

# Assassination Records Review Board Final Determination Notification

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AGENCY : HSCA  
RECORD NUMBER : 180-10060-10458  
RECORD SERIES : STAFF PAYROLL RECORDS  
AGENCY FILE NUMBER :

Released under the John F.  
Kennedy Assassination  
Records Collection Act of  
1992 (44 USC 2107 Note).  
Case#:NW 68261 Date:  
09-01-2022

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**December 8, 1995**

**Status of Document:** Postponed in Part

**Number of releases of previously postponed information:** 12

Reason for Board Action: The Review Board's decision was premised on several factors including: (a) the significant historical interest in the document in question; (b) the absence of evidence that the release of the information would cause harm to the United States or to any individual.

**Number of Postponements:** 8

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Postponements: All the postponements in this document represent Social Security numbers.

Reason for Board Action: The text is redacted because the public disclosure of the redaction could reasonably be expected to constitute an unwarranted invasion of personal privacy, and that invasion of privacy would be so substantial that it outweighs the public interest.

Substitute Language: SSN

Date of Next Review: 2017

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**Board Review Completed: 10/24/95**

JFK ASSASSINATION SYSTEM

IDENTIFICATION FORM

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AGENCY INFORMATION

AGENCY : NSCA  
RECORD NUMBER : 180-10060-10458

RECORDS SERIES :  
STAFF PAYROLL RECORDS

AGENCY FILE NUMBER :

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DOCUMENT INFORMATION

ORIGINATOR : HSCA  
FROM :  
TO :

TITLE :

DATE : 11/29/76  
PAGES : 13

SUBJECTS :  
HSCA, ADMINISTRATION  
KILKER, ELIZABETH

DOCUMENT TYPE : PRINTED FORM  
CLASSIFICATION : U  
RESTRICTIONS : 3  
CURRENT STATUS : P  
DATE OF LAST REVIEW : 06/04/93

OPENING CRITERIA :

COMMENTS :  
Box 2.

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[R] - ITEM IS RESTRICTED

**PAYROLL AUTHORIZATION FORM**

(Please Use Typewriter  
or Ballpoint Pen)

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

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

**To the Clerk of the House of Representatives:**

I hereby authorize the following payroll action:

<b>Employee Name (First-Middle-Last)</b>		<b>Effective Date</b>	
Elizabeth Kilker		3/17/78	
<b>Employee Social Security Number</b>		<b>Type of Action</b>	
JFK Act 5 (g) (2) (D)		<input type="checkbox"/> Appointment <input type="checkbox"/> Salary Adjustment <input type="checkbox"/> Title Change <input checked="" type="checkbox"/> Termination (At close of business on effective date) <input type="checkbox"/> Leave without pay (Beginning with effective date above and ending close of business _____)	
<b>Employing Office or Committee/Subcommittee</b>		Specify Date	
Assassinations			

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

<b>Position Title</b>	<b>Gross Annual Salary*</b>

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

(If Committee Employee, complete appropriate item below.)

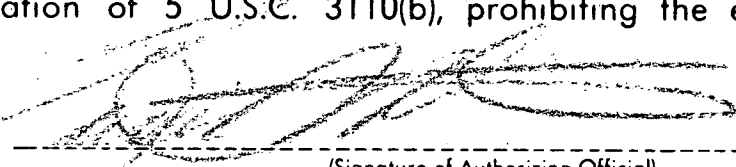
1.  Standing Committee: Staff— Clerical or  Professional.
2.  Special (Investigative staff of Standing Committee) or Select Committee: Authority—H. Res. 879 of 95<sup>th</sup> Congress.
3.  Joint Committee.

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

Position Number \_\_\_\_\_ If applicable, Level \_\_\_\_\_ Step \_\_\_\_\_

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

Date 3/7, 19 78



(Signature of Authorizing Official)

**Louis Stokes, Chairman**

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

(Type or print name of Authorizing Official)

(Type or print name and title of above official)

(Title - If Member, District and State)

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

APPROVED: \_\_\_\_\_

Chairman, Committee on House Administration

<b>Office of Finance use only:</b>		ID _____
Office Code _____		Benefits _____
Monthly Annuity \$ _____ .00 as of _____		Payroll _____

Copy for Initiating Office or Committee

(Revised: August 1, 1977)

MEMORANDUM

TO: Thomas Howarth, Budget Officer  
FROM: I. Charles Mathews, Special Counsel I.C.M.  
DATE: 7 March 1978  
RE: Termination

Please be advised that effective Friday, March 3, 1978, Elizabeth Kilker will be terminated from the Committee payroll.

If you have any questions concerning this matter, please contact me at your convenience.

