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SECRET

FILE TITLE/NUMBER/VOLUME: Phillips, DAVID ATLEE

INCLUSIVE DATES: 28 MAY 1952 - 13 MAY 1975

CUSTODIAL UNIT/LOCATION: OP

ROOM: 5E13

DELETIONS, IF ANY:

DATE RECEIVED	DATE RETURNED	REVIEWED BY (PRINT NAME)	SIGNATURE OF REVIEWING OFFICIAL
2/10/78	2/10/78	DAN HARDWAY	Dan Hardway
17. Nov 78	8/17/78	DAN HARDWAY	Dan Hardway

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SECRET

PHILLIPS, DAVID A. [REDACTED]

CENTRAL INTELLIGENCE AGENCY  
WASHINGTON, D.C. 20505

2 February 1976

Mr. David A. Phillips  
8224 Stone Trail Drive  
Bethesda, Maryland 20034

Dear Dave:

From time to time we receive letters and telephonic inquiries concerning the Association of Retired Intelligence Officers. In view of the restrictions of the Privacy Act, we hesitate to release your name and address without your prior knowledge and consent.

If you have no problem with our providing your name and address in response to such inquiries, please indicate to that effect by signing below and returning this letter to us for official filing. In the future, we would then be free to release this information concerning the Association of Retired Intelligence Officers without consulting you in each and every instance.

Thank you for your assistance in this matter, and best wishes.


Sincerely,



B. DeFelice

Acting Director of Personnel

I hereby authorize the Director of Personnel to release my name and address to individuals seeking contact with or information concerning the Association of Retired Intelligence Officers:

  
David Alee Phillips

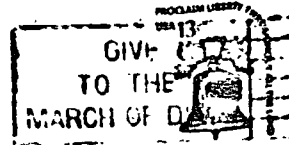
4 February 1976  
Date

AND THANKS,  
DAP



14-00000

Mr. David A. Phillips  
8224 Stone Trail Drive  
Bethesda, Maryland 20034



Director of Personnel  
P. O. Box 1925  
Washington, D. C. 20013

MEMORANDUM FOR: :

Addresses for former Agency employees organizations:

Association of Retired Intelligence Officers  
Mr. David A. Phillips  
8224 Stone Trail Drive  
Bethesda, Maryland, 20034

Central Intelligence Retirees Association (CIRA)  
Box 1150  
Fort Myer, Virginia, 22211

Date

32 5-9-75

3 JUL 1975

Mr. David A. Phillips  
8224 Stone Trail Drive  
Bethesda, Maryland 20034

Dear Dave:

I am happy to send to you, under separate cover, your Agency Retirement Medallion. The Medallion is a tangible form of recognition and appreciation of your service to the Agency. It should serve as a lasting reminder of an honorable career, rewarding associations and the knowledge that you played your part in a vital activity.

Let me, therefore, add my congratulations and wish you the very best for the future.

Sincerely,

F. W. M. Janney  
Director of Personnel

Distribution:  
Orig - Addressee  
X - OPF

OP/RAD/ROB/MWBenthall:cl (1 July 75)

75-2172

10 June 1975

Mr. David A. Phillips  
8224 Stone Trail Drive  
Bethesda, Maryland 20034

Dear Dave:

The ordinary retirement letter is in no way appropriate for you. In the first place, your retirement is no stepping out of the active world into a world of pleasure. Instead, you are launching off on even a tougher challenge because of your sense of dedication. Your retirement also will not be the termination of your interest in intelligence and in this Agency. Instead, you are going to be doing what you can to help it survive the current set of attacks upon it. But most of all, your retirement is the departure of one of our most exceptional officers, to whom I had the great pleasure to give the Distinguished Intelligence Medal and whose work I have admired these many years. The only thing ordinary about your retirement is the sincere and special personal and official good wishes we in the Agency send to you and your family for success and satisfaction in the years ahead. This we send to all our retirees, and we send it to you with special spirit.

Sincerely,

*W. E. Colby*  
W. E. Colby  
Director

WEC: jlp (10 June 75)  
Distribution:  
Orig - Addressee  
1 - DCI  
1 - Dir/Personnel  
1 - ER

SECRET  
(When Filled In)

REQUEST FOR PERSONNEL ACTION					DATE PREPARED 28 March 1975				
1 SERIAL NUMBER 024545		2 NAME (Last-First-Middle) Phillips, David A.							
3 NATURE OF PERSONNEL ACTION Cancellation of N.S.C.A and Retirement (Voluntary) under CIARDS			4 EFFECTIVE DATE REQUESTED MONTH 05 DAY 09 YEAR 75		5 CATEGORY OF EMPLOYMENT Regular				
6 FUNDS V TO V O TO V		7. PAN AND NSCA 5135 4523 0000		8 LEGAL AUTHORITY (Completed by Office of Personnel) Public Law 88-643, Section 233					
9 ORGANIZATIONAL DESIGNATIONS DDO/LA Division Office of the Chief			10 LOCATION OF OFFICIAL STATION Wash., D.C.						
11 POSITION TITLE Chief, LA Division		12 POSITION NUMBER CN51	13 CAREER SERVICE DESIGNATION DYY						
14 CLASSIFICATION SCHEDULE (GS, ZR, etc.) GS		15 OCCUPATIONAL SERIES 0001.10	16 GRADE AND STEP 18 1	17 SALARY OR RATE \$ 36,000.					
18 REMARKS * Supergrade blurb  Co-ordinated with Paul Seidel/ROB 11 April 1975.  <i>Kathleen D. Smith</i> <i>See at Mary King</i>									
19A SIGNATURE OF REQUESTING OFFICIAL <i>H.L. Berthold</i> H.L. Berthold, C/LA/Pers		DATE SIGNED 28 Mar 75	19B SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>A. Beach</i>		DATE SIGNED 4/1/75				
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL									
19 ACTION CODE 45	20 EMPLOY CODE 10	21 OFFICE CODING ALPHABETIC	22 STATION CODE	23 INITIATE CODE 0, E, J, 0, 0, 0, 0	24 HOURS CODE 1	25 DATE OF BIRTH 10/31/22	26 DATE OF GRADE MO DA YR	27 DATE OF LEI MO DA YR	
28 WTE EXPIRES MO DA YR	29 SPECIAL REFERENCE	30 RETIREMENT DATA CODE	31 SEPARATION DATA CODE	32 CORRECTION CANCELLATION DATA MO DA YR	EOD DATA →		33 SECURITY REG NO	34 SEX	
35 VET PREFERENCE CODE	36 SERV COMP DATE MO DA YR	37 LONG COMP DATE MO DA YR	38 CAREER CATEGORY CODE	39 LEGAL HEALTH INSURANCE CODE	40 SOCIAL SECURITY NO				
41 PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE		42 LEAVE CAT CODE	43 FEDERAL TAX DATA FORM EXECUTED 1-75 2-80	44 STATE TAX DATA FORM EXECUTED 1-75 2-80	45 POSITION CONTROL CERTIFICATION 12 MAY 1975 <i>OK 5/10/75</i>			46 O.P. APPROVAL <i>Beach</i> 4 APR 1975	DATE APPROVED

FORM 1152 USE PREVIOUS EDITION

SECRET

E.2. IMPDET CL BY: 007622

SECRET  
(When Filled In)

# REQUEST FOR PERSONNEL ACTION

DATE PREPARED  
27 Dec 73

1. SERIAL NUMBER 024345  
2. NAME (Last-First-Middle) PHILLIPS DAVID A

3. NATURE OF PERSONNEL ACTION: PROMOTION  
4. EFFECTIVE DATE REQUESTED: MONTH 12, DAY 23, YEAR 73  
5. CATEGORY OF EMPLOYMENT: REGULAR

6. FUNDS: V TO V, V TO CF, CF TO V, XX, CF TO CF  
7. FAN AND NSCA: 4135-4523 0001  
8. LEGAL AUTHORITY (Completed by Office of Personnel)

9. ORGANIZATIONAL DESIGNATIONS: DDO/WH DIVISION, OFFICE OF THE CHIEF  
10. LOCATION OF OFFICIAL STATION: WASH., D.C.

11. POSITION TITLE: CHIEF WH DIVISION  
12. POSITION NUMBER: 0001  
13. CAREER SERVICE DESIGNATION: D

14. CLASSIFICATION SCHEDULE (G.S., I.B., etc.): GS  
15. OCCUPATIONAL SERIES: 0001.10  
16. GRADE AND STEP: 18 1  
17. SALARY OR RATE: 36,000

18. REMARKS: *Super*  
*Approved By DCI on 21 Dec 1973*  
*RIS*

18A. SIGNATURE OF REQUESTING OFFICIAL  
DATE SIGNED  
18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER: *[Signature]*  
DATE SIGNED: 27 Dec 73

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING	22. STATION CODE	23. INTEGRAL CODE	24. PDQTRS CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI
22	10	51050 WH	70613		1	10/31/22	12/23/73	12/23/73
28. WTE EXP/RES	29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA	33. SECURITY REQ NO	34. SEX	EOD DATA	
35. WTE PREFERENCE	36. SERV COMP DATE	37. LONG COMP DATE	38. CAREER CATEGORY	39. FEELI HEALTH INSURANCE	40. SOCIAL SECURITY NO			
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE	42. LEAVE CAT	43. FEDERAL TAX DATA	44. STATE TAX DATA					
45. POSITION CONTROL CERTIFICATION	46. OP APPROVAL: <i>[Signature]</i>				DATE APPROVED: 27 Dec 73			



7/13/73

SECRET  
(When Filled In)

REQUEST FOR PERSONNEL ACTION										DATE PREPARED			
1. SERIAL NUMBER		2. NAME (Last-First-Middle)								10 July 1973			
024345		PHILLIPS, DAVID A. ✓								COB			
3. NATURE OF PERSONNEL ACTION					4. EFFECTIVE DATE REQUESTED			5. CATEGORY OF EMPLOYMENT					
CONVERSION FROM FSR STATUS					MONTH DAY YEAR 07 21 73			REGULAR					
6. FUNDS		V TO V		V TO CF		7. PAN AND NSCA			8. LEGAL AUTHORITY (Completed by Office of Personnel)				
CF TO V		X		CF TO CF		4135 4523 0001							
9. ORGANIZATIONAL DESIGNATIONS					10. LOCATION OF OFFICIAL STATION								
DDO/WH DIVISION OFFICE OF THE CHIEF					WASH., D.C.								
11. POSITION TITLE					12. POSITION NUMBER			13. CAREER SERVICE DESIGNATION					
CHIEF, WH DIVISION					0001			D					
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)			15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE						
GS			0001.10		17-4		\$ 36,000						
18. REMARKS													
WASH., D.C.													
1 - Security						E2 IMPDET							
1 - Finance						CL BY 007034							
18A. SIGNATURE OF REQUESTING OFFICIAL				DATE SIGNED		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER				DATE SIGNED			
HENRY L. BERTHOLD, C/WH/PERS				10 Jul 73		<i>[Signature]</i>				7/13/73			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL													
19. ACTION CODE	20. EMPLOY. CODE	21. OFFICE CODING		22. STATION CODE	23. INTEGER CODE	24. PROOTS CODE	25. DATE OF BIRTH			26. DATE OF GRADE		27. DATE OF LEI	
56	16	NUMERIC	ALPHABETIC	75013		1	MO DA YR			MO DA YR		MO DA YR	
		51050	LN				10 13 122						
28. WTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA			33. SECURITY REQ. NO		34. SER
MO DA YR				CODE		TYPE		MO DA YR			EOD DATA →		
35. VET PREFERENCE		36. SERV COMP DATE			37. LONG COMP DATE			38. CAREER CATEGORY		39. FEGLI/HEALTH INSURANCE		40. SOCIAL SECURITY NO	
CODE		MO DA YR			MO DA YR			CODE		CODE			
0-NONE 1-5 PT 2-10 PT								CAR/RESF PROV/TIMP		0-NAYTER 1-REG 2-IRREG 3-IRRELENT		HEALTH INS CODE	
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE				42. LEAVE CAT CODE		43. FEDERAL TAX DATA		44. STATE TAX DATA					
CODE				CODE		FORM EXECUTED CODE		NO TAX EXEMPTIONS		FORM EXECUTED		CODE NO TAX STATE EXEMPT. CODE	
0-NO PREVIOUS SERVICE 1-NO BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)						1-YES 2-NO				1-YES 2-NO			
45. POSITION CONTROL CERTIFICATION						46. APPROVAL				DATE APPROVED			
11018-7-1178						15 JUL 1973				<i>[Signature]</i>			
										16 Jul 73			

FORM 8-72 1152

USE PREVIOUS EDITION

SECRET

CLASSIFIED BY 01-0322

14-2 APCB

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SECRET  
(When Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED 15 June 1973	
1. SERIAL NUMBER 024345		2. NAME (Last-First-Middle) PHILLIPS, DAVID A.					
3. NATURE OF PERSONNEL ACTION REASSIGNMENT AND DELEGATION OF <del>Number</del>				4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 06 15 73		5. CATEGORY OF EMPLOYMENT REGULAR	
6. FUNDS V TO V CF TO V		V TO CF X CF TO CF		7. FINANCIAL ANALYSIS NO CHARGEABLE 135 0620 0001		8. LEGAL AUTHORITY (Completed by Office of Personnel)	
9. ORGANIZATIONAL DESIGNATIONS CDO/WH DIVISION OFFICE OF THE CHIEF				10. LOCATION OF OFFICIAL STATION WASH., D.C.			
11. POSITION TITLE 1st Secretary In Rel Off Chief, WH Division (14)				12. POSITION NUMBER 0001		13. CAREER SERVICE DESIGNATION D	
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) FSR GS		15. OCCUPATIONAL SERIES 0001.10		16. GRADE AND STEP 02 3 17 4		17. SALARY OR RATE 33057 \$36,000 -	
18. REMARKS FROM: DDO/WH/FOR FOLD/BR 3/CARACAS, VENEZUELA/0093 VICE THEODORE G. SHACKLEY Supergrade Blank - 77003 Caracas, Venezuela 1 - Security 1 - Finance							
18A. SIGNATURE OF REQUESTING OFFICIAL H.L. BERTHOLD, G/WH/PERS			DATE SIGNED 15 Jun 73		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER Paul B. Reiterwaiser		DATE SIGNED 20 June 73
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
19. ACTION CODE 3710	20. EMPLOY CODE S1050	21. OFFICE CODING NUMERIC ALPHABETIC WN		22. STATION CODE 75013	23. INTEGRITY CODE S	24. HOURS CODE 1	25. DATE OF BIRTH MO DA. YR. 10 31 22
26. DATE OF GRADE MO DA. YR.	27. DATE OF LET MO DA. YR.	28. NTE EXPIRES MO. DA. YR. XX/XX/XX	29. SPECIAL REFERENCE	30. RETIREMENT DATA 1-ESC 2-ORGN 3-FICA 4-ROHE	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA TYPE MO DA. YR.	33. SECURITY REG. NO
34. SEX	35. VET PREFERENCE CODE 0-NONE 1-5 PT 2-10 PT	36. SERV COMP DATE MO DA YR		37. LONG COMP DATE MO DA YR		38. CAREER CATEGORY LAC RES PROF. TEMP	39. FEDERAL HEALTH INSURABLE CODE CODE 0-WAIVER 1-REG 2-REG/OPT 3-UNELIGIBLE
40. SOCIAL SECURITY NO	41. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0-NONE 1-NO BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)	42. LEAVE CAT CODE	43. FEDERAL TAX DATA FORM EXECUTED CODE NO TAX EXEMPTIONS 1-YES 2-NO	44. STATE TAX DATA FORM EXECUTED CODE NO TAX EXEMPT 1-YES 2-NO			
45. POSITION CONTROL CERTIFICATION 11/18/78				46. OP APPROVAL Harry B. Fisher		DATE APPROVED 28 June 73	

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OUTGOING MESSAGE

1				
2				
3				

SIGNAL CENTER USE ONLY

OMF 0 0 0 0 0 0 0 0

SECRET

STAFF

CONF: 4/11/73  
 INDEX  NUMBER  
 RETURN TO  
 FILES

DATE-TIME GROUP  
191830Z

DIRECTOR

MESSAGE REFERENCE NUMBER

411279

DISSEM BY: 28

PER 4/11/73 (FC)

"EYES ONLY!"

TO: IMMEDIATE CARACAS

RYBAT PLVUCADET

CHOADEN FROM PARDEE

REF: CARACAS 2L988 [IN 921770]

1. I AM PLEASED TO INFORM YOU THAT YOU HAVE BEEN SELECTED AS CHIEF, WH DIVISION. YOUR APPOINTMENT WILL BE EFFECTIVE AT SUCH TIME AS YOU (AND YOUR FAMILY) CAN CONVENIENTLY RETURN TO THE WASHINGTON AREA.  ORDERS FOR YOUR MOVE WILL BE REQUESTED ON A PRIORITY BASIS ON <sup>12/1</sup>1 MAY. WOULD APPRECIATE YOUR TENTATIVE SCHEDULE AS SOON AS PRACTICABLE.

846

2. YOUR SELECTION WILL BE ANNOUNCED EARLY THIS NEXT WEEK. THEREFORE, YOU SHOULD FEEL FREE TO INDICATE TO WHOMEVER YOU FEEL NECESSARY LOCALLY THE REASON FOR YOUR RETURN AND WHAT YOUR NEXT ASSIGNMENT WILL BE.

3. I WANT TO EXTEND MY PERSONAL CONGRATULATIONS ON YOUR SELECTION. I AM SURE YOU WILL HANDLE THIS VERY IMPORTANT ASSIGNMENT WITH THE SAME KIND OF EXCELLENCE, DEDICATION AND LEADERSHIP THAT HAVE CHARACTERIZED YOUR PAST ASSIGNMENTS.

DATE: 19 MAY 1973  
 ORIG: JAMES W. FLANNERY  
 UNIT: AC/UHD  
 EXT: 3366

CONCUR:

Harry B. Fisher  
Director of Personnel

5/23/73  
Date

RELEASING OFFICER

COORDINATING OFFICERS

AUTHENTICATING OFFICER

CLASSIFICATION

REPRODUCTION BY OTHER THAN THE ISSUING OFFICE IS PROHIBITED

E 2 IMPDET

SECRET

(If Not Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED	
1 SERIAL NUMBER: 024345						9 August 1972	
2 NAME (Last-First-Middle): PHILLIPS DAVID A							
3 NATURE OF PERSONNEL ACTION: REASSIGNMENT				4. EFFECTIVE DATE REQUESTED MONTH: 08 DAY: 14 YEAR: 72		5. CATEGORY OF EMPLOYMENT: REGULAR	
6. FUNDS		V TO V		V TO C		7. FINANCIAL ANALYSIS NO. CHARGEABLE: 3135 @ 1138	
		C TO V		X C TO C		8. LEGAL AUTHORITY (Completed by Office of Personnel)	
9. ORGANIZATIONAL DESIGNATIONS: DDP/WH DIVISION FOREIGN FIELD BRANCH 3-CARACAS, VENEZUELA STATION				10. LOCATION OF OFFICIAL STATION: CARACAS, VENEZUELA			
11. POSITION TITLE: 1ST SECRETARY INT REL OFF CHIEF OF STATION				12. POSITION NUMBER: 0093		13. CAREER SERVICE DESIGNATION: D	
14. CLASSIFICATION SCHEDULE (GS, LP, etc.): FSR ES		15. OCCUPATIONAL SERIES: 0136.05		16. GRADE AND STEP: 03 7 17 3		17. SALARY OR RATE: 28022 \$ 36000	
18. REMARKS: Vice Thomas J. Flores Approved 259a. attached. * Brasilia, Brazil WAVING NOTICE SENSITIVE INFORMATION SERVICES AND... This is a personal rank assignment in accordance with HR 20-17e (1)(a) CLASSIFIED BY 51-0002 EXEMPT FROM GENERAL DECLASSIFICATION SCHEDULE OF E.O. 13526 (1) (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) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) (50) (51) (52) (53) (54) (55) (56) (57) (58) (59) (60) (61) (62) (63) (64) (65) (66) (67) (68) (69) (70) (71) (72) (73) (74) (75) (76) (77) (78) (79) (80) (81) (82) (83) (84) (85) (86) (87) (88) (89) (90) (91) (92) (93) (94) (95) (96) (97) (98) (99) (100) H.L. Berthold (unless otherwise indicated, this date is exact)							
18A. SIGNATURE OF REQUESTING OFFICIAL: H.L. Berthold C/WH/Pers			DATE SIGNED: 8/9/72	18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER: [Signature]		DATE SIGNED: 15/8/72	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
19 ACTION CODE: 31	20 EMPLOY CODE: 10	21 OFFICE CODING: NUMERIC: 51745 ALPHABETIC: WH 77003		22 STATION CODE: 77003	23. INTEGRITY CODE: 5	24. MINUTES CODE: 5	
25 DATE OF BIRTH: MO. DA. YR.		26 DATE OF GRADE: MO. DA. YR.		27. DATE OF LEI: MO. DA. YR.			
28. DATE EXPIRES: MO. DA. YR.		29. SPECIAL REFERENCE: 1-C 2-D 3-F 4-W		30. RETIREMENT DATA: CODE		31. SEPARATION DATA CODE	
32 CONNECTION CANCELLATION DATA: TYPE MO. DA. YR.		33 SECURITY RES. NO		34 SEX		EOD DATA	
35. VET PREFERENCE: CODE 0-NONE 1-5 PT 2-10 PT		36. SER. COMP DATE: MO. DA. YR.		37. LONG COMP DATE: MO. DA. YR.		38. CAREER CATEGORY: CODE	
39. FEELI HEALTH INSURANCE: CODE 0-WAIVER 1-RES 2-RTS OPT 3-UNINSURABLE		40. SOCIAL SECURITY NO		41. PREVIOUS CIVILIAN GOVERNMENT SERVICE: CODE 0-NONE 1-BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)		42. LEAVE CAT CODE	
43. FEDERAL TAX DATA: FORM EXEMPTED CODE 1-YES 2-NO		44. STATE TAX DATA: FORM EXEMPTED CODE 1-YES 2-NO		45. SOCIAL SECURITY NO: CODE NO TAX STATE CODE EXEMPT.		46. O.P. APPROVAL: [Signature]	
46. O.P. APPROVAL: [Signature]						DATE APPROVED: 15/8/72	

SECRET

1. NAME (Last, First, Middle) SS# 460-28-3930 Phillips, David A.		2. DATE OF BIRTH 31 Oct 22	3. GRADE GS-17
4. OFFICE, DIVISION, BRANCH (or overseas station and existing cover if lateral assignment) State (Integrated) DDP/WH/Brasilia, BrazilX		5. PRESENT POSITION COS	6. EMPLOYEE EXTENSION 7431
7. PROPOSED STATION Caracas, Venezuela		8. PROPOSED POSITION (Title, Number, Grade) COS/0093/GS-16	
9. TYPE OF COVER AT NEW STATION State (Integrated)		10. ESTIMATED DATE OF DEPARTURE August 1972	11. NO. OF DEPENDENTS TO ACCOMPANY TWO five
12. COMMENTS Vice: Thomas Flores Please schedule appointments for the week of 10 July. Mr. Phillips will not be occupying a specific language position. However, his tested Spanish proficiency of High reading and Intermediate Speaking and Understanding will add to the overall language requirements of the Station.			
13. DATE OF REQUEST 10 May 72	14. SIGNATURE OF REQUESTING OFFICIAL <i>Jean Ferguson</i> Jean Ferguson	15. ROOM NUMBER AND BUILDING 3D 5309 Hqs	16. EXTENSION 7431
17. OFFICE OF MEDICAL SERVICES DISPOSITION			
18. OFFICE OF SECURITY DISPOSITION			
19. OVERSEAS CANDIDATE REVIEW PANEL DISPOSITION  5 May <del>11 May</del> 1972  QUALIFIED FOR PROPOSED ASSIGNMENT OVERSEAS <i>A. C. Satch</i> Chairman, Overseas Candidate Review Panel			
REQUEST FOR PCS OVERSEAS EVALUATION			

SECRET  
(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED						
1 SERIAL NUMBER 024345				2 NAME (Last-First-Middle) Phillips, David A						
3 NATURE OF PERSONNEL ACTION Promotion				4 EFFECTIVE DATE REQUESTED MONTH DAY YEAR 11 28 71		5 CATEGORY OF EMPLOYMENT Regular				
6 FUNDS		7 FINANCIAL ANALYSIS NO. CHARGEABLE 2135-0694-0000		8 LEGAL AUTHORITY (Completed by Office of Personnel)						
9 ORGANIZATIONAL DESIGNATIONS DDP/WH FOREIGN FIELD BRANCH 5 BRASILIA, BRAZIL STATION				10 LOCATION OF OFFICIAL STATION Z BRASILIA, BRAZIL						
11 POSITION TITLE 1st Secretary Political Officer Chief of Station (11)				12 POSITION NUMBER 0186		13 CAREER SERVICE DESIGNATION D				
14 CLASSIFICATION SCHEDULE (GS, LP, etc.) FSR GS		15 OCCUPATIONAL SERIES 0136.05		16 GRADE AND STEP 03 7 17 3		17 SALARY OR RATE \$ 26,563 \$ 34,716				
18 REMARKS <i>* See De Janeiro Change</i>  cc: Payroll										
18A SIGNATURE OF REQUESTING OFFICIAL				DATE SIGNED		18B SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>Robert W. Sheay</i> Robert W. Sheay, C/CSPS				
						DATE SIGNED 24 Nov 71				
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL										
19 ACTION CODE	20 EMPLOY CODE	21 OFFICE CODING NUMERIC ALPHABETIC		22 STATION CODE	23 INTEGREE CODE	24 HQGTRS CODE	25 DATE OF BIRTH MO. DA. YR.	26 DATE OF GRADE MO. DA. YR.	27 DATE OF LEI MO. DA. YR.	
		28 RET. EXP. MO. DA. YR.		29 SPECIAL REFERENCE	30 RETIREMENT DATA 1-NSC 2-OPUB 3-FILA 4-NONE	31 SEPARATION DATA CODE	32 CORRECTION/CANCELLATION DATA MO. DA. YR.	33 SECURITY REG. NO.	34 SEX	
35 VET PREFERENCE CODE 0-NONE 1-5 PT 2-10 PT		36 SERV COMP DATE MO. DA. YR.		37 LONG COMP DATE MO. DA. YR.		38 CAREER CATEGORY CODE 0-NONE 1-REG 2-TEMP		39 FEGLI HEALTH INSURANCE CODE 0-WAIVER 1-REG 2-REG/OPP 3-IRRELIABLE		40 SOCIAL SECURITY NO.
41 PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0-NONE 1-BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)				42 LEAVE CAT CODE		43 FEDERAL TAX DATA FORM EXECUTED CODE NO TAX EXEMPTIONS		44 STATE TAX DATA FORM EXECUTED CODE NO TAX STATE CODE		
45 POSITION CONTROL CERTIFICATION 11 26 71 467						46 OP APPROVAL <i>Harry B. Fisher</i>		DATE APPROVED 1 Dec 71		

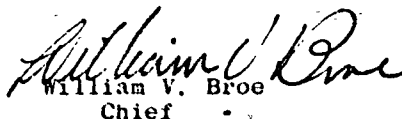
SECRET

72-0311

MEMORANDUM FOR: Director of Central Intelligence  
THROUGH : Deputy Director for Plans  
SUBJECT : Appointment of Mr. David A. Phillips, as  
Chief of Station, Caracas, Venezuela

1. The appointment of Mr. David A. Phillips, GS-17, as Chief of Station, Caracas, Venezuela effective on or about 15 July 1972 is recommended. Mr. Phillips would replace Mr. Thomas J. Flores.

2. Mr. Phillips has been with the Agency since 1952, first in a contract capacity, and since April 1955 as a staff employee. He is currently serving as Chief of Station in Brazil. He previously served as COS, Santo Domingo and in Mexico City, Havana, Beirut, Guatemala, and Santiago. Mr. Phillips has a strong command of both Spanish and Portuguese. A biographic profile including information regarding his Agency experience and training is attached.

  
William V. Broe  
Chief

Western Hemisphere Division

1 Attachment  
Biographic Profile (Parts 1 and 2)

APPROVAL RECOMMENDED:

  
Deputy Director for Plans

17 Jan 72  
Date

SECRET

SECRET

-2-

SUBJECT: Appointment of Mr. David A. Phillips, as  
Chief of Station, Caracas, Venezuela

The recommendation in paragraph 1 is APPROVED:

Richard Helms  
Director of Central Intelligence

19 Jan 72  
Date

SECRET



By your Clerk  
James M. Smith

SECRET

REQUEST FOR PERSONNEL ACTION

DATE PREPARED

2 January 1970

G  
57

1 SERIAL NUMBER 024345		2 NAME (Last-First-Middle) PHILLIPS, DAVID A.		4 EFFECTIVE DATE REQUESTED MONTH DAY YEAR 01 11 70		5 CATEGORY OF EMPLOYMENT REGULAR	
3 NATURE OF PERSONNEL ACTION REASSIGNMENT				7 FINANCIAL ANALYSIS NO CHARGEABLE 0135 0694		8 LEGAL AUTHORITY (Completed by Office of Personnel)	
6 FUNDS		V TO V		V TO CF			
		CF TO V		X CF TO CF			
9 ORGANIZATIONAL DESIGNATIONS DDP/WH FOREIGN FIELD BRANCH 5 RIO DE JANEIRO, BRAZIL STATION				10 LOCATION OF OFFICIAL STATION RIO DE JANEIRO, BRAZIL			
11 POSITION TITLE 1st SECRETARY, POLITICAL OFFICER CHIEF OF STATION (OO)				12 POSITION NUMBER 0186		13 CAREER SERVICE DESIGNATION D	
14 CLASSIFICATION SCHEDULE (G.S. 19-26) FSR GS		15 OCCUPATIONAL SERIES 0136.05		16 GRADE AND STEP 03 7 16 4		17 SALARY OR RATE 23,646 27,549	

18 REMARKS  
 FROM: DDP/WH/COG/OFF OF THE CH/POS #1105  
 HOME BASE WH  
 APPROVED 259a attached  
*Wank. D.C.*

- 1 - Finance
- 2 - Security

18A SIGNATURE OF REQUESTING OFFICER <i>Henry L. Berthold</i> HENRY L. BERTHOLD C/WH/Pers		DATE SIGNED 1-1-70	18B SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>Russ Bray</i>		DATE SIGNED 1-7-70
---	--	-----------------------	---	--	-----------------------

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19 ACTION CODE 51 16	20 EMPLOY CODE 51736	21 OFFICE CODING NUMERIC ALPHABETIC 51736 WH	22 STATION CODE 2905	23 INTEGRAL CODE 5	24 PDAYS CODE 3	25 DATE OF BIRTH MO DA YR 10 31 22	26 DATE OF GRADE MO DA YR	27 DATE OF LEI MO DA YR
28 BTE EMPRES	29 SPECIAL REFERENCE	30 RETIREMENT DATA 1-ESC 2-ORGR 3-RICA 4-NONE	31 SEPARATION DATA CODE	32 CORRECTION CANCELLATION DATA 1792	EOD DATA		33 SECURITY REQ NO	34 SEA
35 NET PREFERENCE CODE 0-NONE 1-1 YR 2-18 M	36 SERV COMP DATE MO DA YR	37 LONG COMP DATE MO DA YR	38 CAREER CATEGORY CODE 1-MS 2-NO	39 FEGLI HEALTH INSURANCE CODE 0-BAIPE 1-YES	40 SOCIAL SECURITY NO		41 PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0-NO PREVIOUS SERVICE 1-NO DREAM IN SERVICE 2-DREAM IN SERVICE (LESS THAN 3 YEARS) 3-DREAM IN SERVICE (MORE THAN 3 YEARS)	
42 LEAVE CAT CODE		43 FEDERAL TAX DATA FORM EXECUTED CODE 1-YES 2-NO		44 STATE TAX DATA FORM EXECUTED CODE 1-YES 2-NO		45 POSITION CONTROL CERTIFICATION		
46 OP APPROVAL <i>David A. Phillips</i>				47 DATE APPROVED 5 Jan 70				

G  
40

FORM 1152 USE PREVIOUS EDITIONS

SECRET

GROUP 1 EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

SECRET

1. NAME (Last, First, Middle) <b>Phillips, David A.</b>		2. DATE OF BIRTH <b>10/31/22</b>		3. GRADE <b>GS-16</b>	
4. OFFICE, DIVISION, BRANCH (or overseas station and existing cover if lateral assignment) <b>DDP/WH/COG</b>			5. PRESENT POSITION <b>Branch Chief</b>		6. EMPLOYEE EXTENSION <b>7451</b>
7. PROPOSED STATION <b>Rio de Janeiro</b>			8. PROPOSED POSITION (Title, Number, Grade) <b>COS, # 0186, GS-00</b>		
9. TYPE OF COVER AT NEW STATION <b>State</b>		10. ESTIMATED DATE OF DEPARTURE <b>o/a 28 Dec. '69</b>		11. NO. OF DEPENDENTS TO ACCOMPANY <b>7</b>	
12. COMMENTS <b>Vice Robert D. Gahagen State Integree Form DS-1686 to be forwarded</b>					
13. DATE OF REQUEST		14. SIGNATURE OF REQUESTING OFFICIAL <i>Ruth A. Sanford</i> <b>Ruth A. Sanford</b>		15. ROOM NUMBER AND BUILDING <b>3D 5309</b>	16. EXTENSION <b>6815</b>
17. OFFICE OF MEDICAL SERVICES DISPOSITION					
18. OFFICE OF SECURITY DISPOSITION					
19. OVERSEAS CANDIDATE REVIEW PANEL DISPOSITION <b>29 DEC 69</b> <b>7260</b>					
<b>REQUEST FOR PCS OVERSEAS EVALUATION</b>					

UNCLASSIFIED  CONFIDENTIAL  SECRET

ROUTING AND RECORD SHEET

SUBJECT: (Optional)  
 Appointment of Mr. David A. Phillips as Chief of Station, Rio de Janeiro

FROM: Secretary, FMC EXTENSION NO. \_\_\_\_\_  
DATE \_\_\_\_\_

TO: (Officer designation, room number, and building) OFFICER'S INITIALS COMMENTS (Number each comment to show from whom to whom. Draw a line across column after each comment.)

NO.	TO: (Officer designation, room number, and building)	DATE		OFFICER'S INITIALS	COMMENTS (Number each comment to show from whom to whom. Draw a line across column after each comment.)
		RECEIVED	FORWARDED		
1.	Chairman, FMC				COS, Rio de Janeiro is a GS-17 position.
2.					Mr. Phillips' current assignment as Chief, Cuban Operations Group plus previous oversens tours in WH Div. including a tour as Chief of Station, Santo Domingo, qualify him for the proposed assignment as Chief of Station, Rio de Janeiro.
3.	ADDP				
4.					
5.	DDP				He will enter Portuguese language training this fall which should provide adequate exposure to make the transition from Spanish which he speaks with native fluency.
6.					
7.	XXXXX DCI				Mr. Phillips has been highly effective as a senior member of WH Div., both at Headquarters and in the field. His relations with his co-workers and subordinates have always been excellent and his liaison with State Department representatives has been marked by good will and mutual respect.
8.	1 CC 205				
9.	Chairman, FMC				NOTE: Above statement prepared by WH Division.
10.					
11.	Secretary, FMC GS10				Mr. Cahagan has been recalled from the Station. The DCOS Mr. Stewart D. Barton, GS-15, will serve as Acting COS until the arrival of Mr. Phillips in January 1970.
12.					
13.					
14.					
15.					

FORM 3-67 610  UNCLASSIFIED  CONFIDENTIAL  INTER USE ONLY  SECRET  UNCLASSIFIED

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9-4209

8 AUG 1953

MEMORANDUM FOR: Director of Central Intelligence

THROUGH : Deputy Director for Plans

SUBJECT : Appointment of Mr. David A. Phillips as Chief of Station, Rio de Janeiro, Brazil

1. The appointment of Mr. David A. Phillips, GS-16, as Chief of Station, Rio de Janeiro, effective on or about 15 January 1970 is recommended. Mr. Phillips would replace Mr. Robert D. Gahagan.

2. Mr. Phillips has been an employee of the Agency since 1951 initially in a contract capacity. He has served in Santiago, Guatemala City, Havana, Beirut, Mexico City and most recently as Chief, Cuban Operations Group. Mr. Phillips is fluent in the Spanish language and is scheduled for two months of full-time Portuguese training immediately prior to his departure. A biographic profile including information regarding his Agency experience and training is attached.

Signed William V. Brock

William V. Brock  
Chief  
Western Hemisphere Division

Attachment  
Biographic Profile (Parts 1 and 2)

~~SECRET~~

[Stamp]

SECRET

- 2 -

SUBJECT: Appointment of Mr. David A. Phillips as Chief of Station, Rio de Janeiro, Brazil

APPROVAL RECOMMENDED:

/s/ Thomas H. Harman

8 OCT 1950

Deputy Director for Plans

Date

The recommendation in paragraph one is APPROVED:

/s/ Thomas H. Harman

1 OCT 1950

Director of Central Intelligence

Date

Distribution:

Original & 2 - Addressee

2 - DDP

1 - C/WED

1 - C/CSFS

1 - C/WIE/S

1 - C/WIE/SS

1 - C/WIE/Personnel

RDF/WIE/PLRS/PBRACDUCAL/raj/CS15 (5 August 1950)

SECRET

23 October 1968

MEMORANDUM FOR: Secretary, Clandestine Services  
Career Service Board

SUBJECT : Recommendation for Promotion to  
GS-16: David A. Phillips

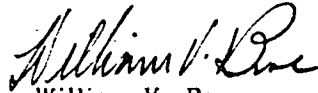
1. Mr. David A. Phillips is strongly recommended for promotion to GS-16 and is ranked Number 2 in WH Division's preference for promotion in that grade.

2. Mr. Phillips stands out among his peers as a true Clandestine Services operator. He has had a range of operational assignments enjoyed by few Clandestine Services officers. He served in Cuba, Guatemala, Beirut, Chile, Mexico and the Dominican Republic. His functional assignments have included Contract Agent, Operations Officer under both unofficial and official cover, Chief of Station, and he is currently assigned as Chief, Cuban Operations Group. In regard to his tour as Chief of Station, Santo Domingo, I cite the following quote made by [redacted] of the Dominican Republic, concerning the turbulent events in his country during his tenure:

"You know," he said, "looking back over those months when things seemed pretty bleak, two names come immediately to mind as able and effective representatives of the United States. They are Ellsworth Bunker and David Phillips."

Approved  
23 Oct 1968

3. Mr. Phillips has the intelligence, language capability, personality, management and operational ability to move forward steadily in this Agency and he is now ready for promotion to GS-16. I urge you to act affirmatively on this promotion recommendation.



William V. Broe

Chief

Western Hemisphere Division



14-00000

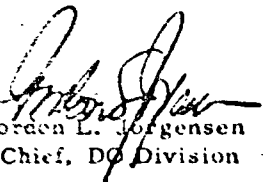
S-E-C-R-E-T.

27 February 1969

MEMORANDUM FOR: Chief, WH Division

SUBJECT: Briefing at DO Base Chiefs' Conference  
by Mr. David A. Phillips

I should like to express my thanks to you for having made available Mr. David A. Phillips to brief the DO Base Chiefs' Conference on 17 February 1969. His briefing was extremely lucid and helpful and expressly commended by all Conference participants. Please convey to him my personal appreciation of his efforts.

  
Gordon L. Jorgensen  
Chief, DO Division

S-E-C-R-E-T

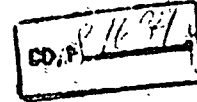
SECRET

(If Not Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED				
1 SERIAL NUMBER 024345						2 NAME (Last-First-Middle) PHILLIPS, David A.				
3 NATURE OF PERSONNEL ACTION PROMOTION				4 EFFECTIVE DATE REQUESTED MONTH: 12 DAY: 15 YEAR: 68		5 CATEGORY OF EMPLOYMENT Regular				
6 FUNDS V TO V CF TO V		V TO CF X CF TO CF		7 FINANCIAL ANALYSIS NO CHARGEABLE 9135-0620		8 LEGAL AUTHORITY (Completed by Office of Personnel)				
9 ORGANIZATIONAL DESIGNATIONS DDP/WH WH/COG Office of the Chief				10 LOCATION OF OFFICIAL STATION Washington, D. C.						
11 POSITION TITLE Att Pol Officer Op. Officer-Ch				12 POSITION NUMBER 1105		13 CAREER SERVICE DESIGNATION D				
14 CLASSIFICATION SCHEDULE (GS, FS, etc) FSR GS		15 OCCUPATIONAL SERIES 0136.01		16 GRADE AND STEP 03 5 16 4		17 SALARY OR RATE <del>18,000</del> 20 335 \$25,118				
18 REMARKS										
19A SIGNATURE OF REQUESTING OFFICIAL			DATE SIGNED		19B SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>W. H. Fisher</i>		DATE SIGNED 9 Dec 68			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL										
19 ACTION CODE	20 EMPLOY CODE	21 OFFICE CODING NUMERIC ALPHABETIC		22 STATION CODE	23 INTERIE CODE	24 MONTHS CODE	25 DATE OF BIRTH MO. DA. YR.	26 DATE OF GRADE MO. DA. YR.	27 DATE OF LEI MO. DA. YR.	
28 WTE EXPENSES MO. DA. YR.	29 SPECIAL REFERABLE	30 RE-EMPLOY DATA 1-YES 2-CRSH 3-PTA 4-None		31 SEPARATION DATA CODE	32 CORRECTION CANCELLATION DATA TYPE MO. DA. YR.		33 SECURITY REQ NO		34 SCR	
35 VET PREFERENCE CODE 0-NONE 1-5 PT 2-10 PT		36 SERV COMP DATE MO. DA. YR.		37 LONG COMP DATE MO. DA. YR.		38 CAREER CATEGORY LGE RES PRES TEMP		39 FEGLI HEALTH INSURANCE CODE CODE 0-NAIVED 1-YES HEALTH INS CODE		40 SOCIAL SECURITY NO
41 PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0-NO PREVIOUS SERVICE 1-NO BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)				42 LEAVE CAT CODE	43 FEDERAL TAX DATA FORM EXECUTED CODE NO TAX EXEMPTIONS		44 STATE TAX DATA FORM EXECUTED CODE NO TAX STATE CODE 1-YES 2-NO			
45 POSITION CONTROL CERTIFICATION					46 OP APPROVAL <i>H.B. Fisher</i>		DATE APPROVED 13 Dec 68			



VOICE OF AMERICA  
UNITED STATES INFORMATION AGENCY  
WASHINGTON, D.C. 20547



April 15, 1968

Dear Dave:

I thought you would be pleased about a reference to you which came up in the course of a longish conversation last night with

[redacted]  
[redacted] about the turbulent events in his country three years ago.

"You know," he said, "looking back over those months when things seemed pretty bleak, two names come immediately to mind as able and effective representatives of the United States. They are Ellsworth Bunker and David Phillips."

I thought such a pleasant echo of a rough period would help heal your ulcers.

Cordially,

*R. C.*  
Richard G. Cushing  
Deputy Director

Mr. David A. Phillips  
8224 Stone Trail Drive  
Carderock Springs  
Bethesda, Md. 20034

SECRET

(If Not Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED 30 August 1967			
1 SERIAL NUMBER 024345		2 NAME (Last-First-Middle) PHILLIPS, David A.							
3 NATURE OF PERSONNEL ACTION REASSIGNMENT				4 EFFECTIVE DATE REQUESTED MONTH: 9, DAY: 10, YEAR: 67		5 CATEGORY OF EMPLOYMENT REGULAR			
6 FUNDS		7 FINANCIAL ANALYSIS NO 8235 0620		8 LEGAL AUTHORITY (Completed by Office of Personnel)					
9 ORGANIZATIONAL DESIGNATIONS DDP/WH WH/COG OFFICE OF THE CHIEF				10 LOCATION OF OFFICIAL STATION WASH., D.C.					
11 POSITION TITLE ATTN: OPS OFFICER OPS OFFICER-CH		12 POSITION NUMBER 1105		13 CAREER SERVICE DESIGNATION D					
14 CLASSIFICATION SCHEDULE (GS 11B, etc.) FSR GS		15 OCCUPATIONAL SERIES 0136.01		16 GRADE AND STEP 03 5 15 5		17 SALARY OR RATE 18041 \$ 19,978			
18 REMARKS FROM: DDP/WH/DR STATION K. Santo Domingo, Lion Rap Receipt Approved Created by Pers. SD/GS 8/31/67 Rec 9/11/67 1 - Doc. 1 - 3									
18A SIGNATURE OF REQUESTING OFFICER Henry L. Berthold C/WH/Pers			DATE SIGNED 9/11/67		18B SIGNATURE OF CAREER SERVICE APPROVING OFFICER		DATE SIGNED		
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL									
19 ACTION CODE	20 EMPLOY. CODE	21 OFFICE CODING NUMERIC ALPHABETIC		22 STATION CODE	23 INTEGREE CODE	24 HDOTRS CODE	25 DATE OF BIRTH MO DA. YR.	26 DATE OF GRADE MO DA. YR.	27 DATE OF LEI MO. DA. YR.
37 10	S	S		75013	S	1	1/1	3/1/32	
28 WTE EXPIRES MO DA. YR.		29 SPECIAL REFERENCE	30 RETIREMENT DATA 1-CC 2-DEGR 3-FICB 4-NONE		31 SEPARATION DATA CODE	32 CORRECTION/CANCELLATION DATA TYPE MO DA. YR.		33 SECURITY REQ NO	34 SEX
						EOD DATA			
35 VET PREFERENCE CODE 0-NONE 1-5 PT 2-10 PT	36 SERV COMP DATE MO DA. YR.		37 LONG COMP DATE MO CA. YR.		38 CAREER CATEGORY CAR RES. PROB. TEMP.	39 FEED. HEALTH INSURANCE CODE 0-NONE 1-YES		40 SOCIAL SECURITY NO	
41 PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0-NONE 1-BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)			42 LEAVE CAT. CODE	43 FEDERAL TAX DATA FORM EXECUTED CODE NO TAX EXEMPTIONS		44 STATE TAX DATA FORM EXECUTED CODE NO TAX EXEMPTIONS		45 POSITION CONTROL CERTIFICATION	
45 POSITION CONTROL CERTIFICATION				46 O.P. APPROVAL Blaschke			DATE APPROVED 8 sept 67		

SECRET  
(When Filled In)

25 October 1966

David A. Phillips

MEMORANDUM FOR: [REDACTED]

THROUGH :

SUBJECT : Notification of Designation as a Participant in the Organization Retirement and Disability System

REFERENCE : Book Dispatch 5096 dated 12 August 1965

1. You have been found to be qualified as a participant in the Organization Retirement and Disability System and have been so designated effective 23 October 1966.

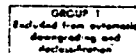
2. Although such designation under present statutes is viewed favorably by most persons, the regulation governing this retirement system gives the individual the right to appeal such a determination if he deems the designation adverse to his best interests. In order that this technical requirement may be satisfied, you are hereby notified of your right to appeal. An appeal with reasons therefore must be received in Headquarters within 60 days of the date of this memorandum or acceptance of designation will be assumed. Any questions that you may have in connection with your designation that cannot be answered by referring to referenced Book Dispatch should be forwarded to Headquarters.

3. We believe that the benefits of the Organization Retirement System are superior to the benefits of the Civil Service Retirement System. However, there are a few situations in which an employee *at the time of retirement* may have so many years of service (almost 37) that he would receive a higher annuity under the Civil Service System. Because of this, the policy decision has been made that a participant in the Organization System who would receive a higher annuity under the Civil Service System may, not later than one year prior to his retirement, apply to be removed from our system and transferred to the Civil Service System. Thus, you should not anticipate this contingency as a factor in deciding whether you regard your designation as a participant adverse to your best interests.

Richard B. Egan

RICHARD B. EGAN

SECRET



David A. Phillips

**CONFIDENTIAL**

24 October 1966

**MEMORANDUM FOR: Chief, WH Division**

**THROUGH : Deputy Director for Plans**

**SUBJECT : Commendation**

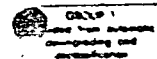
1. The Dominican Republic Station has distinguished itself by especially meritorious service during the past year and has made a major contribution toward the advancement of the objectives of the United States Government in a critical situation. One year ago the people of the Dominican Republic were facing a dismal future. Today, while the future remains uncertain, the prospects for eventual stability have been immeasurably increased. Several Departments and Agencies of the United States Government engaged in an effort to bring this about. I believe that the role of the CIA in the Dominican Republic during the past year was a crucial one. The highly effective performance of the Santo Domingo Station and the Base at Santiago was the result of the combined efforts of each officer and employee stationed there. These men and women gave unsparingly of their time, energy and brain power. Their efforts were sustained over a long period under stressful circumstances. Now, while our long-term mission continues, a significant milestone has been reached and it is most appropriate at this time to grant this special recognition for a job well done to all members of the CIA team in the Dominican Republic during the year ending June 30, 1966.

2. I should like to commend each member of the Station who contributed to this noteworthy performance and request that a copy of this commendation be placed in individual personnel files as appropriate.



Richard Helms  
Director of Central Intelligence

**CONFIDENTIAL**



SECRET  
(If Any Filled In)

G-54

REQUEST FOR PERSONNEL ACTION										DATE PREPARED							
1 SERIAL NUMBER <b>024345</b>										2 NAME (Last-First-Middle) <b>PHILLIPS, DAVID A.</b>		4 EFFECTIVE DATE REQUESTED MONTH DAY YEAR <b>10 23 66</b>		5 CATEGORY OF EMPLOYMENT <b>REGULAR</b>			
3 NATURE OF PERSONNEL ACTION <b>DESIGNATION AS A PARTICIPANT IN THE CIA RETIREMENT AND DISABILITY SYSTEM</b>										7 FINANCIAL ANALYSIS NO CHARGEABLE <b>7135-0875</b>		8 LEGAL AUTHORITY (Completed by Office of Personnel) <b>PL 88-643 Sect. 203</b>					
6 FUNDS		V TO V		V TO CF		CF TO V		X		CF TO CF		9 ORGANIZATIONAL DESIGNATIONS <b>DDP/WH</b>		10 LOCATION OF OFFICIAL STATION <b>SANTO DOMINGO, DOMINICAN REPUBLIC</b>			
11 POSITION TITLE										12 POSITION NUMBER		13 CAREER SERVICE DESIGNATION <b>D</b>					
14 CLASSIFICATION SCHEDULE (G.S. L.B. etc.)				15 OCCUPATIONAL SERIES				16 GRADE AND STEP <b>15</b>		17 SALARY OR RATE <b>\$</b>							
18 REMARKS <b>EMPLOYEE WILL RECEIVE NOTIFICATION FROM THE DIRECTOR OF PERSONNEL OF THIS DESIGNATION AND RIGHT OF APPEAL TO THE DIRECTOR OF CENTRAL INTELLIGENCE.</b>																	
18A SIGNATURE OF REQUESTING OFFICIAL						DATE SIGNED		18B SIGNATURE OF CAREER SERVICE APPROVING OFFICER				DATE SIGNED					
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL																	
19 ACTION CODE		20 EMPLOY CODE		21 OFFICE CODING NUMERIC ALPHABETIC		22 STATION CODE		23 INTEGREE CODE		24 MOOTHS CODE		25 DATE OF BIRTH MO DA YR		26 DATE OF GRADE MO DA YR		27 DATE OF LEI MO DA YR	
28 WTE EXPIRES MO DA YR		29 SPECIAL REFERENCE		30 RETIREMENT DATA 1-USE 3-FICA 5-NONE CODE <b>2</b>		31 SEPARATION DATA CODE		32 CORRECTION CANCELLATION DATA TYPE MO DA YR		EOD DATA →		33 SECURITY REQ NO		34 SEX			
35 VET PREFERENCE CODE 0-NONE 1-5 PT 2-10 PT		36 SERV COMP DATE MO DA YR		37 LONG COMP DATE MO DA YR		38 CAREER CATEGORY CAR RESH PROV TEMP		39 REG. HEALTH INSURANCE CODE CODE 0-WAIVER 1-YES		40 SOCIAL SECURITY NO							
61 PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0-NO PREVIOUS SERVICE 1-NO BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)				42 LEAVE CAT CODE		43 FEDERAL TAX DATA FORM EXECUTED CODE NO TAX EXEMPTIONS 1-YES 2-NO		44 STATE TAX DATA FORM EXECUTED CODE NO TAX EXEMPTIONS 1-YES 2-NO		45 POSITION CONTROL CERTIFICATION <b>10-1300-N</b>		46 O P APPROVAL See memo signed by D/Pers dated <b>10 OCT 1966</b>		DATE APPROVED			

CONFIDENTIAL  
(When Filled In)

<b>NOTICE OF CREDITABLE SERVICE</b> [FOR LEAVE PURPOSES]		<input type="checkbox"/> VOUCHERED
		<input checked="" type="checkbox"/> UNVOUCHERED
NAME (Last, First, Middle) PHILLIPS, David A.		SERIAL NO. 004345
OFFICE (and Division) DDP/VH Foreign Field Branch		
<input type="checkbox"/> ORIGINAL	SERVICE COMPUTATION DATE (Mo - da - yr)	
<input checked="" type="checkbox"/> CORRECTION	01-15-53	
THIS DATE 7-01-66	SIGNATURE (Office of Personnel) <i>L. P. Moore</i> Lowell P. Moore	

FORM 171 OBSOLETE PREVIOUS EDITIONS. 5-63

CONFIDENTIAL

GROUP 1  
EXCLUDED FROM AUTOMATIC  
DOWNGRADING AND  
DECLASSIFICATION

(4)



SECRET  
(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED		
1 SERIAL NUMBER 024345				2 NAME (Last-First-Initial) PHILLIPS, DAVID A.		
3 NATURE OF PERSONNEL ACTION REASSIGNMENT			4 EFFECTIVE DATE REQUESTED MONTH DAY YEAR JUN 6 65		5 CATEGORY OF EMPLOYMENT REGULAR	
6 FUNDS		7 COST CENTER NO CHARGE 6135 0875		8 LEGAL AUTHORITY (Completed by Office of Personnel)		
9 ORGANIZATIONAL DESIGNATIONS DDP/WII FOREIGN FIELD BRANCH 2 SANTO DOMINGO, DOMINICAN REPUBLIC STATION			10 LOCATION OF OFFICIAL STATION SANTO DOMINGO, DOMINICAN REPUBLIC <i>Dom Rep</i>			
11 POSITION TITLE ATT POL OFF <del>CHIEF OF STATION</del> (CHIEF OF STATION)			12 POSITION NUMBER 0274		13 CAREER SERVICE DESIGNATION D	
14 CLASSIFICATION SCHEDULE (GS, LE, etc.) FSR GS		15 OCCUPATIONAL SERIES 0136.05		17 SALARY OF RATE 16,920 ✓ \$ 18,170 ✓		
16 REMARKS FROM: DDP/WII/BRANCH 1 MEXICO CITY, MEXICO STATION/0340/ MEMORANDUM SENT TO DDCT VIA DDP REQUESTED THE APPOINTMENT OF MR. PHILLIPS AS COS, SANTO DOMINGO, DOM. REP. STATION APPROVED ON 13 APRIL 1965. MR. PHILLIPS REPLACED MR. EDWIN M. TERRELL WHO HAS BEEN ASSIGNED TO WII/BRANCH 2/HEADQUARTERS, EFFECTIVE 6 JUNE 1965. FORM 259 HAS BEEN SUBMITTED <i>Security Approval Granted by Pers. SD/OS 7/25/65 LCC/SH/65</i>						
18A SIGNATURE OF REQUESTING OFFICER ROBERT D. CASHMAN C/WI/PERS		DATE SIGNED 29 July 65		18B SIGNATURE OF CAREER SERVICE APPROVING OFFICER [Signature] DATE SIGNED 8/3/65		
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL						
19 ACTION CODE 37	20 EMPLOY CODE 10	21 OFFICE CODING NUMERIC ALPHABETIC 51650 WII	22 STATION CODE 19039	23 INTEGREE CODE	24 HOURS CODE 3	
25 DATE OF BIRTH MO DA YR 10 31 43		26 DATE OF GRADE MO DA YR		27 DATE OF LEI MO DA YR		
28 NTE EXPIRES MO DA YR XX/XX/XX		29 SPECIAL REFERENCE		30 RETIREMENT DATA 1-CS 3-FEA 5-VOLE		
31 SEPARATION DATA CODE		32 CORRECTION/CANCELLATION DATA TYPE MO DA YR		33 SECURITY REQ NO		
34 SERV COMP. DATE MO DA YR		35 LONG COMP DATE MO DA YR		36 CAREER CATEGORY LAB BEST PROV TEMP		
37 VET PREFERENCE CODE 8-NONE 1-5 PT 7-10 PT		38 FEGLI HEALTH INSURANCE CODE CODE 3-NA/IR 1-YES		39 SOCIAL SECURITY NO		
41 PREVIOUS GOVERNMENT SERVICE DATA CODE 0-NONE 1-BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)			42 LEAVE CAT CODE		43 FEDERAL TAX DATA FORM EXECUTED CODE NO. TAX EXEMPTIONS 1-YES 2-NO	
44 STATE TAX DATA FORM EXECUTED CODE NO. TAX STATE CODE 1-YES 2-NO			45 POSITION CONTROL CERTIFICATION 8-3-65 46			
46. O.P. APPROVAL [Signature]				DATE APPROVED 8/3/65		

S-E-C-R-E-T

CENTRAL INTELLIGENCE AGENCY

WASHINGTON, D.C. 20505

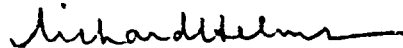
TO : David A. Phillips

SUBJECT: TDY in the Dominican Republic

Most of you who went down to the Dominican Republic departed with so much speed and so little ceremony that there was no time to explain the importance and urgency of your assignments. Now that you have served there during the crisis, the importance of the task needs no embellishment from us, but you should know that the contribution of the augmented Station was decisive in shaping the policies and actions of the government and in avoiding several major mistakes. For weeks after the April revolution, our Station reporting was literally the only source of information that the United States had on the role of Communism among the rebel forces and on conditions outside the capital.

Many fine things were done in the Station and in the hinterland by all of you. Manning the check-points under fire, flying to remote and hostile villages, moving tons of supplies through the gauntlet of the communications line, toiling over midnight reports, and keeping open our country's only commo link -- all these things were commonplace. The dedication, discipline, and routine of our personnel placed them in a class apart.

To the sense of pride and accomplishment you must already feel, I want to add the gratitude and admiration of the DDP and of the Agency.



Richard Helms  
Deputy Director of Central Intelligence

S-E-C-R-E-T

SECRET

65-1911

12 Apr 1965

65-1911

MEMORANDUM FOR: Deputy Director of Central Intelligence

VIA : Deputy Director for Plans

SUBJECT : Appointment of Mr. David A. Phillips as Chief of Station, Santo Domingo, Dominican Republic

1. The appointment of Mr. David A. Phillips as Chief of Station, Santo Domingo, Dominican Republic, effective on or about 15 October 1965, is recommended. Mr. Phillips would replace Mr. Edwin M. Terrell.

2. Mr. Phillips was employed in a contract status from 1952 to 1955 and became a Staff Employee in April 1955. He resigned from the Agency in August 1958 to enter private business. In March 1960 he returned to the Agency as a staff employee and is presently assigned as Operations Officer, Mexico City, Mexico, GS-15. A biographic data sheet, giving more detailed information on Agency experience and training, is attached.

*R. W. Healy*  
Desmond FitzGerald  
Chief

Western Hemisphere Division

1 Attachment  
Biographic Profile (Part 1)

APPROVAL RECOMMENDED:

*[Signature]*

Deputy Director for Plans

(Date)

The recommendation in paragraph 1 is APPROVED:

*[Signature]*  
Deputy Director of Central Intelligence

20 Apr 1965  
(Date)

SECRET

65-1911

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION	DATE PREPARED 27 September 1963
------------------------------	------------------------------------

1. SERIAL NUMBER 024345	2. NAME (Last-First-Middle) PHILLIPS, DAVID A						
3. NATURE OF PERSONNEL ACTION PROMOTION		4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 09   29   63					
5. CATEGORY OF EMPLOYMENT REGULAR		6. FUNDS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"><input type="checkbox"/> V TO V</td> <td style="width: 25%;"><input type="checkbox"/> V TO CF</td> <td style="width: 25%;"><input type="checkbox"/> CF TO V</td> <td style="width: 25%;"><input checked="" type="checkbox"/> CF TO CF</td> </tr> </table>		<input type="checkbox"/> V TO V	<input type="checkbox"/> V TO CF	<input type="checkbox"/> CF TO V	<input checked="" type="checkbox"/> CF TO CF
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7. COST CENTER NO. CHARGEABLE 41355700 1000		8. LEGAL AUTHORITY (Completed by Office of Personnel)					
9. ORGANIZATIONAL DESIGNATIONS DDP WH BRANCH 3 MEXICO CITY MEXICO STATION		10. LOCATION OF OFFICIAL STATION MEXICO CITY, MEXICO					
11. POSITION TITLE ATT POL OFF OPS OFFICER		12. POSITION NUMBER 0340	13. CAREER SERVICE DESIGNATION D				
14. CLASSIFICATION SCHEDULE (GS, LP, etc.) FSR GS	15. OCCUPATIONAL SERIES 0136.01	16. GRADE AND STEP 03 0 15 @ 3	17. SALARY OR RATE <del>12,555</del> 13,440 ✓ <del>15,045</del> 15,525 ✓				

18. REMARKS  
This is a PMA in accordance with AF 20-21c(1) for 2 years

18a. NAME OF REQUESTING OFFICIAL ROBERT D. CASHMAN, C/WH/PERS	DATE SIGNED 9/27/63	18b. SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>[Signature]</i>	DATE SIGNED 9/27/63
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SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE 2	20. OFFICE CODE 10	21. OFFICE NAME 51400 WH	22. STATION CODE 15075	23. DATE OF BIRTH 3	24. DATE OF DEATH 10/31/22	25. DATE OF LEAVE 09/29/63	26. DATE OF DEATH 09/29/63
27. EMPLOYEE STATUS 1	28. SPECIAL RESERVE 3	29. NEXT REPORT DATE 1 = 12 3 = 12 4 = 12	30. EMPLOYMENT STATUS 1 = 12 2 = 12	EOD DATA		31. SOCIAL SECURITY NO.	32. SER RES. NO.
33. NET PREFERENCE 1 = 12 2 = 12 3 = 12	34. SER. COMP. DATE NO DA	35. CON. COMP. DATE NO DA	36. EARLY RETIREMENT 1 = 12 2 = 12	37. HEALTH INSURANCE 1 = 12 2 = 12	38. SOCIAL SECURITY NO.		
39. PERSONNEL MANAGEMENT SERVICE DATA 1 = NO PREVIOUS SERVICE 2 = NO SERVICE 3 = SERVICE (LESS THAN 3 YRS) 4 = SERVICE (MORE THAN 3 YRS)		40. MILITARY SER. CODE	41. FEDERAL TAX DATA 1 = 12 2 = 12	42. FORM PREVIOUSLY 1 = YES 2 = NO	43. STATE CODE	44. STATE CODE	45. STATE CODE

46. POSITION CONTROL CERTIFICATION <i>[Signature]</i>	47. D.P. APPROVAL <i>[Signature]</i>	DATE APPROVED 29 Sept 63
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SECRET

REQUEST FOR PERSONNEL ACTION				DATE PREPARED								
1. SIC AND NUMBER				17 August 1961								
2. NAME (Last, First, Middle)		PHILLIPS, David A.										
3. NATURE OF PERSONNEL ACTION		4. EFFECTIVE DATE OF ACTION		5. CATEGORY OF EMPLOYMENT								
REASSIGNMENT--Dept. of State		8   23   61		Regular								
6. FUNDS		7. COST CENTER NO. CHARGEABLE		8. LEGAL AUTHORITY (Completed by Office of Personnel)								
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9. ORGANIZATIONAL DESIGNATIONS		10. LOCATION OF OFFICIAL STATION										
7 DDP/AR Branch 3 Mexico City Mexico Station		Mexico City, Mexico										
11. POSITION TITLE		12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION								
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14. CLASSIFICATION SCHEDULE (GS, LP, etc.)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP								
GS		0136.01		1 1 1 2								
17. SALARY OR RATE		18. REMARKS										
\$12,535 ✓ \$12,730 ✓		No sick and No hours annual leave to be transferred to the Dept. of State										
19. SIGNATURE OF REQUESTING OFFICIAL		20. SIGNATURE OF CAREER SERVICE APPROVING OFFICER										
M. Honey, Cover Officer, Chief												
SPACE BELOW FOR EXHIBITS USE												
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21. POSITION CONTROL CERTIFICATION												
<p>9. Kearney 05/3 1/1</p>												

SECRET

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When Filled In

REQUEST FOR PERSONNEL ACTION				DATE PREPARED																																																																																																																																																																																																																	
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SECRET

12443

29 June 1961

MEMORANDUM FOR THE RECORD

SUBJECT: David A. Phillips

On 14 June 1961 the undersigned reviewed with Mr. David A. Phillips his career development prospects for the next five year period. We agreed that the following represented a desirable and fairly firm goal in this respect:

a. In general his future training and field experience should place sufficient stress on the CI and FI fields to avoid the career confinement of strict CA specialization.

b. His next assignment would be a normal field tour in Mexico City. Upon return from that assignment, he would receive up to six months training to be followed by an assignment to the CA Staff (or the organizational successor thereof). One of his primary undertakings in the CA Staff would be to develop what might best be termed "ideological warfare" (e. g., a search for basic ideas and concepts with wide appeal) as opposed to the normal propaganda approach (e. g., a running debate on current events).

(Signed) RICHARD M. BISSELL, JR.

RICHARD M. BISSELL, JR.  
Deputy Director  
(Plans)

cc: ASIA (Perse)  
Attn Panel A  
Mr. Phillips  
Thru C/WH  
-OP/RSD

NY 10006

JUN 30 3 23 PM '61

SECRET

OFFICE OF SECURITY

SECRET

1 June 1961

MEMORANDUM FOR: Chief, Finance Division  
FROM : Chief, WH/4/Support  
SUBJECT : Premium Pay

Due to the recent reduction in heavy workload requirements, the following employees are no longer entitled to Premium Pay. It is requested that this entitlement be discontinued effective c.o.b. 10 June 1961. The salaries are chargeable to Allotment #535-5000-8021:

BELSITO, Frank J.  
BROWN, Fravel S.  
CANN, Ruth E.  
CARTWRIGHT, Cecil J.  
CHELLINO, Samuel J.

KENT, William M.  
MORALES, David S.  
MURRAY, William J.  
OVERJORDE, Robert W.  
PATTON, Lee E.

PETERS, John D.  
PHILIPS, David A.  
PIEDMONTE, Robert P.  
REYNOLDS, Robert

*William E. Eisemann*  
WILLIAM E. EISEMANN  
Chief, WH/4/Support

Distribution:  
2 - Chief, Finance Division (ea. employee)  
2 - Director of Personnel (ea. employee)

SECRET



SECRET  
REQUEST FOR PERSONNEL ACTION

1. Serial No.		2. Name (Last-First-Middle)			3. Date Of Birth			4. Var. Prof.		5. Yes		6. CS - EOD				
					Mo.	Da.	Yr.	None 5 Pt-1 10 Pt-2		Code		Mo.	Da.	Yr.		
7. SCD		8. CSC Retmt.		9. CSC Or Other Legal Authority			10. Apmt. Affidav.			11. FEGLI		12. LCD		13. Ret. Serv. Etc.		
Mo.	Da.	Yr.	Yes-1 No-2	Code		Mo.			Da.	Yr.	Yes-1 No-2	Code		Mo.	Da.	Yr.

PREVIOUS ASSIGNMENT

14. Organizational Designations				Code		15. Location Of Official Station				Station Code	
COAS DEVELOPMENT COMMAND											
16. Dept. - Field		17. Position Title				18. Position No.		19. Serv.		20. Occup. Series	
Dept - USfld - Frqn -	Code										
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade		25. PSI Due		26. Appropriation Number	
		\$		D		Mo.	Da.	Yr.	Mo.	Da.	Yr.

ACTION

27. Nature Of Action		Code		28. Eff. Date		29. Type Of Employee		Code		30. Separation Data	
REASSIGNMENT		51		Mo. Da. Yr.		REGULAR		e1			

PRESENT ASSIGNMENT

31. Organizational Designations				Code		32. Location Of Official Station				Station Code	
DIP WH BRANCH 4				4211		WASH., D. C.					
33. Dept. - Field		34. Position Title				35. Position No.		36. Serv.		37. Occup. Series	
Dept - USfld - Frqn -	Code	OPS OFFICER				PA-624		GS		0136.01	
38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grade		42. PSI Due		43. Appropriation Number	
14 3		\$ 11835		D		Mo.	Da.	Yr.	Mo.	Da.	Yr.

SOURCE OF REQUEST

A. Requested By (Name And Title)		C. Request Approved By (Signature And Title)	
P. C. BOWERS WH/PERSONNEL OFFICER			
B. For Additional Information Call (Name & Telephone Ext.)			
JOHN WASHINKO X8242			

CLEARANCES

Clearance		Signature		Date		Clearance		Signature		Date	
A. Career Board						D. Placement					
B. Pos. Control				7-15-60		E.					
C. Classification						F. Approval B.				7-15-60	

Remarks: Staffing Complement Change.

2 copies to Security.

SECRET

RE FOR PERSONNEL ACTION

68

1. Serial No. 4345		2. Name (Last-First-Middle) PHILLIPS, DAVID A.			3. Date Of Birth Mo. Da. Yr. 10 31 22			4. Vet. Pmt. 5. Sex 6. CS-ECO Mo. Da. Yr. 3 14 60	
7. SCD Mo. Da. Yr. 1 24 60		8. CSC Permit Yes-1 Code No-2 1		9. CSC Or Other Legal Authority CSA 4035		10. Apmt Affidav. Mo. Da. Yr. 5 4 60		11. REG-19 LCD Mo. Da. Yr. 4 5 60	
12. Yes-1 Code No-2 2		13. Yes-1 Code No-2 2		14. Yes-1 Code No-2 2		15. Yes-1 Code No-2 2		16. Yes-1 Code No-2 2	

68 12 54

PREVIOUS ASSIGNMENT

14. Organizational Designations OFFICER/PERSONNEL 3-14-60		Code WH		15. Location Of Official Station		Station Code	
16. Dept. - Field Dept. USfld. Frgn. Code		17. Position Title		18. Position No.		19. Serv.	
20. Occup. Series		21. Grade & Step 5		22. Salary Or Rate		23. SD	
24. Date Of Grade Mo. Da. Yr.		25. PSI Due Mo. Da. Yr.		26. Appropriation Number			

ACTION

7. Nature Of Action EXCEPTED APPOINTMENT*		Code 11		28. Eff. Date Mo. Da. Yr. 3 14 60		29. Type Of Employee REGULAR		Code 25		30. Separation Date	
--	--	------------	--	---	--	---------------------------------	--	------------	--	---------------------	--

PRESENT ASSIGNMENT

PC.

31. Organizational Designations CS/CS DEVELOPMENT COMPLEMENT DDP WH DIVISION		Code 4658		32. Location Of Official Station WASHINGTON, D. C.		Station Code	
33. Dept. - Field Dept. USfld. Frgn. Code		34. Position Title OPS OFFICER		35. Position No. 63146-C		36. Serv. GS	
37. Occup. Series 0136.01		38. Grade & Step 14 3		39. Salary Or Rate \$11,835		40. SD D	
41. Date Of Grade Mo. Da. Yr. 3 14 60		42. PSI Due Mo. Da. Yr. 1 21 61		43. Appropriation Number 0320-1998			

SOURCE OF REQUEST

A. Requested By (Name And Title) P. C. BOWERS WH/PERSONNEL OFFICER		C. Request Approved By (Signature And Title) <i>[Signature]</i>	
B. For Additional Information Call (Name & Telephone Ext.) John Washinko X6242			

CLEARANCES

A. Career Board Signature Date 1/27/60		D. Placement Signature Date	
B. Pos. Control Signature Date 2-9-60		E. Approved By Signature Date	

Remarks  
\*See DIR 10716 (OUT 83837) released by DDP on 16 January 1960. Proposed EOD date is 22 February 1960. 2 copies to Security Office. Phillips advised that he is still employed by DDP.

\*APPOINTEE

Received  
2/20/60

SECRET

Signature

OFFICE OF PERSONNEL

RESIGNATION

I Resign For The Following Reason:

FEB 4 2 37 PM '60

MAIL ROOM

My Last Working Day Will Be

This Date (Date Of Signature)

Signature

Forward Communications, Including Salary Checks And Bonds, To The Following Address (Number, Street, City, Zone, State):

I have resigned for personal reasons in order to accept a position for  
3rd experiment in a pharmacy located in [unclear] [unclear]  
and [unclear] [unclear] [unclear] [unclear] [unclear] [unclear]

*Office Memorandum* • UNITED STATES GOVERNMENT

TO : File

DATE 18 March 1960

FROM :

SUBJECT: PHILLIPS, DAVID A.

Effective date of CA is 19 Aug 1958, per Mr. Toomey, x2823

This time is creditable for LCD only, per Mr. Stevens.

Mr. Phillips was same as independent contractor, per Lyle Miller, x3039.

*LC*

David Phillips

Per Mr. Washburn x 8 x 4

Phillips is presently contract agent.  
and (a staff employee)

DDP approval per Bisell via Cable  
will be here to Food 1 March.

WH - Has already contacted <sup>(Cagione)</sup> Security  
and they will grant clearance, subject  
to poly.

Kennedy (MC) has copies of 89 (on  
Phillips wife and children). He says  
OK to enter on duty, but will  
be subject to medical when on  
duty.

Phillips will be in (2 Feb) Mon.  
for TOY and will have poly at  
that time (1:00 pm)

2-8-60 ~~Permitted poly level~~ <sup>Poly is</sup> ~~at~~ <sup>2-1-60</sup> ~~1:00 pm~~ <sup>he is</sup>  
at 1:00 pm

**SECRET**  
(When Filled In)

REQUEST FOR SECURITY CLEARANCE				REQUEST NO. (11-8) <u>CS</u>	
NAME (LAST - FIRST - MIDDLE) (12 - 20) <u>PHILIP H. WASHINGTON</u>				REQUEST DATE (YY - MM) <u>8 Feb 1960</u>	
POSITION TITLE <u>OPC OFFICER</u>		POSITION NUMBER (31 - 36) <u>0136.01</u>	OCCUP. CODE (37 - 48) <u>0136.01</u>	YEAR OF BIRTH (29-30) <u>1922</u>	
LOCATION (CITY, STATE, COUNTRY) <u>Washington, DC</u>		ASSIGNMENT (OFFICE, DIVISION, BRANCH) <u>HRP/WH Division, CG/CG Det Comp</u>		GRADE (43-44) <u>GS-11</u>	
TYPE OF APPLICANT		CONVERSION ACTION		ORGN. CODE (49-50) <u>1600</u>	
<input type="checkbox"/> REGULAR		<input type="checkbox"/> CONSULTANT		TYPE OF APPL. (48) <u>7</u>	
<input type="checkbox"/> CONTRACT		<input type="checkbox"/> MILITARY		NOGTR & FUND (50) <u>1</u>	
NAME OF REQUESTER (OR OFFICIAL) <u>G. W. Stewart/hc</u>		TYPE OF ASSIGNMENT AND FUNDS		CLEARANCE (51) <u>3</u>	
PROVISIONAL FOR (INDICATE NAME OF POOL OR GROUP)		<input checked="" type="checkbox"/> NSG <input type="checkbox"/> USP <input type="checkbox"/> PF <input type="checkbox"/> V <input checked="" type="checkbox"/> UV		RECRUIT. CODE (53-54) <u>001</u>	
CLEARANCE REQUIRED		<input type="checkbox"/> SECRET <input checked="" type="checkbox"/> FULL		VET PREP. & SEX (55) <u>1</u>	
ATTACHMENTS		PERSONAL HISTORY STATEMENT		APPENDIX I	
<input type="checkbox"/> PHOTOGRAPHS		<input type="checkbox"/> REQUEST FOR WAIVER		APPENDIX II	
<input checked="" type="checkbox"/> MALE - VETERAN		<input type="checkbox"/> REPORT OF INTERVIEW		<input type="checkbox"/> MALE - VETERAN	
<input type="checkbox"/> MALE - NON-VETERAN		<input type="checkbox"/> FEMALE - VETERAN		<input type="checkbox"/> FEMALE - NON-VETERAN	
<p><b><u>PLEASE EXPEDITE</u></b></p> <p>Mr. Washinko, WH Division, advises that Mr. Osborne (Office of Security) has indicated that subject would be granted immediate security clearance, subject to poly.</p> <p>Former Staff Employee. Your Case #10696.</p> <p>Presently Contract Agent.</p> <p>HAND CARRY</p> <p><input type="checkbox"/> SO</p> <p><input type="checkbox"/> OTF</p>					
SPACE BELOW FOR OS USE ONLY					

UNCLASSIFIED
  INTERNAL USE ONLY
  CONFIDENTIAL
  SECRET

ROUTING AND RECORD SHEET

SUBJECT: (Optional)

FROM: *OW*  
WH/Personnel

NO.  
DATE  
22 January 1960

TO: (Officer designation, room number, and building)

DATE RECEIVED FORWARDED OFFICER'S INITIALS

COMMENTS (Number each comment to show from whom to whom. Draw a line across column after each comment.)

1.	WH/Pers Ofcr	<i>22 Jan</i>	<i>OW</i>	
2.				
3.	C/WH/Support	<i>JAN 25 1960</i>	<i>OW</i>	
4.				
5.	WH/Pers			
6.	<i>Paul A.</i>	<i>JAN 26 1960</i>	<i>1/27</i>	<i>RG</i>
7.	CS/PO 2120 I Bldg.	<i>42h 60</i>	<i>OW</i>	
8.				
9.	<i>MRS CARRIOTT</i>			
10.	<i>CURIE</i>			
11.				
12.				
13.				
14.	<i>P</i>			
15.				

Service as CA with agency, no creditable service RCD, but not SCD. - 3-14-60 *OW*

Please coordinate with Ron Gage per his conversation with Mr. Bowers, WH/Pers on 22 Jan 60.

Send 259 p to Mr Kennedy MO. stating 89's have been forwarded to MO on Phillips, wife and all children.

Sent to MO 1-10-60  
 For mail - 15 Mar - 8:30

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### ROUTING AND RECORD SHEET

SUBJECT: (Optional)

FROM:

NEA/ADM/Personnel  
1031 Bldg. X8671

NO.

DATE

6 August 1958

TO: (Officer designation, room number, and building)

DATE

OFFICER'S INITIALS

COMMENTS (Number each comment to show from whom to whom. Draw a line across column after each comment.)

1.

NEA/B & F

8/6

LS

2.

3.

~~NEA/HRG~~

4.

5.

NEA/PERSONNEL

19 Aug 58

foo

6.

7.

CS/CS PANEL (Section A) 2106L

13 AUG 1958

AUG 13

8.

CPD

ask 15 Aug 58

9.

~~OFFICE OF PERSONNEL~~

10.

c/cpd

11.

2102-L

12.

13.

14.

15.

14-92-16-X

Employee had following:

Security debriefing  
CPD  
Finance  
Logistics

F. Newald

1, 13, 00, 4, 1

In your signature  
Please - True Resp.

FORM 1 DEC 56

610

USE PREVIOUS EDITIONS

**SECRET**

CONFIDENTIAL

INTERNAL USE ONLY

UNCLASSIFIED



UNCLASSIFIED

INTERNAL USE ONLY

CONFIDENTIAL

**SECRET**

ROUTING AND RECORD SHEET

SUBJECT: (Optional)

FROM:

NEA/ADM/Personnel  
1103 I Bldg. x8671

NO.

DATE

16 May 1957

TO: (Officer designation, room number, and building)

DATE

OFFICER'S INITIALS

COMMENTS (Number each comment to show from whom to whom. Draw a line across column after each comment.)

1.

NEA/B & F

*DL*

2.

3.

NEA/TRG

*20 May*

5.

NEA/PERSONNEL

*20 May*

*NEA*

*approved by DC/NEA & DD*

7.

WH DIVISION

*22 May 22 JCRB*

*Please attach correct letters re: sub*

8.

9.

CS/CS PANEL (Section A) 2309L

MAY 22 1957

*June 1957*

*Latest Fitness Report for period February-September 1956 is in file. Shortly after this period sub, at*

10.

PED

*20/6/57*

*4/2/58*

*2088*

*now returned for TOI with NEA.*

11.

OFFICE OF PERSONNEL

*PI*

*25 JUN 1957*

*715*

*Baymond WH/PER*

*CPD Room 401 16 ch*

*260 June*

*260 June*

*Del*

*261 copy 20 June 57*

*cont # 542*

13.

*Here*

*Chief*

*2088*

14.

*Chief/CPD*

*For your signature*

*TO support check of needed submitted by you 19 June 1957*

15.

CONFIDENT PERSONNEL DIVISION  
Room 2097 Ext 5505

FORM 1 DEC 56 610

USE PREVIOUS EDITIONS

**SECRET**

CONFIDENTIAL

INTL USE ONLY

UNCLASSIFIED

SECRET  
(WHEN FILLED IN)

REPORT OF SEPARATION			DATE
		18 August 1958	
SERVICE DESIGNATION DP			
1. NAME (LAST, FIRST, MIDDLE) <i>David A. [unclear]</i>	2. DATE OF BIRTH 10/31/22	3. JOB TITLE Ops Officer(PP)	4. GRADE GS-14
2. OFFICE DDP/NSA	6. DIVISION DDP/NSA	7. BRANCH Egypt & Arab States Br.	
8. LONGEVITY COMPUTATION DATE 4/1/55	9. DATE OF RESIGNATION 13-Aug 58	10. SEPARATION CATEGORY 1,13,00,4,1	
11. DATE EXIT INTERVIEW	12. NAME OF EXIT INTERVIEWER		
13. REMARKS  To enter Private Business  This is for record only no exit interview conducted			
14. <input type="checkbox"/> IS <input type="checkbox"/> IS NOT RECOMMENDED FOR RE-EMPLOYMENT		16. <input type="checkbox"/> IS <input type="checkbox"/> IS NOT RECOMMENDED FOR RE-EMPLOYMENT	
SIGNATURE OF SUPERVISOR			
15. <input type="checkbox"/> IS <input type="checkbox"/> IS NOT RECOMMENDED FOR RE-EMPLOYMENT			
SIGNATURE OF PLACEMENT OFFICER		SIGNATURE OF PERSONNEL RELATIONS OFFICER	

**Office Memorandum • UNITED STATES GOVERNMENT****TO :** The record**DATE:** 15 Aug 58**FROM :** Dorothy S. Kreinheder/CFD(Staff Agent Branch)**SUBJECT:** *Special Phillips*  
~~████████████████████~~

1. This is certification that during the Personnel interview with Mr. ~~██████████~~ on 7 Aug 58 he specifically stated that he did not want an SF-3 (Unemployment Compensation Program) sent to the DDP/NEA Division.

