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HOUSE SELECT COMMITTEE ON ASSASSINATIONS STAFF MEMBERS

SECRET

FILE TITLE/NUMBER/VOLUME: Phillips, DAVID ATLEE

INCLUSIVE DATES: 28 MAY 1952 - 13 MAY 1975

CUSTODIAL UNIT/LOCATION: OP

ROOM: 5E13

DELETIONS, IF ANY:

DATE RECEIVED	DATE RETURNED	REVIEWED BY (PRINT NAME)	SIGNATURE OF REVIEWING OFFICIAL
2/10/78	2/10/78	DAN HARDWAY	Dan Hardway
17. Nov 78	8/17/78	DAN HARDWAY	Dan Hardway

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SECRET

PHILLIPS, DAVID A. TERMINAL 45

CENTRAL INTELLIGENCE AGENCY
WASHINGTON, D.C. 20505

2 February 1976

Mr. David A. Phillips
8224 Stone Trail Drive
Bethesda, Maryland 20034

Dear Dave:

From time to time we receive letters and telephonic inquiries concerning the Association of Retired Intelligence Officers. In view of the restrictions of the Privacy Act, we hesitate to release your name and address without your prior knowledge and consent.

If you have no problem with our providing your name and address in response to such inquiries, please indicate to that effect by signing below and returning this letter to us for official filing. In the future, we would then be free to release this information concerning the Association of Retired Intelligence Officers without consulting you in each and every instance.

Thank you for your assistance in this matter, and best wishes.


Sincerely,



B. DeFelice

Acting Director of Personnel

I hereby authorize the Director of Personnel to release my name and address to individuals seeking contact with or information concerning the Association of Retired Intelligence Officers:

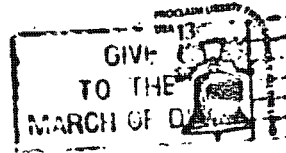

David Atlee Phillips

4 February 1976
Date

ADD THANKS
DAP



Mr. David A. Phillips
8224 Stone Trail Drive
Bethesda, Maryland 20034



Director of Personnel
P. O. Box 1925
Washington, D. C. 20013

MEMORANDUM FOR: :

Addresses for former Agency employees organizations:

Association of Retired Intelligence Officers
Mr. David A. Phillips
8224 Stone Trail Drive
Bethesda, Maryland, 20034

Central Intelligence Retirees Association (CIRA)
Box 1150
Fort Myer, Virginia, 22211

Date

32 5-9-75

3 JUL 1975

Mr. David A. Phillips
8224 Stone Trail Drive
Bethesda, Maryland 20034

Dear Dave:

I am happy to send to you, under separate cover, your Agency Retirement Medallion. The Medallion is a tangible form of recognition and appreciation of your service to the Agency. It should serve as a lasting reminder of an honorable career, rewarding associations and the knowledge that you played your part in a vital activity.

Let me, therefore, add my congratulations and wish you the very best for the future.

Sincerely,

P. W. M. Janney
Director of Personnel

Distribution:
Orig - Addressee
X - OPF

OP/RAD/ROB/MWBenthall:cl (1 July 75)

10 June 1975

75-2172

Mr. David A. Phillips
8224 Stone Trail Drive
Bethesda, Maryland 20034

Dear Dave:

The ordinary retirement letter is in no way appropriate for you. In the first place, your retirement is no stepping out of the active world into a world of pleasure. Instead, you are launching off on even a tougher challenge because of your sense of dedication. Your retirement also will not be the termination of your interest in intelligence and in this Agency. Instead, you are going to be doing what you can to help it survive the current set of attacks upon it. But most of all, your retirement is the departure of one of our most exceptional officers, to whom I had the great pleasure to give the Distinguished Intelligence Medal and whose work I have admired these many years. The only thing ordinary about your retirement is the sincere and special personal and official good wishes we in the Agency send to you and your family for success and satisfaction in the years ahead. This we send to all our retirees, and we send it to you with special spirit.

Sincerely,

W. E. Colby
W. E. Colby
Director

WEC: jlp (10 June 75)

Distribution:

Orig - Addressee
1 - DCI
1 - Dir/Personnel
1 - ER

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION					DATE PREPARED 28 March 1975														
1 SERIAL NUMBER 024545		2 NAME (Last-First-Middle) Phillips, David A.																	
3 NATURE OF PERSONNEL ACTION Cancellation of N.S.C.A and Retirement (Voluntary) under CIARDS				4 EFFECTIVE DATE REQUESTED MONTH 05 YEAR 75 DAY 09			5 CATEGORY OF EMPLOYMENT Regular												
6 FUNDS V TO V O TO V		V TO O O TO O		7. PAN AND NSCA 5135 4523 0000			8 LEGAL AUTHORITY (Completed by Office of Personnel) Public Law 88-643, Section 233												
9 ORGANIZATIONAL DESIGNATIONS DDO/LA Division Office of the Chief					10 LOCATION OF OFFICIAL STATION Wash., D.C.														
11 POSITION TITLE Chief, LA Division				12 POSITION NUMBER CN51		13 CAREER SERVICE DESIGNATION DYY													
14 CLASSIFICATION SCHEDULE (GS, ZR, etc.) GS			15 OCCUPATIONAL SERIES 0001.10		16 GRADE AND STEP 18 1		17 SALARY OR RATE \$ 36,000.												
18 REMARKS * Supergrade blurb Co-ordinated with [] /ROB 11 April 1975. Kathleen D. Smith [Signature] 4/1/75																			
18A SIGNATURE OF REQUESTING OFFICIAL H.L. Berthold, C/LA/Pers				DATE SIGNED 28 Mar 75		18B SIGNATURE OF CAREER SERVICE APPROVING OFFICER				DATE SIGNED 4/1/75									
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL																			
19 ACTION CODE 45		20 EMPLOY CODE 10		21 OFFICE CODING ALPHABETIC		22 STATION CODE		23 INITIATE CODE 0, E, J, C, O, 0, 0		24 HOOURS CODE 1		25 DATE OF BIRTH 10/31/22		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 MO DA YR		EOD DATA →		33 SECURITY REG NO		34 SEX					
35 VET PREFERENCE CODE		36 NEW COMP DATE MO DA YR		37 LONG COMP DATE MO DA YR		38 CAREER CATEGORY CODE		39 LEGAL HEALTH INSURABLE CODE		40 SOCIAL SECURITY NO		41 PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE		42 LEAVE CAT CODE		43 FEDERAL TAX DATA FORM EXECUTED CODE		44 STATE TAX DATA FORM EXECUTED CODE	
45 POSITION CONTROL CERTIFICATION OK 5/10/75				46 O.P. APPROVAL 12 MAY 1975				47 DATE APPROVED 4 APR 1975											

FORM 1152 USE PREVIOUS EDITION

SECRET

E.2 IMPDET CL BY: 007622

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION										DATE PREPARED	
1. SERIAL NUMBER		2. NAME (Last-First-Middle)								27 Dec 73	
024345		PHILLIPS DAVID A									
3. NATURE OF PERSONNEL ACTION					4. EFFECTIVE DATE REQUESTED			5. CATEGORY OF EMPLOYMENT			
PROMOTION					MONTH DAY YEAR			REGULAR			
					12 23 73						
6. FUNDS		V TO V		V TO CF		7. FAN AND NSCA		8. LEGAL AUTHORITY (Completed by Office of Personnel)			
CF TO V		XX		CF TO CF		4135-4523 0001					
9. ORGANIZATIONAL DESIGNATIONS					10. LOCATION OF OFFICIAL STATION						
DDO/WH DIVISION OFFICE OF THE CHIEF					WASH., D.C.						
11. POSITION TITLE					12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION				
CHIEF WH DIVISION					0001		D				
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)			15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE				
GS			0001.10		18 1		36,000				
18. REMARKS											
<p><i>Super</i></p> <p><i>Approved By DCI on 21 Dec 1973</i></p> <p><i>RWR</i></p>											
18A. SIGNATURE OF REQUESTING OFFICIAL				DATE SIGNED		18B. [Redacted]		18C. [Redacted]		DATE SIGNED	
								C/MSB		27 Dec 73	
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. PDQTRS CODE	25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI
22	ID	51050 WH		70613		1	10/31/22		12/23/73		12/23/73
28. BTE EXP/RES		29. SPECIAL REFERENCE	30. RETIREMENT DATA		31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA		33. SECURITY REQ NO		34. SEX	
								EOD DATA			
35. VET PREFERENCE		36. SERV COMP DATE		37. LONG COMP DATE		38. CAREER CATEGORY		39. FECL HEALTH INSURANCE		40. SOCIAL SECURITY NO	
CODE		MO DA YR		MO DA YR		CODE		CODE			
0-None 1-5 PT 2-10 PT						CAB-RESV PROV/TEMP		0-DAYTIME 1-100% 2-100%+BLS			
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE				42. LEAVE CAT CODE	43. FEDERAL TAX DATA		44. STATE TAX DATA				
CODE				CODE	CODE		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)				000	FORM EXECUTED 1-YES 2-NO		NO. TAX EXEMPTIONS		FORM EXECUTED 1-YES 2-NO		
45. POSITION CONTROL CERTIFICATION					46. OP APPROVAL			DATE APPROVED			
12/27/73					Tom J. [Signature]			27 Dec/73			

FORM 8-72 1152

USE PREVIOUS EDITION

SECRET

CLASSIFIED BY 01-0332

EX-2 APPRO

141

7/10/73

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION										DATE PREPARED					
1. SERIAL NUMBER		2. NAME (Last-First-Middle)								10 July 1973					
024345		PHILLIPS, DAVID A. ✓								COB					
3. NATURE OF PERSONNEL ACTION					4. EFFECTIVE DATE REQUESTED			5. CATEGORY OF EMPLOYMENT							
					MONTH DAY YEAR			REGULAR							
					07 21 73										
6. FUNDS		V TO V		V TO CP		7. PAN AND NSCA		8. LEGAL AUTHORITY (Completed by Office of Personnel)							
CP TO V		X		CP TO CP		4135 4523 0001									
9. ORGANIZATIONAL DESIGNATIONS					10. LOCATION OF OFFICIAL STATION										
000/WH DIVISION OFFICE OF THE CHIEF					WASH., D.C.										
11. POSITION TITLE					12. POSITION NUMBER			13. CAREER SERVICE DESIGNATION							
CHIEF, WH DIVISION					0001			D							
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)			15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE								
GS			0001.10		17-4		, 36,000								
18. REMARKS															
WASH., D.C.															
1 - Security						E2 IMPDET									
1 - Finance						CL BY 007034									
18A. SIGNATURE OF REQUESTING OFFICIAL				DATE SIGNED		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER				DATE SIGNED					
HENRY L. BERTHOLD, C/WH/PERS				10 Jul 73		<i>[Signature]</i>				7/10/73					
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL															
19. ACTION CODE	20. EMPLOY. CODE	21. OFFICE CODING		22. STATION CODE	23. INTEGER CODE	24. ROOTS CODE	25. DATE OF BIRTH			26. DATE OF GRADE		27. DATE OF LEI			
56	16	NUMERIC	ALPHABETIC	75013			MO	DA	YR	MO	DA	YR	MO	DA	YR
		51050	LN					10	31	22					
28. NTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA			33. SECURITY REQ. NO		34. SEX		
MO DA YR				CODE		TYPE		MO DA YR			EOD DATA				
35. VET PREFERENCE		36. SERV COMP DATE			37. LONG CORP DATE			38. CAREER CATEGORY		39. FEGLI/HEALTH INSURANCE		40. SOCIAL SECURITY NO			
CODE		MO DA YR			MO EIA YR			CODE		CODE					
0-NONE 1-5 PT 2-10 PT								CAB RESP PROV/TIMP		0-NAYTER 1-YES 2-NO					
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE				42. LEAVE CAT CODE		43. FEDERAL TAX DATA		44. STATE TAX DATA							
CODE				CODE		FORM EXECUTED CODE		NO TAX EXEMPTIONS		FORM EXECUTED		CODE NO TAX STATE EXEMP. 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)						1-YES 2-NO				1-YES 2-NO					
45. POSITION CONTROL CERTIFICATION								46. APPROVAL		DATE APPROVED					
11018-7-1178								15 JUL 1973		<i>[Signature]</i>					

FORM 8-72 1152

USE PREVIOUS EDITION

SECRET

CLASSIFIED BY 01-0322

EX-2 APCB

141

657123
10

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED 15 June 1973		
1. SERIAL NUMBER 024345		2. NAME (Last-First-Middle) PHILLIPS, DAVID A.						
3. NATURE OF PERSONNEL ACTION REASSIGNMENT AND DELEGATION OF RESPONSIBILITY				4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 06 15 73		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 135 0620 0001		8. LEGAL AUTHORITY (Completed by Office of Personnel)		
9. ORGANIZATIONAL DESIGNATIONS DDO/WH DIVISION OFFICE OF THE CHIEF				10. LOCATION OF OFFICIAL STATION WASH., D.C.				
11. POSITION TITLE 1st Secretary In Rel Off Chief, WH Division (14)				12. POSITION NUMBER 0001		13. CAREER SERVICE DESIGNATION D		
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) FSR GS		15. OCCUPATIONAL SERIES 0001.10		16. GRADE AND STEP 02 3 17 4		17. SALARY OR RATE 33057 \$ 36,000		
18. REMARKS FROM: DDO/WH/FOR FOLD/BR 3/ [redacted] /0093 VICE THEODORE G. SHACKLEY Supergrade Blank - 77003 1 - Security 1 - Finance								
18A. SIGNATURE OF REQUESTING OFFICIAL H.L. BERTHOLD, G/WH/PERS				DATE SIGNED 15 Jun 73		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER		
						DATE SIGNED 20 June 73		
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL								
19. ACTION CODE 37	20. EMPLOY CODE 10	21. OFFICE CODING NUMERIC ALPHABETIC 51050 WH		22. STATION CODE 75013	23. INTEGREE CODE 5	24. HOURS CODE 1	25. DATE OF BIRTH MO DA. YR. 10 31 22	
26. DATE OF GRADE MO DA. YR.	27. DATE OF LET MO DA. YR.	28. WTE EXPIRES MO. DA. YR. XX/XX/XX	29. SPECIAL REFERENCE	30. RETIREMENT DATA -CSA -ORGN -FICA -RORL	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA TYPE MO DA. YR.	33. SECURITY REG. 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 LAC RES PROV. TEMP	39. FEDERAL HEALTH INSURANCE CODE CODE 0-WAIVER 1-YES 2-REG/OPT 3-UNELIGIBLE	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 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-NO		44. STATE TAX DATA FORM EXECUTED CODE NO TAX STATE CODE 1-YES 2-NO	
45. POSITION CONTROL CERTIFICATION 11/18/78				46. OP APPROVAL Harry B. Fisher			DATE APPROVED 28 June 73	

G
32

G
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FORM 1152 USE PREVIOUS EDITION

SECRET

GROUP 1
EXCLUDED FROM AUTOMATIC DOWNGRADING
AND DECLASSIFICATION

(4)

OUTGOING MESSAGE

1				
2				
3				

SIGNAL CENTER USE ONLY
 ADD EOP ACP TOG TPE BRG
 0MF 0 0 0 0 0 0

CLASSIFICATION
SECRET

MESSAGE HANDLING INDICATOR
STAFF

CONF: 4/11/73
 INDEX NUMBER
 RETURN TO
 FILES

DATE-TIME GROUP
191830Z
 INFO: FILE **DDO**

CITE
DIRECTOR

MESSAGE REFERENCE NUMBER
411279
 DISSEM BY: 28
 PER 4/11/73 (FE)

"EYES ONLY!"

TO: IMMEDIATE

RYBAT PLVUCADET

CHOADEN FROM PARDEE

REF: | IN 9217701

1. I AM PLEASED TO INFORM YOU THAT YOU HAVE BEEN SELECTED AS CHIEF, WH DIVISION. YOUR APPOINTMENT WILL BE EFFECTIVE AT SUCH TIME AS YOU (AND YOUR FAMILY) CAN CONVENIENTLY RETURN TO THE WASHINGTON AREA. ORDERS FOR YOUR MOVE WILL BE REQUESTED ON A PRIORITY BASIS ON ^{12/1} MAY. WOULD APPRECIATE YOUR TENTATIVE SCHEDULE AS SOON AS PRACTICABLE.

2. YOUR SELECTION WILL BE ANNOUNCED EARLY THIS NEXT WEEK. THEREFORE, YOU SHOULD FEEL FREE TO INDICATE TO WHOMEVER YOU FEEL NECESSARY LOCALLY THE REASON FOR YOUR RETURN AND WHAT YOUR NEXT ASSIGNMENT WILL BE.

3. I WANT TO EXTEND MY PERSONAL CONGRATULATIONS ON YOUR SELECTION. I AM SURE YOU WILL HANDLE THIS VERY IMPORTANT ASSIGNMENT WITH THE SAME KIND OF EXCELLENCE, DEDICATION AND LEADERSHIP THAT HAVE CHARACTERIZED YOUR PAST ASSIGNMENTS.

DATE: 19 MAY 1973

ORIG:

UNIT: AC/UHD

EXT: 3366

CONCUR:
Harry B. Fisher
 Director of Personnel

5/23/73
 Date

[Signature]
 RELEASING OFFICER

COORDINATING OFFICERS

AUTHENTICATING OFFICER

CLASSIFICATION

REPRODUCTION BY OTHER THAN THE ISSUING OFFICE IS PROHIBITED

E 2 IMPDET

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED 9 August 1972			
1. SERIAL NUMBER 024345		2. NAME (Last-First-Middle) PHILLIPS DAVID A							
3. NATURE OF PERSONNEL ACTION REASSIGNMENT				4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 08 14 72		5. CATEGORY OF EMPLOYMENT REGULAR			
6. FUNDS		7. FINANCIAL ANALYSIS NO. CHARGEABLE 3135 @ 1138		8. LEGAL AUTHORITY (Completed by Office of Personnel)					
9. ORGANIZATIONAL DESIGNATIONS DDP/WH DIVISION FOREIGN FIELD BRANCH 3- [] STATION				10. LOCATION OF OFFICIAL STATION []					
11. POSITION TITLE 1ST SECRETARY INT REL OFF CHIEF OF STATION				12. POSITION NUMBER 0093		13. CAREER SERVICE DESIGNATION D			
14. CLASSIFICATION SCHEDULE (GS, LP, etc.) FSR ES		15. OCCUPATIONAL SERIES 0136.05		16. GRADE AND STEP 03 7 17 3		17. SALARY OR RATE 28022 \$ 36000			
18. REMARKS Vice Thomas J. Flores Approved 259a. attached. <div style="border: 1px solid black; padding: 5px; width: fit-content;"> <p>CLASSIFIED BY 51-0002 EXEMPT FROM GENERAL DECLASSIFICATION SCHEDULE OF E.O. 11652 § 1.4(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) (50) (51) (52) (53) (54) (55) (56) (57) (58) (59) (60) (61) (62) (63) (64) (65) (66) (67) (68) (69) (70) (71) (72) (73) (74) (75) (76) (77) (78) (79) (80) (81) (82) (83) (84) (85) (86) (87) (88) (89) (90) (91) (92) (93) (94) (95) (96) (97) (98) (99) (100)</p> </div> <div style="border: 1px solid black; padding: 5px; width: fit-content;"> <p>1-Payroll</p> </div>									
18A. SIGNATURE OF REQUESTING OFFICIAL H.L. Berthold C/WH/Pers			DATE SIGNED 8/9/72		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER [Signature]		DATE SIGNED 15/8/72		
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL									
19. ACTION CODE 31	20. EMPLOY CODE 10	21. OFFICE CODING NUMERIC ALPHABETIC 51745 WH 77003		22. STATION CODE	23. BRIGADE CODE	24. MONTHS 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 1-22C 2-DASH 3-FICA 4-WOBS	30. RETIREMENT DATA CODE		31. SEPARATION DATA CODE	32. CONNECTION CANCELLATION DATA TYPE MO DA YR		33. SECURITY RES. NO		34. SEX
35. VET PREFERENCE CODE 0-NONE 1-5 PT 2-10 PT		36. SER. COMP DATE MO DA YR	37. LONG COMP DATE MO DA YR	38. CAREER CATEGORY CODE	39. FEGLI HEALTH INSURANCE CODE 0-WAIVER 1-RES 2-RYS OPT 3-UNAVAILABLE		40. SOCIAL SECURITY NO		
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0-NONE 1-BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-EXTAR IN SERVICE (MORE THAN 3 YEARS)			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 EXEMPT.			
45. POSITION CONTROL CERTIFICATION				46. O.P. APPROVAL [Signature]			DATE APPROVED 15/8/72		

SECRET

1. NAME (Last, First, Middle) Phillips, David A.		2. DATE OF BIRTH 31 Oct 22	3. GRADE GS-17
4. OFFICE, DIVISION, BRANCH (or overseas assignment) DDP/KH/		5. PRESENT POSITION COS	6. EMPLOYEE EXTENSION 7431
7. PROPOSED STATION		8. PROPOSED POSITION (Title, Number, Grade) COS/0093/GS-16	
9. TYPE OF COVER AT NEW STATION		10. ESTIMATED DATE OF DEPARTURE August 1972	11. NO. OF DEPENDENTS TO ACCOMPANY YBLYX five
12. COMMENTS Vice: Thomas Flores Please schedule appointments for the week of 10 July. Mr. Phillips will not be occupying a specific language position. However, his tested Spanish proficiency of High reading and Intermediate Speaking and Understanding will add to the overall language requirements of the Station.			
13. DATE OF REQUEST 10 May 72	14. SIGNATURE OF REQUESTING OFFICIAL <i>Phillips</i>	15. ROOM NUMBER AND BUILDING 3D 5309 Hqs	16. EXTENSION 7431
17. OFFICE OF MEDICAL SERVICES DISPOSITION			
18. OFFICE OF SECURITY DISPOSITION			
19. OVERSEAS CANDIDATE REVIEW PANEL DISPOSITION <i>5 May 1972</i> QUALIFIED FOR PROPOSED ASSIGNMENT OVERSEAS <i>A. C. Sarty</i> Chairman, Overseas Candidate Review Panel			
REQUEST FOR PCS OVERSEAS EVALUATION			

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
1 SERIAL NUMBER 024345				2 NAME (Last-First-Middle) Phillips, David A	
3. NATURE OF PERSONNEL ACTION: Promotion			4. EFFECTIVE DATE REQUESTED MONTH: 11 DAY: 28 YEAR: 71		5. CATEGORY OF EMPLOYMENT Regular
6 FUNDS V TO V CF TO V		V TO CF XX CF TO CF		7 FINANCIAL ANALYSIS NO. CHARGEABLE 2135-0694-0000	
9. ORGANIZATIONAL DESIGNATIONS DDP/WH FOREIGN FIELD BRANCH 5			10. LOCATION OF OFFICIAL STATION 		
11. POSITION TITLE Chief of Station			12. POSITION NUMBER 0186		13. CAREER SERVICE DESIGNATION D
14. CLASSIFICATION SCHEDULE (GS, LP, etc.) GS		15. OCCUPATIONAL SERIES 0136.05		16. GRADE AND STEP 17 3	
17. SALARY OR RATE \$ 34,716					
18. REMARKS <i>* See De Janazio's Change</i> cc: Payroll					
18A. SIGNATURE OF REQUESTING OFFICIAL			DATE SIGNED		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>Robert W. Sheay</i> Robert W. Sheay, C/CSPS
					DATE SIGNED 24 Nov 71
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. INTEGRATE CODE
		<i>2135 WH</i>		<i>22166</i>	<i>5</i>
24. HQGTRS CODE	25. DATE OF BIRTH MO. DA. YR.		26. DATE OF GRADE MO. DA. YR.		27. DATE OF LEI MO. DA. YR.
<i>3</i>	<i>10 15 22</i>		<i>11 15 71</i>		<i>11 15 71</i>
28. ICE EXPRES	29. SPECIAL REFERENCE	30. RETIREMENT DATA		31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA
					EOD DATA
35. VET PREFERENCE	36. SERV COMP DATE	37. LONG COMP DATE		38. CAREER CATEGORY	39. FEGLI HEALTH INSURANCE
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE		42. LEAVE CAT CODE		43. FEDERAL TAX DATA	
45. POSITION CONTROL CERTIFICATION 11 26 71 447			46. OP APPROVAL Harry B. Fisher		DATE APPROVED 1 Dec 71

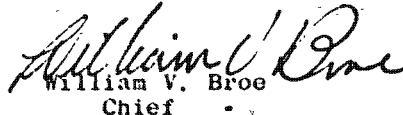
SECRET

72-0311

MEMORANDUM FOR: Director of Central Intelligence
THROUGH : Deputy Director for Plans
SUBJECT : Appointment of Mr. David A. Phillips, as
Chief of Station, [redacted]

1. The appointment of Mr. David A. Phillips, GS-17, as Chief of Station, [redacted] effective on or about 15 July 1972 is recommended. Mr. Phillips would replace Mr. Thomas J. Flores.

2. Mr. Phillips has been with the Agency since 1952, first in a contract capacity, and since April 1955 as a staff employee. He is currently serving as Chief of Station in [redacted]. He previously served as COS, [redacted] and in Mexico City, Havana, [redacted] and [redacted]. Mr. Phillips has a strong command of both Spanish and Portuguese. A biographic profile including information regarding his Agency experience and training is attached.


William V. Broe
Chief

Western Hemisphere Division

1 Attachment
Biographic Profile (Parts 1 and 2)

APPROVAL RECOMMENDED:


Deputy Director for Plans

17 Jan 72
Date

SECRET

SECRET

-2-

SUBJECT: Appointment of Mr. David A. Phillips, as
Chief of Station,

The recommendation in paragraph 1 is APPROVED:

Richard Helms
Director of Central Intelligence

19 Jan 72
Date

SECRET

10/10/10

Specialty
General Market

SECRET

REQUEST FOR PERSONNEL ACTION

DATE PREPARED

2 January 1970

1 SERIAL NUMBER 2 NAME (Last-First-Middle)
024345 PHILLIPS, DAVID A.

3 NATURE OF PERSONNEL ACTION 4 EFFECTIVE DATE REQUESTED 5 CATEGORY OF EMPLOYMENT
REASSIGNMENT 01 11 70 REGULAR

6 FUNDS 7 FINANCIAL ANALYSIS NO CHARGEABLE 8 LEGAL AUTHORITY (Completed by Office of Personnel)
V TO V V TO G
C TO V X C TO C 0135 0694

9 ORGANIZATIONAL DESIGNATIONS 10 LOCATION OF OFFICIAL STATION
DDP/WH FOREIGN FIELD BRANCH 5

11 POSITION TITLE 12 POSITION NUMBER 13 GRADE AND STEP
CHIEF OF STATION (00) 0186 D

14 CLASSIFICATION SCHEDULE (GS, IN, etc) 15 OCCUPATIONAL SERIES 16 GRADE AND STEP 17 SALARY OR RATE
GS 0136.05 16 4 \$27,549

18 REMARKS
FROM: DDP/WH/COG/OFF OF THE CH/POS #1105
HOME BASE WH
APPROVED 259a attached
Wash. D.C.

- 1 - Finance
- 2 - Security

18A SIGNATURE OF REQUESTING OFFICIAL DATE SIGNED 18B SIGNATURE OF CAREER SERVICE APPROVING OFFICER DATE SIGNED
Henry L. Berthold 1-1-70 *Russell* 1-7-70

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19 BIRTH CODE 20 EMPLOY CODE 21 OFFICE CODING 22 STATION CODE 23 INTEGRAL CODE 24 PDG/PS CODE 25 DATE OF BIRTH 26 DATE OF GRADE 27 DATE OF LEI
51 10 51736 001 19051 S 3 10 31 22
28 BTE EXPRES 29 SPECIAL REFERENCE 30 RETIREMENT DATA 31 SEPARATION DATA CODE 32 CORRECTION/AMENDATION DATA 33 SECURITY REQ NO 34 SER
35 NET PREFERENCE 36 SERV COMP DATE 37 LONG COMP DATE 38 CAREER CATEGORY 39 SEGL 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

G 40

01-12-70 GJK *[Signature]* 5 Jan 70

SECRET

GROUP 1 EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

SECRET

1. NAME (Last, First, Middle) Phillips, David A.		2. DATE OF BIRTH 10/31/22		3. GRADE GS-16	
4. OFFICE, DIVISION, BRANCH (or overseas station and existing cover if lateral assignment) DDP/WH/COG			5. PRESENT POSITION Branch Chief		6. EMPLOYEE EXTENSION 7451
7. PROPOSED STATION <input type="text"/>			8. PROPOSED POSITION (Title, Number, Grade) COS, # 0186, GS-00		
9. TYPE OF COVER AT NEW STATION <input type="text"/>		10. ESTIMATED DATE OF DEPARTURE o/a 28 Dec. '69		11. NO. OF DEPENDENTS TO ACCOMPANY 7	
12. COMMENTS Vice Robert D. Gahagen <input type="text"/> Form DS-1686 to be forwarded					
13. DATE OF REQUEST		14. SIGNATURE OF REQUESTING OFFICIAL <i>[Signature]</i>		15. ROOM NUMBER AND BUILDING 3D 5309	16. EXTENSION 6815
17. OFFICE OF MEDICAL SERVICES DISPOSITION					
18. OFFICE OF SECURITY DISPOSITION					
19. OVERSEAS CANDIDATE REVIEW PANEL DISPOSITION 29 DEC 69 QUALIFIED 7260					
REQUEST FOR PCS OVERSEAS EVALUATION					

UNCLASSIFIED CONFIDENTIAL SECRET

ROUTING AND RECORD SHEET

SUBJECT: (General)
 Appointment of Mr. David A. Phillips as Chief of Station, [redacted]

FROM: Secretary, FMC [initials] EXTENSION NO. DATE

TO: (Officer designation, room number, and building) DATE RECEIVED FORWARDED OFFICER'S INITIALS COMMENTS (Number each comment to show from whom to whom. Draw a line across column after each comment.)

TO:	DATE		OFFICER'S INITIALS	COMMENTS
	RECEIVED	FORWARDED		
1. Chairman, FMC				[redacted] is a GS-17 position.
2.				Mr. Phillips' current assignment as Chief, Cuban Operations Group plus previous overseas tours in WH Div. including a tour as Chief of Station, [redacted] qualify him for the proposed assignment as Chief of Station, [redacted]
3. ADOP				
4.				He will enter [redacted] language training this fall which should provide adequate exposure to make the transition from [redacted] which he speaks with native fluency.
5. DDP				
6.				Mr. Phillips has been highly effective as a senior member of WH Div., both at Headquarters and in the field. His relations with his co-workers and subordinates have always been excellent and his liaison with State Department representatives has been marked by good will and mutual respect.
7. XXXXX DCI				
8. [initials] 1 CC [initials]				NOTE: Above statement prepared by WH Division.
9. Chairman, FMC				
10.				Mr. Gahagen has been recalled from the Station. The DCOS Mr. Stewart D. Barton, GS-15, will serve as Acting CGS until the arrival of Mr. Phillips in January 1970.
11. Secretary, FMC GS10				
12.				
13.				
14.				
15.				

SECRET

9-4209

8 AUG 1953

MEMORANDUM FOR: Director of Central Intelligence

THROUGH : Deputy Director for Plans

SUBJECT : Appointment of Mr. David A. Phillips as Chief of Station, [redacted]

1. The appointment of Mr. David A. Phillips, GS-16, as Chief of Station, [redacted] effective on or about 15 January 1970 is recommended. Mr. Phillips would replace Mr. Robert D. Gahagan.

2. Mr. Phillips has been an employee of the Agency since 1951 initially in a contract capacity. He has served in [redacted] Havana, [redacted] Mexico City and most recently as Chief, Cuban Operations Group. Mr. Phillips is fluent in the [redacted] language and is scheduled for two months of full-time [redacted] training immediately prior to his departure. A biographic profile including information regarding his Agency experience and training is attached.

Signed William V. Broe

William V. Broe
Chief
Western Hemisphere Division

Attachment
Biographic Profile (Parts 1 and 2)

SECRET

[redacted]

SECRET

- 2 -

SUBJECT: Appointment of Mr. David A. Phillips as Chief of Station, [redacted]

APPROVAL RECOMMENDED:

/s/ Thomas H. Harness

8 OCT 1952

Deputy Director for Plans

Date

The recommendation in paragraph one is APPROVED:

8 OCT 1952

1 OCT 1952

Director of Central Intelligence

Date

Distribution:

Original & 2 - Addressee

2 - DDP

1 - C/OPS

1 - C/CSIS

1 - C/INT/S

1 - C/INT/SS

1 - C/INT/Personnel

DDP/INT/PLANS/[redacted] sajr/CS15 (5 August 1952)

SECRET

23 October 1968

MEMORANDUM FOR: Secretary, Clandestine Services
Career Service Board

SUBJECT : Recommendation for Promotion to
GS-16: David A. Phillips

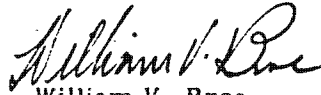
1. Mr. David A. Phillips is strongly recommended for promotion to GS-16 and is ranked Number 2 in WH Division's preference for promotion in that grade.

2. Mr. Phillips stands out among his peers as a true Clandestine Services operator. He has had a range of operational assignments enjoyed by few Clandestine Services officers. He served in Cuba, [redacted] Mexico and the [redacted]. His functional assignments have included Contract Agent, Operations Officer [redacted] [redacted] Chief of Station, and he is currently assigned as Chief, Cuban Operations Group. In regard to his tour as Chief of Station, [redacted] I cite the following quote made by [redacted] the [redacted] concerning the turbulent events in his country during his tenure:

"You know," he said, "looking back over those months when things seemed pretty bleak, two names come immediately to mind as able and effective representatives of the United States. They are Ellsworth Bunker and David Phillips."

Approved
23 Oct 1968

3. Mr. Phillips has the intelligence, language capability, personality, management and operational ability to move forward steadily in this Agency and he is now ready for promotion to GS-16. I urge you to act affirmatively on this promotion recommendation.



William V. Broe

Chief

Western Hemisphere Division

14-00000

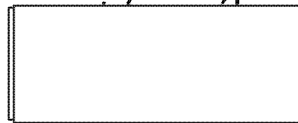
S-E-C-R-E-T.

27 February 1969

MEMORANDUM FOR: Chief, WH Division

SUBJECT: Briefing at DO Base Chiefs' Conference
by Mr. David A. Phillips

I should like to express my thanks to you for having made available Mr. David A. Phillips to brief the DO Base Chiefs' Conference on 17 February 1969. His briefing was extremely lucid and helpful and expressly commended by all Conference participants. Please convey to him my personal appreciation of his efforts.



Chief, DO Division

S-E-C-R-E-T

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED			
1 SERIAL NUMBER 024345		2 NAME (Last-First-Middle) PHILLIPS, David A.		6 December 1968			
3 NATURE OF PERSONNEL ACTION PROMOTION			4 EFFECTIVE DATE REQUESTED MO: 12 DAY: 15 YEAR: 68		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 9135-0620		8 LEGAL AUTHORITY (Completed by Office of Personnel)	
9 ORGANIZATIONAL DESIGNATIONS DDP/WH WH/COG Office of the Chief				10 LOCATION OF OFFICIAL STATION Washington, D. C.			
11 POSITION TITLE Op. Officer - Ch				12 POSITION NUMBER 1105		13 CAREER SERVICE DESIGNATION D	
14 CLASSIFICATION SCHEDULE (GS, FS, etc.) GS		15 OCCUPATIONAL SERIES 0136.01		16 GRADE AND STEP 16 4		17 SALARY OR RATE \$25,118	
18 REMARKS							
18A SIGNATURE OF REQUESTING OFFICIAL			DATE SIGNED		18B SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>W. H. Fisher</i>		DATE SIGNED 4 Dec 68
SECRETARY, CSCS BOARD							
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 INTEGRATE CODE	24 REGIONS CODE	25 DATE OF BIRTH MO. DA. YR.
					5	1	12 15 68
26 DATE OF GRADE MO. DA. YR.	27 DATE OF LEI MO. DA. YR.	28 SPECIAL REFERENCE 1-CO 2-COGR 3-FLA 4-GR		29 REQ. PERMENT DATA COGR	31 SEPARATION DATA CODE TYPE MO. DA. YR.		32 CORRECTION CANCELLATION DATA MO. DA. YR.
							33 SECURITY REQ. NO
35 NET 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 L&E RES P&S TEMP		39 FEGLI HEALTH INSURANCE CODE CODE 0-NAIVE 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 YEARS) 3-BREAK 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 MO TAX STATE CODE 1-YES 2-NO
45 POSITION CONTROL CERTIFICATION				46 OFF APPROVAL <i>H.B. Fisher</i>			DATE APPROVED 13 Dec. 68

FORM 1152 USE PREVIOUS EDITION

SECRET

GROUP 1 EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION



VOICE OF AMERICA
UNITED STATES INFORMATION AGENCY
WASHINGTON, D.C. 20547

CO: P 16 37

April 15, 1968

Dear Dave:

I thought you would be pleased about a reference to you which came up in the course of a longish conversation last night with

[redacted] about the turbulent events in his country three years ago.

"You know," he said, "looking back over those months when things seemed pretty bleak, two names come immediately to mind as able and effective representatives of the United States. They are Ellsworth Bunker and David Phillips."

I thought such a pleasant echo of a rough period would help heal your ulcers.

Cordially,

R. Cushing
Richard G. Cushing
Deputy Director

Mr. David A. Phillips
8224 Stone Trail Drive
Carderock Springs
Bethesda, Md. 20034

SECRET

(If Not Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED 30 August 1967							
1. SERIAL NUMBER 024345		2. NAME (Last-First-Middle) PHILLIPS, David A.											
3. NATURE OF PERSONNEL ACTION REASSIGNMENT				4. EFFECTIVE DATE REQUESTED MONTH 9 DAY 10 YEAR 67		5. CATEGORY OF EMPLOYMENT REGULAR							
6. FUNDS V TO V CP TO V		V TO CP X CP TO CP		7. FINANCIAL ANALYSIS NO CHARGES 8235 0620		8. LEGAL AUTHORITY (Completed by Office of Personnel)							
9. ORGANIZATIONAL DESIGNATIONS DDP/WH WH/COG OFFICE OF THE CHIEF				10. LOCATION OF OFFICIAL STATION WASH., D.C.									
11. OPS OFFICER-CH				12. POSITION NUMBER 1105		13. CAREER SERVICE DESIGNATION D							
14. CLASSIFICATION SCHEDULE (GS, etc.) GS		15. OCCUPATIONAL SERIES 0136.01		16. GRADE AND STEP 15 5		17. SALARY GRADE 19,978							
18. REMARKS FROM: DDP/WH/ [] STATION [] Respectfully Requested Created by Pers. SD/GS 8/31/67 Rec 9/11/67 1 - [] 1 - []													
18A. SIGNATURE OF REQUESTING OFFICER Henry L. Berthold C/WH/Pers			DATE SIGNED 9/11/67		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER [Signature]		DATE SIGNED						
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL													
19. ACTION CODE 37	20. EMPLOY. CODE 10	21. OFFICE CODING NUMERIC S1502 ALPHABETIC WH		22. STATION CODE 75013	23. INTEGRITY CODE S	24. HOURS CODE 1		25. DATE OF BIRTH MO 11 DA 3 YR 32		26. DATE OF GRADE MO DA YR		27. DATE OF LEI MO DA YR	
28. NTE EXPIRES MO DA YR		29. SPECIAL REFERENCE 1 - CC 2 - DRGN 3 - FICB 4 - NONE		30. RETIREMENT DATA CODE		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. SERV COMP DATE MO DA YR		37. LONG COMP DATE MO DA YR		38. CAREER CATEGORY CAR RESP PROB. TEMP		39. FEED. HEALTH INSURANCE CODE 0 - BRNFR 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 YEARS) 3 - BREAK 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 STATE CODE					
45. POSITION CONTROL CERTIFICATION						46. O.P. APPROVAL [Signature]		DATE APPROVED 8 sept 67					

SECRET
(When Filled In)

25 October 1966

DAVID A. PHILLIPS

MEMORANDUM FOR: [REDACTED]

THROUGH :

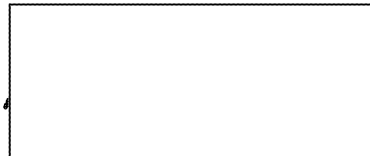
SUBJECT : Notification of Designation as a Participant in the Organization Retirement and Disability System

REFERENCE : Book Dispatch 5096 dated 12 August 1965

1. You have been found to be qualified as a participant in the Organization Retirement and Disability System and have been so designated effective 23 October 1966.

2. Although such designation under present statutes is viewed favorably by most persons, the regulation governing this retirement system gives the individual the right to appeal such a determination if he deems the designation adverse to his best interests. In order that this technical requirement may be satisfied, you are hereby notified of your right to appeal. An appeal with reasons therefore must be received in Headquarters within 60 days of the date of this memorandum or acceptance of designation will be assumed. Any questions that you may have in connection with your designation that cannot be answered by referring to referenced Book Dispatch should be forwarded to Headquarters.

3. We believe that the benefits of the Organization Retirement System are superior to the benefits of the Civil Service Retirement System. However, there are a few situations in which an employee *at the time of retirement* may have so many years of service (almost 37) that he would receive a higher annuity under the Civil Service System. Because of this, the policy decision has been made that a participant in the Organization System who would receive a higher annuity under the Civil Service System may, not later than one year prior to his retirement, apply to be removed from our system and transferred to the Civil Service System. Thus, you should not anticipate this contingency as a factor in deciding whether you regard your designation as a participant adverse to your best interests.



SECRET

GROUP 1
Excluded from automatic
downgrading and
declassification

David A. Phillips

CONFIDENTIAL

24 October 1966

MEMORANDUM FOR: Chief, WH Division

THROUGH : Deputy Director for Plans

SUBJECT : Commendation

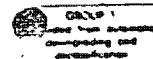
1. The [redacted] Station has distinguished itself by especially meritorious service during the past year and has made a major contribution toward the advancement of the objectives of the United States Government in a critical situation. One year ago the people of the [redacted] were facing a dismal future. Today, while the future remains uncertain, the prospects for eventual stability have been immeasurably increased. Several Departments and Agencies of the United States Government engaged in an effort to bring this about. I believe that the role of the CIA in the [redacted] during the past year was a crucial one. The highly effective performance of the [redacted] and the Base [redacted] was the result of the combined efforts of each officer and employee stationed there. These men and women gave unsparingly of their time, energy and brain power. Their efforts were sustained over a long period under stressful circumstances. Now, while our long-term mission continues, a significant milestone has been reached and it is most appropriate at this time to grant this special recognition for a job well done to all members of the CIA team in the [redacted] during the year ending June 30, 1966.

2. I should like to commend each member of the Station who contributed to this noteworthy performance and request that a copy of this commendation be placed in individual personnel files as appropriate.



Richard Helms
Director of Central Intelligence

CONFIDENTIAL



SECRET
(If Any Filled In)

G-54

REQUEST FOR PERSONNEL ACTION										DATE PREPARED		
1 SERIAL NUMBER 024345										2 NAME (Last-First-Middle) PHILLIPS, DAVID A.		
3 NATURE OF PERSONNEL ACTION DESIGNATION AS A PARTICIPANT IN THE CIA RETIREMENT AND DISABILITY SYSTEM						4 EFFECTIVE DATE REQUESTED MONTH DAY YEAR 10 23 66		5 CATEGORY OF EMPLOYMENT REGULAR				
6 FUNDS		V TO V		V TO CP		7 FINANCIAL ANALYSIS NO CHARGEABLE		8 LEGAL AUTHORITY (Completed by Office of Personnel) PL 88-643 Sect. 203				
CP TO V		X		CP TO CP		7135-0875		9 ORGANIZATIONAL DESIGNATIONS DDP/WH				
10 LOCATION OF OFFICIAL STATION						11 POSITION TITLE						
12 POSITION NUMBER						13 CAREER SERVICE DESIGNATION D						
14 CLASSIFICATION SCHEDULE (G.S. L.B. etc.)				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 AND RIGHT OF APPEAL TO THE DIRECTOR OF CENTRAL INTELLIGENCE.												
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 MONTHS CODE	25 DATE OF BIRTH MO DA YR		26 DATE OF GRADE MO DA YR		27 DATE OF LEI MO DA YR	
28 WTE EXPIRES MO DA YR		29 SPECIAL REFERENCE	30 RETIREMENT DATA 1-USE 3-F.I.R. 5-NONE 2		31 SEPARATION DATA CODE	32 CORRECTION CANCELLATION DATA TYPE 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 RESH PROV TEMP	39 REG. 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 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)			42 LEAVE CAT CODE	43 FEDERAL TAX DATA FORM EXECUTED 1-YES 2-NO		44 STATE TAX DATA NO TAX EXEMPTIONS FORM EXECUTED 1-YES 2-NO		45 POSITION CONTROL CERTIFICATION 10-1300N				
46 O.P. APPROVAL See memo signed by D/Pers dated 10 OCT 1966						DATE APPROVED						

CONFIDENTIAL
(When Filled In)

NOTICE OF CREDITABLE SERVICE [FOR LEAVE PURPOSES]		<input type="checkbox"/> VOUCHERED <input checked="" type="checkbox"/> UNVOUCHERED
NAME (Last, First, Middle) PHILLIPS, David A.		SERIAL NO. 004345
OFFICE (and Division) DDP/VH Foreign Field Branch		
<input type="checkbox"/> ORIGINAL	SERVICE COMPUTATION DATE (Mo - da - yr)	
<input checked="" type="checkbox"/> CORRECTION	01-15-53	
THIS DATE 7-01-66	SIGNATURE (Office of Personnel) <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div>	

FORM 171 OBSOLETE PREVIOUS EDITIONS. 5-63

CONFIDENTIAL

GROUP 1
EXCLUDED FROM AUTOMATIC
DOWNGRADING AND
DECLASSIFICATION

(4)

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED	
1 SERIAL NUMBER 024345		2 NAME (Last-First-Initial) PHILLIPS, DAVID A.				27 JULY 1965	
3 NATURE OF PERSONNEL ACTION REASSIGNMENT			4 EFFECTIVE DATE REQUESTED MONTH DAY YEAR JUN 6 65		5 CATEGORY OF EMPLOYMENT REGULAR		
6 FUNDS V TO V CF TO V		7 COST CENTER NO CHARGE ABLE 6135 0875		8 LEGAL AUTHORITY (Completed by Office of Personnel)			
9 ORGANIZATIONAL DESIGNATIONS DDP/WH FOREIGN FIELD BRANCH 2 STATION			10 LOCATION OF OFFICIAL STATION				
11 POSITION TITLE CHIEF OF STATION			12 POSITION NUMBER 0274		13 CAREER SERVICE DESIGNATION D		
14 CLASSIFICATION SCHEDULE (GS, LE, etc.) GS		15 OCCUPATIONAL SERIES 0136.05		16 GRADE AND STEP 15 4		17 SALARY OR RATE \$ 18,170	
18 REMARKS FROM: DDP/WH/BRANCH 1 MEXICO CITY, MEXICO STATION/0240/ MEMORANDUM SENT TO DDCT VIA DDP REQUESTED THE APPOINTMENT OF MR. PHILLIPS AS COS, STATION APPROVED ON 13 APRIL 1965. MR. PHILLIPS REPLACED MR. EDWIN M. TERHELL WHO HAS BEEN ASSIGNED TO WH/BRANCH 2/HEADQUARTERS, EFFECTIVE 6 JUNE 1965. FORM 259 HAS BEEN SUBMITTED Security Approval Granted by Pers. SD/OS 7/25/65 TCC S/165							
19 SIGNATURE OF REQUESTING OFFICER ROBERT D. CASHMAN C/WH/PERS		DATE SIGNED 29 July 65		18B SIGNATURE OF CAREER SERVICE APPROVING OFFICER		DATE SIGNED 8/3/65	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
19 ACTION CODE 37	20 EMPLOY CODE 10	21 OFFICE CODING NUMERIC ALPHABETIC 51650 WH		22 STATION CODE 19039	23 INTEGRITY CODE 3	24 HOURS 10 31 43	
25 DATE OF BIRTH MO DA YR 10 31 43	26 DATE OF GRADE MO DA YR	27 DATE OF LEI MO DA YR	28 NTE EXPIRES MO DA YR XXIXXIX	29 SPECIAL REFERENCE	30 RETIREMENT DATA 1-ESC 2-FIA 3-NONE	31 SEPARATION DATA CODE	
32 CORRECTION-CANCELLATION DATA TYPE MO DA YR	33 SECURITY REQ NO	34 SEX	35 VET PREFERENCE CODE 3-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 BSY PROV TEMP	
39 FEDERAL HEALTH INSURANCE CODE 2-RAI/1 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 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 EXEMPTIONS 1-YES 2-NO	45 POSITION CONTROL CERTIFICATION 8-3-65 46	
46 O.P. APPROVAL				DATE APPROVED 8/3/65			

S-E-C-R-E-T

CENTRAL INTELLIGENCE AGENCY

WASHINGTON, D.C. 20505

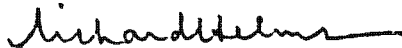
TO : David A. Phillips

SUBJECT: TDY in [REDACTED]

Most of you who went down to [REDACTED] departed with so much speed and so little ceremony that there was no time to explain the importance and urgency of your assignments. Now that you have served there during the crisis, the importance of the task needs no embellishment from us, but you should know that the contribution of the augmented Station was decisive in shaping the policies and actions of the government and in avoiding several major mistakes. For weeks after the [REDACTED] revolution, our Station reporting was literally the only source of information that the United States had on the role of Communism among the rebel forces and on conditions outside the capital.

Many fine things were done in the Station and in the hinterland by all of you. Manning the check-points under fire, flying to remote and hostile villages, moving tons of supplies through the gauntlet of the communications line, toiling over midnight reports, and keeping open our country's only commo link -- all these things were commonplace. The dedication, discipline, and routine of our personnel placed them in a class apart.

To the sense of pride and accomplishment you must already feel, I want to add the gratitude and admiration of the DDP and of the Agency.



Richard Helms
Deputy Director of Central Intelligence

S-E-C-R-E-T

SECRET

DDP 5-1166

12 Apr 1965

65-1911

MEMORANDUM FOR: Deputy Director of Central Intelligence

VIA : Deputy Director for Plans

SUBJECT : Appointment of Mr. David A. Phillips as Chief of Station, [redacted]

1. The appointment of Mr. David A. Phillips as Chief of Station, [redacted] effective on or about 15 October 1965, is recommended. Mr. Phillips would replace Mr. Edwin M. Terrell.

2. Mr. Phillips was employed in a contract status from 1952 to 1955 and became a Staff Employee in April 1955. He resigned from the Agency in August 1958 to enter private business. In March 1960 he returned to the Agency as a staff employee and is presently assigned as Operations Officer, Mexico City, Mexico, GS-15. A biographic data sheet, giving more detailed information on Agency experience and training, is attached.

R. W. Heaton
Desmond Fitzgerald
Chief

Western Hemisphere Division

1 Attachment
Biographic Profile (Part 1)

APPROVAL RECOMMENDED:

[Signature]

Deputy Director for Plans

(Date)

The recommendation in paragraph 1 is APPROVED:

[Signature]
Deputy Director of Central Intelligence

20 Apr 1965
(Date)

SECRET

[Stamp]

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED 27 September 1963	
1. SERIAL NUMBER 024345		2. NAME (Last-First-Middle) PHILLIPS, DAVID A					
3. NATURE OF PERSONNEL ACTION PROMOTION				4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 09 29 63		5. CATEGORY OF EMPLOYMENT REGULAR	
6. FUNDS ▶		V TO V CF TO V		X CF TO CF		7. COST CENTER NO. CHARGE-ABLE 41355700 1000	
8. ORGANIZATIONAL DESIGNATIONS DDP WH BRANCH 3 MEXICO CITY MEXICO STATION				10. LOCATION OF OFFICIAL STATION MEXICO CITY, MEXICO			
11. POSITION TITLE OPS OFFICER				12. POSITION NUMBER 0340		13. CAREER SERVICE DESIGNATION D	
14. CLASSIFICATION SCHEDULE (GS, EP, etc.) GS		15. OCCUPATIONAL SERIES 0136.01		16. GRADE AND STEP 15 E 3		17. 15.05 15.525	
18. REMARKS This is a PMA in accordance with SF 20-01c(1) for 2 years							
18a. SIGNATURE OF REQUESTING OFFICIAL <i>Robert D. Cashman</i> ROBERT D. CASHMAN, C/WH/PERS				DATE SIGNED 9/27/63		18b. SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>[Signature]</i>	
DATE SIGNED 9/27/63				DATE SIGNED 9/27/63			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
19. ACTION CODE 2	20. OFFICE CODE 10	21. OFFICE CODE NO. 51400	22. STATION CODE WH	23. MAIL ROOM CODE 15075	24. NUMBER CODE 3	25. DATE OF BIRTH 10/31/22	26. DATE OF DEATH 09/29/63
27. NET EMP. CAT. 1	28. SPECIAL RESERVE 3	29. NET REMOVAL DATA 1 - 15 3 - 15 4 - 15	30. SUPPLEMENTAL INFORMATION/ANCELLATION DATA DATA CODE	31. HEALTH DATA HEALTH CODE		32. SOCIAL SEC. NO. 0912963	33. SER. 15.525
34. NET PREFERENCE 1 - 15 2 - 15 3 - 15		35. SER. COMP. DATE	36. SER. COMP. DATE	37. EMPLOYMENT STATUS 1 - 15 2 - 15	38. HEALTH INSURANCE 1 - 15 2 - 15	39. SOCIAL SECURITY NO.	
40. PREVIOUS EMPLOYMENT SERVICE DATA CODE 1 - NO PREVIOUS SERVICE 2 - NO PREVIOUS SERVICE 3 - PREVIOUS SERVICE (LESS THAN 3 YEARS) 4 - PREVIOUS SERVICE (MORE THAN 3 YEARS)			41. EMPLOYMENT CODE	42. EMPLOYMENT CODE	43. EMPLOYMENT CODE	44. EMPLOYMENT CODE	45. EMPLOYMENT CODE
46. POSITION CONTROL CERTIFICATION <i>[Signature]</i>				47. D.P. APPROVAL <i>[Signature]</i>		DATE APPROVED 29 Sept 63	

SECRET

REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
1. SERIAL NUMBER 0136 ✓				17 August 1961	
2. NAME (Last, First, Middle) PHILLIPS, David A.				3. NATURE OF PERSONNEL ACTION	
4. EFFECTIVE DATE OF ACTION 8 25 61				5. CATEGORY OF EMPLOYMENT Regular	
6. FLEETS Y TO V CF TO V		7. CCS CENTER NO. COMPARABLE 1135-5700-1000		8. LEGAL AUTHORITY (Completed by Office of Personnel)	
9. ORGANIZATIONAL DESIGNATIONS 7 BDP/AR Branch 3 Mexico City Mexico Station				10. LOCATION OF OFFICIAL STATION Mexico City, Mexico	
11. POSITION TITLE Ops. Officer				12. POSITION NUMBER 340	
13. CLASSIFICATION SCHEDULE (GS, LP, etc.) GS		14. OCCUPATIONAL SERIES 0136.01		15. SALARY OR RATE \$12,100 ✓	
16. REMARKS No sick and No hours annual leave to be transferred to the Dept. of State					
17A. SIGNATURE OF REQUESTING OFFICER H. Honey, Cover Officer, 20104				17B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER	
SPACE BELOW FOR ENCLOSURE USE OR FOR OFFICE USE ONLY					
18. ENCLOSURE 55 10 64710 604 45015		19. DATE 3 10.31.22		20. OTHER DATA	
21. EMPLOYMENT SERVICE DATA					
22. POSITION CONTROL CERTIFICATION					
23. APPROVAL					

SECRET

REQUEST FOR PERSONNEL ACTION						DATE PREPARED	
1. SERIAL NUMBER 024345		2. NAME (Last-First-Middle) PHILLIPS, DAVID A.				28 June 1961	
3. NATURE OF PERSONNEL ACTION REASSIGNMENT				4. EFFECTIVE DATE REQUESTED 08 15 61		5. CATEGORY OF EMPLOYMENT REGULAR	
6. FUNDS 		V TO V CF TO V		7. COST CENTER NO. CHARGEABLE 2135 5700 1000		8. LEGAL AUTHORITY (Completed by Office of Personnel)	
9. ORGANIZATIONAL DESIGNATIONS DIP WH BRANCH 3 MEXICO CITY, MEXICO STATION				10. LOCATION OF OFFICIAL STATION MEXICO CITY, MEXICO			
11. POSITION TITLE OPS OFFICER				12. POSITION NUMBER D-340		13. PER CONTROL NO. / 14. EARLIER SERVICE DESIGNATION D	
14. CLASSIFICATION SCHEDULE (GS, LP, etc.) GS		15. OCCUPATIONAL SERIES 14		16. GRADE AND STEP 0136.01 14 3		17. SALARY OR RATE 12,730	
18. REMARKS <p>From: DDP/WH/4/BA-624/Wash., D.C. 10</p> <p>Subject scheduled to integrate o/a 21 21 August 1961.</p> <p>It is requested that this action be made effective no later than 6 August 1961.</p> <p>1 copy to Security.</p> <p style="text-align: center;">Security Approval Granted by Pers. SO/OS 7/12/61 232/21/61</p>							
19. [Redacted]				20. [Redacted] / VIND OFFICER			
PLACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
21. ACTION CODE 37		22. EMPLOYEE CODE 10		23. SOCIAL SECURITY NO. 64700 WH 45075		24. REPORTING OFFICE 3	
25. DATE OF ACTION 10/31/61		26. DATE OF ENTRY 10/31/61		27. DATE OF DEPARTURE		28. DATE OF RE-EVALUATION	
FOR DATA							
29. PREVIOUS SERVICE <input type="checkbox"/> NO PREVIOUS SERVICE <input type="checkbox"/> NO BREAK IN SERVICE <input type="checkbox"/> BREAK IN SERVICE OF LESS THAN 12 MONTHS <input type="checkbox"/> BREAK IN SERVICE OF MORE THAN 12 MONTHS							
30. POSITION CONTROL CERTIFICATION 31 Kearney os 1/15/61				31. U.P. APPROVAL [Redacted]			

SECRET

12443

29 June 1961

MEMORANDUM FOR THE RECORD

SUBJECT: David A. Phillips

On 14 June 1961 the undersigned reviewed with Mr. David A. Phillips his career development prospects for the next five year period. We agreed that the following represented a desirable and fairly firm goal in this respect:

a. In general his future training and field experience should place sufficient stress on the CI and FI fields to avoid the career confinement of strict CA specialization.

b. His next assignment would be a normal field tour in Mexico City. Upon return from that assignment, he would receive up to six months training to be followed by an assignment to the CA Staff (or the organizational successor thereof). One of his primary undertakings in the CA Staff would be to develop what might best be termed "ideological warfare" (e. g., a search for basic ideas and concepts with wide appeal) as opposed to the normal propaganda approach (e. g., a running debate on current events).

(Signed) RICHARD M. BISSELL, JR.

RICHARD M. BISSELL, JR.
Deputy Director
(Plans)

cc: ASIA (Perse)
Attn Panel A
Mr. Phillips
Tara C/WH
-OP/RSD

NY 10004

JUN 30 1961

SECRET

OFFICE OF THE DIRECTOR

SECRET

1 June 1961

MEMORANDUM FOR: Chief, Finance Division
FROM : Chief, WH/4/Support
SUBJECT : Premium Pay

Due to the recent reduction in heavy workload requirements, the following employees are no longer entitled to Premium Pay. It is requested that this entitlement be discontinued effective c.o.b. 10 June 1961. The salaries are chargeable to Allotment #535-5000-8021:

[REDACTED]
BROWN, Fravel S.

[REDACTED]
CARTWRIGHT, Cecil J.

KENT, William M.
MORALES, David S.
MURRAY, William J.

[REDACTED]
PHILIPS, David A.

[REDACTED]
REYNOLDS, Robert

[REDACTED]
[REDACTED]
Chief, WH/4/Support

Distribution:
2 - Chief, Finance Division (ea. employee)
2 - Director of Personnel (ea. employee)

SECRET

SECRET
REQUEST FOR PERSONNEL ACTION

1. Serial No.		2. Name (Last-First-Middle)			3. Date Of Birth			4. Var. Prof.		5. Yes		6. CS - EOD		
					Mo.	Da.	Yr.	None 5 Pt-1 10 Pt-2				Mo.	Da.	Yr.
7. SCD		8. CSC Retmt.		9. CSC Or Other Legal Authority			10. Apmt. Aff. Jav.		11. FEQU		12. LCD		13. Ret. Serv. Etc.	
Mo.	Da.	Yr.	Yes-1 No-2	Code		Mo.	Da.	Yr.	Yes-1 No-2	Code	Mo.	Da.	Yr.	Yes-1 No-2

PREVIOUS ASSIGNMENT

14. Organizational Designations			Code		15. Location Of Official Station			Station Code		
COAS DEVELOPMENT COMMAND										
16. Dept. - Field		17. Position Title			18. Position No.		19. Serv.	20. Occup. Series		
Dept -	Code									
USfld -										
Frqn -										
21. Grade & Step		22. Salary Or Rate		23. SD	24. Date Of Grade		25. PSI Due		26. Appropriation Number	
		\$			Mo.	Da.	Yr.	Mo.	Da.	Yr.

ACTION

27. Nature Of Action		Code	28. Eff. Date		29. Type Of Employee		Code	30. Separation Data	
REASSIGNMENT		51	Mo. Da. Yr.		REGULAR		01		

PRESENT ASSIGNMENT

31. Organizational Designations			Code		32. Location Of Official Station			Station Code		
DIP WH BRANCH 4			4211		WASH., D. C.					
33. Dept. - Field		34. Position Title			35. Position No.		36. Serv.	37. Occup. Series		
Dept -	Code	OPS OFFICER			2-14		GS	0136.01		
USfld -					80-624					
Frqn -										
38. Grade & Step		39. Salary Or Rate		40. SD	41. Date Of Grade		42. PSI Due		43. Appropriation Number	
14 3		\$ 11835		D	Mo.	Da.	Yr.	Mo.	Da.	Yr.

SOURCE OF REQUEST

A. Requested By (Name And Title)		C. Request Approved By (Signature And Title)	
WH/PERSONNEL OFFICER			
B. For Additional Information Call (Name & Telephone Ext.)			
JOHN WASHINKO X8242			

CLEARANCES

Clearance	Signature	Date	Clearance	Signature	Date
A. Career Board			D. Placement		
B. Pos. Control		7-15-60	E.		
C. Classification			F. Approval B.		

Remarks: Staffing Complement Change.

2 copies to Security.

SECRET

RE FOR PERSONNEL ACTION

1. Serial No. 4345		2. Name (Last-First-Middle) PHILLIPS, DAVID A.			3. Date Of Birth Mo. Da. Yr. 10 31 22			4. Vet. Pmt. 5 Pts. 10 Pts. 1		5. Sex M - W		6. CS - EOD Mo. Da. Yr. 3 14 60				
7. SCD Mo. Da. Yr. 12 54		8. CSC Permit Yes - 1 Code No - 8 1			9. CSC Or Other Legal Authority CSUA 4035			10. Apmt. Affidav. Mo. Da. Yr. 3 14 60			11. REG - 19 LCD Mo. Da. Yr. 3 14 60			13. Yes - 1 Code No - 8 2		

PREVIOUS ASSIGNMENT

14. Organizational Designations OFFICER/PERSONNEL 3-14-60				Code WH		15. Location Of Official Station				Station Code		
16. Dept. - Field Dept. USfld. Frgn.		17. Position Title				18. Position No.		19. Serv.		20. Occup. Series		
21. Grade & Step 5		22. Salary Or Rate		23. SD		24. Date Of Grade Mo. Da. Yr.		25. PSI Due Mo. Da. Yr.		26. Appropriation Number		

ACTION

7. Nature Of Action EXCEPTED APPOINTMENT*		Code 11		28. Eff. Date Mo. Da. Yr. 3 14 60		29. Type Of Employee REGULAR		Code 25		30. Separation Date	
--	--	------------	--	---	--	---------------------------------	--	------------	--	---------------------	--

PRESENT ASSIGNMENT

31. Organizational Designations CS/CS DEVELOPMENT COMPLEMENT DDP WH DIVISION				Code 4658		32. Location Of Official Station WASHINGTON, D. C.				Station Code		
33. Dept. - Field Dept. USfld. Frgn.		34. Position Title OPS OFFICER				35. Position No. 3146C		36. Serv. GS		37. Occup. Series 0130.01		
38. Grade & Step 14 3		39. Salary Or Rate \$11,835		40. SD D		41. Date Of Grade Mo. Da. Yr. 3 14 60		42. PSI Due Mo. Da. Yr. 1 17 61		43. Appropriation Number 0320-1998		

SOURCE OF REQUEST

A. Requested By (Name And Title) WH/PERSONNEL OFFICER		C. Request Approved By (Signature And Title) <i>[Signature]</i>	
B. For Additional Information Call (Name & Telephone Ext.) John Washinko X6242			

CLEARANCES

A. Career Board Signature: <i>[Signature]</i> Date: 1/27/60		D. Placement	
B. Post Control Signature: <i>[Signature]</i> Date: 2-9-60		E. <i>[Signature]</i>	
C. Classification		F. Approved By <i>[Signature]</i>	

Remarks
*See DIR 10716 (OUT 83837) released by DDP on 16 January 1960. Proposed EOD date is 22 February 1960. 2 copies to Security Office. Phillips advised as to status of employment.

Received 2/22/60

SECRET

[Handwritten signature]

OFFICE OF PERSONNEL

RESIGNATION

I Resign For The Following Reason:

FEB 4 2 37 PM '60

MAIL ROOM

My Last Working Day Will Be

This Date (Date Of Signature)

Signature

Forward Communications, Including Salary Checks And Bonds, To The Following Address (Number, Street, City, Zone, State):

I have resigned for personal reasons in order to accept a position for field experiments in the psychology department at the University of California, San Diego.

Office Memorandum • UNITED STATES GOVERNMENT

TO : File

DATE 18 March 1960

FROM :

SUBJECT: PHILLIPS, DAVID A.

Effective date of CA is 19 Aug 1958, per Mr. Toomey, x2823

This time is creditable for LCD only, per Mr. Stevens.

Mr. Phillips was same as independent contractor, per Lyle Miller, x3039.

LC

David Phillips

Per Mr. Washburn x 8 v 12

Phillips is presently contract agent.
also (ex staff employee)

DDP approval for Phillips via Cable
will be due to Food 17 March.

WH - has already contacted ^(Cigbome) Security
but they will grant clearance, subject
to policy.

Kennedy (MC) has copies of 89 (on
Phillips' wife and children). He says
OK to enter on duty, but will
be subject to medical when on
duty.

Phillips will be in (2 Feb) now.
for T O Y and will leave policy at
that time (1:00 pm)

2-8-60 ~~Permitted~~ Policy ^{will} be in
for 17 March. N. 60

SECRET
(When Filled In)

REQUEST FOR SECURITY CLEARANCE				REQUEST NO. (11-8)	1-3573 G.S./CS
NAME (LAST - FIRST - MIDDLE) (12 - 20)				REQUEST DATE (2-11)	8 Feb 1960
POSITION TITLE				YEAR OF BIRTH (29-30)	1922
POSITION NUMBER (31 - 35)		OCCUP. CODE (37 - 48)		GRADE (43-44)	GS-11
LOCATION (CITY, STATE, COUNTRY)		ASSIGNMENT (OFFICE, DIVISION, BRANCH)		ORGN. CODE (49-50)	1600
Washington, DC		HRP/HR Division G.S./CS Dev Comp		TYPE OF APPL. (40)	7
TYPE OF APPLICANT	REGULAR	CONSULTANT	CONVERSION ACTION	IF OTHER, SPECIFY	NOGTR & FUND (50)
	CONTRACT	MILITARY		CONTRACT to SE	1
NAME OF REQUESTER (OR OFFICIAL)		TYPE OF ASSIGNMENT AND FUNDS			CLEARANCE (51)
G. W. Stewart/hc		<input checked="" type="checkbox"/> HQS <input type="checkbox"/> USP <input type="checkbox"/> PF <input type="checkbox"/> V <input checked="" type="checkbox"/> UV			3
CLEARANCE REQUIRED	PROVISIONAL FOR (INDICATE NAME OF POOL OR GROUP)				RECRUIT. CODE (53-54)
					001
ATTACHMENTS	PERSONAL HISTORY STATEMENT	APPENDIX I	REQUEST FOR WAIVER		
	PHOTOGRAPHS	APPENDIX II	REPORT OF INTERVIEW		
VETERANS STATUS	<input checked="" type="checkbox"/> MALE - VETERAN	<input type="checkbox"/> FEMALE - VETERAN	VET PREP. & SEX (55)		
	<input type="checkbox"/> MALE - NON-VETERAN	<input type="checkbox"/> FEMALE - NON-VETERAN	1		
<p><u>PLEASE EXPEDITE</u></p> <p>Mr. Washinko, HR Division, advises that Mr. Osborne (Office of Security) has indicated that subject would be granted immediate security clearance, subject to poly.</p> <p>Former Staff Employee. Your Case #10696.</p> <p>Presently Contract Agent.</p> <p>HAND CARRY</p> <p><input type="checkbox"/> SO <input type="checkbox"/> OTF</p>					
SPACE BELOW FOR OS USE ONLY					

UNCLASSIFIED INTERNAL USE ONLY CONFIDENTIAL SECRET

ROUTING AND RECORD SHEET

SUBJECT: (Optional)

FROM: *JW*
WH/Personnel

NO.
DATE: 22 January 1960

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

DATE
RECEIVED FORWARDED
OFFICER'S INITIALS

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

1.	WH/Pers Ofcr			<i>JWB</i>	<i>Service as CA with agency, no creditable service RCD, but not SCD. - 3-14-60 per Gene's letters</i>
2.					
3.	C/WH/Support		<i>JAN 1960 25</i>	<i>MR</i>	
4.					
5.	WH/Pers				
6.	<i>Paul A</i>		<i>JAN 1960 26</i>	<i>1/27 RG</i>	
7.	CS/PO 2120 I Bldg.		<i>4/26/60</i>	<i>He</i>	<i>Please coordinate with [redacted] per his conversation with Mr. [redacted] WH/Pers on 22 Jan 60.</i>
8.					
9.	<i>MRS CARROLL</i>				<i>Send 259 p to Mr Kenney MO. stating 89's have been forwarded to MO on Phillips, wife, and all children. Just to MO 1-10-60</i>
10.	<i>CURIC</i>				
11.					
12.					
13.					
14.	<i>P</i>				<i>Food mail - 15 Mar - 8:30</i>
15.					

UNCLASSIFIED INTERNAL USE ONLY CONFIDENTIAL SECRET

ROUTING AND RECORD SHEET

SUBJECT: (Optional)

FROM: NEA/ADM/Personnel
1001 Bldg. x8671

NO.

DATE

6 August 1958

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

DATE

OFFICER'S INITIALS

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

1.

NEA/B & F

8/6

LS

2.

3.

~~NEA/TSG~~

4.

5.

NEA/PERSONNEL

6.

12 Aug 58

foo

7.

CS/CS PANEL (Section A) 2106L

13 AUG 1958

AUG 13

8.

CPD

8/15 Aug 58

9.

~~OFFICE OF PERSONNEL~~

10.

C/CPD

11.

2102-L

12.

13.

14.

15.

Employee had following:

Security debriefing
CPA
Finance
Logistics

F. Newald

1, 13, 00, 4, 1

In your signature
Please - True Resig.

UNCLASSIFIED

INTERNAL USE ONLY

CONFIDENTIAL

SECRET

ROUTING AND RECORD SHEET

SUBJECT: (Optional)

FROM: NEA/ADM/Personnel
1103 I Bldg. x8671

NO.

DATE

16 May 1957

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

DATE

OFFICER'S INITIALS

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

1.

NEA/B & P

EB

2.

3.

NEA/TRG

20 May

7

4.

5.

NEA/PERSONNEL

20 May

7

C NEA

approved by DC/NEA & PD

7.

WH DIVISION

23 May 22

DCB

Please attach current fitness report

8.

9.

CS/CS PANEL (Section A) 2309L

MAY 21

14

Pat

Latest Fitness Report for period February-September 1956 is in file. Shortly after this period report was returned for TOI with NEA.

10.

PEL

20/6/57

4/21/57

2088

261 using 20 June 57

11.

OFFICE OF PERSONNEL

1957

25 JUN 1957

7113

261 using 20 June 57

12.

CPD Room 401

10/6

26 June

26 June

Rob

261 using 20 June 57

13.

Key

16 ch

26 June

26 June

2088

261 using 20 June 57

14.

Chief/CPD

For your signature

TO support check of

15.

