

MATERIAL REVIEWED AT CIA HEADQUARTERS BY
HOUSE SELECT COMMITTEE ON ASSASSINATIONS STAFF MEMBERS

SECRET

FILE TITLE/NUMBER/VOLUME: Zambunardi, Robert M.

INCLUSIVE DATES: 6 July 1956 - 15 Sept 1965

CUSTODIAL UNIT/LOCATION: OP

ROOM: 5E13

DELETIONS, IF ANY:

DATE RECEIVED	DATE RETURNED	REVIEWED BY (PRINT NAME)	SIGNATURE OF REVIEWING OFFICIAL

NO DOCUMENTS MAY BE COPIED OR REMOVED FROM THIS FILE

SECRET

REPRODUCTION MASTERS

BIOGRAPHIC PROFILE

H a n d l e W i t h C a r e

SECRET

ORIGINAL - Biographic Profile

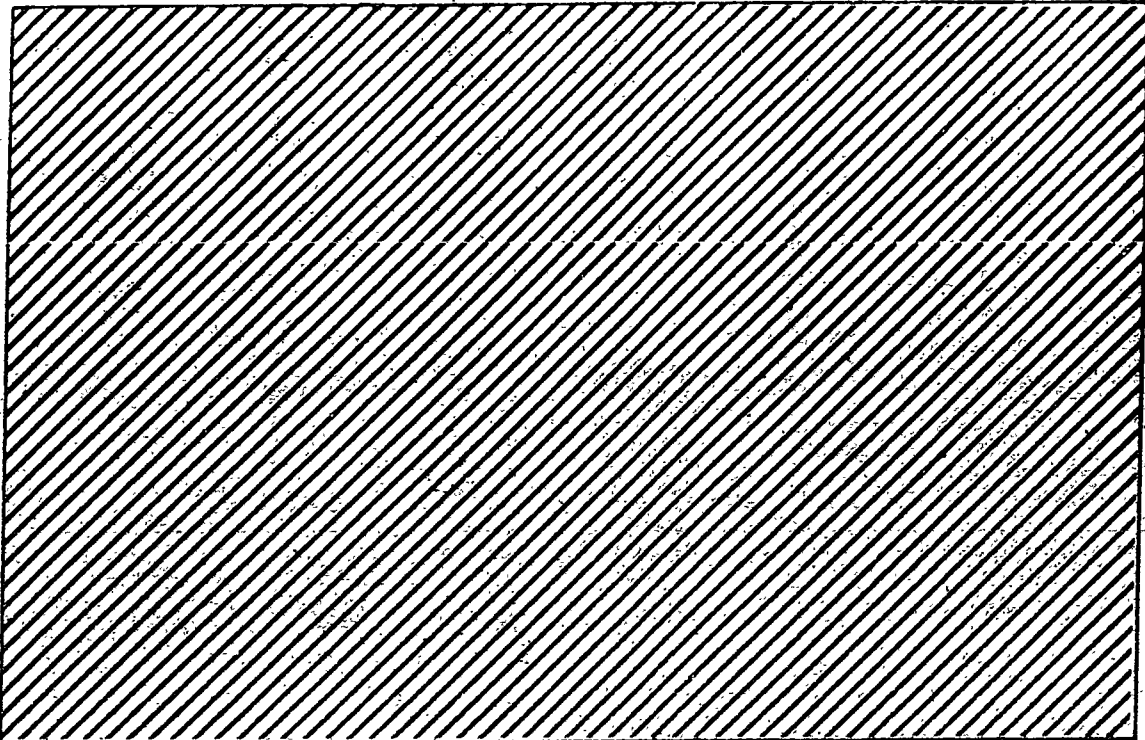
- see summarized copy in slot

Personnel Actions concerning
Period After Mexico City
Assignment

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED 15 June 1964	
1. SERIAL NUMBER 022592		2. NAME (Last-First-Middle) ZAMBERNARDI, Robert					
3. NATURE OF PERSONNEL ACTION TRANSFER TO VOUCHERED FUNDS & REASSIGNMENT				4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 07 05 64		5. CATEGORY OF EMPLOYMENT REGULAR	
6. FUNDS X		V TO V CF TO V		V TO CF CF TO CF		7. COST CENTER NO. CHANGE-ABLE 5225-0079 <i>1000</i>	
8. LEGAL AUTHORITY (Completed by Office of Personnel)							
9. ORGANIZATIONAL DESIGNATIONS DDP/TSD OPERATIONAL AIDS PHOTOGRAPHIC OPERATIONS BRANCH AREA DESKS SECTION				10. LOCATION OF OFFICIAL STATION WASHINGTON, D. C.			
11. POSITION TITLE PHOTO GEN				12. POSITION NUMBER 0113		13. CAREER SERVICE DESIGNATION D	
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS		15. OCCUPATIONAL SERIES (011) 1060.02		16. GRADE AND STEP 10 (3)		17. SALARY OR RATE \$8200	
18. REMARKS FROM: DDP/TSD FOREIGN FIELD MEXICO CITY Security Approval Granted by Pers. SA/OS <i>6/23/64</i> <i>by 7/1/64</i> CC: Security & Vouchered Payroll <div style="float: right; border: 1px solid black; padding: 5px;">Recorded by 6/27/64 <i>DW</i></div>							
18A. SIGNATURE OF REQUESTING OFFICIAL H. LEE OLSON		DATE SIGNED		18B. SIGNATURE OF OFFICER APPROVING <i>H. Lee Olson</i> H. LEE OLSON, TSD/CMO		DATE SIGNED 6/27/64	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
19. ACTION CODE 16	20. EMPLOY CODE 10	21. OFFICE CODE NUMERIC ALPHABETIC 41200 <i>12</i>		22. STATION CODE 75013	23. INTEROFF CODE	24. MODIFIER CODE 1	25. DATE OF BIRTH MO DA YR 05 09 35
26. NIE EXPIRES MO DA YR	27. SPECIAL REFERENCE	28. RETIREMENT DATA 1 - CSC 2 - FICA 3 - NONE		29. SEPARATION DATA CODE	30. CORRECTION/CANCELLATION DATA TYPE MO DA YR		31. SECURITY REG. NO.
32. SEX	33. VET. PREFERENCE CODE 0 - NONE 1 - 5 PT. 2 - 10 PT.	34. SERV. COMP. DATE MO DA YR	35. LONG. COMP. DATE MO DA YR	36. CAREER CATEGORY CODE	37. FECLY / HEALTH INSURANCE CODE 0 - WAIVER 1 - YES	38. SOCIAL SECURITY NO.	
39. PREVIOUS GOVERNMENT SERVICE DATA CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YRS) 3 - BREAK IN SERVICE (MORE THAN 3 YRS)		40. LEAVE CAT. CODE	41. FEDERAL TAX DATA FORM EMPLOYED CODE 1 - YES 2 - NO		42. FEDERAL TAX DATA FORM EMPLOYED CODE 1 - YES 2 - NO	43. STATE TAX DATA FORM EMPLOYED CODE 1 - YES 2 - NO	
44. POSITION CONTROL CERTIFICATION				45. O.P. APPROVAL <i>H. Lee Olson</i>		DATE APPROVED 6/30/64	

SECRET
(When Filled In)



NAME OF EMPLOYEE (Last-First-Middle) Zembernardi, Robert M.	NAME AND RELATIONSHIP OF DEPENDENT* Philip Edward - son	CLAIM NUMBER 64-184
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There is on file in the Benefits and Counseling Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent*) for an illness, injury, or death incurred on ~~Log burn~~ **28 December 1963**

This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.

