JFK ASSASSINATION SYSTEM
IDENTIFICATION FORM

AGENCY INFORMATION

AGENCY : HSCA
RECORD NUMBER : 180-10070-10172

RECORDS SERIES :
STAFF PAYROLL RECORDS

AGENCY FILE NUMBER :

DOCUMENT INFORMATION

ORIGINATOR : HSCA
FROM :
TO :

TITLE :

DATE : 05/02/77
PAGES : 9

SUBJECTS :
HSCA; ADMINISTRATION
WILLS, MARION H.

DOCUMENT TYPE : PRINTED FORM
CLASSIFICATION : U
RESTRICTIONS : 3
CURRENT STATUS : P
DATE OF LAST REVIEW : 07/16/93

OPENING CRITERIA :

COMMENTS :
Box 3.

[R] - ITEM IS RESTRICTED
<table>
<thead>
<tr>
<th>Name</th>
<th>Approved</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fenton</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hess</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gay</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Klein</td>
<td></td>
<td></td>
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<tr>
<td>Wolf</td>
<td></td>
<td></td>
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<tr>
<td>Cornwell</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blakey</td>
<td>[圈]</td>
<td>030-26</td>
</tr>
</tbody>
</table>

DRAFTED BY: J. Jarkin
PAYROLL AUTHORIZATION FORM

(Use Typewriter
or Ballpoint Pen)

U.S. HOUSE OF REPRESENTATIVES
Washington, D.C. 20515

(Any erasures, corrections, or changes
on this form must be initialed by the
authorizing official.)

To the Clerk of the House of Representatives:

I hereby authorize the following payroll action:

<table>
<thead>
<tr>
<th>Employee Name (First-Middle-Last)</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marion H. Mills</td>
<td>8/31/78</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employee Social Security Number</th>
<th>Type of Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>169-28-5380</td>
<td></td>
</tr>
<tr>
<td>Employing Office or Committee/Subcommittee</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Assassinations</td>
<td></td>
</tr>
</tbody>
</table>

(If type of action is an Appointment, Salary Adjustment, or Title Change, complete appropriate information below.)

<table>
<thead>
<tr>
<th>Position Title</th>
<th>Gross Annual Salary*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* If employee is a civil service annuitant (includes U.S. House of Representatives), the gross annual salary shown should include the annuity received by the employee plus the salary received from the employing office.

(If Committee Employee, complete appropriate item below.)

1. ☐ Standing Committee: Staff—☐ Clerical or ☐ Professional.
2. ☐ Special (Investigative staff of Standing Committee) or Select Committee: Authority—H. Res. 956 of 95th Congress.
3. ☐ Joint Committee.

(If Employee of an Officer of the House, complete item below.)

Position Number________________ If applicable, Level________ Step________

I certify that this authorization is not in violation of 5 U.S.C. 3110(b), prohibiting the employment of relatives.

Date__________________________19

Signature of Authorizing Officer________________________

LOUIS STOKES, CHAIRMAN

(Type or print name of Authorizing Official)

(If appropriate, signature of Subcommittee Chairman or Ranking Minority Member)

Signature of Authorizing Official________________________

Type or print name and title of above official________________________

Signature of Authorizing Official________________________

Type or print name and title of above official________________________

All appointments and salary adjustments for employees under the House Classification Act and for Committee employees, except those of the Committee on Appropriations, the Committee on the Budget, and the Joint Committees, must be approved by the Committee on House Administration.

APPROVED:________________________

Chairman, Committee on House Administration

Office of Finance use only:

Office Code____________________ ID________________________

Benefits______________________ Payroll____________________

Monthly Annuity $______________ as of____________________

(Revised: August 1, 1977)

Copy for Initiating Office or Committee
PAYROLL AUTHORIZATION FORM

(Please Use Typewriter or Ballpoint Pen)

U.S. HOUSE OF REPRESENTATIVES
Washington, D.C. 20515

(Any erasures, corrections, or changes on this form must be initialed by the authorizing official.)

To the Clerk of the House of Representatives:

I hereby authorize the following payroll action:

<table>
<thead>
<tr>
<th>Employee Name (First-Middle-Last)</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marion H. Hills</td>
<td>5/1/78</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employee Social Security Number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Type of Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Appointment</td>
</tr>
<tr>
<td>☐ Salary Adjustment</td>
</tr>
<tr>
<td>☐ Title Change</td>
</tr>
<tr>
<td>☐ Termination (At close of business on effective date)</td>
</tr>
<tr>
<td>☐ Leave without pay (Beginning with effective date above and ending close of business)</td>
</tr>
</tbody>
</table>

Specify Date

(If type of action is an Appointment, Salary Adjustment, or Title Change, complete appropriate information below.)

