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HOUSE SELECT COMMITTEE ON ASSASSINATIONS STAFF MEMBERS

SECRET

FILE TITLE/NUMBER/VOLUME: WILCOTT, James B.

INCLUSIVE DATES: 29 APRIL 1956 - 15 APRIL 1966

CUSTODIAL UNIT/LOCATION: OFFICE OF PERSONNEL

ROOM: 5E13

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

DATE RECEIVED	DATE RETURNED	REVIEWED BY (PRINT NAME)	SIGNATURE OF REVIEWING OFFICIAL
<u>3-9-78</u>	<u>3-9-78</u>	<u>HAROLD D. LEAP</u>	<u>Harold D. Leap</u>

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SECRET

TERMINATED  
WILCOTT, JAMES B.  
25798

SECRET

18 Apr 1966

REQUEST FOR PERSONNEL ACTION					DATE PREPARED	
1 SERIAL NUMBER 025798		2 NAME (Last-First-Middle) WILSON JAMES B. JR			21 Apr 66	
3 NATURE OF PERSONNEL ACTION RESIGNATION *				4 EFFECTIVE DATE REQUESTED MONTH 04, DAY 15, YEAR 66		5 CATEGORY OF EMPLOYMENT REGULAR
6 FUNDS		7 COST CENTER NO CHARGE 6135 1164		8 LEGAL AUTHORITY (Completed by Office of Personnel)		
9 ORGANIZATIONAL DESIGNATIONS DDF/AH USFIELD WH/C JHAVE DEP CHIEF OF STATION FOR OPS SUPPORT FINANCE BRANCH				10 LOCATION OF OFFICIAL STATION JHAVE		
11 POSITION TITLE FISCAL ACCT ASST			12 POSITION NUMBER 1369		13 CAREER SERVICE DESIGNATION SF	
14 CLASSIFICATION SCHEDULE (GS, FS, etc.) GS		15 OCCUPATIONAL SERIES 0501.03	16 GRADE AND STEP 07 4		17 SALARY OR RATE \$ 6890.	
18 REMARKS * Staff Employee Special Subject is re-employable Resignation Memo Attached  4/27/66 CS/S/A E. Smith						
19A SIGNATURE OF REQUESTING OFFICIAL Robert P. Gishman, SA/Pers			DATE SIGNED 22 April 66		DATE SIGNED	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL						
19 ACTION CODE 45	20 EMPLOY CODE 18	21 OFFICE CODING NUMERIC ALPHABETIC		22 STATION CODE	23 INTEGRAL CODE	24 MONTHS CODE 29
25 DATE OF BIRTH MO. DA. YR. 09 27 31		26 DATE OF GRADE MO. DA. YR.		27 DATE OF LEI MO. DA. YR.		28
29 NTE EXPIRES MO. DA. YR.	29 SPECIAL REFERENCE	30 RETIREMENT DATA 1-CK 2-PIC 3-NONE	31 SEPARATION DATA CODE 1.60.00.23	32 CORRECTION CANCELLATION DATA TYPE MO. DA. YR.		33 SECURITY REQ. NO.
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 RESY PROV. TEMP	39 FEGLI HEALTH INSURANCE CODE CODE 0-WAIVER 1-YES HEALTH INS CODE
41 PREVIOUS GOVERNMENT SERVICE DATA CODE 0-NONE 1-BD PREVIOUS 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 EXEMPT STATE CODE
45 POSITION CONTROL CERTIFICATION 050966N				46 OFF APPROVAL No 3		DATE APPROVED 5/10/66

FORM 1152 USE PREVIOUS EDITION 6-63

SECRET

GROUP EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

14.

SECRET

EMPLOYEE NOTICE OF RESIGNATION

I RESIGN EFFECTIVE 15 Mar 66 FOR THE FOLLOWING REASON: Other EMP

MAY 9 10 10 AM '66  
MAIL ROOM

MY LAST WORKING DAY WILL BE —

DATE SIGNED

SIGNATURE OF EMPLOYEE

*Rec'd [Signature]*

FORWARD COMMUNICATIONS, INCLUDING SALARY CHECKS AND BONDS, TO THE FOLLOWING ADDRESS (Number, Street, City, State, Zip Code)

INSTRUCTIONS

Items 1 thru 7 and Items 9 thru 18a — The initiating office should fill in each of the referenced items. Items 3 thru 7 and 9 thru 18 require information which pertains only to the action requested, and NOT to the current status of the employee unless specific items remain unchanged.

Item 5 — "Category of Employment" should show one of the following entries:

- Regular
- Part Time
- Temporary
- Temporary-Part-Time
- Semmer
- Detail Out
- Detail In
- WAE
- Consultant
- Military

Item 9 — "Organizational Designations" should show all levels of organization pertinent to identifying the location of the position:

- Major Component (Director, Deputy Director, etc.)
- Office, Major Staff, etc.
- Foreign Field or U.S. Field (if pertinent)
- Division or Staff (subordinate to first line)
- Branch
- Section
- Unit

Items 11 and 15 — "Position Title" and "Occupational Series" should be the standard abbreviated title and corresponding occupational series in Handbook of Official Occupational Titles and Codes for the duties actually to be performed by the employee. If different from the title and series of the position occupied as shown on the most current edition of the Position Control Register or Form 261, Staffing Complement Change Authorization, explain under Item 18—Remarks.

Item 18b — Signature should be that of the official authorized to approve for the Career Service to which the employee belongs. If more than one Career Service is involved, the gaining Career Service should approve and the other Career Service should concur in Item 18, Remarks.

ROUTING— The original only of this form will be forwarded to the Office of Personnel through the appropriate Career Service official(s). In the case of requests specified in HB 20-800-1, which require advance approval of or notification to the Office of Security or the Office of the Comptroller, one copy only will be sent to the Office(s) concerned.