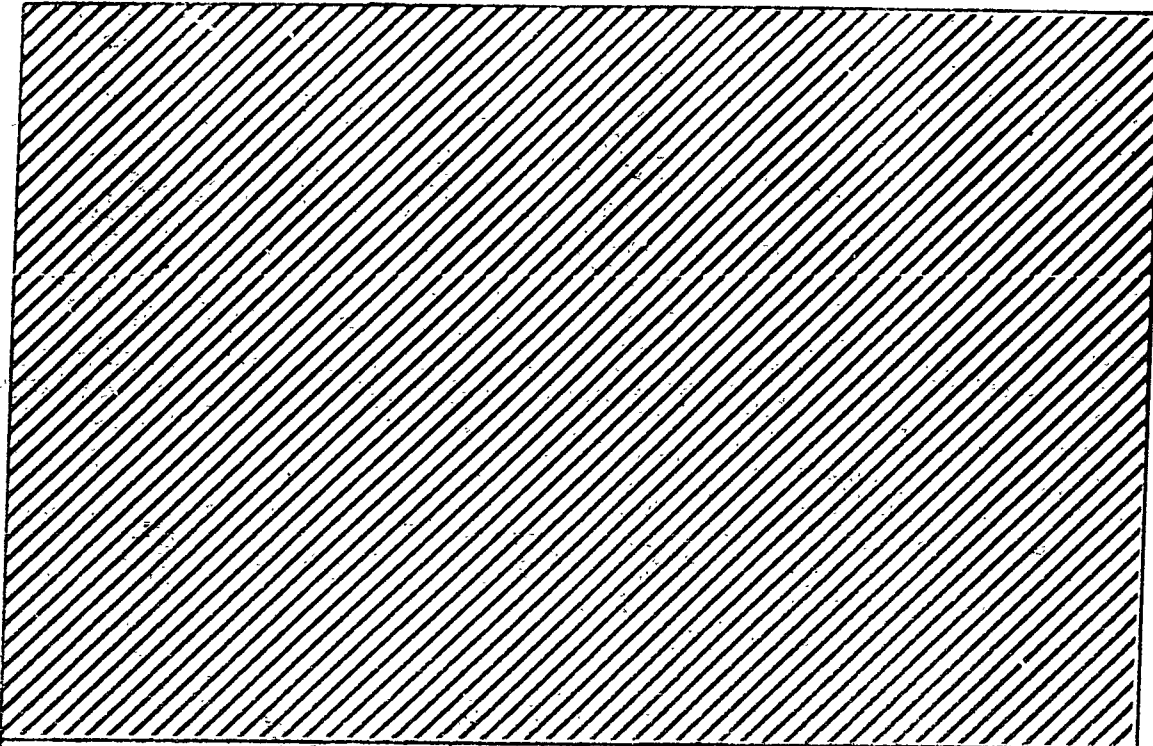
DATE OF NOTICE 10 FEB 1964	SIGNATURE OF BSC REPRESENTATIVE <i>B. Detalica</i>
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NOTICE OF OFFICIAL DISABILITY CLAIM FILE

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED 2 April 1963	
1. SERIAL NUMBER 022592		2. NAME (Last-First-Middle) ZAMBERNARDI, ROBERT					
3. NATURE OF PERSONNEL ACTION PROMOTION				4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 01 14 63		5. CATEGORY OF EMPLOYMENT REGULAR	
6. FINDS <input checked="" type="checkbox"/> V TO V <input type="checkbox"/> CF TO V		<input checked="" type="checkbox"/> V TO CF <input type="checkbox"/> CF TO CF		7. COST CENTER NO. CHARGE-ABLE 3125-5700-3007		8. LEGAL AUTHORITY (Completed by Office of Personnel)	
9. ORGANIZATIONAL DESIGNATIONS DDP/TSD Foreign Field Western Hemisphere Mexico				10. LOCATION OF OFFICIAL STATION Mexico City, Mexico			
11. POSITION TITLE IC TECH AIDS				12. POSITION NUMBER 0575		13. CAREER SERVICE DESIGNATION D	
14. CLASSIFICATION SCHEDULE (GS, LP, etc.) GS		15. OCCUPATIONAL SERIES 0136. AT 63		16. GRADE AND STEP 10 (2)		17. SALARY OR RATE 7535	
18. REMARKS FWD M: GS-9 (2) P.A.A. <div style="float: right; border: 1px solid black; padding: 5px; margin-top: 10px;">Recorded by CSPD <i>JM</i></div>							
19A. SIGNATURE OF REQUESTING OFFICIAL JAMES R. SHIELDS			DATE SIGNED		19B. SIGNATURE OF CAREER SERVICE APPROVING OFFICIAL <i>James R. Shields</i> JAMES R. SHIELDS, TSD/CMC		DATE SIGNED
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
19. ACTION CODE 22	20. EMP. DT. CODE 10	21. OFFICE CODE 46575 TS	22. STATION CODE 45015	23. UNIT REF. CODE	24. NO. OF MONTHS 3	25. DATE OF BIRTH 05/19/35	26. DATE OF DEATH
27. DATE EXPIRES	28. SPECIAL REFERENCE 80	29. RETIREMENT DATA 1 - LGE 3 - FICA 5 - NONE	30. SEPARATION DATA CODE	31. CORRECTION/CANCELLATION DATA	32. SECURITY REG. NO.	33. PFR	
34. VET. PREFERENCE	35. SERV. COMP. DATE	36. LEAVE CAT. CODE	37. FEDRA. TAX DATA	38. FEED. / HEALTH INSURANCE	39. SOCIAL SECURITY NO.		
40. PREVIOUS GOVERNMENT SERVICE DATA CODE 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)		41. LEAVE CAT. CODE	42. FEDRA. TAX DATA FORM EXEMPTION CODE 1 - FLS 2 - NO	43. FEED. / HEALTH INSURANCE FORM EXEMPTION CODE 1 - FFS 2 - NO	44. SOCIAL SECURITY NO.		
45. POSITION CONTROL CERTIFICATION 5 APR 1963 <i>Shields</i>				46. O.P. APPROVAL <i>Paul C. Williams</i>		DATE APPROVED 5 Apr 63	

SECRET
(When Filled In)



NAME OF EMPLOYEE (Last-First-Middle) <i>Zambonardi, Robert M</i>	NAME AND RELATIONSHIP OF DEPENDENT* <i>Paula - SON</i>	CLAIM NUMBER <i>63-460</i>
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There is on file in the Benefits and Counseling Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent*) for an illness, injury, or death incurred on 22 February 65 *Intestinal disease*

This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.

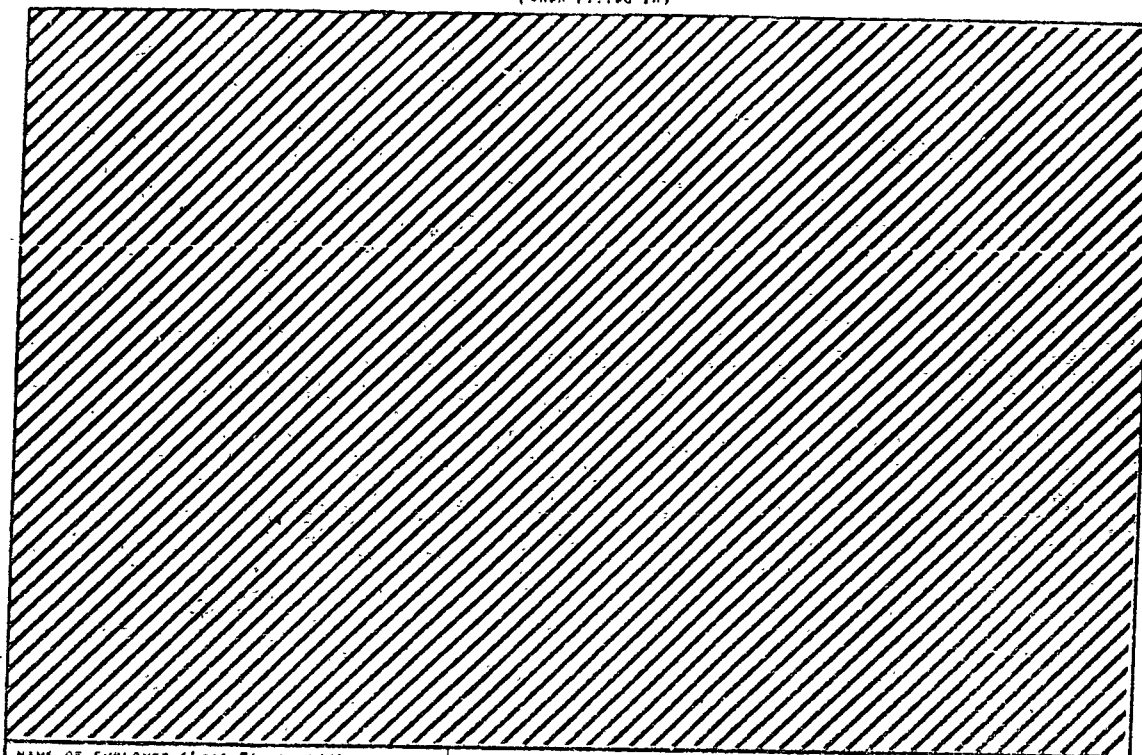
DATE OF NOTICE <i>8 June 1965</i>	SIGNATURE OF BSO REPRESENTATIVE <i>B. De Felice</i>
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NOTICE OF OFFICIAL DISABILITY CLAIM FILE

