

STANDARD FORM 66
MAY 1962 EDITION
GSA FPMR (41 CFR) 101-11.6

SECRET

Official Personnel Folder

SECRET

(S)

001, 120

SECRET

11. PASS. SERIAL NO.		B. BIOGRAPHIC PROFILE (PART I) GPO: 2 Sep 1946			
OFFICE		NAME (Last, First, Middle)		SEC. 141. DATE OF BIRTH	
SWW, Robert Tyler		18 Jun 1925		LONGEVITY COMP. DATE	
12. MARITAL STATUS		1. DEPENDENT? (Include all spouses)	NO. YEARS OF MARRIAGE	2. US NATURALIZATION DATE	
Married		3 1927	1955, 1957	NA	
3. CANCELED STATE STATUS		MEMBERSHIP	OTHER STATUS	4. LAST REG. OFF. JURIS. FOR	
5-1 1954				REG. FOR	
11. CURRENT RESERV. STATUS		GRADE	DATE OF ENTRY WITH CIA (GPO-1)	RELEASE TO MIL. SER. (GPO-2)	
D X				TO BE RECEIVED (GPO-3)	
12. ASSESSMENT DATE		13. PROFESSIONAL TEST DATE	14. LANGUAGE APTITUDE TEST DATE		
Jul 1947		None	None		
15. NON-CIA EMPLOYMENT 1942 FAD, Patterson Fld, Ohio - Messenger (summer) 1943-45 Military Service, US Army, Pfc - Military and Combat Intelligence 1947-48 Proctor & Gamble, Cincinnati, Ohio - Editor, Personnel Research Dept					
16. NON-CIA EDUCATION 1943; 1945 Ohio State Univ - Engineering, Liberal Arts 1944-45 Camp Atchafalaya, Ill - Aerial Photos Interpret 1945-47 Univ of Arizona - El Spanish, Political Science, History 1965-66 USDA (Corresp) Mod Supv Practice (See #18 below)					
17. FOREIGN LANGUAGE ABILITIES (Language, Proficiency, Date Tested)		Spanish - R, S, U Native; W, P High (May 1960); Translate - May 1957			
18. AGENCY SPONSORED TRAINING 1948 Admin Proc 1949 CI Ops 1965-66 Mod Supv Pract/USDA 1948 Intel Orient 1956 CI Ops 1971 Wpn Trng/Defensive Driving 1949 Photo 1962 Photo Ops 1972 Short Range Agent Contact 1949 Intel Orient 1966 CES Sem 1973 Senior Seminar (Continued) 1968 Chell of NW Com. 1973 CIA Ops Seminar					
19. CIA EMPLOYMENT HISTORY SINCE 19 SEPT 1947 (Personal Actions, Military Orders, and Principal Details)					
EFFECTIVE DATE	POSITION TITLE & OCCUPATIONAL CODE	GRADE	SD	ORGANIZATION & ORG. TITLE (If any)	LOCATION
Mar 1948	I.O. (Trainee)	0132.06	5	OSO/Trainee Pool	Hq
May 1948	" "	0132.06	7	" " "	"
Nov 1948	Reports Off	0132.53	7	OSO/Cps	"
Dec 1949	I.O. Reports	0132.58	7	OSO/FDT/Venezuela Sta	Caracas
Aug 1950	I.O. (Ops)	0132.06	9		
Jun 1952	Ops Off	0136.01	11		
Apr 1954	Area Ops Off	0136.01	12		
Aug 1954	I.O. (PI)	0136.51	12	DI	
May 1956	Area Ops Off	0136.01	12	DDP/MI-3/Mexico Sta/COS	Mogalea
Feb 1957	" " "	0136.01	13	" " " " " "	"
Aug 1959	Instructor Ops	1711.50	13	DI	
Dec 1961	" "	1711.50	14	D	
Jan 1963	Ops Off	0136.01	14	D	
Apr 1963	" "	0136.01	14	D	Mexico City
Sep 1964	Chief of Station	0136.05	14	D	Managua
Sep 1968	Chief of Station	0136.05	15	D	"
Sep 1970	Chief of Station	0136.05	15	D	Tegucigalpa
Oct 1972	" "	0136.01	15	D	Hq
Mar 1973	" "	0136.01	15	D	"
Dec 1973	" "	0136.01	15	D	"
20. DATE REVIEWED		21. PROFILE REVIEWED BY		22. ITEMS 1-10 REVIEWED & VERIFIED BY EMPLOYEE (i)	
20 Jan 1976		hms' eul		31 Aug 1959	

FORM 1200 (PART I) USE PREVIOUS EDITIONS.

SECRET

PROFILE

141

SECRET
(When Filled In)

PERS. SERIAL NO.		BIOGRAPHIC PROFILE (Continuation Sheet)				
NAME (Last-First-Middle)					DATE OF BIRTH	
CURR. GRADE OR PAY					18 Jun 1976	
<p>19. CIA EMPLOYMENT HISTORY SINCE 16 SEPT. 1947 (Personnel Actions, Military Orders, and Principal Details) (Cont'd.)</p> <p>1971-2122 OF CAPTAIN</p>						
EFFECTIVE DATE	POSITION TITLE & OCCUPATIONAL CODE	GRADE	SO	ORGANIZATION & LOGAN. TITLE (If any)	LOCATION	
Apr 1975	Ops Off Ch 0136.01	16	LYB	BDO/IA/Ch, Plans Programs Staff	Hq	
Aug 1975	Ops Officer 0136.01	16	DTB	BDO/IA/Dev Comp (Training)	Hq	
DATE REVIEWED			PROFILE REVIEWED BY			
30 Jun 1976			hms/al			

FORM 10-7, 1200-1c

USE PREVIOUS EDITIONS


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U.S. GOVERNMENT PRINTING OFFICE: 1975 O-375222

PROFILE

SECRET

(When Filled In)

PERS. SERIAL NO. 055195	BIOGRAPHIC PROFILE (PART 2)	
NAME (Last-First-Middle) SILAW, Robert Tyler		DATE OF BIRTH 18 Jun 1925
<div style="text-align: center;">  </div>		
24. SUMMARY OF CAREER PREFERENCE OUTLINE AND/OR FIELD REASSIGNMENT QUESTIONNAIRE		
25. IDENTITY OF OTHER DOCUMENTS WHICH SHOULD BE REVIEWED IN DETAIL SEE COVER HISTORY ATTACHED		
26. ADDITIONAL INFORMATION <u>Appreciation 1953</u> from the US Ambassador, Mexico City for invaluable services rendered during trip to Nogales, Mexicali and Tijuana. <u>Appreciation 1953</u> from R.F. Cartwright for assistance on survey trip along the California Gulf Coast. <u>Commendation 1959</u> from the US Ambassador, Mexico City for outstanding performance of duty while stationed in Mexico. <u>Award 1955</u> Outstanding Prepared Speaker's Trophy by the Mexican Chapter of Toastmaster International as a result of a speech entitled "Stop Kicking the Foreign Service." <u>Award 1974</u> of a Quality Step Increase in recognition of Subject's sustained excellent performance since 1972.		
27. DATE REVIEWED 20 Jan 1976	28. PROFILE REVIEWED BY hmc/col	E 2 IMPBT 01 27 017022

SECRET

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP		DATE	FILE NO.
		19 March 1973	734
X TO: (Check)	X CHIEF, CONTROL DIVISION, OP	SS NUMBER	268-28-0199
	X CHIEF, CONTRACT PERSONNEL DIVISION, OP	EMPLOYEE NUMBER	055495
	X 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 12 Mar 73		
SUBJECT	SHAW, Robert T.	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 <u>EOD</u>	SUBMIT FORM 3254 <u> </u> W-2 TO BE ISSUED. (HNB 20-11)
<input type="checkbox"/> OPERATIONAL COVER PROVIDED FOR <u> </u> TDY <u> </u> OTHER (Specify)	SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HNB 20-7)
<input checked="" type="checkbox"/> SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HNB 20-7)	EAA: CATEGORY I <input type="checkbox"/> CATEGORY II <input type="checkbox"/>
<input checked="" type="checkbox"/> SUBMIT FORM 3254 <u> </u> W-2 TO BE ISSUED. (HNB 20-11)	RETURN ALL OFFICIAL DOCUMENTATION 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 <input type="checkbox"/> CATEGORY II <input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/> SUBMIT FORM 2688 FOR AOE HOSPITALIZATION CARD	
REMARKS AND/OR COVER	
MAR 48-OCT 40	
OCT 49-FEB 52	
FEB 52-MAY 54	
MAY 52-JUL 54	
JUL 54-MAY 56	
17 MAY 56-MAY 59	
MAY 59-MAY 61	
MAY 61-MAR 63	
MAR 63-JUL 66	
JUL 66-JUL 70	
DISTRIBUTION: J	
COPY 1 - CO OR C	
COPY 2 - OPERAT	
COPY 3 - OS/3RAC	
COPY 4 - OL/TFB	
COPY 5 - CCS-FIL	
	<i>[Signature]</i>
	CHIEF, OFFICIAL COVER, CENTRAL COVER STAFF

SECRET

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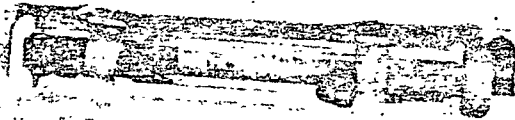
REPRODUCTION MASTERS

BIOGRAPHIC PROFILE

BIOGRAPHIC PROFILE

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Handle With Care

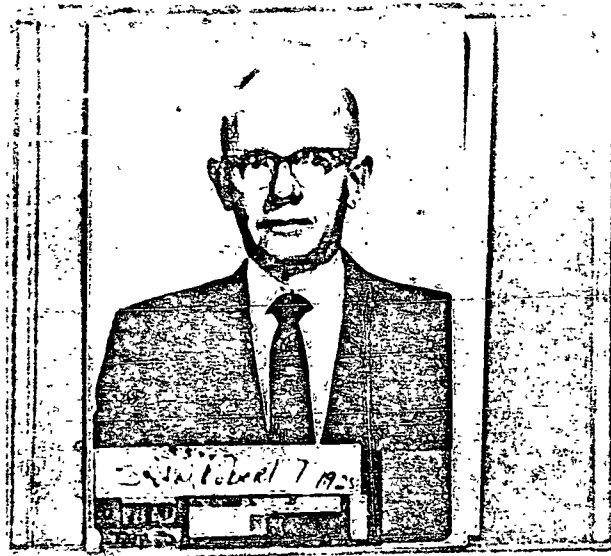


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Pre 1963 Requests
for Personnel Action

left

Post 1966 Requests for
of ~~Notification~~
Personnel Action
and other memos



~~Sanitized~~
bio profile and
Cover Summary

ROBERT T SHAW

SECRET

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP		DA.	FILE NO.
		19 March 1973	734
X TO: (CP/CC)	X CHIEF, CONTROL DIVISION, OP	AS NUMBER 263-23-0199	
	CHIEF, CONTRACT PERSONNEL DIVISION, OP	EMPLOYEE NUMBER 055495	
	X CHIEF, OPERATING COMPONENT (For action) VII	ID CARD NUMBER	
ATTN: Chief Support Staff		OFFICIAL COVER	<input checked="" type="checkbox"/> ESTABLISHED <input type="checkbox"/> DISCONTINUED
REF: Form 1322 dated 12 Mar 73			
SUBJECT: SHAW, Robert T.		UNIT	
NOTE: ON TOP OF FILE WHERE COVER IS EFFECT			
X 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 _____ W-2 TO BE ISSUED. (NHB 20-11)	
<input type="checkbox"/> OPERATIONAL COVER PROVIDED FOR _____ TOY _____ OTHER (Specify)		SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (NHB 20-7)	
X SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (NHB 20-7)		EAA: CATEGORY I CATEGORY II	
X SUBMIT FORM 3254 _____ W-2 TO BE ISSUED. (NHB 20-11)		RETURN ALL OFFICIAL DOCUMENTATION TO CES	
X SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (NR 240-20)		SUBMIT FORM 2688 FOR _____ HOSPITALIZATION CARD.	
X SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (NR 240-20)		DO NOT WRITE IN THIS BLOCK	
X EAA: CATEGORY I CATEGORY II <input checked="" type="checkbox"/>			
X SUBMIT FORM 2688 FOR <u>AGE</u> HOSPITALIZATION CARD			
NUMBERS AND/OR COVER HISTORY			
MAR 63-JUL 60			
DISTRIBUTION:			
COPY 1 - CD OR CP			
COPY 2 - OPERATING			
COPY 3 - OS/SRAC			
COPY 4 - OL/TFB			
COPY 5 - CCS-FILE			
		CHIEF, OFFICIAL COVER, CENTRAL COVER STAFF	

SECRET

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1. PERS. SERIAL NO. 027102		8 BIOGRAPHIC PROFILE (PART I) SCD: 2 Sep 1946			
2. NAME (Last-First-Middle) SMY, Robert Tyler		3. SER. NO.	4. DATE OF BIRTH 18 Jun 1925	5. LONGEVITY COMP. DATE 3 Mar 1948	
6. MARITAL STATUS Married	7. DEPENDENT(S) None	8. VETERAN'S OR SER. NO. 3 1927	9. US NATURALIZATION DATE	10. LAST MO. RPT. QUAL. FOR Jul 1975 Prop TDY TDY	
11. CURRENT STATUS Non-Serv	12. PROFESSIONAL TEST DATE None	13. LANGUAGE APTITUDE TEST DATE None	14. ASSIGNMENT DATE Jul 1947		
15. NON-CIA EMPLOYMENT 1942 FAD, Patterson Pld, Ohio - Messenger (summer) 1943-45 Military Service, US Army, Pfc - Military and Combat Intelligence 1947-48 Proctor & Gamble, Cincinnati, Ohio - Editor, Personnel Research Dept					
16. NON-CIA EDUCATION 1943; 1945 Ohio State Univ - Engineering, Liberal Arts 1944-45 Camp Ritchie, Md - Aerial Photo. Interpr. 1945-47 Univ of Indiana - B.S. Spanish, Political Science, History 1965-66 USDA (Corresp) Mod Supv Practice (See #18 below)					
17. FOREIGN LANGUAGE ABILITIES (Language, Proficiency, Date Tested)		Spanish - R, S, U Native; W, P High (May 1960); Translate - May 1957			
18. AGENCY ASSIGNED TRAINING 1965-66 Mod Supv Pract/USDA 1965 COS Sem (Continued)					
19. CIA EMPLOYMENT HISTORY SINCE 10 SEPT 1947 (Personnel actions, Military Orders, and Principal Details)					
EFFECTIVE DATE	POSITION TITLE & OCCUPATIONAL CODE	GRADE	30	ORGANIZATION & ORGAM. TITLE (if any)	LOCATION
Jan 1963	Ops Off 0136.01	LT	D	DPP/TFW/PI-CI Sec	Wing
Apr 1963	" " 0136.01	LT	D	DPP/AH-3/Mexico Sta	Mexico City
20. DATE REVIEWED 30 Jan 1974	21. PROFILE REVIEWED BY [Signature]	22. THIS PROFILE IS REVIEWED & VERIFIED BY EMPLOYEE [Signature]		31 Aug 1959	

SECRET

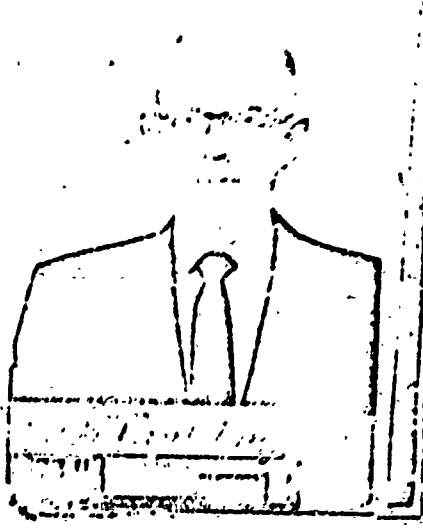
SECRET
(When Filled In)

PERM. SERIAL NO.		BIOGRAPHIC PROFILE (Continuation Sheet)		
NAME (Last-First-Middle) SHAW, Robert Tyler		DATE OF BIRTH 18 Jun 1927		
[REDACTED]				
19. CIA EMPLOYMENT HISTORY SINCE 10 SEPT. 1947 (Personnel Actions, Military Orders, and Principal Details) (Cont'd.)				
EFFEKTIVE DATE	POSITION TITLE & OCCUPATIONAL CODE	GRADE	ORGANIZATION & ORGAN TITLE (If any)	LOCATION
Apr 1975	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Aug 1975	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
DATE REVIEWED 20 Jun 1976		PROFILE REVIEWED BY [REDACTED]		

SECRET

PROFILE

SECRET
(When Filled In)

PERM. SERIAL NO. 055495	BIOGRAPHIC PROFILE (PART 2)
NAME (Last-First-Initial) CHAW, Robert Tyler	DATE OF BIRTH 18 Jun 1925
	

26. SUMMARY OF CAREER PREFERENCE OUTLINE AND/OR FIELD REASSIGNMENT QUESTIONNAIRE

(This section is mostly blank or contains very faint text, possibly redacted or illegible.)

27. IDENTITY OF OTHER DOCUMENTS WHICH SHOULD BE REVIEWED IN DETAIL

SEE COVER HISTORY ATTACHED

28. ADDITIONAL INFORMATION

~~_____~~
~~_____~~
~~_____~~
~~_____~~
~~_____~~

March 1975 Outstanding Prepared Speaker's Trophy by the Mexican Chapter of Toastmaster International as a result of a speech entitled "Stop Kicking the Foreign Service."

29. DATE REVIEWED
20 Jan 1976

30. PROFILE REVIEWED BY
hmc/cal

E 2 IMPDET
CL BY 007499

Date: 1/21/71

MEMORANDUM FOR: _____, ROB
SUBJECT : Request for Estimate of Annuities

1. Please provide estimate of annuities for:

Name: ROBERT T. SHAW

Grade: GS-16

Component: E

DOB: 06 18 25

SCD: 09 02 46

System: CFR-205

ETR: 11 1970 92 2579

11 25 50 19

2. Remarks: _____

HE SINCE I AM CHANGING WITH IT, COULD NOT FILE

MARK FILE

John McCombs
Counselor, ROB/RAD

57-20

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP		18 OCT 78	734
TO: (Check)	<input checked="" type="checkbox"/> CHIEF, CONTROL DIVISION, OP	AS NUMBER 268-28-0199	
	<input type="checkbox"/> CHIEF, CONTRACT PERSONNEL DIVISION, OP	EMPLOYEE NUMBER 055495	
	<input checked="" type="checkbox"/> CHIEF, (OPERATING COMPONENT FOR ACTION) ATTN: IG	ID CARD NUMBER	
REF. FORM 1322 DATED 5 SEP 68	OFFICIAL COVER	ESTABLISHED	
STATUS	<input checked="" type="checkbox"/> STAFF	<input checked="" type="checkbox"/> CANCELLED	
	<input type="checkbox"/> CONTRACT	<input type="checkbox"/> CONTINUED	
SUBJECT SHAW, ROBERT T.	UNIT		
KEEP ON TOP OF FILE WHILE COVER IN EFFECT			
ESTABLISHMENT OF OFFICIAL COVER (BLOCK RECORDS)		<input checked="" type="checkbox"/> CANCELLATION OF OFFICIAL COVER (UNBLOCK RECORDS)	
<input type="checkbox"/> BASIC COVER PROVIDED EFFECTIVE DATE _____		<input checked="" type="checkbox"/> EFFECTIVE DATE: <u>EOD</u>	
<input type="checkbox"/> OPERATIONAL COVER PROVIDED FOR _____ TDY _____ OTHER (Specify)		<input checked="" type="checkbox"/> FORM 3254 <u>CTA</u> W-2 TO BE ISSUED (NHR 20-7)	
SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY _____ (NHR 20-7)		<input checked="" type="checkbox"/> SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY _____ (NHR 20-7)	
FORM 3254 _____ W-2 TO BE ISSUED. (NHR 20-11)		<input checked="" type="checkbox"/> EAA: CATEGORY I <input checked="" type="checkbox"/> CATEGORY II	
SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (HR 240-20)		<input checked="" type="checkbox"/> RETURN ALL OFFICIAL DOCUMENTATION TO CGS	
SUBMIT FORM 1323 FOR TRANSFER OF COVER RESPONSIBILITY. (HR 240-20)		<input checked="" type="checkbox"/> SUBMIT FORM 2688 FOR <u>GEHA</u> HOSPITALIZATION CARD.	
EAA, CATEGORY I _____ CATEGORY II _____		DO NOT WRITE IN THIS BLOCK THIS FILE MUST REMAIN ON TOP OF FILE	
SUBMIT FORM 2688 FOR _____ HOSPITALIZATION CARD			

DISTRIBUTION
 COPY 1 - FD/TBB OR CPD CONTROL
 COPY 2 - OPERATING COMPONENT
 COPY 3 - OS/SND
 COPY 4 - OC/CO/TFB
 COPY 8 - CCS-FILE

Am
SM/DM

Robert [Signature]
 CHIEF, OFFICIAL COVER BRANCH, CENTRAL COVER STAFF

MB

FORM 1551 USE PREVIOUS EDITION
4-77

SECRET WN-SISM

E2, IMPDET CL. SY. 021964

(13-20-43)

*Not in file at time of review
by HSCA staff*

SECRET

TERMINATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP

DATE: 19 March 1973 FILE NO. 734

ORGANIZATION: CHIEF, CONTROL DIVISION, OP; CHIEF, CONTRACT PERSONNEL DIVISION, OP; CHIEF, OPERATING COMPONENT (For action) WH

AS NUMBER: 268-28-0199; EMPLOYEE NUMBER: 055495; ID CARD NUMBER

TR: Chief Support Staff; REF: Form 1322 dated 12 Mar 73; SUBJECT: SHAW, Robert T.

OFFICIAL COVER: ESTABLISHED; DISCONTINUED

KEEP ON TOP OF FILE WHILE COVER IN EFFECT

ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS; CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS; EFFECTIVE DATE; SUBMIT FORM 3254; SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY; EAA: CATEGORY I; CATEGORY II; RETURN ALL OFFICIAL DOCUMENTATION TO CCS; SUBMIT FORM 2688 FOR HOSPITALIZATION CARD; DO NOT WRITE IN THIS BLOCK

REMARKS AND/OR COMMENTS: MAR 48-OC; OCT 49-EE; FEB 52-MA; MAY 52-JU; JUL 54-MA; 17 MAY 56-MA; MAY 59-MA; MAY 61-MA; MAR 63-JU; JUL 66-JU

DISTRIBUTION: COPY 1 - CC OF CC; COPY 2 - OPERATING COMPONENT; COPY 3 - CS/SRCC; COPY 4 - SL/TFR; COPY 5 - CCS-FILE

Handwritten signature and date: 17 MAR 73, 18 MAR 73

Post 1966 Notifications
of Personnel Action

1. EMPLOYEE NUMBER 055495		2. NAME (LAST FIRST MIDDLE) SHAW ROBERT T	
3. NATURE OF PERSONNEL ACTION REASSIGNMENT		4. EFFECTIVE DATE 11 100	5. CATEGORY OF EMPLOYMENT REGULAR
6. FUNDS V TO V CP TO V X CP TO CP		7. COST CENTER NO. (CHARGEABLE) 104-6000	8. FIC OR OTHER LEGAL AUTHORITY 50 USC 495
9. ORGANIZATIONAL DESIGNATION DUP/WH FOREIGN FIELD BRANCH 2 MANAGUA, NICARAGUA STATION		10. LOCATION OF OFFICIAL STATION MANAGUA, N. CARAGUA	
11. POSITION TITLE CHIEF OF STATION		12. POSITION NUMBER 114	13. SERVICE DESIGNATION D
14. CLASSIFICATION SCHEDULE (GS, LS, etc.) FSR GS	15. OCCUPATIONAL SERIES 0136.05	16. GRADE AND STEP GS 2 14 4	17. SALARY OR RATE 16391 16675
18. REMARKS MEXICO CITY, MEXICO			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
19. ACTION CODE 37	20. EMPLOY CODE 10	21. OFFICE CODING NUMERIC 51650	22. STATION CODE ALPHABETIC WH 52073
23. DATE OF BIRTH MO DA YR 06 18 25		24. DATE OF GRADE MO DA YR	
25. DATE OF LEI MO DA YR		26. SECURITY REG. NO.	
27. SPECIAL REFERENCE 1 - CSC 2 - PICA 3 - NONE		28. RETIREMENT DATA CODE	
29. VET. PREFERENCE CODE 0 - NONE 1 - 5 PT. 2 - 10 PT.		30. SERV. COMP. DATE MO DA YR	
31. LONG COMP. DATE MO DA YR		32. CAREER CATEGORY SAR BINV PRON TRMP	
33. FEGLI / HEALTH INSURANCE CODE 0 - WAIVER 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 GREY THAN 3 YRS 3 - BREAK IN SERVICE MORE THAN 3 YRS		42. LEAVE CAT. CODE	
43. FEDERAL TAX DATA FORM EXECUTED 1 - YES 2 - NO		44. STATE TAX DATA FORM EXECUTED 1 - YES 2 - NO	
SIGNATURE OR OTHER AUTHENTICATION			
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> POSTED 68-706-62 </div>			

FORM 1159

Use Previous Edition

SECRET

11/10/68	11/10/68
11/10/68	11/10/68
11/10/68	11/10/68

c/w/h/2 *G47*

1. Employee Number 055495	2. Name SHAW ROBERT T	3. Cost Center Number 01 090 CP	4. LWOP Reason
5. OLD SALARY RATE Grade Step Salary LOP IN DATE GS 14 4 116,075 12/00/64		6. NEW SALARY RATE Grade Step Salary LOP IN DATE GS 14 5 117,175 12/04/68	
7. TYPE ACTION			
8. Remarks and Authorization 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 COMPLIANCE			
SIGNATURE			
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> PAY CHANGE NOTIFICATION </div>			

1 SERIAL NUMBER 055495		2 NAME (LAST FIRST MIDDLE) SHAW ROBERT T	
3 NATURE OF PERSONNEL ACTION DESIGNATION AS PARTICIPANT IN CIA RETIREMENT AND DISABILITY SYSTEM			
4 EFFECTIVE DATE 07 03 66		5 CATEGORY OF EMPLOYMENT REGULAR	
6 FUNDS V TO V CF TO CF X		7 COST CENTER NO (CHARGEABLE) 7135 (990) (XXX)	
8 CSE OR OTHER LEGAL AUTHORITY PL 88-643 SECT. 203			
9 ORGANIZATIONAL DESIGNATIONS DDP/WH		10 LOCATION OF OFFICIAL STATION MEXICO CITY, MEXICO	
11 POSITION TITLE		12 POSITION NUMBER	13 SERVICE DESIGNATION D
14 CLASSIFICATION SCHEDULE (GS, LO, WH)	15 OCCUPATIONAL SERIES	16 GRADE AND STEP 14	17 SALARY OR RATE
18 REMARKS EMPLOYEE WILL RECEIVE NOTIFICATION FROM THE DIRECTOR OF PERSONNEL OF THIS DESIGNATION.			
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 INTERGER CODE	24 HOURS CODE	25 DATE OF BIRTH
26 DATE OF GRADE	27 DATE OF CBI	28 WTE EXPIRES	29 SPECIAL REFERENCE
30 RETIREMENT DATA 1 - CDC 2 - FICA 3 - NONE	31 SEPARATION DATA CODE	32 CORRECTION/CANCELLATION DATA TYPE NO DA YR	33 SECURITY REG NO.
34 VET. PREFERENCE 0 - NONE 1 - 5 PT. 2 - 10 PT.	35 SERV. COMP. DATE NO DA YR	36 LONG COMP. DATE NO DA YR	37 CAREER CATEGORY CAR DENV PROV TEMP
38 FEGLI / HEALTH INSURANCE CODE CODE 0 - WAIVER 1 - YES	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 3 YRS) 3 - BREAK IN SERVICE (MORE THAN 3 YRS)	41 LEAVE CAT. CODE
42 FEDERAL TAX DATA FORM EXECUTED CODE NO TAX EXEMPTIONS	43 STATE TAX DATA FORM EXECUTED CODE NO TAX EXEMPTIONS	44 SIGNATURE OF OTHER AUTHENTICATOR	45 POSTED 7-14-66 [Signature]

FORM 1150
11-64

Use Previous Edition

SECRET

GROUP 1
EXCLUDED FROM AUTOMATIC
DOWNGRADING AND
DECLASSIFICATION

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 89-904 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
SHAW ROBERT T	055495	51	420	CF 08 14 4	\$10,200	\$10,870

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 49-311
 PURSUANT TO AUTHORITY OF ACT AS PROVIDED IN THE CIA ACT OF 1949,
 AS AMENDED, AND A-DCI POLICY DIRECTIVE DATED 4 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 13 OCTOBER 1965

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
SHAW ROBERT T.	055495	51 620	CF	GS 14 4	\$15,640	\$16,204

14

1 - Serial No.		2 - Name		3 - Cost Center Number		4 - LWOP Hours				
055495		SHAW ROBERT T		51 700 476 CF						
5 - OLD SALARY RATE				6 - NEW SALARY RATE				7 - TYPE ACTION		
Grade	Step	Salary	Low ER Date	Grade	Step	Salary	Effective Date	PSI	LSI	ADJ
GS 14	3	\$15,190	12/08/63	GS 14	4	\$15,640	12/06/64			
8 - Remarks and Authorization										
/ / NO EXCESS LWOP / / IN PAY STATUS AT END OF WAITING PERIOD / / LWOP STATUS AT END OF WAITING PERIOD CLERKS INITIALS AUDITED BY 559										
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.										
SIGNATURE: [Signature] DATE 13 Oct 65										
PAY CHANGE NOTIFICATION										

FORM 500

COMMENTS PREVIOUS EDITION

19 57

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-791 AND DCI MEMORANDUM DATED 1 AUGUST 1956, SALARY IS ADJUSTED AS FOLLOWS, EFFECTIVE 9 JANUARY 1964.

NAME	SERIAL	ORGN	FUNDS	GR-ST	OLD SALARY	NEW SALARY
SHAW ROBERT T	095495	91	700 CF	GS 14 3	\$12,695	\$14,915

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-791 AND DCI MEMORANDUM DATED 1 AUGUST 1956, SALARY IS ADJUSTED AS FOLLOWS, EFFECTIVE 14 OCTOBER 1962

NAME	SERIAL	ORGN	FUNDS	GR-ST	OLD SALARY	NEW SALARY
SHAW ROBERT T	095495	26720	V 14 1	GS 14 1	\$12,210	\$12,845

275-201

1 Serial No	2 Name	3	4a Control Number	4b LWOP Hours
095495	SHAW ROBERT T	26 720	V	
5 OLD SALARY RATE		6 NEW SALARY RATE		
Grade	Step	Salary	Effective Date	7 TYPE ACTION
GS-14	1	\$12,845	12/10/61	
GS-14	2	\$13,370	12/09/62	
8 Remarks and Authorization				
// NO EXCESS LOOP // IN PAY STATUS AT END OF WAITING PERIOD // LOOP STATUS AT END OF WAITING PERIOD CLERK'S INITIALS <i>W</i> AUDITED BY				
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.				
SIGNATURE:		DATE: 8 Nov. 62		
PAY CHANGE NOTIFICATION				

OLD SALARY RATE				NEW SALARY RATE				TYPE ACTION		
Grade	Step	Salary	Low 25 Date	Grade	Step	Salary	Effective Date	PS	IS	ADD
GS 14	2	\$13,270	12/09/62	GS 14	3	\$13,695	12/08/63			

NO EXCESS LVOP
 IN PAY STATUS AT END OF WAITING PERIOD
 LVOP 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: 29 October 63

PAY CHANGE NOTIFICATION

SECRET
(When Filled In)

ABM: 30 APR 63

NOTIFICATION OF PERSONNEL ACTION									
1. SERIAL NUMBER:		2. NAME (LAST-FIRST-MIDDLE)							
055495		SHAW ROBERT T.							
3. NATURE OF PERSONNEL ACTION:					4. EFFECTIVE DATE:		5. CATEGORY OF EMPLOYMENT		
REASSIGNMENT					04 30 63		REGULAR		
4. FUNDS		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY					
▶		3135 5700 1000		50 USC 403 J.					
9. ORGANIZATIONAL DESIGNATION:					10. LOCATION OF OFFICIAL STATION				
DDP WH BRANCH 3 MEXICO CITY, MEXICO STATION					MEXICO CITY, MEXICO				
11. POSITION TITLE		12. POSITION NUMBER		13. SERVICE DESIGNATION					
		0340		D					
14. CLASSIFICATION SCHEDULE (GS, FS, etc.)			15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE		
FSR GS			0136.01		04 0 14 2		1:1880 13270		
18. REMARKS MEXICO CITY, MEXICO									
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL									
19. ACTION CODE	20. EMPLOY CODE	21. GRADE CODE-AS	22. STATION CODE	23. CATEGORY CODE	24. GRADE CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI	
37-	10	64703 WH	45075	1	3	06 18 25			
28. HIE EXPIRES	29. SPECIAL REFERENCE	30. ASSIGNMENT DATA	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA	33. SECURITY RFD NO	34. SEX	EOD DATA		
35. VET PREFERENCE	36. LEAV COMP DATE	37. LEAV COMP DATE	38. CAREER CATEGORY	39. FEELS / HEALTH INSURANCE	40. SOCIAL SECURITY NO				
41. PREVIOUS GOVERNMENT SERVICE DATA	42. LEAVE LTD CODE	43. FEDERAL TAX DATA	44. STATE TAX DATA						
SIGNATURE OR OTHER AUTHENTICATION									
<div style="border: 2px solid black; padding: 5px; display: inline-block;"> POSTED 10/30/63 </div>									

RZR: 29 MAR 63

SECRET
(When Filled In)

DDF NOTIFICATION OF PERSONNEL ACTION																																																	
1. SERIAL NUMBER		2. NAME (LAST-FIRST MIDDLE)																																															
055495		SHAW ROBERT T																																															
3. NATURE OF PERSONNEL ACTION					4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT																																										
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6. FUNDS		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY																																													
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9. ORGANIZATIONAL DESIGNATIONS					10. LOCATION OF OFFICIAL STATION																																												
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11. POSITION TITLE					12. POSITION NUMBER		13. SERVICE DESIGNATION																																										
OPS OFFICER					0418		D																																										
14. CLASSIFICATION SCHEDULE (GS, FS, GS)			15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE																																										
FSR GS			0136.01		04 0 14 2		11880 13270																																										
18. REMARKS																																																	
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19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE		23. INTEGREE CODE		24. Hdqtn. Code		25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI																																	
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FORM 1150

Use Previous Edition

29 MAR 1963

SECRET

GROUP 1
EXCLUDED FROM AUTOMATIC
DOWNGRADING AND
DECLASSIFICATION

(When Filled In)

BAB: 15 FEB 63

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION												
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)										
055495		SHAW ROBERT T										
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT				
REASSIGNMENT AND TRANSFER TO CONFIDENTIAL FUNDS						02 17 63		REGULAR				
6. FUNDS		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY								
V TO V		3135 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						
OPS OFFICER				0418		D						
14. CLASSIFICATION SCHEDULE (SEE 19, etc.)			15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE					
GS			0136.01		14 2		13270					
18. REMARKS												
SUBJECT TO APPROVED MEDICAL CLEARANCE PRIOR TO BEING SENT OVERSEAS.												
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. Hdqtrs Code	25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI	
20	10	NUMERIC	ALPHABETIC	45075		3	MO	DA	YR	MO	DA	YR
		64700	WH				06	18	25			
28. RTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA		33. SECURITY REG NO.		34. SER.
		80										
35. VET. PREFERENCE		36. SERV COM. DATE		37. LONG COM. DATE		38. CAREER CATEGORY		39. FEGLI / HEALTH INSURANCE		40. SOCIAL SECURITY NO.		
CODE		NO		NO		CAR		CODE		40. SOCIAL SECURITY NO.		
0 - NONE		NO		NO		PROJ		CODE		40. SOCIAL SECURITY NO.		
1 - 5 PT		NO		NO		TEMP		CODE		40. SOCIAL SECURITY NO.		
2 - 10 PT		NO		NO				CODE		40. SOCIAL SECURITY NO.		
		NO		NO				CODE		40. SOCIAL SECURITY NO.		
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT CODE		43. FEDERAL TAX DATA		44. STATE TAX DATA				
CODE				CODE		FORM EXECUTED		FORM EXECUTED				
0 - NO PREVIOUS SERVICE						1 - YES		1 - YES				
1 - NO BREAK IN SERVICE						2 - NO		2 - NO				
2 - BREAK IN SERVICE (LESS THAN 3 YRS)												
3 - BREAK IN SERVICE (MORE THAN 3 YRS)												
SIGNATURE OR OTHER AUTHENTICATION												
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p style="margin: 0;">POSTED</p> <p style="margin: 0;"><i>02/26/63 RK</i></p> </div>												

FORM 1150 4-62

Use Previous Edition

21 FEB 1963

SECRET

USE PREVIOUS EDITION

14-911

(When Filled In)

LLG: 4 JAN, 63

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)									
055495		SHAW ROBERT T									
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
REASSIGNMENT						01 04 63		REGULAR			
6. FUNDS		7. TO - V		8. TO - SF		9. COST CENTER NO. - CHARGABLE		10. CIP OR OTHER LEGAL AUTHORITY			
X						3232 1000 1000		50 USC 403 J			
11. ORGANIZATIONAL DESIGNATION						12. LOCATION OF OFFICIAL STATION					
DOP TASK FORCE W FI/GI BRANCH						WASH., D.C.					
13. POSITION TITLE						14. POSITION NUMBER		15. CAREER SERVICE DESIGNATION			
OPS OFFICER						0678		0			
16. CLASSIFICATION SCHEDULE (GS, LN, etc.)			17. OCCUPATIONAL SERIES			18. GRADE AND STEP		19. SALARY OR RATE			
GS			0136.01			14 2		13270			
20. REMARKS											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
21. ACTION CODE	22. EMPLOY CODE	23. OFFICE/CODING		24. STATION CODE	25. INTEGRAL CODE	26. HOURS CODE	27. DATE OF BIRTH		28. DATE OF GRADE		29. DATE OF LSI
37	10	61300 TFW		75013		1	06 18 25				
30. DATE EXPIRES		31. SPECIAL REFERENCE		32. RETIREMENT DATA		33. SEPARATION DATA CODE		34. CORRECTION/CANCELLATION DATA		35. SECURITY REG. NO.	
								EOD DATA			
36. VET. PREFERENCE		37. SERV. COMP. DATE		38. LONG COMP. DATE		39. CAREER CATEGORY		40. FEGLI/HEALTH INSURANCE		41. SOCIAL SECURITY NO.	
42. PREVIOUS GOVERNMENT SERVICE DATA				43. LEAVE CAT. CODE		44. FEDERAL TAX DATA		45. STATE TAX DATA			
SIGNATURE OR OTHER AUTHENTICATION											
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p>POSTED</p> <p>1/15/63 WK</p> </div>											

FORM 1150 6-62

Use Previous Edition

JAN 1963

SECRET

GROUP 1
EXCLUDED FROM AUTOMATIC
DOWNGRADING AND
DECLASSIFICATION

(When Filled In)

Pte 1963 Notification
of Personnel Action

Post 1966
Fetters Rpt

SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				055495	
SECTION A GENERAL					
1. NAME (Last) (First) (Middle) SHAW, Robert T.			2. DATE OF BIRTH 18 Jun 1925	3. SEX M	4. GRADE GS-14
5. OFFICIAL POSITION TITLE Ops Officer			7. OFF/DIV/BR OF ASSIGNMENT DDP/WI/1	8. CURRENT STATION Mexico City <i>WIKL/SIT</i>	
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"/> CAREER-PROVISIONAL (See Instructions - Section C)			<input checked="" type="checkbox"/> INITIAL <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> SPECIAL (Specify)		
11. DATE REPORT DUE IN O.A. 31 May 1965			12. REPORTING PERIOD (From - to) 1 June 64 - 31 March 1965		
SECTION B PERFORMANCE EVALUATION					
<p>W - Weak 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>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>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.</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).					
SPECIFIC DUTY NO. 1 Agent handling and exploitation. The management, direction and training of existing agent assets. Attention to full operational exploitation of such assets.					RATING LETTER 0
SPECIFIC DUTY NO. 2 Development and handling of new operations; target studies, spotting, assessment and recruitment of new agent assets and potentials.					RATING LETTER S
SPECIFIC DUTY NO. 3 Operational management and administration. Maintenance of project records, preparation of contact reports, memoranda, dispatches and cables as required.					RATING LETTER 0
SPECIFIC DUTY NO. 4 General operational support. Liaison with PBSWING, servicing of third country requirements, management of safe houses, etc.					RATING LETTER P
SPECIFIC DUTY NO. 5 Intelligence reporting.					RATING LETTER 0
SPECIFIC DUTY NO. 6 Supervision of personnel.					RATING LETTER P
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 0
16 JUN 1965					

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 must be described, if applicable.

JUN 16 11 15 AM '65

During the past year, this officer has continued to demonstrate his dedication and highly developed professional skills.