2. Subject coordinated with CCB 7 Aug 58 re: retirement (all services were being combined and sent to the CSC)

3. Subject had intention of checking B & C re: Hospitalization, Mutual Insurance & Conversion of FEOLI.

*Dorothy S. Kreinheder*  
Dorothy S. Kreinheder

11 August 1958

I receive from Central Intelligence Agency  
effective date of business Wednesday 13th  
of August, 1958.

David A. Thomas

4824 WINSBURN ST.  
FORT WORTH, TEXAS

**SECRET**  
(When Filled In)

DATE PREPARED			REQUEST FOR PERSONNEL ACTION										V to V			V to UV				
Mo	Da	Yr.											UV to V			UV to UV				
3	6	58																		
1. Serial No.			2. Name (Last-First-Middle)						3. Date of Birth			4. Year, Pref., S. Sec.			6. CS - EOD					
			<i>Frank J. Dewall</i>						Mo Da Yr			Mo Da Yr			Mo Da Yr					
									10 31 22			Mo Da Yr								
7. SCD			8. CSC Releas.			9. CSC Or Other Legal Authority			10. Appt. Affidav.			11. FEGLI			12. LCD			13. MIL. SERV. CREDIT, LCD		
Mo Da Yr			Yes - 1 Code						Mo Da Yr			Yes-1 Code			Mo Da Yr			Yes - 1 Code		
			No - 2									Mo - 2						Mo - 2		

**PREVIOUS ASSIGNMENT**

14. Organizational Designations				Code		15. Location Of Official Station				Station Code	
DDP/NEA PROJECT ANNEX EGYPT & ARAB STATES BRANCH PROJECT PECTATE						BEIRUT, LEBANON					
16. Dept.-Field		17. Position Title				18. Position No.		19. Serv.		20. Occup. Series	
Dept. Valid-Frgn.		Code		CPS. OFFICER (P)				REP 8127		GS 0136.31	
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade		25. PSI Due		26. Appropriation Number	
14 3		\$ 11,835.00		DP		Mo Da Yr		Mo Da Yr		9-33-1-91-215	

**ACTION**

27. Nature Of Action		Code		28. Eff. Date		29. Type Of Employee		Code		30. Separation Data	
RESIGNATION*		Tot		8 13 58		REGULAR (SA)					

**PRESENT ASSIGNMENT**

31. Organizational Designations				Code		32. Location Of Official Station				Station Code	
33. Dept.-Field		34. Position Title				35. Position No.		36. Serv.		37. Occup. Series	
Dept. Valid-Frgn.		Code									
38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grade		42. PSI Due		43. Appropriation Number	
		\$				Mo Da Yr		Mo Da Yr			

**SOURCE OF REQUEST**

A. Requested By (Name And Title)		C. Request Approved By (Signature And Title)	
FRANK J. DEWALL, Jr., NEA/SS/PERSONNEL		<i>Frank J. Dewall</i>	
B. For Additional Information Call (Name & Telephone Ext.)			
Shirley M. Ryan ext. 6011			

**CLEARANCES**

Clearance	Signature	Date	Clearance	Signature	Date
A. Career Board	<i>Ronald Gage</i>	12 13	D. Placement		
B. Pos. Control			E.		
C. Classification			F. Approved By	<i>Frank J. Dewall</i>	12/13

Remarks  
\*See reverse side.  
*Employee has following assignments - Security - Personnel - Civilian and Foreign - Employee is employable.*

SECRET  
(When Filled In)

RESIGNATION

I Resign For The Following Reason:

ENTER PRIVATE BUSINESS

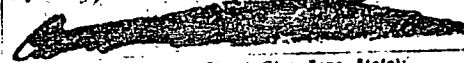
My Last Working Day Will Be

Oct 13 Aug 58

This Date (Date Of Signature)

13 Aug 58

Signature

*John P. ...*  


Forward Communications, Including Salary Checks And Bonds, To The Following Address (Number, Street, City, Zone, State):

4804 WRENCHURU - FORT WORTH, TEXAS

SECRET

SECRET

STANDARD FORM 52 OFFICE OF PERSONNEL U. S. DEPARTMENT OF STATE PERSONNEL ACTION PERSONNEL ACTION	<b>UNVOUCHERED</b>
--	--------------------

REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed. If applicable, obtain resignation and fill in separation data on reverse.

1. NAME (Mr - Miss - Mrs - One given name, initial(s), and surname) <b>[REDACTED] (P) David Phillips</b>	2. DATE OF BIRTH <b>31 Oct. 1922</b>	3. REQUEST NO.	4. DATE OF REQUEST <b>16 May '57</b>
5. NATURE OF ACTION REQUESTED: A. PERSONAL (Specify whether appointment, promotion, separation, etc.) <b>Reassignment (Staff Agent)</b>		6. EFFECTIVE DATE & PROPOSED <b>30 April 1957 16 June 57</b>	7. C.S. OR OTHER LEGAL AUTHORITY <b>See para 17, 21, 25</b>
8. POSITION (Specify whether establish, change grade or title, etc.) <b>FROM - Ops. Off. (PP) BAF 125</b>		B. APPROVED: <b>16 JUN 1957</b>	

9. FROM - Ops. Off. (PP) BAF 125 GS-0136.31-14 \$10,535.00 p.a. DDP/WE Branch III HAVANA, CUBA - STAG Havana, Cuba <input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL	10. TO - Ops. Off. (PP) BAF 125 GS-0136.31-14 \$10,535.00 p.a. DDP/NEA Egypt and Arab States Branch Project PECTATE Beirut, Lebanon <input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL
11. HEADQUARTERS	12. FIELD OR DEPARTMENTAL

A. REMARKS (Use reverse if necessary)  
**FROM ON**  
**Change: Proposed for WAF/PP**  
**10 NEA**  
**16 JUN 1957**

B. REQUESTED BY (Name and title) <b>T. J. Hester, NEA/ADM/PERSONNEL</b>	D. REQUEST APPROVED BY Signature: _____ Title: _____
C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension) <b>Shirley Matthews ext. 8071</b>	

13. VETERAN PREFERENCE GRADE: [ ] WWD [ ] OTHER [ ] PT [ ] 10 POINT [ ] [ ] DISAB. [ ] OTHER [ ]	14. POSITION CLASSIFICATION ACTION NEW [ ] VICE [ ] L.A. [ ] PEAL [ ] <b>16 JUN 57</b> <b>SD+DP</b>
--	--

15. SECURITY FUNDS AVAILABLE: M <b>Charge 1743361-91-215</b>	17. SUBJECT TO C. S. RETIREMENT ACT (YES-NO) <b>Yes</b>	18. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)	19. LEGAL RESIDENCE STATE: <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED
---	--	--	--

20. STATE OF DEPARTMENTAL REMARKS  
**Present letter o.k. Per K. L. 8 July 57**  
**Havana taking care of legal. All outstanding.**

21. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS
A			
B. CELL OR POS CONTROL	<b>MIS</b>	<b>25 JUN 57</b>	
C. CLASSIFICATION		<b>21 JUN 57</b>	
D. PLACEMENT OR EMPL.		<b>16 JUN 57</b>	
E			

F. APPROVED BY  
**Louis W. [Signature]**

SECRET

STANDARD FORM 52 FORM 52 OF 1954 U.S. GOVERNMENT PRINTING OFFICE WASHINGTON, D.C. 20540	UNVOUCHERED
--	-------------

REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed. If applicable, obtain resignation and fill in separation data on reverse.

1. NAME (Mr., Miss, Mrs., etc. and name, initial(s), and surname) <i>Harold [unclear]</i>	2. DATE OF BIRTH 31 Oct 1922	3. REQUEST NO.	4. DATE OF REQUEST 7 May 1956
5. NATURE OF ACTION REQUESTED A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) Reassignment (Staff Agent)		6. EFFECTIVE DATE A. PROPOSED:	7. C 5 OR OTHER LEGAL AUTHORITY
8. POSITION (Specify whether establish, change grade or title, etc.)		B. APPROVED: JUN 3 1956	

FROM— Ops Officer (PP) EAF-125	9. POSITION TITLE AND NUMBER	TO— Ops Officer (PP) EAF-125
	10. SERVICE, GRADE, AND SALARY GS-0136.31-14 \$10320.00 p.a.	
	11. ORGANIZATIONAL DESIGNATIONS DDP/AM Branch III	
	12. HEADQUARTERS HAVANA-CUBA STATION Havana, Cuba	
<input type="checkbox"/> FIELD	<input type="checkbox"/> DEPARTMENTAL	<input checked="" type="checkbox"/> FIELD

A. REMARKS (Use reverse if necessary)  
New T/O

POSTED ON  
OF-AM  
7 May 56

USED IN LIEU OF SF50  
NOTIFICATION OF PERSONNEL ACTION

B. REQUESTED BY (Name and title)  
*Charles C. [unclear]*

C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension)  
*J. NOJANOVICH 7-1457*

D. REQUEST APPROVED BY  
Signature: \_\_\_\_\_  
Title: \_\_\_\_\_

13. VETERAN PREFERENCE NONE <input type="checkbox"/> WWI <input type="checkbox"/> OTHER <input type="checkbox"/> SPT <input type="checkbox"/> 15 POINT <input type="checkbox"/> DISAB <input type="checkbox"/> OTHER <input type="checkbox"/>	14. POSITION CLASSIFICATION ACTION NEW <input type="checkbox"/> VICE <input type="checkbox"/> I A <input type="checkbox"/> REAL <input type="checkbox"/>
---	---

15. SEX M <input checked="" type="checkbox"/> W <input type="checkbox"/>	16. RACE W <input checked="" type="checkbox"/> O <input type="checkbox"/>	17. APPROPRIATION FROM: 6-3545-55-355 TO: Same	18. SUBJECT TO C 5 RETIREMENT ACT (YES-NO)	19. DATE OF APPOINTMENT AFFIDAVIT'S (ACCESSIONS ONLY)	20. LEGAL RESIDENCE STATE: <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED
---	--	--	--	---	--

21. STANDARD FORM 50 REMARKS

Concur  
PP/Career Ser  
APPROVED  
1956

22. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS
A.			
B. CEIL. OR PAS. CONTROL			
C. CLASSIFICATION			
D. PLACEMENT OR EMPL.	<i>CEB 5/17/56</i>		
E.			
F. APPROVED BY <i>Alfred A. [unclear]</i>			

SECRET



STANDARD FORM 52  
 FORM 52-1 (REVISED 1-1-56)  
 GSA GEN. REG. NO. 27  
 (41 CFR 101-11.6)  
 MANUAL CONTROL BY:

**REQUEST FOR PERSONNEL ACTION**

UNVOUCHERED

**REQUESTING OFFICE:** Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed. If applicable, obtain resignation and fill in separation data on reverse.

1. NAME (Mr., Miss, Mrs., Omg Aron name, initials, and surname) <i>David Phillips</i>		2. DATE OF BIRTH <i>31 Oct 1922</i>	3. REQUEST NO.	4. DATE OF REQUEST <i>16 Jan 56</i>
5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) <b>Excepted Appointment (Staff Agent)</b>			6. EFFECTIVE DATE A. PROPOSED:	7. C.S. OR OTHER LEGAL AUTHORITY
8. POSITION (Specify whether establish, change grade or title, etc.)			B. APPROVED: <b>FEB 7 1956</b>	

FROM—	9. POSITION TITLE AND NUMBER	TO—
	10. SERVICE, GRADE, AND SALARY	<b>Ops Officer (PP) EAF-125</b>
	11. ORGANIZATIONAL DESIGNATIONS	<b>GS-0136.31-14 \$10,320.00 p.a.</b>
	12. HEADQUARTERS	<b>DDP/WH</b>
<input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL		<b>Havana, Cuba.</b>
	12. FIELD OR DEPARTMENTAL	<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL <b>(PP)</b>

A. REMARKS (Use reverse if necessary)

B. REQUESTED BY (Name and title) <i>Frank J. Smith ICA/WH</i>	D. REQUEST APPROVED BY Signature: _____ Title: _____
C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension) <b>P. C. POWERS</b>	

13. VETERAN PREFERENCE NONE <input type="checkbox"/> WAR <input type="checkbox"/> OTHER <input type="checkbox"/> 5-PT. <input type="checkbox"/> 10 POINT <input checked="" type="checkbox"/> DISAB. OTHER	14. POSITION CLASSIFICATION ACTION NEW <input type="checkbox"/> VICE <input type="checkbox"/> L.A. <input type="checkbox"/> REAL <input type="checkbox"/> <b>SD-DP</b>
---	--

15. SEX <b>M</b>	16. RACE <b>W</b>	17. APPROPRIATION FROM: TO <b>6-3545-55-055</b>	18. SUBJECT TO C.S. RETIREMENT ACT (YES-NO) <b>Yes</b>	19. DATE OF APPOINTMENT AFFIDAVIT (ACCESSIONS ONLY)	20. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:
------------------	-------------------	--	---	---	---

21. STANDARD FORM 50 REMARKS

Approved JAN 18 1956  
*[Signature]*  
 APPROVED Service  
 CONTRACT PERSONNEL DIVISION

22. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS
A			Effective: <b>FEB 7 1956</b>
B CEIL OR POS CONTROL		<b>23 JAN 1956</b>	
C CLASSIFICATION			
D PLACEMENT ON ENPL	<i>OC P</i>	<b>1/18/56</b>	
E			

F. APPROVED BY  
*[Signature]*

STANDARD FORM 52  
 FORM BATED BY THE  
 U. S. CIVIL SERVICE COMMISSION  
 JANUARY 1956 - FEDERAL PERSONNEL  
 MANUAL, CHAPTER 23

**REQUEST FOR PERSONNEL ACTION**

**BOUCHERED**

**REQUESTING OFFICE:** Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed.  
 If applicable, obtain resignation and fill in separation data on reverse.

1. NAME (Mr. - Miss - Mrs. - One given name, initial(s), and surname) <b>Mr. David A. PHILLIPS</b>	2. DATE OF BIRTH <b>31 Oct 1922</b>	3. REQUEST NO.	4. DATE OF REQUEST <b>1956 16 January 1</b>
5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) <b>Resignation</b>		6. EFFECTIVE DATE A. PROPOSED:	7. C. S. OR OTHER LEGAL AUTHORITY
8. POSITION (Specify whether establish, change grade or title, etc.)		9. APPROVED: <b>FEB 6 1956</b>	

10. FROM— <b>Ops Officer BW-229</b> <b>GS-0136, 31-14 \$10,320.00 p.a.</b> <b>DDP/PP Operations Staff</b> <b>Information Coordination Division</b> <b>Office of the Chief</b> <b>Washington, D. C.</b>	11. HEADQUARTERS	12. FIELD OR DEPARTMENTAL <input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL
13. POSITION TITLE AND NUMBER	14. ORGANIZATIONAL DESIGNATIONS	15. SERVICE, GRADE, AND SALARY
16. FIELD OR DEPARTMENTAL <input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL	17. FIELD OR DEPARTMENTAL <input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL	18. FIELD OR DEPARTMENTAL <input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL

19. REMARKS (Use reverse if necessary)  
*Concurred on with Mr. Sinafor Chief / ICD/PP by phone 3 Feb 1956.  
 To seek other employment. KLLW.*

20. REGISTERED BY (Name and title) <i>Harold J. ...</i>	21. REQUEST APPROVED BY Signature: _____ Title: _____
22. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension) <b>P. C. BOWERS X 4457</b>	

23. VETERAN PREFERENCE NONE: <input type="checkbox"/> WITH OTHER: <input type="checkbox"/> 9-PT. <input type="checkbox"/> 10-POINT <input checked="" type="checkbox"/> DISAB: <input type="checkbox"/> OTHER: <input type="checkbox"/>	24. POSITION CLASSIFICATION ACTION NEW: <input type="checkbox"/> VICE: <input type="checkbox"/> 1: <input type="checkbox"/> A: <input type="checkbox"/> REAL: <input type="checkbox"/> <b>SD-DP</b>
--	---

25. SEX: <input checked="" type="checkbox"/> M <input type="checkbox"/> W	26. RACE: <input type="checkbox"/> H <input type="checkbox"/> O	27. APPROPRIATION FROM: <b>6-2105020</b> TO: _____	28. SUBJECT TO C. S. RETIREMENT ACT (YES-NO)	29. DATE OF APPOINTMENT AFFIDAVIT (ACCESSIONS ONLY)	30. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE: _____
---	---	--	--	---	---

31. STANDARD FORM 50 REMARKS  

Approved in absence  
*W. Collins*  
 TP, Career Service

32. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS
A.			
B. CEIL OR POS CONTROL		23 JAN 1956	
C. CLASSIFICATION			
D. PLACEMENT OR ENPL.	<i>DEE</i>	<i>1/16/56</i>	
E.			

33. APPROVED BY  
*per F. Bear, Jr 18 Jan '56*

STANDARD FORM 52  
 FORM 4470 (7-54)  
 U. S. GOVERNMENT PRINTING OFFICE  
 WASHINGTON 20540—FEDERAL PERSONNEL  
 MANUAL, CHAPTER 10

**REQUEST FOR PERSONNEL ACTION**

**VOUCHERED**

**REQUESTING OFFICE:** Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed.  
 If applicable, obtain resignation and fill in separation data on reverse.

1. NAME (Mr.—Miss—Mrs.—One given name, initial(s), and surname) <b>MR. DAVID A. PHILLIPS</b>	2. DATE OF BIRTH <b>31 Oct '22</b>	3. REQUEST NO.	4. DATE OF REQUEST <b>16 Sept. '55</b>
5. NATURE OF ACTION REQUESTED A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) <b>REASSIGNMENT (CORRECTION)</b>		6. EFFECTIVE DATE A. PROPOSED:	7. C.S. OR OTHER LEGAL AUTHORITY
8. POSITION (Specify whether establish, change grade or title, etc.)		9. APPROVED <i>[Signature]</i>	

FROM— Paramilitary Off. BW-156 GS-0136.11-14 <del>2600</del> p/a <i>10,320</i> DDP/PP Operations Staff Office of the Chief Washington, D. C. <input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL	10. POSITION TITLE AND NUMBER 11. SERVICE GRADE AND SALARY 12. ORGANIZATIONAL DESIGNATIONS 13. HEADQUARTERS 14. FIELD OR DEPARTMENTAL	TO— Ops Officer BW-229 GS-0136.31-14 <del>2600</del> p/a <i>10,320</i> DDP/PP Operations Staff Information Coordination Div. Office of the Chief Washington, D. C. <input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL
---	---	--

A. REMARKS (Use reverse if necessary)  
**To correct allotment number shown in action effective 14 Aug '55**

B. REQUESTED BY (Name and title) <i>Laura E. Keen, AC/PP/Admin</i>	D. REQUEST APPROVED BY
C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension) <b>Frances A. Taylor - x-8606</b>	E. SIGNATURE

15. VETERAN PREFERENCE NONE <input type="checkbox"/> JOINER <input type="checkbox"/> SPT <input type="checkbox"/> 10-POINT <input type="checkbox"/> 5-POINT <input checked="" type="checkbox"/> NEAR OTHER	16. POSITION CLASSIFICATION ACTION NEW <input type="checkbox"/> REUSE <input type="checkbox"/> L.A. <input type="checkbox"/> REAL <input type="checkbox"/> <b>SD:DP</b>
17. APPROPRIATION FROM <b>6-2101-20</b> TO <b>6-2105-20</b> <i>Cont'd</i>	18. SUBJECT TO C.S. RETIREMENT ACT (YES-NO) <i>yes</i>
19. DATE OF APPOINTMENT AFFIDAVIT (ACCESSION ONLY)	20. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE <i>Calif</i>

Approved SEP 20 1955  
*D. McCallin*  
 PP/Career Services

CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS
A			
B. CER. OR POS CONTROL		<i>SA 3 24 Sept</i>	
C. CLASSIFICATION			
D. PLACEMENT OR EMPL.	<i>SA 2 21 Sept 55</i>		
E			

F. APPROVAL ON  
*[Signature]* per *[Signature]* 22 Sept 55

STANDARD FORM 52  
 PREPARED BY THE  
 U. S. GOVERNMENT PRINTING OFFICE  
 SUBJECT: FEDERAL PERSONNEL  
 MANUAL CHAPTER 9

**VOUCHERED**

## REQUEST FOR PERSONNEL ACTION

**REQUESTING OFFICE:** Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed. If applicable, obtain resignation and fill in separation data on reverse.

<b>1. NAME</b> ( <i>Mr., Miss, Mrs. - One given name, initial(s), and surname</i> ) <b>MR. DAVID <del>SMITH</del> PHILLIPS</b>	<b>2. DATE OF BIRTH</b> 31 Oct. 1922	<b>3. REQUEST NO.</b>	<b>4. DATE OF REQUEST</b> 1 July 1955
<b>5. NATURE OF ACTION REQUESTED</b> <b>A. PERSONNEL</b> ( <i>Specify whether appointment, promotion, separation, etc.</i> ) <b>Reassignment</b>		<b>6. EFFECTIVE DATE</b> <b>A. PROPOSED:</b>	<b>7. C. S. OR OTHER LEGAL AUTHORITY</b>
<b>8. POSITION</b> ( <i>Specify whether establish, change grade or title, etc.</i> )		<b>B. APPROVED:</b> <i>14 Aug 55</i>	

<b>FROM</b> Paramilitary Off. BW-156 GS-0136.11-14 <sup>10 320</sup> \$9600 p/a DDP/PP Operations Staff Office of the Chief Washington, D.C.	<b>9. POSITION TITLE AND NUMBER</b>	<b>TO</b> Ops Officer BW-229 GS-0136.31-14 <sup>10 320</sup> \$9600 p/a DDP/PP Operations Staff Information Coordination Div. Office of the Chief Washington, D.C.	<b>10. SERVICE GRADE AND SALARY</b>
<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL	<b>11. HEADQUARTERS</b>	<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL	<b>12. FIELD OR DEPARTMENTAL</b>

**A. REMARKS** (*Use reverse if necessary*)  
  
For record purposes only

Approved JUL 14 1955  
*N. M. Crider*  
PP/Career Service

<b>B. REQUESTED BY</b> ( <i>Name</i> ) <i>Jeanne K. Letellier</i> <b>Jeanne K. Letellier, C/PP/Admin</b>	<b>D. REQUEST APPROVED BY</b> <i>N. M. Crider</i> Signature: <b>PP/Career Service</b>
<b>C. FOR ADDITIONAL INFORMATION CALL</b> ( <i>Name and telephone extension</i> ) <b>Frances A. Taylor, x 8606</b>	<b>Title:</b>

<b>13. VETERAN PREFERENCE</b> NONE <input type="checkbox"/> WWII <input type="checkbox"/> OTHER 5 PT. <input checked="" type="checkbox"/> 10 POINT <input type="checkbox"/> DISAB <input type="checkbox"/> OTHER <input type="checkbox"/>	<b>14. POSITION CLASSIFICATION ACTION</b> NEW <input type="checkbox"/> VICE <input type="checkbox"/> E.A. <input type="checkbox"/> REAL <input type="checkbox"/>  <b>SD-DP</b>
<b>15. SEX</b> M <input checked="" type="checkbox"/> W <input type="checkbox"/> <b>16. RACE</b> W <input checked="" type="checkbox"/> O <input type="checkbox"/>	<b>17. APPROPRIATION</b> FROM: 5-2101-20 TO: 6-2101-20
<b>18. SUBJECT TO C. S. RETIREMENT ACT</b> (YES-NO) NO	<b>19. DATE OF APPOINTMENT AFFIDAVIT</b> (ACCESSIONS ONLY) <i>27 Aug 55</i>
<b>20. LEGAL RESIDENCE</b> <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE: <i>CA</i>	

**21. STANDARD FORM 50 REMARKS**

22. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS
A			
B. CEIL OR POS CONTROL	<i>SM</i>	<i>27 Aug 55</i>	
C. CLASSIFICATION			
D. PLACEMENT OR EMPL.	<i>7-B</i>	<i>8-1</i>	
E			

**F. APPROVED BY**  
*[Signature]* per *Beary 1 Aug 55*

ENTRANCE ON DUTY NOTICE		1. DATE 7 June 1955
TO: Franc Taylor		DDP/PP
<small>THIS FORM IS TO BE FILLED OUT BY THE PERSONNEL OFFICE AT THE TIME OF CLEARANCE UNDER THE PROVISIONS OF THE NATIONAL SECURITY ACT OF 1950 AND IS TO BE MAINTAINED AS A PART OF THE PERSONNEL FILE OF THE INDIVIDUAL CONCERNED.</small>		
2. NAME (Last, First, Middle) Phillips, David A.	3. JOB TITLE AND GRADE Paramilitary Off. GS-14	
4. EFFECTIVE DATE OF ACTION 1 April 1955	5. ACTION <input checked="" type="checkbox"/> REASSIGNMENT	6. TYPE CLEARANCE Full
7. REMARKS (In the interest of other limitations):		
H. G. Reynolds <i>sep</i>		
DISTRIBUTION: ORIGINAL AND COPY (WHITE) TO ITEM NO. 3, COPY (PINK) TO PERSONNEL FOLDER		

FORM NO. 37-118 PREVIOUS EDITIONS NOT VALID  
NOV 1952

SECRET  
CONFIDENTIAL

REQUEST FOR PRE-EMPLOYMENT MEDICAL EVALUATION		1. DATE 4/7/55
2. NAME (Last, First, Middle) Phillips, David Allen		3. SUSPENSE DATE (120 WORKING DAYS)
4. ORGANIZATIONAL ASSIGNMENT DDP/PP	5. POSITION TITLE (and grade) Paramilitary Off. GS-14	6. PERSONNEL DIVISION <input checked="" type="checkbox"/> Overt <input type="checkbox"/> Covert
7. THE MEDICAL OFFICE IS REQUESTED TO CHECK THE DESIRED ACTION, RETURNING THE ORIGINAL COPY OF THIS FORM TO THE APPROPRIATE PERSONNEL DIVISION NO LATER THAN THE SUSPENSE DATE INDICATED IN ITEM NO. 3.		
A <input checked="" type="checkbox"/> Approve processing for E.O.D.    B <input type="checkbox"/> Hold pending receipt of additional medical information (form letters attached)    C <input type="checkbox"/> Request pre-employment medical examination D <input type="checkbox"/> Rejected for medical reasons		
8. Remarks:  This (approval) <del>request</del> supersedes the previous (request) <del>approval</del> .		
<i>Harfelder</i>		James M. Sanchez, Jr. SIGNATURE FOR MEDICAL OFFICE

FORM NO. 37-163  
FEB 1953

CONFIDENTIAL

CONFIDENTIAL

REQUEST FOR PRE-EMPLOYMENT MEDICAL EVALUATION		1. DATE 31 March 1955
2. NAME (Last, First, Middle) Phillips, David Allen		3. SUSPENSE DATE (120 WORKING DAYS)
4. ORGANIZATIONAL ASSIGNMENT DDP/PP	5. POSITION TITLE (and grade) Paramilitary Off. GS-14	6. PERSONNEL DIVISION <input checked="" type="checkbox"/> Overt <input type="checkbox"/> Covert
7. THE MEDICAL OFFICE IS REQUESTED TO CHECK THE DESIRED ACTION, RETURNING THE ORIGINAL COPY OF THIS FORM TO THE APPROPRIATE PERSONNEL DIVISION NO LATER THAN THE SUSPENSE DATE INDICATED IN ITEM NO. 3.		
A <input type="checkbox"/> Approve processing for E.O.D.    B <input checked="" type="checkbox"/> Hold pending receipt of additional medical information (form letters attached)    C <input type="checkbox"/> Request pre-employment medical examination D <input type="checkbox"/> Rejected for medical reasons		
8. Remarks: ADDITIONAL MEDICAL INFO ON: (4-6-55) French mouth or pyorrhea Red wetting after 6 years of age.		

*Handwritten notes and signatures:*  
 OK  
 [Illegible signatures and initials]

**CONFIDENTIAL**

<b>REQUEST FOR SECURITY CLEARANCE</b>		SR-6038-PP	
		31	
		20 March 1955	
FULL NAME: Phillipa, David Atlee		YEAR OF BIRTH: 1922	
POSITION TITLE: Paramilitary Off. PP (PW-156-11)		GRADE: GS-11	
LOCATION (OFFICE): DDP/PP		OFFICE: Operations Staff	
GEOGRAPHIC DESTINATION (CITY AND STATE OR COUNTRY, AS APPLICABLE): Washington, D. C.		OFFICE OF CHIEF: Office of Chief	
TYPE OF EMPLOYEE: 1. <input type="checkbox"/> OTHER 2. <input checked="" type="checkbox"/> REGULAR 3. <input type="checkbox"/> CONTACT 4. <input type="checkbox"/> CONSULTANT 5. <input type="checkbox"/> MILITARY			
FUNDS: <input type="checkbox"/> VOUCHERED <input type="checkbox"/> UNVOUCHERED			
TYPE(S) OF SECURITY CLEARANCE REQUESTED			
<input type="checkbox"/> PROVISIONAL (FCM: (show name of pool or group))			
<input type="checkbox"/> SECRET			
<input checked="" type="checkbox"/> FULL			
<input type="checkbox"/> WAIVER			
AVAILABILITY DATE (MM-YY): ASAP	EST. CLEARANCE DATE (MM-YY)	RECRUITMENT SOURCE	CODE: DV
SEX AND VETERAN STATUS: 1. <input type="checkbox"/> M-V 2. <input checked="" type="checkbox"/> M-NV 3. <input type="checkbox"/> F-V 4. <input type="checkbox"/> F-NV			
REMARKS:  NO CORRECTION			
Attachments: FMS 1 (SO) 1 (otr) Appenl. 1 & II-1 Photos.		H. G. Reynolds Director of Personnel ep	

UNCLASSIFIED

CONFIDENTIAL

SECRET

### ROUTING AND RECORD SHEET

**INSTRUCTIONS:** Officer designations should be used in the "TO" column. Under each comment a line should be drawn across sheet and each comment numbered to correspond with the number in the "TO" column. Each officer should initial (check mark insufficient) before further routing. This Routing and Record Sheet should be returned to Registry.

FROM: <i>PP/CS</i>				TELEPHONE NO.	NO.	
				DATE	<i>3 March 55</i>	
TO	ROOM NO.	DATE		OFFICER'S INITIALS	TELEPHONE	COMMENTS
		REC'D	FWD'D			
<i>CS/ESP</i>	<i>2001 L4</i>	<i>3/3</i>	<i>3/3</i>	<i>E</i>		<i>1. I suggest we approve on behalf of the CS/ESP and circulate a brief sheet for the info of all members.</i>  <i>2 &amp; 3 agree.</i> <i>JF</i>
<i>2. W. Carroll</i>		<i>3 March</i>	<i>3 March</i>	<i>JF</i>		
<i>3. Leford</i>		<i>3/4</i>	<i>3/17</i>	<i>BW</i>		
<i>4. P &amp; R D Curie</i>						
<i>5.</i>						
<i>6.</i>						
<i>7.</i>						
<i>8.</i>						
<i>9.</i>						
<i>10.</i>						
<i>11.</i>						
<i>12.</i>						
<i>13.</i>						
<i>14.</i>						
<i>15.</i>						

SECRET

CONFIDENTIAL

UNCLASSIFIED (40)

STANDARD FORM 52  
 PROVIDED BY THE  
 U. S. GOVERNMENT PRINTING OFFICE  
 WASHINGTON, D. C. 20540

VOUCHERED

**REQUEST FOR PERSONNEL ACTION**

REQUESTING OFFICE: Fill in Items 1 through 12 and A through D except 6B and 7 unless otherwise instructed.  
 If applicable, obtain resignation and fill in separation data on reverse.

1. NAME (Mr. Miss Mrs. One given name, initial(s), and surname) <b>MR. DAVID ATLEE PHILLIPS</b>		2. DATE OF BIRTH <b>31 October 1922</b>	3. REQUEST NO.	4. DATE OF REQUEST <b>4 Feb. '55</b>
5. NATURE OF ACTION REQUESTED A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) <b>EXCEPTED APPOINTMENT</b>		6. EFFECTIVE DATE A. PROPOSED: <b>1 April 1955</b>		7. C 5 OR OTHER LEGAL AUTHORITY
8. POSITION (Specify whether establish, change grade or title, etc.)		B. APPROVED:		

FROM—	9. POSITION TITLE AND NUMBER	10. <b>Paramilitary Off.</b> <sup>PP</sup> <b>BW-156-14</b>
	10. SERVICE, GRADE, AND SALARY	<b>GS-0136.11-14 \$9600 p/a</b>
	11. ORGANIZATIONAL DESIGNATIONS	<b>DDP/<sup>PP</sup> Operations Staff Office of the Chief</b>
	11. HEADQUARTERS	<b>Washington, D.C.</b>
<input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL	12. FIELD OR DEPARTMENTAL	<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL

A. REMARKS (Use reverse if necessary)  
**For slotting purposes only pending approval of new T/O**

*[Signature]*  
**John E. Baker, C/PP**

B. REQUESTED BY (Name and title) <b>Jeanne K. Letellier, C/PP/Admin</b>	D. REQUEST APPROVED BY Signature: <i>[Signature]</i>
C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension) <b>Frances A. Taylor, x 8606</b>	Title: <b>Career Service:PP</b>

13. VETERAN PREFERENCE	14. POSITION CLASSIFICATION ACTION
NONE <input type="checkbox"/> WAR <input type="checkbox"/> OTHER <input type="checkbox"/> 5 PT <input type="checkbox"/> 10 POINT <input type="checkbox"/> 15 POINT <input type="checkbox"/> DISAB <input type="checkbox"/> OTHER <input type="checkbox"/>	NEW <input type="checkbox"/> VICE <input type="checkbox"/> I. A. <input type="checkbox"/> REAL <input type="checkbox"/> <b>1/6 Seaford, CS/PP/NO SD:PP D</b>

15. SEX <b>M</b>	16. RACE <b>W</b>	17. APPROPRIATION FROM TO <b>5-2101-20</b>	18. SUBJECT TO C 5 RETIREMENT ACT (YES-NO)	19. DATE OF APPOINTMENT AFFIDAVIT (ACCESSIONS ONLY)	20. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:
---------------------	----------------------	---	--	---	---

21. STANDARD FORM 50 REMARKS

Approved **NAR 2 1955**  
*[Signature]*  
**PP/Career Service**

22. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS:
A.			
B. CEIL OR POS. CONTROL	<b>EH</b>	<b>3/24</b>	
C. CLASSIFICATION			
D. PLACEMENT OR EMPL.	<b>EH</b>	<b>3/15/55</b>	
E.			

F. APPROVED BY **Robert A. Stricklin by John J. Caldwell**



UNCLASSIFIED

CONFIDENTIAL

SECRET

ROUTING AND RECORD SHEET

INSTRUCTIONS: Officer designations should be used in the "TO" column. Under each comment a line should be drawn across sheet and each comment numbered to correspond with the number in the "TO" column. Each officer should initial (check mark insufficient) before further routing. This Routing and Record Sheet should be returned to Registry.

FROM:				TELEPHONE	NO.	
PP/Admin						
				DATE	7 February 1955	
TO	ROOM NO.	DATE		OFFICER'S INITIALS	TELEPHONE	COMMENTS
		REC'D	FWD'D			
1. C/PP	2032 K	FEB 10 1955		JBM		Contract will be terminated effective 1 April 55
2. CS/PP OS/CS	2031 L	29 Feb		MC JE		3 to 4. Dwight, Per our telephone conversation, I feel that our Career System should provide for the review of such cases from the point of view of: (a) Bringing someone in at this grade level (b) Whether the person's background & experience indicate that he should be picked up under the jurisdiction of a specialist panel or the CS Panel. It seems to me that such review could be the responsibility of the CS Panel or of the functional Panel General. The latter seems to make most sense. Could you review this one in PP from that point of view and let me know how you folks feel on the Policy questions?
3. <del>PP/PP</del> PP/CMO	2031 L Mr. Gell. K					
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						

SECRET

11 DEC 1957

MEMORANDUM FOR: Chief, Finance Division

SUBJECT: Equalization Allowance Adjustment  
for ~~David Phillips~~

*David Phillips*

1. Effective 15 December 1957, subject individual's equalization allowance is decreased from \$930 to \$563 per annum due to a decrease in the cost of living at subject's post as compared with Washington, D. C.

2. All other terms and conditions of the original authorization remain in full force and effect.

SIGNED

Louis W. Armstrong  
Chief, Contract Personnel Division

Distribution:

- Orig. and 1 - Addressee
- 2 - NEA Division
- 2 - CPD

OP/CPD:HSurles:ahw (9 Dec 57)

SECRET

S-E-C-R-E-T  
(When Filled In)

27 JUN 1957

MEMORANDUM FOR: Chief, Contract Personnel Division  
ATTENTION :  
FROM : Deputy Director of Security (Investigations  
and Support)  
SUBJECT : ~~XXXXXXXXXXXXXXXXXXXX~~  
*Special Phillips*

1. Reference is made to the memorandum dated 18 June 1957 in which a covert security clearance was requested to permit the Subject's conversion from an Ops Officer (FP), GS-14, DDP/WH, Branch III, Havana, Cuba, to an Ops Officer (PF), GS-14, DDP/NEA, Egypt and Arab States Branch, Project PECTATE, Beirut, Lebanon.
2. In accordance with the provisions set forth in the Director's Memorandum of 14 February 1949 entitled, "Security and Operational Clearances," a covert security clearance is granted for the use of the Subject, as described in your request as set forth in paragraph 1, above. For administrative purposes only, this clearance is effective as of 18 June 1957.
3. Subjects of covert security clearances are not to represent themselves as, nor are they to be represented as, employees of CIA.
4. Your attention is called to the fact that a covert security clearance does not constitute complete compliance with the provisions of CIA Regulation 10-210. Therefore, if you should desire at a later date to change the status or use of this individual, a request for clearance to cover any proposed change should be submitted to this office.
5. This clearance becomes invalid in the event the Subject's services are not utilized within 60 days of the date of this memorandum.

FOR THE DIRECTOR OF SECURITY:

*Robert H. Cunningham*  
Robert H. Cunningham

S-E-C-R-E-T

SECRET

Date: 18 June 1957

MEMORANDUM FOR: Chief, Special Security Division

FROM : Chief, Special Contracting, Allowances & Processing Staff, Wing 2F, Curtis Hall

SUBJECT Lincoln Phillips (P); Your Number 40696

1. In compliance with paragraph four (4), your memorandum dated                     , subject as above, clearance to cover the following proposed change in subject's status and/or use is hereby requested:

Ops Officer(PP)	Position Title	Ops. Off(PP)
OS-14	Grade & Salary	OS-14
DDP/WH Branch III	Orgn Designation	DDP/NEA Egypt & Arab States Branch Project PECTATE
Havana, Cuba	Headquarters	Beirut, Lebanon
( ) Field      ( ) Dept'l	Field or Hqtrs.	( ) Field      ( ) Dept'l

2. Changes other than specified above:

Cover is Commercial

Case Officer: Robert S. Goraliski X3548

3. The proposed effective date of this change is: 18 June 1957 (For Financial

and Administrative reasons.

Please phone verbal concurrence to Det Kreinheder X3585

LOUIS W. ARMSTRONG  
~~XXXXXXXXXXXXXXXXXX~~

*Verbal Concurrence  
Granted by Mr Godar  
21 June 57*

SECRET

SECRET

28 FEB 1957

MEMORANDUM FOR: Chief, Finance Division

SUBJECT: Equalization Allowance Adjustment for

~~XXXXXXXXXX~~  
*Phillips, Howard*

1. Effective 13 January 1957, subject individual's equalization allowance is decreased from \$3780 to \$3145 per annum due to a reduced cost of living index for subject's post.

2. All other terms and conditions of the original authorization remain in full force and effect.

SIGNED

RALPH S. POLLOCK  
Chief, Contract Personnel Division

elt-28 Feb 57

Distribution:

Original and 1: FD

2: WH Div

1: Subject File

1: Chrono File

1: Equal Allow File

1: my copy

SECRET

26 April 1967

MEMORANDUM FOR: Deputy Director for Investigations  
& Operational Support

THROUGH : Contract Personnel Division  
*Richard L. Davis*

SUBJECT : ~~Richard L. Davis~~ - Change of  
Pseudonym

REFERENCE : Memorandum for Deputy Director for Investigations  
& Operational Support, through, Contract Personnel  
Division, from this office, dated 26 April 1967

Due to a compromise, the pseudonym of Paul D. LANGEVIN has been  
changed. Please refer to reference for new pseudonym.

/s/ J. C. KING  
Chief, WMD

Distr. Notes -

See  
Reference  
File

Chrono - Statistics

allowance Staff  
Selection ..

Res

SECRET

SECRET

26 April 1957

MEMORANDUM FOR: Deputy Director for Investigations  
& Operational Support

THROUGH: Contract Personnel Division

SUBJECT: ~~XXXXXXXXXX~~ *Phillips, Harold*  
New Pseudonym

REFERENCE: Memorandum for Deputy Director for Investigations  
& Operational Support, through, Contract Personnel  
Division, from this office, dated 26 April 1957

The pseudonym of subject of reference has been changed to

~~XXXXXXXXXX~~  
*Harold Phillips*

J. C. KING  
Chief, WMD

SECRET

MEMORANDUM FOR: Chief, Finance Division

SUBJECT: Equalization Allowance Adjustment for

~~██████████~~  
*Phillips, Harold*

1. Effective 7 October 1956, subject individual's equalization allowance is increased from \$3670 to \$3780 per annum.

2. All other terms and conditions of the original authorization remain in full force and effect.

RALPH S. POLLOCK  
Chief, Contract Personnel Division



SECRET

3 JUL 1957

**MEMORANDUM FOR: Chief, Finance Division**

**SUBJECT: Equalization Allowance for**

*Philip David*

1. Subject individual is authorized an equalization allowance at the rate of \$950 per annum upon his arrival at Beirut, Lebanon.
2. All other terms and conditions of the original authorization remain in full force and effect.

SECRET

Louis W. Armstrong  
Chief, Contract Personnel Division

Distribution:

- Orig. and 1 - FD
- 2 - NEA
- ✓ 1 - Subject File
- 1 - Equal Allow File
- 1 - Chrono
- 1 - Extra

aih - 2 July 1957

SECRET

619

CLASSIFIED MESSAGE

ORIG : P. C. BOMERS  
UNIT : WH/PLSS  
CXT : 4457  
DATE : 8 FEBRUARY 1956

19  
**SECRET**

FOOTING	
1	2
2	3
3	5

TO : HAVANA, CUBA  
FROM : DIRECTOR  
CCNF : WH 5  
INFO : FI/ADMIN, FI/RI 2, OP 2, S/C 2

SA

DIR 46833 (OUT 67172) 2146Z 8 FEB 56

ROUTE  
PRECEDENCE  
CITE: DIR

TO: HAVA  
RE: DIR 30629 (OUT 86720)

*David Phillip*

~~ARR~~ HAVA 1440 HRS 9 FEB PAA 436 WITH FAMILY.

END OF MESSAGE

*J. C. King*  
J. C. KING  
RELEASING OFFICER

*H. J. Preston*  
H. J. PRESTON  
COORDINATING OFFICER

**SECRET**

*O. H. Conkle*  
O. H. CONKLE  
AUTHENTICATING OFFICER

IT IS FORBIDDEN TO MAKE A COPY OF THIS MESSAGE Copy No.

~~SECRET~~

SECRET

Office Memorandum • UNITED STATES GOVERNMENT

TO : Chief, Contract Personnel Division          DATE: MAR 20 1956  
FROM : Deputy Director of Security (Investigations and Support)  
SUBJECT: ~~XXXXXXXXXXXXXXXXXXXX~~

*Philippe Herold*

1. Reference is made to your request dated 20 January 1956 for a Covert Security Clearance to permit appointment of Subject to Staff Agent/operations officer at Havana, Cuba.

2. In accordance with the provisions set forth in the Director's Memorandum of 14 February 1949 entitled, "Security and Operational Clearances," a covert security clearance is granted for the covert use of the Subject, as described in your request as set forth in paragraph 1, above. This will confirm the Covert Security Clearance granted telephonically to Mr. Ken Wambold, OPD X-3585 on 26 January 1956.

3. Subjects of covert security clearances are not to represent themselves as, nor are they to be represented, as, employees of CIA.

4. Your attention is called to the fact that a covert security clearance does not constitute complete compliance with the provisions of CIA regulation 10-210. Therefore, if you should desire at a later date to change the status or use of this individual, a request for clearance to cover any proposed change should be submitted to this office.

5. This clearance becomes invalid in the event the Subject's services are not utilized within 60 days of the date of this memorandum.

FOR THE DIRECTOR OF SECURITY:

*Robert E. Cunningham*  
Robert E. Cunningham

SECRET

**SECRET**  
(When Filled In)

REQUEST FOR SECURITY CLEARANCE						REQUEST NO. (1-5)
						REQUEST DATE (6-11) 20 Jan 1956
NAME (LAST - FIRST - MIDDLE) <del>XXXXXXXXXXXXXXXXXXXX</del> David Phillips				(12 - 28)	YEAR OF BIRTH (29-30) 31 Oct 1922	
POSITION TITLE Operations Officer (OP)		POSITION NO. (31 - 36)		OCCUP. CODE (37 - 42)		GRADE (43-44) GS-14
LOCATION (CITY, STATE, COUNTRY) Havana, Cuba		ASSIGNMENT (OFFICE, DIVISION, BRANCH) DDP/WF				ORGR. CODE (45-48)
TYPE OF APPLICANT		CONVERSION ACTION		IF OTHER, SPECIFY:		TYPE OF APPL. (49)
REGULAR <input checked="" type="checkbox"/> CONTRACT <input type="checkbox"/> MILITARY <input type="checkbox"/>		SF to SA				
NAME OF REGISTERED OFFEROR Walter S. Pollock, C/OPD		TYPE OF ASSIGNMENT AND FUNDS				MOOTRS & FUND (50)
		MOS <input type="checkbox"/> USF <input type="checkbox"/> FF <input type="checkbox"/> V <input type="checkbox"/> UV <input type="checkbox"/>				
CLEARANCE REQUIRED		PROF. SIGNAL FOR INDICATE NAME OF POOL OR GROUP:				CLEARANCE (51)
		CONFIDENTIAL SECURITY CLEARANCE				SECRET <input type="checkbox"/> FULL <input type="checkbox"/>
ATTACHMENTS		PERSONAL HISTORY STATEMENT		APPENDIX I		RECRUIT. CODE (52-54)
		PHOTOGRAPH(S)		APPENDIX II		REPORT OF INTERVIEW
VETERANS STATUS		MALE - VETERAN		FEMALE - VETERAN		VET. PREF. & SEX (55)
		MALE - NON-VETERAN		FEMALE - NON-VETERAN		
REMARKS.						
<p align="center">Security #10696</p> <p align="center">Recent approval granted by Capt. [unclear]</p> <p align="center">[unclear] [unclear] [unclear]</p>						
SPACE BELOW FOR SO USE ONLY						

CLASSIFIED MESSAGE

DATE : 021 08/MK/ALN  
3 MAY 57

S-E-C-R-E-T

ROUTING	
1	4
2	5
3	6
MAY 3 1231Z 57	
ROUTINE	
IN 39082	

TO : DIRECTOR  
 FROM : BEIRUT  
 ACTION: NEA 6  
 INFO : FI/OPS 2, FI/RI 2, FD 3, OP 2, S/C 2

TO DIR INFO SA CITE BEIR 3537

PECTATE

*Philippe*  
~~██████████~~ AND FAMILY ARRIVED 30 APRIL.

END OF MESSAGE

*File  
 KHW*

S-E-C-R-E-T

IT IS FORBIDDEN TO MAKE A COPY OF THIS MESSAGE

Copy No.

CLASSIFIED MESSAGE

DATE 200 HM/JM/BJ  
30 APR 57

200

SECRET

ROUTING	
1	4
2	3
3	6

APR 30 10 08 57  
REC'D CABLE SECT.

PRIORITY

IN 37747

TO DIRECTOR

FROM HAVANA

ACTION: WH 5

INFO: FI/OPS 2, FI/RI 2, NEA 4, OP 2, S/C 2

TO PRITY DIR INFO: BEIR CITE HAVA 900

ADMIN

*David Phillips*

~~XXXXXXXXXX~~ AND FAMILY DEPARTED HAVA CUBANA FLIGHT  
998 0800 HOURS 29 APR ETA BEIRUT 2100 HOURS 30 APR BEIRUT TIME  
PAA FLIGHT 64.

END OF MESSAGE

*Phillips*  
*1160*

SECRET

IT IS FORBIDDEN TO MAKE A COPY OF THIS MESSAGE COPY NO.

SECRET  
(When Filled In)

1. NAME (Last, First, Middle Initial) Phillips, David Algeo		2. BIRTH DATE 31 Oct 1922		3. BIRTH PLACE New York	
4. MARITAL STATUS Remarried		5. DEPENDENTS (Include own & step) 7		6. US MAILING ADDRESS NA	
7. CARRIES PASSPORT None		8. OTHER STATUS None		9. LAST EMPLOYER, QUAL. FOR Dns 1969 Prof PCS O/S PCS O/S	
10. CURRENT RESERVE STATUS None		11. GRADE None		12. ACTIVE DUTY WITH USA None	
13. ASSESSMENT DATE None		14. PROFESSIONAL TEST DATE None		15. LANGUAGE APTITUDE TEST DATE None	
16. NON-CIA EMPLOYMENT 1942-43 Self-employed, Actor 1943-45 Military Service, USAR, S/Sgt 1949-54 "The South Pacific Mail" (News Paper), Santiago, Chile, - Owner-Editor, Publisher, Lecturer					
17. NON-CIA EDUCATION 1940-41 Collog of William & Mary, Williamsburg, Va - Drama, English 1941-42 Texas Christian Univ, Ft Worth, Texas - Drama, English 1948 Univ of Chile, Santiago, Chile - Spanish					
18. FOREIGN LANGUAGE ABILITIES (Language, Proficiency, Date Tested) French-R, Elem; W, Slight (Jun 1961); P, S, U, Slight; T, None-Oct '57 (His exp) Spanish, New World - R High; W, P, S, U Inter (Sep 1959) Transl & Interpreter Portuguese (Brazilia) - R Inter (Dec 1969)					
19. AGENCY SPONSORED TRAINING 1955 Reading Improvement 1971 Wpas/Defensive Driving 1965 COS Seminar 1969 Short Range Agt Cont Surv 1969 Portuguese 1969 COS Sem					
20. CIA EMPLOYMENT HISTORY SINCE 10 SEPT 1947 (Personal Actions, Military Orders, and Technical Details)					
21. EFFECTIVE DATE	22. POSITION TITLE & OCCUPATIONAL CODE	23. GRADE	24. SS	25. ORGANIZATION & ORGN. TITLE (If any)	26. LOCATION
	1952-53 Contract Agent			WH/Santiago, Chile	Santiago
	1954-55 Contract Employee			WH	Quatemala
Apr 1955	Para Mil Off 0136.11	14	D	DDP/PP Ops Stf	Hq
Aug 1955	Ops Officer 0136.31	14	DP	DDP/PP Ops/Info Coord Div	"
Feb 1956	Ops Off(PP) 0136.31	14	EP	DDP/WH III/Havana Cuba Sta	Havana
Apr 1957	" " " 0136.31	14	DP	DDP/WH/EAS Br/PROFESTATE	Esirut
	1958-60 Contract Agent (Independent)			DDP/WH	Havana
Mar 1960	Ops Off 0136.01	14	D	DDP/CS Dev Comp/WH	Hq
Apr 1960	" " 0136.01	14	D	DDP/WH-4	"
Sep 1961	" " 0136.01	14	D	DDP/WH-3/Mexico Sta	Mexico City
Sep 1963	" " 0136.01	15	D	" " " " " "	"
Jan 1965	Chief of Station 0136.05	15	D	DDP/WH-2/Son Rep Sta/COS	Santo Domingo
Sep 1967	Ops Off 0136.01	15	D	DDP/WH/Ch, Cuban Ops Group	Hq
Dec 1968	" " 0136.01	16	D	" " " " " "	"
Jan 1970	Chief of Sta 0136.05	16	D	DI/WH/IR-5/COS	Rio de Janeiro
Jul 1971	" " " 0136.05	16	D	" " " " " "	Brazilia
Nov 1971	" " " 0136.05	17	D	" " " " " "	"
Aug 1972	" " " 0136.05	17	D	DDP/WH-3/Venezuela Sta	Caracas

27. DATE REVIEWED: 5 Jun 1974  
 28. PROFILE REVIEWED BY: [Signature]  
 29. ITEMS TO BE REVIEWED & RECLASSIFIED: [Signature]  
 22 Jun 1960

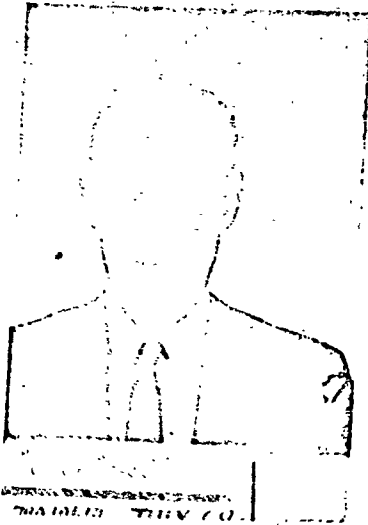
SECRET  
(When Filled In)

PERSONNEL SERIAL NO.		BIOGRAPHIC PROFILE (Continuation Sheet)					DATE OF BIRTH																	
00000		PHILLIPS, David Allen					31 Oct 1922																	
<p>19. CIA EMPLOYMENT HISTORY SINCE 10 SEPT. 1947 (Personal Actions, Military Orders, and Principal Details) (Cont'd.)</p> <table border="1"> <thead> <tr> <th>EFFECTIVE DATE</th> <th>POSITION TITLE &amp; OCCUPATIONAL CODE</th> <th>GRADE</th> <th>SE</th> <th>ORGANIZATION &amp; ORGAN. TITLE (If any)</th> <th>LOCATION</th> </tr> </thead> <tbody> <tr> <td>Jun 1973</td> <td>Ch. WH Div 0001.10</td> <td>17</td> <td>I</td> <td>DDO/Chief, WH Division</td> <td>Hq</td> </tr> <tr> <td>Dec 1973</td> <td>" " " 0001.10</td> <td>18</td> <td>D</td> <td>" " " "</td> <td>"</td> </tr> </tbody> </table>							EFFECTIVE DATE	POSITION TITLE & OCCUPATIONAL CODE	GRADE	SE	ORGANIZATION & ORGAN. TITLE (If any)	LOCATION	Jun 1973	Ch. WH Div 0001.10	17	I	DDO/Chief, WH Division	Hq	Dec 1973	" " " 0001.10	18	D	" " " "	"
EFFECTIVE DATE	POSITION TITLE & OCCUPATIONAL CODE	GRADE	SE	ORGANIZATION & ORGAN. TITLE (If any)	LOCATION																			
Jun 1973	Ch. WH Div 0001.10	17	I	DDO/Chief, WH Division	Hq																			
Dec 1973	" " " 0001.10	18	D	" " " "	"																			
DATE REVIEWED 1 Jun 1974		PROFILE REVIEWED BY hms/nd																						



SECRET

(When Filled In)

PERM. SERIAL NO. 024585		BIOGRAPHIC PROFILE (PART 2)	
NAME (Last-First-Middle) PHILLIPS, David Alton		DATE OF BIRTH 31 Oct 1922	
			
24. IDENTITY OF OTHER DOCUMENTS WHICH SHOULD BE REVIEWED IN DETAIL  SEE COVER HISTORY ATTACHED.			
25. ADDITIONAL INFORMATION Award 1955 Intelligence Medal of Merit for his outstanding dedication and devotion to the cause of freedom, during the period Jan - Jul 1954. Commendation 1961 from DCI for loyal and devoted performance while serving with JMWTC. Awarded 1960 Intelligence Medal of Merit for outstanding dedication and devotion to the cause of freedom. Appreciation 1962 from US Ambassador, Mexico City conveying President Kennedy's thanks to Embassy Staff who contributed to success of his Mexican visit. Appreciation 1966 from CDR, USFORDOMREP for outstanding contribution in the accomplishment of USFORDOMREP Intelligence missions 1 May 1965 - 17 Jan 1966. Commendation 1966 from the DCI for especially meritorious service during the past year by members of the Dominican Republic Station. Commendation from DDCI for services rendered during the crisis while TDY in the Dominican Republic Station. Appreciation 1963 from former President of the Dominican Republic, to Deputy Director, Voice of America, USIA, for Subject's able and effective representation of the United States during turbulent events in the country three years ago. Appreciation 1969 from Ch, DOD for briefing the DO Base Chiefs' Conference - 17 Feb 1969.			
26. DATE REVIEWED 5 Jun 1974		27. PROFILE REVIEWED BY hms/cal	

SECRET

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP		27 July 1973	2500
TO: (Check)	<input checked="" type="checkbox"/> CHIEF, CONTROL DIVISION, OP	SS NUMBER	391-24-1032
	<input type="checkbox"/> CHIEF, CONTRACT PERSONNEL DIVISION, OP	EMPLOYEE NUMBER	024345
	<input checked="" type="checkbox"/> CHIEF, OPERATING COMPONENT (For action) WH	ID CARD NUMBER	
ATTN:	Chief Support Staff	OFFICIAL COVER	<input checked="" type="checkbox"/> ESTABLISHED <input type="checkbox"/> DISCONTINUED
REF:	Form 1322 dated 7 Jun 73		
SUBJECT	PHILLIPS, DAVID A.	UNIT	
<b>KEEP ON TOP OF FILE WHILE COVER IS EFFECTIVE</b>			
<input checked="" type="checkbox"/>	ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS	CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS EFFECTIVE DATE:	
<input checked="" type="checkbox"/>	BASIC COVER PROVIDED EFFECTIVE DATE EOD	SUBMIT FORM 3254 _____ B-2 TO BE ISSUED. (HR 20-11)	
<input type="checkbox"/>	OPERATIONAL COVER PROVIDED FOR _____ TOY _____ OTHER (Specify)	SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY _____ (HR 20-7)	
<input checked="" type="checkbox"/>	SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY _____ (HR 20-7)	EAA: CATEGORY I	CATEGORY II
<input checked="" type="checkbox"/>	SUBMIT FORM 3254 _____ B-2 TO BE ISSUED. (HR 20-11)	RETURN ALL OFFICIAL IDENTIFICATION TO CCS	
<input checked="" type="checkbox"/>	SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (HR 20-11)	SUBMIT FORM 2686 FOR _____ HOSPITALIZATION CARD	
<input checked="" type="checkbox"/>	SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (HR 240-20)	DO NOT WRITE IN THIS BLOCK	
<input checked="" type="checkbox"/>	EAA: CATEGORY I	CATEGORY II	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	SUBMIT FORM 2686 FOR AGE HOSPITALIZATION CARD		
REWARDS AND/OR COVER HISTORY			
JAN 53-54-SANTIAGO/			
MAY 54-FEB 56-NEW YORK/			
FEB 56-APR 57-HAVANNA/			
APR 57-JUL 58-BEIRUT/			
AUG 58-MAR 60-HAVANNA/			
MAR 60-22 AUG 61-HQS/			
23 AUG 61-JUL 65-MEXICO/			
JUL 65-JUN 67-SANTO DOMINGO/			
JUN 67-JUN 70-HQS/			
JUN 70-14 JUN 73-BRAZIL/			
DISTRIBUTION: 15 JUN 73-21 JUL 73-HQS/			
COPY 1 - CD OR CP/			
COPY 2 - OPERATING			
COPY 3 - OS/SRACD 22 JUL 73-HQS/			
COPY 4 - OL/TFB			
COPY 5 - CCS-FILE			
BP:SS		<i>James J. Franklin</i> CHIEF, OFFICIAL COVER, CENTRAL COVER STAFF	

SECRET

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP		7 MAY 1975	FILE NO. 2500
TC: (Check)	<input checked="" type="checkbox"/> CHIEF, CONTROL DIVISION, OF	CS NUMBER 391-24-4032	
	<input type="checkbox"/> CHIEF, CONTRACT PERSONNEL DIVISION, OF	EMPLOYEE NUMBER 024345	
	<input checked="" type="checkbox"/> CHIEF, OPERATING COMPONENT (For action) LA	ID CARD NUMBER	
ATTN: CHIEF SUPPORT STAFF	OFFICIAL COVER	<input type="checkbox"/> ESTABLISHED	
REF: RETIREMENT		<input checked="" type="checkbox"/> DISCONTINUED	
SUBJECT DAVID ATLEE PHILLIPS	UNIT		

**KEEP ON TOP OF FILE WHILE COVER IN EFFECT**

<input type="checkbox"/> ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS	<input checked="" type="checkbox"/> CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS EFFECTIVE DATE: EOD
<input type="checkbox"/> BASIC COVER PROVIDED EFFECTIVE DATE _____	<input checked="" type="checkbox"/> SUBMIT FORM 3254 CIA _____ W-2 TO BE ISSUED: (HNB 20-11)
<input type="checkbox"/> OPERATIONAL COVER PROVIDED. FOR _____ TDY _____ OTHER (Specify)	<input checked="" type="checkbox"/> SUBMIT FORM 612 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY _____ (HNB 20-7)
<input type="checkbox"/> SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY _____ (HNB 20-7)	<input checked="" type="checkbox"/> EAA. CATEGORY I _____ CATEGORY II _____
<input type="checkbox"/> SUBMIT FORM _____ FOR _____	<input checked="" type="checkbox"/> RETURN ALL OFFICIAL DOCUMENTATION TO CCS
<input type="checkbox"/> SUBMIT FORM 1122 FOR ANY CHANGE AFFECTING THIS COVER. (HR 240-1c)	<input type="checkbox"/> SUBMIT FORM 2688 FOR _____ GEHA
<input type="checkbox"/> SUBMIT FORM _____ FOR _____	<input type="checkbox"/> SUBMIT FORM _____
<input type="checkbox"/> SUBMIT FORM _____ FOR _____	<input type="checkbox"/> SUBMIT FORM _____
EAA. CATEGORY I _____ CATEGORY II _____	
<input type="checkbox"/> SUBMIT FORM 2688 FOR _____ HOSPITALIZATION CARD	
REMARKS AND/OR COVER HISTORY  SUBJECT WILL BE ACKNOWLEDGED AS CIA FOR ENTIRE PERIOD OF EMPLOYMENT BUT WILL NOT REVEAL SPECIFIC PLACES OR LOCATIONS OF COVER ASSIGNMENTS.	

**THIS MEMO MUST REMAIN ON TOP OF FILE**

DISTRIBUTION:


- 1 - CD OR CPD
- 2 - OPERATING COMPONENT *EP/mlr*
- 3 - GS/SR&C
- 4 - OC-03/TFB
- CCS-FILE

CHIEF, OFFICIAL COVER BRANCH, COVER AND COMMERCIAL STAFF

SECRET

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP		27 MARCH 1975	FILE NO. 2500
TC: (Check)	<input checked="" type="checkbox"/> CHIEF, CONTROL DIVISION, OP	SS NUMBER	391-24-4032
	<input type="checkbox"/> CHIEF, CONTRACT PERSONNEL DIVISION, OP	EMPLOYEE NUMBER	024345
	<input checked="" type="checkbox"/> CHIEF, OPERATING COMPONENT (For action) LA	ID CARD NUMBER	
ATTN:	CHIEF SUPPORT STAFF	OFFICIAL COVER	ESTABLISHED
REF:	VERBAL		DISCONTINUED
SUBJECT	DAVID ATLEE PHILLIPS	UNIT	

**KEEP ON TOP OF FILE WHILE COVER IN EFFECT**

ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS	<input checked="" type="checkbox"/>	CANCELLATION OF OFFICIAL COVER UNSLOCK RECORDS	<input checked="" type="checkbox"/>
<input type="checkbox"/> BASIC COVER PROVIDED EFFECTIVE DATE		EFFECTIVE DATE: 22 JULY 1973	
<input type="checkbox"/> OPERATIONAL COVER PROVIDED FOR TOY OTHER (Specify)		SUBMIT FORM 3254 CIA W-2 TO BE ISSUED. (HHB 20-11)	<input checked="" type="checkbox"/>
SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY		SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY	<input checked="" type="checkbox"/>
(HHB 20-7)		EAA: CATEGORY I	CATEGORY II
		<input checked="" type="checkbox"/> RETURN ALL OFFICIAL DOCUMENTATION TO CCS	
SUBMIT FORM 3254 TO BE ASSIGNED		SUBMIT FORM 3254	GRBA
(HHB 20-11)		HOSPITALIZATION CARD	
SUBMIT FORM 1022 FOR ANY CHANGE AFFECTING THIS COVER. (HR 240-20)		NOTE: THIS IS THE ONLY	
SUBMIT FORM 323 OF TRANSFER OF COVER RESPONSIBILITY. (HHB 20-7)			
EAA. CATEGORY I		CATEGORY II	
SUBMIT FORM 2688 FOR HOSPITALIZATION CARD			
DEMANDS AND/OR COVER HISTORY 15 JAN 53-54-CHILE/SANTIAGO MAY 54-FEB 56-NEW YORK/ FEB 56-APRIL 57-CUBA/HAVANA- APRIL 57-JULY 58-LEBANON/BEIRUT/ AUG 58-MARCH 60-CUBA/HAVANA/ MARCH 60-22 AUG 61-BQS/ 23 AUG 61-JULY 65-MEXICO/MEXICO CITY/ JULY 65-JUNE 67-SANTO DOMINGO/ JUNE 67-JAN 70-BQS- JAN 70-JULY 71-BRAZIL/RIO DE JANEIRO JULY 71-JULY 72-BRAZIL/BRASILIA/			
DISTRIBUTION COPY 1 - CD OR CPD COPY 2 - OPERATING COMPONENT COPY 3 - OS/SRACD COPY 4 - OC-DO-TFB COPY 5 - CCS-FILE		(TO BE CONTINUED) 	

SECRET

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP		FILE NO. 2500
TO: (Check)	CHIEF, CONTROL DIVISION, OP	SS NUMBER
	CHIEF, CONTRACT PERSONNEL DIVISION, OP	EMPLOYEE NUMBER
	CHIEF, OPERATING COMPONENT (For action)	ID CARD NUMBER
ATTN:		ESTABLISHED
REF:	OFFICIAL COVER	DISCONTINUED
SUBJECT DAVID ATLEE PHILLIPS		UNIT

**KEEP ON TOP OF FILE WHILE COVER IS IN EFFECT**

ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS	CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS EFFECTIVE DATE:
<input type="checkbox"/> BASIC COVER PROVIDED EFFECTIVE DATE _____	SUBMIT FORM 3254 _____ W-2 TO BE ISSUED. (HNB 20-11)
<input type="checkbox"/> OPERATIONAL COVER PROVIDED FOR _____ TDY _____ OTHER (Specify)	SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY _____ (HNB 20-7)
SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY _____ (HNB 20-7)	EAA: CATEGORY I   CATEGORY II
SUBMIT FORM 3254 _____ W-2 TO BE ISSUED. (HNB 20-11)	RETURN ALL OFFICIAL DOCUMENTATION TO CCS
SUBMIT FORM 1324 FOR ANY CHANGE AFFECTING THIS COVER. (HR 240-2)	SUBMIT FORM 2688 FOR HOSPITALIZATION CARD
SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (HR 240-2e)	DO NOT WRITE IN THIS BLOCK
EAA: CATEGORY I   CATEGORY II	
SUBMIT FORM 2688 FOR _____ HOSPITALIZATION CARD	
REMARKS AND/OR COVER HISTORY (CONTINUE)	
AUG 72-14 JUNE 73-VENEZUELA/CARACAS- [redacted]	
15 JUNE 73-21 JULY 73-HQS- [redacted]	
22 JULY 73-24 MARCH 75-HQS- [redacted]	
25 MARCH 75-HQS/ [redacted]	

DISTRIBUTION:  
 COPY 1 - CD 20 CPD  
 COPY 2 - OPERATING COMPONENT  
 COPY 3 - OS 2002  
 COPY 4 - OC 20 TFS  
 COPY 5 - CCS-FILE

*W*  
 EF:HLR

CHIEF, OFFICIAL COVER BRANCH COVER AND COMMERCIAL STAFF

*[Handwritten Signature]*

SECRET

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP		27 July 1973	FILE NO. 2500
TO: (check)	<input checked="" type="checkbox"/> CHIEF, CONTROL DIVISION, OF	CS NUMBER 391-24-4032	
	<input type="checkbox"/> CHIEF, CONTRACT PERSONNEL DIVISION, OF	EMPLOYEE NUMBER 024345	
	<input checked="" type="checkbox"/> CHIEF, OPERATING COMPONENT (For action) WH	IC CARD NUMBER	
ATTN:	Chief Support Staff	OFFICIAL COVER	<input checked="" type="checkbox"/> ESTABLISHED <input type="checkbox"/> DISCONTINUED
REF:	Form 1322 dated 7 Jun 73		
SUBJECT	PHILLIPS, DAVID A.	UNIT	

**KEEP ON TOP OF FILE WHILE COVER IN EFFECT**

<input checked="" type="checkbox"/> ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS	CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS EFFECTIVE DATE:
<input checked="" type="checkbox"/> BASIC COVER PROVIDED EFFECTIVE DATE EOD	SUBMIT FORM 3254 TO BE ISSUED. (HHR 20-14)
<input type="checkbox"/> OPERATIONAL COVER PROVIDED FOR TOY OTHER (Specify)	SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY (HHR 20-7)
<input checked="" type="checkbox"/> SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY (HHR 20-7)	EAA: CATEGORY I CATEGORY II
<input checked="" type="checkbox"/> SUBMIT FORM 3254 TO BE ISSUED. (HHR 20-11)	RETURN ALL OFFICIAL UNBLOCK RECORDS TO CCS
<input checked="" type="checkbox"/> SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (HR 240-20)	SUBMIT FORM 2688 FOR HOSPITALIZATION CARD
<input checked="" type="checkbox"/> SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (HR 240-20)	DO NOT WRITE IN THIS BLOCK
<input checked="" type="checkbox"/> EAA. CATEGORY I CATEGORY II	
<input checked="" type="checkbox"/> SUBMIT FORM 2688 FOR AGE HOSPITALIZATION CARD	
REMARKS AND/OR COVER HISTORY	
JAN 53-54-SANTIAGO/	
MAY 54-FEB 56-NEW YORK/	
FEB 56-APR 57-HAVANNA/	
APR 57-JUL 58-BEIRUT/	
AUG 58-MAR 60-HAVANNA/	
MAR 60-22 AUG 61-HQS/	
23 AUG 61-JUL 65-MEXICO/	
JUL 65-JUN 67-SANTO DOMINGO/	
JUN 67-JUN 70-HQS/	
JUN 70-14 JUN 73-BRAZIL/	
DISTRIBUTION: 15 JUN 73-21 JUL 73-HQS/	
COPY 1 - CD 04 CPO	
COPY 2 - OPERATING COMPONENT	
COPY 3 - OS/BRACD 22 JUL 73-HQS/	
COPY 4 - DL TFB	
COPY 5 - CCS-FILE	
EBP:SS	
James Franklin CHIEF, OFFICIAL COVER, CENTRAL COVER STAFF	

SECRET

COVER CONTRL JT RETIREMENT PROCESSING										FILE		
TO: Retirement Operations Branch Office of Personnel										DATE 17 April 1975		
RETIREE [REDACTED]					CATEGORY OF EMPLOYMENT							
On the basis of a review of the records of the [REDACTED] the following action is to be taken on processing retirement documentation for the person named above.												
TYPE RETIREMENT			CIVIL SERVICE			CIARDS			DATE 12/1/75			
COVER		OVERT ROUTINE		COVERT (OFFICIAL COVER) LOCK-UP		COVERT (NOV) SPECIAL	RETENTION OF AWARDS		YES		NO	
CORRESPONDENCE			OVERT			COVERT			THRU CCS			
FINANCES												
ANNUITY PAYMENTS SHOULD BE					U.S. GOV'T. CHECK			OTHER (Payment instructions follow)				
TAX DOCUMENTATION SHOULD BE					CIA		CSC		OTHER (MEMO FOLLOWS)			
REQUEST TRANSFER OF FUNDS FROM CIVIL SERVICE COMMISSION					YES		NO		INTERNAL TRANSFER			
INSURANCE												
FEGLI		OVERT		COVERT		MAINTAIN RECORDS INTERNALLY ONLY						
TYPE OF HOSPITALIZATION CARD:												
AUTHORIZATION TO CONVERT INSURANCE					YES		CONVERSION MUST BE APPROVED BY CCS					
RESERVE												
MEMBER OF CIVILIAN RESERVE					YES		NO		OVERT		COVERT	
REMARKS												
CHIEF, COVER SUPPORT BRANCH COVER & COMMERCIAL STAFF												
THIS SECTION TO BE COMPLETED BY OFFICE OF SECURITY												
NO SECURITY OBJECTIONS TO ABOVE.												
OTHER INSTRUCTIONS AS FOLLOWS:												
CHIEF, EMPLOYEE ACTIVITY BRANCH, OFFICE OF SECURITY												

FORM 3429 USE PREVIOUS EDITIONS

SECRET

E 2. IMPDET CL. BY. 007622

4-3-75

7 - OFF. PERS. FILE ROOM

FOR PURPOSES OF THE FAIR LABOR STANDARDS ACT, AS AMENDED,  
YOU ARE DESIGNATED EXEMPT.

EFFECTIVE DATE OF DESIGNATION: 01 MAY 1974.

PHILLIPS DAVID A

024345

41354523

"PAY ADJUSTMENT IN ACCORDANCE WITH THE PROVISIONS OF SECTION 5305 OF  
TITLE 5, U.S.C. AND EXECUTIVE ORDER 11811 PURSUANT TO AUTHORITY OF DCI  
AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND DCI DIRECTIVE  
DATED 08 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 13 OCTOBER 1974

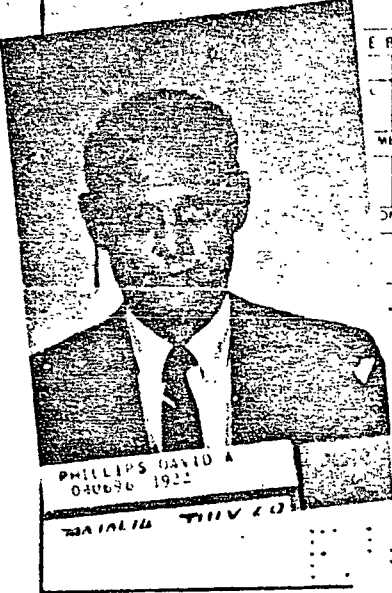
NAME	SERIAL	ORGN.	FUNDS	GR-STEP	NEW SALARY
PHILLIPS DAVID A	024345	51 050	CF	GS 18 1	\$36,000



DLM: 12 MAY 75

SECRET  
When filled in

DEF				NOTIFICATION OF PERSONNEL ACTION			
1 SERIAL NUMBER		2 NAME (LAST FIRST MIDDLE)					
024345		PHILLIPS DAVID A					
3 NATURE OF PERSONNEL ACTION				4 EFFECTIVE DATE		5 CATEGORY OF EMPLOYMENT	
RETIREMENT (VOLUNTARY) UNDER CIA RETIREMENT AND DISABILITY SYSTEM AND CANCELLATION OF NSCA				MO DA YR 05 09 75		REGULAR	
6 FUNDS		7 V TO V		7 V TO CF		8 CSC OR OTHER LEGAL AUTHORITY	
CF TO V		X		CF TO CF		5135 4523 0000 PL 88-643 SECT 233	
9 ORGANIZATIONAL DESIGNATIONS				10 LOCATION OF OFFICIAL STATION			
DDO/LA DIVISION OFFICE OF THE CHIEF				WASH., D.C.			
11 POSITION TITLE				12 POSITION NUMBER		13 SERVICE DESIGNATION	
CHIEF LA DIVISION				CN51		DYY	
14 CLASSIFICATION SCHEDULE (GS, FS, etc.)		15 OCCUPATIONAL SERIES		16 GRADE AND STEP		17 SALARY OR RATE	
GS		0001.10		18 1		36000	
18 REMARKS							
"IN ACCORDANCE WITH HR 20-23A(2), AN EMPLOYEE WILL HOLD SUPERGRADE RANK FOR SUCH TIME AS THE DIRECTOR MAY DETERMINE, REGARDLESS OF THE NATURE OF THE DUTIES PERFORMED."							



BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
22 STATION CODE		23 INTERIE CODE		24 MILITARY CODE		25 DATE OF BIRTH		26 DATE OF GRADE		27 DATE OF LEI	
						MO DA YR 10 31 22		MO DA YR		MO DA YR	
28 DEPART. DATA		31 SEPARATION DATA CODE		32 CORRECTION/CONSULTATION DATA		EOD DATA		33 SECURITY REQ NO		34 SER	
TYPE		TYPE		MO DA YR							
35 NO COMP DATE		38 CAREER CATEGORY		39 FEUILY HEALTH INSURANCE		40 SOCIAL SECURITY NO					
MO YR		LAP RESV CODE CODE		WAIVER HEALTH INS CODE							
42 LEAVE CAT CODE		43 FEDERAL TAX DATA		44 STATE TAX DATA							
		FORM EXEMPTED CODE NO TAX EXEMPTIONS		FORM EXEMPTED CODE NO TAX EXEMPT							
		1 YES 2 NO		1 YES 2 NO							
SIGNATURE OF OTHER AUTHENTICATION											

POSTED  
JK 5/13/75

YB

RCS: 28 DEC 73

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

1 SERIAL NUMBER <b>024345</b>		2 NAME (LAST, FIRST, MIDDLE) <b>PHILLIPS DAVID A</b>	
3 NATURE OF PERSONNEL ACTION <b>PROMOTION</b>		4 EFFECTIVE DATE MO DA YR <b>12 23 73</b>	
5 FUNDS		6 CATEGORY OF EMPLOYMENT <b>REGULAR</b>	
7 V TO V		7 A AND NSCA <b>4135 4523 0001</b>	
8 CF TO V		8 CSC OR OTHER LEGAL AUTHORITY <b>50 USC 403 J</b>	
9 X CF TO CF		9 ORGANIZATIONAL DESIGNATIONS <b>DDO/WH DIVISION OFFICE OF THE CHIEF</b>	
10 POSITION TITLE <b>CHIEF WH DIVISION</b>		10 LOCATION OF OFFICIAL STATION <b>WASH., D.C.</b>	
11 POSITION NUMBER <b>0001</b>		11 SERVICE DESIGNATION <b>D</b>	
12 CLASSIFICATION SCHEDULE (GS, FS, etc.) <b>GS</b>		12 SALARY OF RATE <b>36000</b>	
13 OCCUPATIONAL SERIES <b>0001.10</b>		13 GRADE AND STEP <b>18 1</b>	

14 REMARKS  
"IN ACCORDANCE WITH HR 20-23A(2), AN EMPLOYEE WILL HOLD SUPERGRADE RANK FOR SUCH TIME AS THE DIRECTOR MAY DETERMINE, REGARDLESS OF THE NATURE OF THE DUTIES PERFORMED."

