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

# **Assassination Records Review Board Final Determination Notification**

AGENCY : HSCA

RECORD NUMBER : 180-10068-10337

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:** 6

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

Date: 08/20/93 Page: 1

JFK ASSASSINATION SYSTEM

after one

#### IDENTIFICATION FORM

#### AGENCY INFORMATION

AGENCY : HSCA

RECORD NUMBER: 180-10068-10337

RECORDS SERIES : STAFF PAYROLL RECORDS

AGENCY FILE NUMBER:

#### DOCUMENT INFORMATION

ORIGINATOR: HSCA

FROM:

TITLE:

DATE: 12/14/78

PAGES: 15

SUBJECTS:

HSCA, ADMINISTRATION

DOYLE, KEVIN SEAN

DOCUMENT TYPE: PRINTED FORM

CLASSIFICATION: U
RESTRICTIONS: 3
CURRENT STATUS: P

DATE OF LAST REVIEW: 07/07/93

OPENING CRITERIA:

COMMENTS:

Box #:1.

DOYLE, K.S.	OFFICE OF THE CLERK	
Name of Employee	U.S. HOUSE OF REPRESENTATIVES	BALANCE BROUGHT
Address	PERSONAL LEAVE RECORD	FORWARD FROM PRECEDING YEAR
		Annual Sick Leave Leave
Address	살 경우의 그 시간 수는 문제를 가장하는 게 YEAR 그 기를 받고 한 것이 되었습니다. 이 기를 받는 것이 되었습니다.	
Phone Number	DATE OF APPOINTMENT  CATEGORY  1.0	
Position Title	PRIOR FEDERAL SERVICE 1.5	
	ACCRUED AVAILABLE USED	BALANCE
Position Number Level Step	THIS MONTH THIS MONTH	AT CLOSE OF MONTH Sick. WILLIAMS
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Aug.		
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Oct.	min ate of 8/16/77	
Nov.		4
Dec.		
= 0.5 day annual leave = 1.0 day annual leave = 0.5 day sick leave S or 5 = 1.0 day sick leave	CERTIFIED CORRECT:	
= 0.5 day administrative leave	Employee's Signature Dote Chief's Signature (If employee refuses to sign, state reason below.)	Date
A  or  A = 1.0  day administrative leave	Approved: Clerk of the House	Date
U or U = 1.0 day unauthorized absence	This record will be forwarded to the Clerk of the House at the end of each calendar year, or in case with the request for termination. Upon approval, the record will be filed in the employee's official part of the employee	se of termination, along
= 0.5 day leave without pay	사이 보고 있는 것도 한당에 이 시간 에서 도시 열려. 아이들 수 있는데 그는 사이에 가는 사이를 보고 있다. 시간 시간에 가는 사이에 되는데 가는 것 중앙한 기상에 하는 사람이 있는데 함께 살아 있는데 이 사이를 받는데 사이를 받는데 하는데 함께 가는 상황이를 보고 있다. 사람들이 없는데	
= 1.0 day leave without pay	EXHIBIT I	

## PAYROLL AUTHORIZATION FORM

#### (Please Use Typewriter: U.S. HOUSE OF REPRESENTATIVES (Any erasures, corrections, or changes or Ballpoint Pen) Washington D.C. 20515 or Ballpoint Pen) Washington, D.C. 20515

authorizing official.)

## To the Clerk of the House of Representatives:

whereby authorize the following payroll action: We are weight to prove they become a painting and representations.

Employee Name (First-Mid	dle-Last)		CAN THE SEMECTIAN DUTE.	
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Employee Social Security	Number		Type of Action	
JFK Act 5 (g)(2)(D)		☐ Appoin	itment	
Employing Office or Com	mittee en e	☐ Salary	Adjustment	
\ssassinations Committee		1 20	ation (At close of business on effe	
pe of action is an Appointment or Sal	lary Adjustment, com	plete the follo	owing information:)	
Position Tit	tle		Gross Annual Sal	ary
Clerical Assistant			\$9,500.00	
			<del>ngandarin da managan da</del>	<del></del>
ommittee Employee, complete approp	oriate item below.)	第4页的数据等。 1	等的人提出的是他的特殊的是不可能的。 "我们是我们的特殊的是不可能的。"	
1 Canadian Commission Com	് പ്രധാനമാണ് അതിരുന്നു		en la distribución de la companya d	en e
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mployee of an Officer of the House, c  Position Number  L certify that this authorization tives.	omplete item below:)  If applicable, Level_  is not in violation	Step_	3110(b), prohibiting the	employmer
nployee of an Officer of the House, c  Position Number  L certify that this authorization tives.	omplete item below:)  If applicable, Level_ is not in violation, 19	Step_ of 5 U.S.C	3110(b), prohibiting the  (Signature of Authorizing Official)  LOUIS STOKES	employmer
nployee of an Officer of the House, c Position Number	omplete item below:)  If applicable, Level_ is not in violation, 19	Step_ of 5 U.S.C	(Signature of Authorizing Official)  LOUIS STOKES  Type or print name of Authorizing Official)  Chairman	employmer
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Copy for Initiating Office or Committee