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION										DATE PREPARED			
1. SERIAL NUMBER 022592 ✓										2. NAME (Last-First-Middle) ZAMBERNARDI, Robert		16 January 1962	
3. NATURE OF PERSONNEL ACTION PROMOTION					4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 01 21 62			5. CATEGORY OF EMPLOYMENT REGULAR XXXXXXXX					
6. FUNDS ▶		V TO V		V TO CF		7. COST CENTER NO. CHARGE-ABLE 2:25-5700-3007		8. LEGAL AUTHORITY (Completed by Office of Personnel)					
CF TO V		X=		CF TO CF		9. ORGANIZATIONAL DESIGNATIONS DDP/TSD - Foreign Field Western Hemisphere Mexico							
10. LOCATION OF OFFICIAL STATION Mexico City, Mexico						11. POSITION TITLE IO TECH AIDS		12. POSITION NUMBER 0575		13. CAREER SERVICE DESIGNATION D			
14. CLASSIFICATION SCHEDULE (GS, LP, etc.) GS			15. OCCUPATIONAL SERIES 0136.63			16. GRADE AND STEP # 9 (1)		17. SALARY OR RATE \$ 6435 ✓					
18. REMARKS FROM: GS-8 (1)													
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED (Stamp) 13 </div>													
104. SIGNATURE OF REQUESTING OFFICIAL JAMES R. SHIELDS				DATE SIGNED		105. SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>James R. Shields</i> JAMES R. SHIELDS TSD/CMD				DATE SIGNED			
SPACE BELOW FOR INCLUSIVE USE OF THE OFFICE OF PERSONNEL													
19. ACTION CODE 22	20. EMPLOY CODE 10	21. OFFICE CODING NUMERIC ALPHABETIC 46575 TS		22. STATION CODE 45025	23. INTERALE CODE	24. GRADE AND STEP 3	25. DATE OF BIRTH 05/09/35	26. DATE OF DEPART 1/21/62	27. DATE OF LEI 1/21/62				
28. NIE LAPSES MO. DA. TH.		29. SPECIAL REFERENCE	30. RETIREMENT DATA 1 - CSC 3 - FICA 5 - RUMF		31. SEPARATION DATA CODE	32. DEPENDENT/DEPENDENT ACTION DATA TAX ML DA. TH.		33. SECURITY REQ. W1	34. SEA				
35. VET. PREFERENCE CODE E - NONE 1 - 5 PT 2 - 10 PT		36. SERV. COMP. DATE MO. DA. YR. MO. DA. YR.		37. LONG. COMP. DATE MO. DA. YR. MO. DA. YR.		38. MIL. SERV. CODE 1 - YES 2 - NO	39. DEPT. SEGS / HEALTH INSURANCE CODE C - COVERED HEALTH INS. CODE 1 - YES	34. SOCIAL SECURITY NO.					
41. PREVIOUS GOVERNMENT SERVICE DATA CODE 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)				42. LEAVE CAT. CODE	43. FEDERAL TAX DATA FORM PREVIOUS CODE 1 - YES 2 - NO		44. STATE TAX DATA FORM PREVIOUS CODE 1 - YES 2 - NO	45. POSITION CONTROL CERTIFICATION NA 1-29-62		46. G.P. APPROVAL <i>James R. Shields</i> DATE APPROVED 1/27/62			

SECRET
(When Filled In)



NAME OF EMPLOYEE (Last-First-Middle)	NAME AND RELATIONSHIP OF DEPENDENT*	CLAIM NUMBER
ZAMBERNARDI, Robert	Wife - Martha Cecilia	51-286

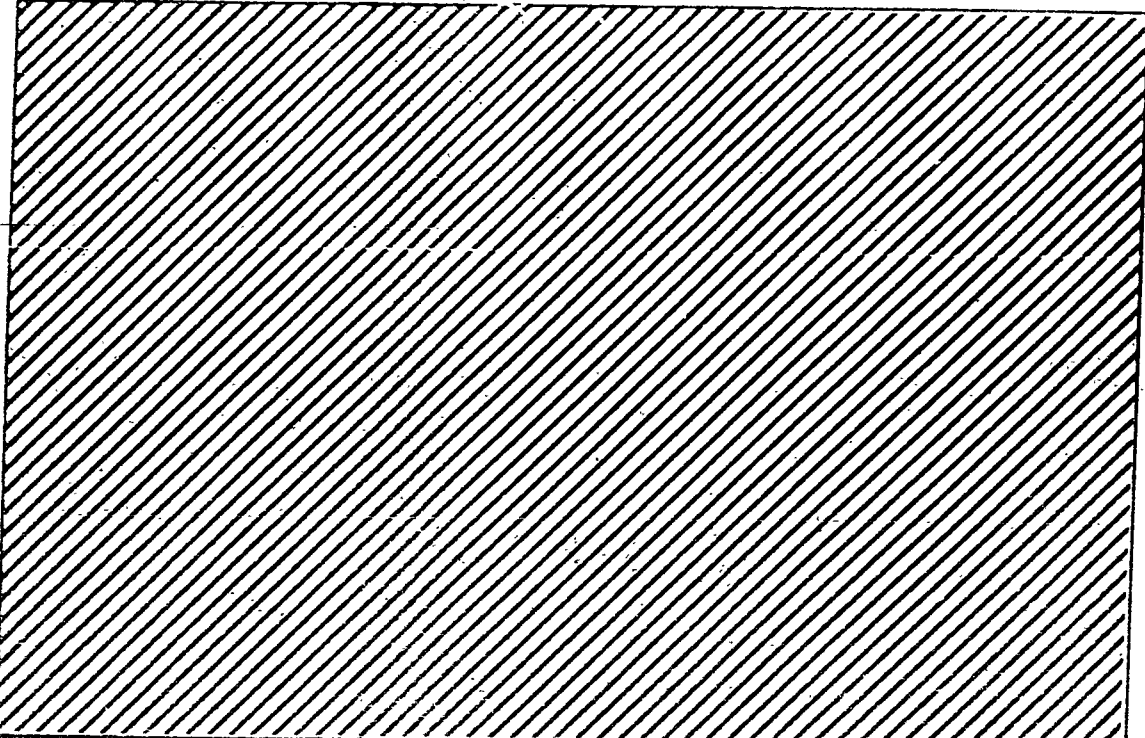
There is on file in the Benefits and Counseling Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent*) for an illness, injury, or death incurred on 3 March 1961 - Leukemia of Uterus

This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.

DATE OF NOTICE	SIGNATURE OF BSO REPRESENTATIVE

NOTICE OF OFFICIAL DISABILITY CLAIM FILE

SECRET
(When Filled In)



NAME OF EMPLOYEE (LAST-FIRST-MIDDLE)	XXXXXXXXXX Dependent	CASE OR CLAIM NUMBER
Zambenardi, Robert M.	Wife Martha	56-226

There is on file in the Casualty Affairs Branch, Benefits and Casualty Division, Office of Personnel, an Official Disability Claim File on the above named employee for an illness, injury, or death incurred on 16 February 1960.

This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.