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REQUEST FOR PERSONNEL ACTION				DATE PREPARED			
1 SERIAL NUMBER 025793				2 NAME (Last-First-Middle) WILCOTT, James B., Jr.			
3 NATURE OF PERSONNEL ACTION EXCEPTED APPOINTMENT * <i>62200</i>				4 EFFECTIVE DATE REQUESTED MONTH DAY YEAR 11 21 65		5 CATEGORY OF EMPLOYMENT REGULAR	
6 FUNDS V TO V CF TO V		V TO CF CF TO CF		7 COST CENTER NO. CHARGE 6135-1164		8 LEGAL AUTHORITY (Completed by Office of Personnel)	
9 ORGANIZATIONAL DESIGNATIONS U.S. Field JMWAVE Deputy Chief of Station for Operational Support Finance Branch				10 LOCATION OF OFFICIAL STATION JMWAVE			
11 POSITION TITLE FISCAL ACCT. ASST. (SF)				12 POSITION NUMBER 1369		13 CAREER SERVICE DESIGNATION SF	
14 CLASSIFICATION SCHEDULE (G.S. I.B., etc.) GS (07)		15 OCCUPATIONAL SERIES 0501.03		16 GRADE AND STEP 07 (4)		17 SALARY OR RATE \$ 6390	
18 REMARKS *Staff Employee Special. <i>62200</i>  <i>#109301</i>							
19A SIGNATURE OF REQUESTING OFFICIAL ROBERT D. CASHMAN, C/WH/Pers.				DATE SIGNED 11/21/65		19B SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>[Signature]</i>	
				DATE SIGNED 11/21/65			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
19 ACTION CODE 13	20 EMPLOY CODE 10	21 OFFICE CODING NUMERIC ALPHABETIC 51550 WH		22 STATION CODE 99999	23 INTEGRITY CODE	24 MOODS CODE 1929/31	
25 DATE OF BIRTH MO DA YR 09/15/63		26 DATE OF GRADE MO DA YR 09/13/64		27 DATE OF LET MO DA YR			
28 WFE EMPLOY MO DA YR		29 SPECIAL REFERENCE		30 RETIREMENT DATA 1-ESC 3-FICA 5-BORN CODE 1		31 SEPARATION DATA CODE	
32 CORRECTION, CANCELLATION DATA TYPE MO DA YR		33 SECURITY REG. NO.		34 SEX		EOD DATA <i>0000 M?</i>	
35 VET PREFERENCE CODE 1 0-NONE 1-5 PT 2-10 PT		36 SERV COMP. DATE MO DA YR 06/26/53		37 LONG COMP DATE MO DA YR 04/57		38 CAREER CATEGORY LAB RESV PROV TEMP CODE C	
39 FEDERAL HEALTH INSURANCE CODE CODE 0-WAIVER 1-YES		40 SOCIAL SECURITY NO.		41 PREVIOUS GOVERNMENT SERVICE DATA 0-NO PREVIOUS SERVICE 1-NO DEDUCT IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)		42 LEAVE CAT CODE 6	
43 FEDERAL TAX DATA FORM EXECUTED CODE NO TAX EXEMPTIONS 1-YES 2-NO 0 0		44 STATE TAX DATA FORM EXECUTED CODE NO TAX STATE COOP ERAMP 1-YES 2-NO - -		45 POSITION CONTROL CERTIFICATION <i>12-Sub H</i>			
46 APPROVAL <i>[Signature]</i>				DATE APPROVED 11/17/65			

SECRET

GROUP EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

SECRET

(If box filled in)

1. SERIAL NUMBER 025798					2. NAME (Last-First-Middle) Hickell, James B. Jr.					DATE PREPARED 9 November 1965				
3. NATURE OF PERSONNEL ACTION RESIGNATION					4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 11 20 65			5. CATEGORY OF EMPLOYMENT REGULAR						
6. FUNDS		V TO V C TO V		V TO C C TO C		7. COST CENTER NO. CHANGE 6135-1164		8. LEGAL AUTHORITY (Completed by Office of Personnel)						
9. ORGANIZATIONAL DESIGNATIONS DPP/WH U.S. Field WH/C JWAVE Deputy Chief of Station for Operational Support Finance Branch					10. LOCATION OF OFFICIAL STATION JWAVE									
11. POSITION TITLE FISCAL ACCT. ASST.					12. POSITION NUMBER 1369		13. CAREER SERVICE DESIGNATION SF							
14. CLASSIFICATION SCHEDULE (GS, LA, etc.) GS			15. OCCUPATIONAL SERIES 0501.03		16. GRADE AND STEP 07 (4)		17. SALARY OR RATE \$ 6990							
18. REMARKS														
18A. SIGNATURE OF REQUESTING OFFICIAL ROBERT D. CASHMAN, C/WH/Pers.				DATE SIGNED 12/20/65		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER [Signature]				DATE SIGNED 11/20/65				
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. INTEGRAL CODE	24. HOURS CODE	25. DATE OF BIRTH MO DA YR 09 27 131		26. DATE OF GRADE MO DA YR		27. DATE OF LEI MO DA YR			
28. NTE EXPIRES MO DA YR		29. SPECIAL REFERENCE		30. RETIREMENT DATA 1-CSE 2-FICA 3-NONE		31. SEPARATION DATA CODE 12009		32. CORRECTION CANCELLATION DATA EOD DATA		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 LAR RES PROV TEMP		39. FEDERAL HEALTH INSURANCE CODE 0-WAIVER 1-YES		40. SOCIAL SECURITY NO				
41. PREVIOUS GOVERNMENT SERVICE DATA CODE 0-NONE 1-BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)				42. LEAVE CAT CODE		43. FEDERAL TAX DATA FORM EXECUTED CODE 1-YES 2-NONE		44. STATE TAX DATA FORM EXECUTED CODE 1-YES 2-NONE		45. SOCIAL SECURITY NO				
46. POSITION CONTROL CERTIFICATION 12-20-65 TV						47. O P APPROVAL			DATE APPROVED 12/20/65					

SECRET  
(When Filled In)

