

GOVERNMENT PRINTING OFFICE: 1961 O - 300,000
Federal Personnel Manual, Ch. 209

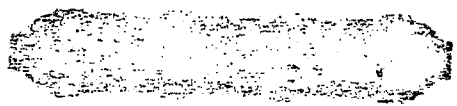
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Official Personnel Folder

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BIOGRAPHIC PROFILE

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H a n d l e W i t h C a r e

FOX, JEROME
PO Box 593514 AMF
M. AM, FL 33159

Ret. in 75

23 February 1977

Mr. Jerome Fox
P.O. Box 593514 AMF
Miami, Florida 33159

Dear Mr. Fox:

Enclosed is correspondence received in the Agency to be forwarded to you. Pursuant to the Privacy Act of 1974, we have made no response. In accordance with our policy, the request is mailed to you for any personal attention you wish to give it.

Sincerely,

151

Chief, Control Division

Dist.
Orig. - Adsp.
1 - TRB
1 - OFF/FOX, Jerome
OP/TRB/PCS/GSmith:isa(23Feb77)

UNCLASSIFIED

INTERNAL USE ONLY

CONFIDENTIAL

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ROUTING AND RECORD SHEET

SUBJECT: (Optional)

FROM:

[Redacted]

gld

EXTENSION

NO

5695

DATE

02/22/77

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

DATE

OFFICER'S INITIALS

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

1.

OC/TRB

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Mr. Jerome Fox
P. O. Box 593514 AMP
Miami, FL 33159

Dear Mr. Fox:

Enclosed is correspondence received in the Agency to be forwarded to you. Pursuant to the Privacy Act of 1974, we have made no response. In accordance with our policy, the request is mailed to you for any personal attention you wish to give it.

Sincerely,

410

SECRET

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INTERNAL USE ONLY

UNCLASSIFIED

21 MAY 1975

Mr. Jerome Fox



Dear Mr. Fox:

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

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

Sincerely,



Director of Personnel

75-6735

21 APR 1975

Mr. Jerome Fox

[Redacted]

Dear Mr. Fox:

As you bring to a close your active career of service to your country, I join your friends and colleagues in wishing you well in your retirement.

It takes the conscientious efforts of many people to do the important work of this Agency. You leave with the knowledge that you have personally contributed to our success in carrying out our mission. Your faithful and loyal support has measured up to the high ideals and traditions of the Federal service.

May I extend to you my sincere appreciation for the important work you have done.

Sincerely,

W. E. Colby
Director

Distribution:

0 - Addressee
1 - OPE

Originator:

[Redacted]

Director of Personnel

OP/RAD/ROB/

[Redacted]

JAW/3287 (25 April 1975)

21 APR 1975

DLH: 23 MAY 75

NOTIFICATION OF PERSONNEL ACTION

REF

1. SERIAL NUMBER 317374		2. NAME (LAST FIRST MIDDLE) FOX JEROME	
3. NATURE OF PERSONNEL ACTION (DISABILITY) UNDER CIA RETIREMENT AND DISABILITY SYSTEM FROM RSL			4. EFFECTIVE DATE MO DA YR 05 15 75
5. FUND: <input checked="" type="checkbox"/> V TO V <input type="checkbox"/> V TO CP <input type="checkbox"/> CP TO V <input type="checkbox"/> CP TO CP			6. CATEGORY OF EMPLOYMENT REGULAR
7. PAN AND NSCA 5237 1332 0044			8. CEC OR OTHER LEGAL AUTHORITY PI 88-643 SACT 231
9. ORGANIZATIONAL DESIGNATION		10. LOCATION OF OFFICIAL STATION	
11. POSITION TITLE OPS OFFICER		12. POSITION NUMBER JCDP	13. SERVICE DESIGNATION JAC
14. CLASSIFICATION SCHEDULE (E, G, GS, etc.) GS	15. OCCUPATION SERIES 0136.31	16. GRADE AND STEP 13 6	17. SALARY OR RATE 75451
18. REMARKS			
SIGNATURE OR OTHER AUTHENTICATION			

SECRET

(U.S. Gov. Form No. 1)

REQUEST FOR PERSONNEL ACTION		DATE PREPARED 2 MAY 1975	
1. MEMO NUMBER 017974		2. NAME (Last-First-Middle) FOX, JEROME	
3. NATURE OF PERSONNEL ACTION RETIREMENT - DISABILITY - CIARDS FROM EXTENDED SICK LEAVE		4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 05 14 75	5. CATEGORY OF EMPLOYMENT REGULAR
6. PAYERS X V TO V OF TO V	V TO O OF TO O	7. PAY AND ASSA 5237-1392-0000	8. LEGAL AUTHORITY (Cite by Office of Public Law 88-643, Section 231)
9. ORGANIZATIONAL DESIGNATIONS DDO/EA-DIVISION DEVELOPMENT COMPLEMENT		10. LOCATION OF OFFICIAL STATION WASHINGTON, D.C.	
11. POSITION TITLE OPS OFFICER		12. POSITION NUMBER DCOF	13. CAREER SERVICE DESIGNATION DMG
14. CLASSIFICATION SYMBOL (G.S. I.D. NO.) GS	15. OCCUPATIONAL SERIES 0136.01	16. GRADE AND STEP 13/6	17. SALARY OR RATE \$ 25,451
18. REMARKS LWD: 6 SEPTEMBER 1974 Co-ordinated with [redacted] / ROB 22 May 1975. [redacted] 5-27-75 [redacted] [redacted]			
DATE SIGNED MICHAEL PAVLYAN, CIA/PEPS		DATE SIGNED [redacted]	OFFICER DATE SIGNED 6/2/75
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
19. ACTION CODE	20. PAY CODE	21. DEDUCTION CODE	22. SPECIAL CODE
23. PAY GRADE	24. PAY RATE	25. PAY STEP	26. PAY BAND
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U.S. GOVERNMENT PRINTING OFFICE: 1974

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION

DATE PREPARED
3 September 1974

1. SERIAL NUMBER 017974		2. NAME (Last-First-Initial) Fox, Jerome		3. NATURE OF PERSONNEL ACTION Extended Sick Leave Pending Disability Retirement NTE: 14 MAY 75		4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 09 08 74		5. CATEGORY OF EMPLOYEE Regular	
6. FUNDS X V TO V C TO V C TO C		7. PAN AND NSCA 5237-1392 0000		8. LOCAL AUTHORITY (Completed by Office of Personnel)		9. OCCASIONAL DESIGNATION DDO/EA Division Development Complement		10. LOCATION OF OFFICIAL STATION Wash., D. C.	
11. POSITION TITLE Ops Officer				12. POSITION NUMBER 9997		13. CAREER SERVICE DESIGNATION DMG			
14. CLASSIFICATION SYMBOL (A.S. L.R. etc.) GS		15. OCCASIONAL SERIES 0138.01		16. GRADE AND STEP 13 0		17. SALARY GRADE 24,122			

LWD: 6 September 1974

HB: EA

Pending Disability Retirement

Reassigned from DDO/EA Position 4408

*OTHER

18. SIGNATURE Michael Paylavak CEA/PWH	DATE SIGNED 9/04/74	19. OFFICER CNG/MSD 12	DATE SIGNED 6 Sept 74
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SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
20. AGENCY USE ONLY	21. OFFICE USE ONLY	22. LETTERS	23. INITIALS	24. DATE	25. DATE OF BIRTH	26. BIRTH OF GRADE	27. DATE OF LEI	28. SECURITY			
29. EMPLOYEE	30. EMPLOYEE	31. SEPARATION	32. SECURITY	33. SECURITY				34. SECURITY			
35. SOCIAL SECURITY NO.											
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9/12/74

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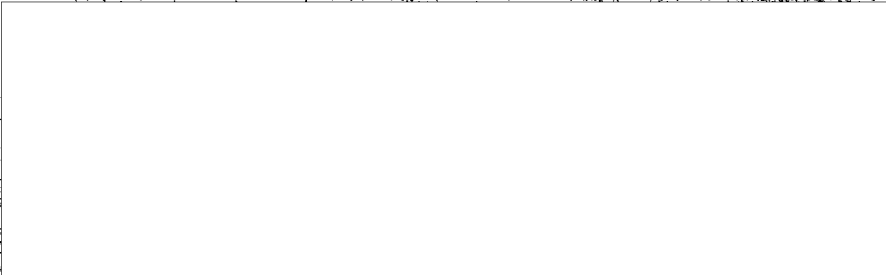
FORM NO. 100-100-100-100

100-100-100-100

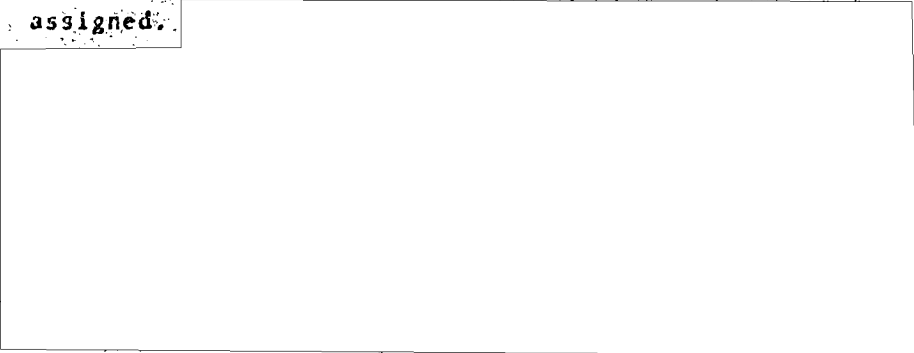
SUMMARY OF AGENCY EMPLOYMENT

Mr. Jerome Fox

1955-1962: Economic Analyst - Conducted research and analysis including statistical studies of Sino-Soviet Bloc production of military equipment and related materials.



1963-1974: Intelligence Operations Officer - Served in various staff, supervisory and liaison capacities on U.S. and Asian area assignments. Was primarily concerned with the collection, evaluation and reporting of high priority intelligence of national interest including economic, political, social and military aspects of nations where assigned.



Supervised a staff [redacted]
[redacted] and provided guidance and assistance
to colleagues involved in similar activities. At various
times was responsible for the staffing, budgeting and
management of major programs and projects.

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION

DATE PREPARED
9 September 1974

1. SERIAL NUMBER: 017974
2. NAME (Last-First-Middle): Fox, Jerome

3. NATURE OF PERSONNEL ACTION: Reassignment
4. EFFECTIVE DATE REQUESTED: 09 05 74
5. CATEGORY OF EMPLOYMENT: Regular

6. FUNDS: X V TO V, Q TO V
7. FAN AND NSCA: 5237-1392 0000
8. LEGAL AUTHORITY (Complied by Office of Personnel)

9. ORGANIZATIONAL DESIGNATIONS: DDO/EA Division Development Complement
10. LOCATION OF OFFICIAL STATION: Washington, D.C.

11. POSITION TITLE: Ops Officer
12. POSITION NUMBER: 9997
13. CAREER SERVICE DESIGNATION: DMG

14. CLASSIFICATION SCHEDULE (GS, LP, AC): GS
15. OCCUPATIONAL SERIES: 0136-01
16. GRADE AND STEP: 13 6
17. SALARY OR RATE: 24,122

18. REASON:
* HB:EA
Reassigned from: DDO/EA/JK/K Position #4408
Pending Disability Retirement
* OTHER

DATE SIGNED: 09/10/74
PROVING OFFICER: CMG/MID
DATE SIGNED: 11 Sept 74

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE: 37 18	20. EMPLOY CODE: 15	21. OFFICE CODES: 45717 EA	22. STATION CODE: 75013	23. UTILITY CODE: 1	24. MONTHS: 1	25. DATE OF BIRTH: MO DA YR	26. DATE OF GRADE: MO DA YR	27. DATE OF LEI: MO DA YR
28. NET EXPIRES: MO DA YR	29. SPECIAL INCENTIVE: MO DA YR	30. RETIREMENT DATA: CODE	31. SEPARATION DATA CODE: TYPE	32. COLLECTION/ CALCULATION DATA: MO DA YR	FOD DATA			33. SECURITY REG. NO.
34. VET. PREFERENCE: CODE	35. SERV. COMP. DATE: MO DA YR	36. LONG. LEAVE DATE: MO DA YR	37. CLASS. CATEGORY: CODE	38. HEALTH/HEALTH INSURANCE: CODE	HEALTH INS CODE			39. SOCIAL SECURITY NO.
40. PREVIOUS CIVILIAN GOVERNMENT SERVICE: CODE	41. LEAVE CAT: CODE	42. FEDERAL TAX DATA: CODE	43. STATE TAX DATA: CODE	44. FORM EXECUTED: CODE	45. NO. TAX EXEMPTIONS: CODE	46. FORM EXECUTED: CODE	47. NO. TAX STATE EXEMPT. CODE	

48. POSITION CONTROL CERTIFICATION: CM 9/10/74
49. DATE APPROVED: 9/10/74

FORM 1152 1-72

USE PREVIOUS EDITION

SECRET

CLASSIFIED BY 01-0332

14-7 APR 68

ADMINISTRATIVE

6 SEP 1974

MEMORANDUM FOR : Mr. Jerome Fox

THROUGH : Head of D Career Service

SUBJECT : Notification of Approval of Disability Retirement

1. This is to inform you that the Director of Personnel has approved your request for disability retirement under the CIA Retirement and Disability System. On the basis of medical evidence, the Director of Personnel has determined that your disability is of a permanent nature; therefore, no further medical review of your case will be required.

2. Your retirement will become effective 14 May 1975, the expiration date of your accrued sick leave. You may be assured that every effort will be made to expedite delivery of your first check following completion of the administrative details required to effect your retirement.

Ronald Gage

Chief

Retirement Affairs Division

Distribution:

- 0 - Addressee
- 1 - D Career Service
- 1 - OMS
- 1 - CPF
- 1 - ROB Soft File
- 1 - ROB Reader

OP/RAD/ROB/ [] :jat/3257 (5 September 1974)

ADMINISTRATIVE
INTERNAL USE ONLY

2 JUL 1974

MEMORANDUM FOR : Chairman, Board of Medical Examiners

SUBJECT : Request for Medical Evaluation -
Mr. Jerome Fox

1. Subject, a participant in the CIA Retirement and Disability System, has applied for disability retirement under the provisions of Section 231 of Public Law 88-643, Central Intelligence Agency Retirement Act of 1964 for Certain Employees. It is requested that a medical examination be arranged for Subject and that a written report of the Board of Medical Examiners as prescribed in paragraph f.(4) of HR 20-50 be submitted to the Director of Personnel.
2. Attached are copies of the Supervisor's Statement and the Application for Disability Retirement. The Office of Personnel has been advised by the Office of Medical Services that a private physician's statement has been forwarded directly to them.
3. Mr. Fox will remain on duty pending a decision on his application for retirement.

R. L. Austin, Jr.
Deputy Director of Personnel
for Special Programs

Attachments:

- a. Supervisor's Statement
- b. Application

Distribution:

- 0 & 1 - Addressee
- 1 - D/Pers
- 1 - OPF
- 1 - ROB Soft File
- 1 - ROB Folder

OP/RAD/ROB/ [] jat/3257 (28 June 1974)

ADMINISTRATIVE
INTERNAL USE ONLY

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(When Filled In)

REQUEST FOR PERSONNEL ACTION

DATE PREPARED

3 JANUARY 1974

1. SERIAL NUMBER 017974	2. NAME (Last-First-Middle) FOX, JEROME
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3. NATURE OF PERSONNEL ACTION REASSIGNMENT	4. EFFECTIVE DATE REQUESTED MONTH: 01 DAY: 20 YEAR: 74	5. CATEGORY OF EMPLOYMENT REGULAR
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6. FUNDS X V TO V O TO V	7. FINANCIAL ANALYSIS NO. (PHARGEABLE) 4237-1374-0000	8. LEGAL AUTHORITY (Completed by Office of Personnel)
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9. ORGANIZATIONAL DESIGNATIONS DDO/EAST ASIA DIVISION	10. LOCATION OF OFFICIAL STATION WASHINGTON, D.C.
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11. POSITION TITLE OPS OFFICER	12. POSITION NUMBER 13	13. CAREER SERVICE DESIGNATION D
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14. CLASSIFICATION SYMBOL (GS, LB, etc.) GS	15. OCCUPATIONAL SERIES 0136.01	16. GRADE AND STEP 13 6	17. SALARY OR RATE 8-24,122
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18. REMARKS
FROM: EA/PMI #4024

DATE SIGNED	SIGNATURE OF CAREER MANAGER	DATE SIGNED
1/10/74	<i>[Signature]</i>	7 Jan 74

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE 3710	20. EMPLOY CODE 4500	21. OFFICE CODING ALPHABETIC EA	22. STATUS CODE 7003	23. INTEGRITY CODE	24. POSTS CODE	25. DATE OF BIRTH MO. DA. YR.	26. DATE OF GRADE MO. DA. YR.	27. DATE OF LEI MO. DA. YR.	
28. NTE CLARIFY	29. SPECIAL REFERENCE	30. RETIREMENT DATA TYPE CODE	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA TYPE MO. DA. YR.	EOD DATA			33. SECURITY REQ. NO.	34. SER
35. VET. PREFERENCE CODE	36. SERV. COMP. DATE MO. DA. YR.	37. LONG. COMP. DATE MO. DA. YR.	38. CAREER CATEGORY CODE	39. FEEDBACK HEALTH INSURANCE CODE	HEALTH INS. COOP			40. SOCIAL SECURITY NO.	
41. FEDERAL CIVILIAN GOVERNMENT SERVICE CODE	42. STATE CAT. CODE	43. FEDERAL TAX DATA FORM EXECUTED CODE	FEDERAL TAX DATA MO. TAX EXEMPTIONS			STATE TAX DATA FORM EXECUTED CODE			MO. TAX STATE CODE

45. POSITION CONTROL CERTIFICATION 11003-1-8-74	46. CP APPROVAL	DATE APPROVED 1-9-74
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FORM 1152 USE PREVIOUS EDITION

SECRET

GROUP 1 EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION

DATE PREPARED
2 OCTOBER

F
8

1. SERIAL NUMBER
017974

2. NAME (Last - First - Middle)
FOX, JEROME

3. NATURE OF PERSONNEL ACTION
REASSIGNMENT AND TRANSFER TO
VOUCHERED FUNDS

4. EFFECTIVE DATE REQUESTED
MONTH: 10 DAY: 14 YEAR: 73

5. CATEGORY OF EMPLOYMENT
REGULAR

6. FUNDS
V TO V: XX C TO V: C TO C:

7. PAN AND NSCA
4237-1374-0000

8. LEGAL AUTHORITY (Completed by Office of Personnel)

9. ORGANIZATIONAL DESIGNATION
DDO/EA DIVISION

10. LOCATION OF OFFICIAL STATION
WASH., D.C.

11. POSITION TITLE
OPS OFFICER (D-13)

12. POSITION NUMBER
4024

13. CAREER SERVICE DESIGNATION
D

14. CLASSIFICATION SCHEDULE (GS, LB, etc.)
GS

15. OCCUPATIONAL SERIES
0136.01

16. GRADE AND STEP
13 6A

17. SALARY OR RATE
24,122
22,915

18. REMARKS
FROM: DDO/EA/PMI/MS/#4939/MANILA, P.I.

[Redacted]

DATE SIGNED
10/2/73

[Redacted]

DATE SIGNED
10-4-73

SPACES BELOW FOR EXCLUSIVE USE

19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING ALPHABETIC	22. STATION CODE	23. INITIALS CODE	24. REGISTRY CODE	25. DATE OF BIRTH MO DA YR	26. DATE OF GRADE MO DA YR	27. DATE OF L1 MO DA YR
28. RET. EXPIRES MO DA YR	29. SPECIAL REFERENCE	30. RETIREMENT DATA -LV -DTR -DCA -DOM	31. SEPARATION DATA CODE	32. LOGGING TYPE	33. SECURITY REG. NO.	34. SLS	EOD DATA	
35. VET. PREFERENCE CODE	36. SERV. COMP. DATE MO DA YR	37. LONG. COMP. DATE MO DA YR	38. CAREER CATEGORY CAR/RES/PSOV/TEMP	39. HEALTH INSURANCE CODE	40. SOCIAL SECURITY NO.	41. PREVIOUS CIVILIAN GOVERNMENT SERVICE 3-NO PREVIOUS SERVICE 1-NO BREAK IN SERVICE 2-22222 IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)		
42. LEAVE CAT. CODE	43. FEDERAL TAX DATA FORM BASELITTEF CODE 1-TES 2-NO	44. STATE TAX DATA FORM EXECUTED 1-TES 2-NO	45. POSITION CONTROL CERTIFICATION	46. O	47. DATE APPROVED 9 Oct 73			

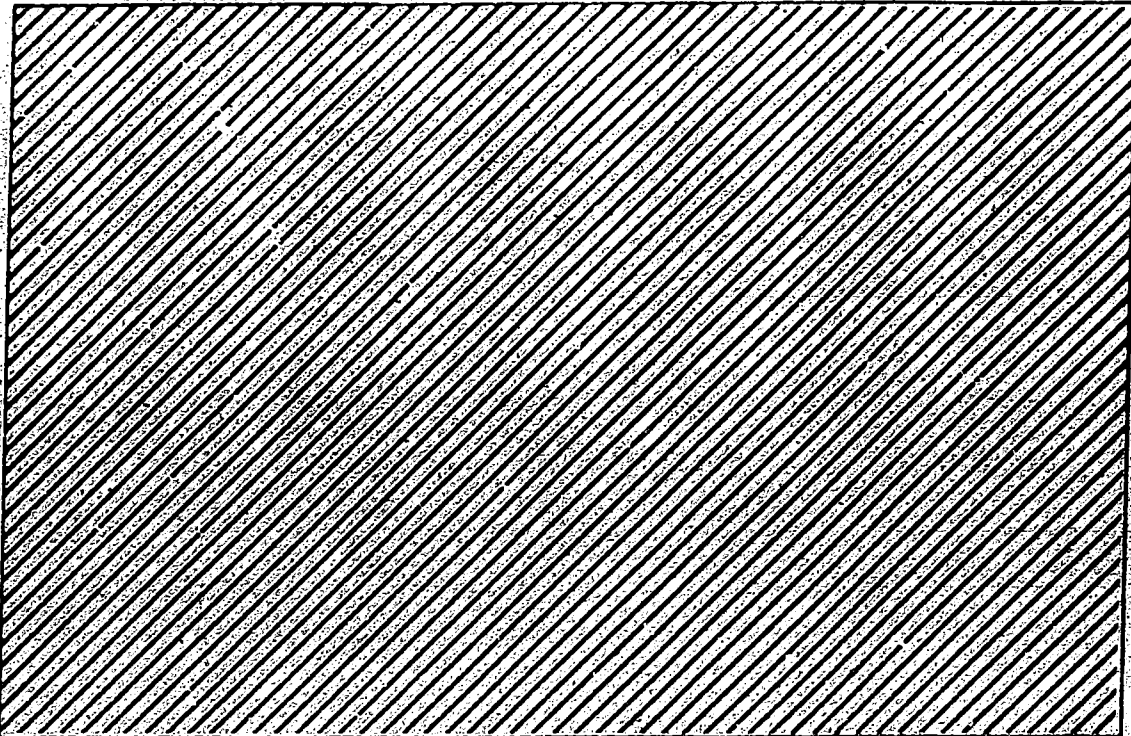
FORM 8-72 1152

USE PREVIOUS EDITION

SECRET CLASSIFIED BY 01-0332

11-2 APCB

ADMINISTRATIVE - INTERNAL USE ONLY



NAME OF EMPLOYEE (Last-First-Middle)	NAME AND RELATIONSHIP OF DEPENDENT*	CLAIM NUMBER
FOX, Jerome	[Redacted]	74-0194

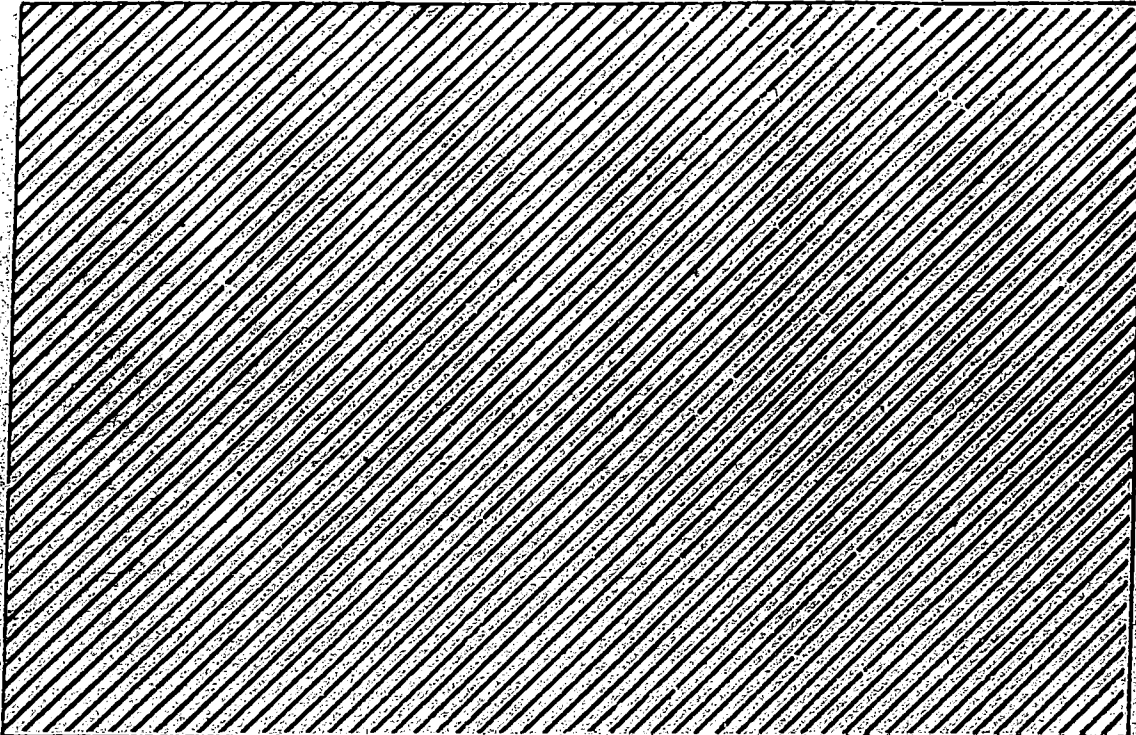
There is on file in the Personal Affairs Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent*) for an illness, injury, or death incurred on 1 July 1973.

This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.

DATE OF NOTICE	SIGNATURE OF BSO REPRESENTATIVE
11 Sept 1973	[Redacted Signature]

NOTICE OF OFFICIAL DISABILITY CLAIM FILE


ADMINISTRATIVE - INTERNAL USE ONLY



NAME OF EMPLOYEE (Last-First-Middle)	NAME AND RELATIONSHIP OF DEPENDENT	CLAIM NUMBER
FOX, Jerome	Self	74-0096

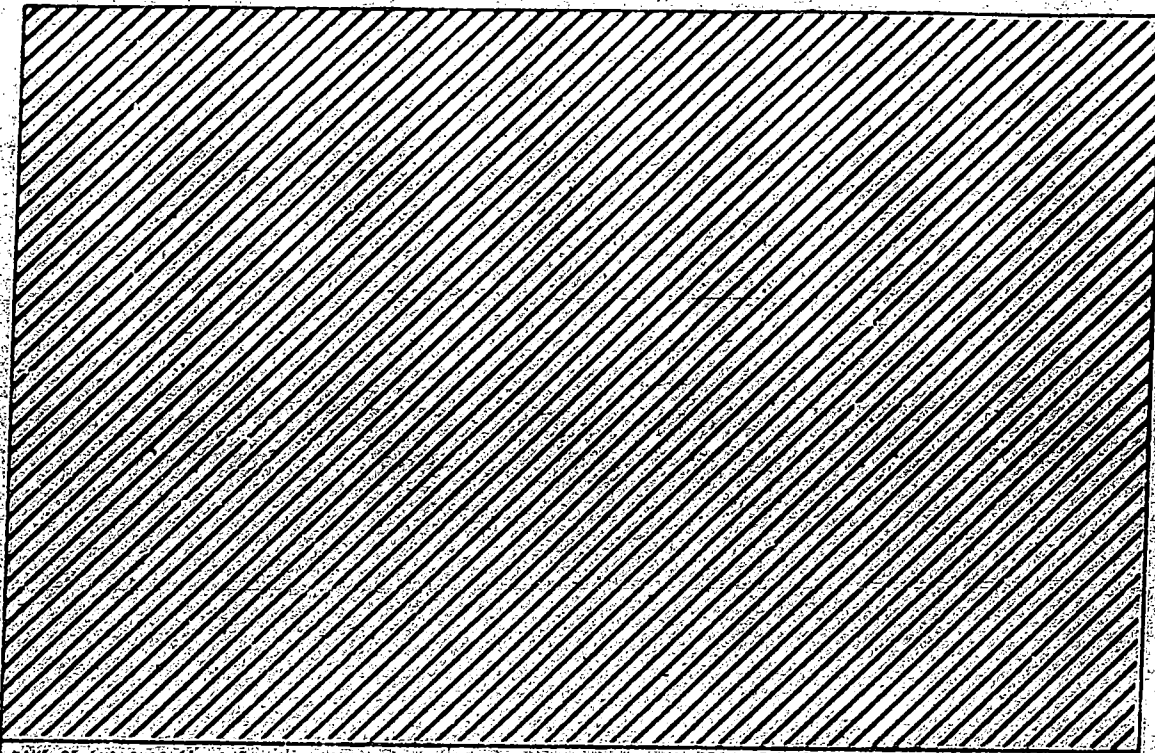
There is on file in the Personal Affairs Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent*) for an illness, injury, or death incurred on 30 June 1973.

This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.

DATE OF NOTICE	SIGNATURE OF BSO REPRESENTATIVE
27 August 1973	

NOTICE OF OFFICIAL DISABILITY CLAIM FILE

SECRET
(When Filled In)



NAME OF EMPLOYEE (Last-First-Initial)	NAME AND RELATIONSHIP OF DEPENDENT	CLAIM NUMBER
FOX, Jerome	SELF	72-0959

There is on file in the Personal Affairs Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent*) for an illness, injury, or death incurred on 18 February 1972.

This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.

DATE OF NOTICE 9 May 72	SIGNATURE OF USG REPRESENTATIVE
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NOTICE OF OFFICIAL DISABILITY CLAIM FILE

SECRET

1-21641

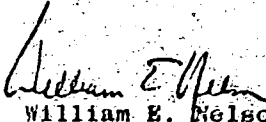
MEMORANDUM FOR: Deputy Director for Plans 20 Apr 71
THROUGH : Director of Personnel
SUBJECT : Departure Short of Tour and Home Leave -
Mr. Jerome Fox
REFERENCE : CSN 20-89, PERSONNEL, 16 April 1971

1. Paragraph four contains a recommendation for your approval.

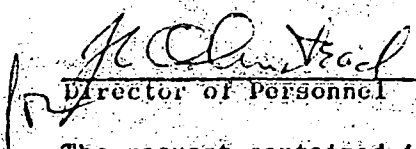
2. Mr. Jerome Fox is a GS-13 Operations Officer who has been assigned to the [redacted] since 20 May 1969. His current tour will end on 19 May 1971; his request for a second tour after home leave has been approved.

3. Mr. Fox's wife has acrophobia and does not fly. In view of her condition she has been authorized round-trip travel by sea. The Division has authorized Mr. Fox and children to accompany her on the voyage from [redacted] to the U. S.

4. [redacted] advises that the Fox Family can be accommodated on a ship scheduled to sail from [redacted] on 3 May. In order to make the sailing, Mr. Fox would have to depart post before completion of his tour. The Far East Division recommends approval for Mr. Fox to depart [redacted] short of tour for home leave.

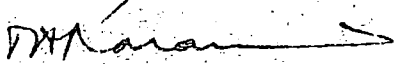

William E. Nelson
Chief, Far East Division

CONCUR:


Director of Personnel

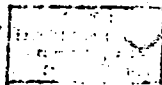
20 April 1971
Date

The request contained in Paragraph four is APPROVED:


Deputy Director for Plans

3 May 71
Date

SECRET



SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION

DATE PREPARED

18 AUGUST 1970

F
22

1. SERIAL NUMBER 017214 NAME (Last-First-Middle) FOX, JEROME

2. NATURE OF PERSONNEL ACTION REASSIGNMENT 4. EFFECTIVE DATE REQUESTED 08/21/70 5. CATEGORY OF EMPLOYMENT REGULAR

6. FUNDS V TO V, C TO V, X C TO C 7. FINANCIAL ANALYSIS NO. CHARGEABLE 1137-1639 8. LEGAL AUTHORITY (Completed by Office of Personnel)

9. ORGANIZATIONAL DESIGNATIONS DDP/FE FOREIGN FIELD 10. LOCATION OF OFFICIAL STATION

11. POSITION TITLE OES: OFFICER 12. POSITION NUMBER 4945 13. CAREER SERVICE DESIGNATION D

14. CLASSIFICATION SCHEDULE (GS, IS, PW) GS 15. OCCUPATIONAL SERIES 0136.01 16. GRADE AND STEP 13 4 17. SALARY OR RATE \$ 18,437

18. REMARKS FROM: WANE/4947

18A. [Redacted] DATE SIGNED [Redacted] 6 AUG 1970

19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING NUMBER ALPHABETIC	22. STATION CODE	23. INTEGREE CODE	24. HOURS CODE	25. RATE OF RYTH	26. RATE OF GRACE	27. DATE OF LEI
37	10	45440FE	57557		3			
28. WTE EXPRES	29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA CODE	32. CORRECTION TYPE	33. SECURITY REQ NO	34. SER	EOD DATA	
35. SER PREFERENCE CODE	36. SERV COMP DATE	37. LONG COMP DATE	38. EARLIER CATEGORY	39. LEGAL HEALTH INSURANCE	40. SOCIAL SECURITY NO			
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE	42. LEAVE CAT CODE	43. FEDERAL TAX DATA	44. FORM EXECUTED	45. FEDERAL TAX DATA	46. STATE TAX DATA			
45. POSITION CONTROL CERTIFICATION	46. O.P. APPROVAL				DATE APPROVED			
	08.21.70				08.21.70			

FORM 1152 3-67 PREVIOUS EDITION

SECRET

GROUP 1 EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED										
1. SERIAL NUMBER 017974		2. NAME (Last-First-Initial) FOX, JEROME		18 AUGUST 1970										
3. NATURE OF PERSONNEL ACTION REASSIGNMENT			4. EFFECTIVE DATE REQUESTED MONTH: DAY: YEAR:		5. CATEGORY OF EMPLOYMENT REGULAR									
6. FUNDS <input checked="" type="checkbox"/> TO V <input type="checkbox"/> TO C <input type="checkbox"/> TO V <input checked="" type="checkbox"/> TO C		7. FINANCIAL ANALYSIS NO. CHARGEABLE 1137-1639		8. LEGAL AUTHORITY: (Completed by Office of Personnel)										
9. ORGANIZATIONAL DESIGNATIONS DIP/YE FOREIGN FIELD FK/PRI - IMMEDIATE BRANCH			10. LOCATION OF OFFICIAL STATION											
11. POSITION TITLE CPS OFFICER		12. POSITION NUMBER 3-1A	13. CAREER SERVICE DESIGNATION D											
14. CLASSIFICATION SCHEDULE (GS, FS, etc.) GS		15. OCCUPATIONAL SERIES 0136-01	16. GRADE AND STEP 13 A	17. SALARY OR RATE \$ 18,437.										
18. REMARKS FROM: SANE/4947														
19A. SIGNATURE		DATE SIGNED 18 AUG 1970		19B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER										
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL														
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODES NUMBER ALPHABETIC		22. STATION CODE	23. INTEGRAL CODE	24. MONTHS CODE	25. DATE OF BIRTH MO. DA. YR.		26. DATE OF ENTRY MO. DA. YR.		27. DATE OF LEI MO. DA. YR.			
28. NET EXPIRES MO. DA. YR.		29. SPECIAL REFERENCE	30. EXTENSION DATA - 01 - 02 - 03 - 04		31. SEPARATION DATA CODE	32. CORRECTION/CONSOLIDATION DATA TYPE MO. DA. YR.		33. SECURITY RES. NO.		34. SEE				
35. VET PREFERENCE CODE PREFERENCE 1-NO PRT 2-1 PRT 3-10 PRT		36. SERV COMP DATE MO. DA. YR.		37. LEAS COMP DATE MO. DA. YR.		38. CAREER CATEGORY JOB TITLE CODE POST. TITLE	39. FEEL HEALTH INSURANCE CODE 0-NO PRT 1-YES		40. SOCIAL SECURITY NO.					
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0-NO PREVIOUS SERVICE 1-NO YEAR IN SERVICE 2-1 YEAR IN SERVICE (LESS THAN 3 YEARS) 3-2 YEARS IN SERVICE (LESS THAN 3 YEARS)				42. LEAS CAT CODE	43. FEDERAL TAX DATA FORM EXECUTED CODE 1-YES 2-NO		44. LEAD POST DATA FORM EXECUTED CODE 1-YES 2-NO		45. SOCIAL SECURITY STATE NO.					
45. POSITION CORRECTA CERTIFICATION						46. OFF APPROVAL		47. DATE APPROVED						

FORM 3-67 1152 USE PREVIOUS EDITION

SECRET

COPIES FROM THIS FORM ARE TO BE DESTROYED

SECRET

(If Not Filled In)

REQUEST FOR PERSONNEL ACTION

DATE PREPARED

14 April 1969

F
22

1 SPECIAL NUMBER
017974

2 NAME (Last-First-Middle)
FOX, JEROME

3 NATURE OF PERSONNEL ACTION
REASSIGNMENT

4 EFFECTIVE DATE REQUESTED
MONTH: 05 DAY: 02 YEAR: 69

5 CATEGORY OF EMPLOYMENT
REGULAR

6 REPORTS
V TO V
C TO V

V TO O
C TO O
XX

7 FINANCIAL ANALYSIS NO. CHARGEABLE
9137-1639

8 LEGAL AUTHORITY (Completed by Office of Personnel)

9 ORGANIZATIONAL DESIGNATIONS
DDP/FE
FOREIGN FIELD
FE PMI -
LIAISON BRANCH

10 LOCATION OF OFFICIAL STATION

11 POSITION TITLE
OFS OFFICER

12 POSITION NUMBER
4947

13 CAREER SERVICE DESIGNATION
D

14 CLASSIFICATION SCHEDULE (GS, LS, etc.)
GS

15 OCCUPATIONAL SERIES
0136.01

16 GRADE AND STEP
13 3

17 SALARY OR RATE
\$ 15,369

18 REMARKS
FROM: DDP/FE PMI, [redacted] 4024
Mr. Fox [redacted] who is being reassigned.
* Home Base: FE
Security [redacted] 01354-16-69
[redacted] 11-5-69

19A SIGNATURE OF REQUESTING OFFICIAL
C/FE Personnel

DATE SIGNED
29 APR 1969

19B SIGNATURE OF CAREER SERVICE APPROVING OFFICER

DATE SIGNED
26 APR 69

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19 EMPLOY CODE	20 EMPLOY CODE	21 OFFICE (OWNS)	22 STATION CODE	23 INTEREST CODE	24 REGIONS CODE	25 DATE OF BIRTH	26 DATE OF GRADE	27 DATE OF LEI
37 10		11000	57507		5			
28 EMP CODE	29 SPECIAL EMPLOYEE	30 RETIREMENT DATA	31 SEPARATION DATA CODE	32 CONNECTED TYPE	33 CONNECTED NO. DA. YR.	EOD DATA →		34 SECT. NO.
35 EMP. PREFERENCE	36 EMP. PREFERENCE	37 LEAS EMP. DAT.	38 LEAS EMP. DAT.	39 CAREER CATEGORY	40 HEALTH STATUS	41 HEALTH STATUS	42 HEALTH STATUS	43 SOCIAL SECURITY NO.
44 EMP. PREFERENCE	45 EMP. PREFERENCE	46 EMP. PREFERENCE	47 EMP. PREFERENCE	48 EMP. PREFERENCE	49 EMP. PREFERENCE	50 EMP. PREFERENCE	51 EMP. PREFERENCE	52 EMP. PREFERENCE
53 EMP. PREFERENCE	54 EMP. PREFERENCE	55 EMP. PREFERENCE	56 EMP. PREFERENCE	57 EMP. PREFERENCE	58 EMP. PREFERENCE	59 EMP. PREFERENCE	60 EMP. PREFERENCE	61 EMP. PREFERENCE
62 EMP. PREFERENCE	63 EMP. PREFERENCE	64 EMP. PREFERENCE	65 EMP. PREFERENCE	66 EMP. PREFERENCE	67 EMP. PREFERENCE	68 EMP. PREFERENCE	69 EMP. PREFERENCE	70 EMP. PREFERENCE
71 EMP. PREFERENCE	72 EMP. PREFERENCE	73 EMP. PREFERENCE	74 EMP. PREFERENCE	75 EMP. PREFERENCE	76 EMP. PREFERENCE	77 EMP. PREFERENCE	78 EMP. PREFERENCE	79 EMP. PREFERENCE
80 EMP. PREFERENCE	81 EMP. PREFERENCE	82 EMP. PREFERENCE	83 EMP. PREFERENCE	84 EMP. PREFERENCE	85 EMP. PREFERENCE	86 EMP. PREFERENCE	87 EMP. PREFERENCE	88 EMP. PREFERENCE
89 EMP. PREFERENCE	90 EMP. PREFERENCE	91 EMP. PREFERENCE	92 EMP. PREFERENCE	93 EMP. PREFERENCE	94 EMP. PREFERENCE	95 EMP. PREFERENCE	96 EMP. PREFERENCE	97 EMP. PREFERENCE
98 EMP. PREFERENCE	99 EMP. PREFERENCE	100 EMP. PREFERENCE	101 EMP. PREFERENCE	102 EMP. PREFERENCE	103 EMP. PREFERENCE	104 EMP. PREFERENCE	105 EMP. PREFERENCE	106 EMP. PREFERENCE

F
8

04-30-69 [redacted]

04-30-69

1152 USE PREVIOUS EDITION

SECRET

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION

DATE PREPARED

11 April 1969

F 8

1. SYMBOL NUMBER 017974	2. NAME (Last-First-Middle) FOX, Jerome
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3. NATURE OF PERSONNEL ACTION CONVERSION FROM FBR STATUS	4. EFFECTIVE DATE REQUESTED MONTH: 04, DAY: 06, YEAR: 69	5. CATEGORY OF EMPLOYMENT REGULAR
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6. RANGE V TO V O TO V O TO O	7. FINANCIAL ANALYSIS NO. CHARGEABLE 8137-1373	8. LEGAL AUTHORITY (Completed by Office of Personnel)
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9. ORGANIZATIONAL DESIGNATIONS DDP/FE FE:PHI -	10. LOCATION OF OFFICIAL STATION WASHINGTON, D. C.
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11. POSITION TITLE OPS OFFICER (13)	12. POSITION NUMBER 4024	13. CAREER SERVICE DESIGNATION D
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14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS	15. OCCUPATIONAL SERIES 0136.01	16. GRADE AND STEP 13 3	17. SALARY OR RATE 15,369
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18. COMMENTS
Wash, D.C. New Duty (FE)
FROM: Same

18A. DATE SIGNED 4/10/69	18B. SIGNATURE OF APPROVING OFFICER	DATE SIGNED 4/10/69
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SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. POSITION CODE	20. EMPLOY CODE	21. OFFICE CODES NUMERIC ALPHABETIC 45146 FE	22. STATION CODE 75013	23. INTEREST CODE	24. MOBILE CODE	25. DATE OF BIRTH	26. DATE OF SECE	27. DATE OF LEI
28. NO. EMPLOY	29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA CODE	32. OTHER	EOD DATA			33. SECURITY REG. NO.
34. EMPLOY CODE	35. MEY. COMP. DATE	36. LONG. COMP. DATE	37. CAREER CATEGORY	38. FEED. HEALTH INSURANCE	39. SOCIAL SECURITY NO.			
40. FEED. HEALTH INSURANCE	41. LEAVE (A)	42. FEDERAL TAX DATA	43. STATE TAX DATA	44. SOCIAL SECURITY	45. HEALTH INS. CODE	46. SOCIAL SECURITY NO.	47. STATE TAX DATA	

48. PERSON CENTER IDENTIFICATION	49. DATE APPROVING
04-11-69 CR	04-11-69

FORM 1132

USE PREVIOUS EDITIONS

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EXCESS FEE WILL BE CHARGED

SECRET

(U.S. Gov. Patent No. 1)

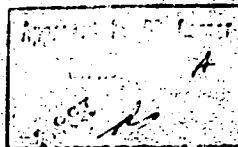
REQUEST FOR PERSONNEL ACTION										DATE PREPARED	
1 SERIAL NUMBER 017974										18 OCTOBER 1968	
2 NAME (Last-First-Middle) POE JEROME											
3 NATURE OF PERSONNEL ACTION PROMOTION										4 EFFECTIVE DATE REQUESTED MONTH DAY YEAR 10 30 68	
6 FUNDS V TO V C TO V V TO C C TO C										5 CATEGORY OF EMPLOYMENT REGULAR	
9 ORGANIZATIONAL DESIGNATION DDP/FE FE/PHI										7 FINANCIAL ANALYSIS NO. CHARGEABLE 9137 1375	
11 POSITION TITLE OPS OFFICER (D-13)										8 LEGAL AUTHORITY (Complied by Office of Personnel)	
12 POSITION NUMBER 4034										10 LOCATION OF OFFICIAL STATION WASH., D. C.	
14 CLASSIFICATION SCHEDULE (U.S. F.S. 53)										13 CAREER SERVICE DESIGNATION	
15 OCCUPATIONAL SERIES 0136,01										16 GRADE AND STEP GS 05/5 13/3	
17 SALARY OR RATE \$13,330 \$16,369											
18 REMARKS FROM: SAME (09-12/6 to 09-13/3) <i>Payroll called</i>											
19 BY SIGNATURE OF REQUESTING OFFICIAL											
20 DATE SIGNED											
21 SIGNATURE OF CAREER SERVICE APPROVING OFFICER											
22 DATE SIGNED											
23 FLOW FOR EXCLUSIVE USE											
24 ACTION CODE											
25 EMPLOY CODE											
26 GRADES CODES											
27 STATION CODE											
28 INTEREST CODE											
29 ROUTES CODE											
30 DATE OF GRADE											
31 DATE OF LEL											
32 SECURITY											
33 SOCIAL SECURITY											
34 CIVILIAN GOVERNMENT SERVICE											
35 LEAVE CAT											
36 FEDERAL TAX DATA											
37 STATE TELEPHONE											
38 POSITION CONTROL OPERATIONS											
39 OFF APPROVAL											
40 DATE APPROVED											

FORM 1152 USE PREVIOUS EDITIONS

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PROPERTY OF THE U.S. GOVERNMENT

S-E-C-R-E-T



MEMORANDUM FOR: Clandestine Services Career Service Board

SUBJECT : Recommendation for Promotion from GS-12 to GS-13 for Mr. Jerome A. Fox

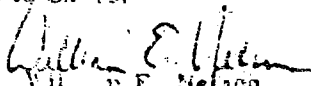
1. FE Division recommends the promotion of Mr. Jerome A. Fox from GS-12 to GS-13.

2. Mr. Fox first joined the Agency in 1955 in the DDI. He rose rapidly from GS-07 to GS-12 which grade he achieved in March 1961. He spent one overseas tour [redacted] In April 1963 he transferred to the DDP. This action and the adjustments it necessitated have undoubtedly held him back from the normal career advancement to be expected for one of his ability.

3. In the DDP Mr. Fox first served in Vietnam Operations in Headquarters and then from 1964-1966 in Saigon. There he performed affectively in both liaison and unilateral operations [redacted]. He personally recruited several agents and established a successful [redacted] He was first recommended for promotion to GS-13 during his Vietnam tour.

4. In November 1966 Mr. Fox joined FE/PMI, first on the [redacted] He has served as [redacted] Desk and Branch referent for Communist Party Operations, where he proved himself to be an excellent analyst. He has also served as a desk officer handling a variety of projects. He has performed his duties in a consistently strong manner, and has shown sound operational judgment. Mr. Fox writes well, and gets along extremely well with his co-workers and contacts. He is now scheduled for a field assignment [redacted] in 1969. In view of his strong Headquarters desk performance and his previous recommendations from Vietnam, Mr. Fox was recommended for promotion again in February, 1968.

5. Mr. Fox is an experienced and competent Headquarters and field operations officer. He has repeatedly demonstrated his ability to perform at the GS-13 level. In consideration of his fine record of productivity I recommend that he be promoted to GS-13.


William E. Nelson
Chief, Far East Division

SECRET

REQUEST FOR PERSONNEL ACTION

DATE PREPARED
9 May 1968

1 SERIAL NUMBER
017974
2 NAME (Last-First-Middle)
XXX FOX, JEROME

3 NATURE OF PERSONNEL ACTION
REASSIGNMENT
4 EFFECTIVE DATE REQUESTED
MONTH: 05 DAY: 19 YEAR: 68
5 CATEGORY OF EMPLOYMENT
REGULAR
6 FINANCIAL ANALYSIS NO. CHARGEABLE
8237-1375
7 LEGAL AUTHORITY (Completed by Office of Personnel)

8 RANGES
9 ORGANIZATIONAL DESIGNATION
DDP/VE
10 LOCATION OF OFFICE STATION
WASHINGTON, D.C.

11 POSITION TITLE
OPS OFFICER
12 POSITION NUMBER
4005
13 CAREER SERVICE DESIGNATION
D
14 CLASSIFICATION SYMBOL (GS, FS, etc.)
PUR
15 OCCUPATIONAL SERIES
0136.01
16 GRADE AND STEP
5/5
17 SALARY OR RATE
12.604
12.989

18 REMARKS
FROM: DEVELOPMENT COMP.
SLOT WAS VACANT
X Wash, DC

19A SIGNATURE OF REQUESTING OFFICIAL
19B DATE SIGNED
19C SIGNATURE OF CAREER SERVICE APPROVING OFFICER
19D DATE SIGNED

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

20 ACTION CODE	21 EMPLOY CODE	22 WORK CENTER	23 STATION CODE	24 DISTRICT CODE	25 OFFICE OF ORIGIN	26 DATE OF BIRTH	27 DATE OF BIRTH	28 DATE OF BIRTH
29 OFFICE OF ORIGIN	30 OFFICE OF ORIGIN	31 OFFICE OF ORIGIN	32 OFFICE OF ORIGIN	33 OFFICE OF ORIGIN	34 OFFICE OF ORIGIN	35 OFFICE OF ORIGIN	36 OFFICE OF ORIGIN	37 OFFICE OF ORIGIN
38 OFFICE OF ORIGIN	39 OFFICE OF ORIGIN	40 OFFICE OF ORIGIN	41 OFFICE OF ORIGIN	42 OFFICE OF ORIGIN	43 OFFICE OF ORIGIN	44 OFFICE OF ORIGIN	45 OFFICE OF ORIGIN	46 OFFICE OF ORIGIN
47 OFFICE OF ORIGIN	48 OFFICE OF ORIGIN	49 OFFICE OF ORIGIN	50 OFFICE OF ORIGIN	51 OFFICE OF ORIGIN	52 OFFICE OF ORIGIN	53 OFFICE OF ORIGIN	54 OFFICE OF ORIGIN	55 OFFICE OF ORIGIN
56 OFFICE OF ORIGIN	57 OFFICE OF ORIGIN	58 OFFICE OF ORIGIN	59 OFFICE OF ORIGIN	60 OFFICE OF ORIGIN	61 OFFICE OF ORIGIN	62 OFFICE OF ORIGIN	63 OFFICE OF ORIGIN	64 OFFICE OF ORIGIN
65 OFFICE OF ORIGIN	66 OFFICE OF ORIGIN	67 OFFICE OF ORIGIN	68 OFFICE OF ORIGIN	69 OFFICE OF ORIGIN	70 OFFICE OF ORIGIN	71 OFFICE OF ORIGIN	72 OFFICE OF ORIGIN	73 OFFICE OF ORIGIN
74 OFFICE OF ORIGIN	75 OFFICE OF ORIGIN	76 OFFICE OF ORIGIN	77 OFFICE OF ORIGIN	78 OFFICE OF ORIGIN	79 OFFICE OF ORIGIN	80 OFFICE OF ORIGIN	81 OFFICE OF ORIGIN	82 OFFICE OF ORIGIN
83 OFFICE OF ORIGIN	84 OFFICE OF ORIGIN	85 OFFICE OF ORIGIN	86 OFFICE OF ORIGIN	87 OFFICE OF ORIGIN	88 OFFICE OF ORIGIN	89 OFFICE OF ORIGIN	90 OFFICE OF ORIGIN	91 OFFICE OF ORIGIN
92 OFFICE OF ORIGIN	93 OFFICE OF ORIGIN	94 OFFICE OF ORIGIN	95 OFFICE OF ORIGIN	96 OFFICE OF ORIGIN	97 OFFICE OF ORIGIN	98 OFFICE OF ORIGIN	99 OFFICE OF ORIGIN	100 OFFICE OF ORIGIN

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100

30 January 1968

MEMORANDUM FOR: FE Career Management Committee

SUBJECT: Recommendation for Promotion from GS-12 to GS-13 of Mr. Jerome Fox

1. This office wishes to reiterate its previous endorsement of the Saigon Station's recommendation for the promotion of Mr. Fox from GS-12 to GS-13.

2. Mr. Fox was initially assigned to the [redacted] as an Operations Officer responsible for Headquarters support of the [redacted] Communist Party Operations Program. This was a demanding task requiring sound operational judgment, experience, and the capacity to absorb large quantities of operational data and information. Despite no prior background [redacted] Mr. Fox quickly got on top of the material and projects and made a valuable contribution. He also had other duties concerned with support for other Station unilateral activity.

3. Mr. Fox was subsequently assigned to the [redacted] Desk

[redacted] was also marked by a high degree of professionalism and competence.

4. Mr. Fox is a capable and experienced Operations Officer. He has proven in Vietnam a unique ability to develop valuable operational assets [redacted] and his work in this Branch has been excellent. In view of this good record of productivity, and as a stimulus for future development, I strongly recommend that Mr. Fox be promoted to GS-13.

[redacted]
Acting Chief, FE/PMI

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SECRET

19 Nov 1967

REQUEST FOR PERSONNEL ACTION

DATE FORWARDED
17 November 1967

1. SERIAL NUMBER 017974		2. NAME (Last-First-Initial) FOX, Jerome		3. NATURE OF PERSONNEL ACTION Suspension (For 3 working days)		4. EFFECTIVE DATE REQUESTED MONTH DOB DAY YEAR 04 02 68		5. CATEGORY OF EMPLOYMENT Regular	
6. PAGES 1		7. FINANCIAL ANALYSIS NO. CHARGEABLE 8137-1375		8. FROM AUTHORITY (Completed by Office of Personnel) 50 USC 403 F		9. ORGANIZATIONAL DESIGNATION DDP/FE Development Complement		10. LOCATION OF OFFICIAL STATION Washington, D.C.	
11. POSITION TITLE Ops Officer		12. POSITION NUMBER 9997		13. CAREER SERVICE DESIGNATION D		14. CLASSIFICATION SCHEME (GS, FS, AS, etc.) FIR GS		15. OCCUPATIONAL SERIES 0136.01	
16. GRADE AND STEP 5 5 12 5		17. SALARY OF GRADE 12,000 \$ 12,000 W/V		18. REMARKS From 1150 Remarks: Suspended for three working days for infraction of Agency physical security regulations. To return to duty BOB 0.4 April 1968. Employee is warned that further violations will be viewed with extreme seriousness.					
19A. SIGNATURE OF REQUESTING OFFICER		DATE SIGNED		19B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER		DATE SIGNED			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL									
19. HISTORY		20. EMPLOYER		21. SERVICE RECORD		22. TRAINING		23. EDUCATION	
24. REGISTRY		25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LET		28. SECURITY	
29. INT. SECURITY		30. SERVICE RECORD		31. SEPARATION DATA		32. CONVICTION/REHABILITATION DATA		33. FOD DATA	
34. INT. PERFORMANCE		35. LEAD. EVAL. DATA		36. LEAD. EVAL. DATA		37. CAREER CATEGORY		38. HEALTH AND INSURANCE	
39. PERSONNEL L.P. (as appropriate)		40. LEAD. EVAL. DATA		41. LEAD. EVAL. DATA		42. HEALTH AND INSURANCE		43. SOCIAL SECURITY NO.	
44. PERSONNEL L.P. (as appropriate)		45. LEAD. EVAL. DATA		46. LEAD. EVAL. DATA		47. HEALTH AND INSURANCE		48. SOCIAL SECURITY NO.	
49. PERSONNEL L.P. (as appropriate)		50. LEAD. EVAL. DATA		51. LEAD. EVAL. DATA		52. HEALTH AND INSURANCE		53. SOCIAL SECURITY NO.	
54. PERSONNEL L.P. (as appropriate)		55. LEAD. EVAL. DATA		56. LEAD. EVAL. DATA		57. HEALTH AND INSURANCE		58. SOCIAL SECURITY NO.	
59. PERSONNEL L.P. (as appropriate)		60. LEAD. EVAL. DATA		61. LEAD. EVAL. DATA		62. HEALTH AND INSURANCE		63. SOCIAL SECURITY NO.	
64. PERSONNEL L.P. (as appropriate)		65. LEAD. EVAL. DATA		66. LEAD. EVAL. DATA		67. HEALTH AND INSURANCE		68. SOCIAL SECURITY NO.	
69. PERSONNEL L.P. (as appropriate)		70. LEAD. EVAL. DATA		71. LEAD. EVAL. DATA		72. HEALTH AND INSURANCE		73. SOCIAL SECURITY NO.	
74. PERSONNEL L.P. (as appropriate)		75. LEAD. EVAL. DATA		76. LEAD. EVAL. DATA		77. HEALTH AND INSURANCE		78. SOCIAL SECURITY NO.	
79. PERSONNEL L.P. (as appropriate)		80. LEAD. EVAL. DATA		81. LEAD. EVAL. DATA		82. HEALTH AND INSURANCE		83. SOCIAL SECURITY NO.	
84. PERSONNEL L.P. (as appropriate)		85. LEAD. EVAL. DATA		86. LEAD. EVAL. DATA		87. HEALTH AND INSURANCE		88. SOCIAL SECURITY NO.	
89. PERSONNEL L.P. (as appropriate)		90. LEAD. EVAL. DATA		91. LEAD. EVAL. DATA		92. HEALTH AND INSURANCE		93. SOCIAL SECURITY NO.	
94. PERSONNEL L.P. (as appropriate)		95. LEAD. EVAL. DATA		96. LEAD. EVAL. DATA		97. HEALTH AND INSURANCE		98. SOCIAL SECURITY NO.	
99. PERSONNEL L.P. (as appropriate)		100. LEAD. EVAL. DATA		101. LEAD. EVAL. DATA		102. HEALTH AND INSURANCE		103. SOCIAL SECURITY NO.	

