARRATIVE COMMENTS

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

During the period under review Subject's activities in support of <sup>MAY 19 3 13 PM '65</sup> [redacted] and his responsibilities as Coordinator of [redacted] activities for [redacted] have kept him away from the [redacted] Station approximately one half of the twelve month period. Since these activities were under the direction of Headquarters, and not this Station, the rater does not feel qualified to comment on Subject's performance of Specific Duties 2 and 3 and has therefore left those rating boxes blank for completion by the appropriate Headquarters' official.

With respect to Specific Duty 1, supervision of Station's [redacted] operations, Subject has applied himself aggressively and imaginatively to this task and the rater feels that Station's [redacted] operations have been maintained at a high level and have been an important contribution to KUBARK's world-wide effort against this priority target. Obviously Subject's frequent and prolonged absences from the Station have not permitted him to give this task his undivided attention or the day-to-day continuity that is so necessary and important.

In the conduct of the Station's [redacted] operations Subject has direct supervision of [redacted] officers, [redacted] full time and [redacted] part time [redacted] officer, and a secretary. Subject is an efficient organizer and supervisor. He thinks and writes clearly. He is fluent in Spanish. In the conduct of the extensive [redacted] operations he has shown himself to be

## SECTION D

## CERTIFICATION AND COMMENTS

(Cont'd.)

1.

BY EMPLOYEE

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

DATE

1 April 1965

SIGNATURE OF EMPLOYEE

/s/ [redacted]

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

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

DATE

1 April 1965

OFFICIAL TITLE OF SUPERVISOR

Chief of Station

TYPED OR PRINTED NAME AND SIGNATURE

/s/ [redacted]

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

I know subject and am thoroughly familiar with his work and performance. I concur in this report with one exception, namely the rating given subject for specific duty No. 6. Because of his travels which absented him from the Station for one-half of the past year, subject performance was inadequately qualified to take charge of the station in the absence of the COS. Specializing on [redacted] operations entirely, he has but a limited knowledge of the station's other activities and considering only the effectiveness of his performance of this duty, I could not rate him higher than P. This is not a comment on his capability but rather an evaluation of his effectiveness in performance of this particular duty.

DATE

12 May 1965

OFFICIAL TITLE OF REVIEWING OFFICIAL

Chief, NE/S

SECRET

- 2 -

SECTION C - (Cont'd.)

"cost conscious" both with respect to the commitment of funds and the utilization of man power. In a word, Subject is an experienced, energetic and dedicated officer.

**SECRET**  
(When Filled In)

| FITNESS REPORT  |  |                             |  | EMPLOYEE SERIAL NUMBER |                    |
|---|--|-----------------------------|--|------------------------|--------------------|
|   |  |                             |  | 60389                  |                    |
| <b>SECTION A GENERAL</b>  |  |                             |  |                        |                    |
| 1. NAME (Last) (First) (Middle)   |  | 2. DATE OF BIRTH            |  | 3. SEX                 | 4. GRADE           |
|   |  |                             |  | M                      | GS-15              |
| 5. OFFICIAL POSITION TITLE  |  | 7. OFF/DIV/BR OF ASSIGNMENT |  | 8. CURRENT STATION     |                    |
| Ops. Officer  |  | DDP/WE                      |  |                        |                    |
| 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<br><input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)<br><input type="checkbox"/> SPECIAL (Specify):   |  |                             | <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR<br><input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYER<br><input type="checkbox"/> SPECIAL (Specify): |                        |                    |
| 11. DATE REPORT DUE IN O.P.   |  |                             | 12. REPORTING PERIOD (From - To)   |                        |                    |
| 31 May 1964   |  |                             | 1 April 1963 - 31 March 1964   |                        |                    |
| <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 In charge of Station's operations. Responsible for planning, directing and supervising all activities relating to spotting, assessing and recruiting of agents; collection of intelligence through operations conducted and   |  |                             |  |                        | RATING LETTER<br>S |
| SPECIFIC DUTY NO. 2 From Supports other WE Stations in conduct of their operations, including assessment, recruitment, debriefing and briefing of persons of operational and intelligence interest, as well as and  |  |                             |  |                        | RATING LETTER<br>S |
| SPECIFIC DUTY NO. 3 For Conducts personal on matters of mutual interest.  |  |                             |  |                        | RATING LETTER<br>S |
| SPECIFIC DUTY NO. 4 Drafts operational dispatches and cables.   |  |                             |  |                        | RATING LETTER<br>S |
| SPECIFIC DUTY NO. 5 Assumes charge of Station during absence of the Chief of Station.   |  |                             |  |                        | RATING LETTER<br>S |
| 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<br>S |
| 4 MAY 1964  |  |                             |  |                        |                    |

## SECRET

(When Filled In)

| SECTION C  |   | NARRATIVE COMMENTS                  |  |
|--|---|-------------------------------------|--|
| <p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.</p> <p>During the period under review Subject's duties and activities have continued to be concentrated on the [ ] target. Subject's performance of those duties has been eminently satisfactory and have received the recognition and commendation of Headquarters. Subject is an all-round operations officer with considerable experience and no significant weaknesses. His strengths are his aggressive approach to his operational responsibilities, his sound judgment and his complete dedication to duty. Due to Subject's energy and imagination the [ ] Station has been able to develop a highly effective and well-balanced program of [ ] operations. In addition Subject has spent a good part of his time in support of high level [ ] operations outside of [ ] assignments which he has carried out with a high degree of professionalism and success. In every sense Subject can be classified as a man of action.</p> <p>In the conduct of the [ ] operations Subject has direct supervision of [ ] [ ] officer, and one secretary. In addition he maintains indirect supervision of a [ ] center, an [ ] shop and all activities relating to the [ ] and [ ] to the target country. Subject maintains contact with [ ] whose cooperation and support are needed for a good part of our overall operations and the excellent cooperation we have received from those [ ] attests to the skill of Subject. Subject, of course, is fluent in Spanish. His drafting of cables and dispatches is excellent. Subject has at all times exhibited cost consciousness in the planning and execution of his operational responsibilities. In a word Subject is an excellent officer and a credit to the organization in every respect.</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   |                                     |  |
| 15 April 1964  | /s/ [ ]   |                                     |  |
| 2. BY SUPERVISOR   |   |                                     |  |
| MONTHS EMPLOYER HAS BEEN UNDER MY SUPERVISION  | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION |                                     |  |
| 10   |   |                                     |  |
| DATE   | OFFICIAL TITLE OF SUPERVISOR                                    | TYPED OR PRINTED NAME AND SIGNATURE |  |
| 15 April 1964  | Chief of Station  | /s/ [ ]                             |  |
| 3. BY REVIEWING OFFICIAL   |   |                                     |  |
| COMMENTS OF REVIEWING OFFICIAL   |   |                                     |  |
| <p>The reviewing official concurs in the high evaluation given this officer. He is a hard-driving, dedicated individual who is completely dedicated to his present task and assignment.</p>  |   |                                     |  |
| DATE   | OFFICIAL TITLE OF REVIEWING OFFICIAL                            | TYPED OR PRINTED NAME AND SIGNATURE |  |
| 24 April 1964  | Chief, WE/5   | [ ]                                 |  |

SECRET

**SECRET**  
(When Filled In)

| FITNESS REPORT  |  |  |   | EMPLOYEE SERIAL NUMBER |                        |
|---|--|--|---|------------------------|------------------------|
|   |  |  |   | 60289                  |                        |
| <b>SECTION A</b>  |  |  | <b>GENERAL</b>  |                        |                        |
| 1. NAME (Last) (First) (Middle)   |  |  | 2. DATE OF BIRTH  | 3. SEX                 | 4. GRADE               |
|   |  |  |   | M                      | GS-15                  |
| 5. OFFICIAL POSITION TITLE  |  |  | 6. OFF DIVISION OF ASSIGNMENT   |                        |                        |
| Operations Officer  |  |  | 605   |                        |                        |
| 7. CHECK (X) TYPE OF APPOINTMENT  |  |  | 8. CURRENT STATION  |                        |                        |
| <input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY<br><input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)<br><input type="checkbox"/> SPECIAL (Specify):   |  |  | <input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR<br><input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE<br><input type="checkbox"/> SPECIAL (Specify): |                        |                        |
| 9. DATE REPORT DUE IN O.P.  |  |  | 10. REPORTING PERIOD (From - to)  |                        |                        |
| 31 May 1963   |  |  | 1 April 1962 - 31 March 1963  |                        |                        |
| <b>SECTION B</b>  |  |  | <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 In charge of Station's operations. Responsible for planning, directing and supervising all activities relating to spotting, assessing and recruiting of agents; collection of intelligence through area, operations conducted with  |  |  |   |                        | RATING LETTER<br><br>S |
| SPECIFIC DUTY NO. 2 and from Supports other ME Stations in conduct of their operations, including assessment, recruitment, debriefing, and briefing of persons of operational and intelligence interest, as well as and to  |  |  |   |                        | RATING LETTER<br><br>S |
| SPECIFIC DUTY NO. 3 Conducts personal on matters of mutual interest   |  |  |   |                        | RATING LETTER<br><br>P |
| SPECIFIC DUTY NO. 4 Drafts operational dispatches and cables  |  |  |   |                        | RATING LETTER<br><br>S |
| SPECIFIC DUTY NO. 5 Assumes charge of Station during absence of the Chief of Station  |  |  |   |                        | RATING LETTER<br><br>P |
| 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<br><br>S |
| 16 MAY 1963   |  |  |   |                        |                        |

## SECRET

(When Filled In)

| SECTION C   |   | NARRATIVE COMMENTS                  |  |
|---|---|-------------------------------------|--|
| <p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.</p>  |   |                                     |  |
| <p>During the period under review, Subject's duties and activities have been in the main devoted to the conduct of [ ] operations. His performance of those duties has been characterized by vigor and imagination. Concrete results have been achieved. The Station's performance in connection with all phases of this top priority activity, carried out under Subject's supervision, has been the subject of commendatory comments from Headquarters. In addition to directing the Station's own [ ] operations, Subject has been frequently called upon to support other [ ] Stations in connection with various phases of their [ ] operations, particularly in making both [ ] and [ ] to [ ] for [ ]. These assignments have been undertaken by Subject with much enthusiasm and a high degree of professionalism. As a matter of fact, Subject was away from [ ] on these and similar missions for 120 days during calendar year 1962.</p> <p>In the conduct of the [ ] operations, Subject has direct supervision over [ ] officers and indirect supervision of the [ ] center, the [ ] shop and all activities relating to the [ ] and [ ] of [ ]. Through [ ] with [ ] and [ ] he has been most successful in obtaining [ ] cooperation in support of our operations. In addition, Subject has expended much of his after-hours time to maintaining [ ].</p> <p>Subject is fluent in Spanish. He is an efficient organizer and supervisor and thinks and writes clearly. In summary, he is an experienced, energetic and highly dedicated officer. While he is well qualified to take over his own Station, it is my hope, and recommendation, that he be given a second full tour here in [ ]. In my opinion, it (continued in Part 3 below)</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   |                                     |  |
| 10 April 1963   | /s/ [ ]   |                                     |  |
| 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 |  |
| 10 April 1963   | Chief of Station  | /s/ [ ]                             |  |
| 3. BY REVIEWING OFFICIAL  |   |                                     |  |
| COMMENTS OF REVIEWING OFFICIAL  |   |                                     |  |
| <p>would be a great mistake to move him from [ ] until and unless there is a drastic and favorable change in the [ ] situation.</p>   |   |                                     |  |
| DATE  | OFFICIAL TITLE OF REVIEWING OFFICIAL                            |                                     |  |
| 30 April 1963   | AC/uc/S   |                                     |  |

SECRET



**SECRET**  
(When Filled In)

| FITNESS REPORT  |  |                            |   | EMPLOYEE SERIAL NUMBER<br>660389 |                   |   |
|---|--|----------------------------|---|----------------------------------|-------------------|---|
| <b>SECTION A GENERAL</b>  |  |                            |   |                                  |                   |   |
| 1. NAME (Last) (First) (Middle)   |  |                            | 2. DATE OF BIRTH  |                                  | 3. SEX            |   |
|   |  |                            |   |                                  | Male              |   |
| 5. SERVICE DESIGNATION  |  | 6. OFFICIAL POSITION TITLE |   | 7. OFF/DIV/BR OF ASSIGNMENT      |                   |   |
| D   |  | OPS Officer                |   |                                  |                   |   |
| 8. CAREER STAFF STATUS  |  |                            | 9. TYPE OF REPORT   |                                  |                   |   |
| <input type="checkbox"/> NOT ELIGIBLE <input type="checkbox"/> MEMBER <input type="checkbox"/> DEFERRED<br><input type="checkbox"/> PENDING <input type="checkbox"/> DECLINED <input type="checkbox"/> DENIED   |  |                            | <input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT/SUPERVISOR<br><input type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT/EMPLOYEE |                                  |                   |   |
| 10. DATE REPORT DUE IN O.P.   |  | 11. REPORTING PERIOD       |   | SPECIAL (Specify)                |                   |   |
|   |  | From 1 April - 31 Dec 61   |   |                                  |                   |   |
| <b>SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES</b>   |  |                            |   |                                  |                   |   |
| List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (Indicate number of employees supervised).  |  |                            |   |                                  |                   |   |
| 1 - Unsatisfactory    2 - Barely adequate    3 - Acceptable    4 - Competent    5 - Excellent    6 - Superior    7 - Outstanding  |  |                            |   |                                  |                   |   |
| SPECIFIC DUTY NO. 1   |  | RATING NO.                 | SPECIFIC DUTY NO. 4   |                                  | RATING NO.        |   |
| Deputy Chief of Station   |  | 6                          | Develops and maintains [ ] with [ ] of [ ] for [ ] operations   |                                  | 6                 |   |
| SPECIFIC DUTY NO. 2   |  | RATING NO.                 | SPECIFIC DUTY NO. 5   |                                  | RATING NO.        |   |
| Directs all [ ] operations with [ ] and supervises Station officers engaged in [ ] duties   |  | 6                          | Supervises the operations of an [ ] [ ]   |                                  | 7                 |   |
| SPECIFIC DUTY NO. 3   |  | RATING NO.                 | SPECIFIC DUTY NO. 6   |                                  | RATING NO.        |   |
| Personally conducts [ ] with a number of [ ]  |  | 7                          | Develops, recruits and handles agents for [ ] operations  |                                  | 5                 |   |
| <b>SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION</b>  |  |                            |   |                                  |                   |   |
| Take into account everything about the employee which influences his effectiveness in his current position: performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance. |  |                            |   |                                  |                   |   |
| 1 - Performance in many important respects fails to meet requirements.<br>2 - Performance meets most requirements but is deficient in one or more important respects.<br>3 - Performance clearly meets basic requirements.<br>4 - Performance clearly exceeds basic requirements.<br>5 - Performance in every important respect is superior.<br>6 - Performance in every respect is outstanding.  |  |                            |   |                                  | RATING NO.<br>5/6 |   |
| <b>SECTION D DESCRIPTION OF THE EMPLOYEE</b>  |  |                            |   |                                  |                   |   |
| In the rating boxes below, check (X) the degree to which each characteristic applies to the employee  |  |                            |   |                                  |                   |   |
| 1 - Least possible degree   |  | 2 - Limited degree         |   | 3 - Normal degree                |                   |   |
|   |  |                            |   | 4 - Above average degree         |                   |   |
|   |  |                            |   | 5 - Outstanding degree           |                   |   |
| CHARACTERISTICS   |  | NOT APPLICABLE             | NOT OBSERVED  | RATING                           |                   |   |
|   |  |                            |   | 1                                | 2                 | 3 |
| GETS THINGS DONE  |  |                            |   |                                  |                   | X |
| RESOURCEFUL   |  |                            |   |                                  |                   | X |
| ACCEPTS RESPONSIBILITIES  |  |                            |   |                                  |                   | X |
| CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES  |  |                            |   |                                  |                   | X |
| DOES HIS JOB WITHOUT STRONG SUPPORT   |  |                            |   |                                  |                   | X |
| FACILITATES SMOOTH OPERATION OF HIS OFFICE  |  |                            |   |                                  | X                 |   |
| WRITES EFFECTIVELY  |  |                            |   |                                  | X                 |   |
| SECURITY CONSCIOUS  |  |                            |   |                                  | X                 |   |
| THINKS CLEARLY  |  |                            |   |                                  |                   | 2 |
| DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS   |  |                            |   |                                  | X                 |   |
| OTHER (Specify):  |  |                            |   |                                  |                   |   |

SEE SECTION "E" ON REVERSE SIDE

**SECRET**

(When Filled In)

**SECTION E NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE**

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

Subject is a strong officer from every important point of view. He is experienced, intelligent, alert, aggressive, extremely hard working and conscientious. He is never satisfied with the status quo but is constantly striving to acquire new operational assets or to improve the functioning or production of old or current projects. He is tough-minded and abundantly endowed with intellectual as well as physical courage. If he has any one weakness, it is his impatience with subordinate officers and employees who do not tackle their operational duties with the same degree of zeal that he himself applies. His direct and forceful manner in calling such shortcomings to the attention of case officers under his direction has, on infrequent occasions, caused some minor and transitory resentment. In most cases, however, it has also resulted in improvement in the attitude and performance of the officer in question.

Subject is especially effective in his dealings with [redacted] and the fact that our [redacted] with the [redacted] are currently on a cordial and more productive basis is due mainly to the thought, energy and time which Subject has devoted to this important activity. At the same time, subject has not permitted [redacted] considerations to inhibit the planning and development of [redacted] operations and agents. In this connection he has been especially effective in developing valuable assets for [redacted] operations.

Subject has an outgoing personality; makes friends easily, especially among [redacted]. He is a mature person who is respected by his Station colleagues and by the senior [redacted] and other agency representatives with whom he maintains contact. He has direct supervision over [redacted] officers and clerks. He is a good administrator. He writes effectively. (Continued on attached sheet)

**SECTION F CERTIFICATION AND COMMENTS**

**1. BY EMPLOYEE**

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

DATE SIGNATURE OF EMPLOYEE

12 January 1962

/s/ [redacted]

**2. BY SUPERVISOR**

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

4 months

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

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

EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS

REPORT MADE WITHIN LAST 90 DAYS

OTHER (Specify):

DATE

12 January 1962

OFFICIAL TITLE OF SUPERVISOR

Chief of Station

TYPED OR PRINTED NAME AND SIGNATURE

/s/ [redacted]

**3. BY REVIEWING OFFICIAL**

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

I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.

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

**COMMENTS OF REVIEWING OFFICIAL**

I fully endorse the evaluation and comments of the supervisor. Subject is noteworthy for his calculated aggressiveness, initiative and determination. His stewardship of the [redacted] Station while he was Acting Chief was commendable. He reports well, is reasonable, and in my opinion has fully earned promotion to GS-15.

DATE

31 January 1962

OFFICIAL TITLE OF REVIEWING OFFICIAL

Chief, WFO

TYPED OR PRINTED NAME AND SIGNATURE

**SECRET**

SECRET

As a well rounded operations officer and administrator, Subject is qualified to run his own station and, in my opinion, it would be an injustice to him if he is not assigned as chief of a medium sized station when his service in [ ] is completed. It is my hope, however, that Subject will be given a second tour at [ ] when his current tour ends in October 1962.

**SECRET**  
(When Filled In)

# FITNESS REPORT

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## SECTION A

**GENERAL**

|  |  |                                   |  |  |                          |                         |  |
|--|--|-----------------------------------|--|--|--------------------------|-------------------------|--|
| 1. NAME<br>[Redacted]                      |  | 2. DATE OF BIRTH<br>[Redacted]    |  | 3. SEX<br>Male                                 |                          | 4. GRADE<br>GS-14       |  |
| 5. SERVICE DESIGNATION<br>D                |  | 6. OFFICIAL POSITION TITLE        |  | 7. OFF. DIV./BR OF ASSIGNMENT<br>[Redacted] WE |                          |                         |  |
| 8. CAREER STAFF STATUS                     |  |                                   |  | 9. TYPE OF REPORT                              |                          |                         |  |
| <input type="checkbox"/> NOT ELIGIBLE      | <input checked="" type="checkbox"/> MEMBER | <input type="checkbox"/> DEFERRED | <input type="checkbox"/>                             | <input checked="" type="checkbox"/> INITIAL    | <input type="checkbox"/> | REASSIGNMENT/SUPERVISOR |  |
| <input type="checkbox"/> PENDING           | <input type="checkbox"/> DECLINED          | <input type="checkbox"/> DENIED   | <input type="checkbox"/>                             | <input type="checkbox"/> ANNUAL                | <input type="checkbox"/> | REASSIGNMENT/EMPLOYEE   |  |
| 10. DATE REPORT DUE IN O.P.<br>31 Mar 1961 |  |                                   | 11. REPORTING PERIOD<br>From 3 Oct 60 - To 31 Mar 61 |  | 12. SPECIAL (Specify)    |                         |  |

|           |  |
|-----------|--|
| SECTION B | EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES |
|-----------|--|

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

| 1 - Unsatisfactory  | 2 - Barely adequate | 3 - Acceptable  | 4 - Competent   | 5 - Excellent | 6 - Superior | 7 - Outstanding |
|---|---------------------|-----------------|---|---------------|--------------|-----------------|
| SPECIFIC DUTY NO. 1<br>Deputy Chief of Station  |                     | RATING NO.<br>6 | SPECIFIC DUTY NO. 4<br>Contacts with [redacted] of [redacted] in connection with operations in [redacted] |               |              | RATING NO.<br>7 |
| SPECIFIC DUTY NO. 2<br>Directs all operations connected with [redacted] and supervises other officers conducting same |                     | RATING NO.<br>6 | SPECIFIC DUTY NO. 5   |               |              | RATING NO.      |
| SPECIFIC DUTY NO. 3<br>[redacted]   |                     | RATING NO.<br>7 | SPECIFIC DUTY NO. 6   |               |              | RATING NO.      |

|                  |  |  |  |
|------------------|--|--|--|
| <b>SECTION C</b> |  | <b>EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION</b> |  |
|------------------|--|--|--|

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

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

RATING  
 NO.

36

| SECTION D | DESCRIPTION OF THE EMPLOYEE |
|-----------|-----------------------------|
|-----------|-----------------------------|

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

| 1 - Least possible degree                                       | 2 - Limited degree | 3 - Normal degree | 4 - Above average degree | 5 - Outstanding degree |
|---|--------------------|-------------------|--------------------------|------------------------|
| CHARACTERISTICS   |                    |                   |                          |                        |
| GETS THINGS DONE  |                    |                   |                          | X                      |
| RESOURCEFUL   |                    |                   |                          | X                      |
| ACCEPTS RESPONSIBILITIES  |                    |                   |                          | X                      |
| CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES                  |                    |                   |                          | X                      |
| DOES HIS JOB WITHOUT STRONG SUPPORT                             |                    |                   |                          | X                      |
| FACILITATES SMOOTH OPERATION OF HIS OFFICE                      |                    |                   |                          | X                      |
| WRITES EFFECTIVELY  |                    |                   |                          | X                      |
| SECURITY CONSCIOUS  |                    |                   |                          | X                      |
| THINKS CLEARLY  |                    |                   |                          | X                      |
| DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS |                    |                   |                          | X                      |
| OTHER (Specify):  |                    |                   |                          |                        |

## SEE SECTION 2 ON MATHEMATICS

SECRET

(When Filled In)

## SECTION E

## NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

OFFICE OF PERSONNEL

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

JUN 1 2 49 PM '61

This officer, who is Deputy Chief of Station and also Chief of [redacted] directly supervises a sizeable number of personnel involved in joint operations with [redacted] and directs the operations in which they are engaged. In the comparatively short time he has been in this Station he has succeeded in making major advances in our [redacted] to the point where we can now accomplish considerably more than before his arrival. He is energetic, imaginative, gets things done, and works round the clock — his off duty hours he employs mainly in [redacted] and other operational relationships. Furthermore, unlike some officers in [redacted] he is also most active developing [redacted] operations. As for his qualities as a deputy, suffice it to say that he is the best deputy I have had in my entire career with this organization — a truly outstanding officer, as reflected in the numerical ratings I have given him, whom I would be glad to have with me any place I may be assigned.

## SECTION F

## CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

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

DATE

SIGNATURE OF EMPLOYEE

5 May 1961

/s/

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

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

7

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

EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS

REPORT MADE WITHIN LAST 90 DAYS

OTHER (Specify):

DATE

OFFICIAL TITLE OF SUPERVISOR

TYPED OR PRINTED NAME AND SIGNATURE

5 May 1961

/s/ Archibald B. Roosevelt

3.

BY REVIEWING OFFICIAL

I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.

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

COMMENTS OF REVIEWING OFFICIAL

As seen by me, [redacted] relatively short time in his present job, I do not feel sufficiently familiar with his performance to comment.

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR PRINTED NAME AND SIGNATURE

May 21 1961

SECRET

**SECRET**  
(When Filled In)

| FITNESS REPORT   |  |   |  | EMPLOYEE SERIAL NUMBER                  |                     |                          |        |                        |   |   |   |
|--|--|---|--|---|---------------------|--------------------------|--------|------------------------|---|---|---|
| <b>SECTION A GENERAL</b>   |  |   |  |   |                     |                          |        |                        |   |   |   |
| 1. NAME<br><div style="border: 1px solid black; width: 150px; height: 1.2em;"></div>   |  | 2. DATE OF BIRTH<br><div style="border: 1px solid black; width: 100px; height: 1.2em;"></div> |  | 3. SEX<br>M                             | 4. GRADE<br>GS-14   |                          |        |                        |   |   |   |
| 5. SERVICE DESIGNATION<br>D  |  | 6. OFFICIAL POSITION TITLE<br>Ops Officer - Dep. Br. Chief                                    |  | 7. OFF/DIV/BR OF ASSIGNMENT<br>DDP/WE/5 |                     |                          |        |                        |   |   |   |
| 8. CAREER STAFF STATUS   |  |   | 9. TYPE OF REPORT  |   |                     |                          |        |                        |   |   |   |
| <input type="checkbox"/> NOT ELIGIBLE <input type="checkbox"/> MEMBER <input type="checkbox"/> DEFERRED<br><input type="checkbox"/> PENDING <input type="checkbox"/> DECLINED <input type="checkbox"/> DENIED  |  |   | <input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT/SUPERVISOR<br><input type="checkbox"/> ANNUAL <input checked="" type="checkbox"/> REASSIGNMENT/EMPLOYEE |   |                     |                          |        |                        |   |   |   |
| 10. DATE REPORT DUE IN O.P.  |  | 11. REPORTING PERIOD<br>From 15 June - 2 October 69 To  |  |   |                     |                          |        |                        |   |   |   |
| <b>SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES</b>  |  |   |  |   |                     |                          |        |                        |   |   |   |
| List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).   |  |   |  |   |                     |                          |        |                        |   |   |   |
| 1 - Unsatisfactory    2 - Barely adequate    3 - Acceptable    4 - Competent    5 - Excellent    6 - Superior    7 - Outstanding   |  |   |  |   |                     |                          |        |                        |   |   |   |
| SPECIFIC DUTY NO. 1<br>Read, study and prepare for assignment to <div style="border: 1px solid black; width: 50px; height: 1.2em;"></div> as Chief of <div style="border: 1px solid black; width: 50px; height: 1.2em;"></div> and DCOS <div style="border: 1px solid black; width: 50px; height: 1.2em;"></div>   |  | RATING NO.<br>5/6   | SPECIFIC DUTY NO. 4  |   | RATING NO.          |                          |        |                        |   |   |   |
| SPECIFIC DUTY NO. 2<br>Handle specific operational traffic involving WH activities in or related to <div style="border: 1px solid black; width: 50px; height: 1.2em;"></div>   |  | RATING NO.<br>5   | SPECIFIC DUTY NO. 5  |   | RATING NO.          |                          |        |                        |   |   |   |
| SPECIFIC DUTY NO. 3<br>Prepare an assessment and plan for <div style="border: 1px solid black; width: 50px; height: 1.2em;"></div>   |  | RATING NO.<br>5   | SPECIFIC DUTY NO. 6  |   | RATING NO.          |                          |        |                        |   |   |   |
| <b>SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION</b>   |  |   |  |   |                     |                          |        |                        |   |   |   |
| Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance. |  |   |  |   |                     |                          |        |                        |   |   |   |
| 1 - Performance in many important respects fails to meet requirements.<br>2 - Performance meets most requirements but is deficient in one or more important respects.<br>3 - Performance clearly meets basic requirements.<br>4 - Performance clearly exceeds basic requirements.<br>5 - Performance in every important respect is superior.<br>6 - Performance in every respect is outstanding.   |  |   |  |   | RATING NO.<br><br>5 |                          |        |                        |   |   |   |
| <b>SECTION D DESCRIPTION OF THE EMPLOYEE</b>   |  |   |  |   |                     |                          |        |                        |   |   |   |
| In the rating boxes below, check (X) the degree to which each characteristic applies to the employee   |  |   |  |   |                     |                          |        |                        |   |   |   |
| 1 - Least possible degree  |  | 2 - Limited degree  |  | 3 - Normal degree                       |                     | 4 - Above average degree |        | 5 - Outstanding degree |   |   |   |
| CHARACTERISTICS  |  |   |  |   | NOT APPL. CABLE     | NOT OBSERVED             | RATING |                        |   |   |   |
|  |  |   |  |   |                     |                          | 1      | 2                      | 3 | 4 | 5 |
| GETS THINGS DONE   |  |   |  |   |                     |                          |        |                        |   | X |   |
| RESOURCEFUL  |  |   |  |   |                     |                          |        |                        |   | X |   |
| ACCEPTS RESPONSIBILITIES   |  |   |  |   |                     |                          |        |                        |   |   | X |
| CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES   |  |   |  |   |                     |                          |        |                        |   | X |   |
| DOES HIS JOB WITHOUT STRONG SUPPORT  |  |   |  |   |                     |                          |        |                        |   | X |   |
| FACILITATES SMOOTH OPERATION OF HIS OFFICE   |  |   |  |   |                     |                          |        |                        |   | X |   |
| WRITES EFFECTIVELY   |  |   |  |   |                     |                          |        |                        |   | X |   |
| SECURITY CONSCIOUS   |  |   |  |   |                     |                          |        |                        | X |   |   |
| THINKS CLEARLY   |  |   |  |   |                     |                          |        |                        |   | X |   |
| DISCIPLINE IN ORIGINATING, MAINTAINING AND CLOSING OF RECORDS  |  |   |  |   |                     |                          |        |                        |   | X |   |
| OTHER (Specify):   |  |   |  |   |                     |                          |        |                        |   |   |   |

## SECRET

(When Filled In)

## SECTION E NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

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

In the limited period covered by this report Mr. MAIL ROOM PH 11 3 PM 1961 demonstrated a professional competence based on experience. He accepted direction willingly and evidenced maturity and balance.

