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Department of Economic Cooperation Administration

Washington, D. C.

November 1, 1951

Mr. Paul G. Hoffman, Administrator  
Economic Cooperation Administration  
Washington 25, D. C.

Dear Mr. Hoffman:

I understand that you have accorded an interview to Mr. Howard Hunt with a view to considering his possible appointment to the staff of the Economic Cooperation Administration.

It may be of aid to you in considering Mr. Hunt's qualifications to know that the character of his work with the Office of Strategic Services during the war was primarily in the field of

operational requirements and that he was primarily engaged in China as a member of the staff of the Office of Strategic Services. His duties consisted primarily of establishing and maintaining the reports to Washington of the various operations and activities of the Nationalist Government and its military and air units and of the various operations and activities of the Nationalist Government and its military and air units with these services rendered by the Nationalist Government and the Government of the Republic of China.

Sincerely,  
*Paul G. Hoffman*  
Paul G. Hoffman

SECRET  
(When Filled In)

CERTIFICATION OF SEPARATING EMPLOYEE

Name (Last-First-Middle)

HUNT E. HOWARD

MEMORANDUM FOR THE RECORD - ATTACH TO OFFICIAL PERSONNEL FOLDER

I hereby acknowledge the receipt of the following forms and/or information concerning my separation from CIA as indicated by check mark:

✓	1. Standard Form 3 (Notice to Federal Employee about Unemployment Compensation). <i>Obtained</i>
✓	2. Standard Form 55 (Notice of Conversion Privilege, Federal Employees' Group Life Insurance). <i>Obtained</i>
	3. Standard Form 56 (Agency Certification of Insurance Status, Federal Employers' Group Life Insurance Act of 1954).
✓	4. Standard Form 2802 (Application for Refund of Retirement Deductions). <i>NA</i>
✓	5. Form 2595 (Authorization for Disposition of Paychecks). <i>NO CHANGE</i>
	6. Applicable to returnee (resignee from overseas assignment). I have been advised of my right to have a medical examination before my separation from this Agency and of the importance of such a medical check to my health and well-being. <input type="checkbox"/> Appointment arranged with Office of Medical Services. <input type="checkbox"/> Appointment for Office of Medical Services examination declined.

Howard Hunt  
Robert R. Mullen & Co.  
1729 H Street, N.W.  
Washington, D.C. 20006  
ME 8-2526

conflict of interests' policy of the Agency and s-regard concerning my new employment.

Leave).

ment Rights of Federal Employees Performing Armed

10. Instructions for returning to duty from Extended Leave or Active Military Service.

Signature of Employee

*E. Howard Hunt*

Date Signed

24 Apr

Address (Street, City, State, Zip Code)

1170 River Rd.  
Baltimore, Md. 20854

Correspondence

Overt

Covert

SECRET

STANDARD FORM 64  
GPO : 1964 O - 347-000

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

SECRET

FILE TITLE/NUMBER/VOLUME: HUNT, E. HOWARD  
\_\_\_\_\_  
\_\_\_\_\_

INCLUSIVE DATES: 17 May 1948 - 21 June 1972

CUSTODIAL UNIT/LOCATION: OP

ROOM: 5E13

DELETIONS, IF ANY: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE RECEIVED	DATE RETURNED	REVIEWED BY (PRINT NAME)	SIGNATURE OF REVIEWING OFFICIAL
2/25/78	2/28/78	DAN HANDWAY	Dan Handway
3/15/78	3/15/78	DAN HANDWAY	Dan Handway

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SECRET

REPRODUCED



APPLICATION FOR FEDERAL EMPLOYMENT

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

instructions on the admission card regarding disposition of this application. If you are applying for an UNWRITING examination, mail this application to the office named in the announcement. Be sure to mail it in a safe return envelope for the purpose of the announcement. Notify the office with which you file the application of any change in your address.

1. NAME OF EXAMINATION OR KIND OF POSITION APPLIED FOR

2. OPTIONS (if mentioned in examination announcement)

3. PLACE OF EMPLOYMENT APPLIED FOR (City and State) **Albany 6, New York** 4. DATE OF THIS APPLICATION **17 May 1948**

5. NAME (First name) (Middle) (Maiden, if any) (Last)  
**Everette Howard Hunt (Jr.)**

6. (A) STREET AND NUMBER OR R. D. NUMBER  
**30 Willett Street**  
(B) CITY OR POST OFFICE (including postal zone) AND STATE

7. (A) OFFICE PHONE (B) HOME PHONE  
**New York 4-2101 3-6218**

8. DATE OF BIRTH (month, day, year)  
**Oct. 9, 1918**

9. (A) PLACE OF BIRTH (city and State if born outside U. S., name city and country)  
**Hamburg, Erie County, New York**

10. (A) SEX (B) HEIGHT WITHOUT SHOES (C) WEIGHT  
**MALE 5 FEET 9 INCHES 165 POUNDS**

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

APPROVED  REJECTED  ENTERED REGISTER

NEW APPROVED  RETURNED

INITIALS AND DATE

OPTION	GRADE	EARNED RATING	PRIOR LINE	ADJ. RATING
			<input type="checkbox"/> SPENT (LINE)	
			<input type="checkbox"/> PRIOR (LINE)	
			<input type="checkbox"/> WIFE OR WIDOW	
			<input type="checkbox"/> OTHER	
			<input type="checkbox"/> BEING INVESTIGATED	

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

15. (A) WHAT IS THE LOWEST ENTRANCE SALARY YOU WILL ACCEPT? **4,500 PER YEAR**  
You will not be considered for any position with a lower entrance salary.

(B) CHECK IF YOU WILL ACCEPT SHORT-TERM APPOINTMENT IF OFFERED FOR:  
 1 TO 3 MONTHS  3 TO 6 MONTHS  6 TO 12 MONTHS

NOTE: An acceptance or refusal of a temporary short-term appointment will not affect your opportunity to obtain a probational appointment.

(C) IF YOU ARE WILLING TO TRAVEL, SPECIFY:  
 OCCASIONALLY  FREQUENTLY  CONSTANTLY

(D) CHECK IF YOU WILL ACCEPT APPOINTMENT, IF OFFERED:  
 IN WASHINGTON, D. C.  ANYWHERE IN THE UNITED STATES  
 OUTSIDE THE UNITED STATES

(E) IF YOU WILL ACCEPT APPOINTMENT IN CERTAIN LOCATIONS ONLY, GIVE ACCEPTABLE LOCATIONS.

16. EXPERIENCE: It is important for you to furnish all information requested below in sufficient detail to enable the Civil Service Commission and the appointing authority to give you full credit in determining your qualifications. Use a separate block for each position, starting with your present position and work backward to the position of employment experience gained more than 15 years ago which is not pertinent to the work for which you are applying may be summarized in one or more of the blocks if your duties changed materially while working for the same employer, use a separate block to describe each position. You may include any pertinent

religious, civic, welfare, or organizational activity which you have performed, either with or without compensation, showing the number of hours per week and weeks per year in which you were engaged in such activity. Military experience should be included in the space below in its proper sequence.

(A) If you were ever employed in any position under a name different from that shown in this application, state such name and give description of your work for each position (be concise).

(B) If you have never been employed or are now unemployed, indicate that fact in the space provided below for "Present Position."

1. PRESENT POSITION

DATE OF EMPLOYMENT (month, year) FROM **1947** TO PRESENT TIME

TITLE OF YOUR PRESENT POSITION **Self employed** CLASSIFICATION GRADE (if in Federal Service)

PLACE OF EMPLOYMENT (city and State) **Albany, N.Y.** SALARY OR EARNINGS STARTING \$ **5000** PER PRESENT \$ **5000** PER YEAR

NAME AND TITLE OF IMMEDIATE SUPERVISOR

NAME AND TITLE OF EMPLOYER (firm, organization or person, if Federal name department, bureau or establishment, and division) **Writing**

KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale store, insurance agency, manufacture of books, etc.) **Interested in ECA**

NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU

REASON FOR LEAVING THIS EMPLOYMENT

DESCRIPTION OF YOUR WORK **Authoring novels and magazine stories.**

18 CONTINUED

②	DATE(S) OF EMPLOYMENT (month, year) FROM <i>Jan. 1943</i> TO <i>Oct. 1943</i>	EXACT TITLE OF YOUR POSITION <i>War Correspondent</i>	CLASSIFICATION GRADE (if in Federal service)	SALARY OR EARNINGS STARTING \$ FINAL \$	PER PER
PLACE OF EMPLOYMENT (city and State) <i>New York, N.Y.</i>		NAME AND TITLE OF IMMEDIATE SUPERVISOR <i>Sam Bergwell - Editor</i>			
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person, if Federal, name department, bureau or establishment, and division) <i>"LIFE"</i>		KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale silk, insurance agency, manufacture of books, etc.) <i>Publishing</i>			
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU		REASON FOR LEAVING <i>Enlisting in AAF</i>			

DESCRIPTION OF YOUR WORK

*Travel with naval combat groups in S. Pacific. Report results of actions.*

③	DATE(S) OF EMPLOYMENT (month, year) FROM <i>Oct. 1942</i> TO <i>Jan. 1943</i>	EXACT TITLE OF YOUR POSITION <i>Script Writer</i>	CLASSIFICATION GRADE (if in Federal service)	SALARY OR EARNINGS STARTING \$ FINAL \$	PER PER
PLACE OF EMPLOYMENT (city and State) <i>New York, N.Y.</i>		NAME AND TITLE OF IMMEDIATE SUPERVISOR <i>Louis de Rochemont - Editor</i>			
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person, if Federal, name department, bureau or establishment, and division) <i>The March of Time (Cinema)</i>		KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale silk, insurance agency, manufacture of books, etc.) <i>Newsreel producer</i>			
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU		REASON FOR LEAVING <i>go overseas w/ life</i>			

DESCRIPTION OF YOUR WORK

*Developing screen narrative of a particular subject - writing narration & footage. Writing & producing Naval Training Films.*

④	DATE(S) OF EMPLOYMENT (month, year) FROM TO	EXACT TITLE OF YOUR POSITION	CLASSIFICATION GRADE (if in Federal service)	SALARY OR EARNINGS STARTING \$ FINAL \$	PER PER
PLACE OF EMPLOYMENT (city and State)		NAME AND TITLE OF IMMEDIATE SUPERVISOR			
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person, if Federal, name department, bureau or establishment, and division)		KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale silk, insurance agency, manufacture of books, etc.)			
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU		REASON FOR LEAVING			

DESCRIPTION OF YOUR WORK

5 DATES OF EMPLOYMENT (month, year) FROM TO CLASS OF POSITION (if in Armed Forces) SALARY OR EARNINGS (STARTING) (FINAL) PER PER

NAME AND TITLE OF YOUR POSITION

PLACE OF EMPLOYMENT (city and State) NAME AND TITLE OF IMMEDIATE SUPERVISOR

NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and district) KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale store, insurance agency, manufacture of goods, etc.)

NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU PLANS FOR LEAVING

DESCRIPTION OF YOUR WORK

If more space is required, use a continuation sheet (Standard Form No. 58) or a sheet of paper the same size as this page. Write on each sheet your name, address, date of birth, and examination title. Attach to inside of the application.

17. MILITARY TRAINING: In the space below, describe any training received in the Armed Forces (not already listed under item 16) that would assist you in performing duties in placing you most effectively. Indicate actual amount of training received such as hours per week. Enclosed information regarding any special service awards you received is especially important. (Extra space may be used to give full descriptions.)

DATE	LOCATION	DESCRIPTION OF TRAINING
2/41 - 5/41	U.S. Naval Academy	USNR Midshipman's Course
1/44 - 6/44	Miami Beach, Florida	AAF/OCS
6/44 - 8/44	Oriando, Fla	AAF Combat Intelligence School
1/45 - 3/45	Catalina Island	Office of Strategic Services Clandestine School

18. EDUCATION (Circle highest grade completed)

1 2 3 4 5 6 7 8 9 10 11 12

(A) GIVE NAME AND LOCATION OF LAST HIGH SCHOOL ATTENDED  
Hamburg High School, N.Y.

MARK (X) THE APPROPRIATE BOX TO INDICATE SATISFACTORY COMPLETION OF  
 ELEMENTARY SCHOOL  JUNIOR HIGH SCHOOL  SENIOR HIGH SCHOOL

(C) NAME AND LOCATION OF COLLEGE OR UNIVERSITY  
Brown University, Providence, R.I. English

DATE ATTENDED	YEARS COMPLETED	COURSES COMPLETED	SEMESTER (ALL AS CHECKED)
1936 - 1940	4	AB	June 1940

(D) LIST YOUR CHIEF UNDERGRADUATE COLLEGE SUBJECTS  
English Literature, Economics, Sociology

(E) LIST YOUR CHIEF GRADUATE COLLEGE SUBJECTS

(F) OTHER TRAINING SUCH AS VOCATIONAL BUSINESS STUDY COURSES GIVEN THROUGH THE ARMED FORCES INSTITUTE (show name and location of school) OR IN-SERVICE TRAINING IN PUBLIC OR PRIVATE EMPLOYMENT

SUBJECTS STUDIED

SUBJECTS STUDIED	DATES ATTENDED		YEARS COMPLETED	
	FROM	TO	DAY	NIGHT

19. INDICATE YOUR KNOWLEDGE OF FOREIGN LANGUAGES

LANGUAGE	READING		SPEAKING		UNIVERSITY GRAD	
	1st	2nd	1st	2nd	1st	2nd
Spanish		X		X		X

20. IF YOU HAVE TRAVELED OR RESIDED IN ANY FOREIGN COUNTRY, INDICATE (1) NAME'S OF COUNTRIES (2) DATES AND LENGTH OF TIME spent THERE, AND (3) PLACE AND PURPOSE (e.g., military service, business, education, recreation)  
See list attached

21. LIST ANY SPECIAL SKILLS YOUR BUSINESS AND MACHINERY AND EQUIPMENT YOU CAN USE SUCH AS QUALIFICATION OF SHORTHAND, CALCULATING, COMPOSITION, TYPER, KEY-PUNCH, TURKEY LATHE, SCIENTIFIC OR PROFESSIONAL LEVELS

22. ARE YOU NOW OR HAVE YOU EVER BEEN A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION (such as pilot, electrician, radio operator, teacher, lawyer, CPA, etc.)  
 YES  NO GIVE KIND OF LICENSE AND STATE.  
 FIRST LICENSE OR CERTIFICATE (YEAR)  
 LATEST LICENSE OR CERTIFICATE (YEAR)

23. GIVE ANY SPECIAL QUALIFICATIONS NOT COVERED ELSEWHERE IN YOUR APPLICATION SUCH AS (1) YOUR MOST IMPORTANT PUBLICATIONS (do not submit copies unless requested) (2) YOUR PATENTS OR INVENTIONS (3) PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE (4) SERVICE IN PROFESSIONAL OR SCIENTIFIC SOCIETIES ETC. (5) AWARDS AND FELLOWSHIPS RECEIVED

Covered in detail: "Who's Who in the East" Vol II

APPROXIMATE NUMBER OF WORDS PER MINUTE IN TYPING ..... SHORTHAND .....

24 REFERENCES List three persons living in the United States or Territories of the United States who are acquainted to you and who have definite knowledge of your qualifications, and describe, for the position you are applying for, the position held by each of them. Do not repeat names of superiors.

<p>FULL NAME <b>Maj. Gen. Ep. J. Donovan</b></p>	<p>PRESENT BUSINESS OR OCCUPATION <b>2 Wall Street, New York 5, N.Y. Attorney</b></p>	<p>BUSINESS OR OCCUPATION <b>Attorney</b></p>
<p>FULL NAME <b>John C. Farrar</b></p>	<p>PRESENT BUSINESS OR OCCUPATION <b>53 East 34th Street, New York 16 Publisher</b></p>	<p>BUSINESS OR OCCUPATION <b>Publisher</b></p>
<p>FULL NAME <b>Raymond Rubicam</b></p>	<p>PRESENT BUSINESS OR OCCUPATION <b>444 Madison Avenue, New York 16 Executive</b></p>	<p>BUSINESS OR OCCUPATION <b>Executive</b></p>

<p>25 HAVE YOU EVER BEEN RECALLED BY YOUR PRESENT EMPLOYER REGARDING YOUR CHARACTER, QUALITY OF WORK, ETC.?</p>	<p>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p>	<p>26 ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY?</p>	<p>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>
<p>26 ARE YOU A CITIZEN OF OR DO YOU OWE ALLEGIANCE TO THE UNITED STATES?</p>	<p>Yes <input checked="" type="checkbox"/></p>	<p>27 ARE YOU NOW, OR HAVE YOU EVER BEEN, A MEMBER OF THE COMMUNIST PARTY, U.S.A. (OR ANY COMMUNIST ORGANIZATION)?</p>	<p>No <input checked="" type="checkbox"/></p>
<p>28 ARE YOU NOW, OR HAVE YOU EVER BEEN, A MEMBER OF A FASCIST ORGANIZATION?</p>	<p>No <input checked="" type="checkbox"/></p>	<p>29 ARE YOU NOW, OR HAVE YOU EVER BEEN, A MEMBER OF ANY ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP, OR COMBINATION OF PERSONS WHICH ADVOCATES THE OBTAINING OF A CONSTITUTIONAL FORM OF GOVERNMENT OR OF AN ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP, OR COMBINATION OF PERSONS WHICH ASSUMES A RIGHT OF ADVOCATING OR APPROPRIATING THE COMMONS OF ANY STATE OR FEDERAL OR TERRITORY OF OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES OR OF ANY STATE OR TERRITORY OF THE UNITED STATES BY UNCONSTITUTIONAL MEANS?</p>	<p>No <input checked="" type="checkbox"/></p>

30. SINCE YOUR 18TH BIRTHDAY, HAVE YOU EVER BEEN ARRESTED, FINED, OR SENTENCED TO IMPRISONMENT BY A CRIMINAL COURT OR CONVICTED, FINED, OR IMPRISONED OR PLACED ON PROBATION OR HAVE YOU EVER BEEN ORDERED TO DEPOSIT BAIL OR COLLATERAL FOR THE VIOLATION OF ANY LAW, RULE, REGULATION OR ORDINANCE INCLUDING MINOR TRAFFIC VIOLATIONS FOR WHICH A FINE OR FORTHEWITH OF \$25 OR LESS WAS IMPOSED?

If your answer is "Yes," list all such cases under Item 39 below. Give in each case (1) the date, (2) the nature of the offense or violation, (3) the name and location of the court, (4) the penalty imposed, if any, or other disposition of the case. If appropriate, your fingerprints will be taken.

<p>31 HAVE YOU EVER BEEN BARRED BY THE U. S. CIVIL SERVICE COMMISSION FROM TAKING EXAMINATIONS OR ACCEPTING CIVIL SERVICE APPOINTMENTS?</p>	<p>No <input checked="" type="checkbox"/></p>	<p>32 ARE YOU A DISABLED VETERAN?</p>	<p>No <input checked="" type="checkbox"/></p>
<p>32 ARE YOU A VETERAN'S WIDOW WHO HAS NOT REMARRIED?</p>	<p>No <input checked="" type="checkbox"/></p>	<p>33 ARE YOU THE WIFE OF A VETERAN WHO HAS A SERVICE CONNECTED DISABILITY WHICH HELD HIM ELIGIBLE FOR CIVIL SERVICE APPOINTMENT?</p>	<p>No <input checked="" type="checkbox"/></p>

33. IF YOU ANSWER TO QUESTIONS 27, 28, OR 29 ABOVE IS "YES," STATE IN ITEM 39 THE NAMES OF ALL SUCH ORGANIZATIONS, ASSOCIATIONS, MOVEMENTS, GROUPS, OR COMBINATIONS OF PERSONS AND DATES OF MEMBERSHIP. GIVE COMPLETE DETAILS OF YOUR ACTIVITIES THEREIN AND MAKE ANY EXPLANATION YOU DESIRE REGARDING YOUR MEMBERSHIP OR ACTIVITIES THEREIN.

<p>34 DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT OR ANY PERSON OR OTHER COMMISSION OR FOR MILITARY OR NAVAL SERVICE?</p>	<p>No <input checked="" type="checkbox"/></p>	<p>37 (A) WERE YOU EVER IN THE UNITED STATES MILITARY OR NAVAL SERVICE DURING TIME OF WAR?</p>	<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>
<p>35 ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY?</p>	<p>No <input checked="" type="checkbox"/></p>	<p>(B) IS THE WORD "HONORABLE" OR THE WORD "SATISFACTORY" USED IN YOUR DISCHARGE OR SEPARATION PAPERS TO SHOW THE TYPE OF YOUR DISCHARGE OR SEPARATION?</p>	<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>
<p>36 DOES THE UNITED STATES GOVERNMENT EMPLOY YOU IN A CIVILIAN CAPACITY AND RELATE TO YOU ANY PERSONS BEING RELATED TO WITH WHOM YOU LIVE OR RESIDE WITH WITHIN THE PAST 14 MONTHS?</p>	<p>No <input checked="" type="checkbox"/></p>	<p>(C) HAVE YOU EVER BEEN ON AN ACTIVE FULL-TIME JOB WITH FULL MILITARY PAY AND ALLOWANCES?</p>	<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>

37. IF YOU ANSWER TO QUESTIONS 37, 38, OR 39 ABOVE IS "YES," STATE IN ITEM 39 THE NAMES OF ALL SUCH ORGANIZATIONS, ASSOCIATIONS, MOVEMENTS, GROUPS, OR COMBINATIONS OF PERSONS AND DATES OF MEMBERSHIP. GIVE COMPLETE DETAILS OF YOUR ACTIVITIES THEREIN AND MAKE ANY EXPLANATION YOU DESIRE REGARDING YOUR MEMBERSHIP OR ACTIVITIES THEREIN.

38. IF YOU ANSWER TO QUESTIONS 37, 38, OR 39 ABOVE IS "YES," STATE IN ITEM 39 THE NAMES OF ALL SUCH ORGANIZATIONS, ASSOCIATIONS, MOVEMENTS, GROUPS, OR COMBINATIONS OF PERSONS AND DATES OF MEMBERSHIP. GIVE COMPLETE DETAILS OF YOUR ACTIVITIES THEREIN AND MAKE ANY EXPLANATION YOU DESIRE REGARDING YOUR MEMBERSHIP OR ACTIVITIES THEREIN.

39. IF YOU ANSWER TO QUESTIONS 37, 38, OR 39 ABOVE IS "YES," STATE IN ITEM 39 THE NAMES OF ALL SUCH ORGANIZATIONS, ASSOCIATIONS, MOVEMENTS, GROUPS, OR COMBINATIONS OF PERSONS AND DATES OF MEMBERSHIP. GIVE COMPLETE DETAILS OF YOUR ACTIVITIES THEREIN AND MAKE ANY EXPLANATION YOU DESIRE REGARDING YOUR MEMBERSHIP OR ACTIVITIES THEREIN.

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41. IF YOU ANSWER TO QUESTIONS 37, 38, OR 39 ABOVE IS "YES," STATE IN ITEM 39 THE NAMES OF ALL SUCH ORGANIZATIONS, ASSOCIATIONS, MOVEMENTS, GROUPS, OR COMBINATIONS OF PERSONS AND DATES OF MEMBERSHIP. GIVE COMPLETE DETAILS OF YOUR ACTIVITIES THEREIN AND MAKE ANY EXPLANATION YOU DESIRE REGARDING YOUR MEMBERSHIP OR ACTIVITIES THEREIN.

42. IF YOU ANSWER TO QUESTIONS 37, 38, OR 39 ABOVE IS "YES," STATE IN ITEM 39 THE NAMES OF ALL SUCH ORGANIZATIONS, ASSOCIATIONS, MOVEMENTS, GROUPS, OR COMBINATIONS OF PERSONS AND DATES OF MEMBERSHIP. GIVE COMPLETE DETAILS OF YOUR ACTIVITIES THEREIN AND MAKE ANY EXPLANATION YOU DESIRE REGARDING YOUR MEMBERSHIP OR ACTIVITIES THEREIN.

43. IF YOU ANSWER TO QUESTIONS 37, 38, OR 39 ABOVE IS "YES," STATE IN ITEM 39 THE NAMES OF ALL SUCH ORGANIZATIONS, ASSOCIATIONS, MOVEMENTS, GROUPS, OR COMBINATIONS OF PERSONS AND DATES OF MEMBERSHIP. GIVE COMPLETE DETAILS OF YOUR ACTIVITIES THEREIN AND MAKE ANY EXPLANATION YOU DESIRE REGARDING YOUR MEMBERSHIP OR ACTIVITIES THEREIN.

44. IF YOU ANSWER TO QUESTIONS 37, 38, OR 39 ABOVE IS "YES," STATE IN ITEM 39 THE NAMES OF ALL SUCH ORGANIZATIONS, ASSOCIATIONS, MOVEMENTS, GROUPS, OR COMBINATIONS OF PERSONS AND DATES OF MEMBERSHIP. GIVE COMPLETE DETAILS OF YOUR ACTIVITIES THEREIN AND MAKE ANY EXPLANATION YOU DESIRE REGARDING YOUR MEMBERSHIP OR ACTIVITIES THEREIN.

45. IF YOU ANSWER TO QUESTIONS 37, 38, OR 39 ABOVE IS "YES," STATE IN ITEM 39 THE NAMES OF ALL SUCH ORGANIZATIONS, ASSOCIATIONS, MOVEMENTS, GROUPS, OR COMBINATIONS OF PERSONS AND DATES OF MEMBERSHIP. GIVE COMPLETE DETAILS OF YOUR ACTIVITIES THEREIN AND MAKE ANY EXPLANATION YOU DESIRE REGARDING YOUR MEMBERSHIP OR ACTIVITIES THEREIN.

GENERAL INFORMATION		PERSONNEL		EQUIPMENT		MATERIALS	
NO.	DESCRIPTION	NAME	POSITION	TYPE	QUANTITY	TYPE	QUANTITY
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50	...	...	...	...	...	...	...

ADDITIONAL INFORMATION		REMARKS	
NO.	DESCRIPTION	DATE	INITIALS
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The image shows a document page that is severely degraded by noise and grain. The content is almost entirely illegible. The layout appears to be a grid or table with multiple columns and rows. There are some faint horizontal lines visible across the page, possibly indicating row boundaries. The overall appearance is that of a very poor quality scan of a document.



STANDARD FORM 50 (PART)  
UNITED STATES  
CIVIL SERVICE COMMISSION  
OCTOBER, 1946

FORM APPROVED  
BUREAU NO. 15-7264

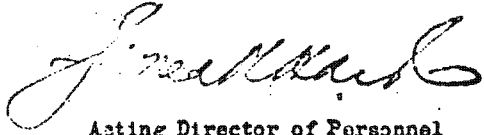
ECONOMIC COOPERATION ADMINISTRATION

NOTIFICATION OF PERSONNEL ACTION

1. NAME (MR. - MISS - MRS. - FIRST - MIDDLE INITIAL - LAST) <b>Mr. E. Howard Hunt, Jr.</b>		2. DATE OF BIRTH <b>10-9-18</b>	3. JOURNAL OR ACTION NO. 4. DATE <b>64 5-17-48</b>
This is to notify you of the following action affecting your employment:			
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) <b>Temporary Appointment, C.S. Reg. 2.114(a)</b>		6. EFFECTIVE DATE <b>5-17-48</b>	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY
FROM		TO	
8. POSITION TITLE <b>Information and Editorial Spec.</b>		9. SERVICE, GRADE, SALARY <b>JAF-13, \$6905.20 per annum CSC No. 103 - Series 1300</b>	
10. ORGANIZATIONAL DESIGNATIONS <b>Press Information Division</b>		11. HEADQUARTERS <b>Washington, D. C.</b>	
<input type="checkbox"/> FIELD	<input type="checkbox"/> DEPARTMENTAL	12. FIELD OR DEPT'L	<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL
13. REMARKS  <p>Subject to loyalty and security check.          Subject to satisfactory medical examination.          Affidavit "Striking Against the Federal Government" signed.          Not eligible for within grade salary advancements.          Entrance efficiency rating: Good</p> <p style="text-align: right;"><i>[Signature]</i>          Acting Director of Personnel</p>			
15. VETERAN'S PREFERENCE		16. POSITION CLASSIFICATION ACTION	
NONE	3 PT. <input checked="" type="checkbox"/>	13 POINT	NEW VICE L A REAL <input checked="" type="checkbox"/>
	OWB WIFE WIDOW <input checked="" type="checkbox"/>	WWI WWI OTHER	<b>CSC No. 103, 5/14/48</b>
17. SEX <input checked="" type="checkbox"/> M	18. APPROPRIATION FROM: <b>118/95400(01) 100 01</b> TO:	20. SUBJECT TO C.S. RETIREMENT ACT (YES-NO) <b>No</b>	21. DATE OF OATH (ACCESSIONS ONLY) <b>5-17-48</b>
			22. LEGAL RESIDENCE <b>New York</b>

ECONOMIC COOPERATION ADMINISTRATION

NOTIFICATION OF PERSONNEL ACTION

1. NAME (MR.-MISS-MRS.-FIRST-MIDDLE INITIAL-LAST) <b>Mr. E. Howard Hunt, Jr.</b>		2. DATE OF BIRTH <b>10-9-18</b>	3. JOURNAL OR ACTION NO. <b>64</b>	4. DATE <b>5-17-48</b>		
This is to notify you of the following action affecting your employment:						
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) <b>Temporary Appointment, C.S. Reg. 2.114(n)</b>		6. EFFECTIVE DATE <b>5-17-48</b>	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY			
FROM		TO				
8. POSITION TITLE <b>Information and Editorial Spec.</b>		9. SERVICE GRADE, SALARY <b>CAF-12, \$6905.30 per annum CSC No. 103 - Series 1230</b>				
10. ORGANIZATIONAL DESIGNATIONS <b>Press Information Division</b>		11. HEADQUARTERS <b>Washington, D. C.</b>				
<input type="checkbox"/> FIELD	<input type="checkbox"/> DEPARTMENTAL	12. FIELD OR DEPT'L	<input type="checkbox"/> FIELD	<input checked="" type="checkbox"/> DEPARTMENTAL		
13. REMARKS  <p>Subject to loyalty and security check.                  Subject to satisfactory medical examination.                  Affidavit "Striking Against the Federal Government" signed.                  Not eligible for within grade salary advancements.                  Entrance efficiency rating: Good</p>						
 Acting Director of Personnel 14. SIGNATURE OR OTHER AUTHENTICATION						
15. VETERAN'S PREFERENCE			16. POSITION CLASSIFICATION ACTION			
NONE	5 FT.	10 POINT	WWII	WWI	OTHER	
	<input checked="" type="checkbox"/>	DISAB	WIFE	WIDOW	<input checked="" type="checkbox"/>	
			NEW	VICE	I.A.	REAL
					<input checked="" type="checkbox"/>	
			<b>CSC No. 103, 5/14/48</b>			
17. SEX <b>M</b>	18. RACE <b>W</b>	19. APPROPRIATION FROM: <b>118/95400(01) 100 01</b> TO:		20. SUBJECT TO C S RETIREMENT ACT (YES-NO) <b>No</b>	21. DATE OF BIRTH (ACCESSION ONLY) <b>5-17-48</b>	22. LEGAL RESIDENCE <b>New York</b>

AFFIDAVIT

STRIKING AGAINST THE FEDERAL GOVERNMENT

Economic Cooperation Administration  
(Dept. or Estab)

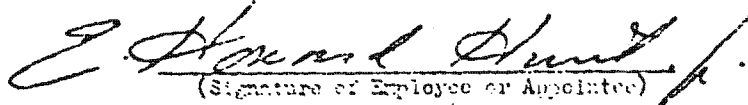
\_\_\_\_\_  
(Bureau or Office)

Washington, D. C.

(Place of Employment)

I. I, E. Howard Hunt, Jr., do hereby swear (or affirm) that I am not engaged in any strike against the Government of the United States and that I will not so engage while an employee of the Government of the United States; that I am not a member of an organization of Government employees that asserts the right to strike against the Government of the United States, and that I will not while a Government employee become a member of such an organization.

II. I am loyal to the United States, its Constitution and form of Government, and I am not now a member of any organization advocating, to the best of my belief, contrary views, nor have I ever been a member of any organization advocating, to the best of my belief, contrary views during the period of my membership.

  
(Signature of Employee or Appointee)

Subscribed and sworn to before me this 17th day of

May, 1948 at Washington, D. C., State of

May's Dekamur (Name) Appointment Clerk (Title)

Economic Cooperation Administration, Washington, D. C.  
Act of June 26, 1943, Sec. 206

### OATH OF OFFICE, AFFIDAVIT, AND DECLARATION OF APPOINTEE

Economic Cooperation Administration Washington, D. C.  
(Department or Establishment) (Bureau or Division) (Office or Employment)

**A.**  
**OATH OF OFFICE**

I, E. Howard Hunt, Jr.  
Do solemnly swear (or affirm) that I will support and defend the constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties of the office on which I am about to enter. SO HELP ME GOD.

**B.**  
**AFFIDAVIT**

Do further swear (or affirm) that I do not advocate, nor am I a member of any political party or organization that advocates the overthrow of the Government of the United States by force or violence; and that during such time as I am an employee of the Federal Government, I will not advocate nor become a member of any political party or organization that advocates the overthrow of the Government of the United States by force or violence.

**C.**  
**DECLARATION OF APPOINTEE**

Do further certify that (1) I have not paid or offered or promised to pay any money or other thing of value to any person, firm, or corporation for the use of influence to procure my appointment; (2) I will inform myself of and observe the provisions of the Civil Service law and rules and Executive orders concerning political activity, political assessments, etc., as quoted on the attached Information for Appointee, and ~~strike out either (3) or (4)~~

~~(3) the answers given by me in the Declaration of Appointee on the reverse of this sheet are true and correct;~~

(4) the answers contained in my Application for Federal Employment, Form No. 57, dated 12 May, 1948, filed with the above-named department or establishment, which I have reviewed, are true and correct as of this date, except for the following (if necessary, use additional sheet; if no exceptions write "none"; if (4) is executed, the reverse of this sheet need not be used):

Subscribed and sworn before me this 17th day of May, A. D., 1948  
at Washington, D. C.  
City

E. Howard Hunt, Jr.  
Signature of Appointee

[SEAL]

M. D. Buchanan  
Signature of Officer

Appointment Clerk, Economic Cooperation Admin  
Act of June 26, 1943, Section 206

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

5-17-48

Information and Editorial Spec, CAF-12

10-9-18

City of Entrance on Duty

Division to which assigned

City of Birth

### DECLARATION OF APPOINTEE

This form, if required, is to be completed before entrance on duty. False entries must be corrected. Any false statement in this declaration will be grounds for revocation of appointment or dismissal after appointment. False provisions are a criminal offense and will be prosecuted accordingly.

1. Present Address: 30 Willott Street Albany, N.Y.  
(Street and Number) (City and State)

2. Who should be notified in case of emergency? Mrs. Ed. Hunt  
(Name) (Relationship)

30 Willott St. Albany, N.Y. Telephone: 3-6218  
(Street and Number) (City and State)

3. Does the U.S. Government employ in a civilian capacity any relative of yours (either by blood or marriage) with whom you live or have lived within the past 6 months? Yes or No. If so, fill in for each such relative in the blanks below. If additional space is necessary, complete under item 12.

Name	Post-office address (Give street number, if any)	(1) Position and (2) Temporary or not, and (3) Department or place in which employed	Relationship	Married or single	Age
		1. ....			
		2. ....			
		3. ....			
		1. ....			
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		1. ....			
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		3. ....			

4. Place of birth: \_\_\_\_\_ (Town) \_\_\_\_\_ (State or Country)

Indicate "Yes" or "No" answer by placing X in proper column	Yes	No	12. Space for detailed answers to other questions.																						
5. Are you a citizen of the United States?			<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">ITEM NO.</th> <th style="width: 90%;">Write in left column numbers of items to which detailed answers apply</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	ITEM NO.	Write in left column numbers of items to which detailed answers apply																				
ITEM NO.	Write in left column numbers of items to which detailed answers apply																								
6. If foreign born, have you furnished proof of naturalization or citizenship to (1) the U. S. Civil Service Commission? (2) the country in connection with this appointment?																									
7. Since you filed application resulting in this appointment, has there been any change in the status of your citizenship or of the persons through whom you gained your citizenship?																									
8. (a) Do you hold any position or office under the United States or any State, Territory, County, or Municipality? If so, state the place, position, and salary under item 12. (b) Are you willing to resign such position or office (if it becomes necessary to do so in order to hold the Federal position)?																									
9. Do you pursue any position or other benefit for military or naval service or an activity from the U. S. or D. C. Government under any Government Act? If so, give details under item 12, stating whether you were retired for any length of service or disability, amount of retirement pay and under what retirement act, and rank, if retired from military or naval service.																									
10. Since you filed application resulting in this appointment, have you been discharged for misconduct or unsatisfactory service or forced to resign from any position? If so, give name, date of discharge, name and address of employer and the reason for discharge in each case.																									
11. Since you filed application resulting in this appointment, have you been arrested or sentenced (military civil or military court as a convict) or indicted or convicted of any offense Federal or State? If so, for each case give under item 12 (a) the date, (b) the nature and location of the court, (c) the nature of the offense or violation, and (d) the penalty, if any, imposed, or other disposition.																									

### INSTRUCTIONS TO APPOINTING OFFICER

The appointing officer before whom the foregoing certificate is made shall determine in his own satisfaction that the appointment would be in accordance with the Civil Service Act, applicable regulations, rules, the War Service Bonus laws, and such a Congress pertaining to appointment.

The form should be retained for holding of office, payment of office, and such other matters as may be required by the appointing officer. It should be returned to the Civil Service Commission with the certificate of appointment.

(1) Identity of appointee with the appointing officer should be established by the appointing officer. The appointing officer should be satisfied that the appointee is the person named in the certificate of appointment and that he is qualified to hold the position named in the certificate of appointment.

(2) Age. The appointing officer should be satisfied that the appointee is at least 18 years of age at the time of appointment.

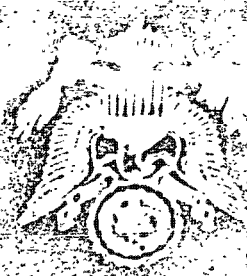
(3) Citizenship. The appointing officer should be satisfied that the appointee is a citizen of the United States.

The Civil Service Commission indicates on applications showing foreign birth that citizenship has been verified. The appointing officer should verify citizenship by the list of signatures on the letter of authority from the Commission, the certificate of naturalization, or if the appointee shows foreign birth, but does not have on file a certificate of naturalization, by the certificate of naturalization, if it has been issued by the Civil Service Commission, or by the certificate of naturalization, if it has been issued by the State Department.

(4) Members of Family. Section 9 of the Civil Service Act provides that whenever there are already two or more persons in the family of the appointee, the appointing officer should verify that the appointee is not a member of the family of any of them. Members of the family are defined as those persons who are related to the appointee by blood, marriage, or adoption, and who are dependent on the appointee for support. The appointing officer should be satisfied that the appointee is not a member of the family of any of them.

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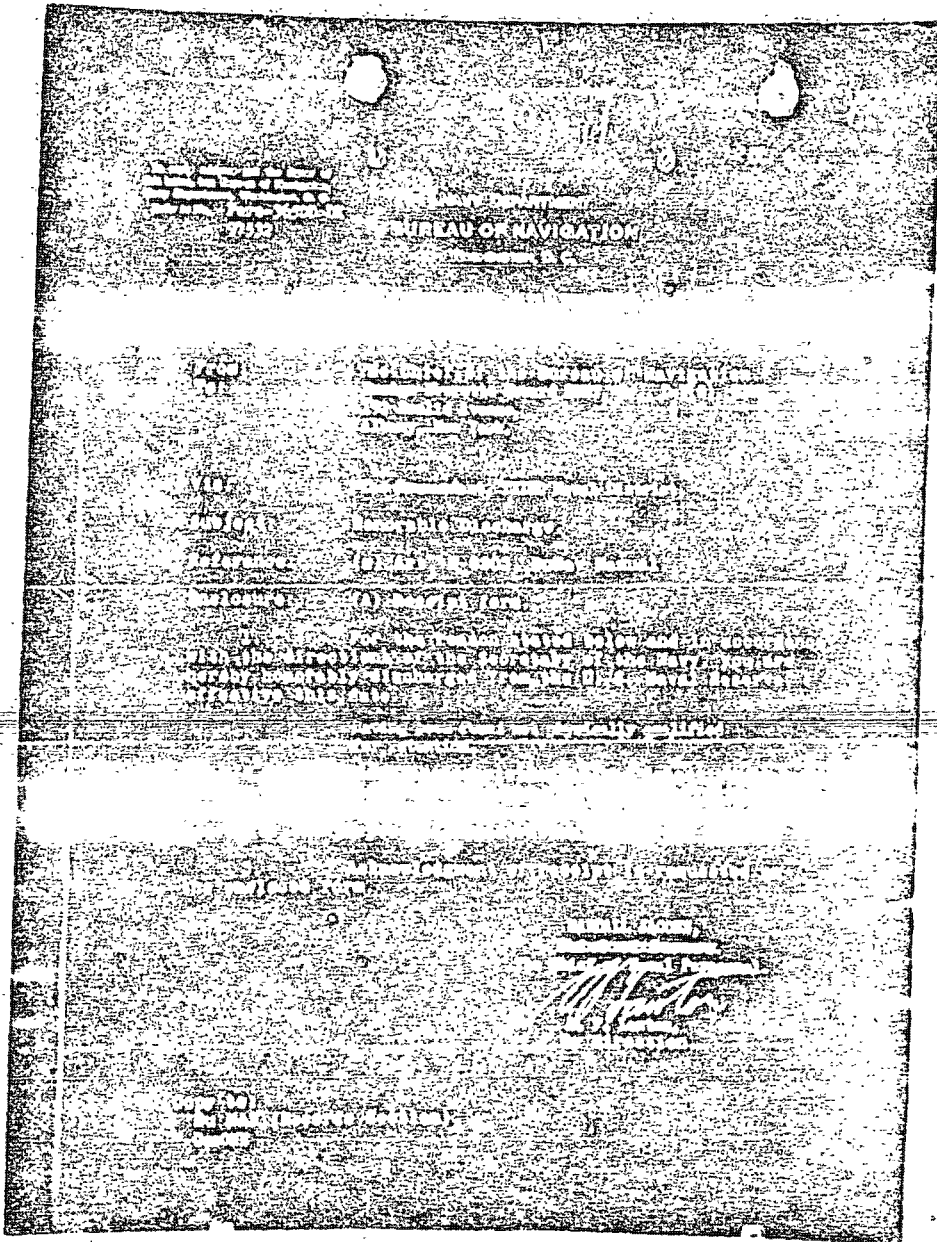
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# Army of the United States



General Order

No. 1

Washington, D.C.

That the following regulations be observed by all officers and soldiers of the Army of the United States, and that they be strictly enforced.

1. All officers and soldiers shall be obedient to the laws of the United States, and to the orders of their superiors.

2. All officers and soldiers shall be faithful to their duty, and shall not engage in any business or other occupation that may interfere with their military service.

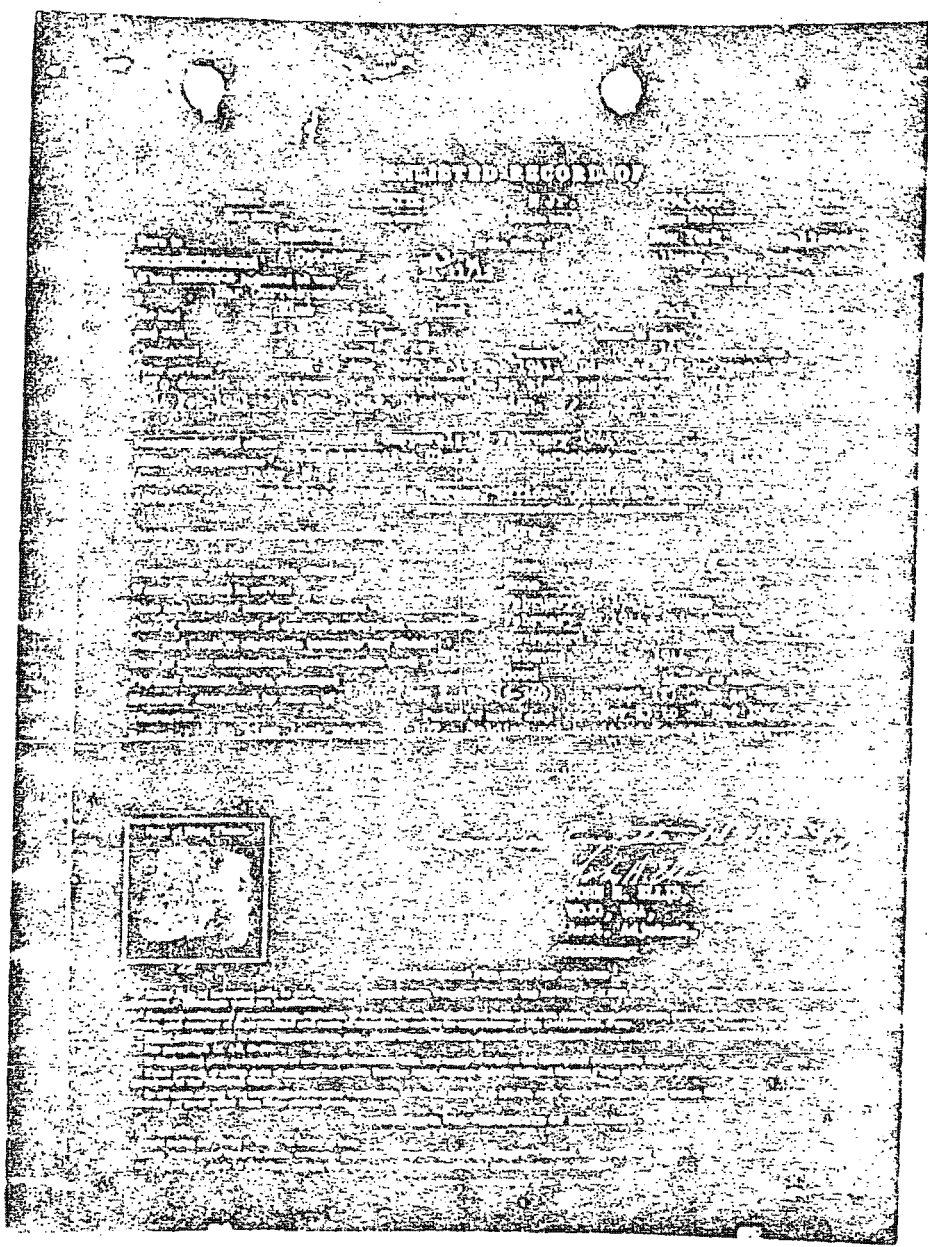
3. All officers and soldiers shall be temperate, and shall not use intoxicating liquors.

4. All officers and soldiers shall be clean and neat in their person and dress.

5. All officers and soldiers shall be respectful to their superiors, and shall not use disrespectful language to them.

6. All officers and soldiers shall be kind and courteous to their inferiors, and shall not use abusive language to them.

7. All officers and soldiers shall be obedient to the laws of the United States, and to the orders of their superiors.



APPLICATION FOR FEDERAL EMPLOYMENT

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

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

1 NAME OF EXAMINATION OR KIND OF POSITION APPLIED FOR

2 OPTIONS (if mentioned in examination announcement)

3 PLACE OF EMPLOYMENT APPLIED FOR (City and State) & DATE OF THIS APPLICATION  
 Albany, New York 17 May 1948

4 FIRST NAME (First name) (Middle) (Modern, if any) (Last)  
 EVERETT HOWARD HUNT (JR.)

5 ADDRESS (A) STREET AND NUMBER OR R. D. NUMBER  
 20 Willett Street  
 (B) CITY OR POST OFFICE (including postal zone) AND STATE  
 Albany 6, New York

6 LEVEL OR RATING RESIDENCE (State) (A) OFFICE PHONE (B) HOME PHONE  
 New York 4-2101 3-6218

7 DATE OF BIRTH (month, day, year) (C) MARRIED (D) SINGLE  
 Oct. 9, 1918

8 PLACE OF BIRTH (city and State, if born outside U. S., name city and country)  
 Hamburg, Erie County, New York

9 (A) SEX (B) HEIGHT WITHOUT SHOES (C) WEIGHT  
 MALE  FEMALE 5 FEET 9 INCHES 165 POUNDS

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

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

APPROVED BY: [ ] APPROVED [ ] DISMISSED [ ] WITH APPROVAL [ ] RETERMINED

INITIALS AND DATE

OPTION	GRADE	GRADE RATING	PREFER GRADE	ALUM. RATING
			<input type="checkbox"/> 5 POINTS (BEST)	
			<input type="checkbox"/> 10 POINTS	
			<input type="checkbox"/> WIFE OR WIDOW	
			<input type="checkbox"/> ORSAL	
			<input type="checkbox"/> BEING INVESTIGATED	

15 (A) WHAT IS THE LOWEST ENTRANCE SALARY YOU WILL ACCEPT? \$4,500 PER YEAR.  
 You will not be considered for any position with a lower entrance salary.  
 (B) CHECK IF YOU WILL ACCEPT SHORT-TERM APPOINTMENT IF OFFERED, FOR:  
 1 TO 3 MONTHS  3 TO 6 MONTHS  6 TO 12 MONTHS  
 NOTE: Acceptance or refusal of a temporary short-term appointment will not affect your opportunity to obtain a probational appointment.  
 (C) IF YOU ARE WILLING TO TRAVEL SPECIFICALLY:  
 OCCASIONALLY  FREQUENTLY  CONSTANTLY

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

18 EXPERIENCE: It is important for you to furnish all information requested below in sufficient detail to enable the Civil Service Commission and the appointing offices of agencies to give you full credit in determining your qualifications. Use a separate block for each position. Start with your present position and work back, explaining clearly the principal tasks which you performed in each position, accounting for all periods of unemployment. Experience gained more than 15 years ago which is not pertinent to the work for which you are applying may be summarized in one or more of the blocks. If your duties changed materially while working for the same employer, use a separate block to describe each position. You may include any pertinent religious, civic, military, or organizational activities which you have performed, either with or without compensation, showing the number of hours per week and weeks per year in which you were engaged in each activity. Military experience should be described on the basis below to its proper equivalent.  
 (1) If you were ever employed in any position under a name different from that shown in item 5 of this application, give under "Description of your work" for each position, the name used.  
 (2) If you have never been employed or are now unemployed, indicate that fact in the space provided below for "Present Position."

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

19 PRESENT POSITION

DATE OF EMPLOYMENT (month, year) FROM 1947 TO PRESENT TIME

PLACE OF EMPLOYMENT (city and State) Albany, N.Y.

NAME AND ADDRESS OF EMPLOYER (Name, organization, or person, if Federal; name, department, bureau, or establishment, and division) *Writing International ECA*

NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU

CLASSIFICATION GRADE (if in Federal Service) *Self-employed*

STARTING & PRESENT SALARY PER YEAR *5000 per year*

NAME AND TITLE OF IMMEDIATE SUPERVISOR

KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale sale, insurance agency, manufacture of locks, etc.) *Writing International ECA*

REASON FOR LEAVING TO CHANGE EMPLOYMENT

DESCRIPTION OF YOUR WORK *Authoring novels and magazine stories.*

5 DATES OF EMPLOYMENT (month, year) TO EXACT TITLE OF YOUR POSITION CLASS (if in Foreign Service) SALARY OR EARNING (STARTING) PER MONTH PER YEAR

PLACE IN EMPLOYMENT (city and State) NAME AND TITLE OF IMMEDIATE SUPERVISOR

NAME AND ADDRESS OF EMPLOYER (firm, organization, or person, if Federal, name, department, bureau or establishment, and division) KIND OF BUSINESS OR EMPLOYMENT (e.g., wholesale store, insurance agency, manufacture of books, etc.)

NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU POSITION FOR LEAVING

DESCRIPTION OF YOUR WORK

If more space is required, use a continuation sheet (Standard Form No. 58) or a sheet of paper the same size as this page. Write on each sheet your name, address, date of birth, and exact position title. Attach to inside of this application.

17. MILITARY TRAINING: In the space below, describe any training received in the Armed Services (not already noted under item 14) that would assist in planning your work effectively. Indicate actual amount of training received, such as hours per week. Detailed information regarding any special service awards you received is especially important. (Extra pages may be used to give full descriptions.)

FROM	TO	LOCATION	DESCRIPTION OF TRAINING
2/41	5/41	U.S. Naval Academy	USNR Midshipman's Course
1/44	6/44	Miami Beach	AAF/OCS
6/44	8/44	Oriando, Fla	AAF Combat Intelligence School
1/45	3/45	Catalina Island	Office of Strategic Services Clandestine School

18. EDUCATION (Circle highest grade completed): 1 2 3 4 5 6 7 8 9 10 11 12

(A) GIVE NAME AND LOCATION OF LAST HIGH SCHOOL ATTENDED  
Hamburg High School, N.Y.

MARK (X) THE APPROPRIATE BOX TO INDICATE SATISFACTORY COMPLETION OF:  
 PRIMARY SCHOOL  JUNIOR HIGH SCHOOL  SENIOR HIGH SCHOOL

(B) SUBJECTS STUDIED IN HIGH SCHOOL WHICH APPLY TO POSITION DESIRED

DAYS ATTENDED	YEARS COMPLETED		COURSES COMPLETED		SEMESTER HOURS CREDIT
	FROM	TO	TITLE	DATE	
1936	1940	4	AB	June 1940	

(C) NAME AND LOCATION OF COLLEGE OR UNIVERSITY MAJOR AND SPECIALTY

Brown University, Providence, R.I. English

(D) LIST YOUR CHIEF UNDERGRADUATE COLLEGE SUBJECTS

English Literature  
Economics  
Sociology

(E) OTHER TRAINING SUCH AS VOCATIONAL, BUSINESS, STUDY COLLEGE GIVEN THROUGH THE ARMED FORCES INSTITUTE (show name and location of school) OR IN SERVICE TRAINING IN PUBLIC OR PRIVATE EMPLOYMENT

19. INDICATE YOUR KNOWLEDGE OF FOREIGN LANGUAGES: READING SPEAKING UNDERSTANDING

Spanish: X X X

20. IF YOU HAVE PARTICIPATED OR BEEN IN ANY OF THE FOLLOWING CATEGORIES: (1) HAZARDOUS DUTY (2) DATES AND LENGTH OF TIME SPENT THERE, AND (3) REASON OR PURPOSE (e.g., military service, business, education, recreation)

See list attached

21. LIST ANY SPECIAL SKILLS YOU POSSESS AND MACHINES AND EQUIPMENT YOU CAN USE TO MAKE A CONTRIBUTION TO THE GOVERNMENT OR TO THE COMMUNITY. KEY PERSON, FURNISH DATE, NATURE OF PROFESSIONAL COURSE

22. ARE YOU MEMBER OR HAVE YOU BEEN A MEMBER OF ANY LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION (such as pilot, electrician, radio operator, teacher, lawyer, CPA, etc.)

YES  NO GIVE KIND OF LICENSE AND STATE.

FIRST LICENSE OR CERTIFICATE (YEAR) \_\_\_\_\_  
 LATEST LICENSE OR CERTIFICATE (YEAR) \_\_\_\_\_

23. GIVE ANY SPECIAL QUALIFICATION NOT COVERED ELSEWHERE IN THIS APPLICATION SUCH AS: (1) OTHER MAJOR IMPORTANT PUBLICATIONS (do not outline copies unless requested) (2) BOOKS, PAPERS AND ARTICLES (3) PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE (4) MEMBERSHIP IN PROFESSIONAL OR SCIENTIFIC SOCIETIES ETC. (5) AWARDS AND FELLOWSHIPS RECEIVED

Covered in detail: "Who's Who in the East" Vol II

APPROXIMATE NUMBER OF WORDS PER MINUTE IN YOUR SHORTHAND \_\_\_\_\_

16 (CONTINUED)

② DATES OF EMPLOYMENT (month, year) FROM *Jan. 1943* TO *Oct. 1943* EXACT TITLE OF YOUR POSITION *War Correspondent* CLASSIFICATION GRADE (if in Federal service) SALARY OR EARNINGS STARTING \$ *600* PER MONTH FINAL \$ *600* PER MONTH

PLACE OF EMPLOYMENT (city and State) *New York, N.Y.* NAME AND ADDRESS OF EMPLOYER (firm, organization, or person, if Federal, name department, bureau or establishment, and division) *"LIFE"*

NAME AND TITLE OF IMMEDIATE SUPERVISOR *Don Longwell - Editor* KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale sale, insurance agency, manufacture of goods, etc.) *Publishing*

NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU

REASON FOR LEAVING *Enlisting in AAF*

DESCRIPTION OF YOUR WORK  
*Travel with Naval combat groups in S. Pacific. Report results of actions.*

③ DATES OF EMPLOYMENT (month, year) FROM *Oct. 1942* TO *Jan. 1943* EXACT TITLE OF YOUR POSITION *Serjeant Writer* CLASSIFICATION GRADE (if in Federal service) SALARY OR EARNINGS STARTING \$ *600* PER MONTH FINAL \$ *600* PER MONTH

PLACE OF EMPLOYMENT (city and State) *New York, N.Y.* NAME AND ADDRESS OF EMPLOYER (firm, organization, or person, if Federal, name department, bureau or establishment, and division) *The March of Time (cinema)*

NAME AND TITLE OF IMMEDIATE SUPERVISOR *Louis de Rochemont - Editor* KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale sale, insurance agency, manufacture of goods, etc.) *Newsreel producers*

NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU

REASON FOR LEAVING *go overseas w/ life*

DESCRIPTION OF YOUR WORK  
*Developing screen narrative of a particular subject - writing narration to footage. Writing & producing Naval training films*

④ DATES OF EMPLOYMENT (month, year) FROM TO EXACT TITLE OF YOUR POSITION CLASSIFICATION GRADE (if in Federal service) SALARY OR EARNINGS STARTING \$ PER MONTH FINAL \$ PER MONTH

PLACE OF EMPLOYMENT (city and State) NAME AND ADDRESS OF EMPLOYER (firm, organization, or person, if Federal, name department, bureau or establishment, and division)

NAME AND TITLE OF IMMEDIATE SUPERVISOR KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale sale, insurance agency, manufacture of goods, etc.)

NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU

REASON FOR LEAVING

DESCRIPTION OF YOUR WORK

24. REFER TO: List three persons living in U. S. who are in possession of the United States who to you and who have intimate knowledge of your qualifications and fitness for the position for which you are applying. Do not repeat names of supervisors listed above Item 16 (EXPERIENCE).

FULL NAME	PRESIDENT BUSINESS ADDRESS (Give complete current address, including street and number)	BUSINESS OR OCCUPATION
Mr. Gen. Wm. J. Donovan	2 Wall Street, New York 5, N.Y.	Attorney
John C. Farrar	53 East 34th Street, New York 18	Publisher
Raymond Rubicam	444 Madison Avenue, New York 17	Executive

INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO	INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO
25. MAY INQUIRY BE MADE OF YOUR PRESENT EMPLOYER REGARDING YOUR CHARACTER QUALIFICATIONS ETC?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	25. ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY?	<input type="checkbox"/>	<input type="checkbox"/>
26. ARE YOU A CITIZEN OF OR DO YOU OWE ALLEGIANCE TO THE UNITED STATES?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	26. DOES THE UNITED STATES GOVERNMENT EMPLOY IN A CIVILIAN CAPACITY ANY RELATIVE OF YOURS OR PERSONS OR MARRIAGES WITH WHOM YOU LIVE OR HAVE LIVED WITHIN THE PAST 36 MONTHS?	<input type="checkbox"/>	<input type="checkbox"/>
27. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF THE COMMUNIST PARTY, U.S.A. OR ANY COMMUNIST ORGANIZATION?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	27. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF A FASCIST ORGANIZATION?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

28. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP OR COMBINATION OF PERSONS, OR A MEMBER OF ANY ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP OR COMBINATION OF PERSONS WHICH HAS BEEN OR IS BEING FORMED FOR THE PURPOSE OF ADVANCING OR OPPOSING THE COMMUNION OF ACTIVE FORCE OR POLICE TO ENFORCE OR SECURE THE RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES OR OF ANY STATE OR TERRITORY OF GOVERNMENT OF THE UNITED STATES BY ANY OTHER STATE OR TERRITORY?

If your answer to questions 27, 28, or 29 above is "Yes," state in Item 30 the nature of all such organizations, associations, movements, groups, or combinations of persons and state of membership. Give complete details of your activities therein and make any explanation you desire regarding your membership or activities therein.

INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO
29. HAVE YOU EVER BEEN ARRESTED, INDICTED, OR SUMMONED INTO COURT AS A DEFENDANT IN A CRIMINAL PROSECUTION OR CONVICTED, FINED, OR IMPRISONED OR PLACED ON PROBATION OR HAVE YOU EVER BEEN ORDERED TO PAY FINES OR PENALTIES FOR THE VIOLATION OF ANY LAW, RULE, REGULATION OR ORDINANCE INCLUDING TRAFFIC VIOLATIONS FOR WHICH FINES OR PENALTIES OF \$100 OR LESS WAS IMPOSED?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
30. HAVE YOU EVER BEEN DISCHARGED OR FORCED TO RESIGN FROM MILITARY OR NAVAL SERVICE FROM ANY POSITION?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
31. HAVE YOU EVER BEEN BARRED BY THE U.S. CIVIL SERVICE COMMISSION FROM TAKING EMPLOYMENT OR RECEIVING CIVIL SERVICE APPOINTMENT?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
32. HAVE YOU ANY PHYSICAL HANDICAP, DISEASE OR OTHER DISABILITY WHICH SHOULD BE CONSIDERED IN ASSIGNING YOU TO WORK?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
33. DO YOU BELIEVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT OR ANY PERSON OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**SPECIAL INSTRUCTIONS FOR CLAIMING VETERAN PREFERENCE**

A. If you are claiming preference as a PRACETIME VETERAN who has been awarded a combat or battle or service ribbon, or as a DISABLED VETERAN, or as the WIFE OF A DISABLED VETERAN, or as the WIDOW OF A WAR OR CAMPAIGN VETERAN, attach Veteran Preference Cards, CBC Form 16, together with cards attached thereto.

B. If you are a WAR-TIME VETERAN not claiming disability preference, you should NOT submit your discharge with this application. Preference will be tentatively credited to you and if appointed, you will be required to submit to the appointing office proof to carry on duty, official evidence of separation from active service in the armed forces of the United States in time of war.

INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO
37. (A) WERE YOU EVER IN THE UNITED STATES MILITARY OR NAVAL SERVICE DURING TIME OF WAR?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(B) IS THE WORD "UNPROBABLE" OR THE WORD "SATISFACTORY" USED IN YOUR DISCHARGE OR SEPARATION PAPERS TO SHOW THE TYPE OF YOUR MILITARY SERVICE?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(C) WAS SERVICE PERFORMED ON AN ACTIVE FULL-TIME BASIS WITH FULL MILITARY PAY AND BENEFITS?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(D) DATE OF ENTRY INTO ACTIVE SERVICE: <u>July 1940</u> to <u>March 1942</u>		
(E) GRADE OF SERVICE (Army, Navy, Marine Corps, Coast Guard, etc.): <u>Navy - Army</u>		
(F) SERIAL NO. (if none, give grade of rating at time of separation): <u>0-587241/97532</u>		

INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO
34. (A) IF YOU SERVED IN THE UNITED STATES MILITARY OR NAVAL SERVICE DURING PEACETIME ONLY, DID YOU PARTICIPATE IN A CAMPAIGN OR EXPEDITION AND RECEIVE A CAMPAIGN BADGE OR SERVICE RIBBON?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(B) ARE YOU A DISABLED VETERAN?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(C) ARE YOU A VETERAN'S WIDOW WHO HAS NOT REMARRIED?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(D) ARE YOU THE WIFE OF A VETERAN WHO HAS A SERVICE CONNECTED DISABILITY WHICH ENTITLES HIM FOR CIVIL SERVICE APPOINTMENT?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**THIS SPACE FOR USE OF APPOINTING OFFICER ONLY**

The information contained in the answers to Question 37 above has been verified by comparison with the discharge certificate on 6-1, 10-48.

Agency: \_\_\_\_\_ Title: \_\_\_\_\_

34. SPACE FOR DETAILED ANSWERS TO OTHER QUESTIONS (Indicate item numbers to which answers apply)

ITEM NO.	ANSWER

If more space is required, use paper the same size as this page. Write on each sheet your name, address, date of birth, and examination title. Attach to back of this application.

Before signing this application check back over it to make sure that you have answered ALL questions correctly. I CERTIFY that the statements made by me in this application are true, correct, and correct to the best of my knowledge and belief, and are made in good faith.

False statement on this application is punishable by Law (U. S. Code, Title 18, Section 80).

SIGNATURE OF APPLICANT: Raymond Rubicam

(Sign your name in INK and give full name and address) Initials or initials, and surname. If female, give name as "Mrs. Mary L. ..."

AFFIDAVIT  
STRIKING AGAINST THE FEDERAL GOVERNMENT  
DEPARTMENT OF STATE

Economic Cooperation Administration

(Place of Employment)

(Office or Division)

E. Howard Hunt, Jr.

I, E. Howard Hunt, Jr., do hereby swear (or affirm) that I have not engaged in any strike against the Government of the United States, that I am not engaged in any strike against the Government of the United States and that I will not so engage while an employee of the Government of the United States; that I am not a member of an organization of Government employees that asserts the right to strike against the Government of the United States, and that I will not while a Government employee become a member of such an organization.

E. Howard Hunt, Jr.  
(Signature of Employee or Appointee)

Subscribed and sworn to before me this 3 day of June, 1948  
at Washington DC, State of \_\_\_\_\_

Marvin W. Wall  
(Signature of Officer)

Notary Public  
(Title)

**NOTE:** Any officer or employee of the Department of State who is designated in writing by the Secretary to administer oaths in connection with employment as required by law is authorized to administer the affidavit required incidental to the foregoing and such affidavit must be administered without charge or fee and has the same force and effect as affidavits administered by officers having seals.

**STATUTORY PENALTY CLAUSE:** "Any person who engages in a strike against the Government of the United States or who is a member of an organization of Government employees that asserts the right to strike against the Government of the United States \*\*\* and accepts employment the salary or wages for which are paid from any appropriation contained in this Act shall be guilty of a felony and, upon conviction, shall be fined not more than \$1,000 or imprisoned for not more than one year, or both: Provide! further, that the above penalty clause shall be in addition to, and not in substitution for, any other provisions of existing law."

**OATH OF OFFICE, AFFIDAVIT,  
AND  
DECLARATION OF APPOINTEE**

**Economic Cooperation Administration**

(Department or Establishment) (Bureau or Division) (Place of Employment)

- A. OATH OF OFFICE** I, E. Howard Hunt, Jr.  
Do solemnly swear (or affirm) that I will support and defend the constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties of the office on which I am about to enter. **SO HELP ME GOD.**
- B. AFFIDAVIT** Do further swear (or affirm) that I do not advocate, nor am I a member of any political party or organization that advocates the overthrow of the Government of the United States by force or violence; and that during such time as I am an employee of the Federal Government, I will not advocate nor become a member of any political party or organization that advocates the overthrow of the Government of the United States by force or violence.
- C. DECLARATION OF APPOINTEE** Do further certify that (1) I have not paid or offered or promised to pay any money or other thing of value to any person, firm, or corporation for the use of influence to procure my appointment; (2) I will inform myself of and observe the provisions of the Civil Service law and rules and Executive orders concerning political activity, political assessments, etc., as quoted on the attached Information for Appointee; and [strike out either (3) or (4)]  
(3) the answers given by me in the Declaration of Appointee on the reverse of this sheet are true and correct;  
(4) the answers contained in my Application for Federal Employment, Form No. ...., dated ..... 19....., filed with the above-named department or establishment, which I have reviewed, are true and correct as of this date, except for the following (if necessary, use additional sheet; if no exceptions write "none"; if (4) is executed, the reverse of this sheet need not be used):

*E. Howard Hunt, Jr.*  
(Signature of Appointee)

Subscribed and sworn before me this 9 day of June A. D., 1948  
at Washington DC  
(City) (State)

*Marvin W. Will*  
Notary Public  
(Signature of Notary)

[SEAL]  
My commission expires 14 Dec., 1948  
(Date)

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

9 June, 1948 F3S-5; U.S. Media Specialist Oct. 9, 1918  
(Date of Entrance on Duty) (Position to which appointed) (Date of Birth)



### DECLARATION OF APPOINTEE

This form, if required, is to be completed before entrance on duty. Every question must be answered. Any false statement in this declaration will be grounds for cancellation of appointment or removal after appointment. False personation is a criminal offense and will be prosecuted accordingly.