DATE APPROVED
27 MAR 1968

SECRET

CLASSIFIED BY [redacted]

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED			
1 SERIAL NUMBER 01797				2 NAME (Last-First-Middle) FOX, JEROME			
3 NATURE OF PERSONNEL ACTION				4 EFFECTIVE DATE REQUESTED MONTH DAY YEAR 11 21 67		5 CATEGORY OF EMPLOYMENT REGULAR	
6 FUNDS 0100				7 FINANCIAL ANALYSIS NO. CHARGEABLE 8137 1375		8 LEGAL INSTRUMENT (Complied by type of Personnel)	
9 ORGANIZATIONAL DESIGNATIONS DDP/FE DEVELOPMENT COMPLEMENT				10 LOCATION OF OFFICIAL STATION WASHINGTON, D. C.			
11 POSITION TITLE OPS. OFFICER				12 POSITION NUMBER 9997		13 CAREER SERVICE DESIGNATION D	
14 CLASSIFICATION SCHEDULE (F.S. I.B. etc.) FSR GS		15 OCCASIONAL DUTY 0136.01		16 GRADE AND STEP 5 5 12 5		17 SALARY OR RATE 12,074 \$ 12,443	
18 REMARKS All SICK AND All HOURS ANNUAL LEAVE TO BE TRANSFERRED							
MARITAL STATUS: MARRIED <i>* [Signature]</i>							
19A SIGNATURE OF REQUESTING OFFICER <i>[Signature]</i>				DATE SIGNED X 5081		19B SIGNATURE OF CAREER SERVICE APPROVING OFFICER	
DATE SIGNED							
SPACE BELOW FOR FILLING UP BY THE OFFICE OF PERSONNEL							
19 INDEX NO. (CODE)	20 EMPLOY. (CODE)	21 OFFICE SYMBOL (CODE)	22 STATION (CODE)	23 OFFICER (CODE)	24 ACTION (CODE)	25 DATE OF BIRTH (MO. DA. YR.)	26 SERVICE BRANCH (CODE)
55	18	11500/FE	75013				
27 DATE OF ENTRY (MO. DA. YR.)	28 DATE OF ENTRY (MO. DA. YR.)	29 DATE OF ENTRY (MO. DA. YR.)	30 DATE OF ENTRY (MO. DA. YR.)	31 DATE OF ENTRY (MO. DA. YR.)	32 DATE OF ENTRY (MO. DA. YR.)	33 DATE OF ENTRY (MO. DA. YR.)	34 DATE OF ENTRY (MO. DA. YR.)
35 DATE OF ENTRY (MO. DA. YR.)	36 DATE OF ENTRY (MO. DA. YR.)	37 DATE OF ENTRY (MO. DA. YR.)	38 DATE OF ENTRY (MO. DA. YR.)	39 DATE OF ENTRY (MO. DA. YR.)	40 DATE OF ENTRY (MO. DA. YR.)	41 DATE OF ENTRY (MO. DA. YR.)	42 DATE OF ENTRY (MO. DA. YR.)
43 DATE OF ENTRY (MO. DA. YR.)	44 DATE OF ENTRY (MO. DA. YR.)	45 DATE OF ENTRY (MO. DA. YR.)	46 DATE OF ENTRY (MO. DA. YR.)	47 DATE OF ENTRY (MO. DA. YR.)	48 DATE OF ENTRY (MO. DA. YR.)	49 DATE OF ENTRY (MO. DA. YR.)	50 DATE OF ENTRY (MO. DA. YR.)
51 DATE OF ENTRY (MO. DA. YR.)	52 DATE OF ENTRY (MO. DA. YR.)	53 DATE OF ENTRY (MO. DA. YR.)	54 DATE OF ENTRY (MO. DA. YR.)	55 DATE OF ENTRY (MO. DA. YR.)	56 DATE OF ENTRY (MO. DA. YR.)	57 DATE OF ENTRY (MO. DA. YR.)	58 DATE OF ENTRY (MO. DA. YR.)
59 DATE OF ENTRY (MO. DA. YR.)	60 DATE OF ENTRY (MO. DA. YR.)	61 DATE OF ENTRY (MO. DA. YR.)	62 DATE OF ENTRY (MO. DA. YR.)	63 DATE OF ENTRY (MO. DA. YR.)	64 DATE OF ENTRY (MO. DA. YR.)	65 DATE OF ENTRY (MO. DA. YR.)	66 DATE OF ENTRY (MO. DA. YR.)
67 DATE OF ENTRY (MO. DA. YR.)	68 DATE OF ENTRY (MO. DA. YR.)	69 DATE OF ENTRY (MO. DA. YR.)	70 DATE OF ENTRY (MO. DA. YR.)	71 DATE OF ENTRY (MO. DA. YR.)	72 DATE OF ENTRY (MO. DA. YR.)	73 DATE OF ENTRY (MO. DA. YR.)	74 DATE OF ENTRY (MO. DA. YR.)
75 DATE OF ENTRY (MO. DA. YR.)	76 DATE OF ENTRY (MO. DA. YR.)	77 DATE OF ENTRY (MO. DA. YR.)	78 DATE OF ENTRY (MO. DA. YR.)	79 DATE OF ENTRY (MO. DA. YR.)	80 DATE OF ENTRY (MO. DA. YR.)	81 DATE OF ENTRY (MO. DA. YR.)	82 DATE OF ENTRY (MO. DA. YR.)
83 DATE OF ENTRY (MO. DA. YR.)	84 DATE OF ENTRY (MO. DA. YR.)	85 DATE OF ENTRY (MO. DA. YR.)	86 DATE OF ENTRY (MO. DA. YR.)	87 DATE OF ENTRY (MO. DA. YR.)	88 DATE OF ENTRY (MO. DA. YR.)	89 DATE OF ENTRY (MO. DA. YR.)	90 DATE OF ENTRY (MO. DA. YR.)
91 DATE OF ENTRY (MO. DA. YR.)	92 DATE OF ENTRY (MO. DA. YR.)	93 DATE OF ENTRY (MO. DA. YR.)	94 DATE OF ENTRY (MO. DA. YR.)	95 DATE OF ENTRY (MO. DA. YR.)	96 DATE OF ENTRY (MO. DA. YR.)	97 DATE OF ENTRY (MO. DA. YR.)	98 DATE OF ENTRY (MO. DA. YR.)
99 DATE OF ENTRY (MO. DA. YR.)	100 DATE OF ENTRY (MO. DA. YR.)	101 DATE OF ENTRY (MO. DA. YR.)	102 DATE OF ENTRY (MO. DA. YR.)	103 DATE OF ENTRY (MO. DA. YR.)	104 DATE OF ENTRY (MO. DA. YR.)	105 DATE OF ENTRY (MO. DA. YR.)	106 DATE OF ENTRY (MO. DA. YR.)

FORM 1157 USE PREVIOUS EDITIONS

SECRET

1967 USE PREVIOUS EDITIONS

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED		
1. SERIAL NUMBER 017974						30 October 1967		
2. NAME (Last-First-Middle) FOX, Jerome								
3. NATURE OF PERSONNEL ACTION Reassignment and Transfer to Confidential Funds				4. EFFECTIVE DATE REQUESTED MONTH: 10 DAY: 19 YEAR: 67		5. CATEGORY OF EMPLOYMENT Regular		
6. FUNDS V TO V O TO V		X O TO O		7. FINANCIAL ANALYSIS NO. CHARGEABLE 8137-1392		8. LEGAL AUTHORITY (Completed by Office of Personnel)		
9. ORGANIZATIONAL DESIGNATIONS DDP/FE FE/Development Complement				10. LOCATION OF OFFICIAL STATION Washington, D.C.				
11. POSITION TITLE Ops Officer				12. POSITION NUMBER 9997		13. CAREER SERVICE DESIGNATION D		
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS		15. OCCUPATIONAL SERIES 0136.01		16. GRADE AND STEP 12 5		17. SALARY OR RATE \$ 12,443		
18. REMARKS FROM: DDP/FE/PMI/ [redacted] /3977 Subject is being assigned to the [redacted] NTE: [redacted] and training for overseas assignment.								
19. [redacted]				DATE SIGNED 10 OCT 1967		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER [redacted]		
						DATE SIGNED 3. Oct 67		
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL								
20. ACTION CODE	21. EMPLOY CODE	22. OFFICE CODES PHONETIC ALPHABETIC	23. STATION CODE	24. PAYROLL CODE	25. POSITION CODE	26. DATE OF BIRTH	27. DATE OF GRADE	28. DATE OF LEI
90	103	LS497 FE	25013					
29. MIL. REFERENCE	30. SPECIAL REFERENCE	31. RESERVATION DATA CODE	32. COLLECTION (REGISTRATION) DATA	33. SECURITY REG NO.	34. SER.	FOD- DATA →		
35. NET PREFERENCE	36. SLEP (COMP. DATA)	37. CODE (COMP. DATA)	38. (A) (B) (C) (D) (E) (F) (G) (H) (I) (J) (K) (L) (M) (N) (O) (P) (Q) (R) (S) (T) (U) (V) (W) (X) (Y) (Z)	39. FICL. HEALTH INSURANCE	40. SOCIAL SECURITY NO.			
41. PHYSICAL FITNESS GOVERNMENT SERVICE	42. LEARN. LANG. CODE	43. REGIONAL TAX DATA	44. STAFF TAX DATA					
45. POSITION CONTROL INFORMATION				46. O.P. APPROVAL		DATE APPROVED		

1152

SECRET

CLASSIFIED FROM PERSONNEL INFORMATION BY [redacted]

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION

DATE PREPARED

13 May 1967

1. SERIAL NUMBER
017974

2. NAME (Last-First-Middle)

FOX, Jerome

3. NATURE OF PERSONNEL ACTION

Reassignment

4. EFFECTIVE DATE REQUESTED

MONTH: 05, DAY: 21, YEAR: 67

5. CATEGORY OF EMPLOYMENT

Regular

6. FUNDS

X

V TO V

V TO O

O TO V

O TO O

7. COST CENTER NO. CHARGEABLE

7237-1385

8. LEGAL AUTHORITY (Completed by Office of Personnel)

9. ORGANIZATIONAL DESIGNATIONS

DDP/FE

10. LOCATION OF OFFICIAL STATION

Washington, D.C.

11. POSITION TITLE

Ops Officer

D-12

12. POSITION NUMBER

3877

13. CAREER SERVICE DESIGNATION

D

14. CLASSIFICATION SCHEDULE (GS, LB, etc.)

GS

15. OCCUPATIONAL SERIES

0136.01

16. GRADE AND STEP

12 5

17. SALARY OR RATE

\$ 12,443

18. REMARKS

FROM:

10A.

DATE SIGNED

5/15/67

10B. SIGNATURE OF CAREER SERVICE

10C.

DATE SIGNED

5/18/67

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODES		22. STATION CODE	23. INTERFERE CODE	24. HOURS CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LSI	
37	10	NUMERIC: 43740	ALPHABETIC: E	75012		1	MO: , DA: , YR:	MO: , DA: , YR:	MO: , DA: , YR:	
28. WTE CAPABLE	29. SPECIAL REFERENCE	30. RETIREMENT DATA		31. SEPARATION DATA CODE	32. CORRECTION CANCELLATION DATA		33. SECURITY REQ. NO.			
MO: , DA: , YR:		1-CX 3-FEA 5-NORS	CODE:		FORM: , MO: , DA: , YR:	EOD DATA				
35. VET PREFERENCE	36. SERV COMP DATE	37. LONG COMP DATE	38. CAREER CATEGORY	39. FLIGHT HEALTH INSURANCE	40. SOCIAL SECURITY NO.					
CODE: 1-1-PT 2-10-PT	MO: , DA: , YR:	MO: , DA: , YR:	CODE:	CODE: , CODE: , CODE:						
41. FEDERAL GOVERNMENT SERVICE DATA			42. LEAVE (LT) CODE	43. FEDERAL DATA		44. STATE TAX DATA				
CODE: 1-NO FEDERAL SERVICE 2-NO FEDERAL SERVICE (MORE THAN 3 YEARS) 3-STATE OR SERVICE (MORE THAN 3 YEARS)				FORM EXECUTED: 1-FS, 2-AD	CODE: , MO: , DA: , YR:	FORM EXECUTED: 1-FS, 2-ES	CODE: , MO: , DA: , YR:			
45. POSITION CONTROL CERTIFICATION				46. O.P. APPROVAL			47. DATE APPROVED			
							05/16/67			

FORM 1152 USE PREVIOUS EDITION

SECRET

SECRET
RELEASABLE FROM AUTOMATIC DECLASSIFICATION

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED				
1 SERIAL NUMBER 017974				2 NAME (Last-First-Middle) FOX, Jerome				
3 NATURE OF PERSONNEL ACTION Reassignment and Transfer to Vouchered Funds				4 EFFECTIVE DATE REQUESTED MONTH: 11 DAY: 20 YEAR: 66		5 CATEGORY OF EMPLOYMENT Regular		
6 FUNDS V TO V C TO V		V TO C C TO C		7 FINANCIAL ANALYSIS NO. CHARGEABLE 7237-1385		8 LEGAL AUTHORITY (Complied by Off. of Personnel)		
9 ORGANIZATIONAL DESIGNATIONS DDP/FE				10 LOCATION OF OFFICIAL STATION Washington, D.C.				
11 POSITION TITLE Ops Officer		12 POSITION NUMBER D-12 4025		13 CAREER SERVICE DESIGNATION D				
14 CLASSIFICATION SCHEDULE (GS, LB, etc.) GS		15 OCCUPATIONAL SERIES 0136.01		16 GRADE AND STEP 12 5		17 SALARY OR RATE \$ 12,443		
18 REMARKS FROM: [Redacted] Subject: occupying a vacant slot. Security Agency Standard of Ops. SGT/AS 10/26/66 See 11/3/66								
19 [Redacted]				DATE SIGNED 10/31/66		18B SIGNATURE OF CAREER SERVICE APPROVING OFFICER [Redacted]		
DATE SIGNED 11/3/66				DATE SIGNED 11/3/66				
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL								
24 ACTION CODE	25 EMPLOY CODE	21 OFFICE CODING NUMERIC ALPHABETIC	22 STATION CODE	23 EMPLOYEE CODE	24 HOURS CODE	25 DATE OF BIRTH	26 DATE OF GRADE	27 DATE OF LEI
16	10	45148 FE	25013		1			
28 NET Earnings	29 SPECIAL REFERENCE	30 RETIREMENT DATA	31 SEPARATION DATA CODE	32 CORRECTION/CANCELLATION DATA	EOD DATA			33 SECURITY REG. NO.
35 NET PREFERENCE	36 SER. COMP. DATE	37 LOVS COMP. DATE	38 CAREER CATEGORY	39 FERR. HEALTH INSURANCE	40 SOCIAL SECURITY NO.			
41 PREVIOUS CIVILIAN GOVERNMENT SERVICE	42 LEAVE CAT. CODE	43 FEDERAL SER. DATA	44 STATE SER. DATA	45 STATE SER. DATE				
43 POSITION CONTROL DESIGNATION 11-03-66N				46 O.P. APPROVAL		DATE APPROVED 11-3-66		

FORM 1152 USE PREVIOUS EDITION

SECRET

EXEMPT FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

(10)

SECRET
(When Filled In)

F23

REQUEST FOR PERSONNEL ACTION		DATE PREPARED 8 Sept 66	
1 SERIAL NUMBER 017974	2 NAME (Last-First-Middle) FOX, JEROME		
3 NATURE OF PERSONNEL ACTION DESIGNATION AS A PARTICIPANT IN THE CIA RETIREMENT AND DISABILITY SYSTEM		4 EFFECTIVE DATE REQUESTED MONTH: 09 DAY: 25 YEAR: 66	5 CATEGORY OF EMPLOYMENT REGULAR
6 PAY TO V TO V C TO V	V TO U C TO U	7 FINANCIAL ANALYSIS NO CHARGEABLE 7137-1487	8 LEGAL AUTHORITY (Completed by Office of Personnel) PL 88-643 Sect. 203
9 ORGANIZATIONAL DESIGNATIONS		10 LOCATION OF OFFICIAL STATION DAIGON SOUTH VIET NAM	
11 POSITION TITLE		12 POSITION NUMBER	13 CAREER SERVICE DESIGNATION D
14 CLASSIFICATION SCHEDULE (GS, LB, FE, ...)	15 OCCUPATIONAL SERIES	16 GRADE AND STEP 12	17 SALARY OR RATE
18 REMARKS EMPLOYEE WILL RECEIVE NOTIFICATION FROM THE DIRECTOR OF PERSONNEL OF THIS DESIGNATION AND RIGHT OF APPEAL TO THE DIRECTOR OF CENTRAL INTELLIGENCE			
18A SIGNATURE OF REQUESTING OFFICIAL		DATE SIGNED	18B SIGNATURE OF CAREER SERVICE APPROVING OFFICER
			DATE SIGNED
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
19 ACTION CODE	20 EMPLOY CODE	21 OFFICE CODING NUMERIC ALPHABETIC	22 STATION CODE
23 NTE EXPRES MO DA YR	24 SPECIAL REFERENCE	25 RETIREMENT DATA 1-CR 2-1224 3-2021	26 SEPARATION DATA CODE
27 DATE OF BIRTH MO DA YR	28 DATE OF GRADE MO DA YR	29 DATE OF LAST PAY MO DA YR	30 SECURITY #10 NO
31 VET PROBLEMS CODE 0-NO PROBLEMS 1-5 YR 2-10 YR	32 SERV COMP DATE MO DA YR	33 LONG COMP DATE MO DA YR	34 CAREER CATEGORY CODE 0-NO PROBLEM 1-5 YR 2-10 YR
35 PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0-NO PREVIOUS SERVICE 1-NO OTHER IN SERVICE 2-OTHER IN SERVICE (LESS THAN 3 YEARS) 3-OTHER IN SERVICE (MORE THAN 3 YEARS)	36 LEAVE CAT CODE	37 REGULAR PAY DATA FORM EXECUTED CODE NO PAY EXEMPTIONS	38 SOCIAL SECURITY NO
39 POSITION CONTROL CERTIFICATION	40 CP APPROVAL See memo signed by D/Pers dated 2/19/66	41 STATE TAX DATA FORM EXECUTED CODE NO PAY EXEMPTIONS	42 DATE APPROVED

FORM 1152 USE PREVIOUS EDITION
SEP 66

SECRET

GROUP 1
EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

SECRET

REQUEST FOR PERSONNEL ACTION

DATE PREPARED
3 November 1964

1. NUMBER
17974
2. NAME - Last, First, Middle
FOX, JEROME

3. NATURE OF PERSONNEL ACTION
REASSIGNMENT
4. EFFECTIVE DATE REQUESTED
MONTH: 12, DAY: 16, YEAR: 64
5. CATEGORY OF EMPLOYMENT
REGULAR
6. FUNDS
V TO V, V TO O, O TO V, O TO O
7. COST CENTER NO. CHARGE
5137-1487
8. LEGAL AUTHORITY (Completed by Office of Personnel)

9. ORGANIZATIONAL DESIGNATIONS
DDP/FE
FE/VBC - SAIGON STATION
OPERATIONS CENTER INTERNAL OPS BRANCH
100 CAPITAL OPS SECTION
10. LOCATION OF OFFICIAL STATION
SAIGON, VIETNAM

11. POSITION TITLE
OPS OFFICER
12. POSITION NUMBER
4608
13. CAREER SERVICE DESIGNATION
D

14. CLASSIFICATION SCHEDULE (GS, EA, etc.)
GS
15. OCCUPATIONAL SERIES
0136.01
16. GRADE AND STEP
12 4
17. SALARY OR RATE
\$ 11,315

18. REMARKS
Subject to Medical Approval.
FROM: DDP/FE
FE/ESV COMP [unclear] 27F
ONE COPY TO SECURITY
ONE COPY TO CF PAYROLL
FOR FURTHER INFORMATION CALL X5459
RECEIVED BY
CSFO
ik

19A. SIGNATURE OF REQUESTING OFFICIAL
19B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER
DATE SIGNED: 11/10/64
DATE SIGNED: 11-10-64

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL
20. ACTION CODE
21. EMPLOY CODE
22. STATION CODE
23. INITIALS CODE
24. NUMBER CODE
25. DATE OF BIRTH
26. DATE OF GRADE
27. DATE OF LSI
28. AFE CODES
29. SOCIAL SECURITY NO.
30. RETIREMENT DATA
31. SEPARATION DATA
32. CORRECTION/CANCELLATION DATA
33. SECURITY CODE NO.
34. SIP
35. VET PREFERENCE
36. VET COMP DATA
37. LONG LEAVE DATA
38. CAREER CATEGORY
39. FEGLI HEALTH INSURANCE
40. SOCIAL SECURITY NO.
41. PRIVACY GOVERNMENT SERVICE DATA
42. LEAVE CAT
43. FEDERAL TAX DATA
44. STATE TAX DATA
45. POSITION CONTROL INFORMATION
46. OF APPROVAL
DATE APPROVED: 11-10-64

NM 1152 USE PREVIOUS EDITIONS

SECRET

11/10/64

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION

DATE PREPARED

17 September 1964

1. SERIAL NUMBER 017974	2. NAME (Last-First-Middle) FOX, Jerome,
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3. NATURE OF PERSONNEL ACTION	4. EFFECTIVE DATE REQUESTED MONTH: 9 DAY: 18 YEAR: 64	5. CATEGORY OF EMPLOYMENT Regular
6. PURPOSE V TO V O TO V O TO O	7. COST CENTER NO. CHARGE 5137-1392	8. LEGAL AUTHORITY (Completed by Office of Personnel)

9. ORGANIZATIONAL DESIGNATIONS DDP/FE 25/CS Development Complement	10. LOCATION OF OFFICIAL STATION Washington, D. C.
--	--

11. POSITION TITLE Ops Off	12. POSITION NUMBER 9997	13. CAREER SERVICE DESIGNATION D
--------------------------------------	------------------------------------	--

14. CLASSIFICATION SCHEDULE (G.S. F.P. No.) FSR GS	15. OCCUPATIONAL SERIES 0136.01	16. GRADE AND STEP 5 2 12 4	17. SALARY OR RATE \$10,290 \$11,315
--	---	---	--

18. REMARKS
All sick and All hours annual leave to be transferred

MARITAL STATUS: Married

Training

19. SIGNATURE OF REQUESTING OFFICER	20. SIGNATURE OF CAREER SERVICE APPROVING OFFICER	DATE SIGNED
-------------------------------------	---	-------------

EXCLUSIVE USE OF THE OFFICE OF PERSONNEL										
21. ACTION CODE 55 13	22. EMPLOY CODE 13	23. OFFICE CODING PHONETIC: 113497 ALPHABETIC: FE	24. STATION CODE 75012	25. INTEREST CODE	26. ROUTES CODE	27. DATE OF BIRTH	28. DATE OF GRADE	29. DATE OF US	30. SECURITY	31. SER
32. WFL EMPLOY	33. SPECIAL REFERENCE	34. SEPARATION DATA	35. SEPARATION DATA CODE	36. CORRECTION/REINTEGRATION DATA	37. SOCIAL SECURITY NO.	38. HEALTH INSURANCE	39. HEALTH INS. CODE	40. SOCIAL SECURITY NO.	41. PERIODS OF GOVERNMENT SERVICE DATA	42. STATE TAX DATA
43. POSITION CONTROL RESTRICTIONS	44. APPROVAL	45. DATE APPROVED	46. APPROVAL	47. DATE APPROVED	48. APPROVAL	49. DATE APPROVED	50. APPROVAL	51. DATE APPROVED	52. APPROVAL	53. DATE APPROVED

27

SECRET

ENCLOSURE

SECRET
(If Not Filled In)

REQUEST FOR PERSONNEL ACTION

DATE PREPARED
3 September 1964

1 SERIAL NUMBER
017974

2 NAME (Last-First-Middle)
FOX, JEINOME

3 NATURE OF PERSONNEL ACTION
REASSIGNMENT AND TRANSFER TO CONFIDENTIAL FUNDS

4 EFFECTIVE DATE REQUESTED
MONTH: 9 DAY: 13 YEAR: 64

5 CATEGORY OF EMPLOYMENT
REGULAR

6 FUNDS
V T U V
O T O V

7 COST CENTER NO. CHARGEABLE
5137-1392

8 LEGAL AUTHORITY (Completed by Office of Personnel)

9 ORGANIZATIONAL DESIGNATIONS
DDP/FE *cs/cs*
DEVELOPMENT COMPLEMENT

10 LOCATION OF OFFICIAL STATION
WASHINGTON, D.C.

11 POSITION TITLE
OPS OFFICER

12 POSITION NUMBER
9997

13 CAREER SERVICE DESIGNATION
D

14 CLASSIFICATION SCHEDULE (GS, F, N, etc.)
GS

15 OCCUPATIONAL SERIES
0136.01

16 GRADE AND STEP
12 @ 4

17 SALARY OR RATE
\$10,960 *11,315*

18 REMARKS
FROM: DDP/FE
FE/VNC - VIETNAM, CAMBODIA - *Long*
NORTH VIETNAM SECTION
Security Approval Granted by Pers. SD/CS 9/19/64
by 9/11/64

ONE COPY TO SECURITY
ONE COPY TO VOUCHERED PAYROLL

Recorded by
COFF
[Signature]

FOR FURTHER INFORMATION CALL 55459

18A SIGNATURE OF REQUESTING OFFICIAL
DATE SIGNED
[Signature] 9/11/64

18B SIGNATURE OF CAREER SERVICE APPROVING OFFICER
DATE SIGNED
9-11-64

OFFICE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19 ACTION CODE 20 EMP. CODE 21 OFFICE CODING 22 STATION CODE 23 INTEGREE CODE 24 HOOBY CODE 25 DATE OF BIRTH 26 DATE OF GRADE 27 DATE OF LEI	28 ALL EXPIRES 29 SPECIAL REFERENCE 30 RETIREMENT DATA 31 SEPARATION DATA CODE 32 EXERCISE TYPE 33 SECURITY REG NO 34 SER.	35 VET. PREFERENCE 36 SERV. COMP. DATE 37 LONG. COMP. DATE 38 CAREER CATEGORY 39 LEGAL HEALTH INSURANCE 40 SOCIAL SECURITY NO.	41 PREVIOUS GOVERNMENT SERVICE DATA 42 SERVE CAT. CODE 43 FEDERAL TAX DATA 44 STATE TAX DATA	45 POSITION CONTROL CERTIFICATION 46 O.P. APPROVAL DATE APPROVED 9-11-64
--	--	---	---	---

21
F

SUBJECT: Letter of Commendation

TO: COLONEL FRUO DEWITT
Commander, Det #4 (PACATIC)
1125th USAF Field Activities
(ATIC) APO 94

1. The successful outcome of the Aerospace Technical Intelligence Course conducted at Nichols Air Base, Pasay City, has been due to the indefatigable efforts exerted by the training team of your unit from 12 to 23 June 1961.

2. During that brief period your team displayed professional competence and mastery of the subject. They successfully imparted to the students vital data on the procedural aspects of gathering aerospace technical intelligence. Their extensive use of training films further enhanced the student's learning process and the practical training they gave in intelligence photography will go a long way in helping USAF personnel assimilate important technical aspects. They are, indeed, a credit to your organization.

3. It is, therefore, with great pleasure that I commend the following members of your team for the valuable services they rendered to the Philippine Air Force:

1LT COL ROBERT O. TACKERMAN 32042A
MAJOR ROBERT A. TOLBERT 28160A
MAJOR JONATHAN R. OWEN 16710A
CAPT RICHARD L. HAYES 40-2212014
DR. JAMES R. JOY
17SGT CHARLES R. MILLER AF-103769X0

4. It is requested that a copy of this commendation form be placed in each individual's military personnel record.

JAMES A. VICTORIA
Colonel, USAF
Attending Officer

20 JUN 1961
1125th USAF Field Activities
APO 94

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION

DATE PREPARED
9 MARCH 1963

1. SERIAL NUMBER: 017974
2. NAME (Last-First-Middle): FOX, JEROME

3. NATURE OF PERSONNEL ACTION: REASSIGNMENT And change of service designation
4. EFFECTIVE DATE REQUESTED: 04 MAY 63
5. CATEGORY OF EMPLOYMENT: REGULAR

6. FUNDS: XX V TO V V TO CP CP TO V CP TO CP
7. COST CENTER NO. CHARGEABLE: 3237-1250-1000
8. LEGAL AUTHORITY (Completed by Office of Personnel):

9. ORGANIZATIONAL DESIGNATIONS: LDP/FE FE/VCL - VIETNAM - CAMBODIA - LAOS VIETNAM OPERATIONS SECTION VI/CI OPERATIONS UNIT
10. LOCATION OF OFFICIAL STATION: WASHINGTON, D. C.

11. POSITION TITLE: OPS OFFICER
12. POSITION NUMBER: 2608
13. CAREER SERVICE DESIGNATION: D

14. CLASSIFICATION SCHEDULE (GS, LB, etc.): GS
15. OCCUPATIONAL SERIES: 0136.01
16. GRADE AND STEP: 12 XE
17. SALARY OR RATE: \$9790

18. REMARKS: FROM: DDI/OMR OFFICE OF THE ASSISTANT DIRECTOR ANALYSIS BRANCH/1564
ONE COPY TO SECURITY
Recorded by CSPD
CONCUR: [Signature] 12 Apr 63
CONCUR: [Signature] 13 Apr 63
FOR FURTHER INFORMATION CALL PAT X5459

19. SIGNATURE OF CAREER SERVICE APPROVING: [Signature]
DATE SIGNED: 18 Apr 63

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL
21. OFFICE CODE: 37 10
22. STRAIGHT CODE: 50160
23. ALPHABETIC CODE: FE
24. VCL/CI CODE: 15413
25. DATE OF ENTRY: 1
26. DATE OF SEPARATION: [Blank]
27. DATE OF LEI: [Blank]
28. SPECIAL REFERENCE: [Blank]
29. REQUIREMENT DATA: [Blank]
30. SEPARATION DATA CODE: [Blank]
31. CORRECTION/CANCELLATION DATA: [Blank]
32. SECURITY REG. NO.: [Blank]
33. SEE: [Blank]
34. NET DIFFERENCE: [Blank]
35. SENR. COMP. DATE: [Blank]
36. LMS. COMP. DATE: [Blank]
37. LAWYER CATEGORY: [Blank]
38. SOCIAL SECURITY NO.: [Blank]
39. PREVIOUS EMPLOYMENT SERVICE DATA: [Blank]
40. MILITARY SER. CODE: [Blank]
41. FEDERAL PAY DATA: [Blank]
42. STATE PAY DATA: [Blank]
43. POSITION CONTROL CERTIFICATION: [Blank]
44. O.P. APPROVAL: [Signature]
DATE APPROVED: [Blank]

FORM 1152 (Rev. 1-1962)

SECRET

GROUP 1
EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

8 Mar 1963

MEMORANDUM FOR: CINFO/branch C

**SUBJECT: Mr. Jerome Fox, Request for Reassignment from
DDI/OSR to FE/VCL**

1. The FE Division requests that arrangements be made with the DDI/OSR for the reassignment of Mr. Jerome Fox, GS-12, to the VCL Branch to work on the recently approved North Vietnam program. The Vietnam Desk of VCL has a requirement for an officer to devote full time to the collection, collation and evaluation of material available on North Vietnam. This material, once assembled, will be used as a basis for both paramilitary and psychological warfare operations to be mounted against North Vietnam. It is felt that Mr. Fox is particularly qualified for this assignment with his excellent background as a research officer and the experience gained on his Far East assignment in 1959-62. The knowledge he gained at that time of covert operations in relation to his DDI responsibilities will be helpful to him in the work envisioned for him in FE/VCL. Mr. Fox has traveled in Southeast Asia and also dealt with North Vietnam as an operational target during his military service 1952-54.

2. It is our understanding that Mr. Fox is available for reassignment. He has been interviewed by Division officers who feel his assignment would satisfy an important requirement on this priority program. It is requested that his assignment to FE/VCL, without a change in Service Designation, be arranged with DDI for approximately one year. At the end of that time, based on a review of Mr. Fox's capabilities and interest in relation to a permanent DEP assignment, the possibilities of a change of service designation would be explored.

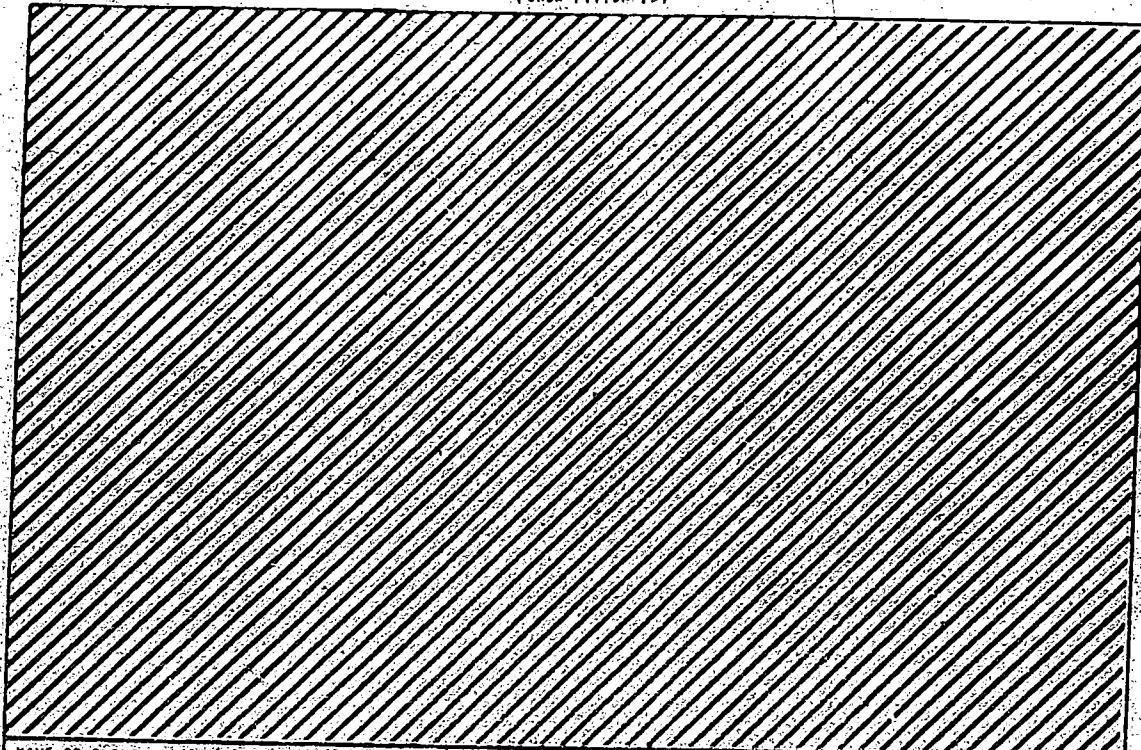
[Redacted Signature Box]
Acting Chief, Far East Division

Approved by C/PNC
R. S. Shroy, Secy/PNC
15 MAR 1963

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED	
1. SERIAL NUMBER		2. NAME (Last-First-Middle)				23 November 1962	
017974		FOX, Jerome ✓					
3. NATURE OF PERSONNEL ACTION Reassignment and Transfer to Vouchered Funds				4. EFFECTIVE DATE REQUESTED		5. CATEGORY OF EMPLOYMENT	
				MONTH DAY YEAR 11 23 62		Regular	
6. FUNDS		7. COST CENTER NO. CHARGEABLE		8. LEGAL AUTHORITY (Completed by Office of Personnel)			
V TO V CF TO V XX		V TO CF CF TO CF		3257-1019-6000			
9. ORGANIZATIONAL DESIGNATIONS				10. LOCATION OF OFFICIAL STATION			
DDI/RR Office of the Assistant Director Analysis Branch				Washington, D. C.			
11. POSITION TITLE				12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION	
I.O. (Factory Markers)				1564		IR	
14. CLASSIFICATION SCHEDULE (GS, LD, etc.)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE	
GS		139C-08 0132-00		12 2		9,700	
18. REMARKS							
Attached are: Form W-4, Employee's Withholding Exemption Certificate Form D-4-A, Certificate of Non-Residence in the District of Columbia Form Va.-4, Virginia Employee's Withholding Exemption Certificate. Copies to: Payroll Security							
SIGNATURE OF REQUESTING OFFICIAL				DATE SIGNED		SIGNATURE OF CAREER SERVICE APPROVING OFFICER	
[Signature]				23 Nov. 62		[Signature]	
SE/EM/RR				23 Nov. 62		AD/RR	
DATE SIGNED				DATE SIGNED		DATE SIGNED	
23 Nov. 62				23 Nov. 62		17 DEC 1962	
SPACES BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
19. PAY CODE		20. STATION CODE		21. EMPLOYEE CODE		22. MOBILE CODE	
10		750-13		1			
23. MILITARY SERVICE		24. RETIREMENT DATA		25. SEPARATION DATA		26. CORRECTION/CANCELLATION DATA	
		1 - CSF 2 - FICA 3 - NONE				EOD DATA	
27. NET PREFERENCE		28. SECT. COMP. DATE		29. EXEMPT. CATEGORY		30. FEEDBACK/INSURANCE	
31. FEDERAL GOVERNMENT SERVICE DATA		32. FEDERAL TAX DATA		33. STATE TAX DATA		34. SOCIAL SECURITY NO.	
- NO PREVIOUS SERVICE - NO SERVICE IN SERVICE - Began in service (list year) (YES) - Began in service (month year) (YES)		FEDERAL TAX DATA 1 - YES 2 - NO		STATE TAX DATA 1 - YES 2 - NO			
35. POSITION CONTROL CERTIFICATION				36. G.P. AP		DATE APPROVED	
18 Nov 62						Dec 62	

SECRET
(When Filled In)



NAME OF EMPLOYEE (Last-First-Middle) <i>Rich, Jerome</i>	NAME AND RELATIONSHIP OF DEPENDENT	CLAIM NUMBER <i>1-2-503</i>
---	------------------------------------	--------------------------------

There is on file in the Benefits and Counseling Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent*) for an illness, injury, or death incurred on 1-11-62.

This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.

DATE OF NOTICE • 2 JUL 1962	
--------------------------------	--

NOTICE OF OFFICIAL DISABILITY CLAIM FILE

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED	
1. SERIAL NUMBER 517974						2. NAME (Last-First-Middle) FOX, Jerome	
3. NATURE OF PERSONNEL ACTION Promotion				4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 3 14 66		5. CATEGORY OF EMPLOYMENT Regular	
6. FUNDS		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE 1137-7000-6135	
		CF TO V		X		8. LEGAL AUTHORITY (Completed by Office of Personnel)	
9. ORGANIZATIONAL DESIGNATIONS Office of DDI Strategic Intelligence Staff				10. LOCATION OF OFFICIAL STATION Tokyo, Japan			
11. POSITION TITLE				12. POSITION NUMBER 1-96		13A. PCM CONTROL NO.	13. CAREER SERVICE DESIGNATION IR
14. CLASSIFICATION SCHEDULE (OS, LD, FIG.) OS		15. OCCUPATIONAL SERIES 1390.06		16. GRADE AND STEP 12 1		17. SALARY OR RATE 8955	
18. REMARKS FROM: Same as above Approved by DDI - per attached memo							
19A. SIGNATURE OF REQUESTING OFFICIAL <i>Robert D. Cashman</i> ROBERT D. CASHMAN, CPE PERSONNEL				19B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
20. ACTION CODE		21. OFFICE CODE		22. POSITION CODE		23. DATE OF ACTION	
22 19		13555		021		3/14/66	
24. SPECIAL REFERENCE		25. ALL BIRTH DATA		26. EDUCATIONAL ATTACHMENT DATA		27. DATA	
						FOR DATA	
28. MILITARY SERVICE DATA		29. MILITARY DATA		30. MILITARY DATA		31. MILITARY DATA	
32. POSITION CONTROL CERTIFICATION				33. [Signature]			

FORM 1152

SECRET

101

SECRET

23 FEB 1961

MEMORANDUM FOR: Director of Personnel

THROUGH: Chief, FS, DD/P

THROUGH: Assistant to the DD/I (Administration) *W.S.*

SUBJECT: FOX, Jerome -- Promotion

1. It is requested that Mr. Jerome Fox be promoted from GS-11 to GS-12. Mr. Fox is currently assigned to Tokyo on the DD/I Foreign Field Annex. He entered the zone of consideration for promotion in October of 1958.

2. Mr. Fox was assigned to Tokyo in July of 1959 to serve as the [redacted] Officer. He has displayed expertise and professional competence in the markings field, functioning in an outstanding manner as the authoritative focal point for the program in the North Asian area. This request for promotion was initiated by the [redacted] and favorably endorsed by [redacted]. The Chief of the [redacted] ORR, who recently returned from a visit [redacted] personally observed Mr. Fox's effective working relationships with U.S. officials and Foreign Liaison in Tokyo [redacted]. Mr. Fox has demonstrated high devotion to duty and displayed a high degree of initiative and self-reliance.

3. Upon completion of Mr. Fox's [redacted] he will return to the ORR Departmental Staffing Complement in a position commensurate with the grade to which promotion is recommended.

SECRET


SUBJECT: FOX, Jerome -- Promotion

4. It is requested that FE/DD/P initiate the appropriate request for personnel action and that processing of this promotion action be accomplished as soon as possible. It is also requested that a copy of the 1150 be forwarded to this Office.

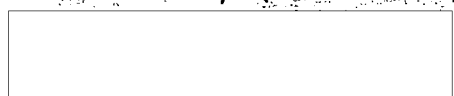
FOR THE ASSISTANT DIRECTOR, GPR:


PAUL H. HILDEBRAND
Chief, Administrative Staff

CONCURRENCES:


Assistant to the DD/I (Administration)

3/1/61
Date


Chief, FE Division

3/1/61
Date

SECRET

(When Filled In)

DATE PREPARED		REQUEST FOR PERSONNEL ACTION				V to V		V to UV					
Mo	Da					Yr	UV to V		UV to UV				
1. Serial No.		2. Name (Last-First-Middle)			3. Date of Birth		4. Ver. Prof.		5. Sec		6. CS - LOD		
		FOX, JEROME			Mo Da Yr		None-0 10. P-1 10. P-2		11. M 1		Mo Da Yr		
7. SCD		8. CSC Reinst.			9. CSC Or Other Legal Authority			10. Appr. Method		11. FEGLI		12. LCU	
Mo Da Yr		Yes-1 No-2			Mo Da Yr			Yes-1 No-2		Mo Da Yr		13. MIL. SERV. CREDIT LCU Yes-1 No-2	

PREVIOUS ASSIGNMENT

14. Organizational Designations				Code		15. Location Of Official Station				Station Code	
DDI OPR						Wash., D.C.					
16. Dept. Field		17. Position Title				18. Position No.		19. Serv.		20. Occup. Series	
DDI Field		Identification Spec.				S23-01		CS		1390-06	
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade		25. PSI Due		26. Appraisal Number	
11-2		7,270		TR		Mo Da Yr 10 20 57		Mo Da Yr 10 16 60		9 5700 20	

ACTION

27. Nature Of Action		Code		28. Eff. Date		29. Type Of Employee		Code		30. Separation Date	
Reassignment to Capital Quarters		01		Mo Da Yr 07 26 59		Regular		01			

PRESENT ASSIGNMENT

31. Organizational Designations				Code		32. Location Of Official Station				Station Code	
OFFICE OF DDI INT-STAFF Strategic Intelligence Staff				1825		Tokyo, Japan				37527	
33. Dept. Field		34. Position Title				35. Position No.		36. Serv.		37. Occup. Series	
DDI Field		I.O. Factory Mark				E-96					
38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grade		42. PSI Due		43. Appraisal	
11-2		7,270				Mo Da Yr 10 20 57		Mo Da Yr 10 16 60		7510-401 11	

SOURCE OF REQUEST

A. Requester		B. Request Approved By (Signature And Title)	
18257		Robert D. Canham, Chief/Personnel	

CLEARANCES

A. Current Status		B. Previous	
C. Classification		D. Approval Date	
2 copies Security		Please transfer from (if rendered to unwelcome) unit on 26 July 1959.	
Subject to replace		Who is returning to 31 Sept. 1959.	

SECRET

Checklist According To Standard.

REQUEST FOR PERSONNEL ACTION												VOUCHERED			
1. Serial No.		2. Name (Last-First-Middle) Fox Jerome				3. Date Of Birth Mo Do Yr			4. Vac. Pref. None-0 Code Pr-1 QR-2 1		5. Sex M		6. CS - LOD Mo Do Yr		
7. SCD Mo Da Yr		8. CSC Retire Yes-1 Code No-2		9. CSC Or Other Legal Authority				10. Appt. Affidav Mo Do Yr		11. FEGLI Yes-1 Code No-2		12. LCD Mo Do Yr		13. Sick Leave Yes-1 Code No-2	

PREVIOUS ASSIGNMENT

14. Organizational Designations DDI/Office of Research & Reports				Code		15. Location Of Official Station Washington, D.C.				Section Code	
16. Dept. Field Dept. X Code Valid Frag.		17. Position Title Identification Specialist				18. Position No. 923.01		19. Serv. OS		20. Occup. Series 1370.06	
21. Grade & Step 9-2		22. Salary Or Rate \$ 5575.		23. SD IR		24. Date Of Grate Mo Do Yr		25. PSI Due Mo Do Yr		26. Appropriation Number 8-5709-20	

ACTION

27. Nature Of Action Promotion		Code		28. Eff. Date Mo Do Yr ACAP		29. Type Of Employee Regular		Code		30. Separation Date	
-----------------------------------	--	------	--	-----------------------------------	--	---------------------------------	--	------	--	---------------------	--

PRESENT ASSIGNMENT

31. Organizational Designations DDI/Office of Research & Reports				Code		32. Location Of Official Station Washington, D.C.				Section Code	
33. Dept. Field Dept. X Code Valid Frag.		34. Position Title Identification Specialist				35. Position No. 923.01		36. Serv. OS		37. Occup. Series 1370.06	
38. Grade & Step 11-1		39. Salary Or Rate \$ 6390.		40. SD IR		41. Date Of Grate Mo Do Yr		42. PSI Due Mo Do Yr		43. Appropriation Number 8-5709-20	
SOURCE OF REQUEST											
A. Requested By (Name And Title) Charles J. P. [Signature] in Call (Name & Telephone Etc.) 2265.442						C. Request Approved By (Signature And Title) [Signature] PAUL H. HILGENDORF Asst. Chief, Administrative Staff, OER					
CLEARANCES											
A. Career Board		Signature		Date		D. Placement		Signature		Date	
B. Pers. Control		Signature		Date		E.		Signature		Date	
C. Classification		Signature		Date		F. Assured By		Signature		Date	

11329

SECRET

CONFIDENTIAL

STANDARD FORM 52
 REQUEST FOR PERSONNEL ACTION

21 JUN 1956
 VOUCHERED

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

1. NAME (Mr., XXXXXX One given name, initials, and surname) JEROME FOX	2. DATE OF BIRTH	3. REQUEST NO.	4. DATE OF REQUEST 12 June 56
5. NATURE OF ACTION REQUESTED A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) Promotion		6. EFFECTIVE DATE A. PROPOSED ASAP	7. C. OR OTHER LEGAL AUTHORITY
8. POSITION (Specify whether establish, change grade or title, etc.)		9. APPROVED	

FROM— Identification Specialist F-925.09 GS-1390.06-07 \$4660 per annum DDI/Office of Research and Reports Office of Chief, Coordination Techniques and Methods Division Analysis and Reports Branch Washington, D.C.	10. POSITION TITLE AND NUMBER	TO— Identification Specialist F-924.09 GS-1390.06-09 \$5440.00 per annum DDI/Office of Research and Reports Office of Chief, Coordination Techniques and Methods Division Analysis and Reports Branch Washington, D.C.	
11. HEADQUARTERS <input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL		12. FIELD OR DEPARTMENTAL <input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL	

13. REMARKS (Use reverse if necessary)
 Complies with CIA Regulation 20-539

14. REQUESTED BY (Name and title) Chief, D/T	15. REQUEST APPROVED BY Signature: PAUL H. HILDEBRAND
16. FOR ADDITIONAL INFORMATION (Date and telephone extension) 2485/666	17. TITLE: Chief, Administrative Staff, GS-11

18. VETERAN PREFERENCE NONE [] WAR [] OTHER [] SPT [] REPORT [] OTHER []	19. POSITION CLASSIFICATION ACTION NEW [] VICE [] A [] REAL []
---	---

20. DATE OF APPOINTMENT AUTHORITY (REGISTRATION, CRR, etc.)	21. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input checked="" type="checkbox"/> PROVED STATE: NY
---	---

22. STANDARD FORM 50 INCREASES

PERIODIC STEP INCREASE 1957 17 Jan 56
 TO SALARY B \$4660

23. CLEARANCE	INITIAL OR SIGNATURE	DATE	REMARKS
24. DATE OF LAST POSITION		25. DATE	
26. CLASSIFICATION			
27. PLACEMENT CODE			

28. []

SECRET
SECURITY INFORMATION

ENTRANCE ON DUTY NOTICE		1. DATE
2. TO: [Redacted]		22 June 1955
3. OFFICE (Division, Branch, Etc.) DDI/CBR		
4. THE PERSON NAMED BELOW MEETS THE STANDARDS FOR EMPLOYMENT WITH THIS AGENCY SUBJECT TO THE TYPE OF CLEARANCE INDICATED IN ITEM NO. 9. THE SIGNED CLEARANCE FROM IAS FOR ENTRANCE ON DUTY HAS BEEN MADE A PART OF THE PERSONNEL FILE OF THIS INDIVIDUAL. HE/SHE IS REPORTING FOR DUTY THIS DATE.		
5. NAME (LAST) (FIRST) (MIDDLE)	6. JOB TITLE AND GRADE	
Fox Jerome	Ident. Spec. GS-7	
7. EFFECTIVE DATE OF ACTION	8. <input checked="" type="checkbox"/> E.O.O. <input type="checkbox"/> REASSIGNMENT OTHER:	9. TYPE CLEARANCE
15 June 1955		Provisional
10. REMARKS: (Include Medical or Other Limitations)		
Subject to BOD, testing, 21 June 1955.		
[Redacted]		

DISTRIBUTION: ORIGINAL AND COPY (WHITE) TO ITEM NO. 3. COPY (PINK) TO PERSONNEL FOLDER.

FORM NO. 37-110 PREVIOUS EDITIONS NOT TO BE USED
20V 1952

SECRET

STANDARD FORM 52
PREVIOUS EDITIONS OF THIS
FORM ARE OBSOLETE
GSA GEN. REG. NO. 27
MAY 1962 EDITION
GSA GEN. REG. NO. 27

REQUEST FOR PERSONNEL ACTION

VOUCHERED 16 FEB 1955

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. DOUGL - One given name, initial(s), and surname) JEROME FOX	2. DATE OF BIRTH	3. REGISTRY NO.	4. DATE OF REQUEST 2 Feb 55
5. NATURE OF ACTION REQUESTED A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) Appointment		6. EFFECTIVE DATE A. PROPOSED ASBP	7. C. S. OR OTHER LEGAL AUTHORITY
B. POLICY (Specify whether establish, change grade or title, etc.)		B. APPROVED:	

Exempt

8. POSITION TITLE AND NUMBER	10. IDENTIFICATION NUMBER
9. SERVICE GRADE AND SALARY	11. ORGANIZATIONAL DESIGNATION
12. HEADQUARTERS	13. FIELD OR DEPARTMENTAL
14. FIELD	15. DEPARTMENTAL

Identification Specialist P-925.00-99
GS-1390.06-07 \$4205.00 per annum
DDI/Office of Research and Reports
Office of Chief, Coordination
Techniques and Methods Division
Analysis and Reports Branch
Washington, D. C.

A. REMARKS (Use reverse if necessary)

Attachments:
 1 Interview Sheet
 2 cys. Report of Medical History
 3 cys. PHS (Appendix I)
 4 cys. of Letter of Commendation
 5 Pictures

16. REQUEST APPROVED BY Signature: <i>Paul H. Hildsgard</i> Title: <i>Executive, OPR</i>	17. VETERAN PREFERENCE
--	------------------------

18. POSITION CLASSIFICATION ACTION NEW <input type="checkbox"/> VOY <input type="checkbox"/> 1st <input type="checkbox"/> REAL <input type="checkbox"/>	19. DATE OF APPOINTMENT 20. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:
--	--

21. STANDARD FORM NO. 52	22. DATE OF REQUEST
--------------------------	---------------------

23. CLASSIFICATION	24. DATE OF SIGNATURE	25. DATE	26. BY
27. DATE OF AGE	28. DATE OF AGE	29. DATE OF AGE	30. DATE OF AGE
31. DATE OF AGE	32. DATE OF AGE	33. DATE OF AGE	34. DATE OF AGE
35. DATE OF AGE	36. DATE OF AGE	37. DATE OF AGE	38. DATE OF AGE

39. DATE OF AGE	40. DATE OF AGE
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CONFIDENTIAL

DATE: JUN 9 1955

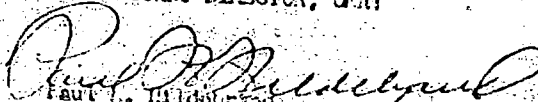
TO : Placement and Utilization Division, Personnel Office

FROM : Assistant Director, ORR

SUBJECT: JEROME FOX

The case of Jerome Fox, ~~has been~~ a
(provisionally) cleared applicant has been thoroughly reviewed
and this Office does guarantee that the position to which he
is to be assigned does fall within the personnel ceiling of
ORR. Therefore, it is requested that the above-named indi-
vidual be brought on duty as soon as possible.

FOR THE ASSISTANT DIRECTOR, ORR:


Paul T. Hildbrand
Chief, Administrative Staff, ORR

CONFIDENTIAL

CONFIDENTIAL

Office Memorandum • UNITED STATES GOVERNMENT

TO : Placement and Utilization Division, O/P

DATE: 21 April 1955

ATTN: [REDACTED]

FROM : Personnel Officer, O/P

SUBJECT: FOX, Jerome - Request for Provisional Clearance

1. It is requested that a Provisional Clearance be granted for Mr. Jerome Fox to allow his entrance on duty at the earliest opportunity.

2. This Office is prepared to assign Mr. Fox to an unclassified project in the Library of Congress for the Techniques and Methods Division. It is the opinion of the Techniques and Methods Division that the material produced by this project will be advantageous to the Division.