DATE OF NOTICE	SIGNATURE OF REPRESENTATIVE
8 April 1960	B. De Felice

NOTICE OF OFFICIAL DISABILITY CLAIM FILE

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED 15 Dec 1960																																														
1. SERIAL NUMBER 522592		2. NAME (Last-First-Middle) ZAMBERNARDI, Robert																																																
3. NATURE OF PERSONNEL ACTION PROMOTION			4. EFFECTIVE DATE REGISTERED MONTH DAY YEAR 12 25 60		5. CATEGORY OF EMPLOYMENT REGULAR																																													
6. FUNDS 		V TO V	X TO CF	7. COST CENTER NO. CHANGE-ABLE 1125-5700-3007																																														
		CF TO V	X	8. LEGAL AUTHORITY (Completed by Office of Personnel)																																														
9. ORGANIZATIONAL DESIGNATIONS DDP/TSD Western Hemisphere MEXICO			10. LOCATION OF OFFICIAL STATION Mexico, City, Mexico																																															
11. POSITION TITLE IO TECH AIDS			12. POSITION NUMBER 575	12a. PCR CONTROL NO.	13. CAREER SERVICE DESIGNATION D 3																																													
14. CLASSIFICATION SCHEDULE (GS, LP, etc.) GS-9		15. OCCUPATIONAL SERIES 0136.63	16. GRADE AND STEP 08 01		17. SALARY OR RATE 5885																																													
18. REMARKS <div style="text-align: right; border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">RECORDED INDEXED </div>																																																		
18a. SIGNATURE OF REQUESTING OFFICIAL JAMES R. SHIELDS			18b. SIGNATURE OF CAREER SERVICE APPROVING OFFICER JAMES R. SHIELDS TSD/CMD																																															
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL																																																		
<table border="1" style="width:100%; border-collapse: collapse; font-size: small;"> <tr> <td>19. ACTION CODE</td> <td>20. ACTION CODE</td> <td>21. ACTION CODE</td> <td>22. ACTION CODE</td> <td>23. ACTION CODE</td> <td>24. ACTION CODE</td> <td>25. ACTION CODE</td> <td>26. ACTION CODE</td> <td>27. ACTION CODE</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="3">28. DATE OF ACTION</td> <td colspan="3">29. DATE OF ACTION</td> <td colspan="3">30. DATE OF ACTION</td> </tr> <tr> <td colspan="3">31. DATE OF ACTION</td> <td colspan="3">32. DATE OF ACTION</td> <td colspan="3">33. DATE OF ACTION</td> </tr> <tr> <td colspan="3">34. DATE OF ACTION</td> <td colspan="3">35. DATE OF ACTION</td> <td colspan="3">36. DATE OF ACTION</td> </tr> </table>						19. ACTION CODE	20. ACTION CODE	21. ACTION CODE	22. ACTION CODE	23. ACTION CODE	24. ACTION CODE	25. ACTION CODE	26. ACTION CODE	27. ACTION CODE										28. DATE OF ACTION			29. DATE OF ACTION			30. DATE OF ACTION			31. DATE OF ACTION			32. DATE OF ACTION			33. DATE OF ACTION			34. DATE OF ACTION			35. DATE OF ACTION			36. DATE OF ACTION		
19. ACTION CODE	20. ACTION CODE	21. ACTION CODE	22. ACTION CODE	23. ACTION CODE	24. ACTION CODE	25. ACTION CODE	26. ACTION CODE	27. ACTION CODE																																										
28. DATE OF ACTION			29. DATE OF ACTION			30. DATE OF ACTION																																												
31. DATE OF ACTION			32. DATE OF ACTION			33. DATE OF ACTION																																												
34. DATE OF ACTION			35. DATE OF ACTION			36. DATE OF ACTION																																												
37. POSITION CONTROL CERTIFICATION 12-21-60																																																		

Personnel Actions Committee
From the Personnel Mexico City

SECRET

NOTIFICATION OF ESTABLISHMENT OF MILITARY COVER BACKSTOP		DATE 19 August 1965
TO: (Check)	<input checked="" type="checkbox"/> CHIEF, PERSONNEL OPERATIONS DIVISION	ESTABLISHED FOR ZAMBERNARDI, Robert M.
	<input checked="" type="checkbox"/> CHIEF, OPERATING COMPONENT (For action) TSD	
ATTN:	Personnel	FILE NO. 4954
REF:	Resignee Backstop debriefing	ID CARD NO.
MILITARY COVER BACKSTOP ESTABLISHED	Technical Services Group, Provisional	EMPLOYEE NO.

KEEP ON TOP OF FILE WHILE COVER IN EFFECT

Block Records: (OPMEMO 20-800-11) Resignation effective 20 Aug 65

a. Temporarily for _____ days, effective _____

b. Continuing, effective EOD Jul 56

NA Submit Form 642 to change limitation category. (HIB 20-7)

NA Ascertain that Army W-2 being issued. (HB 20-561-1)

NA Submit Form 1322 for any change affecting this cover. (R 240-310)

NA Submit Form 1323 for transferring cover responsibility. (R 240-350)

Remarks:

Cover Hist

Forwarding Address:
c/o American Embassy
Mexico City, Mexico
Employment Address:
Unknown

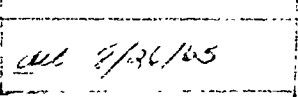
James J. Tranter

NM/ul CHIEF MILITARY COVER CCA

DESTRUCTION: Copy 1-PDD, Copy 2-Operating Component Copy 3-AD D OS Copy 4-UL/TELE Copy 5-PDD/CS, Copy 6-File

SECRET
(When Filled In)

N.M. 25 AUG 65

NOTIFICATION OF PERSONNEL ACTION																	
OEF																	
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)															
022592		ZAMBERNARDI ROBERT															
3. NATURE OF PERSONNEL ACTION					4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT										
RESIGNATION					08 20 65		REGULAR										
6. FUNDS				7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY											
<table border="1"> <tr> <td>V TO V</td> <td>V TO CF</td> </tr> <tr> <td>CF TO V</td> <td>CF TO CF</td> </tr> </table>				V TO V	V TO CF	CF TO V	CF TO CF	6125 0079 0000									
V TO V	V TO CF																
CF TO V	CF TO CF																
9. ORGANIZATIONAL DESIGNATIONS					10. LOCATION OF OFFICIAL STATION												
DDP/TSD OPERATIONAL AIDS PHOTO OPERATIONS BRANCH AREA DESKS SECTION					WASH., D. C.												
11. POSITION TITLE					12. POSITION NUMBER		13. SERVICE DESIGNATION										
PHOTOG GEN					0113		D										
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)			15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE										
GS			1060.02		11 3		9240										
18. REMARKS																	
COMMUNICATIONS - C/O AMERICAN EMBASSY MEXICO D.F. MEXICO CHECKS, BONDS - UNION TRUST COMPANY, 1500 H ST. NW WASHINGTON, D. C.																	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL																	
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE		23. INITIALS CODE		24. HOURS CODE		25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI	
45		10										05 09 35					
28. W/A CAPTES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA		32. CANCELLATION/CANCELLATION DATA		33. SECURITY R/S NO		34. SEX		EOD DATA			
						3AC004											
35. NET PREFERENCE		36. SERV LUMP DATE		37. LONG LUMP DATE		38. EMPLOY CATEGORY		39. FEET/HEALTH INSURANCE		40. SOCIAL SECURITY NO							
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT CODE		43. FEDERAL TAX DATA				44. STATE TAX DATA							
1. NO PREVIOUS SERVICE 2. BREAK IN SERVICE 3. BREAK IN SERVICE (MAY 1 1951) 4. BREAK IN SERVICE (MAY 1 1951)						1. YES 2. NO				1. YES 2. NO							
SIGNATURE OR OTHER AUTHENTICATION																	

FORM 1150 11 67

Use Previous Edition

SECRET

GROUP 1
Excluded from automatic
downgrading and
declassification

(When Filled In)

1. Serial No 022592		2. Name ZAMBERNARDI ROBERT		3. Cost Center Number <i>NWS</i> 41 575 CF		4. LWOP Hours				
5. OLD SALARY RATE				6. NEW SALARY RATE			7. TYPE ACTION			
Grade	Step	Salary	Last PR Date	Grade	Step	Salary	Effective Date	PSI	LSI	ADI
GS 10	2	\$ 7,945	04/14/63	GS 10	3	\$ 8,200	04/12/64			
8. Remarks and Authentication										
/ / NO EXCESS LWOP / / IN PAY STATUS AT END OF WAITING PERIOD / / LWOP STATUS AT END OF WAITING PERIOD CLERKS INITIALS 557 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>6 March 1964</i>				
PAY CHANGE NOTIFICATION										

Form 9-61 500

Obsolete Previous Edition

(4-51)

SECRET
(When Filled In)

ARM: 15 APR 63

NOTIFICATION OF PERSONNEL ACTION															
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)													
022502		ZAMBERNARDI ROBERT													
3. NATURE OF PERSONNEL ACTION					4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT								
PROMOTION (CORRECTION)*					04 14 63		REGULAR								
6. FUNDS		W TO W		W TO CF		7. COST CENTER NO (CHARGEAGE)		8. GIC OR OTHER LEGAL AUTHORITY							
CF TO V		X		CF TO CF		3125 5700 2407		50 USC 403							
9. ORGANIZATIONAL DESIGNATIONS					10. LOCATION OF OFFICIAL STATION										
DDP TSD FOREIGN FIELD WESTERN HEMISPHERE MEXICO					MEXICO CITY, MEXICO										
11. POSITION TITLE					12. POSITION NUMBER		13. SERVICE DESIGNATION								
10 TECH A105					0575		D								
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)			15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE								
GS			0136.63		10 2		7535								
18. REMARKS															
*THIS CORRECTS FORM 1150, EFFECTIVE 04/14/63, ITEM #15, OCCUPATIONAL SERIES, WHICH READ "0136.01" TO READ "0136.63."															
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL															
19. ACTION CODE		21. OFFICE CODING		22. STATION CODE		23. INTEROFFICE CODE		24. HOURS CODE		25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI	
		ALPHABETIC ALPHABETIC								MO DA YA		MO DA YA		MO DA YA	
										04 14 63					
28. HTR EFFRPTS		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA		33. SECURITY REQ NO		34. SEX			
NO DA YA								TYPE MO DA YA		L					
								L		L					
35. VET PREFERENCE		36. SENY COMP DATE		37. LONG COMP DATE		38. EARLIER CATEGORY		39. FECS / HEALTH INSURANCE		40. SOCIAL SECURITY NO					
CODE		MO DA YA		MO DA YA		CODE		CODE		NO					
								O - BALANCED HEALTH INS CODE							
								1 - YES							
								2 - NO							
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT		43. FEDERAL TAX DATA		44. STATE TAX DATA							
CODE				CODE		CODE		CODE		CODE		CODE		CODE	
1. NO. PREVIOUS SERVICE				1. YES		1. YES		1. YES		1. YES		1. YES		1. YES	
2. BREAK IN SERVICE				2. NO		2. NO		2. NO		2. NO		2. NO		2. NO	
3. BREAK IN SERVICE LESS THAN 2 YRS															
4. BREAK IN SERVICE MORE THAN 2 YRS															
SIGNATURE OR OTHER AUTHENTICATION										POSTED		15 APR 1963		<i>[Signature]</i>	

