

Assassination Records Review Board Final Determination Notification

AGENCY : HSCA
RECORD NUMBER : 180-10068-10324
RECORD SERIES : STAFF PAYROLL RECORDS
AGENCY FILE NUMBER :

December 8, 1995

Status of Document: Postponed in Part

Number of releases of previously postponed information: 8

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 : 180-10068-10324

RECORDS SERIES :
STAFF PAYROLL RECORDS

AGENCY FILE NUMBER :

DOCUMENT INFORMATION

ORIGINATOR : HSCA
FROM :
TO :

TITLE :

DATE : 12/29/77
PAGES : 8

SUBJECTS :
HSCA, ADMINISTRATION
COLLINS, WENDY S.

DOCUMENT TYPE : PRINTED FORM
CLASSIFICATION : U
RESTRICTIONS : 3
CURRENT STATUS : P
DATE OF LAST REVIEW : 07/07/93

OPENING CRITERIA :

COMMENTS :
Box #:1.

[R] - ITEM IS RESTRICTED

LOUIS STOKES, OHIO, CHAIRMAN

RICHARDSON PREYER, N.C.

WALTER E. FAUNTROY, D.C.

YVONNE BRATHWAITE BURKE, CALIF.

CHRISTOPHER J. DODD, CONN.

HAROLD E. FORD, TENN.

FLOYD J. FITHIAN, IND.

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SAMUEL L. DEVINE, OHIO

STEWART B. MCKINNEY, CONN.

CHARLES THONE, NEBR.

HAROLD S. SAWYER, MICH.

Select Committee on Assassinations

U.S. House of Representatives

3369 HOUSE OFFICE BUILDING, ANNEX 2

WASHINGTON, D.C. 20515

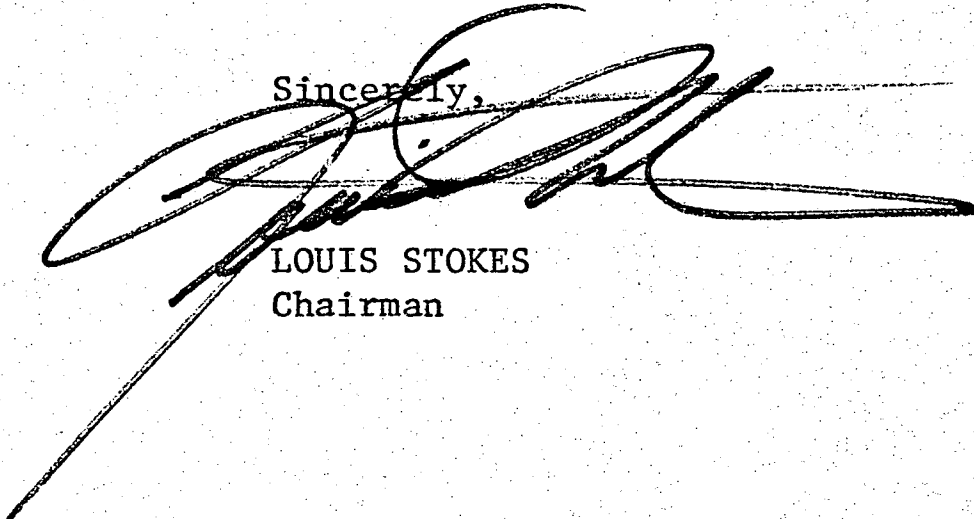
December 5, 1978

The Honorable Frank Thompson, Jr.
Chairman
Committee on House Administration
U. S. House of Representatives
Washington, D. C. 20515

Dear Mr. Chairman:

Effective December 1, 1978, the official duty station of Ms. Wendy Collins has been changed from Washington, D. C. to Pittsford, Vermont. This change will remain in effect through the balance of the 95th Congress.

Sincerely,



LOUIS STOKES
Chairman

LS:th

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	
Hendy S. Collins		December 20, 1978	
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 _____)	
Employing Office or Committee/Subcommittee		Specify Date	
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. 350 of 96th 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 11, 1978, 19 _____

(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 _____

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:

Employee Name (First-Middle-Last)	Effective Date
Henry S. Collins	December 29, 1977
Employee Social Security Number	Type of Action
JFK Act 5 (g) (2) (D)	<input checked="" type="checkbox"/> Appointment <input 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*
Research Attorney	\$12,000

* 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.)

1. Standing Committee: Staff— Clerical or Professional.
2. Special (Investigative staff of Standing Committee) or Select Committee: Authority—H. Res. 468 of 95th 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 December 29, 19 77

[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)

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Office Code _____	Benefits _____
Monthly Annuity \$ _____ .00 as of _____	Payroll _____

Copy for Initiating Office or Committee

(Revised: August 1 1977)

If typewriter is not available, bear down with ball-point pen to make legible copies.

HEALTH BENEFITS REGISTRATION FORM FEDERAL EMPLOYEES HEALTH BENEFITS PROGRAM (Read instructions on back of page 3.)		New Carrier's Control No. 22933820																								
TO EMPLOYING OFFICE: SHOW OLD CARRIER'S CONTROL NUMBER ONLY IF ELECTION IS TO CANCEL ENROLLMENT OR TO CHANGE OPTIONS OR TYPE OF ENROLLMENT IN THE SAME PLAN.		Old Carrier's Control No.																								
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	4. YOUR MAILING ADDRESS (NUMBER AND STREET) 1630 Hobart St., N.W. (CITY) (STATE) (ZIP CODE) Washington D.C. 20009	3. ARE YOU NOW MARRIED? Yes <input type="checkbox"/> 1 No <input checked="" type="checkbox"/> 2																								
	5. SOCIAL SECURITY ACCOUNT NUMBER JFK Act 5 (g) (2) (D)	6. SEX MALE <input type="checkbox"/> 1 FEMALE <input checked="" type="checkbox"/> 2																								
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PART F TO BE COMPLETED BY AGENCY	4. PAYROLL OFFICE NO. 00004832		5. SF 2811 REPORT NO.																							
	REMARKS FOR USE ONLY BY AGENCY.																									