Subject has been called upon to meet a variety of requirements. The spectrum of his activity has been so broad that it has run from the exploitation of his manual dexterity (in installing technical devices) to the most sophisticated and demanding agent handling. Throughout the year, Subject has demonstrated his awareness of the value of KUBARK funds, which he spends as needed but always conscientiously. His reporting on his activities has been especially commendable, and his mastery of tradecraft has been continually in evidence.

Subject has now become Chief of PBRUMEN operations for Station Mexico. This slot was formerly held by a GS-15 officer. It is requested that Subject be promoted to the grade of GS-15, not only because of his present assignment, but in recognition of his fine past performance.

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	
3 June 65	Robert T. Shaw /s/	
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
3 June 65	Operations Officer	David A. Phillips /s/
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
Para 2 of covering dispatch UBT 5493 in its entirety:		
"COS is in complete agreement with this excellent report on Shaw and recommends that Shaw be promoted to GS-15."		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
3 June 65	COS	Winston M. Scott /s/

SECRET

No 120.1

6 September 1966

SUBJECT: Memorandum in Lieu of Final Fitness Report on
[redacted] Robert T. Shaw

1. Robert T. Shaw [redacted] is under (PCS) transfer to the position of COS, Managua, and is scheduled to depart Mexico City on or about 17 September 1966.

2. This memorandum is to report that [redacted] Shaw has continued to perform duties assigned to him at the Mexico City Station in the same exceptional manner reported in HMMT-6516 in which he was rated as outstanding for the year April 1965-April 1966. His duties have been the same as reported in HMMT-6516 and a detailed report on his performance would be a repetition of his previous report.

3. It is again recommended that [redacted] Shaw be promoted to GS-15 in view of his performance and qualifications.

RATING OFFICER: [redacted] (September 1966)
Winston M. Scott/s/

EMPLOYEE: [redacted] (6 September 1966)
Robert T. Shaw /s/

Employee Number: 055495

Handwritten marks and scribbles at the bottom of the page.

SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER		
				055495		
SECTION A				GENERAL		
1. NAME (Last) SHAW (First) Robert (Middle) T.		2. DATE OF BIRTH 18 Jun 1925	3. SEX M	4. GRADE GS-14	5. SD D	
6. OFFICIAL POSITION TITLE Ops Officer			7. OFF/DIV/BR OF ASSIGNMENT DDP/WH/1	8. CURRENT STATION Mexico City		
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT			
CAREER	RESERVE	TEMPORARY	INITIAL	REASSIGNMENT SUPERVISOR		
CAREER-PROVISIONAL (See Instructions - Section C)			XX ANNUAL	REASSIGNMENT EMPLOYEE		
SPECIAL (Specify):			SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P. 31 May 1966			12. REPORTING PERIOD (From - to) 1 April 1965 - 30 April 1966			
SECTION B				PERFORMANCE EVALUATION		
W - Weak	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.					
A - Adequate	Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.					
P - Proficient	Performance is more than satisfactory. Desired results are being produced in a proficient manner.					
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	Manage Station PBRUMEN Operations Section. Supervise 3 other staff personnel (incl one GS-14) inside and one (GS-16) staff agent and contract personnel outside. Assign work responsibilities, provide operational guidances, review intelligence production and reporting, evaluate performances, etc.					RATING LETTER S
SPECIFIC DUTY NO. 2	Agent handling and exploitation. Manage agents and other operational assets working against the PBRUMEN target with particular attention to full exploitation of such assets.					RATING LETTER O
SPECIFIC DUTY NO. 3	Planning and implementation of new operations, including technical operations, against the PBRUMEN target. Spotting, assessment, development, recruiting, training, and handling new agent assets.					RATING LETTER S
SPECIFIC DUTY NO. 4	Operational management and administration. Preparation of FIR's, dispatches (including operational progress reports), cables, memoranda, contact reports, file reviews, etc., as required.					RATING LETTER O
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.						RATING LETTER O
25 MAY 1966						

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 or 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>This officer possesses highly developed professional skills. He is dedicated; his work is always well done and his reports are well written.</p>			
<p>Subject has repeatedly demonstrated that he is aware of the value of government funds which he spends as necessary but always conscientiously.</p>			
<p>This officer is articulate in speech and in his writing. He has excellent Spanish, an essential in the position he has occupied.</p>			
<p>This officer is an asset to KUBARK and his family are excellent representatives abroad.</p>			
<p>Subject could assume command of a station and he would make an excellent Chief of Station in the opinion of the rating officer.</p>			
<p>It is again recommended that this officer be promoted to GS-15.</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		
21 April 1966	/s/ Robert T. Shaw		
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	
21 April 1966	Chief of Station	/s/ Winston M. Scott	
1. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
<p>I concur generally with the assessment made of Mr. Shaw and agree that Shaw has turned in a highly commendable job and is an excellent operations officer. From here and not having the advantage of on-scene observation I would have rated Shaw with straight S' and overall rating of 'Strong' as compared to 'Outstanding.' Nevertheless, I strongly endorse the COS' recommendation for promotion for Shaw.</p>			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
10 MAR 1966	C/WR/1	W.J. Kaufman <i>[Signature]</i>	

SECRET

SECRET

Section C (Continued)

Overall, this officer is still turning in a performance of high quality under difficult conditions and is a distinct asset to the Station.

SECRET

SECRET
(When Filled In)

EV'S ONLY

FITNESS REPORT				EMPLOYEE SERIAL NUMBER			
				055495			
SECTION A GENERAL							
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE	5. DD	
SHAW Robert T.			18 Jun 1925	M	GS-11/4	D	
6. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT	8. CURRENT STATION			
Instructor Operations			OTR	ISOLATION W/AC/CS			
9. CHECK (X) TYPE OF APPOINTMENT				10. CHECK (X) TYPE OF REPORT			
CAREER		RESERVE	TEMPORARY	INITIAL		REASSIGNMENT SUPERVISOR	
CAREER-PROVISIONAL (See Instructions - Section C)				ANNUAL		JOK REASSIGNMENT EMPLOYEE	
SPECIAL (Specify)				SPECIAL (Specify)			
11. DATE REPORT DUE IN O.P.				12. REPORTING PERIOD (From - to)			
				21 July 1962 - 25 January 1963			
SECTION B PERFORMANCE EVALUATION							
<p>W - Weak 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>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>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.</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 abilities MUST be rated on their ability to supervise (Indicate number of employees supervised).							
SPECIFIC DUTY NO. 1						RATING LETTER	
Supervises a group of instructors as departmental chairman in the Operations Branch						S	
SPECIFIC DUTY NO. 2						RATING LETTER	
Instructs clandestine operations by lecture, seminar and practical exercises.						P	
SPECIFIC DUTY NO. 3						RATING LETTER	
Instructs by role-playing as agent or operations officer opposite student case officers						S	
SPECIFIC DUTY NO. 4						RATING LETTER	
Counsels and guides students individually.						S	
SPECIFIC DUTY NO. 5						RATING LETTER	
Participates in course planning and contributes to course substance.						S	
SPECIFIC DUTY NO. 6						RATING LETTER	
Prepares instructional presentations and materials for use in clandestine operations courses.						P	
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	

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 must be described, if applicable.

Mr. Shaw did an excellent job of course planning and personal supervision as a supervisor of instruction in the field of operational tradecraft. He is a first-rate spark plug and idea man, with good talent as a speaker, teacher and student counselor. His field experience, enthusiasm and loyalty have made him a particularly valuable member of the Operations Branch Staff

In addition to his duties in the Operations Branch, Mr. Shaw also participated in the training of infiltration teams for Task Force W, using the Spanish language.

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	
30 January 1963	<i>R. Shaw</i>	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
6		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
28 January 1963	Chief, Operations Branch	<i>Harrington Littell</i> HARRINGTON LITTELL
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
In general I agree with Mr. Littell's evaluation of Mr. Shaw's performance. I would have given him a higher rating, however, on Specific Duty No. 2, which covers his over-all performance as an instructor. I think that Mr. Shaw has been one of our best seminar leaders and lecturers. I would, therefore, rate him as "Strong."		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
31 January 1963	Deputy for Training, ISGLATION	<i>Kenneth P. Miller</i> KENNETH P. MILLER

SECRET

Pre 1963 Fitness Rpts

Post 1966 Training
of insurance loss.



DEPARTMENT OF STATE
FOREIGN SERVICE INSTITUTE
WASHINGTON

June 28, 1966

Dear Mr. Shaw:

Friday we received your grade from the United States Department of Agriculture Graduate School in Modern Supervisory Practice.

✓ We wish to congratulate you on making an A+ in the course. To my knowledge, this is the first A+ received in any correspondence study course to be taken by Department personnel.

We trust that the course will be useful to you--and again congratulations.

Sincerely,

Evert T. Little

Evert T. Little
Chief

Extension Training Division

Mr. Robert T. Shaw
American Embassy
MEXICO

For inclusion in Robert T. Shaw's official folder.

K. W. Waulbold
10/16/66

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 055495	(Print) Shaw	Robert	T.	25-26 51

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	28-29	30-31	32-33	34-35	36-37	38-39	Nicaragua	40-42
3 - CORRECTION									520
5 - CANCELLATION	1	07	20	66					

TDY DATES OF SERVICE

TYPE OF DATA	CODE	DEPARTURE			RETURN			AREAS	OMIT
		MONTH	DAY	YEAR	MONTH	DAY	YEAR		
2 - TDY (Basic)	27	28-29	30-31	32-33	34-35	36-37	38-39		40-42
4 - CORRECTION									
6 - CANCELLATION									

SOURCE OF RECORD DOCUMENT

<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. IN 99956	DOCUMENT DATE/PERIOD 9/20/66
--	--

REMARKS

PREPARED BY	<input checked="" type="checkbox"/> REPORT ANNOTATED ON SOURCE DOCUMENT	ABOVE DATA VERIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
C & L DIVISION	DATE 9/22/66	SIGNATURE Jackie E. Peringer
<input checked="" type="checkbox"/> C & T DIVISION		

SECRET

1. NAME (Last, First, Middle) SEAW, ROBERT T.		2. DATE OF BIRTH 27 AUGUST 1925		3. GRADE GS-14 4	
4. OFFICE, DIVISION, BRANCH (Of overseas station and existing cover if lateral assignment) DDF/WH/MEXICO CITY STATION		5. PRESENT POSITION OPS OFFICER/340		6. EMPLOYEE EXTENSION FIELD	
7. PROPOSED STATION MANAGUA, NICARAGUA		8. PROPOSED POSITION (title, number, grade) COS, OPS OFFICER/0141/GS-00			
9. TYPE OF COVER AT NEW STATION		10. ESTIMATED DATE OF DEPARTURE 1 JULY 1966		11. NO. OF DEPENDENTS TO ACCOMPANY 4	
12. NAME OF DEPENDENT TO ACCOMPANY		13. RELATIONSHIP		14. DATE OF BIRTH	
				MONTH YEAR	
JANET L.		WIFE		APR 27	
BARBARA L.		DAUG		JUL 52	
RICHARD W.		SON		AUG 55	
THOMAS R.		SON		AUG 55	
16. COMMENTS SUBJECT AND DEPENDENTS WILL TAKE PHYSICALS IN THE FIELD IN ACCORDANCE WITH REGULATIONS.					
17. DATE OF REQUEST 7 MAY 1966		18. SIGNATURE OF REQUESTING OFFICIAL <i>Frank A. Lane</i> Frank A. Lane WH/PERS		19. ROOM NUMBER AND BUILDING GH-56, Hqs.	
				20. EXTENSION 6815	
21. EVALUATION AND SIGNATURE OF APPROVING OFFICIAL <i>8 July 66</i> <i>74617</i> <i>WH/PERS</i> 707 55 10 52 WH, 66					
REQUEST FOR PCS OVERSEAS EVALUATION					

U. S. DEPARTMENT OF AGRICULTURE
GRADUATE SCHOOL
WASHINGTON, D. C. 20250

Information Record

Robert T. Shaw

To whom it may concern: c/o American Embassy
Mexico City, Mexico

has taken the following courses in the Graduate School and has received the grades shown.

This is an information record and not an official transcript. The student was admitted on the basis of his own statement of previous education and experience, subject to the approval of the instructor.

For certification of academic credit, an official transcript should be requested. Students desiring academic credit must meet qualifications for admission to any standard college on the level of the courses for which they are registering.

COURSE NO.	COURSE TITLE	SEMESTER	GRADE	NO. CREDITS
205 c	Modern Supervisory Practice	6/7/66	A+	2

Correspondence Program

A — 90-100 EXCELLENT
B — 80-89 GOOD
C — 70-79 FAIR
D — 60-69 PASSABLE
F — BELOW 60 FAILURE
7 — AUDITOR
8 — INCOMPLETE
9 — WITHDRAWN

Helen Kempfer

Helen Kempfer, Head
Correspondence Program

AMERICAN EMBASSY
MEXICO, D. F.

June 3, 1965

EMBASSY MEMORANDUM

TO : All FBOs, FSSs and FSRs in Mexico City

FROM : Ralph Scarritt, ^{Personnel} Administrative Officer

SUBJECT: FOREIGN SERVICE INSTITUTE: Correspondence Course in Modern Supervisory Practice, Number 205C

REF. : CA-12771 dated May 28, 1965

Following is the text of the referenced communication:

The Extension Training Division of the Foreign Service Institute is offering for the first time a correspondence course MODERN SUPERVISORY PRACTICE.

The course is recommended for supervisors at all levels. It has been developed by W. R. Van Dersal, N.A. Derg and J. B. Rogers of the United States Department of Agriculture Graduate School. Dr. Van Dersal is a regular lecturer and discussion leader for management classes at the Foreign Service Institute and is highly recommended by FSI as a valued contributor to their programs and ... id.

The authors have conducted supervisory training all over the United States for thousands of employees. They are experienced with the Correspondence method.

The average student will devote a total of 160 hours to the course, which consists of 16 units and for which 2 credits are given. The course should be completed within twelve months of receipt of the first lesson.

The following is quoted from the course brochure, giving brief contents of each unit:

1. WORKING WITH PEOPLE. Basic Principles.
2. ORGANIZATION. The organization chart. Supervisory ratios. Span of control. Line and staff. Handling rapid expansion. Basic principles. How to judge a good organization.
3. COMMUNICATIONS I. Conferences: Planning and uses. Effective use of speech and discussion. Making one's own talk more persuasive. Problem solving. Efficient listening.

4. COMMUNICATIONS

4. COMMUNICATIONS 2. Formal and informal communication channels. The grapevine. How to read better and faster. How to write more effectively. Testing your own writing.
5. MOTIVATION. Basic principles. Drives, motives, and incentives. Selecting responses to reinforce. The pattern of successful motivation. Testing effectiveness of programs.
6. SUPERVISION--BASIC PRINCIPLES FOR LINE OPERATORS AND MANAGERS. Inducting new employees. Seven principles of supervision. The Scanlon Plan. Using authority constructively. Praise versus punishment.
7. GENERAL PRINCIPLES FOR STAFF OPERATORS. Staff functions. Line-staff relationships. Gaining acceptance. Getting the most value from staff officers. Effective consulting.
8. SUPERVISORY TECHNIQUES. Handling problem employees. What to do when personal problems affect work.
9. TRAINING. Training responsibilities of supervisors. How to plan training programs. Training new employees. The supervisor's own career development program. Handling training during rapid expansion. Justifying training time.
10. PARTICIPATION. When and how to use participation in planning and decision making. Setting guideposts and limits.
11. THE DECISION MAKING PROCESS. Eight steps to better decisions. Decisions making as a learned skill. How to train yourself to make better decisions.
12. WORKLOAD AND ITS RELATION TO STAFFING. Workload analyses. Work plans. Short and long term schedules. Work-improvement studies. Staffing patterns and workload.
13. PLANNING, SCHEDULING, ORGANIZING. Basic principles. Steps in planning. Making and using schedules. Evaluation for better time-use.
14. QUALITY AND QUANTITY CONTROL--INCLUDING INSPECTIONS. Purpose and importance. Theories. How standards control function. Constructive inspection.
15. BOOK REVIEW AND ANALYSIS. To help student integrate thinking and develop an independent approach.

16. SOLVING

16. SOLVING PROBLEM CASES. Student pulls together all he has learned in the course and uses it in solving a job problem.

The course will be offered on a first come, first served basis. It is hoped that a number of applications will be received in time for enrollment during June.

Students who fail, receive an incomplete, or withdraw from this course for other than officially approved reasons will be expected to reimburse FSI for the course cost of \$58.00. If a student fails to complete the course for official reasons, no record is sent to his Personnel File. If he fails to complete the course for other than official and approved reasons and reimburses FSI for the costs of his course, no record is sent to his Personnel File. However a record of "incomplete" or "failure" is sent to his file if he drops or fails the course for reasons not approved and fails to reimburse FSI. This record is then taken into consideration if training is requested at a later date.

All interested officers are requested to submit their applications to the Department on form DG-1131 Field Training Application in accordance with the instructions set forth in 2 FAM 551, 552.

Further information on the course may be obtained by writing to the Extension Training Division, Foreign Service Institute, Department of State, Washington, D. C. 20520.

NOTE: Application forms may be obtained in the Personnel Office.

U. S. DEPARTMENT OF AGRICULTURE
GRADUATE SCHOOL
WASHINGTON, D. C. 20250

Information Record

Robert T. Shaw

To whom it may concern: c/o American Embassy
Mexico City, Mexico

has taken the following courses in the Graduate School and has received the grades shown.

This is an information record and not an official transcript. The student was admitted on the basis of his own statement of previous education and experience, subject to the approval of the instructor.

For certification of academic credit, an official transcript should be requested. Students desiring academic credit must meet qualifications for admission to any standard college on the level of the courses for which they are registering.

COURSE NO.	COURSE TITLE	SEMESTER	GRADE	CREDITS
205 c	Modern Supervisory Practice	6/7/66	A+	2

Correspondence Program

A -- 90-100 EXCELLENT F -- BELOW 50 FAILURE
B -- 80-89 GOOD 7 -- AUDITOR
C -- 70-79 FAIR 8 -- INCOMPLETE
D -- 60-69 PASSABLE 9 -- WITHDRAWN

Helen Kempfer
Helen Kempfer, Head
Correspondence Program

AMERICAN EMBASSY
MEXICO, D. F.

June 3, 1965

EMBASSY MEMORANDUM

TO : All FSOs, FSSs and FSRs in Mexico City

FROM : Ralph Scarritt, Administrative Officer

SUBJECT: FOREIGN SERVICE INSTITUTE: Correspondence Course in Modern Supervisory Practice, Number 295C

REF. : CA-12771 dated May 28, 1965

Following is the text of the referenced communication:

The Extension Training Division of the Foreign Service Institute is offering for the first time a correspondence course MODERN SUPERVISORY PRACTICE.

The course is recommended for supervisors at all levels. It has been developed by W. R. Van Dersal, N.A. Berg and J. B. Rogers of the United States Department of Agriculture Graduate School. Dr. Van Dersal is a regular lecturer and discussion leader for management classes at the Foreign Service Institute and is highly recommended by FSI as a valued contributor to their programs and to the world.

The authors have conducted supervisory training all over the United States for thousands of employees. They are experienced with the Correspondence method.

The average student will devote a total of 160 hours to the course, which consists of 16 units and for which 2 credits are given. The course should be completed within twelve months of receipt of the first lesson.

The following is quoted from the course brochure, giving brief contents of each unit:

1. WORKING WITH PEOPLE. Basic principles.
2. ORGANIZATION. The organization chart. Supervisory ratios. Span of control. Line and staff. Handling rapid expansion. Basic principles. How to judge a good organization.
3. COMMUNICATIONS I. Conferences: Planning and uses. Effective use of speeches and discussion. Making one's own talk more persuasive. Problem solving. Efficient listening.

4. COMMUNICATIONS

4. COMMUNICATIONS 2. Formal and informal communication channels. The grapevine. How to read better and faster. How to write more effectively. Testing your own writing.
5. MOTIVATION. Basic principles. Drives, motives, and incentives. Selecting responses to reinforce. The pattern of successful motivation. Testing effectiveness of programs.
6. SUPERVISION--BASIC PRINCIPLES FOR LINE OPERATORS AND MANAGERS. Inducting new employees. Seven principles of supervision. The Scanlon Plan. Using authority constructively. Praise versus punishment.
7. GENERAL PRINCIPLES FOR STAFF OPERATORS. Staff functions. Line-staff relationships. Gaining acceptance. Getting the most value from staff officers. Effective consulting.
8. SUPERVISORY TECHNIQUES. Handling problem employees. What to do when personal problems affect work.
9. TRAINING. Training responsibilities of supervisors. How to plan training programs. Training new employees. The supervisor's own career development program. Handling training during rapid expansion. Justifying training time.
10. PARTICIPATION. When and how to use participation in planning and decision making. Setting guideposts and limits.
11. THE DECISION MAKING PROCESS. Eight steps to better decisions. Decisions making as a learned skill. How to train yourself to make better decisions.
12. WORKLOAD AND ITS RELATION TO STAFFING. Workload analyses. Work plans. Short and long term schedules. Work-improvement studies. Staffing patterns and workload.
13. PLANNING, SCHEDULING, ORGANIZING. Basic principles. Steps in planning. Making and using schedules. Evaluation for better time-use.
14. QUALITY AND QUANTITY CONTROL--INCLUDING INSPECTIONS. Purpose and importance. Theories. How standards control function. Constructive inspection.
15. BOOK REVIEW AND ANALYSIS. To help student integrate thinking and develop an independent approach.

16. SOLVING

16. SOLVING PROBLEM CASES. Student pulls together all he has learned in the course and uses it in solving a job problem.

The course will be offered on a first come, first served basis. It is hoped that a number of applications will be received in time for enrollment during June.

Students who fail, receive an incomplete, or withdraw from this course for other than officially approved reasons will be expected to reimburse FSI for the course cost of \$58.00. If a student fails to complete the course for official reasons, no record is sent to his Personnel File. If he fails to complete the course for other than official and approved reasons and reimburses FSI for the costs of his course, no record is sent to his Personnel File. However a record of "incomplete" or "failure" is sent to his file if he drops or fails the course for reasons not approved and fails to reimburse FSI. This record is then taken into consideration if training is requested at a later date.

All interested officers are requested to submit their applications to the Department on form DS-1131 Field Training Application in accordance with the instructions set forth in 2 FAM 551, 552.

Further information on the course may be obtained by writing to the Extension Training Division, Foreign Service Institute, Department of State, Washington, D. C. 20520.

NOTE: Application forms may be obtained in the Personnel Office.

SECRET

FIELD REASSIGNMENT QUESTIONNAIRE			
DO NOT COMPLETE FOR HEADQUARTERS USE ONLY			
AUTHENTICATION OF SIGNATURES AND VERIFICATION OF ITEMS 1 THROUGH 7, BELOW:			
NAME OF EMPLOYEE (true)	DATE (from item 3.1)	NAME OF SUPERVISOR (true)	DATE (from item 3.2)
Robert Shaw	14 Aug 1964	Winston M. Scott	14 Aug 1964
NAME AND SIGNATURE OF OFFICIAL AT HEADQUARTERS AUTHORIZED TO AUTHENTICATE SIGNATURES AND VERIFY DATA IN ITEMS NOS. 1 THROUGH 7, BELOW:			DATE
Murray Benthall WH/PERS			2 Sept 1964
TO BE COMPLETED BY EMPLOYEE			
1. DATE OF BIRTH	2. GRADE	3. CURRENT POSITION TITLE AND GRADE	7A. DATE OF PCS ARRIVAL IN FIELD ON THIS TOUR
18 June 25	GS-14	Operations Officer GS-14	24 April 1963
4. SERVICE DESIGNATION (if known)	5. CURRENT STATION OR FIELD BASE		7B. EXPECTED DATE OF DEPARTURE FROM FIELD
D	Mexico City		On leave - Summer 65
6. OTHER DUTY STATIONS OR FIELD BASES DURING CURRENT TOUR			7C. EXPECTED DATE OF ARRIVAL AT HEADQUARTERS PCS
None			
8. WRITE A DESCRIPTION OF YOUR MAJOR DUTIES DURING THE CURRENT TOUR OF DUTY (see special note on Transmittal Form):			
<p>Conduct of operations aimed at the PERUMEN target. Acquisition and management of agents; operational and intelligence reporting.</p>			
9. PREFERENCE FOR NEXT ASSIGNMENT:			
A. WRITE A BRIEF DESCRIPTION OF THE TYPE OF WORK YOU WOULD PREFER FOR YOUR NEXT ASSIGNMENT IF IT DIFFERS FROM THAT INDICATED IN ITEM NO. 8, ABOVE. IF YOU HAVE MORE THAN ONE PREFERENCE, INDICATE YOUR CHOICES.			
<p>If my request for reassignment to current Station (first preference) is approved, I would expect to continue to operate primarily against the PERUMEN target in view of the priority assigned to that effort in the current RMD for Mexico. I would like to have an opportunity to do some work in other lines, however, especially in host government penetration and possibly in Soviet/Satellite penetration. If I am to be assigned elsewhere, I would prefer not to work on PERUMEN operations to the exclusion of other operations. I would prefer to retain <input type="text"/> which I have been using since 1948.</p> <p>If transferred elsewhere, would prefer assignment as Chief of a field installation - have twice been COB in WHD.</p> <p>I do not wish a HQS assignment at this time. I have already had three HQS tours.</p>			
B. INDICATE WHAT TRAINING YOU BELIEVE YOU SHOULD HAVE IN ORDER TO INCREASE YOUR VALUE TO THE ORGANIZATION (refer to catalog of courses, if available):			
<p>In 1963 I completed a four-year stint as an instructor at ISOLATION -- do not believe further training is in order at this time.</p>			

SECRET

9. PREFERENCE FOR NEXT ASSIGNMENT (continued)	
C. INDICATE YOUR PREFERENCE FOR NEXT ASSIGNMENT BY INSERTING NUMBERS 1, 2 AND 3 (for 1st, 2nd and 3rd choice) IN THE BOXES BELOW:	
<input type="checkbox"/>	RETURN TO MY CURRENT STATION: THIS IS BY FAR FIRST CHOICE
<input checked="" type="checkbox"/>	BE ASSIGNED TO HEADQUARTERS FOR A TOUR OF DUTY. WITH RESPECT TO POSSIBLE ASSIGNMENT IN HEADQUARTERS, INDICATE CHOICE OF COMPONENT: 1ST. CHOICE <u>DOD/Field</u> 2ND. CHOICE <u>OTR/ISO</u> 3RD. CHOICE <u>DCI/Staff</u>
<input checked="" type="checkbox"/>	BE ASSIGNED TO ANOTHER FIELD STATION. WITH RESPECT TO POSSIBLE REASSIGNMENT TO ANOTHER FIELD STATION, INDICATE CHOICE OF GEOGRAPHIC AREA OR SPECIFIC STATION, BASED ON QUALIFICATIONS: 1ST. CHOICE <u>Barcelona (COB)</u> 2ND. CHOICE <u>Madrid (DCOS)</u> 3RD. CHOICE <u>Sao Paulo (COB)</u>
10. HOW MUCH LEAVE DO YOU DESIRE BETWEEN ASSIGNMENTS? INDICATE NUMBER OF WORK DAYS <u>45</u>	
11. INDICATE THE NUMBER AND AGE OF DEPENDENTS WHO WILL BE TRAVELLING OR MOVING WITH YOU: Wife <u>37</u> Daughter <u>12</u> Total dependents - <u>4</u> Twin sons <u>9</u>	
11A. INDICATE ANY CHANGE IN YOUR PERSONAL OR FAMILY SITUATION WHICH SHOULD BE CONSIDERED IN DETERMINING YOUR NEXT ASSIGNMENT: Children are all of school age. In case of transfer, would prefer assignment to Station having good schools.	
12. SIGNATURE: COMPLETE ITEM NO. 8-1, TRANSMITTAL SHEET, TO INDICATE COMPLETION OF ABOVE PORTION OF THIS FORM. TO BE COMPLETED BY SUPERVISOR AT FIELD STATION	
13. IN CONSIDERATION OF THE PAST EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS EXPRESSED PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF THE STATION, INDICATE YOUR RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING: It is urged that this officer be allowed to return to Mexico City Station for a second tour. He has excellent Spanish; he has many worthwhile contacts with Mexican governmental, political and business figures not known to other Station personnel. - He has excellent contacts with ODURGE (border) officials. His unique (for this Station) [redacted] enables him to meet persons of interest. He knows and likes Mexico; he is in the midst of a long-range program which can best be done by continuity.	
14. SIGNATURE: COMPLETE ITEM NO. 8-2, TRANSMITTAL SHEET, TO INDICATE COMPLETION OF THIS PORTION OF THE FORM. TO BE COMPLETED BY APPROPRIATE CAREER SERVICE OFFICER OR PERSONNEL OFFICER AT HEADQUARTERS	
15. IN CONSIDERATION OF THE PAST EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS EXPRESSED PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF THE COMPONENT TO WHICH HE IS CURRENTLY ASSIGNED, INDICATE YOUR RECOMMENDATIONS FOR HIS NEXT ASSIGNMENT AND TRAINING: WH Division recommends that Mr. Shaw return for a second tour of duty in Mexico City following home leave in the summer of 1965.	
16. NAME OF CAREER SERVICE OFFICER OR PERSONNEL OFFICER ROBERT D. CASHMAN C/WH/PERS	SIGNATURE <i>[Signature]</i>
DATE	
FOR USE OF CAREER SERVICE	
17. EMPLOYEE <input type="checkbox"/> HAS <input type="checkbox"/> HAS NOT BEEN NOTIFIED OF PLANNED REASSIGNMENT	18. REFERENCE DISPATCH NO. <u>900053259</u> CABLE NO. _____
19. TYPED OR PRINTED NAME RONALD GAGE	20. SIGNATURE <i>Ronald Gage</i>
21. TITLE Officer A1 CSPO	22. DATE 16/16/65
23. COMMENTS <i>New Tour after home leave in summer 65 D. Hall</i>	

SECRET

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 28-28
	LAST (Print)	FIRST	MIDDLE	
55495	SHAW	ROBERT	T.	51

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	CWIT
		MONTH	DAY	YEAR	MONTH	DAY	YEAR		
1 - PCS (Basic)	27	28-29	30-31	32-33	34-35	36-37	38-39	40-42	
2 - CORRECTION									
3 - CANCELLATION	1	04	23	63			MEXICO	450	

TDY DATES OF SERVICE

TYPE OF DATA	CODE	DEPARTURE			RETURN			AREA(S)	CWIT
		MONTH	DAY	YEAR	MONTH	DAY	YEAR		
2 - TDY (Basic)	27	28-29	30-31	32-33	34-35	36-37	38-39	40-42	
4 - CORRECTION									
5 - CANCELLATION									

SOURCE OF RECORD DOCUMENT

<input type="checkbox"/> TRAVEL VOUCHER	<input checked="" 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. HMET - 3681	DOCUMENT DATE/PERIOD 4/25/63
--	---------------------------------

REMARKS

PREPARED BY [Signature]	REPORT APPROVED BY SOURCE DOCUMENT [Signature]	ADDC DATA VERIFIED CORRECT BASED UPON SOURCE DOCUMENT CITED
----------------------------	--	---

SECRET

VERIFIED RECORD OF OVERSEAS SERVICE

35:233 JAN 25 63

TO:

Office of Personnel, Statistical Reporting Branch, ROOM 192 Curie Hall

EMPLOYEE SERIAL NO. I. O.	NAME OF EMPLOYEE			OFFICE/COMPONENT
	LAST (Print)	FIRST	MIDDLE	
55495	Shaw	Robert	T	51 24.28

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)	26	27-28	29-30	31-32	33-34	35-36	37-38		39-41
3 - CORRECTION									
5 - CANCELLATION									

TDY DATES OF SERVICE

TYPE OF DATA	CODE	DEPARTURE			RETURN			AREA(S)	OMIT
		MONTH	DAY	YEAR	MONTH	DAY	YEAR		
2 - TDY (Basic)	26	27-28	29-30	31-32	33-34	35-36	37-38		39-41
4 - CORRECTION									
6 - CANCELLATION									
	2	11-09	62	12-19	62			10 #	811

SOURCE OF RECORD DOCUMENT

<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
-----------------------------	----------------------

REMARKS

PREPARED BY	<input checked="" type="checkbox"/> REPORT ASSOCIATED OR SOURCE FOLLOWS	<input type="checkbox"/> ABOVE DATA VERIFIED CORRECTLY. SOURCE WITH SOURCE DOCUMENT CITED
FISCAL DIVISION	DATE	SIGNATURE
FINANCE DIVISION		

1451a

SECRET

14-103

CONFIDENTIAL
(when filled in)

I M P O R T A N T

Central Processing Branch has been charged with responsibility (OPM 20-6-1 dated 12 October 1961) for ensuring that all employees processing PCS to the field have reviewed the field version of the Employee Conduct Handbook. You will not be checked out for your proposed travel until you sign the following statement and return it to CPB. Your Personnel Officer can provide you with a copy of the handbook.

M E M O R A N D U M O F U N D E R S T A N D I N G

I hereby acknowledge that I have read and understand the contents of Field Handbook 20-4, Employee Conduct, dated 30 July 1962.

Robert Shaw
Signature

14 February 1963
Date

ROBERT SHAW

12
CONFIDENTIAL

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) (First) (Middle) SOCIAL SECURITY NUMBER
 SHAW ROBERT TYLER

1. RESIDENCE DATA
 PLACE OF RESIDENCE WHEN INITIALLY APPOINTED FT. THOMAS, KENTUCKY
 LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. (If appointed abroad)
 PLACE IN CONTINENTAL U.S. DESIGNATED AS PERMANENT RESIDENCE ~~FALLS CHURCH, VA.~~ TUCSON, ARIZONA
 HOME LEAVE RESIDENCE FALLS CHURCH, VIRGINIA

2. MARITAL STATUS (Check one)
 SINGLE MARRIED SEPARATED DIVORCED WIDOWED ANNULLED
 IF MARRIED, PLACE OF MARRIAGE TUCSON, ARIZONA DATE OF MARRIAGE 2 SEP 1946
 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)

3. MEMBERS OF FAMILY
 NAME OF SPOUSE JANET LEE SHAW ADDRESS (No., Street, City, Zone, State) FALLS CHURCH TELEPHONE NO.
 NAMES OF CHILDREN BARBARA RICHARD THOMAS ADDRESS SAME SEX F DATE OF BIRTH 27 JUL 1952 M 10 SEP 1955 M 10 SEP 1955
 NAME OF FATHER (Or male guardian) GEN. F. P. SHAW ADDRESS 415 LINDEN LANE, FALLS CHURCH TELEPHONE NO. JE 2-0199
 NAME OF MOTHER (Or female guardian) INEZ S. SHAW ADDRESS SAME 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? FATHER

4. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY
 NAME (Mr., Mrs., Miss) (Last-First-Middle) MAT. GEN. FRANKLIN P. SHAW RELATIONSHIP FATHER
 HOME ADDRESS (No., Street, City, Zone, State) 415 LINDEN LANE, FALLS CHURCH, VA. HOME TELEPHONE NUMBER JE 2-0199
 BUSINESS ADDRESS (No., Street, City, Zone, State) AND NAME OF EMPLOYER, IF APPLICABLE RETIRED BUSINESS TELEPHONE & EXTENSION

IS THE INDIVIDUAL NAMED ABOVE WITHING 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? (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 5 on the reverse side of this form.

CONTINUED ON REVERSE SIDE
 CURRENT RESIDENCE AND DEPENDENCY REPORT

CONFIDENTIAL
(When Filled In)

3. VOLUNTARY ENTRIES		
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 THE BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS AND THE NAMES IN WHICH THE ACCOUNTS ARE CARRIED.		
AMERICAN SECURITY & TRUST CO., WASH 13, D.C. — ROBERT T. & JANET LEE SHAW ACCT. # 606-10-247		
HAVE YOU COMPLETED A LAST WILL AND TESTAMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. (If "Yes" where is document located?)		
AMONG PERSONAL EFFECTS		
HAVE YOU PREPLANNED AN ARRANGED GUARDIANSHIP OF YOUR CHILDREN IN CASE OF COMMON DISASTER TO BOTH PARENTS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. (If "Yes" give name(s) and address)		
HAVE YOU EXECUTED A POWER OF ATTORNEY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. (If "Yes", who possess the power of attorney?)		
4. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS		
SIGNED AT	DATE	SIGNATURE
NPS.	14 Feb 1963	R. Shaw

CONFIDENTIAL

SECRET

ASD

Supplement to Staff Employee Personnel

Action Robert T. Shaw

Effective 27 March 1963

The purpose of this memorandum is to call your attention to existing policies which are particularly material to you while you are and to set forth certain rights and obligations which are incident to your status as an appointed employee. It is hereby agreed and understood that:

1. As an employee of this organization, at the present grade and salary of GS-14 \$13,270. per annum, you will accept employment with another instrumentality of the Government (hereinafter referred to as) effective as of 27 March 1963. You will, insofar as consistent with your basic responsibility to this organization, abide by all the rules, regulations, practices and policies of your in order to appear as a conventional member of that establishment. Your appointment to your is being effected at and salary of \$11,800. per annum. You are prohibited, except as specifically authorized herein, from retaining emoluments paid .

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 organization. Currently, your prescribed tour consists of a period of Two Years 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 . 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

3. Travel to your post of duty overseas and your return travel to the United States, as well as travel performed overseas which is consistent with your cover designation, will normally be at the direction of your cover facility. Such travel will be accomplished in conformance with applicable regulations of your [redacted] except when you are directed for operational reasons to perform travel in accordance with the regulations of this organization.

4. Salary and (except as provided in paragraph three (3) above) allowances paid by your [redacted] shall be retained by you to the extent that they are less than or equal to the salary and allowance payments due on the basis of your grade level with this organization. If such cover payments are less than the amount due, the difference will be credited to your payroll account with this organization. If such payments exceed the amount due, the overage will be remitted to this organization at designated intervals, presently NA. Computations hereunder will be made on the basis of the aggregate gross due and received provided, however, that in computing remittances for overage Federal and, if applicable, District of Columbia income taxes withheld by [redacted] against the overage may be deducted. To assure timely accuracy in your payroll account with this organization you are expected to immediately report [redacted] payroll changes.

5. Your status as an employee of this organization will continue in full force and effect during your period of duty with your [redacted] and you will continue to be entitled to all rights, benefits and emoluments of such status. Certain variations in procedure will be required, however, to preserve the security of your [redacted]

a. Upon [redacted] into your [redacted] you will continue to be covered by the provisions of the Civil Service Retirement Act, as amended, and at your personal expense you will be subject to payroll deductions for retirement purposes (now six and one-half per cent) on the basis of your cover salary or your salary from this organization, whichever is the greater.

b. If you receive taxable income from both your [redacted] and this organization, necessary adjustments for Federal, and if applicable, District of Columbia income tax purposes will be made in conformance with instructions received from this organization.

c. Consistent with [redacted] you will continue to be responsible for compliance with the rules and regulations of this organization.

d. You are not assured upon the completion of your period of duty with your [redacted] of any status with your cover based on your services performed with that organization at the request of this organization.

SECRET

e. All annual and sick leave which is accrued to your credit at the time of [redacted] will be transferred to your [redacted]. While [redacted] you will be permitted annual leave, sick leave, home leave, and leave without pay in accordance with the regulations of your [redacted] in lieu of the leave benefits of this organization. Upon completion of your [redacted] your accrued annual and sick leave will be transferred to your credit with this organization. If security conditions require that your [redacted] 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 [redacted].

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 *Rose Marie Corrado*
Personnel Office

ACCEPTED:

Robert T. Shaw
Robert T. Shaw

Pre 1963 Training &
related loss.

Medical clearance

Pre 1963 Documents
(application forms,
awards, PHS supplements)

TELEPHONE REQUEST FOR RECORDS OR INFORMATION
 NATIONAL PERSONNEL RECORDS CENTER, TCPE
 111 Minnebago Street
 St. Louis, MO 63118

DATE OF REQUEST: 6-9-78
 EMPLOYEE'S INITIALS: [Handwritten initials]

CAUTION: Complete all items

Former Federal Employee informed of Privacy Act compliance requirements per instructions in NPRC-1067.45.

MONTH: 6 DAY: 18 YEAR: 25
 SOCIAL SECURITY NUMBER: [Redacted]

CURRENT NAME (Last, first, middle): SHAW, ROBERT T.

PREVIOUS FEDERAL EMPLOYMENT

AGENCY AND BUREAU	LOCATION	FROM	TO
WAR DEPT	PATTERSON 77B	Summer	8-6-42 ✓
STATE DEPT		1952	3-17-73 ✓

RECORDS OR INFORMATION REQUESTED

OFFICIAL PERSONNEL FOLDER

- Forward to requesting agency.
- Deliver to information desk for review by Federal Agent.
- Deliver to the appropriate Correspondence Unit Supervisor for review by employee.

STATEMENT OF SERVICE

- Mail to requester.
- Deliver to information desk.

FEDERAL EMPLOYEES GROUP LIFE INSURANCE

- Prepare and furnish duplicate original SF-56.
- Furnish SF-56.

CALL BACK (Specify information wanted below).