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19 ACTION CODE <b>22</b>	20 EMPLOY CODE <b>10</b>	21 OFFICE CODING NUMBER <b>51050</b>	21 OFFICE CODING LETTERS <b>WH</b>	21 STATION CODE <b>75013</b>	22 INTEGRATE CODE	23 PAY GRADE <b>1</b>	24 DATE OF BIRTH MO DA YR <b>10 31 22</b>	25 DATE OF GRADE MO DA YR <b>12 23 73</b>	26 DATE OF LEI MO DA YR <b>12 23 73</b>
27 NET PREFERENCE	28 SPECIAL REFERENCE	29 RE-EMPLOY DATA	30 SEPARATION DATA CODE	31 CORRECTION - CONCILIATION DATA	32 SECURITY REQ NO	33 SER	EOD DATA		
34 SER COMP DATE	35 LONG COMP DATE	36 CAREER CATEGORY	37 FEDERAL HEALTH INSURANCE	38 SOCIAL SECURITY NO	PREVIOUS CIVILIAN GOVERNMENT SERVICE				
39 LEAVE CAT CODE	40 FEDERAL TAX DATA	41 STATE TAX DATA	SIGNATURES OR OTHER AUTHENTICATION						

FOSTER  
WRB 1-3-74

"PAY ADJUSTMENT IN ACCORDANCE WITH THE PROVISIONS OF SECTION 5305 OF TITLE 5, U.S.C. AND EXECUTIVE ORDER 11739 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND DCI DIRECTIVE DATED 08 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 14 OCTOBER 1973

NAME	SERIAL	GRN.	FUNDS	GR-STEP	NEW SALARY
PHILLIPS DAVID A	024345	51	050	CF GS 17 4	\$36,000

SECRET  
(When Filled In)

LML: 17 JUL 73

NOTIFICATION OF PERSONNEL ACTION												
1 SERIAL NUMBER		2 NAME (LAST FIRST MIDDLE)										
024345		PHILLIPS DAVID A										
3 NATURE OF PERSONNEL ACTION					4 EFFECTIVE DATE		5 CATEGORY OF EMPLOYMENT					
CONVERSION FROM FSR STATUS					07 21 73		REGULAR					
6 FUNDS		7 TO V		8 TO CF		9 PLAN AND PESA		10 CSC OR OTHER LEGAL AUTHORITY				
CF TO V		X		CF TO CF		4135 4523 (X-0)		50 USC 403 J				
9 ORGANIZATIONAL DESIGNATIONS					10 LOCATION OR OFFICIAL STATION							
DDO/WH DIVISION OFFICE OF THE CHIEF					WASH., D.C.							
11 POSITION TITLE					12 POSITION NUMBER			13 SERVICE DESIGNATION				
CHIEF, WH DIVISION					0001			D				
14 CLASSIFICATION SCHEDULE (AS IN 51)			15 OCCUPATIONAL SERIES		16 GRADE AND STEP		17 SALARY OR RATE					
GS			0001-10		17 4		36000					
18 REMARKS												
WASH., D.C. " IN ACCORDANCE WITH HR 20-23A(2), AN EMPLOYEE WILL HOLD SUPERGRADE RANK FOR SUCH TIME AS THE DIRECTOR MAY DETERMINE, REGARDLESS OF THE NATURE OF THE DUTIES PERFORMED."												
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL												
19 ACTION CODE	20 EMPLOY CODE	21 OFFICE CODING		22 STATION CODE	23 INTEREST CODE	24 HOURS CODE	25 DATE OF BIRTH		26 DATE OF GRADE		27 DATE OF LEI	
56	10	51050 WH		75013		1	MO	DA	MO	DA	MO	DA
28 DATE EMPRES		29 SOCIAL PREFERENCE		30 RETIREMENT DATA		31 SEPARATION DATA CODE		32 CONVERSION CONCURRENCE CODE		33 SECURITY REQ NO		34 SER
										EOD DATA		
35 NET PREFERENCE		36 SERV COMP DATE		37 LONG COMP DATE		38 CAREER CATEGORY		39 REGU - HEALTH INSURANCE		40 SOCIAL SECURITY NO		
41 PREVIOUS CIVILIAN GOVERNMENT SERVICE				42 LEAVE CAT		43 FEDERAL TAX DATA				44 STATE TAX DATA		
SIGNATURE OF OTHER AUTHENTICATION												
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>POSTED</b>            JUL 19 73         </div>												

UMS: 18 JULY 73

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION																	
1. SER. A. NUMBER 024345		2. NAME (LAST FIRST MIDDLE) PHILLIPS DAVID A.															
3. NATURE OF PERSONNEL ACTION REASSIGNMENT						4. EFFECTIVE DATE MO DA YR 15 15 73			5. CATEGORY OF EMPLOYMENT REGULAR								
6. FUNDS		V TO V		V TO CF		7. PAN AND NSCA 4135 0620 (XXX)			8. CSC OR OTHER LEGAL AUTHORITY 50 USC 403 J								
CF TO V		X		CF TO CF		9. ORGANIZATIONAL DESIGNATIONS DDO, WH DIVISION OFFICE OF THE CHIEF											
10. LOCATION OF OFFICIAL STATION WASH., D.C.						11. POSITION TITLE 1ST SEC IN REL OFF CHIEF WH DIVISION			12. POSITION NUMBER (0001)		13. SERVICE DESIGNATION D						
14. CLASSIFICATION SCHEDULE (GS 18, etc.) FSR GS			15. OCCUPATIONAL SERIES (XXX) 10			16. GRADE AND STEP 02 3 17 4		17. SALARY OR RATE 33(15) 36(XX)									
18. REMARKS CARACAS, VENEZUELA "IN ACCORDANCE WITH HR 20-23A(2), AN EMPLOYEE WILL HOLD SUPERGRADE RANK FOR SUCH TIME AS THE DIRECTOR MAY DETERMINE, REGARDLESS OF THE NATURE OF THE DUTIES PERFORMED"																	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL																	
19. ACTION CODE 37		20. EMPLOY CODE 10		21. OFFICE CODING S1000 WH		22. STATION CODE 7501J		23. INTEGRATION CODE S		24. HIRING CODE 1		25. DATE OF BIRTH MO DA YR 10 31 22		26. DATE OF GENDER		27. DATE OF DEATH	
28. NET LEAVES XX XX XX		29. SPECIAL RETIREMENT		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. Correction Completion Date		33. SECURITY REG NO		34. SER		FOO DATA →			
35. NET PREFERENCE		36. SERV COMP DATE		37. LONG COMP DATE		38. CAREER CATEGORY		39. FECA / HEALTH INSURANCE		40. SOCIAL SECURITY NO							
41. PREVIOUS U.S. GOVERNMENT SERVICE				42. LEAVE CAT CODE		43. FEDERAL TAX DATA				44. STATE TAX DATA							
45. MILITARY SERVICE				46. MILITARY SERVICE		47. FEDERAL TAX DATA				48. STATE TAX DATA							
SIGNATURE OR OTHER AUTHENTICATION																	

POSTED  
JUL 18 1973

SECRET  
RCS

"PAY ADJUSTMENT IN ACCORDANCE WITH 5 U.S.C. 5305 AND EXECUTIVE ORDER 11691, PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND DCI DIRECTIVE DATED 06 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 07 JANUARY 1973

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	NEW SALARY
PHILLIPS DAVID A	024345	51	745	CF GS 17 4	\$36,000

654

1. SERIAL NO		2. NAME			3. ORGANIZATION		4. FUNDS		5. LWOP HOURS		
024345		PHILLIPS DAVID A.			51 745		CF				
A. OLD SALARY RATE				7. NEW SALARY RATE				8. TYPE ACTION			
Grade	Step	Salary	Last Eff Date	Grade	Step	Salary	EFFECTIVE DATE	SI	ADJ		
		\$30,000	11/26/71	GS 17 4		\$36,000	11/26/72				
CERTIFICATION AND AUTHENTICATION											
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE.											
SIGNATURE <i>Sheldon Stanley</i>							DATE <i>9/9/72</i>				
<input type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> LWOP STATUS AT END OF WAITING PERIOD											
CROSS INITIALS							AUGUSTED BY				
FORM 300 E <span style="float: right;">1/73</span> <b>PAY CHANGE NOTIFICATION</b>											

SECRET  
(When Filled In)

BBG: 26 AUG 72

NOTIFICATION OF PERSONNEL ACTION

1 SERIAL NUMBER 024345		2 NAME (LAST FIRST MIDDLE) PHILLIPS DAVID A	
3 NATURE OF PERSONNEL ACTION REASSIGNMENT			4 EFFECTIVE DATE MO DA YR 08 14 72
5 CATEGORY OF EMPLOYMENT REGULAR			6 FUNDS V TO V CF TO V X CF TO CF
7 Financial Analysts No Chargeable 3135 1138 0000			8 CSC OR OTHER LEGAL AUTHORITY 50 USC 403 J
9 ORGANIZATIONAL DESIGNATIONS DDP/WH DIVISION FOREIGN FIELD BRANCH 3 - CARACAS, VENEZUELA STATION		10 LOCATION OF OFFICIAL STATION CARACAS, VENEZUELA	
11 POSITION TITLE 1ST SECRETARY INT REL OFF CHIEF OF STATION		12 POSITION NUMBER 0093	13 SERVICE DESIGNATION D
14 CLASSIFICATION SCHEDULE (GS, LB, etc.) FSR GS	15 OCCUPATIONAL SERIES 0136.05	16 GRADE AND STEP 03 7 17 3	17 SALARY OR RATE 28022 36000
18 REMARKS: BRASILIA, BRAZIL "IN ACCORDANCE WITH HR 20-23A(2), AN EMPLOYEE WILL HOLD SUPERGRADE RANK FOR SUCH TIME AS THE DIRECTOR MAY DETERMINE, REGARDLESS OF THE NATURE OF THE DUTIES PERFORMED."			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL:			
19 ACTION CODE 37	20 EMPLOY CODE 10	21 OFFICE CODING WHILE OPERATIVE 517451WH	22 STATION CODE 77003
23 INTERSTATE CODE S	24 MAILING CODE 3	25 DATE OF BIRTH MO DA YR 10 31 22	26 DATE OF GRACE MO DA YR 
27 DATE OF LEI MO DA YR 10 13 74 82	28 NTE EXPIRES MO DA YR 10 13 74 82	29 SPECIAL REFERENCE	30 SECURITY (SEE 33)
31 VET PREFERENCE	32 SER. COMP. DATE	33 LONG COMP. DATE	34 MASTER CATEGORY
35 FEEL. HEALTH INSURAN. C	36 SOCIAL SECURITY NO.	37 PREVIOUS CIVILIAN GOVERNMENT SERVICE	38 LEAVE AMT.
39 FEDERAL EMP. DATA	40 STATE TAX DATA	41 FEDERAL EMP. DATA	42 STATE TAX DATA
SIGNATURE OF OFFICE ADMINISTRATION			

POSTED

SECRET

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

05 07/31/77

1. SERIAL NUMBER 724340		2. NAME (LAST-FIRST-MIDDLE) WILLIAM G. ...	
3. NATURE OF PERSONNEL ACTION RELATIONSHIP N.S.C.A.S.			4. EFFECTIVE DATE MO DA YR 05 01 74
5. CATEGORY OF EMPLOYMENT		6. CSC OR OTHER LEGAL AUTHORITY	
7. FUNDS	V TO V	V TO CF	7. Financial Analysis No. Chargeable 8132 1330 0001
	CF TO V	CF TO CF	
9. ORGANIZATIONAL DESIGNATIONS RUP/...		10. LOCATION OF OFFICIAL STATION ...	
11. POSITION TITLE ...		12. POSITION NUMBER ...	13. SERVICE DESIGNATION
14. CLASSIFICATION SCHEDULE (GS LB AND)	15. OCCUPATIONAL SERIES	16. GRADE AND STEP	17. SALARY OR RATE
18. REMARKS			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
19. ACTIONED EMPLOYEE CODE	21. OFFICE CODES	22. STATION CODE	23. INCENTIVE CODE
24. DATE OF BIRTH	25. DATE OF GRADE	26. DATE OF 121	27. SECURITY RPT NO
28. NET PREFERENCE	29. SPECIAL REFERENCE	30. REPLACEMENT DATA	31. SEPARATION DATA
32. NET PREFERENCE	33. MEN COMP DATA	34. LONG EMP DATE	35. FAREE CATEGORY
36. PHYSICAL HEALTH	37. MENTAL HEALTH	38. SECURITY RPT NO	39. SEC RPT NO
40. FEDERAL TAX DATA	41. STATE TAX DATA	42. FEDERAL TAX DATA	43. STATE TAX DATA
44. SIGNATURE OR OTHER AUTHENTICATION			

POSTED  
7/31/77

SECRET

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 92-210 AND EXECUTIVE ORDER 11637 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 9 JANUARY 1972

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	NET-SALARY
PHILLIPS DAVID A	024345	SI	925	CF GS 17 3	\$35,000

SECRET  
(When Filled In)

BBG: 30 NOV 71

NOTIFICATION OF PERSONNEL ACTION							
1. SERIAL NUMBER		2. NAME (LAST, FIRST, MIDDLE)					
024345		PHILLIPS DAVID A					
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT	
PROMOTION				11 28 71		REGULAR	
6. FUNDS		7. TO V		8. FROM V		9. TO CF	
▶				X			
		CF TO V		CF TO CF		10. PAY GRADE AND STEP	
						2135 (694) 0000 50 USC 403 J	
11. ORGANIZATIONAL DESIGNATIONS				12. LOCATION OF OFFICIAL STATION			
DDP/WH DIVISION FOREIGN FIELD BRANCH 5 BRASILIA, BRAZIL STATION				BRASILIA, BRAZIL			
13. POSITION TITLE				14. POSITION NUMBER		15. SERVICE DESIGNATION	
1ST SECRETARY POLITICAL OFFICER CHIEF OF STATION				0186		D	
16. CLASSIFICATION SYMBOL (GS OR FS)		17. ORGANIZATIONAL SERIES		18. GRADE AND STEP		19. PAY GRADE AND STEP	
FSR GS		0136.05		03 7 17 3		26503 34716	
20. REMARKS							
RIO DE JANEIRO, BRAZIL							
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
21. ACTION CODE	22. ACTION DATE	23. ACTION CODE	24. ACTION DATE	25. ACTION CODE	26. ACTION DATE	27. ACTION CODE	28. ACTION DATE
22	10	51825 W1	09026	S	3	10 31 22	11 28 71
29. ACTION CODE							
100 DATA							
30. ACTION CODE							
10 STAFF							



"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 91-231 AND EXECUTIVE ORDER 11524 PLUS ANY T<sup>h</sup> AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 28 DECEMBER 1969

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	SALARY
PHILLIPS DAVID A	024745	51	730	CF GS 16 4	\$29,202

037

1 SERIAL NO		2 NAME		3 ORGANIZATION		4 FUNDS		5 LWOP HOURS	
024745		PHILLIPS DAVID A		51 730		CF			
6 OLD SALARY RATE				7 NEW SALARY RATE				8. TYPE ACTION	
Grade	Step	Salary	Last Eff Date	Grade	Step	Salary	EFFECTIVE DATE	SI	ADJ
GS 16	4	\$29,202	12/19/69	GS 16	5	\$30,087	12/13/70		
CERTIFICATION AND AUTHENTICATION									
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE.									
SIGNATURE						DATE			
<i>Joseph D. [Signature]</i>									
<input type="checkbox"/> NO EXC'S LWOP <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> LWOP STATUS AT END OF WAITING PERIOD									
CLERK'S INITIALS						CHECKED BY			
[Initials]						[Initials]			
FORM 7-68 5604 PAY CHANGE NOTIFICATION (4-71)									

11/5/70

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 91-231 AND EXECUTIVE ORDER 11524 PLUS ANY T<sup>h</sup> AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 10 JANUARY 1971

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	SALARY
PHILLIPS DAVID A	024745	51	730	CF GS 16 5	\$31,000

SECRET  
(When Filled In)

DATE: JAN 7

NOTIFICATION OF PERSONNEL ACTION

1 SERIAL NUMBER 24345	2 NAME (LAST-FIRST MIDDLE) P ILLIPS DAVID A
--------------------------	--

3 NATURE OF PERSONNEL ACTION REASSIGNMENT	4 EFFECTIVE DATE 01 11 73	5 CATEGORY OF EMPLOYMENT REGULAR
--	------------------------------	-------------------------------------

6 FUNDS	V TO V	V TO CF	7 Financial Analysis No. Chargeable 0135 0684 0000	8 CSC OR OTHER LEGAL AUTHORITY 50 USC 403 J
	CF TO V	X CF TO CF		

9. ORGANIZATIONAL DESIGNATIONS DDP/WH FOREIGN FIELD BRANCH 5 RIO DE JANEIRO, BRAZIL STATION	10. LOCATION OF OFFICIAL STATION RIO DE JANEIRO, BRAZIL
---	--

11 POSITION TITLE 1ST SECRETARY POLITICAL OFFICER CHIEF OF STATION	12 POSITION NUMBER 0135	13 SERVICE DESIGNATION D
--	----------------------------	-----------------------------

14 CLASSIFICATION SCHEDULE (GS, LB, W-1) FGR GS	15 OCCUPATIONAL SERIES 0135.05	16 GRADE AND STEP GS 7 16 4	17 SALARY OR RATE 23646 27540
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18 REMARKS  
WAS ... O.P.  
  
HOME BASE: WH

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

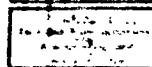
19 ACTION CODE 37	20 EMPLOY CODE 16	21 OFFICE CODES NUMERIC: 01731 ALPHABETIC: W	22 STATION CODE 09 37	23 OFFICER CODE S	24 EMPLOY CODE 3	25 DATE OF BIRTH MO DA YR 10 31 22	26 DATE OF GRADE MO DA YR	27 DATE OF LEI MO DA YR
28 HIRE BASIS MO DA YR	29 SPECIAL REFERENCE MO DA YR	30 RETIREMENT DATA MO DA YR	31 SEPARATION DATA CODE MO DA YR	32 EMPLOYMENT DATA CODE MO DA YR	33 SECURITY REG. NO. MO DA YR	34 MTR MO DA YR	EOD DATA	
35 VET PREFERENCE MO DA YR	36 SERV COMP DATE MO DA YR	37 LONG COMP DATE MO DA YR	38 CAREER CATEGORY MO DA YR	39 FEEDBACK HEALTH INSURANCE MO DA YR	40 SOCIAL SECURITY NO. MO DA YR			
41 PREVIOUS CIVILIAN GOVERNMENT SERVICE MO DA YR	42 YEARS LASTED MO DA YR	43 FEDERAL TAX DATA MO DA YR	44 STATE TAX DATA MO DA YR					

SIGNATURE OF OTHER AUTHENTICATION

14-00000  
FORM 100-108

SECRET

JBC



"MAY BE USED IN ACCORDANCE WITH SECTION 212 OF PL 90-206 AND EXECUTIVE ORDER 11474 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 10 FEB 1962 ER 1942"

EFFECTIVE DATE OF PAY ADJUSTMENT: 15 JULY 1949

NAME	SERIAL	ORG.	FUNDS	GR-STEP	P.F. SALARY
PHILLIPS DAVID A	024745	51	500	CF GS 16 4	\$27,549

PLW: 13 DEC 61

**SECRET**  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION									
1. SERIAL NUMBER		2. NAME (LAST, FIRST, MIDDLE)							
024745		PHILLIPS DAVID A							
3. NATURE OF PERSONNEL ACTION					4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT		
PROMOTION					12 15 49		REGULAR		
6. FUNDS		7. TO V		8. FROM V		9. FROM CF		10. TO CF	
51 500		X						51 500	
11. ORGANIZATIONAL DESIGNATIONS					12. LOCATION OF OFFICIAL STATION				
DDP/WH WH/COG OFFICE OF THE CHIEF					WASH., D.C.				
13. POSITION TITLE					14. POSITION NUMBER		15. SERVICE DESIGNATION		
ATT POL OFFICER OPS OFFICER CH					1100		D		
16. CLASSIFICATION SCHEDULE (GS, GS-16)			17. OCCUPATIONAL SERIES		18. GRADE AND STEP		19. SALARY OR RATE		
GS			0131.01		GS 16 4		\$27,549		
20. REMARKS									
WASH., D.C.									
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL									
21. ACTION CODE	22. EMPLOY CODE	23. OFFICE CODE	24. STATUS CODE	25. REQUIRE CODE	26. DATE OF BIRTH	27. DATE OF GRADE	28. DATE OF LET	29. SOCIAL SEC. ID. NO.	
21	16	0131	W	S	12 31 49	12 15 49	12 15 49	[ ]	
30. INFO SERVICES		31. MILITARY SERVICE		32. DEPARTMENT DATA		33. FEDERAL EMPLOYEE DATA		34. SOCIAL SEC. ID. NO.	
								[ ]	
35. PAY INFORMATION		36. LEAVE INFORMATION		37. HEALTH INFORMATION		38. SOCIAL SEC. ID. NO.		39. FEDERAL EMPLOYEE DATA	
								[ ]	
40. FEDERAL EMPLOYEE DATA		41. SOCIAL SEC. ID. NO.		42. FEDERAL EMPLOYEE DATA		43. SOCIAL SEC. ID. NO.		44. FEDERAL EMPLOYEE DATA	
								[ ]	
SIGNATURE OF OFFICE AUTHORITY									
POSTED									

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 90-206 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A-DCI DIRECTIVE DATED 8 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 8 OCTOBER 1967

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
PHILLIPS DAVID A	024345	51	500	CF GS 15 5	\$19,978	\$20,856

OK [unclear]

"PAY ADJUSTMENT IN ACCORDANCE WITH SECTIONS 212 AND 216 OF PL 90-206 AND EXECUTIVE ORDER 11413 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A-DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 16 JULY 1968

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
PHILLIPS DAVID A	024345	51	500	CF GS 15 5	\$20,856	\$22,416

EX-10

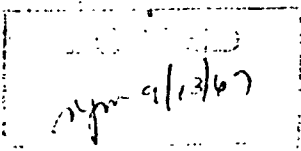
COMPLETION OF TAX STATUS

SP-10 2011/12

1 SERIAL NO	2 NAME	3 ORGANIZATION	4 FUNDS	5 LWOP HOURS					
024345	PHILLIPS DAVID A	51 900	CF						
A OLD SALARY RATE		7 NEW SALARY RATE		B TYPE ACTION					
Grade	Step	Salary	Last Eff Date	Grade	Step	Salary	EFFECTIVE DATE	SI	ADJ
		22116				23075			
GS-15	5	<del>22116</del>	09/29/66	GS-15	5	<del>22116</del>	09/22/68		
CERTIFICATION AND AUTHENTICATION									
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE.									
SIGNATURE						DATE			
<i>[Signature]</i>						12 July 1968			
Donald C. Marellus									
<input type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> LWOP STATUS AT END OF WAITING PERIOD									
CLERK'S INITIALS						AUDITED BY			
[Initials]						[Signature]			

SECRET  
(When Filled In)

SE: 12 SEPT. 67

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER 0211345		2. NAME (LAST FIRST MIDDLE) PHILLIPS DAVID A									
3. NATURE OF PERSONNEL ACTION REASSIGNMENT				4. EFFECTIVE DATE 09   10   67		5. CATEGORY OF EMPLOYMENT REGULAR					
6. FUNDS		V TO V		V TO CF		7. Financial Analysis No. Chargeable 3135 0620 (XXX)		8. CSC OR OTHER LEGAL AUTHORITY 50 USC 403 J			
9. ORGANIZATIONAL DESIGNATIONS DDP/WH WH/COG OFFICE OF THE CHIEF		10. LOCATION OF OFFICIAL STATION WASH., D.C.									
11. POSITION TITLE ATT POL OFFICER OPS OFFICER CH				12. POSITION NUMBER 1105		13. SERVICE DESIGNATION D					
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) FSR GS			15. OCCUPATIONAL SERIES 0136.01			16. GRADE AND STEP GS 5 15-5		17. SALARY OR RATE 18041 19978			
18. REMARKS SANTO DOMINGO, DOM REP											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING		22. STATION CODE	23. INGRESS CODE	24. Hdqtrs Code	25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI
37	10	51500 WH		75013	5	1	10   31   22				
28. NTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA		33. SECURITY REQ NO	
								EOD DATA			
35. VET. PREFERENCE		36. SERV. COMP DATE		37. LONG COMP DATE		38. CAREER CATEGORY		39. FEGLI / HEALTH INSURANCE		40. SOCIAL SECURITY NO	
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE				42. LEAVE LAT		43. FEDERAL TAX DATA		44. STATE TAX DATA			
SIGNATURE OR OTHER AUTHENTICATION											
											

GS-4

1. Serial No.		2. Name		3. Cost Center Number		4. LWOP Hours				
024345		PHILLIPS DAVID A		01 750 CB						
5. OLD SALARY RATE				6. NEW SALARY RATE				7. TYPE ACTION		
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	Effective Date	PSI	LSI	ADJ
GS 15	4	19371	09/27/64	GS 15	5	19978	09/25/66			
8. Remarks and Authorization										
<p>NO EXCESS LWOP          IN PAY STATUS AT END OF WAITING PERIOD          LWOP STATUS AT END OF WAITING PERIOD          CLERKS INITIALS                      AUDITED BY</p> <p>I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS          OF AN ACCEPTABLE LEVEL OF COMPETENCE.</p> <p>SIGNATURE: <i>Marvin</i>                      DATE 15/7/66</p>										
<b>PAY CHANGE NOTIFICATION</b>										



AAAA

SECRET  
(When Filled In)

BJT, 18 OCT 66

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER 024345		2. NAME (LAST FIRST MIDDLE) PHILLIPS DAVID A	
3. NATURE OF PERSONNEL ACTION DESIGNATION AS PARTICIPANT IN CIA RETIREMENT AND DISABILITY SYSTEM			4. EFFECTIVE DATE MO DA YR 10 23 66
5. CATEGORY OF EMPLOYMENT REGULAR			6. COST CENTER NO CHARGEABLE 7135 0875 0000
7. CSC OR OTHER LEGAL AUTHORITY PL 88-643 SECT. 203			8. FUNDS V TO V CF TO V X V TO CF CF TO CF
9. ORGANIZATIONAL DESIGNATIONS DDP/WH		10. LOCATION OF OFFICIAL STATION SANTO DOMINGO, DOM REP	
11. POSITION TITLE		12. POSITION NUMBER	13. SERVICE DESIGNATION D
14. CLASSIFICATION SCHEDULE (CS, LR, etc)	15. OCCUPATIONAL SERIES	16. GRADE AND STEP 15	17. SALARY OR RATE

18. REMARKS  
EMPLOYEE WILL RECEIVE NOTIFICATION FROM THE DIRECTOR OF PERSONNEL OF THIS DESIGNATION AND RIGHT OF APPEAL TO THE DIRECTOR OF CENTRAL INTELLIGENCE.

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING NUMERIC ALPHABETIC		22. STATION CODE	23. INTEGREE CODE	24. Hdqts. Code	25. DATE OF BIRTH MO DA YR			26. DATE OF GRADE MO DA YR			27. DATE OF LEI MO DA YR		
28. NTE EXPIRES MO DA YR		29. SPECIAL REFERENCE	30. RETIREMENT DATA 1 - CSC 2 - FICA 3 - NONE 2		31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA TYPE MO DA YR			33. SECURITY REQ NO.			34. SEX			
35. VET PREFERENCE CODE 0 - NONE 1 - 5 PT 2 - 10 PT		36. SERV COMP DATE MO CA YR		37. LONG COMP. DATE MO CA YR		38. CAREER CATEGORY CODE		39. FEGLI / HEALTH INSURANCE CODE 0 - WAIVER 1 - YES			40. SOCIAL SECURITY NO				
41. PREVIOUS GOVERNMENT SERVICE DATA CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE 3 - BREAK IN SERVICE (DATE)				42. LEAVE CAT. CODE		43. FEDERAL TAX DATA FORM EXECUTED CODE NO TAX EXEMPTIONS			44. STATE TAX DATA FORM EXECUTED CODE NO TAX EXEMP STATE CODE						

EOD DATA

16-21-66

SIGNATURE OR OTHER AUTHENTICATION

14-00000  
PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 89-504  
PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949,  
AS AMENDED, AND A-DCI DIRECTIVE DATED 8 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 3 JULY 1966

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
PHILLIPS DAVID A	024345	51	750	CF GS 15 4	\$18,825	\$19,371

SECRET

30 June 1966

MEMORANDUM FOR : Chief, TRB

SUBJECT : Record of Contract Service for  
David A. Phillips

1. Per your request we are forwarding record of Subject's contract service:

<u>Date</u>	<u>Action</u>
4 March 1954	Hired as Contract Employee
31 July 1954	Terminated
1 August 1954	Hired as Contract Employee
31 March 1955	Terminated
19 August 1958	Hired as Contract Agent
13 March 1960	Terminated

2. Subject was employed on a full time basis with leave benefits from 4 March 1954 through 31 March 1955. Accordingly, this entire period is "creditable" for establishing his annual leave category. However, the period from 19 August 1958 through 13 March 1960, as an independent contractor, is not creditable for this purpose. Only the period from 4 March 1954 through 31 December 1954 is "creditable for Civil Service Retirement, since Contract Employee's were mandatorily covered by Social Security as of 1 January 1955. 1951-1953 Contract Agent time is not creditable.

3. Attached is OF record of Agency service with salary breakdown.

Rogers C. Brooks



UNITED STATES GOVERNMENT

# Memorandum

TO : Chief, Contract Personnel Division  
 ATTN : Mary Kay Spink

FROM : Compensation and Tax Division  
 Office of Finance

SUBJECT: Agency Service of David Atlee PHILLIPS

DATE: 16 June 1966

The records of the Office of Finance show the following Agency service for Subject:

Contract Agent:

EOD 1 February 1951 - \$600.00 P/M  
 Term 28 February 1951 - \$600.00 P/M

*not creditable  
 see memo 6-30-66*

EOD 25 January 1952 - \$6000.00 P/A  
 Term 31 August 1953 - \$6000.00 P/A

*not creditable  
 see memo 6-30-66*

Contract Employee:

EOD 4 March 1954 - \$7200.00 P/A  
 Pay Inc. 1 August 1954 - \$8360.00 P/A  
 Term. 31 March 1955 - \$8360.00 P/A

*o.k.*

Staff Employee:

Ex. Appt. 1 April 1955 - \$9600.00 P/A  
 Res. 6 February 1956 - \$10,320.00 P/A

*o.k.*

Staff Agent:

Ex. Appt. 7 February 1956 - \$10,320.00 P/A  
 PSI 7 October 1956 - \$10,535.00 P/A  
 Pay Raise 12 January 1958 - \$11,835.00 P/A  
 PSI 6 April 1958 - \$11,835.00 P/A  
 Res. 13 August 1958 - \$11,835.00 P/A

*o.k.*

Contract Agent:

EOD 19 August 1958 - \$7,200.00 P/A  
 Term. 13 March 1960 - \$7,200.00 P/A

*not creditable per  
 memo from CPD  
 dated 6-30-66*

Staff Employee:

Ex. Appt. 14 March 1960 - \$11,835.00 P/A  
 Subject has been a Staff Employee since 14 March 1960.

*o.k.  
 as Staff  
 Employee*

*Joseph H. Lutson*  
 JOSEPH H. LUTSON  
 Chief  
 Agent Payroll Branch

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL. 89-501 PURSUANT TO AUTHORITY OF 5 U.S.C. PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A-001 POLICY (EFFECTIVE DATE - OCTOBER 1972.)"

EFFECTIVE DATE OF PAY ADJUSTMENT: 11 OCTOBER 1965

NAME	SERIAL	STATION	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
PHILLIPS DAVID A	024345	51	650	OF GS 15 -	\$18,170	\$18,625

SECRET  
(When Filled In)

5 AUG 65

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)	
024345		PHILLIPS DAVID A	
3. NATURE OF PERSONNEL ACTION			4. EFFECTIVE DATE
REASSIGNMENT			051 051 65
5. CATEGORY OF EMPLOYMENT			REGULAR
6. FUNDS	V TO V	V TO CF	7. COST CENTER NO. CHARGEABLE
	CF TO V	CF TO CF	6135 0575 COVY
8. CSC OR OTHER LEGAL AUTHORITY			50 USC 403 J
9. ORGANIZATIONAL DESIGNATIONS			10. LOCATION OF OFFICIAL STATION
DDP/WH FOREIGN FIELD BRANCH 2 SANTO DOMINGO, DOMINICAN REPUBLIC STATION			SANTO DOMINGO, DOM REP
11. POSITION TITLE		12. POSITION NUMBER	13. SERVICE DESIGNATION
ATT POL OFF CHIEF OF STATION		0274	D
14. CLASSIFICATION SCHEDULE (GS, LO, etc)	15. OCCUPATIONAL SERIES	16. GRADE AND STEP	17. SALARY OR RATE
FSR GS	0136.05	GS 5 15 4	16920 18170
18. REMARKS			
MEXICO CITY, MEXICO			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING	22. STATION CODE
37	10	51650 WH	19039
23. INTEGRITY CODE	24. ADPR CODE	25. DATE OF BIRTH	26. DATE OF GRADE
1	3	10 31 22	
27. DATE OF LER	28. NTE EXPIRES	29. SPECIAL REFERENCE	30. RETIREMENT DATA
	XX1 XXXX		
31. SEPARATION DATA CODE	32. CORRECTION-CANCELLATION DATA	33. SECURITY REQ NO	34. SEN
35. VET PREFERENCE	36. SERV COMP DATE	37. LONG COMP DATE	38. CAREER CATEGORY
39. FEDERAL TAX DATA	40. SOCIAL SECURITY NO	41. PREVIOUS GOVERNMENT SERVICE DATA	42. LEAVE CAT
43. FEDERAL TAX DATA	44. STATE TAX DATA	45. FEDERAL TAX DATA	46. STATE TAX DATA
SIGNATURE OR OTHER AUTHENTICATION			

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

ADPD 03/31/65

1 SERIAL NUMBER 2 NAME (LAST FIRST MIDDLE)  
024345 PHILLIPS DAVID A

3 NATURE OF PERSONNEL ACTION 4 EFFECTIVE DATE 5 CATEGORY OF EMPLOYMENT  
CONV. TO CAREER EMPLOYEE STATUS 04 01 50

6 FUNDS 7 COST CENTER NO CHARGEABLE 8 CSC OR OTHER LEGAL AUTHORITY  
V TO V V TO CF  
CF TO V X CF TO CF

9 ORGANIZATIONAL DESIGNATIONS 10 LOCATION OF OFFICIAL STATION  
DDP/WH DIVISION

11 POSITION TITLE 12 POSITION NUMBER 13 CAREER SERVICE DESIGNATION  
U

14 CLASSIFICATION SCHEDULE (GS LB OR) 15 OCCUPATIONAL SERIES 16 GRADE AND STEP 17 SALARY OR RATE

18 REMARKS

SIGNATURE OR OTHER AUTHENTICATION:

POSTED  
04/01/65 [Signature]

GROUP 1 Excluded from automatic downgrading and declassification



IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-793 AND DCF MEMORANDUM DATED 1 AUGUST 1956, SALARY IS ADJUSTED AS FOLLOWS, EFFECTIVE 9 JANUARY 1964.

NAME	SERIAL	ORGN	FUNDS	GR-ST	OLD SALARY	NEW SALARY
PHILLIPS DAVID A	024345	DA	700	CF 05 15 3	\$15,925	\$16,895

SECRET  
(When Filled In)

MHC: 27 SEPT 63

NOTIFICATION OF PERSONNEL ACTION									
1 SERIAL NUMBER		2 NAME (LAST FIRST MIDDLE)							
024345		PHILLIPS DAVID A							
3 NATURE OF PERSONNEL ACTION					4 EFFECTIVE DATE		5 CATEGORY OF EMPLOYMENT		
PROMOTION					09 29 63		REGULAR		
6 FUNDS		7 COST CENTER NO		8 CHARGEABLE		9 CXC OR OTHER LEGAL AUTHORITY			
DA 700		4135 5700		1000		50 USC 403 J			
10 ORGANIZATIONAL DESIGNATIONS					11 LOCATION OF OFFICIAL STATION				
DDP WH BRANCH 3 MEXICO CITY MEXICO STATION					MEXICO CITY, MEXICO				
12 POSITION TITLE					13 POSITION NUMBER		14 SERVICE DESIGNATION		
ATT POL OFF OPS OFFICER					0340		D		
15 CLASSIFICATION SCHEDULE (GS, LR, etc.)			16 OCCUPATIONAL SERIES		17 GRADE AND STEP		18 SALARY OR RATE		
FSR GS			0136.01		03 0 15 3		13440 15525		
19 REMARKS									
MEXICO CITY, MEXICO									
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL									
20 ACTION CODE									
21 OFFICE CODING									
22 STATION CODE									
23 INTRACODE									
24 REPORT CODE									
25 DATE OF BIRTH									
26 DATE OF GRADE									
27 DATE OF LEI									
28 WTE EXPIRES									
29 SPECIAL REFERENCE									
30 RETIREMENT DATA									
31 SEPARATION DATA CODE									
32 CORRECTION CANCELLATION DATA									
33 SECURITY REG NO									
34 SER									
35 NET PREFERENCE									
36 SERV COMP DATA									
37 LONG COMP DATE									
38 CAREER CATEGORY									
39 FEGLI / HEALTH INSURANCE									
40 SOCIAL SECURITY NO									
41 PREVIOUS ASSIGNMENT SERVICE DATA									
42 LEAVE CAT									
43 FEDERAL TAX DATA									
44 STATE TAX DATA									
45 NO. OF PREVIOUS SERVICE									
46 NO. OF PREVIOUS SERVICE									
47 NO. OF PREVIOUS SERVICE									
48 NO. OF PREVIOUS SERVICE									
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94 NO. OF PREVIOUS SERVICE									
95 NO. OF PREVIOUS SERVICE									
96 NO. OF PREVIOUS SERVICE									
97 NO. OF PREVIOUS SERVICE									
98 NO. OF PREVIOUS SERVICE									
99 NO. OF PREVIOUS SERVICE									
100 NO. OF PREVIOUS SERVICE									

EOD DATA

101-10  
11/75

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 97-735  
 DCI MEMORANDUM DATED 1 AUGUST 1984, SALARY IS ADJUSTED AS FOLLOWS,  
 EFFECTIVE 18 OCTOBER 1982

NAME	SERIAL	ORGN	FUNDS	OLD GROSS SALARY	NEW GROSS SALARY
PHILLIPS DAVID A	024345	64700	CF 14 4	\$12990	14 4 \$14190

1. Serial No.		2. Name		3. Cost Center Number		4. LWOP Hours				
024345		PHILLIPS DAVID A		64 700 CF 8						
5. OLD SALARY RATE				6. NEW SALARY RATE				7. TYPE ACTION		
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	Effective Date	PSI	LSI	ADJ
GS 14	4	\$14,120	09/17/61	GS 14	5	\$14,545	09/15/63		1	
8. Remarks and Authentication										
/ / NO EXCESS LWOP / / IN PAY STATUS AT END OF WAITING PERIOD / / LWOP STATUS AT END OF WAITING PERIOD CLERKS INITIALS AUDITED BY										
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.										
SIGNATURE: <i>[Signature]</i> DATE: <i>17 July 1985</i>										
PAY CHANGE NOTIFICATION										

Form 901 500

Obsolete Previous Edition

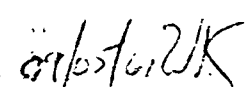
(4 51)

**SECRET**  
 (When Filled In)

1. Serial No.		2. Name		3. Cost Center Number		4. LWOP Hours				
24345		PHILLIPS DAVID A		DDP/WH 07 UV						
5. OLD SALARY RATE				6. NEW SALARY RATE				7. TYPE ACTION		
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	Effective Date	PSI	LSI	ADJ
GS	14	3	\$12,730	14	4	\$12,990	09/17/61			
8. Remarks and Authentication										
/ / NO EXCESS LWOP / / IN PAY STATUS AT END OF WAITING PERIOD / / IN LWOP STATUS AT END OF WAITING PERIOD										

BWS: 31 AUG 1961

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION															
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)													
024345		PHILLIPS DAVID A													
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE			5. CATEGORY OF EMPLOYMENT						
						08 23 61			REGULAR						
A. FUNDS		V TO V		V TO CP		7. COST CENTER NO. CHARGEABLE			8. CSC OR OTHER LEGAL AUTHORITY						
		CP TO V		CP TO CP		2135 5700 1000			50 USC 403 J						
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION									
DDP WH BRANCH 3 MEXICO CITY MEXICO STATION						MEXICO CITY, MEXICO									
11. POSITION TITLE						12. POSITION NUMBER			13. CAREER SERVICE DESIGNATION						
ATT POL OFF OPS OFFICER						0340			D						
14. CLASSIFICATION SCHEDULE (GS, WB, etc)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE							
FSR GS				0136.01		03 3 14 3		12535 12730							
18. REMARKS															
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL															
ACTION: 20		21. OFFICE CODING		22. STATION CODE		23. INTEGREE CODE		24. NEDN CODE		25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI	
5 10		64700 WH		45075		1		3		10 31 22					
28. NTE EXP. RES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA				33. SECURITY REQ NO		34. SEX	
D								EOD DATA →							
VET PREFERENCE		36. SERV COMP DATE			37. LONG COMP DATE			38. MIL SERV CREDIT			39. FEGLI/HEALTH INSURANCE		40. SOCIAL SECURITY NO		
PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT		43. FEDERAL TAX DATA				44. STATE TAX DATA					
0. NO PREVIOUS SERVICE 1. NO BREAK IN SERVICE 2. BREAK IN SERVICE (LESS THAN 12 MOS) 3. BREAK IN SERVICE (MORE THAN 12 MOS)						1. YES 2. NO				1. YES 2. NO					
SIGNATURE OR OTHER AUTHENTICATION															
															

PSC: 23 AUG 1961

SECRET  
(When Filled In)

OCF		NOTIFICATION OF PERSONNEL ACTION			
1. SERIAL NUMBER		2. NAME (LAST-FIRST MIDDLE)			
024345		PHILLIPS DAVID A			
3. NATURE OF PERSONNEL ACTION			4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT
REASSIGNMENT			08 15 61		REGULAR
6. FUND		7. COST CENTER NO. CHARGEABLE	8. CSC OR OTHER LEGAL AUTHORITY		
V TO V		2135 5700 1000	50 USC 403 J		
CF TO V		X	CF TO CF		
9. ORGANIZATIONAL DESIGNATIONS			10. LOCATION OF OFFICIAL STATION		
DDP WH BRANCH 3 MEXICO CITY, MEXICO STATION			MEXICO CITY, MEXICO		
11. POSITION TITLE		12. POSITION NUMBER	13. CAREER SERVICE DESIGNATION		
CPS OFFICER		0340	D		
14. CLASSIFICATION SCHEDULE (GS, WD, etc)		15. OCCUPATIONAL SERIES	16. GRADE AND STEP	17. SALARY OR RATE	
GS		0136.01	14 3	12730	
18. REMARKS TO BE					
[ ]					
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING		22. STATION CODE	23. INTEGREE CODE
37	10	64700 WH		45075	3
24. MONTH CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI		
10	31 22				
28. NTE EXPIRES	29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA CODE	32. CORRECTION CANCELLATION DATA	33. SECURITY REQ NO.
				EOD DATA	
35. VET PREFERENCE	36. SERV COMP. DATE	37. LONG COMP. DATE	38. MIL. SERV CREDIT LCD	39. REG/LI HEALTH INSURANCE	40. SOCIAL SECURITY NO.
41. PREVIOUS GOVERNMENT SERVICE DATA		42. LEAVE CAT.	43. FEDERAL TAX DATA	44. STATE TAX DATA	
CODE		CODE	CODE	CODE	
1. NO PREVIOUS SERVICE		1. YES	1. YES	1. YES	
2. BREAK IN SERVICE (LESS THAN 12 MOS)		2. NO	2. NO	2. NO	
3. BREAK IN SERVICE (MORE THAN 12 MOS)					
SIGNATURE OR OTHER AUTHENTICATION					
FOUNDED 08/29/61 WIK					



IN ACCORDANCE WITH THE PROVISIONS OF P. L. 86-268 AND DCI MEMO DATED 1 AUGUST 1966, SALARY IS ADJUSTED AS FOLLOWS EFFECTIVE 10 JULY 1960.

NO	NAME	SERIAL	ORGN	GR-ST	OLD SALARY	NEW SALARY
0	PHILLIPS DAVID A	524345	46 17	GS-14 3	\$11,835	\$12,730

/S/ EMMETT D. FCHOLS  
DIRECTOR OF PERSONNEL

SECRET  
(When Filled In)

BWS: 15 APR 1960 NOTIFICATION OF PERSONNEL ACTION

1. Serial No. 524345	2. Name (Last-First-Middle) PHILLIPS DAVID A	3. Date Of Birth Mo. 10, Da. 31, Yr. 22	4. Vol. Prof. Nono-0 5 Pt-1 10 Pt-2 Code 1	5. Sex M 1	6. CS - EOD Mo. 03, Da. 14, Yr. 60
7. SCD Mo. 02, Da. 12, Yr. 54	8. CSC Rmt. Yes-1 No-2 Code 1	9. CSC Or Other Legal Authority 50 USCA 403 J	10. Appt. Auth. Mo. , Da. , Yr. ,	11. FLGLI Yes-1 No-2 Code ,	12. LCD Mo. 04, Da. 05, Yr. 55
		13. M.D. Serv. Credit Yes-1 No-2 Code 2			

PREVIOUS ASSIGNMENT

14. Organizational Designations CS/CS DEVELOPMENT COMPLEMENT DOP WH DIVISION	Code 3608	15. Location Of Official Station WASH., D.C.	Station Code 75013
16. Dept. - Field Dept. - 1 USStd - 3 Frgn. - 5 Code 1	17. Position Title OPS OFFICER	18. Position No. 031460	19. Serv. GS GS
20. Occup. Series 0136.01			
21. Grade & Step 14 3	22. Salary Or Rate \$11835	23. SD D	24. Date Of Grade Mo. 03, Da. 14, Yr. 60
		25. P.S. No. 05 17 61	26. Appropriation Number 0320 1998

ACTION

27. Nature Of Action REASSIGNMENT	Code 56	28. Eff. Date Mo. 04, Da. 17, Yr. 60	29. Type Of Employee REGULAR	Code 01	30. Separation Data
--------------------------------------	------------	---	---------------------------------	------------	---------------------

PRESENT ASSIGNMENT

31. Organizational Designations DOP WH BRANCH A	Code 4617	32. Location Of Official Station WASH., D. C.	Station Code 75013
33. Dept. - Field Dept. - 1 USStd - 3 Frgn. - 5 Code 1	34. Position Title OPS OFFICER	35. Position No. 0624	36. Serv. GS GS
37. Occup. Series 0136.01			
38. Grade & Step 14 3	39. Salary Or Rate \$11835	40. SD D	41. Date Of Grade Mo. 03, Da. 14, Yr. 60
		42. P.S. No. 05 17 61	43. Appropriation Number 0135 1000 1000

14-26-60-11X

SECRET  
(When Filled In)

PAS: 14 MARCH 1960  
NOTIFICATION OF PERSONNEL ACTION

1. Serial No. 524345		2. Name (Last-First-Middle) DAVID A PHILLIPS PHILLIPS DAVID A			3. Date Of Birth Mo. Da. Yr. 10 31 22			4. Vet. Pref. None-0 5 Pt-1 10 Pt-2 1		5. Sex M 1		5. CS-EOD Mo. Da. Yr. 03 14 60		
7. SCD Mo. Da. Yr. 02 12 54		8. CSC Retmt. Yes-1 No-2 1		9. CSC Or Other Legal Authority 50 USCA 403 J		10. Apmt Affidav Mo. Da. Yr. 03 14 60			11. FEGLI Yes-1 No-2 1		12. LCD Mo. Da. Yr. 04 05 55		13. Ent. Exent. Code Yes-1 No-2 2	

PREVIOUS ASSIGNMENT

14. Organizational Designations				Code		15. Location Of Official Station				Station Code		
16. Dept. - Field Dept - 1 USfld - 3 Frqn - 5		17. Position Title				18. Position No.		19. Serv.		20. Occup. Series		
21. Grade & Step		22. Salary Or Rate \$		23. SD		24. Date Of Grade Mo. Da. Yr.		25. PSI Due Mo. Da. Yr.		26. Appropriation Number		

ACTION

27. Nature Of Action EXCEPTED APPOINTMENT		Code 17		28. Eff Date Mo. Da. Yr. 03 14 60		29. Type Of Employee REGULAR		Code 20		30. Separation Data	
--	--	------------	--	---	--	---------------------------------	--	------------	--	---------------------	--

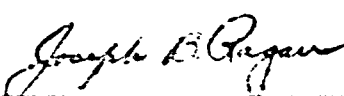
PRESENT ASSIGNMENT

31. Organizational Designations CS/CS DEVELOPMENT COMPLEMENT DDP WH DIVISION				Code 4688		32. Location Of Official Station WASH., D.C.				Station Code 75013		
33. Dept. - Field Dept - 1 USfld - 3 Frqn - 5		34. Position Title 1 OPS OFFICER				35. Position No. 031460		36. Serv. GS		37. Occup. Series 0136.01		
38. Grade & Step 14 3		39. Salary Or Rate \$ 11835		40. SD 0		41. Date Of Grade Mo. Da. Yr. 03 14 60		42. PSI Due Mo. Da. Yr. 09 17 61		43. Appropriation Number 0320 1998		

44. Remarks  
APPOINTEE.

FILED  
3-24-60  
rlh

**NOTIFICATION OF PERSONNEL ACTION**

1. NAME (Last, first, middle initial, and surname) <b>Philip A. Phillips</b>		2. DATE OF BIRTH <b>10/31/22</b>	3. JOURNAL OR ACTION NO.	4. DATE <b>18 Aug 58</b>
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (Use Standard Terminology) <b>RESIGNATION (STAFF AGENT)</b>		6. EFFECTIVE DATE <b>19 Aug 58</b>	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY <b>60 USC 6031</b>	
FROM <b>Ops Officer (PP) 6127</b>		TO		
<b>GS-0156-31-14 \$11,836.00 p/a</b>  <b>DDP/NRA</b> <b>Project Annex</b> <b>Egypt &amp; Arab States Branch</b> <b>Project PECTATE</b>  <b>Beirut, Lebanon</b>		8. POSITION TITLE	9. SERVICE SERIES, GRADE, SALARY	
10. ORGANIZATIONAL DESIGNATIONS		11. HEADQUARTERS		
12. FIELD OR DEPT. (Use appropriate box)		12. FIELD OR DEPT. (Use appropriate box)		
13. VETERAN'S PREFERENCE		14. POSITION CLASSIFICATION ACTION		
NONE <input type="checkbox"/> WHI <input type="checkbox"/> OTHER <input type="checkbox"/> 5-PT. <input type="checkbox"/> 10-POINT <input type="checkbox"/>		NEW <input type="checkbox"/> VICE <input type="checkbox"/> L. A. <input type="checkbox"/> REAL <input type="checkbox"/>		
15. SEX <b>M</b>		16. APPROPRIATION FROM: <b>9-3381-91-216</b> TO:		17. SUBJECT TO C. S. RETIREMENT ACT (YES-NO) <b>YES</b>
18. DATE OF APPOINTMENT (BEST APPOINTMENT INCLUSIVE DATE)		19. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:		
20. REMARKS:  <b>Subj debriefed by Security (Prague)</b> <b>Subj debriefed by Finance (Shipley)</b> <b>Subj debriefed by Personnel (Kreinholder)</b>				
FOR DIRECTOR OF PERSONNEL				
 21. SIGNATURE OR OTHER IDENTIFICATION				
ENTRANCE PERFORMANCE RATING:				

**POSTED ON**  
**15 Aug 58**

**SECRET**  
 WHEN FILLED IN

**NOTIFICATION OF PERSONNEL ACTION**

1. NAME (Last - first - middle - one given name - initials) AND SURNAME: <i>David P. Phillips</i>		2. DATE OF BIRTH 31 Oct 1922	3. JOURNAL OR ACTION NO.	4. DATE 16 Aug 57
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) REASSIGNMENT (CORRECTION) STAFF AGENT		6. EFFECTIVE DATE 30 Apr 1957	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY 53 USC 4031	
FROM		TO		
Ops. Off (PP) BAF-126  GS-0136.31-14 \$10,535.00 p/a  DDP/VII Branch III Havana Cuba Station  Havana, Cuba		8. POSITION TITLE  9. SERVICE, SERIES, GRADE, SALARY  10. ORGANIZATIONAL DESIGNATIONS  11. HEADQUARTERS	Ops. Officer (PP) PSP-8127  GS-0136.31-14 \$10,535.00 p/a  DDP/SEA Project Annex Egypt and Arab States Branch Project FECTATE  Beirut, Lebanon	
<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL		<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL		
13. VETERAN'S PREFERENCE NONE <input type="checkbox"/> WWII <input type="checkbox"/> OTHER <input type="checkbox"/> 5-PT. <input type="checkbox"/> 10-POINT <input type="checkbox"/>		14. POSITION CLASSIFICATION ACTION NEW <input type="checkbox"/> VICE <input type="checkbox"/> I. A. <input type="checkbox"/> REA. <input type="checkbox"/>		
15. SEX M		16. APPROPRIATION FROM: 6-3545-55-055 TO: 7-3361-01-216		SD:DP
17. SUBJECT TO C. S. RETIREMENT ACT (YES-NO) Yes		18. DATE OF APPOINTMENT APPROVALS (YEAR-MONTH-DAY)		19. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:
20. REMARKS:  *Subject arrived PCS Beirut 30 Apr 57. Project FECTATE was approved 15 Mar 57  <div style="text-align: right;"><b>POSTED ON</b> 08-20 1957 <i>Bl. King</i></div>				
FOR DIRECTOR OF PERSONNEL  <i>Louis W. Armstrong</i>				
ENTRANCE PERFORMANCE RATING:				
21. SIGNATURE OR OTHER AUTHENTICATION				

**SECRET**

1. ~~REPRODUCTION~~ COPY

*Mo*

**NOTIFICATION OF PERSONNEL ACTION**

1. NAME (OR PRINTED NAME, INITIALS AND SURNAME) <i>Donald P. [unclear]</i>		2. DATE OF BIRTH 31 Oct 1922	3. JOURNAL OR ACTION NO.	4. DATE 11 July 1957
THIS IS TO NOTIFY YOU OF THE FOLLOWING ACTION AFFECTING YOUR EMPLOYMENT:				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) REASSIGNMENT (STAFF AGENT)		6. EFFECTIVE DATE 18 June 57	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY 50 USCA 4034	
FROM		TO		
Ops Off (PP) BAF-125 GS-0136.31-14 \$10,535.00 p/a DDP/WK BRANCH III Havana Cuba Station Havana, Cuba		8. POSITION TITLE Ops Officer (PP) BEP-8127 9. SERVICE SERIES, GRADE, SALARY GS-0136.31-14 \$10,535.00 p/a 10. ORGANIZATIONAL DESIGNATIONS DDP/NEA Project Annex Egypt and Arab States Branch Project FEETATE Beirut, Lebanon	11. HEADQUARTERS	
<input checked="" type="checkbox"/> FIELD	<input type="checkbox"/> DEPARTMENTAL	12. FIELD OR DEPT'L	<input checked="" type="checkbox"/> FIELD	<input type="checkbox"/> DEPARTMENTAL
13. VETERAN'S PREFERENCE NONE <input type="checkbox"/> WWII <input type="checkbox"/> OTHER <input type="checkbox"/> 5 PT <input type="checkbox"/> 10 POINT <input type="checkbox"/>		14. POSITION CLASSIFICATION ACTION NEW <input type="checkbox"/> VICE <input type="checkbox"/> I. A. <input type="checkbox"/> REAL <input type="checkbox"/> SD:DP		
15. SEX M	16. APPROPRIATION FROM: 6-3546-56-055 TO: 7-3351-91-215	17. SUBJECT TO C. S. RETIREMENT ACT (1953-401) Yes	18. DATE OF APPOINTMENT AFFIDAVIT (ACCESSIONS ONLY)	19. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:
20. REMARKS:  <div style="text-align: right; border: 1px solid black; padding: 5px; display: inline-block;">POSTED ON 07-10-57 <i>[Signature]</i></div>				
FOR DIRECTOR OF PERSONNEL				
<i>Louis W. Armstrong</i>				
21. SIGNATURE OR OTHER AUTHENTICATION				

ENTRANCE PERFORMANCE RATING:

1. ~~SEE~~ COPY

*File*

**SECRET**

CONFIDENTIAL (when filled in)

U. S. GOVERNMENT PRINTING OFFICE: 1954 O 12 9280

1. Payroll  2. Pay  3. Block No.  4. Slip No.

5. Grade and salary **GS-14 \$10,320.00**

**PAYROLL CHANGE DATA**

BASE PAY	OVERTIME	GROSS PAY	RET.	FEDERAL TAX	BOND	F. I. C. A.	STATE TAX	GROUP LIFE INS.	NET PAY

11. Appropriation(s) \_\_\_\_\_

12. Prepared by **dsk 1 Aug 56**

13. Audited by \_\_\_\_\_

14. Date last equivalent increase **1 APR 55** 15. Old salary rate **\$10,320.00** 16. New salary rate **\$10,535.00**

17. Performance rating as satisfactory or below **AS SATISFACTORY**

18. Performance rating as satisfactory or below (Check applicable box in case of excess LWOP)  
 In pay status at end of waiting period.  
 In LWOP status at end of waiting period.

19. Remarks (Fill in appropriate spaces covering LWOP following periods):  
 No excess LWOP. Total excess LWOP \_\_\_\_\_

Standard Form No. 1126d—Revised  
 Prescribed by Comp. Gen., U. S.,  
 Order 26, 1954, General Regulations No. 102

**CONFIDENTIAL PAYROLL CHANGE SLIP — PERSONNEL COPY**

**POSTED ON**  
**8/1/56**  
**df-40**  
**101 9 Oct 56**

CONFIDENTIAL (when filled in)

U. S. GOVERNMENT PRINTING OFFICE: 1955-287103

1. Payroll  2. Pay  3. Block No.  4. Slip No.

5. Grade and salary **GS-14 \$10,536.00**

**PAYROLL CHANGE DATA**

BASE PAY	OVERTIME	GROSS PAY	RET.	FEDERAL TAX	BOND	F. I. C. A.	STATE TAX	GROUP LIFE INS.	NET PAY

11. Appropriation(s) \_\_\_\_\_

12. Prepared by **dsk 3 Feb 58**

13. Audited by \_\_\_\_\_

14. Date last equivalent increase **7 Oct 58** 15. Old salary rate **\$10,535.00** 16. New salary rate **\$10,750.00**

17. Performance rating as satisfactory or below **AS SATISFACTORY**

18. Performance rating as satisfactory or below (Check applicable box in case of excess LWOP)  
 In pay status at end of waiting period.  
 In LWOP status at end of waiting period.

19. Remarks (Fill in appropriate spaces covering LWOP following periods):  
 Pursuant to GCI Directive effective 12 JAN 1958. SALARY ADJUSTED TO **\$11,835**

Standard Form No. 1126d—Revised  
 Prescribed by Comp. Gen., U. S.,  
 Order 26, 1954, General Regulations No. 102

**CONFIDENTIAL PAYROLL CHANGE SLIP — PERSONNEL COPY**

**POSTED ON**  
**2/3/58**  
**df-40**

CENTRAL INTELLIGENCE AGENCY

17.

NOTIFICATION OF PERSONNEL ACTION

1. NAME (MR., MISS, MRS., OR MISS, LAST, FIRST, INITIALS), AND SURNAMES		2. DATE OF BIRTH	3. JOURNAL OR ACTION NO.	4. DATE
Mr. David A. Phillips		21 Oct 1922		7 Feb 1956
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY)		6. EFFECTIVE DATE	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY	
Resignation*		6 Feb 1956		
FROM		TO		
Ops Officer BM-229 OS-0136.31-14 \$10,320.00 per annum DDP/PP Operations Staff Information Coordination Division Office of the Chief  Washington, D. C.		8. POSITION TITLE		
		9. SERVICE, SERIES, GRADE, SALARY		
		10. ORGANIZATIONAL DESIGNATIONS		
		11. HEADQUARTERS		
<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL		12. FIELD OR DEPT'L	<input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL	
13. VETERAN'S PREFERENCE		14. POSITION CLASSIFICATION ACTION		
NONE WWII OTHER S-PT. 10 POINT		NEW VICE I. A. REAL		
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SD/DP		
15. SEX	16. APPROPRIATION	17. SUBJECT TO C. S. RETIREMENT ACT (YES-NO)	18. DATE OF APPOINTMENT AFFIDAVIT (ACCESSIONS ONLY)	19. LEGAL RESIDENCE
M	FROM: 6-2105-20 TO:	Yes		<input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE: Tenn
20. REMARKS.				
<p style="text-align: center;">10 FEB 1956</p> <p>To seek other employment.</p> <p>Statement of accrued annual leave to your credit will be forwarded with your final salary check.</p> <p style="text-align: right;">57,---,---,---,</p>				
ENTRANCE PERFORMANCE RATING				
Director of Personnel				
SIGNATURE OR OTHER AUTHENTICATION				

4. PERSONNEL FOLDER COPY

117 2/7/56

CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION dah

1. NAME (MR.-MISS.-MRS.-ONE GIVEN NAME, INITIALS, AND SURNAME) <b>Mr. David A. Phillips</b>		2. DATE OF BIRTH <b>31 Oct 1922</b>	3. JOURNAL OR ACTION NO.	4. DATE <b>4 October 1955</b>
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) <b>Reassignment (Correction)</b>		6. EFFECTIVE DATE <b>14 Aug 1955</b>	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY <b>50 USCA 403 J</b>	
FROM		TO		
Paramilitary Off. Bd-156 GS-0136.11-14 \$10,320.00 Per Annum Office of the Chief		8. POSITION TITLE <b>Cps Officer</b>	9. SERVICE SERIES GRADE SALARY <b>GS-0136.31-14 \$10,320.00 Per Annum</b>	
10. ORGANIZATIONAL DESIGNATIONS		11. HEADQUARTERS <b>Washington, D.C.</b>		
<input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL		<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL		
13. VETERAN'S PREFERENCE		14. POSITION CLASSIFICATION ACTION		
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		SPECIAL AGENT <input type="checkbox"/> REAL <input type="checkbox"/>		
15. SEX <input type="checkbox"/> M <input type="checkbox"/> F		16. SUBJECT TO C.S. RETIREMENT ACT (YES-NO)		17. DATE OF APPOINTMENT AFFIDAVITS (ACCESS BY ONLY)
17. APPROPRIATION FROM: <b>6-2101-20</b> TO: <b>6-2105-20</b>		Yes		18. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:
This action is subject to all applicable laws, rules, and regulations and may be subject to investigation and approval by the United States Civil Service Commission. The action may be corrected or canceled if not in accordance with all requirements.				
* This Action Corrects Item No. 17 on the "to" Side of Notification dated 4 August 1955, to show the correct Allotment Number, Previously shown as 6-2101-20				
10/11/55				
ENTRANCE PERFORMANCE RATING: _____ OR OTHER AUTHENTICATION				



CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION

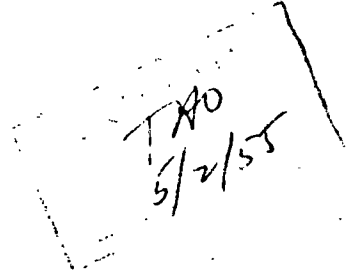
1. NAME (MR-MISS-MRS-OR) GIVEN NAME (INITIALS) AND SURNAME		2. DATE OF BIRTH	3. JOURNAL ACTION NO.	4. DATE														
MR. DAVID A. PHILIPS		31 Oct 1922		4 Aug 1955														
This is to notify you of the following action affecting your employment:																		
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY)		6. EFFECTIVE DATE	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY															
Reassignment		14 Aug 1955	50 UOCA 403 J															
FROM		TO																
Paramilitary Off. Da-156		8. POSITION TITLE	Ops Officer EW-229															
US-0136.11-14 \$10,320.00 per annum		9. SERVICE, SERIES, GRADE, SALARY	EW-0136.31-14 \$10,320.00 per annum															
DDP/PP Operations Staff Office of the Chief		10. ORGANIZATIONAL DESIGNATIONS	DDP/PP Operations Staff Information Coordination Div. Office of the Chief															
		11. HEADQUARTERS	Washington D. C.															
<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL		12. FIELD OR DEPT'L	<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL															
13. VETERAN'S PREFERENCE		14. POSITION CLASSIFICATION ACTION																
<table border="1"> <tr> <td>10-POINT</td> <td>15-POINT</td> </tr> <tr> <td>OTHER</td> <td>OTHER</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		10-POINT	15-POINT	OTHER	OTHER	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<table border="1"> <tr> <td>NEW</td> <td>VICE</td> <td>P. A.</td> <td>REAL.</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>			NEW	VICE	P. A.	REAL.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10-POINT	15-POINT																	
OTHER	OTHER																	
<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
NEW	VICE	P. A.	REAL.															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>															
15. SEX TRACE		16. SUBJECT TO C & R REQUIREMENT ACT (YES-NO)	17. DATE OF APPOINTMENT AFFIDAVIT (ACCESSIONS ONLY)	18. LEGAL RESIDENCE CLAIMED <input type="checkbox"/> PROVED <input type="checkbox"/>														
M		Yes		STATE: Texas														
19. REMARKS: This action is subject to all applicable laws, rules, and regulations and may be subject to investigation and approval by the United States Civil Service Commission. The action may be corrected or canceled if not in accordance with all requirements.																		
<p style="text-align: center;">10,320</p> <p style="text-align: right;"><i>[Signature]</i></p>																		
Director of Personnel ENTRANCE PERFORMANCE RATING H O N O R A R Y																		

4. PERSONNEL FOLDER COPY

7/3 8/11/55

CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION FC 26 April 1955  
SR 4032 eep

1. NAME (MR., MISS, MRS., OR MISSIVE GIVEN NAME, INITIALS, AND SURNAME) <b>Mr. David A. Phillips</b>		2. DATE OF BIRTH <b>31 October 1922</b>	3. JOURNAL OR ACTION NO. <b>SR 4032</b>	4. DATE <b>1 April 1955</b>
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) <b>Excepted Appointment</b>		6. EFFECTIVE DATE <b>1 April 1955</b>	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY <b>50 USCA 403 j</b>	
FROM		TO		
8. POSITION TITLE <b>Paramilitary Off. PM BW-156-14</b>		9. SERVICE, SERIES, GRADE, SALARY <b>GS-0136.11-14 \$9,000.00 P/a</b>		
10. ORGANIZATIONAL DESIGNATIONS <b>DDP/P&amp;P Operations Staff Office of the Chief</b>		11. HEADQUARTERS <b>Washington, D. C.</b>		
12. FIELD OR DEPT'L <input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL		12. FIELD OR DEPT'L <input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL		
13. VETERAN'S PREFERENCE 13a. GRADE 13b. POINT 13c. DISAB 13d. OTHER <input checked="" type="checkbox"/>		14. POSITION CLASSIFICATION ACTION NEW VICE I. A. SPECIAL		
15. STATE <b>TX</b>		16. APPROPRIATION FROM <b>5-0101-30</b>		17. DATE OF APPOINTMENT AFFIDAVIT (EXCEPTIONS ONLY) <b>28 April 1955</b>
18. SUBJECT TO U.S. RETIREMENT ACT (YES-NO)		19. DATE OF APPOINTMENT AFFIDAVIT (EXCEPTIONS ONLY)		20. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVEN STATE <b>Texas</b>
21. REMARKS. This action is subject to all applicable laws, rules, and regulations; and may be subject to investigation and approval by the United States Civil Service Commission. The action may be corrected or canceled if not in accordance with all requirements. <b>Subject to a satisfactory physical examination.</b>				
RC 06 DOC 04-01-55 CSECD 04-01-55 LGD 04-01-55				
				
ENTRANCE PERFORMANCE RATING: <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10				
Director of Personnel				

SECRET

12 May 1966

MEMORANDUM FOR: Chief, Contract Personnel Division  
ATTENTION : Mary Kay Spink  
SUBJECT : Verification of Contract Service  
PHILLIPS, David A.

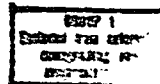
In order to establish the salary, LCD and to compute the SCD for both leave and retirement purposes, it is necessary to verify the contract service and salary of David A. PHILLIPS, DOB 31 October 1922, who claims employment with this Agency in a contract status from 27 March 1952 to 1 April 1955 and from 19 August 1958 to 13 March 1960.

Signed

Lovell P. Moore  
Deputy Chief, Transactions & Records Branch

Distribution:  
0 & 1 - Addressee  
1 - CPF - PHILLIPS  
1 - TRR - Chrono

SECRET



4 February 1971

David A. Phillips

30 June 1966

31 March 1955

4 March 1954

WH/Personnel

30 June 1966

MEMORANDUM FOR : Chief, TRB

SUBJECT : Record of Contract Service for  
David A. Phillips

1. Per your request we are forwarding record of Subject's contract service:

<u>Date</u>	<u>Action</u>
4 March 1954	Hired as Contract Employee
31 July 1954	Terminated
1 August 1954	Hired as Contract Employee
31 March 1955	Terminated
19 August 1953	Hired as Contract Agent
13 March 1950	Terminated

2. Subject was employed on a full time basis with leave benefits from 4 March 1954 through 31 March 1955. Accordingly, this entire period is "creditable" for establishing his annual leave category. However, the period from 19 August 1953 through 13 March 1950, as an independent contractor, is not creditable for this purpose. Only the period from 4 March 1954 through 31 December 1954 is "creditable for Civil Service Retirement, since Contract Employee's were mandatorily covered by Social Security as of 1 January 1955. 1951-1953 Contract Agent time is not creditable

3. Attached is OF record of Agency service with salary breakdown.

Rogers C. Brooks  
Acting Chief, Contract Personnel Division

Distribution:  
Orig - Addressee  
2 - CPD

Chief, Contract Personnel Division  
ATTN: Mary Kay Swink

16 June 1966

Compensation and Tax Division  
Office of Finance

Agency Service of David Atlee PHILLIPS

The records of the Office of Finance show the following Agency service for Subject:

**Contract Agents:**

EOD 1 February 1951 @ \$600.00 P/A  
Term 28 February 1951 @ \$600.00 P/A

EOD 25 January 1952 @ \$6000.00 P/A  
Term 31 August 1953 @ \$6000.00 P/A

EOD 4 March 1954 @ \$7200.00 P/A  
Pay Inc. 1 August 1954 @ \$8360.00 P/A  
Term. 31 March 1955 @ \$8360.00 P/A

**Staff Employees:**

Ex. Appt. 1 April 1955 @ \$9600.00 P/A  
Res. 6 February 1956 @ \$10,320.00 P/A

**Staff Agent:**

Ex. Appt. 7 February 1956 @ \$10,320.00 P/A  
PFI 7 October 1956 @ \$10,535.00 P/A  
Pay Raise 12 January 1958 @ \$11,595.00 P/A  
PFI 6 April 1958 @ \$11,835.00 P/A  
Res. 13 August 1958 @ \$11,835.00 P/A

**Contract Agents:**

EOD 19 August 1958 @ \$7,200.00 P/A  
Term. 13 March 1960 @ \$7,200.00 P/A

**Staff Employees:**

Ex. Appt. 14 March 1960 @ \$11,835.00 P/A  
Subject has been a Staff Employee since 14 March 1960.

JOSEPH H. HUDSON  
Chief

CLASSIFICATION

FITNESS REPORT

<b>SECTION A</b>		<b>GENERAL INFORMATION</b>			
1. EMPLOYEE NUMBER <b>024345</b>	2. NAME (Last, first, middle) <b>Phillips, David A.</b>	3. DATE OF BIRTH & SEX <b>10/31/22 M</b>	4. GRADE <b>GS-18</b>	5. SD <b>D</b>	
7. OFFICIAL POSITION TITLE <b>Chief, WE Division</b>		8. OFF. DIV. BR OF ASSIGNMENT <b>DDO/WE/O-CH</b>	9. CURRENT STATION <b>Headquarters</b>	10. CODE (if any) <b>S</b>	11. DP <b>DP</b>
11. TYPE OF APPOINTMENT			12. TYPE OF REPORT		
<input checked="" type="checkbox"/> CAREER	<input type="checkbox"/> RESERVE	<input type="checkbox"/> CONTRACT	<input type="checkbox"/> OTHER (Spec.)	<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> ANNUAL
			<input type="checkbox"/> REASSIGNMENT	<input type="checkbox"/> SPECIAL	
13. REPORTING PERIOD (1/70R-20-) <b>1 May 1973 - 31 March 1974</b>			14. DATE REPORT DUE IN O.P. <b>30 April 1974</b>		

**SECTION B - QUALIFICATIONS UPDATE**

IF QUALIFICATIONS UPDATE FORM IS BEING SUBMITTED WITH CHANGES, AND IS ATTACHED TO THIS REPORT, PLACE THE WORD "YES" IN THE BOX TO THE RIGHT. IF NO CHANGES ARE REQUIRED, PLACE THE WORD "NO" IN THE BOX AT RIGHT.

YES  NO

**SECTION C - PERFORMANCE EVALUATION**

**U - Unsatisfactory** Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section D.

**M - Marginal** Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section D and remedial actions taken or recommended should be described.

**P - Proficient** Performance is satisfactory. Desired results are being produced in the manner expected.

**S - Strong** Performance is characterized by exceptional proficiency.

**O - Outstanding** Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.

**SPECIFIC DUTIES**

List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).

SPECIFIC DUTY NO.	RATING LETTER
1 <b>Plans, organizes and implements the programs of the Operations Directorate in the Western Hemisphere area.</b>	<b>S</b>
2 <b>Supervises approximately 255 staff employees in Headquarters and 310 in 26 Stations and Bases abroad.</b>	<b>S</b>
3 <b>Represents the Agency in contacts with senior representatives of liaison services.</b>	<b>O</b>
4 <b>Represents the Directorate and/or the Agency in official contacts with other components of our government.</b>	<b>S</b>
5 <b>Implements the EEO policy of the Agency.</b>	<b>S</b>
6	

**OVERALL PERFORMANCE IN CURRENT POSITION**

Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.

**S**

CLASSIFICATION

SECTION D NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section C to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section D, attach a separate sheet of paper.

This report covers Mr. Phillips' initial period as a Division Chief. It coincided with a period of unusually high stress and strain in the Western Hemisphere Division, particularly in relationships with the State Department and in the problems left over from our drastic measures designed to protect ourselves against a potential counterintelligence disaster. The most important fact to be recorded about Mr. Phillips' direction of his Division during this period is that he kept operations at the top of his priority list, and that as a result our operational achievements in the area during the past year have been on the whole better than in the year before.

Mr. Phillips is developing into a very competent manager, and has handled well the problems involved in adjusting to decreasing manpower ceilings. He is prudent in the use of official funds. He is a good supervisor and is providing excellent leadership to his subordinates, who have responded with a clear improvement in morale during the period since Mr. Phillips assumed charge.

(continued next page)

SECTION E CERTIFICATION AND COMMENTS

1. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION: 9. IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION.

DATE: 22 April 1974. OFFICIAL TITLE OF SUPERVISOR: Associate Deputy Director for Operations. TYPED OR PRINTED NAME AND SIGNATURE: David H. Blee.

2. BY EMPLOYEE

STATEMENT CONCERNING THIS EVALUATION OF MY PERFORMANCE: HAVE ATTACHED / HAVE NOT ATTACHED. DATE: 23 April 1974. SIGNATURE OF EMPLOYEE: [Signature]

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

Concur. An excellent operational leader who is learning rapidly the nuances of a Division Chief's job in Washington. He is an inspirational leader whose management techniques and abilities are still developing. All in all a first rate performance.

DATE: 11 June 1974. OFFICIAL TITLE OF REVIEWING OFFICIAL: Deputy Director for Operations. TYPED OR PRINTED NAME AND SIGNATURE: William E. Nelson.

4. BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN THE ENTRIES IN ALL SECTIONS OF THIS REPORT. DATE: 6/21/74. SIGNATURE OF EMPLOYEE: [Signature]

CLASSIFICATION

SECRET



SECRET

Fitness Report - David A. Phillips

Section D., Continued:

The most dramatic challenge to the capabilities of the WH Division in the past year flowed from the overthrow of the Allende government in Chile. Overall, the intelligence reporting was timely and accurate, the adjustments to our political action programs skillfully made, and the responses to Congressional inquiry well handled.

It is as a senior operations officer that Mr. Phillips has had the greatest experience, and it is not surprising that he has made an excellent input into the improvement of operational matters throughout the many areas of this hemisphere for which he is responsible. He has also consistently handled the many and important senior liaison contacts which he has made during this year, both at Headquarters and during field visits, with great effectiveness.

CLASSIFICATION

FITNESS REPORT

<b>SECTION A GENERAL INFORMATION</b>					
1. EMPLOYEE NUMBER 024345	2. NAME (Last, first, middle) Phillips, David A.	3. DATE OF BIRTH 10/31/22	4. SEX M	5. GRADE GS-18	6. SD D
7. OFFICIAL POSITION TITLE Chief, WH Division		8. OFF/DIV/BR OF ASSIGNMENT DDO/WH/O-CH	9. CURRENT STATION Headquarters	10. CODE (if one) INGR DP	
11. TYPE OF APPOINTMENT			12. TYPE OF REPORT		
<input checked="" type="checkbox"/> CAREER	<input type="checkbox"/> RESERVE	<input type="checkbox"/> CONTRACT	<input type="checkbox"/> OTHER (Spec)	<input type="checkbox"/> TEMPORARY	<input checked="" type="checkbox"/> ANNUAL
			<input type="checkbox"/> REASSIGNMENT	<input type="checkbox"/> SPECIAL	
13. REPORTING PERIOD (from-to) 1 May 1973 - 31 March 1974			14. DATE REPORT DUE IN O.P. 30 April 1974		

**SECTION B QUALIFICATIONS UPDATE**

IF QUALIFICATIONS UPDATE FORM IS BEING SUBMITTED WITH CHANGES, AND IS ATTACHED TO THIS REPORT, PLACE THE WORD "YES" IN THE BOX TO THE RIGHT. IF NO CHANGES ARE REQUIRED, PLACE THE WORD "NO" IN THE BOX AT RIGHT.

**SECTION C PERFORMANCE EVALUATION**

**U- Unsatisfactory** Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section D.

**M- Marginal** Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section D and remedial actions taken or recommended should be described.

**P- Proficient** Performance is satisfactory. Desired results are being produced in the manner expected.

**S- Strong** Performance is characterized by exceptional proficiency.

**O- Outstanding** Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.

**SPECIFIC DUTIES**

List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).

<b>SPECIFIC DUTY NO. 1</b> Plans, organizes and implements the programs of the Operations Directorate in the Western Hemisphere area.	<b>RATING LETTER</b> S
<b>SPECIFIC DUTY NO. 2</b> Supervises approximately 255 staff employees in Headquarters and 310 in 26 Stations and Bases abroad.	<b>RATING LETTER</b> S
<b>SPECIFIC DUTY NO. 3</b> Represents the Agency in contacts with senior representatives of liaison services.	<b>RATING LETTER</b> O
<b>SPECIFIC DUTY NO. 4</b> Represents the Directorate and/or the Agency in official contacts with other components of our government.	<b>RATING LETTER</b> S
<b>SPECIFIC DUTY NO. 5</b> Implements the EEO policy of the Agency.	<b>RATING LETTER</b> S
<b>SPECIFIC DUTY NO. 6</b>	<b>RATING LETTER</b>

**OVERALL PERFORMANCE IN CURRENT POSITION**

Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.

**RATING LETTER**  
S

11 JUL 1974

CLASSIFICATION

SECTION D

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section C to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section D, attach a separate sheet of paper.

This report covers Mr. Phillips' initial period as a Division Chief. It coincided with a period of unusually high stress and strain in the Western Hemisphere Division, particularly in relationships with the State Department and in the problems left over from our drastic measures designed to protect ourselves against a potential counterintelligence disaster. The most important fact to be recorded about Mr. Phillips' direction of his Division during this period is that he kept operations at the top of his priority list, and that as a result our operational achievements in the area during the past year have been on the whole better than in the year before.

Mr. Phillips is developing into a very competent manager, and has handled well the problems involved in adjusting to decreasing manpower ceilings. He is prudent in the use of official funds. He is a good supervisor and is providing excellent leadership to his subordinates, who have responded with a clear improvement in morale during the period since Mr. Phillips assumed charge.

(continued next page)

SECTION E

CERTIFICATION AND COMMENTS

1. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION 9	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
DATE 22 April 1974	OFFICIAL TITLE OF SUPERVISOR Associate Deputy Director for Operations	TYPED OR PRINTED NAME AND SIGNATURE David F. Blee

2. BY EMPLOYEE

STATEMENT CONCERNING THIS EVALUATION OF MY PERFORMANCE	DATE	SIGNATURE OF EMPLOYEE
<input type="checkbox"/> HAVE ATTACHED <input type="checkbox"/> HAVE NOT ATTACHED	23 APRIL 1974	<i>[Signature]</i>

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

Concur. An excellent operational leader who is learning rapidly the nuances of a Division Chief's job in Washington. He is an inspirational leader whose management techniques and abilities are still developing. All in all a first rate performance.

DATE 11 June 1974	OFFICIAL TITLE OF REVIEWING OFFICIAL Deputy Director for Operations	TYPED OR PRINTED NAME AND SIGNATURE William E. Nelson
----------------------	--	--

4. BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN THE ENTRIES IN ALL SECTIONS OF THIS REPORT	DATE June 21, 1974	SIGNATURE EMPLOYEE
---	-----------------------	--------------------

CLASSIFICATION

14-00000

Fitness Report - David A. Phillips

**Section D., Continued:**

The most dramatic challenge to the capabilities of the WH Division in the past year flowed from the overthrow of the Allende government in Chile. Overall, the intelligence reporting was timely and accurate, the adjustments to our political action programs skillfully made, and the responses to Congressional inquiry well handled.

It is as a senior operations officer that Mr. Phillips has had the greatest experience, and it is not surprising that he has made an excellent input into the improvement of operational matters throughout the many areas of this hemisphere for which he is responsible. He has also consistently handled the many and important senior liaison contacts which he has made during this year, both at Headquarters and during field visits, with great effectiveness.

SECRET

CLASSIFICATION

FITNESS REPORT

SECTION A GENERAL INFORMATION

1. EMPLOYEE NUMBER 024345	2. NAME (Last, first, middle) Phillips, David A.	3. DATE OF BIRTH 31 Oct. 22	4. SEX M	5. GRADE GS-17	6. SD D
7. OFFICIAL POSITION TITLE Chief of Station		8. OFF/DIV/BR OF ASSIGNMENT DDP/WII/3-Caracas	9. CURRENT STATION Venezuela		10. NO CO 3
11. TYPE OF APPOINTMENT			12. TYPE OF REPORT		
<input checked="" type="checkbox"/> CAREER	<input type="checkbox"/> RESERVE	<input type="checkbox"/> CONTRACT	<input type="checkbox"/> OTHER (Spec.)	<input type="checkbox"/> TEMPORARY	<input checked="" type="checkbox"/> ANNUAL
			<input type="checkbox"/> REASSIGNMENT	<input type="checkbox"/> SPECIAL	
13. REPORTING PERIOD (From-to) 1 February 1972 - 31 March 1973			14. DATE REPORT DUE IN O.P. 31 May 1973		

SECTION B QUALIFICATIONS UPDATE

IF QUALIFICATIONS UPDATE FORM IS BEING SUBMITTED WITH CHANGES, AND IS ATTACHED TO THIS REPORT, PLACE THE WORD "YES" IN THE BOX TO THE RIGHT. IF NO CHANGES ARE REQUIRED, PLACE THE WORD "NO" IN THE BOX AT RIGHT.

SECTION C PERFORMANCE EVALUATION

- U-Unsatisfactory Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section D.
- M-Marginal Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section D and remedial actions taken or recommended should be described.
- P-Proficient Performance is satisfactory. Desired results are being produced in the manner expected.
- S-Strong Performance is characterized by exceptional proficiency.
- O-Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.

SPECIFIC DUTIES

List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).

SPECIFIC DUTY NO. 1	RATING LETTER
SPECIFIC DUTY NO. 2	RATING LETTER
SPECIFIC DUTY NO. 3	RATING LETTER
SPECIFIC DUTY NO. 4	RATING LETTER
SPECIFIC DUTY NO. 5	RATING LETTER
SPECIFIC DUTY NO. 6	RATING LETTER

OVERALL PERFORMANCE IN CURRENT POSITION

Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.

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SECRET  
CLASSIFICATION

SECTION D

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position, keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section C to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section D, attach a separate sheet of paper.

JAN 11 10 44 AM '74

SEE ATTACHED

SECTION E

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, C AND D OF THIS REPORT		
DATE	SIGNATURE OF EMPLOYEE	
	<i>[Signature]</i>	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
7 January 1974	Chief of Station	<i>Theodore G. Shackley</i> Theodore G. Shackley
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
Mr. Phillips is a highly experienced senior operations officer with outstanding leadership ability. In both the Chief of Station positions covered by this report his performance was superior in every important respect.		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
8 Jan 1974	ADD/O	<i>David H. Blee</i> David H. Blee

CLASSIFICATION  
SECRET

SECRET

SECTION D      NARRATIVE COMMENTS

1. In the period covered by this report Mr. Phillips was the Chief of Station Brasilia during the time frame February to August 1972. After that Mr. Phillips became the Chief of Station, Caracas and served in Venezuela during the period August 1972 to April 1973. At both of these posts Mr. Phillips was responsible for managing an average of [ ] Agency employees. Additionally, Mr. Phillips supervised in this period an average FY budget of [ ] which was spent on FI, CA, CI, anti-narcotics and protected economic intelligence operations. American policy interests in Brazil and Venezuela are high in terms of the United States scale of values for Latin America. This means that Mr. Phillips was assigned to two prestige posts during a fifteen month time span.

2. As a manager Mr. Phillips is operations oriented. In view of this he places his time, attention and command emphasis on programs that are designed to acquire intelligence and agents. This approach has consistently produced results in terms of FI and CA operations which are targeted against the host country.