FORM 1150-1 APR 1963 Edition

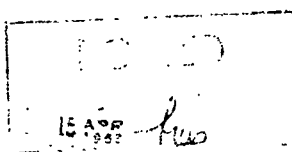
SECRET

GROUP 1
EXCLUDED FROM AUTOMATIC
DOWNGRADING AND
DECLASSIFICATION

(When Filled In)

SECRET
(When Filled In)

APM: 11 APR 63

NOTIFICATION OF PERSONNEL ACTION													
1. SERIAL NUMBER 022592		2. NAME (LAST FIRST MIDDLE) ZAMBERNARDI ROBERT											
3. NATURE OF PERSONNEL ACTION PROMOTION						4. EFFECTIVE DATE MO. DA. YR. 04 14 63		5. CATEGORY OF EMPLOYMENT REGULAR					
A. FUNDS		V TO V		V TO CP		7. COST CENTER NO. CHARGEABLE 3125 5700 3007		8. CSC OR OTHER LEGAL AUTHORITY 50 USC 403 J					
CF TO V		X		CF TO CP		9. ORGANIZATIONAL DESIGNATIONS DDP TSO FOREIGN FIELD WESTERN HEMISPHERE MEXICO					10. LOCATION OF OFFICIAL STATION MEXICO CITY, MEXICO		
11. POSITION TITLE 10 TECH AIDS						12. POSITION NUMBER 0575		13. SERVICE DESIGNATION D					
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS			15. OCCUPATIONAL SERIES 0130.01			16. GRADE AND STEP 10 2		17. SALARY OR RATE 7535					
18. REMARKS													
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL													
19. ACTION CODE PP	20. EMPLOY CODE 10	21. OFFICE CODING NUMERIC ALPHABETIC 46-075 75		22. STATION CODE 46075	23. INTERSEE CODE 3	24. HIGHTS CODE		25. DATE OF BIRTH MO DA YR 05 14 63		26. DATE OF GRADE MO DA YR 04 14 63		27. DATE OF LEI MO DA YR 04 14 63	
28. NIE EXPIRES MO DA YR		29. SPECIAL REFERENCE		30. RETIREMENT DATA 1. CSC 2. PICA 3. OTHER		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA TYPE MO DA YR		33. SECURITY SEC NO		34. SER	
35. VET. PREFERENCE		36. SERV COMP DATE		37. LONG COMP. DATE		38. CAREER CATEGORY		39. FEGLI/HEALTH INSURANCE CODE CODE U WA LEV HEALTH INS CODE		40. SOCIAL SECURITY NO			
41. PREVIOUS GOVERNMENT SERVICE DATA CODE 1. NO PREVIOUS SERVICE 2. DRIVE IN SERVICE CLASS (FROM 1-1952) 3. AREA IN SERVICE (MAY 1948-1952)				42. LEAVE CAT. 43		44. FEDERAL TAX DATA FORMER EMPLOYER'S CODE NO. TAX DEPENDENT		45. STATE TAX DATA FORM EXCLUDED CODE NO. TAX STATE CODE		46. STATE TAX DATA FORM EXCLUDED CODE NO. TAX STATE CODE			
SIGNATURE OR OTHER AUTHENTICATION													
													

FORM 1150

11 APR 1963 Edition

SECRET

14-00000
FORM 1150
11 APR 1963
EDITION

(When Filled In)

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-793 AND DCI
MEMORANDUM DATED 1 AUGUST 1966, SALARY IS ADJUSTED AS FOLLOWS,
EFFECTIVE 9 JANUARY 1969.

NAME	SERIAL	ORGN	FUNDS	GR-ST	OLD SALARY	NEW SALARY
ZAMBERNARDI ROBERT	022592	41	575 CF	GS 10 2	\$ 7,535	\$ 7,945

BWS: 19 JAN 62

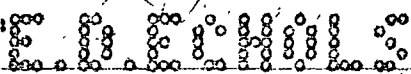
SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)									
022592		ZAMBERNARDI ROBERT									
3. NATURE OF PERSONNEL ACTION					4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT				
PROMOTION					01 21 62		REGULAR				
6. FUNDS		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY			
CF TO V		X		CF TO CF		2125 5700 3007		50 USC 403 J			
9. ORGANIZATIONAL DESIGNATIONS					10. LOCATION OF OFFICIAL STATION						
DDP 7SD FOREIGN FIELD WESTERN HEMISPHERE MEXICO					MEXICO CITY, MEXICO						
11. POSITION TITLE					12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION				
10 TECH AIDS					0575		D				
14. CLASSIFICATION SCHEDULE (SS, LS, etc.)			15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE				
GS			0136.01		09 1		6435				
18. REMARKS											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE	20. EMPLOYER CODE	21. OFFICE CODING		22. STATION CODE	23. INTEGREE CODE	24. HOURS CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI		
22	10	NS575	TS	115075		3	05 09 35	01 21 62	01 21 62		
28. HTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. FORFEITURE-CANCELLATION DATA		33. SECURITY REQ NO	34. SEX
								EOD DATA			
35. VET PREFERENCE		36. SERVICEMAN'S DATE		37. LONG COMP. DATE		38. MIL SERV CREDIT/CD		39. FECLY HEALTH INSURANCE		40. SOCIAL SECURITY NO	
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT		43. FEDERAL TAX DATA		44. STATE TAX DATA			
SIGNATURE OR OTHER AUTHENTICATION											
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p>POSTED</p> <p>1/25/62 <i>OM</i></p> </div>											

1/25/62

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-789 AND DCI MEMORANDUM DATED 1 AUGUST 1954, SALARY IS ADJUSTED AS FOLLOWS, EFFECTIVE 18 OCTOBER 1962

NAME	SERIAL	ORGN	FUNDS	OLD GR	OLD SALARY	NEW GR	NEW SALARY
ZAMBERNARDI ROBERT	022592	46575	CF 09 1	9	\$ 6,435	09 1	\$ 6,675

1. Serial No 022592		2. Name ZAMBERNARDI ROBERT		3. Cost Center Number 46 575 CF 10		4. LWOP Hours				
5. OLD SALARY RATE				6. NEW SALARY RATE				7. TYPE ACTION		
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	Effective Date	PSI	LSI	ADI
GS 09	1	\$ 6,675	01/21/62	GS 09	2	\$ 6,900	01/20/63			
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: 						DATE				
PAY CHANGE NOTIFICATION										

Form 9-61 560

Obsolete Previous Edition

(4-51)

SECRET
(When Filled In)

1. Serial No 022592		2. Name ZAMBERNARDI ROBERT		3. Cost Center Number 09/150 10 UV		4. LWOP Hours				
5. OLD SALARY RATE				6. NEW SALARY RATE				7. TYPE ACTION		
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	Effective Date	PSI	LSI	ADI
GS 08	1	\$ 5,895	12/25/61	GS 08	2	\$ 6,050	12/24/61			
8. Remarks and Authentication										
/ / IN LWOP STATUS AT END OF WAITING PERIOD										
/ / NO EXCESS LWOP										
/ / IN PAY STATUS AT END OF WAITING PERIOD										
PAY CHANGE NOTIFICATION										

Form 7-60 560

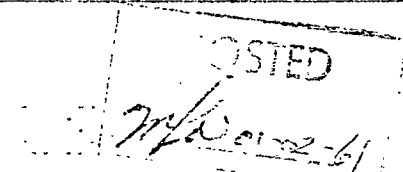
Obsolete Previous Edition

SECRET

(4-51)

