

Assassination Records Review Board Final Determination Notification

AGENCY : HSCA
RECORD NUMBER : 180-10060-10476
RECORD SERIES : STAFF PAYROLL RECORDS
AGENCY FILE NUMBER :

December 8, 1995

Status of Document: Postponed in Part

Number of releases of previously postponed information: 10

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: 4

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 : 180-10060-10476

RECORDS SERIES :
STAFF PAYROLL RECORDS

AGENCY FILE NUMBER :

DOCUMENT INFORMATION

ORIGINATOR : HSCA
FROM :
TO :

TITLE :

DATE : 06/22/77
PAGES : 9

SUBJECTS :
HSCA, ADMINISTRATION
MASON, MARGARET

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

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
Margaret Chellie Mason	3/22/78
Employee Social Security Number	Type of Action
237-56-8144	<input type="checkbox"/> Appointment <input type="checkbox"/> Salary Adjustment <input type="checkbox"/> Title Change <input checked="" type="checkbox"/> Termination (At close of business on effective date) <input type="checkbox"/> Leave without pay (Beginning with effective date above and ending close of business _____)
Employing Office or Committee/Subcommittee	
Assassinations	

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

Position Title	Gross Annual Salary*

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

(If Committee Employee, complete appropriate item below.)

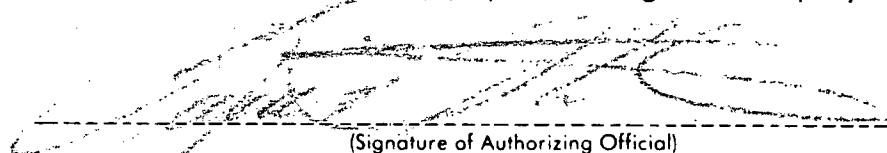
- Standing Committee: Staff— Clerical or Professional.
- Special (Investigative staff of Standing Committee) or Select Committee: Authority—H. Res. 879 of 95th Congress.
- Joint Committee.

(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 3/9, 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:	ID _____
Office Code _____	Benefits _____
Monthly Annuity \$ _____ .00 as of _____	Payroll _____

(Revised: August 1 1977)

Copy for Initiating Office or Committee

MEMORANDUM

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

Please be advised that effective Wednesday, March 15, 1978, Chellie Mason will be terminated from the Committee payroll.

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

Terminate 3/22/78

ICM:j

MASON, Chellie

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
2	5

1978
YEAR

Address

Address

Phone Number

Position Title

Position Number

Level

Step

DATE OF APPOINTMENT

6-22-77

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.																																				1	1																																												
Feb.																																				1	1																																												
Mar.																XX				XXX			<hr/>															1	1													5	8																												
Apr.																																																																																	
May																																																																																	
June																																																																																	
July																																																																																	
Aug.																																																																																	
Sept.	<i>Terminated 3/22/78</i>																																																																																
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

CERTIFIED CORRECT:

_____	_____	_____	_____
Employee's Signature (If employee refuses to sign, state reason below.)	Date	Chief's Signature	Date
		Approved: _____	_____
		Clerk of the House	Date

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
M. C. Mason	December 1, 1977
Employee Social Security Number	Type of Action
237-56-8144	<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 _____) <small>Specify Date</small>
Employing Office or Committee/Subcommittee	
Assassinations	

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

Position Title	Gross Annual Salary*
Researcher/Secretary	\$18,000

* 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.)

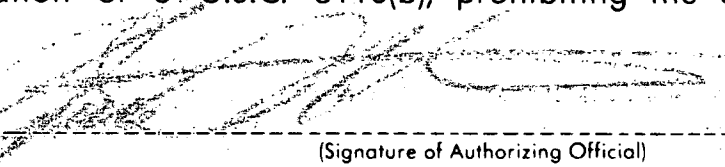
- Standing Committee: Staff— Clerical or Professional.
- Special (Investigative staff of Standing Committee) or Select Committee: Authority—H. Res. 465 of 95th Congress.
- Joint Committee.