3. Mr. Phillips was also active at both posts as an operations manager who focused Station resources on the Soviet target, protected economic intelligence and the anti-narcotics effort. Unfortunately, as these programs moved into gear Mr. Phillips was also in motion between Stations, or had just been in place at his second Station for less than a year. As a result one can only say that Mr. Phillips made all the right moves in his managerial duties against these priority targets. The brevity of his program implementation at each of the two posts did not provide a solid basis, however, for measuring tangible success. In short Mr. Phillips deserves high marks for initiative, drive and imagination on programs that were receiving increased attention at Headquarters.

4. The myriad problems that are faced when a Station moves its location from one city to another were still challenging Mr. Phillips when he left Brasilia. In overview terms, however, the move from Rio de Janeiro to Brasilia was well done. This does not mean that Mr. Phillips' successor at Brasilia did not have some gaps to fill or adjustments to make in the administrative field. The scope of these actions, however, was in the realm of the reasonable and attests to the fact that while his basic interests are in

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-2-

operations, administration per se is not a totally alien field to Mr. Phillips.

5. In representational terms Mr. Phillips did a sound job in winning and maintaining the respect of the American Ambassadors in Brazil and Venezuela. This is due in large measure to Mr. Phillips' native charm, area knowledge, and language skills in Spanish and Portuguese. In addition, Mr. Phillips is people oriented, and this makes it possible for him to sell himself and CIA to senior American officials at the Ambassador level.

6. In personal terms Mr. Phillips is a hard-working, dedicated officer who is a good team player. This officer has the intent, capability and desire to fulfill the needs of the Organization. He is particularly well versed in CA skills and is politically oriented. As a result he likes the challenge of election operations and is well qualified in this area.

7. Mr. Phillips' total performance during the period covered by this report merits an evaluation of Strong.

8. In terms of future assignments Mr. Phillips is likely to be at his professional best in field activities. This officer is highly specialized in Latin American affairs, but he is perfectly capable of being a Station Chief at most Agency posts in Europe or Asia.

9. Mr. Phillips' activities come to the attention of the Rating Officer on a daily basis.

SECRET



SECRET  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER			
				024345			
<b>SECTION A GENERAL</b>							
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD	
Phillips, David A.			31 Oct 1922	M.	GS-17	D	
6. OFFICIAL POSITION TITLE				7. OFF/DIV/RR OF ASSIGNMENT		8. CURRENT STATION	
Chief of Station				DDP/WH/5		Brasilia	
9. CHECK (X) TYPE OF APPOINTMENT				10. CHECK (X) TYPE OF REPORT			
<input checked="" type="checkbox"/> CAREER		<input type="checkbox"/> RESERVE		<input type="checkbox"/> TEMPORARY		<input type="checkbox"/> INITIAL	
<input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)		<input type="checkbox"/> SPECIAL (Specify):		<input checked="" type="checkbox"/> ANNUAL		<input checked="" type="checkbox"/> REASSIGNMENT SUPERVISOR	
<input type="checkbox"/> SPECIAL (Specify):		<input type="checkbox"/> SPECIAL (Specify):		<input type="checkbox"/> REASSIGNMENT EMPLOYEE			
11. DATE REPORT DUE IN O.P.				12. REPORTING PERIOD (From - to)			
				1 July 1971 - 31 January 1972			
<b>SECTION B PERFORMANCE EVALUATION</b>							
<u>U-Unsatisfactory</u>		Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.					
<u>M-Marginal</u>		Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.					
<u>P-Proficient</u>		Performance is satisfactory. Desired results are being produced in the manner expected.					
<u>S-Strong</u>		Performance is characterized by exceptional proficiency.					
<u>O-Outstanding</u>		Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.					
<b>SPECIFIC DUTIES</b>							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
SPECIFIC DUTY NO. 1							RATING LETTER
SPECIFIC DUTY NO. 2							RATING LETTER
SPECIFIC DUTY NO. 3							RATING LETTER
SPECIFIC DUTY NO. 4							RATING LETTER
SPECIFIC DUTY NO. 5							RATING LETTER
SPECIFIC DUTY NO. 6							RATING LETTER
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>							RATING LETTER
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.							S

SECRET

(When Filled In)

SECTION C			NARRATIVE COMMENTS		
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. <u>Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, may be commented on, if applicable.</u> If extra space is needed to complete Section C, attach a separate sheet of paper.</p> <p style="text-align: center;">MEMORANDUM</p> <p style="text-align: center;">Please see attached MEMORANDUM IN LIEU OF FITNESS REPORT.</p>					
SECTION D			CERTIFICATION AND COMMENTS		
1. BY EMPLOYEE					
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT					
DATE		SIGNATURE OF EMPLOYEE			
27 January 1972		/s/ David A. Phillips			
2. BY SUPERVISOR					
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION		IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION			
DATE		OFFICIAL TITLE OF SUPERVISOR		TYPED OR PRINTED NAME AND SIGNATURE	
10 January 1972		Chief, WH Division		William V. Broe	
3. BY REVIEWING OFFICIAL					
COMMENTS OF REVIEWING OFFICIAL					
Please see attached.					
DATE		OFFICIAL TITLE OF REVIEWING OFFICIAL		TYPED OR PRINTED NAME AND SIGNATURE	
		ADDP		Cord Meyer, Jr.	

SECRET

Mr. Phillips continues to show excellent growth potential and his breadth of capabilities qualifies him for advancement to senior echelons.

I rate Mr. Phillips as very Strong as Chief of Station, Brasilia.

*William V. Broe*  
William V. Broe

Chief  
Western Hemisphere Division

I certify that I have seen this memorandum:

This fitness report is being sent to David A. Phillips in Brasilia for his signature and to be returned to Headquarters for file.

/s/ David A. Phillips  
David A. Phillips

27 January 1972  
Date

Comments of Reviewing Official:

*I completely agree with this high rating and should add that subject has handled a continuing Congressional interest in Brazil with a rare combination of diplomatic tact and sound judgment.*

15 Jan 72  
Date

*Cord Meyer Jr.*  
Cord Meyer Jr.  
Assistant Deputy Director for Plans

10 January 1972

MEMORANDUM IN LIEU OF FITNESS REPORT

SUBJECT: David A. Phillips  
1 July - 31 December 1971

This memorandum is in lieu of a fitness report to cover Mr. Phillips' performance during the period 1 July to 31 December 1971. This rating is being prepared in view of the rater's imminent departure from the Division.

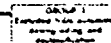
Last month Mr. Phillips was promoted from GS-16 to GS-17. There is no better evidence of the high esteem in which he is held by his superiors in the Agency.

During this rating period Mr. Phillips transferred the station from Rio de Janeiro to Brasilia. This move, however, divorces the Chief of Station from the main area of operations, Rio de Janeiro. In spite of this Mr. Phillips, through much extra effort and time on his part, has been able to maintain a high operational tempo in the station.

Station relations with key people in the Brazilian government, especially the security agencies, have been highly productive but through recent efforts, these relations have been placed on a much higher plane with the decision [redacted] to give the station copies of the briefings especially prepared for [redacted]  
[redacted]

SECRET  
(When Filled In)

FITNESS REPORT					EMPLOYEE SERIAL NUMBER	
					024345	
SECTION A GENERAL						
1. NAME (Last) (First) (Middle) Phillips, David A.			2. DATE OF BIRTH 31 Oct 1922	3. SEX M	4. GRADE GS-16	5. SO D
6. OFFICIAL POSITION TITLE Chief of Station			7. OFF. DIV./BR OF ASSIGNMENT DDP/WH/5		8. CURRENT STATION Rio de Janeiro	
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT			
<input checked="" type="checkbox"/>	CAREER	<input type="checkbox"/>	RESERVE	<input type="checkbox"/>	TEMPORARY	<input type="checkbox"/>
<input type="checkbox"/>	CAREER-PROVISIONAL (See Instructions - Section C)	<input checked="" type="checkbox"/>	ANNUAL	<input type="checkbox"/>	REASSIGNMENT SUPERVISOR	<input type="checkbox"/>
<input type="checkbox"/>	SPECIAL (Specify):	<input type="checkbox"/>				
11. DATE REPORT DUE IN O.P. 30 April 1971			12. REPORTING PERIOD (From - to) 1 April 1970 - 30 June 1971			
SECTION B PERFORMANCE EVALUATION						
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>						
SPECIFIC DUTIES						
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).						RATING LETTER
SPECIFIC DUTY NO. 1 See attached memorandum.						
SPECIFIC DUTY NO. 2						RATING LETTER
SPECIFIC DUTY NO. 3						RATING LETTER
SPECIFIC DUTY NO. 4						RATING LETTER
SPECIFIC DUTY NO. 5						RATING LETTER
SPECIFIC DUTY NO. 6						RATING LETTER
OVERALL PERFORMANCE IN CURRENT POSITION						RATING LETTER
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.						S



SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses of the employee in their current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

AUG 5

AUG 5 11 05 AM '71

MAIL ROOM

See attached memorandum.

SECTION D

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE	SIGNATURE OF EMPLOYEE	
11 August 1971	/s/ David A. Phillips	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
	Copy of report has been sent to Mr. Phillips for acknowledgment.	
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
30 June 1971	Chief, WH Division	/signed/ William V. Broe
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
See attached.		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
	Assistant Deputy Director for Plans	/signed/ Cord Meyer, Jr.

SECRET

SECRET

30 June 1971

MEMORANDUM IN LIEU OF FITNESS REPORT

SUBJECT: Mr. David A. Phillips  
1 April 1970 - 30 June 1971

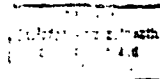
This memorandum is in lieu of the fitness report on Mr. Phillips as Chief of Station, Rio de Janeiro, during the period 1 April 1970 to 30 June 1971.

Mr. Phillips is a highly capable, versatile and imaginative Operations Officer and manager who makes a substantial contribution to the Clandestine Service.

The above statement is borne out by the fact that faced with a highly difficult, sensitive operational problem of the utmost priority in the fall of 1970, the Rater immediately thought of Mr. Phillips as the man to head the Task Force and received immediate and enthusiastic endorsement from the Deputy Director for Plans and the Director for Mr. Phillips' assignment. He was recalled from Brazil, took over the Task Force, and handled it in an outstanding manner.

My first statement is further borne out by the fact that Ambassador Rountree, on a recent visit to Washington, made a special effort to express to the Rater his appreciation for Mr. Phillips' support to him and the Embassy and to express further his appreciation to the Agency for furnishing him a man of Mr. Phillips' caliber.

SECRET



SECRET

- 2 -

Mr. Phillips has a large, widely spread operation with Bases in Brasilia, [redacted] and Sao Paulo. However, he has succeeded in keeping them well coordinated and dead on the target.

I rate Mr. Phillips as Strong as Chief of Station, Rio de Janeiro.

*William V. Broe*  
William V. Broe

Chief  
Western Hemisphere Division

I certify that I have seen  
this memorandum:

\_\_\_\_\_  
David A. Phillips

\_\_\_\_\_  
Date

Comments of Reviewing Official: I would have rated this performance as "very strong". Excellent political judgment and the ability to handle the most delicate situations with tact and discretion characterize this performance.

*Cord Meyer, Jr.*  
Cord Meyer, Jr.

Assistant Deputy Director for Plans

22 July 71  
Date

SECRET



S-E-C-R-E-T

TRAINING REPORT

Course # 3/71

Specialized Training in Weapons for  
Self-Defense and Countermeasures Against  
Vehicular Kidnapping

Date: 2-5 February 1971

Trainee: PHILLIPS, David A.

Office: WH

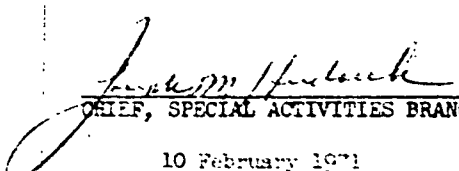
Purpose and Scope of the Course:

The course provides basic proficiency training in the use of weapons for self-defense and in the techniques of evasive driving to counter vehicular kidnapping for Agency officers being assigned to hostile or unstable political and operational environments abroad.

Achievement Record:

This is to certify that Mr. Phillips has satisfactorily completed the prescribed course of instruction.

FOR THE DIRECTOR OF TRAINING:

  
CHIEF, SPECIAL ACTIVITIES BRANCH

10 February 1971

DATE

S-E-C-R-E-T

SECRET



(When Filled In)

FITNESS REPORT						EMPLOYEE SERIAL NUMBER	
						024345	
<b>SECTION A GENERAL</b>							
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD	
Phillips, David A			10/31/22	M	16	D	
6. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION		
COS			DDP/WH/Br. 5		Rio de Janeiro		
9. CHECK (X) TYPE OF APPOINTMENT				10. CHECK (X) TYPE OF REPORT			
<input checked="" type="checkbox"/>	CAREER	<input type="checkbox"/>	RESERVE	<input type="checkbox"/>	TEMPORARY	<input type="checkbox"/>	INITIAL
<input type="checkbox"/>	CAREER-PROVISIONAL (See instructions - Section C)			<input checked="" type="checkbox"/>	ANNUAL	<input checked="" type="checkbox"/>	REASSIGNMENT SUPERVISOR
<input type="checkbox"/>	SPECIAL (Specify):			<input type="checkbox"/>	SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P.				12. REPORTING PERIOD (From - to)			
				1 April 1969 - 31 March 70			
<b>SECTION B PERFORMANCE EVALUATION</b>							
<b>U-Unsatisfactory</b>		Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.					
<b>M-Marginal</b>		Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.					
<b>P-Proficient</b>		Performance is satisfactory. Desired results are being produced in the manner expected.					
<b>S-Strong</b>		Performance is characterized by exceptional proficiency.					
<b>O-Outstanding</b>		Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.					
<b>SPECIFIC DUTIES</b>							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (Indicate number of employees supervised).							
SPECIFIC DUTY NO. 1						RATING LETTER	
See attached memorandum.						S	
SPECIFIC DUTY NO. 2						RATING LETTER	
SPECIFIC DUTY NO. 3						RATING LETTER	
SPECIFIC DUTY NO. 4						RATING LETTER	
SPECIFIC DUTY NO. 5						RATING LETTER	
SPECIFIC DUTY NO. 6						RATING LETTER	
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>							
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.						RATING LETTER	
						S	

5 AUG 1970  
DC



SECRET

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.</p> <p style="text-align: center;">AUG 4 3 49 PM '70</p> <p style="text-align: center;">See Attached Memorandum in Lieu of Fitness Report.</p>			
SECTION D		CERTIFICATION AND COMMENTS	
1. BY EMPLOYEE			
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT			
DATE	SIGNATURE OF EMPLOYEE		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
15 July 1970	Chief, WH Division	/signed/ William V. Broe	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
21 JUL 1970	Assistant Deputy Director for Plans	 Cord Meyer, Jr.	

SECRET

SECRET

15 July 1970

MEMORANDUM IN LIEU OF FITNESS REPORT

SUBJECT: Mr. David A. Phillips  
1 April 1969 - 31 March 1970

This memorandum is in lieu of the fitness report on Mr. David A. Phillips as Chief of Station, Rio de Janeiro, during the period 1 April 1969 to 31 March 1970.

During this period Mr. Phillips took over command of the Rio Station. It is typical of Mr. Phillips that he made excellent preparation for this assignment, including a full-time course in the Portuguese language.

Mr. Phillips has brought to his new position the operational zeal and enthusiasm that has characterized all of his previous positions. Brazil, by the very nature of its size but, more importantly, the type of "strait jacket" government in power, is a difficult place to operate on a broad plain. Mr. Phillips has the station moving and real effort and progress is seen on the more difficult targets, such as the Soviets.

He has excellent relations within the embassy and is recognized for his contribution to the Country Team. He, of course, handles his liaison contacts with mature style and is very actively developing a number of contacts in the local community.

SECRET

Mr. Phillips is a good supervisor of men and the present high morale of the Rio de Janeiro Station and its Bases is a living proof of this. He furnishes good operational planning and guidance and exhibits a high degree of cost consciousness.

I rate Mr. Phillips as Strong as Chief of Station, Rio de Janeiro.



William V. Broe  
Chief

Western Hemisphere Division

I certify that I have seen this memorandum:

  
\_\_\_\_\_  
David A. Phillips

26 Sept. 1970  
Date

Date of Report  
15 January 1970

LANGUAGE TRAINING REPORT

Student Name:  
PHILLIPS, DAVID A.

Office:  
WH

Courses:  
PORTUGUESE FULL-TIME

Inclusive Dates:  
11/03/69-12/18/69

Proficiency Level before and After Training		
	Before	After
Speaking	--	1 *
Aural Comp	--	3 *
Read Comp	--	3 *
* Instructors Estimate vice Official Test		

Hours of Instruction  
Scheduled 244 Actual 108  
Absences 28

LANGUAGE TRAINING AIMS AND EVALUATION CRITERIA

The general aim of this course of study was to provide the student with a command of a foreign language in a skill and at the level set by the sponsoring office. Speaking, aural comprehension and reading comprehension, as required, were emphasized. Fluency and accuracy were given equal importance in training and in evaluation of the student. Cultural matters were covered only incidentally.

This student evaluation is based on (1) Instructor and Linguist observations; (2) regularly administered oral and written achievement tests; (3) a final comprehensive achievement examination. The achievement rating reflects only performance and achievement in the course and is conditioned by the length of time the student spent in training, achievement potential based upon his or her aptitude for language study and upon motivation. This rating should not be confused with the Proficiency Rating which is submitted separately on Form 1273, Certification of Language Proficiency.

PROGRESS IN ACHIEVING COURSE AIMS

(Overall progress in the course is shown as unsatisfactory, marginal, satisfactory, above average, superior when compared against established standards for such training).

Speaking	Aural Comprehension	Reading Comprehension
SUPERIOR	SUPERIOR	N.A.

PERFORMANCE EVALUATION

In six weeks the student covered the entire DLI course of 75 lessons which usually takes 4 to 6 months to complete. His study habits and approach to language learning were excellent and he made maximum use of the time available.

The joint decision by instructor and student to rush through 75 lessons was based on:

- (1) the student's determination to make as much of a conversion from Spanish to Portuguese as possible and
- (2) on the instructor's faith and confidence in the student's ability to do so.

In cases where the principal objective is to convert a student's command of Spanish to an equivalent level in Portuguese, the point is often reached where the student is able to understand and make himself understood most adequately without,

See reverse side for additional comment

For the Director of Trainings

*Renee T. ...*  
Instructor

*J. R. Williams*  
Department Chief  
Language School/WH

14-00000

however, his having achieved a corresponding tested level because of the remaining influence of Spanish.

In the case of this student, I judge his command of the language to be already adequate for all situations he may encounter in the field. So that while he may not test quite elementary, in reality, and as far as ability to communicate effectively is concerned, he would have to be rated intermediate.

SECRET

TECHNICAL SERVICES DIVISION -- TECHNICAL SCHOOL

SHORT RANGE AGENT CONTACT SURVEY (A-106)

Training Report

Name : PHILLIPS, David A.  
Office: WH/COG  
Date : 6 June 1969

1. OBJECTIVES:

To provide a general knowledge in:

- a. Selected gear used for clandestine short range agent contacts. Included are representative samples of:

One way HF radio devices; two way HF radio devices; two way carrier current devices; optical communicators; and special telephone devices used for establishing agent contact.

- b. The philosophy, purpose, considerations and manageability of short range agent contact systems; including message security, link security, reliability and feasibility of agent contact systems.

*Lawrence H. Martin*

INSTRUCTOR  
TSD/TECHNICAL SCHOOL

SECRET



SECRET

(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER		
				024345		
<b>SECTION A GENERAL</b>						
1. NAME (Last) (First) (Middle)		2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD	
Phillips, David A.		10/31/22	M	GS-16	D	
6. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT	8. CURRENT STATION		
Ops Officer			DDP/WH/COG	Hqs.		
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT			
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY			<input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR			
<input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)			<input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE			
SPECIAL (Specify):			SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to)			
04/69			1 April 68 - 31 March 68			
<b>SECTION B PERFORMANCE EVALUATION</b>						
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>						
<b>SPECIFIC DUTIES</b>						
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (Indicate number of employees supervised).						RATING LETTER
SPECIFIC DUTY NO. 1						RATING LETTER
SPECIFIC DUTY NO. 2						RATING LETTER
SPECIFIC DUTY NO. 3						RATING LETTER
SPECIFIC DUTY NO. 4						RATING LETTER
SPECIFIC DUTY NO. 5						RATING LETTER
SPECIFIC DUTY NO. 6						RATING LETTER
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>						RATING LETTER
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.						S

SECRET  
(When Filled In)

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.</p>			
<p>See attached Memorandum in Lieu of Fitness Report.</p>			
<p>441-80000 JUN 2 11 17 AM '69 OFFICE OF PERSONNEL</p>			
SECTION D			
CERTIFICATION AND COMMENTS			
1. BY EMPLOYEE			
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT			
DATE	SIGNATURE OF EMPLOYEE		
9 June 1969	/signed/ David A. Phillips		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
6 June 1969	Deputy Chief, WH Division	/signed/ John R. Horton	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
<p>See attached.</p>			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
27 June 1969	Chief, WH Division	/signed/ William V. Broe	

SECRET

6 June 1969

MEMORANDUM IN LIEU OF FITNESS REPORT

SUBJECT: Mr. David A. Phillips  
1 April 1968 to 31 March 1969

Mr. Phillips continues to head the Division's program against the high-priority Cuban target, although he has also been selected to fill an unusually responsible job overseas in the coming year, both of which jobs testify to the high regard in which he is held by his superiors in the Agency. Mr. Phillips has had the difficult task of presiding over a show which is being cut back, in terms of money and people, and in which task he has played a major role. At the same time as doing a pruning job, he has had to try to maintain a vigorous program and to keep up enthusiasm. His own qualities of personal leadership and of magnetism have done a great deal to keep up enthusiasm among his people. He has a positive attitude toward operations and is determined; his day-to-day concern is for developing new operations, and he has put all of his own notable vigor and drive into operational directions.

Mr. Phillips knows his target and knows Latin America well and he brings a good feel and insight into his work, which is never pedestrian or unimaginative. He speaks well and convincingly and makes a very good impression both within the Agency and outside, where he serves the Agency well in his relations with other government elements. He also writes notably well.

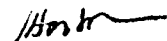
His task this year has not been easy for he has had to deal with an experimental situation, to a considerable extent, with the new Miami station which he is responsible for supporting and guiding. He has had to exercise a good deal of tact and diplomacy in the doing of it and he has done a good job of reconciling often conflicting views. He has shown a good head for costs in all of this.

SECRET

Mr. Phillips is a notably good supervisor, especially with younger officers, for whom he is an object of admiration and emulation. Mr. Phillips is a fast-moving, energetic person and he has some of the faults that often go with this virtue: he is impatient with details and "paper" with the consequence that if someone else does not do it for him, his work is sometimes marred by inaccuracies and imprecisions.

Without going into it, it should be noted that Mr. Phillips has had a very trying year personally and it is a proof of his strength of character that he has not only come through it but has hardly broken his stride in carrying out a demanding job, or being any less than his usual cheerful and charming self.

His performance has been very Strong.

  
John R. Horton  
Deputy Chief  
Western Hemisphere Division


I certify that I have seen  
this memorandum:

  
David A. Phillips

1 June 1969  
Date

Comments of Reviewing Official:

I concur in the above rating of Mr. Phillips. Dave Phillips is an operator in the solid professional sense of the word. I have great hopes for the Rio Station which he takes over early in 1970.

  
William W. Brbe  
Chief

27 June 1969  
Date

Western Hemisphere Division

SECRET  
LIMITED OFFICIAL USE (When Completed)

10/5/72



### CHIEF OF MISSION'S EVALUATION OF PERFORMANCE

(Mission submits original and one copy directly to appropriate agency, retains one copy.)

OFFICER BEING RATED <b>DAVID A</b>		POST	
CHIEF, CAS		American Embassy, Caracas	
POSITION		GRADE	AGENCY
CHIEF, CAS			CAS.
RATING PERIOD		DATE OF REPORT	
August 13, 1972 - October 31, 1972		December 8, 1972	
SIGNATURE OF REPORTING OFFICER		TITLE	
<i>Robert McClintock</i> Robert McClintock		AMBASSADOR	
SIGNATURE OF REVIEWING OFFICER		TITLE	

#### EVALUATION OF PERFORMANCE

Outstanding     Satisfactory     Unsatisfactory

- II. Does this officer properly understand and perform his role and his functions as a member of your staff under existing Presidential directives?  Yes     No (If no, explain in detail below.)
- Has he seen this report?  Yes     No

#### NARRATIVE COMMENTS

(Attach additional sheets, if necessary for this section or for reviewing officer's comments.)

The CAS Station Chief has been at the post only since August 13, 1972. Although this period may seem unusually short for the preparation of a performance evaluation, I would like to say that I have been enormously and favorably impressed by his performance during this initial period.

The CAS Station Chief comes to Venezuela from a series of highly responsible positions in which, I understand, he performed outstandingly. He has taken hold of his new position in a commanding manner and gives every indication of being thoroughly on top of his job. He is understanding of the Embassy's needs, professionally competent in his approach to his work, and highly articulate in explaining those facts and factors which are of importance to me and to other officers of the Embassy.

- III. I am very favorably impressed by the initial performance of the CAS Station Chief and I consider myself fortunate to have him with me at this post.



CHIEF OF MISSION'S EVALUATION OF PERFORMANCE

(Mission submits original and one copy directly to appropriate agency, retains one copy.)

OFFICER BEING RATED <b>Chief CAS</b>		POST <b>American Embassy - BRASILIA</b>	
POSITION <b>Chief of Station</b>		GRADE <b>FSR-2</b>	AGENCY <b>DIA</b>
RATING PERIOD <b>11/1/71 - 6/29/72</b>		DATE OF REPORT <b>October 16, 1972</b>	
SIGNATURE OF REPORTING OFFICER <i>William M. Rountree</i> <b>William M. Rountree</b>		TITLE <b>Ambassador</b>	
SIGNATURE OF REVIEWING OFFICER		TITLE	

**EVALUATION OF PERFORMANCE**

Outstanding     Satisfactory     Unsatisfactory

II. Does this officer properly understand and perform his role and his functions as a member of your staff under existing Presidential directives?     Yes     No    (If no, explain in detail below.)

Has he seen this report?     Yes     No

**NARRATIVE COMMENTS**

(Attach additional sheets, if necessary for this section or for reviewing officer's comments.)

The previous incumbent completed his assignment at this post and departed on June 29, 1972. During the period under review he continued to perform in a highly creditable manner, working well with other members of the Embassy staff and handling the affairs of his agency in a most professional, efficient and effective manner.

In my last evaluation I stated that both the Agency and the Embassy were fortunate to have a man of the rated officer's abilities and qualities as CAS Chief at this important post. I am happy to say that his performance throughout his assignment here reinforced that view.



**CHIEF OF MISSION'S EVALUATION OF PERFORMANCE**

*(Mission submits original and one copy directly to appropriate agency, retains one copy.)*

OFFICER BEING RATED <b>Chief CAS</b>		POST <b>American Embassy BRASILIA</b>	
POSITION <b>Chief of Station</b>		GRADE <b>FSR-2</b>	AGENCY <b>DIA</b>
RATING PERIOD <b>11/1/70 - 10/31/71</b>		DATE OF REPORT <b>November 1, 1971</b>	
SIGNATURE OF REPORTING OFFICER <i>William M. Rountree</i> <b>William M. Rountree</b>		TITLE <b>Ambassador</b>	
SIGNATURE OF REVIEWING OFFICER		TITLE	

**EVALUATION OF PERFORMANCE**

Outstanding   
  Satisfactory   
  Unsatisfactory

II. Does this officer properly understand and perform his role and his functions as a member of your staff under existing Presidential directives?   
  Yes   
  No   
 (If no, explain in detail below.)

Has he seen this report?   
  Yes   
  No

**NARRATIVE COMMENTS**

*(Attach additional sheets, if necessary for this section or for reviewing officer's comments.)*

Mr. Phillips is an able officer and a highly cooperative member of the Country Team. I have been impressed and pleased with the degree of cooperation which exists between him and other members of the Embassy staff. He has, to the extent that is possible considering the nature of his work, cooperated in our efforts to bring about maximum coordination of reporting. With rare exceptions he has, I believe, kept me appropriately advised on all matters relating to his functions, and the material which he provides on a regular basis has been extremely useful in the discharge of my mission.

Mr. Phillips works quietly and discreetly and is alert to any situation which might create problems for the Embassy and the United States. I fully share the view of the DCM, expressed in a previous evaluation, that both Mr. Phillips and his wife conduct themselves in a quiet, friendly and wholly creditable manner.

I feel that both the Agency and the Embassy are fortunate in having a man of Mr. Phillips' abilities and qualities as CAS Chief at this important post.

LIMITED OFFICIAL USE (When Completed)



### CHIEF OF MISSION'S EVALUATION OF PERFORMANCE

(Mission submits original and one copy directly to appropriate agency; retains one copy.)

OFFICER BEING RATED		POST	
David A. PHILLIPS		American Embassy, Rio de Janeiro	
POSITION	GRADE	AGENCY	
Chief CAS, Chief of Station	FSR-02	DIA	
RATING PERIOD	DATE OF REPORT		
7/1/70 - 10/31/70	November 1, 1970		
SIGNATURE OF REPORTING OFFICER	TITLE		
<i>[Signature]</i> A. BOONSTRA	Chargé d'Affaires a.i.		
SIGNATURE OF REVIEWING OFFICER	TITLE		

**EVALUATION OF PERFORMANCE**

Outstanding    
 Satisfactory    
 Unsatisfactory

II. Does this officer properly understand and perform his role and his functions as a member of your staff under existing Presidential directives?     Yes     No    (If no, explain in detail below.)

Has he seen this report?     Yes     No

**NARRATIVE COMMENTS**

(Attach additional sheets, if necessary for this section or for reviewing officer's comments.)

III. Mr. Phillips' performance during the four months covered by this evaluation has been highly satisfactory. For some years previous to my arrival here, in June 1970, I had been acquainted with him, and from this I already had a favorable impression of his qualities. This impression has continued and has improved further. He has worked quietly and discreetly, has kept me informed of all important developments, and has coordinated as necessary with other offices in the Embassy. His interest in his work, and his dedication to the job, have been outstanding. His relations with others are very good. Because of wide previous experience in this hemisphere, he frequently is helpful to Embassy officers in areas outside his own specialization. He appears to manage his personnel well. In functions outside the Embassy, both he and his wife conduct themselves in a quiet, friendly, and wholly creditable manner.



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### CHIEF OF MISSION'S EVALUATION OF PERFORMANCE

(Mission submits original and one copy directly to appropriate agency, retains one copy.)

OFFICER BEING RATED <b>David A. PHILLIPS</b>		POST <b>American Embassy Rio de Janeiro</b>	
POSITION <b>Chief CAS, Chief of Station</b>		GRADE <b>FSR-03</b>	AGENCY <b>DIA</b>
RATING PERIOD <b>January 30 - June 30, 1970</b>		DATE OF REPORT <b>April 24, 1970</b>	
SIGNATURE OF REPORTING OFFICER <i>William Belton</i> <b>William Belton</b>		TITLE <b>Deputy Chief of Mission</b>	
SIGNATURE OF REVIEWING OFFICER <i>C. A. Boonstra</i> <b>C. A. BOONSTRA</b>		TITLE <b>CM, Chargé d'Affaires, a.i.</b>	

**EVALUATION OF PERFORMANCE**

Outstanding   
  Satisfactory   
  Unsatisfactory

II. Does this officer properly understand and perform his role and his functions as a member of your staff under existing Presidential directives?   
  Yes   
  No   
 (If no, explain in detail below.)

Has he seen this report?   
  Yes   
  No

**NARRATIVE COMMENTS**

(Attach additional sheets, if necessary for this section or for reviewing officer's comments.)

Phillips has been here too short a time and there has been too little opportunity for us to work together for me to be able to discuss his performance in detail. I am able to say, however, that he has impressed me and other Embassy officers with whom he works, including Ambassador Elbrick, very favorably, indeed. He is a cool-headed, straightforward, intelligent man who seems professionally very capable. He has a clear understanding of the appropriate role for himself and his organization within the Embassy and is working to achieve a genuinely low profile. He has already demonstrated his interest in the best possible relations with the rest of the U.S. Government organization and he knows how to act in order to achieve such a relationship. He has come to me a number of times to volunteer detailed information which he did not feel important enough to bother the Ambassador about, but he has kept the Ambassador fully informed about all those subjects which were of sufficient interest to him. I see every reason to assume that he will be a positive, constructive and very dependable and reliable factor in the Embassy.

Mrs. Phillips is an attractive and personable young lady who has particularly impressed my wife and me with her attitude and intellect.

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### CHIEF OF MISSION'S EVALUATION OF PERFORMANCE

(Mission submits original and one copy directly to appropriate agency, retains one copy.)

OFFICER BEING RATED <b>Chief CAS David A. Phillips</b>		POST <b>Santo Domingo</b>	
POSITION <b>Station Chief</b>		GRADE	AGENCY
RATING PERIOD <b>January 1966 to July 1967</b>		DATE OF REPORT <b>July 15, 1967</b>	
SIGNATURE OF REPORTING OFFICER <i>John Hugh Crimmins</i> <b>John Hugh Crimmins</b>		TITLE <b>Ambassador</b>	
SIGNATURE OF REVIEWING OFFICER		TITLE	

#### EVALUATION OF PERFORMANCE

Outstanding     Satisfactory     Unsatisfactory

II. Does this officer properly understand and perform his role and his functions as a member of your staff under existing Presidential directives?  Yes     No (If no, explain in detail below.)

Has he seen this report?  Yes     No

#### NARRATIVE COMMENTS

(Attach additional sheets, if necessary for this section or for reviewing officer's comments.)

I have been associated with the CAS Station Chief since my arrival at this post on January 11, 1966. Inasmuch as I have kept in very close daily touch with him, I believe that I am in position to evaluate his performance.

Let me say at the outset that the Rated Officer has had to work under the most varied and difficult circumstances. His service at this post began, for example, in a revolutionary situation marked by great and continuing violence. The attention of a good part of the world was focused upon this situation, and some of the highest national interests of the United States were involved. The presence of the Inter-American Peace Force, of its major U.S. component, and of Ambassador Ellsworth Bunker in his unusual and unprecedented role added greatly to the dimensions of the work done by the Rated Officer. In the aftermath of revolution, he had unusual, delicate and complicated tasks to perform in connection with the establishment and maintenance in power of a most fragile Provisional Government. As the latter carried the nation toward the all-important election scheduled for June 1, 1966, the CAS Station Chief faced a changing and constantly challenging set of requirements. Finally, his tour of duty at this post has encompassed the transition from the Provisional Government to a constitutional government emerging from those elections and the gradual firming up of the position and institutions of the present democratically elected administration.

To this intricate complex of circumstances, the CAS Station Chief has brought a background knowledge of the Latin American area and its

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people as well as a proficiency in Spanish which has enabled him to deal readily and effectively with a heterogeneous range of contacts.

His performance can only be described as outstanding. He has provided a completely professional response to a most difficult and varied challenge. He has mounted an organization and provided a mechanism fully up to the tasks confronting it and the high-level requirements levied upon it. With the advantages afforded by hindsight, I suggest that the success which has been achieved speaks for itself.

It is pertinent to mention that the Rated Officer invariably places business ahead of pleasure and personal interests. He works long and irregular hours and is continuously available in time of need. He has evidenced the highest degree of cooperation with representatives of State, DOD, Legal Attaché, AID (in the Public Safety sector) and all other members of the Country Team. His quiet and professional approach inspires their confidence, and on innumerable occasions he has proven that he is an excellent team player who genuinely wants to be of assistance to all members of the official community. The harmonious, close relations among all the intelligence components of the Country Team are due in great part to the tactful, skillful and thoughtful leadership of the Station Chief.

There is probably little need for me to comment upon the Rated Officer's technical achievements at this post. Under his guidance, specialized security agencies of the Dominican Government have been brought to a state of high readiness. Penetration of subversive groups has reached impressive proportions. Subversive document seizures have been abundant. Counter-espionage work has been impressively successful.

no

The CAS Station Chief is in/sense a narrow technician or specialist. He keeps his eye on the broad picture, understands what he sees there and intelligently relates it to his own work. He is imaginative in his approach and does not hesitate to suggest innovations of various kinds. To mention only one of these, it was as a result of his initiative that "electoral police" appeared upon the scene during the Presidential election campaign in mid-1966 with a salutary calming effect upon the potential for political violence at the moment.

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I wish to make special mention of, first, the scrupulousness with which the Rated Officer has consulted me and kept me informed about his activities, and, second, his strict adherence to the guidance I have given him. At no time have I had any doubts concerning the care and fidelity with which he has followed my instructions.

I have developed the highest personal and professional regard for the Rated Officer. I have valued greatly his advice and his support not only upon matters within his own special field of competence, but also over a considerably broader spectrum of U.S. Mission activities. I could not have asked for a better Chief of Station than the one whom I have had at this post. I very much regret his departure but am comforted by the knowledge that his successor, as his deputy, has been trained by him.

I earnestly hope that these comments of mine -- based on a very close and continuous working relationship -- will be given full consideration and will contribute significantly to his career advancement.

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(When Filled In)

FITNESS REPORT					EMPLOYEE SERIAL NUMBER		
					024345		
<b>SECTION A</b>				<b>GENERAL</b>			
1. NAME (Last) (First) (Middle)		2. DATE OF BIRTH		3. SEX	4. GRADE	5. SD	
Phillips, David A.		10/31/22		M	15	D	
6. OFFICIAL POSITION TITLE				7. OFF/DIV BR OF ASSIGNMENT		8. CURRENT STATION	
Ops Officer Ch				WH/COG		Hqts.	
9. CHECK (X) TYPE OF APPOINTMENT				10. CHECK (X) TYPE OF REPORT			
<input checked="" type="checkbox"/> CAREER	<input type="checkbox"/> RESERVE	<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> INITIAL	<input type="checkbox"/> ANNUAL	<input type="checkbox"/> REASSIGNMENT SUPERVISOR	<input type="checkbox"/> REASSIGNMENT EMPLOYEE	
CAREER-PROVISIONAL (See Instructions - Section C)				S			
SPECIAL (Specify):				SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P.				12. REPORTING PERIOD (From - to)			
04/68				1 April 1967 - 31 March 1968			
<b>SECTION B</b>				<b>PERFORMANCE EVALUATION</b>			
<b>W - Weak</b>	Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.						
<b>A - Adequate</b>	Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.						
<b>P - Proficient</b>	Performance is more than satisfactory. Desired results are being produced in a proficient manner.						
<b>S - Strong</b>	Performance is characterized by exceptional proficiency.						
<b>O - Outstanding</b>	Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.						
<b>SPECIFIC DUTIES</b>							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
SPECIFIC DUTY NO. 1							RATING LETTER
Responsibility for overall management of Headquarters Branch activities.							S
SPECIFIC DUTY NO. 2							RATING LETTER
Support and guidance of field operations.							S
SPECIFIC DUTY NO. 3							RATING LETTER
Reporting to higher authority; implementing of policy level decisions.							O
SPECIFIC DUTY NO. 4							RATING LETTER
Supervision and management of personnel.							O
SPECIFIC DUTY NO. 5							RATING LETTER
Liaison with State Department and other agencies.							O
SPECIFIC DUTY NO. 6							RATING LETTER
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>							
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.							RATING LETTER
Reviewed by OP/PD/EAB							O

SECRET

(When Filled In)

SECTION C NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

JUN 1 8 53 AM '68

The Rating Officer's last fitness report on Mr. Phillips dealt with his terminating an outstandingly successful and very complicated assignment as Chief of Station, Dominican Republic. This report deals with a completely different situation, i.e. coming into Headquarters as Chief, Cuban Operations Group at the time that drastic reduction had just become the order of the day. The same energy, imagination and zeal which has characterized Mr. Phillips over the years has characterized his performance in this difficult task since his assumption of the new responsibility. He has been a prime mover in reducing the Headquarters WH/COG component to realistic and manageable proportions. By the same token he has been a prime mover, guider, cajoler and sometimes "patron saint" to JMWAVE management in its massive job of bringing JMWAVE down from its ponderous proportions to a viable Clandestine Services "instrument" compatible and consistent with the present day needs of Cuban operations. In this endeavor Mr. Phillips' accomplishments have been of the first order.

(See attached sheet)

SECTION D CERTIFICATION AND COMMENTS

1. BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE 13 MAY 1968 SIGNATURE OF EMPLOYEE [Signature]

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION 32 IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

DATE 10 May 1968 OFFICIAL TITLE OF SUPERVISOR Deputy Chief, WHD TYPED OR PRINTED NAME AND SIGNATURE Jacob D. Esterline [Signature]

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

This is a very fine officer with one of the best potentials in WH Division. I believe the rater is somewhat carried away in his views. Mr. Phillips' career advancement has been closely observed in this Division and I do not believe he is falling behind in the promotion timetable. It is definitely expected he will be recommended next year (which is within the proper time frame,) if his current excellent performance continues.

DATE 20 May 1968 OFFICIAL TITLE OF REVIEWING OFFICIAL Chief, WH Division TYPED OR PRINTED NAME AND SIGNATURE William V. Broc [Signature]

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Fitness Report - David A. Phillips

SECTION C (Continued)

Most important however, and this is one of Mr. Phillips unique qualities, he has been able to bring about this drastic reduction and at the same time instill enthusiasm in his staff for new approaches to the ever more difficult Cuban target. His own infectious enthusiasm and his fine manner with co-workers and subordinates has made this possible. In short the Rating Officer believes he is the right man at the right time for the job he is in.

Mr. Phillips' relations with the Department of State and other agencies where it really counts are outstandingly good. He has in his short time back re-established his fine relationship with the manager of the Voice of America. This relationship will undoubtedly be of inestimable value in getting WH Division's new radio effort through the 303 Committee and into operation.

It is probably obvious to one reading this fitness report that the Rating Officer is well disposed towards Mr. Phillips. This is quite true. It in no way, however, affects the Rating Officer's opinion that Mr. Phillips is a man of considerable talent who for one reason or another has fallen at least one grade behind in the promotion timetable. The Rating Officer, therefore, trusts that this will be corrected in the near future. Mr. Phillips is a gentleman of breadth, drive, imagination and dedication. The Rating Officer considers Mr. Phillips to be one of the very best of the many fine officers he has known in his career in the Clandestine Services. In some ways he is unique in that he knows the business from the ground up, having started in unofficial cover (several assignments) and now having moved into the managerial area where he can speak with authority based on valid experience.

SECRET

Reviewed by OP/PD/EAB

S-E-C-R-E-T

TRAINING REPORT

Chiefs of Station Seminar No. 1-70  
80 hours, full time 6 - 17 October 1969

Participant : Phillips, David A. Office : WH  
Year of Birth: 1922 Service Designation: D  
Grade : 16 No. of Students : 8  
EOD Date : Apr '55

COURSE OBJECTIVES, CONTENT AND METHODS


The COS Seminar is aimed to prepare prospective Chiefs and Deputy Chiefs of Station and Chiefs of Base for field assignments. Emphasis was upon the difficulties confronting Chiefs of small or medium-sized installations, since they must handle a peculiarly wide range of problems. Included were case studies serving to remind outgoing chiefs of various operational approaches and techniques, but more time was devoted to policy, coordination, management, reporting, and administrative responsibilities of the Chief of Station, both within CIA and in the government at large, at home and abroad.

The bulk of the course is given in lectures and question periods conducted by officials responsible for the missions, functions, programs, and services discussed. A few key items of suggested reading are included, and bibliographies of suggested reading tailored to the individual's assignment are offered for those who want them.

ACHIEVEMENT RECORD

This is a certificate of attendance. No further assessment of individual capacity or performance is made in this course.

FOR THE DIRECTOR OF TRAINING:

  
Anthony D. Holland      20 OCT 1969  
Date

S-E-C-R-E-T



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(When Filled In)

FITNESS REPORT					EMPLOYEE SERIAL NUMBER	
					024345	
<b>SECTION A GENERAL</b>						
1. NAME (Last) <b>Phillips</b> (First) <b>David</b> (Middle) <b>A.</b>		2. DATE OF BIRTH <b>10/31/22</b>	3. SEX <b>M</b>	4. GRADE <b>GS-15</b>	5. SO <b>D</b>	
6. OFFICIAL POSITION TITLE <b>Chief of Station</b>			7. OFF. DIV. OR ASSIGNMENT <b>DDP/WH/7</b>	8. CURRENT STATION <b>Santo Domingo</b>		
9. CHECK (X) TYPE OF APPOINTMENT				10. CHECK (X) TYPE OF REPORT		
<input checked="" type="checkbox"/> CAREER	<input type="checkbox"/> RESERVE	<input type="checkbox"/> TEMPORARY		<input type="checkbox"/> INITIAL	<input type="checkbox"/> REASSIGNMENT SUPERVISOR	
<input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)				<input checked="" type="checkbox"/> ANNUAL	<input type="checkbox"/> REASSIGNMENT EMPLOYEE	
SPECIAL (Specify):				SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P. <b>May 1967</b>				12. REPORTING PERIOD (From - to) <b>1 April 1966 to 31 March 1967</b>		
<b>SECTION B PERFORMANCE EVALUATION</b>						
<b>W - Weak</b>	Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.					
<b>A - Adequate</b>	Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.					
<b>P - Proficient</b>	Performance is more than satisfactory. Desired results are being produced in a proficient manner.					
<b>S - Strong</b>	Performance is characterized by exceptional proficiency.					
<b>O - Outstanding</b>	Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.					
<b>SPECIFIC DUTIES</b>						
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).						RATING LETTER
SPECIFIC DUTY NO. 1	Station management.					S
SPECIFIC DUTY NO. 2	Direction of the operational program.					O
SPECIFIC DUTY NO. 3	Liaison with other U. S. agencies.					S
SPECIFIC DUTY NO. 4						RATING LETTER
SPECIFIC DUTY NO. 5						RATING LETTER
SPECIFIC DUTY NO. 6						RATING LETTER
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>						RATING LETTER
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, professional conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.						O

SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Merit of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

MAY 8 3 33 PM '67

Mr. Phillips is nearing completion of his tour of duty as Chief of Station, Santo Domingo. During the past several months he has had the difficult task of reorganizing his Station and redirecting its manpower following a major election operation. His task has been made more difficult by a series of almost weekly political or security crises which not only required intensive intelligence coverage but also frequently involved Station assets.

Mr. Phillips has done remarkably well in this difficult reorganizing process. It has in no way affected the volume or quality of Station reporting which remains very high. His critical analysis and in-depth interpretation of the rapidly changing political scene have been timely and useful.

The Station under his direction has aggressively undertaken the development of new FI and CI assets without losing momentum in existing operations. Also in a relatively short period of time effective security and countersubversion units within the host government internal security apparatus have been established. (Cont'd)

SECTION D

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE	SIGNATURE OF EMPLOYEE	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
20	Subject in the field.	
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
5 April 1967	Deputy Chief, WHD	<i>Jacob D. Esterline</i> Jacob D. Esterline
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
I concur with the rating and statements made concerning Mr. Phillips. He is one of the best. He will take over as Chief, Cuban Operations Group this summer and we can expect new impetus in this difficult denied area program. We are carefully observing his promotional progress and are making every effort that he advance in accordance with his excellent capabilities and potential.		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
28 April 1967	Chief, WHD	<i>William V. Broe</i> William V. Broe

SECRET



SECRET



Fitness Report -- David A. Phillips

SECTION C - (Cont'd)

His relationships with the Ambassador and with representatives of other agencies are excellent and the high regard they accord him are reflected in the great confidence placed in him and his staff.

The overall management of the Station reflects careful consideration of manpower and money commitments. Mr. Phillips has taken the initiative in effecting savings wherever possible. In short he has turned in an aggressively outstanding performance under the most difficult imaginable conditions during the period under review.

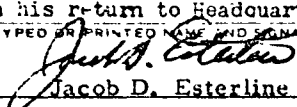
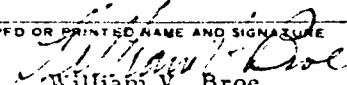
SECRET

SECRET  
(When Filled In)

FITNESS REPORT						EMPLOYEE SERIAL NUMBER: 024345	
<b>SECTION A GENERAL</b>							
1. NAME (Last) (First) (Middle) PHILLIPS, David A.			2. DATE OF BIRTH 31 Oct 22	3. SEX M	4. GRADE GS-15	5. SD D	
6. OFFICIAL POSITION TITLE Ops Officer/Chief of Station			7. OFF/DIV/BR OF ASSIGNMENT DDP/WH/DR		8. CURRENT STATION Santo Domingo		
9. CHECK (X) TYPE OF APPOINTMENT				10. CHECK (X) TYPE OF REPORT			
<input checked="" type="checkbox"/> CAREER		<input type="checkbox"/> RESERVE		<input type="checkbox"/> TEMPORARY		<input type="checkbox"/> INITIAL	
<input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)		<input checked="" type="checkbox"/> ANNUAL		<input type="checkbox"/> REASSIGNMENT SUPERVISOR		<input type="checkbox"/> REASSIGNMENT EMPLOYEE	
SPECIAL (Specify):				SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P.				12. REPORTING PERIOD (From - to) 1 April 65 - 31 March 66			
<b>SECTION B PERFORMANCE EVALUATION</b>							
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
<b>SPECIFIC DUTIES</b>							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
SPECIFIC DUTY NO. 1 Direction of Station CA program.						RATING LETTER O	
SPECIFIC DUTY NO. 2 Direction of Station FI/CI efforts.						RATING LETTER S	
SPECIFIC DUTY NO. 3 Liaison responsibilities with Embassy and other U.S. Government representatives.						RATING LETTER O	
SPECIFIC DUTY NO. 4 Managerial responsibilities as Chief of Station.						RATING LETTER S	
SPECIFIC DUTY NO. 5 Cost consciousness.						RATING LETTER S	
SPECIFIC DUTY NO. 6						RATING LETTER	
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>							
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.							RATING LETTER S

SECRET

(When Filled In)

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space needed to complete Section C, attach a separate sheet of paper.</p>			
<p>Mr. Phillips brings to this assignment (his first as Chief of Station) a wealth of CA experience gained through many years of operating in the Western Hemisphere and other areas. As a propagandist and general CA operator he must rank high among all Agency personnel. Consequently, it was indeed fortunate that his assignment to the Dominican Republic came at a time when a person of his talent was badly needed. Arriving shortly after the American intervention he has had the difficult task of ferreting out information in great detail about an entirely new government, diplomatically handling the delicate coordinations with other U.S. Government agencies in a crisis and highly emotional situation, while administering a rapidly expanding station composed in large degree of young men long on initiative and intelligence but somewhat lacking in depth of experience. At present he is engaged in a fairly large and vastly important election operation which is of concern to the highest authorities of our government.</p>			
(Continued - See attached sheet)			
SECTION D		CERTIFICATION AND COMMENTS	
1. BY EMPLOYEE			
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT			
DATE	SIGNATURE OF EMPLOYEE		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
9 months	Employee will see report upon his return to Headquarters		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
3 May 1966	Deputy Chief, WHD	 Jacob D. Esterline	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
<p>I heartily endorse the rater's comments. The Santo Domingo Station, under the excellent leadership of Mr. Phillips, recently completed a most successful and significantly important political action operation. It was a well-done Station operation but great credit has to go to Mr. Phillips personally.</p>			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
14 June 1966	Chief, WHD	 William V. Broe	

SECRET

Fitness Report - David A. Phillips

SECTION C - Continued:

Perhaps the outstanding quality which Mr. Phillips has demonstrated is his ability to "fire up" his people to produce at their maximum capacity. Another outstanding characteristic is his diplomatic manner of dealing with other officials. Of particular note is the fact that Subject's relationship with Ambassador Bunker of the OAS (who, in effect, has been the President's principal representative in the Dominican Republic) are closer and more fruitful than the relationship of the Embassy with Ambassador Bunker. This has in no way damaged the close relationship Subject has with the Embassy and other government officials.

Subject had little managerial experience of the scope required by his present position prior to his arrival in the DR, nor had he had much experience in FI matters. He has adapted readily however, and he continued to broaden in these respects with the passage of time.

Cost consciousness is, of course, a relative thing. Mr. Phillips as a CA operator "thinks big." However, it is clear that he weighs heavily costs against anticipated results and expects to get a dollar return for each one spent. Overall Subject can be described as a very able person. His ability to maintain Station morale at a high level while producing at a very gruelling pace under difficult conditions is in itself an outstanding accomplishment. Mr. Phillips has been recommended for an Agency Award.

S E C R E T  
TRAINING REPORT

Chiefs of Station Seminar No. 3  
60 hours, half days

19 April - 7 May 1965

Participant	: PHILLIPS, David A.	Office	: MI
Year of Birth	: 1922	Service Designation	: D
Grade	: GS-15	No. of Students	: 15
EOD Date	: April 1955		

**COURSE OBJECTIVES, CONTENT AND METHODS**

The COS Seminar aimed to prepare prospective Chiefs and Deputy Chiefs of Station, Chiefs of Base, and senior Chiefs of Support for field assignments. Emphasis was upon the difficulties confronting Chiefs of small or medium-sized installations, since they must handle a peculiarly wide range of problems. Included were case studies serving to remind outgoing chiefs of various operational approaches and techniques, but more time was devoted to policy, coordination, management, reporting, and administrative responsibilities of the Chief of Station, both within CIA and in the government at large, at home and abroad. Special attention was given to counterinsurgency.

The bulk of the course is given in lectures and question periods conducted by officials responsible for the missions, functions, programs, and services discussed, most of them being from within the Agency but several also from outside. A few key items of suggested reading are included, and bibliographies of suggested reading tailored to the individual's assignment are offered for those who want them.

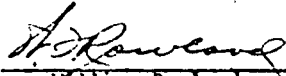
**ACHIEVEMENT RECORD**

This is a certificate of attendance.

Mr. Phillips attended the first half of the seminar being withdrawn at that point due to an operational emergency.

No further assessment of individual capacity or performance is made in this course.

FOR THE DIRECTOR OF TRAINING:

  
William Rowland  
Acting Chief Instructor

5/13/65  
Date

S E C R E T

SECRET

(When Filled In)

FITNESS REPORT (Part I) PERFORMANCE

INSTRUCTIONS

FOR THE ADMINISTRATIVE OFFICER: Consult current instructions for completing this report. FOR THE SUPERVISOR: This report is designed to help you express your evaluation of your subordinate and to transmit this evaluation to your supervisor and senior officials.

SECTION A. GENERAL
1. NAME (Last, First, Middle)
2. DATE OF BIRTH
3. SEX
4. SERVICE DESIGNATION
5. OFFICE DESIGNATION BRANCH OF ASSIGNMENT
6. OFFICIAL POSITION TITLE
7. GRADE
8. DATE REPORT MADE IN OF
9. PERIOD COVERED BY THIS REPORT (Inclusive dates)
10. TYPE OF REPORT (Check one)

SECTION B. CERTIFICATION
1. FOR THE RATER: THIS REPORT [X] HAS [ ] NOT BEEN SHOWN TO THE INDIVIDUAL RATED. IF NOT SHOWN EXPLAIN WHY NOT.

A. CHECK (X) APPROPRIATE STATEMENTS:
X THIS REPORT REFLECTS MY OWN OPINIONS OF THIS INDIVIDUAL.
X THIS REPORT REFLECTS THE COMBINE OPINIONS OF MYSELF AND PREVIOUS SUPERVISORS.
X I HAVE DISCUSSED WITH THIS EMPLOYEE HIS STRENGTHS AND WEAKNESSES SO THAT HE KNOWS WHERE HE STANDS.

B. THIS DATE: 19 Sept. 1956
C. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR: Caldwell, William
D. SUPERVISOR'S OFFICIAL TITLE: Chief of Station

2. FOR THE REVIEWING OFFICIAL: RECORD ANY SUBSTANTIAL DIFFERENCE OF OPINION WITH THE SUPERVISOR, OR ANY OTHER INFORMATION, WHICH WILL LEAD TO A BETTER UNDERSTANDING OF THIS REPORT.

TESTED BY [Signature] 10/13/56

BY DATE
Posted Pos Control [Signature] 9/27/56
Reviewed by PUC [Signature]

I certify that any substantial difference of opinion with the supervisor is reflected in the above section.
A. THIS DATE: 25 Sept '56
B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL: [Signature]
C. OFFICIAL TITLE OF REVIEWING OFFICIAL: [Signature]

SECTION C. JOB PERFORMANCE EVALUATION
1. RATING ON GENERAL PERFORMANCE OF TIES

DIRECTIONS: Consider ONLY the productivity and effectiveness with which the individual being rated has performed his duties during the rating period. Compare him ONLY with others doing similar work at a similar level of responsibility. Factors other than productivity will be taken into account later in Section D.

- 1 - DOES NOT PERFORM DUTIES ADEQUATELY. HE IS INCOMPETENT.
2 - BARELY ADEQUATE IN PERFORMANCE. ALTHOUGH HE HAS HAD SPECIFIC GUIDANCE OR TRAINING, HE OFTEN FAILS TO CARRY OUT RESPONSIBILITIES.
3 - PERFORMS MOST OF HIS DUTIES ACCEPTABLY. OCCASIONALLY REVEALS SOME AREA OF CARELESSNESS.
4 - PERFORMS DUTIES IN A COMPETENT, EFFECTIVE MANNER.
5 - A FINE PERFORMANCE. CARRIES OUT MANY OF HIS RESPONSIBILITIES EXCEPTIONALLY WELL.
6 - PERFORMS HIS DUTIES IN SUCH AN OUTSTANDING MANNER THAT HE IS EQUALLED BY FEW OTHER PERSONS KNOWN TO THE SUPERVISOR.

5
NEXT RATING NUMBER
COMMENTS:



SECRET

(When Filled In)

**2. RATINGS ON PERFORMANCE OF SPECIFIC DUTIES**

**DIRECTIONS:**

a. State in the spaces below up to six of the more important SPECIFIC duties performed during the rating period. Place the most important first. In the case of more than six important duties.

b. Rate performance on each specific duty in terms of effectiveness in performance of this specific duty.

c. For supervisors' ability to supervise will always be rated as a specific duty (do not rate as supervisors those who supervise a secretary only).

d. Compare in your mind, when possible, the individual being rated with others performing the same duty at a similar level of responsibility.

e. Two individuals with the same job may be performing different duties. If so, rate them on different duties.

f. Be specific. Examples of the kind of duties that might be rated are:

ORAL BRIEFING	HAS AND USES AREA KNOWLEDGE	CONDUCTS INTERROGATIONS
GIVING LECTURES	DEVELOPS NEW PROGRAMS	PREPARES SUMMARIES
CONDUCTING SEMINARS	ANALYZES INDUSTRIAL REPORTS	TRANSLATES GERMAN
WRITING TECHNICAL REPORTS	MANAGES FILES	BRIEFING SOURCES
CONDUCTING EXTERNAL LIAISON	OPERATES RADIO	KEEPS BOOKS
TYPING	COORDINATES WITH OTHER OFFICES	DRIVES TRUCK
TAKING DICTATION	WRITES REGULATIONS	MAINTAINS AIR CONDITIONING
SUPERVISING	PREPARES CORRESPONDENCE	EVALUATES SIGNIFICANCE OF DATA

g. For some jobs, duties may be broken down even further if supervisor considers it advisable, e.g., combined key and phone operation, in the case of a radio operator.

**DESCRIPTIVE RATING NUMBER**

1 - INCOMPETENT IN THE PERFORMANCE OF THIS DUTY	6 - PERFORMS THIS DUTY IN AN OUTSTANDING MANNER FOUND IN VERY FEW INDIVIDUALS HOLDING SIMILAR JOBS
2 - BARELY ADEQUATE IN THE PERFORMANCE OF THIS DUTY	7 - EXCELLED ANYONE I KNOW IN THE PERFORMANCE OF THIS DUTY
3 - PERFORMS THIS DUTY ACCEPTABLY	
4 - PERFORMS THIS DUTY IN A COMPETENT MANNER	
5 - PERFORMS THIS DUTY IN SUCH A FINE MANNER THAT HE IS A DISTINCT ASSET ON HIS JOB	

SPECIFIC DUTY NO. 1 Supervises KUCAGE projects	RATING NUMBER 4	SPECIFIC DUTY NO. 4 Supervises staff agents	RATING NUMBER 4
SPECIFIC DUTY NO. 2 Develops new KUCAGE programs	RATING NUMBER 4	SPECIFIC DUTY NO. 5 Spots and develops contacts	RATING NUMBER 4
SPECIFIC DUTY NO. 3 Has and uses Area Knowledge	RATING NUMBER 5	SPECIFIC DUTY NO. 6 Prepares progress reports	RATING NUMBER 4

**3. NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE**

**DIRECTIONS:** Stress strengths and weaknesses, particularly those which affect development on present job.

This officer has ability, talent, area knowledge, understanding of the people and experience in his field. In the initial six months covered by this report he has adjusted remarkably well to a difficult cover situation with a minimum of station support and guidance.

**SECTION D. SUITABILITY FOR CURRENT JOB IN ORGANIZATION**

**DIRECTIONS:** Take into account here everything you know about the individual... productivity, conduct in the job, pertinent personal characteristics or habits, special defects or talents... and how he fits in with your team. Compare him with others doing similar work of about the same level.

6 RATING NUMBER	1 - DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED
	2 - OF DOUBTFUL SUITABILITY... WOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW
	3 - A BARELY ACCEPTABLE EMPLOYEE. BELOW AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION
	4 - OF THE SAME SUITABILITY AS MOST PEOPLE I KNOW IN THE ORGANIZATION
	5 - A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS
	6 - AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION
	7 - EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION

IS THIS INDIVIDUAL BETTER SUITED FOR WORK IN SOME OTHER POSITION IN THE ORGANIZATION?  YES  NO IF YES, EXPLAIN FULLY.

SECRET

SECRET

(When Filled In)

FITNESS REPORT (Part II) POTENTIAL

INSTRUCTIONS

FOR THE ADMINISTRATIVE OFFICER: Consult current instructions for completing this report.

FOR THE SUPERVISOR: This report is a privileged communication to your supervisor, and to appropriate career management and personnel officials concerning the potential of the employee being rated. It is NOT to be shown to the rated employee. It is recommended that you read the entire report before completing any question. This report is to be completed only after the employee has been under your supervision FOR AT LEAST 90 DAYS. If less than 90 days, hold and complete after the 90 days has elapsed. If this is the INITIAL REPORT on the employee, however, it MUST be completed and forwarded to the (R) no later than 30 days after the due date indicated in item 9 of Section "F" below.

SECTION E. GENERAL
1. NAME: [Redacted]
2. DATE OF BIRTH: 31 Oct. 1922
3. SEX: Male
4. SERVICE DESIGNATION: DP
5. OFFICE: [Redacted]
6. OFFICIAL POSITION TITLE: Staff agent - [Redacted] Ops Off (PPI)
7. GRADE: GS-14
8. DATE REPORT DUE IN OP: 9 August 1956
9. PERIOD COVERED BY THIS REPORT (Inclusive Dates): 9 February 1955 - 14 September 1956
10. TYPE OF REPORT: INITIAL

SECTION F. CERTIFICATION
1. FOR THE RATER: I CERTIFY THAT THIS REPORT REPRESENTS MY BEST JUDGEMENT OF THE INDIVIDUAL BEING RATED
A. THIS DATE: 19 Sept. 1956
B. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR: CALDWELL [Signature]
C. SUPERVISOR'S OFFICIAL TITLE: Chief of Station
2. FOR THE REVIEWING OFFICIAL: I HAVE REVIEWED THIS REPORT AND NOTED ANY DIFFERENCE OF OPINION IN ATTACHED MEMO.
A. THIS DATE: 25 Sept '56
B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL: [Signature]
C. OFFICIAL TITLE OF REVIEWING OFFICIAL: [Signature]

SECTION G. ESTIMATE OF POTENTIAL
1. POTENTIAL TO ASSUME GREATER RESPONSIBILITIES
DIRECTIONS: Considering others of his grade and type of assignment, rate the employee's potential to assume greater responsibilities. Think in terms of the kind of responsibility encountered at the various levels in his kind of work.
5
1 - ALREADY ABOVE THE LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED
2 - HAS REACHED THE HIGHEST LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED
3 - MAKING PROGRESS, BUT NEEDS MORE TIME BEFORE HE CAN BE TRAINED TO ASSUME GREATER RESPONSIBILITIES
4 - READY FOR TRAINING IN ASSUMING GREATER RESPONSIBILITIES
5 - WILL PROBABLY ADJUST QUICKLY TO MORE RESPONSIBLE DUTIES WITHOUT FURTHER TRAINING
6 - ALREADY ASSUMING MORE RESPONSIBILITIES THAN EXPECTED AT HIS PRESENT LEVEL
7 - AN EXCEPTIONAL PERSON WHO IS ONE OF THE FEW WHO SHOULD BE CONSIDERED FOR EARLY ASSUMPTION OF HIGHER LEVEL RESPONSIBILITIES

2. SUPERVISORY POTENTIAL
DIRECTIONS: Answer this question: Has this person the ability to be a supervisor? [X] Yes [ ] No If your answer is YES, indicate below your opinion or guess of the level of supervisory ability this person will reach AFTER SUITABLE TRAINING. Indicate your opinion by placing the number of the descriptive rating below which comes closest to expressing your opinion in the appropriate column. If your rating is based on observing him supervise, note your rating in the "actual" column. If based on opinion of his potential, note the rating in the "potential" column.

Table with columns: DESCRIPTIVE RATING NUMBER, ACTUAL, POTENTIAL, DESCRIPTIVE SITUATION. Rows describe various supervisory situations like 'A GROUP DOING THE BASIC JOB', 'A GROUP OF SUPERVISORS WHO DELEGATE THE BASIC JOB', 'A GROUP WHO MAY OR MAY NOT BE SUPERVISORS', etc.

SECRET

(When Filled In)

3. INDICATE THE APPROXIMATE NUMBER OF MONTHS THE RATED EMPLOYEE HAS BEEN UNDER YOUR SUPERVISION  
 Six months

4. COMMENTS CONCERNING POTENTIAL  
 This officer is a natural CONTROLLER DIV more responsible for future unofficial or staff assignments. He is qualified for

OFFICE OF PERSONNEL  
 OCT 27 3 16 PM '56  
 MAIL ROOM

SECTION II. FUTURE PLANS

1. TRAINING OR OTHER DEVELOPMENTAL EXPERIENCE PLANNED FOR THE INDIVIDUAL

None at present.

2. NOTE OTHER FACTORS, INCLUDING PERSONAL CIRCUMSTANCES, TO BE TAKEN INTO ACCOUNT IN INDIVIDUAL'S FUTURE ASSIGNMENTS

As senior KUCAGE officer, better knowledge of Station procedures and practices would be helpful.

SECTION I. DESCRIPTION OF INDIVIDUAL

DIRECTIONS: This section is provided as an aid to describing the individual as you see him on the job. Interpret the words literally. On the page below are a series of statements that apply in some degree to most people. To the left of each statement is a box under the heading "category." Read each statement and insert in the box the category number which best tells how much the statement applies to the person covered by this report.

- X - HAVE NOT OBSERVED THIS; HENCE CAN GIVE NO OPINION AS TO HOW THE DESCRIPTION APPLIES TO THE INDIVIDUAL
- 1 - APPLIES TO THE INDIVIDUAL TO THE LEAST POSSIBLE DEGREE
- 2 - APPLIES TO INDIVIDUAL TO A LIMITED DEGREE
- 3 - APPLIES TO INDIVIDUAL TO AN AVERAGE DEGREE
- 4 - APPLIES TO INDIVIDUAL TO AN ABOVE AVERAGE DEGREE
- 5 - APPLIES TO INDIVIDUAL TO AN OUTSTANDING DEGREE

CATEGORY	STATEMENT	CATEGORY	STATEMENT	CATEGORY	STATEMENT
4	1. ABLE TO SEE ANOTHER'S POINT OF VIEW	5	11. HAS HIGH STANDARDS OF ACCOMPLISHMENT	5	21. IS EFFECTIVE IN DISCUSSIONS WITH ASSOCIATES
4	2. CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES	5	12. SHOWS ORIGINALITY	4	22. IMPLEMENTS DECISIONS REGARDLESS OF OWN FEELINGS
5	3. HAS INITIATIVE	4	13. ACCEPTS RESPONSIBILITIES	4	23. IS THOUGHTFUL OF OTHERS
4	4. IS ANALYTIC IN HIS THINKING	4	14. ADMITS HIS ERRORS	4	24. WORKS WELL UNDER PRESSURE
5	5. STRIVES CONSTANTLY FOR NEW KNOWLEDGE AND IDEAS	4	15. RESPONDS WELL TO SUPERVISION	5	25. DISPLAYS JUDGEMENT
4	6. KNOWS WHEN TO SEEK ASSISTANCE	4	16. DOES HIS JOB WITHOUT SPOONING SUPPORT	4	26. IS SECURITY CONSCIOUS
5	7. CAN GET ALONG WITH PEOPLE	4	17. COMES UP WITH SOLUTIONS TO PROBLEMS	5	27. IS VERSATILE
4	8. HAS MEMORY FOR FACTS	4	18. IS OBSERVANT	4	28. HIS CRITICISM IS CONSTRUCTIVE
4	9. GETS THINGS DONE	4	19. THINKS CLEARLY	4	29. FACILITATES SMOOTH OPERATION OF HIS OFFICE
4	10. CAN COPE WITH EMERGENCIES	4	20. COMPLETES ASSIGNMENTS WITHIN ALLOWABLE TIME LIMITS	4	30. DOES NOT REQUIRE STRONG AND CONTINUOUS SUPERVISION

SECRET

SECRET

(When Filled In)

FITNESS REPORT

The Fitness Report is an important factor in agency personnel management. It seeks to provide:
1. The agency selection board with information of value when considering the application of an individual for membership in the career service; and
2. A periodic record of job performance as an aid to the effective utilization of personnel.

INSTRUCTIONS

TO THE ADMINISTRATIVE OR PERSONNEL OFFICER: Consult current administrative instructions regarding the initiation and transmittal of this report.

TO THE SUPERVISOR: Read the entire form before attempting to complete any item. As the supervisor who assigns, directs and reviews the work of the individual, you have primary responsibility for evaluating his strengths, weaknesses, and on-the-job effectiveness as revealed by his day-to-day activities. If this individual has been under your supervision for less than 30 days, you will collaborate with his previous supervisors to make sure the report is accurate and complete. Primary responsibility rests with the current supervisor. It is assumed that, throughout the period this individual has been under your supervision, you have discharged your supervisory responsibilities by frequent discussions of his work, so that in a general way he knows where he stands.

5. 1st due date Apr 57 H

IT IS OPTIONAL WHETHER OR NOT THIS FITNESS REPORT IS SHOWN TO THE PERSON BEING RATED

SECTION I (To be filled in by Administrative Officer)

Form section I containing fields for Name (Last: PHILLIPS, David; First: A.), Date of Birth (Oct 22), Sex (M), Career Designation (DP), Date of Entrant on Duty (1 April 1955), Office Assigned To (PP), Division (Information Coordination), Branch, Nature of Assignment, and Period Covered by this Report (1 April 1955 - 1 January 1956).

SECTION II (To be filled in by Supervisor)

Form section II containing fields for Current Position (Radio & Television Officer, PP/ICD) and Date Assumed Responsibility for Position (1 April 1955).

3. WHAT SPECIFIC ASSIGNMENTS OR TASKS ARE TYPICAL OF THOSE GIVEN TO HIM DURING THE PAST THREE TO SIX MONTHS (List in order of frequency):
Advising and assisting operating divisions in development, effective management and supervision of radio broadcasting facilities.
Maintaining liaison with Department of State and USIA on radio matters.
Collaboration with the Office of Communications in development of unconventional techniques for broadcasting and jamming evasion.
Preparation of staff study on proposed use of the television medium.

Period For... BY... DATE 18 JAN 1956

READ THE ENTIRE FORM BEFORE ATTEMPTING TO COMPLETE ANY ITEM

SECTION III

I certify that, during the latter half of the period covered by this report, I have discussed with the rated individual the manner in which he has performed his job and provided suggestions and criticisms wherever needed. I believe that his understanding of my evaluation of his performance is consistent with my evaluation of him as evidenced by this fitness report and I have informed him of his strengths, weaknesses, and on-the-job effectiveness. If performance during the report period has been unsatisfactory, there is attached a copy of the memorandum notifying him of unsatisfactory performance.

This report [X] has [ ] has not been shown to the individual rated.

Form section III containing fields for Date (6 January 1956), Name and Signature of Rater (John G. Shaffer, Chief, PP/ICD), Date (19 Jan 56), and Name and Signature of Reviewing Official.

SECRET  
(When Filled In)

SECTION IV

This section is provided as an aid in describing the individual. Your description is not for use as a personality test or a measure of ability in itself but acquires its meaning in relation to a particular job or assignment. The descriptive words should be interpreted literally.

On the left hand side of the page below are a series of statements that apply in some degree to most people. On the right hand side of the page are four major categories of descriptions. The scale on the right is divided into three small blocks; this is to allow you to make finer distinctions if you so desire. When checking the category on the right which best tells how much the statement applies to the person you are rating. Placing an "X" in the "Not Observed" column means you have no opinion on whether a phrase applies to an individual. Placing an "X" in the "Does Not Apply" column means that you have the definite opinion that the description is not at all suited to the individual.

STATEMENTS	NOT OR SERVED	CATEGORIES				
		DOES NOT APPLY	APPLIES TO A LIMITED DEGREE	APPLIES TO A REASONABLE DEGREE	APPLIES TO AN ABOVE AVERAGE DEGREE	APPLIES TO AN OUTSTANDING DEGREE
A. ABLE TO SEE ANOTHER'S POINT OF VIEW.			X			
B. PRACTICAL.					X	
1. A GOOD REPORTER OF EVENTS.				X		
2. CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES.					X	
3. CAUTIOUS IN ACTION.				X		
4. HAS INITIATIVE.					X	
5. UNEMOTIONAL.	X					
6. ANALYTIC IN HIS THINKING.					X	
7. CONSTANTLY STRIVING FOR NEW KNOWLEDGE AND IDEAS.					X	
8. GETS ALONG WITH PEOPLE AT ALL SOCIAL LEVELS.						X
9. HAS SENSE OF HUMOR.					X	
10. KNOWS WHEN TO SEEK ASSISTANCE.				X		
11. CALM.				X		
12. CAN GET ALONG WITH PEOPLE.						X
13. MEMORY FOR FACTS.				X		
14. GETS THINGS DONE.					X	
15. KEEPS ORIENTED TOWARD LONG TERM GOALS.				X		
16. CAN COPE WITH EMERGENCIES.					X	
17. HAS HIGH STANDARDS OF ACCOMPLISHMENT.				X		
18. HAS STAMINA. CAN KEEP GOING A LONG TIME.						X
19. HAS WIDE RANGE OF INFORMATION					X	
20. SHOWS ORIGINALITY.				X		
21. ACCEPTS RESPONSIBILITIES.					X	
22. ADMITS HIS ERRORS.	X					
23. RESPONDS WELL TO SUPERVISION					X	
24. EVEN DISPOSITION.						X
25. ABLE TO DO HIS JOB WITHOUT STRONG SUPPORT.					X	



SECRET  
(When Filled In)

C. INDICATE IF YOU THINK THAT ANY SINGLE STRENGTH OR WEAKNESS OUTWEIGHS ALL OTHER CONSIDERATIONS:  
 Strengths indicated above easily outweigh the few characteristics of which the subject is average. **OFFICE OF PERSONNEL**

D. DO YOU FEEL THAT HE REQUIRES CLOSE SUPERVISION?  NO  YES. **JAN 16 3 47 PM '56**

E. WHAT TRAINING DO YOU RECOMMEND FOR THIS INDIVIDUAL? **MAIL ROOM**  
 Operations Familiarization course.

F. OTHER COMMENTS (Indicate here general traits, specific habits or characteristics not covered elsewhere in the report but which have a bearing on effective utilization of this person):  
 None

SECTION VI

Read all descriptions before rating. Place "X" in the most appropriate box under subsections A, B, C, D.

A. DIRECTIONS: Consider only the skill with which the person has performed the duties of his job and rate him accordingly.

- 1. DOES NOT PERFORM DUTIES ADEQUATELY; HE IS INCOMPETENT.
- 2. BARELY ADEQUATE IN PERFORMANCE; ALTHOUGH HE HAS HAD SPECIFIC GUIDANCE OR TRAINING, HE OFTEN FAILS TO CARRY OUT RESPONSIBILITIES COMPETENTLY.
- 3. PERFORMS MOST OF HIS DUTIES ACCEPTABLY; OCCASIONALLY REVEALS SOME AREA OF WEAKNESS.
- 4. PERFORMS DUTIES IN A TYPICALLY COMPETENT, EFFECTIVE MANNER.
- 5. A FINE PERFORMANCE; CARRIES OUT MANY OF HIS RESPONSIBILITIES EXCEPTIONALLY WELL.
- 6. PERFORMS HIS DUTIES IN SUCH AN OUTSTANDING MANNER THAT HE IS EQUALLED BY FEW OTHER PERSONS KNOWN TO THE RATER.

IS THIS INDIVIDUAL BETTER QUALIFIED FOR WORK IN SOME OTHER AREA?  NO  YES. IF YES, WHAT?

Better qualified for field assignment in WA area only because such assignment can utilize his language and area experience in addition to utilizing the characteristics that have made him a successful staff officer.

C. DIRECTIONS: Based upon what he has said, his actions, and any other indications, give your opinion of this person's attitude toward the agency.

- 1. HAS AN ANTAGONISTIC ATTITUDE TOWARD THE AGENCY... WILL DEFINITELY LEAVE THE AGENCY AT THE FIRST OPPORTUNITY.
- 2. HAS STRONG NEGATIVE ATTITUDE TOWARD AGENCY... IRKED BY RESTRICTIONS... REGARDS AGENCY AS A TEMPORARY STOP UNTIL HE CAN GET SOMETHING BETTER.
- 3. TENDS TO HAVE AN UNFAVORABLE ATTITUDE TOWARD THE AGENCY... BOTHERED BY MINOR FRUSTRATIONS... WILL QUIT IF THESE CONTINUE.
- 4. HIS ATTITUDE TOWARD THE AGENCY IS INDIFFERENT... HAS "WAIT AND SEE" ATTITUDE... WOULD LEAVE IF SOMEONE OFFERED HIM SOMETHING BETTER.
- 5. TENDS TO HAVE FAVORABLE ATTITUDE TOWARD AGENCY... MAKES ALLOWANCES FOR RESTRICTIONS IMPOSED BY WORKING FOR AGENCY... THINKS IN TERMS OF A CAREER IN THE AGENCY.
- 6. DEFINITELY HAS FAVORABLE ATTITUDE TOWARD THE AGENCY... BARRING AN UNEXPECTED OUTSIDE OPPORTUNITY, WILL PROBABLY ENDEAVOR TO MAKE A CAREER IN THE AGENCY.
- 7. HAS AN ENTHUSIASTIC ATTITUDE TOWARD THE AGENCY... WILL PROBABLY NEVER CONSIDER WORKING ANY PLACE BUT IN THE AGENCY.

B. DIRECTIONS: Considering others of this person's grade and type of assignment, how would you rate him on potentiality for assumption of greater responsibilities normally indicated by promotion.

- 1. HAS REACHED THE HIGHEST GRADE LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED.
- 2. IS MAKING PROGRESS, BUT NEEDS MORE TIME IN PRESENT GRADE BEFORE PROMOTION TO A HIGHER GRADE CAN BE RECOMMENDED.
- 3. IS READY TO TAKE ON RESPONSIBILITIES OF THE NEXT HIGHER GRADE, BUT MAY NEED TRAINING IN SOME AREAS.
- 4. WILL PROBABLY ADJUST QUICKLY TO THE MORE RESPONSIBLE DUTIES OF THE NEXT HIGHER GRADE.
- 5. IS ALREADY PERFORMING AT THE LEVEL OF THE NEXT HIGHER GRADE.
- 6. AN EXCEPTIONAL PERSON WHO IS ONE OF THE FEW WHO SHOULD BE CONSIDERED FOR RAPID ADVANCEMENT.

D. DIRECTIONS: Consider everything you know about this person in making your rating, skill in job duties, conduct on the job, personal characteristics or habits, and special defects or talents.

- 1. DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED.
- 2. OF DOUBTFUL SUITABILITY... WOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW.
- 3. A BARELY ACCEPTABLE EMPLOYEE... DEFINITELY BELOW AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION.
- 4. A TYPICAL EMPLOYEE... HE DISPLAYS THE SAME SUITABILITY AS MOST OF THE PEOPLE I KNOW IN THE AGENCY.
- 5. A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS.
- 6. AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE AGENCY.
- 7. EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE AGENCY.

SECRET

Jack  
04  
2/15/56  
7/4/56

MEMORANDUM FOR:

PP/C/100

ATTENTION : Training Officer

SUBJECT : Attendance at PPS In-Service-Training Series  
10 January to 20 March 1956

REFERENCE : Memorandum for Chiefs, Senior Staffs and Area  
Divisions, and Chief, 10 Division from CPP,  
subject: "Seminar on Preparation and Processing  
of PP/PN Projects" dated 19 December 1955.

1. David Phillips attended the lectures in the subject series which commenced from 10:00 to 12:00 hours, 1 February 1956. During this period, instruction in "Preparation and Processing of PP/PN Projects" was given as follows:

- a. INTRODUCTION
- b. PROJECT DOCUMENTATION  
Step-by-step explanation of items in project outline format.
- c. PROJECT REVIEW AND CIRCULATION  
Steps each officer should take in determining extent of coordination of projects. Importance of discussion with Senior Staff in draft stage.
- d. PROJECT APPROVAL SYSTEM
- e. PROJECT SCHEDULING
- f. PROJECT AND C. COORDINATION
- g. PROJECT PRIORITY

2. Officers were required to study the following references, prior to attending the lectures:

- 1. PP/C/100 - PREPARATION OF PROJECTS TO THE PROGRAM REVIEW COMMITTEE, dated 1 April 1955
- 2. PP/C/100 - PREPARATION AND PROCESSING OF PPS/PN PROJECTS AND APPROVAL, dated 19 December 1955



(j) OSI 250-72 THE CLASSIFIED SERVICES REPORTING SYSTEMS DIVISIONS, CHAPTER 11. THE MONTHLY COST STATUS REPORT, dated 8 June 1957.

b. REFERENCES:

- (1) R 250-188 AGENCY ACTIVITIES REPORTS AND SYSTEMS, dated 3 March 1955
- (2) R 250-131 REQUEST REVIEW COMMITTEE, dated 13 March 1955
- (3) R 250-221 SUPPLEMENTARY REPORTS PROVIDED TO THE BOARD OF CONTRACT ADMINISTRATION, dated 1 April 1955
- (4) OSI 250-11 THE CLASSIFIED SERVICES DIVISIONS, PLANNING REPORT, dated 15 July 1955
- (5) OSI 250-30 CLASSIFIED SERVICES DIVISIONS, PLANNING REPORT, dated 15 August 1955
- (6) OSI 250-20 OPERATIONAL PROBLEMS AND SOLUTIONS, dated 7 December 1955

The information provided to permit appropriate reference to the activities covered by the agencies named in paragraph 1, above.