RECORDS OR INFORMATION SENT

- Folder enclosed. 6-13-78 [Handwritten initials]
- Folder was sent to your agency on
- Folder forwarded in place of information requested. Retain if person is rehired.
- Folder not received. Suggest you contact last employing office.
- Folder not located. Suggest further search in your agency. If still unlocated, verify correctness of name, and furnish date forwarded and several names of other folders in same shipment.
- Folder believed in custody of following agency. Original of your request sent to that agency for action.

TELEPHONE: ST COMMERCIAL/HOME 351-6144

NAME OF CALLER: MR. HENDRICKS

REMARKS:

CIA
 PERSONNEL OFFICE
 WASHINGTON, D.C.
 20505

← Enter complete address to which folder or reply is to be mailed. Include ZIP Code.

SHAW, ROBERT T. 06-18-25

Date: 1/23/79

MEMORANDUM FOR: Sup. Gp., ROB
SUBJECT : Request for Estimate of Annuities

JB
JK

1. Please provide estimate of annuities for:

Name: ROBERT T SHAW

Grade: GS-16

Component: IG

DOB: 06 18 25

SCD: 09 02 46

System: CDRDS

ETR: 11 JAN 1958

2. Remarks: OP FILE ATTACHED ROBE RETURN

COULD NOT FIND CDRDS FILE

JOHN McCOMB
Counselor, ROB/RAD

CONFIDENTIAL (when filled in)

NOTIFICATION OF PERSONNEL ACTION

SERVICE
FS

1 NAME (LAST, FIRST, MIDDLE) SHAW ROBERT T		MR	2 EMPLOYEE NO & SER 539700 M	3 BIRTH DATE (MM-DD-YY) 06-12-25	4 SOCIAL SECURITY NO.
5 LEVEL, PRECEDENCE, GRADE 2	6 PAY PLAN (3)	7 PAY GRADE 06	8 SERVICE START DATE 02-28-48	9 PAYROLL ACCOUNTING CODE 00	
10 LEGISLATION 1	11 DEPARTMENT 1	12 PAY PLAN AND GRADE 05-65	13 CIVIL SERVICE OR OTHER LEGAL AUTHORITY		
14 NATURE OF ACTION 317 RESIGNATION			15 EFFECTIVE DATE 03-17-73	16 CIVIL SERVICE OR OTHER LEGAL AUTHORITY	
17 FROM POSITION TITLE AND NUMBER S-00000-00 REASSIGNMENT DE -			18 PAY PLAN AND OCCUPATION CODE FR-97072	19 GRADE 03	20 SALARY PA\$29,462.00
21 NAME AND LOCATION OF EMPLOYING OFFICE DEPARTMENT OF STATE, WASHINGTON, D. C. 20520					
22 MISCELLANEOUS ASSIGNMENTS					

23 TO POSITION TITLE AND NUMBER	24 PAY PLAN AND OCCUPATION CODE	25 GRADE	26 SALARY	27 WORK SCHEDULE
28 NAME AND LOCATION OF EMPLOYING OFFICE DEPARTMENT OF STATE, WASHINGTON, D. C. 20520				

29 CITY AND STATE WASHINGTON DC	30 LOCATION CODE 110010001
31 ADDRESS 0113.0-1097-293600-000	32 APPOINTMENT INFORMATION 2
33 STATE AZ	

34 REMARKS

A. SUBJECT TO COMPLETION OF...
B. SERVICE CONTRACTING...
C. DURING PROBATION...
D. FROM EMPLOYMENT FOR 6 MONTHS OR LESS...

This action is subject to all applicable laws, regulations, policies and may be subject to challenge and approved by the United States Civil Service Commission or the Department. This action may be challenged or reviewed if not in accordance with applicable laws.

REASON: PERSONAL - NO OTHER INFORMATION AVAILABLE
FINAL PAYMENT TO BE MADE BY THE DEPARTMENT
FGLI COVERAGE-REGULAR ONLY

MR. ROBERT T. SHAW

35 DATE OF APPOINTMENT APPROVAL	36 DATE
37 OFFICE MAILING AND PERSONNEL FILES	38 DATE 03-21-73
39 CODE EMPLOYING DEPARTMENT OR AGENCY ST00	40 SIGNATURE AND TITLE DIRECTOR GENERAL
	41 SUBMITTING OFFICE NO 2951

2 PERSONNEL FILES

Form 09 1029

(3-73) approved by
(10-73) approved by

REQUEST FOR PERSONNEL ACTION

1105

FM/FO
APR 10 1973

PART I. REQUESTING OFFICE (fill in every space there is help lines)

A. DATE OF REQUEST 3/14/73		B. PACKAGED REQUEST DATE	C. REQUEST NUMBER	D. SERVICE FS	E. MGT/PS/TRANS. MGT/PS/TRANS. MGT/PS/TRANS.
F. NAME (LAST, FIRST, MIDDLE) SHAW, ROBERT T. MR.		G. MISS MRS.		H. EMPLOYEE NO. / S.I.R. 539700 M	I. BIRTH DATE / M / Y
J. KIND OF ACTION REQUESTED (1. PERSONNEL (Type appropriate management designation in 1))				K. RIF CODE	L. POSITION / SKILL CODES
M. POSITION (Specify position name, subject to)				N. POSITION VACATED 1. Remove position 2. Transfer 3. Abandon	
O. VETERAN PREFERENCE 1. NO 2. 5 PT 3. 10 PT DISAB 4. 10 PT COMP 5. 10 PT OTHER		P. TENURE CODE		Q. SERVICE COMP DATE	R. PHYSICAL HANDICAP CODE
S. FEGLI 1. COVERED 2. INELIGIBLE 3. WAIVED		T. RETIREMENT 1. CS 2. FCA		U. PS 3. PS 4. NONE 5. OTHER	V. MO & YR OF GRADE
W. NATURE OF ACTION 317 RESIGNATION			X. EFFECTIVE DATE (M / Y) 03-17-73		Y. CIVIL SERVICE OR OTHER LEGAL AUTHORITY

Z. FROM POS NO. S-00000-00	AA. POSITION TITLE FOREIGN SERVICE RESERVE OFFICER	AB. PAY PLAN AND OCCUPATION CODE FR-7072	AC. GRADE OR LEVEL 03	AD. SALARY pa\$ 27,400
AE. ORGANIZATION DESIGNATION MISCELLANEOUS ASSIGNMENTS				

AF. TO POS NO.	AG. POSITION TITLE	AH. PAY PLAN AND OCCUPATION CODE	AI. GRADE	AJ. STEP	AK. SALARY	AL. OTHER SCHED
AM. OPL CODE	AN. NEXT PS DUE	AO. ORGANIZATION DESIGNATION				

AP. DUTY STATION (if any other) WASHINGTON, D. C.		AQ. LOCATION CODE
AR. APPROPRIATION CODE 0113.0-1097-298600-000	AS. POSITION OCCUPIED 1. COMPETITIVE SERVICE 2. EXCEPTED SERVICE	AT. APPOINTED POSITION FROM TO STATE 1. PROMOTED 1 2. WAIVED 2

REASON: PERSONAL - No additional information available.

ADDRESS: [Redacted]

814
83.0

MAR 15 1973

AV. REQUESTED BY SIGNATURE: <i>Barbara B. Prather</i> TITLE: CA/FS/EUR - Barbara B. Prather	AW. REQUEST APPROVED BY SIGNATURE: <i>Charles R. Stout</i> TITLE: CA/FS/EUR - Charles R. Stout, Chief
---	---

PART II. TO BE COMPLETED BY PERSONNEL OFFICE (fill in every space there is help lines)			AX. PERFORMANCE RATING SATISFACTORY <input type="checkbox"/> IA <input type="checkbox"/> NEW <input type="checkbox"/> VICE <input type="checkbox"/> RE-HADED			
AY. CLEARANCE	AZ. INITIALS OR SIGNATURE	AA. DATE	AB. SUBJECT TO COMPLETION	AC. YEAR - PROBATIONARY PERIOD COMMENCING	AD. SERVICE COUNTING TOWARD CAREER TENURE FROM	AE. SUCCESSOR POSITION - EMPLOYEE RETAINED IN THE COMPETITIVE SERVICE
AB. CELL OR POS CONTROL	AC. CLASSIFICATION	AD. EMPLOYMENT	AE. APPROVED BY	AF. SEPARATE AND SHOW REASON BELOW CHECK IF APPLICABLE	AG. []	AH. []

PART III. TO BE COMPLETED BY EMPLOYEE

RESIGNATION EMPLOYEE SHALL BE EMPLOYED FOR THE PERIOD OF TIME INDICATED IN THIS FORM. (If the employee is not employed for the period of time indicated, the employee shall be considered to have resigned.)

RESIGN FOR THE FOLLOWING REASONS

RECEIVED

15 MAR 1973 PM 8.49



RESIGNED BY: ROBERT T. SHAW

RESIGNED FOR: NO OCCASION

THE EFFECTIVE DATE OF MY RESIGNATION WILL BE 3/17/73

(Signature)

PART IV. SEPARATION DATA

FORWARD COMMUNICATIONS INCLUDING SALARY CHECKS AND BONDS TO THE FOLLOWING ADDRESS

(Name)

(City)

(State)

(Zip)

PART I. (Continued)

REMARKS OF RESIGNING OFFICE

3/19/73

~~SHAW~~

SHAW, ROBERT T

RESIGNATION COB 3/17/73; FINAL SALARY PAYMENT BY THE DEPARTMENT.

NOT ENROLLED IN HEALTH BENEFITS PLAN

ADDRESS:



E. Kathryn Mallow
E. Kathryn Mallow
Chief, Retirement Branch
Personnel Services Division

EM

112 775 2 1 03



DEPARTMENT OF STATE

Washington, D.C. 20520

March 9, 1973

The Honorable William P. Rogers
The Secretary of State
Department of State
Washington, D.C. 20520

Dear Mr. Secretary:

It is with regret that I find it necessary to submit my resignation from the Foreign Service effective March 17, 1973.

I have enjoyed my years with the Foreign Service and hope that it will be possible for me to serve again in the future should circumstances permit.

Sincerely,

Robert T. Shaw

Robert T. Shaw

**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
SHAW	ROBERT	TYLER	JUNE 18, 25	
EMPLOYING DEPARTMENT OR AGENCY			LOCATION (City, State, ZIP Code)	
STATE - FOREIGN SERVICE			EMBASSY, MANAGUA	

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



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



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



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)

Robert Shaw

DATE

February 9, 1968

FOR EMPLOYING OFFICE USE ONLY

(official receiving date stamp)

February 9, 1968

James J. Young
James J. Young, Actg. Admin. Officer
American Embassy
Managua, Nicaragua

See Table of Effective Dates on Back of Original

ORIGINAL COPY—Retain in Official Personnel Folder

STANDARD FORM NO. 170-1
MAY 1962 EDITION
GSA GEN. REG. NO. 27
5010-108

HEALTH BENEFITS REGISTRATION FORM

NEW NUMBER (ISSUED BY)
6438716

Standard Form No. 298
REVISED 10-27-63
GSA GEN. REG. NO. 27

FEDERAL EMPLOYEES HEALTH BENEFITS ACT OF 1959

TO EMPLOYING OFFICE: SHOW OLD CARRIER'S NUMBER OR DATE OF REGISTRATION IN THIS PLAN. TO CHANGE OPTION OR TITLE OF EMPLOYMENT IN THE SAME PLAN, CANCEL ENROLLMENT OR TO CHANGE OPTION OR TITLE OF EMPLOYMENT IN THE SAME PLAN.

PART A ALL WHO REGISTER MUST FILL IN THIS PART.	1. NAME (LAST) (FIRST) (MIDDLE INITIAL) SHAW ROBERT T.	2. DATE OF BIRTH (Use Day-Month-Year) MONTH: 6 DAY: 18 YEAR: 25	3. ARE YOU NOW MARRIED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
	4. YOUR MAILING ADDRESS (AT HOME AND STREET) (CITY AND STATE AND ZIP CODE) (STATE) 	5. SEX MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/>	

IMPORTANT

IT IS ESSENTIAL FOR AN EMPLOYEE OR A MEMBER OF HIS FAMILY TO BE COVERED UNDER ONLY ONE ENROLLMENT. IF YOU ARE ALREADY COVERED THROUGH THE ENROLLMENT OF ANOTHER FEDERAL OR TERRITORY OR POSSESSION OR ANNUITY YOU MUST REGISTER NOT TO ENROLL OR THE OTHER ENROLLMENT MUST BE CANCELED. SIMILARLY IF A FAMILY MEMBER LISTED BY YOU IN PART B IS COVERED THROUGH HIS OR HER OWN ENROLLMENT YOU CANNOT LIST A FAMILY ENROLLMENT UNLESS THE FAMILY MEMBER CANCELS HIS OR HER ENROLLMENT.

PART B FILL IN THIS PART IF YOU WISH TO ENROLL OR CHANGE YOUR ENROLLMENT IN A HEALTH BENEFITS PLAN. If enrollment is for self only, answer item 1. If enrollment is for self and family, also answer item 2 and item 3 if it applies. IF YOU ARE CHANGING YOUR ENROLLMENT, ALSO FILL IN PART D.	1. I wish to enroll in a health benefits plan as shown below. I authorize the plan to take any action necessary to carry out the plan (see instructions on the back of this form). (Check the information requested below. Your health plan will be based on the plan you select.)		
	NAME OF PLAN	OPTION (HIGH OR LOW)	ENROLLMENT TYPE (SINGLE)
	2. To whom shall we list all eligible family members without exception. List those who are dependent, then your unmarried children under age 19 (include the health status of children, and whether or not dependent children who are under age 19 are dependent on you). Include also any dependent child over 19 who became disabled before age 19 and who, because of the disability, is incapable of self support. (Attach a doctor's certificate for a disabled child age 19 or over, if one is not already on file.)		
	DATE OF BIRTH (Month, Day, Year)	NAME OF FAMILY MEMBER	DATE OF BIRTH (Month, Day, Year)
Wife or Husband	1		6
	2		7
	3		8
	4		9
	5		10
3. If you are a former contributor or annuitant, does the health plan above include a dependent who is incapable of self support by reason of mental or physical disability which can be reported to insurance for benefits for a dependent child? (If you are a former contributor, if one is not already on file.)			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

PART C FILL IN THIS PART IF YOU WISH NOT TO ENROLL OR IF YOU WISH TO CANCEL YOUR ENROLLMENT.	1. I WANT TO ENROLL IN A PLAN OTHER THAN THE FEDERAL EMPLOYEES HEALTH BENEFITS PLAN.	2. I WANT TO CANCEL MY PRESENT ENROLLMENT UNDER THE HEALTH BENEFITS PLAN WHICH SHOWS BELOW.
	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

PART D FILL IN THIS PART, AS WELL AS PART B, TO CHANGE YOUR ENROLLMENT.	1. ENROLLMENT OR CHANGE OF PLAN	2. DATE OF EVENT WHICH TRIGGERED CHANGE
	MONTH: DAY: YEAR:	

PART E ALL WHO REGISTER MUST FILL IN THIS PART.	SIGNATURE OF EMPLOYEE OR MEMBER OF FAMILY Robert T. Shaw	DATE OF SIGNATURE Mar 27, 1963
	WARNING: Any statement made on this form or in a communication with the Commission regarding this form is a violation of the law. Section 1001 of the Code of Federal Regulations, 5 U.S.C. 552, is applicable to this form. (See U.S.C. 552.)	

PART F TO BE COMPLETED BY AGENCY.	DATE RECEIVED BY EMPLOYING OFFICE 3/28/63	DATE OF PLAN CHANGE 3/31/63 ✓
	19-00-0001	

REMARKS: *See 2-27-63*
Shaw

Standard Form No. 64
Revised April 1954
U. S. Civil Service Commission
F. P. M. Chapter XI
4 104

DESIGNATION OF BENEFICIAR^Y
FEDERAL EMPLOYEES' GROUP LIFE
INSURANCE ACT OF 1954

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)
SHAW	ROBERT	TYLER	JUNE 18, 1925

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," OR "X" NUMBER

(CSA or CSL or X number)

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

(Department or agency) _____ (Bureau) _____ (Division) _____ (Location—City and State) **WASH 25, D.C.**

I, the individual identified above, canceling any and all previous Designations of Beneficiary under the Federal Employees' Group Life Insurance Act heretofore made by me, do now designate the beneficiary or beneficiaries named below to receive any amount of GROUP LIFE INSURANCE and GROUP 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:

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
JANET LEE SHAW		WIFE	ALL

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 the right to cancel or change any Designation of Beneficiary at any time without knowledge or consent of the beneficiary.

Mar 27, 1963
(Date of execution—month, day, year)

Robert T Shaw
(Signature of insured)

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

<i>[Signature]</i> (Signature of witness)	1114 Ellen Ave. (Number and street)	Falls Church, Va. (City, zone number, and State)
<i>[Signature]</i> (Signature of witness)	2314 P St. NW (Number and street)	Washington, D.C. (City, zone number, and State)

PRINT OR TYPE NAME AND ADDRESS OF INSURED:

Robert T Shaw

THIS SPACE RESERVED FOR RECEIVING AGENCY

PER/END

MAR 27 1963

(Indicate date and by whom received)

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

IMPORTANT.—The filing of this form will completely cancel any Designation of Beneficiary under the Federal Employees' Group Life Insurance Act you may have previously filed. Be sure to name in this form all persons you wish to designate as beneficiaries of any group life and accidental death insurance payable under that act at your death.

EXAMPLES OF DESIGNATIONS

HOW TO DESIGNATE ONE BENEFICIARY

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
Mary E. Brown*	214 Central Avenue, Muncie, Ind.	Niece	All

HOW TO DESIGNATE MORE THAN ONE BENEFICIARY

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
Alice M. Long	609 Canal Street, Red Bank, N. J.	Aunt	One-fourth**
Joseph P. Brady	380 Williams Street, Red Bank, N. J.	Nephew	One-fourth
Catherine L. Rowe	792 Broadway, Whiting, Ind.	Mother	One-half

HOW TO DESIGNATE A CONTINGENT BENEFICIARY

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
John M. Parrish, if living	810 West 180th Street, New York, N. Y.	Father	All
Otherwise to: Susan A. Parrish	810 West 180th Street, New York, N. Y.	Sister	All

HOW TO CANCEL A DESIGNATION OF BENEFICIARY SO THAT AMOUNT DUE WILL BE PAYABLE AS PROVIDED IN THE LAW

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
Cancel prior designations			

*The first name refers to Mr. E. Brown or to Mrs. Julia H. Brown.
 **The share that the share to be paid to the several beneficiaries add up to 100 percent.

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)
	SHAW	Robert	Tyler	6-18-25

DEPARTMENT OR AGENCY IN WHICH EMPLOYED

[Empty box for Department or Agency]

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 drawn in section 2 of the act of August 8, 1950, Public Law 630, 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 canceled 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
JANET LEE SHAW		WIFE	ALL

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 the 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.

3-27-63

(Date of execution - month, day, year)

Robert T. Shaw

(Signature of employee)

WITNESSES TO SIGNATURE:

<i>Maddie Little</i> (Signature of witness)	1114 Ellen Ave. (Number and street)	Ellis Church, Va. (City, town number, and State)
<i>Ursula B. Shice</i> (Signature of witness)	216 East 101st (Number and street)	West 70e (City, town number, and State)

PRINT OR TYPE NAME AND ADDRESS OF EMPLOYEE

Robert T. Shaw

[Empty box for address]

THIS SPACE RESERVED FOR RECEIVING DATA OF EMPLOYING AGENCY

PER/EMO

MAR 27 1963

(Indicate date and by whom received)

IMPORTANT—The filing of this form will completely cancel any designation you may have previously filed. Be sure to name in this form all persons you wish to designate as beneficiaries of any unpaid compensation payable at your death.

EXAMPLES OF DESIGNATIONS

HOW TO DESIGNATE ONE BENEFICIARY

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
Catherine M. Jackson*	2808 Southern Avenue, Williams, Ind.	Sister	All

HOW TO DESIGNATE MORE THAN ONE BENEFICIARY

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
Susan L. Brown**	110 Prince Street, Anniston, N. Y.	Aunt	One-fourth
Mary Joe Carson	230 Duke Street, Anniston, N. Y.	Niece	One-fourth
Elizabeth H. Howard	2301 State Street, Weaver, Ohio	Mother	One-half

HOW TO DESIGNATE A CONTINGENT BENEFICIARY

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
William J. Johnson, if living	214 South Ann Street, Olney, Ga.	Father	All
Otherwise to: Sarah L. Johnson	244 South Ann Street, Olney, Ga.	Sister	All

HOW TO CANCEL A DESIGNATION OF BENEFICIARY SO THAT AMOUNT DUE WILL BE PAYABLE AS PROVIDED IN THE LAW

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
Cancel prior designations			

*Do not write as Mrs. C. M. Jackson or as Miss John H. Jackson

**Be sure that the share to be paid to the named beneficiary does not exceed 100 percent.

Standard Form No. 2800 CHAPTER I - FPMR 5. C.A.O. 3000		HEALTH BENEFITS REGISTRATION FORM FEDERAL EMPLOYERS HEALTH BENEFITS ACT OF 1959 Part 1. Name of last person. Use only hyphen or to			EMPLOYEE'S CONTROL NO. 153281	
PART A ALL WHO REGISTER MUST FILE IN THIS PART.	1. NAME (LAST)	(FIRST INITIAL)	2. DATE OF BIRTH (Use month day year)		3. Are you now married?	
	SHAW ROBERT T.		6	18	25	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
PART B FILL IN THIS PART IF YOU WISH TO ENROLL IN A HEALTH BENEFITS PLAN.	4. HOME ADDRESS (NUMBER AND STREET) (CITY AND ZIP NUMBER) (STATE)			5. SEX		
				MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/>		
PART C FILL IN THIS PART IF YOU WISH NOT TO ENROLL OR IF YOU WISH TO CHANGE YOUR ENROLLMENT.	6. Are you covered by, or is any family member listed below covered by or enrolled in, a plan under the Federal Employees Health Benefits Act of 1959 through the enrollment of another United States or District of Columbia Government employee or annuitant?			7. show your annual basic salary range.		
	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			UNDER \$4,000 <input type="checkbox"/> \$4,000 TO \$3,999 <input type="checkbox"/> \$6,000 TO \$9,999 <input checked="" type="checkbox"/> \$10,000 OR OVER <input type="checkbox"/>		
PART D FILL IN THIS PART IF YOU WISH TO CHANGE YOUR ENROLLMENT.	1. I elect to enroll in a health benefits plan as shown below. I authorize deductions to be made from my salary, compensation, or annuity to cover my share of the cost of the premium. (Copy the information requested below from inside cover of brochure of the plan you select.)					
	NAME OF PLAN		OPTION (HIGH OR LOW)		EMPLOYMENT STATUS	
PART E ALL WHO REGISTER MUST FILE IN THIS PART.	2. In space below list all eligible family members, without exception. List your wife or husband first. If you are unmarried, list your dependent children under age 19, including legally adopted children, and stepchildren and illegitimate children who live with you in a regular parent-child relationship. Include children under age 19 who because of illness before age 19 and who, because of the disability, is incapable of self-support. (Attach a doctor's certificate for a disabled child age 19 or over.)					
	NAMES OF FAMILY MEMBERS		DATE OF BIRTH (Month, Day, Year)		NAMES OF FAMILY MEMBERS	
Wife or Husband		[1]				
		[2]				
		[3]				
		[4]				
		[5]				
3. If you are a female (employee or annuitant) - does the family listed above include a husband who is incapable of self-support by reason of disability or physical incapacity which can be expected to continue for more than one year? (If answer is "Yes," attach a doctor's certificate.)						
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						
PART F TO BE COMPLETED BY AGENCY.	PLACE AN "X" IN ITEM 1 OR ITEM 2, AND IN THE APPROPRIATE BOX ANSWER ITEM 3					
	1. I elect not to enroll in any plan under the Health Benefits Act. <input checked="" type="checkbox"/>			2. The reason for my election is (Place an "X" in proper box):		
			(a) I am covered by a plan under the Health Benefits Act through the enrollment of my husband, wife, or parent. <input type="checkbox"/>			
			(b) I am covered by a health insurance plan which is not under the Health Benefits Act. <input checked="" type="checkbox"/>			
			(c) Any other reason <input type="checkbox"/>			
WARNING - Any intentional false statement in this application or willful misrepresentation or omission thereof is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 3 years, or both. (18 U.S.C. 1001)						
1. DATE RECEIVED BY EMPLOYER'S OFFICE			2. DATE THIS DATE OF ELECTORS			
3. PAYROLL OFFICE NO.			4. PAYROLL ACTION (INITIALS AND DATE)			
REMARKS FOR USE ONLY BY ANNUITANTS AND AGENCY.						

Standard Form No. 2809 CHAPTER I-51 PM 6 GAO 5-69		HEALTH BENEFITS REGISTRATION FORM FEDERAL EMPLOYEES HEALTH BENEFITS ACT OF 1959 (Part I) Fill in on back of last page. Use only provisions of the Act.			EMPLOYEE'S SOCIAL SECURITY NO. 153281		
PART A ALL WHO REGISTER MUST FILL IN THIS PART.	1. NAME (LAST) FIRST MIDDLE INITIAL SHAW ROBERT T.		2. DATE OF BIRTH (Full numerical) MONTH DAY YEAR 6 18 25		3. Are you now married? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
	4. ADDRESS (NUMBER AND STREET) CITY AND ZIP NUMBER (STATE) 		5. SEX MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/>		6. Are you covered by, or is any family member covered by or enrolling in, a plan under the Federal Employees Health Benefits Act of 1959 (through the enrollment of another United States or District of Columbia Government employee or annuitant)? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
	7. Show your annual basic salary LESSER \$4,000 <input type="checkbox"/> \$4,000 TO \$9,999 <input type="checkbox"/> \$10,000 OR OVER <input checked="" type="checkbox"/>		8. Are you covered by, or is any family member covered by or enrolling in, a plan under the Federal Employees Health Benefits Act of 1959 (through the enrollment of another United States or District of Columbia Government employee or annuitant)? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		9. \$0,000 TO \$9,999 <input checked="" type="checkbox"/> \$10,000 OR OVER <input type="checkbox"/>		
PART B FILL IN THIS PART IF YOU WISH TO ENROLL IN A HEALTH BENEFITS PLAN.	1. I elect to enroll in a health benefits plan as shown below. I authorize deductions to be made from my salary, compensation, or annuity to cover my share of the cost of the enrollment. (Copy the information requested below from inside cover of brochure of the plan you select.)						
	NAME OF PLAN		COSTS (HIGH OR LOW)		EMPLOYER'S PLAN NUMBER		
	2. In space below list all eligible family members without exception. List your wife or husband first, then your unmarried children under age 19, including legally adopted children, and stepchildren. Any child over age 19 who became disabled before age 19 and who, because of the disability, is incapable of self-support. (Attach a doctor's certificate for a disabled child age 19 or over.)						
If enrollment is for self only, answer item 1. If enrollment is for self and family, also answer item 2 and item 3 if it applies.	NAMES OF FAMILY MEMBERS		DATE OF BIRTH (Month, Day, Year)		NAMES OF FAMILY MEMBERS		
	DATE OF BIRTH (Month, Day, Year)		NAMES OF FAMILY MEMBERS		DATE OF BIRTH (Month, Day, Year)		
Wife or Husband		[1]				[6]	
		[2]				[7]	
		[3]				[8]	
		[4]				[9]	
		[5]				[10]	
3. If you are a female (employee or annuitant)—does the family listed above include a husband who is incapable of self-support by reason of mental or physical disability which can be expected to continue for more than one year? (If answer is "Yes," attach a doctor's certificate.) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
PART C FILL IN THIS PART IF YOU WISH NOT TO ENROLL OR IF YOU WISH TO CHANGE YOUR ENROLLMENT.	1. I elect not to enroll in any plan under the Health Benefits Act. <input checked="" type="checkbox"/>						
	2. I elect to enroll in my present enrollment under the Health Benefits Act. <input type="checkbox"/>						
3. The reason for my election is (Check one "X" in proper box): (a) I am covered by a plan under the Health Benefits Act through the enrollment of my husband, wife, or parent. <input type="checkbox"/> (b) I am covered by a health insurance plan which is not under the Health Benefits Act. <input checked="" type="checkbox"/> (c) Any other reason: _____							
PART D FILL IN THIS PART IF YOU WISH TO CHANGE YOUR ENROLLMENT.	1. I want to change my enrollment as follows by the _____ day of _____, 19____.						
	1. Enrollment code number of present plan		2. Name of plan which presents change		3. Date of event which presents change		
PART E ALL WHO REGISTER MUST FILL IN THIS PART.	Signature of Employee: Robert T. Shaw June 20, 1969				WARNING.—Any intentional false statement in this application or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001.)		
	1. NAME AND ADDRESS OF EMPLOYER/AGENCY		2. DATE RECEIVED BY EMPLOYER/AGENCY		3. EFFECTIVE DATE OF REGISTRATION		
PART F TO BE COMPLETED BY AGENCY.	1. NAME AND ADDRESS OF EMPLOYER/AGENCY		2. DATE RECEIVED BY EMPLOYER/AGENCY		3. EFFECTIVE DATE OF REGISTRATION		
	4. SIGNATURE OF AUTHORIZED AGENCY OFFICIAL		5. DATE RECEIVED BY EMPLOYER/AGENCY		6. EFFECTIVE DATE OF REGISTRATION		
REMARKS (USE ONE ONLY BY ANNUITANTS AND AGENCY.)							

DESIGNATION OF BENEFICIARY
FEDERAL EMPLOYEES' GROUP LIFE
INSURANCE ACT OF 1954

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)
SHAW ROBERT TYLER **JUNE 18, 1925**

DEPARTMENT OR AGENCY IN WHICH EMPLOYED (If retired, so state and give "CSA" or "CSI" number):
PER/POD

I, the employee or annuitant identified above, canceling any and all previous Designations of Beneficiary under the Federal Employees' Group Life Insurance Act heretofore made by me, do now designate the beneficiary or beneficiaries named below to receive any amount of GROUP LIFE INSURANCE and GROUP 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 I become insured in a department or agency other than the above, or until such time as I become insured as a retired employee, in which event this Designation of Beneficiary shall terminate.

INFORMATION CONCERNING THE BENEFICIARY OR BENEFICIARIES:

Name 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
JANET KEE RUGGLES SHAW		WIFE	100%

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 the right to cancel or change any Designation of Beneficiary at any time without knowledge or consent of the beneficiary.

MAY 17, 1956 (Date of execution) *Robert Shaw* (Signature of insured)

WITNESSES TO SIGNATURE (1 witness is ineligible to receive payment as a beneficiary):

James B. [Signature] 823. 22nd St. Wash. D.C. (City, zone number, and State)
Michael A. [Signature] 2150 Penn. Ave. NW D.C. (City, zone number, and State)

PRINT OR TYPE NAME AND ADDRESS OF INSURED
ROBERT T. SHAW
3000 N. OAKLAND ST.
ARLINGTON 7, VA.

THIS SPACE RESERVED FOR RECEIVING AGENCY
PER/POD
(Indicate date and by whom received)

IF IN FIELD AS AN EMPLOYEE, DELIVER BOTH COPIES TO THE PROPER OFFICE OF YOUR AGENCY. INDICATE WHY BE NOTED AND RETURNED. 16-70919-1
IF IN FIELD AS AN ANNUITANT, SEND BOTH COPIES TO THE CIVIL SERVICE COMMISSION, WASHINGTON 25, D.C.—DUPLICATE WILL BE NOTED AND RETURNED.

IMPORTANT—The filing of this form will completely cancel any Designation of Beneficiary under the Federal Employees' Group Life Insurance Act you may have previously filed. Be sure to name in this form all persons you wish to designate as beneficiaries of any group life and accidental death insurance payable under that act at your death.

EXAMPLES OF DESIGNATIONS

HOW TO DESIGNATE ONE BENEFICIARY

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
Mary E. Brown*	214 Central Avenue, Muncie, Ind.	Niece	All

HOW TO DESIGNATE MORE THAN ONE BENEFICIARY

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
Alice M. Long	509 Canal Street, Red Bank, N. J.	Aunt	One-fourth**
Joseph P. Brady	360 Williams Street, Red Bank, N. J.	Nephew	One-fourth
Catherine L. Rowe	792 Broadway, Whiting, Ind.	Mother	One-half

HOW TO DESIGNATE A CONTINGENT BENEFICIARY

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
John M. Parrish, if living	810 West 180th Street, New York, N. Y.	Father	All
Otherwise to: Susan A. Parrish	810 West 180th Street, New York, N. Y.	Sister	All

HOW TO CANCEL A DESIGNATION OF BENEFICIARY SO THAT AMOUNT DUE WILL BE PAYABLE AS PROVIDED IN THE LAW

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
Cancel prior designations			

*Do not write name as M. E. Brown or as Mrs. John H. Brown.
 **Be sure that the shares to be paid to the several beneficiaries add up to 100 percent.



DEPARTMENT OF STATE
PERSONNEL ACTION
AND
AUTHORIZATION OF OFFICIAL TRAVEL
Applicable Regulations: 6 FAM 100 & FAM 510.4

You are hereby authorized to perform official travel at Government expense as indicated herein. Unless otherwise noted, all expenses and the maximum per diem under the regulations are authorized. Unless otherwise noted, shipment of effects is authorized from station of origin to station of destination if allowances are shown in item 15.

1. NAME, ADDRESS AND EMPLOYER TITLE SHAW, ROBERT T AMERICAN EMBASSY TEGUCIGALPA, HONDURAS		2. EMPLOYEE NUMBER 533700	3. AUTHORIZATION NUMBER 3-60799
		4. SOCIAL SECURITY NUMBER	5. AUTHORIZATION DATE JULY 19, 1972
7. NEW POSITION TITLE, NUMBER AND OCCUPATION CODE FOREIGN SERVICE RESERVE OFFICER		6. GRADE R-03 7072 ()	8. DO NOT START TRAVEL PRIOR TO
9. ACCOUNTING CLASSIFICATION: The coding A through E must be shown on all documents issued under this authority and must appear on all vouchers, invoices, etc.		S-00000-00(P)	
A. FUND 1930113	B. ALLOTMENT 2025	C. OBLIGATION NUMBER 360799	D. ORGANIZATION CODE 298000
E. FUNCTION 52-23	10A. STATION OF ORIGIN TEGUCIGALPA, HONDURAS		10B. LOCATION CODE 0113.0-2081
10C. STATION OF DESTINATION WASHINGTON, D.C. (CA)		10D. LOCATION CODE 312601	11. COLLECT 2099
12. QUARTERS AVAILABILITY 1 UNFURNISHED 2 UNFURNISHED 3 FURNISHED 2		15. ALLOWANCES FOR SHIPMENT AND STORAGE OF HOUSEHOLD EFFECTS (SEE WEIGHT) A. SHIPPED SHIPMENT 00000 B. TOTAL ALLOWANCE 13000	
17. NUMBER OF DEPENDENTS A. ADULTS 4 B. CHILDREN 1 7 to 12 0 2 UNDER 7 0		16. FOREIGN MOTOR VEHICLE A. SHIPMENT AUTHORIZED 2 1 YES 2 NO B. MEETS CRITERIA OF 6 FAM 165 B. SUBSECTION	
18. EXCESS BAGGAGE (For air travel) 000		19. TOTAL NUMBER OF DAYS TRAVEL DUTY AUTHORIZED BELOW INCLUDING THOSE WITHOUT PER DIEM UNDER THIS AUTHORIZATION AND AMENDMENTS A. CONSULTATION (IN CALENDAR DAYS) 00 B. TRAINING (CALENDAR DAYS) 000 C. TOTAL (CALENDAR DAYS) 000	

THIS SECTION FOR PERSONNEL ACTION ONLY. When completed for permanent change of station, this document constitutes a valid personnel action for transfer between posts. **DO NOT USE FOR R. T., HOME LEAVE OR FIELD AMENDMENTS.**

20. SALARY PA \$ 28,022	21. SALARY APPROPRIATION AND ALLOTMENT 0113.01027	22. EFFECTIVE DATE 728 10-15-72	23. DR. CODE DE
-----------------------------------	---	---	---------------------------

24. REMARKS, SPECIAL INSTRUCTIONS, SPECIAL AUTHORIZATION, AND OTHER MATTERS
1070XXXX

I HAVE 20 CONCURRENT EXPENSE AT TUCCSON, ARIZONA AND TRANSFER. THE PERSONAL AND HOUSEHOLD EFFECTS OF THIS EMPLOYEE AND MEMBERS OF HIS FAMILY ARE ELIGIBLE FOR DUTY-FREE ENTRY UNDER ITEM 317.00 OF THE TARIFF SCHEDULE OF THE U. S. REMOVAL OF EFFECTS FROM STORAGE AT BALTIMORE, MARYLAND WHERE STORED UNDER T. A. 2-19303-3252 AND SHIPMENT TO WASHINGTON, D.C. AUTHORIZED. REMOVAL OF EFFECTS FROM STORAGE AT MEXICO CITY, MEXICO WHERE STORED UNDER T. A. 2-95952-0011 AND SHIPMENT TO WASHINGTON, D.C. AUTHORIZED. AUTHORITY FOR STORAGE OF EFFECTS AT GOVERNMENT EXPENSE ISSUED PRIOR TO THE DATE OF THIS AUTHORIZATION WILL TERMINATE THREE MONTHS AFTER YOUR ARRIVAL AT STATION OF DESTINATION. TOUR OF DUTY OF FOUR YEARS (SUBJECT TO THE NEEDS OF SERVICE).
DEPENDENTS: W/JANET; D/BARBARA 7/27/52; S/RICHARD 9/10/55; S/THOMAS 9/10/55

25. EFFECTIVE DATE 08/72	26. EXPIRES 10/72	27. AUTHORIZING OFFICER
28. AUTHORITY FOR TRAVEL (SEE 6 FAM 100) TEGUCIGALPA/TUCSON, ARIZONA/ WASHINGTON, D.C.		
29. TRAVEL AND LODGING BY A. OFFICE CA/ES/EUR	B. STAGE CRSOUT/RE BRATHR	

30. DATE
07/17/72
31. SIGNATURE
GBS

PAGE 409

FED-EMP-ACT OF 1970, PL92-210, DEC. 22, 1971, EX. OR 11637 EFF 1-9-72

PREPARED BY 01/10/72
DATA AS OF 01/09/72

NEW NAME	SIC SEC NUMBER	N PP	N CR	PSI	OLD SALARY	NEW SALARY
					1003300	1058300
					1514100	1597300
					693900	731900
					1835300	1936200
					3259300	3430700
					1247200	1315900
					1776100	1873700
					1291300	1362200
					1140400	1203100
					1086700	1146400
SUAN ROBERT T					2656300	2802200
					772700	819300
					1287900	1393500
					874000	922100
					827600	867900
					2131100	2248700
					2817900	2967800
					2434900	2568800
					1081900	1141400
					552400	582800
					2587500	2724400

DEPARTMENT OF STATE
PAY ROLL CHANGE SLIP

528828199

PL.	ORIG. CODE	POSITION NO.	ACTV. & PURPOSE	EFFECTIVE DATE	DATE OF LAST EQUIV. INCREASE
11011111A	3126		2101 2101	07-01-71	
EMPLOYEE'S NAME	EMPLOYEE NO.	PAY & PLAN SERV. & GRADE	NEW SALARY RATE	OLD SALARY RATE	
SHAW ROBERT T	539700		24368	25825	
LWOP DATA (in appropriate spaces covering LWOP during following periods) Periods: <input type="checkbox"/> No excess LWOP. TOTAL EXCESS LWOP _____ (Check applicable box in case of excess LWOP) <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD. <input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD.					<input checked="" type="checkbox"/> Merit Step Increase <input type="checkbox"/> Other Step Increase _____ <input type="checkbox"/> Pay Adjustment _____
REMARKS Performance rating is satisfactory or better. JOHN H BURNS (Signature or other authentication)					

PERSONNEL COPY

PAGE 8894

FEDERAL PAY COMPATABILITY ACT OF 1970, PL 91-656

PREPARED ON 02/05/71
DATE AS OF 01/31/71

NAME	EMPLOYEE NUMBER	SEC NUMBER	SEC NUMBER	PAY PLAN	GRADE	NEXT PSI	OLD SALARY	NEW SALARY
SHAW ROBERT T	539700			FR	03	001	24368	25825
							24368	25825

RECORD COUNT = 1

APPOINTMENT AFFIDAVITS

IMPORTANT.—Before swearing or affirming to these appointment affidavits, you should read and understand the attached information for appointee

First Secretary and Consul November 20, 1970
(Position to which appointed) (Date of appointment)
Department of State Foreign Service of the U. S. Tegucigalpa, Honduras
(Department or agency) (Bureau or Division) (Place of employment)

I, Robert T. Shaw, 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; and 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 this appointment.

Robert T. Shaw
(Signature of appointee)

Subscribed and sworn (or affirmed) before me this 12th day of May, A.D. 1971,

at Tegucigalpa, Honduras
(City) (State)

[SEAL]

Allan F. McLean, Jr.
(Signature of officer)

Consul of the United States of America
(Title)

Commission expires _____
(If by a Notary Public, the date of expiration of the Commission should be shown)

NOTE.—The oath of office must be administered by a person specified in 5 U.S.C. 2903. The words "SO HELP ME GOD" in the oath and the word "swear" wherever it appears above should be stricken out when the appointee elects to affirm rather than swear to the affidavits; only these words may be stricken and only when the appointee elects to affirm the affidavits.

