

FEDERAL BUREAU OF INVESTIGATION
HOUSE SELECT COMMITTEE ON ASSASSINATIONS STUDIES

FILE TITLE/NUMBER/VOLUME: KARTY, FLORIAN R.

INCLUSIVE DATES: 10 July 1951 - 9-26-1972

CUSTODIAL UNIT/LOCATION: OP

ROOM: 5E13

DELETIONS, IF ANY:

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

NO DOCUMENTS MAY BE COPIED OR REMOVED FROM THIS FILE

SECRET

KARTY, FLORIAN R.
009274

Personnel Actions
After Mexico City Assignment

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED 11 SEPTEMBER 1963	
1. SERIAL NUMBER 009274		2. NAME (Last-First-Middle) CARTY, F. R.			
3. NATURE OF PERSONNEL ACTION REASSIGNMENT			4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 09 15 63		5. CATEGORY OF EMPLOYMENT REGULAR
6. FUNDS V TO V CF TO V XX		7. COST CENTER NO. CHARGE-ABLE 4135-5700-1000		8. LEGAL AUTHORITY (Completed by Office of Personnel)	
9. ORGANIZATIONAL DESIGNATIONS DDP NH BRANCH 3 MEXICO, MEXICO STATION CITY			10. LOCATION OF OFFICIAL STATION MEXICO, MEXICO		
11. POSITION TITLE OPS OFFICER			12. POSITION NUMBER 418	13. CAREER SERVICE DESIGNATION D	
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS		15. OCCUPATIONAL SERIES 0136.01	16. GRADE AND STEP 12	17. SALARY OR RATE 9290	
18. REMARKS FROM: DDP/NH/400/MEXICO STATION					
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> Recorded by GSPD <i>Lhr</i> </div>					
18A. SIGNATURE OF REQUESTING OFFICIAL <i>Robert D. Cashman</i>		DATE SIGNED 9/12/63	18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>Dwight M. Collins</i>		DATE SIGNED 13 Sep 63
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. INTER-STATE CODE
37	10	10000000		45075	3
24. DATE OF BIRTH	25. DATE OF DEATH	26. DATE OF LEI	27. DATE OF LEI		
01/06/12					
28. NTE EXPIRES	29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA CODE	32. CORRECTION/CHANGE/LOCATION DATA	33. SECURITY REQ. NO.
				EOD DATA	
35. VET. PREFERENCE	36. SERV. COMP. DATE	37. LONG. COMP. DATE	38. CAREER CATEGORY	39. FECA / HEALTH INSURANCE	40. SOCIAL SECURITY NO.
41. PREVIOUS GOVERNMENT SERVICE DATA		42. LEAVE CAT. CODE	43. FEDERAL TAX DATA	44. STATE TAX DATA	
0 - NO PREVIOUS SERVICE 1 - NO DATA IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YRS) 3 - BREAK IN SERVICE (MORE THAN 3 YRS)			FORM EXECUTED 1 - YES 2 - NO	FORM EXECUTED 1 - YES 2 - NO	
45. POSITION CONTROL CERTIFICATION <i>W. Kearney 9/18/63</i>			46. O.P. APPROVAL <i>Robert B. Ryan</i>		DATE APPROVED 17 Sep 63

SECRET
(When Filled In)

