



28 March 1957

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

Dear Mrs. Tarasoff:

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

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

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

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

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

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

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

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

Very truly yours,

G. M. Stewart  
Director of Personnel

Enclosures (2)  
Life Insurance Pamphlet  
Map

OP/CORRES/bjs(FIXIX) (PI)

CONFIDENTIAL

CLERICAL & COMMUNICATIONS REPORT OF INTERVIEW	DATE AND PLACE OF INTERVIEW	2-5 and 2-12-57	
	SOURCE	Husband; agency employee	
NAME (Last - First - Middle)		MARITAL STATUS	DATE OF BIRTH
TARASOFF, Anna NMT		M; 2 children	F 5-5-23
PERMANENT ADDRESS	2619 Gainesville Street S.E., Washington, D.C. (Apartment 202)		TELEPHONE LU 4-1300
TEMPORARY ADDRESS			TELEPHONE
POSITION RECOMMENDED (Grade and Title)	TEST SCORES		
GS-4 Clerk	LA-S	TYPING	SHORTHAND OTHER
ACCEPTABLE STATION		CITIZENSHIP	
<input checked="" type="checkbox"/> WASHINGTON, D.C. <input type="checkbox"/> ANYWHERE IN U.S. <input type="checkbox"/> Overseas (Under conditions stipulated) LIMITATIONS o/s per husband's assignments		<input checked="" type="checkbox"/> U.S. BY BIRTH <input type="checkbox"/> U.S. BY NATURALIZATION DATE _____ PREVIOUS NATIONALITY _____ <input type="checkbox"/> Other (Specify) _____	
HEALTH	FOREIGN RELATIVES		
Generally good	No 20-210 claimed		
BACKGROUND AND EVALUATION			
MILITARY SERVICE, IF ANY (Primary and duty MOS and length of time in each, training, dates of entrance and discharge, areas visited).			
x INDICES CLEARANCE IR to SO / 59 to Medical			
EVALUATION AND BACKGROUND DATA (Include education and work experience)			
<p>Mrs. Taraseff is the wife of Boris Taraseff, FBI employee. She first made application shortly after her husband's EOD while she and the children were still in California. Attempts to have her tested and interviewed on the West Coast were unsuccessful.</p> <p>The family is all now gathered in D.C.; the children are in school; arrangements have been made for the care of the children during the lags between the end of the school day and the end of the parents work day.</p> <p>Test results are very interesting. It would appear that Mrs. Taraseff should be able to do a most adequate job in a clerical job of the most deadly routine nature. I'm quite sure such positions are available in the Agency.</p> <p>Mrs. Taraseff apparently has a reasonably good command of Russian, both spoken and written; I gathered that some of the household conversation is carried on in that language. HOWEVER, I gave her absolutely no assurance that we would be able to utilize this skill.</p> <p>She is interested in employment as soon as possible and I discussed an Indices Clearance with her. The Pool, the temporary indefinite appointment, et al. were described in lurid detail. She is willing and interested.</p> <p>Personally, I found Mrs. Taraseff to be a very pleasant little woman. She is slight and slender with reddish hair; smiles easily and appears as easy to work with. GS-4 Clerk agreeable and recommended.</p>			
INDICES CLEARANCE REQUESTED		<input type="checkbox"/> CONSIDERED ON RE-EVALUATION	
DATE REPORT AND FORMS FORWARDED TO HEADQUARTERS		REQUISITER	
IR to SO / 59 to Medical		D.L. Mooney, Ch/C, PPD/OP	

CONFIDENTIAL  
(When Filled In)

### EMPLOYMENT INFORMATION

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

**A. Qualifications:**

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

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

**B. Initial Placement:**

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

**C. Overseas Possibilities:**

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

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

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

**D. General:**

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

Date: February 17, 1957

James T. [Signature]  
Signature of Applicant

14-00000

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

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

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

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

**General Considerations:**

**1. The National Security Act of 26 July 1947 (Public Law 253, 80th  
Congress) which created the Central Intelligence Agency places upon the  
Agency the responsibility:**

- a. "to advise the National Security Council in matters concerning  
such intelligence activities of the Government departments and agencies  
as relate to the national security;**
- b. "to make recommendations to the National Security Council  
for the coordination of such intelligence activities of the depart-  
ments and agencies of the Government as relate to the national  
security;**
- c. "to correlate and evaluate intelligence relating to the  
national security, and provide for the appropriate dissemination  
of such intelligence within the Government . . . ;**
- d. "to perform, for the benefit of the existing intelligence  
agencies, such additional services of common concern as the National  
Security Council determines can be more efficiently accomplished  
centrally;**
- e. "to perform such other functions and duties related to  
intelligence affecting the national security as the National Security  
Council may from time to time direct."**

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

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

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

Statement of Understanding  
and Agreement

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

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

William T. Russell  
(Signature of Applicant)

**SECRET**  
(When Filled In)

<b>REQUEST FOR PERSONNEL ACTION</b>					DATE PREPARED <b>6 September 1963</b>	
1. SERIAL NUMBER <b>025935</b>		2. NAME (Last-First-Middle) <b>TARASOFF, ANNA</b>				
3. NATURE OF PERSONNEL ACTION <b>RESIGNATION (FROM LWOP)</b>				4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR <b>9   8   63</b>		5. CATEGORY OF EMPLOYMENT <b>REGULAR</b>
6. FUNDS V V TO V CF TO V		V TO CF CF TO CF		7. COST CENTER NO. CHARGEABLE <b>4227-1990-1000</b>		8. LEGAL AUTHORITY (Completed by Office of Personnel)
9. ORGANIZATIONAL DESIGNATIONS <b>DDP CI STAFF CS/CS/ DEVELOPMENT COMPLEMENT</b>				10. LOCATION OF OFFICIAL STATION <b>WASHINGTON, D.C.</b>		
11. POSITION TITLE <b>INTELLIGENCE CLERK</b>			12. POSITION NUMBER <b>49997</b>		13. CAREER SERVICE DESIGNATION <b>D</b>	
14. CLASSIFICATION SCHEDULE (GS, LR, etc.) <b>GS</b>		15. OCCUPATIONAL SERIES <b>0301, 27</b>	16. GRADE AND STEP <b>GS- 6 4</b>		17. SALARY OR RATE <b>1 5545</b>	
18. REMARKS <b>FROM: DDP/CI STAFF/CS/CS/DEVELOPMENT COMPLEMENT/ INTELLIGENCE CLERK/WASH., D.C./# 9997</b>  <b>Memorandum of Resignation attached cc to Security &amp; Finance</b>  <b>Subject is re-employable in the opinion of CI Staff</b>  <div style="float: right; border: 1px solid black; padding: 2px;">Recorded by CSPD <i>DM</i></div>						
18A. SIGNATURE OF REQUESTING OFFICIAL <i>Byron B. Bunch</i>		DATE SIGNED <b>6/9/63</b>		18B. SIGNATURE OF CAREER SERVICE APPROVING <i>Re-employable</i>		DATE SIGNED <b>13 Sept 63</b>
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL						
19. ACTION CODE <b>43 19</b>	20. OFFICE CODING NUMERIC ALPHABETIC		21. STATION CODE	22. INTERMEDIATE CODE	23. HOOPTS CODE <b>1</b>	24. DATE OF BIRTH MO. DA. YR. <b>05   05   23</b>
25. DATE OF DEATH MO. DA. YR.	26. DATE OF LEI MO. DA. YR.	27. SECURITY REQ. NO.	28. SEX	EOD DATA →		
29. VET. PREFERENCE CODE 1 - NONE 2 - 5 PT. 3 - 10 PT.	30. SERV. COMP. DATE MO. DA. YR.		31. LEAV. COMP. DATE MO. DA. YR.		32. CAREER CATEGORY CAR/RESV PROV/TEMP	33. FEGLI / HEALTH INSURANCE CODE U - WAIVER 1 - YES
34. SOCIAL SECURITY NO.	35. PREVIOUS GOVERNMENT SERVICE DATA CODE 1 - NO PREVIOUS SERVICE 2 - NO BREAK IN SERVICE 3 - BREAK IN SERVICE (LESS THAN 3 YRS) 4 - BREAK IN SERVICE (MORE THAN 3 YRS)	36. LEAVE CAT. CODE	37. FEDERAL TAX DATA FORM EXECUTED 1 - YES 2 - NO		38. STATE TAX DATA FORM EXECUTED 1 - YES 2 - NO	
39. POSITION CONTROL CERTIFICATION <b>19 SEP 1963</b>				40. O.P. APPROVAL <i>E. S. Dougherty</i> <i>Carl B. ...</i>		DATE APPROVED <b>13 Sept 63</b>



SECRET

(When Filled In)

EMPLOYEE NOTICE OF RESIGNATION

I RESIGN EFFECTIVE \_\_\_\_\_ OFFICE OF PERSONNEL FOR THE FOLLOWING REASON:  
(Date)

SEP 17 1 55 PM '63

MAIL ROOM

From L. W. P. -  
McC. Husband

*Subscribed W. W. P. D.*

MY LAST WORKING DAY WILL BE

DATE SIGNED

SIGNATURE OF EMPLOYEE

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

INSTRUCTIONS

Items 1 thru 7 and Items 9 thru 18a - The initiating office should fill in each of the referenced items. Items 3 thru 7 and 9 thru 18 require information which pertains only to the action requested, and NOT to the current status of the employee unless specific items remain unchanged.

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

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

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

FIRST LINE

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

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

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

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

SECRET

MHC 26 SEPT 83

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

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED 5 June 1963			
1. SERIAL NUMBER 025935		2. NAME (Last-First-Middle) TARASOFF, ANNA		3. NATURE OF PERSONNEL ACTION LWOP <del>REQ</del> REASSIGNMENT <i>and</i>		4. EFFECTIVE DATE REQUESTED <i>06-12-63</i>	
6. FUNDS X V TO V CF TO V		7. COST CENTER NO. CHARGE-ABLE 3027-1990-1000		5. CATEGORY OF EMPLOYMENT REGULAR		8. LEGAL AUTHORITY (Completed by Office of Personnel)	
9. ORGANIZATIONAL DESIGNATIONS DDP CI STAFF CS DEVELOPMENT COMPLEMENT				10. LOCATION OF OFFICIAL STATION WASHINGTON, D.C.			
11. POSITION TITLE INTELL CLERK				12. POSITION NUMBER 07 9997		13. CAREER SERVICE DESIGNATION D	
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS		15. OCCUPATIONAL SERIES <i>0301-27</i> <del>0310-01</del>		16. GRADE AND STEP 66 4		17. SALARY OR RATE 5,545.	
18. REMARKS <i>Office:</i> FROM: DDP CI STAFF/SPECIAL INVESTIGATION GROUP/PROJECTS RR/INTELL CLK/WASH., D.C./0151 Employee's last working day 7 June 1963. LWOP (HRB 20-1 Para. 10 a.) Leave of absence to accompany husband to new station - not to exceed 90 days. <i>To begin upon expiration of annual leave.</i> cc to security and finance							
18A. SIGNATURE OF REQUESTING OFFICIAL <i>Byron B. Barnes</i> CI STAFF				DATE SIGNED 5 Jun 63		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>H. Burchard</i>	
19. STATION AND EMPLOY. CODE 38 18				21. OFF. OF CODING ALPHABETIC		22. STATION CODE 25713	
23. WAGE GRADE		24. MONTHS		25. DATE OF BIRTH 05/05/23		26. DATE OF DEATH	
28. NTE EXPIRES		29. SPEC. REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE	
32. VET. PREFERENCE		33. SEPA. COMP. DATE		34. LONG. COMP. DATE		35. CAREER CATEGORY	
41. PREVIOUS GOVERNMENT SERVICE DATA		42. LEAVE CAT. CODE		43. FEDERAL TAX DATA		44. STATE TAX DATA	
45. POSITION CONTROL CERTIFICATION 12 JUN 1963 <i>fus</i>				46. O.P. APPROVAL <i>H. Burchard</i>		DATE APPROVED	

Recorded by  
GSPD  
*SM*

EOD DATA

**SECRET**  
(When Filled In)

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

**SECRET**  
(When Filled In)

<b>REQUEST FOR PERSONNEL ACTION</b>						DATE PREPARED <b>25 November 1960</b>					
1. SERIAL NUMBER <b>125935</b>		2. NAME (Last-First-Middle) <b>TARASOFF, ANNA</b>									
3. NATURE OF PERSONNEL ACTION <b>PROMOTION</b>				4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR <b>11   05   61</b>		5. CATEGORY OF EMPLOYMENT <b>REGULAR</b>					
6. FUNDS <input checked="" type="checkbox"/> X		V TO V		V TO CF		8. LEGAL AUTHORITY (Completed by Office of Personnel)					
		CF TO V		CF TO CF		7. COST CENTER NO. CHARGEABLE <b>1227-1001-10</b>					
9. ORGANIZATIONAL DESIGNATIONS <b>DDP CI STAFF SPECIAL INVESTIGATION GROUP  PROJECTS BRANCH</b>				10. LOCATION OF OFFICIAL STATION <b>WASHINGTON, D.C.</b>							
11. POSITION TITLE <b>INTELL. CLERK <del>SD-D</del></b>				12. POSITION NUMBER <b>0151</b>		12A. PCR CONTROL NO.	13. CAREER SERVICE DESIGNATION <b>D</b>				
14. CLASSIFICATION SCHEDULE (GS, LP, etc.) <b>GS <del>(GS-6)</del></b>		15. OCCUPATIONAL SERIES <b>0301.27</b>		16. GRADE AND STEP <b>06 12</b>		17. SALARY OR PAY <b>4,330 11995</b>					
18. REMARKS  <b>FROM: DDP CI STAFF/SIG/PROJECTS BRANCH/0151</b>  <b>Memorandum of recommendation attached.</b>											
18A. SIGNATURE OF REQUESTING OFFICER <i>Byron B. Burns</i> <b>AC/CI STAFF</b>				18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER							
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE <b>30</b>	20. EMPLOYMENT CODE <b>07</b>	21. OFFICE CODING NUMERIC ALPHABETIC <b>32250 CI</b>		22. STATION CODE <b>75013</b>	23. INTEGRAL CODE	24. POSTING CODE <b>1</b>	25. DATE OF BIRTH MO. DA. YR. <b>05   05   23</b>	26. DATE OF GRADE MO. DA. YR. <b>01   11   61</b>	27. DATE OF LEI MO. DA. YR.		
28. WFE EXP RES NO. DA. YR.		29. SPECIAL REFERENCE		30. RETIREMENT DATA 1 - CSC 3 - FICA 5 - NONE		31. SEPARATION DATA CODE		32. DECEPTION/CANCELLATION DATA FORM NO. DA. YR.		33. SECURITY REQ. NO.	34. SER
35. NET. PREFERENCE CODE 0 - NONE 1 - 5 YR. 2 - 10 YR.	36. SERA. COMP. DATE MO. DA. YR.		37. LON.2. COMP. DATE MO. DA. YR.		38. SERA. CREDITED 1 - YES 2 - NO		39. REG. / HEALTH INSURANCE CODE CODE 0 - HEALTH 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 12 MOS) 3 - BREAK IN SERVICE (MORE THAN 12 MOS)				42. LEAVE CAT. CODE	43. FEDERAL TAX DATA FORM EXEMPTED CODE NO. TAX EXEMPTIONS FORM EXEMPTED CODE NO. TAX EXEMPTIONS			44. STATE TAX DATA CODE NO. TAX EXEMPT. STATE CODE			
45. POSITION CONTROL CERTIFICATION <i>M. L. 01-09-11</i>						46. D.O.P. APPROVAL					

REQUEST FOR PERSONNEL ACTION												
1. Serial No.		9. Name (Last-First-Middle)				3. Date Of Birth			4. Vol. Prof		5. Sex	
125935		TARASOFF ANNA				Mo. Da. Yr. 05 05 23			None-0 Code 0		F 2	
7. SCD		8. CSC Rotmt.		9. CSC Or Other Legal Authority		10. Annt. Affidav.		11. FEGLI		12. LCC		
Mo. Da. Yr. 04 08 57		Yes-1 Code No-2 1		50 USCA 403		Mo. Da. Yr. 04 08 57		Yes-1 Code No-2		Yes-1 Code No-2 2		

**PREVIOUS ASSIGNMENT**

14. Organizational Designations				Code		15. Location Of Official Station				Station Code	
DDP CI STAFF SPECIAL PROJECTS DIV PROJECTS BRANCH				5412		WASH., D. C.				75013	
16. Dept. - Field		17. Position Title				18. Position No.		19. Serv.		20. Occup. Series	
Dept. Code USStd. Frgn. 2		INTEL CLK				0151.05		GS		0301.27	
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade		25. PSI Due		26. Appropriation Number	
04 2		\$ 3850.00 DS		DS		Mo. Da. Yr. 04 08 57		Mo. Da. Yr. 04 20 58		8-2709-27 9-2700-17-001	

**ACTION**

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

**PRESENT ASSIGNMENT**

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

**SOURCE OF REQUEST**

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

**CLEARANCES**

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

Remarks: Promotion recommendations attached. *w/ file 11/2/58*

**REQUEST FOR PERSONNEL ACTION**

28 February 1958

1. Serial No. 25935		2. Name (Last-First-Middle) TARASOFF ANNA			3. Date Of Birth Mo. Da. Yr. 05 05 23			4. Vet. Pref. None-0 5 Pt-1 10 Pt-2 0		5. Sex F 2		6. CS - EOD Mo. Da. Yr. 04 08 57		
7. SCD Mo. Da. Yr. 04 08 57		8. CSC Reem. - CSC Or Other Legal Authority Yes-1 Code No-2 1 50 USCA 403 J			10. Appt. Adj. Adv. Mo. Da. Yr.			11. FEGLI Yes-1 Code No-2		12. LCD Mo. Da. Yr. 04 08 57		13. Int. Serv. Code Yes-1 Code No-2 2		

**PREVIOUS ASSIGNMENT**

14. Organizational Designations ODS OFFICE OF PERSONNEL PERSONNEL ASSIGNMENT DIV PLACEMENT BR CLERICAL INTERIM ASSIGNMENT SECT				Code 2931		15. Location Of Official Station WASH., D. C.				Station Code 75013		
16. Dept. - Field Dept. - USStd - Frgn -		17. Position Title Code 2 CLERK		18. Position No.		19. Serv. GS		20. Occup. Series 0301.26				
21. Grade & Step 04 1		22. Salary Or Rate \$ 3415		23. SD UD		24. Date Of Grade Mo. Da. Yr. 04 10 57		25. PSI Due Mo. Da. Yr. 04 12 58		26. Appropriation Number 8 6509 20		