FORM DS 1637

JOURNAL NUMBER

NOTIFICATION OF PERSONNEL ACTION

SERVICE

FB

1 NAME (LAST, FIRST, MIDDLE) SHAW, ROBERT T. MR.	MR MISC CLASS	2 EMPLOYEE NO. & SER 539700M	3 BIRTH DATE (MM-DD-YY) 06-18-25	4 SOCIAL SECURITY NO.
5 REG 2	6 POINTS (3)	7 GRADE 06	8 BIRTH DATE (MM-DD-YY) 08-28-48	9 SOCIAL SECURITY NO. 0
10 REG A	11 MISC CLASS 1	12 GRADE 05-65	13 BIRTH DATE (MM-DD-YY)	14 SOCIAL SECURITY NO.

15 FROM POSTAL OFFICE AND NUMBER	16 PAY PLAN AND OCCUPATION CODE	17 GRADE	18 SALARY
----------------------------------	---------------------------------	----------	-----------

19 NAME AND LOCATION OF EMPLOYING OFFICE DEPARTMENT OF STATE, WASHINGTON, D. C. 20520

20 NAME AND LOCATION OF EMPLOYING OFFICE DEPARTMENT OF STATE, WASHINGTON, D. C. 20520	21 GRADE 03	22 SALARY (pa \$24,368) P
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23 NAME AND LOCATION OF EMPLOYING OFFICE DEPARTMENT OF STATE, WASHINGTON, D. C. 20520	24 GRADE 001	25 SALARY (pa \$24,368) P
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26 NAME AND LOCATION OF EMPLOYING OFFICE TEGUICIGALPA, HONDURAS	27 LOCATION CODE 918000430
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28 IDENTIFICATION NUMBER 0113.0-2081-312601-000	29 IDENTIFICATION NUMBER 09720972	30 POSITION GRADE 2	31 APPROXIMATE LOCATION	32 STATE
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33 REMARKS

34 REMARKS

35 REMARKS

PEGLI COVERAGE REGULAR AND OPTIONAL.
 EXECUTE BY 61.

36 DATE OF APPLICATION	37 SIGNATURE AND TITLE
------------------------	------------------------

38 SIGNATURE AND TITLE

39 SIGNATURE AND TITLE

2 PERSONNEL FOLDER

SUBMITTING OFFICE NO 2951

Mr. Tolson
 Mr. Boardman
 Mr. Nichols
 Mr. Belmont
 Mr. Mohr
 Mr. DeLoach
 Mr. Casper
 Mr. Callahan
 Mr. Conrad
 Mr. Felt
 Mr. Gale
 Mr. Rosen
 Mr. Sullivan
 Mr. Tavel
 Mr. Trotter
 Mr. Tele. Room
 Mr. Holmes
 Miss Gandy

REQUEST FOR PERSONNEL ACTION

Form 88, 1968
(Exception to 47 U.S. approved by
CMA and R of R July 1967)

PART I. REQUESTING OFFICE (Fill in items except those on heavy lines)

PAS/PC 11-24-70, BLM

A. DATE OF REQUEST 6/22/70	B. EMPLOYE EFFECTIVE DATE	C. REQUEST NUMBER	D. SERVICE (U.S. or LAF) FS	E. PRINTING ARA	F. TRANS T & RL/33/70
1. NAME (Last, First, Middle) SHAW, ROBERT T.		MR. MR.	2. EMPLOYEE NO. & GRADE 539700 M	3. BIRTH DATE (Mo. Day Yr.) 06/18/25	4. SOCIAL SECURITY NO.
7. KIND OF ACTION REQUESTED IN PERSONNEL (Specify appointment, reassignment, re-qualification etc.)			8. POSITION WHC	9. POSITION CREATED	10. SKILL CODES

5. VETERAN PRECEDENCE 1-NO 2-PT 3-PT	6-10 PT. DISAB. 4-10 PT. COMP.	6-10 PT. OTHER	8. TENURE 1-ES 2-PTA	9. CODE 1-PS 4-NONE 5-OTHER	7. SERVICE CAMP DATE	11. PHYSICAL HANDICAP CODE
1- COVERED	2- INELIGIBLE	3- WAIVED	10. RETIREMENT	10A. MO & YR. OF GRADE	11 (If no CSC etc)	

15. FROM POS NO. 2-035	GRADE OR LEVEL	18. SALARY 522,352
----------------------------------	----------------	------------------------------

19. ORGANIZATION DESIGNATION CENT	23. SALARY #24,368	24. WAGE SCALE 222,332
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24. ORGANIZATION DESIGNATION TEGUCIGALPA	25. DUTY STATION (City or State) TEGUCIGALPA, HONDURAS	26. LOCAL ID CODE 918000430
--	--	---------------------------------------

27. APPOINTMENT CODE 0113.0 - 2081 - 312601-CCO	28. POSITION ACQUIRED 1. COMPLETION PERIOD 2. FROM TO	29. APPOINTMENT PERIOD FROM TO STATE
---	---	---

1. REMARKS (Show if applicable, any known additional modified reasons for resignation)
04720972

EFFECTIVE DATE OF TRANSFER: 9/6/70

APPROVED BY MEAShe, ARA:LA:POD	REQUEST APPROVED BY JCLARK
--	--------------------------------------

PART II. TO BE COMPLETED BY PERSONNEL OFFICE (Use in inside heavy lines in PART I above also to be Completed)		
L. CLEARANCES	INITIALS OR SIGNATURE	DATE
(1)		
(2) CELL OR POS. CONTROL		
(3) CLASSIFICATION		
(4) EMPLOYMENT		
(5)		
16. APPROVED BY	TITLE & RANK - BLGROVES Sig 6/24/70	
	ARA:LA:POD:MEAShe 6/22/70	

01-22-11
 100
 100
 100

Recd FSC
 6-23-76

PART III. TO BE COMPLETED BY EMPLOYEE
 RESIGN FOR THE FOLLOWING REASONS:
 (Check appropriate box)
 I RESIGN FOR THE FOLLOWING REASONS:
 (Check appropriate box)
 THE EFFECTIVE DATE OF MY RESIGNATION WILL BE:

PART IV. SEPARATION DATA
 FORWARD COMMUNICATIONS, INCLUDING SALARY CHECKS AND BONDS, TO THE FOLLOWING ADDRESS:
 (Name) (Address) (City) (State) (Zip)

PART 4. (Continued)
 I REMAINS BY REQUESTING OFFICE

100-118-100-0001
 2510
 100

100-118-100-0001
 2510



DEPARTMENT OF STATE
PERSONNEL ACTION
AND
AUTHORIZATION OF OFFICIAL TRAVEL
Applicable Regulations: 6 FAM 100 & FM-1 510.4

You are hereby authorized to perform official travel of Government expense as indicated herein. Unless otherwise noted, all expenses and the maximum per diem under the regulations are authorized. Unless otherwise noted, shipment of effects is authorized from station of origin to station of destination if allowances are shown in item 15.

1. NAME, ADDRESS AND DIPLOMATIC TITLE SHAW, ROBERT T. AMERICAN EMBASSY MANAGUA, NICARAGUA		2. EMPLOYEE NUMBER 539700	3. AUTHORIZATION NUMBER 0-64968
4. SOCIAL SECURITY NUMBER		5. CLASS R-03 5550 ()	
6. AUTHORIZATION DATE JUN. 24, 1970		7. DO NOT START TRAVEL PRIOR TO: JUL. 9, 1970	
8. ACCOUNTING CLASSIFICATION: The coding (A through E) must be shown on all documents issued under this authority and must appear on all vouchers, invoices, etc., etc.		9. ACCOUNTING CLASSIFICATION: The coding (A through E) must be shown on all documents issued under this authority and must appear on all vouchers, invoices, etc., etc.	
A. FUND 1900113	B. ALLOTMENT 2025	C. OBLIGATION NUMBER 064968	D. ORGANIZATION CODE 312601
E. FUNCTION 51-24		10A. STATION OF ORIGIN MANAGUA, NICARAGUA	
10B. LOCATION CODE 313001		11. OBJECT 2099	
12. STATION OF DESTINATION TEGUCIGALPA, HONDURAS		13. AMOUNT	
14. QUARTERS AVAILABILITY 1. UNKNOWN 2. UNFURNISHED 3. FURNISHED 1		15. ALLOWANCES FOR SHIPMENT AND/OR STORAGE OF HOUSEHOLD EFFECTS - NET WEIGHT A. LIMITED SHIPMENT 04500 B. TOTAL ALLOWANCE 13000	
16. FOREIGN MOTOR VEHICLE A. SHIPMENT AUTHORIZED 2 1. YES 2. NO		B. MEETS CRITERIA OF 6 FAM 165A, SUBSECTION	
17. NUMBER OF DEPENDENTS A. ADULTS B. 2 to 12 C. Under 2 4 0 0		18. EXCESS BAGGAGE (if over travel) 000	
19. TOTAL NUMBER OF NON TRAVEL DAYS AUTHORIZED BELOW, INCLUDING THOSE WITHOUT PER DIEM UNDER THIS AUTHORIZATION (AND AMENDMENTS) A. CONSULTATION (WORKDAYS) 05 B. TRAINING (CALENDAR DAYS) 000 C. TDY (CALENDAR DAYS) 000		20. THIS SECTION FOR PERSONNEL ACTION ONLY. When completed for permanent change of station, this document constitutes a valid personnel action for transfer between Posts. DO NOT USE FOR R. T. HOME LEAVE OR FIELD AMENDMENTS.	
20. SALARY pa \$ 24,368	21. SALARY APPROPRIATION AND ALLOTMENT 0113.0-2081	22. NATURE OF ACTION AND EFFECTIVE DATE 727 09/06/70	23. DPL CODE DA
24. ITINERARY, SPECIAL INSTRUCTIONS, SPECIAL AUTHORIZATION AND REMARKS		09/20972 06250	

25. ITD (Old post)			26. ETA (New post) 09/70			27. AUTHORIZING OFFICER		
28. AUTHORIZED ITINERARY FOR DEPENDENTS MANAGUA/TUCSON/TEGUCIGALPA								
29. TRAVEL REQUESTED BY A. OFFICE ARA/LA/PCD B. EMPLOYEE NEASHE GARVSE								

DEPENDENTS: WIFE-JANET
DAU -BARBARA LEE
SON -RICHARD W.
SON -THOMAS R.
07/27/52
09/10/55
09/10/55

FORM DS-1042
3-5-69

DEPARTMENT OF STATE
PAY ROLL CHANGE SIIP

586820019

POST MADAGUA	ORG CODE 3339	POSITION ID.	ALLOT. & ALIQUITY & PURPOSE 0133 3-81	EFFECTIVE DATE 07-01-70	DATE OF LAST EQUIV. INCREASE
EMPLOYEE'S NAME SHAW ROBERT T	EMPLOYEE NO. 939700	CATG & CLASS SERV. & GRADE FSR 03	NEW SALARY RATE 824,368	OLD SALARY RATE 823,072	<input checked="" type="checkbox"/> Periodic Step-Increase

LWOP DATA (Use in appropriate spaces covering LWOP during following period(s))

NO EXCESS LWOP. TOTAL EXCESS LWOP _____

IN PAY STATUS AT END OF WAITING PERIOD.

IN LWOP STATUS AT END OF WAITING PERIOD.

Initials of Clerk _____

Other Step-Increase _____

Pay Adjustment _____

REMARKS

Performance rating is satisfactory or better.

JOHN M BURNS

(Signature or other authentication)

PERSONNEL COPY

FEDERAL SALARY ACT-1970, PL 90-231, DEC 23, 1967

PREPARED BY 05/01/70
DATA AS OF 04/25/70

NAME	EMPLOYEE NUMBER	SOC SEC NUMBER	PAY PLAN	GRADE	NEXT PSI	OLD SALARY	NEW SALARY
					052	13103	13840
					190	7094	7519
					051	10744	11432
					252	8739	8734
					131	13103	13890
					051	10785	11432
					000	27354	28995
					000	14132	14980
					161	11186	11955
					120	6568	6961
					170	9388	9951
					000	29841	31632
					001	31704	33609
					000	5522	5853
					170	9104	9649
<u>SHAW ROBERT Y</u>	536700				000	22332	23672
					163	11419	12104
					029	6865	7276
					210	6865	7276
					000	18447	19555
					000	20361	21584
					160	7894	8368
					110	7552	8005
					071	20385	21608
					041	10443	11096
					041	11316	11995

PERSONNEL TRANSACTION REGISTER

EMPLOYEE

SHAW ROBERT T

PREPARED ON 07/23/69
PERIOD ENDING 07/18/69

ACTION DATA NAME DATA ELEMENTS

SECTION 01

EMPLOYEE NUMBER 939700

SSN IC CODE 5

SCC SEC NUMBER

NEW PAY PLAN FR

NEW GRACE 03

NEW SALARY 22332

PSI PAY PERIOD 000

• ERROR

FORM CTL CODE

NAT ACTION CODE 902

PUBLIC LAW PAY INCREASE

EFFECTIVE DATE 07/13/69

FORM DS-1042
7-15-60

DEPARTMENT OF STATE
PAY ROLL CHANGE SLIP

SECRET

POST MANTOVA	ORG CODE 3110	POSITION NO.	ALLOT & ACTIVITY & PURPOSE 11130 2081	EFFECTIVE DATE 67-1-09	DATE OF LAST EQUIV. INCREASE
EMPLOYEE'S NAME SPAN ROBERT T	EMPLOYEE NO. 919700	CATS & CLASS SERV. & GRADE FSM 03	NEW SALARY RATE 122.333	OLD SALARY RATE 119.731	<input checked="" type="checkbox"/> Periodic Step Increase
LWOP DATA (fill in appropriate spaces covering LWOP during following periods): <input type="checkbox"/> NO EXCESS LWOP. TOTAL EXCESS LWOP _____ <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD. <input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD.			<input type="checkbox"/> Other Step Increase _____ <input type="checkbox"/> Pay Adjustment _____		

REMARKS
 Performance rating is satisfactory or better.
 JOHN H STEEVES
 (Signature of other authorization)

PERSONNEL COPY

FORM DS-1042
7-15-60

DEPARTMENT OF STATE
PAY ROLL CHANGE SLIP

POST MANTOVA	ORG CODE 3110	POSITION NO.	ALLOT & ACTIVITY & PURPOSE 11130 2081	EFFECTIVE DATE 7-01-68	DATE OF LAST EQUIV. INCREASE
EMPLOYEE'S NAME SPAN ALBERT T	EMPLOYEE NO. 919700	CATS & CLASS SERV. & GRADE FSM 03	NEW SALARY RATE 118.270	OLD SALARY RATE 117.720	<input checked="" type="checkbox"/> Periodic Step Increase
LWOP DATA (fill in appropriate spaces covering LWOP during following periods): <input type="checkbox"/> NO EXCESS LWOP. TOTAL EXCESS LWOP _____ <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD. <input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD.			<input type="checkbox"/> Other Step Increase _____ <input type="checkbox"/> Pay Adjustment _____		

REMARKS
 Performance rating is satisfactory or better.
 JOHN H. STEEVES
 (Signature of other authorization)

PERSONNEL COPY

FEDERAL EMPLOYEES SALARY ACT OF 1967

PUB. LAW 90-206

JULY 14 1968

5397CO SHAW ROBERT T

FR 03-04 \$18,278 \$19,737 313001

NOTIFICATION OF PERSONNEL ACTION

COPIES
 78

1 NAME (LAST, FIRST, MIDDLE) SHAW, ROBERT T. MR.		2 EMPLOYEE NO. & SER. 539700M		3 BIRTH DATE (MM-DD-YY) 06-18-25		4 SOCIAL SECURITY NO. [REDACTED]	
5 VETERAN PRESENTMENT 1 NO 2 YES 3 NO OF YEARS 4 NO OF YEARS 2		6 TENURE 1 (3) 2 (6)		7 SERVICE COMP. DATE 08-28-48		8 PERSONAL HANDICAP CODE 0	
9 STATUS 1 CONTINUED 2 INQUIRY 3 BANNED 1		10 APPOINTMENT 1 YES 2 NO 3 OTHER 1		11 DATE OF CHARGE 05-65		12 FEDERAL EMP.	
13 NO. OF ACTION 760		14 EFFECTIVE DATE EXTENSION OF LIMITED APPOINTMENT 03-27-68		15 CIVIL SERVICE OR OTHER LEGAL AUTHORITY SEC. 522.3, P.L. 724 79TH CONGRESS AS AMENDED			
16 FROM POSITION TITLE AND NUMBER		17 PAY PLAN AND OCCUPATION CODE		18 GRADE		19 SALARY	
20 NAME AND LOCATION OF EMPLOYING OFFICE [REDACTED] WASHINGTON, D. C. 20520							

21 TO POSITION TITLE AND NUMBER 1-067		22 PAY PLAN AND OCCUPATION CODE ()		23 GRADE 03 138		24 SALARY (pa\$17,724) 1	
25 NAME AND LOCATION OF EMPLOYING OFFICE DEPARTMENT OF STATE, WASHINGTON, D. C. 20520							

26 LOCATION CODE MANAGUA, NICARAGUA		27 LOCATION CODE 917000665					
28 POSITION OCCUPIED 1 CLASS TITLE 0113.C-2081-313001-000.10700768				29 POSITION OCCUPIED 1 ACCEPTED SERVICE 2		30 APPOINTMENT POSITION 1 FROM TO STATE	

31 REMARKS
 A SUBJECT TO COMPLETION OF READ FOR MATURITY FOR PROMOTION COMMENSURING
 B SERVICE COUNCIL MAKING CAREER FOR PERMANENT TENURE FROM

32 REASON FOR ACTION (CHECK IF APPLICABLE)
 C DURING PROBATION D TERM APPOINTMENT OF 6 MONTHS OR LESS

This notification of personnel action is subject to the provisions of the United States Civil Service Commission of the Federal Government. It is subject to the provisions of the Civil Service Commission of the United States Government.

LIMITED APPOINTMENT EFFECTIVE 3-27-63 IS HEREBY EXTENDED FOR A PERIOD NOT TO EXCEED FIVE YEARS OR NEEDS OF EMPLOYER, SERVICE, WHICHEVER IS LESS.
 WFE 3-26-73.

33 DATE OF APPOINTMENT (MM-DD-YY)		34 SIGNATURE (PRINT NAME AND TITLE)	
35 OFFICE EMPLOYING PERSONNEL OFFICER		36 DATE	
37 LOCAL EMPLOYING DEPARTMENT OR AGENCY		38 SUBMITTING OFFICE NO. 2051	

MI 3-5
 P

2 PERSONNEL FOLDER

REQUEST FOR PERSONNEL ACTION

PART I. REQUESTING OFFICE (Fill in items except those in heavy lines)

A DATE OF REQUEST 2/23/68		B POSITION EFFECTIVE DATE		C REQUEST NUMBER		D SERVICE PS		E DRAFTING ARA PM/PC 2/26/68		F TRANS LEAVE & RET 2/27		G APPROVED [Signature]					
1 NAME (CAPS) Last First Middle SHAW, ROBERT T.				MR MISS MRS MR.		2 EMPLOYEE NO & SEA 539700 M		3 BIRTH DATE (MM/DD) 6/18/25		4 SOCIAL SECURITY NO.							
F KIND OF ACTION REQUESTED (1) PERSONNEL (Specify department, functional organization etc.)												RIF CODE		G POSITION		SKILL CODES	
12) POSITION (Specify position title, grade etc.)												H POSITION VACATED 1 - Reserve 2 - 1st 3 - Ad. Job					
5 VETERAN PREFERENCE 1 - NO 2 - 5 PT 3 - 10 PT DISAB 4 - 10 PT COMP			6 TENURE CODE			7 SERVICE COMP DATE		8 PHYSICAL HANDICAP CODE									
9 FEEL: 1 - COVERED 2 - RELIGIOUS 3 - BANNED			10 RETIREMENT 1 - CS 2 - PCA			3 - PS 4 - WARR 5 - OTHER		10A MO & YR OF GRADE		11 (For C.N.C. use)							
12 NATURE OF ACTION EXTENSION FOR LIMITED APPOINTMENT						13 EFFECTIVE DATE (MM/DD) 3/27/68		14 CIVIL SERVICE OR OTHER LEGAL AUTHORITY Sec. 522.3, P.L. 724-794 Congress as amended									
15 FROM POS NO 1-067			POSITION TITLE			16 PAY PLAN AND OCCUPATION CODE		17 GRADE OR LEVEL 03		18 SALARY \$16,941							
19 ORGANIZATION DESIGNATION MANAGUA																	

20 TO POS NO 1-067		POSITION TITLE		21 PAY PLAN AND OCCUPATION CODE		22 GRADE 03		STEP		23 SALARY \$17,724		WORK SCHED
UPR CODE												
24 ORGANIZATION DESIGNATION MANAGUA												

25 DUTY STATION (City and State) MANAGUA, Nicaragua		26 POSITION CODE 1170000665	
27 APPLICATION NO. G113.0 - 2021 - 313001			

REMARKS: Limited appointment effective 3-27-63 is hereby extended for a period not to exceed five years or needs of employees whichever is less. NTE 3-26-73.

SIGNATURE MEASHE, ARA:MGT:SOP		SIGNATURE ROBERTIN, ARA:MGT:SOP	
---	--	---	--

PART II. TO BE COMPLETED BY PERSONNEL OFFICE

1. CLEARANCES	INITIALS OR SIGNATURE	DATE	2. REQUEST APPROVED	3. SUBJECT TO COMPLETION
2/3			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. CLASSIFICATION			4. LEAVE ACCUMULATED	5. SUCCESSOR POSITION
4. EMPLOYMENT			6. REASON FOR SELECTION	7. OTHER
5. APPROVED BY				

ARA:MGT:SOP:MEASHE 2/23/68

FEDERAL EMPLOYEES SALARY ACT OF 1967

PUB. LAW 90-206

SEPTEMBER 6 1967

539700 SHAW ROBERT T

FR 03-03 \$16,941 \$17,724 \$18,001

FEDERAL EMPLOYEES SALARY ACT OF 1966

PUB. LAW 89-504

1 JULY 1966

539700 SHAW ROBERT T

FR 03-02 \$18,929 \$18,391 \$12801

DEPARTMENT OF STATE

PAY ROLL CHANGE SLIP

FORM 05-1042
7-15-60

POST	ORG. CODE	POSITION NO.	ALLOT. & ACTIVITY & PURPOSE	EFFECTIVE DATE	DATE OF LAST EQUIV. INCREASE
MANAGUA	3130		01130 2081	7-01-67	
EMPLOYEE'S NAME	EMPLOYEE NO.	CATG. & CLASS SERV. & GRADE RATE	NEW SALARY	OLD SALARY RATE	
SHAW ROBERT T	539700	FR 03	\$16,941	\$16,391	<input checked="" type="checkbox"/> Periodic Step-Increase
LWOP DATA (fill in appropriate spaces covering LWOP during following Periods): TOTAL EXCESS LWOP _____ (Check applicable box in case of excess LWOP) <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD.			<input type="checkbox"/> Other Step Increase _____ <input type="checkbox"/> Pay Adjustment _____		
REMARKS			Initials of Clerk		

Performance rating is satisfactory or better.

JOHN M. STEEVES

(Signature of other authorized official)



DEPARTMENT OF STATE
PERSONNEL ACTION
AND
AUTHORIZATION OF OFFICIAL TRAVEL
Applicable Regulations: 6 FAM 100 & FM-1 510.4

You are hereby authorized to perform official travel at Government expense as indicated herein. Unless where so noted, all expenses and the maximum per diem under the regulations are authorized. Unless otherwise noted, shipment of effects is authorized from station of origin to station of destination if allowances are shown in item 15.

1. NAME, ADDRESS AND DIPLOMATIC TITLE SHAW, ROBERT M.		2. EMPLOYEE NUMBER 539700	3. AUTHORIZATION NUMBER 7-60514	
4. SOCIAL SECURITY NUMBER		5. CLASS R-03	6. AUTHORIZATION DATE JULY 6, 1966	
7. NEW POSITION TITLE, NUMBER AND OCCUPATION CODE 1-067(P)		8. DO NOT START TRAVEL PRIOR TO		
9. ACCOUNTING CLASSIFICATION: The coding 'A' through 'E' must be shown on all documents issued under this authority and must appear on all vouchers, invoices, TRs, CB, Ls, etc.				
A. FUND 1970113	B. ALLOTMENT 2025	C. OBLIGATION NUMBER 760514	D. ORGANIZATION CODE 313001	E. FUNCTION 50-05
10A. STATION OF ORIGIN MEXICO, D.F., MEXICO		10B. LOCATION CODE 312001	11. OBJECT 2099	
12. STATION OF DESTINATION MANAGUA, NICARAGUA		13. AMOUNT		
14. QUARTERS AVAILABILITY 1 UNKNOWN 2 UNFURNISHED 3 FURNISHED 1		15. ALLOWANCES FOR SHIPMENT AND/OR STORAGE OF HOUSEHOLD EFFECTS - NET WEIGHT A. LIMITED SHIPMENT 03900 B. TOTAL ALLOWANCE 13000		16. FOREIGN MOTOR VEHICLE A. SHIPMENT AUTHORIZED 2 1 YES 2 NO B. MEETS CRITERIA OF 6 FAM 103.2 SUBSECTION
17. NUMBER OF DEPENDENTS A. ADULTS 2 B. 2 to 12 2 C. Under 2 0		18. EXPRESS BAGGAGE (For air travel) 000	19. TOTAL NUMBER OF NONTRAVEL DAYS AUTHORIZED BELOW, INCLUDING THOSE WITHOUT PER DIEM UNDER THIS AUTHORIZATION (AND AMENDMENTS) A. CONSULTATION (TWO DAYS) 00 B. TRAINING (CALENDAR DAYS) 000 C. TDY (CALENDAR DAYS) 000	
THIS SECTION FOR PERSONNEL ACTION ONLY. When completed for permanent change of station, this document constitutes a valid personnel action for transfer between Posts. DO NOT USE FOR R. T. HOME LEAVE OR FIELD AMENDMENTS.				
20. SALARY pa \$ 16,391		21. SALARY APPROPRIATION AND ALLOTMENT 01130 2081		22. PAY PERIOD BEGINNING AND EFFECTIVE DATE 727 07-17-66
23. DPL CODE Q		24. ITINERARY, SPECIAL INSTRUCTIONS, SPECIAL AUTHORIZATION AND REMARKS 10700700 00036 Transfer. Tour of duty of four years with home leave after two years (Subject to the needs of the Service).		
25. EID (Old post)	26. EPA (New post)	27. AUTHORIZING OFFICER JOHN M. STEEVES 6		
28. AUTHORIZED ITINERARY FOR DEPENDENTS MEXICO/MANAGUA				
29. TRAVEL REQUESTED BY A. OFFICE ARA/EX		B. OFFICER JONES		

Form 05-1001
1-63
(Supplement to AF 17 approved by
EM and B of R July 1967)

REQUEST FOR PERSONNEL ACTION

PART I. REQUESTING OFFICE (Fill in items except those in heavy lines)										
A. DATE OF REQUEST 7/5/66		B. PROPOSED EFFECTIVE DATE		C. REQUEST NUMBER		D. SERVICE CLASSIFICATION ES				
E. ROUTING 1. COMMANDING OFFICER 7/1/66		2. SUPERVISOR 7/5		3. GS/CS GS/CS		4. SOCIAL SECURITY NO.				
1. NAME (CAPS) Last First Middle SHAW, Robert T.			MR. MISS MRS Mr.		2. EMPLOYEE NO. & SEX 539700 M		3. BIRTH DATE (MM/DD) 06/18/25			
7. KIND OF ACTION REQUESTED (1) PERSONNEL (Specify department, organization, activity, etc.)						G. POSITION RIF CODE				
(2) POSITION (Specify military, reserve, detail, etc.)						H. POSITION VACATED 1. Formerly held 2. Listed 3. Vacant				
5. VETERAN PREFERENCE 1- NO 2- 5 PT 3- 10 PT DSAB 4- 10 PT COMP 5- 10 PT OTHER			6. TENURE CODE		7. SERVICE COMP. DATE		8. PHYSICAL HANDICAP CODE			
9. FEGLI 1- COVERED 2- INELIGIBLE 3- WAIVED			10. RETIREMENT 1- CS 2- PCA		10A. MO & YR OF GRADE		11. (For CSK only)			
12. NATURE OF ACTION 727 Transfer				13. EFFECTIVE DATE (MM/DD) 7/17/66		14. CIVIL SERVICE OR OTHER LEGAL AUTHORITY				
15. FROM POS NO 3-229				16. PAY PLAN AND OCCUPATION CODE FR-3011		17. GRADE OR LEVEL 03		18. SALARY pa 15,395 16,391		
19. ORGANIZATION DESIGNATION Mexico, D.F. Mexico										
20. TO POS NO 1-067		POSITION TITLE			21. PAY PLAN AND OCCUPATION CODE		22. GRADE		23. SALARY 16,391 pa 15,395 NEXT PD DUE 15,727	
DPL CODE Q							03		WORK SCHED.	
24. ORGANIZATION DESIGNATION Mr. GUN (V. PATTON) 1070										
25. DUTY STATION (City/State) Managua, Nicaragua						26. LOCATION CODE 0768				
27. APPROPRIATION CODE 2-2081		01130 313001		C-00		28. POSITION OCCUPIED 1- COMPETITIVE SERVICE 2		29. APPOINTMENT POSITION FROM TO STATE		

Tour of duty four years with home leave after two years (subject to the needs of the Service).

ETA: 7/15/66.

J. REQUESTED BY SIGNATURE <i>[Signature]</i> TITLE Asst. SGP: [Signature]			K. REQUEST APPROVED BY SIGNATURE <i>[Signature]</i> TITLE Asst. SGP: [Signature]		
PART II. TO BE COMPLETED BY PERSONNEL OFFICE (Items in heavy lines to be completed)					
1. CLEARANCES		INITIALS OR SIGNATURE		DATE	
2. OFFICE OR POS CONTROL					
3. CLASSIFICATION					
4. EMPLOYMENT					
APPROVED BY [Signature]		[Signature]		7/5/66	
5. ENTRANCE PERFORMANCE RATING SATISFACTORY		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		REGRADED	
6. SUBJECT TO COMPLETION OF 1 YEAR PROBATIONARY PERIOD COMMENCING					
7. SERVICE COUNCIL TOWARD CAREER TENURE FROM					
8. SUCCESSOR AND PAY EMPLOYEE RETAINED IN THE COMPETITIVE SERVICE					
SEPARATIVE SHOW REASON BELOW CHECK IF APPLICABLE <input type="checkbox"/> 1. UNDESIRABLE <input type="checkbox"/> 2. UNSATISFACTORY					

FORM DS-1042
7-15-60

DEPARTMENT OF STATE
PAY ROLL CHANGE SLIP

POST	ORG CODE	POSITION NO.	ALLOT & ACTIVITY & PURPOSE	EFFECTIVE DATE	DATE OF LAST EQUIV. INCREASE
MEXICO D.P.	312A		01130 2081	7-01-66	
EMPLOYEE'S NAME	EMPLOYEE NO.	CATG. & CLASS SERV. & GRADE	NEW SALARY RATE	OLD SALARY RATE	
EMAR MOHLEHT T	830700	FSR 03	\$15,989	\$15,399	<input checked="" type="checkbox"/> Periodic Step-Increase
LWOP DATA (Fill in appropriate spaces covering LWOP during following periods):			<input type="checkbox"/> Other Step-Increase _____ <input type="checkbox"/> Pay Adjustment _____		
<input type="checkbox"/> NO EXCESS LWOP. TOTAL EXCESS LWOP _____ <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD. <input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD.			Initials of Clerk _____		

REMARKS

Performance rating is satisfactory or better.

JAMES E. MOOPNAGLE

(Signature of other authorization)

PERSONNEL COPY

FEDERAL EMPLOYEES SALARY ACT OF 1965

PUB. LAW 89-301

15 NOVEMBER 1965

539700 SHAW ROBERT T

FR 03-01 \$14,860 \$15,395 312801

OS 1032
 Form 1032-10 approved by
 (M. and R. B. B. 1962)

JOURNAL NUMBER

NOTIFICATION OF PERSONNEL ACTION

SERVICE FS			
1 NAME (LAST, FIRST, MIDDLE) SHAW, ROBERT T. MR.		2 EMPLOYEE NO. & SER. 539700M	3 BIRTH DATE (M., D., Y.) 06-18-25
4 SOCIAL SECURITY NO. []		5 VETERAN PREFERENCE 1-NO 2-5 PER 3-10 PER DISAB 4-10 PER COMP 5-10 PER OTHER (3)	6 CORE 06
7 SERVICE COMP DATE 08-28-48		8 PHYSICAL HANDICAP CODE 0	
9 FEQU 1-COVERED 2-INELIGIBLE 3-WAIVED		10 RETIREMENT 1-NO 2-YES 1	11 M, J, & TH (M GRAIN) 05-65
12 NATURE OF ACTION 702 PROMOTION		13 EFFECTIVE DATE 05-26-65	14 CIVIL SERVICE OR OTHER LEGAL AUTHORITY
15 FROM POSITION TITLE AND NUMBER		16 PLAN AND OCCUPATION CODE FR-	17 GRADE 04
		18 SALARY (pa\$13,335)	
19 NAME AND LOCATION OF EMPLOYING OFFICE DEPARTMENT OF STATE, WASHINGTON, D. C. 20520			
20 TO POSITION 3-229		21 PLAN AND OCCUPATION CODE (FR-03011)	22 GRADE 03
23 SALARY (pa\$14,860) 1		24 NAME AND LOCATION OF EMPLOYING OFFICE DEPARTMENT OF STATE, WASHINGTON, D. C. 20520	
25 DIST. STATION MEXICO, D.F., MEXICO		26 LOCATION CODE 915300595	
27 APPROPRIATION 0113.0-2081-312801-000 08680965		28 POSITION OCCUPIED 1-CONCURRENT 2-EXCEPTED SERVICE 2	29 APPROPRIATED POSITION FROM TO STATE
30 REMARKS A. SUBJECT TO COMPLETION OF 1 YEAR PROBATIONARY PERIOD COMMENCING B. SERVICE COUNTING TOWARD CAREER (OR PERMANENT) TENURE FROM			
31 DATE OF APPOINTMENT AFFIDAVIT			
32 OFFICE MAINTAINING PERSONNEL ROLLER			
33 CODE EMPLOYING DEPARTMENT OR AGENCY ST 01 DEPARTMENT OF STATE			
34 SIGNATURE OF SUPERVISOR AND TITLE			
35 DATE			
36 SUBMITTING OFFICE NO 2951			

JL

2

PERSONNEL FOLDER

SEARCHED INDEXED SERIALIZED FILED

RAY INC. FFF. 7-9-64 PL. RR-226

NAME
 PAY PLAN CLASS FROM SALARY TO SALARY STEP ORGAN
 SHAW ROBERT T F R 4 12,850 13,335 4 312801

DEPARTMENT OF STATE
 PAY ROLL CHANGE SLIP

FORM 05-1042
 7-13-60

POST OFFICE	ORG CODE	POSITION NO.	ALLOT & ACTIVITY & PURPOSE	EFFECTIVE DATE	DATE OF LAST EQUITY INCREASE
MEXICO CITY	AJ 3128		NO CHANGE	7-01-64	
EMPLOYER'S NAME	EMPLOYEE NO.	CATG & CLASS SERV & GRADE RATE	NEW SALARY	OLD SALARY RATE	
SHAW ROBERT T	030700	FSR 4	\$ 12,850	\$ 12,490	<input checked="" type="checkbox"/> Periodic Step-Increase

LWOP DATA (fill in appropriate spaces covering LWOP during following periods):

NO EXCESS LWOP TOTAL EXCESS LWOP _____

IN PAY STATUS AT END OF WAITING PERIOD

IN LWOP STATUS AT END OF WAITING PERIOD

Remarks: _____

Performance rating is satisfactory or better

EARL D. SOMM

(Signature of Chief Administrator)

PERSONNEL COPY

NAME PAY PLAN CLASS FROM TO SALARY SALARY STEP ORGN

SHAW ROBERT T FR 04 \$ 11,880 \$ 12,495 03 312R01

STANDARD FORM NO. 618
REVISED JUNE 1960
APPROVED BY:
COMP. GEN. U. S.
MARCH 17, 1960
U. S. CIVIL SERVICE COMMISSION
F. P. M. CHAPTER 46

**CIVIL OFFICER
APPOINTMENT AFFIDAVITS**
(As defined in 5 USC 21a and 21b)

United Mexican States
Federal District
City of Mexico
Embassy of the United
States of America

SS:

PER file

I, Robert T. Shaw Arizona
(Name in full) (State)

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.

Robert T. Shaw
(Type name of appointee)

Robert T. Shaw
(Signature of appointee)

Subscribed and sworn before me this 15th day of October, A. D. 1963,

at Mexico, D. F., Mexico
(City) (State)

[SEAL]

[Signature]
Consul of the United States of America
(Title)

Department of State
(Department or agency)

Foreign Service of the U.S.
(Bureau or division)

Mexico D.F., Mexico
(Place of employment)

Consul
(Position to which appointed)

September 10, 1963
(Date of expiration on duty)

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.

NOTIFICATION OF PERSONNEL ACTION

SERVICE
FS

1 NAME (LAST, FIRST, MIDDLE) SHAW, ROBERT T. MR.		2 EMPLOYEE NO. (SEE INSTRUCTIONS) 539700M	3 BIRTH DATE (MM-DD-YY) 06-18-25	4 SOCIAL SECURITY NO. [REDACTED]
5 VETERAN'S PREFERENCE 1. NO 2. 5 PT 3. 10 PT (WAR) 4. 10 PT (CAMP) 5. 10 PT (OTHER)	6 TENURE 1. (3) 2. 0	7 SERVICE START DATE 08-28-48	8 GRADE AND PAY RATE 0	
9 FEEL 1. CONTINUED 2. AVAILABLE 3. WAIVED	10 RETIREMENT 1. YES 2. NO 3. SPECIAL	10A MONTHS OF GRADE 03-63	11 (IF YES, SEE INSTRUCTIONS)	

12 NATURE OF ACTION 980	13 EFFECTIVE DATE 09-10-63	14 CIVIL SERVICE OR OTHER LEGAL AUTHORITY
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15 FROM POSITION TITLE AND NUMBER	16 PAY PLAN AND OCCUPATION CODE	17 GRADE	18 SALARY
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19 NAME AND LOCATION OF EMPLOYING OFFICE
DEPARTMENT OF STATE, WASHINGTON 25, D. C.

20 TO POSITION 3-229 CONSO V	21 PAY PLAN AND OCCUPATION CODE (FR-3011) FO	22 GRADE STEP (04) 06	23 SALARY (pa\$11,880) 1 15 NEXT PAY DATE
---	--	---	---

24 NAME AND LOCATION OF EMPLOYING OFFICE
DEPARTMENT OF STATE, WASHINGTON 25, D. C.

25 DUTY STATION (SEE INSTRUCTIONS) MEXICO CITY, D.F., MEXICO	26 LOCATION CODE 915300595
--	--------------------------------------

27 APPROPRIATION AJ -A-2081- 312801-32 A78	28 POSITION OCCUPIED 1. CURRENT 2	29 APPROPRIATE POSITION 1. YES 2. NO 3. PARTIAL 4. PARTIAL 5. PARTIAL 6. PARTIAL 7. WAIVED 2
--	--	---

30 REMARKS
A. SUBJECT TO CONFIRMATION BY THE DEPARTMENT FOR TRIAL PERIOD COMMENSATING
B. SERVICE SUBJECT TO OTHER AGENCY ASSIGNMENT SUBJECT TO TRIAL PERIOD COMMENSATING

This action is subject to applicable laws, rules and regulations and may be subject to investigation and approval by the United States Civil Service Commission or the Department of State. It is not valid until it is confirmed by the Civil Service Commission with all requirements. The grade of the position to which you are officially assigned may be reviewed and corrected by the Department or by the Civil Service Commission.