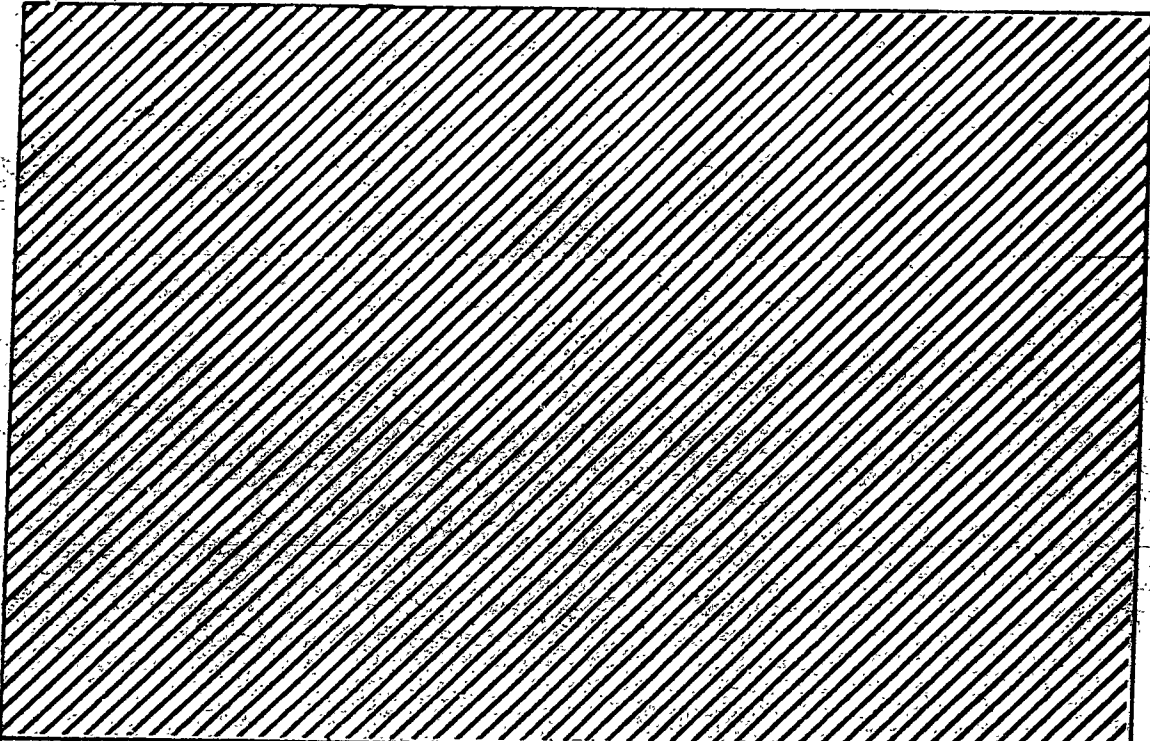
77A

REQUEST FOR PERSONNEL ACTION					DATE PREPARED 17 JULY 1963							
1. SERIAL NUMBER 009274		2. NAME (Last-First-Middle) ██████████ CARTY, F. R.			4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 06 09 63			9. CATEGORY OF EMPLOYMENT REGULAR				
3. NATURE OF PERSONNEL ACTION REASSIGNMENT					7. COST CENTER NO. CHARGEABLE 4135-5700-1000							
6. FUNDS		V TO V		V TO CF		CF TO V		CF TO CF		8. LEGAL AUTHORITY (Completed by Office of Personnel)		
9. ORGANIZATIONAL DESIGNATIONS DDP WH BRANCH 3 MEXICO, MEXICO STATION City					10. LOCATION OF OFFICE STATION City MEXICO, MEXICO							
11. POSITION TITLE OPS OFFICER					12. POSITION NUMBER 400		13. CAREER SERVICE DESIGNATION D					
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS			15. OCCUPATIONAL SERIES 0136.01		16. GRADE AND STEP 12 2		17. SALARY OR RATE \$ 9790					
18. REMARKS FROM: DDP/FE/2120/BANGKOK STATION/OPERATIONS BRANCH Tray 27 1 COPY TO FINANCE DIVISION AND OFFICE OF SECURITY Recorded by CSPD EJP												
18A. SIGNATURE OF REQUESTING OFFICIAL ROBERT D. CASHMAN, C/WH/PERS				DATE SIGNED 7/8/63		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER Jim Collins				DATE SIGNED 23 July 63		
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL												
19. ACTION CODE 37	20. EMPLOY CODE 10	21. OFFICE CODING SUPERVISOR SUBSIDIARY 64700 WH		22. STATION CODE 45015	23. INTL/OFF CODE	24. AGENCY CODE 3	25. DATE OF BIRTH MO. DA. YR. 01 106 12		26. DATE OF DEPT.		27. DATE OF LEI	
28. NET. EXPIRES MO. DA. YR.		29. SPEC. A. REFERENCE	30. RETIREMENT DATA 1 - CSC 2 - FICA 5 - NONE		31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA TYPE MO. DA. YR.		33. SECURITY REG. NO.		34. SER		
35. NET. PREFERENCES CODE 0 - NONE 1 - 3 YR 2 - 10 YR		36. DEPT. COMP. DATE MO. DA. YR.		37. LEAD. COMP. DATE MO. DA. YR.		38. CAREER CATEGORY CAREERSY CODE PROV/TEMP		39. REGTY / HEALTH INSURANCE CODE 0 - WAIVER 1 - YES		40. SOCIAL SECURITY NO.		
41. PREVIOUS GOVERNMENT SERVICE DATA CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YRS) 3 - BREAK IN SERVICE (MORE THAN 3 YRS)			42. LEAVE CAT. CODE	43. FED. TAX DATA FORM PREVIOUS CODE 1 - YES 2 - NO		44. STATE TAX DATA FORM PREVIOUS CODE 1 - YES 2 - NO		45. STATE TAX DATA		46. STATE TAX DATA		
48. POSITION CONTROL CERTIFICATION Kearney 07/25/63						49. O.P. APPROVAL Joseph B. Ragan			DATE APPROVED 23 July 63			