<b>REQUEST FOR PERSONNEL ACTION</b>		DATE PREPARED 15 April 1965
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1. SERIAL NUMBER 035793	2. NAME (Last-First-Middle) [REDACTED] <i>Shelton, James B</i>
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3. NATURE OF PERSONNEL ACTION EXCEPTED APPOINTMENT	4. EFFECTIVE DATE REQUESTED MONTH: 04 DAY: 25 YEAR: 65	5. CATEGORY OF EMPLOYMENT REGULAR
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6. FUNDS V TO V OF TO V	V TO O OF TO O	7. COST CENTER NO. CHARGE 5135-1164	8. LEGAL AUTHORITY (Completed by Office of Personnel)
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9. OCCUPATIONAL DESIGNATIONS ESP/Special Affairs Staff U.S. Field Forward Operations Station - JMWAVE Deputy for Support Finance Branch	10. LOCATION OF OFFICIAL STATION JMWAVE
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11. POSITION TITLE FISCAL ACCT. ASST.	12. POSITION NUMBER 1030	13. CAREER SERVICE DESIGNATION SR
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14. CLASSIFICATION SCHEDULE (GS, FS, etc.) GS	15. OCCUPATIONAL SERIES OPCI.03	16. GRADE AND STEP 07 (15)	17. SALARY OR RATE \$ 6850
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18. REMARKS  
Subject replacing Wm. C. JUCENTHAL, rotating to Headquarters later part of May 1965.

*C-03-60*  
*OVERLAP*  
*W. Shelton*  
*8/22/65*  
*22 April 65*  
*Concur: [Signature] 4/16/65*  
*RS 49 A*

18A. SIGNATURE OF REQUESTING OFFICER <i>[Signature]</i>	DATE SIGNED 15/4/65	18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>[Signature]</i>	DATE SIGNED
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SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE 13	20. EMPLOY CODE 10	21. OFFICE CODING NUMERIC: 4460 ALPHABETIC: SAS	22. STATION CODE 99999	23. INTEGR. CODE	24. HQ/RTS CODE 2	25. DATE OF BIRTH MO: 09 DA: 27 YR: 31	26. DATE OF GRADE MO: 09 DA: 15 YR: 63	27. DATE OF LEI MO: 09 DA: 13 YR: 64
28. NTE EXPRES MO DA YR	29. SPECIAL REFERENCE	30. RETIREMENT DATA 1-ESC 3-FICA 5-NONE CODE: 1	31. SEPARATION DATA CODE	32. CORRECTION-CANCELLATION DATA TYPE MO DA YR	EOD DATA →		33. SECURITY REG NO 00000	34. SER M1
35. VET PREFERENCE CODE: 1 B-NONE 1-5 PT 2-10 PT	36. SERV. COMP DATE MO DA YR: 06/26/33	37. LONG COMP DATE MO DA YR: 03/04/57	38. CAREER CATEGORY CAR. RESV PROG./TEMP CODE: C	39. FEGLI HEALTH INSURANCE CODE: 1 B-BS/VER 1-YES	HEALTH INS. CODE		40. SOCIAL SECURITY NO	
41. PREVIOUS GOVERNMENT SERVICE DATA CODE: 1 B-NO PREVIOUS SERVICE 1-NO BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)		42. LEAVE CAT CODE 6	43. FEDERAL TAX DATA FORM EXECUTED: 1-YES 2-NO CODE: 0		44. STATE TAX DATA FORM EXECUTED: 1-YES 2-NO CODE: 0		45. SOCIAL SECURITY NO	

45. POSITION CONTROL CERTIFICATION 4-26-65 HT	46. OFF. APPROVAL <i>[Signature]</i>	DATE APPROVED 20 APR 1965
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SECRET  
(When Filled In)

REQUEST FOR PERSONNEL ACTION					DATE PREPARED			
1. SERIAL NUMBER 025798					2. NAME (Last-First-Middle) WILCOFF, James B., Jr.			
3. NATURE OF PERSONNEL ACTION Resignation				4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 04 24 65				
5. FUNDS X V TO V CF TO V				6. CATEGORY OF EMPLOYMENT Regular				
7. COST CENTER NO. CHARGEABLE 5277-0003				8. LEGAL AUTHORITY (Completed by Office of Personnel)				
9. ORGANIZATIONAL DESIGNATIONS DBS OFFICE OF FINANCE Confidential Funds Division Compensation and Tax Accounts Branch Contract Agents Accounts Section				10. LOCATION OF OFFICIAL STATION Washington, D. C.				
11. POSITION TITLE Finance Assistant				12. POSITION NUMBER 0170				
13. CAREER SERVICE DESIGNATION SP				14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS				
15. OCCUPATIONAL SERIES 0510.16				16. GRADE AND STEP 07-4				
17. SALARY OR RATE 6650				18. REMARKS				
19. SIGNATURE OF REQUESTING OFFICIAL <i>Thomas B. Stuchland</i> Act. Chief, C&T Division				DATE SIGNED 13 APR 1965				
20. SIGNATURE OF SERVICE APPROVING OFFICIAL Act. Director of Finance				DATE SIGNED 13 APR 1965				
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL								
19. ACTION CODE 45	20. EMP. CODE 10	21. OFFICE CODING NUMERIC ALPHABETIC	22. STATION CODE	23. INTERLE CODE	24. MO/YS CODE 1	25. DATE OF BIRTH 09/27/31	26. DATE OF DEATH	27. DATE OF LEA
28. WTE EXPIRES NO. DA. YR.	29. SPECIFIC REFERENCE	30. RETIREMENT DATA 1 - CS2 3 - FICA 5 - NONE	31. SEPARATION DATA CODE 180009/1	32. CORRECTION/CANCELLATION DATA	33. SECURITY REQ. NO.	34. SEA	END DATA	
35. VET. PREFERENCE CODE 0 - NONE 1 - 5 YR. 2 - 10 YR.	36. SERV. COMP. DATE NO. DA. YR.	37. LONG. COMP. DATE MO DA. YR.	38. CAREER CATEGORY CAR/RESV PROV/TEMP	39. FEEL. / HEALTH INSURANCE CODE 0 - WAIVED 1 - YES	40. SOCIAL SECURITY NO.			
41. PREVIOUS GOVERNMENT SERVICE DATA CODE 0 - NO PREVIOUS SERVICE 1 - NO GOVERN. SERVICE 2 - MORE THAN 9 MONTHS SERVICE (LESS THAN 3 YRS) 3 - MORE THAN 3 YEARS SERVICE (MORE THAN 3 YRS)			42. LEAVE CAT. CODE	43. FEDERAL TAX DATA FORM EXECUTED 1 - YES 2 - NO		44. STATE TAX DATA FORM EXECUTED 1 - YES 2 - NO		
45. POSITION CONTROL CERTIFICATION 4-26-65 HT				46. D.P. APPROVAL		DATE APPROVED 22 APR 1965		