**ACTION**

27. Nature Of Action Reassignment		Code		28. Eff. Date Mo. Da. Yr. 4/1/58		29. Type Of Employee Regular		Code		30. Separation Data	
--------------------------------------	--	------	--	--	--	---------------------------------	--	------	--	---------------------	--

**PRESENT ASSIGNMENT**

31. Organizational Designations DDP/CI Staff Special Projects Division Projects Branch				Code 5-412		32. Location Of Official Station Washington, D. C.				Station Code		
33. Dept. - Field Dept. - USStd - Frgn -		34. Position Title Code D Intel Clerk		35. Position No. 151.05		36. Serv. GS		37. Occup. Series 0301.27-				
38. Grade & Step 04 1		39. Salary Or Rate \$ 3415.00		40. SD DS		41. Date Of Grade Mo. Da. Yr. 4 15 57		42. PSI Due Mo. Da. Yr. 4 12 58		43. Appropriation Number 8-2705-27		

**SOURCE OF REQUEST**

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

**CLEARANCES**

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

Remarks: Temporary double slot with \_\_\_\_\_ for slotting purposes only.  
 TO SALARY \$ 3500  
 5/20/58  
 JC to Sec

SECRET

Classified according to E.O. 11652

REQUEST FOR PERSONNEL ACTION													14 January 1958		
1. Serial No.		2. Name (Last-First-Middle)				3. Date Of Birth			4. Vac. Pref.		5. Sex		6. CS - EOD		
		Mrs. Anna Tarasoff				Mo	Da	Yr	None-0	Code	F		Mo	Da	Yr
						05	05	23	5. Pr-1						
						10. Appt. Affidav.			11. FEGLI		12. LCD		13. Gen. Ac.		
7. SCD		8. CSC Retmt.		9. CSC Or Other Legal Authority		Mo	Da	Yr	Yes-1	Code	Mo	Da	Yr	Yes-1	Code
									No-2	1				No-2	

PREVIOUS ASSIGNMENT

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

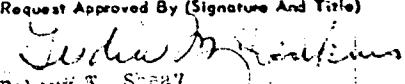
ACTION

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

PRESENT ASSIGNMENT

31. Organizational Designations				Code		32. Location Of Official Station				Station Code	
BDS/Office of Personnel Personnel Assignment Division Placement Branch (Clerical) Interim Assignment Section						Washington, D. C.					
33. Dept.- Field		34. Position Title				35. Position No.		36. Serv.		37. Occup. Series	
Dept. - Usfld. - Frsn. -	Code	Clerk						GS		0301.26	
38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grade		42. PSI Due		43. Appropriation Number	
Cl	1	\$ 3415.00		UD		Mo	Da	Yr	Mo	Da	Yr
						04	08	57	01	20	58
										8-6509-23	

SOURCE OF REQUEST

A. Requested By (Name And Title)				C. Request Approved By (Signature And Title)			
				 Robert T. Shear			
B. For Additional Information Call (Name & Telephone Ext.)							
x 1281							

CLEARANCES

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

Remarks  
*Clerk in 3rd*  
*2/22/58*  
*2 CD Sec.*

SECRET



SECRET

STANDARD FORM 52  
 FORM 52  
 U. S. GOVERNMENT PRINTING OFFICE  
 WASHINGTON, D. C. 20540  
**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) <b>Mrs. Anna Tarasoff</b>	2. DATE OF BIRTH <b>5 May 1923</b>	3. REQUEST NO.	4. DATE OF REQUEST <b>26 June 57</b>
5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) <b>Reassignment</b>		6. EFFECTIVE DATE A. PROPOSED:	7. U. S. GOVERNMENT LEGAL AUTHORITY
8. POSITION (Specify whether establish, change grade or title, etc.)		B. APPROVED:	

FROM—Clerk GS-0301.26-4	BU #5423 \$3415.00 p.a.	9. POSITION TITLE AND NUMBER	TO—Clerk BVP-8073.12/907-4	GS-0301.26-4 \$3415.00 p.a.
DDS/Office of Personnel Personnel Assignment Division Placement Branch (Clerical) Interim Assignment Section Washington, D. C.		10. SERVICE, GRADE, AND SALARY	DDP/FI Staff Division D Project Annex Project P B Jointly Branch 2 Section B Washington, D. C.	
11. ORGANIZATIONAL DESIGNATIONS		12. HEADQUARTERS		
13. FIELD <input type="checkbox"/> DEPARTMENTAL <input checked="" type="checkbox"/>		14. FIELD OR DEPARTMENTAL <input type="checkbox"/> DEPARTMENTAL <input checked="" type="checkbox"/>		

15. REMARKS (Use reverse if necessary)  
 Present incumbent is pending reassignment.  
 (KEY BLOCKING CLERK TYPIST SLOT)

16. REQUESTED BY (Name and title)	17. REQUEST APPROVED BY Signature: _____ Title: _____
18. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension) x 4281	

19. VETERAN PREFERENCE NONE <input type="checkbox"/> WWII <input type="checkbox"/> OTHER <input type="checkbox"/> 5-PT. <input type="checkbox"/> 10-POINT <input type="checkbox"/> DISAB. OTHER	20. POSITION CLASSIFICATION ACTION NEW <input type="checkbox"/> VICE <input type="checkbox"/> L. A. <input type="checkbox"/> REAL <input type="checkbox"/> SD:DS
---	--

21. APPROPRIATION FROM 7-6509-20 TO 7-2306-23	22. SUBJECT TO C. S. RETIREMENT ACT (YES-NO) Yes	23. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY) 8 April 1957	24. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE: D. C.
---	---	--	---

25. STANDARD FORM 50 REMARKS

26. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS
A			
B. CEIL. OR POS. CONTROL	Rv	1 1957	
C. CLASSIFICATION			
D. PLACEMENT OR ENPL			
E			

F. APPROVED BY: **SECRET K. SHAW**

SECRET 6-27-57 Lydia [Signature]

STANDARD FORM 56  
 FORM DATED BY THE  
 U. S. GOVERNMENT  
 DEPARTMENT OF PERSONNEL  
 BUREAU OF PERSONNEL

**REQUEST FOR PERSONNEL ACTION**

*DC 197710057  
 C-3238*

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

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

5. NATURE OF ACTION REQUESTED:  
 A. PERSONNEL (Specify whether appointment, promotion, separation, etc.)  
**Excepted Appointment 125035**  
 B. POSITION (Specify whether establish, change grade or title, etc.)  
**(13)**  
 6. EFFECTIVE DATE A. PROPOSED:  
**5 April**  
 7. C. S. OR OTHER LEGAL AUTHORITY:  
**50 USCA 430 J**

FROM: 8. POSITION TITLE AND NUMBER  
 9. SERVICE, GRADE, AND SALARY  
 10. ORGANIZATIONAL DESIGNATIONS  
 11. HEADQUARTERS  
 12. FIELD OR DEPARTMENTAL  
 TO: **Clerk Bu #5423 GS-0301.26-4 \$3115 p.a.**  
**DBS / Office of Personnel Personnel assignment Division Placement Branch (Clerical) Interim Assignment Section Washington, D.C.**  
 FIELD  DEPARTMENTAL

A. REMARKS (Use reverse if necessary)  
**Request indices clearance.**

**IAS (Unassigned)**

B. REQUESTED BY (Name and title)  
 D. REQUEST APPROVED BY  
 Signature:  
 Title: **Clerical Placement Officer**

C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension)  
**X2983**  
 13. VETERAN PREFERENCE  
 NONE | WWII | OTHER | S.P.T. | 10 POINT | DISAB | OTHER  
**X** | | | | | | |  
 14. POSITION CLASSIFICATION ACTION  
 NEW | VICE | I.A. | REAL

15. SEX **F**  
 16. APPROPRIATION **FROM TO 7-6509-20**  
 17. SUBJECT TO C. S. RETIREMENT ACT (YES-NO) **Yes**  
 18. DATE OF APPOINTMENT (ACCESSIONS ONLY) **5 April 57**  
 19. LEGAL RESIDENCE STATE:  CLAIMED  PROVED

20. STANDARD FORM 50 REMARKS  
*Subj. termed a trial period  
 RC-153  
 USC 4/1/57  
 ECI 4/9/57  
 SCJ 4/5/57  
 4/2/57  
 P/ducc 4/2/57*

21. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS
A.			
B. CEIL. OR POS. CONTROL	<i>EA</i>	<i>2/18</i>	
C. CLASSIFICATION			
D. PLACEMENT OR EMPL.	<i>EA</i>	<i>2/18</i>	
E.			
F. APPR.			

SECRET

NOTIFICATION OF CANCELLATION OF MILITARY COVER BACKSTOP		DATE 18 October 1963
TO: (Check)	<input checked="" type="checkbox"/> CHIEF, PERSONNEL OPERATIONS DIVISION	SUBJECT TARASOFF, Anna Forwarding Address: Unknown
	<input type="checkbox"/> CHIEF, OPERATING COMPONENT (For Action) CI	
ATTN:	<input checked="" type="checkbox"/> Support Staff	FILE NO. K-111
REF:	Resignation Debriefing in Absentia	ID CARD NO. NA
MILITARY COVER DISCONTINUED Administrative Support Group, OSA		
<input checked="" type="checkbox"/> Unblock Records: (OP Memo 20-800-11) Resignation effective 8 September 1963 in Absentia Effective <u>          EOD          </u> .		
<input type="checkbox"/> Submit Form 642 To Change Limitation Category. (HB 20-800-2 to be redesignated HHB 20-7)		
<input type="checkbox"/> Return All Military Documentation To CCS.		
<input checked="" type="checkbox"/> Remarks: Subject to indicate CIA as place of employment for the entire period.		
<input type="checkbox"/> COPY TO CPD/OP		
<i>James H. Franklin</i> CD/pp CHIEF, MILITARY COVER, CCS		
DISTRIBUTION: 1-OSD/OS; 1-PSD/OS		

SECRET

C-2532 (Bladeau)  
5 June 1963

MEMORANDUM FOR: Transactions and Records Branch  
Office of Personnel

ATTENTION: Mary Coriden

SUBJECT: Boris D. TARASOFF  
Anna TARASOFF

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

THOMAS K. STRANGE  
Deputy Chief, CCS/EC

cc: ID/SO

THIS MEMO MUST REMAIN  
ON TOP OF FILE

SECRET

DT

SECRET

19 October 1960

(Date)

File No. K-111

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

SUBJECT : Anna TARASOFF

1. Cover arrangements ~~have been completed~~ have been completed for the above-named Subject.
  2. Effective 13 October 1960, it is requested that your records be properly blocked ~~to deny~~ to deny ~~Subject's~~ Subject's current Agency employment to an external inquirer.
  3. Operating component must take necessary action to block ~~telephone~~ telephone locator by submitting the Personnel Information Card, "Office File Copy," Form No. 642, to Machine Records Division, Office of the Comptroller, Room 107 Curie Hall, Attention: Miss Wenkenbach.
- <sup>4</sup> OCB/OCG, x 2420 This memorandum confirms an oral request of Ed Fitzgerald,

*Paul P. Lemay*  
GLENN E. MOORHOUSE  
~~XXXXXXXXXXXX~~  
Acting Chief, Central Cover ~~Group~~ Group

cc: SSD/OS  
Operating Division - CI

SECRET

*Will  
10-21-60*

1. LAST NAME <b>Jarassell, Anna</b>		FIRST NAME		INITIAL(S)		2. APPOINTMENT DATA Entered on duty <b>4-8-57</b> <input checked="" type="checkbox"/> F T <input type="checkbox"/> P/T Subject to Sec. 203(a), 1951 Leave Act Yes <input type="checkbox"/> No <input type="checkbox"/> Ceased to be subject to Sec. 203(d) Annual Leave Bal.		3. TOTAL SERVICE FOR LEAVE (as of date of separation) Years Months Days <input type="checkbox"/> More than 15 years				
4. DATE AND NATURE OF SEPARATION <b>Resignation 4-8-63</b>						REMARKS						
SUMMARY OF ANNUAL AND SICK LEAVE (HOURS)				SUMMARY OF HOME LEAVE (DAYS)				REMARKS <b>led: 4-8-57</b>				
5. Balance from prior leave year ended <b>1-5</b> <b>1963</b>		ANNUAL	SICK	14. Date arrival abroad for ML purposes		15. Current balance as of <b>19</b>					16. 12-month accrual rate	
6. Current leave year accrual through <b>8-31</b> <b>1963</b>		<b>39</b>	<b>20</b>	17. Dates leave used, prior 24 months		18. Monthly accrual date					19. Calendar days credit for next accrual date	
7. Total		<b>102</b>	<b>78</b>	20. Date last service period completed		MILITARY LEAVE					21. Dates during current calendar yr. to	
8. Reduction in credits, if any (current year)		<b>148</b>	<b>88</b>	22. Dates during preceding calendar yr. to		ABSENCE WITHOUT PAY					23. During leave year in which separated	
9. Total leave taken		<b>30</b>	<b>20</b>	24. During step-increase waiting period which began on <b>1-6-63</b>		25. During 12-month ML accrual period (dates):					26. WOP or AWOP or Furlough Suspension (Hours) <b>497</b>	
10. Balance		<b>111</b>	<b>56</b>	27. (Signature)		(Date)					(Telephone)	
11. Total hours paid in lump sum <b>NONE</b>		<b>-</b>	<b>12</b>	(Title)		(Telephone)						
12. Salary rate(s) <b>GS-6-4 \$545</b>												
13. Lump sum leave dates: From to (Hours)												
26. Certified correct by:												

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

RECORD OF LEAVE DATA TRANSFERRED

SECRET  
(When Filled In)

MHC: 26 SEPT 63

NOTIFICATION OF PERSONNEL ACTION												
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)										
025935		TARASOFF ANNA										
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT				
RESIGNATION FROM LWOP						MO. DA. YR. 09 09 63		REGULAR				
6. FUNDS		X		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY		
CF TO V		CF TO CF		4227		1990		1000				
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION						
DDP CI STAFF CS/CS DEVELOPMENT COMPLEMENT						WASH., D.C.						
11. POSITION TITLE						12. POSITION NUMBER		13. SERVICE DESIGNATION				
INTELLIGENCE CLERK						9997		D				
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)			15. OCCUPATIONAL SERIES			16. GRADE AND STEP		17. SALARY OR RATE				
GS			0301.27			06 4		5545				
18. REMARKS												
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL												
19. ACTION CODE	20. Empl. Code	21. OFFICE CODING		22. STATION CODE	23. INTEGREE CODE	24. Hdqtrs. Code	25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI	
43	18	NUMERIC ALPHABETIC					MO. DA. YR. 05 05 23		MO. DA. YR.		MO. DA. YR.	
28. NTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA		33. SECURITY REQ. NO.		34. SEX
MO. DA. YR.				1 - CSC 3 - FICA 5 - NONE		1C8006		TYPE MO. DA. YR.		EOD DATA		
35. VET. PREFERENCE		36. SERV. COMP. DATE		37. LONG. COMP. DATE		38. CAREER CATEGORY		39. FEGLI / HEALTH INSURANCE		40. SOCIAL SECURITY NO.		
CODE		0 - NONE 1 - 5 PT. 2 - 10 PT.		MO. DA. YR.		CAR BENY PROV TEMP		CODE CODE 0 - WAIVER 1 - YES		HEALTH INS. CODE		
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT. CODE		43. FEDERAL TAX DATA				44. STATE TAX DATA		
CODE				0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YRS) 3 - BREAK IN SERVICE (MORE THAN 3 YRS)		FORM EXECUTED CODE NO TAX EXEMPTIONS 1 - YES 2 - NO		FORM EXECUTED CODE NO. TAX STATE CODE 1 - YES 2 - NO				
SIGNATURE OR OTHER AUTHENTICATION												

FORM 11-62 1150

Use Previous Edition

SECRET

26 SEP 1963

POSTED

27 SEP 1963

*[Signature]*

GROUP 1  
Excluded from automatic  
downgrading and  
declassification

(When Filled In)

SECRET  
(When Filled In)

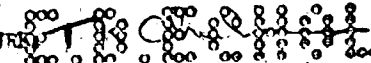
LLG: 29 JUNE 63

NOTIFICATION OF PERSONNEL ACTION																
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)														
025935		TARASOFF ANNA														
3. NATURE OF PERSONNEL ACTION							4. EFFECTIVE DATE			5. CATEGORY OF EMPLOYMENT						
REASSIGNMENT AND LWOP (NTE 11 SEPT. 1963)							06 12 63			REGULAR						
6. FUNDS		X		V TO V		V TO CF		7. COST CENTER NO. (UNREPEAL)			8. CSC OR OTHER LEGAL AUTHORITY					
		CF TO V		CF TO CF		3227 1990 1000			50 USC 403 J							
9. ORGANIZATIONAL DESIGNATIONS							10. LOCATION OF OFFICIAL STATION									
DDP C1. STAFF CS/CS DEVELOPMENT COMPLEMENT							WASH., D.C.									
11. POSITION TITLE							12. POSITION NUMBER			13. SERVICE DESIGNATION						
INTELLIGENCE CLERK							9997			D						
14. CLASSIFICATION SCHEDULE (GS, LS, etc.)				15. OCCUPATIONAL SERIES			16. GRADE AND STEP		17. SALARY OR RATE							
GS				0301.27			06 4		5545							
18. REPAIRS																
OTHER																
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL																
19. ACTION CODE	20. Empl. Code	21. OFFICE CODING		22. STATION CODE		23. INTEGREE CODE	24. Natl. Code	25. DATE OF BIRTH			26. DATE OF GRADE			27. DATE OF LEI		
38	18	NUMERIC	ALPHABETIC	75013		1	05 05 23									
28. NTE EXPIRES	29. SPECIAL REFERENCE	30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA			33. SECURITY REQ. NO.			34. SEX				
NO. DA. YR.		1 - CSC 2 - FICA 3 - NONE				EOD DATA										
35. VET. PREFERENCE		36. SERV. COMP. DATE			37. LONG. COMP. DATE			38. CAREER CATEGORY		39. FEGLI / HEALTH INSURANCE			40. SOCIAL SECURITY NO.			
CODE		NO. DA. YR.			NO. DA. YR.			CODE		CODE			CODE			
0 - NONE 1 - 5 PT. 2 - 10 PT.								CAH PROV TEMP		D - GAINER 1 - YES						
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT. CODE		43. FEDERAL TAX DATA			44. STATE TAX DATA							
CODE				CODE		FORM EXECUTED			FORM EXECUTED			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.)						1 - YES 2 - NO			1 - YES 2 - NO			NO TAX EEMP				
SIGNATURE OF OTHER AUTHENTICATION																
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p style="font-size: 2em; margin: 0;">POSTED</p> <p style="margin: 0;">2 JUL 1963 <i>[Signature]</i></p> </div>																