1. Present Address 50 Willet St. Albany, N.Y.  
(Street and Number) (City and State)

2. Who should be notified in case of emergency? Mr. E. H. Hunt Mother  
(Name) (Relationship)

50 Willet St. Albany, N.Y.  
(Street and Number) (City and State)

3. Does the U. S. Government employ in a civilian capacity any relative of yours (either by blood or marriage) with whom you live or have lived within the past 6 months? Yes or No? Yes. If so, for each such relative fill in the blanks below. If additional space is necessary, complete under item 12.

Name	Postoffice address (Give street number, if any)	(1) Position and (2) Temporary or not, and (3) Department or office in which employed	Relation-ship	Married or single	Age
1. ....	.....	.....	.....	.....	.....
2. ....	.....	.....	.....	.....	.....
3. ....	.....	.....	.....	.....	.....
1. ....	.....	.....	.....	.....	.....
2. ....	.....	.....	.....	.....	.....
3. ....	.....	.....	.....	.....	.....
1. ....	.....	.....	.....	.....	.....
2. ....	.....	.....	.....	.....	.....
3. ....	.....	.....	.....	.....	.....

4. Place of birth Hamburg, Erie County, N.Y.  
(Town) (City and County)

Indicate "Yes" or "No" answer by placing X in proper column	Yes	No	12. Space for detailed answers to other questions.
5. Are you a citizen of the United States?	X		Write in left column numbers of items to which detailed answers apply <u>ECA Information</u> <u>Specialist</u> <u>CAF 12</u> <u>8.9.20</u>
6. If foreign born, have you furnished proof of naturalization or citizenship to (1) the U. S. Civil Service Commission? (2) this agency in connection with this appointment?			
7. Since you filed application resulting in this appointment, has there been any change in the status of your citizenship, or of the persons through whom you obtained your citizenship?		X	
8. (a) Do you hold any position or office under the United States or any State, Territory, County, or Municipality? If so, state the place, position, and salary under item 12. (b) Are you willing to resign such position or office if it becomes necessary to do so in order to hold the Federal position?		X	
9. Do you receive any pension or other benefit for military or naval service or an annuity from the U. S. or D. C. Government under any Retirement Act? If so, give details under item 12, stating whether you were retired for age, length of service, or disability; amount of retirement pay and under what retirement act; and name, if retired from military or naval service.		X	
10. Since you filed application resulting in this appointment, have you been discharged for misconduct or unsatisfactory service, or forced to resign from any position? If so, give under item 12 where employed, name and address of employer and the reason for discharge in each case.		X	
11. Since you filed application resulting in this appointment, have you been arrested, or summoned into any civil or military court as a defendant, or indicted or convicted of any offense felony or misdemeanor? If so, for each case give under item 12 (1) the date, (2) the name and location of the court, (3) the nature of the offense or violation, and (4) the penalty, if any, imposed, or other disposition.		X	

### INSTRUCTIONS TO APPOINTING OFFICER

The appointing officer before whom the foregoing certificate is made shall determine to his own satisfaction that this appointment would be in conformance with the Civil Service Act, applicable civil service rules, the War Service Regulations, and acts of Congress pertaining to appointments.

This form should be checked for hold by office, pension, purchase of office, suitability in connection with any record of recent discharge or arrest, promises to observe provisions regarding personal identity, and particularly for the following:

(1) Identity of appointee with the applicant whose appointment was authorized. The appointee's signature and handwriting are to be compared with the application and/or other pertinent papers. The personal appearance may be checked against the medical photograph. The appointee may also be questioned on his personal history for correctness with his previous statements.

(2) Age.—If discrepancy exists between the date of birth and that on application, and if definite age limits have been established for the position, it should be determined that applicant is not outside the age range for appointment.

(3) Citizenship.—The responsibility for the provisions of appropriation acts providing or restricting the employment of aliens lies with the appointing officer.

The Civil Service Commission indicates on applications showing foreign birth that citizenship has been verified. The appointing officer should verify citizenship if the list of eligibles or the letter of authority from the Commission makes the appointment subject to proof of citizenship, or if the application shows foreign birth but does not indicate on its face that citizenship has been proved. If the answer to question 4 of this form shows foreign birth and the application shows birth in the United States, the case should be referred to the Civil Service Commission.

(4) Members of Family.—Section 9 of the Civil Service Act provides that whenever there are already two or more members of the family in the classified service, no other member of such family is eligible for appointment in that service. Members do not establish a different family merely by living at an address different from that of the parents. Doubtful cases involving more than two members of family, including all permanent widows, should be referred to the Civil Service Commission or its duly authorized representatives for decision. Under War Service Regulations, the members' provision does not apply to temporary appointments for one year or less.

**APPLICATION FOR FEDERAL EMPLOYE**

APPROVAL EXPIRES  
MAY 15, 1948

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

instructions on the admission and opening of questions of this application. If you are applying for an UNWRITTEN examination, read the application to the officer named in the announcement. Be sure to read to the same officer any other forms required by the announcement. Notify the officer with which you file this application of any change in your address.

1. NAME OF EXAMINATION OR KIND OF POSITION APPLIED FOR

2. OPTIONS (if mentioned in examination announcement)

3. PLACE OF EMPLOYMENT APPLIED FOR (City and State) **Albany, New York** 4. DATE OF THIS APPLICATION **17 May 1948**

5. NAME (First name) (Middle) (Surname, if any) (Last)  
**XX (Everette) Howard Hunt (Jr.)**

6. (A) STREET AND NUMBER OR R. D. NUMBER  
**30 Willett Street**  
(B) CITY OR POST OFFICE (including postal zone) AND STATE  
**Albany 6, New York**

7. (A) LEVEL OF EXISTING REGIONS (State) (B) AREA PHONE (C) HOME PHONE  
**New York 4-2101 3-6218**

8. DATE OF BIRTH (month, day, year) **Oct. 9, 1918** 9.  MARRIED  SINGLE

10. PLACE OF BIRTH (city and State, if born outside U.S., name city and country)  
**Hamburg, Erie County, New York**

11. (A) HEIGHT WITHOUT SHOES **5 FEET 9 INCHES** (B) WEIGHT **165 POUNDS**

12.  MALE  FEMALE

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

APPROVED  SUBMITTED  ENTERED REGISTER  
 NON APPROVED  RETURNED

NOTATIONS: \_\_\_\_\_

EDUCATION	GRADE	EXPERIENCE RATING	PREFERENTIAL POINTS	ADJUDICATED
			<input type="checkbox"/> 5 POINTS (HONORABLE)	
			<input type="checkbox"/> 10 POINTS	
			<input type="checkbox"/> WIFE OR HUSBAND	
			<input type="checkbox"/> USUAL	
			<input type="checkbox"/> BRING ISSUES FORWARDED	

INITIALS AND DATE

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

15. (A) WHAT IS THE LOWEST ENTRANCE SALARY YOU WILL ACCEPT? **\$4,500 PER YEAR**  
You will not be considered for any position with a lower entrance salary.  
(B) CHECK IF YOU WILL ACCEPT SHORT-TERM APPOINTMENT IF OFFERED, FOR:  
 1 TO 3 MONTHS  3 TO 6 MONTHS  6 TO 12 MONTHS  
NOTE: Acceptance or refusal of a temporary short-term appointment will not affect your opportunity to obtain a probational appointment.  
(C) IF YOU ARE WILLING TO TRAVEL, SPECIFY:  
 OCCASIONALLY  FREQUENTLY  CONSTANTLY

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

16. EXPERIENCE It is important for you to furnish all information requested below in sufficient detail to enable the Civil Service Commission and the appointing officers of agencies to give you full credit in determining your qualifications. Use a separate block for each position. Start with your present position and work back, explaining clearly the principal tasks which you performed in each position, accounting for all periods of unemployment. Experience gained more than 15 years ago which is not pertinent to the work for which you are applying may be summarized in one or more of the blocks. If your duties changed materially while working for the same employer, use a separate block to describe each position. You may include any pertinent

religious, civic, warfare, or organizational activity which you have performed, either with or without compensation, showing the number of hours per week and weeks per year in which you were engaged in such activity. Military experience should be described in the space below in its proper sequence.  
(a) If you were ever employed in any position under a name different from that shown in Item 5 of this application, give under "Description of your work" for each position, the name used.  
(b) If you have never been employed or are now unemployed, indicate that fact in the space provided below for "Present Position."

18. PRESENT POSITION

(1) DATES OF EMPLOYMENT (month, year) FROM **1947** TO PRESENT TIME

EXACT TITLE OF YOUR PRESENT POSITION **Self-employed**

CLASSIFICATION GRADE (if in Federal Service)

SALARY OR EARNINGS: STARTING **\$5000** PER YEAR PRESENT **\$5000** PER YEAR

PLACE OF EMPLOYMENT (city and State) **Albany, N.Y.**

NAME AND TITLE OF IMMEDIATE SUPERVISOR

NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division)

KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale firm, insurance agency, manufacture of locks, etc.) **writing**

NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU

REASON FOR LEAVING TO OBTAIN EMPLOYMENT **Interest in ECA**

DESCRIPTION OF YOUR WORK **Authoring novels and magazine stories.**

18 CONTINUED

② DATES OF EMPLOYMENT (month, year)  
FROM July, 1943 TO Oct. 1943 EXACT TITLE OF YOUR POSITION War Correspondent CLASSIFICATION GRADE (if in Federal service) SALARY OR EARNINGS STARTING \$ PER MONTH FINAL \$ 600

PLACE OF EMPLOYMENT (city and State) New York, N.Y. NAME AND TITLE OF IMMEDIATE SUPERVISOR Sam Foxwell, Editor

NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division) "LIFE" KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale sllk, insurance agency, manufacture of locks, etc.) Publishing

NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU REASON FOR LEAVING Enlisting in AAF

DESCRIPTION OF YOUR WORK  
Travel with naval combat group in S. Pacific. Report results of action.

③ DATES OF EMPLOYMENT (month, year)  
FROM Oct. 1943 TO Jan. 1943 EXACT TITLE OF YOUR POSITION Script writer CLASSIFICATION GRADE (if in Federal service) SALARY OR EARNINGS STARTING \$ PER MONTH FINAL \$ 600

PLACE OF EMPLOYMENT (city and State) New York, N.Y. NAME AND TITLE OF IMMEDIATE SUPERVISOR Joris de Rochemont, Editor

NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division) The Marching Time (Cinema) KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale sllk, insurance agency, manufacture of locks, etc.) Dramatic producers

NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU REASON FOR LEAVING go overseas w/ "Life"

DESCRIPTION OF YOUR WORK  
Developing screen narrative of a particular subject - writing information to footage writing & producing Naval Training Films.

④ DATES OF EMPLOYMENT (month, year)  
FROM: TO: EXACT TITLE OF YOUR POSITION CLASSIFICATION GRADE (if in Federal service) SALARY OR EARNINGS STARTING \$ PER MONTH FINAL \$

PLACE OF EMPLOYMENT (city and State) NAME AND TITLE OF IMMEDIATE SUPERVISOR

NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division) KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale sllk, insurance agency, manufacture of locks, etc.)

NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU REASON FOR LEAVING

DESCRIPTION OF YOUR WORK

<b>(5) DATES OF EMPLOYMENT (month, year)</b> FROM _____ TO _____		EXACT TITLE OF YOUR POSITION _____		CLASSIFICATION (if in Federal Service) _____		SALARY OR Earnings STARTING \$ _____ FINAL \$ _____		PER PER _____		
PLACE OF EMPLOYMENT (city and State)					NAME AND TITLE OF IMMEDIATE SUPERVISOR					
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person, if Federal, name department, bureau or establishment, and division)					KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale dist., insurance agency, manufacture of locks, etc.)					
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU					REASON FOR LEAVING					
DESCRIPTION OF YOUR WORK _____ _____ _____ _____ _____ _____ _____ _____										
If more space is required, use a continuation sheet (Standard Form No. 58) or a sheet of paper the same size as this page. Write on each sheet your name, address, date of birth, and examination title. Attach to inside of this application.										
<b>17. MILITARY TRAINING:</b> In the space below, describe any training received in of training received, such as hours per week. Included information regarding the Armed Services (not already listed under Item 16) that would assist ing any special service schools you attended is especially important. (Date appointing officers or placing you most effectively. Indicate actual amount. (Date pages may be used to give full descriptions.)										
DATES		LOCATION			DESCRIPTION OF TRAINING					
FROM	TO									
2/41	5/41	U.S. Naval Academy			USNR Midshipman's Course					
1/44	6/44	Miami Beach			AAF/OCS					
6/44	8/44	Orlando, Fla			AAF Combat Intelligence School					
1/45	3/45	Catalina Island			Office of Strategic Services Clandestine School					
<b>18. EDUCATION. (Circle highest grade completed):</b> 1 2 3 4 5 6 7 8 9 10 11 <input checked="" type="radio"/> 12										
MARK (X) THE APPROPRIATE BOX TO INDICATE SATISFACTORY COMPLETION OF: <input type="checkbox"/> ELEMENTARY SCHOOL <input type="checkbox"/> JUNIOR HIGH SCHOOL <input checked="" type="checkbox"/> SENIOR HIGH SCHOOL					<b>(A) GIVE NAME AND LOCATION OF LAST HIGH SCHOOL ATTENDED</b> Hamburg High School, N.Y.					
<b>(C) NAME AND LOCATION OF COLLEGE OR UNIVERSITY</b> Brown University Providence, R.I.					<b>(B) SUBJECTS STUDIED IN HIGH SCHOOL WHICH APPLY TO POSITION DESIRED</b>					
MAJOR AND SPECIALTY English					DATES ATTENDED FROM TO 1936 1940		YEARS COMPLETED DAY NIGHT 4		DEGREES CONFERRED TITLE DATE AB June 1940	
<b>(D) LIST YOUR CHIEF UNDERGRADUATE COLLEGE SUBJECTS</b> English Literature Economics Sociology					<b>(E) LIST YOUR CHIEF GRADUATE COLLEGE SUBJECTS</b>					
<b>(F) OTHER TRAINING:</b> Such as vocational, business, study courses given through the Armed Services Institute (show name and location of school) or "in-service training" in public or private employment					SUBJECTS STUDIED		DATES ATTENDED FROM TO		YEARS COMPLETED DAY NIGHT	
<b>19. INDICATE YOUR KNOWLEDGE OF FOREIGN LANGUAGES</b> Spanish _____					READING		SPEAKING		UNDERSTANDING	
					X		X		X	
<b>20. IF YOU HAVE TRAVELED OR BEEN IN ANY FOREIGN COUNTRY, INDICATE (1) NAME OF COUNTRY, STATE AND LENGTH OF TIME SPENT THERE, AND (2) REASON OR PURPOSE (e.g., military service, business, education, recreation)</b> <b>See list attached</b>					<b>22. ARE YOU NOW OR HAVE YOU EVER BEEN A LICENSEE OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION (such as pilot, electrician, radio operator, etc., not, in a year, C.P.A., etc.)</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO GIVE KIND OF LICENSE AND STATE: FIRST LICENSE OR CERTIFICATE (YEAR) LATEST LICENSE OR CERTIFICATE (YEAR)					
<b>21. LIST ANY SPECIAL SKILLS OR ABILITIES AND MACHINES AND ELECTRIC EQUIPMENT CAN BE USED IN OPERATION OF WHICH WOULD BE HELD TO BE OF SPECIAL INTEREST, KEY-PUNCH, TURBO-LATHE, SCIENTIFIC OR PROFESSIONAL DEVICES</b>					<b>23. GIVE ANY OTHER QUALIFICATIONS NOT COVERED ELSEWHERE IN YOUR APPLICATION SUCH AS (1) YOUR MARRIAGE HISTORY (2) PATENTS OR INVENTIONS (3) PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE (4) MEMBERSHIP IN PROFESSIONAL OR SCIENTIFIC SOCIETIES, ETC. (5) AWARDS AND FELLOWSHIPS RECEIVED</b> <b>Covered in detail: "Who's Who in the East" Vol II</b>					
APPROXIMATE NUMBER OF WORDS PER MINUTE IN TYPING _____ SHORTHAND _____										

24. REFERENCES. List three persons living in the United States or Territories of the United States who are fully related to you and whose definite knowledge of your qualifications and fitness for the position for which you are applying. Do not repeat names of supervisors listed under Item 16 (EXPERIENCE).

FULL NAME	PRESENT RESIDENCE ADDRESS (Give complete current address, including street and number)	BUSINESS OR OCCUPATION
1. Maj. Gen. Wm. J. Donovan	2 Wall Street, New York 5, N.Y.	Attorney
2. John C. Farrar	53 East 34th Street, New York 18	Publisher
3. Raymond Rubicam	444 Madison Avenue, New York 18	Executive

INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO	INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO
25. HAS INQUIRY BY MANY OF YOUR PRESENT EMPLOYER REGARDING YOUR CHARACTER, QUALIFICATIONS, ETC.?	X		26. ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY?		
26. ARE YOU A CITIZEN OF OR DO YOU OWE ALLEGIANCE TO THE UNITED STATES?	X		27. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF THE COMMUNIST PARTY U.S.A. OR ANY COMMUNIST ORGANIZATION?		X
27. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF A FASCIST ORGANIZATION?		X	28. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP, OR COMBINATION OF PERSONS WHOSE AIMS OR OBJECTS ARE TO OBTAIN OR EXERCISE POLITICAL POWER OR INFLUENCE IN THE GOVERNMENT OF THE UNITED STATES OR TO INTERFERE WITH THE GOVERNMENT OF THE UNITED STATES BY UNLAWFUL MEANS?		X

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

INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO
37. (A) WERE YOU EVER IN THE UNITED STATES MILITARY OR NAVAL SERVICE DURING TIME OF WAR?	X	
(B) IS THE WORD "DISAPABLE" OR THE WORD "SATISFACTORY" USED IN YOUR DISCHARGE OR SEPARATION PAPERS TO SHOW THE TYPE OF YOUR DISCHARGE OR SEPARATION?	X	
(C) WAS SERVICE PERFORMED ON AN ACTIVE FULLETIME BASIS WITH FULL MILITARY PAY AND ALLOWANCES?	X	
(D) LIST THE DATES OF YOUR ACTIVE SERVICE WHICH QUALIFY FOR VETERAN SEPARATIONS:	July 1940 - October 1942 Sept. 1943 - March 1946 (Army, Navy, Coast Guard, etc.) Navy - Army 0-587241/97532	

38. HAVE YOU EVER BEEN ARRESTED, PROSECUTED, OR CONVICTED IN A CRIMINAL MATTER, OR CONFINED, FINED, OR IMPRISONED OR PLACED ON PROBATION FOR VIOLATION OF ANY LAW, POLICE REGULATION OR ORDINANCE (INCLUDING MINOR TRAFFIC VIOLATIONS FOR WHICH A FINE OR FORTHRIGHT OF \$5 OR LESS WAS IMPOSED)?	No
39. HAVE YOU EVER BEEN DISCHARGED OR FORGOTTEN FOR MISCONDUCT OR UNSATISFACTORY SERVICE FROM ANY POSITION?	No
40. HAVE YOU EVER BEEN BARRED BY THE U.S. CIVIL SERVICE COMMISSION FROM TAKING EXAMINATION OR ACCEPTING CIVIL SERVICE APPOINTMENT?	No
41. HAVE YOU ANY PHYSICAL HANDICAP, DISAGE, OR OTHER DISABILITY WHICH SHOULD BE CONSIDERED IN ASSIGNING YOU TO WORK?	No
42. DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR EXISTENCE OF FEDERAL GOVERNMENT UNDER ANY RETIREMENT ACT OR ANY PENSION OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE?	No

THIS SPACE FOR USE OF APPOINTING OFFICER ONLY  
 The information contained in the answers to Questions 37 above has been verified by comparison with the discharge certificate on **6-1**, 19 **48**

ITEM NO.	ANSWER TO OTHER QUESTIONS (Indicate item numbers to which answers apply)

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

Before signing this application check back over it to make sure that you have answered **ALL** questions correctly. I **CERTIFY** that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. False statement on this application is punishable by Law (U. S. Code, Title 18, Section 80).

SIGNATURE OF APPLICANT: *Edward J. ...*  
 (Sign your name in INK. Use given name, last name, and if married, initial or initials, and surname). If female, surname given name as "Mrs. Mary L. (Last Name)".

UNITED STATES OF AMERICA  
ECONOMIC COOPERATION ADMINISTRATION  
OFFICE OF THE SPECIAL REPRESENTATIVE IN EUROPE

2 rue Saint Florentin  
PARIS. January 13, 1949.

Dear Howard:

I am genuinely sorry to hear that you feel obliged to resign your post in our Information Division here at ECA in Europe owing to the pressure of personal matters in the States.

All who have worked with you have been impressed by your prompt and efficient handling of assignments - no matter how difficult - as well as by your quick and imaginative grasp of what ECA is attempting to do for the peoples of Europe.

Let me thank you for the splendid work you have done and wish you the best of health and good fortune in the future.

Sincerely yours,



W. A. Harriman  
U. S. Special Representative  
in Europe.

*I am personally sorry we aren't going to have any more trips together  
Wally*

Mr. Howard Hunt  
Information Division  
ECA 2 rue Saint Florentin  
PARIS.

FORM NO. 1 (PART I)  
UNITED STATES  
MERIT SYSTEMS  
COMMISSION  
OCTOBER, 1946

BUDGET BUREAU NO.

U. S. COOPERATION ADMINISTRATION

**NOTIFICATION OF PERSONNEL ACTION**

1. NAME (MR - MRS - MESS - FIRST - MIDDLE INITIAL - LAST) <b>Mr. H. Howard Hunt, Jr.</b>		2. DATE OF BIRTH <b>10-9-18</b>	3. JOURNAL OR ACTION NO. <b>7</b>	4. DATE <b>6-9-48</b>
<i>This is to notify you of the following action affecting your employment:</i>				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) <b>Separation - Transfer (to Econ. Coop. Admin., Foreign Service)</b>		6. EFFECTIVE DATE <b>6-9-48 (ob)</b>	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY	
FROM		TO		
Information and Editorial Spec.  GS-10, \$5005.70 per annum GSC No. 103 - Series 1220  Press Information Division  Washington, D. C.		8. POSITION TITLE		
		9. SERVICE GRADE SALARY		
		10. ORGANIZATIONAL DESIGNATIONS		
		11. HEADQUARTERS		
<input type="checkbox"/> FIELD	<input checked="" type="checkbox"/> DEPARTMENTAL	12. FIELD OR DEPT'L	<input type="checkbox"/> FIELD	<input type="checkbox"/> DEPARTMENTAL
13. REMARKS				
Appointed to Foreign Service, effective 6-9-48.  Annual and sick leave, if any, to be transferred.				
V. L. Couch Director of Personnel				
14. SIGNATURE OR OTHER AUTHENTICATION				
15. VETERAN'S PREFERENCE			16. POSITION CLASSIFICATION ACTION	
NONE	5 PT.	10 POINT	NEW	VICE
	<input checked="" type="checkbox"/>	15 WIT <input checked="" type="checkbox"/> DISAB WIFE WIDOW	1 A	REAL
		15 WIT <input checked="" type="checkbox"/> OTHER	<input checked="" type="checkbox"/>	
			GSC No. 103 6-14-48	
17 SEX	18 RACE	19. APPROPRIATION	20 SUBJECT TO C. S. RETIREMENT ACT (YES-NO)	21. DATE OF OATH (ACCESSIONS ONLY)
<input checked="" type="checkbox"/> M	<input checked="" type="checkbox"/> W	FROM: 118/95400(C1) 100 01	<input checked="" type="checkbox"/> No	
		TO:		22. LEGAL RESIDENCE
				New York

DIVISION OF FOREIGN SERVICE PERSONNEL DEPARTMENT OF STATE ECONOMIC COOPERATION ADMINISTRATION					DATE <b>6-9-48</b>			
					JOURNAL NO. <b>4B</b>			
NAME (LAST)	(FIRST)	(MIDDLE)	DATE OF BIRTH		LEGAL AUTHORITY			
<b>Hunt</b>	<b>E.</b>	<b>Howard</b>	<b>Jr.</b>	<b>10-9-18</b>	<b>PL 472, 80th</b>			
THIS IS TO NOTIFY YOU OF THE FOLLOWING ACTION CONCERNING YOUR EMPLOYMENT:					SERVICE			
NATURE OF ACTION <b>Appointment by Transfer</b>				EFFECTIVE DATE	DATE OF OATH			
				<b>6-9-48</b>	<b>6-9-48</b>			
FROM			TO					
POSITION TITLE	<b>U. S. Media Specialist</b>							
CLASS AND TOTAL SALARY	<b>FAS-5, \$6120 per annum</b>							
POST	<b>Office of Special Representative Information Division Paris, France</b>							
BASIC SALARY								
TEMPORARY INCREASE								
APPROPRIATION-ALLOTMENT	<b>118/95400(01) 100 01</b>							
POSITION NUMBER	<b>FAS-1230-4-25-36, admin. allocated 6-9-48</b>							
NATURE OF EMPLOYMENT	PERMANENT	TEMPORARY	FULL TIME	PART TIME	PERMANENT	TEMPORARY	FULL TIME	PART TIME
					<input checked="" type="checkbox"/>			
RETIREMENT DEDUCTIONS	YES	AMERICAN	VETERAN PREFERENCE	5 POINTS	NATURE OF POSITION			
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		NEW	REALLOCATION		
LEGAL RESIDENCE	SEX	MARITAL STATUS AND CHILDREN UNDER 21			ADDITIONAL IDENTICAL	VICE (NAME)		
<b>New York</b>	<b>M</b>	<b>Single</b>				<b>Vacancy</b>		

CONDITIONS AND REQUIREMENTS: ABOVE ACTION AND CONTINUANCE OF STATUS EFFECTED THEREBY ARE SUBJECT TO SUCH CONDITIONS AND REQUIREMENTS LISTED ON REVERSE OF THIS PAGE AS ARE CITED HEREWITH:

REMARKS: **Subject to items a, b, e, j, i, g.**

**Not to exceed the duration of the Foreign Assistance Program.**

**Affidavit "Striking Against the Federal Government" signed.**

**Previously employed by Economic Cooperation Administration, Washington, D. C. Departmental Service.**

*pay card delivered to Mr. Hunt*

*Edward H. Bellows*  
 TITLE: **Special Representative to ECA**

**3**



<b>DIVISION OF FOREIGN SERVICE PERSONNEL</b>				DATE <b>6/9/48</b>				
<b>DEPARTMENT OF STATE</b>				JOURNAL NO. <b>AB</b>				
<b>ECONOMIC COOPERATION ADMINISTRATION</b>								
NAME (LAST)		(FIRST)		DATE OF BIRTH				
<b>Mont</b>		<b>B.</b>		<b>Howard Jr.</b>				
				<b>10/9/18</b>				
				LEGAL AUTHORITY				
				<b>PL 472 - 80th</b>				
				SERVICE				
				<b>ECA</b>				
THIS IS TO NOTIFY YOU OF THE FOLLOWING ACTION CONCERNING YOUR EMPLOYMENT								
NATURE OF ACTION			EFFECTIVE DATE		DATE OF OATH			
<b>Appointment by transfer</b>			<b>6/9/48</b>		<b>6/9/48</b>			
FROM			TO					
POSITION TITLE			<b>U.S. Media Specialist</b>					
CLASS AND TOTAL SALARY			<b>FSS-5, \$6120 pa</b>					
POST			<b>Office of Special Representative</b>					
			<b>Information Division</b>					
			<b>Paris France</b>					
BASIC SALARY								
TEMPORARY INCREASE								
APPROPRIATION-ALLOTMENT			<b>118/95400(01)-100 01</b>					
POSITION NUMBER			<b>FSS-1230-5-SR-36, admin alloc 6/9/48</b>					
NATURE OF EMPLOYMENT	PERMANENT	TEMPORARY	FULL TIME	PART TIME	PERMANENT	TEMPORARY	FULL TIME	PART TIME
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
RETIREMENT DEDUCTIONS	YES	AMERICAN	VETERAN PREFERENCE	5 POINTS	NATURE OF POSITION			
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	NEW			
	<input type="checkbox"/>	NON-AMERICAN		10 POINTS	REALLOCATION			
LEGAL RESIDENCE	SEX	MARITAL STATUS AND CHILDREN UNDER 21			ADDITIONAL IDENTICAL	VICE (NAME)		
<b>New York</b>	<b>M</b>	<b>Single</b>				<b>Vacancy</b>		
CONDITIONS AND REQUIREMENTS: ABOVE ACTION AND CONTINUANCE OF STATUS EFFECTED THEREBY ARE SUBJECT TO SUCH CONDITIONS AND REQUIREMENTS LISTED ON REVERSE OF THIS PAGE AS ARE CITED HEREWITH:								
REMARKS:								
<b>Subject to items a b c e. j. i. g.</b>								
<b>Not to exceed the duration of the Foreign Assistance Program.</b>								
<b>Affidavit "Striking Against the Federal Government" signed.</b>								
<b>Previously employed by ECA, Wash, D.C. Departmental Service.</b>								
<b>2</b>				Everett H. Belton State Department Representative to ECA				

<b>DIVISION OF FOREIGN SERVICE PERSONNEL</b> <b>DEPARTMENT OF STATE</b> ECONOMIC COMMERCE ADMINISTRATION				DATE	6/9/48			
				JOURNAL NO.	48			
NAME (LAST)	NAME (FIRST)	NAME (MIDDLE)	DATE OF BIRTH	LEGAL AUTHORITY				
Hunt	E.	Howe Jr.	10/9/18	PL 472 - 50th				
THIS IS TO NOTIFY YOU OF THE FOLLOWING ACTION CONCERNING YOUR EMPLOYMENT:				SERVICE				
NATURE OF ACTION				EFFECTIVE DATE	DATE OF OATH			
Appointment by transfer				6/9/48	6/9/48			
FROM			TO					
POSITION TITLE	U.S. Radio Specialist							
CLASS AND TOTAL SALARY	FSS-5, 1126							
POST	Office of Special Representative, Information Division							
BASIC SALARY	\$3,000.00							
TEMPORARY INCREASE								
APPROPRIATION-ALLOTMENT	115/6000(21) 100 01							
POSITION NUMBER	FSS-1250-5-87-36, Admin office 6/9/48							
NATURE OF EMPLOYMENT	PERMANENT	TEMPORARY	FULL TIME	PART TIME	PERMANENT	TEMPORARY	FULL TIME	PART TIME
					X			
RETIREMENT DEDUCTIONS	YES	AMERICAN	VETERAN PREFERENCE	5 POINTS	NATURE OF POSITION			
		X		X	NEW	REALLOCATION		
LEGAL RESIDENCE	SEX	MARITAL STATUS AND CHILDREN UNDER 21			ADDITIONAL IDENTICAL	VICE (NAME)		
New York	X	Single				None		
CONDITIONS AND REQUIREMENTS: ABOVE ACTION AND CONTINUANCE OF STATUS EFFECTED THEREBY ARE SUBJECT TO SUCH CONDITIONS AND REQUIREMENTS LISTED ON REVERSE OF THIS PAGE AS ARE CITED HEREWITH.								
REMARKS: Subject to items a, b, c, e, f, i, g. Not to exceed the duration of the Foreign Assistance Program. Affiliated with "Striking Against the Federal Government" signed. Previously employed by LCA, Wash, D.C. Governmental Service.								
					_____ (SIGNATURE) TITLE:			

**DIVISION OF FOREIGN SERVICE PERSONNEL**  
**DEPARTMENT OF STATE**  
**ECONOMIC COOPERATION ADMINISTRATION**

DATE  
**6-9-48**

JOURNAL NO.  
**48**

NAME (LAST) (FIRST) (MIDDLE) DATE OF BIRTH  
**Hunt E. Howard Jr. 10-9-18**

LEGAL AUTHORITY  
**PL 472, 80th**

THIS IS TO NOTIFY YOU OF THE FOLLOWING ACTION CONCERNING YOUR EMPLOYMENT:

SERVICE  
**ECA**

NATURE OF ACTION  
**Appointment by Transfer**

EFFECTIVE DATE  
**6-9-48**

DATE OF BIRTH  
**6-9-48**

FROM		TO
POSITION TITLE		<b>U. S. Media Specialist</b>
CLASS AND TOTAL SALARY		<b>FSS-5, \$6120 per annum</b>
POST		<b>Office of Special Representative Information Division Paris, France</b>
BASIC SALARY		
TEMPORARY INCREASE		
APPROPRIATION-ALLOTMENT		<b>118/95400(01) 100 01</b>
POSITION NUMBER		<b>FSS-1230-5-SR-36, admin. allocated 6-9-48</b>

NATURE OF EMPLOYMENT	PERMANENT	TEMPORARY	FULL TIME	PART TIME	PERMANENT	TEMPORARY	FULL TIME	PART TIME
RETIREMENT DEDUCTIONS	YES <input checked="" type="checkbox"/>	AMERICAN	VETERAN PREFERENCE	5 POINTS	10 POINTS	NEW	REALLOCATION	
LEGAL RESIDENCE	<b>New York</b>	SINGLE STATUS AND CHILDREN UNDER 21	<b>Single</b>	ADDITIONAL IDENTICAL	VICE NAME	<b>Vacancy</b>		

CONDITIONS AND REQUIREMENTS, ABOVE ACTION AND CONTINUALITY OF STATUS EFFECTED THEREBY ARE SUBJECT TO SUCH CONDITIONS AND REQUIREMENTS LISTED ON REVERSE OF THIS PAGE AS ARE CITED HEREWITH.

REMARKS: **Subject to items a, b, e, j, i, g.**  
**Not to exceed the duration of the Foreign Assistance Program.**  
**Affidavit "Striking Against the Federal Government" signed.**  
**Previously employed by Economic Cooperation Administration, Washington, D. C. Departmental Service.**

**2**

**Kyorstt H. Bellows**  
**State Department**  
**Representative to ECA**

DIVISION OF FOREIGN SERVICE PERSONNEL DEPARTMENT OF STATE ECONOMIC COOPERATION ADMINISTRATION					DATE <b>7-7-48</b>				
					JOURNAL NO. <b>162</b>				
NAME (LAST)	FIRST	MIDDLE	DATE OF BIRTH		LEGAL AUTHORITY				
<b>Grant</b>	<b>E.</b>	<b>Howard</b>	<b>Jr. 10-9-18</b>		<b>PL 472 - 80th</b>				
THIS IS TO NOTIFY YOU OF THE FOLLOWING ACTION CONCERNING YOUR EMPLOYMENT:					SERVICE <b>FCA</b>				
NATURE OF ACTION			EFFECTIVE DATE	DATE OF OATH					
<b>Appointment by Transfer - Amendment</b>			<b>6-9-48</b>	<b>6-9-48</b>					
FROM			TO						
POSITION TITLE	<b>U. S. Media Specialist</b>								
CLASS AND TOTAL SALARY	<b>FES-5, \$6120 per annum</b>								
POST	<b>Office of Special Representative, Information Division, Paris, France</b>								
BASIC SALARY									
TEMPORARY INCREASE									
APPROPRIATION-ASSIGNMENT	<b>118/95400(01) 100 01</b>								
POSITION NUMBER	<b>FES-1230-5-ER-36, admin, allocated 6-9-48</b>								
NATURE OF EMPLOYMENT	PERMANENT	TEMPORARY	FULL TIME	PART TIME	PERMANENT	TEMPORARY	FULL TIME	PART TIME	
					<input checked="" type="checkbox"/>				
RETIREMENT DEDUCTIONS	YES	AMERICAN	YES/LEAF	NON-AMERICAN	5 POINTS	10 POINTS	NATURE OF POSITION		
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				NEW	REALLOCATION	
LEGAL RESIDENCE	NEW YORK	SEA	MARITAL STATUS AND CHILDREN UNDER 21		ADDITIONAL IDENTICAL	VICE INAM.			
	<b>New York</b>	<b>H</b>	<b>Single</b>		<b>IDENTICAL</b>	<b>Vacancy</b>			

CONDITIONS AND REQUIREMENTS, NATURE OF ACTION AND EXTENSION OF STATUS EFFECTED THEREBY ARE SUBJECT TO SUCH CONDITIONS AND REQUIREMENTS LISTED ON REVERSE OF THIS PAGE AS ARE CITED HEREWITH:

Subject to items a, b, e, j, i, g, d.  
 REMARK: In lieu of Appointment by Transfer on personnel action report dated 6-9-48 indicating "Not to exceed the duration of the Foreign Assistance Program" instead of the following statement, and omitting subject to item d.

Limited appointment. Duration limited to the period in which appointee's services are required by ECA and in any case limited to the duration of ECA.

Affidavit "Striking Against the Federal Government" signed.

Previously employed by Economic Cooperation Administration, Washington, D. C., Departmental Services.

**Melbourne L. Spector**  
 Assistant State Department  
 Representative to FCA

ENCLOSURE

**DIVISION OF FOREIGN SERVICE PERSONNEL**  
**DEPARTMENT OF STATE**  
 ECONOMIC COOPERATION ADMINISTRATION

DATE  
7/7/68  
 JOURNAL NO.  
155

NAME (LAST) (FIRST) (MIDDLE) DATE OF BIRTH LEGAL AUTHORITY  
 RUMT E. HOWARD JR. 10-9-18 FL 472 8th

THIS IS TO NOTIFY YOU OF THE FOLLOWING ACTION CONCERNING YOUR EMPLOYMENT: SERVICE  
 NCA

NATURE OF ACTION EFFECTIVE DATE DATE OF OATH  
 Appointment by transfer - Amendment 6/9/68 7/6/68

	FROM	TO
POSITION TITLE		U.S. Media Specialist
CLASS AND TOTAL SALARY		FS-56 \$12000
POST		Office of Special Representative Information Division
BASIC SALARY		12000
TEMPORARY INCREASE		
APPROPRIATION-ALLOTMENT		11/9/66(01) 100 01
POSITION NUMBER		100-100-15-00-01, main office 6/9/68

NATURE OF EMPLOYMENT	PERMA-NENT	TEMPO-RARY	FULL TIME	PART TIME	PERMA-NENT	TEMPO-RARY	FULL TIME	PART TIME
RETIREMENT DEDUCTIONS	YES	AMERICAN	VETERAN PREFERENCE	8 POINTS	10 POINTS	NATURE OF POSITION		
	NO	NON-AMERICAN				NEW	REALLOCATION	
LEGAL RESIDENCE	SEX	MARITAL STATUS AND CHILDREN UNDER 21				ADDITIONAL IDENTICAL	VICE (NAME):	
New York	M	Single					None	

CONDITIONS AND REQUIREMENTS ABOVE ACTION AND CONTINUANCE OF STATUS EFFECTED THEREBY ARE SUBJECT TO SUCH CONDITIONS AND REQUIREMENTS LISTED ON REVERSE OF THIS PAGE AS ARE CITED HERELWITH:

REMARKS: Subject to items a, b, e, j, i, g, d.

In lieu of appointment by transfer on personnel action report dated 6/9/68 indicating "Not to exceed the duration of the Foreign Assistance Program" instead of the following statement and omitting subject to item d.

Limited appointment. Duration limited to the period in which appointee's services are required by NCA and in any case limited to the duration of NCA.

Previously employed by NCA Wash. D.C. Departmental Service.

Affidavit "Swearing Against the Federal Government" signed.

*3*  
 Paid 7/28  
 Paid 7/28

Malbourne L. [Signature]  
 Asst. Sec. to [Title]

FORM NO. 100 REVISED 6-19-57

DIVISION OF FOREIGN SERVICE PERSONNEL

DEPARTMENT OF STATE  
ECONOMIC COOPERATION ADMINISTRATION

DATE  
7-7-48

JOURNAL NO.  
102

NAME (LAST) (FIRST) (MIDDLE) DATE OF BIRTH  
HSA E. Samuel Jr. 10-9-18

LEGAL AUTHORITY  
PL 472 - 60th

THIS IS TO NOTIFY YOU OF THE FOLLOWING ACTION CONCERNING YOUR EMPLOYMENT

SERVICE  
ECA

NATURE OF ACTION  
Appointment by Transfer - Assistant

EFFECTIVE DATE  
6-9-48

DATE OF OATH  
6-9-48

	FROM	TO
POSITION TITLE		U. S. Media Specialist
CLASS AND TOTAL SALARY		GS-7, \$6120 per annum
POST		Office of Special Representative Information Division Paris, France
BASIC SALARY		
TEMPORARY INCREASE		
APPROPRIATION-ALLOCATION		118/9-100(01) 100 01 PL-472-60-36, admin. allocated 6-9-48
POSITION NUMBER		

NATURE OF EMPLOYMENT	PERMANENT	TEMPORARY	FULL TIME	PART TIME	PERMANENT	TEMPORARY	FULL TIME	PART TIME
REEMENT DEDUCTIONS	YES	AMERICAN	VETERAN PREFERENCE	5 POINTS	NO	NON-AMERICAN	10 POINTS	
LEGAL RESIDENCE	New York	SINGLE	MARRIAGE STATUS AND CHILDREN UNDER 21	SINGLE	ADDITIONAL IDENTICAL	VICE INASL	Vacancy	

CONDITIONS AND REQUIREMENTS: ALL OF ACTION AND CONTINUANCE OF STATUS, EMPLOYED THEREBY ARE SUBJECT TO SUCH CONDITIONS AND REQUIREMENTS LISTED ON REVERSE OF THIS PAGE AS ARE CITED HEREWITH:

Subject to items a, b, c, j, i, e, d.

REMARKS: In lieu of Appointment by Transfer on personnel action report dated 6-9-48 indicating "not to cancel the duration of the Foreign Assistance Program" instead of the following statement, and setting subject to item d.

Limited appointment. Duration limited to the period in which appointee's services are required by ECA and in any case limited to the duration of ECA.

Affidavit "Striking Against the Federal Government" signed.

Previously employed by Economic Cooperation Administration, Washington, D. C., Departmental Services.

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Holbourne L. Specter  
Assistant State Department

(Date) July 29, 1948

To: Director of Personnel  
From: Director of Security  
Subj: Notice of Loyalty and Security Certification of:  
HUNT, E. Howard, Jr. ECA-48-189

This is to advise that the above named person has been certified by the Administrator as to loyalty and security in accordance with the requirements of Section 110(c), Public Law 472, 80th Congress, and appears on Certification Number 17, dated July 28, 1948.

*J. W. Yeagley*  
Director of Security

Payroll copy attached.

*Paul Martin*

jny:dy

UNITED STATES OF AMERICA  
ECONOMIC COOPERATION ADMINISTRATION  
SPECIAL MISSION TO AUSTRIA

November 19, 1948

Mr. Averell Harriman,  
U. S. Special Representative,  
Economic Cooperation Administration,  
Hotel Talleyrand,  
Paris, France.

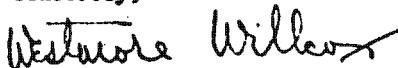
Dear Averell:

On the point of departure from Vienna, I want to record with you my appreciation of the services rendered me in this Mission over the last few weeks by Mr. Howard Hunt, Information Officer, temporarily assigned here from your staff.

Hunt has not only carried the duties and responsibilities of Information Officer, pending appointment of Mr. Wilson to that post, but he has, additionally, carried a large load for me in connection with the Ross murder incident. He has acted as a personal aide, to all intents and purposes, at a time when, understaffed as this Mission is, we were faced with a concentration of vitally important work in connection with our normal Mission operations.

I think Hunt has shown a broad-gauged grasp of what ERP is, what ECA is, and what Information work in behalf of both should be. Besides this, he is the right kind of person to have in this great ECA undertaking. I hope you will be able to keep him and to give him opportunities to express his abilities fully.

Sincerely,



Westmore Willcox  
Chief of Special Mission

WW/ls

cc: Mr. Hoffman  
Mr. Friendly



FORM NO. 105 (REVISED 6-15-47)

DIVISION OF FOREIGN SERVICE PERSONNEL

DEPARTMENT OF STATE  
ECONOMIC COOPERATION ADMINISTRATION

DATE: 3-17-49  
JOURNAL NO.: 4 B  
LEGAL AUTHORITY: PL 472 - 80th

NAME: HUNT E. HOWARD Jr. DATE OF BIRTH: 10-9-18

THIS IS TO NOTIFY YOU OF THE FOLLOWING ACTION CONCERNING YOUR EMPLOYMENT:  
NATURE OF ACTION: Termination EFFECTIVE DATE: cob 2-19-49

POSITION TITLE: Asst. Economic Commissioner \* (U. S. Media Specialist)  
CLASS AND TOTAL SALARY: FSS-5 (ECA) \$6120 per annum  
POST: Office of Special Representative Information Division Paris, France  
APPROPRIATION-ALLOTMENT: 118/95400(01).008  
POSITION NUMBER: FSS-5-SR-36 admin. allocated 6-9-48

NATURE OF EMPLOYMENT	PERMANENT	<input checked="" type="checkbox"/>	TEMPORARY	<input type="checkbox"/>	FULL TIME	<input checked="" type="checkbox"/>	PART TIME	<input type="checkbox"/>	PERMANENT	<input type="checkbox"/>	TEMPORARY	<input type="checkbox"/>	FULL TIME	<input type="checkbox"/>	PART TIME	<input type="checkbox"/>
RETIREMENT DEDUCTIONS	YES	<input checked="" type="checkbox"/>	AMERICAN	<input checked="" type="checkbox"/>	VETERAN PREFERENCE	5 POINTS	<input checked="" type="checkbox"/>	10 POINTS	NATURE OF POSITION							
	NO	<input type="checkbox"/>	NON-AMERICAN	<input type="checkbox"/>			<input type="checkbox"/>		NEW	REALLOCATION						
LEGAL RESIDENCE	New York		MARRIAGE STATUS AND CHILDREN UNDER 21	M Single		ADDITIONAL IDENTICAL	VICE (NAME)									

CONDITIONS AND REQUIREMENTS ABOVE ACTION AND CONTINUANCE OF STATUS EXPECTED THEREBY ARE SUBJECT TO SUCH CONDITIONS AND REQUIREMENTS LISTED ON REVERSE OF THIS PAGE AS ARE CITED HEREWITH.

REMARKS:  
\* Equivalent to Attache.  
Completion of Assignment  
Mailing address: 30 Willett Street, Albany 6, New York

2

D. V. Stapleton  
State Department  
Representative to ECA

FOLDER

DIVISION C. FOREIGN SERVICE PERSONNEL DEPARTMENT OF STATE ECONOMIC COOPERATION ADMINISTRATION					DATE <b>3-17-49</b>			
					JOURNAL NO. <b>4 B</b>			
NAME (LAST) <b>HUBT</b>	(FIRST) <b>S.</b>	(MIDDLE) <b>BOWARD</b>	(LAST) <b>JP.</b>	DATE OF BIRTH <b>10-9-18</b>	LEGAL AUTHORITY <b>PL 472 - 80th</b>			
THIS IS TO NOTIFY YOU OF THE FOLLOWING ACTION CONCERNING YOUR EMPLOYMENT:					REASON <b>ECA</b>			
NATURE OF ACTION <b>Termination</b>			EFFECTIVE DATE <b>EOB 2-19-49</b>		DATE OF OATH			
FROM			TO					
POSITION TITLE <b>Asst. Economic Commissioner (U. S. Media Specialist)</b>								
CLASS AND TOTAL SALARY <b>PS-5 (EC) \$6120 per annum</b>								
POST <b>Office of Special Representative Information Division Paris, France</b>								
BASIC SALARY								
TEMPORARY INCREASE								
APPROPRIATION-ALLOTMENT <b>113/92400(01).003</b>								
POSITION NUMBER <b>PS-5-2B-36</b> <b>advis. Allotted 6-9-48</b>								
NATURE OF EMPLOYMENT	PERMA-NENT	<input checked="" type="checkbox"/> TEMPO-RARY	FULL TIME	<input checked="" type="checkbox"/> PART TIME	PERMA-NENT	TEMPO-NARY	FULL TIME	PART TIME
RETIREMENT DEDUCTIONS	YES <input checked="" type="checkbox"/>	AMERICAN	<input checked="" type="checkbox"/> VETERAN PREFERENCE	5 POINTS <input checked="" type="checkbox"/>	NATURE OF POSITION			
	NO	NON-AMERICAN		10 POINTS	NEW	REALLOCATION		
LEGAL RESIDENCE <b>NEW YORK</b>	USA	MARITAL STATUS AND CHILDREN UNDER 21 <b>WIDOW</b>			ADDITIONAL IDENTICAL	VICE INAMER		
CONDITIONS AND REQUIREMENTS, ABOVE ACTION AND CO. INITIALS OF STATUS EFFECTED THEREBY ARE SUBJECT TO SUCH CONDITIONS AND REQUIREMENTS LISTED ON REVERSE OF THIS PAGE AS ARE CITED HEREWITH:								
REMARKS: • Equivalent to Attache. Completion of Assignment Mailing address: 30 Willett Street, Albany 6, New York								
					D. V. Stapleton State Department Representative to ECA			

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APPLICATION FOR FEDERAL EMPLOYMENT

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

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

APPLICATION NO.	1. NAME OF EXAMINATION OR KIND OF POSITION APPLIED FOR <b>Intelligence Officer</b>		<b>DO NOT WRITE IN THIS BLOCK</b> For Use of Civil Service Commission Only	
	2. OPTION(S) (if mentioned in examination announcement)			
ANNOUNCEMENT	3. PLACE OF EMPLOYMENT APPLIED FOR (City and State) <b>Washington, D.C.</b>		4. DATE OF THIS APPLICATION <b>Nov 2, 1948</b>	
	5. FULL NAME (First name) (Middle) (Last, if any) (Last) <b>Everette Howard Hunt, Jr.</b>			
6. (A) STREET AND NUMBER OR R. D. NUMBER <b>30 Willett Street</b>				
(B) CITY OR POST OFFICE (including postal zone) AND STATE <b>Albany 6, New York</b>				
7. LEGAL OR VOTING RESIDENCE (State)		8. (A) OFFICE PHONE (B) HOME PHONE <b>----- 3-6218</b>		
9. DATE OF BIRTH (month, day, year) <b>October 7, 1918</b>		10. <input type="checkbox"/> MARRIED <input checked="" type="checkbox"/> SINGLE		
11. PLACE OF BIRTH (City and State; if born outside U. S., name city and country) <b>Hamburg, New York, USA</b>				
12. <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE		13. (A) HEIGHT WITHOUT SHOES: <b>5 FEET 10 INCHES</b>		(B) WEIGHT: <b>160 POUNDS</b>
14. (A) HAVE YOU EVER BEEN EMPLOYED BY THE FEDERAL GOVERNMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (B) IF SO, GIVE LAST GRADE AND DATE OF LAST CHANGE IN GRADE <b>PSS 5</b>				

<input type="checkbox"/> APPROV.	<input type="checkbox"/> MATERIAL SUBMITTED	INTERLU REGISTER		
<input type="checkbox"/> NON APPROV.	<input type="checkbox"/> RETURNED			
MUTATIONS		APP. REVIEW		
APPROVED:				
OPTION	GRADE	EARNED RATING	PREFERENCE	AUGM. RATING
			<input type="checkbox"/> 5 POINTS (ENT.)	
			<input type="checkbox"/> 10 POINTS	
			<input type="checkbox"/> WIFE OR WIDOW	
			<input type="checkbox"/> DISAL.	
			<input type="checkbox"/> BEING INVESTIGATED	
INITIALS AND DATE				

15. (A) WHAT IS THE LOWEST ENTRANCE SALARY YOU WILL ACCEPT? **\$2,000** PER YEAR.  
*You will not be considered for any position with a lower entrance salary.*

(B) CHECK IF YOU WILL ACCEPT SHORT-TERM APPOINTMENT IF OFFERED, FOR:  
 1 TO 3 MONTHS     3 TO 6 MONTHS     6 TO 12 MONTHS

NOTE: Acceptance or refusal of a temporary short-term appointment will not affect your opportunity to obtain a probational appointment.

(C) IF YOU ARE WILLING TO TRAVEL, SPECIFY:  
 OCCASIONALLY     FREQUENTLY     CONSTANTLY

(D) CHECK IF YOU WILL ACCEPT APPOINTMENT, IF OFFERED:  
 IN WASHINGTON, D. C.     ANYWHERE IN THE UNITED STATES  
 OUTSIDE THE UNITED STATES

(E) IF YOU WILL ACCEPT APPOINTMENT IN CERTAIN LOCATIONS ONLY, GIVE ACCEPTABLE LOCATIONS:

16. EXPERIENCE: It is important for you to furnish all information requested below in sufficient detail to enable the Civil Service Commission and the appointing officers of agencies to give you full credit in determining your qualifications. Use a separate block for each position. Start with your present position and work back, explaining clearly the principal tasks which you performed in each position, accounting for all periods of unemployment. Experience gained more than 15 years ago which is not pertinent to the work for which you are applying may be summarized in one or more of the blocks. If your duties changed materially while working for the same employer, use a separate block to describe each position. You may include any pertinent religious, civic, welfare, or organizational activity which you have performed, either with or without compensation, showing the number of hours per week and weeks per year in which you were engaged in such activity. Military experience should be described in the space below in its proper sequence.

(a) If you were ever employed in any position under a name different from that shown in Item 5 of this application, give under "Description of your work" for each position, the name used.

(b) If you have never been employed or are now unemployed, indicate that fact in the space provided below for "Present Position."

① PRESENT POSITION		Not presently employed	
DATES OF EMPLOYMENT (month, year)		EXACT TITLE OF YOUR PRESENT POSITION	CLASSIFICATION GRADE (if in Federal Service)
FROM:	TO PRESENT TIME	NAME AND TITLE OF IMMEDIATE SUPERVISOR	SALARY OR EARNINGS: STARTING \$ PER PRESENT \$ PER
PLACE OF EMPLOYMENT (City and State)			
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division)		KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale with, insurance agency, manufacture of locks, etc.)	
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU		REASON FOR DESIRING TO CHANGE EMPLOYMENT	
DESCRIPTION OF YOUR WORK			

② DATES OF EMPLOYMENT (month, year) FROM May, 1948 TO Feb., 1949 EXACT TITLE OF YOUR POSITION U.S. Media Specialist CLASSIFICATION GRADE (if in Federal service) FS-5 SALARY OR PAYMENTS (if in Federal service) STARTING \$ 1,610 PER yr FINAL 1,820 PER yr

PLACE OF EMPLOYMENT (City and State) Washington, D.C.; Paris, France NAME AND TITLE OF IMMEDIATE SUPERVISOR J. L. Fleming, U.S. Media Officer  
 NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division) Economic Cooperation Administration  
2 rue St. Florentin, Paris 1, France KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale silk, insurance agency, manufacture of locks, etc.)  
 NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU  
 REASON FOR LEAVING deterioration of personal affairs while abroad.

DESCRIPTION OF YOUR WORK  
General public relations work involving preparation of press releases, holding of press conferences; traveling with Ambassador Harriman as public relations aide; giving advice and guidance to journalists and American business men; liaison work with U.S. Embassy and U.S.I.C.S.; liaison work with French and Austrian governments; writing and production of documentary films. Press scrutiny; analysis of Communist propaganda

③ DATES OF EMPLOYMENT (month, year) FROM Jan., 1945 TO Oct., 1945 EXACT TITLE OF YOUR POSITION War Correspondent CLASSIFICATION GRADE (if in Federal service) SALARY OR PAYMENTS (if in Federal service) STARTING \$ 150 PER wk FINAL 150 PER wk

PLACE OF EMPLOYMENT (City and State) New York, N.Y. NAME AND TITLE OF IMMEDIATE SUPERVISOR Dan Lonwell, Editor of LIFE  
 NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division) Rochester, N.Y.  
Rockefeller Plaza, N.Y. KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale silk, insurance agency, manufacture of locks, etc.)  
TIME, Inc. Publishing  
 NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU None REASON FOR LEAVING Re-enter military service

DESCRIPTION OF YOUR WORK  
Travel to South Pacific combat zone; report on campaign and unusual occurrences in South Pacific

④ DATES OF EMPLOYMENT (month, year) FROM Oct., 1942 TO Jan., 1943 EXACT TITLE OF YOUR POSITION Script writer CLASSIFICATION GRADE (if in Federal service) SALARY OR PAYMENTS (if in Federal service) STARTING \$ 150 PER wk FINAL 150 PER wk

PLACE OF EMPLOYMENT (City and State) New York, N.Y. NAME AND TITLE OF IMMEDIATE SUPERVISOR Louis de Rochemont; producer  
 NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division) THE MARCH OF TIME  
369 Lexington Avenue, New York 16 KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale silk, insurance agency, manufacture of locks, etc.)  
Documentary films  
 NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU None REASON FOR LEAVING Opportunity to revisit combat zones

DESCRIPTION OF YOUR WORK  
Creating from researched themes the framework of the monthly commercial release; writing to film footage; liaison with Navy Department over preparation of contract training films; writing of Navy training films.

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

DATES		LOCATION	DESCRIPTION OF TRAINING
FROM	TO		
Feb 14	May 14	US Naval Academy	V-7 Midshipman's course
Feb 14	May 14	AAF OSS	Officer Candidate School
June 14	Aug 14	Orlando, Fla.	Air Combat Intelligence
Feb 14	March 15	Catalina I.	OSS Far East Training Course

18. EDUCATION. (Circle highest grade completed):  
 1 2 3 4 5 6 7 8 9 10 11 12 (12)  
 MARK (X) THE APPROPRIATE BOX TO INDICATE SATISFACTORY COMPLETION OF:  
 ELEMENTARY SCHOOL  JUNIOR HIGH SCHOOL  SENIOR HIGH SCHOOL  
 (A) NAME AND LOCATION OF COLLEGE OR UNIVERSITY MAJOR AND SPECIALTY  
 Brown University, Providence, R.I. English  
 (B) SUBJECTS STUDIED IN HIGH SCHOOL WHICH APPLY TO POSITION DESIRED  
 not applicable  
 (C) NAME AND LOCATION OF COLLEGE OR UNIVERSITY MAJOR AND SPECIALTY DATES ATTENDED YEARS COMPLETED DEGREES CONFERRED SEMESTER NUMBER CREDIT  
 Brown University, Providence, R.I. English 1936 1940 4 AS June 1940  
 (D) LIST YOUR CHIEF UNDERGRADUATE COLLEGE SUBJECTS NUMBER HOURS  
 English literature ---  
 Spanish ---  
 Economics ---  
 (E) LIST YOUR CHIEF GRADUATE COLLEGE SUBJECTS NUMBER HOURS  
 ---  
 ---  
 ---  
 (F) OTHER TRAINING, SUCH AS VOCATIONAL, BUSINESS, STUDY COURSES GIVEN THROUGH THE ARMED FORCES INSTITUTE (show name and location of school) OR "IN-SERVICE TRAINING" IN PUBLIC OR PRIVATE EMPLOYMENT SUBJECTS STUDIED DATES ATTENDED YEARS COMPLETED  
 FROM TO DAY NIGHT  
 ---  
 ---  
 ---

19. INDICATE YOUR KNOWLEDGE OF FOREIGN LANGUAGES  

LANGUAGE	READING		SPEAKING		UNDERSTANDING	
	ILL.	ADV. FLU.	ILL.	ADV. FLU.	ILL.	ADV. FLU.
Spanish	X				X	X
French	X				X	X

 20. IF YOU HAVE TRAVELED OR RESIDED IN ANY FOREIGN COUNTRIES, INDICATE (1) NAMES OF COUNTRIES; (2) DATE AND LENGTH OF TIME SPENT THERE; AND (3) REASON OR PURPOSE (e. g., military service, business, education, recreation)  
 Europe, Melanesia, Mexico  
 1929-1939 pleasure and business  
 21. LIST ANY SPECIAL SKILLS YOU POSSESS AND MACHINES AND EQUIPMENT YOU CAN USE, SUCH AS OPERATION OF SHORT WAVE RADIO MULTILITH, COMPTON, PUNCH, KEY-PUNCH, TURRET LATHE, SCIENTIFIC OR PROFESSIONAL DEVICES  
 22. ARE YOU NOW OR HAVE YOU EVER BEEN A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION (such as pilot, electrician, radio operator, teacher, lawyer, CPA, etc.)?  
 YES  NO GIVE KIND OF LICENSE AND STATE:  
 FIRST LICENSE OR CERTIFICATE (YEAR):  
 LATEST LICENSE OR CERTIFICATE (YEAR):  
 23. GIVE ANY SPECIAL QUALIFICATIONS NOT COVERED ELSEWHERE IN YOUR APPLICATION SUCH AS (A) YOUR MOST IMPORTANT PUBLICATIONS (do not submit copies unless requested) (B) YOUR PATENTS OR INVENTIONS (C) PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE (D) MEMBERSHIP IN PROFESSIONAL OR SCIENTIFIC SOCIETIES, ETC. (E) HONORS AND FELLOWSHIPS RECEIVED  
 4 published novels; short stories  
 Guggenheim Fellowship 1946-1947  
 APPROXIMATE NUMBER OF WORDS PER MINUTE IN TYPING ..... SHORTHAND .....

24. REFERENCES: List three persons living in the United States or Territories of the United States who are NOT related to you and who have definite knowledge of your qualifications and fitness for the position for which you are applying. Do not repeat names of supervisors listed under Item 16 (EXPERIENCE).

FULL NAME	STREET, BUSINESS OR HOME ADDRESS (Give complete current address, including street and city, etc.)	BUSINESS OR OCCUPATION
Westmore Wilcox, Jr.	60 William St., New York City	Investments
Robert G. North	5217 Fredonia Drive, Hollywood, Cal.	Textiles
Wm. J. E. Singlaub	"L" Disc., Washington, D.C.	U. S. Army

INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO	INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO
25. MAY EMPLOYER BE MADE OF YOUR PRESENT EMPLOYER REGARDING YOUR CHARACTER, QUALIFICATIONS, ETC.?			35. ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY?		X
26. ARE YOU A CITIZEN OF THE UNITED STATES OR ARE YOU A NATURALIZED CITIZEN?	X		36. DOES THE UNITED STATES GOVERNMENT EMPLOY IN A CIVILIAN CAPACITY ANY RELATIVE OF YOURS (BY BLOOD OR MARRIAGE) WITH WHOM YOU LIVE OR HAVE LIVED WITHIN THE PAST 24 MONTHS?		X
27. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF THE COMMUNIST PARTY, U. S. A. OR ANY COMMUNIST ORGANIZATION?		X	<b>SPECIAL INSTRUCTIONS FOR CLAIMING VETERAN PREFERENCE</b>		
28. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF A FASCIST ORGANIZATION?		X	A. If you are claiming preference as a PEACETIME VETERAN who has been awarded a campaign badge or service ribbon, or as a DISABLED VETERAN, or as the WIFE OF A DISABLED VETERAN, or as the WIDOW OF A WAR OR CAMPAIGN VETERAN, attach Veteran Preference Claim, CBC Form 14, together with proof specified therein.		
29. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP, OR COMBINATION OF PERSONS WHICH INVOLVES THE FURTHERMENT OF UNLAWFUL, UNLAWFUL, OR UNLAWFUL GOVERNMENT, OR AN ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP, OR COMBINATION OF PERSONS WHICH HAS AS ONE OF ITS OBJECTS OR PURPOSES THE COMMISSION OF ACTS OF FORCE OR VIOLENCE AGAINST OTHER PERSONS OR THE RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES OF OTHER PERSONS IN THE SERVICE OF THE GOVERNMENT OF THE UNITED STATES OF AMERICA, OR THE GOVERNMENT OF ANY STATE OR TERRITORY OF THE UNITED STATES OF AMERICA?		X	B. If you are a WAR-TIME VETERAN not claiming disability preference, you should NOT submit your discharge with this application. Preference will be tentatively credited to you and if appointed, you will be required to submit to the appointing officer prior to entry on duty, official evidence of separation from active service in the armed forces of the United States in time of war.		
If your answer to question 27, 28, or 29 above is "Yes," state in Item 39 the names of all such organizations, associations, movements, groups, or combination of persons and dates of membership. Give complete details of your activities therein and make any explanation you desire regarding your membership or activities therein.			37. (A) WERE YOU EVER IN THE UNITED STATES MILITARY OR NAVAL SERVICE DURING TIME OF WAR?		
30. SINCE YOUR 18TH BIRTHDAY, HAVE YOU EVER BEEN ARRESTED, INDICTED, OR SUMMONED INTO COURT AS A DEFENDANT IN A CRIMINAL PROSECUTION, OR CONVICTED, FINED, OR IMPRISONED OR PLACED ON PROBATION, OR HAVE YOU EVER BEEN ORDERED TO PAY OR TO MAKE RESTITUTION FOR THE VIOLATION OF ANY LAW, POLICE REGULATION OR ORDINANCE, INCLUDING MOTOR VEHICLE VIOLATIONS FOR WHICH A FINE OR PENALTY OF \$25 OR LESS WAS IMPOSED?			YES NO		
If your answer is "Yes," list all such cases under Item 39 below. Give in each case (1) the date, (2) the nature of the offense or violation, (3) the name and location of the court, (4) the penalty imposed, if any, or other disposition of the case. If appointed, your fingerprints will be taken.			X		
31. HAVE YOU EVER BEEN DISCHARGED OR FORCED TO RESIGN FOR MISCONDUCT OR UNSATISFACTORY SERVICE FROM ANY POSITION?			YES NO		
If your answer is "Yes," give in Item 39 the name and address of employer, date, and reason in each case.			X		
32. HAVE YOU EVER BEEN BARRED BY THE U. S. CIVIL SERVICE COMMISSION FROM TAKING EXAMINATIONS OR ACCEPTING CIVIL SERVICE APPOINTMENTS?			YES NO		
If your answer is "Yes," give dates of and reasons for such debarment in Item 39.			X		
33. HAVE YOU ANY PHYSICAL HANDICAP, DISEASE, OR OTHER DISABILITY WHICH SHOULD BE CONSIDERED IN ASSIGNING YOU TO WORK?			YES NO		
If your answer is "Yes," give complete details in Item 39 so that consideration can be given to your physical fitness for the job.			X		
34. DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT OR ANY PENSION OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE?			YES NO		
If your answer is "Yes," give complete details in Item 39.			X		
37. (B) IS THE WORD "HONORABLE" OR THE WORD "SATISFACTORY" USED IN YOUR DISCHARGE OR SEPARATION PAPERS TO SHOW THE TYPE OF YOUR DISCHARGE OR SEPARATION?					
X					
(C) WAS SERVICE PERFORMED ON AN ACTIVE FULL-TIME BASIS, WITH FULL MILITARY PAY AND ALLOWANCES?					
X					
(D) DATE OF ENTRY OR ENTRIES INTO SERVICE: DATE OF SEPARATION OR DEPARTURE:					
see below					
BRANCH OF SERVICE (Army, Navy, Marine Corps, Coast Guard, etc.)					
SERIAL NO. (if none, give grade or rating at time of separation)					
see below					
38. (A) IF YOU SERVED IN THE UNITED STATES MILITARY OR NAVAL SERVICE DURING PEACETIME ONLY, DID YOU PARTICIPATE IN A CAMPAIGN OR EXPEDITION AND RECEIVE A CAMPAIGN BADGE OR SERVICE RIBBON?					
X					
(B) ARE YOU A DISABLED VETERAN?					
X					
If so, and you have not listed your disability in answer to Item 33, explain in Item 39 below.					
(C) ARE YOU A VETERAN'S WIDOW WHO HAS NOT REMARRIED?					
X					
(D) ARE YOU THE WIFE OF A VETERAN WHO HAS A SERVICE CONNECTED DISABILITY WHICH QUALIFIES HIM FOR CIVIL SERVICE PREFERENCE?					
X					
<b>THIS SPACE FOR USE OF APPOINTING OFFICER ONLY</b>					
The information contained in the answers to Question 37 above has been verified by comparison with the discharge certificate on _____, 19____.					
Agency: _____ Title: _____					
39. SPACE FOR DETAILED ANSWERS TO QUESTIONS (Indicate item numbers to which answers apply)					
ITEM NO.	ANSWER	ITEM NO.	ANSWER	ITEM NO.	ANSWER
37d	Navy: July, 1940 - Oct., 1942		File 97532		
	Army: Oct., 1943 - Feb., 1946		Serial 0-507241		

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

Before signing this application check back over it to make sure that you have answered ALL questions correctly. I CERTIFY that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. False statement on this application is punishable by Law (U. S. Code, Title 18, Section 80).