MAIL ROOM

Given the limited time on the desk and the preparatory nature of his tasks, there is no firm basis for judging his ability to handle subordinates or to make major substantive decisions. Available evidence, however, indicates no major weaknesses, and indeed, gives promise of considerable capacity.

## SECTION F CERTIFICATION AND COMMENTS

|  |   |   |
|--|---|---|
| 1. BY EMPLOYEE   |   |   |
| I certify that I have seen Sections A, B, C, D and E of this Report.                             |   |   |
| DATE   | SIGNATURE OF EMPLOYEE   |   |
|  |   |   |
| 2. BY SUPERVISOR   |   |   |
| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION  | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION               |   |
| 4  | Mr. <u>MAIL ROOM</u> is in <u>PH</u> <u>11</u> <u>3</u> <u>PM</u> <u>1961</u> |   |
| IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.   |   |   |
| EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS  | REPORT MADE WITHIN LAST 90 DAYS   |   |
| OTHER (Specify)  |   |   |
| DATE   | OFFICIAL TITLE OF SUPERVISOR  | TYPED OR PRINTED NAME AND SIGNATURE         |
| 2 May 1961   | Chief, VE/5   | <u>Thomas F. Thiele</u><br>THOMAS F. THIELE |
| 3. BY REVIEWING OFFICIAL   |   |   |
| X I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.                                    |   |   |
| I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.  |   |   |
| I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.   |   |   |
| I CANNOT MAKE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE. |   |   |
| COMMENTS OF REVIEWING OFFICIAL   |   |   |
|  |   |   |
| DATE   | OFFICIAL TITLE OF REVIEWING OFFICIAL  |   |
| 3 May 61   | AD Chief, VE  |   |

SECRET

**SECRET**  
(When Filled In)

| FITNESS REPORT   |  |                                  |  | EMPLOYEE SERIAL NUMBER   |                 |
|--|--|----------------------------------|--|--|-----------------|
| SECTION A GENERAL  |  |                                  |  | 560389   |                 |
| 1. NAME  |  | 2. DATE OF BIRTH                 |  | 3. SEX   | 4. GRADE        |
|  |  |                                  |  | M  | GS-14           |
| 5. SERVICE DESIGNATION   |  | 6. OFFICIAL POSITION TITLE       |  | 7. OFF/DIV/BR OF ASSIGNMENT  |                 |
| D  |  | IO CI                            |  | DDP/CI/ICD   |                 |
| 8. CAREER STAFF STATUS   |  |                                  | 9. TYPE OF REPORT  |  |                 |
| <input type="checkbox"/> NOT ELIGIBLE<br><input checked="" type="checkbox"/> MEMBER<br><input type="checkbox"/> DEFERRED<br><input type="checkbox"/> PENDING<br><input type="checkbox"/> DECLINED<br><input type="checkbox"/> DENIED   |  |                                  | <input checked="" type="checkbox"/> INITIAL<br><input type="checkbox"/> ANNUAL<br><input type="checkbox"/> REASSIGNMENT/SUPERVISOR<br><input type="checkbox"/> REASSIGNMENT/EMPLOYEE |  |                 |
| 10. DATE REPORT DUE IN O.P.  |  | 11. REPORTING PERIOD             |  |  |                 |
| 30 April 1960  |  | From 5 March 59 - To 31 March 60 |  |  |                 |
| SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES   |  |                                  |  |  |                 |
| List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).   |  |                                  |  |  |                 |
| 1 - Unsatisfactory    2 - Barely adequate    3 - Acceptable    4 - Competent    5 - Excellent    6 - Superior    7 - Outstanding   |  |                                  |  |  |                 |
| SPECIFIC DUTY NO. 1  |  | RATING NO.                       |  | SPECIFIC DUTY NO. 4  |                 |
| Supervision of CI/ICD Branch IV (WH). <input type="checkbox"/> research officers and <input type="checkbox"/> clerk-typist   |  | 5                                |  | Review of WH Projects re CP operations; making of appropriate recommendations. |                 |
| SPECIFIC DUTY NO. 2  |  | RATING NO.                       |  | SPECIFIC DUTY NO. 5  |                 |
| Guidance & support of CP operations in WH, at Headquarters   |  | 5                                |  |  |                 |
| SPECIFIC DUTY NO. 3  |  | RATING NO.                       |  | SPECIFIC DUTY NO. 6  |                 |
| Direct, on-the-scene (TDY) support of CP operations in the field   |  | 5                                |  |  |                 |
| SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION  |  |                                  |  |  |                 |
| Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance. |  |                                  |  |  |                 |
| 1 - Performance in many important respects fails to meet requirements.<br>2 - Performance meets requirements but is deficient in one or more important respects.<br>3 - Performance clearly meets basic requirements.<br>4 - Performance clearly exceeds basic requirements.<br>5 - Performance in every important respect is superior.<br>6 - Performance in every respect is outstanding.  |  |                                  |  |  | RATING NO.<br>5 |
| SECTION D DESCRIPTION OF THE EMPLOYEE  |  |                                  |  |  |                 |
| In the rating boxes below, check (X) the degree to which each characteristic applies to the employee   |  |                                  |  |  |                 |
| 1 - Least possible degree  |  | 2 - Limited degree               |  | 3 - Normal degree  |                 |
|  |  | 4 - Above average degree         |  | 5 - Outstanding degree   |                 |
| CHARACTERISTICS  |  | NOT APPLICABLE                   | NOT OBSERVED   | RATING   |                 |
|  |  |                                  |  | 1  | 2               |
| GETS THINGS DONE   |  |                                  |  |  |                 |
| RESOURCEFUL  |  |                                  |  |  |                 |
| ACCEPTS RESPONSIBILITIES   |  |                                  |  |  |                 |
| CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES   |  |                                  |  |  |                 |
| DOES HIS JOB WITHOUT STRONG SUPPORT  |  |                                  |  |  |                 |
| FACILITATES SMOOTH OPERATION OF HIS OFFICE   |  |                                  |  |  |                 |
| WRITES EFFECTIVELY   |  |                                  |  |  |                 |
| SECURITY CONSCIOUS   |  |                                  |  |  |                 |
| THINKS CLEARLY   |  |                                  |  |  |                 |
| DISCIPLINE IN ORIGINATING, MAINTAINING AND EXPOSING OF RECORDS   |  |                                  |  |  |                 |
| OTHER (Specify):   |  |                                  |  |  |                 |



**SECRET**  
(When Filled In)

**SECTION E NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE**

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

Mr. Williamson is very energetic and enthusiastic. He maintains excellent working relations with the WH Division. He has performed special operational tasks in the Field at the specific request of Chief, WHID. He is particularly well qualified for [ ] work in a Spanish-speaking country (e.g. [ ] or an important Latin American country).

OFFICE OF PERSONNEL

FLB 24 3 07 PM '60

ADJ ROOM

**SECTION F CERTIFICATION AND COMMENTS**

**1. BY EMPLOYEE**

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

DATE 15 Feb 1960

SIG [ ]

**2. BY SUPERVISOR**

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION  
14

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

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

EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS

REPORT MADE WITHIN LAST 90 DAYS

OTHER (Specify):

DATE

15 Feb

OFFICIAL TITLE OF SUPERVISOR

Deputy Chief, CI/ICD

TYPED OR PRINTED NAME

**3. BY REVIEWING OFFICIAL**

I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.

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

COMMENTS OF REVIEWING OFFICIAL

DATE

15 Feb

OFFICIAL TITLE OF REVIEWING OFFICIAL

Chief, CI/ICD

SIG

SIGNATURE

**SECRET**

SECRET

Recorded by  
CSPD

27 Nov 59

*Witt*

24 November 1959

MEMORANDUM FOR: CS/Career Service Panel/Section A

SUBJECT: Fitness Report - [REDACTED]

A fitness report was due on Mr. [REDACTED] for the period 31 March 1959. Mr. [REDACTED] was assigned to the CI Staff on 8 March 1959 after completion of an overseas tour with WH Division. A fitness report for the CI Staff for such a short period of time would serve no useful purpose.

[REDACTED]  
o/CI/Support

SECRET

VIA: AIR  
(SPECIFY AIR OR SEA ROUTE)

DISPATCH NO HH-T-143

*WIT-7*

**CONFIDENTIAL**

CLASSIFICATION

TO : Chief, WMD

DATE: 4 September 1958

FROM : Chief of Station, Habana *SPR*

SUBJECT: GENERAL— Administrative/Personnel

SPECIFIC— Field Fitness Report - [REDACTED]

Reference: HKH-A-4049, 21 November 1957

Action Required: None; for Headquarters' information only

There has been no material change in the duties or performance of [REDACTED] since the submission of his last annual Field Fitness Report. Therefore, the above report, which was forwarded in the reference, may also be considered as the writer's final fitness report on [REDACTED]

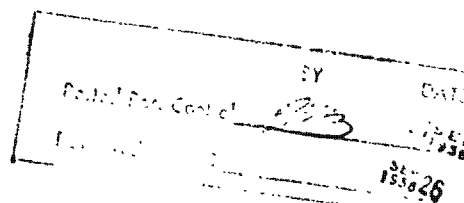
[REDACTED]

**Distributions:**

- 3 - Headquarters
- 2 - Files

SPR/mnr

3 September 1958



*SP-DE*

**CONFIDENTIAL**

CLASSIFICATION

SECRET

(When Filled In)

## FITNESS REPORT (Part I) PERFORMANCE

## INSTRUCTIONS

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

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

## SECTION A.

## GENERAL

|  |  |   |   |
|--|--|---|---|
| 1. NAME<br>(Middle)  | 2. DATE OF BIRTH                               | 3. SEX<br>M   | 4. SERVICE DESIGNATION<br>DI                  |
| 5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT<br>DDP/44/Habana Station |  | 6. OFFICIAL POSITION TITLE<br>Deputy Chief of Station                                       |   |
| 7. GRADE<br>GS-14  | 8. DATE REPORT DUE IN OP<br>30 September 1957  | 9. PERIOD COVERED BY THIS REPORT (Inclusive dates)<br>30 September 1956 - 30 September 1957 |   |
| 10. TYPE OF REPORT<br>(Check one)                                | INITIAL<br><input checked="" type="checkbox"/> | REASSIGNMENT-SUPERVISOR<br><input type="checkbox"/>   | SPECIAL (Specify)<br><input type="checkbox"/> |
|  | ANNUAL<br><input type="checkbox"/>             | REASSIGNMENT-EMPLOYEE<br><input type="checkbox"/>   |   |

## SECTION B.

## CERTIFICATION

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

## 4. CHECK (X) APPROPRIATE STATEMENTS:

|  |   |
|--|---|
| <input checked="" type="checkbox"/> THIS REPORT REFLECTS MY OWN OPINIONS OF THIS INDIVIDUAL.   | IF INDIVIDUAL IS RATED "I" IN CI OR D, A WARNING LETTER HAS SENT TO HIM & A COPY ATTACHED TO THIS REPORT. |
| <input type="checkbox"/> THIS REPORT REFLECTS THE COMBINED OPINIONS OF MYSELF AND PREVIOUS SUPERVISORS.                                | I CANNOT CERTIFY THAT THE RATED INDIVIDUAL KNOWS HOW I EVALUATE HIS JOB PERFORMANCE BECAUSE (Specify):    |
| <input checked="" type="checkbox"/> I HAVE DISCUSSED WITH THIS EMPLOYEE HIS STRENGTHS AND WEAKNESSES SO THAT HE KNOWS WHERE HE STANDS. |   |

|                                  |  |  |
|----------------------------------|--|--|
| 3. THIS DATE<br>15 November 1957 | C. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR | D. SUPERVISOR'S OFFICIAL TITLE<br>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.

|                                    |                   |
|------------------------------------|-------------------|
| BY<br>RW                           | DATE<br>21 Nov 57 |
| Ported Pcs Control                 |                   |
| Reviewed by PUS <u>RD 12/11/57</u> |                   |

☐ CONTINUED ON ATTACHED SHEET

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

|                           |  |   |
|---------------------------|--|---|
| A. THIS DATE<br>29 Nov 57 | B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL<br>JCKing | C. OFFICIAL TITLE OF REVIEWING OFFICIAL<br>C/WITB |
|---------------------------|--|---|

## 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 | 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 WEARINESS.   |
|   | 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.              |

REMARKS

SECRET

Performance

SECRET

Dec 3 4 02 PM '57

| 2. RATINGS ON PERFORMANCE OF SPECIFIC DUTIES   |   | OFFICE OF PERSONNEL<br>MAIL ROOM |               |   |  |  |   |   |  |   |  |   |                           |               |                    |                             |                |             |        |                                |              |                  |                     |                            |             |                         |                                |
|--|---|----------------------------------|---------------|---|--|--|---|---|--|---|--|---|---------------------------|---------------|--------------------|-----------------------------|----------------|-------------|--------|--------------------------------|--------------|------------------|---------------------|----------------------------|-------------|-------------------------|--------------------------------|
| <p><b>DIRECTIONS:</b></p> <p>a. State in the spaces below up to six of the more important SPECIFIC duties performed during this rating period. Place the most important first. Do not include minor or unimportant duties.</p> <p>b. Rate performance on each specific duty considering ONLY effectiveness in performance of this specific duty.</p> <p>c. For supervisors, ability to supervise will always be rated as a specific duty (do not rate as a supervisory duty who supervise a secretary only).</p> <p>d. Compare in your mind, when possible, the individual being rated with others performing the same duty at a similar level of responsibility.</p> <p>e. Two individuals with the same job title may be performing different duties. If so, rate them on different duties.</p> <p>f. Be specific. Examples of the kind of duties that might be rated are:</p> <table border="0"> <tr> <td>ORAL BRIEFING</td> <td>MAN AND USES AREA KNOWLEDGE</td> <td>CONDUCTS INTERROGATIONS</td> </tr> <tr> <td>GIVING LECTURES</td> <td>DEVELOPS NEW PROGRAMS</td> <td>PREPARES SUMMARIES</td> </tr> <tr> <td>CONDUCTING SEMINARS</td> <td>ANALYZES INDUSTRIAL REPORTS</td> <td>TRANSLATES GERMAN</td> </tr> <tr> <td>WRITING TECHNICAL REPORTS</td> <td>MANAGES FILES</td> <td>DEBRIEFING SOURCES</td> </tr> <tr> <td>CONDUCTING EXTERNAL LIAISON</td> <td>OPERATES RADIO</td> <td>KEEPS BOOKS</td> </tr> <tr> <td>TYPING</td> <td>COORDINATES WITH OTHER OFFICES</td> <td>DRIVES TRUCK</td> </tr> <tr> <td>TAKING DICTATION</td> <td>WRITES REGISTATIONS</td> <td>MAINTAINS AIR-CONDITIONING</td> </tr> <tr> <td>SUPERVISING</td> <td>PREPARES CORRESPONDENCE</td> <td>EVALUATES SIGNIFICANCE OF DATA</td> </tr> </table> <p>g. For some jobs, duties may be broken down even further if supervisor considers it advisable, e.g., combined key and phone operation, in the case of a radio operator.</p> |   |                                  |               | ORAL BRIEFING                                   | MAN AND USES AREA KNOWLEDGE  | CONDUCTS INTERROGATIONS  | GIVING LECTURES   | DEVELOPS NEW PROGRAMS   | PREPARES SUMMARIES                                   | CONDUCTING SEMINARS   | ANALYZES INDUSTRIAL REPORTS  | TRANSLATES GERMAN   | WRITING TECHNICAL REPORTS | MANAGES FILES | DEBRIEFING SOURCES | CONDUCTING EXTERNAL LIAISON | OPERATES RADIO | KEEPS BOOKS | TYPING | COORDINATES WITH OTHER OFFICES | DRIVES TRUCK | TAKING DICTATION | WRITES REGISTATIONS | MAINTAINS AIR-CONDITIONING | SUPERVISING | PREPARES CORRESPONDENCE | EVALUATES SIGNIFICANCE OF DATA |
| ORAL BRIEFING  | MAN AND USES AREA KNOWLEDGE   | CONDUCTS INTERROGATIONS          |               |   |  |  |   |   |  |   |  |   |                           |               |                    |                             |                |             |        |                                |              |                  |                     |                            |             |                         |                                |
| GIVING LECTURES  | DEVELOPS NEW PROGRAMS   | PREPARES SUMMARIES               |               |   |  |  |   |   |  |   |  |   |                           |               |                    |                             |                |             |        |                                |              |                  |                     |                            |             |                         |                                |
| CONDUCTING SEMINARS  | ANALYZES INDUSTRIAL REPORTS   | TRANSLATES GERMAN                |               |   |  |  |   |   |  |   |  |   |                           |               |                    |                             |                |             |        |                                |              |                  |                     |                            |             |                         |                                |
| WRITING TECHNICAL REPORTS  | MANAGES FILES   | DEBRIEFING SOURCES               |               |   |  |  |   |   |  |   |  |   |                           |               |                    |                             |                |             |        |                                |              |                  |                     |                            |             |                         |                                |
| CONDUCTING EXTERNAL LIAISON  | OPERATES RADIO  | KEEPS BOOKS                      |               |   |  |  |   |   |  |   |  |   |                           |               |                    |                             |                |             |        |                                |              |                  |                     |                            |             |                         |                                |
| TYPING   | COORDINATES WITH OTHER OFFICES  | DRIVES TRUCK                     |               |   |  |  |   |   |  |   |  |   |                           |               |                    |                             |                |             |        |                                |              |                  |                     |                            |             |                         |                                |
| TAKING DICTATION   | WRITES REGISTATIONS   | MAINTAINS AIR-CONDITIONING       |               |   |  |  |   |   |  |   |  |   |                           |               |                    |                             |                |             |        |                                |              |                  |                     |                            |             |                         |                                |
| SUPERVISING  | PREPARES CORRESPONDENCE   | EVALUATES SIGNIFICANCE OF DATA   |               |   |  |  |   |   |  |   |  |   |                           |               |                    |                             |                |             |        |                                |              |                  |                     |                            |             |                         |                                |
| <p><b>DESCRIPTIVE RATING NUMBER</b></p> <table border="0"> <tr> <td>1 - INCOMPETENT IN THE PERFORMANCE OF THIS DUTY</td> <td>5 - PERFORMS THIS DUTY IN AN OUTSTANDING MANNER FOUND IN VERY FEW INDIVIDUALS HOLDING SIMILAR JOBS</td> </tr> <tr> <td>2 - BARELY ADEQUATE IN THE PERFORMANCE OF THIS DUTY</td> <td>6 - EXCELS ANYONE I KNOW IN THE PERFORMANCE OF THIS DUTY</td> </tr> <tr> <td>3 - PERFORMS THIS DUTY ACCEPTABLY</td> <td></td> </tr> <tr> <td>4 - PERFORMS THIS DUTY IN A COMPETENT MANNER</td> <td></td> </tr> <tr> <td>5 - PERFORMS THIS DUTY IN SUCH A FINE MANNER THAT HE IS A DISTINCT ASSET ON HIS JOB</td> <td></td> </tr> </table>   |   |                                  |               | 1 - INCOMPETENT IN THE PERFORMANCE OF THIS DUTY | 5 - PERFORMS THIS DUTY IN AN OUTSTANDING MANNER FOUND IN VERY FEW INDIVIDUALS HOLDING SIMILAR JOBS | 2 - BARELY ADEQUATE IN THE PERFORMANCE OF THIS DUTY                                      | 6 - EXCELS ANYONE I KNOW IN THE PERFORMANCE OF THIS DUTY  | 3 - PERFORMS THIS DUTY ACCEPTABLY                                     |  | 4 - PERFORMS THIS DUTY IN A COMPETENT MANNER                                    |  | 5 - PERFORMS THIS DUTY IN SUCH A FINE MANNER THAT HE IS A DISTINCT ASSET ON HIS JOB |                           |               |                    |                             |                |             |        |                                |              |                  |                     |                            |             |                         |                                |
| 1 - INCOMPETENT IN THE PERFORMANCE OF THIS DUTY  | 5 - PERFORMS THIS DUTY IN AN OUTSTANDING MANNER FOUND IN VERY FEW INDIVIDUALS HOLDING SIMILAR JOBS                          |                                  |               |   |  |  |   |   |  |   |  |   |                           |               |                    |                             |                |             |        |                                |              |                  |                     |                            |             |                         |                                |
| 2 - BARELY ADEQUATE IN THE PERFORMANCE OF THIS DUTY  | 6 - EXCELS ANYONE I KNOW IN THE PERFORMANCE OF THIS DUTY  |                                  |               |   |  |  |   |   |  |   |  |   |                           |               |                    |                             |                |             |        |                                |              |                  |                     |                            |             |                         |                                |
| 3 - PERFORMS THIS DUTY ACCEPTABLY  |   |                                  |               |   |  |  |   |   |  |   |  |   |                           |               |                    |                             |                |             |        |                                |              |                  |                     |                            |             |                         |                                |
| 4 - PERFORMS THIS DUTY IN A COMPETENT MANNER   |   |                                  |               |   |  |  |   |   |  |   |  |   |                           |               |                    |                             |                |             |        |                                |              |                  |                     |                            |             |                         |                                |
| 5 - PERFORMS THIS DUTY IN SUCH A FINE MANNER THAT HE IS A DISTINCT ASSET ON HIS JOB  |   |                                  |               |   |  |  |   |   |  |   |  |   |                           |               |                    |                             |                |             |        |                                |              |                  |                     |                            |             |                         |                                |
| SPECIFIC DUTY NO. 1  | RATING NUMBER   | SPECIFIC DUTY NO. 4              | RATING NUMBER |   |  |  |   |   |  |   |  |   |                           |               |                    |                             |                |             |        |                                |              |                  |                     |                            |             |                         |                                |
| Deputy Chief of Station  | 5   | Handling agents and ops          | 5             |   |  |  |   |   |  |   |  |   |                           |               |                    |                             |                |             |        |                                |              |                  |                     |                            |             |                         |                                |
|  | RATING NUMBER   | SPECIFIC DUTY NO. 5              | RATING NUMBER |   |  |  |   |   |  |   |  |   |                           |               |                    |                             |                |             |        |                                |              |                  |                     |                            |             |                         |                                |
|  | 5   | Reporting                        | 4             |   |  |  |   |   |  |   |  |   |                           |               |                    |                             |                |             |        |                                |              |                  |                     |                            |             |                         |                                |
| SPECIFIC DUTY NO. 3  | RATING NUMBER   | SPECIFIC DUTY NO. 6              | RATING NUMBER |   |  |  |   |   |  |   |  |   |                           |               |                    |                             |                |             |        |                                |              |                  |                     |                            |             |                         |                                |
| Contact and development of operational assets  | 6   |                                  |               |   |  |  |   |   |  |   |  |   |                           |               |                    |                             |                |             |        |                                |              |                  |                     |                            |             |                         |                                |
| <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>Subject is an excellent Deputy Chief of Station. He is liked and respected by his co-workers in the Station and by superiors and colleagues in the establishment. His perseverance in developing and maintaining operational contacts in all fields has paid dividends. He has contributed sound advice and operational know-how to all Station officers' operations and has maintained our on a productive basis. He is extremely thoughtful. He prefers (and excels at) operational work as contrasted to routine paper work.</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">6</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...BETTER 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>  |   |                                  |               | 6   | 1 - DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED   | 2 - OF DOUBTFUL SUITABILITY...WOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW | 3 - A BARELY ACCEPTABLE EMPLOYEE...BETTER AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION | 4 - OF THE SAME SUITABILITY AS MOST PEOPLE I KNOW IN THE ORGANIZATION | 5 - A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS | 6 - AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION | 7 - EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION |   |                           |               |                    |                             |                |             |        |                                |              |                  |                     |                            |             |                         |                                |
| 6  | 1 - DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED  |                                  |               |   |  |  |   |   |  |   |  |   |                           |               |                    |                             |                |             |        |                                |              |                  |                     |                            |             |                         |                                |
|  | 2 - OF DOUBTFUL SUITABILITY...WOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW                                    |                                  |               |   |  |  |   |   |  |   |  |   |                           |               |                    |                             |                |             |        |                                |              |                  |                     |                            |             |                         |                                |
|  | 3 - A BARELY ACCEPTABLE EMPLOYEE...BETTER AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION |                                  |               |   |  |  |   |   |  |   |  |   |                           |               |                    |                             |                |             |        |                                |              |                  |                     |                            |             |                         |                                |
|  | 4 - OF THE SAME SUITABILITY AS MOST PEOPLE I KNOW IN THE ORGANIZATION   |                                  |               |   |  |  |   |   |  |   |  |   |                           |               |                    |                             |                |             |        |                                |              |                  |                     |                            |             |                         |                                |
|  | 5 - A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS  |                                  |               |   |  |  |   |   |  |   |  |   |                           |               |                    |                             |                |             |        |                                |              |                  |                     |                            |             |                         |                                |
|  | 6 - AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION   |                                  |               |   |  |  |   |   |  |   |  |   |                           |               |                    |                             |                |             |        |                                |              |                  |                     |                            |             |                         |                                |
|  | 7 - EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION  |                                  |               |   |  |  |   |   |  |   |  |   |                           |               |                    |                             |                |             |        |                                |              |                  |                     |                            |             |                         |                                |

SECRET

SECRET

(When Filled In)

## FITNESS REPORT (Part II) POTENTIAL

## INSTRUCTIONS

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

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

## SECTION E.

## GENERAL

|   |  |   |                              |
|---|--|---|------------------------------|
| 1. NAME<br>LAST FIRST (Middle)                                  | 2. DATE OF BIRTH                                 | 3. SEX<br>M   | 4. SERVICE DESIGNATION<br>DI |
| 5. OFFICE/DIVISION BRANCH OF ASSIGNMENT<br>DDP/WH/Habana-Branch |  | 6. OFFICIAL POSITION TITLE<br>Deputy Chief of Station                                       |                              |
| 7. GRADE<br>GS-14   | 8. DATE REPORT DUE IN OI<br>30 September 1957    | 9. PERIOD COVERED BY THIS RATING (Inclusive dates)<br>30 September 1956 - 30 September 1957 |                              |
| 10. TYPE OF REPORT<br>(Check one)                               | 11. SPECIAL (Specify)                            |   |                              |
| <input checked="" type="checkbox"/> INITIAL                     | <input type="checkbox"/> REASSIGNMENT-SUPERVISOR |   |                              |
| <input type="checkbox"/> ANNUAL                                 | <input type="checkbox"/> REASSIGNMENT-EMPLOYEE   |   |                              |

## SECTION F.

## CERTIFICATION

|   |  |
|---|--|
| 1. FOR THE RATER: I CERTIFY THAT THIS REPORT REPRESENTS MY BEST JUDGMENT OF THE INDIVIDUAL BEING RATED. | 2. FOR THE REVIEWING OFFICIAL: I HAVE REVIEWED THIS REPORT AND NOTED FOR MY EXPRIME OF OPINION IN ATTACHED MEMO. |
| A. THIS DATE<br>15 November 1957  | B. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR<br>Chief of Station   |
| A. THIS DATE<br>29 Nov 57   | B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL<br>C/W/HB   |

## 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? ☒ Yes ☐ No. If your answer is YES, indicate below your opinion or guess of the level of supervisory ability this person will reach AFTER SLIGHT 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                         | 1 - BELIEVE INDIVIDUAL WOULD BE A WEAK SUPERVISOR IN THIS KIND OF SITUATION     |
| 2                         | 2 - BELIEVE INDIVIDUAL WOULD BE AN AVERAGE SUPERVISOR IN THIS KIND OF SITUATION |
| 3                         | 3 - BELIEVE INDIVIDUAL WOULD BE A STRONG SUPERVISOR IN THIS SITUATION           |

| ACTUAL | POTENTIAL | DESCRIPTIVE SITUATION   |
|--------|-----------|---|
| 3      |           | A GROUP USING THE BASIC JOB (truck drivers, stenographers, technicians or professional specialists of various kinds) WHEN CONTACT WITH IMMEDIATE SUBORDINATES IS FREQUENT (First line supervisor) |
| 3      |           | A GROUP OF SUPERVISORS WHO DIRECT THE BASIC JOB (Second line supervisors)   |
| 3      |           | A GROUP, WHO MAY OR MAY NOT BE SUPERVISORS, WHOSE RESPONSIBILITY FOR MAJOR PLANS, ORGANIZATION AND POLICY (Executive level)   |
| 2      |           | WHEN CONTACT WITH IMMEDIATE SUBORDINATES IS NOT FREQUENT  |
| 2      |           | WHEN IMMEDIATE SUBORDINATES' ACTIVITIES ARE DIVERSE AND WITH CAREFUL COORDINATION   |
| 3      |           | WHEN IMMEDIATE SUBORDINATES INCLUDE MEMBERS OF THE SPECIAL JOB  |
|        |           | Other (Specify)   |

SECRET

OFFICE OF PERSONNEL

3. INDICATE THE APPROXIMATE NUMBER OF MONTHS THE RATED EMPLOYEE HAS BEEN UNDER YOUR SUPERVISION  
4 1/2 months

4. COMMENT CONCERNING POTENTIAL

DEC 3 4 02 PM '57

Subject is qualified to have his own station

MAIL ROOM

## SECTION M.

## FUTURE PLANS

1. TRAINING OR OTHER DEVELOPMENTAL EXPERIENCE PLANNED FOR THE INDIVIDUAL

Training upon re-assignment

2. NOTE OTHER FACTORS, INCLUDING PERSONAL CIRCUMSTANCES, TO BE TAKEN INTO ACCOUNT IN INDIVIDUAL'S FUTURE ASSIGNMENTS

Subject is very adaptable - is single - and will accept assignment anywhere. His [ ] duties, briefly suspended through no fault of his own, have been fully re-established.