Very truly yours,  
 [Signature]  
 [Title]

✓

SECRET

TRAINING EVALUATION

READING IMPROVEMENT COURSE # 26

SECTION I: IDENTIFYING INFORMATION

Name	Sex	Dates of Course	No. of Students
Phillips, David A.	M	24 October-9 December 1955	23
Date of Birth	EOD Date	Grade or Rank	Office
31 October 1922	2 April 1955	GS-14	ICD/PP

Projected assignment or Present Position

PP Officer

SECTION II: OBJECTIVES OF THE COURSE

The Reading Improvement Course is designed to increase the reading efficiency of agency employees by developing their speed and level of comprehension through (1) expanding the range of reading techniques, (2) adjusting rate of reading to comprehension requirements and (3) improving perceptual habits.

SECTION III: SPECIFIC CHARACTERISTICS OF THE COURSE

The course consists of 30 class hours, one hour a day, 5 days a week. 9 hours are devoted to lectures and practice exercises, 12 hours to speed reading practice and 9 hours to specific perception techniques.

Each student's reading skills are analyzed at the beginning of the course and the student then concentrates on the development of those skills in which he is deficient or those which are most frequently demanded by the nature of his office reading.

SECTION IV: METHOD OF EVALUATION

Student achievement is measured by an initial and final test battery and class exercises. Two sets of norms have been developed on the test battery. Group I represents the scores of 400 Agency employees, 84% of whom had four or more years of college. Group II represents the scores of 94 Agency employees with two years or less of college training. Section V contains a description of the tests and exercises. Section VI indicates the student's skill level and Section VII includes the student's over-all achievement and the instructor's comments.

SECRET

SECTION V: TEST DESCRIPTION

- 1. **READING COMPREHENSION TESTS:** Measure speed and accuracy of basic comprehension skills. Complete and objective understanding, analysis, and interpretation are required in these tests.
- 2. **EXTENSIVE (informational) READING TESTS:** Measure the degree of proficiency in the application of extensive reading skills to acquire broader frames of reference.
- 3. **INTENSIVE (technical) READING TESTS:** Measure the ability to acquire the basic knowledge of a new subject.
- 4. **SCANNING TESTS:** Measure efficiency in the application of scanning skills for the selection of information, for identification of the main idea, and for organization.

SECTION VI: REPORT OF SKILL LEVEL

This student is being compared with the following norm group:  
 Group I - Four or more years of college  
 Group II - Two or less years of college

	Fail	Poor	Sat.	Exc.	Sup.
Basic Comprehension Skills					
Extensive Techniques					
Intensive Techniques					
Scanning Techniques					

SECTION VII: OVER-ALL ACHIEVEMENT

In consideration of all factors observed during the course and taking into account this student's experience, profession, age and education, an "X" in one of the boxes shows the student's over-all achievement in the course.

FAIL POOR MINUS SATISFACTORY PLUS EXCELLENT SUPERIOR

X

Inadequately performed - Barely adequate in performance. Demonstrated ability only in a limited range of skills.	Performed acceptably but barely adequate in some skills.	A typically effective student who performed in a competent manner.	Performed at a high level of competence.	Performed at an exceptionally high level that only a few students have surpassed.
--	--	--	--	---

COMMENTS:

Incomplete - 5 hours Overseas assignment

FOR THE DIRECTOR OF TRAINING:

*Francis Cook*  
Chief Instructor

**DESIGNATION OF BENEFICIARY  
 FEDERAL EMPLOYEES GROUP LIFE  
 INSURANCE PROGRAM**

**IMPORTANT**  
 Read instructions  
 on back of duplicate  
 before filling in this form

**INFORMATION CONCERNING THE INSURED:**

NAME (Last) (First) (Middle) DATE OF BIRTH (Month, day, year)  
 Phillips, David A.

PLACE AN "X" IN THE APPROPRIATE BOX BELOW TO SHOW WHETHER YOU ARE.

AN EMPLOYEE  RETIRED OR AN APPLICANT FOR RETIREMENT  RECEIVING FEDERAL EMPLOYEES' COMPENSATION BENEFITS OR AN APPLICANT FOR SUCH BENEFITS

IF YOU ARE RETIRED OR RECEIVING FEDERAL EMPLOYEES' COMPENSATION BENEFITS OR AN APPLICANT FOR SUCH BENEFITS GIVE YOUR "CSA," "CSL," "A," or "X" NUMBER

(CSA, CSL A, or X number)

DEPARTMENT OR AGENCY IN WHICH PRESENTLY EMPLOYED (If retired, former department or agency):

Central Intelligence Agency

Langley, Va.

(Department or agency)

(Bureau)

(Division)

(Location—City, State, and ZIP Code)

I, the individual identified above, canceling any and all previous Designations of Beneficiary under the Federal Employees Group Life Insurance Program heretofore made by me, do now designate the beneficiary or beneficiaries named below to receive any amount of LIFE INSURANCE and ACCIDENTAL DEATH INSURANCE due and payable at my death. I understand that this Designation of Beneficiary will remain in full force and effect, with respect to any amount payable, unless or until canceled by me in writing, or until such time as it is automatically canceled (see regulation "f" on reverse side of duplicate copy).

**INFORMATION CONCERNING THE BENEFICIARY OR BENEFICIARIES (SEE EXAMPLES OF DESIGNATIONS):**

Type or print first name, middle initial, and last name of each beneficiary	Type or print address (including ZIP Code) of each beneficiary	Relationship	Share to be paid to each beneficiary
VIRGINIA S. PHILLIPS FOR DISTRIBUTION ACCORDING TO MY WILL. <u>DL</u>	8224 FORT TRAIL DR. BETHESDA, MD. 20034	WIFE	All

For each type of insurance (regular and optional): (1) I hereby direct, unless otherwise indicated above, that if more than one beneficiary is named, the share of any beneficiary who may predecease me shall be distributed equally among the surviving beneficiaries, or entirely to the survivor. (2) I understand that this Designation of Beneficiary shall be void if none of the designated beneficiaries is living at the time of my death.

I hereby specifically reserve the right to cancel or change this Designation of Beneficiary at any time without knowledge or consent of the beneficiary.

(Date of execution—month, day, year)

(Signature of insured)

**WITNESSES TO SIGNATURE (A witness is ineligible to receive payment as a beneficiary):**

Gladys S. Nevers 1218 Cronos St. Alex, Va. 22314  
 (Signature of witness) (Number and street) (City, State, and ZIP Code)  
 Nancy B. Johnson 401 7th St. N. Vienna, Va. 22180  
 (Signature of witness) (Number and street) (City, State, and ZIP Code)

PRINT OR TYPE NAME AND ADDRESS (including ZIP Code) OF INSURED

THIS SPACE IS RESERVED FOR RECEIVING AGENCY

PERSONNEL  
 OFFICE OF  
 MAY 6 4 28 PM '75  
 BRANCH  
 PERSONAL AFFAIRS

(Indicate date and by whom received)

SEE REVERSE SIDE OF DUPLICATE COPY FOR INSTRUCTIONS ON WHERE TO FILE THESE FORMS.  
 DO NOT FILE WITH THE OFFICE OF FEDERAL EMPLOYEES GROUP LIFE INSURANCE.

ADMINISTRATIVE  
Internal Use Only

*S/E*  
**FILE  
PUNCHED  
BY**

REPORT OF SERVICE ABROAD

TO: Office of Personnel, Control Division, Statistical Reporting Branch

SERIAL NO.	NAME		
	LAST	FIRST	MIDDLE
024345	PHILLIPS	DAVID	A

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 58, REVISED.

PCS DATES OF SERVICE

ARRIVAL O'S			DEPARTURE O'S			TYPE OF DATA	CODE	O/P USE ONLY	COUNTRY	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR					
25-26	27-28	29-30	31-32	33-34	35-36	1 - PCS (Basic) 3 - CORRECTION 5 - CANCELLATION	37	38 39		40-42

TDY DATES OF SERVICE

ARRIVAL O'S			DEPARTURE O'S			TYPE OF DATA	CODE	O/P USE ONLY	AREA(S)	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR					
11	03	74	11	15	74	2 - TDY (Basic) 4 - CORRECTION 6 - CANCELLATION	2		EUR	801

OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

SOURCE DOCUMENT AND CERTIFICATION

<input checked="" type="checkbox"/> TRAVEL VOUCHER	DISPATCH
CABLE	DUTY STATUS OR TIME AND ATTENDANCE REPORT
OTHER (Specify)	

DOCUMENT IDENTIFICATION NO. \_\_\_\_\_ DOCUMENT DATE/PERIOD \_\_\_\_\_

REMARKS

PREPARED BY	REPORT ANNOTATED ON CONTROL DOCUMENT	ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
DCO	DATE 2/15/75	SIGNATURE Donald W Black
C & L DIVISION, CTBR.		
C & T DIVISION		

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL  
IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

ADMINISTRATIVE  
Internal Use Only

REPORT OF SERVICE ABROAD

FILE  
PUNCHED  
BY: *[Signature]*

TO: Office of Personnel, Control Division, Statistical Reporting Branch

SERIAL NO.	NAME		
	LAST	FIRST	MIDDLE
024345	(Prime) Phillips	7-26 Dillio	

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION. REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OPI NO. 58 FOR DET.

PCS DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	COUNTRY	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR				
25-26	27-28	29-30	31-32	33-34	35-36	1 - PCS (Basic) 3 - CORRECTION 5 - CANCELLATION	37 38 39		40-42

TDY DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	AREA(S)	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR				
1-3	1-3	74	1-2	1-5	74	2 - TDY (Basic) 4 - CORRECTION 6 - CANCELLATION	37 38 39	29 AREA	40-42 811

OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

SOURCE DOCUMENT AND CERTIFICATION

<input checked="" type="checkbox"/> TRAVEL VOUCHER	DISPATCH
CABLE	DUTY STATUS OR TIME AND ATTENDANCE REPORT
OTHER (Specify)	

DOCUMENT IDENTIFICATION NO. \_\_\_\_\_ DOCUMENT DATE/PERIOD *13-15 Dec 74*

REMARKS

PREPARED BY	REPORT ANNOTATED ON CONTROL DOCUMENT	ABOVE DATA CERTIFIED CORRECT BASED UPON SOURCE DOCUMENT
<input checked="" type="checkbox"/> DCO	DATE <i>6 FEB 75</i>	SIGNATURE <i>[Signature]</i>
<input checked="" type="checkbox"/> C & L DIVISION, CYBR		
<input type="checkbox"/> C & Y DIVISION		

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL  
IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

**FILE COPY OF STANDARD FORM 56**  
**“AGENCY CERTIFICATION OF INSURANCE STATUS—**  
**FEDERAL EMPLOYEES GROUP LIFE INSURANCE PROGRAM”**

**on file with the Retirement Operations Branch,**  
**Office of Personnel (x3257).**

**ELECTION, DECLINATION, OR WAIVER  
OF LIFE INSURANCE COVERAGE**  
FEDERAL EMPLOYEES GROUP LIFE INSURANCE PROGRAM

**IMPORTANT  
AGENCY INSTRUCTIONS  
ON BACK OF ORIGINAL**

**TO COMPLETE THIS FORM—**

**1 FOLLOW THESE GENERAL INSTRUCTIONS:**

- Read the back of the "Duplicate" carefully before you fill in the form.
- Fill in BOTH COPIES of the form. Type or use ink.
- Do not detach.

**2 FILL IN THE IDENTIFYING INFORMATION BELOW (please print or type):**

NAME (last)	(first)	(middle)	DATE OF BIRTH (month, day, year)	SOCIAL SECURITY NUMBER		
Phillips	David	Atlee	October 31 1922	160	28	3930
EMPLOYING DEPARTMENT OR AGENCY			LOCATION (City, State, Zip Code)			
HAVE YOU EVER BEFORE FILED AN "ELECTION, DECLINATION, OR WAIVER OF LIFE INSURANCE COVERAGE"? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If "YES" your last such form remains in effect and you should not file this new form unless you want to change the old one. (See Instructions for Employees on page 4) <i>Not to be kept on my memory, but I cannot remember positively.</i>						

**3 MARK AN "X" IN ONE OF THE BOXES BELOW (Do NOT mark more than one):**

Mark here if you <b>WANT BOTH optional and regular insurance</b>	<input checked="" type="checkbox"/>	<b>ELECTION OF OPTIONAL (IN ADDITION TO REGULAR) INSURANCE</b> I elect the \$10,000 additional optional insurance and authorize the required deductions from my salary, compensation, or annuity to pay the full cost of the optional insurance. This optional insurance is in addition to my regular insurance.
Mark here if you <b>DO NOT WANT OPTIONAL but do want regular insurance</b>	<input type="checkbox"/>	<b>DECLINATION OF OPTIONAL (BUT NOT REGULAR) INSURANCE</b> I decline the \$10,000 additional optional insurance. I understand that I cannot elect optional insurance until at least 1 year after the effective date of this declination and unless at the time I apply for it I am under age 50 and present satisfactory medical evidence of insurability. I understand also that my regular insurance is not affected by this declination of additional optional insurance.
Mark here if you <b>WANT NEITHER regular nor optional insurance</b>	<input type="checkbox"/>	<b>WAIVER OF LIFE INSURANCE COVERAGE</b> I do not want to be insured and I waive coverage under the Federal Employees Group Life Insurance Program. I understand that I cannot cancel this waiver and obtain regular insurance until at least 1 year after the effective date of this waiver and unless at the time I apply for insurance I am under age 50 and present satisfactory medical evidence of insurability. I understand also that I cannot now or later have the \$10,000 additional optional insurance unless I have the regular insurance.

**4 DATE AND SIGN. RETURN THE ENTIRE FORM TO YOUR EMPLOYING OFFICE.**

SIGNATURE (do not print)	<i>David Atlee Phillips</i>
DATE	20 March 1970

**FOR EMPLOYING OFFICE USE ONLY**

(official receiving date stamp)

Received March 20, 1970

*Mary E. Murphy*  
 Mary E. Murphy  
 Personnel Officer

See Table of Effective Dates on back of Original

ORIGINAL COPY—Retain in Official Personnel Folder

STANDARD FORM No. 178  
 APRIL 1968  
 FPM Supplement 870-1  
 170-102



SECRET

**ELECTION, DECLINATION, OR WAIVER OF LIFE INSURANCE COVERAGE**  
FEDERAL EMPLOYEES GROUP LIFE INSURANCE PROGRAM

**IMPORTANT AGENCY INSTRUCTIONS ON BACK OF ORIGINAL**

**TO COMPLETE THIS FORM—**

**1 FOLLOW THESE GENERAL INSTRUCTIONS:**

- Read the back of the "Duplicate" carefully before you fill in the form.
- Fill in BOTH COPIES of the form. Type or use ink.
- Do not detach any part.

**2 FILL IN THE IDENTIFYING INFORMATION BELOW (please print or type):**

NAME (last)	(first)	(middle)	DATE OF BIRTH (month, day, year)	SOCIAL SECURITY NUMBER		
Phillips	David	Atlee	31 Oct 1922	460	28	3930
EMPLOYING DEPARTMENT OR AGENCY			LOCATION (City, State, ZIP Code)			

**3 MARK AN "X" IN ONE OF THE BOXES BELOW (do NOT mark more than one):**

Mark here if you **WANT BOTH** optional and regular insurance  (A)

**ELECTION OF OPTIONAL (IN ADDITION TO REGULAR) INSURANCE**  
I elect the \$10,000 additional optional insurance and authorize the required deductions from my salary, compensation, or annuity to pay the full cost of the optional insurance. This optional insurance is in addition to my regular insurance.

Mark here if you **DO NOT WANT** OPTIONAL but do want regular insurance  (B)

**DECLINATION OF OPTIONAL (BUT NOT REGULAR) INSURANCE**  
I decline the \$10,000 additional optional insurance. I understand that I cannot elect optional insurance until at least 1 year after the effective date of this declination and unless at the time I apply for it I am under age 50 and present satisfactory medical evidence of insurability. I understand also that my regular insurance is not affected by this declination of additional optional insurance.

Mark here if you **WANT NEITHER** regular nor optional insurance  (C)

**WAIVER OF LIFE INSURANCE COVERAGE**  
I desire not to be insured and I waive coverage under the Federal Employees Group Life Insurance Program. I understand that I cannot cancel this waiver and obtain regular insurance until at least 1 year after the effective date of this waiver and unless at the time I apply for insurance I am under age 50 and present satisfactory medical evidence of insurability. I understand also that I cannot now or later have the \$10,000 additional optional insurance unless I have the regular insurance.

**4 SIGN AND DATE. IF YOU MARKED BOX "A" OR "C", COMPLETE THE "STATISTICAL STUB." THEN RETURN THE ENTIRE FORM TO YOUR EMPLOYING OFFICE.**

SIGNATURE (do not print)  
*David Atlee Phillips*

DATE  
13 February 1968

**FOR EMPLOYING OFFICE USE ONLY**

(official receiving date stamp)

RECEIVED  
PERSONNEL  
FEB 19 2 31 PM '68

See Table of Effective Dates on back of Original

ORIGINAL COPY—Retain in Official Personnel Folder

SECRET

STANDARD FORM No. 170-7  
(MAY 1962)  
(For use only until April 14, 1968)  
170-101

DDF

REPORT OF HONOR AND MERIT AWARDS BOARD				LEO. CL. NO. 252-5400	DATE 11 March 1975
The Honor and Merit Awards Board having considered a recommendation that:					
SERIAL OR ID NO. 024345	NAME (Last-First-Middle) PHILLIPS, David A.	BIRTHYEAR 1922	SEX M	TYPE EMPLOYEE Staff	
OFFICE OF ASSIGNMENT DDO/LA	SD D	SCHEDULE GS	GRADE 18	STATION	
TO BE AWARDED  Distinguished Intelligence Medal					
<input type="checkbox"/> FOR HEROIC ACTION ON					
<input checked="" type="checkbox"/> FOR MERITORIOUS SERVICE OR ACHIEVEMENT DURING THE PERIOD 1953 - Present					
<input checked="" type="checkbox"/> RECOMMENDS APPROVAL			<input type="checkbox"/> DOES NOT RECOMMEND APPROVAL		
<input type="checkbox"/> RECOMMENDS AWARD OF					
UNCLASSIFIED CITATION  Mr. David A. Phillips is hereby awarded the Distinguished Intelligence Medal in recognition of his outstanding service to the Central Intelligence Agency for more than 22 years. Throughout his career Mr. Phillips has held a series of highly important positions in Headquarters and overseas, including four assignments as Chief of Station. In each instance his superior accomplishments were marked by his broad area knowledge, initiative, drive and imagination. His most recent assignment as Chief of a major division is further evidence of his exceptional capability. Mr. Phillips' efforts during his career constitute a major contribution to the mission of the Agency, reflecting great credit on him and the Federal service.					
REMARKS  (Recommendation approved by DD/O on 5 March 1975)					
APPROVED  HJ Vernon A. Walters DEPUTY DIRECTOR OF CENTRAL INTELLIGENCE 31 MARCH 1975 DATE			SIGNATURE <i>(Signature)</i> TYPED NAME OF CHAIRMAN, HONOR AND MERIT AWARDS BOARD F. W. M. Janney SIGNATURE <i>(Signature)</i> TYPED NAME OF RECORDER R. L. Austin, Jr.		

SECRET  
CLASSIFICATION

OPF

RECOMMENDATION FOR HONOR OR MERIT AWARD <i>(Submit in triplicate - see HR 10-37)</i>			
<b>SECTION A</b>			
1. EMPLOYEE NO. <b>024345</b>	2. NAME OF PERSON RECOMMENDED (Last, First, Middle) <b>Phillips, David A.</b>		3. POSITION TITLE <b>Division Chief</b>
4. GRADE <b>GS-18</b>	5. SS <b>D</b>	6. OFFICE OF ASSIGNMENT <b>DDO/LA</b>	7. RECOMMENDED AWARD <b>Distinguished Intelligence Medal</b>
8. INCLUSIVE DATES FOR WHICH RECOMMENDED <b>1953 - May 1975</b>		9. IF RETIRING, DATE OF RETIREMENT <b>9 May 1975</b>	10. POSTHUMOUS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
11. HOME ADDRESS <b>8224 Stone Trail Drive Bethesda, Maryland</b>			12. HOME PHONE <b>365-0527</b>
<b>SECTION B</b>			
LIST ANY PERSONNEL GIVEN AN AWARD OR RECOMMENDED FOR AWARD WHO ASSISTED IN THE ACT OR PARTICIPATED IN THE PERFORMANCE.			
13. FULL NAME		14. TYPE OF AWARD	
<b>SECTION C</b>			
ATTACH NARRATIVE DESCRIPTION OF PERFORMANCE OR SERVICE WARRANTING AWARD, ANY SUPPORTING DOCUMENTS AND A PROPOSED, UNCLASSIFIED CITATION.			
<b>SECTION D</b>			
15. TITLE AND SIGNATURE OF EMPLOYEE MAKING RECOMMENDATION <b>William E. Nelson Deputy Director for Operations</b>			DATE
16. HEAD OF <u>  D  </u> CAREER SERVICE <i>(Career service of nominee)</i>			TITLE AND SIGNATURE <b>See Item #18</b>
17. DEPUTY DIRECTOR OF CAREER SERVICE			TITLE AND SIGNATURE <b>See Item #18</b>
18. DEPUTY DIRECTOR OF OPERATING COMPONENT			TITLE AND SIGNATURE <b>Deputy Director for Operations</b>

SECRET

OFF

Mr. David A. Phillips is retiring after a distinguished career with the Agency. He has been an employee of the Agency since 1951 when he initially joined as a Contract employee. He served with distinction in Santiago, Guatamala City, Havana, Beirut, Mexico City, Rio de Janeiro, Brasilia, and Caracas. His excellent command of both Spanish and Portuguese has enhanced each of his assignments in Latin America. A true DDOer, fifteen years of this glorious and active career were spent overseas. His outstanding dedication and devotion to the cause of freedom won for him in 1956, the Intelligence Medal of Merit. His file is replete with letters of commendation and appreciation from the DCI, DDCI, the former President of the Dominican Republic, Ambassadors, and military commanders, all of whom recognized the uniqueness of his outstanding service. Mr. Phillips has been highly effective as a senior member of the Latin American Division which has been under his immediate command since 1973. An excerpt from a late fitness report nicely characterizes the caliber of his work. "It is as a senior operations officer that Mr. Phillips has had the greatest experience, and it is not surprising that he has made an excellent input into the improvement of operational matters throughout the many areas of this hemisphere for which he is responsible." Mr. Phillips will be remembered for his initiative, drive and imagination, and for the excellence of his representational responsibilities which in large part is attributable to his native charm, area knowledgeability and superb language skills. He will be remembered for his intent capability and desire to fulfill the needs of the Organization. It is fitting and proper that upon his retirement, Mr. Phillips be recognized with the award of the Distinguished Intelligence Medal.

SECRET

CONFIDENTIAL

Daniel A. Phillips

5 JUN 1974

Dear Dave,

You have just finished an important albeit grueling GS-16 Evaluation Exercise at my direction. The recommendations for promotion and executive development you gave me were a major factor in my recommendations to the Director for the upward movement of officers who will be the top management cadre of the Directorate in the near future.

I believe you will find that the last several weeks will have sharpened your focus on one of our most important management responsibilities, our personnel. Many thanks for a job well done.



William E. Nelson  
Deputy Director for Operations

E2 IMPDET CL BY 056788

CONFIDENTIAL

SECRET  
(When Filled In)

REPORT OF SERVICE ABROAD

TO: Office of Personnel, Transactions and Records Branch, Status Section

FILE  
PUNCHED  
BY *[Signature]*

SERIAL NO. 024345  
NAME: PHILIPS DAVID  
LAST FIRST MIDDLE

INSTRUCTIONS  
USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 58, REVISED.

PCS DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	O/P USE ONLY	COUNTRY	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR				
25-26	27-28	29-30	31-32	33-34	35-36	1 - PCS (Basic) 2 - CORRECTION 3 - CANCELLATION	37 38 39		40-42

TDY DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	O/P USE ONLY	AREA(S)	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR				
1	1	73	1	26	73	2 - TDY (Basic) 4 - CORRECTION 5 - CANCELLATION	37 38 39	WESTERN Hemisphere	40-42
							2		

OFFICE OF PERSONNEL USE ONLY - PUNCH AREA  
E-2 IMPDET CL BY *[Signature]*

SOURCE DOCUMENT AND CERTIFICATION

<input checked="" type="checkbox"/> TRAVEL VOUCHER	<input type="checkbox"/> DISPATCH
<input type="checkbox"/> CABLE	<input type="checkbox"/> DUTY STATUS OR TIME AND ATTENDANCE REPORT
OTHER (Specify)	

DOCUMENT IDENTIFICATION NO. WOH 870 1/74  
DOCUMENT DATE/PERIOD 11/1 - 12/4/73

REMARKS

PREPARED BY: [Signature]  
DATE: 1/23/74  
SIGNATURE: David E. Kautel

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

**SECRET**  
(When Filled In)

**REPORT OF SERVICE ABROAD**

**TO:** Office of Personnel, Transactions and Records Branch, Status Section

**FILE**  
**PUNCHED**  
**BY** *[Signature]*

**SERIAL NO.** **NAME**

*024345* *Phillips David*

**INSTRUCTIONS**

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 50, REVISED.

**PCS DATES OF SERVICE**

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/P USE ONLY	COUNTRY	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR					
25-26	27-28	29-30	31-32	33-34	35-36	1 - PCS (Basic) 2 - CORRECTION 3 - CANCELLATION	37	38 39		40-42

**TDY DATES OF SERVICE**

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/P USE ONLY	AREAS	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR					
11	29	73	12	04	73	2 - TDY (Basic) 4 - CORRECTION 6 - CANCELLATION	37	38 39	WESTERN Hemisphere	40-42

**OFFICE OF PERSONNEL USE ONLY - PUNCH AREA**

*[Stamp]* IMPROVED BY *[Signature]*

**SOURCE DOCUMENT AND CERTIFICATION**

<input checked="" type="checkbox"/> TRAVEL VOUCHER	<input type="checkbox"/> DISPATCH
<input type="checkbox"/> CABLE	<input type="checkbox"/> DUTY STATUS OR TIME AND ATTENDANCE REPORT
<input type="checkbox"/> OTHER (Specify)	

**DOCUMENT IDENTIFICATION NO.** *WH BTO #1/74* **DOCUMENT DATE/PERIOD** *11/11 - 12/4/73*

**REMARKS**

<b>PREPARED BY</b>	<input checked="" type="checkbox"/> REPORT ANNOTATED ON CONTROL DOCUMENT	<b>ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED</b>
<input checked="" type="checkbox"/> DCO	<b>DATE</b> <i>1/23/74</i>	<b>SIGNATURE</b> <i>[Signature]</i>
<input checked="" type="checkbox"/> C & L DIVISION, CYRR.		
<input type="checkbox"/> C & Y DIVISION		

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL  
IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

SECRET  
(When Filled In)

REPORT OF SERVICE ABROAD

TO: Office of Personnel, Control Division, Statistical Reporting Branch

FILE  
PULCHED  
BY [Signature]

SERIAL NO. 034345  
NAME: LAST PHILLIPS, FIRST DAVID, MIDDLE A.

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (Only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 58, REVISED.

PCS DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/P USE ONLY	AREA(S)
MONTH	DAY	YEAR	MONTH	DAY	YEAR				
25-26	27-28	29-30	31-32	33-34	35-36	1 - PCS (Basic) 3 - CORRECTION 5 - CANCELLATION	37 38 39		40-42

FILE  
PULCHED  
BY [Signature]

TDY DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/P USE ONLY	AREA(S)
MONTH	DAY	YEAR	MONTH	DAY	YEAR				
02	11	74	03	09	74	2 - TDY (Basic) 4 - CORRECTION 6 - CANCELLATION	37 38 39		South America 811

OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

IMPDET CL BY [Signature]

SOURCE DOCUMENT AND CERTIFICATION

<input checked="" type="checkbox"/> TRAVEL VOUCHER	DISPATCH
CABLE	DUTY STATUS OR TIME AND ATTENDANCE REPORT
OTHER (Specify)	

DOCUMENT IDENTIFICATION NO. WH 1-74 DOCUMENT DATE PERIOD 11 Feb - 9 March 74

REMARKS

PREPARED BY [Signature] DATE 1 May 74  
REPORT ANNOTATED ON CONTROL DOCUMENT SIGNATURE Tom Zacharia  
ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED

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PUNCHED BY

REPORT OF SERVICE ABROAD

TO: Office of Personnel, Control Division, Statistical Reporting Branch

SERIAL NO.	NAME		
	LAST	FIRST	MIDDLE
054345	PHILLIPS	DAVID	A

INSTRUCTIONS  
USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 39, REVISED.

PCS DATES OF SERVICE											
ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/P USE ONLY	COUNTRY		
MONTH	DAY	YEAR	MONTH	DAY	YEAR				37	38	39
25-26	27-28	29-30	31-32	33-34	35-36	1 - PCS (Basic) 3 - CORRECTION 5 - CANCELLATION	37	38	39	40-42	
			06	39	72		1			BRAZIL 090	

TDY DATES OF SERVICE											
ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/P USE ONLY	AREA(S)		
MONTH	DAY	YEAR	MONTH	DAY	YEAR				37	38	39
25-26	27-28	29-30	31-32	33-34	35-36	2 - TDY (Basic) 4 - CORRECTION 6 - CANCELLATION	37	38	39	40-42	

OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

SOURCE DOCUMENT AND CERTIFICATION

<input type="checkbox"/> TRAVEL VOUCHER	<input checked="" type="checkbox"/> DISPATCH
<input checked="" type="checkbox"/> CABLE	<input type="checkbox"/> DUTY STATUS OR TIME AND ATTENDANCE REPORT
<input type="checkbox"/> OTHER (Specify)	

DOCUMENT IDENTIFICATION NO. 646685	DOCUMENT DATE/PERIOD 27 JUNE 1972
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REMARKS

PREPARED BY	REPORT ANNOTATED ON CONTROL DOCUMENT	ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
DCO	DATE 25 SEPT 72	SIGNATURE [Signature]
C & L DIVISION, CTUR.		
C & T DIVISION		

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

SECRET  
(When Filled In)

### SERVICE ABROAD AGREEMENT

#### I. GENERAL

IT IS UNDERSTOOD THAT YOU AGREE TO SERVE THE PERIOD OF SERVICE ABROAD PRESCRIBED IN SECTION II BELOW AND THAT THE GOVERNMENT IS OBLIGATED TO RETURN YOU, YOUR DEPENDENTS AND YOUR HOUSEHOLD AND PERSONAL EFFECTS UPON THE SATISFACTORY COMPLETION OF THIS PERIOD. YOUR ALLOWABLE EXPENSES WILL BE DETERMINED IN ACCORDANCE WITH AGENCY REGULATIONS.

IF YOU TERMINATE YOUR PERMANENT ASSIGNMENT OUTSIDE THE CONTINENTAL UNITED STATES BEFORE YOU COMPLETE 12 MONTHS OF CREDITABLE SERVICE FOLLOWING THE DATE OF YOUR ARRIVAL ABROAD, YOU WILL BE REQUIRED TO REIMBURSE THE GOVERNMENT FOR ALL EXPENSES IT INCURS IN THE TRAVEL AND TRANSPORTATION OF YOU, YOUR DEPENDENTS, YOUR HOUSEHOLD AND PERSONAL EFFECTS TO YOUR POST. IF YOU FAIL TO COMPLETE YOUR PRESCRIBED TOUR OF DUTY ABROAD YOU WILL NOT BE ENTITLED TO THE RETURN TRAVEL AND TRANSPORTATION OF YOURSELF, YOUR DEPENDENTS AND YOUR HOUSEHOLD AND PERSONAL EFFECTS TO THE UNITED STATES. IF, HOWEVER, AGENCY OFFICIALS DETERMINE THAT YOUR EARLY DEPARTURE IS NECESSARY FOR OFFICIAL REASONS, OR FOR PERSONAL REASONS OF SIGNIFICANT INTEREST TO THE GOVERNMENT, THEY MAY WAIVE THE REIMBURSEMENT OF EXPENSES ALREADY INCURRED, OR AUTHORIZE YOUR RETURN TRAVEL AND TRANSPORTATION, WHICHEVER IS APPLICABLE.

IF ELIGIBLE UNDER THE TERMS OF HR 20-30, YOU WILL BE GRANTED HOME LEAVE AS SOON AS IT CAN BE ARRANGED AT GOVERNMENT CONVENIENCE AFTER COMPLETION OF YOUR PRESCRIBED TOUR OF DUTY, PROVIDED YOU HAVE SERVED AT LEAST 18 MONTHS OF CONTINUOUS CREDITABLE SERVICE OUTSIDE THE UNITED STATES. HOME LEAVE AND HOME LEAVE TRAVEL ARE CONTINGENT UPON YOUR WILLINGNESS TO RETURN, AND CONTEMPLATION BY AGENCY OFFICIALS THAT YOU WILL RETURN TO SERVICE OUTSIDE THE UNITED STATES IMMEDIATELY AFTER HOME LEAVE OR UPON COMPLETION OF AN ASSIGNMENT IN THE UNITED STATES.

YOU ARE ADVISED THAT ANY MONIES DUE YOU FROM THE GOVERNMENT MAY BE APPLIED IN LIQUIDATION OF ANY INDEBTEDNESS ARISING FROM VIOLATION OF THIS AGREEMENT. YOU WILL BE AFFORDED ALL NORMAL RECOURSE IN APPEALING DECISIONS MADE PURSUANT TO THIS AGREEMENT.

NAME OF EMPLOYEE **David A. Phillips** SO **D**

#### II. TOUR OF DUTY ABROAD

1. NAME OF POST OF ASSIGNMENT <b>Caracas, Venezuela</b>	
2. PERIOD OF SERVICE ABROAD AS PRESCRIBED IN A, B, OR C BELOW	
A. STANDARD TOUR OF DUTY OF 24 MONTHS <u>X</u>	C. NONSTANDARD TOUR OF DUTY OF _____ MONTHS FOR THIS TOUR ONLY FOR THE EMPLOYEE SIGNING THIS AGREEMENT. (See HR 20-18)
B. NONSTANDARD TOUR OF DUTY OF _____ MONTHS PREVIOUSLY APPROVED PER HR 20-18.	REQUESTED (Memo attached)
	OPERATING OFFICIAL
OPERATING OFFICIAL <i>[Signature]</i> <b>Henry L. Berthold, C/WH/Pers</b>	CONCUR
	CAREER SERVICE DEPUTY DIRECTOR
	APPROVED
	DIRECTOR OF PERSONNEL

#### III. PERMANENT PLACE OF RESIDENCE

3. YOUR "PERMANENT PLACE OF RESIDENCE" IS A PLACE TO WHICH ALLOWABLE TRAVEL AND TRANSPORTATION EXPENSES MAY BE AUTHORIZED IN CERTAIN CIRCUMSTANCES PURSUANT TO HR 22. ITS DESIGNATION WILL BE KEPT IN YOUR OFFICIAL PERSONNEL FOLDER.

4. IN REQUESTING YOUR PERMANENT PLACE OF RESIDENCE IN ITEM 5 ON THE REVERSE SIDE OF THIS FORM (EXCEPTED FROM HR 22-3) NORMALLY INDICATE THE PLACE WHERE YOU PHYSICALLY DWELL IN THE UNITED STATES, ITS POSSESSIONS OR THE COMMONWEALTH OF PUERTO RICO AT THE TIME OF YOUR PCS TRANSFER TO A POST ABROAD. YOU MAY REQUEST IN ITEM 5 THE DESIGNATION OF ANOTHER PLACE AS YOUR PERMANENT PLACE OF RESIDENCE IF YOU CAN ESTABLISH WHY YOUR PHYSICAL DWELLING PLACE IS (OF WAR) TRANSITORY AND THAT SUCH OTHER PLACE IS YOUR HOME, OR HAS PREVIOUSLY BEEN USED BY YOU AS A PHYSICAL DWELLING. INFORMATION THAT CAN BE PRESENTED IN AN ATTACHED STATEMENT AS EVIDENCE INCLUDES BUT IS NOT LIMITED TO, STATE VOTING REGISTRATION, PROPERTY OWNERSHIP AND PLACE WHERE INCOME OR PERSONAL PROPERTY TAXES HAVE BEEN PAID.

CLASSIFIED BY *[Signature]*  
EXCLUDED FROM AUTOMATIC  
DOWNGRADING AND  
DECLASSIFICATION  
*[Signature]*  
(2012-01-10, 13:00:00, 138826 Date of event)

WARNING NOTICE  
SENSITIVE INFORMATION SOURCES  
(2-56) AND METHOD

SECRET

(When Filled In)

5. PHYSICAL DOLLING PLACE (Permanent Place of Residence unless address in item 6 is approved in lieu thereof) FULL ADDRESS 8224 Stone Tail Drive Stone Mt, MO.		6. OTHER PLACE REQUESTED (Requested Permanent Place of Residence if different from item 5) FULL ADDRESS  	
APPROVED		CONCUR	
DEPUTY DIRECTOR	DATE	DEPUTY DIRECTOR	DATE
<i>Jay R. Newman</i>	7 Aug 1972		
IV. HOME LEAVE POINT			
7. AMONG THE PLACES YOU MAY REQUEST AS A HOME LEAVE POINT ARE: YOUR PERMANENT PLACE OF RESIDENCE SHOWN ABOVE, HEADQUARTERS AREA, AND WHERE YOUR CHILDREN, PARENTS, PARENTS-IN-LAW, BROTHERS, SISTERS, BROTHERS-IN-LAW, OR SISTERS-IN-LAW RESIDE.			
8. YOU MAY REQUEST FOR APPROVAL SOME OTHER POINT SUBJECT TO THE PROVISIONS OF HR 20-308(3)(C). THE REQUEST MUST BE ACCOMPANIED BY A MEMORANDUM EXPLAINING THE CIRCUMSTANCES.			
9. DESIGNATION PER ITEM 7 ABOVE FULL ADDRESS SAME AS 5 ABOVE		10. DESIGNATION PER ITEM 8 ABOVE. FULL ADDRESS  	
APPROVED		CONCUR	
DEPUTY DIRECTOR	DATE	DEPUTY DIRECTOR	DATE
<i>Jay R. Newman</i>	7 Aug 1972		
EMPLOYEE CERTIFICATION			
I have read and understand my service obligations and travel entitlements as described in this agreement.			
SIGNATURE OF EMPLOYEE		DATE	
<i>[Signature]</i>		7/28/72	

SECRET  
(When Filled In)

REPORT OF SERVICE ABROAD

FILE  
PUNCHED  
BY

TO: Office of Personnel, Transactions and Records Branch, Status Section

SERIAL NO. 1-6 024345	NAME		
	LAST (Print) Phillips	FIRST David	MIDDLE A

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TOY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OPI NO. 88, REVISED.

PCS DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/P USE ONLY	COUNTRY	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR					
2	7	16	7	1		3			Angil.	070

TOY DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/P USE ONLY	AREA(S)	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR					
25	26		27	28	29-30	31-32	33-34	35-36		

OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

SOURCE DOCUMENT AND CERTIFICATION

<input type="checkbox"/> TRAVEL VOUCHER	<input type="checkbox"/> DISPATCH
<input checked="" type="checkbox"/> CABLE	<input type="checkbox"/> DUTY STATUS OR TIME AND ATTENDANCE REPORT
<input type="checkbox"/> OTHER (Specify)	

DOCUMENT IDENTIFICATION NO. 14177      DOCUMENT DATE/PERIOD 13 July 1971

REMARKS Correction  
BANSIKER - KATRANA

PREPARED BY	REPORT ANNOTATED ON CONTROL DOCUMENT	ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
BCO	DATE 7/19/71	SIGNATURE Marilyn Burlington
C & L DIVISION, C-89		
C & T DIVISION		

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL  
IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

SECRET  
(When Filled In)

REPORT OF SERVICE ABROAD

FILE  
PUNCHED  
Status Section

TO: Office of Personnel, Transactions and Records Branch

SERIAL NO. NAME  
LAST FIRST MIDDLE

1-6 (Print) 7-24  
024345 Phillip David A

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 92, REVISED.

PCS DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	O/P USE ONLY	COUNTRY	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR				
25-26	27-28	29-30	31-32	33-34	35-36	1 - PCS (Basic) 2 - CORRECTION 3 - CANCELLATION	37 38 39		40-42
* 01	11	70	07	09	71		1	Spain	090

TDY DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	O/P USE ONLY	AREA(S)	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR				
25-26	27-28	29-30	31-32	33-34	35-36	2 - TDY (Basic) 4 - CORRECTION 5 - CANCELLATION	37 38 39		40-42

OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

SOURCE DOCUMENT AND CERTIFICATION

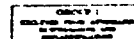
TRAVEL VOUCHER	DISPATCH
CABLE	DUTY STATUS OR TIME AND ATTENDANCE REPORT
OTHER (Specify)	

DOCUMENT IDENTIFICATION NO. 13872 DOCUMENT DATE/PERIOD 7 July 1971

REMARKS Rio de Janeiro - Federal  
NO Record - date claimed

PREPARED BY DCO REPORT ANNOTATED ON CONTROL DOCUMENT ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED  
DATE 7/15/71 SIGNATURE M. Burleson

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL  
IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER



TO Chief, WHD	RECEIVED DATE TIME	
FROM Chief of Station, Santo Domingo	MICROFILM	
SUBJECT General - Administrative		
Specific - Performance of TDY Personnel During Recent DR Crisis		
ACTION REQUIRED - (If Applicable)		
<p>1. As Headquarters is well aware, a constant flow of TDY personnel was provided the Station by Headquarters during the crisis period of the recent revolution. Obviously, the Station could have found it most difficult, if not impossible, to perform in the fashion it did without this assistance. What deserves special comment, however, is the generally high quality of their performance under quite demanding, fluid, and, often, dangerous conditions. With few exceptions, already known to Headquarters, the TDY personnel did a magnificent job both collectively and as individuals. Considering the grade and experience of most of these officers, it can probably be assumed that this was to be expected. But, what clearly was not predictable was their willingness to accept any type of assignment regardless of grade or circumstances, their quick adaptability and initiative in an unfamiliar and confused situation, and their stamina under the stress of long and irregular work days seven days a week. Furthermore, in spite of the close working quarters, constant association, and strain inherent in this type of situation, "personality clashes" or other signs of incompatibility were very few indeed.</p> <p>2. Undoubtedly, Headquarters has sensed the foregoing from returns. The purpose of sending this dispatch is to make it a matter of record and to suggest to Headquarters that their standard of performance under these conditions may merit consideration of some special recognition in the personnel files of the personnel concerned.</p> <p style="text-align: right;">Continued...</p>		
<p>Distribution: 3 - WHD</p>		
<p>Attachment: As stated - h/w</p>		
CROSS REFERENCE TO	DISPATCH SYMBOL AND NUMBER  HDCT-1221	DATE  17 July 1965
	CLASSIFICATION  S-E-C-R-E-T	HQS FILE NUMBER

3. Without detracting one whit from the performance of any of the other officers on TDY assignment, the present COS would like to single out ~~Charles M. [unclear]~~ and ~~Charles E. [unclear]~~ as deserving special comment. Their performance has been exceptional. A special note is attached for ~~Charles M. [unclear]~~. Therefore, it is recommended that the attached memoranda be inserted into each of their personnel files.

4. Also, the COS would like to register the fact that the foregoing not only speaks highly of the TDY personnel assigned, but Headquarters as well in providing this type of support.

5. As a final comment, Headquarters may care to check this memorandum with ~~Charles M. [unclear]~~, the COS for a good part of this period, to obtain any special comments he might wish to make in this regard -- either with respect to content or individuals whom he considered exceptional and who are not known to the present COS.

*David Phillips*

S-E-C-R-E-T

17 July 1965

MEMORANDUM FOR THE RECORD

SUBJECT:

*Richard W. Pastetter*  
TDY in Santo Domingo

1. *Pastetter* was assigned to Station Santo Domingo on a TDY basis for the period 2 June to 16 July 1965. During this assignment, *Pastetter* was placed in charge of the Station CIA program with special emphasis on exploiting targets of opportunity in the very fluid crisis situation then prevalent and, simultaneously, generating new assets and new approaches to lay the groundwork for the altered situation which would be confronting the Station in the post-crisis era. In addition to supervising the CIA program, he handled a number of existing agents, developed some new assets, and conducted numerous special CIA operations, including some quite effective black activities. On this assignment, *Pastetter* worked some fourteen to sixteen hours a day throughout the entire period.

2. The undersigned is aware that CIA would expect a quite professional and dedicated performance from an officer of *Pastetter's* seniority, experience, and caliber; however, even taking this into consideration, his performance in every respect was exceptional, and should merit special recognition.

3. It is recommended that a copy of this memorandum be placed in *Pastetter's* personnel folder.

*Richard W. Pastetter*  
S-E-C-R-E-T



SECRET

CO: 94209

6 AUG 1969

**MEMORANDUM FOR: Director of Central Intelligence**

**THROUGH : Deputy Director for Plans**

**SUBJECT : Appointment of Mr. David A. Phillips as  
Chief of Station, Rio de Janeiro, Brazil**

1. The appointment of Mr. David A. Phillips, GS-16, as Chief of Station, Rio de Janeiro, effective on or about 15 January 1970 is recommended. Mr. Phillips would replace Mr. Robert D. Gahagen.

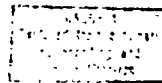
2. Mr. Phillips has been an employee of the Agency since 1951 initially in a contract capacity. He has served in Santiago, Guatemala City, Havana, Beirut, Mexico City and most recently as Chief, Cuban Operations Group. Mr. Phillips is fluent in the Spanish language and is scheduled for two months of full-time Portuguese training immediately prior to his departure. A biographic profile including information regarding his Agency experience and training is attached.

*William V. Broe*  
William V. Broe  
Chief

Western Hemisphere Division

Attachment  
Biographic Profile (Parts 1 and 2)

SECRET



**SUBJECT: Appointment of Mr. David A. Phillips as Chief of Station, Rio de Janeiro, Brazil**

**APPROVAL RECOMMENDED:**

*J. H. Karam*  
Deputy Director for Plans

*20 Sept 69*  
Date

The recommendation in paragraph one is APPROVED:

*Richard Helms*  
Director of Central Intelligence

*1 Oct 69*  
Date

CONFIDENTIAL

(When Filled In)

Complete in original. The data recorded on this form is essential in determining travel expenses allowable in connection with leave at government expense, overseas duty, return to residence upon separation, and for providing current residence and dependency information required in the event of an employee emergency. This form will be filed in the employee's official personnel folder.

NAME OF EMPLOYEE (Last) (First) (Middle) SOCIAL SECURITY NUMBER  
Phillips David Alice 460-28-3930

1. RESIDENCE DATA  
PLACE OF RESIDENCE WHEN INITIALLY EMPLOYED BY AGENCY: Santiago, Chile  
LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. (If appointed abroad): Washington, D.C.  
PLACE OF RESIDENCE: Fort Worth, Texas  
HOME LEAVE RESIDENCE: Bethesda, Md. (Please note this is a change)

2. MARITAL STATUS (Check one)  
SINGLE  MARRIED  SEPARATED  DIVORCED  WIDOWED  ANNULLED   
IF MARRIED, PLACE OF MARRIAGE: Bethesda, Maryland  
DATE OF MARRIAGE: 28 March 1969  
IF DIVORCED, PLACE OF DIVORCE DECREE: \_\_\_\_\_  
DATE OF DECREE: \_\_\_\_\_  
IF WIDOWED, PLACE SPOUSE DIED: \_\_\_\_\_  
DATE SPOUSE DIED: \_\_\_\_\_  
IF PREVIOUSLY MARRIED, INDICATE NAME(S) OF SPOUSE, REASON(S) FOR TERMINATION, AND DATE(S):  
Joan Hildebrant, incompatibility, circa September 1941  
Helen Haasch, incompatibility, 22 November 1967.

3. MEMBERS OF FAMILY  
NAME OF SPOUSE: Virginia S. Phillips  
ADDRESS (No. Street, City, State, Zip Code): 8224 Stone Trail Drive, Bethesda Md 20034  
TELEPHONE NO.: 469-6753  
NAMES OF CHILDREN: Maria, David Jr, Christopher (See Continuation)  
SEX: F, M, M  
DATE OF BIRTH: 1949, 1951, 1956  
NAME OF YOUR FATHER (Or male guardian): Deceased  
ADDRESS: \_\_\_\_\_  
TELEPHONE NO.: \_\_\_\_\_  
NAME OF YOUR MOTHER (Or female guardian): Deceased  
ADDRESS: \_\_\_\_\_  
TELEPHONE NO.: \_\_\_\_\_

WHAT MEMBER(S) OF YOUR FAMILY IF ANY, HAS BEEN TOLD OF YOUR AFFILIATION WITH THE ORGANIZATION IF CONTACT IS REQUIRED IN AN EMERGENCY.  
My brother, Edwin T. Phillips, Jr.

4. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY  
NAME (Mr., Mrs., Miss) (Last-First-Middle): Mr. Phillips, Edwin Thomas  
RELATIONSHIP: Brother  
HOME ADDRESS (No. Street, City, State, Zip Code): Fort Worth National Bank, Bldg., Fort Worth, Texas  
HOME TELEPHONE NUMBER: Unknown  
BUSINESS ADDRESS (No. Street, City, State, Zip Code): Same as above  
BUSINESS TELEPHONE & EXTENSION: Unknown

IS THE INDIVIDUAL NAMED ABOVE WITTING OF YOUR AGENCY AFFILIATION? (If "No" give name and address of organization he believes you work for.)  
Yes  NO   
IS THIS INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF IN THE EVENT YOU ARE INCAPABLE? (If "No" give name and address of person, if any, who can make such decisions in case of emergency.)  
Yes  NO   
DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE? (If answer is "No" explain why in item 5.)  
Yes  NO

The persons named in item 3 above may also be notified in case of emergency. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE IN ITEM 6 ON THE REVERSE SIDE OF THIS FORM.

CONTINUED ON REVERSE SIDE

CURRENT RESIDENCE AND DEPENDENCY REPORT

CONFIDENTIAL  
(When Filled In)

VOLUNTARY ENTRIES

5. Experience in the handling of employee emergencies has shown that the absence of certain personal data often delays and complicates the settlement of estate and financial matters. The information requested in this section may prove very useful to your family or attorney in the event of your disability or death and will be disclosed only when circumstances warrant.

INDICATE NAME AND ADDRESS OF ANY BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS AND THE NAMES IN WHICH THE ACCOUNTS ARE CARRIED.

Fort Worth National Bank, Fort Worth, Texas. Checking and Saving.  
Potomac National Bank, Potomac, Md. Checking.  
Columbia Federal (House mortgage).

All in name David A. Phillips

ARE YOU A MEMBER OF THE NORTHWEST FEDERAL CREDIT UNION?  YES  NO  
IF YES, DO YOU HAVE A JOINT ACCOUNT?  YES  NO

HAVE YOU COMPLETED A LAST WILL AND TESTAMENT?  YES  NO. (If "Yes" where is document located?)  
In possession of my brother and attorney, Edwin T. Phillips, Jr. (See above).

HAVE YOU PRE-PLANNED AN ARRANGED GUARDIANSHIP OF YOUR CHILDREN IN CASE OF COMMON DISASTER TO BOTH PARENTS?  YES  NO. (If "Yes" give name(s) and address)

But, my children would go to their mother; my step-children to their father.  
HAVE YOU EXECUTED A POWER OF ATTORNEY?  YES  NO. (If "Yes", who possess the power of attorney?)

My brother, Edwin T. Phillips, Jr.  
6. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS

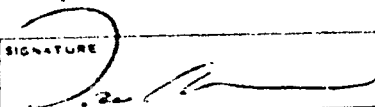
Continuation of children:

The following are my step children, who live with/andx receive more than half their support from me: (All have common address of 8224 Stone Trail Drive):

- Deborah Anne Ahern (f)
- Bryan Moss Ahern (m)
- Wynne Aughterton Ahern

SIGNED AT  
Washington Dc

DATE  
10 November 1969

SIGNATURE  


**SECRET**  
(When Filled In)

FILE  
PUNCHED  
BY *LRK*

**REPORT OF SERVICE ABROAD**

**TO:** Office of Personnel, Transactions and Records Branch, Status Section

SERIAL NO.

NAME

LAST FIRST MIDDLE

1-6

(Print) 7-24

024345

Phillips, David A.

**INSTRUCTIONS**

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (*One only*). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 88, REVISED.

**PCS DATES OF SERVICE**

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	O/P USE ONLY	COUNTRY	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR				
25-29	27-30	29-30	31-32	33-34	35-36	1 - PCS (Basic) 3 - CORRECTION 9 - CANCELLATION			40-42

**TDY DATES OF SERVICE**

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	O/P USE ONLY	AREA(S)	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR				
25-29	27-30	29-30	31-32	33-34	35-36	2 - TDY (Basic) 4 - CORRECTION 6 - CANCELLATION			40-42
08	05	69	08	06	69		2	WH	811

**OFFICE OF PERSONNEL USE ONLY - PUNCH AREA**

**SOURCE DOCUMENT AND CERTIFICATION**

<input checked="" type="checkbox"/> TRAVEL VOUCHER	DISPATCH
CABLE	DUTY STATUS OR TIME AND ATTENDANCE REPORT
OTHER (Specify)	

DOCUMENT IDENTIFICATION NO. **Wh 71-70**      DOCUMENT DATE/PERIOD **5 - 8 Aug 69**

REMARKS

PREPARED BY	REPORT ANNOTATED OR CONTROL DOCUMENT	ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
ACC	DATE	SIGNATURE
<input checked="" type="checkbox"/> C & B DIVISION, CDR.	<b>21 Nov 69</b>	<i>DC Staley</i>
C & Y DIVISION		

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL  
IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

SECRET  
(When Filled In)

REPORT OF SERVICE ABROAD

CLASSIFIED  
CYR

TO: Office of Personnel, Transactions and Records Branch, Status Section

SERIAL NO. NAME  
LAST FIRST MIDDLE

1-0  
024345 (Print) PHILLIPS DELO

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 50, REVISED.

PCS DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	O/P USE ONLY		COUNTRY	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR		37	38 39		
25-26	27-28	29-30	31-32	33-34	35-36	1 - PCS (Basic) 3 - CORRECTION 5 - CANCELLATION				40-42

TDY DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	O/P USE ONLY		AREA(S)	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR		37	38 39		
07	18	69	07	12	69	2 - TDY (Basic) 4 - CORRECTION 6 - CANCELLATION	2		SOUTH AFRICA	40-42

OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

SOURCE DOCUMENT AND CERTIFICATION

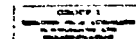
<input checked="" type="checkbox"/> TRAVEL VOUCHER	<input type="checkbox"/> DISPATCH
<input type="checkbox"/> CABLE	<input type="checkbox"/> DUTY STATUS OR TIME AND ATTENDANCE REPORT
OTHER (Specify)	

DOCUMENT IDENTIFICATION NO. 10H 48-70 DOCUMENT DATE/PERIOD 7-8-71/2/69

REMARKS

PREPARED BY: DCB, C & L DIVISION, CYR. DATE: 7/10/69. REPORT ANNOTATED OR CONTROL DOCUMENT. ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED. SIGNATURE: [Signature]

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER



**SECRET**  
(When Filled In)

REPORT OF SERVICE ABROAD												FILE PUNCHED BY <i>ret</i>					
TO: Office of Personnel, Transactions and Records Branch, Status Section																	
SERIAL NO.			NAME														
1-6 024345			LAST (Print) PHILLIPS			FIRST 7-24 DAVID			MIDDLE A.								
INSTRUCTIONS																	
USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 88, REVISED.																	
PCS DATES OF SERVICE																	
ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA			O/P USE ONLY		COUNTRY						
MONTH	DAY	YEAR	MONTH	DAY	YEAR	1 - PCS (Basic) 3 - CORRECTION 5 - CANCELLATION	CODE	37	38	39							
25-26	27-28	29-30	31-32	33-34	35-36									CODE 40-42			
TDY DATES OF SERVICE																	
ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA			O/P USE ONLY		AREA(S)						
MONTH	DAY	YEAR	MONTH	DAY	YEAR	2 - TDY (Basic) 4 - CORRECTION 6 - CANCELLATION	CODE	37	38	39	WH						
25-26	27-28	29-30	31-32	33-34	35-36									CODE 40-42			
0	5	1	9	6	9	0	5	2	1	6	9	2			1	2	0
OFFICE OF PERSONNEL USE ONLY - PUNCH AREA																	
SOURCE DOCUMENT AND CERTIFICATION																	
<input checked="" type="checkbox"/> TRAVEL VOUCHER						<input type="checkbox"/> DISPATCH											
<input type="checkbox"/> CABLE						<input type="checkbox"/> DUTY STATUS OR TIME AND ATTENDANCE REPORT											
<input type="checkbox"/> OTHER (Specify)																	
DOCUMENT IDENTIFICATION NO.							DOCUMENT DATE/PERIOD										
							5 thru 21 May 1969										
REMARKS																	
PREPARED BY			REPORT ANNOTATED ON CONTROL DOCUMENT			ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED											
DCO																	
<input checked="" type="checkbox"/> C & L DIVISION, CYBR.			DATE			SIGNATURE											
C & Y DIVISION			28 May 1969			<i>Ray McSherry</i>											
THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER																	

SECRET  
(When Filled In)

VERIFIED RECORD OF OVERSEAS SERVICE

TO: Office of Personnel, Statistical Reporting Branch, ROOM 5 E 2506 Headquarters.

EMPLOYEE SERIAL NO.	NAME OF EMPLOYEE			OFFICE/COMPONENT
	LAST	FIRST	MIDDLE	
1-6  024345	(Print)  Phillips	7-24  David	  A.	25-26  WH Division

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR.

PCS DATES OF SERVICE

TYPE OF DATA	ARRIVAL				DEPARTURE			COUNTRY	OMIT
	CODE	MONTH	DAY	YEAR	MONTH	DAY	YEAR		
1 - PCS (Basic)	27	28-29	30-31	32-33	34-35	36-37	38-39		40-42
3 - CORRECTION									
5 - CANCELLATION									

TDY DATES OF SERVICE

TYPE OF DATA	DEPARTURE			RETURN			AREA(S)	OMIT
	CODE	MONTH	DAY	YEAR	MONTH	DAY		
2 - TDY (Basic)	2	5	22	68	5	25	Mexico	40-42 450
4 - CORRECTION								
6 - CANCELLATION								

SOURCE OF RECORD DOCUMENT

<input checked="" type="checkbox"/> TRAVEL VOUCHER	DISPATCH
CABLE	DUTY STATUS OR TIME AND ATTENDANCE REPORT
OTHER (Specify)	

DOCUMENT IDENTIFICATION NO.  WH-703-68	DOCUMENT DATE/PERIOD  22-25 Mar 1968
--	--

REMARKS

PREPARED BY  OSY	REPORT ANNOTATED ON SOURCE DOCUMENT  DATE 5 August 1968	ABOVE DATA VERIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED  SIGNATURE <i>[Signature]</i>
<input checked="" type="checkbox"/> C & L DIVISION		
<input type="checkbox"/> C & P DIVISION		



Creditable Service —

Military 45-10-31<sup>32</sup>  
43-02-13  
02-08-19

Contract Employee — 54-03-04  
55-03-31 } CON-  
Staff Employee — 55-04-01 } TINUOUS  
56-02-06 } SERVICE  
STAFF AGENT — 56-02-07  
58-02-13

INDEPENDENT CONTRACTOR 58-08-19 } NOT  
60-03-13 } CREDITABLE  
SERVICE

STAFF EMPLOYEE — 03-14-60  
TO  
PRESENT

02-08-19 MILITARY 58-08-13  
04-05-10 54-03-04  
06-13-29 04-05-10  
07-01-29  
44  
60-03-13  
07-01-29

S.C.D. 53-01-15 } d.m. 7-01-66  
L.C.D. 55-10-04 }

**DESIGNATION OF BENEFICIARY**  
 UNPAID COMPENSATION OF  
 DECEASED CIVILIAN EMPLOYEE

**IMPORTANT**  
 Read instructions  
 on back of duplicate  
 before filling in this form

**INFORMATION CONCERNING THE EMPLOYEE:**

NAME—	(Last)	(First)	(Middle)	Date of Birth (Month, day, year)
	Phillips	David	Atlee	October 31, 1922

**DEPARTMENT OR AGENCY IN WHICH EMPLOYED**

(Department or agency) (Bureau) (Division)

I, the employee identified above, canceling any and all previous Designations of Beneficiary heretofore made by me, do now designate the beneficiary or beneficiaries named below to receive any UNPAID COMPENSATION due and payable under existing law after my death. I understand that this Designation of Beneficiary relates solely to Unpaid Compensation as defined in section 3 of the act of August 3, 1950, Public Law 528, and in no wise will affect the disposition of any benefit which may become payable under the Retirement Act applicable to my Government service. I further understand that this Designation of Beneficiary will remain in full force and effect, unless or until rescinded by me in writing, so long as I am continuously employed in the above department or agency.

**INFORMATION CONCERNING THE BENEFICIARY OR BENEFICIARIES:**

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
Maria I. Phillips	8224 Stone Trail Drive Bethesda, Maryland 20034	daughter	one-fourth
David A. Phillips, Jr.	8224 Stone Trail Drive Bethesda, Maryland 20034	son	one-fourth
Atlee Y. Phillips	8224 Stone Trail Drive Bethesda, Maryland 20034	daughter	one-fourth
Christopher C. Phillips	8224 Stone Trail Drive Bethesda, Maryland 20034	son	one-fourth

I hereby direct, unless otherwise indicated above, that, if more than one beneficiary is named, the share of any deceased beneficiary who may predecease me shall be distributed equally among the surviving beneficiaries, or entirely to the survivor. I understand that this Designation of Beneficiary shall be void if none of the designated beneficiaries is living at the time of my death.

I hereby specifically reserve my right to cancel or change any designation of beneficiary at any time in the manner and form prescribed by the Comptroller General of the United States, and without knowledge or consent of the beneficiary.

1 December 1967

(Date of execution—month, day, year)

*David A. Phillips*  
 (Signature of employee)

**WITNESSES TO SIGNATURE:**

<i>Margaret Joyce</i> (Signature of witness)	2400 So. Glebe Rd (Number and street)	Arlington, Va 22206 (City, zone number, and State)
<i>Elizabeth Ann Kelly</i> (Signature of witness)	8137 Prescott Dr (Number and street)	Vienna, Va 22180 (City, zone number, and State)

**PRINT OR TYPE NAME AND ADDRESS OF EMPLOYEE**

David A. Phillips  
 8224 Stone Trail Drive  
 Bethesda, Maryland 20034

**THIS SPACE RESERVED FOR RECEIVING DATA OF EMPLOYING AGENCY**

03 DEC 1967  
*Wick J/P*  
 (Indicate date and by whom received) *Wick*

DELIVER BOTH COPIES TO THE PROPER OFFICE OF YOUR AGENCY—DUPLICATE WILL BE NOTED AND RETURNED

SECRET  
(When Filled In)

REPORT OF SERVICE ABROAD

TO: Office of Personnel, Transactions and Records Branch, Status Section

SERIAL NO.	NAME		
	LAST	FIRST	MIDDLE
1-5 024345	(Print) Phillips	7-24 Darius	a

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 59, REVISED.

PCS DATES OF SERVICE											
ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/P USE ONLY	COUNTRY		
MONTH	DAY	YEAR	MONTH	DAY	YEAR				37	38	39
25-26	27-28	29-30	31-32	33-34	35-36	1 - PCS (Basic) 3 - CORRECTION 5 - CANCELLATION	37	38	39	DOMINICAN REPUBLIC	
			08	02	67		1			DOMINICAN REPUBLIC	

TDY DATES OF SERVICE											
ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/P USE ONLY	AREA(S)		
MONTH	DAY	YEAR	MONTH	DAY	YEAR				37	38	39
25-26	27-28	29-30	31-32	33-34	35-36	2 - TDY (Basic) 4 - CORRECTION 6 - CANCELLATION	37	38	39		

OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

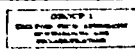
SOURCE DOCUMENT AND CERTIFICATION	
TRAVEL VOUCHER	DISPATCH
<input checked="" type="checkbox"/> CABLE	DUTY STATUS OR TIME AND ATTENDANCE REPORT
OTHER (Specify)	

DOCUMENT IDENTIFICATION NO. IN 24259	DOCUMENT DATE/PERIOD August 2, 1967
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REMARKS

PREPARED BY DCO	REPORT ANNOTATED ON CONTROL DOCUMENT	ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
C & L DIVISION, CTBR.	DATE August 2, 1967	SIGNATURE [Signature]
C & T DIVISION		

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER



<b>DISPATCH</b>		CLASSIFICATION <b>S E C R E T</b>	PROCESSING ACTION
TO	Chief, Western Hemisphere Division		MARKED FOR INDEXING
INFO.			NO INDEXING REQUIRED
FROM	Chief of Station, Santo Domingo <i>NCE</i>		ONLY QUALIFIED DESK CAN JUDGE INDEXING
SUBJECT	Letter of Appreciation from General Bruce Palmer, Jr.		
ACTION REQUIRED - REFERENCES			
<p>Action: See para two</p> <p>1. Attached find an original and two copies of a letter of appreciation from Gen. Bruce Palmer, until 18 January, Commander of USFORDOMREP.</p> <p>2. It is requested that the original be placed in the personnel file of Michael C. CHOADEN. The first copy, marked "A" should be placed in the personnel file of Stewart R. PATAKER. The second copy, marked "B", should be passed to Franklyn D. MALLEK for his information and disposition.</p> <p><i>James E. Hanning</i></p> <p><i>Stewart R. Pataker</i></p> <p><i>Michael C. Choaden</i> Michael C. CHOADEN</p> <p><i>1966</i></p>			
Attachment: Letter			
Distribution: 3 - Chief, WHD w/att h/w			
CROSS REFERENCE TO	DISPATCH SYMBOL AND NUMBER	DATE	
	HDCT 1359	18 January 1966	
	CLASSIFICATION	HQ5 FILE NUMBER	
	S E C R E T		

HEADQUARTERS  
UNITED STATES FORCES DOMINICAN REPUBLIC  
APO New York 09478

(CHERRY)  
Compliments... at the...  
this is a very typical of  
your excellent  
performance WTS

USFDR-CG

17 January 1966

SUBJECT: Letter of Appreciation

THRU: The Honorable W. Tapley Bennett  
American Ambassador  
Santo Domingo, Dominican Republic

TO: *6-*  
DAVID A PHILLIPS  
American Embassy  
Santo Domingo, Dominican Republic

1. I wish to express my sincere appreciation for the outstanding contributions you and your staff have made in the accomplishment of USFORDOMREP Intelligence missions from 1 May 1965 through 17 January 1966. The first intelligence contact upon our arrival at San Isidro Air Base on 1 May was a representative from your office. From that day on a mutual respect, cordial relationship and a unity of effort prevailed throughout the many trying days in the Dominican Republic crisis. Without your assistance we would have realized a serious gap in the intelligence picture, a gap which would have made intelligence evaluations and the development of tactical estimates most difficult.


2. My J2 has frequently mentioned the close association and coordination he has had with you and the members of your organization and repeatedly expressed the high esteem and respect he has for the professionalism and competence displayed by you and your subordinates.

3. The intelligence unity of effort in the Dominican Republic has been exemplary and a prototype for future operations. This cohesive atmosphere is directly attributable to your efforts.

USFDR-CG  
SUBJECT: Letter of Appreciation

17 January 1968

4. Again I wish to express my appreciation and congratulations on a job well done.

  
BRUCE PALMER, JR.  
Lieutenant General, USA  
Commander

FORM 1451 RECORD OF OVERSEAS SERVICE	NAME OF EMPLOYEE <b>PHILLIPS, DAVID A.</b>		EMPLOYEE SERIAL NO. <b>24345</b>		COMPLETED BY EMPLOYEE YES NO		TELEPHONE EXT.	<b>SECRET</b> (WHEN FILLED IN)	
	DO NOT FOLD, STAPLE, SPINDLE, OR MUTILATE								
	INSTRUCTIONS  THIS FORM MUST BE RETURNED WHETHER YOU HAVE HAD OVER- SEAS SERVICE OR NOT.  PLEASE READ CAREFULLY IN- STRUCTIONS ON ACCOMPANYING CARD; THEN FILL OUT THIS FORM AS ACCURATELY AS POSSIBLE.	DO NOT WRITE IN COLUMN	WHERE SERVICE WAS PERFORMED	PTS - 1 TOD - 2 ENTER NO.	DATES		SERVICE AS CIVILIAN - 1 MILITARY - 2 ENTER NO.	RESPONSIBLE U.S. GOVT DUTY OR AGENCY	DO NOT WRITE IN COLUMN
					FROM	TO			
				1956	1957	1	CIA	100	
		BEIRUT, LEBANON	1	1957	1958	1	CIA	100	
		AFRICA STAIT <del>GERMANY</del>	1	1943	1945	2	USAAF	100	

IF ADDITIONAL SPACE IS NEEDED, CHECK HERE  AND ASK YOUR ADMINISTRATIVE OFFICER FOR SUPPLEMENTAL CARDS **SECRET**

CONFIDENTIAL  
(When Filled In)

MEMORANDUM OF UNDERSTANDING

I hereby acknowledge that I have read and understand the contents  
of Handbook 20-4, Employee Conduct, dated 29 August 1961.

*David A. Phillips*  
Signature

2 October 1963  
Date

DAVID A. PHILLIPS

CONFIDENTIAL

---



SECRET

REPORT OF HONOR AWARDS BOARD			
(CONVENED PURSUANT TO REGULATIONS R 20-635 AND AFR 20-635)			8 DEC 1958
The Honor Awards Board having considered a recommendation that:			
NAME: (Last) PHILIP	(First) David	(Middle) Atlas	POSITION TITLE Covert Associate
PRESENT GRADE \$7200.00 p.a.	OFFICE ASSIGNED TO Division	STATION PK 50225	
TO BE AWARDED: Distinguished Intelligence Medal			
<input type="checkbox"/> FOR HEROIC ACTION, OR			
<input checked="" type="checkbox"/> FOR MERITORIOUS ACHIEVEMENT OR SERVICE DURING THE PERIOD January - July 1958			
<input type="checkbox"/> APPROVES THE RECOMMENDATION <input type="checkbox"/> DISAPPROVES THE RECOMMENDATION			
<input checked="" type="checkbox"/> APPROVES, BUT IN LIEU THEREOF, RECOMMENDS THE AWARD OF: Intelligence Medal of Merit			
CITATION			
<p>DAVID ATLAS (PHILIP) is hereby awarded the Intelligence Medal of Merit for his outstanding dedication and devotion to the cause of freedom.</p> <p>While assigned a position of responsibility in creating a psychological medium to further the efforts of removing a serious threat to the security and welfare of his government, he, personally, with superior talent and concentration of energy proceeded to develop a program which greatly contributed to the ultimate elimination of the threat which concurrently brought historical relief to the oppressed people of an entire population.</p> <p>The psychological medium developed and sustained by Mr. PHILIP was directed and operated with such ingenuity, resourcefulness and forceful imagination that he was able to create and maintain a completely notional situation for an extended period thereby making it possible to achieve the objectives of his government. This achievement has no parallel in the history of psychological warfare.</p>			
REASONS FOR DISAPPROVAL OF RECOMMENDED AWARD			
APPROVED	SIGNATURE		
<i>Stacy</i>	SIGNED		
DIRECTOR OF CENTRAL INTELLIGENCE	TYPED NAME OF CHAIRMAN, HONOR AWARDS BOARD		
8 SEP 1958	PHILIP W. BRIDGES		
DATE	SIGNATURE		
	SIGNED		
	TYPED NAME OF RECORDER		
	J. D. ...		

SECRET  
(When Filled In)

### VERIFIED RECORD OF OVERSEAS SERVICE

TO: Office of Personnel, Statistical Reporting Branch, ROOM 192 Curie Hall

EMPLOYEE SERIAL NO. 1-6	NAME OF EMPLOYEE			OFFICE/COMPONENT 25-26
	LAST (Print)	FIRST	MIDDLE	
24345	Phillips	David	A	35- 64

**INSTRUCTIONS**

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR.

**PCS DATES OF SERVICE**

TYPE OF DATA	CODE	ARRIVAL			DEPARTURE			COUNTRY	OMIT			
		MONTH	DAY	YEAR	MONTH	DAY	YEAR					
1 - PCS (Basic)	27	09	25	61	34	35	36	37	38	39	Mexico	40-42
2 - CORRECTION												450
3 - CANCELLATION												

**TDY DATES OF SERVICE**

TYPE OF DATA	CODE	DEPARTURE			RETURN			AREA(S)	OMIT			
		MONTH	DAY	YEAR	MONTH	DAY	YEAR					
2 - TDY (Basic)	27	09	25	61	34	35	36	37	38	39	WH	40-42
4 - CORRECTION												
6 - CANCELLATION												

**SOURCE OF RECORD DOCUMENT**

<input type="checkbox"/> TRAVEL VOUCHER	<input checked="" type="checkbox"/> DISPATCH
<input checked="" type="checkbox"/> CABLE	<input type="checkbox"/> DUTY STATUS OR TIME AND ATTENDANCE REPORT
<input type="checkbox"/> OTHER (Specify)	

DOCUMENT IDENTIFICATION NO. HMMT-2316	DOCUMENT DATE PERIOD 13 October 1961
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REMARKS

PREPARED BY	REPORT ANNOTATED ON SOURCE DOCUMENT	ABOVE DATA VERIFIED CORRECT. BASED UPON SOURCE DOCUMENT CITED
FISCAL DIVISION	DATE 11/20/61	SIGNATURE
FINANCE DIVISION 42		

SECRET

0071:7443

29 June 1961

MEMORANDUM FOR THE RECORD

SUBJECT: David A. Phillips

On 14 June 1961 the undersigned reviewed with Mr. David A. Phillips his career development prospects for the next five year period. We agreed that the following represented a desirable and fairly firm goal in this respect:

a. In general his future training and field experience should place sufficient stress on the CI and FI fields to avoid the career confinement of strict CA specialization.

b. His next assignment would be a normal field tour in Mexico City. Upon return from that assignment, he would receive up to six months training to be followed by an assignment to the CA Staff (or the organizational successor thereof). One of his primary undertakings in the CA Staff would be to develop what might best be termed "ideological warfare" (e.g., a search for basic ideas and concepts with wide appeal) as opposed to the normal propaganda approach (e.g., a running debate on current events).

*Richard M. Bisell, Jr.*  
RICHARD M. BISSELL, JR.  
Deputy Director  
(Plans)

cc: ASJA (Pers)  
Attn Panel A  
Mr. Phillips  
Thru C/WII  
OP/RSD

SECRET

**CONFIDENTIAL**  
(When Filled In)

TR

Complete in duplicate. The data recorded on this form is essential in determining travel expenses allowable in connection with leave of government expense, overseas duty, return to residence upon separation, and for providing current residence and dependency information required in the event of an employee emergency. The original of this form will be filed in the employee's official personnel folder.

NAME OF EMPLOYEE (Last) <u>PHILLIPS</u> (First) <u>DAVID</u> (Middle) <u>ATLEE</u>		SOCIAL SECURITY NUMBER	
<b>1. RESIDENCE DATA</b>			
PLACE OF RESIDENCE WHEN INITIALLY APPOINTED <u>FOOT WORTH, TEXAS</u>		LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. (If appointed abroad)	
PLACE IN CONTINENTAL U.S. DESIGNATED AS PERMANENT RESIDENCE <u>FOOT WORTH, TEXAS</u>		HOME LEAVE RESIDENCE <u>FOOT WORTH, TEXAS</u>	
<b>2. MARITAL STATUS (Check one)</b>			
<input type="checkbox"/> SINGLE	<input checked="" type="checkbox"/> MARRIED	<input type="checkbox"/> SEPARATED	<input type="checkbox"/> DIVORCED
<input type="checkbox"/> WIDOWED			<input type="checkbox"/> ANNULLED
IF MARRIED, PLACE OF MARRIAGE <u>FOOT WORTH, TEXAS</u>			DATE OF MARRIAGE
IF DIVORCED, PLACE OF DIVORCE DECREE			DATE OF DECREE
IF WIDOWED, PLACE SPOUSE DIED			DATE SPOUSE DIED
IF PREVIOUSLY MARRIED, INDICATE NAME(S) OF SPOUSE, REASON(S) FOR TERMINATION, AND DATE(S) <u>JAN NINDSKAUF PHILLIPS INCAPABILITY SEP 15, 1941</u>			
<b>3. MEMBERS OF FAMILY</b>			
NAME OF SPOUSE <u>HELEN N PHILLIPS</u>		ADDRESS (No., Street, City, Zone, State) <u>6307 DANFORTH RD. WASH 16, DC</u>	
TELEPHONE NO. <u>OL-2-8134</u>			
NAMES OF CHILDREN <u>MARIA DAVID, JR ATLEE CHRISTOPHER</u>		ADDRESS	SEX F M F M
DATE OF BIRTH			
NAME OF FATHER (Or male guardian) <u>DECEASED</u>		ADDRESS	
TELEPHONE NO.			
NAME OF MOTHER (Or female guardian) <u>DECEASED</u>		ADDRESS	
TELEPHONE NO.			
WHAT MEMBER(S) OF YOUR FAMILY IF ANY, HAS BEEN TOLD OF YOUR AFFILIATION WITH THE ORGANIZATION IF CONTACT IS REQUIRED IN AN EMERGENCY. <u>WIFE - BRISTOL EDWIN T. PHILLIPS (A)</u>			
<b>4. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY</b>			
NAME (Mr., Mrs., Miss) (Last-First-Middle) <u>PHILLIPS, EDWIN T.</u>		RELATIONSHIP <u>BROTHER</u>	
HOME ADDRESS (No., Street, City, Zone, State) <u>4408 WASHINGTON ST. FOOT WORTH, TEX</u>		HOME TELEPHONE NUMBER <u>?</u>	
BUSINESS ADDRESS (No., Street, City, Zone, State) AND NAME OF EMPLOYER, IF APPLICABLE <u>FOOT WORTH NATIONAL BANK BLDG.</u>		BUSINESS TELEPHONE & EXTENSION <u>?</u>	
IS THE INDIVIDUAL NAMED ABOVE WITTING OF YOUR AGENCY AFFILIATION? (If "No" give name and address of organization he believes you work for.)			YES <input checked="" type="checkbox"/>
			NO <input type="checkbox"/>
IS THIS INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF? (If "No" give name and address of person, if any, who can make such decisions in case of emergency.)			YES <input checked="" type="checkbox"/>
			NO <input type="checkbox"/>
DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE? (If answer is "No" explain why in item 5.)			YES <input checked="" type="checkbox"/>
			NO <input type="checkbox"/>
The persons named in item 3 above may also be notified in case of emergency. If such notification is not desirable because of health or other reasons, please so state in item 6 on the reverse side of this form.			
CONTINUED ON REVERSE SIDE			
<b>CURRENT RESIDENCE AND DEPENDENCY REPORT</b>			

SECRET

Supplement to Staff Employee Personnel

Action for [redacted] David A. Phillips

Effective 23 August 1961

The purpose of this memorandum is to call your attention to existing policies which are particularly material to you while you are [redacted] and to set forth certain rights and obligations which are incident to your status [redacted]. It is hereby agreed and understood that:

1. As an employee of this organization, at the present grade and salary of GS-31, \$12,700 per annum, you will accept cover employment with [redacted] (hereinafter referred to as "your cover facility") effective as of 23 August 1961. You will, insofar as consistent with your basic responsibility to this organization, abide by all the rules, regulations, practices and policies of your cover facility, in order to appear as a conventional member of that establishment. Your appointment to your cover facility is being effected at FSR-3 and salary of \$12,535 per annum. You are prohibited, except as specifically authorized herein, from retaining emoluments paid by your cover facility.

2. It is understood and agreed that the minimum period of your overseas tour of duty is governed by and coincident with the prescribed tour of duty of your cover organization. Currently, your prescribed tour consists of a period of twenty-four months from the date of your arrival at your overseas post of duty. Your assignment may be terminated earlier for the convenience of this organization and the length of your tour of duty, as currently specified, may be unilaterally changed by this organization in order to conform with subsequent changes in the prescribed tour of your cover facility. If you request termination of your overseas assignment solely for your own convenience, unless it is for circumstances that are considered by this organization to be beyond your control or if you are terminated for cause under the regulations of this organization before you have completed the minimum period of service prescribed above from the date of arrival at your overseas post of duty, you will not be entitled to return travel or transportation for yourself or your dependents to the United States at Government expense. If you request termination of your overseas assignment solely for your own convenience, unless it is for circumstances that are considered by this organization to be beyond your control or if you are terminated for cause under the regulations of this organization before you have completed one (1) year of service from the date of your arrival at your overseas post of duty, you will be required to reimburse the Government for all of its expenses for your travel and transportation, and that of your dependents, from the continental United States to such overseas post of duty.



SECRET

e. All annual and sick leave which is accrued to your credit at the time of integration will be transferred to your cover facility. While integrated you will be permitted annual leave, sick leave, home leave, and leave without pay in accordance with the regulations of your cover facility in lieu of the leave benefits of this organization. Upon completion of your integration your accrued annual and sick leave will be transferred to your credit with this organization. If security conditions require that your cover facility make a lump-sum payment for accrued annual leave, you will be required to pay the gross amount thereof to this organization including any income taxes withheld by your cover facility.

6. You will be required to keep forever secret this agreement and all other information which you may obtain by reason hereof, unless you are released in writing by this organization from this obligation. Violation of such secrecy may subject you to criminal prosecution under the Espionage Laws, dated 25 June 1948, as amended, and other applicable laws and regulations. The termination of your employment with this organization will not release you from the obligation of any security oath you may be required to take.

UNITED STATES GOVERNMENT

BY *Walter P. Davis*  
Personnel Office

ACCEPTED:

*Doris A. H. [unclear]*

SECRET

11 January 1961

TO : Director of Personnel

FROM : Chief, WHD

SUBJECT: Additional Compensation in Lieu of Overtime Payment

REF: Memo dated 11 January 1961 from SSA/DPS to DD/S, approved by DD/S, Subject: "Employee Benefits for JFATS Personnel"; and memo dated 22 December 1960 from ADD(P) to Deputy Director (Plans), Subject: "Employee Benefits for Personnel Assigned to JFATS".

In accordance with referenced memoranda, it is requested that the personnel listed below be authorized to receive additional compensation effective 8 January 1961, at the rate of 15% of their respective rates of basic annual compensation (but not to exceed the ~~regular~~ rate for a *Minimum* GS-9) in lieu of payment of the regular overtime rates for irregular, unscheduled and frequent overtime.

