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SECRET

26 March 1971

MEMORANDUM FOR : Office of Finance/C&TD

SUBJECT : Verification of Contract Service for  
[redacted] (P), Terminated Contract Employee

1. During period 8 April 1957 through 8 September 1953, subject served as an Agency Staff Employee. During this period, subject was a participating member of the Civil Service Retirement System.

2. During period 15 July 1964 through 19 October 1970, subject served as a part-time contract employee on a prearranged regular scheduled tour of duty. With respect to this period of service:

(a) Period 15 July 1964 through 7 September 1967 is creditable for purposes of Civil Service Retirement. Since subject was covered by Social Security during this period, Civil Service Retirement deductions were not withheld.

(b) During period 8 September 1967 through 19 October 1970, subject was a participating member of the Civil Service Retirement System.

3. Action Required:

(a) Office of Finance: Please post the above information to subject's retirement records.

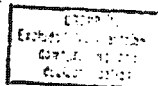
(b) DDP/WH/Contracts: For your information.

/s/ [redacted]  
Chief  
Contract Personnel Division

Distribution:

- Orig - O/F/C&TD
- 1 - WH/Contracts
- 1 - CPD subject file
- 1 - CPD chrono

SECRET

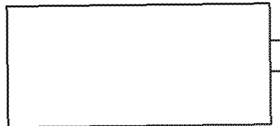


11 MAR 1971

MEMORANDUM FOR: Chief, Contract Personnel Division

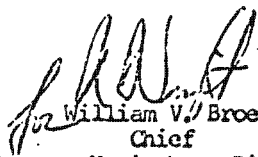
SUBJECT : Civil Service Retirement Credit

1. It is requested that information be provided as to the creditable service for the Civil Service Retirement program for the following individuals.



2. Although the named individuals are no longer employed by the Organization, the creditable service can be of particular significance to each.

3. Your early attention to the request will be appreciated.

  
for William V. Broe  
Chief  
Western Hemisphere Division

SECRET

SECRET

23 March 1971

MEMORANDUM FOR: Contract Personnel Division

SUBJECT :

Following are the total number of hours for each year worked by  under contract. The informa-

tion was provided this office by Payroll.

Period of Service		1964	Total Hours Worked
From	To		
15 Jul 64	Dec 64	1964	551 hours
Jan 65	Dec 65	1965	789
Jan 66	Dec 66	1966	1091
Jan 67	Dec 67	1967	1092
Jan 68	Dec 68	1968	1486
Jan 69	Dec 69	1969	1414
Jan 70	19 Oct 70	1970	1217

Down: This gal had two contracts. The first one included a leave benefit. This first K ended and was immediately replaced by a 2nd K, which included Civil Service Retirement.

From the number of hours worked I feel we can make a determination that she during the full period she worked ~~2222~~ in a part-time basis on a prearranged reg. sch. tour of duty. If you concur, I will write a sid. type memo to O/Finance.

Subject is now terminated, but in WH field with her husband. Bill Kenchan has a dispatch in asking that Hqtrs. verify her total K service.

Paul.  
23 Mar 71

ok - DK

SECRET

Contract Service - [redacted] (P)

Date	Action	Compensation	Equivalent
8 Apr 57	CIA Staff Employee service		
8 Sep 63			
15 Jul 64	Contract Employee with Social Security. No LPAs or PSIs.	\$2.59 p.h.	
24 Aug 64	Pay increase	2.72	
10 Oct 65	Pay increase	<del>2.80</del>	
	Authorized future LPAs.	2.82	
3 Jul 66	LPI	2.90	
7 Sep 67	Contract terminated	2.90	
8 Sep 67	Contract Employee with <del>Social</del> Civil Service Retirement, and LPAs. No PSIs.	2.90	
8 Oct 67	LPI	3.03	
14 Jul 68	LPI	3.12	GS-05/5
13 Jul 69	LPI	3.37	GS-05/5
28 Dec 69	LPI	3.57	GS-05/5
19 Oct 70	Contract terminated	3.57	"

NOTE: On 24 Mar 1971, subject's official Staff Employee file was reviewed. It reflected; (a) staff employee service from 8 Apr 57 to 8 Sep 63; (b) during entire period was a participating member of the Civil Service Retirement System; (c) she was on LWOP during period 12 Jun-8 Sep 63; and her SF-114 dated 8 Apr 57 reflect no prior Federal Service.

1. LAST NAME <b>TARASOFF</b>		APPOINTMENT DATA Employed as of <b>6/15/67</b>		3. TOTAL SERVICE FOR LEAVE (as of date of separation)							
4. DATE AND NATURE OF SEPARATION <b>Contract terminated 10/19/70</b>		Subject to Sec 203(d), 1951 Leave Act Yes <input type="checkbox"/> No <input type="checkbox"/> Ceased to be subject to Sec 203(d) on _____ Annual Leave Bal _____		Years	Months						
				Days							
				<input type="checkbox"/> More than 15 years							
SUMMARY OF ANNUAL AND SICK LEAVE (HOURS)			SUMMARY OF HOME LEAVE (DAYS)								
5. Balance from prior leave year ended 19 <b>70</b> <b>1/10</b>			ANNUAL	SICK	14. Date arrival abroad for ML purposes						
			<b>275</b>	<b>256</b>	<b>None</b>						
6. Current leave year accrual through 19 <b>70</b> <b>10/17</b>					15. Current balance as of _____ 19 _____						
			<b>89</b>	<b>56</b>	16. 12-month accrual rate _____						
7. Total			<b>364</b>	<b>312</b>	17. Dates leave used prior 24 months _____						
8. Reduction in credits, if any (current year)					18. Monthly accrual date _____						
9. Total leave taken			<b>0</b>	<b>0</b>	19. Calendar days credit for next accrual date _____						
10. Balance			<b>364</b>	<b>312</b>	20. Date basic service period completed _____						
11. Total hours paid in lump sum <b>360hrs 2 holidays</b>			MILITARY LEAVE								
12. Salary rate(s) <b>\$3.57 p/h</b>			21. Dates during current calendar yr. _____ to _____								
13. Lump sum leave dates From <b>0800 10/17</b> to <b>1700 12/22/70 0</b> (Hours)			22. Dates during preceding calendar yr. _____ to _____								
23. <i>[Signature]</i> Auth. cert. officer (Title) _____ (Date) _____ (Telephone) _____			ABSENCE WITHOUT PAY								
			24. During leave year in which separated								
			25. During step-increase waiting period which began on <b>8/14/64</b>								
			26. During 12-month ML accrual period (dates) _____								
			<table border="1"> <tr> <td> LWOP or Furlough (Hours) </td> <td> AWOL or Suspension (Hours) </td> </tr> <tr> <td> 0 </td> <td> 0 </td> </tr> <tr> <td> 0 </td> <td> 0 </td> </tr> </table>			LWOP or Furlough (Hours)	AWOL or Suspension (Hours)	0	0	0	0
LWOP or Furlough (Hours)	AWOL or Suspension (Hours)										
0	0										
0	0										

REMARKS  
**SCD  
7/15/64**

Standard Form 1130  
November 1965  
1130-106

**RECORD OF LEAVE DATA TRANSFERRED**

U.S. CIVIL SERVICE COMMISSION  
FPM SUPPLEMENTS 296-31 AND 990-2

**SECRET**  
(When Filled In)

**NOTIFICATION OF PERSONNEL ACTION**

1 SERIAL NUMBER <b>013175</b>		2 NAME (LAST-FIRST-MIDDLE) [REDACTED]		PREPARED: 07/27/77	
3 NATURE OF PERSONNEL ACTION <b>CONTRACT TERMINATION (1BCHL01)</b>			4 EFFECTIVE DATE MO: 07 DA: 27 YR: 77		5 CATEGORY OF EMPLOYMENT <b>CONTRACT-TYPE A (S)</b>
6 FUNDS		V TO V	V TO CF	7 FINANCIAL ANALYSIS NO CHARGEABLE <b>1155-C9PO</b>	8 CSC OR OTHER LEGAL AUTHORITY
9 ORGANIZATION DIVISION <b>WESTERN HEMISPHERE DIV</b>		CF TO V	CF TO CF	10 LOCATION OF SPECIAL STATION <b>CONSPERINFLD</b>	
11 POSITION TITLE <b>TRANSLATOR</b>			12 POSITION NUMBER		13 CAREER SERVICE DESIGNATION
14 CLASSIFICATION SCHEDULE (GS, LB, etc) <b>(PART TIME) GS</b>		15 OCCUPATIONAL SERIES <b>10-5.01</b>		16 GRADE AND STEP <b>GS 5</b>	
		17 SALARY OR RATE <b>DDA: 071564 LFI: 071564</b>		STATUS INFORMATION	
OPERATING DATE: 23 SEX: F MARITAL ST: MAR NO. DEPENDENTS: 00 CITIZENSHIP: CS/BIRTH LONGEVITY COMP: 071564 FEE SERVICE COMP: TYPE RETIREMENT: CSC HOSPITALIZATION: F PLAN: FEGLI: YES PREV. GOVT SERV: 5 SAL. TASK LIMIT: PAY BASIS: H A/L INC: 3 S/L INC: 3					
----- CONTRACT INFORMATION -----					
EFF DATE: 09087 EXPIRATION DATE: 09077 DATE ORIG CONTRACT: 071564 REFERRING OFFICER: WH ADMIN REPR GRG: WH PHONE: 4-60					
----- ENTITLEMENTS/ELIGIBILITIES/ALLOWANCES -----					
TAX STAFF: Y FED EXMP: STATE EXMP: STATE: TRAVEL: NNN OPS EXPNSE: N HOUSING: N POST/EQUAL: N HOME LEAVE: 0 DIFFERENTIAL: N OFFSET CLAUSE: N STD GOVT: N LEGISL PAY: Y PREMIUM PAY: N ALLOWANCE COMM: N EDUCATION: N STEP INCRS: N GTH TAX ENTL: N OTHER ALLOWNS: N SEPARATION: N					
NOTE: ITEMS PRECEDED BY AN ASTERISK * REFLECT CHANGED DATA					
SIGNATURE OR OTHER AUTHENTICATION					



DUPLICATE

SECRET

CLEARANCE SHEET FOR TERMINATION OF CONTRACT PERSONNEL			DATE	
THIS FORM MUST BE SIGNED AND SUBMITTED IN DUPLICATE			25 January 1971	
PERSONAL DATA				
NAME (Last, First, Middle - true or pseudonym)		OFFICE AND BRANCH OF ASSIGNMENT		
[Redacted] (P)		DOP/MI/1		
LOCAL ADDRESS		PERMANENT ADDRESS		
Mexico City, Mexico		Cleveland, Ohio		
PERMANENT STATION OR BASE		POSITION OR FUNCTIONAL TITLE		
Mexico City, Mexico		Contract Employee, Type B		
CONTRACT DATA				
DATE CONTRACT EFFECTIVE	DATE CONTRACT LAST RENEWED	DATE CONTRACT EXPIRES	DATE OF CONTRACT TERMINATION	
15 July 1964	8 September 1970	7 September 1971	19 October 1970	
REASON FOR CONTRACT TERMINATION				
Retirement of husband.				
INTERNAL STAFF OR DIVISION CLEARANCES (Add or delete as applicable)				
COMPONENT	CLEARED BY	DATE	REMARKS	
FINANCE				
LOGISTICS				
<del>SECURITY</del>				
Security				
CONTRACT APPROVING OFFICER		CLEARED BY (Signature)	DATE	
		W.S. Benehan, C/MI/Contracts		
SCHEDULE OF INTERVIEWING OFFICES				
(OFFICES NOT REQUIRING INTERVIEW WILL SO INDICATE)				
OFFICE	SCHEDULE			INTERVIEWING OFFICIAL
	DATE	TIME	LOCATION	
CENTRAL COVER STAFF				CLEARED BY (Signature)
				DATE
OFFICE OF SECURITY PSD			OS #131 751 13 July 64	CLEARED BY (Signature)
				DATE
OFFICE OF PERSONNEL CPD				CLEARED BY (Signature)
				DATE
REMARKS (Please initial)				
Duplicate - advance copy to OF/C&TD/CEAS 30 October 1970.				
REVIEWED: [Redacted] /s/ [Redacted] Special Contracting Officer				
STAFF OR DIVISION AND BRANCH OF ASSIGNMENT		SIGNATURE OF STAFF OR DIVISION RESPONSIBLE OFFICER		
C/MI/1				
		DATE		

HIGH 3 BASED ON LAST 3 YEARS HIS CONTRACT

OCT 67 - DEC 67	\$1607.02
JAN - DEC 68	4599.34
JAN - DEC 69	4935.06
JAN - OCT 70	<u>4335.49</u>
	\$14428.89 ÷ 3 = \$4809.63

HIGH 3 RETIRE

$1\frac{1}{2}\% \times 4809.63 \times 5 = \$360.70$   
 $1\frac{3}{4}\% \times 4809.63 \times 5 = 420.85$   
 $2\% \times 4809.63 \times 2.5 = \underline{240.48}$   
\$1022.03 ANNUITY

HIGH 3 BASED ON LAST 3 YEARS ~~IS~~ STAFF

JUN 62 - JUN 63	\$5545	6 6/4
JUN 61 - JUN 62	5160	6/3
JAN 61 - JUN 61	2497	6/2
JUN 60 - DEC 60	<u>3255</u>	5/2
	\$15457 ÷ 3 = \$5152.33	

HIGHER ANNUITY

$1\frac{1}{2}\% \times \$5152.33 \times 5 = \$386.45$   
 $1\frac{3}{4}\% \times \$5152.33 \times 5 = 450.55$   
 $2\% \times \$5152.33 \times 2.5 = \underline{257.63}$   
\$1094.93 ANNUITY

Atty

[Redacted]