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## PAYROLL AUTHORIZATION FORM

## To the Clerk of the House of Representatives:

I hereby authorize the following payroll action:

Kevin Sean Doyle		8/1/77	
Employee Social Security Numb	oer, in care in the large	Type of Action	
JFK Act 5 (g)(2)(D)	,	Appointment	
Employing Office or Committe	<b>!e</b> . 11 (2) (2) (2) (2)	Salary Adjustment	e de la companya de l
Assassinations	[	Termination (At close of business on e	fective date)
type of action is an Appointment or Salary A	Adjustment, complete	the following information.)	ing in the second of the secon
Position Title		Gross Annual S	alary
Clerical Assistant		9,500	
Committee Employee, complete appropriate	item below.)		nesta fili fræser
1 Chanding Committee Staff Cold	Catala d <b>⊓ n</b> f		
1. Standing Committee: Staff— Cle		<b>'</b>	
2. Special or Select Committee: Auth	ority - H. Res.	_ofCongress.	
3. Doint Committee.			
	, '		
Employee of an Officer of the House, compl	ete item below.)		
Employee of an Officer of the House, compl Position Number			
Position NumberIf ap	oplicable, Level	Step	
Position NumberIf ap	oplicable, Level	Step	
Position NumberIf ap  I certify that this authorization is ratives.	oplicable, Level	Step	
Position NumberIf application is a stives.	oplicable, Level not in violation of	Step	e employment.
Position NumberIf ap  I certify that this authorization is ratives.	oplicable, Level not in violation of	Step	e employment.
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NW 68261

Docld:32243303 Page 5

U.S. DEPARTMENT OF LABOR **Employment Standards Administration** DUTY STATUS REPORT Office of Workers' Compensation Programs PART A - SUPERVISOR 1. NAME AND ADDRESS OF THE MEDICAL FACILITY OR PHYSICIAN AUTHORIZED TO PROVIDE MEDICAL SERVICES Richard Smith 71-56-49 3-24-77 2. EMPLOYEE'S NAME (Last! first finladie) 3. DATE OF INJURY 4. OCCUPATION 5. SOCIAL SECURITY OWCP - 7-23-55 M. M. A. C. (Mo., day, year) NUMBER Clerical 3/24/77 JFK Act 5 (g)(2)(D) Assistant 6. DESCRIPTION OF INJURY right ankle twisted PART B - PHYSICIAN 7. IS THE EMPLOYEE ABLE TO PERFORM HIS/HER REGULAR WORK? IF YES, GIVE DATE ABLE TO RESUME WORK, 8. IS THE EMPLOYEE ABLE TO PERFORM LIGHT WORK? NO IF YES, DESCRIBE BRIEFLY THE PHYSICAL LIMITATIONS WHICH ARE DUE TO THE INJURY. 9. IF THE EMPLOYEE IS FIT FOR NEITHER FULL OR LIGHT DUTY, GIVE A BRIEF REPORT AND PROGNOSIS 10. REMARKS 13. DATE (Mo., day, year) 11. SIGNATURE 12. PROFESSIONAL DEGREE PART C - SUPERVISOR THE THE W.D.