<u>NAME</u>	<u>EMPLOYEE Serial No.</u>	<u>TITLE</u>	<u>SALARY</u>
ESTERLINE, Jacob D.	56798	OPS Officer	\$14,055
WHEBBER, Robert A.	509360	Ops Officer	12,990
DUNGLAS, Jesse S.	229360	OPS Officer	14,055
EMILLIS, David A.	654500	OPS Officer	12,730
MAGLI, Louis F.	012516	OPS Officer	12,210
YUNZUY, Walter P.	064733	OPS Officer	12,730
PETERS, John D.	56093	OPS Officer	11,575
WARREN, Thomas D.	59794	Instructor (OPS)	8,955
HIGGS, Calvin W.	56361	Guerrilla Warfare Officer	9,475
RILEY, James	50471	OPS Officer	8,420
WILSO, Anthony L.	559127	OPS Officer	7,820
BIAIR, William E.	60218	Instructor (OPS)	8,955
VEEDALL, Sidney S.	059517	OPS Officer	11,155
REYNOLDS, Robert	55407	OPS Officer	12,470
SPACER, Ernest W.	62285	Instructor (OPS)	12,470
BROWN, Pravel S.	61901	OP. Officer	9,475
CANTWRIGHT, Cecil J.	57840	OPS Officer	9,215
CHILLING, Samuel J.	56622	Adm. Officer	7,820
MORALIS, David S.	53385	OPS Officer	12,210
KENT, William P.	555198	Ops Officer	9,215

All the above employees are on Allotment #535-5000-3021.

APPROVED  
  
EMMETT J. SCHOLZ

  
J. C. KING  
Chief, WHD

SECRET



## APPOINTMENT AFFIDAVITS

**IMPORTANT:**—Before swearing to these appointment affidavits, you should read and understand the attached information for appointee

CENTRAL INTELLIGENCE AGENCY

(Department or agency)

WASHINGTON, D.C.

(Bureau or division)

(Place of employment)

I, DAVID ATLEE PHILLIPS, do solemnly swear (or affirm) that—

### A. OATH OF OFFICE

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely without any mental reservation or purpose of evasion; that I will well and faithfully discharge the duties of the office on which I am about to enter, **SO HELP ME GOD.**

### B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

I am not a Communist or Fascist. I do not advocate nor am I knowingly a member of any organization that advocates the overthrow of the constitutional form of the Government of the United States, or which seeks by force or violence to deny other persons their rights under the Constitution of the United States. I do further swear (or affirm) that I will not so advocate, nor will I knowingly become a member of such organization during the period that I am an employee of the Federal Government or any agency thereof.

### C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

I am not participating in any strike against the Government of the United States or any agency thereof, and I will not so participate while an employee of the Government of the United States or any agency thereof. I do not and will not assert the right to strike against the Government of the United States or any agency thereof while an employee of the Government of the United States or any agency thereof. I do further swear (or affirm) that I am not knowingly a member of an organization of Government employees that asserts the right to strike against the Government of the United States or any agency thereof and I will not, while an employee of the Government of the United States or any agency thereof, knowingly become a member of such an organization.

### D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

I have not, nor has anyone acting in my behalf, given, transferred, promised or paid any consideration for or in expectation or hope of receiving assistance in securing such appointment.

### E. AFFIDAVIT AS TO DECLARATION OF APPOINTEE

The answers given in the Declaration of Appointee on the reverse of this form are true and correct.

14 March 1960  
(Date of entrance on duty)

David A. Phillips  
(Signature of appointee)

Subscribed and sworn before me this 11<sup>th</sup> day of March A. D. 1960,

at WASHINGTON, D.C. (City) (State)

[SEAL]

Hein Capenath  
(Signature of officer)  
PERSONNEL CLERK  
(Title)

NOTE.—The oath of office must be administered by a person specified in 5 U. S. C. 18, or by a person designated to administer oaths under Section 206, Act of June 26, 1943, 5 U. S. C. 16a. If by a Notary Public, the date of expiration of his commission should be shown.

## DECLARATION OF APPOINTEE

This form is to be completed before entrance on duty. Answer all questions. Admitted unfavorable information about such matters as arrests or discharges will be considered together with the favorable information in your record in determining your present fitness for Federal employment. However, a false statement or dishonest answer to any question may be grounds for dismissal after appointment and is punishable by law.

1. PRESENT ADDRESS (street and number, city and State)  
ALBAN TOWERS - 3500 MASS. AVE. WASHINGTON, D.C.

2. (A) DATE OF BIRTH OCTOBER 31, 1922 (B) PLACE OF BIRTH (city and State or city and foreign country)  
FORT WORTH, TEXAS

3. (A) IN CASE OF EMERGENCY, PLEASE NOTIFY HELEN N. PHILLIPS (B) RELATIONSHIP WIFE (C) STREET AND NUMBER CITY AND STATE ALBAN TOWERS 3500 MASS. AVE. WASH, D.C. (D) TELEPHONE NO. WOL-6400

4. DOES THE UNITED STATES GOVERNMENT EMPLOY, IN A CIVILIAN CAPACITY, ANY RELATIVE OF YOURS (EITHER BY BLOOD OR MARRIAGE) WITH WHOM YOU LIVE OR HAVE LIVED WITHIN THE PAST 24 MONTHS?  YES  NO  
 If so, for each such relative fill in the blank below. If additional space is necessary, complete under Item 12.

NAME	POST OFFICE ADDRESS (Give street number, if any)	(1) POSITION (2) TEMPORARY OR NOT (3) DEPARTMENT OR AGENCY IN WHICH EMPLOYED	RELATIONSHIP	MAR. STAT. (Check one)	SIN. GLE
		1. ....			
		2. ....			
		3. ....			
		1. ....			
		2. ....			
		3. ....			
		1. ....			
		2. ....			
		3. ....			

INDICATE ANSWER BY PLACING "X" IN PROPER COLUMN		YES	NO	INDICATE ANSWER BY PLACING "X" IN PROPER COLUMN		YES	NO
8. (A) ARE YOU A CITIZEN OF THE UNITED STATES OF AMERICA, OR (B) AS A NATIVE OF AMERICAN SAMOA DO YOU OWE ALLEGIANCE TO THE UNITED STATES OF AMERICA?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		10. (A) HAVE YOU EVER FILED A WAIVER OF LIFE INSURANCE COVERAGE UNDER THE FEDERAL EMPLOYEES' GROUP LIFE INSURANCE ACT?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
9. ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY? If your answer is "Yes," give details in Item 12.	<input checked="" type="checkbox"/>	<input type="checkbox"/>		(B) IF YOU HAVE FILED SUCH A WAIVER, HAS IT BEEN CANCELED OR REVOKED?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7. DO YOU RECEIVE OR HAVE YOU APPLIED FOR AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT OR ANY PENSION OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE? If your answer is "Yes," give details in Item 12.	<input checked="" type="checkbox"/>	<input type="checkbox"/>		11. SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT, A. HAVE YOU BEEN DISCHARGED FROM EMPLOYMENT BECAUSE: (1) YOUR CONDUCT WAS NOT SATISFACTORY? (2) YOUR WORK WAS NOT SATISFACTORY?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
8. SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT, HAVE YOU BEEN ARRESTED, CHARGED OR HELD BY FEDERAL, STATE OR OTHER LAW ENFORCEMENT AUTHORITIES FOR ANY VIOLATION OF ANY FEDERAL LAW, STATE LAW, COUNTY OR MUNICIPAL LAW, REGULATION OR ORDINANCE? DO NOT INCLUDE TRAFFIC VIOLATIONS FOR WHICH A FINE OF \$25 OR LESS WAS IMPOSED. ALL OTHER CHARGES MUST BE INCLUDED EVEN IF THEY WERE DISMISSED. If your answer is "Yes," give in Item 12 for each case: (1) approximate date, (2) charge, (3) place, (4) action taken.	<input checked="" type="checkbox"/>	<input type="checkbox"/>		B. HAVE YOU RESIGNED AFTER OFFICIAL NOTIFICATION THAT: (1) YOUR CONDUCT WAS NOT SATISFACTORY? (2) YOUR WORK WAS NOT SATISFACTORY?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
9. SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT, HAVE YOU BEEN BARRED BY THE U. S. CIVIL SERVICE COMMISSION FROM TAKING EXAMINATIONS OR ACCEPTING CIVIL SERVICE APPOINTMENTS? If your answer is "Yes," give dates of and reasons for such debarment in Item 12.	<input checked="" type="checkbox"/>	<input type="checkbox"/>		C. HAVE YOU BEEN DISCHARGED FROM THE ARMED SERVICES UNDER OTHER THAN HONORABLE CONDITIONS? If your answer to A, B, or C is "Yes," give details in Item 12 as clearly as you can remember, including the name and address of employer, approximate date, and reasons in each case.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

12. SPACE FOR DETAILED ANSWERS TO OTHER QUESTIONS (Indicate item numbers to which answers apply)

ITEM NO.	ANSWER	ITEM NO.	ANSWER

**INSTRUCTIONS TO APPOINTING OFFICER.**—You must determine that this appointment would be in conformance with the Civil Service Act, applicable Civil Service Rules and Regulations, and acts of Congress pertaining to appointment. This form should be checked for holding of office, pension, any record of recent discharge or arrest, age, citizenship, and members of family. Also, to establish the identity of the appointee, you should particularly check (1) his signature and handwriting against the application and/or other pertinent papers and (2) his physical appearance against the medical certificate.

STANDARD FORM 144  
REVISED SEPTEMBER 1964  
U. S. CIVIL SERVICE COMMISSION  
EPM CHAPTERS 11, 14 AND 32

### STATEMENT OF PRIOR FEDERAL CIVILIAN AND MILITARY SERVICE AND DETERMINATION OF COMPETITIVE STATUS

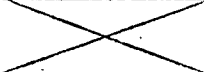
**IMPORTANT:** The information on this form will be used (1) in determining creditable service for leave purposes and retention credits for reduction in force, and (2) in recording agency determination of competitive status. The employee should complete Part I and the Personnel Office should complete Parts II through V.

PART I.—EMPLOYEE'S STATEMENT										PART II.—THIS COLUMN IS FOR PERSONNEL OFFICE USE			
1. NAME (Last, first, middle initial)					2. DATE OF BIRTH					3. RETENTION GROUP			
PHILLIPS, DAVID ATLEE					OCTOBER 31, 1927								
3. LIST THE FOLLOWING INFORMATION CONCERNING ALL FEDERAL AND DISTRICT OF COLUMBIA SERVICE YOU HAVE HAD PRIOR TO YOUR PRESENT APPOINTMENT (Do not include military service.)										10. A. CSC STATUS <input type="checkbox"/> YES <input type="checkbox"/> NO B. TYPE OF PRESENT APPOINTMENT			
NAME AND LOCATION OF AGENCY	FROM			TO			TYPE OF APPOINTMENT IF KNOWN	11. SERVICE					
	YEAR	MONTH	DAY	YEAR	MONTH	DAY		YEAR	MONTH	DAY			
CIA	1954	10	1	1955	10	13	C.S.-10	3	4	13			
4. LIST PERIODS OF ACTIVE SERVICE IN ANY BRANCH OF THE ARMED FORCES OF THE UNITED STATES IF YOU HAD NO ACTIVE MILITARY SERVICE, WRITE "NONE."													
BRANCH	FROM			TO			DISCHARGE (Hon. or dishon.?)	12. TOTAL SERVICE					
	YEAR	MONTH	DAY	YEAR	MONTH	DAY		YEARS	MONTHS	DAYS			
ARMY AIR FORCE	1948	2	13	1955	10	7	HON.	7	8	19			
5. DURING PERIODS OF EMPLOYMENT SHOWN IN ITEM 3, DID YOU HAVE A TOTAL OF MORE THAN 6 MONTHS ABSENCE WITHOUT PAY, INCLUDING PERIODS OF MERCHANT MARINE SERVICE, DURING ANY ONE CALENDAR YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF ANSWER IS "YES," LIST FOLLOWING INFORMATION.										13. NONCREDITABLE SERVICE (Leave purposes only):			
TYPE IF KNOWN (LWOP, Furl, Susp, AWOL, Mer Mar)	FROM			TO			TOTAL			14. NONCREDITABLE SERVICE (RIF purposes only):			
	YEAR	MONTH	DAY	YEAR	MONTH	DAY	YEARS	MONTHS	DAYS				
6. DURING THE FEDERAL SERVICE LISTED IN ITEM 3, DID YOU ACQUIRE A PERMANENT COMPETITIVE CIVIL SERVICE STATUS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If answer is "Yes," in what agency were you employed at the time status was acquired?)										15. REEMPLOYMENT RIGHTS <input type="checkbox"/> YES <input type="checkbox"/> NO			
7. ARE YOU: A. THE WIFE OF A DISABLED VETERAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B. THE MOTHER OF A DECEASED OR DISABLED VETERAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO C. THE UNREMARIED WIDOW OF A VETERAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO										16. RETENTION RIGHTS <input type="checkbox"/> YES <input type="checkbox"/> NO			
8. TO BE EXECUTED BEFORE A NOTARY PUBLIC OR OTHER PERSONS AUTHORIZED TO ADMINISTER OATHS. I swear (or affirm) that the above statements are true to the best of my knowledge and belief.										17. EXPIRATION DATE OF RETENTION RIGHTS			
<p>12 MARCH 1967 (DATE)</p> <p>David A. Phillips (SIGNATURE)</p> <p>Subscribed and sworn to before me on this _____ day of _____ 1960 at WASHINGTON, D.C. (CITY) (STATE)</p> <p>SEAL</p> <p>Sheldon Capriotti (SIGNATURE)</p>													
NOTE: If oath is taken before a Notary Public, the date of expiration of his Commission should be shown.													
INSTRUCTIONS: File this form on the permanent side of the employee's official personnel folder immediately before or after the personnel action involved.													

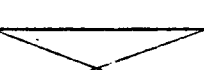
Part III.—DETERMINATION OF COMPETITIVE STATUS. (Complete for noncompetitive hires based on competitive status as required by instructions in FPM Chapter 52.) Employee has a competitive status. This determination is based upon the following evidence:

NAME OF AGENCY	SIGNATURE AND OFFICIAL TITLE	DATE

PART IV.—DETERMINATION OF CREDITABLE SERVICE AND SERVICE COMPUTATION DATE FOR LEAVE PURPOSES

	TOTAL SERVICE (Item 12)	NONCREDITABLE SERVICE (Item 13)	CREDITABLE SERVICE (Leave Purposes)	ENTRANCE ON DUTY DATE (Present Agency)	LESS CREDITABLE SERVICE (Leave Purposes)	SERVICE COMPUTATION DATE (Leave Purposes)
Years				1960	5	
Months				03	12	3
Days				14	16	1

PART V.—DETERMINATION OF CREDITABLE SERVICE AND SERVICE COMPUTATION DATE FOR REDUCTION IN FORCE PURPOSES. (Complete only in those cases when the amount of creditable service for reduction in force purposes differs from the amount creditable for leave purposes.)

	TOTAL SERVICE (Item 12)	NONCREDITABLE SERVICE (Item 14)	CREDITABLE SERVICE (RIF Purposes)	ENTRANCE ON DUTY DATE (Present Agency)	LESS CREDITABLE SERVICE (RIF Purposes)	SERVICE COMPUTATION DATE* (RIF Purposes)
Years						
Months						
Days						

\* Enter as the "Service Computation Date" on the employee's "Service Record Card," SF 7

REMARKS:

**CONFIDENTIAL**

(When Filled In)

INSTRUCTIONS: COMPLETE IN DUPLICATE. THE DATA RECORDED ON THIS FORM IS ESSENTIAL IN DETERMINING TRAVEL EXPENSES ALLOWABLE IN CONNECTION WITH LEAVE AT GOVERNMENT EXPENSE, OVERSEAS DUTY, RETURN TO RESIDENCE UPON SEPARATION, AND FOR PROVIDING CURRENT RESIDENCE AND DEPENDENCY INFORMATION REQUIRED IN THE EVENT OF AN EMPLOYEE EMERGENCY. THE ORIGINAL OF THIS FORM WILL BE FILED IN THE EMPLOYEE'S OFFICIAL PERSONNEL FOLDER.

NAME OF EMPLOYEE (Last) (First) (Middle)  
**PHILLIPS DAVID ATLEE**

1. RESIDENCE DATA  
 PLACE OF RESIDENCE WHEN APPOINTED: **HAVANA, CUBA**  
 LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. (If appointed abroad): **476 ROSE LANE, ARLINGTON, VA.**

PLACE IN CONTINENTAL U.S. DESIGNATED AS PERMANENT RESIDENCE:  
**4804 WASHINGTON, FORT WORTH, TEXAS.**

2. MARITAL STATUS  
 CHECK (X) ONE:  SINGLE  MARRIED  SEPARATED  DIVORCED  WIDOWED  ANNULLED

IF MARRIED, INDICATE PLACE OF MARRIAGE: **FORT WORTH, TEXAS** DATE OF MARRIAGE: **9 JUNE 1948**

IF DIVORCED, PLACE OF DIVORCE DECREE: \_\_\_\_\_ DATE OF DECREE: \_\_\_\_\_

IF WIDOWED, INDICATE PLACE SPOUSE DIED: \_\_\_\_\_ DATE SPOUSE DIED: \_\_\_\_\_

IF PREVIOUSLY MARRIED, INDICATE NAME(S) OF SPOUSE, REASON(S) FOR TERMINATION, AND DATE(S):  
**JOAN HILDEBRANDT, DIVORCE DECREE FOR (INCOMPATIBILITY), FORT WORTH, TEXAS, -- ? -- 1943**

3. MEMBERS OF FAMILY

NAME OF SPOUSE	ADDRESS (No., Street, City, Zone, State)	TELEPHONE NUMBER
<b>HELEN H. PHILLIPS</b>	<b>ALBAN TOWERS, 3500 MASS. AVE, WASH., D.C.</b>	<b>WO 6-6400</b>
NAMES OF CHILDREN	ADDRESS	SEX AGE
<b>MARIA LOUISE PHILLIPS</b>	" " " "	<b>F 10</b>
<b>DAVID A. PHILLIPS JR.</b>	" " " "	<b>F 7</b>
<b>ATLEE YOUNG PHILLIPS</b>	" " " "	<b>M 3</b>
<b>CHRISTOPHER CARL PHILLIPS</b>	" " " "	

NAME OF FATHER (Or male guardian): **EDMUND PHILLIPS (DECEASED)** ADDRESS: **NA** TELEPHONE NUMBER: **NA**

NAME OF MOTHER (Or female guardian): **MARY LOUISE PHILLIPS (DECEASED)** ADDRESS: **NA** TELEPHONE NUMBER: **NA**

WHAT MEMBERS OF YOUR FAMILY HAS BEEN TOLD OF YOUR AFFILIATION WITH THE AGENCY FOR EMERGENCY PURPOSES?  
**MOTHER AND BROTHER (EDMUND PHILLIPS JR. 4804 WASHINGTON, FORT WORTH, TX)**

4. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

NAME (Mr., Mrs., Miss) (Last-First-Middle) <b>PHILLIPS HELEN FLORENCE</b>	RELATIONSHIP <b>WIFE</b>
HOME ADDRESS (No., Street, City, Zone, State) <b>3500 MASS. AVE (ALBAN TOWERS)</b>	HOME TELEPHONE NUMBER <b>WO 6-6400</b>
BUSINESS ADDRESS (No., Street, City, Zone, State) AND NAME OF EMPLOYER, IF APPLICABLE <b>NONE</b>	BUSINESS TELEPHONE & EXTENSION <b>NONE</b>

IS THE INDIVIDUAL NAMED ABOVE BITTING OF YOUR AGENCY AFFILIATION?  
 YES  NO

IS THIS INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF?  
 YES  NO

DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE?  
 YES  NO

THE PERSONS NAMED IN ITEM 3 ABOVE MAY ALSO BE NOTIFIED IN CASE OF EMERGENCY. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE IN ITEM 6 ON THE REVERSE SIDE OF THIS FORM.

5. VOLUNTARY ENTRIES

INDICATE ANY BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS  
**FORT WORTH NATIONAL BANK, FORT WORTH, TEXAS**

CONTINUED ON REVERSE SIDE

**CURRENT RESIDENCE AND DEPENDENCY REPORT**



MEMORANDUM FOR:

SUBJECT : Credit Reference

1. You are advised that the position for which you have been hired is of a sensitive nature and that YOU ARE NOT TO IDENTIFY YOURSELF WITH THIS AGENCY FOR credit reference or for any other purpose.

2. You are to disregard that portion of the Monday morning Personnel EEO Orientation and the Monday morning Security Introduction (which you will receive during your second or third week with the Agency) which authorizes certain personnel to identify themselves with this Agency, when necessary, for credit, rental agreements, and like purposes.

3. You will be advised by your Placement Officer as to the cover information necessary for proper job identification. If at any time cover difficulties are encountered you may arrange an appointment through your Placement Officer to see the Security Officer responsible for your activity.

G. W. SHERRY  
Director of Personnel

I have read the above and understand that I am not to associate myself with the Central Intelligence Agency for credit reference or for any other purpose.

14 March 1960  
Date

David G. Plizer  
Signature of Employee

SECRET

STAFF AGENT LETTER OF APPOINTMENT

Mr. *Howard Phillips*

Dear Mr. *Phillips*

1. Pursuant to the authority vested in me by section 5.2 of the Confidential Fund Regulations, you are hereby appointed a Staff Agent of the Government at an initial salary of \$10,320, grade GS-14, effective as of

FEB 7 1956

2. As a Staff Agent of the Government, you are an appointed employee of the Government and as such are entitled to all the emoluments of, and subject to the restrictions of, that status. As a Staff Agent, you will undertake certain cover employment or activities as directed by the Government. Your Federal income taxes will be reported and paid in conformance with AFN 20-660-4, dated 26 November 1954, and/or any subsequent Government issuances promulgated on this matter.

3. As an appointed employee of the Government, you are required to make certain contributions to the Civil Service Retirement Fund. In the event that you are paid through a cover facility, you will be required to return to the Government at such times and in such manner as it shall direct the required contributions (presently six per cent (6%) of your gross salary). If the conditions of your cover require that you make contributions to the Social Security Fund, such contributions will be at your expense.

4. (a) In addition to your basic salary, you will be entitled to any post differential, living-quarters allowances, cost-of-living allowances (except post allowance), or other allowances that are granted Government employees stationed at the same permanent post of duty abroad. You will account for such allowances in compliance with applicable Government regulations.

(b) In addition to the above payments, effective upon the arrival of you and your dependents at your initial permanent post of duty overseas you will be entitled to an equalization allowance calculated at the rate of \$3,670 per annum. This allowance is in lieu of any present or future standardized post allowance established for your initial permanent post of duty overseas, but is subject to the entitlement provisions applicable to standardized post allowances. It is understood and agreed that this allowance is predicated upon the comparative cost of living between Washington, D. C., and your overseas post, your unofficial cover, family status and basic compensation. Consequently, this allowance may be unilaterally adjusted or discontinued by the Government whenever warranted by a change in any of these factors. No accounting will be required for this allowance.

SECRET



5. You will be advanced or reimbursed funds for necessary expenses including travel and operational expenses which are authorized by the Government or your cover. Accountings for such expenses will be in compliance with applicable Government regulations unless such accounting is inconsistent with the practices of your cover facility. If the policies of your cover facility relating to payment of travel and transportation expenses differ from those of the Government, and if you are paid through your cover facility, you will receive and retain the amount paid by your cover without regard to Government regulations.

6. (a) It is specifically understood and agreed that as an appointed employee of the Government you are entitled to receive and retain only the salary, allowances, and other benefits which are commensurate with your appointed position and salary grade except as provided in paragraph five (5) above and paragraphs six (6), (b) and (c), below. Any compensation that you may receive from your cover facility will be offset against your salary from the Government, and you will return to the Government any salary, allowances and other pecuniary benefits which in the aggregate exceed your Government salary, allowances and other pecuniary benefits. You will report to the Government not less than semi-annually any sums received from your cover facility.

(b) It is understood and agreed that any fees derived from the remaining three (3) lectures on your current lecture tour will not be subject to the offset provisions of this agreement. It is further understood and agreed, however, that said lectures will be made by you while on annual leave and that you will be solely responsible for all expenses incidental thereto. Subsequent to the completion of said three (3) lectures, the income derived from any additional lectures will be presumed to be income derived from cover activities and will, therefore, be subject to offset unless specifically excluded by an amendment hereto.

(c) It is understood and agreed that should a specific manuscript, the title to which is set forth in your operational letter of instructions, be published during your tour of duty hereunder, the income derived therefrom will not be subject to offset as said manuscript was completed in its entirety prior to your appointment as a Staff Agent.

7. It is understood and agreed that your overseas assignment is to be for a minimum of two (2) years from the date of your arrival at your overseas post of duty unless such assignment shall be sooner terminated by the Government for its convenience. If, in violation of this letter, you terminate your overseas assignment for your convenience at any time prior to the expiration of two (2) years from the date of your arrival at your overseas post of duty, you shall not be entitled to return travel or transportation for yourself or your dependents from such post of duty to the United States; and, further, if, in violation of this letter, you terminate your overseas assignment for your convenience prior to the expiration of one (1) year from the date of your arrival at your overseas post of duty, you shall reimburse the Government for all its expenses for your travel and transportation, and that of your dependents, from the continental United States to such overseas post of duty.

8. It is expressly understood and agreed that any and all documents which you may execute in the course of such cover employment are subordinate to this letter and any contradiction in terms which may in any way appear to amplify, extend or restrict your rights and/or obligations hereunder shall be resolved by this letter which shall always be dominant.

SECRET

9. Upon termination of your cover employment or activity, you will revert to normal staff employee status, unless for good and sufficient cause, such as misconduct or demonstrated incompetence, such reversion would be opposed to the best interest of the Government.

10. If, in the performance of your cover service, you assume the custody of Government funds or take title of record to, property of any nature whatsoever situate which property has in fact been purchased with monies of the U. S. Government, you hereby recognize and acknowledge the existence of a trust relationship, either express or constructive, and you agree to execute whatever documents may be required by the Government to evidence this relationship.

11. Instructions received by you from the Government in briefing or training are a part of this letter and are incorporated herein, provided that such instructions are not inconsistent with the terms hereof.


12. You will be required to keep forever secret this letter and all information which you may obtain by reason hereof (unless released in writing by the Government from such obligation), with full knowledge that violation of such secrecy may subject you to criminal prosecution under the Espionage Laws, dated 25 June 1948, as amended, and other applicable laws and regulations.

UNITED STATES GOVERNMENT

BY

Office of Personnel

ACCEPTED:

  
Harold Phillips

SECRET

CONTRACT INFORMATION AND CHECK LIST		CASE OFFICER	DIVISION
INSTRUCTIONS: Complete all items, inserting "NA" when items are not applicable. Forward original and one copy for preparation of contract.		Roy Malcolm	WH
		TELEPHONE EXTENSION	DATE
		2056	17 January 1956
SECTION I GENERAL			
1. NAME <input checked="" type="checkbox"/> PSEUDO <input type="checkbox"/> TRUE	2. PROJECT	3. ALLOTMENT NO.	4. SLOT NO.
		6-3545-55-055	BAF-125
5. PREVIOUS CIA PSEUDONYM OR ALIASES	6. INDIVIDUAL IS PRESENTLY ENGAGED, OR HAS BEEN ENGAGED BY CIA OR ITS ALLIED ACTIVITIES IN SOME CAPACITY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If yes, describe and include salary)		
Paul D. Langevin	Contract Agent, 1952 - 1954 Staff Employee as of 1 May 1955 - \$10,320		
7. SECURITY CLEARANCE (Type and date)	9. CONTRACT IS TO BE WRITTEN IN STERILE FORM I.E. "U.S. GOVERNMENT" <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
Top Secret			
8. INDIVIDUAL WILL WORK UNDER "CONTROLLED CONDITIONS" I.E. REGULAR OFFICE HOURS AWAY FROM SUBJECT'S HOME AND PERFORMED UNDER THE SUPERVISION OF A STAFF EMPLOYEE OR STAFF AGENT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		10. PROPOSED CATEGORY (Contract agent, contract employee, etc.)	
		Staff Agent	
SECTION II PERSONAL DATA			
11. CITIZENSHIP	12. IF NOT U.S. CITIZEN, INDIVIDUAL IS A PERMANENT RESIDENT ALIEN <input type="checkbox"/> YES <input type="checkbox"/> NO	13. AGE	14. DATE OF BIRTH (Month, day, year)
U.S.		33	31 October 1922
15. LEGAL RESIDENCE (City and state or country)		16. CURRENT RESIDENCE (City and state or country)	
4804 Washburn, Fort Worth, Texas, USA		949 Rose Lane, Falls Church, Va.	
17. MARITAL STATUS (Check as appropriate)			
<input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> ANNULLED <input type="checkbox"/> SEPARATED <input checked="" type="checkbox"/> DIVORCED			
18. NUMBER OF DEPENDENTS (Not including individual) RELATIONSHIP:		19. INDIVIDUAL IS RELATED TO A STAFF EMPLOYEE, STAFF AGENT OR AN INDIVIDUAL CURRENTLY WORKING FOR THE AGENCY IN SOME CAPACITY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO RELATIONSHIP:	
Wife : Helen H. Phillips Daughter : Maria Louise Phillips Son : David A. Phillips, Jr. Daughter : Atlee Young Phillips			
SECTION III U.S. MILITARY STATUS			
20. RESERVE	21. VETERAN	22. IF RETIRED, INDICATE CATEGORY (Longevity, combat disability, service disability non-combat)	
No	Yes		
23. BRANCH OF SERVICE	24. RANK OR GRADE	25. DRAFT ELIGIBLE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	26. DRAFT DEFERMENT OBTAINED BY CIA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
SECTION IV COMPENSATION			
27. BASIC SALARY	28. POST DIFFERENTIAL	29. COVER (Breakdown, if any)	30. TAXES TO BE WITHHELD BY COVER
\$10,320	Yes	No	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
SECTION V ALLOWANCES (NORMALLY GRANTED ONLY TO RESIDENTS OF THE UNITED STATES)			
31. QUARTERS	32. POST	33. OTHER	
Yes			
34. COVER (Breakdown, if any)			
Newspaperman			
SECTION VI TRAVEL			
35. TYPES <input checked="" type="checkbox"/> PCS <input type="checkbox"/> DOMESTIC OPERATIONAL <input type="checkbox"/> FOREIGN OPERATIONAL			36. WITH DEPENDENTS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
37. HOUSEHOLD EFFECTS TO BE SHIPPED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	38. PERSONAL VEHICLE TO BE SHIPPED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	39. TRANSPORTED VEHICLE TO BE USED FOR OPERATIONAL TRAVEL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
40. IF WITH DEPENDENTS STATE RELATIONSHIP, CITIZENSHIP, AGE AND DATE OF BIRTH			
Helen H. Phillips, Wife, U.S. 36, March 29, 1919			
Maria Louise Phillips, Daughter, U.S. 6, <input type="text"/>			
David A. Phillips, Jr., Son, U.S. 4, <input type="text"/>			
Atlee Young Phillips, Daughter, U.S. 2, <input type="text"/>			
41. PAYMENT AND ACCOUNTABILITY WILL BE IN CONFORMANCE WITH <input checked="" type="checkbox"/> CIA REGULATIONS <input type="checkbox"/> COVER POLICIES AND PROCEDURES			
SECTION VII OPERATIONAL EXPENSES			
42. PURCHASE OF INFORMATION	43. ENTERTAINMENT	44. OTHER	
45. PAYMENT AND ACCOUNTABILITY WILL BE IN CONFORMANCE WITH			

CONTRACT INFORMATION AND CHECK LIST  
(CONTINUED)

TE - SEE INSTRUCTIONS ON FIRST SHEET.

NAME OFFICER: **Roy Malcolm**  
 TELEPHONE EXTENSION: **2056**  
 DIVISION: **WH**  
 DATE: **17 January 1956**

SECTION VIII OTHER BENEFITS  
 BENEFITS (See Part XIV of Confidential Fund Regulations or successor regulations for benefits applicable to various categories of contract personnel. If medical benefits are requested, see E 15-235 or successor regulations.)

Staff Agent benefits

SECTION IX COVER ACTIVITY

7. STATUS (Check)	PROPOSED	48. TYPE (Check)	PROPRIETARY	CULTURAL	COMMERCIAL	TOURIST
	<input checked="" type="checkbox"/> ESTABLISHED		SCIENTIFIC	EDUCATIONAL	MILITARY	<input checked="" type="checkbox"/> OTHER

18. IF COVER PAYMENTS ARE CONTEMPLATED, THEY WILL BE EFFECTED ON REIMBURSABLE BASIS  
 NA  YES  NO  COMPLETE  PARTIAL

SECTION X OFFSET OF INCOME

19. OFFSET OF INCOME AND OTHER EMOLUMENTS DERIVED FROM COVER ACTIVITIES (If less than total, justify in separate memo attached hereto.)  
 TOTAL  PARTIAL  NONE

SECTION XI TERM

1. DURATION: DAYS MONTHS **2** YEARS  
 32. EFFECTIVE DATE: **Upon Departure**  
 33. RENEWABLE:  YES  NO  
 34. TERMINATION NOTICE (Number of days)  
 35. FORFEITURE OF RETURN TRAVEL FOR RESIGNATION PRIOR TO CONTRACT TERMINATION:  YES  NO

SECTION XII FUNCTION

6. PRIMARY FUNCTION (PI, PP, other) **PP**

SECTION XIII DUTIES

7. GENERAL DESCRIPTION OF DUTIES TO BE PERFORMED  
**PP Officer, Cuba**

SECTION XIV QUALIFICATIONS

58. EXPERIENCE  
**Contract Agent 1952-1954 in Chile  
 Contract Agent 1954 (PBUSUCCESS & FBHISTORY)  
 Covert Associate 1954-1955**

59. EDUCATION (Check Highest Level Attained)

GRADE SCHOOL	HIGH SCHOOL GRADUATE	TRADE SCHOOL GRADUATE
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BUSINESS SCHOOL GRADUATE	COLLEGE (No degree)	COLLEGE DEGREE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMERCIAL SCHOOL GRADUATE	POST GRADUATE	MA
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

60. LANGUAGE COMPETENCY (Check Appropriate Degree Competency)

LANGUAGE	SPEAK		WRITE		READ	
	FLUENT	AVERAGE	FLUENT	AVERAGE	FLUENT	AVERAGE
Spanish	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
French	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

61. INDIVIDUAL'S COUNTRY OF ORIGIN: **U.S.**

62. AREA KNOWLEDGE  
**Latin America, Europe**

SECTION XV PRIOR EMPLOYMENT

63. JOB AND SALARY PRIOR TO SERVICE FOR CIA  
**Self employed: Newspaper editor and publisher; lecturer.**

SECTION XVI ADDITIONAL INFORMATION

64. ADDITIONAL OR UNUSUAL REQUIREMENTS JUSTIFICATIONS OR EXPLANATIONS (See other side if necessary)

CONFIDENTIAL

You will utilize your established cover as a newspaper publisher and lecturer on Latin American affairs resident in Santiago, Chile. You have chosen to live temporarily in Cuba because of ~~some~~ unfulfilled lecture contracts in the United States. You have not returned to your business in Santiago because of the great expense of traveling between Chile and the United States. You will, in fact, return to the United States on two occasions to deliver lectures contracted before your employment as a Staff Employee of this Agency. (February 14 and 15 in Sioux Falls, South Dakota, and Wichita, Kansas; and March 13 in Palm Beach, Florida). You are strictly enjoined against using any material relating to intelligence or other covert activities. You are advised that the income received from the three scheduled lectures shall not be subject to the offset provisions of ~~your contract~~ (this letter of instruction). It is understood that the lectures will be made while on annual leave and that all expenses incidental thereto will be met by you. At some future date, should it be decided that you should renew your lecture activities, the decision as to whether or not the income will be subject to offset provisions will be made at ~~that~~ Headquarters.

are  
 You ~~are~~ also informed that should the manuscript entitled "Popcorn in the Andes", ~~now~~ <sup>now</sup> in the hands of your literary agent, be published during your tour of duty the income therefrom will not be subject to the offset provisions of this contract.

SECRET

CONTRACT INFORMATION AND CHECK LIST		CASE OFFICER <b>Robert S. GoralSKI</b>	DIVISION <b>NEA</b>
INSTRUCTIONS: Complete all items involving USA; other items may not apply. Forward original and one copy for preparation of contract.		TELEPHONE EXTENSION <b>3548</b>	DATE <b>9 May 1957</b>
SECTION I GENERAL			
1. NAME <b>[Redacted]</b>	2. PROJECT <b>PSCIATS</b>	3. ALLOTMENT NO.	4. SLOT NO.
5. PREVIOUS CIA PSEUDONYM OR ALIASES <b>[Redacted]</b>	6. INDIVIDUAL IS PRESENTLY ENGAGED OR HAS BEEN ENGAGED BY CIA OR ITS ALLIED ACTIVITIES IN SOME CAPACITY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If yes, describe and include salary) <b>Staff Agent, WH \$10,535.00</b>		
7. SECURITY CLEARANCE (Type and date) <b>Top Secret, 1 April 1955</b>		8. CONTRACT IS TO BE WRITTEN IN STERILE FORM I.E., "U.S. GOVERNMENT" <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
9. INDIVIDUAL WILL WORK UNDER "CONTROLLED CONDITIONS" I.E., REGULAR OFFICE HOURS AWAY FROM SUBJECT'S HOME AND PERFORMED UNDER THE SUPERVISION OF A STAFF EMPLOYEE OR STAFF AGENT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		10. PROPOSED CATEGORY (Contract agent, contract employee, etc.) <b>Staff Agent</b>	
SECTION II PERSONAL DATA			
11. CITIZENSHIP <b>U.S.A.</b>	12. IF NOT U.S. CITIZEN INDIVIDUAL IS PERMANENT RESIDENT ALIEN <input type="checkbox"/> YES <input type="checkbox"/> NO	13. AGE <b>34</b>	14. DATE OF BIRTH (Month, day, year) <b>31 Oct. 1922</b>
15. LEGAL RESIDENCE (City and state or country) <b>4804 Washburn, Fort Worth, Texas</b>		16. CURRENT RESIDENCE (City and state or country)	
17. MARITAL STATUS (Check as appropriate) <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> ANNULLED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED			
18. NUMBER OF DEPENDENTS (Not including individual) RELATIONSHIP: <b>Five: Wife and four children</b>		19. INDIVIDUAL IS RELATED TO A STAFF EMPLOYEE, STAFF AGENT OR AN INDIVIDUAL CURRENTLY WORKING FOR THE AGENCY IN SOME CAPACITY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO RELATIONSHIP:	
SECTION III U.S. MILITARY STATUS			
20. RESERVE <b>N.A.</b>	21. VETERAN <b>World War II</b>	22. IF RETIRED, INDICATE CATEGORY (Longevity, combat disability, service disability non-combat) <b>N.A.</b>	
23. BRANCH OF SERVICE <b>N.A.</b>	24. RANK OR GRADE <b>N.A.</b>	25. DRAFT ELIGIBLE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	26. DRAFT DEFERMENT OBTAINED BY CIA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
SECTION IV COMPENSATION			
27. BASIC SALARY <b>\$10,320.00</b>	28. POST DIFFERENTIAL <b>\$585.00</b>	29. COVER (Breakdown, if any)	30. TAXES TO BE WITHHELD BY COVER <input type="checkbox"/> YES <input type="checkbox"/> NO
SECTION V ALLOWANCES (NORMALLY GRANTED ONLY TO RESIDENTS OF THE UNITED STATES)			
31. QUARTERS <b>\$3,000.00</b>	32. POST <b>\$585.00</b>	33. OTHER	
34. COVER (Breakdown, if any)			
SECTION VI TRAVEL			
35. TYPES <input checked="" type="checkbox"/> PCS <input type="checkbox"/> DOMESTIC OPERATIONAL <input type="checkbox"/> FOREIGN OPERATIONAL			36. WITH DEPENDENTS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
37. HOUSEHOLD EFFECTS TO BE SHIPPED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	38. PERSONAL VEHICLE TO BE SHIPPED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	39. TRANSPORTED VEHICLE TO BE USED FOR OPERATIONAL TRAVEL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
40. IF WITH DEPENDENTS STATE RELATIONSHIP, CITIZENSHIP, AGE AND DATE OF BIRTH  Wife: Helen H. Phillips, U.S., 38, 29 March 1919 Daughter: Maria Louise Phillips, U.S., 7, Daughter: Atless Young Phillips, U.S., 4, Son: David A. Phillips, Jr., U.S. 5, Child approx. 5 mos., U.S.			
41. PAYMENT AND ACCOUNTABILITY WILL BE IN CONFORMANCE WITH <input checked="" type="checkbox"/> CIA REGULATIONS <input type="checkbox"/> COVER POLICIES AND PROCEDURES			
SECTION VII OPERATIONAL EXPENSES			
42. PURCHASE OF INFORMATION <b>N.A.</b>	43. ENTERTAINMENT <b>N.A.</b>	44. OTHER <b>N.A.</b>	
45. PAYMENT AND ACCOUNTABILITY WILL BE IN CONFORMANCE WITH			

*Present letter OK.*

*HW - April 57*

<b>CONTRACT INFORMATION AND CHECK LIST (CONTINUED)</b>		CASE OFFICER <b>Robert S. Goralski</b>	DIVISION <b>NEA</b>
NOTE: SEE INSTRUCTIONS ON FIRST SHEET		TELEPHONE EXTENSION <b>3548</b>	DATE <b>9 May 1957</b>
SECTION VIII OTHER BENEFITS			
66. BENEFITS (See Part XIV of Confidential Fund Regulations or successor regulations for benefits applicable to various categories of contract personnel. If medical benefits are requested, see R 15-710 or successor regulations.)			
<b>Usual staff employee benefits</b>			
SECTION IX COVER ACTIVITY			
67. STATUS (Check)	PROPOSED <input type="checkbox"/>	ESTABLISHED <input checked="" type="checkbox"/>	68. TYPE (Check)
			PROPRIETARY <input type="checkbox"/>
			CULTURAL <input type="checkbox"/>
			<input checked="" type="checkbox"/> COMMERCIAL
			TOURIST <input type="checkbox"/>
			SUBSIDIZED <input type="checkbox"/>
			EDUCATIONAL <input type="checkbox"/>
			MILITARY <input type="checkbox"/>
			OTHER <input type="checkbox"/>
69. IF COVER PAYMENTS ARE CONTEMPLATED, THEY WILL BE EFFECTED ON REIMBURSABLE BASIS			
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL			
SECTION X OFFSET OF INCOME			
50. OFFSET OF INCOME AND OTHER EMOLUMENTS DERIVED FROM COVER ACTIVITIES (If less than total, justify in separate memo attached hereto.)			
<input checked="" type="checkbox"/> TOTAL <input type="checkbox"/> PARTIAL <input type="checkbox"/> NONE			
SECTION XI TERM			
51. DURATION		52. EFFECTIVE DATE	
DAYS	MONTHS	YEARS	<b>2</b>
		<b>Upon departure</b>	
53. RENEWABLE			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
54. TERMINATION NOTICE (Number of days)		55. FORFEITURE OF RETURN TRAVEL FOR RESIGNATION PRIOR TO CONTRACT TERMINATION	
		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
SECTION XII FUNCTION			
56. PRIMARY FUNCTION (PI, PP, other)			
<b>PP</b>			
SECTION XIII DUTIES			
57. GENERAL DESCRIPTION OF DUTIES TO BE PERFORMED			
<b>Ostensible Assistant to the Director of a Lebanese radio and television center, perform liaison functions between the Chief of Station, Beirut, and the Center; provide thematic guidance to the Center in its output in accordance with Agency needs in support of HERMANTLED projects.</b>			
SECTION XIV QUALIFICATIONS			
58. EXPERIENCE			
<b>PP operations officer in the development, management and supervision of radio broadcasting facilities; professional experience in several media, particularly newspapers and radio.</b>			
59. EDUCATION (Check Highest Level Attained)			
GRADE SCHOOL		HIGH SCHOOL GRADUATE	
BUSINESS SCHOOL GRADUATE		TRADE SCHOOL GRADUATE	
<input checked="" type="checkbox"/> COLLEGE (No degree)		COLLEGE DEGREE	
		POST GRADUATE	
		MA	
		PHD	
60. LANGUAGE COMPETENCY (Check Appropriate Degree Competency)			
LANGUAGE		SPEAK	
		WRITE	
		READ	
		61. INDIVIDUAL'S COUNTRY OF ORIGIN	
Spanish		<b>U.S.A.</b>	
French			
German			
62. AREA KNOWLEDGE			
<b>Central and South America; North Africa; Italy</b>			
SECTION XV PRIOR EMPLOYMENT			
63. JOB AND SALARY PRIOR TO SERVICE FOR CIA			
<b>Editor and publisher, lecturer, actor and free-lance writer.</b>			
SECTION XVI ADDITIONAL INFORMATION			
64. ADDITIONAL OR UNUSUAL REQUIREMENTS, JUSTIFICATIONS OR EXPLANATIONS (See other side if necessary)			
<b>Assignment to Project PECTATE should be effective 30 April 1957</b>			
<input type="checkbox"/> OVER			
APPROVAL			
DATE	TYPED NAME & SIGNATURE OF CASE OFFICER	DATE	TYPED NAME & SIGNATURE OF SENIOR STAFF OFFICER
<b>10 May 57</b>	<i>[Signature]</i>		

TR

CONFIDENTIAL  
(When Filled In)

1. NAME (Last) <i>Phillips</i>		(First) <i>David</i>		(Middle) <i>R</i>		2 THIS DATE <i>9 Dec 55</i>	
3. THE FOLLOWING AGENCY SPONSORED INSURANCE PROGRAMS HAVE BEEN EXPLAINED TO ME							
<input type="checkbox"/> BAR BARBERS EMPLOYERS PROTECTIVE ASSOCIATION (BAEPA)		<input type="checkbox"/> GROUP DISEASES *		<input type="checkbox"/> GROUP DISEASES *		<input type="checkbox"/> INCOME REPLACEMENT *	
<input checked="" type="checkbox"/> GROUP HOSPITALIZATION INCORPORATED (GHI)		<input checked="" type="checkbox"/> MUTUAL BENEFIT OF OHIO - HOSPITALIZATION		<input checked="" type="checkbox"/> UNITED LIFE INSURANCE (ULIC)		<input checked="" type="checkbox"/> AIR TRIP INSURANCE	
* CASH PAYMENT OF PREMIUMS AT THE TIME EMPLOYEE APPLIES FOR INSURANCE MUST COVER THE PERIOD OF TIME HE WILL BE AWAY FROM HEADQUARTERS.							
4. ITINERARY (To be completed only for individuals making application for Air Trip Insurance)							
5. I AM NOW PARTICIPATING, OR WOULD LIKE TO PARTICIPATE IN THE INSURANCE PROGRAMS LISTED BELOW.				SIGNATURE OF EMPLOYEE <i>David C. Phillips</i>			
TYPE OF POLICY	DESIRED	NOT HAVE	POLICY NUMBER	DEDUCTIONS AUTHORIZED EACH PAY PERIOD	CASH PAID		
<i>Life Empire</i>		<input checked="" type="checkbox"/>					
<i>Mutual of Omaha Health</i>		<input checked="" type="checkbox"/>	<i>PC Thompson 56</i>				
6. I DO NOT ELECT TO PARTICIPATE IN ANY OF THE STATED INSURANCE PROGRAMS				SIGNATURE OF EMPLOYEE			
7. EMPLOYEE INTERVIEWED BY	CPB (Signature) <i>C-T Chisman</i>			ICD (Signature)			
8. REMARKS							
When completed, the original of this form should be forwarded to TRB for incorporation in the employee's official personnel folder. The copy should be forwarded to CPB for retention in CPB files.							
INSURANCE QUESTIONNAIRE							



TR

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(When Filled In)

RESIDENCE AND DEPENDENCY REPORT			
<p><b>INSTRUCTIONS:</b> Submit in duplicate when ordered overseas or whenever designated place of residence, marital or dependency status changes. This information is important in determining travel expenses allowable in connection with leave at Government expense, overseas duty, return to residence upon separation, and in determining transportation expenses allowable in connection with shipment of remains of employee or member of family.</p>			
1. NAME OF EMPLOYEE (Last)		(First) (Middle)	
Phillips		David Atlee	
2. RESIDENCE DATA			
PLACE OF RESIDENCE WHEN APPOINTED		LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. (if appointed abroad)	
919 Rose Lane, Falls Church, Va.			
PLACE IN CONTINENTAL U.S. DESIGNATED PERMANENT OR LEGAL RESIDENCE			
1804 Washburn, Fort Worth, Texas.			
3. MARITAL STATUS			
<input type="checkbox"/> SINGLE	PLACE OF MARRIAGE	DATE OF MARRIAGE	
<input checked="" type="checkbox"/> MARRIED	Fort Worth, Texas	5 June 1948	
<input type="checkbox"/> DIVORCED	PLACE OF DIVORCE DECREE	DATE OF DIVORCE DECREE	
<input type="checkbox"/> WIDOWED	PLACE SPOUSE DIED	DATE SPOUSE DIED	
4. MEMBERS OF FAMILY			
NAME OF SPOUSE	ADDRESS (Number) (Street) (City) (State)	TELEPHONE	
Helen Haasch Phillips	919 Rose Lane Falls Church Va.	JE-3-9579	
NAMES OF CHILDREN	ADDRESS (Number) (Street) (City) (State)	SEX	AGE
Maria Louise Phillips	" " " "	Female	6
David Atlee Phillips, Jr.	" " " "	Male	3
Atlee Young Phillips	" " " "	Female	2
NAME OF FATHER (or male guardian)	ADDRESS (Number) (Street) (City) (State)	TELEPHONE	
Deceased			
NAME OF MOTHER (or female guardian)	ADDRESS (Number) (Street) (City) (State)	TELEPHONE	
Deceased			
5. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY			
NAME		RELATIONSHIP	
Edwin T. Phillips, Jr.		Brother	
ADDRESS (Number) (Street) (City) (State)	TELEPHONE		
1804 Washburn Fort Worth Texas			
THE PERSONS NAMED IN ITEM 4 ABOVE WILL ALSO BE NOTIFIED IN CASE OF EMERGENCY. IF SUCH NOTIFICATION IS NOT DESIRABLE, DUE TO HEALTH OR OTHER PERTINENT REASONS, PLEASE SO STATE UNDER "REMARKS."			
VOLUNTARY ENTRIES			
THE FOLLOWING AGENCY ENDORSED LIFE AND HOSPITALIZATION INSURANCE POLICIES ARE IN FORCE IN MY NAME: THE "POLICY NO." SHOULD BE ENTERED IF POSSIBLE, SINCE THIS INFORMATION WILL ASSIST IN EXPEDITING ACTION BY THE INSURANCE COMPANY SHOULD A CLAIM BECOME PAYABLE.			
6. FULL NAME OF COMPANY	ADDRESS OF HOME OFFICE	POLICY NO.	
U.S. Government Employee	Washington, D.C.		
Mutual of Omaha Hospitalization	Omaha, Neb.	GWF 1514	
7. I HAVE COMPLETED THE FOLLOWING: WILL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO POWER OF ATTORNEY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
8. REMARKS:			
<p>Power of Attorney to:</p> <p>Edwin T. Phillips, Jr 1804 Washburn, Fort Worth, Texas.</p> <p>Edmond K. Fannon Casilla 1250, Santiago, Chile</p>			
SIGNED AT	DATE	SIGNATURE	
Washington, D.C.	27 December 1955	[Signature]	

CERTIFICATE OF ATTENDANCE

I certify that on MAY 12 1955 I have attended  
(DATE)  
the Induction Course specified by Regulation 25-110.

Note:  
Displayed unusual  
alertness at the  
Introduction Program  
on May 12  
J.P.P.

DAVID A. PHILLIPS  
(NAME) - Please print  
 CLERICAL     STENOGRAPHIC     OTHER  
OFFICE 201/PP/130  
GS- 14 (Grade)

FORM NO. 110 REPLACES FORM SI-121  
WHICH MAY BE USED.

### APPOINTMENT AFFIDAVITS

**IMPORTANT.**—Before swearing to these appointment affidavits, you should read and understand the attached information for appointee

CENTRAL INTELLIGENCE AGENCY

(Department or agency)

WASHINGTON, D. C.

(Bureau or division)

(Place of employment)

I, DAVID A. PHILLIPS, do solemnly swear (or affirm) that—

#### A. OATH OF OFFICE

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely without any mental reservation or purpose of evasion; that I will well and faithfully discharge the duties of the office on which I am about to enter, **SO HELP ME GOD.**

#### B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

I am not a Communist or Fascist. I do not advocate nor am I a member of any organization that advocates the overthrow of the Government of the United States by force or violence or other unconstitutional means or seeking by force or violence to deny other persons their rights under the Constitution of the United States. I do further swear (or affirm) I will not so advocate, nor will I become a member of such organization during the period that I am an employee of the Federal Government.

#### C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

I am not engaged in any strike against the Government of the United States and that I will not so engage while an employee of the Government of the United States; that I am not a member of an organization of Government employees that asserts the right to strike against the Government of the United States, and that I will not, while a Government employee, become a member of such an organization.

#### D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

I have not paid, or offered or promised to pay, any money or other thing of value to any person, firm or corporation for the use of influence to procure my appointment.

#### E. AFFIDAVIT AS TO DECLARATION OF APPOINTEE

The answers given in the Declaration of Appointee on the reverse of this form are true and correct.

1 April 1955

(Date of entrance on duty)

David A. Phillips

(Signature of appointee)

Subscribed and sworn before me this 23 day of April, A. D. 1955,

at Washington

(City)

D. C.

(State)

[SEAL]

William C. Sandegren

(Signature of officer)

ASC 18 & 16a

(Title)

NOTE.—If the oath is taken before a Notary Public the date of expiration of his commission should be shown.

## DECLARATION OF APPOINTEE

This form is to be completed before entrance on duty. Answer all questions. Any false statement in this declaration will be grounds for cancellation of application or dismissal after appointment. Impersonation is a criminal offense and will be prosecuted accordingly.

1. PRESENT ADDRESS (street and number, city and State)  
 4221 JACKSON FORT WORTH TEXAS

2. (A) DATE OF BIRTH OCTOBER 21 1922	(B) PLACE OF BIRTH (city or town and State or country) FORT WORTH TEXAS		
3. (A) IN CASE OF EMERGENCY PLEASE NOTIFY NEEDN SEEN PHILIPS	(B) RELATIONSHIP WIFE	(C) STREET AND NUMBER, CITY AND STATE 4221 JACKSON FORT WORTH TEXAS	(D) TELEPHONE NO. JF 1-1077

4. DOES THE UNITED STATES GOVERNMENT EMPLOY, IN A CIVILIAN CAPACITY, ANY RELATIVE OF YOURS (LITNER BY BLOOD OR MARRIAGE) WITH WHOM YOU LIVE OR HAVE LIVED WITHIN THE PAST SIX MONTHS?  YES  NO  
 If so, for each such relative fill in the blanks below. If additional space is necessary, complete under Item 10.

NAME	POST OFFICE ADDRESS (Give street number, if any)	RELATIONSHIP		MARRIED (Check one)	SINGLE
		(1) POSITION	(2) TEMPORARY OR NOT		
		(1) DEPARTMENT OR AGENCY IN WHICH EMPLOYED	(2) TEMPORARY OR NOT		

INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO	10. SPACE FOR DETAILED ANSWERS TO OTHER QUESTIONS
			ITEM NO. WRITE IN LEFT COLUMN NUMBERS OF ITEMS TO WHICH DETAILED ANSWERS APPLY
5. ARE YOU A CITIZEN OF OR DO YOU OWE ALLEGIANCE TO THE UNITED STATES?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY? <i>If your answer is "Yes", give details in Item 10.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7. DO YOU RECEIVE ANY ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT OR ANY PENSION OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE? <i>If your answer is "Yes", give in Item 10 reason for retirement, that is, age, optional disability, or by reason of voluntary or involuntary separation after 5 years' service, amount of retirement pay, and under what retirement act; and rating, if retired from military or naval service.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
8. SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT HAVE YOU BEEN DISCHARGED, DEBARRED TO REHIRE, FOR MISCONDUCT OR UNSATISFACTORY SERVICE FROM ANY POSITION? <i>If your answer is "Yes", give in Item 10 the name and address of employer, date and reason in each case.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
9. HAVE YOU BEEN ARRESTED (NOT INCLUDING TRAFFIC VIOLATIONS FOR WHICH YOU WERE FINED \$5 OR LESS OR FORFEITED COLLATERAL OF \$5 OR LESS) SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT? <i>If your answer is "Yes", list all such cases under Item 10. Give in each case, (1) The date, (2) the nature of the offense or violation, (3) the name and location of the court, (4) the penalty imposed, if any, or other disposition of the case. If appointed, your fingerprints will be taken.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

### INSTRUCTIONS TO APPOINTING OFFICER

The appointing officer before whom the foregoing certificate is made shall determine by his own selection and to determine beyond reasonable doubt that the appointee is the same person whose appointment was authorized. The appointee's signature and handwriting are to be compared with the application and other pertinent papers. If the appointee qualified in a written examination, the signature on this form should be compared with the signature on the declaration sheet, which was signed in the examination room. His physical appearance may be checked against the medical certificate. The appointee may also be questioned on his personal history for agreement with his previous statements.

(2) *Age*—If definite age limits have been established for the position, it should be determined that applicant is not outside the age range for appointment. Until such determination is made, the appointment may not be consummated.

(3) *Citizenship*—The appointing officer is responsible for observing the citizenship provisions of (1) the Civil Service Rules and (2) appropriation acts. Form 61 constitutes an affidavit for both purposes and is acceptable proof of citizenship status in the absence of conflicting evidence. In doubtful cases the appointment should not be consummated until clearance has been secured from the certifying officer of the Civil Service Commission.

(4) *Members of Family*—Section 9 of the Civil Service Act provides that whenever there are already two or more members of a family serving under probational or permanent appointment in the competitive service, no other member of such family is eligible for probational or permanent appointment in the competitive service. The appointments of persons entitled to veteran preference are not subject to this requirement. The members of family provision does not apply to temporary appointments. Doubtful cases may be referred to the appropriate officer of the Civil Service Commission for decision.

SECRET  
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST						
2. NAME (Last, First, Middle) <b>Phillips, David A.</b>		29 Jan 75						
3. POSITION TITLE <b>C/LAD</b>		4. GRADE <b>GS-18</b>						
5. OFFICE, DIVISION BRANCH <b>DDO/LA</b>		6. EMPLOYEE'S EXT. <b>5103</b>						
7. PURPOSE OF EVALUATION								
<input type="checkbox"/> PRE-EMPLOYMENT	<input type="checkbox"/> HQS/TDY	<table border="1"><tr><td>ETD</td></tr><tr><td>STATION</td></tr><tr><td>TDY OR PCS</td></tr><tr><td>TYPE OF COVER</td></tr><tr><td>NO. OF DEPENDENTS TO ACCOMPANY</td></tr><tr><td>NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY ATTACHED</td></tr></table>	ETD	STATION	TDY OR PCS	TYPE OF COVER	NO. OF DEPENDENTS TO ACCOMPANY	NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY ATTACHED
ETD								
STATION								
TDY OR PCS								
TYPE OF COVER								
NO. OF DEPENDENTS TO ACCOMPANY								
NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY ATTACHED								
<input type="checkbox"/> ENTRANCE ON DUTY	<input type="checkbox"/> OVERSEAS ASSIGNMENT							
<input checked="" type="checkbox"/> TDY STANDBY	<input type="checkbox"/> RETURN FROM OVERSEAS							
<input type="checkbox"/> SPECIAL TRAINING	<table border="1"><tr><td>ETA</td></tr><tr><td>STATION</td></tr><tr><td>NO. OF DEP.'S</td></tr></table>	ETA	STATION	NO. OF DEP.'S				
ETA								
STATION								
NO. OF DEP.'S								
<input type="checkbox"/> ANNUAL								
<input type="checkbox"/> RETURN TO DUTY								
<input type="checkbox"/> FITNESS FOR DUTY								
<input type="checkbox"/> MEDICAL RETIREMENT								
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER						
<input type="checkbox"/> YES	SIGNATURE <i>Kathy Hill</i> <b>Kathy Hill, LA/Trng</b>							
<input type="checkbox"/> NO	ROOM NO. & BUILDING <b>3D5317 Hqs</b>	EXT <b>7431</b>						

10. COMMENTS <b>Subject has completed his Executive Annual.</b>	
11. REPORT OF EVALUATION <b>Qualified for <del>IXBXXIXX</del> TDY Standby until 1 October 1975.</b>	
DATE <b>4 February 1975</b>	SIGNATURE FOR CHIEF OF MEDICAL STAFF <b>William T. Golder, OMS/Registrar</b>

SECRET

(When Filled In)

<b>REQUEST FOR MEDICAL EVALUATION</b>		1. DATE OF REQUEST 10 May 1972											
2. NAME (Last, First, Middle) Phillips, David A. (Dependents Of)		3. POSITION TITLE COS	4. GRADE GS-17										
5. OFFICE DIVISION BRANCH Brasilia, Brazil		6. EMPLOYEE'S EXT. 7431											
7. PURPOSE OF EVALUATION													
<input type="checkbox"/> PRE-EMPLOYMENT <input type="checkbox"/> ENTRANCE ON DUTY <input type="checkbox"/> TDY STANDBY <input type="checkbox"/> SPECIAL TRAINING <input type="checkbox"/> ANNUAL <input type="checkbox"/> RETURN TO DUTY <input type="checkbox"/> FITNESS FOR DUTY <input type="checkbox"/> MEDICAL RETIREMENT		<input type="checkbox"/> HQS/TDY <input checked="" type="checkbox"/> OVERSEAS ASSIGNMENT											
<p><i>10 July 0900</i> <i>12 July 1300</i> <i>13 July 0900</i> <i>27 Jul 0900</i> <i>28 Jul 1300</i> <i>20 Jul 1300</i></p>		<table border="1"> <tr><td>ETD</td></tr> <tr><td>August 1972</td></tr> <tr><td>STATION</td></tr> <tr><td>Caracas, Venezuela</td></tr> <tr><td>TDY OR PCS</td></tr> <tr><td>PCS</td></tr> <tr><td>TYPE OF COVER</td></tr> <tr><td>NO OF DEPENDENTS TO ACCOMPANY</td></tr> <tr><td><del>XXX</del> five</td></tr> <tr><td>NO OF DEPENDENTS REPORTS OF MEDICAL HISTORY ATTACHED</td></tr> </table>		ETD	August 1972	STATION	Caracas, Venezuela	TDY OR PCS	PCS	TYPE OF COVER	NO OF DEPENDENTS TO ACCOMPANY	<del>XXX</del> five	NO OF DEPENDENTS REPORTS OF MEDICAL HISTORY ATTACHED
ETD													
August 1972													
STATION													
Caracas, Venezuela													
TDY OR PCS													
PCS													
TYPE OF COVER													
NO OF DEPENDENTS TO ACCOMPANY													
<del>XXX</del> five													
NO OF DEPENDENTS REPORTS OF MEDICAL HISTORY ATTACHED													
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER											
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <b>DEPENDENT</b>		SIGNATURE Joan Ferguson											
		ROOM NO. & BUILDING 3D 5309 Hqs	EXT. 7431										
10. COMMENTS Please schedule appointments for the week of 10 July.													
Virginia S. wife 26 Feb 43      Wynne Aughterton <sup>Wife</sup> <del>son</del> 12 Sep 64 Deborah Anne <del>Mau</del> 25 Dec 59      Todd <del>son</del> 3 Aug 70 Bryan Moss <del>son</del> 31 Dec 60 <del>son</del> 28 Dec 56													
11. REPORT OF EVALUATION QUALIFIED FOR IS PCS <i>Annal</i> <i>67 31 72-700-52</i>													
DATE SPERRY PRESTON		SIGNATURE FOR CHIEF OF MEDICAL STAFF											

*15 MAY 1972*

*15 MAY 1972*

SECRET  
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		DATE OF REQUEST 17 October 1969						
2. NAME (Last, First, Mi/Mi) Phillips, David A. (dependents)		3. POSITION TITLE Branch Chief						
4. OFFICE, DIVISION, BRANCH DDP/MI/COG		5. GRADE GS-16						
		6. EMPLOYEE'S EAT. 7451						
7. PURPOSE OF EVALUATION								
<input type="checkbox"/> PRE-EMPLOYMENT	<input type="checkbox"/> HQS/TDY	<table border="1"><tr><td>ETD o/a 28 December 1969</td></tr><tr><td>STATION Rio de Janeiro</td></tr><tr><td>TDY OR PCS PCS</td></tr><tr><td>TYPE OF COVER</td></tr><tr><td>NO. OF DEPENDENTS TO ACCOMPANY 7</td></tr><tr><td>NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SEE #7) ATTACHED To be forwarded</td></tr></table>	ETD o/a 28 December 1969	STATION Rio de Janeiro	TDY OR PCS PCS	TYPE OF COVER	NO. OF DEPENDENTS TO ACCOMPANY 7	NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SEE #7) ATTACHED To be forwarded
ETD o/a 28 December 1969								
STATION Rio de Janeiro								
TDY OR PCS PCS								
TYPE OF COVER								
NO. OF DEPENDENTS TO ACCOMPANY 7								
NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SEE #7) ATTACHED To be forwarded								
<input type="checkbox"/> ENTRANCE ON DUTY	<input checked="" type="checkbox"/> OVERSEAS ASSIGNMENT							
<input type="checkbox"/> TDY STANDBY								
<input type="checkbox"/> SPECIAL TRAINING								
<input type="checkbox"/> ANNUAL								
<input type="checkbox"/> RETURN TO DUTY	<input type="checkbox"/> RETURN FROM OVERSEAS							
<input type="checkbox"/> FITNESS FOR DUTY								
<input type="checkbox"/> MEDICAL RETIREMENT								
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER						
<input checked="" type="checkbox"/> YES	SIGNATURE <i>Ruth A. Sanford</i>							
<input type="checkbox"/> NO	Ruth A. Sanford ROOM NO. & BUILDING 3DS309 14	EXT. 6815						

10. COMMENTS Virginia S. - wife - [redacted] (2 31 69)	
Christopher Clark - son - [redacted] (2 31 69)	
Bryan Moss - son - [redacted]	
Lynn Aupherton - son - [redacted]	
11. REPORT OF EVALUATION QUALIFIED OS PCS (2 31 69)	
DATE	SIGNATURE FOR CHIEF OF MEDICAL STAFF

SECRET

1. NAME (Last, First, Middle) <b>Phillips, David A.</b>		2. DATE OF BIRTH <b>10/31/22</b>		3. GRADE <b>GS-16</b>	
4. OFFICE, DIVISION, BRANCH (of overseas station and existing cover if lateral assignment) <b>DDP/VH/COG</b>		5. PRESENT POSITION <b>Branch Chief</b>		6. EMPLOYEE EXTENSION <b>7451</b>	
7. PROPOSED STATION <b>Rio de Janeiro</b>		8. PROPOSED POSITION (Title, Number, Grade) <b>COS, # 0186, GS-00</b>			
9. TYPE OF COVER AT NEW STATION <b>State</b>		10. ESTIMATED DATE OF DEPARTURE <b>c/a 28 Dec. '69</b>		11. NO. OF DEPENDENTS TO ACCOMPANY <b>7</b>	
12. COMMENTS <b>Vice Robert D. Gabagen</b> <b>Form DS-1688 to be forwarded</b>					
13. DATE OF REQUEST		14. SIGNATURE OF REQUESTING OFFICIAL <b>Ruth A. Sanford</b>		15. ROOM NUMBER AND BUILDING <b>3D 3309</b>	
				16. EXTENSION <b>6815</b>	
17. OFFICE OF MEDICAL SERVICES DISPOSITION <b>MEDICALLY QUALIFIED FOR PROPOSED OS PCS.</b> <b>DONALD FARLEY</b>					
18. OFFICE OF SECURITY DISPOSITION <b>12 24 69</b>					
19. OVERSEAS CANDIDATE REVIEW PANEL DISPOSITION					
<b>REQUEST FOR PCS OVERSEAS EVALUATION</b>					



SECRET  
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST										
2. NAME (Last, First, Middle) <b>PHILLIPS, David A.</b>		3. POSITION TITLE <b>Ops Officer</b>										
4. OFFICE, DIVISION, BRANCH <b>DDP/WH/COG</b>		5. GRADE <b>GS-15</b>										
6. EMPLOYEE'S EXT.												
7. PURPOSE OF EVALUATION												
<input type="checkbox"/> PRE-EMPLOYMENT	<input type="checkbox"/> HQS/TDY	<input type="checkbox"/> OVERSEAS ASSIGNMENT										
<input type="checkbox"/> ENTRANCE ON DUTY	<table border="1"><tr><td>ETO</td></tr><tr><td><b>22 May - 5 June 1968</b></td></tr><tr><td>STATION</td></tr><tr><td><b>Mexico City</b></td></tr><tr><td>TDY OR PCS</td></tr><tr><td><b>TDY</b></td></tr><tr><td>TYPE OF COVER</td></tr><tr><td><b>Tourist</b></td></tr><tr><td>NO. OF DEPENDENTS TO ACCOMPANY</td></tr><tr><td>NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 29) ATTACHED</td></tr></table>		ETO	<b>22 May - 5 June 1968</b>	STATION	<b>Mexico City</b>	TDY OR PCS	<b>TDY</b>	TYPE OF COVER	<b>Tourist</b>	NO. OF DEPENDENTS TO ACCOMPANY	NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 29) ATTACHED
ETO												
<b>22 May - 5 June 1968</b>												
STATION												
<b>Mexico City</b>												
TDY OR PCS												
<b>TDY</b>												
TYPE OF COVER												
<b>Tourist</b>												
NO. OF DEPENDENTS TO ACCOMPANY												
NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 29) ATTACHED												
<input type="checkbox"/> TDY STANDBY	<input type="checkbox"/> RETURN FROM OVERSEAS	<table border="1"><tr><td>ETA</td></tr><tr><td>STATION</td></tr><tr><td>NO. OF DEP.'S</td></tr></table>	ETA	STATION	NO. OF DEP.'S							
ETA												
STATION												
NO. OF DEP.'S												
<input type="checkbox"/> SPECIAL TRAINING	9. REQUESTING OFFICER											
<input type="checkbox"/> ANNUAL	SIGNATURE <i>Mary C. Wernig</i> <b>Mary C. Wernig</b>											
<input type="checkbox"/> RETURN TO DUTY	ROOM NO. & BUILDING <b>3DE 309</b>	EXT. <b>1516</b>										
<input type="checkbox"/> FITNESS FOR DUTY	8. OVERSEAS PLANNING EVALUATION (One block must be checked)											
<input type="checkbox"/> MEDICAL RETIREMENT	<input type="checkbox"/> YES											
	<input type="checkbox"/> NO											
10. COMMENTS												
11. REPORT OF EVALUATION												
DATE												
SIGNATURE FOR CHIEF OF MEDICAL STAFF												
QUALIFIED FOR PROTECTIVE <b>TDY</b> <b>ROX HART</b>												

SECRET  
(When Filled In)

<b>REQUEST FOR MEDICAL EVALUATION</b>		1. DATE OF REQUEST <b>6 September 1967</b>										
2. NAME (Last, First, Middle) <b>Phillips, David</b>		3. POSITION TITLE	4. GRADE <b>GS-15</b>									
5. OFFICE, DIVISION, BRANCH <b>WH</b>		6. EMPLOYEE'S EXT.										
<b>7. PURPOSE OF EVALUATION</b>												
<input type="checkbox"/> PRE-EMPLOYMENT  <input type="checkbox"/> ENTRANCE ON DUTY  <input type="checkbox"/> TDY STANDBY  <input type="checkbox"/> SPECIAL TRAINING  <input checked="" type="checkbox"/> ANNUAL - Executive  <input type="checkbox"/> RETURN TO DUTY  <input type="checkbox"/> FITNESS FOR DUTY  <input type="checkbox"/> MEDICAL RETIREMENT		<input type="checkbox"/> HQS/TDY <input type="checkbox"/> OVERSEAS ASSIGNMENT  <table border="1" style="width: 100%;"> <tr><td>ETD</td></tr> <tr><td>STATION</td></tr> <tr><td>TDY OR PCS</td></tr> <tr><td>TYPE OF COVER</td></tr> <tr><td>NO. OF DEPENDENTS TO ACCOMPANY</td></tr> <tr><td>NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF #9) ATTACHED</td></tr> </table> <input type="checkbox"/> RETURN FROM OVERSEAS  <table border="1" style="width: 100%;"> <tr><td>ETA</td></tr> <tr><td>STATION</td></tr> <tr><td>NO. OF DEP.'S</td></tr> </table>		ETD	STATION	TDY OR PCS	TYPE OF COVER	NO. OF DEPENDENTS TO ACCOMPANY	NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF #9) ATTACHED	ETA	STATION	NO. OF DEP.'S
ETD												
STATION												
TDY OR PCS												
TYPE OF COVER												
NO. OF DEPENDENTS TO ACCOMPANY												
NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF #9) ATTACHED												
ETA												
STATION												
NO. OF DEP.'S												
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER										
<input type="checkbox"/> YES  <input type="checkbox"/> NO		SIGNATURE										
		ROOM NO. & BUILDING	EXT.									
10. COMMENTS												
11. REPORT OF EVALUATION												
DUTY												
DEX HART												
DATE		SIGNATURE FOR CHIEF OF MEDICAL STAFF										

SECRET  
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST								
2. NAME (Last, First, Middle) <b>PHILLIPS, David A.</b> (Dep's of )		3. POSITION TITLE <b>Ops Off</b>								
5. OFFICE, DIVISION, BRANCH <b>DDP/WH/3</b>		4. GRADE <b>GS-15</b>								
7. PURPOSE OF EVALUATION		6. EMPLOYEE'S EXT. <b>5909</b>								
<input type="checkbox"/> PRE-EMPLOYMENT <input type="checkbox"/> ENTRANCE ON DUTY <input type="checkbox"/> TDY STANDBY <input type="checkbox"/> SPECIAL TRAINING <input type="checkbox"/> ANNUAL <input type="checkbox"/> RETURN TO DUTY <input type="checkbox"/> FITNESS FOR DUTY <input type="checkbox"/> MEDICAL RETIREMENT	<input type="checkbox"/> HDQ/STDY <input type="checkbox"/> OVERSEAS ASSIGNMENT <table border="1"><tr><td>PTD</td></tr><tr><td>STATION</td></tr><tr><td>TDY OR PCS</td></tr><tr><td>TYPE OF COVER</td></tr><tr><td>NO. OF DEPENDENTS TO ACCOMPANY</td></tr><tr><td>NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 42) ATTACHED</td></tr></table> <input checked="" type="checkbox"/> RETURN FROM OVERSEAS <table border="1"><tr><td>ETA</td></tr><tr><td>STATION <b>Sancti Domingo</b></td></tr><tr><td>NO. OF D.I.P.'S <b>Five</b></td></tr></table>	PTD	STATION	TDY OR PCS	TYPE OF COVER	NO. OF DEPENDENTS TO ACCOMPANY	NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 42) ATTACHED	ETA	STATION <b>Sancti Domingo</b>	NO. OF D.I.P.'S <b>Five</b>
PTD										
STATION										
TDY OR PCS										
TYPE OF COVER										
NO. OF DEPENDENTS TO ACCOMPANY										
NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 42) ATTACHED										
ETA										
STATION <b>Sancti Domingo</b>										
NO. OF D.I.P.'S <b>Five</b>										
8. OVERSEAS PLANNING EVALUATION (One block must be checked) <input type="checkbox"/> YES <input type="checkbox"/> NO	9. REQUESTING OFFICER SIGNATURE ROOM NO. & BUILDING EXT.									
10. COMMENTS Wife: Helen F. Dau: Maria L. DOB [redacted] Son: David A DOB [redacted] Son: Atlee I DOB [redacted] <del>Son: Christopher DOB [redacted]</del>										
11. REPORT OF EVALUATION										
DATE	SIGNATURE FOR CHIEF OF MEDICAL STAFF									

SECRET  
(When Filled In)

<b>REQUEST FOR MEDICAL EVALUATION</b>		1. DATE OF REQUEST 31 October 1966	
2. NAME (Last, First, Middle) Phillips, David A.		3. POSITION TITLE	4. GRADE OS-
3. OFFICE, DIVISION, BRANCH COB (WH)		5. EMPLOYEE'S EXT. 5903	
7. PURPOSE OF EVALUATION			
<input type="checkbox"/> PRE-EMPLOYMENT  <input type="checkbox"/> ENTRANCE ON DUTY  <input type="checkbox"/> TDY STANDBY  <input type="checkbox"/> SPECIAL TRAINING  <input checked="" type="checkbox"/> ANNUAL - Executive  <input type="checkbox"/> RETURN TO DUTY  <input type="checkbox"/> FITNESS FOR DUTY  <input type="checkbox"/> MEDICAL RETIREMENT		<input type="checkbox"/> HDQS/TDY <input type="checkbox"/> OVERSEAS ASSIGNMENT  <div style="border: 1px solid black; padding: 2px;">         RTU          STATION          TDY OR PCS          TYPE OF COVER          NO. OF DEPENDENTS TO ACCOMPANY          NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED       </div> <input type="checkbox"/> RETURN FROM OVERSEAS  <div style="border: 1px solid black; padding: 2px;">         ETA          STATION          NO. OF DEP.'S       </div>	
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER	
<input type="checkbox"/> YES  <input type="checkbox"/> NO		SIGNATURE	
		ROOM NO. & BUILDING	EXT.
10. COMMENTS			
QUALIFIED FOR CURRENT DUTIES			
11. REPORT OF EVALUATION			
REX HART			
DATE 12 10		SIGNATURE FOR CHIEF OF MEDICAL STAFF	

SECRET  
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST												
2. NAME (Last, First, Middle): <b>PHILLIPS, David A.</b>		<b>2 June 64</b>												
3. POSITION TITLE <b>Ops Ofcr</b>		4. GRADE <b>15</b>												
5. OFFICE, DIVISION, BRANCH <b>DDP/WH/3</b>		6. EMPLOYEE'S EXT. <b>x5909</b>												
7. PURPOSE OF EVALUATION														
<input type="checkbox"/> PRE-EMPLOYMENT <input type="checkbox"/> ENTRANCE ON DUTY <input type="checkbox"/> TDY STANDBY <input type="checkbox"/> SPECIAL TRAINING <input type="checkbox"/> ANNUAL <input type="checkbox"/> RETURN TO DUTY <input type="checkbox"/> FITNESS FOR DUTY <input type="checkbox"/> MEDICAL RETIREMENT	<input checked="" type="checkbox"/> HQS/TDY	<table border="1"><tr><td>ETD</td><td><b>3 July 64</b></td></tr><tr><td>STATION</td><td><b>Return to Mexico City</b></td></tr><tr><td>TDY OR PCS</td><td><b>PCS</b></td></tr><tr><td>TYPE OF COVER</td><td></td></tr><tr><td>NO. OF DEPENDENTS TO ACCOMPANY</td><td><b>5</b></td></tr><tr><td>NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 59) ATTACHED</td><td><b>-0</b></td></tr></table>	ETD	<b>3 July 64</b>	STATION	<b>Return to Mexico City</b>	TDY OR PCS	<b>PCS</b>	TYPE OF COVER		NO. OF DEPENDENTS TO ACCOMPANY	<b>5</b>	NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 59) ATTACHED	<b>-0</b>
	ETD		<b>3 July 64</b>											
	STATION		<b>Return to Mexico City</b>											
	TDY OR PCS		<b>PCS</b>											
	TYPE OF COVER													
	NO. OF DEPENDENTS TO ACCOMPANY		<b>5</b>											
	NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 59) ATTACHED		<b>-0</b>											
	<input type="checkbox"/> OVERSEAS ASSIGNMENT		<input checked="" type="checkbox"/> RETURN FROM OVERSEAS											
	<table border="1"><tr><td>ETA</td><td><b>30 June 64</b></td></tr><tr><td>STATION</td><td><b>Mexico City, Mexico</b></td></tr><tr><td>NO. OF DEP.'S</td><td><b>5</b></td></tr></table>	ETA	<b>30 June 64</b>	STATION	<b>Mexico City, Mexico</b>	NO. OF DEP.'S	<b>5</b>							
ETA	<b>30 June 64</b>													
STATION	<b>Mexico City, Mexico</b>													
NO. OF DEP.'S	<b>5</b>													
8. OVERSEAS PLANNING EVALUATION (One block must be checked)														
<input checked="" type="checkbox"/> YES	9. REQUESTING OFFICER:													
<input type="checkbox"/> NO	SIGNATURE <i>Murray Benthall</i> <b>Murray Benthall WH/Pers Ofcr</b>													
	ROOM NO. & BUILDING <b>GH 4407 Hqs</b>	EXT. <b>x5909</b>												

10. COMMENTS <b>Will be in Hqs beginning 30 June until 3 July for TDY.</b> <i>1-2 July</i> <b>QUALIFIED FOR PROPOSED O'S</b>	
11. REPORT OF EVALUATION <b>PCS</b> <b>JOE W. CLINE</b>	
DATE	SIGNATURE FOR CHIEF OF MEDICAL STAFF <i>[Signature]</i>

SECRET  
(When Filled In)

<b>REQUEST FOR MEDICAL EVALUATION</b>	1. DATE OF REQUEST <b>27 JULY 1965</b>
---------------------------------------	---

2. NAME (Last, First, Middle) <b>PHILLIPS, DAVID A.</b>	3. POSITION TITLE <b>COS</b>	4. GRADE <b>15</b>
5. OFFICE, DIVISION, BRANCH <b>DDP/WH/BRANCH 2</b>		6. EMPLOYEE'S EXT. <b>6576</b>