**SECRET**  
(WHEN FILLED IN)

32-250-1001

1. EMP. SERIAL NO. <b>025935</b>		2. NAME <b>TARASOFF ANNA</b>			3. ASSIGNED ORGN. <b>32 250</b>		4. FUNDS <b>V</b>		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
<del>GS 06</del>	<del>3</del>	<del>85375</del>	<del>02</del>	<del>07</del>	<del>68</del>	<del>GS 06</del>	<del>1</del>	<del>85315</del>	<del>02</del>	<del>06</del>	<del>63</del>
TO BE COMPLETED BY THE OFFICE OF COMPTROLLER											
8. CHECK ONE <input type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> EXCESS LWOP						9. NUMBER OF HOURS LWOP					
IF EXCESS LWOP, CHECK FOLLOWING:						10. INITIALS OF CLERK			11. AUDITED BY		
<input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD											
<input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD											
TO BE COMPLETED BY THE OFFICE OF PERSONNEL											
12. TYPE OF ACTION						13. REMARKS					
<input checked="" type="checkbox"/> P.S.I. <input type="checkbox"/> L.S.I. <input type="checkbox"/> PAY ADJUSTMENT											
14. AUTHENTICATION											
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.											
SIGNATURE: 						DATE: <b>30 Nov. 1962</b>					
<b>PAY CHANGE NOTIFICATION</b>											

FORM 5-62

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

**SECRET**

OFFICIAL PERSONNEL FOLDER

(4)

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

NAME	SERIAL	ORGN	FUNDS	OLD		NEW	
				GR-ST	SALARY	GR-ST	SALARY
TARASOFF ANNA	025935	32250	V	06 3	5 5160	06 3	5 5375

**SECRET**  
(When Filled In)

1. Serial No. <b>25935</b>		2. Name <b>TARASOFF ANNA</b>			3. Cost Center Number <b>32 250 / V</b>			4. LWOP Hours <b>31</b>		
5. OLD SALARY RATE					6. NEW SALARY RATE				7. TYPE ACTION	
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	Effective Date	PSI	LSI	ADJ.
GS	06	<del>4995</del>	01/08/61	06	3	<b>5160</b>	01/07/62			

8. Remarks and Authentication

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

70

*Handwritten initials*

SECRET  
(When Filled In)

AES: 10 MAY 61

NOTIFICATION OF PERSONNEL ACTION

ONE

1. SERIAL NUMBER 025935		2. NAME (LAST-FIRST-MIDDLE) TARASOFF ANNA	
3. NATURE OF PERSONNEL ACTION PROMOTION - CORRECTION			4. EFFECTIVE DATE 01 08 61
6. FUNDS X V TO V CF TO V			7. COST CENTER NO. CHARGEABLE 1227 1001 1000
8. ORGANIZATIONAL DESIGNATIONS DDP CI STAFF SPECIAL INVESTIGATION GROUP PROJECTS BRANCH			5. CATEGORY OF EMPLOYMENT REGULAR
11. POSITION TITLE INTELL CLERK			9. CSC OR OTHER LEGAL AUTHORITY 50 USC 403 J
14. CLASSIFICATION SCHEDULE (GS, WD, etc.) GS		15. OCCUPATIONAL SERIES 0301.27	10. LOCATION OF OFFICIAL STATION WASH., D.C.
16. GRADE AND STEP 06 2		13. CAREER SERVICE DESIGNATION D	
17. SALARY OR RATE 4995		12. POSITION NUMBER 0151	
18. REMARKS *THIS ACTION CORRECTS SF 1150 EFF 8 JAN 1961 ITEM #16, STEP, WHICH READ 1 TO READ 2 AND ITEM #17, SALARY, WHICH READ \$4830 TO READ \$4995.			

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

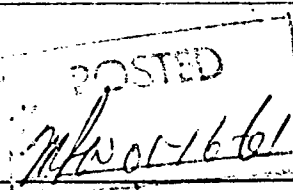
19. ACTION CODE 58	20. EMPLOY CODE 10	21. OFFICE CODING NUMERIC: 32250 ALPHABETIC: CI	22. STATION CODE 75013	23. INTEGREE CODE	24. HQ/UNIT CODE 1	25. DATE OF BIRTH MO: 05 DA: 05 YR: 23	26. DATE OF GRADE MO: 01 DA: 08 YR: 61	27. DATE OF LEI MO: 01 DA: 08 YR: 61
28. NTE EXPIRES MO: DA: YR:	29. SPECIAL REFERENCE	30. RETIREMENT DATA 1 - CSC 2 - FICA 3 - NONE	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA TYPE: 22 MO: 01 DA: 08 YR: 61	33. SECURITY REQ. NO.		34. SER	
35. VET. PREFERENCE CODE: 0 - NONE 1 - 5 PT 2 - 10 PT	36. SERV. COMP. DATE MO: DA: YR:	37. LONG. COMP. DATE MO: DA: YR:	38. MIL. SERV. CREDIT/LCO 1 - YES 2 - NO	39. FEGLI / HEALTH INSURANCE CODE: 0 - WAIVER 1 - YES	40. SOCIAL SECURITY NO.			
41. PREVIOUS GOVERNMENT SERVICE DATA CODE: 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 12 MOS) 3 - BREAK IN SERVICE (MORE THAN 12 MOS)	42. LEAVE CAT. CODE	43. FEDERAL TAX DATA FORM EXECUTED: CODE: 1 - YES 2 - NO		44. STATE TAX DATA FORM EXECUTED: CODE: 1 - YES 2 - NO		NO TAX STATE CODE EXEMP.		

SIGNATURE OR OTHER AUTHENTICATION

POSTED  
MAY 11 1961

ATS: 6 JAN 61

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER 025935		2. NAME (LAST-FIRST-MIDDLE) TARASOFF ANNA									
3. NATURE OF PERSONNEL ACTION PROMOTION						4. EFFECTIVE DATE MO. DA. YR. 01 00 61			5. CATEGORY OF EMPLOYMENT REGULAR		
6. FUNDS		X V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE 1227 1001 1000			8. CSC OR OTHER LEGAL AUTHORITY 50 USC 403 J		
CF TO V		CF TO CF		9. ORGANIZATIONAL DESIGNATIONS DDP CI STAFF SPECIAL INVESTIGATION GROUP PROJECTS BRANCH							
10. LOCATION OF OFFICIAL STATION WASH., D.C.								11. POSITION TITLE INTELL CLERK			
12. POSITION NUMBER 0151				13. CAREER SERVICE DESIGNATION D				14. CLASSIFICATION SCHEDULE (GS, WB, etc.) GS		15. OCCUPATIONAL SERIES 0301.27	
16. GRADE AND STEP 06 1		17. SALARY OR RATE 4830									
18. REMARKS											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE 22		20. EMPLOY CODE 10		21. OFFICE CODING NUMERIC: 32250 ALPHABETIC: CI		22. STATION CODE 75013		23. INTEGREE CODE		24. MONTHS 1	
25. DATE OF BIRTH MO. DA. YR. 05 05 23		26. DATE OF GRADE MO. DA. YR. 01 08 61		27. DATE OF LEI MO. DA. YR. 01 08 61		28. NTE EXPIRES MO. DA. YR.		29. SPECIAL REFERENCE		30. RETIREMENT DATA	
31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA TYPE MO. DA. YR.		33. SECURITY REQ. NO.		34. SEX		ECD DATA			
35. VET. PREFERENCE CODE 0 - NONE 1 - 5 PT 2 - 10 PT		36. SERV. COMP. DATE MO. DA. YR.		37. LONG. COMP. DATE MO. DA. YR.		38. MIL. SERV. CREDIT/LCD 1 - YES 2 - NO		39. FEGLI / HEALTH INSURANCE CODE 0 - WAIVER 1 - YES		40. SOCIAL SECURITY NO.	
41. PREVIOUS GOVERNMENT SERVICE DATA CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 12 MOS) 3 - BREAK IN SERVICE (MORE THAN 12 MOS)				42. LEAVE CAT. CODE		43. FEDERAL TAX DATA FORM EXECUTED CODE NO TAX EXEMPTIONS 1 - YES 2 - NO		44. STATE TAX DATA FORM EXECUTED CODE NO TAX EXEMP STATE CODE 1 - YES 2 - NO			
SIGNATURE OR OTHER AUTHENTICATION											
											

IN ACCORDANCE WITH THE PROVISIONS OF P. L. 86-568 AND DCI MEMO DATED 2 AUGUST 1956, SALARY IS ADJUSTED AS FOLLOWS EFFECTIVE 10 JULY 1960.

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

/s/ EMMETT D. ECHOLS  
DIRECTOR OF PERSONNEL

**SECRET**  
(WHEN FILLED IN)

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

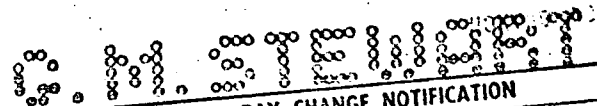
FORM 560

560 OBSOLETE PREVIOUS EDITION REPLACES FORM 560a AND 560b

**SECRET**

OFFICIAL PERSONNEL FOLDER (4)

**SECRET**  
(WHEN FILLED IN)

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

FORM 5-55

560

OBsolete PREVIOUS EDITION REPLACES FORM 560a AND 560b.

**SECRET**

OFFICIAL PERSONNEL FOLDER

(4)

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

SER. N.	NAME	SD	OLD SLOT	NEW SLOT	DATE
125935	TARASOFF ANNA	DS	0151.05	151	04/28/59

**SECRET**  
(When Filled In)

11277

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

**PREVIOUS ASSIGNMENT**

14. Organizational Designations				Code	15. Location Of Official Station				Station Code	
DDP CI STAFF SPECIAL INVESTIGATION DIVISION PROJECTS BRANCH					WASH., D.C.					
16. Dept. - Field		17. Position Title			18. Position No.		19. Serv.	20. Occup. Series		
Dept. - 2	Code				0151.05		GS	0301.27		
USfld - 4	2	INTEL CLK								
Frqn - 6										
21. Grade & Step		22. Salary Or Rate		23. SD	24. Date Of Grade		25. PSI Due		26. Appropriation Number	
04 2		\$ 3850		D5	Mo.	Da.	Yr.	Mo.	Da.	Yr.
										8 2705 27

**ACTION**

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

**PRESENT ASSIGNMENT**

31. Organizational Designations				Code	32. Location Of Official Station				Station Code	
DDP CI STAFF SPECIAL INVESTIGATION DIVISION PROJECTS BRANCH				5418	WASH., D.C.				75013	
33. Dept. - Field		34. Position Title			35. Position No.		36. Serv.	37. Occup. Series		
Dept. - 2	Code	INTEL CLK			0151.05		GS	0301.27		
USfld - 4	2									
Frqn - 6										
38. Grade & Step		39. Salary Or Rate		40. SD	41. Date Of Grade		42. PSI Due		43. Appropriation Number	
05 1		\$ 4040		D5	Mo.	Da.	Yr.	Mo.	Da.	Yr.
					11	10	158	11	10	159
									9 2700 27 001	

44. Remarks

\*THIS CORRECTS SF 1150 EFF 2 NOV 1958 ITEM #14 AND 31 SECOND LINE OF ORGANIZATIONAL DESIGNATIONS, WHICH READ "SPECIAL PROJECTS DIV", TO READ "SPECIAL INVESTIGATION DIVISION."

POSTED  
13 FEB 1959

OG 2/13/59

SECRET  
(When Filled In)

**NOTIFICATION OF PERSONNEL ACTION**

AES. 30 OCT 1958

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

PREVIOUS ASSIGNMENT

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

ACTION

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

PRESENT ASSIGNMENT

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

44. Remarks

*M. J. 11/13/58*

S E C R E T

GENERAL SCHEDULE SALARY INCREASE RETROACTIVELY EFFECTIVE  
12 JANUARY 1958 AUTHORIZED BY P. L. 85 - 462 AND DCI  
DIRECTIVE. SALARY AS OF 15 JUNE 1959 ADJUSTED AS FOLLOWS

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

GORDON W. STEWART  
/S/ DIRECTOR OF PERSONNEL

S E C R E T

SECRET  
(WHEN FILLED IN)

2705

1. EMP. SERIAL NO. 125935		2. NAME TARASOFF ANNA				3. ASSIGNED ORGAN. C I		4. FUNDS V-20		5. ALLOTMENT <del>1507</del>	
6. OLD SALARY RATE						7. NEW SALARY RATE					
GRADE	STEP	SALARY	LAST EFFECTIVE DATE			GRADE	STEP	SALARY	EFFECTIVE DATE		
			NO.	DA.	YR.				NO.	DA.	YR.
GS	4	\$ 3,415	04	08	57	GS	4	\$ 3,500	04	20	58
TO BE COMPLETED BY THE OFFICE OF COMPTROLLER											
9. CHECK ONE <input checked="" type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> EXCESS LWOP						9. NUMBER OF HOURS LWOP					
IF EXCESS LEAVE LWOP, CHECK FOLLOWING: <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD						10. INITIALS OF CLERK			11. AUDITED BY		
TO BE COMPLETED BY THE OFFICE OF PERSONNEL											
12. PROJECTED SALARY RATE AND EFFECTIVE DATE						13. REMARKS					
GRADE	STEP	SALARY	NO.	DA.	YR.						
14. AUTHENTICATION											

SECRET  
(WHEN FILLED IN)

1. EMP. SERIAL NO. 125935		2. NAME TARASOFF ANNA				3. ASSIGNED ORGAN. C I		4. FUNDS V-20		5. ALLOTMENT	
6. OLD SALARY RATE						7. NEW SALARY RATE					
GRADE	STEP	SALARY	LAST EFFECTIVE DATE			GRADE	STEP	SALARY	EFFECTIVE DATE		
			NO.	DA.	YR.				NO.	DA.	YR.
GS	4	\$ 3,415	04	08	57	GS	4	\$ 3,500	04	20	58
REMARKS											

CERTIFICATION

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



SECRET  
(When Filled In)

MCM 7 MAR 58

### NOTIFICATION OF PERSONNEL ACTION

1. Serial No.		2. Name (Last-First-Middle)			3. Date Of Birth			4. Vet. Pref.		5. Sex		6. GS - EOD		
125935		TARASOFF ANNA			Mo.	Da.	Yr.	None-0	Code	F	2	Mo.	Da.	Yr.
04 08 57		50 USCA 403 J			05	05	23	5 Pt-1 10 Pt-2	0			04	08	57
7. SCD		8. CSC Reent.		9. CSC Or Other Legal Authority			10. Apmt. Affidav.		11. FEGLI		12. LCD		13. Prom. Adv.	
Mo.	Da.	Yr.	Yes-1 No-2	Code	Mo.	Da.	Yr.	Yes-1 No-2	Code	Mo.	Da.	Yr.	Yes-1 No-2	Code
04	08	57	1							04	08	57		2

PREVIOUS ASSIGNMENT

14. Organizational Designations		Code	15. Location Of Official Station		Station Code					
DDS OFFICE OF PERSONNEL PERSONNEL ASSIGNMENT DIV PLACEMENT BR CLERICAL INTERIM ASSIGNMENT SECT		2931	WASH., D. C.		75013					
16. Dept. - Field		17. Position Title		18. Position No.	19. Serv. 20. Occup. Series					
Dept. - 2 USfld - 4 Frgn. - 6	Code	CLERK			GS 0301.26					
2										
21. Grade & Step		22. Salary Or Rate		23. SD	24. Date Of Grade		25. PSI Due		26. Appropriation Number	
04 1		\$ 3415		UD	Mo. Da. Yr.		Mo. Da. Yr.		8 6509 20	
04 1					04 08 57		04 20 58			

ACTION

97. Nature Of Action		Code	98. Eff. Date		99. Type Of Employee		Code	30. Separation Data	
REASSIGNMENT		57	Mo. Da. Yr.		REGULAR		01		
			03 09 58						

PRESENT ASSIGNMENT

31. Organizational Designations		Code	32. Location Of Official Station		Station Code					
DDP CI STAFF SPECIAL PROJECTS DIV PROJECTS BRANCH		5412	WASH., D. C.		75013					
33. Dept. - Field		34. Position Title		35. Position No.	36. Serv. 37. Occup. Series					
Dept. - 2 USfld - 4 Frgn. - 6	Code	INTEL CLK		0151.05	GS 0301.27					
2										
38. Grade & Step		39. Salary Or Rate		40. SD	41. Date Of Grade		42. PSI Due		43. Appropriation Number	
04 1		\$ 3415		DS	Mo. Da. Yr.		Mo. Da. Yr.		8 2705 27	
04 1					04 10 57		04 12 58			

44. Remarks

POSTED

14 MAR 1958

65 3/2/58

**SECRET**  
(When Filled In)

### NOTIFICATION OF PERSONNEL ACTION

ARE: 24 JAN 1958

1. Serial No.		2. Name (Last-First-Middle)			3. Date Of Birth			4. Vet. Prof.		5. Sex		6. CS - EOD			
125935		TARASOFF ANNA			Mo.	Da.	Yr.	Non-0	Code	F	2	Mo.	Da.	Yr.	
04 08 57		50 USCA 403 d			05	05	23	5 Pt-1	0			04	08	57	
7. SCD		8. CSC Retmt.			9. CSC Or Other Legal Authority			10. Apmt. Affidav.		11. FEGLI		12. LCD		13. Prom. Site	
Mo.	Da.	Yr.	Yes-1	Code	Mo.	Da.	Yr.	Yes-1	Code	Mo.	Da.	Yr.	Yes-1	Code	
04	08	57	No-2	1				No-2		04	08	57	No-2	2	