g. l. m.

Jiv

SECRET
(When Filled In)



NAME OF EMPLOYEE (Last-First-Middle) <i>Karty, Florian</i>	NAME AND RELATIONSHIP OF DEPENDENT* <i>Wife - German</i>	CLAIM NUMBER <i>63-097</i>
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There is on file in the Benefits and Counseling Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent*) for an illness, injury, or death incurred on 23 Nov 62. *ruptured muscles*

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

DATE OF NOTICE <i>3 MAY 1963</i>	SIGNATURE OF OSD REPRESENTATIVE <i>B. De Felice</i>
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NOTICE OF OFFICIAL DISABILITY CLAIM FILE

Personnel Actions
prior to Mexico City
Assignment

SECRET

REPRODUCTION MASTERS

BIOGRAPHIC PROFILE

SECRET

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

CONFIDENTIAL

(When Filled In)

NOTICE OF CREDITABLE SERVICE

[FOR LEAVE PURPOSES]

PREPARE IN ORIGINAL FROM STANDARD FORM NO. 144 AND FORWARD TO FINANCE OFFICE.

NAME (Last, First, Middle)

~~XXXXXXXXXX~~ (P)

OFFICE (and Division)

File & mail
POSTAL
Or 4b

DDP/WH

SERVICE COMPUTATION DATE:

24 Dec 1948

2 March 1953

SIGNATURE DA

JOHN L. BISCHOFF, Chief/SCAPS

CHIEF, TRANSACTIONS AND RE. BRANCH

FORM NO. 37-157
1 MAR 54

CONFIDENTIAL

(4)

ORIGINAL BIOGRAPHIC PROFILE

(sanitized version in file)

Personnel Actions After
Mexico City Assignment

WH

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-793 AND DCI MEMORANDUM DATED 1 AUGUST 1956; SALARY IS ADJUSTED AS FOLLOWS, EFFECTIVE 5 JANUARY 1964.

NAME	SERIAL	ORGN	FUNDS	GR-ST	OLD SALARY	NEW SALARY
XXXXXXXXXXXX KARTY, FLORYAN R.	009274	91	700	CF GS 12 3	\$10,105	\$10,640

POSTED ON
01-40
8 JAN 1964

WH-2

1. Serial No. 009274		2. Name KARTY, FLORYAN R.		3. Cost Center Number 64 700 CF		4. LWOP Hours				
5. OLD SALARY RATE				6. NEW SALARY RATE				7. TYPE ACTION		
Grade	Step	Salary	Last EH Date	Grade	Step	Salary	Effective Date	PSI	LSI	ADJ.
GS 12	2	\$ 9,790	11/29/62	GS 12	3	\$10,105	11/24/63			
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 COMPETENCE.										
SIGNATURE: <i>JWH</i>						DATE: 7 Oct 1963				
PAY CHANGE NOTIFICATION										