7. PURPOSE OF EVALUATION																			
<input type="checkbox"/> PRE-EMPLOYMENT  <input type="checkbox"/> ENTRANCE ON DUTY  <input type="checkbox"/> TDY STANDBY  <input type="checkbox"/> SPECIAL TRAINING  <input type="checkbox"/> ANNUAL  <input type="checkbox"/> RETURN TO DUTY  <input type="checkbox"/> FITNESS FOR DUTY  <input type="checkbox"/> MEDICAL RETIREMENT	<input type="checkbox"/> HDQS/TDY <input checked="" type="checkbox"/> OVERSEAS ASSIGNMENT  <table border="1" style="width: 100%;"> <tr><td>ETO</td></tr> <tr><td><b>LATERAL TRANSFER</b></td></tr> <tr><td>STATION</td></tr> <tr><td><b>SANTO DOMINGO, D.R.</b></td></tr> <tr><td>TDY OR PCS</td></tr> <tr><td><b>PCS</b></td></tr> <tr><td>TYPE OF COVER</td></tr> <tr><td> </td></tr> <tr><td>NO. OF DEPENDENTS TO ACCOMPANY</td></tr> <tr><td><b>5</b></td></tr> <tr><td>NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED</td></tr> <tr><td><b>0</b></td></tr> </table> <input type="checkbox"/> RETURN FROM OVERSEAS  <table border="1" style="width: 100%;"> <tr><td>ETA</td></tr> <tr><td><b>LATERAL TRANSFER</b></td></tr> <tr><td>STATION</td></tr> <tr><td><b>MEXICO CITY, MEXICO</b></td></tr> <tr><td>NO. OF DEP.'S</td></tr> <tr><td><b>5</b></td></tr> </table>	ETO	<b>LATERAL TRANSFER</b>	STATION	<b>SANTO DOMINGO, D.R.</b>	TDY OR PCS	<b>PCS</b>	TYPE OF COVER		NO. OF DEPENDENTS TO ACCOMPANY	<b>5</b>	NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED	<b>0</b>	ETA	<b>LATERAL TRANSFER</b>	STATION	<b>MEXICO CITY, MEXICO</b>	NO. OF DEP.'S	<b>5</b>
ETO																			
<b>LATERAL TRANSFER</b>																			
STATION																			
<b>SANTO DOMINGO, D.R.</b>																			
TDY OR PCS																			
<b>PCS</b>																			
TYPE OF COVER																			
NO. OF DEPENDENTS TO ACCOMPANY																			
<b>5</b>																			
NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED																			
<b>0</b>																			
ETA																			
<b>LATERAL TRANSFER</b>																			
STATION																			
<b>MEXICO CITY, MEXICO</b>																			
NO. OF DEP.'S																			
<b>5</b>																			

8. OVERSEAS PLANNING EVALUATION (One block must be checked)	9. REQUESTING OFFICER	
<input type="checkbox"/> YES  <input type="checkbox"/> NO	SIGNATURE <b>FRANK LANE</b> <b>WH PERSONNEL</b>	EXT. <b>6576</b>
	ROOM NO. & BUILDING <b>GH 56</b>	

10. COMMENTS  <b>MR. PHILLIPS IS A DIRECT TRANSFER.</b>  <b>QUALIFIED FOR PROPOSED PCS</b>
--

11. REPORT OF EVALUATION  <b>JOE W. CLINE</b>	
DATE <b>17 30 65</b>	SIGNATURE FOR CHIEF OF MEDICAL STAFF

SECRET  
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST													
2. NAME (Last, First, Middle) PHILLIPS, David A.		3. POSITION TITLE Ops Officer	4. GRADE GS-14												
5. OFFICE, DIVISION, BRANCH DDP/AFD		6. EMPLOYEE'S EXT. 8242													
7. PURPOSE OF EVALUATION															
<input type="checkbox"/> PRE-EMPLOYMENT  <input type="checkbox"/> ENTRANCE ON DUTY  <input checked="" type="checkbox"/> OVERSEAS ASSIGNMENT  <input type="checkbox"/> TDY STANDBY  <input type="checkbox"/> SPECIAL TRAINING  <input type="checkbox"/> ANNUAL  <input type="checkbox"/> RETURN TO DUTY  <input type="checkbox"/> FITNESS FOR DUTY  <input type="checkbox"/> MEDICAL RETIREMENT		<input type="checkbox"/> RECALL/ICV <input checked="" type="checkbox"/> OVERSEAS ASSIGNMENT  <table border="1"><tr><td>ETD</td><td>16 August 1961</td></tr><tr><td>STATION</td><td>Mexico City</td></tr><tr><td>TDY OR PCS</td><td>PCS</td></tr><tr><td>TY</td><td></td></tr><tr><td>NO. OF DEPENDENTS TO ACCOMPANY</td><td>five</td></tr><tr><td>NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED</td><td></td></tr></table> <input type="checkbox"/> RETURN FROM OVERSEAS  ECA STATION NO. OF DEPS  Subject's last physical exam was more than a year ago.		ETD	16 August 1961	STATION	Mexico City	TDY OR PCS	PCS	TY		NO. OF DEPENDENTS TO ACCOMPANY	five	NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED	
ETD	16 August 1961														
STATION	Mexico City														
TDY OR PCS	PCS														
TY															
NO. OF DEPENDENTS TO ACCOMPANY	five														
NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED															
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER													
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SIGNATURE Henry Costhock, Jr.													
		ROOM NO. & BUILDING 1104 Barton Hall	EXT. 8242												

10. REPORT OF EVALUATION COMMENTS	
11. REPORT OF EVALUATION	
DATE 10 AUG 1961	SIGNATURE FOR CHIEF OF MEDICAL STAFF

SECRET

<b>REQUEST FOR MEDICAL EVALUATION</b>		1. DATE OF REQUEST <b>12 April 1960</b>											
2. NAME (Last, First, Middle) <b>PHILLIPS, David Atlee</b>		3. POSITION TITLE	4. GRADE <b>GS-14</b>										
5. OFFICE, DIVISION, BRANCH <b>Washington, D. C.</b>		6. EMPLOYEE'S EXT. <b>2560</b>											
7. PURPOSE OF EVALUATION													
<input type="checkbox"/> PRE-EMPLOYMENT  <input type="checkbox"/> ENTRANCE ON DUTY  <input type="checkbox"/> OVERSEAS RETURN  <input type="checkbox"/> TDY STANDBY  <input type="checkbox"/> SPECIAL TRAINING  <input type="checkbox"/> ANNUAL  <input type="checkbox"/> RETURN TO DUTY  <input type="checkbox"/> FITNESS FOR DUTY  <input type="checkbox"/> MEDICAL RETIREMENT		<input checked="" type="checkbox"/> OVERSEAS ASSIGNMENT  <table border="1" style="width: 100%;"> <tr><td>ETD</td></tr> <tr><td><b>15 April 1960</b></td></tr> <tr><td>STATION</td></tr> <tr><td><b>WH Area</b></td></tr> <tr><td>TDY OR PCS</td></tr> <tr><td><b>TDY</b></td></tr> <tr><td>TYPE OF COVER</td></tr> <tr><td>NO. OF DEPENDENTS TO ACCOMPANY</td></tr> <tr><td><b>None</b></td></tr> <tr><td>NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 82) ATTACHED</td></tr> </table>		ETD	<b>15 April 1960</b>	STATION	<b>WH Area</b>	TDY OR PCS	<b>TDY</b>	TYPE OF COVER	NO. OF DEPENDENTS TO ACCOMPANY	<b>None</b>	NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 82) ATTACHED
ETD													
<b>15 April 1960</b>													
STATION													
<b>WH Area</b>													
TDY OR PCS													
<b>TDY</b>													
TYPE OF COVER													
NO. OF DEPENDENTS TO ACCOMPANY													
<b>None</b>													
NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 82) ATTACHED													
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER											
<input type="checkbox"/> YES  <input type="checkbox"/> NO		SIGNATURE <i>S. J. Chellino</i> <b>S. J. CHELLINO</b>											
		ROOM NO. & BUILDING <b>1014 Barton</b>	EXT. <b>8717</b>										
10. REPORT OF EVALUATION													
(REQUIREMENTS FOR EVALUATION) (FORM 10-59)													
DATE <b>21 APR 1960</b>		SIGNATURE FOR CHIEF OF MEDICAL STAFF <i>[Signature]</i>											



SECRET  
(When Filled In)

CS/

<b>REQUEST FOR MEDICAL EVALUATION</b>		1. DATE OF REQUEST							
2. NAME (Last, First, Middle) MILLER, DAVID A.		3. POSITION TITLE OPS OFFICER	4. GRADE GS-11						
5. OFFICE, DIVISION, BRANCH HQB/PR CS/CS Development Command		6. EMPLOYEE'S EXT.							
7. PURPOSE OF EVALUATION									
<input type="checkbox"/> PRE-EMPLOYMENT <input checked="" type="checkbox"/> ENTRANCE ON DUTY <input type="checkbox"/> OVERSEAS RETURN <input type="checkbox"/> TDY STANDBY <input type="checkbox"/> SPECIAL TRAINING <input type="checkbox"/> ANNUAL <input type="checkbox"/> RETURN TO DUTY <input type="checkbox"/> FITNESS FOR DUTY <input type="checkbox"/> MEDICAL RETIREMENT		<input type="checkbox"/> OVERSEAS ASSIGNMENT <table border="1" style="width: 100%;"> <tr><td>ETD</td></tr> <tr><td>STATION</td></tr> <tr><td>TDY OR PCS</td></tr> <tr><td>TYPE OF COVER</td></tr> <tr><td>NO. OF DEPENDENTS TO ACCOMPANY</td></tr> <tr><td>NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED</td></tr> </table>		ETD	STATION	TDY OR PCS	TYPE OF COVER	NO. OF DEPENDENTS TO ACCOMPANY	NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED
ETD									
STATION									
TDY OR PCS									
TYPE OF COVER									
NO. OF DEPENDENTS TO ACCOMPANY									
NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED									
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER							
<input type="checkbox"/> YES <input type="checkbox"/> NO		SIGNATURE <i>[Signature]</i> ROOM NO. & BUILDING 1501 Curia EXT. 4371							

*my comm. from HQ  
Ops on 28  
23 May 80  
HOC*

10. REPORT OF EVALUATION	
TEAM'S OPINION QUALIFIED COMM FROM ST. PSE	
DATE	SIGNATURE FOR CHIEF OF MEDICAL STAFF <i>[Signature]</i>

SECRET  
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST							
2. NAME (Last, First, Middle) <b>PULLIN, DAVID A.</b>		3. POSITION TITLE <b>OPS O-11</b>	4. GRADE <b>11</b>						
5. OFFICE, DIVISION, BRANCH <b>DEPT/HR CE/CA Development Consultant</b>		6. EMPLOYEE'S EXT.							
7. PURPOSE OF EVALUATION									
<input type="checkbox"/> PRE-EMPLOYMENT <input checked="" type="checkbox"/> ENTRANCE ON DUTY <input type="checkbox"/> OVERSEAS RETURN <input type="checkbox"/> TDY STANDBY <input type="checkbox"/> SPECIAL TRAINING <input type="checkbox"/> ANNUAL <input type="checkbox"/> RETURN TO DUTY <input type="checkbox"/> FITNESS FOR DUTY <input type="checkbox"/> MEDICAL RETIREMENT		<input type="checkbox"/> OVERSEAS ASSIGNMENT <table border="1"> <tr><td>ETO</td></tr> <tr><td>STATION</td></tr> <tr><td>TDY OR PCS</td></tr> <tr><td>TYPE OF COVER</td></tr> <tr><td>NO. OF DEPENDENTS TO ACCOMPANY</td></tr> <tr><td>NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 49) ATTACHED</td></tr> </table>		ETO	STATION	TDY OR PCS	TYPE OF COVER	NO. OF DEPENDENTS TO ACCOMPANY	NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 49) ATTACHED
ETO									
STATION									
TDY OR PCS									
TYPE OF COVER									
NO. OF DEPENDENTS TO ACCOMPANY									
NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 49) ATTACHED									
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER							
<input type="checkbox"/> YES <input type="checkbox"/> NO		SIGNATURE							
		ROOM NO. & BUILDING <b>1501, Cor 1</b>	EXT. <b>0371</b>						
10. REPORT OF EVALUATION									
PLEASE PRINT									
<b>DEPARTMENTAL DUTIES</b>									
<i>See Special Commission from SA to SA</i>									
DATE <b>24 MAR 1960</b>		SIGNATURE FOR CHIEF OF MEDICAL STAFFS <i>[Signature]</i>							

SECRET  
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST
2. NAME (Last, First, Middle) <b>PHILLIPS, DAVID A.</b>	3. POSITION TITLE <b>OPS OFFICER</b>	4. GRADE <b>GS-11</b>
5. OFFICE, DIVISION, BRANCH <b>NSA/PR CS/CI Development Complement</b>		6. EMPLOYEE'S EXT.
7. PURPOSE OF EVALUATION		
<input type="checkbox"/> PRE-EMPLOYMENT	<input type="checkbox"/> OVERSEAS ASSIGNMENT	
<input checked="" type="checkbox"/> ENTRANCE ON DUTY	ETD	
<input type="checkbox"/> OVERSEAS RETURN	STATION	
<input type="checkbox"/> TDY STANDBY	TDY OR PCS	
<input type="checkbox"/> SPECIAL TRAINING	TYPE OF COVER	
<input type="checkbox"/> ANNUAL	NO. OF DEPENDENTS TO ACCOMPANY	
<input type="checkbox"/> RETURN TO DUTY	NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 59) ATTACHED	
<input type="checkbox"/> FITNESS FOR DUTY		
<input type="checkbox"/> MEDICAL RETIREMENT		
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER
<input type="checkbox"/> YES	SIGNATURE	
<input type="checkbox"/> NO	<b>POD H. CA RIVETT</b>	
	ROOM NO. & BUILDING	EXT.
	<b>1501 C-40</b>	<b>8371</b>
10. REPORT OF EVALUATION		
PLEASE EXPEDITE		
DATE	SIGNATURE FOR CHIEF OF MEDICAL STAFF	

SECRET  
(When Filled In)

<b>REQUEST FOR MEDICAL EVALUATION</b>		1. DATE OF REQUEST						
2. NAME (Last, First, Middle) <b>PHILLIPS, LATH A. (DEPENDENTS)</b>		3. POSITION TITLE <b>O S OFFICER</b>						
4. GRADE <b>14</b>		5. EMPLOYEE'S EXT.						
6. OFFICE, DIVISION, BRANCH <b>IDP/WH CS/IS Development Complement</b>								
7. PURPOSE OF EVALUATION								
<input type="checkbox"/> PRE-EMPLOYMENT  <input type="checkbox"/> ENTRANCE ON DUTY  <input type="checkbox"/> OVERSEAS RETURN  <input type="checkbox"/> TDY STANDBY  <input type="checkbox"/> SPECIAL TRAINING  <input type="checkbox"/> ANNUAL  <input type="checkbox"/> RETURN TO DUTY  <input type="checkbox"/> FITNESS FOR DUTY  <input type="checkbox"/> MEDICAL RETIREMENT		<input type="checkbox"/> OVERSEAS ASSIGNMENT  <table border="1"> <tr><td>ETO</td></tr> <tr><td>STATION</td></tr> <tr><td>TDY OR PCS</td></tr> <tr><td>TYPE OF COVER</td></tr> <tr><td>NO. OF DEPENDENTS TO ACCOMPANY</td></tr> <tr><td>NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED</td></tr> </table>	ETO	STATION	TDY OR PCS	TYPE OF COVER	NO. OF DEPENDENTS TO ACCOMPANY	NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED
ETO								
STATION								
TDY OR PCS								
TYPE OF COVER								
NO. OF DEPENDENTS TO ACCOMPANY								
NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED								
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER						
<input type="checkbox"/> YES  <input type="checkbox"/> NO		SIGNATURE <b>POD H. Capriotti</b>						
		ROOM NO. & BUILDING <b>1504 Curie</b>						
		EXT. <b>8371</b>						
10. REPORT OF EVALUATION								
<b>PLEASE EXPEDITE (DEPENDENTS)</b>								
DATE		SIGNATURE FOR CHIEF OF MEDICAL STAFF						

SECRET  
(When Filled In)

MEDICAL ACTION REQUEST AND REPORT			
I REQUEST FOR PHYSICAL EXAMINATION BY <i>Ralph S. Pollock, C/CPD</i>			
1. NAME (Last) <b>PHILLIPS, DAVID A.</b>		(First)	(Middle)
2. DATE <b>20 Jan 56</b>			
3. TO POSITION <b>Operations Officer (PP)</b>		4. OFFICE, DIVISION, BRANCH <b>DDP/MI</b>	
5. GRADE <b>GS-14</b>			
6. TYPE OF POSITION <input type="checkbox"/> Departmental <input type="checkbox"/> U.S. Field <input checked="" type="checkbox"/> Overseas		7. EVALUATE FOR <input type="checkbox"/> EOD <input checked="" type="checkbox"/> Overseas <input type="checkbox"/> Returnee <input type="checkbox"/> Pre-Employment <input type="checkbox"/> Annual <input type="checkbox"/> Special (Specify) <b>Please notify Ken Vambold only, 2508 Curie Hall, x3585</b>	
II REPORT OF MEDICAL EVALUATION			
<input type="checkbox"/> Qualified for Full Duty (General)		<input type="checkbox"/> Qualified for Full Duty (Special)	
<input type="checkbox"/> Qualified for Departmental Duty Only		<input type="checkbox"/> Disqualified	
Remarks: <b>Subject is qualified for proposed PCS O/S assignment. (1-16-56)</b>			
<i>C. O. [Signature]</i> MEDICAL OFFICE			

SECRET  
(When Filled In)

MEDICAL ACTION REQUEST AND REPORT			
I REQUEST FOR PHYSICAL EXAMINATION BY			
1. NAME (Last) <b>Phillips,</b>		(First) <b>David</b>	(Middle) <b>A.</b>
2. DATE <b>12 Dec., 1955</b>			
3. TO POSITION		4. OFFICE, DIVISION, BRANCH <b>WH</b>	
5. GRADE <b>GS-12</b>			
6. TYPE OF POSITION <input type="checkbox"/> Departmental <input type="checkbox"/> U.S. Field <input type="checkbox"/> Overseas		7. EVALUATE FOR <input type="checkbox"/> EOD <input type="checkbox"/> Overseas <input type="checkbox"/> Returnee <input type="checkbox"/> Pre-Employment <input type="checkbox"/> Annual <input type="checkbox"/> Special (Specify)	
II REPORT OF MEDICAL EVALUATION			
<input type="checkbox"/> Qualified for Full Duty (General)		<input type="checkbox"/> Qualified for Full Duty (Special)	
<input type="checkbox"/> Qualified for Departmental Duty Only		<input type="checkbox"/> Disqualified	
Remarks: <b>Subject is qualified for proposed 7 days TDY assignment. (12/12/55) Must have a physical examination on return from trip. This memo supersedes previous qualification.</b>			
<i>[Signature]</i> MEDICAL OFFICE			

SECRET  
(When Filled In)

MEDICAL ACTION REQUEST AND REPORT			
I REQUEST FOR PHYSICAL EXAMINATION BY			
1. NAME (Last)	PHILLIPS	2. DATE	30 Dec 1955
3. TO POSITION	ops officer	4. OFFICE, DIVISION, BRANCH	ATLEE N.H.
5. TYPE OF POSITION	ETD 17 Feb 1956 PCS Cuba	6. EVALUATE FOR	7. GRADE GS-14
<input type="checkbox"/> Departmental		<input type="checkbox"/> EOD	<input type="checkbox"/> Pre-Employment
<input type="checkbox"/> U.S. Field		<input type="checkbox"/> Overseas	<input type="checkbox"/> Annual
<input type="checkbox"/> Overseas		<input type="checkbox"/> Returnee	<input type="checkbox"/> Special (Specify)
II REPORT OF MEDICAL EVALUATION			
<input type="checkbox"/> Qualified for Full Duty (General)		<input type="checkbox"/> Qualified for Full Duty (Special)	
<input type="checkbox"/> Qualified for Departmental Duty Only		<input type="checkbox"/> Disqualified	
Remarks: Subject is qualified for proposed PCS O/S assignment. (1/16/56)			
_____ MEDICAL OFFICE			

SECRET

MEDICAL ACTION REQUEST AND REPORT			
I REQUEST FOR PHYSICAL EXAMINATION BY			
1. NAME (Last)	PHILLIPS, DAVID A.	2. DATE	2 August 1954
3. TO POSITION		4. OFFICE, DIVISION, BRANCH	WH
5. TYPE OF POSITION		6. EVALUATE FOR	7. GRADE GS 12
<input type="checkbox"/> Departmental		<input type="checkbox"/> EOD	<input type="checkbox"/> Pre-Employment
<input type="checkbox"/> U.S. Field		<input checked="" type="checkbox"/> Overseas	<input type="checkbox"/> Annual
<input checked="" type="checkbox"/> Overseas	Guantanamo	<input type="checkbox"/> Returnee	<input type="checkbox"/> Special (Specify)
II REPORT OF MEDICAL EVALUATION			
<input checked="" type="checkbox"/> Qualified for Full Duty (General)		<input type="checkbox"/> Qualified for Full Duty (Special)	
<input type="checkbox"/> Qualified for Departmental Duty Only		<input type="checkbox"/> Disqualified	
Remarks: WH #1			
		Mr. GAHAGAN x 3995	
Full duty/General (8-9-54)			
_____ Joseph J. Maceri			



CERTIFICATION OF LANGUAGE PROFICIENCY																	
1. EMPLOYEE NO.		2. NAME (LAST-FIRST-MIDDLE)					3. TYPE CHANGE		4. LANGUAGE DATA BEFORE TEST								
		PHILLIPS, DAVID A.					SPACE EXCHANGE OR DELETE		LAN. CODE		R	W	P	S	U	T	YR
5. LANGUAGE DATA AFTER TEST					6. DATE TESTED		7. DATE OF BIRTH		8. GRADE		9. OFFICE OR DIVISION						
LAN. CODE		R	W	P	S	U	T	YR	12/18/69		10/31/22		16		WE		
NOTICE TO PERSON TESTED																	
10. ON THE DATE SHOWN IN ITEM 6 ABOVE, YOU WERE TESTED IN <u>PORTUGUESE (BRAZILIAN)</u> REFL AND YOUR TEST SCORES ARE AS FOLLOWS: (NAME OF LANGUAGE)																	
READING		WRITING		PRONUNCIATION		SPEAKING		UNDERSTANDING		TEST RATINGS			0 = ZERO 1 = INTERMEDIATE 2 = SLIGHT 3 = HIGH 4 = ELEMENTARY 5 = NATIVE				
I		+		+		+		+									
11. REMARKS										12. SIGNATURE			13. LD NUMBER				
										<i>K. A. J.</i>			17603				

FORM 11-64 1273 OBSOLETE PREVIOUS EDITIONS (110-45) SECRET GROUP 1 EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION I - OP/CAS

SECRET  
GROUP 1  
EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

3 JUN 1969

PHILLIPS, DAVID A.

QUALIFICATIONS SYSTEM RECORD CHANGE																	
APPLICANT CODING DATA																	
1. ID		2. APPL. NO.		3. NAME													
< 2		0-DIGITS		MUST CONTAIN 20-DIGITS													
4. DATE OF BIRTH				5. DATE CODED				THE DATA ABOVE (ITEMS 2 THRU 5) WILL BE FILLED IN WHEN CODING AN APPLICANT FOR THE FIRST TIME. THIS FORM IS THEN ATTACHED TO FORM 1962, MASTER QUALIFICATIONS CODING RECORD.									
MO	DA	YR	MO	DA	YR												
LANGUAGE CODING DATA - FORM 444c																	
1. ID		2. EMPLOYEE NO.		3. NAME			4. LANGUAGE DATA CODE										
< 3				3-LETTERS			BASE CODE		R	W	P	S	U	T	YR		
5. DATE SUBMITTED				6. DATE OF BIRTH				WHEN FORM 444c DENOTES NO LANGUAGE COMPETENCE, ENTER THE FOLLOWING IN ITEM 4: "NO+LANGUAGE" (12-DIGITS)									
MO	DA	YR	MO	DA	YR												
LANGUAGE PROFICIENCY TEST DATA																	
1. ID		2. EMPLOYEE NO.		3. NAME			4. CODE		5. LANGUAGE DATA BEFORE TEST								
< 5		024345		PHI			C		BASE CODE		R	W	P	S	U	T	YR
6. LANGUAGE DATA AFTER TEST								7. DATE OF TEST			DATA FOR ITEM 2 THRU 7 IS EXTRACTED FROM FORM 1273. LANGUAGE PROFICIENCY AND AWARDS DATA.						
BASE CODE		R	W	P	S	U	T	YR	MO	DA			YR				
BK50		F	T	0	0	4	4	16	30	69							

The authorization to process this employee's disclaimer of proficiency in the language factors indicated on this form is contained in a memorandum on file and designated "Language Proficiency Disclaimer File", located in the Qualifications Analysis Branch, Office of Personnel.



# PERSONAL HISTORY STATEMENT

## INSTRUCTIONS

- DO NOT ATTEMPT TO COMPLETE THIS FORM UNTIL YOU HAVE READ THE FOLLOWING INSTRUCTIONS -

1. Answer all questions completely or check (X) the box which applies. If the question is not applicable, write "NA". If you do not know the answer and it cannot be obtained from personal records, write "Unknown". Use the blank space on pages 15 and 16 for extra details on any question for which you do not have enough space.
2. Type or print carefully - USE BLACK TYPEWRITER RIBBON OR BLACK INK.
3. Leave blank any boxes or columns which are marked "FOR OFFICE USE ONLY".
4. Consider each of your answers carefully, accurate completion of the form will permit review of your qualifications to the best advantage. Your signature at the end of the form will certify to its correctness.
5. Page 17 entitled "Personal History Summary" must be completed. It is a brief abstract of information from other parts of the form and will help to speed the processing of your application.

### SECTION I GENERAL PERSONAL AND PHYSICAL DATA

GENERAL	1. Full Name (Last first middle) Amin, Virginia, Simmons		2. Age 26	3. Sex <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		
	5. Nicknames Gina		6. Other names you have used N/A			
	7. Indicate circumstances (including length of time) under which you have used the names noted in item 6 above N/A					
	8. If legal change of name, give particulars (Where and by what authority) N/A					
	9. Height 5' 3"	10. Weight 105	11. Color of eyes green	12. Color of hair blond	13. Type of complexion fair	14. Build slight
	15. Scars (Type and location) appendix, stomach			16. Other distinguishing physical features N/A		
	17. Current address (No., Street, City, State & ZIP code - country if not U.S.) 9741 Corral Dr., Potomac, Maryland 20854			18. Current phone number 301-5362	19. Long distance area code 301	
	20. Permanent address (No., Street, City, State & ZIP code - country if not U.S.) 9741 Corral Dr., Potomac, Maryland 20854			21. Permanent phone number 301-5362	22. Long distance area code 301	
	23. Office phone number 332-2730		24. Office extension N/A	25. Legal residence (State, territory or country) Maryland		

### SECTION II POSITION DATA

POSITION DATA	1. Indicate the type of work or position for which you are applying	
	2. Indicate the lowest annual entrance salary you will accept \$ _____	
	3. Dates available for employment Earliest _____ Latest _____	
	4. Indicate your willingness to travel	
	5. Indicate your willingness to accept assignment in the following locations - check (X) each item applicable	
	6. Indicate any restrictions you would place on assignments outside the Washington, D.C. area	

(For Office Use Only)	Date of this application
-----------------------	--------------------------

SECTION III		CITIZENSHIP	
1. <input type="checkbox"/>	2. Place of birth (City, State, Country) <b>Philadelphia, Pennsylvania</b>	3. Present citizenship (Country) <b>U.S.</b>	
4. Citizenship acquired by: <input checked="" type="checkbox"/> Birth <input type="checkbox"/> Marriage <input type="checkbox"/> Other (Specify):	5. Date naturalized <b>N/A</b>	6. Naturalization certificate number <b>N/A</b>	
7. Court issuing naturalization certificate <b>N/A</b>	8. Issued at (City, State, Country) <b>N/A</b>		
9. If alien, give alien registration number <b>N/A</b>	10. Date and place of arrival in U.S. <b>N/A</b>		
11. Have you held previous nationality? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	12. If yes, give name of country <b>N/A</b>		
13. Give particulars concerning previous nationalities  <b>N/A</b>			
14. Last U.S. visa (Number, type, place of issue) <b>N/A</b>		15. Date visa issued <b>n/a</b>	

SECTION IV		EDUCATION					
<b>ELEMENTARY SCHOOL</b>							
1. Name of elementary school	Address (City, State, Country)	Years attended (From - to -)	Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>HIGH SCHOOLS</b>							
1. Name of high school	Address (City, State, Country)	Years attended (From - to -)	Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No				
2. Name of high school	Address (City, State, Country)	Years attended (From - to -)	Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>COLLEGE OR UNIVERSITY STUDY</b>							
Name and location of college or university	Subject		Years attended From - to -	Degree Received	Year Received	Grade or Final Average	Number of Sem./Qtr. Hours (Specify)
	Major	Minor					
1.							
2.							
3.							
4. If a graduate degree has been noted above which required submission of a written thesis, indicate the title of the thesis and briefly describe its content							
<b>TRAMP, COMMERCIAL AND SPECIALIZED SCHOOLS</b>							
Name and address of school	Study or specialization	From	To	No. of months			
1.							
2.							
3.							
4.							

EDUCATION (Continued)				
MILITARY TRAINING IN SPECIALIZED SCHOOLS SUCH AS ORDNANCE, COMMUNICATIONS, ETC.				
Name and address of school	Study or specialization	From	To	No. of months
1.				
2.				
3.				
Other education or training not indicated above				

SECTION V FOREIGN LANGUAGE ABILITIES																															
<p>1. List below the foreign language or languages in which you possess any degree of competence. Indicate your proficiency in each of the five skill factors shown (reading comprehension, writing ability, etc.) by noting the number most indicative of your level of skill under the factor being considered.</p> <p>If your proficiency relates to a particular dialect of a major language, identify this dialect by noting it in parentheses after the language on the same line.</p> <p>If you have no proficiency in any foreign language, check (X) box at right and leave other items blank. <input style="float: right;" type="checkbox"/></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">Level of Skill</th> </tr> <tr> <td style="text-align: center;">(Slight)</td> <td style="text-align: center;">(Native)</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">5</td> </tr> <tr> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td colspan="2" style="text-align: center;">0 = No proficiency in a specific skill factor</td> </tr> <tr> <th style="text-align: center;">SKILL FACTORS</th> <th style="text-align: center;">HOW ACQUIRED (Check (X) boxes which apply)</th> </tr> <tr> <td style="text-align: center;">Reading comprehension</td> <td style="text-align: center;">Native of country</td> </tr> <tr> <td style="text-align: center;">Writing ability</td> <td style="text-align: center;">Prolonged residence</td> </tr> <tr> <td style="text-align: center;">Vocabulary</td> <td style="text-align: center;">Contact (with persons, etc.)</td> </tr> <tr> <td style="text-align: center;">Comprehending ability</td> <td style="text-align: center;">Academic study</td> </tr> <tr> <td style="text-align: center;">Oral comprehension</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	Level of Skill		(Slight)	(Native)	1	5	2	3	0 = No proficiency in a specific skill factor		SKILL FACTORS	HOW ACQUIRED (Check (X) boxes which apply)	Reading comprehension	Native of country	Writing ability	Prolonged residence	Vocabulary	Contact (with persons, etc.)	Comprehending ability	Academic study	Oral comprehension									
Level of Skill																															
(Slight)	(Native)																														
1	5																														
2	3																														
0 = No proficiency in a specific skill factor																															
SKILL FACTORS	HOW ACQUIRED (Check (X) boxes which apply)																														
Reading comprehension	Native of country																														
Writing ability	Prolonged residence																														
Vocabulary	Contact (with persons, etc.)																														
Comprehending ability	Academic study																														
Oral comprehension																															
<p>2. If you have had experience as a translator, interpreter or instructor - explain and specify in which language(s) you have had such experience.</p>																															
<p>3. Describe your ability to do specialized language work involving vocabularies and terminology in the scientific, engineering, telecommunications, military and other specialized fields</p>																															
<p>4. If you have noted a proficiency in language, would you be willing to use this ability in any position for which you might be selected? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>																															
<p>(For Office Use Only)</p>																															

**THIS SHEET MUST BE COMPLETED**

SECTION XI

MARITAL STATUS

1. Present status (Single, married, widowed, separated, divorced, annulled, remarried) specify <b>Divorced</b>	
2. State date, place, and reason for all separations, divorces or annulments <b>2-10-69, Juarez, Mexico, incompatibility</b>	
3. Name of spouse (Last) (First) (Middle) (Maiden) <b>Phillips David Atleo</b>	
4. State any other names ever used by spouse <b>N/A</b>	
Indicate circumstances (including length of time) under which any names noted in item 4 above were used. If legal change, give particulars (where and by what authority). Use extra space provided on pages 13 and 16 of this form to record this information.	
5. Date of birth <b>10-31-22</b>	6. Place of birth (City, State, Country) <b>Fort Worth, Texas</b>
7. Date of marriage	
8. Place of marriage (City, State, Country)	
9. Living <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10. Citizenship <b>U.S.</b>	11. Former citizenship(s) (country/ies) <b>N/A</b>
12. If alien, give alien registration number <b>N/A</b>	
13. Date U.S. citizenship acquired <b>N/A</b>	14. Where acquired <b>N/A</b>
15. Date and place of arrival in U.S. <b>N/A</b>	
16. Naturalization certificate number <b>N/A</b>	
17. Date of death <b>N/A</b>	18. Cause of death <b>N/A</b>
19. Current address (Give last address, if deceased)	
20. Address of spouse before marriage	
21. Occupation <b>Foreign Service Reserve Officer</b>	22. Present employer (Also give former employer, or if spouse deceased or unemployed, give last two employers)
23. Employer's business address (Number, Street, City, State, Country)	
24. Dates of military service (from - to - by month & year)	25. Branch of military service
26. Country with which military service affiliated <b>U.S.</b>	
27. Details of other government service, U.S. or foreign	

MARITAL STATUS

SECTION XII

CHILDREN AND OTHER DEPENDENTS

1. Provide the following information for all children and dependents				
Name	Relationship	Date & Place of Birth	Citizenship	Address
2. No. of children (include step-children & adopted children) who are unmarried, under 21 years of age, and are NOT self-supporting		3. No. of other dependents (e.g., spouse, parents, step-children, etc.) who depend on you for at least 50% of their support or children over 21 NOT self-supporting		

DEPENDENTS

**SECTION XVII MOTHER-IN-LAW** (If marriage contemplated, fill in information for future mother in law)

**MOTHER-IN-LAW**

1. Full name (Last - First - Middle - Maiden)

2. State other names she has used

Indicate circumstances (including length of time) under which any names noted in item 2 above were used. If legal change, give particulars (where and by what authority). Use extra space provided on pages 15 and 16 of this form to record this information.

3. Date of birth      4. Place of birth      5. Living  Yes  No

6. Date of death      7. Cause of death      8. Citizenship (Country)

9. Former citizenship(s) (country/ies)      10. Date U.S. citizenship acquired      11. Where acquired (City, State, Country)

12. Naturalization certificate number      13. If alien, give alien registration number      14. Date and place of arrival in U.S.

15. Occupation      16. Present employer (Give last employer if mother-in-law deceased or unemployed)

17. Current address (Give last address, if deceased)

**SECTION XVIII RELATIVES BY BLOOD, MARRIAGE OR ADOPTION WHO EITHER (1) LIVE ABROAD, (2) ARE NOT U.S. CITIZENS OR (3) WORK FOR A FOREIGN GOVERNMENT**

**RELATIVES WITH FOREIGN CONNECTIONS**

(1) 1. Name (Last - First - Middle)      2. Relationship      3. Date of birth      4. Place of birth (City, State, Country)  
 Simmons, George Stuart      Grandfather      3-17-84      San Francisco, Calif

5. Citizenship (Country)      6. Address or country in which relative resides  
 U.S.      4143 Unterer Zielweg 111, Dornach, Switzerland

7. Employed by      8. Frequency of contact      9. Date of last contact  
 N/A      none      1961

(2) 1. Name (Last - First - Middle)      2. Relationship      3. Date of birth      4. Place of birth (City, State, Country)

5. Citizenship (Country)      6. Address or country in which relative resides

7. Employed by      8. Frequency of contact      9. Date of last contact

(3) 1. Name (Last - First - Middle)      2. Relationship      3. Date of birth      4. Place of birth (City, State, Country)

5. Citizenship (Country)      6. Address or country in which relative resides

7. Employed by      8. Frequency of contact      9. Date of last contact

**SECTION XIX RELATIVES BY BLOOD, MARRIAGE OR ADOPTION WHO ARE IN THE MILITARY OR CIVIL SERVICE OF THE UNITED STATES**

**RELATIVES IN THE SERVICE OF THE UNITED STATES**

(1) 1. Name (Last - First - Middle)      2. Relationship      3. Date of birth      4. Place of birth (City, State, Country)

5. Citizenship (Country)      6. Address (Number, Street, City, State, Country)      7. Type and location of service (if known)

(2) 1. Name (Last - First - Middle)      2. Relationship      3. Date of birth      4. Place of birth (City, State, Country)

5. Citizenship (Country)      6. Address (Number, Street, City, State, Country)      7. Type and location of service (if known)

(3) 1. Name (Last - First - Middle)      2. Relationship      3. Date of birth      4. Place of birth (City, State, Country)

5. Citizenship (Country)      6. Address (Number, Street, City, State, Country)      7. Type and location of service (if known)

(For Office Use Only)

THIS SHEET MUST BE COMPLETED

Use the following space for extra details. Reference each continued item by the section and item number to which it relates and sign your name at the end of the material. If additional space is required beyond page 16, use extra pages the same size as this page and sign each such page.

**SECTION XI    MARITAL STATUS    FORMER HUSBAND**

- |   |  |
|---|--|
| 3. Ahorn, Thomas Joseph                             | 21. Foreign Service Reserve Officer                      |
| 4. N/A  | 22. <input type="text"/>                                 |
| 5. 4-12-40  | 23. <input type="text"/> Santo Domingo, Washington, D.C. |
| 6. Washington, D.C.                                 | 24. N/A  |
| 7. 4-6-59   | 25. N/A  |
| 8. Hyattsville, Maryland                            | 26. N/A  |
| 9. yes  | 27. N/A  |
| 10. U.S.  |  |
| 11. N/A   |  |
| 12. N/A   |  |
| 13. N/A   |  |
| 14. N/A   |  |
| 15. N/A   |  |
| 16. N/A   |  |
| 17. N/A   |  |
| 18. N/A   |  |
| 19. U.S. Embassy, Santo Domingo, Dominican Republic |  |
| 20. 4622 Hunt Avenue, Chevy Chase, Maryland         |  |

(Signature)

Space for extra details continued on page 16 →

PERSONAL HISTORY STATEMENT — (Appendix I)

Listed below are names of organizations identified by the Attorney General, under his responsibility pursuant to Executive Order 10450, dated 27 April 1953, to list the names of each foreign or domestic organization, association, movement, group or combination of persons which he designates as Totalitarian, Fascist, Communist, or subversive, or as having adopted or having shown a policy of advocating or approving the commission of acts of force or violence to deny others their rights under the Constitution of the United States, or as seeking to alter the form of government of the United States by unconstitutional means.

Each applicant or employee and spouse (if any) must review the following list of organizations for certification purposes, and sign on the last page.

<p>Abraham Lincoln Brigade            Abraham Lincoln School, Chicago, Illinois            Action Committee to Free Spain Now            Alabama People's Educational Association (see Communist Political Association)            American Association for Reconstruction in Yugoslavia, Inc.            American Branch of the Federation of Greek Maritime Unions            American Christian Nationalist Party            American Committee for European Workers' Relief (see Socialist Workers Party)            American Committee for Protection of Foreign Born            American Committee for Spanish Freedom            American Committee for the Settlement of Jews in Birobidjan, Inc.            American Committee for Yugoslav Relief, Inc.            American Committee to Survey Labor Conditions in Europe            American Council for a Democratic Greece, formerly known as the Greek American Council; Greek American Committee for National Unity            American Council on Soviet Relations            American Croatian Congress            American Jewish Labor Council            American League Against War and Fascism            American League for Peace and Democracy            American National Labor Party            American National Socialist League            American National Socialist Party            American Nationalist Party            American Patriots, Inc.            American Peace Crusade            American Peace Mobilization            American Poets for Peace            American Polish Labor Council            American Polish League            American Rescue Ship Mission (a project of the United American Spanish Aid Committee)            American-Russian Fraternal Society            American Russian Institute, New York, also known as the American Russian Institute for Cultural Relations with the Soviet Union            American Russian Institute, Philadelphia            American Russian Institute of San Francisco            American Russian Institute of Southern California, Los Angeles            American Slav Congress            American Women for Peace            American Youth Congress            American Youth for Democracy            Armenian Progressive League of America            Associated Klans of America            Association of Georgia Klans            Association of German Nationals (Reichsdeutsche Vereinigung)            Ausland-Organisation der NSDAP, Overseas Branch of Nazi Party</p> <p>Baltimore Forum            Benjamin Davis Freedom Committee            Black Dragon Society</p>	<p>Boston School for Marxist Studies, Boston, Massachusetts            Bridges-Robertson-Schmidt Defense Committee            Bulgarian American People's League of the United States of America</p> <p>California Emergency Defense Committee            California Labor School, Inc., 321 Divisadero Street, San Francisco, California            Carpatho-Russian People's Society            Central Council of American Women of Croatian Descent, also known as Central Council of American Croatian Women, National Council of Croatian Women            Central Japanese Association (Heikoku Chuo Nipponjin Kai)            Central Japanese Association of Southern California            Central Organization of the German-American National Alliance (Deutsche-Amerikanische Einheitsfront)            Cervantes Fraternal Society            China Welfare Appeal, Inc.            Chopin Cultural Center            Citizens Committee for Harry Bridges            Citizens Committee of the Upper West Side (New York City)            Citizens Committee to Free Earl Browder            Citizens Emergency Defense Conference            Citizens Protective League            Civil Liberties Sponsoring Committee of Pittsburgh            Civil Rights Congress and its affiliated organizations, including:            Civil Rights Congress for Texas            Veterans Against Discrimination of Civil Rights Congress of New York            Civil Rights Congress for Texas (see Civil Rights Congress)            Columbians            Comite Coordinador Pro Republica Espanola            Comite Pro Derechos Civiles            (See Puerto Rican Comite Pro Libertades Civiles)            Committee for a Democratic Far Eastern Policy            Committee for Constitutional and Political Freedom            Committee for Nationalist Action            Committee for Peace and Brotherhood Festival in Philadelphia            Committee for the Defense of the Pittsburgh Six            Committee for the Negro in the Arts            Committee for the Protection of the Bill of Rights            Committee for World Youth Friendship and Cultural Exchange            Committee to Abolish Discrimination in Maryland            (See Congress Against Discrimination; Maryland Congress Against Discrimination; Provisional Committee to Abolish Discrimination in the State of Maryland)            Committee to Aid the Fighting South            Committee to Defend Marie Richardson            Committee to Defend the Rights and Freedom of Pittsburgh's Political Prisoners            Committee to Uphold the Bill of Rights            Commonwealth College, Mena, Arkansas            Communist Party, U. S. A., its subdivisions, subsidiaries, and affiliates</p>
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PHILLIPS DAVID A  
PP 0 (1) 00 00 0

1065 44  
(2) (3)

(4)

SUBJECT: NOTIFICATION OF GRANTING OR OF REVOCATION OF CRYPTOGRAPHIC CLEARANCE

THE ABOVE NAMED INDIVIDUAL (ITEM 1) HAS BEEN GRANTED A CRYPTOGRAPHIC CLEARANCE FOR THE CRYPTOGRAPHIC CLEARANCE HELD BY THIS INDIVIDUAL HAS BEEN REVOKED UNDER THE PROVISIONS OF HR 90-8. THE CLEARANCE (ITEM 2) OR REVOCATION (ITEM 4), IS EFFECTIVE AS OF THE MONTH AND YEAR SHOWN ABOVE. SUBJECT HAS BEEN BRIEFED OR DEBRIEFED, AS APPROPRIATE, CONCERNING CRYPTOGRAPHIC AND RELATED COMMUNICATIONS SECURITY MATTERS AND HAS SIGNED A BRIEFING/DEBRIEFING STATEMENT, AS APPROPRIATE, ACKNOWLEDGING RESPONSIBILITY FOR THE PROTECTION OF CRYPTOGRAPHIC INFORMATION. UPON REVOCATION OF CRYPTOGRAPHIC CLEARANCE SUBJECT IS NOT AUTHORIZED TO HAVE CONTINUED CUSTODY OF, ACCESS TO, OR OTHERWISE GAIN FURTHER KNOWLEDGE OF STAFF CRYPTOGRAPHIC MATERIAL OR INFORMATION.

WHEN EMPLOYEE NO LONGER REQUIRES THE CLEARANCE IN ORDER TO PERFORM HIS/HER ASSIGNED DUTIES, IT IS REQUESTED THAT THE COMMUNICATIONS SECURITY STAFF, OC, BE NOTIFIED THAT THE CLEARANCE MAY BE REVOKED.

DISTRIBUTION:  
1 - EMPLOYEE'S COMPONENT (ITEM 3)  
1 - OFFICE OF PERSONNEL

FOR THE DIRECTOR OF COMMUNICATIONS.

*James A. Bond*

CHIEF, ~~COMMUNICATIONS~~ BRANCH, OC-5

FORM 12-63 597b USE PREVIOUS EDITIONS

CONFIDENTIAL

GROUP 1 Excluded from automatic downgrading and declassification

SECRET  
(When Filled In)

LANGUAGE PROFICIENCY AND AWARDS DATA					2. LD NO.
1. PERSONNEL SERIAL NO. (1-6)					7050
3. NAME (7-24) LAST		FIRST	MIDDLE	4. OFFICE OR DIVISION	5. LANGUAGE
Phillips, David A.					French
7. DATE OF TEST '46-51	8. ANNIVERSARY DATE	9. GRADE	10. DATE OF BIRTH		
June 10, 1951	Mar. 16, 1952	2A	Oct. 21, 1908		
11. REASON FOR TAKING TEST		12. TEST SCORES			
APPLY FOR AWARD		READING (34)	WRITING (35)	PRONUNCIATION (36)	SPEAKING (37)
ESTABLISH SKILL LEVEL					
13. ELIGIBILITY (39)		14. TYPE OF AWARD			
A		ACHIEVEMENT (A)	ELEMENTARY (E)	READING (R) SPEAKING (S)	
M		MAINTENANCE (M)	INTERMEDIATE (I)	COMPREHENSIVE (C)	
NA			HIGH (H)	BASED ON TRAINING THAT WAS DIRECTED (D) OR VOLUNTARY (V)	
15. INELIGIBLE (REASON)			16. I CERTIFY THIS EMPLOYEE FOR A PROFICIENCY AWARD OF \$ (40-45)		
Level of proficiency not maintained			SIGNATURE		DATE
REMARKS			17. I CERTIFY THAT FUNDS ARE AVAILABLE		
			OBLIGATION REF. NO.		CHARGE ALLOTMENT NO.
			SIGNATURE		

FORM 127  
5-60

OBSOLETE PREVIOUS EDITIONS

SECRET

(10-45)

MRD COPY

SECRET  
(When Filled In)

1. PERSONNEL SERIAL NO (1-6)				LANGUAGE PROFICIENCY AND AWARDS DATA			2. LD NO.
3 NAME (7-24) LAST Dobbin, David A.		FIRST	MIDDLE	4. OFFICE OR DIVISION	5. LANGUAGE	6. LANG. CODE (25-27)	
7. DATE OF TEST (46-51) May 20, 1960		8. ANNIVERSARY DATE Mar. 14, 1960		9. GRADE 14	10. DATE OF BIRTH 08/21/1900		
11. REASON FOR TAKING TEST		12. TEST SCORES					
APPLY FOR AWARD		READING (34)	WRITING (35)	PRONUNCIATION (36)	SPEAKING (37)	UNDERSTANDING (38)	
ESTABLISH SKILL LEVEL							
13. ELIGIBILITY (39)		14. TYPE OF AWARD					
A	ACHIEVEMENT (A)	ELEMENTARY (E)	READING (R) SPEAKING (S)		BASED ON TRAINING THAT WAS		
M	MAINTENANCE (M)	INTERMEDIATE (I)	COMPREHENSIVE (C)		DIRECTED (D) OR VOLUNTARY (V)		
NA		HIGH (H)					
15. INELIGIBLE (REASON) did not achieve an awardable level.				16. I CERTIFY THIS EMPLOYEE FOR A PROFICIENCY AWARD OF \$ (40-45)			
				SIGNATURE		DATE	
				17. I CERTIFY THAT FUNDS ARE AVAILABLE			
REMARKS				OBLIGATION REF. NO.		CHARGE ALLOTMENT NO.	
				SIGNATURE			

FORM 1273  
5-60

OBSOLETE PREVIOUS EDITIONS

SECRET

(10-45)

MRD COPY

SECRET

(When Filled In)

11-61		LANGUAGE DATA RECORD		
524345				
PART I-GENERAL				
1. NAME (Last-First-Middle) (17-24)		2. DATE OF BIRTH (25-33)		
PHILLIPS, DAVID A.		MONTH	DAY	YEAR
		OCTOBER	31	1922
3. LANGUAGE (34-39)		4. TODAY'S DATE (34-39)		5.
FRENCH 265		MONTH	DAY	YEAR
		MARCH	14	60
		<input type="checkbox"/> I HAVE NO PROFICIENCY IN ANY FOREIGN LANGUAGE		
PART II-LANGUAGE ELEMENTS				
SECTION A. Reading (40)				
1. I CAN READ TEXTS OF ANY DIFFICULTY, OF A GENERAL NATURE OR IN FIELDS I AM FAMILIAR WITH, USING THE DICTIONARY ONLY RARELY.				
2. I CAN READ TEXTS OF MOST GRADES OF DIFFICULTY, OF A GENERAL NATURE OR IN FIELDS I AM FAMILIAR WITH, USING THE DICTIONARY OCCASIONALLY.				
3. I CAN READ TEXTS OF AVERAGE DIFFICULTY (newspapers, reference materials, etc.), USING THE DICTIONARY FREQUENTLY.				
4. I CAN READ SIMPLE TEXTS, SUCH AS STREET SIGNS, NEWSPAPER HEADLINES, ETC., USING THE DICTIONARY FREQUENTLY.				
5. I HAVE NO READING ABILITY IN THE LANGUAGE.				
SECTION B. Writing (41)				
1. I CAN WRITE PERSONAL LETTERS AND SIMILAR MATERIAL WITH COMPLETE SUCCESS WITHOUT USING THE DICTIONARY. I CAN WRITE FACTUAL NARRATIVE AND EXPOSITORY MATERIAL WITH REASONABLE CLARITY, WITH VERY FEW GRAMMATICAL ERRORS, IN NATIVE STYLE, USING THE DICTIONARY ONLY RARELY.				
2. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL WITH COMPLETE SUCCESS, USING THE DICTIONARY ONLY RARELY. I CAN WRITE FACTUAL NARRATIVE AND EXPOSITORY MATERIAL WITH REASONABLE CLARITY, WITH FEW GRAMMATICAL ERRORS, BUT IN A STYLE WHICH MAY NOT BE NATIVE, USING THE DICTIONARY OCCASIONALLY.				
3. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL, WITH REASONABLE SUCCESS IN CONVEYING MY MEANING, BUT WITH OCCASIONAL MINOR GRAMMATICAL ERRORS AND IN OBVIOUSLY FOREIGN, AWKWARD STYLE, USING THE DICTIONARY OCCASIONALLY.				
4. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL, WITH REASONABLE SUCCESS IN CONVEYING MY MEANING, BUT WITH MANY GRAMMATICAL ERRORS AND IN A VERY FOREIGN, AWKWARD STYLE, USING THE DICTIONARY FREQUENTLY.				
5. I CANNOT WRITE IN THE LANGUAGE.				
SECTION C. Pronunciation (42)				
1. MY PRONUNCIATION IS NATIVE.				
2. WHILE NATIVES CAN DETECT AN ACCENT IN MY PRONUNCIATION THEY HAVE NO DIFFICULTY UNDERSTANDING ME.				
3. MY PRONUNCIATION IS OBVIOUSLY FOREIGN, BUT ONLY RARELY CAUSES DIFFICULTY FOR NATIVES TO UNDERSTAND.				
4. MY PRONUNCIATION IS OCCASIONALLY DIFFICULT FOR NATIVES TO UNDERSTAND.				
5. I HAVE NO SKILL IN PRONUNCIATION.				
CONTINUE ON REVERSE SIDE				

CONTINUATION OF PART II—LANGUAGE ELEMENTS

SECTION D. Speaking (43)

- 1. I SPEAK FLUENTLY AND ACCURATELY IN ALL PRACTICAL AND SOCIAL SITUATIONS; I CONVERSE FREELY AND IDIOMATICALLY IN ALL FIELDS WITH WHICH I AM FAMILIAR.
- 2. I SPEAK FLUENTLY AND ACCURATELY IN NEARLY ALL PRACTICAL AND SOCIAL SITUATIONS; I CAN CONVERSE IN MOST FIELDS WITH WHICH I AM FAMILIAR AND I EMPLOY SOME POPULAR SAYINGS, LITERARY QUOTATIONS, AND COMMON PROVERBS.
- 3. I GET ALONG QUITE WELL IN SITUATIONS OF DAILY LIFE AND TRAVEL AND CAN CONDUCT ROUTINE BUSINESS IN PARTICULAR FIELDS.
- 4. I MANAGE TO GET ALONG IN THE MOST COMMON SITUATIONS OF DAILY LIFE AND TRAVEL.
- 5. I HAVE NO ABILITY TO USE THE LANGUAGE IN ANY OF THE ABOVE RESPECTS.

SECTION E. Understanding (44)

- 1. I UNDERSTAND NON-TECHNICAL CONVERSATION ON ALL SUBJECTS, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND NEARLY EVERYTHING I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES.
- 2. I UNDERSTAND NON-TECHNICAL CONVERSATION ON NEARLY ALL SUBJECTS, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND MOST OF WHAT I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES, INCLUDING MOST JOKES AND PUNS.
- 3. I UNDERSTAND NEARLY ALL CONVERSATION ON TOPICS OF DAILY LIFE AND TRAVEL, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND MUCH OF WHAT I HEAR ON THE RADIO, AND AT THE MOVIES, PLAYS, AND LECTURES.
- 4. I UNDERSTAND THE SIMPLEST CONVERSATION, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND SOME OF WHAT I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES.
- 5. I AM NOT ABLE TO UNDERSTAND THE SPOKEN LANGUAGE.

BEFORE CONTINUING - CHECK PART II TO ENSURE THAT YOU HAVE CIRCLED ONE NUMBER PER SECTION.

PART III—EXPERIENCE AS TRANSLATOR OR INTERPRETER (45)

- 1. I HAVE HAD EXPERIENCE AS A TRANSLATOR.
- 2. I HAVE HAD EXPERIENCE AS AN INTERPRETER.
- 3. BOTH OF THE ABOVE STATEMENTS APPLY.
- 4. NONE OF THE ABOVE STATEMENTS APPLY.

PART IV—CERTIFICATION

I CERTIFY THAT THE INFORMATION GIVEN ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS CERTIFICATION CONSTITUTES MY APPLICATION FOR A MAINTENANCE AWARD PROVIDED I AM ELIGIBLE UNDER THE TERMS OF REGULATION NO. 25-175, PAR. 101.33. I UNDERSTAND THAT I MUST PASS AN OBJECTIVE LANGUAGE PROFICIENCY TEST BEFORE I BECOME ELIGIBLE FOR AN AWARD, AND THAT IRRESPECTIVE OF THE DATE OF TESTING, ANNUAL MAINTENANCE AWARDS WILL BE CUMULATIVE AS OF THE ANNIVERSARY DATE OF COMPLETING THIS FORM.

DATE SIGNED

14 MARCH 1960

SIGNATURE

*David A. Plesner*

1461

S

1471

F

SECRET

(When Filled In)

(1-5)		<b>LANGUAGE DATA RECORD</b>		
<b>PART I-GENERAL</b>				
1. NAME (Last-First-Middle) (17-24)		2. DATE OF BIRTH (25-30)		
PHILLIPS, DAVID ATLEE		OCTOBER	31	1922
3. LANGUAGE (31-33)	4. TODAY'S DATE (34-39)		5.	
SPANISH DC	MONTH	DAY	YEAR	<input type="checkbox"/> I HAVE NO PROFICIENCY IN ANY FOREIGN LANGUAGE
	MARCH	14	1960	
<b>PART II-LANGUAGE ELEMENTS</b>				
<b>SECTION A.</b>		<b>Reading (40)</b>		
1. I CAN READ TEXTS OF ANY DIFFICULTY, OF A GENERAL NATURE OR IN FIELDS I AM FAMILIAR WITH, USING THE DICTIONARY ONLY RARELY.				
2. I CAN READ TEXTS OF MOST GRADES OF DIFFICULTY, OF A GENERAL NATURE OR IN FIELDS I AM FAMILIAR WITH, USING THE DICTIONARY OCCASIONALLY.				
3. I CAN READ TEXTS OF AVERAGE DIFFICULTY (newspapers, reference materials, etc.), USING THE DICTIONARY FREQUENTLY.				
4. I CAN READ SIMPLE TEXTS, SUCH AS STREET SIGNS, NEWSPAPER HEADLINES, ETC., USING THE DICTIONARY FREQUENTLY.				
5. I HAVE NO READING ABILITY IN THE LANGUAGE.				
<b>SECTION B.</b>		<b>Writing (41)</b>		
1. I CAN WRITE PERSONAL LETTERS AND SIMILAR MATERIAL WITH COMPLETE SUCCESS WITHOUT THE DICTIONARY. I CAN WRITE FACTUAL NARRATIVE AND EXPOSITORY MATERIAL WITH REASONABLE CLARITY, WITH VERY FEW GRAMMATICAL ERRORS, IN NATIVE STYLE, USING THE DICTIONARY ONLY RARELY.				
2. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL WITH COMPLETE SUCCESS, USING THE DICTIONARY ONLY RARELY. I CAN WRITE FACTUAL NARRATIVE AND EXPOSITORY MATERIAL WITH REASONABLE CLARITY, WITH FEW GRAMMATICAL ERRORS, BUT IN A STYLE WHICH MAY NOT BE NATIVE, USING THE DICTIONARY OCCASIONALLY.				
3. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL, WITH REASONABLE SUCCESS IN CONVEYING MY MEANING, BUT WITH OCCASIONAL MINOR GRAMMATICAL ERRORS AND IN OBVIOUSLY FOREIGN, AWKWARD STYLE, USING THE DICTIONARY OCCASIONALLY.				
4. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL, WITH REASONABLE SUCCESS IN CONVEYING MY MEANING, BUT WITH MANY GRAMMATICAL ERRORS AND IN A VERY FOREIGN, AWKWARD STYLE, USING THE DICTIONARY FREQUENTLY.				
5. I CANNOT WRITE IN THE LANGUAGE.				
<b>SECTION C.</b>		<b>Pronunciation (42)</b>		
1. MY PRONUNCIATION IS NATIVE.				
2. WHILE NATIVES CAN DETECT AN ACCENT IN MY PRONUNCIATION THEY HAVE NO DIFFICULTY UNDERSTANDING ME.				
3. MY PRONUNCIATION IS OBVIOUSLY FOREIGN, BUT ONLY RARELY CAUSES DIFFICULTY FOR NATIVES TO UNDERSTAND.				
4. MY PRONUNCIATION IS OCCASIONALLY DIFFICULT FOR NATIVES TO UNDERSTAND.				
5. I HAVE NO SKILL IN PRONUNCIATION.				
CONTINUE ON REVERSE SIDE				

CONTINUATION OF PART II—LANGUAGE ELEMENTS

SECTION D.

Speaking (43)

- 1. I SPEAK FLUENTLY AND ACCURATELY IN ALL PRACTICAL AND SOCIAL SITUATIONS; I CONVERSE FREELY AND IDIOMATICALLY IN ALL FIELDS WITH WHICH I AM FAMILIAR.
- 2. I SPEAK FLUENTLY AND ACCURATELY IN NEARLY ALL PRACTICAL AND SOCIAL SITUATIONS; I CAN CONVERSE IN MOST FIELDS WITH WHICH I AM FAMILIAR AND I EMPLOY SOME POPULAR SAYINGS, LITERARY QUOTATIONS, AND COMMON PROVERBS.
- 3. I GET ALONG QUITE WELL IN SITUATIONS OF DAILY LIFE AND TRAVEL AND CAN CONDUCT ROUTINE BUSINESS IN PARTICULAR FIELDS.
- 4. I MANAGE TO GET ALONG IN THE MOST COMMON SITUATIONS OF DAILY LIFE AND TRAVEL.
- 5. I HAVE NO ABILITY TO USE THE LANGUAGE IN ANY OF THE ABOVE RESPECTS.

SECTION E.

Understanding (44)

- 1. I UNDERSTAND NON-TECHNICAL CONVERSATION ON ALL SUBJECTS, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND NEARLY EVERYTHING I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES.
- 2. I UNDERSTAND NON-TECHNICAL CONVERSATION ON NEARLY ALL SUBJECTS, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND MOST OF WHAT I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES, INCLUDING MOST JOKES AND PUNS.
- 3. I UNDERSTAND NEARLY ALL CONVERSATION ON TOPICS OF DAILY LIFE AND TRAVEL, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND MUCH OF WHAT I HEAR ON THE RADIO, AND AT THE MOVIES, PLAYS, AND LECTURES.
- 4. I UNDERSTAND THE SIMPLEST CONVERSATION, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND SOME OF WHAT I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES.
- 5. I AM NOT ABLE TO UNDERSTAND THE SPOKEN LANGUAGE.

BEFORE CONTINUING - CHECK PART II TO ENSURE THAT YOU HAVE CIRCLED ONE NUMBER PER SECTION.

PART III—EXPERIENCE AS TRANSLATOR OR INTERPRETER (45)

- 1. I HAVE HAD EXPERIENCE AS A TRANSLATOR.
- 2. I HAVE HAD EXPERIENCE AS AN INTERPRETER.
- 3. BOTH OF THE ABOVE STATEMENTS APPLY.
- 5. NONE OF THE ABOVE STATEMENTS APPLY.

PART IV—CERTIFICATION

I CERTIFY THAT THE INFORMATION GIVEN ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS CERTIFICATION CONSTITUTES MY APPLICATION FOR A MAINTENANCE AWARD PROVIDED I AM ELIGIBLE UNDER THE TERMS OF REGULATION NO. 23-115, PAR. 1C(4). I UNDERSTAND THAT I MUST PASS AN OBJECTIVE LANGUAGE PROFICIENCY TEST BEFORE I BECOME ELIGIBLE FOR AN AWARD, AND THAT IRRESPECTIVE OF THE DATE OF TESTING, ANNUAL MAINTENANCE AWARDS WILL BE CUMULATIVE AS OF THE ANNIVERSARY DATE OF COMPLETING THIS FORM.

DATE SIGNED

14 MARCH 1960

SIGNATURE

*David G. Nelson*

(46)

(47)

SECRET  
(When Filled In)

(1-6)		LANGUAGE DATA RECORD			
963663					
PART I-GENERAL					
1. NAME (Last-First-Middle) (17-24)			2. DATE OF BIRTH (25-30)		
DAVID A PHILLIPS			MONTH	DAY	YEAR
			OCTOBER	31	1957
3. LANGUAGE (31-33)		4. TODAY'S DATE (34-39)		5.	
FRENCH 265		MONTH	DAY	YEAR	<input type="checkbox"/> I HAVE NO PROFICIENCY IN ANY FOREIGN LANGUAGE
OCTOBER		22	1957		
PART II-LANGUAGE ELEMENTS					
SECTION A. Reading (40)					
1. I CAN READ TEXTS OF ANY DIFFICULTY, OF A GENERAL NATURE OR IN FIELDS I AM FAMILIAR WITH, USING THE DICTIONARY ONLY RARELY.					
2. I CAN READ TEXTS OF MOST GRADES OF DIFFICULTY, OF A GENERAL NATURE OR IN FIELDS I AM FAMILIAR WITH, USING THE DICTIONARY OCCASIONALLY.					
3. I CAN READ TEXTS OF AVERAGE DIFFICULTY (newspapers, reference materials, etc.), USING THE DICTIONARY FREQUENTLY.					
4. I CAN READ SIMPLE TEXTS, SUCH AS STREET SIGNS, NEWSPAPER HEADLINES, ETC., USING THE DICTIONARY FREQUENTLY.					
5. I HAVE NO READING ABILITY IN THE LANGUAGE.					
SECTION B. Writing (41)					
1. I CAN WRITE PERSONAL LETTERS AND SIMILAR MATERIAL WITH COMPLETE SUCCESS WITHOUT USING THE DICTIONARY. I CAN WRITE FACTUAL NARRATIVE AND EXPOSITORY MATERIAL WITH REASONABLE CLARITY, WITH VERY FEW GRAMMATICAL ERRORS, IN NATIVE STYLE, USING THE DICTIONARY ONLY RARELY.					
2. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL WITH COMPLETE SUCCESS, USING THE DICTIONARY ONLY RARELY. I CAN WRITE FACTUAL NARRATIVE AND EXPOSITORY MATERIAL WITH REASONABLE CLARITY, WITH FEW GRAMMATICAL ERRORS, BUT IN A STYLE WHICH MAY NOT BE NATIVE, USING THE DICTIONARY OCCASIONALLY.					
3. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL, WITH REASONABLE SUCCESS IN CONVEYING MY MEANING, BUT WITH OCCASIONAL MINOR GRAMMATICAL ERRORS AND IN OBVIOUSLY FOREIGN, AWKWARD STYLE, USING THE DICTIONARY OCCASIONALLY.					
4. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL, WITH REASONABLE SUCCESS IN CONVEYING MY MEANING, BUT WITH MANY GRAMMATICAL ERRORS AND IN A VERY FOREIGN, AWKWARD STYLE, USING THE DICTIONARY FREQUENTLY.					
5. I CANNOT WRITE IN THE LANGUAGE.					
SECTION C. Pronunciation (42)					
1. MY PRONUNCIATION IS NATIVE.					
2. WHILE NATIVES CAN DETECT AN ACCENT IN MY PRONUNCIATION THEY HAVE NO DIFFICULTY UNDERSTANDING ME.					
3. MY PRONUNCIATION IS OBVIOUSLY FOREIGN, BUT ONLY RARELY CAUSES DIFFICULTY FOR NATIVES TO UNDERSTAND.					
4. MY PRONUNCIATION IS OCCASIONALLY DIFFICULT FOR NATIVES TO UNDERSTAND.					
5. I HAVE NO SKILL IN PRONUNCIATION.					
13					
CONTINUE ON REVERSE SIDE					



CONTINUATION OF PART II—LANGUAGE ELEMENTS

SECTION D.

Speaking (43)

- 1. I SPEAK FLUENTLY AND ACCURATELY IN ALL PRACTICAL AND SOCIAL SITUATIONS; I CONVERSE EASILY AND IDIOMATICALLY IN ALL FIELDS WITH WHICH I AM FAMILIAR.
- 2. I SPEAK FLUENTLY AND ACCURATELY IN NEARLY ALL PRACTICAL AND SOCIAL SITUATIONS; I CAN CONVERSE IN MOST FIELDS WITH WHICH I AM FAMILIAR AND I EMPLOY SOME POPULAR SAYINGS, LITERARY QUOTATIONS, AND COMMON PROVERBS.
- 3. I GET ALONG QUITE WELL IN SITUATIONS OF DAILY LIFE AND TRAVEL AND CAN CONDUCT ROUTINE BUSINESS IN PARTICULAR FIELDS.
- 4. I MANAGE TO GET ALONG IN THE MOST COMMON SITUATIONS OF DAILY LIFE AND TRAVEL.
- 5. I HAVE NO ABILITY TO USE THE LANGUAGE IN ANY OF THE ABOVE RESPECTS.

SECTION E.

Understanding (44)

- 1. I UNDERSTAND NON-TECHNICAL CONVERSATION ON ALL SUBJECTS, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND NEARLY EVERYTHING I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES.
- 2. I UNDERSTAND NON-TECHNICAL CONVERSATION ON NEARLY ALL SUBJECTS, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND MOST OF WHAT I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES, INCLUDING MOST JOSES AND PUNS.
- 3. I UNDERSTAND NEARLY ALL CONVERSATION ON TOPICS OF DAILY LIFE AND TRAVEL, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND MUCH OF WHAT I HEAR ON THE RADIO, AND AT THE MOVIES, PLAYS, AND LECTURES.
- 4. I UNDERSTAND THE SIMPLEST CONVERSATION, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND SOME OF WHAT I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES.
- 5. I AM NOT ABLE TO UNDERSTAND THE SPOKEN LANGUAGE.

BEFORE CONTINUING - CHECK PART II TO ENSURE THAT YOU HAVE CIRCLED ONE NUMBER PER SECTION.

PART III—EXPERIENCE AS TRANSLATOR OR INTERPRETER (45)

- 1. I HAVE HAD EXPERIENCE AS A TRANSLATOR.
- 2. I HAVE HAD EXPERIENCE AS AN INTERPRETER.
- 3. BOTH OF THE ABOVE STATEMENTS APPLY.
- 4. NONE OF THE ABOVE STATEMENTS APPLY.

PART IV—CERTIFICATION

I CERTIFY THAT THE INFORMATION GIVEN ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS CERTIFICATION CONSTITUTES MY APPLICATION FOR A MAINTENANCE AWARD PROVIDED I AM ELIGIBLE UNDER THE TERMS OF REGULATION NO. 29-115, PAR. 1C(4). I UNDERSTAND THAT I MUST PASS AN OBJECTIVE LANGUAGE PROFICIENCY TEST BEFORE I BECOME ELIGIBLE FOR AN AWARD, AND THAT IRRESPECTIVE OF THE DATE OF TESTING, ANNUAL MAINTENANCE AWARDS WILL BE CUMULATIVE AS OF THE ANNIVERSARY DATE OF COMPLETING THIS FORM.

DATE SIGNED

SIGNATURE

*[Handwritten signature]*  
*[Handwritten initials]* E

SECRET  
(When Filled In)

56  
Link

11-200  
412003  
LANGUAGE DATA RECORD

PART I-GENERAL

1. NAME (Last-First-Middle) (17-24) DAVID A. PHILLIPS		2. DATE OF BIRTH (25-30)		
		MONTH OCTOBER	DAY 31	YEAR 1922
3. LANGUAGE (31-33) SPANISH 720	4. TODAY'S DATE (34-39)		5. <input type="checkbox"/> I HAVE NO PROFICIENCY IN ANY FOREIGN LANGUAGE	
	MONTH OCTOBER	DAY 22	YEAR 1957	

PART II-LANGUAGE ELEMENTS

SECTION A. Reading (40)

- 1. I CAN READ TEXTS OF ANY DIFFICULTY, OF A GENERAL NATURE OR IN FIELDS I AM FAMILIAR WITH, USING THE DICTIONARY ONLY RARELY.
- 2. I CAN READ TEXTS OF MOST GRADES OF DIFFICULTY, OF A GENERAL NATURE OR IN FIELDS I AM FAMILIAR WITH, USING THE DICTIONARY OCCASIONALLY.
- 3. I CAN READ TEXTS OF AVERAGE DIFFICULTY (newspapers, reference materials, etc.), USING THE DICTIONARY FREQUENTLY.
- 4. I CAN READ SIMPLE TEXTS, SUCH AS STREET SIGNS, NEWSPAPER HEADLINES, ETC., USING THE DICTIONARY FREQUENTLY.
- 5. I HAVE NO READING ABILITY IN THE LANGUAGE.

SECTION B. Writing (41)

- 1. I CAN WRITE PERSONAL LETTERS AND SIMILAR MATERIAL WITH COMPLETE SUCCESS WITHOUT USING THE DICTIONARY. I CAN WRITE FACTUAL NARRATIVE AND EXPOSITORY MATERIAL WITH REASONABLE CLARITY, WITH VERY FEW GRAMMATICAL ERRORS, IN NATIVE STYLE, USING THE DICTIONARY ONLY RARELY.
- 2. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL WITH COMPLETE SUCCESS, USING THE DICTIONARY ONLY RARELY. I CAN WRITE FACTUAL NARRATIVE AND EXPOSITORY MATERIAL WITH REASONABLE CLARITY, WITH FEW GRAMMATICAL ERRORS, BUT IN A STYLE WHICH MAY NOT BE NATIVE, USING THE DICTIONARY OCCASIONALLY.
- 3. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL, WITH REASONABLE SUCCESS IN CONVEYING MY MEANING, BUT WITH OCCASIONAL MINOR GRAMMATICAL ERRORS AND IN OBVIOUSLY FOREIGN, AWKWARD STYLE, USING THE DICTIONARY OCCASIONALLY.
- 4. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL, WITH REASONABLE SUCCESS IN CONVEYING MY MEANING BUT WITH MANY GRAMMATICAL ERRORS AND IN A VERY FOREIGN, AWKWARD STYLE, USING THE DICTIONARY FREQUENTLY.
- 5. I CANNOT WRITE IN THE LANGUAGE.

SECTION C. Pronunciation (42)

- 1. MY PRONUNCIATION IS NATIVE.
- 2. WHILE NATIVES CAN DETECT AN ACCENT IN MY PRONUNCIATION THEY HAVE NO DIFFICULTY UNDERSTANDING ME.
- 3. MY PRONUNCIATION IS OBVIOUSLY FOREIGN, BUT ONLY RARELY CAUSES DIFFICULTY FOR NATIVES TO UNDERSTAND.
- 4. MY PRONUNCIATION IS OCCASIONALLY DIFFICULT FOR NATIVES TO UNDERSTAND.
- 5. I HAVE NO SKILL IN PRONUNCIATION.

CONTINUE ON REVERSE SIDE

CONTINUATION OF PART II—LANGUAGE ELEMENTS

SECTION D.

Speaking (43)

- 1. I SPEAK FLUENTLY AND ACCURATELY IN ALL PRACTICAL AND SOCIAL SITUATIONS; I CONVERSE FREELY AND IDIOMATICALLY IN ALL FIELDS WITH WHICH I AM FAMILIAR.
- 2. I SPEAK FLUENTLY AND ACCURATELY IN NEARLY ALL PRACTICAL AND SOCIAL SITUATIONS; I CAN CONVERSE IN MOST FIELDS WITH WHICH I AM FAMILIAR AND I EMPLOY SOME POPULAR SAYINGS, LITERARY QUOTATIONS, AND COMMON PROVERBS.
- 3. I GET ALONG WELL IN SITUATIONS OF DAILY LIFE AND TRAVEL AND CAN CONDUCT ROUTINE BUSINESS IN PARTICULAR FIELDS.
- 4. I MANAGE TO GET ALONG IN THE MOST COMMON SITUATIONS OF DAILY LIFE AND TRAVEL.
- 5. I HAVE NO ABILITY TO USE THE LANGUAGE IN ANY OF THE ABOVE RESPECTS.

SECTION E.

Understanding (44)

- 1. I UNDERSTAND NON-TECHNICAL CONVERSATION ON ALL SUBJECTS, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND NEARLY EVERYTHING I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES.
- 2. I UNDERSTAND NON-TECHNICAL CONVERSATION ON NEARLY ALL SUBJECTS, BOTH FACE-TO-FACE AND ON THE TELEPHONE. I UNDERSTAND MOST OF WHAT I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES, INCLUDING MOST JOES AND PUNS.
- 3. I UNDERSTAND NEARLY ALL CONVERSATION ON TOPICS OF DAILY LIFE AND TRAVEL, BOTH FACE-TO-FACE AND ON THE TELEPHONE. I UNDERSTAND MUCH OF WHAT I HEAR ON THE RADIO, AND AT THE MOVIES, PLAYS, AND LECTURES.
- 4. I UNDERSTAND THE SIMPLEST CONVERSATION, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND SOME OF WHAT I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES.
- 5. I AM NOT ABLE TO UNDERSTAND THE SPOKEN LANGUAGE.

BEFORE CONTINUING - CHECK PART II TO ENSURE THAT YOU HAVE CIRCLED ONE NUMBER PER SECTION.

PART III—EXPERIENCE AS TRANSLATOR OR INTERPRETER (45)

- 1. I HAVE HAD EXPERIENCE AS A TRANSLATOR.
- 2. I HAVE HAD EXPERIENCE AS AN INTERPRETER.
- 3. BOTH OF THE ABOVE STATEMENTS APPLY.
- 4. NONE OF THE ABOVE STATEMENTS APPLY.

PART IV—CERTIFICATION

I CERTIFY THAT THE INFORMATION GIVEN ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS CERTIFICATION CONSTITUTES MY APPLICATION FOR A MAINTENANCE AWARD PROVIDED I AM ELIGIBLE UNDER THE TERMS OF REGULATION NO. 25-119, PAR. 1C(4). I UNDERSTAND THAT I MUST PASS AN OBJECTIVE LANGUAGE PROFICIENCY TEST BEFORE I BECOME ELIGIBLE FOR AN AWARD, AND THAT IRRESPECTIVE OF THE DATE OF TESTING, ANNUAL MAINTENANCE AWARDS WILL BE CUMULATIVE AS OF THE ANNIVERSARY DATE OF COMPLETING THIS FORM.

DATE SIGNED

SIGNATURE

*B Sam*

(46)

(47)

*C*

*A*

CONFIDENTIAL  
(WHEN FILLED IN)

SECURITY APPROVAL

03 11 1960

DATE : 9 February 1960

YOUR  
REFERENCE: E-8573 CS/CS Div. Comp.

CASE NO. : 40696

TO : Director of Personnel

FROM : Director of Security

SUBJECT : PHILLIPS, David Atlee

1. This is to inform you of security approval of the subject person as follows:

Subject has been approved for the appointment specified in your request under the provisions of Regulations 10-210 and 20-730 including access to classified information through Top Secret as required in the performance of his duties.

Subject has been approved for appointment under the authority of Paragraph 4(d) of Regulation 10-210, and under Regulation 20-730 including access to classified information through Top Secret as required in the performance of his duties.

2. Unless arrangements are made within 60 days for entrance on duty within 120 days, this approval becomes invalid.

3. As part of the entrance on duty processing:

A personal interview in the Office of Security must be arranged.

A personal interview is not necessary.

FOR THE DIRECTOR OF SECURITY:

*W.A. Osborne*  
W. A. Osborne

Acting Chief, Personnel Security Division

*Mr. Washburn advised  
(with)  
2-10-60*

*Policy of Mr. Call - 2-24-60*  
FORM NO. 1173 REPLACES FORM 28-104  
1 MAR 57 WHICH IS OBSOLETE

CONFIDENTIAL

CONFIDENTIAL  
SECURITY INFORMATION  
SECURITY APPROVAL

Date: 26 April 1955

TO: Chief, Processing & Records Division  
Personnel Office  
FROM: Chief, Security Division  
Personnel  
SUBJECT: PHILLIPS, David Atlee

Your Reference: SR-6038-PP

Case Number: 10696

1. This is to advise you of security action in the subject case as indicated below:

- Security approval is granted the subject person for access to classified information.
- Provisional clearance for full duty with CIA is granted under the provisions of Paragraph D of Regulation 10-9 which provides for a temporary appointment pending completion of full security investigation.
- The Director of Central Intelligence has granted a provisional clearance for full duty with CIA under the provisions of paragraph H of Regulation 10-9.

2. Unless the subject person enters on duty within 60 days from the above date, this approval becomes invalid.

3. Subject is to be polygraphed as part of EOD procedures.

4. This clearance is retroactive to 1 April 1955  
per Myers  
27 April 55

*Ernest P. Geiss*  
Ernest P. Geiss

CONFIDENTIAL

# PERSONAL HISTORY STATEMENT

Read the instructions on the back of this form. Fill in the information requested. If you do not know the answer, check the appropriate box. Do not leave any spaces blank. Use the back pages of the form for extra space if you need it. Do not write in the spaces provided for the name of the person being interviewed. Write your name and address in the spaces provided. Do not write in the spaces provided for the name of the person being interviewed. Do not write in the spaces provided for the name of the person being interviewed.

**HAVE YOU READ AND DO YOU UNDERSTAND THE INSTRUCTIONS?**  Yes  No

**SECTION 1 - PERSONAL BACKGROUND**

**1. FULL NAME** (Last, First, Middle Initial) \_\_\_\_\_  
 (Last, First, Middle Initial) \_\_\_\_\_

**2. PRESENT ADDRESS** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**3. PERMANENT ADDRESS** (If different from present address) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**4. NICKNAME** (If any) \_\_\_\_\_

**5. BIRTH DATE** (Month, Day, Year) \_\_\_\_\_

**6. BIRTH PLACE** (City, State, Country) \_\_\_\_\_

**7. CURRENT CITIZENSHIP** (Country) \_\_\_\_\_

**8. EDUCATION** (School, College, University) \_\_\_\_\_

**9. OCCUPATION** (Job, Profession) \_\_\_\_\_

**10. MARITAL STATUS** (Single, Married, Divorced, Widowed) \_\_\_\_\_

**11. RELIGION** \_\_\_\_\_

**12. MILITARY SERVICE** (Branch, Dates, Rank) \_\_\_\_\_

**13. TRAVEL HISTORY** (Countries, Dates) \_\_\_\_\_

**14. EMPLOYMENT HISTORY** (Employer, Dates, Position) \_\_\_\_\_

**15. CRIMINAL RECORD** (Offense, Date, Court) \_\_\_\_\_

**16. OTHER INFORMATION** \_\_\_\_\_

**17. SIGNATURE** \_\_\_\_\_

**18. DATE** \_\_\_\_\_

**19. PRINTED NAME** \_\_\_\_\_

**20. ADDRESS** \_\_\_\_\_

# PERSONAL HISTORY STATEMENT

HAVE YOU READ AND DO YOU UNDERSTAND THE INSTRUCTIONS?