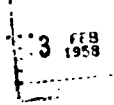
### PREVIOUS ASSIGNMENT

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

### ACTION

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

### PRESENT ASSIGNMENT

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

**SECRET**



CENTRAL INTELLIGENCE AGENCY

P.C. 19 Mar 1957  
 2-8233 1v1

NOTIFICATION OF PERSONNEL ACTION

1. NAME (MR., MRS., MISS, MS., OR THE GIVEN NAME, INITIAL(S), AND SURNAME) <b>MRS. ANNA TARASOFF</b>		2. DATE OF BIRTH <b>5 May 1923</b>	3. JOURNAL OR ACTION NO. <b>125935</b>	4. DATE <b>8 Apr 1957</b>																		
This is to notify you of the following action affecting your employment:																						
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) <b>ACCEPTED APPOINTMENT</b>		6. EFFECTIVE DATE <b>8 Apr 1957</b>	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY <b>50 USCA 403 J</b>																			
FROM		TO																				
8. POSITION TITLE <b>Clerk</b>		<b>BU/5423</b>																				
9. SERVICE SERIES, GRADE, SALARY <b>GS-0301.26-4</b>		<b>\$3415.00 per annum</b>																				
10. ORGANIZATIONAL DESIGNATIONS <b>293199</b>		<b>IDS/Office of Personnel Personnel Assignment Division Placement Branch (Clerical) Interim Assignment Section</b>																				
11. HEADQUARTERS <b>2</b>		<b>Washington, D.C.</b>																				
<input type="checkbox"/> FIELD	<input type="checkbox"/> DEPARTMENTAL	<input type="checkbox"/> FIELD	<input checked="" type="checkbox"/> DEPARTMENTAL																			
12. FIELD OR DEPT'L		13. VETERAN'S PREFERENCE																				
		14. POSITION CLASSIFICATION ACTION																				
15. VETERAN'S PREFERENCE		16. APPROPRIATION																				
<table border="1"> <tr> <th>DDRE</th> <th>WWII</th> <th>OTHER</th> <th>5 PT</th> <th>10-POINT</th> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		DDRE	WWII	OTHER	5 PT	10-POINT	<input checked="" type="checkbox"/>					<table border="1"> <tr> <th>NEW</th> <th>VICE</th> <th>I. A.</th> <th>REAL</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>			NEW	VICE	I. A.	REAL				
DDRE	WWII	OTHER	5 PT	10-POINT																		
<input checked="" type="checkbox"/>																						
NEW	VICE	I. A.	REAL																			
17. SUBJECT TO C. & RETIREMENT ACT (YES-NO) <b>Yes</b>		18. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY) <b>8 Apr 1957</b>		19. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:																		
20. REMARKS: <b>RC-153</b> <b>5 EOD 04/08/57</b> <b>Subject to the satisfactory completion of a trial period of one year.</b> <b>Subject to the satisfactory completion of a medical examination.</b>																						
DDG: 04/08/57 CSEOD: 04/08/57 LCD: 04/08/57 ECD: 04/08/57 FEI due: 04/20/58																						
<table border="1"> <tr> <td colspan="2" style="text-align: center;">POSTED</td> </tr> <tr> <td style="text-align: right;">15733</td> </tr> </table>					POSTED		15733															
POSTED																						
15733																						
ENTRANCE PERFORMANCE RATING:																						
Director of Personnel 4. PERSONNEL FOLDER COPY																						

773 4/9/57

**SECRET**  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER			
				25935			
<b>SECTION A GENERAL</b>							
1. NAME (Last) (First) (Middle) <b>TARASOFF, ANNA</b>			2. DATE OF BIRTH <b>5 May 1923</b>	3. SEX <b>F</b>	4. GRADE <b>GS-6</b>	5. SD <b>D</b>	
6. OFFICIAL POSITION TITLE <b>INTELLIGENCE CLERK</b>				7. OFF/DIV/BR OF ASSIGNMENT <b>DDP CI STAFF/SIG/PROJ</b>		8. CURRENT STATION <b>HEADQUARTERS</b>	
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"/> CAREER-PROVISIONAL (See Instructions - Section C)		<input checked="" type="checkbox"/> X		<input type="checkbox"/> ANNUAL		<input type="checkbox"/> REASSIGNMENT SUPERVISOR	
<input type="checkbox"/> SPECIAL (Specify)		<input checked="" type="checkbox"/> X		<input type="checkbox"/> SPECIAL (Specify): <b>Terminal</b>			
11. DATE REPORT DUE IN O.P. <b>31 July 1963</b>				12. REPORTING PERIOD (From- to) <b>1 July 1962 - 30 June 1963</b>			
<b>SECTION B PERFORMANCE EVALUATION</b>							
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
<b>SPECIFIC DUTIES</b>							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (Indicate number of employees supervised).							RATING LETTER
SPECIFIC DUTY NO. 1 <b>Transliterates Russian material</b>							<b>P</b>
SPECIFIC DUTY NO. 2 <b>Checks Project material which entails transliterating from the Cyrillic</b>							<b>P</b>
SPECIFIC DUTY NO. 3 <b>Takes over some supervisory duties during supervisor's absence</b>							<b>A</b>
SPECIFIC DUTY NO. 4 <b>Operates Xerox machine</b>							<b>A</b>
SPECIFIC DUTY NO. 5 <b>Guides others in Project learning Russian transliteration</b>							<b>A</b>
SPECIFIC DUTY NO. 6							RATING LETTER
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>							
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.							RATING LETTER <b>A</b>
<b>20 JUN 1963</b>							

SECRET  
(When Filled In)

OFFICE OF PERSONNEL

SECTION C NARRATIVE COMMENTS

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

MAIL ROOM

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

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

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

SECTION D CERTIFICATION AND COMMENTS

1. BY EMPLOYEE

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

DATE 7 June 63 SIGNATURE OF EMPLOYEE [Signature]

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION 27 months IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

DATE 7 June 63 OFFICIAL TITLE OF SUPERVISOR Intelligence Assistant TYPED OR PRINTED NAME AND SIGNATURE

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

DATE 7 June 63 OFFICIAL TITLE OF REVIEWING OFFICIAL Chief, of Project TYPED OR PRINTED NAME AND SIGNATURE T. K. Chalmer

SECRET

SECRET  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				25935	
SECTION A GENERAL					
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE 5. SD
TARASOFF Anna			5 May 1923	F	GS-6 D
6. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION
INTELLIGENCE CLERK			DDP/CI/SIG/PROJ		
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input type="checkbox"/> CAREER	<input type="checkbox"/> RESERVE	<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> INITIAL	<input type="checkbox"/> REASSIGNMENT SUPERVISOR	
<input checked="" 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 July 1962			30 June 1961 - 30 June 1962		
SECTION B PERFORMANCE EVALUATION					
<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>					
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).					RATING LETTER
SPECIFIC DUTY NO. 1  Transliterates Russian material.					P
SPECIFIC DUTY NO. 2  Operates Verifax machine.					A
SPECIFIC DUTY NO. 3  Checks Project material which entails transliterating from the Cyrillic.					A
SPECIFIC DUTY NO. 4  Takes over some Supervisory duties during absence of Supervisor.					A-
SPECIFIC DUTY NO. 5					RATING LETTER
SPECIFIC DUTY NO. 6					RATING LETTER
OVERALL PERFORMANCE IN CURRENT POSITION					RATING LETTER
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					A

GROUP 1  
Excluded from automatic  
downgrading and  
declassification

SECRET

(When Filled In)

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

SECRET



**SECRET**  
(When Filled In)

<b>FITNESS REPORT</b>		EMPLOYEE SERIAL NUMBER <b>125935</b>
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<b>SECTION A</b>		<b>GENERAL</b>		3. SEX <b>F</b>	4. GRADE <b>GS-6</b>
1. NAME (Last) (First) (Middle) <b>TARASOFF Anna</b>	2. DATE OF BIRTH <b>5 MAY 1923</b>	7. OFF/DIV/BR OF ASSIGNMENT <b>DDP/CI/SIG PROJ</b>			
8. SERVICE DESIGNATION <b>D</b>	8. OFFICIAL POSITION TITLE <b>INTELLIGENCE CLERK</b>				
9. CAREER STAFF STATUS			9. TYPE OF REPORT		
<input type="checkbox"/> NOT ELIGIBLE	<input type="checkbox"/> MEMBER	<input type="checkbox"/> DEFERRED	<input type="checkbox"/> INITIAL	<input type="checkbox"/> REASSIGNMENT/SUPERVISOR	
<input checked="" type="checkbox"/> PENDING	<input type="checkbox"/> DECLINED	<input type="checkbox"/> DENIED	<input checked="" type="checkbox"/> ANNUAL	<input type="checkbox"/> REASSIGNMENT/EMPLOYEE	
10. DATE REPORT DUE IN O.P. <b>31 JULY 1961</b>	11. REPORTING PERIOD From <b>30 JUNE 60</b> To <b>30 JUNE 61</b>				

**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 <b>Transliterates Russian material.</b>		RATING NO. <b>4</b>	SPECIFIC DUTY NO. 4 <b>Makes name checks.</b>			RATING NO. <b>5</b>
SPECIFIC DUTY NO. 2 <b>Operates Verifax machine.</b>		RATING NO. <b>5</b>	SPECIFIC DUTY NO. 5			RATING NO.
SPECIFIC DUTY NO. 3 <b>Takes over some supervisory duties during absence of Supervisor.</b>		RATING NO. <b>3</b>	SPECIFIC DUTY NO. 6			RATING NO.

**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.

<ul style="list-style-type: none"> <li>1 - Performance in many important respects fails to meet requirements.</li> <li>2 - Performance meets most requirements but is deficient in one or more important respects.</li> <li>3 - Performance clearly meets basic requirements.</li> <li>4 - Performance clearly exceeds basic requirements.</li> <li>5 - Performance in every important respect is superior.</li> <li>6 - Performance in every respect is outstanding.</li> </ul>	<table border="1" style="width:100%; height: 40px;"> <tr><td align="center">RATING NO.</td></tr> <tr><td align="center"><b>3</b></td></tr> </table>	RATING NO.	<b>3</b>
RATING NO.			
<b>3</b>			

**SECTION D DESCRIPTION OF THE EMPLOYEE**

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

CHARACTERISTICS	NOT APPLICABLE	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 DISPOSING OF RECORDS							X	
OTHER (Specify):								

SEE SECTION "E" ON REVERSE SIDE

SECRET

(When Filled In)

SECRET

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

SECRET

SECRET (When Filled In) (Class)

X

24 APR 1961 P. J.		<b>FITNESS REPORT</b>		EMPLOYEE SERIAL NUMBER 125935					
<b>SECTION A GENERAL</b>									
1. NAME (Last) (First) (Middle) TARASOFF, Anna			2. DATE OF BIRTH 5 May 1923	3. SEX F	4. GRADE GS-6				
5. SERVICE DESIGNATION 6. OFFICIAL POSITION TITLE D INTELL CLERK			7. OFF/DIV/BR OF ASSIGNMENT DDP/CI STAFF/SIG/RSOJ						
8. CAREER STAFF STATUS			9. TYPE OF REPORT						
<input checked="" type="checkbox"/> NOT ELIGIBLE	<input type="checkbox"/> MEMBER	<input type="checkbox"/> DEFERRED	<input type="checkbox"/> INITIAL	<input type="checkbox"/> REASSIGNMENT/SUPERVISOR					
<input type="checkbox"/> PENDING	<input type="checkbox"/> DECLINED	<input type="checkbox"/> DENIED	<input checked="" type="checkbox"/> ANNUAL	<input type="checkbox"/> REASSIGNMENT/EMPLOYEE					
10. DATE REPORT DUE IN O.P. 30 April 1961		11. REPORTING PERIOD From To 31 March 60 - 31 March 61							
<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 Transliterates Russian material.		RATING NO. 4	SPECIFIC DUTY NO. 4 Makes name checks.		RATING NO. 5				
SPECIFIC DUTY NO. 2 Operates Verifax machine.		RATING NO. 5	SPECIFIC DUTY NO. 5		RATING NO.				
SPECIFIC DUTY NO. 3 Takes over some supervisory duties during absence of supervisor.		RATING NO. 3	SPECIFIC DUTY NO. 6		RATING NO.				
<b>SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION</b>									
Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.									
1 - Performance in many important respects fails to meet requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets basic requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding.					RATING NO. 3				
<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 APPLI-CABLE	NOT OB-SERVED	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 DISPOSING OF RECORDS									
OTHER (Specify):									
SEE SECTION "E" ON REVERSE SIDE									

<b>SECTION E</b>	<b>NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE</b>
<p>Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the best basis for determining future personnel actions.</p>	
<p>No further comments to be added to previous reports.</p>	

MAIL ROOM

57 APR 61

<b>SECTION F CERTIFICATION AND COMMENTS</b>		
<b>1. BY EMPLOYEE</b>		
I certify that I have seen Sections A, B, C, D and E of this Report.		
DATE 12 April 1961	SIGNATURE OF EMPLOYEE <i>Annex T. Masoff</i>	
<b>2. BY SUPERVISOR</b>		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION App. 3 years	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.		
EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS	REPORT MADE WITHIN LAST 90 DAYS	
OTHER (Specify):		
DATE 12 April 1961	OFFICIAL TITLE OF SUPERVISOR Intelligence Assistant	TYPED OR PRINTED NAME AND SIGNATURE
<b>3. BY REVIEWING OFFICIAL</b>		
<input checked="" type="checkbox"/> I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.		
<input type="checkbox"/> I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.		
<input type="checkbox"/> I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.		
<input type="checkbox"/> I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.		
COMMENTS OF REVIEWING OFFICIAL		
DATE 12 April '61	OFFICIAL TITLE OF REVIEWING OFFICIAL Chief, CI-Project	TYPED OR PRINTED NAME AND SIGNATURE <i>T.K. Chad</i>

SECRET  
(When Filled In)

15 MAY 1960		<b>FITNESS REPORT</b>		EMPLOYEE SERIAL NUMBER <b>125935</b>					
<b>SECTION A GENERAL</b>									
1. NAME (Last) (First) (Middle) <b>TARASOFF, Anna</b>			2. DATE OF BIRTH <b>5 May 1923</b>		3. SEX <b>F</b>				
4. GRADE <b>GS-05</b>		7. OFF/DIV/BR OF ASSIGNMENT <b>DDP/CI/SID-Projects</b>							
8. SERVICE DESIGNATION <b>SD/D</b>		6. OFFICIAL POSITION TITLE <b>Intelligence Clerk</b>							
9. CAREER STAFF STATUS			9. TYPE OF REPORT						
<input checked="" type="checkbox"/> NOT ELIGIBLE	<input type="checkbox"/> MEMBER	<input type="checkbox"/> DEFERRED	<input type="checkbox"/> INITIAL	<input type="checkbox"/> REASSIGNMENT/SUPERVISOR					
<input type="checkbox"/> PENDING	<input type="checkbox"/> DECLINED	<input type="checkbox"/> DENIED	<input checked="" type="checkbox"/> ANNUAL	<input type="checkbox"/> REASSIGNMENT/EMPLOYEE					
10. DATE REPORT DUE IN O.P. <b>30 April 1960</b>		11. REPORTING PERIOD From <b>Apr 59</b> - To <b>31 March 60</b>							
<b>SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES</b>									
List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).									
1 - Unsatisfactory	2 - Barely adequate	3 - Acceptable	4 - Competent	5 - Excellent	6 - Superior	7 - Outstanding			
SPECIFIC DUTY NO. 1 <b>Transliterates Russian material.</b>		RATING NO. <b>4</b>	SPECIFIC DUTY NO. 4 <b>Checks transliteration work of other Junior Analysts.</b>		RATING NO. <b>4</b>				
SPECIFIC DUTY NO. 2 <b>Operates Verifax machine.</b>		RATING NO. <b>5</b>	SPECIFIC DUTY NO. 5 <b>Checks file list.</b>		RATING NO. <b>4</b>				
SPECIFIC DUTY NO. 3 <b>Takes over some Supervisory duties during absence of Supervisor.</b>		RATING NO. <b>3</b>	SPECIFIC DUTY NO. 6		RATING NO.				
<b>SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION</b>									
Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.									
1 - Performance in many important respects fails to meet requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets basic requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding.					RATING NO. <b>3</b>				
<b>SECTION D DESCRIPTION OF THE EMPLOYEE</b>									
In the rating boxes below, check (X) the degree to which each characteristic applies to the employee									
1 - Least possible degree	2 - Limited degree	3 - Normal degree	4 - Above average degree	5 - Outstanding degree					
CHARACTERISTICS			NOT APPLICABLE	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 DISPOSING OF RECORDS							X		
OTHER (Specify):									
<b>SEE SECTION "F" ON REVERSE SIDE</b>									

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 recommending future personnel actions.

This employee is a conscientious worker and willingly carries out all of her assignments within a reasonable length of time. Her transliteration work is accurate and fairly productive.

During the absence of the Supervisor, this employee has taken over some of the supervisory duties in an acceptable manner. However, it is believed that she requires more training in this field.

This employee is scheduled to take the Agency Basic Supervision course on 2 May 1960.

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	25 April 1960	SIGNATURE OF EMPLOYEE <i>[Signature]</i>	
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	Approximately 2 years	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.			
EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS		REPORT MADE WITHIN LAST 90 DAYS	
OTHER (Specify):			
DATE	25 April 1960	OFFICIAL TITLE OF SUPERVISOR	Intelligence Assistant
3. BY REVIEWING OFFICIAL			
I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.			
I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.			
I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.			
I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.			
COMMENTS OF REVIEWING OFFICIAL			
DATE	25 April 1960	OFFICIAL TITLE OF REVIEWING OFFICIAL	Chief, CI-Project
		TYPED OR PRINTED NAME AND SIGNATURE T. K. Chalmers <i>T.K. Chalmers</i>	

SECRET

**SECRET**  
(When Filled In)

2

<b>FITNESS REPORT</b>				<b>EMPLOYEE SERIAL NUMBER</b> 125935			
<b>SECTION A GENERAL</b>							
1. NAME (Last) (First) (Middle) <b>TARASOFF, Anna</b>			2. DATE OF BIRTH <b>5 May 1923</b>		3. SEX <b>F</b>	4. GRADE <b>GS-05</b>	
5. SERVICE DESIGNATION <b>SD/DS</b>		6. OFFICIAL POSITION TITLE <b>Intelligence Clerk</b>			7. OFF/DIV/BR OF ASSIGNMENT <b>DDP/CI/SID - Projects</b>		
8. CAREER STAFF STATUS				9. TYPE OF REPORT			
<input checked="" type="checkbox"/> NOT ELIGIBLE		<input type="checkbox"/> MEMBER		<input type="checkbox"/> DEFERRED		<input type="checkbox"/> INITIAL	
<input type="checkbox"/> PENDING		<input type="checkbox"/> DECLINED		<input type="checkbox"/> DENIED		<input checked="" type="checkbox"/> ANNUAL	
						<input type="checkbox"/> REASSIGNMENT/SUPERVISOR	
						<input type="checkbox"/> REASSIGNMENT/EMPLOYEE	
10. DATE REPORT DUE IN O.P. <b>30 April 1959</b>		11. REPORTING PERIOD From <b>22 Oct 58</b> thru <b>Apr 59</b>		12. SPECIAL (Specify)			
<b>SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES</b>							
List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
1 - Unsatisfactory		2 - Barely adequate		3 - Acceptable		4 - Competent	
5 - Excellent		6 - Superior		7 - Outstanding			
SPECIFIC DUTY NO. 1 <b>Checks transliteration material of Junior Analysts.</b>		RATING NO. <b>3</b>		SPECIFIC DUTY NO. 4		RATING NO.	
SPECIFIC DUTY NO. 2 <b>Transliterates Russian material into English.</b>		RATING NO. <b>4</b>		SPECIFIC DUTY NO. 5		RATING NO.	
SPECIFIC DUTY NO. 3 <b>Operates Verifax machine.</b>		RATING NO. <b>4</b>		SPECIFIC DUTY NO. 6		RATING NO.	
<b>SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION</b>							
Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.							
1 - Performance in many important respects fails to meet requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets basic requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding.						RATING NO. <div style="border: 1px solid black; padding: 5px; width: 30px; margin: 0 auto;"><b>3</b></div>	
<b>SECTION D DESCRIPTION OF THE EMPLOYEE</b>							
In the rating boxes below, check (X) the degree to which each characteristic applies to the employee							
1 - Least possible degree		2 - Limited degree		3 - Normal degree		4 - Above average degree	
						5 - Outstanding degree	
CHARACTERISTICS				NOT APPLICABLE	NOT OBSERVED	RATING	
						1	2
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				<input checked="" type="checkbox"/>			
SECURITY CONSCIOUS							
THINKS CLEARLY							
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS				<input checked="" type="checkbox"/>			
OTHER (Specify):							
<b>SEE SECTION "E" ON REVERSE SIDE</b>							

**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.

This employee is a steady, diligent, and conscientious worker. Her transliteration work is accurate and productive. She has a native language ability in Russian which is a definite aid in her transliteration work.