## 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

CATEGORY NUMBER  
1 - APPLIES TO THE INDIVIDUAL TO THE LEAST POSSIBLE DEGREE  
2 - APPLIES TO INDIVIDUAL TO A LIMITED DEGREE  
3 - APPLIES TO INDIVIDUAL TO AN AVERAGE DEGREE  
4 - APPLIES TO INDIVIDUAL TO AN ABOVE AVERAGE DEGREE  
5 - APPLIES TO INDIVIDUAL TO AN OUTSTANDING DEGREE

| CATEGORY | STATEMENT   | CATEGORY | STATEMENT  | CATEGORY | STATEMENT  |
|----------|---|----------|--|----------|--|
| 4        | 1. ABLE TO SEE ANOTHER'S POINT OF VIEW            | 4        | 11. HAS HIGH STANDARDS OF ACCOMPLISHMENT               | 4        | 21. IS EFFECTIVE IN DISCUSSIONS WITH ASSOCIATES            |
| 5        | 2. CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES | 5        | 12. SHOWS ORIGINALITY                                  | 4        | 22. IMPLEMENTS DECISIONS REGARDLESS OF OWN FEELINGS        |
| 5        | 3. HAS INITIATIVE                                 | 5        | 13. ACCEPTS RESPONSIBILITIES                           | 5        | 23. IS THOUGHTFUL OF OTHERS                                |
| 4        | 4. IS ANALYTIC IN HIS THINKING                    | 4        | 14. ADMITS HIS ERRORS                                  | 5        | 24. BOPES WELL UNDER PRESSURE                              |
| 4        | 5. STRIVES CONSTANTLY FOR NEW KNOWLEDGE AND IDEAS | 5        | 15. RESPONDS WELL TO SUPERVISION                       | 5        | 25. DISPLAYS JUDGEMENT                                     |
| 5        | 6. KNOWS WHEN TO SEEK ASSISTANCE                  | 5        | 16. DOES HIS JOB WITHOUT STRONG SUPPORT                | 4        | 26. IS SECURITY CONSCIOUS                                  |
| 5        | 7. CAN GET ALONG WITH PEOPLE                      | 4        | 17. COMES UP WITH SOLUTIONS TO PROBLEMS                | 5        | 27. IS VERSATILE   |
| 4        | 8. HAS MEMORY FOR FACTS                           | 4        | 18. IS DOMINANT  | 4        | 28. HIS CRITICISM IS CONSTRUCTIVE                          |
| 4        | 9. GETS THINGS DONE                               | 4        | 19. THINKS CALMLY                                      | 5        | 29. FACILITATES SMOOTH OPERATION OF HIS OFFICE             |
| 4        | 10. CAN COPE WITH EMERGENCIES                     | 4        | 20. COMPLETES ASSIGNMENTS WITHIN ALLIGABLE TIME LIMITS | 5        | 30. LACKS ANY RESERVE STRENGTH AND CONTINUOUS SUPERSTITION |

SECRET

## SECRET

(When Filled In)

## FITNESS REPORT (Part D) PERFORMANCE

## INSTRUCTIONS

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

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

## SECTION A.

## GENERAL

|  |                          |  |                        |
|--|--------------------------|--|------------------------|
| 1. NAME (Last) (First) (Middle)            | 2. DATE OF BIRTH         | 3. SEX   | 4. SERVICE DESIGNATION |
|  |                          | M  | DI                     |
| 5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT    |                          | 6. OFFICIAL POSITION TITLE                         |                        |
| DDI/AM/Havana                              |                          | DCUS   |                        |
| 7. GRADE                                   | 8. DATE REPORT DUE IN OP | 9. PERIOD COVERED BY THIS REPORT (Inclusive dates) |                        |
| GS-13                                      | 30 September 1956        | 30 September 1955 - 30 September 1956              |                        |
| 10. TYPE OF REPORT (Check one)             | INITIAL                  | ASSIGNMENT SUPERVISOR                              | SPECIAL (Specify)      |
| <input checked="" type="checkbox"/> ANNUAL |                          |  |                        |

## SECTION B.

## CERTIFICATION

|   |  |
|---|--|
| 1. FOR THE RATER: THIS REPORT <input type="checkbox"/> HAS <input type="checkbox"/> HAS NOT BEEN SUBMITTED TO THE INDIVIDUAL RATED. IF NOT SHOWN, EXPLAIN WHY NOT.                  |  |
| A. CHECK (X) APPROPRIATE STATEMENT(S):  |  |
| <input checked="" type="checkbox"/> THIS REPORT REFLECTS MY OWN OPINIONS OF THIS INDIVIDUAL.  | IF INDIVIDUAL IS RATED "E" IN CI OR D A WARNING LETTER HAS BEEN SENT TO HIM OR A COPY ATTACHED TO THIS REPORT. |
| <input type="checkbox"/> THIS REPORT REFLECTS THE COMBINED OPINIONS OF MYSELF AND PREVIOUS SUPERVISORS.   | I CANNOT CERTIFY THAT THE RATED INDIVIDUAL KNOWS HOW TO EVALUATE HIS JOB PERFORMANCE BECAUSE (Specify):        |
| <input checked="" type="checkbox"/> I HAVE DISCUSSED WITH THIS EMPLOYEE HIS STRENGTHS AND WEAKNESSES SO THAT HE KNOWS WHERE HE STANDS.  |  |
| B. THIS DATE  | D. SUPERVISOR'S OFFICIAL TITLE   |
| 16 October 1956   | Chief of Station   |
| 2. FOR THE REVIEWING OFFICER: RECORD ANY SUBSTANTIAL DIFFERENCE OF OPINION WITH THE SUPERVISOR, OR ANY OTHER INFORMATION, WHICH WILL LEAD TO A BETTER UNDERSTANDING OF THIS REPORT. |  |

BY *J. C. King* DATE 11/19/56  
 11/20/56  
 Continued on attached sheet

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

|              |  |   |
|--------------|--|---|
| A. THIS DATE | B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL | C. OFFICIAL TITLE OF REVIEWING OFFICIAL |
| 13 Nov 1956  | J. C. KING   | Chief, WHD                              |

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

COMMENTS



## SECRET

(When Filled In)

OFFICE OF PERSONNEL  
Nov 19 10 59 AM '36  
MAIL ROOM

| 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 this rating period. Place the most important first. Do not include minor or unimportant duties.</p> <p>b. Rate performance on each specific duty considering ONLY effectiveness in performance of this specific duty.</p> <p>c. For supervisors, ability to supervise will always be rated as a specific duty (do not rate as a supervisor those who supervise a secretary only).</p> <p>d. Compare in your mind, when possible, the individual being rated with others performing the same duty at a similar level of responsibility.</p> <p>e. Two individuals with the same job title may be performing different duties. If so, rate them on different duties.</p> <p>f. Be specific. Examples of the kind of duties that might be rated are:</p> <table border="0"> <tr> <td>ORAL BRIEFING</td> <td>HAS AND USES AREA KNOWLEDGE</td> <td>CONDUCTS INTERVIEWS</td> </tr> <tr> <td>GIVING LECTURES</td> <td>DEVELOPS NEW PROGRAMS</td> <td>PREPARES SUMMARIES</td> </tr> <tr> <td>CONDUCTING SEMINARS</td> <td>ANALYZES IND SERIAL REPORTS</td> <td>TRANSLATES GERMAN</td> </tr> <tr> <td>WRITING TECHNICAL REPORTS</td> <td>MANAGES FILES</td> <td>DEBRIEFING SOURCES</td> </tr> <tr> <td>CONDUCTING EXTERNAL LIAISON</td> <td>OPERATES RADIO</td> <td>KEEPS INDEX</td> </tr> <tr> <td>TYPIST</td> <td>COORDINATES WITH OTHER OFFICES</td> <td>DRIVES TRUCK</td> </tr> <tr> <td>TAKING DICTATION</td> <td>WRITES REGULATIONS</td> <td>MAINTAINS AIR CONDITIONING</td> </tr> <tr> <td>SUPERVISING</td> <td>PREPARES CORRESPONDENCE</td> <td>EVALUATES SIGNIFICANCE OF DATA</td> </tr> </table> <p>g. For some jobs, duties may be broken down even further if supervisor considers it advisable, e.g., combined key and phone operation, in the case of a radio operator.</p> |  |                                |               | ORAL BRIEFING                                      | HAS AND USES AREA KNOWLEDGE  | CONDUCTS INTERVIEWS   | GIVING LECTURES  | DEVELOPS NEW PROGRAMS   | PREPARES SUMMARIES | CONDUCTING SEMINARS   | ANALYZES IND SERIAL REPORTS | TRANSLATES GERMAN   | WRITING TECHNICAL REPORTS | MANAGES FILES   | DEBRIEFING SOURCES | CONDUCTING EXTERNAL LIAISON  | OPERATES RADIO | KEEPS INDEX | TYPIST | COORDINATES WITH OTHER OFFICES | DRIVES TRUCK | TAKING DICTATION | WRITES REGULATIONS | MAINTAINS AIR CONDITIONING | SUPERVISING | PREPARES CORRESPONDENCE | EVALUATES SIGNIFICANCE OF DATA |
| ORAL BRIEFING   | HAS AND USES AREA KNOWLEDGE  | CONDUCTS INTERVIEWS            |               |  |  |   |  |   |                    |   |                             |   |                           |   |                    |  |                |             |        |                                |              |                  |                    |                            |             |                         |                                |
| GIVING LECTURES   | DEVELOPS NEW PROGRAMS  | PREPARES SUMMARIES             |               |  |  |   |  |   |                    |   |                             |   |                           |   |                    |  |                |             |        |                                |              |                  |                    |                            |             |                         |                                |
| CONDUCTING SEMINARS   | ANALYZES IND SERIAL REPORTS  | TRANSLATES GERMAN              |               |  |  |   |  |   |                    |   |                             |   |                           |   |                    |  |                |             |        |                                |              |                  |                    |                            |             |                         |                                |
| WRITING TECHNICAL REPORTS   | MANAGES FILES  | DEBRIEFING SOURCES             |               |  |  |   |  |   |                    |   |                             |   |                           |   |                    |  |                |             |        |                                |              |                  |                    |                            |             |                         |                                |
| CONDUCTING EXTERNAL LIAISON   | OPERATES RADIO   | KEEPS INDEX                    |               |  |  |   |  |   |                    |   |                             |   |                           |   |                    |  |                |             |        |                                |              |                  |                    |                            |             |                         |                                |
| TYPIST  | COORDINATES WITH OTHER OFFICES   | DRIVES TRUCK                   |               |  |  |   |  |   |                    |   |                             |   |                           |   |                    |  |                |             |        |                                |              |                  |                    |                            |             |                         |                                |
| TAKING DICTATION  | WRITES REGULATIONS   | MAINTAINS AIR CONDITIONING     |               |  |  |   |  |   |                    |   |                             |   |                           |   |                    |  |                |             |        |                                |              |                  |                    |                            |             |                         |                                |
| SUPERVISING   | PREPARES CORRESPONDENCE  | EVALUATES SIGNIFICANCE OF DATA |               |  |  |   |  |   |                    |   |                             |   |                           |   |                    |  |                |             |        |                                |              |                  |                    |                            |             |                         |                                |
| <p><b>DESCRIPTIVE RATING NUMBER</b></p> <table border="0"> <tr> <td>1 - INCOMPETENT IN THE PERFORMANCE OF THIS DUTY</td> <td>6 - PERFORMS THIS DUTY IN AN OUTSTANDING MANNER FOUND IN VERY FEW INDIVIDUALS HOLDING SIMILAR JOBS</td> </tr> <tr> <td>2 - BARELY ADEQUATE IN THE PERFORMANCE OF THIS DUTY</td> <td>7 - EXCELS ANYONE I KNOW IN THE PERFORMANCE OF THIS DUTY</td> </tr> <tr> <td>3 - PERFORMS THIS DUTY ACCEPTABLY</td> <td></td> </tr> <tr> <td>4 - PERFORMS THIS DUTY IN A COMPETENT MANNER</td> <td></td> </tr> <tr> <td>5 - PERFORMS THIS DUTY IN SUCH A FINE MANNER THAT HE IS A DISTINCT ASSET ON HIS JOB</td> <td></td> </tr> </table>  |  |                                |               | 1 - INCOMPETENT IN THE PERFORMANCE OF THIS DUTY    | 6 - PERFORMS THIS DUTY IN AN OUTSTANDING MANNER FOUND IN VERY FEW INDIVIDUALS HOLDING SIMILAR JOBS | 2 - BARELY ADEQUATE IN THE PERFORMANCE OF THIS DUTY                                       | 7 - EXCELS ANYONE I KNOW IN THE PERFORMANCE OF THIS DUTY | 3 - PERFORMS THIS DUTY ACCEPTABLY   |                    | 4 - PERFORMS THIS DUTY IN A COMPETENT MANNER                          |                             | 5 - PERFORMS THIS DUTY IN SUCH A FINE MANNER THAT HE IS A DISTINCT ASSET ON HIS JOB |                           |   |                    |  |                |             |        |                                |              |                  |                    |                            |             |                         |                                |
| 1 - INCOMPETENT IN THE PERFORMANCE OF THIS DUTY   | 6 - PERFORMS THIS DUTY IN AN OUTSTANDING MANNER FOUND IN VERY FEW INDIVIDUALS HOLDING SIMILAR JOBS |                                |               |  |  |   |  |   |                    |   |                             |   |                           |   |                    |  |                |             |        |                                |              |                  |                    |                            |             |                         |                                |
| 2 - BARELY ADEQUATE IN THE PERFORMANCE OF THIS DUTY   | 7 - EXCELS ANYONE I KNOW IN THE PERFORMANCE OF THIS DUTY   |                                |               |  |  |   |  |   |                    |   |                             |   |                           |   |                    |  |                |             |        |                                |              |                  |                    |                            |             |                         |                                |
| 3 - PERFORMS THIS DUTY ACCEPTABLY   |  |                                |               |  |  |   |  |   |                    |   |                             |   |                           |   |                    |  |                |             |        |                                |              |                  |                    |                            |             |                         |                                |
| 4 - PERFORMS THIS DUTY IN A COMPETENT MANNER  |  |                                |               |  |  |   |  |   |                    |   |                             |   |                           |   |                    |  |                |             |        |                                |              |                  |                    |                            |             |                         |                                |
| 5 - PERFORMS THIS DUTY IN SUCH A FINE MANNER THAT HE IS A DISTINCT ASSET ON HIS JOB   |  |                                |               |  |  |   |  |   |                    |   |                             |   |                           |   |                    |  |                |             |        |                                |              |                  |                    |                            |             |                         |                                |
| SPECIFIC DUTY NO. 1   | RATING NUMBER  | SPECIFIC DUTY NO. 4            | RATING NUMBER |  |  |   |  |   |                    |   |                             |   |                           |   |                    |  |                |             |        |                                |              |                  |                    |                            |             |                         |                                |
| Deputy Chief of Station   | 5  | Handling agents and operations | 5             |  |  |   |  |   |                    |   |                             |   |                           |   |                    |  |                |             |        |                                |              |                  |                    |                            |             |                         |                                |
| SPECIFIC DUTY NO. 2   | RATING NUMBER  | SPECIFIC DUTY NO. 5            | RATING NUMBER |  |  |   |  |   |                    |   |                             |   |                           |   |                    |  |                |             |        |                                |              |                  |                    |                            |             |                         |                                |
| Liaison with Bureau of Investigation  | 5  | Reporting                      | 4             |  |  |   |  |   |                    |   |                             |   |                           |   |                    |  |                |             |        |                                |              |                  |                    |                            |             |                         |                                |
| SPECIFIC DUTY NO. 3   | RATING NUMBER  | SPECIFIC DUTY NO. 6            | RATING NUMBER |  |  |   |  |   |                    |   |                             |   |                           |   |                    |  |                |             |        |                                |              |                  |                    |                            |             |                         |                                |
| Contact and development of operational assets   | 6  |                                |               |  |  |   |  |   |                    |   |                             |   |                           |   |                    |  |                |             |        |                                |              |                  |                    |                            |             |                         |                                |
| <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>Subject is outstanding in the development and maintenance of [redacted] He has a wide acquaintance [redacted] and [redacted] He has demonstrated administrative and executive ability. He prefers outside contact work to routine desk work.</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 at about the same level.</p> <table border="0"> <tr> <td>1 - DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED</td> <td></td> </tr> <tr> <td>2 - OF DOUBTFUL SUITABILITY - SHOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW</td> <td></td> </tr> <tr> <td>3 - A BARELY ACCEPTABLE EMPLOYEE - BELOW AVERAGE BUT WITH NO DRAWBACKS SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION</td> <td></td> </tr> <tr> <td>4 - OF THE SAME SUITABILITY AS MOST PEOPLE I KNOW IN THE ORGANIZATION</td> <td></td> </tr> <tr> <td>5 - A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS</td> <td></td> </tr> <tr> <td>6 - AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION</td> <td></td> </tr> <tr> <td>7 - EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION</td> <td></td> </tr> </table> <p>IS THIS INDIVIDUAL BETTER SUITED FOR WORK IN SOME OTHER POSITION IN THE ORGANIZATION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES EXPLAIN FULLY:</p>  |  |                                |               | 1 - DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED |  | 2 - OF DOUBTFUL SUITABILITY - SHOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW |  | 3 - A BARELY ACCEPTABLE EMPLOYEE - BELOW AVERAGE BUT WITH NO DRAWBACKS 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 |                |             |        |                                |              |                  |                    |                            |             |                         |                                |
| 1 - DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED  |  |                                |               |  |  |   |  |   |                    |   |                             |   |                           |   |                    |  |                |             |        |                                |              |                  |                    |                            |             |                         |                                |
| 2 - OF DOUBTFUL SUITABILITY - SHOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW   |  |                                |               |  |  |   |  |   |                    |   |                             |   |                           |   |                    |  |                |             |        |                                |              |                  |                    |                            |             |                         |                                |
| 3 - A BARELY ACCEPTABLE EMPLOYEE - BELOW AVERAGE BUT WITH NO DRAWBACKS 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  |  |                                |               |  |  |   |  |   |                    |   |                             |   |                           |   |                    |  |                |             |        |                                |              |                  |                    |                            |             |                         |                                |

SECRET

SECRET

(When Filled In)

## FITNESS REPORT (Part II) POTENTIAL

## INSTRUCTIONS

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

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

## SECTION E.

## GENERAL

|   |  |  |                        |
|---|--|--|------------------------|
| 1. NAME (Last) (First) (Middle)             | 2. DATE OF BIRTH                                 | 3. SEX   | 4. SERVICE DESIGNATION |
|   |  | M  | OI                     |
| 5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT     |  | 6. OFFICIAL POSITION TITLE                         |                        |
| DDP/AM/Havana                               |  | DOOS   |                        |
| 7. GRADE                                    | 8. DATE REPORT DUE IN OP                         | 9. PERIOD COVERED BY THIS REPORT (Inclusive dates) |                        |
| GS-13                                       | 30 September 1956                                | 30 September 1955 - 30 September 1956              |                        |
| 10. TYPE OF REPORT (Check one)              | 11. SPECIAL (Specify)                            |  |                        |
| <input checked="" type="checkbox"/> Initial | <input type="checkbox"/> Reassignment-Supervisor |  |                        |
| <input type="checkbox"/> Annual             | <input type="checkbox"/> Reassignment-Employee   |  |                        |

## SECTION F.

## CERTIFICATION

|  |  |   |
|--|--|---|
| 1. FOR THE RATER: I CERTIFY THAT THIS REPORT REPRESENTS MY BEST JUDGMENT OF THE INDIVIDUAL BEING RATED.          |  |   |
| A. THIS DATE   | B. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR         | C. SUPERVISOR'S OFFICIAL TITLE          |
| 16 October 1956  |  | 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 |
| 13 Nov 1956  | J. C. KING   | Chief/AM                                |

## 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.

|                    |   |
|--------------------|---|
| 6<br>RATING NUMBER | 1. ALREADY ABOVE THE LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED  |
|                    | 2. HAS REACHED THE HIGHEST LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED  |
|                    | 3. MAKING PROGRESS, BUT NEEDS MORE TIME BEFORE HE CAN BE TRAINED TO ASSUME GREATER RESPONSIBILITIES                           |
|                    | 4. READY FOR TRAINING IN ASSUMING GREATER RESPONSIBILITIES  |
|                    | 5. WILL PROBABLY ADJUST 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: Does this person have the ability to be a supervisor? ☒ Yes ☐ 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 WILL BE A WEAK SUPERVISOR IN THIS KIND OF SITUATION   | 2 - BELIEVE INDIVIDUAL WILL BE AN AVERAGE SUPERVISOR IN THIS KIND OF SITUATION | 3 - BELIEVE INDIVIDUAL WILL BE A STRONG SUPERVISOR IN THIS SITUATION |
|---------------------------|--|--|--|--|
| ACTUAL                    | POTENTIAL  | DESCRIPTIVE SITUATION  |  |  |
| 3                         |  | A. ABOVE THE BASIC JOB (First line supervisors: technicians or professional specialists of various kinds) who contact with immediate subordinates is frequent (First line supervisors) |  |  |
| 3                         |  | B. ABOVE THE BASIC JOB AND ABOVE THE BASIC JOB (Second line supervisors)   |  |  |
| 3                         |  | C. ABOVE THE BASIC JOB AND ABOVE THE BASIC JOB (Third line supervisors: those responsible for major plans, coordination and policy (Executive level))                                  |  |  |
| 2                         |  | D. ABOVE THE BASIC JOB AND ABOVE THE BASIC JOB (Fourth line supervisors: those responsible for major plans, coordination and policy (Executive level))                                 |  |  |
| 2                         |  | E. ABOVE THE BASIC JOB AND ABOVE THE BASIC JOB (Fifth line supervisors: those responsible for major plans, coordination and policy (Executive level))                                  |  |  |
| 3                         |  | F. ABOVE THE BASIC JOB AND ABOVE THE BASIC JOB (Sixth line supervisors: those responsible for major plans, coordination and policy (Executive level))                                  |  |  |

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(When Filled In)

|   |  |
|---|--|
| 3. INDICATE THE APPROXIMATE NUMBER OF MONTHS THE RATED EMPLOYEE HAS BEEN UNDER YOUR SUPERVISION<br>25 |  |
| 4. COMMENTS CONCERNING POTENTIAL<br>Subject is capable of having a station of his own.                |  |

OFFICE OF PERSONNEL  
 NOV 19 10 53 AM '58  
 MAIL ROOM

| SECTION II. FUTURE PLANS  |  |
|---|--|
| 1. TRAINING OR OTHER DEVELOPMENTAL EXPERIENCE PLANNED FOR THE INDIVIDUAL<br>None at present.  |  |
| 2. NOTE OTHER FACTORS, INCLUDING PERSONAL CIRCUMSTANCES, TO BE TAKEN INTO ACCOUNT IN INDIVIDUAL'S FUTURE ASSIGNMENTS<br>Subject is single and willing to go anywhere. |  |

| 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<br>CATEGORY NUMBER<br>1 - APPLIES TO THE INDIVIDUAL TO THE LEAST POSSIBLE DEGREE<br>2 - APPLIES TO INDIVIDUAL TO A LIMITED DEGREE<br>3 - APPLIES TO INDIVIDUAL TO AN AVERAGE DEGREE<br>4 - APPLIES TO INDIVIDUAL TO AN ABOVE AVERAGE DEGREE<br>5 - APPLIES TO INDIVIDUAL TO AN OUTSTANDING DEGREE   |  |

| CATEGORY | STATEMENT   | CATEGORY | STATEMENT  | CATEGORY | STATEMENT  |
|----------|---|----------|--|----------|--|
| 4        | 1. ABLE TO SEE ANOTHER'S POINT OF VIEW            | 4        | 11. HAS HIGH STANDARDS OF ACCOMPLISHMENT               | 4        | 21. IS EFFECTIVE IN DISCUSSIONS WITH ASSOCIATES      |
| 5        | 2. CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES | 4        | 12. SHOWS ORIGINALITY                                  | 4        | 22. IMPLEMENTS DECISIONS REGARDLESS OF OWN FEELINGS  |
| 5        | 3. HAS INITIATIVE                                 | 5        | 13. ACCEPTS RESPONSIBILITIES                           | 5        | 23. IS THOUGHTFUL OF OTHERS                          |
| 4        | 4. IS ANALYTIC IN HIS THINKING                    | 4        | 14. ADMITS HIS ERRORS                                  | 5        | 24. WORKS WELL UNDER PRESSURE                        |
| 4        | 5. STRIVES CONSTANTLY FOR NEW KNOWLEDGE AND IDEAS | 5        | 15. RESPONDS WELL TO SUPERVISION                       | 5        | 25. DISPLAYS JUDGEMENT                               |
| 4        | 6. KNOWS WHEN TO SEEK ASSISTANCE                  | 5        | 16. DOES HIS JOB WITHOUT STRONG SUPPORT                | 4        | 26. IS SECURITY CONSCIOUS                            |
| 5        | 7. CAN GET ALONG WITH PEOPLE                      | 4        | 17. COMES UP WITH SOLUTIONS TO PROBLEMS                | 5        | 27. IS VERSATILE                                     |
| 4        | 8. USES REASON FOR FACTS                          | 4        | 18. IS OBTUSE  | 4        | 28. HIS INITIATION IS EFFECTIVE                      |
| 4        | 9. GETS THINGS DONE                               | 4        | 19. THINKS CLEARLY                                     | 5        | 29. FACILITATES OTHERS' ORGANIZATION OF HIS OFFICE   |
| 4        | 10. CAN cope WITH EMERGENCIES                     | 4        | 20. COMPLETES ASSIGNMENTS WITHIN ALLOWABLE TIME LIMITS | 5        | 30. DOES NOT REQUIRE STRONG AND VIGILANT SUPERVISION |

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(When Filled In)

## FIELD FITNESS REPORT

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

1. The organization selection board with information of value when considering the appointment of an individual for membership in the career staff, and
2. A periodic record of job performance and effective utilization.

1955 OCT 20 PM 2:34  
INSTRUCTIONS

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

**TO THE FIELD 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, if practicable, 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.