CONFIDENT PERSONNEL DIVISION
Room 507 EXT 5505

needed submitted by you 19 June 1957

FORM 1 DEC 56 610 USE PREVIOUS EDITIONS

SECRET

CONFIDENTIAL

INTERNAL USE ONLY

UNCLASSIFIED

SECRET
(WHEN FILLED IN)

REPORT OF SEPARATION			DATE
			18 August 1965
			SERVICE DESIGNATION DP
1. NAME (LAST, FIRST, MIDDLE) <i>David M. [unclear]</i>	2. DATE OF BIRTH 10/31/22	3. JOB TITLE Ops Officer (PP)	
		4. GRADE GS-14	
2. OFFICE DDP/NSA	6. DIVISION DDP/NSA	7. BRANCH Egypt & Arab States Br.	
8. LONGEVITY COMPUTATION DATE 4/1/65	9. DATE OF RESIGNATION 13 Aug 65	10. SEPARATION CATEGORY 1,13,00,4,1	
11. DATE EXIT INTERVIEW	12. NAME OF EXIT INTERVIEWER		
13. REMARKS To enter Private Business This is for record only no exit interview conducted <i>2/65</i>			
14. <input type="checkbox"/> IS <input type="checkbox"/> IS NOT RECOMMENDED FOR RE-EMPLOYMENT		16. <input type="checkbox"/> IS <input type="checkbox"/> IS NOT RECOMMENDED FOR RE-EMPLOYMENT	
SIGNATURE OF SUPERVISOR			
15. <input type="checkbox"/> IS <input type="checkbox"/> IS NOT RECOMMENDED FOR RE-EMPLOYMENT			
SIGNATURE OF PLACEMENT OFFICER		SIGNATURE OF PERSONNEL RELATIONS OFFICER	

FORM NO. 971 REPLACES FORM SP-154
1 MAY 60 WHICH IS OBSOLETE

SECRET

Office Memorandum • UNITED STATES GOVERNMENT

TO : The record

DATE: 15 Aug 58

FROM : CPD(Staff Agent Branch)

SUBJECT: *Special Phillips*
~~████████████████████~~

1. This is certification that during the Personnel interview with Mr. ~~██████████~~ on 7 Aug 58 he specifically stated that he did not want an SF-3(Unemployment Compensation Program) sent to the DDP/NEA Division.

2. Subject coordinated with CCB 7 Aug 58 re: retirement(all services were being combined and sent to the CSC)

3. Subject had intention of checking B & C re: Hospitalization, Mutual Insurance & Conversion of FEGLI.



11 August 1958

I receive from Central Intelligence Agency
effective Day of Business Wednesday 13th
5th August, 1958.

David A. Thomas

4824 WINSBURN ST.
FORT WORTH, TEXAS

SECRET

(When Filled In)

DATE PREPARED			REQUEST FOR PERSONNEL ACTION						V to V			V to UV		
Mo	Da	Yr							UV to V			UV to UV		
3	6	58												
1. Serial No.		2. Name (Last-First-Middle)				3. Date of Birth			4. Vac. Post. Code		5. Sex		6. CS - EOD	
		<i>Frank J. Dewald</i>				Mo Da Yr 10 31 22			Mo Da Yr 10 10 2		M		Mo Da Yr	
7. SCD		8. CSC Reprt.		9. CSC Or Other Legal Authority		10. Appt. Affidav.		11. FEGLI		12. LCD		13. MIL. ST. NO.		
Mo Da Yr		Yes - 1 Code				Mo Da Yr		Yes - 1 Code		Mo Da Yr		Yes - 1 Code		
		No - 2						No - 2				No - 2		

PREVIOUS ASSIGNMENT

14. Organizational Designations			Code			15. Location Of Official Station			Station Code		
DDP/NEA PROJECT ANNEX EGYPT & ARAB STATES BRANCH PROJECT PECTATE											
16. Dept.-Field		17. Position Title				18. Position No.		19. Serv.		20. Occup. Series	
Dept. Valid From		Code		CPS. OFFICER (P)		REP 8127		GS		0136.31	
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade		25. PSI Due		26. Appropriation Number	
14 3		\$ 11,835.00		DP		Mo Da Yr		Mo Da Yr		9-33-1-91-21	

ACTION

27. Nature Of Action		Code		28. Eff. Date		29. Type Of Employee		Code		30. Separation Data	
RESIGNATION*		T-6		8 13 58		REGULAR (SA)					

PRESENT ASSIGNMENT

31. Organizational Designations			Code			32. Location Of Official Station			Station Code		
33. Dept.-Field		34. Position Title				35. Position No.		36. Serv.		37. Occup. Series	
Dept. Valid From		Code									
38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grade		42. PSI Due		43. Appropriation Number	
		\$				Mo Da Yr		Mo Da Yr			

SOURCE OF REQUEST

A. Requested By (Name And Title)		C. Request Approved By (Signature And Title)	
FRANK J. DEWALD, Jr., NEA/SS/PERSONNEL		<i>Shirley M. Ryan</i>	
B. For Additional Information Call (Name & Telephone Ext.)			
Shirley M. Ryan ext. 6011			

CLEARANCES

Clearance		Date		Clearance		Signature		Date	
A. Career Board		12 13		D. Placement					
B. Pos Control				E.					
C. Classification				F. Approved By		<i>Shirley M. Ryan</i>		12/13/58	
Remarks									
*See reverse side.									
<i>Employee has following assignments - Security Services - CIA and together - Employee is employable.</i>									

SECRET
(When Filled In)

RESIGNATION

Resign For The Following Reason:

ENTER PRIVATE BUSINESS

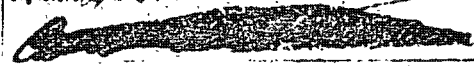
My Last Working Day Will Be

Oct 13 Aug 58

This Date (Date Of Signature)

12 Aug 58

Signature

Louis P. ...


Forward Communications, Including Salary Checks And Bonds, To The Following Address (Number, Street, City, Zone, State):

4804 WRENCHURU - FORT WORTH, TEXAS

SECRET

SECRET

STANDARD FORM 52 OFFICE OF PERSONNEL U. S. DEPARTMENT OF STATE PERSONNEL ACTION PERSONNEL ACTION	UNVOUCHERED
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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) XXXXXXXXXX (P) David Phillips	2. DATE OF BIRTH 31 Oct. 1922	3. REQUEST NO.	4. DATE OF REQUEST 16 May '57
5. HISTORY OF ACTION REQUESTED: A. PERSONAL (Specify whether appointment, promotion, separation, etc.) Reassignment (Staff Agent)		6. EFFECTIVE DATE & PROPOSED 30 April 1957 16 June 57 17 June 1957	7. C.S. OR OTHER LEGAL AUTHORITY
8. POSITION (Specify whether establish, change grade or title, etc.)		8. APPROVED: 16 JUN 1957	

FROM - Ops. Off. (PP) BAF 125	9. POSITION TITLE AND NUMBER	10 - Ops. Off. (PP) 125-0727
GS-0136.31-14 \$10,535.00 p.a. DDP/WE Branch III HAVANA, CUBA - STAG Havana, Cuba	9. SERVICE, GRADE, AND SALARY	GS-0136.31-14 \$10,535.00 p.a.
<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL	10. ORGANIZATIONAL DESIGNATIONS	DDP/NEA Egypt and Arab States Branch Project PECTATE
<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL	11. HEADQUARTERS	
	12. FIELD OR DEPARTMENTAL	<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL

A. REMARKS (Use reverse if necessary)
 TRANSFERRED ON 11 July 57
 Email: Provided for WH/PP
 + moved to NEA
 17 June 1957
 Brain Security - 16 May 57 - 4/16

B. REQUESTED BY (Name and title) T. J. Hester, NEA/ADM/PERSONNEL	D. REQUEST APPROVED BY Signature: _____ Title: _____
C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension) Shirley Matthews ext. 8071	

13. VETERAN PREFERENCE NONE <input type="checkbox"/> WRD <input type="checkbox"/> OTHER <input type="checkbox"/> 5 PT <input type="checkbox"/> 10 POINT <input type="checkbox"/> 10 POINT 10 POINT 41257	14. POSITION CLASSIFICATION ACTION NEW <input type="checkbox"/> VICE <input type="checkbox"/> L.A. <input type="checkbox"/> PEAL <input type="checkbox"/> 163 14 JUNE 57 SD+DP
--	---

15. SECURITY FUNDS AVAILABLE: M Owing Res - 8545-55-055 Charge 1743361-91-215	17. SUBJECT TO C. S. RETIREMENT ACT (YES-NO) Yes	18. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)	19. LEGAL RESIDENCE STATE: <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED
---	---	--	--

20. STATE OF DEPARTMENTAL REMARKS
 Present letter o.k. Per K. L. 8 July 57
 Fontana taking care of equal. All outstanding.

21. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS
A			
B. CEIL. OR POS. CONTROL	MIS	25 JUN 57	
C. CLASSIFICATION	not 5/1	21 Jun 57	
D. PLACEMENT OR EMPL.		16 JUN 1957	
E			

F. APPROVED BY
 Louis W. [Signature]
 SECRET

SECRET

STANDARD FORM 52 FORM 52 OF THE U.S. GOVERNMENT PRINTING OFFICE GSA GEN. REG. NO. 27 MAY 1962 EDITION GSA GEN. REG. NO. 27	UNVOUCHERED
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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., etc. and name, initial(s), and surname) <i>Howard [unclear]</i>	2. DATE OF BIRTH 31 Oct 1922	3. REQUEST NO.	4. DATE OF REQUEST 7 May 1956
5. NATURE OF ACTION REQUESTED A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) Reassignment (Staff Agent)		6. EFFECTIVE DATE A. PROPOSED:	7. C.S. OR OTHER LEGAL AUTHORITY
8. POSITION (Specify whether establish, change grade or title, etc.)		B. APPROVED: JUN 3 1956	

FROM— Ops Officer (PP) EAF-125	TO— Ops Officer (PP) BAF-125 GS-0136.31-14 \$10320.00 p.a.
9. POSITION TITLE AND NUMBER	10. SERVICE, GRADE, AND SALARY
11. ORGANIZATIONAL DESIGNATIONS	DDP/AM Branch III HAVANA-CUBA STATION Havana, Cuba
12. HEADQUARTERS	
<input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL	<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL (DP)

A. REMARKS (Use reverse if necessary):
New T/O

POSTED ON
OF-AM
7 May 56

USED IN LIEU OF SF50
NOTIFICATION OF PERSONNEL
ACTION

B. REQUESTED BY (Name and title):

C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension):
7-1157

D. REQUEST APPROVED BY: [Signature]

E. SIGNATURE: [Signature]

F. TITLE:

13. VETERAN PREFERENCE NONE <input type="checkbox"/> WWI <input type="checkbox"/> OTHER <input type="checkbox"/> SPT <input type="checkbox"/> 15 POINT <input type="checkbox"/> DISAB <input type="checkbox"/> OTHER <input type="checkbox"/>	14. POSITION CLASSIFICATION ACTION NEW <input type="checkbox"/> VICE <input type="checkbox"/> I <input type="checkbox"/> A <input type="checkbox"/> REAL <input type="checkbox"/>
---	--

15. SEX M <input checked="" type="checkbox"/> W <input type="checkbox"/>	16. RACE W <input checked="" type="checkbox"/> O <input type="checkbox"/>	17. APPROPRIATION FROM: 6-3545-55-355 TO: Same	18. SUBJECT TO C.S. RETIREMENT ACT (YES-NO)	19. DATE OF APPOINTMENT AFFIDAVIT'S (ACCESSIONS ONLY)	20. LEGAL RESIDENCE STATE: <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED
---	--	--	---	---	--

21. STANDARD FORM 50 REMARKS

Concur
APPROVED
1956

22. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS:
A.			
B. CEIL. OR POS. CONTROL			
C. CLASSIFICATION			
D. PLACEMENT OR EMP.	CEB	5/7/56	
E.			
F. APPRO			

SECRET

STANDARD FORM 52 FORMERLY GATED BY THE OFFICE OF PERSONNEL MANAGEMENT AND EMPLOYMENT POLICY BUREAU OF PERSONNEL, DEPARTMENT OF DEFENSE	UNVOUCHERED
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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 Airman name, initials, and surname) <i>David Phillips</i>	2. DATE OF BIRTH 31 Oct 1922	3. REQUEST NO.	4. DATE OF REQUEST 16 Jan 56
5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) Excepted Appointment (Staff Agent)		6. EFFECTIVE DATE A. PROPOSED: B. APPROVED: FEB 7 1956	7. C.S. OR OTHER LEGAL AUTHORITY
8. POSITION (Specify whether establish, change grade or title, etc.)			

FROM—	9. POSITION TITLE AND NUMBER	TO—
	10. SERVICE, GRADE, AND SALARY	Ops Officer (PP) EAF-125
	11. ORGANIZATIONAL DESIGNATIONS	GS-0136.31-14 \$10,320.00 p.a.
	12. HEADQUARTERS	DDP/WH
		Havana, Cuba.
<input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL	12. FIELD OR DEPARTMENTAL	<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL (PP)

9. REMARKS (Use reverse if necessary)

13. REASON FOR REQUEST	14. REQUEST APPROVED BY Signature: <i>/CAWH</i> Title:
15. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension)	

13. VETERAN PREFERENCE NONE <input type="checkbox"/> 10% <input type="checkbox"/> 20% <input type="checkbox"/> 30% <input type="checkbox"/> 40% <input type="checkbox"/> 50% <input type="checkbox"/> 60% <input type="checkbox"/> 70% <input type="checkbox"/> 80% <input type="checkbox"/> 90% <input type="checkbox"/> 100% <input checked="" type="checkbox"/> DISAB. OTHER	14. POSITION CLASSIFICATION ACTION NEW <input type="checkbox"/> VICE <input type="checkbox"/> I.A. <input type="checkbox"/> REAL <input type="checkbox"/> SD-DP
---	--

15. SEX M <input checked="" type="checkbox"/> W <input type="checkbox"/>	16. RACE W <input checked="" type="checkbox"/> O <input type="checkbox"/>	17. APPROPRIATION FROM: TO: 6-3545-55-055	18. SUBJECT TO C.S. RETIREMENT ACT (YES-NO) Yes	19. DATE OF APPOINTMENT AFFIDAVIT (ACCESSIONS ONLY)	20. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:
---	--	--	---	---	---

21. STANDARD FORM 50 REMARKS

Approved JAN 9 1956
L. M. Collins
Approved Service
CONTRACT PERSONNEL DIVISION
FEB 7 1956

22. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS
A			Effective: FEB 7 1956
B. CEIL. OR POS. CONTROL		23 JAN 1956	
C. CLASSIFICATION			
D. PLACEMENT OR ENPL.	<i>OC P</i>	118/56	
E			

F. APPROVED BY
Robert A. Clark

STANDARD FORM 52
 FORM BATTER BY THE
 U. S. CIVIL SERVICE COMMISSION
 JANUARY 1956 - PERSONNEL PERFORMANCE
 MANUAL, CHAPTER 10

REQUEST FOR PERSONNEL ACTION

BOUCHERED

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) Mr. David A. PHILLIPS	2. DATE OF BIRTH 31 Oct 1922	3. REQUEST NO.	4. DATE OF REQUEST 1956 16 January 1
5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) Resignation		6. EFFECTIVE DATE A. PROPOSED:	7. C. S. OR OTHER LEGAL AUTHORITY
B. POSITION (Specify whether establish, change grade or title, etc.)		B. APPROVED: FEB 6 1956	

FROM- Ops Officer BW-229 GS-0136, 31-14 \$10,320.00 p.a. DDP/PP Operations Staff Information Coordination Division Office of the Chief Washington, D. C.	B. POSITION TITLE AND NUMBER	TO-
10. ORGANIZATIONAL DESIGNATIONS	8. SERVICE, GRADE, AND SALARY	11. HEADQUARTERS
<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL	12. FIELD OR DEPARTMENTAL	<input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL

A. REMARKS (Use reverse if necessary)
*Concurred in with Mr. Sinafor Chief/ICD/PP by phone 3 Feb-1956.
 To seek other employment. KLLW.*

B. REQUESTED <input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL	D. REQUEST APPROVED BY Signature: <i>ZGWH</i>
C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension) <i>X 4457</i>	Title:

13. VETERAN PREFERENCE NONE: WWII OTHER: 5-PT. 10-POINT <input checked="" type="checkbox"/> DISAB OTHER	14. POSITION CLASSIFICATION ACTION NEW: VICE: 1: A: REAL: SD-DP
--	---

15. SEX M W	16. RACE FROM: 6-2105-20 TO:	18. SUBJECT TO C. S. RETIREMENT ACT (YES-NO)	19. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)	20. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:
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21. STANDARD FORM 50 REMARKS

Approved in office
W. Collins
 TP, Career Service

22. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS
A.			
B. CEIL OR POS CONTROL		23 JAN 1956	
C. CLASSIFICATION			
D. PLACEMENT OR ENPL.	<i>DEE</i>	<i>1/18/56</i>	
E.			

F. APPROVED BY
per F. Bear, Jr 18 Jan '56

STANDARD FORM 52
 FORM 4470-10-10
 U. S. CIVIL SERVICE COMMISSION
 BUREAU OF FEDERAL PERSONNEL
 BRANCH, CHAPTER 10

REQUEST FOR PERSONNEL ACTION

VOUCHERED

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) MR. DAVID A. PHILLIPS	2. DATE OF BIRTH 31 Oct '22	3. REQUEST NO.	4. DATE OF REQUEST 16 Sept. '55
5. NATURE OF ACTION REQUESTED A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) REASSIGNMENT (CORRECTION)		6. EFFECTIVE DATE A. PROPOSED: 355	7. C. S. OR OTHER LEGAL AUTHORITY
8. POSITION (Specify whether establish, change grade or title, etc.)		9. APPROVED	

FROM— Paramilitary Off. BW-156 GS-0136.11-14 1960 p/a <i>10,328</i> DDP/PP Operations Staff Office of the Chief Washington, D. C. <input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL	10. POSITION TITLE AND NUMBER 11. SERVICE GRADE AND SALARY 12. ORGANIZATIONAL DESIGNATIONS 13. HEADQUARTERS 14. FIELD OR DEPARTMENTAL	TO— Ops Officer BW-229 GS-0136.31-14 1960 p/a <i>10,328</i> DDP/PP Operations Staff Information Coordination Div. Office of the Chief Washington, D. C. <input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL
---	---	--

A. REMARKS (Use reverse if necessary)
 To correct allotment number shown in action effective 14 Aug '55

B. REQUEST APPROVED BY PP/Admin	SIGNATURE: _____
C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension) Frances A. Taylor - x-8606	PHONE: _____

15. VETERAN PREFERENCE NONE <input type="checkbox"/> JOINER <input type="checkbox"/> SPT <input type="checkbox"/> 10-POINT <input type="checkbox"/> DISAB. OTHER <input checked="" type="checkbox"/>	16. POSITION CLASSIFICATION ACTION NEW <input type="checkbox"/> REASS. <input type="checkbox"/> L.A. <input type="checkbox"/> REAL <input type="checkbox"/> SD:DP
17. APPROPRIATION FROM 6-2101-20 TO 6-2105-20 <i>Conced</i>	18. SUBJECT TO C. S. RETIREMENT ACT (YES-NO) <i>Yes</i>
19. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)	20. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE: <i>Calif</i>

Approved **SEP 20 1955**

 PP/Career Service

CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS
A			
B. CER. OR POS CONTROL		<i>SA 3 24 Sept</i>	
C. CLASSIFICATION			
D. PLACEMENT OR EMPL.		<i>SA 21 Sept 55</i>	
E			

F. APPROVED BY
[Signature] per *[Signature]* 22 Sept 55

STANDARD FORM 52
 PREPARED BY THE
 U. S. GOVERNMENT PRINTING OFFICE
 SUBJECT: FEDERAL PERSONNEL
 MANUAL CHAPTER 9

VOUCHERED

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, initial(s), and surname) MR. DAVID SMITH PHILLIPS		2. DATE OF BIRTH 31 Oct. 1922	3. REQUEST NO.	4. DATE OF REQUEST 1 July 1955
5. NATURE OF ACTION REQUESTED A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) Reassignment		6. EFFECTIVE DATE A. PROPOSED:		7. C. S. OR OTHER LEGAL AUTHORITY
8. POSITION (Specify whether establish, change grade or title, etc.)		B. APPROVED: 14 Aug 55		
FROM - Paramilitary Off. BW-156 GS-0136.11-14 ¹⁰³²⁰ \$9600 p/a	9. POSITION TITLE AND NUMBER	TO - Ops Officer BW-229	10. SERVICE GRADE AND SALARY GS-0136.31-14 ¹⁰³²⁰ \$9600 p/a	
DDP/PP Operations Staff Office of the Chief Washington, D.C.	11. ORGANIZATIONAL DESIGNATIONS	DDP/PP Operations Staff Information Coordination Div. Office of the Chief Washington, D.C.	12. FIELD OR DEPARTMENTAL <input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL	

A. REMARKS (Use reverse if necessary)

For record purposes only

B. REQUESTED:

B. REQUEST APPROVED BY: Approved JUL 14 1955
R. M. Crider
 PP/Career Service

C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension)
Frances A. Taylor, x 8606

13. VETERAN PREFERENCE		14. POSITION CLASSIFICATION ACTION	
NONE	WAR	OTHER 5 PT.	10 POINT
		<input checked="" type="checkbox"/>	DISAB OTHER
15. SEX	16. RACE	17. APPROPRIATION	18. SUBJECT TO C. S. RETIREMENT ACT (YES-NO)
M	W	FROM: 5-2101-20 TO: 6-2101-20	19. DATE OF APPOINTMENT AFFIDAVIT (ACCESSIONS ONLY) 27 Oct 55
		20. LEGAL RESIDENCE	STATE: CA
		<input type="checkbox"/> CLAIMED	<input type="checkbox"/> PROVED

21. STANDARD FORM 50 REMARKS

22. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS
A			
B. CEIL OR POS CONTROL	<i>8-1</i>		
C. CLASSIFICATION			
D. PLACEMENT OR EMPL.	<i>7-8</i>	<i>8-1</i>	
E			

F. APPROVED BY: *[Signature]* per *Beary 1 Aug 55*

SECRET

ENTRANCE ON DUTY NOTICE		1. DATE 7 June 1955
TO: 		DDP/PP
NOTE: THE PERSON NAMED HEREON RECEIVES THE STATUS OF EMPLOYEE WITH THE SENIORITY DATES TO THE TIME OF CLEARANCE INDICATED IN ITEM NO. 2. THE SENIORITY DATES FROM 1945 TO 1948 ON 27 MAY 1955 HAS BEEN MADE A PART OF THE PERSONNEL FILE OF THE PERSON NAMED HEREON AND IS NOT TO BE USED AS BASIS FOR DUTY THIS DATE.		
2. NAME (Last) (First) (Middle) Phillips, David A.	3. JOB TITLE AND GRADE Paramilitary Off. GS-14	4. TYPE CLEARANCE Full
5. EFFECTIVE DATE OF ACTION 1 April 1955	6. <input checked="" type="checkbox"/> REASSIGNMENT <input type="checkbox"/> PROMOTION <input type="checkbox"/> OTHER	
7. REMARKS: (In the interest of other limitations): <p style="text-align: right;">H. G. Reynolds csp</p>		
DISTRIBUTION: ORIGINAL AND COPY (WHITE) TO ITEM NO. 3. COPY (PINK) TO PERSONNEL FOLDER		

FORM NO. 37-118 PREVIOUS EDITIONS NOT TO BE USED
NOV 1952

SECRET

CONFIDENTIAL

REQUEST FOR PRE-EMPLOYMENT MEDICAL EVALUATION		1. DATE 4/7/55
2. NAME (Last) (First) (Middle) Phillips, David Atlas		3. SUSPENSE DATE (10 WORKING DAYS)
4. ORGANIZATIONAL ASSIGNMENT DDP/PP	5. POSITION TITLE (and grade) Paramilitary Off. GS-14	6. PERSONNEL DIVISION <input checked="" type="checkbox"/> Overt <input type="checkbox"/> Covert
7. THE MEDICAL OFFICE IS REQUESTED TO CHECK THE DESIRED ACTION, RETURNING THE ORIGINAL COPY OF THIS FORM TO THE APPROPRIATE PERSONNEL DIVISION NO LATER THAN THE SUSPENSE DATE INDICATED IN ITEM NO. 3.		
A <input checked="" type="checkbox"/> Approve processing for E.O.D. B <input type="checkbox"/> Hold pending receipt of additional medical information (form letters attached) C <input type="checkbox"/> Request pre-employment medical examination		
D <input type="checkbox"/> Rejected for medical reasons		
8. Remarks: This (approval) request supersedes the previous (request) approval		
<i>H. G. Felder</i>		
SIGNATURE FOR MEDICAL OFFICE		

FORM NO. 37-163
FEB 1953

CONFIDENTIAL

CONFIDENTIAL

REQUEST FOR PRE-EMPLOYMENT MEDICAL EVALUATION		1. DATE 30 March 1955
2. NAME (Last) (First) (Middle) Phillips, David Atlas		3. SUSPENSE DATE (10 WORKING DAYS)
4. ORGANIZATIONAL ASSIGNMENT DDP/PP	5. POSITION TITLE (and grade) Paramilitary Off. GS-14	6. PERSONNEL DIVISION <input checked="" type="checkbox"/> Overt <input type="checkbox"/> Covert
7. THE MEDICAL OFFICE IS REQUESTED TO CHECK THE DESIRED ACTION, RETURNING THE ORIGINAL COPY OF THIS FORM TO THE APPROPRIATE PERSONNEL DIVISION NO LATER THAN THE SUSPENSE DATE INDICATED IN ITEM NO. 3.		
A <input type="checkbox"/> Approve processing for E.O.D. B <input checked="" type="checkbox"/> Hold pending receipt of additional medical information (form letters attached) C <input type="checkbox"/> Request pre-employment medical examination		
D <input type="checkbox"/> Rejected for medical reasons		
8. Remarks: ADDITIONAL MEDICAL INFO ON: (4-6-55)		
<div style="border: 1px solid black; width: 200px; height: 20px; display: inline-block;"></div>		

(CONFIDENTIAL)

REQUEST FOR SECURITY CLEARANCE		SR-6038-PP				
		31				
		30 March 1955				
FULL NAME	Phillips, David	Atlee	YEAR OF BIRTH	1922		
POSITION TITLE	Paramilitary Off. PP	HW-156-11	GRADE	CS-11	CODE	
LOCATION (OFFICE)	DDP/PP	DIVISION	Operations Staff	BRANCH	Office of Chief	CODE
GEOGRAPHIC DESTINATION (CITY AND STATE OR COUNTRY, AS APPLICABLE)						
Washington, D. C.						
TYPE OF EMPLOYEE						
1. <input type="checkbox"/> OTHER						
2. <input checked="" type="checkbox"/> REGULAR						
3. <input type="checkbox"/> CONTACT						
4. <input type="checkbox"/> CONSULTANT						
5. <input type="checkbox"/> MILITARY						
FUNDS						
1. <input type="checkbox"/> VOUCHERED						
2. <input type="checkbox"/> UNVOUCHERED						
TYPE(S) OF SECURITY CLEARANCE REQUESTED						
1. <input type="checkbox"/> PROVISIONAL (show name of pool or group)						
2. <input type="checkbox"/> SECRET						
3. <input checked="" type="checkbox"/> FULL						
4. <input type="checkbox"/> WAIVER						
AVAILABILITY DATE (MM-DD-YY)	EST. CLEARANCE DATE (MM-YY)	RECRUITMENT SOURCE	CODE			
ASAP			AL			
SEX AND VETERAN STATUS						
1. <input type="checkbox"/> M-V						
2. <input checked="" type="checkbox"/> M-NV						
3. <input type="checkbox"/> F-V						
4. <input type="checkbox"/> F-NV						
REMARKS:						
NO CORRECTION						
Attachments:						
FMS 1 (SO) 1 (otf)						
Appenl. 4-II-1						
Photos.						
Director of Personnel ep						

UNCLASSIFIED

CONFIDENTIAL

SECRET

ROUTING AND RECORD SHEET

INSTRUCTIONS: Officer designations should be used in the "TO" column. Under each comment a line should be drawn across sheet and each comment numbered to correspond with the number in the "TO" column. Each officer should initial (check mark insufficient) before further routing. This Routing and Record Sheet should be returned to Registry.

FROM: <i>PP/CS</i>				TELEPHONE NO.	DATE <i>3 March 55</i>	
TO	ROOM NO.	DATE		OFFICER'S INITIALS	TELEPHONE	COMMENTS
		RFC'D	FWD'D			
<i>CS/ESP</i>	<i>2001 L1</i>	<i>3/3</i>	<i>3/3</i>	<i>F</i>		<p><i>5. Do suggest we approve on behalf of 2008 CS/ESP and circulate a brief sheet for the info of all members.</i></p> <p><i>2 & 3 agree.</i></p> <p><i>JH</i></p>
<i>2. Mr. Gurnell</i>		<i>3 March</i>	<i>3 March</i>	<i>JH</i>		
<i>3. Ledford</i>		<i>3/4</i>	<i>3/17</i>	<i>BW</i>		
<i>4. P & RD Curie</i>						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						

STANDARD FORM 52
 PROVIDED BY THE
 U. S. CIVIL SERVICE COMMISSION
 SUBJECT TO FEDERAL PERSONNEL
 MANUAL CHAPTER 51

VOUCHERED

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, initial(s), and surname) MR. DAVID ATLEE PHILLIPS		2. DATE OF BIRTH 31 October 1922		3. REQUEST NO.		4. DATE OF REQUEST 4 Feb. '55	
5. NATURE OF ACTION REQUESTED A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) EXCEPTED APPOINTMENT				6. EFFECTIVE DATE A. PROPOSED: 1 April 1955		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. Paramilitary Off. ^{PP} BW-156-14	
		10. SERVICE, GRADE, AND SALARY		GS-0136.11-14 \$9600 p/a	
		11. ORGANIZATIONAL DESIGNATIONS		DDP/^{PP} Operations Staff Office of the Chief	
		11. HEADQUARTERS		Washington, D.C.	
<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)
For slotting purposes only pending approval of new T/O

[Signature]
John E. Baker, C/PP

B. REQUEST MADE BY Admin		D. REQUEST APPROVED BY <i>[Signature]</i>	
C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension) x 0606		Signature: Career Service:PP	

13. VETERAN PREFERENCE				14. POSITION CLASSIFICATION ACTION			
NONE	WAR	OTHER	5 PT	12 POINT	NEW	VICE	1 A. REAL
				DISAB OTHER			
				16 Seaford, CS/PP/NO SD:PP D			

15. SEX M	16. RACE W	17. APPROPRIATION FROM: 5-2101-20	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:
---------------------	----------------------	---	--	---	---

21. STANDARD FORM 50 REMARKS

Approved **NAR 2 1955**
[Signature]
 PP/Career Service

22. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS:
A.			
B. CELL OR POS. CONTROL	EH	3/24	
C. CLASSIFICATION			
D. PLACEMENT OR EMPL.	EH	3/15/55	
E.			

F. APPROVED BY *[Signature]* **John J. Caldwell**

UNCLASSIFIED

CONFIDENTIAL

SECRET

ROUTING AND RECORD SHEET

INSTRUCTIONS: Officer designations should be used in the "TO" column. Under each comment a line should be drawn across sheet and each comment numbered to correspond with the number in the "TO" column. Each officer should initial (check mark insufficient) before further routing. This Routing and Record Sheet should be returned to Registry.

FROM:				TELEPHONE NO.		
PP/Admin						
				DATE	7 February 1955	
TO	ROOM NO.	DATE		OFFICER'S INITIALS	TELEPHONE	COMMENTS
		REC'D	FW'D			
1. C/PP	2032 K	FEB 12 1955		JBM		Contract will be terminated effective 1 April 55
2. CS/PP				MM		
3. OS/CS	2011 L	29 Feb		JL		3 to 4.
4. PP/CMO	Mr. Gell: K	24 05				Dwight, Per our telephone conversation, I feel that our Career System should provide for the review of such cases from the point of view of: (a) Bringing someone in at this grade level (b) Whether the person's background & experience indicate that he should be picked up under the jurisdiction of a specialist panel or the CS Panel. It seems to me that such review could be the responsibility of the CS Panel or of the functional Panel concerned. The latter seems to make most sense. Could you review this one in PP from that point of view and let me know how you folks feel on the Policy question?
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						

SECRET

11 DEC 1957

MEMORANDUM FOR: Chief, Finance Division

SUBJECT: Equalization Allowance Adjustment
for ~~XXXXXXXXXX~~

Harold Phillips

1. Effective 15 December 1957, subject individual's equalization allowance is decreased from \$930 to \$565 per annum due to a decrease in the cost of living at subject's post as compared with Washington, D. C.

2. All other terms and conditions of the original authorization remain in full force and effect.

SIGNED

Louis W. Armstrong
Chief, Contract Personnel Division

Distribution:

- Orig. and 1 - Addressee
- 2 - NEA Division
- 2 - CPD

OP/CPD:HSurles:ahw (9 Dec 57)

SECRET

S-E-C-R-E-T
(When Filled In)

27 JUN 1957

MEMORANDUM FOR: Chief, Contract Personnel Division
ATTENTION :
FROM : Deputy Director of Security (Investigations
and Support)
SUBJECT : ~~XXXXXXXXXX~~
Special Phillips

1. Reference is made to the memorandum dated 18 June 1957 in which a covert security clearance was requested to permit the Subject's conversion from an Ops Officer (FP), GS-14, DDP/WH, Branch III, Havana, Cuba, to an Ops Officer (PP), GS-14, DDP/NEA, Egypt and Arab States Branch, Project PECTATE,

2. In accordance with the provisions set forth in the Director's Memorandum of 14 February 1949 entitled, "Security and Operational Clearances," a covert security clearance is granted for the use of the Subject, as described in your request as set forth in paragraph 1, above. For administrative purposes only, this clearance is effective as of 18 June 1957.

3. Subjects of covert security clearances are not to represent themselves as, nor are they to be represented as, employees of CIA.

4. Your attention is called to the fact that a covert security clearance does not constitute complete compliance with the provisions of CIA Regulation 10-210. Therefore, if you should desire at a later date to change the status or use of this individual, a request for clearance to cover any proposed change should be submitted to this office.

5. This clearance becomes invalid in the event the Subject's services are not utilized within 60 days of the date of this memorandum.

FOR THE DIRECTOR OF SECURITY:

Robert H. Cunningham
Robert H. Cunningham

S-E-C-R-E-T

SECRET

Date: 18 June 1957

MEMORANDUM FOR: Chief, Special Security Division

FROM : Chief, Special Contracting, Allowances & Processing Staff, Wing 2F, Curtis Hall

SUBJECT : Philippe (P); Your Number 40696

1. In compliance with paragraph four (4), your memorandum dated , subject as above, clearance to cover the following proposed change in subject's status and/or use is hereby requested.

Ops Officer(PP)	Position Title	Ops. Off(PP)
OS-14	Grade & Salary	OS-14
DDP/WH Branch III	Orgn Designation	DDP/NEA Egypt & Arab States Branch Project PECTATE
Havana, Cuba	Headquarters	<input type="text"/>
() Field () Dept'l	Field or Hqtrs.	() Field () Dept'l

2. Changes other than specified above:

Cover is Commercial

Case Officer: X3548

3. The proposed effective date of this change is: 16 June 1957 (For Financial

and Administrative reasons.

Please phone verbal concurrence to Det Kreinheder X3585

LOUIS W. ARMSTRONG
~~XXXXXXXXXXXXXXXXXX~~

*Verbal Concurrence
Granted by Mr Godar
21 June 57*

SECRET

SECRET

28 FEB 1957

MEMORANDUM FOR: Chief, Finance Division

SUBJECT: Equalization Allowance Adjustment for

~~XXXXXXXXXXXXXXXXXXXX~~

Phillips, Howard

1. Effective 13 January 1957, subject individual's equalization allowance is decreased from \$3780 to \$3145 per annum due to a reduced cost of living index for subject's post.

2. All other terms and conditions of the original authorization remain in full force and effect.

SIGNED

RALPH S. POLLOCK
Chief, Contract Personnel Division

elt-28 Feb 57

Distribution:

Original and 1: FD

2: WH Div

1: Subject File

1: Chrono File

1: Equal Allow File

1: my copy

SECRET

26 April 1957

MEMORANDUM FOR: Deputy Director for Investigations
& Operational Support

THROUGH : Contract Personnel Division
Richard L. Davis

SUBJECT : ~~Richard L. Davis~~ - Change of
Pseudonym

REFERENCE : Memorandum for Deputy Director for Investigations
& Operational Support, through, Contract Personnel
Division, from this office, dated 26 April 1957

Due to a compromise, the pseudonym of has been
changed. Please refer to reference for new pseudonym.

/s/ J. C. KING
Chief, WHD

*Distr. Bureau -
See
Records
File
Chrono - Statistics
allowance Staff
Selection ...
GCS*

SECRET

SECRET

26 April 1957

MEMORANDUM FOR: Deputy Director for Investigations
& Operational Support

THROUGH: Contract Personnel Division

SUBJECT: ~~XXXXXXXXXX~~ *Phillips, Harold*
New Pseudonym

REFERENCE: Memorandum for Deputy Director for Investigations
& Operational Support, through, Contract Personnel
Division, from this office, dated 26 April 1957

The pseudonym of subject of reference has been changed to

~~XXXXXXXXXX~~
Harold Phillips

J. C. AINO
Chief, WRO

SECRET

MEMORANDUM FOR: Chief, Finance Division

SUBJECT: Equalization Allowance Adjustment for

~~██████████~~
Phillips, Harold

1. Effective 7 October 1956, subject individual's equalization allowance is increased from \$3670 to \$3780 per annum.

2. All other terms and conditions of the original authorization remain in full force and effect.

RALPH S. POLLOCK
Chief, Contract Personnel Division

SECRET

3 JUL 1957

MEMORANDUM FOR: Chief, Finance Division

SUBJECT: Equalization Allowance for

Philip David

1. Subject individual is authorized an equalization allowance at the rate of \$950 per annum upon his arrival at

2. All other terms and conditions of the original authorization remain in full force and effect.

SECRET

Louis W. Armstrong
Chief, Contract Personnel Division

Distribution:

- Orig. and 1 - FD
- 2 - NEA
- ✓ 1 - Subject File
- 1 - Equal Allow File
- 1 - Chrono
- 1 - Extra

aih - 2 July 1957

SECRET

619

CLASSIFIED MESSAGE

ORIG : [redacted]
UNIT : WH/PLSS
EXT : 4457
DATE : 8 FEBRUARY 1956

19

SECRET

FOOTING			
1		2	
2		3	
3		4	

TO : HAVANA, CUBA
FROM : DIRECTOR
CONF : WH 5
INFO : FI/ADMIN, FI/RI 2, OP 2, S/C 2

SA

DIR 46833 (OUT 67172) 2146Z 8 FEB 56

FOUNDED
PRECEDENCE
CITE: DIR

TO: HAVA
RE: DIR 30629 (OUT 86720)

David Phillip

~~ARR~~ ARR HAVA 1440 HRS 9 FEB PAA 436 WITH FAMILY.

END OF MESSAGE

J. C. King
J. C. KING
RELEASING OFFICER

[redacted]
COORDINATING OFFICER
SECRET

[redacted]

IT IS FORBIDDEN TO MAKE A COPY OF THIS MESSAGE Copy No.

SECRET

Office Memorandum • UNITED STATES GOVERNMENT

TO : Chief, Contract Personnel Division

DATE: MAR 20 1956

FROM : Deputy Director of Security (Investigations and Support)

SUBJECT:

Philippe Herold

1. Reference is made to your request dated 20 January 1956 for a Covert Security Clearance to permit appointment of Subject to Staff Agent/operations officer at Havana, Cuba.

2. In accordance with the provisions set forth in the Director's Memorandum of 14 February 1949 entitled, "Security and Operational Clearances," a covert security clearance is granted for the covert use of the Subject, as described in your request as set forth in paragraph 1, above. This will confirm the Covert Security Clearance granted telephonically to Mr. Ken Wambold, OPD x-3585 on 26 January 1956.

3. Subjects of covert security clearances are not to represent themselves as, nor are they to be represented, as, employees of CIA.

4. Your attention is called to the fact that a covert security clearance does not constitute complete compliance with the provisions of CIA regulation 10-210. Therefore, if you should desire at a later date to change the status or use of this individual, a request for clearance to cover any proposed change should be submitted to this office.

5. This clearance becomes invalid in the event the Subject's services are not utilized within 60 days of the date of this memorandum.

FOR THE DIRECTOR OF SECURITY:

Robert H. Casper
Robert H. Casper

SECRET

SECRET
(When Filled In)

REQUEST FOR SECURITY CLEARANCE				REQUEST NO. (1-3)	
				REQUEST DATE (6-11)	
				20 Jan 1956	
NAME (LAST - FIRST - MIDDLE) XXXXXXXXXXXXXXXXXXXX David Phillips				YEAR OF BIRTH (29-30)	
				31 Oct 1922	
POSITION TITLE Operations Officer (OP)		POSITION NO. (31-36)	OCCUP. CODE (37-42)	GRADE (43-48)	
				OS-14	
LOCATION (CITY, STATE, COUNTRY) Havana, Cuba		ASSIGNMENT (OFFICE, DIVISION, BRANCH) DDP/WP		ORGR. CODE (45-49)	
TYPE OF APPLICANT		CONVERSION ACTION	IF OTHER, SPECIFY:	TYPE OF APPL. (49)	
REGULAR <input checked="" type="checkbox"/> CONTRACT <input type="checkbox"/> MILITARY <input type="checkbox"/>		SF to SA			
NAME OF REQUESTER John S. Block - C/PD		TYPE OF ASSIGNMENT AND FUNDS			MOTILS & FUND (50)
		MOS	USF	FF	V
					UV
CLEARANCE REQUIRED		PROVISIONAL FOR (INDICATE NAME OF POOL OR GROUP):			CLEARANCE (51)
		CONFIDENTIAL SECURITY CLEARANCE			SECRET
					FULL
ATTACHMENTS		PERSONAL HISTORY STATEMENT	APPENDIX I	REQUEST FOR WAIVER	RECRUIT. CODE (52-54)
		PHOTOGRAPH(S)	APPENDIX II	REPORT OF INTERVIEW	
VETERANS STATUS		MALE - VETERAN	FEMALE - VETERAN	VET. PREF. & SEX (55)	
		MALE - NON-VETERAN	FEMALE - NON-VETERAN		
REMARKS:					
<p align="center">Security #40696</p> <p align="center"><i>Review approval granted by Capt. Miller</i></p> <p align="center"><i>255A. 26 Jan 56. JLB</i></p>					
SPACE BELOW FOR SO USE ONLY					

CLASSIFIED MESSAGE

DATE : 021 08/MK/AJN
3 MAY 57

S-E-C-R-E-T

ROUTING	
1	4
2	5
3	6
MAY 3 1231Z 57	
ROUTINE	
IN 39082	

TO : DIRECTOR

FROM :

ACTION: NEA 6

INFO : FI/OPS 2, FI/RI 2, FD 3, OP 2, S/C 2

TO DIR INFO SA CITE

PECTATE

Phillips
 AND FAMILY ARRIVED 30 APRIL.

END OF MESSAGE

*File
KHW*

S-E-C-R-E-T

IT IS FORBIDDEN TO MAKE A COPY OF THIS MESSAGE

Copy No.

CLASSIFIED MESSAGE

DATE : 200 HM/JM/BJ
30 APR 57

200

SECRET

ROUTING	
1	4
2	5
3	6
APR 30 10 08 57 REC'D CABLE SECT.	
PRIORITY	
IN 37747	

TO : DIRECTOR
 FROM : HAVANA
 ACTION: WH 5
 INFO : FI/OPS 2, FI/RI 2, NEA 4, OP 2, S/C 2

TO : PRITY DIR INFO: CITE : HAVA 900
 ADMIN

David Phillips
~~XXXXXXXXXX~~ AND FAMILY DEPARTED HAVA CUBANA FLIGHT
 998 0800 HOURS 29 APR ETA 2100 HOURS 30 APR TIME
 PAA FLIGHT

END OF MESSAGE

Clara
1160

SECRET

SECRET
(When Filled In)

1. NAME (Last, First, Middle) Phillips, David Algeo		2. DATE OF BIRTH M 31 Oct 1922		3. AGE 41		
4. MARITAL STATUS Married		5. DEPENDENTS (Include own & step) 7		6. US NATURALIZATION STATUS NA		
7. CARRIER STATUS None		8. MEMBERSHIP None		9. OTHER STATUS None		
10. LAST REG. APT. QUAL. FOR Dns 1969		11. LAST REG. APT. QUAL. FOR Prof PCS O/S		12. LAST REG. APT. QUAL. FOR PCS O/S		
13. ASSESSMENT DATE None		14. PROFESSIONAL TEST DATE None		15. LANGUAGE APTITUDE TEST DATE None		
16. NON-CIA EMPLOYMENT 1942-43 Self-employed, Actor 1943-45 Military Service, USMC, S/Sgt 1949-54 "The South Pacific Mail" (News Paper), Santiago, Chile, - Owner-Editor, Publisher, Lecturer						
17. NON-CIA EDUCATION 1940-41 Collog of William & Mary, Williamsburg, Va - Drama, English 1941-42 Texas Christian Univ, Ft Worth, Texas - Drama, English 1948 Univ of Chile, Santiago, Chile - Spanish						
18. FOREIGN LANGUAGE ABILITIES (Language, Proficiency, Date Tested) French-R, Elem; M, Slight (Jun 1961); P, S, U, Slight; T, None-Oct '57 (His sp); Spanish, New World - R High; W, P, S, U Inter (Sep 1959) Transl & Interpreter Portuguese (Brazilia) - R Inter (Dec 1969)						
19. AGENCY SPONSORED TRAINING 1955 Reading Improvement 1971 Wpas/Defensive Driving 1965 COS Seminar 1969 Short Range Agt Cont Surv 1969 Portuguese 1969 COS Sem						
20. CIA EMPLOYMENT HISTORY SINCE 10 SEPT 1949 (Personal Actions, Military Orders, and Principal Details)						
EFFECTIVE DATE		POSITION TITLE & OCCUPATIONAL CODE/GRADE		BD	ORGANIZATION & ORGN. TITLE (If any)	LOCATION
1952-53		Contract Agent			WH/	
1954-55		Contract Employee			WH	
Apr 1955		Para Mil Off	0136.11	14	DDP/PP Ops Stf	Hq
Aug 1955		Ops Officer	0136.31	14	DDP/PP Ops/Info Coord Div	"
Feb 1956		Ops Off(PP)	0136.31	14	DDP/WH III/Havana Cuba Sta	Havana
Apr 1957		" " "	0136.31	14	DDP/WH/IAS Br/PROFESTATE	
1958-60		Contract Agent (Independent)			DDP/WH	Havana
Mar 1960		Ops Off	0136.01	14	DDP/OS Dev Comp/WH	Hq
Apr 1960		" " "	0136.01	14	DDP/WH-4	"
Sep 1961		" " "	0136.01	14	DDP/WH-3/Mexico Sta	Mexico City
Sep 1963		" " "	0136.01	15	" " "	"
Jan 1965		Chief of Station	0136.05	15	DDP/WH-2/	
Sep 1967		Ops Off	0136.01	15	DDP/WH/Ch, Cuban Ops Group	Hq
Dec 1968		" " "	0136.01	16	" " " " " "	"
Jan 1970		Chief of Sta	0136.05	16	DI/WH/IR-5/COS	
Jul 1971		" " "	0136.05	16	" " " " " "	
Nov 1971		" " "	0136.05	17	" " " " " "	
Aug 1972		" " "	0136.05	17	DDP/WH-3/	Sta

21. DATE REVIEWED 5 Jun 1974 22. PROFILE REVIEWED BY [Signature] 23. DATE REVIEWED 22 Jun 1969

SECRET
(When Filled In)

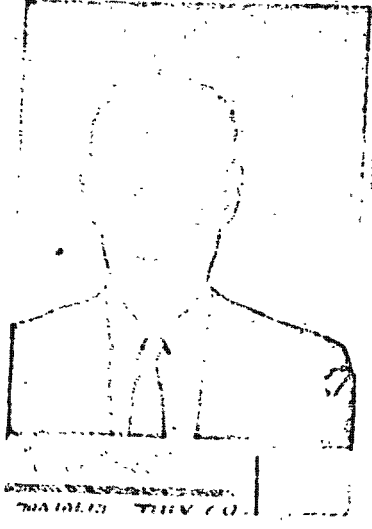
PERS. SERIAL NO.		BIOGRAPHIC PROFILE (Continuation Sheet)				
NAME (Last-First-Middle)					DATE OF BIRTH	
PHILLIPS, David Ailee					31 Oct 1923	
Empty space for biographic profile content						
19. CIA EMPLOYMENT HISTORY SINCE 19 SEPT. 1947 (Personnel Actions, Military Orders, and Principal Details) (Cont'd.)						
EFFECTIVE DATE	POSITION TITLE & OCCUPATIONAL CODE	GRADE	SI	ORGANIZATION & ORGAN. TITLE (If any)	LOCATION	
Jun 1973	Ch WH Div 0001.10	17	E	Dir/Chief, WH Division	Hq	
Dec 1973	" " " 0001.10	18	D	" " " " "	"	
DATE REVISION		PROFILE REVISION BY				
Jun 1974		hrs/ed				

FORM 10-73 1200-1a

SECRET

U.S. IMPDET CL BY: D1000 PROFILE 141

SECRET
(When Filled In)

PERSONAL SERIAL NO. 024589		BIOGRAPHIC PROFILE (PART 2)	
NAME (Last-First-Middle) PHILLIPS, David A. Joe		DATE OF BIRTH 31 Oct. 1922	
			
24. IDENTITY OF OTHER DOCUMENTS WHICH SHOULD BE REVIEWED IN DETAIL SEE COVER HISTORY ATTACHED.			
25. ADDITIONAL INFORMATION Award 1955 Intelligence Medal of Merit for his outstanding dedication and devotion to the cause of freedom, during the period Jan - Jul 1954. Commendation 1961 from DCI for loyal and devoted performance while serving with JMWAVE. Awarded 1958 Intelligence Medal of Merit for outstanding dedication and devotion to the cause of freedom. Appreciation 1962 from US Ambassador, Mexico City conveying President Kennedy's thanks to Embassy Staff who contributed to success of his Mexican visit. Appreciation 1966 from CNEP, USFORCENEP for outstanding contribution in the accomplishment of USFORCENEP Intelligence missions 1 May 1965 - 17 Jan 1966. Commendation 1966 from the DCI for especially meritorious service during the past year by members of the [redacted] Commendation from DCI for services rendered during the crisis while TDY in the [redacted] Station. Appreciation 1968 from [redacted] to Deputy Director, Voice of America, USIA, for Subject's able and effective representation of the United States during turbulent events in the country three years ago. Appreciation 1969 from Ch, DOD for briefing the DO Base Chiefs' Conference - 17 Feb 1969.			
26. DATE REVIEWED 5 Jun 1974		27. PROFILE REVIEWED BY hmc/cal	

SECRET

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP		27 July 1973	2500
TO: (Check)	<input checked="" type="checkbox"/> CHIEF, CONTROL DIVISION, OP	SS NUMBER	
	<input type="checkbox"/> CHIEF, CONTRACT PERSONNEL DIVISION, OP	EMPLOYEE NUMBER 024345	
	<input checked="" type="checkbox"/> CHIEF, OPERATING COMPONENT (For action) WH	ID CARD NUMBER	
ATTN:	Chief Support Staff	OFFICIAL COVER	<input checked="" type="checkbox"/> ESTABLISHED <input type="checkbox"/> DISCONTINUED
REF:	Form 1322 dated 7 Jun 73		
SUBJECT	PHILLIPS, DAVID A.	UNIT	
KEEP ON TOP OF FILE WHILE COVER IN EFFECT			
<input checked="" type="checkbox"/>	ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS	CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS EFFECTIVE DATE:	
<input checked="" type="checkbox"/>	BASIC COVER PROVIDED EFFECTIVE DATE EOD	SUBMIT FORM 3254 _____ B-2 TO BE ISSUED. (HR 20-11)	
<input type="checkbox"/>	OPERATIONAL COVER PROVIDED FOR _____ TOY _____ OTHER (Specify)	SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY _____ (HR 20-7)	
<input checked="" type="checkbox"/>	SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY _____ (HR 20-7)	EAA: CATEGORY I	CATEGORY II
<input checked="" type="checkbox"/>	SUBMIT FORM 3254 _____ B-2 TO BE ISSUED. (HR 20-11)	RETURN ALL OFFICIAL IDENTIFICATION TO CCS	
<input checked="" type="checkbox"/>	SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (HR 2-6-72)	SUBMIT FORM 2686 FOR _____ HOSPITALIZATION CARD	
<input checked="" type="checkbox"/>	SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (HR 240-2*)	DO NOT WRITE IN THIS BLOCK	
<input checked="" type="checkbox"/>	EAA: CATEGORY I	CATEGORY II	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	SUBMIT FORM 2686 FOR AGE HOSPITALIZATION CARD		
REMARKS AND/OR COVER HISTORY			
JAN 53-54- [redacted]			
MAY 54-FEB 56- [redacted]			
FEB 56-APR 57- [redacted]			
APR 57-JUL 58- [redacted]			
AUG 58-MAR 60- [redacted]			
MAR 60-22 AUG 61-HQS/ [redacted]			
23 AUG 61-JUL 65- [redacted]			
JUL 65-JUN 67- [redacted]			
JUN 67-JUN 70-HQS/ [redacted]			
JUN 70-14 JUN 73- [redacted]			
DISTRIBUTION 15 JUN 73-21 JUL 73-HQS/ [redacted]			
COPY 1 - CD OR CP [redacted]			
COPY 2 - OPERATING [redacted]			
COPY 3 - OS/SRACD 22 JUL 73-HQS/ [redacted]			
COPY 4 - OLATIB [redacted]			
COPY 5 - CCS-FILE [redacted]			
BP:SS		<i>James J. Franklin</i> CHIEF, OFFICIAL COVER, CENTRAL COVER STAFF	

SECRET

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP		7 MAY 1975	FILE NO. 2500
TC: (Check)	<input checked="" type="checkbox"/> CHIEF, CONTROL DIVISION, OF	CS NUMBER	
	<input type="checkbox"/> CHIEF, CONTRACT PERSONNEL DIVISION, OF	EMPLOYEE NUMBER	024345
	<input checked="" type="checkbox"/> CHIEF, OPERATING COMPONENT (For action) LA	ID CARD NUMBER	
ATTN:	CHIEF SUPPORT STAFF	OFFICIAL COVER	ESTABLISHED
REF:	RETIREMENT		<input checked="" type="checkbox"/> DISCONTINUED
SUBJECT	DAVID ATLEE PHILLIPS	UNIT	

KEEP ON TOP OF FILE WHILE COVER IN EFFECT

<input type="checkbox"/> ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS	<input checked="" type="checkbox"/> CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS EFFECTIVE DATE: EOD
<input type="checkbox"/> BASIC COVER PROVIDED EFFECTIVE DATE _____	<input checked="" type="checkbox"/> SUBMIT FORM 3254 CIA _____ W-2 TO BE ISSUED: (HNB 20-11)
<input type="checkbox"/> OPERATIONAL COVER PROVIDED. FOR _____ TDY _____ OTHER (Specify)	<input checked="" type="checkbox"/> SUBMIT FORM 612 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY _____ (HNB 20-7)
<input type="checkbox"/> SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY _____ (HNB 20-7)	NA EAA. CATEGORY I CATEGORY II
<input type="checkbox"/> SUBMIT FORM _____ FOR _____	<input checked="" type="checkbox"/> RETURN ALL OFFICIAL DOCUMENTATION TO CCS
<input type="checkbox"/> SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (HR 240-1c)	<input type="checkbox"/> SUBMIT FORM 2688 FOR _____ GEBA
<input type="checkbox"/> SUBMIT FORM _____ FOR _____ RESPONSIBILITY. (HR 240-1c)	
EAA. CATEGORY I CATEGORY II	
<input type="checkbox"/> SUBMIT FORM 2688 FOR _____ HOSPITALIZATION CARD	
REMARKS AND/OR COVER HISTORY	
SUBJECT WILL BE ACKNOWLEDGED AS CIA FOR ENTIRE PERIOD OF EMPLOYMENT BUT WILL NOT REVEAL SPECIFIC PLACES OR LOCATIONS OF COVER ASSIGNMENTS.	

THIS MEMO MUST REMAIN ON TOP OF FILE

DISTRIBUTION:

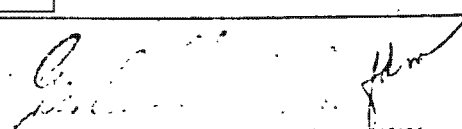
- 1 - CD OR CPD
- 2 - OPERATING COMPONENT *EP/mlr*
- 1 - OS/SRCD
- 1 - OC-03/TFB
- CCS-FILE

CHIEF, OFFICIAL COVER BRANCH, COVER AND COMMERCIAL STAFF

SECRET

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP		DATE	FILE NO.
		27 MARCH 1975	2500
TC: (Check)	<input checked="" type="checkbox"/> CHIEF, CONTROL DIVISION, OP	SS NUMBER	
	<input type="checkbox"/> CHIEF, CONTRACT PERSONNEL DIVISION, OP	EMPLOYEE NUMBER	024345
	<input checked="" type="checkbox"/> CHIEF, OPERATING COMPONENT (For action) LA	ID CARD NUMBER	
ATTN:	CHIEF SUPPORT STAFF	OFFICIAL COVER	ESTABLISHED
REF:	VERBAL		DISCONTINUED
SUBJECT	DAVID ATLEE PHILLIPS	UNIT	

KEEP ON TOP OF FILE WHILE COVER IN EFFECT

ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS	<input checked="" type="checkbox"/>	CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS	<input checked="" type="checkbox"/>
<input type="checkbox"/> BASIC COVER PROVIDED EFFECTIVE DATE _____		EFFECTIVE DATE: 22 JULY 1973	
<input type="checkbox"/> OPERATIONAL COVER PROVIDED FOR _____ TDY _____ OTHER (Specify)		SUBMIT FORM 3254 _____ CIA _____ W-2 TO BE ISSUED. (HHB 20-11)	<input checked="" type="checkbox"/>
SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY _____ (HHB 20-7)		SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY _____ (HHB 20-7)	<input checked="" type="checkbox"/>
		EAA: CATEGORY I	CATEGORY II
		<input checked="" type="checkbox"/> RETURN ALL OFFICIAL DOCUMENTATION TO CCS	
SUBMIT FORM 3254 _____ W-2 TO BE ASSIGNED (HHB 20-11)		SUBMIT FORM 3254 BY _____ HOSPITALIZATION CARD	<input checked="" type="checkbox"/>
SUBMIT FORM 3254 FOR ANY CHANGE AFFECTING THIS COVER. (HR 240-20)		NOTE: _____	
SUBMIT FORM 323 OF TRANSFER OF COVER RESPONSIBILITY. (HHB 20-7)			
EAA: CATEGORY I		CATEGORY II	
SUBMIT FORM 2688 FOR _____ HOSPITALIZATION CARD			
PERIODS AND/OR COVER 15 JAN 53-54 _____ MAY 54-FEB 56 _____ FEB 56-APRIL 57 _____ APRIL 57-JULY 58 _____ AUG 58-MARCH 60 _____ MARCH 60-22 AUG 61-HQS _____ 23 AUG 61-JULY 65 _____ JULY 65-JUNE 67 _____ JUNE 67-JAN 70-HQS _____ JAN 70-JULY 71 _____ JULY 71-JULY 72 _____			
DISTRIBUTION COPY 1 - CD OR CPD COPY 2 - OPERATING COMPONENT COPY 3 - OS/SRACD COPY 4 - OC-OO-TFB COPY 5 - CCS-FILE		(TO BE CONTINUED) 	

SECRET

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP		FILE NO. 2500
TO: (Check)	CHIEF, CONTROL DIVISION, OP	SS NUMBER
	CHIEF, CONTRACT PERSONNEL DIVISION, OP	EMPLOYE NUMBER
	CHIEF, OPERATING COMPONENT (For action)	ID CARD NUMBER
ATTN:		ESTABLISHED
REF:	OFFICIAL COVER	DISCONTINUED
SUBJECT DAVID ATLEE PHILLIPS		UNIT

KEEP ON TOP OF FILE WHILE COVER IN EFFECT

ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS		CANCELLATION OF OFFICIAL COVER UNSLOCK RECORDS EFFECTIVE DATE:	
<input type="checkbox"/> BASIC COVER PROVIDED EFFECTIVE DATE _____		SUBMIT FORM 3254 _____ W-2 TO BE ISSUED. (HNB 20-11)	
<input type="checkbox"/> OPERATIONAL COVER PROVIDED FOR _____ TDY _____ OTHER (Specify)		SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY _____ (HNB 20-7)	
SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY _____ (HNB 20-7)		EAA: CATEGORY I CATEGORY II	
SUBMIT FORM 3254 _____ W-2 TO BE ISSUED. (HNB 20-11)		RETURN ALL OFFICIAL DOCUMENTATION TO CCS	
SUBMIT FORM 1326 FOR ANY CHANGE AFFECTING THIS COVER. (HR 240-2)		SUBMIT FORM 2688 FOR HOSPITALIZATION CARD	
SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (HR 240-2e)		DO NOT WRITE IN THIS BLOCK	
EAA: CATEGORY I CATEGORY II			
SUBMIT FORM 2688 FOR _____ HOSPITALIZATION CARD			
REMARKS AND/OR COVER HISTORY (CONTINUE)			
AUG 72-14 JUNE 73- [redacted]			
15 JUNE 73-21 JULY 73-HQS- [redacted]			
22 JULY 73-24 MARCH 75-HQS- [redacted]			
25 MARCH 75-HQS- [redacted]			
DISTRIBUTION: COPY 1 - CD 20 CPD COPY 2 - OPERATING COMPONENT COPY 3 - OS 23ACD COPY 4 - OC 22 TFS COPY 5 - CCS-FILE		[redacted signature box]	
CHIEF, OFFICIAL COVER BRANCH COVER AND COMMERCIAL STAFF			

SECRET

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP		27 July 1973	FILE NO. 2500
TO: (check)	<input checked="" type="checkbox"/> CHIEF, CONTROL DIVISION, OF	SS NUMBER	
	<input type="checkbox"/> CHIEF, CONTRACT PERSONNEL DIVISION, OP	024345	
	<input checked="" type="checkbox"/> CHIEF, OPERATING COMPONENT (For action)	WH	IC CARD NUMBER
ATTN:	Chief Support Staff	OFFICIAL COVER	<input checked="" type="checkbox"/> ESTABLISHED <input type="checkbox"/> DISCONTINUED
REF:	Form 1322 dated 7 Jun 73		
SUBJECT	PHILLIPS, DAVID A.	UNIT	

KEEP ON TOP OF FILE WHILE COVER IN EFFECT

<input checked="" type="checkbox"/> ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS	CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS EFFECTIVE DATE:
<input checked="" type="checkbox"/> BASIC COVER PROVIDED EFFECTIVE DATE EOD	SUBMIT FORM 3254 TO BE ISSUED. (HNB 20-14)
<input type="checkbox"/> OPERATIONAL COVER PROVIDED FOR TOY OTHER (Specify)	SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY (HNB 20-7)
<input checked="" type="checkbox"/> SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY (HNB 20-7)	EAA: CATEGORY I CATEGORY II
<input checked="" type="checkbox"/> SUBMIT FORM 3254 TO BE ISSUED. (HNB 20-11)	RETURN ALL OFFICIAL COVER DOCUMENTATION TO CCS
<input checked="" type="checkbox"/> SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (HR 240-20)	SUBMIT FORM 2688 FOR HOSPITALIZATION CARD
<input checked="" type="checkbox"/> SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (HR 240-20)	DO NOT WRITE IN THIS BLOCK
<input checked="" type="checkbox"/> EAA. CATEGORY I CATEGORY II	
<input checked="" type="checkbox"/> SUBMIT FORM 2688 FOR HOSPITALIZATION CARD	
REMARKS AND/OR COVER HISTORY	
JAN 53-54- [redacted]	
MAY 54-FEB 56- [redacted]	
FEB 56-APR 57- [redacted]	
APR 57-JUL 58- [redacted]	
AUG 58-MAR 60- [redacted]	
MAR 60-22 AUG 61-HQS/ [redacted]	
23 AUG 61-JUL 65- [redacted]	
JUL 65-JUN 67- [redacted]	
JUN 67-JUN 70-HQS/ [redacted]	
JUN 70-14 JUN 73- [redacted]	
DISTRIBUTION: 15 JUN 73-21 JUL 73-HQS/ [redacted]	
COPY 1 - CD 84 CPO [redacted]	
COPY 2 - OPERATING [redacted]	
COPY 3 - OPERATED 22 JUL 73-HQS/ [redacted]	
COPY 4 - DL TFB [redacted]	
COPY 5 - CCS-FILE [redacted]	
EBP:SS	
James Franklin CHIEF, OFFICIAL COVER, CENTRAL COVER STAFF	

SECRET

COVER CONTRL JT. RETIREMENT PROCESSING										FILE		
TO: Retirement Operations Branch Office of Personnel										DATE 17 April 1975		
RETIREE [REDACTED]					CATEGORY OF EMPLOYMENT							
On the basis of a review of the records of the [REDACTED] the following action is to be taken on processing retirement documentation for the person named above.												
TYPE RETIREMENT			CIVIL SERVICE			CIARDS			DATE 12/1/75			
COVER		OVERT ROUTINE		COVERT (OFFICIAL COVER) LOCK-UP		COVERT (NOV) SPECIAL	RETENTION OF AWARDS		YES		NO	
CORRESPONDENCE			OVERT			COVERT			THRU CCS			
FINANCES												
ANNUITY PAYMENTS SHOULD BE					U.S. GOV'T. CHECK			OTHER (Payment instructions follow)				
TAX DOCUMENTATION SHOULD BE					CIA		CSC		OTHER (MEMO FOLLOWS)			
REQUEST TRANSFER OF FUNDS FROM CIVIL SERVICE COMMISSION					YES		NO		INTERNAL TRANSFER			
INSURANCE												
FEGLI		OVERT		COVERT		MAINTAIN RECORDS INTERNALLY ONLY						
TYPE OF HOSPITALIZATION CARD:												
AUTHORIZATION TO CONVERT INSURANCE					YES		CONVERSION MUST BE APPROVED BY CCS					
RESERVE												
MEMBER OF CIVILIAN RESERVE					YES		NO		OVERT		COVERT	
REMARKS												
CHIEF, COVER SUPPORT BRANCH COVER A COMMERCIAL STAFF												
THIS SECTION TO BE COMPLETED BY OFFICE OF SECURITY												
NO SECURITY OBJECTIONS TO ABOVE.												
OTHER INSTRUCTIONS AS FOLLOWS:												
CHIEF, EMPLOYEE ACTIVITY BRANCH, OFFICE OF SECURITY												

FORM 3429

SECRET

E 2. IMPDET CL. BY. 007622

7 - OFF. PERO. FILE ROOM

FOR PURPOSES OF THE FAIR LABOR STANDARDS ACT, AS AMENDED,
YOU ARE DESIGNATED EXEMPT.

EFFECTIVE DATE OF DESIGNATION: 01 MAY 1974.

PHILLIPS DAVID A

024345

41354523

"PAY ADJUSTMENT IN ACCORDANCE WITH THE PROVISIONS OF SECTION 5305 OF
TITLE 5, U.S.C. AND EXECUTIVE ORDER 11811 PURSUANT TO AUTHORITY OF DCI
AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND DCI DIRECTIVE
DATED 08 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 13 OCTOBER 1974

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	NEW SALARY
PHILLIPS DAVID A	024345	01 050	CF	GS 18 1	\$36,000

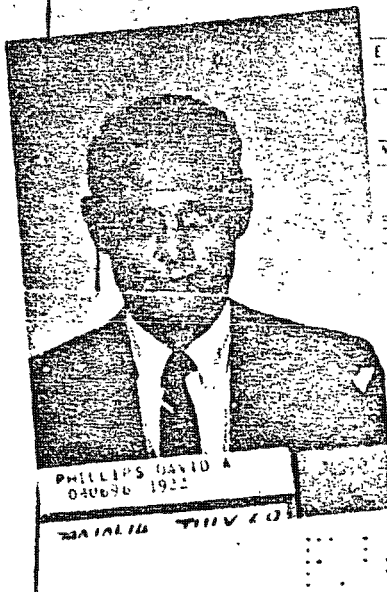
DLM: 12 MAY 75

SECRET
(When filled in)

NOTIFICATION OF PERSONNEL ACTION

DEF

1 SERIAL NUMBER 024345		2 NAME (LAST FIRST MIDDLE) PHILLIPS DAVID A	
3 NATURE OF PERSONNEL ACTION RETIREMENT (VOLUNTARY) UNDER CIA RETIREMENT AND DISABILITY SYSTEM AND CANCELLATION OF NSCA			4 EFFECTIVE DATE MO DA YR 05 09 75
5 CATEGORY OF EMPLOYMENT REGULAR			6 FAN AND NSCA 5135 4523 0000
7 CSC OR OTHER LEGAL AUTHORITY PL 88-643 SECT 233		8	
9 ORGANIZATIONAL DESIGNATIONS DDO/LA DIVISION OFFICE OF THE CHIEF		10 LOCATION OF OFFICIAL STATION WASH., D.C.	
11 POSITION TITLE CHIEF LA DIVISION		12 POSITION NUMBER CN51	13 SERVICE DESIGNATION DYY
14 CLASSIFICATION SCHEDULE (GS, FS, WN)	15 OCCUPATIONAL SERIES	16 GRADE AND STEP	17 SALARY OR RATE
GS	0001.10	18 1	36000
18. REMARKS "IN ACCORDANCE WITH HR 20-23A(2), AN EMPLOYEE WILL HOLD SUPERGRADE RANK FOR SUCH TIME AS THE DIRECTOR MAY DETERMINE, REGARDLESS OF THE NATURE OF THE DUTIES PERFORMED."			



E BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

22 STATION CODE	23 INTERSEE CODE	24 MILES CODE	25 DATE OF BIRTH MO DA YR 10 31 22			26 DATE OF GRADE MO DA YR			27 DATE OF LEI MO DA YR			
28 WENT DATA CODE		29 SEPARATION DATA CODE FR.0000		30 Correction, Cancellation Data TYPE MO DA YR			33 SECURITY REQ NO			34 SER		
35 ONR COMP DATE		36 CAREER CATEGORY DA YR LAB BRN CODE CODE WAIVER HEALTH INS CODE			39 REGI / HEALTH INSURANCE			40 SOCIAL SECURITY NO				
42 LEAVE CAT CODE		43 FEDERAL TAX DATA FORM EXEMPTED CODE NO TAX EXEMPTIONS			44 STATE TAX DATA FORM EXEMPTED CODE NO TAX STATE CODE							
SIGNATURE OF OTHER AUTHENTICATION												

POSTED

JK 5/13/75

YTB

RCS: 28 DEC 73

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

OCF

1. SERIAL NUMBER 024345		2. NAME (LAST, FIRST, MIDDLE) PHILLIPS DAVID A	
3. NATURE OF PERSONNEL ACTION PROMOTION		4. EFFECTIVE DATE MO DA YR 12 23 73	
5. FUNDS V TO V CF TO V <input checked="" type="checkbox"/>		6. CATEGORY OF EMPLOYMENT REGULAR	
7. FAN AND NSCA 4135 4523 0001		8. CSC OR OTHER LEGAL AUTHORITY 50 USC 403 J	
9. ORGANIZATIONAL DESIGNATIONS DDO/WH DIVISION OFFICE OF THE CHIEF		10. LOCATION OF OFFICIAL STATION WASH., D.C.	
11. POSITION TITLE CHIEF WH DIVISION		12. POSITION NUMBER 0001	13. SERVICE DESIGNATION D
14. CLASSIFICATION SCHEDULE (GS, LS, WS)	15. OCCUPATIONAL SERIES	16. GRADE AND STEP	17. SALARY OR RATE
GS	0001.10	18 1	36000
18. REMARKS " IN ACCORDANCE WITH HR 20-23A(2), AN EMPLOYEE WILL HOLD SUPERGRADE RANK FOR SUCH TIME AS THE DIRECTOR MAY DETERMINE, REGARDLESS OF THE NATURE OF THE DUTIES PERFORMED."			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
19. ACTION CODE 22	20. EMPLOY CODE 10	21. OFFICE CODING NUMBER 51050 WH	22. STATION CODE 75013
23. INCREE CODE 1	24. HOURS CODE 1	25. DATE OF BIRTH MO DA YR 10 31 22	26. DATE OF GRADE MO DA YR 12 23 73
27. DATE OF LEI MO DA YR 12 23 73	28. DATE EXPIRES MO DA YR	29. SPECIAL REFERENCE <input checked="" type="checkbox"/> RETIREMENT DATA	30. SEPARATION DATA CODE
31. CORRECTION - CONCILIATION DATA	32. SECURITY REG NO	33. SER. NO	34. SER. NO
35. VET PREFERENCE	36. SERV COMP DATE MO DA YR	37. LONG COMP DATE MO DA YR	38. CAREER CATEGORY
39. FEDERAL HEALTH INSURANCE CODE	40. SOCIAL SECURITY NO	41. FEDERAL TAX DATA	42. STATE TAX DATA
43. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE	44. LEAVE CAT CODE	45. FEDERAL TAX DATA NO TAX EXEMPTIONS	46. STATE TAX DATA NO TAX EXEMPTIONS
SIGNATURES OR OTHER AUTHENTICATION			
			FOSTER <i>WAB 1-3-74</i>

"PAY ADJUSTMENT IN ACCORDANCE WITH THE PROVISIONS OF SECTION 5305 OF TITLE 5, U.S.C. AND EXECUTIVE ORDER 11739 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND DCI DIRECTIVE DATED 08 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 14 OCTOBER 1973

NAME	SERIAL	GRN.	FUNDS	GR-STEP	NEW SALARY
PHILLIPS DAVID A	024345	51	050	CF GS 17 4	\$36,000

SECRET
(When Filled In)

LML: 17 JUL 73

NOTIFICATION OF PERSONNEL ACTION																			
1 SERIAL NUMBER		2 NAME (LAST FIRST MIDDLE)																	
024345		PHILLIPS DAVID A																	
3 NATURE OF PERSONNEL ACTION					4 EFFECTIVE DATE		5 CATEGORY OF EMPLOYMENT												
					07 21 73		REGULAR												
6 FUNDS					7 PLAN AND PESA		8 CSC OR OTHER LEGAL AUTHORITY												
<table border="1"> <tr> <td>V TO V</td> <td></td> <td>V TO CF</td> </tr> <tr> <td>CF TO V</td> <td>X</td> <td>CF TO CF</td> </tr> </table>					V TO V		V TO CF	CF TO V	X	CF TO CF	4135 4523 (X-0)		50 USC 403 J						
V TO V		V TO CF																	
CF TO V	X	CF TO CF																	
9 ORGANIZATIONAL DESIGNATIONS					10 LOCATION OR OFFICIAL STATION														
DDO/WH DIVISION OFFICE OF THE CHIEF					WASH., D.C.														
11 POSITION TITLE					12 POSITION NUMBER				13 SERVICE DESIGNATION										
CHIEF, WH DIVISION					0001				D										
14 CLASSIFICATION SCHEDULE (AS IN 51)				15 OCCUPATIONAL SERIES		16 GRADE AND STEP		17 SALARY OR RATE											
GS				0001-10		17 4		36000											
18 REMARKS																			
WASH., D.C. " IN ACCORDANCE WITH HR 20-23A(2), AN EMPLOYEE WILL HOLD SUPERGRADE RANK FOR SUCH TIME AS THE DIRECTOR MAY DETERMINE, REGARDLESS OF THE NATURE OF THE DUTIES PERFORMED."																			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL																			
19 ACTION CODE		20 EMPLOY CODE		21 OFFICE CODING		22 STATION CODE		23 INTEREST CODE		24 HOURS CODE		25 DATE OF BIRTH		26 DATE OF GRADE		27 DATE OF LEI			
56		10		51050 WH		75013				1		10 31 22							
28 NET EXPENSE				29 SOCIAL PREFERENCE				30 RETIREMENT DATA		31 SAFETY OR DATA CODE		32 CORRECTION/CONCENTRATION CODE		33 SECURITY REQ NO		34 SER			
														EOD DATA					
35 NET PREFERENCE				36 SERV COMP DATE				37 LONG COMP DATE		38 CAREER CATEGORY		39 REG. HEALTH INSURANCE		40 SOCIAL SECURITY NO					
41 PREVIOUS CIVILIAN GOVERNMENT SERVICE				42 LEAVE CAT				43 FEDERAL TAX DATA				44 STATE TAX DATA							
SIGNATURE OF OTHER AUTHENTICATOR																			
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> POSTED 17 JUL 73 </div>																			

UMS: 18 JULY 73

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION																	
1. SER. A. NUMBER 024345		2. NAME (LAST FIRST MIDDLE) PHILLIPS DAVID A.															
3. NATURE OF PERSONNEL ACTION REASSIGNMENT						4. EFFECTIVE DATE MO DA YR 06 15 73		5. CATEGORY OF EMPLOYMENT REGULAR									
6. FUNDS		V TO V		V TO CF		7. PAN AND NSCA 4135 0620 (XXX)		8. CLK OR OTHER LEGAL AUTHORITY XX USC 403 J									
CF TO V		X		CF TO CF		9. ORGANIZATIONAL DESIGNATIONS DDO, WH DIVISION OFFICE OF THE CHIEF											
10. LOCATION OF OFFICIAL STATION WASH., D.C.						11. POSITION TITLE CHIEF WH DIVISION		12. POSITION NUMBER (0001)		13. SERVICE DESIGNATION U							
14. CLASSIFICATION SCHEDULE (GS, LE, etc.) GS			15. OCCUPATIONAL SERIES (XXX) 10			16. GRADE AND STEP 17 4		17. SALARY OR RATE 36(XXX)									
18. REMARKS CARACAS, VENEZUELA "IN ACCORDANCE WITH HR 20-23A(2), AN EMPLOYEE WILL HOLD SUPERGRADE RANK FOR SUCH TIME AS THE DIRECTOR MAY DETERMINE, REGARDLESS OF THE NATURE OF THE DUTIES PERFORMED"																	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL																	
19. ACTION CODE 37		20. EMPLOY CODE 10		21. OFFICE CODING 51000 WH		22. STATION CODE 7501J		23. INTEGRAL CODE S		24. HOURS CODE 1		25. DATE OF BIRTH MO DA YR 10 31 22		26. DATE OF GENDER MO DA YR		27. DATE OF DEATH MO DA YR	
28. VET STATUS XX XX XX		29. SPECIAL REFERENCE		30. RET. BENEFIT DATA		31. SEPARATION DATA CODE		32. CORRECTION/COMPLETION DATA		33. SECURITY REG. NO.		34. SER.		35. IOD DATA			
36. VET PREFERENCE		37. SERV. COMP. DATE		38. LONG. COMP. DATE		39. CAREER CATEGORY		40. FEDERAL TAX DATA				41. SOCIAL SECURITY NO.					
42. PREVIOUS U.S. GOVERNMENT SERVICE				43. STATE TAX DATA		44. FEDERAL TAX DATA				45. STATE TAX DATA							
46. PREVIOUS U.S. GOVERNMENT SERVICE (DETAILS)				47. STATE TAX DATA (DETAILS)		48. FEDERAL TAX DATA (DETAILS)				49. STATE TAX DATA (DETAILS)							
50. SIGNATURE OR OTHER AUTHENTICATION																	

POSTED
JUL 18 1973

SECRET
RCS

"PAY ADJUSTMENT IN ACCORDANCE WITH 5 U.S.C. 5305 AND EXECUTIVE ORDER 11691, PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND DCI DIRECTIVE DATED 08 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 07 JANUARY 1973

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	NEW SALARY
PHILLIPS DAVID A	024345	51	745	CF GS 17 4	\$36,000

654

1. SERIAL NO		2. NAME		3. ORGANIZATION		4. FUNDS		5. LWOP HOURS	
024345		PHILLIPS DAVID A.		51 745		CF			
A. OLD SALARY RATE				7. NEW SALARY RATE				8. TYPE ACTION	
Grade	Step	Salary	Last Eff Date	Grade	Step	Salary	EFFECTIVE DATE	SI	ADI
		\$30,000	11/26/71	GS 17 4		\$36,000	11/26/72		
CERTIFICATION AND AUTHENTICATION									
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE.									
SIGNATURE <i>Sheldon Stanley</i>						DATE <i>1/19/73</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									
SUPERVISOR INITIALS						AUDITED BY			
FORM 300 E PAY CHANGE NOTIFICATION									

SECRET

(When Filled In)

BBG: 26 AUG 72

NOTIFICATION OF PERSONNEL ACTION

1 SERIAL NUMBER 024345		2 NAME (LAST FIRST MIDDLE) PHILLIPS DAVID A	
3 NATURE OF PERSONNEL ACTION REASSIGNMENT			4 EFFECTIVE DATE MO DA YR 08 14 72
6 FUNDS V TO V CF TO V			5 CATEGORY OF EMPLOYMENT REGULAR
7 Financial Analysts No Chargeable 3135 1138 0000			8 CSC OR OTHER LEGAL AUTHORITY 50 USC 403 J
9 ORGANIZATIONAL DESIGNATIONS DDP/WH DIVISION FOREIGN FIELD BRANCH 3 -		10 LOCATION OF OFFICIAL STATION	
11 POSITION TITLE CHIEF OF STATION		12 POSITION NUMBER 0093	13 SERVICE DESIGNATION D
14 CLASSIFICATION SCHEDULE (GS, GS, etc.) GS	15 OCCUPATIONAL SERIES 0136.05	16 GRADE AND STEP 17 3	17 SALARY GR. RATE 36000
18 REMARKS "IN ACCORDANCE WITH HR 20-23A(2), AN EMPLOYEE WILL HOLD SUPERGRADE RANK FOR SUCH TIME AS THE DIRECTOR MAY DETERMINE, REGARDLESS OF THE NATURE OF THE DUTIES PERFORMED."			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
19 ACTION CODE 37	20 EMPLOY CODE 10	21 OFFICE CODING 51745 WH	22 STATION CODE 77003
23 INTEREST CODE S	24 MULTI CODE 3	25 DATE OF BIRTH MO DA YR 10 31 22	26 DATE OF GRACE MO DA YR
27 DATE OF LEI MO DA YR	28 VET PREFERENCE 10 13 74 82	29 SPECIAL REFERENCE	30 SECURITY (SEE INSTRUCTIONS)
31 VET PREFERENCE	32 VET COMP DATE	33 LONG COMP DATE	34 GASTER CATEGORY
35 FEEL HEALTH INSURANCE	36 SOCIAL SECURITY NO	37 PREVIOUS CIVILIAN GOVERNMENT SERVICE	38 LEAVE BALANCE
39 FEDERAL EMP DATA	40 STATE TAX DATA	41 FEDERAL EMP DATA	42 STATE TAX DATA
SIGNATURE OF OFFICE ADMINISTRATION			

POSTED

SECRET

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER 784343		2. NAME (LAST-FIRST-MIDDLE) WILLIAM DAVID													
3. NATURE OF PERSONNEL ACTION RELOCATION - N.S.C. 14		4. EFFECTIVE DATE MO: 05 DA: 01 YR: 74		5. CATEGORY OF EMPLOYMENT											
6. FUNDS V TO V CF TO V		7. Financial Analysis No. Chargeable 1102 1170 001		8. CSC OR OTHER LEGAL AUTHORITY											
9. ORGANIZATIONAL DESIGNATIONS COP/14 DIVISION		10. LOCATION OF OFFICIAL STATION CAMP DAVID, MARYLAND													
11. POSITION TITLE CHIEF OF SECTION		12. POSITION NUMBER 0913		13. SERVICE DESIGNATION											
14. CLASSIFICATION SCHEDULE (GS OR W)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE									
18. REMARKS															
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL															
19. ACTION CODE		20. OFFICE CODE		21. STATION		22. EMPLOYEE		23. NAME		24. DATE OF BIRTH		25. DATE OF GRADE		26. DATE OF 10	
28. AFE SYMBOL		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA		32. SEPARATION DATA		33. SECURITY		34. MR			
33. NET PRESENCE		34. SER. COMP. DATA		35. COMP. DATA		36. FUNDING CATEGORY		37. FISCAL HEALTH ASSISTANCE		38. SOCIAL SECURITY NO.					
41. FEDERAL CIVILIAN GOVERNMENT SERVICE		42. STATE SERVICE		43. FEDERAL PAY DATA		44. STATE TAX DATA									
SIGNATURE OR OTHER AUTHENTICATION							POSTED <i>W. D. Williams</i>								

SECRET

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 92-210 AND EXECUTIVE ORDER 11637 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: 9 JANUARY 1972

NAME	SERIAL	GRGN.	FUNDS	GR	STEP	NEW SALARY
PHILLIPS DAVID A	024345	51	925	CF	GS 17 3	\$35,000

BEG: 30 NOV 71

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION							
1. SERIAL NUMBER		2. NAME (LAST, FIRST, MIDDLE)					
024345		PHILLIPS DAVID A					
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT	
PROMOTION				11 28 71		REGULAR	
6. FUNDS		7. V TO V		8. V TO CF		9. TRANSFER ADDRESS No. Chargeable	
CF TO V		X		CF TO CF		2135 0694 0000	
10. CSC OF OTHER LEGAL AUTHORITY						50 USC 403 J	
11. ORGANIZATIONAL DESIGNATIONS				12. LOCATION OF OFFICIAL STATION			
DDP/WH DIVISION FOREIGN FIELD BRANCH 5							
13. POSITION TITLE				14. POSITION NUMBER		15. SERVICE DESIGNATION	
CHIEF OF STATION				0186		D	
16. CLASSIFICATION SYMBOL		17. OCCUPATIONAL SERIES		18. GRADE AND STEP		19. PAY GRADE	
GS		0136.05		17 3		34716	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
20. ACTION CODE	21. ACTION DATE	22. ACTION TYPE	23. ACTION CLASS	24. ACTION CODE	25. ACTION DATE	26. ACTION TYPE	27. ACTION CLASS
22	10	51825 WH	09026	S	3	10 31 22	11 28 71 11 28 71
ADD DATA							

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 91-231 AND EXECUTIVE ORDER 11524 PLUS ANY T^h 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: 28 DECEMBER 1969

NAME: PHILLIPS DAVID A SERIAL: 024345 ORG: 51 FUNDS: CF GR-STEP: GS 16 4 NEW SALARY: \$29,202

637

1 SERIAL NO		2 NAME		3 ORGANIZATION		4 FUNDS		5 LWOP HOURS	
024345		PHILLIPS DAVID A		51 730		CF			
6 OLD SALARY RATE				7 NEW SALARY RATE				8. TYPE ACTION	
Grade	Step	Salary	Last Eff Date	Grade	Step	Salary	EFFECTIVE DATE	SI	ADJ
GS 16	4	\$29,202	12/19/69	GS 16	5	\$30,087	12/13/70		
CERTIFICATION AND AUTHENTICATION									
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE.									
SIGNATURE						DATE			
<i>Joseph D. [Signature]</i>									
<input type="checkbox"/> NO EXC'S 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						CHECKED BY			
[Handwritten Initials]						[Handwritten Initials]			
FORM 7-68 5604		PAY CHANGE NOTIFICATION						(4-71)	

11/5/70

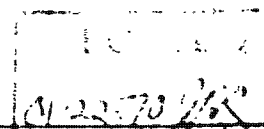
"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 91-231 AND EXECUTIVE ORDER 11524 PLUS ANY T^h AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 10 JANUARY 1971

NAME: PHILLIPS DAVID A SERIAL: 024345 ORG: 51 FUNDS: CF GR-STEP: GS 16 5 NEW SALARY: \$31,000

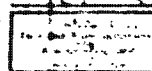
SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER 24345		2. NAME (LAST-FIRST MIDDLE) PILLIPS DAVID A	
3. NATURE OF PERSONNEL ACTION REASSIGNMENT			4. EFFECTIVE DATE 01 11 73
			5. CATEGORY OF EMPLOYMENT REGULAR
6. FUNDS	V TO V	V TO CF	7. Financial Analysis No. Chargeable 0135 0694 0000
	CF TO V	CF TO CF	
9. ORGANIZATIONAL DESIGNATIONS DDP/WH FOREIGN FIELD BRANCH 5			10. LOCATION (BY OFFICIAL STATION)
11. POSITION TITLE CHIEF OF STATION		12. POSITION NUMBER 0136	13. SERVICE DESIGNATION D
14. CLASSIFICATION SCHEDULE (GS, LB, W-1)	15. OCCUPATIONAL SERIES	16. GRADE AND STEP	17. SALARY OR RATE
GS	0136.05	16 4	27543
18. REMARKS WAS ... O.C. ... BASIS: W			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODES NUMERIC ALPHABETIC	22. STATION CODE
37	10	01730 W	09 37
23. GRADE CODE	24. EMPLOY CODE	25. DATE OF BIRTH	26. DATE OF GRADE
3	10	31 02	
27. DATE OF LEI	28. SPECIAL REFERENCE	29. RETIREMENT DATA	30. SEPARATION DATA CODE
31. VET PREFERENCE	32. SERV COMP DATE	33. LONG COMP DATE	34. CAREER CATEGORY
35. FEDERAL HEALTH INSURANCE	36. SOCIAL SECURITY NO.	37. PREVIOUS CIVILIAN GOVERNMENT SERVICE	38. STATE TAX DATA
SIGNATURE OR OTHER AUTHENTICATION			
 01-22-73 / JBC			

SECRET

JBC



"MAY BE RELEASED IN ACCORDANCE WITH SECTION 218 OF PL 90-206 AND EXECUTIVE ORDER 11674 PURSUANT TO THE AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 5 OCTOBER 1942"

EFFECTIVE DATE OF PAY ADJUSTMENT: 15 JULY 1949

NAME	SERIAL	ORG.	FUNDS	GR-STEP	P.F. SALARY
PHILLIPS DAVID A	024745	51	500	CF GS 16 4	\$27,549

SECRET
(When Filled In)

PLM: 13 DEC 51

NOTIFICATION OF PERSONNEL ACTION									
1. SERIAL NUMBER		2. NAME (LAST, FIRST, MIDDLE)							
024745		PHILLIPS DAVID A							
3. NATURE OF PERSONNEL ACTION					4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT		
PROMOTION					12 15 49		REGULAR		
6. FUNDS		7. Y TO V		8. V TO CF		9. FUND SYMBOL		10. FSC OR OTHER LEGAL AUTHORITY	
51 500		X		CF TO CF		5135 5000 0000		50 USC 403 J	
11. ORGANIZATIONAL DESIGNATIONS					12. LOCATION OF OFFICIAL STATION				
DDP/WH WH/COG OFFICE OF THE CHIEF					WASH., D.C.				
13. POSITION TITLE					14. POSITION NUMBER		15. SERVICE DESIGNATION		
CPS OFFICER CH					1105		D		
16. CLASSIFICATION SCHEDULE (GS, AF, etc.)			17. OCCUPATIONAL SERIES		18. GRADE AND STEP		19. SALARY OF RATE		
GS			0135.71		16 4		2511		
20. REMARKS									
WASH., D.C.									
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL									
21. ACTION CODE	22. EMPLOY CODE	23. OFFICE SYMBOL	24. STATION SYMBOL	25. PAYROLL SYMBOL	26. DATE OF BIRTH	27. DATE OF GRADE	28. DATE OF LET		
22	14	DDP/WH	WH/COG	S	12 21 49	12 15 49	12 15 49		
29. PAY SYMBOL		30. DEPARTMENT DATA		31. SEPARATION DATA		32. SOCIAL SECURITY NO.			
51 500						1234 5678			
33. PAY PREVIOUS		34. LEAVE COMP DATA		35. LEAVE COMP DATA		36. MILITARY SERVICE			
37. FEDERAL EMPLOYEE DEVELOPMENT SERVICE		38. FEDERAL TAX DATA		39. FEDERAL TAX DATA		40. STATE TAX DATA			
SIGNATURE OF OFFICIAL AUTHORIZING									
POSTED									

"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
PHILLIPS DAVID A	024345	51	500	CF GS 15 5	\$19,978	\$20,856

OK [unclear]

"PAY ADJUSTMENT IN ACCORDANCE WITH SECTIONS 212 AND 216 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: 15 JULY 1968

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
PHILLIPS DAVID A	024345	51	500	CF GS 15 5	\$20,856	\$22,416

EX-10

COMPLETION OF TAX STATEMENTS

SP-10 2-0117-01

1	SERIAL NO	2	NAME	3	ORGANIZATION	4	FUNDS	5	EWOP HOURS	
	024345		PHILLIPS DAVID A		51 900		CF			
A			OLD SALARY RATE	7			NEW SALARY RATE		B TYPE ACTION	
Grade	Step	Salary	Last Eff Date	Grade	Step	Salary	EFFECTIVE DATE	SI	ADJ	
		22416				23075				
GS 15 5		22416	09/29/66	GS 15 5		22416	09/22/68			
CERTIFICATION AND AUTHENTICATION										
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE.										
SIGNATURE						DATE				
<i>[Signature]</i>						12 July 1968				
<input type="checkbox"/> NO EXCESS PWOP <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> EWOP STATUS AT END OF WAITING PERIOD										
CLERK'S INITIALS						AUDITED BY				

SECRET
(When Filled In)

SE: 12 SEPT. 67

NOTIFICATION OF PERSONNEL ACTION													
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)											
0211345		PHILLIPS DAVID A											
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT							
REASSIGNMENT				09 10 67		REGULAR							
6. FUNDS		V TO V		V TO CF		7. Financial Analysis No. Chargeable		8. CSC OR OTHER LEGAL AUTHORITY					
CF TO V		X		CF TO CF		3135 0620 (XXX)		50 USC 403 J					
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION							
DDP/WH WH/COG OFFICE OF THE CHIEF						WASH., D.C.							
11. POSITION TITLE				12. POSITION NUMBER		13. SERVICE DESIGNATION							
GPS OFFICER CH				1105		D							
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)			15. OCCUPATIONAL SERIES			16. GRADE AND STEP			17. SALARY OR RATE				
GS			0136.01			15-5			19978				
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. Hdqtrs Code	25. DATE OF BIRTH			26. DATE OF GRADE		27. DATE OF LEI	
37	10	51500 WH		75013	5	1	10 31 22						
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					
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 LAT		43. FEDERAL TAX DATA		44. STATE TAX DATA					
SIGNATURE OR OTHER AUTHENTICATION													

Signature
9/13/67

GS-4

1. Serial No.		2. Name		3. Cost Center Number		4. LWOP Hours				
024345		PHILLIPS DAVID A		01 750 CB						
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	4	19371	09/27/64	GS 15	5	19978	09/24/66			
8. Remarks and Authorization										
<p>NO EXCESS LWOP IN PAY STATUS AT END OF WAITING PERIOD LWOP STATUS AT END OF WAITING PERIOD CLERKS INITIALS AUDITED BY</p> <p>I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.</p> <p>SIGNATURE: <i>Marvin</i> DATE 15/7/66</p>										
PAY CHANGE NOTIFICATION										



RUH

SECRET
(When Filled In)

BJT, 18 OCT 66

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER: 024345
2. NAME (LAST FIRST MIDDLE): PHILLIPS DAVID A

3. NATURE OF PERSONNEL ACTION: DESIGNATION AS PARTICIPANT IN CIA RETIREMENT AND DISABILITY SYSTEM
4. EFFECTIVE DATE: 10 | 23 | 66
5. CATEGORY OF EMPLOYMENT: REGULAR

6. FUNDS: [arrow pointing right]
7. COST CENTER NO (CHARGEABLE): 7135 0875 0000
8. CSC OR OTHER LEGAL AUTHORITY: PL 88-643 SECT. 203

9. ORGANIZATIONAL DESIGNATIONS: DDP/WH
10. LOCATION OF OFFICIAL STATION: [redacted]

11. POSITION TITLE: [redacted]
12. POSITION NUMBER: [redacted]
13. SERVICE DESIGNATION: D

14. CLASSIFICATION SCHEDULE (GS, LS, etc):
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 AND RIGHT OF APPEAL TO THE DIRECTOR OF CENTRAL INTELLIGENCE.

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE	20. Emply. Code	21. OFFICE CODING NUMERIC ALPHABETIC	22. STATION CODE	23. INTEGREE CODE	24. Hdqts. Code	25. DATE OF BIRTH MO DA YR	26. DATE OF GRADE MO DA YR	27. DATE OF LEI MO DA YR
28. NIE EXPIRES MO DA YR	29. SPECIAL REFERENCE	30. RETIREMENT DATA 1 - CSC 2 - FICA 3 - NONE CODE: 2	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA TYPE NO. DA YR	EOD DATA [arrow pointing right]		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 CAP MIL PROL TEMP	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 3 - SERVICE IN FOREIGN COUNTRY			42. LEAVE CAT. CODE	43. FEDERAL TAX DATA FORM EXECUTED CODE NO TAX EXEMPTIONS		44. STATE TAX DATA FORM EXECUTED CODE NO TAX EXEMP STATE CODE		

16-21-66 [signature]

SIGNATURE OR OTHER AUTHENTICATION

14-00000
PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 89-504
PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949,
AS AMENDED, AND A-DCI DIRECTIVE DATED 8 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 3 JULY 1966

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
PHILLIPS DAVID A	024345	51	758	CF GS 15 4	\$18,825	\$19,371

SECRET

30 June 1966

MEMORANDUM FOR : Chief, TRB

SUBJECT : Record of Contract Service for
David A. Phillips

1. Per your request we are forwarding record of Subject's contract service:

<u>Date</u>	<u>Action</u>
4 March 1954	Hired as Contract Employee
31 July 1954	Terminated
1 August 1954	Hired as Contract Employee
31 March 1955	Terminated
19 August 1958	Hired as Contract Agent
13 March 1960	Terminated

2. Subject was employed on a full time basis with leave benefits from 4 March 1954 through 31 March 1955. Accordingly, this entire period is "creditable" for establishing his annual leave category. However, the period from 19 August 1958 through 13 March 1960, as an independent contractor, is not creditable for this purpose. Only the period from 4 March 1954 through 31 December 1954 is "creditable for Civil Service Retirement, since Contract Employee's were mandatorily covered by Social Security as of 1 January 1955. 1951-1953 Contract Agent time is not creditable.

3. Attached is OF record of Agency service with salary breakdown.

Rogers C. Brooks

UNITED STATES GOVERNMENT

Memorandum

DATE: 16 June 1966

TO : Chief, Contract Personnel Division

ATTN :

FROM : Compensation and Tax Division
Office of Finance

SUBJECT: Agency Service of David Atlee PHILLIPS

The records of the Office of Finance show the following Agency service for Subject:

Contract Agent:

EOD 1 February 1951 - \$600.00 P/M
Term 28 February 1951 - \$600.00 P/M

*not creditable
see memo 6-30-66*

EOD 25 January 1952 - \$600.00 P/A
Term 31 August 1953 - \$600.00 P/A

*not creditable
see memo 6-30-66*

Contract Employee:

EOD 4 March 1954 - \$7200.00 P/A
Pay Inc. 1 August 1954 - \$8360.00 P/A
Term. 31 March 1955 - \$8360.00 P/A

o.k.

Staff Employees:

Ex. Appt. 1 April 1955 - \$9600.00 P/A
Res. 6 February 1956 - \$10,320.00 P/A

o.k.

Staff Agent:

Ex. Appt. 7 February 1957 - \$10,320.00 P/A
PSI 7 October 1956 - \$10,535.00 P/A
Pay Raise 12 January 1958 - \$11,595.00 P/A
PSI 6 April 1958 - \$11,835.00 P/A
Res. 13 August 1958 - \$11,835.00 P/A

o.k.

Contract Agent:

EOD 19 August 1958 - \$7,200.00 P/A
Term. 13 March 1960 - \$7,200.00 P/A

*not creditable per
memo from CPD
dated 6-30-66*

Staff Employee:

Ex. Appt. 14 March 1960 - \$11,835.00 P/A
Subject has been a Staff Employee since 14 March 1960.

*o.k.
as staff
employee*

Chief
Agent Payroll Branch

*PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL. 89-501 PURSUANT TO AUTHORITY OF JOBS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A-001 POLICY (EFFECTIVE DATE - OCTOBER 1962.)

EFFECTIVE DATE OF PAY ADJUSTMENT IS OCTOBER 1965

NAME	SERIAL	STATION	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
PHILLIPS DAVID A	024345	51	650	OF GS 15 -	\$18,170	\$18,625

SECRET
(When Filled In)

5 AUG 65

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER 024345		2. NAME (LAST-FIRST-MIDDLE) PHILLIPS DAVID A	
3. NATURE OF PERSONNEL ACTION REASSIGNMENT			4. EFFECTIVE DATE 05 06 65
5. CATEGORY OF EMPLOYMENT REGULAR			6. COST CENTER NO. CHARGEABLE 6135 0875 COVY
7. FUNDS V TO V CF TO V X V TO CF CF TO CF			8. CSC OR OTHER LEGAL AUTHORITY 50 USC 403 J
9. ORGANIZATIONAL DESIGNATIONS DDP/WH FOREIGN FIELD BRANCH 2		10. LOCATION OF OFFICIAL STATION	
11. POSITION TITLE CHIEF OF STATION		12. POSITION NUMBER 0274	13. SERVICE DESIGNATION D
14. CLASSIFICATION SCHEDULE (GS, LO, etc) GS	15. OCCUPATIONAL SERIES 0136.05	16. GRADE AND STEP 15 4	17. SALARY OR RATE 18170
18. REMARKS MEXICO CITY, MEXICO			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
19. ACTION CODE 37	20. EMPLOY CODE 10	21. OFFICE CODING 51650 WH	22. STATION CODE 19039
23. INTEGRITY CODE 1	24. MGRY CODE 3	25. DATE OF BIRTH 10 31 22	26. DATE OF GRADE 1 1
27. DATE OF LER NO. DA YR	28. NTE EXPIRES XX XXXX	29. SPECIAL REFERENCE	30. RETIREMENT DATA
31. SEPARATION DATA CODE	32. CORRECTION-CANCELLATION DATA	33. SECURITY REQ 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 GOVERNMENT SERVICE DATA	
42. LEAVE CAT	43. FEDERAL TAX DATA	44. STATE TAX DATA	
SIGNATURE OR OTHER AUTHENTICATOR			

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

ADPD 03/31/65

1 SERIAL NUMBER 024345		2 NAME (LAST-FIRST MIDDLE) PHILLIPS DAVID A		
3 NATURE OF PERSONNEL ACTION CONV. TO CAREER EMPLOYEE STATUS			4 EFFECTIVE DATE MO DA YR 04 01 58	5 CATEGORY OF EMPLOYMENT
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		
9 ORGANIZATIONAL DESIGNATIONS DUP/WH DIVISION			10 LOCATION OF OFFICIAL STATION	
11 POSITION TITLE		12 POSITION NUMBER		13 CAREER SERVICE DESIGNATION U
14 CLASSIFICATION SCHEDULE (GS LB WH)		15 OCCUPATIONAL SERIES	16 GRADE AND STEP	17 SALARY OR RATE
18 REMARKS				

SIGNATURE OR OTHER AUTHENTICATOR:

POSTED
04/01/65 [Signature]

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-793 AND DPT MEMORANDUM DATED 1 AUGUST 1966, SALARY IS ADJUSTED AS FOLLOWS, EFFECTIVE 5 JANUARY 1964.

NAME	SERIAL	ORGN	FUNDS	GR-ST	OLD SALARY	NEW SALARY
PHILLIPS DAVID A	024345	DA	700	CF GS 15 3	\$15,925	\$16,495

SECRET
(When Filled In)

MHC: 27 SEPT 63

NOTIFICATION OF PERSONNEL ACTION																	
1 SERIAL NUMBER		2 NAME (LAST FIRST MIDDLE)															
024345		PHILLIPS DAVID A															
3 NATURE OF PERSONNEL ACTION					4 EFFECTIVE DATE		5 CATEGORY OF EMPLOYMENT										
PROMOTION					09 29 63		REGULAR										
6 FUNDS			7 COST CENTER NO		8 CHG OR OTHER LEGAL AUTHORITY												
<table border="1"> <tr> <td>V TO V</td> <td></td> <td>V TO CF</td> </tr> <tr> <td>CF TO V</td> <td>X</td> <td>CF TO CF</td> </tr> </table>			V TO V		V TO CF	CF TO V	X	CF TO CF	4135 5700 1000		50 USC 403 J						
V TO V		V TO CF															
CF TO V	X	CF TO CF															
9 ORGANIZATIONAL DESIGNATIONS					10 LOCATION OF OFFICIAL STATION												
DDP WH BRANCH 3 MEXICO CITY MEXICO STATION					MEXICO CITY, MEXICO												
11 POSITION TITLE				12 POSITION NUMBER		13 SERVICE DESIGNATION											
OPS OFFICER				0340		D											
14 CLASSIFICATION SCHEDULE (GS, LB, etc.)			15 OCCUPATIONAL SERIES		16 STEP		17 SALARY GR RATE										
GS			0136.01		15 3		15525										
18 REMARKS																	
MEXICO CITY, MEXICO																	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL																	
19 ACTION CODE		20 EMPLOY CODE		21 OFFICE CODING		22 STATION CODE		23 INTELLIGENCE CODE		24 DEPT CODE		25 DATE OF BIRTH		26 DATE OF GRADE		27 DATE OF LEI	
22		10		51700 WH		45075		1		3		10 31 22		09 29 63		09 29 63	
28 WTE EXPIRES		29 SPECIAL REFERENCE		30 RETIREMENT DATA		31 SEPARATION DATA CODE		32 CORRECTION CANCELLATION DATA		33 SECURITY REG NO		34 SER					
09 28 65		81								EOD DATA							
35 NET PRESENTENCE				36 SERV COMP DATE				37 LONG COMP DATE				38 CAREER CATEGORY		39 FEGLI / HEALTH INSURANCE		40 SOCIAL SECURITY NO	
41 PREVIOUS AGREEMENT SERVICE DATA				42 LEAVE CAT		43 FEDERAL TAX DATA		44 STATE TAX DATA									
SIGNATURE OR OTHER AUTHENTICATION										10/11/63							

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-734 AND
 DOI MEMORANDUM DATED 1 AUGUST 1984, SALARY IS ADJUSTED AS FOLLOWS,
 EFFECTIVE 18 OCTOBER 1982

NAME SERIAL ORGN FUNDS GR-ST SALARY GR-ST SALARY
 PHILLIPS DAVID A 024345 64700 CF 14 4 \$12990 14 4 \$14120

1. Serial No.		2. Name		3. Cost Center Number		4. LWOP Hours				
024345		PHILLIPS DAVID A		64 700 CF 8						
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 14	4	\$14,120	09/17/61	GS 14	5	\$14,545	09/15/63		1	
8. Remarks and Authentication										
/ / NO EXCESS LWOP / / IN PAY STATUS AT END OF WAITING PERIOD / / LWOP STATUS AT END OF WAITING PERIOD CLERKS INITIALS AUDITED BY										
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.										
SIGNATURE: <i>[Signature]</i> DATE: <i>17 July 1985</i>										
PAY CHANGE NOTIFICATION										

559
 06/11/83
 11/1/85

Form 560 (Rev. 1-68) (4-81)

SECRET
 (When Filled In)

1. Serial No.		2. Name		3. Cost Center Number		4. LWOP Hours				
24345		PHILLIPS DAVID A		DDP/WH 07 UV						
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	14	\$12,730	03/14/65	14	4	\$12,990	09/17/61			
8. Remarks and Authentication										
/ / NO EXCESS LWOP / / IN PAY STATUS AT END OF WAITING PERIOD / / IN LWOP STATUS AT END OF WAITING PERIOD										

AAI

BWS: 31 AUG 1961

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER 024345		2. NAME (LAST FIRST MIDDLE) PHILLIPS DAVID A	
3. NATURE OF PERSONNEL ACTION		4. EFFECTIVE DATE 08 23 61	5. CATEGORY OF EMPLOYMENT REGULAR
6. FUNDS	7. COST CENTER NO. CHARGEABLE 2135 5700 1000	8. CSC OR OTHER LEGAL AUTHORITY 50 USC 403 J	
9. ORGANIZATIONAL DESIGNATIONS DDP WH BRANCH 3 MEXICO CITY MEXICO STATION		10. LOCATION OF OFFICIAL STATION MEXICO CITY, MEXICO	
11. POSITION TITLE OPS OFFICER		12. POSITION NUMBER 0340	13. CAREER SERVICE DESIGNATION D
14. CLASSIFICATION SCHEDULE (GS, WB, etc) GS	15. OCCUPATIONAL SERIES 0136.01	16. GRADE AND STEP 14 3	17. SALARY OR RATE 12730
18. REMARKS			

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

ACTION CODE 5	Employ Code 10	21. OFFICE CODING NUMERIC: 64700 ALPHABETIC: WH	22. STATION CODE 45075	23. INTEGREE CODE 1	24. HOURS CODE 3	25. DATE OF BIRTH 10 31 22	26. DATE OF GRADE NO. DA YA	27. DATE OF LEI NO. DA YA
NOTE EXP. RES 0 DA YA		29. SPECIAL REFERENCE	30. RETIREMENT DATA 1. USC 2. FICA 3. NONE	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA TYPE NO. DA YA		33. SECURITY REQ NO.	34. SEX
VET PREFERENCE 0 NONE 1 PT 2 10 PT		36. SERV COMP DATE NO DA YA	37. LONG COMP DATE NO DA YA	38. MIL SERV CREDIT 1. YES 2. NO	39. FEGLI/HEALTH INSURANCE CODE CODE 0 WAIVER 1 YEAR	40. SOCIAL SECURITY NO.		
PREVIOUS GOVERNMENT SERVICE DATA 0 NO PREVIOUS SERVICE 1 NO BREAK IN SERVICE 2 BREAK IN SERVICE (LESS THAN 12 MOS) 3 BREAK IN SERVICE (MORE THAN 12 MOS)			41. LEAVE CAT CODE	42. FEDERAL TAX DATA FORM EXECUTED CODE NO. TAX EXEMPTIONS 1. YES 2. NO		43. STATE TAX DATA FORM EXECUTED CODE NO. TAX STATE CODE 1. YES 2. NO		

EOD DATA

SIGNATURE OR OTHER AUTHENTICATION

08/23/61
08/23/61 JK

PSC: 23 AUG 1961

SECRET
(When Filled In)

OCF		NOTIFICATION OF PERSONNEL ACTION			
1. SERIAL NUMBER		2. NAME (LAST-FIRST MIDDLE)			
024345		PHILLIPS DAVID A			
3. NATURE OF PERSONNEL ACTION			4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT
REASSIGNMENT			08 15 61		REGULAR
6. FUND		7. COST CENTER NO. CHARGEABLE	8. CSC OR OTHER LEGAL AUTHORITY		
FUT:DS		2135 5700 1000	50 USC 403 J		
9. ORGANIZATIONAL DESIGNATIONS			10. LOCATION OF OFFICIAL STATION		
DDP WH BRANCH 3 MEXICO CITY, MEXICO STATION			MEXICO CITY, MEXICO		
11. POSITION TITLE		12. POSITION NUMBER	13. CAREER SERVICE DESIGNATION		
CPS OFFICER		0340	D		
14. CLASSIFICATION SCHEDULE (GS, WD, etc)		15. OCCUPATIONAL SERIES	16. GRADE AND STEP	17. SALARY OR RATE	
GS		0136.01	14 3	12730	
18. REASONS TO BE					
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
37	10	64700 WH		45075	3
24. REPORT CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI	28. SECURITY REQ NO.	
3	10 31 22			EOD DATA	
29. NTE EXPIRES	30. SPECIAL REFERENCE	31. RETIREMENT DATA	32. SEPARATION DATA CODE	33. CORRECTION CANCELLATION DATA	34. SER
35. VET PREFERENCE	36. SERV COMP. DATE	37. LONG COMP. DATE	38. MIL. SERV CREDIT LCD	39. PERSL / HEALTH INSURANCE	40. SOCIAL SECURITY NO.
41. PREVIOUS GOVERNMENT SERVICE DATA		42. LEAVE CAT.	43. FEDERAL TAX DATA	44. STATE TAX DATA	
CODE 1. NO PREVIOUS SERVICE 2. BREAK IN SERVICE (LESS THAN 12 MOS) 3. BREAK IN SERVICE (MORE THAN 12 MOS)		CODE 1. YES 2. NO	CODE 1. YES 2. NO	CODE 1. YES 2. NO	
SIGNATURE OR OTHER AUTHENTICATION					
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> EOD DATA 08/29/61 WK </div>					

IN ACCORDANCE WITH THE PROVISIONS OF P. L. 86-266 AND DCI MEMO DATED 1 AUGUST 1966, SALARY IS ADJUSTED AS FOLLOWS EFFECTIVE 10 JULY 1960.

NO	NAME	SERIAL	ORGN	GR-ST	OLD SALARY	NEW SALARY
0	PHILLIPS DAVID A	524345	46 17	GS-14 3	\$11,835	\$12,730

/S/ EMMETT D. FCHOLS
DIRECTOR OF PERSONNEL

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION															
BWS: 15 APR 1960															
1. Serial No.		2. Name (Last-First-Middle)					3. Date Of Birth			4. Vol. Prof		5. Sex	6. CS - EOD		
524345		PHILLIPS DAVID A					10 31 22			Non-0 5 Pt-1 10 Pt-2		1	M 1	03 14 60	
7. SCD		8. CSC Rmt.		9. CSC Or Other Legal Authority			10. Acct. Auth. Div.			11. FLGLI		12. LCD		13. Mil. Serv. Status	
02 12 54		Yes-1 No-2		Code 1 50 USCA 403 J			Mo. Da. Yr.			Yes-1 No-2		Mo. Da. Yr.		Yes-1 No-2	

PREVIOUS ASSIGNMENT

14. Organizational Designations				Code	15. Location Of Official Station				Station Code	
CS/CS DEVELOPMENT COMPLEMENT DOP WH DIVISION				3608	WASH., D.C.				75013	
16. Dept. - Field		17. Position Title			18. Position No.			19. Serv.	20. Occup. Series	
Dept - 1 USM - 3 Frgn - 5		Code 1 OPS OFFICER			031460			GS	0136.01	
21. Grade & Step		22. Salary Or Rate		23. SD	24. Date Of Grade		25. Pst. No.		26. Appropriation Number	
14 3		\$11835		D	03 14 60		05 17 61		0320 1998	

ACTION

27. Nature Of Action			Code	28. Eff. Date			29. Type Of Employee		Code	30. Separation Data	
REASSIGNMENT			56	04 17 60			REGULAR		01		

PRESENT ASSIGNMENT

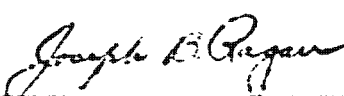
31. Organizational Designations				Code	32. Location Of Official Station				Station Code	
DOP WH BRANCH A				4617	WASH., D. C.				75013	
33. Dept. - Field		34. Position Title			35. Position No.			36. Serv.	37. Occup. Series	
Dept - 1 USM - 3 Frgn - 5		Code 1 OPS OFFICER			0624			GS	0136.01	
38. Grade & Step		39. Salary Or Rate		40. SD	41. Date Of Grade		42. Pst. No.		43. Appropriation Number	
14 3		\$11835		D	03 14 60		05 17 61		0135 1000 1000	

14-20-60-11X

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION															
PAS: 14 MARCH 1960															
1. Serial No.		2. Name (Last-First-Middle)				3. Date Of Birth			4. Vet. Pref		5. Sex		5. CS - EOD		
524345		DAVID A PHILLIPS PHILLIPS DAVID A				Mo. Da. Yr. 10 31 22			None-0 5 Pt-1 10 Pt-2 1		M I		Mo. Da. Yr. 03 14 60		
7. SCD		8. CSC Retmt.		9. CSC Or Other Legal Authority			10. Apmt Affidav			11. FEGLI		12. LCD		13. Ent. Ser. Code	
Mo. Da. Yr. 02 12 54		Yes-1 No-2 Code 1		50 USCA 403			Mo. Da. Yr. 03 14 60			Yes-1 No-2 Code 1		Mo. Da. Yr. 04 05 55		Yes-1 No-2 Code 2	
PREVIOUS ASSIGNMENT															
14. Organizational Designations					Code		15. Location Of Official Station				Station Code				
16. Dept. - Field		17. Position Title				18. Position No.			19. Serv.		20. Occup. Series				
Dept - 1 USfld - 3 Frgr - 5															
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade		25. PSI Due		26. Appropriation Number					
		\$				Mo. Da. Yr.		Mo. Da. Yr.							
ACTION															
27. Nature Of Action			Code		28. Eff Date			29. Type Of Employee			Code		30. Separation Data		
EXCEPTED APPOINTMENT			17		Mo. Da. Yr. 03 14 60			REGULAR			20				
PRESENT ASSIGNMENT															
31. Organizational Designations					Code		32. Location Of Official Station				Station Code				
CS/CS DEVELOPMENT COMPLEMENT DDP WH DIVISION					4688		WASH., D.C.				75013				
33. Dept - Field		34. Position Title				35. Position No.			36. Serv.		37. Occup. Series				
Dept - 1 USfld - 3 Frgr - 5		1 OPS OFFICER				031460			GS		0136.01				
38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grade		42. PSI Due		43. Appropriation Number					
14 3		\$ 11835		0		Mo. Da. Yr. 03 14 60		Mo. Da. Yr. 09 17 61		0320 1998					
44. Remarks															
APPOINTEE.															
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> FILED 3-24-60 <i>rlh</i> </div>															

NOTIFICATION OF PERSONNEL ACTION

1. NAME AND TITLE (Last, first, middle initial, and surname) <i>Philip A. Phillips</i>		2. DATE OF BIRTH <i>10/31/22</i>	3. JOURNAL OR ACTION NO.	4. DATE <i>18 Aug 58</i>
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (Use Standard Terminology) RESIGNATION (STAFF AGENT)		6. EFFECTIVE DATE <i>18 Aug 58</i>	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY 60 USCA 6031	
FROM Ops Officer (FP) 8127		TO		
GS-0136-31-14 \$11,636.00 p/a		8. POSITION TITLE		
DDP/NRA Project Annex Egypt & Arab States Branch Project PECTATE		9. SERVICE SERVICE GRADE, SALARY		
[Redacted]		10. ORGANIZATIONAL DESIGNATIONS		
[Redacted]		11. HEADQUARTERS		
[Redacted]		12. FIELD OR DEPT.		
13. VETERAN'S PREFERENCE NONE <input checked="" type="checkbox"/> WWI <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"/> REAL <input type="checkbox"/>		
15. SEX M		16. APPROPRIATION FROM: 9-3381-91-216 TO:		17. SUBJECT TO C.S. RETIREMENT ACT (YES-NO) YES
18. DATE OF APPOINTMENT BEST OF QUALITY (EXCLUSIONS-QUALITY)		19. LEGAL RESIDENCE <input checked="" type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:		
20. REMARKS: Subj debriefed by Security (Prague) Subj debriefed by Finance (Shipley) Subj debriefed by Personnel (Kreinherder) <div style="float: right; border: 1px solid black; padding: 5px; transform: rotate(-10deg);"> POSTED ON 18-40 18 Aug 58 </div>				
FOR DIRECTOR OF PERSONNEL				
 21. SIGNATURE OR OTHER AUTHENTICATION				
ENTRANCE PERFORMANCE RATING:				

NOTIFICATION OF PERSONNEL ACTION

1. NAME (Last - first - middle initial(s) and surname) <i>David P. Phillips</i>		2. DATE OF BIRTH 31 Oct 1922	3. JOURNAL OR ACTION NO.	4. DATE 16 Apr 57
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) REASSIGNMENT (CORRECTION) STAFF ASST		6. EFFECTIVE DATE 30 Apr 1957	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY 53 FSCA 4031	
FROM		TO		
Ops. Off (PP) BAF-126 GS-0136.31-14 \$10,535.00 p/a DDP/VII Branch III Havana Cuba Station Havana, Cuba		8. POSITION TITLE 9. SERVICE, SERIES, GRADE, SALARY 10. ORGANIZATIONAL DESIGNATIONS 11. HEADQUARTERS	Ops. Officer (PP) PSP-8127 GS-0136.31-14 \$10,535.00 p/a DDP/SEA Project Arab Egypt and Arab States Branch Project FECTATE	
<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"/> REA. <input type="checkbox"/>		
15. SEX M		16. APPROPRIATION FROM: 6-3545-55-055 TO: 7-3361-01-216		SD:DP
17. SUBJECT TO C. S. RETIREMENT ACT (YES-NO) Yes		18. DATE OF APPOINTMENT APPROVED (MM-DD-YY) STATE:		LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED
20. REMARKS: *Subject arrived PCS [redacted] 30 Apr 57. Project FECTATE was approved 15 Mar 57				
FOR DIRECTOR OF PERSONNEL <i>Louis W. Armstrong</i>				
ENTRANCE PERFORMANCE RATING:				
21. SIGNATURE OR OTHER AUTHENTICATION				

POSTED ON
 05-01
Delaney

NOTIFICATION OF PERSONNEL ACTION

1. NAME (OR PRINTED NAME, INITIALS AND SURNAME) <i>John P. [redacted]</i>		2. DATE OF BIRTH 31 Oct 1922	3. JOURNAL OR ACTION NO.	4. DATE 11 July 1957
This is to advise you of the following action affecting your employment:				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) REASSIGNMENT (STAFF AGENT)		6. EFFECTIVE DATE 18 June 57	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY 50 USCA 4034	
FROM Ops Off (PP) BAF-125 SS-0136.31-14 \$10,535.00 p/a DDP/WK BRANCH III Havana Cuba Station Havana, Cuba		8. POSITION TITLE Ops Officer (PP) BSP-8127	9. SERVICE SERIES, GRADE, SALARY CS-0136.31-14 \$10,535.00 p/a	
10. ORGANIZATIONAL DESIGNATIONS		11. HEADQUARTERS DDP/NEA Project Annex Egypt and Arab States Branch Project PEEFATE		
<input checked="" type="checkbox"/> FIELD	<input type="checkbox"/> DEPARTMENTAL	12. FIELD OR DEPT'L	<input checked="" type="checkbox"/> FIELD	<input type="checkbox"/> DEPARTMENTAL
13. VETERAN'S PREFERENCE NONE <input type="checkbox"/> WWI <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"/> REAL <input type="checkbox"/> SD:DP		
15. SEX M	16. APPROPRIATION FROM: 6-3546-56-055 TO: 7-3381-91-215	17. SUBJECT TO C. S. RETIREMENT ACT (YES-NO) Yes	18. DATE OF APPOINTMENT AFFIDAVIT (ACCESSIONS ONLY)	19. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:
20. REMARKS: <div style="text-align: right;">POSTED ON 07-29 <i>[Signature]</i></div>				
ENTRANCE PERFORMANCE RATING:		FOR DIRECTOR OF PERSONNEL <i>Louis W. Armstrong</i> 21. SIGNATURE OR OTHER AUTHENTICATION		

SECRET

1. ~~SEE~~ COPY

File

CONFIDENTIAL (when filed in)

U. S. GOVERNMENT PRINTING OFFICE: 1954 O 7020

1. Payroll 2. Block No. 3. Slip No.

4. Grade and salary
GS-14 \$10,320.00

PAYROLL CHANGE DATA

BASE PAY	OVERTIME	GROSS PAY	RET.	FEDERAL TAX	BOND	F. I. C. A.	STATE TAX	GROUP LIFE INS.	NET PAY
10,320.00									

11. Appropriation(s) _____

12. Prepared by
dsk 1 Aug 56

13. Audited by _____

14. Date last equivalent increase
1 APR 55

15. Old salary rate
\$10,320.00

16. New salary rate
\$10,535.00

17. Performance rating as satisfactory or better
Satisfactory

18. Performance rating as satisfactory or better (Signature or other authentication)

19. LWOP status at end of waiting period
 In pay status at end of waiting period
 In LWOP status at end of waiting period

Initials of Clerk _____

CONFIDENTIAL PAYROLL CHANGE SLIP — PERSONNEL COPY

CONFIDENTIAL (when filed in)

U. S. GOVERNMENT PRINTING OFFICE: 1955-597103

1. Payroll 2. Block No. 3. Slip No.

4. Grade and salary
GS-14 \$10,536.00

PAYROLL CHANGE DATA

BASE PAY	OVERTIME	GROSS PAY	RET.	FEDERAL TAX	BOND	F. I. C. A.	STATE TAX	GROUP LIFE INS.	NET PAY

11. Appropriation(s) _____

12. Prepared by
dsk 3 Feb 58

13. Audited by _____

14. Date last equivalent increase
7 Oct 56

15. Old salary rate
\$10,535.00

16. New salary rate
\$10,750.00

17. Performance rating as satisfactory or better
Satisfactory

18. Performance rating as satisfactory or better (Signature or other authentication)

19. LWOP status at end of waiting period
 In pay status at end of waiting period
 In LWOP status at end of waiting period

Initials of Clerk _____

CONFIDENTIAL PAYROLL CHANGE SLIP — PERSONNEL COPY

STEP INCREASE CERTIFICATION

U. S. GOVERNMENT PRINTING OFFICE: 1955-597103

1. Payroll 2. Block No. 3. Slip No.

4. Grade and salary
GS-14 \$10,536.00

PAYROLL CHANGE DATA

BASE PAY	OVERTIME	GROSS PAY	RET.	FEDERAL TAX	BOND	F. I. C. A.	STATE TAX	GROUP LIFE INS.	NET PAY

11. Appropriation(s) _____

12. Prepared by
dsk 3 Feb 58

13. Audited by _____

14. Date last equivalent increase
7 Oct 56

15. Old salary rate
\$10,535.00

16. New salary rate
\$10,750.00

17. Performance rating as satisfactory or better
Satisfactory

18. Performance rating as satisfactory or better (Signature or other authentication)

19. LWOP status at end of waiting period
 In pay status at end of waiting period
 In LWOP status at end of waiting period

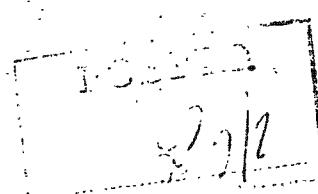
Initials of Clerk _____

CONFIDENTIAL PAYROLL CHANGE SLIP — PERSONNEL COPY

CENTRAL INTELLIGENCE AGENCY

17-

NOTIFICATION OF PERSONNEL ACTION

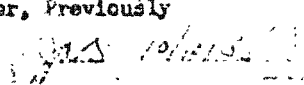
1. NAME (MR., MISS, MRS., ORS GIVEN, LAST, INITIALS), AND SURNAMES Mr. David A. Phillips		2. DATE OF BIRTH 21 Oct 1922	3. JOURNAL OR ACTION NO.	4. DATE 7 Feb 1956
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) Resignation*		6. EFFECTIVE DATE 6 Feb 1956	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY	
FROM		TO		
Ops Officer BW-229 OS-0136.31-14 \$10,320.00 per annum DDP/PP Operations Staff Information Coordination Division Office of the Chief Washington, D. C.		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		
NONE WWII OTHER S-PT. 10 POINT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		NEW VICE I. A. REAL <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
		SD/DP		
15. SEX M	16. APPROPRIATION FROM: 6-2105-20 TO:	17. SUBJECT TO C. S. RETIREMENT ACT (YES-NO) Yes	18. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)	19. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE: Texas
20. REMARKS.				
				
<p>*to seek other employment.</p> <p>Statement of accrued annual leave to your credit will be forwarded with your final salary check.</p> <p style="text-align: right;">57,---,---,---</p>				
ENTRANCE PERFORMANCE RATING		SIGNATURE OR OTHER AUTHENTICATION		
Director of Personnel				

4. PERSONNEL FOLDER COPY

25/1/56

CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION dab

1. NAME (MR.-MISS.-MRS. ONE GIVEN NAME, INITIALS, AND SURNAME)		2. DATE OF BIRTH	3. JOURNAL OR ACTION NO.	4. DATE
Mr. David A. Phillips		31 Oct 1922		4 October 1955
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY)		6. EFFECTIVE DATE	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY	
Reassignment (Correction) *		14 Aug 1955	50 USGA 403 J	
FROM		TO		
Paramilitary Off. Bd-156		8. POSITION TITLE	Ops Officer 5d-229	
GS-0136, 11-14 \$10,320.00 Per Annum		9. SERVICE SERIES GRADE SALARY	GS-0136, 31-14 \$10,320.00 Per Annum	
Office of the Chief		10. ORGANIZATIONAL DESIGNATIONS	DDF/PP Operations Staff Information Coordination Division Office of the Chief	
		11. HEADQUARTERS	Washington, D.C.	
<input type="checkbox"/> FIELD	<input type="checkbox"/> DEPARTMENTAL	12. FIELD OR DEPT'L	<input type="checkbox"/> FIELD	<input type="checkbox"/> DEPARTMENTAL
13. VETERAN'S PREFERENCE		14. POSITION CLASSIFICATION ACTION		
None	Other	15-Point	5d/OP	
	XX			
15. 16. SEX (M/F)	17. APPROPRIATION	18. SUBJECT TO U.S. RETIREMENT ACT (YES-NO)	19. DATE OF APPOINTMENT AFFIDAVIT (ACCESSION ONLY)	20. LEGAL RESIDENCE
	FROM: 6-2101-20 TO: 6-2105-20	Yes		<input type="checkbox"/> CLAIMED <input type="checkbox"/> PROLEG 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.				
* This Action Corrects Item No. 17 on the "to" Side of Notification dated 4 August 1955, to show the correct Allotment Number, Previously shown as 6-2101-20				
				
22. AUTHORITY FOR ACTION (CITE STATUTE, EXECUTIVE ORDER, OR OTHER AUTHORITY)				
23. PERFORMANCE RATING				
24. OTHER AUTHORITY				

CENTRAL INTELLIGENCE AGENCY

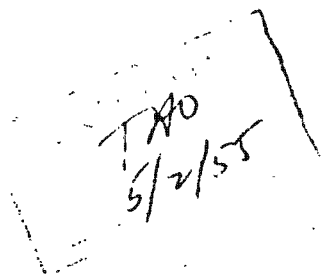
NOTIFICATION OF PERSONNEL ACTION

1. NAME (MR - MISS - MRS - ONE GIVEN NAME INITIALS AND SURNAME) MR. DAVID A. WILSON		2. DATE OF BIRTH 31 Oct 1922	3. JOURNAL OR ACTION NO.	4. DATE 4 Aug 1955
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) Reassignment		6. EFFECTIVE DATE 14 Aug 1955	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY 50 DECA 1013	
FROM		TO		
8. POSITION TITLE Paramilitary Off. B-156		9. POSITION TITLE Ops Officer BW-229		
10. SERVICE, SERIES, GRAD., SALARY GS-0136.11-14 \$10,320.00 per annum		10. SERVICE, SERIES, GRAD., SALARY GS-0136.31-14 \$10,320.00 per annum		
11. ORGANIZATIONAL DESIGNATIONS DDP/PP Operations Staff Office of the Chief		11. ORGANIZATIONAL DESIGNATIONS DDP/PP Operations Staff Information Coordination Div. Office of the Chief		
12. HEADQUARTERS Washington D. C.		12. HEADQUARTERS Washington D. C.		
<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL		<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL		
13. VETERAN'S PREFERENCE NONE <input type="checkbox"/> 10-YEAR <input type="checkbox"/> 15-YEAR <input type="checkbox"/> 20-YEAR <input checked="" type="checkbox"/> 25-YEAR <input type="checkbox"/> 30-YEAR <input type="checkbox"/> 35-YEAR <input type="checkbox"/> 40-YEAR <input type="checkbox"/> 45-YEAR <input type="checkbox"/> 50-YEAR <input type="checkbox"/>		14. POSITION CLASSIFICATION ACTION NEW <input type="checkbox"/> VICE <input type="checkbox"/> P.A. <input type="checkbox"/> REAL <input type="checkbox"/> SDHP		
15. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	16. APPROPRIATION FR. NO. 5-2101-20 TO: 6-2101-20	17. SUBJECT TO C.S. RETIREMENT ACT (YES-NO) Yes	18. DATE OF APPOINTMENT MENT AFFIDAVITS (ACCESSIONS ONLY)	19. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE: Texas
20. 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.				
<p style="text-align: center;">10,320</p> <p style="text-align: right;"><i>David A. Wilson</i></p>				
Director of Personnel		21. SIGNATURE AND AUTHENTICATION		
ENTRANCE PERFORMANCE RATING		22. SIGNATURE AND AUTHENTICATION		

7/8 8/11/55

CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION FC 26 April 1955
 57 4037

1. NAME (MR., MRS., MISS, OR MISS GIVER NAME INITIALS, AND SURNAME) Mr. David A. Phillips		2. DATE OF BIRTH 31 October 1922	3. JOURNAL OR ACTION NO. 57 4037	4. DATE 1 April 1955
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) Excepted Appointment		6. EFFECTIVE DATE 1 April 1955	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY 50 USCA 403 j	
FROM		TO		
8. POSITION TITLE Paramilitary Off. PM BW-156-14		9. SERVICE, SERIES, GRADE, SALARY GS-0136.11-14 \$9,000.00 P/a		
10. ORGANIZATIONAL DESIGNATIONS DDP/P&P Operations Staff Office of the Chief		11. HEADQUARTERS Washington, D. C.		
12. FIELD OR DEPT'L <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"/> 10-POINT <input type="checkbox"/> 5-POINT <input type="checkbox"/> OTHER <input type="checkbox"/> OTHER <input checked="" type="checkbox"/>		14. POSITION CLASSIFICATION ACTION NEW <input type="checkbox"/> VICE <input type="checkbox"/> P.A. <input type="checkbox"/> REPL.		
15. 16. 17. APPROPRIATION SIA (SAC) FROM: 5-0101-20		18. SUBJECT TO C. 5 RETIREMENT ACT (YES-NO) No	19. DATE OF APPOINTMENT AFFIDAVITS (EXCEPTIONS 1953) 28 April 1955	20. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED SDA
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. Subject to a satisfactory physical examination.				
RC 06 DJE 04-01-55 CSECD 04-01-55 LED 04-01-55				
				
ENTRANCE PERFORMANCE RATING: <input type="radio"/> 00 <input type="radio"/> 01 <input type="radio"/> 02 <input type="radio"/> 03 <input type="radio"/> 04 <input type="radio"/> 05 <input type="radio"/> 06 <input type="radio"/> 07 <input type="radio"/> 08 <input type="radio"/> 09 <input type="radio"/> 10				
Director of Personnel				

SECRET

12 May 1966

MEMORANDUM FOR: Chief, Contract Personnel Division

ATTENTION :

SUBJECT : Verification of Contract Service
PHILLIPS, David A.

In order to establish the salary, LCD and to compute the SCD for both leave and retirement purposes, it is necessary to verify the contract service and salary of David A. PHILLIPS, DOB 31 October 1922, who claims employment with this Agency in a contract status from 27 March 1952 to 1 April 1955 and from 19 August 1958 to 13 March 1960.

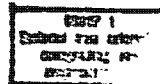
Signed

Deputy Chief, ~~Transactions & Records~~ Branch

Distribution:

- 0 & 1 - Addressee
- 1 - CPF - PHILLIPS
- 1 - TRR - Chrono

SECRET



4 February 1971

David A. Phillips

30 June 1966

31 March 1955

4 March 1954

WH/Personnel

30 June 1966

MEMORANDUM FOR : Chief, TRB

SUBJECT : Record of Contract Service for
David A. Phillips

1. Per your request we are forwarding record of Subject's contract service:

<u>Date</u>	<u>Action</u>
4 March 1954	Hired as Contract Employee
31 July 1954	Terminated
1 August 1954	Hired as Contract Employee
31 March 1955	Terminated
19 August 1953	Hired as Contract Agent
13 March 1950	Terminated

2. Subject was employed on a full time basis with leave benefits from 4 March 1954 through 31 March 1955. Accordingly, this entire period is "creditable" for establishing his annual leave category. However, the period from 19 August 1953 through 13 March 1950, as an independent contractor, is not creditable for this purpose. Only the period from 4 March 1954 through 31 December 1954 is "creditable for Civil Service Retirement, since Contract Employee's were mandatorily covered by Social Security as of 1 January 1955. 1951-1953 Contract Agent time is not creditable

3. Attached is OF record of Agency service with salary breakdown.

Rogers C. Brooks
Acting Chief, Contract Personnel Division

Distribution:
Orig - Addressee
2 - CPD

Chief, Contract Personnel Division

16 June 1966

ATTN: [Redacted]

Compensation and Tax Division
Office of Finance

Agency Service of David Atlee PHILLIPS

The records of the Office of Finance show the following Agency service for Subject:

Contract Agents:

EOD 1 February 1951 @ \$600.00 P/A
Term 28 February 1951 @ \$600.00 P/A

EOD 25 January 1952 @ \$6000.00 P/A
Term 31 August 1953 @ \$6000.00 P/A

EOD 4 March 1954 @ \$7200.00 P/A
Pay Inc. 1 August 1954 @ \$8360.00 P/A
Term. 31 March 1955 @ \$8360.00 P/A

Staff Employees:

Ex. Appt. 1 April 1955 @ \$9600.00 P/A
Res. 6 February 1956 @ \$10,320.00 P/A

Staff Agent:

Ex. Appt. 7 February 1956 @ \$10,320.00 P/A
PSI 7 October 1956 @ \$10,535.00 P/A
Pay Raise 12 January 1958 @ \$11,595.00 P/A
PSI 6 April 1958 @ \$11,835.00 P/A
Res. 13 August 1958 @ \$11,835.00 P/A

Contract Agents:

EOD 19 August 1958 @ \$7,200.00 P/A
Term. 13 March 1960 @ \$7,200.00 P/A

Staff Employees:

Ex. Appt. 14 March 1960 @ \$11,835.00 P/A
Subject has been a Staff Employee since 14 March 1960.

[Redacted Signature Box]

Chief

CLASSIFICATION

FITNESS REPORT

SECTION A		GENERAL INFORMATION	
1. EMPLOYEE NUMBER 024345	2. NAME (Last, first, middle) Phillips, David A.	3. DATE OF BIRTH & SEX 10/31/22 M	5. GRADE & SD GS-18 D
7. OFFICIAL POSITION TITLE Chief, WE Division		8. OFF. DIV. BR OF ASSIGNMENT DDO/WE/O-CH	9. CURRENT STATION Headquarters
11. TYPE OF APPOINTMENT		12. TYPE OF REPORT	
<input checked="" type="checkbox"/> CAREER	<input type="checkbox"/> RESERVE	<input type="checkbox"/> CONTRACT	<input type="checkbox"/> OTHER (Spec.)
<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> ANNUAL	<input type="checkbox"/> REASSIGNMENT	<input type="checkbox"/> SPECIAL
13. REPORTING PERIOD (FPM-25) 1 May 1973 - 31 March 1974		14. DATE REPORT DUE IN O.P. 30 April 1974	

SECTION B - QUALIFICATIONS UPDATE

IF QUALIFICATIONS UPDATE FORM IS BEING SUBMITTED WITH CHANGES, AND IS ATTACHED TO THIS REPORT, PLACE THE WORD "YES" IN THE BOX TO THE RIGHT. IF NO CHANGES ARE REQUIRED, PLACE THE WORD "NO" IN THE BOX AT RIGHT.

SECTION C - PERFORMANCE EVALUATION

U - Unsatisfactory Performance is unacceptable. A rating in this category requires immediate and 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 D.

M - Marginal Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section D and remedial actions taken or recommended should be described.

P - Proficient Performance is satisfactory. Desired results are being produced in the manner expected.

S - Strong Performance is characterized by exceptional proficiency.

O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.

SPECIFIC DUTIES

List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).

SPECIFIC DUTY NO. 1 Plans, organizes and implements the programs of the Operations Directorate in the Western Hemisphere area.	RATING LETTER S
SPECIFIC DUTY NO. 2 Supervises approximately <input type="checkbox"/> staff employees in Headquarters and <input type="checkbox"/> in <input type="checkbox"/> Stations and Bases abroad.	RATING LETTER S
SPECIFIC DUTY NO. 3 Represents the Agency in contacts with senior representatives of liaison services.	RATING LETTER O
SPECIFIC DUTY NO. 4 Represents the Directorate and/or the Agency in official contacts with other components of our government.	RATING LETTER S
SPECIFIC DUTY NO. 5 Implements the EEO policy of the Agency.	RATING LETTER S
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
S

CLASSIFICATION

SECTION D NARRATIVE COMMENTS

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

This report covers Mr. Phillips' initial period as a Division Chief. It coincided with a period of unusually high stress and strain in the Western Hemisphere Division, particularly in relationships with the State Department and in the problems left over from our drastic measures designed to protect ourselves against a potential counterintelligence disaster. The most important fact to be recorded about Mr. Phillips' direction of his Division during this period is that he kept operations at the top of his priority list, and that as a result our operational achievements in the area during the past year have been on the whole better than in the year before.

Mr. Phillips is developing into a very competent manager, and has handled well the problems involved in adjusting to decreasing manpower ceilings. He is prudent in the use of official funds. He is a good supervisor and is providing excellent leadership to his subordinates, who have responded with a clear improvement in morale during the period since Mr. Phillips assumed charge.

(continued next page)

SECTION E CERTIFICATION AND COMMENTS

1. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION 9	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION
--	---

DATE 22 April 1974	OFFICIAL TITLE OF SUPERVISOR Associate Deputy Director for Operations	TYPED OR PRINTED NAME AND SIGNATURE David H. Blee
-----------------------	---	--

2. BY EMPLOYEE

STATEMENT CONCERNING THIS EVALUATION OF MY PERFORMANCE	DATE 23 April 1974	SIGNATURE OF EMPLOYEE <i>[Signature]</i>
HAVE ATTACHED	HAVE NOT ATTACHED	

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

Concur. An excellent operational leader who is learning rapidly the nuances of a Division Chief's job in Washington. He is an inspirational leader whose management techniques and abilities are still developing. All in all a first rate performance.

DATE 11 June 1974	OFFICIAL TITLE OF REVIEWING OFFICIAL Deputy Director for Operations	TYPED OR PRINTED NAME AND SIGNATURE William E. Nelson
----------------------	---	--

4. BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN THE ENTRIES IN ALL SECTIONS OF THIS REPORT	DATE 6/21/74	SIGNATURE OF EMPLOYEE <i>[Signature]</i>
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CLASSIFICATION

SECRET

SECRET

Fitness Report - David A. Phillips

Section D., Continued:

The most dramatic challenge to the capabilities of the WH Division in the past year flowed from the overthrow of the Allende government in Chile. Overall, the intelligence reporting was timely and accurate, the adjustments to our political action programs skillfully made, and the responses to Congressional inquiry well handled.

It is as a senior operations officer that Mr. Phillips has had the greatest experience, and it is not surprising that he has made an excellent input into the improvement of operational matters throughout the many areas of this hemisphere for which he is responsible. He has also consistently handled the many and important senior liaison contacts which he has made during this year, both at Headquarters and during field visits, with great effectiveness.

CLASSIFICATION

FITNESS REPORT

SECTION A GENERAL INFORMATION					
1. EMPLOYEE NUMBER 024345	2. NAME (Last, first, middle) Phillips, David A.	3. DATE OF BIRTH 10/31/22	4. SEX M	5. GRADE GS-18	6. SD D
7. OFFICIAL POSITION TITLE Chief, WH Division		8. OFF/DIV/BR OF ASSIGNMENT DDO/WII/O-CH	9. CURRENT STATION Headquarters	10. CODE (if one) INQB DP	
11. TYPE OF APPOINTMENT			12. TYPE OF REPORT		
<input checked="" type="checkbox"/> CAREER	<input type="checkbox"/> RESERVE	<input type="checkbox"/> CONTRACT	<input type="checkbox"/> OTHER (Spec)	<input type="checkbox"/> TEMPORARY	<input checked="" type="checkbox"/> ANNUAL
<input type="checkbox"/> REASSIGNMENT	<input type="checkbox"/> SPECIAL				
13. REPORTING PERIOD (from-to) 1 May 1973 - 31 March 1974			14. DATE REPORT DUE IN O.P. 30 April 1974		

SECTION B QUALIFICATIONS UPDATE

IF QUALIFICATIONS UPDATE FORM IS BEING SUBMITTED WITH CHANGES, AND IS ATTACHED TO THIS REPORT, PLACE THE WORD "YES" IN THE BOX TO THE RIGHT. IF NO CHANGES ARE REQUIRED, PLACE THE WORD "NO" IN THE BOX AT RIGHT.

SECTION C PERFORMANCE EVALUATION

U- Unsatisfactory Performance is unacceptable. A rating in this category requires immediate and 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 D.

M- Marginal Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section D and remedial actions taken or recommended should be described.

P- Proficient Performance is satisfactory. Desired results are being produced in the manner expected.

S- Strong Performance is characterized by exceptional proficiency.

O- Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.

SPECIFIC DUTIES

List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).

SPECIFIC DUTY NO. 1 Plans, organizes and implements the programs of the Operations Directorate in the Western Hemisphere area.	RATING LETTER S
SPECIFIC DUTY NO. 2 Supervises approximately <input type="checkbox"/> staff employees in Headquarters and <input type="checkbox"/> in <input type="checkbox"/> Stations and Bases abroad.	RATING LETTER S
SPECIFIC DUTY NO. 3 Represents the Agency in contacts with senior representatives of liaison services.	RATING LETTER O
SPECIFIC DUTY NO. 4 Represents the Directorate and/or the Agency in official contacts with other components of our government.	RATING LETTER S
SPECIFIC DUTY NO. 5 Implements the EEO policy of the Agency.	RATING LETTER S
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
S

11 JUL 1974

CLASSIFICATION

SECTION D

NARRATIVE COMMENTS

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

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Mr. Phillips is developing into a very competent manager, and has handled well the problems involved in adjusting to decreasing manpower ceilings. He is prudent in the use of official funds. He is a good supervisor and is providing excellent leadership to his subordinates, who have responded with a clear improvement in morale during the period since Mr. Phillips assumed charge.