*Termination Effective 3/17/78*

ICM:j

KILKER, Beth  
Name of Employee

OFFICE OF THE CLERK  
U.S. HOUSE OF REPRESENTATIVES  
PERSONAL LEAVE RECORD

BALANCE BROUGHT FORWARD FROM PRECEDING YEAR

Annual Leave	Sick Leave
9	11

Address \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Position Title \_\_\_\_\_  
Position Number \_\_\_\_\_ Level \_\_\_\_\_ Step \_\_\_\_\_

DATE OF APPOINTMENT  
11-29-76

ANNUAL LEAVE CATEGORY

1.0

1.5

2.0

PRIOR FEDERAL SERVICE  
..... Years ..... Months

Month	DAY OF MONTH																															ACCRUED THIS MONTH		AVAILABLE THIS MONTH		USED THIS MONTH		BALANCE AT CLOSE OF MONTH		EMPLOYEE INITIALS												
	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	Annual Leave	Sick Leave	Annual Leave	Sick Leave	Annual Leave	Sick Leave	Annual Leave	Sick Leave													
Jan.								S	S	S																									1	1	10	12		3	10	9										
Feb.														X						S														1	1	11	10	1	1	10	9											
Mar.				X	X	X	X	X	X		X	X	X	X	X																																					
Apr.																																																				
May																																																				
June																																																				
July																																																				
Aug.																																																				
Sept.																																																				
Oct.																																																				
Nov.																																																				
Dec.																																																				

Terminated 3-17-78

- = 0.5 day annual leave
- = 1.0 day annual leave
- = 0.5 day sick leave
- S or  S = 1.0 day sick leave
- A = 0.5 day administrative leave
- A or  A = 1.0 day administrative leave
- U = 0.5 day unauthorized absence
- U or  U = 1.0 day unauthorized absence
- = 0.5 day leave without pay
- = 1.0 day leave without pay

CERTIFIED CORRECT:

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(If employee refuses to sign, state reason below.)

Chief's Signature \_\_\_\_\_ Date \_\_\_\_\_

Approved: \_\_\_\_\_ Date \_\_\_\_\_  
Clerk of the House

This record will be forwarded to the Clerk of the House at the end of each calendar year, or in case of termination, along with the request for termination. Upon approval, the record will be filed in the employee's official personnel folder.

EXHIBIT I

**PAYROLL AUTHORIZATION FORM**

(Please Use Typewriter  
or Ballpoint Pen)

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

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

**To the Clerk of the House of Representatives:**

I hereby authorize the following payroll action:

<b>Employee Name (First-Middle-Last)</b>	<b>Effective Date</b>
Elizabeth A. Kilker	December 1, 1977
<b>Employee Social Security Number</b>	<b>Type of Action</b>
JFK Act 5 (g) (2) (D)	<input type="checkbox"/> Appointment <input checked="" type="checkbox"/> Salary Adjustment <input type="checkbox"/> Title Change <input type="checkbox"/> Termination (At close of business on effective date) <input type="checkbox"/> Leave without pay (Beginning with effective date above and ending close of business _____) Specify Date
<b>Employing Office or Committee/Subcommittee</b>	
Assassinations	

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

<b>Position Title</b>	<b>Gross Annual Salary*</b>
Secretary	\$17,100

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

(If Committee Employee, complete appropriate item below.)

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

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

Position Number \_\_\_\_\_ If applicable, Level \_\_\_\_\_ Step \_\_\_\_\_

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

Date December 1, 1977

*[Signature]*  
(Signature of Authorizing Official)

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

Louis Stokes  
(Type or print name of Authorizing Official)

(Type or print name and title of above official)

Chairman  
(Title - If Member, District and State)

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

APPROVED: \_\_\_\_\_

Chairman, Committee on House Administration

<b>Office of Finance use only:</b>	ID _____
Office Code _____	Benefits _____
Monthly Annuity \$ _____ .00 as of _____	Payroll _____

Copy for Initiating Office or Committee

(Revised: August 1 1977)

**PAYROLL AUTHORIZATION FORM**

(Please Use Typewriter  
or Ballpoint Pen)

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

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

To the Clerk of the House of Representatives:

I hereby authorize the following payroll action:

<b>Employee Name (First-Middle-Last)</b>	<b>Effective Date</b>
Elizabeth A. Kiiker	5/1/77
<b>Employee Social Security Number</b>	<b>Type of Action</b>
JFK Act 5 (g) (2) (D)	<input type="checkbox"/> Appointment <input checked="" type="checkbox"/> Salary Adjustment <input type="checkbox"/> Termination (At close of business on effective date)
<b>Employing Office or Committee</b>	
Assassinations	

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

<b>Position Title</b>	<b>Gross Annual Salary</b>
	\$16,000

(If Committee Employee, complete appropriate item below.)