(P) TORASOFF

8 FEB

1. She is not eligible for retirement annuity until she's 62 yrs old - see 5 May 1985.

10

STAFF (CSR) Apr 57 - Jun 63 - Nov 63  
→ CONTRACT (SS) Jul 64 - Sept 67  
" (CSR) Sept 67 - Oct 70

Pass  
particulars

No. Refund of Retirement deductions has been made, either from Staff or Contract employment.  
Form 2802

Resignation effective } \$1781.83  
7 Sept 1963 }

57-63  
67-70

CS Deductions while a Staffer \$1781.83  
" " " " Contract 961.24  
TOTAL \$2743.07

Sept 12.90  
9 Oct 67 \$3.03  
14 Jul 3.12  
same

Oct 70  
Apr 57

9/67 \$609 Dec 67  
68 \$4549.34  
69 4935.06  
Oct 70 4335.49

13/36 MONTHS  
514233  
3(15457.00  
1236  
1510

<b>DISPATCH</b>		CLASSIFICATION <b>SECRET</b>	PROCESSING ACTION
TO	Chief, WH Division		MARKED FOR INDEXING
INFO.			NO INDEXING REQUIRED
FROM	Chief of Station, Mexico City <i>CCM</i>		ONLY QUALIFIED DESK CAN JUDGE INDEXING
SUBJECT	AMICH/CONTRACTS - Termination [redacted]		MICROFILM
ACTION REQUIRED - REFERENCES			
<p>1. [redacted] contract was terminated effective 19 October 1970. Since her husband is retiring, she will no longer be available for employment.</p> <p>2. Submitted herewith is a signed contract termination and termination secrecy oath.</p> <p style="text-align: right;"><i>Zachary T. Atlanta</i> Zachary T. ATLANTA</p> <p>Attachments: Contract termination - - - Orig &amp; 1. h/w Termination secrecy oath - Orig &amp; 1. h/w</p> <p>Distribution: Orig &amp; 2 - Chief, WH Division w/att.</p> <p><i>Rec'd</i> 30 OCT 1970</p>			
CROSS REFERENCE TO	DISPATCH SYMBOL AND NUMBER	DATE	
	HMNET 10,578	22 October 1970	
	CLASSIFICATION	NOS FILE NUMBER	
	<b>SECRET</b>		

SECRET

TERMINATION SECURITY OATH

I, , an about to terminate my association with the Organization. I realize that, by virtue of my duties with the Organization, I have been the recipient of information and intelligence which concerns the present and future security of our country. I am aware that the unauthorized disclosure of such information is prohibited by the espionage laws of our government which specifically requires the protection of intelligence sources and methods from unauthorized disclosure. Accordingly, I SOLEMNLY SWEAR, WITHOUT LEGAL RESERVATION OR PURPOSE OF EVASION, AND IN THE ABSENCE OF DURESS, AS FOLLOWS:

1. I will never divulge, publish, or reveal by writing, word, conduct, or otherwise any information relating to the national defense and security and particularly information of this nature relating to intelligence sources, methods, personnel, fiscal data, or security measures to anyone, including, but not limited to, any future governmental or private employer, private citizen, or government employee or official without the express written consent of the Chief of the Organization or his authorized representative.
2. I have been invited to submit in writing any monetary claims I may have against the Organization or our government which may in any way necessitate the disclosure of information described herein. I have been advised that any such claims will receive full legal consideration. In the event, however, that I am not satisfied with the decisions of the Organization concerning any present or future claims I may submit, I will not take any other action to obtain satisfaction without prior written notice to the Organization, and then only in accordance with such legal and security advice as the Organization will promptly furnish me.
3. I do not have any documents or materials in my possession, classified or unclassified, which are the property of, or in custodial responsibility of the Organization, having come into my possession as a result of my duties with the Organization or otherwise.
4. During my exit processing and during my period of employment with the Organization I have been given an opportunity to report all information about the Organization, its personnel, and its operations which I consider should receive official cognizance. Hence, I am not aware of any information which it is my duty, in the national interest, to disclose to the Organization, nor am I aware of any violations or breaches of security which I have not officially reported, except as set forth on the reverse side of this sheet or on other attachments.

12/30 OCT 1970

SECRET

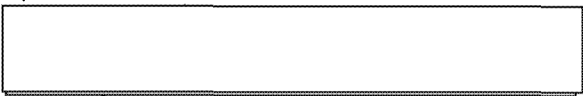
mg OS/ID

5. I have been advised that, in the event I am called upon by the properly constituted authorities to testify or provide information which I am pledged hereby not to disclose, I will notify the Organization immediately; I will also advise said authorities of my secrecy commitments to our government and will request that my right or need to testify be established before I am required to do so.

6. I am aware of the provisions and penalties of the espionage laws of our government and am fully aware that any violation on my part of certain matters sworn to by me under this oath may subject me to prosecution under the terms of these laws, and that violation of other portions of this oath are subject to appropriate action, including such dissemination of the violation as the circumstances warrant.

I have read and understand the contents of this oath and voluntarily affix my signature hereto with the full knowledge that this oath was executed for the mutual benefit of myself and our government, and that it will be retained in the files of the Organization for its future use or for reference by me at any time in the future that I may be requested or ordered to testify or disclose any of the matters included within the scope of this oath.

IN WITNESS WHEREOF, I have set my hand and seal this 16 day of October 19 70.



Witnessed by me this 16 day of October 19 70,  
at Mexico City, Mexico.

Eric H. Farnsworth  
SECRETARY

SECRET

Miss [redacted]

Dear Miss [redacted]

You are hereby notified that your services under a contract with the United States Government, effective 8 September 1967, are to be terminated at the convenience of the United States Government pursuant to paragraph 4 of said contract, and that the 30 days' notice required by the contract begins 19 September 1970.

You are reminded of the contents of paragraph 4 of said contract which read as follows:

"4. Secrecy. You will be required to keep forever secret this contract and all information which you may obtain by reason hereof (unless released in writing by the United States Government from such obligation), with full knowledge that violation of such secrecy may subject you to criminal prosecution under applicable laws and regulations."

Your signature in the space provided below is acknowledgment of the contents hereto.

UNITED STATES GOVERNMENT

By [Signature]  
Field Contracting Officer

Acknowledged:

[redacted]

Witness:

[Signature]

Reviewed:

Contract Approving Officer

SECRET

*See if we can  
30 Oct 70  
orig routed with  
term. sheet (1489)*

SECRET

NON-STAFF PERSONNEL DATA SHEET						DATE
INSTRUCTIONS: 1. SUBMIT FOR: A. CONTRACT EMPLOYEES (TYPE A, B AND CAREER) B. INDEPENDENT CONTRACTORS UNDER WRITTEN CONTRACT OR NOC (US CITIZENS OR RESIDENT ALIENS ONLY) 2. THIS FORM IS NOT APPLICABLE FOR OPERATIONAL OR FIELD AGENTS 3. COPIES OF THE FORM WILL BE RETAINED BY THE ORIGINATING COMPONENT (NUMBER OF COPIES AT ITS DISCRETION) AND BY CSFS/AGENT BRANCH (1 COPY ONLY)						12 Oct 70
NAME (LAST, FIRST, MIDDLE)				SEX	DATE OF BIRTH	
(P)				Female	5 May 23	
MARITAL STATUS	NO. DEPENDENTS	YEAR(S) OF BIRTH		NATIONALITY	LAST MEDICAL EXAM	
Married	2	1945, 49		U.S.A	Unknown	
DATE OF LATEST SECURITY/OPERATIONAL APPROVAL			JOB TITLE		COMPONENT	
Type B, 13 July 1964			Transcriber		DDP/AH/1	
CONTRACT CATEGORY	EFFECTIVE DATE	EXPIRATION DATE	SALARY	GRADE EQUIVALENT	PROJECT OR PAR #	
Type B	15 July 64	7 Sep 71	\$3.67	GS-5/6	SUPPORT	
BENEFITS				YES	NO	
SOCIAL SECURITY				X	X	
FECA DEATH AND DISABILITY				X		
ANNUAL AND SICK LEAVE				X		
CIVIL SERVICE RETIREMENT				X		
CIA RETIREMENT OR COMMERCIAL CIA ANNUITY					X	
FEDERAL EMPLOYEES GROUP LIFE AND HEALTH INSURANCE				X		
CONTRACT LIFE AND HEALTH INSURANCE					X	
MISSING PERSONS BENEFITS				X		
OTHER (EXPLAIN)						

NON-CIA EDUCATION

High School Graduate

DATES FROM - TO	NON-CIA EMPLOYMENT			
	EMPLOYER	LOCATION	FUNCTION	SALARY
1944-45	Cleveland Trust Company	Cleveland, Ohio	Bookkeeper	
1955-56	American Trust Company	San Leandro, California	Commercial Bookkeeper	

CIA TRAINING

CIA EMPLOYMENT HISTORY (BEGINNING WITH EOD)						
DATES FROM - TO	FUNCTION	CONTR. CAT.	LOCATION	PROJECT	SALARY	GRADE EQUIV.
Apr 57-Jun 63	Clerk-Typist	Staff	Hqs		EOD as	GS-4
					Resign, as	GS-6
Jul 64-present	Transcriber	B	Mexico City	SUPPORT	\$3.67	GS-5/6



SECRET

FACTORS AFFECTING SUBJECT (PUBLIC OPINION, PRESS, RADIO, TV); KNOWN OR SUSPECTED IDENTIFICATION TO OTHER THAN CIA STAFF PERSONNEL, INTELLIGENCE, OR SECURITY SERVICES.

COVER

A. PRESENT COVER IS:  OFFICIAL  NON-OFFICIAL  
Performed her secretarial/transcribing duties outside the Station.  
DIVISION EVALUATION OF COVER SECURITY:

Satisfactory

EVALUATION OF PERFORMANCE:

Satisfactory

ADAPTABILITY (SUBJECT AND FAMILY) TOWARDS DUAL LIFE

No problem.

B. PREVIOUS COVER WAS:  OFFICIAL  NON-OFFICIAL (GIVE BRIEF DESCRIPTION IF NOC)

MOBILITY

INDICATE LIMITING FACTORS, BOTH PERSONAL AND OPERATIONAL

FUTURE UTILIZATION

INDICATE PLANS OR RECOMMENDATIONS FOR USE AFTER CURRENT ASSIGNMENT

None

MESSAGE FORM  
TOTAL COPIES: 21

READING APPROVAL INITIALS - SIGN BY	
1	5
2	6
3	7
4	8

**SECRET**

TO: [REDACTED]  
CCS/CTS  
6697  
12 October 1970

FILE SECRETARIAT DISSEMINATION  
-35 PER

INDEX  NO INDEX  RETURN TO \_\_\_\_\_ BRANCH  FILE RID  
 FILE IN CS FILE NO. \_\_\_\_\_

INFO: CCS:2 FILE VR. WH/8, 0002, 053, 0P3

(classification) (date and time filed) (cited) (picn)  
(reference number)

**SECRET**

13 OCT 70 21 47z

CITE DIRECTOR

077.157

MEXICO CITY

JBCENT/ADMIN

1. PLEASE ADVISE DOUGLAS J. FEINGLASS AND [REDACTED] THAT THE FLAT RATE TAX HAS INCREASED TO 18.4 PER CENT EFFECTIVE WITH PAY PERIOD ENDING 20 SEPTEMBER 1970.

2. STATION SHOULD START WITHHOLDING TAX AT HIGHER RATE IMMEDIATELY. DISPATCH FOLLOWS.

END OF MESSAGE

COORD: *[Signature]*  
WH/CON  
*[Signature]*  
WH/CON

*Keyes Shatney*  
WH/F/NCC  
*[Signature]*

*[Signature]*  
C/WH/SS

*[Signature]*  
C/CCS/CTS

14 OCT 1970

RELEASING OFFICER

**SECRET**

GROUP 1  
Excluded from automatic  
downgrading and  
declassification

AUTHENTICATING OFFICER

REPRODUCTION BY OTHER THAN THE ISSUING OFFICE IS PROHIBITED.

COPY NO.

SECRET

Miss [redacted]

Dear Miss [redacted]

Reference is made to your contract with the United States Government, as represented by the Contracting Officer, effective 8 Sept. 1967, as amended, which expires 8 Sept. 1970.

Effective 8 Sept. 1970, said contract, as amended, is extended for one (1) year.

All other terms and conditions of said contract, as amended, remain in full force and effect.

UNITED STATES GOVERNMENT

By [Signature]  
Contracting Officer

Accepted:

[redacted]

Witness:

[Signature]

Approved:

\_\_\_\_\_

Concur: [Signature]  
Date: 10/19/68

REVIEWED:

[redacted]

Special Contracting Officer

SECRET

DISPATCH

SECRET

Chief of Station, Mexico City

Chief, WH Division  
ADMIN/CONTRACTS

Contract Provisions

Reference: HMMT-9892

1. Reference indicated [redacted] is a Contract Employee who is required to perform her duties during various hours of the day as well as a varying number of hours in order to meet operational deadlines.

Reference asked that the contract for [redacted] be amended to provide reimbursement of six hours per day when in a leave status and for paid holidays retroactively to 8 September 1967.

2. The request is answered by the Station's explanation-- unless and until there has been established in advance a regular tour of duty, an individual is not eligible for leave or holiday pay (see FHB 20-1 and FR 20-13).

In the event the basic criteria is met (FHB 20-1), the effective date could not be retroactive.

Hugh E. WESTBY

Distribution: 2-COS, Mexico City

CLASSIFICATION	DISPATCH SYMBOL AND NUMBER	DATE
	HMMS-6559	20 SEP 1969
CLASSIFICATION	CLASSIFICATION	PHOS FILE NUMBER
	SECRET	
1-WH/1 1-WH/Contracts 1-WH/Registry	OFFICE	TEXT
	WH/Contracts	4460
	OFFICE SYMBOL	DATE
	C/WH/1	
	OFFICE SYMBOL	DATE
	C/WH/SS	

George R. Thompson

UNCLASSIFIED

INTERNAL ONLY

CONFIDENTIAL

SECRET

### ROUTING AND RECORD SHEET

SUBJECT: (Optional)

Anna A. Tarasoff

FROM:

RID/D&P/INCOMING  
GB-12

EXTENSION

x7737

NO

*Harriet 9892*

DATE

10 SEP 1969

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

DATE

RECEIVED

FORWARDED

OFFICER'S INITIALS

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

1.

