

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.

Released under the John F.
Kennedy Assassination
Records Collection Act of
1992 (44 USC 2107 Note).
Case#:NW 66000 Date:
11-04-2021

[R] - ITEM IS RESTRICTED

Personnel File

5

OUTGOING CORRESPONDENCE

TO: John Lawler

Approved

Date

Fenton

Hess

Gay

Klein

Wolf

Cornwell

Blakey

ES

10-20-78

DRAFTED BY: J. Larkin

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:

| | |
|---|--|
| Employee Name (First-Middle-Last) | Effective Date |
| Marion H. Mills | 8/31/78 |
| Employee Social Security Number | Type of Action |
| 169-28-6880 | <input type="checkbox"/> Appointment <input type="checkbox"/> Salary Adjustment <input type="checkbox"/> Title Change <input checked="" type="checkbox"/> Termination (At close of business on effective date) <input type="checkbox"/> Leave without pay (Beginning with effective date above and ending close of business _____) |
| Employing Office or Committee/Subcommittee | |
| Assassinations | |

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

| | |
|-----------------------|-----------------------------|
| Position Title | Gross Annual Salary* |
| | |

* 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.)

- Standing Committee: Staff— Clerical or Professional.
- Special (Investigative staff of Standing Committee) or Select Committee: Authority—H. Res. 956 of 95th Congress.
- 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 8/23/78, 19____

(Signature of Authorizing Official)

LOUIS STOKES, CHAIRMAN
(Type or print name of Authorizing Official)

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

(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: | ID _____ |
| Office Code _____ | Benefits _____ |
| Monthly Annuity \$ _____ .00 as of _____ | Payroll _____ |

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 initialed by the
authorizing official.)

To the Clerk of the House of Representatives:

I hereby authorize the following payroll action:

| | |
|---|--|
| Employee Name (First-Middle-Last) | Effective Date |
| Marion H. Hills | 5/1/78 |
| Employee Social Security Number | Type of Action |
| Employing Office or Committee/Subcommittee | <input type="checkbox"/> Appointment <input checked="" type="checkbox"/> Salary Adjustment <input type="checkbox"/> Title Change <input type="checkbox"/> Termination (At close of business on effective date) <input type="checkbox"/> Leave without pay (Beginning with effective date above and ending close of business _____) |
| Assassinations | |

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

| | |
|-----------------------|-----------------------------|
| Position Title | Gross Annual Salary* |
| | \$20,900 |

* 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 May 1, 19 78

| | |
|---|--|
| | (Signature of Authorizing Official) LOUIS STOKES, CHAIRMAN |
| (If appropriate, signature of Subcommittee Chairman or Ranking Minority Member) | (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: | |
| Office Code _____ | ID _____ |
| Monthly Annuity \$ _____ .00 as of _____ | Benefits _____ |
| | Payroll _____ |

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 initialed by the
authorizing official.)

To the Clerk of the House of Representatives:

I hereby authorize the following payroll action:

| | |
|---|--|
| Employee Name (First-Middle-Last) | Effective Date |
| Marion H. Hills | December 1, 1977 |
| Employee Social Security Number | Type of Action |
| 169-28-6890 | <input type="checkbox"/> Appointment <input checked="" type="checkbox"/> Salary Adjustment <input checked="" type="checkbox"/> Title Change <input type="checkbox"/> Termination (At close of business on effective date) <input type="checkbox"/> Leave without pay (Beginning with effective date above and ending close of business _____) <small>Specify Date</small> |
| Employing Office or Committee/Subcommittee | |
| Assassinations | |

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

| | |
|-----------------------|-----------------------------|
| Position Title | Gross Annual Salary* |
| Assistant Chief Clerk | \$19,500 |

* 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.)

- Standing Committee: Staff— Clerical or Professional.
- Special (Investigative staff of Standing Committee) or Select Committee: Authority—H. Res. 465 of 95th Congress.
- 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 December 1, 1977

Louis Stokes
Louis Stokes

(Signature of Authorizing Official)

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

Chairman

(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: | ID _____ |
| Office Code _____ | Benefits _____ |
| Monthly Annuity \$ _____ .00 as of _____ | 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:

| | |
|--|--|
| Employee Name (First-Middle-Last) | Effective Date |
| Marion H. Wills | 8/1/77 |
| Employee Social Security Number | Type of Action |
| 169-28-6880 | <input type="checkbox"/> Appointment <input checked="" type="checkbox"/> Salary Adjustment <input type="checkbox"/> Termination (At close of business on effective date) |
| Employing Office or Committee | |
| Assassinations | |

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

| | |
|-----------------------|----------------------------|
| Position Title | Gross Annual Salary |
| Secretary | 14,000 |

(If Committee Employee, complete appropriate item below.)

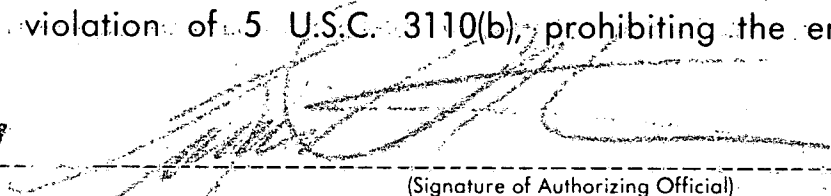
- Standing Committee: Staff— Clerical or Professional.
- Special or Select Committee: Authority—H. Res. 465 of 95th Congress.
- Joint Committee.