DLB: 27 APR 65

DEF NOTIFICATION OF PERSONNEL ACTION							
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)					
025798		WILCOTT JAMES B JR					
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT	
RESIGNATION				NO. DA. YR 04 24 65		REGULAR	
6. FUNDS		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE	
X						8. CSC OR OTHER LEGAL AUTHORITY	
		CF TO V		CF TO CF		5277 0003 0000	
9. ORGANIZATIONAL DESIGNATIONS				10. LOCATION OF OFFICIAL STATION			
11. POSITION TITLE				12. POSITION NUMBER		13. SERVICE DESIGNATION	
FINANCE ASSISTANT				0470		SF	
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE	
GS		0510.16		07 4		6850	
18. REMARKS							
SIGNATURE OR OTHER AUTHENTICATION							

REQUEST FOR PERSONNEL ACTION										DATE PREPARED		
1. SERIAL NUMBER <b>025798</b>										2. NAME (Last-First-Middle) <b>WILCOTT, James Bernard, Jr.</b>		
3. NATURE OF PERSONNEL ACTION <b>Reassignment &amp; Transfer to Vouchered Funds</b>					4. EFFECTIVE DATE REQUESTED MONTH: <b>10</b> DAY: <b>11</b> YEAR: <b>64</b>			5. CATEGORY OF EMPLOYMENT <b>Regular</b>				
6. FUNDS			V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE <b>5277-0003</b>		8. LEGAL AUTHORITY (Completed by Office of Personnel)			
X CF TO V			CF TO CF		9. ORGANIZATIONAL DESIGNATIONS <b>DDS OFFICE OF FINANCE Confidential Funds Division Compensation and Tax Accounts Branch Contract Agents Accounts Section</b>						10. LOCATION OF OFFICIAL STATION <b>Washington, D. C.</b>	
11. POSITION TITLE <b>Finance Assistant</b>					12. POSITION NUMBER <b>6470</b>		13. CAREER SERVICE DESIGNATION <b>SF</b>					
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) <b>GS</b>			15. OCCUPATIONAL SERIES <b>0510.16</b>		16. GRADE AND STEP <b>0714</b>		17. SALARY OR RATE <b>\$ 6650</b>					
18. REMARKS From: FE <input type="checkbox"/> Security Approval Granted by Pers. SD/OS <i>9/21/64</i> CONCUR: <input type="checkbox"/> <i>10/1/64</i> FE/Personnel <i>lcc - Sec lcc - Payroll w/ Forms W-4 and</i>												
19A. SIGNATURE OF REQUESTING OFFICIAL <b>Acting Chief, C&amp;T Division</b>				DATE SIGNED		19B. SIGNATURE OF OFFICIAL OF FINANCE				DATE SIGNED		
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL												
20. ACTION CODE <b>16</b>	21. EMPLOY. CODE <b>16</b>	22. SERVICE CODE NO. ALPHABETIC <b>12-00</b>	23. STATION CODE ALPHABETIC <b>F-10</b>	24. TIME GRADE CODE <b>2-0B</b>	25. MOOTPS CODE <b>1</b>	26. DATE OF BIRTH MO. DA. YR. <b>09/27/31</b>	27. DATE OF GRAD. MO. DA. YR.	28. DATE OF LEI MO. DA. YR.	29. DATE OF EXP. MO. DA. YR.	30. DATE OF RES. MO. DA. YR.	31. DATE OF LEI MO. DA. YR.	
32. DATE EXPIRES MO. DA. YR.		33. SPEC. B. REQUIREMENTS		34. RETIREMENT DATA 1 - CSC 2 - FICA 3 - NONE		35. SEPARATION DATA CODE TYPE		36. CORRECTION/CANCELLATION DATA NO. DA. YR.		37. SECURITY REQ. NO.		
38. VET. PREFERENCE CODE		39. SERA. COMP. DATE MO. DA. YR.		40. LIND. COMP. DATE MO. DA. YR.		41. CAREER CATEGORY CAR/RESV PROV/TEMP		42. FEED. / HEALTH INSURANCE CODE		43. SOCIAL SECURITY NO.		
44. PREVIOUS GOVERNMENT SERVICE DATA CODE				45. MILITARY DATA CODE		46. FEDERAL TAX DATA FORM PRECATED 1 - YES 2 - NO		47. STATE TAX DATA FORM PRECATED 1 - YES 2 - NO		48. STATE TAX DATA CODE		
49. POSITION CONTROL CERTIFICATION <i>from FE</i>						50. O.P. APPROVAL <i>B</i>			51. DATE APPROVED <i>10/1/64</i>			