Chief/WH/Reg.

11 SEP 1969

*[Handwritten initials]*

2.

*[Handwritten: WH/SS]*

4.

5.

*[Handwritten: WH/contract]*

12 SEP 1969

12 SEP 1969

*[Handwritten initials]*

6.

C/WH/1

*[Handwritten initials]*

7.

8.

WH/Contracts

9.

10.

11.

12.

13.

14.

15.

Your comments please.

Subject's contract already provides for sick and annual leave effective 15 July 64, and she is considered a part-time contract employee on a regularly scheduled tour of duty. Subject's contract does not provide for overtime and holiday time. Her contract would have to be amended to include this provision.

*6-8*  
*Pls advise that under*  
*the contract*  
*cannot approve Part*  
*3 request.*  
*[Handwritten signature]*

FORM 3-62

610 USE PREVIOUS EDITIONS

SECRET

CONFIDENTIAL

INTERNAL USE ONLY

UNCLASSIFIED

# DISPATCH

CLASSIFICATION  
SECRET

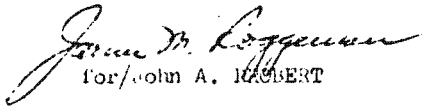
PROCESSING ACTION

TO	Chief, WII Division	MARKED FOR INDEXING
INFO.		NO INDEXING REQUIRED
FROM	Chief of Station, Mexico City	ONLY QUALIFIED DESK CAN JUDGE INDEXING
SUBJECT	ADMIN/CONTRACTS [REDACTED] (C/E) (132830) - Contract Entitlements	MEMORANDUM

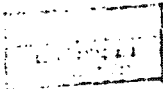
ACTION

References: A. Book Dispatch - 6496  
B. Book Dispatch - 6144

1. Subject is a contract employee who is required to perform her duties during various hours of the day (including a varying number of hours) in order to meet operational deadlines.
2. Even though [REDACTED] contract allows her annual and sick leave benefits, she has not been reimbursed for any leave during the period 8 September 1967 to the present. In addition, the Station has not reimbursed her for any holidays, WOLADY or local, while other contract employees whose contracts call for a regularly scheduled tour of duty, have received compensation.
3. Since subject has worked an average of 30 hours per week, with Headquarters concurrence, it is recommended that she be reimbursed six hours per day when in a leave status and for paid holidays retroactively to 8 September 1967, the effective date of her present contract.

  
 For/John A. ROBERT

Distribution:  
 4- C/WID



CROSS REFERENCE TO	DISPATCH SYMBOL AND NUMBER HMET - 9892	DATE 3 September 1969
	CLASSIFICATION SECRET	WOS FILE NUMBER

SECRET

MEMORANDUM FOR : Office of Finance  
FROM : Contract Personnel Division  
SUBJECT : Contract Extension for

[Redacted]

~~As per 144862~~

1. Effective 8 September 1969 the contract (as amended) for the subject individual, effective 8 September 1967 is extended for a period of one (1) year.
2. All other terms and conditions of the contract (as amended) remain in full force and effect.

UNITED STATES GOVERNMENT

BY \_\_\_\_\_  
Contracting Officer

SECRET

(Group 1) Excluded from automatic downgrading and declassification

RB/DA  
5 Sept 69  
2011

SECRET

MEMORANDUM FOR: Chief, Contract Personnel Division  
SUBJECT : Contract Extension

It is requested that the contract for the following  
named individual(s) be amended to extend the term as  
indicated.

*James H. Alton Jr.*  
[Redacted]

Through 7 September 1970

*William V. Broe*

William V. Broe  
Chief

Western Hemisphere Division

SECRET



SECRET

DATE:

CTC No. \_\_\_\_\_

MEMORANDUM FOR: Director of Finance  
ATTENTION: Chief, Compensation and Tax Division  
VIA: Chief, Contract Personnel Division  
SUBJECT: Tax Assessment for \_\_\_\_\_

1. A flat rate covert tax assessment of this individual's gross, taxable Agency entitlements has been approved as indicated below. An acknowledged Letter of Tax Instruction has been  will  will not  be forwarded. The Station/Base will be  has been  advised of this assessment.

Tax Assessment Rate

Effective Date

seventeen and three-fourth  
(17.75) per cent

14 December 1951

2. This is a new assessment  a revised assessment .

3. Other payroll factors pertinent to this tax assessment action are as follows:

CONTACT APPROVAL:

/s/ \_\_\_\_\_

Chief, C.P.D.

APPROVED:

\_\_\_\_\_  
Executive Secretary, Covert Tax Board

DISTRIBUTION: Orig & 1 - Addressee; 1 Copy CPD; 1 Copy Area Division; 2 Copies CCS

FORM 2643 OBSOLETE  
9-69 PREVIOUS EDITIONS

SECRET

(1-4-51)

3 - CPD

**S E C R E T**

Chief of Station, Mexico City

Chief, FOGAM

ADM/JBCENT -

[redacted] (p)

- Revision of Tax Assessment Rate

**REFERENCE:** Letter of Tax Instruction, HMMS-5711, 14 Dec 1967

1. Please advise [redacted] that his flat rate percentage tax assessment has been revised by the Tax Staff from thirteen and nine-tenths (13.9) per cent, established by reference, to twenty and eight-tenths (20.8) per cent, effective 29 June 1969, T/Y 1969. This revision is necessary as his income and tax position have changed to such a degree as to make the previous tax assessment rate unrealistic. A computation of the revised tax rate is attached.

2. This assessment revision is incorporated by reference as an amendment to [redacted] Letter of Tax Instruction.

3. From the information submitted to the Tax Staff, it appears that [redacted] daughter qualifies as a dependent. The new tax computations are based on five exemptions. Also, [redacted] should list five exemptions on his 1969 tax return.

VICTOR D. UNITSKY

Attachment: As Noted

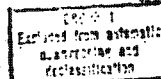
Distribution:

- Orig. & 1 - COS (w/att)
- 1 - C/CFD (wo/att)
- 1 - OF/C&TD/CPB (wo/att)
- 1 - C/WH/1 (wo/att)
- 1 - WH/Contracts

HMMS-6524

11 August 1969

**S E C R E T**



NOTE FOR FILE:

husband's  retirement  
date extended to Nov. 70.

25 JUN 1969

*eth*

<b>DISPATCH</b>		CLASSIFICATION <b>SECRET/</b>	PROCESSING
TO	Chief, WH Division	XX	NEED FOR INFO
INFO.	Chief, SB Division		NO INDEXING REQUIRED
FROM	Chief of Station, Mexico City <i>[Signature]</i>		ONLY QUALIFIED DESK CAN JUDGE INDEXING
SUBJECT	Annual Fitness Report - <input type="text"/>		MACROFILM
ACTION REQUIRED - REFERENCES			
<p>1. Attached are copies of an Annual Fitness Report on <input type="text"/></p> <p>2. <input type="text"/> and her husband make a good and efficient team on the duties assigned to them.</p>			
Attachment: herewith		<i>orig routed to:</i> WH/EXB, 11 Feb 69 DC/WH/D 11 Feb 69 WH/1 ? WH/contracts, 18 Feb 69 CPD 19 FEB 1969	
Distribution: (2) - C/WH Division w/att. 1 - C/SB Division w/o att.		<i>Willard C. Curtis</i> Willard C. CURTIS	
CROSS REFERENCE TO	DISPATCH SYMBOL AND NUMBER HMINT-9523	DATE 29 January 1969	
	CLASSIFICATION <b>SECRET/</b>	NDS FILE NUMBER	

SECRET

FIELD TRANSMITTAL - FITNESS REPORT

INSTRUCTIONS

The following items of the Fitness Report will NOT be completed by field personnel preparing the report for transmittal to Headquarters:  
SECTION A, Items 1, 6, and 7  
SECTION D, Items 1, 2, and 3 (Only in respect to "Typed or Printed Name and Signature")

1. I CERTIFY THAT I HAVE SEEN THIS FITNESS REPORT	DATE 28 January 1969	TYPED OR PRINTED NAME AND SIGNATURE OF EMPLOYEE (In <input type="text"/> )
2. I CERTIFY THAT, EXCEPT FOR ITEMS OMITTED UNDER THE ABOVE INSTRUCTIONS, ALL ITEMS APPEARING ON THE ATTACHED FITNESS REPORT HAVE BEEN COMPLETED UNDER PROVISIONS OF CURRENT INSTRUCTIONS OR REGULATIONS		
DATE 28 January 1969	TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR (In pseudonym) Francis J. COIGNE <i>Francis J. Coigne</i>	
DATE 28 January 1969	TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL (In pseudonym) Willard C. CURTIS <i>Willard C. Curtis</i>	

SPECIAL NOTE

Fitness Reports must be prepared with due regard for security considerations. For example, in the case of administrative and support personnel and others whose duties do not in themselves reveal sources of information and methods of operation, it is normally expected that a complete and realistic statement of specific duties may be reported in Section B. However, the nature, source, purpose or disposition of information or operations will not be included. On the other hand, the position titles and description of specific duties of certain other employees may jeopardize security and should not be fully reported on this form. In these cases, general statements of specific duties will be included in Section B indicating the level of responsibility.

**SECRET**  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
<b>SECTION A GENERAL</b>					
1. NAME (Last) (First) (Middle)		2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD
		5 May 1923	F		
6. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT	8. CURRENT STATION	
Contract Employee			DDP/WR/A	Mexico City	
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 type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)			<input checked="" type="checkbox"/> ANNUAL	<input type="checkbox"/> REASSIGNMENT EMPLOYEE	
<input checked="" type="checkbox"/> SPECIAL (Specify): Contract employee			<input type="checkbox"/> SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to)		
			1 January 1968 thru 31 December 1968		
<b>SECTION B PERFORMANCE EVALUATION</b>					
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
<b>SPECIFIC DUTIES</b>					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise. (Indicate number of employees supervised).					
SPECIFIC DUTY NO. 1				RATING LETTER	
Selecting and processing transcripts in Spanish and English into workable format for Station analysis and filing.				S	
SPECIFIC DUTY NO. 2				RATING LETTER	
Handling administrative matters for her husband.				S	
SPECIFIC DUTY NO. 3				RATING LETTER	
SPECIFIC DUTY NO. 4				RATING LETTER	
SPECIFIC DUTY NO. 5				RATING LETTER	
SPECIFIC DUTY NO. 6				RATING LETTER	
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER
					S

SECRET

(When Filled In)

**SECTION C NARRATIVE COMMENTS**

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

This employee continues to assist and compliment her husband, a Staff Agent, in an unusually efficient team. She pre-edits transcribed materials and puts usable material into a form ready for filing, thus saving analytical and clerical time in the Station. Her knowledge of Russian and Spanish, analytical ability, overall efficiency and interest in her work all contribute to a fine 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	
28 January 1969	(signed in pseudo on Field Transmittal)	
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
28 January 1969		(signed in pseudo on Field Paul L. Dillon Transmittal)
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
The reviewing officer concurs with this report. Subject and her husband continue to form an efficient and valuable team.		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
28 January 1969	Chief of Station	(signed in pseudo on Field Winston M. Scott Transmittal.)

SECRET

# DISPATCH

CLASSIFICATION

**S E C R E T**

PROCESSING ACTION

TO	Chief, WOHOLD	XX	MARKED FOR INDEXING
INFO.	Chief, WH Division		NO INDEXING REQUIRED
FROM	Chief of Station, Mexico City		ONLY QUALIFIED DESK CAN JUDGE INDEXING
SUBJECT	<u>ADMINISTRATIVE/TRAINING</u> Language Training		MICROFILM

ACTION REQUIRED REFERENCES

**ACTION REQUIRED: Information Only**

As of 1 March 1968 the below listed personnel were receiving voluntary Spanish language training paid for by the organization or LANGOLD:

Francis J. COIGNE

Humphrey K. FRADSHIP

Douglas J. FEINGLASS

Henry H. LANGDON

Keith R. LEVENDERIS

Wanda G. PANKPINTO

Clarice F. PARDECK

Cora B. RAUSKIND

Joseph F. TRECANTI

and the wives of Walter W. CORNBURY and Gerald D. FAHLANGER.

for/Villard C. CURTIS

**DISTRIBUTION:**

2 - Chief, WOHOLD

2 - Chief, WH Division

CROSS REFERENCE TO	DISPATCH SYMBOL AND NUMBER	DATE
	HMMT-8919	9 April 1968
	CLASSIFICATION	HQS FILE NUMBER
	<b>S E C R E T</b>	



**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
	1923	
EMPLOYING DEPARTMENT OR AGENCY	LOCATION (City, State, ZIP Code)	

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

Mark here if you **WANT BOTH** optional and regular insurance

(A)

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

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

(B)

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

Mark here if you **WANT NEITHER** regular nor optional insurance

(C)

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

**4 SIGN AND DATE. IF YOU MARKED BOX "A" OR "C", COMPLETE THE "STATISTICAL STUB." THEN RETURN THE ENTIRE FORM TO YOUR EMPLOYING OFFICE.**

SIGNATURE (do not print)

[Signature line]

14 February 1968

**FOR EMPLOYING OFFICE USE ONLY**

(official receiving date stamp)

MAR 5  
CONT

See Table of Effective Dates on back of Original

DUPLICATE COPY—For Agency Use

3

STANDARD FORM No. 176-1  
JANUARY 1968  
(For use only until April 14, 1968)  
LFE-101

**ELECTION, DECLINATION, OR WAIVER OF LIFE INSURANCE COVERAGE** Approved BoD 50-RO 385  
Statistical Stub (SF 176-T)

To be completed only by employees who checked either box "A" or box "C" on the election form.  
The purpose of this stub is to furnish statistics on the initial registration under the liberalized life insurance program.