(continued next page)

SECTION E

CERTIFICATION AND COMMENTS

1. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

9

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

DATE

22 April 1974

OFFICIAL TITLE OF SUPERVISOR

Associate Deputy Director for Operations

TYPED OR PRINTED NAME AND SIGNATURE

David F. Blee

2. BY EMPLOYEE

STATEMENT CONCERNING THIS EVALUATION OF MY PERFORMANCE

HAVE ATTACHED

HAVE NOT ATTACHED

DATE

23 APRIL 1974

SIGNATURE OF EMPLOYEE

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

Concur. An excellent operational leader who is learning rapidly the nuances of a Division Chief's job in Washington. He is an inspirational leader whose management techniques and abilities are still developing. All in all a first rate performance.

DATE

11 June 1974

OFFICIAL TITLE OF REVIEWING OFFICIAL

Deputy Director for Operations

TYPED OR PRINTED NAME AND SIGNATURE

William E. Nelson

4. BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN THE ENTRIES IN ALL SECTIONS OF THIS REPORT

DATE

June 21, 1974

SIGNATURE

EMPLOYEE

CLASSIFICATION

14-00000

Fitness Report - David A. Phillips

Section D., Continued:

The most dramatic challenge to the capabilities of the WH Division in the past year flowed from the overthrow of the Allende government in Chile. Overall, the intelligence reporting was timely and accurate, the adjustments to our political action programs skillfully made, and the responses to Congressional inquiry well handled.

It is as a senior operations officer that Mr. Phillips has had the greatest experience, and it is not surprising that he has made an excellent input into the improvement of operational matters throughout the many areas of this hemisphere for which he is responsible. He has also consistently handled the many and important senior liaison contacts which he has made during this year, both at Headquarters and during field visits, with great effectiveness.

SECRET

CLASSIFICATION

FITNESS REPORT

SECTION A GENERAL INFORMATION					
1. EMPLOYEE NUMBER 024345	2. NAME (Last, first, middle) Phillips, David A.	3. DATE OF BIRTH 31 Oct 22	4. SEX M	5. GRADE GS-17	6. SD D
7. OFFICIAL POSITION TITLE Chief of Station		8. OFF/DIV/BR OF ASSIGNMENT DDP/WII/3	9. CURRENT STATION	10. NO CD 3	
11. TYPE OF APPOINTMENT			12. TYPE OF REPORT		
<input checked="" type="checkbox"/> CAREER	<input type="checkbox"/> RESERVE	<input type="checkbox"/> CONTRACT	<input type="checkbox"/> OTHER (Spec.)	<input type="checkbox"/> TEMPORARY	<input checked="" type="checkbox"/> ANNUAL
			<input type="checkbox"/> REASSIGNMENT	<input type="checkbox"/> SPECIAL	
13. REPORTING PERIOD (from-to) 1 February 1972 - 31 March 1973			14. DATE REPORT DUE IN O.P. 31 May 1973		

SECTION B QUALIFICATIONS UPDATE

IF QUALIFICATIONS UPDATE FORM IS BEING SUBMITTED WITH CHANGES, AND IS ATTACHED TO THIS REPORT, PLACE THE WORD "YES" IN THE BOX TO THE RIGHT. IF NO CHANGES ARE REQUIRED, PLACE THE WORD "NO" IN THE BOX AT RIGHT.

SECTION C PERFORMANCE EVALUATION

U—Unsatisfactory Performance is unacceptable. A rating in this category requires immediate and 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 D.

M—Marginal Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section D and remedial actions taken or recommended should be described.

P—Proficient Performance is satisfactory. Desired results are being produced in the manner expected.

S—Strong Performance is characterized by exceptional proficiency.

O—Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.

SECTION D 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
SPECIFIC DUTY NO. 2	RATING LETTER
SPECIFIC DUTY NO. 3	RATING LETTER
SPECIFIC DUTY NO. 4	RATING LETTER
SPECIFIC DUTY NO. 5	RATING LETTER
SPECIFIC DUTY NO. 6	RATING LETTER

SECTION E 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

22 JAN 73

SECRET
CLASSIFICATION

SECTION D

NARRATIVE COMMENTS

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

JAN 11 10 44 AM '74

SEE ATTACHED

SECTION E

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, C AND D OF THIS REPORT		
DATE	SIGNATURE OF EMPLOYEE	
	<i>[Signature]</i>	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAD BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
7 January 1974	Chief of Station	<i>Theodore G. Shackley</i> Theodore G. Shackley
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
Mr. Phillips is a highly experienced senior operations officer with outstanding leadership ability. In both the Chief of Station positions covered by this report his performance was superior in every important respect.		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
8 Jan 1974	ADD/O	<i>David H. Blee</i> David H. Blee

CLASSIFICATION
SECRET

SECRET

SECTION D • NARRATIVE COMMENTS

1. In the period covered by this report Mr. Phillips was the Chief of Station [] during the time frame February to August 1972. After that Mr. Phillips became the Chief of Station, [] and served in [] during the period August 1972 to April 1973. At both of these posts Mr. Phillips was responsible for managing an average of [] Agency employees. Additionally, Mr. Phillips supervised in this period an average FY budget of [] which was spent on FI, CA, CI, anti-narcotics and protected economic intelligence operations. American policy interests in [] and [] are high in terms of the United States scale of values for Latin America. This means that Mr. Phillips was assigned to two prestige posts during a fifteen month time span.

2. As a manager Mr. Phillips is operations oriented. In view of this he places his time, attention and command emphasis on programs that are designed to acquire intelligence and agents. This approach has consistently produced results in terms of FI and CA operations which are targeted against the host country.

3. Mr. Phillips was also active at both posts as an operations manager who focused Station resources on the Soviet target, protected economic intelligence and the anti-narcotics effort. Unfortunately, as these programs moved into gear Mr. Phillips was also in motion between Stations, or had just been in place at his second Station for less than a year. As a result one can only say that Mr. Phillips made all the right moves in his managerial duties against these priority targets. The brevity of his program implementation at each of the two posts did not provide a solid basis, however, for measuring tangible success. In short Mr. Phillips deserves high marks for initiative, drive and imagination on programs that were receiving increased attention at Headquarters.

4. The myriad problems that are faced when a Station moves its location from one city to another were still challenging Mr. Phillips when he left [] In overview terms, however, the move from [] to [] was well done. This does not mean that Mr. Phillips' successor at [] did not have some gaps to fill or adjustments to make in the administrative field. The scope of these actions, however, was in the realm of the reasonable and attests to the fact that while his basic interests are in

SECRET

SECRET

-2-

operations, administration per se is not a totally alien field to Mr. Phillips.

5. In representational terms Mr. Phillips did a sound job in winning and maintaining the respect of the American Ambassadors in [] and [] This is due in large measure to Mr. Phillips' native charm, area knowledge, and language skills [] In addition, Mr. Phillips is people oriented, and this makes it possible for him to sell himself and CIA to senior American officials at the Ambassador level.

6. In personal terms Mr. Phillips is a hard-working, dedicated officer who is a good team player. This officer has the intent, capability and desire to fulfill the needs of the Organization. He is particularly well versed in CA skills and is politically oriented. As a result he likes the challenge of election operations and is well qualified in this area.

7. Mr. Phillips' total performance during the period covered by this report merits an evaluation of Strong.

8. In terms of future assignments Mr. Phillips is likely to be at his professional best in field activities. This officer is highly specialized in Latin American affairs, but he is perfectly capable of being a Station Chief at most Agency posts in Europe or Asia.

9. Mr. Phillips' activities come to the attention of the Rating Officer on a daily basis.

SECRET

SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER			
				024345			
SECTION A				GENERAL			
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD	
Phillips, David A.			31 Oct 1922	M	GS-17	D	
6. OFFICIAL POSITION TITLE				7. OFF/DIV/RR OF ASSIGNMENT		8. CURRENT STATION	
Chief of Station				DDP/WH/5			
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 checked="" type="checkbox"/> ANNUAL		<input checked="" type="checkbox"/> REASSIGNMENT SUPERVISOR		<input type="checkbox"/> REASSIGNMENT EMPLOYEE
SPECIAL (Specify):				SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P.				12. REPORTING PERIOD (From - to)			
				1 July 1971 - 31 January 1972			
SECTION B				PERFORMANCE EVALUATION			
<p>U-Unsatisfactory Performance is unacceptable. A rating in this category requires immediate and 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>M-Marginal Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.</p> <p>P-Proficient Performance is satisfactory. Desired results are being produced in the manner expected.</p> <p>S-Strong Performance is characterized by exceptional proficiency.</p> <p>O-Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
SPECIFIC DUTIES							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
SPECIFIC DUTY NO. 1						RATING LETTER	
SPECIFIC DUTY NO. 2						RATING LETTER	
SPECIFIC DUTY NO. 3						RATING LETTER	
SPECIFIC DUTY NO. 4						RATING LETTER	
SPECIFIC DUTY NO. 5						RATING LETTER	
SPECIFIC DUTY NO. 6						RATING LETTER	
OVERALL PERFORMANCE IN CURRENT POSITION							
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.						RATING LETTER	
						S	

SECRET

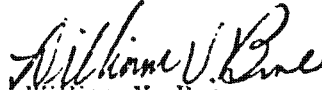
(When Filled In)

SECTION C			NARRATIVE COMMENTS								
<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. <u>Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, may be commented on, if applicable.</u> If extra space is needed to complete Section C, attach a separate sheet of paper.</p> <p style="text-align: center;">MEMORANDUM</p> <p style="text-align: center;">Please see attached MEMORANDUM IN LIEU OF FITNESS REPORT.</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									
27 January 1972		/s/ David A. Phillips									
2.						BY SUPERVISOR					
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION			IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION								
DATE		OFFICIAL TITLE OF SUPERVISOR				TYPED OR PRINTED NAME AND SIGNATURE					
10 January 1972		Chief, WH Division				William V. Broe					
3.						BY REVIEWING OFFICIAL					
COMMENTS OF REVIEWING OFFICIAL											
Please see attached.											
DATE		OFFICIAL TITLE OF REVIEWING OFFICIAL				TYPED OR PRINTED NAME AND SIGNATURE					
		AIDP				Cord Meyer, Jr.					

SECRET

Mr. Phillips continues to show excellent growth potential and his breadth of capabilities qualifies him for advancement to senior echelons.

I rate Mr. Phillips as very Strong as Chief of Station,


William V. Broe
Chief

Western Hemisphere Division

I certify that I have seen this memorandum:

This fitness report is being sent to David A. Phillips in for his signature and to be returned to Headquarters for file.

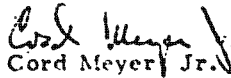
/s/ David A. Phillips
David A. Phillips

27 January 1972
Date

Comments of Reviewing Official:

I completely agree with this high rating and should add that subject has handled a continuing Congressional interest in with a rare combination of diplomatic tact and sound judgment.

15 Jan 72
Date


Cord Meyer Jr.
Assistant Deputy Director for Plans

10 January 1972

MEMORANDUM IN LIEU OF FITNESS REPORT

SUBJECT: David A. Phillips
1 July - 31 December 1971

This memorandum is in lieu of a fitness report to cover Mr. Phillips' performance during the period 1 July to 31 December 1971. This rating is being prepared in view of the rater's imminent departure from the Division.

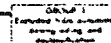
Last month Mr. Phillips was promoted from GS-16 to GS-17. There is no better evidence of the high esteem in which he is held by his superiors in the Agency.

During this rating period Mr. Phillips transferred the station from [redacted]. This move, however, divorces the Chief of Station from the main area of operations. [redacted] In spite of this Mr. Phillips, through much extra effort and time on his part, has been able to maintain a high operational tempo in the station.

Station relations with key people in the [redacted] government, especially the security agencies, have been highly productive but through recent efforts, these relations have been placed on a much higher plane with the decision [redacted] to give the station copies of the briefings especially prepared for [redacted]
[redacted]

SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				024345	
SECTION A GENERAL					
1. NAME (Last) (First) (Middle) Phillips, David A.			2. DATE OF BIRTH 31 Oct 1922	3. SEX M	4. GRADE 5. SO GS-16 D
6. OFFICIAL POSITION TITLE Chief of Station			7. OFF. DIV./BR OF ASSIGNMENT DDP/WH/5	8. CURRENT STATION	
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"/> REASSIGNMENT SUPERVISOR	
<input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)			<input checked="" type="checkbox"/> ANNUAL	<input type="checkbox"/> REASSIGNMENT EMPLOYEE	
<input type="checkbox"/> SPECIAL (Specify):			<input type="checkbox"/> SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P. 30 April 1971			12. REPORTING PERIOD (From - to) 1 April 1970 - 30 June 1971		
SECTION B PERFORMANCE EVALUATION					
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					RATING LETTER
SPECIFIC DUTY NO. 1 See attached memorandum.					
SPECIFIC DUTY NO. 2					RATING LETTER
SPECIFIC DUTY NO. 3					RATING LETTER
SPECIFIC DUTY NO. 4					RATING LETTER
SPECIFIC DUTY NO. 5					RATING LETTER
SPECIFIC DUTY NO. 6					RATING LETTER
OVERALL PERFORMANCE IN CURRENT POSITION					RATING LETTER
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					S



SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

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

AUG 5

AUG 5 11 05 AM '71

MAIL ROOM

See attached memorandum.

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	
11 August 1971	/s/ David A. Phillips	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
	Copy of report has been sent to Mr. Phillips for acknowledgment.	
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
30 June 1971	Chief, WH Division	/signed/ William V. Broe
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
See attached.		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
	Assistant Deputy Director for Plans	/signed/ Cord Meyer, Jr.

SECRET

SECRET

30 June 1971

MEMORANDUM IN LIEU OF FITNESS REPORT

SUBJECT: Mr. David A. Phillips
1 April 1970 - 30 June 1971

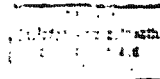
This memorandum is in lieu of the fitness report on Mr. Phillips as Chief of Station, [redacted] during the period 1 April 1970 to 30 June 1971.

Mr. Phillips is a highly capable, versatile and imaginative Operations Officer and manager who makes a substantial contribution to the Clandestine Service.

The above statement is borne out by the fact that faced with a highly difficult, sensitive operational problem of the utmost priority in the fall of 1970, the Rater immediately thought of Mr. Phillips as the man to head the Task Force and received immediate and enthusiastic endorsement from the Deputy Director for Plans and the Director for Mr. Phillips' assignment. He was recalled from [redacted] took over the Task Force, and handled it in an outstanding manner.

My first statement is further borne out by the fact that Ambassador [redacted] on a recent visit to Washington, made a special effort to express to the Rater his appreciation for Mr. Phillips' support to him and the Embassy and to express further his appreciation to the Agency for furnishing him a man of Mr. Phillips' caliber.

SECRET



SECRET

- 2 -

Mr. Phillips has a large, widely spread operation with Bases in [redacted] However, he has succeeded in keeping them well coordinated and dead on the target.

I rate Mr. Phillips as Strong as Chief of Station, [redacted]

William V. Broe
William V. Broe

Chief
Western Hemisphere Division

I certify that I have seen this memorandum:

David A. Phillips

Date

Comments of Reviewing Official: I would have rated this performance as "very strong". Excellent political judgment and the ability to handle the most delicate situations with tact and discretion characterize this performance.

Cord Meyer, Jr.
Cord Meyer, Jr.

Assistant Deputy Director for Plans

22 July 71
Date

SECRET

S-E-C-R-E-T

TRAINING REPORT

Course # 3/71

Specialized Training in Weapons for
Self-Defense and Countermeasures Against
Vehicular Kidnapping

Date: 2-5 February 1971

Trainee: PHILLIPS, David A.

Office: WH

Purpose and Scope of the Course:

The course provides basic proficiency training in the use of weapons for self-defense and in the techniques of evasive driving to counter vehicular kidnapping for Agency officers being assigned to hostile or unstable political and operational environments abroad.

Achievement Record:

This is to certify that Mr. Phillips has satisfactorily completed the prescribed course of instruction.

FOR THE DIRECTOR OF TRAINING:


CHIEF, SPECIAL ACTIVITIES BRANCH

10 February 1971

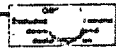
DATE

S-E-C-R-E-T



SECRET
(When Filled In)

FITNESS REPORT						EMPLOYEE SERIAL NUMBER 024345	
SECTION A GENERAL							
1. NAME (Last) (First) (Middle) Phillips, David A			2. DATE OF BIRTH 10/31/22	3. SEX M	4. GRADE 16	5. SD D	
6. OFFICIAL POSITION TITLE COS			7. OFF/DIV/BR OF ASSIGNMENT DDP/WH/Br. 5		8. CURRENT STATION		
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 checked="" 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.				12. REPORTING PERIOD (From - to) 1 April 1969 - 31 March 70			
SECTION B PERFORMANCE EVALUATION							
<p>U-Unsatisfactory Performance is unacceptable. A rating in this category requires immediate and 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>M-Marginal Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.</p> <p>P-Proficient Performance is satisfactory. Desired results are being produced in the manner expected.</p> <p>S-Strong Performance is characterized by exceptional proficiency.</p> <p>O-Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
SPECIFIC DUTIES							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
SPECIFIC DUTY NO. 1						RATING LETTER	
See attached memorandum.						S	
SPECIFIC DUTY NO. 2						RATING LETTER	
SPECIFIC DUTY NO. 3						RATING LETTER	
SPECIFIC DUTY NO. 4						RATING LETTER	
SPECIFIC DUTY NO. 5						RATING LETTER	
SPECIFIC DUTY NO. 6						RATING LETTER	
OVERALL PERFORMANCE IN CURRENT POSITION							
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.						RATING LETTER	
						S	

5 AUG 1970
DC



SECRET

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 and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.</p> <p style="text-align: center;">AUG 4 3 49 PM '70</p> <p style="text-align: center;">See Attached Memorandum in Lieu of Fitness Report.</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		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
15 July 1970	Chief, WH Division	/signed/ William V. Broe	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
21 JUL 1970	Assistant Deputy Director for Plans	 Cord Meyer, Jr.	

SECRET

SECRET

15 July 1970

MEMORANDUM IN LIEU OF FITNESS REPORT

SUBJECT: Mr. David A. Phillips
1 April 1969 - 31 March 1970

This memorandum is in lieu of the fitness report on Mr. David A. Phillips as Chief of Station, [redacted] during the period 1 April 1969 to 31 March 1970.

During this period Mr. Phillips took over command of the [redacted] Station. It is typical of Mr. Phillips that he made excellent preparation for this assignment, including a full-time course [redacted]

Mr. Phillips has brought to his new position the operational zeal and enthusiasm that has characterized all of his previous positions. [redacted] by the very nature of its size but, more importantly, the type of "strait jacket" government in power, is a difficult place to operate on a broad plain. Mr. Phillips has the station moving and real effort and progress is seen on the more difficult targets, such as the Soviets.

He has excellent relations within the embassy and is recognized for his contribution to [redacted] He, of course, handles his liaison contacts with mature style and is very actively developing a number of contacts in the local community.

SECRET

SECRET

Mr. Phillips is a good supervisor of men and the present high morale of the [redacted] Station and its Bases is a living proof of this. He furnishes good operational planning and guidance and exhibits a high degree of cost consciousness.

I rate Mr. Phillips as Strong as Chief of Station,
[redacted]

William V. Broe
William V. Broe
Chief

Western Hemisphere Division

I certify that I have seen this memorandum:

David A. Phillips

David A. Phillips

26 Sept 1970

Date

Date of Report
15 January 1970

LANGUAGE TRAINING REPORT

Student Names
PHILLIPS, DAVID A.

Office:
WH

Courses
FULL-TIME

Inclusive Dates
11/03/69-12/18/69

Proficiency Level before and After Training		
	Before	After
Speaking	--	1 ●
Aural Comp	--	3 ●
Read Comp	--	3 ●
* Instructors Estimate vice Official Test		

Hours of Instruction
Scheduled 244/Actual 108
Absences 29

LANGUAGE TRAINING AIMS AND EVALUATION CRITERIA

The general aim of this course of study was to provide the student with a command of a foreign language in a skill and at the level set by the sponsoring office. Speaking, aural comprehension and reading comprehension, as required, were emphasized. Fluency and accuracy were given equal importance in training and in evaluation of the student. Cultural matters were covered only incidentally.

This student evaluation is based on (1) Instructor and Linguist observations; (2) regularly administered oral and written achievement tests; (3) a final comprehensive achievement examination. The achievement rating reflects only performance and achievement in the course and is conditioned by the length of time the student spent in training, achievement potential based upon his or her aptitude for language study and upon motivation. This rating should not be confused with the Proficiency Rating which is submitted separately on Form 1273, Certification of Language Proficiency.

PROGRESS IN ACHIEVING COURSE AIMS

(Overall progress in the course is shown as unsatisfactory, marginal, satisfactory, above average, superior when compared against established standards for such training).

Speaking	Aural Comprehension	Reading Comprehension
SUPERIOR	SUPERIOR	N.A.

PERFORMANCE EVALUATION

In six weeks the student covered the entire DLI course of 75 lessons which usually takes 4 to 6 months to complete. His study habits and approach to language learning were excellent and he made maximum use of the time available.

The joint decision by instructor and student to rush through 75 lessons was based on:

- (1) the student's determination to make as much of a conversion from [redacted] as possible and
- (2) on the instructor's faith and confidence in the student's ability to do so.

In cases where the principal objective is to convert a student's command of [redacted] the point is often reached where the student is able to understand and make himself understood most adequately without, See reverse side for additional comment

For the Director of Trainings

[redacted]
[redacted]
Department Chief
Language School/DIR

however, his having achieved a corresponding tested level because of the

In the case of this student, I judge his command of the language to be already adequate for all situations he may encounter in the field. So that while he may not test quite elementary, in reality, and as far as ability to communicate effectively is concerned, he would have to be rated intermediate.

SECRET

TECHNICAL SERVICES DIVISION -- TECHNICAL SCHOOL

SHORT RANGE AGENT CONTACT SURVEY (A-106)

Training Report

Name : PHILLIPS, David A.
Office: WH/COG
Date : 6 June 1969


1. OBJECTIVES:

To provide a general knowledge in:

- a. Selected gear used for clandestine short range agent contacts. Included are representative samples of:

One way HF radio devices; two way HF radio devices; two way carrier current devices; optical communicators; and special telephone devices used for establishing agent contact.

- b. The philosophy, purpose, considerations and manageability of short range agent contact systems; including message security, link security, reliability and feasibility of agent contact systems.


INSTRUCTOR
TSD/TECHNICAL SCHOOL

SECRET

SECRET

(When Filled In)

FITNESS REPORT						EMPLOYEE SERIAL NUMBER	
						024345	
SECTION A GENERAL							
1. NAME (Last) (First) (Middle) Phillips, David A.			2. DATE OF BIRTH 10/31/22	3. SEX M	4. GRADE GS-16	5. SD D	
6. OFFICIAL POSITION TITLE Ops Officer			7. OFF/DIV/BR OF ASSIGNMENT DDP/WH/COG		8. CURRENT STATION Hqs.		
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"/> REASSIGNMENT SUPERVISOR			
<input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)				<input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE			
SPECIAL (Specify):				SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P. 04/69				12. REPORTING PERIOD (From - to) 1 April 68 - 31 March 69			
SECTION B PERFORMANCE EVALUATION							
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
SPECIFIC DUTIES							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (Indicate number of employees supervised).							RATING LETTER
SPECIFIC DUTY NO. 1							
SPECIFIC DUTY NO. 2							RATING LETTER
SPECIFIC DUTY NO. 3							RATING LETTER
SPECIFIC DUTY NO. 4							RATING LETTER
SPECIFIC DUTY NO. 5							RATING LETTER
SPECIFIC DUTY NO. 6							RATING LETTER
7 JUN 1969							
OVERALL PERFORMANCE IN CURRENT POSITION							RATING LETTER
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.							S

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. <u>Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable.</u> If extra space is needed to complete Section C, attach a separate sheet of paper.</p>			
<p>See attached Memorandum in Lieu of Fitness Report.</p>			
<p>JUN 2 11 17 AM '69 MAIL ROOM OFFICE OF PERSONNEL</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		
9 June 1969	/signed/ David A. Phillips		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
6 June 1969	Deputy Chief, WH Division	/signed/ John R. Horton	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
<p>See attached.</p>			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
27 June 1969	Chief, WH Division	/signed/ William V. Broe	

SECRET

6 June 1969

MEMORANDUM IN LIEU OF FITNESS REPORT

SUBJECT: Mr. David A. Phillips
1 April 1968 to 31 March 1969

Mr. Phillips continues to head the Division's program against the high-priority Cuban target, although he has also been selected to fill an unusually responsible job overseas in the coming year, both of which jobs testify to the high regard in which he is held by his superiors in the Agency. Mr. Phillips has had the difficult task of presiding over a show which is being cut back, in terms of money and people, and in which task he has played a major role. At the same time as doing a pruning job, he has had to try to maintain a vigorous program and to keep up enthusiasm. His own qualities of personal leadership and of magnetism have done a great deal to keep up enthusiasm among his people. He has a positive attitude toward operations and is determined; his day-to-day concern is for developing new operations, and he has put all of his own notable vigor and drive into operational directions.

Mr. Phillips knows his target and knows Latin America well and he brings a good feel and insight into his work, which is never pedestrian or unimaginative. He speaks well and convincingly and makes a very good impression both within the Agency and outside, where he serves the Agency well in his relations with other government elements. He also writes notably well.

His task this year has not been easy for he has had to deal with an experimental situation, to a considerable extent, with the new Miami station which he is responsible for supporting and guiding. He has had to exercise a good deal of tact and diplomacy in the doing of it and he has done a good job of reconciling often conflicting views. He has shown a good head for costs in all of this.

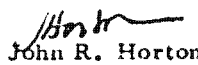
SECRET

SECRET

Mr. Phillips is a notably good supervisor, especially with younger officers, for whom he is an object of admiration and emulation. Mr. Phillips is a fast-moving, energetic person and he has some of the faults that often go with this virtue: he is impatient with details and "paper" with the consequence that if someone else does not do it for him, his work is sometimes marred by inaccuracies and imprecisions.


Without going into it, it should be noted that Mr. Phillips has had a very trying year personally and it is a proof of his strength of character that he has not only come through it but has hardly broken his stride in carrying out a demanding job, or being any less than his usual cheerful and charming self.

His performance has been very Strong.



John R. Horton
Deputy Chief
Western Hemisphere Division

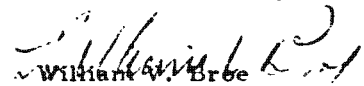
I certify that I have seen
this memorandum:


David A. Phillips

1 June 1969
Date

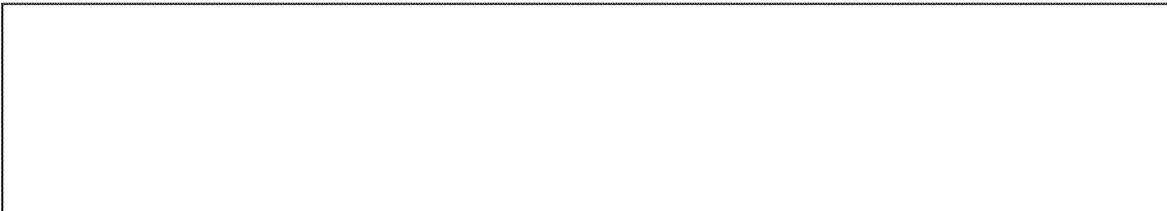
Comments of Reviewing Official:

I concur in the above rating of Mr. Phillips. Dave Phillips is an operator in the solid professional sense of the word. I have great hopes for the which he takes over early in 1970.


William W. Brbe
Chief

27 June 1969
Date

Western Hemisphere Division



OFFICER BEING RATED <i>DAVID A</i>			
CHIEF, CAS			
POSITION CHIEF, CAS		GRADE	AGENCY CAS
RATING PERIOD August 13, 1972 - October 31, 1972		DATE OF REPORT December 8, 1972	
SIGNATURE OF REVIEWING OFFICER		TITLE	

EVALUATION OF PERFORMANCE

Outstanding Satisfactory Unsatisfactory

II. Does this officer properly understand and perform his role and his functions as a member of your staff under existing Presidential directives? Yes No (If no, explain in detail below.)

Has he seen this report? Yes No

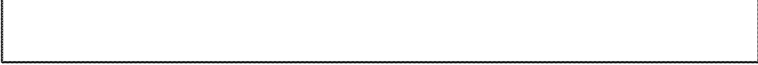
NARRATIVE COMMENTS

(Attach additional sheets, if necessary for this section or for reviewing officer's comments.)

The CAS Station Chief has been at the post only since August 13, 1972. Although this period may seem unusually short for the preparation of a performance evaluation, I would like to say that I have been enormously and favorably impressed by his performance during this initial period.

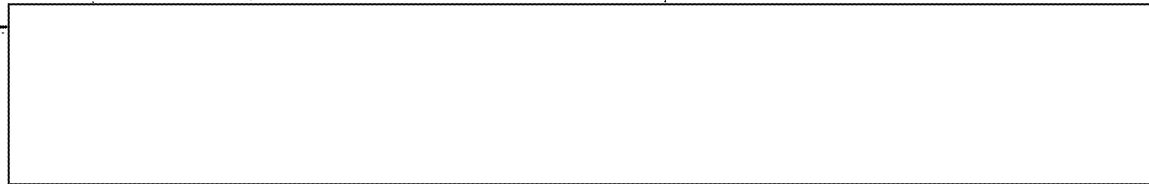
The CAS Station Chief comes [redacted] from a series of highly responsible positions in which, I understand, he performed outstandingly. He has taken hold of his new position in a commanding manner and gives every indication of being thoroughly on top of his job. He is understanding of [redacted] needs, professionally competent in his approach to his work, and highly articulate in explaining those facts and factors which are of importance to me and to other officers of [redacted]

III. I am very favorably impressed by the initial performance of the CAS Station Chief and I consider myself fortunate to have him with me at [redacted]



OFFICER BEING RATED		
Chief CAS		
POSITION		GRADE
Chief of Station		
RATING PERIOD		DATE OF REPORT
11/1/71 - 6/29/72		October 16, 1972
SIGNATURE OF REPORTING OFFICER		TITLE
SIGNATURE OF REVIEWING OFFICER		TITLE
EVALUATION OF PERFORMANCE		
<input checked="" type="checkbox"/> Outstanding <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory		
II. Does this officer properly understand and perform his role and his functions as a member of your staff under existing Presidential directives? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If no, explain in detail below.)		
Has he seen this report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
NARRATIVE COMMENTS		
(Attach additional sheets, if necessary for this section or for reviewing officer's comments.)		
The previous incumbent completed his assignment at this post and departed on June 29, 1972. During the period under review he continued to perform in a highly creditable manner, working well with other members of [] staff and handling the affairs of his agency in a most professional, efficient and effective manner.		
III. In my last evaluation I stated that both the Agency and [] were fortunate to have a man of the rated officer's abilities and qualities as CAS Chief at this important post. I am happy to say that his performance throughout his assignment here reinforced that view.		

OFFICER BEING RATED		POST	
Chief CAS		American Embassy []	
POSITION		GRADE	AGENCY
Chief of Station		[]	[]
RATING PERIOD		DATE OF REPORT	
11/1/70 - 10/31/71		November 1, 1971	
SIGNATURE		TITLE	
[]		[]	
SIGNATURE OF REVIEWING OFFICER		TITLE	
[]		[]	
EVALUATION OF PERFORMANCE			
<input checked="" type="checkbox"/> Outstanding <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory			
II. Does this officer properly understand and perform his role and his functions as a member of your staff under existing Presidential directives? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Hi no, explain in detail below.)			
Has he seen this report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
NARRATIVE COMMENTS			
(Attach additional sheets, if necessary for this section or for reviewing officer's comments.)			
<p>Mr. Phillips is an able officer and a highly cooperative member of [] I have been impressed and pleased with the degree of cooperation which exists between him and other members of the [] He has, to the extent that is possible considering the nature of his work, cooperated in our efforts to bring about maximum coordination of reporting. With rare exceptions he has, I believe, kept me appropriately advised on all matters relating to his functions, and the material which he provides on a regular basis has been extremely useful in the discharge of my mission.</p> <p>Mr. Phillips works quietly and discreetly and is alert to any situation which might create problems for [] and the United States. I fully share the view of [] expressed in a previous evaluation, that both Mr. Phillips and his wife conduct themselves in a quiet, friendly and wholly creditable manner.</p> <p>I feel that both the Agency and [] are fortunate in having a man of Mr. Phillips' abilities and qualities as CAS Chief at this important []</p>			



OFFICER BEING RATED			
David A. PHILLIPS			
POSITION	GRADE	AGENCY	
Chief CAS, Chief of Station			
RATING PERIOD		DATE OF REPORT	
7/1/70 - 10/31/70		November 1, 1970	
SIGNATURE	TITLE		
SIGNATURE OF REVIEWING OFFICER		TITLE	

EVALUATION OF PERFORMANCE

Outstanding Satisfactory Unsatisfactory

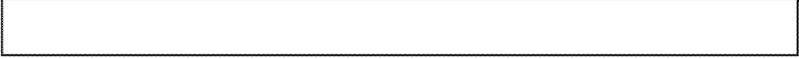
II. Does this officer properly understand and perform his role and his functions as a member of your staff under existing Presidential directives? Yes No (If no, explain in detail below.)

Has he seen this report? Yes No

NARRATIVE COMMENTS

(Attach additional sheets, if necessary for this section or for reviewing officer's comments.)

Mr. Phillips' performance during the four months covered by this evaluation has been highly satisfactory. For some years previous to my arrival here, in June 1970, I had been acquainted with him, and from this I already had a favorable impression of his qualities. This impression has continued and has improved further. He has worked quietly and discreetly, has kept me informed of all important developments, and has coordinated as necessary with other offices in the [redacted]. His interest in his work, and his dedication to the job, have been outstanding. His relations with others are very good. Because of wide previous experience in this hemisphere, he frequently is helpful to [redacted] officers in areas outside his own specialization. He appears to manage his personnel well. In functions outside the [redacted] both he and his wife conduct themselves in a quiet, friendly, and wholly creditable manner.



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OFFICER BEING RATED David A. PHILLIPS		
POSITION Chief CAS, Chief of Station	GRADE []	AGENCY []
RATING PERIOD January 30 - June 30, 1970	DATE OF REPORT April 24, 1970	
[]	TITLE []	
SIGNATURE OF []	TITLE []	

EVALUATION OF PERFORMANCE	
<input checked="" type="checkbox"/> Outstanding <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	
II. Does this officer properly understand and perform his role and his functions as a member of your staff under existing Presidential directives? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If no, explain in detail below.)	
Has he seen this report? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

NARRATIVE COMMENTS	
(Attach additional sheets, if necessary for this section or for reviewing officer's comments.)	
Phillips has been here too short a time and there has been too little opportunity for us to work together for me to be able to discuss his performance in detail. I am able to say, however, that he has impressed me and [] officers with whom he works, including [] very favorably, indeed. He is a cool-headed, straightforward, intelligent man who seems professionally very capable. He has a clear understanding of the appropriate role for himself and his organization within [] and is working to achieve a genuinely low profile. He has already demonstrated his interest in the best possible relations with the rest of the U.S. Government organization and he knows how to act in order to achieve such a relationship. He has come to me a number of times to volunteer detailed information which he did not feel important enough to bother [] about, but he has kept [] fully informed about all those subjects which were of sufficient interest to him. I see every reason to assume that he will be a positive, constructive and very dependable and reliable factor in []	
Mrs. Phillips is an attractive and personable young lady who has particularly impressed my wife and me with her attitude and intellect.	

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OFFICER BEING RATED Chief CAS <u>David A. Phillips</u>			
POSITION Station Chief	GRADE	AGENCY	
RATING PERIOD January 1966 to July 1967	DATE OF REPORT July 15, 1967		
SIGNATURE	TITLE		
SIGNATURE OF REVIEWING OFFICER		TITLE	
EVALUATION OF PERFORMANCE			
<input checked="" type="checkbox"/> Outstanding <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory			
II. Does this officer properly understand and perform his role and his functions as a member of your staff under existing Presidential directives? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If no, explain in detail below.)			
Has he seen this report? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
NARRATIVE COMMENTS			
(Attach additional sheets, if necessary for this section or for reviewing officer's comments.)			
I have been associated with the CAS Station Chief since my arrival at [redacted] on January 11, 1966. Inasmuch as I have kept in very close daily touch with him, I believe that I am in position to evaluate his performance.			
Let me say at the outset that the Rated Officer has had to work under the most varied and difficult circumstances. His service at [redacted] began, for example, in a revolutionary situation marked by great and continuing violence. The attention of a good part of the world was focused upon this situation, and some of the highest national interests of the United States were involved. The presence of the [redacted] of its major U.S. component, and of [redacted] in his unusual and unprecedented role added greatly to the dimensions of the work done by the Rated Officer. In the aftermath of revolution, he had unusual, delicate and complicated tasks to perform in connection with the establishment and maintenance in power of [redacted].			
[redacted], the CAS Station Chief faced a changing and constantly challenging set of requirements. Finally, his tour of duty at [redacted] has encompassed the transition from [redacted] and the gradual firming up of the position and institutions of the present democratically elected administration.			
To this intricate complex of circumstances, the CAS Station Chief has brought a background knowledge of the Latin American area and its			
S E C R E T			

SECRET

- 2 -

people as well as a proficiency in Spanish which has enabled him to deal readily and effectively with a heterogeneous range of contacts.

His performance can only be described as outstanding. He has provided a completely professional response to a most difficult and varied challenge. He has mounted an organization and provided a mechanism fully up to the tasks confronting it and the high-level requirements levied upon it. With the advantages afforded by hindsight, I suggest that the success which has been achieved speaks for itself.

It is pertinent to mention that the Rated Officer invariably places business ahead of pleasure and personal interests. He works long and irregular hours and is continuously available in time of need. He has evidenced the highest degree of cooperation with representatives of [redacted]

His quiet and professional approach inspires their confidence, and on innumerable occasions he has proven that he is an excellent team player who genuinely wants to be of assistance to all members of the official community. The harmonious, close relations among all the intelligence components of the [redacted] are due in great part to the tactful, skillful and thoughtful leadership of the Station Chief.

There is probably little need for me to comment upon the Rated Officer's technical achievements at this [redacted]. Under his guidance, specialized security agencies of the [redacted] Government have been brought to a state of high readiness. Penetration of subversive groups has reached impressive proportions. Subversive document seizures have been abundant. Counter-espionage work has been impressively successful.

no

The CAS Station Chief is in/sense a narrow technician or specialist. He keeps his eye on the broad picture, understands what he sees there and intelligently relates it to his own work. He is imaginative in his approach and does not hesitate to suggest innovations of various kinds. To mention only one of these, it was as a result of his initiative that [redacted]

[redacted] with a salutary calming effect upon the potential for political violence at the moment.

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- 3 -

I wish to make special mention of, first, the scrupulousness with which the Rated Officer has consulted me and kept me informed about his activities, and, second, his strict adherence to the guidance I have given him. At no time have I had any doubts concerning the care and fidelity with which he has followed my instructions.

I have developed the highest personal and professional regard for the Rated Officer. I have valued greatly his advice and his support not only upon matters within his own special field of competence, but also over a considerably broader spectrum of U.S. [redacted] activities. I could not have asked for a better Chief of Station than the one whom I have had at [redacted]. I very much regret his departure but am comforted by the knowledge that his successor, as his deputy, has been trained by him.

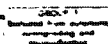
I earnestly hope that these comments of mine -- based on a very close and continuous working relationship -- will be given full consideration and will contribute significantly to his career advancement.

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SECRET

(When Filled In)

FITNESS REPORT						EMPLOYEE SERIAL NUMBER
						024345
SECTION A GENERAL						
1. NAME <i>(Last) (First) (Middle)</i>		2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD	
Phillips, David A.		10/31/22	M	15	D	
6. OFFICIAL POSITION TITLE			7. OFF/DIV BR OF ASSIGNMENT	8. CURRENT STATION		
Ops Officer Ch			WH/COG	Hqts.		
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"/> REASSIGNMENT SUPERVISOR	
<input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)				<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-)		
04/68				1 April 1967 - 31 March 1968		
SECTION B PERFORMANCE EVALUATION						
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>						
SPECIFIC DUTIES						
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).						
SPECIFIC DUTY NO. 1						RATING LETTER
Responsibility for overall management of Headquarters Branch activities.						S
SPECIFIC DUTY NO. 2						RATING LETTER
Support and guidance of field operations.						S
SPECIFIC DUTY NO. 3						RATING LETTER
Reporting to higher authority; implementing of policy level decisions.						O
SPECIFIC DUTY NO. 4						RATING LETTER
Supervision and management of personnel.						O
SPECIFIC DUTY NO. 5						RATING LETTER
Liaison with State Department and other agencies.						O
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
Reviewed by OP/PD/EAB						O



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 and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.</p> <p style="text-align: right;">JUN 1 8 53 AM '68</p>			
<p>The Rating Officer's last fitness report on Mr. Phillips dealt with his terminating an outstandingly successful and very complicated assignment as Chief of Station, [redacted]. This report deals with a completely different situation, i. e. coming into Headquarters as Chief, Cuban Operations Group at the time that drastic reduction had just become the order of the day. The same energy, imagination and zeal which has characterized Mr. Phillips over the years has characterized his performance in this difficult task since his assumption of the new responsibility. He has been a prime mover in reducing the Headquarters WH/COG component to realistic and manageable proportions. By the same token he has been a prime mover, guider, cajoler and sometimes "patron saint" to JMWAVE management in its massive job of bringing JMWAVE down from its ponderous proportions to a viable Clandestine Services "instrument" compatible and consistent with the present day needs of Cuban operations. In this endeavor Mr. Phillips' accomplishments have been of the first order.</p> <p style="text-align: right;">(See attached 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		
13 MAY 1968	<i>William V. Broc</i>		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
32			
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
10 May 1968	Deputy Chief, WHD	<i>Jacob D. Esterline</i> Jacob D. Esterline	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
<p>This is a very fine officer with one of the best potentials in WH Division. I believe the rater is somewhat carried away in his views. Mr. Phillips' career advancement has been closely observed in this Division and I do not believe he is falling behind in the promotion timetable. It is definitely expected he will be recommended next year (which is within the proper time frame,) if his current excellent performance continues.</p>			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
20 May 1968	Chief, WH Division	<i>William V. Broc</i> William V. Broc	

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Fitness Report - David A. Phillips

SECTION C (Continued)

Most important however, and this is one of Mr. Phillips unique qualities, he has been able to bring about this drastic reduction and at the same time instill enthusiasm in his staff for new approaches to the ever more difficult Cuban target. His own infectious enthusiasm and his fine manner with co-workers and subordinates has made this possible. In short the Rating Officer believes he is the right man at the right time for the job he is in.

Mr. Phillips' relations with the Department of State and other agencies where it really counts are outstandingly good. He has in his short time back re-established his fine relationship with the manager of the Voice of America. This relationship will undoubtedly be of inestimable value in getting WH Division's new radio effort through the 303 Committee and into operation.

It is probably obvious to one reading this fitness report that the Rating Officer is well disposed towards Mr. Phillips. This is quite true. It in no way, however, affects the Rating Officer's opinion that Mr. Phillips is a man of considerable talent who for one reason or another has fallen at least one grade behind in the promotion timetable. The Rating Officer, therefore, trusts that this will be corrected in the near future. Mr. Phillips is a gentleman of breadth, drive, imagination and dedication. The Rating Officer considers Mr. Phillips to be one of the very best of the many fine officers he has known in his career in the Clandestine Services. In some ways he is unique in that he knows the business from the ground up, having started in [redacted] (several assignments) and now having moved into the managerial area where he can speak with authority based on valid experience.

SECRET

Reviewed by OP/PD/EAB

S-E-C-R-E-T

TRAINING REPORT

Chiefs of Station Seminar No. 1-70
80 hours, full time 6 - 17 October 1969

Participant : Phillips, David A. Office : WH
Year of Birth: 1922 Service Designation: D
Grade : 16 No. of Students : 8
EOD Date : Apr '55

COURSE OBJECTIVES, CONTENT AND METHODS

The COS Seminar is aimed to prepare prospective Chiefs and Deputy Chiefs of Station and Chiefs of Base for field assignments. Emphasis was upon the difficulties confronting Chiefs of small or medium-sized installations, since they must handle a peculiarly wide range of problems. Included were case studies serving to remind outgoing chiefs of various operational approaches and techniques, but more time was devoted to policy, coordination, management, reporting, and administrative responsibilities of the Chief of Station, both within CIA and in the government at large, at home and abroad.

The bulk of the course is given in lectures and question periods conducted by officials responsible for the missions, functions, programs, and services discussed. A few key items of suggested reading are included, and bibliographies of suggested reading tailored to the individual's assignment are offered for those who want them.

ACHIEVEMENT RECORD

This is a certificate of attendance. No further assessment of individual capacity or performance is made in this course.

FOR THE DIRECTOR OF TRAINING:


 OCT 24 1969
Date

S-E-C-R-E-T

SECRET

(When Filled In)

FITNESS REPORT					EMPLOYEE SERIAL NUMBER	
					024345	
SECTION A GENERAL						
1. NAME (Last) Phillips (First) David (Middle) A.		2. DATE OF BIRTH 10/31/22	3. SEX M	4. GRADE GS-15	5. SO D	
6. OFFICIAL POSITION TITLE Chief of Station			7. OFF. DIV. OR ASSIGNMENT DDP/WH/7		8. CURRENT STATION <input type="text"/>	
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"/> REASSIGNMENT SUPERVISOR		<input type="checkbox"/> REASSIGNMENT EMPLOYEE
CAREER-PROVISIONAL (See Instructions - Section C)			<input checked="" type="checkbox"/> ANNUAL			
SPECIAL (Specify):			SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P. May 1967			12. REPORTING PERIOD (From - to) 1 April 1966 to 31 March 1967			
SECTION B PERFORMANCE EVALUATION						
W - Weak	Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.					
A - Adequate	Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.					
P - Proficient	Performance is more than satisfactory. Desired results are being produced in a proficient manner.					
S - Strong	Performance is characterized by exceptional proficiency.					
O - Outstanding	Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.					
SPECIFIC DUTIES						
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).						RATING LETTER
SPECIFIC DUTY NO. 1	Station management.					S
SPECIFIC DUTY NO. 2	Direction of the operational program.					O
SPECIFIC DUTY NO. 3	Liaison with other U. S. agencies.					S
SPECIFIC DUTY NO. 4						RATING LETTER
SPECIFIC DUTY NO. 5						RATING LETTER
SPECIFIC DUTY NO. 6						RATING LETTER
OVERALL PERFORMANCE IN CURRENT POSITION						RATING LETTER
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, professional 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.						O

12 MAY 1967
LLC

SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

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

MAY 8 3 37 PM '67

Mr. Phillips is nearing completion of his tour of duty as Chief of Station, [redacted]. During the past several months he has had the difficult task of reorganizing his Station and redirecting its manpower following a major election operation. His task has been made more difficult by a series of almost weekly political or security crises which not only required intensive intelligence coverage but also frequently involved Station assets.

Mr. Phillips has done remarkably well in this difficult reorganizing process. It has in no way affected the volume or quality of Station reporting which remains very high. His critical analysis and in-depth interpretation of the rapidly changing political scene have been timely and useful.

The Station under his direction has aggressively undertaken the development of new FI and CI assets without losing momentum in existing operations. Also in a relatively short period of time effective security and countersubversion units within the host government internal security apparatus have been established.

(Cont'd)

SECTION D

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE	SIGNATURE OF EMPLOYEE	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
20	Subject in the field.	
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
5 April 1967	Deputy Chief, WHD	Jacob D. Esterline
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
I concur with the rating and statements made concerning Mr. Phillips. He is one of the best. He will take over as Chief, Cuban Operations Group this summer and we can expect new impetus in this difficult denied area program. We are carefully observing his promotional progress and are making every effort that he advance in accordance with his excellent capabilities and potential.		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
28 April 1967	Chief, WHD	William V. Broe

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Fitness Report -- David A. Phillips

SECTION C - (Cont'd)

His relationships with the Ambassador and with representatives of other agencies are excellent and the high regard they accord him are reflected in the great confidence placed in him and his staff.

The overall management of the Station reflects careful consideration of manpower and money commitments. Mr. Phillips has taken the initiative in effecting savings wherever possible. In short he has turned in an aggressively outstanding performance under the most difficult imaginable conditions during the period under review.

SECRET

SECRET

(When Filled In)

FITNESS REPORT					EMPLOYEE SERIAL NUMBER:		
					024345		
SECTION A GENERAL							
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD	
PHILLIPS, David A.			31 Oct 22	M	GS-15	D	
6. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION		
Ops Officer/Chief of Station			DDP/WH/DR				
9. CHECK (X) TYPE OF APPOINTMENT				10. CHECK (X) TYPE OF REPORT			
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C) <input type="checkbox"/> 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)			
				1 April 65 - 31 March 66			
SECTION B PERFORMANCE EVALUATION							
<p>W - <u>Weak</u> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - <u>Adequate</u> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - <u>Proficient</u> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - <u>Strong</u> Performance is characterized by exceptional proficiency.</p> <p>O - <u>Outstanding</u> 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	
Direction of Station CA program.						O	
SPECIFIC DUTY NO. 2						RATING LETTER	
Direction of Station FI/CI efforts.						S	
SPECIFIC DUTY NO. 3						RATING LETTER	
Liaison responsibilities with Embassy and other U.S. Government representatives.						O	
SPECIFIC DUTY NO. 4						RATING LETTER	
Managerial responsibilities as Chief of Station.						S	
SPECIFIC DUTY NO. 5						RATING LETTER	
Cost consciousness.						S	
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	
16 JUN 1966						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 and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space needed to complete Section C, attach a separate sheet of paper.</p>			
<p>Mr. Phillips brings to this assignment (his first as Chief of Station) a wealth of CA experience gained through many years of operating in the Western Hemisphere and other areas. As a propagandist and general CA operator he must rank high among all Agency personnel. Consequently, it was indeed fortunate that his assignment [redacted] came at a time when a person of his talent was badly needed. Arriving shortly after [redacted] he has had the difficult task of ferreting out information in great detail about an entirely new government, diplomatically handling the delicate coordinations with other U.S. Government agencies in a crisis and highly emotional situation, while administering a rapidly expanding station composed in large degree of young men long on initiative and intelligence but somewhat lacking in depth of experience. At present he is engaged in a fairly large and vastly important election operation which is of concern to the highest authorities of our government.</p>			
<p>(Continued - See attached 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		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
9 months	Employee will see report upon his return to Headquarters		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
3 May 1966	Deputy Chief, WHD	<i>Jacob D. Esterline</i> Jacob D. Esterline	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
I heartily endorse the rater's comments. The Santo Domingo Station, under the excellent leadership of Mr. Phillips, recently completed a most successful and significantly important political action operation. It was a well-done Station operation but great credit has to go to Mr. Phillips personally.			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
14 June 1966	Chief, WHD	<i>William V. Broe</i> William V. Broe	

SECRET

Fitness Report - David A. Phillips

SECTION C - Continued:

Perhaps the outstanding quality which Mr. Phillips has demonstrated is his ability to "fire up" his people to produce at their maximum capacity. Another outstanding characteristic is his diplomatic manner of dealing with other officials. Of particular note is the fact that Subject's relationship with Ambassador [redacted] of the OAS (who, in effect, has been the President's principal representative in [redacted]) are closer and more fruitful than the relationship of the Embassy with Ambassador [redacted]. This has in no way damaged the close relationship Subject has with the Embassy and other government officials.

Subject had little managerial experience of the scope required by his present position prior to his arrival in [redacted] nor had he had much experience in FI matters. He has adapted readily however, and he continued to broaden in these respects with the passage of time.

Cost consciousness is, of course, a relative thing. Mr. Phillips as a CA operator "thinks big." However, it is clear that he weighs heavily costs against anticipated results and expects to get a dollar return for each one spent. Overall Subject can be described as a very able person. His ability to maintain Station morale at a high level while producing at a very grueling pace under difficult conditions is in itself an outstanding accomplishment. Mr. Phillips has been recommended for an Agency Award.

S E C R E T
TRAINING REPORT

Chiefs of Station Seminar No. 3
60 hours, half days

19 April - 7 May 1965

Participant	: PHILLIPS, David A.	Office	: MI
Year of Birth	: 1922	Service Designation	: D
Grade	: GS-15	No. of Students	: 15
EOD Date	: April 1955		

COURSE OBJECTIVES, CONTENT AND METHODS

The COS Seminar aimed to prepare prospective Chiefs and Deputy Chiefs of Station, Chiefs of Base, and senior Chiefs of Support for field assignments. Emphasis was upon the difficulties confronting Chiefs of small or medium-sized installations, since they must handle a peculiarly wide range of problems. Included were case studies serving to remind outgoing chiefs of various operational approaches and techniques, but more time was devoted to policy, coordination, management, reporting, and administrative responsibilities of the Chief of Station, both within CIA and in the government at large, at home and abroad. Special attention was given to counterinsurgency.

The bulk of the course is given in lectures and question periods conducted by officials responsible for the missions, functions, programs, and services discussed, most of them being from within the Agency but several also from outside. A few key items of suggested reading are included, and bibliographies of suggested reading tailored to the individual's assignment are offered for those who want them.

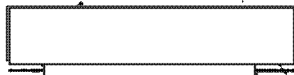

ACHIEVEMENT RECORD

This is a certificate of attendance.

Mr. Phillips attended the first half of the seminar being withdrawn at that point due to an operational emergency.

No further assessment of individual capacity or performance is made in this course.

FOR THE DIRECTOR OF TRAINING:



Acting Chief Instructor

5/13/65
Date

S E C R E T

SECRET

(When Filled In)

FITNESS REPORT (Part I) PERFORMANCE

INSTRUCTIONS

FOR THE ADMINISTRATIVE OFFICER: Consult current instructions for completing this report. FOR THE SUPERVISOR: This report is designed to help you express your evaluation of your subordinate and to transmit this evaluation to your supervisor and senior officials.

SECTION A. GENERAL. 1. NAME: Phillips, David. 2. DATE OF BIRTH: 31 Oct. 1922. 3. SEX: Male. 4. SERVICE DESIGNATION: DP. 5. OFFICE/UNIT: DDP/WM. 6. OFFICIAL POSITION TITLE: Staff agent. 7. GRADE: GS-14. 8. DATE REPORT MADE IN OF: August 9, 1956. 9. PERIOD COVERED BY THIS REPORT: 9 February 1956 - 14 September 1956. 10. TYPE OF REPORT: ANNUAL.

SECTION B. CERTIFICATION. 1. FOR THE RATER: THIS REPORT HAS [X] BEEN SHOWN TO THE INDIVIDUAL RATED. IF NOT SHOWN EXPLAIN WHY NOT.

A. CHECK (X) APPROPRIATE STATEMENTS: 1. THIS REPORT REFLECTS MY OWN OPINIONS OF THIS INDIVIDUAL. 2. THIS REPORT REFLECTS THE COMBINE OPINIONS OF MYSELF AND PREVIOUS SUPERVISORS. 3. I HAVE DISCUSSED WITH THIS EMPLOYEE HIS STRENGTHS AND WEAKNESSES SO THAT HE KNOWS WHERE HE STANDS.

B. THIS DATE: 19 Sept. 1956. C. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR: Chief of Station. D. SUPERVISOR'S OFFICIAL TITLE: Chief of Station.

2. FOR THE REVIEWING OFFICIAL: RECORD ANY SUBSTANTIAL DIFFERENCE OF OPINION WITH THE SUPERVISOR, OR ANY OTHER INFORMATION, WHICH WILL LEAD TO A BETTER UNDERSTANDING OF THIS REPORT.

TESTED BY [Signature] 10/13/56

BY DATE: Posted Post Control [Signature] 9/27/56. Reviewed by PUC [Signature].

I certify that any substantial difference of opinion with the supervisor is reflected in the above section. A. THIS DATE: 25 Sept '56. B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL: [Signature]. C. OFFICIAL TITLE OF REVIEWING OFFICIAL: [Signature].

SECTION C. JOB PERFORMANCE EVALUATION. 1. RATING ON GENERAL PERFORMANCE OF TIES

DIRECTIONS: Consider ONLY the productivity and effectiveness with which the individual being rated has performed his duties during the rating period. Compare him ONLY with others doing similar work at a similar level of responsibility.

- 1 - DOES NOT PERFORM DUTIES ADEQUATELY. HE IS INCOMPETENT. 2 - BARELY ADEQUATE IN PERFORMANCE. ALTHOUGH HE HAS HAD SPECIFIC GUIDANCE OR TRAINING, HE OFTEN FAILS TO CARRY OUT RESPONSIBILITIES. 3 - PERFORMS MOST OF HIS DUTIES ACCEPTABLY. OCCASIONALLY REVEALS SOME AREA OF NEARNESS. 4 - PERFORMS DUTIES IN A COMPETENT, EFFECTIVE MANNER. 5 - A FINE PERFORMANCE. CARRIES OUT MANY OF HIS RESPONSIBILITIES EXCEPTIONALLY WELL. 6 - PERFORMS HIS DUTIES IN SUCH AN OUTSTANDING MANNER THAT HE IS EQUALLED BY FEW OTHER PERSONS KNOWN TO THE SUPERVISOR.

COMMENTS:

SECRET

(When Filled In)

OFFICE OF GENERAL INVESTIGATION
COMMUNICATIONS DIVISION
SEP 27 3 10 PM '56
MAIL ROOM

2. RATINGS ON PERFORMANCE OF SPECIFIC DUTIES

DIRECTIONS:

- State in the spaces below up to six of the more important SPECIFIC duties performed during the rating period. Place the most important first.
- Rate performance on each specific duty in terms of effectiveness in performance of this specific duty.
- For supervisors, ability to supervise will always be rated as a specific duty (do not rate as supervisors those who supervise a secretary only).
- Compare in your mind, when possible, the individual being rated with others performing the same duty at a similar level of responsibility.
- Two individuals with the same job may be performing different duties. If so, rate them on different duties.
- Be specific. Examples of the kind of duties that might be rated are:

ORAL BRIEFING	HAS AND USES AREA KNOWLEDGE	CONDUCTS INTERROGATIONS
GIVING LECTURES	DEVELOPS NEW PROGRAMS	PREPARES SUMMARIES
CONDUCTING SEMINARS	ANALYZES INDUSTRIAL REPORTS	TRANSLATES GERMAN
WRITING TECHNICAL REPORTS	MANAGES FILES	BRIEFING SOURCES
CONDUCTING EXTERNAL LIAISON	OPERATES RADIO	KEEPS BOOKS
TYPING	COORDINATES WITH OTHER OFFICES	DRIVES TRUCK
TAKING DICTATION	WRITES REGULATIONS	MAINTAINS AIR CONDITIONING
SUPERVISING	PREPARES CORRESPONDENCE	EVALUATES SIGNIFICANCE OF DATA

For some jobs, duties may be broken down even further if supervisor considers it advisable, e.g., combined key and phone operation, in the case of a radio operator.

DESCRIPTIVE RATING NUMBER	1 - INCOMPETENT IN THE PERFORMANCE OF THIS DUTY	6 - PERFORMS THIS DUTY IN AN OUTSTANDING MANNER FOUND IN VERY FEW INDIVIDUALS HOLDING SIMILAR JOBS
	2 - BARELY ADEQUATE IN THE PERFORMANCE OF THIS DUTY	7 - EXCELS ANYONE I KNOW IN THE PERFORMANCE OF THIS DUTY
	3 - PERFORMS THIS DUTY ACCEPTABLY	
	4 - PERFORMS THIS DUTY IN A COMPETENT MANNER	
	5 - PERFORMS THIS DUTY IN SUCH A FINE MANNER THAT HE IS A DISTINCT ASSET ON HIS JOB	

SPECIFIC DUTY NO. 1 Supervises KUCAGE projects	RATING NUMBER 4	SPECIFIC DUTY NO. 4 Supervises staff agents	RATING NUMBER 4
SPECIFIC DUTY NO. 2 Develops new KUCAGE programs	RATING NUMBER 4	SPECIFIC DUTY NO. 5 Spots and develops contacts	RATING NUMBER 4
SPECIFIC DUTY NO. 3 Has and uses Area Knowledge	RATING NUMBER 5	SPECIFIC DUTY NO. 6 Prepares progress reports	RATING NUMBER 4

3. NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

DIRECTIONS: Stress strengths and weaknesses, particularly those which affect development on present job.

This officer has ability, talent, area knowledge, understanding of the people and experience in his field. In the initial six months covered by this report he has adjusted remarkably well to a difficult cover situation with a minimum of station support and guidance.

SECTION D. SUITABILITY FOR CURRENT JOB IN ORGANIZATION

DIRECTIONS: Take into account here everything you know about the individual... productivity, conduct in the job, pertinent personal characteristics or habits, special defects or talents... and how he fits in with your team. Compare him with others doing similar work of about the same level.

6	<ol style="list-style-type: none"> 1 - DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED 2 - OF DOUBTFUL SUITABILITY... WOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW 3 - A BARELY ACCEPTABLE EMPLOYEE. BELOW AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION 4 - OF THE SAME SUITABILITY AS MOST PEOPLE I KNOW IN THE ORGANIZATION 5 - A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS 6 - AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION 7 - EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION
---	--

IS THIS INDIVIDUAL BETTER SUITED FOR WORK IN SOME OTHER POSITION IN THE ORGANIZATION? YES NO IF YES, EXPLAIN FULLY.

SECRET

SECRET

(When Filled In)

FITNESS REPORT (Part II) POTENTIAL

INSTRUCTIONS

FOR THE ADMINISTRATIVE OFFICER: Consult current instructions for completing this report.
FOR THE SUPERVISOR: This report is a privileged communication to your supervisor, and to appropriate career management and personnel officials concerning the potential of the employee being rated.

SECTION E. GENERAL
1. NAME: [Redacted]
2. DATE OF BIRTH: 31 Oct. 1922
3. SEX: Male
4. SERVICE DESIGNATION: DP
5. OFFICIAL POSITION OR ASSIGNMENT: Staff agent - [Redacted]
6. GRADE: GS-14
7. DATE REPORT DUE IN OP: 9 August 1956
8. PERIOD COVERED BY THIS REPORT: 9 February 1955 - 14 September 1956
9. TYPE OF REPORT: INITIAL

SECTION F. CERTIFICATION
1. FOR THE RATER: I CERTIFY THAT THIS REPORT REPRESENTS MY BEST JUDGEMENT OF THE INDIVIDUAL BEING RATED.
A. THIS DATE: 19 Sept. 1956
B. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR: [Redacted]
C. SUPERVISOR'S OFFICIAL TITLE: Chief of Station
2. FOR THE REVIEWING OFFICIAL: I HAVE REVIEWED THIS REPORT AND NOTED ANY DIFFERENCE OF OPINION IN ATTACHED MEMO.
A. THIS DATE: 25 Sept '56
B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL: [Redacted]
C. OFFICIAL TITLE OF REVIEWING OFFICIAL: [Redacted]

SECTION G. ESTIMATE OF POTENTIAL
1. POTENTIAL TO ASSUME GREATER RESPONSIBILITIES
DIRECTIONS: Considering others of his grade and type of assignment, rate the employee's potential to assume greater responsibilities.
RATING NUMBER: 5

2. SUPERVISORY POTENTIAL
DIRECTIONS: Answer this question: Has this person the ability to be a supervisor? [X] Yes [] No
DESCRIPTIVE RATING NUMBER: 0 - HAVE NO OPINION ON HIS SUPERVISORY POTENTIAL IN THIS SITUATION
1 - BELIEVE INDIVIDUAL WOULD BE A WEAK SUPERVISOR IN THIS KIND OF SITUATION
2 - BELIEVE INDIVIDUAL WOULD BE AN AVERAGE SUPERVISOR IN THIS KIND OF SITUATION
3 - BELIEVE INDIVIDUAL WOULD BE A STRONG SUPERVISOR IN THIS SITUATION

Table with columns: ACTUAL, POTENTIAL, DESCRIPTIVE SITUATION. Rows describe various supervisory situations like 'A GROUP DOING THE BASIC JOB', 'A GROUP OF SUPERVISORS WHO DIRECT THE BASIC JOB', 'A GROUP WHO MAY OR MAY NOT BE SUPERVISORS', etc.

SECRET

(When Filled In)

3. INDICATE THE APPROXIMATE NUMBER OF MONTHS THE RATED EMPLOYEE HAS BEEN UNDER YOUR SUPERVISION
Six months

4. COMMENTS CONCERNING POTENTIAL
This officer is a natural CONTROLLER DIV. He is qualified for future unofficial or staff assignment with more responsibility.

OFFICE OF PERSONNEL
OCT 27 3 16 PM '56
MAIL ROOM

SECTION II. FUTURE PLANS

1. TRAINING OR OTHER DEVELOPMENTAL EXPERIENCE PLANNED FOR THE INDIVIDUAL
None at present.

2. NOTE OTHER FACTORS, INCLUDING PERSONAL CIRCUMSTANCES, TO BE TAKEN INTO ACCOUNT IN INDIVIDUAL'S FUTURE ASSIGNMENTS
As senior KUCAGE officer, better knowledge of Station procedures and practices would be helpful.

SECTION I. DESCRIPTION OF INDIVIDUAL

DIRECTIONS: This section is provided as an aid to describing the individual as you see him on the job. Interpret the words literally. On the page below are a series of statements that apply in some degree to most people. To the left of each statement is a box under the heading "category." Read each statement and insert in the box the category number which best tells how much the statement applies to the person covered by this report.

- X - HAVE NOT OBSERVED THIS; HENCE CAN GIVE NO OPINION AS TO HOW THE DESCRIPTION APPLIES TO THE INDIVIDUAL.
- 1 - APPLIES TO THE INDIVIDUAL TO THE LEAST POSSIBLE DEGREE
- 2 - APPLIES TO INDIVIDUAL TO A LIMITED DEGREE
- 3 - APPLIES TO INDIVIDUAL TO AN AVERAGE DEGREE
- 4 - APPLIES TO INDIVIDUAL TO AN ABOVE AVERAGE DEGREE
- 5 - APPLIES TO INDIVIDUAL TO AN OUTSTANDING DEGREE

CATEGORY	STATEMENT	CATEGORY	STATEMENT	CATEGORY	STATEMENT
4	1. ABLE TO SEE ANOTHER'S POINT OF VIEW	5	11. HAS HIGH STANDARDS OF ACCOMPLISHMENT	5	21. IS EFFECTIVE IN DISCUSSIONS WITH ASSOCIATES
4	2. CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES	5	12. SHOWS ORIGINALITY	4	22. IMPLEMENTS DECISIONS REGARDLESS OF OWN FEELINGS
5	3. HAS INITIATIVE	4	13. ACCEPTS RESPONSIBILITIES	4	23. IS THOUGHTFUL OF OTHERS
4	4. IS ANALYTIC IN HIS THINKING	4	14. ADMITS HIS ERRORS	4	24. WORKS WELL UNDER PRESSURE
5	5. STUDIES CONSTANTLY FOR NEW KNOWLEDGE AND IDEAS	4	15. RESPONDS WELL TO SUPERVISION	5	25. DISPLAYS JUDGEMENT
4	6. KNOWS WHEN TO SEEK ASSISTANCE	4	16. DOES HIS JOB WITHOUT STRONG SUPPORT	4	26. IS SECURITY CONSCIOUS
5	7. CAN GET ALONG WITH PEOPLE	4	17. COMES UP WITH SOLUTIONS TO PROBLEMS	5	27. IS VERSATILE
4	8. HAS MEMORY FOR FACTS	4	18. IS OBSERVANT	4	28. HIS CRITICISM IS CONSTRUCTIVE
4	9. GETS THINGS DONE	4	19. THINKS CLEARLY	4	29. FACILITATES SMOOTH OPERATION OF HIS OFFICE
4	10. CAN COPE WITH EMERGENCIES	4	20. COMPLETES ASSIGNMENTS WITHIN ALLOCABLE TIME LIMITS	4	30. DOES NOT REQUIRE STRONG AND CONTINUOUS SUPERVISION

SECRET

SECRET
(When Filled In)

FITNESS REPORT

The Fitness Report is an important factor in agency personnel management. It seeks to provide:
1. The agency selection board with information of value when considering the application of an individual for membership in the career service; and
2. A periodic record of job performance as an aid to the effective utilization of personnel.

INSTRUCTIONS

TO THE ADMINISTRATIVE OR PERSONNEL OFFICER: Consult current administrative instructions regarding the initiation and transmittal of this report.

TO THE SUPERVISOR: Read the entire form before attempting to complete any item. As the supervisor who assigns, directs and reviews the work of the individual, you have primary responsibility for evaluating his strengths, weaknesses, and on-the-job effectiveness as revealed by his day-to-day activities. If this individual has been under your supervision for less than 30 days, you will collaborate with his previous supervisors to make sure the report is accurate and complete. Primary responsibility rests with the current supervisor. It is assumed that, throughout the period this individual has been under your supervision, you have discharged your supervisory responsibilities by frequent discussions of his work, so that in a general way he knows where he stands.

5. 1st due date Apr 57 H

IT IS OPTIONAL WHETHER OR NOT THIS FITNESS REPORT IS SHOWN TO THE PERSON BEING RATED

SECTION I (To be filled in by Administrative Officer)

1. NAME (Last) PHILLIPS,	(First) David	(Middle) A.	2. DATE OF BIRTH Oct '22	3. SEX M	4. CAREER DESIGNATION DP
5. DATE OF ENTRANCE ON DUTY 1 April 1955	6. OFFICE ASSIGNED TO PP	7. DIVISION Information Coordination	8. BRANCH		
9. NATURE OF ASSIGNMENT <input checked="" type="checkbox"/> DEPARTMENTAL <input type="checkbox"/> FIELD	10. IF FIELD, SPECIFY STATION:		11. GRADE GS-14		
12. DATE THAT THIS REPORT IS DUE 1 January 1956	13. PERIOD COVERED BY THIS REPORT (Inclusive dates) 1 April 1955 - 1 January 1956 (Initial)				

SECTION II (To be filled in by Supervisor)

1. CURRENT POSITION Radio & Television Officer, PP/ICD	2. DATE ASSUMED RESPONSIBILITY FOR POSITION 1 April 1955
--	--

3. WHAT SPECIFIC ASSIGNMENTS OR TASKS ARE TYPICAL OF THOSE GIVEN TO HIM DURING THE PAST THREE TO SIX MONTHS (List in order of frequency):

Advising and assisting operating divisions in development, effective management and supervision of radio broadcasting facilities.

Maintaining liaison with Department of State and USIA on radio matters.

Collaboration with the Office of Communications in development of unconventional techniques for broadcasting and jamming evasion.

Preparation of staff study on proposed use of the television medium.

BY *[Signature]* DATE 18 JAN 1956

Period For: *[Signature]*

READ THE ENTIRE FORM BEFORE ATTEMPTING TO COMPLETE ANY ITEM

SECTION III

I certify that, during the latter half of the period covered by this report, I have discussed with the rated individual the manner in which he has performed his job and provided suggestions and criticisms wherever needed. I believe that his understanding of my evaluation of his performance is consistent with my evaluation of him as evidenced by this fitness report and I have informed him of his strengths, weaknesses, and on-the-job effectiveness. If performance during the report period has been unsatisfactory, there is attached a copy of the memorandum notifying him of unsatisfactory performance.

This report has has not been shown to the individual rated.

THIS DATE 6 January 1956	NAME AND SIGNATURE OF RATER (Employee's immediate supervisor) John G. Shaffer, Chief, PP/ICD
------------------------------------	--

I HAVE REVIEWED THIS REPORT (Comments, if any, are reflected by attached memorandum)	NAME AND SIGNATURE OF REVIEWING OFFICIAL (Official next higher in line of authority)
THIS DATE 19 Jan '56	<i>[Signature]</i>

SECRET
(When Filled In)

SECTION IV

This section is provided as an aid in describing the individual. Your description is not factorable in itself but acquires its meaning in relation to a particular job or assignment. The descriptive words should be interpreted literally.

On the left hand side of the page below are a series of statements that apply in some degree to most people. On the right hand side of the page are four major categories of descriptions. The scale is divided into three small blocks; this is to allow you to make finer distinctions if you so desire. Check the category on the right which best tells how much the statement applies to the person you are rating. Placing an "X" in the "Not Observed" column means you have no opinion on whether a phrase applies to an individual. Placing an "X" in the "Does Not Apply" column means that you have the definite opinion that the description is not at all suited to the individual.