14. SEND A COPY OF THIS REPORT TO:

U.S. DEPARTMENT OF LABOR Employment Standards Administration Office of Workers' Compensation Programs

15. NAME AND ADDRESS OF EMPLOYING AGENCY, WHICH IS TO RECEIVE THE ORIGINAL BEPORT.

Select Committee on Assassinations House of Representatives Washington, D.C. 20515

> Form CA-17 Nov. 1974

-mailed 4/2/17

U.S. DEPARTMENT OF LABOR	FEDERAL EMPLOYEE'S N	OTICE OF INJURY
EMPLOYMENT STANDARDS ADMINISTRATION OFFICE OF FEDERAL EMPLOYEES' COMPENSATION	OR OCCUPATIONA	•
1. NAME OF INJURED EMPLOYEE (Last, first, middle)	2. DATE OF BIRTH 3. (Mo., day, year) MALE	4. SOCIAL SECURITY
DOYLE KEVIN SEAN	7/23/55 FEMALE	JFK Act 5 (g)(2)(D)
5. HOME MAILING ADDRESS (Number, street, city, state, zip code)	1.	6. HOME TELEPHONE AREA CODE
224 N. WAKEFIELD,	ARL., VA. 22203	NUMBER
7. NAME AND ADDRESS OF EMPLOYING ESTABLISHMENT (Name, num  SELECT COPPER. 155A5	nber, street, city, state, zip code)	
8. PLACE WHERE INJURY OCCURRED (e.g., 2nd floor, building 402, And FLOOR 3 3 3 7 /	drews Air Force Base)	
9. DATE AND HOUR OF INJURY (Mo., day, year)  3 2 4 7 PPM  10. DATE OF THIS NOTE (Mo., day, year)  3 2 4 7 PPM  3 2 4	177 CLERICA	1 Assisstate
12. CAUSE OF INJURY (Describe how and why injury ocurred)  Livested and the	hole in cory	ret and
13. NATURE OF INJURY (Name part of body affected—fractured left le	g, bruised right thumb, etc.)	
right ankle hent	+ has lump	· ·:
14. NAMES OF WITNESSES TO INJURY (If none, so state)		•
		`
NOWE	•	
15. IF THIS NOTICE WAS NOT GIVEN WITHIN 48 HOURS AFTER THE VERBAL OR WRITTEN, STATE WHEN AND TO WHOM.	E INJURY, EXPLAIN REASON FOR DELAY.	F EARLIER NOTICE WAS GIVEN
16 816	NATURE OF INJURED EMPLOYEE OR PERS	SON ACTING ON
	Heri Sea Day	L
17. STATEMENT OF WITNESS: DESCRIBE WHAT YOU SAW, HEARD OR	KNOW ABOUT THIS INJURY	
	<i>:</i>	
<u> </u>	NATURE OF WITNESS	10 DATE (Ma. day yes
18. SIG	NATURE OF WITNESS	19. DATE (Mo., day, year)