NOMINATED: **08-26-63.**
 CONFIRMED: **09-09-63.**
 ATTESTED: **09-10-63.**

EXECUTE SF-61A.
 APPOINTED BY THE PRESIDENT: **[REDACTED]**

31 DATE OF APPOINTMENT EFFECTIVE	34 SIGNATURE OF SUPERVISOR AND TITLE [REDACTED]
32 OFFICE OF PERSONNEL (SEE INSTRUCTIONS)	35 DATE
33 DATE REPORTING TO DEPARTMENT OR AGENCY	SUBMITTING OFFICE NO. 2951

Form 08-1081

Approved by
1-11-63

REQUEST FOR PERSONNEL ACTION

PCS

PART I. REQUESTING OFFICE (Fill in name and address of office to which request is made)		A. DATE OF REQUEST 2/26/63		B. EMPLOYEE'S REPORTING DATE ASAP		C. SERVICE TYPE PS		D. REASONING TERMINATION FOD:TR		E. FOD:ARA FOD:TR		F. FOD:AS AAR		G. FOD:AS 7/10	
I. NAME (Last, First, Middle) SHAW, ROBERT T.				II. MRS. MRS. MR.				III. EMPLOYEE NO. & GRADE 53970M		IV. BIRTH DATE 06/18/25		V. SOCIAL SECURITY NO.			
F. KIND OF ACTION REQUESTED (Personnel Action Code)										H. POSITION SALA 2243		I. POSITION VACATED			

5. VETERAN PREFERENCE 1. NO 2. 5 PT 3. 10 PT (MAB) 4. 15 PT (MAB)		6. TENURE CODE 3 G		7. PHYSICAL HANDICAP CODE 08-28-48	
9. FEEL 1. COVERED 2. INELIGIBLE 3. WAIVED		10. RETIREMENT 1. CS 2. FRA		11. PAY PLAN AND OCCUPATION CODE 03-63	
12. NATURE OF ACTION 980 CODE				13. EFFECTIVE DATE (M/Y) 09-10-63	
14. CIVIL SERVICE CREDIT & LEGAL AUTHORITY Section 5223 74th Congress amended					

15. FROM POS NO		16. PAY PLAN AND OCCUPATION CODE		17. GRADE OR LEVEL		18. SALARY	
19. ORGANIZATION DESIGNATION							

20. TO POS NO 3-229		21. PAY PLAN AND OCCUPATION CODE FBR 3011 FR		22. GRADE 04 06		23. SALARY (p.a. \$11,000) 15	
24. ORGANIZATION DESIGNATION							

25. POST STATION Mexico City, Mexico		26. TELEPHONE NO. 312801-721		27. APPROPRIATION CODE A-2081 PROGRAM		28. POSITION OCCUPIED 2		29. APPROPRIATED POSITION 915300595	
---	--	---------------------------------	--	--	--	----------------------------	--	--	--

Presidential Commission required.

APPOINTED BY THE PRESIDENT

NOMINATED: 08-26-63
 CONFIRMED: 09-09-63
 ATTESTED: 09-10-63

EXECUTE SF 61a

APPOINTED BY THE PRESIDENT

CIVIL OFFICER APPOINTMENT AFFIDAVITS

(As defined in 5 USC 21a and 21b)

I, Robert Tyler Shaw Arizona
(Name in full) (State)

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.

Robert Tyler Shaw Robert Tyler Shaw
(Type name of appointee) (Signature of appointee)

Subscribed and sworn before me this 27th day of March, A. D. 1963.

at Washington D. C.
(City) (State)
Ronald B. Smith
(Signature of officer)

[SEAL]

Sec. 206, Act of June 26, 1948
(Title)

[Redacted] [Redacted] Mexico City
(Department or agency) (Bureau or division) (Place of employment)
[Redacted] POE 3-27-63
(Position to which appointed) (Date of entrance on duty)

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, 1948, 5 U. S. C. 16a. If by a Notary Public, the date of expiration of his commission should be shown.

Form DS-1022
Prescribed by GPO approved by
EOM and B. of B. July 1962

NOTIFICATION OF PERSONNEL ACTION

Continuation of Form DS-1021
ANNUAL NUMBER

1 NAME (LAST, FIRST, MIDDLE) SHAW, ROBERT T. MR.		MR. MRS. MRS.	2 EMPLOYEE NO. & SEA 539700M	3 BIRTH DATE (M. D. Y.) 06-18-25	4 SOCIAL SECURITY NO.
2	5 VETERAN PREFERENCE 1. INC. 2. 5 PT. 3. 10 PT. DVA 4. 10 PT. COMP.	6 FINGERPRINTS (3) 0	7 SOCIAL SECURITY CODE 00-00-00	8 SOCIAL SECURITY NO. 0	
9 FEGLI 1. COVERED 2. UNELIGIBLE 3. WAIVED			10 RETIREMENT 1. YES 2. NO 1	11 GRADE & TR. OF GRADE 03-63	12 NATURE OF ACTION 171 LIMITED APPOINTMENT
13 EFFECTIVE DATE 03-27-63			14 CIVIL SERVICE OR OTHER LEGAL AUTHORITY SEC. 522.1 PL 724-79TH AS AMENDED		
15 FROM POSITION TITLE AND NUMBER			16 PAY PLAN AND OCCUPATION CODE	17 GRADE	18 SALARY pa\$
19 NAME AND LOCATION OF EMPLOYING OFFICE DEPARTMENT OF STATE, WASHINGTON 25, D. C.					

20 TO POSITION 3-229	21 PAY PLAN AND OCCUPATION CODE (FR-3011) FO	22 GRADE (04) 06	23 SALARY (pa\$11,880) 15
24 NAME AND LOCATION OF EMPLOYING OFFICE DEPARTMENT OF STATE, WASHINGTON 25, D. C.			

25 DUTY STATION (M. D. Y.) MEXICO D.F., MEXICO			26 LOCATION CODE 915300595
27 APPROPRIATION AJ -A-2081-3128-32 12801 A78	28 POSITION OCCUPIED - COMMITTEE 2	29 APPROPRIATED POSITION FROM TO STATE	

30 REMARKS
 A. SUBJECT TO COMPLETION OF 1 YEAR PROBATIONARY FOR FULL PERIOD CIVIL SERVICE
 B. SERVICE COUNTING TOWARD CAREER FOR PERMANENT TENURE FROM

SEPARATIONS: SHOW REASON BELOW, AS REQUIRED. CHECK IF APPLICABLE.
 C. FROM APPOINTMENT OF 6 MONTHS OR LESS

APPOINTMENT LIMITED TO FIVE YEARS OR NEED FOR EMPLOYEE'S SERVICES, WHICHEVER IS LESS.

TOUR OF DUTY OF FIVE YEARS WITH HOME LEAVE AFTER THREE YEARS SUBJECT TO THE NEEDS OF THE SERVICE).

31 DATE OF APPOINTMENT APPROVED: _____

32 OFFICE MAINTAINING PERSONNEL FILE: _____

33 OFFICE: _____

34 OFFICE: _____

35 OFFICE: _____

2 PERSONNEL OFFICER

APR 1 1963

REQUEST FOR PERSONNEL ACTION

PART I. REQUESTING OFFICE (Fill in except those in boxes listed)

A DATE OF REQUEST 2/26/63	B PROMISED EMPLOY DATE ASAP	C REQUEST NUMBER	D SERVICE TYPE FS	E POSITION PERSONNEL	F POSITION NUMBER 374
1 NAME (CAPS - Last First Middle) SHAW, ROBERT T.		MR MRS MRS MR.	11 EMPLOYEE NO AND SUFFIX 559700 M	12 BIRTH DATE 06/18/25	13 SOCIAL SECURITY NO
14 KIND OF ACTION REQUESTED (PERSONNEL)			15 PAY CODE	16 POSITION	17 SKILL CODES
18 POSITION (Specify number, name, grade, etc.)			19 POSITION VACATED		

2 VETERAN PREFERENCE 1 - NO 2 - 5 PT	3 - 10 PT DSAB 4 - 10 PT COMP	5 - 10 PT OTHER	6 TENURE CODE 3	7 SERVICE TYPE G	8 PHYSICAL HANDICAP CODE 0
9 REGU 1 - COVERED 2 - INELIGIBLE 3 - WAIVED	10 RETIREMENT 1 - CS 2 - FCA	11 PAY PLAN AND OCCUPATION CODE 1	12 MO & YR OF GRADE 03-63	13 CIVIL SERVICE OR OTHER LEGAL AUTHORITY Section 522.1 - P. L. 724 - 79th Congress as amended	
12 NATURE OF CODE 171	13 EFFECTIVE DATE (MM/YY) 3-27-63		14		

15 FROM POS NO	POSITION TITLE	16 PAY PLAN AND OCCUPATION CODE	17 GRADE OR LEVEL	18 SALARY
19 ORGANIZATION DESIGNATION				

20 TO POS NO 3-229	POSITION TITLE	21 PAY PLAN AND OCCUPATION CODE FR-3011 F6	22 GRADE 04 6-6	23 STEP 15	24 SALARY (p.a. \$11,880) 1
25 ORGANIZATION DESIGNATION vice: Stewart					

25 DUTY STATION Mexico City, Mexico	26 DUTY STATION CODE 915300595
27 PROGRAM A-2091	28 APT 13901 3128-32 A73

Authorize travel of appointee and dependents from Falls Church, Virginia to Mexico City. Authorize shipment of effects from Falls Church, Virginia and Williamsburg, Virginia to Mexico City. Authorize shipment of unaccompanied baggage from Falls Church, Virginia and/or Williamsburg, Virginia to Mexico City. Appointment limited to 5 years, or need of employee's services, whichever is less. Also separate DA 1031 for Granting of Consular Title.

Tour of duty (a)

Requested by: Pierre N. Graham, Chief
 Approved by: David C. Jelinek

PART II. TO BE COMPLETED BY PERSONNEL OFFICE

1. Name of appointee: *Asst. Sec. of State*

2. Position: *ASD - Contract 194163*

NOTIFICATION OF SECURITY CLEARANCE UNDER E. O. 10450

TO: Director, Office of Personnel
Attn: Mr. John Ordway

DATE: February 1, 1963

SUBJECT: SHAW, Robert Tyler
(DOB: 6/18/25)

APPLICANT. If subject is not appointed within 90 days of the date of this notification, this clearance must be revalidated by the Office of Security.

EMPLOYEE.

The case of above-named person has been reviewed in the Office of Security.

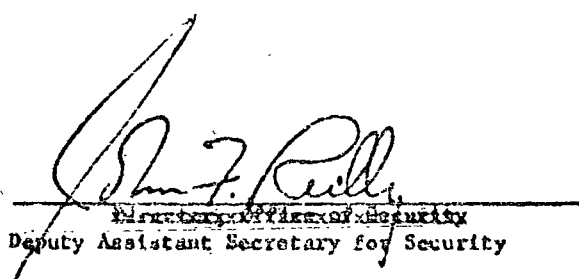
Investigative requirements of Executive Order 10450 have been complied with.

It has been determined that the employment or retention in employment of subject is clearly consistent with the interests of national security.

On the basis of this determination clearance is hereby granted. This clearance shall remain in effect for all purposes until further notice except that prior approval must continue to be requested from the Office of Security in the event of marriage to an alien, Presidential appointment, any appointment requiring Senate confirmation, and transfers or assignments to the Office of Security, R Area Special Projects Staff, and cryptographic duties. (This determination shall not eliminate or modify any other determination on security which may be required by law).

REMARKS:

Investigative reports are attached. Please return these reports to the Office of Security within 10 days together with the names of the individuals who have reviewed them listed on the extra copy of this form herewith furnished.


Director, Office of Security
Deputy Assistant Secretary for Security

ATTACHMENTS

O/SY:JFR:ec

This memorandum may be considered as CONFIDENTIAL until removal of attachments.

UNCLASSIFIED/Mexico City

STANDARD FORM 144
 REVISED SEPTEMBER 1954
 U. S. GOVERNMENT PRINTING OFFICE
 WASHINGTON, D. C. 20540

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 retirement 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) SHAW, Robert T.					2. DATE OF BIRTH 6-18-25		9. RETENTION GROUP			
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 ANOTHER	11. SERVICE		
	YEAR	MONTH	DAY	YEAR	MONTH	DAY		YEAR	MONTH	DAY
FOREIGN SERVICE DEPT OF STATE	49	10		52	2					
	52	5		54	7					
DEPT OF DEFENSE	54	7		56	5					
FOREIGN SERVICE	56	6		61	5					
DEPT OF STATE	61	5		63	3					
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 (No. or Dishon. P.)			
	YEAR	MONTH	DAY	YEAR	MONTH	DAY		YEAR	MONTH	DAY
ARMY	43	9	11	45	3	8	HON.			
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.							12. TOTAL SERVICE			
TYPE IF KNOWN (Eg. Op., Full, Susp., AWOL, Mat. Mat.)	FROM—			TO—			TOTAL			
	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							13. NONCREDITABLE SERVICE (Leave purposes only)			
7. ARE YOU: a. THE WIFE OF A DEPARTED VETERAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO b. THE SPOUSE OF A DECEASED OR DISABLED VETERAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO c. THE UNEMPLOYED SPOUSE OF A VETERAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If answer is "Yes" in each case, attach the appropriate certificate or other evidence.)							14. NONCREDITABLE SERVICE (RIF purposes only)			
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. 500 3-27-63 (DATE) Submitted and sworn to before me on this 27th day of March 1963 at Washington D. C. B R A L NOTE: If oath is taken before a Notary Public, the date, time, and place of the ceremony should be shown. INSTRUCTIONS: Fill this form on the personal file of the employee and forward processed under same. Retain one copy before or after the ceremony, unless specified.							15. UNEMPLOYMENT RIGHTS 15.1 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 15.2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 17. EXPIRATION DATE OF SENIORITY RIGHTS			

Signature: **Robert T. Shaw**
 Signature: **Ronald C. Smith**

(OVER)

FORM DSP-34
9-1-53

DEPARTMENT OF STATE

SUPPLEMENT TO STANDARD FORM 57

If more space is required, use additional sheets of paper. Write on each sheet your name, address and date of birth. Identify each item, and attach to this application.

Budget Bureau No. 47-2071.4
Approval Expires June 30, 1955

A. NAME (Print)
Robert Tyler Shaw

B. ADDRESS
[Redacted]

2. USE OF APPLICATION - CHECK BELOW TO INDICATE TYPE OF EMPLOYMENT FOR WHICH YOU WISH TO BE CONSIDERED:
 Foreign Service only Departmental only Foreign service and departmental

3. PERMANENT ADDRESS (Place from which you will expect transportation of self and household effects, if any, if appointed to the Foreign Service)
[Redacted]

4. IF BORN OUTSIDE THE UNITED STATES, HOW WAS CITIZENSHIP ACQUIRED? IF A NATURALIZED CITIZEN, GIVE PLACE, DATE, AND NUMBER OF NATURALIZATION CERTIFICATE. (Section 21 on Form 57)
[Redacted]

5. a. ARE YOU NOW INVOLVED IN ANY LITIGATION OR SEPARATION AGREEMENT? YES NO
b. DO YOU KNOW OF ANY PROSPECTIVE LITIGATION IN WHICH YOU MAY BE INVOLVED? YES NO
(Give details, if answer is yes to a. or b.)
c. IF DIVORCED GIVE NAME OF COURT, LOCATION, AND DECREE.

6. IF APPLYING FOR OVERSEAS EMPLOYMENT WHAT IS THE LOWEST ENTRANCE SALARY YOU WILL ACCEPT? (Exclusive of overseas allowances)
\$ _____ Per Year

7. IF OFFERED APPOINTMENT IN THE FOREIGN SERVICE WHAT RESTRICTIONS ARE THERE ON YOUR AVAILABILITY FOR DUTY IN ANY PART OF THE WORLD?
None

8. a. FULL NAME OF SPOUSE (If wife, give maiden name) Janet Lee Ruggles Shaw
b. DATE OF BIRTH 12 April 1927
c. PLACE OF BIRTH (City, State or Province, and Country) [Redacted]

9. a. IF BORN OUTSIDE THE UNITED STATES, HOW WAS CITIZENSHIP ACQUIRED? [Redacted]
b. IF NATURALIZED, GIVE PLACE, DATE, AND NO. OF NATURALIZATION CERTIFICATE [Redacted]

NAME OF DEPENDENT	RELATIONSHIP	DATE OF BIRTH	WILL RESIDE WITH YOU OVERSEAS	
			YES	NO
Janet Lee Ruggles Shaw	Wife	12 April 1927	X	
Barbara Lee Shaw	Daughter	27 July 1952	X	
Richard Wilson Shaw	Son	10 September 1955	X	
Thomas Ruggles Shaw	Son	10 September 1955	X	

10. a. FATHER'S NAME [Redacted] Shaw
b. PRESENT ADDRESS [Redacted]
c. PLACE OF BIRTH [Redacted]

11. a. MOTHER'S NAME [Redacted] Shaw
b. PRESENT ADDRESS [Redacted]
c. PLACE OF BIRTH Elizabethtown, Ky.

12. IF PARENTS BORN OUTSIDE THE UNITED STATES, DID THEY EVER OBTAIN UNITED STATES CITIZENSHIP? (Check below)
 FATHER: YES NO MOTHER: YES NO

13. HAVE YOU EVER APPLIED FOR A POSITION WITH THE DEPARTMENT OF STATE OR TAKEN AN EXAMINATION FOR A POSITION WITH THE DEPARTMENT OF STATE? YES NO
If "Yes" give date, nature of position applied for, and kind of examination taken, if any.
 Asst. Attaché, PMS-7, Caracas, Venezuela, 1949-52
 Vice Consul, PMS-9, Guayaquil, Ecuador, 1952-54.

14. RELATIVES BY BLOOD OR MARRIAGE NOW RESIDING IN FOREIGN COUNTRIES

NAME	RELATIONSHIP	ADDRESS

15. LIST PRESENT OR FORMER FOREIGN CONNECTIONS:

A. BUSINESS

B. EMPLOYMENT

16. DOES YOUR FINANCIAL POSITION PERMIT DISCHARGE OF ALL DEBTS INCURRED? YES NO
 IF "NO," STATE INFORMATION REQUESTED BELOW:

NAMES OF CREDITORS	AMOUNTS DUE	DATES ON WHICH OBLIGATIONS WERE CONTRACTED

17. HAVE YOU EVER BEEN MEDICALLY DISCHARGED FROM THE ARMED SERVICES? YES NO
 B. HAVE YOU EVER BEEN UNDER TREATMENT FOR A MENTAL OR EMOTIONAL DISORDER? YES NO
 IF "YES," GIVE DETAILS IN ITEM 39 OF FORM 57.

18. PRESENT MILITARY STATUS

A. ARE YOU REGISTERED WITH A SELECTIVE SERVICE BOARD? YES NO IF "YES," STATE BELOW THE NUMBER AND ADDRESS OF THE BOARD, AND YOUR CLASSIFICATION:

B. DO YOU HAVE A MILITARY RESERVE STATUS? YES NO IF "YES," STATE BELOW, THE BRANCH OF SERVICE, YOUR SERIAL NUMBER, YOUR ORGANIZATION UNIT AND HEADQUARTERS:

LIST DECORATIONS (Exclusive of service ribbons), CITATIONS, AND OFFICIAL LETTERS OF COMMENDATION RECEIVED FOR SERVICE IN THE ARMED FORCES:

19. LIST OTHER NAMES, IF ANY, BY WHICH YOU HAVE BEEN KNOWN INCLUDING MARRIED NAMES, IF MARRIED MORE THAN ONCE, GIVE DATES DURING WHICH NAMES WERE USED.

20. REFERENCES: LIST FIVE PERSONS, EXCLUSIVE OF SUPERVISORS, LIVING IN THE UNITED STATES WHO ARE NOT RELATED TO YOU AND WHO HAVE DEFINITIVE KNOWLEDGE OF YOUR QUALIFICATIONS AND FITNESS FOR THE POSITION FOR WHICH YOU ARE APPLYING. (Repeat names listed in Item 24, Form 57 and add two additional references.)

FULL NAME	PRESENT BUSINESS OR HOME ADDRESS (Give complete current address, including street and number)	BUSINESS OR OCCUPATION
Norman Armour	c/o Dept. of State	Retired, FSO
Paul C. Hutton	c/p Dept. of State	FSO/Dept.
Raymond G. Luddy	c/o Dept. of State	FSO/Dept.
Gen. Douglas MacArthur	Remington Rand, N.Y.C.	Corp. President
Maj. Gen. R. C. Harmon	Dept. of Air Force	Judge Advocate

21. HAVE YOU EVER BEEN UNDER THE CIVIL SERVICE RETIREMENT SYSTEM? Yes

22. SOCIAL SECURITY NUMBER, IF ANY: []

22. If you believe the information you have supplied on this application does not fully show your qualifications for Departmental or Foreign Service Employment, state in Item 33 of Form 57 or on a separate sheet, any additional appropriate data that you wish to be considered.

DATE: 10 February 1956

SIGNATURE: Robert Shaw

APPLICATION FOR FEDERAL EMPLOYMENT

6-10-62 87-103

DO NOT WRITE IN THIS SPACE	1. Kind of position applied for, or name of examination FOREIGN SERVICE RESERVE		Announcement No.		DO NOT WRITE IN THIS BLOCK For Use of Examining Office Only					
	2. Options for which you wish to be considered (if listed in examination announcement)									<input type="checkbox"/> Apppt.
	3. Primary place(s) of employment applied for (City and State)		FOREIGN SERVICE		<input type="checkbox"/> Nonapppt.	<input type="checkbox"/> Submerged	<input type="checkbox"/> Returned		Notations:	
	4. Name (First, middle, maiden, if any, last)		ROBERT TYLER SHAW		App. Reviewed:					
	5. (Last, first, middle, if any)				App. Approved:					
	6. Home phone		7. Office phone		Option	Grade	Earned Rating	Preference	Augm. Rating	
	8. Legal or voting residence (State)		ARIZONA					<input type="checkbox"/> 5 points (Ten.)		
	9. Height without shoes 5 feet 7 inches		10. Weight 135					<input type="checkbox"/> 10 points Camp. Dis.		
	11. Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		12. Marital status <input checked="" type="checkbox"/> Married <input type="checkbox"/> Single (Wid., widowed, divorced)					<input type="checkbox"/> Other 10 Points		
	13. Birthplace (City and State, or foreign country)		Washington, D. C.					<input type="checkbox"/> Disab.		
	14. Birth date (Month, day, year)		June 18, 1925					<input type="checkbox"/> Being Investigated		
	15. If you have ever been employed by the Federal Government, indicate your grade and job titles		Presently employed by Dept. of State (GS-14)							
	16. Dates of service in that grade		From May 1961 To Present							

17. AVAILABILITY INFORMATION

A. Lowest grade or pay you will accept PSN-4	B. Will you accept temporary appointment? (Acceptance or refusal of temporary employment will not affect your consideration for other appointments) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," indicate by "X" in appropriate box or boxes. <input type="checkbox"/> 1 or 2 months <input type="checkbox"/> 3 to 6 months <input type="checkbox"/> 6 to 12 months
C. Will you accept less than 10-point preference based on wartime military service? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	D. Will you accept less than 10-point preference based on service during peacetime campaign? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
E. Will you accept employment in Washington, D.C.? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	F. Will you accept appointment only in certain locations? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

18. ACTIVE MILITARY SERVICE AND VETERAN'S PREFERENCE

A. List Dates, Branch, and Serial or Service Number of All Active Service	
From September 11, 1943	To March 8, 1945 Branch of service Army Serial or Service Number
B. Have you ever been discharged from the armed forces under other than honorable conditions? <input type="checkbox"/> Yes (Give details in Item 21) <input checked="" type="checkbox"/> No	
C. Do you claim 5-point preference based on wartime military service? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	D. Do you claim 5-point preference based on service during peacetime campaign? <input type="checkbox"/> Yes (Consider and attach Standard Form 15) <input checked="" type="checkbox"/> No
E. Do you claim 10-point preference? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," check type of preference claimed and complete and attach Standard Form 15: Veteran Preference Class <input type="checkbox"/> 1-PE <input type="checkbox"/> Compassable disabilities <input type="checkbox"/> Disability <input type="checkbox"/> Wife <input type="checkbox"/> Widow <input type="checkbox"/> Member	

THIS SPACE FOR USE OF APPOINTING OFFICER ONLY

The information given in answer to Question 18 has been verified with the discharge certificate and/or other proof which shows that the separation was under honorable conditions.

VETERAN PREFERENCE ALLOWED 5-point 10-point Camp. Disab. Other 10-point None

Signature and title _____ Agency _____ Date _____

PLEASE BE SURE TO READ ATTACHED INSTRUCTIONS BEFORE COMPLETING ITEM 19

19. EXPERIENCE (Start with your PRESENT position and work back)

May inquiry be made of your present employer regarding your character, qualifications, and record of employment? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
1	Dates of employment (month, year) From May 1961 To present time	Exact title of position Political Officer	Number and kind of employees you supervise 8 - 10
Salary or earnings Starting \$12,210 per yr Present \$13,270 per yr		Classification Grade (If in Federal service) GS-14	Place of employment (City & State) Washington, D. C.
Name and address of employer (firm, organization, etc.) Department of State		Name, title, and present address of immediate supervisor Thomas Linthicum	
Reason for leaving Desire to re-enter Foreign Service			
Description of work Analysis of political and economic reporting from Embassies and Consulates in Latin American countries; preparation of special studies based on these reports; conduct of official business with representatives of Latin American Governments in Washington.			
2	Dates of employment (month, year) From June 1958 to May 1961	Exact title of position Vice Consul & Consul	Number and kind of employees you supervised 1 (Secretary)
Salary or earnings Starting \$7490 per annum Final \$9900 per annum		Classification Grade (If in Federal service) FSR-4	Place of employment (City & State) Nogales, Mexico & Dept of State
Name and address of employer (firm, organization, etc.) Dept of State, Washington, D.C.		Name, title, and present address of immediate supervisor Consul Gen Robert Martindale Consul Gen Terrence Leonhardy	
Reason for leaving Accept employment in the Department			
Description of work General duties of a Foreign Service Reserve Officer at the American Consulate in Nogales. Handled a considerable number of protection cases, maintained extensive contacts in the state and national governments, handled political reporting for the consulate. Transferred to Department in July 1959.			
3	Dates of employment (month, year) From July 1954 to May 1956	Exact title of position Foreign Affairs Ofcer	Number and kind of employees you supervised 2 (Secretary & Clerk)
Salary or earnings Starting \$ 587 Final \$7785 per annum		Classification Grade (If in Federal service) GS-12	Place of employment (City & State) Washington, D.C.
Name and address of employer (firm, organization, etc.) Dept of Defense Joint Chiefs of Staff		Name, title, and present address of immediate supervisor Oliver W. Anthony	
Reason for leaving Re-enter Foreign Service			
Description of work Preparation of studies and reports for the military departments and the Joint Chiefs of Staff on Inter-American Defense matters.			

IF YOU NEED ADDITIONAL EXPERIENCE BLOCKS USE STANDARD FORM 57-A OR BLANK SHEETS
SEE INSTRUCTION SHEET

CONTINUATION SHEET FOR STANDARD FORM 57
"Application for Federal Employment"

INSTRUCTIONS.—Fill out this form only when necessary for completion of Item 16, "EXPERIENCE," on Standard Form 57. Enclose with your application. Type or write clearly in dark ink.

1. NAME (First, Middle, Maiden (if any), Last) ROBERT TYLER SHAW	2. DATE OF BIRTH (month, day, year) JUNE 18, 1925
3. KIND OF SERVICE APPLIED FOR OR BASIS OF REASSIGNATION FOREIGN SERVICE	4. DATE OF THIS CONTINUATION SHEET

DATES OF EMPLOYMENT (month, year) <input type="radio"/> FROM May 1952 TO July 1954		EXACT TITLE OF YOUR POSITION Vice Consul	
SALARY OR EARNINGS STARTING \$ PER PER FINAL \$ PER PER		CLASSIFICATION GRADE (if in Federal Service) FSS-9	PLACE OF EMPLOYMENT CITY Guayaquil, STATE Ecuador
NAME AND ADDRESS OF EMPLOYER (firm, organization, etc.) Dept of State		KIND OF BUSINESS OR ORGANIZATION (manufacturing, accounting, insurance, etc.) U.S. Govt	
		NAME AND TITLE OF IMMEDIATE SUPERVISOR Consul Gen Paul W. Meyer	

REASON FOR LEAVING: **Position with Dept of Defense**
DESCRIPTION OF WORK: **General duties of a Foreign Service Staff Officer in the Economic and commercial section of the consulate general in Guayaquil. Also performed political reporting functions and assisted in visa and citizenship matters.**

DATES OF EMPLOYMENT (month, year) <input type="radio"/> FROM Oct 1949 TO Feb 1952		EXACT TITLE OF YOUR POSITION Asst Attache	
SALARY OR EARNINGS STARTING \$ FSS-10 PER PER FINAL \$ FSS-9 PER PER		CLASSIFICATION GRADE (if in Federal Service) FSS-9	PLACE OF EMPLOYMENT CITY Washington & STATE Caracas, Ven
NAME AND ADDRESS OF EMPLOYER (firm, organization, etc.) Dept of State		KIND OF BUSINESS OR ORGANIZATION (manufacturing, accounting, insurance, etc.) Government	
		NAME AND TITLE OF IMMEDIATE SUPERVISOR Ambassadors Donnally, Sparks, Armour	

REASON FOR LEAVING:
DESCRIPTION OF WORK: **General duties of a Foreign Service Staff officer in the Political Section, Embassy Caracas. Preparation of reports for the Department and memoranda for the Ambassador, consultation with officials of the local government and American companies (esp of the petroleum industry operating in Venezuela). Assistance in the Consular Section with visa affairs**

DATES OF EMPLOYMENT (month, year) <input type="radio"/> FROM Nov 1947 TO Oct 1949		EXACT TITLE OF YOUR POSITION Editor	
SALARY OR EARNINGS STARTING \$ 2400 PER PER SEMI-MO FINAL \$ 33600 PER PER		CLASSIFICATION GRADE (if in Federal Service)	PLACE OF EMPLOYMENT CITY Cincinnati STATE Ohio
NAME AND ADDRESS OF EMPLOYER (firm, organization, etc.) Procter & Gamble		KIND OF BUSINESS OR ORGANIZATION (manufacturing, accounting, insurance, etc.) Soap & Chemical manufacture	
		NAME AND TITLE OF IMMEDIATE SUPERVISOR Carl Prantz Chief, Personnel Relations	

REASON FOR LEAVING: **Desire for Foreign Service**
DESCRIPTION OF WORK: **Supervision of preparation (compilation through final printing & finding) of sales manuals for entire company sales force. Preparation of aptitude tests and general qualifications questionnaires used by company in recruitment of salesman and administrative employees. Preparation of material for company house magazine. Maintenance of close liaison with other personnel dept. Work with company print shop and private printing establishments.**

ATTACH SUPPLEMENTAL SHEETS OR FORMS HERE

• ANSWER ALL QUESTIONS CORRECTLY AND FULLY

20. SPECIAL QUALIFICATIONS AND SKILLS

A. Kind of license or certificate (For example, pilot, teacher, registered nurse, lawyer, radio operator, C.P.A., etc.)	B. State or other licensing authority	C. Year of first license or certificate	D. Year of latest license or certificate
Private Pilot (Blue Seal, Sel)	FAA	1958	Current
E. Special skills you possess and machines and equipment you can use. (For example, short wave radio, multilith, computer, lat punch, turret lathes, transcribing machine, scientific or professional devices)		F. Approximate number of words per minute:	
		Typing	Shorthand
G. Special qualifications not covered in application. (For example, your most important publications (do not submit copies unless requested); your patents or inventions; public speaking and publications experience; membership in professional or scientific societies; and honors and fellowships received)			
Writing - Occasional articles on sporting & aviation subjects. Honors - PHI BETA KAPPA (1948)			

21. EDUCATION

A. Place "X" in column indicating highest grade completed												B. If you graduated from high school, give date		C. Name and location of last high school attended					
1	2	3	4	5	6	7	8	9	10	11	12	1943		Bath High School Fairborn, Ohio					
D. Name and location of college or university												Dates attended		Years completed		Credit hours		Degree received	Year received
												From	To	Day	Night	Semester	Quarter		
The Ohio State Univ												1943	1943	2/3					
The Ohio State Univ												1945	1945	2/3		49			
University of Arizona												1945	1947	3		132		BA	1947
E. Chief undergraduate college subjects												Semester Hours Credit	Quarter Hours Credit	F. Chief graduate college subjects				Semester Hours Credit	Quarter Hours Credit
Spanish												35							
History & Poli Sci												26							
G. State major field of study at highest level of college work												Spanish							
H. Other schools or training (for example, trade, vocational, Armed Forces, or business). Give for each the name and location of school, dates attended, subjects studied, certificates, and any other pertinent data.																			
Jan - May 1944, Camp Callan, Calif. Basic anti-aircraft schooling in fire control, specialization in anti-armor use of AA weapons																			

22. FOREIGN TRAVEL

Have you lived or traveled in any foreign countries?

Yes No

If Yes, give in Item 33 names of countries, dates and length of time spent there and reason or purpose (military service, business, education, or vacation)

23. FOREIGN LANGUAGES

List foreign language and indicate your knowledge of each by placing "X" in proper column	Reading		Speaking		Understanding		Writing	
	Excellent	Fair	Excellent	Fair	Excellent	Fair	Excellent	Fair
Spanish	X		X		X		X	
Portuguese	X						X	X
French			X					

24. REFERENCES

List three persons living in the United States or territories of the United States who are NOT RELATED TO YOU AND WHO HAVE DEFINITE KNOWLEDGE of your qualifications and fitness for the position for which you are applying. Do not repeat names of supervisors listed under Item 19.

FULL NAME	PRESENT BUSINESS OR HOME ADDRESS (Number, Street, City, State, and State)	BUSINESS OR OCCUPATION
Robert C. Hill	Littleton, Vermont 825 5th Ave	Former Ambassador to Mexico
Norman Armour	New York 21, N.Y.	Former Ambassador to Venezuela
Chester H. Kimrey	Deatus Estates Nogales, Arizona	Former Consul at Nogales

DATE OF EMPLOYMENT (month, year) _____ EXACT TITLE OF YOUR POSITION _____

ANSWER ALL QUESTIONS BY PLACING "X" IN PROPER COLUMN		YES	NO
25. Are you a citizen of the United States of America? If "No," give country of which you are a citizen:		X	
26. Are you now, or have you ever been, a member of the Communist Party, U.S.A., the Communist Political Association, the Young Communist League, or any Communist organization?			X
27. Are you now or have you ever been a member of any foreign or domestic organization, association, movement, group, or combination of persons which is totalitarian, fascist, Communist, or subversive, or which has adopted, or shows, a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means? <i>If your answer to 26 and/or 27 above is "Yes," state on a separate sheet attached to and made a part of this application the names of all such organizations, associations, movements, groups or combination of persons and date of membership. Give complete details of your activities therein and make any explanation you desire regarding your membership or activities. (See Instruction Sheet)</i>			X
28. Have you any physical handicap, chronic disease, or other disability?			X
29. Have you ever had a nervous breakdown?			X
30. Have you ever had tuberculosis? <i>If your answer to 28, 29, or 30 above is "Yes," give details in Item 39.</i>			X
31. Have you ever been barred by the U.S. Civil Service Commission from taking examinations or accepting civil service appointment? (If your answer is "Yes," give dates of and reasons for such debarment in Item 39.)			X
32. Does the United States Government employ in a civilian capacity any relative of yours (by blood or marriage) with whom you live or have lived within the past 24 months? <i>If your answer is "Yes," give in Item 39 for each such relative (1) full name; (2) present address; (3) relationship; (4) department or agency by which employed, and (5) kind of appointment.</i>			X
33. 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? <i>If your answer is "Yes," give details in Item 39.</i>			X
34. Are you an official or employee of any State, territory, county, or municipality? <i>If your answer is "Yes," give details in Item 39.</i>			X
35. Have you ever been discharged (fired) from employment for any reason?			X
36. Have you ever resigned (quit) after being informed that your employer intended to discharge (fire) you for any reason? <i>If your answer to 35 or 36 above is "Yes," give details in Item 39. Show the name and address of employer, approximate date, and reason, in each case. This information should agree with statements made in Item 19--Experience.</i>			X
37. Have you ever been arrested, taken into custody, held for investigation or questioning, or charged by any law enforcement authority? (You may omit: (1) Traffic violations for which you paid a fine of \$30.00 or less, and (2) anything that happened before your 16th birthday. All other incidents must be included, even though they were dismissed or you merely forfeited collateral.)			X
38. While in the military service were you ever arrested for an offense which resulted in a trial by deck court or by summary, special, or general court martial? <i>If your answer to 37 or 38 is "Yes," give details in Item 39, showing for each incident: (1) date, (2) charge, (3) place, (4) law enforcing authority or type of court or court-martial, and (5) action taken</i>			X

39. SPACE FOR DETAILED ANSWERS TO OTHER QUESTIONS. Indicate item numbers to which answers apply.

Item No.	Answer	Item No.	Answer
22	China - Reside w/parents 1931-34		Venezuela/Asst Att/1949-52
	Mexico - Travel since 45, vice consul & consul at Havana 1956-59		Ecuador/Vice Consul/Guayaquil/1952-54
			Visits to Colombia, Panama, Trinidad, Barbados, Brazil, Hawaii, Philippines
			Hong Kong

If more space is required, use full sheets of paper approximately the same size as this page. Write on each sheet your name, date of birth, and exact page title. Attach on inside of this application.

ATTENTION: READ THE FOLLOWING PARAGRAPH CAREFULLY BEFORE SIGNING THIS APPLICATION

A false or dishonest answer to any question in this application may be grounds for rating you ineligible for Federal employment, or for dismissing you after appointment, and may be punishable by fine or imprisonment (U.S. Code, Title 18, Sec. 1001). All statements made in the application are subject to investigation, including a check of your fingerprints, police records, and former employers. All information will be considered in determining your present fitness for Federal employment.

CERTIFICATION

I CERTIFY that all of the statements made in this application are true, complete, and correct to the best of my knowledge and belief and are made in good faith.

Signature of applicant: Robert Shaw Date: 11/2/63

FORM DS-1032 (Exception to SF 50 approved by CSC and E. of B. April 22, 1960)		NOTIFICATION OF PERSONNEL ACTION			JOURNAL NUMBER 16	
NAME MR. ROBERT T. SHAW SHAW ROBERT T		EMPLOYEE NUMBER 539700	F.S. <input checked="" type="checkbox"/>	DATE 05-25-61	4. SOCIAL SECURITY NO.	
3. DATE OF BIRTH 06-18-25	5. DATE APPT. ALLG. 04-28-48	6. SOCIAL SECURITY NO.	7. LEGAL RESIDENCE BU VA	8. FOOD DATE 05-28-52	9. MODE ENTRY PSO B I M V.	
10. MARRIAGE 2 MARRIED		11. CHILDREN 02 ADULTS 1		12. STATE OF BIRTH AT D.C.	13. MONTH 20	14. YEAR 20
THIS IS AN OFFICIAL NOTICE OF THE PERSONNEL ACTION DESCRIBED BELOW, WHICH AFFECTS YOUR EMPLOYMENT						
17. NATURE OF ACTION (USE STANDARD FORM 100)			18. EFFECTIVE DATE	19. N.A. CODE	20. APPORTIONED POSITION	
RESIGNATION FOR PERSONAL REASONS WITHOUT PREJUDICE COB			OF ACTION MONTH DAY YEAR 05-12-61	S2	1 - YES 2 - NO 3 - WAIVED	
21. LEGAL AUTHORITY			22. POSITION TITLE			
FROM -			23. FULL-STAFFING <input checked="" type="checkbox"/> 24. POSITION IS IN THE <input type="checkbox"/>			
FOREIGN SERVICE RESERVE OFFICER			25. POSITION IS IN THE <input type="checkbox"/>			
2333			26. DPL-CONS TITLE 2 26A. TITLE CODE 0091250			
FSR-04-44-10,945-0-0000-000			27. PAYROLL CODE			
DEPARTMENT GROUP I-C			28. DATE ASSIGNED 07-26-59			
29. SCHEDULE - SERIES - GRADE - SALARY - POSITION NUMBER 7-26-59			30. ORGANIZATION			
31. POS. VACATED (I-MEMOVAL, 2-REMAINS)			32. ORG. POST CODE 9-99-03			
33. TENURE 0 L FT			34. PSN. 40. CITY			
35. MO. YR. GRADE 02-59			36. PSN. 40. CITY 12			
36. ALLOTMENT AQ -1A-7026 I			37. RETIREMENT			
37. RETIREMENT			38. EXCEPTED SCHED. FOR TRANSFER 2			
38. EXCEPTED SCHED. FOR TRANSFER			39. PSN. 40. CITY 5			
41. PSR - PSN. CATEGORY			42. DATE ASSIGNED			
42. DATE ASSIGNED			43. CITY & CLASS			
43. CITY & CLASS			44. P.S. SALARY \$			
44. P.S. SALARY \$			45. MONTH AND YR OF GRADE			
45. MONTH AND YR OF GRADE			23. FULL-STAFFING <input type="checkbox"/> 24. POSITION IS IN THE <input type="checkbox"/>			
23. FULL-STAFFING <input type="checkbox"/>			25. POSITION IS IN THE <input type="checkbox"/>			
24. POSITION IS IN THE <input type="checkbox"/>			26. DPL-CONS TITLE			
25. POSITION IS IN THE <input type="checkbox"/>			26A. TITLE CODE			
26. DPL-CONS TITLE			27. PAYROLL CODE			
26A. TITLE CODE			28. DATE ASSIGNED			
27. PAYROLL CODE			29. SCHEDULE - SERIES - GRADE - SALARY - POSITION NUMBER			
28. DATE ASSIGNED			30. ORGANIZATION			
29. SCHEDULE - SERIES - GRADE - SALARY - POSITION NUMBER			31. POS. VACATED (I-MEMOVAL, 2-REMAINS)			
30. ORGANIZATION			32. ORG. POST CODE			
31. POS. VACATED (I-MEMOVAL, 2-REMAINS)			33. TENURE			
32. ORG. POST CODE			34. PSN. 40. CITY			
33. TENURE			35. MO. YR. GRADE			
34. PSN. 40. CITY			36. PSN. 40. CITY			
35. MO. YR. GRADE			37. RETIREMENT			
36. PSN. 40. CITY			38. EXCEPTED SCHED. FOR TRANSFER			
37. RETIREMENT			39. PSN. 40. CITY			
38. EXCEPTED SCHED. FOR TRANSFER			40. PSN. 40. CITY			
39. PSN. 40. CITY			41. PSR - PSN. CATEGORY			
40. PSN. 40. CITY			42. DATE ASSIGNED			
41. PSR - PSN. CATEGORY			43. CITY & CLASS			
42. DATE ASSIGNED			44. P.S. SALARY \$			
43. CITY & CLASS			45. MONTH AND YR OF GRADE			
44. P.S. SALARY \$			45. MONTH AND YR OF GRADE			
<p>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 or the Department. This action may be corrected or canceled if not in accordance with all requirements.</p> <p>The grade of the position to which you are officially assigned may be reviewed and corrected by the Department or by the Civil Service Commission.</p> <p><input type="checkbox"/> a. Subject to completion of 1 year probationary (or trial) period commencing</p> <p><input type="checkbox"/> b. Service being toward career or permanent status</p>						
<p>REASON - TO ACCEPT OTHER EMPLOYMENT.</p> <p>NO LUMP SUM PAYMENT AUTHORIZED FOR LEAVE.</p> <p>ADDRESS: c/o FOREIGN SERVICE MAIL ROOM, WASHINGTON, D. C.</p>						
<p>PERSONNEL FOLDER</p>						
Employing Department or Agency DEPARTMENT OF STATE			ALL PERSONNEL FOLDERS ON AMERICAN EMPLOYEES ARE MAINTAINED IN OFFICE OF PERSONNEL - WASHINGTON 25, D. C.			