DLS: 13
KX SEPT 63

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION														
NCB														
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)												
009274		KARTY, FLORYAN R.												
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE			5. CATEGORY OF EMPLOYMENT					
REASSIGNMENT						09 15 63			REGULAR					
6. FUNDS		V TO V		V TO CP		7. COST CENTER NO. CHARGEABLE			8. CSC OR OTHER LEGAL AUTHORITY					
CP TO V		X		CP TO CP		4135 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. SERVICE DESIGNATION					
OPS OFFICER						0418			D					
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE						
GS				0136.01		12 2		9790						
18. REMARKS														
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> POSTED BY 07-45 <i>[Signature]</i> </div>														
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. MONTHS		25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI	
37	10	51400	WH	45075		3	01 06 12							
29. HIE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA		33. SECURITY REG NO.		34. SEX		
								EQD DATA						
35. VET PREFERENCE		36. SERV. COMP. DATE		37. LONG COMP. DATE		38. CAREER CATEGORY		39. FEGLI/HEALTH INSURANCE		40. SOCIAL SECURITY NO.				
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT.		43. FEDERAL TAX DATA			44. STATE TAX DATA					
SIGNATURE OR OTHER AUTHENTICATION														
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> POSTED 09/24/63 WK </div>														

MHC: 31 JULY 63

SECRET
(When Filled In)

OCB NOTIFICATION OF PERSONNEL ACTION																																																	
1. SERIAL NUMBER 009274		2. NAME (LAST FIRST MIDDLE) XXXXXXXXXXXX KARY, FLECYAN R																																															
3. NATURE OF PERSONNEL ACTION REASSIGNMENT				4. EFFECTIVE DATE 06 09 63		5. CATEGORY OF EMPLOYMENT REGULAR																																											
6. FUNDS		7. V TO V		8. V TO CF		9. COST CENTER NO. CHARGEABLE 4135 5700 1000		10. CSC OR OTHER LEGAL AUTHORITY 50 USC 403 J																																									
11. ORGANIZATIONAL DESIGNATIONS DDP WH BRANCH 3 MEXICO CITY, MEXICO STATION		12. LOCATION OF OFFICIAL STATION MEXICO CITY, MEXICO																																															
13. POSITION TITLE OPS OFFICER				14. POSITION NUMBER 0400		15. SERVICE DESIGNATION D																																											
16. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS		17. OCCUPATIONAL SERIES 0136.01		18. GRADE AND STEP 12 2		19. SALARY OR RATE 9790																																											
20. REMARKS																																																	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL																																																	
<table border="1"> <tr> <td>21. ACTION CODE 37</td> <td>22. EMPLOY CODE 10</td> <td colspan="2">23. OFFICE CODING 64700 WH</td> <td>24. STATION CODE 45075</td> <td>25. IN/DEGREE CODE 3</td> <td colspan="2">26. DATE OF BIRTH 01 06 12</td> <td>27. DATE OF GRADE</td> <td>28. DATE OF LET</td> </tr> <tr> <td colspan="2">29. NTE EXPIRES</td> <td>30. SPECIAL REFERENCE</td> <td colspan="2">31. RETIREMENT DATA</td> <td colspan="2">32. SEPARATION DATA CODE</td> <td colspan="2">33. CORRECTION/CANCELLATION DATA</td> <td>34. SECURITY REQ NO.</td> </tr> <tr> <td colspan="2">35. VET. PREFERENCE</td> <td colspan="2">36. SERV. COMP. DATE</td> <td colspan="2">37. LONG COMP. DATE</td> <td colspan="2">38. CAREER CATEGORY</td> <td colspan="2">39. FEGLI/HEALTH INSURANCE</td> </tr> <tr> <td colspan="2">40. SOCIAL SECURITY NO.</td> <td colspan="2">41. PREVIOUS GOVERNMENT SERVICE DATA</td> <td colspan="2">42. LEAVE CAT.</td> <td colspan="2">43. FEDERAL TAX DATA</td> <td colspan="2">44. STATE TAX DATA</td> </tr> </table>										21. ACTION CODE 37	22. EMPLOY CODE 10	23. OFFICE CODING 64700 WH		24. STATION CODE 45075	25. IN/DEGREE CODE 3	26. DATE OF BIRTH 01 06 12		27. DATE OF GRADE	28. DATE OF LET	29. NTE EXPIRES		30. SPECIAL REFERENCE	31. RETIREMENT DATA		32. SEPARATION DATA CODE		33. CORRECTION/CANCELLATION DATA		34. SECURITY REQ NO.	35. VET. PREFERENCE		36. SERV. COMP. DATE		37. LONG COMP. DATE		38. CAREER CATEGORY		39. FEGLI/HEALTH INSURANCE		40. SOCIAL SECURITY NO.		41. PREVIOUS GOVERNMENT SERVICE DATA		42. LEAVE CAT.		43. FEDERAL TAX DATA		44. STATE TAX DATA	
21. ACTION CODE 37	22. EMPLOY CODE 10	23. OFFICE CODING 64700 WH		24. STATION CODE 45075	25. IN/DEGREE CODE 3	26. DATE OF BIRTH 01 06 12		27. DATE OF GRADE	28. DATE OF LET																																								
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40. SOCIAL SECURITY NO.		41. PREVIOUS GOVERNMENT SERVICE DATA		42. LEAVE CAT.		43. FEDERAL TAX DATA		44. STATE TAX DATA																																									
SIGNATURES OF OTHER AUTHENTICATION																																																	
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p>POSTED</p> <p>08/02/63 [Signature]</p> </div>																																																	