SIGNATURE OF APPLICANT: *E. Howard Hunt*

(Sign your name in INK (one prefix, M or Miss, and initial and last name, initial or initials, and surname) if female, your own given name as "Mrs. Mary L. Doe")

U. S. GOVERNMENT PRINTING OFFICE 16-5000-1

APPLICATION NO.	ANNOUNCEMENT	DO NOT WRITE IN THIS BLOCK For Use of Civil Service Commission Only	APPROVED:	OPTION.	GRADE	EARNED RATING	PREFERENCE	ALIGN RATING				
<b>STANDARD FORM 57 - NOV 1947</b> <b>U. S. CIVIL SERVICE COMMISSION</b>		<b>APPLICATION FOR FEDERAL EMPLOYMENT</b>		<b>INSTRUCTIONS:</b> In order to prevent delay in consideration of your application, answer every question on this form clearly and completely. Type, write or print in INK. In applying for a specific United States Civil Service examination, read the examination announcement carefully and follow all directions. If you are applying for a WRITTEN examination, follow the instructions on the admission card regarding disposition of this application. If you are applying for an UNWRITTEN examination, mail this application to the office named in the announcement. Be sure to mail to the same office any other forms required by the announcement. Notify the office with which you file this application of any change in your address.					<b>DO NOT WRITE IN THIS BLOCK</b> <b>For Use of Civil Service Commission Only</b> <input type="checkbox"/> APPROVED <input type="checkbox"/> MATERIAL SUBMITTED <input type="checkbox"/> ENTERED REGISTER <input type="checkbox"/> NOW APPROVED <input type="checkbox"/> RETURNED			
<b>1. NAME OF EXAMINATION OR KIND OF POSITION APPLIED FOR</b> Intelligence Officer		<b>2. OPTIONS:</b> (if mentioned in examination announcement)		<b>3. PLACE OF EMPLOYMENT APPLIED FOR (City and State)</b> Washington, D. C.					<b>4. DATE OF THIS APPLICATION</b> May 2, 1949			
<b>5. NAME (First name, Middle, Surname, if any, Last)</b> Everette Howard Hunt, Jr.		<b>6. (A) STREET AND NUMBER OR R. D. NUMBER</b> 30 Willett Street <b>(B) CITY OR POST OFFICE (including postal zone) AND STATE</b> Albany 6, New York		<b>7. LEGAL OR VOTING RESIDENCE (State)</b> New York <b>(A) OFFICE PHONE</b> ----- <b>(B) HOME PHONE</b> 3-6218					<b>8. DATE OF BIRTH (month, day, year)</b> October 9, 1914 <input type="checkbox"/> MARRIED <input checked="" type="checkbox"/> SINGLE			
<b>9. PLACE OF BIRTH (city and State; if born outside U. S., name city and country)</b> Hamburg, New York, USA		<b>10. (A) HEIGHT WITHOUT SHOES</b> 5 FEET 10 INCHES <b>(B) WEIGHT</b> 168 POUNDS		<b>11. (A) HAVE YOU EVER BEEN EMPLOYED BY THE FEDERAL GOVERNMENT?</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <b>(B) IF SO, GIVE LAST GRADE AND DATE OF LAST CHANGE IN GRADE</b> FSS 5					<b>12. (A) IF YOU WILL ACCEPT APPOINTMENT, IF OFFERED:</b> <input checked="" type="checkbox"/> IN WASHINGTON, D. C. <input type="checkbox"/> ANYWHERE IN THE UNITED STATES <input type="checkbox"/> OUTSIDE THE UNITED STATES <b>(B) IF YOU WILL ACCEPT APPOINTMENT IN CERTAIN LOCATIONS ONLY, GIVE ACCEPTABLE LOCATIONS.</b>			
<b>13. (A) WHAT IS THE LOWEST ENTRANCE SALARY YOU WILL ACCEPT?</b> \$ 3,000 PER YEAR. <i>You will not be accepted for any position with a lower entrance salary.</i> <b>(B) CHECK IF YOU WILL ACCEPT SHORT-TERM APPOINTMENT IF OFFERED, FOR:</b> <input type="checkbox"/> 1 TO 3 MONTHS <input type="checkbox"/> 3 TO 6 MONTHS <input checked="" type="checkbox"/> 6 TO 12 MONTHS <b>NOTE:</b> Acceptance or refusal of a temporary short-term appointment will not affect your opportunity to obtain a probational appointment. <b>(C) IF YOU ARE WILLING TO TRAVEL SPECIFY:</b> <input checked="" type="checkbox"/> OCCASIONALLY <input type="checkbox"/> FREQUENTLY <input type="checkbox"/> CONSTANTLY		<b>14. EXPERIENCE</b> It is important for you to furnish all information requested below in sufficient detail to enable the Civil Service Commission and the appointing officers of agencies to give you full credit in determining your qualifications. Use a separate block for each position. Start with your present position and work back, explaining clearly the principal tasks which you performed in each position, accounting for all periods of unemployment. Experience gained more than 15 years ago which is not pertinent to the work for which you are applying may be summarized in one or more of the blocks. If your duties changed materially while working for the same employer, use a separate block to describe each position. You may include any pertinent religious, civic, welfare, or organizational activity which you have performed, either with or without compensation, showing the number of hours per week and weeks per year in which you were engaged in such activity. Military experience should be described in the spaces below in its proper sequence. <b>(a)</b> If you were ever employed in any position under a name different from that shown in Item 5 of this application, give under "Description of your work" for each position, the name used. <b>(b)</b> If you have never been employed or are now unemployed, indicate that fact in the space provided below for "Present Position."										
<b>(1) PRESENT POSITION</b>												
<b>DATES OF EMPLOYMENT (month, year)</b> FROM _____ TO PRESENT TIME		<b>EXACT TITLE OF YOUR PRESENT POSITION</b>			<b>Not necessarily employed</b> <b>CLASSIFICATION GRADE (if FEDERAL SERVICE)</b>							
<b>PLACE OF EMPLOYMENT (city and State)</b>		<b>NAME AND TITLE OF IMMEDIATE SUPERVISOR</b>			<b>STARTING PERIOD</b> <b>PER PER</b>							
<b>NAME AND ADDRESS OF EMPLOYER (firm, organization, or person, if Federal, name department, bureau or establishment, and division)</b>				<b>KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale milk, insurance agency, manufacture of locks, etc.)</b>								
<b>NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU</b>				<b>REASON FOR DESIRING TO CHANGE EMPLOYMENT</b>								
<b>DESCRIPTION OF YOUR WORK</b>												

(CONTINUED ON NEXT PAGE)

16-6000-5

IF CONTINUED

② DATES OF EMPLOYMENT (month, year) FROM May 1948 to Feb. 1949	EXACT TITLE OF YOUR POSITION U.S. Media Specialist	CLASSIFICATION GRADE (if in Federal service) 1750	SALARY OR EARNINGS STARTING \$ 5920 PER yr. FINAL \$ 6420 PER yr.
PLACE OF EMPLOYMENT (city and State) Washington, D. C.; Paris, France	NAME AND TITLE OF IMMEDIATE SUPERVISOR J.F. Fleming, U.S. Media Officer		
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division) Economic Cooperation Administration 2 rue St. Florentin, Paris 1, France		KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale silk, insurance agency, manufacture of shoes, etc.)	
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU	REASON FOR LEAVING Deterioration of personal affairs while abroad.		

DESCRIPTION OF YOUR WORK  
 General public relations work involving preparation of press releases, holding of press conferences; traveling with Ambassador Harriman as public relations aide; giving advice and guidance to journalists and American business men; liaison work with U.S. Embassy and U.S.I.S.; liaison work with French and Austrian governments; writing and production of documentary films. Press scrutiny; analysis of Communist propaganda.

③ DATES OF EMPLOYMENT (month, year) FROM Jan. 1943 to Oct. 1943	EXACT TITLE OF YOUR POSITION War Correspondent	CLASSIFICATION GRADE (if in Federal service)	SALARY OR EARNINGS STARTING \$ PER Wk. FINAL \$ 150 PER Wk.
PLACE OF EMPLOYMENT (city and State) New York, N.Y.	NAME AND TITLE OF IMMEDIATE SUPERVISOR Dan Longwell, Editor of LIFE		
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division) Rockefeller Plaza, N.Y. TIME, Inc.		KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale silk, insurance agency, manufacture of shoes, etc.) Publishing	
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU None	REASON FOR LEAVING Re-enter military service		

DESCRIPTION OF YOUR WORK  
 Travel to South Pacific combat zone; report on campaign and unusual occurrences in South Pacific.

④ DATES OF EMPLOYMENT (month, year) FROM Oct. 1942 to Jan. 1943	EXACT TITLE OF YOUR POSITION Script Writer	CLASSIFICATION GRADE (if in Federal service)	SALARY OR EARNINGS STARTING \$ PER Wk. FINAL \$ 150 PER Wk.
PLACE OF EMPLOYMENT (city and State) New York, N.Y.	NAME AND TITLE OF IMMEDIATE SUPERVISOR Louis de Rochemont; producer		
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division) THE MARCH OF TIME 367 Lexington Avenue, New York 16		KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale silk, insurance agency, manufacture of shoes, etc.) Documentary films.	
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU None	REASON FOR LEAVING Opportunity to revisit combat zones.		

DESCRIPTION OF YOUR WORK  
 Creating from researched themes the framework of the monthly commercial release; writing to film footage; liaison with Navy Department over preparation of contract training films; writing of navy training films.



<b>5 DATES OF EMPLOYMENT (month, year)</b> FROM: _____ TO: _____	<b>EXACT TITLE OF YOUR POSITION</b> _____	<b>CLASSIFICATION</b> (if in Federal Service) _____	<b>SALARY OR EARNINGS</b> STARTING: _____ PER _____ FINAL: _____ PER _____
<b>PLACE OF EMPLOYMENT (City and State)</b> _____		<b>NAME AND TITLE OF IMMEDIATE SUPERVISOR</b> _____	
<b>NAME AND ADDRESS OF EMPLOYER (Firm, organization, or person; if Federal, name department, bureau or establishment, and division)</b> _____		<b>KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale and insurance agency, manufacture of foods, etc.)</b> _____	
<b>NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU</b> _____		<b>REASON FOR LEAVING</b> _____	
<b>DESCRIPTION OF YOUR WORK</b> _____ _____ _____			
If more space is required, use a continuation sheet (Standard Form No. 58) or a sheet of paper the same size as this page. Write on each sheet your name, address, date of birth, and examination title. Attach to inside of this application.			
<b>17. MILITARY TRAINING</b> In the space below, describe any training received in the Armed Services (not already listed under Item 16) that would assist appointing officers in placing you most effectively. Indicate actual amount of training received, such as hours per week. Detailed information regarding any special service schools you attended is especially important. (Extra pages may be used to give full descriptions.)			
<b>DATES</b>	<b>LOCATION</b>	<b>DESCRIPTION OF TRAINING</b>	
FROM TO			
Feb. '41 May '41	US Naval Academy	V-7 Midshipman's course	
Feb. '44 May '44	AAF OGS	Officer Candidate School	
June '44 Aug. '44	Orlando, Fla.	Air Combat Intelligence	
Feb. '45 Mar. '45	Catalina I.	OSS Far East Training Course	

<b>18 EDUCATION (Circle highest grade completed)</b> 1 2 3 4 5 6 7 8 9 10 11 (12)															
MARK (X) THE APPROPRIATE BOX TO INDICATE SATISFACTORY COMPLETION OF <input checked="" type="checkbox"/> ELEMENTARY SCHOOL <input checked="" type="checkbox"/> JUNIOR HIGH SCHOOL <input checked="" type="checkbox"/> SENIOR HIGH SCHOOL															
<b>(A) GIVE NAME AND LOCATION OF LAST HIGH SCHOOL ATTENDED</b> Hamburg (N.Y.) High							<b>(B) SUBJECTS STUDIED IN HIGH SCHOOL WHICH APPLY TO POSITION DESIRED</b> not applicable								
<b>(C) NAME AND LOCATION OF COLLEGE OR UNIVERSITY</b> Brown University, Providence, R.I.							<b>DEGREE AND SPECIALTY</b> English		<b>DATES ATTENDED</b> FROM TO 1936 1940		<b>YEARS COMPLETED</b> DAY NIGHT 4		<b>DEGREES CONFERRED</b> TITLE DATE BS June 1940		<b>SEMESTER HOURS CREDIT</b>
<b>(D) LIST YOUR CHIEF UNDERGRADUATE COLLEGE SUBJECTS</b> English Literature Spanish Economics							<b>LIST YOUR CHIEF GRADUATE COLLEGE SUBJECTS</b> _____								
<b>(E) OTHER TRAINING, SUCH AS VOCATIONAL, BUSINESS STUDY COURSES GIVEN THROUGH THE ARMED FORCES INSTITUTE (show name and location of school) OR "IN SERVICE TRAINING" IN PUBLIC OR PRIVATE EMPLOYMENT</b> _____															
<b>SUBJECTS STUDIED</b> <b>DATES ATTENDED</b> <b>YEARS COMPLETED</b> FROM TO DAY NIGHT															

<b>19 INDICATE YOUR KNOWLEDGE OF FOREIGN LANGUAGES</b>				<b>22 ARE YOU NOW OR HAVE YOU EVER BEEN A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION (such as pilot, electrician, radio operator, teacher, lawyer, CPA, etc.)?</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO    GIVE KIND OF LICENSE AND STATE			
<b>READING</b> (Circ. Good Fair)		<b>SPEAKING</b> (Circ. Best Fair)		<b>UNDERST. WRIT.</b> (Circ. Good Fair)		<b>FIRST LICENSE OR CERTIFICATE (YEAR)</b> _____	
Spanish _____ X _____		French _____ X _____		_____ X _____		<b>LASTEST LICENSE OR CERTIFICATE (YEAR)</b> _____	
<b>23 IF YOU HAVE TRAVELED OR RESIDED IN ANY FOREIGN COUNTRIES INDICATE (1) NAMES OF COUNTRIES (2) DATES AND LENGTH OF TIME SPENT THERE AND (3) REASON OR PURPOSE (e.g., military service, business, education, recreation) Europe, Indonesia, Mexico, 1937-1949, pleasure and business</b>				<b>24 GIVE ANY SPECIAL QUALIFICATIONS NOT COVERED ELSEWHERE IN YOUR APPLICATION SUCH AS (1) YOUR MORE IMPORTANT PUBLICATIONS (do not include papers unless requested) (2) YOUR PATENTS OR INVENTIONS (3) PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE (4) MEMBERSHIP IN PROFESSIONAL OR SCIENTIFIC SOCIETIES ETC. (5) HONORS AND FELLOWSHIPS RECEIVED</b> 2 published novels; short stories Guggenheim Fellowship 1942-1947			
<b>25 LIST ANY SPECIAL SKILLS IN SYSTEMS AND MACHINES AND EQUIPMENT YOU CAN USE, SUCH AS OPERATION OF SHIRT WAIVER RADIO MATHS COMPUTER, ETC., KEY-PUNCH, TUBES-LATHE, SCIENTIFIC OR PROFESSIONAL DEVICES</b> _____				<b>APPROXIMATE NUMBER OF WORDS PER MINUTE IN WRITING</b> <b>SHORTHAND</b>			

24. REFERENCES: List three persons living in the United States or Territories of the United States who are NOT related to you and who have definite knowledge of your qualifications and fitness for the position for which you are applying. Do not repeat names of supervisors listed under Item 14 (EXPERIENCE).

FULL NAME	PRESENT BUSINESS OR HOME ADDRESS (Give complete current address, including street and number)		BUSINESS OR OCCUPATION
	1	2	
Westmore Willcox, Jr.	6) William St.,	New York City	Investments
Robert G. North	3947 Fremont Drive,	Hollywood, Cal.	Textiles
Maj. J.K. Singland	"L" Bldg.,	Washington, D. C.	U.S. Army

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

YES	NO	INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO
		25. MAY INCLUDE IN MANY OF YOUR PRESENT EMPLOYERS REGARDING YOUR CHARACTERISTICS, QUALIFICATIONS, ETC?		X
X		26. ARE YOU A CITIZEN OF OR DO YOU OWE ALLEGIANCE TO THE UNITED STATES?		
	X	27. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF THE COMMUNIST PARTY, U.S.A. OR ANY COMMUNIST ORGANIZATION?		
	X	28. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF A FASCIST ORGANIZATION?		
	X	29. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP OR COMMITTEE OF PERSONS WHICH ASSOCIATES THE OATHS OF OUR CONSTITUTION, FEDERAL GOVERNMENT OR OF AN ORGANIZATION ASSOCIATION, MOVEMENT, GROUP OR COMMITTEE OF PERSONS WHICH HAS ADOPTED A POLICY OF ENCOURAGING OR SUPPORTING THE COMMISSION OF ACTS OF FORCE OR VIOLENCE TO ANY OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES OR OF SEEKING TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY UNLAWFUL MEANS?		
		30. SINCE YOUR 16TH BIRTHDAY, HAVE YOU EVER BEEN ARRESTED, INDICTED OR SUMMONED INTO COURT AS A DEFENDANT IN A CRIMINAL PROSECUTION OR COMMITTED, FINED OR IMPRISONED OR PLACED ON PROBATION OR HAVE YOU EVER BEEN ORDERED TO DEPOSIT BAIL OR TO PAY A FINE FOR THE VIOLATION OF ANY LAW, POLICE REGULATION OR ORDINANCE, INCLUDING VARIOUS TRAFFIC VIOLATIONS FOR WHICH A FINE OR FORTY DOLLARS OR LESS WAS IMPOSED?	X	
		31. HAVE YOU EVER BEEN DISCHARGED OR ORDERED TO RESIGN FOR MISCONDUCT OR UNSATISFACTORY SERVICE FROM ANY POSITION?	X	
	X	32. HAVE YOU EVER BEEN BARRED BY THE U.S. CIVIL SERVICE COMMISSION FROM TAKING EXAMINATIONS OR ACCEPTING CIVIL SERVICE APPOINTMENTS?		
	X	33. HAVE YOU ANY PHYSICAL HANDICAP, DISEASE OR OTHER DISABILITY WHICH SHOULD BE CONSIDERED IN ASSIGNING YOU TO A POSITION?		
	X	34. DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT OR ANY PENSION OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE?		

35. ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY?  
If your answer is "Yes," give details in Item 39

36. DOES THE UNITED STATES GOVERNMENT EMPLOY A CIVILIAN CAPACITY ANY RELATIVE (1) AS BLOOD OR MARRIAGE WITH WHOM YOU LIVE OR HAVE LIVED WITHIN THE PAST 24 MONTHS?  
If your answer is "Yes," show in Item 36 for EACH such relative (1) full name, (2) present address, (3) relationship, (4) Department or Agency by which employed, and (5) kind of appointment

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

YES	NO
X	
X	
X	

37. (A) WERE YOU EVER IN THE UNITED STATES MILITARY OR NAVAL SERVICE DURING TIME OF WAR?  
(B) IS THE WORD "HONORABLE" OR THE WORD "SATISFACTORY" USED IN YOUR DISCHARGE OR SEPARATION PAPERS TO SHOW THE TYPE OF YOUR DISCHARGE OR SEPARATION?  
(C) WAS SERVICE PERFORMED ON AN ACTIVE FULL-TIME BASIS, WITH FULL MILITARY PAY AND ALLOWANCES?  
(D) DATE OF ENTRY OR ENTRIES INTO SERVICE: DATE OF SEPARATION OR SEPARATIONS

See below  
BRANCH OF SERVICE (Army, Navy, Marine Corps, Coast Guard, etc.) SPECIAL NO. (if none, give grade or rating at time of separation)  
See below

YES	NO
X	
X	
X	
X	

38. (A) IF YOU SERVED IN THE UNITED STATES MILITARY OR NAVAL SERVICE DURING PEACETIME ONLY, DID YOU PARTICIPATE IN A CAMPAIGN OR EXPEDITION AND RECEIVE A CAMPAIGN BADGE OR SERVICE RIBBON?  
(B) ARE YOU A DISABLED VETERAN?  
If so, and you have not listed your disability in answer to Item 33, explain in Item 39 below  
(C) ARE YOU A VETERAN'S WIDOW WHO HAS NOT REMARRIED?  
(D) ARE YOU THE WIFE OF A VETERAN WHO HAS A SERVICE CONNECTED DISABILITY WHICH QUALIFIES HIM FOR CIVIL SERVICE PREFERENCE?

**THIS SPACE FOR USE OF APPOINTING OFFICER ONLY**  
The information contained in the answers to Question 37, above has been verified by comparison with the discharge certificate on \_\_\_\_\_, 19\_\_\_\_  
Agency: \_\_\_\_\_ Title: \_\_\_\_\_

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

NEW NO. FILE NO.

37d. Navy: July, 1943 - Oct. 1942 File 97132  
Army: Oct. 1946 - Feb. 1940 Serial 0-6721

If more space is required, use paper the same size as this page. Write on each sheet your name, address, date of birth, and examination title. Attach to back of this application.

Before signing this application check back over it to make sure that you have answered ALL questions correctly.  
I CERTIFY that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.  
False statement on this application is punishable by Law (U. S. Code Title 18, Section 80).

SIGNATURE OF APPLICANT  
(Sign your name in INK (use given name, Middle or Mrs. and if married, a initial or initials, and surname). If female, use own given name as "Mrs. Mary L. Doe")

PERSONNEL ACTION REQUEST

# 297

NAME  H. T. <del>Howard</del> Howard, Jr.	CLASSIFICATION	INITIAL	DATE
	VICE	of J	6/20/49
NATURE OF ACTION:  Accepted Appointment	IA	Cont # 297	
	VV	CSC # 3112	
EFFECTIVE DATE  8 Nov. 1949	NEW	6-2-49	11/20/49
	QUALIFICATION & REVIEW	10	6/17/49
FOR SEPARATIONS, TRANSFERS OUT, AND RESIGNATIONS LAST WORKING DAY:	APPROVED:	210590 800-101 Edward J. Kelly	
FOR RESIGNATIONS FROM FEDERAL SERVICE ONLY SIGNATURE OF EMPLOYEE	SIGNATURE EXECUTIVE		
	SIGNATURE EXECUTIVE PROGRAM		

FROM	TO
TITLE	Intelligence Officer P-6 (Editor)
GRADE AND SALARY	\$5-12-7000.00 min. 4-1-21 p.a.
OFFICE	
BRANCH	Program Planning Staff
DIVISION	Group 11
SECTION	Editorial Prod Div
OFFICIAL STATION	
DEPT. or FIELD	Washington, D. C. Departmental - 130.

REMARKS:

Searched 107 6/25/49

Attached are 2 forms 57.  
Security initiated 3 June 1949.

**POSTED**

8/6/49

RECOMMENDED: OFFICE CHIEF, BRANCH CHIEF, OR ADMINISTRATIVE OFFICER	DATE
<i>[Signature]</i>	13 June 1949

CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION

P.C. 9/30/49  
 (max) 130

1 NAME (MR - MISS - MRS. FIRST - MIDDLE INITIAL - LAST) <b>Mr. Howard Hunt</b>		2 DATE OF BIRTH <b>10/9/18</b>	3 JOURNAL OR ACTION NO. <b>#297</b>	4 DATE <b>11/3/49</b>
This is to notify you of the following action affecting your employment:				
5 NATURE OF ACTION (USE STANDARD TERMINOLOGY) <b>Excepted Appointment</b>		6 EFFECTIVE DATE <b>11/8/49</b>	7 CIVIL SERVICE OR OTHER LEGAL AUTHORITY <b>Schedule A-6.116(b)</b>	
FROM		TO		
8. POSITION TITLE <b>Intelligence Officer, GS-13 (Editor)</b>		9. SERVICE GRADE, SALARY <b>GS-13, \$7600.00 per annum</b>		
10. ORGANIZATIONAL DESIGNATIONS <b>OPC Program &amp; Planning Staff Program Group II Editorial Prod. Division</b>		11. HEADQUARTERS <b>Washington, D. C.</b>		
<input type="checkbox"/> FIELD	<input type="checkbox"/> DEPARTMENTAL	12 FIELD OR DEPT L	<input type="checkbox"/> FIELD	<input checked="" type="checkbox"/> DEPARTMENTAL
13. REMARKS  <b>Appointment is subject to the satisfactory completion of a trial period of one year.</b>				
<p><i>Doc 08/14/53</i>  <i>CSCOD } 11/08/49</i>  <i>LCO }</i></p> <p style="text-align: right;"><i>[Signature]</i>                  Chief, Employees Division</p>				
15. VETERAN'S PREFERENCE		16. POSITION CLASSIFICATION ACTION		
NONE	<input checked="" type="checkbox"/> 5 PT	10 POINT		Bu. #2971 CSC#3112 6/2/49
		DISAB	WIFE	
		WIDOW	OTHER	21 DATE OF ACTION (ACCESSIONS ONLY) <b>11/3/49</b>
17 SEX <input checked="" type="checkbox"/> M	18 RACE <input checked="" type="checkbox"/> W	19 APPROPRIATION FROM <b>2105900</b> TO <b>800-101</b>		22 LEGAL REFERENCE <b>Yes</b>
		20 SUBJECT TO C.S. RETIREMENT ACT (YES-NO) <b>Yes</b>		

**PERSONAL HISTORY STATEMENT**

**Instructions:**

1. Answer all questions completely. If question does not apply write "not applicable." Write "unknown" only if you do not know the answer and cannot obtain the answer from personal records. Use the blank pages at the end of this form for extra details on any question or questions for which you do not have sufficient room.
2. Type, print or write carefully; illegible or incomplete forms will not receive consideration.

HAVE YOU READ AND DO YOU UNDERSTAND THE INSTRUCTIONS? Yes  
Yes or No

**SEC. 1. PERSONAL BACKGROUND**

Telephone: \_\_\_\_\_  
Office: \_\_\_\_\_  
Ext: \_\_\_\_\_

A. FULL NAME <sup>XXXX</sup> Mr. Everette Howard Hunt, Jr. <sup>XXXX</sup> (Use No Initials) <sub>First Middle Last</sub> Home: 3-6218

PRESENT ADDRESS 30 Willett Street, Albany 6, New York, U.S.A.  
St. & No. City State Country

PERMANENT ADDRESS 30 Willett Street, Albany 6, New York, U.S.A.  
St. & No. City State Country

B. NICKNAME Howie WHAT OTHER NAMES HAVE YOU USED? Howard Hunt

UNDER WHAT CIRCUMSTANCES HAVE YOU EVER USED THESE NAMES? nom de plume

HOW LONG? 7 years IF A LEGAL CHANGE, GIVE PARTICULARS \_\_\_\_\_

Where? By What Authority  
C. DATE OF BIRTH 10/9/18 PLACE OF BIRTH Hamburg, N.Y., U.S.A.  
City State Country

D. PRESENT CITIZENSHIP USA BY BIRTH? Yes BY MARRIAGE? ---  
Country

BY NATURALIZATION CERTIFICATE # \_\_\_\_\_ ISSUED \_\_\_\_\_ BY \_\_\_\_\_  
Date Court

AT \_\_\_\_\_  
City State Country

HAVE YOU HAD A PREVIOUS NATIONALITY? No  
Yes or No Country

HELD BETWEEN WHAT DATES? \_\_\_\_\_ TO \_\_\_\_\_ ANY OTHER NATIONALITY? \_\_\_\_\_  
Country

GIVE PARTICULARS not applicable

HAVE YOU TAKEN STEPS TO CHANGE PRESENT CITIZENSHIP? No GIVE PARTICULARS:

not applicable

E. IF BORN OUTSIDE U.S. WHEN DID YOU FIRST ARRIVE IN THIS COUNTRY? -----

PORT OF ENTRY? ----- ON PASSPORT OF WHAT COUNTRY? -----

LAST U.S. VISA -----  
Number Type Place of Issue Date of Issue

SEC. 2. PHYSICAL DESCRIPTION

AGE 30 SEX Male HEIGHT 5' 10 1/2" WEIGHT 168

EYES Blue HAIR Brown COMPLEXION Fair SCARS right eyebrow

BUILD medium OTHER DISTINGUISHING FEATURES None

SEC. 3. MARITAL STATUS

A. SINGLE  MARRIED \_\_\_\_\_ DIVORCED \_\_\_\_\_ WIDOWED \_\_\_\_\_

STATE DATE, PLACE, AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS \_\_\_\_\_

not applicable

B. WIFE OR HUSBAND (IF YOU HAVE BEEN MARRIED MORE THAN ONCE — INCLUDE ANNUL-  
MENTS — USE A SEPARATE SHEET FOR FORMER WIFE OR HUSBAND  
GIVING DATA REQUIRED BELOW FOR ALL PREVIOUS MARRIAGES.)

NAME OF SPOUSE not applicable  
First Middle Maiden Last

PLACE AND DATE OF MARRIAGE \_\_\_\_\_

HIS (OR HER) ADDRESS BEFORE MARRIAGE \_\_\_\_\_  
St. & No. City State Country

LIVING OR DECEASED \_\_\_\_\_ DATE OF DECEASE \_\_\_\_\_ CAUSE \_\_\_\_\_

PRESENT, OR LAST, ADDRESS \_\_\_\_\_  
St. & No. City State Country

DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_  
City State Country

IF BORN OUTSIDE U.S. INDICATE DATE AND PLACE OF ENTRY \_\_\_\_\_

CITIZENSHIP \_\_\_\_\_ WHEN ACQUIRED? \_\_\_\_\_ WHERE? \_\_\_\_\_  
City State Country

OCCUPATION \_\_\_\_\_ LAST EMPLOYER \_\_\_\_\_

EMPLOYER'S OR BUSINESS ADDRESS \_\_\_\_\_  
St. & No. City State Country

MILITARY SERVICE FROM \_\_\_\_\_ TO \_\_\_\_\_ BRANCH OF SERVICE \_\_\_\_\_  
Date Date

COUNTRY \_\_\_\_\_ DETAILS OF OTHER GOV'T. SERVICE, U.S. OR FOREIGN \_\_\_\_\_

SEC. 4. CHILDREN OR DEPENDENTS (Include partial dependents) None

1. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ AGE \_\_\_\_\_  
 CITIZENSHIP \_\_\_\_\_ ADDRESS \_\_\_\_\_  
St. & No. City State Country

2. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ AGE \_\_\_\_\_  
 CITIZENSHIP \_\_\_\_\_ ADDRESS \_\_\_\_\_  
St. & No. City State Country

3. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ AGE \_\_\_\_\_  
 CITIZENSHIP \_\_\_\_\_ ADDRESS \_\_\_\_\_  
St. & No. City State Country

SEC. 5. FATHER (Give the same information for stepfather and/or guardian on a separate sheet)

FULL NAME Evaratto Howard Hunt  
First Middle Last

LIVING OR DECEASED Living DATE OF DECEASE \_\_\_\_\_ CAUSE \_\_\_\_\_

PRESENT, OR, LAST, ADDRESS 30 Willott street, Albany 6, N.Y., USA  
St. & No. City State Country

DATE OF BIRTH 15 Dec '38 PLACE OF BIRTH Hamburg, New York, USA  
City State Country

IF BORN OUTSIDE U.S. INDICATE DATE AND PLACE OF ENTRY \_\_\_\_\_

CITIZENSHIP USA WHEN ACQUIRED? Birth WHERE? \_\_\_\_\_  
City State Country

OCCUPATION Lawyer LAST EMPLOYER Self

EMPLOYER'S OR OWN BUSINESS ADDRESS 11 NORTH PEARL ST. ALBANY 6, N.Y.  
St. & No. City State Country

MILITARY SERVICE FROM 1916 TO 1918 BRANCH OF SERVICE Air Service, SC  
Date Date

COUNTRY USA DETAILS OF OTHER GOV'T SERVICE, U.S. OR FOREIGN.  
not applicable

SEC. 6. MOTHER (Give the same information for stepmother on a separate sheet)

FULL NAME Ethel Jean Hunt  
First Middle Last

LIVING OR DECEASED Living DATE OF DECEASE \_\_\_\_\_ CAUSE \_\_\_\_\_

PRESENT, OR LAST, ADDRESS 30 Willott Street, Albany 6, New York, USA  
St. & No. City State Country

DATE OF BIRTH 15 March 1919 PLACE OF BIRTH Canal Dover, Ohio

CITIZENSHIP USA WHEN ACQUIRED? Birth WHERE? \_\_\_\_\_  
City State Country

IF BORN OUTSIDE U.S. INDICATE DATE AND PLACE OF ENTRY \_\_\_\_\_

OCCUPATION not applicable LAST EMPLOYER -----  
EMPLOYER'S OR OWN BUSINESS ADDRESS -----  
St. & No. City State Country  
MILITARY SERVICE FROM ----- TO ----- BRANCH OF SERVICE -----  
COUNTRY ----- DETAILS OF OTHER GOV'T SERVICE, U.S. OR FOREIGN.  
not applicable

**SEC. 7. BROTHERS AND SISTERS (Including half-, step-, and adopted brothers and sisters)**

1. FULL NAME not applicable AGE -----  
First Middle Last  
PRESENT ADDRESS -----  
St. & No. City State Country Citizenship  
2. FULL NAME ----- AGE -----  
First Middle Last  
PRESENT ADDRESS -----  
St. & No. City State Country Citizenship  
3. FULL NAME ----- AGE -----  
First Middle Last  
PRESENT ADDRESS -----  
St. & No. City State Country Citizenship  
4. FULL NAME ----- AGE -----  
First Middle Last  
PRESENT ADDRESS -----  
St. & No. City State Country Citizenship  
5. FULL NAME ----- AGE -----  
First Middle Last  
PRESENT ADDRESS -----  
St. & No. City State Country Citizenship

**SEC. 8. FATHER-IN-LAW**

FULL NAME not applicable  
First Middle Last  
LIVING OR DECEASED ----- DATE OF DECEASE ----- CAUSE -----  
PRESENT, OR LAST, ADDRESS -----  
St. & No. City State Country  
DATE OF BIRTH ----- PLACE OF BIRTH -----  
IF BORN OUTSIDE U.S. INDICATE DATE AND PLACE OF ENTRY -----  
-----  
CITIZENSHIP ----- WHEN ACQUIRED? ----- WHERE? -----  
City State Country  
OCCUPATION ----- LAST EMPLOYER -----



SEC. 9. MOTHER-IN-LAW

FULL NAME not applicable  
First Middle Last

LIVING OR DECEASED \_\_\_\_\_ DATE OF DECEASE \_\_\_\_\_ CAUSE \_\_\_\_\_

PRESENT, OR LAST, ADDRESS \_\_\_\_\_  
St. & No. City State Country

DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_

IF BORN OUTSIDE U.S. INDICATE DATE AND PLACE OF ENTRY \_\_\_\_\_

CITIZENSHIP \_\_\_\_\_ WHEN ACQUIRED? \_\_\_\_\_ WHERE? \_\_\_\_\_  
City State Country

OCCUPATION \_\_\_\_\_ LAST EMPLOYER \_\_\_\_\_

SEC. 10. RELATIVES BY BLOOD, MARRIAGE OR ADOPTION, WHO EITHER LIVE ABROAD OR WHO ARE NOT CITIZENS OF THE UNITED STATES:

- 1. NAME not applicable RELATIONSHIP \_\_\_\_\_ AGE \_\_\_\_\_  
 CITIZENSHIP \_\_\_\_\_ ADDRESS \_\_\_\_\_  
St. & No. City State Country
- 2. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ AGE \_\_\_\_\_  
 CITIZENSHIP \_\_\_\_\_ ADDRESS \_\_\_\_\_  
St. & No. City State Country
- 3. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ AGE \_\_\_\_\_  
 CITIZENSHIP \_\_\_\_\_ ADDRESS \_\_\_\_\_  
St. & No. City State Country

SEC. 11. RELATIVES BY BLOOD OR MARRIAGE IN THE MILITARY OR CIVIL SERVICE OF THE U.S. OR OF A FOREIGN GOVERNMENT.

- 1. NAME not applicable RELATIONSHIP \_\_\_\_\_ AGE \_\_\_\_\_  
 CITIZENSHIP \_\_\_\_\_ ADDRESS \_\_\_\_\_  
St. & No. City State  
 TYPE AND LOCATION OF SERVICE (IF KNOWN) \_\_\_\_\_
- 2. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ AGE \_\_\_\_\_  
 CITIZENSHIP \_\_\_\_\_ ADDRESS \_\_\_\_\_  
St. & No. City State  
 TYPE AND LOCATION OF SERVICE (IF KNOWN) \_\_\_\_\_
- 3. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ AGE \_\_\_\_\_  
 CITIZENSHIP \_\_\_\_\_ ADDRESS \_\_\_\_\_  
St. & No. City State  
 TYPE AND LOCATION OF SERVICE (IF KNOWN) \_\_\_\_\_

SEC. 12. EDUCATION

ELEMENTARY SCHOOL Hamburg PS ADDRESS Hamburg, N.Y., USA  
City State Country  
 DATES ATTENDED 1924-1932 GRADUATE? Yes

HIGH SCHOOL Hamburg High School ADDRESS Hamburg, N.Y., USA  
City State Country  
 DATES ATTENDED 1932-1936 GRADUATE? Yes

COLLEGE Brown University ADDRESS Providence 12, R.I., USA  
City State Country  
 DATES ATTENDED 1936-1940 DEGREE A.B.

COLLEGE \_\_\_\_\_ ADDRESS \_\_\_\_\_  
City State Country  
 DATES ATTENDED \_\_\_\_\_ DEGREE \_\_\_\_\_

SEC. 13. MILITARY, NAVAL OR OTHER GOV'T SERVICE -- U.S. OR FOREIGN

USA	USAAF	1st Lt.	1943-1946
USA	USNR	Ensign	1940-1942
<small>Country</small>	<small>Service</small>	<small>Rank</small>	<small>Dates of Service</small>
HQ Det. 202, OSS China	0-587241		Honorable
<small>Last Station</small>	<small>Serial No.</small>		<small>Type of Discharge</small>

REMARKS: \_\_\_\_\_

SELECTIVE SERVICE BOARD NUMBER Hono ADDRESS \_\_\_\_\_

IF DEFERRED GIVE REASON \_\_\_\_\_

INDICATE MEMBERSHIP IN MILITARY RESERVE ORGANIZATIONS \_\_\_\_\_  
not applicable

SEC. 14. CHRONOLOGICAL HISTORY OF EMPLOYMENT FOR PAST 15 YEARS. ACCOUNT FOR ALL PERIODS. INCLUDE CASUAL EMPLOYMENT. INCLUDE ALSO PERIODS OF UNEMPLOYMENT. GIVE ADDRESSES AND STATE WHAT YOU DID DURING PERIODS OF UNEMPLOYMENT. LIST LAST POSITION FIRST.

1. FROM May, 1942 to February, 1949

EMPLOYING FIRM OR AGENCY Economic Cooperation Administration

ADDRESS 2 rue St. Florentin, Paris 1, France  
St. & No. City State Country

KIND OF BUSINESS Public Relations NAME OF SUPERVISOR J. V. Fleming

TITLE OF JOB U.S. Media Specialist SALARY: \$420. PER Year

YOUR DUTIES general PR work plus speech writing for Ambassador Harriman; film production.

REASONS FOR LEAVING my publishing affairs deteriorated to such an

extent that my presence in America became imperative for financial reasons.

2. FROM January, 1943 to October, 1943

EMPLOYING FIRM OR AGENCY TIME, Inc.

ADDRESS Rockefeller Plaza, New York, New York, USA  
St. & No. City State Country

KIND OF BUSINESS Publishing NAME OF SUPERVISOR Dan Longfall

TITLE OF JOB War Correspondent SALARY \$ 150. PER week

YOUR DUTIES Report on South Pacific campaign

REASONS FOR LEAVING To re-enter military service

3. FROM October, 1942 TO January, 1943

EMPLOYING FIRM OR AGENCY The March of Time (TIME, Inc.)

ADDRESS 369 Lexington Avenue, New York 16, New York, USA  
St. & No. City State Country

KIND OF BUSINESS documentary films NAME OF SUPERVISOR Louis de Rochemont

TITLE OF JOB Script writer SALARY \$ 150. PER week

YOUR DUTIES Write Naval training films and assist on monthly

REASONS FOR LEAVING Opportunity to return to a combat release.  
zone for LIFE.

4. FROM \_\_\_\_\_ TO \_\_\_\_\_

EMPLOYING FIRM OR AGENCY \_\_\_\_\_

ADDRESS \_\_\_\_\_  
St. & No. City State Country

KIND OF BUSINESS \_\_\_\_\_ NAME OF SUPERVISOR \_\_\_\_\_

TITLE OF JOB \_\_\_\_\_ SALARY \$ \_\_\_\_\_ PER \_\_\_\_\_

YOUR DUTIES \_\_\_\_\_

REASONS FOR LEAVING \_\_\_\_\_

5. FROM \_\_\_\_\_ TO \_\_\_\_\_

EMPLOYING FIRM OR AGENCY \_\_\_\_\_

ADDRESS \_\_\_\_\_  
St. & No. City State Country

KIND OF BUSINESS \_\_\_\_\_ NAME OF SUPERVISOR \_\_\_\_\_

TITLE OF JOB \_\_\_\_\_ SALARY \$ \_\_\_\_\_ PER \_\_\_\_\_

YOUR DUTIES \_\_\_\_\_

REASONS FOR LEAVING \_\_\_\_\_

SEC. 15. HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN FROM ANY POSITION? HAVE YOU LEFT A POSITION UNDER CIRCUMSTANCES WHICH YOU DESIRE TO EXPLAIN? GIVE DETAILS:

No

SEC. 16. GIVE FIVE CHARACTER REFERENCES — IN THE U.S. — WHO KNOW YOU INTIMATELY — (GIVE RESIDENCE AND BUSINESS ADDRESSES WHERE POSSIBLE.)

	Street and Number	City	State
1. Mr. Murray Snouse	BUS. ADD. State Bank of Albany, N.Y.	Albany	N.Y.
	RES. ADD. 321 State Street, Albany, N.Y.	Albany	N.Y.
2. Mr. Chester T. Hubbell	BUS. ADD. Hubbell Lumber Co., Albany, NY,	Albany	NY
	RES. ADD. Loudonville, New York	Loudonville	New York
3. Hon. Westmore Willcox	BUS. ADD. 63 William St., New York 5, NY	New York	NY
	RES. ADD. East End Avenue, New York, N.Y.	New York	N.Y.
4. Dr. Bruce Bigelow	BUS. ADD. Brown University, Providence, R.I.	Providence	R.I.
	RES. ADD. Brown University, Providence, R.I.	Providence	R.I.
5. Dr. R. G. Moyer	BUS. ADD. Brown University, Providence, R.I.	Providence	R.I.
	RES. ADD. 164 Anthony St., Providence, R.I.	Providence	R.I.

SEC. 17. NAMES OF FIVE PERSONS WHO KNOW YOU SOCIALLY IN THE UNITED STATES — NOT REFERENCES, SUPERVISORS OR EMPLOYERS — (Give residence and business addresses where possible.)

	Street and Number	City	State
1. Hon. Archibald Douglas, Jr.	BUS. ADD. 120 Broadway, New York, New York	New York	New York
	RES. ADD. 455 E. 57th St., New York, N.Y.	New York	N.Y.
2. Hon. MacNeil Mitchell	BUS. ADD. 36 W. 14th Street, New York, NY	New York	NY
	RES. ADD. 137 East 59th St., New York, N.Y.	New York	N.Y.
3. Mr. Franklin A. Lindsay	BUS. ADD. "L" Bldg., Washington, D. C.	Washington	D. C.
	RES. ADD. 3416 Que St., Washington, DC	Washington	DC
4. Mr. Robert G. North	BUS. ADD. 1719 North McCadden Place, Hollywood	Hollywood	Cal.
	RES. ADD. 3947 Fredonia Dr., Hollywood, Cal.	Hollywood	Cal.
5. Maj. J. K. Singlaub	BUS. ADD. "L" Bldg., Washington, D. C.	Washington	D. C.
	RES. ADD. 5509 Johnson Ave., Bethesda, Md.	Bethesda	Md.

**SEC. 18. GIVE THREE NEIGHBORS AT YOUR LAST NORMAL RESIDENCE IN THE U.S. — (Give residence and business addresses where possible.)**

	Street and Number	City	State
1. <u>Mr. J. Stanley Davis</u>	BUS. ADD. <u>3 Englewood Place</u>	<u>Albany</u>	<u>N.Y.</u>
	RES. ADD. <u>90 State St.</u>	<u>Albany</u>	<u>N.Y.</u>
2. <u>Mr. Peter Kiernan, Jr.</u>	BUS. ADD. <u>5 Englewood Place</u>	<u>Albany</u>	<u>N.Y.</u>
	RES. ADD. <u>120 State Street</u>	<u>Albany</u>	<u>N.Y.</u>
3. <u>Bishop E. L. Barry</u>	BUS. ADD. <u>----</u>		
	RES. ADD. <u>32 Willott Street</u>	<u>Albany</u>	<u>N.Y.</u>

**SEC. 19. FINANCIAL BACKGROUND**

A. ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY? No IF NOT, STATE SOURCES OF OTHER INCOME Royalties from book publishing

B. NAMES AND ADDRESSES OF BANKS WITH WHICH YOU HAVE ACCOUNTS State Bank of Albany, N.Y.

C. HAVE YOU EVER BEEN IN, OR PETITIONED FOR, BANKRUPTCY? No  
GIVE PARTICULARS, INCLUDING COURT: Not applicable

D. GIVE THREE CREDIT REFERENCES — IN THE U.S.

1. NAME Brooks Brothers ADDRESS 346 Madison Ave., New York, N.Y.  
St. & No. City State

2. NAME Abercrombie & Fitch ADDRESS Madison Avenue, New York, N.Y.  
St. & No. City State

3. NAME Hotels Statler ADDRESS New York, New York  
St. & No. City State

**SEC. 20. RESIDENCES FOR THE PAST 15 YEARS**

FROM <u>1941</u> TO <u>Present</u>	<u>30 Willott Street, Albany 6, N.Y.</u>	<u>USA</u>
	St. No. City State Country	
FROM <u>1937</u> TO <u>1941</u>	<u>125 Lancaster Ave., Buffalo, N.Y.</u>	<u>USA</u>
	St. No. City State Country	
FROM <u>1918</u> TO <u>1937</u>	<u>35 Maple Avenue, Hamburg, New York</u>	<u>USA</u>
	St. No. City State Country	
FROM _____ TO _____	St. No. City State Country	
FROM _____ TO _____	St. No. City State Country	
FROM _____ TO _____	St. No. City State Country	
FROM _____ TO _____	St. No. City State Country	

**SEC. 21. RESIDENCE OR TRAVEL OUTSIDE OF THE UNITED STATES**

A. FROM <u>June 139</u> TO <u>Sept., 1950</u>	<u>Europe</u>	<u>Pleasure</u>
	City or Section Country Purpose	
FROM <u>March 147</u> TO <u>July, 147</u>	<u>Mexico</u>	<u>Guggenheim Fellowship</u>
	City or Section Country Purpose	
FROM <u>June 148</u> TO <u>Feb. 149</u>	<u>Europe</u>	<u>Business</u>
	City or Section Country Purpose	

FROM \_\_\_\_\_ TO \_\_\_\_\_  
City or Section Country Purpose

FROM \_\_\_\_\_ TO \_\_\_\_\_  
City or Section Country Purpose

FROM \_\_\_\_\_ TO \_\_\_\_\_  
City or Section Country Purpose

B. LAST U.S. PASSPORT — NUMBER, DATE, AND PLACE OF ISSUE: \_\_\_\_\_

Diplomatic 4267, 10 June, 1948, Washington

HOW MANY OTHER U.S. PASSPORTS HAVE YOU HAD? Two GIVE APPROXIMATE

DATES: May, 1939 January, 1945

PASSPORTS OF OTHER NATIONS: \_\_\_\_\_

SEC. 22. CLUBS, SOCIETIES AND OTHER ORGANIZATIONS

LIST NAMES AND ADDRESSES OF ALL CLUBS, SOCIETIES, PROFESSIONAL SOCIETIES, EMPLOYEE GROUPS, ORGANIZATIONS OF ANY KIND (INCLUDE MEMBERSHIP IN, OR SUPPORT OF, ANY ORGANIZATION HAVING HEADQUARTERS OR BRANCH IN A FOREIGN COUNTRY) TO WHICH YOU BELONG OR HAVE BELONGED:

1. Zeta Psi Fraternity, Epsilon; Providence, R. I., USA  
Name and Chapter St. & No. City State Country  
 DATES OF MEMBERSHIP: February 1937 to present
2. Brown University Club; 86 Park Ave., New York, N. Y., USA  
Name and Chapter St. & No. City State Country  
 DATES OF MEMBERSHIP: 1942 to present
3. Army & Navy Club, 1627 "I" St., Washington 6, D.C., USA  
Name and Chapter St. & No. City State Country  
 DATES OF MEMBERSHIP: June, 1948 to present
4. Fort Orange Club, 110 Washington Ave., Albany 6, N. Y., USA  
Name and Chapter St. & No. City State Country  
 DATES OF MEMBERSHIP: February, 1946 to present
5. Albany Country Club, Albany 3, N. Y., USA  
Name and Chapter St. & No. City State Country  
 DATES OF MEMBERSHIP: May, 1947 to November, 1948
6. Authors League of America, 6 E. 39th St., New York, N. Y., USA  
Name and Chapter St. & No. City State Country  
 DATES OF MEMBERSHIP: 1942 to present
7. Screen Writers Guild, 1655 North Cherokee, Hollywood, Cal., USA  
Name and Chapter St. & No. City State Country  
 DATES OF MEMBERSHIP: 1947 to present
8. American Legion, Fort Orange Post, Albany, N. Y., USA  
 1942 to present

SEC. 23. GENERAL QUALIFICATIONS

A. FOREIGN LANGUAGES (STATE DEGREE OR PROFICIENCY AS "SLIGHT" "FAIR" OR "FLUENT")

LANGUAGE Spanish SPEAK slight READ fluent WRITE fair

LANGUAGE French SPEAK fair READ fluent WRITE slight

LANGUAGE German SPEAK ----- READ slight WRITE -----

B. LIST ALL SPORTS AND HOBBIES WHICH INTEREST YOU: INDICATE DEGREE OF PROFICIENCY IN EACH:

Swimming - excellent Music (piano) - fair

Tennis - fair

Trap shooting - good

C. HAVE YOU ANY QUALIFICATIONS, AS A RESULT OF TRAINING OR EXPERIENCE, WHICH MIGHT FIT YOU FOR A PARTICULAR POSITION?

Wartime OSS service as CBI Reports Officer

Graduate AAF Combat Intelligence School

Lecturer on Psychological Warfare at Army-Navy Staff College

D. LIST BELOW THE NAMES OF GOVERNMENT DEPARTMENTS, AGENCIES OR OFFICES TO WHICH YOU HAVE APPLIED FOR EMPLOYMENT SINCE 1939:

Economic Cooperation Administration

E. IF, TO YOUR KNOWLEDGE, ANY OF THE ABOVE HAS CONDUCTED AN INVESTIGATION OF YOU, INDICATE BELOW THE NAME OF THAT AGENCY AND THE APPROXIMATE DATE OF THE INVESTIGATION:

Office of Strategic Services - December, 1944

ECA - June, 1943

SEC. 24. MISCELLANEOUS

A. DO YOU ADVOCATE OR HAVE YOU EVER ADVOCATED; OR ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OR, OR HAVE YOU SUPPORTED ANY POLITICAL PARTY OR ORGANIZATION WHICH ADVOCATES THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT IN THE UNITED STATES?

IF "YES", EXPLAIN: No

B. DO YOU USE, OR HAVE YOU USED, INTOXICANTS? Yes IF SO, TO WHAT EXTENT? Moderately

C. HAVE YOU EVER BEEN ARRESTED, INDICTED OR CONVICTED FOR ANY VIOLATION OF LAW OTHER THAN A MINOR TRAFFIC VIOLATION? IF SO, STATE NAME OF COURT, CITY, STATE, COUNTRY, NATURE OF OFFENSE AND DISPOSITION OF CASE:

D. HAVE YOU EVER BEEN COURT-MARTIALED WHILE A MEMBER OF THE ARMED FORCES? IF ANSWER IS "YES," GIVE DETAILS BELOW:

No

SEC. 25. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:

NAME Mrs. E. H. Hunt RELATIONSHIP Mother

ADDRESS 30 Willatt Street, Albany 6, New York, USA  
St. & No. City State Country

SEC. 26. YOU ARE INFORMED THAT THE CORRECTNESS OF ALL STATEMENTS MADE HEREIN WILL BE INVESTIGATED.

ARE THERE ANY UNFAVORABLE INCIDENTS IN YOUR LIFE NOT MENTIONED ABOVE WHICH MAY BE DISCOVERED IN SUBSEQUENT INVESTIGATION, WHETHER YOU WERE DIRECTLY INVOLVED OR NOT, WHICH MIGHT REQUIRE EXPLANATION? IF SO, DESCRIBE. IF NOT, ANSWER "NO."

No



SEC. 27. I CERTIFY THAT THE FOREGOING ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND I AGREE THAT ANY MISSTATEMENT OR OMISSION AS TO A MATERIAL FACT WILL CONSTITUTE GROUNDS FOR IMMEDIATE DISMISSAL OR REJECTION OF MY APPLICATION.

SIGNED AT Albany, New York DATE May 11, 1949  
City and State  
Robert J. Williams Ernest Howard Hunt  
Witness Signature of Applicant  
67 State St. Albany, N.Y.

USE THE FOLLOWING PAGES FOR EXTRA DETAILS. NUMBER ACCORDING TO THE NUMBER OF THE QUESTION TO WHICH THEY RELATE. SIGN YOUR NAME AT THE END OF THE ADDED MATERIAL. IF ADDITIONAL SPACE IS REQUIRED USE EXTRA PAGES THE SAME SIZE AS THESE AND SIGN EACH SUCH PAGE.

14. Time unaccounted for in the Employment History was spent either in College, Military or Naval Service or in creative writing.
14. 1 Salary stated is inclusive of allowances.
19. A To date I have published 4 novels, one of which deals in part with OSS activities in Europe and the Far East during the war. In past years I have contributed to LIBERTY, THE NEW YORKER, and COSMOPOLITAN. My royalties yield me an average of \$3,000 a year above my salary. A fifth novel is to be published in August, 1949, and this year an estimated 1 million copies of two books in pocket editions will be in circulation.
22. American War Correspondents Association, 13 West 54th Street, New York, New York
23. C At the request of the Allied High Commissioner for Austria, Lt. Gen. Geoffrey Keyes, I was placed on assignment in Vienna to the ECA Special Mission for the purpose of writing and producing an official U.S. documentary film directed at the Anti-communist elements of Austria, and specifically toward Austrian labor groups. The film has received wide distribution in all Allied zones except the Russian Zone, and its showing at the Vienna Fair, I have been informed, was the subject of an official Russian protest. I was solely responsible for the creation of this film, MIT VEREINTEN: IERERTEN.

SECURITY APPROVAL

CONFIDENTIAL

To : ~~XXXXXXXXXXXXXXXXXXXX~~ Deputy Personnel Officer Date: 30 September 1949  
 From : Chief of Inspection and Security Number: 23500  
 Subject: HUNT, Everette Howard, Jr.

1. Note "X" below:

Security approval is granted subject for access to classified information contingent upon the receipt of derogatory information at some future date.

Provisional clearance for full duty with CIA is granted under the provisions of paragraph 4, Administrative Instruction 10-2, which provides for a temporary appointment pending the completion of full security investigation.

Unless the applicant enters upon duty within 60 days from above date this approval becomes invalid.

2. Memorandum dated 3 June 1949 stated Subject is an applicant for OPC.

*[Handwritten Signature]*  
FRANK P. GEISS  
 Chief, Personnel Security Division

CONFIDENTIAL

**PERSONAL HISTORY STATEMENT**

**Instructions:**

1. Answer all questions completely. If question does not apply write "not applicable." Write "unknown" only if you do not know the answer and cannot obtain the answer from personal records. Use the blank pages at the end of this form for extra details on any question or questions for which you do not have sufficient room.
2. Type, print or write carefully; illegible or incomplete forms will not receive consideration.

**HAVE YOU READ AND DO YOU UNDERSTAND THE INSTRUCTIONS?** \_\_\_\_\_  
Yes or No

**SEC. 1. PERSONAL BACKGROUND**

Telephone: \_\_\_\_\_

**A. FULL NAME** <sup>Mrs</sup> EVERETTE <sup>Howard</sup> HUNTER <sup>JR</sup> Ext.  
(Use No Initials) Mrs. First Middle Last

Office: \_\_\_\_\_  
 Home: \_\_\_\_\_

**PRESENT ADDRESS** \_\_\_\_\_  
St. & No. City State Country

**PERMANENT ADDRESS** \_\_\_\_\_  
St. & No. City State Country

**B. NICKNAME** \_\_\_\_\_ **WHAT OTHER NAMES HAVE YOU USED?** \_\_\_\_\_

\_\_\_\_\_ **UNDER WHAT CIRCUMSTANCES HAVE YOU EVER USED THESE NAMES?** \_\_\_\_\_

**HOW LONG?** \_\_\_\_\_ **IF A LEGAL CHANGE GIVE PARTICULARS** \_\_\_\_\_

Where? By What Authority

**C. DATE OF BIRTH** \_\_\_\_\_ **PLACE OF BIRTH** \_\_\_\_\_  
City State Country

**D. PRESENT CITIZENSHIP** \_\_\_\_\_ **BY BIRTH?** \_\_\_\_\_ **BY MARRIAGE?** \_\_\_\_\_  
Country

**BY NATURALIZATION CERTIFICATE #** \_\_\_\_\_ **ISSUED** \_\_\_\_\_ **BY** \_\_\_\_\_  
Date Court

**AT** \_\_\_\_\_  
City State Country

**HAVE YOU HAD A PREVIOUS NATIONALITY?** \_\_\_\_\_  
Yes or No Country

**HELD BETWEEN WHAT DATES?** \_\_\_\_\_ **TO** \_\_\_\_\_ **ANY OTHER NATIONALITY?** \_\_\_\_\_  
Country

**GIVE PARTICULARS** \_\_\_\_\_

**HAVE YOU TAKEN STEPS TO CHANGE PRESENT CITIZENSHIP?** \_\_\_\_\_ **GIVE PARTICULARS:** \_\_\_\_\_

E. IF BORN OUTSIDE U.S. WHEN DID YOU FIRST ARRIVE IN THIS COUNTRY? \_\_\_\_\_

PORT OF ENTRY? \_\_\_\_\_ ON PASSPORT OF WHAT COUNTRY? \_\_\_\_\_

LAST U.S. VISA \_\_\_\_\_  
Number Type Place of Issue Date of Issue

SEC. 2. PHYSICAL DESCRIPTION

AGE \_\_\_\_\_ SEX \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_

EYES \_\_\_\_\_ HAIR \_\_\_\_\_ COMPLEXION \_\_\_\_\_ SCARS \_\_\_\_\_

BUILD \_\_\_\_\_ OTHER DISTINGUISHING FEATURES \_\_\_\_\_

SEC. 3. MARITAL STATUS

A. SINGLE \_\_\_\_\_ MARRIED  DIVORCED \_\_\_\_\_ WIDOWED \_\_\_\_\_

STATE DATE, PLACE, AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULLMENTS \_\_\_\_\_

NET APPLICABLE

B. WIFE OR HUSBAND (IF YOU HAVE BEEN MARRIED MORE THAN ONCE — INCLUDE ANNULMENTS — USE A SEPARATE SHEET FOR FORMER WIFE OR HUSBAND GIVING DATA REQUIRED BELOW FOR ALL PREVIOUS MARRIAGES.)

NAME OF SPOUSE DOROTHY LOUISE WETZEL HUNT  
First Middle Maiden Last

PLACE AND DATE OF MARRIAGE MILLERS ROCK NEW YORK SEPT 7-1944

HIS (OR HER) ADDRESS BEFORE MARRIAGE 9/6 ECA PARIS FRANCE  
St. & No. City State Country

LIVING OR DECEASED LIVING DATE OF DECEASE \_\_\_\_\_ CAUSE \_\_\_\_\_

PRESENT, OR LAST, ADDRESS 30 WILLET ST ALBANY NY USA  
St. & No. City State Country

DATE OF BIRTH APR 1-1920 PLACE OF BIRTH DANTON OHIO USA  
City State Country

IF BORN OUTSIDE U.S. INDICATE DATE AND PLACE OF ENTRY NET APPLICABLE

CITIZENSHIP USA WHEN ACQUIRED? BIRTH WHERE? \_\_\_\_\_  
City State Country

OCCUPATION HOUSE WIFE LAST EMPLOYER ECA PARIS FRANCE

EMPLOYER'S OR BUSINESS ADDRESS NET APPLICABLE  
St. & No. City State Country

MILITARY SERVICE FROM NET TO APPLICABLE BRANCH OF SERVICE \_\_\_\_\_  
Date Date

COUNTRY \_\_\_\_\_ DETAILS OF OTHER GOV'T. SERVICE, U.S. OR FOREIGN  
US DEPT OF STATE JULY 1944 - JAN 1946 - BERN 5/43  
US TREASURY DEPT DEC 1936 - MAY 1947 - SHANNON, OHIO  
ECA AIR 1948 - AUG 1949 - PARIS, FRANCE

note wife's FURK MARRIED name 'GENTIERE'

**SEC. 4. CHILDREN OR DEPENDENTS (Include partial dependents) *NOT APPLICABLE***

1. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ AGE \_\_\_\_\_  
 CITIZENSHIP \_\_\_\_\_ ADDRESS \_\_\_\_\_  
St. & No. City State Country

2. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ AGE \_\_\_\_\_  
 CITIZENSHIP \_\_\_\_\_ ADDRESS \_\_\_\_\_  
St. & No. City State Country

3. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ AGE \_\_\_\_\_  
 CITIZENSHIP \_\_\_\_\_ ADDRESS \_\_\_\_\_  
St. & No. City State Country

**SEC. 5. FATHER (Give the same information for stepfather and/or guardian on a separate sheet)**

FULL NAME \_\_\_\_\_  
First Middle Last

LIVING OR DECEASED \_\_\_\_\_ DATE OF DECEASE \_\_\_\_\_ CAUSE \_\_\_\_\_

PRESENT, OR, LAST, ADDRESS \_\_\_\_\_  
St. & No. City State Country

DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_  
City State Country

IF BORN OUTSIDE U.S. INDICATE DATE AND PLACE OF ENTRY \_\_\_\_\_

CITIZENSHIP \_\_\_\_\_ WHEN ACQUIRED? \_\_\_\_\_ WHERE? \_\_\_\_\_  
City State Country

OCCUPATION \_\_\_\_\_ LAST EMPLOYER \_\_\_\_\_

EMPLOYER'S OR OWN BUSINESS ADDRESS \_\_\_\_\_  
St. & No. City State Country

MILITARY SERVICE FROM \_\_\_\_\_ TO \_\_\_\_\_ BRANCH OF SERVICE \_\_\_\_\_  
Date Date

COUNTRY \_\_\_\_\_ DETAILS OF OTHER GOV'T SERVICE, U.S. OR FOREIGN. \_\_\_\_\_

**SEC. 6. MOTHER (Give the same information for stepmother on a separate sheet)**

FULL NAME \_\_\_\_\_  
First Middle Last

LIVING OR DECEASED \_\_\_\_\_ DATE OF DECEASE \_\_\_\_\_ CAUSE \_\_\_\_\_

PRESENT, OR LAST, ADDRESS \_\_\_\_\_  
St. & No. City State Country

DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_

CITIZENSHIP \_\_\_\_\_ WHEN ACQUIRED? \_\_\_\_\_ WHERE? \_\_\_\_\_  
City State Country

IF BORN OUTSIDE U.S. INDICATE DATE AND PLACE OF ENTRY \_\_\_\_\_

**SEC. 4. CHILDREN OR DEPENDENTS (Include partial dependents) *NOT APPLICABLE***

1. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ AGE \_\_\_\_\_  
CITIZENSHIP \_\_\_\_\_ ADDRESS \_\_\_\_\_  
St. & No. City State Country

2. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ AGE \_\_\_\_\_  
CITIZENSHIP \_\_\_\_\_ ADDRESS \_\_\_\_\_  
St. & No. City State Country

3. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ AGE \_\_\_\_\_  
CITIZENSHIP \_\_\_\_\_ ADDRESS \_\_\_\_\_  
St. & No. City State Country

**SEC. 5. FATHER (Give the same information for stepfather and/or guardian on a separate sheet)**

FULL NAME \_\_\_\_\_  
First Middle Last

LIVING OR DECEASED \_\_\_\_\_ DATE OF DECEASE \_\_\_\_\_ CAUSE \_\_\_\_\_

PRESENT, OR, LAST, ADDRESS \_\_\_\_\_  
St. & No. City State Country

DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_  
City State Country

IF BORN OUTSIDE U.S. INDICATE DATE AND PLACE OF ENTRY \_\_\_\_\_

CITIZENSHIP \_\_\_\_\_ WHEN ACQUIRED? \_\_\_\_\_ WHERE? \_\_\_\_\_  
City State Country

OCCUPATION \_\_\_\_\_ LAST EMPLOYER \_\_\_\_\_

EMPLOYER'S OR OWN BUSINESS ADDRESS \_\_\_\_\_  
St. & No. City State Country

MILITARY SERVICE FROM \_\_\_\_\_ TO \_\_\_\_\_ BRANCH OF SERVICE \_\_\_\_\_  
Date Date

COUNTRY \_\_\_\_\_ DETAILS OF OTHER GOV'T SERVICE, U.S. OR FOREIGN. \_\_\_\_\_

**SEC. 6. MOTHER (Give the same information for stepmother on a separate sheet)**

FULL NAME \_\_\_\_\_  
First Middle Last

LIVING OR DECEASED \_\_\_\_\_ DATE OF DECEASE \_\_\_\_\_ CAUSE \_\_\_\_\_

PRESENT, OR LAST, ADDRESS \_\_\_\_\_  
St. & No. City State Country

DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_  
City State Country

CITIZENSHIP \_\_\_\_\_ WHEN ACQUIRED? \_\_\_\_\_ WHERE? \_\_\_\_\_  
City State Country

IF BORN OUTSIDE U.S. INDICATE DATE AND PLACE OF ENTRY \_\_\_\_\_

OCCUPATION \_\_\_\_\_ LAST EMPLOYER \_\_\_\_\_  
 EMPLOYER'S OR OWN BUSINESS ADDRESS \_\_\_\_\_  
St. & No. City State Country  
 MILITARY SERVICE FROM \_\_\_\_\_ TO \_\_\_\_\_ BRANCH OF SERVICE \_\_\_\_\_  
 COUNTRY \_\_\_\_\_ DETAILS OF OTHER GOVT SERVICE, U.S. OR FOREIGN.