BLT: ²³ 28 DEC 1960

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION													
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)											
022592		ZAMBERNARDI ROBERT											
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE			5. CATEGORY OF EMPLOYMENT				
PROMOTION						MO DA YR 12 25 60			REGULAR				
6. FUNDS		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE			8. CSC OR OTHER LEGAL AUTHORITY				
CF TO V		X		CF TO CF		1125 5700 3007			50 USC 403 d				
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION							
DDP TSO WESTERN HEMISPHERE MEXICO						MEXICO CITY, MEXICO							
11. POSITION TITLE						12. POSITION NUMBER			13. CAREER SERVICE DESIGNATION				
10 TECH AIDS						0575			D				
14. CLASSIFICATION SCHEDULE (GS, WB, etc.)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE					
GS				0136.63		08 1		5885					
18. REMARKS													
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	24. Hdqrs. Code	25. DATE OF BIRTH			26. DATE OF GRADE		27. DATE OF LEI	
22	10	A6575 TS		45075		3	MO DA YR 05 09 35			MO DA YR 12 25 60		MO DA YR 12 25 60	
28. NTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA			33. SECURITY RLO NO.	34. SEX	
NO DA YR				1. CAL 2. FICA 3. NONE				EOD DATA					
35. VET PREFERENCE		36. SERV COMP DATE		37. LONG. COMP DATE		38. MIL. SERV. CREDIT/LEO		39. FEGLI / HEALTH INSURANCE			40. SOCIAL SECURITY NO.		
CODE 0 - NONE 1 - 5 YR 2 - 10 YR		MO DA YR		MO DA YR		1 - YES 2 - NO		CODE CODE 0 - WAIVER 1 - YES					
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT CODE		43. FEDERAL TAX DATA			44. STATE TAX DATA				
CODE 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		FORM EXECUTED CODE NO TAX EXEMPTIONS			FORM EXECUTED CODE NO TAX EXEMP STATE CODE				
SIGNATURE OR OTHER AUTHENTICATION													
													

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

AES: 17 APRIL 1959

1. Serial No.		2. Name (Last-First-Middle)				3. Date Of Birth			4. Vac. Prof.		5. Sex		6. CS - FOD				
522592		ZAMBERNARDI ROBERT				Mo. 05	Da. 05	Yr. 35	None-0	Code 1	M	1	Mo. 07	Da. 30	Yr. 56		
7. SCD			8. CSC Retmt.		9. CSC Or Other Legal Authority			10. Apmt. Affidavit			11. FEGLI		12. TCD		13. Ann. Serv. Cde		
Mo. 08	Da. 02	Yr. 54	Yes-1	Code 1	50 USCA 403 J			Mo.	Da.	Yr.	Yes-1	Code 1	Mo. 07	Da. 30	Yr. 56	Yes-1	Code 2

PREVIOUS ASSIGNMENT

14. Organizational Designations				Code		15. Location Of Official Station				Station Code			
DDP TSS TECHNICAL AIDS PHOTOGRAPHIC DIV OPERATIONAL PHOTOGRAPHY BR				4448		WASH. D.C.				75013			
16. Dept. - Field		17. Position Title				18. Position Flz.		19. Serv.		20. Occup. Series			
Dept. - 1	Code	PHOTOG GEN				0513		GS		1060.02			
USfld - 3	2	21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade		25. Pst. Dtd		26. Appropriation Number	
Frgn - 5		07 1		\$ 4980		DT		Mo. 12		Da. 28		Yr. 58	
								Mo. 12		Da. 27		Yr. 59	
												9 2500 25 007	

ACTION

27. Nature Of Action		Code		28. Eff. Date		29. Type Of Employee		Code		30. Separation Data	
REASSIGNMENT & TRANSFER TO CONFIDENTIAL FUNDS*		05		Mo. 04		Da. 19		Yr. 59		REGULAR	
										01	

PRESENT ASSIGNMENT

31. Organizational Designations				Code		32. Location Of Official Station				Station Code			
DDP TSS FOREIGN FIELD WESTERN HEMISPHERE MEXICO				4455		MEXICO				45000			
33. Dept. - Field		34. Position Title				35. Position Flz.		36. Serv.		37. Occup. Series			
Dept. - 1	Code	10 TECH AIDS				0575		GS		0136.63			
USfld - 3	5	38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grade		42. Pst. Dtd		43. Appropriation Number	
Frgn - 5		07 1		\$ 4980		DT		Mo. 12		Da. 28		Yr. 58	
								Mo. 12		Da. 27		Yr. 59	
												9 2500 75 007	

44. Remarks

*SUBJECT TO APPROVED MEDICAL CLEARANCE PRIOR TO BEING SENT OVERSEAS.

POSTED

24 APR 1959

RW

4/10/59

NOV 1961

SECRET
(When Filled In)

FITNESS REPORT

EMPLOYEE SERIAL NUMBER
22592

SECTION A GENERAL

1. NAME (Last) (First) (Middle): **ZAMBERNARDI, Robert M.**

2. DATE OF BIRTH: **9 May 1935**

3. SER: **M**

4. GRADE: **GS-8**

5. SERVICE DESIGNATION: **KURIOT**

6. OFFICIAL POSITION TITLE: **IO TECH AIDS**

7. OFF/DIV/BR OF ASSIGNMENT: **WH/III/MEXI**

8. CAREER STAFF STATUS: MEMBER

9. TYPE OF REPORT: ANNUAL

10. DATE REPORT DUE IN O.P.: **31 AUGUST 1961**

11. REPORTING PERIOD: **7/1/60 - 6/30/61**

SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES

List up to six of the most important specific duties performed during the rating period. Insert rating number 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).

1 - Unsatisfactory 2 - Barely adequate 3 - Acceptable 4 - Competent 5 - Excellent 6 - Superior 7 - Outstanding

RATING NO. 6		RATING NO. 5
RATING NO. 5		RATING NO. 5
RATING NO. 6	SPECIFIC DUTY NO. 6	RATING NO.

SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION

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

1 - Performance in many important respects falls to meet requirements.
 2 - Performance meets most requirements but is deficient in one or more important respects.
 3 - Performance clearly meets basic requirements.
 4 - Performance clearly exceeds basic requirements.
 5 - Performance in every important respect is superior.
 6 - Performance in every respect is outstanding.

RATING NO. **5**

SECTION D DESCRIPTION OF THE EMPLOYEE

In the rating boxes below, check (X) the degree to which each characteristic applies to the employee

1 - Least possible degree 2 - Limited degree 3 - Normal degree 4 - Above average degree 5 - Outstanding degree

CHARACTERISTICS	NOT APPLICABLE	NOT OBSERVED	RATING					
			1	2	3	4	5	
GETS THINGS DONE								X
RESOURCEFUL							X	
ACCEPTS RESPONSIBILITIES							X	
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES							X	
DOES HIS JOB WITHOUT STRONG SUPPORT							X	
FACILITATES SMOOTH OPERATION OF HIS OFFICE							X	
WRITES EFFECTIVELY				X				
SECURITY CONSCIOUS								X
THINKS CLEARLY							X	
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS							X	
OTHER (Specify):								

SEE SECTION "E" ON REVERSE SIDE.

SECRET
(When Filled In)

OFFICE OF PERSONNEL

SECTION E NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D provide the basis for determining future personnel actions.

2 01 PM '61

This officer is willing, and has become much more effective and sure of himself during the past year. He is an excellent photographer and this with his increasing resourcefulness in support of operations, has resulted in some unusually good work of the ops support type.

This officer has a pleasant personality, is well liked, gets along well with his fellow employees, works overtime without question, and is well adjusted to overseas life in Mexico. The Station is very pleased to have him for another tour as he is most definitely a part of our operational capabilities.

~~XXXXXX~~ was commended by COS, Mexico in January 1961 and a review of this file should include a review of HMT-1798 dated 12 January 1961.

SECTION F CERTIFICATION AND COMMENTS

1. BY EMPLOYEE

I certify that I have seen Sections A, B, C, D and E of this Report.

DATE 13 September 1961 SIGNATURE OF EMPLOYEE /s/ Robert M. Zambernardi

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION 12 months IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.

EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS REPORT MADE WITHIN LAST 90 DAYS OTHER (Specify):

DATE 13 September 1961 OFFICIAL TITLE OF SUPERVISOR Deputy Chief of Station TYPED OR PRINTED NAME AND SIGNATURE /s/ in pseudo

3. BY REVIEWING OFFICIAL

- I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.
I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.
I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.
I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.