1. Which box did you check?	Box A	<input type="checkbox"/>	1
	Box C	<input type="checkbox"/>	2
2. Did you have regular insurance under the Federal Employees Group Life Insurance Program on January 1, 1968?	Yes	<input type="checkbox"/>	1
	No	<input type="checkbox"/>	2
3. Your sex?	Male	<input type="checkbox"/>	1
	Female	<input type="checkbox"/>	2
4. Are you now married?	Yes	<input type="checkbox"/>	1
	No	<input type="checkbox"/>	2

<b>DISPATCH</b>	CLASSIFICATION	PROCESSING ACTION
	<b>S E C R E T</b>	MARKED FOR INDEXING
TO	Chief of Station, Mexico City	NO INDEXING REQUIRED
INFO.		ONLY QUALIFIED DESK CAN JUDGE INDEXING
FROM	Chief, Western Hemisphere Division	MICROFILM
SUBJECT	[REDACTED]	
ACTION REQUIRED - REFERENCES		

Please forward a completed form 89 on  
 [REDACTED] for review by the Medical  
 Staff.

Hugh E. WESTBY

Distribution:  
 2-COS, Mexico City

CROSS REFERENCE TO	DISPATCH SYMBOL AND NUMBER	DATE
	<b>HMMS-5798</b>	
	CLASSIFICATION	HMMS FILE NUMBER
	<b>S E C R E T</b>	
1 - WH/Pers 1 - WH/Reg 1 - WH/1	ORIGINATING	
	OFFICE	OFFICER
	WH/Personnel/	[REDACTED]
	DATE	
	14 Feb 68	
EXT.		
681		
COORDINATING		
OFFICE SYMBOL	DATE	OFFICER'S NAME
C/WH/Pers		
C/WH/1		
RELEASING		
OFFICE SYMBOL	DATE	OFFICER'S SIGNATURE
C/WH/SS		George R. Thompson

**SECRET**  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
<b>SECTION A GENERAL</b>					
1. NAME (Last) (First) (Middle)		2. DATE OF BIRTH	3. SEX	4. GRADE	5. SO
		5 May 1923	F		
6. OFFICIAL POSITION TITLE			7. OFF/OIV/BR OF ASSIGNMENT		8. CURRENT STATION
Contract Employee			DDP/WR/1		Mexico City
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 type="checkbox"/> CAREER-PROVISIONAL (See instructions - Section C)			<input checked="" type="checkbox"/> ANNUAL	<input type="checkbox"/> REASSIGNMENT EMPLOYEE	
<input checked="" type="checkbox"/> SPECIAL (Specify): Contract employee			<input type="checkbox"/> SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From- to-)		
			1 January 1968 thru 31 December 1968		
<b>SECTION B PERFORMANCE EVALUATION</b>					
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
<b>SPECIFIC DUTIES</b>					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1					RATING LETTER
Selecting and processing transcripts in Spanish and English into workable format for Station analysis and filing.					S
SPECIFIC DUTY NO. 2					RATING LETTER
Handling administrative matters for her husband.					S
SPECIFIC DUTY NO. 3					RATING LETTER
SPECIFIC DUTY NO. 4					RATING LETTER
SPECIFIC DUTY NO. 5					RATING LETTER
SPECIFIC DUTY NO. 6					RATING LETTER
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER
					S

2011

**SECRET**

*(When Filled In)*

SECTION C		NARRATIVE COMMENTS	
<p><small>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 mission. Ability to 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.</small></p>			
<p>This employee continues to assist and compliment her husband, a Staff Agent, in an unusually efficient team. She pre-edits transcribed materials and puts usable material into a form ready for filing, thus saving analytical and clerical time in the Station. Her knowledge of Russian and Spanish, analytical ability, overall efficiency and interest in her work all contribute to a fine performance.</p>			
SECTION D		CERTIFICATION AND COMMENTS	
<b>1. BY EMPLOYEE</b>			
<i>I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT</i>			
<small>DATE</small>	<small>SIGNATURE OF EMPLOYEE</small>		
28 January 1969	(signed in pseudo on Field Transmittal)		
<b>2. BY SUPERVISOR</b>			
<small>MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION</small>	<small>IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION</small>		
<small>DATE</small>	<small>OFFICIAL TITLE OF SUPERVISOR</small>	<small>TYPED OR PRINTED NAME AND SIGNATURE</small>	
28 January 1969		(signed in pseudo on Field Paul L. Dillon Transmittal)	
<b>3. BY REVIEWING OFFICIAL</b>			
<small>COMMENTS OF REVIEWING OFFICIAL</small>			
<p>The reviewing officer concurs with this report. Subject and her husband continue to form an efficient and valuable team.</p>			
<small>DATE</small>	<small>OFFICIAL TITLE OF REVIEWING OFFICIAL</small>	<small>TYPED OR PRINTED NAME AND SIGNATURE</small>	
28 January 1969	Chief of Station	(signed in pseudo on Field Winston M. Scott Transmittal.)	

**SECRET**

## FIELD TRANSMITTAL - FITNESS REPORT

## INSTRUCTIONS

The following items of the Fitness Report will NOT be completed by field personnel preparing the report for transmitted to Headquarters:  
SECTION A, Items 1, 6, and 7  
SECTION D, Items 1, 2, and 3 (Only in respect to "Typed or Printed Name and Signature")

1. I CERTIFY THAT I HAVE SEEN THIS FITNESS REPORT	DATE 28 January 1969	TYPE (In )
2. I CERTIFY THAT, EXCEPT FOR ITEMS OMITTED UNDER THE ABOVE INSTRUCTIONS, ALL ITEMS APPEARING ON THE ATTACHED FITNESS REPORT HAVE BEEN COMPLETED UNDER PROVISIONS OF CURRENT INSTRUCTIONS OR REGULATIONS		
DATE 28 January 1969	TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR (In pseudonym) Francis J. COIGNE <i>Francis J. Coigne</i>	
DATE 28 January 1969	TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL (In pseudonym) Willard C. CURTIS <i>Willard C. Curtis</i>	
<p align="center"><b>SPECIAL NOTE</b></p> <p><i>Fitness Reports must be prepared with due regard for security considerations. For example, in the case of administrative and support personnel and others whose duties do not in themselves reveal sources of information and methods of operation, it is normally expected that a complete and realistic statement of specific duties may be reported in Section B. However, the nature, source, purpose or disposition of information or operations will not be included. On the other hand, the position titles and description of specific duties of certain other employees may jeopardize security and should not be fully reported on this form. In these cases, general statements of specific duties will be included in Section B indicating the level of responsibility.</i></p>		

FORM 4-62 45a OBSOLETE PREVIOUS EDITIONS.

SECRET

(4)

<b>DISPATCH</b>	CLASSIFICATION <b>SECRET</b>	PROCESSING ACTION
TO Chief of Station, Mexico City		MARKED FOR INDEXING
INFO.		NO INDEXING REQUIRED
FROM Chief, WOGAME		ONLY QUALIFIED DISK CAN JUDGE INDEXING
SUBJECT ADM/JDCENT - [ ] - Tax Administration		MICROFILM

ACTION REQUIRED - REFERENCES

REF: HBSST-8732, 15 December 1967

1. Forwarded under separate cover is the name and address of the [ ] for [ ] to use on his tax return. Also forwarded under separate cover is a brief outline of the nature of the [ ]:

2. As previously discussed in a Headquarters tax briefing, this [ ] would not issue any tax documentation and was not to be used for any purpose other than their tax return. This return was to be kept in a safe place, since the return would indicate a different cover than what they are using in Mexico.

3. In the event [ ] ever indicates that the use of the [ ] is necessary for purposes other than the tax return, this requirement should be cleared by Headquarters prior to actual use.

VICTOR D. UNITSKY

Distribution:

Orig. & 1 - COS (w/SCA)  
1 - WJ/Contracts (wo/att) ✓

Attachment (USC)

*Unitsky*  
[Signature]

## FIELD TRANSMITTAL - FITNESS REPORT

## INSTRUCTIONS

The following items of the Fitness Report will NOT be completed by field personnel preparing the report for transmittal to Headquarters:

SECTION A, Items 1, 4, and 7

SECTION D, Items 1, 2, and 3 (Only in respect to "Typed or Printed Name and Signature")

1. I CERTIFY THAT I HAVE SEEN THIS FITNESS REPORT	DATE 16 FEB. 68	TYPED OR PRINTED NAME AND SIGNATURE OF EMPLOYEE (In)
2. I CERTIFY THAT, EXCEPT FOR ITEMS OMITTED UNDER THE ABOVE INSTRUCTIONS, ALL ITEMS APPEARING ON THE ATTACHED FITNESS REPORT HAVE BEEN COMPLETED UNDER PROVISIONS OF CURRENT INSTRUCTIONS OR REGULATIONS		
DATE 16 Feb-1968	TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR (In pseudonym) Francis J. COIGNE <i>Francis J. Coigne</i>	
DATE 16 Feb-1968	TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL (In pseudonym) Willard C. CURTIS <i>Willard C. Curtis</i>	
<b>SPECIAL NOTE</b>		
Fitness Reports must be prepared with due regard for security considerations. For example, in the case of administrative and support personnel and others whose duties do not in themselves reveal sources of information and methods of operation, it is normally expected that a complete and realistic statement of specific duties may be reported in Section B. However, the nature, source, purpose or disposition of information or operations will not be included. On the other hand, the position titles and description of specific duties of certain other employees may jeopardize security and should not be fully reported on this form. In these cases, general statements of specific duties will be included in Section B indicating the level of responsibility.		

FORM 4-64

45a OBSOLETE PREVIOUS EDITIONS.

SECRET

(4)

SECRET

(When Filled In)

FITNESS REPORT		EMPLOYEE SERIAL NUMBER
<b>SECTION A GENERAL</b>		
1. NAME (Last) (First) (Middle)	2. DATE OF BIRTH	3. SEX
	5 May 23	F
4. GRADE	5. SO	
6. OFFICIAL POSITION/TITLE Contract Employee	7. OFF. DIV/BR OF ASSIGNMENT DDP/MI	8. CURRENT STATION Mexico City
9. CHECK (X) TYPE OF APPOINTMENT	10. CHECK (X) TYPE OF REPORT	
CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/>	INITIAL <input type="checkbox"/> ANNUAL <input checked="" type="checkbox"/>	
CAREER-PROVISIONAL (See Instructions - Section C)	REASSIGNMENT SUPERVISOR	REASSIGNMENT EMPLOYEE
XX SPECIAL (Specify): Contract Employee	SPECIAL (Specify):	
11. DATE REPORT DUE IN Q.P.	12. REPORTING PERIOD (From- to-) 1 January 1967 - 31 December 1967	
<b>SECTION B PERFORMANCE EVALUATION</b>		
<b>W - Weak</b>	Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment, or to separation. Describe action taken or proposed in Section C.	
<b>A - Adequate</b>	Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.	
<b>P - Proficient</b>	Performance is more than satisfactory. Desired results are being produced in a proficient manner.	
<b>S - Strong</b>	Performance is characterized by exceptional proficiency.	
<b>O - Outstanding</b>	Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.	
<b>SPECIFIC DUTIES</b>		
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).		
SPECIFIC DUTY NO. 1	Selecting and processing transcripts in Spanish and English into workable format for Station analysis and filing.	RATING LETTER S
SPECIFIC DUTY NO. 2	Handling administrative matters for her husband.	RATING LETTER S
SPECIFIC DUTY NO. 3		RATING LETTER
SPECIFIC DUTY NO. 4		RATING LETTER
SPECIFIC DUTY NO. 5		RATING LETTER
SPECIFIC DUTY NO. 6		RATING LETTER

SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

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

Subject continues to complement her husband as a part of an efficient team. Her expeditious processing of transcript materials (so that they come to the Station ready for filing) saves the Station a great deal of work and time. Her language and analytical abilities are utilized to pre-edit material and cut out the superfluous. She continues to show interest in her work at which she is very efficient.

SECTION D

CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

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

DATE 16 Feb 63

SIGN [Redacted]

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION  
29

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

DATE 16 Feb 63

OFFICIAL TITLE OF SUPERVISOR

TYPED OR PRINTED NAME AND SIGNATURE  
/s/ Francis J. COIGNE

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

The Reviewing Officer concurs in this Report. This employee and her husband form an efficient and valuable team.

DATE 16 Feb 1968

OFFICIAL TITLE OF REVIEWING OFFICIAL  
Chief of Station

TYPED OR PRINTED NAME AND SIGNATURE  
/s/ Willard C. CURTIS

SECRET

If typewriter is not available, bear down with ballpoint pen to make legible copies.