**SEC. 7. BROTHERS AND SISTERS (Including half-, step-, and adopted brothers and sisters)**

1. FULL NAME \_\_\_\_\_ AGE \_\_\_\_\_  
First Middle Last  
 PRESENT ADDRESS \_\_\_\_\_  
St. & No. City State Country Citizenship

2. FULL NAME \_\_\_\_\_ AGE \_\_\_\_\_  
First Middle Last  
 PRESENT ADDRESS \_\_\_\_\_  
St. & No. City State Country Citizenship

3. FULL NAME \_\_\_\_\_ AGE \_\_\_\_\_  
First Middle Last  
 PRESENT ADDRESS \_\_\_\_\_  
St. & No. City State Country Citizenship

4. FULL NAME \_\_\_\_\_ AGE \_\_\_\_\_  
First Middle Last  
 PRESENT ADDRESS \_\_\_\_\_  
St. & No. City State Country Citizenship

5. FULL NAME \_\_\_\_\_ AGE \_\_\_\_\_  
First Middle Last  
 PRESENT ADDRESS \_\_\_\_\_  
St. & No. City State Country Citizenship

**SEC. 8. FATHER-IN-LAW**

FULL NAME ALBERT CHARLES WETZEL  
First Middle Last  
 LIVING OR DECEASED LIVING DATE OF DECEASE \_\_\_\_\_ CAUSE \_\_\_\_\_  
 PRESENT OR LAST ADDRESS 76 NCR DAYTON OHIO USA  
St. & No. City State Country  
 DATE OF BIRTH JUNE 27 1891 PLACE OF BIRTH DAYTON OHIO USA  
 IF BORN OUTSIDE U.S. INDICATE DATE AND PLACE OF ENTRY \_\_\_\_\_  
NOT APPLICABLE  
 CITIZENSHIP USA WHEN ACQUIRED? BIRTH WHERE? \_\_\_\_\_  
NATIONAL OR ALIEN REGISTERED City State Country  
 OCCUPATION \_\_\_\_\_ LAST EMPLOYER DAYTON OHIO

SEC. 9. MOTHER-IN-LAW

FULL NAME JEANNETTE ELNER DAVIS  
First Middle Last  
LIVING OR DECEASED LIVING DATE OF DECEASE — CAUSE —  
PRESENT, OR LAST, ADDRESS 187 HAWTHORNE AVE SARASOTA  
St. & No. City State Country FLA  
DATE OF BIRTH SEPT 4-1891 PLACE OF BIRTH DAYTON, OHIO USA  
IF BORN OUTSIDE U.S. INDICATE DATE AND PLACE OF ENTRY NOT APPLICABLE  
CITIZENSHIP USA WHEN ACQUIRED BIRTH WHERE? —  
City State Country  
OCCUPATION RECEPTIONIST LAST EMPLOYER SARASOTA HOSPITAL

SEC. 10. RELATIVES BY BLOOD, MARRIAGE OR ADOPTION, WHO EITHER LIVE ABROAD OR WHO ARE NOT CITIZENS OF THE UNITED STATES: NOT APPLICABLE

1. NAME — RELATIONSHIP — AGE —  
CITIZENSHIP — ADDRESS —  
St. & No. City State Country  
2. NAME — RELATIONSHIP — AGE —  
CITIZENSHIP — ADDRESS —  
St. & No. City State Country  
3. NAME — RELATIONSHIP — AGE —  
CITIZENSHIP — ADDRESS —  
St. & No. City State Country

SEC. 11. RELATIVES BY BLOOD OR MARRIAGE IN THE MILITARY OR CIVIL SERVICE OF THE U.S. OR OF A FOREIGN GOVERNMENT. NOT APPLICABLE

1. NAME — RELATIONSHIP — AGE —  
CITIZENSHIP — ADDRESS —  
St. & No. City State  
TYPE AND LOCATION OF SERVICE (IF KNOWN) —  
2. NAME — RELATIONSHIP — AGE —  
CITIZENSHIP — ADDRESS —  
St. & No. City State  
TYPE AND LOCATION OF SERVICE (IF KNOWN) —  
3. NAME — RELATIONSHIP — AGE —  
CITIZENSHIP — ADDRESS —  
St. & No. City State  
TYPE AND LOCATION OF SERVICE (IF KNOWN) —



SEC. 27. I CERTIFY THAT THE FOREGOING ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND I AGREE THAT ANY MISSTATEMENT OR OMISSION AS TO A MATERIAL FACT WILL CONSTITUTE GROUNDS FOR IMMEDIATE DISMISSAL OR REJECTION OF MY APPLICATION.

SIGNED AT SARASOTA, FLA. DATE 11 Oct. 1949  
City and State  
Jeannette Davis E. Howard Hunt, Jr.  
Witness Signature of Applicant

USE THE FOLLOWING PAGES FOR EXTRA DETAILS. NUMBER ACCORDING TO THE NUMBER OF THE QUESTION TO WHICH THEY RELATE. SIGN YOUR NAME AT THE END OF THE ADDED MATERIAL. IF ADDITIONAL SPACE IS REQUIRED USE EXTRA PAGES THE SAME SIZE AS THESE AND SIGN EACH SUCH PAGE.

SECRET

CONFIDENTIAL FUNDS PERSONNEL ACTION

NAME: ~~XXXXXXXXXXXXXXXXXXXX~~ E. Howard Hunt DATE: 22 August 1950

NATURE OF ACTION: Appointment EFFECTIVE DATE: ~~10 December 1950~~ -27 August 1950 10 Dec. 1950

TITLE	FROM	TO
GRADE AND SALARY		Intelligence Officer II Chief of Station
OFFICE		OS-13 \$7,600 p.a.
DIVISION		OPC
BRANCH		Latin America
OFFICIAL STATION		Operations
		Mexico, Mexico City

QUALIFICATIONS: APPROVAL FOR ASSISTANT DIRECTOR: *11 Sept 50* EXECUTIVE

CLASSIFICATION: *W 139* PERSONNEL OFFICER: *C.D. Hulick EAD/OPC*

*Archie J. Roman* *W.B.G. / Mylon*

POST DIFFERENTIAL AUTHORIZED IN ACCORDANCE WITH AGENCY REGULATIONS  YES  NO

DATE OF OFFICE AND NO STRIKE AFFIDAVIT EXECUTED ON 11 December 1950

SECURITY CLEARED ON 7 December 1950 7 December 1950

OVERSEAS AGREEMENT SIGNED 11 December 1950

ENTERED ON DUTY 10 December 1950

SIGNATURE OF AUTHENTICATING OFFICER

REMARKS:

Charge to Mexico slot #1, JBEDICT  
 Budgetary allotment IA #3  
~~Transfer annual & sick leave from unencumbered funds~~  
~~from unencumbered funds~~

Transfer annual & sick leave from unencumbered funds. ✓ E.H. Paris

COPY IN PAYROLL FILES  
 CONFIDENTIAL FUNDS BRANCH  
*W*

*W 139*

### APPOINTMENT AFFIDAVITS

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

..... Central Intelligence Agency ..... Washington, D. C. .....  
(Department or agency) (Bureau or division) (Place of employment)

I, E. Howard Hunt, Jr. ....., do solemnly swear (or affirm) that—

**A. OATH OF OFFICE**

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely without any mental reservation or purpose of evasion; that I will well and faithfully discharge the duties of the office on which I am about to enter, **SO HELP ME GOD.**

**B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION**

I am not a Communist or Fascist. I do not advocate nor am I a member of any organization that advocates the overthrow of the Government of the United States by force or violence or other unconstitutional means or seeking by force or violence to deny other persons their rights under the Constitution of the United States. I do further swear (or affirm) I will not so advocate, nor will I become a member of such organization during the period that I am an employee of the Federal Government.

**C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT**

I am not engaged in any strike against the Government of the United States and that I will not so engage while an employee of the Government of the United States; that I am not a member of an organization of Government employees that asserts the right to strike against the Government of the United States, and that I will not, while a Government employee, become a member of such an organization.

**D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE**

I have not paid, or offered or promised to pay, any money or other thing of value to any person, firm or corporation for the use of influence to procure my appointment.

**E. AFFIDAVIT AS TO DECLARATION OF APPOINTEE**

The answers given in the Declaration of Appointee on the reverse of this form are true and correct.

11 Dec 1950 ..... E. Howard Hunt, Jr. .....  
(Date of entrance on duty) (Signature of appointee)

Subscribed and sworn before me this 11th day of December, A. D. 1950.

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

[SEAL]

..... Clifford D. ... .....  
(Signature of officer)  
..... Clerk .....  
(Title)

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

## DECLARATION OF APPOINTEE

This form is to be completed before entrance on duty. Answer all questions. Any false statement in this declaration will be grounds for cancellation of application or dismissal after appointment. Impersonation is a criminal offense and will be prosecuted accordingly.

1. PRESENT ADDRESS (street and number, city and State)

2. (A) DATE OF BIRTH

(B) PLACE OF BIRTH (city or town and State or country)

3. (A) IN CASE OF EMERGENCY PLEASE NOTIFY

(B) RELATIONSHIP

(C) STREET AND NUMBER, CITY AND STATE

(D) TELEPHONE NO.

*E. H. HUNT*

*Father*

*30 Willest St.  
Albany, N.Y.*

*3-6218*

4. DOES THE UNITED STATES GOVERNMENT EMPLOY, IN A CIVILIAN CAPACITY, ANY RELATIVE OF YOURS (EITHER BY BLOOD OR MARRIAGE) WITH WHOM YOU LIVE OR HAVE LIVED WITHIN THE PAST 24 MONTHS?  YES  NO  
If no, for each such relative fill in the blanks below. If additional space is necessary, complete under Item 10.

NAME	POST OFFICE ADDRESS (Give street number, if any)	(1) PERMANENT (2) DEPARTMENT OR AGENCY IN WHICH EMPLOYED	RELATIONSHIP	MARRIED	SINGLE (Check one)

INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO	ITEM NO.	10. SPACE FOR DETAILED ANSWERS TO OTHER QUESTIONS <small>WRITE IN LEFT COLUMN NUMBERS OF ITEMS TO WHICH DETAILED ANSWERS APPLY</small>
5. ARE YOU A CITIZEN OF OR DO YOU OWE ALLEGIANCE TO THE UNITED STATES?				
6. ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY? <i>If your answer is "Yes", give details in Item 10.</i>				
7. DO YOU RECEIVE ANY ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT OR ANY FOREIGN OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE? <i>If your answer is "Yes", give in Item 10 reason for retirement, that is age, optional disability, or by reason of voluntary or involuntary separation after 3 years' service; amount of retirement pay, and under what retirement act; and giving, if retired from military or naval service.</i>				
8. SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT HAVE YOU BEEN DISCHARGED, OR FORCED TO RESIGN, FOR MISCONDUCT OR UNSATISFACTORY SERVICE FROM ANY POSITION? <i>If your answer is "Yes", give in Item 10 the name and address of employer, date and reason in each case.</i>				
9. HAVE YOU BEEN ARRESTED (NOT INCLUDING TRAFFIC VIOLATIONS FOR WHICH YOU WERE FINED \$5 OR LESS, OR FORFEITED COLLATERAL OF \$25 OR LESS) SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT? <i>If your answer is "Yes", list all such cases under Item 10. Give in each case: (1) The date; (2) the nature of the offense or violation; (3) the name and location of the court; (4) the penalty imposed, if any, or other disposition of the case. If appointed, your fingerprints will be taken.</i>				

### INSTRUCTIONS TO APPOINTING OFFICER

The appointing officer before whom the foregoing certificate is made shall determine to his own satisfaction that this appointment would be in conformity with the Civil Service Act, applicable Civil Service Rules and Regulations and Acts of Congress pertaining to appointments.

This form should be checked for holding of office, position, suitability in connection with any record of recent discharge or arrest, and particularly for the following:

(1) *Identity of appointee*—It is the duty of the appointing officer to guard against impersonation and to determine beyond reasonable doubt that the appointee is the same person whose appointment was authorized. The appointee's signature and handwriting are to be compared with the application and other pertinent papers. If the appointee is named in a written examination, the signature on this form should be compared with the signature on the declaration sheet, which was signed in the examination room. His physical appearance may be checked against the medical certificate. The appointee may also be questioned on his personal history for agreement with his previous statements.

(2) *Age*—If definite age limits have been established for the position, it should be determined that applicant is not outside the age range for appointment. Until such determination is made, the appointment may not be consummated.

(3) *Citizenship*—The appointing officer is responsible for observing the citizenship provisions of (a) the Civil Service Rules and (b) applicable laws. Form 61 constitutes an affidavit for both purposes and is acceptable proof of citizenship status in the absence of conflicting evidence. In doubtful cases the appointment should not be consummated until clearance has been secured from the certifying officer of the Civil Service Commission.

(4) *Members of Family*—Section 9 of the Civil Service Act provides that whenever there are already two or more members of a family serving under probational or permanent appointment in the competitive service, or other member of such family is eligible for probational or permanent appointment in the competitive service, the appointments of persons entitled to veteran preference are not subject to this requirement. The members of family provision does not apply to temporary appointments. Doubtful cases may be referred to the appropriate office of the Civil Service Commission for a decision.

SECRET

MR *file*  
*ck*

CONFIDENTIAL FUNDS PERSONNEL ACTION		
NAME <u>R. Howard Hunt, Jr.</u>		DATE <u>13 December 1950</u>
NATURE OF ACTION <u>Integration</u>		EFFECTIVE DATE <u>13 December 1950</u>
	FROM	TO
TITLE	<u>Intelligence Officer GS-13</u>	<u>Attache FSR-1</u>
GRADE AND SALARY	<u>GS-13 \$7,600.00</u>	<u>FSR-1 \$7,830.00 a</u>
OFFICE	<u>OPC</u>	<u>OPC</u>
DIVISION	<u>IA</u>	<u>IA</u>
BRANCH		
OFFICIAL STATION	<u>Mexico City, Mexico</u>	<u>Mexico City, Mexico</u>
QUALIFICATIONS	APPROVAL FOR ASSISTANT DIRECTOR	EXECUTIVE
	CLASSIFICATION	
	<u>see isdu 50</u>	
POST DIFFERENTIAL AUTHORIZED IN ACCORDANCE WITH AGENCY REGULATIONS	YES <input type="checkbox"/>	NO <input type="checkbox"/>
DATE OF OFFICE AND NO STRIKE AFFIDAVIT EXECUTED ON _____		
SECURITY CLEARED ON _____		
OVERSEAS AGREEMENT SIGNED _____		
ENTERED ON DUTY _____		
		_____ SIGNATURE OF AUTHENTICATING OFFICER
REMARKS:  <p style="text-align: center;">Subject is due a lump sum payment for annual leave to be paid up to 12 December 1950.</p>		

**POSTED**  
*On 16 Dec 50*

*File*

**SECRET**

**Agreement**

AGREEMENT made this 17<sup>th</sup> day of December, 1950, effective the 17<sup>th</sup> day of December, 1950, by and between the United States of America (hereinafter referred to as the Government), as represented by the Central Intelligence Agency, and E. Howard Hunt, Jr. (hereinafter referred to as the Employee).

**RECITALS**

A. The Government desires the services of the Employee for CIA under circumstances requiring the Employee to receive [redacted] and proposes to send the Employee overseas to [redacted] for operations in the general area of [redacted].

B. The Employee desires as an employee of the Government to serve CIA abroad under the supervision and control of the Assistant Director for Special Operations, CIA (ARSO) and is willing to accept a designation [redacted] with the obligations thereof.

In consideration of the premises, the mutual covenants and promises herein contained, and for other good and valuable considerations, the parties hereto agree as follows:

[Large redacted area containing the main terms of the agreement]

**SECRET**

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SECRET

2. [redacted] and certain other key members of his staff will know about the Employee's status and relationship under the terms of the [redacted]

[redacted] Other personnel may discover that there are certain irregularities in travel orders, position numbers, pay accounts, and other internal administrative procedures [redacted]. Nevertheless, the Employee shall not divulge his relationship to CIA except with the expressed approval of the ADSO. While serving abroad, he shall for normal administration be under the control of [redacted] [redacted] to which he is attached, but for operations, including travel as specified below, he shall be under the control of CIA.

3. The travel of the Employee shall be governed as follows:

(a) For temporary duty outside the continental limits of the United States within or beyond the Employee's stipulated area, he shall perform CIA operational travel as directed by the ADSO or his designee with the consent of [redacted] [redacted] involved. TD travel customary and necessary in the performance of routine [redacted] functions may be performed without clearance from the ADSO.

(b) For any travel to the United States, either temporary duty or permanent change of station, the Employee shall travel only at the direction of the ADSO after clearance has been arranged through [redacted] Washington.

(c) All travel will be directed and performed in accordance with [redacted]

4. Although the Employee's [redacted] title, location, appointment, [redacted] and other pertinent information may be published in [redacted] list and other publications of [redacted] such listings shall not affect his employment and the obligations and duties stipulated in this contract.

5. All payments to be made under this contract, including reimbursement for travel expenses, shall be made to the Employee by [redacted] except payments referred to in ARTICLE II, Section 4.

- 2 -

SECRET

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ARTICLE II. Relationship of Employee to CIA. Although for all intents and purposes it will appear as though the Employee is employed by [redacted] as indicated in ARTICLE I above, he shall in fact be employed by and under the operational control of CIA. In so far as possible, he will be expected to abide by the rules, regulations, customary practices, and courtesies of [redacted] but his ultimate responsibility will be to CIA. In the event of any conflict of authority in the field between [redacted] and CIA, the matter shall be referred to the ADSQ for resolution.

1. The line of authority for the Employee shall be as follows:

- (a) Senior Representative [redacted]
- (b) [redacted] in Washington.
- (c) Chief of Operations [redacted]
- (d) ADSQ: ADPC
- (e) Director of CIA.

2. All travel shall be directed by the ADPC in accordance with ARTICLE I, Section 3. The Employee shall request appropriate [redacted] clearance for travel through the Senior [redacted] who shall be responsible for arranging such clearance.

3. It is understood and agreed that the Employee's overseas assignment is to be for a minimum period of two years from the date of his arrival at his overseas post of duty, unless terminated by the Government for its convenience. If the assignment is terminated in less than twenty-four months at the Employee's request, the following shall prevail:

(a) If the Employee resigns in less than twelve months from the date of his arrival at his overseas post of duty, he shall reimburse CIA for all travel expenses involved in the transportation of himself, his immediate family, household goods, and personal effects to the foreign station, and pay all such expenses for return to the United States. Such expenses for return to the United States and amounts expended by the Government on account of such travel and transportation shall be considered a debt due by the Employee to the United States.

(b) If the Employee desires to terminate between the twelfth and twenty-fourth month from the date of his arrival at his overseas post of duty, he shall pay all expenses for the travel and transportation of himself, his immediate family, household goods, and personal effects to the United States.

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**SECRET**

4. If deemed necessary by CIA, the Employee may be reimbursed or advanced funds for operational expenses. Such amounts must be advanced or reimbursement made in accordance with CIA regulations, which require a full accounting of the amounts expended by the Employee. Therefore, the Employee will be required to account fully for any such funds advanced or reimbursed in accordance with CIA regulations.

**ARTICLE III. Overseas Allowances and Transportation Expenses.** When specifically authorized by the ADSO, the expenses of travel and transportation of the Employee, his immediate family, household goods and effects, including personally owned automobile and other allowances, will be paid the Employee in accordance with the

[redacted] When authorized by the ADSO, the Employee shall be paid a quarters allowance, cost of living allowance, or special foreign living allowance in accordance with [redacted] and regulations issued thereunder. The amount of quarters and cost of living allowances and the special foreign living allowance is set forth in [redacted] which is amended periodically to reflect adjustments in price indexes. Therefore, such allowances will be subject to change, and the amounts paid will vary according to [redacted]

**ARTICLE IV. Annual and Sick Leave.** The Employee shall be permitted annual leave, sick leave, and leave of absence in accordance with [redacted]. Under such [redacted], the Employee may be granted not to exceed sixty calendar days annual leave of absence with pay in each year. Annual leave which the Employee may receive and which is not used in any one year shall be accumulated for succeeding years until it totals 180 days. Sick leave with pay may be granted to the Employee at the rate of fifteen calendar days each calendar year and may be accumulated for succeeding years until it totals 120 days.

1. If the Employee is transferred from another Government Agency to this position, any annual or sick leave standing to his credit in such Agency, may be transferred, if appropriate, in accordance with E. O. 9837, 27 March 1947, issued pursuant to [redacted]

**ARTICLE V. Return to the United States.** The Employee shall be ordered to the United States on leave of absence or permanent change of station upon completion of two years continuous service abroad or as soon as possible thereafter.

**SECRET**

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ARTICLE VI. Retirement. The Employee occupies a position within the purview of the Civil Service Retirement Act. Accordingly, deductions shall be made at the rate provided by law (presently 5%) from the Employee's basic salary and placed in the Civil Service Retirement Fund. The Employee may not avail himself of the provisions of

ARTICLE VII. Medical Care and Hospitalization. In the event of illness or injury to the Employee requiring hospitalization not the result of vicious habits, intemperance, or misconduct on his part, and incurred in the line of duty while assigned abroad, the expenses of treatment of such illness or injury at a suitable hospital or clinic, or transportation expenses to such hospital or clinic may be paid by the Government in accordance with

Under appropriate regulations, a physical examination of the Employee will be made, together with necessary inoculations, or vaccinations, or the expense thereof will be paid to the Employee.

1. In the event of the death or disability of the Employee, the Employee or his dependents shall be afforded the benefits of the United States Employees' Compensation Act of 7 September 1916, as amended.

ARTICLE VIII. Equipment. The Employee may be furnished technical equipment and supplies to assist in the rendition of services hereunder, including an automobile where necessary. The Employee shall be responsible for such equipment and supplies issued to him by CIA in accordance with CIA Property Regulations. All such material shall remain the property of the Government regardless of any apparently conflicting ownership or the manner of registration.

ARTICLE IX. Salary. The Employee shall receive a basic salary of \$23,340.00 per year in accordance with In-class promotions shall be granted to the Employee in accordance with regulations established in

Other changes in status will be made only as specifically authorized by the ADSO. ADSO

SECRET

ARTICLE X. Continuance of Pay and Allowances. If the Employee is determined by CIA to be absent in a status of "Missing", "Missing in Action", "Interned in a Neutral Country", "Captured by an Enemy", "Beleaguered", or "Besieged", he shall for the period he is determined to be in any such status be entitled to receive or to have credited to his account the same pay and allowances to which he was entitled at the beginning of such period of absence. Continuance of pay and allowances as specified above shall be as prescribed in the Missing Persons Act of 1942 (50 U.S.C.A. App 1001-1015, 7 MARCH 1942).

ARTICLE XI. General. The Employee shall comply with the following provisions, and violation thereof by the Employee shall be deemed a breach of this contract.

1. In participating in the programs and activities of any private organization, the Employee shall make it clear that [redacted] has no official connection with such organization and that it does not sponsor or sanction the viewpoints which he may express. In general, his relations with private organizations shall be governed by applicable [redacted]

2. Neither the Employee nor the members of his family shall act as correspondents for American or foreign newspapers, press syndicates, or associations unless special authorization has been obtained in advance from the ADSO. He shall not write for publication any article or other manuscript on political or controversial subjects. Articles or manuscripts on nonpolitical or noncontroversial subjects shall be submitted to the ADSO for review and approval prior to their submission to a publisher.

3. Neither the Employee nor members of his family shall correspond privately on personnel or other official matters with members of Congress, or officers in [redacted] CIA, or other Governmental agencies.

4. Members of the Employee's family shall not be employed in the same [redacted] office except during grave emergencies or when special authorization has been obtained in advance of employment from [redacted] and CIA.

5. Before contracting marriage with a person of foreign nationality, the Employee shall request and obtain permission from the appropriate officials in [redacted] and CIA. Any such marriage with an alien without obtaining advance permission shall be deemed a breach of this contract and shall result in termination of service with the Government.

SECRET

6. In the event the Employee desires to resign from the service overseas, he shall submit a written resignation addressed to the ADSO, who will take appropriate steps to clear the matter with [REDACTED]

**ARTICLE XII. Security.** This contract contains information affecting the national defense of the United States within the meaning of the Espionage Act (50 U.S.C. 31 and 32, as amended). Its transmission or the revelation of its contents in any manner to an unauthorized person is prohibited by law. Violation of this ARTICLE or any security agreement signed by the Employee with the Government shall result in immediate disciplinary action, which may include suspension, separation from Government service, and may subject the Employee to criminal prosecution under the Espionage Act.

1. The termination of this contract will not release the Employee from the provisions of any security oaths which he may be required to take by CIA.

2. The Employee shall not publish, transmit, or divulge in any manner, information received by him as the result of his employment by the Government under this contract without specific written authority from the Director, CIA.

**ARTICLE XIII. Orders and Directives.** Orders and Directives received by the Employee from competent authority, including instructions received in briefing and training, shall be complied with by the Employee. No promises or commitments to the Employee of any nature whatsoever, beyond and in addition to the terms hereof, shall be binding on the Government unless and until such promise or commitment is reduced to writing and approved by an authorized official of CIA, and such writing placed with this contract thereby becoming an amendment hereto.

**ARTICLE XIV. Amendments.** The Government may at any time amend this contract and may terminate this contract upon thirty day prior notice to the Employee. If the Government proposes to amend this contract by reducing the salary provided for in ARTICLE IX (including class promotions, or other authorized increases, if any) and such reduction is unacceptable to the Employee, resignation by the Employee for such reason shall be considered as a termination of this contract for the convenience of the Government. Where the Employee is directed to proceed to a new post on a permanent change of station by the ADSO, this contract will be deemed to have been amended to the extent of such change.

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SECRET

ARTICLE XV. Special Provisions. The following special provisions shall apply to the Employee under this contract:

In the event any of the provisions in this Article are inconsistent with the provisions of any other Article in this contract, the provisions of this Article XV, shall govern and be determinative of the rights and obligations under this contract.

UNITED STATES OF AMERICA

WITNESS:

BY: J. C. Chubbuck  
~~Chief, Special Branch Division~~  
CHIEF, EMPLOYEES DIVISION

Joseph S. Relf  
~~(Special Branch Officer)~~  
CHIEF, OVERSEAS BRANCH

E. Howard Hunt, Jr.  
(Employee)

APPROVED:

~~XXXXXXXXXXXXXXXXXXXX~~  
Chief of Operations

~~XXXXXXXXXXXXXXXXXXXX~~  
Assistant, Special Branch  
Special Operations

SECRET

CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION (1ag)

1. NAME (MR - MISS - MRS. - ONE GIVEN NAME, INITIALS, AND SURNAME) <b>Mr. Edward Hunt</b>		2. DATE OF BIRTH <b>9 Oct. 1918</b>	3. JOURNAL OR ACTION No. <b>74057</b>	4. DATE <b>30 Dec. 1950</b>
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) <b>Resignation*</b>		6. EFFECTIVE DATE <b>9 Dec. 1950</b>	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY <b>COB</b>	
FROM		TO		
<b>Intelligence Officer GS-13          (Editor)          GS-13-130-\$7600.00 per annum</b>  <b>OPC          Program &amp; Planning Staff          Program Group II          Editorial Prod. Division          Washington, D. C.</b>		8. POSITION TITLE		
		9. SERVICE, SERIES, GRADE, SALARY		
		10. ORGANIZATIONAL DESIGNATIONS		
		11. HEADQUARTERS		
<input type="checkbox"/> FIELD	<input checked="" type="checkbox"/> DEPARTMENTAL	12. FIELD OR DEPT'L	<input type="checkbox"/> FIELD	<input type="checkbox"/> DEPARTMENTAL
13. VETERAN'S PREFERENCE		14. POSITION CLASSIFICATION ACTION		
ONE	WWII	OTHER	5-PT.	10-POINT
				DIBAS OTHER
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	
15. SEX <b>M</b>		16. RACE <b>W</b>		17. APPROPRIATION FROM: <b>2115900</b> TO: <b>801-101</b>
		18. SUBJECT TO C. S. RETIREMENT ACT (YES-NO) <b>Yes</b>	19. DATE OF APPOINTMENT OF AFFIDAVIT (ACCESSIONS ONLY) <b>6/2/49</b>	20. LEGAL RESIDENCE <input checked="" type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE: <b>Va.</b>
21. REMARKS: This action is subject to all applicable laws, rules, and regulations and may be subject to investigation and approval by the United States Civil Service Commission. The action may be corrected or canceled if not in accordance with all requirements.				
* To accept other employment.				
LHD: 12/8/50 LSL: 155 hrs., 12/11/50 thru 11:30 am, 1/9/51.				
<div style="border: 1px solid black; width: 200px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 100px; height: 15px; margin: 0 auto;"></div>				
ENTRANCE EFFICIENCY RATING:				
<b>Employee Division</b> 22. SIGNATURE OR OTHER AUTHENTICATION				

SECRET

CONFIDENTIAL FUNDS PERSONNEL ACTION

NAME E. Howard Hunt (Integree)		DATE 16 May 1951
NATURE OF ACTION Promotion		EFFECTIVE DATE 10 June 1951
	FROM	TO
TITLE	Attache FSR-4 (I.O.) (GS-13)	Attache FSR-4 (I.O.) (GS-14)
GRADE AND SALARY	FSR-4 \$7830.00 (GS-13 \$7800 per annum)	FSR-4 \$8800.00 (GS-14 \$8800 per annum)
OFFICE	OPC	OPC
DIVISION	LA	LA
BRANCH		
OFFICIAL STATION	Mexico City, Mexico	Mexico City, Mexico
QUALIFICATIONS	APPROVAL	
	FOR ASSISTANT DIRECTOR	EXECUTIVE
CLASSIFICATION 842	PERSONNEL OFFICER	
<i>A. J. Thomas</i>	<i>H. C. [unclear] 5/6/51</i>	
POST DIFFERENTIAL AUTHORIZED IN ACCORDANCE WITH AGENCY REGULATIONS	YES <input type="checkbox"/>	NO <input type="checkbox"/>
DATE OF OFFICE AND NO STRIKE AFFIDAVIT EXECUTED ON _____		
SECURITY CLEARED ON _____		
OVERSEAS AGREEMENT SIGNED _____		
ENTERED ON DUTY _____		
SIGNATURE OF AUTHENTICATING OFFICER		
REMARKS:		
<p>Slot #1 - JBEDICT-Mexico Semi-covert</p> <p>Difference between \$8800 and \$7830 to be paid by CIA.</p> <p>In grade since EOD 10 December 1950</p>		

SECRET

CONFIDENTIAL FUNDS PERSONNEL ACTION

NAME <b>E. Howard HUNT</b>		DATE <b>24 May 1951</b>
NATURE OF ACTION <b>Periodic Pay Increase</b>		EFFECTIVE DATE <b>13 May 51</b>
TITLE	FROM <b>Attache Intelligence Officer</b>	TO <b>Attache Intelligence Officer</b>
	<b>PSR-4 \$7830.00</b>	<b>PSR-4 \$7830.00</b>
GRADE AND SALARY	<b>GS-13 \$7600.00</b>	<b>GS-13 \$7800.00</b>
OFFICE	<b>OPC</b>	<b>OPC</b>
DIVISION	<b>LA</b>	<b>LA</b>
BRANCH		
OFFICIAL STATION	<b>Mexico City, Mexico</b>	<b>Mexico City, Mexico</b>

APPROVAL

QUALIFICATIONS	FOR ASSISTANT DIRECTOR	EXECUTIVE
CLASSIFICATION	PERSONNEL OFFICER	

POST DIFFERENTIAL AUTHORIZED IN ACCORDANCE WITH AGENCY REGULATIONS  YES  NO

OATH OF OFFICE AND NO STRIKE AFFIDAVIT EXECUTED ON \_\_\_\_\_

SECURITY CLEARED ON \_\_\_\_\_

OVERSEAS AGREEMENT SIGNED \_\_\_\_\_

ENTERED ON DUTY \_\_\_\_\_

(SIGNATURE OF AUTHENTICATING OFFICER)

REMARKS:  
L.S.I. 8 Nov. 1949

This is to certify that the conduct and services of the employee during this period were satisfactory in all respects.

\_\_\_\_\_  
 Division Chief



1. Agency and organizational designations		2. Pay period		3. Block No.		4. Slip No.		
5. Employee's name (and social security account number when appropriate)		6. Grade and salary		UV				
EUNT, S. Howard		GS - 14		\$9600				
PAY ROLL CHANGE DATA								
	BASE PAY	OVERTIME	GROSS PAY	RET.	TAX	BOND	F.I.C.A.	NET PAY
7. Periodic normal								
8. Non-normal								
9. Pay this period								
10. Remarks				11. Appropriation (s)		12. Prepared by		
14				HR/OSC				
13. Audited by								
<input checked="" type="checkbox"/> Periodic step-increase <input type="checkbox"/> Day adjustment <input type="checkbox"/> Other step-increase								
14. Effective date	15. Date last equivalent increase	16. Old salary rate	17. New salary rate	18. Performance rating is satisfactory or better.				
Dec 52	10 Jan 51	\$9600	\$9800					
19. LWOP days (Fill in appropriate spaces covering LWOP during following periods):								
<input type="checkbox"/> No excess LWOP            Total excess LWOP								
STANDARD FORM NO. 1126 - Revised Form prescribed by Comp. Gen., U. S. Nov. 8, 1950, General Regulations No. 102								

PAY ROLL CHANGE SLIP - PERSONNEL COPY

STANDARD FORM 52  
 PREPARED BY THE  
 U. S. CIVIL SERVICE COMMISSION  
 DIVISION OF PERSONNEL  
 GENERAL CHAPTER 57

**REQUEST FOR PERSONNEL ACTION**

**SECRET**  
 SECURITY INFORMATION UNCLASSIFIED

*5/1/53*  
*98*

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

1. NAME (Mr., Miss, Mrs., One given name, initial(s), and surname) <b>Mr. Howard G. HUNT</b>	2. DATE OF BIRTH <b>9 Oct. 1918</b>	3. REQUEST NO. <b>-</b>	4. DATE OF REQUEST <b>30 Apr. 53</b>
5. NATURE OF ACTION REQUESTED A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) <b>[ ]</b>		6. EFFECTIVE DATE & PROPOSER <b>7 Mar. 53 *</b>	7. C. S. OR OTHER LEGAL AUTHORITY
8. POSITION (Specify whether establish, change grade or title, etc.)		9. APPROVED <b>7 Mar 53</b>	

FROM: ATTACHE, <b>[ ]</b> <b>48763</b> <b>[ ] 98200.00 p.a.</b>  DDP WH III Mexico City, Mexico <input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL	10. POSITION TITLE AND NUMBER  11. SERVICE GRADE AND SALARY <b>GS-132-14, \$9300.00 p.a.</b>  12. ORGANIZATIONAL DESIGNATIONS  13. HEADQUARTERS <b>DDP WH III Mexico City, Mexico</b> <input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL	TO: <b>INTEL. OFF</b> <del>DDP</del> <del>WH</del> <del>III</del> <del>Mexico City, Mexico</del>
--	--	---

14. REMARKS (Use reverse if necessary)  
~~DDP~~ **S-1**  
 \* Subject resigned **[ ]** in the field effective this date.  
*COB 5/1/53*

15. REQUESTED BY (Name and title) <i>[Signature]</i>	16. REQUEST APPROVED BY Signature: <i>[Signature]</i> Title: <b>J. D. P. Admin.</b>
17. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension) <b>X-457</b>	

18. VETERAN PREFERENCE <table border="1"> <tr> <td>WAR</td> <td>OTHER</td> <td>5-PT.</td> <td>10 POINT</td> </tr> <tr> <td></td> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> </tr> <tr> <td colspan="2">DUAL</td> <td colspan="2">OTHER</td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> </tr> </table>	WAR	OTHER	5-PT.	10 POINT			<input checked="" type="checkbox"/>		DUAL		OTHER						19. POSITION CLASSIFICATION ACTION <table border="1"> <tr> <td>NEW</td> <td>RECLASS.</td> <td>REASSIGN.</td> <td>REAL.</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	NEW	RECLASS.	REASSIGN.	REAL.				
WAR	OTHER	5-PT.	10 POINT																						
		<input checked="" type="checkbox"/>																							
DUAL		OTHER																							
NEW	RECLASS.	REASSIGN.	REAL.																						

20. SEX RACE <b>M W</b>	21. APPROPRIATION FROM: TO: <b>3522</b>	22. SUBJECT TO C. S. RETIREMENT ACT (YES-NO)	23. DATE OF APPOINTMENT AFFILIATES (ACCESSIONS ONLY)	24. LEGAL RESIDENCE <input checked="" type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE: <b>Virginia</b>
----------------------------	---	--	--	--

25. STANDARD FORM 50 REMARKS  
*[Handwritten notes]*

**POSTED**  
*[Handwritten signature]*

26. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS
A			
B. CEIL. OR POS. CONTROL			
C. CLASSIFICATION			
D. PLACEMENT OR ENPL.			
E			

27. APPROVED BY  
*[Signature]* **5/1/53**

SECURITY INFORMATION

STANDARD FORM 62  
OFFICE OF PERSONNEL  
GENERAL OFFICE

SECRET

UNVOUCHERED

PP

REQUEST FOR PERSONNEL ACTION

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

1. NAME (Mr., Mrs., Miss - One given name, initials, and surname) **Mr. E. Howard HUNT** 2. DATE OF BIRTH **9 OCT 1918** 3. REQUISIT NO. **174-53** 4. DATE OF REQUEST **18 MAY 1953**

5. NATURE OF ACTION REQUESTED:  
A. PERSONNEL (Specify whether appointment, promotion, assignment, etc.)  
**Resignation Reassignment**  
6. EFFECTIVE DATE PROPOSED:  
7. C.S. OR OTHER LEGAL AUTHORITY:  
B. APPROVED:

FROM: Intelligence Officer **S-1**  
**GS-132-14 \$9800**  
**DDP/AH III**  
**Mexico City, Mexico**  
8. POSITION TITLE AND NUMBER:  
9. SERVICE GRADE AND SALARY:  
10. ORGANIZATIONAL DESIGNATIONS:  
11. HEADQUARTERS:  
 FIELD  DEPARTMENTAL  FIELD OR DEPARTMENTAL  FIELD  DEPARTMENTAL

12. REMARKS (Use reverse if necessary)  
**Slot #1**  
**Transfer leave to Vouchered Funds.**  
*W. L. H. CAP*

13. REQUESTED BY (Name and telephone extension) *[Signature]* 14. SECRETARY (Name and telephone extension) *[Signature]*

15. FOR ADDRESS: INFORMATION CALL (Name and telephone extension) **X-457** Title: *[Signature]*

16. VETERAN PREFERENCE  
NAME | WWI OTHER SPT | 10 POINT  
UNSUB OTHER  
17. POSITION CLASSIFICATION ACTION  
NEW | VAC. | I.A. | REG.

18. SEX: **9522** 19. SUBJECT TO C.S. RETIREMENT ACT (YES-NO) 20. (MAY BE APPOINTMENT AFFIDAVIT (REVENUE ONLY)) 21. LEGAL RESIDENCE:  CLAIMED  PROVED. STATE:

22. STANDARD FORM 50 REMARKS

22. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS
A.			
B. CEN. OR ACS CONTROL			
C. CLASSIFICATION			
D. PLACEMENT OR EMPL.			
E.			

F. APPROVED BY: *[Signature]* **SECRET**

STANDARD FORM 52  
 PROVIDED BY THE  
 U. S. GOVERNMENT PRINTING OFFICE  
 JANUARY 1953 EDITION, REVISED  
 BASIC COPY 10

**SECRET**

VOUCHERED PP

**REQUEST FOR PERSONNEL ACTION**

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

1. NAME (Mr. - Mrs. - One given name, initial(s), and surname) <b>Mr. E. Howard HUNT</b>	2. DATE OF BIRTH <b>9 OCT 1918</b>	3. REQUEST NO. <b>174A-53</b>	4. DATE OF REQUEST <b>18 May 1953</b>
---	---------------------------------------	----------------------------------	--

5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) <b>Appointment Reassignment</b>	6. EFFECTIVE DATE & PROPOSED:	7. C.S. OR OTHER LEGAL AUTHORITY
8. POSITION (Specify whether establish, change grade or title, etc.)		B. APPROVED:

FROM—	9. POSITION TITLE AND NUMBER	10. Operations Officer BD-22-14
	11. SERVICE, GRADE, AND SALARY	GS-132-14 \$9800
	12. ORGANIZATIONAL DESIGNATIONS	DDP/SE SE Political & PW Staff Office of the Chief Washington, D. C.
	13. HEADQUARTERS	
<input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL	12. FIELD OR DEPARTMENTAL	<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL

A. REMARKS (Use reverse if necessary)

Transfer leave from Unvouchered Funds.

15. REQUESTED BY (Name and title) <b>JOSEPH BURN SS/ADMIN</b>	16. REQUEST APP. <i>[Signature]</i>
C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension) <b>ROBERT DURNS X-3965</b>	
Title: <i>[Signature]</i>	

13. VETERAN PREFERENCE <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>NONE</td> <td>WV</td> <td>OTHER</td> <td>14 POINT</td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>D-AB</td> <td>OTHER</td> </tr> </table>	NONE	WV	OTHER	14 POINT		<input checked="" type="checkbox"/>					D-AB	OTHER	14. POSITION CLASSIFICATION ACTION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>NEW</td> <td>VICE</td> <td>E.A.</td> <td>REAL</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	NEW	VICE	E.A.	REAL				
NONE	WV	OTHER	14 POINT																		
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		D-AB	OTHER																		
NEW	VICE	E.A.	REAL																		

15. SEX <b>M</b>	16. RACE <b>W</b>	17. APPROPRIATION # <b>3200-20</b>	18. SUBJECT TO C.S. RETIREMENT ACT (YES-NO)	19. DATE OF APPOINTMENT AFFIDAVIT (ACCESSIONS ONLY)	20. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:
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21. STANDARD FORM 50 REMARKS

*Approved 7/23/53*  
*W. A. Helburn*

22. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS
A.			
B. CEIL. OR POS. CONTROL			
C. CLASSIFICATION			
D. PLACEMENT OR ENPL.			
E.			

F. APPROVED BY *M. L. Shaw* **6/18/53**

CENTRAL INTELLIGENCE AGENCY

**SECRET**

NOTIFICATION OF PERSONNEL ACTION Conc. 23 Jul 53 tm

1. NAME (MR - MISS - MRS - ONE GIVEN NAME, INITIAL(S) AND SURNAME) <b>R. E. Howard Hunt</b>		2. DATE OF BIRTH <b>9 Oct 1918</b>	3. JOURNAL OR ACTION NO.	4. DATE <b>30 July 1953</b>
<i>This is to notify you of the following action affecting your employment:</i>				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) <b>Reassignment</b>		6. EFFECTIVE DATE <b>2 Aug. 1953</b>	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY <b>Schedule A-6.116 (b)</b>	
FROM		TO		
<b>Intelligence Officer 8-1</b>  <b>GS-132-14 \$9800.00 per annum</b>  <b>DDP/WH</b> <b>LII</b>  <b>Mexico City, Mexico</b>		<b>Operations Officer 2D-27-14</b>  <b>GS-132-14 \$9800.00 per annum</b>  <b>DDP/GE</b> <b>PE Political &amp; PW Staff</b> <b>Office of the Chief</b>  <b>Washington, D.C.</b>		
<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL		<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL		
11. VETERAN'S PREFERENCE		14. POSITION CLASSIFICATION ACTION		
NONE <input type="checkbox"/> WWII <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> 1-PT. <input type="checkbox"/> 2-PT. <input checked="" type="checkbox"/> 3-PT. <input type="checkbox"/> 4-PT. <input type="checkbox"/> 5-PT. <input type="checkbox"/> DISAB. <input type="checkbox"/> OTHER <input type="checkbox"/>		NEW <input type="checkbox"/> VICE <input type="checkbox"/> L.A. <input type="checkbox"/> REAL <input type="checkbox"/>		
15. SEX <b>M</b>	16. RACE <b>W</b>	17. APPROPRIATION FROM <b>4-3570-55-060</b> TO <b>4-3200-20</b>	18. SUBJECT TO C. S. AFFIDAVIT ACT (YES NO) <b>yes</b>	19. DATE OF APPOINTMENT AFFIDAVIT (ACCESSIONS ONLY) <b>CD-PP</b>
		20. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED		STATE:
21. REMARKS: This action is subject to all applicable laws, rules, and regulations and may be subject to investigation and approval by the United States Civil Service Commission. The action may be corrected or canceled if not in accordance with all requirements.				
<b>Transfer TO vouchered funds FROM unvouchered funds</b>				
Chief, Personnel Division ENTRANCE PERFORMANCE RATING:				

**SECRET**

3698-3-53

STANDARD FORM 52  
 PROVIDED BY THE  
 U. S. CIVIL SERVICE COMMISSION  
 JANUARY 1950 - PERSONNEL PERSONNEL  
 MANUAL CHAPTER II

**REQUEST FOR PERSONNEL ACTION**

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

1. NAME (Mr., Miss, Mrs., One given name, initials, and surname) <b>Mr. E. Howard Hunt</b>		2. DATE OF BIRTH <b>9 Oct. 1918</b>	3. REQUEST NO.	4. DATE OF REQUEST <b>4 Aug. 1953</b>
5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) <b>Promotion</b>		6. EFFECTIVE DATE A. PROPOSED:		7. C.S. OR OTHER LEGAL AUTHORITY
B. POSITION (Specify whether establish, change grade or title, etc.)		B. APPROVED: <b>16 Aug 53</b>		

FROM— <b>Operations Officer ED-22-14 GS-132-14 \$9800 p.a. DDP/SE SE Political &amp; PW Staff Office of the Chief Washington, D. C.</b>	8. POSITION TITLE AND NUMBER 9. SERVICE GRADE AND SALARY 10. ORGANIZATIONAL DESIGNATIONS 11. HEADQUARTERS 12. FIELD OR DEPARTMENTAL	TO— <b>Operations Officer ED-22 GS-132-15 \$10,800 p.a. DDP/SE SE Political &amp; PW Staff Office of the Chief Washington, D. C.</b>
<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL	<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL	

13. REMARKS (Use reverse if necessary)

APPROVED BY PP/CSB CONCURRED

*[Signature]* *[Signature]*  
 Chairman Chief SE Division

14. REQUESTED BY (Name and title)  
**PP CAREER SERVICE BOARD**  
 Signature: *[Signature]*  
 Title: **DD/P CAREER SERVICE BOARD**

15. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension)  
**PP/CSO**

13. VETERAN PREFERENCE				14. POSITION CLASSIFICATION ACTION			
NONE	10 MONTH	5-PT.	10 POINT	NEW	VICE	L.A.	REAL
			DISAB OTHER				
	<input checked="" type="checkbox"/>						<b>CD-PP</b>
							<b>GS-132-15</b>

15. SEX	16. RACE	17. APPROPRIATION FROM: TO:	18. SUBJECT TO C.S. RETIREMENT ACT (YES-NO)	19. DATE OF APPOINTMENT AFFIDAVIT (ACCESSIONS ONLY)	20. LEGAL RESIDENCE STATE: <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED
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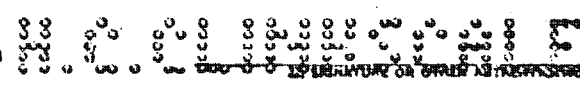
21. STANDARD FORM 50 REMARKS

22. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS
A.			
B. CEIL OR PGS. CONTROL			
C. CLASSIFICATION			
D. PLACEMENT OR EMPL.			
E.			

F. APPROVED BY  
*[Signature]* **17 Aug 53**

CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION

1. NAME (MR - MISS - MRS. - ONE GIVEN NAME, INITIAL(S), AND SURNAME) <b>Mr. E. Howard Hunt</b>		2. DATE OF BIRTH <b>9 Oct. 18</b>		3. JOURNAL OR ACTION NO.		4. DATE <b>14 Aug. 53</b>																															
This is to notify you of the following action affecting your employment:																																					
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) <b>Promotion</b>				6. EFFECTIVE DATE <b>16 Aug. 53</b>		7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY <b>Sch. A-6.116(b)</b>																															
FROM <b>Operations Officer RD-22-1A</b>  <b>GS-132-14 \$9800.00 per annum</b>  <b>DDP/SE</b> <b>SE Political &amp; PW Staff</b> <b>Office of the Chief</b>  <b>Washington, D. C.</b>				8. POSITION TITLE  <b>Operations Officer RD-22</b>		TO <b>Operations Officer RD-22</b>																															
9. SERVICE SERIES, GRADE, SALARY				10. ORGANIZATIONAL DESIGNATIONS																																	
<b>GS-132-14 \$9800.00 per annum</b>				<b>GS-132-15 \$10,800.00 per annum</b>																																	
11. HEADQUARTERS				12. FIELD OR DEPT'L																																	
<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL				<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL																																	
13. VETERAN'S PREFERENCE				14. POSITION CLASSIFICATION ACTION																																	
<table border="1"> <tr> <td>NONE</td> <td>WWII</td> <td>OTHER</td> <td>S-PT.</td> <td colspan="2">15-POINT</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>DISAB.</td> <td>OTHER</td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>				NONE	WWII	OTHER	S-PT.	15-POINT						DISAB.	OTHER		<input checked="" type="checkbox"/>					<table border="1"> <tr> <td>NEW</td> <td>VICE</td> <td>L.A.</td> <td>REAL.</td> <td colspan="2">C0-PP</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td colspan="2"><b>GS-22</b></td> </tr> </table>				NEW	VICE	L.A.	REAL.	C0-PP						<b>GS-22</b>	
NONE	WWII	OTHER	S-PT.	15-POINT																																	
				DISAB.	OTHER																																
	<input checked="" type="checkbox"/>																																				
NEW	VICE	L.A.	REAL.	C0-PP																																	
				<b>GS-22</b>																																	
15. SEX <b>M</b>		16. RACE <b>W</b>		17. APPROPRIATION FROM: <b>4-3200-20</b> TO: <b>Same</b>		18. SUBJECT TO C.S. RETIREMENT ACT (YES - NO) <b>Yes</b>																															
				19. DATE OF APPOINTMENT AFFIDAVIT (ACCESSIONS ONLY)		20. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE: <b>A</b>																															
21. REMARKS: This action is subject to all applicable laws, rules, and regulations and may be subject to investigation and approval by the United States Civil Service Commission. The action may be corrected or canceled if not in accordance with all requirements.																																					
																																					
ENTRANCE PERFORMANCE RATING Acting Chief, Personnel Division																																					

CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION

1. NAME (MR., MISS, MRS., ONE GIVEN NAME, INITIAL(S), AND SURNAME) <b>Mr. E. Howard Hunt</b>		2. DATE OF BIRTH <b>9 Oct. 18</b>	3. JOURNAL OR ACTION NO.	4. DATE <b>16 Feb. 54</b>
<i>This is to notify you of the following action affecting your employment:</i>				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) <b>Reassignment</b>		6. EFFECTIVE DATE <b>28 Feb. 54</b>	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY <b>50 USCA 403 J</b>	
FROM		TO		
Operations Officer ED 22  GS-132-15 \$10,800.00 per annum  EE Political & PW Staff Office of the Chief		8. POSITION TITLE  9. SERVICE, SERIES, GRADE, SALARY  10. ORGANIZATIONAL DESIGNATIONS  11. HEADQUARTERS	Ops. Off (PP Staff Ch) ED-18  GS-0136.31-15 \$10,800.00 per annum  DDP/EE Political & Psych. Warfare Staff  Washington, D. C.	
<input type="checkbox"/> FIELD	<input type="checkbox"/> DEPARTMENTAL	12. FIELD OR DEPT'L	<input type="checkbox"/> FIELD	<input checked="" type="checkbox"/> DEPARTMENTAL
13. VETERAN'S PREFERENCE NONE <input type="checkbox"/> WW1 <input type="checkbox"/> OTHER <input type="checkbox"/> 5-PT. <input type="checkbox"/> 10-POINT <input type="checkbox"/> DISAB OTHER <input type="checkbox"/> <b>Y</b>		14. POSITION CLASSIFICATION ACTION NEW <input type="checkbox"/> VICE <input type="checkbox"/> L.A. <input type="checkbox"/> REAL <input type="checkbox"/> <b>CD-PP</b>		
15. SEX <b>M</b>	16. RACE <b>W</b>	17. APPROPRIATION FROM: <b>4-3200-20</b> TO: <b>none</b>	18. SUBJECT TO C.S. RETIREMENT ACT (YES-NO) <b>Yes</b>	19. DATE OF APPOINTMENT AFFIDAVIT (ACCESSIONS - LT) <b>16 Feb 54</b>
20. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:				
21. REMARKS. This action is subject to all applicable laws, rules, and regulations and may be subject to investigation and approval by the United States Civil Service Commission. The action may be corrected or canceled if not in accordance with all requirements.				
ENTRANCE PERFORMANCE RATING				
Deputy Assistant Director for Personnel				
SIGNATURE AND AUTHENTICATION				



STANDARD FORM 52  
 PREPARED BY THE  
 U. S. CIVIL SERVICE COMMISSION  
 JANUARY 1953 - FEDERAL PERSONNEL  
 MANUAL, CHAPTER IV

SECRET

REQUEST FOR PERSONNEL ACTION

UNCLASSIFIED

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

1. NAME (Mr. - Miss - Mrs. - One given name, initials, and surname) <b>Mr. C. Howard HUNT</b>		2. DATE OF BIRTH <b>9 Oct 1918</b>		3. REQUEST NO.		4. DATE OF REQUEST																	
5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) <b>Reassignment</b>				6. EFFECTIVE DATE A. PROPOSED: <b>28 Feb 1954</b>		7. C.S. OR OTHER LEGAL AUTHORITY																	
8. POSITION (Specify whether establish, change grade or title, etc.)				B. APPROVED:																			
FROM - <b>Operations Officer - PD-22</b>  <b>GS-152-15 - \$10,800</b>  <del>NON/OP</del> <b>SP Political &amp; PW Staff</b> <b>Office of the Chief</b> <del>Washington, D. C.</del>		9. POSITION TITLE AND NUMBER  B. SERVICE, GRADE, AND SALARY  10. ORGANIZATIONAL DESIGNATIONS  11. HEADQUARTERS		TO - <b>Ops Off - (PP Staff CH) PD-18</b>  <b>GS-0156.01-15 - 10,800</b>  <b>DDF/3E</b> <b>Political &amp; Psychological Warfare Staff</b> <b>Washington, D. C.</b>		12. FIELD OR DEPARTMENTAL <input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL																	
13. REMARKS (Use reverse if necessary)																							
14. REQUESTED BY (Name and title) <b>S-ADMIN</b>				15. REQUEST APPROVED BY  Signature: _____ Title: <i>Personnel Officer</i>																			
16. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension) <b>TRAVIS W. TOLSON - 3965</b>																							
17. VETERAN PREFERENCE <table border="1"> <tr> <td>NONE</td> <td>WWII</td> <td>OTHER, 5-PT.</td> <td>10-POINT</td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>DISAB. OTHER</td> </tr> </table>				NONE	WWII	OTHER, 5-PT.	10-POINT		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	DISAB. OTHER	18. POSITION CLASSIFICATION ACTION <table border="1"> <tr> <td>NEW</td> <td>VICE</td> <td>E. A.</td> <td>REAL</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table> <b>CD - PP</b>				NEW	VICE	E. A.	REAL				
NONE	WWII	OTHER, 5-PT.	10-POINT																				
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	DISAB. OTHER																				
NEW	VICE	E. A.	REAL																				
19. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F		20. RACE <input checked="" type="checkbox"/> W <input type="checkbox"/> N		21. APPROPRIATION FROM: <b>3200 - 20</b> TO: <b>4 - 3200 - 20</b>		22. SUBJECT TO C.S. RETIREMENT ACT (YES - NO)																	
23. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)		24. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:		25. STANDARD FORM 50 REMARKS																			
26. CLEARANCES																							
A.		INITIAL OR SIGNATURE		DATE		REMARKS:																	
B. CEIL. OR POS. CONTROL		<i>JH</i>		<i>15 Feb</i>																			
C. CLASSIFICATION																							
D. PLACEMENT OR EMPL.																							
E.																							
27. APPROVED BY <b>2-16-54</b>																							

CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION **Case. 21 May 1954 Jan**

1. NAME (MR - MISS - MRS. - ONE GIVEN NAME, INITIAL(S), AND SURNAME) <b>Mr. E. Howard Hunt</b>		2. DATE OF BIRTH <b>9 Oct 1918</b>	3. JOURNAL OR ACTION NO. & DATE <b>21 May 1954</b>	
<i>This is to notify you of the following action affecting your employment:</i>				
3. NATURE OF ACTION (USE STANDARD TERMINOLOGY) <b>Resignment</b>		4. EFFECTIVE DATE <b>B.O.B. 23 May 1954</b>	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY <b>50 USCA 403 J</b>	
FROM		TO		
Ops Officer (PP Staff Ch) <b>ED-18</b> <b>GS-0136.31-15 \$10,800.00 per annum</b> <b>DDP/BE</b> <b>Political &amp; Psych Warfare Staff</b>  <b>Washington, D. C.</b>		Ops Officer (PP) <b>BF 1455</b> <b>GS-0136.31-15 \$10,800.00 per annum</b> <b>DDP/FE</b> <b>SR/BA</b> <b>Political &amp; Psych Warfare Staff</b>		
11. HEADQUARTERS <input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL		11. HEADQUARTERS <input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL		
13. VETERAN'S PREFERENCE NONE <input type="checkbox"/> 5-PT. <input type="checkbox"/> 10-POINT <input type="checkbox"/> 15-POINT <input type="checkbox"/> <input checked="" type="checkbox"/> DISAB. OTHER		14. POSITION CLASSIFICATION ACTION NEW <input type="checkbox"/> VICE <input type="checkbox"/> L.A. <input type="checkbox"/> REAL <input type="checkbox"/> <b>CD-PP</b>		
15. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F 16. RACE <input type="checkbox"/> W <input type="checkbox"/> O		17. APPROPRIATION FROM: <b>4-3200-20</b> TO: <b>4-3700-55-121</b>		18. SUBJECT TO C. S. RETIREMENT ACT (YES - NO) <b>Yes</b>
		19. DATE OF APPOINTMENT AFFIDAVIT (ACCESSIONS ONLY)		20. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE: <b>Va.</b>
21. REMARKS. This action is subject to all applicable laws, rules, and regulations and may be subject to investigation and approval by the United States Civil Service Commission. The action may be corrected or canceled if not in accordance with all requirements.				
<b>Subject to approved medical clearance prior to being sent overseas.</b>				
<b>"Transfer TO (Invouchered funds FROM Vouchered funds."</b>				
ENTRANCE PERFORMANCE RATING: Deputy Assistant Director for <b>Personnel</b>				

4 PERSONNEL FOLDER COPY

STANDARD FORM 52 FORM 52 OF THE U. S. GOVERNMENT PRINTING OFFICE SERIALS UNIT - GENERAL PERSONNEL MANUAL CHAPTER 21		<b>SECRET</b>		UNVOUCHERED	
<b>REQUEST FOR PERSONNEL ACTION</b>					
REQUESTING OFFICE: Fill in Items 1 through 12 and A through D except 6B and 7 unless otherwise instructed. If applicable, obtain resignation and fill in separation data on reverse.					
1. NAME (Mr., Miss, Mrs. - One given name, initials, and surname) <b>Mr. E. Howard Hunt</b>		2. DATE OF BIRTH <b>9 Oct 18</b>	3. REQUEST NO.	4. DATE OF REQUEST <b>7 April 54</b>	
5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) <b>REASSIGNMENT</b>			6. EFFECTIVE DATE A. PROPOSED:	7. C. S. OR OTHER LEGAL AUTHORITY	
B. POSITION (Specify whether establish, change grade or title, etc.)			B. APPROVED: <i>Feb 23 May 54</i>		
FROM - Ops Officer (PP Staff Ch) ED-1S  GS-0136.31-15 \$10,800.00 DDP/BE Political & Psych Warfare Staff Washington, D.C.		8. POSITION TITLE AND NUMBER	9. SERVICE, GRADE, AND SALARY	TO - Ops Officer (PP) BFF #1455  GS-0136.31-15 \$10,800 p/a DDP/FE SR/NA Political & Psych Warfare Staff	
10. ORGANIZATIONAL DESIGNATIONS		11. HEADQUARTERS		12. FIELD OR DEPARTMENTAL	
<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL		<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL			
A. REMARKS (Use reverse if necessary)  Subject to be temporarily slotted with incumbent now occupying slot #1455 until the later transfers.					
B. REQUESTED BY (Name and title) <b>H.C. Clinkscales FE/Personnel Officer</b>			D. REQUEST APPROVED BY <i>S2</i> Signature: <i>[Signature]</i> Title: <i>PP Admin 4/23/54</i>		
C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension) <b>2566</b>					
13. VETERAN PREFERENCE			14. POSITION CLASSIFICATION ACTION		
NONE WWII OTHER 5-PT. 10-POINT DISAB. OTHER <b>X</b>			NEW VICE I.A. REAL  <b>GD:PP</b>		
15. SEX <b>M</b>	16. RACE <b>W</b>	17. APPROPRIATION FROM: <b>3200-20</b> TO: <b>43700-54-121</b>	18. SUBJECT TO C. S. RETIREMENT ACT (YES-NO) <b>Yes</b>	19. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)	20. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:
21. STANDARD FORM 50 REMARKS  <i>Eff. date sheet 6E by FE. E J at inst</i> <i>Conc. (Palmer) 21 May 54 24 May 54</i> <div style="border: 1px solid black; padding: 5px; display: inline-block;">Approved APR 20 1954 PP/Career Service</div> <i>CPB notified 24 May 54</i>					
22. CLEARANCES		INITIAL OR SIGNATURE		DATE	
A.					
B. CEIL. OR POS. CONTROL		<i>Apr 30 1954</i>			
C. CLASSIFICATION		<i>5/13 54</i>		<i>3.5.54</i>	
D. PLACEMENT OR EMP.					
E.					
F. APPROVED BY <i>[Signature]</i> <b>SECRET</b>					

1. Job title and organizational designation		2. Pay roll no.	3. Basic pay.	4. Slip No.	
5. Employee's name (and social security account number when appropriate) <b>W. T. S. Board</b>		6. Grade and salary <b>GS-15 \$10,500</b>			
PAY ROLL CHANGE DATA					
	BASE PAY	OVERTIME	GROSS PAY	RET. TAX BOND F. I. C. A.	NET PAY
7. Previous normal					
8. New normal					
9. Pay this period					
10. Remarks <b>PROMOTION TO DOL DIRECTIVE EFFECTIVE FEB. 1955</b> <i>11,880</i>		11. Appropriation(s) <b>FE-14</b>		12. Prepared by <b>gml 1.24/55</b> 13. Audited by	
<input type="checkbox"/> Periodic step increase <input type="checkbox"/> Pay adjustment <input type="checkbox"/> Other step increase					
14. Effective date <b>2/23/55</b>	15. Date last equivalent increase <b>3/15/53</b>	16. Old salary rate <b>\$10,800</b>	17. New salary rate <b>\$11,050</b>	18. Performance rating is satisfactory or better.  [Signature or other authentication]	
19. LWOP data (Fill in appropriate space covering LWOP during following period(s)): <input type="checkbox"/> No excess LWOP. Total excess LWOP _____ <input type="checkbox"/> Excess LWOP. Total excess LWOP _____ <input type="checkbox"/> LWOP during period of _____ <input type="checkbox"/> LWOP during period of _____					
STANDARD FORM NO. 1126a-7-54 Form prescribed by Comp. Gen. U. S. Nov. 8, 1950, General Regulations No. 102 <b>PAY ROLL CHANGE SLIP—PERSONNEL COPY</b>					

SECRET

REQUEST FOR PERSONNEL ACTION		UNVOUCHERED	
REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6S and 7 unless otherwise instructed. If applicable, obtain resignation and fill in separation data on reverse.			
1. NAME (Mr., Miss, Mrs. One given name, initials, and surname)		2. DATE OF BIRTH	3. REQUEST NO.
Mr. E. Howard Hunt			
4. DATE OF REQUEST		5. EFFECTIVE DATE & PROPOSED:	
3 May 1956			
6. NATURE OF ACTION REQUESTED A. PERSONNEL (Specify whether appointment, promotion, separation, etc.)		7. C. S. OR OTHER LEGAL AUTHORITY	
Reassignment			
8. POSITION (Specify whether established, change grade or title, etc.)		9. APPROVED: MAY 10 1956	
10. FROM—		11. TO—	
DDP/FE SR/NA Political & Psychological Warfare Staff		Ops Officer - PP BFF-1455 GS-0136.31-15 \$11,880.00 p/a DDP/FS North Asia Station PP Staff	
12. FIELD OR DEPARTMENTAL		13. FIELD OR DEPARTMENTAL	
<input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL		<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL	
14. REMARKS (Use reverse if necessary)			
T/O Change			
15. REQUESTED BY (Name and signature)		16. REQUEST APPROVED BY	
<i>[Signature]</i>		<i>[Signature]</i>	
17. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension)		18. TITLE	
x2205			
19. VETERAN PREFERENCE		20. POSITION CLASSIFICATION ACTION	
NONE WWII OTHER SPT ICANNY DEAB OTHER		REG VICE I A REAL	
21. SEX		22. SUBJECT TO C. S. RETIREMENT ACT (YES-NO)	
23. APPROPRIATION FROM TO		24. DATE OF APPOINTMENT AFFIDAVITS (NECESSARY ONLY)	
		25. LEGAL RESIDENCE CLAIMED <input type="checkbox"/> PROVED <input type="checkbox"/>	
26. STANDARD FORM 50 REMARKS			
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>FOSTERED</b>          23 MAY 1956  <i>[Signature]</i> </div> <div style="border: 1px solid black; padding: 5px; display: inline-block; margin-left: 20px;"> <b>CONCUR</b>  <i>[Signature]</i>          Career Service       </div>			
27. CLEARANCES		REMARKS:	
A.		<div style="border: 1px solid black; padding: 5px; display: inline-block;">         USED IN LIAISON OF 1950          NOTICE OF PERSONNEL       </div>	
B. CEIL. OR POS. CONTROL			
C. CLASSIFICATION			
D. PLACEMENT OR ENPL.			
E.			
F. APPROVED BY		per [Signature] 16 May '56 [Signature]	

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*JBA*

\_\_\_\_\_  
Name: Last, First Middle

**TO:** All C. I. A. Personnel  
**FROM:** Personnel Director  
**SUBJECT:** PERSONNEL QUALIFICATION QUESTIONNAIRE

1. The Agency is currently revising the system for machine coding employee qualifications, thereby permitting more complete and accurate data on all personnel. The new system will aid in implementing Agency policies on promotion from within by facilitating the selection of personnel with desired education and experience for vacancies which may occur. It is also expected that the new system will provide readily accessible statistics for planning and management purposes.

2. The attached questionnaire is designed to cover adequately those factors in which the Agency is interested. Although the information is, in a large measure, already reflected in previous forms submitted by you, it is felt that your time within the organization may enable you to emphasize those qualifications pertinent to its needs. The questionnaire also serves to bring your education and qualifications record up to date.