*A copy kept due 25 Mar 56*

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

### SECTION I

LEAVE BLANK - FOR HEADQUARTERS USE ONLY

1. DATE OF BIRTH 2. SEX 3. SERVICE DESIGNATION

4. GRADE 5. STATION DESIGNATION (Current)  
GS-13 Intelligence Officer - KUTUBE

6. DUE DATE OF THIS REPORT 7. PERIOD COVERED BY THIS REPORT (Inclusive dates)  
30 September 1955 30 September 1954 - 30 September 1955

### SECTION II (To be completed by field supervisor)

1. CURRENT POSITION Intelligence Officer - KUTUBE 2. DATE ASSUMED RESPONSIBILITY FOR POSITION  
(Acting Deputy Chief of Station) 0136 J 10 August 1955

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

- a. Acting Deputy Chief of Station
- b. Liaison with Bureau of Investigations
- c. Contacts and development of operational assets
- d. Handling agents
- e. Reporting

### SECTION III (To be completed at headquarters only)

DO NOT COMPLETE - FOR HEADQUARTERS USE ONLY

#### AUTHENTICATION OF REPORT AND SIGNATURES

|  |  |
|--|--|
| 1. NAME OF RATER (Print)                                   | 1. NAME OF REVIEWING OFFICIAL IN FIELD (Print)   |
| 2. THIS REPORT WAS NOT SHOWN TO THE INDIVIDUAL BEING RATED |  |
| 3. DATE REPORT INITIATED BY RATER<br>Oct 13, 1955          | NAME AND SIGNATURE OF ADMINISTRATIVE OR PERSONNEL OFFICER AT HEADQUARTERS AUTHORIZED TO AUTHENTICATE FITNESS REPORT AND SIGNATURES<br><i>G. King</i> |

DO NOT COMPLETE - FOR HEADQUARTERS USE ONLY

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(When Filled In)

**SECTION IV**

This section is provided as an aid in describing the individual. Your description should be as objective as possible or unfavorable in itself but acquires its meaning in relation to a particular job or assignment. The descriptive words are to 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. Each category is divided into three small blocks; this is to allow you to make finer distinctions if you wish. At 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 you have the definite opinion that the description is not at all suited to the individual.

| STATEMENTS  |         | CATEGORIES   |                |                             |                                |                                    |                                  |
|---|---------|--------------|----------------|-----------------------------|--------------------------------|------------------------------------|----------------------------------|
|   |         | NOT OBSERVED | 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.             | SAMPLES |              |                | 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. POSE TO OTHERS WITH OUT STRIVING TO PLEASE.     |         |              |                |                             |                                | X                                  |                                  |

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(When Filled In)

|  |   |
|--|---|
| C. INDICATE IF YOU THINK THAT ANY SINGLE STRENGTH OR WEAKNESS OUTWEIGHS ALL OTHER CONSIDERATIONS<br>No. _____ OFFICE OF PERSONNEL  |   |
| D. DO YOU FEEL THAT HE REQUIRES CLOSE SUPERVISION? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES. IF YES, IF "OCT 17" 9 52 AM '55  |   |
| E. WHAT TRAINING DO YOU RECOMMEND FOR THIS INDIVIDUAL? MAIL ROOM<br>Additional experience in field and at Headquarters and refresher courses.  |   |
| 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).<br>I would be pleased to have Subject serve with me at any post.  |   |
| <b>SECTION VI</b><br>Read all descriptions before rating. Place "X" in the most appropriate box under subsections A,B,C,D  |   |
| A. DIRECTIONS: Consider only the skill with which the person has performed the duties of his job and rate him accordingly.<br><br><input type="checkbox"/> 1. DOES NOT PERFORM DUTIES ADEQUATELY; HE IS INCOMPETENT.<br><input type="checkbox"/> 2. BARELY ADEQUATE IN PERFORMANCE; ALTHOUGH HE HAS HAD SPECIFIC GUIDANCE OR TRAINING, HE OFTEN FAILS TO CARRY OUT RESPONSIBILITIES COMPETENTLY.<br><input type="checkbox"/> 3. PERFORMS MOST OF HIS DUTIES ACCEPTABLY; OCCASIONALLY REVEALS SOME AREA OF WEAKNESS.<br><input checked="" type="checkbox"/> 4. PERFORMS DUTIES IN A TYPICALLY COMPETENT, EFFECTIVE MANNER.<br><input type="checkbox"/> 5. A FINE PERFORMANCE; CARRIES OUT MANY OF HIS RESPONSIBILITIES EXCEPTIONALLY WELL.<br><input type="checkbox"/> 6. PERFORMS HIS DUTIES IN SUCH AN OUTSTANDING MANNER THAT HE IS EQUALLED BY FEW OTHER PERSONS KNOWN TO THE RATER.<br>IS THIS INDIVIDUAL BETTER QUALIFIED FOR WORK IN SOME OTHER AREA? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES. IF YES, WHAT? | C. DIRECTIONS: Based upon what he has said, his actions, and any other indications, give your opinion of this person's attitude toward the organization.<br><br><input type="checkbox"/> 1. HAS AN ANTAGONISTIC ATTITUDE TOWARD THE ORGANIZATION... WILL DEFINITELY LEAVE THE ORGANIZATION AT THE FIRST OPPORTUNITY.<br><input type="checkbox"/> 2. HAS STRONG NEGATIVE ATTITUDE TOWARD ORGANIZATION... IRRITATED BY RESTRICTIONS... REGARDS ORGANIZATION AS A TEMPORARY STOP UNTIL HE CAN GET SOMETHING BETTER.<br><input type="checkbox"/> 3. TENDS TO HAVE AN UNFAVORABLE ATTITUDE TOWARD THE ORGANIZATION... IRRITATED BY MINOR FRUSTRATIONS... WILL GOIT IF THESE CONTINUE.<br><input type="checkbox"/> 4. HIS ATTITUDE TOWARD THE ORGANIZATION IS INDIFFERENT... HAS "PAST AND SET" ATTITUDE... WOULD LEAVE IF SOMEONE OFFERED HIM SOMETHING BETTER.<br><input checked="" type="checkbox"/> 5. TENDS TO HAVE FAVORABLE ATTITUDE TOWARD ORGANIZATION... MAKES ALLOWANCES FOR RESTRICTIONS IMPOSED BY WORKING FOR ORGANIZATION... THINKS IN TERMS OF A CAREER IN THE ORGANIZATION.<br><input type="checkbox"/> 6. DEFINITELY HAS FAVORABLE ATTITUDE TOWARD THE ORGANIZATION... BARRING AN UNEXPECTED OUTSIDE OPPORTUNITY, WILL PROBABLY ENDEAVOR TO MAKE A CAREER IN THE ORGANIZATION.<br><input type="checkbox"/> 7. HAS AN ENTHUSIASTIC ATTITUDE TOWARD THE ORGANIZATION... WILL PROBABLY NEVER CONSIDER WORKING ANY PLACE BUT IN THE ORGANIZATION. |
| B. DIRECTIONS: 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.<br><br><input type="checkbox"/> 1. HAS REACHED THE HIGHEST GRADE LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED.<br><input checked="" type="checkbox"/> 2. IS MAKING PROGRESS, BUT NEEDS MORE TIME IN PRESENT GRADE BEFORE PROMOTION TO A HIGHER GRADE CAN BE RECOMMENDED.<br><input type="checkbox"/> 3. IS READY TO TAKE ON RESPONSIBILITIES OF THE NEXT HIGHER GRADE, BUT MAY NEED TRAINING IN SOME AREAS.<br><input type="checkbox"/> 4. WILL PROBABLY ADJUST QUICKLY TO THE MORE RESPONSIBLE DUTIES OF THE NEXT HIGHER GRADE.<br><input type="checkbox"/> 5. IS ALREADY PERFORMING AT THE LEVEL OF THE NEXT HIGHER GRADE.<br><input type="checkbox"/> 6. AN EXCEPTIONAL PERSON WHO IS ONE OF THE FEW WHO SHOULD BE CONSIDERED FOR RAPID ADVANCEMENT.   | D. DIRECTIONS: 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.<br><br><input type="checkbox"/> 1. DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED.<br><input type="checkbox"/> 2. OF DOUBTFUL SUITABILITY... WOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN THAT I WOULD KNOW.<br><input type="checkbox"/> 3. A BARELY ACCEPTABLE EMPLOYEE... DEFINITELY BELOW AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION.<br><input type="checkbox"/> 4. A TYPICAL EMPLOYEE... HE DISPLAYS THE SAME SUITABILITY AS MOST OF THE PEOPLE I KNOW IN THE ORGANIZATION.<br><input checked="" type="checkbox"/> 5. A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS.<br><input type="checkbox"/> 6. AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION.<br><input type="checkbox"/> 7. EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION.  |

**SECRET**

SECRET  
(When Filled In)

WH/6

## FIELD FITNESS REPORT

The Fitness Report is an important factor in organization personnel management. It serves to provide:

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

## INSTRUCTIONS

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

TO THE FIELD 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. In the 30 days under your supervision, you will collaborate with his previous supervisors to obtain accurate and complete information with the utmost objectivity. It is assumed that throughout the period this individual has been under your supervision, you have discussed his performance with him. Review his performance and make a final evaluation that in a general way he knows what he stands.

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

## SECTION I

LEAVE SLIPS - FOR HEADQUARTERS USE ONLY

|                  |        |                        |
|------------------|--------|------------------------|
| 1. DATE OF BIRTH | 2. SLR | 3. SERVICE DESIGNATION |
|                  | M      | KUFIRE SD-F1           |

|          |                                  |
|----------|----------------------------------|
| 4. GRADE | 5. STATION DESIGNATION (Current) |
| GS-13    | Intelligence Officer - KUFIRE    |

|                            |  |
|----------------------------|--|
| 6. DUE DATE OF THIS REPORT | 7. PERIOD COVERED BY THIS REPORT (Inclusive dates) |
| 30 September 1954          | 17 June - 30 September 1954                        |

## SECTION II (To be completed by field supervisor)

|   |                                |
|---|--------------------------------|
| 1. CURRENT POSITION                       | 2. DATE OF PREVIOUS EVALUATION |
| Intelligence Officer - KUFIRE 6-0/3651-11 | 14 Feb 54<br>19 January 1954   |

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

- Liaison with Servicio de Inteligencia Militar and Buro de Investigaciones
- Contacts and development of operational assets
- Handling agents
- Reporting

## SECTION III (To be completed at Headquarters only)

DO NOT COMPLETE - FOR HEADQUARTERS USE ONLY

## AUTHENTICATION OF REPORT AND SIGNATURES

|                         |   |
|-------------------------|---|
| 1. NAME OF RATER (True) | 2. NAME OF REVIEWING OFFICIAL IN FIELD (True) |
| Robert E. WHEDBEE       |   |

|   |
|---|
| 3. THIS REPORT WAS <input type="checkbox"/> WAS NOT SHOWN TO THE INDIVIDUAL BEING RATED |
|---|

|                                      |   |
|--------------------------------------|---|
| 4. DATE REPORT AUTHENTICATED AT HQS. | 5. NAME AND SIGNATURE OF ADMINISTRATIVE OR PERSONNEL OFFICER AT HEADQUARTERS AUTHORIZED TO AUTHENTICATE FITNESS REPORT AND SIGNATURES |
| 18 Jan 1955                          | g. King   |

DO NOT COMPLETE - FOR HEADQUARTERS USE ONLY



## SECRET

(When Filled In)

## SECTION IV

This section is provided as an aid in describing the individual. Your description is not favorable or unfavorable in itself but acquires its meaning in relation to a particular job or assignment. The descriptive words are to 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 within each category is divided into three small blocks; this is to allow you to make finer distinctions if you so desire. Look at 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   |         | CATEGORIES           |                      |                                   |                                      |  |  |
|--|---------|----------------------|----------------------|-----------------------------------|--------------------------------------|--|--|
|  |         | NOT<br>OR-<br>SERVED | DOES<br>NOT<br>APPLY | APPLIES TO A<br>LIMITED<br>DEGREE | APPLIES TO A<br>REASONABLE<br>DEGREE | APPLIES TO AN<br>ABOVE AVERAGE<br>DEGREE | APPLIES TO AN<br>OUTSTANDING<br>DEGREE |
| A. ABLE TO SEE ANOTHER'S<br>POINT OF VIEW.             | SAMPLES |                      |                      | X                                 |                                      |  |  |
|  |         |                      |                      |                                   |                                      |  |  |
| B. PRACTICAL.  |         |                      |                      |                                   |                                      | X  |  |
| 1. A GOOD REPORTER OF EVENTS.                          |         |                      |                      |                                   | X                                    |  |  |
| 2. CAN MAKE DECISIONS ON HIS OWN<br>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<br>KNOWLEDGE AND IDEAS. |         |                      |                      |                                   | X                                    |  |  |
| 8. GETS ALONG WITH PEOPLE AT ALL<br>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<br>TERM GOALS.          |         |                      |                      |                                   | X                                    |  |  |
| 16. CAN COPE WITH EMERGENCIES.                         |         |                      |                      |                                   |                                      | X  |  |
| 17. HAS HIGH STANDARDS OF<br>ACCOMPLISHMENT.           |         |                      |                      |                                   |                                      | X  |  |
| 18. HAS STAMINA. CAN KEEP GOING<br>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<br>NEEDING SUPPORT      |         |                      |                      |                                   |                                      | X  |  |

SECRET

**SECTION V**

He is an excellent [ ] and contact man. His unflagging good humor and friendly manner have made him very popular with all classes of Americans and natives. Even when carrying out disagreeable tasks, he manages to do it with the least possible offense to others.

He is not a desk man. Although he writes well he would be bored with the routine involved in processing, collating and reporting.

SECRET

(When Filled In)

OFFICE OF PERSONNEL

INDICATE IF YOU THINK THAT ANY SINGLE STRENGTH OR WEAKNESS OUTWEIGHS ALL OTHER CONSIDERATIONS.

No. See above.

DO YOU FEEL THAT HE REQUIRES CLOSE SUPERVISION? ☒ NO ☐ YES. IF YES, WHY?  
 But his gregarious nature makes him seek counsel and advice when he is quite capable of making the right decision himself.

WHAT TRAINING DO YOU RECOMMEND FOR THIS INDIVIDUAL?  
 Additional experience in the field and at Headquarters, plus refresher courses.

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):

## SECTION VI

Read all descriptions before rating. Place "X" in the most appropriate box under subsections A, B, C, &amp; 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 checked="" type="checkbox"/> 4. PERFORMS DUTIES IN A TYPICALLY COMPETENT, EFFECTIVE MANNER.</p> <p><input 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 type="checkbox"/> YES. IF YES, WHAT?</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 organization.</p> <p><input type="checkbox"/> 1. HAS AN ANTAGONISTIC ATTITUDE TOWARD THE AGENCY... WILL DEFINITELY LEAVE THE ORGANIZATION AT THE FIRST OPPORTUNITY.</p> <p><input type="checkbox"/> 2. HAS STRONG NEGATIVE ATTITUDE TOWARD ORGANIZATION... IMPAIRED 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 ORGANIZATION... BOTHERED BY MINOR FRUSTRATIONS... WILL WAIT IF THESE CONTINUE.</p> <p><input type="checkbox"/> 4. HIS ATTITUDE TOWARD THE ORGANIZATION IS INDIFFERENT... HAS "WAIT AND SEE" ATTITUDE... WOULD LEAVE IF SOMEONE OFFERED HIM SOMETHING BETTER.</p> <p><input checked="" type="checkbox"/> 5. TENDS TO HAVE FAVORABLE ATTITUDE TOWARD ORGANIZATION... MAKES ALLOWANCES FOR RESTRICTIONS IMPOSED BY WORKING FOR ORGANIZATION... THINKS IN TERMS OF A CAREER IN THE ORGANIZATION.</p> <p><input type="checkbox"/> 6. DEFINITELY HAS FAVORABLE ATTITUDE TOWARD THE ORGANIZATION... BARRING AN UNEXPECTED OUTSIDE OPPORTUNITY... WILL PROBABLY ENDEAVOR TO MAKE A CAREER IN THE ORGANIZATION.</p> <p><input type="checkbox"/> 7. HAS AN ENTHUSIASTIC ATTITUDE TOWARD THE ORGANIZATION... WILL PROBABLY NEVER CONSIDER WORKING ANY PLACE BUT IN THE ORGANIZATION.</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 checked="" 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 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>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 SAME SUITABILITY AS MOST OF THE PEOPLE I KNOW IN THE ORGANIZATION.</p> <p><input checked="" type="checkbox"/> 5. A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS.</p> <p><input type="checkbox"/> 6. AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION.</p> <p><input type="checkbox"/> 7. EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION.</p>  |

SECRET

1. NAME (PRINTED) [REDACTED] LAST NAME [REDACTED] FIRST NAME [REDACTED] MIDDLE NAME [REDACTED] GRADE [REDACTED] DATE 11 June 53

2. DESCRIPTION OF DUTIES SINCE LAST REPORT. (ONLY REPORT, LIST MOST RECENT FIRST, DESCRIBE CONCISELY BUT FULLY)  
 Zone Officer for AFSA projects, including agent direction, preparation of agent requests and instructions and preparation of reports. Developmental activity with new AFSA agents.  
Deputy Chief of Mission and during absence of Chief responsible for over-all direction of AFSA activities.

3. IF COURSES OF INSTRUCTION WERE COMPLETED DURING PERIOD OF THIS REPORT, LIST TITLE, LOCATION OF SCHOOL, LENGTH OF COURSE AND DATE COMPLETED. None

4. PROFICIENCY IN FOREIGN LANGUAGES

|         | READING |      | STANDARD |      | UNDERSTANDING |      |
|---------|---------|------|----------|------|---------------|------|
|         | EXC     | GOOD | EXC      | GOOD | EXC           | GOOD |
| Spanish |         | X    |          | X    |               | X    |
|         |         |      |          |      |               |      |
|         |         |      |          |      |               |      |
|         |         |      |          |      |               |      |
|         |         |      |          |      |               |      |
|         |         |      |          |      |               |      |
|         |         |      |          |      |               |      |
|         |         |      |          |      |               |      |
|         |         |      |          |      |               |      |

5. MY PREFERENCE FOR NEXT DUTY AFTER TERMINATION OF CURRENT ASSIGNMENT IS: (IF IN US-90 STATE)  
 TYPE OF DUTY Operations Officer LOCATION [REDACTED]  
 (LIST ONE OR MORE IN 94070 OF PREFERENCES)

6. HAVE THERE BEEN ANY CHANGES IN PERSONAL STATUS SINCE ORIGINAL EMPLOYMENT OR LAST REPORT - WHICHEVER IS LATEST?

MARITAL STATUS ☒ YES ☐ NO NUMBER OF DEPENDENTS ☒ YES ☐ NO EMERGENCY ADDRESSES ☒ YES ☐ NO LEGAL ADDRESS ☒ YES ☐ NO

IF THE ANSWER TO ANY OF THE ABOVE IS YES, ATTACH A SEPARATE DETAILED REPORT IN DUPLICATE HERETO. IN THE CASE OF MARRIAGE, THE REPORT WILL INCLUDE NAMES, ADDRESSES, AND CITIZENSHIP OF SPOUSE, FATHER-IN-LAW, MOTHER-IN-LAW, BROTHERS-IN-LAW AND SISTERS-IN-LAW.

9 June 1954

DATE

SIGNATURE OF EMPLOYEE

## SECTIONS 7 THROUGH 11 TO BE COMPLETED BY IMMEDIATE SUPERVISOR

7. PERIOD COVERED BY THIS REPORT  
 DATE FROM 1 June '53 DATE TO 1 June '54

OCCASION FOR REPORT  
☒ ANNUAL ☒ REASSIGNMENT OF REPORTING OFFICER ☐ PROPOSED REASSIGNMENT OF EMPLOYEE REPORTED ON ☐ COVERING INITIAL 90 DAYS OF EMPLOYMENT

8. IS THIS EMPLOYEE QUALIFIED TO PERFORM ALL PRESENT DUTIES? ☒ YES ☐ NO IS EMPLOYEE BETTER QUALIFIED FOR OTHER DUTIES? ☒ YES ☐ NO IF SO, WHAT DUTY OR DUTIES

DO YOU CONCUR IN EMPLOYEE'S DESCRIPTION OF DUTIES UNDER SECTION 2? ☒ YES ☐ NO IF NO, EXPLAIN IN SECTION 11  
 HAS EMPLOYEE STRIVEN FOR PROFESSIONAL IMPROVEMENT? ☒ YES ☐ NO DO YOU RECOMMEND EMPLOYEE FOR PROMOTION? ☒ YES ☐ NO IF SO, TO WHAT GRADE AND FOR WHAT POSITION? because recently promoted

9. FOR EACH FACTOR OBSERVED CHECK THE APPROPRIATE BOX TO INDICATE HOW THE EMPLOYEE COMPARES WITH ALL OTHERS OF THE SAME CLASSIFICATION WHOSE PROFESSIONAL ABILITIES ARE KNOWN TO YOU PERSONALLY. DO NOT LIMIT THIS COMPARISON TO THE OTHERS NOW UNDER YOUR SUPERVISION. DO NOT HESITATE TO MARK "NOT OBSERVED" ON ANY QUALITY WHEN APPROPRIATE.

| RATING FACTORS                                   | NOT OBSERVED | UNSATISFACTORY | FAIR | GOOD | VERY GOOD | EXCELLENT | OUTSTANDING |
|--|--------------|----------------|------|------|-----------|-----------|-------------|
| A. ABILITY TO WORK AND GET ALONG WITH PEOPLE     |              |                |      |      |           | X         |             |
| B. INTEREST AND ENTHUSIASM IN WORK               |              |                |      |      |           | X         |             |
| C. SECURITY CONSCIOUSNESS                        |              |                |      |      |           | X         |             |
| D. ABILITY TO GRASP INSTRUCTIONS AND PLANS       |              |                |      |      |           | X         |             |
| E. ATTENTION TO DUTY                             |              |                |      |      |           | X         |             |
| F. JUDGMENT AND COMMON SENSE                     |              |                |      |      |           | X         |             |
| G. ABILITY TO OBTAIN RESULTS AND GET THINGS DONE |              |                |      |      |           | X         |             |
| H. DISCRETION                                    |              |                |      |      | X         |           |             |
| I. INITIATIVE                                    |              |                |      |      |           | X         |             |
| J. ABILITY TO HANDLE AND DIRECT PEOPLE           |              |                |      |      | X         |           |             |
| K. PERFORMANCE OF PRESENT DUTIES (ITEM 2)        |              |                |      |      |           | X         |             |
| L. ABILITY TO EVALUATE INTELLIGENCE INFORMATION  |              |                |      |      |           | X         |             |
| M. TACT  |              |                |      |      |           | X         |             |
| N. SAGACITY (NON-GULLIBILITY)                    |              |                |      |      | X         |           |             |
| O. LEADERSHIP                                    |              |                |      |      | X         |           |             |
| P. PHYSICAL STAMINA                              |              |                |      |      |           | X         |             |
| Q. MENTAL STAMINA                                |              |                |      |      | X         |           |             |

10. INDICATE YOUR ATTITUDE TOWARD HAVING THIS EMPLOYEE UNDER YOUR COMMAND OR SUPERVISION. WOULD YOU:  
 DEFINITELY ☐ PREFER NOT ☐ BE SATISFIED ☐ BE PLEASED ☐ PARTICULARLY ☒  
 NOT WANT HIM? ☐ TO HAVE HIM? ☐ TO HAVE HIM? ☐ TO HAVE HIM? ☐ DESIRE HIM? ☒

11. ENTER HERE ANY DESIRED REMARKS PERTAINING TO PARTICULAR QUALIFICATIONS OR LACK THEREOF WHICH ARE CONSIDERED PERTINENT TO THE EVALUATION OF THIS EMPLOYEE. OUTSTANDING ASSETS AND/OR SERIOUS LIMITATIONS SHOULD BE STATED ALSO REASONS FOR AND RECOMMENDATIONS AS TO REASSIGNMENT WILL BE GIVEN IF APPROPRIATE TO THIS REPORT.

12. ADDITIONAL SPACE IS USED AS STAMP SPACE

13. SIGNATURE OFFICER OR CHIEF OF STATION WHO HAS REVIEWED THIS REPORT. SIGNATURES SHALL BE STATED IN SPACE PROVIDED ON THE REVERSE SIDE HEREOF.

14. SIGNATURE OF REPORTING OFFICER

15. SIGNATURE OF ADDITIONAL OFFICER

UNDER NO CIRCUMSTANCES IS THIS REPORT TO BE GIVEN TO THE EMPLOYEE REPORTED ON

CONFIDENTIAL

**Figure 1**

1. DESCRIPTION OF DUTIES SINCE LAST EFFICIENCY REPORT (LIST MOST RECENT FIRST, DESCRIBE CONCISELY BUT FULLY)

Case officer for one A.M. [redacted]  
Developmental work on additional sources of intelligence information, research  
work on [redacted] personalities to examine [redacted]

2. IF COURSES OF INSTRUCTION WERE COMPLETED DURING PERIOD OF THIS REPORT, LIST TITLE, LOCATION OF SCHOOL, LENGTH OF COURSE AND DATE COMPLETED. none

| 3. PROFICIENCY IN FOREIGN LANG. | READING |      |      | SPEAKING |      |      | UNDERSTANDING |      |      |
|---------------------------------|---------|------|------|----------|------|------|---------------|------|------|
|                                 | EXC     | GOOD | FAIR | EXC      | GOOD | FAIR | EXC           | GOOD | FAIR |
| Spanish                         |         | X    |      |          | X    |      |               | X    |      |
|                                 |         |      |      |          |      |      |               |      |      |
|                                 |         |      |      |          |      |      |               |      |      |
|                                 |         |      |      |          |      |      |               |      |      |
|                                 |         |      |      |          |      |      |               |      |      |

5. MY PREFERENCE FOR NEXT DUTY AFTER TERMINATION OF CURRENT ASSIGNMENT IS: (IF IN US-50 STATE)  
TYPE OF DUTY LOCATION

Case officer

(LIST ONE OR MORE IN ORDER OF PREFERENCE)

6. HAVE THERE BEEN ANY CHANGES IN PERSONAL STATUS SINCE ORIGINAL EMPLOYMENT OR LAST REPORT - WHICHEVER IS LATEST?

MARITAL STATUS ☐ YES ☒ NO NUMBER OF DEPENDENTS ☐ YES ☒ NO EMERGENCY ADDRESSEE ☐ YES ☒ NO LEGAL ADDRESS ☐ YES ☒ NO

IF THE ANSWER TO ANY OF THE ABOVE IS YES, ATTACH A SEPARATE DETAILED REPORT IN DUPLICATE HERETO. IN THE CASE OF MARRIAGE, THE REPORT WILL INCLUDE NAMES, ADDRESSES, AND CITIZENSHIP OF SPOUSE, FATHER-IN-LAW, MOTHER-IN-LAW, BROTHERS-IN-LAW AND SISTERS-IN-LAW.

14 May 1953

DATE

SECTIONS 7 THROUGH 11 TO BE COMPLETED BY IMMEDIATE SUPERVISOR

7. PERIOD COVERED BY THIS REPORT

DATE FROM DATE TO  
19 Jan. 20 April 1953

OCCASION FOR REPORT

ANNUAL ☐ REASSIGNMENT OF ☐ PROPOSED REASSIGNMENT ☐ COVERING INITIAL 90 DAYS OF EMPLOYMENT ☒  
REPORTING OFFICER ☐ OF EMPLOYEE REPORTED ON ☐

8. IS THIS EMPLOYEE QUALIFIED TO PERFORM ALL PRESENT DUTIES? ☒ YES ☐ NO IS EMPLOYEE BETTER QUALIFIED FOR OTHER DUTIES? ☒ YES ☐ NO IF SO, WHAT DUTY OR DUTIES

DO YOU CONCUR IN EMPLOYEE'S DESCRIPTION OF DUTIES UNDER SECTION 2? ☒ YES ☐ NO IF NO, EXPLAIN IN SECTION 11  
HAS EMPLOYEE STRIVEN FOR PROFESSIONAL IMPROVEMENT? ☒ YES ☐ NO DO YOU RECOMMEND EMPLOYEE FOR PROMOTION? ☒ YES ☐ NO IF SO, TO WHAT GRADE AND FOR WHAT POSITION?

9. FOR EACH FACTOR OBSERVED CHECK THE APPROPRIATE BOX TO INDICATE HOW THE EMPLOYEE COMPARES WITH ALL OTHERS OF THE SAME CLASSIFICATION WHOSE PROFESSIONAL ABILITIES ARE KNOWN TO YOU PERSONALLY. DO NOT LIMIT THIS COMPARISON TO THE OTHERS NOW UNDER YOUR SUPERVISION. DO NOT HESITATE TO MARK "NOT OBSERVED" ON ANY QUALITY WHEN APPROPRIATE.

| RATING FACTORS                                   | NOT OBSERVED | UNSATISFACTORY | FAIR | GOOD | VERY GOOD | EXCELLENT | OUTSTANDING |
|--|--------------|----------------|------|------|-----------|-----------|-------------|
| A. ABILITY TO WORK AND GET ALONG WITH PEOPLE     |              |                |      |      |           |           | X           |
| B. INTEREST AND ENTHUSIASM IN WORK               |              |                |      |      |           | X         |             |
| C. SECURITY CONSCIOUSNESS                        |              |                |      |      | X         |           |             |
| D. ABILITY TO GRASP INSTRUCTIONS AND PLANS       |              |                |      |      |           | X         |             |
| E. ATTENTION TO DUTY                             |              |                |      |      | X         |           |             |
| F. JUDGMENT AND COMMON SENSE                     |              |                |      |      | X         |           |             |
| G. ABILITY TO OBTAIN RESULTS AND GET THINGS DONE |              |                |      |      | X         |           |             |
| H. DISCRETION                                    |              |                |      |      |           | X         |             |
| I. INITIATIVE                                    |              |                |      |      | X         |           |             |
| J. ABILITY TO HANDLE AND DIRECT PEOPLE           |              |                |      |      | X         |           |             |
| K. PERFORMANCE OF PRESENT DUTIES (ITEM 2)        |              |                |      |      | X         |           |             |
| L. ABILITY TO EVALUATE INTELLIGENCE INFORMATION  |              |                |      |      | X         |           |             |
| M. TACT  |              |                |      |      |           | X         |             |
| N. SAGACITY (NON-GULLIBILITY)                    |              |                |      |      |           | X         |             |
| O. LEADERSHIP                                    |              |                |      |      | X         |           |             |
| P. PHYSICAL STAMINA                              |              |                |      |      | X         |           |             |
| Q. MENTAL STAMINA                                |              |                |      |      | X         |           |             |

10. INDICATE YOUR ATTITUDE TOWARD HAVING THIS EMPLOYEE UNDER YOUR COMMAND OR SUPERVISION. WOULD YOU DEFINITELY ☐ PREFER NOT ☐ BE SATISFIED ☐ BE PLEASED ☐ PARTICULARLY ☒  
NOT WANT HIM? ☐ TO HAVE HIM? ☐ TO HAVE HIM? ☐ TO HAVE HIM? ☐ DESIRE HIM? ☒

11. ENTER HERE ANY DESIRED REMARKS PERTAINING TO PARTICULAR QUALIFICATIONS OR LACK THEREOF WHICH ARE CONSIDERED PERTINENT TO THE EVALUATION OF THIS EMPLOYEE. OUTSTANDING ASSETS AND/OR SERIOUS LIMITATIONS SHOULD BE STATED ALSO REASONS FOR AND RECOMMENDATIONS AS TO REASSIGNMENT WILL BE GIVEN IF APPROPRIATE TO THIS REPORT.