STATEMENTS	NOT OR-SERVED	CATEGORIES				
		DOES NOT APPLY	APPLIES TO A LIMITED DEGREE	APPLIES TO A REASONABLE DEGREE	APPLIES TO AN ABOVE AVERAGE DEGREE	APPLIES TO AN OUTSTANDING DEGREE
A. ABLE TO SEE ANOTHER'S POINT OF VIEW.			X			
B. PRACTICAL.					X	
1. A GOOD REPORTER OF EVENTS.				X		
2. CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES.					X	
3. CAUTIOUS IN ACTION.				X		
4. HAS INITIATIVE.					X	
5. UNEMOTIONAL.	X					
6. ANALYTIC IN HIS THINKING.					X	
7. CONSTANTLY STRIVING FOR NEW KNOWLEDGE AND IDEAS.					X	
8. GETS ALONG WITH PEOPLE AT ALL SOCIAL LEVELS.						X
9. HAS SENSE OF HUMOR.					X	
10. KNOWS WHEN TO SEEK ASSISTANCE.				X		
11. CALM.				X		
12. CAN GET ALONG WITH PEOPLE.						X
13. MEMORY FOR FACTS.				X		
14. GETS THINGS DONE.					X	
15. KEEPS ORIENTED TOWARD LONG TERM GOALS.				X		
16. CAN COPE WITH EMERGENCIES.					X	
17. HAS HIGH STANDARDS OF ACCOMPLISHMENT.				X		
18. HAS STAMINA. CAN KEEP GOING A LONG TIME.						X
19. HAS WIDE RANGE OF INFORMATION					X	
20. SHOWS ORIGINALITY.				X		
21. ACCEPTS RESPONSIBILITIES.					X	
22. ADMITS HIS ERRORS.	X					
23. RESPONDS WELL TO SUPERVISION					X	
24. EVEN DISPOSITION.						X
25. ABLE TO DO HIS JOB WITHOUT STRONG SUPPORT.					X	

SECRET

(When Filled In)

26. CAN THINK ON HIS FEET.									X				
27. COMES UP WITH SOLUTIONS TO PROBLEMS.									X				
28. STIMULATING TO ASSOCIATES; A "SPARK PLUG".										X			
29. TOUGH MINDED.	X												
30. OBSERVANT.							X						
31. CAPABLE.											X		
32. CLEAR THINKING.									X				
33. COMPLETES ASSIGNMENTS WITHIN ALLOWABLE TIME LIMITS.										X			
34. EVALUATES SELF REALISTICALLY.							X						
35. WELL INFORMED ABOUT CURRENT EVENTS.							X						
36. DELIBERATE.	X												
37. EFFECTIVE IN DISCUSSIONS WITH ASSOCIATES.										X			
38. IMPLEMENTS DECISIONS REGARDLESS OF OWN FEELINGS.								X					
39. THOUGHTFUL OF OTHERS.										X			
40. WORKS WELL UNDER PRESSURE.							X						
41. DISPLAYS JUDGEMENT.										X			
42. GIVES CREDIT WHERE CREDIT IS DUE.										X			
43. HAS DRIVE.							X						
44. IS SECURITY CONSCIOUS.							X						
45. VERSATILE.												X	
46. HIS CRITICISM IS CONSTRUCTIVE.							X						
47. ABLE TO INFLUENCE OTHERS.										X			
48. FACILITATES SMOOTH OPERATION OF HIS OFFICE.										X			
49. DOES NOT REQUIRE STRONG AND CONTINUOUS SUPERVISION.											X		
50. A GOOD SUPERVISOR.	X												

SECTION V

A. WHAT ARE HIS OUTSTANDING STRENGTHS?

Professional experience in several media plus field experience with CIA equip him to undertake a variety of assignments with excellent prospects of success; ability to outline own job, and then do it.

B. WHAT ARE HIS OUTSTANDING WEAKNESSES?

none apparent to me

SECRET

SECRET
(When Filled In)

C. INDICATE IF YOU THINK THAT ANY SINGLE STRENGTH OR WEAKNESS OUTWEIGHS ALL OTHER CONSIDERATIONS:
Strengths indicated above easily outweigh the few characteristics of which the subject is average. OFFICE OF PERSONNEL

D. DO YOU FEEL THAT HE REQUIRES CLOSE SUPERVISION? NO YES. IF YES, JAN 16 3 47 PM '56

E. WHAT TRAINING DO YOU RECOMMEND FOR THIS INDIVIDUAL? MAIL ROOM
Operations Familiarization course.

F. OTHER COMMENTS (Indicate here general traits, specific habits or characteristics not covered elsewhere in the report but which have a bearing on effective utilization of this person):
None

SECTION VI

Read all descriptions before rating. Place "X" in the most appropriate box under subsections A, B, C, D.

<p>A. DIRECTIONS: Consider only the skill with which the person has performed the duties of his job and rate him accordingly.</p> <p><input type="checkbox"/> 1. DOES NOT PERFORM DUTIES ADEQUATELY; HE IS INCOMPETENT.</p> <p><input type="checkbox"/> 2. BARELY ADEQUATE IN PERFORMANCE; ALTHOUGH HE HAS HAD SPECIFIC GUIDANCE OR TRAINING, HE OFTEN FAILS TO CARRY OUT RESPONSIBILITIES COMPETENTLY.</p> <p><input type="checkbox"/> 3. PERFORMS MOST OF HIS DUTIES ACCEPTABLY; OCCASIONALLY REVEALS SOME AREA OF WEAKNESS.</p> <p><input type="checkbox"/> 4. PERFORMS DUTIES IN A TYPICALLY COMPETENT, EFFECTIVE MANNER.</p> <p><input checked="" type="checkbox"/> 5. A FINE PERFORMANCE; CARRIES OUT MANY OF HIS RESPONSIBILITIES EXCEPTIONALLY WELL.</p> <p><input type="checkbox"/> 6. PERFORMS HIS DUTIES IN SUCH AN OUTSTANDING MANNER THAT HE IS EQUALLED BY FEW OTHER PERSONS KNOWN TO THE RATER.</p> <p>IS THIS INDIVIDUAL BETTER QUALIFIED FOR WORK IN SOME OTHER AREA? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES. IF YES, WHAT? Better qualified for field assignment in WA area only because such assignment can utilize his language and area experience in addition to utilizing the characteristics that have made him a successful staff officer.</p>	<p>C. DIRECTIONS: Based upon what he has said, his actions, and any other indications, give your opinion of this person's attitude toward the agency.</p> <p><input type="checkbox"/> 1. HAS AN ANTAGONISTIC ATTITUDE TOWARD THE AGENCY... WILL DEFINITELY LEAVE THE AGENCY AT THE FIRST OPPORTUNITY.</p> <p><input type="checkbox"/> 2. HAS STRONG NEGATIVE ATTITUDE TOWARD AGENCY... IRRKED BY RESTRICTIONS... REGARDS AGENCY AS A TEMPORARY STOP UNTIL HE CAN GET SOMETHING BETTER.</p> <p><input type="checkbox"/> 3. TENDS TO HAVE AN UNFAVORABLE ATTITUDE TOWARD THE AGENCY... BOTHERED BY MINOR FRUSTRATIONS... WILL QUIT IF THESE CONTINUE.</p> <p><input type="checkbox"/> 4. HIS ATTITUDE TOWARD THE AGENCY IS INDIFFERENT... HAS "WAIT AND SEE" ATTITUDE... WOULD LEAVE IF SOMEONE OFFERED HIM SOMETHING BETTER.</p> <p><input type="checkbox"/> 5. TENDS TO HAVE FAVORABLE ATTITUDE TOWARD AGENCY... MAKES ALLOWANCES FOR RESTRICTIONS IMPOSED BY WORKING FOR AGENCY... THINKS IN TERMS OF A CAREER IN THE AGENCY.</p> <p><input checked="" type="checkbox"/> 6. DEFINITELY HAS FAVORABLE ATTITUDE TOWARD THE AGENCY... BARRING AN UNEXPECTED OUTSIDE OPPORTUNITY, WILL PROBABLY ENDEAVOR TO MAKE A CAREER IN THE AGENCY.</p> <p><input type="checkbox"/> 7. HAS AN ENTHUSIASTIC ATTITUDE TOWARD THE AGENCY... WILL PROBABLY NEVER CONSIDER WORKING ANY PLACE BUT IN THE AGENCY.</p>
<p>B. DIRECTIONS: Considering others of this person's grade and type of assignment, how would you rate him on potentiality for assumption of greater responsibilities normally indicated by promotion.</p> <p><input type="checkbox"/> 1. HAS REACHED THE HIGHEST GRADE LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED.</p> <p><input type="checkbox"/> 2. IS MAKING PROGRESS, BUT NEEDS MORE TIME IN PRESENT GRADE BEFORE PROMOTION TO A HIGHER GRADE CAN BE RECOMMENDED.</p> <p><input type="checkbox"/> 3. IS READY TO TAKE ON RESPONSIBILITIES OF THE NEXT HIGHER GRADE, BUT MAY NEED TRAINING IN SOME AREAS.</p> <p><input checked="" type="checkbox"/> 4. WILL PROBABLY ADJUST QUICKLY TO THE MORE RESPONSIBLE DUTIES OF THE NEXT HIGHER GRADE.</p> <p><input type="checkbox"/> 5. IS ALREADY PERFORMING AT THE LEVEL OF THE NEXT HIGHER GRADE.</p> <p><input type="checkbox"/> 6. AN EXCEPTIONAL PERSON WHO IS ONE OF THE FEW WHO SHOULD BE CONSIDERED FOR RAPID ADVANCEMENT.</p>	<p>D. DIRECTIONS: Consider everything you know about this person in making your rating, skill in job duties, conduct on the job, personal characteristics or habits, and special defects or talents.</p> <p><input type="checkbox"/> 1. DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED.</p> <p><input type="checkbox"/> 2. OF DOUBTFUL SUITABILITY... WOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW.</p> <p><input type="checkbox"/> 3. A BARELY ACCEPTABLE EMPLOYEE... DEFINITELY BELOW AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION.</p> <p><input type="checkbox"/> 4. A TYPICAL EMPLOYEE... HE DISPLAYS THE SAME SUITABILITY AS MOST OF THE PEOPLE I KNOW IN THE AGENCY.</p> <p><input type="checkbox"/> 5. A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS.</p> <p><input checked="" type="checkbox"/> 6. AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE AGENCY.</p> <p><input type="checkbox"/> 7. EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE AGENCY.</p>

SECRET

MEMORANDUM FOR:

PP/C/100

ATTENTION : Training Officer

SUBJECT : Attendance at PPS In-Service-Training Series
10 January to 20 March 1956

REFERENCE : Memorandum for Chiefs, Senior Staffs and Area
Divisions, and Chief, 10 Division from CPP,
subject: "Seminar on Preparation and Processing
of P/PN Projects" dated 19 December 1955.

Jack
09
2/15/56
7 Feb 56

1. David Phillips attended the lectures in the subject series which commenced from 10 Jan to 20 Mar 1956. During this period, instruction in "Preparation and Processing of P/PN Projects" was given as follows:

- a. INTRODUCTION
- b. PROJECT DOCUMENTATION
Step-by-step explanation of items in project outline format.
- c. PROJECT REVIEW AND COORDINATION
Steps each officer should take in determining extent of coordination of projects. Importance of discussion with Senior Staff in draft stage.
- d. PROJECT APPROVAL SYSTEM
- e. PROJECT SCHEDULING
- f. PROJECT AND COORDINATION
- g. PROJECT PRIORITIES

Officers were required to study the following references, prior to attending the lectures:

- 1. PPS/PPN PROJECTS TO THE PROGRAM
MANAGEMENT COMMITTEE, dated 1 April 1955
- 2. PPS/PPN PROJECTS TO THE PROGRAM
MANAGEMENT COMMITTEE, dated 1 April 1955

2-2-56

(3) OSI 230-72 THE CLASSIFIED SERVICES REFLECTING SYSTEMS DIVISIONS, CHAPTER II, THE NATURE OF THE CASE STATUS REPORT, dated 8 June 1957.

b. RECORDS OF REFERENCE:

- (1) H 230-100 ADMIN. ACTIVITIES AND SAL SYSTEM, dated 13 March 1955
- (2) H 230-101 REPORT ON THE SYSTEM, dated 13 March 1955
- (3) H 230-211 SUMMARY OF SALARY PROBLEMS TO THE BOARD OF SALARY COMMISSION, dated 13 April 1955
- (4) OSI 230-1 THE SALARY CASES WHICH REMAINED OPEN, dated 13 July 1955
- (5) OSI 230-31 CASE FILES OF THE SALARY PROBLEMS, AND A SUMMARY FOR OPERATIONS, dated 13 August 1955
- (6) OSI 230-2 OPERATIONAL PROBLEMS AND REPORTS, dated 7 December 1955

The information provided to you is a complete record of all information received by the employee named in paragraph 1, above.

Very truly yours,
SAC

✓

SECRET

TRAINING EVALUATION

READING IMPROVEMENT COURSE # 25

SECTION I: IDENTIFYING INFORMATION

Name	Sex	Dates of Course	No. of Students
Phillips, David A.	M	24 October-9 December 1955	29
Date of Birth	EOD Date	Grade or Rank	Office
31 October 1922	2 April 1955	GS-14	ICD/PP

Projected assignment or Present Position

PP Officer

SECTION II: OBJECTIVES OF THE COURSE

The Reading Improvement Course is designed to increase the reading efficiency of agency employees by developing their speed and level of comprehension through (1) extending the range of reading techniques, (2) adjusting rate of reading to comprehension requirements and (3) improving perceptual habits.

SECTION III: SPECIFIC CHARACTERISTICS OF THE COURSE

The course consists of 30 class hours, one hour a day, 5 days a week. 9 hours are devoted to lectures and practice exercises, 12 hours to speed reading practice and 9 hours to specific perception techniques.

Each student's reading skills are analyzed at the beginning of the course and the student then concentrates on the development of those skills in which he is deficient or those which are most frequently demanded by the nature of his office reading.

SECTION IV: METHOD OF EVALUATION

Student achievement is measured by an initial and final test battery and class exercises. Two sets of norms have been developed on the test battery. Group I represents the scores of 400 Agency employees, 84% of whom had four or more years of college. Group II represents the scores of 94 Agency employees with two years or less of college training. Section V contains a description of the tests and exercises. Section VI indicates the student's skill level and Section VII includes the student's over-all achievement and the instructor's comments.

SECRET

SECTION V: TEST DESCRIPTION

1. **READING COMPREHENSION TESTS:** Measure speed and accuracy of basic comprehension skills. Complete and objective understanding, analysis, and interpretation are required in these tests.
2. **EXTENSIVE (informational) READING TESTS:** Measure the degree of proficiency in the application of extensive reading skills to acquire broader frames of reference.
3. **INTENSIVE (technical) READING TESTS:** Measure the ability to acquire the basic knowledge of a new subject.
4. **SCANNING TESTS:** Measure efficiency in the application of scanning skills for the selection of information, for identification of the main idea, and for organization.

SECTION VI: REPORT OF SKILL LEVEL

This student is being compared with the following norm group:
 Group I - Four or more years of college
 Group II - Two or less years of college

	Fail	Poor	Sat.	Exc.	Sup.
Basic Comprehension Skills					
Extensive Techniques					
Intensive Techniques					
Scanning Techniques					

SECTION VII: OVER-ALL ACHIEVEMENT

In consideration of all factors observed during the course and taking into account this student's experience, profession, age and education, an "X" in one of the boxes shows the student's over-all achievement in the course.

FAIL POOR MINUS SATISFACTORY PLUS EXCELLENT SUPERIOR

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

Inade- quate in per- form- ance since	Barely per- formed adequate in some skills	Performed acceptably but barely adequate in some skills	A typically effective student who performed in a competent manner.	Performed at a high level of competence	Performed at an ex- traor- dinary high level that only a few students have surpassed.
--	---	---	---	--	--

COMMENTS:

Incomplete - 5 hours Overseas assignment

FOR THE DIRECTOR OF TRAINING:

SECRET

Chief Instructor

**DESIGNATION OF BENEFICIARY
FEDERAL EMPLOYEES GROUP LIFE
INSURANCE PROGRAM**

IMPORTANT
Read instructions
on back of duplicate
before filling in this form

INFORMATION CONCERNING THE INSURED:

NAME (Last) (First) (Middle) DATE OF BIRTH (Month, day, year)
Phillips, David A.

PLACE AN "X" IN THE APPROPRIATE BOX BELOW TO SHOW WHETHER YOU ARE.

AN EMPLOYEE RETIRED OR AN APPLICANT FOR RETIREMENT RECEIVING FEDERAL EMPLOYEES' COMPENSATION BENEFITS OR AN APPLICANT FOR SUCH BENEFITS

IF YOU ARE RETIRED OR RECEIVING FEDERAL EMPLOYEES' COMPENSATION BENEFITS GIVE YOUR "CSA," "CSL," "A," or "X" NUMBER

(CSA, CSL A, or X number)

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

Central Intelligence Agency

Langley, Va.

(Department or agency)

(Bureau)

(Division)

(Location—City, State, and ZIP Code)

I, the individual identified above, canceling any and all previous Designations of Beneficiary under the Federal Employees Group Life Insurance Program heretofore made by me, do now designate the beneficiary or beneficiaries named below to receive any amount of LIFE INSURANCE and ACCIDENTAL DEATH INSURANCE due and payable at my death. I understand that this Designation of Beneficiary will remain in full force and effect, with respect to any amount payable, unless or until canceled by me in writing, or until such time as it is automatically canceled (see regulation "f" on reverse side of duplicate copy).

INFORMATION CONCERNING THE BENEFICIARY OR BENEFICIARIES (SEE EXAMPLES OF DESIGNATIONS):

Type or print first name, middle initial, and last name of each beneficiary	Type or print address (including ZIP Code) of each beneficiary	Relationship	Share to be paid to each beneficiary
VIRGINIA S. PHILLIPS FOR DISTRIBUTION ACCORDING TO MY WILL. <u>DL</u>	8224 FORT TRAIL DR. BETHESDA, MD. 20034	WIFE	All

For each type of insurance (regular and optional): (1) I hereby direct, unless otherwise indicated above, that if more than one beneficiary is named, the share of any beneficiary who may predecease me shall be distributed equally among the surviving beneficiaries, or entirely to the survivor. (2) I understand that this Designation of Beneficiary shall be void if none of the designated beneficiaries is living at the time of my death.

I hereby specifically reserve the right to cancel or change this Designation of Beneficiary at any time without knowledge or consent of the beneficiary.

(Date of execution—month, day, year)

(Signature of insured)

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

Gladys S. Nevers 1218 Cronos St. Alex. Va. 22314
(Signature of witness) (Number and street) (City, State, and ZIP Code)
Nancy B. Johnson 401 7th St. N. Virginia Va 22180
(Signature of witness) (Number and street) (City, State, and ZIP Code)

PRINT OR TYPE NAME AND ADDRESS (including ZIP Code) OF INSURED

THIS SPACE IS RESERVED FOR RECEIVING AGENCY

PERSONNEL
OFFICE OF
MAY 6 4 28 PM '75
BRANCH
PERSONAL AFFAIRS

(Indicate date and by whom received)

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

ADMINISTRATIVE
Internal Use Only

S/E
**FILE
PUNCHED
BY**

REPORT OF SERVICE ABROAD

TO: Office of Personnel, Control Division, Statistical Reporting Branch

SERIAL NO.	NAME		
	LAST	FIRST	MIDDLE
024345	PHILLIPS	DAVID	A

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (OR only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 58, REVISED.

PCS DATES OF SERVICE

ARRIVAL O'S			DEPARTURE O'S			TYPE OF DATA	CODE	O/P USE ONLY	COUNTRY	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR					
25-26	27-28	29-30	31-32	33-34	35-36	1 - PCS (Basic) 3 - CORRECTION 5 - CANCELLATION	37	38 39		40-42

TDY DATES OF SERVICE

ARRIVAL O'S			DEPARTURE O'S			TYPE OF DATA	CODE	O/P USE ONLY	AREA(S)	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR					
11	03	74	11	15	74	2 - TDY (Basic) 4 - CORRECTION 6 - CANCELLATION	2		EUR	801

OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

SOURCE DOCUMENT AND CERTIFICATION

<input checked="" type="checkbox"/> TRAVEL VOUCHER	DISPATCH
CABLE	DUTY STATUS OR TIME AND ATTENDANCE REPORT
OTHER (Specify)	

DOCUMENT IDENTIFICATION NO. _____ DOCUMENT DATE/PERIOD _____

REMARKS

PREPARED BY	REPORT SUBMITTED ON CONTROL DOCUMENT	ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
DCO	DATE <i>2/10/75</i>	SIGNATURE _____
<input checked="" type="checkbox"/> C & L DIVISION, CTBR.		
C & L DIVISION		

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL
IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

ADMINISTRATIVE
Internal Use Only

REPORT OF SERVICE ABROAD

FILE
PUNCHED
BY: *[Signature]*

TO: Office of Personnel, Control Division, Statistical Reporting Branch

SERIAL NO. *024345* NAME
LAST *Phillips* FIRST *Daniel* MIDDLE *A*

INSTRUCTIONS
USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION. REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OPI NO. 58 REV 52.

PCS DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	COUNTRY	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR				
25-26	27-28	29-30	31-32	33-34	35-36	1 - PCS (Basic) 3 - CORRECTION 5 - CANCELLATION	37 38 39		40-42

TDY DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	AREA(S)	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR				
1-3	1-3	74	1-2	1-5	74	2 - TDY (Basic) 4 - CORRECTION 6 - CANCELLATION	37 38 39	29 AREA	40-42 811

OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

SOURCE DOCUMENT AND CERTIFICATION

<input checked="" type="checkbox"/> TRAVEL VOUCHER	DISPATCH
CABLE	DUTY STATUS OR TIME AND ATTENDANCE REPORT
OTHER (Specify)	

DOCUMENT IDENTIFICATION NO. DOCUMENT DATE/PERIOD *13-15 Dec 74*

REMARKS

PREPARED BY *DCO* REPORT ANNOTATED ON CONTROL DOCUMENT ABOVE DATA CERTIFIED BASED UPON SOURCE DOCUMENT

C & L DIVISION, CYBR: DATE *6 Feb 75* SIGNATURE *[Signature]*

C & Y DIVISION

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL
IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

FILE COPY OF STANDARD FORM 56
“AGENCY CERTIFICATION OF INSURANCE STATUS—
FEDERAL EMPLOYEES GROUP LIFE INSURANCE PROGRAM”

on file with the Retirement Operations Branch,
Office of Personnel (x3257).

**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.

2

FILL IN THE IDENTIFYING INFORMATION BELOW (please print or type):

NAME (last)	(first)	(middle)	DATE OF BIRTH (month, day, year)	SOCIAL SECURITY NUMBER
Phillips	David	Atlee	October 31 1922	
EMPLOYING DEPARTMENT OR AGENCY			LOCATION (City, State, Zip Code)	
HAVE YOU EVER BEFORE FILED AN "ELECTION, DECLINATION, OR WAIVER OF LIFE INSURANCE COVERAGE"? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If "YES" your last such form remains in effect and you should not file this new form unless you want to change the old one. (See instructions for Employees on page 4) <i>Not to be kept on file, but I cannot remember positively.</i>				

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 do 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

DATE AND SIGN. RETURN THE ENTIRE FORM TO YOUR EMPLOYING OFFICE.

SIGNATURE (do not print)
David Atlee Phillips

DATE
20 March 1970

FOR EMPLOYING OFFICE USE ONLY

(official receiving date stamp)

Received March 20, 1970

Personnel Officer

See Table of Effective Dates on back of Original

ORIGINAL COPY—Retain in Official Personnel Folder

STANDARD FORM No. 178
MAY 1962 EDITION
FPM Supplement 870-1
170-102

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
Phillips	David	Atlee	31 Oct 1922	
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)
David Atlee Phillips

DATE
13 February 1968

FOR EMPLOYING OFFICE USE ONLY

(official receiving date stamp)

OFFICIAL PERSONNEL
FEB 19 2 31 PM '68

See Table of Effective Dates on back of Original

ORIGINAL COPY—Retain in Official Personnel Folder

SECRET

STANDARD FORM No. 170-2
MAY 1964
(For use only until April 14, 1968)
170-101

DDF

REPORT OF HONOR AND MERIT AWARDS BOARD		LEO. CLERK 252-5400	DATE 11 March 1975
The Honor and Merit Awards Board having considered a recommendation that:			
SERIAL OR ID NO. 024345	NAME (Last-First-Middle) PHILLIPS, David A.	BIRTHYEAR 1922	SER. TYPE EMPLOYEE M Staff
OFFICE OF ASSIGNMENT DDO/LA	SD D	SCHEDULE GS	GRADE STATION 18
TO BE AWARDED Distinguished Intelligence Medal			
<input type="checkbox"/> FOR HEROIC ACTION OR			
<input checked="" type="checkbox"/> FOR MERITORIOUS SERVICE OR ACHIEVEMENT DURING THE PERIOD 1953 - Present			
<input checked="" type="checkbox"/> RECOMMENDS APPROVAL		<input type="checkbox"/> DOES NOT RECOMMEND APPROVAL	
<input type="checkbox"/> RECOMMENDS AWARD OF			
UNCLASSIFIED CITATION Mr. David A. Phillips is hereby awarded the Distinguished Intelligence Medal in recognition of his outstanding service to the Central Intelligence Agency for more than 22 years. Throughout his career Mr. Phillips has held a series of highly important positions in Headquarters and overseas, including four assignments as Chief of Station. In each instance his superior accomplishments were marked by his broad area knowledge, initiative, drive and imagination. His most recent assignment as Chief of a major division is further evidence of his exceptional capability. Mr. Phillips' efforts during his career constitute a major contribution to the mission of the Agency, reflecting great credit on him and the Federal service.			
REMARKS (Recommendation approved by DD/O on 5 March 1975)			
APPROVED A/ Vernon A. Washoff DEPUTY DIRECTOR OF CENTRAL INTELLIGENCE 31 MARCH 1975 DATE		SIGNATURE (Signature) TYPED NAME OF CHAIRMAN, HONOR AND MERIT AWARDS BOARD F. W. M. Janney SIGNATURE (Signature) TYPED NAME OF RECORDER R. L. Austin, Jr.	

SECRET
CLASSIFICATION

OPF

RECOMMENDATION FOR HONOR OR MERIT AWARD <i>(Submit in triplicate - see HR 10-37)</i>			
SECTION A			
1. EMPLOYEE NO. 024345	2. NAME OF PERSON RECOMMENDED (Last, First, Middle) Phillips, David A.		3. POSITION TITLE Division Chief
4. GRADE GS-18	5. SD D	6. OFFICE OF ASSIGNMENT DDO/LA	7. RECOMMENDED AWARD Distinguished Intelligence Medal
8. INCLUSIVE DATES FOR WHICH RECOMMENDED 1953 - May 1975		9. IF RETIRING, DATE OF RETIREMENT 9 May 1975	10. POSTHUMOUS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
11. HOME ADDRESS 8224 Stone Trail Drive Bethesda, Maryland			12. HOME PHONE 365-0527
SECTION B			
LIST ANY PERSONNEL GIVEN AN AWARD OR RECOMMENDED FOR AWARD WHO ASSISTED IN THE ACT OR PARTICIPATED IN THE PERFORMANCE.			
13. FULL NAME		14. TYPE OF AWARD	
SECTION C			
ATTACH NARRATIVE DESCRIPTION OF PERFORMANCE OR SERVICE WARRANTING AWARD, ANY SUPPORTING DOCUMENTS AND A PROPOSED, UNCLASSIFIED CITATION.			
SECTION D			
15. TITLE AND SIGNATURE OF EMPLOYEE MAKING RECOMMENDATION William E. Nelson Deputy Director for Operations			DATE
16. HEAD OF <u> D </u> CAREER SERVICE <i>(Career service of nominee)</i>	TITLE AND SIGNATURE See Item #18		DATE
17. DEPUTY DIRECTOR OF CAREER SERVICE	TITLE AND SIGNATURE See Item #18		DATE
18. DEPUTY DIRECTOR OF OPERATING COMPONENT	TITLE AND SIGNATURE Deputy Director for Operations		DATE

SECRET

OFF

Mr. David A. Phillips is retiring after a distinguished career with the Agency. He has been an employee of the Agency since 1951 when he initially joined as a Contract employee. He served with distinction in [redacted] Mexico City, [redacted] and [redacted]. His excellent command of [redacted] has enhanced each of his assignments in Latin America. A true DDOer, fifteen years of this glorious and active career were spent overseas. His outstanding dedication and devotion to the cause of freedom won for him in 1956, the Intelligence Medal of Merit. His file is replete with letters of commendation and appreciation from the DCI, DDCI, the former [redacted] Ambassadors, and military commanders, all of whom recognized the uniqueness of his outstanding service. Mr. Phillips has been highly effective as a senior member of the Latin American Division which has been under his immediate command since 1973. An excerpt from a late fitness report nicely characterizes the caliber of his work. "It is as a senior operations officer that Mr. Phillips has had the greatest experience, and it is not surprising that he has made an excellent input into the improvement of operational matters throughout the many areas of this hemisphere for which he is responsible." Mr. Phillips will be remembered for his initiative, drive and imagination, and for the excellence of his representational responsibilities which in large part is attributable to his native charm, area knowledgeability and superb language skills. He will be remembered for his intent capability and desire to fulfill the needs of the Organization. It is fitting and proper that upon his retirement, Mr. Phillips be recognized with the award of the Distinguished Intelligence Medal.

SECRET

CONFIDENTIAL

David A. Phillips

5 JUN 1974

Dear Dave,

You have just finished an important albeit grueling GS-16 Evaluation Exercise at my direction. The recommendations for promotion and executive development you gave me were a major factor in my recommendations to the Director for the upward movement of officers who will be the top management cadre of the Directorate in the near future.

I believe you will find that the last several weeks will have sharpened your focus on one of our most important management responsibilities, our personnel. Many thanks for a job well done.



William E. Nelson
Deputy Director for Operations

E2 IMPDET CL BY 056788

CONFIDENTIAL

SECRET
(When Filled In)

REPORT OF SERVICE ABROAD

TO: Office of Personnel, Transactions and Records Branch, Status Section

FILE
PUNCHED
BY *[Signature]*

SERIAL NO. 024345
NAME: PHILIPS DAVID
LAST FIRST MIDDLE

INSTRUCTIONS
USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS FOR YEAR. REFER TO OFI NO. 58, REVISED.

PCS DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	O/P USE ONLY	COUNTRY	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR				
25-26	27-28	29-30	31-32	33-34	35-36	1 - PCS (Basic) 2 - CORRECTION 3 - CANCELLATION	37 38 39		40-42

TDY DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	O/P USE ONLY	AREA(S)	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR				
25-26	27-28	29-30	31-32	33-34	35-36	2 - TDY (Basic) 4 - CORRECTION 5 - CANCELLATION	37 38 39	WESTERN Hemisphere	40-42
1	1	1	7	3	7	2			8 11

OFFICE OF PERSONNEL USE ONLY - PUNCH AREA
[Stamp: IMPDET CL BY 1/23/74]

SOURCE DOCUMENT AND CERTIFICATION
 TRAVEL VOUCHER
 DISPATCH
 CABLE
 DUTY STATUS OR TIME AND ATTENDANCE REPORT
 OTHER (Specify)

DOCUMENT IDENTIFICATION NO. WOH B70 1/74
DOCUMENT DATE/PERIOD 11/11 - 12/4/73

REMARKS

PREPARED BY: []
DATE: 1/23/74
 REPORT ANNOTATED ON CONTROL DOCUMENT
ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

SECRET
(When Filled In)

REPORT OF SERVICE ABROAD

TO: Office of Personnel, Transactions and Records Branch, Status Section

FILE
PUNCHED
BY *[Signature]*

SERIAL NO. **NAME**

LAST **FIRST**

024345 *Phillips David*

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 50, REVISED.

PCS DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	O/P USE ONLY	COUNTRY
MONTH	DAY	YEAR	MONTH	DAY	YEAR			
25-26	27-28	29-30	31-32	33-34	35-36	1 - PCS (Basic) 2 - CORRECTION 3 - CANCELLATION	37 38 39	40-42

TDY DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	O/P USE ONLY	AREA(S)
MONTH	DAY	YEAR	MONTH	DAY	YEAR			
25-26	27-28	29-30	31-32	33-34	35-36	2 - TDY (Basic) 4 - CORRECTION 6 - CANCELLATION	37 38 39	WESTERN Hemisphere 8 1 1

OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

2 IMPROVED BY *[Signature]*

SOURCE DOCUMENT AND CERTIFICATION

<input checked="" type="checkbox"/> TRAVEL VOUCHER	DISPATCH
CABLE	DUTY STATUS OR TIME AND ATTENDANCE REPORT
OTHER (Specify)	

DOCUMENT IDENTIFICATION NO. *WH BTO # 1/74* **DOCUMENT DATE/PERIOD.** *1/11 - 12/4/73*

REMARKS

PREPARED BY	<input checked="" type="checkbox"/> REPORT ANNOTATED ON CONTROL DOCUMENT	ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
<input checked="" type="checkbox"/> DCO	DATE <i>1/23/74</i>	
<input checked="" type="checkbox"/> C & L DIVISION, CYRR.		
<input checked="" type="checkbox"/> C & Y DIVISION		

**THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL
IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER**

SECRET
(When Filled In)

REPORT OF SERVICE ABROAD

TO: Office of Personnel, Control Division, Statistical Reporting Branch

FILE
PUNCHED
BY *[Signature]*

SERIAL NO. 034345
NAME: LAST (Print) PHILLIPS, FIRST DAVID, MIDDLE A.

INSTRUCTIONS
USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (Only only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 58, REVISED.

PCS DATES OF SERVICE

FILE
PUNCHED
BY *[Signature]*

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/P USE ONLY		CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR			37	38	
25-26	27-28	29-30	31-32	33-34	35-36	1 - PCS (Basic) 4 - CORRECTION 5 - CANCELLATION				

TDY DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/P USE ONLY		AREA(S)	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR			37	38		
02	11	74	03	09	74	2 - TDY (Basic) 4 - CORRECTION 5 - CANCELLATION	2			South America	811

OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

IMPDET CL BY *[Signature]*

SOURCE DOCUMENT AND CERTIFICATION

<input checked="" type="checkbox"/> TRAVEL VOUCHER	DISPATCH
CABLE	DUTY STATUS OR TIME AND ATTENDANCE REPORT
OTHER (Specify)	

DOCUMENT IDENTIFICATION NO. WH 1-74
DOCUMENT DATE PERIOD 11 Feb - 9 March 74

REMARKS

PREPARED BY: DCO, C & L DIVISION, CTRB.
DATE: 1 May 74
REPORT ANNOTATED ON CONTROL DOCUMENT
ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

SECRET
(When Filled In)

PUNCHED BY

REPORT OF SERVICE ABOARD

TO: Office of Personnel, Control Division, Statistical Reporting Branch

SERIAL NO. <i>054345</i>	NAME		
	LAST <i>(Print) PHILLIPS</i>	FIRST <i>DAVID</i>	MIDDLE <i>A</i>

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (0 = only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 30, REVISED.

PCS DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/P USE ONLY	COUNTRY	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR					
							<i>1</i>			<i>090</i>

TDY DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/P USE ONLY	AREA(S)	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR					

OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

SOURCE DOCUMENT AND CERTIFICATION

<input type="checkbox"/> TRAVEL VOUCHER	<input checked="" type="checkbox"/> DISPATCH
<input checked="" type="checkbox"/> CABLE	<input type="checkbox"/> DUTY STATUS OR TIME AND ATTENDANCE REPORT
OTHER (Specify)	

DOCUMENT IDENTIFICATION NO. *646685* DOCUMENT DATE/PERIOD *27 JUNE 1972*

REMARKS

PREPARED BY	REPORT ANNOTATED ON CONTROL DOCUMENT	ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
<i>DCO</i>	DATE <i>25 SEPT 72</i>	SIGNATURE
<input checked="" type="checkbox"/> C & L DIVISION, CTUR.		
<input checked="" type="checkbox"/> C & T DIVISION		

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

SECRET
(When Filled In)

SERVICE ABROAD AGREEMENT

I. GENERAL

IT IS UNDERSTOOD THAT YOU AGREE TO SERVE THE PERIOD OF SERVICE ABROAD PRESCRIBED IN SECTION II BELOW AND THAT THE GOVERNMENT IS OBLIGATED TO RETURN YOU, YOUR DEPENDENTS AND YOUR HOUSEHOLD AND PERSONAL EFFECTS UPON THE SATISFACTORY COMPLETION OF THIS PERIOD. YOUR ALLOWABLE EXPENSES WILL BE DETERMINED IN ACCORDANCE WITH AGENCY REGULATIONS.

IF YOU TERMINATE YOUR PERMANENT ASSIGNMENT OUTSIDE THE CONTINENTAL UNITED STATES BEFORE YOU COMPLETE 12 MONTHS OF CREDITABLE SERVICE FOLLOWING THE DATE OF YOUR ARRIVAL ABROAD, YOU WILL BE REQUIRED TO REIMBURSE THE GOVERNMENT FOR ALL EXPENSES IT INCURS IN THE TRAVEL AND TRANSPORTATION OF YOU, YOUR DEPENDENTS, YOUR HOUSEHOLD AND PERSONAL EFFECTS TO YOUR POST. IF YOU FAIL TO COMPLETE YOUR PRESCRIBED TOUR OF DUTY ABROAD YOU WILL NOT BE ENTITLED TO THE RETURN TRAVEL AND TRANSPORTATION OF YOURSELF, YOUR DEPENDENTS AND YOUR HOUSEHOLD AND PERSONAL EFFECTS TO THE UNITED STATES. IF, HOWEVER, AGENCY OFFICIALS DETERMINE THAT YOUR EARLY DEPARTURE IS NECESSARY FOR OFFICIAL REASONS, OR FOR PERSONAL REASONS OF SIGNIFICANT INTEREST TO THE GOVERNMENT, THEY MAY WAIVE THE REIMBURSEMENT OF EXPENSES ALREADY INCURRED, OR AUTHORIZE YOUR RETURN TRAVEL AND TRANSPORTATION, WHICHEVER IS APPLICABLE.

IF ELIGIBLE UNDER THE TERMS OF HR 20-30, YOU WILL BE GRANTED HOME LEAVE AS SOON AS IT CAN BE ARRANGED AT GOVERNMENT CONVENIENCE AFTER COMPLETION OF YOUR PRESCRIBED TOUR OF DUTY, PROVIDED YOU HAVE SERVED AT LEAST 18 MONTHS OF CONTINUOUS CREDITABLE SERVICE OUTSIDE THE UNITED STATES. HOME LEAVE AND HOME LEAVE TRAVEL ARE CONTINGENT UPON YOUR WILLINGNESS TO RETURN, AND CONTEMPLATION BY AGENCY OFFICIALS THAT YOU WILL RETURN TO SERVICE OUTSIDE THE UNITED STATES IMMEDIATELY AFTER HOME LEAVE OR UPON COMPLETION OF AN ASSIGNMENT IN THE UNITED STATES.

YOU ARE ADVISED THAT ANY MONIES DUE YOU FROM THE GOVERNMENT MAY BE APPLIED IN LIQUIDATION OF ANY INDEBTEDNESS ARISING FROM VIOLATION OF THIS AGREEMENT. YOU WILL BE AFFORDED ALL NORMAL RECOURSE IN APPEALING DECISIONS MADE PURSUANT TO THIS AGREEMENT.

NAME OF EMPLOYEE **David A. Phillips** SS **D**

II. TOUR OF DUTY ABROAD

1. NAME OF POST OF ASSIGNMENT	
2. PERIOD OF SERVICE ABROAD AS PRESCRIBED IN A, B, OR C BELOW	
A. STANDARD TOUR OF DUTY OF 24 MONTHS <u>X</u>	C. NONSTANDARD TOUR OF DUTY OF _____ MONTHS FOR THIS TOUR ONLY FOR THE EMPLOYEE SIGNING THIS AGREEMENT. (See HR 20-18)
B. NONSTANDARD TOUR OF DUTY OF _____ MONTHS PREVIOUSLY APPROVED PER HR 20-18.	REQUESTED (Memo attached)
	OPERATING OFFICIAL
OPERATING OFFICIAL	CONCUR
	CAREER SERVICE DEPUTY DIRECTOR
C/WH/Pers	APPROVED
	DIRECTOR OF PERSONNEL

III. PERMANENT PLACE OF RESIDENCE

3. YOUR "PERMANENT PLACE OF RESIDENCE" IS A PLACE TO WHICH ALLOWABLE TRAVEL AND TRANSPORTATION EXPENSES MAY BE AUTHORIZED IN CERTAIN CIRCUMSTANCES PURSUANT TO HR 22. ITS DESIGNATION WILL BE KEPT IN YOUR OFFICIAL PERSONNEL FOLDER.

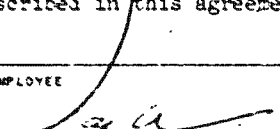
4. IN REQUESTING YOUR PERMANENT PLACE OF RESIDENCE IN ITEM 5 ON THE REVERSE SIDE OF THIS FORM (EXPLANATIONS IN HR 22-3) NORMALLY INDICATE THE PLACE WHERE YOU PHYSICALLY DWELLED IN THE UNITED STATES, ITS POSSESSIONS OR THE COMMONWEALTH OF PUERTO RICO AT THE TIME OF YOUR PCS TRANSFER TO A POST ABROAD. YOU MAY REQUEST IN ITEM 5 THE DESIGNATION OF ANOTHER PLACE AS YOUR PERMANENT PLACE OF RESIDENCE IF YOU CAN ESTABLISH WHY YOUR PHYSICAL DWELLING PLACE IS (OF WAS) TRANSITORY AND THAT SUCH OTHER PLACE IS YOUR HOME. IF YOU HAVE PREVIOUSLY BEEN USED BY YOU AS A PHYSICAL DWELLING. INFORMATION THAT CAN BE PRESENTED IN AN ATTACHED STATEMENT AS EVIDENCE INCLUDES BUT IS NOT LIMITED TO, STATE VOTING REGISTRATION, PROPERTY OWNERSHIP AND PLACE WHERE INCOME OR PERSONAL PROPERTY TAXES HAVE BEEN PAID.

CLASSIFIED BY 10422
EXCLUDED FROM AUTOMATIC
DOWNGRADING AND
DECLASSIFICATION
DATE 11/10/00 BY 10422

WARNING NOTICE
SENSITIVE INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED

SECRET

(When Filled In)

4. PHYSICAL DOLLING PLACE (Permanent Place of Residence unless address in item 6 is approved in lieu thereof) FULL ADDRESS 8224 Stone Trail Drive Ames, IA, 50010		5. OTHER PLACE REQUESTED (Requested Permanent Place of Residence if different from item 4) FULL ADDRESS 	
APPROVED		CONCUR	
DEPUTY DIRECTOR		DATE	
APPROVED		APPROVED	
DEPUTY DIRECTOR		DATE	
7. AMONG THE PLACES YOU MAY REQUEST AS A HOME LEAVE POINT ARE: YOUR PERMANENT PLACE OF RESIDENCE SHOWN ABOVE, HEADQUARTERS AREA, AND WHERE YOUR CHILDREN, PARENTS, PARENTS-IN-LAW, BROTHERS, SISTERS, BROTHERS-IN-LAW, OR SISTERS-IN-LAW RESIDE.		8. YOU MAY REQUEST FOR APPROVAL SOME OTHER POINT SUBJECT TO THE PROVISIONS OF HR 20-308(3)(C). THE REQUEST MUST BE ACCOMPANIED BY A MEMORANDUM EXPLAINING THE CIRCUMSTANCES.	
9. DESIGNATION PER ITEM 7 ABOVE FULL ADDRESS SAME AS 5 ABOVE		10. DESIGNATION PER ITEM 8 ABOVE FULL ADDRESS 	
APPROVED		CONCUR	
DEPUTY DIRECTOR		DATE	
APPROVED		APPROVED	
DEPUTY DIRECTOR		DATE	
EMPLOYEE CERTIFICATION			
I have read and understand my service obligations and travel entitlements as described in this agreement.			
SIGNATURE OF EMPLOYEE		DATE	
		7/28/72	

SECRET

SECRET
(When Filled In)

REPORT OF SERVICE ABROAD

FILE
PUNCHED
BY

TO: Office of Personnel, Transactions and Records Branch, Status Section

SERIAL NO. 1-6 024345	NAME		
	LAST (Print) Phillips	FIRST 2-24 David	MIDDLE A

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 88-REVISED.

PCS DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/P USE ONLY	COUNTRY	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR					
2	7	16	7	1		3				070

TDY DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/P USE ONLY	AREA(S)	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR					

OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

SOURCE DOCUMENT AND CERTIFICATION

TRAVEL VOUCHER	DISPATCH
<input checked="" type="checkbox"/> CABLE	DUTY STATUS OR TIME AND ATTENDANCE REPORT
OTHER (Specify)	

DOCUMENT IDENTIFICATION NO. 14177 DOCUMENT DATE/PERIOD 13 July 1971

REMARKS Correction - LATRAAL

PREPARED BY	REPORT ANNOTATED ON CONTROL DOCUMENT	ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
BCB	DATE 7/19/71	SIG
C & L DIVISION, CBR.		
C & T DIVISION		

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SECRET
(When Filled In)

REPORT OF SERVICE ABROAD

FILE
PUNCHED
Status Section

TO: Office of Personnel, Transactions and Records Branch

SERIAL NO. 1-8	NAME		
	LAST	FIRST	MIDDLE
024345	(Print) Phillip	David	A

INSTRUCTIONS
USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (Only only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 99, REVISED.

PCS DATES OF SERVICE										
ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	O/P USE ONLY		COUNTRY	
MONTH	DAY	YEAR	MONTH	DAY	YEAR		CODE	37	38	39
25-28	27-28	29-30	31-31	33-34	35-36	1 - PCS (Basic) 3 - CORRECTION 8 - CANCELLATION	37			42-42
* 01	11	70	07	09	71		1			090

TDY DATES OF SERVICE										
ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	O/P USE ONLY		AREA(S)	
MONTH	DAY	YEAR	MONTH	DAY	YEAR		CODE	37	38	39
25-28	27-28	29-30	31-31	33-34	35-36	2 - TDY (Basic) 4 - CORRECTION 8 - CANCELLATION	37			40-42

OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

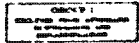
SOURCE DOCUMENT AND CERTIFICATION	
TRAVEL VOUCHER	DISPATCH
CABLE	DUTY STATUS OR TIME AND ATTENDANCE REPORT
OTHER (Specify)	

DOCUMENT IDENTIFICATION No. 13872	DOCUMENT DATE/PERIOD 7 July 1971
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REMARKS
NO Record - date claimed - Federal

PREPARED BY DCO	REPORT ANNOTATED ON CONTROL DOCUMENT	ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
C & L DIVISION, CYRR.	DATE 7/15/71	SIGNATURE
C & Y DIVISION		

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Chief, WHD		NO. OF COPIES TO BE MADE
[Redacted]		CLASSIFICATION
Chief of Station, [Redacted]		RECEIVED
General - Administrative		
Specific - Performance of TDY Personnel During Recent [Redacted] Crisis		
ACTION REQUIRED - BY [Redacted]		
<p>1. As Headquarters is well aware, a constant flow of TDY personnel was provided the Station by Headquarters during the crisis period of the recent revolution. Obviously, the Station could have found it most difficult, if not impossible, to perform in the fashion it did without this assistance. What deserves special comment, however, is the generally high quality of their performance under quite demanding, fluid, and, often, dangerous conditions. With few exceptions, already known to Headquarters, the TDY personnel did a magnificent job both collectively and as individuals. Considering the grade and experience of most of these officers, it can probably be assumed that this was to be expected. But, what clearly was not predictable was their willingness to accept any type of assignment regardless of grade or circumstances, their quick adaptability and initiative in an unfamiliar and confused situation, and their stamina under the stress of long and irregular work days seven days a week. Furthermore, in spite of the close working quarters, constant association, and strain inherent in this type of situation, "personality clashes" or other signs of incompatibility were very few indeed.</p> <p>2. Undoubtedly, Headquarters has sensed the foregoing from returns. The purpose of sending this dispatch is to make it a matter of record and to suggest to Headquarters that their standard of performance under these conditions may merit consideration of some special recognition in the personnel files of the personnel concerned.</p> <p style="text-align: right;">Continued...</p> <p>Distribution: 3 - WHD</p> <p>Attachment: As stated - h/w</p>		
CROSS REFERENCE TO	DISPATCH SYMBOL AND NUMBER	DATE
	HDCT-1221	17 July 1965
	CLASSIFICATION	HQS FILE NUMBER
	S-E-C-R-E-T	

3. Without detracting one whit from the performance of any of the other officers on TDY assignment, the present COS would like to single out [redacted] and [redacted] as deserving special comment. Their performance has been exceptional. A special note is attached for [redacted]. Therefore, it is recommended that the attached memoranda be inserted into each of their personnel files.

4. Also, the COS would like to register the fact that the foregoing note only speaks highly of the TDY personnel assigned, but Headquarters as well in providing this type of support.

5. As a final comment, Headquarters may care to check this memorandum with [redacted] the COS for a good part of this period, to obtain any special comments he might wish to make in this regard -- either with respect to content or individuals whom he considered exceptional and who are not known to the present COS.

David Phillips

S-E-C-R-E-T

17 July 1965

MEMORANDUM FOR THE RECORD

SUBJECT: TDY in Santo Domingo

1. [redacted] was assigned to Station [redacted] on a TDY basis for the period 2 June to 16 July 1965. During this assignment, [redacted] was placed in charge of the Station C.A. program with special emphasis on exploiting targets of opportunity in the very fluid crisis situation then prevalent and, simultaneously, generating new assets and new approaches to lay the groundwork for the altered situation which would be confronting the Station in the post-crisis era. In addition to supervising the C.A. program, he handled a number of existing agents, developed some new assets, and conducted numerous special C.A. operations, including some quite effective black activities. On this assignment, [redacted] worked some fourteen to sixteen hours a day throughout the entire period.

2. The undersigned is aware that CIA would expect a quite professional and dedicated performance from an officer of [redacted] seniority, experience, and caliber; however, even taking this into consideration, his performance in every respect was exceptional, and should merit special recognition.

3. It is recommended that a copy of this memorandum be placed in [redacted] personnel folder.

Frank Phillips

S-E-C-R-E-T

SECRET

cc: 24209

6 AUG 1969

MEMORANDUM FOR: Director of Central Intelligence

THROUGH : Deputy Director for Plans

SUBJECT : Appointment of Mr. David A. Phillips as
Chief of Station, [redacted]

1. The appointment of Mr. David A. Phillips, GS-16, as Chief of Station, [redacted] effective on or about 15 January 1970 is recommended. Mr. Phillips would replace Mr. Robert D. Gahagen.

2. Mr. Phillips has been an employee of the Agency since 1951 initially in a contract capacity. He has served in [redacted] Havana, [redacted] Mexico City and most recently as Chief, Cuban Operations Group. Mr. Phillips is fluent in the Spanish language [redacted]

[redacted] A biographic profile including information regarding his Agency experience and training is attached.

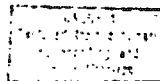
William V. Broe
William V. Broe

Chief

Western Hemisphere Division

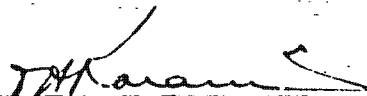
Attachment
Biographic Profile (Parts 1 and 2)

SECRET




SUBJECT: Appointment of Mr. David A. Phillips as Chief of Station,

APPROVAL RECOMMENDED:

 20 Sept 69
Deputy Director for Plans Date

The recommendation in paragraph one is APPROVED:

 1 Oct 69
Director of Central Intelligence Date

SECRET

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(When Filled In)

Complete in original. The data recorded on this form is essential in determining travel expenses all-inclusive 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
Phillips David Alice 460-28-3930

1. RESIDENCE DATA
 PLACE OF RESIDENCE WHEN INITIALLY EMPLOYED BY AGENCY: [Redacted]
 LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. (If appointed abroad): **Washington, D.C.**
 DESIGNATED AS PERMANENT RESIDENCE: [Redacted] HOME LEAVE RESIDENCE: **Washington, D.C.**

2. MARITAL STATUS (Check one): **Married**
 IF MARRIED, PLACE OF MARRIAGE: **Bethesda, Md. (Please note this is a change)**
 DATE OF MARRIAGE: **28 March 1969**
 IF DIVORCED, PLACE OF DIVORCE DECREE: **Potomac, Maryland**
 DATE OF DECREE: [Redacted]
 IF WIDOWED, PLACE SPOUSE DIED: [Redacted]
 DATE SPOUSE DIED: [Redacted]
 IF PREVIOUSLY MARRIED, INDICATE NAME(S) OF SPOUSE, REASON(S) FOR TERMINATION, AND DATE(S):
Joan Hildebrant, incompatibility, circa September 1941
Helen Haasch, incompatibility, 22 November 1967.

3. MEMBERS OF FAMILY
 NAME OF SPOUSE: **Virginia S. Phillips** ADDRESS (No. Street, City, State, Zip Code): **8224 Stone Trail Drive, Bethesda Md 20034** TELEPHONE NO.: **469-6753**
 NAMES OF CHILDREN: **Maria, David Jr, Christopher**
 ADDRESS: **Same as above** SEX: **F, M, M** DATE OF BIRTH: **1949, 1951, 1956**
 NAME OF YOUR FATHER (Or male guardian): **Deceased** ADDRESS: [Redacted] TELEPHONE NO.: [Redacted]
 NAME OF YOUR MOTHER (Or female guardian): **Deceased** ADDRESS: [Redacted] TELEPHONE NO.: [Redacted]

WHAT MEMBER(S) OF YOUR FAMILY IF ANY, HAS BEEN TOLD OF YOUR AFFILIATION WITH THE ORGANIZATION IF CONTACT IS REQUIRED IN AN EMERGENCY:
My brother, Edwin T. Phillips, Jr.

4. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY
 NAME (Mr., Mrs., Miss) (Last-First-Middle): **Mr. Phillips, Edwin Thomas** RELATIONSHIP: **Brother**
 HOME ADDRESS (No., Street, City, State, Zip Code): **Fort Worth National Bank, Bldg., Fort Worth, Texas** HOME TELEPHONE NUMBER: **Unknown**
 BUSINESS ADDRESS (No., Street, City, State, Zip Code) (If different from home address): **Same as above** BUSINESS TELEPHONE & EXTENSION: **Unknown**

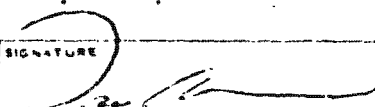
IS THE INDIVIDUAL NAMED ABOVE WITTING OF YOUR AGENCY AFFILIATION? (If "No" give name and address of organization he believes you work for.)
 YES NO **X**
 IS THIS INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF IN THE EVENT YOU ARE INCAPABLE? (If "No" give name and address of person, if any, who can make such decisions in case of emergency.)
 YES NO **X**
 DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE? (If answer is "No" explain why in item 5.)
 YES NO **X**

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
(When Filled In)

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.		
Fort Worth National Bank, Fort Worth, Texas. Checking and Saving. Potomac National Bank, Potomac, Md. Checking. Columbia Federal (House mortgage). All in name David A. Phillips		
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?)
In possession of my brother and attorney, Edwin T. Phillips, Jr. (See above).		
HAVE YOU PRE-PLANNED AN ARRANGED GUARDIANSHIP OF YOUR CHILDREN IN CASE OF COMMON DISASTER TO BOTH PARENTS?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO. (If "Yes" give name(s) and address)
But my children would go their mother; my step-children to their father.		
HAVE YOU EXECUTED A POWER OF ATTORNEY?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO. (If "Yes", who possess the power of attorney?)
My brother, Edwin T. Phillips, Jr.		
6. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS		
Continuation of children:		
The following are my step children, who live with/and/or receive more than half their support from me: (All have common address of 8224 Stone Trill Drive):		
Deborah Anne Ahern (d)		
Bryan Moss Ahern (m)		
Wynne Aughterton Ahern		
SIGNED AT	DATE	SIGNATURE
Washington Dc	10 November 1969	

CONFIDENTIAL

SECRET
(When Filled In)

FILE
PUNCHED
List

REPORT OF SERVICE ABROAD

TO: Office of Personnel, Transactions and Records Branch, Status Section

SERIAL NO. 1-6	NAME		
	LAST (Print)	FIRST 7-24	MIDDLE
024345	Phillips, David A.		

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 38, REVISED.

PCS DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/P USE ONLY	COUNTRY	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR					
25-26	27-28	29-30	31-32	33-34	35-36	1 - PCS (Basic) 3 - CORRECTION 9 - CANCELLATION				

TDY DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/P USE ONLY	AREA(S)	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR					
08	05	69	08	06	69	2 - TDY (Basic) 4 - CORRECTION 9 - CANCELLATION	2		WH	811

OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

SOURCE DOCUMENT AND CERTIFICATION

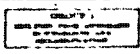
<input checked="" type="checkbox"/> TRAVEL VOUCHER	<input type="checkbox"/> DISPATCH
<input type="checkbox"/> CABLE	<input type="checkbox"/> DUTY STATUS OR TIME AND ATTENDANCE REPORT
OTHER (Specify)	

DOCUMENT IDENTIFICATION NO. Wh 71-70	DOCUMENT DATE/PERIOD 5 - 8 Aug 69
---	--------------------------------------

REMARKS

PREPARED BY JACO	REPORT ANNOTATED OR CONTROL DOCUMENT <input checked="" type="checkbox"/>	ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
C & B DIVISION, CYDR.	DATE 21 Nov 69	SIGNATURE DC Haly

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL
IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER



SECRET
(When Filled In)

REPORT OF SERVICE ABROAD

CLASSIFIED
PUNCHED
CYR

TO: Office of Personnel, Transactions and Records Branch, Status Section

SERIAL NO. NAME
LAST FIRST MIDDLE

1-0
024345 (Print) PHILLIPS DEW A

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OPI NO. 50, REVISED.

PCS DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	O/P USE ONLY		COUNTRY	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR		37	38 39		
25-26	27-28	29-30	31-32	33-34	35-36	1 - PCS (Basic) 3 - CORRECTION 8 - CANCELLATION				40-42

TDY DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	O/P USE ONLY		AREA(S)	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR		37	38 39		
25-26	27-28	29-30	31-32	33-34	35-36	2 - TDY (Basic) 4 - CORRECTION 8 - CANCELLATION			SOUTH ADIRICK	40-42
07	18	67	07	12	69		2			1/2 3

OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

SOURCE DOCUMENT AND CERTIFICATION

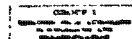
<input checked="" type="checkbox"/> TRAVEL VOUCHER	<input type="checkbox"/> DISPATCH
<input type="checkbox"/> CABLE	<input type="checkbox"/> DUTY STATUS OR TIME AND ATTENDANCE REPORT
<input type="checkbox"/> OTHER (Specify)	

DOCUMENT IDENTIFICATION NO. W H 48-70 DOCUMENT DATE/PERIOD 7-8-71/2/69

REMARKS

PREPARED BY: DCO, C & L DIVISION, CYR, C & Y DIVISION
REPORT ANNOTATED OR CONTROL DOCUMENT: []
DATE: 7/10/69
SIGNATURE: [Signature]

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER



SECRET
(When Filled In)

REPORT OF SERVICE ABROAD												FILE PUNCHED BY <i>RET</i>								
TO: Office of Personnel, Transactions and Records Branch, Status Section																				
SERIAL NO.			NAME																	
1-6 024345			(Print) LAST PHILLIPS			7-24 FIRST DAVID			MIDDLE A.											
INSTRUCTIONS																				
USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (<i>One only</i>). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 58, REVISED.																				
PCS DATES OF SERVICE																				
ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA			O/P USE ONLY		COUNTRY									
MONTH	DAY	YEAR	MONTH	DAY	YEAR	1 - PCS (<i>Basic</i>) 3 - CORRECTION 5 - CANCELLATION	CODE	37	38	39										
25-26	27-28	29-30	31-32	33-34	35-36					CODE				40-42						
TDY DATES OF SERVICE																				
ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA			O/P USE ONLY		AREA(S)									
MONTH	DAY	YEAR	MONTH	DAY	YEAR	2 - TDY (<i>Basic</i>) 4 - CORRECTION 6 - CANCELLATION	CODE	37	38	39	WH									
25-26	27-28	29-30	31-32	33-34	35-36					CODE				40-42						
0	5	1	9	6	9	0	5	2	1	6	9	2						1	2	0
OFFICE OF PERSONNEL USE ONLY - PUNCH AREA																				
SOURCE DOCUMENT AND CERTIFICATION																				
<input checked="" type="checkbox"/> TRAVEL VOUCHER								DISPATCH												
CABLE								DUTY STATUS OR TIME AND ATTENDANCE REPORT												
OTHER (<i>Specify</i>)																				
DOCUMENT IDENTIFICATION NO.							DOCUMENT DATE/PERIOD													
							5 thru 21 May 1969													
REMARKS																				
PREPARED BY			REPORT ANNOTATED ON CONTROL DOCUMENT			ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED														
DCO																				
<input checked="" type="checkbox"/> C & L DIVISION, CYBR.			DATE			SIGNATURE														
C & Y DIVISION			28 May 1969																	
THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER																				

SECRET
(When Filled In)

VERIFIED RECORD OF OVERSEAS SERVICE

TO: Office of Personnel, Statistical Reporting Branch, ROOM 5 E 2506 Headquarters

EMPLOYEE SERIAL NO.	NAME OF EMPLOYEE			OFFICE/COMPONENT
	LAST	FIRST	MIDDLE	
1-6 024345	(Print) Phillips	7-24 David	A.	25-26 WH Division

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR.

PCS DATES OF SERVICE

TYPE OF DATA	ARRIVAL				DEPARTURE			COUNTRY	OMIT
	CODE	MONTH	DAY	YEAR	MONTH	DAY	YEAR		
1 - PCS (Basic)	27	28-29	30-31	32-33	34-35	36-37	38-39		40-42
3 - CORRECTION									
5 - CANCELLATION									

TDY DATES OF SERVICE

TYPE OF DATA	DEPARTURE				RETURN			AREA(S)	OMIT
	CODE	MONTH	DAY	YEAR	MONTH	DAY	YEAR		
2 - TDY (Basic)	2	5	22	68	5	25	68	Mexico	450
4 - CORRECTION									
6 - CANCELLATION									

SOURCE OF RECORD DOCUMENT

<input checked="" type="checkbox"/> TRAVEL VOUCHER	DISPATCH
CABLE	DUTY STATUS OR TIME AND ATTENDANCE REPORT
OTHER (Specify)	

DOCUMENT IDENTIFICATION NO. WH-703-68	DOCUMENT DATE/PERIOD 22-25 Mar 1968
--	--

REMARKS

PREPARED BY DS1 <input checked="" type="checkbox"/> C B L DIVISION C B T DIVISION	REPORT ANNOTATED ON SOURCE DOCUMENT DATE 5 August 1968	ABOVE DATA VERIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED SIGNATURE <i>[Signature]</i>
--	--	--

Creditable Service —

Military 45-10-31³²
43-02-13
02-08-19

Contract Employee — 54-03-04
55-03-31
Staff Employee — 55-04-01
56-02-06
STAFF AGENT — 56-02-07
58-08-13

CON-
TINUOUS
SERVICE

INDEPENDENT CONTRACTOR 58-08-19
60-03-13
NOT
CREDITABLE
SERVICE

STAFF EMPLOYEE — 03-14-60
TO
PRESENT

02-08-19 MILITARY 58-08-13
04-05-10 54-03-04
06-13-29 04-05-10
07-01-29
44
60-03-13
07-01-29

S.C.D. 53-01-15 } d.m. 7-01-66
L.C.D. 55-10-04 }

DESIGNATION OF BENEFICIARY
 UNPAID COMPENSATION OF
 DECEASED CIVILIAN EMPLOYEE

IMPORTANT
 Read instructions
 on back of duplicate
 before filling in this form

INFORMATION CONCERNING THE EMPLOYEE:

NAME—	(Last)	(First)	(Middle)	DATE OF BIRTH (Month, day, year)
	Phillips	David	Atlee	October 31, 1922

DEPARTMENT OR AGENCY IN WHICH EMPLOYED

(Department or agency) (Bureau) (Division)

I, the employee identified above, canceling any and all previous Designations of Beneficiary heretofore made by me, do now designate the beneficiary or beneficiaries named below to receive any UNPAID COMPENSATION due and payable under existing law after my death. I understand that this Designation of Beneficiary relates solely to Unpaid Compensation as defined in section 2 of the act of August 3, 1950, Public Law 528, and in no wise will affect the disposition of any benefit which may become payable under the Retirement Act applicable to my Government service. I further understand that this Designation of Beneficiary will remain in full force and effect, unless or until rescinded by me in writing, so long as I am continuously employed in the above department or agency.

INFORMATION CONCERNING THE BENEFICIARY OR BENEFICIARIES:

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
Maria I. Phillips	8224 Stone Trail Drive Bethesda, Maryland 20034	daughter	one-fourth
David A. Phillips, Jr.	8224 Stone Trail Drive Bethesda, Maryland 20034	son	one-fourth
Atlee Y. Phillips	8224 Stone Trail Drive Bethesda, Maryland 20034	daughter	one-fourth
Christopher C. Phillips	8224 Stone Trail Drive Bethesda, Maryland 20034	son	one-fourth

I hereby direct, unless otherwise indicated above, that if more than one beneficiary is named, the share of any deceased beneficiary who may predecease me shall be distributed equally among the surviving beneficiaries, or entirely to the survivor. I understand that this Designation of Beneficiary shall be void if none of the designated beneficiaries is living at the time of my death.

I hereby specifically reserve the right to cancel or change any designation of beneficiary at any time in the manner and form prescribed by the Comptroller General of the United States, and without knowledge or consent of the beneficiary.

1 December 1967

(Date of execution—month, day, year)

David A. Phillips, Jr.
 (Signature of employee)

WITNESSES TO SIGNATURE:

Margaret Joyce 2400 So. Glebe Rd Arlington, Va 22206
 (Signature of witness) (Number and street) (City, zone number, and State)

Elizabeth Ann Kelly 8137 Prescott Dr Vienna, Va 22180
 (Signature of witness) (Number and street) (City, zone number, and State)

PRINT OR TYPE NAME AND ADDRESS OF EMPLOYEE

David A. Phillips
 8224 Stone Trail Drive
 Bethesda, Maryland 20034

THIS SPACE RESERVED FOR RECEIVING DATA OF EMPLOYING AGENCY

05 DEC 1967

Eric J.P.
 (Indicate date and by whom received) *J.P.*

DELIVER BOTH COPIES TO THE PROPER OFFICER OF YOUR AGENCY—DUPLICATE WILL BE NOTED AND RETURNED

SECRET
(When Filled In)

REPORT OF SERVICE ABROAD

TO: Office of Personnel, Transactions and Records Branch, Status Section

SERIAL NO. 1-5	NAME		
	LAST (Print)	FIRST 7-24	MIDDLE
024345	Phillips	David	A

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 59, REVISED.

PCS DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/P USE ONLY	COUNTRY	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR					
26-28	27-28	29-30	31-32	33-34	35-36	1 - PCS (Basic) 3 - CORRECTION 8 - CANCELLATION	1			195

TDY DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/P USE ONLY	AREA(S)	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR					
25-26	27-28	29-30	31-32	33-34	35-36	2 - TDY (Basic) 4 - CORRECTION 8 - CANCELLATION				

OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

SOURCE DOCUMENT AND CERTIFICATION

<input type="checkbox"/> TRAVEL VOUCHER	<input type="checkbox"/> DISPATCH
<input checked="" type="checkbox"/> CABLE	<input type="checkbox"/> DUTY STATUS OR TIME AND ATTENDANCE REPORT
<input type="checkbox"/> OTHER (Specify)	

DOCUMENT IDENTIFICATION NO. IN 24359	DOCUMENT DATE/PERIOD August 2, 1957
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REMARKS

PREPARED BY DCO	REPORT ANNOTATED ON CONTROL DOCUMENT	ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
C & L DIVISION, CTBR.	DATE August 2, 1957	
C & T DIVISION		

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL
IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

DISPATCH		CLASSIFICATION SECRET	PROCESSING ACTION
TO	Chief, Western Hemisphere Division		MARKED FOR INDEXING
INFO.			NO INDEXING REQUIRED
FROM	Chief of Station, [redacted]		ONLY QUALIFIED DESK CAN JUDGE INDEXING
SUBJECT	Letter of Appreciation from [redacted]		MICROFILM
ACTION REQUIRED - REFERENCES			
<p>Action: See para two</p> <p>1. Attached find an original and two copies of a letter of appreciation from [redacted] until 18 January, [redacted]</p> <p>2. It is requested that the original be placed in the personnel file of Michael C. CHOADEN. The first copy, marked "A" should be placed in the personnel file of Stewart R. PATAKER. The second copy, marked "B", should be passed to Franklyn D. MALLEK for his information and disposition.</p> <p>[redacted]</p> <p>[redacted]</p> <p><i>Michael C. Choaden</i> Michael C. CHOADEN</p>			
Attachment: Letter			
Distribution: 3 - Chief, WHD w/att h/w			
CROSS REFERENCE TO	DISPATCH SYMBOL AND NUMBER	DATE	
	HDCT 1359	18 January 1966	
	CLASSIFICATION	HQ3 FILE NUMBER	
	SECRET		

HEADQUARTERS
UNITED STATES FORCES [redacted]
APO New York 09478

[redacted]
*Compliments... at the...
this is a very typical of
your unusual high
performance WTS*
17 January 1966

[redacted]

SUBJECT: Letter of Appreciation

THRU: [redacted]
[redacted]

TO: [redacted] DAVID A PHILLIPS
[redacted]
[redacted]

1. I wish to express my sincere appreciation for the outstanding contributions you and your staff have made in the accomplishment of [redacted] intelligence missions from 1 May 1965 through 17 January 1966. The first intelligence contact upon our arrival at [redacted] on 1 May was a representative from your office. From that day on a mutual respect, cordial relationship and a unity of effort prevailed throughout the many trying days in the [redacted] crisis. Without your assistance we would have realized a serious gap in the intelligence picture, a gap which would have made intelligence evaluations and the development of tactical estimates most difficult.

2. My [redacted] has frequently mentioned the close association and coordination he has had with you and the members of your organization and repeatedly expressed the high esteem and respect he has for the professionalism and competence displayed by you and your subordinates.

3. The intelligence unity of effort in [redacted] has been exemplary and a prototype for future operations. This cohesive atmosphere is directly attributable to your efforts.

[Redacted]

17 January 1968

SUBJECT: Letter of Appreciation

4. Again I wish to express my appreciation and congratulations on a job well done.

[Redacted]

FORM 1451 RECORD OF OVERSEAS SERVICE

INSTRUCTIONS THIS FORM MUST BE RETURNED WHETHER YOU HAVE HAD OVERSEAS SERVICE OR NOT. PLEASE READ CAREFULLY INSTRUCTIONS ON ACCOMPANYING CARD; THEN FILL OUT THIS FORM AS ACCURATELY AS POSSIBLE.	NAME OF EMPLOYEE <i>PHILLIPS, DAVID A.</i>	EMPLOYEE SERIAL NO. <i>24345</i>	COMPLETED BY EMPLOYEE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		TELEPHONE EXT.	SECRET (WHEN FILLED IN)		
	DO NOT FOLD, STAPLE, SPINDLE, OR MUTILATE							
	DO NOT WRITE IN COLUMN	WHERE SERVICE WAS PERFORMED	PTS. 1 TIDY 2 ENTER NO.	DATES FROM TO MO. YR. MO. YR.		SERVICE AS CIVILIAN - 1 MILITARY - 2 OTHER - 3	RESPONSIBLE U.S. GOVT. DEPT. OR AGENCY	DO NOT WRITE IN COLUMN
	1931			1931 31 33 36	32 35 39 40	1		1931
	<i>176 HAWAII, C. I.</i>	<i>1</i>	<i>07 156</i>	<i>07 157</i>	<i>1</i>	<i>CIA</i>	<i>190</i>	
	<i>400</i>	<i>1</i>	<i>07 157</i>	<i>07 158</i>	<i>1</i>	<i>CIA</i>	<i>100</i>	
	<i>861 AFRICA STAIT GERMANY</i>	<i>1</i>	<i>07 143</i>	<i>07 145</i>	<i>2</i>	<i>USAAF</i>	<i>190</i>	

IF ADDITIONAL SPACE IS NEEDED, CHECK HERE AND ASK YOUR ADMINISTRATIVE OFFICER FOR SUPPLEMENTAL CARDS

SECRET

CONFIDENTIAL
(When Filled In)

MEMORANDUM OF UNDERSTANDING

I hereby acknowledge that I have read and understand the contents
of Handbook 20-4, Employee Conduct, dated 29 August 1961.