3. Your cooperation is requested in completing the questionnaire as thoroughly and accurately as possible and returning it to your Administrative Officer within the time allotted.

**CODED**  
FOR  
**QUALIFICATIONS**  
DATE 4 JUN 1956

*George E. Meloon*  
George E. Meloon  
Personnel Director

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**PERSONNEL QUALIFICATION QUESTIONNAIRE**

1. Serial No. (no entry) <u>512242</u>	2. NAME: (last) (first) (middle) <u>      </u> , Jr. <u>      </u> <u>      </u>			3. Office <u>      </u>					
4. Date of Birth <u>Oct. 7, 1915</u>	5. Sex: <input checked="" type="checkbox"/> male (1) <input type="checkbox"/> female (2)	Marital Status: <u>      </u> Nr. Dependents <u>3</u>		6. CIA Entry Date: <u>Oct. 1952</u>					
7. Citizenship: <input checked="" type="checkbox"/> U.S. <input type="checkbox"/> Other	8. Acquired By: (1) <input checked="" type="checkbox"/> Birth (2) <input type="checkbox"/> Marriage (3) <input type="checkbox"/> Naturalization (4) <input type="checkbox"/> Other (specify) Year U.S. citizenship acquired, if not by birth <u>      </u>								
<b>SEC. I. EDUCATION</b>									
1. Extent: (circle one)									
1. Less than high school		4. Two years college, or less		8. Masters degree					
2. High school graduate		5. Over two years, no degree		9. Doctors degree					
3. Trade, Business or Commercial school graduate		(6) Bachelor degree							
		7. Post-graduate study (minimum 8 sem. hrs.)							
2. College or University Study:									
Name and location of College or University		Major	Minor	Dates att'd From To		Yrs Compl Day Night	Degree Recd Title Date		Sem Hrs
Brown University		Lit.		1935	1940			AB	1940
3. Trade, Commercial, and Specialized Training:									
School		Attendance Dates			Study or Specialization				
		From	To	Tot. mo's					
US Naval Academy		1941	1941	4	V-7 USN Leadership Course leading to Commission as Lieut				
4. Military or Intelligence Training (full time duty as a student in specialized schools such as intelligence, communications, ordnance disposal, command & staff, etc.)									
School		Attendance Dates			Study or Specialization				
		From	To	Tot. mo's					
Naval War College Intelligence School		1944	1944	4	Air Combat Intelligence course Lecturer prior to completion of course, but received diploma after final class.				

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**SEC. II. WORK EXPERIENCE**

1. CIA Experience: State the specific nature of duties performed with CIA and CIC, starting with your present position. Take position titles from your official personnel papers, if you have personal copies. Please do not request your Official Personnel Folder. Include geographic area and subject matter dealt with, if applicable. Position Title is your classification title such as Geographer, Intelligence Officer, etc. Duty Title indicates your organization position such as - Section Chief, Branch Chief, Administrative Assistant, etc., and is to be filled in only if different to the Position Title. Approximate dates (month and year) are sufficient. Use a continuation sheet, if necessary, to adequately describe your duties.

From <u>1951</u> To <u>1953</u> Tot. mos. <u>17</u>	Description of Duties: <u>Deputy Chief of Mission, Mexico. Supervision of and direction of all of our jobs in Mexico; established and ran our continuing operation with Mexico as follows:</u>
Grade <u>GS 12</u> Salary <u>9,000</u>	
Office <u>Station, Mexico</u>	
Position Title: <u>Deputy Chief of Mission</u>	
Duty Title: <u>Deputy Chief of Mission</u>	Duty Station, if overseas: <u>Mexico</u>
From <u>1950</u> To <u>1951</u> Tot. mos. <u>3</u>	Description of Duties: <u>Chief of Station, Mexico. Supervision of and direction of all of our jobs in Mexico; established and ran our continuing operation with Mexico as follows:</u>
Grade <u>GS 11</u> Salary <u>9,600</u>	
Office <u>Station, Mexico</u>	
Position Title: <u>Chief of Station</u>	
Duty Title: <u>Chief of Station</u>	Duty Station, if overseas: <u>Mexico</u>
From <u>1949</u> To <u>1950</u> Tot. mos. <u>12</u>	Description of Duties: <u>Plans and executes with the and all US activities in Mexico; the basis of...</u>
Grade <u>GS 13</u> Salary <u>7,700</u>	
Office <u>NY Division</u>	
Position Title: <u>Plans Officer</u>	
Duty Title:	Duty Station, if overseas:
From _____ To _____ Tot. mos. _____	Description of Duties: _____
Grade _____ Salary _____	
Office _____	
Position Title: _____	
Duty Title: _____	Duty Station, if overseas: _____



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**SEC. II. WORK EXPERIENCE (CONT'D.)**

2. Other than CIA: (Describe work experience for the last 15 years in sufficient detail to permit specific coding of your qualifications. Include military work experience. List last position first.)

From <u>1948</u> To <u>1949</u> Tot. mo's <u>9</u> Classification Grade (if in Federal Service) <u>FSS 5</u> Salary <u>6,900</u> Number and Class of Employees Supervised: <u>3 Prof. 6 Steno.</u> Employer <u>ECA</u> Kind of Business or organization (i. e., paper products mfr, public utility)	Exact Title of your position <u>Information Officer, ECA</u> Description of Duties: <u>Production of propaganda and films and radio programs in France and Austria</u>  Duty Station if overseas: <u>Paris, France</u>
From <u>1946</u> To <u>1949</u> Tot. mo's <u>27</u> Classification Grade (if in Federal Service) _____ Salary <u>\$28,000 (av)</u> Number and Class of Employees Supervised: _____ Employer _____ Kind of Business or organization (i. e., paper products mfr, public utility)	Exact Title of your position <u>Professional Writer, self-employed</u> Description of Duties: _____  Duty Station if overseas: _____
From <u>1943</u> To <u>1943</u> Tot. mo's <u>9</u> Classification Grade (if in Federal Service) _____ Salary <u>\$7,800</u> Number and Class of Employees Supervised: _____ Employer <u>T.E. Inc.</u> Kind of Business or organization (i. e., paper products mfr, public utility) <u>Publishers</u>	Exact Title of your position <u>War Correspondent</u> Description of Duties: <u>accompany naval and air units in combat in SO Pacific Area. Write accounts and special stories of ensuing actions</u>  Duty Station if overseas: <u>South Pacific Area</u>
From <u>1942</u> To <u>1942</u> Tot. mo's <u>5</u> Classification Grade (if in Federal Service) _____ Salary <u>\$7,800</u> Number and Class of Employees Supervised: <u>2 Prof.; 3 Steno.</u> Employer <u>T.E. Inc.</u> Kind of Business or organization (i. e., paper products mfr, public utility) <u>Publishers</u>	Exact Title of your position <u>Screen writer</u> Description of Duties: <u>Prepare and write commentary for monthly newsmagazine THE MARCH OF TIME. Also prepare and write contract Naval Training Films.</u>  Duty Station if overseas: _____
From <u>1940</u> To <u>1942</u> Tot. mo's <u>16</u> Classification Grade (if in Federal Service) <u>Eng.</u> Salary _____ Number and Class of Employees Supervised: <u>168 seamen</u> Employer <u>USN</u> Kind of Business or organization (i. e., paper products mfr, public utility)	Exact Title of your position <u>Anti-aircraft Gunnery Officer (Destroyers)</u> Description of Duties: <u>Provide for air protection of USS MAYO, and merchant ships under escort</u>  Duty Station if overseas: <u>North Atlantic</u>

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SEC. II. WORK EXPERIENCE (CONT'D)

3. Special Work Experience: Check any of the following organizations by which you may have been employed.

- |   |  |
|---|--|
| 01 <input type="checkbox"/> U.S. Secret Service                     | 24 <input type="checkbox"/> Air Force A-2                      |
| 02 <input type="checkbox"/> Civil Police                            | 25 <input checked="" type="checkbox"/> Foreign Economic Admin. |
| 03 <input type="checkbox"/> Military Police                         | 26 <input type="checkbox"/> Counter Intelligence Corps         |
| 04 <input type="checkbox"/> U.S. Border Patrol                      | 27 <input type="checkbox"/> Immigration & Naturalization       |
| 05 <input type="checkbox"/> U.S. Narcotics Squad                    | 28 <input type="checkbox"/> Strategic Services Unit            |
| 06 <input type="checkbox"/> FBI                                     | 29 <input type="checkbox"/> Foreign Service, State Dept.       |
| 07 <input type="checkbox"/> Criminal Investigation Div.             | 30 <input type="checkbox"/> Central Intelligence Group         |
| 21 <input type="checkbox"/> Office of Naval Intelligence            | 31 <input type="checkbox"/> Armed Forces Security Agency       |
| 22 <input type="checkbox"/> Office of War Information               | 32 <input type="checkbox"/> Coordinator of Information         |
| 23 <input type="checkbox"/> Army G-2                                | 33 <input type="checkbox"/> Office of Facts & Figures          |
| 20 <input checked="" type="checkbox"/> Office of Strategic Services | 34 <input type="checkbox"/> Board of Economic Warfare          |
|   | 35 <input type="checkbox"/> Federal Communications Comm.       |

SEC. III. FOREIGN LANGUAGES

List below the foreign languages in which you have some competence. Be sure to include uncommon modern languages. Check (X) your competence and how acquired.

LANGUAGE	COMPETENCE						HOW ACQUIRED			
	Equivalent to Native Fluency *	Fluent but obviously Foreign *	Adequate for Research **	Adequate for Travel	Limited Knowledge		Native of Country	Prolonged Residence	Contact (Parents, etc.)	Academic Study (Inc. CIA training)
Spanish		<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
French				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		
German					<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		

\* If you have checked 'Fluent' for a language that has significant difference in spoken and written form (e.g., Arabic), explain your competence herein \_\_\_\_\_

\*\*Specialized Language Competence: Describe ability to do specialized language work involving vocabularies and terminology in the scientific, engineering, telecommunications, and military fields. List the language with the type of speciality. \_\_\_\_\_

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**SEC. IV. AREA KNOWLEDGE**

1. List below any foreign countries or regions of which you have knowledge gained as a result of residence, travel or study. Study can mean either academic study, or study of a foreign country resulting from an intelligence, military, commercial or professional work assignment.

Country or Region	Dates of Residence, Study Etc.	Manner in Which Knowledge Was Acquired (check (X) one)		
		Residence	Travel	Study
Latin America	1946-7, 1950-53	x		x
France, Austria	1947-50	x		x
UK and Scandinavia	1952		x	
China	1953	x		x

2. Specialized Knowledge of Area

List specialized knowledge of foreign country such as knowledge of terrain, coasts and harbors, utilities, railroads, industries, political parties, etc., gained as a result of study or work assignment. Include name of employer or organization.

Country	Type of Knowledge	How and When Gained
France	Political	Chief of Base, 1949-50
Poland	Political	" " " " "
Italy	Political	" " " " "
Mexico	Political	Chief of Station, 1950-53

**SEC. V. TYPING AND STENOGRAPHIC SKILLS (PRESENT UTILIZATION)**

Skill	Per Cent of Time Used	Not Used	WPM (Approximate Proficiency) %	Prefer Assignment Using Skill Oftener	
				1. Yes	2. x No
Typing	1. 100	2. 0	30	1. Yes	2. x No
Shorthand	1. 100	2. 0		1. Yes	2. No

Shorthand System: 1. Manual 2. Machine 3. Speedwriting.

**SEC. VI. LICENSES, HOBBIES, SPECIAL QUALIFICATIONS**

1. Licenses: List any licenses or certification such as teachers, pilot, marine, etc.	2. Hobbies: List any hobbies such as sailing, skiing, writing, or other special qualifications. sailing, skiing, writing
	skiing, sailing, writing

**SEC. VII. PROFESSIONAL AND ACADEMIC HONORS**

List any professional or academic associations or honorary societies in which you hold membership.

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**SEC. VIII. PUBLICATIONS**

List below the type of writing (non-fiction: professional or scientific articles, general interest subjects, current events, etc; fiction: novels, short stories, etc.) of any published materials of which you were author or co-author.

Under the name of "John Doe" and "John Smith" I am a professional writer of fiction. My work of 1953-54 will have a distinct 12 weeks. Short stories have appeared in our bulletin and in our journal. At one time I was a correspondent for the press, and my contributions appeared occasionally in the "New York Times".

**SEC. IX. INVENTIONS**

Describe any devices you have invented as to type of work for which intended and whether patented.

Device	Patented	
	(1) Yes	(2) No
	(1) Yes	(2) No
	(1) Yes	(2) No

**SEC. X. CIA TESTS**

Describe below the type of tests which you have taken in CIA:

Type of Test	Date Taken

**SEC. XI. PHYSICAL HANDICAPS**

List any physical handicaps you may have.


**SEC. XII. OVERSEAS ASSIGNMENT**

Are you willing to accept periodic tour of duty overseas?

(1) 2 year Tour \_\_\_ (2) 4 year Tour X (3) Not interested \_\_\_

**SEC. XIII. WORK ASSIGNMENT**

In view of your total experience and education, for what assignment in CIA do you think you are best qualified?

Assignment - Chief of Section or a Q Officer at State Dept.
Assignment - Staff work, you qualify with it.

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**SEC. XIV. MILITARY STATUS**

<b>1. Present Draft Status</b> Have you registered under the Selective Service Act of 1948? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. If yes, indicate your present draft classification _____		
<b>2. Present Reserve or National Guard Status</b> Do you now have Reserve or National Guard Status <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. If yes, complete the following.		
1. <input type="checkbox"/> National Guard		
2. <input type="checkbox"/> Air National Guard		
3. <input type="checkbox"/> Active Reserve Status (member of organized unit)		
4. <input type="checkbox"/> Inactive Reserve Status		
Service _____	Grade _____	Location _____
Reserve Unit with which currently affiliated _____		
Service Mobilization Assignment, if any _____		
Location of Service Records, if known _____		

**SEC. XV. CIA TRAINING**

List the training courses or subjects you have taken while in the CIA.

Course or Subject	(from) Dates (to)	Hours
...	...	...
...	...	...
...	...	...
...	...	...

**SEC. XVI. REMARKS**

Use this space to indicate any other qualifications you may have which you do not describe above.


DATE 21 April, 1953

SIGNATURE *P. Howard ...*

1. Agency and organizational designation		2. Payroll period		3. Block No. <b>UY</b>		4. Slip No.							
5. Employee's name (and social security account number when appropriate) <b>HUNT, N. HOWARD</b>				6. Grade and salary <b>GS-15 \$11,880.</b>									
PAYROLL CHANGE DATA													
	BASE PAY	OVERTIME		GROSS PAY	RET.	FEDERAL TAX	BOND	F. I. C. A.	STATE TAX	GROUP LIFE INS.			NET PAY
7. Previous normal													
8. New normal													
9. Pay this period													
10. Remarks								11. Appropriation(s) <b>YB-2</b>		12. Prepared by <b>vlp 11Jun56</b>			
13. Audited by													
<input checked="" type="checkbox"/> Periodic step-increase <input type="checkbox"/> Pay adjustment <input type="checkbox"/> Other step-increase													
14. Effective date <b>12 Aug 56</b>	15. Date last equivalent increase <b>13 Feb 55</b>	16. Old salary rate <b>\$11,880.</b>	17. New salary rate <b>\$12,150.</b>	<del>CONFIDENTIAL - BACK OFFICE JOURNAL</del> <b>SERVICE &amp; CONDUCT</b> <b>ARE SATISFACTORY</b> (Signature or other authentication)									
19. LWOP data (Fill in appropriate spaces covering LWOP during following periods):								(Check applicable but in case of excess LWOP)					
<input type="checkbox"/> No excess LWOP, Total excess LWOP								[Grid of circles for LWOP data]					
STANDARD FORM NO. 1126-2-54 Form prescribed by Comp. Gen. U. S. October 26, 1954, General Regulation No. 102								<b>PAYROLL CHANGE SLIP — PERSONNEL COPY</b>					

*JAR*

SECRET

STANDARD FORM 52 FORM 52 OF THE U. S. CIVIL SERVICE COMMISSION GENERAL REG. - FEDERAL PERSONNEL SERIAL CHAPTER 1	UN VOUCHERED
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REQUESTING OFFICE: Fill in Items 1 through 12 and A through D except 6B and 7 unless otherwise instructed. If applicable, obtain resignation and fill in separation data on reverse.

1. NAME (Mr - Miss - Mrs - One given name, initial(s), and surname) <b>E. HOWARD Mr. Howard B. HUNT</b>	2. DATE OF BIRTH <b>9 Oct 1916</b>	3. REQUEST NO.	4. DATE OF REQUEST <b>16 Oct 56</b>
--	---------------------------------------	----------------	--

5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) <b>Reassignment</b>	6. EFFECTIVE DATE A. PROPOSED:	7. C S OR OTHER LEGAL AUTHORITY
8. POSITION (Specify whether establish, change grade or title, etc.)		B. APPROVED: <i>[Signature]</i>

FROM: Ops Officer (PP) <b>BFF-1155</b> GS-0136.31-15 \$12,150.00 p.a. DDP/FE North Asia Station PP Staff	9. POSITION TITLE AND NUMBER	TO: Area, Ops Off (CCS) <b>RAF-162</b> GS-0136.01-15 \$12,150.00 p.a. DDP/WH Branch II
10. SERVICE, GRADE, AND SALARY	11. ORGANIZATIONAL DESIGNATIONS	12. FIELD OR DEPARTMENTAL
13. HEADQUARTERS	<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL	<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL (D)

A. REMARKS (Use reverse if necessary)  
**2 copies to Security**  
*Write Designation Letter  
Concur  
FEPT*

B. REQUESTED BY <i>[Signature]</i>	D. REQUEST APPROVED BY <i>[Signature]</i> Signature: <i>[Signature]</i> Title: <i>CS/CS</i>
C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension) <i>[Name]</i> X8212	

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

15. SEX <b>M</b>	16. RACE <b>W</b>	17. APPROPRIATION FROM: <b>7-379-55-121</b> TO: <b>7-3587-55-065</b>	18. SUBJECT TO C. S. RETIREMENT ACT (Y/N) <b>Yes</b>	19. DATE OF APPOINTMENT AFFIDAVIT (ACCESSIONS ONLY)	20. LEGAL RESIDENCE STATE: <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED
---------------------	----------------------	--	---	---	--

21. STANDARD FORM 50 REMARKS  
*Carry over from 142157  
Oct 15 1956*

Concurred in by: *[Signature]*  
 PP/Recr Service

22. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS
A.	<i>[Signature]</i>		<i>Intim 25 Oct 56 see 1/20 WH [Signature]</i>
B. CEIL. OR POS CONTROL	<i>[Signature]</i>		
C. CLASSIFICATION			
D. PLACEMENT OR EMPL.	<i>[Signature]</i>	<b>10/22/56</b>	
E.			

F. APPROVED BY  
*[Signature]* 11/18/57

SECRET

11/5/49

SECRET  
(When Filled In)

OCB WING 6  
Cecil Hill

<b>PERIODIC SUPPLEMENT PERSONAL HISTORY STATEMENT</b>	THIS DATE January 6, 1957
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INSTRUCTIONS

*This form provides the means whereby your official personnel records will be kept current. Even though it duplicates information you have furnished previously, it will be necessary for you to complete Sections I through III in their entirety. You need complete Sections VII through XIII only if there has been a change since you entered on duty with the organization or if you believe the item requires more complete coverage than you have previously reported.*

**SECTION I GENERAL**

1. FULL NAME (Last-First-Middle) <b>HUNT, Jr. E. Howard</b>	
2. CURRENT ADDRESS (No., Street, City, Zone, State)	3. PERMANENT ADDRESS (No., Street, City, Zone, State) <b>30 Willett Street, Albany 10, New York</b>
4. HOME TELEPHONE NUMBER <b>3-6218</b>	5. STATE, TERRITORY, POSSESSION OR COUNTRY IN WHICH YOU NOW CLAIM RESIDENCE <b>New York</b>

**SECTION II PERSON TO BE NOTIFIED IN CASE OF EMERGENCY**

1. NAME (Last-First-Middle) PREFERABLY RESIDING IN U.S. <b>Hunt, Mrs. Everette H.</b>	2. RELATIONSHIP <b>Mother</b>
3. HOME ADDRESS (No., Street, City, Zone, State, Country). <b>30 Willett Street Albany 10, New York</b>	
4. BUSINESS ADDRESS (No., Street, City, Zone, State, Country). INDICATE NAME OF FIRM OR EMPLOYER, IF APPLICABLE	
5. HOME TELEPHONE NUMBER <b>3-6218</b>	6. BUSINESS TELEPHONE NUMBER
7. BUSINESS TELEPHONE EXTENSION	
8. IN CASE OF EMERGENCY, OTHER CLOSE RELATIVES (Spouse, Mother, Father) MAY ALSO BE NOTIFIED. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE. <b>Notification of Father not desired, due to cardiac condition.</b>	

**SECTION III MARITAL STATUS**

1. CHECK (X) ONE:	<input type="checkbox"/> SINGLE	<input checked="" type="checkbox"/> MARRIED	<input type="checkbox"/> WIDOWED	<input type="checkbox"/> SEPARATED	<input type="checkbox"/> DIVORCED	<input type="checkbox"/> ANNULLED
2. FURNISH DATE, PLACE AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS						

**WIFE OR HUSBAND:** If you have been married more than once, including annulments, use a separate sheet for former wife or husband giving data below for all previous marriages. If marriage is contemplated, provide same data for fiancé.

3. NAME (First) <b>Dorothy</b> (Middle) <b>Louise</b> (Maiden) <b>Wetzel</b> (Last) <b>HUNT</b>	
4. DATE OF MARRIAGE <b>Sept 7, 1949</b>	5. PLACE OF MARRIAGE (City, State, Country) <b>Millbrook, New York</b>
6. HIS (or her) ADDRESS BEFORE MARRIAGE (No., Street, City, State, Country) <b>American Embassy, Paris</b>	
7. LIVING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	8. DATE OF DEATH
9. CAUSE OF DEATH	
10. CURRENT ADDRESS (Give last address, if deceased) <b>30 Willett Street, Albany 10, New York</b>	
11. DATE OF BIRTH <b>1 April 1920</b>	12. PLACE OF BIRTH (City, State, Country) <b>Duyton, Ohio</b>
13. IF BORN OUTSIDE U.S.-DATE OF ENTRY	14. PLACE OF ENTRY
15. CITIZENSHIP (Country) <b>USA</b>	16. DATE ACQUIRED
17. WHERE ACQUIRED (City, State, Country)	
18. OCCUPATION <b>h-u-s-wife</b>	19. PRESENT EMPLOYER (Also give former employer, or if spouse is deceased or unemployed, last two employers)
20. EMPLOYER'S OR BUSINESS ADDRESS (No., Street, City, State, Country)	

SECTION III CONTINUED TO PAGE 2



SECRET

(When Filled In)

SECTION III CONTINUED FROM PAGE 1

21. DATES OF MILITARY SERVICE (From- and To- ) BY MONTH AND YEAR USNR July 1940- Oct. 1942		USAAF Nov 1943- Feb. 1946	
22. BRANCH OF SERVICE USNR USAF		23. COUNTRY WITH WHICH MILITARY SERVICE AFFILIATED USA	
24. DETAILS OF OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN ECA, Paris April 1948 - Feb. 1949			

SECTION IV RELATIVES BY BLOOD, MARRIAGE OR ADOPTION LIVING ABROAD OR WHO ARE NOT U.S. CITIZENS

1	1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE
	4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
	5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT
2	1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE
	4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
	5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT
3	1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE
	4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
	5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT
4	1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE
	4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
	5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT

5. SPECIAL REMARKS, IF ANY, CONCERNING THESE RELATIVES

SECTION V FINANCIAL STATUS

1. ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY? YES  NO

2. IF YOUR ANSWER IS "NO" TO THE ABOVE, STATE SOURCES OF OTHER INCOME  
Book royalties

3. BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS

NAME OF INSTITUTION	ADDRESS (City, State, Country)
Riggs Nat'l Bank, F&M Branch	Washington 7, DC

SECTION V CONTINUED TO PAGE 3

SECRET

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(When Filled In)

SECTION V CONTINUED FROM PAGE 2

6. HAVE YOU EVER BEEN IN, OR PETITIONED FOR, BANKRUPTCY?  YES  NO

7. IF YOUR ANSWER IS "YES" TO THE ABOVE QUESTION, GIVE PARTICULARS, INCLUDING COURT AND DATE(S)

8. DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT, PENSION, OR COMPENSATION FOR MILITARY OR NAVAL SERVICE?  YES  NO

9. IF YOUR ANSWER IS "YES" TO THE ABOVE QUESTION, GIVE COMPLETE DETAILS

10. DO YOU HAVE ANY FINANCIAL INTEREST IN, OR OFFICIAL CONNECTION WITH, NON-U.S. CORPORATIONS OR BUSINESSES OR IN OR WITH U.S. CORPORATIONS OR BUSINESSES HAVING SUBSTANTIAL FOREIGN INTERESTS?  YES  NO IF YOU HAVE ANSWERED "YES", GIVE COMPLETE DETAILS ON A SEPARATE SHEET AND ATTACH IN A SEALED ENVELOPE.

**SECTION VI CITIZENSHIP**

1. PRESENT CITIZENSHIP (Country) USA

2. CITIZENSHIP ACQUIRED BY - CHECK (X) ONE:  BIRTH  MARRIAGE  OTHER (Specify):

3. HAVE YOU TAKEN STEPS TO CHANGE YOUR PRESENT CITIZENSHIP?  YES  NO

4. GIVE PARTICULARS

5. IF YOU HAVE APPLIED FOR U.S. CITIZENSHIP, INDICATE PRESENT STATUS OF YOUR APPLICATION (First steps, etc.)

**SECTION VII EDUCATION**

1. CHECK (X) HIGHEST LEVEL OF EDUCATION ATTAINED

<input type="checkbox"/> LESS THAN HIGH SCHOOL GRADUATE	<input type="checkbox"/> OVER TWO YEARS OF COLLEGE - NO DEGREE
<input type="checkbox"/> HIGH SCHOOL GRADUATE	<input type="checkbox"/> BACHELOR'S DEGREE
<input type="checkbox"/> TRADE, BUSINESS, OR COMMERCIAL SCHOOL GRADUATE	<input type="checkbox"/> GRADUATE STUDY LEADING TO HIGHER DEGREE
<input type="checkbox"/> TWO YEARS COLLEGE OR LESS	<input type="checkbox"/> MASTER'S DEGREE <input type="checkbox"/> DOCTOR'S DEGREE

2. COLLEGE OR UNIVERSITY STUDY

NAME AND LOCATION OF COLLEGE OR UNIVERSITY	SUBJECT		DATES ATTENDED		DEGREE REC'D	DATE REC'D	SEM/ QTR. HOURS SPECIFY
	MAJOR	MINOR	FROM	TO			

3. TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS

NAME OF SCHOOL	STUDY OR SPECIALIZATION	DATES ATTENDED		TOTAL MONTHS
		FROM	TO	

4. MILITARY TRAINING (Full time duty in specialized schools such as Ordnance, Intelligence, Communications, etc.)

NAME OF SCHOOL	STUDY OR SPECIALIZATION	DATES ATTENDED		TOTAL MONTHS
		FROM	TO	

5. OTHER EDUCATIONAL TRAINING NOT INDICATED ABOVE

**SECRET**  
(When Filled In)

SECTION VIII FOREIGN LANGUAGE ABILITIES																					
LANGUAGE <small>(List below each language in which you possess any degree of competence. Indicate your proficiency to read, write or speak by placing a check (X) in the appropriate boxes)</small>	COMPETENCY - IN ORDER LISTED												HOW ACQUIRED								
	EQUIVALENT TO NATIVE FLUENCY	FLUENT BUT OBVIOUSLY FOREIGN	ADEQUATE FOR RESEARCH	ADQUATE FOR TRAVEL	LIMITED KNOWLEDGE	NATIVE TO COUNTRY	PROLONGED RESIDENCE	CONTACT (WITH PARENTS ETC.)	ACADEMIC STUDY (ALL LEVELS)	R - READ W - WRITE S - SPEAK											
	R	W	S	R	W					S	R	W	S	R	W	S	R	W	S		
	Spanish				X	X	X											X			
French						X											X				
German																	X				
2. IF YOU HAVE CHECKED "ACADEMIC STUDY" UNDER "HOW ACQUIRED", INDICATE LENGTH AND INTENSIVENESS OF STUDY																					
3 years of College Spanish																					
3. DESCRIBE YOUR ABILITY TO DO SPECIALIZED LANGUAGE WORK INVOLVING VOCABULARIES AND TERMINOLOGY ON THE SCIENTIFIC, ENGINEERING, TELECOMMUNICATIONS, MILITARY OR ANY OTHER SPECIALIZED FIELD																					

SECTION IX GEOGRAPHIC AREA KNOWLEDGE							
1. LIST BELOW ANY FOREIGN REGIONS OR COUNTRIES OF WHICH YOU HAVE KNOWLEDGE GAINED AS A RESULT OF RESIDENCE, TRAVEL, STUDY OR WORK ASSIGNMENT. UNDER COLUMN "TYPE OF SPECIALIZED KNOWLEDGE" INDICATE TYPE OF KNOWLEDGE SUCH AS TERRAIN, COASTS, HARBORS, UTILITIES, RAILROADS, INDUSTRIES, POLITICAL PARTIES, ETC.							
NAME OF REGION OR COUNTRY	TYPE OF SPECIALIZED KNOWLEDGE	DATES OF RESIDENCE, TRAVEL, ETC.	KNOWLEDGE ACQUIRED BY				
			RESIDENCE	TRAVEL	STUDY	WORK ASSIGNMENT	
2. INDICATE THE PURPOSE OF VISIT, RESIDENCE OR TRAVEL FOR EACH OF THE REGIONS OR COUNTRIES LISTED ABOVE							

SECTION X TYPING AND STENOGRAPHIC SKILLS				
1. TYPING (W.P.M.)	2. SHORTHAND (W.P.M.)	3. SHORTHAND SYSTEM USED - CHECK (X) APPROPRIATE ITEM		
		GREGG	SPEEDWRITING	STENOTYPE
4. INDICATE OTHER BUSINESS MACHINES WITH WHICH YOU HAVE HAD OPERATING EXPERIENCE OR TRAINING (Comptometer, Mimeograph, Card Punch, etc.)				

SECTION XI SPECIAL QUALIFICATIONS	
1. LIST ALL HOBBIES AND SPORTS IN WHICH YOU ARE ACTIVE OR HAVE ACTIVELY PARTICIPATED. INDICATE YOUR PROFICIENCY IN EACH	
2. INDICATE ANY SPECIAL QUALIFICATIONS, RESULTING FROM EXPERIENCE OR TRAINING, WHICH MIGHT FIT YOU FOR A PARTICULAR POSITION OR TYPE OF WORK	
3. EXCLUDING EQUIPMENT NOTED IN SECTION X, LIST ANY SPECIAL SKILLS YOU POSSESS RELATING TO OTHER EQUIPMENT OR MACHINES SUCH AS OPERATION OF SHORTWAVE RADIO, MULTIPH. TURRET LATHE, SCIENTIFIC AND PROFESSIONAL DEVICES, ETC.	
4. IF YOU ARE A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION (Pilot, Electrician, Radio Operator, Teacher, Lawyer, CPA, Medical Technician, etc.), INDICATE THE KIND OF LICENSE OR CERTIFICATE, NAME OF ISSUING STATE, AND REGISTRY NUMBER, IF KNOWN.	
5. FIRST LICENSE OR CERTIFICATE (Year of issue)	6. LATEST LICENSE OR CERTIFICATE (Year of issue)

SECRET  
(When Filled In)

SECTION XI CONTINUED FROM PAGE 8

- 7. LIST ANY SIGNIFICANT PUBLISHED MATERIALS OF WHICH YOU ARE THE AUTHOR (Do not submit copies unless requested). INDICATE TITLE, PUBLICATION DATE, AND TYPE OF PUBLICATION. (Scientific articles, general interest subjects, novels, short stories, etc.)
- 8. INDICATE ANY DEVICES WHICH YOU HAVE INVENTED AND STATE WHETHER OR NOT THEY ARE PATENTED
- 9. LIST ANY PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE
- 10. LIST ANY PROFESSIONAL, ACADEMIC OR HONORARY ASSOCIATIONS OR SOCIETIES IN WHICH YOU ARE NOW OR WERE FORMERLY A MEMBER. LIST ACADEMIC HONORS YOU HAVE RECEIVED.

SECTION XII ORGANIZATION WORK EXPERIENCE - SINCE LAST COMPLETION OF A PERSONNEL QUALIFICATIONS QUESTIONNAIRE

1	1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
	4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
	6. DESCRIPTION OF DUTIES		
2	1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
	4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
	6. DESCRIPTION OF DUTIES		
3	1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
	4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
	6. DESCRIPTION OF DUTIES		
4	1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
	4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
	6. DESCRIPTION OF DUTIES		
5	1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
	4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
	6. DESCRIPTION OF DUTIES		

(Use additional pages if required)

SECRET  
(When Filled In)

OFFICE OF PERSONNEL  
150 AH 57

**SECTION XIII CHILDREN AND OTHER DEPENDENTS**

1. NUMBER OF CHILDREN (including stepchildren and adopted children) WHO ARE UNMARRIED, UNDER 21 YEARS OF AGE, AND ARE NOT SELF-SUPPORTING. **3**

2. NUMBER OF OTHER DEPENDENTS (including spouse, parents, stepchildren, etc.) WHO DEPEND ON YOU FOR AT LEAST 50% OF THEIR SUPPORT, OR CHILDREN UNDER 21 YEARS OF AGE WHO ARE NOT SELF-SUPPORTING. **1**

3. PROVIDE THE FOLLOWING INFORMATION FOR ALL CHILDREN AND DEPENDENTS

NAME	RELATIONSHIP	YEAR OF BIRTH	SEX		CITIZENSHIP	ADDRESS
			M	F		
Dorothy L. Hunt	wife	1920		X	USA	
Lisa T. Hunt	daughter	1951		X	"	
Kevan T. Hunt	"	1952		X	"	
Howard St. John Hunt	son	1954	X		"	

ADDITIONAL COMMENT AND/OR CONTINUATION OF PRECEDING ITEMS

DATE COMPLETED: **6 Jan. 1957** SIGNATURE OF EMPLOYEE: *E. Howard Hunt*

SECRET

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STANDARD FORM 52  
FORM 52 OF THE  
U. S. CIVIL SERVICE COMMISSION  
APPLICABLE TO FEDERAL PERSONNEL  
SERIAL CHAPTER 5

REQUEST FOR PERSONNEL ACTION

UNVOUCHERED

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

1. NAME (Mr. - Miss - Mrs. One given name, initial(s), and surname) <b>Mr. HUNT, E. Howard</b>	2. DATE OF BIRTH <b>9 October 1918</b>	3. REQUEST NO. <b>513842</b>	4. DATE OF REQUEST <b>21 Jan 1957</b>
---	---	---------------------------------	--

5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.)  B. POSITION (Specify whether establish, change grade or title, etc.)	6. EFFECTIVE DATE A. PROPOSED:  B. APPROVED: <b>25 January 1957</b>	7. C. S. OR OTHER LEGAL AUTHORITY
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FROM— <b>Area Ops. Officer (COS) BAF 162</b>  <b>GS-0136.01-15 \$12,150</b>  <b>DDP/WH</b> <b>Branch 2</b>	A. POSITION TITLE AND NUMBER  B. SERVICE GRADE AND SALARY  C. ORGANIZATIONAL DESIGNATIONS  D. HEADQUARTERS	TO—  &  <b>DDP/WH</b> <b>Branch 2</b>
<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL	<input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL	<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL

8. REMARKS (Use reverse if necessary)

Sick and annual leave are to be held in escrow until subject reverts to GS status

9. REQUESTED BY (Name and title) <b>FI/CPS/CCB/OCL</b>	10. REQUEST APPROVED BY Signature: _____ Title: <b>Cover Officer</b>
11. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension) <b>x8101</b>	

12. VETERAN PREFERENCE NONE <input type="checkbox"/> WAR <input type="checkbox"/> OTHER <input type="checkbox"/> 5-PT. <input type="checkbox"/> 10 POINT <input type="checkbox"/> CASAB. OTHER	13. POSITION CLASSIFICATION ACTION NEW <input type="checkbox"/> VICE <input type="checkbox"/> I. A. <input type="checkbox"/> REAL <input type="checkbox"/> <b>SD-DI</b>
--	---

14. SEX <b>M</b>	15. APPROPRIATION FROM: <b>7-3587-56-065</b> TO: <i>per branch</i>	16. SUBJECT TO C. S. RETIREMENT ACT (YES-NO)	17. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)	18. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:
---------------------	--	--	--	---

19. STANDARD FORM 50 REMARKS  
  
**1/25 49**

20. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS
A.	<b>EP</b>		
B. CELL OR POS. CONTROL			
C. CLASSIFICATION			
D. PLACEMENT OR EMPL.			
E.			

F. APPROVED BY

SECRET

STANDARD FORM 50 (7 PART)  
REV APRIL 1951  
PUBLISHED BY  
U S CIVIL SERVICE COMMISSION  
CHAPTER VI, FEDERAL PERSONNEL MANUAL

**SECRET**  
(WHEN FILLED IN)

### NOTIFICATION OF PERSONNEL ACTION

RCO

1. NAME (MR - MRS - ONE GIVEN NAME INITIALS AND SURNAME) <b>MR. E. HOWARD HUNT</b> <b>513842</b>		2. DATE OF BIRTH <b>9 Oct 1913</b>	3. GENERAL OR ACTION NO.	4. DATE <b>25 Jan 1957</b>
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) <b>Reassignment</b> <b>57</b>		6. EFFECTIVE DATE <b>13 Jan 1957</b>	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY <b>50 USCA 423 1</b>	
FROM		TO		
Ops Officer (PP) BFF-1455 GS-0136.31-15 \$12,150.00 per annum		8. POSITION TITLE <b>Area Ops Off (COS) BAF-162</b>	GS-0136.01-15 \$12,150.00 per annum	
DDP/FE North Asia Station PP Staff		9. SERVICE SERIES, GRADE, SALARY <b>465130</b>	DDP/WH Branch II	
10. ORGANIZATIONAL DESIGNATIONS		11. HEADQUARTERS		
12. FIELD OR DEPT'L		12. FIELD OR DEPT'L		
<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL		<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL		
13. VETERAN'S PREFERENCE		14. POSITION CLASSIFICATION ACTION		
NONE WWII OTHER S-PT. 10-POINT		NEW VICE I. A. REAL		
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		SD/DP		
15. SEX <b>M</b>	16. APPROPRIATION FROM <b>7-8735-55-005</b> <b>760-31</b> TO: <b>7-3587-55-065</b>		17. SUBJECT TO C. S. RETIREMENT ACT (YES-NO) <b>Yes</b>	18. DATE OF APPOINTMENT AFFIDAVIT (ACCESSION ONLY) <b>SD/DP</b>
19. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:				
20. REMARKS:  3 ECD 11/03/49  <b>FOSTERED</b> 25 JAN 1957  <i>Ed Stewart</i>				
ENTRANCE PERFORMANCE RATING: <b>Director Of Personnel</b>		21. SIGNATURE OR OTHER AUTHENTICATION		

**SECRET**

1. EMPLOYEE COPY  
9001/25/57

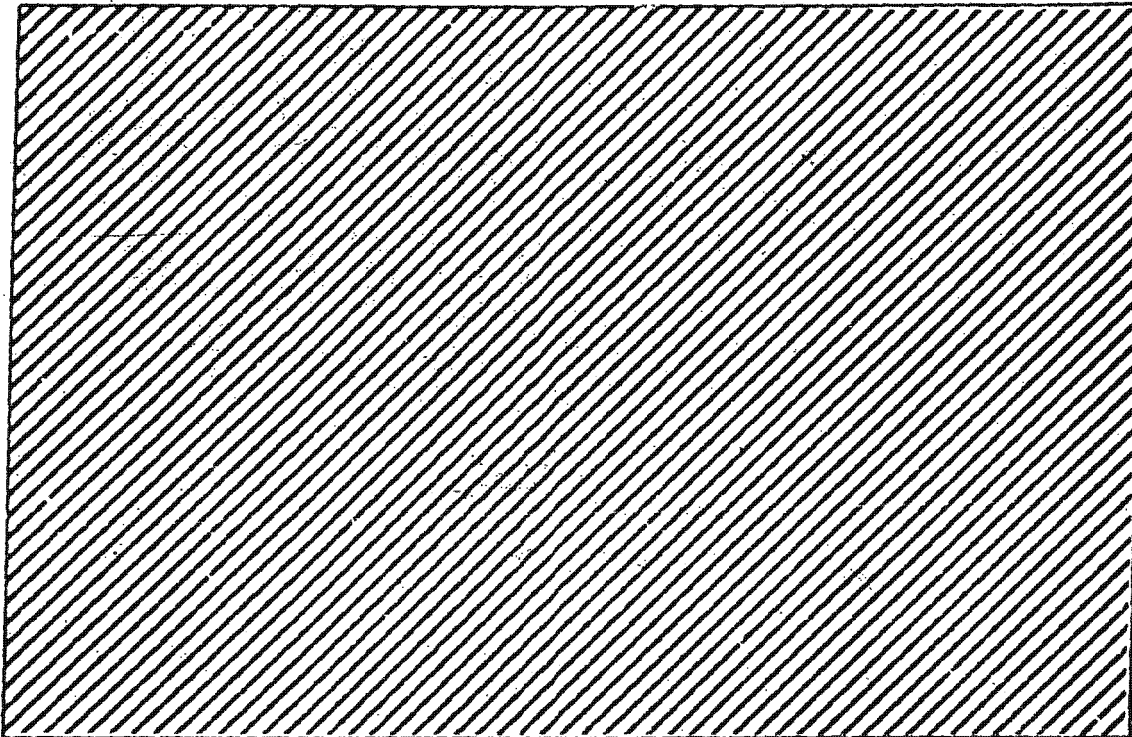
**NOTIFICATION OF PERSONNEL ACTION**

500

1. NAME (Last-First-Middle-ONE GIVEN NAME, INITIALS AND SURNAME) <b>MR. HOWARD E. HUNT 513842</b>		2. DATE OF BIRTH <b>9 Oct 1918</b>	3. JOURNAL OR ACTION NO.	4. DATE <b>31 Jan 1957</b>
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY)		6. EFFECTIVE DATE <b>25 Jan 1957</b>	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY <b>50 USCA 403 j</b>	
FROM		TO		
Area Ops. Officer (COS) BAF-162  GS-0136,01-15 \$12,150.00 per annum		8. POSITION TITLE  9. SERVICE, SERIES, GRADE, SALARY  10. ORGANIZATIONAL DESIGNATIONS <b>466130</b>  11. HEADQUARTERS <b>5</b>	Area Ops. Officer (COS) BAF-162 (Attache, [redacted] & [redacted] (When Confirmed)  GS-0136,01-15 \$12,150.00 per annum ( [redacted] \$12,100.00 per annum)  DDP/WH Branch 2 [redacted]	
<input checked="" type="checkbox"/> FIELD	<input type="checkbox"/> DEPARTMENTAL	<input checked="" type="checkbox"/> FIELD		<input type="checkbox"/> DEPARTMENTAL
13. VETERAN'S PREFERENCE NONE <input type="checkbox"/> WWII <input type="checkbox"/> OTHER <input type="checkbox"/> 5-PT <input type="checkbox"/> 10-POINT <input type="checkbox"/>		14. POSITION CLASSIFICATION ACTION NEW <input type="checkbox"/> VICE <input type="checkbox"/> I. A. <input type="checkbox"/> REAS. <input type="checkbox"/> <b>SD/DI</b>		
15. SEX <b>M</b>	16. APPROPRIATION FROM <b>7-3587-55-065 760-31</b> TO: <b>8820</b>	17. SUBJECT TO C. S. RETIREMENT ACT (1950-51) <b>Yes</b>	18. DATE OF APPOINTMENT AFFIDAVIT (EXCEPT FOR SENIORITY) <b>11/08/49</b>	19. LEGAL RESIDENCE CLAIMED <input type="checkbox"/> PROVED <input type="checkbox"/> STATE:
20. REMARKS  <b>Sick and annual leave are to be held in escrow until subject reverts to GS status</b>  <b>3 EOD 11/08/49</b>  <b>POSTED</b> <b>1957</b>  <i>Bill Stewart</i>				
ENTRANCE PERFORMANCE RATING: <b>Director of Personnel</b>		21. SIGNATURE OR OTHER AUTHENTICATION		



SECRET  
(When Filled In)



NAME OF EMPLOYEE (LAST-FIRST-MIDDLE) <i>HUNT, Howard</i>	DATE OF BIRTH	CASE OR CLAIM NUMBER <i>PAO 57-726-D</i>
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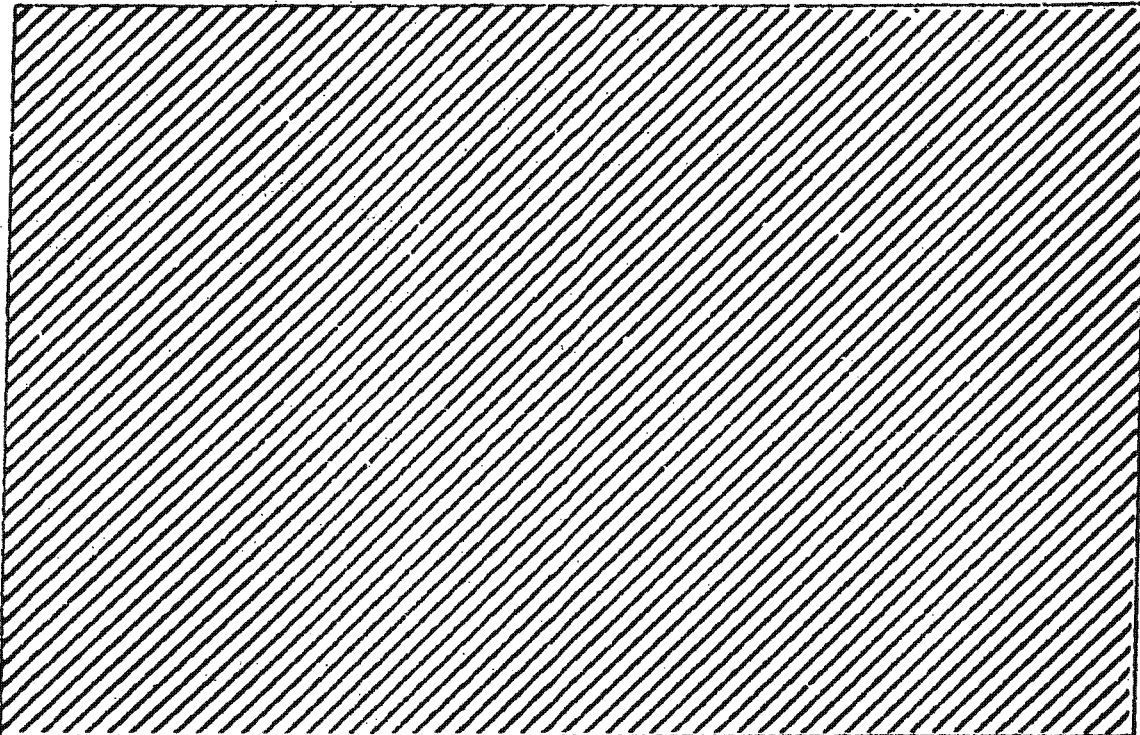
There is on file in the Casualty Affairs Branch, Benefits and Casualty Division, Office of Personnel, an Official Disability Claim File on the above named employee for an illness, injury, or death incurred on wife.

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

DATE OF NOTICE <i>4 Dec 57</i>	SIGNATURE OF BCD REPRESENTATIVE <i>[Signature]</i>
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NOTICE OF OFFICIAL DISABILITY CLAIM FILE

SECRET  
(When Filled In)



NAME OF EMPLOYEE (LAST-FIRST-MIDDLE) <i>HUNT, Howard</i>	DATE OF BIRTH	CASE OR CLAIM NUMBER <i>658-30D</i>
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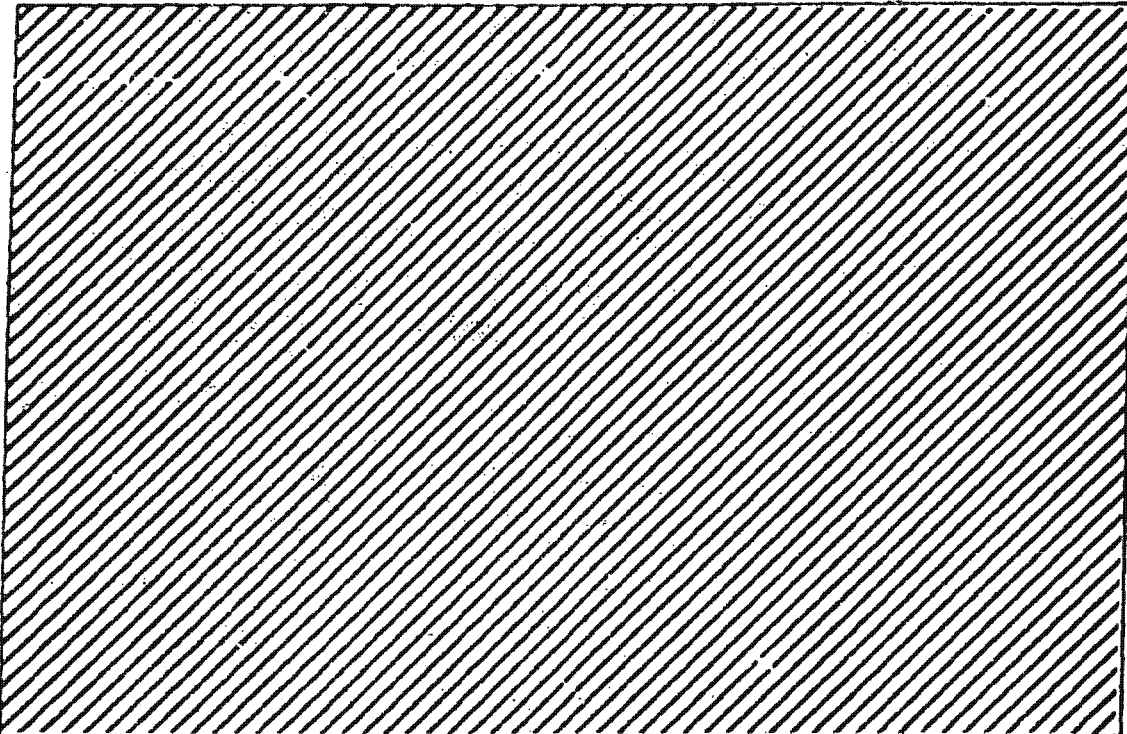
There is on file in the Casualty Affairs Branch, Benefits and Casualty Division, Office of Personnel, an Official Disability Claim File on the above named employee for an illness, injury, or death incurred on 5-00.

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

DATE OF NOTICE <i>4 Feb 58</i>	SIGNATURE OF RCO REPRESENTATIVE <i>[Signature]</i>
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NOTICE OF OFFICIAL DISABILITY CLAIM FILE

SECRET  
(When Filled In)



NAME OF EMPLOYEE (LAST-FIRST-MIDDLE) <i>HUNT, Howard E.</i>	DATE OF BIRTH	CASE OR CLAIM NUMBER <i>CAB 58-167D</i>
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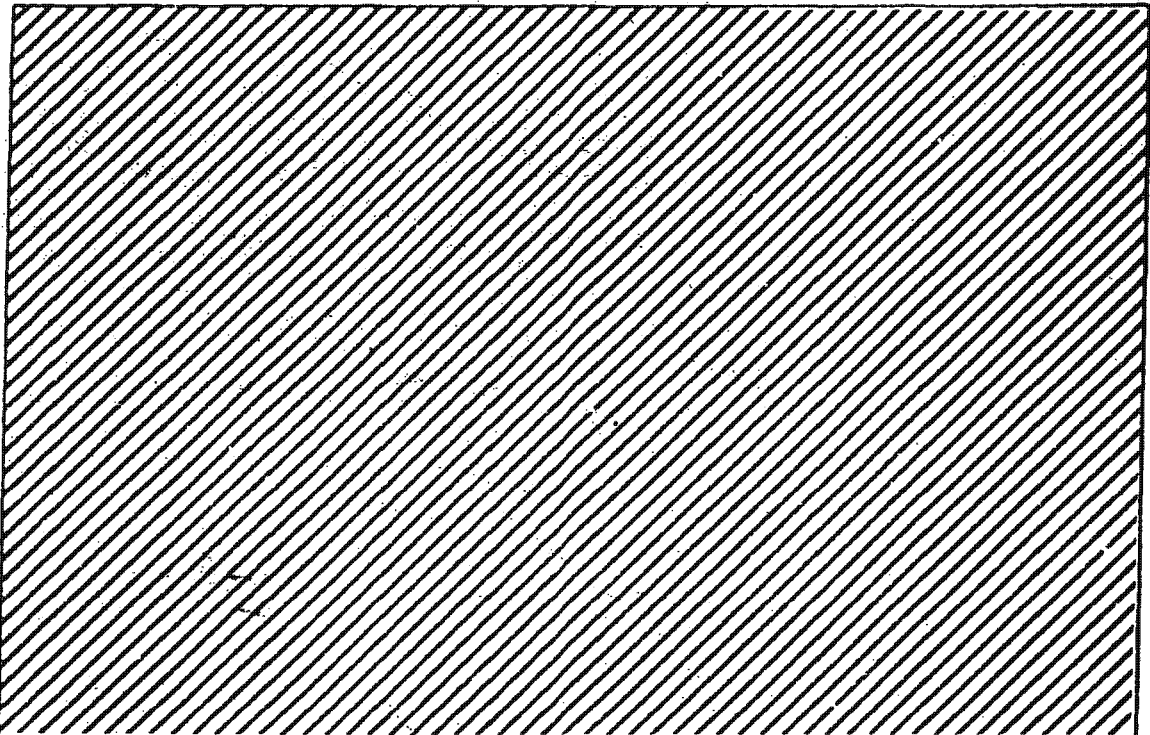
There is on file in the Casualty Affairs Branch, Benefits and Casualty Division, Office of Personnel, an Official Disability Claim File on the above named employee for an illness, injury, or death incurred on dependent wife.

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

DATE OF NOTICE <i>SEP 58</i>	SIGNATURE OF BCD REPRESENTATIVE <i>B. De Felice</i>
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NOTICE OF OFFICIAL DISABILITY CLAIM FILE

SECRET  
(When Filled In)



NAME OF EMPLOYEE (LAST-FIRST-MIDDLE) <i>HUNT, Howard</i>	DATE OF BIRTH	CASE OR CLAIM NUMBER <i>CAB 54-68 D</i>
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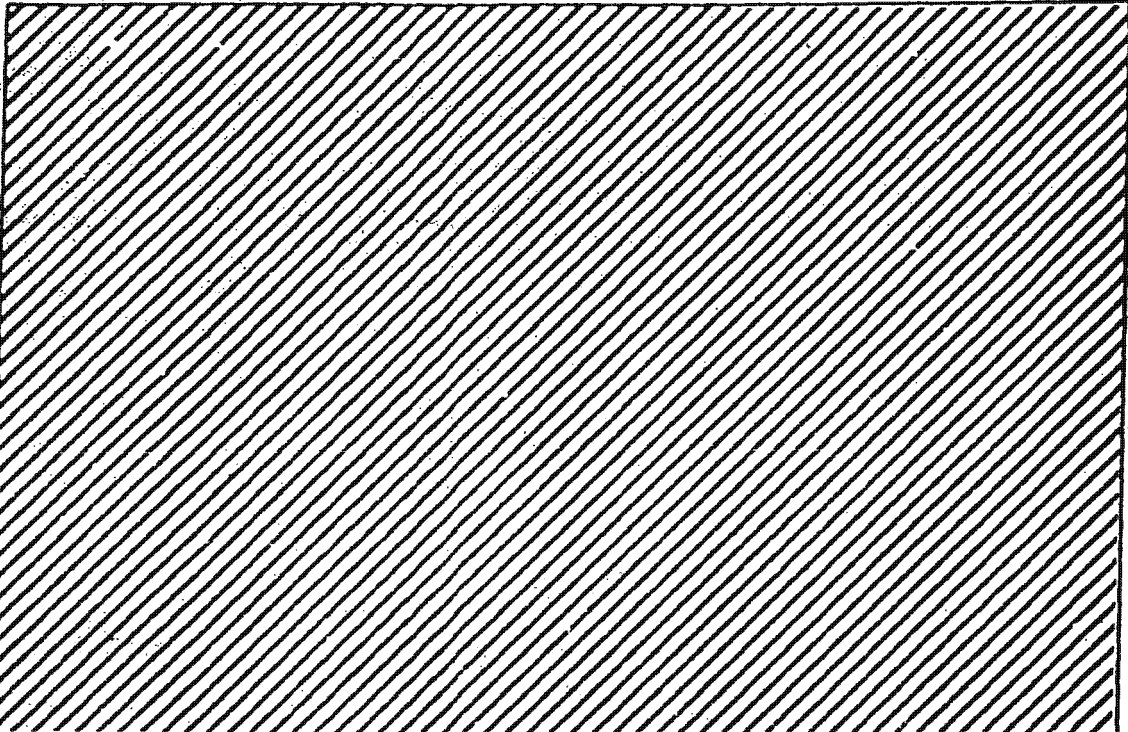
There is on file in the Casualty Affairs Branch, Benefits and Casualty Division, Office of Personnel, an Official Disability Claim File on the above named employee for an illness, injury, or death incurred on *approximate daughter*.

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

DATE OF NOTICE <i>14 May '58</i>	SIGNATURE OF BCD REPRESENTATIVE <i>B. De Felice</i>
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NOTICE OF OFFICIAL DISABILITY CLAIM FILE

SECRET  
(When Filled In)



NAME OF EMPLOYEE (LAST-FIRST-MIDDLE) <i>HUNT, Howard</i>	DATE OF BIRTH	CASE OR CLAIM NUMBER <i>58-135 D</i>
---	---------------	---

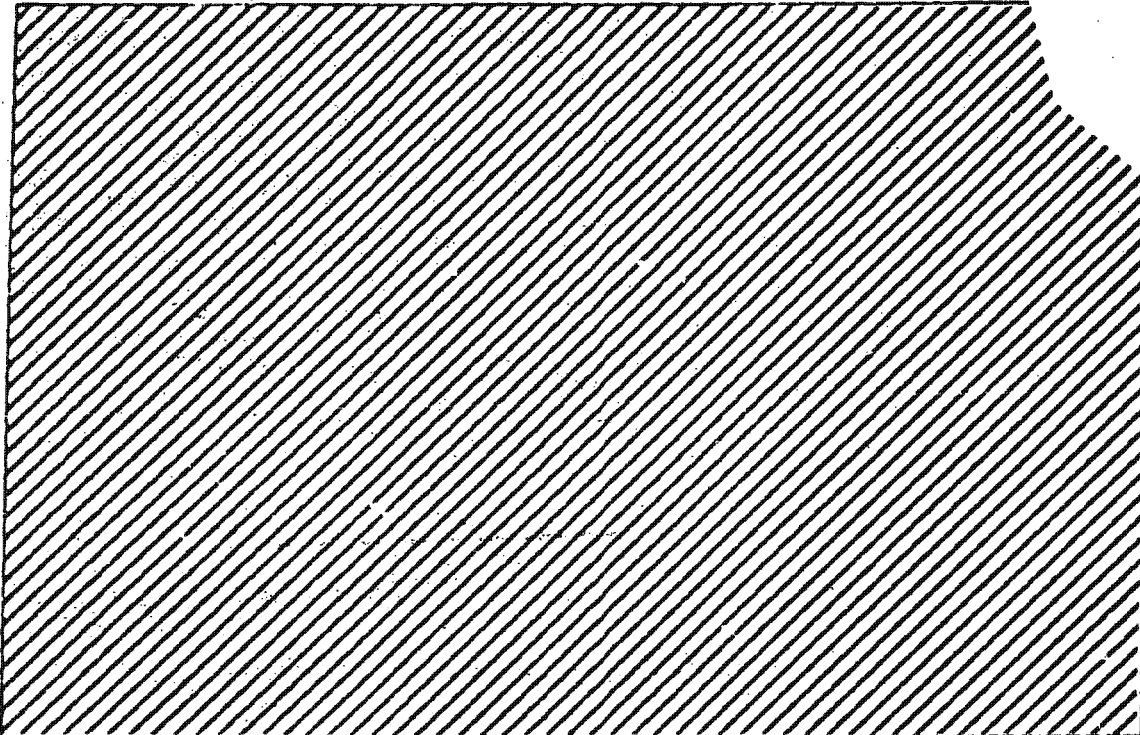
There is on file in the Casualty Affairs Branch, Benefits and Casualty Division, Office of Personnel, an Official Disability Claim File on the above named employee for an illness, injury, or death incurred on *dependent daughter*

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

DATE OF NOTICE <i>21 May 1958</i>	SIGNATURE OF BCD REPRESENTATIVE <i>D. DeFuria</i>
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NOTICE OF OFFICIAL DISABILITY CLAIM FILE

SECRET  
(When Filled In)



NAME OF EMPLOYEE (Last-First-middle) <i>Walter Howard</i>	NAME AND RELATIONSHIP OF DEPENDENT* <i>Daughter Lisa</i>	CLAIM NUMBER <i>09-1111</i>
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There is on file in the Casualty Affairs Branch, Benefits and Casualty Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent\*) for an illness, injury, or death incurred on 18 November 1958

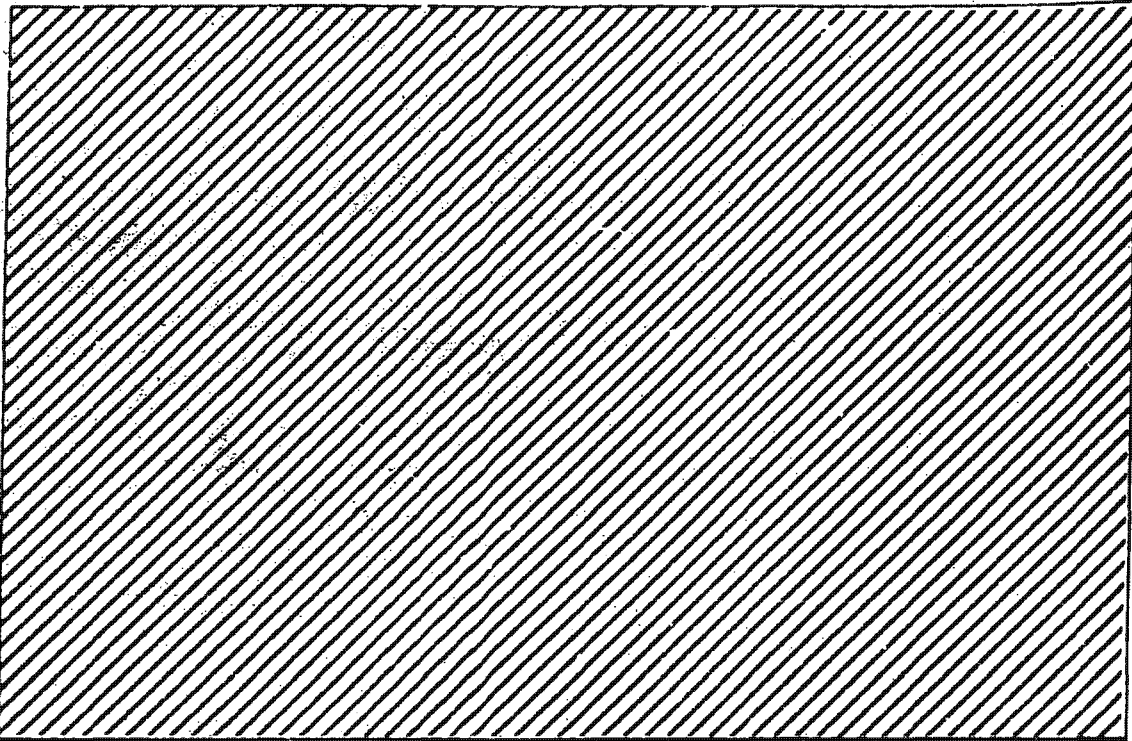
This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.

DATE OF NOTICE <i>18 Nov 58</i>	SIGNATURE OF BCD REPRESENTATIVE <i>B. DeFolice</i>
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NOTICE OF OFFICIAL DISABILITY CLAIM FILE

SECRET  
(When Filled In)

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NAME OF EMPLOYEE (LAST-FIRST-MIDDLE)	DATE OF BIRTH	CASE OR CLAIM NUMBER
HUNT, Howard	Unk	57-726D

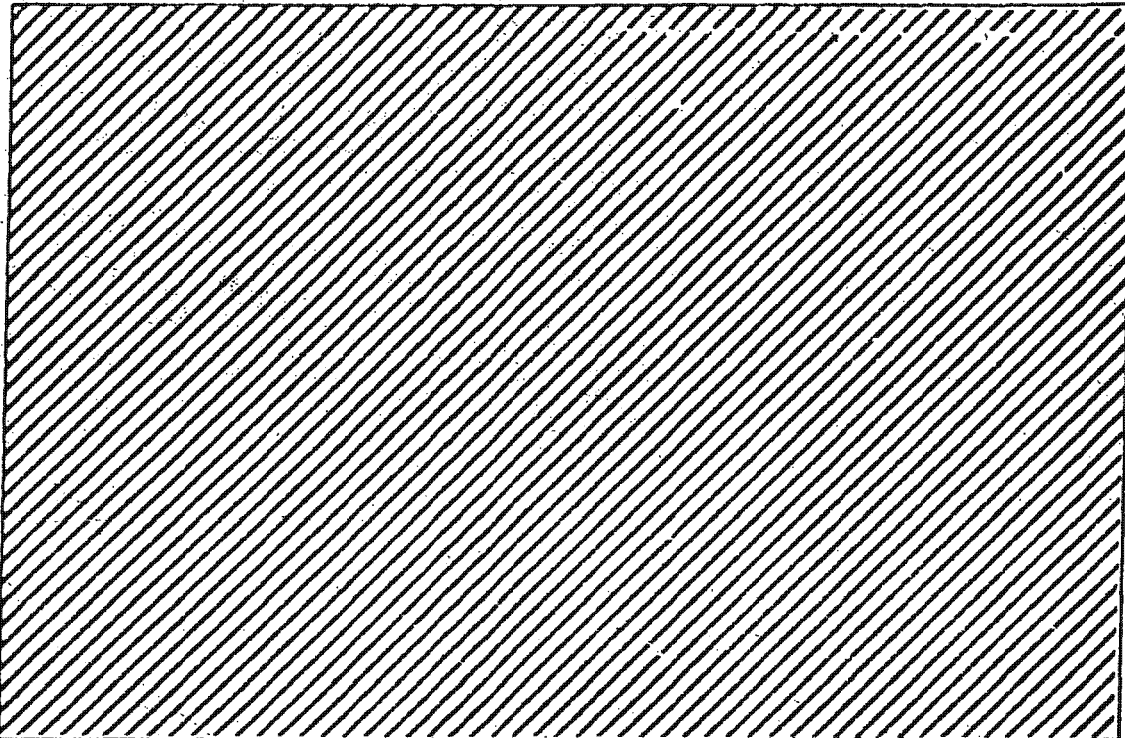
There is on file in the Casualty Affairs Branch, Benefits and Casualty Division, Office of Personnel, an Official Disability Claim File on the above named employee for an illness, injury, or death incurred on wife.