Although this employee's work is productive, her rate of production generally remains at a fixed level, with no substantial increase or decrease. This is probably due to the fact that there are no other girls with whom she can compete because of other duties being assigned to them, or this employee may be of a non-competitive type.

This employee, although she does not meet the Agency qualifications in typing, has taken the Agency's Refresher Course in Typing. However, this course was too advanced for her and she will probably require additional training and more practice before she can become a qualified typist.

Employee's husband is employed within the Agency in the Foreign Documents Division.

It is believed that this employee has first line supervisory potential insofar as her ability to get along with people and her unwavering interest in her work are concerned. However, she will require the necessary training along this line before she would be capable of undertaking such supervisory duties.

SECTION F CERTIFICATION AND COMMENTS		
BY EMPLOYEE		
1. <i>I certify that I have seen Sections A, B, C, D and E of this Report.</i>		
DATE 9 April 1959	SIGNATURE OF EMPLOYEE <i>Anna Tarasoff</i>	
BY SUPERVISOR		
2. MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION 10	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
DATE 9 April 1959	OTHER (Specify):	TYPED OR PRINTED NAME AND SIGNATURE
BY REVIEWING OFFICIAL		
3. I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.		
I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.		
I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.		
I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.		
COMMENTS OF REVIEWING OFFICIAL		
DATE 9 April 1959	OFFICIAL TITLE OF REVIEWING OFFICIAL Chief, CI-Project	TYPED OR PRINTED NAME AND SIGNATURE T. K. Chalmers <i>T.K.Ch</i>



SECRET

(When Filled In)

### FITNESS REPORT (Part I) PERFORMANCE

#### INSTRUCTIONS

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

**FOR THE SUPERVISOR:** This report is designed to help you express your evaluation of your subordinate and to transmit this evaluation to your supervisor and senior officials. Organization policy requires that you inform the subordinate where he stands with you. Completion of the report can help you prepare for a discussion with him of his strengths and weaknesses. It is also organization policy that you show Part I of this report to the employee except under conditions specified in Regulation 20-170. It is recommended that you read the entire form before completing any 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 9, of Section A below.

#### GENERAL

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

#### CERTIFICATION

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

#### A. CHECK (X) APPROPRIATE STATEMENTS:

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

B. THIS DATE: 21 October 1958

C. TYPE OF RATER AND SIGNATURE OF SUPERVISOR: [Signature]

D. SUPERVISOR'S OFFICIAL TITLE: Intelligence Asst.

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

CONTINUED ON ATTACHED SHEET

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

A. THIS DATE	B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL	C. OFFICIAL TITLE OF REVIEWING OFFICIAL
21 October 1958	T.K. Chalmers T.K. Chalmers	Chief, C/I Project

#### 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.

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

4  
INSERT RATING NUMBER

COMMENTS:

BY: [Signature] DATE: 29 OCT 1958

Performance

**SECRET**  
(When Filled In)

**7. RATINGS ON PERFORMANCE OF SPECIFIC DUTIES**

**DIRECTIONS:**

- 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.
  - Rate performance on each specific duty considering ONLY effectiveness in performance of this specific duty. Do not rate as supervisors those who supervise a secretary only.
  - For supervisors, ability to supervise will always be rated as a specific duty.
  - Compare in your mind, when possible, the individual being rated with others performing the same duty at a similar level of responsibility.
  - Two individuals with the same job title may be performing different duties. If so, rate on different duties.
  - Be specific. Examples of the kind of duties that might be rated are:
 

ORAL BRIEFING	HAS AND USES AREA KNOWLEDGE	CONDUCTS INTERROGATIONS
GIVING LECTURES	DEVELOPS NEW PROGRAMS	PREPARES SUMMARIES
CONDUCTING SEMINARS	ANALYZES INDUSTRIAL REPORTS	TRANSLATES GERMAN
WRITING TECHNICAL REPORTS	MANAGES FILES	DEBRIEFING SOURCES
CONDUCTING EXTERNAL LIAISON	OPERATES RADIO	KEEPS BOOKS
TYPING	COORDINATES WITH OTHER OFFICES	DRIVES TRUCK
TAKING DICTATION	WRITES REGULATIONS	MAINTAINS AIR CONDITIONING
SUPERVISING	PREPARES CORRESPONDENCE	EVALUATES SIGNIFICANCE OF DATA
8. 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.

OFFICE OF PERSONNEL  
2:02 PM '58  
MAIL ROOM

<b>DESCRIPTIVE RATING NUMBER</b>	1 - INCOMPETENT IN THE PERFORMANCE OF THIS DUTY 2 - BARELY ADEQUATE 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	6 - PERFORMS THIS DUTY IN AN OUTSTANDING MANNER FOUND IN VERY FEW INDIVIDUALS HOLDING SIMILAR JOBS 7 - EXCELS ANYONE I KNOW IN THE PERFORMANCE OF THIS DUTY
SPECIFIC DUTY NO. 1	Transliterates Russian material into English.	RATING NUMBER <b>4</b>
SPECIFIC DUTY NO. 2	Reproduces material on verifax machine.	RATING NUMBER <b>4</b>
SPECIFIC DUTY NO. 3		RATING NUMBER
SPECIFIC DUTY NO. 4		RATING NUMBER
SPECIFIC DUTY NO. 5		RATING NUMBER
SPECIFIC DUTY NO. 6		RATING NUMBER

**8. NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE**

**DIRECTIONS:** Stress strengths and weaknesses, particularly those which affect development on present job.

Employee's work is productive and her accuracy has improved steadily. She is cooperative and conscientious and is willing to learn additional duties which may be assigned to her.

**SECTION 9. SUITABILITY FOR CURRENT JOB IN ORGANIZATION**

- DIRECTIONS:** 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.
- DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED
  - OF DOUBTFUL SUITABILITY...WOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW
  - A BARELY ACCEPTABLE EMPLOYEE...BELOW AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION
  - OF THE SAME SUITABILITY AS MOST PEOPLE I KNOW IN THE ORGANIZATION
  - A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS
  - AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION
  - EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION

**RATING NUMBER**  
**4**

IS THIS INDIVIDUAL BETTER SUITED FOR WORK IN SOME OTHER POSITION IN THE ORGANIZATION?  YES  NO. IF YES, EXPLAIN FULLY:

SECRET

(When Filled In)

### FITNESS REPORT (Part II) POTENTIAL

#### INSTRUCTIONS

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

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

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

SECTION F. CERTIFICATION		
1. FOR THE RATER: I CERTIFY THAT THIS REPORT REPRESENTS MY BEST JUDGEMENT OF THE INDIVIDUAL BEING RATED		
A. THIS DATE	B. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR	C. SUPERVISOR'S OFFICIAL TITLE
21 October 1958		Intelligence Asst.
2. FOR THE REVIEWING OFFICIAL: I HAVE REVIEWED THIS REPORT AND NOTED ANY DIFFERENCE OF OPINION IN ATTACHED MEMO.		
A. THIS DATE	B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL	C. OFFICIAL TITLE OF REVIEWING OFFICIAL
21 October 1958	T.K. Chalmers <i>T.K. Chal</i>	Chief, CI/Project

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

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

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

SECRET

(When Filled In)

OFFICE OF PERSONNEL

3. INDICATE THE APPROXIMATE NUMBER OF MONTHS THE NAMED EMPLOYEE HAS BEEN UNDER YOUR SUPERVISION  
**5 Months**

4. COMMENTS CONCERNING POTENTIAL  
 Have no opinion concerning employee's potential at this time.

OCT 24 2 02 PM '58  
 MAIL ROOM

**SECTION II. FUTURE PLANS**

1. TRAINING OR OTHER DEVELOPMENTAL EXPERIENCE PLANNED FOR THE INDIVIDUAL  
 On-the-job training is all that is necessary for this employee at this time.

2. NOTE OTHER FACTORS, INCLUDING PERSONAL CIRCUMSTANCES, TO BE TAKEN INTO ACCOUNT IN INDIVIDUAL'S FUTURE ASSIGNMENTS  
 Employee is a conscientious and diligent individual. She readily carries out the various duties assigned to her and shows a willingness to take on any additional assignments.

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

SECRET

SECRET  
(When Filled In)

# FITNESS REPORT (Part I) PERFORMANCE

## INSTRUCTIONS

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

**FOR THE SUPERVISOR:** This report is designed to help you express your evaluation of your subordinate and to transmit this evaluation to your supervisor and senior officials. Organization policy requires that you inform the subordinate where he stands with you. Completion of the report can help you prepare for a discussion with him of his strengths and weaknesses. It is also organization policy that you show Part I of this report to the employee except under conditions specified in Regulation 20-370. It is recommended that you read the entire form before completing any 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 9. of Section A below.

### GENERAL

1. NAME (Last) (First) (Middle) <b>TARASOFF, Anna</b>		2. DATE OF BIRTH <b>5 May 1923</b>	3. SEX <b>F</b>	4. SERVICE DESIGNATION <b>DS</b>
5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT <b>DDP/FI/D/PB</b>		6. OFFICIAL POSITION TITLE <b>Clerk</b>		
7. GRADE <b>GS-4</b>	8. DATE REPORT DUE IN OP <b>14 July 1957 - 31 December 1957</b>		9. PERIOD COVERED BY THIS REPORT (Inclusive dates)	
10. TYPE OF REPORT (Check one)		INITIAL	REASSIGNMENT-SUPERVISOR	SPECIAL (Specify)
		ANNUAL	<input checked="" type="checkbox"/>	

### CERTIFICATION

1. FOR THE RATER: THIS REPORT  HAS  HAS NOT BEEN SHOWN TO THE INDIVIDUAL RATED. IF NOT SHOWN, EXPLAIN WHY NOT:  
**Individual requested**

#### A. CHECK (X) APPROPRIATE STATEMENTS:

<input checked="" type="checkbox"/>	THIS REPORT REFLECTS MY OWN OPINIONS OF THIS INDIVIDUAL.	IF INCORPORATED BY ENTRY "E" IN CI OR D, A WARNING LETTER WAS SENT TO HIM. A COPY ATTACHED TO THIS REPORT.
<input type="checkbox"/>	THIS REPORT REFLECTS THE COMBINED OPINIONS OF MYSELF AND PREVIOUS SUPERVISORS.	
<input type="checkbox"/>	I HAVE DISCUSSED WITH THIS EMPLOYEE HIS STRENGTHS AND WEAKNESSES SO THAT HE KNOWS WHERE HE STANDS.	

8. THIS DATE: **31 Dec. 1957**

9. CHECK OR PRINTED NAME AND SIGNATURE OF RATER: \_\_\_\_\_

10. OFFICIAL TITLE OF RATER: \_\_\_\_\_

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

DATE: \_\_\_\_\_

Reviewed by: *[Signature]* 21 JAN 1958

CONTINUED ON ATTACHED SHEET

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

12. THIS DATE: **9 Jan 1958**

13. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL: \_\_\_\_\_

14. OFFICIAL TITLE OF REVIEWING OFFICIAL: **Supv. Officer, FI/D/PB**

### 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.

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

15. INSERT RATING NUMBER

**4**

COMMENTS:

SECRET

(When Filled In)

OFFICE OF PERSONNEL

2. RATINGS IN PERFORMANCE OF SPECIFIC DUTIES

DIRECTIONS:

- 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.
- b. Rate performance on each specific duty considering ONLY effectiveness in performance of this duty (do not rate as "supervisor" those who supervise a secretary only).
- c. For supervisors, ability to supervise will always be rated as a specific duty (do not rate as "supervisor" those who supervise a secretary only).
- d. Compare in your mind, when possible, the individual being rated with others performing the same duty at a similar level of responsibility.
- e. Two individuals with the same job title may be performing different duties. If so, rate them on different duties.
- f. Be specific. Examples of the kind of duties that might be rated are:
  - ORAL BRIEFING
  - GIVING LECTURES
  - CONDUCTING SEMINARS
  - WRITING TECHNICAL REPORTS
  - CONDUCTING EXTERNAL LIAISON
  - TYPING
  - TAKING DICTATION
  - SUPERVISING
  - HAS AND USES AREA KNOWLEDGE
  - DEVELOPS NEW PROGRAMS
  - ANALYZES INDUSTRIAL REPORTS
  - MANAGES FILES
  - OPERATES RADIO
  - COORDINATES WITH OTHER OFFICES
  - WRITES REGULATIONS
  - PREPARES CORRESPONDENCE
  - CONDUCTS INTERROGATIONS
  - PREPARES SUMMARIES
  - TRANSLATES GERMAN
  - DEBRIEFING SOURCES
  - KEEPS BOOKS
  - DRIVES TRUCK
  - MAINTAINS AIR CONDITIONING
  - EVALUATES SIGNIFICANCE OF DATA
- 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.

JAN 23 12:06 PM '50

MAIL ROOM

- 1 - INCOMPETENT IN THE PERFORMANCE OF THIS DUTY
- 2 - BARELY ADEQUATE 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
- 6 - PERFORMS THIS DUTY IN AN OUTSTANDING MANNER FOUND IN VERY FEW INDIVIDUALS HOLDING SIMILAR JOBS
- 7 - EXCELS ANYONE I KNOW IN THE PERFORMANCE OF THIS DUTY

DESCRIPTIVE RATING NUMBER	RATING NUMBER	SPECIFIC DUTY NO. 1	RATING NUMBER	SPECIFIC DUTY NO. 2	RATING NUMBER	SPECIFIC DUTY NO. 3	RATING NUMBER	SPECIFIC DUTY NO. 4	RATING NUMBER	SPECIFIC DUTY NO. 5	RATING NUMBER	SPECIFIC DUTY NO. 6	RATING NUMBER
	5.	Logging Intelligence Material											
	5.	Filing											
	4.	Related Clerical Duties											

3. NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

DIRECTIONS: Stress strengths and weaknesses, particularly those which affect development on present job.

Individual very alert and she performs all her duties in an accurate, competent and thorough manner. She is a definite asset to the office.

SECTION D. SUITABILITY FOR CURRENT JOB IN ORGANIZATION

DIRECTIONS: 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.

- 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...BELIEVE 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

IS THIS INDIVIDUAL BETTER SUITED FOR WORK IN SOME OTHER POSITION IN THE ORGANIZATION?  YES  NO. IF YES, EXPLAIN FULLY:

SECRET

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

1. FULL NAME OF EMPLOYEE (Last) (First) (Middle) **Parasoff Anna**  
 2. DATE OF BIRTH (MONTH, DAY, YEAR) **May 5, 1923**

3. CHECK THE REASON FOR TERMINATING INSURANCE  
 (a)  SEPARATED (c)  DIED  
 (b)  RETIRED (4)  12 MONTHS NON-PAY STATUS (e)  OTHER (Specify)  
 WAS EMPLOYEE AT TIME OF DEATH AN APPLICANT FOR CIVIL SERVICE RETIREMENT?  
 YES  NO

4. CHECK APPROPRIATE BOX CONCERNING S. F. 54, DESIGNATION OF BENEFICIARY  
 (a)  CURRENT S. F. 54 ATTACHED (b)  A CURRENT S. F. 54 IS NOT ON FILE WITH THIS AGENCY (c)  A CURRENT S. F. 54 IS ON FILE IN THE EMPLOYEE'S OFFICIAL PERSONNEL FOLDER (OR EQUIVALENT)

NOTE: IF EMPLOYEE (a) DIED OR (b) IS RETIRING OR RECEIVING FEDERAL EMPLOYEES' COMPENSATION UNDER CONDITIONS ENTITLING HIM TO RETAIN FREE LIFE INSURANCE, ATTACH CURRENT S. F. 54, IF ANY, TO ORIGINAL S. F. 56 AND CHECK BOX 4 (a) ON ORIGINAL AND ALL COPIES OF S. F. 56; IF NO CURRENT S. F. 54 IS ON FILE, CHECK BOX 4 (b). IN ALL OTHER CASES, SHOW WHETHER OR NOT CURRENT S. F. 54 IS ON FILE BY CHECKING BOX 4 (c) OR (c). A CURRENT S. F. 54 IS ONE THAT HAS NOT BEEN CANCELED BY EMPLOYEE OR AUTOMATICALLY BY TRANSFER OR PRIOR TERMINATION OF INSURANCE.

5. DATE OF EVENT CHECKED IN ITEM 3 (MONTH, DAY, YEAR) **September 8, 1963**  
 6. ANNUAL COMPENSATION RATE - NOT A MOUNT OF INSURANCE - (CONVERT DAILY, HOURLY, PIECEWORK, ETC. RATE TO ANNUAL RATE) ON DATE IN ITEM 5. **\$ 5,545.00 PER ANNUM**  
 7. DATE OF NOTICE OF CONVERSION PRIVILEGE (SF 55) TO EMPLOYEE (MONTH, DAY, YEAR) **October 2, 1963**

8. I CERTIFY THAT THE ABOVE INFORMATION HAS BEEN OBTAINED FROM, AND CORRECTLY REFLECTS OFFICIAL RECORDS, AND THAT THE EMPLOYEE NAMED WAS COVERED BY FEDERAL EMPLOYEES' GROUP LIFE INSURANCE ON THE DATE SHOWN IN ITEM 5. (SIGN ORIGINAL ONLY)

(Personal signature of authorized agency official) \_\_\_\_\_ **2 OCT 1963** (Date)  
 \_\_\_\_\_ (Title)  
 \_\_\_\_\_ (Name of agency) **P. O. Box 3521, Central Station, Arlington, Va 22203** (Mailing address of agency)

*Correct per Central Credit Unit*

SEE OTHER SIDE  
 FOR  
 INSTRUCTIONS TO EMPLOYING AGENCY

**HEALTH BENEFITS REGISTRATION FORM**  
 FEDERAL EMPLOYEES HEALTH BENEFITS ACT OF 1959  
 (Read the front or back of last page. Use only one copy of this form.)