Standard Form No. 250 U.S. Civil Service Commission Form Supplement 880-1 June 1967	<b>HEALTH BENEFITS REGISTRATION FORM</b> FEDERAL EMPLOYEES HEALTH BENEFITS PROGRAM <small>(Third submission on back of last page. Use only typewriter or ballpoint pen.)</small>	New Carrier's Control No. <b>11252435</b> Old Carrier's Control No.																								
TO EMPLOYING OFFICE, SHOW OLD CARRIER'S CONTROL NUMBER ONLY IF ELECTION IS TO CANCEL ENROLLMENT OR TO CHANGE OPTIONS OR TYPE OF ENROLLMENT IN THE SAME PLAN.																										
<b>PART A</b>  ALL WHO REGISTER MUST FILL IN THIS PART.	1. NAME (LAST) (FIRST) (MIDDLE INITIAL) <p style="text-align: center;"><b>Tarasoff, Anna A.</b></p>		2. DATE OF BIRTH (Use numbers) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>MONTH</td> <td>DAY</td> <td>YEAR</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	MONTH	DAY	YEAR				3. ARE YOU NOW MARRIED? YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2																
	MONTH	DAY	YEAR																							
4. YOUR MAILING ADDRESS (NUMBER AND STREET) (CITY) (STATE) (ZIP CODE)		5. SEX MALE <input type="checkbox"/> 1 FEMALE <input type="checkbox"/> 2																								
<b>IMPORTANT!</b> IT IS ILLEGAL FOR AN EMPLOYEE OR A MEMBER OF HIS FAMILY TO BE COVERED UNDER MORE THAN ONE ENROLLMENT. IF YOU ARE ALREADY COVERED THROUGH THE FAMILY ENROLLMENT OF ANOTHER FEDERAL OR DISTRICT OF COLUMBIA EMPLOYEE OR ANNUITANT YOU MUST REGISTER NOT TO ENROLL OF THE OTHER ENROLLMENT MUST BE CANCELED OR CHANGED TO SELF ONLY. SIMILARLY, IF A FAMILY MEMBER LISTED BY YOU IN PART B IS COVERED THROUGH HIS (OR HER) OWN ENROLLMENT, YOU CANNOT ELECT A FAMILY ENROLLMENT UNLESS THE FAMILY MEMBER CANCELS HIS (OR HER) ENROLLMENT.																										
<b>PART B</b>  FILL IN THIS PART IF YOU WISH TO ENROLL OR CHANGE YOUR ENROLLMENT IN A HEALTH BENEFITS PLAN.	1. I elect to enroll in a health benefit plan as shown below. I authorize deductions from my salary, compensation, or unitary to cover my share of the cost of the enrollment. (Keep the information requested below from back page of brochure of the plan you select.)																									
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">NAME OF PLAN</td> <td style="width:20%;">OPTION (HIGH OR LOW)</td> <td style="width:30%;">ENROLLMENT CODE NUMBER</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>			NAME OF PLAN	OPTION (HIGH OR LOW)	ENROLLMENT CODE NUMBER																				
NAME OF PLAN	OPTION (HIGH OR LOW)	ENROLLMENT CODE NUMBER																								
If enrollment is for self only, answer item 1. If enrollment is for self and family, also answer item 2.	2. In space below list all eligible family members without exception. List your wife or husband first, then your unmarried children under age 22, including (a) legally adopted children and (b) stepchildren, foster children, and illegitimate children who live with you in a regular parent-child relationship. Include also any unmarried child over 22 who became disabled before age 22 and who, because of the disability, is incapable of self support. (Attach a doctor's certificate for a disabled child age 22 or over, if one is not already on file.) <b>DO NOT LIST PARENTS OR OTHERS WHO ARE NOT ELIGIBLE FAMILY MEMBERS. THEY WILL NOT RECEIVE BENEFITS, EVEN IF THEY ARE DEPENDENT ON YOU AND ARE LISTED.</b>																									
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">NAMES OF FAMILY MEMBERS</th> <th style="width:20%;">DATE OF BIRTH (Month, Day, Year)</th> <th style="width:35%;">NAMES OF FAMILY MEMBERS</th> <th style="width:10%;">DATE OF BIRTH (Month, Day, Year)</th> </tr> </thead> <tbody> <tr> <td>Wife or Husband</td> <td style="text-align: center;">1</td> <td></td> <td style="text-align: center;">6</td> </tr> <tr> <td></td> <td style="text-align: center;">2</td> <td></td> <td style="text-align: center;">7</td> </tr> <tr> <td></td> <td style="text-align: center;">3</td> <td></td> <td style="text-align: center;">8</td> </tr> <tr> <td></td> <td style="text-align: center;">4</td> <td></td> <td style="text-align: center;">9</td> </tr> <tr> <td></td> <td style="text-align: center;">5</td> <td></td> <td style="text-align: center;">10</td> </tr> </tbody> </table>			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	
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																							
<b>PART C</b>  FILL IN THIS PART IF YOU WISH NOT TO ENROLL OR IF YOU WISH TO CHANGE YOUR ENROLLMENT.	PLACE AN "X" IN ITEM 1 OR 2, WHICHEVER APPLIES.																									
	1. I ELECT NOT TO ENROLL IN A PLAN UNDER THE FEDERAL EMPLOYEES HEALTH BENEFITS PROGRAM. <input checked="" type="checkbox"/> X <p style="text-align: center;"><b>Covered on husband's policy</b></p>																									
2. I ELECT TO CANCEL MY PRESENT ENROLLMENT UNDER THE CODE NUMBER SHOWN BELOW.			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">Present Enrollment Code Number</td> <td style="width:20%;"></td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Present Enrollment Code Number																						
Present Enrollment Code Number																										
<b>PART D</b>  FILL IN THIS PART, AS WELL AS PART B, TO CHANGE YOUR ENROLLMENT.	ANSWER ITEMS 1, 2, AND 3 TO SHOW ENROLLMENT CODE BEING CHANGED AND ELIGIBILITY FOR CHANGE.																									
	1. ENROLLMENT CODE NUMBER OF PRESENT PLAN.	2. NUMBER OF EVENT WHICH PERMITS CHANGE. (See table on back of duplicate for proper number.)	3. DATE OF EVENT WHICH PERMITS CHANGE.																							
		MONTH	DAY	YEAR																						
<b>PART E</b>  ALL WHO REGISTER MUST FILL IN THIS PART.	_____ for _____ <p style="text-align: center;"><b>Anna A. Tarasoff</b> <i>NT</i> <b>12-28-67</b></p> (YOUR SIGNATURE—DO NOT PRINT) (DATE)		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.)																							
			4. PATROLL OFFICE NO.	5. SF 2811 REPORT NO.																						
<b>PART F</b>  TO BE COMPLETED BY AGENCY.	1. NAME AND ADDRESS (INCLUDING ZIP CODE) OF EMPLOYING OFFICE		3. EFFECTIVE DATE OF ELECTION <p style="text-align: center;"><b>12-31-67</b></p>																							
	(SIGNATURE OF AUTHORIZED AGENCY OFFICIAL) HEALTH BENEFITS OFFICER (REGISTRATION)		4. PATROLL OFFICE NO.	5. SF 2811 REPORT NO.																						
<b>REMARKS</b> FOR USE ONLY BY AGENCY.	<p style="text-align: center;"><b>Contract Exp. 9-8-67</b></p> <p style="text-align: center;"><b>WHI</b></p> <p style="text-align: right;"><b>5132830</b></p>																									

Triplicate—For Official Personnel Folder



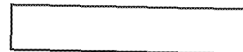
**SECRET**

**DATE** 22 November 1967

**MEMORANDUM FOR:** Chief, Insurance Branch/BSD/OP  
Benefits and Services Division

This is to advise you that Anna A. Tarasoff  
has been employed under an Agency personal services contract  
effective 8 September 1967. The Contract authorizes  
participation in Civil Service Retirement, FEGLI and Federal  
Health Insurance.

Subject's contract is the administrative responsibility  
of DDP/WH.



Chief

Contract Personnel Division

**SECRET**

**Group 1 - Excluded from automatic downgrading and  
declassification**

**S E C R E T**

Chief of Station, Mexico City

X

Chief, Western Hemisphere Division

[redacted] Contract

Action Required: As Noted

References : A. HD-6144  
B. MEXICO CITY 2718

1. In view of Reference B and inasmuch as [redacted] was in the Headquarters area, a new contract was prepared granting her the benefits of Reference A. The contract was signed by [redacted] and has been forwarded for related processing.

2. Attached is a copy of the contract effective 8 September 1967 for [redacted]. She elected FEGLI but declined the health insurance as she is included under her husband's policy. [redacted] was thoroughly briefed on the provisions of the contract as well as the provisions of her previous contract.

**STATION ACTION:**

As [redacted] is payrolled by the Station, related deductions for the new benefits (Civil Service Retirement and FEGLI) are to be made by the Station. Social Security deductions will, of course, cease as there is no cover requirement for mandatory Social Security coverage.

3. During the briefing, [redacted] inquired about the use of sick leave. She was informed sick leave can be used in the same manner and per the same regulations as when she was formerly a

(continued)

Attachment:  
As stated

Distribution:  
3-COS, Mexico City, w/att, h/e

HRIS - 5679

**S E C R E T**

1-WH/Contracts w/att  
1-WH/1 w/att  
1-WH/Reg wo/att

WH/Contracts [redacted] gms (17 Nov 67) 4460

C/WH/1

S E C R E T

HMMS - 5679

staffer. The point involved was whether she had been granted sick leave during her "maternity leave" in 1965. She was advised that possibly she did receive payment covering the period which her accrued sick leave represented; and, possibly at that time she had only a minimal balance accrued.

**STATION ACTION:**

It is suggested the Station review her leave/pay account for the above cited period and advise her of the details involved.

Should the records reflect she had a balance but was not provided the leave, a pay adjustment may be made up to the balance at that time with an appropriate reduction of her current sick leave balance. NOTE: She was advised she could not have sick leave accrued since that time applied retroactively.

It is further suggested the Station Admin or Finance Officer conduct the briefing due to the necessity for the briefer to have a rather technical knowledge of leave.

Hugh E. WESTBY

8 SEP 67

[Redacted]

Dear [Redacted]

The United States Government, as represented by the Contracting Officer of this organization, hereby contracts with you, as a contract employee under the terms and conditions set forth below:

1. New Benefits. By virtue of your employment relationship under this agreement you are:

(a) Covered under the Civil Service Retirement Act in conformance with rules and regulations applicable to appointed employees of this organization. From the basic compensation paid you hereunder there shall be deducted the appropriate rate percentage (presently 6-1/2%) for deposit and eventual crediting to the Civil Service Retirement Fund. Social Security deductions required by virtue of your cover activities will not be reimbursed you by this organization.

(b) Covered under the Federal Employees Group Life Insurance Act in conformance with rules and regulations applicable to appointed employees of this organization unless you execute a written waiver of such coverage. The Government is presently authorized to bear a portion of the premium cost, you will bear the remainder.

(c) Eligible for coverage under the Federal Employees Health Benefits Act in conformance with rules and regulations applicable to appointed employees of this organization. The Government is presently authorized to bear a portion of the premium cost, you will bear the remainder. Because of your eligibility under this Act (whether or not you choose to enroll), your coverage under the contract employees health program shall cease thirty-one (31) days after the effective date of this agreement.

2. Your previous contract with the United States Government, effective 15 July 1964, is herein terminated by mutual consent of the parties thereto.

3. All provisions of said previous contract not in conflict with this agreement are incorporated by reference into and made a part of this agreement.

SECRET

4. This agreement is effective as of 8 September 1951 and shall continue thereafter for two (2) years unless sooner terminated as set forth in your previous contract. If this agreement becomes effective during an overseas assignment nothing contained herein shall be construed as extending that assignment beyond its originally contemplated duration or invalidating your entitlement to return travel expenses (if applicable) upon completion of that assignment.

UNITED STATES GOVERNMENT

BY \_\_\_\_\_  
Contracting Officer

ACCEPTED:

\_\_\_\_\_

WITNESS:

\_\_\_\_\_

APPROVED:

\_\_\_\_\_

DISPATCH

SECRET

Chief of Station, Mexico City

MAILED FOR INDEXING

NO INDEXING REQUIRED

ONLY QUALIFIED DESK

CAN JUDGE INDEXING

MICROFILM

Chief, ~~SECRET~~

ADM/SECRET - [redacted]

Tax Handling

ACTION REQUIRED - REFERENCES

The MEXTEC Tax Committee has approved a flat rate assessment of [redacted]'s Federal tax obligation, beginning with tax year 1967. Attached is the letter of tax instruction which [redacted] should review. The original must be signed and returned to Headquarters.

VICTOR D. GARDNER

Distribution:

- Orig. & 1 - CGS (w/att)
- 1 - HQ/Contracts (w/att)

CROSS REFERENCE TO

DISPATCH SYMBOL AND NUMBER

DATE

888-5711

6 December 1967

14160

CLASSIFICATION

FILE NUMBER

SECRET

Letter of Tax Instruction for [REDACTED]

1. Based on discussions held with tax representatives of the Organization, an assessment of your Organizational income has been approved to satisfy your Federal tax obligation.

2. The assessment computation is based on an estimate of your taxable compensation from the Organization and your estimate of other income from outside sources. The assessment computation results in a percentage of your salary being withheld each pay period to completely satisfy your tax obligation. For tax year 1967 thirteen and nine-tenths (13.9) per cent will be withheld, effective 28 August 1967. The computation is attached.

3. In computing your assessment rate, you have been granted a basic tax credit of \$250.00. This credit is not guaranteed, but is granted to give reasonable assurance that you will not pay a higher tax than you would under ordinary reporting procedures.

4. Future changes in your income or tax status may justify a revision of the assessment rate. In this event this agreement would be amended accordingly.

5. It is important that you file a tax return directly with Internal Revenue [REDACTED] Care and accuracy in preparing this return are necessary. Any tax liability resulting from the tax computation on this return will be satisfied by your own funds. A certified true copy of this tax return must be forwarded to us upon your submission of the original to Internal Revenue. Provided below are specific criteria to assist you in the preparation of the tax return:

A. You will be provided with the [REDACTED]

B. The income that is shown [REDACTED] will be reported on the Form 2555 (Statement to Support Exemption of Income Earned Abroad) and will be exempted from tax, due to your residence overseas. You will base your exemption on physical presence abroad. For tax year 1967 you will report your income as being earned prior to home leave and therefore fully excludable because the qualifying period, which ended on the date you left Mexico for home leave, included an eighteen-month period abroad.

C. Other income must also be reported on this tax return, including interest from the Credit Union, which will be indicated without identifying the Credit Union by name.

6. You may request an advance of funds for payment of foreign income or related (income) taxes assessed against income received from or guaranteed by the Organization. Accounting for these funds will be made in the form of copies of the receipted tax bills (or other acceptable tax documents) which will be forwarded to the home office for approval and write-off of expense.