(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, 19 77



(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: 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.) _____

Marion H. Wells
Signature of Employee

5-26-77
Date

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:

| | |
|--|--|
| Employee Name (First-Middle-Last) | Effective Date |
| Marion H. Wills | 5/2/77 |
| Employee Social Security Number | Type of Action |
| 169 28 6880 | <input checked="" type="checkbox"/> Appointment <input type="checkbox"/> Salary Adjustment <input type="checkbox"/> Termination (At close of business on effective date) |
| Employing Office or Committee | |
| Assassinations | |

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

| | |
|-----------------------|----------------------------|
| Position Title | Gross Annual Salary |
| Secretary | \$13,500 |

(If Committee Employee, complete appropriate item below.)

- Standing Committee: Staff— Clerical or Professional.
- Special or Select Committee: Authority—H. Res. 465 of 95th Congress.
- 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

Y.E.M.

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

LOUIS STOKES, OHIO, CHAIRMAN

RICHARDSON PREYER, N.C.

WALTER E. FAUNTROY, D.C.

YVONNE BRATHWAITE BURKE, CALIF.

CHRISTOPHER J. DODD, CONN.

HAROLD E. FORD, TENN.

FLOYD J. FITHIAN, IND.

ROBERT W. EDGAR, PA.

SAMUEL L. DEVINE, OHIO

STEWART B. MCKINNEY, CONN.

CHARLES THONE, NEBR.

HAROLD S. SAWYER, MICH.

Select Committee on Assassinations

U.S. House of Representatives

3369 HOUSE OFFICE BUILDING, ANNEX 2

WASHINGTON, D.C. 20515

(202) 225-4624

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

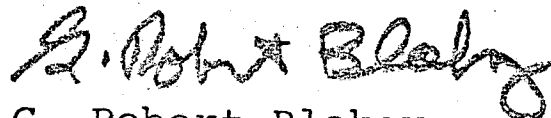
Dear Mr. Lawler:

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 re-hire 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**

LOCAL OFFICE 87

Date New Claim Filed 9/14/78

Date of Request 9/18/78

SECTION I. IDENTIFICATION DATA

| | | | |
|---|--|---|---|
| 1. NAME (Last, First, Middle, Maiden, If any) <u>Wills Marion</u> | | 2. SOCIAL SECURITY NUMBER(S) <u>169-28-6880</u> | 3. DATE OF BIRTH <u>5/7/34</u> |
| 4. POSITION TITLE <u>Deputy Chief Clerk</u> | | 5. PLACE OF EMPLOYMENT (City, State or Country) <u>D.C.</u> | 6. DATE OF SEPARATION <u>5/31/77</u> |
| 7. a. Is payroll office address based on SF-8? Yes [] No [<input checked="" type="checkbox"/>] b. If "No," does claimant state he received SF-8? Yes [] No [<input checked="" type="checkbox"/>] | | 8. Claimant states he was: a. [<input checked="" type="checkbox"/>] regular full-time employee; b. [] intermittent or part-time employee. | |

House of Representatives
Disbursing Office
WASHINGTON, 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.

980050

1. FEDERAL CIVILIAN SERVICE

1. a. 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 No []. If "No," explain.

1. b. 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

| *2.a. REPORT OF WAGES | | | 2.b. REPORT OF DUTY HOURS | |
|-----------------------|--------------|---------------------|---|--|
| QUARTER ENDING | YEAR | GROSS WAGES | NUMBER OF DUTY HOURS WORKDAY | |
| <u>6/30</u> | <u>19 77</u> | <u>\$ 2212.50</u> | | |
| <u>9/30</u> | <u>19 77</u> | <u>\$ 3458.34</u> | | |
| <u>12/31</u> | <u>19 77</u> | <u>\$ 3958.34</u> | | |
| <u>3/31</u> | <u>19 78</u> | <u>\$ 4875.00</u> | | |
| TOTAL | | <u>\$ 14,504.18</u> | 2.c. IDENTIFICATION: If incorrect data shown in Section I, enter correction(s): | |

3. TERMINAL ANNUAL LEAVE AND SEPARATION INFORMATION

3.a. (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; No.

If "Yes," or if currently entitled to such a payment, record data below for each payment (or entitlement) since such date:

| (2) Amount of Payment | (4) Amount of Terminal Annual Leave | (5) Period of Terminal Leave | |
|-----------------------|-------------------------------------|------------------------------|-----------|
| \$ | Days | Hours | Time Date |
| (3) Date of Payment | | | From: To: |

3.b. Date of Separation
8-31-78

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

3.d. REASON FOR SEPARATION OR NONPAY STATUS:

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. 8506 (a)) and, to the best of my knowledge, it is a correct and complete report.

| | | |
|---|----------------------------------|---|
| SIGNATURE OF OFFICIAL <u>William J. Henstra</u> | TITLE <u>Clerk</u> | DATE <u>9-20-78</u> |
| | TELEPHONE NO. <u>225-6514</u> | EXTENSION |
| 4. NAME OF PARENT FEDERAL AGENCY (e.g., Dept. Army, FCC, Dept. Interior, NASA) <u>U. S. House of Representatives</u> | | 5. NAME OF AGENCY COMPONENT AND ADDRESS OF PAYROLL OFFICE (if different from address shown above) |

Mail to:
DISTRICT UNEMPLOYMENT COMPENSATION BOARD
EMPLOYMENT SECURITY BUILDING
SIXTH STREET & PENNSYLVANIA AVENUE, N.W.
WASHINGTON, D.C. 20001

SECTION III. STATE AGENCY TO FILL IN

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

10-2-78
ES-931 (MA 8-31)
R-Sept. 1972