SECRET  
(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED			
1. SERIAL NUMBER 025798				2. NAME (Last-First-Middle) WILCOTT, JAMES F., JR.			
3. NATURE OF PERSONNEL ACTION PROMOTION			4. EFFECTIVE DATE REQUESTED MONTH: 09 DAY: 15 YEAR: 63		5. CATEGORY OF EMPLOYMENT REGULAR		
6. FUNDS		V TO V	V TO CF	7. COST CENTER NO. CHARGEABLE 4137-7351-1000		8. LEGAL AUTHORITY (Completed by Office of Personnel)	
CF TO V		EXCEPT TO CF		9. ORGANIZATIONAL DESIGNATIONS DDP FE <del>POSITION - 3877</del> FE/JMO SUPPORT STAFF			
10. LOCATION OF OFFICIAL STATION				11. POSITION TITLE FISCAL ACCT ASST			
12. POSITION NUMBER 3167		13. CAREER SERVICE DESIGNATION SF		14. CLASSIFICATION SCHEDULE (GS, LD, etc.) GS		15. OCCUPATIONAL SERIES 0501.03	
16. GRADE AND STEP 07 03		17. SALARY OR RATE 5,910		18. REMARKS FROM: GS- 6 step 4			
FOR FURTHER INFO, CALL X5271							
19A. SIGNATURE OF REQUESTING OFFICIAL LEE AUSTIN, CFE/PERSONNEL				DATE SIGNED 05 SEP 1963		DATE SIGNED 9/11/63	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING NUMERIC ALPHABETIC		22. STATION CODE	23. INTEREST CODE	24. MONTHS CODE	25. DATE OF BIRTH
22	10	45370FE		3877	3	09	27
26. DATE OF GRAB		27. DATE OF LEI		28. RATE EXP. RES.		29. SPECIAL REFERENCE	
MO DA YR.		MO DA YR.		MO DA YR.		MO DA YR.	
30. RET. PREFERENCE		31. SERV. COMP. DATE		32. LONG. COMP. DATE		33. CAREER CATEGORY	
CODE		MO DA YR.		MO DA YR.		CODE	
0 - NONE						0 - DRIVER	
1 - 5 YR.						1 - YES	
2 - 10 YR.						HEALTH INS. CODE	
34. PREVIOUS GOVERNMENT SERVICE DATA				35. LEAVE CAT. CODE		36. FEDERAL TAX DATA	
CODE				CODE		CODE	
0 - NO PREVIOUS SERVICE				1 - YES		FORM EXECUTED	
1 - NO BREAK IN SERVICE				2 - NO		NO. YRS EXEMPT 208	
2 - BREAK IN SERVICE (LESS THAN 3 YRS)						FORM EXECUTED	
3 - BREAK IN SERVICE (MORE THAN 3 YRS)						NO. YRS EXEMPT 208	
						STATE TAX DATA	
						CODE	
						ALL TAX STATE CODE	
						FORM	
37. POSITION CONTROL CERTIFICATION				38. O.P. APPROVAL		DATE APPROVED	
W. Kearney 09/18/63						13 SEP 1963	

SECRET  
(When Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED	
1. SERIAL NUMBER 025798		2. NAME (Last-First-Middle) Willett, James H., Jr.				13 October 1961	
3. NATURE OF PERSONNEL ACTION Promotion				4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 11 12 61		5. CATEGORY OF EMPLOYMENT Regular	
6. FUNDS		7. COST CENTER NO. CHARGEABLE 2137-7301-1000		8. LEGAL AUTHORITY (Completed by Office of Personnel)			
9. ORGANIZATIONAL DESIGNATIONS 14 DDE/FE FE/JAO - <input type="text"/> Support Staff - TOKYO				10. LOCATION OF OFFICIAL STATION <input type="text"/>			
11. POSITION TITLE Fiscal Acct Asst			12. POSITION NUMBER 3167		13. CAREER SERVICE DESIGNATION SF		
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS		15. OCCUPATIONAL SERIES 0501.03		16. GRADE AND STEP 6 4		17. SALARY OR RATE 5,325	
18. REMARKS 5 Promotion from GS-5, Step 5 to GS-6, Step 4							
18A. SIGNATURE OF REQUESTING OFFICIAL K. L. Shobe, OFF. FILE				DATE SIGNED		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER E. N. SAUNDERS, Comptroller	
DATE SIGNED				DATE SIGNED		1961	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
19. ACTION CODE 22	20. EMPLOY CODE 10	21. OFFICE CODE 5638 FE		22. STATION CODE 37587	23. RETIRE CODE	24. DATE OF BIRTH 3 09 12 7 13 1	25. DATE OF DEATH 11 12 16
26. WTE EXPIRES NO. DA. YR.		27. RETIREMENT DATA 1 - LSC 2 - FICA 3 - NONE		28. SEPARATION DATA CODE	29. CORRECTION/CANCELLATION DATA EOD DATA		30. SECURITY REQ. NO.
35. VET. PREFERENCE CODE 0 - NONE 1 - 5 PT 2 - 10 PT		36. SERV. COMP. DATE	37. LONG. COMP. DATE	38. MIL. SERV. CREDITED 1 - YES 2 - NO	39. FEEDBACK / HEALTH INSURANCE CODE 0 - WAIVER 1 - YES		40. SOCIAL SECURITY NO.
41. PREVIOUS GOVERNMENT SERV. DATA CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 12 MOS) 3 - BREAK IN SERVICE (MORE THAN 12 MOS)			42. LEAVE DAT. CODE	43. FEDERAL TAX DATA CODE 1 - YES 2 - NO		44. STATE TAX DATA CODE 1 - YES 2 - NO	
45. POSITION CONTROL CERTIFICATION <input type="text"/>				46. O.P. APPROVAL <input type="text"/>		DATE APPROVED 11/3/61	

12/11/60

SECRET



APPLICATION FOR MEMBERSHIP  
in the CAREER STAFF of the  
CENTRAL INTELLIGENCE AGENCY

To the Director of Central Intelligence

Sir:

I submit herewith my application for membership in the Career Staff of the Central Intelligence Agency as defined below:

"The Career Staff of the Central Intelligence Agency is a group of carefully selected and trained individuals who accept an obligation to devote themselves to the needs of the Agency, and who intend to make a career with the Agency."

In accordance with this definition, I desire to devote myself to the faithful performance of duty in the Central Intelligence Agency, and I accept the obligations and conditions of that service which are determined to be essential to the furtherance of its mission.

I am aware of the many restrictions necessarily placed upon me by virtue of the security requirements inherent in my employment by the Central Intelligence Agency. I am also aware that as a member of the Career Staff, it will be my obligation to serve anywhere and at any time and for any kind of duty as determined by the needs of the Agency, and I have been assured that in order to carry out this policy, full consideration will be given to my particular capabilities, interests, and personal circumstances. By virtue of this application for membership and upon my acceptance in the Career Staff, I am assured that, with continuing satisfactory work performance and conduct on my part, just and equitable attention will be accorded my personal progress during my tenure in the Career Staff. I am also assured that, on my satisfactory completion of any assignments, I will be offered reassignments which are compatible insofar as possible with my abilities and career interests, and that I shall be entitled to the benefits now available or to be made available in the future to members of the Career Staff of the Central Intelligence Agency.