David A. Phillips
Signature

2 October 1963
Date

DAVID A. PHILLIPS

CONFIDENTIAL

SECRET

REPORT OF HONOR AWARDS BOARD			
(CONVENED PURSUANT TO REGULATIONS R 20-635 AND AFR 20-635)			
The Honor Awards Board having considered a recommendation that:			
NAME: (Last) PHILIP	(First) David	(Middle) Atlas	POSITION TITLE Covert Associate
PRESENT GRADE \$7200.00 p.a.	OFFICE ASSIGNED TO Division	STATION	
TO BE AWARDED: Distinguished Intelligence Medal			
<input type="checkbox"/> FOR HEROIC ACTION, OR			
<input checked="" type="checkbox"/> FOR MERITORIOUS ACHIEVEMENT OR SERVICE DURING THE PERIOD January - July 1954			
<input type="checkbox"/> APPROVES THE RECOMMENDATION <input type="checkbox"/> DISAPPROVES THE RECOMMENDATION			
<input checked="" type="checkbox"/> APPROVES, BUT IN LIEU THEREOF, RECOMMENDS THE AWARD OF: Intelligence Medal of Merit			
CITATION			
<p>DAVID ATLAS (PHILIP) is hereby awarded the Intelligence Medal of Merit for his outstanding dedication and devotion to the cause of freedom.</p> <p>While assigned a position of responsibility in creating a psychological medium to further the efforts of removing a serious threat to the security and welfare of his government, he, personally, with superior talent and concentration of energy proceeded to develop a program which greatly contributed to the ultimate elimination of the threat which concurrently brought historical relief to the oppressed people of an entire population.</p> <p>The psychological medium developed and sustained by Mr. PHILIP was directed and operated with such ingenuity, resourcefulness and forceful imagination that he was able to create and maintain a completely notional situation for an extended period thereby making it possible to achieve the objectives of his government. This achievement has no parallel in the history of psychological warfare.</p>			
REASONS FOR DISAPPROVAL OF RECOMMENDED AWARD			
APPROVED	SIGNATURE		
<i>Carney</i> DIRECTOR OF CENTRAL INTELLIGENCE	SIGNATURE SIGNED		
8 SEP 1954	TYPED NAME OF CHAIRMAN, HONOR AWARDS BOARD ROBERT E. GIBSON		
DATE	SIGNATURE SIGNED		
	TYPED NAME OF RECORDER [Illegible]		

SECRET
(When Filled In)

VERIFIED RECORD OF OVERSEAS SERVICE

TO:

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

EMPLOYEE SERIAL NO.	NAME OF EMPLOYEE			OFFICE/COMPONENT
1-6	LAST <small>(Print)</small>	FIRST <small>7-24</small>	MIDDLE	25-26
24345	Phillips	David	A	35- 64

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR.

PCS DATES OF SERVICE

TYPE OF DATA	ARRIVAL				DEPARTURE			COUNTRY	OMIT
	CODE	MONTH	DAY	YEAR	MONTH	DAY	YEAR		
1 - PCS (Basic)	27	28-29	30-31	32-33	34-35	36-37	38-39	Mexico	40-42
2 - CORRECTION									
3 - CANCELLATION	1	09	25	61					450

TDY DATES OF SERVICE

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

SOURCE OF RECORD DOCUMENT

<input type="checkbox"/> TRAVEL VOUCHER	<input checked="" type="checkbox"/> DISPATCH
<input checked="" type="checkbox"/> CABLE	<input type="checkbox"/> DUTY STATUS OR TIME AND ATTENDANCE REPORT
OTHER (Specify)	

DOCUMENT IDENTIFICATION NO. <i>HMMT-2316</i>	DOCUMENT DATE PERIOD <i>13 October 1961</i>
---	--

REMARKS

PREPARED BY	REPORT ANNOTATED ON SOURCE DOCUMENT	ABOVE DATA VERIFIED CORRECT. BASED UPON SOURCE DOCUMENT CITED
FISCAL DIVISION	DATE <i>11/20/61</i>	SIGNATURE
FINANCE DIVISION <i>22</i>		

SECRET

SECRET 7443

29 June 1961

MEMORANDUM FOR THE RECORD

SUBJECT: David A. Phillips

On 14 June 1961 the undersigned reviewed with Mr. David A. Phillips his career development prospects for the next five year period. We agreed that the following represented a desirable and fairly firm goal in this respect:

- a. In general his future training and field experience should place sufficient stress on the CI and FI fields to avoid the career confinement of strict CA specialization.
- b. His next assignment would be a normal field tour in Mexico City. Upon return from that assignment, he would receive up to six months training to be followed by an assignment to the CA Staff (or the organizational successor thereof). One of his primary undertakings in the CA Staff would be to develop what might best be termed "ideological warfare" (e.g., a search for basic ideas and concepts with wide appeal) as opposed to the normal propaganda approach (e.g., a running debate on current events).

Richard M. Bissell, Jr.
RICHARD M. BISSELL, JR.
Deputy Director
(Plans)

cc: ASJA (Pers)
Attn Panel A
Mr. Phillips
Thru C/WH
OP/RSD

SECRET

CONFIDENTIAL
(When Filled In)

TR

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)		(First)		(Middle)		SOCIAL SECURITY NUMBER	
PHILLIPS		DAVID		ATLEE			
1. RESIDENCE DATA							
PLACE OF RESIDENCE WHEN INITIALLY APPOINTED				LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. (If appointed abroad)			
FORT WORTH, TEXAS							
PLACE IN CONTINENTAL U.S. DESIGNATED AS PERMANENT RESIDENCE				HOME LEAVE RESIDENCE			
FORT WORTH, TEXAS				FORT WORTH, TEXAS			
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						DATE OF MARRIAGE	
FORT WORTH, TEXAS							
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)							
JOHN HANDESKAUF PHILLIPS INCAPABILITY SEP 15, 1941							
3. MEMBERS OF FAMILY							
NAME OF SPOUSE		ADDRESS (No., Street, City, Zone, State)				TELEPHONE NO.	
HELEN N. PHILLIPS		6307 DANFORTH RD. WASH 16, TX				OL-2-8134	
NAMES OF CHILDREN		ADDRESS				SEX	
MARIA		" " " "				F	
DAVID, JR.		" " " "				M	
ATLEE		" " " "				F	
CHRISTOPHER		" " " "				M	
NAME OF FATHER (Or male guardian)		ADDRESS				TELEPHONE NO.	
DECEASED							
NAME OF MOTHER (Or female guardian)		ADDRESS				TELEPHONE NO.	
DECEASED							
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 - CHRISTINA EDWARD T. PHILLIPS (TR)							
4. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY							
NAME (Mr., Mrs., Miss) (Last-First-Middle)				RELATIONSHIP			
PHILLIPS, EDWIN T.				BROTHER			
HOME ADDRESS (No., Street, City, Zone, State)				HOME TELEPHONE NUMBER			
4408 WASHINGTON ST. FORT WORTH, TEX				?			
BUSINESS ADDRESS (No., Street, City, Zone, State) AND NAME OF EMPLOYER, IF APPLICABLE				BUSINESS TELEPHONE & EXTENSION			
FORT WORTH NATIONAL BANK BLDG.				?			
IS THE INDIVIDUAL NAMED ABOVE WITTING OF YOUR AGENCY AFFILIATION? (If "No" give name and address of organization he believes you work for.)							YES
							✓
NO							
IS THIS INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF? (If "No" give name and address of person, if any, who can make such decisions in case of emergency.)							YES
							✓
NO							
DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE? (If answer is "No" explain why in item 5.)							YES
							✓
NO							
The persons named in item 3 above may also be notified in case of emergency. If such notification is not desirable because of health or other reasons, please so state in item 6 on the reverse side of this form.							
CONTINUED ON REVERSE SIDE							
CURRENT RESIDENCE AND DEPENDENCY REPORT							

SECRET

Supplement to Staff Employee Personnel

Action for [redacted] David A. Phillips

Effective 21 August 1961

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

1. As an employee of this organization, at the present grade and salary of GS-3 [redacted] per annum, you will accept cover employment with [redacted] (hereinafter referred to as "your cover facility") effective as of 21 August 1961. You will, insofar as consistent with your basic responsibility to this organization, abide by all the rules, regulations, practices and policies of your cover facility, in order to appear as a conventional member of that establishment. Your [redacted] to your cover facility is being effected at [redacted] and salary of [redacted] per annum. You are prohibited, except as specifically authorized herein, from retaining emoluments paid by your cover facility.

2. It is understood and agreed that the minimum period of your overseas tour of duty is governed by and coincident with the prescribed tour of duty of your cover organization. Currently, your prescribed tour consists of a period of twenty-four months from the date of your arrival at your overseas [redacted]. Your assignment may be terminated earlier for the convenience of this organization and the length of your tour of duty, as currently specified, may be unilaterally changed by this organization in order to conform with subsequent changes in the prescribed tour of your cover facility. If you request termination of your overseas assignment solely for your own convenience, unless it is for circumstances that are considered by this organization to be beyond your control or if you are terminated for cause under the regulations of this organization before you have completed the minimum period of service prescribed above from the date of arrival at your overseas [redacted], you will not be entitled to return travel or transportation for yourself or your dependents to the United States at Government expense. If you request termination of your overseas assignment solely for your own convenience, unless it is for circumstances that are considered by this organization to be beyond your control or if you are terminated for cause under the regulations of this organization before you have completed one (1) year of service from the date of your arrival at your overseas [redacted] you will be required to reimburse the Government for all of its expenses for your travel and transportation, and that of your dependents, from the continental United States to such overseas [redacted].

14-00000

SECRET

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

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

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

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

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

c. Consistent with your cover activity, you will continue to be responsible for compliance with the rules and regulations of this organization.

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

SECRET

e. All annual and sick leave which is accrued to your credit at the time of integration will be transferred to your cover facility. While integrated you will be permitted annual leave, sick leave, home leave, and leave without pay in accordance with the regulations of your cover facility in lieu of the leave benefits of this organization. Upon completion of your [redacted] your accrued annual and sick leave will be transferred to your credit with this organization. If security conditions require that your cover facility make a lump-sum payment for accrued annual leave, you will be required to pay the gross amount thereof to this organization including any income taxes withheld by your cover facility.

6. You will be required to keep forever secret this agreement and all other information which you may obtain by reason hereof, unless you are released in writing by this organization from this obligation. Violation of such secrecy may subject you to criminal prosecution under the Espionage Laws, dated 25 June 1948, as amended, and other applicable laws and regulations. The termination of your employment with this organization will not release you from the obligation of any security oath you may be required to take.

[redacted]

[redacted]

ACCEPTED:

[redacted]

SECRET

11 January 1961

TO : Director of Personnel

FROM : Chief, WPD

SUBJECT: Additional Compensation in Lieu of Overtime Payment

REF: Memo dated 11 January 1961 from SSA/DPS to DD/S, approved by DD/S, Subject: "Employee Benefits for JIATS Personnel"; and memo dated 22 December 1960 from ADD(P) to Deputy Director (Plans), Subject: "Employee Benefits for Personnel Assigned to JIATS".

In accordance with referenced memoranda, it is requested that the personnel listed below be authorized to receive additional compensation effective 8 January 1961, at the rate of 15% of their respective rates of basic annual compensation (but not to exceed the ~~regular~~ rate for a *Minimum* GS-9) in lieu of payment of the regular overtime rates for irregular, unscheduled and frequent overtime.

<u>NAME</u>	<u>EMPLOYEE Serial No.</u>	<u>TITLE</u>	<u>SALARY</u>
ESTERLINE, Jacob D.	56793	OPS Officer	\$14,055
WHEBBER, Robert A.	509360	Ops Officer	12,990
[REDACTED]	229360	OPS Officer	14,055
MILLER, David A.	654900	OPS Officer	12,730
MAGUI, Louis P.	012816	OPS Officer	12,210
YUNZUK, Walter P.	064733	OPS Officer	12,730
PETERS, John D.	56093	OPS Officer	11,575
[REDACTED]	59794	Instructor (OPS)	9,955
HIGGS, Calvin W.	56361	Quartermaster Warfare Officer	9,475
RILEY, James	50471	OPS Officer	9,420
WILCO, Anthony L.	559127	OPS Officer	7,820
[REDACTED]	60218	Instructor (OPS)	8,955
VEEDALL, Sidney S.	059517	OPS Officer	11,155
REYNOLDS, Robert	55407	OPS Officer	12,470
SPACER, Ernest W.	62285	Instructor (OPS)	12,470
BROWN, Travel S.	61901	Ops Officer	9,475
CARTWRIGHT, Cecil J.	57840	OPS Officer	9,215
CHILLING, Samuel J.	56622	Adm. Officer	7,820
MORALLES, David S.	53385	OPS Officer	12,210
KENT, William P.	559198	Ops Officer	9,215

All the above employees are on Allotment #535-5000-3021.

APPROVED

ROBERT J. SCHOOLS


J. C. KING
Chief, WPD

SECRET

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, DAVID ATLEE PHILLIPS, 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.

14 March 1960
(Date of entrance on duty)

David A. Phillips
(Signature of appointee)

Subscribed and sworn before me this 11th day of March A. D. 1960,

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

[SEAL]

Hein Caproni
(Signature of officer)

PERSONNEL CLERK
(Title)

NOTE.—The oath of office must be administered by a person specified in 5 U. S. C. 18, or by a person designated to administer oaths under Section 206, Act of June 26, 1943, 5 U. S. C. 16a. If by a Notary Public, the date of expiration of his commission should be shown.

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)
ALBAN TOWERS - 3500 MASS. AVE. WASHINGTON, D.C.

2. (A) DATE OF BIRTH OCTOBER 31, 1922 (B) PLACE OF BIRTH (city and State or city and foreign country)
FORT WORTH, TEXAS

3. (A) IN CASE OF EMERGENCY, PLEASE NOTIFY HELEN N. PHILLIPS (B) RELATIONSHIP WIFE (C) STREET AND NUMBER CITY AND STATE ALBAN TOWERS 3500 MASS. AVE. WASH, D.C. (D) TELEPHONE NO. WOL-6400

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)	(1) POSITION (2) DEPARTMENT OR AGENCY IN WHICH EMPLOYED	RELATIONSHIP	MAR. RFD (Check one)	SIN. GLE
		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? <i>If your answer is "Yes," give details in Item 12.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(B) IF YOU HAVE FILED SUCH A WAIVER, HAS IT BEEN CANCELED OR REVOKED?	<input type="checkbox"/>	<input checked="" 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? <i>If your answer is "Yes," give details in Item 12.</i>	<input checked="" type="checkbox"/>	<input 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. <i>If your answer is "Yes," give in Item 12 for each case: (1) approximate date, (2) charge, (3) place, (4) action taken.</i>	<input checked="" type="checkbox"/>	<input 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 BARRED BY THE U. S. CIVIL SERVICE COMMISSION FROM TAKING EXAMINATIONS OR ACCEPTING CIVIL SERVICE APPOINTMENTS? <i>If your answer is "Yes," give dates of and reasons for such debarment in Item 12.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	C. HAVE YOU BEEN DISCHARGED FROM THE ARMED SERVICES UNDER OTHER THAN HONORABLE CONDITIONS? <i>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.</i>	<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.

STANDARD FORM 144
REVISED SEPTEMBER 1964
U. S. CIVIL SERVICE COMMISSION
FFM CHAPTERS 11, 12, AND 32

STATEMENT OF PRIOR FEDERAL CIVILIAN AND MILITARY SERVICE AND DETERMINATION OF COMPETITIVE STATUS


IMPORTANT: The information on this form will be used (1) in determining creditable service for leave purposes and retention credits for reduction in force, and (2) in recording agency determination of competitive status. The employee should complete Part I and the Personnel Office should complete Parts II through V.

PART I.—EMPLOYEE'S STATEMENT										PART II.—THIS COLUMN IS FOR PERSONNEL OFFICE USE		
1. NAME (Last, first, middle initial)					2. DATE OF BIRTH					3. RETENTION GROUP		
PHILLIPS, DAVID ATLEE					OCTOBER 31, 1927							
3. LIST THE FOLLOWING INFORMATION CONCERNING ALL FEDERAL AND DISTRICT OF COLUMBIA SERVICE YOU HAVE HAD PRIOR TO YOUR PRESENT APPOINTMENT (Do not include military service).										10. A. CSC STATUS <input type="checkbox"/> YES <input type="checkbox"/> NO B. TYPE OF PRESENT APPOINTMENT		
NAME AND LOCATION OF AGENCY	FROM			TO			TYPE OF APPOINTMENT IF ANY	11. SERVICE				
	YEAR	MONTH	DAY	YEAR	MONTH	DAY		YEAR	MONTH	DAY		
EIA	1954	10	1	1955	10	13	C.S.-12	3	4	13		
4. LIST PERIODS OF ACTIVE SERVICE IN ANY BRANCH OF THE ARMED FORCES OF THE UNITED STATES IF YOU HAD NO ACTIVE MILITARY SERVICE, WRITE "NONE."												
BRANCH	FROM			TO			DISCHARGE (Hon. or Dishon.?)					
	YEAR	MONTH	DAY	YEAR	MONTH	DAY		2	8	19		
ARMY AIR FORCE	1948	2	13	1955	10	31	HON.					
5. DURING PERIODS OF EMPLOYMENT SHOWN IN ITEM 3, DID YOU HAVE A TOTAL OF MORE THAN 6 MONTHS ABSENCE WITHOUT PAY, INCLUDING PERIODS OF MERCHANT MARINE SERVICE, DURING ANY ONE CALENDAR YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF ANSWER IS "YES," LIST FOLLOWING INFORMATION.										12. TOTAL SERVICE 6 2 3		
TYPE IF KNOWN (LWOP, Furl, Susp, AWOL, Mer Mar)	FROM			TO			TOTAL			13. NONCREDITABLE SERVICE (Leave purposes only):		
	YEAR	MONTH	DAY	YEAR	MONTH	DAY	YEARS	MONTHS	DAYS			
										14. NONCREDITABLE SERVICE (RIF purposes only):		
6. DURING THE FEDERAL SERVICE LISTED IN ITEM 3, DID YOU ACQUIRE A PERMANENT COMPETITIVE CIVIL SERVICE STATUS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If answer is "Yes," in what agency were you employed at the time status was acquired?)										15. REEMPLOYMENT RIGHTS <input type="checkbox"/> YES <input type="checkbox"/> NO		
7. ARE YOU: A. THE WIFE OF A DISABLED VETERAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B. THE MOTHER OF A DECEASED OR DISABLED VETERAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO C. THE UNREMARIED WIDOW OF A VETERAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO										16. RETENTION RIGHTS <input type="checkbox"/> YES <input type="checkbox"/> NO		
8. TO BE EXECUTED BEFORE A NOTARY PUBLIC OR OTHER PERSONS AUTHORIZED TO ADMINISTER OATHS. I swear (or affirm) that the above statements are true to the best of my knowledge and belief.										17. EXPIRATION DATE OF RETENTION RIGHTS		
<p>12 MARCH 1967 (DATE)</p> <p>David A. Phillips (SIGNATURE)</p> <p>Subscribed and sworn to before me on this _____ day of _____ 1960 at WASHINGTON, D.C. (CITY) (STATE)</p> <p>SEAL</p> <p>Sheldon Capriotti (SIGNATURE)</p>												
NOTE: If oath is taken before a Notary Public, the date of expiration of his Commission should be shown.												
INSTRUCTIONS: File this form on the permanent side of the employee's official personnel folder immediately before or after the personnel action involved.												

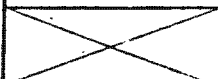
Part III.—DETERMINATION OF COMPETITIVE STATUS. (Complete for noncompetitive hires based on competitive status as required by instructions in FPM Chapter 52.) Employee has a competitive status. This determination is based upon the following evidence:

NAME OF AGENCY	SIGNATURE AND OFFICIAL TITLE	DATE

PART IV.—DETERMINATION OF CREDITABLE SERVICE AND SERVICE COMPUTATION DATE FOR LEAVE PURPOSES

	TOTAL SERVICE (Item 12)	NONCREDITABLE SERVICE (Item 13)	CREDITABLE SERVICE (Leave Purposes)	ENTRANCE ON DUTY DATE (Present Agency)	LESS CREDITABLE SERVICE (Leave Purposes)	SERVICE COMPUTATION DATE (Leave Purposes)
Years				1960	5	6
Months				03	12	3
Days				14	14	1

PART V.—DETERMINATION OF CREDITABLE SERVICE AND SERVICE COMPUTATION DATE FOR REDUCTION IN FORCE PURPOSES. (Complete only in those cases when the amount of creditable service for reduction in force purposes differs from the amount creditable for leave purposes.)

	TOTAL SERVICE (Item 12)	NONCREDITABLE SERVICE (Item 14)	CREDITABLE SERVICE (RIF Purposes)	ENTRANCE ON DUTY DATE (Present Agency)	LESS CREDITABLE SERVICE (RIF Purposes)	SERVICE COMPUTATION DATE* (RIF Purposes)
Years						
Months						
Days						

* Enter as the "Service Computation Date" on the employee's "Service Record Card," SF 7

REMARKS:

CONFIDENTIAL

(When Filled In)

INSTRUCTIONS: 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) (First) (Middle)
PHILLIPS DAVID ATLEE

1. RESIDENCE DATA
 PLACE OF RESIDENCE WHEN APPOINTED: **HAVANA, CUBA**
 LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. (If appointed abroad): **476 ROSE LANE, ARLINGTON, VA.**

PLACE IN CONTINENTAL U.S. DESIGNATED AS PERMANENT RESIDENCE:
4504 WASHINGTON, FORT WORTH, TEXAS

2. MARITAL STATUS
 CHECK (X) ONE: SINGLE MARRIED SEPARATED DIVORCED WIDOWED ANNULLED

IF MARRIED, INDICATE PLACE OF MARRIAGE: **FORT WORTH, TEXAS** DATE OF MARRIAGE: **9 JUNE 1948**

IF DIVORCED, PLACE OF DIVORCE DECREE: _____ DATE OF DECREE: _____

IF WIDOWED, INDICATE PLACE SPOUSE DIED: _____ DATE SPOUSE DIED: _____

IF PREVIOUSLY MARRIED, INDICATE NAME(S) OF SPOUSE, REASON(S) FOR TERMINATION, AND DATE(S):
JOAN HILDEBRANDT, DIVORCE DECREE FOR (INCOMPATIBILITY), FORT WORTH, TEXAS, -- ? - 1943

3. MEMBERS OF FAMILY

NAME OF SPOUSE: **HELEN N. PHILLIPS** ADDRESS (No., Street, City, Zone, State): **ALBAN TOWERS, 3500 MASC AVE, WACKS, D.C.** TELEPHONE NUMBER: **WO 6-6400**

NAMES OF CHILDREN:
MARIA LOUISE PHILLIPS SEX: **F** AGE: **10**
DAVID A. PHILLIPS JR. SEX: **F** AGE: **7**
ATLEE YOUNG PHILLIPS SEX: **M** AGE: **3**
CHRISTOPHER CARL PHILLIPS SEX: **M** AGE: **3**

NAME OF FATHER (Or male guardian): **EDMUND PHILLIPS (DECEASED)** ADDRESS: **NA** TELEPHONE NUMBER: **NA**

NAME OF MOTHER (Or female guardian): **MARY LOUISE PHILLIPS (DECEASED)** ADDRESS: **NA** TELEPHONE NUMBER: **NA**

WHAT MEMBERS OF YOUR FAMILY HAS BEEN TOLD OF YOUR AFFILIATION WITH THE AGENCY FOR EMERGENCY PURPOSES?
WIFE, AND BROTHER (EDMUND PHILLIPS JR. 4504 WASHINGTON, FORT WORTH, TX)

4. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

NAME (Mr., Mrs., Miss) (Last-First-Middle): **PHILLIPS HELEN FLORENCE** RELATIONSHIP: **WIFE**

HOME ADDRESS (No., Street, City, Zone, State): **3500 MASC AVE (ALBAN TOWERS)** HOME TELEPHONE NUMBER: **WO 6-6400**

BUSINESS ADDRESS (No., Street, City, Zone, State) AND NAME OF EMPLOYER, IF APPLICABLE: **NONE** BUSINESS TELEPHONE & EXTENSION: **NONE**

IS THE INDIVIDUAL NAMED ABOVE BITTING OF YOUR AGENCY AFFILIATION?
 YES NO

IS THIS INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF?
 YES NO

DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE?
 YES NO

THE PERSONS NAMED IN ITEM 3 ABOVE MAY ALSO BE NOTIFIED IN CASE OF EMERGENCY. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE IN ITEM 6 ON THE REVERSE SIDE OF THIS FORM.

5. VOLUNTARY ENTRIES

INDICATE ANY BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS

FORT WORTH NATIONAL BANK, FORT WORTH, TEXAS

CONTINUED ON REVERSE SIDE

CURRENT RESIDENCE AND DEPENDENCY REPORT

MEMORANDUM FOR:

SUBJECT: Credit Reference

1. You are advised that the position for which you have been hired is of a sensitive nature and that YOU ARE NOT TO IDENTIFY YOURSELF WITH THIS AGENCY FOR credit reference or for any other purpose.

2. You are to disregard that portion of the Monday morning Personnel EEO Orientation and the Monday morning Security Introduction (which you will receive during your second or third week with the Agency) which authorizes certain personnel to identify themselves with this Agency, when necessary, for credit, rental agreements, and like purposes.

3. You will be advised by your Placement Officer as to the correct information concerning proper job identification. If at any time you experience any difficulties you may arrange an appointment through your Placement Officer to see the Security Officer responsible for your activity.

G. W. SIMONS
Director of Personnel

I have read the above and understand that I am not to associate myself with the Central Intelligence Agency for credit reference or for any other purpose.

14 March 1960
Date

David G. Plizer
Signature of Employee

SECRET

STAFF AGENT LETTER OF APPOINTMENT

Mr. *Hosand Phillips*

Dear Mr. *Phillips*

1. Pursuant to the authority vested in me by section 5.2 of the Confidential Fund Regulations, you are hereby appointed a Staff Agent of the Government at an initial salary of \$10,320, grade GS-14, effective as of FEB 7 1956.

2. As a Staff Agent of the Government, you are an appointed employee of the Government and as such are entitled to all the emoluments of, and subject to the restrictions of, that status. As a Staff Agent, you will under-

3. As an appointed employee of the Government, you are required to make certain contributions to the Civil Service Retirement Fund. In the event

4. (a) In addition to your basic salary, you will be entitled to any post differential, living-quarters allowances, cost-of-living allowances (except post allowance), or other allowances that are granted Government employees stationed at the same [] abroad. You will account for such allowances in compliance with applicable Government regulations.

(b) In addition to the above payments, effective upon the arrival of you and your dependents at your initial permanent [] overseas you will be entitled to an equalization allowance calculated at the rate of \$3,670 per annum. This allowance is in lieu of any present or future standardized post allowance established for your initial permanent [] overseas, but is subject to the entitlement provisions applicable to standardized [] allowances. It is understood and agreed that this allowance is predicated upon the comparative cost of living between Washington, D. C., and your overseas [] family status and basic compensation. Consequently, this allowance may be unilaterally adjusted or discontinued by the Government whenever warranted by a change in any of these factors. No accounting will be required for this allowance.

SECRET

5. You will be advanced or reimbursed funds for necessary expenses including travel and operational expenses which are authorized by the Government. [redacted] Accountings for such expenses will be in compliance with applicable Government regulations unless such accounting is inconsistent.

[redacted]

6. (a) It is specifically understood and agreed that as an appointed employee of the Government you are entitled to receive and retain only the salary, allowances, and other benefits which are commensurate with your appointed position and salary grade except as provided in paragraph five (5) above and paragraphs six (6), (b) and (c), below.

[redacted]

(b) It is understood and agreed that any fees derived from the remaining three (3) lectures on your current lecture tour will not be subject to the offset provisions of this agreement. It is further understood and agreed, however, that said lectures will be made by you while on annual leave and that you will be solely responsible for all expenses incidental thereto. Subsequent to the completion of said three (3) lectures, the income derived from any additional lectures will be presumed to be [redacted] activities and will, therefore, be subject to offset unless specifically excluded by an amendment hereto.

(c) It is understood and agreed that should a specific manuscript, the title to which is set forth in your operational letter of instructions, be published during your tour of duty hereunder, the income derived therefrom will not be subject to offset as said manuscript was completed in its entirety prior to your appointment as a Staff Agent.

7. It is understood and agreed that your overseas assignment is to be for a minimum of two (2) years from the date of your arrival at your overseas [redacted] unless such assignment shall be sooner terminated by the Government for its convenience. If, in violation of this letter, you terminate your overseas assignment for your convenience at any time prior to the expiration of two (2) years from the date of your arrival at your overseas [redacted] you shall not be entitled to return travel or transportation for yourself or your dependents from such [redacted] to the United States; and, further, if, in violation of this letter, you terminate your overseas assignment for your convenience prior to the expiration of one (1) year from the date of your arrival at your overseas [redacted] you shall reimburse the Government for all its expenses for your travel and transportation, and that of your dependents, from the continental United States to such overseas [redacted].

8. It is expressly understood and agreed that any and all documents which you may execute in the course of such [redacted] are subordinate to this letter and any contradiction in terms which may in any way appear to amplify, extend or restrict your rights and/or obligations hereunder shall be resolved by this letter which shall always be dominant.

SECRET

9. Upon termination [redacted] you will revert to normal staff employee status, unless for good and sufficient cause, such as misconduct or demonstrated incompetence, such reversion would be opposed to the best interest of the Government.

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

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

12. You will be required to keep forever secret this letter and all information which you may obtain by reason hereof (unless released in writing by the Government from such obligation), with full knowledge that violation of such secrecy may subject you to criminal prosecution under the Espionage Laws, dated 25 June 1948, as amended, and other applicable laws and regulations.

UNITED STATES GOVERNMENT

BY

Office of Personnel

ACCEPTED:

[redacted]

Harold Phillips

SECRET

CONTRACT INFORMATION AND CHECK LIST		CASE OFFICER	DIVISION
INSTRUCTIONS: Complete all items, inserting "N/A" when items are not applicable. Forward original and one copy for preparation of contract.		Roy Malcolm	WH
		TELEPHONE EXTENSION	DATE
		2056	17 January 1956
SECTION I GENERAL			
1. NAME [REDACTED]	2. PROJECT	3. ALLOTMENT NO. 6-3545-55-055	4. SLOT NO. BAF-125
5. PREVIOUS CIA PSEUDONYM OR ALIASES 	6. INDIVIDUAL IS PRESENTLY ENGAGED, OR HAS BEEN ENGAGED BY CIA OR ITS ALLIED ACTIVITIES IN SOME CAPACITY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If yes, describe and include salary) Contract Agent, 1952 - 1954 Staff Employee as of 1 May 1955 - \$10,320		
7. SECURITY CLEARANCE (Type and date) Top Secret	8. CONTRACT IS TO BE WRITTEN IN STERILE FORM I.E. "U.S. GOVERNMENT" <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
9. INDIVIDUAL WILL WORK UNDER "CONTROLLED CONDITIONS" I.E., REGULAR OFFICE HOURS AWAY FROM SUBJECT'S HOME AND PERFORMED UNDER THE SUPERVISION OF A STAFF EMPLOYEE OR STAFF AGENT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	10. PROPOSED CATEGORY (Contract agent, contract employee, etc.) Staff Agent		
SECTION II PERSONAL DATA			
11. CITIZENSHIP U.S.	12. IF NOT U.S. CITIZEN, INDIVIDUAL IS A PERMANENT RESIDENT ALIEN <input type="checkbox"/> YES <input type="checkbox"/> NO	13. AGE 33	14. DATE OF BIRTH (Month, day, year) 31 October 1922
15. LEGAL RESIDENCE (City and state or country) 4804 Washburn, Fort Worth, Texas, USA		16. CURRENT RESIDENCE (City and state or country) 949 Rose Lane, Falls Church, Va.	
17. MARITAL STATUS (Check as appropriate) <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> ANNULLED <input type="checkbox"/> SEPARATED <input checked="" type="checkbox"/> DIVORCED			
18. NUMBER OF DEPENDENTS (Not including individual) RELATIONSHIP: Wife : Helen H. Phillips Daughter : Maria Louise Phillips Son : David A. Phillips, Jr. Daughter : Atlee Young Phillips		19. INDIVIDUAL IS RELATED TO A STAFF EMPLOYEE, STAFF AGENT OR AN INDIVIDUAL CURRENTLY WORKING FOR THE AGENCY IN SOME CAPACITY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO RELATIONSHIP:	
SECTION III U.S. MILITARY STATUS			
20. RESERVE No	21. VETERAN Yes	22. IF RETIRED, INDICATE CATEGORY (Longevity, combat disability, service disability non-combat)	
23. BRANCH OF SERVICE -	24. RANK OR GRADE -	25. DRAFT ELIGIBLE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	26. DRAFT DEFERMENT OBTAINED BY CIA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
SECTION IV COMPENSATION			
27. BASIC SALARY \$10,320	28. POST DIFFERENTIAL Yes	29. COVER (Breakdown, if any) No	30. TAXES TO BE WITHHELD BY COVER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
SECTION V ALLOWANCES (NORMALLY GRANTED ONLY TO RESIDENTS OF THE UNITED STATES)			
31. QUARTERS Yes	32. POST	33. OTHER	
34. COVER (Breakdown, if any) 			
SECTION VI TRAVEL			
35. TYPES <input checked="" type="checkbox"/> PCS <input type="checkbox"/> DOMESTIC OPERATIONAL <input type="checkbox"/> FOREIGN OPERATIONAL			36. WITH DEPENDENTS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
37. HOUSEHOLD EFFECTS TO BE SHIPPED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	38. PERSONAL VEHICLE TO BE SHIPPED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	39. TRANSPORTED VEHICLE TO BE USED FOR OPERATIONAL TRAVEL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
40. IF WITH DEPENDENTS STATE RELATIONSHIP, CITIZENSHIP, AGE AND DATE OF BIRTH Helen H. Phillips, wife, U.S. 36, [REDACTED] Maria Louise Phillips, Daughter, U.S. 6, [REDACTED] David A. Phillips, Jr., Son, U.S. 4, [REDACTED] Atlee Young Phillips, Daughter, U.S. 2, [REDACTED]			
41. PAYMENT AND ACCOUNTABILITY WILL BE IN CONFORMANCE WITH <input checked="" type="checkbox"/> CIA REGULATIONS <input type="checkbox"/> COVER POLICIES AND PROCEDURES			
SECTION VII OPERATIONAL EXPENSES			
42. PURCHASE OF INFORMATION	43. ENTERTAINMENT	44. OTHER	
45. PAYMENT AND ACCOUNTABILITY WILL BE IN CONFORMANCE WITH			

CONTRACT INFORMATION AND CHECK LIST
(CONTINUED)

7B. SEE INSTRUCTIONS ON FIRST SHEET.

NAME OFFICER [Redacted]	ORGANIZATION WH
2056	DATE 17 January 1956

SECTION VIII OTHER BENEFITS
BENEFITS (See Part XIV of Confidential Fund Regulations or successor regulations for benefits applicable to various categories of contract personnel. If medical benefits are requested, see R 15-235 or successor regulations.)

Staff Agent benefits

SECTION IX COVER ACTIVITY

7. STATUS (Check)	PROPOSED	80. TYPE (Check)	PROPRIETARY	CULTURAL	COMMERCIAL	TOURIST
<input checked="" type="checkbox"/>	ESTABLISHED	<input checked="" type="checkbox"/>	EDUCATIONAL	MILITARY	<input checked="" type="checkbox"/>	OTHER

10. IF COVER PAYMENTS ARE CONTEMPLATED, THEY WILL BE EFFECTED ON REIMBURSABLE BASIS
 NA YES NO COMPLETE PARTIAL

SECTION X OFFSET OF INCOME

9. OFFSET OF INCOME AND OTHER EMOLUMENTS DERIVED FROM COVER ACTIVITIES (If less than total, justify in separate memo attached hereto.)
 TOTAL PARTIAL NONE

SECTION XI TERM

1. DURATION	92. EFFECTIVE DATE	93. RENEWABLE
DAYS MONTHS 2 YEARS	Upon Departure	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

94. TERMINATION NOTICE (Number of days) 95. FORFEITURE OF RETURN TRAVEL FOR RESIGNATION PRIOR TO CONTRACT TERMINATION YES NO

SECTION XII FUNCTION

8. PRIMARY FUNCTION (PI, PP, other) **PP**

SECTION XIII DUTIES

7. GENERAL DESCRIPTION OF DUTIES TO BE PERFORMED

PP Officer, Cuba

SECTION XIV QUALIFICATIONS

96. EXPERIENCE

Contract Agent 1952-1954 in [Redacted]
 Contract Agent 1954 (PBSUCCESS & FBHISTORY)
 [Redacted] Associate 1954-1955

99. EDUCATION (Check Highest Level Attained)

GRADE SCHOOL	HIGH SCHOOL GRADUATE	TRADE SCHOOL GRADUATE
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BUSINESS SCHOOL GRADUATE	COLLEGE (No degree)	COLLEGE DEGREE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMERCIAL SCHOOL GRADUATE	POST GRADUATE	MA
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

100. LANGUAGE COMPETENCY (Check Appropriate Degree Competency)

LANGUAGE	SPEAK			WRITE			READ			61. INDIVIDUAL'S COUNTRY OF ORIGIN
	FLUENT	AVERAGE	POOR	FLUENT	AVERAGE	POOR	FLUENT	AVERAGE	POOR	
Spanish	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	U.S.
French	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

102. AREA KNOWLEDGE

Latin America, Europe

SECTION XV PRIOR EMPLOYMENT

98. JOB AND SALARY PRIOR TO SERVICE FOR CIA

Self employed: Newspaper editor and publisher; lecturer.

SECTION XVI ADDITIONAL INFORMATION

99. ADDITIONAL OR UNUSUAL REQUIREMENTS, JUSTIFICATIONS OR EXPLANATIONS (See other side if necessary)

[Redacted]

CONFIDENTIAL

You will utilize your [redacted]

[redacted]

You have chosen to live temporarily [redacted] because of ~~these~~ unfulfilled lecture contracts in the United States. You have not returned to your business in [redacted] because of the great expense of traveling between [redacted] and the United States. You will, in fact, return to the United States on two occasions to deliver lectures contracted before your employment as a Staff Employee of this Agency. (February 14 and 15 in Sioux Falls, South Dakota, and Wichita, Kansas; and March 13 in Palm Beach, Florida). You are strictly enjoined against using any material relating to intelligence or other covert activities. You are advised that [redacted]

[redacted] ~~your direct reports~~

(this letter of instruction). It is understood that the lectures will be made while on annual leave and that all expenses incidental thereto will be met by you. At some future date, should it be decided that you should renew your lecture activities, the decision as to whether or not the income will be [redacted]

[redacted] are

You ~~are~~ also informed that should the manuscript entitled [redacted]

[redacted] ^{now} ~~be~~ in the hands of your literary agent, be published

during your tour of duty the income therefrom will not be subject to

[redacted]

SECRET

CONTRACT INFORMATION AND CHECK LIST		CASE OFFICER	DIVISION
INSTRUCTIONS: Complete all items inserting "N.A." when items are not applicable. Forward original and one copy for preparation of contract.		TELEPHONE EXTENSION 3548	DATE 9 May 1957
SECTION I GENERAL			
1. NAME <i>Hester Phillips</i>	2. PROJECT PSCLATS	3. ALLOTMENT NO.	4. SLOT NO.
5. PREVIOUS CIA PSEUDONYM OR ALIASES <i>[Redacted]</i>	6. INDIVIDUAL IS PRESENTLY ENGAGED OR HAS BEEN ENGAGED BY CIA OR ITS ALLIED ACTIVITIES IN SOME CAPACITY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If yes, describe and include salary) Staff Agent, WH \$10,535.00		
7. SECURITY CLEARANCE (Type and date) Top Secret, 1 April 1955		8. CONTRACT IS TO BE WRITTEN IN STERILE FORM I.E., "U.S. GOVERNMENT" <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
9. INDIVIDUAL WILL WORK UNDER "CONTROLLED CONDITIONS" I.E., REGULAR OFFICE HOURS AWAY FROM SUBJECT'S HOME AND PERFORMED UNDER THE SUPERVISION OF A STAFF EMPLOYEE OR STAFF AGENT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		10. PROPOSED CATEGORY (Contract agent, contract employee, etc.) Staff Agent	
SECTION II PERSONAL DATA			
11. CITIZENSHIP U.S.A.	12. IF NOT U.S. CITIZEN INDIVIDUAL IS PERMANENT RESIDENT ALIEN <input type="checkbox"/> YES <input type="checkbox"/> NO	13. AGE 34	14. DATE OF BIRTH (Month, day, year) 31 Oct. 1922
15. LEGAL RESIDENCE (City and state or country) 4804 Washburn, Fort Worth, Texas		16. CURRENT RESIDENCE (City and state or country)	
17. MARITAL STATUS (Check as appropriate) <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> ANNULLED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED			
18. NUMBER OF DEPENDENTS (Not including individual) RELATIONSHIP: Five: Wife and four children		19. INDIVIDUAL IS RELATED TO A STAFF EMPLOYEE, STAFF AGENT OR AN INDIVIDUAL CURRENTLY WORKING FOR THE AGENCY IN SOME CAPACITY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO RELATIONSHIP:	
SECTION III U.S. MILITARY STATUS			
20. RESERVE N.A.	21. VETERAN World War II	22. IF RETIRED, INDICATE CATEGORY (Longevity, combat disability, service disability non-combat) N.A.	
23. BRANCH OF SERVICE N.A.	24. RANK OR GRADE N.A.	25. DRAFT ELIGIBLE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	26. DRAFT DEFERMENT OBTAINED BY CIA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
SECTION IV COMPENSATION			
27. BASIC SALARY \$10,320.00	28. POST DIFFERENTIAL \$585.00	29. COVER (Breakdown, if any)	30. TAXES TO BE WITHHELD BY COVER <input type="checkbox"/> YES <input type="checkbox"/> NO
SECTION V ALLOWANCES (NORMALLY GRANTED ONLY TO RESIDENTS OF THE UNITED STATES)			
31. QUARTERS \$3,000.00	32. POST \$585.00	33. OTHER	
34. COVER (Breakdown, if any)			
SECTION VI TRAVEL			
35. TYPES <input checked="" type="checkbox"/> PCS <input type="checkbox"/> DOMESTIC OPERATIONAL <input type="checkbox"/> FOREIGN OPERATIONAL			36. WITH DEPENDENTS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
37. HOUSEHOLD EFFECTS TO BE SHIPPED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	38. PERSONAL VEHICLE TO BE SHIPPED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	39. TRANSPORTED VEHICLE TO BE USED FOR OPERATIONAL TRAVEL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
40. IF WITH DEPENDENTS STATE RELATIONSHIP, CITIZENSHIP, AGE AND DATE OF BIRTH Wife: Helen H. Phillips, U.S., 38, [Redacted] Daughter: Maria Louise Phillips, U.S., 7, [Redacted] Daughter: Atless Young Phillips, U.S., 4, [Redacted] Sons: David A. Phillips, Jr., U.S. 5, [Redacted] Child approx. 5 mos., U.S.			
41. PAYMENT AND ACCOUNTABILITY WILL BE IN CONFORMANCE WITH <input checked="" type="checkbox"/> CIA REGULATIONS <input type="checkbox"/> COVER POLICIES AND PROCEDURES			
SECTION VII OPERATIONAL EXPENSES			
42. PURCHASE OF INFORMATION N.A.	43. ENTERTAINMENT N.A.	44. OTHER N.A.	
45. PAYMENT AND ACCOUNTABILITY WILL BE IN CONFORMANCE WITH			

Present letter OK.

HW - April 57

CONTRACT INFORMATION AND CHECK LIST (CONTINUED)		CASE OFFICER 	DIVISION NEA
NOTE: SEE INSTRUCTIONS ON FIRST SHEET		TELEPHONE EXTENSION 3548	DATE 9 May 1957
SECTION VIII OTHER BENEFITS			
86. BENEFITS (See Part XIV of Confidential Fund Regulations or successor regulations for benefits applicable to various categories of contract personnel. If medical benefits are requested, see B 15-710 or successor regulations.)			
Usual staff employee benefits			
SECTION IX COVER ACTIVITY			
87. STATUS (Check)	PROPOSED <input type="checkbox"/>	ESTABLISHED <input checked="" type="checkbox"/>	88. TYPE (Check)
			PROPRIETARY <input type="checkbox"/>
			CULTURAL <input type="checkbox"/>
			<input checked="" type="checkbox"/> COMMERCIAL
			TOURIST <input type="checkbox"/>
			SUBSIDIZED <input type="checkbox"/>
			EDUCATIONAL <input type="checkbox"/>
			MILITARY <input type="checkbox"/>
			OTHER <input type="checkbox"/>
89. IF COVER PAYMENTS ARE CONTEMPLATED, THEY WILL BE EFFECTED ON REIMBURSABLE BASIS			
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL			
SECTION X OFFSET OF INCOME			
90. OFFSET OF INCOME AND OTHER EMOLUMENTS DERIVED FROM COVER ACTIVITIES (If less than total, justify in separate memo attached hereto.)			
<input checked="" type="checkbox"/> TOTAL <input type="checkbox"/> PARTIAL <input type="checkbox"/> NONE			
SECTION XI TERM			
91. DURATION		92. EFFECTIVE DATE	
DAYS	MONTHS	2	years
		Upon departure	
		93. RENEWABLE	
		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
94. TERMINATION NOTICE (Number of days)		95. FORFEITURE OF RETURN TRAVEL FOR RESIGNATION PRIOR TO CONTRACT TERMINATION	
		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
SECTION XII FUNCTION			
96. PRIMARY FUNCTION (PI, PP, other)			
PP			
SECTION XIII DUTIES			
97. GENERAL DESCRIPTION OF DUTIES TO BE PERFORMED			
SECTION XIV QUALIFICATIONS			
98. EXPERIENCE			
PP operations officer in the development, management and supervision of radio broadcasting facilities; professional experience in several media, particularly newspapers and radio.			
99. EDUCATION (Check Highest Level Attained)			
GRADE SCHOOL		HIGH SCHOOL GRADUATE	
BUSINESS SCHOOL GRADUATE		TRADE SCHOOL GRADUATE	
COMMERCIAL SCHOOL GRADUATE			
<input checked="" type="checkbox"/> COLLEGE (No degree)		COLLEGE DEGREE	
		POST GRADUATE	
		MA	
		PHD	
100. LANGUAGE COMPETENCY (Check Appropriate Degree Competency)			
LANGUAGE		SPEAK	
		WRITE	
		READ	
		101. INDIVIDUAL'S COUNTRY OF ORIGIN	
Spanish		X	
French		X	
German		X	
		U.S.A.	
102. AREA KNOWLEDGE			
Central and South America; North Africa; Italy			
SECTION XV PRIOR EMPLOYMENT			
103. JOB AND SALARY PRIOR TO SERVICE FOR CIA			
Editor and publisher, lecturer, actor and free-lance writer.			
SECTION XVI ADDITIONAL INFORMATION			
104. ADDITIONAL OR UNUSUAL REQUIREMENTS, JUSTIFICATIONS OR EXPLANATIONS (See other side if necessary)			
Assignment to Project PECCATE should be effective 30 April 1957			
<input type="checkbox"/> OVER			
APPROVAL			
DATE	TYPED NAME & SIGNATURE OF CASE OFFICER	DATE	TYPED NAME & SIGNATURE OF SENIOR STAFF OFFICER
10 May 57	<i>[Signature]</i>		

TR

CONFIDENTIAL
(When Filled In)

1. NAME (Last) <i>Phillips</i>		(First) <i>David</i>		(Middle) <i>A</i>		2. THIS DATE <i>9 Dec 55</i>
3. THE FOLLOWING AGENCY SPONSORED INSURANCE PROGRAMS HAVE BEEN EXPLAINED TO ME						
<input type="checkbox"/> WAR SOCIETY EMPLOYED PROTECTIVE ASSOCIATION (WEP4)		<input type="checkbox"/> GROUP DISEASES *				
<input checked="" type="checkbox"/> GROUP HOSPITALIZATION INCORPORATED (GHI)		<input checked="" type="checkbox"/> INCOME REPLACEMENT *				
<input checked="" type="checkbox"/> MUTUAL BENEFIT OF OHIO - HOSPITALIZATION		* CASH PAYMENT OF PREMIUMS AT THE TIME EMPLOYEE APPLIES FOR INSURANCE MUST COVER THE PERIOD OF TIME HE WILL BE AWAY FROM HEADQUARTERS.				
<input checked="" type="checkbox"/> UNITED LIFE INSURANCE (ULIC)						
<input type="checkbox"/> AIR TRIP INSURANCE						
4. ITINERARY (To be completed only for individuals making application for Air Trip Insurance)						
5. I AM NOW PARTICIPATING, OR WOULD LIKE TO PARTICIPATE IN THE INSURANCE PROGRAMS LISTED BELOW.				SIGNATURE OF EMPLOYEE <i>David A. Phillips</i>		
TYPE OF POLICY	DESIRED	NOT HAVE	POLICY NUMBER	DEDUCTIONS AUTHORIZED EACH PAY PERIOD	CASH PAID	
<i>Life Empire Life</i>		<input checked="" type="checkbox"/>				
<i>Mutual of Omaha Health</i>		<input checked="" type="checkbox"/>	<i>PC 100000000</i>	<i>\$5.00</i>		
6. I DO NOT ELECT TO PARTICIPATE IN ANY OF THE STATED INSURANCE PROGRAMS				SIGNATURE OF EMPLOYEE		
7. EMPLOYEE INTERVIEWED BY	CPB (Signature) <i>C-T Chisman</i>		ICD (Signature)			
8. REMARKS						
When completed, the original of this form should be forwarded to TRB for incorporation in the employee's official personnel folder. The copy should be forwarded to CPB for retention in CPB files.						
INSURANCE QUESTIONNAIRE						

TR

CONFIDENTIAL
(When Filled In)

RESIDENCE AND DEPENDENCY REPORT			
<p>INSTRUCTIONS: Submit in duplicate when ordered overseas or whenever designated place of residence, marital or dependency status changes. This information is important in determining travel expenses allowable in connection with leave at Government expense, overseas duty, return to residence upon separation, and in determining transportation expenses allowable in connection with shipment of remains of employee or member of family.</p>			
1. NAME OF EMPLOYEE (Last)		(First) (Middle)	
Phillips		David Atlee	
2. RESIDENCE DATA			
PLACE OF RESIDENCE WHEN APPOINTED		LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. (if appointed abroad)	
919 Rose Lane, Falls Church, Va.			
PLACE IN CONTINENTAL U.S. DESIGNATED PERMANENT OR LEGAL RESIDENCE			
1804 Washburn, Fort Worth, Texas.			
3. MARITAL STATUS			
<input type="checkbox"/> SINGLE	PLACE OF MARRIAGE	DATE OF MARRIAGE	
<input checked="" type="checkbox"/> MARRIED	Fort Worth, Texas	5 June 1948	
<input type="checkbox"/> DIVORCED	PLACE OF DIVORCE DECREE	DATE OF DIVORCE DECREE	
<input type="checkbox"/> WIDOWED	PLACE SPOUSE DIED	DATE SPOUSE DIED	
4. MEMBERS OF FAMILY			
NAME OF SPOUSE		ADDRESS (Number) (Street) (City) (State) TELEPHONE	
Helen Haasch Phillips		919 Rose Lane Falls Church Va. JK-3-9579	
NAMES OF CHILDREN		ADDRESS (Number) (Street) (City) (State) SEX AGE	
Maria Louise Phillips		" " " " Female 6	
David Atlee Phillips, Jr.		" " " " Male 3	
Atlee Young Phillips		" " " " Female 2	
NAME OF FATHER (or male guardian)		ADDRESS (Number) (Street) (City) (State) TELEPHONE	
Deceased			
NAME OF MOTHER (or female guardian)		ADDRESS (Number) (Street) (City) (State) TELEPHONE	
Deceased			
5. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY			
NAME		RELATIONSHIP	
Edwin T. Phillips, Jr.		Brother	
ADDRESS (Number) (Street) (City) (State)		TELEPHONE	
1804 Washburn Fort Worth Texas			
THE PERSONS NAMED IN ITEM 4 ABOVE WILL ALSO BE NOTIFIED IN CASE OF EMERGENCY. IF SUCH NOTIFICATION IS NOT DESIRABLE, DUE TO HEALTH OR OTHER PERTINENT REASONS, PLEASE SO STATE UNDER "REMARKS."			
VOLUNTARY ENTRIES			
THE FOLLOWING AGENCY ENDORSED LIFE AND HOSPITALIZATION INSURANCE POLICIES ARE IN FORCE IN MY NAME: THE "POLICY NO." SHOULD BE ENTERED IF POSSIBLE, SINCE THIS INFORMATION WILL ASSIST IN EXPEDITING ACTION BY THE INSURANCE COMPANY SHOULD A CLAIM BECOME PAYABLE.			
6. FULL NAME OF COMPANY		ADDRESS OF HOME OFFICE	
U.S. Government Employee		Washington, D.C.	
Mutual of Omaha Hospitalization		Omaha, Neb.	
		POLICY NO.	
		GWF 1514	
7. I HAVE COMPLETED THE FOLLOWING: WILL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO POWER OF ATTORNEY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
8. REMARKS:			
Power of Attorney to:			
Edwin T. Phillips, Jr 1804 Washburn, Fort Worth, Texas.			
Edmond K. Fannon Casilla 1250, Santiago, Chile			
SIGNED AT		DATE	
Washington, D.C.		27 December 1955	
		SIGNATURE	
		David C. Phillips	

CERTIFICATE OF ATTENDANCE

I certify that on MAY 12 1955 I have attended
(DATE)
the Induction Course specified by Regulation 25-110.

Note:
Displayed unusual
alertness at the
Introduction Program
on May 12
J.P.

DAVID A. PHILLIPS
(NAME) - Please print
 CLERICAL STENOGRAPHIC OTHER
OFFICE 2010/PP/130
GS- 14 (Grade)

FORM NO. 110 REPLACES FORM SI-121
WHICH MAY BE USED.

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)

WASHINGTON, D. C.

(Bureau or division)

(Place of employment)

I, DAVID A. PHILLIPS, 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.

1 April 1955

(Date of entrance on duty)

(Signature of appointee)

Subscribed and sworn before me this 23 day of April, A. D. 1955,

at Washington

(City)

D. C.

(State)

[SEAL]

(Signature of officer)

SEC 10 & 15a

(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)
 4001 JACKSON AVE. FORT WORTH, TEXAS

2. (A) DATE OF BIRTH: OCTOBER 21, 1922 (B) PLACE OF BIRTH (city or town and State or country): FORT WORTH, TEXAS

3. (A) IN CASE OF EMERGENCY PLEASE NOTIFY: NELOO SEVEN PHOENIX (B) RELATIONSHIP: WIFE (C) STREET AND NUMBER, CITY AND STATE: 4001 JACKSON AVE. FORT WORTH, TEXAS (D) TELEPHONE NO.: JF 1-1000

4. DOES THE UNITED STATES GOVERNMENT EMPLOY, IN A CIVILIAN CAPACITY, ANY RELATIVE OF YOURS (LITNER BY BLOOD OR MARRIAGE) WITH WHOM YOU LIVE OR HAVE LIVED WITHIN THE PAST 12 MONTHS? YES NO

If so, 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) POSITION (2) TEMPORARY OR NOT (3) DEPARTMENT OR AGENCY IN WHICH EMPLOYED	RELATIONSHIP	MARRIED (Check one)	SINGLE
		1. _____ 2. _____ 3. _____			
		1. _____ 2. _____ 3. _____			
		1. _____ 2. _____ 3. _____			

INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO	10. SPACE FOR DETAILED ANSWERS TO OTHER QUESTIONS	
			ITEM NO.	WRITE IN LEFT COLUMN NUMBERS OF ITEMS TO WHICH DETAILED ANSWERS APPLY
5. ARE YOU A CITIZEN OF OR DO YOU OWE ALLEGIANCE TO THE UNITED STATES?	X			
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>		X		
7. DO YOU RECEIVE ANY ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT OR ANY PENSION OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE? <i>If your answer is "Yes", give in Item 10 reason for retirement, that is, age, optional disability, or by reason of voluntary or involuntary separation after 5 years' service, amount of retirement pay, and under what retirement act; and rating, if retired from military or naval service.</i>		X		
8. SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT HAVE YOU BEEN DISCHARGED OR FORNED 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>		X		
9. HAVE YOU BEEN ARRESTED (NOT INCLUDING TRAFFIC VIOLATIONS FOR WHICH YOU WERE FINED \$5 OR LESS OR FORFEITED COLLATERAL OF \$5 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>		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 and Regulations and Acts of Congress pertaining to appointment.

This form should be checked for holding of office, pension, 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 qualified 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 (1) the Civil Service Rules and (2) appropriate acts. 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, no 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 decision.

SECRET
(When Filled In)

REQUEST FOR MEDICAL EVALUATION			1. DATE OF REQUEST						
2. NAME (Last, First, Middle) Phillips, David A.		3. POSITION TITLE C/LAD	4. GRADE GS-18						
5. OFFICE, DIVISION, BRANCH DDO/LA		6. EMPLOYEE'S EXT. 5103							
7. PURPOSE OF EVALUATION									
<input type="checkbox"/> PRE-EMPLOYMENT	<input type="checkbox"/> HQS/TDY	<table border="1"><tr><td>ETD</td></tr><tr><td>STATION</td></tr><tr><td>TDY OR PCS</td></tr><tr><td>TYPE OF COVER</td></tr><tr><td>NO. OF DEPENDENTS TO ACCOMPANY</td></tr><tr><td>NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY ATTACHED</td></tr></table>		ETD	STATION	TDY OR PCS	TYPE OF COVER	NO. OF DEPENDENTS TO ACCOMPANY	NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY ATTACHED
ETD									
STATION									
TDY OR PCS									
TYPE OF COVER									
NO. OF DEPENDENTS TO ACCOMPANY									
NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY ATTACHED									
<input type="checkbox"/> ENTRANCE ON DUTY	<input type="checkbox"/> OVERSEAS ASSIGNMENT								
<input checked="" type="checkbox"/> TDY STANDBY	<input type="checkbox"/> RETURN FROM OVERSEAS								
<input type="checkbox"/> SPECIAL TRAINING	<table border="1"><tr><td>ETA</td></tr><tr><td>STATION</td></tr><tr><td>NO. OF DEP.'S</td></tr></table>	ETA	STATION	NO. OF DEP.'S					
ETA									
STATION									
NO. OF DEP.'S									
<input type="checkbox"/> ANNUAL									
<input type="checkbox"/> RETURN TO DUTY									
<input type="checkbox"/> FITNESS FOR DUTY									
<input type="checkbox"/> MEDICAL RETIREMENT									
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER							
<input type="checkbox"/> YES	<input type="checkbox"/> NO	SIGNATURE 	EXT 7431						
		ROOM NO. & BUILDING 305317 Hqs							

10. COMMENTS Subject has completed his Executive Annual.	
11. REPORT OF EVALUATION Qualified for IXBXXINXX TDY Standby until 1 October 1975.	
DATE 4 February 1975	SIGNATURE FOR CHIEF OF MEDICAL STAFF William T. Golder, OMS/Registrar

SECRET

(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST 10 May 1972													
2. NAME (Last, First, Middle) Phillips, David A. (Dependents of)		3. POSITION TITLE COS	4. GRADE GS-17												
5. OFFICE DIVISION, BRANCH [Redacted]		6. EMPLOYEE'S EXT. 7431													
7. PURPOSE OF EVALUATION															
<input type="checkbox"/> PRE-EMPLOYMENT <input type="checkbox"/> ENTRANCE ON DUTY <input type="checkbox"/> TDY STANDBY <input type="checkbox"/> SPECIAL TRAINING <input type="checkbox"/> ANNUAL <input type="checkbox"/> RETURN TO DUTY <input type="checkbox"/> FITNESS FOR DUTY <input type="checkbox"/> MEDICAL RETIREMENT		<input type="checkbox"/> HQS/TDY <input checked="" type="checkbox"/> OVERSEAS ASSIGNMENT													
<p><i>10 July 1972</i> <i>12 July 1972</i> <i>13 July 1972</i> <i>27 Jul 1972</i> <i>28 Jul 1972</i> <i>20 Jul 1972</i></p>		<table border="1"> <tr><td>ETO</td></tr> <tr><td>August 1972</td></tr> <tr><td>STATION</td></tr> <tr><td>[Redacted]</td></tr> <tr><td>TDY OR PCS</td></tr> <tr><td>PCS</td></tr> <tr><td>TYPE OF COVER</td></tr> <tr><td>[Redacted]</td></tr> <tr><td>NO OF DEPENDENTS TO ACCOMPANY</td></tr> <tr><td>XXX five</td></tr> <tr><td>NO OF DEPENDENTS' REPORTS OF MEDICAL HISTORY ATTACHED</td></tr> <tr><td>[Redacted]</td></tr> </table>		ETO	August 1972	STATION	[Redacted]	TDY OR PCS	PCS	TYPE OF COVER	[Redacted]	NO OF DEPENDENTS TO ACCOMPANY	XXX five	NO OF DEPENDENTS' REPORTS OF MEDICAL HISTORY ATTACHED	[Redacted]
ETO															
August 1972															
STATION															
[Redacted]															
TDY OR PCS															
PCS															
TYPE OF COVER															
[Redacted]															
NO OF DEPENDENTS TO ACCOMPANY															
XXX five															
NO OF DEPENDENTS' REPORTS OF MEDICAL HISTORY ATTACHED															
[Redacted]															
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER													
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SIGNATURE [Redacted]													
DEPENDENT		ROOM NO. & BUILDING 3D 5309 Hqs													
		EXP 7431													

10. COMMENTS
Please schedule appointments for the week of 10 July.

Virginia S. wife	26 Feb 43	Wynne Aughterton	12 Sep 64
Deborah Anne [unclear]	25 Dec 59	Todd son	3 Aug 70
Bryan Moss [unclear] son	31 Dec 60	[unclear]	28 Dec 56

11. REPORT OF EVALUATION
 QUALIFIED FOR PCS
 SPERRY PRESTON
 DATE
 SIGNATURE FOR CHIEF OF MEDICAL STAFF
15 MAY 1972

SECRET
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		DATE OF REQUEST
2. NAME (Last, First, Middle) Phillips, David A. (dependents)		17 October 1969
3. OFFICE, DIVISION, BRANCH DDP/III/COG		4. GRADE GS-16
		5. EMPLOYEE'S EAT. 7451
7. PURPOSE OF EVALUATION		
<input type="checkbox"/> PRE-EMPLOYMENT	<input type="checkbox"/> MOSS/TOY	<input checked="" type="checkbox"/> OVERSEAS ASSIGNMENT
<input type="checkbox"/> ENTRANCE ON DUTY	ETA o/a 28 December 1969	
<input type="checkbox"/> TOY STANDBY	STATION	
<input type="checkbox"/> SPECIAL TRAINING	TOY OR PCS PCS	
<input type="checkbox"/> ANNUAL	TYPE OF COVER	
<input type="checkbox"/> RETURN TO DUTY	NO. OF DEPENDENTS TO ACCOMPANY 7	
<input type="checkbox"/> FITNESS FOR DUTY	NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SEE 8D) ATTACHED to be forwarded	
<input type="checkbox"/> MEDICAL RETIREMENT	<input type="checkbox"/> RETURN FROM OVERSEAS	
		ETA
		STATION
		NO. OF DEP.'S
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		
9. REQUESTING OFFICER		
<input checked="" type="checkbox"/> YES	SIGNATURE	
<input type="checkbox"/> NO	[Redacted Signature]	
	ROOM NO. & EXTENSION	EXT.
	305309 11g	6815
10. COMMENTS		
Virginia S. - wife - [Redacted]		
Christopher Clark - son - [Redacted] 12 31 69		
Christopher Clark - son - [Redacted] Bryan Moss - son - [Redacted]		
DeSPERRY, PHASTY - [Redacted] Lynn Auerherton - son - [Redacted]		
11. REPORT OF EVALUATION		
QUALIFIED OS PCS 12 31 69		
DATE	SIGNATURE FOR CHIEF OF MEDICAL STAFF	

SECRET

1. NAME (Last, First, Middle) Phillips, David A.		2. DATE OF BIRTH 10/31/22		3. GRADE GS-16	
4. OFFICE, DIVISION, BRANCH (or overseas station and existing cover if lateral assignment) DOP/VR/COO		5. PRESENT POSITION Branch Chief		6. EMPLOYEE EXTENSION 7451	
7. PROPOSED STATION <input type="text"/>		8. PROPOSED POSITION (Title, Number, Grade) COS, # 0186, GS-00			
9. TYPE OF COVER AT NEW STATION State		10. ESTIMATED DATE OF DEPARTURE c/a 28 Dec. '69		11. NO. OF DEPENDENTS TO ACCOMPANY 7	
12. COMMENTS Vice Robert D. Gahagen <input type="text"/> Form DS-1688 to be forwarded					
13. DATE OF REQUEST		14. SIGNATURE OF REQUESTING OFFICIAL <input type="text"/>		15. ROOM NUMBER AND BUILDING 3D 3309	
				16. EXTENSION 6815	
17. OFFICE OF MEDICAL SERVICES DISPOSITION MEDICALLY QUALIFIED FOR PROPOSED OS PCS. DONALD FARLEY					
18. OFFICE OF SECURITY DISPOSITION 12 24 69					
19. OVERSEAS CANDIDATE REVIEW PANEL DISPOSITION					
REQUEST FOR PCS OVERSEAS EVALUATION					

SECRET
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST
2. NAME (Last, First, Middle) PHILLIPS, David A.	3. POSITION TITLE Ops Officer	4. GRADE GS-15
5. OFFICE, DIVISION, BRANCH DDP/WH/COO	6. EMPLOYEE'S EXT.	
7. PURPOSE OF EVALUATION		
<input type="checkbox"/> PRE-EMPLOYMENT	<input type="checkbox"/> TDY	<input type="checkbox"/> OVERSEAS ASSIGNMENT
<input type="checkbox"/> ENTRANCE ON DUTY	ETA 22 May - 5 June 1968	
<input type="checkbox"/> TDY STANDBY	STATION Mexico City	
<input type="checkbox"/> SPECIAL TRAINING	TDY OR PCS TDY	
<input type="checkbox"/> ANNUAL	TYPE	
<input type="checkbox"/> RETURN TO DUTY	NO. OF DEPENDENTS TO ACCOMPANY	
<input type="checkbox"/> FITNESS FOR DUTY	NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED	
<input type="checkbox"/> MEDICAL RETIREMENT	<input type="checkbox"/> RETURN FROM OVERSEAS	
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER
<input type="checkbox"/> YES	SIGNATURE	
<input type="checkbox"/> NO	ROOM NO. & BUILDING 305309	
		EXT. 1516
10. COMMENTS		
11. REPORT OF EVALUATION		
QUALIFIED FOR PROTECTIVE TDY		
ROX HART		
DATE	SIGNATURE FOR CHIEF OF MEDICAL STAFF	

SECRET
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST						
2. NAME (Last, First, Middle) Phillips, David		3. POSITION TITLE						
3. OFFICE, DIVISION, BRANCH WH		4. GRADE GS-15						
5. EMPLOYEE'S EXT.								
7. PURPOSE OF EVALUATION								
<input type="checkbox"/> PRE-EMPLOYMENT	<input type="checkbox"/> HQS/TDY	<input type="checkbox"/> OVERSEAS ASSIGNMENT						
<input type="checkbox"/> ENTRANCE ON DUTY	<table border="1"><tr><td>ETD</td></tr><tr><td>STATION</td></tr><tr><td>TDY OR PCS</td></tr><tr><td>TYPE OF COVER</td></tr><tr><td>NO. OF DEPENDENTS TO ACCOMPANY</td></tr><tr><td>NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF #9) ATTACHED</td></tr></table>		ETD	STATION	TDY OR PCS	TYPE OF COVER	NO. OF DEPENDENTS TO ACCOMPANY	NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF #9) ATTACHED
ETD								
STATION								
TDY OR PCS								
TYPE OF COVER								
NO. OF DEPENDENTS TO ACCOMPANY								
NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF #9) ATTACHED								
<input type="checkbox"/> TDY STANDBY	<input type="checkbox"/> RETURN FROM OVERSEAS							
<input type="checkbox"/> SPECIAL TRAINING	<table border="1"><tr><td>ETA</td></tr><tr><td>STATION</td></tr><tr><td>NO. OF DEP.'S</td></tr></table>		ETA	STATION	NO. OF DEP.'S			
ETA								
STATION								
NO. OF DEP.'S								
<input checked="" type="checkbox"/> ANNUAL - Executive								
<input type="checkbox"/> RETURN TO DUTY								
<input type="checkbox"/> FITNESS FOR DUTY								
<input type="checkbox"/> MEDICAL RETIREMENT								
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER						
<input type="checkbox"/> YES	SIGNATURE							
<input type="checkbox"/> NO	ROOM NO. & BUILDING							
		EXT.						
10. COMMENTS								
11. REPORT OF EVALUATION								
DATE								
SIGNATURE FOR CHIEF OF MEDICAL STAFF								

SECRET
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		DATE OF REQUEST	
2. NAME (Last, First, Middle) PHILLIPS, David A. (Deps of)		3. POSITION TITLE Ops Off	4. GRADE GS-15
5. OFFICE, DIVISION, BRANCH DDP/WH/3		6. EMPLOYEE'S EXT. 5909	
7. PURPOSE OF EVALUATION			
<input type="checkbox"/> PRE-EMPLOYMENT		<input type="checkbox"/> HDQ/TOY	
<input type="checkbox"/> ENTRANCE ON DUTY		<input type="checkbox"/> OVERSEAS ASSIGNMENT	
<input type="checkbox"/> TDY STANDBY		ETA	
<input type="checkbox"/> SPECIAL TRAINING		STATION	
<input type="checkbox"/> ANNUAL		TDY OR PCS	
<input type="checkbox"/> RETURN TO DUTY		TYPE OF COVER	
<input type="checkbox"/> FITNESS FOR DUTY		NO. OF DEPENDENTS TO ACCOMPANY	
<input type="checkbox"/> MEDICAL RETIREMENT		NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF #2) ATTACHED	
MEDICAL QUALIFIED RETURNED BACK HARD		<input checked="" type="checkbox"/> RETURN FROM OVERSEAS	
		ETA	
		STATION	
		Five	
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER	
<input type="checkbox"/> YES		SIGNATURE	
<input type="checkbox"/> NO		ROOM NO. & BUILDING	
		EXT.	
10. COMMENTS Wife: Helen F. Dau: Maria L. DOB [redacted] Son: David A DOB [redacted] Son: Atlee I DOB [redacted] Son: Christopher DOB [redacted]			
11. REPORT OF EVALUATION			
DATE		SIGNATURE FOR CHIEF OF MEDICAL STAFF	

SECRET
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST						
2. NAME (Last, First, Middle) Phillips, David A.		31 October 1966						
3. POSITION TITLE		4. GRADE GS-						
5. OFFICE, DIVISION, BRANCH COB (WH)		6. EMPLOYEE'S EXT. 5903						
7. PURPOSE OF EVALUATION								
<input type="checkbox"/> PRE-EMPLOYMENT	<input type="checkbox"/> HQS/TDY	<table border="1"><tr><td>ETA</td></tr><tr><td>STATION</td></tr><tr><td>TDY OR PCS</td></tr><tr><td>TYPE OF COVER</td></tr><tr><td>NO. OF DEPENDENTS TO ACCOMPANY</td></tr><tr><td>NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED</td></tr></table>	ETA	STATION	TDY OR PCS	TYPE OF COVER	NO. OF DEPENDENTS TO ACCOMPANY	NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED
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STATION								
TDY OR PCS								
TYPE OF COVER								
NO. OF DEPENDENTS TO ACCOMPANY								
NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED								
<input type="checkbox"/> ENTRANCE ON DUTY	<input type="checkbox"/> OVERSEAS ASSIGNMENT							
<input type="checkbox"/> TDY STANDBY	<input type="checkbox"/> RETURN FROM OVERSEAS							
<input type="checkbox"/> SPECIAL TRAINING	<table border="1"><tr><td>ETA</td></tr><tr><td>STATION</td></tr><tr><td>NO. OF DEP.'S</td></tr></table>	ETA	STATION	NO. OF DEP.'S				
ETA								
STATION								
NO. OF DEP.'S								
<input checked="" type="checkbox"/> ANNUAL - Executive								
<input type="checkbox"/> RETURN TO DUTY								
<input type="checkbox"/> FITNESS FOR DUTY								
<input type="checkbox"/> MEDICAL RETIREMENT								
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER						
<input type="checkbox"/> YES	<input type="checkbox"/> NO	SIGNATURE						
		ROOM NO. & BUILDING						
		EXT.						
10. COMMENTS								
QUALIFIED FOR CURRENT DUTIES								
11. REPORT OF EVALUATION								
REX HART								
DATE 12 1 66		SIGNATURE FOR CHIEF OF MEDICAL STAFF						

SECRET
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST	
2. NAME (Last, First, Middle): PHILLIPS, David A.		3. POSITION TITLE Ops Ofcr	4. GRADE 15
5. OFFICE, DIVISION, BRANCH DDP/WH/3		6. EMPLOYEE'S EXT. x5909	
7. PURPOSE OF EVALUATION			
<input type="checkbox"/> PRE-EMPLOYMENT		<input checked="" type="checkbox"/> HQS/TDY	
<input type="checkbox"/> ENTRANCE ON DUTY		<input type="checkbox"/> OVERSEAS ASSIGNMENT	
<input type="checkbox"/> TDY STANDBY		ETD 3 July 64	
<input type="checkbox"/> SPECIAL TRAINING		STATION Return to Mexico City	
<input type="checkbox"/> ANNUAL		TDY OR PCS PCS	
<input type="checkbox"/> RETURN TO DUTY		TYPE OF COVER	
<input type="checkbox"/> FITNESS FOR DUTY		NO. OF DEPENDENTS TO ACCOMPANY 5	
<input type="checkbox"/> MEDICAL RETIREMENT		NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 69) ATTACHED -0	
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		<input checked="" type="checkbox"/> RETURN FROM OVERSEAS	
<input checked="" type="checkbox"/> YES		ETA 30 June 64	
<input type="checkbox"/> NO		STATION Mexico City, Mexico	
9. REQUESTING OFFICER:		NO. OF DEP.'S 5	
SIC		WH/Pers Ofcr	
ROOM NO. & BUILDING GH 4407 Hqs		EXT. x5909	
10. COMMENTS Will be in Hqs beginning 30 June until 3 July for TDY.			
11. REPORT OF EVALUATION QUALIFIED FOR PROPOSED O'S PCS			
DATE			
SIGNATURE FOR CHIEF OF MEDICAL STAFF JOE W. CLINE		SIGNATURE	