Standard Form No. 2809  
 CHAPTER I-5 FPMR  
 G.G.A.C. 5000

CAREER CONTROL NO. **092790**

**PART A**  
 ALL WHO REGISTER MUST FILE IN THIS PART.

1. NAME (LAST) (FIRST) (MIDDLE INITIAL) DATE OF BIRTH (Use numbers) MONTH DAY YEAR  
**TARASOFF ANNA** 5 5 23

3. Are you now married? YES  NO

4. YOUR MAILING ADDRESS (NUMBER AND STREET) (CITY AND ZONE NUMBER) (STATE)  
**2619 Gainsville St., S.E. Washington 20 D.C.**

5. SER. MALE  FEMALE

6. Are you covered by, or is any family member listed below covered by or enrolling in, a plan under the Federal Employees Health Benefits Act of 1959, through the enrollment of another United States or District of Columbia Government employee or annuitant? YES  NO

7. Place an "X" in proper box to show your annual basic salary range.  
 UNDER \$4,000  \$4,000 TO \$5,999  \$6,000 TO \$9,999  \$10,000 OR OVER

**PART B**  
 FILE IN THIS PART IF YOU WISH TO ENROLL IN A HEALTH BENEFITS PLAN.

1. I elect to enroll in a health benefits plan as shown below. I authorize deductions to be made from my salary, compensation, or annuity to cover my share of the cost of the enrollment. (Copy the information requested below from inside cover of brochure of the plan you select.)

NAME OF PLAN: \_\_\_\_\_ OPTION (HIGH OR LOW): \_\_\_\_\_ ENROLLMENT CODE (NUMBER): \_\_\_\_\_

2. In space below list all eligible family members without exception. List your wife or husband first, then your unmarried children under age 19, including legally adopted children, and dependent and illegitimate children who live with you in a regular parent-child relationship. Include also any unmarried child over 19 who became disabled before age 19 and who, because of the disability, is incapable of self support. (Attach a doctor's certificate for a disabled child age 19 or over.)

NAMES OF FAMILY MEMBERS	DATE OF BIRTH (Month, Day, Year)	NAMES OF FAMILY MEMBERS	DATE OF BIRTH (Month, Day, Year)
Wife or Husband	[ ] [ ] [ ]		[ ] [ ] [ ]
	[ ] [ ] [ ]		[ ] [ ] [ ]
	[ ] [ ] [ ]		[ ] [ ] [ ]
	[ ] [ ] [ ]		[ ] [ ] [ ]
	[ ] [ ] [ ]		[ ] [ ] [ ]

3. If you are a female (employee or annuitant)—does the family listed above include a husband who is incapable of self-support by reason of mental or physical disability which can be expected to continue for more than one year? (If answer is "Yes," attach a doctor's certificate.) YES  NO

**PART C**  
 FILE IN THIS PART IF YOU WISH NOT TO ENROLL OR IF YOU WISH TO CHANGE YOUR ENROLLMENT.

1. I elect not to enroll in any plan under the Health Benefits Act.  (a) I am covered by a plan under the Health Benefits Act through the enrollment of my husband. ~~XXXXXXXXXX~~   
 (b) I am covered by a health insurance plan which is not under the Health Benefits Act.   
 (c) Any other reason.

2. I elect to cancel my present enrollment under the Health Benefits Act.

**PART D**  
 FILE IN THIS PART IF YOU WISH TO CHANGE YOUR ENROLLMENT.

1. Enrollment code number of present plan: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

2. Number of event which permits change (See table on back of brochure for proper number): [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

3. Date of event which permits change: MONTH DAY YEAR

**PART E**  
 ALL WHO REGISTER MUST FILE IN THIS PART

13 June 1960

**PART F**  
 TO BE COMPLETED BY AGENCY.

1. NAME AND ADDRESS OF EMPLOYING OFFICE: \_\_\_\_\_

2. DATE RECEIVED IN EMPLOYING OFFICE: 1/2/60

3. EFFECTIVE DATE OF ELECTION: 2/10/60

4. PAYROLL OFFICE NO.: \_\_\_\_\_

5. PAYROLL ACTION NO. (INITIALS AND DATE): \_\_\_\_\_

**REMARKS**  
 USE ONLY BY ANNUITANTS AND AGENCY.  
 CT

125935

11269

APR 1959

Triplicate - To Employing Office



## APPOINTMENT AFFIDAVITS

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

CENTRAL INTELLIGENCE AGENCY

Washington, D.C.

(Department or agency)

(Bureau or division)

(Place of employment)

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

### A. OATH OF OFFICE

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

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

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

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

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

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

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

### E. AFFIDAVIT AS TO DECLARATION OF APPOINTEE

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

8 Apr 1957

(Date of entrance on duty)

Anna Tarasoff  
(Signature of appointee)

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

at Washington, D.C.  
(City)

(State)

[SEAL]

Constance Jones  
(Signature of officer)

Appointment Clerk  
(Title)

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

## DECLARATION OF APPOINTEE

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

1. PRESENT ADDRESS (street and number, city and State)  
3819 GAINESVILLE ST. S.E. WASH. D.C.

2. (A) DATE OF BIRTH 5-5-33 (B) PLACE OF BIRTH (city and State or city and foreign country)  
CLEVELAND, OHIO

3. (A) IN CASE OF EMERGENCY, PLEASE NOTIFY Boris D. Tarnscoff (B) RELATIONSHIP HUSBAND (C) STREET AND NUMBER, CITY AND STATE 3819 GAINESVILLE ST. SE (D) TELEPHONE NO. 464-1350

4. DOES THE UNITED STATES GOVERNMENT EMPLOY, IN A CIVILIAN CAPACITY, ANY RELATIVE OF YOURS (EITHER BY BLOOD OR MARRIAGE) WITHIN WHOM YOU LIVE OR HAVE LIVED WITHIN THE PAST 24 MONTHS?  YES  NO  
 If so, for each such relative fill in the blank below. If additional space is necessary, complete under Item 12.

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

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

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

ITEM NO.	ITEM NO.

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

STATEMENT OF PRIOR FEDERAL AND MILITARY SERVICE  
 AND DETERMINATION OF COMPETITIVE STATUS

**IMPORTANT:** The information on this form will be used (1) in determining creditable service for leave purposes and retention credits for reduction in force, and (2) in recording agency determination of competitive status. The employee should complete Part I and the Personnel Office should complete Parts II through V.

PART I.—EMPLOYEE'S STATEMENT							PART II.—THIS COLUMN IS FOR PERSONNEL OFFICE USE			
1. NAME (Last, first, middle initial)				2. DATE OF BIRTH			9. RETENTION GROUP			
TARASOFF, Anna				5-5-29			10. A. CSC STATUS <input type="checkbox"/> YES <input type="checkbox"/> NO B. TYPE OF PRESENT APPOINTMENT			
3. LIST THE FOLLOWING INFORMATION CONCERNING ALL FEDERAL AND DISTRICT OF COLUMBIA SERVICE YOU HAVE HAD PRIOR TO YOUR PRESENT APPOINTMENT (Do not include military service.)										
NAME AND LOCATION OF AGENCY	FROM—			TO—			TYPE OF APPOINTMENT IF KNOWN	11. SERVICE		
	YEAR	MONTH	DAY	YEAR	MONTH	DAY		YEAR	MONTH	DAY
None										
4. LIST PERIODS OF ACTIVE SERVICE IN ANY BRANCH OF THE ARMED FORCES OF THE UNITED STATES. IF YOU HAD NO ACTIVE MILITARY SERVICE, WRITE "NONE."										
BRANCH	FROM—			TO—			DISCHARGE (Hon. or dishon.?)			
	YEAR	MONTH	DAY	YEAR	MONTH	DAY				
5. DURING PERIODS OF EMPLOYMENT SHOWN IN ITEM 3, DID YOU HAVE A TOTAL OF MORE THAN 6 MONTHS ABSENCE WITHOUT PAY, INCLUDING PERIODS OF MERCHANT MARINE SERVICE, DURING ANY ONE CALENDAR YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO IF ANSWER IS "YES," LIST FOLLOWING INFORMATION.							12. TOTAL SERVICE			
TYPE IF KNOWN (LWOP, Part, Susp, AWOL, Mer Mar)	FROM—			TO—			TOTAL			
	YEAR	MONTH	DAY	YEAR	MONTH	DAY	YEARS	MONTHS	DAYS	
							13. NONCREDITABLE SERVICE (Leave purposes only):			
							14. NONCREDITABLE SERVICE (RIF purposes only):			
6. DURING THE FEDERAL SERVICE LISTED IN ITEM 3, DID YOU ACQUIRE A PERMANENT COMPETITIVE CIVIL SERVICE STATUS? <input type="checkbox"/> YES <input type="checkbox"/> NO (If answer is "Yes," in what agency were you employed at the time status was acquired?)							15. REEMPLOYMENT RIGHTS <input type="checkbox"/> YES <input type="checkbox"/> NO			
							16. RETENTION RIGHTS <input type="checkbox"/> YES <input type="checkbox"/> NO			
7. ARE YOU: A. THE WIFE OF A DISABLED VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> NO B. THE MOTHER OF A DECEASED OR DISABLED VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> NO C. THE UNMARRIED WIDOW OF A VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> NO							17. EXPIRATION DATE OF RETENTION RIGHTS			
8. TO BE EXECUTED BEFORE A NOTARY PUBLIC OR OTHER PERSONS AUTHORIZED TO ADMINISTER OATHS. I swear (or affirm) that the above statements are true to the best of my knowledge and belief.										
April 8, 1967 (DATE)			Anna Tarasoff (SIGNATURE)							
Subscribed and sworn to before me on this _____ day of _____ 19____ at _____ (CITY) _____ (STATE)										
SEAL					Linda Force					
NOTE: If oath is taken before a Notary Public, the date of expiration of his Commission should be shown.										
INSTRUCTIONS: File this form on the permanent side of the employee's official personnel folder immediately before or after the personnel action involved.										

**Part III.—DETERMINATION OF COMPETITIVE STATUS.** (Complete for noncompetitive hires based on competitive status as required by instructions in FPM Chapter 57.) Employee has a competitive status. This determination is based upon the following evidence:

*(This area is currently blank for evidence entry.)*

NAME OF AGENCY	SIGNATURE AND OFFICIAL TITLE	DATE

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

<input checked="" type="checkbox"/>	TOTAL SERVICE (Item 12)	NONCREDITABLE SERVICE (Item 13)	CREDITABLE SERVICE (Leave Purposes)	ENTRANCE ON DUTY DATE (Present Agency)	LESS CREDITABLE SERVICE (Leave Purposes)	SERVICE COMPUTATION DATE (Leave Purposes)
Years						5 1/2
Months						
Days						8

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

<input checked="" type="checkbox"/>	TOTAL SERVICE (Item 12)	NONCREDITABLE SERVICE (Item 14)	CREDITABLE SERVICE (RIF Purposes)	ENTRANCE ON DUTY DATE (Present Agency)	LESS CREDITABLE SERVICE (RIF Purposes)	SERVICE COMPUTATION DATE* (RIF Purposes)
Years						
Months						
Days						

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

REMARKS:

SECRET  
(When Filled In)

APR

PERIODIC SUPPLEMENT  
PERSONAL HISTORY STATEMENT

THIS DATE  
4 MAY 1958

INSTRUCTIONS

This form provides the means whereby your official personnel records will be kept current. Even though it duplicates information you have furnished previously, it will be necessary for you to complete Sections I through VI in their entirety. You need complete Sections VII through XII only if there has been a change since you entered on duty with the organization or if you believe the item requires more complete coverage than you have previously reported.

SECTION I GENERAL

1. FULL NAME (Last-First-Middle)  
**TARASOFF, ANNA**

2. CURRENT ADDRESS (No., Street, City, Zone, State)  
**2819 GAINESVILLE ST. S.E., WASH. DC D.C.**

3. PERMANENT ADDRESS (No., Street, City, Zone, State)  
**2819 GAINESVILLE ST. S.E., WASH. DC D.C.**

4. HOME TELEPHONE NUMBER

5. STATE, TERRITORY, POSSESSION OR COUNTRY IN WHICH YOU NOW CLAIM RESIDENCE

SECTION II PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

1. NAME (Last-First-Middle) PREFERABLY RESIDING IN U.S.  
**TARASOFF, BEN'S JIMMY**

2. RELATIONSHIP  
**HUSBAND**

3. HOME ADDRESS (No., Street, City, Zone, State, Country)  
**3819 GAINESVILLE ST. S.E. WASH. DC D.C.**

4. BUSINESS ADDRESS (No., Street, City, Zone, State, Country) INDICATE NAME OF FIRM OR EMPLOYER, IF APPLICABLE  
**2930 E. ST. N.W. WASH. D.C.**

5. HOME TELEPHONE NUMBER  
**WA 4-1380**

6. BUSINESS TELEPHONE EXTENSION  
**EX-34115 EX. 581**

8. IN CASE OF EMERGENCY, OTHER CLOSE RELATIVES (Spouse, Mother, Father, etc.) MAY ALSO BE NOTIFIED. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE.  
**MR. & MRS. T. ADAMOWICZ 13616 BENNING AVE. CLEVELAND 5 OHIO**

SECTION III

1. CHECK (X) ONE:  SINGLE  MARRIED  WIDOWED  SEPARATED  DIVORCED  ANNULLED

2. FURNISH DATE, PLACE AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS

SPOUSE: If you have been married more than once, including annulments, use a separate sheet for forms: wife or husband giving data below for all previous marriages. If marriage is contemplated, provide same data for fiance.

3. NAME (First) (Middle) (Maiden) (Last)  
**BEN'S JIMMY TARASOFF**

4. DATE OF MARRIAGE  
**3-10-45**

5. PLACE OF MARRIAGE (City, State, Country)  
**CLEVELAND OHIO**

6. ADDRESS OF SPOUSE BEFORE MARRIAGE (No., Street, City, State, Country)  
**620 W. 141 ST. NEW YORK, N.Y.**

7. LIVING  YES  NO

8. DATE OF DEATH

9. CAUSE OF DEATH

10. CURRENT ADDRESS (Give last address, if deceased)  
**2819 GAINESVILLE ST., S.E., WASH. DC D.C.**

11. DATE OF BIRTH  
**2 NOV. 1908**

12. PLACE OF BIRTH (City, State, Country)  
**ERATERINGSLAV RUSSIA**

13. IF BORN OUTSIDE U.S.-DATE OF ENTRY  
**Oct. 1923**

14. PLACE OF ENTRY  
**NEW YORK, N.Y.**

15. CITIZENSHIP (Country)  
**U.S.A.**

16. DATE ACQUIRED  
**JUNE 23, 1936**

17. WHERE ACQUIRED (City, State, Country)  
**LONG ISLAND, N.Y. U.S.A.**

18. OCCUPATION  
**FOREIGN DOCUMENTS OFFICER U.S.A. BLUE TRIANGLE CLUB (YWCA)**

19. PRESENT EMPLOYER (Also give former employer, or if spouse is deceased or unemployed, last two employers)

20. EMPLOYER'S OR BUSINESS ADDRESS (No., Street, City, State, Country)  
**2930 E. ST. N.W. WASH. D.C.**

SECTION III CONTINUED TO PAGE 2

SECRET  
(When Filled In)

SECTION III CONTINUED FROM PAGE 1

21. DATES OF MILITARY SERVICE OF SPOUSE (From and To) BY MONTH AND YEAR  
*FEB. 3 1941 — OCT. 20 1945*

22. BRANCH OF SERVICE  
*U.S. ARMY*

23. COUNTRY WITH WHICH MILITARY SERVICE AFFILIATED  
*U.S.A.*

24. DETAILS OF OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN

*ENTERED ON DUTY WITH CIA FEB. 20 1956*

SECTION IV RELATIVES BY BLOOD, MARRIAGE OR ADOPTION LIVING ABROAD OR WHO ARE NOT U.S. CITIZENS

1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT
1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT
1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT
1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT

5. SPECIAL REMARKS, IF ANY, CONCERNING THESE RELATIVES

SECTION V FINANCIAL STATUS

1. ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY?  YES  NO

2. DO YOU HAVE ANY FINANCIAL INTEREST IN, OR OFFICIAL CONNECTION WITH, NON-U.S. CORPORATIONS OR BUSINESSES OR IN OR WITH U.S. CORPORATIONS OR BUSINESSES HAVING SUBSTANTIAL FOREIGN INTERESTS?  YES  NO IF YOU HAVE ANSWERED "YES," GIVE COMPLETE DETAILS ON A SEPARATE SHEET AND ATTACH IN A SEALED ENVELOPE.