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HEALTH BENEFITS REGISTRATION FORM
FEDERAL EMPLOYEES HEALTH BENEFITS PROGRAM
 (Read instructions on back of page 3.)

New Carrier's Control No.
22933820

TO EMPLOYING OFFICE: SHOW OLD CARRIER'S CONTROL NUMBER ONLY IF ELECTION IS TO CANCEL ENROLLMENT OR TO CHANGE OPTIONS OR TYPE OF ENROLLMENT IN THE SAME PLAN.

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	(CITY) (STATE) (ZIP CODE) Washington D.C. 20009	JFK Act 5 (g) (2) (D)	

IMPORTANT

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		5		10

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	2. DATE RECEIVED IN EMPLOYING OFFICE

Wendy S Collins **Aug 5, 1978**
 (YOUR SIGNATURE - DO NOT PRINT) (DATE)

PART F TO BE COMPLETED BY AGENCY	1. NAME AND ADDRESS (INCLUDING ZIP CODE) OF EMPLOYING OFFICE U.S. House of Representatives Office of Finance, Washington, D.C. 20515	3. EFFECTIVE DATE OF ELECTION
	(SIGNATURE OF AUTHORIZED AGENCY OFFICIAL)	4. PAYROLL OFFICE NO. 00004832 5. SF 2811 REPORT NO.

REMARKS FOR USE ONLY BY AGENCY.

If typewriter is not available, bear down with ball-point pen to make legible copies.

HEALTH BENEFITS REGISTRATION FORM
 FEDERAL EMPLOYEES HEALTH BENEFITS PROGRAM
 (Read instructions on back of page 3.)

New Carrier's Control No.
22933820

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Old Carrier's Control No.

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	4. YOUR MAILING ADDRESS (NUMBER AND STREET) 1630 Hobart St, N.W. (CITY) (STATE) (ZIP CODE) Washington D.C. 20007	5. SOCIAL SECURITY ACCOUNT NUMBER JFK Act 5 (g) (2) (D)	6. SEX MALE <input type="checkbox"/> 1 FEMALE <input checked="" type="checkbox"/> 2

IMPORTANT

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REMARKS FOR USE ONLY BY AGENCY.

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HEALTH BENEFITS REGISTRATION FORM

FEDERAL EMPLOYEES HEALTH BENEFITS PROGRAM
(Read instructions on back of page 3.)

New Carrier's Control No.

22933820

Best image possible.

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Old Carrier's Control No.

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	4. YOUR MAILING ADDRESS (NUMBER AND STREET)			MONTH	DAY	YEAR	Yes <input type="checkbox"/> 1 No <input checked="" type="checkbox"/> 2	
	(CITY) (STATE) (ZIP CODE)			5. SOCIAL SECURITY ACCOUNT NUMBER			6. SEX MALE <input type="checkbox"/> 1 FEMALE <input checked="" type="checkbox"/> 2	

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	NAMES OF FAMILY MEMBERS	DATE OF BIRTH (Month, Day, Year)	NAMES OF FAMILY MEMBERS	DATE OF BIRTH (Month, Day, Year)
	Wife or Husband	1		6

PART C FILL IN THIS PART IF YOU WISH NOT TO ENROLL OR IF YOU WISH TO CANCEL YOUR ENROLLMENT.	PLACE AN "X" IN ITEM 1 OR 2 WHICHEVER APPLIES:	
	1. I ELECT NOT TO ENROLL IN A PLAN UNDER THE FEDERAL EMPLOYEES HEALTH BENEFITS PROGRAM. <input type="checkbox"/>	2. I ELECT TO CANCEL MY PRESENT ENROLLMENT UNDER THE CODE NUMBER SHOWN BELOW: <input type="checkbox"/>

PART D FILL IN THIS PART, AS WELL AS PART B, TO CHANGE YOUR REGISTRATION.	ANSWER ITEMS 1, 2, AND 3 TO SHOW ENROLLMENT CODE BEING CHANGED AND ELIGIBILITY FOR CHANGE.		
	1. ENROLLMENT CODE NUMBER OF PRESENT PLAN	2. NUMBER OF EVENT WHICH PERMITS CHANGE. (See table on back of page 2 for proper number.)	3. DATE OF EVENT WHICH PERMITS CHANGE:

PART E ALL WHO REGISTER MUST FILL IN THIS PART.	YOUR SIGNATURE - DO NOT PRINT		DATE
	<p style="text-align: center;">WARNING.—Any intentional false statement in this application or wilful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both (18 U.S.C. 1001.)</p>		

PART F TO BE COMPLETED BY AGENCY	1. NAME AND ADDRESS (INCLUDING ZIP CODE) OF EMPLOYING OFFICE		2. DATE RECEIVED IN EMPLOYING OFFICE	3. EFFECTIVE DATE OF ELECTION
	(SIGNATURE OF AUTHORIZED AGENCY OFFICIAL)		4. PAYROLL OFFICE NO.	5. SF 2811 REPORT NO.

REMARKS FOR USE ONLY BY AGENCY.	
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