FORM 1150
11-62

Use Previous Edition

SECRET

31 JUL 63
JFC

GROUP 1
EXCLUDED FROM AUTOMATIC
DOWNGRADING AND
DECLASSIFICATION

(When Filled In)

A. Fitness Reports covering period after
Mexico City Assignment

B. Personnel Actions for period prior
to Mexico City Assignment

SECRET

(When Filled In)

FITNESS REPORT						EMPLOYEE SERIAL NUMBER	
						009276	
SECTION A GENERAL							
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD	
[REDACTED] <i>CAROLYN FLECK</i>			1912	M	GS-12	D	
6. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION		
Ops Officer			DDP/WH/1		Mexico City		
9. CHECK (X) TYPE OF APPOINTMENT				10. CHECK (X) TYPE OF REPORT			
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY				<input type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL <input checked="" type="checkbox"/> REASSIGNMENT SUPERVISOR			
<input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)				<input checked="" type="checkbox"/> REASSIGNMENT EMPLOYEE			
SPECIAL (Specify)				SPECIAL (Specify)			
11. DATE REPORT DUE IN O.P.				12. REPORTING PERIOD (From to)			
December 1964				1 Jan 1964 - 22 November 1964			
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						RATING LETTER	
Case Officer for Soviet access agents.						P	
SPECIFIC DUTY NO. 2						RATING LETTER	
Analyst work, preparing Soviet personality reports. ✓						S	
SPECIFIC DUTY NO. 3						RATING LETTER	
Transcription into English of Russian technical product, and preparation of interpretative renditions of same when necessary.						O	
SPECIFIC DUTY NO. 4						RATING LETTER	
SPECIFIC DUTY NO. 5						RATING LETTER	
SPECIFIC DUTY NO. 6						RATING LETTER	
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> POSTED ON <i>[Signature]</i> </div>							
OVERALL PERFORMANCE IN CURRENT POSITION							RATING LETTER
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.							S
7 JAN 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. As explained in the previous fitness report, Subject was assigned to the Station for the purpose of taking charge of the Station's joint telephone tap center, a position for which he was and is eminently qualified by reason of extensive experience and outstanding language qualifications. However, this position did not materialize because of circumstances beyond the control of Subject and the Station.

It was therefore subsequently decided to train Subject locally, and have him gradually assume case officer and analyst responsibilities in certain simpler aspects of the Station's Soviet program.

Given the circumstances that Subject had not had prior case officer or analytical experience (or even any substantial past exposure to operations to give him vicarious experience) he progressed more than adequately in absorbing the training offered, in assuming responsibility for two Soviet operations and in the preparation of analytical studies on the Soviet complement. Given the further circumstances that the Station did not have the time to train him more than superficially, and that the operations he handled were basically uncomplicated, it must be stated that Subject cannot now be considered to be a case officer.