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

4. IF YOU HAVE ANSWERED "YES" TO QUESTION 3 ABOVE, GIVE COMPLETE DETAILS.

5. WITHOUT REFERENCE TO YOUR SALARY, STATE OTHER SOURCES OF RECURRENT INCOME NOT INDICATED BY PRECEDING ITEMS.

SECTION V CONTINUED TO PAGE 3

SECRET  
2

SECRET  
(When Filled In)

SECTION V CONTINUED FROM PAGE 2

6. BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS

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

7. HAVE YOU EVER BEEN IN, OR PETITIONED FOR, BANKRUPTCY? YES  NO

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

**SECTION VI CITIZENSHIP**

1. COUNTRY OF CURRENT CITIZENSHIP

2. CITIZENSHIP ACQUIRED BY - CHECK (X) ONE:  
 BIRTH  MARRIAGE  OTHER (Specify):

3. HAVE YOU TAKEN STEPS TO CHANGE YOUR PRESENT CITIZENSHIP?  YES  NO

4. GIVE PARTICULARS

5. IF YOU HAVE APPLIED FOR U.S. CITIZENSHIP, INDICATE PRESENT STATUS OF YOUR APPLICATION (First papers, etc.)

**SECTION VII EDUCATION**

1. CHECK (X) HIGHEST LEVEL OF EDUCATION ATTAINED

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

2. COLLEGE OR UNIVERSITY STUDY

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

3. TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS

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

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

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

5. OTHER EDUCATIONAL TRAINING NOT INDICATED ABOVE

SECRET  
(When Filled In)

SECTION X CONTINUED FROM PAGE 8

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

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

9. LIST ANY PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE

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

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

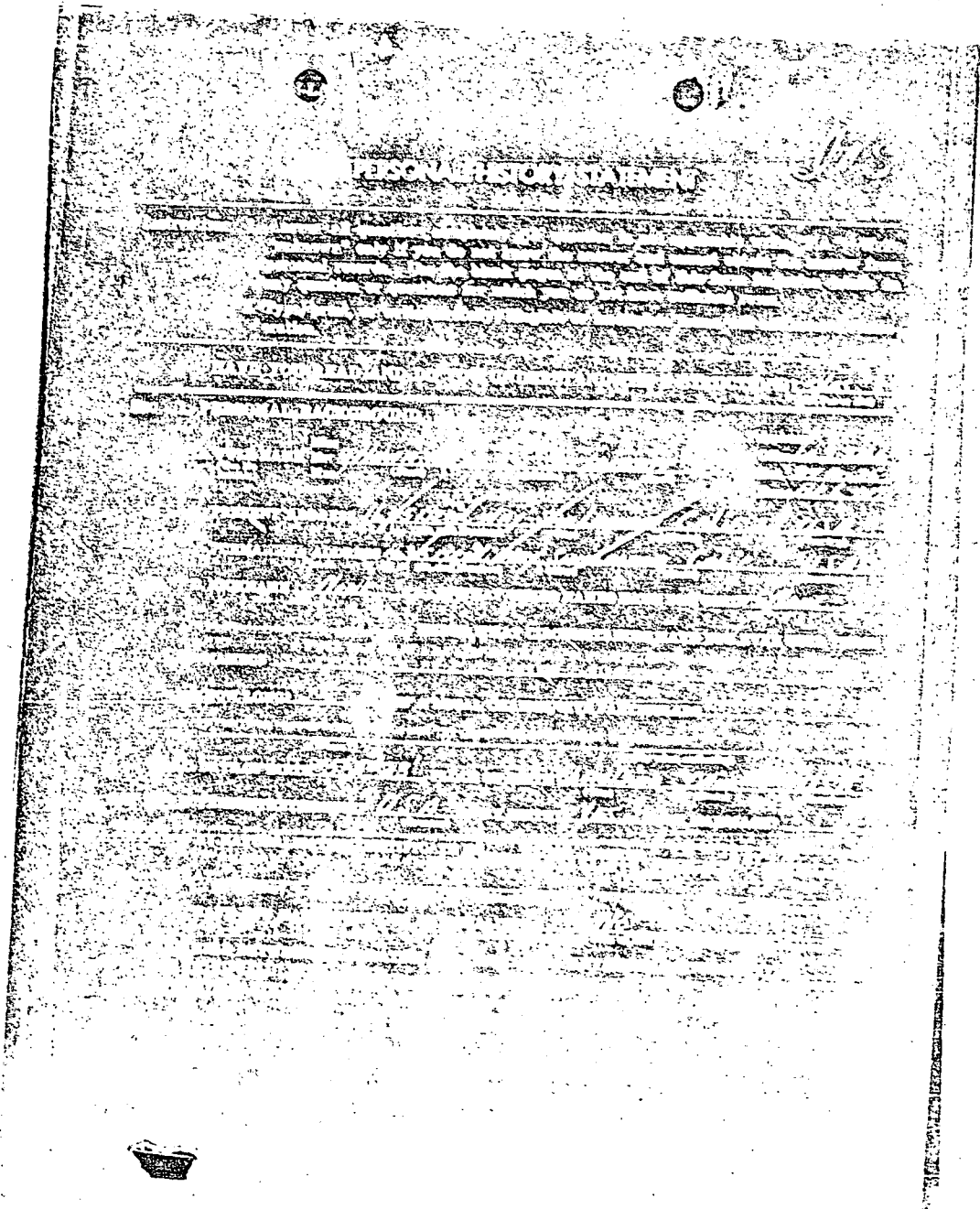
1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
6-27-57 2-28-58	GS 9	FE/D/PB/TPE
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
0	INTELLIGENCE CLERK	
6. DESCRIPTION OF DUTIES		
LOGGING & FILING OF INTELLIGENCE MATERIAL & VARIETY OF CLERICAL DUTIES		
1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
3-3-58	GS 9	CE/SID/PROJECT
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
0	INTELLIGENCE CLERK	
6. DESCRIPTION OF DUTIES		
TRANSLITERATING - RECORDS INFORMATION IN ACCORDANCE WITH INTEL REQUIREMENTS		
1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
6. DESCRIPTION OF DUTIES		
1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
6. DESCRIPTION OF DUTIES		
1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
6. DESCRIPTION OF DUTIES		

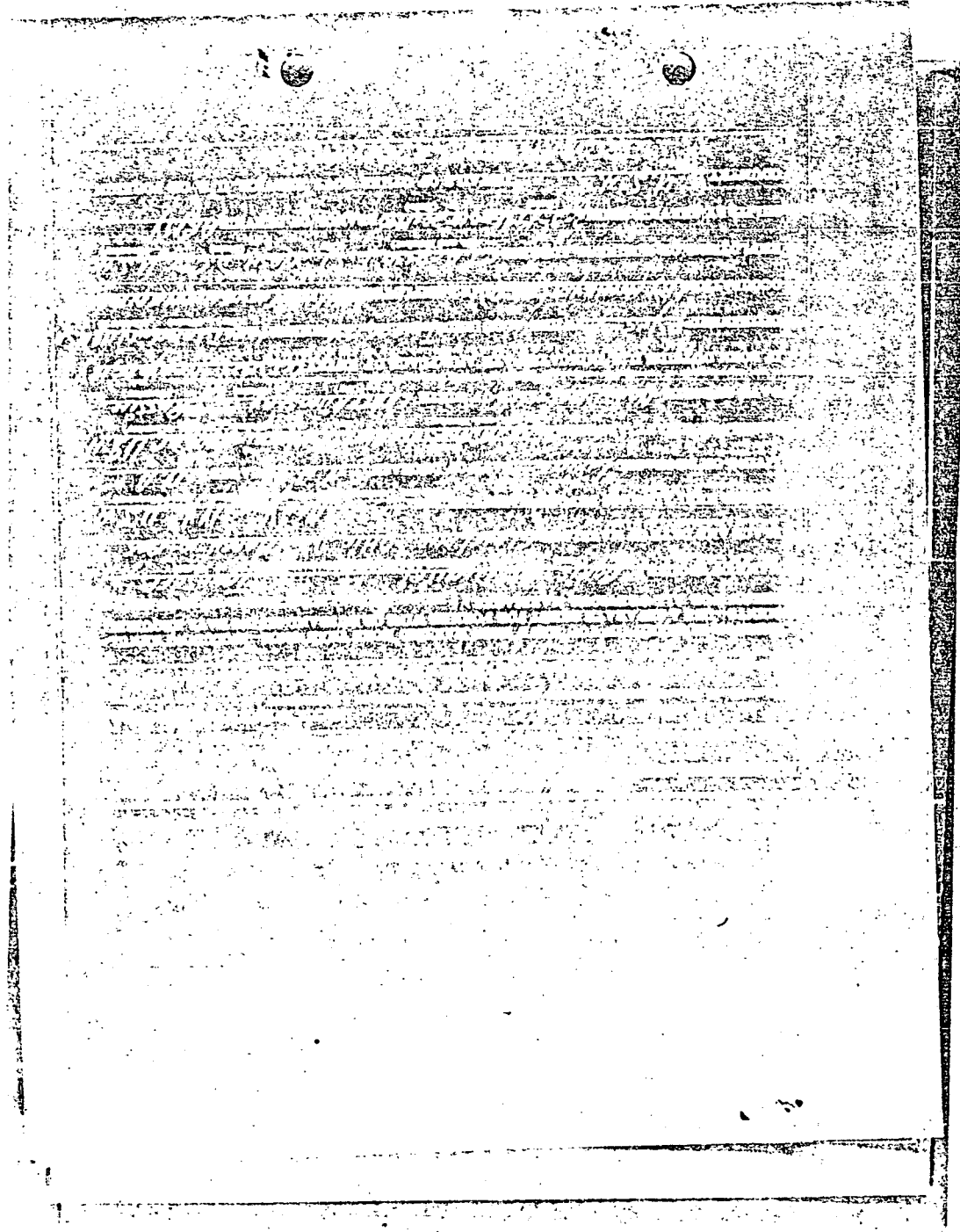
(Use additional pages if required)

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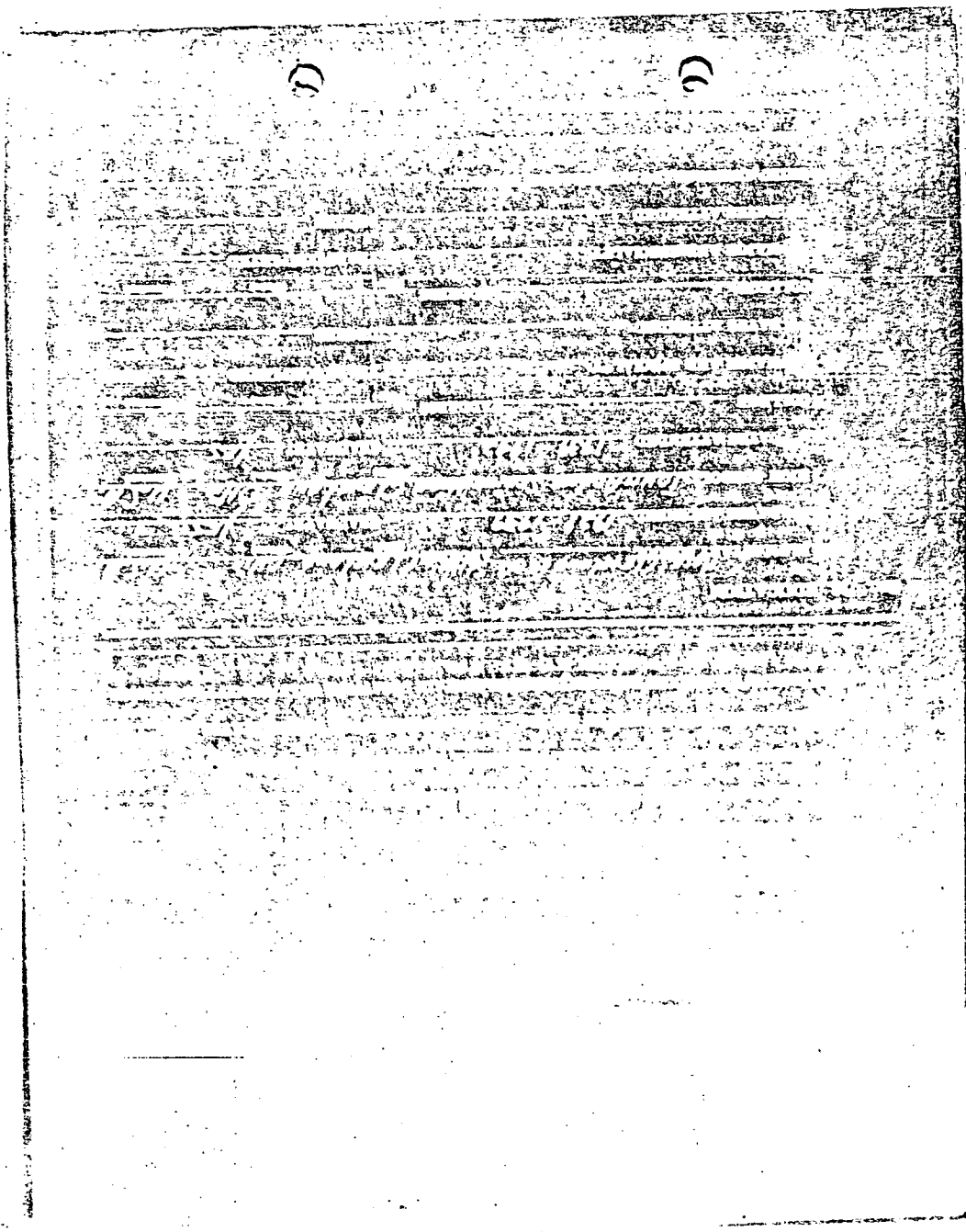




[The text in this section is extremely faint and illegible due to heavy noise and low contrast. It appears to be a list or a series of entries, possibly containing names and dates, but no specific words can be discerned.]

[The page contains several lines of extremely faint, illegible text, likely bleed-through from the reverse side of the document. The text is scattered across the upper and middle portions of the page. There are two circular punch holes near the top edge and a paperclip on the left side.]

[The text in this block is extremely faint and illegible due to the quality of the scan. It appears to be a multi-line document, possibly a ledger or a list, with several distinct sections separated by horizontal lines. Some faint markings and what might be a signature or stamp are visible at the top, but no specific words or numbers can be discerned.]



[Illegible text and markings at the top of the page, including two circular punch holes.]

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**THE HISTORY OF THE UNITED STATES OF AMERICA**  
**FROM 1789 TO 1865**  
**BY CHARLES A. BEAN**  
**PUBLISHED BY THE NATIONAL ARCHIVES**  
**WASHINGTON, D.C.**

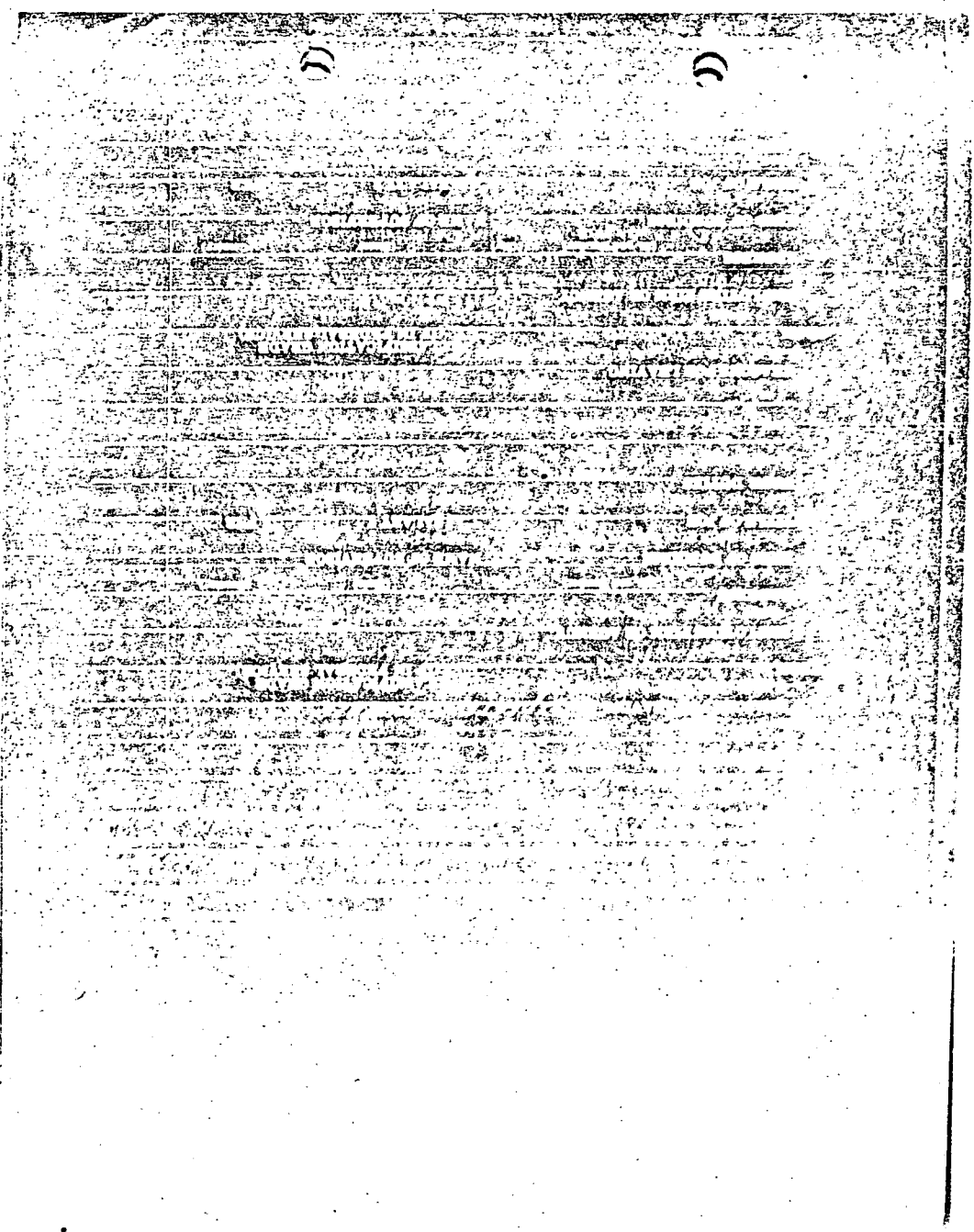
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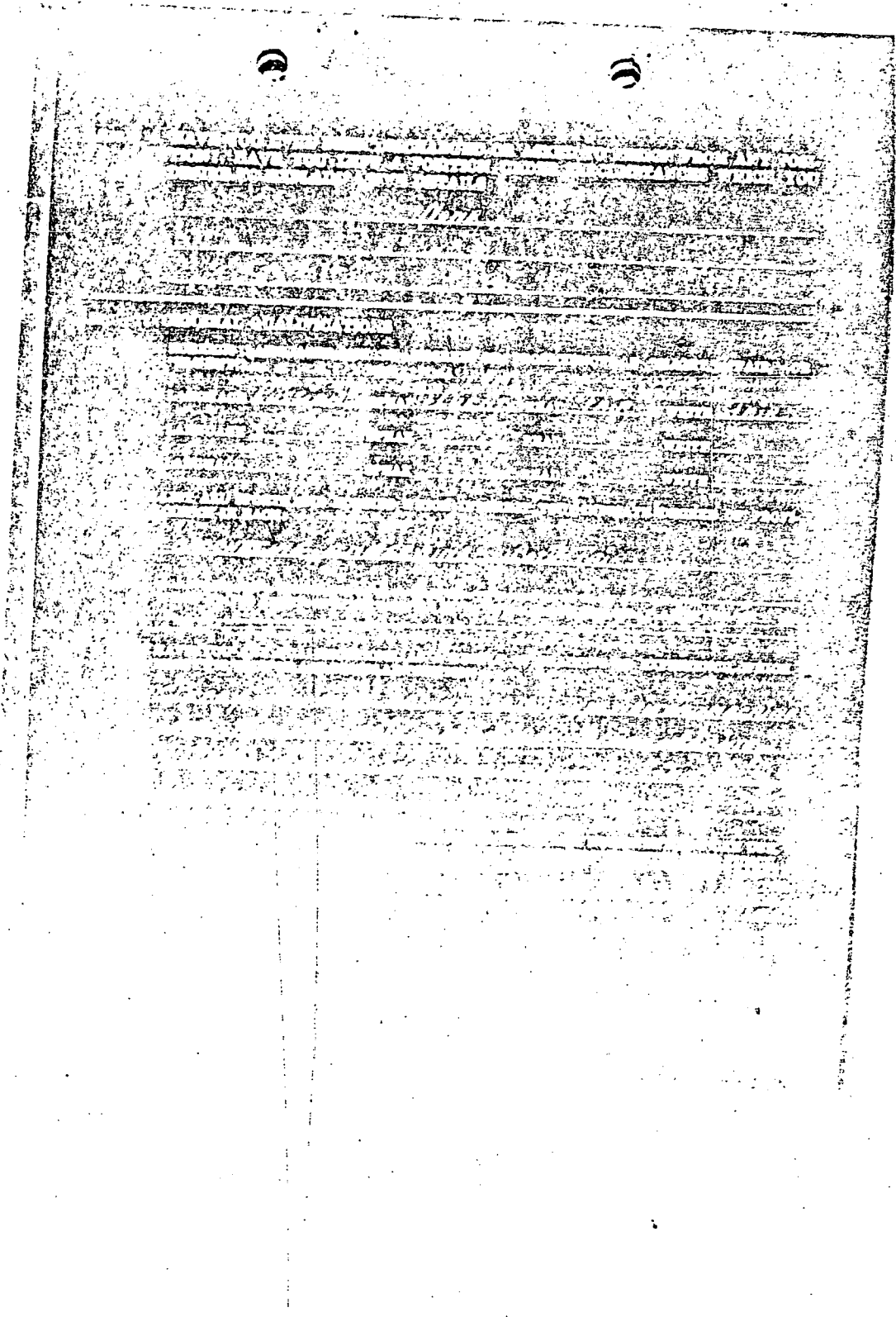
[Illegible text in the middle section, possibly a title page or introduction.]

