

# Assassination Records Review Board Final Determination Notification

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AGENCY : HSCA  
RECORD NUMBER : 180-10070-10150  
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: 9**

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**

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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 : HSCA  
RECORD NUMBER : 180-10070-10150

RECORDS SERIES :  
STAFF PAYROLL RECORDS

AGENCY FILE NUMBER :

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DOCUMENT INFORMATION

ORIGINATOR : HSCA  
FROM :  
TO :

TITLE :

DATE : 01/01/77  
PAGES : 9

SUBJECTS :  
HSCA; ADMINISTRATION  
RUDDEN, MIRIAN

DOCUMENT TYPE : PRINTED FORM  
CLASSIFICATION : U  
RESTRICTIONS : 3  
CURRENT STATUS : P  
DATE OF LAST REVIEW : 07/16/93

OPENING CRITERIA :

COMMENTS :  
Box 3.

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[R] - ITEM IS RESTRICTED

**RUPPER, M.**

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
—	—

**1977**

YEAR

Address

Address

Phone Number

Position Title

Position Number      Level      Step

DATE OF APPOINTMENT  
**1-1-77**

ANNUAL LEAVE CATEGORY

1.0

1.5

2.0

PRIOR FEDERAL SERVICE  
.....  
Years      Months

Month	DAY OF MONTH																															ACRUED 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					1	1							
Feb.																																			1	1					2	2							
Mar.																																			1	1					3	3							
Apr.																																			1	1					4	4							
May																																		S	1	1	5	5		1	5	4							
June			S																																1	1	6	5		3	6	2							
July																																			1	1					7	3							
Aug.																																			1	1					8	4							
Sept.	XX						XXXX							XXA																																			
Oct.																																																	
Nov.																																																	
Dec.																																																	

*Terminated 9/30/77*

- = 0.5 day annual leave
- = 1.0 day annual leave
- = 0.5 day sick leave
- S or  S/S = 1.0 day sick leave
- A = 0.5 day administrative leave
- A or  A/A = 1.0 day administrative leave
- U = 0.5 day unauthorized absence
- U or  U/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>	
Miriam Rudder		September 30, 1977	
<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 checked="" 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>
Mail/Document Clerk	\$9,500

(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 September 27, 19 77

*[Signature]*  
Louis Stokes

(Signature of Authorizing Official)

(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**

M E M O R A N D U M

September 20, 1977

TO: Tom Howarth  
FROM: Donovan L. Gay  
RE: Miriam Rudder

O:FB N.C.M

Please be advised that pursuant to Chairman Stokes' instructions, Ms. Miriam Rudder will be on the payroll of the Select Committee on Assassinations through the last payday for September, 1977.

Should there be any questions, please feel free to ask.

Thank you.

mcp

**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>
Miriam Rudder	8/1/77
<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>
Mail/Document Clerk	9,500

(If Committee Employee, complete appropriate item below.)

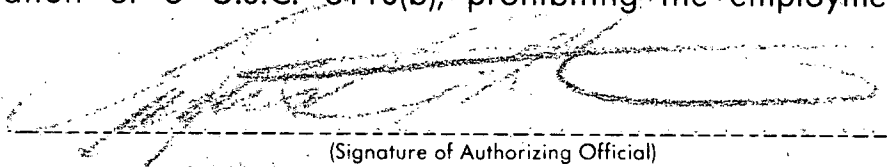
- Standing Committee: Staff— Clerical or  Professional.
- Special or Select Committee: Authority—H. Res. 465 of 95th Congress.
- Joint Committee.

(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 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

**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>
<b>Miriam Rudder</b>	<b>1/3/77</b>
<b>Employee Social Security Number</b>	<b>Type of Action</b>
JFK Act 5 (g) (2) (D)	<input checked="" type="checkbox"/> Appointment <input type="checkbox"/> Salary Adjustment <input type="checkbox"/> Termination (At close of business on effective date)
<b>Employing Office or Committee</b>	
<b>Select Committee on Assassinations</b>	

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

<b>Position Title</b>	<b>Gross Annual Salary</b>
<b>Mail/Document Clerk</b>	<b>\$7,500.00</b>

(If Committee Employee, complete appropriate item below.)

1.  Standing Committee: Staff— Clerical or  Professional.
2.  Special or Select Committee: Authority—H. Res. 222 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 \_\_\_\_\_, 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
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**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>
Miriam Rudder	1/1/77
<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"/> 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>
J Clerk	\$7,500

(If Committee Employee, complete appropriate item below.)

- Standing Committee: Staff— Clerical or  Professional.
- Special or Select Committee: Authority—H. Res. 1543 of 94th 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 30, 1976

(Signature of Authorizing Official)

Thomas H. Downing, Chairman

(Type or print name of Authorizing Official)

Select Committee on Assassinations

(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



M E M O R A N D U M

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

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

Miriam Rudder  
Signature of Employee

1/29/77  
Date

\$ 1500

Dick:

While the attached resume of Ms. Miriam Rudder does not reflect experience related to office duties, I know her well and certainly trust her. Therefore, I strongly recommend that she be hired for me to train as a mail clerk working along with Patricia Price. Again, as I indicated above, the most important thing to me in this instance is that I have the utmost trust in Miriam.

Your consideration in this matter is greatly appreciated.

DONOVAN

*D*

*Limited technical skills  
Must go to school on Tuesday  
and Thursday nights from 8-10 P.M.  
No security problems -  
No FBI, CIA or Sea Service.  
Could start tomorrow  
Would like to make no less  
than \$8,000*

*Very pleasant - conscientious.*

*Recommend,  
AR*

RESUME

Miriam Rudder  
4927 Fitch Place, N.E.  
Washington, D.C. 20019  
559-3716 or 699-5653  
8/356 date of birth  
Single

EDUCATION

Western High School, 1974

Prince Georges Community College  
BA, 1978

OTHER EXPERIENCE

Water Safety Instructor  
First Aid Instructor

CLERICAL

Typing 50wpm

JOB EXPERIENCE

Capitol East Natorium, present, Water Safety Instructor. Responsibilities include safety and health of patrons. Instruct classes of all age groups and levels. Perform instructions of special classes.

Riggs-LaSalle Swimming Pool 5/76 - 9/76  
(summer employment)

Howard University 6/76- 8/76 Water Safety Instructor- Supervisor, teaching and working with inner-city and under priviledged children.