St/A/RR
[REDACTED]

Distribution:

- 0 & 1 - Addressee
- 2 - St/A/RR
- 2 - AD/RR

CONFIDENTIAL

SECRET

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP

6 Sept 1974

6215

TC: (Check)	<input checked="" type="checkbox"/> CHIEF, CONTROL DIVISION, OP	EMPLOYEE NUMBER 017974	
	<input type="checkbox"/> CHIEF, CONTRACT PERSONNEL DIVISION, CP		ID CARD NUMBER
	<input checked="" type="checkbox"/> CHIEF, OPERATING COMPONENT (For action) EA		
ATTN:	CHIEF SUPPORT STAFF	OFFICIAL COVER	<input checked="" type="checkbox"/> ESTABLISHED <input checked="" type="checkbox"/> DISCONTINUED
REF:	RETIREMENT	UNIT	
SUBJECT:	FOX, Jerome		

KEEP ON TOP OF FILE WHILE COVER IN EFFECT

ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS	<input checked="" type="checkbox"/>	CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS	<input checked="" type="checkbox"/>
<input type="checkbox"/> BASIC COVER PROVIDED EFFECTIVE DATE		EFFECTIVE DATE: EOD	
<input type="checkbox"/> OPERATIONAL COVER PROVIDED FOR TOY OTHER (Specify)		SUBMIT FORM 3254 TO BE ISSUED. (HR 20-11)	<input checked="" type="checkbox"/>
SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY	<input checked="" type="checkbox"/>	SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY	<input checked="" type="checkbox"/>
SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY	<input checked="" type="checkbox"/>	RETURN ALL DESIGN AND DOCUMENTATION TO CCS	<input checked="" type="checkbox"/>
SUBMIT FORM 3254 TO BE ISSUED.	<input checked="" type="checkbox"/>	SUBMIT FORM 2888 FOR HOSPITALIZATION CARD.	<input checked="" type="checkbox"/>
SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (HR 249-20)		DO NOT WRITE IN THIS BLOCK	
EAA, CATEGORY I		REMA	
SUBMIT FORM 2888 FOR HOSPITALIZATION CARD			
DISTRIBUTION:	<input type="checkbox"/> COPY 1 - TO THE OFFICE <input type="checkbox"/> COPY 2 - OPERATING COMPONENT <input type="checkbox"/> COPY 3 - OPERATING COMPONENT <input type="checkbox"/> COPY 4 - OPERATING COMPONENT <input type="checkbox"/> COPY 5 - OPERATING COMPONENT		

SECRET

FORM 1051

SECRET

**ESTABLISHMENT OR CANCELLATION
OF OFFICIAL COVER BACKSTOP**

FILE NO.

28 Sep 1973

6415

TO: (Check)	<input checked="" type="checkbox"/>	CHIEF, CONTROL DIVISION, OF	SS NUMBER
		CHIEF, CONTRACT PERSONNEL DIVISION, OF	EMPLOYEE NUMBER
	<input checked="" type="checkbox"/>	CHIEF, OPERATING COMPONENT (For action)	ID CARD NUMBER

ATTN: Chief Support Staff
 REF: Form 1322 dated 21 Sep 73
 SUBJECT: FOX, JEROME

OFFICIAL COVER: ESTABLISHED
 DISCONTINUED

UNIT: []
 ZA ~~XXXX~~ MC-102 #25389

KEEP ON TOP OF FILE WHILE COVER IN EFFECT

ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS

CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS

BASIC COVER PROVIDED EFFECTIVE DATE: AUGUST 1959

OPERATIONAL COVER PROVIDED FOR: [] TOY [] OTHER (Specify)

EFFECTIVE DATE:

SUBMIT FORM 3254 [] W-2 TO BE ISSUED. (HR 20-11)

SUBMIT FORM 642 [] IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY 3 (HR 20-7)

SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY [] (HR 20-7)

CAA CATEGORY I [] CATEGORY II []

SUBMIT FORM 325 [] TO BE ISSUED. (HR 20-11)

RETURN ALL OFFICIAL DOCUMENTATION TO CCS

SUBMIT FORM 1322 [] ON ANY CHANGE AFFECTING COVER. (HR 20-20)

SUBMIT FORM 788 [] HOSPITALIZATION CARD

SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (HR 20-20)

CAA CATEGORY I [] CATEGORY II []

SUBMIT FORM 2688 FOR AGE HOSPITALIZATION CARD

REMARKS AND/OR COVER HISTORY:

[]

DO NOT WRITE IN THIS BLOCK

[]

DISTRIBUTION:

1 - []

2 - []

3 - []

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SECRET

NOTIFICATION OF ESTABLISHMENT OF OFFICIAL COVER BACKSTOP		DATE 26 August 1966
TO: (Check)	<input checked="" type="checkbox"/> CHIEF, PERSONNEL OPERATIONS DIVISION	ESTABLISHED FOR FOX, Jerome (NMI)
	<input type="checkbox"/> CHIEF, CONTRACT PERSONNEL DIVISION	
	<input checked="" type="checkbox"/> CHIEF, OPERATING COMPONENT (For action) FE	
ATTN: FE/Security	FILE NO. 6415	
REF: Form 1322 dated 24 August 1966	ID. CARD NO. 8575	
OFFICIAL COVER BACKSTOP ESTABLISHED UBAP Technical Services Group (Prov)	EMPLOYEE NO.	

KEEP ON TOP OF FILE WHILE COVER IN EFFECT

Block Record:
(OPMEMO 20-800-11)

a. Temporarily for _____ days, effective _____

b. Continuing, effective _____ as of August 1959

Submit Form 642 to change limitation category.
(NHB 20-77)

Ascertain that W-2 being issued.
(NHB 20-661.1)

Submit Form 1322 for any change affecting this cover.
(R 240-250)

Submit Form 1323 for transferring cover responsibility.
(R 240-250)

Remarks:

Cover History

[Empty box for Remarks and Cover History]

RCB/ucg

James H. Franklin

DISTRIBUTION: Copy 1-PD; Copy 2-Operating Component; Copy 3-OS D'01; Copy 4-TELSAC; Copy 5-PAD'01; Copy 6-...; Copy 7-...

SECRET

NOTIFICATION OF ESTABLISHMENT OF [REDACTED]		DATE 8 November 1962
TO: (Check) <input checked="" type="checkbox"/>	CHIEF, RECORDS AND SERVICES DIVISION	ESTABLISHED FOR
	CHIEF, OPERATING COMPONENT - ORR	FOX, Jerome
ATTN:	Administrative Staff	FILE NO. K-2303
REF:	Verbal request for cover	ID CARD NO.
MILITARY COVER BACKSTOP ESTABLISHED [REDACTED]		

BLOCK RECORDS:
(OPMEMO 30-800-11)

- a. TEMPORARILY FOR _____ DAYS, EFFECTIVE _____
- b. CONTINUING, EFFECTIVE _____ EOD _____

SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY TO 3.
(HD 30-800-7)

ASCERTAIN THAT W-2 BEING ISSUED.
(HD 30-861-1)

SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER.
(R 340-250)

SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY.
(R 340-250)

REMARKS:

THIS COVER MUST REMAIN
ON TOP OF THE

COPY TO CPO/SA

CGS/DI [REDACTED]

DISTRIBUTION: 1 copy to [REDACTED]

14-00000

"PAY ADJUSTMENT IN ACCORDANCE WITH THE PROVISIONS OF SECTION 5305 OF TITLE 5, U.S.C. AND EXECUTIVE ORDER 11611 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND DCI DIRECTIVE LATEL 08 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 13 OCTOBER 1974

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	NEW SALARY
FOX JEROME	017974	45	997	V GS 13 6	\$29,451

SECRET

1 July 1959

File: K - 2303

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

SUBJECT: Jerome FOX

1. Cover arrangements ~~XXXXXXXXXXXXXXXXXXXX~~ have been completed for the above-named Subject.
2. Effective 15 June 59, it is requested that your records be properly blocked ~~XXXXXXXXXX~~ to deny ~~XXXXXXXXXXXX~~ Subject's current Agency employment to an external inquirer.
3. This memorandum confirms an oral request of 1 July 1959 by Room 1608, "L" Building, Extension 2420.

Harry W. Little, Jr.
HARRY W. LITTLE, JR.
Chief, Central Cover Division

cc: SSB/OS

SECRET

FORM 1580a

14-00001

14-00000

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

EFFECTIVE DATE OF DESIGNATION: 01 MAY 1974.

FOX JEROME

017974

42371374

DLR: 28 MAY 75

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION							
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)					
17774		FOX JEROME					
3. NATURE OF PERSONNEL ACTION - RETIREMENT (DISABILITY) UNDER CIA RETIREMENT AND DISABILITY SYSTEM FROM RSI.				4. EFFECTIVE DATE MO DA YR		5. CATEGORY OF EMPLOYMENT	
				15 14 75		REGULAR	
A. FUNDS		V TO V		V TO CF		7. FAN AND NSCA	
		CF TO V		CF TO CF		8. CSC OR OTHER LEGAL AUTHORITY	
				5237 13 12		1134 PL 85-643 SECT 231	
9. ORGANIZATIONAL DESIGNATIONS				10. LOCATION OF OFFICIAL STATION			
DDO/EA DIVISION DEVELOPMENT COMPLEMENT				WASH., D.C.			
11. POSITION TITLE				12. POSITION NUMBER		13. SERVICE DESIGNATION	
OPS OFFICER				DCOF		DMG	
14. CLASSIFICATION SCHEDULE (GS, TB, etc.)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE	
GS		7136.01		13 6		25051	
18. REMARKS							
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE	
45		4		NUMERIC ALPHABETIC		23. INTEGRAL CODE	
28. NFE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE	
MO DA YR		1 2 3 4 5 6 7 8 9 10 11 12		1 2 3 4 5 6 7 8 9 10 11 12		1 2 3 4 5 6 7 8 9 10 11 12	
35. VET PRESENCE		36. SERV. COMP. DATE		37. LEAVE COMP. DATE		38. CAREER CATEGORY	
CODE		MO DA YR		MO DA YR		1 2 3 4 5 6 7 8 9 10 11 12	
39. PREVIOUS CIVILIAN GOVERNMENT SERVICE				40. LEAVE CAT. 41			
CODE				CODE			
0. NO PREVIOUS SERVICE				42. FEDERAL TAX DATA			
1. NO REAR PAY SERVICE				CODE			
2. REAR IN SERVICE LESS THAN 3 YRS.				CODE			
3. REAR IN SERVICE MORE THAN 3 YRS.				CODE			
SIGNATURE OR OTHER AUTHENTICATION							

PL 85-643
376 MAY 14 75

SECRET

86G: 25 SEPT 74

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION									
1. SERIAL NUMBER 017974		2. NAME (LAST-FIRST MIDDLE) FOX JEROME							
3. NATURE OF PERSONNEL ACTION EXTENDED SICK LEAVE - DISABILITY RETIREMENT NTE: 14 MAY 1975				6. EFFECTIVE DATE MO DA YR 09 06 74		5. CATEGORY OF EMPLOYMENT REGULAR			
4. FUNDS <input checked="" type="checkbox"/> X		V TO V		V TO CF		7. PAN AND NSCA 5237 1392 0000		8. CSC OR OTHER LEGAL AUTHORITY 50 USC 403 J	
CF TO V		CF TO CF		9. ORGANIZATIONAL DESIGNATION DDO/EA DIVISION DEVELOPMENT COMPLEMENT					
10. LOCATION OF OFFICIAL STATION WASH., D.C.						11. POSITION TITLE OPS OFFICER			
12. POSITION NUMBER 9997		13. SERVICE DESIGNATION DMG				14. CLASSIFICATION SCHEDULE (GS, LE, etc.) GS		15. OCCUPATIONAL SERIES 0136.01	
16. GRADE AND STEP 13 6		17. SALARY OR RATE 24122				18. DATES: LWD: 06 SEPTEMBER 1974 OTHER:			
HOME BASE: EA									
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL									
19. ACTION CODE 31	20. EMPLOY CODE 40	21. OFFICE CODING OFFICE SYMBOLIC 45997 EA		22. STATION CODE 75013	23. INTEROFF. CODE	24. MONTHS CODE 1	25. DATE OF BIRTH MO DA YR	26. DATE OF OFFICE MO DA YR	27. DATE OF LET MO DA YR
28. NTE EXPIRES MO DA YR 05 14 75		29. SPECIAL REFERENCE SL	30. EMPLOYMENT DATA CSC OFFICE SYMBOLIC CSC OFFICE SYMBOLIC CSC OFFICE SYMBOLIC		31. SEPARATION DATA CODE	32. Correction/Contingency Data MO DA YR		33. SECURITY REG. NO.	34. SER.
35. VET REFERENCE CODE		36. SERV. COMP. DATE MO DA YR		37. LOYALTY COMP. DATE MO DA YR	38. CAREER CATEGORY C-4 E-11 M-11 M-12		39. FEDERAL HEALTH INSURANCE CODE		40. SOCIAL SECURITY NO.
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE			42. LEAVE CAT. CODE		43. FEDERAL TAX DATA FORM EXECUTED NO. 1-75 NO. 2-75			44. STATE TAX DATA FORM EXECUTED NO. 1-75 NO. 2-75	
SIGNATURE OR OTHER AUTHENTICATION									
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> POSTED <i>9/20/74</i> </div>									

DMS: 10 SEPT 74

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

1 SERIAL NUMBER 17074	2 NAME (LAST FIRST MIDDLE) FOX JEROME	
3 NATURE OF PERSONNEL ACTION REASSIGNMENT		4 EFFECTIVE DATE 15 74
5 CATEGORY OF EMPLOYMENT REGULAR		6 PAN AND NSCA 5237 1300 3001
7 FUNDS	8 CEC OR OTHER LEGAL AUTHORITY 5 USC 433 J	9 ORGANIZATIONAL DESIGNATIONS DDO/EA DIVISION DEVELOPMENT COMPLEMENT
10 LOCATION OF OFFICIAL STATION ASH., D.C.	11 POSITION TITLE OPS OFFICER	12 POSITION NUMBER 3097
13 SERVICE DESIGNATION DNC	14 CLASSIFICATION SCHEDULE (GS, LS, etc.) GS	15 OCCUPATIONAL SERIES 156.01
16 GRADE AND STEP 13 6	17 SALARY OR RATE 29122	18 REMARKS OTHER HOME BASE: EA
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL		
19 ACTION CODE 37	20 (Agency Code) 10	21 OFFICE CODE (NO) 4907 EA
22 STATION CODE 75013	23 INTEGRATE CODE	24 SOCIAL CODE
25 DATE OF BIRTH	26 DATE OF GRADE	27 DATE OF LT
28 HIE EMPRES	29 SPECIAL REFERENCE	30 RETIREMENT DATA
31 SEPARATION DATA CODE	32 Continuation/Continuation Date	33 SECURITY REQ NO
34 VET PREFERENCE	35 SERV COMP DATE	36 LONG COMP DATE
37 CARRIER STATUS	38 LONG TERM INSURANCE	39 SOCIAL SECURITY NO
40 PREVIOUS CIVILIAN GOVERNMENT SERVICE	41 LEAVE CAT CODE	42 FEDERAL TAX DATA
43 STATE TAX DATA	44 STATE TAX DATA	45 STATE TAX DATA
SIGNATURE OR OTHER AUTHENTICATION		
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p>POSTED</p> <p><i>[Signature]</i></p> </div>		

SECRET
(When Filled In)

FORM 22 JAN 74

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER 017574		2. NAME (LAST FIRST MIDDLE) FOX, JEROME	
3. NATURE OF PERSONNEL ACTION REASSIGNMENT			4. EFFECTIVE DATE MO DA '74 01 20 74
5. FUNDS <input checked="" type="checkbox"/> V TO V <input type="checkbox"/> CI TO V		6. CATEGORY OF EMPLOYMENT REGULAR	
7. FAN AND NDCA 4227 1374 0000		8. CSC OR OTHER LEGAL AUTHORITY 50 USC 403	
9. ORGANIZATIONAL DESIGNATIONS DDO/EA DIVISION			10. LOCATION OF OFFICIAL STATION WASH, D.C.
11. POSITION TITLE OPS OFFICER			12. POSITION NUMBER 11408
13. CLASSIFICATION SCHEDULE (GS, IS, OS, 1)		14. GRADE AND STEP	15. SERVICE DESIGNATION D
GS		0136-01	13 6
17. SALARY OR RATE 24122			
18. REMARKS			

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. AGENCY USE ONLY Code	20. EMPLOY CODE	21. CHARGE NUMBER MO DA '74 45020 EA 75013	22. STATION CODE	23. POSTAL CODE	24. GRADE CODE	25. DATE OF BIRTH MO DA 'YY	26. DATE OF GRADE MO DA 'YY	27. DATE OF LEAVE MO DA 'YY	
28. AGENCY USE ONLY MO DA 'YY	29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA CODE	32. COMPENSATION DATA	33. COMPENSATION DATA	34. EGD DATA			
35. (1) PREFERENCE	36. SERV LEAVE DATE	37. LEAVE COMP DATE	38. CARRIER CATEGORY	39. HEIGHT	40. WEIGHT	41. HEALTH INSURANCE	42. SOCIAL SECURITY NO.		
43. FEDERAL GOVERNMENT SERVICE	44. LEAVE CAT CODE	45. SEPARATION DATA	46. SEPARATION DATA	47. STATE DATA	48. STATE DATA	49. STATE DATA	50. STATE DATA	51. STATE DATA	52. STATE DATA

SIGNATURE OR OTHER AUTHENTICATION

FOI
017574

SECRET

Handwritten initials

F. 1108

1. SERIAL NO		2. NAME		3. ORGANIZATION		4. FUNDS		5. LWOP MONTHS	
C17974		FGX JEROME		45 443		CP			
6. OLD SALARY RATE		7. NEW SALARY RATE		8. TYPE ACTION					
Grade	Step	Salary	Low III Date	Grade	Step	Salary	EFFECTIVE DATE	SI	ARI
GS 13	5	23433	10/17/73	GS 13	6	24122	10/16/73		
CERTIFICATION AND AUTHENTICATION									
I CERTIFY THAT THE WORK OF THE					IS OF ACCEPTABLE LEVEL OF COMPETENCE.				
SIGNATURE					DATE				
					10 OCT 1973				
<input type="checkbox"/> NO EXCESS LWOP <input checked="" type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> LWOP STATUS AT END OF WAITING PERIOD									
CLERK'S INITIALS					ACCEPTED BY				
15/					WJB				
PAY CHANGE NOTIFICATION (4-51)									

"PAY ADJUSTMENT IN ACCORDANCE WITH THE PROVISIONS OF SECTION 5305 OF TITLE 5, U.S.C. AND EXECUTIVE ORDER 11739 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND DCI DIRECTIVE DATED 08 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 16 OCTOBER 1973

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	NEW SALARY
FGX JEROME	C17974	45 140	V	GS 13 5	241,913

KHN: 15 OCT 73

SECRET
(When Filled In)

SECRET

NOTIFICATION OF PERSONNEL ACTION															
1. SERIAL NUMBER		2. NAME (LAST, FIRST, MIDDLE)													
017974		FOX JEROME													
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE				5. CATEGORY OF EMPLOYMENT							
REASSIGNMENT AND TRANSFER TO VOUCHERED FUNDS				10 14 73				REGULAR							
6. FUNDS			7. PAY AND WGA			8. CSC OR OTHER LEGAL AUTHORITY									
<input checked="" type="checkbox"/> V TO V <input type="checkbox"/> V TO CF <input type="checkbox"/> CF TO V <input type="checkbox"/> CF TO CF			4237 1374 0000			50 USC 403 J									
9. ORGANIZATIONAL DESIGNATIONS								10. LOCATION OF ORIGINAL STATION							
000/EA DIVISION								WASH., D.C.							
11. POSITION TITLE				12. POSITION NUMBER				13. SERVICE DESIGNATION							
OPS OFFICER				4024				D							
14. CLASSIFICATION SCHEDULE (GS, IS, etc.)				15. OCCUPATIONAL SERIES				16. GRADE AND STEP				17. SALARY OR RATE			
GS				0136.01				13 6				24122			
18. REMARKS															
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL															
19. ACTION CODE		20. OFFICE CODE		21. POSITION CODE		22. GRADE CODE		23. DATE OF GRADE		24. DATE OF LET		25. SECURITY REG NO.			
16		10		45140 EA		75013		I							
26. DATE CAPTURED		27. SPECIAL REFERENCE		28. SECURITY DATA		29. SEPARATION DATA CODE		30. CARRIER / COMPOSITION CODE		31. SOCIAL SECURITY NO.		32. SECURITY REG NO.			
33. VET PREFERENCE		34. SEPT CODE DATE		35. PERS COND DATE		36. CARRIER CATEGORY		37. REG. HEALTH INSURANCE		38. SOCIAL SECURITY NO.					
39. FEDERAL TAX DATA				40. STATE TAX DATA				41. SOCIAL SECURITY NO.							
SIGNATURE OR OTHER AUTHENTICATION															
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> 10 16 73 WASH 10 16 73 </div>															

FORM 10-72

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SECRET

FORM 10-72

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

EFFECTIVE DATE OF PAY ADJUSTMENT: 07 JANUARY 1973

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	NEW SALARY
FOX JEROME	017974	45	440	CF GS 13 5	\$22,328

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

USS 04750/73

1. SERIAL NUMBER 017514		2. NAME (LAST, FIRST, MIDDLE) JCA JEROME	
3. NATURE OF PERSONNEL ACTION REASSIGNMENT			4. EFFECTIVE DATE MO DA YR 05 24 73
5. CATEGORY OF EMPLOYMENT		6. CSC OR OTHER LEGAL AUTHORITY	
7. FUNDS	V TO V O TO V	V TO O O TO O	7. FAR AND NSCA 3137 1034 0000
9. ORGANIZATIONAL DESIGNATION JCS/PL DIVISION		10. LOCATION OF OFFICIAL STATION	
11. POSITION TITLE OPS OFFICER		12. POSITION NUMBER 4935	13. CAREER SERVICE DESIGNATION
14. CLASSIFICATION SCHEDULE (GS, GS, etc.) GS	15. OCCUPATIONAL SERIES 013001	16. GRADE AND STEP 13	17. SALARY OR RATE

18. REMARKS

SIGNATURE OF OTHER AUTHORITY

[Handwritten signature and date stamp]

PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 92-210 AND EXECUTIVE ORDER 11637 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 6 OCTOBER 1962*

EFFECTIVE DATE OF PAY ADJUSTMENT: 9 JANUARY 1972

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	NEW SALARY
FOX JEROME	017974	45	440	CF GS 13 5	\$21,237

F-22

1. SERIAL NO.		2. NAME		3. ORGANIZATION		4. FUNDS		5. LWOP HOURS	
017974		FOX JEROME		45 440		CF			
6. OLD SALARY RATE					7. NEW SALARY RATE				
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	EFFECTIVE DATE	8. TYPE ACTION	
GS 13	4	\$19,537	10/19/69	GS 13	5	\$20,125	10/17/71	ST	ADJ
CERTIFICATION AND AUTHENTICATION									
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE.									
SIGNATURE				DATE					
				7/16/37					
<input type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> LWOP STATUS AT END OF WAITING PERIOD									
CLEAR'S INITIALS				AUTHORITY					
FORM 360 E PAY CHANGE NOTIFICATION									

14-00000

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 91-656 AND EXECUTIVE ORDER 11976 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 10 JANUARY 1971

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	NEW SALARY
FOX JEROME	017974	49	440	CF GS 13 4	\$19,537

SEP 1 1970

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER 017274		2. NAME (LAST FIRST MIDDLE) FOX JEROME	
3. NATURE OF PERSONNEL ACTION REASSIGNMENT		4. EFFECTIVE DATE MO DA YR 09 21 70	
5. FUNDS V TO V CF TO V: X		6. CATEGORY OF EMPLOYMENT REGULAR	
7. Financial Analysis Fee Chargeable 1137 1633 0000		8. CSC OR OTHER LEGAL AUTHORITY 50 USC 403 J	
9. ORGANIZATIONAL DESIGNATIONS DDP/FE		10. LOCATION OF OFFICIAL STATION	
11. POSITION TITLE OPS OFFICER		12. POSITION NUMBER 1915	
13. SERVICE DESIGNATION D		14. CLASSIFICATION SCHEDULE (GS, IS, AS, ...) GS	
15. OCCUPATIONAL SERIES (136.01)		16. GRADE AND STEP 13 4	
17. SALARY OR RATE 13437		18. REMARKS	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
19. ACTION CODE 37	20. EMPLOY CODE 10	21. OFFICE CODING 45340 FE	22. REPORT CODE 07507
23. SPECIAL REFERENCE	24. RETIREMENT DATA	25. SEPARATION DATA CODE	26. DATE OF BIRTH MO DA YR
27. DATE OF PREVIOUS SERVICE	28. MEMBER COMP DATE	29. LONG COMP DATE	30. DATE OF GRADE MO DA YR
31. FEDERAL GOVERNMENT SERVICE	32. STATE CAL	33. FEDERAL TAX DATA	34. SOCIAL SECURITY NO.
35. SOCIAL SECURITY DATA	36. STATE TAX DATA	37. SOCIAL SECURITY DATA	38. STATE TAX DATA
SIGNATURE OR OTHER AUTHENTICATION			
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p style="font-size: 1.2em; margin: 0;">POSTED</p> <p style="font-size: 1.5em; margin: 0;">9 21 70</p> </div>			

FORM 1130
1-68

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SECRET FVD

1-68
Use Previous Edition

Form 1130-100

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 91-231 AND EXECUTIVE ORDER 11828 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 8 OCTOBER 1967"

EFFECTIVE DATE OF PAY ADJUSTMENT: 28 DECEMBER 1969

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	NEW SALARY
FOX JEROME	017976	45	440	CF GS 13 4	\$18,497

F22

1. SERIAL NO.		2. NAME		3. ORGANIZATION		4. FUNDS		5. LWOP HOURS	
017976		FOX JEROME		45 440		CF			
6. OLD SALARY RATE									
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	EFFECTIVE DATE	7. TYPE ACTION	
GS 13	3	\$16,065	10/20/68	GS 13	4	\$17,393	10/19/69		
CERTIFICATION AND AUTHENTICATION									
7. I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE.									
SIGNATURE						DATE			
						6 OCT 69			
<input checked="" type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> EXCESS DEDUCTED AT END OF WAITING PERIOD									
SUPERVISOR'S INITIALS						BY			
						2 776			
8. OFFICE OF THE DIRECTOR OF PERSONNEL PAY CHANGE NOTIFICATION									

8028

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

EFFECTIVE DATE OF PAY ADJUSTMENT: 13 JULY 1969

NAME	SERIAL	ORGN.	FUNCS	GR-STEP	NEW SALARY
FCX JEROME	017974	45 440	CF	GS 13 3	\$16,866

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(When Filled In)

FVD: 2 MAY 69

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER 017974		2. NAME (LAST FIRST MIDDLE) FOX, JEROME									
3. NATURE OF PERSONNEL ACTION REASSIGNMENT						4. EFFECTIVE DATE MO DA YR 05 02 69		5. CATEGORY OF EMPLOYMENT REGULAR			
6. FUNDS V TO V CF TO V		V TO CF X		CF TO CF		7. Financial Analyst No. Chargeable 9137 1039 0000		8. CSC OR OTHER LEGAL AUTHORITY 50 USC 403 J			
9. OPERATIONAL DEMONSTRATIONS DUP/EE						10. LOCATION OF OFFICIAL STATION					
11. POSITION TITLE OPS OFFICER						12. POSITION NUMBER 4947		13. SERVICE DESIGNATION D			
14. CLASSIFICATION SCHEDULE (GS, FS, etc.) GS				15. OCCUPATIONAL SERIES 0135.01		16. GRADE AND STEP 13 3		17. SALARY OR RATE 15369			
18. REMARKS HOME BASE: FE											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE 37	20. EMPLOY CODE 10	21. OFFICE CODE 45440 FE		22. STATION CODE 57007	23. INTEGRITY CODE 3	24. DATE OF BIRTH MO DA YR		25. DATE OF GRADE MO DA YR		26. DATE OF LEL MO DA YR	
27. NET EMPLOY MO DA YR		28. SPECIAL PERFORMANCE MO DA YR		29. RETIREMENT DATA MO DA YR		30. SEPARATION DATA CODE MO DA YR		31. Career/Leave/Classification Data MO DA YR		32. SECURITY RTO NO 34. SER	
33. VET PREFERENCE CLASS		34. SERV COMP DATE MO DA YR		35. LEAVE COMP DATE MO DA YR		36. CAREER CATEGORY CLASS		37. LEGAL / HEALTH DISBURSEMENT HEALTH PLAN CODE		38. SOCIAL SECURITY NO	
39. PREVIOUS CIVILIAN GOVERNMENT SERVICE CLASS				40. LEAVE CAT CODE		41. FEDERAL TAX DATA CLASS		42. STATE TAX DATA CLASS			
SIGNATURE OF OTHER AUTHENTICATION											

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150209 [Signature]

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05 02 69

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FVD: 11 00
05 02 69

SECRET
(When Filled In)

JLB: 14 APR 69

NOTIFICATION OF PERSONNEL ACTION

OCF

1. SERIAL NUMBER 017974		2. NAME (LAST, FIRST, MIDDLE) FOX JEROME	
3. NATURE OF PERSONNEL ACTION CONVERSION			4. EFFECTIVE DATE 04 16 69
5. CATEGORY OF EMPLOYMENT REGULAR		6. FUNDS 9137 1375 0000	
7. FUNDING AGENCY NO. CHARGING 50 USC 403 J		8. CSC OR OTHER LEGAL AUTHORITY	
9. ORGANIZATIONAL DESIGNATIONS DDP/FE			
10. LOCATION OF OFFICIAL STATION WASH., D.C.			
11. POSITION TITLE OPS OFFICER		12. POSITION NUMBER 4024	13. SERVICE ORGANIZATION D
14. CLASSIFICATION SCHEDULE (DA, IS, FE, J)	15. OCCUPATIONAL SERIES	16. GRADE AND STEP	17. SALARY GRADE
GS	0136, 01	13 3	15863
18. REMARKS WASH., D.C. HOME BASE: FE			

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE 56	20. EMPLOY CODE 10	21. OFFICE CODE 45140 FE	22. CLASS. CODE 75013	23. BRIGADE CODE	24. POSITION CODE	25. GRADE AND STEP	26. DATE OF DATA	27. DATE CODE	
28. TIME PERIOD		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CURRENT/EXPIRING DATA	
33. VET PREFERENCE		34. SERV. COMP. DATE		35. LONG. COMP. DATE		36. CAREER CATEGORY		37. HEALTH INSURANCE	
38. PREVIOUS CIVILIAN GOVERNMENT SERVICE				39. LEAVE/PT. DATA		40. PREGNANT DATA		41. STATE TAX DATA	

ROD DATA

SIGNATURE OR OTHER AUTHENTICATION

POSTED

14 APR 69

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FORM 1150
3-63

Use Previous Edition

SECRET

SDF: 7 NOV 62

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

(SDF)

1. SERIAL NUMBER 012974		2. NAME (LAST, FIRST, MIDDLE) FOX, JEROME	
3. NATURE OF PERSONNEL ACTION PROMOTION			4. EFFECTIVE DATE MO DA YR 10 20 63
5. FUNDS V TO V CF TO V X V TO CF CF TO CF			6. CSC OR OTHER LEGAL AUTHORITY 9137 1375 0000 50 USC 403 J
8. ORGANIZATIONAL DESIGNATIONS DDP/FE		10. LOCATION OF OFFICIAL STATION WASH., D.C.	
11. POSITION NUMBER 4024		13. SERVICE DESIGNATION D	
14. CLASSIFICATION SCHEDULE (OS, LS, etc.) GS		15. OCCASIONAL RATE 0136.01	17. SALARY OR RATE 13330 15369
16. REMARKS WASH., D.C.			

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE 22	20. EMPLOY CODE 10	21. OFFICE CODING ALPHABETIC 55140 EC	27. STATION CODE 75013	23. INTEGRAL CODE S	24. GRADE CODE 1	25. DATE OF BIRTH MO DA YR	26. DATE OF GRADE MO DA YR 10 20 63	27. DATE OF LET MO DA YR 10 20 63
28. HIRE EMPHASIS MO DA YR		29. SPECIAL REFERENCE	30. RETIREMENT DATA CODE	31. SEPARATION DATA CODE	32. Correction / Correction Date TYPE MO DA YR		33. SECURITY REG NO.	34. SER
35. VET PREFERENCE CODE		35. SERV. COMP. DATE MO DA YR	37. LONG. COMP. DATE MO DA YR	38. CAREER CATEGORY CODE		39. FEGLI - HEALTH INSURANCE CODE		40. SOCIAL SECURITY NO.
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE			42. LEAVE CAT. CODE	43. FEDERAL TAX DATA FORM EXECUTED 1 YES 2 NO			44. STATE TAX DATA FORM EXECUTED 1 YES 2 NO	

SIGNATURE OR OTHER AUTHENTICATION

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11-9-62
JLB

FORM 1150
1-62

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JLB

Included from automatic
downgrading and
declassification

(When Filled In)

58

COMPENSATION
BY DIVISION

SET 11/15/68

1. SERIAL NO.		2. NAME			3. ORGANIZATION		4. FUNDS		5. LWOP HOURS		
017974		FOX JEROME			45 140		CF				
A. OLD SALARY RATE				7. NEW SALARY RATE				8. TYPE ACTION			
Grade	Step	Salary	Last IN. Date	Grade	Step	Salary	EFFECTIVE DATE	SI	ADJ.		
GS	12	5	13798	09/11/66	GS	12	6	14206	09/08/68		
CERTIFICATION AND AUTHENTICATION											
I CERTIFY				EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE.							
SIGNATURE:								DATE			
								3 000			
CLERK'S INITIALS:								BY			
FORM 560 E		PAY CHANGE NOTIFICATION							(4-51)		

"PAY ADJUSTMENT IN ACCORDANCE WITH SECTIONS 212 AND 215 OF PL 90-206 AND EXECUTIVE ORDER 11413 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A-DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 14 JULY 1968

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
FOX JEROME	017974	45	140	CF GS 12 5	13,798	14,206

JLB: 17N MAY 68

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER 017974		2. NAME (LAST-FIRST-MIDDLE) FOX JEROME									
3. NATURE OF PERSONNEL ACTION REASSIGNMENT				4. EFFECTIVE DATE 05 19 68		5. CATEGORY OF EMPLOYMENT REGULAR					
6. FUNDS		V TO V		V TO CF		7. Financial Analysis No. Chargeable		8. CSC OR OTHER LEGAL AUTHORITY			
		CF TO V		X CF TO CF		8137 1375 0000		50 USC 403 J			
9. ORGANIZATIONAL DESIGNATIONS DDP/FE					10. LOCATION OF OFFICIAL STATION WASH., D.C.						
11. POSITION TITLE [Redacted]					12. POSITION NUMBER 4025		13. SERVICE DESIGNATION D				
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS			15. OCCUPATIONAL SERIES 0136.01		16. GRADE AND STEP 05 5 12 5		17. SALARY OR RATE 12604 12989				
18. REMARKS WASH., D.C.											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE 37	20. EMPLOY CODE 10	21. OFFICE CODING 45140 FE		22. STATION CODE 75013	23. INTELLIGENCE CODE S	24. MONTH CODE 1	25. DATE OF BIRTH		26. DATE OF GRADE	27. DATE OF LEI	
28. PTE EMPLOY		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CONTINUING EMPLOYMENT OR DATE		33. SECURITY REQ. NO.	34. SER.
35. VET. PREFERENCE		36. SERV. COMP. DATE		37. LONG COMP. DATE		38. CAREER CATEGORY		39. FEGLI / HEALTH INSURANCE		40. SOCIAL SECURITY NO.	
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE				42. LEAVE CAT. CODE		43. FEDERAL TAX DATA		44. STATE TAX DATA			
45. FEDERAL TAX DATA				46. STATE TAX DATA		47. FEDERAL TAX DATA		48. STATE TAX DATA			
SIGNATURE OR OTHER AUTHENTICATION											
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p style="margin: 0;">POSTED</p> <p style="margin: 0;"><i>[Signature]</i></p> </div>											

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FORM 1150
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(When Filled in)

14-00000

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

EFFECTIVE DATE OF PAY ADJUSTMENT: 8 OCTOBER 1967

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
FOX JEROME	017974	45	997	CF GS 12 5	\$12,443	\$12,989

FVU: 1 APR 65

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER 017974		2. NAME (LAST FIRST MIDDLE) FOX JEROME	
3. NATURE OF PERSONNEL ACTION SUSPENSION FOR THREE WORKING DAYS			4. EFFECTIVE DATE 04 01 68
5. CATEGORY OF EMPLOYMENT REGULAR			
A. FUNDS		6. Financial Analysis No. Chargeable 6137 1375 0000	7. CSC OR OTHER LEGAL AUTHORITY 50 USC 403 J
9. ORGANIZATIONAL DESIGNATION ODP/FE DEVELOPMENT COMPLEMENT		10. LOCATION OF OFFICIAL STATION WASH., D.C.	
11. POSITION TITLE GPS OFFICER		12. POSITION NUMBER 9997	13. SERVICE DESIGNATION D
14. CLASSIFICATION SCHEDULE (GS, IS, etc.) FSR GS		15. OCCUPATIONAL SERIES 0136.01	17. SALARY OR RATE 05 5 12 5 12604 12959

18. REMARKS:
SUSPENDED FOR THREE WORKING DAYS FOR INFRACTION OF AGENCY PHYSICAL SECURITY REGULATIONS. TO RETURN TO DUTY EOS 4 APRIL 1965. EMPLOYEE IS WARNED THAT FURTHER VIOLATIONS WILL BE VIEWED WITH EXTREME SERIOUSNESS.
OTHER

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODES NUMBER ALPHABETIC	22. STATION CODE	23. INTEGRAL CODE	24. MERIT CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI
28. INT. EXPIRES	29. SPECIAL REFERENCE	30. RETIREMENT DATA CSC FEA MRA	31. SEPARATION DATA CODE	32. Correction/Cancellation Data	33. SECURITY REQ NO.	34. SER.	EOD DATA	
35. VET. PREFERENCE	36. SERV. COMP. DATE	37. LONG. COMP. DATE	38. CAREER CATEGORY	39. FEGLI / HEALTH INSURANCE		40. SOCIAL SECURITY NO.		
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE		42. LEAVE CAT. CODE	43. FEDERAL TAX DATA		44. STATE TAX DATA			

SIGNATURE OR OTHER AUTHENTICATION

POSTED

41-1-68

SECRET
(When Filled In)

27 NOV 67

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER 017974		2. NAME (LAST-FIRST-MIDDLE) FOX JEROME	
3. NATURE OF PERSONNEL ACTION			4. EFFECTIVE DATE NO. DA. YR. 11 21 67
5. CATEGORY OF EMPLOYMENT REGULAR			6. FINANCIAL ANALYSIS NO. CHARGEABLE 8137 1375 0000
7. FUNDS V TO V CF TO V X CF TO CF			8. CSC OR OTHER LEGAL AUTHORITY 50 USC 403 J
9. ORGANIZATIONAL DESIGNATIONS DOP/FE DEVELOPMENT COMPLEMENT			10. LOCATION OF OFFICIAL STATION WASH., D.C.
11. POSITION TITLE OPS. OFFICER		12. POSITION NUMBER 9997	13. SERVICE DESIGNATION D
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS	15. OCCUPATIONAL SERIES 0136.01	16. GRADE AND STEP GS 5 12 5	17. SALARY OR RATE 12074 12443
18. REMARKS CT:ER			
MARITAL STATUS - MARRIED			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
19. ACTION CODE 55	20. EMPLOY CODE 13	21. OFFICE CODES NUMERIC ALPHABETIC 45997 FE	22. STATION CODE 75013
23. INTEGRATE CODE S	24. HOURS CODE 1	25. DATE OF BIRTH	26. DATE OF GRADE NO. DA. YR.
27. DATE OF LEI NO. DA. YR.	28. NTE EXPIRES NO. DA. YR.	29. SPECIAL REFERENCE	30. RETIREMENT DATA 1. CSC 2. CIA 3. FFA CODE
31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA EPA. NO. DA. YR.	33. SECURITY REG. NO.	34. SER.
35. VET. PREFERENCE CODE 0 - NONE 1 - 5 PT. 2 - 10 PT.	36. SERV. COMP. DATE NO. DA. YR.	37. LONG COMP. DATE NO. DA. YR.	38. CAREER CATEGORY VAR. DIV. CODE PERM. TEMP.
39. FEDERAL/HEALTH INSURANCE CODE 0 - WAIVER 1 - YES	40. SOCIAL SECURITY NO.	41. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE LESS THAN 3 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	45. SIGNATURE OR OTHER AUTHENTICATION	
POSTED RS 11-23-67			

FORM 1-6 1150

Use Previous Edition

SECRET

PLW

GROUP 1
Excluded from automatic
downgrading and
declassification

(When Filled In)

SECRET
(When Filled In)

68

AMAR 17 1957

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER 017374		2. NAME (LAST-FIRST-MIDDLE) FOX JEROME	
3. NATURE OF PERSONNEL ACTION REASSIGNMENT AND TRANSFER TO CONFIDENTIAL FUNDS			4. EFFECTIVE DATE 11 11 57
5. CATEGORY OF EMPLOYMENT REGULAR		6. FUNDS V TO V X V TO CF CF TO V CF TO CF	
7. Financial Analysts No. Chargeable 0137 1292 0000		8. CSC OR OTHER LEGAL AUTHORITY 50 USC 402 J	
9. ORGANIZATIONAL DESIGNATIONS DDP/FE FE DEVELOPMENT COMPLEMENT		10. LOCATION OF OFFICIAL STATION WASHINGTON, D.C.	
11. POSITION TITLE CPS OFFICER		12. POSITION NUMBER 197	13. SERVICE DESIGNATION D
14. CLASSIFICATION SCHEDULE (GS, LB, WY) GS	15. OCCUPATIONAL SERIES 136-01	16. GRADE AND STEP 12-5	17. SALARY OR RATE 12445
18. REMARKS TRAINING			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
19. ACTION TO EMPLOY CODE	20. OFFICE (OSINE) NUMERIC ALPHABETIC 13 45597 FE	21. STATION CODE 7-112	22. INTEGRITY CODE
23. DATE OF BIRTH MO DA YR	24. DATE OF GRADE MO DA YR	25. DATE OF LEI MO DA YR	26. DATE OF LEI MO DA YR
27. NIE EXPIRES MO DA YR	28. SPECIAL REFERENCE	29. RETIREMENT DATA 1. CCN 2. CIB 3. FCA 4. SSAL	30. SEPARATION DATA CODE
31. CORRECTION/CANCELLATION DATA TYPE	32. SECURITY REG NO	33. SECURITY REG NO	34. SER.
35. NET PREFERENCE CODE	36. SERV COMP DATE MO DA YR	37. LOAN COMP DATE MO DA YR	38. CARRIER CATEGORY CODE
39. FULL/HEALTH INSURANCE CODE	40. SOCIAL SECURITY NO	41. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE	42. LEAVE (AL) CODE
43. FEDERAL TAX DATA CODE	44. STATE TAX DATA CODE	45. FEDERAL TAX DATA CODE	46. STATE TAX DATA CODE
SIGNATURE OR OTHER AUTHENTICATION			

FOOTNOTED
11/11/57

FORM 1150

Use Previous Edition

SECRET FVO

When Filled In

SECRET
(When Filled In)

BJT: 25 MAY 67

NOTIFICATION OF PERSONNEL ACTION

OCF

1. SERIAL NUMBER 017974	2. NAME (LAST-FIRST-MIDDLE) FOX JEROME
-----------------------------------	--

3. NATURE OF PERSONNEL ACTION REASSIGNMENT	4. EFFECTIVE DATE MO. DA. YR. 05 21 67	5. CATEGORY OF EMPLOYMENT REGULAR
--	---	---

6. FUNDS <input checked="" type="checkbox"/> X	V TO V	V TO CP	7. Financial Analysis No. Chargeable 7237 1385 0000	8. CSC OR OTHER LEGAL AUTHORITY 50 USC 403 J
---	--------	---------	---	--

9. ORGANIZATIONAL DESIGNATIONS DDP/FE	10. LOCATION OF OFFICIAL STATION WASH., D.C.
---	--

11. POSITION TITLE OPS OFFICER	12. POSITION NUMBER 3877	13. SERVICE DESIGNATION D
--	------------------------------------	-------------------------------------

14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS	15. OCCUPATIONAL SERIES 0136.01	16. GRADE AND STEP 12 5	17. SALARY OR RATE 12443
---	---	-----------------------------------	------------------------------------

18. REMARKS

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE 37	20. EMPLOY CODE 10	21. OFFICE CODING NUMERIC ALPHABETIC 45140 FE 75013	22. STATION CODE 75013	23. INTEGREE CODE 1	24. MONTH CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LET
28. DATE EXPIRES	29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA	EOD DATA			
35. VET. PREFERENCE	36. SERV. COMP. DATE	37. LONG COMP. DATE	38. CAREER CATEGORY	39. FEGLI HEALTH INSURANCE	40. SOCIAL SECURITY NO.			
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE	42. LEAVE CAT.	43. FEDERAL TAX DATA	44. STATE TAX DATA					

SIGNATURE OR OTHER AUTHENTICATION

POSTED
15250

MRT: 17 NOV 66

SECRET
(When Filled In)

OCF

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER	2. NAME (LAST FIRST MIDDLE)
017974	FOX JEROME

3. NATURE OF PERSONNEL ACTION	4. EFFECTIVE DATE	5. CATEGORY OF EMPLOYMENT
REASSIGNMENT AND TRANSFER TO VOUCHERED FUNDS	11 20 66	REGULAR

6. FUNDS	7. GDS CENTER NO. CHARGEABLE	8. CXC OR OTHER LEGAL AUTHORITY				
<table border="1"> <tr> <td>V TO V</td> <td>V TO CP</td> </tr> <tr> <td>CP TO V</td> <td>CP TO CP</td> </tr> </table>	V TO V	V TO CP	CP TO V	CP TO CP	7237 1385 0000	50 USC 403 J
V TO V	V TO CP					
CP TO V	CP TO CP					

9. ORGANIZATIONAL DESIGNATION	10. LOCATION OF OFFICIAL STATION
DDP/FE	WASH., D.C.

11. POSITION TITLE	12. POSITION NUMBER	13. SERVICE DESIGNATION
OPS OFFICER	4025	D

14. CLASSIFICATION SCHEDULE (GS-18, etc.)	15. OCCUPATIONAL SERIES	16. GRADE AND STEP	17. SALARY OR RATE
GS	0136.01	12 5	12443

18. REMARKS

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING	22. STATION CODE	23. INTEREST CODE	24. EMPLOY CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI	
16	10	45140 FE	75013						
28. DATE EXPIRES	29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA CODE	32. CLASSIFICATION/CANCELLATION DATA	EOD DATA			33. SECURITY REG. NO.	34. SER
35. VET. PREFERENCE CODE	36. LEAV. COMP. DATE	37. LEAV. COMP. DATE	38. CAREER CATEGORY	39. FEGLI/HEALTH/INSURANCE	40. SOCIAL SECURITY NO.				
41. PREVIOUS GOVERNMENT SERVICE DATA		42. LEAVE CAT	43. FEDERAL LAB DATA		44. STATE TAX DATA				

45. SIGNATURE OR OTHER AUTHENTICATION

[Signature]

FORM 1120 11-62

Use Previous Edition

SECRET

READ INSTRUCTIONS BEFORE FILING

(When Filled In)

RZF: 26 SEPT 66

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION																	
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)															
017374		FOX JEROME															
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT											
DESIGNATION AS PARTICIPANT IN CIA RETIREMENT AND DISABILITY SYSTEM				09 25 66		REGULAR											
6. FUNDS		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY													
<input type="checkbox"/> V TO V <input type="checkbox"/> O TO V <input checked="" type="checkbox"/> X <input type="checkbox"/> O TO O		7137 1487 0000		PL 88-643 SECT. 203													
9. ORGANIZATIONAL DESIGNATIONS				10. LOCATION OF OFFICIAL STATION													
DGP/FE				SAIGON, SOUTH VIET NAM													
11. POSITION TITLE				12. POSITION NUMBER		13. SERVICE DESIGNATION											
						D											
14. CLASSIFICATION SCHEDULE (GS, LO, etc.)			15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE										
					12												
18. REMARKS EMPLOYEE WILL RECEIVE NOTIFICATION FROM THE DIRECTOR OF PERSONNEL OF THIS DESIGNATION AND RIGHT OF APPEAL TO THE DIRECTOR OF CENTRAL INTELLIGENCE.																	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL																	
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE		23. INTEGREE CODE		24. JOURNAL CODE		25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI	
				NUMERIC ALPHABETIC		CODE		CODE		CODE		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.	
28. WFE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA		33. SECURITY REG. NO.		34. SECURITY REG. NO.		35. SECURITY REG. NO.		36. SECURITY REG. NO.	
MO. DA. YR.				1. CSC 2. PSC 3. NONE		CODE		TYPE MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.	
37. NET PREFERENCE		38. SERV. COMP. DATE		39. LONG. COMP. DATE		40. CURRENT CATEGORY		41. FEELT / HEALTH INSURANCE		42. SOCIAL SECURITY NO.		43. SOCIAL SECURITY NO.		44. SOCIAL SECURITY NO.		45. SOCIAL SECURITY NO.	
CODE		MO. DA. YR.		MO. DA. YR.		CODE		CODE 0. WRITER 1. YES 2. NO		HEALTH INS. CODE		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.	
46. PREVIOUS GOVERNMENT SERVICE DATA				47. LEAVE CAT.		48. FEDERAL TAX DATA		49. STATE TAX DATA									
CODE				CODE		NO. TAX EXEMPTIONS		FORM EXECUTED									
1. NO PREVIOUS SERVICE 2. NO BREAK IN SERVICE 3. BREAK IN SERVICE LESS THAN 1 YEAR 4. BREAK IN SERVICE MORE THAN 1 YEAR				1. YES 2. NO		NO. TAX EXEMPTIONS		1. YES 2. NO									
SIGNATURE OR OTHER AUTHENTICATION																	
<div style="border: 1px solid black; padding: 10px; display: inline-block;"> <p style="font-size: 24px; margin: 0;">POSTED</p> <p style="font-size: 18px; margin: 5px 0;">9.27.66/h</p> </div>																	

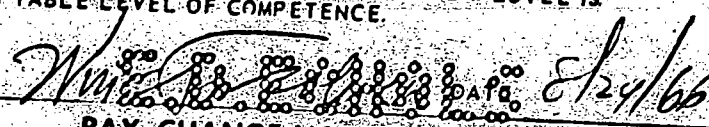
FORM 1150

Use Previous Edition

SECRET

FORM 1150 (When Filled In)

123

1. Serial No.		2. Name		3. Cost Center Number		4. LWOP Status	
017974		FOX JEROME		45 500 CF			
5. OLD SALARY RATE				6. NEW SALARY RATE			
Grade	Step	Salary	Last PM Date	Grade	Step	Salary	Effective Date
GS 12	4	12064	09/13/64	GS 12	5	12093	09/11/66
		111,723				12,001	
7. Remarks and Authorization							
<input checked="" type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> LWOP STATUS AT END OF WAITING PERIOD CLERKS INITIALS _____ AUDITED BY _____							
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.							
SIGNATURE:							
		DATE: 8/24/66					
PAY CHANGE NOTIFICATION							

1-65-507E-Mfg-343

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

EFFECTIVE DATE OF PAY ADJUSTMENT: 3 JULY 1966

NAME	SERIAL	ORGN.	FUNDS	CHG.	OLD SALARY	NEW SALARY
FOX JEROME	017974	45	500	CF	GS 12 4 111,723	312,000

DLR: 30 SEPT 64

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER 017974		2. NAME (LAST, FIRST, MIDDLE) FOX JEROME									
3. NATURE OF PERSONNEL ACTION (CANCELLATION)											
4. EFFECTIVE DATE MO. DA. YR. 09 18 64		5. CATEGORY OF EMPLOYMENT REGULAR									
6. FUNDS <table border="1"> <tr> <td>U TO U</td> <td>V TO V</td> <td>W TO W</td> <td>X TO X</td> </tr> <tr> <td></td> <td></td> <td></td> <td>X</td> </tr> </table>		U TO U	V TO V	W TO W	X TO X				X	7. COST CENTER NO. (CHARGEABLE) 5137 1392 0000	
U TO U	V TO V	W TO W	X TO X								
			X								
8. ORGANIZATIONAL DESIGNATIONS DOP FE CS/GS DEVELOPMENT COMPLEMENT		9. CSC OR OTHER LEGAL AUTHORITY 50 USC 403 J									
10. LOCATION OF OFFICIAL STATION WASH., D. C.		11. POSITION NUMBER 9997									
12. SERVICE DESIGNATION D		13. CLASSIFICATION SCHEDULE (GS, LE, etc.) GS									
14. OCCUPATIONAL SERIES 0136.01		15. GRADE AND STEP 05 2 12 4									
16. SALARY OR RATE 10290		17. DATE OF LEI 11315									
18. REMARKS ADMIN ERROR											

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE	20. OFFICE CODE	21. STATION CODE	22. PAY GRADE	23. DATE OF BIRTH	24. DATE OF GRADE	25. DATE OF LEI
01	13	45927	FE	75013		
26. SPECIAL REFERENCE	27. PAYMENT DATA	28. PARITY DATA	29. CORRECTION/CANCELLATION DATA	30. SECURITY REG NO.	31. SEN	
32. PAY PLAN	33. LEI	34. LEI DATE	35. CAREER CATEGORY	36. FEELI/HEALTH INSURANCE	37. SOCIAL SECURITY NO.	
38. PAYMENT METHOD	39. LEI DATE	40. FEDERAL TAX DATA	41. STATE TAX DATA	42. SOCIAL SECURITY NO.	43. STATE TAX DATA	

FOOD DATA

POSTED
10/22/64 215

DLB: 23 SEPT 64

SECRET
(When Filled In)

ODF

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER 017974		2. NAME (LAST-FIRST-MIDDLE) FOX JEROME	
3. NATURE OF PERSONNEL ACTION		4. EFFECTIVE DATE 09 13 64	5. CATEGORY OF EMPLOYMENT REGULAR
6. FUNDS	V TO V	V TO C	7. COST CENTER NO. (CHANGEABLE) 5137 1392 (K00)
	C TO V	C TO C	8. C/A OR OTHER LEGAL AUTHORITY 50 USC 403 J
9. ORGANIZATIONAL DESIGNATION DDP FE GS/CS DEVELOPMENT COMPLEMENT		10. LOCATION OF OFFICIAL STATION WASH., D. C.	
11. POSITION TITLE OPS OFF		12. POSITION NUMBER 9997	13. SERVICE DESIGNATION D
14. CLASSIFICATION SCHEDULE (18 USC) GS	15. OCCUPATIONAL SERIES 0136.01	16. GRADE AND STEP GS-2 12 4	17. SALARY OR RATE 10250 11315
18. REMARKS			

FINAL FILING

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE 55	20. EMPLOY CODE 13	21. OFFICE CODING 45997FE	22. STATION CODE 25013	23. INTEGRAL CODE 1	24. POINTS 1	25. DATE OF GRADE 09 13 64	26. DATE OF LET 09 13 64
28. BTE EXPIRES NO DA	29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA CODE	32. EMPLOYER IDENTIFICATION DATE	33. SECURITY REG NO	34. SER.	EOD DATA
35. PER PREFERENCE CODE	36. SIBP (COP) DATE	37. LEAVES (DWP) DATE	38. CAREER CATEGORY	39. FEEL / HEALTH INSURANCE	40. SOCIAL SECURITY NO.		
41. PREVIOUS GOVERNMENT SERVICE DATA		42. LEAVE CAT (COP)	43. FEDERAL TAX DATA	44. STATE TAX DATA			

SIGNATURE ON OTHER AUTHORIZATION

LOTTED
J. Miller

JGD: 11 SEPT 64

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

OCF

1. SERIAL NUMBER 017974		2. NAME (LAST-FIRST-MIDDLE) FOX JEROME							
3. NATURE OF PERSONNEL ACTION REASSIGNMENT AND TRANSFER TO CONFIDENTIAL FUNDS			4. EFFECTIVE DATE 09 13 64						
5. FUNDS <table border="1"> <tr> <td>V TO V</td> <td>X</td> <td>V TO CF</td> </tr> <tr> <td>CF TO V</td> <td></td> <td>CF TO CF</td> </tr> </table>			V TO V	X	V TO CF	CF TO V		CF TO CF	6. CATEGORY OF EMPLOYMENT REGULAR
V TO V	X	V TO CF							
CF TO V		CF TO CF							
7. COST CENTER NO. CHARGEABLE 5137 1392 mmm			8. CSC OR OTHER LEGAL AUTHORITY 50 USC 403 J						
9. ORGANIZATIONAL DESIGNATIONS DDP/FE CS/CS DEVELOPMENT COMPLEMENT		10. LOCATION OF OFFICIAL STATION WASH., D. C.							
11. POSITION TITLE OPS OFFICER		12. POSITION NUMBER 9997	13. SERVICE DESIGNATION D						
14. CLASSIFICATION SCHEDULE (GS, LS, etc.) GS	15. OCCUPATIONAL SERIES 0136.01	16. GRADE AND STEP 12 4	17. SALARY OR RATE 11315						
18. REMARKS TRAINING. SUBJECT TO APPROVED MEDICAL CLEARANCE PRIOR TO BEING SENT OVERSEAS.									