12. ADDITIONAL SPACE IS ORDERED WHEN ENTERED HERE

13. DATE 14 May 1953

14. DESIGNATING OFFICER OR CHIEF OF STATION MUST NOT SIGN THIS REPORT. SIGNATURE MUST BE STATED IN SPACE PROVIDED FOR THE DESIGNATING OFFICER

15. SIGNATURE OF REPORTING OFFICER

16. SIGNATURE OF DESIGNATING OFFICER

UNDER NO CIRCUMSTANCES IS THIS REPORT TO BE GIVEN TO THE EMPLOYEE REPORTED ON

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MEMORANDUM OF UNDERSTANDING

I hereby acknowledge that I have read and understand the contents of Handbook 20-4, Employee Conduct, dated 9 July 1970, and the information brochure for AOS returnees, dated May 1964.

[Redacted Signature Box]

Signature

[Redacted Title Box]

19 July 1971  
Date

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MEMORANDUM OF UNDERSTANDING

---

**SECRET**

14 June 1968

MEMORANDUM FOR: Director of Personnel

THRU: Chief, WH Personnel

**SUBJECT:** Immediate Family of

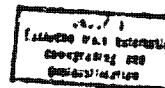
It is hereby requested that Mrs. [redacted] mother-in-law of the writer, be added to Agency personnel records as one of his dependents.

The writer is personally responsible for over 51% of Mrs. [ ] support which is reflected in his federal income tax returns.

Deputy Chief, WH/COG

cc: C/WH Personnel

# SUMPO





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 |
|                                |         | 60389    |                                  |                        |
| 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

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

DATE

14 February 1968

#### FOR EMPLOYING OFFICE USE ONLY

(official receiving date stamp)

RECEIVED  
GENERAL INVESTIGATIVE  
DIVISION

FEB 19 2 36 PM '68

See Table of Effective Dates on back of Original

ORIGINAL COPY—Retain in Official Personnel Folder

SECRET

STANDARD FORM No. 176-1  
(For use only until April 14, 1968)  
176-121

CONFIDENTIAL  
(When filled in)

TRAINING REPORT

MANAGERIAL GRID SEMINAR (50 hours) DATES: 23-28 April 1967

Student :  Office : WH

Year of Birth:  Service Designation: D

Grade : 15 No. of Students :

EOD Date : June 1952

COURSE OBJECTIVES AND METHOD

Course objectives are to aid participants to: learn the managerial theories contained in the Grid; understand their personal managerial styles in Grid terms; evaluate convictions about managerial values; develop team action skills; increase candidness of communication; strengthen the use of critique for problem-solving and learning; and acquire an appreciation of Organization Culture and Development.

The method of learning offers a challenge to all participants regardless of level or experience. A Grid Seminar is not "taught" in the usual sense. In Grid teams, participants solve complex management problems. Objective solutions are made available. Individual and team performance is repeatedly assessed. Various measuring instruments are used to evaluate effectiveness.

Critique sessions assist each participant to understand how he might change his own behavior to increase his problem-solving effectiveness. Thus managers are not told the best way to manage, but they learn by convincing themselves.

About twenty to thirty hours of study are completed as prework. Insights gained are deepened and personalized during the intensive 50-hour Seminar.

ACHIEVEMENT RECORD

This is a certificate of attendance only. No attempt was made to evaluate student achievement in this course.

FOR THE DIRECTOR OF TRAINING:

Chief Instructor /

17 MAY 1967

Date

CONFIDENTIAL  
(When filled in)

SECRET

| FIELD REASSIGNMENT QUESTIONNAIRE  |                                 |   |  |                                  |
|---|---------------------------------|---|--|----------------------------------|
| DO NOT COMPLETE FOR HEADQUARTERS USE ONLY   |                                 |   |  |                                  |
| NAME OF EMPLOYEE (Last, first, middle initial only if SA)   |                                 | DATE (from item 3-2)                      |  | NAME OF SUPERVISOR (if any)      |
|   |                                 | 29 Sep 64                                 |  |                                  |
| DATE RECEIVED AT HEADQUARTERS:  |                                 | DISPATCH NUMBER:                          |  | DATE RECEIVED BY CAREER SERVICE: |
| 8 October 1964  |                                 | OSMT-3550                                 |  |                                  |
| TO BE COMPLETED BY EMPLOYEE   |                                 |   |  |                                  |
| 1. DATE OF BIRTH  | 2. SERVICE DESIGN               | 3. YOUR CURRENT POSITION, TITLE AND GRADE | 4. STATION OR BASE                             | 5. CRYPT FOR CURRENT COVER       |
| 13 March 1915   | KUTUBE                          | D/Chief of Station WS-15                  |  |                                  |
| Activities  |                                 |   |  |                                  |
| 6A. DATE OF PCS ARRIVAL IN FIELD  | 6B. REQUESTED DATE OF DEPARTURE | 6C. EXPECTED DATE OF FIRST CHECK-IN AT HQ | 6D. DESIRED DATE TO REPORT TO DUTY AFTER LEAVE |                                  |
| 3 October 1960  | 10 November 1964                | 30 November 1964                          | 9 December 1964                                |                                  |
| 7. NUMBER AND AGES OF DEPENDENTS WHO WILL TRAVEL WITH YOU:  |                                 |   |  |                                  |
| None  |                                 |   |  |                                  |
| 8. PERSONAL CIRCUMSTANCES THAT SHOULD BE CONSIDERED IN DETERMINING NEXT ASSIGNMENT:   |                                 |   |  |                                  |
| None  |                                 |   |  |                                  |
| 9. LIST YOUR MAJOR DUTIES DURING CURRENT TOUR (see special note on transmittal form). (also attach personal cover questionnaire in accordance with CSI-P 240-8) |                                 |   |  |                                  |
| <p>D/Chief of Station<br/>           Chief, [ ] Ops<br/>           Coordinator for [ ] operational activities throughout WS area.</p>                           |                                 |   |  |                                  |
| 10. TRAINING DESIRED:<br>INDICATE WHAT TRAINING YOU BELIEVE YOU SHOULD HAVE DURING THE NEXT SEVERAL YEARS   |                                 |   |  |                                  |
| <p>Believe would profit from attending Senior seminars on CA and CP activities.</p>   |                                 |   |  |                                  |

## SECRET

|  |  |
|--|--|
| 11. PREFERENCE FOR NEXT ASSIGNMENT   |  |
| 11A. DESCRIBE BRIEFLY THE TYPE OF WORK YOU WOULD PREFER FOR NEXT ASSIGNMENT IF DIFFERENT FROM THAT INDICATED IN ITEM NO. 9 ABOVE. IF YOU HAVE MORE THAN ONE PREFERENCE, INDICATE YOUR CHOICE.  |  |
| <p>COS - WE or LA</p> <p>Chief, Ops - At large station with diversified activities.</p>  |  |
| 11B. INDICATE IF YOU DESIRE TO EXTEND YOUR CURRENT TOUR BY CHECKING IN APPROPRIATE BOX. ALSO INDICATE PREFERENCE FOR NEXT REGULAR ASSIGNMENT BY INSERTING 1, 2, & 3 (for 1st, 2nd, and 3rd choice) IN REMAINING BOXES. COMPLETE ALL ALTERNATE CHOICES AND OPTIONS IN ALL CASES EVEN THOUGH YOU ARE REQUESTING AN EXTENSION OF YOUR TOUR. Present tour ends 3 Oct. 1964 and home leave has been approved.   |  |
| <input type="checkbox"/> EXTEND TOUR _____ MONTHS AT CURRENT STATION TO _____ (DATE)   |  |
| <input checked="" type="checkbox"/> BE ASSIGNED TO MONTHS FOR A TOUR OF DUTY. INDICATE YOUR CHOICE OF DIVISION, STATE, OR OFFICE.<br>1ST CHOICE <u>WE</u> 2ND CHOICE <u>LA</u> 3RD CHOICE <u>EE</u>  |  |
| <input checked="" type="checkbox"/> BE ASSIGNED TO ANOTHER FIELD STATION. INDICATE CHOICE OF GEOGRAPHIC AREA OR SPECIALIZATION<br>1ST CHOICE <u>WE</u> 2ND CHOICE <u>LA</u> 3RD CHOICE <u>EE</u>   |  |
| <input type="checkbox"/> RETURN TO MY CURRENT STATION  |  |
| TO BE COMPLETED BY FIELD STATION   |  |
| 12. IN CONSIDERATION OF THE EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE AND HIS PREFERENCE FOR NEXT ASSIGNMENT, INDICATE YOUR RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING:  |  |
| <p>Subject has done an outstanding job at this Station during his four years in [ ] I recommend that he be returned to this Station following home leave in view of the high priority given to his present duties and responsibilities and the obvious fact that the important program which he is now heading up would suffer greatly if he were to be rotated, at this time, to another assignment. When he is eventually transferred from [ ] I feel strongly that he should be given a chief of station assignment within the Division in view of his consistently fine record, his experience, maturity and devotion to duty.</p> |  |
| TO BE COMPLETED BY APPROPRIATE HEADQUARTERS OFFICE   |  |
| 13. IN CONSIDERATION OF THE EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF YOUR COMPONENT, INDICATE YOUR COMPONENT'S RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING.  |  |
| <p>Mr. [ ] desires for home leave and return to [ ] for another tour has been discussed with the Secretary, CSPO/A, and he has been advised by WE Division that this has been approved.</p>  |  |
| <p>DATE <u>2 Oct 1964</u> TITLE <u>C/WE/PT</u> SIGNATURE [ ]</p>   |  |
| FOR USE BY CAPER SERVICE   |  |
| 14. APPROVED ASSIGNMENT:   |  |
| <p>15. EMPLOYEE NOTICE BY <u>C/WE</u> who obtained approval for <u>2nd</u> CSPO was by <u>phone</u> or <u>letter</u>. <u>None</u> <u>written</u> has been notified. No dated or <u>other</u> <u>in</u> <u>FRP</u> later by CSPO. <u>TR</u> <u>10/12/64</u></p>   |  |

SECRET

SECRET

File 162  
22

| FIELD REASSIGNMENT QUESTIONNAIRE  |                                  |                                     |  |
|---|----------------------------------|-------------------------------------|--|
| DO NOT COMPLETE FOR HEADQUARTERS USE ONLY   |                                  |                                     |  |
| AUTHENTICATION OF SIGNATURES AND VERIFICATION OF ITEMS 1 THROUGH 7, BELOW:  |                                  |                                     |  |
| NAME OF EMPLOYEE (Typed)  | Date (from item 5.1)             | NAME OF SUPERVISOR (Typed)          | DATE (from item 5.2)                             |
|   | 6 April 1962                     |                                     | 5 April 1962                                     |
| NAME AND SIGNATURE OF OFFICIAL AT HEADQUARTERS AUTHORIZED TO AUTHENTICATE SIGNATURES AND VERIFY DATA IN ITEMS NOS. 1 THROUGH 7, BELOW:  |                                  |                                     | DATE   |
|   |                                  |                                     |  |
| TO BE COMPLETED BY EMPLOYEE   |                                  |                                     |  |
| 1. DATE OF BIRTH  | 2. GRADE                         | 3. CURRENT POSITION TITLE AND GRADE | 7A. DATE OF PCS ARRIVAL IN FIELD ON THIS TOUR    |
| 13 March 1919   | GS-14                            | Deputy Chief of Station             | 3 October 1960                                   |
| 4. SERVICE DESIGNATION (if known)   | 5. CURRENT STATION OR FIELD BASE |                                     | 7B. EXPECTED DATE OF DEPARTURE FROM PWLO         |
|   |                                  |                                     | March 1961                                       |
| 6. OTHER DUTY STATIONS OR FIELD BASES DURING CURRENT TOUR   |                                  |                                     | 7C. EXPECTED DATE OF ARRIVAL AT HEADQUARTERS PCS |
| None  |                                  |                                     |  |
| 8. WRITE A DESCRIPTION OF YOUR MAJOR DUTIES DURING THE CURRENT TOUR OF DUTY (see special note on Transmittal Form):   |                                  |                                     |  |
| Deputy Chief of Station, Chief, [ ] and Operations.   |                                  |                                     |  |
| 9. PREFERENCE FOR NEXT ASSIGNMENT:  |                                  |                                     |  |
| A. WRITE A BRIEF DESCRIPTION OF THE TYPE OF WORK YOU WOULD PREFER FOR YOUR NEXT ASSIGNMENT IF IT DIFFERS FROM THAT INDICATED IN ITEM NO. 8, ABOVE. IF YOU HAVE MORE THAN ONE PREFERENCE, INDICATE YOUR CHOICES. |                                  |                                     |  |
| See item 8 above.   |                                  |                                     |  |
| B. INDICATE WHAT TRAINING YOU BELIEVE YOU SHOULD HAVE IN ORDER TO INCREASE YOUR VALUE TO THE ORGANIZATION (refer to catalog of courses, if available):  |                                  |                                     |  |
| None at this time.  |                                  |                                     |  |

**SECRET**

9. PREFERENCE FOR NEXT ASSIGNMENT (continued)

C. INDICATE YOUR PREFERENCE FOR NEXT ASSIGNMENT BY INSERTING NUMBERS 1, 2 AND 3 (for 1st, 2nd and 3rd choice) IN THE BOXES BELOW:

(1) RETURN TO MY CURRENT STATION

(3) BE ASSIGNED TO HEADQUARTERS FOR A TOUR OF DUTY, WITH RESPECT TO POSSIBLE ASSIGNMENT IN HEADQUARTERS, INDICATE CHOICE OF COMPONENT:  
1ST. CHOICE VHS 2ND. CHOICE VH 3RD. CHOICE CI

(2) BE ASSIGNED TO ANOTHER FIELD STATION, WITH RESPECT TO POSSIBLE REASSIGNMENT TO ANOTHER FIELD STATION, INDICATE CHOICE OF GEOGRAPHIC AREA OR SPECIFIC STATION, BASED ON QUALIFICATIONS:  
1ST. CHOICE [ ] 2ND. CHOICE [ ] 3RD. CHOICE [ ]

10. HOW MUCH LEAVE DO YOU DESIRE BETWEEN ASSIGNMENTS?  
INDICATE NUMBER OF WORK DAYS 30

11. INDICATE THE NUMBER AND AGE OF DEPENDENTS WHO WILL BE TRAVELLING OR MOVING WITH YOU;  
  
None

11A. INDICATE ANY CHANGE IN YOUR PERSONAL OR FAMILY SITUATION WHICH SHOULD BE CONSIDERED IN DETERMINING YOUR NEXT ASSIGNMENT  
  
None

12. SIGNATURE: COMPLETE ITEM NO. 8-1, TRANSMITTAL SHEET, TO INDICATE COMPLETION OF ABOVE PORTION OF THIS FORM.  
TO BE COMPLETED BY SUPERVISOR AT FIELD STATION

13. IN CONSIDERATION OF THE PAST EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS EXPRESSED PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF THE STATION, INDICATE YOUR RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING:  
  
I strongly recommend that Subject return to this post for a second tour of duty. Additional training while on home leave in the United States is not deemed necessary.

14. SIGNATURE: COMPLETE ITEM NO. 8-2, TRANSMITTAL SHEET, TO INDICATE COMPLETION OF THIS PORTION OF THE FORM.  
TO BE COMPLETED BY APPROPRIATE CAREER SERVICE OFFICER OR PERSONNEL OFFICER AT HEADQUARTERS

15. IN CONSIDERATION OF THE PAST EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS EXPRESSED PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF THE COMPONENT TO WHICH HE IS CURRENTLY ASSIGNED, INDICATE YOUR RECOMMENDATIONS FOR HIS NEXT ASSIGNMENT AND TRAINING:  
  
202 forwarded for record purposes. Extension already approved by Chairman, Personnel Management Committee.

16. NAME OF CAREER SERVICE OFFICER OR PERSONNEL OFFICER  
[ ]  
DATE 5 October 1962

FOR USE OF CAREER SERVICE

17. EMPLOYEE ☐ HAS ☐ HAS NOT BEEN NOTIFIED OF PLANNED REASSIGNMENT

18. REFERENCE DISPATCH NO. \_\_\_\_\_ CABLE NO. \_\_\_\_\_

19. TYPED OR PRINTED NAME

20. SIGNATURE

21. TITLE

22. DATE

23. COMMENTS  
  
Second tour appx 10 Oct 63.  
[ ]

**SECRET**

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(When Filled In)

|  |  |   |  |
|--|--|---|--|
| INSTRUCTIONS: COMPLETE IN DUPLICATE. THE DATA RECORDED ON THIS FORM IS ESSENTIAL IN DETERMINING TRAVEL EXPENSES<br>ALLOWABLE IN CONNECTION WITH LEAVE AT GOVERNMENT EXPENSE, OVERSEAS DUTY, RETURN TO RESIDENCE UPON SEPARATION, AND<br>FOR PROVIDING CURRENT RESIDENCE AND DEPENDENCY INFORMATION REQUIRED IN THE EVENT OF AN EMPLOYEE EMERGENCY. THE<br>ORIGINAL OF THIS FORM WILL BE FILED IN THE EMPLOYEE'S OFFICIAL PERSONNEL FILE. |  |   |  |
| NAME OF EMPLOYEE (Last) (First) (Middle)   |  |   |  |
| 1. RESIDENCE DATA  |  |   |  |
| PLACE OF RESIDENCE WHEN APPOINTED  |  | LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. (If appointed abroad) |  |
| Auburn, N.Y.   |  |   |  |
| PLACE IN CONTINENTAL U.S. DESIGNATED AS PERMANENT RESIDENCE  |  | HEREON LEAVE ADDRESS  |  |
| Jacksonville, Fla (Legal residence)  |  | Pleasant Hill, Calif  |  |
| 2. MARITAL STATUS  |  |   |  |
| CHECK (X) ONE: <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> ANNULLED   |  |   |  |
| IF MARRIED, INDICATE PLACE OF MARRIAGE   |  | DATE OF MARRIAGE  |  |
| IF DIVORCED, PLACE OF DIVORCE DECREE   |  | DATE OF DECREE  |  |
| IF WIDOWED, INDICATE PLACE SPOUSE DIED   |  | DATE SPOUSE DIED  |  |
| IF PREVIOUSLY MARRIED, INDICATE NAME(S) OF SPOUSE, REASON(S) FOR TERMINATION, AND DATE(S)  |  |   |  |
| 3. MEMBERS OF FAMILY   |  |   |  |
| NAME OF SPOUSE   |  | ADDRESS (No., Street, City, Zone, State)                          |  |
| NA   |  |   |  |
| NAME OF CHILDREN   |  | ADDRESS   |  |
| NA   |  |   |  |
| NAME OF FATHER (Or male guardian)  |  | ADDRESS   |  |
| Deceased   |  |   |  |
| NAME OF MOTHER (Or female guardian)  |  | ADDRESS   |  |
| Deceased   |  |   |  |
| WHAT MEMBER(S) OF YOUR FAMILY HAS BEEN TOLD OF YOUR AFFILIATION WITH THE AGENCY FOR EMERGENCY PURPOSES?  |  |   |  |
| None   |  |   |  |
| 4. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY  |  |   |  |
| NAME (Mr., Mrs., Miss) (Last-First-Middle)   |  | RELATIONSHIP  |  |
| Mr. [redacted]   |  | Brother   |  |
| HOME ADDRESS (No., Street, City, Zone, State)  |  | HOME TELEPHONE NUMBER   |  |
| [redacted] Kansas City 19, Mo.   |  |   |  |
| BUSINESS ADDRESS (No., Street, City, Zone, State) AND NAME OF EMPLOYER, IF APPLICABLE  |  | BUSINESS TELEPHONE & EXTENSION                                    |  |
| [redacted]   |  |   |  |
| IS THE INDIVIDUAL NAMED ABOVE BITTING OF YOUR AGENCY AFFILIATION?  |  |   |  |
| <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  |  |   |  |
| IS THIS INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF?  |  |   |  |
| <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  |  |   |  |
| DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE?   |  |   |  |
| <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  |  |   |  |
| THE PERSONS NAMED IN ITEM 4 ABOVE MAY ALSO BE NOTIFIED IN CASE OF EMERGENCY. IF SUCH NOTIFICATION IS NOT DESIRABLE<br>BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE IN ITEM 8 ON THE REVERSE SIDE OF THIS FORM   |  |   |  |
| 5. VOLUNTARY ENTRIES   |  |   |  |
| INDICATE ANY BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS   |  |   |  |
| National Bank of Washington  |  |   |  |
| CONTINUED ON REVERSE SIDE  |  |   |  |
| CURRENT RESIDENCE AND DEPENDENCY REPORT  |  |   |  |

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5. (CONTINUED)

IN WHOSE NAME(S) ARE THE ACCOUNTS LISTED?

My name only

HAVE YOU COMPLETED A LAST WILL AND TESTAMENT? ☒ YES ☐ NO. IF "YES", WHERE IS DOCUMENT LOCATED?

With me in my personal papers.

HAVE YOU EXECUTED A POWER OF ATTORNEY? ☐ YES ☒ NO. IF "YES", WHO POSSESSES THE POWER OF ATTORNEY?

5. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS

11500

2899

1980

**CONFIDENTIAL**



14 December 1959

TO: Chief, CI/Support  
VIA: Deputy Chief, CI Staff  
FROM: Chief, CI/ICD  
SUBJECT:

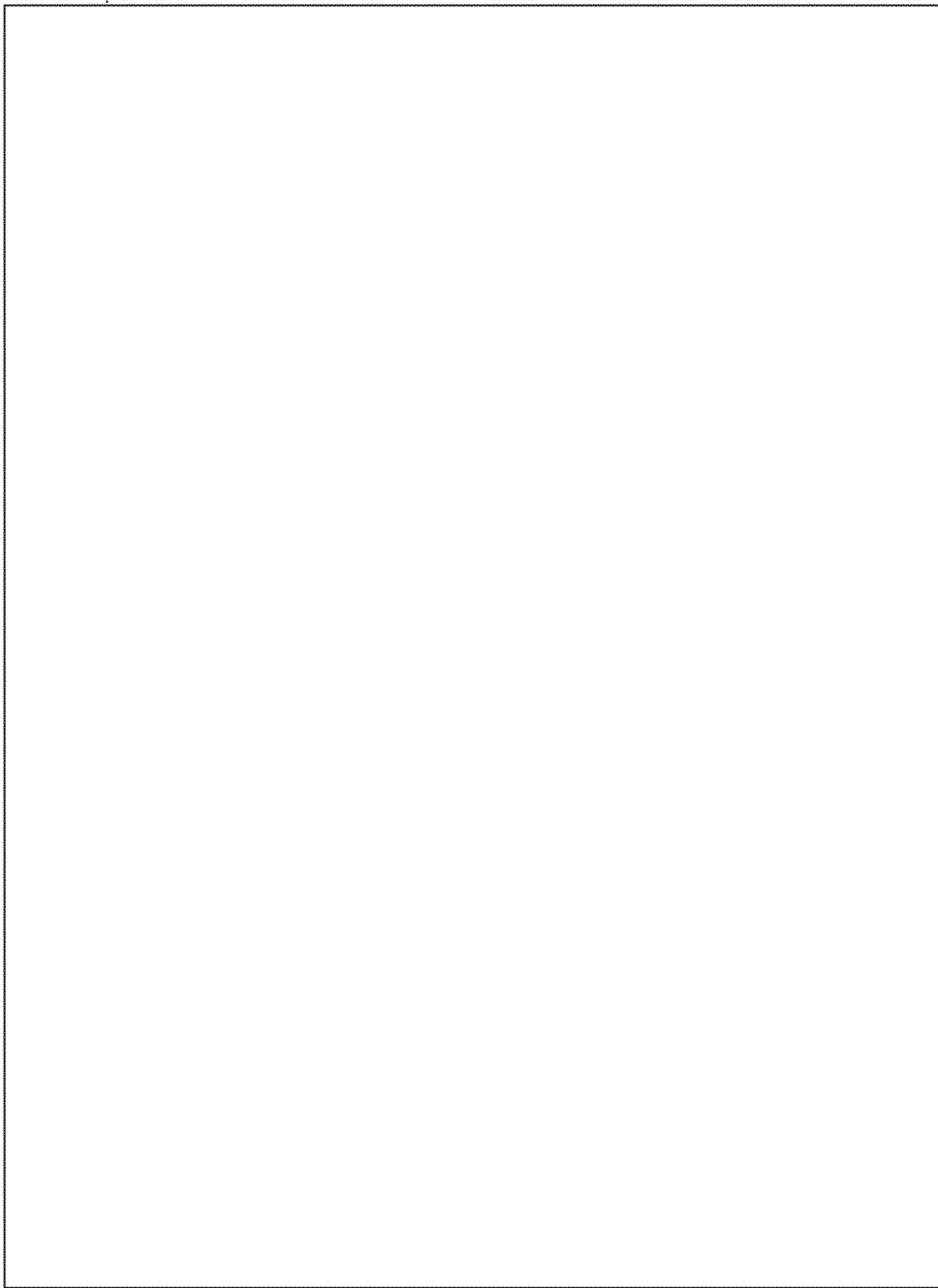
1. Subject is mentioned in a book by   
entitled  Page 379 of this book is attached.

2. It is suggested that this be included in subject's personnel folder.

Attachment: (1)

published in 1959 by The New Bobbs-Merrill Company, an Associate of Howard W. Sams & Co., Inc. Indianapolis and New York

218  
undistributed →



SECRET

| FIELD REASSIGNMENT QUESTIONNAIRE  |                                  |  |                               |
|---|----------------------------------|--|-------------------------------|
| DO NOT COMPLETE   |                                  | FOR HEADQUARTERS USE ONLY  |                               |
| AUTHENTICATION OF SIGNATURES AND VERIFICATION OF ITEMS 1 THROUGH 7, BELOW:  |                                  |  |                               |
| NAME OF EMPLOYEE (Last)   | DATE (from item 1-2)             | NAME OF SUPERVISOR (Last)  | DATE (from item 2-2)          |
| <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>  | 5 Dec 57                         | <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div> | 5 Dec 57                      |
| NAME AND SIGNATURE OF OFFICIAL AT HEADQUARTERS AUTHORIZED TO AUTHENTICATE SIGNATURES AND VERIFY DATA IN ITEMS NOS. 1 THROUGH 7, BELOW:  |                                  | DATE   |                               |
| <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>  |                                  | 17 Dec 57  |                               |
| TO BE COMPLETED BY EMPLOYEE   |                                  |  |                               |
| 1. DATE OF BIRTH  | 2. GRADE                         | 3. CURRENT POSITION TITLE  |                               |
| <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>  | GS-14                            | Deputy Chief of Station  |                               |
| 4. SERVICE DESIGNATION (if known)   | 5. CURRENT STATION OR FIELD BASE |  |                               |
| DI  | Habana, Cuba                     |  |                               |
| 6. OTHER DUTY STATIONS OR FIELD BASES DURING CURRENT TOUR   |                                  |  | 7. EXPECTED DATE OF DEPARTURE |
| None  |                                  |  | July 1958                     |
| 8. WRITE A DESCRIPTION OF YOUR MAJOR DUTIES DURING THE CURRENT TOUR OF DUTY (see special note on Transmittal Form):   |                                  |  |                               |
| Deputy Chief of Station - supervise <input type="checkbox"/> employees<br><div style="border: 1px solid black; height: 1.2em; width: 100%; margin-top: 5px;"></div><br>KUTUBE Operations Officer                |                                  |  |                               |
| 9. PREFERENCE FOR NEXT ASSIGNMENT:  |                                  |  |                               |
| A. WRITE A BRIEF DESCRIPTION OF THE TYPE OF WORK YOU WOULD PREFER FOR YOUR NEXT ASSIGNMENT IF IT DIFFERS FROM THAT INDICATED IN ITEM NO. 3, ABOVE. IF YOU HAVE MORE THAN ONE PREFERENCE, INDICATE YOUR CHOICES. |                                  |  |                               |
| 1st Choice: See Item 3<br><br>2nd Choice: Office of the Inspector General   |                                  |  |                               |
| B. INDICATE WHAT TRAINING YOU BELIEVE YOU SHOULD HAVE IN ORDER TO INCREASE YOUR VALUE TO THE ORGANIZATION (refer to catalog of courses, if available):  |                                  |  |                               |
| Refresher Operations Course   |                                  |  |                               |

SECRET

## 9. PREFERENCE FOR NEXT ASSIGNMENT (continued)

C. INDICATE YOUR PREFERENCE FOR NEXT ASSIGNMENT BY INSERTING NUMBERS 1, 2 AND 3 (for 1st, 2nd and 3rd choice) IN THE BOXES BELOW:

☐ RETURN TO MY CURRENT STATION☐ BE ASSIGNED TO HEADQUARTERS FOR A TOUR OF DUTY☒ 2

BE ASSIGNED TO ANOTHER FIELD STATION

WITH RESPECT TO A POSSIBLE REASSIGNMENT TO ANOTHER FIELD STATION, INDICATE YOUR 1ST, 2ND AND 3RD CHOICE FOR GEOGRAPHIC AREA OR SPECIFIC STATION:

1ST CHOICE: \_\_\_\_\_

2ND CHOICE: \_\_\_\_\_

3RD CHOICE: \_\_\_\_\_

## 10. HOW MUCH LEAVE DO YOU DESIRE BETWEEN ASSIGNMENTS?

INDICATE NUMBER OF WORK DAYS 30

## 11. INDICATE THE NUMBER AND AGE OF DEPENDENTS WHO WILL BE TRAVELLING OR MOVING WITH YOU:

None

## 12. SIGNATURE: COMPLETE ITEM NO. 5-1, TRANSMITTAL SHEET, TO INDICATE COMPLETION OF ABOVE PORTION OF THIS FORM.

TO BE COMPLETED BY SUPERVISOR AT FIELD STATION

13. IN CONSIDERATION OF THE PAST EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS EXPRESSED PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF THE STATION, INDICATE YOUR RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING:

Subject is qualified to be Chief of Station. Recommend assignment as requested.