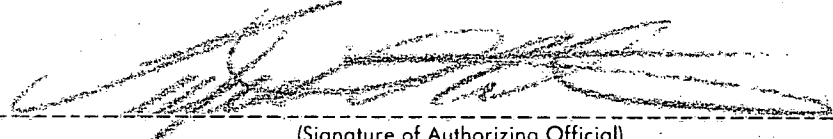
- Standing Committee: Staff— Clerical or  Professional.
- Special or Select Committee: Authority—H. Res. 455 of 95th Congress.
- Joint Committee.

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

Position Number \_\_\_\_\_ If applicable, Level \_\_\_\_\_ Step \_\_\_\_\_

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

Date May 10, 19 77



(Signature of Authorizing Official)

**Louis Stokes**

(Type or print name of Authorizing Official)

**Chairman**

(Title—If Member, District and State)

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

APPROVED: \_\_\_\_\_

Chairman, Committee on House Administration

Office of Finance use only:
Office Code _____
Monthly Annuity \$ _____ .00

FD 5/11

Copy for Initiating Office or Committee

**PAYROLL AUTHORIZATION FORM**

(Please Use Typewriter  
or Ballpoint Pen)

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

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

**To the Clerk of the House of Representatives:**

I hereby authorize the following payroll action:

<b>Employee Name (First-Middle-Last)</b>	<b>Effective Date</b>
Elizabeth A. Kilker	4/1/77
<b>Employee Social Security Number</b>	<b>Type of Action</b>
JFK Act 5 (g) (2) (D)	<input type="checkbox"/> Appointment <input checked="" type="checkbox"/> Salary Adjustment <input type="checkbox"/> Termination (At close of business on effective date)
<b>Employing Office or Committee</b>	
Assassinations	

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

<b>Position Title</b>	<b>Gross Annual Salary</b>
	\$33,600

(If Committee Employee, complete appropriate item below.)

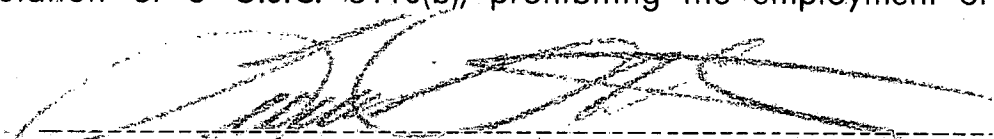
- Standing Committee: Staff— Clerical or  Professional.
- Special or Select Committee: Authority—H. Res. 465 of 95th Congress.
- Joint Committee.

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

Position Number \_\_\_\_\_ If applicable, Level \_\_\_\_\_ Step \_\_\_\_\_

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

Date April 29, 19 77



(Signature of Authorizing Official)

**Louis Stokes**

(Type or print name of Authorizing Official)

**Chairman**

(Title—If Member, District and State)

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

APPROVED: \_\_\_\_\_

Chairman, Committee on House Administration

Office of Finance use only:
Office Code _____
Monthly Annuity \$ _____ .00

**Copy for Initiating Office or Committee**



**PAYROLL AUTHORIZATION FORM**

(Please Use Typewriter  
or Ballpoint Pen)

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

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

**To the Clerk of the House of Representatives:**

I hereby authorize the following payroll action:

<b>Employee Name (First-Middle-Last)</b>	<b>Effective Date</b>
Elizabeth A. Kilker	2-1-77
<b>Employee Social Security Number</b>	<b>Type of Action</b>
JFK Act 5 (g) (2) (D)	<input type="checkbox"/> Appointment <input checked="" type="checkbox"/> Salary Adjustment <input type="checkbox"/> Termination (At close of business on effective date)
<b>Employing Office or Committee</b>	
Select Committee on Assassinations	

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

<b>Position Title</b>	<b>Gross Annual Salary</b>
	\$10,000.

(If Committee Employee, complete appropriate item below.)

- Standing Committee: Staff— Clerical or  Professional.
- Special or Select Committee: Authority—H. Res. 11 of 95 Congress.
- Joint Committee.

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

Position Number \_\_\_\_\_ If applicable, Level \_\_\_\_\_ Step \_\_\_\_\_

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

Date 2-28-77, 19\_\_

(Signature of Authorizing Official)

**Henry B. Gonzalez**

(Type or print name of Authorizing Official)

**Chairman**

(Title—If Member, District and State)

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

APPROVED: \_\_\_\_\_

Chairman, Committee on House Administration

Office of Finance use only:
Office Code _____
Monthly Annuity \$ _____ .00

**Copy for Initiating Office or Committee**

MEMORANDUM

TO: All Staff Employees  
FROM: Budget Officer  
DATE: January 3, 1977  
RE: Payroll Certification

Starting with the January, 1977 payroll, the certification to the House Finance Office requires, among other things, the relationship, if any, of each staff employee to any current Member of Congress (those taking office January 3, 1977).

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

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

All staff employees are requested to complete this form and return it to the Budget officer.

Approved  
Richard A. Sprague

I am not related XX

I am related by the following relationship \_\_\_\_\_

Elizabeth A. Kilber  
Signature of Employee

February 10, 1977  
Date