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE 20	20. CODE 13	21. STINE CODE 45997 FE	22. STATION CODE 75013	23. INTEGRAL CODE	24. INTRADIVISIONAL CODE	25. DATE OF BIRTH	26. DATE OF ENTRY	27. DATE OF LEI
28. DATE EXPIRES	29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA CODE	32. CORRECTION/ANCELLATION DATA	EOD DATA			33. SECURITY REG. NO.
34. PFT. PREFERENCE	35. 5YR COMP. DATE	36. LONG COMP. DATE	37. CAREER CATEGORY	38. FEELI HEALTH INSURANCE	39. SOCIAL SECURITY NO.			
40. PREVIOUS GOVERNMENT SERVICE DATA		41. LEAVE CAT		42. FEDERAL TEL DATA		43. STATE TEL DATA		

SIGNATURE OR OTHER AUTHENTICATION

FROM: FE

FO TLD
[Signature]

FORM 1150

Use Previous Edition

13 SEP 1964 SECRET

GROUP 1
EXCLUDED FROM AUTOMATIC
DOWNGRADING AND
DECLASSIFICATION

(When Filled In)

PAYMENT GRAPH

SEP 14 10 36 AM '66

1. Serial No.		2. Name		3. Cost Code Number		4. LWOP Hours				
017974		FOX JEROME		45 160 <i>RF</i>		V				
5. OLD SALARY RATE				6. NEW SALARY RATE				7. TYPE ACTION		
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	Effective Date	PL	LS	AD
GS 12	3	10,960	09/19/63	GS 12	4	11,315	09/13/64			
8. Remarks and Authorizations										
/ / NO EXCESS LWOP / / IN PAY STATUS AT END OF WAITING PERIOD / / LWOP STATUS AT END OF WAITING PERIOD CLERKS INITIALS <i>[Signature]</i> AUDITED BY										
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.										
SIGNATURE <i>[Signature]</i>						DATE <i>[Date]</i>				
PAY CHANGE NOTIFICATION <i>[Signature]</i>										

Form 560

Obsolete Previous Edition

(4-61)

DEC 64

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

1. NUMBER 017974		2. NAME (LAST-FIRST MIDDLE) FOX JEROME	
3. NATURE OF PERSONNEL ACTION REASSIGNMENT		4. EFFECTIVE DATE 12 1 02 64	5. CATEGORY OF EMPLOYMENT REGULAR
6. FUNDS	7. COST CENTER NO. CHARGEABLE 5137 1487 0000	8. CSC OR OTHER LEGAL AUTHORITY 50 USC 403 J	
9. ORGANIZATIONAL DESIGNATIONS DDP FE FE/VNC - SAIGON STATION INTERNAL OPS BRANCH JOB CAPITAL OPS SECTION		10. LOCATION OF OFFICIAL STATION SAIGON, SOUTH VIET NAM	
11. POSITION TITLE OPS OFFICER		12. POSITION NUMBER 4608	13. SERVICE DESIGNATION D
14. CLASSIFICATION SCHEDULE (GS, 18, etc.) GS	15. OCCUPATIONAL SERIES 0136.01	16. GRADE AND STEP 12 4	17. SALARY GS RATE 11315
18. REMARKS			

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE 37	20. EMPLOY CODE 10	21. OFFICE CODE 45300 FE	22. STATION CODE 77205	23. INTEGRITY CODE 3	24. GRADE 12 4	25. DATE OF BIRTH	26. DATE OF SERVICE	27. DATE OF LEAVE
28. NO. DEPENDENTS	29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA (SSN)	32. CORRECTION/AMENDMENT DATE	EOD DATA			
33. VET. PREFERENCE	34. LEAVE CODE	35. LEAVE DATE	36. LEAVE CATEGORY	37. PERS. DATA (RELEASE)	38. SECURITY NO.			
39. PREVIOUS EMPLOYMENT SERVICE DATA		40. MILITARY DATA		41. FEDERAL TAX DATA		42. STATE TAX DATA		

3149

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

ADPO 09/01/64

1. SERIAL NUMBER 017974		2. NAME (LAST FIRST MIDDLE) FOX JEROME			
3. NATURE OF PERSONNEL ACTION REASSIGNMENT			4. EFFECTIVE DATE MO DA YR 08 31 64	5. CATEGORY OF EMPLOYMENT	
6. FUNDS	<input checked="" type="checkbox"/> R	<input type="checkbox"/> V TO V	<input type="checkbox"/> V TO O	7. COST CENTER NO. (CHARGABLE)	8. CYC OR OTHER LEGAL AUTHORITY
	<input type="checkbox"/> O TO V	<input type="checkbox"/> O TO O	9237 1352 0000		
9. ORGANIZATIONAL DESIGNATION DDP/F6 DIVISION F6 VNC NORTH VIETNAM 860				10. LOCATION OF OFFICIAL STATION WASH., D. C.	
11. POSITION TITLE OPS OFFICER			12. POSITION NUMBER 4429	13. CAREER SERVICE DESIGNATION D	
14. CLASSIFICATION SCHEDULE (GS-10-04) GS		15. OCCUPATIONAL SERIES 0136.01	16. GRADE AND STEP 12	17. SALARY OR RATE	

18. REMARKS

SIGNATURE OR OTHER AUTHENTICATION

FOI ID

9/1/64 me

Form 1-64 1-64

Use Previous 1-64

SECRET

GROUP 1
Excluded from automatic
downgrading and
declassification

14-574

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-793 AND DCI MEMORANDUM DATED 1 AUGUST 1956, SALARY IS ADJUSTED AS FOLLOWS, EFFECTIVE 5 JANUARY 1964.

NAME	SERIAL	ORGN	FUNDS	GR-ST	OLD SALARY	NEW SALARY
FOX JEROME	017974	45	160	V GS 12 3	\$10,105	\$10,640

107 1256

1. Serial No.		2. Name		3. Cost Center Number		4. LWOP (Hours)	
017974		FOX JEROME		56-160 V 7			
5. OLD SALARY RATE				6. NEW SALARY RATE			
Grade	Step	Salary	Left In Date	Grade	Step	Salary	Effective Date
GS 12	2	9,790	09/16/62	GS 12	3	10,105	09/15/63
7. TYPE ACTION							
PSI							
LSI							
ADJ.							
8. Remarks and Authorization							
<input checked="" type="checkbox"/> NO EXCESS LWOP <input checked="" type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input checked="" type="checkbox"/> LWOP STATUS AT END OF WAITING PERIOD CLERK'S INITIALS: _____ AUDITED BY: _____							
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.							
SIGNATURE: _____				DATE: _____			
PAY CHANGE NOTIFICATION							

107 1256
 107 1256

SECRET
(When Filled In)

RZR: 29 APR 63

OCF NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER: 017974
2. NAME (LAST FIRST MIDDLE): FOY, JEROME

3. NATURE OF PERSONNEL ACTION: REASSIGNMENT AND CHANGE OF SERVICE DESIGNATION
4. EFFECTIVE DATE: 04 29 63
5. CATEGORY OF EMPLOYMENT: REGULAR

6. FUNDS: X (to V), V TO V, V TO CF, CF TO V, CF TO CF
7. COST CENTER NO. CHARGEABLE: 3237 1250 1000
8. CSC OR OTHER LEGAL AUTHORITY: 50 USC 403 J

9. ORGANIZATIONAL DESIGNATIONS: DDP/FE, FE/VCL - VIETNAM - CAMBODIA - LAOS, VIETNAM OPERATIONS SECTION, FI/CI OPERATIONS UNIT
10. LOCATION OF OFFICIAL STATION: WASH., D.C.

11. POSITION TITLE: OPS OFFICER
12. POSITION NUMBER: 2503
13. SERVICE DESIGNATION: D

14. CLASSIFICATION SCHEDULE (GS, LB, etc.): GS
15. OCCUPATIONAL SERIES: 0135.01
16. GRADE AND STEP: 12 2
17. SALARY OR RATE: 9790

18. REMARKS:

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE: 37
20. EMPLOY CODE: 10
21. OFFICE SYMBOLS: 56100 FE
22. STATION CODE: 75013
23. INTERIOR CODE
24. HOURS CODE
25. DATE OF BIRTH
26. DATE OF SERVICE
27. DATE APPOINTED
28. RETIREMENT DATA
29. SEPARATION DATA CODE
30. EXCEPTION/CANCELLATION DATA
31. VET. PREFERENCE
32. SERV. COMP. DATE
33. LONG. COMP. DATE
34. CAREER CATEGORY
35. FEGLI/HEALTH INSURANCE
36. PREVIOUS GOVERNMENT SERVICE DATA
37. LEAVE/CAF CODE
38. FEDERAL TAX DATA
39. STATE TAX DATA
40. STATE SECURITY NO.

LOD DATA

POSTED
astales/K

FORM 1150

Use Previous Edition

23 APR 1963

SECRET

GROUP 1
EXCLUDED FROM AUTOMATIC
DOWNGRADING AND
DECLASSIFICATION

ABM: 20 DEC 62

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

OCF

1. SERIAL NUMBER 017974		2. NAME (LAST-FIRST-MIDDLE) FOX JEROME	
3. NATURE OF PERSONNEL ACTION REASSIGNMENT AND TRANSFER TO VOUCHERED FUNDS			4. EFFECTIVE DATE MO. DA. YR. 12 23 62
5. CATEGORY OF EMPLOYMENT REGULAR			6. COST CENTER NO. CHARGEABLE 3257 1019 6000
7. CSC OR OTHER LEGAL AUTHORITY 50 USC 403 J			8. FUNDS V TO V CF TO CF X G TO V CF TO G
9. ORGANIZATIONAL DESIGNATIONS DDI ORR OFFICE OF THE ASSISTANT DIRECTOR		10. LOCATION OF OFFICIAL STATION WASH., D. C.	
11. POSITION TITLE		12. POSITION NUMBER 1564	13. CAREER-SERVICE DESIGNATION IR
14. CLASSIFICATION SCHEDULE (GS, LO, etc.) GS	15. OCCUPATIONAL SERIES 1390.08	16. GRADE AND STEP 12 2	17. SALARY OR RATE 9790

18. REMARKS

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE 16	20. EMPLOY CODE 10	21. OFFICE CODING NUMERIC: 98100 ALPHABETIC: ORR		22. STATION CODE 75013	23. INTEGRER CODE	24. REQTS. CODE 1	25. DATE OF BIRTH	26. DATE OF GRADE MO. DA. YR.	27. DATE OF LEI MO. DA. YR.
28. INT. EXPIRES MO. DA. YR.	29. SPECIAL REFERENCE	30. RETIREMENT DATA A - CODE B - PICA C - ACSP		31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA TYPE MO. DA. YR.			33. SECURITY REQ. NO.	34. SEN.
35. VET. PREFERENCE 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 CAR. DESIG. CODE PROF. TEMP.		39. FECLLI / HEALTH INSURANCE CODE 0 - NONE 1 - YES		40. SOCIAL SECURITY NO.		
41. PREVIOUS GOVERNMENT SERVICE DATA CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE LESS THAN 3 YRS 3 - BREAK IN SERVICE MORE THAN 3 YRS		42. LEAVE CAT. CODE	43. FEDERAL TAX DATA FORM RECEIVED CODE NO. TAX ADJUSTMENTS 1 - YES 2 - NO		44. STATE TAX DATA CODE NO. TAX EXEMPT				

SIGNATURE OR OTHER AUTHENTICATION

POSTED
20 DEC 1962

FORM 1150

Use Previous Edition

BR

SECRET

FORM 1150-1 (When Filled In)

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 GR-ST	OLD SALARY	NEW GR-ST	NEW SALARY
FOX, JEROME	017974	70530	CF	12 2	\$ 9215	12 2	\$ 9700

1. Serial No.		2. Name			3. Civil Control Number		4. LWOP Hours					
017974		FOX JEROME			70 530 CF 3							
5. OLD SALARY RATE				6. NEW SALARY RATE						7. TYPE ACTION		
Grade	Step	Salary	Eff. Date	Grade	Step	Salary	Eff. Date	PSI	LSI	ADI		
GS	12 1	\$ 8,955	03/19/61	GS	12 2	\$ 9,215	09/16/62					
8. Remarks and Authentication												
<p style="text-align: right;">4 742</p> <p> <input checked="" type="checkbox"/> NO EXCESS LWOP / / EXCESS LWOP <input checked="" type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input checked="" type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD </p> <p> CLERKS INITIALS _____ AUDITED BY _____ PAY CHANGE NOTIFICATION </p>												

PSC: 17 MARCH 1961

SECRET
(When Filled In)

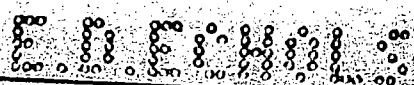
OCF NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER 017974		2. NAME (LAST-FIRST-INITIAL) FOX JEROME									
3. NATURE OF PERSONNEL ACTION PROMOTION				4. EFFECTIVE DATE MO. DA. YR. 03 19 61		5. CATEGORY OF EMPLOYMENT REGULAR					
6. FUNDS		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE 1137 7000 6135		8. CSC OR OTHER LEGAL AUTHORITY 50 USC 403 J			
CF TO V		X		CF TO CF		9. ORGANIZATIONAL DESIGNATIONS OFFICE OF DDI (TOKYO) STRATEGIC INTELLIGENCE STAFF					
10. LOCATION OF OFFICIAL STATION TOKYO, JAPAN				11. POSITION TITLE		12. POSITION NUMBER 0096		13. CAREER SERVICE DESIGNATION 1R			
14. CLASSIFICATION SCHEDULE (GS, WL, BW)		15. OCCUPATIONAL SERIES 1390.08		16. GRADE AND STEP 12 1		17. SALARY OR RATE 8955					
18. REMARKS											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE 22	20. EMPLOY CODE 10	21. OFFICE CODING NUMERICAL ALPHABETIC 70530 DDI		22. STATION CODE 37587	23. INTELLIGENCE CODE 3	24. MEDICAL CODE	25. DATE OF BIRTH		26. DATE OF GRADE MO. DA. YR. 03 19 61	27. DATE OF LEI MO. DA. YR. 03 19 61	
28. NTE. EXPIRES MO. DA. YR.		29. SPECIAL REFERENCE		30. RETIREMENT DATA 1. CODE 2. FICA 3. NOTE		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA TYPE: MO. DA. YR.		33. SECURITY REL. NO.	34. SER.
35. VET. PREFERENCE		36. SEAV. COMP. DATE		37. LONG COMP. DATE		38. MIL. SERV. CREDIT/LED		39. FEHLT/HEALTH INSURANCE CODES: D. DATED P. YES		40. SOCIAL SECURITY NO.	
41. PREVIOUS GOVERNMENT SERVICE DATA CODE: 0. NO PREVIOUS SERVICE 1. NO DUBOIS SERVICE 2. BREAK IN SERVICE (LESS THAN 18 MO.) 3. BREAK IN SERVICE (MORE THAN 18 MO.)		42. LEAVE CAT. CODE		43. FEDERAL TAX DATA FORM EXECUTED: CODE NO. TAX EXEMPTIONS				44. STATE TAX DATA FORM EXECUTED: CODE NO. TAX EXEMPTIONS			
SIGNATURE OR OTHER AUTHENTICATION											
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p style="margin: 0;">POSTED</p> <p style="margin: 0; font-family: cursive;">MPCOS 28-61</p> </div>											

Form 1150
6-63

Obsolete Previous Editions

SECRET

SECRET
(WHEN FILLED IN)

1. EMP. SERIAL NO. 517974		2. NAME FOX JEROME			3. ASSIGNED ORGAN DDI 3		4. FUNDS UV		5. ALLOTMENT		
6. OLD SALARY RATE					7. NEW SALARY RATE						
GRADE	STEP	SALARY	LAST EFFECTIVE DATE			GRADE	STEP	SALARY	EFFECTIVE DATE		
			MO	DA	YR				MO	DA	YR
GS 11	2	\$ 7,820	04	19	59	GS 11	3	\$ 8,090	10	16	60
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: <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. AUDIT		
TO BE COMPLETED BY THE OFFICE OF PERSONNEL											
12. TYPE OF ACTION <input type="checkbox"/> P.S.S. <input type="checkbox"/> L.A.I. <input type="checkbox"/> PAY ADJUSTMENT						13. REMARKS WR					
14. AUTHENTICATION											
 PAY CHANGE NOTIFICATION											

FORM 5-58

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

SECRET

OFFICIAL PERSONNEL FOLDER (4)

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

GD	NAME	SERIAL	ORGN	GR-ST	OLD SALARY	NEW SALARY
IR	FOX JEROME	517974	18 25	GS-11 2	\$ 7,270	\$ 7,820

/S/ EMMETT D. ECHOLS
DIRECTOR OF PERSONNEL

IN LIEU OF FORM 1150 THIS NOTIFICATION EFFECTS A CHANGE IN OCCUPATIONAL
SERIES RESULTING FROM APPLICATION OF STAFFING COMPLEMENT CHANGE

AUTHORIZATION NUMBER 22 DATED 1 JULY 1960.

SD	NAME	SERIAL	ORGN	OLD OCC SERIES	NEW OCC SERIES
IR	FOX JEROME	517974	18 25	1390.06	1390.08

/S/ EMMETT D. ECHOLS
DIRECTOR OF PERSONNEL

SECRET
(When Filled In)

JEC:7 JULY 59

NOTIFICATION OF PERSONNEL ACTION

1. Serial No. 51797*		2. Name (Last-First-Middle) FOX JEROME			3. Date Of Birth		4. Vet. Pref. None-0 5 Pt-1 10 Pt-2		5. Sex M 1		6. CS-EOD Mo. Da. Yr. 06 15 55			
7. SCD		8. CSC Rmtt. Yes-1 No-2		9. CSC Or Other Legal Authority Code 50 USCA 403 J		10. Appt. Allgry. Mo. Da. Yr.		11. FEGLI Yes-1 No-2		12. LCD Mo. Da. Yr.		13. Pres. Act. Yes-1 No-2		
Mo.	Da.	Yr.	Yes-1	Code	Mo.	Da.	Yr.	Yes-1	Code	Mo.	Da.	Yr.	Yes-1	Code
04	16	54		1					1	06	15	55		2

PREVIOUS ASSIGNMENT

14. Organizational Designations DDI ORR			Code 1323		15. Location Of Official Station WASH., D.C.			Station Code 75013	
16. Dept. - Field Dept. - 1 USIId - 3 Frgn. - 5		17. Position Title Code IDENTIFICATION SPEC		18. Position No. 92301		19. Serv. GS		20. Occup. Series 1390.06	
21. Grade & Step 11 2		22. Salary Or Rate \$ 7270		23. SD 1R		24. Date Of Grade Mo. Da. Yr. 10 20 57		25. P&A Date Mo. Da. Yr. 04 19 59	
26. Appropriation Number 8 5709 20									

ACTION

27. Nature Of Action REASSIGNMENT TRANSFERRED TO CONFIDENTIAL FUNDS		Code 06		28. Eff. Date Mo. Da. Yr. 07 26 59		29. Type Of Employee REGULAR		Code 01		30. Separation Date	
---	--	------------	--	--	--	---------------------------------	--	------------	--	---------------------	--

PRESENT ASSIGNMENT

31. Organizational Designations OFFICE OF DDI (TOKYO) STRATEGIC INTELLIGENCE STAFF			Code 1825		32. Location Of Official Station TOKYO, JAPAN			Station Code 37597	
33. Dept. - Field Dept. - 1 USIId - 3 Frgn. - 5		34. Position Title Code		35. Position No. 003		36. Serv. GS		37. Occup. Series 1390.06	
38. Grade & Step 11 2		39. Salary Or Rate \$ 7270		40. SD 1R		41. Date Of Grade Mo. Da. Yr. 10 20 57		42. P&A Date Mo. Da. Yr. 10 11 59	
43. Appropriation Number 0 3709 75 901									

44. Remarks:
SUBJECT TO APPROVED MEDICAL CLEARANCE PRIOR TO BEING SENT OVERSEAS.

POSTED
CP 23 JUL 59

SECRET
(WHEN FILLED IN)

1. EMP. SERIAL NO. 11797A		2. NAME FOX JEROME			3. ASSIGNED ORGAN. DDI/ORR 3		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 11	1	\$ 7,030	MO	DA	YR	GS 11	2	\$ 7,270	MO	DA	YR
			10	20	57				04	19	59
TO BE COMPLETED BY THE OFFICE OF THE COMPTROLLER											
8. CHECK ONE <input checked="" type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> EXCESS LWOP						9. NUMBER OF HOURS LWOP None					
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 W			11. AUDITED BY		
TO BE COMPLETED BY THE OFFICE OF PERSONNEL											
12. PROJECTED SALARY RATE AND EFFECTIVE DATE						13. REMARKS					
GRADE	STEP	SALARY	MO	DA	YR	CP W					
14. AUTHENTICATION											
PERIODIC STEP INCREASE - AUTHENTICATION 1959 MAR 13 1 56 PM '59 PAYROLL BRANCH											

FORM NO. 5605
MAY 58

SECRET

PERSONNEL FOLDER (4)

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

SER #	NAME	SD	OLD SLOT	NEW SLOT	DATE
11797A	FOX JEROME	IR	0929.01	923	03/11/59

SECRET

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

NAME	SERIAL	GRADE-STEP	OLD SALARY	NEW SALARY
FOX JEROME	117974	GS-11-1	\$ 6,390	\$ 7,030

GORDON M. STEWART
/S/ DIRECTOR OF PERSONNEL

SECRET

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

1. Serial No.		2. Name (Last-First-Middle)			3. Date Of Birth			4. Vet. Prof.		5. Sec.		6. GS - EOD			
117		OX J			Mo. Da. Yr.			None-0 5-Pt-1 10-Pt-2		1		Mo. Da. Yr.			
7. SCD		8. CSC Rmt.		9. CSC Or Other Legal Authority		10. Apmt. A/Hldy.			11. FEGLI		12. LCD		13. ...		
Mo. Da. Yr.		Yes-1 No-2		Code		Mo. Da. Yr.			Yes-1 No-2		Mo. Da. Yr.		Yes-1 No-2		
1		1		50 USC A 3102 J		1			1		1		1		

PREVIOUS ASSIGNMENT

14. Organizational Designations				Code		15. Location Of Official Station				Station Code	
CDI						WASH., D.C.					
16. Dept. Field		17. Position Title				18. Position No.		19. Serv.		20. Occup. Series	
Doct - 2 USfid - 4 Frqn - 6		IDENTIFICATION OFFICER				2011		US		13000	
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grada		25. PSI Due		26. Appropriation Number	
2		\$ 575		IR		Mo. Da. Yr.		Mo. Da. Yr.		17-5	

ACTION

27. Nature Of Action		Code		28. Eff. Date		29. Type Of Employee		Code		30. Separation Data	
PROMOTION		10		12/17		REGULAR		1			

PRESENT ASSIGNMENT

31. Organizational Designations				Code		32. Location Of Official Station				Station Code	
CDI						WASH., D.C.					
33. Dept. Field		34. Position Title				35. Position No.		36. Serv.		37. Occup. Series	
Doct - 2 USfid - 4 Frqn - 6		IDENTIFICATION OFFICER				2011		US		13000	
38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grada		42. PSI Due		43. Appropriation Number	
1-1		\$ 575		IR		Mo. Da. Yr.		Mo. Da. Yr.		17-5	


44. Remarks

APPROVED

DATE: 11/20/02

[Signature]

SECRET
(WHEN FILLED IN)

1. EMP. SERIAL NO. 117974		2. NAME FOX JEROME			3. ASSIGNED ORGAN. DDI/ORR 3		4. FUNDS V-20		5. ALLOCATION		
6. OLD SALARY RATE						7. NEW SALARY RATE					
GRADE	STEP	SALARY	LAST EFFECTIVE DATE			GRADE	STEP	SALARY	EFFECTIVE DATE		
			NO.	DA.	YE.				NO.	DA.	YE.
9	1	\$ 5,440	07	01	56	9	2	\$ 5,575	06	30	57
REMARKS											
CERTIFICATION											
I CERTIFY THAT THE SERVICE AND CONDUCT OF THE ABOVE NAMED EMPLOYEE ARE SATISFACTORY.											
TYPED OR PRINTED NAME OF			DATE			SIC			SIGNATURE		
			23 May 57								
PERIODIC STEP INCREASE VERIFICATION											

FORM NO. 560
1 MAR 56

SECRET

PERSONNEL FOLDER (4)

SECRET
(WHEN FILLED IN)

1. EMP. SERIAL NO. 117974		2. NAME FOX JEROME			3. ASSIGNED ORGAN. DDI/ORR		4. FUNDS V-20		5. ALLOCATION		
6. OLD SALARY RATE						7. NEW SALARY RATE					
GRADE	STEP	SALARY	LAST EFFECTIVE DATE			GRADE	STEP	SALARY	EFFECTIVE DATE		
			NO.	DA.	YE.				NO.	DA.	YE.
9	1	\$ 5,440	07	01	56	9	2	\$ 5,575	06	30	57
TO BE COMPLETED BY THE OFFICE OF COMPTROLLER 8. CHECK ONE: <input type="checkbox"/> NO STEPS LOST <input type="checkbox"/> REASSIGNED 9. NUMBER OF HOURS LOST 10. INITIALS OF CLERK 11. AUDITED BY											
TO BE COMPLETED BY THE OFFICE OF PERSONNEL 12. PROJECTED SALARY RATE AND EFFECTIVE DATE 13. SIGNATURE											
14. AUTHENTICATION											
PERIODIC STEP INCREASE AUTHENTICATION											

FORM NO. 560
1 MAR 56

SECRET

PERSONNEL FOLDER

STANDARD FORM 52
PROCESSED BY THE
BUREAU OF PERSONNEL
GENERAL USE - FEDERAL PERSONNEL
MANAGEMENT SYSTEMS

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 (from name, initial(s), and surname)) Mr. Jerome Fox	2. DATE OF BIRTH	3. REQUEST NO.	4. DATE OF REQUEST 18 April 1957
5. NATURE OF ACTION REQUESTED A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) Reassignment		6. EFFECTIVE DATE A. PROPOSED: ASAP	7. C.S. OR OTHER LEGAL AUTHORITY
8. POSITION (Specify whether establish, change grade or title, etc.)		B. APPROVED: 2 JUN 1957	

FROM— Identification Specialist 7-924.03 GS-1390.06-09 \$5440.00 per annum DDI/Office of Research and Reports Chief,	A. POSITION TITLE AND NUMBER B. SERVICE GRADE AND SALARY C. ORGANIZATIONAL DESIGNATION D. HEADQUARTERS E. FIELD OR DEPARTMENTAL	TO— Identification Specialist 7-923.01 GS-1390.06-09 \$5440.00 per annum DDI/Office of Research and Reports
Washington, D.C.	Washington, D.C.	
<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL	<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL	

9. REMARKS (Use reverse if necessary)
Reassignment submitted to conform to T/O reorganization

10. REQUEST APPROVED BY Signature: PAUL H. WILDERRAND Title: Chief, Administrative Staff, O-2			
14. POSITION CLASSIFICATION ACTION NEW VICE I A (REAL) SD/IR			
15. 16. APPROPRIATION: FROM 7-5709-20 TO 7-5709-20	17. CURRENT U.S. RESERVE INACT (113-80) 7-5709	18. DATE OF APPOINTMENT (REGULARS ONLY)	19. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:

20. STANDARD FORM TO REMARKS:

POSTED
01 MAY 1957

21. CLEARANCES	INITIALS OF SIGNATURE	DATE	REMARKS
A			
B. CH. CHIEF CONTROL			
C. CLASSIFICATION			
D. PLACEMENT OF TIME			
E			

22. APPROVED BY: **Paul Wilderrand**

PERIODIC STEP INCREASE CERTIFICATION

CONFIDENTIAL

U. S. GOVERNMENT PRINTING OFFICE: 1954 O-270080

Form 1136-Rev. 10-20-54

1. Agency and organizational description: _____

2. Period: period _____

3. Book No. _____

4. Slip No. **6-5709-20**

Employee's name (and social security account number when appropriate): **PCK, JEROME**

5. Grade and salary: **GS-7 \$4525**

PAYROLL CHANGE DATA

	BASE PAY	OVERTIME	GROSS PAY	RET.	FEDERAL TAX	BOND	R.C.A.	STATS TAX	GROUP LIFE INS.	NET PAY
7. Previous normal										
8. New normal										
9. Pay this period										

10. Remarks: _____

11. Appropriate: **CR 21**

12. Prepared by: **SPJ-25 APR 56**

13. Audited by: _____

Periodic step-increase Pay adjustment Other step-increase

14. Effective date: **JUN 56**

15. Date last equivalent increase: **15 JUNE 55**

16. Old salary rate: **\$4525**

17. New salary rate: **\$4660**

18. Performance during last LWOP period (if any) is satisfactory and conduct is satisfactory.

(Signature or other authentication): _____

19. LWOP data (fill in appropriate spaces covering LWOP during following periods):

No excess LWOP. Total excess LWOP _____

Check applicable box in case of excess LWOP:

No excess LWOP. Total excess LWOP _____

Excess LWOP. Total excess LWOP _____

(Signature of Clerk): _____

STANDARD FORM NO. 1136-Rev. 10-20-54
Form prescribed by Comp. Gen. U. S. October 20, 1954, General Regulations No. 107

CONFIDENTIAL PAYROLL CHANGE SLIP — PERSONNEL COPY

CENTRAL INTELLIGENCE AGENCY P.C. 27 May 1955
SR-9297-1 CB

NOTIFICATION OF PERSONNEL ACTION

1. NAME (MR., MISS, MRS. JOB OFFER NAME, INITIALS, AND SURNAME) MR. JAMES FOX		2. DATE OF BIRTH	3. JOURNAL OR ACTION NO.	4. DATE 15 June 1955
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) RECEIVED APPOINTMENT		6. EFFECTIVE DATE 15 June 1955	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY 50 USCA 403 1	
FROM		TO		
8. POSITION TITLE Ident. Specialist P 925.99		9. SERVICE, SERIES, GRADE, SALARY GS-1390.06-7 \$4205.00 per annum		
10. ORGANIZATIONAL DESIGNATIONS DDI/Office of Research and Reports Office of Chief,		11. HEADQUARTERS Washington, D.C.		
12. FIELD OR DEPT'L <input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL		12. FIELD OR DEPT'L <input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL		
13. VETERAN'S PREFERENCE		14. POSITION CLASSIFICATION ACTION		
15. 16. 17. APPROPRIATION GEN RACE FROM N. E. 5-5700-00		18. SUBJECT TO C.S. RETIREMENT ACT (YES-NO) Yes		19. DATE OF APPOINTMENT AFFIDAVIT (ACCESSIONS ONLY) 15 June 1955
20. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE: New York		21. REMARKS: This action is subject to all applicable laws, rules, and regulations and may be subject to investigation and approval by the United States Civil Service Commission. The action may be corrected or canceled if not in accordance with all requirements. Subject to the satisfactory completion of a trial period of one year and a medical examination. R3-69 DND 06/15/55 CSC 06/15/55 LSD 06/15/55		
22. SIGNATURE OF APPLICANT		23. SIGNATURE OF OFFICIAL		
[Redacted Signature]		[Redacted Signature]		

POSTED
27 JUN 1955

CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION

1. NAME (LAST-FIRST-MIDDLE-INITIALS) AND SURNAMES MR. JEROME P. [REDACTED]	2. DATE OF BIRTH 1197A	3. JOURNAL OR ACTION NO.	4. DATE 26 June 1976
--	----------------------------------	--------------------------	--------------------------------

This is to notify you of the following action affecting your employment:

5. NATURE OF ACTION (SEE STANDARD REGULATIONS) PROBATION	6. EFFECTIVE DATE 1 July 1976	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY 50 USC 401
--	---	--

FROM	TO
F-25.99 GS-1390.06-7 \$4660.00 per annum	Identification Specialist F-25.99 GS-1390.06-9 \$5440.00 per annum
8. POSITION TITLE	
9. SERVICE NUMBER GRADE SALARY	
10. ORGANIZATIONAL DESIGNATION 131630	DUI/Office of Research and Reports Office of Chief,
11. HEADQUARTERS R	Washington, D. C.
12. FIELD OR DEPT.	

13. VETERAN'S PREFERENCE				14. POSITION CLASSIFICATION ACTION					
NONE	WHILE	OTHER	5-PT	10 POINT	NEW	YR	L A	REAL	
			<input checked="" type="checkbox"/>						
15. APPROPRIATION				17. EMPLOYMENT STATUS		18. DATE OF APPOINTMENT		19. LEGAL RESIDENCE	
FROM: 7-579-80				17. EMPLOYMENT STATUS		18. DATE OF APPOINTMENT		19. LEGAL RESIDENCE	
TO: 750-13				17. EMPLOYMENT STATUS		18. DATE OF APPOINTMENT		19. LEGAL RESIDENCE	

20. REMARKS

4 205 06/25/76

POSTED

6/25/76

CLASSIFICATION

FITNESS REPORT

SECTION A

GENERAL INFORMATION

1. EMPLOYEE NUMBER 017974 2. NAME (last, first, middle) Fox, Jerome 3. DATE OF BIRTH 4. SEX M 5. GRADE GS-13 6. SD D

7. OFFICIAL POSITION TITLE Ops Officer 8. OFF/DIV/BR OF ASSIGNMENT DDO/EA 9. CURRENT STATION Hqs 10. CODE (1-5) NOS OF

11. TYPE OF APPOINTMENT 12. TYPE OF REPORT X CAREER RESERVE CONTRACT OTHER (spec) TEMPORARY ANNUAL REASSIGNMENT OF SPECIAL

13. REPORTING PERIOD (From-To) Feb - Jul 1974 14. DATE REPORT DUE IN O.P. supervisor

SECTION B

QUALIFICATIONS UPDATE

IF QUALIFICATIONS UPDATE FORM IS BEING SUBMITTED WITH CHANGES, AND IS ATTACHED TO THIS REPORT, PLACE THE WORD "YES" IN THE BOX TO THE RIGHT. IF NO CHANGES ARE REQUIRED, PLACE THE WORD "NO" IN THE BOX AT RIGHT.

SECTION C

PERFORMANCE EVALUATION

U-Unsatisfactory Performance is unacceptable. A rating in this category requires immediate and positive remedial action... M-Marginal Performance is deficient in some aspects... P-Proficient Performance is satisfactory... S-Strong Performance is characterized by exceptional proficiency... O-Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others...

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 performance in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).

Table with 2 columns: SPECIFIC DUTY NO. and RATING LETTER. Row 1: See Section C, Rating Letter. Rows 2-6: Empty.

OVERALL PERFORMANCE IN CURRENT POSITION

Place your overall appraisal of the employee's performance in the current position in the column provided... Rating Letter

18118

CLASSIFICATION

SECTION D

NARRATIVE COMMENTS

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

It is neither feasible nor desirable to attempt an evaluation of Mr. Fox's performance as an operations officer based on the relatively short period (5 months) he has been assigned to the [redacted]. Throughout this time he has been faced by a series of [redacted] which have understandably pre-occupied him. His [redacted] which caused him almost [redacted] has led him to apply [redacted] a decision on his application is pending. He has also had to undergo a series of [redacted] which required a great deal of time and attention. Under the circumstances no specific duties and letter grades are being listed in Section B above.

SECTION E

CERTIFICATION AND COMMENTS

1. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION 5	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
DATE 15 July 1974	OFFICIAL TITLE OF SUPERVISOR Chief, EA/ [redacted]	TYPED OR PRINTED NAME AND SIGNATURE [redacted]

2. BY EMPLOYEE

STATEMENT CONCERNING THIS EVALUATION OF MY PERFORMANCE	DATE 15 July 1974	BIOGRAPHICAL DATA OFFICE
<input checked="" type="checkbox"/> HAVE ATTACHED	<input type="checkbox"/> HAVE NOT ATTACHED	[redacted]

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

I fully agree with the supervisor's narrative comments. It would be grossly misleading to attempt to provide letter ratings or a performance evaluation under the unique conditions which obtained throughout this period.

DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL IN/FA [redacted]	TYPED OR PRINTED NAME AND SIGNATURE [redacted]
------	--	---

4. BY EMPLOYEE

DATE	TYPED OR PRINTED NAME AND SIGNATURE
[redacted]	[redacted]

CLASSIFICATION

SECRET

28 August 1974

MEMORANDUM FOR THE RECORD

SUBJECT: Meritorious Unit Citation

On 20 August 1974 the Director of Central Intelligence approved award of the Meritorious Unit Citation to the [redacted] Station in recognition of the outstanding performance of the following employees during the period June 1971 to December 1973:

[redacted]

Fox, Jerome

[redacted]

R. L. Austin, Jr.

R. L. Austin, Jr.
Recorder

Honor and Merit Awards Board

SECRET

GROUP 1
EXCLUDED FROM AUTOMATIC DOWNGRADING AND
DECLASSIFICATION

CONFIDENTIAL

FITNESS REPORT		NOTE: Supervisor or Reviewing Official may assign a higher classification if CONFIDENTIAL is not adequate for the report when completed.			
SECTION A. GENERAL INFORMATION					
1. EMPLOYEE NUMBER 0 17974		2. NAME (last, first, middle) Fox, Jerome (nmi)		3. DATE OF BIRTH	4. SEX M
5. GRADE GS-13		6. SO D		7. OFFICIAL POSITION TITLE Ops Officer	
8. OFF/DIV/BR OF ASSIGNMENT FE		9. CURRENT STATION			
10. TYPE OF APPOINTMENT			11. TYPE OF REPORT		
<input checked="" type="checkbox"/> CAREER	<input type="checkbox"/> CAREER-PROVISIONAL	<input type="checkbox"/> RESERVE	<input checked="" type="checkbox"/> ANNUAL	<input type="checkbox"/> 31-MONTH	<input type="checkbox"/> 30-MONTH
<input type="checkbox"/> CONTRACT	<input type="checkbox"/> SPECIAL	<input type="checkbox"/> TEMPORARY	12. REPORTING PERIOD (From-to) 30 Nov 72-31 July 73		13. DATE REPORT DUE IN O.P. 30 September 1973
SECTION B. PERFORMANCE EVALUATION					
<p>U - Unsatisfactory: Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>M - Marginal: Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.</p> <p>P - Proficient: Performance is satisfactory. Desired results are being produced in the manner expected.</p> <p>S - Strong: Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding: 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).					
SPECIFIC DUTY NO. 1 Serves as Station referent for MIABYSS matters.					RATING LETTER P
SPECIFIC DUTY NO. 2 Spot, develop, assess and recruit [redacted]					RATING LETTER P
SPECIFIC DUTY NO. 3 Spot, develop, assess and recruit agents to obtain [redacted]					RATING LETTER S
SPECIFIC DUTY NO. 4 Handle on-going cases; tighten operational security, increase production, strengthen agent motivation.					RATING LETTER P
SPECIFIC DUTY NO. 5 Serves as official Station [redacted] contact on PBRAMPART affairs.					RATING LETTER P
SPECIFIC DUTY NO. 6 Prepare reports, correspondence and other management/administrative requirements.					RATING LETTER P
OVERALL PERFORMANCE IN CURRENT POSITION					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, production, conduct on job, cooperation with personnel, personal habits, etc. Give particular emphasis on 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 nearly reflects his level of performance.					RATING LETTER P

FORM 45N

CONFIDENTIAL

14-00000

CONFIDENTIAL

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

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	
21 August 1973	/S/ Jerome Fox	
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
21 August 1973	DCOS	
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
5 September 1973	CS	/S/ George T. Kalaria

CONFIDENTIAL

CONFIDENTIAL

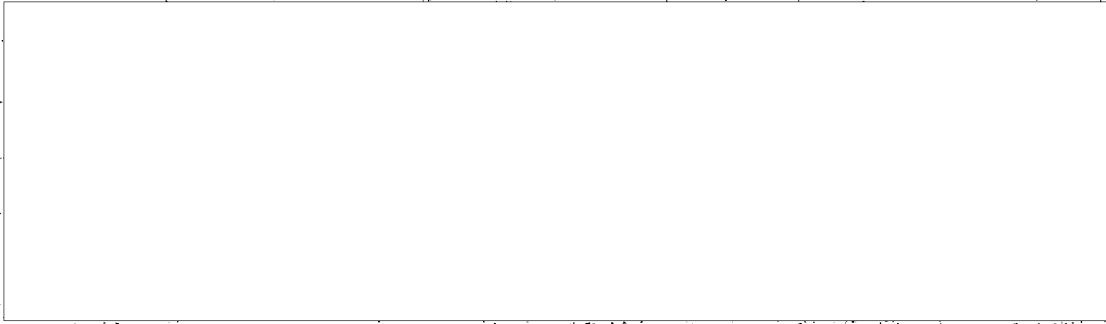
Section C. Narrative Comments (Continued)



CONFIDENTIAL

14-00000
Reviewing Comments
(Continued)

CONFIDENTIAL



CONFIDENTIAL

SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				017974	
SECTION A GENERAL					
1. NAME (Last) (First) (Middle) Fox, Jerome			2. DATE OF BIRTH	3. SEX M	4. GRADE GS-13
5. OFFICIAL POSITION/TITLE Ops. Officer			7. OFF/DIV/BR OF ASSIGNMENT DDP/FE/	8. CURRENT STATION	
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C) <input type="checkbox"/> SPECIAL (Specify)			<input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> SPECIAL (Specify)		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to) 30 November 1971-30 November 1972		
SECTION B PERFORMANCE EVALUATION					
<p>U-Unsatisfactory Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>M-Marginal Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.</p> <p>P-Proficient Performance is satisfactory. Desired results are being produced in the manner expected.</p> <p>S-Strong Performance is characterized by exceptional proficiency.</p> <p>O-Outstanding 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).					
SPECIFIC DUTY NO. 1 Serve as the Station referent for MHABYSS matters.					RATING LETTER S
SPECIFIC DUTY NO. 2 Serve as the Station referent for Communist matters.					RATING LETTER S
SPECIFIC DUTY NO. 3 Spot, develop, assess and recruit [redacted]					RATING LETTER P
SPECIFIC DUTY NO. 4 Spot, develop, assess and recruit agents to obtain intelligence early the [redacted] and their main front organizations.					RATING LETTER P
SPECIFIC DUTY NO. 5 Handle on-going cases: tighten operational security, increase production, strengthen agent motivations, handle ad hoc operational cases.					RATING LETTER P
SPECIFIC DUTY NO. 6 Prepare reports, correspondence and other management/administrative requirements.					RATING LETTER P
OVERALL PERFORMANCE IN CURRENT POSITION					
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 of 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 P

JAC

SECRET

FORM 2, 11-72

SECTION C

NARRATIVE COMMENTS

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

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	
24 November 1972	/s/ Jerome Fox	
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
24 November 1972	Deputy Chief of Station	/s/ [Redacted]
3. BY REVIEWING OFFICIAL		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
24 November 1972	Chief of Station	/s/ George T. Kalaris

SECRET

SECRET

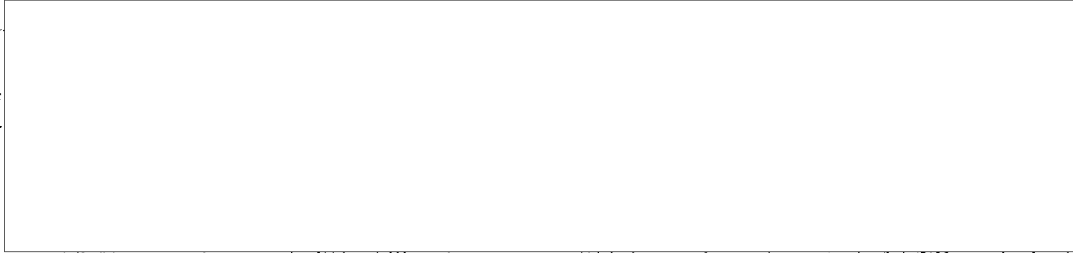
SECTION C - Narrative Comments (continued)



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S E C R E T

SECTION D - Comments of Reviewing Official (continued)

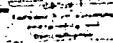


S E C R E T

SECRET

(When Filled In)

FITNESS REPORT					EMPLOYEE SERIAL NUMBER	
					017974	
SECTION A GENERAL						
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD
Fox, Jerome				M	09-13	D
6. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION	
Ops. Officer			DDP/FE			
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CAREER-PROVISIONAL (See Instructions - Section C)			SPECIAL (Specify)			
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to)			
28 February 1972			1 August 1971 - 31 December 1971			
SECTION B PERFORMANCE EVALUATION						
<p>U-Unsatisfactory Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>M-Marginal Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.</p> <p>P-Proficient Performance is satisfactory. Desired results are being produced in the manner expected.</p> <p>S-Strong Performance is characterized by exceptional proficiency.</p> <p>O-Outstanding 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).						
SPECIFIC DUTY NO. 1						RATING LETTER
Serve as the Station referent for communist matters.						B
SPECIFIC DUTY NO. 2						RATING LETTER
Spot, develop, assess and recruit [redacted]						P
SPECIFIC DUTY NO. 3						RATING LETTER
Spot, develop, assess and recruit agents to obtain intelligence from the [redacted] (particularly the [redacted]) and their main front organizations.						P
SPECIFIC DUTY NO. 4						RATING LETTER
Handle on-going cases, tighten operational security, increase production, strengthen agent motivations; handle ad hoc operational cases.						S
SPECIFIC DUTY NO. 5						RATING LETTER
Prepare reports, correspondence, and other management/administrative requirements.						P
SPECIFIC DUTY NO. 6						RATING LETTER
Prepare media placement articles and themes.						P
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.						P



SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

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

Dec 6 10 24 1971

[Empty box for narrative comments]

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	
29 November 1971	/s/ Jerome Fox	
2. BY SUPERVISOR		
MONTHS EMPLOYER 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
29 November 1971	COS []	/s/ George Kalaris
3. BY REVIEWING OFFICIAL		
COMMENT OF REVIEWING OFFICIAL		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
02 DEC 1971	CFE []	Ralph J. Katrosh

SECRET

SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER		
				017974		
SECTION A GENERAL						
1. NAME (Last) (First) (Middle) Fox, Jerome			2. DATE OF BIRTH	3. SEX M	4. GRADE GS-13	5. SD D
6. OFFICIAL POSITION TITLE Ops Officer			7. OFF/DIV/BR OR ASSIGNMENT DDP/FE/		8. CURRENT STATION	
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT			
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CAREER-PROVISIONAL (See instructions - Section C)			<input type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL		<input checked="" type="checkbox"/> REASSIGNMENT SUPERVISOR <input type="checkbox"/> REASSIGNMENT EMPLOYEE	
SPECIAL (Specify):			SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From to) 1 January 1971 - 30 July 1971			
SECTION B PERFORMANCE EVALUATION						
<p>U-Unsatisfactory Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>M-Marginal Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.</p> <p>P-Proficient Performance is satisfactory. Desired results are being produced in the manner expected.</p> <p>S-Strong Performance is characterized by exceptional proficiency.</p> <p>O-Outstanding 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).						
SPECIFIC DUTY NO. 1 Serve as the Station Referent for Communist Matters.						RATING LETTER S
SPECIFIC DUTY NO. 2 Spot, develop, assess, and recruit agents to obtain intelligence the () and their main front organizations. (particularly						RATING LETTER P
SPECIFIC DUTY NO. 3 Handle on-going cases: tighten operational security, increase production, strengthen agent motivations; handle ad hoc operational cases.						RATING LETTER S
SPECIFIC DUTY NO. 4 Spot, develop, assess, and recruit ()						RATING LETTER P
SPECIFIC DUTY NO. 5 Prepare reports, correspondence, and other management/administrative requirements.						RATING LETTER P
SPECIFIC DUTY NO. 6 Prepare media placement articles and themes.						RATING LETTER P
OVERALL PERFORMANCE IN CURRENT POSITION						
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 merits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place this letter in the rating box corresponding to the statement which most accurately reflects his level of performance.						RATING LETTER S

20 2079

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 -- provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.</p>			

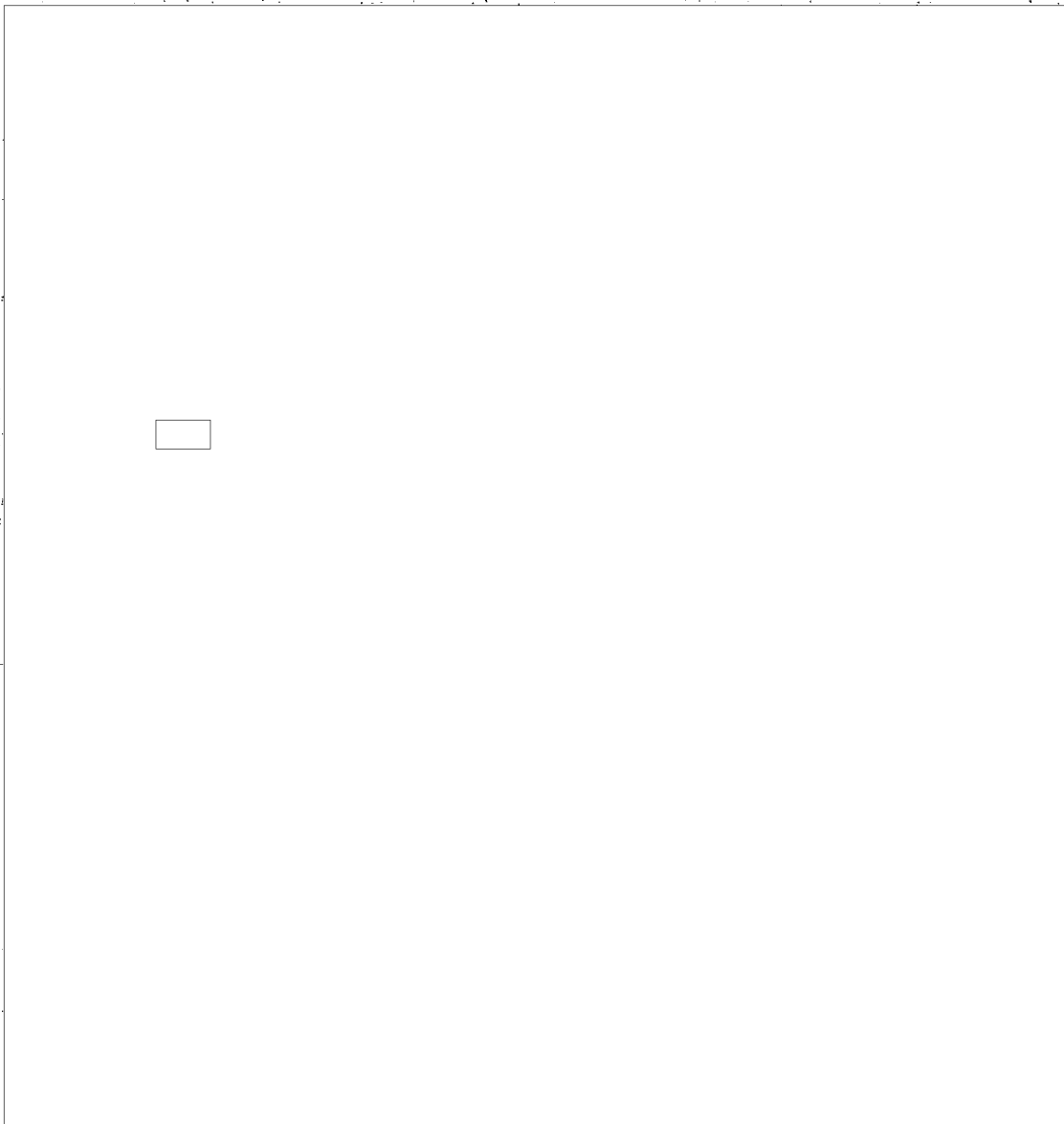
(Continued)

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				
31 July 1971	/s/ Jerome Fox				
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			
31 July 1971	Deputy Chief of Station	/s/ [Redacted]			
3. BY REVIEWING OFFICIAL					
COMMENTS OF REVIEWING OFFICIAL					
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE			
6 August 1971	Chief of Station	/s/ George T. Kalantz			

SECRET

SECRET

NARRATIVE (Continued)



SECRET

S E C R E T

NARRATIVE (Continued)



S E C R E T

S E C R E T

REVIEWING COMMENTS (continued)

MK

S E C R E T

SECRET

(When Filled In)

FITNESS REPORT		EMPLOYER SERIAL NUMBER	
		017974	
SECTION A GENERAL			
1. NAME (Last) (First) (Middle)	2. DATE OF BIRTH	4. SER.	5. 10
Fox, Jerome (mat)		M	GS-13 D
3. OFFICIAL POSITION TITLE	7. OFF. DIV. OR OF ASSIGNMENT	8. CURRENT STATION	
Ops. Officer	DDP/EX		
9. CHECK (X) TYPE OF APPOINTMENT	10. CHECK (X) TYPE OF REPORT		
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY	<input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR		
<input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)	<input type="checkbox"/> REASSIGNMENT EMPLOYEE		
<input type="checkbox"/> SPECIAL (Specify)	<input type="checkbox"/> SPECIAL (Specify)		
11. DATE REPORT DUE IN O.P.	12. REPORTING PERIOD (From - to)		
28 February 1971	1 May 1970 to 31 December 1970		
SECTION B PERFORMANCE EVALUATION			
<p>U-Unsatisfactory Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>M-Marginal Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.</p> <p>P-Profitant Performance is satisfactory. Desired results are being produced in the manner expected.</p> <p>S-Strong Performance is characterized by exceptional proficiency.</p> <p>O-Outstanding 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).			
SPECIFIC DUTY NO. 1 Station Communist Movement (CM) officer responsible for functional coordination of overall program, including program guidance, analysis and research, and maintenance of central subject files pertinent to program targets (1 May - 10 August 1970).			RATING LETTER S
SPECIFIC DUTY NO. 2 Serve as the Station Referent for Communist Matters (August - 30 December 1970).			RATING LETTER S
SPECIFIC DUTY NO. 3 Spot, develop, assess, and recruit agents to obtain intelligence from [redacted] and their main front organizations.			RATING LETTER P
SPECIFIC DUTY NO. 4 Handle on-going cases: tighten operational security, increase production, strengthen agent motivation, and handle ad hoc operational cases.			RATING LETTER S
SPECIFIC DUTY NO. 5 Spot, develop, assess, and recruit [redacted]			RATING LETTER P
SPECIFIC DUTY NO. 6 Prepare reports, correspondence, and other management/administrative requirements.			RATING LETTER P
OVERALL PERFORMANCE IN CURRENT POSITION			RATING LETTER S
<p>Use this space for commenting about the employee which influences his effectiveness in his present position such as participation in specific duties, proficiency, conduct on job, cooperativeness, pertinent personal traits or habits, and particular incidents or events. 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 best represents your rating of his performance.</p>			

SECRET

SECTION C

NARRATIVE COMMENTS

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

SECTION D

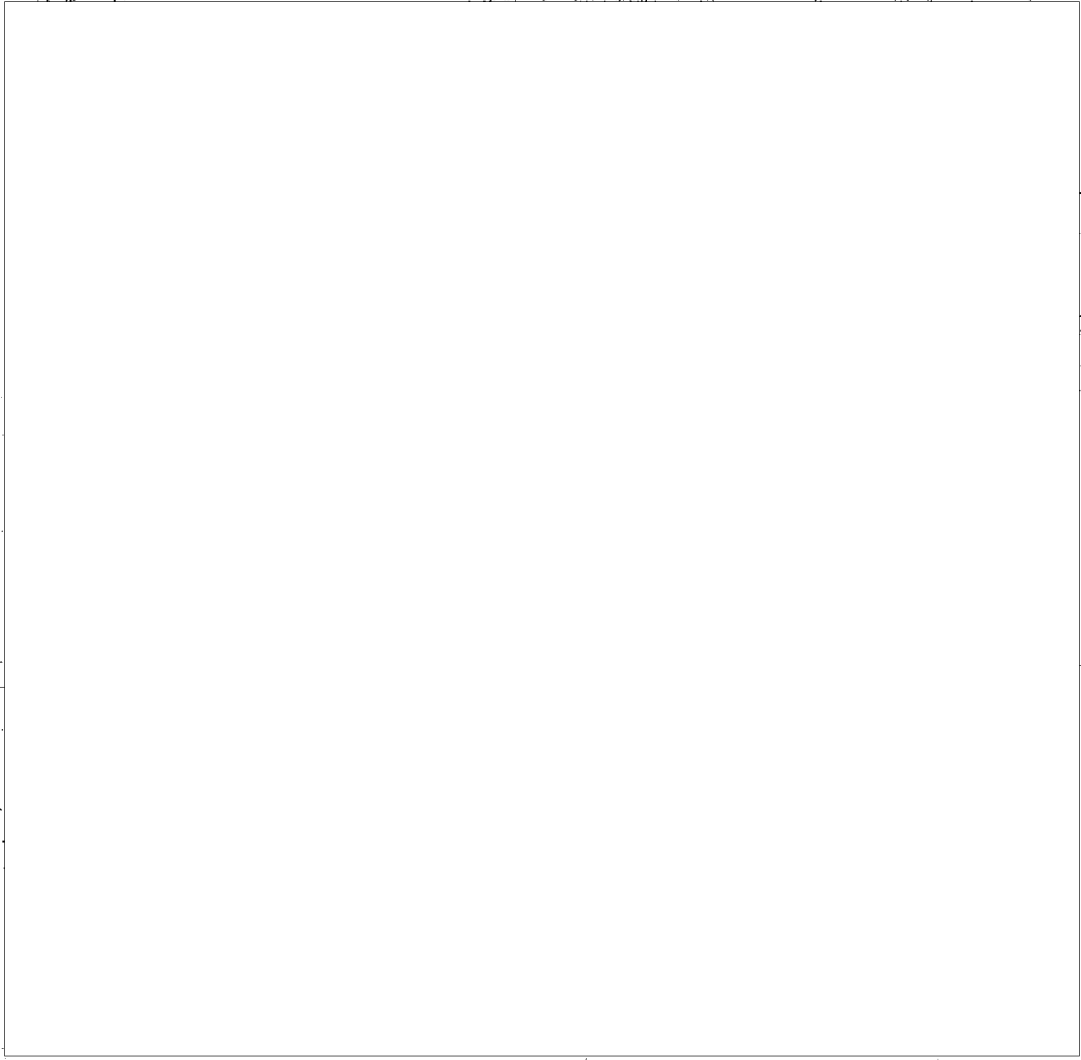
CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE	SIGNATURE OF EMPLOYEE	
12 February 1971	/s/ Jerome Fox	
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
17 February 1971	DCCG: []	/s/ []
3. BY REVIEWING OFFICIAL		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
17 February 1971	SG: []	/s/ George T. Kalaris

SECRET

S E C R E T

NARRATIVE (con'td)



S E C R E T

S E C R E T

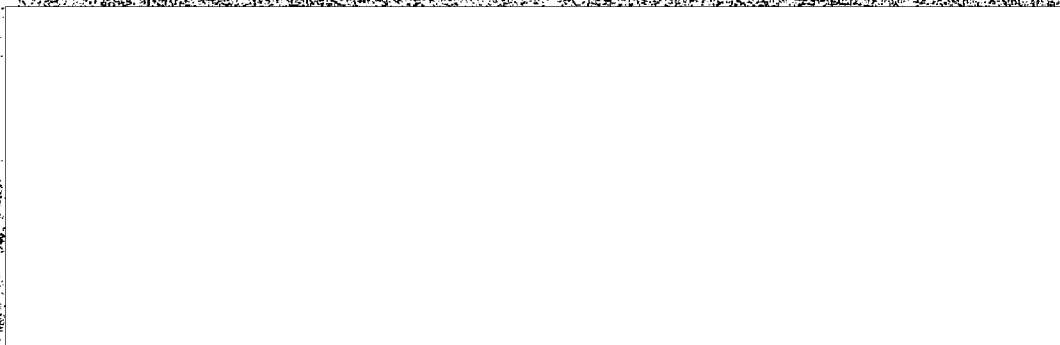
NARRATIVE (CON'TD)



S E C R E T

S E C R E T

NARRATIVE (CON'TD)



S E C R E T

SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				017974	
SECTION A GENERAL					
1. NAME (Last) (First) (Middle)		10. DATE OF BIRTH		8. SEX	4. GRADE
Fox, Jerome (nm)				M	GS-13 D
6. OFFICIAL POSITION TITLE			7. OFF. DIV. OR OP. ASSIGNMENT		
Ops Officer			DDP/FE/		
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY			<input type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL <input checked="" type="checkbox"/> REASSIGNMENT SUPERVISOR <input type="checkbox"/> REASSIGNMENT EMPLOYEE		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to)		
28 February 1970			1 January 1970 - 30 April 1970		
SECTION B PERFORMANCE EVALUATION					
<p>U-Unsatisfactory Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>M-Marginal Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.</p> <p>P-Proficient Performance is satisfactory. Desired results are being produced in the manner expected.</p> <p>S-Strong Performance is characterized by exceptional proficiency.</p> <p>O-Outstanding 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).					
SPECIFIC DUTY NO. 1 Station communist movement (CM) officer responsible for functional coordination of overall program, including program guidance, analysis and research, and maintenance of central subject files pertinent to program targets.					RATING LETTER S
SPECIFIC DUTY NO. 2 Case officer for [redacted] operations and the conduct of relationships [redacted] including intelligence exchange, operational, support and administrative matters consonant with maintaining Station's [redacted]					RATING LETTER S
SPECIFIC DUTY NO. 3 Unilateral case officer for selected agents/operations targeted against CM and CM-related objectives and for the development of new unilateral assets under the CM program, including [redacted] operations.					RATING LETTER S
SPECIFIC DUTY NO. 4 The collation and preparation of raw intelligence data from [redacted] primarily, but including Station-wide unilateral sources as feasible, into draft field information reports					RATING LETTER S
SPECIFIC DUTY NO. 5 Managerial and supervisory conduct in performance of duties and cost consciousness in the use of own time, other personnel, equipment, funds and on-the-job initiative.					RATING LETTER P
SPECIFIC DUTY NO. 6					RATING LETTER
OVERALL PERFORMANCE IN CURRENT POSITION 17 JUN 70					RATING LETTER S
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.					