## 14. SIGNATURE: COMPLETE ITEM NO. 5-2, TRANSMITTAL SHEET, TO INDICATE COMPLETION OF THIS PORTION OF THE FORM.

TO BE COMPLETED BY APPROPRIATE SUPERVISOR AT HEADQUARTERS

15. IN CONSIDERATION OF THE PAST EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS EXPRESSED PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF THE DIVISION TO WHICH HE IS CURRENTLY ASSIGNED, INDICATE YOUR RECOMMENDATIONS FOR HIS NEXT ASSIGNMENT AND TRAINING:

Recommend assignment Headquarters.

## 16. NAME OF SUPERVISOR

\_\_\_\_\_

## SIGNATURE

\_\_\_\_\_

## TITLE:

C/WH/III

## DATE:

19 December 1957

## 17. REMARKS (additional comment)

SECRET

## APPOINTMENT AFFIDAVITS

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

..... CIA .....  
(Department or agency) (Bureau or Division) (Place of employment)

I, ..... 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.

| NAME OF EMPLOYEE              |  | EMPLOYEE SERIAL NO.         | COMPLETED BY EMPLOYEE                 | TELEPHONE EXT. | SECRET<br>(WHEN FILED IN) |
|-------------------------------|--|-----------------------------|---------------------------------------|----------------|---------------------------|
| INSTRUCTIONS                  |  | DO NOT WRITE IN COLUMN      | DO NOT SIGN, STAMP, SPIN, OR MUTILATE |                |                           |
| THIS FORM MUST BE RETURNED    |  | WHERE SERVICE WAS PERFORMED | DATE                                  | SERVICE NO.    | DO NOT WRITE IN COLUMN    |
| WHETHER YOU HAVE HAD OVER-    |  |                             |                                       |                |                           |
| SEAS SERVICE OR NOT.          |  |                             |                                       |                |                           |
| PLEASE READ CAREFULLY IN-     |  |                             |                                       |                |                           |
| STRUCTIONS ON ACCOMPANYING    |  |                             |                                       |                |                           |
| CARD, THEN FILL OUT THIS FORM |  |                             |                                       |                |                           |
| AS ACCURATELY AS POSSIBLE     |  |                             |                                       |                |                           |

RECORD OF OVERSEAS SERVICE

125 Panama Canal Zone 10/18/44 2 Army 070

125 Panama Canal Zone 10/19/44 1 Canal Zone 670

170 Cuba 10/13/48 1 Organization 10022

(SEAL)

SECRET

**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) \_\_\_\_\_ Wash. D.C.

2. (A) DATE OF BIRTH \_\_\_\_\_ (B) PLACE OF BIRTH (city or town and State or country) AUBURN, NEW YORK

3. (A) IN CASE OF EMERGENCY PLEASE NOTIFY \_\_\_\_\_ (B) RELATIONSHIP FATHER (C) STREET AND NUMBER, CITY AND STATE AUBURN, NY (D) TELEPHONE NO. \_\_\_\_\_

4. DOES THE UNITED STATES GOVERNMENT EMPLOY, IN A CIVILIAN CAPACITY, ANY RELATIVE OF YOURS (EITHER 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 | PAST OFFICE ADDRESS<br>(Give street number, if any) | (1) POSITION (2) TEMPORARY OR NOT<br>(3) DEPARTMENT OR AGENCY IN WHICH<br>EMPLOYED | RELATION-<br>SHIP | MARRI-<br>AGED<br>(Check one) | SINGLE |
|------|---|--|-------------------|-------------------------------|--------|
|      |   | 1. _____   |                   |                               |        |
|      |   | 2. _____   |                   |                               |        |
|      |   | 3. _____   |                   |                               |        |
|      |   | 1. _____   |                   |                               |        |
|      |   | 2. _____   |                   |                               |        |
|      |   | 3. _____   |                   |                               |        |

| INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN  | YES                                 | NO                                  | ITEM NO. | 10. SPACE FOR DETAILED ANSWERS TO OTHER QUESTIONS<br>WRITE IN LEFT COLUMN NUMBERS OF ITEMS TO WHICH DETAILED ANSWERS APPLY |
|--|-------------------------------------|-------------------------------------|----------|--|
| 1. ARE YOU A CITIZEN OF OR DO YOU OWE ALLEGIANCE TO THE UNITED STATES?   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |          |  |
| 2. ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY?<br>If your answer is "Yes", give details in item 10.  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |          |  |
| 3. 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?<br>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.                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |          |  |
| 4. SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT HAVE YOU BEEN DISCHARGED OR FORCED TO RESIGN FOR MISCONDUCT OR UNSATISFACTORY SERVICE FROM ANY POSITION?<br>If your answer is "Yes", give in item 10 the name and address of employer, date and reason in each case.  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |          |  |
| 5. HAVE YOU BEEN ARRESTED (NOT INCLUDING TRAFFIC VIOLATIONS FOR WHICH YOU WERE FINED \$25 OR LESS OR FORFEITED COLLATERAL OF \$25 OR LESS) SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT?<br>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. | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |          |  |

## INSTRUCTIONS TO APPOINTING OFFICER

The appointing officer before whom the foregoing certificate is made shall determine to his or her satisfaction that the appointee meets the requirements of the Civil Service Act, applicable Civil Service Rules and Regulations and Acts of Congress pertaining to appointment.

The form should be checked for holding of office, pension, suitability in connection with any record of record 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 the form should be compared with the signature on the declaration sheet, which was signed in the examination room. The photo of the appointee may be checked against the official certificate. The appointee may also be questioned as to his personal history for approval with the 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 a 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) applicable Acts. Item 11 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 existing office 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 without 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 appointment of persons entitled to special 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.

| STATEMENT OF FEDERAL CIVILIAN AND MILITARY SERVICE   |                   |           |             |             |                                   | OFFICE<br><i>WHS</i> |               | DIVISION      |           |          |
|--|-------------------|-----------|-------------|-------------|-----------------------------------|----------------------|---------------|---------------|-----------|----------|
| NAME (LAST)  |                   | FIRST     |             | MIDDLE      |                                   | BRANCH               |               | SECTION       |           |          |
| I. FEDERAL CIVILIAN SERVICE (BEGIN WITH THIS AGENCY AND FOLLOW IN REVERSE CHRONOLOGICAL ORDER)   |                   |           |             |             |                                   |                      |               |               |           |          |
| AGENCY   | LOCATION          | FROM      |             |             | TO                                |                      |               | TOTAL SERVICE |           |          |
|  |                   | DA.       | MO.         | YR.         | DA.                               | MO.                  | YR.           | DA.           | MO.       | YR.      |
| <i>CTA</i>   | <i>Wash, DC</i>   | <i>20</i> | <i>6</i>    | <i>1952</i> |                                   |                      |               |               |           |          |
| <i>CANAL Zone Gov</i>  | <i>Pan, Canal</i> | <i>2</i>  | <i>2</i>    | <i>1949</i> | <i>6</i>                          | <i>6</i>             | <i>1952</i>   | <i>5</i>      | <i>4</i>  | <i>3</i> |
|  |                   |           |             |             |                                   |                      |               |               |           |          |
|  |                   |           |             |             |                                   |                      |               |               |           |          |
|  |                   |           |             |             |                                   |                      |               |               |           |          |
|  |                   |           |             |             |                                   |                      |               |               |           |          |
|  |                   |           |             |             |                                   |                      |               |               |           |          |
|  |                   |           |             |             |                                   |                      |               |               |           |          |
|  |                   |           |             |             |                                   |                      |               |               |           |          |
|  |                   |           |             |             |                                   |                      |               |               |           |          |
|  |                   |           |             |             |                                   |                      |               |               |           |          |
| Total Civilian Service   |                   |           |             |             |                                   |                      |               | <i>5</i>      | <i>4</i>  | <i>3</i> |
| II. MILITARY SERVICE (INCLUDE ONLY PERIODS OF ACTIVE DUTY; DO NOT INCLUDE TERMINAL LEAVE)  |                   |           |             |             |                                   |                      |               |               |           |          |
| BRANCH OF SERVICE  | FROM              |           |             | TO          |                                   |                      | TOTAL SERVICE |               |           |          |
|  | DA.               | MO.       | YR.         | DA.         | MO.                               | YR.                  | DA.           | MO.           | YR.       |          |
| <i>U.S. ARMY</i>   | <i>8</i>          | <i>9</i>  | <i>1942</i> | <i>6</i>    | <i>2</i>                          | <i>1946</i>          | <i>29</i>     | <i>4</i>      | <i>3</i>  |          |
| <i>U.S. ARMY</i>   | <i>4</i>          | <i>4</i>  | <i>1946</i> | <i>2</i>    | <i>2</i>                          | <i>1949</i>          | <i>28</i>     | <i>9</i>      | <i>2</i>  |          |
|  |                   |           |             |             |                                   |                      |               |               |           |          |
|  |                   |           |             |             |                                   |                      |               |               |           |          |
| Total Military Service   |                   |           |             |             |                                   |                      |               | <i>6</i>      | <i>13</i> | <i>5</i> |
| III. CERTIFICATION   |                   |           |             |             |                                   |                      |               |               |           |          |
| <p>I hereby certify that the above Civilian and Military service is complete and accurate to the best of my knowledge.</p> <p><i>June 27, 1952</i></p> |                   |           |             |             |                                   |                      |               |               |           |          |
| IV. ADDRESS: (CONTINUING ADDRESS SERVICE)  |                   |           |             |             | V. FOR PERSONNEL OFFICE USE ONLY  |                      |               |               |           |          |
|  |                   |           |             |             | TOTAL UNL. LEAVE SERVICE          |                      |               |               |           |          |
|  |                   |           |             |             | YEARS                             |                      | MONTHS        |               | DAYS      |          |
|  |                   |           |             |             | <i>2</i>                          | <i>7</i>             | <i>9</i>      |               |           |          |
| <p>1. SUBC 164184</p>  |                   |           |             |             | <p><i>20 of 27 June 52 sh</i></p> |                      |               |               |           |          |

FORM 57-1  
1-20-51

BUDG. BUREAU NO. 47-8071.3  
APPROVAL EXPIRES August 31, 1956

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

1. a. NAME (Print)

b. ADDRESS

Washington D.C.

2. USE OF APPLICATION - Check one box below to indicate whether you wish this application to be considered for Foreign Service employment only, or for both Foreign Service and Departmental employment. Completion of this form is not required for Department employment only. Standard Form 57 must be filled out in any case.

☒ FOREIGN SERVICE ONLY

☐ FOREIGN SERVICE AND DEPARTMENTAL

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

Balboa, Canal Zone

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

NA

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

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

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

\$

PER YEAR

7. WHAT RESTRICTIONS ARE THERE, IF ANY, ON YOUR IMMEDIATE AVAILABILITY FOR DUTY IN ANY PART OF THE WORLD?

None

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

None

b. DATE OF BIRTH

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

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

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

9. NAMES OF DEPENDENTS

None

RELATIONSHIP

DATE OF BIRTH

WILL RESIDE WITH YOU OVERSEAS

YES

NO

10. a. FATHER'S NAME

b. PRESENT ADDRESS

c. PLACE OF BIRTH

Auburn, N.Y.

Auburn, N.Y.

11. a. MOTHER'S NAME (Maiden)

b. PRESENT ADDRESS

c. PLACE OF BIRTH

Deceased

Auburn, N.Y.

12. IF PARENTS BORN OUTSIDE THE UNITED STATES, DO THEY EVER OBTAIN UNITED STATES CITIZENSHIP? (Check one) FATHER

☒ YES

☐ NO

MOTHER

☐ YES

☐ NO

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

☐ YES

☐ NO

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



| NAME |  | RELATIONSHIP | ADDRESS |
|------|--|--------------|---------|
| None |  |              |         |
|      |  |              |         |
|      |  |              |         |

15. FOREIGN LANGUAGES (Refers to item 14 on Form 57)  
 State and indicate the extent of your competence, i.e. Excellent, Good, Fair

| A. LANGUAGE | B. READ | C. WRITE | D. SPEAK | E. UNDERSTAND |
|-------------|---------|----------|----------|---------------|
| Spanish     | Good    | Good     | Good     | Good          |
|             |         |          |          |               |
|             |         |          |          |               |

16. LIST PRESENT OR FORMER FOREIGN CONNECTIONS:  
 A. BUSINESS  
 B. EMPLOYMENT  
 C. MILITARY

17. DATES AND PLACES OF RESIDENCE FOR LAST 10 YEARS

| DATES   | STREET AND NUMBER | CITY               | STATE OR COUNTRY |
|---------|-------------------|--------------------|------------------|
| 1942-52 | 0824, Arcadia Pl. | Balboa, Canal Zone | Panama           |
| 1941-42 | U.S. Army         | U.S.               | U.S.             |
|         |                   |                    |                  |
|         |                   |                    |                  |

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

| NAMES OF CREDITORS | AMOUNTS DUE | DATES ON WHICH OBLIGATIONS WERE CONTRACTED |
|--------------------|-------------|--|
|                    |             |  |
|                    |             |  |
|                    |             |  |

19. HAVE YOU EVER BEEN MEDICALLY DISCHARGED FROM THE ARMED SERVICE? ☐ YES ☒ NO  
 IF "YES," GIVE DETAILS IN ITEM 39 OF FORM 57.

20. PRESENT MILITARY STATUS

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

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

**MI Reserve -0-944652 - No organization**

21. LIST OTHER NAMES, IF ANY, BY WHICH YOU HAVE BEEN KNOWN INCLUDING MARRIED NAMES, IF MARRIED MORE THAN ONCE, GIVING DATE DURING WHICH NAMES WERE USED. DO NOT DUPLICATE INFORMATION SUPPLIED IN ITEM 14 ON FORM 57.

None

22. HAVE YOU EVER BEEN UNDER THE CIVIL SERVICE RETIREMENT SYSTEM? ☐ YES ☒ NO  
**Subject to Civil Service Retirement Act**

23. SOCIAL SECURITY NUMBER, IF ANY.

24. If you believe the information you have supplied on this application does not fully show your qualifications for Foreign Service Employment, state in item 36 of Form 57 or on a separate sheet, any additional appropriate data that you wish to have considered.

DATE **September 19, 1952** SIGNATURE \_\_\_\_\_

# REQUEST FOR PCS OVERSEAS EVALUATION

SECRET

(When Filled In)

## QUALIFICATIONS UPDATE

READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING. TYPE OR PRINT. AVOID USING LIGHT COLORED INKS

Now that your qualifications are a matter of computer record, they must be periodically updated. This is done automatically for much information; however, some must be obtained directly from you. This form is for that purpose.

Section I must be completed in all cases. You need provide other information only if there have been changes since you submitted your Form 444, "Qualifications Supplement to the Personal History Statement," or a previous update form.

If you are in doubt whether information has been previously submitted, enter it in the appropriate section. The signed and dated form should be returned through administrative channels to the File Room, Office of Personnel, Room SE-13 Headquarters, whether information is added or not.

Additionally, a qualifications update may take place at any time there is information to be added or changed simply by completing and returning an update form on your initiative.

## SECTION I

## BIOGRAPHIC AND POSITION DATA

|                         |  |                             |
|-------------------------|--|-----------------------------|
| EMP. SER. NO.<br>060389 | NAME (Last-First-Middle)<br>[REDACTED] | DATE OF BIRTH<br>[REDACTED] |
|-------------------------|--|-----------------------------|

## SECTION II

## EDUCATION

## HIGH SCHOOL

|                           |                                |                          |  |
|---------------------------|--------------------------------|--------------------------|--|
| LAST HIGH SCHOOL ATTENDED | ADDRESS (City, State, Country) | YEARS ATTENDED (From-To) | GRADUATE<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
|---------------------------|--------------------------------|--------------------------|--|

## COLLEGE OR UNIVERSITY STUDY

| NAME AND LOCATION OF COLLEGE OR UNIVERSITY | SUBJECT |       | YEARS ATTENDED<br>FROM--TO-- | DEGREE<br>RECEIVED | YEAR<br>RECEIVED | NO. SEM/GR.<br>HRS. (Specify) |
|--|---------|-------|------------------------------|--------------------|------------------|-------------------------------|
|  | MAJOR   | MINOR |                              |                    |                  |                               |
| 1.   |         |       |                              |                    |                  |                               |
| 2.   |         |       |                              |                    |                  |                               |

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.

## TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS

| NAME AND ADDRESS OF SCHOOL | STUDY OR SPECIALIZATION | FROM | TO | NO. OF MONTHS |
|----------------------------|-------------------------|------|----|---------------|
|                            |                         |      |    |               |

## OTHER NON-AGENCY EDUCATION OR TRAINING NOT INDICATED ABOVE

| NAME AND ADDRESS OF SCHOOL | STUDY OR SPECIALIZATION | FROM | TO | NO. OF MONTHS |
|----------------------------|-------------------------|------|----|---------------|
| 1.                         |                         |      |    |               |
| 2.                         |                         |      |    |               |

## SECTION III

## MARITAL STATUS

|   |  |                                   |  |  |
|---|--|-----------------------------------|--|--|
| 1. PRESENT STATUS (Single, Married, Widowed, Separated, Divorced, Annulled, Remarried) SPECIFY: |  |                                   |  |  |
| 2. NAME OF SPOUSE (Last) (First) (Middle) ( Maiden)   |  |                                   |  |  |
| 3. DATE OF BIRTH  | 4. PLACE OF BIRTH (City, State, Country) |                                   |  |  |
| 5. OCCUPATION   | 6. PRESENT EMPLOYER                      |                                   |  |  |
| 7. CITIZENSHIP  | 8. FORMER CITIZENSHIP(S) (Country/ies)   | 9. DATE U.S. CITIZENSHIP ACQUIRED |  |  |

## SECTION IV

## DEPENDENT CHILDREN AND DEPENDENTS OTHER THAN SPOUSE

|  | NAME       | RELATIONSHIP  | DATE AND PLACE OF BIRTH | CITIZENSHIP | PERMANENT ADDRESS |
|--|------------|---------------|-------------------------|-------------|-------------------|
| 1. <input checked="" type="checkbox"/> MRS | [REDACTED] | Mother-in-law | Matanzas, Cuba          | Cuban       | Resides with me.  |
| <input type="checkbox"/> DELETE            |            |               |                         |             |                   |
| <input type="checkbox"/> ADD               |            |               |                         |             |                   |
| <input type="checkbox"/> DELETE            |            |               |                         |             |                   |

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(When Filled In)

| SECTION V GEOGRAPHIC AREA KNOWLEDGE AND FOREIGN TRAVEL |                               |                              |                       |                                  |        |       |                 |
|--|-------------------------------|------------------------------|-----------------------|----------------------------------|--------|-------|-----------------|
| NAME OF REGION OR COUNTRY                              | TYPE OF SPECIALIZED KNOWLEDGE | DATES OF TRAVEL OR RESIDENCE | DATE & PLACE OF STUDY | KNOWLEDGE ACQUIRED BY CHECK HERE |        |       |                 |
|  |                               |                              |                       | RESIDENCE                        | TRAVEL | STUDY | BOON ASSIGNMENT |
| 1  |                               |                              |                       |                                  |        |       |                 |
| 2  |                               |                              |                       |                                  |        |       |                 |

| SECTION VI TYPING AND STENOGRAPHIC SKILLS                         |   |
|---|---|
| 1. TYPING (PPM)   | 2. SHORTHAND (RPM)                      |
| 3. INDICATE SHORTHAND SYSTEM USED (Check 1 or 2) APPROPRIATE ITEM |   |
| <input type="checkbox"/> GREGG                                    | <input type="checkbox"/> SPEEDY         |
| <input type="checkbox"/> STENOGRAPH                               | <input type="checkbox"/> OTHER SPECIFY: |

| SECTION VII SPECIAL QUALIFICATIONS  |
|---|
| PROVIDE INFORMATION ON HOBBIES, SPORTS, LICENSES, PUBLISHED MATERIALS OR DEVICES WHICH YOU MAY HAVE INVENTED. |

| SECTION VIII MILITARY SERVICE  |  |
|--|--|
| CURRENT DRAFT STATUS   |  |
| 1. HAS YOUR SELECTIVE SERVICE CLASSIFICATION CHANGED?                      | 2. NEW CLASSIFICATION  |
| <input type="checkbox"/> YES <input type="checkbox"/> NO                   |  |
| 3. LOCAL SELECTIVE SERVICE BOARD NUMBER AND ADDRESS                        | 4. IF DEFERRED, GIVE REASON  |
| MILITARY RESERVE, NATIONAL GUARD STATUS                                    |  |
| CHECK RESERVE OR GUARD ORGANIZATION TO WHICH YOU BELONG                    | <input type="checkbox"/> ARMY <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> COAST GUARD <input type="checkbox"/> NATIONAL GUARD<br><input type="checkbox"/> NAVY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> AIR NATIONAL GUARD |
| 1. CURRENT RANK, GRADE OR RATE   | 2. DATE OF APPOINTMENT IN CURRENT RANK   |
|  |  |
| 4. CHECK CURRENT RESERVE CATEGORY  | <input type="checkbox"/> READY RESERVE <input type="checkbox"/> STANDBY (active) <input type="checkbox"/> STANDBY (inactive) <input type="checkbox"/> THIRD <input type="checkbox"/> DISCHARGED  |
| 5. MILITARY MOBILIZATION ASSIGNMENT  | 6. RESERVE UNIT TO WHICH ASSIGNED OR ATTACHED  |
| MILITARY SCHOOLS COMPLETED (Extended Active, Reserve Duty, or as Civilian) |  |
| NAME AND ADDRESS OF SCHOOL   | STUDY OR SPECIALIZATION  |
|  | DATE COMPLETED   |
|  | <input type="checkbox"/> RESIDENT<br><input type="checkbox"/> AGENCY-SPONSORED   |

| SECTION IX PROFESSIONAL SOCIETIES AND OTHER ORGANIZATIONS |  |                    |
|---|--|--------------------|
| NAME AND CHAPTER  | ADDRESS (Number, Street, City, State, Country) | DATE OF MEMBERSHIP |
|   |  | FROM TO            |
| 1   |  |                    |
| 2   |  |                    |
| 3   |  |                    |

| SECTION X REMARKS |
|-------------------|
|                   |

|            |  |
|------------|--|
| DATE       |  |
| 1 May 1967 |  |

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OFFICIAL USE ONLY - Not to be Released

## QUALIFICATIONS SUPPLEMENT TO PERSONAL HISTORY STATEMENT

READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM. PRINT NAME AND ADDRESS IN LIGHT COLORED INKS

|                  |                             |                              |                                  |
|------------------|-----------------------------|------------------------------|----------------------------------|
| SECTION I        |                             | BIOGRAPHIC AND POSITION DATA |                                  |
| 1. EMP. SER. NO. | 2. NAME (Last First Middle) | 3. DATE OF BIRTH             | 4. SCHEDULE GRADE/STEP           |
| 600389           |                             |                              | GS-15-04                         |
| 5. SSN           | 7. POSITION TITLE           | 8. OFFICE OF ASSIGNMENT      | 9. ADDRESS (Last, First, Middle) |
| D                | OPS OFFICER, D CH           | ASH, D.C.                    |                                  |

|                    |         |                         |          |
|--------------------|---------|-------------------------|----------|
| SECTION II         |         | AGENCY OVERSEAS SERVICE |          |
| AREA               | DATE TO | FROM                    | TO       |
| CUBA               | 25 CC   | 83/01/67                | 98/11/80 |
| WESTERN HEMISPHERE | TDY CC  | 99/06/18                | 99/06/27 |
|                    | PCS RR  | 60/11/03                | 69/11/29 |
|                    | TDY AS  | 66/02/14                | 66/02/19 |
| EUROPEAN AREA      | TDY PR  | 66/09/20                | 66/09/30 |
| EUROPEAN AREA      | TDY PR  | 66/08/01                | 66/08/13 |
| WESTERN HEMISPHERE | TDY PR  | 66/10/12                | 66/10/15 |
| " "                | "       | 66/12/8                 | 66/12/77 |

OVERSEAS DATA

CODED

DATE:

INITIALS:

2 Jun 67

CHT

|             |                             |             |      |
|-------------|-----------------------------|-------------|------|
| SECTION III |                             | EDUCATION   |      |
| DEGREE      | MAJOR FIELD                 | INSTITUTION | YEAR |
|             | NO COLLEGE DEGREE ON RECORD |             |      |

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(When Filled In)

| SECTION IV GEOGRAPHIC AREA KNOWLEDGE AND FOREIGN TRAVEL |                               |                              |                       |                       |       |                 |                     |
|---|-------------------------------|------------------------------|-----------------------|-----------------------|-------|-----------------|---------------------|
| NAME OF REGION OR COUNTRY                               | TYPE OF SPECIALIZED KNOWLEDGE | DATES OF TRAVEL OR RESIDENCE | DATE & PLACE OF STUDY | KNOWLEDGE ACQUIRED BY |       |                 | CHECK IF APPLICABLE |
|   |                               |                              |                       | PERSONAL              | STUDY | WORK ASSIGNMENT |                     |
|   | political                     | 1960-                        |                       |                       |       |                 |                     |
|   | topographic, cultural         | 1965                         |                       |                       | X     |                 | X                   |
|   | ..                            | ..                           |                       |                       | X     |                 | X                   |
|   | ..                            | ..                           |                       |                       | X     |                 | X                   |
|   | ..                            | ..                           |                       |                       | X     |                 | X                   |
|   | ..                            | ..                           |                       |                       | X     |                 | X                   |
|   | ..                            | ..                           |                       |                       | X     |                 | X                   |
|   | ..                            | ..                           |                       |                       | X     |                 | X                   |
|   | ..                            | ..                           |                       |                       | X     |                 | X                   |
|   |                               |                              |                       |                       |       |                 |                     |

| SECTION V TYPING AND STENOGRAPHIC SKILLS |                    |   |  |
|--|--------------------|---|--|
| 1. TYPING (WPM)                          | 2. SHORTHAND (WPM) | 3. INDICATE SHORTHAND SYSTEM USED CHECK IF APPROPRIATE  |  |
|  |                    | <input type="checkbox"/> GREGG <input type="checkbox"/> SPEEDWRITING <input type="checkbox"/> STENO TYPE <input type="checkbox"/> OTHER SPECIFY |  |

4. INDICATE OTHER BUSINESS MACHINES WITH WHICH YOU HAVE HAD OPERATING EXPERIENCE OR TRAINING: computer, mimeograph, card punch, etc.

| SECTION VI SPECIAL QUALIFICATIONS |  |
|-----------------------------------|--|
|-----------------------------------|--|

1. LIST ALL HOBBIES AND SPORTS IN WHICH YOU ARE ACTIVE OR HAVE ACTIVELY PARTICIPATED. INDICATE YOUR PROFICIENCY IN EACH.

2. EXCLUDING BUSINESS EQUIPMENT OR MACHINES WHICH YOU MAY HAVE LISTED IN ITEM 4, SECTION V, LIST ANY SPECIAL SKILLS YOU POSSESS OR ARE ACQUAINTED WITH, OTHER EQUIPMENT AND MACHINES SUCH AS OPERATION OF RADIO TRANSMITTERS, RECORDING EQUIPMENT, RECORDING, OFFSET PRESS, TYPING, AND OTHER SCIENTIFIC & PROFESSIONAL DEVICES.

