

Assassination Records Review Board Final Determination Notification

AGENCY : HSCA
RECORD NUMBER : 180-10060-10467
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

December 8, 1995

Status of Document: Postponed in Part

Number of releases of previously postponed information: 11

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

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

Board Review Completed: 10/24/95

JFK ASSASSINATION SYSTEM

IDENTIFICATION FORM

AGENCY INFORMATION

AGENCY : HSCA
RECORD NUMBER : 180-10060-10467

RECORDS SERIES :
STAFF PAYROLL RECORDS

AGENCY FILE NUMBER :

DOCUMENT INFORMATION

ORIGINATOR : HSCA
FROM :
TO :

TITLE :

DATE : 01/01/77
PAGES : 11

SUBJECTS :
HSCA, ADMINISTRATION
LEE, SHEILA JACKSON

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

OPENING CRITERIA :

COMMENTS :
Box 2.

[R] - ITEM IS RESTRICTED

LEE, Sheila Jackson

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	12

1978
YEAR

Address

Address

Phone Number

Position Title

Position Number

Level

Step

DATE OF APPOINTMENT
1-1-77

PRIOR FEDERAL SERVICE
Years Months

ANNUAL LEAVE CATEGORY

- 1.0
- 1.5
- 2.0

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.				X	X	X																														1	1	10	13	3		7	10			
Feb.																																														
Mar.																																														
Apr.																																														
May																																														
June																																														
July																																														
Aug.																																														
Sept.																																														
Oct.																																														
Nov.																																														
Dec.																																														

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

Terminated 2/14/78
 CERTIFIED CORRECT: Term. 2/3/78
 plus 7 day annual leave

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

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:

Employee Name (First-Middle-Last)	Effective Date
Sheila Jackson Lee	2/28/78
Employee Social Security Number	Type of Action
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 _____) Specify Date
Employing Office or Committee/Subcommittee	
Assassinations	

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

Position Title	Gross Annual Salary*
Staff Counsel	\$25,700

* 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. 879 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 February 23, 19 78

_____	(Signature of Authorizing Official)
_____	Louis Stokes
(If appropriate, signature of Subcommittee Chairman or Ranking Minority Member)	(Type or print name of Authorizing Official)
_____	Chairman
(Type or print name and title of above official)	(Title - If Member, District and State)

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

APPROVED: _____
Chairman, Committee on House Administration

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

Copy for Initiating Office or Committee

(Revised: August 1 1977)

M E M O R A N D U M

TO: Thomas Howarth, Budget Officer
FROM: I. Charles Mathews, Special Counsel *ICM*
DATE: February 14, 1978
RE: Ms. Shelia Jackson Lee

Effective Friday, February 3, 1978, Ms. Shelia Jackson Lee will be terminated from the Committee payroll.

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

*Plus 7 days annual leave
2/14/78*

ICM:j

*Changed to 2/28/78 per
ICM because Lee did some
committee work after she left.
Howarth*

PAYROLL AUTHORIZATION FORM

(Please Use Typewriter
or Ballpoint Pen)

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

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

To the Clerk of the House of Representatives:

I hereby authorize the following payroll action:

Employee Name (First-Middle-Last)	Effective Date
Sheila Jackson Lee	December 1, 1977
Employee Social Security Number	Type of Action
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)
Employing Office or Committee	
Assassinations	

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

Position Title	Gross Annual Salary
Staff Counsel	\$25,700

(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 December 1 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:

Employee Name (First-Middle-Last) Sheila Jackson Lee	Effective Date 8/1/77
Employee Social Security Number JFK Act 5 (g) (2) (D)	Type of Action
Employing Office or Committee Assassinations	<input type="checkbox"/> Appointment <input checked="" type="checkbox"/> Salary Adjustment <input type="checkbox"/> Termination (At close of business on effective date)

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

Position Title Staff Counsel	Gross Annual Salary 24,000
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(If Committee Employee, complete appropriate item below.)

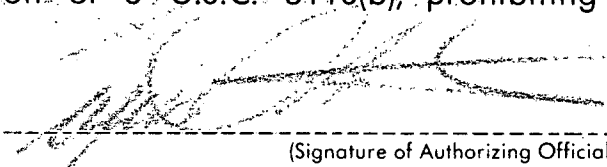
- Standing Committee: Staff— Clerical or Professional.
- Special or Select Committee: Authority—H. Res. 465 of 95th Congress.
- Joint Committee.

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

Position Number _____ If applicable, Level _____ Step _____

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

Date August 2, 19 77



(Signature of Authorizing Official)

LOUIS STOKES

(Type or print name of Authorizing Official)

CHAIRMAN

(Title—If Member, District and State)

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

APPROVED: _____

Chairman, Committee on House Administration

Office of Finance use only: Office Code _____ Monthly Annuity \$ _____ .00
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Copy for Initiating Office or Committee

PAYROLL AUTHORIZATION FORM

(Please Use Typewriter
or Ballpoint Pen)

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

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

To the Clerk of the House of Representatives:

I hereby authorize the following payroll action:

Employee Name (First-Middle-Last)	Effective Date
Sheila Jackson Lee	5/3/77
Employee Social Security Number	Type of Action
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)
Employing Office or Committee:	
Assassinations	

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

Position Title	Gross Annual Salary
	\$23,000

(If Committee Employee, complete appropriate item below.)

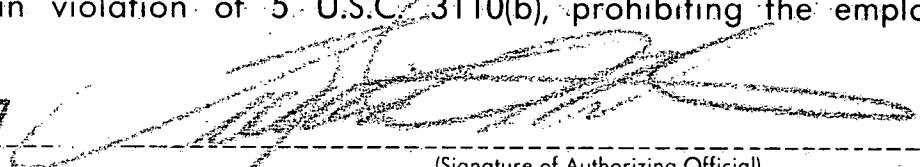
- Standing Committee: Staff— Clerical or Professional.
- Special or Select Committee: Authority—H. Res. 465 of 95th Congress.
- Joint Committee.

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

Position Number _____ If applicable, Level _____ Step _____

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

Date May 10, 1977



(Signature of Authorizing Official)

Louis Stokes

(Type or print name of Authorizing Official)

Chairman

(Title—If Member, District and State)

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

APPROVED: _____

Chairman, Committee on House Administration

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

FO 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:

Employee Name (First-Middle-Last)	Effective Date
Sheila Jackson Lee	4/1/77
Employee Social Security Number	Type of Action
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)
Employing Office or Committee	
Assassinations	

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

Position Title	Gross Annual Salary
	\$47,500

(If Committee Employee, complete appropriate item below.)

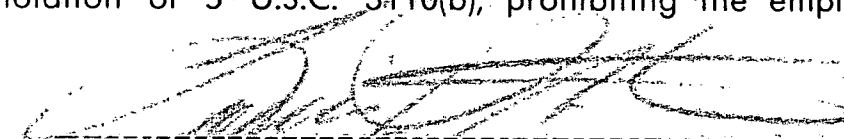
- Standing Committee: Staff— Clerical or Professional.
- Special or Select Committee: Authority—H. Res. 465 of 95th Congress.
- Joint Committee.

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

Position Number _____ If applicable, Level _____ Step _____

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

Date 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:

Employee Name (First-Middle-Last)	Effective Date
Sheila Jackson Lee	2-1-77
Employee Social Security Number	Type of Action
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)
Employing Office or Committee	
Select Committee on Assassinations	

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

Position Title	Gross Annual Salary
	\$14,145.

(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