SECRET

SECTION C

NARRATIVE COMMENTS

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

JUN 16 3 10 PM '70

[Empty space for narrative comments]

SECTION D

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE

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

DATE: 8 May 1970 SIGNATURE OF EMPLOYEE: /s/ Jerome Fox

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION: 12 months IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION:

DATE: 8 May 1970 OFFICIAL TITLE OF SUPERVISOR: Opn Officer TYPED OR PRINTED NAME AND SIGNATURE: /s/ [Redacted]

3. BY REVIEWING OFFICIAL


COMMENTS OF REVIEWING OFFICIAL:

[Empty space for reviewing official comments]

DATE: 22 May 1970 OFFICIAL TITLE OF REVIEWING OFFICIAL: DCOS TYPED OR PRINTED NAME AND SIGNATURE: /s/ [Redacted]

SECRET

COMMENTS OF REVIEWING OFFICIAL



SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				017974	
SECTION A GENERAL					
1. NAME (Last) (First) (Middle)		3. DATE OF BIRTH	4. GRADE	5. DD	
Fox, Jerome (nmf)			M	GS-13	D
6. OFFICIAL POSITION TITLE		7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION	
Operations Officer		DDP/FE/			
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY			<input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input type="checkbox"/> REASSIGNMENT EMPLOYEE		
SPECIAL (Specify):			SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - To)		
21 February 1970			20 May 1969 - 31 December 1969		
SECTION B PERFORMANCE EVALUATION					
<p>U-Unsatisfactory Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>M-Marginal Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.</p> <p>P-Proficient Performance is satisfactory. Desired results are being produced in the manner expected.</p> <p>S-Strong Performance is characterized by exceptional proficiency.</p> <p>O-Outstanding 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).					
SPECIFIC DUTY NO. 1 Station MPWATCH officer responsible for functional coordination of overall program, including program guidance, analysis and research, and maintenance of central subject files pertinent to program targets.					RATING LETTER S
SPECIFIC DUTY NO. 2 Case officer for [redacted] operations and the conduct of relationships [redacted] including intelligence exchange, operational, support and administrative matters consonant with maintaining Station's [redacted]					RATING LETTER S
SPECIFIC DUTY NO. 3 Unilateral case officer for selected agents/operations targeted against MPWATCH and MPWATCH-related objectives and for the development of new unilateral assets under the MPWATCH program, including [redacted] operations.					RATING LETTER P
SPECIFIC DUTY NO. 4 The collation and preparation of raw intelligence data from [redacted] primarily, but including Station-wide unilateral sources as feasible, into draft field information reports.					RATING LETTER S
SPECIFIC DUTY NO. 5 The preparation and organization of finished field intelligence reports, operational cables, teletapes, dispatches and related correspondence on MPWATCH and other [redacted] operational matters.					RATING LETTER P
SPECIFIC DUTY NO. 6 Managerial and supervisory conduct in performance of duties and cost consciousness in the use of own time, other personnel, equipment, funds and on-the-job initiative.					RATING LETTER S
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.					S

SECRET

SECTION C

NARRATIVE COMMENTS

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

[Large empty box for narrative comments]

SECTION D CERTIFICATION AND COMMENTS

1. BY EMPLOYEE

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

DATE: 26 February 1970 SIGNATURE OF EMPLOYEE: /s/ Jerome Fox

2. BY SUPERVISOR

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

DATE: 26 February 1970 OFFICIAL TITLE OF SUPERVISOR: Ops Officer TYPED OR PRINTED NAME AND SIGNATURE: /s/ [Redacted]

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL:

[Large empty box for reviewing official comments]

DATE: 26 February 1970 OFFICIAL TITLE OF REVIEWING OFFICIAL: DCOS TYPED OR PRINTED NAME AND SIGNATURE: /s/ [Redacted]

SECRET

SECRET

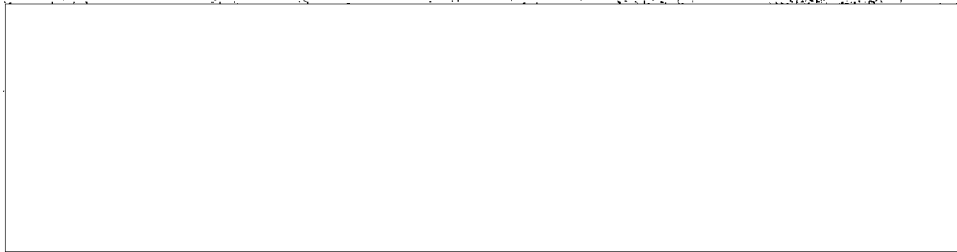
SECTION C - /continued --/



SECRET

SECRET

Reviewing Comments (continued)



SECRET

SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER			
				017974			
SECTION A GENERAL							
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SER.	4. GRADE	5. SD	
Fox, Jerome				M	GS-13	D	
6. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION		
Operations Officer			DDP/FE		Headquarters		
9. CHECK (X) TYPE OF APPOINTMENT				10. CHECK (X) TYPE OF REPORT			
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY				<input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR			
<input type="checkbox"/> CAREER-PROVISIONAL (See instructions - Section C)				<input type="checkbox"/> ANNUAL <input checked="" type="checkbox"/> REASSIGNMENT EMPLOYEE			
<input type="checkbox"/> SPECIAL (Specify)				<input type="checkbox"/> SPECIAL (Specify)			
11. DATE REPORT DUE IN O.P.				12. REPORTING PERIOD (From - to)			
				1 January 1969 - 10 May 1969			
SECTION B PERFORMANCE EVALUATION							
<p>W - Weak 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>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding 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).							
SPECIFIC DUTY NO. 1						RATING LETTER	
Acting Chief of the [] Desk						S	
SPECIFIC DUTY NO. 2						RATING LETTER	
Headquarters case officer for a variety of [] CA and FI operations						S	
SPECIFIC DUTY NO. 3						RATING LETTER	
Contact of [] unilateral assets in the U.S.						S	
SPECIFIC DUTY NO. 4						RATING LETTER	
Preparation and coordination of correspondence, studies, etc., in connection with Desk activities						P	
SPECIFIC DUTY NO. 5						RATING LETTER	
SPECIFIC DUTY NO. 6						RATING LETTER	
OVERALL PERFORMANCE IN CURRENT POSITION							
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.						RATING LETTER	
						S	

SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

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

[Empty box for narrative comments]

SECTION D

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE

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

DATE: 28 April 1969 SIGNATURE OF EMPLOYEE: *[Signature]*
BY SUPERVISOR

2. MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION: IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION:

DATE: 28/4/69 OFFICIAL TITLE OF SUPERVISOR: ADC/FE TYPED OR PRINTED NAME AND SIGNATURE:

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL:

[Empty box for reviewing official comments]

DATE: 29 APR 1969 OFFICIAL TITLE OF REVIEWING OFFICIAL: AC/FE

SECRET

SECRET
(When Filled In)

FITNESS REPORT		EMPLOYEE SERIAL NUMBER
		017974
SECTION A GENERAL		
1. NAME (Last) (First) (Middle)	2. DATE OF BIRTH	3. SER. NO.
Fox, Jerome		M
4. GRADE	5. SO	
GS-13	D	
6. OFFICIAL POSITION TITLE	7. OFF. DIV. OR ASSIGNMENT	8. CURRENT STATION
Operations Officer	DDP/FE	Headquarters
9. CHECK (X) TYPE OF APPOINTMENT		10. CHECK (X) TYPE OF REPORT
<input checked="" type="checkbox"/> CAREER	<input type="checkbox"/> RESERVE	<input type="checkbox"/> INITIAL
<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> CAREER PROVISIONAL (See Instructions - Section C)	<input checked="" type="checkbox"/> ANNUAL
<input type="checkbox"/> SPECIAL (Specify):	<input type="checkbox"/> REASSIGNMENT SUPERVISOR	<input type="checkbox"/> REASSIGNMENT EMPLOYEE
11. DATE REPORT DUE IN O.P.	12. REPORTING PERIOD (From - To)	
31 January 1969	1 January 1968 - 31 December 1968	
SECTION B PERFORMANCE EVALUATION		
<p>W - Weak 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>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding 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).		
SPECIFIC DUTY NO. 1	Hqs desk officer for a variety of <u>DCID</u> <u>Doc</u> <u>CA & FI</u> operations.	RATING LETTER S
SPECIFIC DUTY NO. 2	Contact of <u> </u> potential unilateral assets in connection with operations <u> </u>	RATING LETTER S
SPECIFIC DUTY NO. 3	Preparation and coordination of correspondence, studies, etc. in connection with Desk Activities.	RATING LETTER P
SPECIFIC DUTY NO. 4		RATING LETTER
SPECIFIC DUTY NO. 5		RATING LETTER
SPECIFIC DUTY NO. 6	<u> </u> <u> </u>	RATING LETTER
OVERALL PERFORMANCE IN CURRENT POSITION		
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.		RATING LETTER S

SECRET
(When Filled In)

SECTION C

NARRATIVE COMMENTS

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. Mention of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

[Empty space for narrative comments]

SECTION D

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT.		
DATE 30 Dec 1968	SIGNATURE OF EMPLOYEE Jerome Fox <i>Jerome Fox</i>	
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 CFE []	TYPED OR PRINTED NAME AND SIGNATURE []
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL []		
DATE 2 January 1969	OFFICIAL TITLE OF REVIEWING OFFICIAL DC/FF []	SIGNATURE []

SECRET

SECRET

TRAINING REPORT

NAME OF TRAINEE: Fox, Jerome

COURSE: CI Operations

DOB: [REDACTED]

HOURS: 80

OFFICE: FE SD:D

DATES: 25 Nov - 6 Dec '68

OBJECTIVE AND METHOD OF INSTRUCTION

Objectives

To provide the Clandestine Services Officer who will be responsible for counterintelligence operational planning and implementation with current counterintelligence operational concepts, techniques, and tactics; to describe the current field organization, functions, techniques, and tactics of selected intelligence and security services; to increase his proficiency in the planning, management, and implementation of counterintelligence operations; and to acquaint him with Headquarters organization and support for operations against selected counterintelligence targets.

Method of Instruction

The course is presented by means of lecture, case study, and discussion.

ADJECTIVAL RATINGS OF ACHIEVEMENT

Adjectival Rating

- | | |
|--|-----------|
| 1. Demonstration of understanding of course concepts and materials. | Excellent |
| 2. Participation in class discussions. | Excellent |
| 3. Imaginative and practical application of operational principles to case studies and problems. | Good |
| 4. Industriousness. | Excellent |

COMMENT: Mr. Fox was a very active student in discussions to which he contributed many helpful ideas. His presentation of the Wennerstroem Case was both objective and critical in terms of the available information on the case.

OVERALL adjectival rating of achievement: Excellent

FOR THE DIRECTOR OF TRAINING:

2 JAN 1969

Date

George G. Kisevalter
Chief Instructor

SECRET

SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER			
				017974			
SECTION A GENERAL							
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH		3. SEX	4. GRADE	5. SD
FOX, JEROME					M	GS-12	D
6. OFFICIAL POSITION TITLE			7. OFF/DIV/DR OF ASSIGNMENT		8. CURRENT STATION		
Operations Officer			DDP/FE		Headquarters		
9. CHECK (X) TYPE OF APPOINTMENT				10. CHECK (X) TYPE OF REPORT			
<input checked="" type="checkbox"/> CAREER	<input type="checkbox"/> RESERVE	<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> INITIAL	<input type="checkbox"/> REASSIGNMENT SUPERVISOR	<input type="checkbox"/> REASSIGNMENT EMPLOYEE	<input type="checkbox"/> SPECIAL (Specify)	<input type="checkbox"/> SPECIAL (Specify)
<input type="checkbox"/> CAREER-PROVISIONAL (See instructions - Section C)	<input checked="" type="checkbox"/> ANNUAL	<input type="checkbox"/> SPECIAL (Specify)	<input type="checkbox"/> SPECIAL (Specify)	<input type="checkbox"/> SPECIAL (Specify)	<input type="checkbox"/> SPECIAL (Specify)	<input type="checkbox"/> SPECIAL (Specify)	<input type="checkbox"/> SPECIAL (Specify)
11. DATE REPORT DUE IN O.P.				12. REPORTING PERIOD (From - to)			
				7 April 1967 - 31 December 1967			
SECTION B PERFORMANCE EVALUATION							
<p>W - Weak 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>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding 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).							
SPECIFIC DUTY NO. 1 Headquarters Desk Officer for several [] operational activities.							RATING LETTER S
SPECIFIC DUTY NO. 2 Study and Familiarization of the situation in [] in preparation to an assignment in that country.							RATING LETTER S
SPECIFIC DUTY NO. 3 Contacts various operating units and staffs in the furtherance of operational assignments.							RATING LETTER S
SPECIFIC DUTY NO. 4 Prepares operational correspondence to the field in connection with his assigned responsibilities.							RATING LETTER P
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.							RATING LETTER S

SECRET

(When Filled In)

SECTION C NARRATIVE COMMENTS

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

Dec 29 3 52 PM '67

SECTION D CERTIFICATION AND COMMENTS

1. BY EMPLOYEE

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

DATE 19 December 1967	SIGNATURE OF EMPLOYEE <i>J. M. ...</i>
--------------------------	---

2. MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION 5 months	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION
--	---

DATE 19/12/67	OFFICIAL TITLE OF SUPERVISOR CFE	TYPED OR PRINTED NAME AND SIGNATURE
------------------	-------------------------------------	-------------------------------------

2. BY REVIEWING OFFICIAL

DATE 22 December 1967	OFFICIAL TITLE OF REVIEWING OFFICIAL DCFE/	TYPED OR PRINTED NAME AND SIGNATURE
--------------------------	---	-------------------------------------

SECRET

SECRET
(When Filled In)

FITNESS REPORT		EMPLOYEE SERIAL NUMBER		
		017974		
SECTION A GENERAL				
1. NAME (Last) (First) (Middle)		2. DATE OF BIRTH	3. SEX	4. GRADE
Fox Jerome			M	GS-12
5. OFFICIAL POSITION/TITLE		6. CITY, STATE OR OF ASSIGNMENT & CURRENT STATION		
Operations Officer		FEI Hqs		
7. CHECK (X) TYPE OF APPOINTMENT		8. CHECK (X) TYPE OF REPORT		
<input type="checkbox"/> CAREER	<input type="checkbox"/> RESERVE	<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> INITIAL	<input checked="" type="checkbox"/> REASSIGNMENT SUPERVISOR
<input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)		<input type="checkbox"/> ANNUAL	<input type="checkbox"/> REASSIGNMENT EMPLOYEE	
<input type="checkbox"/> SPECIAL (Specify)		<input type="checkbox"/> SPECIAL (Specify)		
9. DATE REPORT DUE IN O.P.		10. REPORTING PERIOD (From - to)		
		1 January - 7 April 1967		
SECTION B PERFORMANCE EVALUATION				
<p>W - Weak 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>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding 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 (X) effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).				
SPECIFIC DUTY NO. 1				RATING LETTER
Serves as Headquarters Desk case officer for certain operational activities as assigned to him. <i>D.P./O</i>				S
SPECIFIC DUTY NO. 2				RATING LETTER
Serves as primary referent on the [] for operations involving communist and other left-wing matters. <i>D.P./O</i>				S
SPECIFIC DUTY NO. 3				RATING LETTER
Performs operational research functions on [] communist and left-wing activities. <i>D.P./O</i>				S
SPECIFIC DUTY NO. 4				RATING LETTER
Prepares operational correspondence to the field in connection with his assigned responsibilities.				P
SPECIFIC DUTY NO. 5				RATING LETTER
SPECIFIC DUTY NO. 6				RATING LETTER
<p align="center">19 JUN 1967</p> 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.				S

SECRET

(When Filled In)

SECTION C **NARRATIVE COMMENTS**

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

(Continued)

SECTION D **CERTIFICATION AND COMMENTS**

1. BY EMPLOYEE

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

DATE	SIGNATURE OF EMPLOYEE	
25 May 1967	<i>James J. Ford</i>	
BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
Three		
DATE	OFFICIAL TITLE OF SUPERVISOR	T
25 May 1967	Acting Chief, FE/	
BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
23 May 1967	Deputy Chief, FE/	

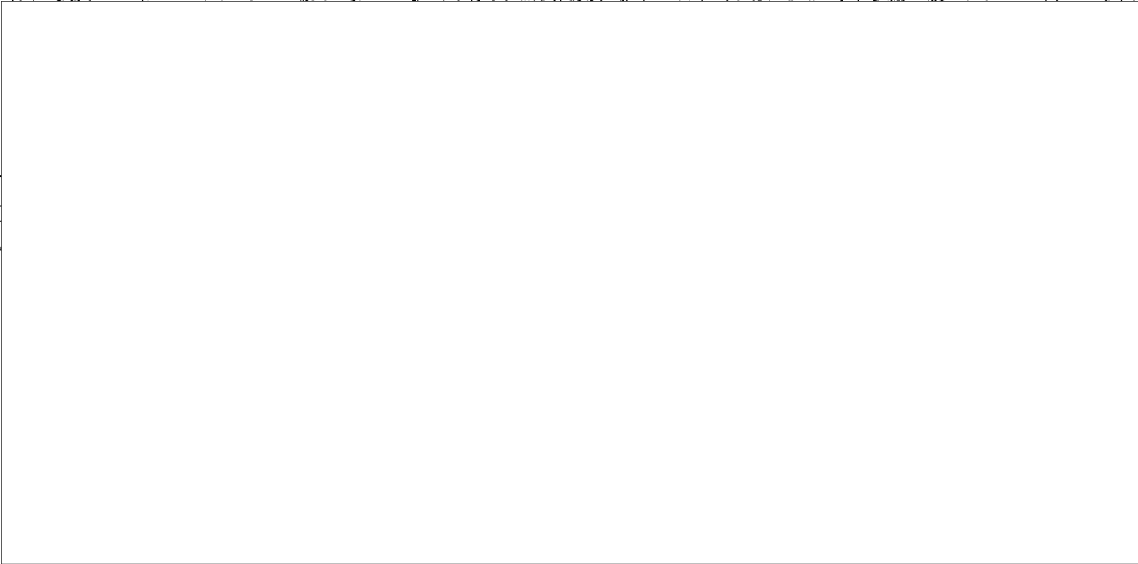
SECRET

SECRET

FITNESS REPORT - JEROME FOX

25 May 1967

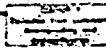
SECTION C, NARRATIVE COMMENTS (Continued)



SECRET

SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER		
				017974		
SECTION A GENERAL						
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SER.	4. GRADE	5. SD
Fox, Jerome				M	12	D
6. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OR ASSIGNMENT		8. CURRENT STATION	
Ops Officer			DDP/PE		Hqs	
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"/> CAREER-PROVISIONAL (See Instructions - Section C) <input type="checkbox"/> SPECIAL (Specify):			<input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to)			
			October - December 1966			
SECTION B PERFORMANCE EVALUATION						
<p>W - Weak 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>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding 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).						
SPECIFIC DUTY NO. 1						RATING LETTER
See Section C						
SPECIFIC DUTY NO. 2						RATING LETTER
SPECIFIC DUTY NO. 3						RATING LETTER
SPECIFIC DUTY NO. 4						RATING LETTER
SPECIFIC DUTY NO. 5						RATING LETTER
SPECIFIC DUTY NO. 6						RATING LETTER
Jan 1967						
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 & 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.						P



SECRET
(When Filled In)

SECTION C NARRATIVE COMMENTS

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

JAN 12 1967

SECTION D CERTIFICATION AND COMMENTS

1. BY EMPLOYEE

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

DATE: 15 December 1966 SIGNATURE OF EMPLOYEE: Jerome Fox *[Signature]*

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION: Oct - Dec 1966 IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION:

DATE: 15 Dec 1966 OFFICIAL TITLE OF SUPERVISOR: CFE/ []

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

Concur.

DATE: 20 December 1966 OFFICIAL TITLE OF REVIEWING OFFICIAL: Deputy Chief, FE/ [] SIGNATURE: []

SECRET

S-E-C-R-E-T

TRAINING REPORT

Soviet Bloc Operations Course No. 4
80 hours, full time 18 - 19 March 1968

Student : FOI, Jerome Office : DDP/FE
Year of Birth: Service Designation: D
Grade : GS-12 No. of Students : 32
EOD Date : 1955

COURSE OBJECTIVES

To orient the student on the special nature of the
Clandestine Services' Soviet Bloc target and to train him
in the application of clandestine methods for collecting
information on, assessing, and preparing recruitment oper-
ations against Soviet Bloc personalities.

ACHIEVEMENT RECORD

This is a certificate of attendance. No evaluation is
made of individual performance in the course.

FOR THE DIRECTOR OF TRAINING:

Instructor, OTR

S-E-C-R-E-T

14-00000

S-E-C-R-E-T

TRAINING REPORT

[] FAMILIARIZATION NO. 34
(40 hours, full-time)

26 February - 1 March 1968

Name : Fox, Jerome

No. of Students: 17

Office : FE

ED : D

Year of Birth: []

Grade : GS-12

BOB Date : June 1955

COURSE OBJECTIVES - CONTENT AND METHODS

The course is designed for Agency personnel requiring a sound basic understanding of contemporary [] and some acquaintance with the fundamentals of the [] language. The aim is familiarization, no specialization. The course focuses on []. The language familiarization phase includes pronunciation of [] an introduction to the most widely accepted system of dictionary recording of [] and the telegraphic code. The area phase includes: cultural and historical development, geography and resources, economic development and problems, the political system, social change and control in contemporary [] and foreign relations.

ACHIEVEMENT RECORD

The above named student actively participated in the [] Familiarization Course No. 34. In this session no evaluation was attempted for the area phase. The student's performance in the language familiarization phase was [].

FOR THE DIRECTOR OF TRAINING:

[]

Chief Instructor

5 March 1968

Date

GROUP 1
Excluded from automatic
downgrading and
declassification

S-E-C-R-E-T

SECRET

TRAINING REPORT

Operations Course No. 1-68
40 hours, full time 4 - 8 March 1968

Student : Fox, Jerome

Office : FE

Year of Birth: []

Service Designation: D

Grade : GS-12

No. of Students : 25

EOD Date : June 1955

COURSE OBJECTIVE

To prepare Clandestine Services officers to conduct operations against [] from the point of view of Human Source Collection; to present material directed toward the updating of officers in the operational realities inside and outside [] today; and specifically to train officers in providing political, political-military, advanced weapons and other coverage of the priority [] target which cannot be obtained by technical means.

ACHIEVEMENT RECORD

This is a certificate of attendance. No record is made of individual performance in the course.

FOR THE DIRECTOR OF TRAINING:

[] MAR 1968
Date
Chief Instructor

SECRET

S-E-C-R-E-T

TRAINING REPORT

Chiefs of Station Seminar No. 68
80 hours, full time 5 - 16 February 1968

Participant : Jerome Fox Office : IFE/
Year of Birth: Service Designation: D
Grade : GS-12 No. of Students : 18
EOD Date : 1955

COURSE OBJECTIVES, CONTENT AND METHODS

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

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

ACHIEVEMENT RECORD

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

FOR THE DIRECTOR OF TRAINING:

20 FEB 1968

Date

S-E-C-R-E-T

S-E-C-R-E-T

TRAINING REPORT

Information Reporting, Reports and Requirements Course No. 2 - 68
LEO Hours, full time - 26 February 1968

Student : FOX, Jerome Office : FE/ []
Year of Birth: [] Service Designation: D
Grade : OS-12 No. of Students : 5
EOD Date : 1955

COURSE OBJECTIVES - CONTENT AND METHODS

The over-all objectives of the course are: to show the requirements function as it develops; to describe information evaluation, appraisal, and dissemination; to present fundamental principles of collection and communication of information; to demonstrate how, through Headquarters guidance, reporters can be directed and developed; and to prepare intelligence officers in the field to put information into finished report form. Supervised practice to develop skills is given in the production of finished reports; in reporting on area guidance patterns; in tailoring requirements into specific assignments; and in observing, collecting, organizing, and communicating information.

ACHIEVEMENT RECORD

Student achievement is judged from each student's observed performance during laboratory practice in the areas of instruction indicated. An asterisk (*) indicated this student's ratings. The ratings are weak, adequate, proficient, strong, and outstanding.

A. Qualitative and Quantitative Production of Reports:

Weak Adequate Proficient Strong Outstanding

COMMENT: The quality of Mr. Fox's work was uniformly excellent in every respect. He worked to full capacity.

B. Requirements Performance:

Weak Adequate Proficient Strong Outstanding

COMMENT:

His paper on this subject demonstrated that he has a very sound understanding of the Requirements and guidance systems.

S-E-C-R-E-T

S-E-C-R-E-T

C. Editorial Performance:

Weak Adequate Proficient Strong Outstanding

COMMENT:

His work demonstrated that he has acquired a very sound understanding of the principles of good editorial organization in intelligence reporting.

D. Reporting Performance:

Weak Adequate Proficient Strong Outstanding

COMMENT:

His outside reporting assignment was efficiently executed. It was well organized. Unfortunately, it lacked sufficient reporting detail to warrant a higher rating.

INSTRUCTOR'S OVER-ALL COMMENT:

Mr. Fox was a very fine student. He worked extremely well and his many penetrating questions added very considerably to the tone of the class. His work was of excellent quality and it showed that he has acquired a sound understanding of the various aspects of the reporting function discussed.

FOR THE DIRECTOR OF TRAINING

[Signature Box]

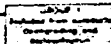
Chief Instructor

1 FEB 1968
Date

S-E-C-R-E-T

SECRET
(When Filled In)

FITNESS REPORT						EMPLOYEE SERIAL NUMBER	
						017974	
SECTION A				GENERAL			
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE	5. SO	
Fox, Jerome				M	GS-12	D	
6. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION		
Ops Officer			DDP/EE/VIC		Vietnam		
9. CHECK (X) TYPE OF APPOINTMENT				10. CHECK (X) TYPE OF REPORT			
<input type="checkbox"/> CAREER	<input type="checkbox"/> RESERVE	<input type="checkbox"/> TEMPORARY		<input type="checkbox"/> INITIAL	<input type="checkbox"/> REASSIGNMENT SUPERVISOR		
<input type="checkbox"/> CAREER-PROVISIONAL (See instructions - Section C)				<input type="checkbox"/> ANNUAL	<input checked="" type="checkbox"/> REASSIGNMENT EMPLOYEE		
<input type="checkbox"/> SPECIAL (Specify):				<input type="checkbox"/> SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P.				12. REPORTING PERIOD (From - to)			
				1 January - 9 July 1966			
SECTION B							
PERFORMANCE EVALUATION							
<p>W - Weak 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>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding 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).							
SPECIFIC DUTY NO. 1						RATING LETTER	
The initiation, development and management of a sensitive FI/CI operation.						S	
SPECIFIC DUTY NO. 2						RATING LETTER	
The spotting, assessment, development, recruitment and management of unilateral FI agents.						S	
SPECIFIC DUTY NO. 3						RATING LETTER	
Functions as a liaison officer with officials of the Vietnamese National Police.						P	
SPECIFIC DUTY NO. 4						RATING LETTER	
The preparation of dispatches, cables, intelligence information reports, memoranda and other necessary papers required by the above duties.						A	
SPECIFIC DUTY NO. 5						RATING LETTER	
SPECIFIC DUTY NO. 6						RATING LETTER	
OVERALL PERFORMANCE IN CURRENT POSITION							
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.						RATING LETTER	
						S	



SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position ^{of} 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.

[Empty box for narrative comments]

SECTION D

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE

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

DATE: 8 July 1966 SIGNATURE OF EMPLOYEE: Jerome Fox (s)

2. BY SUPERVISOR

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

DATE: 8 July 1966 OFFICIAL TITLE OF SUPERVISOR: Ops Officer TYPED OR PRINTED NAME AND SIGNATURE: (s)

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

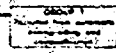
I concur in the above.

DATE: 8 July 1966 OFFICIAL TITLE OF REVIEWING OFFICIAL: Chief of LB TYPED OR PRINTED NAME AND SIGNATURE: (s)

SECRET

SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				017974	
SECTION A GENERAL					
1. NAME (Last) (First) (Middle) Fox, Jerone			2. DATE OF BIRTH	3. SEX M	4. GRADE GS-12
5. OFFICIAL POSITION TITLE Ops Officer			7. OFF/DIV/BR OF ASSIGNMENT DDP/NSA	8. CURRENT STATION Saigon	
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CAREER-PROVISIONAL (See instructions - Section C) <input type="checkbox"/> SPECIAL (Specify):			<input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input type="checkbox"/> REASSIGNMENT EMPLOYEE <input type="checkbox"/> SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P. Feb 66			12. REPORTING PERIOD (From - to) 29 December 1964 to 31 Dec 1965		
SECTION B PERFORMANCE EVALUATION					
<p>W - Weak 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>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding 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).					
SPECIFIC DUTY NO. 1 Officer in charge of liaison with the Municipal Police DES					RATING LETTER P
SPECIFIC DUTY NO. 2 Officer in charge of liaison					RATING LETTER S
SPECIFIC DUTY NO. 3 Officer in liaison with operational components of Headquarters, Special Branch					RATING LETTER P
SPECIFIC DUTY NO. 4 Handles all the correspondence, files and associated memoranda connected with the tasks cited above.					RATING LETTER P
SPECIFIC DUTY NO. 5					RATING LETTER
SPECIFIC DUTY NO. 6					RATING LETTER
OVERALL PERFORMANCE IN CURRENT POSITION					
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 P



SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

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

OFFICE OF PERSONNEL
FEB 15 10 43 AM '66

[Empty box for narrative comments]

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
1 Feb 66	/s/ Jerome Fox

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
1 Feb 66	Ops Officer	/s/ [Redacted]

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

I concur with the above.

DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
1 Feb 66	Ops Officer	/s/ [Redacted]

SECRET

SECRET
(When Filled In)

TRAINING REPORT - LANGUAGE				COURSE TITLE			
				French Inter. - SW - Ph I			
INSTRUCTOR				PROGRAM			
				Daytime - Part-time			
NO. OF STUDENTS		NO. OF HOURS		DATE OF COURSE			
1		60		05/04/64 - 07/20/64			
STUDENT							
NAME		YOB	DOB DATE	OFFICE		GS	SD
Eck, Jerome		28	06/55	FB		12	D
<i>(See reverse side for definitions of proficiency levels)</i>							
LEVEL OF PROFICIENCY AT ENTRY INTO TRAINING				<input checked="" type="checkbox"/> INSTRUCTORS ESTIMATE		OFFICIAL TEST	
LEVEL		NO PROFICIENCY	SLIGHT	ELEMENTARY	INTERMEDIATE	HIGH	
	READING			X			
	WRITING			X			
	PRONUNCIATION			X			
	SPEAKING		X				
	UNDERSTANDING		X				
LANGUAGE TRAINING OBJECTIVES AND METHODS							
<p>The general aims of language training are attainment of proficiency in speaking, understanding, reading and writing. The specific objectives are: (1) ability to produce and distinguish the sounds of the language; (2) ability to use a stock of basic sentences and expressions; (3) ability to recombine the elements of basic sentences and expressions and to apply them to new situations; (4) ability to comprehend the language spoken at normal speed in various situations; (5) ability to write and read the language commensurate with ability to speak.</p> <p>Methods used in all courses stress oral drills and free conversation based at first on memorized material and, at a later stage, on varied reading materials. Written and oral tests are given at intervals. Listening to and recording on tapes in the Language Lab is essential for class preparation.</p>							
PERFORMANCE EVALUATION							
	UNSATISFACTORY		SATISFACTORY			EXCELLENT	
ACHIEVEMENT			X				
ATTITUDE			X				
ATTENDANCE			X				
LEVEL OF PROFICIENCY AT COMPLETION OF TRAINING				<input checked="" type="checkbox"/> INSTRUCTORS ESTIMATE		OFFICIAL TEST	
LEVEL		NO PROFICIENCY	SLIGHT	ELEMENTARY	INTERMEDIATE	HIGH	
	READING				X		
	WRITING			X			
	PRONUNCIATION			X			
	SPEAKING			X			
	UNDERSTANDING			X			
Foreign Language Aptitude Test: 6							
FOR THE DIRECTOR OF TRAINING:				SIGNATURE, HEAD OF DEPARTMENT, 67/148/074 _____ 25 Mar 64 DATE			

FORM 2222

SECRET

GROUP 1
Excluded from automatic
downgrading and declassification

(45)

SECRET

TRAINING REPORT

Covert Action Operations Course No. 63, 30 March to 17 April 1964
60 hours part time

Student : Fox, Jerome Office : FE
Year of Birth: [] Service Designation: D
Grade : GS-12 No. of Students : 13
EOD Date : June 1955

STUDENT OBJECTIVES - CONTENT AND METHODS

The Covert Action Operations Course is an advanced seminar for senior and middle grade CS officers who will direct and conduct covert action operations in the field. It provides a conference setting in which experienced officers may discuss the full range of operational problems — from policy and strategy to tactics and techniques — with senior Agency officers, both those recently returned from field posts and those assigned to Headquarters for guidance and support of CA field operations.

The CAO course covers the origin and scope of CIA's covert action mission, [] tactical approaches to the direction of CA operations, political action, economic action, propaganda, paramilitary operations, special operations, the national counterinsurgency program, covert action in the [] counterintelligence problems in covert action, joint CI-CA programs, and current area case studies.

ACHIEVEMENT RECORD

This is a certificate of attendance. Adjectival ratings are not given in this course.

FOR THE DIRECTOR OF TRAINING:

[]
Chief Instructor

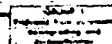
22 April 1964
Date

Group I
Excluded from automatic
downgrading and
declassification

SECRET

SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER			
				017974			
SECTION A GENERAL							
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEA	4. GRADE	5. SO	
FOX Jerome J.				M	GS-12	D	
6. OFFICIAL POSITION TITLE			7. OFF/DIVISION OF ASSIGNMENT		8. CURRENT STATION		
Ops Officer			DDP/EE/		Headquarters		
9. CHECK IN TYPE OF APPOINTMENT				10. CHECK IN 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			
<input type="checkbox"/> SPECIAL (Specify)				<input type="checkbox"/> SPECIAL (Specify)			
11. DATE REPORT DUE IN O.P.				12. REPORT PERIOD (From - to)			
January 1964				April - 31 January 1964			
SECTION B PERFORMANCE EVALUATION							
<p>W - Weak 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>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding 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).							
SPECIFIC DUTY NO. 1						RATING LETTER	
Assembles available information on North Vietnam, and its diplomatic establishments abroad.						S	
SPECIFIC DUTY NO. 2						RATING LETTER	
Acts as ZRGRAIL officer for Vietnam Desk.						P	
SPECIFIC DUTY NO. 3						RATING LETTER	
Aids in giving operational support to denied areas ops program run by Saigon Station.						P	
SPECIFIC DUTY NO. 4						RATING LETTER	
Prepares periodic reports on progress of denied area ops program.						S	
SPECIFIC DUTY NO. 5						RATING LETTER	
SPECIFIC DUTY NO. 6						RATING LETTER	
OVERALL PERFORMANCE IN CURRENT POSITION							
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	
17 MAR 1964						P	



SECRET

(When Filled In)

SECTION C **NARRATIVE COMMENTS**

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

[Empty space for narrative comments]

SECTION D **CERTIFICATION AND COMMENTS**

1. **BY EMPLOYEE**

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

DATE: 18 February 1964 SIGNATURE OF EMPLOYEE: E. J. [Signature]

2. **BY SUPERVISOR**

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION: 10 IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION:

DATE: 18 February 1964 OFFICIAL TITLE OF SUPERVISOR: Chief, FE/ [Signature] TYPED OR PRINTED NAME AND SIGNATURE: [Signature]

3. **BY REVIEWING OFFICIAL**

COMMENTS OF REVIEWING OFFICIAL:

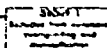
[Empty space for reviewing official comments]

DATE: 9 March 1964 OFFICIAL TITLE OF REVIEWING OFFICIAL: Chief, FE/ [Signature] TY

SECRET

SECRET
(When Filled In)

FITNESS REPORT				FILED SERIAL NUMBER <i>017774</i>			
SECTION A GENERAL							
1. NAME (Last) FOX, Jerome		(First)	(Middle)	2. DATE OF BIRTH	3. SEX M	4. GRADE GS-12	5. SD IR
6. OFFICIAL POSITION TITLE ID			7. OFF. DIV. OR OF ASSIGNMENT DDP/FE		8. CURRENT STATION		
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 checked="" type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C) <input type="checkbox"/> SPECIAL (Specify):				<input type="checkbox"/> INITIAL REASSIGNMENT SUPERVISOR <input checked="" type="checkbox"/> ANNUAL REASSIGNMENT EMPLOYEE <input type="checkbox"/> SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P.				12. REPORTING PERIOD (From To) 1 Jan 62 - 23 September 1962			
SECTION B PERFORMANCE EVALUATION							
<p>W - Weak 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>A - Adequate Performance meets all requirements; it is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding 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).							
SPECIFIC DUTY NO. 1 Monitors and coordinates with ODYOKE and allied armed services the [redacted] in North Asian area covering specifically [redacted]					RATING LETTER S		
SPECIFIC DUTY NO. 2 Determines, initiates and directly participates in the exploitation of [redacted] in conjunction with KUDOVE and ODYOKE armed services.					RATING LETTER S		
SPECIFIC DUTY NO. 3 Provides detailed training and guidance for ODYOKE personnel and for foreign allied personnel [redacted] in the identification, photographic and collection techniques applicable to the [redacted]					RATING LETTER S		
SPECIFIC DUTY NO. 4 Maintains continuing & close official and personal working liaison with & support for commanders & officers of the various ODYOKE military intel collection units in [redacted] & with [redacted] KUDOVE elements, particularly the [redacted] Staff.					RATING LETTER A		
SPECIFIC DUTY NO. 5 Responsible for preparation of collection intel & admin rpts & dispatches to KULYNX [redacted] on all matters pertaining to the [redacted] in this area of jurisdiction.					RATING LETTER A		
SPECIFIC DUTY NO. 6 Assisted the Branch Chief in the handling of KULYNX requirements.					RATING LETTER P		
OVERALL PERFORMANCE IN CURRENT POSITION							
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 P+	



SECRET

NARRATIVE COMMENTS

SECTION C

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

[Empty box for narrative comments]

CERTIFICATION AND COMMENTS

SECTION D

BY EMPLOYEE

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

DATE

4/23/63

SIGNATURE OF EMPLOYEE

~~Jerome Fox~~ / Jerome Fox

BY SUPERVISOR

2. MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

15 MONTHS

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION. *FR shown to employee 4/23/63*
HAS ALREADY DEPARTED TO NEW POST

DATE

19 Oct 1962

OFFICIAL TITLE OF SUPERVISOR

TYPED OR PRINTED NAME AND SIGNATURE

[Signature]

BY REVIEWING OFFICIAL

3. COMMENTS OF REVIEWING OFFICIAL

Correct.

DATE

22 Oct 1962

OFFICIAL TITLE OF REVIEWING OFFICIAL

D. C. C. S.

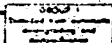
TYPED OR PRINTED NAME AND SIGNATURE

Robert P. Wheeler

SECRET

SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER		
				017974		
SECTION A GENERAL						
1. NAME (Last) FOX		(First) Jerome		(Middle) J.	2. SEX M	3. GRADE GS-12
6. OFFICIAL POSITION/TITLE Ops Officer				7. OFF/DIV/BR/OF ASSIGNMENT DDP/FE		8. CURRENT STATION Headquarters
9. CHECK (X) TYPE OF APPOINTMENT				10. CHECK (X) TYPE OF REPORT		
<input type="checkbox"/> CAREER	<input type="checkbox"/> RESERVE	<input type="checkbox"/> TEMPORARY		<input type="checkbox"/> INITIAL	<input type="checkbox"/> REASSIGNMENT SUPERVISOR	
<input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)				<input checked="" type="checkbox"/> ANNUAL	<input type="checkbox"/> REASSIGNMENT EMPLOYEE	
<input type="checkbox"/> SPECIAL (Specify)				<input type="checkbox"/> SPECIAL (Specify)		
11. DATE REPORT DUE IN O.P. January 1964				12. REPORTING PERIOD (From - to) April - 31 January 1964		
SECTION B PERFORMANCE EVALUATION						
<p>W - Weak 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>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding 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).						
SPECIFIC DUTY NO. 1					RATING LETTER	
Assembles available information on North Vietnam, and its diplomatic establishments abroad.					S	
SPECIFIC DUTY NO. 2					RATING LETTER	
Acts as ZRGRAIL officer for Vietnam Desk.					P	
SPECIFIC DUTY NO. 3					RATING LETTER	
Aids in giving operational support to denied areas ops program run by Saigon Station.					P	
SPECIFIC DUTY NO. 4					RATING LETTER	
Prepares periodic reports on progress of denied area ops program.					S	
SPECIFIC DUTY NO. 5					RATING LETTER	
SPECIFIC DUTY NO. 6					RATING LETTER	
OVERALL PERFORMANCE IN CURRENT POSITION						
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	
					P	



SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

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

SECTION D

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE 18 February 1964	SIGNATURE OF EMPLOYEE <i>[Signature]</i>	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION 10	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
DATE 18 February 1964	OFFICIAL TITLE OF SUPERVISOR Chief, FE	TYPED OR PRINTED NAME AND SIGNATURE Donald P. Gregg
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
DATE 9 March 1964	OFFICIAL TITLE OF REVIEWING OFFICIAL Chief, FE	TYPED OR PRINTED NAME AND SIGNATURE

SECRET

MF-27

SECRET
(When Filled In)

FITNESS REPORT	EMPLOYEE SERIAL NUMBER [REDACTED]
----------------	--------------------------------------

SECTION A GENERAL			
1. NAME (Last) (First) (Middle) FOX J. Crocco	2. DATE OF BIRTH	3. SER. NO. M	4. GRADE GS-12 USB
5. SERVICE DESIGNATION & OFFICIAL POSITION TITLE IS 10		7. OFF/DIV/BR OF ASSIGNMENT Tokyo, Japan	
6. CAREER STAFF STATUS		8. TYPE OF REPORT	
<input type="checkbox"/> NOT ELIGIBLE <input checked="" type="checkbox"/> MEMBER <input type="checkbox"/> DEFERRED <input type="checkbox"/> PENDING <input type="checkbox"/> DECLINED <input type="checkbox"/> DENIED		<input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT/SUPERVISOR <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT/EMPLOYEE	
10. DATE REPORT DUE IN O.P.		11. REPORTING PERIOD To SPECIAL (Specify)	
		15 Apr 61-31 Dec 61	

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: Monitors and coordinates with ODYCOM and allied armed services the [REDACTED] in North Asian area covering [REDACTED] collection.	RATING NO. 6	SPECIFIC DUTY NO. 4: Maintains continuing close official & personal working liaison with & support for commanders & officers of the various ODYCOM military intelligence [REDACTED] (cont.)	RATING NO. 5
SPECIFIC DUTY NO. 2: Determines, initiates & directly participates in the exploitation of [REDACTED] targets in conjunction with HUROVE and ODYCOM armed services.	RATING NO. 5	SPECIFIC DUTY NO. 5: Responsible for preparation of collection intel & admin rpts dispatched to [REDACTED] Center, on all matters pertaining to the PEP in this area of jurisdiction.	RATING NO. 4
SPECIFIC DUTY NO. 3: Provides detailed training and guidance for ODYCOM personnel & for foreign allied personnel (e.g., [REDACTED] Chinese Nationalists) in the [REDACTED] (cont.)	RATING NO. 5	SPECIFIC DUTY NO. 6: Represents the interests of [REDACTED] generally in liaison with other ODYCOM intelligence components - both collection & analysis [REDACTED]	RATING NO. 5

SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION			
Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.			
1 - Performance in many important respects fails to meet requirements. 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.	<table border="1" style="width: 100%; height: 100%;"> <tr><td style="text-align: center; font-size: 0.8em;">RATING NO.</td></tr> <tr><td style="text-align: center; font-size: 1.5em;">5</td></tr> </table>	RATING NO.	5
RATING NO.			
5			

SECTION D DESCRIPTION OF THE EMPLOYEE							
In the rating boxes below, check (X) the degree to which each characteristic applies to the employee							
1 - Least possible degree 2 - Limited degree 3 - Normal degree 4 - Above average degree 5 - Outstanding degree							
CHARACTERISTICS	NOT APPLICABLE	NOT OBSERVED	RATING				
			1	2	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

OFFICE

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 assignment 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.

02 PM '62

[Empty space for narrative description of manner of job performance]

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 31 December 61	SIGNATURE OF EMPLOYEE Jerome Fox (Signed)
------------------------	--

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION 7	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 31 December 61	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE (Signed)
------------------------	------------------------------	---

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

[Empty space for comments]

DATE 31 Dec. 61	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE (Signed)
--------------------	--------------------------------------	---

SECRET

SECRET

Continuation of Section B:

Specific Duty No. 3

collection techniques [redacted]

Specific Duty No. 4

KUDCVS elements, particularly [redacted]

SECRET

SECRET
(When Filled In)

[Handwritten Signature]

FITNESS REPORT		EMPLOYER SERIAL NUMBER
-----------------------	--	------------------------

SECTION A GENERAL					
1. NAME (Last) (First) (Middle)		2. DATE OF BIRTH		3. SEX	4. GRADE
FOX, Jerome				Male	GS-11
5. SERVICE DESIGNATION		6. OFFICIAL POSITION/TITLE		7. OFF/DIV/BR OF ASSIGNMENT	
IR		IO			
8. CAREER STAFF STATUS			9. TYPE OF REPORT		
10. NOT ELIGIBLE	11. MEMBER	12. DEFERRED	13. INITIAL	14. REASSIGNMENT/SUPERVISOR	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
15. PENDING	16. DECLINED	17. DENIED	18. ANNUAL	19. REASSIGNMENT/EMPLOYEE	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
20. DATE REPORT DUE IN O.P.		21. REPORTING PERIOD		22. SPECIAL (Specify)	
		From Sept. 59 to Apr. 61			

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 (insert number of employees supervised).						
1. Unsatisfactory	2. Barely adequate	3. Acceptable	4. Competent	5. Excellent	6. Superior	7. Outstanding
SPECIFIC DUTY NO. 1: Monitors and coordinates with ODYKKE and allied armed services in North Asian area covering [redacted] [redacted]		RATING NO. 6	SPECIFIC DUTY NO. 4: Maintains continuing and close official & personal working liaison with a support for commanders & officers of the various ODYKKE Military Intel collection units in [redacted] (cont)		RATING NO. 5	
SPECIFIC DUTY NO. 2: Determines, initiates and directly participates in the exploitation of P22 targets in conjunction with RUCGZ and ODYKKE armed services.		RATING NO. 6	SPECIFIC DUTY NO. 5: Responsible for proper [redacted] of collection intel & admin rpts & dispatches to [redacted] on all matters pertaining to the ENCI in this area of jurisdiction.		RATING NO. 5	
SPECIFIC DUTY NO. 3: Provides detailed training and guidance for ODYKKE personnel and for foreign allied personnel (e.g. [redacted] [redacted] in the identification, photographic and [redacted] [redacted])		RATING NO. 6	SPECIFIC DUTY NO. 6: Represents the interest of [redacted] generally in liaison with other ODYKKE intelligence components - both collection and analysis in [redacted]		RATING NO. 5	

SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION			
Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.			
1. Performance in many important respects fails to meet requirements. 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.	<table border="1" style="width:100px; height:100px;"> <tr><td align="center">RATING NO.</td></tr> <tr><td align="center">5</td></tr> </table>	RATING NO.	5
RATING NO.			
5			

SECTION D DESCRIPTION OF THE EMPLOYEE					
In the rating boxes below, check (X) the degree to which each characteristic applies to the employee.					
1 - Least possible degree	2 - Limited degree	3 - Normal degree	4 - Above average degree	5 - Outstanding degree	
CHARACTERISTICS			NOT APPL. CABLE	NOT SERV. 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
DRIVES EFFECTIVELY					X
IS SOCIALLY CONSCIOUS					X
THINKS CLEARLY					X
DISCIPLINED IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS					X
OTHER (Specify)					

SEE SECTION "E" ON REVERSE SIDE

SECRET
(When Filled In)

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

[Empty space for narrative description of manner of job performance]

SECTION F CERTIFICATION AND COMMENTS (Continued)

1. BY EMPLOYEE		
I certify that I have seen Sections A, B, C, D and E of this Report.		
DATE 14 April 1961	SIGNATURE OF EMPLOYEE Jerome Fox (Signed)	This report has been prepared in accordance with F.P. Division standards which are being used in rating the individual.
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION 18	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE	IF NOT, GIVE EXPLANATION: N/A
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 14 April 1961	OFFICIAL TITLE OF SUPERVISOR Chief, SIB	TYPED OR PRINTED NAME AND SIGNATURE
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.		
14 Apr 1961		

SECRET

Continuation of Section B:

Specific Duty No. 3

collection techniques

Specific Duty No. 4

KUDOV elements,

Continuation of Section E:

and experience in the broader, analytical aspects of the KUCHAP area, including language and area studies.

Continuation of Section F-3:

normal administrative responsibilities.

SECRET
(When Filled In)

WAL

FITNESS REPORT				EMPLOYEE SERIAL NUMBER								
SECTION A GENERAL												
1. NAME (Last) (First) (Middle)		2. DATE OF BIRTH		3. SEX	4. GRADE							
FOX Jerome				Male	GS-11							
5. SERVICE DESIGNATION	6. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT								
IR												
8. CAREER STAFF STATUS			9. TYPE OF REPORT									
NOT ELIGIBLE	<input checked="" 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 type="checkbox"/> ANNUAL	<input type="checkbox"/> REASSIGNMENT/EMPLOYEE								
10. DATE REPORT DUE IN O.P.		11. REPORTING PERIOD From To		12. SPECIAL (Specify)								
		4 Sept 59 30 Sept 60		Promotion								
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).												
<table style="width:100%; border: none;"> <tr> <td style="width:16.6%;">1 - Unsatisfactory</td> <td style="width:16.6%;">2 - Barely adequate</td> <td style="width:16.6%;">3 - Acceptable</td> <td style="width:16.6%;">4 - Competent</td> <td style="width:16.6%;">5 - Excellent</td> <td style="width:16.6%;">6 - Superior</td> <td style="width:16.6%;">7 - Outstanding</td> </tr> </table>						1 - Unsatisfactory	2 - Barely adequate	3 - Acceptable	4 - Competent	5 - Excellent	6 - Superior	7 - Outstanding
1 - Unsatisfactory	2 - Barely adequate	3 - Acceptable	4 - Competent	5 - Excellent	6 - Superior	7 - Outstanding						
SPECIFIC DUTY NO. 1		SPECIFIC DUTY NO. 4		RATING NO.								
Monitors and coordinates with ODYOKE and allied armed services the () in North Asian area covering officially		maintains continuing and close official & personal working liaison with & support for commanders & officers of the various ODYOKE units in		6								
SPECIFIC DUTY NO. 2		SPECIFIC DUTY NO. 5		RATING NO.								
Determines, initiates and directly participates in the exploitation of targets in conjunction with KUDOVE and ODYOKE armed services.		analyzes, particularly the liaison staff, responsible for preparation of collection intel & admin data & data pertinent to the area of jurisdiction, represents the interests of ODYOKE generally in liaison with other ODYOKE intelligence components both collected		6								
SPECIFIC DUTY NO. 3		SPECIFIC DUTY NO. 6		RATING NO.								
Provides detailed training and guidance for ODYOKE personnel and for foreign allied personnel (e.g. Nationalist) in the identification, tracking and		all matters pertaining to the area of jurisdiction, represents the interests of ODYOKE generally in liaison with other ODYOKE intelligence components both collected		6								
SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION												
collection techniques applicable to the area. 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"> 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. 5							
SECTION D DESCRIPTION OF THE EMPLOYEE												
In the rating boxes below, check (X) the degree to which each characteristic applies to the employee												
1 - Least possible degree		2 - Limited degree		3 - Normal degree		4 - Above average degree		5 - Outstanding degree				
CHARACTERISTICS				NOT APPLICABLE	NOT OBSERVED	RATING						
						1	2	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												

Continuation of Section E:

In recognition of subject officer's outstanding performance to date and in view of the considerable responsibilities incident to the post of [redacted] representative in this area, I recommend that subject officer be promoted to the grade of GS-12 as soon as possible.