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

DATE OF NOTICE	SIGNATURE OF ACD REPRESENTATIVE
21 Aug 1958	<i>D. McF. [unclear]</i>

NOTICE OF OFFICIAL DISABILITY CLAIM FILE

SECRET  
(When Filled In)



NAME OF EMPLOYEE (Last-First-Middle)	NAME AND RELATIONSHIP OF DEPENDENT*	CLAIM NUMBER
HUNT, Howard	Dorothy	58-399 D

There is on file in the Casualty Affairs Branch, Benefits and Casualty Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent\*) for an illness, injury, or death incurred on \_\_\_\_\_.

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

DATE OF NOTICE

8 Dec. 1958

SIGNATURE OF BCD REPRESENTATIVE

NOTICE OF OFFICIAL DISABILITY CLAIM FILE



SECRET  
(When Filled In)

31

PERIODIC SUPPLEMENT PERSONAL HISTORY STATEMENT		THIS DATE
<b>INSTRUCTIONS</b>		
<p><i>This form provides the means whereby your official personnel records will be kept current. Even though it duplicates information you have furnished previously, it will be necessary for you to complete Sections I through VI in <u>full</u> entirety. You need complete Sections VII through XII only if there has been a change since you entered on duty with the organization or if you believe the item requires more complete coverage than you have previously reported.</i></p>		
<b>SECTION I GENERAL</b>		
1. FULL NAME (Last-First-Middle) <b>HUNT, E. Howard</b>		
2. CURRENT ADDRESS (No., Street, City, Zone, State)		3. PERMANENT ADDRESS (No., Street, City, Zone, State)
4. HOME TELEPHONE NUMBER		5. STATE, TERRITORY, POSSESSION OR COUNTRY IN WHICH YOU NOW CLAIM RESIDENCE
<b>SECTION II PERSON TO BE NOTIFIED IN CASE OF EMERGENCY</b>		
1. NAME (Last-First-Middle) PREFERABLY RESIDING IN U.S. <b>Hunt, Ethel J.</b>		2. RELATIONSHIP <b>Mother</b>
3. HOME ADDRESS (No., Street, City, Zone, State, Country) <b>75 Willett Street, Albany 10, NY</b>		
4. BUSINESS ADDRESS (No., Street, City, Zone, State, Country); INDICATE NAME OF FIRM OR EMPLOYER, IF APPLICABLE		
5. HOME TELEPHONE NUMBER <b>Hobart 2-6218</b>	6. BUSINESS TELEPHONE NUMBER	7. BUSINESS TELEPHONE EXTENSION
8. IN CASE OF EMERGENCY, OTHER CLOSE RELATIVES (Spouse, Mother, Father) MAY ALSO BE NOTIFIED. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE.		
<b>SECTION III MARITAL STATUS</b>		
1. CHECK (AT ONE) <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> ANNULLED		
2. FURNISH DATE, PLACE AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS		
<p><i>SPOUSE: If you have been married more than once, including annulments, use a separate sheet for former wife or husband giving data below for all previous marriages. If marriage is contemplated, provide same data for fiancée.</i></p>		
3. NAME (First) (Middle) (Maiden) (Last) <b>Ethel</b> <b>Rochy</b> <b>Loise</b> <b>Wetzel</b> <b>HUNT</b>		
4. DATE OF MARRIAGE <b>Sept. 7 1940</b>	5. PLACE OF MARRIAGE (City, State, Country) <b>Millbrook, New York</b>	
6. ADDRESS OF SPOUSE BEFORE MARRIAGE (No., Street, City, State, Country) <b>Sarasota, Florida</b>		
7. LIVING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	8. DATE OF DEATH	9. CAUSE OF DEATH
10. CURRENT ADDRESS (Give last address, if deceased)		
11. DATE OF BIRTH <b>April 1 1900</b>	12. PLACE OF BIRTH (City, State, Country) <b>Clyton, Ohio</b>	
13. IF BORN OUTSIDE U.S., DATE OF ENTRY	13. PLACE OF ENTRY	
15. CITIZENSHIP (Country) <b>USA</b>	16. DATE ACQUIRED	17. WHERE ACQUIRED (City, State, Country)
18. OCCUPATION <b>None</b>	19. PRESENT EMPLOYER (Also give former employer, or if spouse is deceased or unemployed, last two employers)	
20. EMPLOYER'S OR BUSINESS ADDRESS (No., Street, City, State, Country)		

SECTION III CONTINUED TO PAGE 2

SECRET

(When Filled In)

SECTION III. CONTINUED FROM PAGE 1

21. DATES OF MILITARY SERVICE OF SPOUSE (Start and End) BY MONTH AND YEAR	
22. BRANCH OF SERVICE	23. COUNTRY WITH WHICH MILITARY SERVICE AFFILIATED
24. DETAILS OF OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN	

SECTION IV. RELATIVES BY BLOOD, MARRIAGE OR ADOPTION LIVING ABROAD OR WHO ARE NOT U.S. CITIZENS

1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT
1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT
1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT
1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT

5. SPECIAL REMARKS, IF ANY, CONCERNING THESE RELATIVES

SECTION V. FINANCIAL STATUS

1. ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY?  YES  NO

2. DO YOU HAVE ANY FINANCIAL INTEREST IN, OR BENEFICIAL CONNECTION WITH, NON-U.S. CORPORATIONS OR BUSINESSES OR IN OR WITH U.S. CORPORATIONS OR BUSINESSES HAVING SUBSTANTIAL FOREIGN INTERESTS?  YES  NO IF YOU HAVE ANSWERED "YES," GIVE COMPLETE DETAILS ON A SEPARATE SHEET AND ATTACH IN A SEALED ENVELOPE.

3. DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT, PENSION, OR COMPENSATION FOR MILITARY OR NAVAL SERVICE?  YES  NO

4. IF YOU HAVE ANSWERED "YES" TO QUESTION 3 ABOVE, GIVE COMPLETE DETAILS.

5. WITHOUT REFERENCE TO YOUR SALARY, STATE OTHER SOURCES OF RECURRENT INCOME NOT INDICATED BY PRECEDING ITEMS.

publishing royalties

SECTION V CONTINUE TO PAGE 3

SECRET

SECRET

SECTION V CONTINUED FROM PAGE 2

BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS

NAME OF INSTITUTION	ADDRESS (City, State, Country)
Riggs Nat'l Bank	Wisconsin at P St., NW, Washington DC

7. HAVE YOU EVER BEEN IN, OR PETITIONED FOR, BANKRUPTCY? YES  NO

8. IF YOU HAVE ANSWERED "YES" TO QUESTION 7 ABOVE, GIVE PARTICULARS, INCLUDING COURT AND DATE(S)

SECTION VI CITIZENSHIP

1. COUNTRY OF CURRENT CITIZENSHIP: USA

2. CITIZENSHIP ACQUIRED BY - CHECK (X) ONE:  
 BIRTH  MARRIAGE  OTHER (Specify):

3. HAVE YOU TAKEN STEPS TO CHANGE YOUR PRESENT CITIZENSHIP?  YES  NO

4. GIVE PARTICULARS

5. IF YOU HAVE APPLIED FOR U.S. CITIZENSHIP, INDICATE PRESENT STATUS OF YOUR APPLICATION (First papers, etc.)

SECTION VII EDUCATION

1. CHECK (X) HIGHEST LEVEL OF EDUCATION ATTAINED

<input type="checkbox"/> LESS THAN HIGH SCHOOL GRADUATE	<input type="checkbox"/> OVER TWO YEARS OF COLLEGE - NO DEGREE
<input type="checkbox"/> HIGH SCHOOL GRADUATE	<input checked="" type="checkbox"/> BACHELOR'S DEGREE
<input type="checkbox"/> TRADE, BUSINESS, OR COMMERCIAL SCHOOL GRADUATE	<input type="checkbox"/> GRADUATE STUDY LEADING TO HIGHER DEGREE
<input type="checkbox"/> TWO YEARS COLLEGE OR LESS	<input type="checkbox"/> MASTER'S DEGREE
	<input type="checkbox"/> DOCTORATE OR GREATER

2. COLLEGE OR UNIVERSITY STUDY

NAME AND LOCATION OF COLLEGE OR UNIVERSITY	SUBJECT		DATES ATTENDED		DEGREE REC'D	DATE REC'D	SEM/OTH HRS. COMPLETED (Specify)
	MAJOR	MINOR	FROM	TO			
Brown University, Providence RI	Lit		1936	1940	AB	JUN 1940	

3. TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS

NAME OF SCHOOL	STUDY OR SPECIALIZATION	DATES ATTENDED		TOTAL HOURS
		FROM	TO	

4. MILITARY TRAINING (Full time duty in specialized schools such as Ordnance, Intelligence, Communications, etc.)

NAME OF SCHOOL	STUDY OR SPECIALIZATION	DATES ATTENDED		TOTAL HOURS
		FROM	TO	
US MA, Annapolis	Reserve train.	Feb 1941	May 1941	12
AAFCAC, Orlando, Fla.	Intelligence	June 1943	Dec 1943	28

5. OTHER EDUCATIONAL TRAINING NOT INDICATED ABOVE

SECRET

**SECRET**  
(When Filled In)

SECTION VIII GEOGRAPHIC AREA KNOWLEDGE						
1. LIST BELOW ANY FOREIGN REGIONS OR COUNTRIES OF WHICH YOU HAVE KNOWLEDGE GAINED AS A RESULT OF RESIDENCE, TRAVEL, STUDY OR WORK ASSIGNMENT OTHER THAN ORGANIZATION EXPERIENCE. UNDER COLUMN "TYPE OF SPECIALIZED KNOWLEDGE," INDICATE TYPE OF KNOWLEDGE SUCH AS TERRAIN, COASTS, HARBORS, UTILITIES, RAILROADS, INDUSTRIES, POLITICAL PARTIES, ETC.						
NAME OF REGION OR COUNTRY	TYPE OF SPECIALIZED KNOWLEDGE	DATES OF RESIDENCE, TRAVEL, ETC.	KNOWLEDGE ACQUIRED BY			
			RESIDENCE	TRAVEL	STUDY	WORK ASSIGNMENT
France	political	1939, 1948-49			X	X
Spain	political, coasts	May 1960		X		
Mexico	political, terrain	Dec-June 1946	X			
2. INDICATE THE PURPOSE OF VISIT, RESIDENCE OR TRAVEL FOR EACH OF THE REGIONS OR COUNTRIES LISTED ABOVE						
France 1939 - study at the Sorbonne " 1948-49 - aml. asst to Amb. Harriman at ECA (speechwriter) Mexico 1946 - Residence at Acapulco as Guggenheim Fellow for that year						
3. LIST BELOW ANY FOREIGN REGIONS OR COUNTRIES OF WHICH YOU HAVE GAINED KNOWLEDGE AS A RESULT OF ORGANIZATION ASSIGNMENT OR ACTIVITY.						
NAME OF REGION OR COUNTRY	TYPE OF SPECIALIZED KNOWLEDGE	DATES OF RESIDENCE, TRAVEL, ETC.	KNOWLEDGE ACQUIRED BY			
			POINTS ASSIGNMENT	FIELD ASSIGNMENT	TRAINING	
Mexico	Pol, terrain	1950-53		XX		
	Political	1954-56		XX		
	Political terrain	1957-60		XX		
Balkans	Political	1953-54	XX			
Greece	Political	1952-54	XX			
SECTION IX TYPING AND STENOGRAPHIC SKILLS						
1. TYPING (W.P.M.)		2. SHORTHAND (W.P.M.)		3. SHORTHAND SYSTEM USED - CHECK (X) APPROPRIATE ITEM		
40				GREGG	SPEEDWRITING	STENOTYPE
OTHER (Specify):						
4. INDICATE OTHER BUSINESS MACHINES WITH WHICH YOU HAVE HAD OPERATING EXPERIENCE OR TRAINING (Comptometer, Mimeograph, Card Punch, etc.)						
SECTION X SPECIAL QUALIFICATIONS						
1. LIST ALL HOBBIES AND SPORTS IN WHICH YOU ARE ACTIVE OR HAVE ACTIVELY PARTICIPATED. INDICATE YOUR PROFICIENCY IN EACH						
squash - good                      hunting, shooting - good                      tennis - v, good equitation - good                      fishing - fair						
2. INDICATE ANY SPECIAL QUALIFICATIONS, RESULTING FROM EXPERIENCE OR TRAINING, WHICH MIGHT FIT YOU FOR A PARTICULAR POSITION OR TYPE OF WORK						
3. EXCLUDING EQUIPMENT NOTED IN SECTION 4, LIST ANY SPECIAL SKILLS YOU POSSESS RELATING TO OTHER EQUIPMENT OR MACHINES SUCH AS OPERATION OF SHORTWAVE RADIO, MULTILITH, TURRET LATHE, SCIENTIFIC AND PROFESSIONAL DEVICES, ETC.						
4. IF YOU ARE A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION (Pilot, Electrician, Radio Operator, Teacher, Lawyer, CPA, Medical Technician, etc.), INDICATE THE KIND OF LICENSE OR CERTIFICATE, NAME OF ISSUING STATE, AND REGISTRY NUMBER, IF KNOWN.						
5. FIRST LICENSE OR CERTIFICATE (Year of issue)				6. LATEST LICENSE OR CERTIFICATE (Year of issue)		

**SECRET**

SECRET

(When Filled In)

SECTION X CONTINUED FROM PAGE 8

7. LIST ANY SIGNIFICANT PUBLISHED MATERIALS OF WHICH YOU ARE THE AUTHOR (Do not submit copies unless requested). INDICATE TITLE, PUBLICATION DATE, AND TYPE OF WRITING (Non-fiction, scientific, articles, general interest subjects, novels, short stories, etc.)

8. INDICATE ANY DEVICES WHICH YOU HAVE INVENTED AND STATE WHETHER OR NOT THEY ARE PATENTED

9. LIST ANY PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE

10. LIST ANY PROFESSIONAL, ACADEMIC OR HONORARY ASSOCIATIONS OR SOCIETIES IN WHICH YOU ARE NOW OR WERE FORMERLY A MEMBER. LIST ACADEMIC HONORS YOU HAVE RECEIVED.

SECTION XI ORGANIZATION WORK EXPERIENCE - SINCE LAST COMPLETION OF A PERSONNEL QUALIFICATIONS QUESTIONNAIRE

1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
<i>Oct 118 - Dec 50</i>	<i>GS-13</i>	<i>OPC/PP/PM</i>
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
<i>6</i>	<i>Operations Officer</i>	
6. DESCRIPTION OF DUTIES		

1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
<i>Feb 1957 - March 1960</i>	<i>15</i>	<i>WH-2</i>
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
<i>16</i>	<i>Chief Station</i>	
6. DESCRIPTION OF DUTIES		

1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
<i>June 1960 -</i>	<i>15</i>	<i>WH-4</i>
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
	<i>Political Action Officer</i>	
6. DESCRIPTION OF DUTIES		
<i>Field Chief in Mexico City of JMWAVE</i>		

1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
6. DESCRIPTION OF DUTIES		

1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
6. DESCRIPTION OF DUTIES		

(Use additional pages if required)

SECRET

**SECRET**  
(When Filled In)

<b>SECTION XII CHILDREN AND OTHER DEPENDENTS</b>							
1. NUMBER OF CHILDREN (including stepchildren and adopted children) WHO ARE UNMARRIED, UNDER 21 YEARS OF AGE, AND ARE NOT SELF-SUPPORTING.			3	2. NUMBER OF OTHER DEPENDENTS (including spouse, parents, stepparents, sisters, etc.) WHO DEPEND ON YOU FOR AT LEAST 50% OF THEIR SUPPORT, OR, CHILDREN OVER 21 YEARS OF AGE WHO ARE NOT SELF-SUPPORTING.			1
3. PROVIDE THE FOLLOWING INFORMATION FOR ALL CHILDREN AND DEPENDENTS							
NAME	RELATIONSHIP	YEAR OF BIRTH	SEX		CITIZENSHIP	ADDRESS	
			M	F			
Dorothy I.	wife	1920		X	USA		
Miss Tiffany	daughter	1951		X	USA		
Kevin Tetterdale	"	1953		X	"		
Howard St. John	son	1954	X		"		
ADDITIONAL COMMENT AND/OR CONTINUATION OF PRECEDING ITEMS							
DATE COMPLETED <i>10 June 1960</i>			SIGNATURE OF EMPLOYEE <i>Howard St. John</i>				

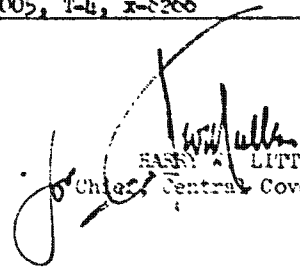
SECRET

5 July 1960

MEMORANDUM FOR: Chief, Records and Services Division  
Office of Personnel

SUBJECT : E. Howard HUNT

1. Cover arrangements are in process, and/or have been completed for the above-named Subject.
2. Effective immediately, it is requested that your records be properly blocked ~~referred to deny acknowledge~~ Subject's current Agency employment to an external inquirer.
3. This memorandum confirms an oral request of 1 July 1960  
Richard J. Bladreau, 2-1005, T-4, x-8266.

  
HARRY A. LITTLE, JR.  
Chief, Central Cover Division

cc: SSD/OS

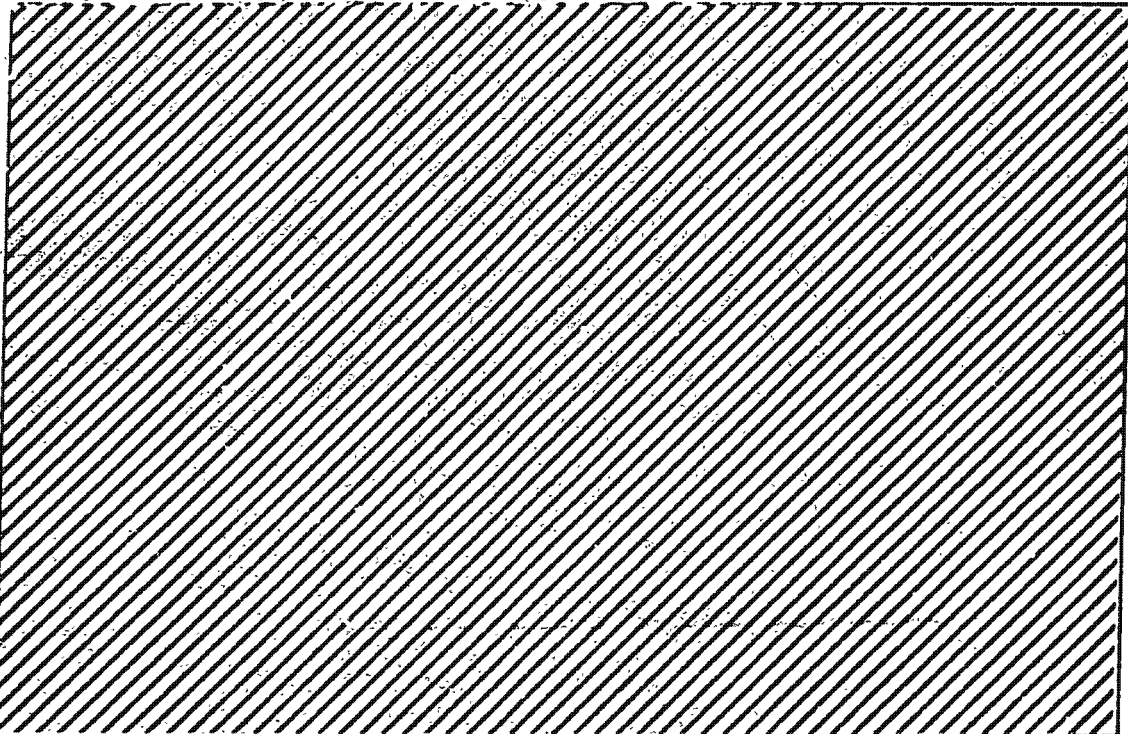
SECRET

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

(4-18-40)

ET

SECRET  
(When Filled In)



NAME OF EMPLOYEE (Last-First-Middle) <i>W. S. Howard, E.</i>	NAME AND RELATIONSHIP OF DEPENDENT* <i>daughter - Lisa</i>	CLAIM NUMBER <i>60-1192</i>
---	---	--------------------------------

There is on file in the Benefits and Counseling Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent\*) for an illness, injury, or death incurred on December 51.

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

DATE OF NOTICE <i>25 July 1960</i>	SIGNATURE OF BSD REPRESENTATIVE <i>[Signature]</i>
---------------------------------------	---

NOTICE OF OFFICIAL DISABILITY CLAIM FILE



SECRET

REQUEST FOR PERSONNEL ACTION

DATE PREPARED

13 October 1960

1. SERIAL NUMBER: 613842  
2. NAME (Last-First-Middle): HUNT, E. Howard

3. NATURE OF PERSONNEL ACTION: REASSIGNMENT (TEMPORARY)\*

4. EFFECTIVE DATE REQUESTED: 30/10/60

5. CATEGORY OF EMPLOYMENT: REGULAR

6. FUNDS: V TO V, V TO CF, CF TO V, CF TO CF

7. COST CENTER NO. CHARGEABLE: 1535-5000-0021

8. LEGAL AUTHORITY (Completed by Office of Personnel)

9. ORGANIZATIONAL DESIGNATIONS: DDP/WH Division Branch 4

10. LOCATION OF OFFICIAL STATION: WASHINGTON, D.C.

11. POSITION TITLE: ~~XXXXXXXXXXXXXXXXXXXX~~ OPERATIONS OFFICER

12. POSITION NUMBER: XXXXXX

12A. PCR CONTROL NO.

13. CAREER SERVICE DESIGNATION: D

14. CLASSIFICATION SCHEDULE (GS, AF, etc.): GS

15. OCCUPATIONAL SERIES: 0136.C1

16. GRADE AND STEP: 15 (5)

17. SALARY OR RATE: \$15,030

18. REMARKS: DDP/WH/2, [ ] BAF-162 Tracy TA  
\*UPON TERMINATION OF THIS TEMPORARY ASSIGNMENT YOU WILL BE REASSIGNED AS THE HEAD OF YOUR CAREER SERVICE DIRECTS.

POS: 08-16-53  
PSI: 02-05-61

18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER: [Signature]

Table with columns for various personnel data including service code, date, and status.

85. POSITION CONTROL CERTIFICATION: [Signature]

86. O.P. APPROVAL: [Signature]

ALS:25 NOV 1960

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION										
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)								
013842		HUNT E HOWARD								
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT				
REASSIGNMENT (TEMPORARY)*				11 25 60		REGULAR				
6. FUNDS			V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY	
CF TO V			X		CF TO CF		1535 5000 0021		50 USC 403	
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION				
DDP WH DIVISION BRANCH 4						WASH., D.C.				
11. POSITION TITLE						12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION		
OPS OFFICER						0000		D		
14. CLASSIFICATION SCHEDULE (GS, WB, etc.)			15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
GS			0136.01		15 5		15030			
18. REMARKS *UPON TERMINATION OF THIS TEMPORARY ASSIGNMENT YOU WILL BE REASSIGNED AS THE -HEAD OF YOUR CAREER SERVICE DIRECTS.										
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL										
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING		22. STATION CODE	23. INTEGREE CODE	24. MONTHS	25. DATE OF BIRTH		26. DATE OF GRADE	27. DATE OF LEI
37	10	64450	WH	75013		1	10 09 18			
28. NTE EXPIRES		29. SPECIAL REFERENCE	30. RETIREMENT DATA		31. SEPARATION DATA CODE	32. CORRECTION CANCELLATION DATA		33. SECURITY REG NO		34. SER
						EOD DATA				
35. VET PREFERENCE		36. SERV COMP DATE		37. LONG COMP. DATE		38. MIL SERV. CREDIT LCO		39. FEGLI / HEALTH INSURANCE		40. SOCIAL SECURITY NO.
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT CODE		43. FEDERAL TAX DATA		44. STATE TAX DATA		
CODE				CODE		CODE		CODE		
1. NO BREAK IN SERVICE				1. YES		1. YES		1. YES		
2. BREAK IN SERVICE (LESS THAN 18 MO)				2. NO		2. NO		2. NO		
3. BREAK IN SERVICE (MORE THAN 18 MO)										
SIGNATURE OR OTHER AUTHENTICATION										
12/01/60 WJS										

**SECRET**  
(WHEN FILLED IN)

1. EMP. SERIAL NO. 513842		2. NAME HUNT E HOWARD			3. ASSIGNED ORGAN DDP/WH UNASS.		4. FUNDS UV	5. ALLOTMENT			
6. OLD SALARY RATE					7. NEW SALARY RATE						
GRADE	STEP	SALARY	LAST EFFECTIVE DATE			GRADE	STEP	SALARY	EFFECTIVE DATE		
			MO	DA	YR				MO	DA	YR
GS 15	5	\$15,030	08	09	59	GS 15	8	\$15,290	02	05	'61
TO BE COMPLETED BY THE OFFICE OF COMPTROLLER											
8. CHECK ONE <input type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> EXCESS LWOP						9. NUMBER OF HOURS LWOP					
IF EXCESS LWOP, CHECK FOLLOWING: <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD						10. INITIALS OF CLERK			11. AUDITED BY		
TO BE COMPLETED BY THE OFFICE OF PERSONNEL											
12. TYPE OF ACTION <input type="checkbox"/> P.S.I. <input type="checkbox"/> L.S.I. <input type="checkbox"/> PAY ADJUSTMENT						13. REMARKS THIS CANCELS PSI EFFECTIVE 02/05/61. ADMINISTRATIVE ERROR.					
14. AUTHENTICATION											
POSTED TO 2806											
<b>PAY CHANGE NOTIFICATION</b>											

FORM 560

560 OBSOLETE PREVIOUS EDITION REPLACES FORM 560A AND 560B

**SECRET**

OFFICIAL PERSONNEL FOLDER

(4)

**SECRET**  
(When Filled In)

1. Serial No. 513842		2. Name HUNT E HOWARD			3. Cost Center Number DDP/WH UV UV		4. LWOP Hours			
5. OLD SALARY RATE				6. NEW SALARY RATE				7. TYPE ACTION		
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	Effective Date	PSI	LSI	ADI
GS 15	5	\$15,030	08/09/59	15	8	\$15,290	02/05/61			
8. Remarks and Authentication										
<del>                 / / NO EXCESS LWOP                  / / IN PAY STATUS AT END OF WAITING PERIOD                  / / IN LWOP STATUS AT END OF WAITING PERIOD             </del>										
<b>PAY CHANGE NOTIFICATION</b>										

Form 560

Obsolote Previous Edition

**SECRET**

(6-4)

IN ACCORDANCE WITH THE PROVISIONS OF P. L. 86-568 AND DCI MEMO DATED 1 AUGUST 1956, SALARY IS ADJUSTED AS FOLLOWS EFFECTIVE 10 JULY 1960.

SO	NAME	SERIAL	ORGN	GR-ST	OLD SALARY	NEW SALARY
D	HUNT E HOWARD	513842	46 51	GS-15 5	\$13,970	\$15,030

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION										DATE PREPARED			
1. SERIAL NUMBER 0500 ✓		2. NAME (Last-First-Middle) <u>E. HOWARD</u>								DATE PREPARED 25 November 1961			
3. NATURE OF PERSONNEL ACTION Reassignment					4. EFFECTIVE DATE REQUIRED MONTH DAY YEAR 11 28 61			5. CATEGORY OF EMPLOYMENT Regular					
6. FUNDS		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE 2121-1000-1000		8. LEGAL AUTHORITY (Completed by Office of Personnel)					
CF TO V		CF TO CF		9. ORGANIZATIONAL DESIGNATIONS DDP/CA Staff Plans and Research Group Evaluation Branch								10. LOCATION OF OFFICIAL STATION Washington, D.C.	
11. POSITION TITLE Asst. Chief - CA					12. POSITION NUMBER 0274		13. CAREER SERVICE DESIGNATION 2						
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS			15. OCCUPATIONAL SERIES 233002		16. GRADE AND STEP 5		17. SALARY OR RATE 15030 ✓						
18. REMARKS FROM: DDP/WH/Br 4/Temporary  loc - Payroll loc - Security  <i>Called Security</i>													
19A. SIGNATURE OF REQUESTING OFFICIAL <i>Russell</i>				DATE SIGNED 16 Nov 1961		19B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>A. L. Lipp</i>				DATE SIGNED 11 Nov 61			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL													
24. ACTION CODE		25. EMPLOY CODE		27. OFFICE CODE		28. PAY PLAN		29. GRADE		30. DATE OF BIRTH			
57		10		44200 CA		1		10 109 18					
29. NLS EMP REC		31. SPECIAL REFERENCE		32. RET. SEV. DATA		33. CORRECTIVE/CANCELLATION DATA		34. SEC. 17		35. SEC. 18			
								FOD DATA					
36. ALT. PREFERENCE		37. SERA. COMP. DATE		38. LVA. COMP. DATE		39. M. STA. NOTIFIED		40. SEC. / HR. / AS. RANG.		41. SEC. R. REUNITED			
42. PREVIOUS DEPARTMENT SERVICE DATA				43. MILITARY DATA		44. FEDERAL TAX DATA		45. FORMS					
46. FORMS				47. FORMS		48. FORMS		49. FORMS					
48. POSITION CONTROL CERTIFICATION GWA 11-28-61						49. O.P. APPROVAL <i>A. L. Lipp</i>			DATE APPROVED 17 Nov 61				

PSC: 29 DEC 1961

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION													
1 SERIAL NUMBER		2 NAME (LAST-FIRST MIDDLE)											
013842		HUNT E HOWARD											
3 NATURE OF PERSONNEL ACTION				4 EFFECTIVE DATE		5 CATEGORY OF EMPLOYMENT							
REASSIGNMENT				11 26 61		REGULAR							
6 FUNDS		V TO V		V TO CF		7 COST CENTER NO (CHARGEABLE)			8 CSC OR OTHER LEGAL AUTHORITY				
CF TO V		X		CF TO CF		2121 1000 1000			50 USC 403 J				
9 ORGANIZATIONAL DESIGNATIONS						10 LOCATION OF OFFICIAL STATION							
ODP CA STAFF PLANS AND RESEARCH GROUP EVALUATION BRANCH						WASH., D.C.							
11 POSITION TITLE				12 POSITION NUMBER		13 CAREER SERVICE DESIGNATION							
OPS OFFICER CH.				0274		D							
14 CLASSIFICATION SCHEDULE (GS, LB, etc.)			15 OCCUPATIONAL SERIES		16 GRADE AND STEP		17 SALARY OR RATE						
GS			0136.01		15 5		15030						
18 REMARKS													
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL													
19 ACTION CODE	20 EMPLOY CODE	21 OFFICE CODING		22 STATION CODE	23 INTEGREE CODE	24 HOURS CODE	25 DATE OF BIRTH			26 DATE OF GRADE		27 DATE OF LEI	
37	10	44200	CA	75013		1	10	09	18				
28 HTE EXPIRES		29 SPECIAL REFERENCE	30 RETIREMENT DATA		31 SEPARATION DATA CODE	32 CORRECTION/CANCELLATION DATA			33 SECURITY REQ NO	34 SER			
MO DA YR			1 CSC 2 FICA 5 NONE		CODE	TYPE MO DA YR			EOD DATA				
35 VET. PREFERENCE		36 SERV COMP DATE		37 LONG. COMP. DATE		38 MIL SERV CREDIT/LEO		39 FEGLI / HEALTH INSURANCE			40 SOCIAL SECURITY NO		
CODE		MO DA YR		MO DA YR		1 YES 2 NO		CODE CODE R. WRITER 1 YES			HEALTH INS CODE		
41 PREVIOUS GOVERNMENT SERVICE DATA				42 LEAVE CAT.	43 FEDERAL TAX DATA			44 STATE TAX DATA					
CODE				CODE	FORM EXECUTED; CODE NO TAX EXEMPTIONS			FORM EXECUTED CODE NO TAX EXEMP STATE CODE					
0 NO PREVIOUS SERVICE 1 NO BREAK IN SERVICE 2 BREAK IN SERVICE (LESS THAN 12 MOS) 3. BREAK IN SERVICE (MORE THAN 12 MOS)					1 YES 2 NO			1 YES 2. NO					
SIGNATURE OR OTHER AUTHENTICATION													
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p style="margin: 0;">POSTED</p> <p style="margin: 0;"><i>mlh 01-04-62</i></p> </div>													

SECRET  
(When Filled In)

PSC: 26 JAN 62

NOTIFICATION OF PERSONNEL ACTION										
1. SERIAL NUMBER		2. NAME (LAST-FIRST MIDDLE)								
013942		HUNT E HOWARD								
3. NATURE OF PERSONNEL ACTION					4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
REASSIGNMENT					01   26   62		REGULAR			
6. FUNDS		V TO V		V TO CP		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY		
CF TO V		X		CF TO CP		2121 1000 1000		50 USC 403 J		
9. ORGANIZATIONAL DESIGNATIONS					10. LOCATION OF OFFICIAL STATION					
DDP, CA STAFF OFFICE OF THE CHIEF					WASH., D.C.					
11. POSITION TITLE					12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION			
OPS OFFICER					0454		D			
14. CLASSIFICATION SCHEDULE (GS, EB, etc)			15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
GS			0136.01		15 5		15030			
18. REMARKS										
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL										
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING		22. STATION CODE	23. INTEGR. CODE	24. Hdqtrs Code	25. DATE OF BIRTH		26. DATE OF GRADE	27. DATE OF LEI
37	10	NUMERIC	ALPHABETIC	75013		1	10   09   18			
28. NTE EXPIRES	29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA	33. SECURITY REQ NO	34. SER	EOD DATA			
NO	DA	YR								
35. VET. PREFERENCE	36. SERV COMP DATE		37. LONG COMP. DATE		38. MIL SERV CREDIT/LCD		39. REGIT. HEALTH INSURANCE		40. SOCIAL SECURITY NO	
CODE	0 NONE	1 1 YR	2 10 YR		1 YES	2 NO	CODE	0 NEVER	1 YES	HEALTH INS CODE
41. PREVIOUS GOVERNMENT SERVICE DATA	42. LEAVE LAT	43. FEDERAL TAX DATA	44. STATE TAX DATA							
CODE	1 NO PREVIOUS SERVICE	2 NO BREAK IN SERVICE	3 BREAK IN SERVICE (LESS THAN 12 MOS)	CODE	1 YES	2 NO	NO TAX DEDUCTIONS	FORM ENDED PD	1 YES	2 NO
4	3 BREAK IN SERVICE (MORE THAN 12 MOS)									
SIGNATURE OR OTHER AUTHENTICATION										
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p style="margin: 0;">POSTED</p> <p style="margin: 0;"><i>[Signature]</i></p> </div>										

32c 1-26-62

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION					DATE PREPARED	
1. SERIAL NUMBER		2. NAME (Last-First-Middle)			29 May 1962	
013842		Hunt, E. Howard				
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE REQUESTED		5. CATEGORY OF EMPLOYMENT
Reassignment				MONTH DAY YEAR 07 01 62		Regular
6. FUNDS		7. COST CENTER NO. CHARGE-ABLE		8. LEGAL AUTHORITY (Completed by Office of Personnel)		
V TO V		V TO CF		3129-1000-1000		
CF TO V		X CF TO CF				
9. ORGANIZATIONAL DESIGNATIONS				10. LOCATION OF OFFICIAL STATION		
DDP/DODS Facilities branch Research and Publications Section				Washington, D.C.		
11. POSITION TITLE			12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION	
Ops. Officer-3Ch			D-14 0092		D	
14. CLASSIFICATION SCHEDULE (GS, LP, etc.)		15. OCCUPATIONAL SERIES	16. GRADE AND STEP		17. SALARY OR RATE	
GS		0316.01	15 5		\$ 15,030.00	
18. REMARKS						
PRA Requested per R - 20-10, para 10C(2) for a period of 90 days.						
DDP/CA Staff Office of the Chief/454 - /						
CONCUR: <span style="border: 1px solid black; padding: 2px;">                    </span> (By Phone)						
CSID <i>SM</i>						
18A. SIGNATURE OF REQUESTING OFFICIAL		DATE SIGNED		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER		DATE SIGNED
<i>Virginia C. Lynch</i>		4/6/62		<i>Robert L. Johnson</i>		4/6/62
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL						
19. OFFICE NO. EMP. NO.		21. OFFICE CODE NO.		22. STAT. IN. CODE		23. WTD. DATE
		4001				1 10/9/18
24. RATE EMP. REF.		25. SPEC. REFERENCE		26. SEPARATION DATA CODE		27. CORRECT./CANCELLATION DATA
80		1 - 251 3 - 8/28 4 - 6/28				FOR DATA
28. VET. PREFERENCE		29. SER. COMP. DATE		30. LONG. COMP. DATE		31. MIL. SER. DEF. LTCD
32. MIL. SER. DEF. LTCD		33. SEC. / HEALTH INSURANCE		34. TODIA. SECURITY NO.		
35. PREVIOUS GOVERNMENT SERVICE DATA		36. FEDERAL TAX DATA		37. STATE TAX DATA		
CODE		FORM EXECUTED		FORM EXECUTED		
1 = NO PREVIOUS SERVICE 2 = NO SER. IN SERVICE 3 = SER. IN SERVICE (LESS THAN 12 MO.) 4 = SER. IN SERVICE (MORE THAN 12 MO.)		1 = YES 2 = NO		1 = YES 2 = NO		
38. POSITION CONTROL CERTIFICATION			39. O.P. APPROVAL			DATE APPROVED
<i>Virginia C. Lynch</i>			<i>Robert L. Johnson</i>			4/6/62

BWS: 21 JUNE 62

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION														
JCF														
1. SERIAL NUMBER		2. NAME (LAST-FIRST MIDDLE)												
013842		HUNT E HOWARD												
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE			5. CATEGORY OF EMPLOYMENT					
REASSIGNMENT						07 01 62			REGULAR					
6. FUNDS		7. V TO V		8. V TO CF		9. LOST CENTER NO (NARGEABLE)			10. CSC OR OTHER LEGAL AUTHORITY					
CF TO V		X		CF TO CF		3129 1000 1000			50 USC 403 J					
11. ORGANIZATIONAL DESIGNATIONS						12. LOCATION OF OFFICIAL STATION								
DDP DODS FACILITIES BRANCH RESEARCH & PUBLICATIONS SECTION						WASH., D. C.								
13. POSITION TITLE				14. POSITION NUMBER		15. CAREER SERVICE DESIGNATION								
OPS OFFICER CH				0092		D								
16. CLASSIFICATION (SCHEDULE (GS, LB, etc.))			17. OCCUPATIONAL SERIES			18. GRADE AND STEP			19. SALARY OR RATE					
GS			0136.01			15 5			15030					
20. REMARKS														
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL														
21. ACTION CODE	22. EMPLOY CODE	23. OFFICE CODING		24. STATION CODE		25. INTEGREE CODE	26. MONTH		27. DATE OF BIRTH		28. DATE OF GRADE		29. DATE OF LEI	
37	10	53400	DODS	75015		1	10		09 18					
30. NTE EXPIRES		31. SPECIAL REFERENCE		32. RETIREMENT DATA		33. SEPARATION DATA CODE		34. CORRECTION/CANCELLATION DATA			35. SECURITY REQ NO.		36. SER	
NO DA YR		80		1 LSC 2 FICA 3 NONE				EOD DATA						
37. VET PREFERENCE		38. SERV COMP DATE		39. LONG COMP. DATE		40. MIL SERV CREDIT/LCO		41. FEGLI / HEALTH INSURANCE			42. SOCIAL SECURITY NO			
CODE 0 NONE 1 SPT 2 TOPT		NO DA YR		NO DA YR		1 YES 2 NO		CODE CODE 0 WAIVER 1 YES			HEALTH INS CODE			
43. PREVIOUS GOVERNMENT SERVICE DATA				44. LEAVE CAT		45. FEDERAL TAX DATA			46. STATE TAX DATA					
CODE 0 NO PREVIOUS SERVICE 1 NO BREAK IN SERVICE 2 BREAK IN SERVICE (LESS THAN 12 MOS) 3 BREAK IN SERVICE (MORE THAN 12 MOS)				CODE		ACCUMULATED CODE NO TAX EXEMPTIONS 1 YES 2 NO			FORM EXECUTED CODE NO TAX STATE CODE 1 YES EXEMP					
SIGNATURE OR OTHER AUTHENTICATION														
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>POSTED</b>  <i>[Signature]</i> </div>														

Jan 6-22-62



ABM: 17 SEPT 62

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION												
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)										
013842		HUNT E HOWARD										
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT				
REASSIGNMENT						09 16 62		REGULAR				
6. FUNDS		V TO V		V TO CP		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY				
CF TO V		X		CF TO CP		3129 2000 1000		50 USC 403 J				
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION						
DDP DODS US FIELD FACILITIES BRANCH RESEARCH & PUBLICATIONS SECTION						WASH., D. C.						
11. POSITION TITLE						12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION				
OPS. OFFICER CH						0092		D				
14. CLASSIFICATION SCHEDULE (GS, LB, etc)			15. OCCUPATIONAL SERIES			16. GRADE AND STEP			17. SALARY OR RATE			
GS			0136.01			15 5			15030			
18. REMARKS												
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL												
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING		22. STATION CODE	23. INTEGREE CODE	24. MONTHS	25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI	
37	10	NUMERIC	ALPHABETIC	75013		2	MO	DA	YR	MO	DA	YR
		53400-DODS					10	09	18			
28. NTE EXPIRES		29. SPECIAL REFERENCE	30. RETIREMENT DATA		31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA		33. SECURITY REG. NO.		34. SEN		
NO DA YR		1 - CSC 2 - FICA 3 - NONE	CODE			NO DA YR		EOD DATA				
80												
35. VET. PREFERENCE		36. SERV COMP DATE		37. LONG COMP DATE		38. CAREER CATEGORY		39. FEGLI / HEALTH INSURANCE		40. SOCIAL SECURITY NO.		
CODE		NO. DA. YR		NO. DA. YR		CAR BELV PROV TEMP		CODE		O - WAIVER 1 - YES 2 - NO		
0 - NONE 1 - 5 PT 2 - 10 PT												
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT		43. FEDERAL TAX DATA			44. STATE TAX DATA			
CODE				CODE		FORM EXECUTED			STATE TAX DATA			
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)						NO TAX EXEMPTIONS			FORM EXECUTED			
						1 - YES 2 - NO			1 - YES 2 - NO			
SIGNATURE OR OTHER AUTHENTICATION												
<div style="display: flex; justify-content: space-between;"> <div> <p>Bob 9/17/62</p> </div> <div style="border: 1px solid black; padding: 5px;"> <p>09-17-62</p> </div> </div>												

SECRET

NOTIFICATION OF ESTABLISHMENT OF [REDACTED] COVER BACKSTOP		DATE 21 September 1962
TO: (Check)	<input checked="" type="checkbox"/> CHIEF, RECORDS AND SERVICES DIVISION	ESTABLISHED FOR
	<input type="checkbox"/> CHIEF, OPERATING COMPONENT - [REDACTED]	HUNT, E. Howard
ATTN:	[REDACTED]	FILE NO. 1088
REF:	Form 1322 MEM dtd 29 Aug 62 requesting cover [REDACTED] COVER BACKSTOP ESTABLISHED	ID CARD NO.
<input checked="" type="checkbox"/> BLOCK RECORDS: (OPMEMO 20-800.11) <ul style="list-style-type: none"> <li>a. TEMPORARILY FOR _____ DAYS, EFFECTIVE _____.</li> <li>b. CONTINUING, EFFECTIVE _____ EOD _____.</li> </ul> <input checked="" type="checkbox"/> SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY TO 3. (HB 20-800.2) <input checked="" type="checkbox"/> ASCERTAIN THAT [REDACTED] BEING ISSUED. (HB 20-661.1) <input checked="" type="checkbox"/> SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (R 240-250) <input checked="" type="checkbox"/> SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (R 240-250) <input type="checkbox"/> REMARKS:		
<p>THIS MESSAGE BELONGS TO THE OFFICE OF THE [REDACTED]</p> <p style="text-align: right;"><i>James W. [REDACTED]</i></p> <p>ALR/pp CHIEF, MILITARY COVER, CCG</p>		

COPY TO CPD/OP

45-136

DISTRIBUTION: 1-OSD/OS, 1-PSD/OS, 1-ADPD/COMPT

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-793 AND DCI MEMORANDUM DATED 1 AUGUST 1960, SALARY IS ADJUSTED AS FOLLOWS, EFFECTIVE 5 JANUARY 1960.

NAME	SERIAL	ORGN	FUNDS	GR-ST	OLD SALARY	NEW SALARY
HUNT E HOWARD	013842	43	400	CF GS-15 6	\$16,965	\$18,240

1 Serial No.		2 Name		3 Cost Center Number		4 LWOP Hours				
013842		HUNT, E. HOWARD		53 400 CF						
5 OLD SALARY RATE				6 NEW SALARY RATE				7 TYPE ACTION		
Grade	Step	Salary	Last Eff Date	Grade	Step	Salary	Effective Date	PSI	LSI	ADJ.
GS-15	5	\$16,485	08/09/59	GS-15	6	\$16,965	12/09/62			
8 Remarks and Authentication										
<p>I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.</p> <p>SIGNATURE: <i>R H Curran</i>      DATE: <i>7 November 1962</i></p>										
<p>PAY CHANGE NOTIFICATION <span style="float: right;"><i>MC</i></span></p>										

Form 9-61 560      Obsolete Previous Edition      (4-51)

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-794 AND DCI MEMORANDUM DATED 1 AUGUST 1966, SALARY IS ADJUSTED AS FOLLOWS, EFFECTIVE 18 OCTOBER 1962

NAME	SERIAL	ORGN	FUNDS	GR-ST	OLD SALARY	NEW SALARY
HUNT E HOWARD	013842	53400	CF	15 5	\$15030	\$16485

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION										DATE PREPARED			
1 SERIAL NUMBER 013842										2 NAME (Last-First-Middle) HUNT, E. Howard		9 July 1964	
3 NATURE OF PERSONNEL ACTION Reassignment					4 EFFECTIVE DATE REQUESTED MONTH DAY YEAR 08 16 64			5 CATEGORY OF EMPLOYMENT Regular					
6 FUNDS		V TO V		Y TO Y		7 COST CENTER NO. CHARGEABLE 5129-0253		8 LEGAL AUTHORITY (Completed by Office of Personnel)					
CF TO V		X		O TO O		9 ORGANIZATIONAL DESIGNATIONS DDP/DOD U.S. Field C A Staff							
10 LOCATION OF OFFICIAL STATION Washington, D.C.						11 POSITION TITLE Ops Officer - CH		12 POSITION NUMBER 0280		13 CAREER SERVICE DESIGNATION D			
14 CLASSIFICATION SCHEDULE (G.V. L.B. etc.) GS-15				15 OCCUPATIONAL SERIES 0126.01		16 GRADE AND STEP 15 06		17 SALARY OR RATE \$18,240					
18 REMARKS													
<div style="border: 1px solid black; padding: 5px; display: inline-block;">           dated for CSJD LCA         </div>													
19 SIGNATURE OF REQUESTING OFFICER Virginia C. Lynch				DATE SIGNED 9 July 64		19B SIGNATURE OF CAREER SERVICE APPROVING OFFICER Ronald Gage				DATE SIGNED 7/21/64			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL													
19 ACTION CODE 37	20 EMPLOY CODE 10	21 OFFICE CODING NUMERIC ALPHABETIC 12200 LCA		22 STATION CODE 75012	23 INTEGREE CODE	24 HOURS CODE 2		25 DATE OF BIRTH MO DA YR 10 10 18		26 DATE OF GRADE MO DA YR		27 DATE OF LEI MO DA YR	
28 NTE EXPIRES MO DA YR 4 12 64		29 SPECIAL REFERENCE	30 RETIREMENT DATA 1-ESC 2-FHA 3-NONE		31 SEPARATION DATA CODE	32 CORRECTION CANCELLATION DATA TYPE MO DA YR			33 SECURITY REQ NO		34 STR		
35 VET. PREFERENCE CODE 0-NONE 1-5 PT 2-10 PT		36 SERV COMP DATE MO DA YR		37 LONG COMP DATE MO DA YR		38 CAREER CATEGORY CAR RES PROV TEMP		39 FEGLI HEALTH INSURANCE CODE CODE 0-WAIVER 1-YES		40 SOCIAL SECURITY NO			
41 PREVIOUS GOVERNMENT SERVICE DATA CODE 0-NO PREVIOUS SERVICE 1-NO BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)				42 LEAVY CAT CODE	43 FEDERAL TAX DATA FORM EXECUTED CODE NO TAX EXEMPTIONS		44 STATE TAX DATA FORM EXECUTED CODE MO DA STATE CODE						
45 POSITION CONTROL CERTIFICATION						46 APPROVAL Ronald Gage			DATE APPROVED 7/21/64				

RZR: 31 JUL 64

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

OCF

1. SERIAL NUMBER 013842	2. NAME (LAST-FIRST-MIDDLE) HUNT E HOWARD
----------------------------	--

3. NATURE OF PERSONNEL ACTION REASSIGNMENT	4. EFFECTIVE DATE NO. DA. YR 08   03   64	5. CATEGORY OF EMPLOYMENT REGULAR
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6. FUNDS	V TO V	V TO CF	7. COST CENTER NO. CHARGEABLE 5123 0253 0000	8. CSC OR OTHER LEGAL AUTHORITY 50 USC 403 J
	CF TO V	CF TO CF		

9. ORGANIZATIONAL DESIGNATIONS DDP/DOD US FIELD CA STAFF	10. LOCATION OF OFFICIAL STATION WASH., D.C.
---	---

11. POSITION TITLE OPS OFFICER CH	12. POSITION NUMBER 0280	13. SERVICE DESIGNATION D
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14. CLASSIFICATION SCHEDULE (GS, LO, etc.) GS	15. OCCUPATIONAL SERIES 0136.01	16. GRADE AND STEP 15 6	17. SALARY OR RATE 18240
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18. REMARKS

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE 37	20. EMPLOY CODE 10	21. OFFICE CODING NUMERIC ALPHABETIC 43200 DOD	22. STATION CODE 75013	23. INTEGREE CODE	24. MONTHS CODE 2	25. DATE OF BIRTH MO DA YR 10   03   18	26. DATE OF GRADE MO DA YR	27. DATE OF LEI MO DA YR
28. NTE EXPIRES MO DA YR XX   XX   XX	29. SPECIAL REFERENCE	30. RETIREMENT DATA 1. CAC 2. FICG 3. NONE	31. SEPARATION DATA CODE	32. CORRECTION-CANCELLATION DATA TYPE MO DA YR	EOD DATA		33. SECURITY REQ NO.	34. SEN
35. VET. PREFERENCE CODE 0 NONE 1 5 YR. 2 10 YR.	36. SERV COMP DATE MO DA YR	37. LONG COMP DATE MO DA YR	38. CAREER CATEGORY CODE	39. FEGLI / HEALTH INSURANCE CODE CODE 0 - WAIVER 1 - YES	40. SOCIAL SECURITY NO.			
41. PREVIOUS GOVERNMENT SERVICE DATA CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YRS) 3 - BREAK IN SERVICE (MORE THAN 3 YRS)	42. LEAVE CAT CODE	43. FEDERAL TAX DATA FORM EXECUTED CODE NO TAX EXEMPTIONS 1 - YES 2 - NO	44. STATE TAX DATA FORM EXECUTED CODE NO TAX STATE CODE EXEMP 1 - YES 2 - NO					

SIGNATURE OR OTHER AUTHENTICATION

POSTED  
12 AUG 1964

31 JUL 64

SECRET

REQUEST FOR PERSONNEL ACTION

DATE PREPARED

16 February 1965

1. SERIAL NUMBER 01342		2. NAME (Last-First-Middle) HUNT, E. Howard	
3. NATURE OF PERSONNEL ACTION TRANSFER and to Vouchered Funds		4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 02 15 65	
5. FUNDS X V TO V CF TO V		6. CATEGORY OF EMPLOYMENT REGULAR	
7. COST CENTER NO. CHARGEABLE 5220-0001		8. LEGAL AUTHORITY (Completed by Office of Personnel)	
9. ORGANIZATIONAL DESIGNATIONS OFFICE OF THE CHIEF OF PERSONNEL SERVICES OFFICE OF THE CHIEF OPERATION GROUP		10. LOCATION OF OFFICIAL STATION WASH., D.C.	
11. POSITION TITLE CPS OPERATIONS OFFICER		12. POSITION NUMBER 0390	
13. CAREER SERVICE DESIGNATION D		14. CLASSIFICATION SCHEDULE (GS, LP, etc.) GS	
15. OCCUPATIONAL SERIES 0130.01		16. GRADE AND STEP 15 7	
17. SALARY OR RATE 19880			

18. REMARKS  
FROM DOD (US FDI) ON START  
This employee is the only qualified person available for assignment to this position which must be filled immediately. He will be in PRA status for a period not to exceed 24 months.  
PRA in accordance with Regulation HI: 20-21 paragraphs c (3).  
Verbal concurrence from DOD's per  
CC: Payroll Security  
2/19/65  
2/18/65  
2/23/65

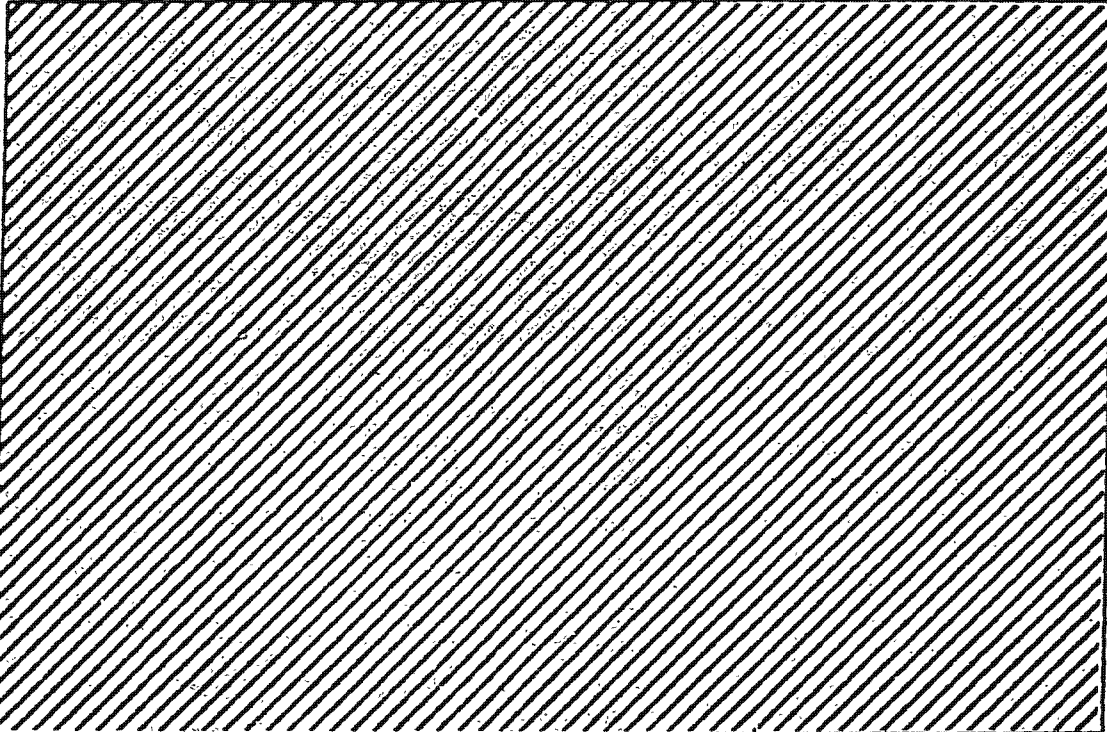
18A. SIGNATURE OF REQUESTING OFFICIAL	DATE SIGNED	18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER	DATE SIGNED
---------------------------------------	-------------	--	-------------

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE 16	20. EMP. CODE 10	21. CODES ALPHABETIC 3 10 20 25	22. STAT. IN CODE	23. RATE GRADE CODE	24. POST CODE	25. DATE OF BIRTH 10 09 18	26. DATE OF GRADE 08 16 53	27. DATE OF LEA 12 06 64
28. NTE EXP. REFERENCE 02 27 67	29. SPECIAL REFERENCE 83	30. RETIREMENT DATA	31. SEPARATION DATA CODE	32. CORRECTIVE/CANCELLATION DATA	33. SECURITY REF. NO.	FOD DATA		
34. VET. PREFERENCE CODE	35. MIL. COMP. DATE	36. LONG. COMP. DATE	37. CAREER CATEGORY	38. REG. / HEALTH INSURANCE	39. SOCIAL SECURITY NO.			
40. PREVIOUS EMPLOYMENT SERVICE DATA	41. FEDERAL TAX DATA	42. STATE TAX DATA	43. FORM EMP. DATE	44. FORM EMPLOYED	45. FORM EMPLOYED	46. STATE CODE		

43. POSITION CONTROL CERTIFICATION 2-19-65 from DOD's (2)	44. O.P. APPROVAL [Signature]	DATE APPROVED 17 Feb 65
--	----------------------------------	----------------------------

SECRET  
(When Filled In)



NAME OF EMPLOYEE (Last-First-Middle) <b>Hunt, E. Howard</b>	NAME AND RELATIONSHIP OF DEPENDENT <b>Self</b>	CLAIM NUMBER <b>65-607</b>
--	---	-------------------------------

There is on file in the Benefits and Counseling Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent\*) for an illness, injury, or death incurred on 12 October 1964.

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

DATE OF NOTICE <b>16 Oct 1965</b>	SIGNATURE OF OSD REPRESENTATIVE <i>[Signature]</i>
--------------------------------------	---

**NOTICE OF OFFICIAL DISABILITY CLAIM FILE**

SECRET  
(When Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED	
1 SERIAL NUMBER		2 NAME (Last-First-Middle)				5 APRIL 1965	
C13542		HURT, E. Howard					
3 NATURE OF PERSONNEL ACTION			4 EFFECTIVE DATE REQUESTED		6 CATEGORY OF EMPLOYMENT		
REASSIGNMENT-COMMOTION <i>Detail of funds transferred</i>			MONTH DAY YEAR 02 12 65		REGULAR		
7 FUNDS		8 V TO V		9 V TO CF		7 COST CENTER NO CHARGEABLE	
CF TO V		X		CF TO CF		5120-0001	
9 ORGANIZATIONAL DESIGNATIONS				10 LOCATION OF OFFICIAL STATION			
OFFICE OF THE DDP OPERATIONS <del>Group</del> <i>Group</i>				WASH., D.C.			
11 POSITION TITLE			12 POSITION NUMBER		13 CAREER SERVICE DESIGNATION		
OPS OFFICER			0350		D		
14 CLASSIFICATION SCHEDULE (GS, FS, etc)		15 OCCUPATIONAL SERIES		16 GRADE AND STEP		17 SALARY OR RATE	
GS		0136.01		15 7		\$ 19300	
18 REMARKS							
Correct action dated 2/20/65 to delete transfer to vouchered funds.							
Correct Cost Center chargeable to 5120-0001 funds. Section 6 to read CF to CF.							
<i>Admin Error -</i>							
CC: Payroll Security							
18A SIGNATURE OF REQUESTING OFFICIAL				DATE SIGNED		18B SIGNATURE OF CAREER SERVICE APPROVING OFFICER	
						<i>Charles E. ... 15 April 65</i>	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
19 ACTION CODE		20 EMPLOY CODE		21 OFFICE CODING		22 STATION CODE	
				NUMERIC ALPHABETIC			
						23 INTEGRITY CODE	
						24 HDQRS CODE	
						25 DATE OF BIRTH	
						1 10 09 18	
						26 DATE OF GRADE	
28 WTE EMPHASIS		29 SPECIAL REFERENCE		30 RETIREMENT DATA		31 SEPARATION DATA CODE	
MO DA YR		MO DA YR		1-USE 2-FIELD 3-NONE		TYPE MO DA YR	
02 27 67		83					
32 CORRECTION (CANCELLATION DATA)		33 SECURITY REQ NO		34 SER		EOD DATA	
35 VET. PREFERENCE		36 SERV COMP DATE		37 LONG COMP DATE		38 CAREER CATEGORY	
CODE 0-NONE 1-5 PT 2-10 PT		MO DA YR		MO DA YR		CODE	
39 FEGLI HEALTH INSURANCE		40 SOCIAL SECURITY NO		41 PREVIOUS GOVERNMENT SERVICE DATA		42 LEAVE CAT	
CODE 0-WAIVER 1-YES		HEALTH INS. CODE		CODE		CODE	
43 FEDERAL TAX DATA		44 STATE TAX DATA		45 POSITION CONTROL CERTIFICATION		46 O.P. APPROVAL	
NORM EXECUTED CODE		NO TAX BREAKTIONS		CODE NO TAX BREAKTIONS		DATE APPROVED	
1-YES 2-NO		1-YES 2-NO		CODE NO TAX BREAKTIONS		CODE NO TAX BREAKTIONS	
				4/5/65 HH		<i>Charles E. ... 15 April 65</i>	





OLB: 8 APR 65

**SECRET**  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION																	
1. SERIAL NUMBER		2. NAME (LAST-FIRST MIDDLE)															
013842		HUNT E HOWARD															
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT											
REASSIGNMENT (CORRECTION)				02   28   65		REGULAR											
6. FUNDS		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY													
V TO V		5120 0001 0000		50 USC 403 J													
CF TO V		A		CF TO CF													
9. ORGANIZATIONAL DESIGNATIONS				10. LOCATION OF OFFICIAL STATION													
DDP OFFICE OF THE DDP OPERATIONS GROUP				WASH., D. C.													
11. POSITION TITLE				12. POSITION NUMBER		13. SERVICE DESIGNATION											
CPS OFFICER				0390		D											
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)			15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE										
GS			0136.01		15 7		19880										
18. REMARKS																	
THIS ACTION CORRECTS FORM 1150 EFFECTIVE DATE 02/28/65 AS FOLLOWS: ITEM #3, NATURE OF PERSONNEL ACTION, TO DELETE TRANSFER TO VOUCHERED FUNDS. ITEM #6, FUNDS, WHICH READ CF TO V, TO READ CF TO CF. ITEM #7, COST CENTER NO. CHARGEABLE, WHICH READ 5220 0001 0000, TO READ 5120 0001 0000.																	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL																	
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE		23. INTEGREE CODE		24. MAJOR CODE		25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LET	
58		10		30100 DDP		75013				1		10   09   18					
28. NTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA		33. SECURITY REG NO		34. SER					
NO DA YR		03		1 - CSC 2 - FICA 3 - NONE				TYPE MO DA YR		EOD DATA							
35. VET. PREFERENCE		36. SERV COMP DATE		37. LONG COMP DATE		38. CAREER CATEGORY		39. FEELI / HEALTH INSURANCE		40. SOCIAL SECURITY NO							
CODE		NO DA YR		NO DA YR		LAW ELEM		CODE CODE		D - DRIVER 1 - YES		HEALTH INS CODE					
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT.		43. FEDERAL TAX DATA				44. STATE TAX DATA							
CODE				CODE		FORM EXEMPTED CODE NO TAX EXEMPTIONS				TAX EXECUTED CODE NO TAX STATE CODE EXEMP							
1 - NO PREVIOUS 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							
SIGNATURE OR OTHER AUTHENTICATION												<p style="font-size: 24px; margin: 0;">POSTED</p> <p style="font-size: 36px; margin: 0;">4-7-65 TH</p>					

FORM 1150  
11 62

Use Previous Edition

**SECRET**

GROUP 1  
Excluded from automatic  
downgrading and  
declassification

(When Filled In)

**SECRET**  
(When Filled In)

**REQUEST FOR PERSONNEL ACTION**

DATE PREPARED  
**17 JUNE 1965** ✓

1 SERIAL NUMBER **013842** 2 NAME (Last-First-Middle) **HUNT, E. HOWARD**

3 NATURE OF PERSONNEL ACTION **RESIGNATION** 4 EFFECTIVE DATE REQUESTED  
MONTH **7** DAY **3** YEAR **65** 5 CATEGORY OF EMPLOYMENT **REGULAR**

6 FUNDS **CP TO V** 7 COST CENTER NO CHARGEABLE **6120-0001** 8 LEGAL AUTHORITY (Completed by Office of Personnel)

9 ORGANIZATIONAL DESIGNATIONS **DDP OFFICE OF THE DDP OPERATIONS GROUP** 10 LOCATION OF OFFICIAL STATION **WASHINGTON, D. C.**

11 POSITION TITLE **OPS OFFICER** 12 POSITION NUMBER **0390** 13 CAREER SERVICE DESIGNATION **D**

14 CLASSIFICATION SCHEDULE (G.S. / B. / A.) **GS** 15 OCCUPATIONAL SERIES **0136.01** 16 GRADE AND STEP **15 7** 17 SALARY OR RATE **\$ 19,880.**

18 REMARKS  
**SUBJECT IS RE-EMPLOYABLE.**

Recorded  
6-22  
WT

18A SIGNATURE OF REQUESTING OFFICIAL *Rushmore* DATE SIGNED DATE SIGNED *Rushmore* 6/24/65

**SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL**

19 ACTION CODE <b>43</b>	20 EMPLOY CODE <b>10</b>	21 OFFICE CODING NUMERIC ALPHABETIC	22 STATION CODE	23 INTEGRAL CODE	24 MONTHS CODE <b>1</b>	25 DATE OF BIRTH MO. DA. YR. <b>10 09 11</b>	26 DATE OF GRADE MO. DA. YR.	27 DATE OF LEI MO. DA. YR.
28 W/ EXPIRES MO. DA. YR.	29 SPECIAL REFERENCE	30 RETIREMENT DATA 1-ESA 3-TICA 5-NONE	31 SEPARATION DATA CODE <b>1-BF, 00, 1, 1</b>	32 CORRECTION CANCELLATION DATA TYPE MO. DA. YR.	EOD DATA →		33 SECURITY REG. NO.	34 SER.
35 VET PREFERENCE CODE 0-NONE 1-5 PT 2-10 PT	36 SERV COMP DATE MO. DA. YR.	37 LONG COMP DATE MO. DA. YR.	38 CAREER CATEGORY CAR-REG PROB. TERM	39 FEGLI-HEALTH INSURANCE CODE CODE 0-WAIVER 1-YES HEALTH INS. CODE	40 SOCIAL SECURITY NO.			
41 PREVIOUS GOVERNMENT SERVICE DATA CODE 0-NONE PREVIOUS SERVICE 1-NONE IN SERVICE 2-BRIEF IN SERVICE (LESS THAN 3 YEARS) 3-BRIEF IN SERVICE (MORE THAN 3 YEARS)			42 LEAVE CAT CODE	43 FEDERAL TAX DATA FORM EXECUTED CODE NO TAX EXEMPTIONS		44 STATE TAX DATA FORM EXECUTED CODE NO TAX EXEMPT STATE CODE		

45 POSITION CONTROL CERTIFICATION **6/24/65** 46. OP APPROVAL *E. D. ...* DATE APPROVED **7/13/65**

PJH: 16 JUL 65

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER 013842		2. NAME (LAST-FIRST-MIDDLE) HUNT E HOWARD	
3. NATURE OF PERSONNEL ACTION RESIGNATION		4. EFFECTIVE DATE NO. DA YR 07 03 65	
5. CATEGORY OF EMPLOYMENT REGULAR		6. COST CENTER NO. CHARGEABLE 6120 0001 0000	
7. FUNDS		8. CSC OR OTHER LEGAL AUTHORITY	
9. ORGANIZATIONAL DESIGNATIONS DDP/OFFICE OF THE DDP OPERATIONS GROUP		10. LOCATION OF OFFICIAL STATION WASH., D.C.	
11. POSITION TITLE OPS OFFICER		12. POSITION NUMBER 0390	13. SERVICE DESIGNATION D
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS	15. OCCUPATIONAL SERIES 0136.01	16. GRADE AND STEP 15 7	17. SALARY OR RATE 19880

18. REMARKS

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE 45	20. EMPLOY CODE 10	21. OFFICE CODING NUMERIC ALPHABETIC		22. STATION CODE	23. INTEGREE CODE	24. HOURS CODE	25. DATE OF BIRTH NO. DA YR 10 09 18		26. DATE OF GRADE NO. DA YR	27. DATE OF LEI NO. DA YR
28. WTR EXPIRES NO. DA YR		29. SPECIAL REFERENCE	30. RETIREMENT DATA 1 - ESC 2 - FICA 3 - NONE		31. SEPARATION DATA CODE 1BFO071	32. CORRECTION/CANCELLATION DATA TYPE NO. DA YR			33. SECURITY REG NO.	34. SER
35. VET PREFERENCE 0 - NONE 1 - 5 PT 2 - 10 PT		36. SERV COMP. DATE NO. DA YR	37. LONG COMP. DATE NO. DA YR	38. CAREER CATEGORY LAD REG CODE PROV. TRUP		39. FEELI - HEALTH INSURANCE CODE 0 - NA YES HEALTHING CODE 1 - YES		40. SOCIAL SECURITY NO.		
41. PREVIOUS GOVERNMENT SERVICE DATA 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE LESS THAN 2 YRS 3 - BREAK IN SERVICE (MORE THAN 2 YRS)				42. LEAVE CAT. CODE	43. FEDERAL TAX DATA FORM EXECUTED CODE NO. TAX DEFERRALS			44. STATE TAX DATA FORM EXECUTED CODE NO. TAX STATE CODE (EXEMP)		

ROD DATA

SIGNATURE OR OTHER AUTHENTICATION

POSTED  
JUL 19 65

SECRET

NOTIFICATION OF ESTABLISHMENT OF [ ] COVER BACKSTOP		DATE
		20 July 1965
TO: (Check)	<input checked="" type="checkbox"/> CHIEF, PERSONNEL OPERATIONS DIVISION	ESTABLISHED FOR
	<input checked="" type="checkbox"/> CHIEF, OPERATING COMPONENT (For action) DDP	
ATTN:	Admin Staff	FILE NO. 1008
REF:	Resignee Backstop Debriefing	ID CARD NO.
	COVER BACKSTOP ESTABLISHED	EMPLOYEE NO.