SECRET
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST																	
2. NAME (Last, First, Middle) PHILLIPS, DAVID A.		3. POSITION TITLE COS	4. GRADE 15																
5. OFFICE, DIVISION, BRANCH DDP/WH/BRANCH 2		6. EMPLOYEE'S EXT. 6576																	
7. PURPOSE OF EVALUATION																			
<input type="checkbox"/> PRE-EMPLOYMENT <input type="checkbox"/> ENTRANCE ON DUTY <input type="checkbox"/> TDY STANDBY <input type="checkbox"/> SPECIAL TRAINING <input type="checkbox"/> ANNUAL <input type="checkbox"/> RETURN TO DUTY <input type="checkbox"/> FITNESS FOR DUTY <input type="checkbox"/> MEDICAL RETIREMENT		<input type="checkbox"/> HQS/TDY <input checked="" type="checkbox"/> OVERSEAS ASSIGNMENT <table border="1"><tr><td>ETO</td></tr><tr><td>LATERAL TRANSFER</td></tr><tr><td>STATION</td></tr><tr><td>TO</td></tr><tr><td>PCS</td></tr><tr><td>TYPE OF COVER</td></tr><tr><td>NO. OF DEPENDENTS TO ACCOMPANY</td></tr><tr><td>5</td></tr><tr><td>NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED</td></tr><tr><td>0</td></tr></table> <input type="checkbox"/> RETURN FROM OVERSEAS <table border="1"><tr><td>ETA</td></tr><tr><td>LATERAL TRANSFER</td></tr><tr><td>STATION</td></tr><tr><td>MEXICO CITY, MEXICO</td></tr><tr><td>NO. OF DEP.'S</td></tr><tr><td>5</td></tr></table>		ETO	LATERAL TRANSFER	STATION	TO	PCS	TYPE OF COVER	NO. OF DEPENDENTS TO ACCOMPANY	5	NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED	0	ETA	LATERAL TRANSFER	STATION	MEXICO CITY, MEXICO	NO. OF DEP.'S	5
ETO																			
LATERAL TRANSFER																			
STATION																			
TO																			
PCS																			
TYPE OF COVER																			
NO. OF DEPENDENTS TO ACCOMPANY																			
5																			
NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED																			
0																			
ETA																			
LATERAL TRANSFER																			
STATION																			
MEXICO CITY, MEXICO																			
NO. OF DEP.'S																			
5																			
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER																	
<input type="checkbox"/> YES <input type="checkbox"/> NO		SIGNATURE WH/PERSONNEL ROOM NO. & BUILDING GH 56																	
		EXT. 6576																	
10. COMMENTS MR. PHILLIPS IS A DIRECT TRANSFER. QUALIFIED FOR PROPOSED PCS																			
11. REPORT OF EVALUATION JOE W. CLINE																			
DATE 17 30 65		SIGNATURE FOR CHIEF OF MEDICAL STAFF																	

SECRET
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST 22 June 1961													
2. NAME (Last, First, Middle) PHILLIPS, David A.		3. POSITION TITLE Ops Officer	4. GRADE GS-14												
5. OFFICE, DIVISION, BRANCH DDP/AFD		6. EMPLOYEE'S EXT. 8242													
7. PURPOSE OF EVALUATION															
<input type="checkbox"/> PRE-EMPLOYMENT <input type="checkbox"/> ENTRANCE ON DUTY <input checked="" type="checkbox"/> OVERSEAS RETURN <input type="checkbox"/> TDY STANDBY <input type="checkbox"/> SPECIAL TRAINING <input type="checkbox"/> ANNUAL <input type="checkbox"/> RETURN TO DUTY <input type="checkbox"/> FITNESS FOR DUTY <input type="checkbox"/> MEDICAL RETIREMENT		<input type="checkbox"/> RECALL <input checked="" type="checkbox"/> OVERSEAS ASSIGNMENT <table border="1" style="width: 100%;"> <tr><td>ETD</td><td>16 August 1961</td></tr> <tr><td>STATION</td><td>Mexico City</td></tr> <tr><td>TDY OR PCS</td><td>PCS</td></tr> <tr><td>T</td><td></td></tr> <tr><td>NO. OF DEPENDENTS TO ACCOMPANY</td><td>five</td></tr> <tr><td>NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED</td><td></td></tr> </table> <input type="checkbox"/> RETURN FROM OVERSEAS ECA _____ STATION _____ NO. OF DEPS _____ Subject's last physical exam was more than a year ago.		ETD	16 August 1961	STATION	Mexico City	TDY OR PCS	PCS	T		NO. OF DEPENDENTS TO ACCOMPANY	five	NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED	
ETD	16 August 1961														
STATION	Mexico City														
TDY OR PCS	PCS														
T															
NO. OF DEPENDENTS TO ACCOMPANY	five														
NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED															
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER													
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SIGNATURE _____													
		ROOM NO. & BUILDING 1404 Barton Hall	EXT. 8242												

10. REPORT OF EVALUATION COMMENTS	
11. REPORT OF EVALUATION	
DATE 10 AUG 1961	SIGNATURE FOR CHIEF OF MEDICAL STAFF

SECRET

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST 12 April 1960											
2. NAME (Last, First, Middle) PHILLIPS, David Atlee		3. POSITION TITLE	4. GRADE GS-14										
5. OFFICE, DIVISION, BRANCH Washington, D. C.		6. EMPLOYEE'S EXT. 2560											
7. PURPOSE OF EVALUATION													
<input type="checkbox"/> PRE-EMPLOYMENT <input type="checkbox"/> ENTRANCE ON DUTY <input type="checkbox"/> OVERSEAS RETURN <input type="checkbox"/> TDY STANDBY <input type="checkbox"/> SPECIAL TRAINING <input type="checkbox"/> ANNUAL <input type="checkbox"/> RETURN TO DUTY <input type="checkbox"/> FITNESS FOR DUTY <input type="checkbox"/> MEDICAL RETIREMENT		<input checked="" type="checkbox"/> OVERSEAS ASSIGNMENT <table border="1" style="width: 100%;"> <tr><td>ETD</td></tr> <tr><td>15 April 1960</td></tr> <tr><td>STATION</td></tr> <tr><td>WH Area</td></tr> <tr><td>TDY OR PCS</td></tr> <tr><td>TDY</td></tr> <tr><td>TYPE OF COVER</td></tr> <tr><td>NO. OF DEPENDENTS TO ACCOMPANY</td></tr> <tr><td>None</td></tr> <tr><td>NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 82) ATTACHED</td></tr> </table>		ETD	15 April 1960	STATION	WH Area	TDY OR PCS	TDY	TYPE OF COVER	NO. OF DEPENDENTS TO ACCOMPANY	None	NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 82) ATTACHED
ETD													
15 April 1960													
STATION													
WH Area													
TDY OR PCS													
TDY													
TYPE OF COVER													
NO. OF DEPENDENTS TO ACCOMPANY													
None													
NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 82) ATTACHED													
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER											
<input type="checkbox"/> YES <input type="checkbox"/> NO		SIGNATURE 	EXT.										
		ROOM NO. (if applicable) 1014 Barton	8717										

10. REPORT OF EVALUATION	
(REQUIREMENTS FOR EVALUATION) (FORM 10-59) AND THE MEDICAL STAFF	
DATE 21 APR 1960	SIGNATURE FOR CHIEF OF MEDICAL STAFF

SECRET
(When Filled In)

CS/

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST							
2. NAME (Last, First, Middle) MILLER, DAVID A.		3. POSITION TITLE OPS O-1000	4. GRADE GS-14						
5. OFFICE, DIVISION, BRANCH INSP/TR CS/CS Develop ment. Control		6. EMPLOYEE'S EXT.							
7. PURPOSE OF EVALUATION									
<input type="checkbox"/> PRE-EMPLOYMENT <input checked="" type="checkbox"/> ENTRANCE ON DUTY <input type="checkbox"/> OVERSEAS RETURN <input type="checkbox"/> TDY STANDBY <input type="checkbox"/> SPECIAL TRAINING <input type="checkbox"/> ANNUAL <input type="checkbox"/> RETURN TO DUTY <input type="checkbox"/> FITNESS FOR DUTY <input type="checkbox"/> MEDICAL RETIREMENT		<input type="checkbox"/> OVERSEAS ASSIGNMENT <table border="1" style="width: 100%;"> <tr><td>ETD</td></tr> <tr><td>STATION</td></tr> <tr><td>TDY OR PCS</td></tr> <tr><td>TYPE OF COVER</td></tr> <tr><td>NO. OF DEPENDENTS TO ACCOMPANY</td></tr> <tr><td>NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED</td></tr> </table>		ETD	STATION	TDY OR PCS	TYPE OF COVER	NO. OF DEPENDENTS TO ACCOMPANY	NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED
ETD									
STATION									
TDY OR PCS									
TYPE OF COVER									
NO. OF DEPENDENTS TO ACCOMPANY									
NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED									
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER							
<input type="checkbox"/> YES <input type="checkbox"/> NO		SIGNATURE <i>[Signature]</i>							
		ROOM NO. & BUILDING 1501 Curia	EXT. 4371						

*my comm. from 24 Oct 80
O-1000
CS/CS
1501 Curia*

10. REPORT OF EVALUATION	
REASON FOR THE <i>Qualified comm from S. TPSE</i>	
DATE	SIGNATURE FOR CHIEF OF MEDICAL STAFF <i>[Signature]</i>

SECRET
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST							
2. NAME (Last, First, Middle) PHILLIPS, DAVID A.		3. POSITION TITLE OPS O. PL. M.	4. GRADE 11						
5. OFFICE, DIVISION, BRANCH DEP/PH CE/C Development Component		6. EMPLOYEE'S EXT.							
7. PURPOSE OF EVALUATION									
<input type="checkbox"/> PRE-EMPLOYMENT		<input type="checkbox"/> OVERSEAS ASSIGNMENT							
<input checked="" type="checkbox"/> ENTRANCE ON DUTY		<table border="1"><tr><td>ETO</td></tr><tr><td>STATION</td></tr><tr><td>TDY OR PCS</td></tr><tr><td>TYPE OF COVER</td></tr><tr><td>NO. OF DEPENDENTS TO ACCOMPANY</td></tr><tr><td>NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED</td></tr></table>		ETO	STATION	TDY OR PCS	TYPE OF COVER	NO. OF DEPENDENTS TO ACCOMPANY	NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED
ETO									
STATION									
TDY OR PCS									
TYPE OF COVER									
NO. OF DEPENDENTS TO ACCOMPANY									
NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED									
<input type="checkbox"/> OVERSEAS RETURN									
<input type="checkbox"/> TDY STANDBY									
<input type="checkbox"/> SPECIAL TRAINING									
<input type="checkbox"/> ANNUAL									
<input type="checkbox"/> RETURN TO DUTY									
<input type="checkbox"/> FITNESS FOR DUTY									
<input type="checkbox"/> MEDICAL RETIREMENT									
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER							
<input type="checkbox"/> YES		SIGNATURE							
<input type="checkbox"/> NO		ROOM NO. 1504	EXT. 6371						

10. REPORT OF EVALUATION	
PLEASE PRINT	
DEPARTMENTAL DUTIES	
<i>See Medical Commission from ST-10-52</i>	
DATE	SIGNATURE FOR CHIEF OF MEDICAL STAFFS
24 MAR 1960	<i>[Signature]</i>

SECRET
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST						
2. NAME (Last, First, Middle) PHILLIPS, DAVID A.	3. POSITION TITLE OPS OFFICER	4. GRADE GS-11						
5. OFFICE, DIVISION, BRANCH NSA/PR CS/CI Development Complement		6. EMPLOYEE'S EXT.						
7. PURPOSE OF EVALUATION								
<input type="checkbox"/> PRE-EMPLOYMENT	<input type="checkbox"/> OVERSEAS ASSIGNMENT	<table border="1"><tr><td>ETD</td></tr><tr><td>STATION</td></tr><tr><td>TDY OR PCS</td></tr><tr><td>TYPE OF COVER</td></tr><tr><td>NO. OF DEPENDENTS TO ACCOMPANY</td></tr><tr><td>NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 39) ATTACHED</td></tr></table>	ETD	STATION	TDY OR PCS	TYPE OF COVER	NO. OF DEPENDENTS TO ACCOMPANY	NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 39) ATTACHED
ETD								
STATION								
TDY OR PCS								
TYPE OF COVER								
NO. OF DEPENDENTS TO ACCOMPANY								
NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 39) ATTACHED								
<input checked="" type="checkbox"/> ENTRANCE ON DUTY								
<input type="checkbox"/> OVERSEAS RETURN								
<input type="checkbox"/> TDY STANDBY								
<input type="checkbox"/> SPECIAL TRAINING								
<input type="checkbox"/> ANNUAL								
<input type="checkbox"/> RETURN TO DUTY								
<input type="checkbox"/> FITNESS FOR DUTY								
<input type="checkbox"/> MEDICAL RETIREMENT								
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER						
<input type="checkbox"/> YES	SIGNATURE							
<input type="checkbox"/> NO	ROOM NO. & EXTENSION 1501, C-410	EXT. 8372						
10. REPORT OF EVALUATION								
PLEASE EXPEDITE								
DATE	SIGNATURE FOR CHIEF OF MEDICAL STAFF							

SECRET
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST							
2. NAME (Last, First, Middle) PHILLIPS, LATH A. (DEPEND MTS)		3. POSITION TITLE O S OYI ER	4. GRADE 14						
5. OFFICE, DIVISION, BRANCH IDP/WH CS/IS Development Complement		6. EMPLOYEE'S EXT.							
7. PURPOSE OF EVALUATION									
<input type="checkbox"/> PRE-EMPLOYMENT <input type="checkbox"/> ENTRANCE ON DUTY <input type="checkbox"/> OVERSEAS RETURN <input type="checkbox"/> TDY STANDBY <input type="checkbox"/> SPECIAL TRAINING <input type="checkbox"/> ANNUAL <input type="checkbox"/> RETURN TO DUTY <input type="checkbox"/> FITNESS FOR DUTY <input type="checkbox"/> MEDICAL RETIREMENT		<input type="checkbox"/> OVERSEAS ASSIGNMENT <table border="1" style="width: 100%;"> <tr><td>ETO</td></tr> <tr><td>STATION</td></tr> <tr><td>TDY OR PCS</td></tr> <tr><td>TYPE OF COVER</td></tr> <tr><td>NO. OF DEPENDENTS TO ACCOMPANY</td></tr> <tr><td>NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED</td></tr> </table>		ETO	STATION	TDY OR PCS	TYPE OF COVER	NO. OF DEPENDENTS TO ACCOMPANY	NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED
ETO									
STATION									
TDY OR PCS									
TYPE OF COVER									
NO. OF DEPENDENTS TO ACCOMPANY									
NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED									
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER							
<input type="checkbox"/> YES <input type="checkbox"/> NO		SIGNATURE							
		POB [Redacted]							
		ROOM NO. & BUILDING 1504 Curie	EXT. 8371						
10. REPORT OF EVALUATION									
PLEASE EXPEDITE (DEPENDENTS)									
DATE		SIGNATURE FOR CHIEF OF MEDICAL STAFF							

SECRET
(When Filled In)

MEDICAL ACTION REQUEST AND REPORT		
I REQUEST FOR PHYSICAL EXAMINATION BY <i>Ralph S. Pollock, C/CPD</i>		
1. NAME (Last) PHILLIPS, DAVID A.	(First) (Middle)	2. DATE 20 Jan 56
3. TO POSITION Operations Officer (PP)	4. OFFICE, DIVISION, BRANCH DDP/411	5. GRADE GS-14
6. TYPE OF POSITION <input type="checkbox"/> Departmental <input type="checkbox"/> U.S. Field <input checked="" type="checkbox"/> Overseas	7. EVALUATE FOR <input type="checkbox"/> EOD <input checked="" type="checkbox"/> Overseas <input type="checkbox"/> Returnee <input type="checkbox"/> Pre-Employment <input type="checkbox"/> Annual <input type="checkbox"/> Special (Specify) Please notify Ken Wambold only, 2508 Currie Hall, x3585	
II REPORT OF MEDICAL EVALUATION		
<input type="checkbox"/> Qualified for Full Duty (General) <input type="checkbox"/> Qualified for Full Duty (Special)		
<input type="checkbox"/> Qualified for Departmental Duty Only <input type="checkbox"/> Disqualified		
Remarks: Subject is qualified for proposed PCS O/S assignment. (1-16-56)		
SECRET <i>C. O. [Signature]</i> MEDICAL OFFICE		

SECRET
(When Filled In)

MEDICAL ACTION REQUEST AND REPORT		
I REQUEST FOR PHYSICAL EXAMINATION BY		
1. NAME (Last) Phillips,	(First) David (Middle) A.	2. DATE 12 Dec., 1955
3. TO POSITION	4. OFFICE, DIVISION, BRANCH WH	5. GRADE GS-12
6. TYPE OF POSITION <input type="checkbox"/> Departmental <input type="checkbox"/> U.S. Field <input type="checkbox"/> Overseas	7. EVALUATE FOR <input type="checkbox"/> EOD <input type="checkbox"/> Overseas <input type="checkbox"/> Returnee <input type="checkbox"/> Pre-Employment <input type="checkbox"/> Annual <input type="checkbox"/> Special (Specify)	
II REPORT OF MEDICAL EVALUATION		
<input type="checkbox"/> Qualified for Full Duty (General) <input type="checkbox"/> Qualified for Full Duty (Special)		
<input type="checkbox"/> Qualified for Departmental Duty Only <input type="checkbox"/> Disqualified		
Remarks: Subject is qualified for proposed 7 days TDY assignment. (12/12/55) Must have a physical examination on return from trip. This memo supersedes previous qualification.		
<i>Cal</i> <i>C. O. [Signature]</i> MEDICAL OFFICE		

SECRET
(When Filled In)

MEDICAL ACTION REQUEST AND REPORT

I. REQUEST FOR PHYSICAL EXAMINATION BY			
1. NAME (Last)	PHILLIPS	PHILLIPS	DAVID
2. DATE	30 Dec 1955		
3. TO POSITION	ops officer		4. OFFICE, DIVISION, BRANCH
5. GRADE	GS-14		
6. TYPE OF POSITION	7. EVALUATE FOR		
<input type="checkbox"/> Departmental	<input type="checkbox"/> EOD		
<input type="checkbox"/> U.S. Field	<input type="checkbox"/> Overseas		
<input type="checkbox"/> Overseas	<input type="checkbox"/> Returned		
<input type="checkbox"/> Pre-Employment	<input type="checkbox"/> Annual		
<input type="checkbox"/> Special (Specify)			
II. REPORT OF MEDICAL EVALUATION			
<input type="checkbox"/> Qualified for Full Duty (General)		<input type="checkbox"/> Qualified for Full Duty (Special)	
<input type="checkbox"/> Qualified for Departmental Duty Only		<input type="checkbox"/> Disqualified	
Remarks: Subject is qualified for proposed PCS O/S assignment. (1/16/56)			
MEDICAL OFFICE			

SECRET

MEDICAL ACTION REQUEST AND REPORT			
I. REQUEST FOR PHYSICAL EXAMINATION BY			
1. NAME (Last)	PHILLIPS, DAVID A.	2. DATE	2 August 1954
3. TO POSITION	4. OFFICE, DIVISION, BRANCH		5. GRADE
6. TYPE OF POSITION	7. EVALUATE FOR		
<input type="checkbox"/> Departmental	<input type="checkbox"/> EOD		
<input type="checkbox"/> U.S. Field	<input checked="" type="checkbox"/> Overseas		
<input checked="" type="checkbox"/> Overseas	<input type="checkbox"/> Returned		
<input type="checkbox"/> Pre-Employment	<input type="checkbox"/> Annual		
<input type="checkbox"/> Special (Specify)			
II. REPORT OF MEDICAL EVALUATION			
<input checked="" type="checkbox"/> Qualified for Full Duty (General)		<input type="checkbox"/> Qualified for Full Duty (Special)	
<input type="checkbox"/> Qualified for Departmental Duty Only		<input type="checkbox"/> Disqualified	
Remarks: WH #1 Full duty/General (8-9-54)			
Mr. GAHAGAN x 3995			

CERTIFICATION OF LANGUAGE PROFICIENCY																		
1. EMPLOYEE NO.		2. NAME (LAST-FIRST-MIDDLE)						3. TYPE CHANGE		4. LANGUAGE DATA BEFORE TEST								
		PHILLIPS, DAVID A.						SPACE	EXCHANGE	DECEASE	LAN. CODE	R	W	P	S	U	T	YR
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	T	YR	12/18/69		10/31/22		16		WE				
NOTICE TO PERSON TESTED																		
10. ON THE DATE SHOWN IN ITEM 6 ABOVE, YOU WERE TESTED IN _____ (NAME OF LANGUAGE)																		
AND YOUR TEST SCORES ARE AS FOLLOWS:																		
READING		WRITING		PRONUNCIATION		SPEAKING		UNDERSTANDING		TEST RATINGS		0 = ZERO 1 = INTERMEDIATE 2 = SLIGHT 3 = HIGH 4 = ELEMENTARY N = NATIVE						
I		+		+		+		+										
11. REMARKS										12. SIGNATURE								
										<i>K.A.P.</i>								
										13. LD NUMBER								
										17603								

FORM 11-64 1273 OBSOLETE PREVIOUS EDITIONS (110-45) **SECRET** GROUP 1 EXCLUDE FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION I - OP/CAB

SECRET
RESTRICTED TO Phillips, David A.

QUALIFICATIONS SYSTEM RECORD CHANGE									
APPLICANT CODING DATA									
1. ID		2. APPL. NO.		3. NAME					
< 2		0-DIGITS		MUST CONTAIN 20-DIGITS					
4. DATE OF BIRTH			5. DATE CODED			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.			
MO	DA	YR	MO	DA	YR				

LANGUAGE CODING DATA - FORM 444c														
1. ID		2. EMPLOYEE NO.		3. NAME			4. LANGUAGE DATA CODE							
< 3		0		3-LETTERS			BASE CODE	R	W	P	S	U	T	YR
5. DATE SUBMITTED			6. DATE OF BIRTH			WHEN FORM 444c DENOTES NO LANGUAGE COMPETENCE, ENTER THE FOLLOWING IN ITEM 4: "NO+LANGUAGE" (12-DIGITS)								
MO	DA	YR	MO	DA	YR									

LANGUAGE PROFICIENCY TEST DATA																
1. ID		2. EMPLOYEE NO.		3. NAME			4. CODE		5. LANGUAGE DATA BEFORE TEST							
< 5		024345		PHI			C		BASE CODE	R	W	P	S	U	T	YR
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						
BK5	F	T	0	0	4	4	16	3	6							

3 JUN 1969

The authorization to process this employee's disclaim of proficiency in the language factors indicated on this form is contained in a memorandum on file and designated "Language Proficiency Disclaim File", located in the Qualifications Analysis Branch, Office of Personnel.

PERSONAL HISTORY STATEMENT

INSTRUCTIONS

- DO NOT ATTEMPT TO COMPLETE THIS FORM UNTIL YOU HAVE READ THE FOLLOWING INSTRUCTIONS -

1. Answer all questions completely or check (X) the box which applies. If the question is not applicable, write "NA". If you do not know the answer and it cannot be obtained from personal records, write "Unknown". Use the blank space on pages 15 and 16 for extra details on any question for which you do not have enough space.
2. Type or print carefully - USE BLACK TYPEWRITER RIBBON OR BLACK INK.
3. Leave blank any boxes or columns which are marked "FOR OFFICE USE ONLY".
4. Consider each of your answers carefully, accurate completion of the form will permit review of your qualifications to the best advantage. Your signature at the end of the form will certify to its correctness.
5. Page 17 entitled "Personal History Summary" must be completed. It is a brief abstract of information from other parts of the form and will help to speed the processing of your application.

SECTION I GENERAL PERSONAL AND PHYSICAL DATA

GENERAL	1. Full Name (Last first middle) Aubin, Virginia, Simmons		2. Age 26	3. Sex <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		4. Social Security Number []
	5. Nicknames Gina		6. Other names you have used N/A			
	7. Indicate circumstances (including length of time) under which you have used the names noted in item 6 above N/A					
	8. If legal change of name, give particulars (Where and by what authority) N/A					
	9. Height 5' 3"	10. Weight 105	11. Color of eyes green	12. Color of hair blond	13. Type of complexion fair	14. Build slight
	15. Scars (Type and location) appendix, stomach			16. Other distinguishing physical features N/A		
	17. Current address (No., Street, City, State & ZIP code - country if not U.S.) 9741 Corral Dr., Potomac, Maryland 20854			18. Current phone number 202-5362	19. Long distance area code 301	
	20. Permanent address (No., Street, City, State & ZIP code - country if not U.S.) 9741 Corral Dr., Potomac, Maryland 20854			21. Permanent phone number 202-5362	22. Long distance area code 301	
	23. Office phone number 332-2730		24. Office extension N/A	25. Legal residence (State, territory or country) Maryland		

SECTION II POSITION DATA

POSITION DATA	1. Indicate the type of work or position for which you are applying 	
	2. Indicate the lowest annual entrance salary you will accept \$ _____	3. Dates available for employment Earliest _____ Latest _____
	4. Indicate your willingness to travel <input type="checkbox"/> Occasionally <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Frequently <input type="checkbox"/> Constantly	5. Indicate your willingness to accept assignment in the following locations - check (X) each item applicable Washington, D.C. <input type="checkbox"/> Outside continental U.S. <input type="checkbox"/> Anywhere in U.S. <input type="checkbox"/> Certain locations only (Specify) _____
	6. Indicate any restrictions you would place on assignments outside the Washington, D.C. area 	
	(For Office Use Only)	
	Date of this application	

SECTION III		CITIZENSHIP	
1. Name of applicant		2. Place of birth (City, State, Country) Philadelphia, Pennsylvania	
3. Present citizenship (Country) U.S.		4. Naturalization certificate number N/A	
5. Citizenship acquired by: <input checked="" type="checkbox"/> Birth <input type="checkbox"/> Marriage <input type="checkbox"/> Other (Specify):		6. Date naturalized N/A	
7. Court issuing naturalization certificate N/A		8. Issued at (City, State, Country) N/A	
9. If alien, give alien registration number N/A		10. Date and place of arrival in U.S. N/A	
11. Have you held previous nationality? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		12. If yes, give name of country N/A	
13. Give particulars concerning previous nationalities N/A			
14. Last U.S. visa (Number, type, place of issue) N/A		15. Date visa issued n/a	

SECTION IV		EDUCATION					
ELEMENTARY SCHOOL							
1. Name of elementary school	Address (City, State, Country)	Years attended (From - to -)	Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No				
HIGH SCHOOLS							
1. Name of high school	Address (City, State, Country)	Years attended (From - to -)	Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No				
2. Name of high school	Address (City, State, Country)	Years attended (From - to -)	Graduate <input 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	Grade or Final Average	Number of Sem./Qrs. Hours (Specify)
	Major	Minor					
1.							
2.							
3.							
4. 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							
TRAMP, COMMERCIAL AND SPECIALIZED SCHOOLS							
Name and address of school	Study or specialization		From	To	No. of months		
1.							
2.							
3.							
4.							

EDUCATION (Continued)				
MILITARY TRAINING IN SPECIALIZED SCHOOLS SUCH AS ORDNANCE, COMMUNICATIONS, ETC.				
Name and address of school	Study or specialization	From	To	No. of months
1.				
2.				
3.				
Other education or training not indicated above				

FOREIGN LANGUAGE ABILITY	SECTION V FOREIGN LANGUAGE ABILITIES														
	<p>1. 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.</p> <p>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.</p> <p>If you have no proficiency in any foreign language, check (X) box at right and leave other items blank. <input type="checkbox"/></p>	Level of Skill					HOW ACQUIRED								
		(Slight)	2	3	4	(Native)	[Check (X) Boxes which apply]								
SKILL FACTORS															
	Reading comprehension	Writing ability	Production	Comprehension ability	Oral comprehension	Native of country	Proficiency certificate	Course (long program, etc.)	Academic study						
	2. If you have had experience as a translator, interpreter or instructor - explain and specify in which language(s) you have had such experience.														
	3. Describe your ability to do specialized language work involving vocabularies and terminology in the scientific, engineering, telecommunications, military and other specialized fields														
	4. If you have noted a proficiency in language, would you be willing to use this ability in any position for which you might be selected? <input type="checkbox"/> Yes <input type="checkbox"/> No														
	(For Office Use Only)														

SECTION XVII		MOTHER-IN-LAW (If marriage contemplated, fill in information for future mother in law)	
1. Full name (Last - First - Middle - Maiden)			
2. State other names she has used			
Indicate circumstances (including length of time) under which any names noted in item 2 above were used. If legal change, give particulars (where and by what authority). Use extra space provided on pages 15 and 16 of this form to record this information.			
3. Date of birth	4. Place of birth	5. Living <input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Date of death	7. Cause of death	8. Citizenship (Country)	
9. Former citizenship(s) (country/ies)		10. Date U.S. citizenship acquired	11. Where acquired (City, State, Country)
12. Naturalization certificate number		13. If alien, give alien registration number	14. Date and place of arrival in U.S.
13. Occupation		16. Present employer (Give last employer if mother-in-law deceased or unemployed)	
17. Current address (Give last address, if deceased)			

SECTION XVIII		RELATIVES BY BLOOD, MARRIAGE OR ADOPTION WHO EITHER (1) LIVE ABROAD, (2) ARE NOT U.S. CITIZENS OR (3) WORK FOR A FOREIGN GOVERNMENT				
RELATIVES WITH FOREIGN CONNECTIONS	(1)	1. Name (Last - First - Middle) Simmons, George Stuart	2. Relationship Grandfather	3. Date of birth 3-17-84	4. Place of birth (City, State, Country) San Francisco, Calif	
		5. Citizenship (Country) U.S.	6. Address or country in which relative resides 4143 Unterer Zielweg 111, Dornach, Switzerland			
		7. Employed by N/A	8. Frequency of contact none	9. Date of last contact 1961		
	(2)	1. Name (Last - First - Middle)	2. Relationship	3. Date of birth	4. Place of birth (City, State, Country)	
		5. Citizenship (Country)	6. Address or country in which relative resides			
		7. Employed by	8. Frequency of contact	9. Date of last contact		
	(3)	1. Name (Last - First - Middle)	2. Relationship	3. Date of birth	4. Place of birth (City, State, Country)	
		5. Citizenship (Country)	6. Address or country in which relative resides			
		7. Employed by	8. Frequency of contact	9. Date of last contact		

SECTION XIX		RELATIVES BY BLOOD, MARRIAGE OR ADOPTION WHO ARE IN THE MILITARY OR CIVIL SERVICE OF THE UNITED STATES				
RELATIVES IN THE SERVICE OF THE UNITED STATES	(1)	1. Name (Last - First - Middle)	2. Relationship	3. Date of birth	4. Place of birth (City, State, Country)	
		5. Citizenship (Country)	4. Address (Number, Street, City, State, Country)	7. Type and location of service (if known)		
	(2)	1. Name (Last - First - Middle)	2. Relationship	3. Date of birth	4. Place of birth (City, State, Country)	
		5. Citizenship (Country)	6. Address (Number, Street, City, State, Country)	7. Type and location of service (if known)		
	(3)	1. Name (Last - First - Middle)	2. Relationship	3. Date of birth	4. Place of birth (City, State, Country)	
		5. Citizenship (Country)	6. Address (Number, Street, City, State, Country)	7. Type and location of service (if known)		

(For Office Use Only)

Use the following space for extra details. Reference each continued item by the section and item number to which it relates and sign your name at the end of the material. If additional space is required beyond page 16, use extra pages the same size as this page and sign each such page.

SECTION XI MARITAL STATUS FORMER HUSBAND

- | | |
|---|---------------------------------------|
| 3. Ahorn, Thomas Joseph | 21. <input type="text"/> |
| 4. N/A | 22. <input type="text"/> |
| 5. 4-12-40 | 23. <input type="text"/> |
| 6. Washington, D.C. | <input type="text"/> Washington, D.C. |
| 7. 4-6-59 | 24. N/A |
| 8. Hyattsville, Maryland | 25. N/A |
| 9. yes | 26. N/A |
| 10. U.S. | 27. N/A |
| 11. N/A | |
| 12. N/A | |
| 13. N/A | |
| 14. N/A | |
| 15. N/A | |
| 16. N/A | |
| 17. N/A | |
| 18. N/A | |
| 19. <input type="text"/> <input type="text"/> | |
| 20. 4622 Hunt Avenue, Chevy Chase, Maryland | |

(Signature)

Space for extra details continued on page 16 →

PERSONAL HISTORY STATEMENT — (Appendix I)

Listed below are names of organizations identified by the Attorney General, under his responsibility pursuant to Executive Order 10450, dated 27 April 1953, to list the names of each foreign or domestic organization, association, movement, group or combination of persons which he designates as Totalitarian, Fascist, Communist, or subversive, or as having adopted or having shown a policy of advocating or approving the commission of acts of force or violence to deny others their rights under the Constitution of the United States, or as seeking to alter the form of government of the United States by unconstitutional means.

Each applicant or employee and spouse (if any) must review the following list of organizations for certification purposes, and sign on the last page.

<p>Abraham Lincoln Brigade Abraham Lincoln School, Chicago, Illinois Action Committee to Free Spain Now Alabama People's Educational Association (see Communist Political Association) American Association for Reconstruction in Yugoslavia, Inc. American Branch of the Federation of Greek Maritime Unions American Christian Nationalist Party American Committee for European Workers' Relief (see Socialist Workers Party) American Committee for Protection of Foreign Born American Committee for Spanish Freedom American Committee for the Settlement of Jews in Birobidjan, Inc. American Committee for Yugoslav Relief, Inc. American Committee to Survey Labor Conditions in Europe American Council for a Democratic Greece, formerly known as the Greek American Council; Greek American Committee for National Unity American Council on Soviet Relations American Croatian Congress American Jewish Labor Council American League Against War and Fascism American League for Peace and Democracy American National Labor Party American National Socialist League American National Socialist Party American Nationalist Party American Patriots, Inc. American Peace Crusade American Peace Mobilization American Poles for Peace American Polish Labor Council American Polish League American Rescue Ship Mission (a project of the United American Spanish Aid Committee) American-Russian Fraternal Society American Russian Institute, New York, also known as the American Russian Institute for Cultural Relations with the Soviet Union American Russian Institute, Philadelphia American Russian Institute of San Francisco American Russian Institute of Southern California, Los Angeles American Slav Congress American Women for Peace American Youth Congress American Youth for Democracy Armenian Progressive League of America Associated Klans of America Association of Georgia Klans Association of German Nationals (Reichsdeutsche Vereinigung) Ausland-Organisation der NSDAP, Overseas Branch of Nazi Party</p> <p>Baltimore Forum Benjamin Davis Freedom Committee Black Dragon Society</p>	<p>Boston School for Marxist Studies, Boston, Massachusetts Bridges-Robertson-Schmidt Defense Committee Bulgarian American People's League of the United States of America</p> <p>California Emergency Defense Committee California Labor School, Inc., 321 Divisadero Street, San Francisco, California Carpatho-Russian People's Society Central Council of American Women of Croatian Descent, also known as Central Council of American Croatian Women, National Council of Croatian Women Central Japanese Association (Heikoku Chuo Nipponjin Kai) Central Japanese Association of Southern California Central Organization of the German-American National Alliance (Deutsche-Amerikanische Einheitsfront) Cervantes Fraternal Society China Welfare Appeal, Inc. Chopin Cultural Center Citizens Committee for Harry Bridges Citizens Committee of the Upper West Side (New York City) Citizens Committee to Free Earl Browder Citizens Emergency Defense Conference Citizens Protective League Civil Liberties Sponsoring Committee of Pittsburgh Civil Rights Congress and its affiliated organizations, including: Civil Rights Congress for Texas Veterans Against Discrimination of Civil Rights Congress of New York Civil Rights Congress for Texas (see Civil Rights Congress) Columbians Comite Coordinador Pro Republica Espanola Comite Pro Derechos Civiles (See Puerto Rican Comite Pro Libertades Civiles) Committee for a Democratic Far Eastern Policy Committee for Constitutional and Political Freedom Committee for Nationalist Action Committee for Peace and Brotherhood Festival in Philadelphia Committee for the Defense of the Pittsburgh Six Committee for the Negro in the Arts Committee for the Protection of the Bill of Rights Committee for World Youth Friendship and Cultural Exchange Committee to Abolish Discrimination in Maryland (See Congress Against Discrimination; Maryland Congress Against Discrimination; Provisional Committee to Abolish Discrimination in the State of Maryland) Committee to Aid the Fighting South Committee to Defend Marie Richardson Committee to Defend the Rights and Freedom of Pittsburgh's Political Prisoners Committee to Uphold the Bill of Rights Commonwealth College, Mena, Arkansas Communist Party, U. S. A., its subdivisions, subsidiaries, and affiliates</p>
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PHILLIPS DAVID A

1065 44

00 0 (1) 00 00 0

(2) (3)

(4)

SUBJECT: NOTIFICATION OF GRANTING OR OF REVOCATION OF CRYPTOGRAPHIC CLEARANCE

THE ABOVE NAMED INDIVIDUAL (ITEM 1) HAS BEEN GRANTED A CRYPTOGRAPHIC CLEARANCE FOR THE CRYPTOGRAPHIC CLEARANCE HELD BY THIS INDIVIDUAL HAS BEEN REVOKED UNDER THE PROVISIONS OF HR 90-8. THE CLEARANCE (ITEM 2) OR REVOCATION (ITEM 4), IS EFFECTIVE AS OF THE MONTH AND YEAR SHOWN ABOVE. SUBJECT HAS BEEN BRIEFED OR DEBRIEFED, AS APPROPRIATE, CONCERNING CRYPTOGRAPHIC AND RELATED COMMUNICATIONS SECURITY MATTERS AND HAS SIGNED A BRIEFING/DEBRIEFING STATEMENT, AS APPROPRIATE, ACKNOWLEDGING RESPONSIBILITY FOR THE PROTECTION OF CRYPTOGRAPHIC INFORMATION. UPON REVOCATION OF CRYPTOGRAPHIC CLEARANCE SUBJECT IS NOT AUTHORIZED TO HAVE CONTINUED CUSTODY OF, ACCESS TO, OR OTHERWISE GAIN FURTHER KNOWLEDGE OF STAFF CRYPTOGRAPHIC MATERIAL OR INFORMATION.

WHEN EMPLOYEE NO LONGER REQUIRES THE CLEARANCE IN ORDER TO PERFORM HIS/HER ASSIGNED DUTIES, IT IS REQUESTED THAT THE COMMUNICATIONS SECURITY STAFF, OC, BE NOTIFIED THAT THE CLEARANCE MAY BE REVOKED.

DISTRIBUTION:
1 - EMPLOYEE'S COMPONENT (ITEM 3)
1 - OFFICE OF PERSONNEL

FOR THE DIRECTOR OF COMMUNICATIONS.

David A. Phillips

CHIEF, ~~PERSONNEL~~ BRANCH, OC-5

FORM 12-63 597b USE PREVIOUS EDITIONS

CONFIDENTIAL

GROUP 1 Excluded from automatic downgrading and declassification

SECRET
(When Filled In)

1. PERSONNEL SERIAL NO. (1-6)				LANGUAGE PROFICIENCY AND AWARDS DATA			2. LD NO.
3. NAME (7-24) LAST		FIRST	MIDDLE	4. OFFICE OR DIVISION	5. LANGUAGE	6. LANG. CODE (25-27)	
7. DATE OF TEST '46-51		8. ANNIVERSARY DATE		9. GRADE	10. DATE OF BIRTH		
11. REASON FOR TAKING TEST				12. TEST SCORES			
APPLY FOR AWARD		READING (34)	WRITING (35)	PRONUNCIATION (36)	SPEAKING (37)	UNDERSTANDING (38)	
ESTABLISH SKILL LEVEL							
13. ELIGIBILITY (39)		14. TYPE OF AWARD					
A	ACHIEVEMENT (A)	ELEMENTARY (E)	READING (R) SPEAKING (S)		BASED ON TRAINING THAT WAS DIRECTED (D) OR VOLUNTARY (V)		
M	MAINTENANCE (M)	INTERMEDIATE (I)	COMPREHENSIVE (C)				
NA		HIGH (H)					
15. INELIGIBLE (REASON)				16. I CERTIFY THIS EMPLOYEE FOR A PROFICIENCY AWARD OF \$ (40-45)			
level of proficiency not maintained				SIGNATURE		DATE	
REMARKS				17. I CERTIFY THAT FUNDS ARE AVAILABLE			
				OBLIGATION REF. NO.		CHARGE ALLOTMENT NO.	
				SIGNATURE			

FORM 127-1
5-60

OBSOLETE PREVIOUS EDITIONS

SECRET

(10-45)

MRD COPY

SECRET
(When Filled In)

1. PERSONNEL SERIAL NO (1-6)				LANGUAGE PROFICIENCY AND AWARDS DATA			2. LD NO.	
3 NAME (7-24) LAST		FIRST	MIDDLE	4. OFFICE OR DIVISION	5. LANGUAGE	6. LANG. CODE (25-27)		
Dobbin, David A.					French	252		
7. DATE OF TEST (46-51)		8. ANNIVERSARY DATE		9. GRADE	10. DATE OF BIRTH			
May 20, 1965		Mar. 14, 1960		14	05/21/1900			
11. REASON FOR TAKING TEST		12. TEST SCORES						
APPLY FOR AWARD		READING (34)	WRITING (35)	PRONUNCIATION (36)	SPEAKING (37)	UNDERSTANDING (38)		
ESTABLISH SKILL LEVEL								
13. ELIGIBILITY (39)		14. TYPE OF AWARD						
A	ACHIEVEMENT (A)	ELEMENTARY (E)	READING (R) SPEAKING (S)		BASED ON TRAINING THAT WAS			
M	MAINTENANCE (M)	INTERMEDIATE (I)	COMPREHENSIVE (C)		DIRECTED (D) OR VOLUNTARY (V)			
NA		HIGH (H)						
15. INELIGIBLE (REASON)				16. I CERTIFY THIS EMPLOYEE FOR A PROFICIENCY AWARD OF \$ (40-45)				
did not achieve an awardable level.				SIGNATURE		DATE		
				17. I CERTIFY THAT FUNDS ARE AVAILABLE				
REMARKS				OBLIGATION REF. NO.		CHARGE ALLOTMENT NO.		
				SIGNATURE				

FORM 1273
5-60

OBSOLETE PREVIOUS EDITIONS

SECRET

(10-45)

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SECRET

(When Filled In)

11-61		LANGUAGE DATA RECORD		
524345				
PART I-GENERAL				
1. NAME (Last-First-Middle) (17-24)		2. DATE OF BIRTH (25-33)		
PHILLIPS, DAVID A.		MONTH	DAY	YEAR
		OCTOBER	31	1932
3. LANGUAGE (34-39)	4. TODAY'S DATE (34-39)		5.	
FRENCH 265	MONTH	DAY	YEAR	<input type="checkbox"/> I HAVE NO PROFICIENCY IN ANY FOREIGN LANGUAGE
	March	14	60	
PART II-LANGUAGE ELEMENTS				
SECTION A. Reading (40)				
1. I CAN READ TEXTS OF ANY DIFFICULTY, OF A GENERAL NATURE OR IN FIELDS I AM FAMILIAR WITH, USING THE DICTIONARY ONLY RARELY.				
2. I CAN READ TEXTS OF MOST GRADES OF DIFFICULTY, OF A GENERAL NATURE OR IN FIELDS I AM FAMILIAR WITH, USING THE DICTIONARY OCCASIONALLY.				
3. I CAN READ TEXTS OF AVERAGE DIFFICULTY (newspapers, reference materials, etc.), USING THE DICTIONARY FREQUENTLY.				
4. I CAN READ SIMPLE TEXTS, SUCH AS STREET SIGNS, NEWSPAPER HEADLINES, ETC., USING THE DICTIONARY FREQUENTLY.				
5. I HAVE NO READING ABILITY IN THE LANGUAGE.				
SECTION B. Writing (41)				
1. I CAN WRITE PERSONAL LETTERS AND SIMILAR MATERIAL WITH COMPLETE SUCCESS WITHOUT USING THE DICTIONARY. I CAN WRITE FACTUAL NARRATIVE AND EXPOSITORY MATERIAL WITH REASONABLE CLARITY, WITH VERY FEW GRAMMATICAL ERRORS, IN NATIVE STYLE, USING THE DICTIONARY ONLY RARELY.				
2. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL WITH COMPLETE SUCCESS, USING THE DICTIONARY ONLY RARELY. I CAN WRITE FACTUAL NARRATIVE AND EXPOSITORY MATERIAL WITH REASONABLE CLARITY, WITH FEW GRAMMATICAL ERRORS, BUT IN A STYLE WHICH MAY NOT BE NATIVE, USING THE DICTIONARY OCCASIONALLY.				
3. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL, WITH REASONABLE SUCCESS IN CONVEYING MY MEANING, BUT WITH OCCASIONAL MINOR GRAMMATICAL ERRORS AND IN OBVIOUSLY FOREIGN, AWKWARD STYLE, USING THE DICTIONARY OCCASIONALLY.				
4. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL, WITH REASONABLE SUCCESS IN CONVEYING MY MEANING, BUT WITH MANY GRAMMATICAL ERRORS AND IN A VERY FOREIGN, AWKWARD STYLE, USING THE DICTIONARY FREQUENTLY.				
5. I CANNOT WRITE IN THE LANGUAGE.				
SECTION C. Pronunciation (42)				
1. MY PRONUNCIATION IS NATIVE.				
2. WHILE NATIVES CAN DETECT AN ACCENT IN MY PRONUNCIATION THEY HAVE NO DIFFICULTY UNDERSTANDING ME.				
3. MY PRONUNCIATION IS OBVIOUSLY FOREIGN, BUT ONLY RARELY CAUSES DIFFICULTY FOR NATIVES TO UNDERSTAND.				
4. MY PRONUNCIATION IS OCCASIONALLY DIFFICULT FOR NATIVES TO UNDERSTAND.				
5. I HAVE NO SKILL IN PRONUNCIATION.				
CONTINUE ON REVERSE SIDE				

CONTINUATION OF PART II—LANGUAGE ELEMENTS

SECTION D. Speaking (43)

1. I SPEAK FLUENTLY AND ACCURATELY IN ALL PRACTICAL AND SOCIAL SITUATIONS; I CONVERSE FREELY AND IDIOMATICALLY IN ALL FIELDS WITH WHICH I AM FAMILIAR.
2. I SPEAK FLUENTLY AND ACCURATELY IN NEARLY ALL PRACTICAL AND SOCIAL SITUATIONS; I CAN CONVERSE IN MOST FIELDS WITH WHICH I AM FAMILIAR AND I EMPLOY SOME POPULAR SAYINGS, LITERARY QUOTATIONS, AND COMMON PROVERBS.
3. I GET ALONG QUITE WELL IN SITUATIONS OF DAILY LIFE AND TRAVEL AND CAN CONDUCT ROUTINE BUSINESS IN PARTICULAR FIELDS.
4. I MANAGE TO GET ALONG IN THE MOST COMMON SITUATIONS OF DAILY LIFE AND TRAVEL.
5. I HAVE NO ABILITY TO USE THE LANGUAGE IN ANY OF THE ABOVE RESPECTS.

SECTION E. Understanding (44)

1. I UNDERSTAND NON-TECHNICAL CONVERSATION ON ALL SUBJECTS, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND NEARLY EVERYTHING I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES.
2. I UNDERSTAND NON-TECHNICAL CONVERSATION ON NEARLY ALL SUBJECTS, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND MOST OF WHAT I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES, INCLUDING MOST JOKES AND PUNS.
3. I UNDERSTAND NEARLY ALL CONVERSATION ON TOPICS OF DAILY LIFE AND TRAVEL, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND MUCH OF WHAT I HEAR ON THE RADIO, AND AT THE MOVIES, PLAYS, AND LECTURES.
4. I UNDERSTAND THE SIMPLEST CONVERSATION, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND SOME OF WHAT I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES.
5. I AM NOT ABLE TO UNDERSTAND THE SPOKEN LANGUAGE.

BEFORE CONTINUING - CHECK PART II TO ENSURE THAT YOU HAVE CIRCLED ONE NUMBER PER SECTION.

PART III—EXPERIENCE AS TRANSLATOR OR INTERPRETER (45)

1. I HAVE HAD EXPERIENCE AS A TRANSLATOR.
2. I HAVE HAD EXPERIENCE AS AN INTERPRETER.
3. BOTH OF THE ABOVE STATEMENTS APPLY.
4. NONE OF THE ABOVE STATEMENTS APPLY.

PART IV—CERTIFICATION

I CERTIFY THAT THE INFORMATION GIVEN ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS CERTIFICATION CONSTITUTES MY APPLICATION FOR A MAINTENANCE AWARD PROVIDED I AM ELIGIBLE UNDER THE TERMS OF REGULATION NO. 25-175, PAR. 1(C)(2). I UNDERSTAND THAT I MUST PASS AN OBJECTIVE LANGUAGE PROFICIENCY TEST BEFORE I BECOME ELIGIBLE FOR AN AWARD, AND THAT IRRESPECTIVE OF THE DATE OF TESTING, ANNUAL MAINTENANCE AWARDS WILL BE CUMULATIVE AS OF THE ANNIVERSARY DATE OF COMPLETING THIS FORM.

DATE SIGNED

14 MARCH 1960

SIGNATURE

David A. Plesner

1460

S

1471

F

SECRET

(When Filled In)

(156)		LANGUAGE DATA RECORD		
524345				
PART I-GENERAL				
1. NAME (Last-First-Middle) (17-24)			2. DATE OF BIRTH (25-32)	
PHILLIPS, DAVID ATLEE			MONTH OCTOBER	DAY 31
3. LANGUAGE (33-38)			4. TODAY'S DATE (39-44)	
SPANISH DC			MONTH MARCH	DAY 14
			YEAR 1960	5. <input type="checkbox"/> I HAVE NO PROFICIENCY IN ANY FOREIGN LANGUAGE
PART II-LANGUAGE ELEMENTS				
SECTION A. Reading (40)				
1. I CAN READ TEXTS OF ANY DIFFICULTY, OF A GENERAL NATURE OR IN FIELDS I AM FAMILIAR WITH, USING THE DICTIONARY ONLY RARELY.				
2. I CAN READ TEXTS OF MOST GRADES OF DIFFICULTY, OF A GENERAL NATURE OR IN FIELDS I AM FAMILIAR WITH, USING THE DICTIONARY OCCASIONALLY.				
3. I CAN READ TEXTS OF AVERAGE DIFFICULTY (newspapers, reference materials, etc.), USING THE DICTIONARY FREQUENTLY.				
4. I CAN READ SIMPLE TEXTS, SUCH AS STREET SIGNS, NEWSPAPER HEADLINES, ETC., USING THE DICTIONARY FREQUENTLY.				
5. I HAVE NO READING ABILITY IN THE LANGUAGE.				
SECTION B. Writing (41)				
1. I CAN WRITE PERSONAL LETTERS AND SIMILAR MATERIAL WITH COMPLETE SUCCESS WITHOUT USING THE DICTIONARY. I CAN WRITE FACTUAL NARRATIVE AND EXPOSITORY MATERIAL WITH REASONABLE CLARITY, WITH VERY FEW GRAMMATICAL ERRORS, IN NATIVE STYLE, USING THE DICTIONARY ONLY RARELY.				
2. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL WITH COMPLETE SUCCESS, USING THE DICTIONARY ONLY RARELY. I CAN WRITE FACTUAL NARRATIVE AND EXPOSITORY MATERIAL WITH REASONABLE CLARITY, WITH FEW GRAMMATICAL ERRORS, BUT IN A STYLE WHICH MAY NOT BE NATIVE, USING THE DICTIONARY OCCASIONALLY.				
3. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL, WITH REASONABLE SUCCESS IN CONVEYING MY MEANING, BUT WITH OCCASIONAL MINOR GRAMMATICAL ERRORS AND IN OBVIOUSLY FOREIGN, ABBREVIATED STYLE, USING THE DICTIONARY OCCASIONALLY.				
4. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL, WITH REASONABLE SUCCESS IN CONVEYING MY MEANING, BUT WITH MANY GRAMMATICAL ERRORS AND IN A VERY FOREIGN, ABBREVIATED STYLE, USING THE DICTIONARY FREQUENTLY.				
5. I CANNOT WRITE IN THE LANGUAGE.				
SECTION C. Pronunciation (42)				
1. MY PRONUNCIATION IS NATIVE.				
2. WHILE NATIVES CAN DETECT AN ACCENT IN MY PRONUNCIATION THEY HAVE NO DIFFICULTY UNDERSTANDING ME.				
3. MY PRONUNCIATION IS OBVIOUSLY FOREIGN, BUT ONLY RARELY CAUSES DIFFICULTY FOR NATIVES TO UNDERSTAND.				
4. MY PRONUNCIATION IS OCCASIONALLY DIFFICULT FOR NATIVES TO UNDERSTAND.				
5. I HAVE NO SKILL IN PRONUNCIATION.				
CONTINUE ON REVERSE SIDE				

CONTINUATION OF PART II—LANGUAGE ELEMENTS

SECTION D.

Speaking (43)

1. I SPEAK FLUENTLY AND ACCURATELY IN ALL PRACTICAL AND SOCIAL SITUATIONS; I CONVERSE FREELY AND IDIOMATICALLY IN ALL FIELDS WITH WHICH I AM FAMILIAR.
2. I SPEAK FLUENTLY AND ACCURATELY IN NEARLY ALL PRACTICAL AND SOCIAL SITUATIONS; I CAN CONVERSE IN MOST FIELDS WITH WHICH I AM FAMILIAR AND I EMPLOY SOME POPULAR SAYINGS, LITERARY QUOTATIONS, AND COMMON PROVERBS.
3. I GET ALONG QUITE WELL IN SITUATIONS OF DAILY LIFE AND TRAVEL AND CAN CONDUCT ROUTINE BUSINESS IN PARTICULAR FIELDS.
4. I MANAGE TO GET ALONG IN THE MOST COMMON SITUATIONS OF DAILY LIFE AND TRAVEL.
5. I HAVE NO ABILITY TO USE THE LANGUAGE IN ANY OF THE ABOVE RESPECTS.

SECTION E.

Understanding (44)

1. I UNDERSTAND NON-TECHNICAL CONVERSATION ON ALL SUBJECTS, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND NEARLY EVERYTHING I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES.
2. I UNDERSTAND NON-TECHNICAL CONVERSATION ON NEARLY ALL SUBJECTS, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND MOST OF WHAT I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES, INCLUDING MOST JOKES AND PUNS.
3. I UNDERSTAND NEARLY ALL CONVERSATION ON TOPICS OF DAILY LIFE AND TRAVEL, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND MUCH OF WHAT I HEAR ON THE RADIO, AND AT THE MOVIES, PLAYS, AND LECTURES.
4. I UNDERSTAND THE SIMPLEST CONVERSATION, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND SOME OF WHAT I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES.
5. I AM NOT ABLE TO UNDERSTAND THE SPOKEN LANGUAGE.

BEFORE CONTINUING - CHECK PART II TO ENSURE THAT YOU HAVE CIRCLED ONE NUMBER PER SECTION.

PART III—EXPERIENCE AS TRANSLATOR OR INTERPRETER (45)

1. I HAVE HAD EXPERIENCE AS A TRANSLATOR.
2. I HAVE HAD EXPERIENCE AS AN INTERPRETER.
3. BOTH OF THE ABOVE STATEMENTS APPLY.
4. NONE OF THE ABOVE STATEMENTS APPLY.

PART IV—CERTIFICATION

I CERTIFY THAT THE INFORMATION GIVEN ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS CERTIFICATION CONSTITUTES MY APPLICATION FOR A MAINTENANCE AWARD PROVIDED I AM ELIGIBLE UNDER THE TERMS OF REGULATION NO. 23-115, PAR. 1C(4). I UNDERSTAND THAT I MUST PASS AN OBJECTIVE LANGUAGE PROFICIENCY TEST BEFORE I BECOME ELIGIBLE FOR AN AWARD, AND THAT IRRESPECTIVE OF THE DATE OF TESTING, ANNUAL MAINTENANCE AWARDS WILL BE CUMULATIVE AS OF THE ANNIVERSARY DATE OF COMPLETING THIS FORM.

DATE SIGNED

14 MARCH 1960

SIGNATURE

David G. Miller

1463

1471

SECRET
(When Filled In)

963663		LANGUAGE DATA RECORD		
PART I-GENERAL				
1. NAME (Last-First-Middle) DAVID A. PHILLIPS		2. DATE OF BIRTH (25-30)		
		MONTH OCTOBER	DAY 31	YEAR 1957
3. LANGUAGE (31-33) FRENCH 265		4. ACQUAINTANCE DATE (34-38)		5. <input type="checkbox"/> I HAVE NO PROFICIENCY IN ANY FOREIGN LANGUAGE
		MONTH OCTOBER	DAY 22	
		YEAR 1957		
PART II-LANGUAGE ELEMENTS				
SECTION A. Reading (40)				
1. I CAN READ TEXTS OF ANY DIFFICULTY, OF A GENERAL NATURE OR IN FIELDS I AM FAMILIAR WITH, USING THE DICTIONARY ONLY RARELY.				
2. I CAN READ TEXTS OF MOST GRADES OF DIFFICULTY, OF A GENERAL NATURE OR IN FIELDS I AM FAMILIAR WITH, USING THE DICTIONARY OCCASIONALLY.				
3. I CAN READ TEXTS OF AVERAGE DIFFICULTY (newspapers, reference materials, etc.), USING THE DICTIONARY FREQUENTLY.				
4. I CAN READ SIMPLE TEXTS, SUCH AS STREET SIGNS, NEWSPAPER HEADLINES, ETC., USING THE DICTIONARY FREQUENTLY.				
5. I HAVE NO READING ABILITY IN THE LANGUAGE.				
SECTION B. Writing (41)				
1. I CAN WRITE PERSONAL LETTERS AND SIMILAR MATERIAL WITH COMPLETE SUCCESS WITHOUT USING THE DICTIONARY. I CAN WRITE FACTUAL NARRATIVE AND EXPOSITORY MATERIAL WITH REASONABLE CLARITY, WITH VERY FEW GRAMMATICAL ERRORS, IN NATIVE STYLE, USING THE DICTIONARY ONLY RARELY.				
2. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL WITH COMPLETE SUCCESS, USING THE DICTIONARY ONLY RARELY. I CAN WRITE FACTUAL NARRATIVE AND EXPOSITORY MATERIAL WITH REASONABLE CLARITY, WITH FEW GRAMMATICAL ERRORS, BUT IN A STYLE WHICH MAY NOT BE NATIVE, USING THE DICTIONARY OCCASIONALLY.				
3. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL, WITH REASONABLE SUCCESS IN CONVEYING MY MEANING, BUT WITH OCCASIONAL MINOR GRAMMATICAL ERRORS AND IN OBVIOUSLY FOREIGN, AWKWARD STYLE, USING THE DICTIONARY OCCASIONALLY.				
4. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL, WITH REASONABLE SUCCESS IN CONVEYING MY MEANING, BUT WITH MANY GRAMMATICAL ERRORS AND IN A VERY FOREIGN, AWKWARD STYLE, USING THE DICTIONARY FREQUENTLY.				
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SECTION C. Pronunciation (42)				
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3. MY PRONUNCIATION IS OBVIOUSLY FOREIGN, BUT ONLY RARELY CAUSES DIFFICULTY FOR NATIVES TO UNDERSTAND.				
4. MY PRONUNCIATION IS OCCASIONALLY DIFFICULT FOR NATIVES TO UNDERSTAND.				
5. I HAVE NO SKILL IN PRONUNCIATION.				
13				
CONTINUE ON REVERSE SIDE				

CONTINUATION OF PART II—LANGUAGE ELEMENTS

SECTION D.

Speaking (43)

1. I SPEAK FLUENTLY AND ACCURATELY IN ALL PRACTICAL AND SOCIAL SITUATIONS; I CONVERSE FREELY AND IDIOMATICALLY IN ALL FIELDS WITH WHICH I AM FAMILIAR.
2. I SPEAK FLUENTLY AND ACCURATELY IN NEARLY ALL PRACTICAL AND SOCIAL SITUATIONS; I CAN CONVERSE IN MOST FIELDS WITH WHICH I AM FAMILIAR AND I EMPLOY SOME POPULAR SAYINGS, LITERARY QUOTATIONS, AND COMMON PROVERBS.
3. I GET ALONG QUITE WELL IN SITUATIONS OF DAILY LIFE AND TRAVEL AND CAN CONDUCT ROUTINE BUSINESS IN PARTICULAR FIELDS.
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Understanding (44)

1. I UNDERSTAND NON-TECHNICAL CONVERSATION ON ALL SUBJECTS, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND NEARLY EVERYTHING I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES.
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BEFORE CONTINUING - CHECK PART II TO ENSURE THAT YOU HAVE CIRCLED ONE NUMBER PER SECTION.

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1. I HAVE HAD EXPERIENCE AS A TRANSLATOR.
2. I HAVE HAD EXPERIENCE AS AN INTERPRETER.
3. BOTH OF THE ABOVE STATEMENTS APPLY.
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I CERTIFY THAT THE INFORMATION GIVEN ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS CERTIFICATION CONSTITUTES MY APPLICATION FOR A MAINTENANCE AWARD PROVIDED I AM ELIGIBLE UNDER THE TERMS OF REGULATION NO. 29-115, PAR. 1C(4). I UNDERSTAND THAT I MUST PASS AN OBJECTIVE LANGUAGE PROFICIENCY TEST BEFORE I BECOME ELIGIBLE FOR AN AWARD, AND THAT IRRESPECTIVE OF THE DATE OF TESTING, ANNUAL MAINTENANCE AWARDS WILL BE CUMULATIVE AS OF THE ANNIVERSARY DATE OF COMPLETING THIS FORM.

DATE SIGNED

SIGNATURE

(46)

107

SECRET
(When Filled In)

56
Link

(17-8)	LANGUAGE DATA RECORD
--------	-----------------------------

PART I-GENERAL			
1. NAME (Last-First-Middle) (17-24)		2. DATE OF BIRTH (25-30)	
DAVID A. PHILLIPS		MONTH	DAY YEAR
[REDACTED]		OCTOBER	31 1922
3. LANGUAGE (31-33)	4. TODAY'S DATE (34-39)		5.
SPANISH 720	MONTH	DAY YEAR	<input type="checkbox"/> I HAVE NO PROFICIENCY IN ANY FOREIGN LANGUAGE
	OCTOBER	22 1957	

PART II-LANGUAGE ELEMENTS

SECTION A. Reading (40)

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- 4. MY PRONUNCIATION IS OCCASIONALLY DIFFICULT FOR NATIVES TO UNDERSTAND.
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CONTINUE ON REVERSE SIDE 13

CONTINUATION OF PART II—LANGUAGE ELEMENTS

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- 4. I UNDERSTAND THE SIMPLEST CONVERSATION, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND SOME OF WHAT I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES.
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DATE SIGNED

SIGNATURE

B. Sam

(46)

(47)

C

A

CONFIDENTIAL
(WHEN FILLED IN)

SECURITY APPROVAL

09 Feb 1960

DATE : 9 February 1960

YOUR REFERENCE: E-8573 CS/CS Div. Comp.

CASE NO. : 40696

TO : Director of Personnel

FROM : Director of Security

SUBJECT : PHILLIPS, David Atlee

1. This is to inform you of security approval of the subject person as follows:

Subject has been approved for the appointment specified in your request under the provisions of Regulations 10-210 and 20-730 including access to classified information through Top Secret as required in the performance of his duties.

Subject has been approved for appointment under the authority of Paragraph 4(d) of Regulation 10-210, and under Regulation 20-730 including access to classified information through Top Secret as required in the performance of his duties.

2. Unless arrangements are made within 60 days for entrance on duty within 120 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.

FOR THE DIRECTOR OF SECURITY:

W.A. Osborne
W. A. Osborne

Acting Chief, Personnel Security Division

Mr. Washburn advised (with) 2-10-60

CONFIDENTIAL
SECURITY INFORMATION
SECURITY APPROVAL

Date: 26 April 1955

TO: Chief, Processing & Records Division
Personnel Office
FROM: Chief, Security Division
Personnel
SUBJECT: PHILLIPS, David Atlee

Your Reference: SR-6038-PP

Case Number: 10696

1. This is to advise you of security action in the subject case as indicated below:

- Security approval is granted the subject person for access to classified information.
- Provisional clearance for full duty with CIA is granted under the provisions of Paragraph D of Regulation 10-9 which provides for a temporary appointment pending completion of full security investigation.
- The Director of Central Intelligence has granted a provisional clearance for full duty with CIA under the provisions of paragraph H of Regulation 10-9.

- 2. Unless the subject person enters on duty within 60 days from the above date, this approval becomes invalid.
- 3. Subject is to be polygraphed as part of EOD procedures.

4. This clearance is retroactive to 1 April 1955
per Myers
27 April 55

Ernest P. Geiss
Ernest P. Geiss

CONFIDENTIAL

PERSONAL HISTORY STATEMENT

Read the instructions on the back of this form. Fill in the information requested. Do not leave any spaces blank. If you do not know the answer, write "do not know". If you are not sure of the date, write "do not know". If you are not sure of the name, write "do not know". If you are not sure of the address, write "do not know". If you are not sure of the phone number, write "do not know". If you are not sure of the date of birth, write "do not know". If you are not sure of the date of death, write "do not know". If you are not sure of the date of marriage, write "do not know". If you are not sure of the date of divorce, write "do not know". If you are not sure of the date of separation, write "do not know". If you are not sure of the date of remarriage, write "do not know". If you are not sure of the date of remarriage, write "do not know". If you are not sure of the date of remarriage, write "do not know".