SECRET (When Filled In) 24 AUG 1959

24128

FITNESS REPORT	EMPLOYEE SERIAL NUMBER 117974
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SECTION A GENERAL			
1. NAME (Last) (First) (Middle) Fox, Jerome	2. DATE OF BIRTH	3. SEX Male	4. GRADE GS-11
5. SERVICE DESIGNATION IR		6. OFFICIAL POSITION TITLE IO	
7. OFF/DIV/GR OF ASSIGNMENT ORR-FM/EA			
8. CAREER STAFF STATUS		9. TYPE OF REPORT	
<input type="checkbox"/> NOT ELIGIBLE	<input checked="" type="checkbox"/> MEMBER	<input type="checkbox"/> DEFERRED	<input type="checkbox"/> INITIAL
<input type="checkbox"/> PENDING	<input type="checkbox"/> DECLINED	<input type="checkbox"/> DENIED	<input checked="" type="checkbox"/> ANNUAL
		<input checked="" type="checkbox"/> REASSIGNMENT/SUPERVISOR	
		<input checked="" type="checkbox"/> REASSIGNMENT/EMPLOYEE	
10. DATE REPORT DUE IN O.P. 31 Oct 1959	11. REPORTING PERIOD 15 Mar 58 - 30 Sep 1959	SPECIAL (Specify)	

SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES						
List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).						
1 - Unsatisfactory	2 - Barely adequate	3 - Acceptable	4 - Competent	5 - Excellent	6 - Superior	7 - Outstanding
SPECIFIC DUTY NO. 1 Prepares written reports on results of analysis.	RATING NO. 3	SPECIFIC DUTY NO. 4 Directs and participates in field exploitation.	RATING NO. 4			
SPECIFIC DUTY NO. 2 Derives significant intelligence from factory markings data.	RATING NO. 4	SPECIFIC DUTY NO. 5 Organizes raw data into analytic file.	RATING NO. 5			
SPECIFIC DUTY NO. 3 Supervises junior analyst.	RATING NO. 4	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"> 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. 	<table border="1" style="width: 50px; height: 50px; margin: auto;"> <tr><td style="text-align: center;">RATING NO.</td></tr> <tr><td style="text-align: center;">3</td></tr> </table>	RATING NO.	3
RATING NO.			
3			

SECTION D DESCRIPTION OF THE EMPLOYEE											
In the rating boxes below, check (X) the degree to which each characteristic applies to the employee.											
1 - Least possible degree	2 - Limited degree	3 - Normal degree	4 - Above average degree	5 - Outstanding degree							
CHARACTERISTICS			NOT APPLI- CABLE	NOT OBS- ERVED	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)

SECTION E		NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE	
<p>State 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>			
<div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); opacity: 0.5;"> <p>MAIL ROOM</p> <p>AUG 19 4 56 PM '59</p> <p>OFFICE OF PERSONNEL</p> </div>			

SECTION F		CERTIFICATION AND COMMENTS	
1. BY EMPLOYEE			
I certify that I have seen Sections A, B, C, D and E of this Report.			
DATE	SIGNATURE OF EMPLOYEE		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
42	Departed on PCS overseas.		
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	NAME AND SIGNATURE	
13 August 1959	Chief, FM/EA		
3. BY REVIEWING OFFICIAL			
<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	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
13 August 1959	Chief, St/FM		

S-E-C-R-E-T

REPORT OF TRAINING

Operations Familiarization Course No. 17

I. IDENTIFYING INFORMATION

Name: FOX, Jerome Sex: Male
Date of Birth: Grade or Rank: OS-11
EOD Date: 15 June 1959 Office: ORR
Dates of Course: 6 Apr - 15 May 59 No. of Students: 25
Projected Assignment or Present Position:
(from Request for Internal Training)

II. DESCRIPTION OF COURSE

The Operations Familiarization Course is a six-week course designed primarily for Clandestine Services non-case officer personnel and for non-Clandestine Services officers whose responsibilities in support of operations require adequate familiarization with case officer functions and with the programs and operations of the Clandestine Services.

III. REPORT OF STUDENT ACHIEVEMENT

To satisfactorily complete the Operations Familiarization Course the student must demonstrate in a series of seminars and in a limited number of written assignments that he has acquired an adequate understanding of the fundamentals of clandestine operations. Testing mechanisms are minimal and do not permit an extensive evaluation of individual performance.

Mr. Fox satisfactorily completed Operations Familiarization Course No. 17.

FOR THE DIRECTOR OF TRAINING:

Chief Instructor, OFC

Chief, Field Training

S-E-C-R-E-T

(When filled in)

COURSE DESCRIPTION

SPANISH BASIC COURSE (REPEATED WINTER II (PART-TIME))

SECTION I: IDENTIFYING INFORMATION

NAME	SEX	DATES OF COURSE	NO. OF STUDENTS
FOX, Jerome	Male	5 Jan - 13 March 1959	3
DATE OF BIRTH	BOB DATE	GRADE OR RANK	OFFICE
	15 June 1955	OS-11	OSB
PROJECTED ASSIGNMENT OR PRESENT LOCATION			
Analytic position in ST/PM			

SECTION II: SPECIFIC CHARACTERISTICS OF THE COURSE

This course lasts 10 weeks. The classes are held 2 hours per day, 5 days a week. Students are required to do a minimum of 10 hours per week of drill in the language laboratory outside of class hours. The instructor is able to meet at any time by appointment with each student individually. Students are given at least two major tests and a number of ten-minute tests during the progress of the course.

SECTION III: OBJECTIVES

The general aim of this course is to provide a thorough grounding for the student who has previously had either a reading course in the language or an insufficient introduction to the language. It serves as a basis for further advancement either by independent learning in the area or by further study.

The specific objectives are:

- A. Ability to produce and distinguish all the sounds of the language.
- B. Ability to use adequately a stock of correct Spanish sentences and expressions.
- C. Ability to analyze sentences and expressions into their components.
- D. Ability to comprehend speech-speed spoken Spanish in a wide variety of non-technical situations.
- E. Ability to read and write informal Spanish using a limited number of vocabulary and structural items.

SECTION IV: EVALUATION RATINGS

The following is an explanation of the five terms of evaluation employed below:

1. The student failed to satisfy minimum requirements, and his grasp of the material is too inadequate to be functional.
2. The student satisfied only the minimum requirements of the objectives. His grasp is barely functional.

S-E-C-R-E-T
(When filled in)

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

3. The student met the objectives in a creditable manner, revealing a good grasp of essentials.
4. The student showed a high degree of competence in meeting the objectives.
5. The student demonstrated exceptional ability or proficiency in meeting the objectives. His accomplishment was one attained by a very small number of students.

SECTION V: ACHIEVEMENT RATINGS

The number in each cell represents the number of students receiving that rating in terms of the above objectives. The asterisk (*) represents the rating this student achieved.

Course Objectives	Rating 1	Rating 2	Rating 3	Rating 4	Rating 5
Objective A			2*	1	
Objective B			2*	1	
Objective C			2*	1	
Objective D			2*	1	
Objective E			2*	1	

This class as a whole is rated as:

Above average _____ Average **X** _____ Below than average _____

SECTION VI: COMMENTS

FOR THE DIRECTOR OF TRAINING

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 Signature of Instructor

SECTION I: IDENTIFYING FACTORS

NAME	SEX	DATE	NO. OF SEMESTERS
FOX, Jerome	Male	13 Oct 58-19 Dec 58	6
DATE OF BIRTH	AGE	CLASS	ORG
	15 June 1955	CS-11	OSB
IF SELECTED AS MEMBER OF PRESENT INSTITUTION			
Analyst			

SECTION II: SPECIFIC CHARACTERISTICS OF THE COURSE

This course lasts 10 weeks. The classes are held 2 hours per day, 5 days a week. Students are required to do a minimum of 10 hours per week of drill in the language laboratory outside of class hours. The instructor is able to meet at any time by appointment with each student individually. Students are given at least two major tests and a number of assignments during the period of the course.

SECTION III: OBJECTIVES

The general aim of this course is to provide a thorough grounding for the student who has previously had either a reading course in the language or an insufficient introduction to the language. It serves as a basis for further advancement either by independent learning in the area or by further study.

The specific objectives are:

- Objective A. Ability to produce and distinguish all the sounds of the language.
- Objective B. Ability to use intelligibly a bank of correct Spanish sentences and expressions.
- Objective C. Ability to analyze sentences and expressions into their components.
- Objective D. Ability to deal with comprehension of spoken Spanish in a wide variety of conversational situations.
- Objective E. Ability to read and understand a limited number of elementary and structural texts.

SECTION IV: EVALUATION SYSTEM

Continued
When filled in

UNIVERSITY OF CALIFORNIA, BERKELEY

The following is an explanation of the five terms of evaluation employed below:

- Rating 1. The student failed to satisfy minimum requirements, and his grasp of the material is too inadequate to be functional.
- Rating 2. The student satisfied only the minimum requirements of the objectives. His grasp is barely functional.
- Rating 3. The student met the objectives in a creditable manner, revealing a good grasp of essentials.
- Rating 4. The student showed a high degree of competence in meeting the objectives.
- Rating 5. The student demonstrated exceptional ability or proficiency in meeting the objectives. His accomplishment was one attained by a very small number of students.

SECTION V: ACHIEVEMENT RATINGS

The number in each cell represents the number of students receiving that Rating in terms of the above objectives. The asterisk (*) represents the Rating this student achieved.

Course Objective	Rating 1	Rating 2	Rating 3	Rating 4	Rating 5
Objective A		1	2	2*	1
Objective B			3*	3	
Objective C			4*	2	
Objective D			3*	3	
Objective E			3	3*	

This class as a whole is rated as:

Above average _____ Average X _____ Below than average _____

SECTION VI: COMMENTS

Since reading skills are stressed during the latter part of the 50-week course series, the rating for Objective E is based on a limited amount of information.

FOR THE DIRECTOR OF STUDENTS:

/s/

Signature of Head Instructor

DATE: _____
(When filled in)

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.

SECTION A. GENERAL

1. NAME (Last) (First) (Middle) 2. RATE OR GRADE 3. SER. M. 4. SERVICE DESIGNATION: IR 5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT: OPI 6. OFFICIAL POSITION TITLE: Identification Specialist 7. GRADE: 11 8. DATE REPORT DUE IN OP: 29 March 58 9. PERIOD COVERED BY THIS REPORT (Exclusive dates): 15 March 57 - 15 March 58 10. TYPE OF REPORT (Check one): ANNUAL REASSIGNMENT - SUPERVISOR REASSIGNMENT - EMPLOYEE SPECIAL (Specify):

SECTION B. CERTIFICATION

1. FOR THE RATER: THIS REPORT WAS HAS NOT BEEN SHOWN TO THE INDIVIDUAL RATED. IF NOT SHOWN, EXPLAIN WHY NOT: Individual on TDY Overseas

A. CHECK (X) APPROPRIATE STATEMENTS:

X THIS REPORT REFLECTS MY OWN OPINIONS OF THIS INDIVIDUAL. X THIS REPORT REFLECTS THE COMBINED OPINIONS OF MYSELF AND PREVIOUS SUPERVISORS. X I HAVE DISCUSSED WITH THIS EMPLOYEE HIS STRENGTHS AND WEAKNESSES SO THAT HE KNOWS WHERE HE STANDS.

B. THIS DATE: 2 April 1958 C. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR: Branch Chief/EA D. SUPERVISOR'S OFFICIAL TITLE: Branch Chief/EA

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

BY DATE: [Signature] 10 APR 1958 Posted For Control [Signature] 4/14/58 Reviewed by PUS [Signature] 4/14/58

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

A. THIS DATE: 2 April 58 B. TYPED OR PRINTED NAME AND SIGNATURE OF OFFICIAL: [Signature] C. OFFICIAL TITLE OF REVIEWING OFFICIAL: Chief, SA/ENVR

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.

COMMENTS:

SECRET

(When Filled In)

2. RATINGS ON PERFORMANCE OF SPECIFIC DUTIES

DIRECTIONS:

a. State in the spaces below up to six of the more important SPECIFIC duties performed during the reporting 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 specific duty.

c. For supervisors, ability to supervise will always be rated as a specific duty (do not rate as supervisors those who supervise a secretary only).

d. Compare in your mind, when possible, the individual being rated with others performing 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	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

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.

OFFICE OF AIR FORCE
APR 9 4 38 PM '58
MAIL ROOM

1 - INCOMPETENT IN THE PERFORMANCE OF THIS DUTY	6 - PERFORMS THIS DUTY IN AN OUTSTANDING MANNER FOUND IN VERY FEW INDIVIDUALS HOLDING SIMILAR JOBS
2 - BARELY ADEQUATE IN THE PERFORMANCE OF THIS DUTY	7 - EXCELS ANYONE I KNOW IN THE PERFORMANCE OF THIS DUTY
3 - PERFORMS THIS DUTY ACCEPTABLY	
4 - PERFORMS THIS DUTY IN A COMPETENT MANNER	
5 - PERFORMS THIS DUTY IN SUCH A FINE MANNER THAT HE IS A DISTINCT ASSET ON HIS JOB	

SPECIFIC DUTY NO. 1 Organizes raw data into analytic file	RATING NUMBER 5	SPECIFIC DUTY NO. 2 Directs field exploitation	RATING NUMBER 4
SPECIFIC DUTY NO. 3 Derives significant intelligence from data	RATING NUMBER 5	SPECIFIC DUTY NO. 4 Supervises junior analysts	RATING NUMBER 4
SPECIFIC DUTY NO. 5 Prepares reports on conclusions	RATING NUMBER 3	SPECIFIC DUTY NO. 6	RATING NUMBER

3. NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

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

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... BELOW AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION

4 - OF THE SAME SUITABILITY AS MOST PEOPLE I KNOW IN THE ORGANIZATION

5 - A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS

6 - AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION

7 - EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION

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

SECRET

SECRET

(When Filled In)

FITNESS REPORT (Part II) POTENTIAL

INSTRUCTIONS

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

FOR THE SUPERVISOR: This report is a privileged communication to your supervisor, and to appropriate career management and personnel officials concerning the potential of the employee being rated. It is NOT to be shown to the rated employee. It is recommended that you read the entire report before completing any question. This report is to be completed only after the employee has been under your supervision for AT LEAST 90 DAYS. If less than 90 days, hold and complete after the 90 days has elapsed. If this is the INITIAL REPORT on the employee, however, it MUST be completed and forwarded to the CE 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
 FOX JEROME M IR

5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT 6. OFFICIAL POSITION TITLE
 CRR Identification Specialist

7. GRADE 8. DATE REPORT DUE IN OP 9. PERIOD COVERED BY THIS REPORT (Inclusive dates)
 11 29 March 58 15 March 57 - 15 March 58

10. TYPE OF REPORT (Check one)
 INITIAL ANNUAL REASSIGNMENT-SUPERVISOR REASSIGNMENT-EMPLOYEE SPECIAL (Specify)

SECTION F: CERTIFICATION

1. FOR THE RATER: I CERTIFY THAT THIS REPORT REPRESENTS MY BEST JUDGEMENT OF THE INDIVIDUAL BEING RATED.

A. THIS DATE: 8 April 1958 B. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR C. SUPERVISOR'S OFFICIAL TITLE
 Branch Chief/EA

2. FOR THE REVIEWING OFFICIAL: I HAVE REVIEWED THIS REPORT AND NOTED ANY DIFFERENCE OF OPINION IN ATTACHED MEMO.

A. THIS DATE: 8 Apr 58 B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL C. OFFICIAL TITLE OF REVIEWING OFFICIAL
 Chief, SE/EM/RR

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	PERFORMANCE CAN BE EXPECTED	DATE
	2 - HAS REACHED THE HIGHEST LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED	PERFORMANCE CAN BE EXPECTED	
	3 - MAKING PROGRESS, BUT NEEDS MORE TIME BEFORE HE CAN BE TRAINED TO ASSUME GREATER RESPONSIBILITIES	CAN BE TRAINED TO ASSUME GREATER RESPONSIBILITIES	
	4 - READY FOR TRAINING IN ASSUMING GREATER RESPONSIBILITIES	CAN BE TRAINED TO ASSUME GREATER RESPONSIBILITIES	
	5 - WILL PROBABLY ADJUST QUICKLY TO MORE RESPONSIBILITIES	CAN BE TRAINED TO ASSUME GREATER RESPONSIBILITIES	
	6 - ALREADY ASSUMING MORE RESPONSIBILITIES THAN EXPECTED AT HIS PRESENT LEVEL	SHOULD BE CONSIDERED FOR EARLY ASSUMPTION OF HIGHER RESPONSIBILITIES	
	7 - AN EXCEPTIONAL PERSON WHO IS ONE OF THE FEW WHO SHOULD BE CONSIDERED FOR EARLY ASSUMPTION OF HIGHER RESPONSIBILITIES	SHOULD BE CONSIDERED FOR EARLY ASSUMPTION OF HIGHER RESPONSIBILITIES	

2. SUPERVISORY POTENTIAL

DIRECTIONS: Answer this question: Has this person the ability to be a supervisor? Yes No. If your answer is YES, indicate below your opinion or guess of the level of supervisory ability this person will reach AFTER SENIORITY 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 AT LEAST 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 ABOVE SUPERVISOR IN THIS SITUATION
ACTUAL	POTENTIAL	DISCUSSIVE SITUATION		
2		A GROUP USING THE LEVEL 120 (Tech clerks, stenographers, technicians or professional specialties of various kinds) WITH CONTACT WITH IMMEDIATE SUPERVISORS IS PRESENT (First line supervisor)		
	2	A GROUP OF SUPERVISORS MANAGING THE LEVEL 120 (Second line supervisor)		
	3	A GROUP WHO MAY OR MAY NOT BE SUPERVISORS, WHICH IS RESPONSIBLE FOR MAJOR PLANT, OPERATIONAL AND POLICY (Executive level)		
	2	WITH CONTACT WITH IMMEDIATE SUPERVISORS IS NOT PRESENT		
	2	WITH IMMEDIATE SUPERVISORS BUT CONTACT AND NEED FOR FULL COORDINATION		
	2	WITH IMMEDIATE SUPERVISORS WITHOUT NEEDING OF THE OTHERS		
		Other (Specify)		

SECRET

OFFICE OF PERSONNEL

3. INDICATE THE APPROXIMATE NUMBER OF MONTHS THE NAMED EMPLOYEE HAS BEEN UNDER YOUR SUPERVISION
30

4. COMMENTS CONCERNING POTENTIAL
APR 9 4 31 PM '58

SECTION II. FUTURE PLANS

1. TRAINING OR OTHER DEVELOPMENTAL EXPERIENCE PLANNED FOR THE INDIVIDUAL
Writing courses and additional on-the-job training, to include overseas TDY on operational assignments.

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

- 4 - HAVE NOT OBSERVED THIS; HENCE CAN GIVE NO OPINION AS TO HOW THE DESCRIPTION APPLIES TO THE INDIVIDUAL
- 1 - APPLIES TO THE INDIVIDUAL TO THE LEAST POSSIBLE DEGREE
- 2 - APPLIES TO INDIVIDUAL TO A LIMITED DEGREE
- 3 - APPLIES TO INDIVIDUAL TO AN AVERAGE DEGREE
- 4 - APPLIES TO INDIVIDUAL TO AN ABOVE AVERAGE DEGREE
- 5 - APPLIES TO INDIVIDUAL TO AN OUTSTANDING DEGREE

CATEGORY	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
4	2. CAN MAKE DECISIONS ON HIS OWN WHEN NEEDED	4	12. SHOWS ORIGINALITY	3	22. IMPLEMENTS DECISIONS REGARDLESS OF OWN FEELINGS
4	3. HAS INITIATIVE	4	13. ACCEPTS RESPONSIBILITIES	3	23. IS THOUGHTFUL OF OTHERS
4	4. IS ANALYTIC IN HIS THOUGHTS	3	14. ADMITS HIS ERRORS	4	24. STAYS WELL UNDER PRESSURE
4	5. STRIVES CONSTANTLY FOR NEW RECOGNITION AND PRAISE	4	15. RESPONDS WELL TO SUPERVISION	4	25. DISPLAYS JUDGMENT
3	6. SHOWS TENDENCY TO SEEK ASSISTANCE	4	16. ENJOYS HIS JOB WITHOUT STRONG SUPPORT	3	26. IS SECURITY CONSCIOUS
4	7. CAN GET ALONG WITH PEOPLE	4	17. COMES UP WITH SOLUTIONS TO PROBLEMS	4	27. IS SENSITIVE
4	8. HAS MEMORY FOR FACTS	4	18. IS OBEYANT	4	28. HAS CRITICISM TO CONSTRUCTIVE
4	9. GETS THINGS DONE	4	19. THINKS CLEARLY	4	29. FACILITATES OTHERS' OPERATION OF HIS OFFICE
4	10. CAN DEAL WITH EMERGENCIES	4	20. COMPLETES ASSIGNMENTS WITHIN ALLOWABLE TIME LIMITS	4	30. OPERATES WITHIN THE STRONG AND CONTINUOUS SUPERVISORY

SECRET

TSS/PB TRAINING DIVISION EVALUATION

DARKROOM 9

BASIC PHOTOGRAPHY No. 1

NAME Jerome FOX DIV CRS BR EA DATES TRAINED: from 29 June to 17 July '57

This course is primarily designed to develop the following skills: Use of 35 mm cameras with accessories, document copy, processing and printing.

	None	Unsat	Fair	Good	Excellent	Superior
I Manipulation of camera.						
a. Leica				X		
b. Retina II C	X					
c. Recordak				X		
II Processing and printing.						
a. Film loading				X		
b. Film processing				X		
c. Enlarging				X		
d. Reflex and contact printing					X	
III Use of accessory equipment.						
a. Exposure meter				X		
b. Filters	X					
c. Telephoto and wide angle lenses				X		
IV. Document copy and small objects.						
a. Available light	X					
b. Accessory illumination				X		
c. BOOWU, portra lens, focus slide				X		
V. Ground photography.						
a. Coverage						
b. Report	X					
VI. Casing.						
a. Coverage						
b. Report						
VII Surveillance.						
a. Coverage						
b. Report						
VIII Special problems.						
a. Coverage						
b. Report						
General quality of prints				X		
Choice of subject matter				X		
Quality of darkroom work (Cleanliness, etc.)				X		
Attitude toward subject matter				X		
Cooperation					X	

REMARKS

APPROVED
C/SS/ND

Instructor

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 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 8 of Section A below.

SECTION A. GENERAL

1. NAME (Last) (First) (Middle) FOX Jerome	2. DATE OF BIRTH	3. SER. M	4. SERVICE DESIGNATION IR
5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT ORR/Techniques & Methods/Analysis & Reports		6. OFFICIAL POSITION/TITLE Identification Specialist	
7. GRADE GS-9	8. DATE REPORT DUE IN OF 29 March 1957	9. PERIOD COVERED BY THIS REPORT (Inclusive dates) 15 March 1956 - 15 March 1957	
10. TYPE OF REPORT (Check one)	INITIAL	REASSIGNMENT SUPERVISOR	SPECIAL (Specify)
<input checked="" type="checkbox"/> ANNUAL			

SECTION B. CERTIFICATION

1. FOR THE RATED: 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 "I" IN CY OR D, A BARRING LET. FOR HAS BEEN TO HAVE A COPY ATTACHED TO THIS REPORT.
<input type="checkbox"/> THIS REPORT REFLECTS THE COMBINED OPINIONS OF MYSELF AND PREVIOUS SUPERVISORS.	I CANNOT CERTIFY THAT THE RATED INDIVIDUAL ENDS HOW I EVALUATE HIS JOB PERFORMANCE BECAUSE (Specify)
<input checked="" type="checkbox"/> I HAVE DISCUSSED WITH THIS EMPLOYEE HIS STRENGTHS AND WEAKNESSES SO THAT HE KNOWS WHERE HE STANDS.	

B. THIS DATE 28 March 57	C. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR	D. SUPERVISOR'S OFFICIAL TITLE Acting Branch Chief
------------------------------------	--	--

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

BY *[Signature]* DATE
22 APR 22 1957
54
Posted For
Reviewed by

CONTINUED ON ATTACHED SHEET

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

A. THIS DATE 28 March 57	B. TYPED OR PRINTED NAME OF OFFICIAL	C. OFFICIAL TITLE OF REVIEWING OFFICIAL Chief, D/TAR
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SECTION C. JOB PERFORMANCE EVALUATION

1. RATING ON GENERAL PERFORMANCE OF DUTIES:

DIRECTIONS: Consider ONLY the productivity and effectiveness with which the individual being rated has performed his duties during the rating period. Compare him ONLY with others doing similar work at a similar level of responsibility. Factors other than productivity will be taken into account later in Section D.

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

5
INSERT RATING NUMBER
COMMENTS:

SECRET

(When Filled In)

2. RATINGS ON 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 specific duty. Do not rate as supervisors those who supervise a secretary only.
- c. For supervisors, ability to supervise will always be rated as a specific duty for the ratee.
- 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.

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	Organizes raw data into analytic file.	RATING NUMBER	6	SPECIFIC DUTY NO. 4	Devises codes for mechanical processing of raw data.	RATING NUMBER	5
SPECIFIC DUTY NO. 2	Derives significant intelligence from data.	RATING NUMBER	5	SPECIFIC DUTY NO. 5	Participates in field exploitation	RATING NUMBER	5
SPECIFIC DUTY NO. 3	Drafts reports on conclusions.	RATING NUMBER	4	SPECIFIC DUTY NO. 6		RATING NUMBER	

3. NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

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

Mr. Fox

SECTION C. 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... SHOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW
- 3 - A BARELY ACCEPTABLE EMPLOYEE... BELOW AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION
- 4 - OF THE SAME SUITABILITY AS MOST PEOPLE I KNOW IN THE ORGANIZATION
- 5 - A FINE EMPLOYEE... HAS SOME OUTSTANDING STRENGTHS
- 6 - AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION
- 7 - EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION

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 IS no later than 90 days after the due date indicated in item 8 of Section "E" below.

SECTION E - GENERAL

1. NAME (Last) FOX (First) Jerome (Middle)	2. DATE OF BIRTH	3. SER. # H	4. SERVICE DESIGNATION IR
5. OFFICE/SERIES/BRANCH OF ASSIGNMENT OPR/Techniques & Methods/Analysis & Reports		6. OFFICIAL POSITION TITLE Ident. Specialist	
7. GRADE GS-9	8. DATE REPORT DUE IN OP. 29 March 1957	9. PERIOD COVERED BY THIS REPORT (Include dates) 15 March 1956 - 15 March 1957	
10. TYPE OF REPORT (Check one)	INITIAL	REASSIGNMENT SUPERVISOR	SPECIAL (Specify)
	<input checked="" type="checkbox"/> REGULAR	<input type="checkbox"/> REASSIGNED SUPERVISOR	<input type="checkbox"/>

SECTION F - CERTIFICATION


1. FOR THE RATER: I CERTIFY THAT THIS REPORT REPRESENTS MY BEST JUDGMENT OF THE INDIVIDUAL BEING RATED.

A. THIS DATE 28 March 57	B. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR	C. SUPERVISOR'S OFFICIAL TITLE Acting Branch Chief
A. THIS DATE 28 March 57	B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING	C. OFFICIAL TITLE OF REVIEWING OFFICIAL CHIEF DIT

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.

1 - ABOVE ABOVE THE LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED	DATE
2 - HAS REACHED THE HIGHEST LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED	 RESPONSIBILITIES 241957
3 - MAKING PROGRESS, BUT NEEDS MORE EXPERIENCE BEFORE HE CAN BE TRAINED TO ASSUME GREATER RESPONSIBILITIES	
4 - READY FOR TRAINING IN ASSUMING GREATER RESPONSIBILITIES	
5 - WILL PROBABLY ADJUST HIMSELF TO GREATER RESPONSIBILITIES WITHOUT FURTHER TRAINING	
6 - ALREADY ASSUMING MORE RESPONSIBILITIES THAN EXPECTED AT HIS PRESENT LEVEL	
7 - AN EXPERIMENTAL PERIOD AND IS ONE OF THE FEW WHO SHOULD BE CONSIDERED FOR EARLY ASSUMPTION OF HIGHER RESPONSIBILITIES	

2. SUPERVISORY POTENTIAL

DIRECTIONS: Answer this question: Has this person the ability to be a supervisor? Yes No If your answer is YES indicate below your opinion of the level of supervisory ability this person will reach AFTER SUITABLE TRAINING. Indicate your opinion by circling 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.

DISCREPANT RATING NUMBER	OPINION ON HIS SUPERVISORY POTENTIAL IN THIS SITUATION
1	1 - BELIEVE INDIVIDUAL SHOULD BE A SENIOR SUPERVISOR IN THIS KIND OF SITUATION
2	2 - BELIEVE INDIVIDUAL SHOULD BE AN AVERAGE SUPERVISOR IN THIS KIND OF SITUATION
3	3 - BELIEVE INDIVIDUAL SHOULD BE A JUNIOR SUPERVISOR IN THIS SITUATION

ACTUAL	POTENTIAL	DESCRIPTIVE SITUATION
1	2	1 - SUPERVISOR HAS CONTACT WITH SENIOR SUPERVISORS, MANAGERIAL PERSONNEL OR PROFESSIONAL SPECIALISTS OF VARIOUS BRANCHES; CONTACT WITH IMMEDIATE SUPERVISORS IS FREQUENT (First line supervisor)
	2	2 - A GROUP OF SUPERVISORS WHO CONTACT THE BASIC AND SECOND LINE SUPERVISORS
	3	3 - A GROUP WHO MAY OR MAY NOT BE SUPERVISORS, WHICH IS RESPONSIBLE FOR MAJOR PLANS, ORGANIZATION AND POLICY (Executive level)
	2	4 - HAS CONTACT WITH IMMEDIATE SUPERVISORS; IS NOT FREQUENT
	2	5 - OVER IMMEDIATE SUPERVISOR'S ACTIVITIES AND BUSINESS AND NEEDS COORDINATION
2		6 - HAS IMMEDIATE SUPERVISOR'S IMMEDIATE BUSINESS BY THE OFFICER, ETC.
		Other (Specify)

SECRET
(When Filled In)

1. INDICATE THE APPROXIMATE NUMBER OF MONTHS THE RATED EMPLOYEE HAS BEEN UNDER YOUR SUPERVISION **18** *OFFICE OF PERSONNEL*

2. COMMENTS CONCERNING POTENTIAL

SECTION II: FUTURE PLANS

1. TRAINING OR OTHER DEVELOPMENTAL EXPERIENCE PLANNED FOR THE INDIVIDUAL

Mr. Fox

2. NOTE OTHER FACTORS, INCLUDING PERSONAL CIRCUMSTANCES, TO BE TAKEN INTO ACCOUNT IN INDIVIDUAL'S FUTURE 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 to each degree to most people. To the left of each statement is a box under the heading "category." Read each statement and insert in the box the category number which best tells how much the statement applies to the person covered by this report.

- X - HAVE NOT OBSERVED THIS; HENCE, CAN GIVE NO OPINION AS TO HOW THE DESCRIPTION APPLIES TO THE INDIVIDUAL
- 1 - APPLIES TO THE INDIVIDUAL TO THE LEAST POSSIBLE DEGREE
- 2 - APPLIES TO INDIVIDUAL TO A LIMITED DEGREE
- 3 - APPLIES TO INDIVIDUAL TO AN AVERAGE DEGREE
- 4 - APPLIES TO INDIVIDUAL TO AN ABOVE AVERAGE DEGREE
- 5 - APPLIES TO INDIVIDUAL TO AN OUTSTANDING DEGREE

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

21
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 section. If this is the initial report on the employee, it must be completed and forwarded to the Office of Personnel no later than 30 days after the date indicated in Item B. of Section A. below.

SECTION A.

GENERAL

1. NAME (Last) Fox	(First) Jerome	(Middle)	2. DATE OF BIRTH	3. SEX M	4. SERVICE DESIGNATION SD/IR
5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT OPR, Techniques & Methods Div., Analysis & Reports Br.			6. OFFICIAL POSITION TITLE Identification Specialist		
7. GRADE GS-7	8. DATE REPORT DUE IN OF 6 April 1956	9. PERIOD COVERED BY THIS REPORT (Inclusive dates) 15 June 1955 - 15 March 1956			
10. TYPE OF REPORT (Check one)	<input checked="" type="checkbox"/> INITIAL	<input type="checkbox"/> REASSIGNMENT-SUPERVISOR	<input type="checkbox"/> SPECIAL (Specify)		
	<input type="checkbox"/> ANNUAL	<input type="checkbox"/> REASSIGNMENT-EMPLOYEE			

SECTION B.

CERTIFICATION

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 & PENDING LETTER HAS SENT TO HIM & A COPY ATTACHED TO THIS REPORT.
<input type="checkbox"/> THIS REPORT REFLECTS THE COMBINED OPINIONS OF MYSELF AND PREVIOUS SUPERVISORS.	
<input 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 TO EVALUATE HIS JOB PERFORMANCE BECAUSE (Specify):

B. THIS DATE

9 April 1956

C. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR

CHIEF, T/AR

2. FOR THE REVIEWING OFFICIAL

DIFFERENCE OF OPINION WITH THE SUPERVISOR, OR ANY OTHER INFORMATION WHICH WILL LEAD TO A BETTER UNDERSTANDING OF THIS REPORT.

No difference of opinion. Concur in evaluation of Mr. Fox as one of the better young men I've seen.

BY **F.P.** DATE **20 APR 1956**
Posted Pos. Control
Reviewed by PUD **4-25**

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

A. THIS DATE

9 April 56

B. TYPED OR PRINTED NAME AND SIGNATURE OF OFFICIAL

CHIEF, D/P

SECTION C.

1. RATING ON GENERAL PERFORMANCE OF DUTIES

DEFINITIONS: Consider ONLY the productivity and effectiveness with which the individual being rated has performed his duties during the rating period. Compare him ONLY with others doing similar work at a similar level of responsibility. Factors other than productivity will be taken into account later in Section D.

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

COMMENTS:

1. Employment should be continued beyond the probationary period.
2. Mr. Fox's performance on this job was substantially superior to indications from the BUC evaluation.

FORM NO. 45 (Part I)
1 NOV 55

REPLACES PREVIOUS EDITIONS OF FORMS 45 AND 45A WHICH ARE OBSOLETE.

SECRET

Performance

141

SECRET
(When Filled In)

2. RATINGS ON 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 SPECIFIC duty.
- c. For supervisors, ability to supervise will always be rated as a specific duty (do not rate as supervisors those who supervise a secretary only).
- d. Compare in your mind, when possible, the individual being rated with other persons 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 the different duties.
- f. Be specific. Examples of the kind of duties that might be rated are:

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

- | | |
|--|--|
| <p>DESCRIPTIVE RATING NUMBER</p> <ul style="list-style-type: none"> 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 | <ul style="list-style-type: none"> 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 Organize raw data into analytic file	RATING NUMBER 6	SPECIFIC DUTY NO. 4 Participate in field exploitation	RATING NUMBER 4
SPECIFIC DUTY NO. 2 Derive significant intelligence from data	RATING NUMBER 6	SPECIFIC DUTY NO. 5	RATING NUMBER
SPECIFIC DUTY NO. 3 Draft reports on conclusions	RATING NUMBER 5	SPECIFIC DUTY NO. 6	RATING NUMBER

3. NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

DIRECTIONS: Stress strengths and weaknesses, particularly those which affect

Mr. Fox

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 - BELOW AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION
- 4 - OF THE SAME SUITABILITY AS MOST PEOPLE I KNOW IN THE ORGANIZATION
- 5 - A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS
- 6 - AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION
- 7 - EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION

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 CE 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) Fox Jerome
2. DATE OF BIRTH
3. SEX M
4. SERVICE DESIGNATION SD/IR
5. OFFICE/DIVISION BRANCH OF ASSIGNMENT ORR, Techniques and Methods Div., Analysis & Reports Br., Identification Specialist
6. OFFICIAL POSITION TITLE
7. GRADE GS-7
8. DATE REPORT DUE IN OP 6 April 1956
9. PERIOD COVERED BY THIS REPORT (Inclusive dates) 15 June 1955 - 15 March 1956
10. TYPE OF REPORT (Check one) X INITIAL REASSIGNMENT SUPERVISOR SPECIAL (Specify) REASSIGNMENT EMPLOYEE

SECTION F. CERTIFICATION
1. FOR THE RATER: I CERTIFY THAT THIS REPORT REPRESENTS MY BEST JUDGEMENT OF THE INDIVIDUAL BEING RATED.
A. THIS DATE 9 April 1956
B. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR
C. SUPERVISOR'S OFFICIAL TITLE
2. FOR THE REVIEWING OFFICIAL: I HAVE REVIEWED THIS REPORT AND NOTED ANY DIFFERENCE OF OPINION IN ATTACHED MEMO.
A. THIS DATE 9 Apr 56
B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL
C. OFFICIAL TITLE OF REVIEWING OFFICIAL

SECTION G. ESTIMATE OF POTENTIAL
1. POTENTIAL TO ASSUME GREATER RESPONSIBILITIES
DIRECTIONS: Considering other's 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.
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
RATING NUMBER 6

2. SUPERVISORY POTENTIAL
DIRECTIONS: Answer this question: (Has this person the ability to be a supervisor?) Yes No
If your answer is YES, indicate below your opinion or guess of the level of supervisory ability this person will reach AFTER 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.

Table with columns: DESCRIPTIVE RATING NUMBER, ACTUAL, POTENTIAL, DESCRIPTIVE SITUATION. Rows describe various supervisory situations like 'GROUP DOING THE BASIC JOB' and 'GROUP OF SUPERVISORS WHO DIRECT THE BASIC JOB'.

SECRET

(When Filled In)

1. INDICATE THE APPROXIMATE NUMBER OF MONTHS THE RATED PERSONNEL HAS BEEN UNDER YOUR SUPERVISION

SIX

OFFICE: **OFFICE OF PERSONNEL**

SECTION II. FUTURE PLANS

1. TRAINING OR OTHER DEVELOPMENTAL EXPERIENCE PLANNED FOR THE INDIVIDUAL

Mr. Fox

2. NOTE OTHER FACTORS, INCLUDING PERSONAL CIRCUMSTANCES, TO BE TAKEN INTO ACCOUNT IN INDIVIDUAL'S FUTURE 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
- 1 - APPLIES TO THE INDIVIDUAL TO THE LEAST POSSIBLE DEGREE
- 2 - APPLIES TO INDIVIDUAL TO A LIMITED DEGREE
- 3 - APPLIES TO INDIVIDUAL TO AN AVERAGE DEGREE
- 4 - APPLIES TO INDIVIDUAL TO AN ABOVE AVERAGE DEGREE
- 5 - APPLIES TO INDIVIDUAL TO AN OUTSTANDING DEGREE

CATEGORY	STATEMENT	CATEGORY	STATEMENT	CATEGORY	STATEMENT
4	1. ABLE TO SEE ANOTHER'S POINT OF VIEW	4	11. HAS HIGH STANDARDS OF ACCOMPLISHMENT	4	21. IS EFFICIENT IN DISCUSSIONS WITH ASSOCIATES
4	2. CAN MAKE DECISIONS OR CAN GET HELP WHEN DECISIONS ARE NEEDED	4	12. SHOWS ORGANIZATION	4	22. IMPLEMENTS DECISIONS REGARDLESS OF HOW FEELINGS
5	3. HAS INITIATIVE	5	13. ACCEPTS RESPONSIBILITY	4	23. IS THOUGHTFUL OF OTHERS
5	4. IS ANALYTIC IN HIS THINKING	4	14. FOLLOWS HIS LEAD	X	24. WORKS WELL UNDER PRESSURE
5	5. STRIVES CONSTANTLY FOR NEW KNOWLEDGE AND SKILLS	4	15. RESPONDS WELL TO SUPERVISION	4	25. DISPLAYS JUDGMENT
4	6. WORKS WELL IN TEAM ASSISTANCE	5	16. DOES HIS JOB WITHOUT SUPERVISOR	4	26. IS SECURITY CONSCIOUS
4	7. CAN GET ALONG WITH PEOPLE	4	17. COMES UP WITH SOLUTIONS TO PROBLEMS	5	27. IS VERSATILE
4	8. HAS MINDSET FOR TASKS	4	18. IS OBSERVANT	4	28. HIS CRITICISM IS CONSTRUCTIVE
5	9. HAS THINGS DONE	4	19. THINKS CLEARLY	5	29. FACILITATES SMOOTH OPERATION OF HIS OFFICE
X	10. CAN COPE WITH EMERGENCIES	2	20. COMPLETES ASSIGNMENTS WITHIN ALLOWABLE TIME LIMITS		30. DOES NOT ALLOW BE STRESS AND CONTINUOUS WORKING

SECRET

SECRET

TRAINING EVALUATION

INTELLIGENCE PRINCIPLES AND METHODS ED. 8

SECTION I: IDENTIFYING INFORMATION

NAME	SEX	DATES OF COURSE	NO. OF STUDENTS
FOX, Jerome	M	26 Sept. - 21 Oct.	14
DATE OF BIRTH	END DATE	GRADE OR RANK	OFFICE
	15 June 1955	OS-7	OSR

PROJECT OR ASSIGNMENT OR FUTURE POSITION

Identification Specialist

SECTION II: OBJECTIVES OF THE COURSE

1. To introduce students to the skills and methods involved in the processing of intelligence materials.
2. To provide practice in the oral and written presentation of intelligence reports for a variety of purposes.

SECTION III: SPECIFIC CLASS DESCRIPTION OF THE COURSE

Intelligence Principles and Methods is a four weeks (100 hours) expansion of Basic Orientation Course for personnel who are or will be engaged in the production of intelligence. Emphasis is on "learning by doing", through the medium of a series of integrated written exercises which require processing of actual intelligence documents. Exercise is also gained in the oral presentation of intelligence through a series of briefings before the class. Each student is assigned a special research problem for which approximately 40 hours are allotted in the course schedule. The results are presented to fellow-students and instructors in an oral briefing at the close of the course. The student also prepares an annotated bibliography, and writes a critical review of one of his chief sources.

SECTION IV: HOW THE STUDENTS ARE EVALUATED

Written exercises are graded independently by at least two members of the instructional staff on the basis of how well the student has fulfilled the requirements of selectivity, organization, accuracy to original, brevity and clarity of style. Grades for each type of written exercise are defined in Section V. Oral briefings are evaluated by both instructors and fellow students through the use of written critique sheets and oral observations following each presentation. A composite grade is given for the oral briefings. In the evaluation of the research problem the grade awarded reflects intelligence focus, exploitation of sources, and general effectiveness of written and oral presentation. The grades are defined as follows:

SUPERIOR: The student demonstrated outstanding ability in presenting

information in this course (all objectives); he indicated an

thorough knowledge of the material presented and indicated

no demonstrable lack of interest or effort in the course.

area.

READING ANALYSIS PROGRAM

OBJECTIVE ORIGIN

1. To determine employee's proficiency level in scanning, extensive and intensive reading tasks.
2. To determine employee's degree of reading versatility. Versatility is defined as the ability to apply the general reading skills appropriately to various reading situations.
3. To ascertain the probable gain which would accrue from further training in reading skills.
4. To inform each employee concerning his relative reading proficiency in scanning, extensive and intensive reading and his versatility.

TEST DESCRIPTION

READING COMPREHENSION TESTS: Measures speed and accuracy of basic comprehension skills. Complete and objective understanding, analysis, and interpretation are required in this test.

EXTENSIVE READING TESTS: Measure the degree of proficiency in informational, or general reading.

INTENSIVE READING TESTS: Measure reading proficiency in acquiring basic knowledge of new subjects.

SCANNING TESTS: Measure proficiency in the organization and location of specific information, main ideas, and questions.

ANALYSIS OF READING PERFORMANCE

	Poor	Fair	Ant.	Exc.	Sup.
1. Basic Comprehension Skills			X		
2. Extensive Techniques			X		
3. Intensive Techniques		X			
4. Scanning Techniques:					
Specific Information			X		
Main Ideas			X		
Organization				X	
5. Versatility			X		

COMMENTS AND RECOMMENDATIONS:

Mr. Fox



FOR THE DIRECTOR OF TRAINING

Chief Instructor

SECRET

TRAINING EVALUATION -- BASIC ORIENTATION					COURSE NO. 21	
SECTION I IDENTIFYING INFORMATION						
NAME OF STUDENT FOX, Jerome		SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE		DATE OF COURSE 6 - 23 September 1955		
NO. OF STUDENTS 120		DATE OF BIRTH		OFFICE TR		
EDD DATE June 1955		GRADE OR RANK GS-7		PROJECTED ASSIGNMENT OR PRESENT POSITION Identification Specialist		
SECTION II CHARACTERISTICS OF THE COURSE						
Material in this course is presented primarily by lecture and exhibit; several seminars and discussions are also held. The rating on Introduction to Intelligence is determined by the results of one multiple choice test, based on lecture material; the rating on Communism and the USSR is determined by one multiple choice test covering the lecture and readings.						
SECTION III OBJECTIVES						
<p>A. The Basic Orientation Course is designed to provide the student with information in the following areas:</p> <ol style="list-style-type: none"> 1. <u>Introduction to Intelligence</u> <ol style="list-style-type: none"> a. Organization for national security, with emphasis on the intelligence community and the organization and mission of CIA as it fits into the whole national security effort. b. The principles and methods of intelligence, emphasizing the substantive components of CIA, considering the types of information, and the collecting, processing, and disseminating functions. c. An introduction to clandestine activity, with emphasis on the functions of the clandestine services. 2. <u>Communism and the USSR</u> <p>This deals with Marxist theory, the history of Socialism and Communism, Communist activities outside the USSR, history and geography of Russia, political structure of the USSR, Soviet foreign policy, and potentialities and vulnerabilities of the USSR.</p> <p>B. Throughout the three weeks of the course discussions and conferences deal with the American Thesis.</p>						
SECTION IV STUDENT ACHIEVEMENT RATINGS						
The numbers placed in the columns below show how many students received each rating. An asterisk (*) shows the rating this student received.						
SUBJECT	HOURS	RATING				
		FAIL	POOR	SATISFACTORY	EXCELLENT	SUPERIOR
INTRODUCTION TO INTELLIGENCE	64	4	9	30	45*	32
COMMUNISM AND THE USSR	56	2	14	40*	37	29
SECTION V COMMENTS						
INDICATE ANY STRONG AND WEAK POINTS OF THE STUDENT, OR ANYTHING THAT MAY HAVE INFLUENCED HIS PERFORMANCE IN THE COURSE						
CONTINUE COMMENTS ON REVERSE SIDE <input type="checkbox"/> OVER						
FOR THE DIRECTOR OF TRAINING:				SIGNATURE OF STUDENT		

DESIGNATION OF BENEFICIARY FEDERAL EMPLOYEES GROUP LIFE INSURANCE PROGRAM

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

INFORMATION CONCERNING THE INSURED:

NAME (Last) (First) (Middle) DATE OF BIRTH (Month, day, year)

Jerome (M.I.)

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

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

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

(CSA, CSL, A, or X number)

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

(Department or agency) (Bureau) (Division) (Location—City, State, and ZIP Code)

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

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

Type or print first name, middle initial, and last name of each beneficiary	Type or print address (including ZIP Code) of each beneficiary	Relationship	Share to be paid to each beneficiary
		Daughter	50%
		Son	50%

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

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

(Date of execution—month, day, year)

(Signature of insured)

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

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

THIS SPACE RESERVED FOR RECEIVING AGENCY

JUL 9 10 00 AM '74

PERSONAL AFFAIRS

(Indicate date and by whom received)

IMPORTANT.—The filing of this form will completely cancel any Designation of Beneficiary under the Federal Employees Group Life Insurance Program you may have previously filed. Be sure to name in this form all persons you wish to designate as beneficiaries of any insurance payable under that program at your death.

EXAMPLES OF DESIGNATIONS

1. How To DESIGNATE ONE BENEFICIARY

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary (including ZIP Code)	Relationship	Share to be paid to each beneficiary
Mary E. Brown*	214 Central Avenue Muncie, Ind. 47303	Niece	All

2. How To DESIGNATE MORE THAN ONE BENEFICIARY

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary (including ZIP Code)	Relationship	Share to be paid to each beneficiary
Alice M. Long	503 Canal Street Red Bank, N.J. 07701	Aunt	25%
Joseph P. Brady	360 William Street Red Bank, N.J. 07701	Nephew	25%
Catherine L. Rowe	792 Broadway Whiting, Ind. 48394	Mother	50%

3. How To DESIGNATE A CONTINGENT BENEFICIARY

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary (including ZIP Code)	Relationship	Share to be paid to each beneficiary
John M. Parrish, if living	810 West 130th Street New York, N.Y. 10033	Father	All
Otherwise to: Susan A. Parrish	810 West 130th Street New York, N.Y. 10033	Sister	All

4. How To DESIGNATE DIFFERENT BENEFICIARIES FOR REGULAR AND OPTIONAL INSURANCE**

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary (including ZIP Code)	Relationship	Share to be paid to each beneficiary
John D. Jones	124 Elm Street Dayton, Ohio 45420	Son	All Regular Insurance
Jane M. Smith	421 Spring Avenue Portland, Maine 04101	Niece	All Optional Insurance

5. How To CANCEL A DESIGNATION OF BENEFICIARY AND EFFECT PAYMENT UNDER ORDER OF PRECEDENCE (see back of duplicate)

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary (including ZIP Code)	Relationship	Share to be paid to each beneficiary
Cancel prior designations			

*Do not write name as M. E. Brown or as Mrs. John H. Brown. If you want to designate your estate as beneficiary, enter "My estate" in the beneficiary column.
 **Be sure that the shares to be paid to the beneficiaries add up to 100 percent.
 ***Be sure that the shares to be paid to the contingent beneficiaries for that type of insurance do not exceed 100 percent.
 ****If there is no surviving beneficiary for that type of insurance, payment for that type of insurance will be made in order of precedence (see back of duplicate).

SECRET

ELECTION, DECLINATION, OR WAIVER OF LIFE INSURANCE COVERAGE FEDERAL EMPLOYEES GROUP LIFE INSURANCE PROGRAM	IMPORTANT AGENCY INSTRUCTIONS ON BACK OF ORIGINAL
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TO COMPLETE THIS FORM—

1 FOLLOW THESE GENERAL INSTRUCTIONS:

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

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

NAME (Last)	(First)	(Middle)	DATE OF BIRTH (month, day, year)	SOCIAL SECURITY NUMBER*
FOX, Jerome				
EMPLOYING DEPARTMENT OR AGENCY			LOCATION (City, State, ZIP Code)	

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

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

(A)

ELECTION OF OPTIONAL (IN ADDITION TO REGULAR) INSURANCE

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

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

(B)

DECLINATION OF OPTIONAL (BUT NOT REGULAR) INSURANCE

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

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

(C)

WAIVER OF LIFE INSURANCE COVERAGE

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

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

<p>SIGNATURE (do not print)</p> <p style="text-align: center;"><i>Jerome Fox</i></p> <hr/> <p>DATE</p> <p style="text-align: center;">February 19, 1968</p>	<p style="text-align: center;">FOR EMPLOYING OFFICE USE ONLY</p> <p style="text-align: center;">(official receiving date stamp)</p> <div style="text-align: center; border: 1px solid black; padding: 5px; margin: 10px auto; width: 80%;"> OFFICE OF PERSONNEL FEB 21 10 32 AM '68 </div> <p style="text-align: center; font-size: small;">See Table of Effective Dates on back of Original</p>
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ORIGINAL COPY—Retain in Official Personnel Folder

SECRET

STANDARD FORM No. 176-1
JANUARY 1968
(For use only until April 16, 1968)
176-101

SECRET


13 December 1973

Letter of Commendation

TO: Jerome Fox

1. I heroby commend you for your performance in a sensitive Station operation which was completed on 3 and 4 December 1973. Your role ensuring the security of the operation was of the utmost importance. To your credit you remained alert and carried out your duties professionally, despite the initial frustrations and the long hours involved. In doing so you have contributed to the successful accomplishment of a priority objective of our organization.

2. A copy of this letter will be placed in your official personnel file.


Chief of Station

SECRET

CONFIDENTIAL
(When Filled In)

RESIDENCE AND DEPENDENCY REPORT

AN ORIGINAL OF THIS FORM WILL BE EXECUTED BY EACH EMPLOYEE AT THE TIME OF HIS APPOINTMENT AND WHEN A CHANGE OCCURS IN THE INFORMATION SHOWN BELOW. ITEMS OF CHANGE MAY BE REPORTED IN THE APPROPRIATE BLOCKS WITHOUT COMPLETING THE REMAINDER OF THE FORM EXCEPT THE EMPLOYEE'S SIGNATURE AND DATE. WHEN EXECUTING ITEM 4 ALSO COMPLY WITH HMB 20-7, PERSONNEL EMERGENCY AND LOCATOR RECORDS. THIS FORM WILL BE COMPLETED ONLY BY HEADQUARTERS PERSONNEL AND NOT SENT TO THE FIELD. FORM WILL BE FILED IN THE EMPLOYEE'S OFFICIAL PERSONNEL FOLDER.

GENERAL

NAME OF EMPLOYER (Last) *Fox* (First) *Jerome* (Middle) _____ SOCIAL SECURITY NUMBER _____

1. MARITAL STATUS (Check one)
 SINGLE MARRIED SEPARATED DIVORCED WIDOWED ANNULLED

IF MARRIED, PLACE OF MARRIAGE _____ DATE OF MARRIAGE _____

IF DIVORCED, PLACE OF DIVORCE DECREE _____ DATE OF DECREE _____

MEMBERS OF FAMILY

2. NAME OF SPOUSE _____ ADDRESS (No. Street City State Zip Code) _____ TELEPHONE NO. _____

NAME OF FATHER (or male guardian) _____ ADDRESS _____ TELEPHONE NO. _____
Deceased

NAME OF MOTHER (including maiden name (or female guardian)) _____ ADDRESS _____ TELEPHONE NO. _____
Deceased

WHAT MEMBERS OF YOUR FAMILY IF ANY, HAS BEEN TOLD OF YOUR AFFILIATION WITH THE ORGANIZATION IF CONTACT IS REQUIRED IN AN EMERGENCY? *Brother* _____

3. OTHER RELATIVES WHO ARE DEPENDENT UPON ME FOR AT LEAST 51% OF THEIR SUPPORT AND MEET OTHER REQUIREMENTS IN TRAVEL REGULATIONS (HR 22-12). SPECIFY NAMES AND RELATIONSHIPS.

NAME	DATE OF BIRTH	RELATIONSHIP

4. PERSON RESIDING IN U.S. TO BE NOTIFIED IN CASE OF EMERGENCY

NAME (Last, First, Middle) *(Mr) Wilson* (Last, First, Middle) _____ RELATIONSHIP *Friend*
 NO. _____ APT. _____ HOME TELEPHONE NUMBER _____
 BUS. _____ LOCAL BUSINESS TELEPHONE EXTENSION _____

IS THE INDIVIDUAL NAMED ABOVE OFFICER OF YOUR AGENCY AFFILIATION? (If "No" give name and address of organization to which you wish to be notified.)
Housewife YES NO

IS THE INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF IN THE EVENT YOU ARE INCAPABLE? (If "No" give name and address of person, if any, who can make such decisions in case of emergency.)
USAF YES NO

DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESS? (If answer is "No" explain why in item 6.)
Yes YES NO

The persons named in item 2 or 3 above may also be notified in case of emergency. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE IN ITEM 6 OR THE REVERSE SIDE OF THIS FORM.