MEMBERSHIP IN THE CAREER STAFF OF  
THE CENTRAL INTELLIGENCE AGENCY  
APPROVED, TO TAKE EFFECT 4 MAR 1960

FOR THE DIRECTOR OF CENTRAL INTELLIGENCE:  
EXECUTIVE DIRECTOR  
THE CIA SELECTION BOARD

James T. Wilcott Jr  
(Signature)

12/11/60  
(Date)

Daniel C. Knapp

SECRET

REQUEST FOR PERSONNEL ACTION															
1. Serial No.		2. Name (Last-First-Middle)				3. Date Of Birth			4. Vet Prof		5. Sex		6. CS - EOD		
		Wilcott, James T., Jr.				Mo.	Da.	Yr.	None-0	Code	5 Pt-1	10 Pt-2	1	M	
7. SCP		8. CSC		9. CSC Or Other Legal Authority		10. Appt. Alt. Adv.			11. FEGLI		12. LCD		13. Enl. Yrs		
Mo.	Da.	Yr.	Yes-1	Code	No-2	Mo.	Da.	Yr.	Yes-1	Code	Mo.	Da.	Yr.	Yes-1	Code

PREVIOUS ASSIGNMENT

14. Organizational Designations DPS/Office of the Comptroller Finance Div. Accounts Branch Accounting Control Section Accts Receivable and Payable Unit				Code	15. Location Of Official Station Wash., D.C.				Station Code		
16. Dept. - Field		17. Position Title			18. Position No.		19. Serv.	20. Occup. Series			
Dept.	Field	Code	Fiscal Acct Clk	5006	GS	0501.01					
21. Grade & Step		22. Salary Or Rate		23. SD	24. Date Of Grade			25. PSI Due		26. Appropriation Number	
05	3	\$	1310	SF	Mo.	Da.	Yr.	Mo.	Da.	Yr.	0263 1010

ACTION

27. Nature Of Action		Code	28. Eff. Date		29. Type Of Employee		Code	30. Separation Data	
Reassignment + T to CF		16	Mo.	Da.	Yr.	Regular		21	
			05	15	60				

PRESENT ASSIGNMENT

31. Organizational Designations DDP/EE FE Support Staff				Code	32. Location Of Official Station				Station Code		
				171					37587		
33. Dept. - Field		34. Position Title			35. Position No.		36. Serv.	37. Occup. Series			
Dept.	Field	Code	Fiscal Acct Asst	3167	GS	0501.03					
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.	0137 7351 3000

SOURCE OF REQUEST

A. Requested By (Name And Title) GEE/JAO				C. Request Approved By (Signature And Title) Robert D. Cashman, CEE/Personnel			
B. For Additional Information Call (Name & Telephone Ext.) Little, X2957							

CLEARANCES

Clearance	Signature	Date	Clearance	Signature	Date
A. Career Board			D. Placement		
B. Post Control		2-23-60	E.		
C. Classification			F. Approved By		

Remarks  
2 copies to Security.  
Please transfer from vouchered to unvouchered funds as of 15 May 1960.  
Subject to replace who is returning to 21 June 1960.

REQUEST FOR PERSONNEL ACTION														
1. Serial No.		2. Name (Last-First-Middle)				3. Date Of Birth			4. Vol Pref		5. Sex		6. CSC Code	
125798		WILCOTT JAMES B JR				Mo. Da. Yr. 09 27 31			Non-0 Code S Pr-1 10 Pr-2 1		M 1		Mo. Da. Yr. 03 04 57	
7. SCD		8. CSC Permit		9. CSC Or Other Legal Authority		10. Appt. Affidav			11. FLGLI		12. LCD		13. ...	
Mo. Da. Yr. 06 26 53		Yes-1 No-2 1		50 USCA 403		Mo. Da. Yr.			Yes-1 No-2		Mo. Da. Yr. 03 04 57		Yes-1 No-2 2	

PREVIOUS ASSIGNMENT

14. Organizational Designations				Code		15. Location Of Official Station				Station Code	
DCS OFFICE OF THE COMPTROLLER FINANCE DIVISION COMPENSATION AND TAX ACCTS BR CONTRACT AGENTS ACCTS SECT.				3803		WASH., D. C.				75013	
16. Dept. - Field		17. Position Title				18. Position No.		19. Serv.		20. Class Series	
Dept - US/Id - Frgn - 2		FINANCE ASST				0470		GS		0510.14	
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade		25. PSI Due		26. Appropriation Number	
05 BX 3		\$ XXXXX 4340		SF		Mo. Da. Yr. 09 22 57		Mo. Da. Yr. <del>04 12 55</del>		9 6300 20 004	

ACTION 9 18 60

27. Nature Of Action		Code		28. Eff. Date		29. Type Of Employee		Code		30. Separation Date	
Reassignment		96		Mo. Da. Yr. 10 1 57		ASAP		Regular		01	

PRESENT ASSIGNMENT

31. Organizational Designations				Code		32. Location Of Official Station				Station Code	
DDS/Office of the Comptroller Finance Division, Accounts Branch Accounting Control Section Accts Receivable and Payable Unit				↑		Wash., DC					
33. Dept. - Field		34. Position Title				35. Position No.		36. Serv.		37. Class Series	
Dept - XX US/Id - Frgn - 2		Fiscal Acct Clk				506				0501.04	
38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grade		42. PSI Due		43. Appropriation Number	
5/3		\$ 4340		SF		Mo. Da. Yr.		Mo. Da. Yr.		0263-1040	

SOURCE OF REQUEST

A. Requested By (Name And Title)		C. Request Approved By (Signature And Title)	
Deputy Chief, Finance Division		<i>[Signature]</i> Comptroller	
B. For Additional Information Call (Name & Telephone Ext.)			