PERSONNEL FOLDER

FORM DS-1031 (Exception to SF-32 approved by CSC and B of B April 27, 1940)		REQUEST NO	SERVICE	ROUTING		
DEPARTMENT OF STATE REQUEST FOR PERSONNEL ACTION		DATE OF REQUEST 04/21/61	EX FS	WF LV	164 JII	
1 NAME Mr. Robert T. SHAW		2 EMPLOYEE NUMBER 539700	3 E.O.D. DATE	4 SERIAL POST		
5 DATE OF BIRTH 06-18-25	6 S.C.D.	7 APPT. EFF. DATE 04-22-61	8 SOCIAL SECURITY NO. 01-22-4505-22-52	9 LEGAL RESIDENCE FLA VA	10 STATE OF BIRTH ATL GA	11 MONTHS ENTRY PAY -1-1-61
12 MARITAL STATUS ALLEGATIONS ONLY: 1-None, 2-1 child, 3-2 children		13 NO. OF DEPENDENT CHILDREN ADULTS: 1	14 UNGLT	15 MRP	16	17
17 NATURE OF ACTION Resignation for Personal Reasons Without Prejudice C.O.B.		18 EFFECTIVE DATE OF ACTION MONTH DAY-YEAR 05-12-61	19 N.A. CODE S	20 APPOINTMENT POSITION 1-YES 2-NO 3-WAIVED		
21 LEGAL AUTHORITY FROM - Foreign Service Reserve Officer 2333 FSR-04-44-10,945-0-0000-000 Department - Group I-C						
22 POSITION TITLE		23 FULL-STAFFING	24 POSITION IS IN THE	25 CODE		
26 DPL. CONS. TITLE		26A TITLE CODE	26B EXCEPTED SERVICE	PAY BANK		
27 PAYROLL CODE		28 DATE ASSIGNED 05-12-61				
29 SCHEDULE - SERIES - GRADE - SALARY - POSITION NUMBER						
30 ORGANIZATION		31 POS. VACATED - 1-REMOVE, 2-REMAINS				
DESIGNATION OR POST		32 ORG. POST CODE	33 TENURE			
34 CITY & CLASS		35 MO. YR. GRADE	36 ALLOTMENT			
37 RETIREMENT		38 EXCEPTED SCHED. - 1-YES 2-NO				
39 F.S. REASON FOR TRANSFER		40 CITY	41 FSR - FSS			
42 DATE ASSIGNED		43 C.B.C. CODE	44 P.S. SALARY			
45 MONTH & YEAR OF GRADE						
TO -						
22 POSITION TITLE		23 FULL-STAFFING	24 POSITION IS IN THE	25 CODE		
26 DPL. CONS. TITLE		26A TITLE CODE	26B EXCEPTED SERVICE	PAY BANK		
27 PAYROLL CODE		28 DATE ASSIGNED				
29 SCHEDULE - SERIES - GRADE - SALARY - POSITION NUMBER						
30 ORGANIZATION		31 POS. VACATED - 1-REMOVE, 2-REMAINS				
DESIGNATION OR POST		32 ORG. POST CODE	33 TENURE			
34 CITY & CLASS		35 MO. YR. GRADE	36 ALLOTMENT			
37 RETIREMENT		38 EXCEPTED SCHED. - 1-YES 2-NO				
39 F.S. REASON FOR TRANSFER		40 CITY	41 FSR - FSS			
42 DATE ASSIGNED		43 C.B.C. CODE	44 P.S. SALARY			
45 MONTH & YEAR OF GRADE						
46 REMOVE		47 ADD	48 VICE		49 RIF CODE	
50 NO CHANGE		51 REAL		52 NEW		
53 REQUESTED BY E. J. Kichey, Chief, POD/WFS		54 REQUEST APPROVED J. J. Jova, Chief, FER/POD				
55 CLEARANCES		56 CLEARANCES				
57 INITIALS OF SIGNATORY		58 INITIALS OF SIGNATORY				
59 DATE		60 DATE				
61 APPROVED BY						
62 TRAVEL REQUEST		63 FUNDS AVAILABLE		64 TOTAL COST		
65 APPR. DATE		66 OBLIG. DATE		67 TO GO		
68 DEPENDENTS		69 SIGNATURE				
70 NAME, RELATIONSHIP, AGE IF UNDER 21		71 I.C. DATE				
Ref: Letter of resignation dated 4/20/61 attached. Reasons: EXHAUSTED To accept other employment.						
FROM - TO - VIA - DEPARTS - EFFECTS - END - EFFECTS - END						
No travel requested						
PER:POD:WFS:bth						

Robert T. Shaw

Resignation COB 5/12/61

No lump sum payment authorized for leave

E. Kathryn Mallow
E. Kathryn Mallow, Chief *Jib*
Leave and Retirement Section

Address:
c/o Foreign Service Mail Room,
Washington 25, D. C.

CHIEF, LEAVE AND RETIREMENT SECTION

SEPARATION DATA

RESIGNATION

Washington, D.C.
April 20, 1961

The Honorable
The Secretary of State
Washington, D.C.

Dear Mr. Secretary:

It is with great regret that I submit my resignation from
The Foreign Service to accept other employment.

I have enjoyed my years with the Service and the fine
people comprising it and hope that at some future time I may
be able to return to the Service.

Respectfully,

RT Shaw

Robert T. Shaw
Foreign Service Reserve Officer

5-12-61

A1950 SHAW ROBERT Y

FSR- 4 FROM 10175 TO 10965 PAY RAISE 8374 2050 PL568

DEPARTMENT OF STATE
PAY ROLL CHANGE SLIP

POST	ORG. CODE	POSITION NO.	APPR. & ALLOT.	EFFECTIVE DATE	DATE OF LAST SALARY INCREASE
DEPARTMENT	0013		1A-7075	7-1-69	2-59
EMPLOYEE'S NAME	EMPLOYEE NO.	CATS. & CLASS SERV. & GRADE	NEW SALARY RATE	OLD SALARY RATE	
SHAW ROBERT Y	A1950	FSR-4	10,965	5,700	January 2 1969

LWOP DATA (fill in appropriate box) as of 10/27/69 following:

NO EXCESS LWOP - TOTAL EXCESS LWOP _____
(Check appropriate box in case of excess LWOP)

IN PAY STATUS AT END OF WAITING PERIOD

IN LWOP STATUS AT END OF WAITING PERIOD

Other Step-Increase _____

Pay Adjustment _____

REMARKS _____

Performance rating: satisfactory or better

J. J. [Signature]

(Signature of other authorization)

PROOFING COPY

WASHINGTON 25, D. C.

NOTIFICATION OF PERSONNEL ACTION

SECRET
 FS DFLL

A1950			
1. NAME (Last, first, middle initial, and surname) Mr. Robert T. Shaw	2. DATE OF BIRTH 6-18-25	3. JOURNAL OR ACTION NO. FB-54	4. DATE 7-21-59
This is to notify you of the following action affecting your employment:			
5. NATURE OF ACTION (Use standard terminology) Transfer		6. EFFECTIVE DATE 7-26-59	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY
FROM:		TO:	
[Redacted] \$9900 Mogales		[Redacted] \$9900 Department	
8. POSITION TITLE <i>Diplomatic or Consular Title</i> 9. SCHEDULE, SERIES NO., GRADE, SALARY FBR-4 \$9900 10. ORGANIZATIONAL DESIGNATIONS <i>Post</i> Department 11. HEADQUARTERS 12. DS CATEGORY <input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Resident <input type="checkbox"/> Non-US			
13. VETERAN'S PREFERENCE NONE <input type="checkbox"/> 5 PT <input type="checkbox"/> 10 POINT Disab. <input type="checkbox"/> Other <input type="checkbox"/>		14. POSITION CLASSIFICATION ACTION NEW <input type="checkbox"/> VICE <input type="checkbox"/> T. A. <input type="checkbox"/> REAL <input type="checkbox"/> Group I-6	
15. SEX M	16. APPROPRIATION FROM OA-4011 TO OA-3025	17. RETIREMENT COVERAGE <input checked="" type="checkbox"/> OSC <input type="checkbox"/> FS <input type="checkbox"/> FICA <input type="checkbox"/> NONE	18. DATE OF APPOINTMENT AFFIDAVITS (Accessions Only) 19. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:
20. 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 or the Department			
ENTRANCE PERFORMANCE RATING		21. SIGNATURE OR OTHER AUTHENTICATION	

44-38860
 44-38861
 44-38862
 44-38863
 44-38864
 44-38865
 44-38866
 44-38867
 44-38868
 44-38869
 44-38870
 44-38871
 44-38872
 44-38873
 44-38874
 44-38875

PERSONNEL FOLDER

Form DB-1031 Reception to SF-53
Approved by the Bureau of the Budget
May 1954

DEPARTMENT OF STATE
REQUEST FOR PERSONNEL ACTION

ROUTING	4	TR 6/5/59	5	SERVICE
WROS	1	X	6	XXX
ARA	2		7	
AAB	3		8	
	9	TRANS	10	
	11		11	

1. NAME (Mr.-Miss-Mrs.-One given name, initial (s), and surname)
Mr. Robert T. SHAW

2. DATE OF BIRTH
6-18-25

3. REQUEST NO.

4. DATE OF REQUEST
3-26-59

5. NATURE OF ACTION REQUESTED
A. PERSONNEL (Specify whether appointment, promotion, separation, etc.)
Direct Transfer to the Department (DR-#11)

6. EFFECTIVE DATE
A. PROPOSED:
TDR
B. APPROVED:
7-26-59

7. C.B. OR OTHER LEGAL AUTHORITY

8. POSITION TITLE AND NUMBER
Diplomatic or Consular Title

9. SCHEDULE, SERIES NO., GRADE, SALARY
PSR-4 \$9900

10. ORGANIZATIONAL DESIGNATIONS
Post

11. HEADQUARTERS
Department

12. DEPARTMENT
Department

13. DE CATEGORY
PSS Category

14. POSITION CLASSIFICATION ACTION
 NEW VICE REAL **Group I-e**
 I.A.

15. VETERAN PREVIOUSLY
NONE 5-YR. 10-YR. DISAB OTHER

16. FULL STAFFING ALLOTMENT
 YES NO FROM: TO:

17. RETIREMENT COVERAGE
 ESC FS FICA NONE

18. DATE OF APPOINTMENT AFFIDAVIT (Accessions only)

19. LEGAL RESIDENCE
 CLAIMED PROVED STATE:

18. SEX
M

19. APPROPRIATION
FROM: **9A-4011**
TO: **9A-3025**

20. RESERVE STATUS
 ACTIVE INACTIVE

21. MARITAL STATUS
 MARRIED SINGLE
 WIDOWED WIDOW DIVORCED SEPARATED

22. REQUESTED BY (Name and title)
T. Judd, Chief, WROS

23. REQUEST APPROVED BY (Signature and title)
DP Downs, Asst. Chief, PER/POD

24. CLEARANCES

INITIAL OR SIGNATURE	DATE	CLEARANCED	INITIAL OR SIGNATURE	DATE

25. REPLACEMENT OR ENPL

26. APPROVED BY
AAE

27. DATE
3/31/59

REMARKS

33

EFFECT CLASS	QUANTITIES	PER/TD ENCUMBRANCE FUNDS AVAILABLE	NAMES OF DEPENDENTS AND DATES OF BIRTH OF CHILDREN UNDER 21	FROM	TO
				Hogales	Washington, DC
				VIA	DETAILS ENROUTE
				NO. LBS. SECRETS BAGGAGE AUTH	
				SHIPMENT OF EFFECTS	
TOTAL				FROM: Hogales	TO: Washington, DC
T. O. DATE		T. O. NO.			

REMARKS
Authorize travel and full shipment of effects as indicated.

ETD **5/30**
ROD **4/17/59**

PER: PCD: WROS: [initials]

TJCM

14

Form DS-1032
 Exception to SF-68
 Approved by the
 Bureau of the Budget
 May 1954

DEPARTMENT OF STATE
 WASHINGTON 25, D. C.

NOTIFICATION OF PERSONNEL ACTION

SERIAL

A1950

FS DFTL

1. NAME (Mr., Mrs., Miss, Misses, Mx., Mxess, Mxesss, Mxessss) and surname) Mr. Robert T. Shaw		2. DATE OF BIRTH 6-18-25	3. JOURNAL OR ACTION NO. FS -107	4. DATE 2-19-59
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (Use standard terminology) Promotion		6. EFFECTIVE DATE 2-22-59	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY	
FROM:		TO:		
FSR-5 \$8965		8. POSITION TITLE <i>Diplomatic or Consular Title</i> 9. SCHEDULE, SERIES NO., GRADE, SALARY \$9900	 	
10. ORGANIZATIONAL DESIGNATIONS <i>Post</i> Nogales				
<input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL <input type="checkbox"/> Regular <input type="checkbox"/> Resident <input type="checkbox"/> Non-US		11. HEADQUARTERS 12. DS CATEGORY <i>FS Category</i>		
<input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL <input type="checkbox"/> Regular <input type="checkbox"/> Resident <input type="checkbox"/> Non-US		<input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL <input type="checkbox"/> Regular <input type="checkbox"/> Resident <input type="checkbox"/> Non-US		
13. VETERAN'S PREFERENCE NONE 5-PT 10-POINT Disab. Other		14. POSITION CLASSIFICATION ACTION NEW VICE I. A. REAL		
15. SEX M	16. APPROPRIATION FROM TO 9A-4011	17. RETIREMENT COVERAGE CSG <input type="checkbox"/> FS <input type="checkbox"/> FICA <input type="checkbox"/> NONE	18. DATE OF APPOINTMENT AFFIDAVITS (Accessions Only) <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:	
20. 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 or the Department.				
ENTRANCE PERFORMANCE RATINGS				

Form DE-1031 Exception to SF-53
Approved by the Bureau of the Budget
May 1954

DEPARTMENT OF STATE
REQUEST FOR PERSONNEL ACTION

ROUTINE	4	5	6
1 - WROS	8	9	
2 - ARA	10	11	
3 - AAB	7		

SERVICE
 EX-
 OPTL

1. NAME (Mr., Mrs., One given name, initial (s), and surname) Mr. Robert T. SHAW	2. DATE OF BIRTH 6-18-25	3. REQUEST NO.	4. DATE OF REQUEST 3-26-59
5. NATURE OF ACTION REQUESTED A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) Direct Transfer to the Department (DT-#11) B. POSITION (Specify whether establish, change grade or title, etc.)		6. EFFECTIVE DATE A. PROPOSED TDR B. APPROVED 7-26-59	7. C.S. OR OTHER LEGAL AUTHORITY

PRO: [Redacted] DS-1031 Nogales Date: <u>2/29/59</u> <input checked="" type="checkbox"/> FIELD <input checked="" type="checkbox"/> REGULAR BY: [Signature]	6. POSITION TITLE AND NUMBER Diplomatic or Consular Title 7. SCHEDULE, GRADE, PAY, AND BOUNTY FSR-4 \$9900 10. ORGANIZATIONAL DESIGNATIONS Post 11. HEADQUARTERS Department 12. DE CATEGORY <input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL <input type="checkbox"/> RESIDENT	TO: [Redacted]
--	--	----------------

13. VETERAN PREFERENCE NONE <input type="checkbox"/> 5-PT. <input type="checkbox"/> 10-PT. <input type="checkbox"/> OTHER <input type="checkbox"/>	14. FULL STAFFING ALLOTMENT <input type="checkbox"/> YES FROM: [Redacted] TO: [Redacted] <input checked="" type="checkbox"/> NO	15A. POSITION CLASSIFICATION/ACTION <input type="checkbox"/> NEW <input type="checkbox"/> VICE <input type="checkbox"/> REAL <input type="checkbox"/> I.A. <input type="checkbox"/> REAL Group I-c
---	---	--

18. ONE M	18. APPROPRIATION FROM: 9A-4011 TO: 9A-3025	17. RETIREMENT COVERAGES <input checked="" type="checkbox"/> DC <input type="checkbox"/> FE <input type="checkbox"/> FICA <input type="checkbox"/> NONE	19. DATE OF APPOINTMENT AFFIDAVIT (Accessions only)	19. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:
---------------------	---	---	---	--

20. RESERVE STATUS <input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE	21. MARITAL STATUS <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOWED <input type="checkbox"/> WIDOW <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED
---	---

22. REQUESTED BY (Name and title) TJudd, Chief, WROS - T.M. Judd	23. REQUEST APPROVED BY Signature and title: [Signature] DEPDOWN, Asst. Chief, PER/POD
--	--

24. CLEARANCES	INITIAL OR SIGNATURE	DATE	CLEARANCES	INITIAL OR SIGNATURE	DATE
A.			D. REPLACEMENT OR EMPL		
B. CELL OR POS. CONTROL			E.		
C. CLASSIFICATION			F. APPROVED BY	AAB	3/31/59

REMARKS

OBJECT CLASS	ESTIMATED COST	PER/FC ENCUMBRANCE FUNDS AVAILABLE	SERIES OF DEPENDENTS AND DATES OF BIRTH OF CHILDREN UNDER 21	FROM	TO
		APPR.	W: Janet	Nogales	Washington, DC
		ALLOT.	D: Barbara 7/52	VIA	DETAILS ENROUTE
		OLIG. NO.	S: Richard 9/55	NO LBS. EXCESS BAGGAGE AUTH.	
		DATE	S: Thomas 9/55	SHIPMENT OF EFFECTS	
TOTAL		SIGNATURE		FROM: Nogales	TO: Washington, DC
T. O. DATE		T. O. NO.			

REMARKS: Authorize travel and full shipment of effects as indicated.

ETD 5/30
EOD [Signature]

PER: POD: WROS: [Signature]

351

BT

Form DS-1032
Exception to SF-50
Approved by the
Bureau of the Budget
May 1954

WASHINGTON 25, D. C.

NOTIFICATION OF PERSONNEL ACTION

A1950

SERVICE

FS DPTL

1. NAME (Mr., Mrs., Miss, One given name, initial(s) and surname) Mr. Robert T. Shaw		2. DATE OF BIRTH 6-18-25	3. JOURNAL OR ACTION NO. FS -107	4. DATE 2-19-59								
This is to notify you of the following action affecting your employment:												
5. NATURE OF ACTION (Use standard terminology) Promotion		6. EFFECTIVE DATE 2-22-59	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY									
FROM:		TO:										
FSR-5 \$8965 <input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL <input type="checkbox"/> Regular <input type="checkbox"/> Resident <input type="checkbox"/> Non-US		Diplomatic or Consular Title FSR-4 \$9900 Nogales <input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL <input type="checkbox"/> Regular <input type="checkbox"/> Resident <input type="checkbox"/> Non-US										
8. POSITION TITLE		9. SCHEDULE, SERIES NO., GRADE, SALARY										
10. ORGANIZATIONAL DESIGNATIONS		11. HEADQUARTERS										
12. DS CATEGORY		13. VETERAN'S PREFERENCE										
FS Category		<table border="1"> <tr> <th colspan="2">NONE</th> <th colspan="2">10-POINT</th> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Disab.</td> <td>Other</td> </tr> </table>			NONE		10-POINT		<input type="checkbox"/>	<input type="checkbox"/>	Disab.	Other
NONE		10-POINT										
<input type="checkbox"/>	<input type="checkbox"/>	Disab.	Other									
14. SEX		15. APPROPRIATION		16. POSITION CLASSIFICATION ACTION								
M		9A-4011		<table border="1"> <tr> <th>NEW</th> <th>VICE</th> <th>I. A.</th> <th>REAL.</th> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	NEW	VICE	I. A.	REAL.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NEW	VICE	I. A.	REAL.									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
17. RETIREMENT COVERAGE		18. DATE OF APPOINTMENT AFFIDAVIT (Accessions Only)		19. LEGAL RESIDENCE								
<input checked="" type="checkbox"/> FS <input type="checkbox"/> NONE <input type="checkbox"/> FICA <input type="checkbox"/> NONE				<input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVEN STATE:								
20. 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 or the Department.												

NOTICE

PERSONNEL PERFORMANCE REPORT

PERSONNEL FOLDER

DEPARTMENT OF STATE Organization Code Key List Period Block No. Step No.

NOGALES *AL-50*

Employee's Name Grade and Salary Prepared Audited by

SHAW ROBERT T **FOR S 2005**

PAY ROLL CHANGE DATA

	A Base Non-Fica	C Prom. Non-Fica	B Base Fica	D Prom. Fica	F C.S.R.	U F.S.R.	T F.S.V.	G Fed. Tax	BOND H. Ded. J. Ret.	P State Tax	E Fica	V Other	L Life Insurance	Net Pay
P.														
N.														
N.														
P.														
P.														
App.														
Alt.														

REMARKS:

Periodic step-increase Pay adjustment Other step-increase

Effective date	Date last equivalent increase	Old salary rate	New salary rate	Performance rating or basis for pay adjustment
7-1-55	7-27	2690	3985	WILLIAM STUART

LWOP data (fill in appropriate spaces covering LWOP during following periods):

Period(s):

No excess LWOP. Total excess LWOP _____

(Check applicable box in case of excess LWOP)

In pay status at end of waiting period.

In LWOP status at end of waiting period.

Initials of Clerk _____

DS-1042a
Form approved by Comp. Gen., U.S., June 29, 1954

PAY ROLL CHANGE SLIP—PERSONNEL COPY

SHAW ROBERT T
 PAY RAISE 85TH CONGRESS FOR S FROM 2000 TO 3500

STANDARD FORM NO 61a
REVISED MARCH 1956
APPROVED BY
COMP GEN U S
FEB 18, 1956
U S CIVIL SERVICE COMMISSIO
F P M CHAPTER 46

**CIVIL OFFICER
APPOINTMENT AFFIDAVITS**
(As defined in 5 USC 21a and 21b)

PERDILES

I, Robert Tyler Shaw (Name in full) (-Arizona) Virginia (State)

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.

Robert Tyler Shaw
(Type name of applicant)

[Signature]
(Signature of appointing officer)

Subscribed and sworn before me this 19th day of AUGUST, A. D. 1957.

at Nogales, Sonora, Mexico.

Service No. 22863
Item No. 58
Fee: Nil
[SHAW]

[Signature]
(Signature of officer)
Chester H. Kirey
American Consul
Consul of the United States of America

Department of State Foreign Service of the U.S., Nogales, Sonora, Mexico
(Department of appointing officer) (Office of appointing officer)

Consul of the United States of America
(Office of appointing officer)

August 5, 1957
(Date of appointment)

NOTE--If the oath is taken before a Notary Public, the date of expiration of his commission should be shown

WASHINGTON 25, D. C.

NOTIFICATION OF PERSONNEL ACTION

SERVICE
 FS DTTL

1. NAME (Mr., Miss, Mrs., One given name, initial(s) and surname) Mr. Robert T. Shaw	2. DATE OF BIRTH 6-28-25	3. JOURNAL OR ACTION NO. FS -49	4. DATE 8-12-57
--	------------------------------------	---	---------------------------

This is to notify you of the following action affecting your employment:

5. NATURE OF ACTION (Use standard terminology) Change of	6. EFFECTIVE DATE 8-5-57	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY
--	------------------------------------	---

FROM:		TO:	
8. POSITION TITLE <i>Diplomatic or Consular Title</i>		9. SCHEDULE, SERIES AND GRADE, SALARY FSR-5 \$7900 8925	
10. ORGANIZATIONAL DESIGNATIONS Post		11. HEADQUARTERS	
12. DS CATEGORY <i>FS Category</i>		13. HEADQUARTERS	
<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> Regular	<input type="checkbox"/> DEPARTMENTAL <input type="checkbox"/> Resident	<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> Regular	<input type="checkbox"/> DEPARTMENTAL <input type="checkbox"/> Resident
<input type="checkbox"/> Non-US	<input type="checkbox"/> Non-US	<input type="checkbox"/> Non-US	<input type="checkbox"/> Non-US

13. VETERAN'S PREFERENCE		14. POSITION CLASSIFICATION ACTION	
None	10 POINTS	NEW	VICE
	Back Other	L	A
		RECALL	
15. EX. 16. APPROPRIATION		17. STATEMENT OF GRADE	
EX	FROM TO	CLASS	18. CITY OF RESIDENCY (A-1 through G-1)
	FROM TO	<input checked="" type="checkbox"/> ESC <input type="checkbox"/> PS	19. (LOCAL RESIDENCY) (A-1 through G-1)
	FROM TO	<input type="checkbox"/> FIELD <input type="checkbox"/> HOME	STATE
	FROM TO		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 or the Department.

Notified: 7-7-57
 Confirmed: 8-5-57
 Attested: 8-5-57

Execute in file of [redacted] in accordance with 1 CFR-17.129.

L. L. COMLES

PERSONNEL FILE

PERSONNEL FILE

Form DA-1031 Extension to SF-17 Approved by the Bureau of the Budget May 1954		ROUTINE <i>ASAP</i>		SERVICE	
DEPARTMENT OF <i>A</i>		1 <i>1-1/2</i>		2 <i>ANS</i>	
3 <i>XXXXXX</i>		4 <i>XXXXXX</i>		<input type="checkbox"/> PL <input type="checkbox"/> OPTL	
5 <i>AABLS</i>		6			
1. NAME (Mr., Mrs., etc. One given name, initial(s), and surname) Mr. Robert T. SHAW		2. DATE OF BIRTH 6-13-25	3. REQUEST NO.	4. DATE OF REQUEST 5-29-57	
5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify why by appointment, promotion, etc.)		6. EFFECTIVE DATE A. PROPOSED:	7. CL. OR OTHER LEGAL AUTHORITY		
8. POSITION (Specify whether establish, change grade or title, etc.)		9. APPROVED: 8-5-57			
FROM: Nogales		10. POSITION TITLE AND NUMBER Diplomatic or Consular Title	TO: Nogales	8/57 ED	
11. SCHEDULE, SERIES NO., GRADE, SALARY		12. ORGANIZATIONAL DESIGNATIONS Post	13. HEADQUARTERS		
14. DEPARTMENTAL <input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL		15. RESIDENT <input type="checkbox"/> RESIDENT	16. DEPARTMENTAL <input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL	17. RESIDENT <input type="checkbox"/> RESIDENT	
18. VETERAN PREFERENCE		19. POSITION CLASSIFICATION ACTION NO 1-1011-009	20. DATE OF APPOINTMENT AFFIDAVIT (Accessions only)	21. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input checked="" type="checkbox"/> PROVED STATE: Va	
22. RESERVE STATUS <input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE		23. MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED	24. REQUEST APPROVED BY S. P. Lafoon Signature and title: SK Lafoon Asst. Chief, PERS. PO		
25. REQUESTED BY (Name and title) Paul L. Guld Title: PIC QUEST. SEC. (PERS. OFF. ARA)		26. CLEARANCES SECRET	27. PLACEMENT OR EMPL. Green	28. APPROVED BY M. L. ... 6/5/57	
REMARKS: 1. PERSONNEL OFFICERS TO NOTIFY Nominated 7-3-57 Confirmed 8-5-57 Attested 8-5-57 Appointment by the President as Counsel of the USA 8-5-57 Specified SF-01 in connection with PSN-124.					
REQUEST FOR TRAVEL AUTHORIZATION					
ORGANIZATION	ESTIMATED COST	FOR IC (COUNTRIES AND TERRITORIES)	REASON OF EXCESSIVE AND DATE OF DATE OF EXCESSIVE	POST	19
DATE	DATE	DATE	DATE	DATE	DATE
DATE QUANTITIES TO BE DELIVERED	UNCLASSIFIED	UNCLASSIFIED	UNCLASSIFIED	UNCLASSIFIED	

DEPARTMENT OF STATE
FOODALRS **8186** Organization Code No. Roll Period Blank No. Slip No.

Employee's Name **ROBERT T. SHAW** 89712 Grade and Salary **VPR-5 \$7,900** Prepared by Audited by

PAY ROLL CHANGE DATA

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
Rate New Pay	Plan Non-Fed	Rate Fed	Plan Fed	CSR	FSR	FSV	Tax	STAT. M. (Fed. & Stat.)	State Tax	Fed.	Other	Life Insurance	Net Pay		

REMARKS:

**D - P
PUNCHED**

Periodic step-increase Pay adjustment Other description

Effective Date 7/1/57	Date last increased 3/17/56	Old salary rate \$7,550	New salary rate \$7,900	Performance rating 1.0
---------------------------------	---------------------------------------	-----------------------------------	-----------------------------------	----------------------------------

Signature or other authentication

LWOP date (if in appropriate space covers LWOP during following period):
 Period (if):

No excess LWOP Total excess LWOP

Check applicable box in case of excess LWOP:
 In pay status at end of waiting period
 In LWOP status at end of waiting period

15-1983 Form approved by Comp. Gen., U.S., June 29, 1954 **PAY ROLL CHANGE SLIP - EMPLOYEE'S COPY**

SALARY ADJ EFF 7-28-56 PL028 CA 1166 9-7-56
 SHAW ROBERT T PRR 4 7490 PSP 5 7650

STANDARD FORM 518
BUREAU OF THE BUDGET
FORM APPROVED BY THE COMP. GEN., U.S.
JUNE 15, 1950
U. S. CIVIL SERVICE COMMISSION
P. P. M. CHAPTER 46

**CIVIL OFFICER
APPOINTMENT AFFIDAVITS**

(As defined in 5 USC 31a and 31b)

RECEIVED

1. ROBERT TYLER SHAW WASHINGTON D.C.
(Name in full) (State)

1950 AUG 21 AM 10 25

do solemnly swear (or affirm) that

A. OATH OF OFFICE

PERSONNEL FILES

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 a 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, 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.

Robert Tyler Shaw

(Print name of appointee)

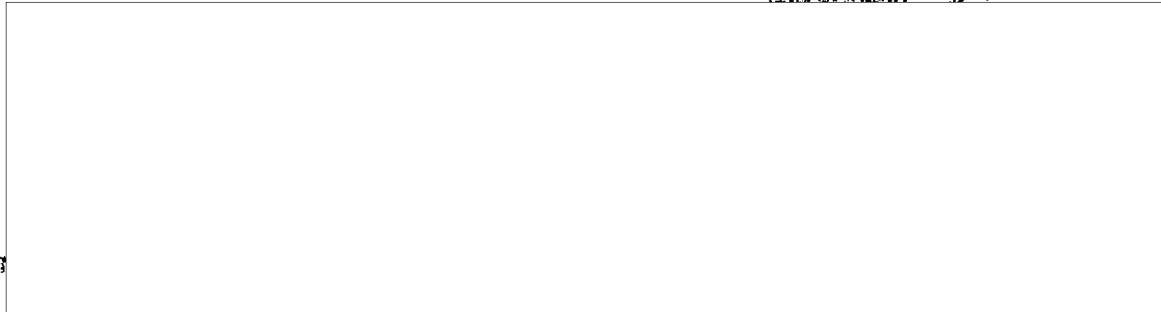
Robert Tyler Shaw

(Signature of appointee)

Subscribed and sworn before me this 14th day of August, A. D. 1950.

at Merida, Yucatan, Mexico
(City) (State)

Chester H. ...
(Signature of official)



DEPARTMENT OF STATE
WASHINGTON 25, D. C.

NOTIFICATION OF PERSONNEL ACTION

SERVICE

PS DFTL

1. NAME (Mr., Mrs., Miss, One given name, initials, and surname) Mr. Robert T. Shaw	2. DATE OF BIRTH 6-18-25	3. JOURNAL OR ACTION NO. PS 148	4. DATE 7-27-56
---	------------------------------------	---	---------------------------

This is to notify you of the following action affecting your employment:

5. NATURE OF ACTION (Use standard terminology) Granting of	6. EFFECTIVE DATE 7-21-56	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY
--	-------------------------------------	---

FROM:	TO:
<input type="checkbox"/> FIELD <input type="checkbox"/> Regular	<input type="checkbox"/> DEPARTMENTAL <input type="checkbox"/> Resident <input type="checkbox"/> Non-US
8. POSITION TITLE <i>Diplomatic or Consular Title</i>	9. SCHEDULE, SERIES NO., GRADE, SALARY PSR-4 \$7,490
10. ORGANIZATIONAL DESIGNATIONS <i>Post</i>	Nogales
11. HEADQUARTERS	<input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Resident <input type="checkbox"/> Non-US
12. DS CATEGORY <i>PS Category</i>	

13. VETERAN'S PREFERENCE NONE <input type="checkbox"/> 5-PT <input type="checkbox"/> 10-POINT <input checked="" type="checkbox"/> Disab. Other	14. POSITION CLASSIFICATION ACTION NEW <input checked="" type="checkbox"/> VICE <input type="checkbox"/> I. A. <input type="checkbox"/> REAL <input type="checkbox"/>	17. RETIREMENT COVERAGE <input type="checkbox"/> CSC <input type="checkbox"/> PS <input type="checkbox"/> NONE	18. DATE OF APPOINTMENT AFFIDAVIT (Accessions Only) 1-10-11-009	19. 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 of the United States Civil Service Commission or the Department.

Reinstated: 7-17-56.
Confirmed: 7-21-56.
Attested: 7-21-56.

PERSONNEL FILES
AUG 2 AM
OFFICE OF PERSONNEL
RECEIVED

Execute SF-61a in accordance with 1 PCM IV 124 as

EMPLOYEE PERFORMANCE RATING

21. SIGNATURE OR OTHER AUTHENTICATION

Form DS-155 (Exception to SF 32)
Approved by the Bureau of the Budget
May 1954

DEPARTMENT OF STATE
REQUEST FOR PERSONNEL ACTION

PER/EM 4/30
ARA 4/30
PER-Green 5/1

AAB 5-31
TRANS

SERVICE
XII XVI

1. NAME (Mr., Mrs., Miss, etc.) (Use given name, initial(s), and surname)
Mr. Robert T. SHAW

2. DATE OF BIRTH
6-18-25

3. REQUEST NO.

4. DATE OF ELIGIBILITY
6-27-56

5. STATUS OF ACTION REQUESTED:
A. PROPOSED (Specify whether appointment, promotion, reassignment, etc.)
Granting of

6. EFFECTIVE DATE
A. PROPOSED:
ASAP
B. APPROVED:
7-21-56

7. CLASS OR OTHER LEGAL AUTHORITY

8. POSITION (Specify whether permanent, temporary, etc.)

9. POSITION TITLE AND NUMBER
Diplomatic or Consular Title

10. SCHEDULE, SERIES NO., GRADE, SALARY

11. ORGANIZATIONAL DESIGNATIONS
Post

12. HEADQUARTERS
DS CATEGORY
FSS Category

13. FIELD DEPARTMENTAL RESIDENT

14. POSITION CLASSIFICATION ACTION
NEW VICE I. A. REAL

15. RETIREMENT COVERAGE
 CIVIC PS
 CIVIC NONE

16. DATE OF APPOINTMENT AFFIDAVIT (Accessions only)

17. LEGAL RESIDENCE
 CLAIMED
 PROVED
STATE: **Va.**

18. VETERAN PREFERENCE
NONE 5PT 10PT 15PT 20PT 30PT 40PT 50PT 60PT 70PT 80PT 90PT 100PT

19. SEX
M

20. APPROPRIATION
FROM: **32-301b**

21. RESERVE STATUS
 NONE ACTIVE INACTIVE

22. MARITAL STATUS
 MARRIED SINGLE
 WIDOWED WIDOW DIVORCED SEPARATED

23. REQUEST APPROVED BY
Signature and title: **Charles W. Bass**
PER/EM Charles W. Bass

24. CLEARANCES
INITIAL OR SIGNATURE DATE

25. PLACEMENT OR ENPL.

26. APPROVED BY
PER/EM M. J. ...

REMARKS:
Commentary 7-17-56
Completed 7-21-56
7-21-56
Exempt SF-61 as accordance with
1 FSM-27.124 as Vna Cons of the USA
Presidential Commission Necessary.

PERSONNEL FILES
OFFICE OF PERSONNEL RECEIVED
AM-80 53

REQUEST FOR TRAVEL AUTHORIZATION

REMARKS
No travel involved.

DS-1032 Journalized
Date: **7-27-56**
By: **[Signature]**

PSR-4
87490
5/1/56
11/11/56

CIVIL OFFICER
APPOINTMENT AFFIDAVITS
(As defined in 5 USC 31a and 31b)

I, Robert T. Shaw, Virginia
(Name in full) (State)

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 a 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, 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.

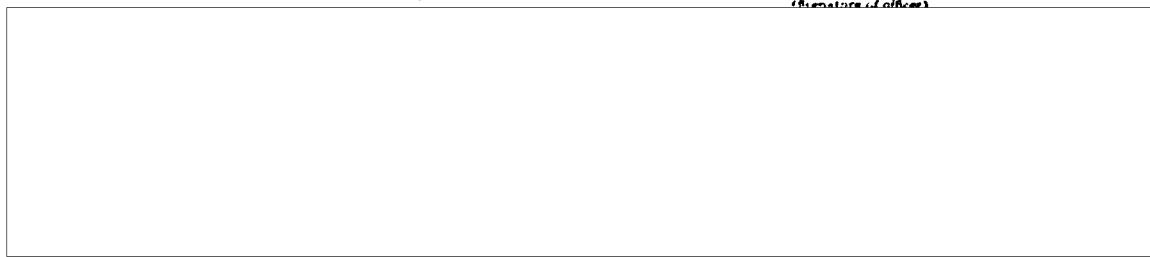
Robert T. Shaw
(Type name of appointee)

Robert T. Shaw
(Signature of appointee)

Subscribed and sworn before me this 17th day of May, A. D. 1956.

at Washington, D. C.
(City) (State)

Earl C. Fuller
(Signature of officer)



NOTE.—If the oath is taken before a Notary Public, the date of expiration of his commission should be shown.

Form DS-1052
 Excluded to SF-50
 Approved by the
 Bureau of the Budget
 May 1954

WASHINGTON 25, D. C.

NOTIFICATION OF PERSONNEL ACTION

SERVA'S
 FS DPTL

1. NAME (Mr., Miss, Mrs., One given name, initial(s) and surname) Mr. Robert T. Shaw	2. DATE OF BIRTH 6-18-25	3. JOURNAL OR ACTION NO. PSA 9	4. DATE 5-3-56
--	------------------------------------	--	--------------------------

This is to notify you of the following action affecting your employment:

5. NATURE OF ACTION (Use standard terminology) Limited Appointment	6. EFFECTIVE DATE 5/17/56	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY Section 522.1 PL 724a-79th
--	-------------------------------------	--

FROM:		TO:	
8. POSITION TITLE <i>Diplomatic or Consular Title</i>		9. SCHEDULE, SERIES NO., GRADE, SALARY FSR-4 \$7490	
10. ORGANIZATIONAL DESIGNATIONS <i>Post</i>		Nogales	
11. HEADQUARTERS		12. DS CATEGORY	
<input type="checkbox"/> FIELD <input type="checkbox"/> Regular	<input type="checkbox"/> DEPARTMENTAL <input type="checkbox"/> Resident <input type="checkbox"/> Non-US	<input type="checkbox"/> FIELD <input type="checkbox"/> Regular	<input type="checkbox"/> DEPARTMENTAL <input type="checkbox"/> Resident <input type="checkbox"/> Non-US

13. VETERAN'S PREFERENCE		14. POSITION CLASSIFICATION ACTION	
NONE	5-PT	NEW	VICE
	<input checked="" type="checkbox"/>		
10-POINT Disch. Other		I. A.	REAL
		1-1011-009	

15. SEX M	16. APPROPRIATION FROM 6A-8011 TO	17. RETIREMENT COV-ERAGE <input checked="" type="checkbox"/> GS <input type="checkbox"/> FS <input type="checkbox"/> FICA <input type="checkbox"/> NONE	18. DATE OF APPOINTMENT AFFIDAVIT (Accessions Only) 5/17/56	19. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE: VA.
---------------------	---	---	---	--

20. 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 or the Department.