This conscientious and intelligent officer has high interest and enthusiasm for operations, but it is believed that his forte and future lies in the management of technical operations. This has been recognized also by Headquarters in the assignment presently planned for him.

As a staff agent [redacted] he and his family adapted themselves remarkably well to the [redacted] situation and to all other environmental factors.

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
23 November 1964	[redacted]

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
23 November 1964	Ops Officer	s/ Herbert Manell

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
23 November 1964	COS	s/ Winston K. Scott

SECRET
(When Filled In)

98

FITNESS REPORT				EMPLOYEE SERIAL NUMBER			
SECTION A <i>GENERAL</i>							
1. NAME <i>PARTY, LEONARD R.</i> <small>(Last) (First) (Middle)</small>		2. DATE OF BIRTH <i>6 Jan 1912</i>	3. SEX <i>M</i>	4. GRADE <i>GS-12</i>	5. SD <i>D</i>		
6. OFFICIAL POSITION TITLE <i>Operations Officer</i>			7. OFF/DIV/BR OF ASSIGNMENT <i>DDP WH 3</i>	8. CURRENT STATION <i>Mexico City</i>			
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT				
<input type="checkbox"/> CAREER	<input type="checkbox"/> RESERVE	<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> INITIAL	<input type="checkbox"/> REASSIGNMENT SUPERVISOR			
<input checked="" type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)			<input checked="" type="checkbox"/> ANNUAL	<input type="checkbox"/> REASSIGNMENT EMPLOYEE			
<input type="checkbox"/> SPECIAL (Specify)			<input type="checkbox"/> SPECIAL (Specify)				
11. DATE REPORT DUE IN O.P. <i>28 February 1964</i>			12. REPORTING PERIOD (From - to) <i>6 August 1963 - 31 December 1963</i>				
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).							RATING LETTER
SPECIFIC DUTY NO. 1 <i>Translation of Russian and Spanish materials.</i>							S
SPECIFIC DUTY NO. 2							RATING LETTER
SPECIFIC DUTY NO. 3							RATING LETTER
SPECIFIC DUTY NO. 4							RATING LETTER
SPECIFIC DUTY NO. 5							RATING LETTER
SPECIFIC DUTY NO. 6							RATING LETTER
OVERALL PERFORMANCE IN CURRENT POSITION							RATING LETTER
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.							S
<i>14 FEB 1964</i>							

POSTED ON
12 Feb 64

SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

IF FILL OF OP.

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.

Feb 13 1 26 PM '64

From the time of Subject's arrival in Mexico and through all December 1963, he was utilized principally in translation work and was held on tap for the position of heading up the Station's joint telephone tap center. Circumstances beyond the control of the Station and Subject are responsible for the fact that the incumbent in charge of the center will continue these duties and Subject will be given other responsibilities.

Primarily, Subject will be trained to handle analyst and case officer responsibilities in the Soviet field. The level and range of the responsibilities will depend on the progress Subject makes in handling these duties in a manner satisfactory to the Station.

Subject is most conscientious and effective in every assignment given him to date, and the Station is extremely pleased to have him available as an outside Station asset. He is enthusiastic about all his work, including certain part-time routine and arduous duties, and he looks forward with confidence to the prospect of becoming a case officer. Although it is premature to state positively that Subject will succeed as a case officer, the supervisor believes that Subject will undoubtedly progress adequately.

Subject and his family have acclimated themselves excellently to the [redacted] situation, faster than most of the Station's other staff agents, and certainly with fewer problems and requests for guidance from the Station's staff.

SECTION D

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE 29 January 1964	SIGNATURE OF EMPLOYEE [Redacted Signature]	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
DATE 29 January 1964	OFFICIAL TITLE OF SUPERVISOR Operations Officer	TYPED OR PRINTED NAME AND SIGNATURE /S/ Herbert Lanell
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
DATE 29 January 1964	OFFICIAL TITLE OF REVIEWING OFFICIAL Chief of Station	TYPED OR PRINTED NAME AND SIGNATURE /S/ Winston M. Scott

SECRET

Pre 1961 Fitness Reports
and other personnel
documents