CONFIDENTIAL
(When Filled In)

5. VOLUNTARY ENTRIES		
<p>Experience in the handling of employee emergencies has shown that the absence of certain personal data often delays and complicates the settlement of estate and financial matters. The information requested in this section may prove very useful to your family or attorney in the event of your disability or death and will be disclosed only when circumstances warrant.</p>		
<p>INDICATE NAME AND ADDRESS OF ANY BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS, AND THE NAMES IN WHICH THE ACCOUNTS ARE CARRIED:</p> <p><i>Northwest Virginia Bank</i> </p>		
<p>ARE YOU A MEMBER OF THE NORTHWEST FEDERAL CREDIT UNION? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>IF YES, DO YOU HAVE A JOINT ACCOUNT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>		
<p>HAVE YOU COMPLETED A LAST WILL AND TESTAMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. (If "Yes" where is document located?)</p> <p><i>Northwest Virginia Bank,</i> </p>		
<p>HAVE YOU PREPLANNED AN ARRANGED GUARDIANSHIP OF YOUR CHILDREN IN CASE OF COMMON DISASTER TO BOTH PARENTS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. (If "Yes" give name(s) and address)</p>		
<p>HAVE YOU EXECUTED A POWER OF ATTORNEY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. (If "Yes" who possess the power of attorney?)</p>		
6. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS		
7. RESIDENCE DATA - TO BE COMPLETED ONLY BY EMPLOYEES ENTERING ON DUTY. <i>(No Approval Required)</i>		
<p>RESIDENCE WHEN EMPLOYED (Full Address)</p>	<p>PERMANENT PLACE OF RESIDENCE AS DEFINED IN HR 22-3 (Full Address)</p>	
8. CHANGE IN PERMANENT PLACE OF RESIDENCE (See HR 22-3) <i>(To Be Completed by Employee Desiring Such Change While Assigned to Headquarters)</i>		
<p>FULL ADDRESS</p>	<p>DEPUTY DIRECTOR OR DESIGNEE</p>	<p>DATE</p>
<p>DIRECTOR OF PERSONNEL (when applicable per HR 22-3)</p>	<p>DATE</p>	
<p>SIGNED AT <i>Wash DC</i></p>	<p>DATE <i>4 Oct 73</i></p>	<p>SIGNATURE <i>Leone Fry</i></p>

CONFIDENTIAL

SECRET

FIELD ASSIGNMENT QUESTIONNAIRE				
DO NOT COMPLETE FOR HEADQUARTERS USE ONLY				
NAME: Uromu Fox		DATE (from item 3-D): 14 Mar 73	NAME OF SUPERVISOR (if any): George Kalaris	
DATE RECEIVED AT HEADQUARTERS: 14 March 1973		DISPATCH NUMBER: FPMT-15218	DATE RECEIVED BY CAREER SERVICE:	
TO BE COMPLETED BY EMPLOYEE				
1. DATE OF BIRTH	2. SERVICE DESIGNATION	3. YOUR CURRENT POSITION, TITLE AND GRADE	4. STATION OR BASE	5.
	D	Ops Ofcr, GS-13		
6A. DATE OF PCS ARRIVAL IN FIELD	6B. DESIRED DATE OF DEPARTURE	6C. EXPECTED DATE OF FIRST CHECK-IN AT HQ	6D. DESIRED DATE TO REPORT TO DUTY AFTER LEAVE	
(2nd tour) 29 June 71	1 July 1973	1 August 1973	1 September 1973	
7. NUMBER AND AGES OF DEPENDENTS WHO WILL TRAVEL WITH YOU:				
Wife; Dau - 13; Son - 12				
8. PERSONAL CIRCUMSTANCES THAT SHOULD BE CONSIDERED IN DETERMINING NEXT ASSIGNMENT:				
Wife cannot travel by air for medical reasons. Separate travel has been utilized in past assignments with principal and dependents going by air and wife following by ship.				
9. LIST YOUR MAJOR DUTIES DURING PREVIOUS TOUR (see special note on transmittal form). (also attach personal cover questionnaire in accordance with CSI-F 340-8)				
Referent on MHABYSS matters 1 July 1972 to present. Referent on MPWATCH matters prior to 1 July 1972. Recruit and handle unilateral agents. Backup Liaison officer with official services. Station PERAMPART officer.				
10. TRAINING DESIRED: INDICATE WHAT TRAINING YOU BELIEVE YOU SHOULD HAVE DURING THE NEXT SEVERAL YEARS				
None				

SECRET

11. PREFERENCE FOR NEXT ASSIGNMENT.

11a. DESCRIBE BRIEFLY THE TYPE OF DUTY YOU WOULD PREFER FOR NEXT ASSIGNMENT IF DIFFERENT FROM THAT INDICATED IN ITEM NO. 9 ABOVE. IF YOU HAVE MORE THAN ONE PREFERENCE, INDICATE YOUR CHOICE.

Supervise field unilateral and [] MHABYSS program.

11b. INDICATE IF YOU DESIRE TO EXTEND YOUR CURRENT TOUR BY CHECKING IN APPROPRIATE BOX. ALSO INDICATE PREFERENCE FOR NEXT REGULAR ASSIGNMENT BY INSERTING 1, 2, 3, 4 (for 1st, 2nd, and 3rd choice) IN REMAINING BOXES. COMPLETE ALL ALTERNATE CHOICES AND OPTIONS IN ALL CASES EVEN THOUGH YOU ARE REQUESTING AN EXTENSION OF YOUR TOUR.

EXTEND YOUR 12 MONTHS AT CURRENT STATION TO 1 July 1974 (DATE)

BE ASSIGNED TO DUTIES FOR A TOUR BY DUTY. INDICATE YOUR CHOICE OF DIVISION, CLASS OR OFFICE.
1ST CHOICE EA 2ND CHOICE WH 3RD CHOICE EVR

BE ASSIGNED TO DUTIES FOR A TOUR BY DUTY. INDICATE CHOICE OF GEOGRAPHIC AREA OR SPECIALIZATION
1ST CHOICE []

RETURN TO MY CURRENT STATION

TO BE COMPLETED BY FIELD STATION.

12. IN CONSIDERATION OF THE EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE AND HIS PREFERENCE FOR NEXT ASSIGNMENT, INDICATE YOUR RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING.

I believe that Subject could make a contribution as a case officer at a station with an active MHABYSS program. He knows the subject well and can get along with LNAON personnel. His other strength lies in Communist Party operations either as a handler of recruited assets or as an analyst of doctrine. In light of the foregoing, [] might well be an appropriate assignment. Should that not be practical, recommend that Subject be reassigned to HQs in a component where his strengths can be utilized. If assigned at HQs, he should be given the []
TO BE COMPLETED BY APPROPRIATE HEADQUARTERS OFFICE (CONT'D)

13. IN CONSIDERATION OF THE EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF YOUR COMPONENT, INDICATE YOUR COMPONENT'S RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING.

Mr. Fox will be assigned to EA [] upon completion of his tour and home leave. He has been so advised.

DATE 24 Jul 73 TITLE C/EA/PERSONNEL

FOR USE BY CAREER SERVICE

SIGNATURE William H. Bright
Ernest G. Hardt

14. APPROVED ASSIGNMENT:

15. EMPLOYEE NOTIFIED BY DISPATCH NO. _____ DATE: _____

CABLE NO. _____ DATE: _____

CAREER SERVICE REPRESENTATIVE: _____ DATE: _____

SECRET

FRQ - Jerome Fox - 14 March 1973

Operations Review course and training in writing.

SECRET
(When Filled In)

REPORT OF SERVICE ABROAD

FILE
PUNCHED

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

SERIAL NO. 017974	NAME		
	LAST fox	FIRST JEROME	MIDDLE

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 80, REVISED.

PCS DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	O/P USE ONLY	COUNTRY	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR				
29-30	27-28	29-30	31-32	33-34	35-36	1 - PCS (Basic) 2 - CORRECTION 3 - CANCELLATION	37 38 39		575
05	22	69					1		

TDY DATES OF SERVICE

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

OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

SOURCE DOCUMENT AND CERTIFICATION

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

DOCUMENT IDENTIFICATION NO.	DOCUMENT DATE/PERIOD
-----------------------------	----------------------

REMARKS

PREPARED BY	REPORT ANNOTATED ON CONTROL DOCUMENT	ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
DCO	DATE	SIGNATURE
C & L DIVISION, CTBB	6/2/71	
<input checked="" type="checkbox"/> C & T DIVISION		

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

SECRET
(When Filled In)

FILE
PUNCHED
BY

REPORT OF SERVICE ABROAD

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

SERIAL NO.	NAME		
	LAST (Print)	FIRST	MIDDLE
019974	FOX	JEROME	

INSTRUCTIONS

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

PCS DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/P USE ONLY	COUNTRY	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR					
			05	22	71	1 - PCS (Basic)	1			575
						3 - CORRECTION				
						0 - CANCELLATION				

TOY DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/P USE ONLY	AREA(S)	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR					
						2 - TOY (Basic)				
						4 - CORRECTION				
						0 - CANCELLATION				

OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

SOURCE DOCUMENT AND CERTIFICATION

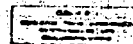
TRAVEL VOUCHER	DISPATCH
CABLE	DUTY STATUS OR TIME AND ATTENDANCE REPORT
OTHER (Specify)	

DOCUMENT IDENTIFICATION: [] DOCUMENT DATE/PERIOD: 4 May 1971

REMARKS: []

PREPARED BY	REPORT ASSOCIATED ON ORIGINAL DOCUMENT	DATE	SIGNATURE
CCO		5/21/71	
C & L DIVISION, CPBR			
COPY DIVISION			

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



SECRET

FIELD REASSIGNMENT QUESTIONNAIRE

DO NOT COMPLETE FOR HEADQUARTERS USE ONLY

NAME OF EMPLOYEE (use pseudo only if SA)	DATE (from item 5-D)	NAME OF SUPERVISOR (true)	DATE (from item 5-E)
Jerome Fox	5 Oct 1970	George T. Kalaris	5 Oct 1970
DATE RECEIVED AT HEADQUARTERS:	DISPATCH NUMBER:	DATE RECEIVED BY CAREER SERVICE:	
16 October 1970	FPMT 13290	11 DEC 1970	

TO BE COMPLETED BY EMPLOYEE

1. DATE OF BIRTH	2. SERVICE DESIGN	3. YOUR CURRENT POSITION, TITLE AND GRADE	4. STATION OR BASE	5. CRYPT FOR CURRENT COVER
	D	Operations Officer GS-13		
6a. DATE OF PCS ARRIVAL IN FIELD	6b. REQUESTED DATE OF DEPARTURE	6c. EXPECTED DATE OF FIRST CHECK-IN AT HQ	6d. DESIRED DATE TO REPORT TO DUTY AFTER LEAVE	
22 May 1969	26 May 1971		27 July 1971	

7. NUMBER AND AGES OF DEPENDENTS WHO WILL TRAVEL WITH YOU:

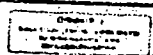
8. PERSONAL CIRCUMSTANCES THAT SHOULD BE CONSIDERED IN DETERMINING NEXT ASSIGNMENT:

9. LIST YOUR MAJOR DUTIES DURING CURRENT TOUR (see special note on transmittal form). (also attach personal cover questionnaire in accordance with CSI-P 340-8)

- A. Recruit and handle unilateral agents.
- B. Conduct [redacted] as required.
- C. Provide advice and support for Station's [redacted] program.

10. TRAINING DESIRED: INDICATE WHAT TRAINING YOU BELIEVE YOU SHOULD HAVE DURING THE NEXT SEVERAL YEARS:

None



SECRET

11. PREFERENCE FOR NEXT ASSIGNMENT:

11A. DESCRIBE BRIEFLY THE TYPE OF WORK YOU WOULD PREFER FOR NEXT ASSIGNMENT IF DIFFERENT FROM THAT INDICATED IN ITEM NO. 9 ABOVE. IF YOU HAVE MORE THAN ONE PREFERENCE, INDICATE YOUR CHOICE.

BA

11B. INDICATE IF YOU DESIRE TO EXTEND YOUR CURRENT TOUR BY CHECKING IN APPROPRIATE BOX. ALSO INDICATE PREFERENCE FOR NEXT REGULAR ASSIGNMENT BY INSERTING 1, 2, or 3 (for 1st, 2nd, and 3rd choice) IN REMAINING BOXES. COMPLETE ALL ALTERNATE CHOICES AND OPTIONS IN ALL CASES EVEN THOUGH YOU ARE REQUESTING AN EXTENSION OF YOUR TOUR.

EXTEND TOUR 12 MONTHS AT CURRENT STATION TO 30 May 1972 (DATE)

BE ASSIGNED TO HQTRS FOR A TOUR OF DUTY. INDICATE YOUR CHOICE OF DIVISION, STAFF OR OFFICE.
1ST CHOICE _____ 2ND CHOICE _____ 3RD CHOICE _____

BE ASSIGNED TO _____ ATION
1ST CHOICE _____

RETURN TO MY CURRENT STATION after home leave.

TO BE COMPLETED BY FIELD STATION

12. IN CONSIDERATION OF THE EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE AND HIS PREFERENCE FOR NEXT ASSIGNMENT, INDICATE YOUR RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING.

I favor, strongly the return of Subject to this Station for a second tour of duty following home leave. He is handling one of the most complex fields of activity at this Station, one which is of a very high priority - the radical left in all its manifestations. Continuity and experience are essentials to any significant progress against this target. Returning Subject for a second tour of duty would give us both at a time when the radical left will be expanding and moving ahead towards its goals.

TO BE COMPLETED BY APPROPRIATE HEADQUARTERS OFFICE

13. IN CONSIDERATION OF THE EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF YOUR COMPONENT, INDICATE YOUR COMPONENT'S RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING.

The Division approves subject's request for home ^{leave} and return

DATE 10 Dec 70 TITLE CFE SIGNATURE _____

FOR USE BY CAREER SERVICE

14. APPROVED ASSIGNMENT:

15. EMPLOYEE NOTIFIED BY DISPATCH NO. FPMS 5948 DATED: 10 Dec 70

CABLE NO: _____ DATED: _____

CAREER SERVICE REPRESENTATIVE: _____ DATE: 14 Dec 70

S E C R E T

FIELD COMMENTS - continued

Subject has performed well in his assigned field thus far and I would expect to reap substantial benefits from his performance during his second tour based on the experience and knowledge he will have gained by the end of his first tour.

S E C R E T

CONFIDENTIAL

(When Filled In)

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

NAME OF EMPLOYEE (Last) (First) (Middle) SOCIAL SECURITY NUMBER
Fox Jerome

1. RESIDENCE DATA
PLACE OF RESIDENCE WHEN INITIALLY EMPLOYED BY AGENCY: 28 Willow St. Brooklyn, N.Y.
LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. (If appointed abroad): 5019 Cockney Ct. Annandale, Va.
PLACE IN CONTINENTAL U.S. DESIGNATED AS PERMANENT RESIDENCE: Annandale, Va.
HOME LEAVE RESIDENCE: New York, N.Y.

IF WIDOWED, PLACE SPOUSE DIED DATE SPOUSE DIED
IF PREVIOUSLY MARRIED, INDICATE NAME(S) OF SPOUSE, REASON(S) FOR TERMINATION, AND DATE(S)

2. MEMBERS OF FAMILY
NAME OF SPOUSE: [Redacted]
SEX: F DATE OF BIRTH: [Redacted]
NAME OF CHILD: [Redacted] SEX: M DATE OF BIRTH: [Redacted]

NAME OF YOUR FATHER (Or male guardian): Deceased ADDRESS: Deceased TELEPHONE NO.:
NAME OF YOUR MOTHER (Or female guardian): Deceased ADDRESS: Deceased TELEPHONE NO.:

WHAT MEMBER(S) OF YOUR FAMILY IF ANY, HAS BEEN TOLD OF YOUR AFFILIATION WITH THE ORGANIZATION IF CONTACT IS REQUIRED IN AN EMERGENCY. None

3. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY
NAME (Mr., Mrs., Miss, etc.): [Redacted] RELATIONSHIP: Bro-in-Law
HOME ADDRESS: [Redacted] HOME TELEPHONE NUMBER: (411)
BUSINESS ADDRESS: [Redacted] EXTENSION:
IS THE INDIVIDUAL YOU HAVE DESIGNATED AS YOUR EMERGENCY CONTACT A MEMBER OF THE ORGANIZATION? YES NO X

IS THIS INDIVIDUAL CAPABLE TO MAKE DECISIONS ON YOUR BEHALF IN THE EVENT YOU ARE INCAPABLE? (If "No" give name and address of person, if any, who can make such decisions in case of emergency.)
335 Central Park West, New York, N.Y. YES NO X

DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE? (If answer is "No" explain why in item 6.) YES NO X

The person(s) named in item 3 above may also be notified in case of emergency. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE IN ITEM 6 ON THE REVERSE SIDE OF THIS FORM.

CONTINUED ON REVERSE SIDE

CURRENT RESIDENCE AND DEPENDENCY REPORT

CONFIDENTIAL

(When Filled In)

5. VOLUNTARY ENTRIES

Experience in the handling of employee emergencies has shown that the absence of certain personal data often delays and complicates the settlement of estate and financial matters. The information requested in this section may prove very useful to your family or attorney in the event of your disability or death and will be disclosed only when circumstances warrant.

INDICATE NAME AND ADDRESS OF ANY BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS AND THE NAMES IN WHICH THE ACCOUNTS ARE CARRIED.

Jerome Fox Northern Virginia Bank
Check-A-Lot Division
Springfield, Va.

Jerome Fox First National Bank of Arizona
Scottsdale, Ariz. Acct # 535 6462

ARE YOU A MEMBER OF THE NORTHWEST FEDERAL CREDIT UNION? YES NO

IF YES, DO YOU HAVE A JOINT ACCOUNT? YES NO

HAVE YOU MADE A WILL OR TESTAMENT? YES NO. (If "Yes" where is document located?)

Riverside Branch Lot Box No. 171

HAVE YOU PRE-PLANNED OR ARRANGED GUARDIANSHIP OF YOUR CHILDREN IN CASE OF COMMON DISASTER TO BOTH PARENTS? YES NO. (If "Yes" give name(s) and address)

Rockville, Md.

HAVE YOU EXECUTED A POWER OF ATTORNEY? YES NO. (If "Yes" who possess the power of attorney?)

6. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS

SIGNED AT

DATE

SIGNATURE

28 April 1969

Jerome Fox

CONFIDENTIAL

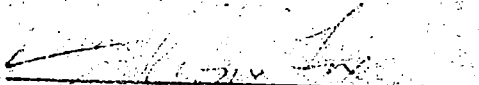
CONFIDENTIAL
(When filled in)

IMPORTANT

Central Processing Branch has been charged with responsibility for ensuring that all employees processing PCS to the field have reviewed the field version of the Employee Conduct Handbook. You will not be checked out for your proposed travel until you sign the following statement and return it to CFB. Your Personnel Officer can provide you with a copy of the Handbook.

MEMORANDUM OF UNDERSTANDING

I hereby acknowledge that I have read and understand the contents of Field Handbook 20-4, Employee Conduct, dated 23 October 1964.


Signature

15 October 1964
Date

FOX, JEROME

CONFIDENTIAL

Group 1 - Excluded from
automatic downgrading
and declassification.

SECRET

SSA/DAS 67-2031

CC: 7-4476

16 OCT 1967

MEMORANDUM FOR: Deputy Director for Plans

SUBJECT : Messrs. Jerome Fox and [redacted] -
Fourth Security Violation

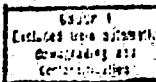
REFERENCE : HR 10-16

1. This memorandum contains a recommendation for approval in paragraph 4.

2. Two officers of this Division have incurred their fourth security violation. Reference requires that I impose at least two weeks' leave without pay in each case unless your approval is obtained for a lesser penalty. I propose such a lesser penalty and request your concurrence.

3. The officers concerned, Messrs. Jerome Fox and [redacted] are both dedicated Agency employees who have never, to the best of my knowledge, evidenced contempt for our security procedures nor displayed such gross negligence as to require strong remedial action. In neither case were any of the violations such as to indicate a compromise of information was probable; all were either open-safe or "exposed-classified-material" violations such as one-time typewriter ribbons, and none involved loss of documents, indiscreet talk or other more serious matters. Further, the majority of the violations occurred on occasions when the individuals concerned worked past the normal close of business and, while this is no excuse for carelessness, frequent overtime work does increase the possibility of a violation since the usual after-hours duty check is not operative. It seems to me, therefore, that the two weeks' leave without pay required by reference would be an excessively harsh penalty and not conducive to the enhancement of Agency security in general. I, therefore, propose the imposition of two days' leave without pay and a written reprimand for each officer. Copies of the proposed reprimand are attached.

SECRET



SECRET

4. It is recommended that the subjects be each issued a written reprimand and directed to take two days' leave without pay as the result of incurring their fourth security violation.

signed/ Joseph W. Smith

William E. Colby
Chief, Far East Division

Attachment
Proposed reprimands

* The recommendation contained
in paragraph 4 is APPROVED:

/s/ Cord Meyer, Jr.

Deputy Director for Plans

16 NOV 1967

Date

* The recommendation contained in para. 4 is approved; except that 3 days LWOP will be charged instead of the 2 days proposed.

SECRET

Supplement to Staff Employee Personnel

Action [redacted] of JEROME FOX

Effective 21 November 1967

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

1. As an employee of this organization, at the present grade and salary of [redacted] per annum,

[redacted] effective as of 21 November 1967. You will, insofar as consistent with your basic responsibility to this organization, abide by all the rules, regulations, practices and policies of [redacted] in order to [redacted] of that establishment. Your appointment to your [redacted] is being effected at [redacted] and salary of [redacted]. You are prohibited, except as specifically authorized herein, from retaining emoluments paid [redacted].

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

SECRET

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

4. Salary and (except as provided in paragraph three (3) above) allowances [redacted] shall be retained by you to the extent that they are less than or equal to [redacted].

If such [redacted] are less than the amount due, the difference will be credited to your payroll account with this organization. If such [redacted] exceed the amount due, the overage will be remitted to this organization at designated intervals, presently [redacted].

Computations hereunder will be made on the basis of the aggregate gross due and received provided, however, that in computing remittances for overage Federal and, if applicable, District of Columbia income taxes [redacted] may be deducted. To assure timely accuracy in your payroll account with this organization you are expected to immediately report [redacted] payroll changes.

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

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

b. [redacted] necessary adjustments for Federal, and if applicable, District of Columbia income tax purposes will be made in conformance with instructions received from this organization.

c. Consistent with your [redacted] you will continue to be responsible for compliance with the rules and regulations of this organization.

d. You are not assured upon the completion of your period of duty [redacted] at the request of this organization.

SECRET

e. All annual and sick leave which is accrued to your credit

[redacted] you will be permitted annual leave, sick leave, home leave, and leave without pay in accordance with the regulations of [redacted] in lieu of the leave benefits of this organization. Upon completion of [redacted] your accrued annual and sick leave will be [redacted] with this organization. If security conditions require that [redacted] make a lump-sum payment for accrued annual leave, you will be required [redacted] including any income taxes withheld [redacted]

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

UNITED STATES GOVERNMENT



ACCEPTED:

[Handwritten Signature]
JES023 FOX

3

SECRET

FIELD REASSIGNMENT QUESTIONNAIRE

C 5125/3 80

DO NOT COMPLETE FOR HEADQUARTERS USE ONLY

NAME OF EMPLOYEE (Do not include only if SA)	DATE (from item 5-1)	NAME OF SUPERVISOR (if any)	DATE (from item 5-2)
JEROME FOX	7 Feb 66		3 Mar 66
DATE RECEIVED AT HEADQUARTERS:	DISPATCH NUMBER:	DATE RECEIVED BY EMPLOYER SERVICE:	
11 Mar 66	FVST 11617		

TO BE COMPLETED BY EMPLOYEE

1. DATE OF BIRTH	2. SERVICE DESIGNATION	3. YOUR CURRENT POSITION, TITLE AND GRADE	4. STATION OR BASE	5. CRYPT FOR CURRENT COVER
	D XX	GS-12 Ops Officer	Saigon	
6. DATE OF PCS ARRIVAL IN FIELD	7. REQUESTED DATE OF DEPARTURE	8. EXPECTED DATE OF FIRST CHECK-IN AT HQ	9. DESIRED DATE TO REPORT TO DUTY AFTER LEAVE	
29 Dec 1964	9 July 1966	15 August 1966	10 September 1966	

7. NUMBER AND AGES OF DEPENDENTS WHO WILL TRAVEL WITH YOU:

3 - 35, 6, 5

8. PERSONAL CIRCUMSTANCES THAT SHOULD BE CONSIDERED IN DETERMINING NEXT ASSIGNMENT:

No unaccompanied assignment

9. LIST YOUR MAJOR DUTIES DURING CURRENT TOUR (see special note on transmittal form). (also attach personal cover questionnaire in accordance with CSI-P 240-8)

operations - penetration communist organizations
Unilateral operations -

10. TRAINING DESIRED. INDICATE WHAT TRAINING YOU BELIEVE YOU SHOULD HAVE DURING THE NEXT SEVERAL YEARS

CI course

SECRET

11. PREFERENCE FOR NEXT ASSIGNMENT:

11a. DESCRIBE BRIEFLY THE TYPE OF WORK YOU WOULD PREFER FOR NEXT ASSIGNMENT IF DIFFERENT FROM THAT INDICATED IN ITEM NO. 9 ABOVE. IF YOU HAVE MORE THAN ONE PREFERENCE, INDICATE YOUR CHOICE.

Unilateral operations

11b. INDICATE IF YOU DESIRE TO EXTEND YOUR CURRENT TOUR BY CHECKING IN APPROPRIATE BOX. ALSO INDICATE PREFERENCE FOR NEXT REGULAR ASSIGNMENT BY INSERTING 1, 2, 3 (for 1st, 2nd, and 3rd choice) IN REMAINING BOXES. COMPLETE ALL ALTERNATE CHOICES AND OPTIONS IN ALL CASES EVEN THOUGH YOU ARE REQUESTING AN EXTENSION OF YOUR TOUR.

- EXTEND TOUR _____ MONTHS AT CURRENT STATION TO _____ (DATE)
- BE ASSIGNED TO HQ/RS FOR A TOUR OF DUTY; INDICATE YOUR CHOICE OF DIVISION, STAFF OR OFFICE.
1ST CHOICE _____ 2ND CHOICE _____ 3RD CHOICE _____
- BE ASSIGNED
1ST CHOICE _____ STATION _____
- RETURN TO MY CURRENT STATION

TO BE COMPLETED BY FIELD STATION

12. IN CONSIDERATION OF THE EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE AND HIS PREFERENCE FOR NEXT ASSIGNMENT, INDICATE YOUR RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING.

This man has completed a tour separated from his family and has performed competently in which he has done an outstanding job. Believe he would profit by the CI course and another field tour a post where he can be with his family.

TO BE COMPLETED BY APPROPRIATE HEADQUARTERS OFFICE

13. IN CONSIDERATION OF THE EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF YOUR COMPONENT, INDICATE YOUR COMPONENT'S RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING.

PE Division has no suitable assignment for subject. Request his next assignment be determined by the CS Career Service and that he be advised accordingly.

DATE 02/24/68 TITLE C/RS/DRS SIGNATURE _____

FOR USE BY CAREER SERVICE

14. APPROVED ASSIGNMENT:

Assigned to CI/RS

15. EMPLOYEE NOTIFIED BY DISPATCH NO. _____ DATED: _____

CABLE NO. _____ DATED: _____

CAREER SERVICE REPRESENTATIVE: _____

SECRET

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

MEMORANDUM FOR: JS Career Management Committee

SUBJECT: Recommendation for Promotion of Mr. Jerome Fox from GS-12 to GS-13

1. The Vietnam Station has recommended the promotion of Mr. Jerome Fox from GS-12 to GS-13. He has been in his present grade for almost five years. He is already performing at the level normally expected of a GS-13. Mr. Fox was ranked fifth among all GS-12's currently at Vietnam Station. The Station recommendation as contained in [redacted] is quoted in the following paragraphs.

2. This employee has performed at a highly commendable level during his tour at this Station. During the first year he was assigned to a variety of jobs, all of which he approached with vigor and capability. These included [redacted] responsibilities.

[redacted] He has also engaged in unilateral agent activities; he has developed, recruited and managed [redacted] unilateral agents, and plans to attempt the recruitment of [redacted] prior to his departure. During the last period of his duty, Subject has concentrated on the development and progress of a sensitive T/C activity concerned with a [redacted]. He initiated this project, and has since managed it in such a manner that it has evolved into a unilateral project with considerable potential. During the course of his tour, the case officer was also charged with the implementation of an activity designed to bring about the [redacted]. While this did not come to fruition, Subject approached this difficult task with a measurable degree of initiative and energy.

3. Subject displays the qualities of a highly capable, well-rounded officer. He has approached his own tasks with a mature and efficient manner, and has always demonstrated an excellent understanding of the role and mission [redacted] the Station in this area. He appears to be highly motivated, and I consider him an officer with a great deal of long-range potential.

(11 Aug 66)

18057
18058
18059

Chief, [redacted] Branch

CONFIDENTIAL

28 MAR 1967

MEMORANDUM FOR: Chief, FE Division, DD/P

SUBJECT : Security Violation - Open Safe
FOX, Jerome
(FOURTH VIOLATION)

1. An investigation by this Office has determined that Mr. Fox, assigned to your Division, was responsible for an Open Safe security violation which occurred on 9 March 1967.

2. The records of this Office indicate that Mr. Fox has been previously charged with an Open Safe security violation which occurred on 28 May 1964, an Exposed Classified Material security violation which occurred on 11 January 1966, and an Exposed Classified Material security violation which occurred on 12 May 1966. In view of the fact that there have not been two consecutive years without a violation since 28 May 1964, this is to be considered Mr. Fox's fourth security violation for administrative action as specified in Section (e) of CIA Headquarters Regulation 10-1.

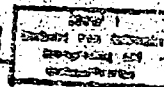
3. It would be appreciated if you would advise this Office by memorandum of the administrative action taken in this case.

jc E. J. ZANE
Ernest P. Geiss
Deputy Director of Security (PTOS)

Att
Violation Report

cc: Deputy Director for Plans
Director of Personnel

CONFIDENTIAL



CONFIDENTIAL

SECURITY VIOLATION REPORT

DETAILS OF VIOLATION:

On 9 March 1967, at 7:29 p. m., USSP Poag reported finding Safe No. D-1480 improperly secured in Room 5C-35, Headquarters Building. Security Duty [redacted] responded and determined that:

1. both drawers were found closed but unlocked;
2. the safe was opened by merely depressing the hand latch;
3. the safe contained material classified through SECRET;
4. the char force had not been in the area prior to this discovery.

SDC [redacted] changed the combination and secured the safe at 8:30 p. m.

INVESTIGATIVE FACTS:

Mr. Jerome Fox, the custodian of the safe, accepted full responsibility for this occurrence when interviewed in his office on 10 March. Mr. Fox stated that he obviously failed to secure the safe due to the fact that he had no reason to believe anyone else would have opened it subsequent to his departure at 6:00 p. m. (NOTE: The safe was left improperly secured for approximately 90 minutes.) It should be noted that Mr. Fox had signed for the security check of his area.

CONCLUSION:

In view of the above circumstances, Mr. Fox is charged with an Open Safe security violation.

SECURITY HISTORY:

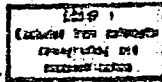
Mr. Fox has been employed by the Agency since June 1955. A review of his record indicates that he has been previously charged with an Open Safe security violation which occurred on 23 May 1964, an Exposed Classified Material security violation which occurred on 11 January 1965, and an Exposed Classified Material security violation which occurred on 12 May 1966.

William S. Wilkinson
WILLIAM S. WILKINSON
Chief, Survey Branch

[redacted]

Investigator

CONFIDENTIAL



REPUBLIC OF VIETNAM

MERIT COMMENDATION

FOR Mr. JEROME FOX, American counterpart to the Police Special Branch of the Directorate General of National Police, who is awarded the Third Class Honorary Police Medal by Decree No. 1744-ND/HP/VP of 24 September 1966.

Mr. JEROME FOX is an outstanding counterpart and a sincere friend of the National Police Branch.

During his period of service in Vietnam, Mr. JEROME FOX devoted all his ability, experience, and good will to helping the Police Special Branch, especially in the task of setting up a people's intelligence net.

The dedication and enthusiasm of Mr. JEROME FOX helped the National Police Branch to achieve excellent results in safeguarding security and maintaining law and order in Saigon, the Capital.

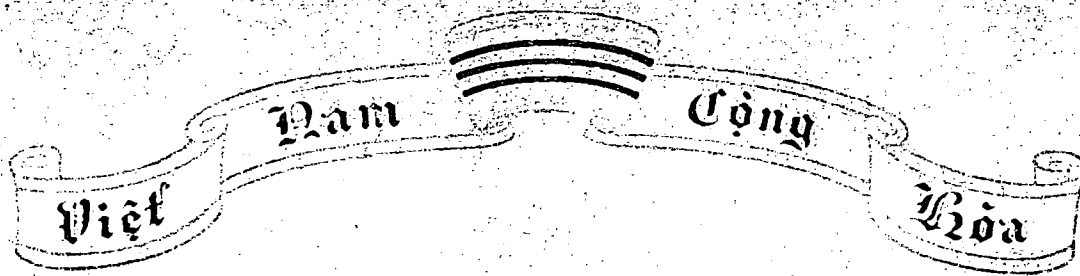
Mr. JEROME FOX's spirit of mutual aid merits praise and remembrance.

Saigon, 24 September 1966

Chairman of the Central Executive Committee

/Signed and Sealed/

Air Vice Marshal NGUYEN CAO KY



BẢNG CẢNH ĐƯƠNG CÔNG TRẠNG

về Ông Jerome Fox, Phó-trí-viên Hoa-ý cảnh Khố
Cảnh-Sát Đặc-Biệt Tổng Nha Cảnh-Sát Quốc-Gia được
ăn thưởng Bộ tam đẳng Cảnh-sát danh-dự Nội-tỉnh do
do Nghị-dịnh số 1744-NĐ/HP/VP ngày 24 tháng 9 năm 1966.

Ông Jerome Fox là một Phó-trí-viên ưu-tú và là
Người bạn chân-thành của ngành Cảnh-Sát Quốc-gia.

Trong thời gian phục-vụ tại Việt-Nam, Ông Jerome
Fox đã đem hết khả năng, kinh-nghiệm và thiện-chí giúp đỡ Khố
Cảnh-sát Đặc-biệt, nhất là trong công tác đặt lữai tình báo
nhân dân.

Sự tận tâm và lòng nhiệt thành của Ông Jerome Fox
đã giúp cho ngành Cảnh-sát Quốc-gia thân đạt được nhiều kết-
quả tốt đẹp trong công cuộc bảo vệ an-ninh và duy-trì trật-tự
tại Lũ-thành Saigon.

Tinh-thần tương-trợ của Ông Jerome Fox đáng được
khon ngợi và ghi nhớ.

Saigon, ngày 24 tháng 9 năm 1966
CHỦ-TỊCH ỦY-BAN HÀNH-PHÁP TRUNG-ƯƠNG,



TH. QU. NGUYỄN CAO KỶ

REPUBLIC OF VIETNAM
OFFICE OF THE CHAIRMAN
NATIONAL LEADERSHIP COMMITTEE

CHAIRMAN OF THE CENTRAL EXECUTIVE COMMITTEE

Reference the order of 19 June 1965 which was supplemented by Decree No. 6-QLVNCH/QD of 6 June 1966 of the Armed Forces Council of the Republic of Vietnam;

Reference Decree No. 3-QLVNCH/QD of 14 June 1965 which was supplemented by Decree No. 7-QLVNCH/QD of 6 June 1966 of the Armed Forces Council of the Republic of Vietnam which established and fixed the composition of the National Leadership Council;

Reference Decree No. 001-a/CT/LDQG/SL of 19 June 1965 and all succeeding documents which established and set the composition of the Central Executive Committee;

Reference Decree No. 080-CT/LDQG/SL of 6 September 1965 which created two types of medals, the Police Service Medal and the Honorary Police Medal;

Reference Decree No. 001-CT/LDQG/SL of 21 January 1966 which fixed the methods of awarding the medals mentioned above,

DECREE

Article One. Now the Third Class Honorary Police Medal is awarded to Mr. JEROME FOX, American counterpart to the Police Special Branch of the Directorate General of National Police.

Article Two. The Commissioner General for Security and the Administrative Assistant in the Office of the Chairman of the Central Executive Committee will assume the responsibility for implementing the Decree.

Saigon, 30 September 1966

/Signed and Sealed/

Air Vice Marshal NGUYEN CAO KY

VIỆT-NAM CỘNG-HÒA

Phủ Chủ-Tịch
Ủy-Ban Hành-Pháp Trung-Ưong

Số 1744-NĐ/HP/VP.

Chức Vụ
Ủy-Ban Hành-Pháp Trung-Ưong

Chiếu Sắc-lệnh ngày 19 tháng Sáu năm 1965 bổ-túc bởi Quyết-định số 6-LV/CH/QĐ ngày 6 tháng Sáu năm 1966 của Đại Hội-Dồng Quốc-Lực Việt-Nam Cộng-Hòa ;

Chiếu Quyết-định số 3-LV/CH/QĐ ngày 14 tháng Sáu năm 1965 bổ-túc bởi Quyết-định số 7-LV/CH/QĐ ngày 6 tháng Sáu năm 1966 của Đại Hội-Dồng Quốc-Lực Việt-Nam Cộng-Hòa thành-lập và an-định thành-phần Ủy-Ban Lãnh-Đạo Quốc-Đia ;

Chiếu Sắc-lệnh số 001-a/CT/LĐQG/SL ngày 19 tháng Sáu năm 1967 và các văn-khẩu kế-tiếp thành-lập và an-định thành-phần Ủy-Ban Hành-Pháp Trung-Ưong ;

Chiếu Sắc-lệnh số 060-CT/LĐQG/SL ngày 6 tháng Sáu năm 1967 thiết-lập hai loại hu-y-chương "Cảnh-Sát Chiến-Công Lợi-Tinh" và "Cảnh-Sát Danh-Dự Lợi-Tinh" ;

Chiếu Nghị-định số 001-CT/LĐQG/HĐ ngày 21 tháng Giêng năm 1966 an-định tho-tước cấp-tướng các hu-y-chương kể trên,

H Ơ Ị - D Ị Ị Ị :

Điều thứ nhất. - Máy an-tương Đệ-tam đấng Cảnh-Sát Danh-Dự Lợi-Tinh cho Ông JEROME FOX, Phó-tri-viên Hoa-Kỳ cạnh Khối Cảnh-Sát Đặc-biệt Tổng Nha Cảnh-Sát Quốc-Đia.

Điều thứ 2. - Tổng-Ủy-Viên An-Hình và Phụ-Tả Hành-Chánh tại Phủ Chủ-Tịch Ủy-Ban Hành-Pháp Trung-Ưong, chiếu nhiệm-vụ, lãnh tải-đánh Nghị-định này.

Saigon, ngày 24 tháng 9 năm 1966



SECRET
(When Filled In)

VERIFIED RECORD OF OVERSEAS SERVICE

TO: Office of Personnel, Statistical Reporting Branch, ROOM 5 E 2506 Headquarters

EMPLOYEE SERIAL NO. S-O	NAME OF EMPLOYEE			OFFICE/COMPONENT
	LAST (Print)	FIRST	MIDDLE	
617974	FOX,	JEROME	Z	25-29 45

INSTRUCTIONS

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

PCS DATES OF SERVICE

TYPE OF DATA	ARRIVAL								DEPARTURE	COUNTRY	OMIT
	CODE	MONTH	DAY	YEAR	MONTH	DAY	YEAR	MONTH			
1 - PCS (Basic)	27	20-29	30-31	52-53	34-35	36-37	38-39				40-42
3 - CORRECTION								07	11	66	
5 - CANCELLATION	1										7-22

TOY DATES OF SERVICE

TYPE OF DATA	DEPARTURE			RETURN			AREA(S)	OMIT
	CODE	MONTH	DAY	YEAR	MONTH	DAY		
2 - TOY (Basic)	27	20-29	30-31	52-53	34-35	36-37	38-39	40-42
4 - CORRECTION								
6 - CANCELLATION								

SOURCE OF RECORD DOCUMENT

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

DOCUMENT IDENTIFICATION NO. <input type="text"/>	DOCUMENT DATE/PERIOD 7-14-66
---	---------------------------------

REMARKS

PREPARED BY USA	REPORT ANNOTATED ON SOURCE DOCUMENT	DATE 7-21-66	SIGNATURE <input type="text"/>	ABOVE DATA VERIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
C & L DIVISION				
C & L DIVISION				

FORM 1451a USE PREVIOUS EDITIONS

SECRET

GROUP 1
Excluded from automatic
downgrading and declassification

(4-10)

SECRET
(When Filled In)

VERIFIED RECORD OF OVERSEAS SERVICE

TO: Office of Personnel, Statistical Reporting Branch, ROOM 5 E 2506 Headquarters.

EMPLOYEE SERIAL NO. 1-8	NAME OF EMPLOYEE			OFFICE/COMPONENT 25-28
	LAST (Print)	FIRST	MIDDLE	
1997	FOX,	JEROME		45

INSTRUCTIONS

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

PCS DATES OF SERVICE

TYPE OF DATA 1 - PCS (Basic) 3 - CORRECTION 5 - CANCELLATION	CODE	ARRIVAL			DEPARTURE			COUNTRY	OMIT 40-42
		MONTH	DAY	YEAR	MONTH	DAY	YEAR		
	27	28-29	30-31	22-23	24-25	26-27	28-29	VIET NAM	772

TDY DATES OF SERVICE

TYPE OF DATA 2 - TDY (Basic) 4 - CORRECTION 6 - CANCELLATION	CODE	DEPARTURE			RETURN			AREA(S)	OMIT 40-42
		MONTH	DAY	YEAR	MONTH	DAY	YEAR		
	27	28-29	30-31	22-23	24-25	26-27	28-29		

SOURCE OF RECORD DOCUMENT

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

DOCUMENT IDENTIFICATION NO.	DOCUMENT DATE/PERIOD
	31 Dec 64

REMARKS

PREPARED BY:	REPORT ANNOTATED ON SOURCE DOCUMENT	ABOVE DATA VERIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
D & I DIVISION	DATE: 17 Jan 65	SIGNATURE: [Redacted]
A C & T DIVISION		

SECRET
(When Filled In)

VERIFIED RECORD OF OVERSEAS SERVICE

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

EMPLOYEE SERIAL NO. 1-6	NAME OF EMPLOYEE			OFFICE/COMPONENT 20-28
	LAST (Print)	FIRST	MIDDLE	
17974	Fox	Jerome		45

INSTRUCTIONS

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

PCS DATES OF SERVICE

TYPE OF DATA	CODE	ARRIVAL			DEPARTURE			COUNTRY	OMIT
		MONTH	DAY	YEAR	MONTH	DAY	YEAR		
1 - PCS (Basic)	97	08-28	30-31	58-59	09-23	62	JAPAN	40-48	
3 - CORRECTION								375	
6 - CANCELLATION									

TDY DATES OF SERVICE

TYPE OF DATA	CODE	DEPARTURE			RETURN			AREA(S)	OMIT
		MONTH	DAY	YEAR	MONTH	DAY	YEAR		
2 - TDY (Basic)	27	08-29	30-31	52-53	09-25	26-27		40-48	
4 - CORRECTION									
6 - CANCELLATION									

SOURCE OF RECORD DOCUMENT

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

DOCUMENT IDENTIFICATION NO. FORM - 764	DOCUMENT DATE/PERIOD 2 Sept - 23 Sept 62
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REMARKS

PREPARED BY	REPORT ANNOTATED ON SOURCE DOCUMENT	ADVICE DATA VERIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
FISCAL DIVISION	DATE 16 OCT 1962	SIGNATURE
FINANCE DIVISION		

SECRET

101

FIELD REASSIGNMENT QUESTIONNAIRE

DO NOT COMPLETE HEADQUARTERS USE ONLY

DO NOT COMPLETE

DO NOT COMPLETE

AUTHENTICATION OF SIGNATURES AND VERIFICATION OF ITEMS 1 THROUGH 7, BELOW:

NAME OF EMPLOYEE (Type)	DATE (from item 1)	NAME OF SUPERVISOR (Type)	DATE (from item 2)
FOX, JEROME	Jan 1962		Jan 1962
NAME AND SIGNATURE OF OFFICIAL AT HEADQUARTERS AUTHORIZED TO AUTHENTICATE SIGNATURES AND VERIFY DATA IN ITEMS NOS. 1 THROUGH 7, BELOW:			DATE
			12 Feb 1962

TO BE COMPLETED BY EMPLOYEE

1. DATE OF BIRTH	2. GRADE	3. CURRENT POSITION TITLE
	GS-12	
4. SERVICE DESIGNATION (if known)	5. CURRENT STATION OR FIELD BASE	
NA	Tokyo Station	
6. OTHER DUTY STATIONS OR FIELD BASES DURING CURRENT TOUR		7. EXPECTED DATE OF DEPARTURE
NA		September 1962

8. WRITE A DESCRIPTION OF YOUR MAJOR DUTIES DURING THE CURRENT TOUR OF DUTY (see special note on Transmittal Form):

a) Supervise, coordinate and monitor with KUDOVE, ODYOKE and allied military services, the [redacted] in North Asia specifically covering [redacted] b) Determine new CHUCKWAGON targets and initiate specific collection projects with appropriate KUDOVE, ODYOKE and allied military units. c) Prepare and provide detailed training and guidance for KUDOVE assets, ODYOKE and allied military personnel, on CHUCKWAGON collection techniques and CHUCKWAGON targets. d) Personally participate in the exploitation of CHUCKWAGON targets when appropriate. e) Conduct official liaison relationships with ODYOKE [redacted] pertaining to KUCHAP interests, as directed by the Chief, [redacted]

9. PREFERENCE FOR NEXT ASSIGNMENT:

A. WRITE A BRIEF DESCRIPTION OF THE STATION OR POSITION YOU WOULD PREFER FOR YOUR NEXT ASSIGNMENT IF IT DIFFERS FROM THAT INDICATED IN ITEM NO. 5, ABOVE. IF YOU HAVE MORE THAN ONE PREFERENCE, INDICATE YOUR CHOICES.

SAME

B. INDICATE WHAT TRAINING YOU BELIEVE YOU SHOULD HAVE IN ORDER TO INCREASE YOUR VALUE TO THE ORGANIZATION (refer to catalog of courses, if available):

Language Training

SECRET

B. PREFERENCE FOR NEXT ASSIGNMENT (continued)

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

RETURN TO MY CURRENT STATION

BE ASSIGNED TO HEADQUARTERS FOR A TOUR OF 2475

BE ASSIGNED TO ANOTHER FIELD STATION

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

1ST CHOICE:
2ND CHOICE:
3RD CHOICE:

PERSONNEL
JUL 16 11 30 PM '62
MAIL ROOM

10. HOW MUCH LEAVE DO YOU DESIRE BETWEEN ASSIGNMENTS?

30 days

INDICATE NUMBER OF WORK DAYS

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

Three: 32, 30 months, 18 months

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

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

In view of this officer's field experience and his competent performance in the Japan area, his continued assignment to a field station would soon to be in the best interests of KUBARK.

14. SIGNATURE: COMPLETE ITEM NO. S-2, TRANSMITTAL SHEET, TO INDICATE COMPLETION OF THIS PORTION OF THE FORM. TO BE COMPLETED BY APPROPRIATE SUPERVISOR AT HEADQUARTERS

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

FE Division concurs.

"The staffing plans of St/FM call for the assignment of Mr. Fox to analytical duties on his return to Headquarters in the fall of 1962."

16. NAME OF SUPERVISOR

TITLE:

Personnel Officer, CRR

20 March 1962

17. REMARKS (additional comment):

Mr. Fox was notified of his planned reassignment in Memorandum No. 363, dated 14 March 1962.

21 MAR

Acting Secretary, CRR Career Service Board

SECRET

SECRET
(When Filled In)

VERIFIED RECORD OF OVERSEAS SERVICE

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

EMPLOYEE SERIAL NO. 1-6	NAME OF EMPLOYEE			OFFICE/COMPONENT 25-28
	LAST (Print)	FIRST	MIDDLE	
17974	FOX	JEROME		18

INSTRUCTIONS

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

PCS DATES OF SERVICE

TYPE OF DATA	CODE	ARRIVAL			DEPARTURE			COUNTRY	OMIT
		MONTH	DAY	YEAR	MONTH	DAY	YEAR		
1 - PCS (Basic)	27	28-29	30-31	32-33	34-35	36-37	38-39	JAPAN	40-42
3 - CORRECTION									
5 - CANCELLATION	1	09	04	59					375

TDY DATES OF SERVICE

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

SOURCE OF RECORD DOCUMENT

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

DOCUMENT IDENTIFICATION NO.	DOCUMENT DATE/PERIOD
	10 AUG. - 5 SEP. 59

REMARKS

PREPARED BY	REPORT ANNOTATED ON SOURCE DOCUMENT	ADDITIONAL DATA VERIFIED CORRECT, BASED UPON SOURCE
FISCAL DIVISION	DATE	SIGNATURE
FINANCE DIVISION	21 APR. 60	

1451a

SECRET

Office of Training
TRAINING RECORD

Institute of Training, Council on Education
40 hours, 30 Oct. - 3 Nov. 1961

6 students

Student: Fox, Jerome

Year of Birth:

EOB Date: June 1955

Grade: 11

Office: Orr,

COURSE OBJECTIVES, CONTENT, AND METHODS

The Objectives of this course are:

1. To develop an acquaintance with the learning processes.
2. To apply the principles of learning and instruction in practical teaching experiences.

This course included planning and practical teaching work in: principles of learning and teaching; effective oral communication; demonstration techniques; training aids; elements of effective class discussions; principles of lesson planning; all based upon the implementation of the principles of learning. Due to the shortness of the course, familiarization only was attempted with the above aspects of teaching.

During this course, each student presented to the class a sample speech, demonstration, a class discussion, and lesson plan, all related to his own subject matter area. These presentations were critiqued and rated by his classmates and the instructor. Over half of the student's course time was spent in practical exercises.

ACHIEVEMENT RECORD

This student has satisfactorily accomplished the course objectives and met the course standards in presenting his exercises. Mr. Fox has a pleasant manner of speaking, and with each presentation to the class his effectiveness increased. He was able to use visual aids effectively to good advantage, and he made worthwhile suggestions for improving the presentations of others. He evidenced a sound grasp of the principles of lesson plan format.

Despite his noticeable progress during the course, Mr. Fox needs to show more interest in his students and regularly maintain good eye contact with his entire class. By giving continual attention and practice to vocal variety, overt manifestations of enthusiasm, and the establishment of closer rapport with the students, Mr. Fox should be able to increase considerably his competence as an instructor.

FOR THE DIRECTOR OF TRAINING:

9 NOV 1961

SECRET

FIELD REASSIGNMENT QUESTIONNAIRE			
DO NOT COMPLETE		FOR HEADQUARTERS USE ONLY	
AUTHENTICATION OF SIGNATURES AND VERIFICATION OF ITEMS 1 THROUGH 7, BELOW:			
NAME OF EMPLOYEE (11000)	DATE (from item 1)	NAME OF SUPERVISOR (1100)	DATE (from item 2)
Jerome Fox	21 March 1961		21 March 1961
NAME AND SIGNATURE OF OFFICIAL AT HEADQUARTERS AUTHORIZED TO AUTHENTICATE SIGNATURES AND VERIFY DATA IN ITEMS NOS. 1 THROUGH 7, BELOW:			DATE
TO BE COMPLETED BY EMPLOYEE			
1. DATE OF BIRTH	2. GRADE	3. CURRENT POSITION TITLE	
	GS-11	Identification Specialist	
4. SERVICE DESIGNATION (if known)	5. CURRENT STATION OR FIELD BASE		
NA	Tokyo Station		
6. OTHER DUTY STATIONS OR FIELD BASES DURING CURRENT TOUR			7. EXPECTED DATE OF DEPARTURE
NA			October 1961
8. WRITE A DESCRIPTION OF YOUR MAJOR DUTIES DURING THE CURRENT TOUR OF DUTY (see special note on Transmittal Form)			
<p>a) Supervise, coordinate and monitor with KUDOVE, ODYOKE and allied military services, the [redacted] in North Asia specifically covering [redacted] b) Determine now CHUCKWAGON targets and initiate specific collection projects with appropriate KUDOVE, ODYOKE and allied military units. c) Recruit and provide detailed training and guidance for KUDOVE assets, ODYOKE and allied military personnel, on CHUCKWAGON collection techniques and CHUCKWAGON targets. d) Personally participate in the exploitation of CHUCKWAGON targets when appropriate. e) Conduct official liaison relationships with ODYOKE [redacted] pertaining to KUCHAI interests, as directed by the Chief, SIS, Tokyo.</p>			
9. PREFERENCE FOR NEXT ASSIGNMENT:			
<p>A. WRITE A BRIEF DESCRIPTION OF THE TYPE OF WORK YOU WOULD PREFER FOR YOUR NEXT ASSIGNMENT IF IT DIFFERS FROM THAT INDICATED IN ITEM NO. 5, ABOVE. IF YOU HAVE MORE THAN ONE PREFERENCE, INDICATE YOUR CHOICES.</p> <p>SAME</p>			
<p>B. INDICATE WHAT TRAINING YOU BELIEVE YOU SHOULD HAVE IN ORDER TO INCREASE YOUR VALUE TO THE ORGANIZATION (refer to catalog of courses, if available).</p> <p>Language Training</p>			

SECRET

9. PREFERENCE FOR NEXT ASSIGNMENT (continued)

10. INDICATE YOUR PREFERENCE FOR NEXT ASSIGNMENT BY INSERTING NUMBERS 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100 IN THE BOXES BELOW:

RETURN TO MY CURRENT STATION

BE ASSIGNED TO HEADQUARTERS FOR A TOUR OF DUTY

WITH RESPECT TO A POSSIBLE REASSIGNMENT TO ANOTHER FIELD STATION, INDICATE YOUR PREFERENCE FOR GEOGRAPHIC AREA OR SPECIFIC STATION:

BE ASSIGNED TO ANOTHER FIELD STATION

Oct 23 10 09 AM '61

1st CHOICE:
2nd CHOICE:
3rd CHOICE:

[Redacted]

MAN ASON

10. HOW MUCH LEAVE DO YOU DESIRE BETWEEN ASSIGNMENTS?

30 Days

INDICATE NUMBER OF WORK DAYS

11. INDICATE THE NUMBER AND AGE OF DEPENDENTS WHO WILL BE TRAVELLING OR MOVING WITH YOU:
Three, 51, 23 months, 8 months

12. SIGNATURE: COMPLETE ITEM NO. 8-1, TRANSMITTAL SHEET, TO INDICATE COMPLETION OF ABOVE PORTION OF THIS FORM.

TO BE COMPLETED BY SUPERVISOR AT FIELD STATION

13. IN CONSIDERATION OF THE PAST EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, INDICATE YOUR RECOMMENDATIONS FOR HIS NEXT ASSIGNMENT AND TRAINING:

[Redacted]

TO BE COMPLETED BY APPROPRIATE SUPERVISOR AT HEADQUARTERS

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

EE Division recommends subject be reassigned by the IA Career Board.

Headquarters recommends extension of tour for another year.

[Redacted]
Personnel Officer, ORR

16. NAME OF SUPERVISOR:

SIGNATURE:

TITLE:

DATE:

Chief, EE/IA Personnel

17. REMARKS (additional comments)

SECRET

SECRET

18 April 1961

MEMORANDUM FOR THE RECORD

SUBJECT: Outstanding Advance Balance, *Jerome Fox*

1. This memorandum is to be made a part of subject's personnel file, by direction of Acting Chief, Tokyo Station.

2. As stated in Paragraph 4 of the Tokyo Station Audit Report for the period 1 September 1960 through 28 February 1961, subject has an outstanding balance of \$167.62 in his travel advance account. The advance has been open since 8 December 1960, despite repeated efforts on the part of Finance to close the account.

3. The balance referred to above is computed as follows:

8 December 1960 - Travel advance	\$500.00
22 March 1961 - Accounting for travel for period 10-18 December 1960	<u>332.38</u>
Balance Outstanding	<u>\$167.62</u>

4. Finance Memorandum 61-19 dated 17 April 1961 again requested that the balance be refunded and the account closed. An addendum to this memorandum, signed by Acting Deputy for Operations, informed [redacted] that he was to refund the balance no later than COB 17 April 1961.

5. [redacted]'s written reply to the memo stated that he would refund the balance no later than 28 April 1961, upon receipt of a bank deposit slip from PBPRIME.

6. After further discussion between [redacted] and the undersigned, TOKY [redacted] were sent to Headquarters requesting an immediate transfer of \$167.62 from subject's Credit Union account to Finance Division for T/A to Tokyo Station.

7. Subject has been informed that no further advances of official funds will be made to him, except for housing expenses and the exact cost of tickets necessary for official travel.

[redacted]
Finance Officer

Distribution

1 - PERS
2 - PIR
1 - A/DOPS

SECRET

TSS/PB/TRAINING DIVISION EVALUATION

DARKROOM 9

BASIC PHOTOGRAPHY No. 1

NAME James P. J. DIV. GR. BR. 1A DATES TRAINED: from 23 June to 17 July '71

This course is primarily designed to develop the following skills: Use of 35 mm cameras with accessories, document copy, processing and printing.

	None	Unsat.	Fair	Good	Excellent	Superior
I. Manipulation of camera.						
a. Leica				X		
b. Retina II C	X					
c. Recordak				X		
II. Processing and printing.						
a. Film loading				X		
b. Film processing				X		
c. Enlarging				X		
d. Rellex and contact printing					X	
III. Use of accessory equipment.						
a. Exposure meter				X		
b. Filters	X					
c. Telephoto and wide angle lenses				X		
IV. Document copy and small objects.						
a. Available light	X					
b. Accessory illumination				X		
c. HOOWU, porra lens, focus slide				X		
V. Ground photography.						
a. Coverage						
b. Report	X					
VI. Casimg.						
a. Coverage						
b. Report						
VII. Surveillance.						
a. Coverage						
b. Report						
VIII. Special problems.						
a. Coverage						
b. Report						
General quality of prints				X		
Choice of subject matter				X		
Quality of darkroom work (Cleanliness, etc.)				X		
Attitude toward subject matter				X		
Cooperation					X	

REMARKS:

Mr. Fox met the course objectives and completed all of the course assignments for this two weeks he attended with average results.