JA-I & Z

10-15

Rev. May, 1973

where is the second to the

OFFICIAL	SUPERIOR'S REPORT OF	F INJURY OR OCCUP	PATIONAL DISEASE	•
20. DEPARTMENT OR AGENCY		21. BUREAU OR OF	FICE	·
OFAF	TOUSE		on Assi	1 55
22. NAME AND MAILING ADDRESS OF REPO	<u> </u>	L umber, street, city, s	tate, zip code)	and a second
23. DATE REPORTING OFFICE RECEIVED NOTICE OF INJURY (Mo., day, year)  UVERBAL  WRITTEN	24. NAME OF SUPERVIS WHEN INJURY OCCU	URRED /	25. NAME AND TITLE OF PERIOD REPORTS TO THE	RSON TO WHOM
26. DATE AND HOUR OF INJURY (Mo., day, year)  3	27. CIRCLE DAY OF WEI INJURY OCCURRED S M T W	EK WHEN	28. HOUR REGULAR WORK	
29. HOUR REGULAR WORK ENDS	30. NUMBER HOURS W	ORKED PER DAY	31. CIRCLE DAYS PAID PER	WEEK
600 DAM	9		·s (M)(T) W	TFS
32. DATE AND HOUR STOPPED WORK	33. DATE AND HOUR PA	AY STOPPED	34. DATE AND HOUR RETUR	and the second s
(Mo., day, year) ☐ AM ☐ PM	(Mo., day, year)	☐ AM ☐ PM	(Mo., day, year)	AM PM
35. INCLUSIVE DATES EMPLOYEE RECEIVED (Mo., day, year)	PAY FOR THE PERIOD H	E DID NOT WORK		
ANNUAL LEAVE FROM TO FROM TO FROM TO	SICI FROM . FROM FROM	K LEAVE TO TO TO	FROM T	HER TO TO TO
36. WAS THE EMPLOYEE ENCAGED IN HIS U	TAILED EXPLANATION	HE TIME THE INJUR	Y OCCURRED?	
37. WAS THE EMPLOYEE IN PERFORMANCE OR A COPY OF THE EMPLOYING ESTABL			] NO IF NO, FURNISH DE	TAILED EXPLANATION
38. WAS THE INJURY CAUSED BY WILLFUL  YES NO IF YES, FURNISH D	MISCONDUCT, INTOXICA DETAILED EXPLANATION	ATION OR INTENT TO	BRING ABOUT INJURY TO	SELF OR ANOTHER?
39. WAS THE INJURY CAUSED BY A THIRE	D PARTY? TYES Y	NO IF YES, FURN	IISH NAME AND ADDRESS O	F RESPONSIBLE PARTY
40. DATE EMPLOYEE FIRST OBTAINED MEDICAL CARE FOR THE INJURY	41. NAME AND AD	DRESS OF FIRST ATT	ENDING PHYSICIAN	
(Mo., day, year) 3/24/23				
(Mo., day, year)  3 2 42. DOES YOUR KNOWLEDGE OF THE FACT	TS ABOUT THIS INJURY ETAILED EXPLANATION	AGREE WITH THE S	TATEMENTS OF THE EMPLO	OYEE AND/OR WITNESS?
(Mo., day, year)  3 2 42. DOES YOUR KNOWLEDGE OF THE FACT	IS ABOUT THIS INJURY ETAILED EXPLANATION	AGREE WITH THE S	STATEMENTS OF THE EMPLO	OYEE AND/OR WITNESS?
(Mo., day, year)  3  42. DOES YOUR KNOWLEDGE OF THE FACT	IS ABOUT THIS INJURY ETAILED EXPLANATION	AGREE WITH THE S	STATEMENTS OF THE EMPLO	THE AND/OR WITNESS?
(Mo., day, year)  3  42. DOES YOUR KNOWLEDGE OF THE FACT	ETAILED EXPLANATION	AGREE WITH THE S		DYEE AND/OR WITNESS?  DATE (Mo., day, year)

Rev. May, 1973

## INSTRUCTIONS FOR COMPLETING FEDERAL EMPLOYEES' NOTICE OF INJURY OR OCCUPATIONAL DISEASE, CA-1 & 2

IMPORTANT: Employee and official superior should read all of the following instructions before the page is removed.

Items 1 through 16 of this form should be completed by the injured employee or by someone acting on his behalf, whenever an injury is sustained in the performance of duty. The term injury includes occupational disease caused by the employment. The form should be given to the employee's official superior within 48 hours following the injury. The official superior is that individual having responsible supervision over the employee.

In instances of a recurrence of disability resulting from an injury previously reported on form CA-1 & 2, the official superior should complete and submit form CA-2a.

The official superior will complete the "Receipt of Notice of Injury" at the bottom of this page, tear off the page, and give it to the employee. The official superior will also be responsible for obtaining the statement of a witness (if any), signature, and date, in items 17, 18 and 19 on the front of the form.

A brief description of benefits provided by the Federal Employees' Compensation Act is given on the back of this page.

## INSTRUCTIONS FOR COMPLETING OFFICIAL SUPERIOR'S REPORT OF INJURY OR OCCUPATIONAL DISEASE, CA-1 & 2

The back of form CA-1 & 2 should be completed by the employee's official superior. The form should be sent immediately to the Office of Federal Employees' Compensation servicing the employing establishment if:

- 1. The injury causes disability for the employee's usual work beyond the shift it occurred, or
- 2. It appears that the injury will result in prolonged treatment, permanent disability or serious disfigurement of the head, face or neck, or
- 3. It appears that the injury will result in a charge for medical or other related expense.

If none of the above occurs or appear likely to occur, the form should be filed in the employee's official personnel file after the official superior completes the "Receipt of Notice of Injury' and gives it to the employee.

When additional information is required to explain or clarify any point, attach supplemental statements to the form. The form should then be sent to the appropriate office of the Bureau. For further information, see the regulations governing the administration of the Federal Employees' Compensation Act (Code of Federal Regulations Title 20 Chapter 1).