<table>
<thead>
<tr>
<th>Position Title</th>
<th>Gross Annual Salary*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$20,900</td>
</tr>
</tbody>
</table>

* If employee is a civil service annuitant (includes U.S. House of Representatives), the gross annual salary shown should include the annuity received by the employee plus the salary received from the employing office.

(If Committee Employee, complete appropriate item below.)

1. ☐ Standing Committee: Staff—☐ Clerical or ☐ Professional.
2. ☐ Special (Investigative staff of Standing Committee) or Select Committee: Authority—H. Res. 955. 96th Congress.
3. ☐ Joint Committee.

(If Employee of an Officer of the House, complete item below.)

Position Number. If applicable, Level. Step.

I certify that this authorization is not in violation of 5 U.S.C. 3110(b), prohibiting the employment of relatives.

Date: May 1, 1978

LOUIS STOKES, CHAIRMAN

[Signature of Authorizing Official]

[Type or print name of Authorizing Official]

[Type or print name and title of above official]

[Title—If Member, District and State]

All appointments and salary adjustments for employees under the House Classification Act and for Committee employees, except those of the Committee on Appropriations, the Committee on the Budget, and the Joint Committees, must be approved by the Committee on House Administration.

APPROVED:__________________________________________

Chairman, Committee on House Administration

Office of Finance use only:

<table>
<thead>
<tr>
<th>ID</th>
<th>Benefits</th>
<th>Payroll</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Monthly Annuity $00 as of

Copy for Initiating Office or Committee

Revised: August 1, 1977
PAYROLL AUTHORIZATION FORM
(Please Use Typewriter.
or Ballpoint Pen)

U.S. HOUSE OF REPRESENTATIVES
Washington, D.C. 20515
(Any erasures, corrections, or changes on this form must be initiated by the authorizing official.)

To the Clerk of the House of Representatives:

I hereby authorize the following payroll action:

<table>
<thead>
<tr>
<th>Employee Name (First-Middle-Last)</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marion K. Hills</td>
<td>December 1, 1977</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employee Social Security Number</th>
<th>Type of Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>169-28-6880</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employing Office or Committee/Subcommittee</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Assassinations</td>
<td></td>
</tr>
</tbody>
</table>

(If type of action is an Appointment, Salary Adjustment, or Title Change, complete appropriate information below.)

<table>
<thead>
<tr>
<th>Position Title</th>
<th>Gross Annual Salary*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assistant Chief Clerk</td>
<td>$19,500</td>
</tr>
</tbody>
</table>

* If employee is a civil service annuitant (includes U.S. House of Representatives), the gross annual salary shown should include the annuity received by the employee plus the salary received from the employing office.

(If Committee Employee, complete appropriate item below.)

1. ☐ Standing Committee: Staff——☐ Clerical or ☐ Professional.
2. ☐ Special (Investigative staff of Standing Committee) or Select Committee: Authority—H. Res. 465 of 95th Congress.
3. ☐ Joint Committee.

(If Employee of an Officer of the House, complete item below.)

Position Number _______________ If applicable, Level __________ Step __________

I certify that this authorization is not in violation of 5 U.S.C. § 3110(b), prohibiting the employment of relatives.

Date ___________________ 1977

(Signature of Authorizing Official)

Louis Stokes
Chairman

(Type or print name of Authorizing Official)

All appointments and salary adjustments for employees under the House Classification Act and for Committee employees, except those of the Committee on Appropriations, the Committee on the Budget, and the Joint Committees, must be approved by the Committee on House Administration.

APPROVED: ____________________________________________
Chairman, Committee on House Administration

Office of Finance use only:

ID ________________
Benefits ________________
Payroll ________________

(Revised: August 1, 1977)

Copy for Initiating Office or Committee
PAYROLL AUTHORIZATION FORM

(Please Use Typewriter or Ballpoint Pen)

U.S. HOUSE OF REPRESENTATIVES
Washington, D.C. 20515

Any erasures, corrections, or changes on this form must be initialed by the authorizing official.

To the Clerk of the House of Representatives:

I hereby authorize the following payroll action:

<table>
<thead>
<tr>
<th>Employee Name (First-Middle-Last)</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marion H. Wilks</td>
<td>8/1/77</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employee Social Security Number</th>
<th>Type of Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>169-28-6880</td>
<td>☐ Appointment</td>
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</tr>
<tr>
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<td></td>
</tr>
</tbody>
</table>

(If type of action is an Appointment or Salary Adjustment, complete the following information.)