CLEARANCES

Clearance	Signature	Date	Clearance	Signature	Date
A. Career Board			D. Placement		
B. Pos. Cont. ol	<i>fg</i>	10-2-57	E.		
C. Classification			F. Approved By	<i>[Signature]</i>	2-57
Remarks					
<i>[Handwritten Notes]</i>					

REQUEST FOR PERSONNEL ACTION																
1. Serial No.		2. Name (Last-First-Middle)				3. Date Of Birth			4. Vet. Pref.		5. Sex		6. CS-EOD			
125798		WILCOTT JAMES B JR.				Mo.	Da.	Yr.	None-0	Code	M 1		Mo.	Da.	Yr.	
09		27		31		5 Pt-1		10 Pt-2		1		03		04 57		
7. SCD		8. CSC Reint.		9. CSC Or Other Legal Authority				10. Appt. Allidav.			11. FEGLI		12. LCD		13. Min. Serv. Req.	
Mo.	Da.	Yr.	Yes-1	Code	50 USCA 403				Mo.	Da.	Yr.	Yes-1	Code	No-8 2		
06	26	53	No-8	1					03	04	57	No-8	2			

PREVIOUS ASSIGNMENT

14. Organizational Designations				Code		15. Location Of Official Station				Station Code	
DDS OFFICE OF THE COMPTROLLER FINANCE DIV COMPENSATION & TAX ACCTS BR STAFF EMPLOYEES ACCTS SECTION				3803		WASH., D. C.				75013	
16. Dept. - Field		17. Position Title				18. Position No.		19. Serv.		20. Occup. Series	
2		TIME LV PAY CLK				0305J02		GS		0544.01	
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade		25. PSI Due		26. Appropriation Number	
05 11		\$ 4190		SF		09 122 57		09 121 58		9-6300-20-004	

ACTION

27. Nature Of Action		Code		28. Eff. Date		29. Type Of Employee		Code		30. Separation Data	
Reassignment		56		ASAP		Regular		01			

PRESENT ASSIGNMENT

31. Organizational Designations				Code		32. Location Of Official Station				Station Code	
DDS/Office of the Comptroller Finance Division Compensation and Tax Accounts Branch Contract Agents Accounts Section				5805		Wash., DC				75013	
33. Dept. - Field		34. Position Title				35. Position No.		36. Serv.		37. Occup. Series	
2		Finance Assistant				470				0510.14	
38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grade		42. PSI Due		43. Appropriation Number	
5/2		\$ 4190.00		SF		7 12 57		9 12 58		9-6300-20-004	

SOURCE OF REQUEST

A. Requested By (Name And Title)		C. Request Approved By (Signature And Title)	
Acting Chief, Finance Division		Comptroller	
B. For Additional Information Call (Name & Telephone Ext.)			

CLEARANCES

Clearance	Signature	Date	Clearance	Signature	Date
A. Career Board			D. Placement		
S. Pos. Control		20 1959	E.		
C. Classification			F. Approved By		

Remarks

For slotting purposes only



REQUEST FOR PERSONNEL ACTION															
1. Serial No.		2. Name (Last-First-Middle)				3. Date Of Birth			4. Vac. Prof.		5. Sex		6. GS-LOC		
105749		WILCOX JAMES E JR				Mo.	Da.	Yr.	None-0	Code	M	F	Mo.	Da.	Yr.
7. SCD		8. CSC Form		9. CSC Or Other Legal Authority		10. Appt. Affidav			11. FEGLI		12. LCD		13. All Serv. Credit		
Mo.	Da.	Yr.	Yes-1	Code	Mo.		Da.	Yr.	Yes-1	Code	Mo.	Da.	Yr.	Yes-1	Code
05	25	53	No-2	1	NO DATA FOR J				No-2		03	04	57	No-2	12

(1)

14. Organizational Designations				Code	15. Location Of Official Station				Station Code	
DDS OFFICE OF THE COMPTROLLER FINANCE DIVISION COMPENSATION AND TAX ACCTS BR CONTRACT AGENTS ACCTS SECTION				3803	WASH., D. C.				75013	
16. Dept. - Field		17. Position Title			18. Position No.		19. Serv.	20. Occup. Series		
Dept -	Code	FINANCE ACCT			05103		02	0510.15		
USHD -										
Frqn -										
21. Grade & Step		22. Salary Or Rate		23. SD	24. Date Of Grade		25. PSI Due		26. Appropriation Number	
05 1		\$ 3670		S	Mo.	Da.	Yr.	Mo.	Da.	Yr.
					09	10	57	09	10	57
							8-6304-20			

ACTION

27. Nature Of Action		Code	28. Eff. Date		29. Type Of Employee		Code	30. Separation Date	
Reassignment		56	Mo.	Da.	Yr.	Regular	01		

(2)

31. Organizational Designations				Code	32. Location Of Official Station				Station Code	
DDS/Office of the Comptroller Finance Division Compensation and Tax Accounts Branch Staff Employees Accounts Section				3803	Wash., DC					
33. Dept. - Field		34. Position Title			35. Position No.		36. Serv.	37. Occup. Series		
Dept -	Code	Time Leave Pay Clk			NG05.02			0544.01		
USHD -										
Frqn -										
38. Grade & Step		39. Salary Or Rate		40. SD	41. Date Of Grade		42. PSI Due		43. Appropriation Number	
5/1		\$ 3670.00		SP	Mo.	Da.	Yr.	Mo.	Da.	Yr.
							8-6304-20			

SOURCE OF REQUEST

A. Reviewed By (Name & Title)	C. Request Approved By (Signature And Title)
Deputy Chief, Finance Division	<i>[Signature]</i> Acting Comptroller
B. For Additional Information Call (Name & Telephone Ext.)	

CLEARANCES

Clearance	Signature	Date	Clearance	Signature	Date
A. Career Board			D. Placement		
B. Pos. Control	<i>[Signature]</i>	16 APR 1958	E.		
C. Classification			F. Approved By	<i>[Signature]</i>	4/17/58
Remarks					

Classify According  
To Content.