Execute SF-61a

Marital status - Married - Three

Reserve status - None

ENTRANCE PERFORMANCE RATING

21. SIGNATURE OR OTHER AUTHENTICATION

Form DS-1031 Exception to SF-52
Approved by the Bureau of the Budget
May 1954

REQUEST FOR PERSONNEL ACTION

DEPARTMENT OF STATE

PER/EM 7/2
ARA 4/30
PER Green 5/4

AAB 5-3
TRANS

SERVICE
XX PS. DPTL

1. NAME (Mr., Miss, Mrs., One given name, initial(s), and surname)
Mr. Robert T. SHAW

2. DATE OF BIRTH
6-18-25

3. REQUEST NO.

4. DATE OF REQUEST
4-27-56

5. NATURE OF ACTION REQUESTED:
A. PERSONNEL (Specify whether appointment, promotion, separation, etc.)
Limited Appointment Section 522.1

B. POSITION (Specify whether establish, change grade or title, etc.)

6. EFFECTIVE DATE
ASAP

7. C.S. OR OTHER LEGAL AUTHORITY

8. POSITION TITLE AND NUMBER
FSR-4

9. SCHEDULE, SERIES NO., GRADE, SALARY
\$7490

10. ORGANIZATIONAL DESIGNATIONS
NOGALES

11. HEADQUARTERS
 FIELD DEPARTMENTAL

12. DS CATEGORY
 FIELD DEPARTMENTAL

13. VETERAN PREFERENCE
NONE 5-PT 10-PT
DISAB OTHER **Yes**

14. POSITION CLASSIFICATION ACTION
NEW VICE I. A. REAL
X **NO 1-1011-009**

15. SEX
M

16. INC. APPROPRIATION FROM:
6A-8011

17. RETIREMENT COVERAGE
 CSC FS
 FICA NONE

18. DATE OF APPOINTMENT AFFIDAVITS (Accessions only)

19. LEGAL RESIDENCE
 CLAIMED PROVED
STATE: **Va.**

20. RESERVE STATUS
None ACTIVE INACTIVE

21. MARITAL STATUS
 MARRIED SINGLE
 WIDOWED DIVORCED SEPARATED

22. REQUEST APPROVED BY
Charles W. Bass
Signature and title **PER/EM Charles W. Bass**

23. REQUESTED BY
AS Miller, Acting Reg. Sec. Off.

24. CLEARANCES
INITIAL OR SIGNATURE **AS**

25. CLEARANCES
INITIAL OR SIGNATURE

26. PLACEMENT OR EMPL.
PER/TR

27. APPROVED BY
M.B. Green 5/1/56
PER 5-1-56

28. CELL. OR POS. CONTROL

29. CLASSIFICATION
Authorized 5/1/56

REMARKS:
*** See separate DS-1031 for Commissioning for Vice Consul - med. - wife**

REQUEST FOR TRAVEL AUTHORIZATION	OBJECT CLASS	ESTIMATE & COST	PER TC ENCUMBRANCE FUNDS AVAILABLE	NUMBERS OF DEPENDENTS AND STATES OF BIRTH OF COLLEEN UNDER 21	FROM	TO
			APPR.		W-Janet L.	Arlington, Va.
		ALLOT.		D-Barbara L.		DETAILS ENROUTE
		OSLIC NO.		7-27-52		
		DATE		S-Richard W.		
		SIGNATURE		9-10-55		
TOTAL				S-Thomas R.	FROM: Arlington, Va.	
T. O. DATE		T. O. NO.		9-10-55	TO: Nogales	

REMARKS
Authorize travel of appointee and dependents from Arlington, Va. to Nogales, Mexico.

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			9. RETENTION GROUP		
Shaw, Robert T.					6/18/25					
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										
11. SERVICE										
NAME AND LOCATION OF AGENCY	FROM—			TO—			TYPE OF APPOINTMENT IF KNOWN	YEAR	MONTH	DAY
	YEAR	MONTH	DAY	YEAR	MONTH	DAY				
FOREIGN SERVICE	49	OCT	19	52	FEB	6		2	3	18
FOREIGN SERVICE	52	MAY	28	54	JULY	30		2	2	3
DEPT. OF DEFENSE, WASH.	54	JUL	31	56	APR	6		1	8	6
NO SICK OR ANNUAL LEAVE TO BE PICKED UP.										
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				
U.S. ARMY	43	SEP	11	45	MAR	8	HON.	1	5	28
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.								12. TOTAL SERVICE 7 25		
TYPE IF KNOWN (LWOP, Full, Susp, AWOL, Mor Mar)										
	FROM—			TO—			TOTAL			
	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 type="checkbox"/> NO (If answer is "Yes," in what agency were you employed at the time status was acquired?)								13. NONCREDITABLE SERVICE (Leave purposes only):		
7. ARE YOU								14. NONCREDITABLE SERVICE (RIF purposes only):		
A. THE WIFE OF A DISABLED VETERAN <input type="checkbox"/> YES <input type="checkbox"/> NO								15. REEMPLOYMENT RIGHTS <input type="checkbox"/> YES <input type="checkbox"/> NO		
B. THE MOTHER OF A DECEASED OR DISABLED VETERAN <input type="checkbox"/> YES <input type="checkbox"/> NO								16. RETENTION RIGHTS <input type="checkbox"/> YES <input type="checkbox"/> NO		
C. THE UNMARRIED WIDOW OF A VETERAN <input type="checkbox"/> YES <input type="checkbox"/> NO								17. EXPIRATION DATE OF RETENTION RIGHTS		
8. TO BE EXCUSED 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.										
EOD May 17, 1956 (DATE)					[Signature] (SIGNATURE)					
Subscribed and sworn to before me on this 17th day of May 1956 at Washington, D.C. (MONTH) (CITY) (STATE)										
S E A L					[Signature] (SIGNATURE)					
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 personnel side of the employee's official personnel folder immediately before or after the personnel action involved.										

(OVER)

NOTIFICATION OF SECURITY CLEARANCE UNDER E. O. 10450

TO: Director, Office of Personnel
Attention: Mr. Howard P. Mace

DATE: May 7, 1956

SUBJECT: SHAW, Robert Tyler
(DOB 6/18/25)

APPLICANT. If subject is not appointed within 90 days of the date of this notification, this clearance must be revalidated by the Office of Security.

EMPLOYEE.

The case of above-named person has been reviewed in the Office of Security.

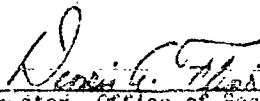
Investigative requirements of Executive Order 10450 have been complied with.

It has been determined that the employment or retention in employment of subject is clearly consistent with the interests of national security.

On the basis of this determination clearance is hereby granted. This clearance shall remain in effect for all purposes until further notice except that prior approval must continue to be requested from the Office of Security in the event of marriage to an alien, Presidential appointment, any appointment requiring Senate confirmation, and transfers or assignments to the Office of Security, R Area Special Projects Staff, and cryptographic duties. (This determination shall not eliminate or modify any other determination on security which may be required by law).

REMARKS:

Investigative reports are attached. Please return these reports to the Office of Security within 10 days together with the names of the individuals who have reviewed them listed on the extra copy of this form herewith furnished.



Director, Office of Security
Dennis A. Flinn

ATTACHMENTS

SCA:SY:WBds@rce@atw

UNCLASSIFIED
Authorized by William O. Hall
Director General of the

This memorandum may be considered as CONFIDENTIAL USE ONLY - Open to all of attachments.

APPLICATION FOR FEDERAL EMPLOYMENT

CWB 4-27-56

APPLICATION NO. APPROVAL NUMBER	1. Kind of position applied for or name of examination 2. Option (1) if mentioned in examination announcement 3. Place of employment applied for (city and State) Foreign Service (First name) (Middle) (Maiden, if any) (Last) Robert Tyler Shaw Street and City or post 6. Place of birth City Washington State or foreign country D.C. 7. Date of birth (month, day, year) 18 June 1925 8. Height without shoes 5 feet 7 inches Weight 140 pounds 9. <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female 10. <input checked="" type="checkbox"/> Married <input type="checkbox"/> Single	DO NOT WRITE IN THIS BLOCK For Use of Civil Service Commission Only Material Entered Register: <input type="checkbox"/> Approved <input type="checkbox"/> Submitted <input type="checkbox"/> Not approved <input type="checkbox"/> Returned App. Review: Appraised: <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Option</th> <th>Grade</th> <th>Earning Rating</th> <th>Preference (Cont.)</th> <th>Augm. Rating</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> 3 Points (Cont.)</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> 10 Point Comp. Dis.</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Other 10 Point</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Dual</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Being Investigated</td> <td></td> </tr> </tbody> </table> Initials and Date	Option	Grade	Earning Rating	Preference (Cont.)	Augm. Rating				<input type="checkbox"/> 3 Points (Cont.)					<input type="checkbox"/> 10 Point Comp. Dis.					<input type="checkbox"/> Other 10 Point					<input type="checkbox"/> Dual					<input type="checkbox"/> Being Investigated	
Option	Grade	Earning Rating	Preference (Cont.)	Augm. Rating																												
			<input type="checkbox"/> 3 Points (Cont.)																													
			<input type="checkbox"/> 10 Point Comp. Dis.																													
			<input type="checkbox"/> Other 10 Point																													
			<input type="checkbox"/> Dual																													
			<input type="checkbox"/> Being Investigated																													
11. Home phone JA 7-1586 Office phone 12. Legal or voting residence (State) Virginia 13. If you have ever been employed by the Federal Government, indicate last grade GS-12 Dates of service in that grade From July 1954 To present																																
14. AVAILABILITY INFORMATION. A. Indicate the lowest salary you will accept \$ _____ per You will not be considered for any position with a lower minimum salary. B. Have you ever a Federal employee, indicate the lowest grade you will accept C. Will you accept appointment for <input type="checkbox"/> 1 to 3 months? <input type="checkbox"/> 3 to 6 months? <input type="checkbox"/> 6 to 12 months? (Acceptance or refusal of a short term appointment will not affect your consideration for another appointment.) D. Are you willing to travel <input type="checkbox"/> Occasionally? <input checked="" type="checkbox"/> Frequent? <input type="checkbox"/> Constantly? E. Will you accept appointment <input type="checkbox"/> In Washington, D. C.? <input type="checkbox"/> Anywhere in United States? <input checked="" type="checkbox"/> Outside U. S.? 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																																
15. MILITARY EXPERIENCE. A. If you claim 4 point preference based on war or military service, indicate: Date of entry into active service September 1943 Date of separation March 1945 Branch of service (Army, Navy, Air Force, etc.) Army Serial number (if no. is, give grade or other info.) B. Do you claim 4 pts. of preference as a peacetime campaign veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No C. Do you claim 3 point preference? <input type="checkbox"/> Yes <input type="checkbox"/> No D. Have you ever been granted 10-point veteran preference or 5-point preference as a peacetime campaign veteran by the U. S. Civil Service Commission? <input type="checkbox"/> Yes <input type="checkbox"/> No. If so, indicate below the office which granted this preference to you. Attach your name of preference certificate if available. It will be returned to you. Name of U. S. Civil Service Commission office or name of Board of U. S. Civil Service Examiners: _____ Address of Commission office or Board of Examiners: _____ City: _____ State: _____																																
THIS SPACE IS FOR THE ACCOUNTING OFFICER ONLY. The information on the card is subject to question and may be used for other purposes. Signature _____ Agency _____ 18b																																

IN EXPERIENCE (Start with your present position and work back)			
Dates of employment (month, year) From July 1954 To present time		Exact title of your position Foreign Affairs Officer	
Salary of earnings Starting \$ 7785 per annum Final \$ 7785 per annum		Classification Grade (if in Federal service) GS-12	Place of employment City Washington State D.C.
Name and address of employer (firm, organization, etc.) Dept. of Defense, Joint Chiefs of Staff		Name and title of immediate supervisor Oliver W. Anthony	
Reason for wanting to leave Re-enter Foreign Service			
Description of work Preparation of studies and reports for the military departments and the Joint Chiefs of Staff on Inter-American Defense matters.			
Dates of employment (month, year) From May 1952 To July 1954		Exact title of your position Vice Consul	
Salary of earnings Starting \$ 7785 per annum Final \$ 7785 per annum		Classification Grade (if in Federal service) FSS-9	Place of employment City Guayaquil State Ecuador
Name and address of employer (firm, organization, etc.) Dept. of State		Name and title of immediate supervisor Consul General Paul W. Meyer	
Reason for leaving Position with Dept. of Defense			
Description of work General duties of a Foreign Service Staff Officer in the Economic and Commercial Section of the Consulate General in Guayaquil. Also performed political reporting functions and assisted in visa and citizenship matters.			
Dates of employment (month, year) From October 1949 To February 1952		Exact title of your position Asst. Attache	
Salary of earnings Starting \$ 7785-10 per annum Final \$ 7785-9 per annum		Classification Grade (if in Federal service) FSS-9	Place of employment City Washington & Caracas, Venez.
Name and address of employer (firm, organization, etc.) Department of State		Name and title of immediate supervisor Ambassadors Donnelly, Sparks	
Reason for leaving Accompany wife to U.S. for medical attention			
Description of work General duties of a Foreign Service Staff Officer in the Political Section, Embassy Caracas. Preparation of reports for the Department and memoranda for the Ambassador, consultation with officials of the local government and American companies (esp. of the petroleum industry operating in Venezuela. Assistance in the Consular Section with visa affairs.			

Robert T. Shaw
18 June 1925

STANDARD FORM 57 - continuation
#16
5.

September 1943 - March 1945
Pfc
U. S. Army
United States
Honorable Discharge

Anti-Aircraft

ATTACH SUPPLEMENTAL SHEETS OR FORMS HERE

Dates of employment (month, year) From November 1947 To October 1949		Exact title of your position Editor		
Salary or earnings Salary \$ 2400 per year Paid \$ 3600 per year		Classification Grade (if in Federal service)	Place of employment City Cincinnati State Ohio	Kind of business or organization (Manufacturing, distribution, service, etc.) Exp and chemical manufacture
Name and address of employer (firm, organization, etc.) Proctor & Gamble		Name and title of immediate supervisor Carl Frantz, Chief		
Reason for leaving Desire for Foreign Service				
Description of work Supervision of preparation (compilation through final printing and binding) of sales manuals for entire company sales force. Preparation of aptitude tests and general qualifications questionnaires used by company in recruitment of salesman and administrative employees. Preparation of material for Company "house magazine". Maintenance of close liaison with other personnel departments. Work with company print shop and private printing establishments.				
If you had additional experience blocks, use supplemental sheets. SEE INSTRUCTION SHEET.				
17. SPECIAL QUALIFICATIONS AND SKILLS.				
(A) Licenses and Certificates: List the kind of license or certificate and the State or other issuing authority which granted it, for example, pilot, teacher, electrician, lawyer, sales representative, C. P. A., etc.		(B) List any special qualifications not covered elsewhere in this report, such as:		
Kind of license Issuing Authority		(1) Your more important publications. (Do not exceed space unless essential) (2) Your patents or inventions. (3) Public speaking and public relations experience. (4) Membership in professional or scientific societies, etc. (5) Honors and fellowships received.		
(C) List any special skills you possess and machines and equipment you can use, such as shorthand, typewriter, stenographer, key-punch, turret lathe, records or professional devices.		(5) Phi Beta Kappa		
(D) Approximate number of words per minute in: Typing _____ Shorthand _____				
18. EDUCATION.				
A. Give the highest elementary or high school grade completed 12		B. Name and location of the high school attended:		
If you completed high school, give date 1943				
C. Name and location of college or university		Dates attended		
The Ohio State University		Term In Year completed		
The Ohio State University		Mar 43 Sept 43		
University of Arizona		Mar 45 Sept 45 Sept 45 and 46 2		
D. A list of undergraduate college subjects		E. Credit hours		
Spanish Political Science		Credit hours Semester or Quarter		
F. (A) Give a list of training such as trade, technical, manual, or business. Give the name and location of school, dates attended, and courses studied, respectively, in the order pertinent to you.				
Jan. 44-May 44 (Camp Callan, California): Basic anti-aircraft schooling in fire control, specialization in anti-air use of AA weapons.				
(B) Have you had instruction in any foreign language?				
Spanish		X		
French		X		

21. REFERENCE is to those persons living in the United States or Territories of the United States who are listed RELATED TO YOU AND WHO HAVE KNOWN YOU since your graduation and return for the position for which you are applying. Do not repeat names of respondents listed under Item 9, EXPERIENCE.

FULL NAME	PRESENT BUSINESS HOME ADDRESS (Give complete current address)	BUSINESS OR OCCUPATION
1. Norman Armour	c/o Dept. of State	Former Ambassador to Venezuela
2. P. S. Patton	c/o Dept. of State	FSO
3. R. G. Liddy	c/o Dept. of State	FSO

INDICATE ANSWER BY PLACING "X" IN PROPER COLUMN	YES NO	INDICATE ANSWER BY PLACING "X" IN PROPER COLUMN	YES NO
22. (a) Are you a citizen of the United States of America, or (b) as a native born citizen of America do you have allegiance to the United States of America?	X	26. May acquire no title of your present employer regarding your character, qualifications, etc?	X
23. Are you now, or have you ever been, a member of the Communist Party, U. S. A., or any Communist organization?	X	27. 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 provision of salary compensation for military or naval service?	X
24. Are you now, or have you ever been, a member of a Fascist organization?	X	If your answer is "Yes," give details in Item 26.	X
25. Are you now or have you ever been a member of any foreign or domestic organization, association, membership, group, or combination of persons which is included in Item 9, EXPERIENCE, or which has been so included in the past 10 years? If so, give the name of the organization, its purpose, and the dates of your membership or other participation in the United States or which seeks to give the United States or Territories of the United States the government of the United States the government of the United States.	X	28. Are you an official or employee of any State, Territory, county, or municipality?	X
If your answer to question 25, 26, or 27, above is "Yes," state on a separate sheet to be attached to and made a part of this application the names of all such organizations, associations, membership, groups, or combination of persons and dates of membership. Give complete details of your activities therein and make any explanation you desire regarding your membership or activities. (See instructions there)		If your answer is "Yes," give details in Item 28.	X
28. Does the United States Government employ in a civilian capacity any relative of yours (by blood or marriage) with whom you live or have lived within the past 10 years?	X	29. Have you ever been hired by the U. S. Civil Service Commission, or any other agency of the U. S. Government, for a position of employment?	X
If your answer is "Yes," give in Item 28 for each such relative (1) his name, (2) present address, (3) relationship, (4) department or agency to which employed, and (5) kind of appointment.		If your answer is "Yes," give dates of and reasons for such employment in Item 29.	X
27. A. Have you ever physical handicap, chronic disease, or other disability?	X	22. A. Have you ever been discharged from employment because:	X
B. Have you ever had a nervous breakdown?	X	(1) Your conduct was not satisfactory?	X
C. Have you ever had tuberculosis?	X	(2) Your work was not satisfactory?	X
If your answer to A, B, or C is "Yes," give details in Item 27.		B. Have you ever resigned after official notification that:	X
		(1) Your conduct was not satisfactory?	X
		(2) Your work was not satisfactory?	X
		C. Have you ever been discharged from the Armed Services and/or more than two consecutive times?	X
		If your answer to A, B, or C is "Yes," give details in Item 22 at least as you can remember, including the name and address of employer, approximate date, and reason in each case.	
		30. Have you ever been arrested, charged or held by Federal, State, or other law enforcement authorities for any violation of any Federal, State, Territorial, or municipal law, regulation or ordinance? Do not include anything that happened before your birth. Do not include traffic violations for which you were fined \$10 or less nor any other minor charges that are included even if they were dismissed. An actual charge must be included even if it was dismissed.	
		If your answer is "Yes," give in Item 30 for each case (1) approximate date, (2) charge, (3) place, (4) jurisdiction.	
		31. Have you ever been employed by the U. S. Government, or any other agency of the U. S. Government, for a position of employment?	X
		If your answer is "Yes," give details in Item 29.	

32. SPACE FOR BRIEF ANSWERS TO OTHER QUESTIONS. Indicate item number to which answer applies.

Item No. 19

China, 1931-32: residing with family.

Venezuela, 1949-52: Foreign Service.

Sanchez, 1952-54: Foreign Service.

ATTENTION: If you are unable to answer any question, or if you are unable to answer a question in full, you may indicate this on the application. Do not, however, indicate that you are unable to answer a question unless you are unable to answer it in full. Do not indicate that you are unable to answer a question unless you are unable to answer it in full. Do not indicate that you are unable to answer a question unless you are unable to answer it in full.

Date: 10 February 1956

Signature: Robert T. Slaw

F. F. Form 50
 Exception to SF 50
 Approved by the
 Bureau of the Budget
 May 1952

DEPARTMENT OF STATE
 WASHINGTON 25, D. C.

NOTIFICATION OF PERSONNEL ACTION

SERVICE
 FS DPTL

1. NAME (Mr., Mrs., Miss, etc. (give name, initials) and surname) Mr. Robert T. SHAW	2. DATE OF BIRTH 6/18/25	3. JOURNAL OR ACTION NO. FS 20	4. DATE 12/9/54
--	------------------------------------	--	---------------------------

This is to notify you of the following action affecting your employment:

5. NATURE OF ACTION (Use standard terminology) Resignation for Personal Reasons without Prejudice	6. EFFECTIVE DATE OCB 7/30/54	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY
---	---	---

FROM:	TO:
788-9 85079	
Quayaquil	
<input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL <input type="checkbox"/> Regular <input type="checkbox"/> Resident <input type="checkbox"/> Non-US	<input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL <input type="checkbox"/> Regular <input type="checkbox"/> Resident <input type="checkbox"/> Non-US

8. POSITION TITLE AND NUMBER <i>Diplomatic or Consular Title</i>	9. SCHEDULE, SERIES NO., GRADE, SALARY	10. ORGANIZATIONAL DESIGNATIONS <i>Post</i>	11. HEADQUARTERS	12. DS CATEGORY <i>FS Category</i>
---	--	--	------------------	---------------------------------------

13. VETERAN'S PREFERENCE	14. POSITION CLASSIFICATION ACTION	15. SEX M	16. APPROPRIATION FROM 5A-6011 TO	17. RETIREMENT GOV. SERVICE <input type="checkbox"/> CAS <input type="checkbox"/> FS <input type="checkbox"/> FICA <input type="checkbox"/> NONE	18. DATE OF APPOINTMENT AFFIDAVIT (Accessions Only)	19. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:
--------------------------	------------------------------------	---------------------	--	---	---	---

20. 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 or the Department.

Employment status-Indefinite

All leave transferred.

Address: Robert T. Shaw

1954
 12
 9
 54

ESTABLISHED BY PERSONNEL ACTION

PERSONNEL FOLDER

U.S. GOVERNMENT PRINTING OFFICE

694

PERSONNEL ACTION WORK SHEET		DATE OF REQUEST		ACTION CONTROL	
		NO.	ROUTING	DATE	
		7-20-54			
		EFFECTIVE DATE			
		PROPOSED	ACTUAL	R-CON	
			7/30/54	CL. BR.	
NAME (Last) (First) (Middle)		DATE OF BIRTH	SEX	R-CON	
SHAW Robert T.		6-18-25	M		
NATURE OF ACTION		PREJUDICE		2	1/15
ALLEGATIONS - RECOMMENDATION - REASON FOR ACTION WITHOUT		RECOMMENDED STATUS (7a)		FOR AAB	
PRESENT STATUS (7b)				1	7/28
FUNCTIONAL TITLE				3	
DIP. CONS. OR OTHER TITLE				STATE OF LEGAL RESIDENCE	
POST		Quayaquil		RETIREMENT DEDUCTIONS	
CLASS AND SALARY		FSS-9 \$4899 <i>upgraded (5079)</i>		<input type="checkbox"/> CSC <input type="checkbox"/> SOC. SEC. SOC. SEC. NO.	
APPROPRIATION ALLOTMENT		5A-4011		<input type="checkbox"/> VETERAN <input type="checkbox"/> NON-VETERAN	
POSITION NUMBER		G-11		RESERVE STATUS	
NATURE OF EMPLOYMENT		<input checked="" type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME		<input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE	
NATURE OF POSITION (Check applicable box)		STATE LIMITATION		BRANCH OF SERVICE (Specify)	
<input type="checkbox"/> NEW <input type="checkbox"/> COMPLEMENT REPLACEMENT (Name) <input type="checkbox"/> VICE				SERIAL NO.	
CONCURRENCE BY (Initials)		APPOINTED TO		PRESENT MARITAL STATUS	
REGIONAL BUREAUX OTHER AGENCIES OTHER OFFICES		<input checked="" type="checkbox"/> REGULAR STAFF <input type="checkbox"/> RESIDENT U.S. STAFF <input type="checkbox"/> LOCAL NON-U.S.		<input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOW <input type="checkbox"/> WIDOWER <input type="checkbox"/> SEPARATED	
				DATE AAB APPROVED	
				LOYALTY FORMS SUBMITTED	
				<input type="checkbox"/> SP 83 <input type="checkbox"/> SP 87	
				CLEARED UNDER P.L. NO.	
ADDITIONAL INFORMATION AND INSTRUCTIONS (Subject to A, B, C, D, E, F, G, H, I, J and K)					
Please accept Mr. Shaw's resignation in accordance with his letter of 7-19-54 (attached). Reasons: Continue post-graduate studies. EUSA 5-26-52 Arrival at post: 6-19-52					
SIGNATURE AND TITLE OF REQUESTING OFFICER			SIGNATURE AND TITLE OF APPROVING OFFICER		
Operations Officer, ARA					
REQUEST FOR TRAVEL AUTHORIZATION					
OBJECT CLASS	ESTIMATED COST	PER/PTC ENCUMBRANCE FUNDS AVAILABLE	NAMES OF DEPENDENTS FROM AND DATES OF BIRTH OF CHILDREN UNDER 21	FROM	TO
0206	1500	APPR. ALLOT. 583005		Quayaquil	Arlington, Va.
0206	3000	STATE SIGNATURE		VIA	DETAIL ENROUTE approx 5 days' cons w/per diem
0206	4500			NUMBER EXCESS BAGGAGE AUTH.	
TOTAL				SHIPMENT OF EFFECTS FROM	
				Quayaquil to Arlington, Va.	
TO DATE	TRAVEL ORDER NUMBER	REMARKS	REMARKS: Mr. Shaw has completed 5 days commutation in the Department and is now taking leave in Arlington, Va. Please cancel that part of TO 4-2123 dated June 11, 1954 which authorized transportation from Wash. to Tucson, Arizona and thence to Quayaquil. Authorize instead shipment of effects from Quayaquil to Arlington, Va. (place of residence on service separation listed on Inst. 4-16 dated 4-1-54).		
			Also cancel O/S 1223		

Handwritten mark

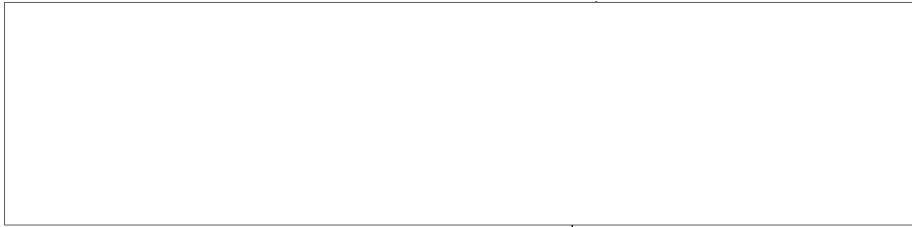
All leave transferred. 1150 forwarded. COB 7/30/54

E. Kathryn Mallow
E. Kathryn Mallow, Chief
Leave and Retirement Section

Robert T Shaw
~~and~~ *Handwritten initials*
Personnel



1954
JUL 30 1954
U.S. DEPARTMENT OF DEFENSE
WASHINGTON, D.C.



Washington, D.C.
July 19, 1954

Division of Personnel Operations

Washington 25, D.C.

Attn: Mr. Leap

Gentlemen:

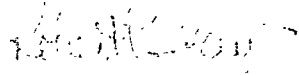
I hereby submit [redacted]
[redacted] in which I hold the grade of Foreign Service
[redacted] This resignation is submitted in order
that I may devote full time to post-graduate studies.

It is requested that this resignation take effect as of
the close of business July 19, 1954.

It is also requested that the Administrative Officer at
my former post of duty, [redacted] be authorized to
ship a lift van containing furnishings and personal effects
to the Security Storage Company, Washington, D.C.

It has been a great pleasure serving with the [redacted]
[redacted] and I shall always remember with pleasure my association
with the many fine officers and clerical personnel of both
the Service and the Department.

Yours very truly,


Robert T. Shaw

NOTIFICATION OF SECURITY CLEARANCE UNDER E. O. 10450

TO: Director, Office of Personnel
Attention: Mr. Robert Ryan

DATE: 6 July 1954

SUBJECT: SHAW, Robert Tyler
Date of Birth: June 18, 1925

APPLICANT. If subject is not appointed within 90 days of the date of this notification, this clearance must be revalidated by the Office of Security.

EMPLOYEE.

The case of above-named person has been reviewed in the Office of Security.

Investigative requirements of Executive Order 10450 have been complied with.

It has been determined that the employment or retention in employment of subject is clearly consistent with the interests of national security.

On the basis of this determination clearance is hereby granted. This clearance shall remain in effect for all purposes until further notice except that prior approval must continue to be requested from the Office of Security in the event of marriage to an alien, Presidential appointment, any appointment requiring Senate confirmation, and transfers or assignments to the Office of Security, R Area Special Projects Staff, and cryptographic duties. (This determination shall not eliminate or modify any other determination on security which may be required by law).

REMARKS:

Investigative reports are attached. Please return these reports to the Office of Security within 10 days together with the names of the individuals who have reviewed them listed on the extra copy of this form herewith furnished.

William C. Sullivan

Director, Office of Security

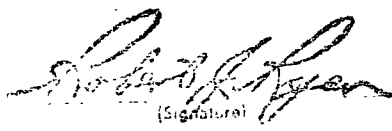
ATTACHMENTS

SY: W. L. FRANKLIN

This memorandum may be considered as OFFICIAL USE ONLY upon removal of attachments.

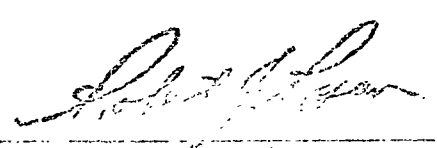
Operation NOTIFICATION OF PERSONNEL ACTION										DATE July 16, 1954		
NAME (Last) (First) (Middle) Shaw Robert T.										JOURNAL NO. 82		
NATURE OF ACTION Periodic Step Increase					DATE OF BIRTH SEX			LEGAL AUTHORITY				
EFFECTIVE DATE June 20, 1954					DATE OF OATH							
FROM					TO							
FUNCTIONAL TITLE Same												
DIPLOMATIC OR CONSULAR TITLE												
POST Guayaquil												
CLASS AND SALARY PSS-9 \$4399					PSS-9 \$5079							
APPROPRIATION ALLOTMENT 5A-4011												
POSITION NUMBER												
NATURE OF EMPLOYMENT			PERM.	INDEF.	LIM.	TEMP.	FULL PART	PERM.	INDEF.	LIM.	TEMP.	FULL PART
REGULAR STAFF			LEGAL RESIDENCE			CITY		RETIREMENT DEDUCTIONS			FICA	
RESIDENT U.S. STAFF			LOCAL NON-U.S.			STATE		C.B.			FICA	
VETERAN			BRANCH OF SERVICE			MARITAL STATUS			CHILDREN			
NON-VETERAN			MILITARY RESERVE STATUS			READY	STAND-BY	DEPENDENTS				
ABOVE ACTION AND CONTINUANCE OF STATUS EFFECTED THEREBY ARE SUBJECT TO ALL APPLICABLE LAWS, RULES AND REGULATIONS. THE ACTION MAY BE CORRECTED OR CANCELLED IF NOT IN ACCORDANCE WITH ALL REQUIREMENTS.												
REMARKS:												
(Signature) _____ (Title) _____												

RTV

PERSONNEL ACTION						DATE June 5, 1953 JOURNAL NO. 147			
NAME Shay Robert T.						DATE OF BIRTH			
LEGAL AUTHORITY						SERVICE F88			
This is to notify you of the following action concerning your employment						EFFECTIVE DATE June 7, 1953			
NATURE OF ACTION PERIODIC STEP INCREASE						DATE OF OATH			
FROM						TO			
FUNCTIONAL TITLE									
DIP. CONSULAR OR OTHER TITLE						same			
POST						Quayaquil			
CLASS AND SALARY F88-9 \$4719						F88-9 \$4899			
APPROPRIATION COMMITMENT						3A 2011			
POSITION NUMBER						same			
NATURE OF EMPLOYMENT		PERMA-NENT	TEMPO-RARY	OTHER	FULL PART	PERMA-NENT	TEMPO-RARY	OTHER	FULL PART
RETIREMENT DEDUCTIONS		YES	REGULAR STAFF			NATURE OF POSITION			
VETERAN NON-VETERAN		NO	LOCAL STAFF			NEW		VICE (name)	
SEX		MARITAL STATUS, CHILDREN, AND DEPENDENTS			ADDITIONAL REALLOCATION				
		LEGAL RESIDENCE							
<p>Conditions and requirements: Above action and continuance of status effected thereby are subject to such conditions and requirements listed on reverse of this page as are cited herewith.</p> <p>REMARKS:</p> <p style="padding-left: 40px;">Last salary increase May 23, 1952.</p> <p style="padding-left: 40px;">Performance rating meets required standards.</p>									
 (Signature)						TITLE			

2

FOLDER

		78		DATE Dec. 5, 1952					
PERSONNEL ACTION				JOURNAL NO. 21					
(last)	(first)	(middle)	DATE OF BIRTH		LEGAL AUTHORITY				
NAME	SHAW	Robert	T.	Apr. 12, 1927					
This is to notify you of the following action concerning your employment				SERVICE PSS					
NATURE OF ACTION			EFFECTIVE DATE		DATE OF OATH				
Change in Title			Dec. 5, 1952						
FROM			TO						
FUNCTIONAL TITLE									
DIP. CONSULAR OR OTHER TITLE									
POST	Guayaquil		Guayaquil						
CLASS AND SALARY									
APPROPRIATION ALLOTMENT									
POSITION NUMBER									
NATURE OF EMPLOYMENT	PERMA-NENT	TEMPO-RARY	OTHER Indef	FULL PART	<input checked="" type="checkbox"/> PERMA-NENT	TEMPO-RARY	OTHER Indef	FULL PART	<input checked="" type="checkbox"/>
RETIREMENT DEDUCTIONS	YES <input checked="" type="checkbox"/>	REGULAR STAFF		<input checked="" type="checkbox"/>	NATURE OF POSITION				
	NO	LOCAL STAFF			NEW		VICE (none)		
VETERAN					ADDITIONAL				
NON-VETERAN			NON-US		REALLOCATION				
SEX	Male		MARITAL STATUS, CHILDREN, AND DEPENDENTS		LEGAL RESIDENCE				
			Married-1						
Conditions and requirements: Above action and continuance of status affected thereby are subject to such conditions and requirements listed on reverse of this page as are cited herewith.									
REMARKS:									
 _____ (Signature)									
TITLE _____									

Request for Personnel Action and Travel Authorization			1 - Post
			2 - Date Nov. 21, 1952
3 - Name (Last) (First) (Initial)	SHAW Robert T		3 - Civil Service or Other Legal Authority
4 - Date of Birth		June 18, 1925	
THE FOLLOWING PERSONNEL ACTION IS REQUESTED			6 - Service
8 - Effective Date*		9 - Effective Date Approved by Department	
		<input type="checkbox"/> Proposed, or <input type="checkbox"/> Actual	
			FOR DEPT. USE ONLY
Position Title			
Grade and Salary			
Post	12 A Guayaquil, Ecuador	12 B Guayaquil, Ecuador	
Basic Salary			
Amount of Temporary Increase	14 A --	14 B --	
Salary Appropriation			349 ^{granted} 12/5/52 J.S.
Position Number			
Permanent or Temporary	17 A Permanent	17 B Permanent	
Full or Part Time	18 A Full	18 B Full	
19 - Marital Status	Married - 1 c		20 - Dates of Birth of Children Under 21 4 months old
21 - Special Instructions or Explanation:- PA & SA reallocated position Economic Officer on November 26, 1952. XXXXXXXXXX XXXXXXXXXX #Position number prior to recent reallocation was C-9.			
		23 - Signature of Requesting Officer <i>Paul W. Meyer</i> Paul W. Meyer	
REQUEST FOR TRAVEL AUTHORIZATION (To be filled out only by Division of Foreign Service Personnel in Washington)			
FROM		TO	
Via		Special Instructions NO TRAVEL INVOLVED	
FISCAL DATA	OBJECT CLASS COST (ESTIMATED)	Via Washington For Consultation In Route	
Transportation Foreign Service	023	Via Any Feas. Route & Means Incl. Aircraft	Proceed Upon Arrival of <input type="checkbox"/> Proceed as Soon as Possible
Foreign Service (Auxiliary) N. O.	029	Wire Message To Post in ICA	Signature of Officer FP: J. B. Benline, Regional Operations Officer, American Republics Area.
Allotment Number	030	Excess Passage Funds	Date
Total		Air Exp. Shipment Funds	Authorization No. (To be inserted by DOST)

*If Actual Effective Date, explain under "Special Instructions"

vny

PERSONNEL ACTION						DATE May 19, 1952	JOURNAL NO 18					
(last) NAME	(first) Bhaw,	(middle) Robert	T.	DATE OF BIRTH June 18, 1925	LEGAL AUTHORITY PL 724 79th							
This is to notify you of the following action concerning your employment						SERVICE						
NATURE OF ACTION Indefinite Appointment NO 10180				EFFECTIVE DATE 5/28/52	DATE OF OATH 5/28/52							
FUNCTIONAL TITLE				FROM				TO				
DIP., CONSULAR OR OTHER TITLE												
POST												
CLASS AND SALARY												
APPROPRIATION ALLOTMENT												
POSITION NUMBER												
NATURE OF EMPLOYMENT	PERMANENT	TEMPORARY	OTHER	FULL PART	PERMANENT	TEMPORARY	OTHER	FULL PART	PERMANENT	TEMPORARY	OTHER	FULL PART
RETIREMENT DEDUCTIONS	YES <input checked="" type="checkbox"/>	NO	REGULAR STAFF						NATURE OF POSITION			
			LOCAL STAFF						NEW	ADDITIONAL	REALLOCATION	VICE (name)
VETERAN NON-VETERAN	<input checked="" type="checkbox"/>		ARMY									
SEX	Male			MARRITAL STATUS, CHILDREN, AND DEPENDENTS				Married				
								LEGAL RESIDENCE				
								Arizona				
Conditions and requirements: Above action and continuance of status effected thereby are subject to such conditions and requirements listed on reverse of this page as are cited herewith.												
REMARKS: Items: a, b, c, d, e, 1(61) m. No military reserve status. Forms 85 and 87 submitted to BY. Position description requested from Post in quadruplicate within 30 days after employee reports at Post. 93/2: Authorize travel of appointee from Arlington, Va. via Washington, D.C. _____ Tucson, Va. _____ Wife: From Arlington, Va. _____ Shipment of effects: From Arlington, Va. and/Arizona _____ Janet Lee Ruggles-wife.												
2												
TITLE												

GPO 1951 74779

FOLDER

CIVIL OFFICER
APPOINTMENT AFFIDAVITS
(As defined in 5 USC 21a and 21b)

I, Robert T. Shaw Arizona
(Name in full) (State)
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 a 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, 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.

Robert T. Shaw
(Type name of appointee)

Robert T. Shaw
(Signature of appointee)

Subscribed and sworn before me this 28th day of May, A. D. 1952,

at Washington, D.C.
(City) (State)

Morris W. Wheel

NOTE.—If the oath is taken before a Notary Public, the date of expiration of his commission should be shown.

STATEMENT OF PRIOR FEDERAL AND MILITARY SERVICE

IMPORTANT: The information on this form will be used in determining creditable service for leave purposes and retention credits for reduction in force. The employee should complete Part I and the Personnel Office should complete Parts II through IV.