## PERSONAL BACKGROUND

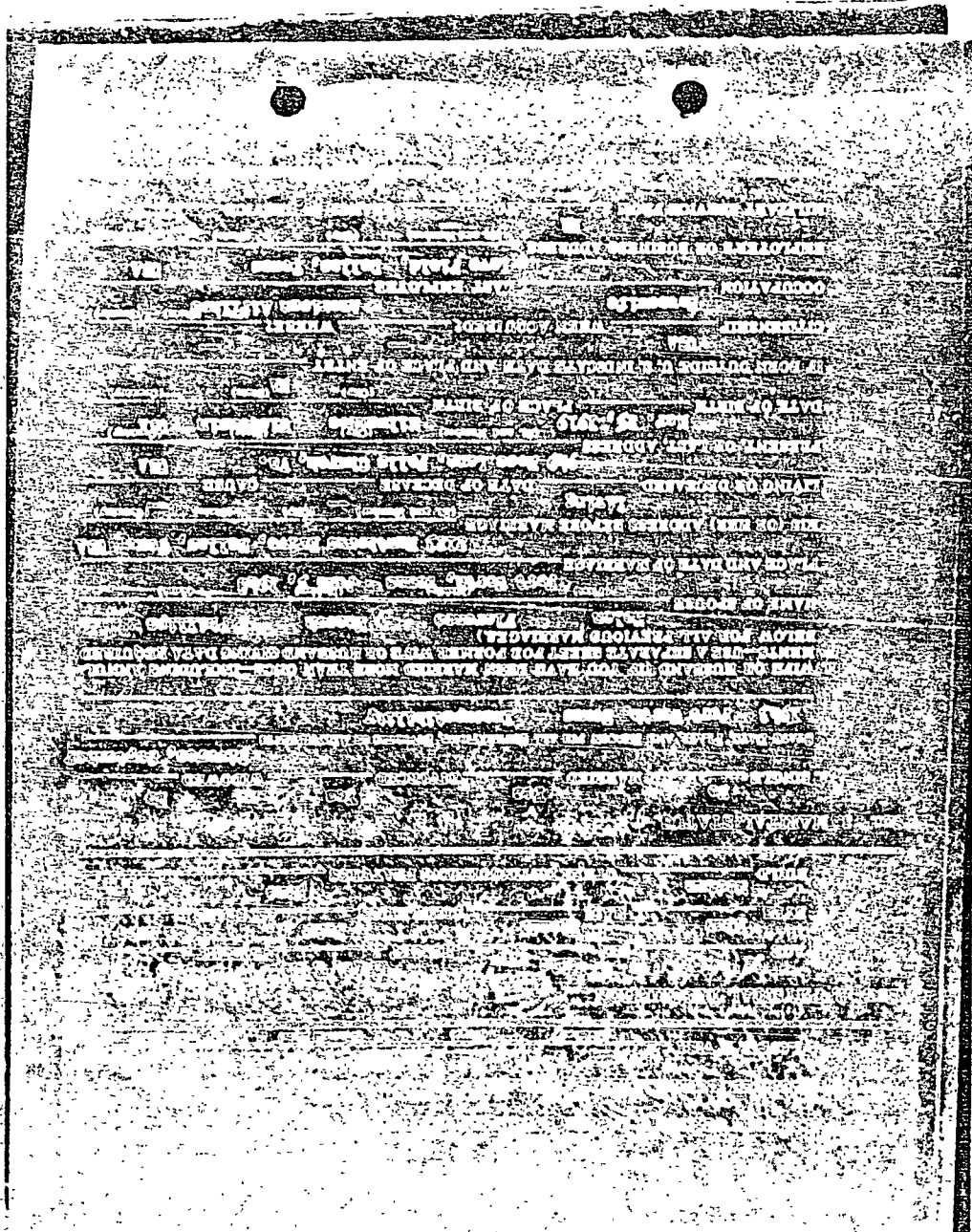
Full Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Current Address: \_\_\_\_\_  
Previous Addresses: \_\_\_\_\_

Education: \_\_\_\_\_  
Employment History: \_\_\_\_\_  
Military Service: \_\_\_\_\_  
Travel History: \_\_\_\_\_

Family Members: \_\_\_\_\_  
Religious Affiliation: \_\_\_\_\_  
Political Affiliation: \_\_\_\_\_  
Other Information: \_\_\_\_\_

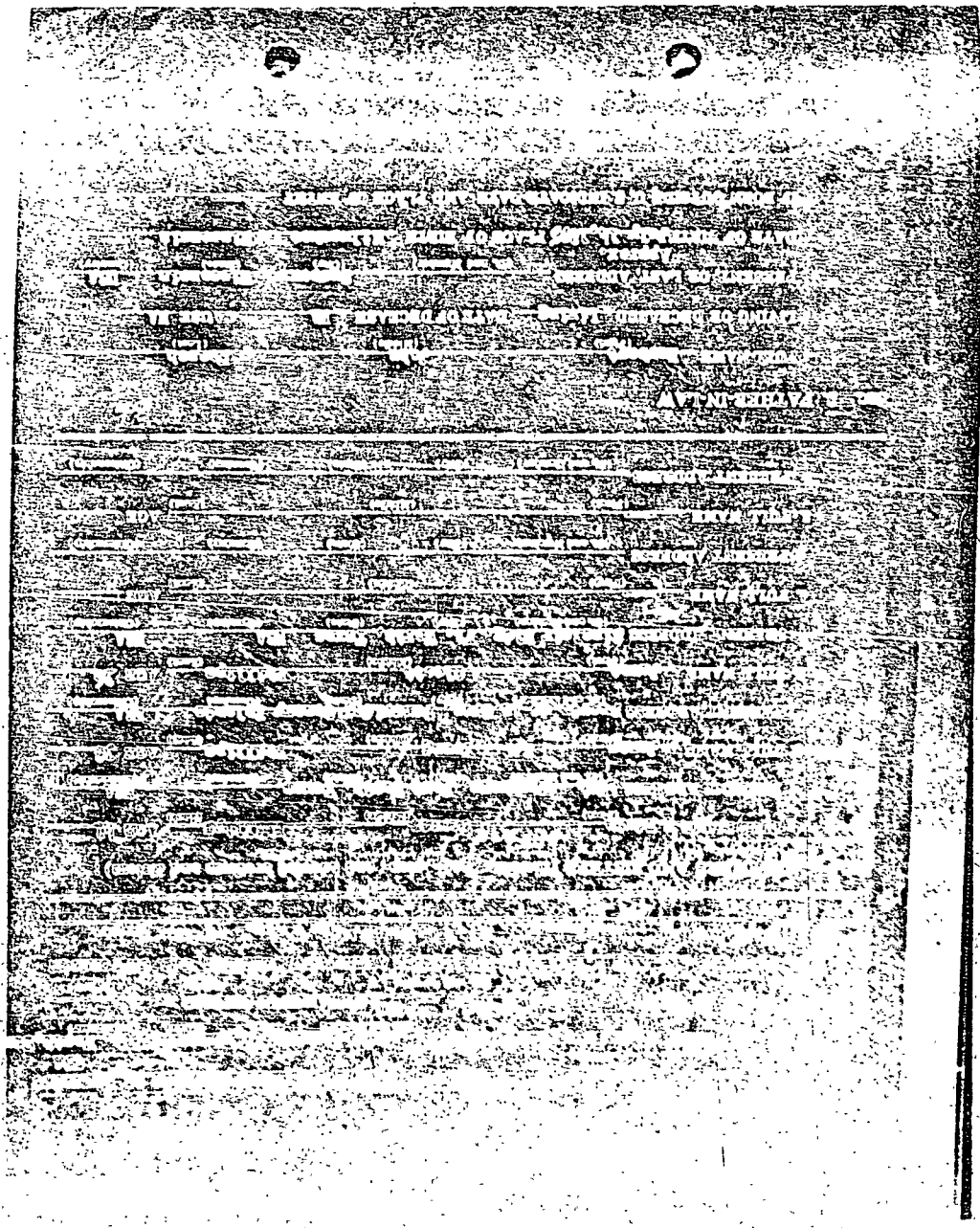
Character References: \_\_\_\_\_  
References: \_\_\_\_\_  
Additional Comments: \_\_\_\_\_

Signature: \_\_\_\_\_  
Date: \_\_\_\_\_  
Printed Name: \_\_\_\_\_









**MOTHER-IN-LAW**

**FOURTH AND FIFTH**

**ATTENDING PHYSICIAN** **DECEASED** **ATTEST** **STATE OF CALIFORNIA**

**PREVIOUS OR LAST ADDRESS** **RESIDENCE** **COUNTY** **STATE**

**DATE OF DEATH** **PLACE OF DEATH** **CAUSE OF DEATH**

**PLACE OF DEATH** **DATE OF DEATH** **PLACE OF DEATH**

**OCCUPATION** **DECEASED**

**RELATIVES BY BLOOD, MARRIAGE OR ADOPTION, WHO ARE NOT CITIZENS OF THE UNITED STATES**

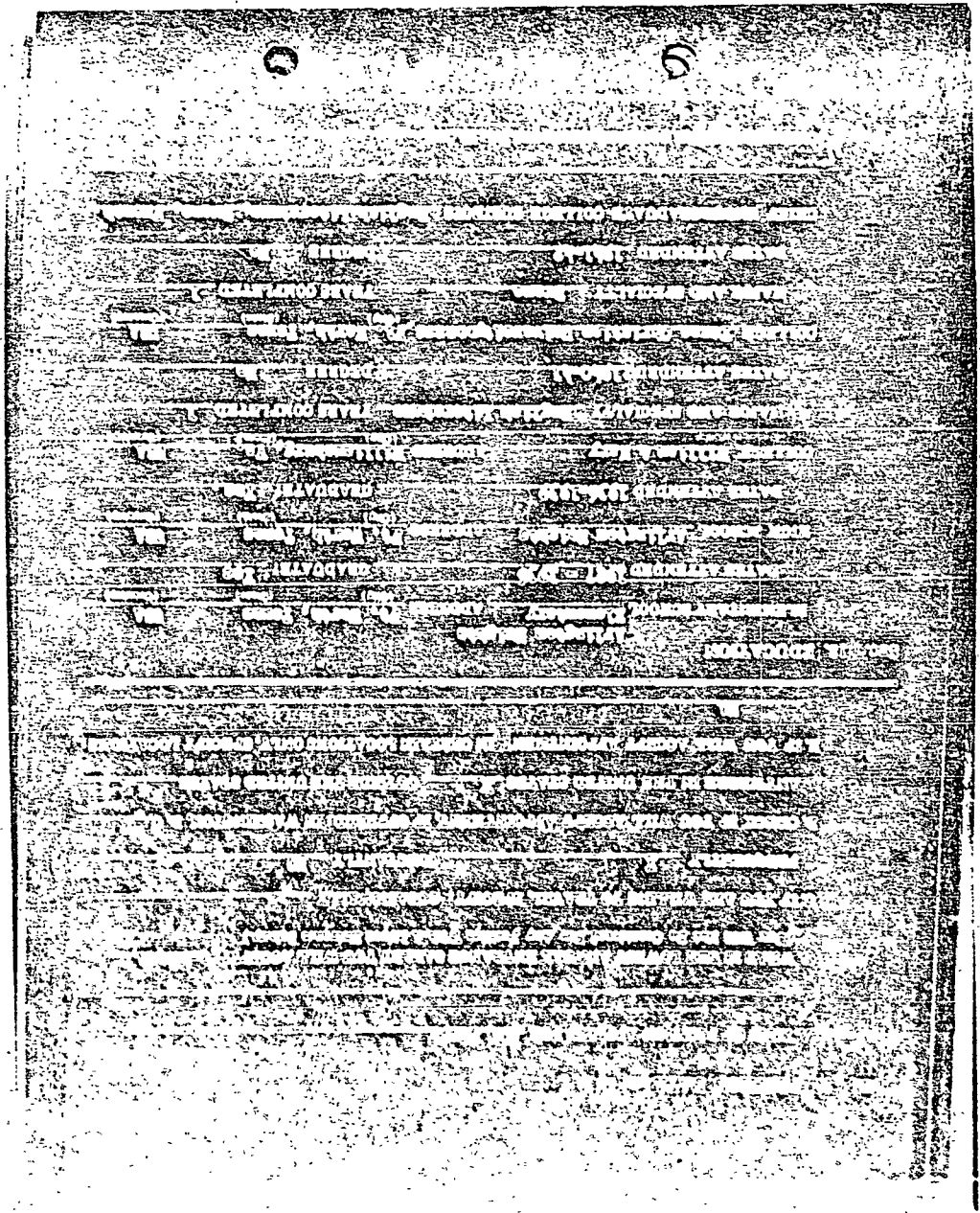
**NAME** **RELATIONSHIP** **DATE OF BIRTH** **PLACE OF BIRTH**

**CITIZENSHIP** **RELATIONSHIP** **DATE OF BIRTH** **PLACE OF BIRTH**

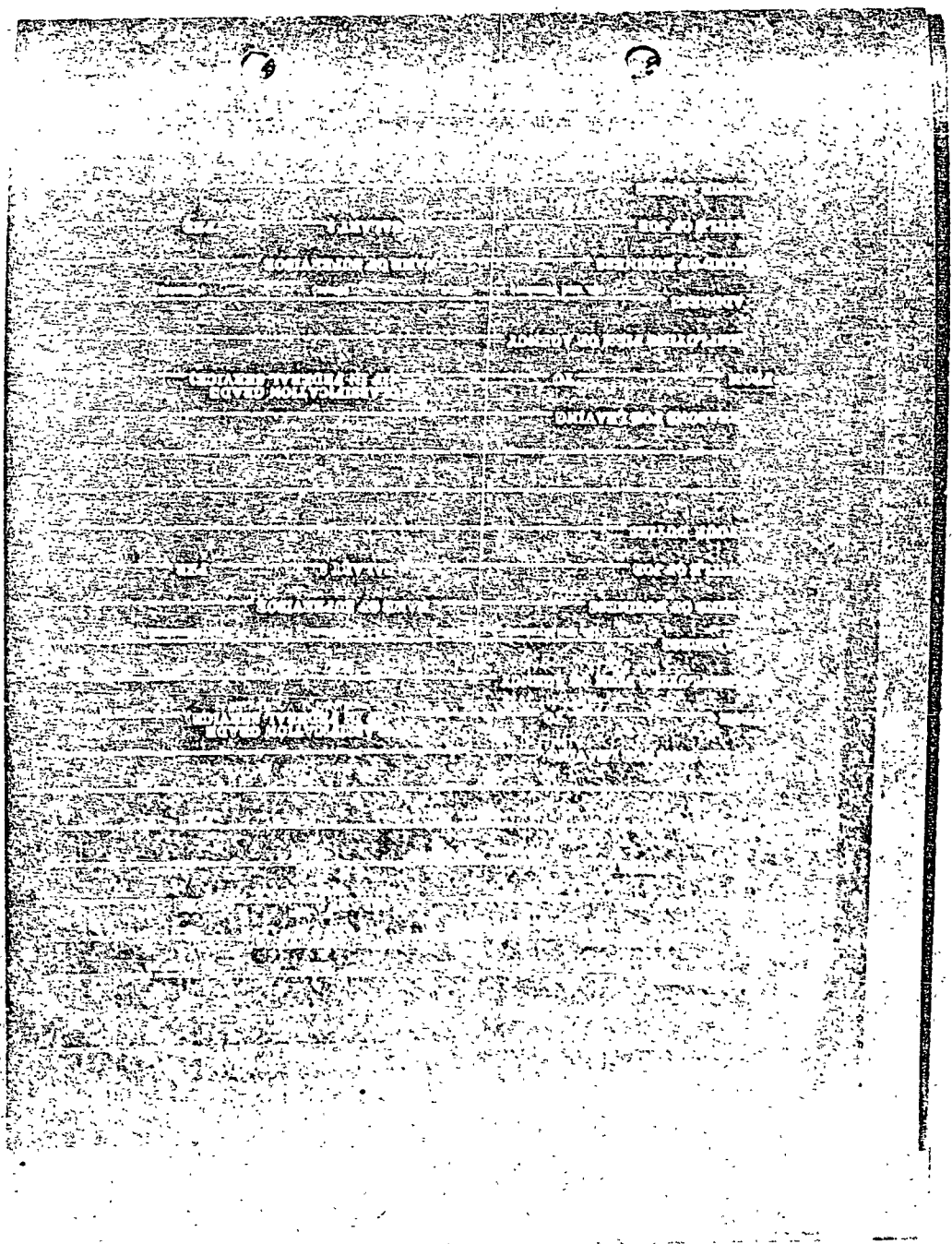
**RELATIVES BY BLOOD, MARRIAGE OR ADOPTION, WHO ARE NOT CITIZENS OF THE UNITED STATES**

**NAME** **RELATIONSHIP** **DATE OF BIRTH** **PLACE OF BIRTH**

**CITIZENSHIP** **RELATIONSHIP** **DATE OF BIRTH** **PLACE OF BIRTH**







PLEASE PRINT NAME AND ADDRESS OF PERSON YOU WANT TO REPLY TO IN POSITION OF INTEREST. IF YOU DESIRE TO REPLY, GIVE DETAILS.

GENERAL QUALIFICATIONS

Area of Interest: \_\_\_\_\_  
Type of Position: \_\_\_\_\_  
Desired Salary: \_\_\_\_\_  
Desired Location: \_\_\_\_\_  
Desired Date: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Education: \_\_\_\_\_  
Experience: \_\_\_\_\_  
References: \_\_\_\_\_  
Other: \_\_\_\_\_

[The following text is extremely faint and largely illegible due to heavy noise and grain in the scan. It appears to be a series of lines of text, possibly a list or a set of instructions, with some lines starting with "1." and "2." ]

1. [Illegible text]

2. [Illegible text]

[Additional illegible lines of text follow, including what appears to be a section header or a specific instruction.]

DO NOT REMOVE OR ALTER FROM THE UNITED STATES OF AMERICA GOVERNMENT UNDER ANY CIRCUMSTANCES, FACT OR ANY PERSON OR OTHER COOPERATION FOR MILITARY OR NAVAL SERVICE IN ANSWERS TO QUESTIONS RECEIVED







[The following text is extremely faint and appears to be a form or document with multiple sections. It is largely illegible due to the quality of the scan.]

SECTION 1  
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 SECTION 100







MATERIAL REVIEWED AT CIA HEADQUARTERS BY  
 HOUSE SELECT COMMITTEE ON ASSASSINATIONS STAFF MEMBERS

SECRET

FILE TITLE/NUMBER/VOLUME: Phillips, David A.

INCLUSIVE DATES: 25-MARCH-55-2 Feb 1976

CUSTODIAL UNIT/LOCATION: OP Files

ROOM: 5E13

DELETIONS, IF ANY:

DATE RECEIVED	DATE RETURNED	REVIEWED BY (PRINT NAME)	SIGNATURE OF REVIEWING OFFICIAL
2/10/78	2/10/78	DAN HARDWAY	Dan Hardway
12-26-78	4/12/78	DAN HARDWAY	Dan Hardway

NO DOCUMENTS MAY BE COPIED OR REMOVED FROM THIS FILE

SECRET

002663

RECORDED  
 INDEXED  
 FEB 27 1978  
 FBI - NEW YORK

NOB # 72-154  
 BOX #

Contract Service — Michael M. CHADEN (P) <sup>GS</sup>

<u>Date</u>	<u>Action</u>	<u>Compensation</u>	<u>Grade</u>
1 Feb 51	Independent contractor	\$600 per mo	
28 Feb 51	<del>Independent</del> contract terminated	600 " "	
25 Jan 52	Independent contractor	\$6,000 p.a.	
31 Aug 53	Contract terminated	6,000	
1 Mar 54	Contract Employee	\$7,200	
31 Jul 54	Contract terminated	7,200	
1 Aug 54	Contract Employee	8,360	
31 Mar 55	Contract terminated	8,360	
1 Apr 55	Agency Staff Agent service		
13 Aug 58			
19 Aug 58	Independent contractor (Note: the base rate of pay of \$7,200 is subject to increase on occasions wherein subject performs specialized assignments)	<del>\$7,200</del>	
13 Mar 60	<del>Contract</del> terminated	\$7,200	
14 Mar 60	Entered on duty as an Agency Staff Employee at the rate of GS-14/3 (\$11,835).		


ADMINISTRATIVE-INTERNAL USE ONLY

13 May 1975

MEMORANDUM FOR: Chief, Contract Personnel Division  
SUBJECT : Earnings of David A. Phillips

In accordance with your telephone request, the following is a record of income earned by Mr. Phillips during the period 19 August 1958 through 13 March 1960. Mr. Phillips was paid at \$7,200 P/A, with the exception of those periods of service performed outside of his country of permanent assignment and then he was paid at \$13,000 P/A.

<u>DATES</u>	<u>PAID AT \$7200 P/A</u>	<u>DUE DIFFERENCE BETWEEN \$7200 P/A &amp; \$13000 P/A</u>	<u>TOTAL</u>
19-31 Aug 58	\$ 240.00	-0-	\$ 240.00
Sept 58	600.00	\$ 32.22	632.22
Oct 58	600.00	434.97	1034.97
Nov 58-Jan 59	1800.00	-0-	1800.00
Feb 59	600.00	88.60	688.60
March 59	600.00	-0-	600.00
April 59	600.00	157.07	757.07
May 59	600.00	128.88	728.88
June-July 59	1200.00	-0-	1200.00
Aug 59	600.00	80.55	680.55
Sept 59-Feb 60	3600.00	-0-	3600.00
1-13 March 60	260.00	-0-	260.00
Totals	<u>\$11,300.00</u>	<u>\$922.29</u>	<u>\$12,222.29</u>

  
JOSEPH H. HUDSON  
Deputy Chief  
Compensation and Tax Division

ADMINISTRATIVE-INTERNAL USE ONLY



Out of County 6 times

P.O. J. J. Johnson

# David Phillips

19 Aug 58 - \$7200

19-31 Aug 58	-	\$260	
Sep 58	-	600 + 32.22	\$632.22
Oct 58	-	600 + 289.98	889.98
Nov 58	-	600	\$1800.00
Dec 58	-	600 + 88.60	688.60
Jan 59	-		600.00
Feb 59	-	600 + 157.07	757.07
Mar 59	-	600 + 128.88	728.88
Apr 59	-	600	600.00
May 59	-	600	600.00
Jun 59	-	600 + 80.55	680.55
Jul 59	-	600	600.00
Aug 59	-	600	600.00
Sep 59	-	600	600.00
Oct 59	-	600	600.00
Nov 59	-	600	600.00
Dec 59	-	600	600.00
Jan 60	-	600	600.00
Feb 60	-	600	600.00
1-13 Mar 60	-	260	260.00

11,320 paid at \$7200

also pay \$777.30

Total Paid \$12,097.30

4 March 1975

BACKGROUND ON REQUEST FOR CREDITABLE SERVICE: August 1950 Until 3 March 1954

1. A basic document in consideration of this request is HCSA-825, dated 4 February 1954.

*Poly. gh*  
*Be. ment*  
2. I was running an English-language newspaper in Santiago, Chile when asked to work with our Station there. My first pay was \$50.00 per month. The file contains a project approval dated 31 May 1950; TCS-A-1064 asks that the first payment be made to the U.S. bank on 1 August 1950.

*Lochus*  
*73 a*  
*project*  
3. During this period I recall a number of activities undertaken for the Station, and I travelled to New York for clandestine training. The file indicates "He was originally approved operationally to handle the complex Soviet espionage case of FULMINATER-2. His conduct of this case was considered excellent...." Also, "It will be recalled that Headquarters was very pleased with the printing job...which he had done." The latter was indicative of a number of such chores, when I stayed behind in my plant after the employees had left for the night, printing leaflets, booklets, etc. I also handled agents and did a number of spotting and assessing jobs for the Station.

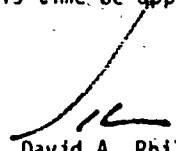
4. I signed a new contract on 25 January 1952 for \$500.00 per month which ran until the termination date of 31 August 1953. (Actually this was in the form of a loan which was paid off at the rate of \$500.00. The advance was used to purchase printing equipment which allowed me to do certain work for the Station, but which I retained.)"

5. After termination of the contract on 31 August I remained in Chile until 4 March 1954. During this period I recruited a CP agent who still works for the Station--and was a cabinet member under Allende. On 3 February 1954 Headquarters asked that I be made available for another assignment. The Station pointed out that I was working on the recruitment, and that I and my family were planning on a European vacation. Headquarters again requested my assignment. Thus I departed for the Guatemala project in early March, abandoning my free family trip to Europe (tickets paid for by advertising in my paper) and leaving my family behind to pack up. I accepted this assignment without knowing where it was, or for how long it would last. Indeed I did not even have a contract.

E2 IMPDET  
CL BY 024345

SECRET

6. I worked for the Agency in Santiago, then, between 1 August 1950 until departure for PBSUCCESS on 4 March 1954. I was always available and when I finally did leave it was for Agency business rather than my own. Thus I request that all or part of this time be approved as creditable toward retirement.



David A. Phillips

Mr. DeFelice:

Information from Adele regarding  
Dave Phillips' creditable service:

As of 31 December 1974:

18 years, 11 months, 27 days  
(Agency civilian service)

2 years, 8 months, 11 days  
(military service)

Total creditable service:

21 years, 8 months, 8 days.

Sick leave will be added to that.

For your information, Paul Seidel has  
an appointment with Mr. Phillips on  
Wednesday afternoon. He is in the  
CIARDS system and with his birth date  
in 1922, he is eligible for voluntary  
retirement.

Bonnie

18 - 11 23

Mar 54 - July 54 - 4 mos -  
1 Aug 54 - 31 Mar 57 - 8 mos -

April 55 - 15 Mar 56 - 3 yrs

Mar 56 - Mar 55 - 15

Off land - 7 Feb 56 - 13 Aug 58

Raymond Weaver - Chem

Contract job - 1 Feb 51 - 28 Feb 51 -  
Contract job 28 Mar 52 - 31 Aug 53

Contract Employee 4 March 50 - 31 Mar 55  
Self job 1 April 55 - 6 Feb 56  
Self job 2 Feb 56 - 13 Aug 58  
Contract job 15 Feb 58 - 13 Mar 60  
Self job 14 Mar 60 - 6 Oct 60

David A. Phillips

Accepted Appointment Staff Employee 1 Apr 55

Resignation Staff Employee 6 Feb 56

Accepted Appointment Staff Agent 7 Feb 56

Resignation Staff Agent 13 Aug 58

Contract Agent 19 Aug 58

Terminated 13 Mar 60

Accepted Agent Staff Employee 14 Mar 60

Staff Employee since 14 Nov 1960

SECRET

21 May 1975

MEMORANDUM FOR: Office of Finance/C&TD

SUBJECT : Verification of Contract Employee Service of David A. Phillips, current staff employee for period 19 August 1958 through 13 March 1960.

REFERENCE : Memorandum from Deputy Chief Comp & Tax Division subject earnings of David A. Phillips dated 13 May 1975

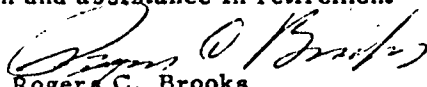
1. Based upon new information it has now been determined that subject served as an Agency contract employee during period 19 August 1958 through 13 March 1960, and that this period is creditable for both retirement and leave account category purposes. Civil Service Retirement deductions were not withheld during the period. Records of this office reflect subject was authorized compensation during referenced period at the rate of \$7,200 per annum, except that when he was outside of the United States he was paid at the rate of \$13,000 per annum. For times and amounts involved in change of rate see reference.

2. Action required:

(a) Office of Finance: Please post the above information to subjects retirement records.

(b) DDO/LA/Pers: Please advise subject of the contents of this memorandum.

(c) RAD/ROB: For your information and assistance in retirement processing.

  
Rogers C. Brooks  
Deputy Chief

Contract Personnel Division

Distribution:

Orig - Addressee  
1 - DDO/LA/Pers  
1 - RAD/ROB

OGC Concurrence: 16 - 13 May 1975

SECRET

E2IMPDET  
CL by: 063837




ADMINISTRATIVE-INTERNAL USE ONLY

13 May 1975

MEMORANDUM FOR: Chief, Contract Personnel Division  
SUBJECT : Earnings of David A. Phillips

In accordance with your telephone request, the following is a record of income earned by Mr. Phillips during the period 19 August 1958 through 13 March 1960. Mr. Phillips was paid at \$7,200 P/A, with the exception of those periods of service performed outside of his country of permanent assignment and then he was paid at \$13,000 P/A.

<u>DATES</u>	<u>PAID AT \$7200 P/A</u>	<u>DUE DIFFERENCE BETWEEN \$7200 P/A &amp; \$13000 P/A</u>	<u>TOTAL</u>
19-31 Aug 58	\$ 240.00	-0-	\$ 240.00
Sept 58	600.00	\$ 32.22	632.22
Oct 58	600.00	434.97	1034.97
Nov 58-Jan 59	1800.00	-0-	1800.00
Feb 59	600.00	88.60	688.60
March 59	600.00	-0-	600.00
April 59	600.00	157.07	757.07
May 59	600.00	128.88	728.88
June-July 59	1200.00	-0-	1200.00
Aug 59	600.00	80.55	680.55
Sept 59-Feb 60	3600.00	-0-	3600.00
1-13 March 60	260.00	-0-	260.00
Totals	\$11,300.00	\$922.29	\$12,222.29

  
JOSEPH H. HUDSON  
Deputy Chief  
Compensation and Tax Division

ADMINISTRATIVE-INTERNAL USE ONLY

SECRET

21 May 1975

**MEMORANDUM FOR: Office of Finance/C&TD**

**SUBJECT** : Verification of Contract Employee Service of David A. Phillips, current staff employee for period 19 August 1958 through 13 March 1960.

**REFERENCE** : Memorandum from Deputy Chief Comp & Tax Division subject earnings of David A. Phillips dated 13 May 1975

1. Based upon new information it has now been determined that subject served as an Agency contract employee during period 19 August 1958 through 13 March 1960, and that this period is creditable for both retirement and leave account category purposes. Civil Service Retirement deductions were not withheld during the period. Records of this office reflect subject was authorized compensation during referenced period at the rate of \$7,200 per annum, except that when he was outside of the United States he was paid at the rate of \$13,000 per annum. For times and amounts involved in change of rate see reference.

**2. Action required:**

(a) Office of Finance: Please post the above information to subjects retirement records.

(b) DDO/LA/Pers: Please advise subject of the contents of this memorandum.

(c) RAD/ROB: For your information and assistance in retirement processing.

7s/ Rogers C. Brooks

Rogers C. Brooks

Deputy Chief

Contract Personnel Division

**Distribution:**

Orig - Addressee

1 - DDO/LA/Pers

1 - RAD/ROB

1 - Subjects CPD file

1 - CPD Chrono file

DDA/OP/CPD: RCB;sp (21 May 1975)

E2IMPDEF

CL by: 063837

SECRET

SECRET

10 MAR 1975

MEMORANDUM FOR: Chief, TRB

SUBJECT : Verification of Contract Employee Service for Michael N. CHOADEN (P) Current Staff Employee

REFERENCE : CPD Memorandum of 30 June 1966 to Chief, TRB, Subject "Record of Contract Service for CHOADEN, Michael N.

1. Referent memorandum is revised in its entirety to reflect the following periods of full time contract employee service as being creditable service for both leave and Civil Service Retirement purposes.

<u>DATE</u>	<u>ACTION</u>	<u>PER ANNUM COMPENSATION</u>
4 March 1954	Contract employee	\$7,200
31 July 1954	Contract terminated	7,200
1 August 1954	Contract employee	8,360
31 March 1955	Contract terminated	8,360

2. Period of service 4 March 1954 through 31 December 1954 had in previous memorandum been declared creditable service for both leave and retirement purposes. It denied creditable retirement service for the period 1 January 1955 through 31 March 1955 because of a Federal statutory provision relating to periods covered by Social Security. The foregoing position was removed by P. L. 91-630 of 31 December 1970, thereby having the effect of rendering said service as creditable.

3. Action required:

- a. Office of Personnel/TRB: Please file this memorandum in subject's official personnel file folder.
- b. Office of Personnel/ROB: For your information.

SECRET

**SECRET**

- c. Office of Finance/C&TD: Please post the above information to subject's retirement records.
- d. DDO/LA/Personnel: Please advise subject of the contents of this memorandum.

Rogers C. Brooks  
 Deputy Chief  
 Contract Personnel Division

**Distribution:**

- Orig - Addressee
  - 1 - CP/ROB
  - 1 - OF/C&TD
  - 1 - DDO/LA/Personnel
  - 1 - CPD Subject file
  - 1 - CPD Chrono
- OP/CPD/R.C.Brooks:jc (10 March 1975)

**SECRET**

SECRET

FILE NO: The File

SUBJECT: Michael W. CHOADIN (P), Verification of Contract Service

19 Oct 70

Subject, now a Staff Employee, asked Don DeFolice to see if any of his old contract time is creditable towards GIABS retirement. Currently, subject is assigned PCS in VA field, but is currently in Hqtrs on TDY.

21 Oct 70:

Met with subject and discussed all aspects of his questions and his prior contractual service. Provided him with ~~some~~ information concerning his service, ~~and~~ that criteria CPD used in determining independent contractor service vs contract employee service, applicability of the "social Security rule" precluding the use of ~~old~~ contract employee time under social security being creditable retirement time, etc. Also, provided subject with a sample of a memo which could be written to CPD requesting old independent contractor time be recategorized as contract employee time. Also indicated to subject we would help him draft an appropriate memo if he (subject) felt he had a good case. In general, from information provided by subject, it seemed that subject's old independent contractor time was not of a type that might lend itself to conversion to contract ~~and~~ employee time.

3 Dec 70: As of this date, CPD had heard nothing more from subject and it was therefore assumed that ~~for~~ subject had, ~~and~~ at least for the immediate moment, decided not to pursue the matter further.

Paul Wilson  
3 Dec 1970



UNCLASSIFIED
  INTERNAL USE ONLY
  CONFIDENTIAL
  SECRET

ROUTING AND RECORD SHEET

SUBJECT: (Optional)

~~XXXXXXXXXX~~ **CHCADEN**

FROM:	EXTENSION	NO.
WH Personnel	3D3102	6815
		DATE
		6 April 1970

TO: (Officer designation, room number, and building)	DATE		OFFICER'S INITIALS	COMMENTS (Number each comment to show from whom to whom. Draw a line across column after each comment.)
	RECEIVED	FORWARDED		

TO: (Officer designation, room number, and building)	DATE		OFFICER'S INITIALS	COMMENTS (Number each comment to show from whom to whom. Draw a line across column after each comment.)
	RECEIVED	FORWARDED		
1. CP/RAD 205 Magazine ATTN: Adele J. Sukowicz		13		<p>CHCADEN</p> <p>Attached is Mr. <del>XXXXXX</del>'s official file and a dispatch from him in which he requests a computation of his time with the Agency for retirement purposes. It is a very complicated case. Good luck!</p> <p><i>Ruth Sanford</i> Ruth Sanford WH Personnel</p>
2.				
3.				
4.				
5.				
6. Chief, Contract Personnel Div 5 E 69 HRS				<p>1 to 6:</p> <p>On the basis of CPL's memo dated 30 June 1966 (copy attached) ruling on the creditability of Subject's contract service, RO3 can reply to the attached dispatch. However, it is requested that CPL review HRRS for its factual content and advise RO3 if the memo of 30 Jun 66 is reaffirmed.</p> <p>Your attention is invited to a discrepancy in identifying 1951 contract service. In the dispatch (para 5) Subject refers to himself as a "covert associate"; the Office of Finance (see memo dtd 16 Jun 66, copy attached) lists the time as "contract agent" service; and your memo of 30 Jun 66 lists the time as "contract employee" service.</p>
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

604

<b>DISPATCH</b>		CLASSIFICATION <b>S E C R E T</b>	PROCESSING ACTION
TO	Chief, Western Hemisphere Division		MARKED FOR INDEXING
INFO.	Chief, Operational Services		NO INDEXING REQUIRED
FROM	Chief of Station, Rio de Janeiro		ONLY QUALIFIED DESK CAN JUDGE INDEXING
SUBJECT	Request for Review of Retirement Status---Michael C. CHOADEN		
ACTION REQUIRED - REFERENCES			
<p>Action Required: See Paragraph 9 et all</p> <p>1. During his RYROCK career Michael C. CHOADEN has served as Contract Agent, Covert Associate, Staff Agent and Contract Employee. On one occasion CHOADEN resigned from RYROCK, became a Contract Agent, then returned as a Staff Employee. The purpose of this dispatch is to request a review of exactly what CHOADEN's status has been over the years, what must be done to repay retirement funds for any periods of creditable service not now covered, and to study the possibility that some periods of tenure might be converted from uncreditable to creditable status.</p> <p>2. CHOADEN served in the Air Force from February 1943 through October 1945, with total service of two years, eight months and 19 days.</p> <p>3. The dates of CHOADEN's first RYROCK service in Santiago, Chile, are very hazy to CHOADEN. He does recall that he was first recruited by the COS, but cannot recall if this was on a formal, salaried basis. At some time during 1950 or 1951, probably the latter, CHOADEN signed an RYROCK contract, for at least two years, possibly longer. The salary is remembered as US\$500 per month, and on one occasion this salary was paid in advance to allow CHOADEN to purchase printing equipment. Please check the contract covering this period and advise Rio (a) the duration of the contract and (b) if any provision for deductions (or future payment of) was made. If, as CHOADEN suspects, there were no deductions, even for Social Security, CHOADEN would appreciate Headquarters comment on the possibility that this period might be retroactively converted to creditable service status (after payments into retirement system, of course). In this connection it is suggested</p>			
Distribution:			
3 - Chief, WHD 2 - Chief, OPSER			
REFERENCE TO	DISPATCH SYMBOL AND NUMBER	DATE	
	HBRT-7797	25 March 1970	
	CLASSIFICATION	MOS FILE NUMBER	
	S E C R E T		



CONTINUATION OF DISPATCH	CLASSIFICATION S E C R E T	DISPATCH SYMBOL AND NUMBER HBRT-7797
<p>that a discussion might be held with James G. COLLETT, who was COS in Santiago during most of that time. CHOADEN believes that COLLETT will confirm that CHOADEN demonstrated his intense interest in his RVRROCK work by performing not only the work called for in his contract (mostly clandestine printing) but other chores as well. Example: during this period, or perhaps just after the expiration of CHOADEN's contract, CHOADEN, under Station guidance and instruction, approached and recruited a Communist Party agent. (It is understood that the agent is still reporting.) Another example: in March 1954, COS COLLETT approached CHOADEN and asked him if he would accept the Headquarters' request that he leave Chile, board an airplane for the U.S., and assist in an unidentified operation which would last "some months." That was the extent of the offer. CHOADEN accepted. This was despite the fact that he had no contract, and that he had to leave his family behind and to abandon a trip which had been planned through Europe. It is believed that this indicates that CHOADEN was pretty much "under RVRROCK control" during this period. (Perhaps training records can assist in finding information on this Chilean period, as CHOADEN went to New York on one occasion for a six-week training course).</p>		
<p>4. The next period of contract employment is also hazy. The operation in which CHOADEN was asked to participate turned out to be PBSUCCESS. Some sort of contract was drawn up, but CHOADEN does not recall if any deduction for retirement was made, nor of the terms of the contract. It is requested that this contract be reviewed and, should there have been no retirement credit, that it too be reviewed for possible conversion to creditable service. There is no question of CHOADEN "responding to RVRROCK control" during this period. It was full time work, and most of it performed away from family---some of it in the jungle. About sixty days, CHOADEN recalls, was spent <u>in Project PBHISTORY</u>, in Project <u>ABROAD</u>. CHOADEN was awarded an RVRROCK decoration for his work during this period.</p>		
<p>5. As the result of his participation in PBSUCCESS, CHOADEN was contracted as a Covert Associate from (about; this is a guess) October, 1954 until April of 1955. CHOADEN distinctly recalls that this contract called for retirement credit if chosen as a future option. (It is not impossible that this contract was made retroactive to cover CHOADEN's departure from Chile in March, 1954.) It would be appreciated if Rio would be advised of the exact duration and terms of this contract.</p>		
<p>6. CHOADEN was a Staff Employee from 1 April 1955 until 13 July of 1958, when he resigned. Retirement payments for this period were returned to CHOADEN, and he understands that they must be repaid sometime before retirement to make the period creditable.</p>		
<p>7. After resigning in 1953 CHOADEN went to Cuba and within a week signed a contract---as an independent operator and, to the best of CHOADEN's recollection, without any retirement benefits. Again, it is requested that this contract be reviewed with the view of possible conversion to creditable status.</p>		
<p>8. On March 14, 1960 CHOADEN again became a Staff Employee, and has remained in that status.</p>		
<p>9. Despite a rather long tenure with RVRROCK CHOADEN now finds that much of his service is either not creditable, or is creditable and not paid. CHOADEN would like to set this house in order, and to begin having regular deductions from his salary begin building up his paid-up creditable retirement equities. Headquarters' assistance in arriving at this happy state would be appreciated. CHOADEN is especially interested in obtaining approval for conversion of the early contract days in Chile. It seems apparent that if repayment into the retirement system is to be initiated,</p>		
FORM 53e USE PREVIOUS EDITION.	CLASSIFICATION S E C R E T	PAGE NO. 2 <input checked="" type="checkbox"/> CONTINUED

CONTINUATION OF DISPATCH	CLASSIFICATION <b>S E C R E T</b>	DISPATCH SYMBOL AND NUMBER <b>HERT-7797</b>
-----------------------------	--------------------------------------	--

it would be wiser to repay the early years first (so as to add more time more quickly with less payment). In any event, a Headquarters' review of the case would be appreciated.

*Michael C. Choaden*  
Michael C. CHOADEN

FORM 53a USE PREVIOUS EDITION.	CLASSIFICATION <b>S E C R E T</b>	<input type="checkbox"/> CONTINUED	PAGE NO. <b>3</b>
-----------------------------------	--------------------------------------	------------------------------------	----------------------

30 June 1966

MEMORANDUM FOR : Chief, TRB

SUBJECT : Record of Contract Service for

~~XXXXXXXXXXXXXXXXXXXX~~  
HOADEN, MICHAEL  
M.

1. Per your request we are forwarding record of Subject's contract service:

<u>Date</u>	<u>Action</u>
4 March 1954	Hired as Contract Employee
31 July 1954	Terminated
1 August 1954	Hired as Contract Employee
31 March 1955	Terminated
19 August 1958	Hired as Contract Agent
13 March 1960	Terminated

2. Subject was employed on a full time basis with leave benefits from 4 March 1954 through 31 March 1955. Accordingly, this entire period is "creditable" for establishing his annual leave category. However, the period from 19 August 1958 through 13 March 1960, as an independent contractor, is not creditable for this purpose. Only the period from 4 March 1954 through 31 December 1954 is "creditable for Civil Service Retirement, since Contract Employee's were mandatorily covered by Social Security as of 1 January 1955.

3. Attached is OF record of Agency service with salary breakdown.

Rogers C. Brooks  
Acting Chief, Contract Personnel Division

Distribution:

Orig - Addressee  
2 - CPD

16 June 1966

ATTN : Chief, Contract Personnel Division  
Mary Kay Spink

Compensation and Tax Division  
Office of Finance

Agency Service of ~~XXXXXXXXXXXXXXXXXXXX~~

The records of the Office of Finance show the following Agency service for Subject:

**Contract Agents:**

EOB 1 February 1951 @ \$600.00 P/A  
Term 29 February 1951 @ \$600.00 P/A

EOB 25 January 1952 @ \$1000.00 P/A  
Term 21 August 1952 @ \$6000.00 P/A

EOB 4 March 1954 @ \$7200.00 P/A  
Pay Inc. 1 August 1954 @ \$6360.00 P/A  
Term 21 March 1955 @ \$2960.00 P/A

**Staff Employees:**

Ev. Appt. 1 April 1953 @ \$6400.00 P/A  
Res. 3 February 1956 @ \$10,320.00 P/A

**Staff Agent:**

Ev. Appt. 7 February 1956 @ \$10,320.00 P/A  
PSI 7 October 1956 @ \$10,535.00 P/A  
Pay Raise 12 January 1958 @ \$11,535.00 P/A  
PSI 6 April 1958 @ \$11,835.00 P/A  
Res. 13 August 1958 @ \$11,835.00 P/A

**Contract Agent:**

EOB 19 August 1958 @ \$7,200.00 P/A  
Term. 13 March 1960 @ \$7,200.00 P/A

**Staff Employees:**

Ev. Appt. 14 March 1960 @ \$11,835.00 P/A  
Subject has been a Staff Employee since 14 March 1960.

JOSEPH E. HERRICK  
Chief  
Agent Payroll Branch

STATEMENT OF PRIOR FEDERAL CIVILIAN AND MILITARY SERVICE  
 AND DETERMINATION OF COMPETITIVE STATUS

**IMPORTANT:** The information on this form will be used (1) in determining creditable service for leave purposes and retention credits for reduction in force, and (2) in recording agency determination of competitive status. The employee should complete Part I and the Personnel Office should complete Parts II through V.

PART I—EMPLOYEE'S STATEMENT							PART II—THIS COLUMN IS FOR PERSONNEL OFFICE USE		
1. NAME (Last, first, middle initial)				2. DATE OF BIRTH			3. RETENTION GROUP		
PHILLIPS, DAVID ATLEE				OCTOBER 31, 1927					
3. LIST THE FOLLOWING INFORMATION CONCERNING ALL FEDERAL AND DISTRICT OF COLUMBIA SERVICE YOU HAVE HAD PRIOR TO YOUR PRESENT APPOINTMENT (Do not include military service).							12. A CSC STATUS <input type="checkbox"/> YES <input type="checkbox"/> NO		
							13. TYPE OF PRESENT APPOINTMENT		
11. SERVICE									
NAME AND LOCATION OF AGENCY		FROM—		TO—		TYPE OF APPOINTMENT IF KNOWN	YEAR	MONTH	DAY
		YEAR	MONTH	DAY	YEAR		MONTH	DAY	
CIA		1955	AUG	1	1955	AUG	13	69-14	3 4 13
4. LIST PERIODS OF ACTIVE SERVICE IN ANY BRANCH OF THE ARMED FORCES OF THE UNITED STATES IF YOU HAD NO ACTIVE MILITARY SERVICE, WRITE "NONE."									
BRANCH		FROM—		TO—		DISCHARGE (Hon. or dishon.?)	YEAR	MONTH	DAY
		YEAR	MONTH	DAY	YEAR		MONTH	DAY	
ARMY AIR FORCE		1945	2	12	1945	10	31	HON.	2 8 19
5. TOTAL OF MORE THAN 6 MONTHS ABSENCE BY ONE CALENDAR YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							12. TOTAL SERVICE <u>6 3 19</u>		
							13. NONCREDITABLE SERVICE (Leave purposes only):		
							14. NONCREDITABLE SERVICE (RIF purposes only):		
6. PREVIOUS COMPETITIVE CIVIL SERVICE STATUS							15. PREEMPLOYMENT RIGHTS		
no status was acquired?							<input type="checkbox"/> YES <input type="checkbox"/> NO		
							16. RETENTION RIGHTS		
							<input type="checkbox"/> YES <input type="checkbox"/> NO		
							17. EXPIRATION DATE OF RETENTION RIGHTS		

**NOTE:**  
 This SF-144 was completed by subject on 14 March 1960 on occasion of entering on duty as && an Agency Staff Employee.  
 Note that he did not claim any of his prior contract service.  
 Original of this SF-144 on file in subject's Staff Employee file.

I swear (or affirm) that the above statements are true to the best of my knowledge and belief.

14 MARCH 1960 (DATE) David G. Phillips (SIGNATURE)

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_ 1960 at WASHINGTON, D.C. (CITY) \_\_\_\_\_ (STATE)

SEAL William Caperton

NOTE: If oath is taken before a Notary Public, the date of expiration of his Commission should be shown.

INSTRUCTIONS: File this form on the permanent side of the employee's official personnel folder immediately before or after the personnel action involved.

SECRET

14 March 1960

MEMORANDUM FOR: Chief, Contract Personnel Division

SUBJECT : Termination of Michael CHOADEN Contract

It is requested that the contract of Michael M. Choaden be terminated as of close of business 13 March 1960 in view of his appointment to staff employee status effective 14 March 1960

J. C. King  
Chief, Western Hemisphere Division

SECRET

Mr. Michael M. Choaden

Dear Mr. Choaden:

Reference is made to your contract with the United States Government, as represented by the Contracting Officer, effective 19 August 1958, as amended.

Effective 16 February 1960, said contract, as amended, is further amended by adding after paragraph seven (7), entitled "Travel and Operational Expenses," the following paragraph:

"8. Return Travel. Upon the successful completion of your services under this agreement you will be advanced or reimbursed funds for authorized travel and transportation expenses for you, your dependents and your household effects from Havana, Cuba to the Washington, D. C. area, including per diem in lieu of subsistence in the course of such travel. Such funds will be subject to payment and accounting in conformance with applicable Government regulations."

All other terms and conditions of the contract, as amended, remain in full force and effect.

UNITED STATES GOVERNMENT

BY \_\_\_\_\_

Contracting Officer

Enk-aid - 19 Feb 60  
WH/PP Amourille x  
cc Robert Rayneck  
C.A.

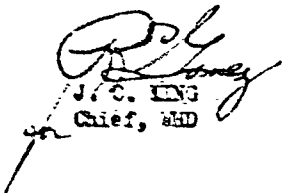
SECRET

16 February 1960

MEMORANDUM FOR: Chief, Contract Personnel Division

SUBJECT: Amendment to Contract - Michael M. CHOADEN

It is requested that Subject's contract dated 19 August 1958, as amended, be further amended to authorize return travel from Havana, Cuba, to Washington, D. C., for Subject and his dependents at Government expense. It is also requested that the amendment authorize shipment of Mr. CHOADEN's household effects from Havana, Cuba, to Washington, D. C., at Government expense.

  
J. C. KING  
Chief, ASD

SECRET





SECRET

18 August 1959

MEMORANDUM FOR: Chief, Contract Personnel Division  
Attention: Mr. D. H. Letcher

FROM : Acting Chief, WHD

SUBJECT : Renewal of Contract of Michael M. CHOADEN

It is hereby requested that the contract of Michael M. CHOADEN, effective 19 August 1958 and amended, be renewed for one (1) year effective 19 August 1959.

*R. E. Gomez*  
for R. E. GOMEZ  
Acting Chief, Western Hemisphere Division

SECRET

SECRET

Mr. Michael M. Choaden

Dear Mr. Choaden:

Reference is made to your contract with the United States Government, as represented by the Contracting Officer, effective 19 August 1958.

Effective 19 August 1958, said contract is amended in the following manner:

(a) The first sentence of paragraph one (1), entitled "Compensation," is deleted and in lieu thereof the following sentence is substituted:

"In full consideration for the purchase of such information and services you will be compensated in an amount calculated at the rate of \$7200 per annum except that for those periods of time during which you are performing services necessitating certain specialized professional skills on a full time basis outside of the country of your present permanent assignment, you will be compensated at the rate of \$13,000 per annum."

(b) The following paragraph is added after paragraph six (6), entitled "Term":

"7. Travel and Operational Expenses. While performing those tasks for which you will be compensated at the rate of \$13,000 per annum, as set forth in paragraph one (1) above, you will be advanced or reimbursed funds for necessary expenses incurred in connection with such operational travel as may be directed or authorized by the Government. This may include per diem in lieu of subsistence in the course of such travel and while on temporary duty away from your permanent post of assignment overseas. In addition, you will be advanced or reimbursed funds for necessary operational expenses as specifically approved by the Government. Payment and accounting for the items set forth herein will be in conformance with applicable Government regulations."

All other terms and conditions of the contract remain in full force and effect.

You will please indicate your approval by signing in the space provided below.

UNITED STATES GOVERNMENT

BY \_\_\_\_\_  
Contracting Officer

ACCEPTED:

\_\_\_\_\_  
Michael M. Choaden

WITNESS: \_\_\_\_\_

APPROVED:

6/20/58 - 9/1/58  
21 1/2 1/1/ (Amended 1958)

SECRET

17 September 1958


MEMORANDUM FOR : Chief, Contract Personnel Division  
Attention: Mr. D.H. Letcher

FROM : Chief, Western Hemisphere Division

SUBJECT : Amendment To Contract of Michael M. CHOADEN

1. It is hereby requested that the contract of Michael M. CHOADEN be amended to provide that he be compensated in an amount calculated at the rate of \$13,000. per annum while travelling outside Cuba at the request of the United States Government and engaged full time in the work of the United States Government. It is further requested that while so travelling outside Cuba, CHOADEN be paid per diem at the standard United States Government rate for the area of travel or temporary residence.

2. CHOADEN possesses certain specialized professional skills which are in temporary, but urgent demand in a country (other than Cuba) within the jurisdiction of the Western Hemisphere Division. The contract amendment outlined in paragraph 1. (above) is being requested so as to provide a means by which CHOADEN's skills might be made available to meet this current need for them.

  
J. C. KING  
Chief, Western Hemisphere Division

SECRET

Mr. Michael M. Choaden

Dear Mr. Choaden:

The United States Government, as represented by the Contracting Officer, hereby contracts with you as an independent contractor for the purchase of certain information and related services of a confidential nature under the following terms and conditions:

1. Compensation. In full consideration for the purchase of such information and services, you will be compensated in an amount calculated at the rate of \$7200 per annum. Payments will be made as directed by you in writing in a manner acceptable to the Government. No taxes will be withheld therefrom but it will be your responsibility to report such income under existing Federal income tax laws and regulations. A Form No. 1099 prepared in a manner to conceal the true source of such income will be furnished you by the Government in order that said responsibility may be properly fulfilled. Income received pursuant to this contract is not subject to relief from Federal income taxes on the basis of foreign residence.

2. Status. You are not an employee of the United States Government under this agreement and are not entitled to any benefits normally incident to an employee status.

3. Secrecy. You will be required to keep forever secret this contract and all information which you may obtain by reason hereof (unless released in writing by the Government from such obligation), with full knowledge that violation of such secrecy may subject you to criminal prosecution under the Espionage Laws, dated 25 June 1943, as amended, and other applicable laws and regulations.

4. Instructions. Instructions received by you from the Government in briefing, training or otherwise are a part of this contract and are incorporated herein, provided that such instructions are not inconsistent with the terms hereof.

5. Unauthorized Commitments. No promises or commitments pertaining to rights, privileges or benefits other than those expressly stipulated in writing in this agreement or any amendment thereto shall be binding on the Government.

6. Term. This contract is effective as of 15 August 1958, and shall continue thereafter for a period of one (1) year unless sooner terminated either:

(a) By fifteen (15) days' actual notice by either party hereto, or

(b) Without prior notice by the Government in the event of a breach of this contract by your violation of the security provisions hereof or by your otherwise rendering yourself unavailable for acceptable service.

Subject to the availability of appropriations, this agreement may be extended upon notice from the Government. Termination of this agreement will not release you from the obligations of any security oath you may be required to take.

UNITED STATES GOVERNMENT

BY \_\_\_\_\_

Contracting Officer

ACCEPTED: \_\_\_\_\_

Michael M. Choudien

WITNESS: \_\_\_\_\_

APPROVED: \_\_\_\_\_

*L.P.M./uc/11 Sept 58*

SECRET

CONTRACT INFORMATION AND CHECK LIST		NAME OF OFFICER	DIVISION
INSTRUCTIONS: Complete all items, inserting "N.A." where items are not applicable. Forward original and one copy for preparation of contract.		Robert Reynolds	WHD
		TELEPHONE EXTENSION	DATE
		2056	13 August 1958
SECTION I GENERAL			
1. NAME <input checked="" type="checkbox"/> PERSON <input type="checkbox"/> TRUE	2A. PROJECT Amourette-Z (D-TO)	3. ALLIANCE NO.	4. SLOT NO.
Michael V. Chocden	2B. PERMANENT STATION Habana	8-3545-01-500	N. A.
5. PREVIOUS CIA PSEUDONYM OR ALIASES	6. INDIVIDUAL IS PRESENTLY ENGAGED, OR HAS BEEN ENGAGED BY CIA OR ITS ALLIED ACTIVITIES IN SOME CAPACITY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If yes, describe and include salary)		
Paul D. Langevin	Contact Agent, 1952-1954 Staff Agent, 1957-1958 Staff Employee, 1955-1957 (\$10,320) GS-14		
7. SECURITY CLEARANCE (Type and date)	8. CONTRACT IS TO BE WRITTEN IN STERILE FORM I.E., "U.S. GOVERNMENT" <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
Top Secret Clearance EOD/CIA 1 April 1955			
9. INDIVIDUAL WILL WORK UNDER "CONTROLLED CONDITIONS" I.E., REGULAR OFFICE HOURS AWAY FROM SUBJECT'S HOME AND PERFORMED UNDER THE SUPERVISION OF A STAFF EMPLOYEE OR STAFF AGENT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	10. PROPOSED CATEGORY (Contract agent, contract employee, etc.) Contract Agent		
SECTION II PERSONAL DATA			
11. CITIZENSHIP U. S.	12. IF NOT U.S. CITIZEN, INDIVIDUAL IS PERMANENT RESIDENT ALIEN <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	13. AGE 35	14. DATE OF BIRTH (Month, day, year) 31 October 1922
15. LEGAL RESIDENCE (City and state or country) 4804 Washburn, Fort Worth, Texas		16. CURRENT RESIDENCE (City and state or country) Habana, Cuba	
17. MARITAL STATUS (Check as appropriate) <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> ANNULLED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED			
18. NUMBER OF DEPENDENTS (Not including individual) RELATIONSHIP AND AGE:  Five: Wife and four children.		19. INDIVIDUAL IS RELATED TO A STAFF EMPLOYEE, STAFF AGENT OR AN INDIVIDUAL CURRENTLY WORKING FOR THE AGENCY IN SOME CAPACITY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO RELATIONSHIP:	
SECTION III U.S. MILITARY STATUS			
20. RESERVE N. A.	21. VETERAN World War II	22. IF RETIRED, INDICATE CATEGORY (Longevity, combat disability, service disability non-combat) N. A.	
23. BRANCH OF SERVICE Air Force	24. RANK OR GRADE S/Sgt.	25. DRAFT ELIGIBLE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	26. DRAFT DEFERMENT OBTAINED BY CIA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
SECTION IV COMPENSATION			
27. BASIC SALARY \$7200 p. a.	28. POST DIFFERENTIAL N. A.	29. COVER (Breakdown, if any) H. A.	30. TAXES TO BE WITHHELD BY COVER <input type="checkbox"/> COVER Issue 1099 in <input type="checkbox"/> CIA name of notional <input type="checkbox"/> NOT WITHHELD payor.
SECTION V ALLOWANCES (NORVALLY GRANTED ONLY TO RESIDENTS OF THE UNITED STATES)			
31. QUARTERS N. A.	32. POST N. A.	33. OTHER N. A.	
34. COVER (Breakdown, if any)  N. A.			
SECTION VI TRAVEL			
35. TYPES <input type="checkbox"/> PCS <input type="checkbox"/> DOMESTIC OPERATIONAL <input type="checkbox"/> FOREIGN OPERATIONAL H. A.			36. WITH DEPENDENTS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
37. HOUSEHOLD EFFECTS TO BE SHIPPED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	38. PERSONAL VEHICLE TO BE SHIPPED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	39. TRANSPORTED VEHICLE TO BE USED FOR OPERATIONAL TRAVEL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
40. IF WITH DEPENDENTS STATE RELATIONSHIP, CITIZENSHIP, AGE AND DATE OF BIRTH			
41. PAYMENT AND ACCOUNTABILITY WILL BE IN CONFORMANCE WITH <input checked="" type="checkbox"/> CIA REGULATIONS <input type="checkbox"/> COVER POLICIES AND REGULATIONS			
SECTION VII OPERATIONAL EXPENSES			
42. PURCHASE OF INFORMATION	43. ENTERTAINMENT	44. OTHER	

<b>CONTRACT INFORMATION AND CHECK LIST (CONTINUED)</b>		CASE NUMBER <b>Robert Reynolds</b> TELEPHONE EXTENSION <b>2056</b>	DIVISION <b>WHD</b> DATE <b>13 August 1958</b>																																							
NOTE: SEE INSTRUCTIONS ON FIRST SHEET																																										
SECTION VIII		OTHER BENEFITS																																								
40. BENEFITS (See Part VII of Confidential Fund Regulations or successor regulations for benefits applicable to various categories of contract personnel. If medical benefits are requested, see R 15-210 or successor regulations.)																																										
N. A.																																										
SECTION IX		COVER ACTIVITY																																								
47. STATUS (Check)	<input checked="" type="checkbox"/> PROPOSED <input type="checkbox"/> ESTABLISHED	48. TYPE (Check)	<input type="checkbox"/> PROPRIETARY <input type="checkbox"/> SUBSIDIZED <input type="checkbox"/> CULTURAL <input type="checkbox"/> EDUCATIONAL <input checked="" type="checkbox"/> COMMERCIAL <input type="checkbox"/> MILITARY <input type="checkbox"/> TOURIST <input type="checkbox"/> OTHER																																							
49. IF COVER PAYMENTS ARE CONTEMPLATED, THEY WILL BE EFFECTED ON REIMBURSABLE BASIS																																										
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL																																										
SECTION X		OFFSET OF INCOME																																								
50. OFFSET OF INCOME AND OTHER EMOLUMENTS DERIVED FROM COVER ACTIVITIES (If less than total, justify in separate memo attached hereto.)																																										
<input type="checkbox"/> TOTAL <input type="checkbox"/> PARTIAL <input checked="" type="checkbox"/> NONE																																										
SECTION XI		TERM																																								
51. DURATION	52. EFFECTIVE DATE	53. RENEWABLE																																								
DAYS: <b>12</b> MONTHS:    YEARS:	<b>15 August 1958</b>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO																																								
54. TERMINATION NOTICE (Number of Days)		55. FORFEITURE OF RETURN TRAVEL FOR RESIGNATION PRIOR TO CONTRACT TERMINATION																																								
<b>15</b>		N. A. <input type="checkbox"/> YES <input type="checkbox"/> NO																																								
SECTION XII		FUNCTION																																								
56. PRIMARY FUNCTION (FI, PP, other)																																										
PP																																										
SECTION XIII		DUTIES																																								
57. GENERAL DESCRIPTION OF DUTIES TO BE PERFORMED																																										
To be assigned by CCS, Habana, according to Station requirements.																																										
SECTION XIV		QUALIFICATIONS																																								
58. EXPERIENCE																																										
Contract Agent in Chile, 1952-1954 Contract Agent, PBSUCCESS and PHISTORY, 1954 Covert Associate, 1954-1955 Staff Agent, Cuba, 1956-1957 Staff Agent, Beirut, Lebanon, 1957-1958																																										
59. EDUCATION		GRADE SCHOOL    HIGH SCHOOL GRADUATE    TRADE SCHOOL GRADUATE BUSINESS SCHOOL GRADUATE    COMMERCIAL SCHOOL GRADUATE <input checked="" type="checkbox"/> COLLEGE (No degree)    COLLEGE DEGREE    POST GRADUATE    MA    PHD																																								
60. LANGUAGE COMPETENCY		61. INDIVIDUAL'S COUNTRY OF ORIGIN																																								
(Check Appropriate Degree Competency)		U.S.A.																																								
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">LANGUAGE</th> <th colspan="3">SPEAK</th> <th colspan="3">WRITE</th> <th colspan="3">READ</th> </tr> <tr> <th>FLUENT</th> <th>AVERAGE</th> <th>POOR</th> <th>FLUENT</th> <th>AVERAGE</th> <th>POOR</th> <th>FLUENT</th> <th>AVERAGE</th> <th>POOR</th> </tr> </thead> <tbody> <tr> <td>Spanish</td> <td style="text-align: center;">X</td> <td></td> <td></td> <td style="text-align: center;">X</td> <td></td> <td></td> <td style="text-align: center;">X</td> <td></td> <td></td> </tr> <tr> <td>French</td> <td></td> <td style="text-align: center;">X</td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;">X</td> <td></td> <td></td> </tr> </tbody> </table>				LANGUAGE	SPEAK			WRITE			READ			FLUENT	AVERAGE	POOR	FLUENT	AVERAGE	POOR	FLUENT	AVERAGE	POOR	Spanish	X			X			X			French		X					X		
LANGUAGE	SPEAK				WRITE			READ																																		
	FLUENT	AVERAGE	POOR	FLUENT	AVERAGE	POOR	FLUENT	AVERAGE	POOR																																	
Spanish	X			X			X																																			
French		X					X																																			
62. AREA KNOWLEDGE																																										
Chile, Cuba, Lebanon																																										
SECTION XV		PRIOR EMPLOYMENT																																								
63. JOB AND SALARY PRIOR TO SERVICE FOR CIA																																										
Editor and publisher, actor, lecturer, free-lance writer.																																										
SECTION XVI		ADDITIONAL INFORMATION																																								
64. ADDITIONAL OR UNUSUAL REQUIREMENTS, JUSTIFICATIONS OR EXPLANATIONS (Use other side if necessary)																																										
<input type="checkbox"/> OVER																																										
APPROVAL																																										
DATE	TYPED NAME & SIGNATURE OF DIVISION OFFICER	DATE	TYPED NAME & SIGNATURE OF SENIOR STAFF OFFICER																																							



7 February 1955

MEMORANDUM FOR: CHIEF, SCAPS

VIA : Contract Approving Officer, PP Staff

SUBJECT : Termination of Contract.

It is requested that the contract on Paul E. LANGEVIN  
 be terminated effective 1 April 1955.

**SIGNED**

JEANNE K. LETELLIER  
 Chief of Administration  
 Psychological and Paramilitary  
 Operations Staff

APPROVED

PP/CONTRACT APPROVING OFFICER

SECRET

19 October 1954

**MEMORANDUM FOR:** Chief, Psychological and Paramilitary  
Operations Staff

**SUBJECT:** Paul D. Langevin (P) - Covert Associate

**REFERENCE:** Memo to Special Contracting Officer, CIA,  
dated 12 October 1954, Same Subject

Pending publication of a regulation on Employee Services, the Office of Personnel issued N 20-660-19, dated 29 July 1954 to be effective 1 August 1954. This Notice announced the availability of two life insurance and two health insurance programs sponsored by the Agency under the name of "Government Employees Health Association, Inc." Eligibility for these life and health insurance programs has been limited to those categories of personnel expressly stipulated in the Notice. Nowhere are Covert Associates listed as an eligible group, although in fact a Covert Associate may be an employee of the U. S. Government. Until the notice or the proposed regulation is changed, this Staff is precluded from inserting in contracts similar to that of subject individual's any reference to health and life insurance programs normally available to staff employees.

JOHN L. BISCHOFF  
Special Contracting Officer

DHL/pr  
Orig & 1 Addressee  
1 cc Employee Services Div. (attn. Joe Evans)  
1 cc subject file \_\_\_\_\_  
1 cc chrono  
1 cc corres w/PPStaff file

SECRET

12 OCT 1954

SECRET

12 Oct 1954

MEMORANDUM FOR: SPECIAL CONTRACTING OFFICER, CIA  
SUBJECT : Paul D. Langerin (P)--Former Associate

It is requested that the subject's contract effective 1 August 1954 be amended to permit the subject to apply for Hospitalization and Life Insurance with the Agency.

*John D. Baker*  
JOHN D. BAKER  
Chief

Psychological and Paramilitary Operations Staff

APPROVE: *[Signature]*  
SPECIAL CONTRACTING OFFICER

SECRET

MEMORANDUM FOR: Mr. Kermit Roosevelt

ATTENTION : Mr. John Baker

SUBJECT : Mr. Paul D. Langevin; Employment as CIA  
Staff Officer

1. To those of us at Headquarters who have followed closely the work of Mr. Langevin in connection with PBSUCCESS, it is completely evident that he made one of the major and most outstanding contributions to this Operation and that he has demonstrated himself to be exceptionally qualified in the field of political and psychological operations (covert). I have just been informed by Messrs. Barnes and Langevin that the latter who has heretofore been employed in the capacity of a Contract Agent, desires to become more closely associated with the Agency and would like to be employed as a regular staff officer. I am very much in favor of following up on this opportunity, and I have good reason to believe that the Director likewise is specifically interested.

2. There are certain aspects of this case which appear to require special handling and tailoring -- none of which presents any difficulties as I see it -- but, on the contrary, would tie in very neatly with both the near term and longer range aspects of the employment of Mr. Langevin. These aspects are as follows:

(a) Mr. Langevin desires to begin his term of employment by the Agency with a period of service at Headquarters. (He has spent many years in Latin America, principally in Chile where he has owned and still owns a newspaper, and, in my judgment, it would be mutually advantageous to the Agency and to Mr. Langevin for him to spend not less than a year as a member of the Headquarters organization.)

(b) Mr. Langevin has for some years in the past been giving an annual series of lectures in various Latin American capitals. These lectures have been arranged by an agent of his in New York and his audiences have consisted of business and professional groups and women's organizations. The general subject matter of his lectures has included talks on the threat of international Communism to Latin America. Mr. Langevin would desire, if it can be worked out, to be permitted to continue to deliver lectures of this kind in the future and is at the present time

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contemplating a series of lectures on Latin America to be given in various cities within the United States.

(c) Mr. Langevin would be ready and able to accept a field assignment in South America following the conclusion of the period of Headquarters' duty referred to.

3. As already indicated, it seems to me that there are no serious problems involved in any of the foregoing and that the material can be readily cut to fit the pattern. It is the recommendation of Mr. Barnes in which I concur, that Mr. Langevin be assigned to the PP Staff during his tour of duty here. He could in this capacity work very closely with WH Division, but it seems to Tracy and myself that he can contribute importantly to the work of the PP Staff and in the process broaden himself. As regards the matter of the lectures, I would recommend that arrangements be made to permit and even encourage him to continue these since it seems to me that they would fit in very well with his general PP assignment -- assuming, of course, that his Headquarters and field cover are properly designed and maintained. The Headquarters cover problem is not a substantial one and as far as the field is concerned if Mr. Langevin were to go under non-official cover of the right kind this also should present no problem. There is a ready-made cover in the field and in a critically important country by virtue of his ownership -- for some six years -- of a newspaper in Santiago. It would not be incompatible with his resumption of his position as owner and editor of the Santiago newspaper to work in an annual series of lectures either in Latin America or in the United States. There is only one further point involved in connection with the lectures: Because of Mr. Langevin's intimate association with many of the details of PBSUCCESS and also in light of the standing rules of the Agency, it would be desirable for him to submit at least in general outlines, and preferably textually to the extent feasible, the substance of his proposed lectures. He is anxious to do this in connection with the forthcoming lectures -- for his own piece of mind since he would like to be double-checked on the things which he should say and those which he should not say with respect to the Guatemalan development. He could send the material to Mr. Holcomb or myself -- or to you -- and after it has been checked over by one of us, we could arrange to submit it to the Office of Security for such further checking as may be desirable.

4. Mr. Langevin proposes to take a leave of absence of a month or six weeks, starting within the next few days. I believe it would be desirable for Mr. Baker, to start the necessary personnel and other administrative actions, including any additional security clearances which may

14-00000

which may be necessary, etc., looking toward having everything in line for Mr. Langevin to come aboard officially at the conclusion of this leave.

5. His home address is: 811 Hollywood Blvd.  
Hollywood, Florida

**FRANK G. WISNER**  
Deputy Director (PLANS)

ct" COPS -- DD/P  
CWH

SECRET

Date:

Mr. Paul D. Langevin

Dear Mr. Langevin:

Reference is made to your contract effective 4 March 1954 with the United States Government, as represented by the Central Intelligence Agency, for the submission of certain information and related services of a confidential nature.

Effective <sup>31 July</sup>~~14 September~~ 1954, said contract is terminated and in lieu thereof the following contract is substituted:

The United States Government, as represented by the Central Intelligence Agency, hereby contracts with you as a Covert Associate for the submission of certain information and related services of a confidential nature under the following terms and conditions:

1. Compensation. In full consideration for the submission of certain information and related services of a confidential nature, you will be compensated at the rate of \$8360 per annum. In addition, you will be entitled to authorized overtime in excess of 40 working hours per week at the rate of \$1.51 per hour. Payments will be made as directed by you in writing in a manner acceptable to CIA. No taxes will be withheld from any sums paid to you hereunder directly by CIA, but it will be your responsibility to report such sums in accordance with applicable Federal income tax laws and regulations.

2. Travel. You will be advanced or reimbursed funds for necessary expenses incurred in connection with such travel as may be directed or authorized by CIA. This will include per diem in lieu of subsistence in the course of such travel while away from Washington, D. C., and while on temporary duty overseas. You will be required to account for such expenses in accordance with applicable CIA regulations or those of your cover facility, whichever is directed by CIA.

3. Operational Expenses. You will be advanced or reimbursed funds for necessary operational expenses including, but not limited to, entertainment and the purchase of information as specifically approved by CIA. Such funds will be subject to accounting in compliance with CIA regulations.

4. Benefits. (a) You will be entitled to death and disability benefits equal to those authorized under the Federal Employees' Compensation Act, as amended. Claims by you, your heirs, or legal representatives under this paragraph will be processed by CIA in accordance with its procedures in such manner as not to impair security.

(b) You will be entitled to sick and annual leave equal to and subject to the same rules and regulations applicable to CIA employees. Such leave may only be taken at times and places approved in advance by appropriate representatives of CIA.

(c) Civil Service Retirement deductions will not be made from your wages since your employment hereunder is not a covered employment under the Civil Service Retirement Act. However, your status is that of an

SECRET

employee of the United States Government paid from Government funds. Therefore, if in the future you are employed by the United States Government in a status covered by the Civil Service Retirement Act, periods of service under this contract will be available as creditable service for retirement purposes in conformance with Civil Service Regulations.

5. Cover. It is anticipated that you will undertake certain cover employment in the course of your performance under this agreement. It is expressly understood and agreed that any and all documents which you may execute in the course of such cover employment are subordinate to this agreement and any contradiction in terms which may in any way amplify, extend or restrict your rights and/or obligations hereunder shall be resolved by this agreement which shall always be dominant.

6. Leave Without Pay. During the term of this contract it is anticipated that you will undertake contracted speaking engagements. For such periods of time necessary to fulfill these commitments you will be considered on leave without pay status under the terms of this agreement.

7. Execution of Documents. If, in the performance of your cover service, you assume the custody of government funds or take title of record to property of any nature whatsoever and wherever situate, which property has in fact been purchased with monies of the U. S. Government, you hereby recognize and acknowledge the existence of a trust relationship, either express or constructive, and you agree to execute whatever documents may be required by CIA to evidence this relationship.

8. Secrecy. You will be required to keep forever secret this contract and all information which you may obtain by reason hereof (unless released in writing by CIA from such obligation), with full knowledge that violation of such secrecy may subject you to criminal prosecution under the Espionage Laws, dated 25 June 1948, as amended, and other applicable laws and regulations.

9. Instructions. Instructions received by you from CIA in briefing, training or otherwise are a part of this contract and are incorporated herein, provided that such instructions are not inconsistent with the terms hereof.

10. Unauthorized Commitments. No promises or commitments pertaining to rights, privileges or benefits other than those expressly stipulated in writing in this agreement or any amendment thereto shall be binding on the Government.

11. Term. This contract is effective as of 1 August 1954, and shall continue thereafter for a period of one (1) year unless sooner terminated by CIA either:

(a) By fifteen (15) days' actual notice to you from CIA, or

(b) Without prior notice, in the event of a breach of this contract by your violation of the security provisions hereof or by your otherwise rendering yourself unavailable for acceptable service.

*Remit of 2d page  
(3 Aug 54)*



SECRET

employee of the United States Government paid from Government funds. Therefore, if in the future you are employed by the United States Government in a status covered by the Civil Service Retirement Act, periods of service under this contract will be available as creditable service for retirement purposes in conformance with Civil Service Regulations.

5. Cover. It is anticipated that you will undertake certain cover employment in the course of your performance under this agreement. It is expressly understood and agreed that any and all documents which you may execute in the course of such cover employment are subordinate to this agreement and any contradiction in terms which may in any way amplify, extend or restrict your rights and/or obligations hereunder shall be resolved by this agreement which shall always be dominant.

6. Offset. Any sums or substantially similar benefits or allowances received from your cover facility will be used to offset those due under this contract by CIA. Sums, similar benefits or allowances thus received through your cover facility are acknowledged and agreed to be payment by CIA within the provisions of this contract. You will report all sums or substantially similar benefits received from your cover facility at least every four (4) months during the term of this contract.

7. Execution of Documents. If, in the performance of your cover service, you assume the custody of government funds or take title of record to property of any nature whatsoever and wherever situate, which property has in fact been purchased with monies of the U. S. Government, you hereby recognize and acknowledge the existence of a trust relationship, either express or constructive, and you agree to execute whatever documents may be required by CIA to evidence this relationship.

8. Secrecy. You will be required to keep forever secret this contract and all information which you may obtain by reason hereof (unless released in writing by CIA from such obligation), with full knowledge that violation of such secrecy may subject you to criminal prosecution under the Espionage Laws, dated 25 June 1948, as amended, and other applicable laws and regulations.

9. Instructions. Instructions received by you from CIA in briefing, training or otherwise are a part of this contract and are incorporated herein, provided that such instructions are not inconsistent with the terms hereof.

10. Unauthorized Commitments. No promises or commitments pertaining to rights, privileges or benefits other than those expressly stipulated in writing in this agreement or any amendment thereto shall be binding on the Government.

11. Term. This contract is effective as of 15 September 1954, and shall continue thereafter for a period of one (1) year unless sooner terminated by CIA either:

(a) By fifteen (15) days' actual notice to you from CIA, or

(b) Without prior notice, in the event of a breach of this contract by your violation of the security provisions hereof or by your otherwise rendering yourself unavailable for acceptable service.

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SECRET

Subject to the availability of appropriations, this agreement may be renewed for successive periods of one year each upon notice from CIA accepted by you. Termination of this agreement will not release you from the obligations of any security oath you may be required to take.

UNITED STATES OF AMERICA

BY \_\_\_\_\_  
Special Contracting Officer

ACCEPTED:

\_\_\_\_\_  
Paul D. Langevin

WITNESS: \_\_\_\_\_

APPROVED:  
  
\_\_\_\_\_

Disc 6/14  
2007 54

Sp. Agent,

SECRET

Mr. Paul D. Langevin

Dear Mr. Langevin:

The United States Government, as represented by the Central Intelligence Agency, hereby contracts with you for the submission of certain information and related services of a confidential nature under the following terms and conditions:

1. Compensation. In full consideration for the submission of such information and services, you will be paid an amount calculated at the rate of \$7200.00 per annum. Payments will be made as directed by you in writing in a manner acceptable to CIA. No taxes will be withheld from this amount, and it will be your responsibility to report such income under existing Federal income tax laws and regulations.

2. Travel. (a) You will be advanced or reimbursed funds for necessary expenses incurred in connection with such travel as is directed or authorized by CIA. This will include per diem in lieu of subsistence in the course of such travel and while on a temporary duty status away from your permanent station. All travel, transportation and per diem provided for under this paragraph must be properly authorized, and expenses incurred hereunder are subject to payment and accounting in compliance with CIA regulations.

(b) Upon the successful completion of your services under this contract or any renewal thereof, you will be advanced or reimbursed funds for return travel and transportation expenses to your permanent residence in Santiago, Chile

3. Operational Expenses. You will be advanced or reimbursed funds for necessary operational expenses including, but not limited to entertainment and the purchase of information as specifically approved by CIA. Such funds will be subject to accounting in compliance with CIA regulations.

4. Benefits. (a) You will be entitled to death and disability benefits equal to those authorized under the Federal Employees' Compensation Act, as amended. Claims by you, your heirs, or legal representatives under this paragraph will be processed by CIA in accordance with its procedures in such manner as not to impair security.

(b) You will be entitled to continuance of pay and allowances in a manner similar to that set forth in the Missing Persons Act (50 U. S. C. A., App. 1001-1015).

(c) You will be entitled to fourteen (14) calendar days' leave per contract year. Such leave may be accrued during the term of this contract or any renewal hereof except that payment in lieu of unused leave will not be authorized. Such leave may only be taken at times and places approved in advance by appropriate representatives of CIA.

5. Execution of Documents. If, in the performance of your cover service, you assume the custody of government funds or take title of record to property of any nature whatsoever and wherever situate, which property has in fact been purchased with monies of the U. S. Government, you hereby recognize and acknowledge the existence of a trust relationship, either

express or constructive, and you agree to execute whatever documents may be required by CIA to evidence this relationship.

6. Status. You are not an employee of the United States Government under this agreement and are not entitled to any benefits normally incident to an employee status, except as specifically enumerated herein.

7. Instructions. Instructions received by you from CIA in briefing, training or otherwise are a part of this contract and are incorporated herein, provided that such instructions are not inconsistent with the terms hereof.

8. Unauthorized Commitments. No promises or commitments pertaining to rights, privileges or benefits other than those expressly stipulated in writing in this agreement or any amendment thereto shall be binding on the Government.

9. Secrecy. You will be required to keep forever secret this contract and all information which you may obtain by reason hereof (unless released in writing by CIA from such obligation), with full knowledge that violation of such secrecy may subject you to criminal prosecution under the espionage laws dated 25 June 1948, as amended, and other applicable laws and regulations.

10. Term. This contract is effective as of 4 March 1954, and shall continue thereafter for a period of two (2) years, unless sooner terminated by CIA either:

- (a) By thirty (30) days' actual notice to you from CIA, or
- (b) Without prior notice, in the event of a breach of this contract by your violation of the security provisions hereof or by your otherwise rendering yourself unavailable for acceptable service.

Subject to the availability of appropriations, this agreement may be renewed for successive periods of one year each upon notice from CIA accepted by you. In the event of voluntary termination on your part or termination for cause by CIA prior to the expiration of this agreement or any renewal thereof, you will not be entitled to return travel and transportation expenses to Santiago, Chile. Termination of this agreement will not release you from the obligations of any security oath you may be required to take.

UNITED STATES OF AMERICA

BY \_\_\_\_\_  
Contracting Officer

JW/PA 4 May 54  
Contracting Officer

ACCEPTED:

\_\_\_\_\_  
Paul D. Langevin

APPROVED:

SECRET  
Security Information

13 June 1952

MEMORANDUM FOR: Record

SUBJECT: PBROVEL Amendment #1

1. This date copy number four of subject project has been forwarded to Mr. William Rowland for approval in view of the fact that the original and copies number two and three have been temporarily misplaced.
2. As amendment number one to PBROVEL covers no substantive operations it has not been coordinated with Security and Cover.
3. It is requested that approval of subject project amendment be given as soon as possible in view of the urgency of action as stated in the project itself.

HOMER BRETTE, Jr.  
WB/Project Coordinator

WLD/HB/jc

Distribution

Orig: CO/CO

cc: Special Contracting Officer (Mr. J.L. Bischoff)  
CM (Mr. Ernest W. Pittman)  
Chief, Branch I  
Project File PBROVEL WPD/P&O  
Chrono P&O

SECRET  
Security Information

28 May 1952

MEMORANDUM FOR: SAC  
ATTENTION: Mr. William Rowland  
SUBJECT: Project APPROVAL, Amendment No. 1

1. Forwarded herewith are the original and two copies of subject amendment plus an extra copy of GPC Form 404a.

2. It is respectfully requested that approval of subject amendment be expedited as the Project Financial Data, Form 404a, indicates that payment of eight thousand (\$8,000.00) dollars to PAUL D. LANGLVIN must be made on or about 20 June 1952.

3. Subparagraph six of the Proposal indicates that as a prerequisite to issuance of a loan to LANGLVIN the latter will be required to submit a complete narrative inventory of all machinery and equipment involved in the loan transaction, its physical existence in his custody, his title to the property, and an approximate evaluation of its worth (as determined by WED station personnel). WED will be prepared to do this shortly after Amendment No. 1 is approved and the necessary funds are available for payment.

4. Subparagraph five of the Proposal indicates the details of the loan contract and selection of the appropriate legal instrument to secure a lien on the machinery and equipment will be arrived at through joint agreement of WED, CCC and the Legal Division. These financial details will be arranged and sent to approval of the amendment in question and will comprise the financial plan governing the expenditure of the funds requested.

J. C. KING  
SAC

WHD/JCY/RR/NLC/EB/jc

Distribution

Orig: SAC

cc: Special Contracting Officer (Mr. J. L. Paschoff)  
CM (Mr. Ernest W. Pittman) ✓  
Chief, Branch I  
Project File APPROVAL WHD/RR  
Chrono 40/240