	NOTICE OF INJURY RY SUSTAINED BY KEVISS SEAN DOULE
THIS ACKNOWLEDGES RECEIPT OF NOTICE OF INJUR	(Name of injured employee)
WHICH OCCURRED ON	_AT 3337 HOBT 2 (Location)
SIGNATURE OF OFFICIAL SUPERIOR	TITLE DATE DATE DATE DATE DATE DATE DATE DAT
Demons & Deen	CHIEF RESEARCHER 3/24/27
	CA-1 & 2
	Rev. May, 1973

OFFICIAL	CHREDIUDIC	DEDODT	ΩE	INTUDV	ΛP	OCCUPATIONAL	DISFASE
UFFICIAL	SUPERIOR'S	KEPURI	UF	INJURY	UK	UCCUPATIONAL	DISCHOL

20. DEPARTMENT OR AGENCY

Hause

21. BUREAU OR OFFICE

CA-1 & 2

Rev. May, 1973

## DISABILITY BENEFITS FOR EMPLOYEES UNDER THE FEDERAL EMPLOYEES' COMPENSATION ACT

The Federal Employees' Compensation Act administered by the Office of Federal Employees' Compensation (OFEC) provides the following basic disability benefits for employment related injuries or occupational diseases:

- 1. Full medical care.
- 2. Payment of compensation for wage loss.
- 3. Payment of compensation for permanent impairment of certain members or functions of the body (such as loss or loss of use of an arm, loss of hearing, etc.) or for serious disfigurement of the head, face or neck.
- 4. Vocational rehabilitation and related services where necessary.

Medical care must be obtained from United States medical officers and hospitals when available and practicable. Otherwise, from any duly qualified private physician or hospital of the employee's choice. Qualified physicians may be used only if U.S. or designated medical facilities are not available, or if an emergency exists.

Compensation is paid by check sent to the employee's home mailing address. Compensation for wage loss is payable only for periods when an employee is in a non-pay status. The first three days in a non-pay status are waiting days and no compensation is paid for these days unless the period of disability exceeds 21 days or the employee has suffered a permanent disability. Compensation is generally paid at the rate of 2/3 of an employee's salary if he has no dependents, or 3/4 of his salary if he has one or more dependents.

Compensation is not paid automatically—an employee or someone acting on his behalf must claim it by filing OFEC form CA-4. This form may be obtained from the employing establishment or the OFEC. In practically all cases medical reports are required before compensation may be paid, therefore arrangements should be made to have medical reports submitted to the OFEC at the earliest possible date.

If an employee stops work as a result of an employment related injury or occupational disease, he may:

- 1. Use sick and/or annual leave, or
- 2. Receive compensation from the OFEC.

Before compensation may be paid, the OFEC must receive form CA-1 & 2; form CA-4; and medical evidence concerning the nature and causal relationship of the injury. Medical reports must cover initial examination and the employee's condition at the time claim for compensation is filed. In addition, if a case involves some complication or conflicting information, it may be necessary to obtain supplemental information.

An employee or someone acting on his behalf must complete the front of the form CA-1 & 2 and file it within one year after the injury or disease occurs. However, under certain circumstances, the OFEC may waive the one-year requirement if the front of the CA-1 & 2 is completed and the form filed within five years.

If an employee is in doubt about his compensation benefits, he may write to the Office of Federal Employees' Compensation servicing the employing establishment. (Obtain the address of the OFEC office from the employing establishment).

## **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
Kevin Sean Doyle	1/3/77
Employee Social Security Number	Type of Action
JFK Act 5 (g)(2)(D)	Appointment
Employing Office or Committee	☐ Salary Adjustment
Select Committee on Assassinations	☐ Termination (At close of business on effective date)
(If type of action is an Appointment or Salary Adjustment,	complete the following information.)
Position Title	Gross Annual Salary
Mäkää Clerical Assistant	\$9,000.00
(If Committee Employee, complete appropriate item below	<b>/.)</b>
1.  Standing Committee: Staff—Clerical or I	Professional.
2. Special or Select Committee: Authority—H. Re	es. <u>222</u> of <u>95th</u> Congress.
3.   Joint Committee.	
(If Employee of an Officer of the House, complete item be	low.)
Position NumberIf applicable, Le	
	ation of 5 U.S.C. 3110(b), prohibiting the employment o
relatives.	
Date, 19	
	(Signature of Authorizing Official)  Henry B. Gonzalez
	(Type or print name of Authorizing Official)
	_Chairman
	(Title – If Member, District and State)
ployees, except those of the Committee on Appropriations,	ees under the House Classification Act and for Committee em- the Committee on the Budget, and the Joint Committees, must
be approved by the Committee on House Administration.	
APPROVE	D:Chairman, Committee on House Administration
Office of Finance use only:	
Office Code	
Monthly Annuity \$	