3. ARE YOU NOW OR HAVE YOU EVER BEEN A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION? IF YES, LIST THE ORGANIZATION AND YOUR POSITION.

4. IF YOU HAVE ANSWERED YES TO ITEM 3 ABOVE, INDICATE KIND OF LICENSE OR CERTIFICATION AND THE ISSUING STATE.

5. FIRST LICENSE/CERTIFICATE: name of issue

6. LATEST LICENSE/CERTIFICATE: name of issue

7. LIST ANY BOOKS, ARTICLES, PAMPHLETS, ETC. OF WHICH YOU ARE THE AUTHOR. IF YOU HAVE EVER BEEN A CONTRIBUTOR TO ANY PUBLICATION, INDICATE THE TITLE, PUBLICATION NAME, AND TYPE OF MATERIAL.

8. INDICATE ANY OTHER INFORMATION YOU WISH TO PROVIDE THAT IS NOT COVERED BY THE ABOVE QUESTIONS.

9. INDICATE ANY OTHER INFORMATION YOU WISH TO PROVIDE THAT IS NOT COVERED BY THE ABOVE QUESTIONS.

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7.

## C O N F I D E N T I A L

DATE: 15 September 1958

FROM: 8-32

TO : Chief, WH

Director of Security

Director of Personnel

FROM : Chief, Communications Security Division

SUBJECT : Notification of Cryptographic Clearance - 

1. Subject employee has been granted a cryptographic clearance under the provisions of CIA Regulation 90-500. Clearance is effective 18 August 1958 .

2. Subject has been informed of the granting of clearances, has been briefed concerning cryptographic and related communications security matters, and has signed a Briefing Statement acknowledging responsibility for the protection of cryptographic information.

3. When Subject employee no longer requires the clearance in order to perform his assigned duties, it is requested that the Communications Security Division (2411 I Bldg., Ext. 3021) be notified by \_\_\_\_\_ WH that the clearance may be revoked.

FOR CHIEF, COMMUNICATIONS:

  
*John* Chief, Protective Branch

## Distribution:

- 1 - WH
- 1 - Security Office (Briefing Statement attached)
- 1 - Personnel (Wing 1-H Curio Hall)
- 1 - CC-S/PROT File

C O N F I D E N T I A L



STANDARD FORM 57-NOV 1947 U.S. CIVIL SERVICE COMMISSION

APPLICATION FOR FEDERAL EMPLOYMENT

INSTRUCTIONS: In order to prevent delay in consideration of your application, answer every question on this form clearly and completely. Write or print in INK. In applying for a specific United States Civil Service examination, read the examination announcement carefully and follow all directions. If you are applying for a WRITTEN examination, follow the instructions on the announcement card regarding disposition of this application. If you are applying for an ORAL EXAMINATION, mail this application to the office named in the announcement. Be sure to mail to the same office any other forms required by the announcement. Notify the office with which you file this application of any change in your address.

DO NOT WRITE IN THIS BLOCK For Use of Civil Service Commission Only

NAME OF EXAMINATION OR KIND OF POSITION APPLIED FOR

OPTION (if mentioned in examination announcement)

PLACE OF EMPLOYMENT APPLIED FOR (City and State) DATE OF THIS APPLICATION

MR (First name) (Middle) (Last)

MISS

STREET AND NUMBER OR R. D. NUMBER

CITY OR POST OFFICE (including postal zone) AND STATE

Washington, D.C.

LEGAL OR VOTING RESIDENCE (State) OFFICE PHONE HOME PHONE

New York Woodley 3467

DATE OF BIRTH (month, day, year) MARRIED SINGLE

PLACE OF BIRTH (city and State, if born outside U.S., name city and country)

Auburn, N.Y.

MALE FEMALE HEIGHT WITHOUT SHOES (feet) (inches) WEIGHT (pounds)

6 FEET 6 FEET 272 POUNDS

HAVE YOU EVER BEEN EMPLOYED BY THE FEDERAL GOVERNMENT? YES NO

IF SO, GIVE LAST GRADE AND DATE OF LAST CHANGE IN GRADE

GS-12 Feb. 1952

WHAT IS THE LOWEST ENTRANCE SALARY YOU WILL ACCEPT? PER YEAR

YOU will not be considered for any position with a lower entrance salary

CHECK IF YOU WILL ACCEPT SHORT-TERM APPOINTMENT IF OFFERED FOR

1 TO 3 MONTHS 3 TO 6 MONTHS 6 TO 12 MONTHS

NOTE: Acceptance or refusal of a temporary short-term appointment will not affect your opportunity to obtain a probational appointment

IF YOU ARE WILLING TO TRAVEL SPECIFY

OCCASIONALLY FREQUENTLY CONSIDERABLY

CHECK IF YOU WILL ACCEPT APPOINTMENT IF OFFERED

IN WASHINGTON, D.C. ANYWHERE IN THE UNITED STATES

OUTSIDE THE UNITED STATES

IF YOU WILL ACCEPT APPOINTMENT IN CERTAIN LOCATIONS ONLY, GIVE ACCEPTABLE LOCATIONS

EXPERIENCE: It is important for you to furnish all information requested below in sufficient detail to enable the Civil Service Commission and the appointing officials of agencies to give you full credit in determining your qualifications. Use a separate block for each position. Show each year present position and work load, explaining clearly the principal tasks which you performed in each position, accounting for all periods of unemployment. Experience gained more than 15 years ago which is not pertinent to the work for which you are applying may be summarized in one or more of the blocks. If your duties changed materially while working for the same employer, use a separate block to describe each position. You may include any pertinent religious, civic, welfare, or organizational activity which you have performed, either with or without compensation, showing the number of hours per week and weeks per year in which you were engaged in such activity. Military experience should be described in the spaces below in its proper sequence.

(a) If you were ever employed in any position under a name different from that shown in Item 5 of this application, give under "Description of your work" for each position, the name used.

(b) If you have never been employed or are now unemployed, indicate that fact in the space provided below for "Present Position."

PRESENT POSITION

DATES OF EMPLOYMENT (month, year) EXACT TITLE OF YOUR PRESENT POSITION CLASSIFICATION GRADE (if in Federal Service) SALARY OR EARNINGS (starting \$) PER YEAR

FROM July 1948 TO PRESENT TIME GOVERNOR'S STAFF GS-12 STARTING \$8200 PER YEAR

PLACE OF EMPLOYMENT (city and State) NAME AND TITLE OF IMMEDIATE SUPERVISOR

Balboa Hqts., Canal Zone Governor Francis Newcomer

NAME AND ADDRESS OF EMPLOYER (Name, organization, or person, if Federal name, department, bureau or establishment, and division) KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale sale, insurance agency, manufacture of goods, etc.)

Canal Zone Government Agency of Federal Government operating

Balboa Hqts., Canal Zone Panama Canal

REASON FOR LEAVING PRESENT EMPLOYMENT

10 Career in Foreign Service

10 representative on Governor's Staff handled liaison activities between Governor's office and all of our Government Agencies in Panama Area, including Military, Air, and special duties as assigned by Governor, including

10

On June 1950

[illegible]



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| STANDARD FORM 57 NOV 1947<br>U.S. CIVIL SERVICE COMMISSION  |  | APPLICATION FOR FEDERAL EMPLOYMENT  |  |
|---|--|---|--|
| <p><b>INSTRUCTIONS:</b> In order to prevent delay in consideration of your application, answer every question on this form clearly and completely. Type or write in ink. In applying for a position, United States Civil Service Examination, read the examination announcement carefully and follow all directions. If you are applying for a White Hall examination, follow the instructions on the advertisement. If you are applying for a position, follow the instructions on the advertisement. If you are applying for a position, follow the instructions on the advertisement.</p>  |  |   |  |
| <p>1. NAME OF APPLICANT (Last, first, and middle initial)<br/><b>Intelligence Officer</b></p>   |  | <p><b>DO NOT WRITE IN THIS BLOCK</b><br/>For Use of Civil Service Commission Only</p>   |  |
| <p>2. PLACE OF EMPLOYMENT (City and State)<br/><b>Calboa, Canal Zone</b></p>  |  | <p>3. DATE OF THIS APPLICATION<br/><b>14 July 1950</b></p>  |  |
| <p>4. SEX (Male or Female)<br/><b>Male</b></p>  |  | <p>5. AGE (in years)<br/><b>32</b></p>  |  |
| <p>6. (a) STREET AND HOUSE OR R.F.D. NUMBER<br/><b>3100</b></p>   |  | <p>(b) CITY OR TOWN (including postal zone) AND STATE<br/><b>Calboa, Canal Zone</b></p>   |  |
| <p>7. (a) LOCAL OR VOTING RESIDENCE (State)<br/><b>New York</b></p>   |  | <p>(b) DATE OF BIRTH (month, day, year)<br/><b>1918</b></p>   |  |
| <p>8. (a) DATE OF BIRTH (month, day, year)<br/><b>1918</b></p>  |  | <p>(b) MARRIED<br/><input type="checkbox"/> <b>SINGLE</b></p>   |  |
| <p>9. (a) PLACE OF BIRTH (city and State, if born outside U.S., name city and country)<br/><b>Auburn, New York</b></p>  |  | <p>(b) HEIGHT (feet, inches)<br/><b>5' 10"</b></p>  |  |
| <p>10. (a) HAVE YOU EVER BEEN EMPLOYED BY THE FEDERAL GOVERNMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p>   |  | <p>(b) IF SO, GIVE LAST GRADE AND DATE OF LAST CHANGE IN GRADE<br/><b>GS-9, July 1950</b></p>   |  |
| <p>11. (a) WHAT IS THE LOWEST ENTRANCE SALARY YOU WILL ACCEPT? <b>\$6,000</b> PER YEAR<br/><i>You will not be considered for any position with a lower entrance salary.</i></p>   |  | <p>(b) CHECK IF YOU WILL ACCEPT SHORT TERM APPOINTMENT IF OFFERED, FOR:<br/><input type="checkbox"/> 1 TO 3 MONTHS <input type="checkbox"/> 3 TO 6 MONTHS <input type="checkbox"/> 6 TO 12 MONTHS</p> |  |
| <p>NOTE: Acceptance or refusal of a temporary short-term appointment will not affect your opportunity to obtain a permanent appointment.</p>  |  | <p>(c) IF YOU ARE WILLING TO TRAVEL, SPECIFY:<br/><input checked="" type="checkbox"/> OCCASIONALLY <input type="checkbox"/> FREQUENTLY <input checked="" type="checkbox"/> CONSTANTLY</p>             |  |
| <p>12. EXPERIENCE: It is important for you to furnish all information requested below in sufficient detail to enable the Civil Service Commission and the appointing officers of agencies to give you full credit in determining your qualifications. Use a separate block for each position. Start with your present position and work back, explaining clearly the principal tasks which you performed in each position, accounting for all periods of unemployment. Experience gained more than 15 years ago which is not pertinent to the work for which you are applying may be summarized in one or more of the blocks. If your duties changed materially while working for the same employer, use a separate block to describe each position. You may include any pertinent religious, civic, welfare, or organizational activity which you have performed, either with or without compensation, showing the number of hours per week and weeks per year in which you were engaged in such activity. Military experience should be described in the spaces below in its proper sequence.</p> |  |   |  |
| <p>(a) If you were ever employed in any position under a name different from that shown in Item 9 of this application, give under "Description of your work" for each position, the name used.</p>  |  |   |  |
| <p>(b) If you have never been employed or are now unemployed, indicate that fact in the space provided below for "Present Position."</p>  |  |   |  |
| <p><b>PRESENT POSITION</b></p>  |  |   |  |
| <p>13. DATES OF EMPLOYMENT (month, year)<br/>FROM <b>February 1949</b> TO PRESENT TIME</p>  |  | <p>14. EXACT TITLE OF YOUR PRESENT POSITION<br/><b>Asst. Chief, Civ. Int. Br.</b></p>   |  |
| <p>15. PLACE OF EMPLOYMENT (city and State)<br/><b>Calboa Hqts., Canal Zone</b></p>   |  | <p>16. CLASSIFICATION GRADE (if in Federal Service)<br/><b>GS-9a</b></p>  |  |
| <p>17. NAME AND ADDRESS OF EMPLOYER (city, organization, or person if Federal name department, bureau or establishment, or division)<br/><b>Civil Intelligence Branch, Executive Dept., The Panama Canal</b></p>  |  | <p>18. NAME AND TITLE OF IMMEDIATE SUPERVISOR<br/><b>Chief, Civil Int. Branch</b></p>   |  |
| <p>19. KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale sale, insurance agency, manufacture of goods, etc.)<br/><b>U.S. Government</b></p>   |  | <p>20. REASON FOR LEAVING TO CHANGE EMPLOYMENT<br/><b>Personal betterment</b></p>   |  |
| <p>21. DESCRIPTION OF YOUR WORK<br/><b>Intelligence investigations of employees of the Panama Canal Railroad and of incidents within the Canal Zone of a suspected sabotage or espionage nature.</b></p>  |  |   |  |

(CONTINUED ON NEXT PAGE)

14-50000-2

| ② DATES OF EMPLOYMENT (month, year)  |  | EXACT TITLE OF YOUR POSITION   | CLASSIFICATION GRADE<br>(if in Federal service) | SALARY OR EARNINGS<br>STARTING \$ PER WK<br>FINAL \$ PER WK |
|--|--|--|---|---|
| FROM: Apr. 1941 TO: Sept. 42   |  | Electrician  |   | STARTING \$ 50 PER WK                                       |
| PLACE OF EMPLOYMENT (City and State)   |  | NAME AND TITLE OF IMMEDIATE SUPERVISOR   |   |   |
| Baltimore, Maryland.   |  | Can not recall   |   |   |
| NAME AND ADDRESS OF EMPLOYER (firm, organization, or person, if Federal, name, department, bureau or establishment, and division)  |  | KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale sale, insurance agency, manufacture of locks, etc.) |   |   |
| X. Enterprise Elec. Co.  |  | Electrical Contracting   |   |   |
| NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU   |  | REASON FOR LEAVING   |   |   |
| 2-4, helpers and clerks.   |  | Enlisted in AUS  |   |   |
| DESCRIPTION OF YOUR WORK   |  |  |   |   |
| Employed in the capacity of a mechanic. Actual duties consisted mostly of final checkout and inspection of electrical installations on defense housing projects in Balto. area.  |  |  |   |   |
| ③ DATES OF EMPLOYMENT (month, year)  |  | EXACT TITLE OF YOUR POSITION   | CLASSIFICATION GRADE<br>(if in Federal service) | SALARY OR EARNINGS<br>STARTING \$ PER WK<br>FINAL \$ PER WK |
| FROM: May 41 (App) TO: Apr. 42   |  | Electrician  |   | STARTING \$ 60 PER WK                                       |
| PLACE OF EMPLOYMENT (City and State)   |  | NAME AND TITLE OF IMMEDIATE SUPERVISOR   |   |   |
| Baltimore, Maryland  |  | Supt.  |   |   |
| NAME AND ADDRESS OF EMPLOYER (firm, organization, or person, if Federal, name, department, bureau or establishment, and division)  |  | KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale sale, insurance agency, manufacture of locks, etc.) |   |   |
| H. E. Crook Co., Balto., Md.   |  | Construction corporation   |   |   |
| NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU   |  | REASON FOR LEAVING   |   |   |
| 1-3 assistants   |  | Termination of defense contract  |   |   |
| DESCRIPTION OF YOUR WORK   |  |  |   |   |
| Employed as an electrician on defense contracts. Handled material and supplies.  |  |  |   |   |
| ④ DATES OF EMPLOYMENT (month, year)  |  | EXACT TITLE OF YOUR POSITION   | CLASSIFICATION GRADE<br>(if in Federal service) | SALARY OR EARNINGS<br>STARTING \$ PER WK<br>FINAL \$ PER WK |
| FROM: July 1923 TO: Apr. 1942  |  | Ass't Mgr.   |   | STARTING \$ 20 PER WK<br>FINAL \$ 50 PER WK                 |
| PLACE OF EMPLOYMENT (City and State)   |  | NAME AND TITLE OF IMMEDIATE SUPERVISOR   |   |   |
| Auburn, New York   |  | owner (father)   |   |   |
| NAME AND ADDRESS OF EMPLOYER (firm, organization, or person, if Federal, name, department, bureau or establishment, and division)  |  | KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale sale, insurance agency, manufacture of locks, etc.) |   |   |
| Auburn, N.Y.   |  | Electrical Contracting & Supplies.   |   |   |
| NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU   |  | REASON FOR LEAVING   |   |   |
| 2-8, salesmen and mechanics  |  | self betterment  |   |   |
| DESCRIPTION OF YOUR WORK   |  |  |   |   |
| Entered business as stock and supply clerk, later became salesman and in charge of a group of outdoor salesman. Advanced to Ass't manager where I was responsible for wholesale buying of contracting supplies and appliances. |  |  |   |   |

10-25-1973

1. FULL NAME: [Redacted] (Give complete current address, including street and number) [Redacted] Baltimore, Md. BUSINESS OR OCCUPATION: Attorney

2. [Redacted] [Redacted] Los Angeles, Calif. Salesman

3. [Redacted] [Redacted] Harrisburg, Pa. Personnel Mgr.

25. MAY INQUIRY BY MANY OF YOUR PRESENT EMPLOYER REGARDING YOUR CHARACTER QUALIFICATION, ETC? YES NO

26. ARE YOU A CITIZEN OF OR DO YOU OWE ALLEGIANCE TO THE UNITED STATES? YES NO

27. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF THE COMMUNIST PARTY U.S.A. OR ANY COMMUNIST ORGANIZATION? YES NO

28. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF A FASCIST ORGANIZATION? YES NO

29. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP OR COMBINATION OF PERSONS WHICH ASSOCIATES THE OATH-TAKING OF OUR CONSTITUTIONAL FORM OF GOVERNMENT, OR AN ORGANIZATION ASSOCIATION, MOVEMENT, GROUP OR COMBINATION OF PERSONS, WHICH HAS ADOPTED A POLICY OF ADVOCATING OR SPURRING THE COMMISSION OF ACTS OF FORCE OR VIOLENCE TO INFLUENCE OTHER PERSONS TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY UNCONSTITUTIONAL MEANS? YES NO

30. SINCE YOUR 14TH BIRTHDAY, HAVE YOU EVER BEEN ARRESTED, INDICTED, OR SUMMONED INTO COURT AS A DEFENDANT IN A CRIMINAL PROCEEDING, OR CONFINED, FINED, OR IMPRISONED OR PLACED ON PROBATION OR HAVE YOU EVER BEEN ORDERED TO DEPOSIT BAIL OR COLLATERAL FOR THE VIOLATION OF ANY LAW, POLICE REGULATION OR ORDINANCE, IF INCLUDING MAJOR TRAFFIC VIOLATIONS FOR WHICH A FINE OR FORTIFITURE OF \$50 OR LIST WAS IMPOSED? YES NO

31. HAVE YOU EVER BEEN DISCHARGED OR FORCED TO RESIGN, FOR MISCONDUCT OR UNSATISFACTORY SERVICE FROM ANY POSITION? YES NO

32. HAVE YOU EVER BEEN BARRED BY THE U.S. CIVIL SERVICE COMMISSION FROM TAKING EXAMINATIONS OR ACCEPTING CIVIL SERVICE APPOINTMENTS? YES NO

33. HAVE YOU ANY PHYSICAL HANDICAP, DISEASE, OR OTHER DISABILITY WHICH SHOULD BE CONSIDERED IN ADJUSTING YOU TO A JOB? YES NO

34. DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT OR ANY PENSION OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE? YES NO

35. ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY? YES NO

36. ARE YOU THE UNITED STATES GOVERNMENT EMPLOYEE IN A CIVILIAN CAPACITY ANY RELATIVE OF YOURS (BY BLOOD OR MARRIAGE) WITH WHOM YOU LIVE OR HAVE LIVED WITHIN THE LAST 24 MONTHS? YES NO

37. (A) WERE YOU EVER IN THE UNITED STATES MILITARY OR NAVAL SERVICE DURING TIME OF WAR? YES NO

(B) IS THE WORD "HONORABLE" OR THE WORD "SATISFACTORY" USED IN YOUR DISCHARGE OR SEPARATION PAPERS TO SHOW THE TYPE OF YOUR DISCHARGE OR SEPARATION? YES NO

(C) WAS SERVICE PERFORMED ON AN ACTIVE FULL-TIME BASIS WITH FULL MILITARY PAY AND ALL PRIVILEGES? YES NO

(D) DATE OF ENTRY FOR ENTRY INTO SERVICE: Sept 42 DATE OF SEPARATION OR SEPARATION: Feb 46

(E) BRANCH OF SERVICE (Army, Navy, Marine Corps, Coast Guard, etc.): Army SERIAL NO. (if none, give grade or rating at time of separation): O-914652

38. (A) IF YOU SERVED IN THE UNITED STATES MILITARY OR NAVAL SERVICE DURING PEACE TIME ONLY, DID YOU PARTICIPATE IN A CAMPAIGN OR EXTENSION AND RECEIVE A CAMPAIGN BADGE OR SERVICE RIBBON? YES NO

(B) ARE YOU A DISABLED VETERAN? YES NO

(C) ARE YOU A VETERAN'S WIDOW WHO HAS NOT REMARRIED? YES NO

(D) ARE YOU THE WIFE OF A VETERAN WHO HAS A SERVICE CONNECTED DISABILITY? YES NO

THIS SPACE FOR USE OF APPOINTING OFFICER ONLY

The information contained in the answers to Question 37 above has been verified by comparison with the discharge certificate on [Redacted] 12

Agency: [Redacted] Title: [Redacted]

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

ITEM NO. [Redacted] ITEM NO. [Redacted]

Before signing this application check back over it to make sure that you have answered ALL questions correctly.

I CERTIFY that the statements made by me in this application are true and belief, and are made in good faith.

False statement on this application is punishable by Law (U. S. Code, Title 18, Section 80).

SIGNATURE OF APPLICANT: [Redacted]

10-22000-1



# PERSONAL HISTORY STATEMENT

INSTRUCTIONS: ANSWER ALL QUESTIONS COMPLETELY. IF QUESTION DOES NOT APPLY WRITE "NOT APPLICABLE". WRITE "UNKNOWN" ONLY IF YOU DO NOT KNOW THE ANSWER AND CANNOT OBTAIN THE ANSWER FROM PERSONAL RECORDS. USE A SEPARATE SHEET OF PAPER FOR EXTRA DETAILS ON ANY QUESTION OR QUESTIONS FOR WHICH YOU DO NOT HAVE SUFFICIENT ROOM. ATTACH TWO RECENT PASSPORT SIZE PICTURES TO THIS FORM. DATE TAKEN WRITTEN ON THE BACK OF EACH. TYPE, PRINT OR WRITE CAREFULLY; ILLEGIBLE OR INCOMPLETE FORMS WILL NOT RECEIVE CONSIDERATION.

HAVE YOU READ AND UNDERSTOOD THE ABOVE INSTRUCTIONS?

YES ☒

NO ☐

## SECTION 1. PERSONAL BACKGROUND

NAME FIRST MIDDLE LAST TELEPHONE  
MR. ☒ MISS ☐ MRS. ☐ Balboa 3223

PRESENT ADDRESS STREET AND NUMBER CITY STATE COUNTRY  
Balboa, Canal Zone

LEGAL RESIDENCE STREET AND NUMBER CITY STATE COUNTRY  
Auburn, New York U.S.A.

NICKNAMES OTHER NAMES THAT YOU HAVE USED

None

Not applicable

UNDER WHAT CIRCUMSTANCES HAVE YOU EVER USED THESE NAMES?

HOW LONG?

Not applicable

Not applicable

IF LEGAL CHANGE, GIVE PARTICULARS (WHERE, WHEN AND BY WHAT AUTHORITY)

Not applicable

DATE OF BIRTH PLACE OF BIRTH CITY STATE COUNTRY

PRESENT CITIZENSHIP ACQUIRED BY: Auburn, New York U.S.A.

U.S.A. BIRTH ☒ MARRIAGE ☐ NATURALIZATION ☐  
NATURALIZATION CERTIFICATE NUMBER DATE ISSUED NAME OF COURT  
Not applicable Not applicable Not applicable

LOCATION OF COURT CITY STATE COUNTRY  
Not applicable

PREVIOUS CITIZENSHIP DATE HELD FROM: TO:  
Not applicable

OTHER CITIZENSHIPS (GIVE PARTICULARS)

Not applicable

STEPS TAKEN TO CHANGE PRESENT NATIONALITY (GIVE PARTICULARS)

Not applicable

LAST U.S. PASSPORT NUMBER DATE PLACE OF ISSUE  
58 10 Sept. 1948 Colon, Republic of Panama

ALL OTHER U.S. PASSPORTS YOU HAVE HAD (GIVE APPROXIMATE DATES)

None.