<table>
<thead>
<tr>
<th>Position Title</th>
<th>Gross Annual Salary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Secretary</td>
<td>14,000</td>
</tr>
</tbody>
</table>

(If Committee Employee, complete appropriate item below.)

1. ☐ Standing Committee: Staff☐ Clerical or ☐ Professional.
2. ☑ Special or Select Committee: Authority — H. Res. 465 of 95th Congress.
3. ☐ Joint Committee.

(If Employee of an Officer of the House, complete item below.)

Position Number _______________ If applicable, Level __________ Step __________

I certify that this authorization is not in violation of 5 U.S.C. 3110(b), prohibiting the employment of relatives.

Date August 2 _______________ 1977

(Signature of Authorizing Official)

LOUIS STOKES

CHAIRMAN

(Title — if Member, District and State)

All appointments and salary adjustments for employees under the House Classification Act and for Committee employees, except those of the Committee on Appropriations, the Committee on the Budget, and the Joint Committees, must be approved by the Committee on House Administration.

APPROVED: __________________________
Chairman, Committee on House Administration

Office of Finance use only:

Office Code __________

Monthly Annuity $ __________.00

Copy for Initiating Office or Committee.
MEMORANDUM

TO: ALL STAFF

RE: Payroll Certification

The Regulations and Accounting Procedures for Allowances and Expenses of Committees, Members and Employees of the U.S. House of Representatives require that, among other things, the Committee's monthly payroll certification include the relationship, if any, of each employee to any current Member of Congress. This certification is signed monthly by our Chairman.

The following are the relationships to be included in the certification:

father          nephew          brother-in-law
mother          niece           sister-in-law
son             husband         stepfather
daughter        wife            stepmother
brother         father-in-law   stepbrother
sister          mother-in-law   stepsister
uncle           son-in-law      half-brother
aunt            daughter-in-law half-sister
first cousin

Please complete the appropriate portion below, sign and date this form, which will then become a part of your permanent personnel file. If this status changes, you must notify the Committee's Budget Office immediately of the change.

☒ I am not related to any current (95th Congress) Member of Congress.
☐ I am related to a current (95th Congress) Member of Congress. (Please specify.)

[Signature of Employee]

[5-26-77] Date
To the Clerk of the House of Representatives:

I hereby authorize the following payroll action:

<table>
<thead>
<tr>
<th>Employee Name (First-Middle-Last)</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marion H. Wills</td>
<td>5/2/77</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employee Social Security Number</th>
<th>Type of Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>169 28 6880</td>
<td>☐ Appointment</td>
</tr>
<tr>
<td></td>
<td>☐ Salary Adjustment</td>
</tr>
<tr>
<td></td>
<td>☐ Termination (At close of business on effective date)</td>
</tr>
</tbody>
</table>

Employing Office or Committee: Assassinations

(If type of action is an Appointment or Salary Adjustment, complete the following information.)

<table>
<thead>
<tr>
<th>Position Title</th>
<th>Gross Annual Salary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Secretary</td>
<td>$13,500</td>
</tr>
</tbody>
</table>

(If Committee Employee, complete appropriate item below.)

1. ☐ Standing Committee: Staff—☐ Clerical or ☐ Professional.
2. ☐ Special or Select Committee: Authority—H. Res. 465 of 95th Congress.
3. ☐ Joint Committee.

(If Employee of an Officer of the House, complete item below.)

Position Number _____________ If applicable, Level ______ Step ________

I certify that this authorization is not in violation of 5 U.S.C. 3110(b), prohibiting the employment of relatives.

Date _____________________ May 2, 1977 _____________________ (Signature of Authorizing Official)

Louis Stokes  
(Type or print name of Authorizing Official)

Chairman  
(Title, if Member, District and State)

All appointments and salary-adjustments for employees under the House Classification Act and for Committee employees, except those of the Committee on Appropriations, the Committee on the Budget, and the Joint Committees, must be approved by the Committee on House Administration.

APPROVED: _____________________ Chairman, Committee on House Administration

Office of Finance use only:

Office Code _____________

Monthly Annuity $ _____________ 00

Copy for Initiating Office or Committee
MEMORANDUM

TO: Thomas Howarth, Budget Officer  
   Elizabeth Berning, Chief Clerk

FROM: I. Charles Mathews, Special Counsel

DATE: August 23, 1978

RE: Termination

This is to officially inform you that as of Thursday, August 31, 1978, Mrs. Marion Wills will no longer be employed by the Select Committee.

Mrs. Wills will be on administrative leave from August 23 through August 31, 1978.