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

Block Records: (OPMEMO 10-800-11) Resignation effective 3 Jul 65

a. Temporarily for \_\_\_\_\_ days, effective \_\_\_\_\_

b. Continuing, effective EOD Oct 49

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

NA Ascertain the [ ] being issued. (HB 20-661-1)

NA Submit Form 1322 for any change affecting this cover. (R 240-230)

NA Submit Form 1323 for transferring cover responsibility. (R 240-230)

Remarks:

Cover History [ ]

*James J. Franklin*  
 Round RDD/al CHIEF, MILITARY COVER, CGA

DISTRIBUTION: Copy 1-POD, Copy 2-Operating Component, Copy 3-OS D/OS, Copy 4-CL/TELSVC, Copy 5-PSD/OS, Copy 6-File.

**SECRET**  
(When Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED	
1 SERIAL NUMBER <b>013842</b>					2 NAME (Last-First-Middle) <b>HUNT, E. HOWARD</b>		
3 NATURE OF PERSONNEL ACTION <b>EXCEPTED APPOINTMENT (Career)</b>			4 EFFECTIVE DATE REQUESTED MONTH DAY YEAR <b>09 18 60</b>		5 CATEGORY OF EMPLOYMENT <b>REGULAR</b>		
6 FUNDS XX V TO V CF TO V		7 COST CENTER NO. CHARGEABLE <b>7230-1184</b>		8 LEGAL AUTHORITY (Completed by Office of Personnel)			
9 ORGANIZATIONAL DESIGNATIONS <b>DDP/WE OPERATIONS STAFF INTERNAL SECTION</b>			10 LOCATION OF OFFICIAL STATION <b>WASHINGTON, D.C.</b>				
11 POSITION TITLE <b>OPS OFFICER (15)</b>		12 POSITION NUMBER <b>0020</b>		13 CAREER SERVICE DESIGNATION <b>D</b>			
14 CLASSIFICATION SCHEDULE (GS, FS, etc.) <b>GS</b>		15 OCCUPATIONAL SERIES <b>0136.01</b>		16 GRADE AND STEP <b>15-7</b>		17 SALARY OR RATE <b>\$ 21192</b>	
18 REMARKS Subject terminated staff status July 1965. Picked-up as a Contract Employee, and the termination of Contract Status will be effective 17 September 1966. <i>Terminated off Contract Employee... converting to Staff</i> <i>cc Security cc Payroll</i> <i>* Former Contract Employee. Reinstated with Code C-07/54</i>							
DATE SIGNED		SIGNATURE OF CAREER SERVICE APPROVING OFFICER <b>Ronald Gage</b>			DATE SIGNED <b>19 Sept 60</b>		
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
19 ACTION CODE <b>11</b>	20 EMPLOY CODE <b>10</b>	21 OFFICE CODING NUMERIC ALPHABETIC <b>50845 WE</b>		22 STATION CODE <b>75013</b>	23 INTEGRAL CODE	24 HOURS CODE <b>1</b>	
25 DATE OF BIRTH MO DA YR <b>10 09 18</b>		26 DATE OF GRADE MO DA YR <b>05 16 53</b>		27 DATE OF LSI MO DA YR <b>12 06 57</b>			
28 NTE EXPIRES MO DA YR		29 SPECIAL REFERENCE		30 RETIREMENT DATA 1-ESA 2-IFA 3-NCR <b>1</b>		31 SEPARATION DATA CODE	
32 CORRECTION (CANCELLATION) DATA TYPE MO DA YR		33 SECURITY SEC NO <b>48130</b>		34 SEX <b>M</b>			
35 VET PREFERENCE CODE 0-NONE 1-5 PT 2-10 PT <b>1</b>		36 SERV COMP DATE MO DA YR <b>05 13 49</b>		37 LONG COMP DATE MO DA YR <b>11 28 49</b>		38 CAREER CATEGORY CAR RESY PROV/TEMP <b>C-1</b>	
39 FEELI HEALTH INSURANCE CODE 1-YES 2-NO		40 SOCIAL SECURITY NO <b>136-05-4670</b>					
41 PREVIOUS GOVERNMENT SERVICE DATA CODE 0-NONE 1-BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)		42 LEAVE CAT CODE <b>8</b>		43 FEDERAL TAX DATA FORM EXECUTED CODE 1-YES 2-NO <b>1</b>		44 STATE TAX DATA FORM EXECUTED CODE 1-YES 2-NO <b>1</b>	
45 POSITION CONTROL CERTIFICATION		46 O.P. APPROVAL			DATE APPROVED		

FORM: 28 SEPT 66

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION							
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)					
013842		HUNT E HOWARD					
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT	
EXCEPTED APPT CAREER				MO DA YR 09 13 66		REGULAR	
6. FUNDS		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY			
X		7236 1184 0000		50 USC 403 J			
9. ORGANIZATIONAL DESIGNATION				10. LOCATION OF OFFICIAL STATION			
DDP/WE OPERATIONS STAFF INTERNAL SECTION				WASH., D.C.			
11. POSITION TITLE				12. POSITION NUMBER		13. SERVICE DESIGNATION	
OPS OFFICER				0020		D	
14. CLASSIFICATION SCHEDULE (GS, GS, etc.)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE	
GS		0136.01		15.7		21192	
18. REMARKS FORMER CONTRACT EMPLOYEE. REINSTATE SICK LEAVE.							

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING		22. STATION CODE	23. INTEGREE CODE	24. AGENCY CODE	25. DATE OF BIRTH			26. DATE OF GRADE			27. DATE OF LEI		
11	10	NUMERIC	ALPHABETIC	75013		1	MO	DA	YR	MO	DA	YR	MO	DA	YR
		50045	WE				10	09	18	03	16	53	12	06	64
28. NTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION, CANCELLATION DATA			33. SECURITY REG NO		34. SEN		
				1				EOD DATA			48130		M1		
35. VET PREFERENCE		36. SERV COMP DATE		37. LONG COMP DATE		38. CAREER CATEGORY		39. FEGLI / HEALTH INSURANCE			40. SOCIAL SECURITY NO				
1		MO DA YR 05 24 44		MO DA YR 11 08 49		C		1			126054970				
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT CODE		43. FEDERAL TAX DATA			44. STATE TAX DATA						
1				6		M5			1 C 19						

SIGNATURE OR OTHER AUTHENTICATION

POSTED  
09-27-66

10 1150

Use Previous Edition

SECRET

SECRET  
(When Filled In)

14

1 SERIAL NO		2 NAME		3 ORGANIZATION		4 FUNDS		5 LWOP HOURS	
013842		HUNT E HOWARD		44 050		CF			
6 OLD SALARY RATE				7 NEW SALARY RATE				8 TYPE ACTION	
Grade	Step	Salary	Lea Eff Date	Grade	Step	Salary	EFFECTIVE DATE	SI	ADJ
GS 15	7	\$21,192	12/06/64	GS 15	8	\$21,799	12/03/67		
CERTIFICATION AND AUTHENTICATION									
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE.									
SIGNATURE <i>Keith L. ...</i>						DATE <i>29 Nov. 1967</i>			
<input type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> LWOP STATUS AT END OF WAITING PERIOD									
CLERK'S INITIALS				AUDITED BY					
FORM 7-66 560 E Use previous editions				PAY CHANGE NOTIFICATION					

SECRET

3 October 1966

MEMORANDUM FOR : Chief, TRB

SUBJECT : Verification of Contract Service for  
Howard E. Hunt

1. The following is a record of subject's contract service with the Agency:

<u>Date</u>	<u>Action</u>	<u>Compensation</u>
4 July 1965	Contract Employee	\$19,880 per annum
10 October 1965	Salary Increase	\$20,595 per annum
3 July 1966	Salary Increase	\$21,192 per annum
17 September 1966	Contract Terminated	\$21,192 per annum

2. All of above service is creditable for both leave and Civil Service Retirement purposes.

Chief, Contract Personnel Division

GROUP 1  
EXCLUDED FROM AUTOMATIC  
DOWNGRADING AND  
DELETION



SECRET

NOTIFICATION OF ESTABLISHMENT OF OFFICIAL COVER BACKSTOP		6 January 1967
TO: (Check)	<input checked="" type="checkbox"/> CHIEF, PERSONNEL OPERATIONS DIVISION	ESTABLISHED FOR  HUNT, E. Howard
	<input type="checkbox"/> CHIEF, CONTRACT PERSONNEL DIVISION	
	<input checked="" type="checkbox"/> CHIEF, OPERATING COMPONENT (For action) O/DDP	
ATTN:	DDP/Personnel	FILE NO. 1033
REF:	Resignation Debriefing	ID CARD NO.
	OFFICIAL COVER BACKSTOP ESTABLISHED	EMPLOYEE NO.

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

Block Records:  
(OPMEMO 20-800-11)

- a. Temporarily for \_\_\_\_\_ days, effective \_\_\_\_\_
- b. Continuing, effective \_\_\_\_\_ EOD \_\_\_\_\_

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

Ascertain that \_\_\_\_\_ being issued.  
(HB 20-861-1)

Submit Form 1322 for any change affecting this cover.  
(R 240-250)

Submit Form 323 for transferring cover responsibility.  
(R 240-250)

Concurred in issuance

AGE   
NACS

Hospitalization card.

COV

*James F. Franklin*

CD/sac CHIEF, OFFICIAL COVER CCS

DISTRIBUTION: Copy 1-POD, Copy 2-Operating Component, Copy 3-D/OS, Copy 4-OL/TELSVC, Copy 5-OP/BSO/IB, Copy 6-DCS/OPS, Copy 7-File

SECRET

REQUEST FOR PERSONNEL ACTION

DATE PREPARED

11 January 1967

1 SERIAL NUMBER 2 NAME (Last-First-Middle)

DISSER WENT, L. HOWARD

3 NATURE OF PERSONNEL ACTION  
Reassignment &  
TRANSFER TO CONFIDENTIAL FUNDS

4 EFFECTIVE DATE REQUESTED

MONTH DAY YEAR  
01 20 67

5 CATEGORY OF EMPLOYMENT

REGULAR

6 FUNDS

V TO V

XX

V TO CF

CF TO V

CF TO CF

7 COST CENTER NO. CHARGEABLE

7130-1184

8 LEGAL AUTHORITY (Completed by Office of Personnel)

9 ORGANIZATIONAL DESIGNATIONS

DDP/DIR  
SPECIAL ACTIVITIES STAFF

10 LOCATION OF OFFICIAL STATION

WASH, D.C.

11 POSITION TITLE

OPS. OF

12 POSITION NUMBER

0000

13 CAREER SERVICE DESIGNATION

D

14 CLASSIFICATION SCHEDULE (GS, FS, etc.)

GS

15 OCCUPATIONAL SERIES

0136.01

16 GRADE AND STEP

15-7

17 SALARY OR RATE

\$ 21,102

18 REMARKS

cc payroll

19A SIGNATURE OF REQUESTING OFFICIAL

DATE SIGNED

19B SIGNATURE OF CAREER SERVICE APPROVING OFFICER

DATE SIGNED

Personnel

18 Jan 67

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19 ACTION CODE 20 EMPLOY CODE 21 OFFICE CODING NUMERIC ALPHABETIC 22 STATION CODE 23 INTEGREE CODE 24 ADJUTEL CODE 25 DATE OF BIRTH MO DA YR 26 DATE OF GRADE MO DA YR 27 DATE OF LEI MO DA YR	28 WTE EMPHES MO LA YR 29 SPECIAL REFERENCE 1-ESC 2-FICA 3-NORM 30 RETIREMENT DATA CODE 31 SEPARATION DATA CODE TYPE 32 CORRECTION CANCELLATION DATA MO DA YR	33 SECURITY REQ. NO 34 SER
35 VET PREFERENCE CODE 0-NONE 1-5 PT 2-10 PT 36 SERV COMP DATE MO DA YR 37 LONG COMP DATE MO DA YR 38 CAREER CATEGORY CAR RESV PROV. TEMP CODE 39 FEGLI HEALTH INSURANCE CODE 0-WAIVER 1-YES HEALTH INS CODE 40 SOCIAL SECURITY NO	41 PREVIOUS GOVERNMENT SERVICE DATA CODE 0-NO PREVIOUS SERVICE 1-NO BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS) 42 LEAVE CAT CODE 43 FEDERAL TAX DATA FORM EXECUTED 1-YES 2-NO CODE NO TAX EXEMPTIONS FORM EXECUTED 1-YES 2-NO CODE NO TAX EXEMPT. STATE CODE	44 STATE TAX DATA
45 POSITION CONTROL CERTIFICATION 17 12 67 WIL FROM WK	45 OP APPROVAL [Signature]	DATE APPROVED [Signature]

FORM 6-63 1152 USE PREVIOUS EDITION

SECRET

GROUP 1 EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

SECRET  
(When Filled In)

BJT: 26 JAN 67

NOTIFICATION OF PERSONNEL ACTION

OCF

1 SERIAL NUMBER <b>013842</b>		2 NAME (LAST-FIRST-MIDDLE) <b>HUNT E HOWARD</b>							
3 NATURE OF PERSONNEL ACTION <b>REASSIGNMENT AND TRANSFER TO-CONFIDENTIAL FUNDS</b>			4 EFFECTIVE DATE <b>01 29 67</b>						
5. FUNDS <table border="1"> <tr> <td>V TO V</td> <td></td> <td>V TO CF</td> </tr> <tr> <td>CF TO V</td> <td><b>X</b></td> <td>CF TO CF</td> </tr> </table>			V TO V		V TO CF	CF TO V	<b>X</b>	CF TO CF	6. CATEGORY OF EMPLOYMENT <b>REGULAR</b>
V TO V		V TO CF							
CF TO V	<b>X</b>	CF TO CF							
9. ORGANIZATIONAL DESIGNATIONS <b>DDP/EUR SPECIAL ACTIVITIES STAFF</b>		7. Financial Analysis No Chargeable <b>7136 1184 0000</b>							
11. POSITION TITLE <b>OPS OFFICER</b>		8. USE OF OTHER LEGAL AUTHORITY <b>50 USC 403 J</b>							
10. REMARKS		10 LOCATION OF OFFICIAL STATION <b>WASH., D.C.</b>							
14 CLASSIFICATION SCHEDULE (GS, LB, etc.) <b>GS</b>		15 OCCUPATIONAL SERIES <b>0136.01</b>	16 GRADE AND STEP <b>15 7</b>						
17. SALARY OR RATE <b>21192</b>		19 SERVICE DESIGNATION <b>D</b>							

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19 ACTION CODE <b>20</b>	20. Employ Code <b>10</b>	21. OFFICE CODING NUMERIC ALPHABETIC <b>44050 EUR</b>	22 STATION CODE <b>75013</b>	23 INTRAGRE CODE	24. Major Code <b>1</b>	25 DATE OF BIRTH <b>10 09 18</b>	26. DATE OF GRADE MO DA YR.	27. DATE OF LEI MO DA YR.
28. NTE EXPIRES MO DA YR.	29 SPECIAL REFERENCE	30 RETIREMENT DATA CODE	31 SEPARATION DATA CODE	32 CORRECTION/CANCELLATION DATA TYPE MO DA YR.			33 SECURITY REQ NO.	34. SER
35 YES PREFERENCE CODE 0 NOVE 1 5 PT 2 10 PT	36 SERV COMP DATE MO DA YR	37 LONG COMP DATE MO DA YR	38 CAREER CATEGORY CODE	39 FEGLI / HEALTH INSURANCE CODE CODE 0 WAIVER 1 YES		40 SOCIAL SECURITY NO		
41 PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0 NO PREVIOUS SERVICE 1 NO BREAK IN SERVICE 2 BREAK IN SERVICE LESS THAN 3 YRS 3 BREAK IN SERVICE MORE THAN 3 YRS		42 LEAVE CAT CODE	43 FEDERAL TAX DATA FORM EXECUTED CODE NO TAX EXEMPTIONS		44 STATE TAX DATA FORM EXECUTED CODE NO TAX STATE CODE EXEMP			

EOD DATA →

SIGNATURE OR OTHER AUTHENTICATION

FROM: WE

POSTED  
*[Signature]*

SECRET

(When Filled In)

111

<b>REQUEST FOR PERSONNEL ACTION</b>						DATE PREPARED 25 April 1967					
1 SERIAL NUMBER 013842		2 NAME (Last-First-Middle) HUNT, E. HOWARD									
3 NATURE OF PERSONNEL ACTION DESIGNATION AS A PARTICIPANT IN THE CIA RETIREMENT AND DISABILITY SYSTEM				4 EFFECTIVE DATE REQUESTED MONTH DAY YEAR 05 07 67		5 CATEGORY OF EMPLOYMENT REGULAR					
6 FUNDS V TO V CF TO V		V TO CF X CF TO CF		7 FINANCIAL ANALYSIS NO CHARGEABLE 7136-1184		8 LEGAL AUTHORITY (Completed by Office of Personnel) PL 88-643 Sect. 203					
9 ORGANIZATIONAL DESIGNATIONS DDP/WE EVR				10 LOCATION OF OFFICIAL STATION WASHINGTON, D. C.							
11 POSITION TITLE		12 POSITION NUMBER		13 CAREER SERVICE DESIGNATION D							
14 CLASSIFICATION SCHEDULE (GS, FS, PK, ...)		15 OCCUPATIONAL SERIES		16 GRADE AND STEP 15		17 SALARY OR RATE \$					
18 REMARKS EMPLOYEE WILL RECEIVE NOTIFICATION FROM THE DIRECTOR OF PERSONNEL OF THIS DESIGNATION.											
18A SIGNATURE OF REQUESTING OFFICIAL			DATE SIGNED		18B SIGNATURE OF CAREER SERVICE APPROVING OFFICER			DATE SIGNED			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19 ACTION CODE	20 EMPLOY CODE	21 OFFICE CODING NUMERIC ALPHABETIC		22 STATION CODE	23 INTEGREE CODE	24 REQUIRES CODE	25 DATE OF BIRTH MO. DA. YR.		26 DATE OF GRADE MO. DA. YR.	27 DATE OF LEI MO. DA. YR.	
28 HTE EXPIRES MO DA YR.		29 SPECIAL REFERENCE	30 RETIREMENT DATA 1-CSC 2-FICA 3-BOM 2		31 SEPARATION DATA CODE	32 CORRECTION CANCELLATION DATA TYPE MO. DA YR.		33 SECURITY REQ NO		34 SEX	
35 VET PREFERENCE CODE 0-NONE 1-1 PT 2-10 PT	36 SERV COMP DATE MO. DA. YR.		37 LONG COMP DATE MO DA YR.		38 CAREER CATEGORY CAR RES PROV/TEMP	39 FEGLI HEALTH INSURANCE CODE CODE 0-NONE 1-YES	40 SOCIAL SECURITY NO				
41 PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0-NONE PREVIOUS SERVICE 1-NONE BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)			42 LEAVE CAT. CODE	43 FEDERAL TAX DATA FORM EXECUTED CODE NO TAX EXEMPTIONS 1-YES 2-NONE			44 STATE TAX DATA FORM EXECUTED CODE NO TAX STATE CODE 1-YES 2-NONE				
45 POSITION CONTROL CERTIFICATION				46. OF APPROVAL See memo signed by D/Pers dated 27 APR 1967				DATE APPROVED			

SECRET

GROUP 1 EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

SECRET  
(When Filled In)

B.J.T. 17 MAY 67

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER <b>013842</b>		2. NAME (LAST-FIRST MIDDLE) <b>HUNT E HOWARD</b>	
3. NATURE OF PERSONNEL ACTION <b>DESIGNATION AS PARTICIPANT IN CIA RETIREMENT AND DISABILITY SYSTEM</b>			4. EFFECTIVE DATE <b>05 07 67</b>
5. CATEGORY OF EMPLOYMENT <b>REGULAR</b>		6. FUNDS V TO V W TO W X Y TO Y Z TO Z	
7. Financial Analysis No Chargeable <b>7136 1184 0000</b>		8. CSC OR OTHER LEGAL AUTHORITY <b>PL 88-643 SECT. 203</b>	
9. ORGANIZATIONAL DESIGNATIONS <b>DDP/EUR</b>		10. LOCATION OF OFFICIAL STATION <b>WASH., D.C.</b>	
11. POSITION TITLE		12. POSITION NUMBER	13. SERVICE DESIGNATION <b>D</b>
14. CLASSIFICATION SCHEDULE (GS, LS, etc.)	15. OCCUPATIONAL SERIES <b>15</b>	16. GRADE AND STEP	17. SALARY OR RATE

18. REMARKS  
**EMPLOYEE WILL RECEIVE NOTIFICATION FROM THE DIRECTOR OF PERSONNEL OF THIS DESIGNATION.**

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING NUMERIC ALPHABETIC		22. STATION CODE	23. INTEGREE CODE	24. HOURS CODE	25. DATE OF BIRTH MO DA YR			26. DATE OF GRADE MO DA YR			27. DATE OF LEI MO DA YR		
28. NTE EXPIRES MO DA YR		29. SPECIAL REFERENCE	30. RETIREMENT DATA 1. CSC 2. CIA 3. FICA 4. NONE CODE <b>2</b>		31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA TYPE MO DA YR			33. SECURITY REQ. NO.			34. SEX			
35. VET PREFERENCE CODE 0 NONE 1 5 PT 2 10 PT		36. SEBY COMP DATE MO DA YR		37. LONG COMP DATE MO DA YR		38. CAREER CATEGORY CODE 1 REG 2 NO		39. FEGLI / HEALTH INSURANCE CODE 0 WAIVER 1 YES			40. SOCIAL SECURITY NO				
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0 NO PREVIOUS SERVICE 1 NO BREAK IN SERVICE 2 BREAK IN SERVICE (LESS THAN 3 YRS) 3 BREAK IN SERVICE (MORE THAN 3 YRS)				42. LEAVE CAT CODE		43. FEDERAL TAX DATA FORM EXEMPTED CODE NO TAX EXEMPTIONS 1 YES 2 NO			44. STATE TAX DATA FORM EXEMPTED CODE NO TAX STATE CODE 1 YES 2 NO						

EOD DATA

SIGNATURE OR OTHER AUTHENTICATION

POSTED  
5-18-67

B J R

GROUP 1  
Excluded from automatic  
downgrading and  
declassification

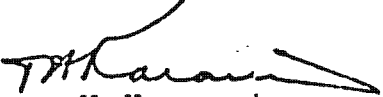
SECRET

1 June 1967

MEMORANDUM FOR THE RECORD

SUBJECT: Mr. Howard Hunt

Mr. Hunt, on instructions of the Deputy Director for Plans, and with approvals from the DCI and the DDCI, was converted to contract employment and assigned to [ ] for a special undertaking in behalf of the DD/P. He left for [ ] in July 1965 and returned to the U. S. in June 1966 having completed his assignment successfully. If an evaluative comment is needed to cover his work during this period of time he should be rated as "strong".

  
Thomas H. Karamessines  
Assistant Deputy Director for Plans

Orig & 1 - Director of Personnel  
via C/EUR  
1 - ADD/P

SECRET

**CONFIDENTIAL**

*(When Filled In)*

Complete in original. The data recorded on this form is essential in determining travel expenses allowable in connection with leave at government expense, overseas duty, return to residence upon separation, and for providing current residence and dependency information required in the event of an employee emergency. This form will be filed in the employee's official personnel folder.

NAME OF EMPLOYEE (Last)	(First)	(Middle)	SOCIAL SECURITY NUMBER
HUNT	E.	Howard	

**1. RESIDENCE DATA**

PLACE OF RESIDENCE WHEN INITIALLY EMPLOYED BY AGENCY Sarasota, Fla.	LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. (If appointed abroad)
PLACE IN CONTINENTAL U.S. DESIGNATED AS PERMANENT RESIDENCE Potomac, Md.	HOME LEAVE RESIDENCE 11120 River Rd. Potomac, Md. 20854

**2. MARITAL STATUS (Check one)**

<input type="checkbox"/> SINGLE	<input checked="" type="checkbox"/> MARRIED	<input type="checkbox"/> SEPARATED	<input type="checkbox"/> DIVORCED	<input type="checkbox"/> WIDOWED	<input type="checkbox"/> ANNULLED
IF MARRIED, PLACE OF MARRIAGE Millbrook, N.Y.				DATE OF MARRIAGE Sept. 7 1949	
IF DIVORCED, PLACE OF DIVORCE DECREE				DATE OF DECREE	
IF WIDOWED, PLACE SPOUSE DIED				DATE SPOUSE DIED	
IF PREVIOUSLY MARRIED, INDICATE NAME(S) OF SPOUSE, REASON(S) FOR TERMINATION, AND DATE(S)					

**3. MEMBERS OF FAMILY**

NAME OF SPOUSE Dorothy L. Hunt	ADDRESS (No. Street, City, State, Zip Code) 11120 River Rd. Potomac, Md. 20854	TELEPHONE NO. 299 7366
NAMES OF CHILDREN Lisa T. Kevan T. Howard St. John David A.	ADDRESS 11120 River Road, Potomac, Md.  D I TTO	SEX DATE OF BIRTH F <del>27/11/51</del> 3/11/51 F 27/11/52 M 3/22/54 M 8/1/65
NAME OF YOUR FATHER (Or male guardian)	ADDRESS	TELEPHONE NO.
NAME OF YOUR MOTHER (Or female guardian)	ADDRESS	TELEPHONE NO.

WHAT MEMBER(S) OF YOUR FAMILY IF ANY, HAS BEEN TOLD OF YOUR AFFILIATION WITH THE ORGANIZATION IF CONTACT IS REQUIRED IN AN EMERGENCY. **Wife and 3 elder children**

**4. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY**

NAME (Mr., Mrs., Miss) (Last-First-Middle) R Hunt, Dorothy L.	RELATIONSHIP wife
HOME ADDRESS (No. Street, City, State, Zip Code) 11120 River Rd. Potomac, Md. 20854	HOME TELEPHONE NUMBER 299 7366
BUSINESS ADDRESS (No. Street, City, State, Zip Code) AND NAME OF EMPLOYER, IF APPLICABLE	BUSINESS TELEPHONE & EXTENSION

IS THE INDIVIDUAL NAMED ABOVE WITTING OF YOUR AGENCY AFFILIATION? (If "No" give name and address of organization he believes you work for.) <b>Yes</b>	YES	<input checked="" type="checkbox"/>
	NO	<input type="checkbox"/>

IS THIS INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF IN THE EVENT YOU ARE INCAPABLE? (If "No" give name and address of person, if any, who can make such decisions in case of emergency.)	YES	<input checked="" type="checkbox"/>
	NO	<input type="checkbox"/>

DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE? (If answer is "No" explain why in item 6.)	YES	<input checked="" type="checkbox"/>
	NO	<input type="checkbox"/>

The persons named in item 3 above may also be notified in case of emergency. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE IN ITEM 6 ON THE REVERSE SIDE OF THIS FORM.

CONTINUED ON REVERSE SIDE

**CURRENT RESIDENCE AND DEPENDENCY REPORT**

CONFIDENTIAL

5. VOLUNTARY ENTRIES

Experience in the handling of employee emergencies has shown that the absence of certain personal data often delays and complicates the settlement of estate and financial matters. The information requested in this section may prove very useful to your family or attorney in the event of your disability or death and will be disclosed only when circumstances warrant.

INDICATE NAME AND ADDRESS OF ANY BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS AND THE NAMES IN WHICH THE ACCOUNTS ARE CARRIED.

Riggs National Bank F&M Branch, Washington, DC

Howard and/or Dorothy L. Hunt

ARE YOU A MEMBER OF THE NORTHWEST FEDERAL CREDIT UNION?  YES  NO

IF YES, DO YOU HAVE A JOINT ACCOUNT?  YES  NO

HAVE YOU COMPLETED A LAST WILL AND TESTAMENT?  YES  NO. (If "Yes" where is document located?)

in wife's possession

HAVE YOU PREPLANNED AN ARRANGED GUARDIANSHIP OF YOUR CHILDREN IN CASE OF COMMON DISASTER TO BOTH PARENTS?  YES  NO. (If "Yes" give name(s) and address)

Wm. F. Buckley, Jr. Stamford, Conn.

HAVE YOU EXECUTED A POWER OF ATTORNEY?  YES  NO. (If "Yes", who possess the power of attorney?)

6. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS

Daughter Lisa T. Hunt is presently hospitalized. Notification should not be made to her.

SIGNED BY

Langley, Va.

DATE

28 June 1967

SIGNATURE

H. Howard Hunt

CONFIDENTIAL



SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION										DATE PREPARED			
1. SERIAL NUMBER 013842										2. NAME (Last-First-Middle) HUNT, E. HOWARD			
3. NATURE OF PERSONNEL ACTION REASSIGNMENT					4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 08   07   68			5. CATEGORY OF EMPLOYMENT REGULAR					
6. FUNDS		V TO V		V TO CF		7. FINANCIAL ANALYSIS NO CHARGEABLE 9136 1184			8. LEGAL AUTHORITY (Completed by Office of Personnel)				
CF TO V		XX		CF TO CF		9. ORGANIZATIONAL DESIGNATIONS EDP/EUR OPERATIONS STAFF							
10. LOCATION OF OFFICIAL STATION WASH., D.C.						11. POSITION TITLE CPS OFFICER (15)			12. POSITION NUMBER 0012		13. CAREER SERVICE DESIGNATION D		
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS			15. OCCUPATIONAL SERIES 0136.01			16. GRADE AND STEP 15 8			17. SALARY OR RATE \$23,735 24,393				
18. REMARKS VICE: W. DIETRICH FROM EUR/SAS/#0006													
19A. SIGNATURE OF REPORTING OFFICIAL /PERS				DATE SIGNED 8/1/68		19B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER Patt M. V. Kelly				DATE SIGNED 5 Aug 68			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL													
19. ACTION CODE 37	20. EMPLOY CODE 10	21. OFFICE CODING NUMERIC ALPHABETIC 44100 EUR		22. STATION CODE 75213	23. INTEGREE CODE 1	24. MONTHS CODE 10/09/68		25. DATE OF BIRTH MO. DA. YR.		26. DATE OF GRADE MO. DA. YR.		27. DATE OF LEI MO. DA. YR.	
28. NTE EXPIRES MO. DA. YR.		29. SPECIAL REFERENCE 1-ES 2-OSGR 3-FILA 4-WOBS	30. RETIREMENT DATA CODE		31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA TYPE MO. DA. YR.			EOD DATA →		33. SECURITY REQ NO.	34. SEX	
35. VET PREFERENCE CODE 0-NONE 1-5 PT 2-10 PT		36. SERV. COMP. DATE MO. DA. YR.		37. LONG. COMP. DATE MO. DA. YR.		38. CAREER CATEGORY CAR RESP PROB. TEMP		39. FEGLI HEALTH INSURANCE CODE CLOS 0-WAIVER 1-YES		40. SOCIAL SECURITY NO.			
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0-NONE 1-NONE 2-BELAS IN SERVICE (LESS THAN 3 YEARS) 3-BELAS IN SERVICE (MORE THAN 3 YEARS)				42. LEAVE CAT CODE		43. FEDERAL TAX DATA FORM EXECUTED CODE NO. TAX EXEMPTIONS		44. STATE TAX DATA FORM EXECUTED CODE NO. TAX EXEMPT.		45. POSITION CONTROL CERTIFICATION			
46. O.P. APPROVAL 8-7-68 Mow				47. DATE APPROV W. Dietrich									

SECRET  
(When Filled In)

PLW: 13 AUG 63

NOTIFICATION OF PERSONNEL ACTION

1 SERIAL NUMBER 013842		2 NAME (LAST FIRST MIDDLE) HUNT E HOWARD	
3 NATURE OF PERSONNEL ACTION REASSIGNMENT			4 EFFECTIVE DATE 03   07   63
			5 CATEGORY OF EMPLOYMENT REGULAR
6 FUNDS	V TO V	V TO CF	7 Financial Analysis No. Chargeable
	CF TO V	CF TO CF	8 CSC OR OTHER LEGAL AUTHORITY
	X		9136 1154 0000 50 USC 403 J
9 ORGANIZATIONAL DESIGNATIONS DDP/EUR OPERATIONS STAFF		10 LOCATION OF OFFICIAL STATION WASH., D.C.	
11 POSITION TITLE OPS OFFICER		12 POSITION NUMBER 0012	13 SERVICE DESIGNATION D
14 CLASSIFICATION SCHEDULE (GS 18 WK)	15 OCCUPATIONAL SERIES	16 GRADE AND STEP	17 SALARY OR RATE
GS	0136.01	15 6	24393
18 REMARKS			

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19 ACTION CODE 37	20 EMPLOY CODE 10	21 OFFICE CODING NUMERIC: 44100 ALPHABETIC: EUR		22 STATION CODE 73813	23 INTEGREE CODE	24 HOURS CODE	25 DATE OF BIRTH 10   05   12	26 DATE OF GRADE	27 DATE OF LEAVE
28 NTE EXPIRES	29 SPECIAL REFERENCE	30 RETIREMENT DATA	31 SEPARATION DATA CODE	32 CORRECTION / COMPLETION DATA	EOD DATA		33 SECURITY REG NO	34 SEX	
35 VET PREFERENCE	36 SERV COMP DATE	37 LONG. COMP DATE	38 CAREER CATEGORY	39 REGU - HEALTH INSURANCE	40 SOCIAL SECURITY NO				
41 PREVIOUS CIVILIAN GOVERNMENT SERVICE	42 LEAVE CAT CODE	43 FEDERAL TAX DATA		44 STATE TAX DATA					

SIGNATURE OR OTHER AUTHENTICATION

POSTED  
rjm 8/16/63

7 March 1969

MEMORANDUM FOR: E. Howard Hunt, DDP/EUR/CA

SUBJECT : Service Computation Date

In your memo of 24 February 1969 to the Director of Personnel you requested a classification of your Service Computation Date, since various records had indicated three different dates. The date should be 7 September 1944.

This date reflects the following service:

Economic Cooperation Administration-

17 May 1948 - 08 June 1948 22 days

Foreign Service-

09 June 1948 - 19 February 1949 - 08 mo., 11 days

U.S. Naval Reserve-

19 August 1940 - 13 October 1942 - 02 yr., 1 mo., 25 days

U.S. Army-

06 October 1943 - 08 January 1946 - 02 yr., 3 mo., 3 days

Agency (Staff and Contract)-

08 November 1949 to Present

Total non-Agency time amounts to 5 years, 2 months and 1 day. When this time is subtracted from your Agency EOD date the result is 7 September 1944.

The confusion has resulted from conflicting dates arrived at in previous attempts at classification.

SECRET

This office is charged with arriving at SCD's for leave purposes. Prior to your retirement the Retirement Operations Branch will obtain records from the Civil Service Commission verifying that service which is creditable for retirement purposes.

In this regard let me point out that the data which we have just verified contains a period of service that is potentially creditable for retirement. Your military records show an enlistment in the Army as 6 October 1943. However the form later states active duty from 22 November 1943 to 8 January 1946. If you have any questions regarding the computation please call me on X7165. Questions regarding creditable service for retirement purposes can be referred to [redacted] on X3257.

[redacted]  
Chief, Transactions & Records Branch

Distribution:  
Orig. & Addressee  
1-TRB Carono

SECRET

30 April 1969.

MEMORANDUM IN LIEU OF FITNESS REPORT

SUBJECT : Howard E. Hunt, GS-15, Employee  
Number 013842, DOB: October 1918;  
EUR/CA; Career; Service Designa-  
tion: D.

PERIOD UNDER REVIEW : 22 June 1968 - 31 March 1969

MONTHS UNDER MY SUPERVISION: 7

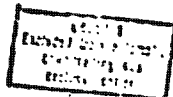
OVER-ALL RATING : Strong

1. Mr. Hunt took on his present duties as EUR/CA in July 1968. His performance in this position has been consistently Strong.

2. From the period of his previous assignment to EUR's Special Activities Staff, Mr. Hunt has made a substantial contribution to the refinement and recasting of CA operational concepts which has been underway in the Division since the termination over the past two years of many long established projects. He has a fine political sense and a sound grasp of European realities and evolutions. While concerned with the role and methods of political action, his mind is essentially operational, imaginative, and perhaps at its happiest in the recognition of opportunities and the stimulation of specific action in the field. In both these areas he has shown a power of original thought, persuasiveness in presenting his views, and persistence and vigor in helping get action underway.

3. There are three primary areas in which Mr. Hunt has played an important role in the Division's business. The first is in providing consistent staff assistance to Branches and Stations in the conduct of on-going CA action, and the modification and relocation of certain activities of concern to the Senior Staff and other divisions. He has brought to this work a balanced view of Division and Senior Staff equities, an excellent awareness of realities in the field and of the practical limits imposed by the field priorities, manpower, and the requirements of security.

20 APR 1969  
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SECRET


SECRET

4. Secondly, Mr. Hunt has carried with him from SAS a continuing participation in the work of that staff in its two aspects: the countering of Soviet political action and a reawakened and redefined concern with Communist Party operations. He has contributed to the definition of these interests and worked closely with the Branches in identifying opportunities. Neither of these areas are of a nature that has made for prompt common understanding between Headquarters and the field. Mr. Hunt's TDY's have been of major assistance in furthering this understanding.

5. Thirdly, Mr. Hunt has assumed a particularly important role in responding to requirements for memoranda, studies and suggestions which the Division has been asked to produce since the beginning of a new national Administration in January. Intimately coupled with this is direct support to the Chief of the Division in the latter's participation in the Interdepartmental Group, and the analyses and studies which have derived from that participation.

6. In all these duties, Mr. Hunt's performance has reflected sagacity, balance, and imagination. He has had, to his credit, the advantage of excellent give and take with the Division's branches and a sound knowledge of branch people and capacities. He has drawn with equal effectiveness upon a broad range of personal associations in other divisions and senior staffs, and upon a deep experience of the mechanics, nuances and occasional delicacies of getting business done at Headquarters.

7. In summary, Mr. Hunt's has been the performance of a very competent, tough-minded senior professional in a period which has somewhat changed the nature of the CA officer's duties within the Division.

  
Chief of Operations  
European Division

I certify that I have seen the above fitness report.

*Robert Hunt*

Date: 5/15/49

- 2 -

SECRET

SECRET

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP		DATE: 14 January 1970	
TO: (Check)	<input checked="" type="checkbox"/> CHIEF, RECORDS AND CONTROL	FILE NUMBER	1088
	<input type="checkbox"/> CHIEF, CONTRACT PERSONNEL DIVISION	EMPLOYEE NUMBER	013842
	<input checked="" type="checkbox"/> CHIEF, OPERATING COMPONENT (For action)	ID CARD NUMBER	EUR
ATTN:	CHIEF SUPPORT STAFF	OFFICIAL COVER	<input type="checkbox"/> BACKSTOP ESTABLISHED <input checked="" type="checkbox"/> DISCONTINUED
REF:	FORM: 1413		
SUBJECT	HUNT, E. HOWARD	UNIT	
<b>KEEP ON TOP OF FILE WHILE COVER IN EFFECT</b>			
ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS (OPM 20-800-11)		CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS (OPM 20-800-11)	
A. TEMPORARILY FOR _____ DAYS EFFECTIVE DATE COB _____		DATE: <del>XXXXXXXX</del>	
B. CONTINUING AS OF COB		FROM EOD	
SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HNB 20-7)		SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HNB 20-7)	
ASCERTAIN THAT _____ W-2 BEING ISSUED. (HNB 20-11)		RETURN ALL OFFICIAL DOCUMENTATION TO CCS.	
SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (HR-240-2*)		DO NOT WRITE IN THIS BLOCK - FOR CCS INTERNAL USE ONLY	
SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (HR-240-2*)			
SUBMIT FORM 2688 <input checked="" type="checkbox"/> FOR HOSPITALIZATION CARD			
REMARKS AND/OR COVER HISTORY			
COVER HISTORY:			
DISTRIBUTION: COPY 1 - RLD 2 - OPERATING COMPONENT 3 - D/Os 4 - DL/TE/SVC 5 - CCS - CHRONO 6 - CCS - FILE		JC/s1	
1551 USE PREVIOUS EDITION		SECRET	

CHIEF, OFFICIAL COVER, CENTRAL COVER STAFF

(13-20-43)

SECRET

REQUEST FOR PERSONNEL ACTION										DATE PREPARED								
1 SERIAL NUMBER 013842										2 NAME (Last-First-Middle) HUNT, E. HOWARD		19 Jan 70						
3 NATURE OF PERSONNEL ACTION TRANSFER TO VOUCHERED FUNDS						4 EFFECTIVE DATE REQUESTED MONTH DAY YEAR 01 11 70		5 CATEGORY OF EMPLOYMENT REGULAR										
6 FUNDS		7 FINANCIAL ANALYSIS NO. CHARGEABLE		8 LEGAL AUTHORITY (Completed by Office of Personnel)		9 ORGANIZATIONAL DESIGNATIONS		10 LOCATION OF OFFICIAL STATION										
V TO V		V TO CF		CF TO V		CF TO CF		DDP/EUR OPERATIONS STAFF		WASH., D.C.								
11 POSITION TITLE CPS OFFICER						12 POSITION NUMBER 0012		13 CAREER SERVICE DESIGNATION D										
14 CLASSIFICATION SCHEDULE (G.S. F.R. NO.) GS			15 OCCUPATIONAL SERIES 0136.01			16 GRADE AND STEP 15 8		17 SALARY OR RATE \$ 26,629										
18 REMARKS Effective date of 11 Jan 70 must remain in order for Subject to be eligible for Blue Cross Hospitalization.  CE: PAYROLL																		
18A REQUESTING OFFICER						DATE SIGNED C/E/Pers 1/19/70		18B SIGNATURE OF CAREER SERVICE APPROVING OFFICER		DATE SIGNED 1-19-70								
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL																		
19 ACTION CODE		20 EMPLOY CODE		21 OFFICE CODING NUMERIC ALPHABETIC		22 STATION CODE		23 INTEGREE CODE		24 HQ/RTS CODE		25 DATE OF BIRTH MO DA YR		26 DATE OF GRADE MO DA YR		27 DATE OF LES MO DA YR		
10		10		4150 111		1113				1		10/09/18						
28 WTE EXPIRES MO DA YR			29 SPECIAL REFERENCE			30 RETIREMENT DATA CODE			31 SEPARATION DATA CODE			32 CORRECTION (CANCELLATION) DATA TYPE MO DA YR			33 SECURITY RIG NO		34 SER	
												EOD DATA						
35 VET PREFERENCE CODE		36 SERV COMP DATE MO DA YR			37 LONG COMP DATE MO DA YR			38 CAREER CATEGORY LSE RSY PROF TEMP		39 FEDERAL HEALTH INSURANCE CODE		40 SOCIAL SECURITY NO						
B-None 1-5 PT 2-10 PT										B-None 1-YES 2-NO								
41 PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE						42 LEAVE CAT CODE		43 FEDERAL TAX DATA FORM EXEMPTED CODE NO TAX EXEMPTIONS				44 STATE TAX DATA FORM EXEMPTED CODE NO TAX EXEMPT. STATE CODE						
B-NO PREVIOUS SERVICE 1-NO BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)								1-YES 2-NO				1-YES 2-NO						
45 POSITION CONTROL CERTIFICATION 1-20-70 mw								46 OP APPROVAL W heart				DATE APPROVED 1/20/70						

SECRET

GROUP 1 EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION



SECRET  
(When Filled In)

FORM 10-67

NOTIFICATION OF PERSONNEL ACTION											
1 SERIAL NUMBER		2 NAME (LAST-FIRST-MIDDLE)									
113442		HUNT E HOWARD									
3 NATURE OF PERSONNEL ACTION					4 EFFECTIVE DATE		5 CATEGORY OF EMPLOYMENT				
TRANSFER TO VOUCHERED FUNDS					MO DA YR 01 11 70		REGULAR				
6 FUNDS			7 Financial Analysis No. Chargeable		8 CSC OR OTHER LEGAL AUTHORITY						
<input checked="" type="checkbox"/> V TO V <input type="checkbox"/> V TO CF <input type="checkbox"/> CF TO V <input type="checkbox"/> CF TO CF			0200 1170 0000		58 USC 4303 J						
9 ORGANIZATIONAL DESIGNATIONS					10 LOCATION OF OFFICIAL STATION						
DDP/EUR OPERATIONS STAFF					WASH, D.C.						
11 POSITION TITLE					12 POSITION NUMBER		13 SERVICE DESIGNATION				
OPS OFFICER					0012		D				
14 CLASSIFICATION SCHEDULE (GS, LB, etc.)			15 OCCUPATIONAL SERIES		16 GRADE AND STEP		17 SALARY OR RATE				
GS			0100.01		15		28340				
18 REMARKS											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19 ACTION CODE	20 Employ Code	21 OFFICE CODING		22 STATION CODE	23 INTER-EE CODE	24 Health Code	25 DATE OF BIRTH		26 DATE OF GRADE	27 DATE OF LEI	
16	10	NUMERIC ALPHABETIC 441000 EUR		75X13	1	1	MO DA YR 10 07 17		MO DA YR	MO DA YR	
28 NTE EXPIRES		29 SPECIAL REFERENCE		30 RETIREMENT DATA		31 SEPARATION DATA		32 Correction / Cancellation Data		33 SECURITY REG NO	34 SEX
MO DA YR		1. CSC 2. CIA 3. NSA		CODE		TYPE MO DA YR		MO DA YR		EOD DATA	
35 VET PREFERENCE		36 SERV. COMP. DATE		37 LONG COMP. DATE		38 CAREER CATEGORY		39 FEGLI - HEALTH INSURANCE		40 SOCIAL SECURITY NO	
CODE 0 NONE 1 5 YR 2 10 YR		MO DA YR		MO DA YR		CAR 8834 PROV 220P		CODE CODE 0 WALKER 1 YES		HEALTH INS CODE	
41 PREVIOUS CIVILIAN GOVERNMENT SERVICE				42 LEAVE CAT. CODE		43 FEDERAL TAX DATA			44 STATE TAX DATA		
CODE 0 NO PREVIOUS SERVICE 1 NO BREAK IN SERVICE 2 BREAK IN SERVICE LESS THAN 3 YRS. 3 BREAK IN SERVICE MORE THAN 3 YRS.						FORM EXECUTED CODE NO TAX EXEMPTIONS			FORM EXECUTED CODE NO TAX STATE CONC 1 YES 2 NO		
SIGNATURE OR OTHER AUTHENTICATION											
<div style="float: right; border: 1px solid black; padding: 5px;">           POSTED 1-22-70 715         </div>											

FORM 10-67  
5-66

Use Previous Edition

SECRET

JBC

GROUP 1  
Excluded from automatic  
downgrading and  
declassification

(When Filled In)

U.S. G. P. OFFICE: WASHINGTON, D. C. 20540

14-00000

"PAY ADJUSTMENT IN ACCORDANCE WITH SECTION 212 OF PL 90-206 AND EXECUTIVE ORDER 11474 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 13 JULY 1969

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	NEW SALARY
HUNT E HOWARD	013442	44 100	CF	GS 15 8	\$25,629

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

EFFECTIVE DATE OF PAY ADJUSTMENT: 8 OCTOBER 1967

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
HUNT E HOWARD	013842	44 050	CF	GS 15 7	\$21,192	\$22,082

---

"PAY ADJUSTMENT IN ACCORDANCE WITH SECTIONS 212 AND 215 OF PL 90-206 AND EXECUTIVE ORDER 11413 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A-DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 14 JULY 1968

JED: 20 APR 70

SECRET  
(When filled in)

NOTIFICATION OF PERSONNEL ACTION

1 SERIAL NUMBER 013842		2 NAME (LAST FIRST MIDDLE) HUNT E HOWARD	
3 NATURE OF PERSONNEL ACTION RETIREMENT VOLUNTARY UNDER CIA RETIREMENT AND DISABILITY SYSTEM			4 EFFECTIVE DATE NO 001 18 04   30   70
6 FUNDS X		V TO V	V TO CF
CF TO V		CF TO CF	
9 ORGANIZATIONAL DESIGNATIONS DOP/EUR OPERATIONS STAFF		7 Financial Analysts No Chargeable 8 CSC OR OTHER LEGAL AUTHORITY REGULAR P.L. 89-643 SECT. 233	
11 POSITION TITLE OPS OFFICER		10 LOCATION OF OFFICIAL STATION WASH., D.C.	
14 CLASSIFICATION SCHEDULE (GS, LB, etc) GS		15 OCCUPATIONAL SERIES 0138.01	16 GRADE AND STEP 15 8
17 SALARY OR RATE 22226		13 SERVICE DESIGNATION	
18 REMARKS			

1 LAST NAME HUNT	FIRST NAME E	INITIALS HOWARD	2 APPOINTMENT DATA Entered on duty 5/15/48 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	3 TOTAL SERVICE FOR LEAVE (as of date of separation) Years 25 Months 7 Days 23 <input checked="" type="checkbox"/> More than 15 years
4 DATE AND NATURE OF SEPARATION RETIREMENT VOLUNTARY CIARDS 4/30/70				
SUMMARY OF ANNUAL AND SICK LEAVE (HOURS)		SUMMARY OF HOME LEAVE (DAYS)		REMARKS
5 Balance from prior leave year ended 1/10 1970	Annual 300	Sick 745	14 Date arrival abroad for ML purposes	SCD: 9/7/44  S/L TRANS. TO CSC
6 Current leave year accrual through 4/18 1970	56	28	15 Current balance as of 19	
7 Total	356	773	16 12 month accrual rate	
8 Reduction in credits, if any (current year)	0	0	17 Dates leave used, prior 24 months	
9 Total leave taken	44	36	18 Monthly accrual date	
10 Balance	312	737	19 Calendar days credit for next accrual date	
11 Total hours paid in lump sum 300 HRS + 1 HOL			20 Date last service period completed	
12 Salary rates 28,226			MILITARY LEAVE	
13 Lump sum leave dates From 0830, 5/1/70 to 6/24/70 1230 (Hours)			21 Dates during current calendar yr to	
		ABSENCE WITHOUT PAY		LWOP or AWOL or Furlough Suspension (Hours) 0 0
		23 During leave year in which separated		
		24 During step increase waiting period which began on 12/3/67		
		25 During 12 month ML accrual period (dates)		

Standard Form 1140  
November 1965  
1150-106

RECORD OF LEAVE DATA TRANSFERRED

U.S. CIVIL SERVICE COMMISSION  
FPM SUPPLEMENTS 206-41 AND 990-2

UUU

(When Filled In)

SECRET

81 APR 1970

70-2034

MEMORANDUM FOR : Director of Central Intelligence

SUBJECT : Request for Voluntary Retirement  
E. Howard Hunt

1. This memorandum submits a recommendation for your approval; this recommendation is contained in paragraph 4.

2. Mr. E. Howard Hunt, GS-15, Operations Officer, European Division, Clandestine Service, has applied for voluntary retirement under the provisions of Headquarters Regulation 20-50j, to be effective 30 April 1970.

3. Mr. Hunt has been designated a participant in the CIA Retirement and Disability System and meets the technical requirements for voluntary retirement under the System. He is 51 years old with over 25 years of Federal service. This service includes over 20 years with the Agency of which more than 10 years were in qualifying service overseas. The Head of the Clandestine Service Career Service has recommended that his application for voluntary retirement be approved. I endorse this recommendation.

4. It is recommended that you approve the voluntary retirement of Mr. E. Howard Hunt under the provisions of Headquarters Regulation 20-50j.

/s/ Robert S. Wattles

Robert S. Wattles  
Director of Personnel

The recommendation contained in paragraph 4 is approved:

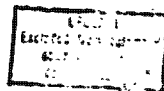
/s/ Richard Holms

Director of Central Intelligence

81 APR 1970

Date

SECRET



SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION

DATE PREPARED

21 APRIL 1970

1 SERIAL NUMBER  
013842  
2 NAME (Last-First-Middle)  
HUNT, E. HOWARD

RETIREMENT (VOLUNTARY) UNDER THE CIA  
RETIREMENT AND DISABILITY SYSTEM

4 EFFECTIVE DATE REQUESTED  
MONTH COB YEAR  
04 30 70

3 CATEGORY OF EMPLOYMENT  
REGULAR

6 FUNDS  
X V TO V  
CF TO V

7 FINANCIAL ANALYSIS NO  
CHARGEABLE  
0236-1184

8 LEGAL AUTHORITY (Completed by Office of  
Personnel)  
Sec. 88.643  
Sec. 233

9 ORGANIZATIONAL DESIGNATIONS  
DDP/EUR  
OPERATIONS STAFF

10 LOCATION OF OFFICIAL STATION  
WASHINGTON, D.C.

11 POSITION TITLE  
OPS OFFICER (15)

12 POSITION NUMBER  
0012

13 CAREER SERVICE DESIGNATION  
D

14 CLASSIFICATION SCHEDULE (GS, FS, etc.)  
GS

15 OCCUPATIONAL SERIES  
0136.01

16 GRADE AND STEP  
15 8

17 SALARY OR RATE  
\$ 28,630 28,226

18 REMARKS  
cc: SECURITY  
cc: PAYROLL  
*Accountant for Agency Reserve Program is ready*  
*Approved by CSRS 4/27/70*  
*1152 telecard w/6. memo, R.O.B., 4/29/70.*

19A SIGNATURE OF REQUESTING OFFICIAL  
19B SIGNATURE OF APPROVING OFFICIAL  
DATE SIGNED  
DATE SIGNED  
4/27/70 4-27

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19 ACTION CODE  
20 EMPLOY CODE  
21 OFFICE CODING  
22 STATION CODE  
23 INTEGRAL CODE  
24 HQ/PS CODE  
25 DATE OF BIRTH  
26 DATE OF GRADE  
27 DATE OF LEI  
28 NTE EXPIRES  
29 SPECIAL REFERENCE  
30 RETIREMENT DATA  
31 SEPARATION DATA  
32 CORRECTION CANCELLATION DATA  
33 SECURITY REG NO  
34 SER  
35 VET PREFERENCE  
36 SERV COMP DATE  
37 LONG COMP DATE  
38 CAREER CATEGORY  
39 FEGLI HEALTH INSURANCE  
40 SOCIAL SECURITY NO  
41 PREVIOUS CIVILIAN GOVERNMENT SERVICE  
42 LEAVE CAT  
43 FEDERAL TAX DATA  
44 STATE TAX DATA  
45 POSITION CONTROL CERTIFICATION  
46 OP APPROVAL  
DATE APPROVED

SECRET

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP

April 23, 1970

TO: (Check)	<input checked="" type="checkbox"/>	CHIEF, RECORDS AND CONTROL	FILE NUMBER 1088
		CHIEF, CONTRACT PERSONNEL DIVISION	EMPLOYEE NUMBER
	<input checked="" type="checkbox"/>	CHIEF, OPERATING COMPONENT (For action)	ID CARD NUMBER
ATTN:		Chief Support Staff	OFFICIAL COVER
REF:		Retirement Debriefing	BACKSTOP ESTABLISHED
SUBJECT		HUNT, E. Howard	DISCONTINUED
			<input checked="" type="checkbox"/>

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

ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS (OPM 20-800-11)	CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS (OPM 20-800-11)
A. TEMPORARILY FOR _____ DAYS EFFECTIVE DATE COB _____	DATE <del>XXXXXX</del>
B. CONTINUING AS OF COB	From EOD
SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HNB 20-7)	NA
ASCERTAIN THAT _____ W-2 BEING ISSUED (HNB 20-11)	NA
SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (HR-240-2*)	RETURN ALL OFFICIAL DOCUMENTATION TO CCS.
SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY (HR-240-2*)	DO NOT WRITE IN THIS BLOCK - FOR CCS INTERNAL USE ONLY
SUBMIT FORM 2688 <input checked="" type="checkbox"/> FOR HOSPITALIZATION CARD	

REMARKS AND/OR COVER HISTORY

Cover History:

DISTRIBUTION: COPY 1 - HQ  
 COPY 2 - OPERATING COMPONENT  
 COPY 3 - O/GS  
 COPY 4 - OL/TELETYPE  
 COPY 5 - CCS - CHRONO  
 COPY 6 - CCS - FILE

CD/s1

*James H. Franklin*  
 OFFICIAL COVER, CENTRAL COVER STAFF

JSC: 29 APR 70

NOTIFICATION OF PERSONNEL ACTION							
1. SERIAL NUMBER		2. NAME (LAST-FIRST MIDDLE)					
013842		MUNT E HOWARD					
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT	
RETIREMENT VOLUNTARY UNDER CIA RETIREMENT AND DISABILITY SYSTEM				04 30 70		REGULAR	
6. FUNDS		7. V TO V		7. V TO CF		7. Financial Analysis No. Chargeable & CSC OR OTHER LEGAL AUTHORITY	
X						0236 1184 0000 P.L. 88-643 SECT. 233	
9. ORGANIZATIONAL DESIGNATIONS				10. LOCATION OF OFFICIAL STATION			
11. POSITION TITLE				12. POSITION NUMBER		13. SERVICE DESIGNATION	
OPS OFFICER				0012		D	
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE *	
GS		0136.01		15 B		28226	
18. REMARKS							
SIGNATURE OR OTHER AUTHENTICATION							

U.S. GOVERNMENT PRINTING OFFICE: 1969 O - 348-100

SECRET

1 MAY 1970

**MEMORANDUM FOR :** Mr. E. Howard Hunt  
**THROUGH :** Head of CS Career Service  
**SUBJECT :** Notification of Approval of Request for  
Voluntary Retirement

1. I am pleased to inform you that your request for voluntary retirement under the CIA Retirement and Disability System has been approved by the Director of Central Intelligence.

2. Your retirement will become effective 30 April 1970. Your annuity will commence as of 1 May 1970 and is payable on 1 June 1970. You may be assured that every effort will be made to expedite delivery of your first check following completion of the administrative processing required to effect your retirement.

3. You will receive a lump-sum payment for your accrued annual leave up to 30 days or for whatever amount of leave credit you carried over from the last leave year if that amount is more than 30 days.

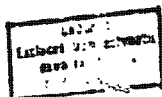
/s/ H. B. Fisher  
Robert S. Wattles  
Director of Personnel

**Distribution:**

- 0 - Addressee
- 1 - D/Pers
- 1 - OPF
- 1 - ROB Reader
- 1 - ROB Soft File

OP/RAD/ROB/[ ]jat/3257 (30 April 1970)

SECRET





70-1825

SEARCHED  
SERIALIZED  
70-1825

Mr. E. Howard Hunt  
11120 River Road  
Potomac, Maryland 20854

6 MAY 1970

Dear Howard:

As you reach the end of your active career of Government service, I want to join your friends and colleagues in wishing you continued success and satisfaction in your retirement.

You have every reason to feel great pride and satisfaction in your accomplishments. Your record of service is both example and goal for the young people who are now just beginning their careers in intelligence.

May I extend to you, personally and officially, my sincere appreciation for the important work you have done and my warmest hopes that you will find full enjoyment in the years ahead.

Sincerely,

*Rich*  
Richard Helms

Richard Helms  
Director

*Good Luck and Best Wishes!*

Distribution:

- 0 - Addressee
- 1 - DDCI
- 1 - ER
- 1 - C/EAB/OS
- 1 - D/Pers
- 1 - OPF
- 1 - ROB Soft File
- 1 - ROB Reader

Originator: /s/ H. B. Fisher 4 MAY 1970  
Director of Personnel

Concur: C/EAB/OS

SIGNED

29 APR 1970

OP/RAD/ROB [ ] at/3257 (20 April 1970)

14-00000

Mr. F. Howard Hunt  
11120 River Road  
Potomac, Maryland 20854

Dear Mr. Hunt:

It is the practice of the Organization to follow up with former employees six months after their retirement. We hope by such inquiry to obtain information on what our retirees are doing and where they are located, invite suggestions for improving the retirement program and to learn if the Organization might be of some assistance on any post-retirement matters.

We should like very much to hear from you on the above points and on any other topics you think would be useful to us.

For your convenience in replying, we have enclosed a sheet somewhat akin to a form on which we have listed those standard items of information we'd like to have on every retiree. The remainder of the sheet, including the reverse side, is for your comments and suggestions. We shall be most appreciative of your fullest response to this inquiry.

Thank you very much for your cooperation.

Sincerely yours,

Carroll A. Duchay  
Personnel Officer

Enclosures:  
Questionnaire  
Return Envelope

Distribution:  
Original - Addressee  
1 - OPF  
1 - RAD Subject's File

OP/RAD/EEA/ [ ] :alp (9 October 1970)

HOWARD HUNT  
C/CA/EUR  
4829

NO SECURITY CLASSIFICATIONS

CENTRAL INTELLIGENCE AGENCY

Career Profile

4829  
Hunt  
2/1/69  
9 Dec 69

From 1949 to the present I have been a career official of the Central Intelligence Agency. My foreign assignments have been in Europe, Latin America and the Far East where my duties involved the collection, evaluation, and reporting of high priority intelligence in the national interest. This intelligence information related to the economic, political, social and military aspects of nations and regions where I was located. During two crisis periods I was a senior member of special task forces organized to confront the crises, and took part in White House conferences. At other times I have served as a regional trouble-shooter.

Abroad I have dealt and negotiated with senior officials including Presidents of foreign nations and members of their Cabinets.

In Washington I have represented CIA at high levels of our government including the Psychological Strategy Board, Operations Coordinating Board and Interdepartmental Groups chaired by the Assistant Secretary of State. I have had extensive responsibilities for the development and review of large-scale budgets, and for their successful presentation.

I have also had broad experience in dealing with key non-governmental figures in the United States and abroad, including major corporate and industrial personalities at the highest level.

SECRET  
(When Filled In)

FORM SERIAL NO.  
013742

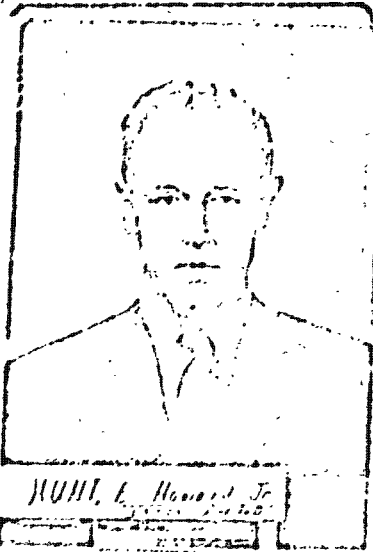
BIOGRAPHIC PROFILE (PART 2)

Name (Last-First-Middle)

WENT, E(sterle) Howard

DATE OF BIRTH

9 Oct 1918



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

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

16. ADDITIONAL INFORMATION

Appreciation 1951 from Chief, PP, for assistance rendered in the preparation of "FP Operational Aids."

Appreciation 1953 from P. T. Culbertson, American Embassy, Mexico City, for ability, discretion and judgment displayed while assigned to Mexico City.

Commendation 1954 from W. D. Playdon (P) for superior performance in connection with project PBUCCCESS.

Appreciation 1960 from Chief, US Secret Service, Treasury Dept, to the DCI, for excellent cooperation provided prior to and during President Eisenhower's visit to

Commendation 1961 from Ch,WH for performance of duties with distinction in support of the mission outlined in Project JMATE.