Overcoming some difficulty at the outset, Mr. Fox soon overcame many of his problems in the two week time. He demonstrated an eagerness to learn, by asking to be checked out in not only course equipment, but other equipment as well. He also offered to complete additional assignments on his own time.

It is suggested he continue his practice and association with photography in order to maintain and improve present proficiency.

APPROVED
C/TSS/AD

Instructor

SECRET

(When Filled In)

PERIODIC SUPPLEMENT
PERSONAL HISTORY STATEMENT

THIS DATE

INSTRUCTIONS

This form provides the space 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 1964, entirely. 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 data requires more complete coverage than you have previously reported.

SECTION I

GENERAL

1. FULL NAME (Last-First-Middle)

Fox Jerome

2. CURRENT ADDRESS (No., Street, City, Zone, State)

3. PERMANENT ADDRESS (No., Street, City, Zone, State)

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.

2. RELATIONSHIP

Aunt

3. HOME ADDRESS (No., Street, City, Zone, State, Country)

4. DO

5. NO

HO 9 3173

6. BUSINESS TELEPHONE NUMBER

7. BUSINESS TELEPHONE EXTENSION

8. IN CASE OF EMERGENCY, OTHER CLOSE RELATIVES (Spouse, Mother, Father) MAY ALSO BE NOTIFIED. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE.

SECTION III

MARITAL STATUS

1. CHECK (X) ONE:



SINGLE



MARRIED

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 former 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)

4. DATE OF MARRIAGE

2 Sept. 1956

5. PLACE OF MARRIAGE (City, State, Country)

New York, N.Y.

6. ADDRESS OF SPOUSE BEFORE MARRIAGE (No., Street, City, State, Country)

7. LIVING



YES

8. DATE OF DEATH

9. CAUSE OF DEATH

10. CURRENT ADDRESS (Give last address, if deceased)

11. DATE OF BIRTH

11 June 1930

12. PLACE OF BIRTH (City, State, Country)

Jackson, Tenn.

13. IF BORN OUTSIDE U.S., DATE OF ENTRY

14. PLACE OF ENTRY

15. CITIZENSHIP (Country)

16. DATE ACQUIRED

17. WHERE ACQUIRED (City, State, Country)

18. OCCUPATION

Housewife

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)

SECTION III CONTINUED TO PAGE 2

SECTION V CONTINUED FROM PAGE 2

9. BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS

NAME OF INSTITUTION	ADDRESS (City, State, Country)
National Bank of Washington	Wash. D.C.
Old Dominion	Arlington, Va

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 (A) 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 (FIVE Digits, etc.)

SECTION VII: EDUCATION

1. CHECK (X) HIGHEST LEVEL OF EDUCATION ATTAINED:

<input type="checkbox"/> LESS THAN HIGH SCHOOL GRADUATE	<input type="checkbox"/> OVER TEN YEARS OF COLLEGE - NO DEGREE
<input 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	REMARKS - HAS 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 HOURS
		FROM	TO	

5. OTHER EDUCATIONAL TRAINING NOT INDICATED ABOVE

**DESIGNATION OF BENEFICIARY
FEDERAL EMPLOYEES' GROUP LIFE
INSURANCE ACT OF 1951**

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

INFORMATION CONCERNING THE INSURED:

NAME (Last)	(First)	(Middle)	DATE OF BIRTH (Month, day, year)
FOX	JEROME		

DEPARTMENT OR AGENCY IN WHICH EMPLOYED (If retired, so state and give "CSA" or "CSI" number):

(Department or agency)	(Bureau)	(Division)
------------------------	----------	------------

I, the employee or annuitant identified above, canceling any and all previous Designations of Beneficiary under the Federal Employees' Group Life Insurance Act heretofore made by me, do now designate the beneficiary or beneficiaries named below to receive any amount of GROUP LIFE INSURANCE and GROUP ACCIDENTAL DEATH INSURANCE due and payable at my death. I understand that this Designation of Beneficiary will remain in full force and effect, with respect to any amount payable, unless or until canceled by me in writing, or until such time as I become insured in a department or agency other than the above, or until such time as I become insured as a retired employee, in which event this Designation of Beneficiary shall terminate.

INFORMATION CONCERNING THE BENEFICIARY OR BENEFICIARIES:

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
Cancel prior designations			

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

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

August 30, 1956

(Date of execution - month, day, year)

(Signature of Insured)

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

(Signature of witness)	(Number and street)	(City, town number, and State)

PRINT OR TYPE NAME AND ADDRESS OF INSURED

THIS SPACE RESERVED FOR RECEIVING AGENCY

Jerome Fox
[Redacted Address]

MAILED
AUG 31 11 27 AM '56
U. S. CIVIL SERVICE COMMISSION

IMPORTANT--The filing of this form will completely cancel any Designation of Beneficiary under the Federal Employees' Group Life Insurance Act you may have previously filed. Be sure to name in this form all persons you wish to designate as beneficiaries of any group life and accidental death insurance payable under that act at your death.

EXAMPLES OF DESIGNATIONS

How To Designate ONE BENEFICIARY

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
Mary E. Brown*	214 Central Avenue, Muncie, Ind.	Niece	All

How To Designate MORE THAN ONE BENEFICIARY

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
Alice M. Long	509 Canal Street, Red Bank, N. J.	Aunt	One-fourth**
Joseph P. Brady	360 Williams Street, Red Bank, N. J.	Nephew	One-fourth
Catherine L. Rowe	792 Broadway, Whiting, Ind.	Mother	One-half

How To Designate A CONTINGENT BENEFICIARY

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
John M. Parrish, if living	810 West 180th Street, New York, N. Y.	Father	All
Otherwise to: Susan A. Parrish	810 West 180th Street, New York, N. Y.	Sister	All

How To CANCEL A DESIGNATION OF BENEFICIARY SO THAT AMOUNT DUE WILL BE PAYABLE AS PROVIDED IN THE LAW

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
Cancel prior designations			

*Do not write names as M. E. Brown as Mrs. John H. Brown.
 **Do show that the shares to be paid to the several beneficiaries add up to 100 percent.

CONFIDENTIAL

TO : Chief, Fiscal Division 1405 Alcott Hall
FROM : Chief, Records and Services Division
SUBJECT: SF-2808

Attached is SF-2808 (Designation of Beneficiary) for:

For: Jerome

Date 21 JUN 1955

Please sign second copy and return to:

Chief, Transactions and Records Branch
Room 187
Curie Hall

Joseph S. Reff
JOSEPH S. REFF

CONFIDENTIAL

APPOINTMENT AFFIDAVITS

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

CENTRAL INTELLIGENCE AGENCY

(Department or agency)

WASHINGTON, D.C.

(Bureau or division)

(Place of employment)

I, Jerome Fox, do solemnly swear (or affirm) that—

A. OATH OF OFFICE

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

B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

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

C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

I am not engaged in any strike against the Government of the United States and that I will not so engage while an employee of the Government of the United States; that I am not a member of an organization of Government employees that asserts the right to strike against the Government of the United States, and that I will not, while a Government employee, become a member of such an organization.

D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

I have not paid, or offered or promised to pay, any money or other thing of value to any person, firm or corporation for the use of influence to procure my appointment.

E. AFFIDAVIT AS TO DECLARATION OF APPOINTEE

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

15 June 1955

(Date of entrance on duty)

Jerome Fox

(Signature of appointee)

Subscribed and sworn before me this 15th day of June, A. D. 1955,

at Washington, (City) D.C. (State)

[SEAL]

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

DECLARATION OF APPOINTEE

This form is to be completed before entrance on duty. Answer all questions. Any false statement in this declaration will be grounds for cancellation of application or dismissal after appointment. Impersonation is a criminal offense and will be prosecuted accordingly.

1. PRESENT ADDRESS (street and number, city and State) **NASA, D.C.**

2. (A) DATE OF BIRTH: [] (B) PLACE OF BIRTH (city or town and State or country) **BROOKLYN, N.Y.**

3. (A) IN CASE OF EMERGENCY PLEASE NOTIFY: [] (B) RELATIONSHIP **Brother** (C) STREET AND NUMBER, CITY AND STATE: [] (D) TELEPHONE NO. **EL 5-7829**

4. DOES THE UNITED STATES GOVERNMENT EMPLOY, IN A CIVILIAN CAPACITY, ANY RELATIVE OF YOURS (EITHER BY BLOOD OR MARRIAGE) WITH WHOM YOU LIVE OR HAVE LIVED WITHIN THE PAST 24 MONTHS? YES NO

If so, for each such relative fill in the blanks below. If additional space is necessary, complete under item 10.

NAME	POST OFFICE ADDRESS (One street number, if any)	(1) POSITION (2) DEPARTMENT OR AGENCY IN WHICH EMPLOYED	(3) TEMPORARY OR NOT	RELATIONSHIP	MARRIED	SINGLE
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

5. INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN

QUESTION	YES	NO	ITEM NO.
6. ARE YOU A CITIZEN OF OR DO YOU OWE ALLEGIANCE TO THE UNITED STATES?	X		
7. ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY? <i>If your answer is "Yes", give details in item 10.</i>		X	
8. DO YOU RECEIVE ANY ANNUITY FROM THE UNITED STATES OR PAYMENT OF COMPENSATION UNDER RETIREMENT OR OTHER BENEFIT OF ANY FEDERAL OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE? <i>If your answer is "Yes", give in item 10 reason for retirement, that is, age, physical disability, or the reason of voluntary or involuntary separation after 5 years' service, amount of retirement pay, and under what retirement act, and rating, if retired from military or naval service.</i>		X	
9. SINCE THE FILED APPLICATION HEREIN THIS APPOINTMENT HAVE YOU BEEN EMPLOYED OR ENGAGED IN ANY POSITION FOR DISCONTINUED OR UNPAID FACTORY SERVICE FROM ANY POSITION? <i>If your answer is "Yes", give in item 10 the name and address of employer, date and reason in each case.</i>		X	
10. HAVE YOU BEEN ARRESTED (NOT INCLUDING TRAFFIC VIOLATIONS) FOR WHICH YOU WERE FINED \$25.00 OR MORE OR INCARCERATED FOR 15 OR MORE DAYS FOR THIS APPLICATION BEARING IN THIS APPOINTMENT? <i>If your answer is "Yes", list all such cases under item 10. Give in each case: (1) The date; (2) the nature of the offense or violation; (3) the name and location of the court; (4) the penalty imposed; (5) the date of the disposition of the case. If appointed, your fingerprints will be taken.</i>		X	

10. SPACE FOR DETAILED ANSWERS TO OTHER QUESTIONS
WRITE IN LEFT COLUMN NUMBERS OF ITEMS TO WHICH DETAILED ANSWERS APPLY

INSTRUCTIONS TO APPOINTING OFFICER

The appointing officer before whom the foregoing certificate is made shall determine to his own satisfaction that the appointee is qualified to receive a commission with the Civil Service. All appointments shall be subject to the rules and regulations and acts of Congress pertaining to appointments.

This form should be placed in the routing slip, position, statement to be furnished with our record of recent change of record, and postmarks for the following:

- Identity of appointee**—It is the duty of the appointing officer to guard against impersonation and to determine to his own satisfaction that the appointee is the same person whose application was submitted. The appointee's signature and handwriting should be compared with the application and other pertinent papers. If the appointee qualified in a civilian position, the signature on this form should be compared with the signature on the declaration, which was made on the application form. The appointing officer should be satisfied as to the identity of the appointee. The appointee's name should be printed on the routing slip for approval with the previous recommendations.
- Age**—If definite age limits have been established for the position, it should be determined that applicant is not outside the age range for appointment. Until such determination is made, the special appointment should be discontinued.
- Citizenship**—The appointing officer should determine to his satisfaction that the appointee is a citizen of the United States and is not an alien, foreign-born, or subject of a foreign power. In doubtful cases the appointing officer should be consulted with the Director of the Civil Service Commission.
- Members of Family**—Section 5 of the Civil Service Act prohibits members of the family of any member of a family serving under permanent or temporary appointment in the executive branch of the Government from being appointed in the executive branch of the Government in the same position as that held by the member of the family. The appointing officer should be satisfied that the appointee is not a member of the family of any member of a family serving under permanent or temporary appointment in the executive branch of the Government in the same position as that held by the member of the family.

DESIGNATION OF BENEFICIARY
FEDERAL EMPLOYEES' GROUP LIFE
INSURANCE ACT OF 1954

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

INFORMATION CONCERNING THE INSURED:

NAME (Last)	(First)	(Middle)	DATE OF BIRTH (Month, day, year)
FOX	JEROME		
DEPARTMENT OR AGENCY IN WHICH EMPLOYED (If retired, so state and give "CSA" or "CSI" number):			
CIA			
(Department or agency)		(Branch)	(Division)

I, the employee or annuitant identified above, canceling any and all previous Designations of Beneficiary under the Federal Employees' Group Life Insurance Act heretofore made by me, do now designate the beneficiary or beneficiaries named below to receive any amount of GROUP LIFE INSURANCE and GROUP ACCIDENTAL DEATH INSURANCE due and payable at my death. I understand that this Designation of Beneficiary will remain in full force and effect, with respect to any amount payable, unless or until canceled by me in writing, or until such time as I become insured in a department or agency other than the above, or until such time as I become insured as a retired employee, in which event this Designation of Beneficiary shall terminate.

INFORMATION CONCERNING THE BENEFICIARY OR BENEFICIARIES:

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
		Brother	ALL

I hereby direct, unless otherwise indicated above, that, if more than one beneficiary is named, the share of any deceased beneficiary who may predecease me shall be distributed equally among the surviving beneficiaries, or entirely to the survivor. I understand that this Designation of Beneficiary shall be void if none of the designated beneficiaries is living at the time of my death. I hereby specifically reserve the right to cancel or change my Designation of Beneficiary at any time without knowledge or consent of the beneficiary.

JUNE 15, 1955

(Date of execution - month, day, year)

Jerome Fox

(Signature of Insured)

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

PRINT OR TYPE NAME AND ADDRESS OF INSURED JEROME FOX [Redacted Address]	THIS SPACE RESERVED FOR RECEIVING AGENCY Rec'd Off of Personnel 6/15/55
	[Redacted City, State, Zip]

IMPORTANT.—The filing of this form will completely cancel any Designation of Beneficiary under the Federal Employees' Group Life Insurance Act you may have previously filed. Be sure to name in this form all persons you wish to designate as beneficiaries of any group life and accidental death insurance payable under that act at your death.

EXAMPLES OF DESIGNATIONS

HOW TO DESIGNATE ONE BENEFICIARY

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
Mary E. Brown*	214 Central Avenue, Muncie, Ind.	Niece	All

HOW TO DESIGNATE MORE THAN ONE BENEFICIARY

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
Alice M. Long	509 Canal Street, Red Bank, N. J.	Aunt	One-fourth **
Joseph P. Brady	360 Williams Street, Red Bank, N. J.	Nephew	One-fourth
Catherine L. Rowo	792 Broadway, Whiting, Ind.	Mother	One-half

HOW TO DESIGNATE A CONTINGENT BENEFICIARY

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
John M. Parrish, if living	810 West 180th Street, New York, N. Y.	Father	All
Otherwise to: Susan A. Parrish	810 West 180th Street, New York, N. Y.	Sister	All

HOW TO CANCEL A DESIGNATION OF BENEFICIARY SO THAT AMOUNT DUE WILL BE PAYABLE AS PROVIDED IN THE LAW

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
Cancel prior designations			

*Do not write name as M. E. Brown or as Mrs. John H. Brown.
 **Be sure that the shares to be paid to the several beneficiaries add up to 100 percent.

STATEMENT OF PRIOR FEDERAL AND MILITARY SERVICE

IMPORTANT: The information on this form will be used in determining creditable service for leave purposes and retention credits for reduction in force. The employee should complete Part I and the Personnel Office should complete Parts II through IV.

PART I.—EMPLOYEE'S STATEMENT

PART II.—THIS COLUMN IS FOR PERSONNEL OFFICE USE

1. NAME (Last, first, middle initial): **Fox, Jerome**

2. DATE OF BIRTH: []

9. RETENTION GROUP

3. LIST THE FOLLOWING INFORMATION CONCERNING ALL FEDERAL AND DISTRICT OF COLUMBIA SERVICE YOU HAVE HAD PRIOR TO YOUR PRESENT APPOINTMENT (Do not include military service.)

10. CSC STATUS (For permanent employees only)
 YES NO

NAME AND LOCATION OF AGENCY	FROM—			TO—			TYPE OF APPOINTMENT IF KNOWN
	YEAR	MONTH	DAY	YEAR	MONTH	DAY	
CIA	55	6	15				

11. SERVICE

YEAR	MONTH	DAY

4. LIST PERIODS OF SERVICE IN ANY BRANCH OF THE ARMED FORCES OF THE UNITED STATES. IF YOU HAD NO MILITARY SERVICE, WRITE "NONE."

BRANCH	FROM—			TO—			DISCHARGE (Hon. or dishon.?)
	YEAR	MONTH	DAY	YEAR	MONTH	DAY	
U.S. ARMY	1952	NOV	17	1959	NOV	16	HON.

2	00	00
1	1	29

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? YES NO IF ANSWER IS "YES" LIST FOLLOWING INFORMATION.

12. TOTAL SERVICE

1 1 29

TYPE OF LEAVE (LWOP, Phil. Serv., AWOL, Mat. Mat.)	FROM—			TO—			TOTAL		
	YEAR	MONTH	DAY	YEAR	MONTH	DAY	YEARS	MONTHS	DAYS

13. NONCREDITABLE SERVICE (Leave purposes only)

6. DURING THE FEDERAL SERVICE LISTED IN ITEM 3, DID YOU ACQUIRE A PERMANENT COMPETITIVE CIVIL SERVICE STATUS? YES NO (If answer is "Yes," in what agency were you employed at the time status was acquired?)

14. NONCREDITABLE SERVICE (RIF purposes only)

7. ARE YOU:
 A. THE WIFE OF A DECEASED VETERAN? YES NO
 B. THE MOTHER OF A DECEASED OR DISABLED VETERAN? YES NO
 C. THE UNDECEASED WIDOW OF A VETERAN? YES NO

15. EMPLOYMENT RIGHTS YES NO

16. RETENTION RIGHTS YES 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.

15 June 1955 (DATE)
 Jerome Fox (SIGNATURE)
 Subscribed and sworn to before me on this 15th day of June 1955 at Washington, D.C. (CITY) (STATE)

SEAL

NOTE: If oath is taken before a Notary Public, the date of expiration of his Commission should be shown.

(OVER)

**PART III.—DETERMINING CREDITABLE SERVICE
AND SERVICE COMPUTATION DATE FOR
LEAVE PURPOSES**

TOTAL SERVICE (Item 13)

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	MONTHS	DAYS
5	5	45
1	1	29
54	4	16

*revised
1/11/57*

**PART IV.—DETERMINING CREDITABLE SERVICE
AND SERVICE COMPUTATION DATE FOR
REDUCTION IN FORCE PURPOSES**

(To be completed only in those cases when the amount of creditable service for reduction
in force purposes differs from the amount creditable for leave purposes)

TOTAL SERVICE (Item 12)

NONCREDITABLE SERVICE (Item 14)

CREDITABLE SERVICE (RIF purposes)

ENTRANCE ON DUTY DATE (Present agency)

LESS CREDITABLE SERVICE (RIF purposes)

SERVICE COMPUTATION DATE (RIF purposes)
(Enter as the "service computation date" on the employee's "Service Record Card," SF-7)

YEARS	MONTHS	DAYS

REMARKS:

SECRET

1. NAME (Last, First, Middle) FOX, JEROME (NMI)		2. DATE OF BIRTH [Redacted]	3. GRADE GS-13
4. OFFICE, DIVISION, BRANCH (or overseas station and existing cover if lateral assignment) DDP/EE/ [Redacted]		5. PRESENT POSITION Ops Officer - [Redacted]	6. EMPLOYEE EXTENS. 6109
7. PROPOSED STATION [Redacted]		8. PROPOSED POSITION (Title, Number, Grade) OPS Officer-4947-GS-13	
9. [Redacted]		10. ESTIMATED DATE OF DEPARTURE 10 May 1969	11. NO. OF DEPENDENTS TO ACCOMPANY 3
12. COMMENTS Request evaluation of current medical for proposed PCS assignment			
13. DATE OF REQUEST 24 Jan 1969		14. [Redacted]	15. ROOM NUMBER AND BUILDING 5 22
16. EXTENSION 6109			
17. OFFICE OF MEDICAL SERVICES DISPOSITION			
18. OFFICE OF SECURITY DISPOSITION			
OVERSEAS CANDIDATE REVIEW PANEL DISPOSITION 27 MAR 1969 QUALIFIED FOR PROPOSED ASSIGNMENT Chairman, Overseas Candidate Review Panel			
REQUEST FOR PCS OVERSEAS EVALUATION			

259a USE PREVIOUS EDITIONS

SECRET

GROUP 1
EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

(4)

SECRET

1. NAME (Last, First, Middle) Fox, Jerome (RM)		2. DATE OF BIRTH [REDACTED]	3. GRADE GS-12
4. OFFICE, DIVISION, BRANCH (or overseas station and existing cover if lateral assignment) DDP/TE [REDACTED]		5. PRESENT POSITION Cps Officer	6. EMPLOYEE EXTENSION 140
7. PROPOSED STATION [REDACTED]		8. PROPOSED POSITION (Title, Number, Grade) Cps Officer/441/GS-13	
9. [REDACTED]		10. ESTIMATED DATE OF DEPARTURE 1 June 1968	11. NO. OF DEPENDENTS TO ACCOMPANY 3
12. COMMENTS Request that Subject's [REDACTED] physical be re-evaluated for the above PCS assignment.			
13. DATE OF REQUEST 23 December 1967	14. SIGNATURE OF REQUESTING OFFICIAL [REDACTED]	15. ROOM NUMBER AND BUILDING 5 B 22	16. EXTENSION 6109
17. OFFICE OF MEDICAL SERVICES DISPOSITION PROPOSED 11 FEB 1968			
18. OFFICE OF SECURITY DISPOSITION 11 FEB 68			
19. OVERSEAS CANDIDATE REVIEW PANEL DISPOSITION			
REQUEST FOR PCS OVERSEAS EVALUATION			

fol

PERSONAL HISTORY STATEMENT

Instructions: 1. Answer all questions completely. If question is not applicable write "NA." Write "unknown" only if you do not know the answer and cannot obtain the answer from personal records. Use the blank pages at the end of this form for extra details on any question or questions for which you do not have sufficient room.

2. Type, print, or write carefully; illegible or incomplete forms will not receive consideration.

HAVE YOU READ AND DO YOU UNDERSTAND THE INSTRUCTIONS? Yes
(Yes or No)

SEC. 1. PERSONAL BACKGROUND

A. FULL NAME Miss JEROME Mrs. FCX Telephone:
(Use No Initials) (First) (Middle) (Last) Office 6 X 3 8115
Home 8532

PRESENT ADDRESS _____
(St. and Number) (City) (State) (Country)

PERMANENT ADDRESS NA
(St. and Number) (City) (State) (Country)

B. NICKNAME _____ **WHAT OTHER NAMES HAVE YOU USED?** NA

UNDER WHAT CIRCUMSTANCES HAVE YOU EVER USED THESE NAMES? _____

HOW LONG? _____ IF A LEGAL CHANGE, GIVE PARTICULARS _____

C. DATE OF BIRTH Oct 9, 1918 (Where?) (By what authority) **PLACE OF BIRTH** ALBANY N.Y. KINGS
(City) (State) (Country)

D. PRESENT CITIZENSHIP U.S.A. (Country) **BY BIRTH?** YES **BY MARRIAGE?** NA

BY NATURALIZATION CERTIFICATE NO. NA **ISSUED** _____ **BY** _____
(Date) (Court)

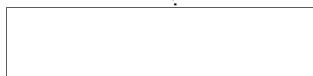
AT _____
(City) (State) (Country)

HAVE YOU HAD A PREVIOUS NATIONALITY? NO
(Yes or No) (Country)

HELD BETWEEN WHAT DATES? _____ **TO** _____ **ANY OTHER NATIONALITY?** _____
(Country)

GIVE PARTICULARS _____

HAVE YOU TAKEN STEPS TO CHANGE PRESENT CITIZENSHIP? NA **GIVE PARTICULARS:** _____



(2)

K. IF BORN OUTSIDE U. S. WHEN DID YOU FIRST ARRIVE IN THIS COUNTRY? U.A.

PORT OF ENTRY? ON PASSPORT OF WHAT COUNTRY?

LAST U. S. VISA
(Number) (Type) (Place of Issue) (Date of Issue)

SEC. 2. PHYSICAL DESCRIPTION

AGE SEX HEIGHT WEIGHT

EYES HAIR COMPLEXION SCARS

BUILD OTHER DISTINGUISHING FEATURES

SEC. 3. MARITAL STATUS

A. SINGLE MARRIED DIVORCED WIDOWED

STATE DATE, PLACE, AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS

B. WIFE OR HUSBAND (IF YOU HAVE BEEN MARRIED MORE THAN ONCE--INCLUDING ANNULMENTS--USE A SEPARATE SHEET FOR FORMER WIFE OR HUSBAND GIVING DATA REQUIRED BELOW FOR ALL PREVIOUS MARRIAGES.)

NAME OF SPOUSE
(First) (Middle) (Maiden) (Last)

PLACE AND DATE OF MARRIAGE NEW YORK, N.Y. SEPT. 2, 1956

HIS (OR HER) ADDRESS BEFORE MARRIAGE
(St. and Number) (City) (State) (Country)

LIVING OR DECEASED Living DATE OF DECEASE CAUSE

PRESENT, OR LAST, ADDRESS
(St. and Number) (City) (State) (Country)

DATE OF BIRTH JUNE 11, 1930 PLACE OF BIRTH JACKSON, TENN. MADISON
(City) (State) (Country)

IF BORN OUTSIDE U. S. INDICATE DATE AND PLACE OF ENTRY N.A.

CITIZENSHIP U.S.A. WHEN ACQUIRED? BIRTH WHERE?

OCCUPATION CLERK LAST EMPLOYER

EMPLOYER'S OR BUSINESS ADDRESS
(St. and Number) (City) (State) (Country)

MILITARY SERVICE FROM N.A. TO BRANCH OF SERVICE

COUNTRY DETAILS OF OTHER GOVT. SERVICE, U. S. OR FOREIGN

(2)

E. IF BORN OUTSIDE U. S. WHEN DID YOU FIRST ARRIVE IN THIS COUNTRY? NA

PORT OF ENTRY? ON PASSPORT OF WHAT COUNTRY?

LAST U. S. VISA
(Number) (Type) (Place of Issue) (Date of Issue)

Sec. 2. PHYSICAL DESCRIPTION

AGE SEX HEIGHT WEIGHT

EYES HAIR COMPLEXION SCARS

BUILD OTHER DISTINGUISHING FEATURES

Sec. 3. MARITAL STATUS

A. SINGLE MARRIED DIVORCED WIDOWED

STATE DATE, PLACE, AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS

B. WIFE OR HUSBAND (IF YOU HAVE BEEN MARRIED MORE THAN ONCE—INCLUDING ANNULMENTS—USE A SEPARATE SHEET FOR FORMER WIFE OR HUSBAND GIVING DATA REQUIRED BELOW FOR ALL PREVIOUS MARRIAGES.)

NAME OF SPOUSE
(First) (Middle) (Maiden) (Last)

PLACE AND DATE OF MARRIAGE NEW YORK, N.Y. SEPT 3, 1956

HIS (OR HER) ADDRESS BEFORE MARRIAGE
(St. and Number) (City) (State) (Country)

LIVING OR DECEASED Living DATE OF DECEASE CAUSE

PRESENT, OR LAST, ADDRESS
(St. and Number) (City) (State) (Country)

DATE OF BIRTH JUNE 11, 1930 PLACE OF BIRTH JACKSON, TENN. MADISON
(City) (State) (Country)

IF BORN OUTSIDE U. S. INDICATE DATE AND PLACE OF ENTRY NA

CITIZENSHIP USA WHEN ACQUIRED? BIRTH WHERE?
(City) (State) (Country)

OCCUPATION LABORER LAST EMPLOYER

EMPLOYER'S OR BUSINESS ADDRESS
(St. and Number) (City) (State) (Country)

MILITARY SERVICE FROM NA TO BRANCH OF SERVICE

COUNTRY DETAILS OF OTHER GOVT. SERVICE, U. S. OR FOREIGN

Sec. 4. CHILDREN OR DEPENDENTS (Include partial dependents):

1. NAME RELATIONSHIP AGE
CITIZENSHIP ADDRESS
(St. and Number) (City) (State) (Country)

2. NAME RELATIONSHIP AGE
CITIZENSHIP ADDRESS
(St. and Number) (City) (State) (Country)

3. NAME RELATIONSHIP AGE
CITIZENSHIP ADDRESS
(St. and Number) (City) (State) (Country)

Sec. 5. FATHER (Give the same information for stepfather and/or guardian on a separate sheet)

FULL NAME
(First) (Middle) (Last)

LIVING OR DECEASED DATE OF DECEASE CAUSE

PRESENT, OR LAST, ADDRESS
(St. and Number) (City) (State) (Country)

DATE OF BIRTH PLACE OF BIRTH
(City) (State) (Country)

IF BORN OUTSIDE U. S. INDICATE DATE AND PLACE OF ENTRY

CITIZENSHIP WHEN ACQUIRED? WHERE?
(City) (State) (Country)

OCCUPATION LAST EMPLOYER

EMPLOYER'S OR OWN BUSINESS ADDRESS
(St. and Number) (City) (State) (Country)

MILITARY SERVICE FROM TO BRANCH OF SERVICE

(Date) (Date)

COUNTRY DETAILS OF OTHER GOVT. SERVICE, U. S. OR FOREIGN

Sec. 6. MOTHER (Give the same information for stepmother on a separate sheet)

FULL NAME
(First) (Middle) (Last)

LIVING OR DECEASED DATE OF DECEASE CAUSE

PRESENT, OR LAST, ADDRESS
(St. and Number) (City) (State) (Country)

DATE OF BIRTH PLACE OF BIRTH
(City) (State) (Country)

CITIZENSHIP WHEN ACQUIRED? WHERE?
(City) (State) (Country)

IF BORN OUTSIDE U. S. INDICATE DATE AND PLACE OF ENTRY

(4)

OCCUPATION _____ LAST EMPLOYER _____

EMPLOYER'S OR OWN BUSINESS ADDRESS _____
(St. and Number) (City) (State) (Country)

MILITARY SERVICE FROM _____ TO _____ BRANCH OF SERVICE _____

COUNTRY _____ DETAILS OF OTHER GOVT. SERVICE, U. S. OR FOREIGN _____

SEC. 7. BROTHERS AND SISTERS (Including half, step, and adopted brothers and sisters):

1. FULL NAME _____ AGE _____
(First) (Middle) (Last)

PRESENT ADDRESS _____
(St. and Number) (City) (State) (Country) (Citizenship)

2. FULL NAME _____ AGE _____
(First) (Middle) (Last)

PRESENT ADDRESS _____
(St. and Number) (City) (State) (Country) (Citizenship)

3. FULL NAME _____ AGE _____
(First) (Middle) (Last)

PRESENT ADDRESS _____
(St. and Number) (City) (State) (Country) (Citizenship)

4. FULL NAME _____ AGE _____
(First) (Middle) (Last)

PRESENT ADDRESS _____
(St. and Number) (City) (State) (Country) (Citizenship)

5. FULL NAME _____ AGE _____
(First) (Middle) (Last)

PRESENT ADDRESS _____
(St. and Number) (City) (State) (Country) (Citizenship)

SEC. 8. FATHER-IN-LAW

FULL NAME _____
(First) (Middle) (Last)

LIVING OR DECEASED LIVING DATE OF DECEASE _____ CAUSE _____

PRESENT, OR LAST, ADDRESS _____ JEAN MADISON
(St. and Number) (City) (State) (Country)

DATE OF BIRTH _____ PLACE OF BIRTH JACKSON, TENN

IF BORN OUTSIDE U. S. INDICATE DATE AND PLACE OF ENTRY NA

CITIZENSHIP USA WHEN ACQUIRED? BIRTH WHERE? _____
(City) (State) (Country)

OCCUPATION _____ LAST EMPLOYER _____

SEC. 9. MOTHER-IN-LAW

FULL NAME _____
(First) (Middle) (Last)
LIVING OR DECEASED DECEASED DATE OF DECEASE MAY 1955 CAUSE L.I.C. 10102
PRESENT, OR LAST, ADDRESS _____
(St. and Number) (City) (State) (Country) TENN. MADISON
DATE OF BIRTH _____ PLACE OF BIRTH INDEPENDENT, N.Y.
IF BORN OUTSIDE U. S. INDICATE DATE AND PLACE OF ENTRY NA
CITIZENSHIP U.S.A. WHEN ACQUIRED? BIRTH WHERE? _____
(City) (State) (Country)
OCCUPATION NA LAST EMPLOYER _____

SEC. 10. RELATIVES BY BLOOD, MARRIAGE OR ADOPTION, WHO EITHER LIVE ABROAD OR WHO ARE NOT CITIZENS OF THE UNITED STATES:

1. NAME NA RELATIONSHIP _____ AGE _____
CITIZENSHIP _____ ADDRESS _____
(St. and Number) (City) (State) (Country)
2. NAME _____ RELATIONSHIP _____ AGE _____
CITIZENSHIP _____ ADDRESS _____
(St. and Number) (City) (State) (Country)
3. NAME _____ RELATIONSHIP _____ AGE _____
CITIZENSHIP _____ ADDRESS _____
(St. and Number) (City) (State) (Country)

SEC. 11. RELATIVES BY BLOOD OR MARRIAGE IN THE MILITARY OR CIVIL SERVICE OF THE U. S. OR OF A FOREIGN GOVERNMENT:

1. NAME N.A. RELATIONSHIP _____ AGE _____
CITIZENSHIP _____ ADDRESS _____
(St. and Number) (City) (State) (Country)
TYPE AND LOCATION OF SERVICE (IF KNOWN) _____
2. NAME _____ RELATIONSHIP _____ AGE _____
CITIZENSHIP _____ ADDRESS _____
(St. and Number) (City) (State) (Country)
TYPE AND LOCATION OF SERVICE (IF KNOWN) _____
3. NAME _____ RELATIONSHIP _____ AGE _____
CITIZENSHIP _____ ADDRESS _____
(St. and Number) (City) (State) (Country)
TYPE AND LOCATION OF SERVICE (IF KNOWN) _____

(14)

F. IF, TO YOUR KNOWLEDGE, ANY OF THE ABOVE HAS CONDUCTED AN INVESTIGATION OF YOU, INDICATE BELOW THE NAME OF THAT AGENCY AND THE APPROXIMATE DATE OF THE INVESTIGATION:

.....
.....
.....
.....

Sec. 26. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:

NAME RELATIONSHIP
ADDRESS
(St. and Number) (City) (State) (Country)

Sec. 27. YOU ARE INFORMED THAT THE CORRECTNESS OF ALL STATEMENTS MADE HEREIN WILL BE INVESTIGATED.

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

.....
.....
.....
.....

Sec. 28. I CERTIFY THAT THE FOREGOING ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND I AGREE THAT ANY MISSTATEMENT OR OMISSION AS TO A MATERIAL FACT WILL CONSTITUTE GROUNDS FOR IMMEDIATE DISMISSAL OR REJECTION OF MY APPLICATION.

SIGNED AT WASHINGTON, D. C. DATE AUG 30, 1956
(City and State)

(Witness)

James F. J.
Signature of Applicant

USE THE FOLLOWING PAGES FOR EXTRA DETAILS. NUMBER ACCORDING TO THE NUMBER OF THE QUESTION TO WHICH THEY RELATE. SIGN YOUR NAME AT THE END OF THE ADDED MATERIAL. IF ADDITIONAL SPACE IS REQUIRED USE EXTRA PAGES THE SAME SIZE AS THESE AND SIGN EACH SUCH PAGE.



PERSONAL HISTORY STATEMENT

Instructions: 1. Answer all questions completely. If question is not applicable write "N/A". Write unknown only if you do not know the answer and cannot obtain the answer from personal records. Use the blank space at the end of this form for extra details on any question or questions for which you do not have sufficient room.
 2. Type, print, or write carefully. Illegible or incomplete answers will not receive credit.

HAVE YOU READ AND DO YOU UNDERSTAND THE INSTRUCTIONS?

SECTION 1: PERSONAL BACKGROUND

1. FULL NAME: _____ (Last) _____ (First) _____ (Middle) _____ (Suffix)
 2. DATE OF BIRTH: _____ (Month) _____ (Day) _____ (Year)
 3. CURRENT ADDRESS: _____ (Street) _____ (City) _____ (State) _____ (Zip)

4. PREVIOUS ADDRESSES: _____ (Street) _____ (City) _____ (State) _____ (Zip) _____ (Date)
 5. SOCIAL SECURITY NUMBER: _____ (Number) _____ (Number) _____ (Number) _____ (Number) _____ (Number) _____ (Number)

6. CURRENT EMPLOYER: _____ (Name) _____ (Address) _____ (City) _____ (State) _____ (Zip)
 7. OCCUPATION: _____ (Title) _____ (Description)

8. EDUCATION: _____ (Institution) _____ (Degree) _____ (Year)
 9. MARITAL STATUS: _____ (Single) _____ (Married) _____ (Divorced) _____ (Widowed)

10. NUMBER OF CHILDREN: _____ (Number) _____ (Name) _____ (Date of Birth) _____ (Date)

11. CURRENT MILITARY SERVICE: _____ (Branch) _____ (Rank) _____ (Date)

12. PREVIOUS MILITARY SERVICE: _____ (Branch) _____ (Rank) _____ (Date)

13. CURRENT RESERVIST STATUS: _____ (Branch) _____ (Rank) _____ (Date)

14. PREVIOUS RESERVIST STATUS: _____ (Branch) _____ (Rank) _____ (Date)

15. CURRENT STATUS: _____ (Active) _____ (Reservist) _____ (Retired) _____ (Other)

16. CURRENT GRADE: _____ (Grade) _____ (Description)

17. CURRENT ASSIGNMENT: _____ (Assignment) _____ (Description)

18. CURRENT DUTY STATION: _____ (Station) _____ (Address) _____ (City) _____ (State) _____ (Zip)

19. CURRENT REPORTING SUPERVISOR: _____ (Name) _____ (Rank) _____ (Title)

20. CURRENT COMMAND: _____ (Command) _____ (Address) _____ (City) _____ (State) _____ (Zip)

21. CURRENT ORGANIZATION: _____ (Organization) _____ (Address) _____ (City) _____ (State) _____ (Zip)

22. CURRENT SERVICE NUMBER: _____ (Number) _____ (Number) _____ (Number) _____ (Number) _____ (Number) _____ (Number)

CHILDREN OF DEPENDENTS (Include partial dependents)

1. NAME [REDACTED] RELATIONSHIP [REDACTED] AGE [REDACTED]
 ADDRESS [REDACTED]
 2. NAME [REDACTED] RELATIONSHIP [REDACTED] AGE [REDACTED]
 ADDRESS [REDACTED]
 3. NAME [REDACTED] RELATIONSHIP [REDACTED] AGE [REDACTED]
 ADDRESS [REDACTED]

4. PARTNER (Give the same information for dependent and/or guardian on a separate sheet)

NAME [REDACTED]
 DATE OF BIRTH [REDACTED]
 DATE OF DEATH [REDACTED]

5. STATE OF RESIDENCE [REDACTED]
 6. HOME ADDRESS [REDACTED]
 7. BUSINESS ADDRESS [REDACTED]
 8. MAILING ADDRESS [REDACTED]
 9. TELEPHONE NUMBER [REDACTED]
 10. SOCIAL SECURITY NUMBER [REDACTED]
 11. MARITAL STATUS [REDACTED]
 12. OCCUPATION [REDACTED]
 13. SOURCE OF INCOME [REDACTED]
 14. OTHER INFORMATION [REDACTED]

15. SIGNATURE [REDACTED]
 16. DATE [REDACTED]
 17. ADDRESS [REDACTED]
 18. TELEPHONE NUMBER [REDACTED]
 19. SOCIAL SECURITY NUMBER [REDACTED]
 20. OTHER INFORMATION [REDACTED]

Sec. 9. MOTHER-IN-LAW

FULL NAME _____
LIVING OR DECEASED _____ DATE OF DECEASE _____
PRESENT OR LAST ADDRESS _____
DATE OF BIRTH _____ PLACE OF BIRTH _____
IF BORN OUTSIDE U.S. DATE AND PLACE OF ENTRY _____
CITIZENSHIP _____ WHEN ACQUIRED _____ WHEREBY _____
OCCUPATION _____

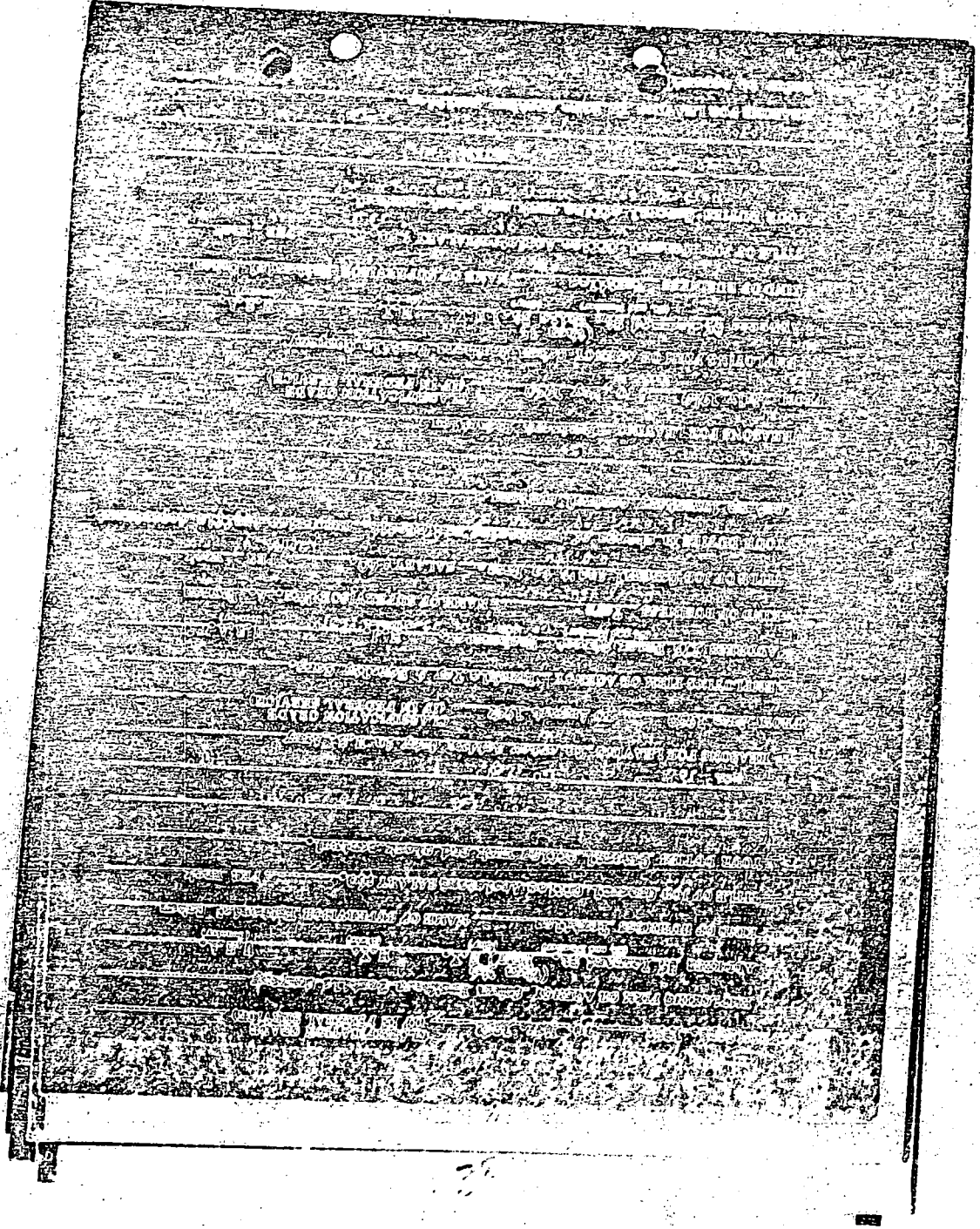
Sec. 10. RELATIVE BY BLOOD, MARRIAGE OR ADOPTION, WHO RESIDES ABROAD OR WHO ARE NOT CITIZENS OF THE UNITED STATES

NAME _____
CITIZENSHIP _____
RESIDENCE _____
RELATIONSHIP _____

Sec. 11. RELATIVE BY BLOOD OR MARRIAGE OF THE DECEASED WHO RESIDES ABROAD OR WHO ARE NOT CITIZENS OF THE UNITED STATES

NAME _____
CITIZENSHIP _____
RESIDENCE _____
RELATIONSHIP _____

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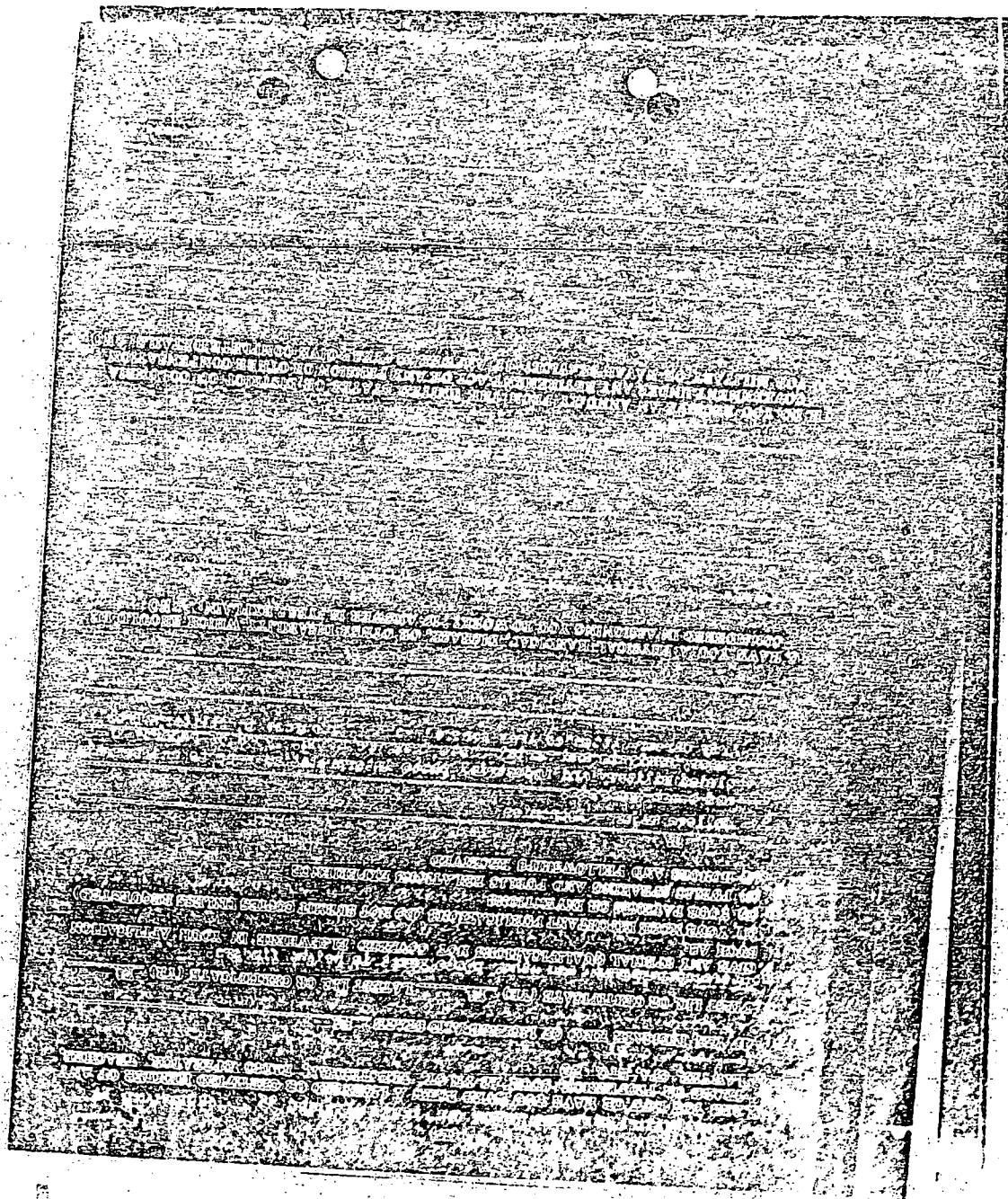


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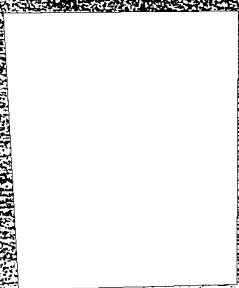
1. HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN FROM ANY POSITION? HAVE YOU LEFT A POSITION UNDER CIRCUMSTANCES WHICH YOU DESIRE TO EXPLAIN? GIVE DETAILS.

2. CENTRAL QUALIFICATION

FOREIGN LANGUAGE PROFICIENCY - COURSE OF INSTRUCTION AND DATE OF COMPLETION
LANGUAGE PROFICIENCY - IN AMERICAN OR OTHER COUNTRY
LANGUAGE PROFICIENCY - IN AMERICAN OR OTHER COUNTRY
LANGUAGE PROFICIENCY - IN AMERICAN OR OTHER COUNTRY
LANGUAGE PROFICIENCY - IN AMERICAN OR OTHER COUNTRY
LANGUAGE PROFICIENCY - IN AMERICAN OR OTHER COUNTRY
LANGUAGE PROFICIENCY - IN AMERICAN OR OTHER COUNTRY
LANGUAGE PROFICIENCY - IN AMERICAN OR OTHER COUNTRY
LANGUAGE PROFICIENCY - IN AMERICAN OR OTHER COUNTRY
LANGUAGE PROFICIENCY - IN AMERICAN OR OTHER COUNTRY

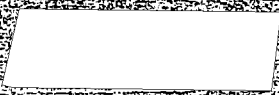


8. GIVE FIVE CHARACTERS REFERENCES IN THE U.S. WHO KNOW YOU INTIMATELY (Give residence and business addresses where possible)

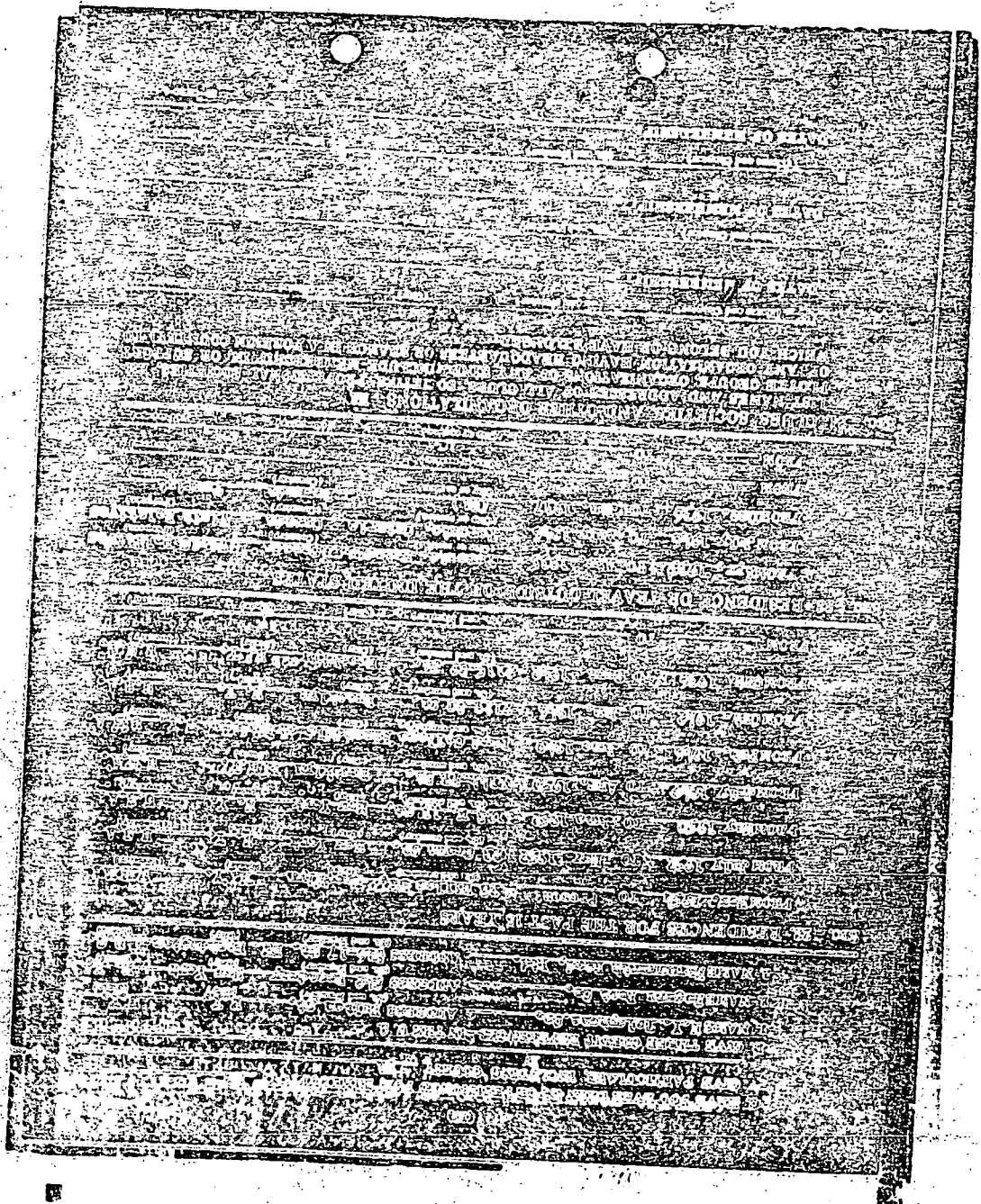


Mr. J. Edgar Hoover, Director, Federal Bureau of Investigation, Washington, D.C.
 Mr. Robert H. Rosen, Chief, New York Office, Federal Bureau of Investigation, New York, N.Y.
 Mr. J. Lee Rankin, Chief, New York Office, Federal Bureau of Investigation, New York, N.Y.
 Mr. J. Lee Rankin, Chief, New York Office, Federal Bureau of Investigation, New York, N.Y.
 Mr. J. Lee Rankin, Chief, New York Office, Federal Bureau of Investigation, New York, N.Y.
 Mr. J. Lee Rankin, Chief, New York Office, Federal Bureau of Investigation, New York, N.Y.
 Mr. J. Lee Rankin, Chief, New York Office, Federal Bureau of Investigation, New York, N.Y.
 Mr. J. Lee Rankin, Chief, New York Office, Federal Bureau of Investigation, New York, N.Y.

9. GIVE NAMES OF FIVE PERSONS WHO KNOW YOU SOCIALLY IN THE UNITED STATES (Give references, relatives, supervisors or employers) (Give residence and business addresses where possible)



Mr. J. Lee Rankin, Chief, New York Office, Federal Bureau of Investigation, New York, N.Y.
 Mr. J. Lee Rankin, Chief, New York Office, Federal Bureau of Investigation, New York, N.Y.
 Mr. J. Lee Rankin, Chief, New York Office, Federal Bureau of Investigation, New York, N.Y.
 Mr. J. Lee Rankin, Chief, New York Office, Federal Bureau of Investigation, New York, N.Y.
 Mr. J. Lee Rankin, Chief, New York Office, Federal Bureau of Investigation, New York, N.Y.



APPENDIX

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242nd
Brooklyn, N.Y., U.S.A.
2001 New York City, N.Y., U.S.A.
Tel: (718) 224-1234

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[Redacted]

242nd
Brooklyn, N.Y., U.S.A.
2001 New York City, N.Y., U.S.A.
Tel: (718) 224-1234

[Extremely faint and illegible text block]

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CONFIDENTIAL
SECURITY INFORMATION
SECURITY APPROVAL

Date: 2 August 1955

TO: Chief, Records & Services Division
Personnel Office
FROM: Chief, Security Division
Personnel
SUBJECT: FOX, Jerome

Your Reference: SR-9299-A ORR
Case Number: 102815

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.

Ernest P. Geiss
Ernest P. Geiss
M

*Branch advised
8/4/55*

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SECURITY INFORMATION
INTEROFFICE MEMORANDUM

Date: 27 May 1955

TO: Chief, Processing & Records Division
Personnel Office

FROM: Chief, Security Division
Personnel

SUBJECT: FOX, Jerome - #102815

Request No. SR-9299-A - ORR

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

Ident. Spec. GS-7, DDI/ORR-Office of the Chief, Washington, D. C.

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:

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.

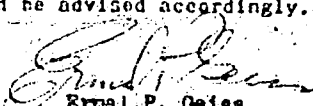
b. Name-checks have been completed on this person. Arrangements should now be made by your office for an interview in this Division. Upon completion of this interview further consideration will be given to the requested limited clearance for access to information classified no higher than Secret. If 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.


Ernal P. Geiss

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