If you have any questions concerning this matter, please contact me as soon as possible.

ICM:j
Select Committee on Assassinations
U.S. House of Representatives
3359 HOUSE OFFICE BUILDING, ANNEX 2
WASHINGTON, D.C. 20515

October 20, 1978

Mr. John Lawler
Chief of Finance
U.S. House of Representatives
263 Cannon House Office Building
Washington, D.C. 20515

Attention: Mr. Walter Warley

Dear Mr. Lawler:

I am writing in regard to Mrs. Marion Wills, formerly employed as Deputy Chief Clerk with the Select Committee on Assassinations.

Mrs. Wills' position with the Select Committee was abolished in August of this year. Unfortunately, several months following Mrs. Wills' departure, the Committee realized it had been a mistake to terminate this position, in light of the work associated with public hearings, and it decided to refill the position with someone already on the staff, rather than to rehire Mrs. Wills as an economy measure.

I hope this letter will clear up any misunderstanding concerning Mrs. Wills' particular situation.

Sincerely,

G. Robert Blakey
Chief Counsel and Director

GRB:jl

cc: Mr. William Green
    Mrs. Marion Wills
DISTRICT UNEMPLOYMENT COMPENSATION BOARD
REQUEST FOR WAGE AND SEPARATION INFORMATION—UCFE

SECTION I. IDENTIFICATION DATA

1. NAME (Last, First, Middle, Maiden, if any)
   Wells, Marion

4. POSITION TITLE
   Deputy Clerk

7. a. Is payroll office address based on SF-8? Yes [ ] No [X]
   b. If "No," does claimant state he received SF-8? Yes [ ] No [X]

8. Claimant states he was: a. [ ] Regular full-time employee;
   b. [X] Intermittent or part-time employee.

House of Representatives
District Office
WASH. D.C. 20515

SECTION II. FEDERAL AGENCY REPLY

INSTRUCTIONS: Complete Section II and Return Original and 1 copy within 4 days.
See Reverse of this form for detailed instructions.

1. FEDERAL CIVILIAN SERVICE

1a. Did this person perform "Federal civilian service" (as defined for UCFE purposes) for your agency at any time during or after the base period shown in item 2a below? Yes [X] No [ ]. If "No," explain.

1b. DUTY STATION: Enter State of this person's last employment with your agency (or, if outside U.S., enter country). Wash. D.C.

2. BASE-PERIOD WAGES

<table>
<thead>
<tr>
<th>QUARTER ENDING</th>
<th>YEAR</th>
<th>GROSS WAGES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/1/78 - 4/30/78</td>
<td>1977</td>
<td>$2212.50</td>
</tr>
<tr>
<td>5/1/78 - 8/31/78</td>
<td>1977</td>
<td>$3458.34</td>
</tr>
<tr>
<td>9/1/78 - 12/31/78</td>
<td>1977</td>
<td>$3958.34</td>
</tr>
<tr>
<td>1/1/79 - 4/30/79</td>
<td>1979</td>
<td>$4875.00</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td><strong>$14,504.18</strong></td>
</tr>
</tbody>
</table>

3. TERMINAL ANNUAL LEAVE AND SEPARATION INFORMATION

3a. (1) Did this person receive a lump-sum payment(s) for terminal annual leave on or after the beginning date of the base period shown in item 2a above? Yes [X] No [ ]. If "Yes," or if currently entitled to such a payment, record data below for each payment (or entitlement) since such date:

   $ Amount of Payment
   (4) Amount of Terminal Annual Leave
   (5) Period of Terminal Leave

3b. Date of Separation
   8-31-78

3c. Date of Last Day of Active Pay Status
   8-31-78

3d. Reason for Separation or Nonpay Status: Resigned her position.

Employing office states the claimant voluntarily resigned her position.

I CERTIFY THAT I have examined this report (including the Instructions on the reverse of this form), that this report constitutes the findings of this agency under Federal Law (5 U.S.C. 8306 (a)) and, to the best of my knowledge, it is a correct and complete report.

SIGNATURE OF OFFICIAL

[Signature]

TITLE
Clerk

DATE
9-20-78

TELEPHONE NO.
225-6514

EXTENSION

ADDRESS (If different from address shown above)

U. S. House of Representatives

SECTION III. STATE AGENCY TO FILL IN

[Address]

WASHINGTON, D.C.

DATE UCFE Central Control Form ES-932 mailed to UCFE Control Unit, U.S. Department of Labor.

ES-931 (MA 8-3) R-Sept. 1972

NW 66000

Docld:32244114 Page 11