23 Mar 1973

rwd/cal

FORM NO. 1200 (PART 2) REPLACES FORM 1000 (PART 2) 1 FEB 59

SECRET

SECRET PROFILE CL BY 010025

2561

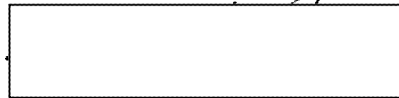
SECRET  
(When Filled In)

1. PERM. SOCIAL NO. 013842		BIOGRAPHIC PROFILE (PART I) <b>SD</b> 7 Sep 1974			
2. NAME (Last-First-Initial) HUNT, E(verette) Howard		3. SEX M	4. DATE OF BIRTH 9 Oct 1918	5. AGENCY TO COM. DATE 8 Nov 1972	
6. MARITAL STATUS Married	7. DEPENDENTS (Include employment) 5	8. YEARS OF BIRTH 1920 1951 1952 1954 1963		9. US NATURALIZATION DATES NA NA	
10. CAREER STAFF STATUS MEMBERSHIP Jul 1954	11. OTHER STATUS None	10. LAST MO. DPT. QUAL. FOR Feb 1967 TDY Standby		11. EVAL. FOR TDY Standby	
12. CURRENT RESERVE STATUS None	13. GRADE	14. ACTIVE DUTY WITH CIA CAT. 1	15. RELEASED TO MIL. SER. CAT. 2	16. TO BE RECORDED CAT. 3	17. TO BE REQUIRED
18. ASSESSMENT DATE None	19. PROFESSIONAL TEST DATE None	20. LANGUAGE ABILITY TEST DATE None			
21. NON-CIA EMPLOYMENT 1940-42 Military Service, US Navy, Ensign 1942-43 "The March of Time," NYC - Script Writer 1943 "Time," Inc, NYC - War Correspondent (South Pacific, 9 mos) 1943-46 Military Service, USAAF, (1st Lt (1945-46, OSS in China) 1946-49 Free Lance Writer 1948-49 Economic Cooperation Administration, Paris, France - US Media Specialist					
22. NON-CIA EDUCATION 1934 ARSST, Orlando, Fla - Air Combat Intelligence (4 mos) 1936-40 Brown Univ - AB, English, English Literature, Economics 1950 Berlitz School of Languages, DC - Spanish					
23. FOREIGN LANGUAGE ABILITIES (Language, Proficiency, Date Tested)		Spanish - R,P Inter; W,S,U High (Apr 1967) Transl & Interpr - May 1957 German - R,N,S,U,Slight;P,inter; T,none - May 1957 (declined testing) French - R,P Elem; W,S,U Slight; T None - Sep 1955 - disc prof Apr 1968			
24. AGENCY SPONSORED TRAINING 1950 Admin Proc 1953 Photography 1950 Secret Writing 1953 Ops Famil 1953 Flaps & Seals					
25. CIA EMPLOYMENT HISTORY SINCE 18 SEPT 1947 (Personnel Actions, Military Orders, and Principal Details)					
26. EFFECTIVE DATE	27. POSITION TITLE & OCCUPATIONAL CODE	28. GRADE	29. SD	30. ORGANIZATION & ORGN. TITLE (If any)	31. LOCATION
Nov 1949	I.O. (Editor) 0130.00	13		OPC/P&P Stf/Program Cap II	Hq
Dec 1950	I.O. 0132.00	13		OPC/Latin America/ops/OCS	Mexico Cit
Jun 1951	" 0132.00	14		OPC/Latin America/DOAN	" "
Aug 1953	Ops Off 0132.00	15	PP	DDP/SE/Ch, PP Staff	Hq
Jun 1954	Ops Off (PP) 0136.31	15	DP	DDP/FS/SR-NA/Ch, PP Staff	"
Feb 1957	Area Ops Off 0136.01	15	DP	DDP/WH-II/	"
Nov 1960	Ops Off 0136.01	15	D	DDP/WH-4	Hq
Nov 1961	Ops Off 0136.01	15	D	DDP/CA Str/Plan&Res&Ch EvalBr	"
Jan 1962	" 0136.01	15	D	DDP/CA Staff/OS	"
Jul 1962	" 0136.01	15	D	DDP/DOES/Facilities Br/Ch, PP Sec	"
Aug 1964	" 0136.01	15	D	DDP/DOE/U.S. Field Ch, CA Staff	"
Feb 1965	" 0136.01	15	D	DDP/Off of the DDP, Ops Group	"
	Jul 1965-Sep 1965 Contract Employee				
Sep 1965	Ops Off 0136.01	15	D	DDP/WE/Operations Stf	Hq
Jan 1967	" 0136.01	15	D	DDP/Eur/Spec Act Stf	"
Aug 1968	" 0136.01	15	D	DDP/EUR/Operations Staff	"
Apr 1970	Retirement--Voluntary under	CIA RDS			
32. DATE REVIEWED 28 Mar 1973	33. PROFILE REVIEWED BY nrd/cal	34. E 2 EMPLOYEE CL HY 010026	35. ITEMS TO BE REVIEWED & VERIFIED BY EMPLOYEE NS		

SECRET

REVIEWING OFFICER'S COMMENTS:

Although I would not differ from the evaluative comment on this officer, I would be inclined to rate his over-all performance as highly PROFICIENT rather than Strong, in view of his broad experience and grade. This officer has had a series of personal and taxing problems, beyond his control, which have tended to dull his cutting edge just enough to be noticeable.



Deputy Chief,  
European Division

SECRET

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 91-271 AND EXECUTIVE ORDER 11524 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 6 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 20 December 1968

NAME	SERIAL	ORGN.	PL	GS	GR-STEP	NET SALARY
Samuel B. Howard	012042	44	100	GS	GS-15 8	20,020

SECRET  
(WHEN FILLED IN)

1. EMP. SERIAL NO. 513842		2. NAME HUNT HOWARD E			3. ASSIGNED ORGAN. DDP/WH		4. FUNDS UV		5. ALLOCATION		
6. OLD SALARY RATE						7. NEW SALARY RATE					
GRADE	STEP	SALARY	LAST EFFECTIVE DATE			GRADE	STEP	SALARY	EFFECTIVE DATE		
GS 15	A	\$12,670	02	09	59	GS 15	A	\$13,970	08	09	59
TO BE COMPLETED BY THE OFFICE OF THE COMPTROLLER											
9. CHECK ONE <input type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> EXCESS LWOP						9. NUMBER OF HOURS LWOP					
IF EXCESS LWOP, CHECK FOLLOWING: <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD						10. INITIALS OF CLERK			11. AUDITED BY		
TO BE COMPLETED BY THE OFFICE OF PERSONNEL											
12. PROJECTED SALARY RATE AND EFFECTIVE DATE						13. REMARKS					
GRADE	STEP	SALARY	MO	DA.	YR.	5/11					
						5/11					
14. AUTHENTICATION											
PERIODIC STEP INCREASE - AUTHENTICATION											

FORM NO. 560a  
1 MAR. 58

SECRET

PERSONNEL FOLDER 141

SECRET

GENERAL SCHEDULE SALARY INCREASE RETROACTIVELY EFFECTIVE  
12 JANUARY 1958 AUTHORIZED BY P. L. 85 - 462 AND DCI  
DIRECTIVE. SALARY AS OF 15 JUNE 1958 ADJUSTED AS FOLLOWS

NAME	SERIAL	GRADE-STEP	OLD SALARY	NEW SALARY
HUNT HOWARD E	513842	GS-15-4	\$12,420	\$13,670

GORDON M. STEWART  
/S/ DIRECTOR OF PERSONNEL

SECRET

SECRET  
(WHEN FILLED IN)

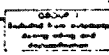
1. EMP. SERIAL NO. 513842		2. NAME HUNT HOWARD F			3. ASSIGNED ORGAN. DDP/WH		4. FUNDS UV		5. ALLOCATION		
6. OLD SALARY RATE						7. NEW SALARY RATE					
GRADE	STEP	SALARY	LAST EFFECTIVE DATE			GRADE	STEP	SALARY	EFFECTIVE DATE		
15	3	\$12,150	08	12	56	15	4	\$12,420	02	09	58
TO BE COMPLETED BY THE OFFICE OF COMPTROLLER											
9. CHECK ONE <input type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> EXCESS LWOP						9. NUMBER OF HOURS LWOP					
IF EXCESS LEAVE LWOP, CHECK FOLLOWING: <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD						10. INITIALS OF CLERK			11. AUDITED BY		
TO BE COMPLETED BY THE OFFICE OF PERSONNEL											
12. PROJECTED SALARY RATE AND EFFECTIVE DATE						13. REMARKS					
GRADE	STEP	SALARY	MO	DA.	YR.	1958					
						1958					
14. AUTHENTICATION											



SECRET

(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
SECTION A GENERAL					
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE 5. SD
ROSE, E. Howard			9 Oct 1918	M	GS-15 3
6. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION
Ops Officer (C-)			Duty/DODS/RCF		Wash., D.C.
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY CAREER-PROVISIONAL (See instructions - Section C) SPECIAL (Specify):			<input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE <input type="checkbox"/> SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From- to-)		
30 April 1953			March 1952 - 31 March 1953		
SECTION B PERFORMANCE EVALUATION					
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1					RATING LETTER
Supervises all Division propaganda operations. (4 employees, 7 projects)					S
SPECIFIC DUTY NO. 2					RATING LETTER
Project Officer WURONBOW.					P
SPECIFIC DUTY NO. 3					RATING LETTER
Project Officer WUEUSTLER.					S
SPECIFIC DUTY NO. 4					RATING LETTER
Conducts liaison with USIA, Staffs and Area Divisions as required to coordinate DODS foreign and domestic propaganda operations.					A
SPECIFIC DUTY NO. 5					RATING LETTER
SPECIFIC DUTY NO. 6					RATING LETTER
OVERALL PERFORMANCE IN CURRENT POSITION					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER
					P/S



**SECRET**  
(When Filled In)

FITNESS REPORT						EMPLOYEE SERIAL NUMBER	
						013842	
<b>SECTION A - GENERAL</b>							
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE	5. SO	
HUNT, E. HOWARD			10/09/13	M	GS-15	D	
6. OFFICIAL POSITION TITLE			7. OFF/DIV. BR OF ASSIGNMENT	8. CURRENT STATION			
Ops Officer (Ch)			DDP/DODS/R&P	Wash., D.C.			
9. CHECK (X) TYPE OF APPOINTMENT				10. CHECK (X) TYPE OF REPORT			
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY CAREER-PROVISIONAL (See instructions - Section C)				<input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE			
SPECIAL (Specify):				SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P.				12. REPORTING PERIOD (From to)			
31 May 1964				31 March 1963 - 31 March 1964			
<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	
Supervises all Division propaganda operations.						S	
SPECIFIC DUTY NO. 2						RATING LETTER	
Project Officer WUHUSTLER, WUBONBON						S	
SPECIFIC DUTY NO. 3						RATING LETTER	
Conducts liaison with USLA, Staffs and Area Divisions as required to coordinate DODS foreign & domestic propaganda						S	
SPECIFIC DUTY NO. 4						RATING LETTER	
Operations.							
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	
26 MAY 1964						S	

SECRET

(When Filled In)

SECTION C	NARRATIVE COMMENTS
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.</p>	
<p>Subject has performed in a manner quite consistent with his long and broad experience in many aspects of the craft of intelligence. His senior grade, his special expertise in the field of propaganda and publication and his very high intellect have contributed to the division's operations in the public media field a sharp focus, an economical concentration of money and effort and a consequently heightened impact. In the WUHUSTLER project, Subject vindicated his faith in a moribund clandestine asset by demonstrating, after about a year and a half under his personal direction, that it is one of the most effective activities of its kind. Before Subject assumed direct responsibility for this project, it had suffered from visionary and diffuse direction and from poor case officer-agent rapport. Subject's personal handling of this operation is marked by excellent rapport and the project prospers on an entirely reoriented basis which the agent himself enthusiastically welcomes.</p>	
<p>Subject's supervisory responsibility has extended over two secretaries, from one to two professional staffers [redacted] and three professional career employees [redacted]. The fairness and precision of his management has patently won their respect and inspired their performance.</p>	
<p>(Continued on additional sheet)</p>	

SECTION D			CERTIFICATION AND COMMENTS		
1. BY EMPLOYEE					
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT					
DATE	SIGNATURE OF EMPLOYEE				
20 May 64	<i>E. Edward Hunt</i>				
2. BY SUPERVISOR					
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION				
2 1/2 months					
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE			
19 May 1964	DCOS	<i>Stanley H. Gaines</i> Stanley H. Gaines			
3. BY REVIEWING OFFICIAL					
COMMENTS OF REVIEWING OFFICIAL					
<i>Checked</i>					
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE			
19 May 1964	<i>Chief of C. Bureau</i>	<i>Stanley H. Gaines</i> Stanley H. Gaines			

SECRET

SECRET

FITNESS REPORT					EMPLOYEE SERIAL NUMBER		
					013842		
<b>SECTION A GENERAL</b>							
1. NAME (Last) <b>Hunt,</b> (First) <b>E.</b> (Middle) <b>Howard</b>			2. DATE OF BIRTH <b>10/09/18</b>	3. SEX <b>M</b>	4. GRADE <b>GS-15</b>	5. SD <b>D</b>	
6. OFFICIAL POSITION TITLE <b>Ops Officer (CH)</b>				7. OFF/DIV/BR OF ASSIGNMENT <b>DDP/DOD/CA</b>	8. CURRENT STATION <b>Washington, D. C.</b>		
9. CHECK (X) TYPE OF APPOINTMENT				10. CHECK (X) TYPE OF REPORT			
<input checked="" type="checkbox"/>	CAREER	<input type="checkbox"/>	RESERVE	<input type="checkbox"/>	TEMPORARY	<input type="checkbox"/>	INITIAL
<input type="checkbox"/>	CAREER-PROVISIONAL (See instructions - Section C)			<input type="checkbox"/>	ANNUAL	<input checked="" type="checkbox"/>	REASSIGNMENT SUPERVISOR
<input type="checkbox"/>	SPECIAL (Specify):			<input type="checkbox"/>	SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P. <b>30 April 1965</b>				12. REPORTING PERIOD (From - to) <b>1 April 64 - 28 February 1965</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 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	
Supervises all DO Division propaganda operations.						S	
SPECIFIC DUTY NO. 2						RATING LETTER	
Project officer for WUHUSTLER, WUBONBON, WUPUNDIT.						S	
SPECIFIC DUTY NO. 3						RATING LETTER	
Conducts liaison with USIA, Staffs and Area Divisions to coordinate DO propaganda operations.						S	
SPECIFIC DUTY NO. 4						RATING LETTER	
Supervises one CS staff officer and secretary under official and two career agents and several witting proprietary hires under project cover.						S	
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	
13 APR 1965						S	

SECRET

(When Filled In)

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.</p> <p>Mr. Hunt continued to direct the propaganda activities of the DO Division in a superior professional manner until 12 October 1964, when he was incapacitated by illness. On his return from sick leave on 7 December, he was detailed to the Office of the DD/P and officially transferred to that office on 28 February 1965. DO Division can only view this transfer with considerable regret.</p> <p>Mr. Hunt, by virtue of his personal background, has a unique flair and competence in the propaganda field. Over and above, but complementary to these special skills, his extensive experience in the CS, his sound judgment, high and creative intellect and other commendable personal qualities contributed significantly to the successful prosecution of DO's efforts in the media field. These same attributes, attest, in my judgment, to his suitability for employment as a Station Chief or in any other position requiring broad knowledge of and skill in the CS business. He is very cost conscious and an effective supervisor. He enjoys the respect of all personnel under his supervision, official and non-official, as well as that of all his co-workers in the Division and Station.</p>			
SECTION D		CERTIFICATION AND COMMENTS	
1. BY EMPLOYEE			
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT			
DATE	SIGNATURE OF EMPLOYEE		
7 April '65	<i>E. Edward Hunt</i>		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
16			
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPE OR PRINTED NAME AND SIGNATURE	
8 APR 1965	DO/Executive Officer	<i>Thos. P. Schreyer</i> Thos. P. Schreyer	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
<p>I concur generally with the prep. I would, however, be less inclined to recommend him for a COS job. He could do it but I do not consider that details of management or handling of people his forte -</p>			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPE OR PRINTED NAME AND SIGNATURE	
5 April 1965	Chief, DO Division	<i>C. Tracy Barnes</i> C. Tracy Barnes	

SECRET

SECRET

30 April 1969.

MEMORANDUM IN LIEU OF FITNESS REPORT

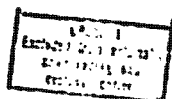
SUBJECT : Howard E. Hunt, GS-15, Employee  
Number 013842, DOB: October 1918;  
EUR/CA; Career; Service Designa-  
tion: D.

PERIOD UNDER REVIEW : 22 June 1968 - 31 March 1968<sup>9</sup>

MONTHS UNDER MY SUPERVISION: 7

OVER-ALL RATING : Strong

1. Mr. Hunt took on his present duties as EUR/CA in July 1968. His performance in this position has been consistently Strong.
2. From the period of his previous assignment to EUR's Special Activities Staff, Mr. Hunt has made a substantial contribution to the refinement and recasting of CA operational concepts which has been underway in the Division since the termination over the past two years of many long established projects. He has a fine political sense and a sound grasp of European realities and evolutions. While concerned with the role and methods of political action, his mind is essentially operational, imaginative, and perhaps at its happiest in the recognition of opportunities and the stimulation of specific action in the field. In both these areas he has shown a power of original thought, persuasiveness in presenting his views, and persistence and vigor in helping get action underway.
3. There are three primary areas in which Mr. Hunt has played an important role in the Division's business. The first is in providing consistent staff assistance to Branches and Stations in the conduct of on-going CA action, and the modification and relocation of certain activities of concern to the Senior Staff and other divisions. He has brought to this work a balanced view of Division and Senior Staff equities, an excellent awareness of realities in the field and of the practical limits imposed by the field priorities, manpower, and the requirements of security.



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SECRET

4. Secondly, Mr. Hunt has carried with him from SAS a continuing participation in the work of that staff in its two aspects: the countering of Soviet political action and a reawakened and redefined concern with Communist Party operations. He has contributed to the definition of these interests and worked closely with the Branches in identifying opportunities. Neither of these areas are of a nature that has made for prompt common understanding between Headquarters and the field. Mr. Hunt's TDY's have been of major assistance in furthering this understanding.

5. Thirdly, Mr. Hunt has assumed a particularly important role in responding to requirements for memoranda, studies and suggestions which the Division has been asked to produce since the beginning of a new national Administration in January. Intimately coupled with this is direct support to the Chief of the Division in the latter's participation in the Interdepartmental Group, and the analyses and studies which have derived from that participation.

6. In all these duties, Mr. Hunt's performance has reflected sagacity, balance, and imagination. He has had, to his credit, the advantage of excellent give and take with the Division's branches and a sound knowledge of branch people and capacities. He has drawn with equal effectiveness upon a broad range of personal associations in other divisions and senior staffs, and upon a deep experience of the mechanics, nuances and occasional delicacies of getting business done at Headquarters.

7. In summary, Mr. Hunt's has been the performance of a very competent, tough-minded senior professional in a period which has somewhat changed the nature of the CA officer's duties within the Division.

  
Chief of Operations  
European Division

I certify that I have seen the above fitness report.

Richard Hunt

Date: 7/5/69


- 2 -

SECRET

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**REVIEWING OFFICER'S COMMENTS:**

Although I would not differ from the evaluative comment on this officer, I would be inclined to rate his over-all performance as highly PROFICIENT rather than Strong, in view of his broad experience and grade. This officer has had a series of personal and taxing problems, beyond his control, which have tended to dull his cutting edge just enough to be noticeable.

  
Deputy Chief,  
European Division

SECRET



CONFIDENTIAL  
(When Filled In)

SECURITY APPROVAL

DATE : 21 September 1966

YOUR  
REFERENCE:

CASE NO. : 23500

TO : Director of Personnel

ATTN :

SUBJECT : HUNT, Everett Edward Jr.

1. This is to inform you that Subject has been approved for the appointment specified in your request under the provisions of Headquarters Regulations 10-3 and 20-5 including access to classified information through TOP SECRET as required in the performance of duties.
2. Unless arrangements are made for entrance on duty within 150 days, this approval becomes invalid.
3. As part of the entrance on duty processing:
  - A personal interview in the Office of Security must be arranged.
  - A personal interview is not necessary.
  - Please advise Chief, Clearance Branch, extension 5620 when Subject enters on duty.
4. This is a Conversion Action. This is issued in advance of Form #577.

FOR THE DIRECTOR OF SECURITY:

*Steven L. Kuhn*  
Steven L. Kuhn  
Chief, Personnel Security Division

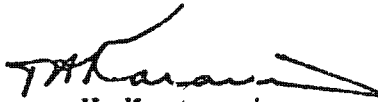
SECRET

1 June 1967

MEMORANDUM FOR THE RECORD

SUBJECT: Mr. Howard Hunt

Mr. Hunt, on instructions of the Deputy Director for Plans, and with approvals from the DCI and the DDCI, was converted to contract employment and assigned to [ ] for a special undertaking in behalf of the DD/P. He left for [ ] in July 1965 and returned to the U. S. in June 1966 having completed his assignment successfully. If an evaluative comment is needed to cover his work during this period of time he should be rated as "strong".

  
Thomas H. Karamessines

Assistant Deputy Director for Plans

Orig & 1 - Director of Personnel  
via C/EUR  
1 - ADD/P

SECRET

SECRET

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

IMPORTANT AGENCY INSTRUCTIONS ON BACK OF ORIGINAL

TO COMPLETE THIS FORM—

- 1** FOLLOW THESE GENERAL INSTRUCTIONS:
- Read the back of the "Duplicate" carefully before you fill in the form.
  - Fill in BOTH COPIES of the form. Type or use ink.
  - Do not detach any part.

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

NAME (last)	(first)	(middle)	DATE OF BIRTH (month, day, year)	SOCIAL SECURITY NUMBER
HUNT	S.	Howard	10/9/18	126 05 1970
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)

*E. Howard Hunt*

DATE

*Feb. 13, 1968*

FOR EMPLOYING OFFICE USE ONLY

(official receiving date stamp)

GENERAL PERSONNEL

FEB 19 10 29 AM '68

See Table of Effective Dates on back of Original

ORIGINAL COPY—Retain in Official Personnel Folder

SECRET

STANDARD FORM No. 178-T  
JANUARY 1968  
(For use only until April 14, 1968;  
178-101)

### APPOINTMENT AFFIDAVITS

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

.....  
*Central Intelligence Agency*  
(Department or agency) (Bureau or division) (Place of employment)

I, *Paul E. Howard*, do solemnly swear (or affirm) that—

**A. OATH OF OFFICE**

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely without any mental reservation or purpose of evasion; that I will well and faithfully discharge the duties of the office on which I am about to enter. **SO HELP ME GOD.**

**B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION**

I am not a Communist or Fascist. I do not advocate nor am I knowingly a member of any organization that advocates the overthrow of the constitutional form of the Government of the United States, or which seeks by force or violence to deny other persons their rights under the Constitution of the United States. I do further swear (or affirm) that I will not so advocate, nor will I knowingly become a member of such organization during the period that I am an employee of the Federal Government or any agency thereof.

**C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT**

I am not participating in any strike against the Government of the United States or any agency thereof, and I will not so participate while an employee of the Government of the United States or any agency thereof. I do not and will not assert the right to strike against the Government of the United States or any agency thereof while an employee of the Government of the United States or any agency thereof. I do further swear (or affirm) that I am not knowingly a member of an organization of Government employees that asserts the right to strike against the Government of the United States or any agency thereof and I will not, while an employee of the Government of the United States or any agency thereof, knowingly become a member of such an organization.

**D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE**

I have not, nor has anyone acting in my behalf, given, transferred, promised or paid any consideration for or in expectation or hope of receiving assistance in securing such appointment.

**E. AFFIDAVIT AS TO DECLARATION OF APPOINTEE**

The answers given in the Declaration of Appointee on the reverse of this form are true and correct.

*10/26/66* ..... *Paul E. Howard*  
(Date of entrance on duty) (Signature of appointee)

Subscribed and sworn before me this *19* day of *September*, A. D. 19*66*.

at *Langley* ..... *Virginia*  
(City) (State)

[SEAL]

*John R. Stokely*  
(Signature of officer)  
*Rec. Sec. Chief*  
(Title)

NOTE.—The oath of office must be administered by a person specified in 5 U. S. C. 13, or by a person designated to administer oaths under Section 206, Act of June 26, 1943, 5 U. S. C. 16a. If by a Notary Public, the date of expiration of his commission should be shown.

## DECLARATION OF APPOINTEE

This form is to be completed before entrance on duty. Answer all questions. Admitted unfavorable information about such matters as arrests or discharges will be considered together with the favorable information in your record in determining your present fitness for Federal employment. However, a false statement or dishonest answer to any question may be grounds for dismissal after appointment and is punishable by law.

1. PRESENT ADDRESS (street and number, city and State)  
**11120 River Road Potomac, Md. 20854**

2. (A) DATE OF BIRTH **Oct. 9, 1918** (B) PLACE OF BIRTH (city and State or city and foreign country)  
**Hamburg, N. Y.**

3. (A) IN CASE OF EMERGENCY, PLEASE NOTIFY **Dorothy L. Hunt** (B) RELATIONSHIP **wife** (C) STREET AND NUMBER, CITY AND STATE **11120 River Rd. Potomac Md.** (D) TELEPHONE NO. **299 7366**

4. DOES THE UNITED STATES GOVERNMENT EMPLOY, IN A CIVILIAN CAPACITY, ANY RELATIVE OF YOURS (EITHER BY BLOOD OR MARRIAGE) WITH WHOM YOU LIVE OR HAVE LIVED WITHIN THE PAST 24 MONTHS?  YES  NO  
 If so, for each such relative fill in the blank below. If additional space is necessary, complete under Item 12.

NAME	POST OFFICE ADDRESS (Give street number, if any)	POSITION (C) TEMPORARY OR NOT (A) DEPARTMENT OR AGENCY IN WHICH EMPLOYED		RELATIONSHIP	MAR. FILED (C' has a one)	SIN. GLE (C' has a one)
		1	2			
		1				
		2				
		3				
		1				
		2				
		3				
		1				
		2				
		3				

INDICATE ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO	INDICATE ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO
8. (A) ARE YOU A CITIZEN OF THE UNITED STATES OF AMERICA, OR (B) AS A NATIVE OF AMERICAN SAMOA DO YOU OWE ALLEGIANCE TO THE UNITED STATES OF AMERICA?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10. (A) HAVE YOU EVER FILED A WAIVER OF LIFE INSURANCE COVERAGE UNDER THE FEDERAL EMPLOYEES GROUP LIFE INSURANCE ACT?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY? If your answer is "Yes," give details in Item 12.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(B) IF YOU HAVE FILED SUCH A WAIVER, HAS IT BEEN CANCELED OR REVOKED?	<input type="checkbox"/>	<input type="checkbox"/>
7. DO YOU RECEIVE OR HAVE YOU APPLIED FOR AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT OR ANY PENSION OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE? If your answer is "Yes," give details in Item 12.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	11. SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT: A. HAVE YOU BEEN DISCHARGED FROM EMPLOYMENT BECAUSE: (1) YOUR CONDUCT WAS NOT SATISFACTORY? (2) YOUR WORK WAS NOT SATISFACTORY?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT, HAVE YOU BEEN ARRESTED, CHARGED OR HELD BY FEDERAL, STATE, OR OTHER LAW ENFORCEMENT AUTHORITIES FOR ANY VIOLATION OF ANY FEDERAL LAW, STATE LAW, COUNTY OR MUNICIPAL LAW, REGULATION OR ORDINANCE? DO NOT INCLUDE TRAFFIC VIOLATIONS FOR WHICH A FINE OF \$25 OR LESS WAS IMPOSED. ALL OTHER CHARGES MUST BE INCLUDED EVEN IF THEY WERE DISMISSED. If your answer is "Yes," give in Item 12 for each case: (1) approximate date, (2) charge, (3) place, (4) action taken.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	B. HAVE YOU RESIGNED AFTER OFFICIAL NOTIFICATION THAT: (1) YOUR CONDUCT WAS NOT SATISFACTORY? (2) YOUR WORK WAS NOT SATISFACTORY?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT, HAVE YOU BEEN BARRIED BY THE U. S. CIVIL SERVICE COMMISSION FROM TAKING EXAMINATIONS OR ACCEPTING CIVIL SERVICE APPOINTMENTS? If your answer is "Yes," give dates of and reasons for each debarment in Item 12.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	C. HAVE YOU BEEN DISCHARGED FROM THE ARMED SERVICES UNDER OTHER THAN HONORABLE CONDITIONS? If your answer to A, B, or C is "Yes," give details in Item 12 as clearly as you can remember, including the name and address of employer, approximate date, and reasons in each case.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

12. SPACE FOR DETAILED ANSWERS TO OTHER QUESTIONS (Indicate item numbers to which answers apply)

ITEM NO.	ITEM NO.

**INSTRUCTIONS TO APPOINTING OFFICER.**—You must determine that this appointment would be in conformance with the Civil Service Act, applicable Civil Service Rules and Regulations, and acts of Congress pertaining to appointment. This form should be checked for holding of office, pension, any record of recent discharge or arrest, age, citizenship, and members of family. Also, to establish the identity of the appointee, you should particularly check (1) his signature and handwriting against the application and/or other pertinent papers and (2) his physical appearance against the medical certificate.

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*(When Filled In)*

Complete in duplicate. The data recorded on this form is essential in determining travel expenses allowable in connection with leave at government expense, overseas duty, return to residence upon separation, and for providing current residence and dependency information required in the event of an employee emergency. The original of this form will be filed in the employee's official personnel folder.

NAME OF EMPLOYEE (Last) <b>EST</b> (First) <b>E.</b> (Middle) <b>Howard</b>		SOCIAL SECURITY NUMBER <b>126 05 4970</b>	
<b>1. RESIDENCE DATA</b>			
PLACE OF RESIDENCE WHEN INITIALLY EMPLOYED BY AGENCY <b>Washington, D.C.</b>		LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. (If appointed abroad)	
PLACE IN CONTINENTAL U.S. DESIGNATED AS PERMANENT RESIDENCE <b>Potomac, Maryland</b>		HOME LEAVE RESIDENCE	
<b>2. MARITAL STATUS (Check one)</b>			
<input type="checkbox"/> SINGLE		<input checked="" type="checkbox"/> MARRIED	
<input type="checkbox"/> SEPARATED		<input type="checkbox"/> DIVORCED	
<input type="checkbox"/> WIDOWED		<input type="checkbox"/> ANNULLED	
IF MARRIED, PLACE OF MARRIAGE <b>Hillbrook, N.Y.</b>		DATE OF MARRIAGE <b>6 Sept. '49</b>	
IF DIVORCED, PLACE OF DIVORCE DECREE		DATE OF DECREE	
IF WIDOWED, PLACE SPOUSE DIED		DATE SPOUSE DIED	
IF PREVIOUSLY MARRIED, INDICATE NAME(S) OF SPOUSE, REASON(S) FOR TERMINATION, AND DATE(S)			
<b>3. MEMBERS OF FAMILY</b>			
NAME OF SPOUSE <b>Dorothy Louise Eunt</b>		ADDRESS (No., Street, City, Zone, State) <b>11120 River Rd. Potomac, Md</b>	
TELEPHONE NO. <b>299 7366</b>			
NAMES OF CHILDREN <b>Lisa Kevin Howard S. David</b>		ADDRESS " " " "	
SEX <input checked="" type="checkbox"/> F <input type="checkbox"/> M		DATE OF BIRTH <b>9 March '50 17 Nov. '52 22 March '54 1 Sept. '55</b>	
NAME OF YOUR FATHER (Or male guardian)		ADDRESS <b>deceased</b>	
TELEPHONE NO.			
NAME OF YOUR MOTHER (Or female guardian)		ADDRESS " " " "	
TELEPHONE NO.			
WHAT MEMBER(S) OF YOUR FAMILY IF ANY, HAS BEEN TOLD OF YOUR AFFILIATION WITH THE ORGANIZATION IF CONTACT IS REQUIRED IN AN EMERGENCY. <b>wife</b>			
<b>4. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY</b>			
NAME (Mr., Mrs., Miss) (Last-First-Middle) <b>Mrs. E. Howard Eunt</b>		RELATIONSHIP <b>wife</b>	
HOME ADDRESS (No., Street, City, Zone, State) <b>11120 River Road Potomac 20854 Md.</b>		HOME TELEPHONE NUMBER <b>299 7366</b>	
BUSINESS ADDRESS (No., Street, City, Zone, State) AND NAME OF EMPLOYER, IF APPLICABLE		BUSINESS TELEPHONE & EXTENSION	
IS THIS INDIVIDUAL NAMED ABOVE BITTING OF YOUR AGENCY AFFILIATION? (If "No" give name and address of organization he believes you work for.)		YES	<input checked="" type="checkbox"/>
<b>yes</b>		NO	
IS THIS INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF IN THE EVENT YOU ARE INCAPABLE? (If "No" give name and address of person, if any, who can make such decisions in case of emergency.)		YES	<input checked="" type="checkbox"/>
<b>yes</b>		NO	
DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE? (If answer is "No" explain why in item 5.)		YES	<input checked="" type="checkbox"/>
		NO	
The persons named in item 3 above may also be notified in case of emergency. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE IN ITEM 6 ON THE REVERSE SIDE OF THIS FORM.			
CONTINUED ON REVERSE SIDE			
<b>CURRENT RESIDENCE AND DEPENDENCY REPORT</b>			

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(When Filled In)

8. VOLUNTARY ENTRIES		
Experience in the handling of employee emergencies has shown that the absence of certain personal data often delays and complicates the settlement of estate and financial matters. The information requested in this section may prove very useful to your family or attorney in the event of your disability or death and will be disclosed only when circumstances warrant.		
INDICATE NAME AND ADDRESS OF ANY BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS AND THE NAMES IN WHICH THE ACCOUNTS ARE CARRIED.		
Riggs National Bank of Washington (R&M Branch) Washington 7, DC		Dorothy L. and/or Howard Hunt
ARE YOU A MEMBER OF THE NORTHWEST FEDERAL CREDIT UNION?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, DO YOU HAVE A JOINT ACCOUNT?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
HAVE YOU COMPLETED A LAST WILL AND TESTAMENT?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO. (If "Yes" where is document located?)
SD box, Riggs Bank		
HAVE YOU PREPLANNED AN ARRANGED GUARDIANSHIP OF YOUR CHILDREN IN CASE OF COMMON DISASTER TO BOTH PARENTS?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO. (If "Yes" give name(s) and address)
Mr. Wm. F. Buckley, Jr. Wallacks Point, Stanford, Cojn.		
HAVE YOU EXECUTED A POWER OF ATTORNEY?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO. (If "Yes", who possess the power of attorney?)
wife		
9. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS		
SIGNED AT	DATE	SIGNATURE
	Jan 4, 1964	Dorothy L. and/or Howard Hunt

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(When Filled In)

OFFICE OF PERSONNEL

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 rating given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties as described, if applicable.

Mr. Hunt is an officer with real ability, creative and managerial. During the period under review, he has done a great deal to tighten up the operation of his shop. The amorphous aspects of some projects he inherited have been eliminated or cut down to size. He has a pleasant and engaging personality and a broadly based background.

If there are any areas of weakness in his performance it is only because his potential is so considerable. For example, it is possible that the staff and planning aspects of his job could receive more attention although, admittedly, there is a large grey area between the responsibilities of the CA Staff and the responsibilities of DODS in this respect.

SECTION D

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE 2 March 1963	SIGNATURE OF EMPLOYEE <i>E. Edward Hunt</i>	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
DATE 13 APR 1963	OFFICIAL TITLE OF SUPERVISOR DODS/EXO	TYPED OR PRINTED NAME AND SIGNATURE <i>R. H. Cunningham</i> R. H. Cunningham
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
DATE 14 April 1963	OFFICIAL TITLE OF REVIEWING OFFICIAL Chief of Staff	TYPED OR PRINTED NAME AND SIGNATURE <i>C. Ray Jones</i> C. Ray Jones

SECRET



SECRET

(When Filled In)

*llc*

QUALIFICATIONS UPDATE

READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING. TYPE OR PRINT. AVOID USING LIGHT COLORED INKS

Note that your qualifications are a matter of computer record, they must be periodically updated. This is done automatically for much information; however, some must be obtained directly from you. This form is for that purpose. Section I must be completed in all cases. You need provide other information only if there have been changes since you submitted your Form 444, "Qualifications Supplement to the Personal History Statement," or a previous update form. If you are in doubt whether information has been previously submitted, enter it in the appropriate section. The signed and dated form should be returned through administrative channels to the File Room, Office of Personnel, Room 5E-13 Headquarters, whether information is added or not. Additionally, a qualifications update may take place at any time there is information to be added or changed simply by completing and returning an update form on your initiative.

SECTION I BIOGRAPHIC AND POSITION DATA

EMP. SER. NO. 0135942	NAME (Last-First-Middle) Hunt, E. Howard	DATE OF BIRTH Oct 9, 1918
--------------------------	---	------------------------------

SECTION II EDUCATION

HIGH SCHOOL

LAST HIGH SCHOOL ATTENDED Hamden High	ADDRESS (City, State, Country) Hamden, Conn. USA	YEARS ATTENDED (From-To) 1932-36	GRADUATE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
--	---	-------------------------------------	---

COLLEGE OR UNIVERSITY STUDY

NAME AND LOCATION OF COLLEGE OR UNIVERSITY	SUBJECT		YEARS ATTENDED FROM-TO	DEGREE RECEIVED	YEAR RECEIVED	NO. SEM/ QTR. HRS. (Specify)
	MAJOR	MINOR				
1. Brown U. Providence, P.T.	English		1936-40	A.B.	'40	
2.						

IF A GRADUATE DEGREE HAS BEEN NOTED ABOVE WHICH REQUIRED SUBMISSION OF A WRITTEN THESIS, INDICATE THE TITLE OF THE THESIS AND BRIEFLY DESCRIBE ITS CONTENT.

TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS

NAME AND ADDRESS OF SCHOOL	STUDY OR SPECIALIZATION	FROM	TO	NO. OF MONTHS

OTHER NON-AGENCY EDUCATION OR TRAINING NOT INDICATED ABOVE

NAME AND ADDRESS OF SCHOOL	STUDY OR SPECIALIZATION	FROM	TO	NO. OF MONTHS
1.				
2.				

SECTION III MARITAL STATUS

1. PRESENT STATUS (Single, Married, <u>Married</u> , <u>Never</u> Separated, Divorced, Annulled, Remarried) SPECIFY:			
2. NAME OF SPOUSE (Last) (First) (Middle) ( Maiden)	Hunt	Elizabeth	Louis
3. DATE OF BIRTH 1 April 1910	4. PLACE OF BIRTH (City, State, Country) Dayton, Ohio, USA	5. PRESENT EMPLOYER WEIREFL	
6. OCCUPATION Researcher	7. CITIZENSHIP USA		
8. FORMER CITIZENSHIP(S) COUNTRY(IES)		9. DATE U.S. CITIZENSHIP ACQUIRED	

SECTION IV DEPENDENT CHILDREN AND DEPENDENTS OTHER THAN SPOUSE

	NAME	RELATIONSHIP	DATE AND PLACE OF BIRTH	CITIZENSHIP	PERMANENT ADDRESS
1.	<input type="checkbox"/> ADD <input type="checkbox"/> DELETE				
2.	<input type="checkbox"/> ADD <input type="checkbox"/> DELETE				

SECRET

(When Filled In)

SECTION V GEOGRAPHIC AREA KNOWLEDGE AND FOREIGN TRAVEL							
NAME OF REGION OR COUNTRY	TYPE OF SPECIALIZED KNOWLEDGE	DATES OF TRAVEL OR RESIDENCE	DATE & PLACE OF STUDY	KNOWLEDGE ACQUIRED BY			
				RES- UENCE	TRAVEL	STUDY	GEN- ERAL
		Oct 23	3-10 AM '68				
SECTION VI TYPING AND STENOGRAPHIC SKILLS							
1. TYPING (RPM) 2. SHORTHAND (RPM) 3. INDICATE SHORTHAND SYSTEM USED - CHECK (X) APPROPRIATE ITEM							
<input type="checkbox"/> GREGG <input type="checkbox"/> SPEEDY <input type="checkbox"/> STENOTYPE <input type="checkbox"/> OTHER SPECIFY:							
SECTION VII SPECIAL QUALIFICATIONS							
PROVIDE INFORMATION ON HOBBIES, SPORTS, LICENSES, PUBLISHED MATERIALS OR DEVICES WHICH YOU MAY HAVE INVENTED							
SECTION VIII MILITARY SERVICE							
CURRENT DRAFT STATUS							
1. HAS YOUR SELECTIVE SERVICE CLASSIFICATION CHANGED? 2. NEW CLASSIFICATION							
<input type="checkbox"/> YES <input type="checkbox"/> NO							
3. LOCAL SELECTIVE SERVICE BOARD NUMBER AND ADDRESS 4. IF DEFERRED, GIVE REASON							
MILITARY RESERVE, NATIONAL GUARD STATUS							
CHECK RESERVE OR GUARD ORGANIZATION TO WHICH YOU BELONG							
<input type="checkbox"/> ARMY <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> COAST GUARD <input type="checkbox"/> NATIONAL GUARD <input type="checkbox"/> NAVY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> AIR NATIONAL GUARD							
1. CURRENT RANK, GRADE OR RATE 2. DATE OF APPOINTMENT IN CURRENT RANK 3. EXPIRATION DATE OF CURRENT OBLIGATION							
4. CHECK CURRENT RESERVE CATEGORY <input type="checkbox"/> READY RESERVE <input type="checkbox"/> STANDBY (active) <input type="checkbox"/> STANDBY (inactive) <input type="checkbox"/> RETIRED <input type="checkbox"/> DISCHARGED							
5. MILITARY MOBILIZATION ASSIGNMENT 6. RESERVE UNIT TO WHICH ASSIGNED OR ATTACHED							
MILITARY SCHOOLS COMPLETED (Excluded Active, Reserve Duty, or as Civilian)							
NAME AND ADDRESS OF SCHOOL    STUDY OR SPECIALIZATION    DATE COMPLETED							
RESIDENT    AGENCY SPONSORED							
SECTION IX PROFESSIONAL SOCIETIES AND OTHER ORGANIZATIONS							
NAME AND CHAPTER    ADDRESS (Number, Street, City, State, Country)    DATE OF MEMBERSHIP							
FROM    TO							
SECTION X REFERENCES							
DATE    SIGNATURE OF EMPLOYEE							
Oct 7, 1968 <i>E. Howard Hunt</i>							

SECRET

SECRET

(WHEN FILLED IN)

QUALIFICATIONS SYSTEM RECORD CHANGE

AFFILIANT CODING DATA

1. ID ◁ 2	2. APPL. NO. 0-DIGITS	3. NAME MUST CONTAIN 2-DIGITS
4. DATE OF BIRTH MO DA YR	5. DATE CODED MO DA YR	THE DATA ABOVE (ITEMS 2 THRU 5) WILL BE FILLED IN WHEN CODING AN APPLICANT FOR THE FIRST TIME. THIS FORM IS THEN ATTACHED TO FORM 1962, MASTER QUALIFICATIONS CODING RECORD.

LANGUAGE CODING DATA - FORM 1116c

1. ID ◁ 3	2. EMPLOYEE NO.	3. NAME 3-LETTERS	4. LANGUAGE DATA CODE BASE CODE R W P S U T YR						
5. DATE SUBMITTED MO DA YR	6. DATE OF BIRTH MO DA YR		WHEN FORM 1116c DENOTES NO LANGUAGE COMPETENCE, ENTER THE FOLLOWING IN ITEM 4: "NO+LANGUAGE" (12-DIGITS)						

LANGUAGE PROFICIENCY TEST DATA

1. ID ◁ 5	2. EMPLOYEE NO. 13842	3. NAME HUN	4. CODE C-A-D C	5. LANGUAGE DATA BEFORE TEST BASE CODE R W P S U T YR BK50 1 0 1 0 1 3 57						
6. LANGUAGE DATA AFTER TEST BASE CODE R W P S U T YR BK50 2 1 2 1 1 4 66				7. DATE OF TEST MO DA YR 4 7 19 66	DATA FOR ITEM 2 <del>20 423 1967</del> EXTRACTED FROM FORM 1273, LANGUAGE PROFICIENCY AND AWARDS DATA. <i>smak</i>					

QUALIFICATIONS RECORD CHANGE

1. ID ◁ 4	2. EMP/APPL NO.	3. NAME 3-LETTERS	ENTER UNDER "TYPE" - A - ADDITION TO RECORD C - CHANGE TO EXISTING RECORD D - DELETION OF DATA FROM EXISTING RECORD							
TYPE	CODE # 1				CODE # 2					
	BASE	1	2	3	YR	BASE	1	2	3	YR

SECRET

(When Filled In)

### CERTIFICATION OF CLAIMED LANGUAGE PROFICIENCY

1. EMPLOYEE SERIAL NO. 013942 2. NAME (last-first-middle) HUNT, E. HOWARD 3. DATE OF BIRTH 2-7-1917

4. LIST BELOW THE FOREIGN LANGUAGE OR LANGUAGES IN WHICH YOU POSSESS ANY DEGREE OF COMPETENCE. INDICATE YOUR PROFICIENCY IN EACH OF THE FIVE SKILL FACTORS SHOWN (reading comprehension, writing ability, etc.) BY NOTING THE NUMBER MOST INDICATIVE OF YOUR LEVEL OF SKILL UNDER THE FACTOR BEING CONSIDERED.

IF YOUR PROFICIENCY RELATES TO A PARTICULAR DIALECT OF A MAJOR LANGUAGE, IDENTIFY THIS DIALECT BY NOTING IT IN PARENTHESES AFTER THE LANGUAGE ON THE SAME LINE.

IF YOU HAVE NO PROFICIENCY IN ANY FOREIGN LANGUAGE, CHECK (X) BOX AT RIGHT AND LEAVE OTHER ITEMS BLANK. →



LANGUAGE	SKILL FACTORS					HOW ACQUIRED (Check (X) Box(es) which apply)			
	READING COMPREHENSION	WRITING ABILITY	PRONUNCIATION	CONVERSATIONAL ABILITY	ORAL COMPREHENSION	NATIVE OF COUNTRY	PROLONGED RESIDENCE	CONTACT (with parents, etc.)	ACADEMIC STUDY
Spanish	4	3	4	4	4		X		X
FRENCH	2	1	2	1	1		X		

5. IF YOU HAVE HAD EXPERIENCE AS A TRANSLATOR, INTERPRETER OR INSTRUCTOR, EXPLAIN AND SPECIFY IN WHICH LANGUAGE(S) YOU HAVE HAD SUCH EXPERIENCE.

Spanish - translator + interpreter

COPIED  
 68-111113  
 DATE 18 1957

#### CERTIFICATION

I CERTIFY that the information given above is true and accurate to the best of my knowledge and belief.

DATE 18 Feb 1957 SIGNATURE E. Howard Hunt

**SECRET**  
(WHEN FILLER IN)

### QUALIFICATIONS SYSTEM RECORD CHANGE

AFFILIANT CODING DATA						
1. ID	2. APPL. NO.	3. NAME				
< 2	6-DIGITS	MUST CONTAIN 20-DIGITS				
4. DATE OF BIRTH			5. DATE CODED			
MO	DA	YR	MO	DA	YR	
THE DATA ABOVE (ITEMS 2 THRU 5) WILL BE FILLED IN WHEN CODING AN APPLICANT FOR THE FIRST TIME. THIS FORM IS THEN ATTACHED TO FORM 1352, MASTER QUALIFICATIONS CODING RECORD.						

### LANGUAGE CODING DATA - FORM 444c

1. ID	2. EMPLOYEE NO.	3. NAME	4. LANGUAGE DATA CODE							
< 3		3-LETTERS	BASE CODE	R	W	P	S	U	T	YR
5. DATE SUBMITTED			6. DATE OF BIRTH							
MO	DA	YR	MO	DA	YR					
WHEN FORM 444c DENOTES NO LANGUAGE COMPETENCE, ENTER THE FOLLOWING IN ITEM 4: "NO++LANGUAGE" (12-DIGITS)										


### LANGUAGE PROFICIENCY TEST DATA

1. ID	2. EMPLOYEE NO.	3. NAME	4. CODE	5. LANGUAGE DATA BEFORE TEST										
< 5		3-LETTERS	C-A-D	BASE CODE	R	W	P	S	U	T	YR			
	1342	HUN	C	BL18	H	H	H	H	H	H	362			
6. LANGUAGE DATA AFTER TEST				7. DATE OF TEST				DATA FOR ITEM 2 THRU 7 IS EXTRACTED FROM FORM 1273, LANGUAGE PROFICIENCY AND AWARDS DATA.						
BASE CODE	R	W	P	S	U	T	YR					MO	DA	YR
BL18	I	H	I	H	H	H	367					04	18	67
JUL 1967														

### QUALIFICATIONS RECORD CHANGE

1. ID	2. EMP/APPL NO.	3. NAME	ENTER UNDER "TYPE" -								
< 4		3-LETTERS	A - ADDITION TO RECORD C - CHANGE TO EXISTING RECORD D - DELETION OF DATA FROM EXISTING RECORD								
TYPE	CODE # 1					CODE # 2					
	BASE	1	2	3	YR	BASE	1	2	3	YR	

**SECRET**  
(WHEN FILLED IN)

CERTIFICATION OF LANGUAGE PROFICIENCY															
1. EMPLOYEE NO.		2. NAME (LAST-FIRST-MIDDLE)				3. TYPE CHANGE		4. LANGUAGE DATA PRIOR TO TEST							
		HUNT, E. EDWARD				A=ADD C=CHANGE D=DELETE	CODE	LAN. CODE	R	W	P	S	U	I/T	YEAR
5. LANGUAGE DATA AFTER TEST					6. DATE TESTED		7. DATE OF BIRTH		8. GRADE		9. OFFICE OR DIVISION				
LAN. CODE	R	W	P	S	U	I/T	YEAR								
					04/18/67		10/09/18		15		EUR				
NOTICE TO PERSON TESTED															
10. ON THE DATE SHOWN IN ITEM 6 ABOVE, YOU WERE TESTED IN <u>SPANISH (NEW WORLD) BL16</u> AND YOUR TEST SCORES ARE AS FOLLOWS: <u>(NAME OF LANGUAGE)</u>															
READING		WRITING		PRONUNCIATION		SPEAKING		UNDERSTANDING		TEST RATINGS					
I		+		I		H		H		0 = ZERO    I = INTERMEDIATE S = SLIGHT    H = HIGH E = ELEMENTARY    N = NATIVE					
11. REMARKS								12. SIGNATURE							
CODED FOR COMMUNICATIONS															
													13. LD NUMBER		
					15670										

FORM 11-64 1273

OBsolete AND REPLACES EDITIONS

(10-45)

**SECRET**

GROUP 1  
EXCLUDED FROM AUTOMATIC DOWNGRADING  
AND DECLASSIFICATION

1 - OP/QAB

SECRET

When Filled In

OFFICIAL USE ONLY (When Filled In)

QUALIFICATIONS SUPPLEMENT TO PERSONAL HISTORY STATEMENT

READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING. TYPE OR PRINT. AVOID USING LIGHT COLORED INKS.

SECTION I					BIOGRAPHIC AND POSITION DATA	
1 EMP SER NO.	2 NAME (Last First Middle)	3 SEX	4 DATE OF BIRTH	5 GS - EQUAL GRADE STEP		
63842	HUNT E HOWARD		10/09/18	GS -15-07		
6 SS	7 POSITION TITLE	8 OFFICE OF ASSIGNMENT	9 LOCATION (Country, City)			
D	CRS OFFICER	EUR	WASH., D.C.			

SECTION II				AGENCY OVERSEAS SERVICE		
AREA	TYPE TOUR	FROM	TO			
MEXICO	PCS 64	50/12/51	53/04/01			
EUROPEAN AREA	TDY 64	54/01/51	54/03/81			
[ ]	PCS 64	54/05/51	56/10/01			
[ ]	PCS 44	57/01/51	60/05/02			
ASIA AREA	TDY 43	63/01/57	63/01/59			
[ ]	TDY	64/2/12	66/10/03			

*New PHS made Sept 67*

**OVERSEAS DATA**

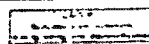
CGSEJ

DATE: 22 Jun 67 INITIALS: HME

SECTION III				EDUCATION	
DEGREE	MAJOR FIELD	COURSE	YEAR		
BACH	ENGLISH LITERATURE	BROWN UNIV RI	40		

FORM 107 (Rev 10-67)

SECRET




67 JUL ENTD

16311

SECRET

(When Filled In)

SECTION II					MARITAL STATUS		
1. PRESENT STATUS (Single, Married, Widowed, Separated, Divorced, Annulled, Remarried, SPECIFY)							
2. NAME OF SPOUSE							
3. DATE OF BIRTH		4. PLACE OF BIRTH (City, State, Country)					
5. OCCUPATION		6. PRESENT EMPLOYER					
7. CITIZENSHIP		8. FORMER CITIZENSHIP(S) COUNTRY(ES)			9. DATE U. S. CITIZENSHIP ACQUIRED		
SECTION III							
DEPENDENT CHILDREN AND DEPENDENTS OTHER THAN SPOUSE							
NAME	RELATIONSHIP	DATE AND PLACE OF BIRTH		CITIZENSHIP	PERMANENT ADDRESS		
SECTION III						DATE OF MEMBERSHIP	
NAME AND CHAPTER		ADDRESS (Number, Street, City, State, Country)				FROM	TO
DATE	SIGNATURE OF EMPLOYEE						
							

SECRET  
- 7 -



WASHINGTON, D.C. 20505

6 May 1971

Mr. Howard Hunt  
11120 River Road  
Potomac, Maryland 20854

Dear Howard:

I have taken so long in answering your letter of April 5th because of the careful consideration given to your request by all concerned, particularly as we have not had this problem before.

I am sorry to tell you that our answer is in the negative, although we have taken every approach we can think of to comply with your wishes. Very simply, the problem is as follows:

The statute states--

At the time of retirement, any married participant may elect to receive a reduced annuity and to provide for an annuity payable to his wife or her husband, commencing on the date following such participant's death . . .  
(emphasis added).

Our regulation on the subject repeats the language of the statute above and in addition states--

A participant may not change his election under this provision . . . .

We considered the possibility of a waiver of the regulation but ran into another problem here. The act specifically provides that the Director may prescribe rules and regulations, but continues with the language that, "such rules and regulations shall become effective after approval by the chairman and ranking minority members of the Armed Services Committees of the House and Senate." The regulations as presently enacted were specifically reviewed by those Committees and approved in their present form.

Looking back into the legislative history of the act, we believe it is clear that the Committees desired our act to conform as closely as possible to Civil Service retirement, which definitely would not permit a change of election after retirement. There does not appear to have been any administrative error or misunderstanding at the time you retired and made your election, therefore, we have been unable to find any basis for making the change you request.

I think you know me well enough to agree that I like to stay as flexible in the law as I possibly can, but this seems to be one case where we are bound by specific provisions with no leeway to meet the requests of individual employees.

Sincerely,



Lawrence R. Houston  
General Counsel

cc: Executive Director  
DDS  
Director of Personnel  
OGC chrono  
subject Retirement  
OGC:LRH:jeb

HOWARD HUNT

11120 River Road,  
Potomac, Maryland 20854.,  
May 12, 1971.

The Honorable  
Lawrence R. Houston,  
General Counsel,  
The Central Intelligence Agency,  
Washington, D. C. 20505.

Dear Larry:

I thoroughly appreciate the thought and study you gave my problem, and while your findings are disappointing to me, I must regard them as definitive.

Reflecting on the statute, however, I find myself wondering whether such irrevocable limitation on personal choice is, first, in the public interest, and second in the interest of annuitants whose personal circumstances and civil status are subject to unanticipated change. This could be the subject of an interesting class action challenge in which, I imagine, more than a few annuitants would be eager to join.

All that aside, I'm most grateful for your efforts to help me once again.

Cordially,

*Howard*

SECRET

21 June 1972

MEMORANDUM FOR THE RECORD

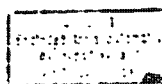
SUBJECT: Mr. E. Howard Hunt

1. On 21 June 1972 Mr. Robert Tegethoff, INR, Department of State, informed Mr. James Franklin, Chief, CCS/OCB, that the Department of State had received press inquiries in regard to Mr. E. Howard Hunt's service with the Department of State. INR had arranged for withholding any Department of State replies until CIA had been consulted. Mr. Hunt's cover record showed that he was in integrated Department of State status in Mexico from 1950 until 1953 and in [redacted] from 1957 until 1960. He also had nominal domestic Department of State cover from 1966 until he retired in 1970. Upon retirement, Mr. Hunt was "opened up" as a CIA employee back to EOD in November 1949.

2. In the absence of both Messrs. Osborn, Director of Security, and Geiss, Deputy Director, I discussed the State Department request with Mr. Leo Dunn, Acting Deputy Director of Security for Personnel Security. He concluded that everything considered, the Department should say that Mr. Hunt was assigned to the Department while in integrated status but, when pressed, not deny his basic CIA status. While trying to clear this line with the ADDP, Mr. Geiss called and at the end of our discussion, cautioned that any guidance to the Department of State in regard to Mr. Hunt should be cleared with the DCI.

3. I then talked to Mr. Sam Halpern, EA/DDP, to determine the whereabouts of Mr. Meyer. He recommended that I talk to both Messrs. Meyer and Colby who were in the OPFB think tank.

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4. As I was leaving my office, Mr. Tegethoff called Mr. Franklin a second time to say that in the evening of 20 June 1972, Mr. John King, Department of State's Press Office, and Mr. John Unumb of CIA had discussed press inquiries in regard to Mr. Hunt which were made to the Department of State in the afternoon of 20 June 1972. These inquiries had particular reference to Mr. Hunt's biography in WHO'S WHO IN AMERICA showing him as Department of State employee since 1968 and listing his office at the Department of State. Messrs. Unumb and King agreed the press should be informed that he was not on the State Department's payroll during the period. Mr. Unumb confirmed this arrangement when I called him and said that he had added that Mr. Hunt retired in good standing from CIA in April 1970. I also cleared the proposed guidance with Mr. Ted Shackley, Chief, WH Division.

5. I then saw Messrs. Colby and Meyer, outlined the Department of State's request and our proposed reply that Mr. Hunt, during his integrated service in Mexico and [ ] was assigned to the Department of State. This information would not be volunteered by the Department of State, and Mr. Hunt's basic status as a CIA employee would not be denied if raised by members of the press. Messrs. Colby and Meyer agreed that this was the only feasible line to take. I then asked Mr. Colby whether additional clearance from the DCI was required. He replied that it was not, and that he would brief the DCI.

6. I informed Mr. Geiss of Messrs. Colby's and Meyer's decision and then called Mr. Tegethoff and provided him the agreed guidance.

/s/ ERICH W. ISENSTEAD  
ERICH W. ISENSTEAD  
Chief, Central Cover Staff

Orig - C/OCE/CCS; File 1083 (Hunt)  
EA/DDP; ADOP  
DD/Security  
Mr. Unumb, Deputy Asst to the DCI

Chrono

-2-

SECRET

SENDER WILL CHECK CLASSIFICATION TOP AND BOTTOM  
UNCLASSIFIED CONFIDENTIAL SECRET

OFFICIAL ROUTING SLIP

TO	NAME AND ADDRESS	DATE	INITIALS
1	Chief, TRB		
2			
3			
4			
5			
6			

<input type="checkbox"/> ACTION	<input type="checkbox"/> DIRECT REPLY	<input type="checkbox"/> PREPARE REPLY
<input type="checkbox"/> APPROVAL	<input type="checkbox"/> DISPATCH	<input type="checkbox"/> RECOMMENDATION
<input type="checkbox"/> COMMENT	<input type="checkbox"/> FILE	<input type="checkbox"/> RETURN
<input type="checkbox"/> CONCURRENCE	<input type="checkbox"/> INFORMATION	<input type="checkbox"/> SIGNATURE

**Remarks:**

Janet: Please file the attached document in the Official Personnel Folder on E. Howard Hunt. The Hunt OPF was returned to you for retention on 6 May 1976. Thanks.

FOLD HERE TO RETURN TO SENDER

FROM: NAME, ADDRESS AND PHONE NO.	DATE
Bonnie, OD/Pers	21 May 6
UNCLASSIFIED	CONFIDENTIAL
	SECRET

SENDER WILL CHECK CLASSIFICATION TOP AND BOTTOM						
<input type="checkbox"/>	UNCLASSIFIED	<input type="checkbox"/>	CONFIDENTIAL	<input type="checkbox"/>	SECRET	
<b>OFFICIAL ROUTING SLIP</b>						
TO	NAME AND ADDRESS	DATE	INITIALS			
1	DD/Security, 4E-60	6/22	[Handwritten initials]			
2	D/O	22 JUN 1972	[Handwritten initials]			
3						
4	ADD/PS	4/26/72	[Handwritten initials]			
5	File					
6						
<input type="checkbox"/>	ACTION	<input type="checkbox"/>	DIRECT REPLY	<input type="checkbox"/>		PREPARE REPLY
<input type="checkbox"/>	APPROVAL	<input type="checkbox"/>	DISPATCH	<input type="checkbox"/>		RECOMMENDATION
<input type="checkbox"/>	COMMENT	<input type="checkbox"/>	FILE	<input type="checkbox"/>		RETURN
<input type="checkbox"/>	CONCURRENCE	<input type="checkbox"/>	INFORMATION	<input type="checkbox"/>		SIGNATURE
Remarks:						
E. Howard Hunt						
BY HAND						
FOLD HERE TO RETURN TO SENDER						
FROM: NAME, ADDRESS AND PHONE NO					DATE	
C/CS (9164)					21/72	
<input type="checkbox"/>	UNCLASSIFIED	<input type="checkbox"/>	CONFIDENTIAL	<input type="checkbox"/>	SECRET	

SECRET  
(When Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED		
1. SERIAL NUMBER REPORT ✓		2. NAME (Last-First-Middle) GUND, E. Hinton				DATE PREPARED 27 Feb 62		
3. NATURE OF PERSONNEL ACTION Reassignment				4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 01 20 62		5. CATEGORY OF EMPLOYMENT Regular		
6. FUNDS V TO V CF TO V		V TO CF CF TO CF		7. COST CENTER NO. CHARGE-ABLE 0201-000-1000		8. LEGAL AUTHORITY (Completed by Office of Personnel)		
9. ORGANIZATIONAL DESIGNATIONS OFFICE OF THE CHIEF				10. LOCATION OF OFFICIAL STATION Washington, D.C.				
11. POSITION TITLE Chief Clerk				12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION		
14. CLASSIFICATION SCHEDULE (GS, LP, etc.)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE 15000 ✓		
18. REMARKS <p>1. This name is approved by AF/AF/AF and Research Group</p> <p>PTA in accordance with R 20-490, 3(a)</p> <p>150 - Security 150 - Payroll</p> <div style="text-align: right; border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;">             SECRET              CSID              15           </div>								
18A. SIGNATURE OF REQUESTING OFFICIAL <i>Rosenfeld</i>			DATE SIGNED 1/20/62		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>Al King</i>		DATE SIGNED 22 Feb 62	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL								
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING NUMERIC ALPHABETIC 101-000-01		22. STATE CODE		
23. DATE EXPIRES		24. SPECIAL REFERENCE		25. RETIREMENT DATA		26. SEPARATION DATA CODE		
27. VET. PREFERENCE		28. SERA. COMP. DATE		29. SERA. CREDITED		30. REG. / MIL. / SEPAR.		
31. PREVIOUS GOVERNMENT SERVICE DATA		32. MILITARY CODE		33. FEDERAL TAX DATA		34. STATE TAX DATA		
35. NO. PREVIOUS SERVICE		36. NO. BREAK IN SERVICE		37. NO. BREAK IN SERVICE (LESS THAN 12 MOS)		38. NO. BREAK IN SERVICE (MORE THAN 12 MOS)		
39. POSITION CONTROL CERTIFICATION <i>1-25-62</i>				40. O.P. APPROVAL <i>Al King</i>				



SECRET

NOTIFICATION OF PERSONNEL ACTION															
PAS: 23 JUNE 1960															
1. Serial No.		2. Name (Last-First-Middle)				3. Date Of Birth		4. Var. Prof.		5. Sex		6. CS - EOD			
513842		HUNT E HOWARD				Mo. Da. Yr. 10 09 16		Name-0 Code 1		M 1		Mo. Da. Yr. 11 08 49			
7. SCD		8. CSC Remt.		9. CSC Or Other Legal Authority				10. Abse. Aff. St.		11. FEGLI		12. LCD		13. Adv. Serv. Credit (Yr.)	
Mo. Da. Yr. 05 24 44		Yes-1 Code No-2 1		50 USCA 407 J				Mo. Da. Yr. 11 08 49		Yes-1 Code No-2 2					

PREVIOUS ASSIGNMENT

14. Organizational Designations				Code		15. Location Of Official Station				Station Code	
DDP WH BRANCH 2											
16. Dept. - Field		17. Position Title		18. Position No.		19. Serv.		20. Occup. Series			
Dest - 1 Code USStd - 3 Frgh - 5		5 ATT POL OF 1stSEC CON CHIEF OF STATION		0162		FSR GS		0136.01			
21. Grade & Step		22. Salary Or Rate		23. SO		24. Date Of Grade		25. PSLC		26. Appropriation Number	
03 15 5		\$ 13640 13970		D		Mo. Da. Yr. Mo. Da. Yr.				0135 5870 3000	

ACTION

27. Nature Of Action		Code		28. Eff. Date		29. Type Of Employee		Code		30. Separation Data	
CONVERSION FROM FSR STATUS		60		Mo. Da. Yr. 06 25 60		REGULAR		01			

PRESENT ASSIGNMENT

31. Organizational Designations				Code		32. Location Of Official Station				Station Code	
DDP WH BRANCH 2				4651						76031	
33. Dept. - Field		34. Position Title		35. Position No.		36. Serv.		37. Occup. Series			
Dest - 1 Code USStd - 3 Frgh - 5		5 CHIEF OF STATION		0162		GS		0136.01			
38. Grade & Step		39. Salary Or Rate		40. SO		41. Date Of Grade		42. PSLC		43. Appropriation Number	
15 5		\$ 13970		D		Mo. Da. Yr. Mo. Da. Yr. 08 16 53 XX XX XX				0135 5870 3000	

44. Remarks											
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p>POSTED</p> <p>06-24-60 WK</p> </div>											

**SECRET**  
REQUEST FOR PERSONNEL ACTION

1. Serial No.	2. Name (Last-First-Middle) <b>HUNT, E. HOWARD</b>	3. Date Of Birth Mo. Da. Yr. <b>10 09 18</b>	4. Ver. Prof. Name-0 Code 5 Pt-1 10 Pt-2 <b>1 M 1</b>	5. Sex <b>M</b>	6. CS - EOO Mo. Da. Yr.
7. SCB Mo. Da. Yr.	8. CSC Point Yes-1 Code No-2	9. CSC Or Other Legal Authority	10. Appr. All. Gr. Mo. Da. Yr.	11. FEGLI Yes-1 Code No-2	12. LCD Mo. Da. Yr.
					13. Max. Serv. Lte. Mo. Da. Yr.

**5A**

**PREVIOUS ASSIGNMENT**

14. Organizational Designations <b>DDP WH BRANCH 2</b>	Code	15. Location Of Official Station	Station Code
16. Dept. Field Dept. Code Usld. Code Frgn. Code <b>5</b>	17. Position Title <b>ATTACHE POL OFC 1ST SEC CONSUL CHIEF OF STATION</b>	18. Position No. <b>DAF-162</b>	19. Serv. Occup. Series <b>PSR 05 0136.01</b>
21. Grade & Step <b>3 15 5</b>	22. Salary Or Rate <b>13,640 13,970</b>	23. SD <b>D</b>	24. Date Of Grade Mo. Da. Yr. <b>06 24 60</b>
		25. PSI Due Mo. Da. Yr.	20. Appropriation Number <b>0135 5870 3000</b>

**ACTION**

27. Nature Of Action <b>CONVERSION FROM PSR STATUS</b>	Code <b>60</b>	28. Eff. Date Mo. Da. Yr. <b>06 24 60</b>	29. Type Of Employee <b>REGULAR</b>	Code	30. Separation Data
---	-------------------	---	--	------	---------------------

**PRESENT ASSIGNMENT**

31. Organizational Designations <b>DDP WH BRANCH 2</b>	Code	32. Location Of Official Station	Station Code <b>76091</b>
33. Dept. Field Dept. Code Usld. Code Frgn. Code <b>5</b>	34. Position Title <b>CHIEF OF STATION</b>	35. Position No. <b>DAF-162</b>	36. Serv. Occup. Series <b>05 0136.01</b>
38. Grade & Step <b>15 5</b>	39. Salary Or Rate <b>13,970</b>	40. SD <b>D</b>	41. Date Of Grade Mo. Da. Yr. <b>08 16 53</b>
		42. PSI Due Mo. Da. Yr. <b>05 01</b>	43. Appropriation Number <b>0135 5870 3000</b>

**SOURCE OF REQUEST**

Request Approved By (Signature And Title) <b>WH/PERSONNEL OFFICER</b>	Request Approved By (Signature And Title)
For Additional Information Call (Name & Telephone Ext.) <b>X8242</b>	

**CLEARANCES**

A. Career Board	Signature	Date	B. Placement	Signature	Date
B. Pos. Control					
C. Classification			F. Approved By		

Remarks **Subject resigned** effective **COB 24 June 1960.**

**Attachment to Fitness Report of Howard Hunt 31 March 63 - 31 March 64**

**Section C (Continued)**

Special mention should be made of Subject's objectivity and integrity in carrying out his responsibilities. These were best demonstrated when he promptly and swiftly terminated a large and effective radio broadcasting project, to establish which he and his subordinates had labored hard, immediately upon belated discovery that insuperable, practical obstacles precluded realization of the project's theoretical potential.

Subject's professional background has attuned his constant attention to FI operational opportunities arising in the course of his current CA activities, a practice consistent with his habit of seeking maximum benefit for every dollar spent in time, effort or cash.