HAVE YOU READ AND DO YOU UNDERSTAND THE INSTRUCTIONS? YES NO

SECTION 1: PERSONAL BACKGROUND

1. FULL NAME: _____
 (Last) _____ (First) _____ (Middle) _____
 (Initials) _____

2. CURRENT ADDRESS: _____
 (Street) _____ (City) _____ (State) _____ (Zip) _____

3. PERMANENT ADDRESS: _____
 (Street) _____ (City) _____ (State) _____ (Zip) _____

4. NICKNAME: _____
 (If any) _____

5. BIRTH DATE: _____
 (Month) _____ (Day) _____ (Year) _____

6. BIRTH PLACE: _____
 (City) _____ (State) _____ (Country) _____

7. MARRIAGE DATE: _____
 (Month) _____ (Day) _____ (Year) _____

8. MARRIAGE PLACE: _____
 (City) _____ (State) _____ (Country) _____

9. DIVORCE DATE: _____
 (Month) _____ (Day) _____ (Year) _____

10. DIVORCE PLACE: _____
 (City) _____ (State) _____ (Country) _____

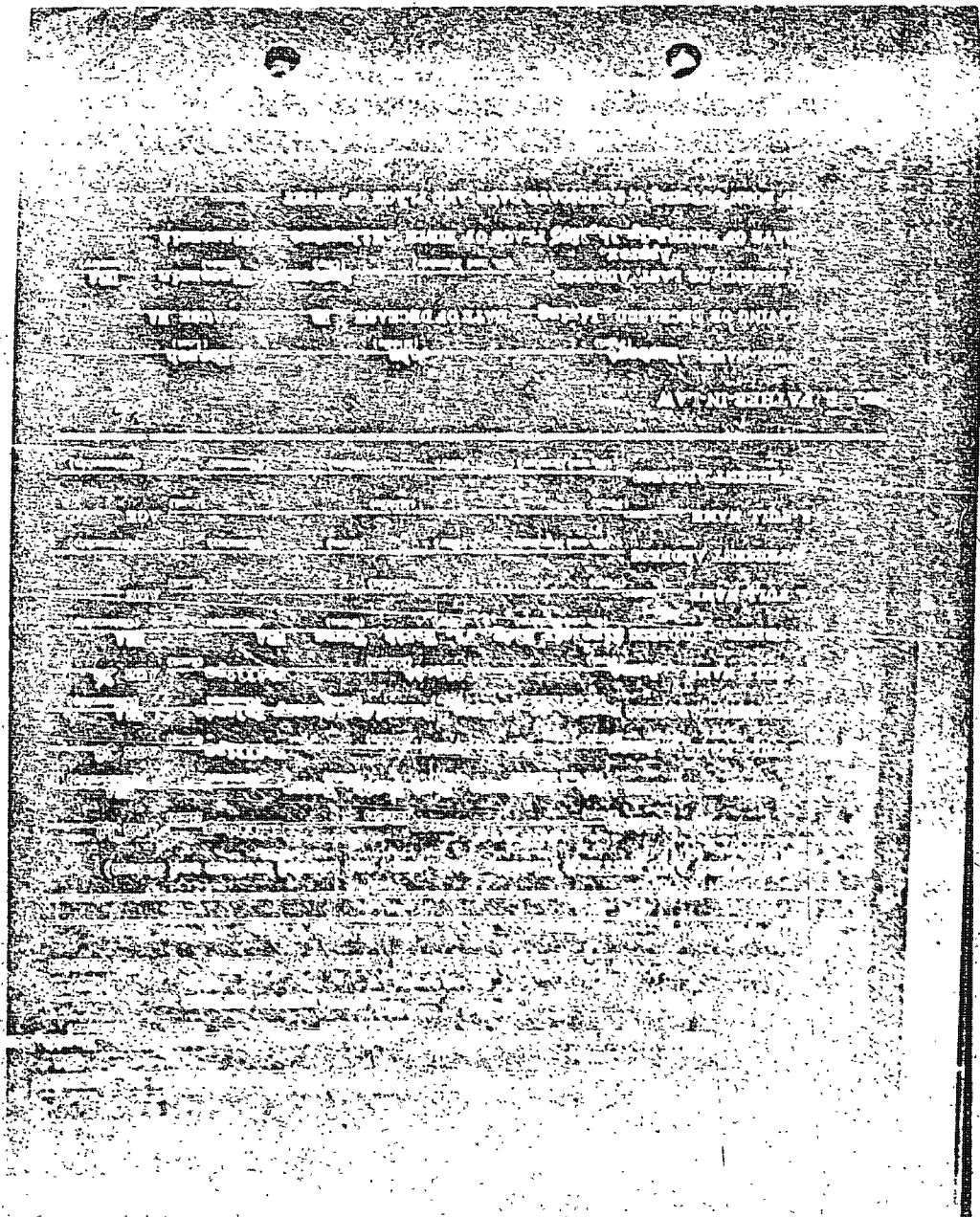
11. SEPARATION DATE: _____
 (Month) _____ (Day) _____ (Year) _____

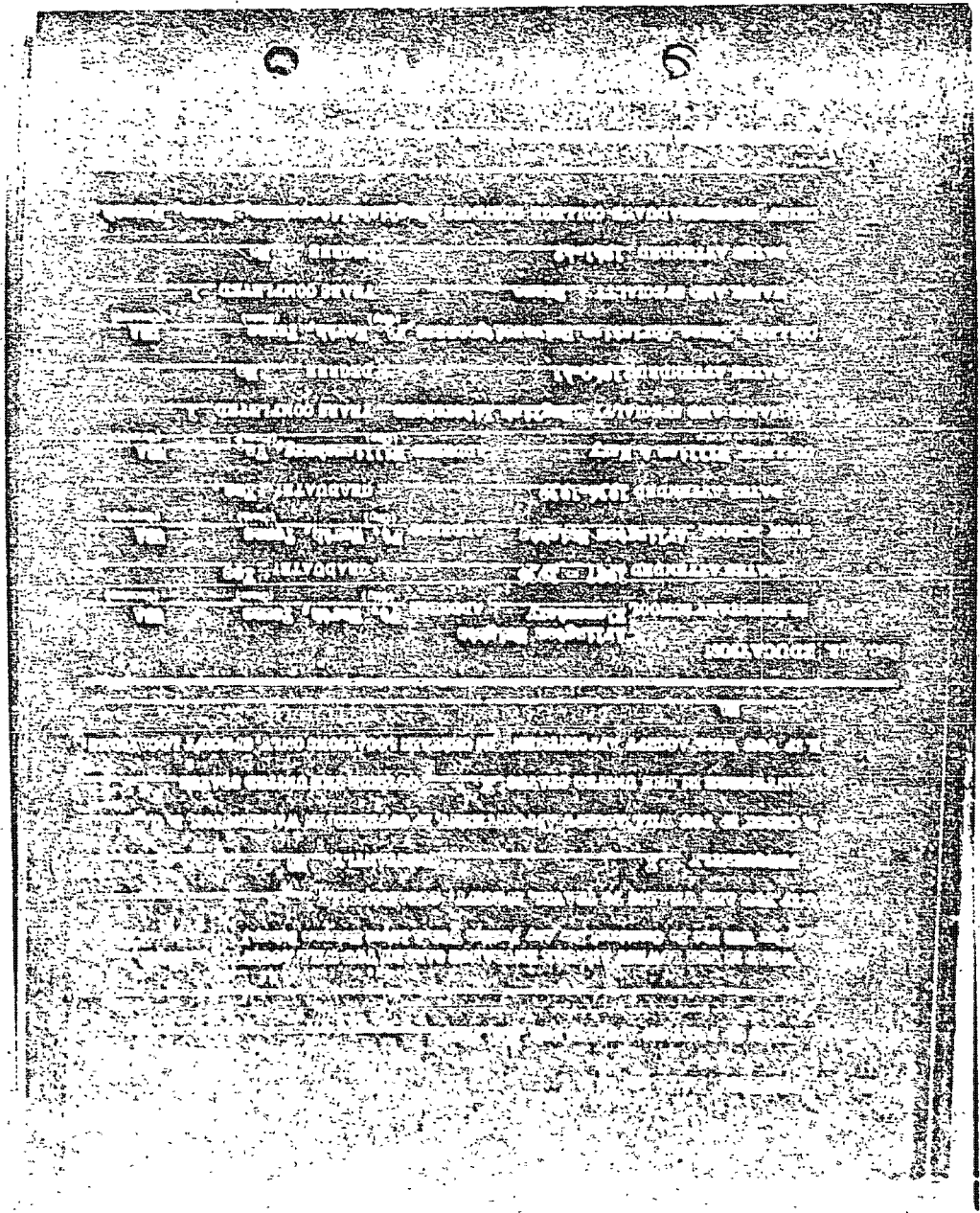
12. SEPARATION PLACE: _____
 (City) _____ (State) _____ (Country) _____

13. REMARRIAGE DATE: _____
 (Month) _____ (Day) _____ (Year) _____

14. REMARRIAGE PLACE: _____
 (City) _____ (State) _____ (Country) _____

15. OTHER INFORMATION: _____





SECTION 10 - FOREIGN MILITARY SERVICE

1. Name of Country: _____

2. Name of Service: _____

3. Position: _____

4. Dates of Service: _____

5. Relative Service: _____

6. Remarks: _____

SECTION 11 - CHRONOLOGICAL HISTORY OF EMPLOYMENT FOR PAST 10 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. Name of Employer: _____

2. Position: _____

3. Dates of Employment: _____

4. Address: _____

5. Description of Duties: _____

6. Classification Grade (if in Federal Service): _____

7. Reason for Leaving: _____

8. Name of Employer: _____

9. Position: _____

10. Dates of Employment: _____

11. Address: _____

12. Description of Duties: _____

13. Classification Grade (if in Federal Service): _____

14. Reason for Leaving: _____

15. Name of Employer: _____

16. Position: _____

17. Dates of Employment: _____

18. Address: _____

19. Description of Duties: _____

20. Classification Grade (if in Federal Service): _____

21. Reason for Leaving: _____

22. Name of Employer: _____

23. Position: _____

24. Dates of Employment: _____

25. Address: _____

26. Description of Duties: _____

27. Classification Grade (if in Federal Service): _____

28. Reason for Leaving: _____

29. Name of Employer: _____

30. Position: _____

31. Dates of Employment: _____

32. Address: _____

33. Description of Duties: _____

34. Classification Grade (if in Federal Service): _____

35. Reason for Leaving: _____

36. Name of Employer: _____

37. Position: _____

38. Dates of Employment: _____

39. Address: _____

40. Description of Duties: _____

41. Classification Grade (if in Federal Service): _____

42. Reason for Leaving: _____

43. Name of Employer: _____

44. Position: _____

45. Dates of Employment: _____

46. Address: _____

47. Description of Duties: _____

48. Classification Grade (if in Federal Service): _____

49. Reason for Leaving: _____

50. Name of Employer: _____

51. Position: _____

52. Dates of Employment: _____

53. Address: _____

54. Description of Duties: _____

55. Classification Grade (if in Federal Service): _____

56. Reason for Leaving: _____

57. Name of Employer: _____

58. Position: _____

59. Dates of Employment: _____

60. Address: _____

61. Description of Duties: _____

62. Classification Grade (if in Federal Service): _____

63. Reason for Leaving: _____

64. Name of Employer: _____

65. Position: _____

66. Dates of Employment: _____

67. Address: _____

68. Description of Duties: _____

69. Classification Grade (if in Federal Service): _____

70. Reason for Leaving: _____

71. Name of Employer: _____

72. Position: _____

73. Dates of Employment: _____

74. Address: _____

75. Description of Duties: _____

76. Classification Grade (if in Federal Service): _____

77. Reason for Leaving: _____

78. Name of Employer: _____

79. Position: _____

80. Dates of Employment: _____

81. Address: _____

82. Description of Duties: _____

83. Classification Grade (if in Federal Service): _____

84. Reason for Leaving: _____

85. Name of Employer: _____

86. Position: _____

87. Dates of Employment: _____

88. Address: _____

89. Description of Duties: _____

90. Classification Grade (if in Federal Service): _____

91. Reason for Leaving: _____

92. Name of Employer: _____

93. Position: _____

94. Dates of Employment: _____

95. Address: _____

96. Description of Duties: _____

97. Classification Grade (if in Federal Service): _____

98. Reason for Leaving: _____

99. Name of Employer: _____

100. Position: _____

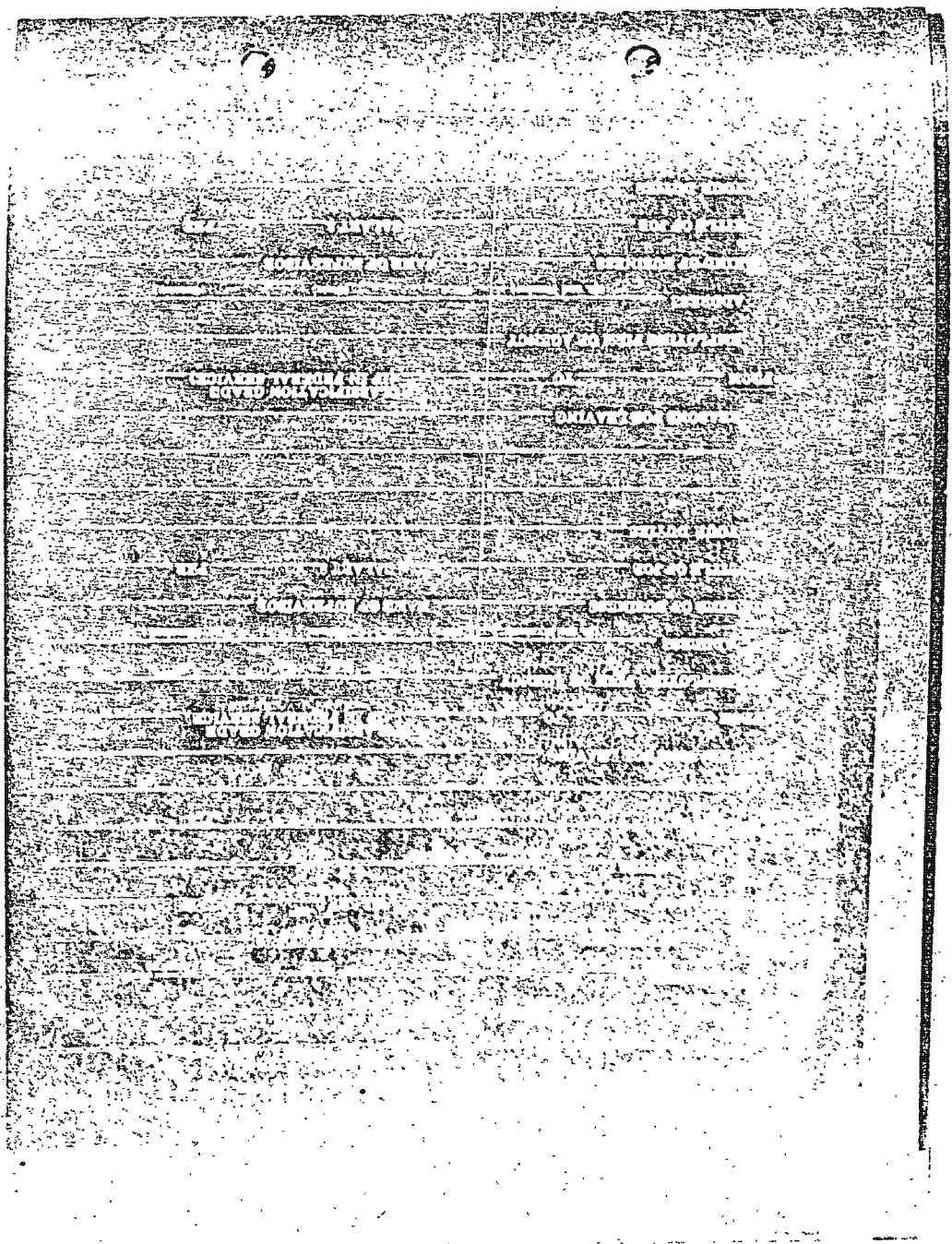
101. Dates of Employment: _____

102. Address: _____

103. Description of Duties: _____

104. Classification Grade (if in Federal Service): _____

105. Reason for Leaving: _____



DO NOT HAVE TO QUALIFY FOR A POSITION UNDER THE CURRENT LAW UNLESS YOU
DESIRE TO BE AN ACTIVE DETAILS

GENERAL QUALIFICATIONS

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99. ...
100. ...

GIVE FIVE CHARACTERS WHO KNOWN TO YOU IN THE UNITED STATES
 (Name of character) (Address) (City) (State) (Zip)

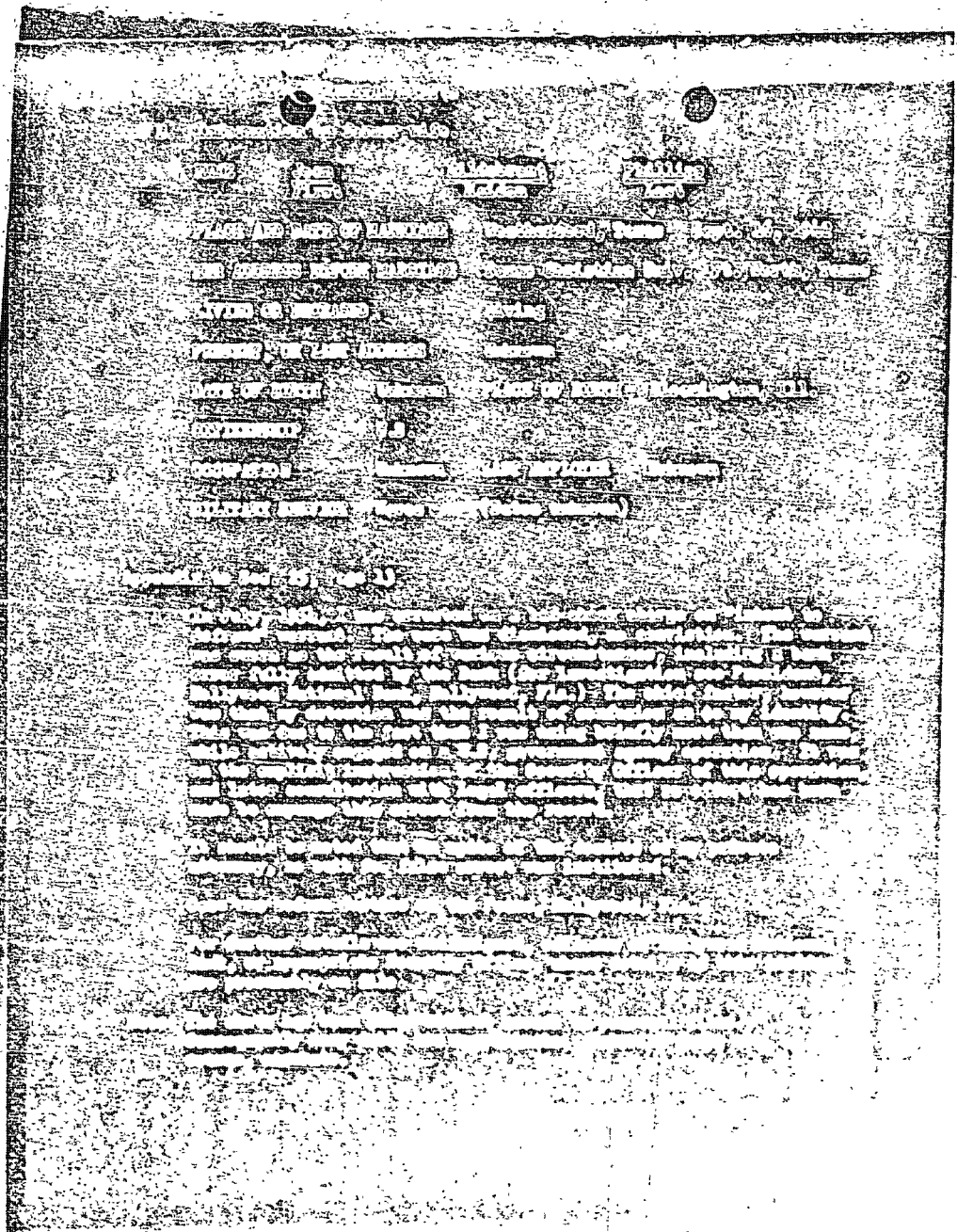
1. Name of character	2. Address	3. City	4. State	5. Zip
6. Name of character	7. Address	8. City	9. State	10. Zip
11. Name of character	12. Address	13. City	14. State	15. Zip
16. Name of character	17. Address	18. City	19. State	20. Zip
21. Name of character	22. Address	23. City	24. State	25. Zip

THE NAMES OF FIVE PERSONS WHO KNOW YOU OR ANYONE IN THE UNITED STATES
 (Name of person) (Address) (City) (State) (Zip)

1. Name of person	2. Address	3. City	4. State	5. Zip
6. Name of person	7. Address	8. City	9. State	10. Zip
11. Name of person	12. Address	13. City	14. State	15. Zip
16. Name of person	17. Address	18. City	19. State	20. Zip
21. Name of person	22. Address	23. City	24. State	25. Zip

ANY OTHER CHARACTERS OR PERSONS KNOWN TO YOU

1. Name of character	2. Address	3. City	4. State	5. Zip
6. Name of character	7. Address	8. City	9. State	10. Zip
11. Name of character	12. Address	13. City	14. State	15. Zip
16. Name of character	17. Address	18. City	19. State	20. Zip
21. Name of character	22. Address	23. City	24. State	25. Zip



Contract Service — [Redacted] (P) GS

<u>Date</u>	<u>Action</u>	<u>Compensation</u>	<u>Equivalent</u>
1 Feb 51	Independent contractor	\$600 per mo	
28 Feb 51	Independent contract terminated	600 " "	
25 Jan 52	Independent contractor	\$6,000 p.a.	
31 Aug 53	Contract terminated	6,000	
1 Mar 54	Contract Employee	\$7,200	
31 Jul 54	Contract terminated	7,200	
1 Aug 54	Contract Employee	8,360	
31 Mar 55	Contract terminated	8,360	
1 Apr 55	Agency Staff Agent service		
13 Aug 58			
19 Aug 58	Independent contractor (Note: the base rate of pay of \$7,200 is subject to increase on occasions wherein subject performs specialized assignments)	\$7,200	
13 Mar 60	Contract terminated	\$7,200	
14 Mar 60	Entered on duty as an Agency Staff Employee at the rate of GS-14/3 (\$11,835).		


ADMINISTRATIVE-INTERNAL USE ONLY

13 May 1975

MEMORANDUM FOR: Chief, Contract Personnel Division
SUBJECT : Earnings of David A. Phillips

In accordance with your telephone request, the following is a record of income earned by Mr. Phillips during the period 19 August 1958 through 13 March 1960. Mr. Phillips was paid at \$7,200 P/A, with the exception of those periods of service performed outside of his country of permanent assignment and then he was paid at \$13,000 P/A.

<u>DATES</u>	<u>PAID AT \$7200 P/A</u>	<u>DUE DIFFERENCE BETWEEN \$7200 P/A & \$13000 P/A</u>	<u>TOTAL</u>
19-31 Aug 58	\$ 240.00	-0-	\$ 240.00
Sept 58	600.00	\$ 32.22	632.22
Oct 58	600.00	434.97	1034.97
Nov 58-Jan 59	1800.00	-0-	1800.00
Feb 59	600.00	88.60	688.60
March 59	600.00	-0-	600.00
April 59	600.00	157.07	757.07
May 59	600.00	128.88	728.88
June-July 59	1200.00	-0-	1200.00
Aug 59	600.00	80.55	680.55
Sept 59-Feb 60	3600.00	-0-	3600.00
1-13 March 60	260.00	-0-	260.00
Totals	\$11,300.00	\$922.29	\$12,222.29


Deputy Chief
Compensation and Tax Division

ADMINISTRATIVE-INTERNAL USE ONLY

Out of Country 6 times

No.

David Phillips

19 Aug 58 - \$7200

19-31 Aug 58	-	\$260	
Sep 58	-	600 + 32.22	\$632.22
Oct 58	-	600 + 289.98	889.98
Nov 58	-	600	\$1800.00
Dec 58	-	600 + 88.60	688.60
Jan 59	-	600	600.00
Feb 59	-	600 + 157.07	757.07
Mar 59	-	600 + 128.88	728.88
Apr 59	-	600	600.00
May 59	-	600	600.00
Jun 59	-	600 + 80.55	680.55
Jul 59	-	600	600.00
Aug 59	-	600	600.00
Sep 59	-	600	600.00
Oct 59	-	600	600.00
Nov 59	-	600	600.00
Dec 59	-	600	600.00
Jan 60	-	600	600.00
Feb 60	-	600	600.00
1-13 Mar 60	-	260	260.00

11,320 paid at \$7200

extra pay \$777.30

Total Paid \$12,097.30

4 March 1975

BACKGROUND ON REQUEST FOR CREDITABLE SERVICE: August 1950 Until 3 March 1954

1. A basic document in consideration of this request is HCSA-825, dated 4 February 1954.

Pol. gh
Be. ment
2. I was running an English-language newspaper [redacted] when asked to work with our Station there. My first pay was \$50.00 per month. The file contains a project approval dated 31 May 1950; TCS-A-1064 asks that the first payment be made to the U.S. bank on 1 August 1950.

locus
73 a
project
3. During this period I recall a number of activities undertaken for the Station, and I travelled to New York for clandestine training. The file indicates "He was originally approved operationally to handle the complex Soviet espionage case of FULMINATER-2. His conduct of this case was considered excellent...." Also, "It will be recalled that Headquarters was very pleased with the printing job...which he had done." The latter was indicative of a number of such chores, when I stayed behind in my plant after the employees had left for the night, printing leaflets, booklets, etc. I also handled agents and did a number of spotting and assessing jobs for the Station.

4. I signed a new contract on 25 January 1952 for \$500.00 per month which ran until the termination date of 31 August 1953. (Actually this was in the form of a loan which was paid off at the rate of \$500.00. The advance was used to purchase printing equipment which allowed me to do certain work for the Station, but which I retained.)"

5. After termination of the contract on 31 August I remained in [redacted] until 4 March 1954. During this period I recruited a CP agent who still works for the Station--and was a cabinet member under Allende. On 3 February 1954 Headquarters asked that I be made available for another assignment. The Station pointed out that I was working on the recruitment, and that I and my family were planning on a European vacation. Headquarters again requested my assignment. Thus I departed for the [redacted] project in early March, abandoning my free family trip to Europe (tickets paid for by advertising in my paper) and leaving my family behind to pack up. I accepted this assignment without knowing where it was, or for how long it would last. Indeed I did not even have a contract.

E2 IMPDET
CL BY 024345

6. I worked for the Agency in [redacted] then, between 1 August 1950 until departure for PBSUCCESS on 4 March 1954. I was always available and when I finally did leave it was for Agency business rather than my own. Thus I request that all or part of this time be approved as creditable toward retirement.


David A. Phillips

3

Mr. DeFelice:

Information from Adele regarding
Dave Phillips' creditable service:

As of 31 December 1974:

18 years, 11 months, 27 days
(Agency civilian service)

2 years, 8 months, 11 days
(military service)

Total creditable service:

21 years, 8 months, 8 days.

Sick leave will be added to that.

For your information, [redacted] has
an appointment with Mr. Phillips on
Wednesday afternoon. He is in the
CIARDS system and with his birth date
in 1922, he is eligible for voluntary
retirement.

Bonnie

18 - 11 23

Mar 54 - July 54 - 4 mos -
1 Aug 54 - 31 Mar 57 - 8 mos -

April 55 - 15 Mar 56 - 3 mos

Mar 56 - Mar 55 - 15

off land - 7 Feb 56 - 13 Aug 58

Raymond Weaver - Chow

Contract job - 1 Feb 51 - 28 Feb 51 -
Contract job 28 Mar 52 - 31 Aug 53

Contract Employee 4 March 50 - 31 Mar 55
Self job 1 April 55 - 6 Feb 56
Self job 2 Feb 56 - 13 Aug 58
Contract job 15 Feb 58 - 13 Mar 60
Self job 14 Mar 60 - 6 Oct 60

David A. Phillips

Accepted Appointment Staff Employee 1 Apr 55
Resignation Staff Employee 6 Feb 56
Accepted Appointment Staff Agent 7 Feb 56
Resignation Staff Agent 13 Aug 58

Contract Agent 19 Aug 58
Terminated 13 Mar 60

Accepted Agent Staff Employee 14 Mar 60
Staff Employee since 14 Nov 1960

SECRET

21 May 1975

MEMORANDUM FOR: Office of Finance/C&TD

SUBJECT : Verification of Contract Employee Service of David A. Phillips, current staff employee for period 19 August 1958 through 13 March 1960.

REFERENCE : Memorandum from Deputy Chief Comp & Tax Division subject earnings of David A. Phillips dated 13 May 1975

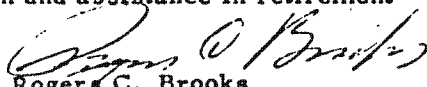
1. Based upon new information it has now been determined that subject served as an Agency contract employee during period 19 August 1958 through 13 March 1960, and that this period is creditable for both retirement and leave account category purposes. Civil Service Retirement deductions were not withheld during the period. Records of this office reflect subject was authorized compensation during referenced period at the rate of \$7,200 per annum, except that when he was outside of the United States he was paid at the rate of \$13,000 per annum. For times and amounts involved in change of rate see reference.

2. Action required:

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

(b) DDO/LA/Pers: Please advise subject of the contents of this memorandum.

(c) RAD/ROB: For your information and assistance in retirement processing.


Rogers C. Brooks
Deputy Chief

Contract Personnel Division

Distribution:

Orig - Addressee
1 - DDO/LA/Pers
1 - RAD/ROB

OGC Concurrence: 16 - 13 - 14 - 15 - 16 - 17 - 18 - 19 - 20 - 21 - 22 - 23 - 24 - 25

SECRET

E2IMPDET
CL by: 063837

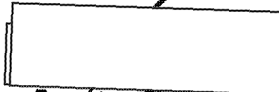
ADMINISTRATIVE-INTERNAL USE ONLY

13 May 1975

MEMORANDUM FOR: Chief, Contract Personnel Division
SUBJECT : Earnings of David A. Phillips

In accordance with your telephone request, the following is a record of income earned by Mr. Phillips during the period 19 August 1958 through 13 March 1960. Mr. Phillips was paid at \$7,200 P/A, with the exception of those periods of service performed outside of his country of permanent assignment and then he was paid at \$13,000 P/A.

<u>DATES</u>	<u>PAID AT \$7200 P/A</u>	<u>DUE DIFFERENCE BETWEEN \$7200 P/A & \$13000 P/A</u>	<u>TOTAL</u>
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Sept 58	600.00	\$ 32.22	632.22
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Nov 58-Jan 59	1800.00	-0-	1800.00
Feb 59	600.00	88.60	688.60
March 59	600.00	-0-	600.00
April 59	600.00	157.07	757.07
May 59	600.00	128.88	728.88
June-July 59	1200.00	-0-	1200.00
Aug 59	600.00	80.55	680.55
Sept 59-Feb 60	3600.00	-0-	3600.00
1-13 March 60	260.00	-0-	260.00
Totals	\$11,300.00	\$922.29	\$12,222.29


Depdy Chief
Compensation and Tax Division

ADMINISTRATIVE-INTERNAL USE ONLY

SECRET

21 May 1975

MEMORANDUM FOR: Office of Finance/C&TD

SUBJECT: Verification of Contract Employee Service of David A. Phillips, current staff employee for period 19 August 1958 through 13 March 1960.

REFERENCE: Memorandum from Deputy Chief Comp & Tax Division subject earnings of David A. Phillips dated 13 May 1975

1. Based upon new information it has now been determined that subject served as an Agency contract employee during period 19 August 1958 through 13 March 1960, and that this period is creditable for both retirement and leave account category purposes. Civil Service Retirement deductions were not withheld during the period. Records of this office reflect subject was authorized compensation during referenced period at the rate of \$7,200 per annum, except that when he was outside of the United States he was paid at the rate of \$13,000 per annum. For times and amounts involved in change of rate see reference.

2. Action required:

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

(b) DDO/LA/Pers: Please advise subject of the contents of this memorandum.

(c) RAD/ROB: For your information and assistance in retirement processing.

7s/ Rogers C. Brooks

Rogers C. Brooks

Deputy Chief

Contract Personnel Division

Distribution:

Orig - Addressee

1 - DDO/LA/Pers

1 - RAD/ROB

1 - Subjects CPD file

1 - CPD Chrono file

DDA/OP/CPD: RCB:sp (21 May 1975)

E2IMPDEF

CL by: 063837

SECRET

SECRET

10 MAR 1975

MEMORANDUM FOR: Chief, TRB

SUBJECT : Verification of Contract Employee Service for
[redacted] (P) Current Staff Employee

REFERENCE : CPD Memorandum of 30 June 1966 to Chief, TRB,
Subject "Record of Contract Service for [redacted]
[redacted]"

1. Referent memorandum is revised in its entirety to reflect the following periods of full time contract employee service as being creditable service for both leave and Civil Service Retirement purposes.

<u>DATE</u>	<u>ACTION</u>	<u>PER ANNUM COMPENSATION</u>
4 March 1954	Contract employee	\$7,200
31 July 1954	Contract terminated	7,200
1 August 1954	Contract employee	8,360
31 March 1955	Contract terminated	8,360

2. Period of service 4 March 1954 through 31 December 1954 had in previous memorandum been declared creditable service for both leave and retirement purposes. It denied creditable retirement service for the period 1 January 1955 through 31 March 1955 because of a Federal statutory provision relating to periods covered by Social Security. The foregoing position was removed by P. L. 91-630 of 31 December 1970, thereby having the effect of rendering said service as creditable.

3. Action required:

- a. Office of Personnel/TRB: Please file this memorandum in subject's official personnel file folder.
- b. Office of Personnel/ROB: For your information.

[redacted]

SECRET

- 2 -

- c. Office of Finance/C&TD: Please post the above information to subject's retirement records.
- d. DDO/LA/Personnel: Please advise subject of the contents of this memorandum.

Rogers C. Brooks
 Deputy Chief
 Contract Personnel Division

Distribution:

- Orig - Addressee
 - 1 - CP/ROB
 - 1 - OF/C&TD
 - 1 - DDO/LA/Personnel
 - 1 - CPD Subject file
 - 1 - CPD Chrono
- OP/CPD/R.C.Brooks:jc (10 March 1975)

SECRET

S E C R E T

MEMO FOR: The File

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

19 Oct 70

Subject, now a Staff Employee, asked Don DeFelice to see if any of his old contract time is creditable towards GIABSS retirement. Currently, subject is assigned PCS in VII field, but is currently in Hqtrs on TDY.

21 Oct 70:

Met with subject and discussed all aspects of his questions and his prior contractual service. Provided him with ~~some~~ information concerning his service, ~~and~~ that criteria CPD used in determining independent contractor service vs contract employee service, applicability of the "social security rule" precluding the use of ~~old~~ contract employee time under social security being creditable retirement time, etc. Also, provided subject with a sample of a memo which could be written to CPD requesting old independent contractor time be reauthorized as contract employee time. Also indicated to subject we would help him draft an appropriate memo if he (subject) felt he had a good case. In general, from information provided by subject, it seemed that subject's old independent contractor time was not of a type that might lend itself to conversion to contract ~~and~~ employee time.

3 Dec 70: As of this date, CPD had heard nothing more from subject and it was therefore assumed that ~~for~~ subject had, ~~and~~ at least for the immediate moment, decided not to pursue the matter further.

Paul Wilson
3 Dec 1970

0/Personnel/Contract Personnel Div
5F-69 Hqtrs.
(Paul R. Wilson)

23 April 1970

OP/RAD - 205 Magazine Bldg.
Attn: Adelo J. Sukowicz

1. Adelo: Hope the following with help you:

- (a) Attached is our CPD file on loan. In it find a chrono of all of subject's contract service.
- (b) Information in our CPD memo of 30 June 66 is reaffirmed. However, note it did not cite subject's 1951/52/53 service, which service is cited in the O/Finance memo of 16 June 1966. This 1951/52/53 service is independent contractor service and not creditable for purposes of Civil Service Retirement.
- (c) Our CPD memo of 30 Jun 66 indicates subject ~~had~~ had a social security obligation for period 1 Jan 55 thru 31 Mar 55. Since this obligation came about retroactively in mid 1955, possibility exists that neither subject or the Agency made contributions to the Social Security System. If they were not made, it is possible for such to be made at this late date and if subject or WH Division is interested in looking into this, they should contact Red Brooks of CPD.

Paul R. Wilson

UNCLASSIFIED INTERNAL USE ONLY CONFIDENTIAL SECRET

ROUTING AND RECORD SHEET

SUBJECT: (Optional)					
FROM:				DATE	
NH Personnel		3D3102		6815 6 April 1970	
TO: (Officer designation, room number, and building)	DATE		OFFICER'S INITIALS	COMMENTS (Number each comment to show from whom to whom. Draw a line across column after each comment.)	
	RECEIVED	FORWARDED			
1.	CP/RAD 205 Magazine ATTN: Adele J. Sukowicz				<p>Attached is Mr. ████████'s official file and a dispatch from him in which he requests a computation of his time with the Agency for retirement purposes. It is a very complicated case. Good luck!</p> <p style="text-align: right;">NH Personnel</p>
2.					
3.					
4.					
5.					
6.	Chief, Contract Personnel Div 5 E 69 HRS				
7.					1 to 6: On the basis of CPL's memo dated 30 June 1966 (copy attached) ruling on the creditability of Subject's contract service, ROB can reply to the attached dispatch. However, it is requested that CPL review HRRF for its factual content and advise ROB if the memo of 30 Jun 66 is reaffirmed.
8.					<p>Your attention is invited to a discrepancy in identifying 1951 contract service. In the dispatch (para 5) Subject refers to himself as a "covert associate"; the Office of Finance (see memo dtd 16 Jun 66, copy attached) lists the time as "contract agent" service; and your memo of 30 Jun 66 lists the time as "contract employee" service.</p>
9.					
10.					
11.					
12.					
13.					
14.					
15.					

604

DISPATCH		CLASSIFICATION S E C R E T	PROCESSING ACTION
TO	Chief, Western Hemisphere Division		MARKED FOR INDEXING
INFO.	Chief, Operational Services		NO INDEXING REQUIRED
FROM	Chief of Station, [redacted]		ONLY QUALIFIED DESK CAN JUDGE INDEXING
SUBJECT	Request for Review of Retirement Status---		
ACTION REQUIRED - REFERENCES			
<p>Action Required: See Paragraph 9 et all</p> <p>1. During his RYROCK career [redacted] has served as Contract Agent, Covert Associate, Staff Agent and Contract Employee. On one occasion [redacted] resigned from RYROCK, became a Contract Agent, then returned as a Staff Employee. The purpose of this dispatch is to request a review of exactly what [redacted] status has been over the years, what must be done to repay retirement funds for any periods of creditable service not now covered, and to study the possibility that some periods of tenure might be converted from uncreditable to creditable status.</p> <p>2. [redacted] served in the Air Force from February 1943 through October 1945, with total service of two years, eight months and 19 days.</p> <p>3. The dates of [redacted] first RYROCK service in [redacted] [redacted] are very hazy to [redacted]. He does recall that he was first recruited by the COS, but cannot recall if this was on a formal, salaried basis. At some time during 1950 or 1951, probably the latter, [redacted] signed an RYROCK contract, for at least two years, possibly longer. The salary is remembered as US\$500 per month, and on one occasion this salary was paid in advance to allow [redacted] to purchase printing equipment. Please check the contract covering this period and advise [redacted] (a) the duration of the contract and (b) if any provision for deductions (or future payment of) was made. If, as [redacted] suspects, there were no deductions, even for Social Security, [redacted] would appreciate Headquarters comment on the possibility that this period might be retroactively converted to creditable service status (after payments into retirement system, of course). In this connection it is suggested</p>			
Distribution:			
3 - Chief, WHD 2 - Chief, OPSER			
REFERENCE TO	DISPATCH SYMBOL AND NUMBER	DATE	
	HBRT-7797	25 March 1970	
	CLASSIFICATION	MOS FILE NUMBER	
	S E C R E T		

that a discussion might be held with James G. COLLETT, who was COS in [] during most of that time. [] believes that COLLETT will confirm that [] demonstrated his intense interest in his RVROCK work by performing not only the work called for in his contract (mostly clandestine printing) but other chores as well. Example: during this period, or perhaps just after the expiration of [] contract, [] under Station guidance and instruction, approached and recruited a Communist Party agent. (It is understood that the agent is still reporting.) Another example: in March 1954, COS COLLETT approached [] and asked him if he would accept the Headquarters' request that he leave [] board an airplane for the U.S. and assist in an unidentified operation which would last "some months." That was the extent of the offer. [] accepted. This was despite the fact that he had no contract, and that he had to leave his family behind and to abandon a trip which had been planned through Europe. It is believed that this indicates that [] was pretty much "under RVROCK control" during this period. (Perhaps training records can assist in finding information on this [] period, as [] went to New York on one occasion for a six-week training course).

4. The next period of contract employment is also hazy. The operation in which [] was asked to participate turned out to be PBSUCCESS. Some sort of contract was drawn up, but [] does not recall if any deduction for retirement was made, nor of the terms of the contract. It is requested that this contract be reviewed and, should there have been no retirement credit, that it too be reviewed for possible conversion to creditable service. There is no question of [] "responding to RVROCK control" during this period. It was full time work, and most of it performed away from family---some of it in the jungle. About sixty days, [] recalls, was spent [], in Project PBHISTORY. [] was awarded an RVROCK decoration for his work during this period. *ABROAD.*

5. As the result of his participation in PBSUCCESS, [] was contracted as a Covert Associate from (about; this is a guess) October, 1954 until April of 1955. [] distinctly recalls that this contract called for retirement credit if chosen as a future option. (It is not impossible that this contract was made retroactive to cover [] departure from [] in March, 1954.) It would be appreciated if [] would be advised of the exact duration and terms of this contract.

6. [] was a Staff Employee from 1 April 1955 until 13 July of 1958, when he resigned. Retirement payments for this period were returned to [] and he understands that they must be repaid sometime before retirement to make the period creditable.

7. After resigning in 1953 [] went to Cuba and within a week signed a contract---as an independent operator and, to the best of [] recollection, without any retirement benefits. Again, it is requested that this contract be reviewed with the view of possible conversion to creditable status.

8. On March 14, 1960 [] again became a Staff Employee, and has remained in that status.

9. Despite a rather long tenure with RVROCK [] now finds that much of his service is either not creditable, or is creditable and not paid. [] would like to set this house in order, and to begin having regular deductions from his salary begin building up his paid-up creditable retirement equities. Headquarters' assistance in arriving at this happy state would be appreciated. [] is especially interested in obtaining approval for conversion of the early contract days in []. It seems apparent that if repayment into the retirement system is to be initiated,

CONTINUATION OF DISPATCH	CLASSIFICATION S E C R E T	DISPATCH SYMBOL AND NUMBER HBRT-7797
<p>it would be wiser to repay the early years first (so as to add more time more quickly with less payment). In any event, a Headquarters' review of the case would be appreciated.</p> <div data-bbox="1023 527 1380 621" style="border: 1px solid black; height: 44px; width: 220px; margin-left: auto; margin-right: auto;"></div>		
FORM 53e 8 64 1 601	CLASSIFICATION S E C R E T	<input type="checkbox"/> CONTINUED PAGE NO. 3

30 June 1966

MEMORANDUM FOR : Chief, TRB

SUBJECT : Record of Contract Service for

1. Per your request we are forwarding record of Subject's contract service:

<u>Date</u>	<u>Action</u>
4 March 1954	Hired as Contract Employee
31 July 1954	Terminated
1 August 1954	Hired as Contract Employee
31 March 1955	Terminated
19 August 1958	Hired as Contract Agent
13 March 1960	Terminated

2. Subject was employed on a full time basis with leave benefits from 4 March 1954 through 31 March 1955. Accordingly, this entire period is "creditable" for establishing his annual leave category. However, the period from 19 August 1958 through 13 March 1960, as an independent contractor, is not creditable for this purpose. Only the period from 4 March 1954 through 31 December 1954 is "creditable for Civil Service Retirement, since Contract Employee's were mandatorily covered by Social Security as of 1 January 1955.

3. Attached is OF record of Agency service with salary breakdown.

Rogers C. Brooks
Acting Chief, Contract Personnel Division

Distribution:

Orig - Addressee
2 - CPD

16 June 1966

ATTN : Chief, Contract Personnel Division

Compensation and Tax Division
Office of Finance

Agency Service of ~~XXXXXXXXXXXXXXXXXXXX~~

The records of the Office of Finance show the following Agency services for Subject:

Contract Agents:

EOB 1 February 1951 @ \$600.00 P/A
Term 29 February 1951 @ \$600.00 P/A

EOB 25 January 1952 @ \$1000.00 P/A
Term 31 August 1953 @ \$6000.00 P/A

EOB 4 March 1954 @ \$7200.00 P/A
Pay Inc. 1 August 1954 @ \$6360.00 P/A
Term. 31 March 1955 @ \$2960.00 P/A

Staff Employees:

Ex. Appt. 1 April 1955 @ \$5600.00 P/A
Res. 8 February 1956 @ \$10,320.00 P/A

Staff Agent:

Ex. Appt. 7 February 1956 @ \$10,320.00 P/A
PSI 7 October 1956 @ \$10,535.00 P/A
Pay Raise 12 January 1958 @ \$11,555.00 P/A
PSI 6 April 1958 @ \$11,835.00 P/A
Res. 13 August 1958 @ \$11,835.00 P/A

Contract Agent:

EOB 19 August 1958 @ \$7,200.00 P/A
Term. 19 March 1960 @ \$7,200.00 P/A

Staff Employees:

Ex. Appt. 14 March 1960 @ \$11,835.00 P/A
Subject has been a Staff Employee since 14 March 1960.

Chief
Agent Payroll Branch

STATEMENT OF PRIOR FEDERAL CIVILIAN AND MILITARY SERVICE
 AND DETERMINATION OF COMPETITIVE STATUS

IMPORTANT: The information on this form will be used (1) in determining creditable service for leave purposes and retention credits for reduction in force, and (2) in recording agency determination of competitive status. The employee should complete Part I and the Personnel Office should complete Parts II through V.

PART I—EMPLOYEE'S STATEMENT								PART II—THIS COLUMN IS FOR PERSONNEL OFFICE USE			
1. NAME (Last, first, middle initial)					2. DATE OF BIRTH			3. RETENTION GROUP			
PHILLIPS, DAVID ATLEE					OCTOBER 31, 1927						
3. LIST THE FOLLOWING INFORMATION CONCERNING ALL FEDERAL AND DISTRICT OF COLUMBIA SERVICE YOU HAVE HAD PRIOR TO YOUR PRESENT APPOINTMENT (Do not include military service).								10. A CSC STATUS <input type="checkbox"/> YES <input type="checkbox"/> NO			
								10. B. TYPE OF PRESENT APPOINTMENT			
								11. SERVICE			
NAME AND LOCATION OF AGENCY		FROM—		TO—		TYPE OF APPOINTMENT IF KNOWN		YEAR	MONTH	DAY	
CIA		YEAR	MONTH	DAY	YEAR	MONTH	DAY				
		1955	APRIL	1	1955	AUG	13	CS-14	3	4	13
4. LIST PERIODS OF ACTIVE SERVICE IN ANY BRANCH OF THE ARMED FORCES OF THE UNITED STATES IF YOU HAD NO ACTIVE MILITARY SERVICE, WRITE "NONE."											
BRANCH		FROM—		TO—		DISCHARGE (Hon. or dishon.?)					
		YEAR	MONTH	DAY	YEAR	MONTH	DAY				
ARMY AIR FORCE		1945	2	12	1945	10	31	NON.			
5. TOTAL OF MORE THAN 6 MONTHS ABSENCE BY ONE CALENDAR YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO								12. TOTAL SERVICE			
								6 3 2			
6. NONCREDITABLE SERVICE (Leave purposes only):								13. NONCREDITABLE SERVICE (RIF purposes only):			
7. NONCREDITABLE SERVICE (RIF purposes only):								14. NONCREDITABLE SERVICE (RIF purposes only):			
8. PREEMPLOYMENT RIGHTS <input type="checkbox"/> YES <input type="checkbox"/> NO								15. PREEMPLOYMENT RIGHTS <input type="checkbox"/> YES <input type="checkbox"/> NO			
9. RETENTION RIGHTS <input type="checkbox"/> YES <input type="checkbox"/> NO								16. RETENTION RIGHTS <input type="checkbox"/> YES <input type="checkbox"/> NO			
17. EXPIRATION DATE OF RETENTION RIGHTS											

NOTE:
 This SF-144 was completed by subject on 14 March 1960 on occasion of entering on duty as a Staff Employee. Note that he did not claim any of his prior contract service. Original of this SF-144 on file in subject's Staff Employee file.

I swear (or affirm) that the above statements are true to the best of my knowledge and belief.

14 MARCH 1960 (DATE) David G. Phillips (SIGNATURE)

Subscribed and sworn to before me on this _____ day of _____ 1960 at WASHINGTON, D.C. (MONTH) (DAY) (STATE)

BEAL William Caperton

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

INSTRUCTIONS: File this form on the permanent side of the employee's official personnel folder immediately before or after the personnel action involved.

SECRET

14 March 1960

MEMORANDUM FOR: Chief, Contract Personnel Division

SUBJECT : Termination of [] Contract

It is requested that the contract of [] be terminated as of close of business 13 March 1960 in view of his appointment to staff employee status effective 14 March 1960

J. C. King
Chief, Western Hemisphere Division

SECRET

[Redacted]

Dear [Redacted]

Reference is made to your contract with the United States Government, as represented by the Contracting Officer, effective 19 August 1958, as amended.

Effective 16 February 1960, said contract, as amended, is further amended by adding after paragraph seven (7), entitled "Travel and Operational Expenses," the following paragraph:

"8. Return Travel. Upon the successful completion of your services under this agreement you will be advanced or reimbursed funds for authorized travel and transportation expenses for you, your dependents and your household effects from Havana, Cuba to the Washington, D.C. area, including per diem in lieu of subsistence in the course of such travel. Such funds will be subject to payment and accounting in conformance with applicable Government regulations."

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

UNITED STATES GOVERNMENT

BY _____
Contracting Officer

Entk-cc - 19 Feb 60
WH/PP Amourille x
cc Robert Rayneck
C.A.

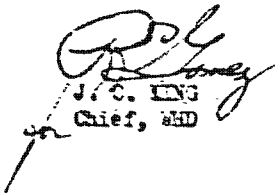
SECRET

16 February 1960

MEMORANDUM FOR: Chief, Contract Personnel Division

SUBJECT: Amendment to Contract -

It is requested that Subject's contract dated 19 August 1958, as amended, be further amended to authorize return travel from Havana, Cuba, to Washington, D. C., for Subject and his dependents at Government expense. It is also requested that the amendment authorize shipment of household effects from Havana, Cuba, to Washington, D. C., at Government expense.


J. C. KING
Chief, CED

SECRET

SECRET

18 August 1959

MEMORANDUM FOR: Chief, Contract Personnel Division
Attention: [REDACTED]

FROM : Acting Chief, WHD

SUBJECT : Renewal of Contract of [REDACTED]

It is hereby requested that the contract of [REDACTED] effective
19 August 1958 and amended, be renewed for one (1) year effective 19 August
1959.

R. E. Gomez
for R. E. GOMEZ
Acting Chief, Western Hemisphere Division

SECRET

SECRET

[Redacted]

Dear [Redacted]

Reference is made to your contract with the United States Government, as represented by the Contracting Officer, effective 19 August 1958.

Effective 19 August 1958, said contract is amended in the following manner:

(a) The first sentence of paragraph one (1), entitled "Compensation," is deleted and in lieu thereof the following sentence is substituted:

"In full consideration for the purchase of such information and services you will be compensated in an amount calculated at the rate of \$7200 per annum except that for those periods of time during which you are performing services necessitating certain specialized professional skills on a full time basis outside of the country of your present permanent assignment, you will be compensated at the rate of \$13,000 per annum."

(b) The following paragraph is added after paragraph six (6), entitled "Term":

"7. Travel and Operational Expenses. While performing those tasks for which you will be compensated at the rate of \$13,000 per annum, as set forth in paragraph one (1) above, you will be advanced or reimbursed funds for necessary expenses incurred in connection with such operational travel as may be directed or authorized by the Government. This may include per diem in lieu of subsistence in the course of such travel and while on temporary duty away from your permanent post of assignment overseas. In addition, you will be advanced or reimbursed funds for necessary operational expenses as specifically approved by the Government. Payment and accounting for the items set forth herein will be in conformance with applicable Government regulations."

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

You will please indicate your approval by signing in the space provided below.

UNITED STATES GOVERNMENT

BY _____
Contracting Officer

ACCEPTED:

[Redacted]

WITNESS: _____

APPROVED:

*6/20/58 - 9/10/58
21 1/2 1/2 of [unclear]*

SECRET

17 September 1958

MEMORANDUM FOR : Chief, Contract Personnel Division
Attention: [redacted]

FROM : Chief, Western Hemisphere Division

SUBJECT : Amendment To Contract of [redacted]

1. It is hereby requested that the contract of [redacted] be amended to provide that he be compensated in an amount calculated at the rate of \$13,000. per annum while travelling outside Cuba at the request of the United States Government and engaged full time in the work of the United States Government. It is further requested that while so travelling outside Cuba, [redacted] be paid per diem at the standard United States Government rate for the area of travel or temporary residence.

2. [redacted] possesses certain specialized professional skills which are in temporary, but urgent demand in a country (other than Cuba) within the jurisdiction of the Western Hemisphere Division. The contract amendment outlined in paragraph 1. (above) is being requested so as to provide a means by which [redacted] skills might be made available to meet this current need for them.

J. C. King
J. C. KING
Chief, Western Hemisphere Division

SECRET

[Redacted]

Dear [Redacted]

The United States Government, as represented by the Contracting Officer, hereby contracts with you as an independent contractor for the purchase of certain information and related services of a confidential nature under the following terms and conditions:

1. Compensation. In full consideration for the purchase of such information and services, you will be compensated in an amount calculated at the rate of \$7200 per annum. Payments will be made as directed by you in writing in a manner acceptable to the Government. No taxes will be withheld therefrom but it will be your responsibility to report such income under existing Federal income tax laws and regulations. A Form No. 1099 prepared in a manner to conceal the true source of such income will be furnished you by the Government in order that said responsibility may be properly fulfilled. Income received pursuant to this contract is not subject to relief from Federal income taxes on the basis of foreign residence.

2. Status. You are not an employee of the United States Government under this agreement and are not entitled to any benefits normally incident to an employee status.

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

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

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

6. Term. This contract is effective as of 15 August 1953, and shall continue thereafter for a period of one (1) year unless sooner terminated either:

(a) By fifteen (15) days' actual notice by either party hereto, or

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

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

UNITED STATES GOVERNMENT

BY _____
Contracting Officer

ACCEPTED:

WITNESS: _____

APPROVED:

L.P.M./uc/11 Sept 58

SECRET

CONTRACT INFORMATION AND CHECK LIST		NAME OF OFFICER	DIVISION
INSTRUCTIONS: Complete all items, inserting "N.A." where items are not applicable. Forward original and one copy for preparation of contract.		Robert Reynolds	WHD
		TELEPHONE EXTENSION	DATE
		2055	13 August 1958
SECTION I GENERAL			
1. NAME <input checked="" type="checkbox"/> STUDY <input type="checkbox"/> TRUE	2A. PROJECT	3. ALLIANCE NO.	4. SLOT NO.
	Amourette-Z (D-TO)		
	2B. PERMANENT STATION		
	Habana	8-3545-01-500	N. A.
5. PASTS	6. INDIVIDUAL IS PRESENTLY ENGAGED, OR HAS BEEN ENGAGED BY CIA OR ITS ALLIED ACTIVITIES IN SOME CAPACITY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If yes, describe and include salary)		
	Contact Agent, 1952-1954 Staff Agent, 1957-1958 Staff Employee, 1955-1957 (\$10,320) GS-14		
7. SECURITY CLEARANCE (Type and date)		8. CONTRACT IS TO BE WRITTEN IN STERILE FORM I.E., "U.S. GOVERNMENT" <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Top Secret Clearance EOD/CIA 1 April 1955			
9. INDIVIDUAL WILL WORK UNDER "CONTROLLED CONDITIONS" I.E., REGULAR OFFICE HOURS AWAY FROM SUBJECT'S HOME AND PERFORMED UNDER THE SUPERVISION OF A STAFF EMPLOYEE OR STAFF AGENT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		10. PROPOSED CATEGORY (Contract agent, contract employee, etc.)	
		Contract Agent	
SECTION II PERSONAL DATA			
11. CITIZENSHIP	12. IF NOT U.S. CITIZEN, INDIVIDUAL IS A PERMANENT RESIDENT ALIEN <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	13. AGE	14. DATE OF BIRTH (Month, day, year)
U. S.		35	31 October 1922
15. LEGAL RESIDENCE (City and state or country)		16. CURRENT RESIDENCE (City and state or country)	
4804 Washburn, Fort Worth, Texas		Habana, Cuba	
17. MARITAL STATUS (Check as appropriate)			
<input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> ANNULLED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED			
18. NUMBER OF DEPENDENTS (Not including individual) RELATIONSHIP AND AGE:		19. INDIVIDUAL IS RELATED TO A STAFF EMPLOYEE, STAFF AGENT OR AN INDIVIDUAL CURRENTLY WORKING FOR THE AGENCY IN SOME CAPACITY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO RELATIONSHIP:	
Five: Wife and four children.			
SECTION III U.S. MILITARY STATUS			
20. RESERVE	21. VETERAN	22. IF RETIRED, INDICATE CATEGORY (Longevity, combat disability, service disability non-combat)	
N. A.	World War II	N. A.	
23. BRANCH OF SERVICE	24. RANK OR GRADE	25. DRAFT ELIGIBLE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	26. DRAFT DEFERMENT OBTAINED BY CIA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Air Force	S/Sgt.		
SECTION IV COMPENSATION			
27. BASIC SALARY	28. POST DIFFERENTIAL	29. COVER (Breakdown, if any)	30. TAXES TO BE WITHHELD BY <input type="checkbox"/> COVER ISSUE 1099 IN <input type="checkbox"/> CIA NAME OF NOTIONAL <input type="checkbox"/> NOT WITHHELD PAYOR.
\$7200 p. a.	N. A.	N. A.	
SECTION V ALLOWANCES (NORVALLY GRANTED ONLY TO RESIDENTS OF THE UNITED STATES)			
31. QUARTERS	32. POST	33. OTHER	
N. A.	N. A.	N. A.	
34. COVER (Breakdown, if any)			
N. A.			
SECTION VI TRAVEL			
35. TYPES <input type="checkbox"/> PCS <input type="checkbox"/> DOMESTIC OPERATIONAL <input type="checkbox"/> FOREIGN OPERATIONAL			36. WITH DEPENDENTS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
N. A.			
37. HOUSEHOLD EFFECTS TO BE SHIPPED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	38. PERSONAL VEHICLE TO BE SHIPPED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	39. TRANSPORTED VEHICLE TO BE USED FOR OPERATIONAL TRAVEL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
40. IF WITH DEPENDENTS STATE RELATIONSHIP, CITIZENSHIP, AGE AND DATE OF BIRTH			
41. PAYMENT AND ACCOUNTABILITY WILL BE IN CONFORMANCE WITH <input checked="" type="checkbox"/> CIA REGULATIONS <input type="checkbox"/> COVER POLICIES AND REGULATIONS			
N. A.			
SECTION VII OPERATIONAL EXPENSES			
42. PURCHASE OF INFORMATION	43. ENTERTAINMENT	44. OTHER	

CONTRACT INFORMATION AND CHECK LIST (CONTINUED)		CASE NUMBER Robert Reynolds	DIVISION WHD	
NOTE: SEE INSTRUCTIONS ON FIRST SHEET		TELEPHONE EXTENSION 2056	DATE 13 August 1958	
SECTION VIII OTHER BENEFITS				
40. BENEFITS (See Part VII of Confidential Fund Regulations or successor regulations for benefits applicable to various categories of contract personnel. If medical benefits are requested see R 13-210 or successor regulations.)				
N. A.				
SECTION IX COVER ACTIVITY				
47. STATUS (Check)	<input checked="" type="checkbox"/> PROPOSED <input type="checkbox"/> ESTABLISHED	48. TYPE (Check)	<input type="checkbox"/> PROPRIETARY <input type="checkbox"/> SUBSIDIZED <input type="checkbox"/> CULTURAL <input type="checkbox"/> EDUCATIONAL <input checked="" type="checkbox"/> COMMERCIAL <input type="checkbox"/> MILITARY <input type="checkbox"/> TOURIST <input type="checkbox"/> OTHER	
49. IF COVER PAYMENTS ARE CONTEMPLATED, THEY WILL BE EFFECTED ON REIMBURSABLE BASIS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL				
SECTION X OFFSET OF INCOME				
50. OFFSET OF INCOME AND OTHER EMOLUMENTS DERIVED FROM COVER ACTIVITIES (If less than total, justify in separate memo attached hereto.) <input type="checkbox"/> TOTAL <input type="checkbox"/> PARTIAL <input checked="" type="checkbox"/> NONE				
SECTION XI TERM				
51. DURATION	52. EFFECTIVE DATE	53. RENEWABLE		
DAYS: 12 MONTHS: YEARS:	15 August 1958	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
54. TERMINATION NOTICE (Number of days) 15	55. FORFEITURE OF RETURN TRAVEL FOR RESIGNATION PRIOR TO CONTRACT TERMINATION N. A. <input type="checkbox"/> YES <input type="checkbox"/> NO			
SECTION XII FUNCTION				
56. PRIMARY FUNCTION (SI, PP, other) PP				
SECTION XIII DUTIES				
57. GENERAL DESCRIPTION OF DUTIES TO BE PERFORMED				
To be assigned by CCS, Habana, according to Station requirements.				
SECTION XIV QUALIFICATIONS				
58. EXPERIENCE				
Contract Agent in [] 1952-1954 Contract Agent, PBSUCCESS and PHISTORY, 1954 Covert Associate, 1954-1955 Staff Agent, Cuba, 1956-1957 Staff Agent, [] 1957-1958				
59. EDUCATION				
(Check Highest Level Attained)	<input type="checkbox"/> CREDE SCHOOL	<input type="checkbox"/> HIGH SCHOOL GRADUATE	<input type="checkbox"/> TRADE SCHOOL GRADUATE	
	<input type="checkbox"/> BUSINESS SCHOOL GRADUATE	<input type="checkbox"/> COLLEGE (No degree)	<input type="checkbox"/> COLLEGE DEGREE	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/> POST GRADUATE MA PHD	
60. LANGUAGE COMPETENCY			61. INDIVIDUAL'S COUNTRY OF ORIGIN	
(Check Appropriate Degree Competency)	LANGUAGE	SPEAK		WRITE
		FLUENT AVERAGE POOR		FLUENT AVERAGE POOR
	Spanish	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
	French	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
			U.S.A.	
62. AREA KNOWLEDGE				
[] Cuba, []				
SECTION XV PRIOR EMPLOYMENT				
63. JOB AND SALARY PRIOR TO SERVICE FOR CIA				
Editor and publisher, actor, lecturer, free-lance writer.				
SECTION XVI ADDITIONAL INFORMATION				
64. ADDITIONAL OR UNUSUAL REQUIREMENTS, JUSTIFICATIONS OR EXPLANATIONS (Use other side if necessary)				
<input type="checkbox"/> OVER				
APPROVAL				
DATE	TYPED NAME & SIGNATURE OF DIVISION OFFICER	DATE	TYPED NAME & SIGNATURE OF SENIOR STAFF OFFICER	

7 February 1955

MEMORANDUM FOR: CHIEF, SCAPS

VIA : Contract Approving Officer, PP Staff

SUBJECT : Termination of Contract.

It is requested that the contract on
be terminated effective 1 April 1955.

SIGNED

Chief of Administration
Psychological and Paramilitary
Operations Staff

APPROVED

PP/CONTRACT APPROVING OFFICER

SECRET

19 October 1954

MEMORANDUM FOR: Chief, Psychological and Paramilitary
Operations Staff

SUBJECT: [REDACTED] (P) - Covert Associate

REFERENCE: Memo to Special Contracting Officer, CIA,
dated 12 October 1954, Same Subject

Pending publication of a regulation on Employee Services, the Office of Personnel issued N 20-660-19, dated 29 July 1954 to be effective 1 August 1954. This Notice announced the availability of two life insurance and two health insurance programs sponsored by the Agency under the name of "Government Employees Health Association, Inc." Eligibility for these life and health insurance programs has been limited to those categories of personnel expressly stipulated in the Notice. Nowhere are Covert Associates listed as an eligible group, although in fact a Covert Associate may be an employee of the U. S. Government. Until the notice or the proposed regulation is changed, this Staff is precluded from inserting in contracts similar to that of subject individual's any reference to health and life insurance programs normally available to staff employees.

JOHN L. DISCHOFF
Special Contracting Officer

DHL/pr
Orig & 1 Addressee
1 cc Employee Services Div. (attn. [REDACTED])
1 cc subject file
1 cc chrono
1 cc corres w/PPStaff file

SECRET

12 OCT 1954

SECRET

12 Oct 1954

MEMORANDUM FOR: SPECIAL CONTRACTING OFFICER, CIA

SUBJECT : [redacted] (P)--Cover Associate

It is requested that the subject's contract effective 1 August 1954 be amended to permit the subject to apply for Hospitalization and Life Insurance with the Agency.

[redacted]

[redacted]

Chief

Psychological and Paramilitary Operations Staff

APPROVE: *[Signature]*
SPECIAL CONTRACTING OFFICER

SECRET

MEMORANDUM FOR: Mr. Kermit Roosevelt

ATTENTION : Mr. John Baker

SUBJECT : [REDACTED] Employment as CIA
Staff Officer

1. To those of us at Headquarters who have followed closely the work of [REDACTED] in connection with PBSUCCESS, it is completely evident that he made one of the major and most outstanding contributions to this Operation and that he has demonstrated himself to be exceptionally qualified in the field of political and psychological operations (covert). I have just been informed by Messrs. Barnes and [REDACTED] that the latter who has heretofore been employed in the capacity of a Contract Agent, desires to become more closely associated with the Agency and would like to be employed as a regular staff officer. I am very much in favor of following up on this opportunity, and I have good reason to believe that the Director likewise is specifically interested.

2. There are certain aspects of this case which appear to require special handling and tailoring -- none of which presents any difficulties as I see it -- but, on the contrary, would tie in very neatly with both the near term and longer range aspects of the employment of [REDACTED]. These aspects are as follows:

(a) [REDACTED] desires to begin his term of employment by the Agency with a period of service at Headquarters. (He has spent many years in Latin America, principally in [REDACTED] where he has owned and still owns a newspaper, and, in my judgment, it would be mutually advantageous to the Agency and to [REDACTED] for him to spend not less than a year as a member of the Headquarters organization.)

(b) [REDACTED] has for some years in the past been giving an annual series of lectures in various Latin American capitals. These lectures have been arranged by an agent of his in New York and his audiences have consisted of business and professional groups and women's organizations. The general subject matter of his lectures has included talks on the threat of international Communism to Latin America. [REDACTED] would desire, if it can be worked out, to be permitted to continue to deliver lectures of this kind in the future and is at the present time

SECRET

contemplating a series of lectures on Latin America to be given in various cities within the United States.

(c) [redacted] would be ready and able to accept a field assignment in South America following the conclusion of the period of Headquarters' duty referred to.

3. As already indicated, it seems to me that there are no serious problems involved in any of the foregoing and that the material can be readily cut to fit the pattern. It is the recommendation of Mr. Barnes in which I concur, that [redacted] be assigned to the PP Staff during his tour of duty here. He could in this capacity work very closely with WH Division, but it seems to Tracy and myself that he can contribute importantly to the work of the PP Staff and in the process broaden himself. As regards the matter of the lectures, I would recommend that arrangements be made to permit and even encourage him to continue these since it seems to me that they would fit in very well with his general PP assignment -- assuming, of course, that his Headquarters and field cover are properly designed and maintained. The Headquarters cover problem is not a substantial one and as far as the field is concerned if [redacted] were to go [redacted] cover of the right kind this also should present no problem. There is a ready-made cover in the field and in a critically important country by virtue of his ownership -- for some six years -- of a newspaper in [redacted] It would not be incompatible with his resumption of his position as owner and editor of the [redacted] newspaper to work in an annual series of lectures either in Latin America or in the United States. There is only one further point involved in connection with the lectures: Because of [redacted] intimate association with many of the details of PBSUCCESS and also in light of the standing rules of the Agency, it would be desirable for him to submit at least in general outlines, and preferably textually to the extent feasible, the substance of his proposed lectures. He is anxious to do this in connection with the forthcoming lectures -- for his own piece of mind since he would like to be double-checked on the things which he should say and those which he should not say with respect to the Guatemalan development. He could send the material to Mr. Holcomb or myself -- or to you -- and after it has been checked over by one of us, we could arrange to submit it to the Office of Security for such further checking as may be desirable.

4. [redacted] proposes to take a leave of absence of a month or six weeks, starting within the next few days. I believe it would be desirable for Mr. Baker, to start the necessary personnel and other administrative actions, including any additional security clearances which may

14-00000

which may be necessary, etc., looking toward having everything in line for to come aboard officially at the conclusion of this leave.

5. His home address is: 811 Hollywood Blvd.
Hollywood, Florida

FRANK G. WISNER
Deputy Director (PLANS)

ct" COPS -- DD/P
CWH

SECRET

Date:

[Redacted]

Dear [Redacted]

Reference is made to your contract effective 4 March 1954 with the United States Government, as represented by the Central Intelligence Agency, for the submission of certain information and related services of a confidential nature.

Effective ^{31 July} ~~14 September~~ 1954, said contract is terminated and in lieu thereof the following contract is substituted:

The United States Government, as represented by the Central Intelligence Agency, hereby contracts with you as a Covert Associate for the submission of certain information and related services of a confidential nature under the following terms and conditions:

1. Compensation. In full consideration for the submission of certain information and related services of a confidential nature, you will be compensated at the rate of \$8360 per annum. In addition, you will be entitled to authorized overtime in excess of 40 working hours per week at the rate of \$1.51 per hour. Payments will be made as directed by you in writing in a manner acceptable to CIA. No taxes will be withheld from any sums paid to you hereunder directly by CIA, but it will be your responsibility to report such sums in accordance with applicable Federal income tax laws and regulations.

2. Travel. You will be advanced or reimbursed funds for necessary expenses incurred in connection with such travel as may be directed or authorized by CIA. This will include per diem in lieu of subsistence in the course of such travel while away from Washington, D. C., and while on temporary duty overseas. You will be required to account for such expenses in accordance with applicable CIA regulations or those of your cover facility, whichever is directed by CIA.

3. Operational Expenses. You will be advanced or reimbursed funds for necessary operational expenses including, but not limited to, entertainment and the purchase of information as specifically approved by CIA. Such funds will be subject to accounting in compliance with CIA regulations.

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

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

(c) Civil Service Retirement deductions will not be made from your wages since your employment hereunder is not a covered employment under the Civil Service Retirement Act. However, your status is that of an

SECRET

employee of the United States Government paid from Government funds. Therefore, if in the future you are employed by the United States Government in a status covered by the Civil Service Retirement Act, periods of service under this contract will be available as creditable service for retirement purposes in conformance with Civil Service Regulations.

5. Cover. It is anticipated that you will undertake certain cover employment in the course of your performance under this agreement. It is expressly understood and agreed that any and all documents which you may execute in the course of such cover employment are subordinate to this agreement and any contradiction in terms which may in any way amplify, extend or restrict your rights and/or obligations hereunder shall be resolved by this agreement which shall always be dominant.

6. Leave Without Pay. During the term of this contract it is anticipated that you will undertake contracted speaking engagements. For such periods of time necessary to fulfill these commitments you will be considered on leave without pay status under the terms of this agreement.

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

8. Secrecy. You will be required to keep forever secret this contract and all information which you may obtain by reason hereof (unless released in writing by CIA from such obligation), with full knowledge that violation of such secrecy may subject you to criminal prosecution under the Espionage Laws, dated 25 June 1948, as amended, and other applicable laws and regulations.

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

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

11. Term. This contract is effective as of 1 August 1954, and shall continue thereafter for a period of one (1) year unless sooner terminated by CIA either:

(a) By fifteen (15) days' actual notice to you from CIA, or

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

*Remit of 2d page
(3 days)*

SECRET

employee of the United States Government paid from Government funds. Therefore, if in the future you are employed by the United States Government in a status covered by the Civil Service Retirement Act, periods of service under this contract will be available as creditable service for retirement purposes in conformance with Civil Service Regulations.

5. Cover. It is anticipated that you will undertake certain cover employment in the course of your performance under this agreement. It is expressly understood and agreed that any and all documents which you may execute in the course of such cover employment are subordinate to this agreement and any contradiction in terms which may in any way amplify, extend or restrict your rights and/or obligations hereunder shall be resolved by this agreement which shall always be dominant.

6. Offset. Any sums or substantially similar benefits or allowances received from your cover facility will be used to offset those due under this contract by CIA. Sums, similar benefits or allowances thus received through your cover facility are acknowledged and agreed to be payment by CIA within the provisions of this contract. You will report all sums or substantially similar benefits received from your cover facility at least every four (4) months during the term of this contract.

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

8. Secrecy. You will be required to keep forever secret this contract and all information which you may obtain by reason hereof (unless released in writing by CIA from such obligation), with full knowledge that violation of such secrecy may subject you to criminal prosecution under the Espionage Laws, dated 25 June 1948, as amended, and other applicable laws and regulations.

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

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

11. Term. This contract is effective as of 15 September 1954, and shall continue thereafter for a period of one (1) year unless sooner terminated by CIA either:

(a) By fifteen (15) days' actual notice to you from CIA, or

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

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SECRET

Subject to the availability of appropriations, this agreement may be renewed for successive periods of one year each upon notice from CIA accepted by you. Termination of this agreement will not release you from the obligations of any security oath you may be required to take.

UNITED STATES OF AMERICA

BY _____
Special Contracting Officer

ACCEPTED:

WITNESS: _____

APPROVED: _____

Dis 26/17
2007 SY

Sp. Rank,

SECRET

[Redacted]

Dear [Redacted]

The United States Government, as represented by the Central Intelligence Agency, hereby contracts with you for the submission of certain information and related services of a confidential nature under the following terms and conditions:

1. Compensation. In full consideration for the submission of such information and services, you will be paid an amount calculated at the rate of \$7200.00 per annum. Payments will be made as directed by you in writing in a manner acceptable to CIA. No taxes will be withheld from this amount, and it will be your responsibility to report such income under existing Federal income tax laws and regulations.

2. Travel. (a) You will be advanced or reimbursed funds for necessary expenses incurred in connection with such travel as is directed or authorized by CIA. This will include per diem in lieu of subsistence in the course of such travel and while on a temporary duty status away from your permanent station. All travel, transportation and per diem provided for under this paragraph must be properly authorized, and expenses incurred hereunder are subject to payment and accounting in compliance with CIA regulations.

(b) Upon the successful completion of your services under this contract or any renewal thereof, you will be advanced or reimbursed funds for return travel and transportation expenses to your permanent residence in [Redacted]

3. Operational Expenses. You will be advanced or reimbursed funds for necessary operational expenses including, but not limited to entertainment and the purchase of information as specifically approved by CIA. Such funds will be subject to accounting in compliance with CIA regulations.

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

(b) You will be entitled to continuance of pay and allowances in a manner similar to that set forth in the Missing Persons Act (50 U. S. C. A., App. 1001-1015).

(c) You will be entitled to fourteen (14) calendar days' leave per contract year. Such leave may be accrued during the term of this contract or any renewal hereof except that payment in lieu of unused leave will not be authorized. Such leave may only be taken at times and places approved in advance by appropriate representatives of CIA.

5. Execution of Documents. If, in the performance of your cover service, you assume the custody of government funds or take title of record to property of any nature whatsoever and wherever situate, which property has in fact been purchased with monies of the U. S. Government, you hereby recognize and acknowledge the existence of a trust relationship, either

express or constructive, and you agree to execute whatever documents may be required by CIA to evidence this relationship.

6. Status. You are not an employee of the United States Government under this agreement and are not entitled to any benefits normally incident to an employee status, except as specifically enumerated herein.

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

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

9. Secrecy. You will be required to keep forever secret this contract and all information which you may obtain by reason hereof (unless released in writing by CIA from such obligation), with full knowledge that violation of such secrecy may subject you to criminal prosecution under the espionage laws dated 25 June 1948, as amended, and other applicable laws and regulations.

10. Term. This contract is effective as of 4 March 1954, and shall continue thereafter for a period of two (2) years, unless sooner terminated by CIA either:

- (a) By thirty (30) days' actual notice to you from CIA, or
- (b) Without prior notice, in the event of a breach of this contract by your violation of the security provisions hereof or by your otherwise rendering yourself unavailable for acceptable service.

Subject to the availability of appropriations, this agreement may be renewed for successive periods of one year each upon notice from CIA accepted by you. In the event of voluntary termination on your part or termination for cause by CIA prior to the expiration of this agreement or any renewal thereof, you will not be entitled to return travel and transportation expenses to [redacted]. Termination of this agreement will not release you from the obligations of any security oath you may be required to take.

UNITED STATES OF AMERICA

JW/PA 4 May 54
Contracting Officer

BY _____
Contracting Officer

ACCEPTED:

APPROVED:

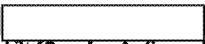
SECRET
Security Information

13 June 1952

MEMORANDUM FOR: Record

SUBJECT: PBROVEL Amendment #1

1. This date copy number four of subject project has been forwarded to Mr. William Rowland for approval in view of the fact that the original and copies number two and three have been temporarily misplaced.
2. As amendment number one to PBROVEL covers no substantive operations it has not been coordinated with Security and Cover.
3. It is requested that approval of subject project amendment be given as soon as possible in view of the urgency of action as stated in the project itself.


WF/Project Coordinator

WJD/HB/jc

Distribution

Orig: CO/CO

cc: Special Contracting Officer (Mr. J.L. Bischoff)
CM (Mr. Ernest W. Pittman)
Chief, Branch I
Project File PBROVEL WJD/P&O
Chrono P&O

SECRET
Security Information

28 May 1952

MEMORANDUM FOR: SAC CO

ATTENTION:

SUBJECT: Project APPROVAL, Amendment No. 1

1. Forwarded herewith are the original and two copies of subject amendment plus an extra copy of GPC Form 404a.

2. It is respectfully requested that approval of subject amendment be expedited as the Project Financial Data, Form 404a, indicates that payment of eight thousand (\$8,000.00) dollars to PAUL D. LANGRISH must be made on or about 20 June 1952.

3. Subparagraph six of the Proposal indicates that as a prerequisite to issuance of a loan to LANGRISH the latter will be required to submit a complete narrative inventory of all machinery and equipment involved in the loan transaction, its physical existence in his custody, its title to the war party, and an approximate evaluation of its worth (as determined by WED station personnel). WED will be prepared to do this shortly after Amendment No. 1 is approved and the necessary funds are available for payment.

4. Subparagraph five of the Proposal indicates the details of the loan contract and selection of the appropriate legal instrument to secure a lien on the machinery and equipment will be arrived at through joint agreement of WED, COC and the Legal Division. These financial details will be arranged and sent to approval of the amendment in question and will comprise the financial plan governing the expenditure of the funds requested.

J. C. KING
SAC

WHD/JCY/BAH/NLC/EB/3c

Distribution

Originals

cc: Special Contracting Officer (Mr. J. L. Paschoff)
CO (Mr. Ernest W. Pittman) ✓
Chief, Branch I
Project File APPROVAL WHD/BAH
Chrono 40/240