7. Please acknowledge the original of this letter and return to Headquarters, attention: Covert Tax Committee.

8. We appreciate your cooperation in arranging these details.

VICTOR D. UBITSKY  
Secretary  
Covert Tax Committee

Acknowledged:

\_\_\_\_\_

Date \_\_\_\_\_



SENDER WILL CHE		CLASSIFICATION TOP AND BOTTOM	
UNCLASSIFIED	CONFIDENTIAL	CONFIDENTIAL	SECRET
<b>OFFICIAL ROUTING SLIP</b>			
TO	NAME AND ADDRESS	DATE	INITIALS
1	<i>Fisher</i>		
3			
3		<i>1/11 2:30</i>	
4			
5			
6			
ACTION	DIRECT REPLY	PREPARE REPLY	
APPROVAL	DISPATCH	RECOMMENDATION	
COMMENT	FILE	RETURN	
CONCURRENCE	INFORMATION	SIGNATURE	
<b>Remarks:</b>			
<p><i>Mr. Kaufman reviewed and declined to coordinate, feeling that time was no longer appropriate for this message.</i></p> <p style="text-align: right;"><i>file as is</i></p>			
FOLD HERE TO RETURN TO SENDER			
FROM: NAME, ADDRESS AND PHONE NO.		DATE	
<i>Fisher</i>			
UNCLASSIFIED	CONFIDENTIAL	CONFIDENTIAL	SECRET

FORM 7-66 12

USE PREVIOUS EDITIONS

- 1. MESSAGES ARE CONSIDERED ROUTINE UNLESS A HIGH PRECEDENCE IS INDICATED IN THE ADDRESS LINE.
- 2. SEND ORIGINAL AND YELLOW COPY TO CABLE SECRETARIAT WITH SUPPORTING DOCUMENTS.
- 3. DO NOT LEAST OUT AND CONTINUE TYPING. DO NOT EXCEED FORTY EIGHT CHARACTERS PER LINE INCLUDING SPACES. END TEXT LINES WITHIN THE RIGHT MARGIN GUIDE APPROPRIATE FOR YOUR TYPEWRITER.

MESSAGE FORM  
TOTAL COPIES:

**SECRET**

ROUTING AND/OR INITIALS - SEEN BY	
1	6
2	7
3	8
4	9
5	10

ORIG: [REDACTED]  
 UNIT: WH/Contracts  
 EXT: 4460  
 DATE: 12 September 1967

CABLE SECRETARIAT DISSEMINATION

INDEX  DESTROY  RETURN TO \_\_\_\_\_ BRANCH  FILE RID

BY \_\_\_\_\_ PER \_\_\_\_\_

NO INDEX  FILE IN CS FILE NO.

CONF:  RID COPY

INFO: FILE \_\_\_\_\_ YES

(classification)

(date and time filed)

(alt) (reference number)

(pico)

**SECRET**

CITE DIRECTOR

TO MEXICO CITY

REF: DIRECTOR 34619

IN DISCUSSING REF WITH [REDACTED] PLEASE EXPRESS OUR SYMPATHY  
 DEATH OF [REDACTED] MOTHER.

END OF MESSAGE

WH Comment: Ref advised [REDACTED] can take physical on return Mexico.

C/WH/1 \_\_\_\_\_

4 WILLIAM V. BROE  
 3 C/WH/D  
 2  
 1

[REDACTED]  
 C/WH/CONTRACTS

RELEASING OFFICER

COORDINATING OFFICERS

**SECRET**

GROUP 1  
 Excluded from automatic  
 downgrading and  
 declassification

AUTHENTICATING OFFICER

REPRODUCTION BY OTHER THAN THE ISSUING OFFICE IS PROHIBITED.

COPY NO.

INDEX:  YES  NO

CLASSIFY TO FILE NO. \_\_\_\_\_

CLASSIFIED MESSAGE **E**

TOTAL COPIES **2**

REF TO FILE NO. \_\_\_\_\_

FILE RID  RET. TO BRANCH

DESTROY  SIG. \_\_\_\_\_

**SECRET**

REPRODUCTION PROHIBITED

PERSON/UNIT NOTIFIED

FROM

ACTION

RID COPY

ADVANCE COPY

ISSUED

SLOTTED

TUBED

UNIT

TIME

BY

INFO

FILE, UR, S88, CC33, C5PS, OP2, D/MS2

**SECRET** 072355Z CITE MEXICO CITY 2718

DIRECTOR

REDCOAT

1. [ ] DEPARTING SEP WITH MINOR

SON FOR MOTHER'S FUNERAL IN CLEVELAND, OHIO. SHE UNABLE  
COMPLETE PHYSICAL HERE, PLANS DO SO AT HQS.

2. ALSO INCOMPLETE IS CONTRACT REVIEW FOR NEW  
BENEFITS PER BOOK DISPATCH 6144. STATION SUGGESTS THIS  
BE ACCOMPLISHED AT HQS DURING [ ] CONSULTATION  
31 OCT.

**SECRET**

**SECRET**

BT

8 Sep 67 R 478165

*A. Contreras*  
1 Sep 1967

*Contract assign.*

*Physical as dependent  
will be taken at Hqs. 7375  
359 cont 9/26/67  
M. Foster will  
have Subject  
Account at Hqs. with contract 9/1/67  
where she's husband  
arrive in 10/67  
9/27/67*

TO: [redacted] /lvr  
WH/Personnel  
6815  
18 August 1967

MESSAGE FORM  
TOTAL COPIES (13)  
**SECRET**

1	2	3	4	5

FILE SECRETARIAT DISSEMINATION  
3  
 INDEX  DESTROY  RETURN TO \_\_\_\_\_ BRANCH  FILE NO.  
 NO INDEX  FILE IN CS FILE NO.

INFO: C/WH/6  RID COPY INFO: FILE NO. VI class 3 class plan

**SECRET**

CITE DIRECTOR 29114

MEXICO CITY

19 22 00'Z

RYBAT

REF: A. MEXICO CITY 2499 (IN 34003)  
B. HMMS-5433

1. TDY HQS INCLUDED IN [redacted] TRAVEL ORDER. SHOULD PLAN ARRIVE HQS 31 OCTOBER 1967.
2. FAMILY SHOULD TAKE PHYSICALS IN FIELD AND FORWARD RESULTS. [redacted] WILL TAKE PHYSICAL WHILE HQS.
3. REF B POUCHED 16 AUGUST ANNOUNCES ARRIVAL TDY REPLACEMENT 18 SEPTEMBER 1967.

END OF MESSAGE

WH Comment: Ref A requested home leave beginning <sup>23</sup> 13 Sept. with TDY Hqs. to discuss 1968 retirement.

Ref B gave info on TDY replacement for [redacted]

*Jacob D. Esterline*  
JACOB D. ESTERLINE  
AC/WH/D

C/WH/1 *[Signature]*

[redacted]  
AC/WH/PERS

ISSUING OFFICER

COORDINATING OFFICERS  
**SECRET**

GROUP 1  
Excluded from automatic  
downgrading and  
declassification

AUTHENTICATING OFFICER

REPRODUCTION BY OTHER THAN THE ISSUING OFFICE IS PROHIBITED.

COPY NO.

INDEX:  YES  NO \_\_\_\_\_

CLASSIFY TO FILE NO. \_\_\_\_\_ CLASSIFIED MESSAGE TOTAL COPIES 18

X-REF TO FILE NO. \_\_\_\_\_

FILE RID  RET. TO BRANCH

DESTROY  BID. \_\_\_\_\_

**SECRET** GROUP 1 EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

PERSON/UNIT NOTIFIED

1		5
2		6
3		7
4		8

REPRODUCTION PROHIBITED

7

ACTION D/MS 2  RID COPY  TYPED  SLOTTED  TUBED

ADVANCE COPY UNIT TIME BY

INFO FILE VR WITH 8 CCS 3 PS OP 2

SECRET 261615Z CITE MEXICO 1893

DIRECTOR

HBDRAW

26 JUN 67 IN 98383

REF: MEXICO CITY 1888 (11) 97294)

ILLNESS DIAGNOSED AS FLOATING KIDNEY.

RELEASED FROM HOSPITAL 24 JUNE 1967. NO OPERATION

PLANNED.

SECRET

**SECRET**

BT

*Handwritten signature/initials*



**SECRET**  
(When Filled In)

FITNESS REPORT						EMPLOYEE SERIAL NUMBER	
						132830	
<b>SECTION A GENERAL</b>							
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX <b>F</b>	4. GRADE	5. SO	
6. OFFICIAL POSITION TITLE				7. OFF/DIV/BR OF ASSIGNMENT	8. CURRENT STATION <b>Mexico City</b>		
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 checked="" type="checkbox"/> INITIAL	
CAREER-PROVISIONAL (See Instructions - Section C)				ANNUAL		REASSIGNMENT SUPERVISOR	
SPECIAL (Specify):				XX SPECIAL (Specify): <b>Contract Employee</b>			
11. DATE REPORT DUE IN O.P.				12. REPORTING PERIOD (From- to) <b>1 January 1966-31 December 1966</b>			
<b>SECTION B PERFORMANCE EVALUATION</b>							
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counselling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
<b>SPECIFIC DUTIES</b>							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
SPECIFIC DUTY NO. 1						RATING LETTER	
Selecting and processing transcripts in Spanish and English into a workable format for Station analysis and filing						<b>S</b>	
SPECIFIC DUTY NO. 2						RATING LETTER	
Handling administrative matters for her husband and herself.						<b>S</b>	
SPECIFIC DUTY NO. 3						RATING LETTER	
SPECIFIC DUTY NO. 4						RATING LETTER	
SPECIFIC DUTY NO. 5						RATING LETTER	
SPECIFIC DUTY NO. 6						RATING LETTER	
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>							
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.						RATING LETTER	
						<b>S</b>	

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 in provide best 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.

This is the first time a fitness report has been prepared on [redacted] herself, although previous fitness reports on her husband, [redacted] have mentioned her valuable contribution. She and [redacted] continue to work as an excellent team. [redacted] works conscientiously and quickly and saves the Station a great deal of time in the routine processing of paper and tapes. Her interest in the subject matter and her analytical ability enable her to weed out superfluous material and assist [redacted] in his translations and analyses.

SECTION D

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE	SIGNATURE OF EMPLOYEE	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
7 months		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
I concur with the rating officer's evaluation of [redacted]. She compliments her husband perfectly		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE

SECRET



SECRET

FIELD TRANSMITTAL - FITNESS REPORT

INSTRUCTIONS

The following items of the Fitness Report will NOT be completed by field personnel preparing the report for transmitted to Headquarters:  
SECTION A, Items 1, 6, and 7  
SECTION D, Items 1, 2, and 3 (Only in respect to "Typed or Printed Name and Signature")

1. I CERTIFY THAT I HAVE SEEN THIS FITNESS REPORT	DATE 9 Feb 67	TITLE [Redacted]
---	------------------	---------------------

2. I CERTIFY THAT, EXCEPT FOR ITEMS OMITTED UNDER THE ABOVE INSTRUCTIONS, ALL ITEMS APPEARING ON THE ATTACHED FITNESS REPORT HAVE BEEN COMPLETED UNDER PROVISIONS OF CURRENT INSTRUCTIONS OR REGULATIONS

DATE 7 Feb 67	TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR (In pseudonym) <i>Jonathan L. Weening</i> Jonathan L. WEENING
------------------	---

DATE 28 Feb 67	TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL (In pseudonym) Francis J. COIGNE <i>Francis J. Coigne</i>
-------------------	--

SPECIAL NOTE

Fitness Reports must be prepared with due regard for security considerations. For example, in the case of administrative and support personnel and others whose duties do not in themselves reveal sources of information and methods of operation, it is normally expected that a complete and realistic statement of specific duties may be reported in Section B. However, the nature, source, purpose or disposition of information or operations will not be included. On the other hand, the position titles and description of specific duties of certain other employees may jeopardize security and should not be fully reported on this form. In these cases, general statements of specific duties will be included in Section B indicating the level of responsibility.

SECRET

Miss Anna A. Tarasoff

Dear Miss Tarasoff:

Reference is made to your current contract with the United States Government, as represented by the Contracting Officer.

Effective 22 August 1966, said contract is amended by deleting all reference to income taxes therefrom, and by adding thereto the following paragraph:

"3. Taxes As an employee of the Government, you must satisfy your Federal tax liability on taxable income paid to you under paragraph one (1) above. Such income may be paid you by or through a cover facility. Because of cover, operational, and security considerations the Tax Committee of this organization is authorized to make certain determinations and establish procedures which will result in the full satisfaction of your Federal income tax liability on said income. It is specifically understood and agreed that such determinations and procedures, whether oral or written, constitute an integral part of this contract and are legally incorporated herein by reference."

All other terms and conditions of said contract remain in full force and effect.

UNITED STATES GOVERNMENT

Contracting Officer

SECRET

Group 1 -- Excluded from automatic downgrading and declassification

SECRET

DATE: \_\_\_\_\_

CTC No. 3

MEMORANDUM FOR: Director of Finance

ATTENTION: Chief, Compensation and Tax Division

VIA: Chief, Contract Personnel Division

SUBJECT: Tax Assessment for \_\_\_\_\_

1. A flat rate covert tax assessment of this individual's gross, taxable Agency entitlements has been approved by the Covert Tax Committee as indicated below. An acknowledged letter of tax instruction  is  will be forwarded.

Tax Assessment Rate	Effective Date
10.00%	1/1/54

2. Other payroll factors pertinent to this Covert Tax Committee tax assessment action are as follows:

1. The individual is a member of the Federal Reserve Bank of New York. He is also a member of the Federal Reserve Bank of Atlanta.