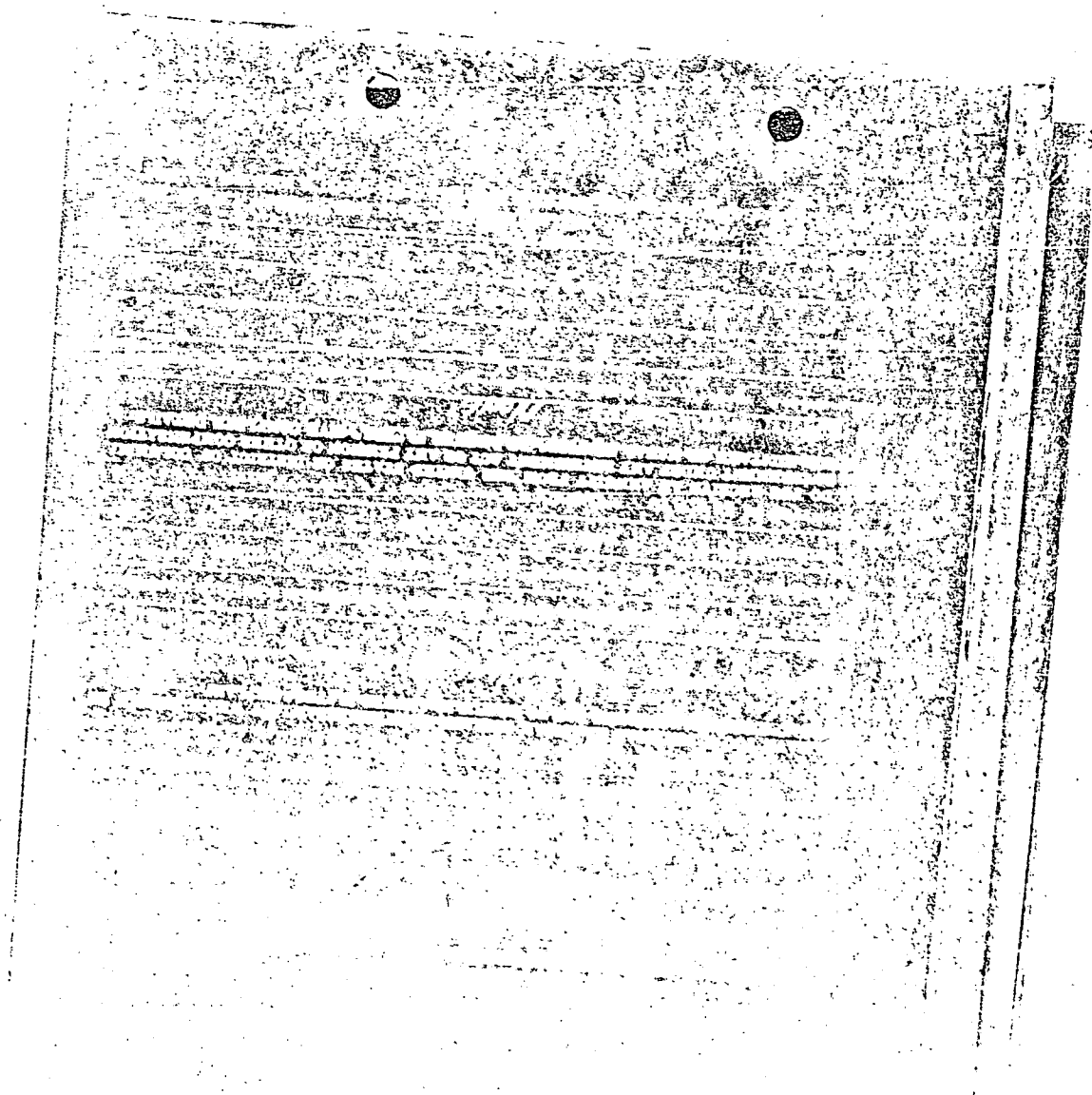
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U.S. DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION

MEMORANDUM FOR THE DIRECTOR, FBI

DATE: 11/15/54

TO: SAC, NEW YORK

FROM: SAC, NEW YORK

SUBJECT: [Illegible]

[The remainder of the memorandum text is illegible due to extreme noise and low contrast.]

1945

1. The first part of the report deals with the general situation in the country. It is noted that the economy is in a state of depression and that the government is facing a serious financial crisis. The report also mentions that the population is suffering from widespread poverty and unemployment.

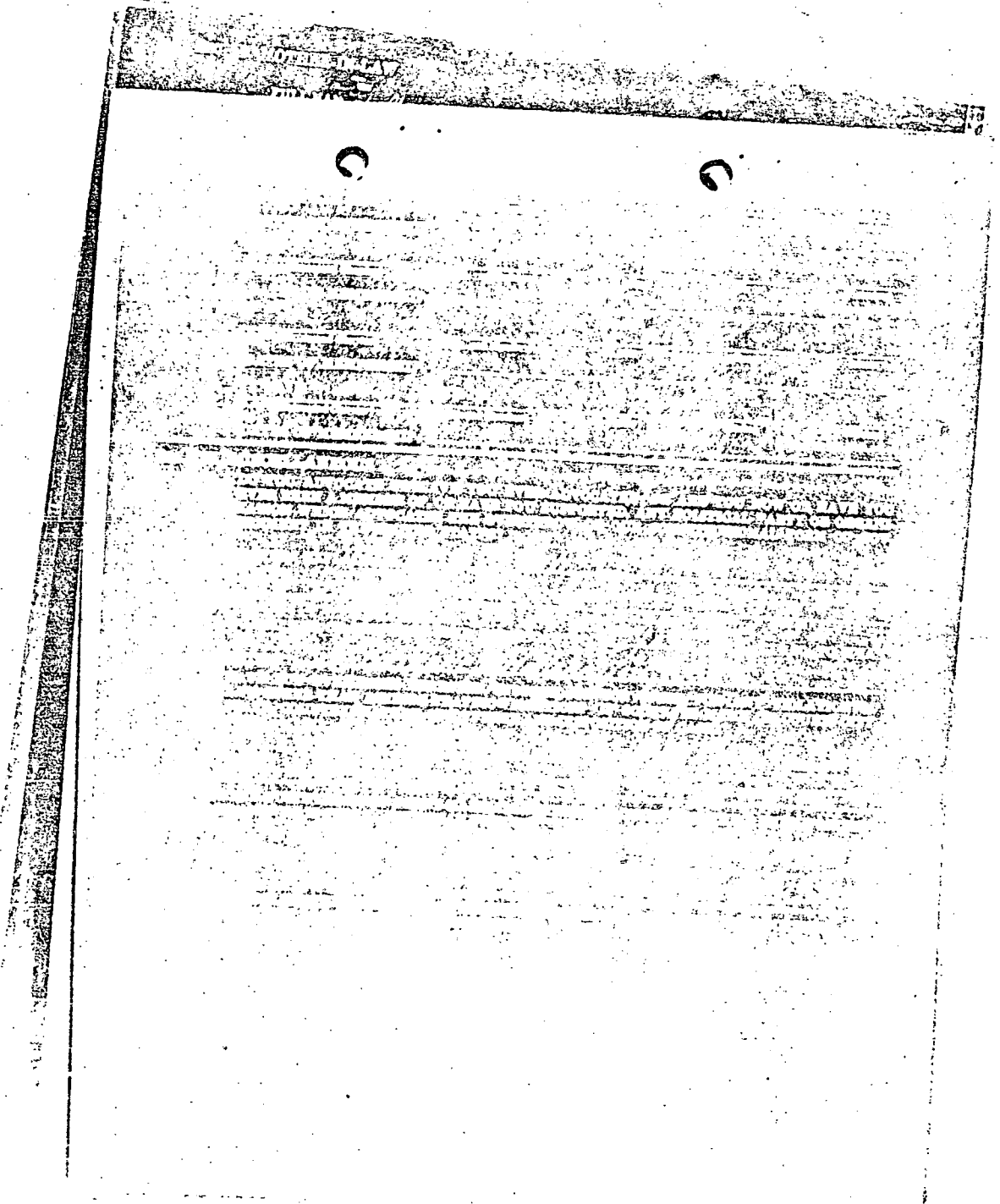
2. The second part of the report discusses the political situation. It is noted that the government is weak and that there is a lack of political stability. The report also mentions that there are several political parties and that the government is facing a serious challenge from the opposition.

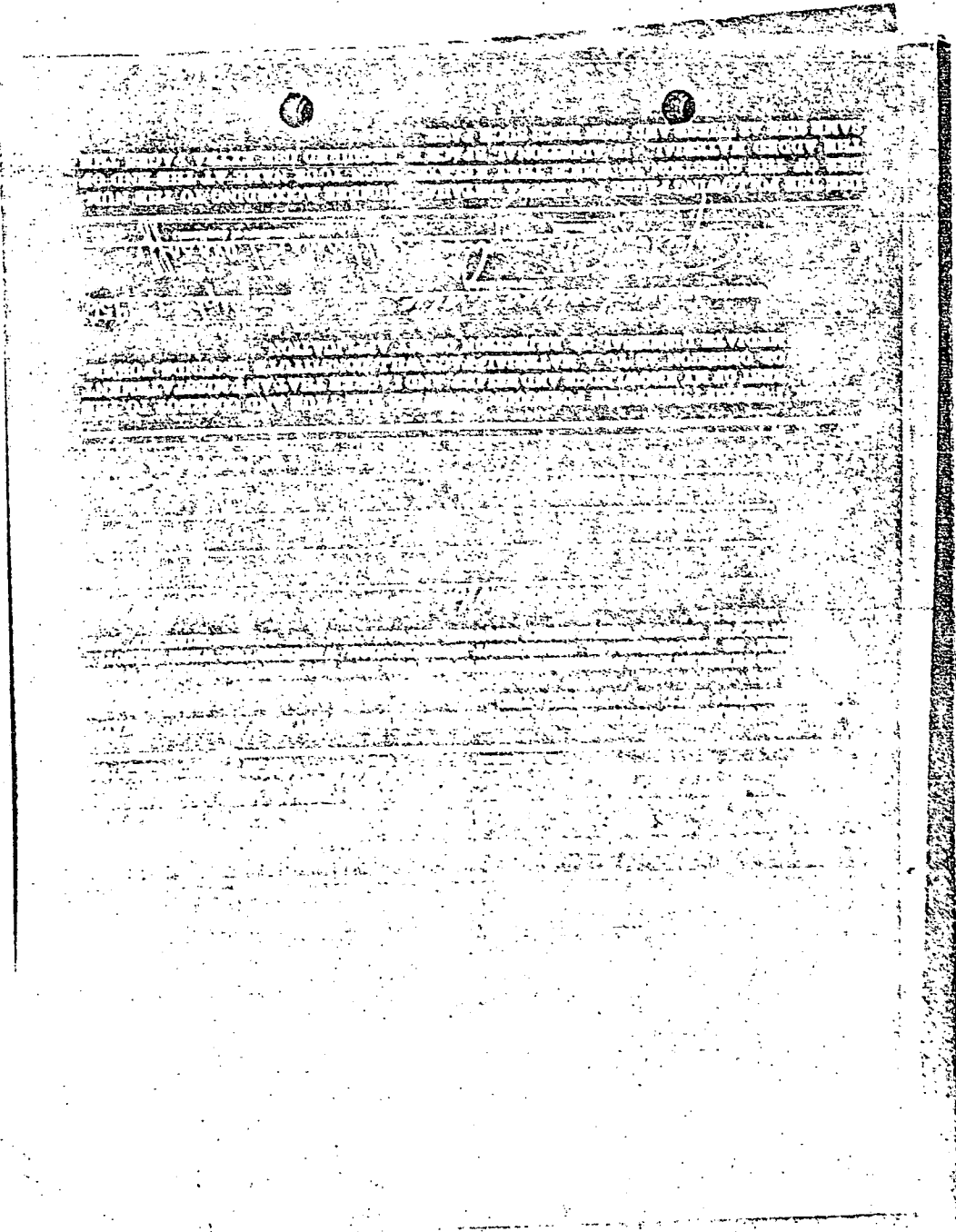
3. The third part of the report discusses the social situation. It is noted that there is a high level of illiteracy and that the population is suffering from a lack of basic services. The report also mentions that there is a high level of crime and that the police force is weak.

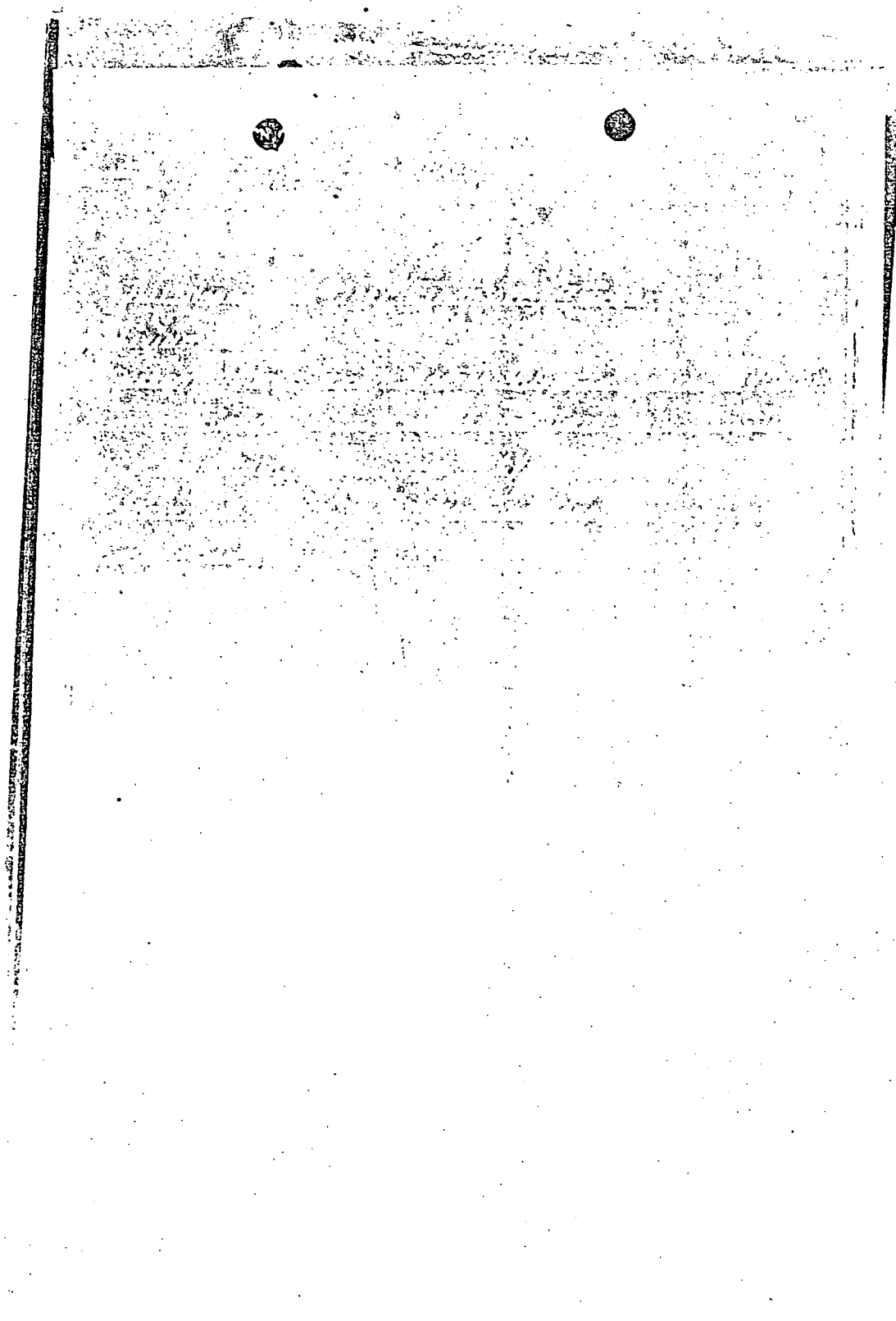
4. The fourth part of the report discusses the economic situation. It is noted that the economy is in a state of depression and that the government is facing a serious financial crisis. The report also mentions that there is a high level of inflation and that the population is suffering from a lack of basic goods.

5. The fifth part of the report discusses the military situation. It is noted that the military is weak and that there is a lack of military stability. The report also mentions that there are several military units and that the military is facing a serious challenge from the opposition.

6. The sixth part of the report discusses the international situation. It is noted that the country is facing a serious international crisis and that there is a lack of international support. The report also mentions that there are several international organizations and that the country is facing a serious challenge from the international community.









CONFIDENTIAL  
SECURITY INFORMATION  
SECURITY APPROVAL

Date: 29 May 1957

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

Your Reference: C-8238 *AS*

Case Number: 131751

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

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

CONFIDENTIAL

*Send returned  
6/7*

*7/22*

CONFIDENTIAL  
SECURITY INFORMATION  
INTEROFFICE MEMORANDUM

Date: 19 March 1957

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

Request No. C-2238

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

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

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

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

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

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

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

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

3.

*W. E. KNOT*  
W. E. KNOT

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