COMMENTS OF REVIEWING OFFICIAL

DATE 13 September 1961 OFFICIAL TITLE OF REVIEWING OFFICIAL Chief of Station TYPED OR PRINTED NAME AND SIGNATURE /s/ in pseudo

SECRET

14-00000

Fitness Reports for period After, and
Personnel Actions for period prior to —
Assignment Mexico City

SECRET
(When Filled In)

FITNESS REPORT					EMPLOYEE SERIAL NUMBER 22592						
SECTION A GENERAL											
1. NAME (Last) ZAMBERNARDI (First) Robert (Middle)			2. DATE OF BIRTH 9 May 1935		3. SEX M		4. GRADE GS-7				
5. SERVICE DESIGNATION KURIOT			6. OFFICIAL POSITION TITLE IO TECH AIDS			7. OFF/DIV/BR OF ASSIGNMENT KURIOT/Mexico					
8. CAREER STAFF STATUS					9. TYPE OF REPORT						
<input type="checkbox"/> NOT ELIGIBLE		<input type="checkbox"/> MEMBER		<input type="checkbox"/> DEFERRED		<input type="checkbox"/> INITIAL		<input type="checkbox"/> REASSIGNMENT/SUPERVISOR			
<input type="checkbox"/> PENDING		<input type="checkbox"/> DECLINED		<input type="checkbox"/> DENIED		<input checked="" type="checkbox"/> ANNUAL		<input type="checkbox"/> REASSIGNMENT/EMPLOYEE			
10. DATE REPORT DUE IN O.P.			11. REPORTING PERIOD From To		12. SPECIAL (Specify)						
SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES											
List up to six of the most important specific duties performed during the rating period. Insert rating number 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).											
1 - Unsatisfactory		2 - Barely adequate		3 - Acceptable		4 - Competent		5 - Excellent		6 - Superior	7 - Outstanding
SPECIFIC DUTY NO. 1 Duties levied upon KURIOT by Station CO's in support of their ops and info. This constitutes using concealment devices, telephoto lens.				RATING NO. 5	SPECIFIC DUTY NO. 4 S/W (two systems). Writing S/W for CO's. Rec'g messages for development.				RATING NO. 4		
SPECIFIC DUTY NO. 2 Routine lab work. Micro-filming docs, printing docs, reprod. photos, maintenance of Photo Lab.				RATING NO. 6	SPECIFIC DUTY NO. 5 Stake out surveillance, agent mtgs and other duties that may be requested.				RATING NO. 4		
SPECIFIC DUTY NO. 3 Opening, photographing and resealing operational mail of Station CO's.				RATING NO. 5	SPECIFIC DUTY NO. 6 Purchasing all photo supplies which can be procured on local market. Supplying some basehouses with supplies.				RATING NO. 6		
SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION											
Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.											
1 - Performance in many important respects fails to meet requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets basic requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding.									RATING NO. 4		
SECTION D DESCRIPTION OF THE EMPLOYEE											
In the rating boxes below, check (X) the degree to which each characteristic applies to the employee											
1 - Least possible degree		2 - Limited degree		3 - Normal degree		4 - Above average degree		5 - Outstanding degree			
CHARACTERISTICS						NOT APPLI- CABLE		NOT OB- SERVED		RATING	
GETS THINGS DONE										X	
RESOURCEFUL								X			
ACCEPTS RESPONSIBILITIES										X	
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES										X	
DOES HIS JOB WITHOUT STRONG SUPPORT										X	
FACILITATES SMOOTH OPERATION OF HIS OFFICE										X	
WRITES EFFECTIVELY								X			
SECURITY CONSCIOUS										X	
THINKS CLEARLY								X			
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS										X	
OTHER (Specify):											
SEE SECTION "E" ON REVERSE SIDE											

19601/229

SECRET
(When Filled In)

SECTION E NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

State strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the basis for determining future personnel actions.

Dec 29 11 04 AM '60
MAIL ROOM

This young officer is conscientious and willing. He is an excellent photographer and fulfills duties related to photography (which is his principal duty) in completely satisfactory fashion.

He is willing to take on any assignments given him; is willing to put in any amount of overtime needed to get assignments completed within the prescribed time.

SECTION F CERTIFICATION AND COMMENTS

1. BY EMPLOYEE

I certify that I have seen Sections A, B, C, D and E of this Report.

DATE 27 Oct 1960 SIGNATURE OF EMPLOYEE Subject signed form 45a in pseudo.

2. BY SUPERVISOR

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

IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.

EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS REPORT MADE WITHIN LAST 90 DAYS

OTHER (Specify):

DATE 27 Oct 1960 OFFICIAL TITLE OF SUPERVISOR TYPED OR PRINTED NAME AND SIGNATURE Winston Scott

3. BY REVIEWING OFFICIAL

- I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.
- I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.
- I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.
- I CANNOT JUDGE THESE EVALUATIONS: I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.

COMMENTS OF REVIEWING OFFICIAL

DATE OFFICIAL TITLE OF REVIEWING OFFICIAL TYPED OR PRINTED NAME AND SIGNATURE

SECRET

SECRET
(When Filled In)

12/25/58
13 AUG 1958
11

FITNESS REPORT	EMPLOYEE SERIAL NUMBER 122592
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SECTION A GENERAL			
1. NAME (Last) (First) (Middle) ZAMBERNARDI Robert M.	2. DATE OF BIRTH 9 May 1935	3. SEX M	4. GRADE GS-7
5. SERVICE DESIGNATION DT	6. OFFICIAL POSITION TITLE PHOTOG GEN	7. OFF/DIV/BR OF ASSIGNMENT DDP/TSS/TA/PSD	
8. CAREER STAFF STATUS		9. TYPE OF REPORT	
<input type="checkbox"/> NOT ELIGIBLE	<input type="checkbox"/> MEMBER	<input type="checkbox"/> DEFERRED	<input type="checkbox"/> INITIAL
<input checked="" type="checkbox"/> PENDING	<input type="checkbox"/> DECLINED	<input type="checkbox"/> DENIED	<input checked="" type="checkbox"/> ANNUAL
10. DATE REPORT DUE IN O.P. 30 June 1959		11. REPORTING PERIOD Dec 1958 to Jun 1959	

SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES			
List up to six of the most important specific duties performed during the rating period. Insert rating number 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).			
1 - Unsatisfactory	2 - Barely adequate	3 - Acceptable	4 - Competent
5 - Excellent	6 - Superior	7 - Outstanding	
SPECIFIC DUTY NO. 1 USING ENLARGERS, CONTACT PRINTERS AND RELATED EQUIPMENT TO MAKE PHOTOGRAPHIC PRINTS.	RATING NO. 3	SPECIFIC DUTY NO. 4 MIXING ALL STANDARD CHEMICALS & SPECIAL FORMULAE FOR THE PROPER DEVELOPMENT OF VARIOUS FILM AND PAPERS - FOREIGN & DOMESTIC	RATING NO. 4
SPECIFIC DUTY NO. 2 PROCESSING OF BLACK & WHITE AND COLOR FILM, BOTH FOREIGN AND DOMESTIC, RANGING FROM 35MM TO 20"x24"	RATING NO. 4	SPECIFIC DUTY NO. 3 WASHING, DRYING AND SORTING OF PHOTOGRAPHIC PRINTS	RATING NO. 5
SPECIFIC DUTY NO. 3 DOCUMENT PHOTOGRAPHY USING 20"x24" PROCESS CAMERA, MOD. D AND E RECORDAKS AND VARIOUS PORTABLE COPYING EQUIPMENT	RATING NO. 4	SPECIFIC DUTY NO. 4 USES STILL AND NP CAMERAS RANGING FROM 35MM SUB-MINIATURE TO 8 x 10.	RATING NO. 3

SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION	
Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.	
1 - Performance in many important respects fails to meet requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets basic requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding.	RATING NO. 4

SECTION D DESCRIPTION OF THE EMPLOYEE						
In the rating boxes below, check (X) the degree to which each characteristic applies to the employee						
1 - Least possible degree	2 - Limited degree	3 - Normal degree	4 - Above average degree	5 - Outstanding degree		
CHARACTERISTICS			NOT APPLICABLE	NOT OBSERVED	RATING	
			1	2	3	4
GETS THINGS DONE					XX	
RESOURCEFUL					XX	
ACCEPTS RESPONSIBILITIES						XX
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES					XX	
DOES HIS JOB WITHOUT STRONG SUPPORT					XX	
FACILITATES SMOOTH OPERATION OF HIS OFFICE					XX	
WRITES EFFECTIVELY			XX			
SECURITY CONSCIOUS						XX
THINKS CLEARLY					XX	
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS			XX			
OTHER (Specify):						

SEE SECTION "E" ON REVERSE SIDE

SECRET

(When Filled In)

SECTION E NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the best basis for determining future personnel actions.