A flat rate covert tax assessment is required.

dkh  
Approval Chief, CPD

[Signature]  
Secretary, Covert Tax Committee

SECRET

4 June 1966

*Anna A. Tarasoff*

MRS. [REDACTED]

Dear Miss [REDACTED]

Reference is made to your contract with the United States Government, as represented by the Contracting Officer, effective 15 July 1966, as amended, which expires 14 July 1966.

Effective 15 July 1966, said contract, as amended, is extended for a period of two (2) years.

All other terms and conditions of said contract remain in full force and effect.

THE UNITED STATES GOVERNMENT

BY *Stillard C. Curtis*

ACCEPTED:

[REDACTED]  
WITNESS: *Iving G. Cronaly*

APPROVED:

\_\_\_\_\_  
W/ CONTRACT ADMIN. OFFICER

SECRET

# DISPATCH

CLASSIFICATION  
**SECRET**

PROCESSING ACTION

MARKED FOR INDEXING

NO INDEXING REQUIRED

ONLY QUALIFIED DESK  
CAN JUDGE INDEXING

MICROFILM

TO  
**Office of Finance**

INFO  
**Chief, WH Division**

FROM  
**Chief of Station, Mexico City**

SUBJECT  
**Admin/Finance-Salary Increase [redacted] Employee Number 132830**

ACTION REQUIRED - REFERENCES

**ACTION REQUIRED: Information only.**

**REFERENCE: HPMS-4512, dated 6 January 1966**

Furnished herewith is a copy of a contract amendment for [redacted]

[redacted] covering the legislative salary increase as of 10 October 1965.

The amendment was not prepared in time for [redacted] to sign it before going on home leave and consequently had to await her return.

**WILLARD C. CURTIS**

**Attachment:  
As Stated Above**

**Distribution:  
2 - Office of Finance, w/att  
1 - Chief, WHD**

CROSS REFERENCE TO

DISPATCH SYMBOL AND NUMBER

DATE

**HPMT-6164**  
CLASSIFICATION

**17 January 1966**  
HQS FILE NUMBER

SECRET

*Anna H  
Marasoff*

Dear Miss [REDACTED]

Reference is made to your present contract with the United States Government as represented by the Contracting Officer.

Effective 10 October 1965, said contract is amended by including therein provision for compensation increase of the Federal Employee Salary Act of 1965, in conformance with policies and procedures of the Organization. Said contract is amended also to include the following sentence in paragraph one, entitled "Compensation":

"Compensation will be increased based on legislative pay increases"

All other terms and conditions of the contract remain in full force and effect.

THE UNITED STATES GOVERNMENT

BY *Willard C. Curtis*

ACCEPTED:

*[Signature]*

WITNESS:

*J. A. Crossley*

*[Signature]*

100 SECRET

SECRET

GROUP 1  
Excluded from automatic  
downgrading and  
declassification

Chief of Station, Mexico City

Office of Finance

Salary Increase: [redacted] Employee Number 130990

The Office of Finance has not received a contract amendment for the 10 October 1965 salary increase which the Station has paid Subject as reflected on Station 7/489-66. Therefore, in the absence of a contract amendment, it would appear that [redacted] is being overpaid. Please advise.

SHIRLEY M. YERGAN

Distribution:  
3 - OCS/Mexico City

HRG - 4512

6 January 1966

SECRET

GROUP 1  
Excluded from automatic  
downgrading and  
declassification

CRD/APB/CEAS/[redacted]/PKM

2296

- 2 - WH Division
- 3 - CRD/APB/CEAS
- 1 - RI/DP
- 1 - OF/Registry
- X - CPD

WH/BP

WH/CS

CLASSIFIED MESSAGE TOTAL COPIES 1

CLASSIFY TO FILE NO. \_\_\_\_\_

REF TO FILE NO. \_\_\_\_\_

FILE RID  RET. TO BRANCH

DESTROY  SIG. \_\_\_\_\_

FROM MEXICO CITY

PERSON/UNIT NOTIFIED \_\_\_\_\_

REPRODUCTION PROHIBITED

1	5
2	6
3	7
4	8

ACTION W.H.R.  RID COPY  ISSUED  SLOTTED  FOLDED

ADVANCE COPY \_\_\_\_\_ UNIT \_\_\_\_\_ TIME \_\_\_\_\_ BY \_\_\_\_\_

INFO FILE, VR, OF 2, CO 3.

SECRET 091945Z  
 DIR CITE MEXI 5550  
 REF: DIR 62414

8 Dec 65 10658

1. 1964 [redacted] FOR BENADUM, LIMOTOR 19 (BARBARA C. HUFF), PINEINCH, SANDAMANIE BEING SENT BY HMNT 6018 IN DEC POUCH. NOT POUCHED EARLIER AS OVERLOOKED IN STATION ADMIN FILES.
2. [redacted] FOR [redacted] SENT HMNT 5399 APR 23 (JOINT WITH [redacted]). [redacted] FOR LIFUED 30, NOW RITA N. BLAZIK, SENT HMNT 5908, 25 OCT 65.
3. LIHUFF 1 SUBMITTED [redacted] THROUGH OVERT CHANNELS; SIGNED COPY BEING POUCHED HQS.
4. WILL REPORT ON TECHOPN SEPARATELY.

SECRET  
 THE RECORDS REQUESTED HEREIN ARE  
 CFN 5550 62414 1964 BENADUM LIMOTOR 19 BARBARA C HUFF IS PINEINCH  
 SANDAMANIE HMNT 6018 IS NOT POUCHED [redacted] HMNT 5399 APR 23  
 [redacted] LIFUED 30 RITA N BLAZIK HMNT 5908 25 65

LIHUFF 1 HQS  
 BT

SECRET

*Dec 23*  
*[Signature]*  
*[Signature]*



SECRET

ANNA H. TANNISOFF

Dear Miss                     

Reference is made to your present contract with the United States Government, as represented by the Contracting Officer.

Effective 14 August 1964, said contract is amended by including therein provision for compensation increase of the Government Employees Salary Reform Act of 1964, in conformance with the policies and procedures of this organization.

All other terms and conditions of the contract remain in full force and effect.

*OK*  
*7 new rate <sup>2.72</sup> ~~2.42~~ P/hour*

UNITED STATES GOVERNMENT

BY Millard C. Curtis  
Contracting Officer

SECRET

Group 1 - Excluded from automatic downgrading and declassification.

APPROVED:

REVIEWED:

13/   
Special Contracting Officer

DISPATCH



C/WH/SS

CPD

BD 4659 ~~Disc Info~~  
C/O 105 - Mar 19 - 11:17 AM  
5270

# DISPATCH

Chief of Police, [illegible]  
[illegible]  
[illegible]  
[illegible]

REFERENCE: A. [illegible] [illegible]  
[illegible] [illegible]

The effective date of [illegible] contract expires 31 July 1963.  
Notice called for by the contract of this expiration date is  
for a bid.

*[Handwritten signature]*  
[illegible]

Distribution:  
3 - [illegible]

*Orig rec'd + fwd - 17 Aug 64  
WH/B&F  
CPD-5 E69  
CFD/CEAS-2276at*

SECRET

(EVEN WHEN BLANK)

Nº SD 48769 A

DATE 29 July 1964

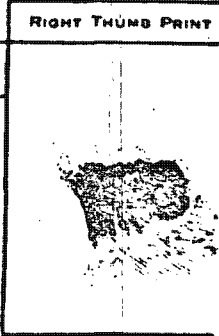
I DO HEREBY DECLARE THAT MY TRUE AND LEGAL SIGNATURE IS:

(SIGNATURE) Anna Tarasoff

Anna Tarasoff  
(NAME, PRINTED OR TYPEWRITTEN)

WITNESS:

Herbert Manell  
Herbert Manell



SECRET

SECRET

(EVEN WHEN BLANK)

Nº SD 48769 B

DATE 29 July 1964

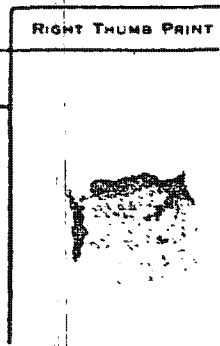
I DO HEREBY ACKNOWLEDGE THAT IN MY RELATIONS WITH THE UNITED STATES GOVERNMENT, I WILL USE THE FOLLOWING SIGNATURE WHERE REQUIRED:

(SIGNATURE) [Redacted Signature]

(NAME, PRINTED OR TYPEWRITTEN)

WITNESS:

Gerald F. Gestetner  
Gerald F. GESTETNER



SECRET

CONFIDENTIAL  
(When Filled In)

CONTRACT TYPE B SECURITY APPROVAL

DATE : 15 July 1964

YOUR REFERENCE: Memorandum dated 13 July 1964

CASE NO. : 131751

TO : WH/PERS

SUBJECT : TARASOFF, Anna A.

1. This is to inform you of Security Approval of the Subject person for Contract Type B employment as specified in your request under the provisions of Headquarters Regulation 20-53.

2. Unless arrangements are made within 60 days to contract with Subject within 120 days, this Approval becomes invalid.

3. This office is to be advised when a Contract is signed by Subject and when the Contract is terminated.

4. As a part of this contracting process:

A polygraph interview must be arranged by your office.

A polygraph interview is not necessary.

*W. A. Osborne*  
W. A. Osborne

CHIEF, PERSONNEL SECURITY DIVISION, OS

SECRET

REQUEST FOR APPROVAL OR INVESTIGATIVE ACTION <small>(Always accompany 1 copy of this form)</small>		DATE <b>13 July 1964</b>
TO: CI/Operational Approval and Support Division	FROM: WH/PERS GH-4408	
<input checked="" type="checkbox"/> Personnel Security <del>Security</del> Division/Office of Security		
SUBJECT: <b>Tarasoff, Anna</b> <small>(Type name)</small>	PROJECT: <b>Station Support</b>	
CRYPTONYM, PSEUDONYM, AKA OR ALIASES	CI/OA FILE NO.	
	RI 201 FILE NO.	SO FILE NO. <b>131751</b>
1. TYPE ACTION REQUESTED		
<input type="checkbox"/> PROVISIONAL OPERATIONAL APPROVAL	<input type="checkbox"/> PROVISIONAL PROPRIETARY APPROVAL	
<input type="checkbox"/> OPERATIONAL APPROVAL	<input type="checkbox"/> PROPRIETARY APPROVAL	
<input type="checkbox"/> PROVISIONAL COVERT SECURITY APPROVAL	<input type="checkbox"/> COVERT NAME CHECK	
<input checked="" type="checkbox"/> COVERT SECURITY APPROVAL <b>Type B</b>	<input type="checkbox"/> SPECIAL INQUIRY (SO field investigation)	
<input type="checkbox"/> COVERT SECURITY APPROVAL FOR LIAISON WITH U.S. OFFICIALS		
2. SPECIFIC AREA OF USE <b>Mexico City, Mexico</b>		
3. FULL DETAILS OF USE  Her principal responsibility will be to assist her husband, a Staff Agent, in the transcribing and processing of the Station's LIENVOY/LIEMRICK product. Subject resigned from staff employee status on 8 September 1963. <i>She has been with her husband in Mexico during interim period</i>		
4. INVESTIGATION AND COVER		
A. U.S. GOVERNMENT INTEREST MAY BE SHOWN DURING INVESTIGATION?	YES	NO <input checked="" type="checkbox"/>
B. CIA INTEREST MAY BE SHOWN DURING INVESTIGATION?		<input checked="" type="checkbox"/>
C. IS SUBJECT AWARE OF U.S. GOVERNMENT INTEREST IN HIM?	<input checked="" type="checkbox"/>	
D. IS SUBJECT AWARE OF CIA INTEREST IN HIM?	<input checked="" type="checkbox"/>	
E. INDICATE ANY LIMITATIONS ON COVERAGE IN THE INVESTIGATION OF SUBJECT.		
F. SUGGEST "COVER PRETEXT" TO BE USED IN CONDUCTING PERSONAL INVESTIGATION OF SUBJECT.		
IF NO INVESTIGATION OUTSIDE CIA, EXPLAIN FULLY		
5. PRO AND GREEN LIST STATUS		
<input type="checkbox"/> PRO I, OR EQUIVALENT, IN (2) COPIES ATTACHED	<input type="checkbox"/> PRO II WILL BE FORWARDED	
<input type="checkbox"/> PRO III, OR EQUIVALENT, IN (1) COPY ATTACHED	<input type="checkbox"/> GREEN LIST ATTACHED, NO:	
6. RI TRACES		
<input type="checkbox"/> NO RECORD	<input type="checkbox"/> WILL FORWARD	<input type="checkbox"/> NON-DEROGATORY
		<input type="checkbox"/> DEROGATORY ATTACHED
7. DIVISION TRACES		
<input type="checkbox"/> NO RECORD	<input type="checkbox"/> WILL FORWARD	<input type="checkbox"/> NON-DEROGATORY
		<input type="checkbox"/> DEROGATORY ATTACHED
8. FIELD TRACES		
<input type="checkbox"/> NO RECORD	<input type="checkbox"/> WILL FORWARD	
<input type="checkbox"/> NO DEROGATORY INFO.	<input type="checkbox"/> DEROGATORY ATTACHED	
LIST SOURCES CHECKED		
NOT INITIATED (Explanation)		
SIGNATURE OF CASE OFFICER	EXTENSION <b>6577</b>	SIGNATURE OF BRANCH CHIEF <b>W.E. Brooks</b>

# DISPATCH

CLASSIFICATION

SECRET

PROCESSING ACTION

TO Chief, III Division

INFO Chief, SR Division

FROM Chief of Station, Mexico City

MARKED FOR INDEXING

NO INDEXING REQUIRED

ONLY QUALIFIED DESK  
CAN JUDGE INDEXING

MICROFILM

SUBJECT ADMINISTRATIVE/PERSONNEL  
WAE Contract

ACTION REQUIRED - REFERENCES

REFERENCES: MEXI-9691

1. Transmitted under separate cover attachment are three copies of a signed field contract completed on the Subject of reference.