or Ballpoint Pen) Washington, [	O.C. 20515 on this form must be initialed by authorizing official.)
the Clerk of the House of Representatives:	
I hereby authorize the following payroll action:	
Employee Name (First-Middle-Last)	Effective Date
Kevin Sean Doyle	12/14/76
Employee Social Security Number	Type of Action
JFK Act 5 (g)(2)(D)	Appointment
Employing Office or Committee	☐ Salary Adjustment
Select Committee on Assassinations	☐ Termination (At close of business on effective date)
type of action is an Appointment or Salary Adjustment, com	plete the following information.)-
Position Title	Gross Annual Salary
Messenger	\$0,000
Committee Employee, complete appropriate item below.)	
<ol> <li>Standing Committee: Staff— Clerical or Profe</li> <li>Special or Select Committee: Authority—H. Res.</li> <li>Joint Committee.</li> </ol>	of Congress.
<ol> <li>Standing Committee: Staff— Clerical or Profe</li> <li>Special or Select Committee: Authority—H. Res.</li> <li>Joint Committee.</li> </ol> Employee of an Officer of the House, complete item below.	of Congress.
<ol> <li>Standing Committee: Staff— Clerical or Profe</li> <li>Special or Select Committee: Authority—H. Res.</li> <li>Joint Committee.</li> <li>Employee of an Officer of the House, complete item below.</li> <li>Position Number If applicable, Level_</li> </ol>	ofCongress.
1. Standing Committee: Staff—Clerical or Profe 2. Special or Select Committee: Authority—H. Res.  3. Joint Committee.  Employee of an Officer of the House, complete item below.  Position Number	ofCongress.
1. Standing Committee: Staff— Clerical or Profe  2. Special or Select Committee: Authority—H. Res.  3. Joint Committee.  Employee of an Officer of the House, complete item below.  Position Number	Step
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1. Standing Committee: Staff— Clerical or Profe  2. Special or Select Committee: Authority—H. Res.  3. Joint Committee.  Employee of an Officer of the House, complete item below, Position Number	Step
1. Standing Committee: Staff—Clerical or Profe  2. Special or Select Committee: Authority—H. Res.  3. Joint Committee.  Employee of an Officer of the House, complete item below, Position Number	Step

#### 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
mother
son
daughter
brother
sister
uncle
aunt

first cousin

nephew
niece
husband
wife
father-in-law
mother-in-law
son-in-law

daughter-in-law

brother-in-law sister-in-law stepfather stepmother stepbrother stepsister half-brother half-sister

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

Approved Richard A. Sprague

I am not related

I am related by the following relationship

Signature of Employee

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10 - - D

#### RESUME OF

#### KEVIN SEAN DOYLE

Present Address: 224 N. Wakefield Drive

Arlington, Virginia 22203

Date of Birth: July 23, 1955

Marital Status: Single

Sex: Male Height: 6'2" Weight: 190 lbs.

Health: Excellent

Telephone: Office - 225-4624

EDUCATION

9/75 - 6/76 SUNY at Buffalo

1/75 - 6/75 University of Iowa (Writers' Workshop)

9/73 - 10/73 State University of N.Y. at Buffalo (SUNY)

year leave of absence

9/67 - 6/73 Nichols School (Grades 7-12)

WORK EXPERIENCE

8/75 - 10/75 Dog Census Bureau (City of Buffalo)

Census Taker (left because we counted all dogs)

6/75 - 8/75 Mayor's Summer Youth Program

City of Buffalo

Stockroom Supervisor (terminated-seasonal job)

1/74 - 5/74 Bartender in bars owned by Dennis Brinkworth

Buffalo, New York (left to travel abroad)

8/73 - 12/73 Doyle, Diebold, Bermingham, Gorman, & Brown

(law firm - left to find another job)

6/73 - 8/73 Laborer, Buffalo Sewer Authority (seasonal job)

RESUME Kevin Sean Doyle Page Two

## SPECIAL INTERESTS

Writing, photography, music (guitar, piano), cinema

#### REFERENCES

Furnished upon requests

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