PASSPORTS OF OTHER NATIONS

None

IF BORN OUTSIDE U.S. DATE OF ARRIVAL IN THIS COUNTRY PORT OF ENTRY PASSPORT OF COUNTRY  
Not applicable

LAST U.S. VISA NUMBER TYPE DATE PLACE OF ISSUE  
Not applicable

## SECTION 2. PHYSICAL DESCRIPTION

AGE SEX HEIGHT WEIGHT EYES HAIR  
35 Male 6' 174 lbs. grey grey  
COMPLEXION SCARS BUILD  
Ruddy None Medium

OTHER DISTINGUISHING FEATURES

None

## SECTION 3. MARITAL STATUS

MARRIED ☐ WIDOWED ☐ SEPARATED ☐ DATE OF SEPARATION OR DIVORCE \_\_\_\_\_ PLACE \_\_\_\_\_  
 SINGLE ☐ DIVORCED ☐

REASON FOR SEPARATION OR DIVORCE \_\_\_\_\_

NOTE: IF YOU HAVE BEEN MARRIED MORE THAN ONCE USE A SEPARATE SHEET FOR FORMER WIFE OR HUSBAND AND GIVE DATA REQUIRED BELOW FOR ALL PREVIOUS MARRIAGES.

|   |                                      |                           |                   |                    |
|---|--------------------------------------|---------------------------|-------------------|--------------------|
| NAME OF WIFE OR HUSBAND   | FIRST                                | MIDDLE (FOR WIFE, MAIDEN) | LAST              | DATE OF MARRIAGE   |
| PLACE OF MARRIAGE   | (HIS OR HER ADDRESS BEFORE MARRIAGE) |                           | STREET AND NUMBER | CITY STATE COUNTRY |
| LIVING <input type="checkbox"/> DECEASED <input type="checkbox"/> | DATE OF DECEASE                      |                           | CAUSE             |                    |
| PRESENT OR LAST ADDRESS   | STREET AND NUMBER                    |                           | CITY              | STATE COUNTRY      |
| DATE OF BIRTH   | PLACE OF BIRTH                       |                           | CITY              | STATE COUNTRY      |
| CITIZENSHIP   | DATE ACQUIRED                        | WHERE ACQUIRED            | CITY              | STATE COUNTRY      |
| OCCUPATION  | LAST EMPLOYER                        |                           |                   |                    |
| EMPLOYER'S OR OWN BUSINESS ADDRESS                                | STREET AND NUMBER                    |                           | CITY              | STATE COUNTRY      |
| DATE OF MILITARY SERVICE  | FROM:                                | TO:                       | BRANCH OF SERVICE | COUNTRY            |
| OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN (GIVE DETAILS)          |                                      |                           |                   |                    |

## SECTION 4. CHILDREN OR DEPENDENTS (INCLUDE PARTIAL DEPENDENTS)

|             |                           |                    |
|-------------|---------------------------|--------------------|
| NAME        | RELATIONSHIP              | AGE                |
| CITIZENSHIP | ADDRESS STREET AND NUMBER | CITY STATE COUNTRY |
| NAME        | RELATIONSHIP              | AGE                |
| CITIZENSHIP | ADDRESS STREET AND NUMBER | CITY STATE COUNTRY |
| NAME        | RELATIONSHIP              | AGE                |
| CITIZENSHIP | ADDRESS STREET AND NUMBER | CITY STATE COUNTRY |

## SECTION 5. PARENTS

NOTE: FOR STEPFATHER, STEPMOTHER AND/OR GUARDIAN, GIVE THE SAME INFORMATION AS REQUIRED BELOW ON SEPARATE SHEET.

|                                    |                   |                |      |   |
|------------------------------------|-------------------|----------------|------|---|
| NAME OF FATHER                     | FIRST             | MIDDLE         | LAST | LIVING <input type="checkbox"/> DECEASED <input type="checkbox"/> |
| DATE OF DECEASE                    | CAUSE             |                |      |   |
| PRESENT OR LAST ADDRESS            | STREET AND NUMBER |                | CITY | STATE COUNTRY   |
| DATE OF BIRTH                      | PLACE OF BIRTH    |                | CITY | STATE COUNTRY   |
| CITIZENSHIP                        | DATE ACQUIRED     | WHERE ACQUIRED | CITY | STATE COUNTRY   |
| OCCUPATION                         | LAST EMPLOYER     |                |      |   |
| EMPLOYER'S OR OWN BUSINESS ADDRESS | STREET AND NUMBER |                | CITY | STATE COUNTRY   |

## SECTION 5. PARENTS

| SECTION 5. PARENTS (CONTINUED PAGE 2)   |  |                   |                |         |   |         |
|---|--|-------------------|----------------|---------|---|---------|
| DATE OF MILITARY SERVICE  |  | BRANCH OR SERVICE |                | COUNTRY |   |         |
| OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN (GIVE DETAILS)                                |  |                   |                |         |   |         |
| NAME OF MOTHER  |  | FIRST             | MIDDLE         | LAST    | LIVING <input type="checkbox"/> DECEASED <input type="checkbox"/> |         |
| DATE OF DECEASE   |  | CAUSE             |                |         |   |         |
| PRESENT OR LAST ADDRESS   |  | STREET AND NUMBER |                | CITY    | STATE   | COUNTRY |
| DATE OF BIRTH   |  | PLACE OF BIRTH    |                | CITY    | STATE   | COUNTRY |
| CITIZENSHIP   |  | DATE ACQUIRED     | WHERE ACQUIRED | CITY    | STATE   | COUNTRY |
| OCCUPATION  |  | LAST EMPLOYER     |                |         |   |         |
| EMPLOYER'S OR OWN BUSINESS ADDRESS  |  | STREET AND NUMBER |                | CITY    | STATE   | COUNTRY |
| GOVERNMENT SERVICE, U.S. OR FOREIGN (GIVE DETAILS)                                      |  |                   |                |         |   |         |
| SECTION 6. BROTHERS AND SISTERS (INCLUDING HALF-STEP- AND ADOPTED BROTHERS AND SISTERS) |  |                   |                |         |   |         |
| NAME  |  | FIRST             | MIDDLE         | LAST    | LIVING <input type="checkbox"/> DECEASED <input type="checkbox"/> |         |
| PRESENT ADDRESS   |  | STREET AND NUMBER |                | CITY    | STATE   | COUNTRY |
| NAME  |  | FIRST             | MIDDLE         | LAST    | LIVING <input type="checkbox"/> DECEASED <input type="checkbox"/> |         |
| PRESENT ADDRESS   |  | STREET AND NUMBER |                | CITY    | STATE   | COUNTRY |
| NAME  |  | FIRST             | MIDDLE         | LAST    | LIVING <input type="checkbox"/> DECEASED <input type="checkbox"/> |         |
| PRESENT ADDRESS   |  | STREET AND NUMBER |                | CITY    | STATE   | COUNTRY |
| SECTION 7. PARENTS-IN-LAW   |  |                   |                |         |   |         |
| NAME OF FATHER-IN-LAW   |  | FIRST             | MIDDLE         | LAST    | LIVING <input type="checkbox"/> DECEASED <input type="checkbox"/> |         |
| DATE OF DECEASE   |  | CAUSE             |                |         |   |         |
| PRESENT OR LAST ADDRESS   |  | STREET AND NUMBER |                | CITY    | STATE   | COUNTRY |
| DATE OF BIRTH   |  | PLACE OF BIRTH    |                | CITY    | STATE   | COUNTRY |
| CITIZENSHIP   |  | DATE ACQUIRED     | WHERE ACQUIRED | CITY    | STATE   | COUNTRY |
| OCCUPATION  |  | LAST EMPLOYER     |                |         |   |         |
| NAME OF MOTHER-IN-LAW   |  | FIRST             | MIDDLE         | LAST    | LIVING <input type="checkbox"/> DECEASED <input type="checkbox"/> |         |
| DATE OF DECEASE   |  | CAUSE             |                |         |   |         |
| PRESENT OR LAST ADDRESS   |  | STREET AND NUMBER |                | CITY    | STATE   | COUNTRY |
| DATE OF BIRTH   |  | PLACE OF BIRTH    |                | CITY    | STATE   | COUNTRY |
| CITIZENSHIP   |  | DATE ACQUIRED     | WHERE ACQUIRED | CITY    | STATE   | COUNTRY |
| OCCUPATION  |  | LAST EMPLOYER     |                |         |   |         |

## SECTION 8. RELATIVES

NOTE: INDICATE BELOW THE RELATIVES BY BLOOD, MARRIAGE OR ADOPTION, WHO LIVE ABROAD, ARE UNDER THE INFLUENCE OF A FOREIGN POWER, ARE NOT CITIZENS OF THE UNITED STATES, OR ARE MARRIED TO NON-CITIZENS.

|  |                           |                    |
|--|---------------------------|--------------------|
| NAME                                   | RELATIONSHIP              | AGE                |
| Not applicable                         |                           |                    |
| CITIZENSHIP                            | ADDRESS STREET AND NUMBER | CITY STATE COUNTRY |
| Not applicable                         |                           |                    |
| REASON FOR LISTING UNDER THIS QUESTION |                           |                    |
| Not applicable                         |                           |                    |
| NAME                                   | RELATIONSHIP              | AGE                |
| Not applicable                         |                           |                    |
| CITIZENSHIP                            | ADDRESS STREET AND NUMBER | CITY STATE COUNTRY |
| Not applicable                         |                           |                    |
| REASON FOR LISTING UNDER THIS QUESTION |                           |                    |
| Not applicable                         |                           |                    |
| NAME                                   | RELATIONSHIP              | AGE                |
| Not applicable                         |                           |                    |
| CITIZENSHIP                            | ADDRESS STREET AND NUMBER | CITY STATE COUNTRY |
| Not applicable                         |                           |                    |
| REASON FOR LISTING UNDER THIS QUESTION |                           |                    |
| Not applicable                         |                           |                    |

NOTE: INDICATE BELOW THE RELATIVES BY BLOOD OR MARRIAGE, IN MILITARY, NAVAL OR OTHER GOVERNMENT SERVICE (UNITED STATES OR FOREIGN)

|   |                           |                    |
|---|---------------------------|--------------------|
| NAME                                    | RELATIONSHIP              | AGE                |
| Not applicable                          |                           |                    |
| CITIZENSHIP                             | ADDRESS STREET AND NUMBER | CITY STATE COUNTRY |
| Not applicable                          |                           |                    |
| TYPE AND LOCATION OF SERVICE (IF KNOWN) |                           |                    |
| Not applicable                          |                           |                    |
| NAME                                    | RELATIONSHIP              | AGE                |
| Not applicable                          |                           |                    |
| CITIZENSHIP                             | ADDRESS STREET AND NUMBER | CITY STATE COUNTRY |
| Not applicable                          |                           |                    |
| TYPE AND LOCATION OF SERVICE (IF KNOWN) |                           |                    |
| Not applicable                          |                           |                    |
| NAME                                    | RELATIONSHIP              | AGE                |
| Not applicable                          |                           |                    |
| CITIZENSHIP                             | ADDRESS STREET AND NUMBER | CITY STATE COUNTRY |
| Not applicable                          |                           |                    |
| TYPE AND LOCATION OF SERVICE (IF KNOWN) |                           |                    |
| Not applicable                          |                           |                    |

## SECTION 9. EDUCATION

|                    |         |      |                         |         |
|--------------------|---------|------|-------------------------|---------|
| SCHOOL             | ADDRESS | CITY | STATE                   | COUNTRY |
| Holy Family        | Adrian  |      | Mass                    | U.S.A.  |
| DATES ATTENDED     | FROM    | TO   | DEGREE                  |         |
|                    | 1922    | 1923 | Graduate of Holy Family |         |
| SCHOOL             | ADDRESS | CITY | STATE                   | COUNTRY |
| Adrian Senior High | Adrian  |      | Mass                    | U.S.A.  |
| DATES ATTENDED     | FROM    | TO   | DEGREE                  |         |
|                    | 1923    | 1925 | High School Graduate    |         |
| COLLEGE            | ADDRESS | CITY | STATE                   | COUNTRY |
|                    |         |      |                         |         |
| DATES ATTENDED     | FROM    | TO   | DEGREE                  |         |
|                    |         |      |                         |         |
| COLLEGE            | ADDRESS | CITY | STATE                   | COUNTRY |
|                    |         |      |                         |         |
| DATES ATTENDED     | FROM    | TO   | DEGREE                  |         |
|                    |         |      |                         |         |

## SECTION 10. SELECTIVE SERVICE

THIS CONTINUED ON PAGE 7

|  |               |                            |              |
|--|---------------|----------------------------|--------------|
| <b>SECTION 10. SELECTIVE SERVICE</b>   |               |                            |              |
| CLASSIFICATION   | GRADE NUMBER  | APPROXIMATE INDUCTION DATE | BOARD NUMBER |
| ADDRESS OF BOARD   |               | CITY                       | STATE        |
| IF DEFERRED, STATE REASON  |               |                            |              |
| <b>SECTION 11. MILITARY, NAVAL OR OTHER GOVERNMENT SERVICE - UNITED STATES OR FOREIGN</b>  |               |                            |              |
| COUNTRY  | SERVICE       | SERVICE DATES              | FROM         |
| GRADE  | SERIAL NUMBER | TYPE OF DISCHARGE          |              |
| LAST STATION   |               | COMMANDING OFFICER         |              |
| REMARKS:   |               |                            |              |
| By enlisting military service has been reported to the Civilian Intelligence Corps. At the present time I am assigned to the Civilian Intelligence Corps. Panama Canal and employed as an investigator with the Civil Intelligence Bureau, The Panama Canal. |               |                            |              |
| <b>SECTION 12. CHRONOLOGICAL HISTORY OF EMPLOYMENT (USE ADDITIONAL SHEET IF NECESSARY)</b>   |               |                            |              |
| NOTE: INCLUDE BELOW PERIODS OF UNEMPLOYMENT AND CASUAL EMPLOYMENT. GIVE ADDRESS AND STATE WHAT YOU DID DURING PERIODS OF UNEMPLOYMENT. INCLUDE LAST 5 POSITIONS AND COVER AT LEAST 15 YEARS.   |               |                            |              |
| EMPLOYER   |               | JOB TITLE                  |              |
| ADDRESS  |               | CITY                       | STATE        |
| STREET AND NUMBER  |               | CITY                       | STATE        |
| YOUR DUTIES AND SPECIALITY   |               | NAME OF SUPERVISOR         |              |
| DATES COVERED  |               | FROM                       | TO           |
| SALARY   |               | PER                        |              |
| REASONS FOR LEAVING  |               |                            |              |
| Left for personal reasons and self-employment  |               |                            |              |
| EMPLOYER   |               | JOB TITLE                  |              |
| ADDRESS  |               | CITY                       | STATE        |
| STREET AND NUMBER  |               | CITY                       | STATE        |
| YOUR DUTIES AND SPECIALITY   |               | NAME OF SUPERVISOR         |              |
| DATES COVERED  |               | FROM                       | TO           |
| SALARY   |               | PER                        |              |
| REASONS FOR LEAVING  |               |                            |              |
| Termination of temporary defense contract  |               |                            |              |
| EMPLOYER   |               | JOB TITLE                  |              |
| ADDRESS  |               | CITY                       | STATE        |
| STREET AND NUMBER  |               | CITY                       | STATE        |
| YOUR DUTIES AND SPECIALITY   |               | NAME OF SUPERVISOR         |              |
| DATES COVERED  |               | FROM                       | TO           |
| SALARY   |               | PER                        |              |
| REASONS FOR LEAVING  |               |                            |              |
| Termination of temporary defense contract  |               |                            |              |
| EMPLOYER   |               | JOB TITLE                  |              |
| ADDRESS  |               | CITY                       | STATE        |
| STREET AND NUMBER  |               | CITY                       | STATE        |
| YOUR DUTIES AND SPECIALITY   |               | NAME OF SUPERVISOR         |              |
| DATES COVERED  |               | FROM                       | TO           |
| SALARY   |               | PER                        |              |
| REASONS FOR LEAVING  |               |                            |              |
| Termination of temporary defense contract  |               |                            |              |
| EMPLOYER   |               | JOB TITLE                  |              |
| ADDRESS  |               | CITY                       | STATE        |
| STREET AND NUMBER  |               | CITY                       | STATE        |
| YOUR DUTIES AND SPECIALITY   |               | NAME OF SUPERVISOR         |              |
| DATES COVERED  |               | FROM                       | TO           |
| SALARY   |               | PER                        |              |
| REASONS FOR LEAVING  |               |                            |              |
| Termination of temporary defense contract  |               |                            |              |

## SECTION 12. CHRONOLOGICAL HISTORY OF EMPLOYMENT (CONTINUED FROM PAGE 5)

|                             |      |         |        |                    |  |
|-----------------------------|------|---------|--------|--------------------|--|
| YOUR DUTIES AND SPECIALTIES |      |         |        | NAME OF SUPERVISOR |  |
| Not applicable              |      |         |        | Not applicable     |  |
| DATES COVERED               | FROM | TO      | SALARY | PER                |  |
| 1971                        |      | Present |        |                    |  |
| REASONS FOR LEAVING         |      |         |        |                    |  |
| Not applicable              |      |         |        |                    |  |
| EMPLOYER                    |      |         |        | JOB TITLE          |  |
| Not applicable              |      |         |        | Not applicable     |  |
| ADDRESS STREET AND NUMBER   |      | CITY    | STATE  | KIND OF BUSINESS   |  |
| Not applicable              |      |         |        | Not applicable     |  |
| YOUR DUTIES AND SPECIALTIES |      |         |        | NAME OF SUPERVISOR |  |
| Not applicable              |      |         |        | Not applicable     |  |
| DATES COVERED               | FROM | TO      | SALARY | PER                |  |
| Not applicable              |      |         |        |                    |  |
| REASONS FOR LEAVING         |      |         |        |                    |  |
| Not applicable              |      |         |        |                    |  |
| EMPLOYER                    |      |         |        | JOB TITLE          |  |
| Not applicable              |      |         |        | Not applicable     |  |
| ADDRESS STREET AND NUMBER   |      | CITY    | STATE  | KIND OF BUSINESS   |  |
| Not applicable              |      |         |        | Not applicable     |  |
| YOUR DUTIES AND SPECIALTIES |      |         |        | NAME OF SUPERVISOR |  |
| Not applicable              |      |         |        | Not applicable     |  |
| DATES COVERED               | FROM | TO      | SALARY | PER                |  |
| Not applicable              |      |         |        |                    |  |
| REASONS FOR LEAVING         |      |         |        |                    |  |
| Not applicable              |      |         |        |                    |  |

NOTE: IN SPACE BELOW GIVE DETAILS CONCERNING ANY POSITION FROM WHICH YOU MAY HAVE BEEN DISCHARGED OR WHICH YOU MAY HAVE LEFT UNDER CIRCUMSTANCES WHICH WERE NOT ENTIRELY FAVORABLE.

DETAILS:

Not applicable

## SECTION 13. CHARACTER REFERENCES-FIVE IN THE UNITED STATES (GIVE BUSINESS ADDRESS WHERE POSSIBLE)

|      |                           |      |       |
|------|---------------------------|------|-------|
| NAME | ADDRESS STREET AND NUMBER | CITY | STATE |
|      |                           |      |       |
| NAME | ADDRESS STREET AND NUMBER | CITY | STATE |
|      |                           |      |       |
| NAME | ADDRESS STREET AND NUMBER | CITY | STATE |
|      |                           |      |       |
| NAME | ADDRESS STREET AND NUMBER | CITY | STATE |
|      |                           |      |       |
| NAME | ADDRESS STREET AND NUMBER | CITY | STATE |
|      |                           |      |       |

## SECTION 14. SOCIAL ACQUAINTANCES-FIVE IN THE UNITED STATES (GIVE BUSINESS ADDRESS WHERE POSSIBLE)

|      |                           |      |       |
|------|---------------------------|------|-------|
| NAME | ADDRESS STREET AND NUMBER | CITY | STATE |
|      |                           |      |       |
| NAME | ADDRESS STREET AND NUMBER | CITY | STATE |
|      |                           |      |       |
| NAME | ADDRESS STREET AND NUMBER | CITY | STATE |
|      |                           |      |       |
| NAME | ADDRESS STREET AND NUMBER | CITY | STATE |
|      |                           |      |       |

## SECTION 15. SIGNATURES-FIVE IN THE UNITED STATES

Signature of [Name] Date [Date]

| SECTION 15. NEIGHBORS—THREE IN THE UNITED STATES (AT YOUR LAST NORMAL ADDRESS)   |         |                   |                                      |
|--|---------|-------------------|--------------------------------------|
| NAME   | ADDRESS | STREET AND NUMBER | CITY STATE                           |
|  |         |                   |                                      |
| NAME   | ADDRESS | STREET AND NUMBER | CITY STATE                           |
|  |         |                   |                                      |
| NAME   | ADDRESS | STREET AND NUMBER | CITY STATE                           |
|  |         |                   |                                      |
| SECTION 16. MISCELLANEOUS  |         |                   |                                      |
| DID YOU EVER HAVE OR DO YOU NOW HAVE MEMBERSHIP IN, OR SUPPORT ANY POLITICAL PARTY OR ORGANIZATION WHICH ADVOCATES THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT IN THE UNITED STATES? YES <input type="checkbox"/> NO <input type="checkbox"/> |         |                   |                                      |
| IF ANSWER IS "YES" EXPLAIN BELOW.  |         |                   |                                      |
|  |         |                   |                                      |
|  |         |                   |                                      |
| DO YOU USE, OR HAVE YOU USED "GAMES"?  |         |                   |                                      |
|  |         |                   |                                      |
| HAVE YOU EVER BEEN ARRESTED, INDICTED OR CONVICTED FOR ANY VIOLATION OF LAW OTHER THAN A MINOR TRAFFIC VIOLATION? IF SO, STATE NAME OF COURT, CITY, STATE, COUNTRY, NATURE OF OFFENCE, AND DISPOSITION OF CASE.  |         |                   |                                      |
| NO   |         |                   |                                      |
|  |         |                   |                                      |
|  |         |                   |                                      |
| HAVE YOU EVER BEEN COURT-MARTIALED OR BE A MEMBER OF THE ARMED FORCES? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |         |                   |                                      |
| IF ANSWER IS "YES", GIVE DETAILS BELOW:  |         |                   |                                      |
|  |         |                   |                                      |
|  |         |                   |                                      |
| SECTION 17. FINANCIAL BACKGROUND   |         |                   |                                      |
| ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY? YES <input type="checkbox"/> NO <input type="checkbox"/> IF ANSWER IS "NO", STATE SOURCES OF OTHER INCOME.  |         |                   |                                      |
|  |         |                   |                                      |
| NAMES OF BANKS WITH WHICH YOU HAVE ACCOUNTS  |         |                   |                                      |
|  |         |                   |                                      |
|  |         |                   |                                      |
| HAVE YOU EVER BEEN IN BANKRUPTCY? YES <input type="checkbox"/> NO <input type="checkbox"/> IF ANSWER IS "YES", GIVE PARTICULARS:   |         |                   |                                      |
|  |         |                   |                                      |
|  |         |                   |                                      |
| SECTION 18. CREDIT REFERENCES—THREE IN THE UNITED STATES   |         |                   |                                      |
| NAME   | ADDRESS | STREET AND NUMBER | CITY STATE                           |
|  |         |                   |                                      |
| NAME   | ADDRESS | STREET AND NUMBER | CITY STATE                           |
|  |         |                   |                                      |
| NAME   | ADDRESS | STREET AND NUMBER | CITY STATE                           |
|  |         |                   |                                      |
| SECTION 19. RESIDENCES FOR PAST 15 YEARS   |         |                   |                                      |
| FROM:  | TO:     | ADDRESS           | STREET AND NUMBER CITY STATE COUNTRY |
|  |         |                   |                                      |
| FROM:  | TO:     | ADDRESS           | STREET AND NUMBER CITY STATE COUNTRY |
|  |         |                   |                                      |
| FROM:  | TO:     | ADDRESS           | STREET AND NUMBER CITY STATE COUNTRY |
|  |         |                   |                                      |

(CONTINUED TO PAGE 8)

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## SECTION 19. RESIDENCES FOR PAST 15 YEARS (CONTINUED FROM PAGE 1)

| FROM: | TO:  | ADDRESS | STREET AND NUMBER | CITY | STATE | COUNTRY |
|-------|------|---------|-------------------|------|-------|---------|
| 1917  | 1918 |         |                   |      |       |         |
| FROM: | TO:  | ADDRESS | STREET AND NUMBER | CITY | STATE | COUNTRY |
| 1918  | 1919 |         |                   |      |       |         |
| FROM: | TO:  | ADDRESS | STREET AND NUMBER | CITY | STATE | COUNTRY |
| FROM: | TO:  | ADDRESS | STREET AND NUMBER | CITY | STATE | COUNTRY |
| FROM: | TO:  | ADDRESS | STREET AND NUMBER | CITY | STATE | COUNTRY |

## SECTION 20. RESIDENCES OR TRAVEL OUTSIDE THE UNITED STATES

| FROM: (MO. AND YR.) | TO: (MO. AND YR.) | CITY OR SECTION | COUNTRY | PURPOSE |
|---------------------|-------------------|-----------------|---------|---------|
| 1917                | 1918              |                 |         |         |
| FROM: (MO. AND YR.) | TO: (MO. AND YR.) | CITY OR SECTION | COUNTRY | PURPOSE |
| FROM: (MO. AND YR.) | TO: (MO. AND YR.) | CITY OR SECTION | COUNTRY | PURPOSE |
| FROM: (MO. AND YR.) | TO: (MO. AND YR.) | CITY OR SECTION | COUNTRY | PURPOSE |
| FROM: (MO. AND YR.) | TO: (MO. AND YR.) | CITY OR SECTION | COUNTRY | PURPOSE |
| FROM: (MO. AND YR.) | TO: (MO. AND YR.) | CITY OR SECTION | COUNTRY | PURPOSE |
| FROM: (MO. AND YR.) | TO: (MO. AND YR.) | CITY OR SECTION | COUNTRY | PURPOSE |

## SECTION 21. CLUBS, SOCIETIES AND OTHER ORGANIZATIONS

NOTE: IN SPACE BELOW LIST NAMES AND ADDRESSES OF ALL DOMESTIC AND FOREIGN CLUBS, SOCIETIES AND ORGANIZATIONS OF ALL KINDS TO WHICH YOU HAVE BELONGED, OTHER THAN RELIGIOUS SOCIETIES, POLITICAL PARTIES AND LABOR UNIONS. INCLUDE ANY ORGANIZATION HAVING HEADQUARTERS OR A BRANCH IN A FOREIGN COUNTRY OF WHICH YOU HAVE BEEN A MEMBER OR TO WHICH YOU HAVE GIVEN SUPPORT.

| NAME       | STREET AND NUMBER | CITY | STATE | COUNTRY |
|------------|-------------------|------|-------|---------|
| of England |                   |      |       |         |
| NAME       | STREET AND NUMBER | CITY | STATE | COUNTRY |
|            |                   |      |       |         |
| NAME       | STREET AND NUMBER | CITY | STATE | COUNTRY |
|            |                   |      |       |         |
| NAME       | STREET AND NUMBER | CITY | STATE | COUNTRY |
|            |                   |      |       |         |
| NAME       | STREET AND NUMBER | CITY | STATE | COUNTRY |
|            |                   |      |       |         |
| NAME       | STREET AND NUMBER | CITY | STATE | COUNTRY |
|            |                   |      |       |         |
| NAME       | STREET AND NUMBER | CITY | STATE | COUNTRY |
|            |                   |      |       |         |

## SECTION 22. LANGUAGES-FOREIGN (STATE DEGREE OF PROFICIENCY AS "SLIGHT", "FAIR" OR "FLUENT")

| LANGUAGE | SPEAK | READ | WRITE |
|----------|-------|------|-------|
| English  |       |      |       |
| LANGUAGE | SPEAK | READ | WRITE |
| Spanish  |       |      |       |
| LANGUAGE | SPEAK | READ | WRITE |
| French   |       |      |       |
| LANGUAGE | SPEAK | READ | WRITE |
| German   |       |      |       |
| LANGUAGE | SPEAK | READ | WRITE |
| Italian  |       |      |       |
| LANGUAGE | SPEAK | READ | WRITE |
| Japanese |       |      |       |



**SECTION 23. GENERAL QUALIFI**

INDICATE ANY SPECIAL KNOWLEDGE OR TRAINING YOU HAVE, ALSO, SET FORTH ANY QUALIFICATIONS AS A RESULT OF TRAINING OR EXPERIENCE, WHICH MIGHT FIT YOU FOR A PARTICULAR POSITION.

I involved in the training of a number of officers of the 1st Air Division  
Command, F 1st Air, 1st. In 1944, attended the advanced course of war at Chicago, Ill.  
In 1947 and received 3 weeks training at the CIO AIF school in Ogden, Utah in 1944.  
Have worked as an agent for CIO since 1947 in Cleveland, A, Ind. Dayton, Ohio,  
and Baltimore and as resident agent in Columbus, Ohio and Philadelphia, Pa.

**SECTION 24. SPORTS AND HOBBIES****SECTION 25. EMERGENCY ADDRESSEE**

|            |                   |              |            |            |            |
|------------|-------------------|--------------|------------|------------|------------|
| NAME       |                   | RELATIONSHIP |            |            |            |
| [Redacted] |                   | [Redacted]   |            |            |            |
| ADDRESS    | STREET AND NUMBER | CITY         | STATE      | COUNTRY    | TELEPHONE  |
|            | [Redacted]        | [Redacted]   | [Redacted] | [Redacted] | [Redacted] |

**SECTION 26. INFORMATION AND FINAL COMMENTS**

NOTE: YOU ARE INFORMED THAT CORRECTNESS OF ALL STATEMENTS MADE HEREIN WILL BE INVESTIGATED, AND YOU ARE INVITED TO MAKE ANY CHANGES (OR ADDITIONS) IN YOUR STATEMENTS THAT YOU MAY THINK ADVISABLE.

ARE THERE ANY UNFAVORABLE INCIDENTS IN YOUR LIFE NOT MENTIONED ABOVE WHICH MAY BE DISCOVERED IN SUBSEQUENT INVESTIGATION, WHETHER YOU WERE DIRECTLY INVOLVED OR NOT, WHICH MIGHT REQUIRE EXPLANATION, IF SO, DESCRIBE, IF NOT, ANSWER, "NO".

NO

**SECTION 27. CERTIFICATION**

I CERTIFY THAT THE FOREGOING ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND I AGREE THAT ANY INTENTIONAL MISSTATEMENT OR OMISSION AS TO A MATERIAL FACT WILL CONSTITUTE GROUNDS FOR MY IMMEDIATE DISMISSAL.

SIGNED AT

*Bellona H. E. Caralzone*

DATE

*17 July 1950*

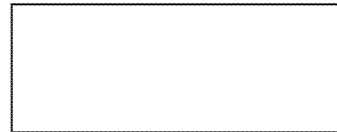
SECRET

~~SECRET~~ INFORMATION

TO : Chief, Communications  
Acting  
FROM : Chief, Security Division  
SUBJECT:   
#13726

DATE: 8 August 1952

In reply to your memorandum this is to advise that subject meets the current requirements for cryptographic clearance and is approved for such duties as of this date.



SECRET

**SECRET**  
**CONFIDENTIAL**  
**SECURITY INFORMATION**  
**SECURITY APPROVAL**

Date: 9 May 1952

TO: Chief, Covert Personnel Division

Your Reference: L-9389

FROM: Chief, Security Division

Case Number: 43726

SUBJECT:

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 1C-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 1C-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 the EOD procedures.

*not 15 May*

*C. V. PROBLEY*

*list*

*EOD: 25 June 1952*

*6/3/52*

*25 EOD: about 25 June 1952*

*in Washington Per*

*5/20/52*

**SECRET**

050 00  
40

SECURITY APPROVAL

~~SECRET~~

To : Chief, Employees Division, Special Support Staff  
Personnel Officer  
Date: NOV 20 1950

From : Chief of Inspection and Security  
Number: 43726

Subject:   
#43726

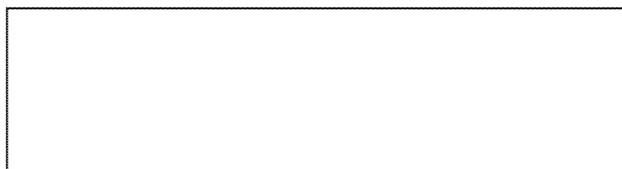
1. Note "X" below:

☒ Security approval is granted subject for access to classified information contingent upon the receipt of derogatory information at some future date.

☐ Provisional clearance for full duty with CIA is granted under the provisions of paragraph 4, Administrative Instruction 10-2, which provides for a temporary appointment pending the completion of full security investigation.

☒ Unless the applicant enters upon duty within 60 days from above date this approval becomes invalid.

2. Your memorandum dated 14 August 1950 stated Subject is an applicant for FDT.



Chief, Personnel Security Division  
Chief, Special Security Branch

*noted*  
*22 Nov 50*  
*C.H.*

*BR*  
~~SECRET~~

14-00000

RECORD OF  
PREVIOUS GOVERNMENT  
SERVICE RETURNED TO  
FEDERAL RECORDS CENTER IN  
ST. LOUIS, MO.

DATE

7/13/73

JS