2. Her principal responsibility will be to assist her husband [redacted] (P) in the transcribing and processing of the Station's INFORM/AMERICAN product. The part-time employment of Subject will permit [redacted] to devote considerably more effort and concentration on the preparation of assessment studies on the USUAL complement.

*Willard C. Curtis*  
WILLARD. C. CURTIS

Attachment:

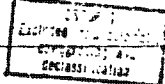
As stated above (WFC)

Distribution:

2 - WFP, w/att  
1 - SMD, w/att

*Original filed - 17 July 64  
C/WH/SS  
WH/BTF  
CPD 5669  
EFD/REAS 6/65*

CROSS REFERENCE TO



DISPATCH SYMBOL AND NUMBER

MEXI-1049

DATE

12 June 1964

CLASSIFICATION

SECRET

HQS FILE NUMBER

17 302 104  
Mrs. Anna A. <sup>Tarasoff</sup> Tarasoff

Dear Mrs. Tarasoff:

The United States Government, as represented by the Contracting Officer, hereby contracts with you, as a Contract Employee, for the use of your services and the performance of duties of a confidential nature under the following terms and conditions:

1. Compensation. In full consideration for the use of your services and the performance of specified confidential duties, you will be compensated in an amount calculated at the rate of \$2.50 per hour. Payments will be made as directed by you in writing in a manner acceptable to the Government. Taxes will be withheld therefrom and submitted by the United States Government.

2. Benefits. (a) You will be entitled to death and disability benefits equal to those authorized under the Federal Employees' Compensation Act, as amended. Claims by you, your heirs or legal representatives under this paragraph will be processed by the Government in accordance with its procedures in such manner as not to impair security.

(b) You will be entitled to sick and annual leave equal to and subject to the same rules and regulations applicable to Government employees. Such annual leave may only be taken at times and places approved in advance by appropriate representatives of the Government.

(c) You will be entitled to continuance of pay and allowances in a manner similar to that set forth in the Missing Persons Act (50 U.S.C.A., Ann. 1661-1915).

(d) The Government will withhold from the compensation due you under this agreement social security deductions in conformance with the basic social security legislation, as amended, and the procedures of this Organization. For reasons of security, all inquiries concerning your relationship to the social security system shall be made directly to this Organization, and in no event may any such problem be presented by you or on your behalf to any representative of the governmental unit responsible for implementing the social security program.

3. Execution of documents. If in the performance of services under this contract you assume the custody of Government funds or take title of record to property of any nature whatsoever and wherever situate, which property has, in fact, been purchased with moneys of the U.S. Government, you hereby recognize and acknowledge the existence of a trust relationship, either express or constructive, and you agree to execute whatever documents may be required by the Government to evidence this relationship.

4. Secrecy. You will be required to keep forever secret this contract and all information which you may obtain by reason hereof (unless released in writing by the Government from such obligation), with full knowledge that violation of such secrecy may subject you to criminal prosecution under the Espionage Laws, dated 25 June 1943, as amended, and other applicable laws and regulations.



5. Instructions. Instructions received by you from the Government in briefing, training or otherwise are a part of this contract and are incorporated herein, provided that such instructions are not inconsistent with the terms hereof.

6. Unauthorized Commitments. No promises or commitments pertaining to rights, privileges or benefits other than those expressly stipulated in writing in this agreement or any amendment thereto shall be binding on the Government.

7. Term. This contract is effective as of 12/1/54 and shall continue thereafter for a period of two (2) years unless sooner terminated either:

(a) By thirty (30) days' actual notice by either party hereto, or

(b) Without prior notice by the Government in the event of a breach of this contract by your violation of the security provisions hereof or by your otherwise rendering yourself unavailable for acceptable service.

Subject to the availability of appropriations, this agreement may be extended upon notice from the Government. Termination of this agreement will not release you from the obligations of any security oath you may be required to take.

UNITED STATES GOVERNMENT

BY Winston M. Scott  
Contracting Officer

ACCEPTED:

Anna A. Tazarov  
Anna A. Tazarov

WITNESS: Harold Maxwell

APPROVED:

RECEIVED:

Special Contracting Officer

CLASSIFIED MESSAGE

SECRET

ROUTING	
1	4
2	5
3	6

TO : DIRECTOR

FROM : [redacted]

ACTION: WIS

INFO : CI, CI/OPS, CI/PA, SR 7, VR

SECRET

2 JUN 64 IN 95704

DIP CITE: [redacted]

RECOAT

IMMEDIATE ACTION

REF: HMMS-2002, 11 JUNE 1963

1. PER DISCUSSIONS WITH WALLACE A. DEMOLAT, STATION WISHES EMPLOY WIFE OF [redacted] ASAP TO ASSUME PART OF LATTER'S LIENVOY TRANSLATION AND TRANSCRIPTION DUTIES. WOULD FREE HIM TO CONCENTRATE MORE ON PREPARATION ASSESSMENTS-CHARACTERIZATIONS OF SOV COMPLEMENT.

2. REQUEST HQS INITIATE CLEARANCE. FORWARDING FIELD CONTRACT WHICH WILL BE IN ACCORDANCE REF.

SECRET

*Rec'd July 9  
4.m.  
July 13  
Clearance granted  
Cable [redacted]*

SECRET

REPRODUCTION BY OTHER THAN THE ISSUING OFFICE IS PROHIBITED

Copy No.

SECRET

Chief of Station, Mexico

XX

Chief, WHD

Wife of

Please inform Subject that her resignation from staff  
employee status has been processed and made effective as of  
8 September 1963.

END OF DISPATCH

Distribution:  
2 Mexico City

HRMS-3145

23 September 1963

SECRET

WH/PERS

W.S. Renshan

ecm

7555

Distribution:  
1 - WH/Reg  
1 - WH/PERS

C/WH/3

<b>DISPATCH</b>		CLASSIFICATION <b>SECRET RYBAT</b>	PROCESSING ACTION
TO Chief of Station, Mexico			<input checked="" type="checkbox"/> MARKED FOR INDEXING <input type="checkbox"/> NO INDEXING REQUIRED <input type="checkbox"/> ONLY QUALIFIED DESK CAN JUDGE INDEXING <input type="checkbox"/> MICROFILM
FROM Chief, WHD			
SUBJECT Wife of [redacted]			

ACTION REQUIRED REFERENCES

1. The wife of [redacted] has asked that she be considered for employment in a contractual capacity. She was advised that biographic information would be forwarded and that whether or not her services were used would be up to the Station.
2. Subject has previously submitted her resignation from staff status and was processed out effective 7 June and placed on 90 days LWOP. In the event there is a requirement for her services within the 90 day period, she may be hired in a contract capacity without further clearances. Her contract should contain provision for Civil Service coverage; other benefits would be in accord with her contractual status as outlined in FHB 20-1000-1. At the time the contract is forwarded Headquarters, a functional description of her duties should also be forwarded.
3. Subject is scheduled to leave with her two children by train in 16 June. She and the children will enter on tourist cards. They have also applied for regular passports.

END OF DISPATCH

Attachment:  
Biographic Profile, USC

Distribution:  
3 Mexico City, w/att. USC

CROSS REFERENCE TO	DISPATCH SYMBOL AND NUMBER <b>HMM-S-2980</b>	DATE <b>11 June 1963</b>
	CLASSIFICATION <b>SECRET RYBAT</b>	HQS FILE NUMBER

ORIGINATING		
OFFICE W/Pers	OFFICER W.S. R... [Signature]	EXT 7595
COORDINATING		
OFFICE SYMBOL C/W/P	DATE 14 JUN 1963	OFFICER'S NAME [Signature]
RELEASING		

Distribution:  
1 - W/Pers

14 JUN 1963

**SECRET/RYBAT**

SEPARATE COVER ATTACHMENT

HEM-S-2980

DOB: 5 May 1923

POB: Cleveland, Ohio

HIGH SCHOOL GRADUATE: 1942

CHILDREN: Daughter - Barbara, 21 Dec 1945  
Son - Raymond, 20 Mar 1949

EXPERIENCE: 1944 - 1945 Cleveland Trust Co., Cleveland, Ohio  
Commercial Bookkeeper

1955 - 1956 American Trust Co., San Leandro, Calif.  
Commercial Bookkeeper

8 Apr 1957 EOD KUBARK, Clerk, GS-4

14 Jul 1957 PBJointly, Clerk

9 Mar 1958 KUDESK, Intell Clerk

2 Nov 1958 Promotion, GS-5

8 Jan 1961 Promotion, GS-6

7 Jun 1963 LWOP for 90 days at end of which time  
resignation will be effected.

FITNESS REPORT: 30 June 1961 - 30 June 1962, Overall Rating "A"  
(Transliterates Russian Material "P")

TRAINING: Basic Supervisors, 2-13 May 1960

TEST: Russian, Reading "E"

**SECRET/RYBAT**

MEMORANDUM RECEIPT

7 June 1963

TO:  WH/Pers

FROM: Mrs. Anna Tarasoff

SUBJECT: Receipt of Advance of Funds for Transportation from  
Washington, D. C. to Mexico City

I hereby acknowledge receipt of the following:

\$525.00 in conjunction with Subject, it is understood that this advance is for ~~the~~ lowest first class rail travel Washington to Mexico City, Mexico and related costs, and anticipated per diem for three days for myself and two dependant children. Accounting for the advance will be submitted to the Mexico City Station.

Please return \_\_\_\_\_ signed copy(ies) of this receipt

To \_\_\_\_\_

FORM NO. 752 REPLACES FORM 39-58  
1 AUG 53 WHICH MAY BE USED.

*Anna Tarasoff*  
Anna Tarasoff

SIGNATURE OF RECIPIENT

7 June 1963

DATE RECEIVED

(23)

**SECRET**

7 June 1963

**MEMORANDUM FOR: Personnel Security Division,  
Office of Security**

**SUBJECT: Mrs. Anna Tarasoff, Contract  
Employee Clearance**

1. It is requested that clearance be granted for the employment of Mrs. Anna Tarasoff as a Contract Employee, Type A or B at the Mexico City, Mexico station to provide clerical services.

2. Mrs. Tarasoff is presently a GS-6, staff employee. She is being reassigned to the CS Development Complement and placed on a 90 day LWOP status effective COB 7 June in order to join her husband.

3. In the event the Mexico Station can use her services she would be employed in a contractual capacity and her resignation from staff employee status would be effected the day prior to the effective date of contract.

4. In the event additional information is desired, please contact Mr. William Renchan, extension 7585.

W. E. BROOKS  
Chief, WH Support

**SECRET**  
(When Filled In)

*Real journal*

REQUEST FOR PERSONNEL ACTION				DATE PREPARED													
1. SERIAL NUMBER		2. NAME (Last-First-Middle)		5 Jun 1963													
05935		TANADOFF, ANNA		4. EFFECTIVE DATE REQUESTED		5. CATEGORY OF EMPLOYMENT											
				MONTH DAY YEAR 6 7 63		REGULAR											
3. NATURE OF PERSONNEL ACTION		6. FUNDS		7. COST CENTER NO. CHARGEABLE		8. LEGAL AUTHORITY (Completed by Office of Personnel)											
LWOP AND REELECTION		I Y TO V CF TO V		Y TO CF CF TO CF		3-7-1770-1000											
9. ORGANIZATIONAL DESIGNATIONS				10. LOCATION OF OFFICIAL STATION													
DDP CI STAFF CI DEVELOPMENT COMPLAINT				WASHINGTON, D.C.													
11. POSITION TITLE			12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION												
LITTELL CLERK			#1 7971		D												
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE											
GS		0313.01		6 6		5,545. <i>2.67</i> <i>2.54 = 6</i>											
18. REMARKS																	
<p>FROM: DDP CI STAFF/SPECIAL INVESTIGATION GROUP/PROJECTS BR/LITTELL CLK/WASH., D.C/0151</p> <p>Employee's last working day 7 June 1963.</p> <p>LWOP (HDB 10-1 Para. 10 a.) Leave of absence to accompany husband to new station - not to exceed 90 days.</p> <p>cc to security and finance</p>																	
19. SIGNATURE OF REQUESTING OFFICIAL			DATE SIGNED		19. SIGNATURE OF CAREER SERVICE APPROVING OFFICER		DATE SIGNED										
<i>Anna Tanadoff</i>			5 Jun 63														
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL																	
21. OFFICE CODING		22. STATION CODE		23. WEAVER CODE		24. FEDERAL DATA CODE		25. DATE OF BIRTH		26. DATE OF DEATH		27. DATE OF LEI					
NUMERIC ALPHABETIC		CODE		CODE		CODE		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.					
28. NFE EXPIRES		29. SPECIAL REFERENCE		30. DEF. SERV. DATA		31. SEPARATION DATA CODE		32. CORRECT. PAYMENT DATA		33. SECURITY REG. NO.		34. DEC.					
MO. DA. YR.		1 - CSC 3 - FICA 5 - NONE		CODE		YEAR		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.					
35. VET. PREFERENCE		36. SERV. COMP. DATE		37. LONG. COMP. DATE		38. CAREER CATEGORY		39. FEGLI / HEALTH INSURANCE		40. SOCIAL SECURITY NO.							
CODE		MO. DA. YR.		MO. DA. YR.		CAREER/PROV/TEMP		CODE		HEALTH INS. CODE							
0 - NONE 1 - 5 YR. 2 - 10 YR.								0 - OTHER 1 - YES									
41. PREVIOUS GOVERNMENT SERVICE DATA				42. FEDERAL DATA		43. STATE TAX DATA											
CODE				FORM EXECUTED		FORM EXECUTED				FORM EXECUTED							
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)				1 - YES 2 - NO		1 - YES 2 - NO				1 - YES 2 - NO							
45. POSITION CONTROL CERTIFICATION						46. G.P. APPROVAL						DATE APPROVED					