(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 of Authorizing Official)

Louis Stokes

(Type or print name of Authorizing Official)

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

Chairman

(Title - If Member, District and State)

(Type or print name and title of above official)

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

APPROVED: _____

Chairman, Committee on House Administration

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

(Revised: August 1, 1977)

Copy for Initiating Office or Committee

PAYROLL AUTHORIZATION FORM

(Please Use Typewriter
or Ballpoint Pen)

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

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

To the Clerk of the House of Representatives:

I hereby authorize the following payroll action:

Employee Name (First-Middle-Last)	Effective Date
M. C. Mason	8/1/77
Employee Social Security Number	Type of Action
237-56-8144	<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
Typist-Secretary	15,000

(If Committee Employee, complete appropriate item below.)

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

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

Position Number _____ If applicable, Level _____ Step _____

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

Date August 2, 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
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Copy for Initiating Office or Committee

M E M O R A N D U M

July 27, 1977

TO: Rebecca Martin
FROM: Margaret Chellie Mason

Effective August 1, 1977, please indicate a change of address for me FROM 901-6th St., S.W., Apt. 209, Washington, D. C. 20024, TO: 8709 Curtis Avenue, Alexandria, Virginia 22309. I will let you know my new home phone number on Monday, August 1.

M.C. Mason

cm

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
Margaret Chellie Mason	6/22/77
Employee Social Security Number	Type of Action
237 56 8144	<input checked="" type="checkbox"/> Appointment <input type="checkbox"/> Salary Adjustment <input type="checkbox"/> Termination (At close of business on effective date)
Employing Office or Committee	
Assassinations	

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

Position Title	Gross Annual Salary
Typist/Secretary	\$12,000

(If Committee Employee, complete appropriate item below.)

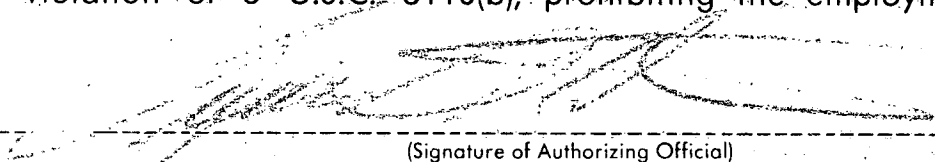
- Standing Committee: Staff— Clerical or Professional.
- Special or Select Committee: Authority—H. Res. 465 of 95th Congress.
- Joint Committee.

(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 June 28, 1977



(Signature of Authorizing Official)

Louis Stokes

(Type or print name of Authorizing Official)

Chairman

(Title—If Member, District and State)

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

APPROVED: _____

Chairman, Committee on House Administration

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

Copy for Initiating Office or Committee

MASON

MEMORANDUM

TO: ALL STAFF

RE: Payroll Certification

The Regulations and Accounting Procedures for Allowances and Expenses of Committees, Members and Employees of the U.S. House of Representatives require that, among other things, the Committee's monthly payroll certification include the relationship, if any, of each employee to any current Member of Congress. This certification is signed monthly by our Chairman.

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

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

Please complete the appropriate portion below, sign and date this form, which will then become a part of your permanent personnel file. If this status changes, you must notify the Committee's Budget Office immediately of the change.

- I am not related to any current (95th Congress) Member of Congress.
- I am related to a current (95th Congress) Member of Congress. (Please specify.) _____

M. C. Mason
Signature of Employee

6/28/77
Date

MASON
6/22
12,000

M E M O R A N D U M

June 15, 1977

TO: Tom Lambeth
Acting Staff Director

FROM: Donovan L. Gay *(D)*
Chief Researcher

RE: Margaret C. Mason - Secretary/Typist

ok
JW

Please be advised that Ms. Margaret C. Mason has been interviewed by Mr. Tiny Hutton, Ms. Jackie Hess, and myself for the position as typist for the JFK Research Task Force.

I have spoken with Mr. Tom Howarth and have been advised that the budget does in fact allow for our Research Unit to have assigned to them from the two task forces, a typist for each task force at a salary up to \$12,000.

Therefore, based on Ms. Mason's resume, references, and background, and our interviewing of her, I recommend that she join our staff on Monday, June 20, 1977 at the rate of \$12,000 per annum. Please note that her current salary range is \$19,500.

Thank you for your consideration.

OKA OK - TL

mcp