PART I.—EMPLOYEE'S STATEMENT										PART II.—THIS COLUMN IS FOR PERSONNEL OFFICE USE		
1. NAME (Last, first, middle initial)					2. DATE OF BIRTH					9. RETENTION GROUP		
SHAW, ROBERT T.					18 JUNE 25							
3. LIST THE FOLLOWING INFORMATION CONCERNING ALL FEDERAL AND DISTRICT OF COLUMBIA SERVICE YOU HAVE HAD PRIOR TO YOUR PRESENT APPOINTMENTS (Do not include military service.)										10. CSC STATUS (For permanent employee only) <input type="checkbox"/> YES <input type="checkbox"/> NO		
NAME AND LOCATION OF AGENCY	FROM—			TO—			TYPE OF APPOINTMENT IF KNOWN	11. SERVICE				
	YEAR	MONTH	DAY	YEAR	MONTH	DAY		YEAR	MONTH	DAY		
4. LIST PERIODS OF SERVICE IN ANY BRANCH OF THE ARMED FORCES OF THE UNITED STATES. IF YOU HAD NO MILITARY SERVICE, WRITE "NONE."												
BRANCH	FROM—			TO—			DISCHARGE (Hon. or dishon.?)	1 5 27				
	YEAR	MONTH	DAY	YEAR	MONTH	DAY						
U.S. ARMY	43	9	11	45	3	8	HON					
5. DURING PERIODS OF EMPLOYMENT CHOSEN 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.												
TYPE IF KNOWN (LWOP, Part, Susp., AWO, Mer Mer)	FROM—			TO—			TOTAL			13. NONCREDITABLE SERVICE (Leave 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?)										14. NONCREDITABLE SERVICE (RIF purposes only):		
7. ARE YOU:										15. REEMPLOYMENT RIGHTS <input type="checkbox"/> YES <input type="checkbox"/> NO		
A. THE WIFE OF A DISABLED VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> NO										16. RETENTION RIGHTS <input type="checkbox"/> YES <input type="checkbox"/> NO		
B. THE MOTHER OF A DECEASED OR DISABLED VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> NO										17. EXPIRATION DATE OF RETENTION RIGHTS		
C. THE UNDESIRED WIDOW OF A VETERAN? <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.												
Sept 28, 1954 (DATE)					Robert T. Shaw (SIGNATURE)							
Submitted and sworn to before me on this _____ day of _____ 1954 at _____ (MONTH) (CITY) (STATE)												
SEAL										M. Kathryn Maloney		
NOTE: If oath is taken before a Notary Public, the date of expiration of his Commission should be shown.												

Office Memorandum • UNITED STATES GOVERNMENT

TO : FP - Mr. Howard Mace

DATE: April 29, 1952

FROM : SY - Mr. Donald L. Nicholson *D/L*

SUBJECT: SHAW, Robert Tyler

Investigation of subject has been conducted with results as indicated below.

SECURITY:

- Security clearance is given for appointment or continued employment.
- Security clearance of subject is not given.
- This is an ALIEN CASE. The usual restrictions are applicable.

REMARKS:

- Investigation reveals personnel information which you may desire to review prior to appointment.
- Investigation discloses that the subject has been cleared under E. O. 9835.
- Investigation has verified subject's satisfactory service with armed forces.
- Investigation has been completed as required by Public Law Congress.
- Investigation does not include FBI check. If an unfavorable report should be received at a later date from the FBI which would necessitate cancelling of this security clearance, you will be so advised.
- Please return the attached file to this office upon the completion of personnel action.

ATTACHMENTS:

CC: SY: NFM: Innesman: cfs

OST BUREAU NO. 47-8077.3
 APPROVAL EXPIRES AUGUST 31, 1938

1. a. NAME (Print)
 Robert Tyler SHAW



8. H. FULL NAME OF SPOUSE (if wife, give maiden name)		9. DATE OF BIRTH	
Janet Lee Ruggles SHAW (wife)		12 April 1927	
10. IF BORN OUTSIDE THE UNITED STATES, HOW WAS CITIZENSHIP ACQUIRED?		11. IF NATURALIZED, GIVE PLACE, DATE, AND NO. OF NATURALIZATION CERTIFICATE.	
12. NAMES OF DEPENDENTS		RELATIONSHIP	DATE OF BIRTH
Janet Lee Ruggles SHAW		wife	12 April 1927
10. a. FATHER'S NAME		b. PRESENT ADDRESS	c. PLACE OF BIRTH
Maj. Gen. Franklin E. Shaw		Dept. of Defense, Wash.	Newport, Ky.
11. a. MOTHER'S NAME (maiden)		b. PRESENT ADDRESS	c. PLACE OF BIRTH
Mary Ina Shea Shaw		1714 Juntington, Arlington, Virginia	Elisabethton, Ky.
12. IF PARENTS BORN OUTSIDE THE UNITED STATES, DID THEY EVER OBTAIN A UNITED STATES CITIZENSHIP? (Circle YES or NO)			
FATHER		MOTHER	
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
13. HAVE YOU EVER APPLIED FOR A POSITION WITH THE DEPARTMENT OF STATE OR TAKEN AN EXAMINATION FOR A POSITION WITH THE DEPARTMENT OF STATE?			
If "Yes" give date, nature of position applied for, and kind of examination taken, if any.			
<input type="checkbox"/> YES <input type="checkbox"/> NO			

FORM 52-214 5-22-57 PAGE 2

14. RELATIVES NOW RESIDING IN FOREIGN COUNTRIES

NAME	RELATIONSHIP	ADDRESS
NONE		

15. FOREIGN LANGUAGES (Replace item 14 on Form 57)
Name and indicate the extent of your competence, i.e. Excellent, Good, Fair

A. LANGUAGE	B. READ	C. WRITE	D. SPEAK	E. UNDERSTAND
Spanish	Ex	Ex	Ex	Ex
French	Good			Fair
Russian	Slight			

16. LIST PRESENT OR FORMER FOREIGN CONNECTIONS:

A. BUSINESS
 B. EMPLOYMENT
 C. MILITARY

17. DATES AND PLACES OF RESIDENCE FOR LAST 10 YEARS

DATES	STREET AND NUMBER	CITY	STATE OR COUNTRY

18. DOES YOUR FINANCIAL POSITION PERMIT DISCHARGE OF ALL DEBTS INCURRED? YES NO
 IF "NO," STATE INFORMATION REQUESTED BELOW:

NAMES OF CREDITORS	AMOUNTS DUE	DATES ON WHICH OBLIGATIONS WERE CONTRACTED

19. HAVE YOU EVER BEEN MEDICALLY DISCHARGED FROM THE ARMED SERVICES? YES NO
 IF "YES," GIVE DATES IN ITEM 39 OF FORM 57.

20. PRESENT MILITARY STATUS

A. ARE YOU REGISTERED WITH A SELECTIVE SERVICE BOARD? YES NO IF "YES," STATE BELOW THE NUMBER AND ADDRESS OF THE BOARD, AND YOUR CLASSIFICATION:

B. DO YOU HAVE A MILITARY RESERVE STATUS? YES NO IF "YES," STATE BELOW THE BRANCH OF SERVICE, YOUR SERIAL NUMBER, YOUR ORGANIZATION UNIT AND HEADQUARTERS.

21. LIST OTHER NAMES, IF ANY, BY WHICH YOU HAVE BEEN KNOWN INCLUDING MARRIED NAMES, IF MARRIED MORE THAN ONCE, GIVING DATE DURING WHICH NAMES WERE USED. DO NOT DUPLICATE INFORMATION SUPPLIED IN ITEM 16 ON FORM 57.

22. HAVE YOU EVER BEEN UNDER THE CIVIL SERVICE RETIREMENT SYSTEM OR SOCIAL SECURITY NUMBER, IF ANY?
 Yes

23. If you believe the information you have supplied on this application does not fully show your qualifications for Foreign Service Employment, state in Item 24 of Form 57 or on a separate sheet, any additional appropriate data that you wish to have considered.

DATE _____ SIGNATURE *Robert G. ...*

APPLICATION FOR FEDERAL EMPLOYMENT

INSTRUCTIONS: In order to prevent delay in consideration of your application, please answer questions on this form clearly and completely. Fill in with or print in INK. In applying for a position in the United States Civil Service examination, read the examination announcement carefully and follow all directions. If you are applying for a UNCLASSIFIED examination, follow the

instructions on the advertisement and regarding disposition of this application. If you are applying for an UNCLASSIFIED examination, mail this application to the office named in the announcement. Be sure to mail to the same office any other forms required by the announcement. Notify the office with which you file this application of any change in your address.

1. NAME OF EXAMINATION OR NAME OF POSITION APPLIED FOR

2. OPTIMUM (if mentioned in examination announcement)

3. PLACE OF EMPLOYMENT APPLIED FOR (City and State) DATE OF THIS APPLICATION

4. NAME (First name) (Middle) (Surname, if any) (Last)
 MISS **Robert Tyler SHAW**

5. (A) STREET ADDRESS

(B) CITY OR TOWN

7. LEGAL OR VOTING STATE
Arizona

8. DATE OF BIRTH (month, day, year)
18 June 1925

9. PLACE OF BIRTH (city and State, if born outside U.S., name city and country)
Washington, D.C.

10. MARRIED SINGLE

11. (A) HEIGHT WITHOUT SHOES (B) WEIGHT
 MALE FEMALE **5 FEET 7 INCHES 135 POUNDS**

DO NOT WRITE IN THIS BLOCK
For Use of Civil Service Commission Only

APPROVED MATERIAL ENTERED REGISTER
 NON-APPROVED SUBMITTED RETURNED

NOTATIONS: APP. REVIEW

APPROVED:

OPTION	GRADE	EARNED RATING	PREFERENCE	ADJUST RATING
			<input type="checkbox"/> 5 POINTS (TENT.)	
			<input type="checkbox"/> 10 POINTS	
			<input type="checkbox"/> WIFE OR WIDOW	
			<input type="checkbox"/> DISAB.	
			<input type="checkbox"/> BEING INVESTIGATED	

INITIALS AND DATE

14. (A) HAVE YOU EVER BEEN EMPLOYED BY THE FEDERAL GOVERNMENT? YES NO
 (B) IF SO, GIVE LAST GRADE AND DATE OF LAST CHANGE IN GRADE

15. (A) WHAT IS THE LOWEST ENTRANCE SALARY YOU WILL ACCEPT? \$ _____ PER YEAR
 You will not be considered for any position with a lower entrance salary.
 (B) CHECK IF YOU WILL ACCEPT SHORT TERM APPOINTMENT IF OFFERED, FOR:
 1 TO 3 MONTHS 3 TO 6 MONTHS 6 TO 12 MONTHS
 NOTE: Acceptance or refusal of a temporary short-term appointment will not affect your opportunity to obtain a permanent appointment.
 (C) IF YOU ARE WILLING TO TRAVEL, SPECIFY:
 OCCASIONALLY FREQUENTLY CONSTANTLY

(D) CHECK IF YOU WILL ACCEPT APPOINTMENT IF OFFERED:
 IN WASHINGTON, D. C. ANYWHERE IN THE UNITED STATES
 OUTSIDE THE UNITED STATES
 (E) IF YOU WILL ACCEPT APPOINTMENT IN CERTAIN LOCATIONS ONLY, GIVE ACCEPTABLE LOCATIONS.

16. **EXPERIENCE** It is important for you to furnish all information requested below in sufficient detail to enable the Civil Service Commission and the operating offices of agencies to give you full credit in determining your qualifications. Use a separate block for each position. Start with your present position and work back, explaining briefly the principal tasks which you performed in each position. Do not include positions of less than 12 months' experience unless they are directly related to the position for which you are applying. If you have been employed in any position under a name different from that shown on this form, give such name, as well as under "Description of your work." For each activity, the name and address of the employer should be given. If you have never been employed in any position, so indicate that fact in this space, as well as in the "Description of your work" space.

1. **PRESENT POSITION**

DATE OF EMPLOYMENT (month, year)	TITLE OF YOUR PRESENT POSITION	CLASSIFICATION GRADE (if in Federal Service)	SALARY (BY GRADES)
FROM TO PRESENT TIME			STARTING \$ PER PER
PLACE OF EMPLOYMENT (City and State)	NAME AND TITLE OF IMMEDIATE SUPERVISOR	NAME AND TITLE OF ORGANIZATION (e.g., National Aids, Insurance Agency, manufacture of locks, etc.)	
NAME AND ADDRESS OF EMPLOYER (Firm, organization, or person, if Federal, name department, bureau or outside agency, or division)	REASON FOR LEAVING TO OBTAIN EMPLOYMENT		

2. **DESCRIPTION OF YOUR WORK**

3. **REASON FOR LEAVING TO OBTAIN EMPLOYMENT**



FROM POLICE DEPARTMENT (City and State)	OFFICE OF THE DISTRICT ATTORNEY DISTRICT OF COLUMBIA
NAME AND ADDRESS OF EMPLOYER (Army, Navy, Air Force, or Federal, State, or Local Government, Bureau or Establishment, and Division)	NAME AND ADDRESS OF EMPLOYEE (e.g., Individual title, Department, Office, etc.)
NUMBER AND KIND OF EMPLOYEE SUPERVISED BY YOU	SIGNATURE OF EMPLOYEE
DESCRIPTION OF YOUR WORK <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	

5. DATES OF EMPLOYMENT (month, year) FROM: _____ TO: _____		EXACT TITLE OF YOUR POSITION		CLASSIFICATION GRADE (if in military service)		SALARY OR EARNINGS STARTING \$ _____ PER FINAL \$ _____ PER																												
PLACE OF EMPLOYMENT (city and State)				NAME AND TITLE OF IMMEDIATE SUPERVISOR																														
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person, if Federal, name department, bureau or establishment, and division)				KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale store, insurance agency, manufacture of goods, etc.)																														
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU				REASON FOR LEAVING																														
DESCRIPTION OF YOUR WORK																																		
<p>If more space is required, use a continuation sheet (Standard Form No. 56) or a sheet of paper the same size as this page. Write on each sheet your name, address, date of birth, and examination title. Attach to inside of this application.</p>																																		
<p>17. MILITARY TRAINING In the space below, describe any training received in the Armed Services (not already listed under Item 15) that would assist in your present work. Detailed information regarding any special service schools you attended is especially important. (Extra space provided for description of training received, such as hours per week. Detailed information regarding any special service schools you attended is especially important. (Extra space provided for description of training received, such as hours per week. Detailed information regarding any special service schools you attended is especially important.)</p>																																		
<p>18. OTHER TRAINING SUCH AS VOCATIONAL BUSINESS STUDY COURSES GIVEN THROUGH THE ARMED FORCES INSTITUTE (for name and location of school) OR IN SERVICE TRAINING IN PUBLIC OR PRIVATE EMPLOYMENT</p> <table border="1"> <thead> <tr> <th rowspan="2">SUBJECTS STUDIED</th> <th colspan="2">DATES ATTENDED</th> <th colspan="2">YEARS COMPLETED</th> </tr> <tr> <th>FROM</th> <th>TO</th> <th>1st</th> <th>2nd</th> </tr> </thead> <tbody> <tr> <td>Spanish</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Political Science</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>								SUBJECTS STUDIED	DATES ATTENDED		YEARS COMPLETED		FROM	TO	1st	2nd	Spanish					Political Science												
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	FROM	TO	1st	2nd																														
Spanish																																		
Political Science																																		
<p>19. INDICATE YOUR KNOWLEDGE OF FOREIGN LANGUAGES</p> <table border="1"> <thead> <tr> <th rowspan="2">LANGUAGE</th> <th colspan="2">READING</th> <th colspan="2">SPEAKING</th> <th colspan="2">UNDERSTANDING</th> </tr> <tr> <th>FLUENT</th> <th>FAIR</th> <th>FLUENT</th> <th>FAIR</th> <th>FLUENT</th> <th>FAIR</th> </tr> </thead> <tbody> <tr> <td>Spanish</td> <td>X</td> <td></td> <td>X</td> <td></td> <td>X</td> <td></td> </tr> <tr> <td>French</td> <td>X</td> <td></td> <td></td> <td></td> <td></td> <td>X</td> </tr> </tbody> </table>				LANGUAGE	READING		SPEAKING		UNDERSTANDING		FLUENT	FAIR	FLUENT	FAIR	FLUENT	FAIR	Spanish	X		X		X		French	X					X	<p>20. HAVE YOU EVER BEEN LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION (such as pilot, electrician, radio operator, teacher, lawyer, CPA, etc.)?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO (Give kind of license and state)</p> <p>FIRST LICENSE OR CERTIFICATE (YEAR) _____</p> <p>LAST LICENSE OR CERTIFICATE (YEAR) _____</p>			
LANGUAGE	READING		SPEAKING		UNDERSTANDING																													
	FLUENT	FAIR	FLUENT	FAIR	FLUENT	FAIR																												
Spanish	X		X		X																													
French	X					X																												
<p>21. LIST ANY SPECIAL AWARDS, HONORS, AND MEDALS RECEIVED (including any decorations or medals) AND ANY PROFESSIONAL SOCIETIES TO WHICH YOU BELONG (e.g., military decorations, business awards, etc.)</p>				<p>22. LIST ANY SPECIAL AWARDS, HONORS, AND MEDALS RECEIVED (including any decorations or medals) AND ANY PROFESSIONAL SOCIETIES TO WHICH YOU BELONG (e.g., military decorations, business awards, etc.)</p> <p>Phi Kappa Kappa</p>																														

24 REFER TO 23. List three persons living in the United States or Territories of the United States who are NOT relatives of yours and who have definite knowledge of your qualifications and fitness for the position for which you are applying. Do not repeat names of applicants listed under Item 16 - EXPERIENCE.

1	Norman Armour	e/o Dept. of State	Former Ambassador to Venezuela
2	Edward Sparks	e/o Dept. of State	Ambassador to Bolivia
3	Walter J. Donnelly	e/o Dept. of State	Ambassador to Austria

INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN

25	ARE YOU OR WERE YOU OR WERE YOU EVER EMPLOYED BY ANY STATE, TERRITORY, COUNTY OR MUNICIPALITY?	YES	NO	26	ARE YOU A CITIZEN OF OR DO YOU OWE ALLEGIANCE TO THE UNITED STATES?	YES	NO
		X				X	
27	ARE YOU OR WERE YOU OR WERE YOU EVER A MEMBER OF THE COMMUNIST PARTY, U.S.A. OR ANY COMMUNIST ORGANIZATION?	YES	NO	28	ARE YOU OR WERE YOU OR WERE YOU EVER A MEMBER OF A FASCIST ORGANIZATION?	YES	NO
		X				X	
29	ARE YOU OR WERE YOU OR WERE YOU EVER A MEMBER OF ANY ORGANIZATION, ASSOCIATION, SOCIETY, CLUB OR COMBINATION OF PERSONS WHICH IS VIOLENT, UNLAWFUL, OR UNLAWFUL IN ITS PURPOSES OR WHICH IS ENGAGED IN THE COMMERCIAL SALE OF FIREARMS, AMMUNITION, OR EXPLOSIVES OR WHICH IS ENGAGED IN THE COMMERCIAL SALE OF ALCOHOLIC BEVERAGES OR WHICH IS ENGAGED IN THE COMMERCIAL SALE OF TOBACCO OR WHICH IS ENGAGED IN THE COMMERCIAL SALE OF OTHER GOODS OR SERVICES WHICH ARE SUBJECT TO THE RESTRICTIONS OF THE UNITED STATES CUSTOMS AND BORDER PROTECTION ACTS OR WHICH IS ENGAGED IN THE COMMERCIAL SALE OF OTHER GOODS OR SERVICES WHICH ARE SUBJECT TO THE RESTRICTIONS OF THE UNITED STATES CUSTOMS AND BORDER PROTECTION ACTS?	YES	NO	30	SINCE YOUR 18TH BIRTHDAY, HAVE YOU EVER BEEN ARRESTED, INDICTED OR SUMMONED TO COURT AS A DEFENDANT IN A CRIMINAL PROSECUTION OR CONVICTED, FINED OR IMPRISONED OR PLACED ON PROBATION OR HAVE YOU EVER BEEN ORDERED TO DEPOSIT BAIL OR COLLATERAL FOR THE VIOLATION OF ANY LAWS, REGULATIONS OR ORDINANCES INCLUDING TRAFFIC LAWS, FOR WHICH A FINE OR FORFEITURE OF \$25 OR LESS WAS IMPOSED?	YES	NO
		X				X	

35 ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY OR MUNICIPALITY? If your answer is "Yes," give details in Item 39. YES NO X

36 DOES THE UNITED STATES GOVERNMENT EMPLOY IN A CIVILIAN CAPACITY ANY RELATIVE OF YOURS (BY BLOOD OR MARRIAGE) WITH WHOM YOU LIVE OR HAVE LIVED WITHIN THE PAST 24 MONTHS? If your answer is "Yes," show in Item 39 for EACH such relative (1) full name; (2) present address; (3) relationship; (4) Department or Agency by which employed, and (5) kind of appointment. YES NO X

SPECIAL INSTRUCTIONS FOR CLAIMING VETERAN PREFERENCE
 A. If you are claiming preference as a PEACETIME VETERAN who has been awarded a campaign badge or service ribbon, or as a DISABLED VETERAN, or as the WIFE OF A DISABLED VETERAN, or as the WIDOW OF A WAR OF CAMPAIGN VETERAN, attach Veteran Preference Claim, CSC Form 14, together with proof specified therein.
 B. If you are a WAR-TIME VETERAN not claiming disability preference, you should NOT submit your discharge with this application. Preference will be tentatively credited to you and if approved, you will be required to submit to the appointing office prior to entry on duty, official evidence of separation from active service to the armed forces of the United States in time of war.

37 (A) WERE YOU EVER IN THE UNITED STATES MILITARY OR NAVAL SERVICE DURING TIME OF WAR? YES NO X

(B) IS THE WORD "HONORABLE" OR THE WORD "SATISFACTORY" USED IN YOUR DISCHARGE OR SEPARATION PAPERS TO SHOW THE TYPE OF YOUR DISCHARGE OR SEPARATION? YES NO X

(C) WAS SERVICE PERFORMED ON AN ACTIVE FULL-TIME BASIS WITH FULL MILITARY PAY AND ALLOWANCES? YES NO X

(D) DATE OF ENTRY OR ENTRIES INTO SERVICE: DATE OF SEPARATION OR SEPARATIONS

Sept. 1943	March 1945
Branch Co 31st (Army, Navy, Marine Corps, Coast Guard, etc.)	Serial No (if none, give grade or rating at time of separation)
Army	35228658

38 (A) IF YOU SERVED IN THE UNITED STATES MILITARY OR NAVAL SERVICE DURING PEACETIME ONLY, DID YOU PARTICIPATE IN A CAMPAIGN OR EXPEDITION AND RECEIVE A CAMPAIGN BADGE OR SERVICE RIBBON? YES NO

(B) ARE YOU A DISABLED VETERAN? YES NO X

If "Yes," and you have not listed your disability in answer to Item 33, explain in Item 39 below.

(C) ARE YOU A VETERAN'S WIDOW WHO HAS NOT REMARRIED? YES NO X

(D) ARE YOU A VETERAN'S WIFE WHO HAS NOT REMARRIED? YES NO X

THIS SPACE FOR USE OF APPOINTING OFFICE ONLY
 This information contained on this application to Question 37 should have been verified by comparison with the discharge certificate.

27 STATE FOR EACH PERSON IN OTHER SECTIONS (indicate item numbers to which answers apply)

28 SIGNATURE OF APPLICANT

I CERTIFY that the statements made by me in this application are true and correct to the best of my knowledge and belief, and are made in good faith.

Make state name on this application as prescribed by Law (U.S. Code Title 38, Section 493)

STANDARD FORM 57 - NOV 1947
U.S. CIVIL SERVICE COMMISSION

APPLICATION FOR FEDERAL EMPLOYMENT

INSTRUCTIONS: In order to prevent delay in consideration of your application, answer every question on this form clearly and completely. Type, write or print in INK. In applying for a specific United States Civil Service announcement, read the requirements, requirements carefully and follow all directions. If you are applying for a WRITTEN examination, follow the

instructions on the admission card regarding disposition of this application. If you are applying for an UNWRITTEN examination, mail this application to the office named in the announcement. Be sure to mail to the same office any other forms required by the announcement. Notify the office with which you file this application of any change in your address.

1 NAME OF EXAMINATION OR KIND OF POSITION APPLIED FOR

2 OFFICE (if mentioned in examination announcement)

3 CITY AND STATE

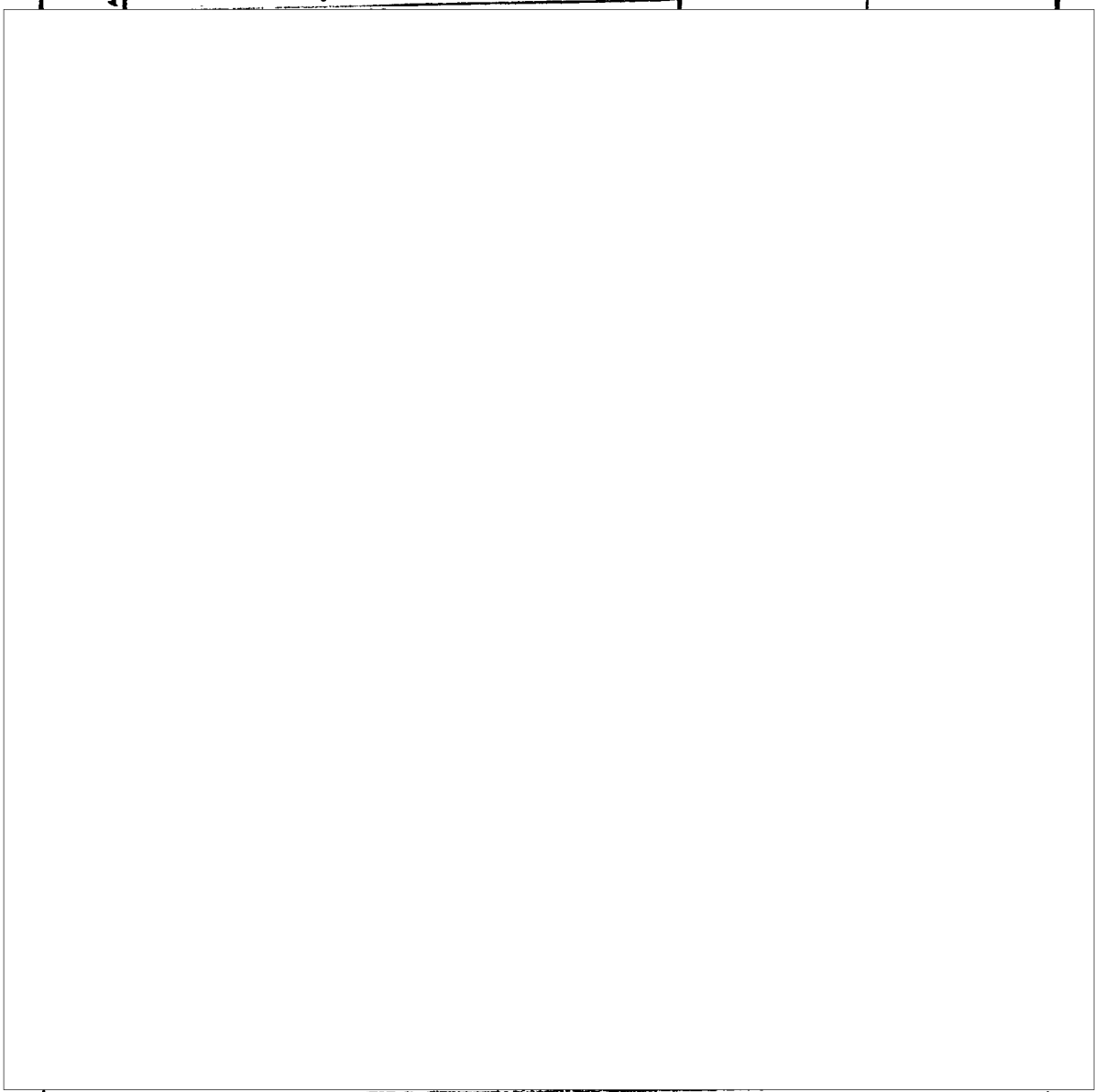
4 DATE OF THIS APPLICATION
25 February 52

5 YOUR NAME
FIRST: Robert
MIDDLE: Tyler
LAST: SHAW

DO NOT WRITE IN THIS BLOCK
For Use of Civil Service Commission Only

APPROVED SUBMITTED
 NON APPROVED RETURNED

NOTATIONS APP. REVIEW





④ DATES OF EMPLOYMENT (month, year) FROM TO PLACE OF EMPLOYMENT (city, state)	TRADE TITLE OF YOUR POSITION	TYPE OF ORGANIZATION (e.g., Federal, State, Local, Foreign, or International) ORGANIZATION'S BUSINESS OR SERVICE
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person, if Federal name, department, bureau or establishment, and division)	NAME AND TYPE OF INDUSTRY OR BUSINESS (e.g., wholesale retail, insurance agency, manufacture of bricks, etc.)	
NUMBER AND KIND OF ENTRIES SUPERVISED BY YOU	ALIEN FOR TRAINING	
DETAIL OF YOUR WORK		

5 DATES OF EMPLOYMENT (month, year) FROM _____ TO _____		EXACT TITLE OF YOUR POSITION _____	CLASSIFICATION (if special service) _____	SALARY OR EARNING STARTING \$ _____ PER FINAL \$ _____ PER
PLACE OF EMPLOYMENT (city and State) _____		NAME AND TITLE OF IMMEDIATE SUPERVISOR _____		
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person, if Federal, name department, bureau or establishment, and division) _____		KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale silk, insurance agency, manufacture of locks, etc.) _____		
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU _____		REASON FOR LEAVING _____		
DESCRIPTION OF YOUR WORK _____ _____ _____ _____ _____ _____ _____ _____ _____				
If more space is required, use a continuation sheet (Standard Form No. 58) or a sheet of paper the same size as this page. Write on each sheet your name, address, date of birth, and examination title. Attach to back of this application.				
17. MILITARY TRAINING. In the space below, describe any training received in the Armed Services (not already listed under item 16) that would assist applicant officers in placing you most effectively. Indicate actual amount of training received, such as hours per week. Detailed information regarding any special service schools you attended is especially important. (Extra pages may be used to give full descriptions.)				
DATE	LOCATION	DESCRIPTION OF TRAINING		

(16) OTHER TRAINING SUCH AS VOCATIONAL, BUSINESS, SCHOOL, ETC., GIVEN THROUGH THE ARMED SERVICES (state name and location of school) OR IN SERVICE TRAINING (state name of branch employment)				
DATE	LOCATION	HOW LONG TRAINED	NOTES AFTER AND TO	YEARS COMPLETED

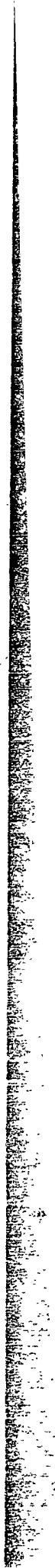
18. INDICATE YOUR KNOWLEDGE OF FOREIGN LANGUAGES		19. ARE YOU OR HAVE YOU BEEN TRAINED IN THE FOLLOWING SPECIAL SERVICES? (Check box)		
Spanish _____ French _____	READING <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	SPEAKING <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	TRANSLATING <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	OTHER <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
20. IS THERE ANY SPECIAL TRAINING OR SERVICE WHICH YOU WOULD LIKE TO BE CONSIDERED FOR? (Check box)				
21. IS THERE ANY SPECIAL TRAINING OR SERVICE WHICH YOU WOULD LIKE TO BE CONSIDERED FOR? (Check box)				
Phi Beta Kappa				

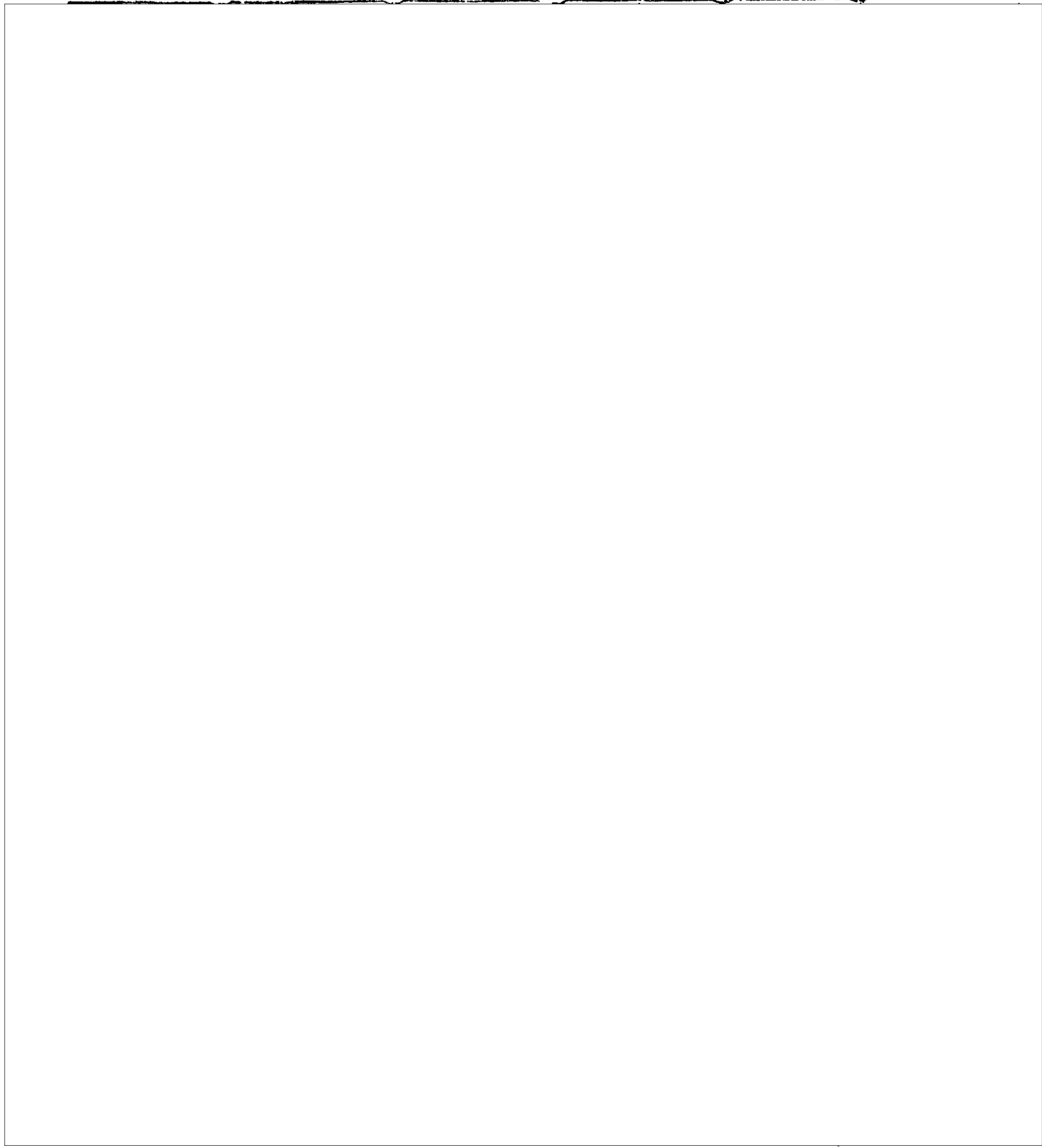
21 REFERENCE: List three persons living in the United States or Territories of the United States who are NOT related to you and who have definite knowledge of your job title and address for the position for which you are applying. Do not repeat names of supervisors listed under Item 16 (E.N.F. FORM 10)		
FULL NAME	(Give complete current address, including street and number)	BUSINESS OR OCCUPATION
1. Norman Armour	o/o Dept. of State, Washington	Diplomat - former Amb. in Caracas
2. Edward Sparks	o/o Dept. of State, Washington	Diplomat - assigned Amb. in La Paz
3. William S. Rice	130 E. 56th St., New York, N.Y.	Businessman - Procter & Gamble

INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN		YES	NO	INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN		YES	NO
25. MAY INDUSTRY OR TRADE OF YOUR PRESENT EMPLOYER REGARDING YOUR CHARACTER QUALIFICATIONS ETC.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	35. ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY OR MUNICIPALITY?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
26. ARE YOU A CITIZEN OF OR DO YOU OWE ALLEGIANCE TO THE UNITED STATES?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	36. DOES THE UNITED STATES GOVERNMENT EMPLOY IN A CIVILIAN CAPACITY ANY RELATIVE OF YOURS (BY BLOOD OR MARRIAGE) WITH WHOM YOU LIVE OR HAVE LIVED WITHIN THE PAST 24 MONTHS?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
27. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF THE COMMUNIST PARTY U.S.A. OR ANY COMMUNIST ORGANIZATION?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	SPECIAL INSTRUCTIONS FOR CLAIMING VETERAN PREFERENCE A. If you are claiming preference as a PEACETIME VETERAN who has been awarded a campaign badge or service ribbon, or as a DISABLED VETERAN, or as the WIFE OF A DISABLED VETERAN, or as the WIDOW OF A WAR OR CAMPAIGN VETERAN, attach Veteran Preference Claim, CSC Form 14, together with proof specified therein. B. If you are a WAR TIME VETERAN not claiming disability preference, you must NOT submit your discharge with this application. Preference will be tentatively credited to you and if approved, you will be required to submit to the appointing officer prior to entry on duty, official evidence of separation from active service in the armed forces of the United States in time of war.			
28. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF A FASCIST ORGANIZATION?		<input type="checkbox"/>	<input checked="" type="checkbox"/>				
29. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP, OR COMBINATION OF PERSONS WHICH ADVOCATES THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT, OR OF AN ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP OR COMBINATION OF PERSONS WHICH HAS ATTEMPTED A PLOT OF ADVANCING OR APPROVING THE COMING TO POWER OF ANY PERSON OR PERSONS TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY UNCONSTITUTIONAL MEANS?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	37. (A) WERE YOU EVER IN THE UNITED STATES MILITARY OR NAVAL SERVICE DURING TIME OF WAR?	YES	NO	
If your answer to question 27, 28, or 29 above is "yes," state in Item 39 the names of all such organizations, associations, movements, groups, or combinations of persons and dates of membership. Give complete details of your activities therein and make any explanation you desire regarding your membership or activities therein.				(B) IS THE WORD "HONORABLE" OR THE WORD "SATISFACTORY" USED IN YOUR DISCHARGE OR SEPARATION PAPERS TO SHOW THE TYPE OF YOUR DISCHARGE OR SEPARATION?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
30. SINCE YOUR 18TH BIRTHDAY, HAVE YOU EVER BEEN ARRESTED, INDICTED, OR SUMMONED INTO COURT AS A DEFENDANT IN A CRIMINAL PROCEEDING, OR CONVICTED, FINED, OR IMPRISONED OR PLACED ON PROBATION OR HAVE YOU EVER BEEN ORDERED TO DEPOSIT BAIL OR COLLATERAL FOR THE VIOLATION OF ANY LAW, REGULATION OR ORDINANCE, INCLUDING MINOR TRAFFIC VIOLATIONS, WHICH A FINE OR FORFEITURE OF \$5 OR LESS WAS IMPOSED?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	(C) WAS SERVICE PERFORMED ON AN ACTIVE FULL TIME BASIS, WITH FULL MILITARY PAY AND ALLOWANCES?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
If your answer is "Yes," list all such cases under Item 39 below. 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.				(D) DATE OF ENTRY OR ENTRIES INTO SERVICE	September 1943	DATE OF DEPARTURE OR SEPARATIONS	March 1945
31. HAVE YOU EVER BEEN INVESTIGATED OR FORCED TO RESIGN, FOR MISCONDUCT OR UNLAWFUL ACTS, FROM ANY POSITION?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	BRANCH OF SERVICE (Army, Navy, Marine Corps, Coast Guard, etc.) ARMY SERIAL NO. (if none, give grade or rating at time of separation) 35228658			
If your answer is "Yes," give in Item 39 the name and address of employer, date, and reason in each case.				38. (A) IF YOU SERVED IN THE UNITED STATES MILITARY OR NAVAL SERVICE DURING PLACE TIME ONLY, DID YOU PARTICIPATE IN A CAMPAIGN OR EXPEDITION AND RECEIVE A CAMPAIGN BADGE OR SERVICE RIBBON?	<input type="checkbox"/>	<input type="checkbox"/>	
32. HAVE YOU EVER BEEN EXEMPTED BY THE U.S. CIVIL SERVICE COMMISSION FROM TAKING EXAMINATIONS OR RECEIVING CIVIL SERVICE APPOINTMENTS?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	(B) ARE YOU A DISABLED VETERAN?	<input type="checkbox"/>	<input type="checkbox"/>	
If your answer is "Yes," give dates of and reasons for such debarment in Item 39.				If yes, have you been not listed your disability in answer to Item 32, explain in Item 39 below.			
33. HAVE YOU ANY PHYSICAL HANDICAP, DISEASE, OR OTHER DEBILITY WHICH WOULD BE A DISQUALIFYING DEFECT IN ASSIGNING YOU TO WORK?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	(C) ARE YOU A VETERAN'S WIDOW WHO HAS NOT REMARRIED?	<input type="checkbox"/>	<input type="checkbox"/>	
If your answer is "Yes," give in Item 39 the date of onset of such disability and its relation to your physical fitness for work.				(D) ARE YOU THE WIFE OF A VETERAN WHO HAS A SERVICE CONNECTED DEBILITY WHICH QUALIFIES HIM FOR CIVIL SERVICE APPOINTMENT?	<input type="checkbox"/>	<input type="checkbox"/>	
34. IS THERE ANY OTHER DEFECT ON THE PART OF THE APPLICANT WHICH WOULD BE A DISQUALIFYING DEFECT IN ASSIGNING YOU TO WORK?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	THIS SPACE FOR USE OF APPOINTING OFFICER ONLY (Do not write on this space. Questions of value have been set and to be paid it with the best possible certificate of...			
If more than one person has been listed in Item 21, indicate item numbers to which answers apply.							

Before signing this application check back over it to make sure that you have answered ALL questions correctly. I CERTIFY that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. False statements on this application is punishable by Law (U. S. Code, Title 18, Section 493).

SIGNATURE OF APPLICANT: Robert T. Slaw





FIM/cb