SUBJECT'S KNOWLEDGE OF PHOTOGRAPHY IS INCREASING AT A STEADY PACE. HE IS VERY ATTENTIVE TO HIS ON-THE-JOB TRAINING AND APPLIES IT VERY WELL. CONSIDERABLE INITIATIVE HAS BEEN SHOWN BY LEARNING NEW METHODS AND TECHNIQUES. THIS IS PARTLY DUE TO THE CORRESPONDENCE COURSE, IN PHOTOGRAPHY, IN WHICH HE IS CURRENTLY ENGAGED.

SUBJECT LACKS SOME CONFIDENCE IN HIS ABILITY TO PRODUCE PHOTOGRAPHIC PRINTS, HOWEVER, IT IS FELT BY THE RATER THAT THIS IS DUE TO HIS LIMITED EXPERIENCE IN DARKROOM TECHNIQUES AND PROCEDURES. THE RATER FEELS CONFIDENT THAT SUBJECT WILL OVERCOME THIS LACK OF CONFIDENCE SOON.

SECTION F CERTIFICATION AND COMMENTS

1. BY EMPLOYEE

I certify that I have seen Sections A, B, C, D and E of this Report.

DATE SIGNATURE OF EMPLOYEE

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

12

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION.

SUBJECT LEFT PCS, MEXICO CITY JUNE 20, 1959.

IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.

EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS

REPORT MADE WITHIN LAST 90 DAYS

OTHER (Specify):

DATE

OFFICIAL TITLE OF SUPERVISOR

TYPED OR PRINTED NAME AND SIGNATURE

25 JUNE 1959

C/TSS/PSD/OSL

Harold M. Sprague
HAROLD M. SPRAGUE

3. BY REVIEWING OFFICIAL

I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.

I CANNOT JUDGE THEIR EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.

COMMENTS OF REVIEWING OFFICIAL

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR PRINTED NAME AND SIGNATURE

25 JUNE 1959

I. O. TECH. AIDS

Ralph W. Harris
RALPH W. HARRIS

SECRET

SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER 122592			
SECTION A GENERAL							
1. NAME (Last) (First) (Middle) ZAMBERNARDI Robert		2. DATE OF BIRTH 5 Sept 1935		3. SEX M	4. GRADE GS-5		
5. SERVICE DESIGNATION DT		6. OFFICIAL POSITION TITLE PHOTOG GEN		7. OFF/DIV/BR OF ASSIGNMENT DDP/TSS/TA/PD			
8. CAREER STAFF STATUS			9. TYPE OF REPORT				
<input checked="" type="checkbox"/> NOT ELIGIBLE	<input type="checkbox"/> MEMBER	<input type="checkbox"/> DEFERRED	<input type="checkbox"/> INITIAL	<input type="checkbox"/> REASSIGNMENT/SUPERVISOR			
<input type="checkbox"/> PENDING	<input type="checkbox"/> DECLINED	<input type="checkbox"/> DENIED	<input checked="" type="checkbox"/> ANNUAL	<input type="checkbox"/> REASSIGNMENT/EMPLOYEE			
10. DATE REPORT DUE IN O.P. December 1958		11. REPORTING PERIOD Dec 1957 to Dec 1958		SPECIAL (Specify) Also Promotion			
SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES							
List up to six of the most important specific duties performed during the rating period. Insert rating number 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).							
1 - Unsatisfactory	2 - Barely adequate	3 - Acceptable	4 - Competent	5 - Excellent	6 - Superior		
7 - Outstanding	RATING NO.	RATING NO.	RATING NO.	RATING NO.	RATING NO.		
SPECIFIC DUTY NO. 1 PHOTOGRAPHIC DARKROOM TECHNICIAN. USE ENLARGERS, CONTACT PRINTERS AND RELATED EQUIPMENT TO MAKE PHOTOGRAPHIC PRINTS.		3	SPECIFIC DUTY NO. 4 MIXING OF PHOTOGRAPHIC SOLUTIONS FROM BULK AND PREPARED CHEMICALS.		4		
SPECIFIC DUTY NO. 2 DOCUMENT PHOTOGRAPHY - USING CONSOLIDATED PROCESS CAMERA, "E" & "D" RECORDAK, AND OTHER 35MM CAMERAS		4	SPECIFIC DUTY NO. 5 WASHING, DRYING AND SORTING PRINTS.		4		
SPECIFIC DUTY NO. 3 FILM PROCESSING, BOTH BLACK & WHITE AND COLOR.		3	SPECIFIC DUTY NO. 6		RATING NO.		
SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION							
Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.							
1 - Performance in many important respects fails to meet requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets basic requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding.					RATING NO. 4		
SECTION D DESCRIPTION OF THE EMPLOYEE							
In the rating boxes below, check (X) the degree to which each characteristic applies to the employee							
1 - Least possible degree	2 - Limited degree	3 - Normal degree	4 - Above average degree	5 - Outstanding degree			
CHARACTERISTICS			NOT APPLICABLE	NOT OBSERVED	RATING		
					1	2	
					3	4	
					5		
GETS THINGS DONE						X	
RESOURCEFUL						X	
ACCEPTS RESPONSIBILITIES							X
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES						X	
DOES HIS JOB WITHOUT STRONG SUPPORT						X	
FACILITATES SMOOTH OPERATION OF HIS OFFICE						X	
WRITES EFFECTIVELY				X			
SECURITY CONSCIOUS						X	
THINKS CLEARLY						X	
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS				X			
OTHER (Specify):							

SEE SECTION "E" ON REVERSE SIDE

SECRET

(When Filled In)

SECTION E NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the best basis for determining future personnel actions.

MR. ZAMBERNARDI JOINED THE PHOTOGRAPHIC SUPPORT DIVISION IN JANUARY 1958 WITH NO PHOTOGRAPHIC EXPERIENCE. MR. ZAMBERNARDI HAS PROGRESSED VERY RAPIDLY IN HIS NEWLY CHOSEN FIELD DURING THE PAST YEAR BY TAKING AN ACTIVE INTEREST IN HIS ON THE JOB TRAINING AND BY DISPLAYING CONSIDERABLE INITIATIVE IN LEARNING NEW METHODS AND TECHNIQUES. MR. ZAMBERNARDI IS SUPPLEMENTING HIS AGENCY TRAINING BY COMPLETING A CORRESPONDENCE COURSE IN PHOTOGRAPHY GIVEN BY THE NEW YORK INSTITUTE OF PHOTOGRAPHY. IN RELATIVELY SHORT TIME, MR. ZAMBERNARDI HAS DEVELOPED INTO A VALUED ASSET TO THIS DIVISION.

BECAUSE OF HIS BRIEF BACKGROUND IN PHOTOGRAPHY, MR. ZAMBERNARDI LACKS SOME CONFIDENCE IN PERFORMING HIS DUTIES. THE UNDERSIGNED FEELS CONFIDENT THAT THIS WILL REMEDY ITSELF AS MORE EXPERIENCE IS GAINED.

SECTION F CERTIFICATION AND COMMENTS

1. BY EMPLOYEE I certify that I have seen Sections A, B, C, D and E 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

8 Subject on leave, will be shown to him later

IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON. EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS REPORT MADE WITHIN LAST 90 DAYS

DATE 23/12/58 OFFICIAL TITLE OF SUPERVISOR DC/TSS/PSD/CSC TYPED OR PRINTED NAME AND SIGNATURE Harold M. Sprague HAROLD M. SPRAGUE

3. BY REVIEWING OFFICIAL I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION. I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION. I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION. I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.

COMMENTS OF REVIEWING OFFICIAL MR. ZAMBERNARDI IS PRESENTLY PERFORMING THE DUTIES OF A GS-7 PHOTOGRAPHER WITH THIS DIVISION IN A MOST COMPETENT MANNER. IT IS RECOMMENDED THAT HE BE FAVORABLY CONSIDERED FOR AN INCREASE FROM GS-5 TO GS-7.

DATE 23 DECEMBER 1958 OFFICIAL TITLE OF REVIEWING OFFICIAL DC/TSS/PSD TYPED OR PRINTED NAME AND SIGNATURE John D. Marco JOHN D. MARCO

SECRET

14-00000

Fitness Reports and other
Personnel Documents During Period
Prior His Assignment to Mexico City