REQUEST FOR PERSONNEL ACTION														
1. Serial No.		2. Name (Last-First-Middle)				3. Date Of Birth			4. Ver. Prof.		5. Sex	6. CS - EOD		
		WILCOTT, James B., Jr.				Mo	Da	Yr	None-0	Code	M	Mo	Da	Yr
						9	27	31	5 Pr-1					
						10. Appt. Affidav			11. FEGLI		12. LCD		13. <sup>1</sup> Ser. Code, LCD	
									Yes-1 Code		Mo Da Yr		Yes-1 Code	
									No-2				No-2	

PREVIOUS ASSIGNMENT

14. Organizational Designations				Code		15. Location Of Official Station				Station Code	
DDS/Office of the Comptroller Fiscal Division Accounts Branch Allotment Ledger Section						Wash., DC					
16. Dept. Field		17. Position Title				18. Position No.		19. Serv.		20. Occup. Series	
Dept. XX	Code	Fiscal Acct Clk				30.01				0501.04	
Unfld.											
Fragn.											
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade		25. PSI Due		26. Appropriation Number	
5/1		\$ 3670.00		SF		Mo Da Yr		Mo Da Yr		8-6303-20	

ACTION

27. Nature Of Action		Code		28. Eff. Date		29. Type Of Employee		Code		30. Separation Date	
Reassignment		56		Mo Da Yr		Regular		01			
				ASAP							
				2/23/56							

PRESENT ASSIGNMENT

31. Organizational Designations				Code		32. Location Of Official Station				Station Code	
DDS/Office of the Comptroller Finance Division Compensation and Tax Accounts Branch Contract Agents Accounts Section				3805		Wash., DC				75013	
33. Dept. Field		34. Position Title				35. Position No.		36. Serv.		37. Occup. Series	
Dept. XX	Code	Finance Assistant				M521.03				0510.14	
Unfld.											
Fragn.											
38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grade		42. PSI Due		43. Appropriation Number	
5/1		\$ 3670.00		SF		Mo Da Yr		Mo Da Yr		8-6304-20	
						09/22/57		09/21/57			

SOURCE OF REQUEST

A. Requested By (Name and Title)		C. Request Approved By (Signature And Title)	
Deputy Chief, Finance Division		Comptroller	
B. For Additional Information Call (Name & Telephone Ext.)			

CLEARANCES

Clearance	Signature	Date	Clearance	Signature	Date
A. Career Board			D. Placement		
B. Pos. Control		2/14/56	E.		
C. Classification			F. Approved By		2/17/57

Remarks

Subject will replace [redacted] who is processing for an o/s assignment.

Classify According To Content.

REQUEST FOR PERSONNEL ACTION												VOUCHERED 12 September 1957			
1. Serial No.		2. Name (Last-First-Middle) WILCOTT, James B.				3. Date Of Birth Mo Da Yr 9 27 31			4. Vet. Pref. None-0 5 Pr-1 10 Pr-2		5. Sea Code /		6. CS - EOD Mo Da Yr		
7. SCD Mo Da Yr		8. CSC Retmt. Yes - 1 No - 2		9. CSC Or Other Legal Authority		10. Apmt. Affidav. Mo Da Yr			11. FEGLI Yes - 1 No - 2		12. LCD Mo Da Yr		13. <small>Mo Serv. Credit</small> Yes - 1 No - 2		

PREVIOUS ASSIGNMENT

14. Organizational Designations DDS/Office of Comptroller Fiscal Division Accounts Branch Allotment Ledger Section				Code		15. Location Of Official Station Washington, D. C.				Station Code	
16. Dept. - Field Dept - X Usld. - Fran. -		17. Position Title Fiscal Acct. Clk		18. Position No. 30.01		19. Serv.		20. Occup. Series GS-0501.04-4			
21. Grade & Step GS-4 1		22. Salary Or Rate \$ 3415		23. SD SF		24. Date Of Grade Mo Da Yr		25. PSI Due Mo Da Yr		26. Appropriation Number 8-6303-20	

ACTION

27. Nature Of Action PROMOTION		Code		28. Eff. Date Mo Da Yr 29 SEP 1957		29. Type Of Employee <i>Regular</i>		Code		30. Separation Data	
-----------------------------------	--	------	--	--	--	--	--	------	--	---------------------	--

PRESENT ASSIGNMENT

31. Organizational Designations DDS/Office of Comptroller Fiscal Division Accounts Branch Allotment Ledger Section				Code		32. Location Of Official Station Washington, D. C.				Station Code	
33. Dept. - Field Dept - X Usld. - Fran. -		34. Position Title Fiscal Acct Clk		35. Position No. 30.01		36. Serv.		37. Occup. Series GS-0501.04-5			
38. Grade & Step GS-5 1		39. Salary Or Rate \$ 3670		40. SD SF		41. Date Of Grade Mo Da Yr 9 12 1957		42. PSI Due Mo Da Yr 9 12 1958		43. Appropriation Number 8-6303-20	

SOURCE OF REQUEST

A. Requested By (Name And Title) Chief, Fiscal Division <i>Duola</i>		C. Request Approved By (Signature And Title) <i>[Signature]</i> Comptroller	
B. For Additional Information Call (Name & Telephone Ext.) x 4445			

CLEARANCES

Clearance	Signature	Date	Clearance	Signature	Date
A. Career Board			D. Placement		
B. Pos. Control		9/14/57	E.		
C. Classification			F. Approved By	<i>[Signature]</i>	9/12/57
Remarks					

**REQUEST FOR PERSONNEL ACTION**

FC-9 Nov. 1956

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) <i>Mr. James B. Wilcott, Jr.</i>	2. DATE OF BIRTH <i>125733 27 Sept. 1931</i>	3. REQUEST NO. <i>C-5481 RC-135</i>	4. DATE OF REQUEST <i>28 June 1956</i>
5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) <i>Excepted Appointment 13</i>		6. EFFECTIVE DATE A. PROPOSER: <i>ASAP</i>	7. C. S. OR OTHER LEGAL AUTHORITY <i>SDUSCA 403J</i>
8. POSITION (Specify whether establish; change grade or title, etc.)		B. APPROVED: <i>4 March 1957</i>	

FROM--	9. POSITION TITLE AND NUMBER	TO--	<i>Fiscal Acct Clk M 30.01-4</i>
	10. SERVICE GRADE AND SALARY		<i>GS-0501.04-4 \$3415 pa</i>
	11. ORGANIZATIONAL DESIGNATIONS		<i>DDS/Office of Comptroller Fiscal Division Accounts Branch Allotment Ledger Section Washington, D. C.</i>
	12. HEADQUARTERS		
<input type="checkbox"/> FIELD	<input type="checkbox"/> DEPARTMENTAL	<input type="checkbox"/> FIELD	<input checked="" type="checkbox"/> DEPARTMENTAL <i>7</i>

A. REMARKS (Use reverse if necessary)

*This action cancels Recruitment Request submitted under date of 25 June 1956  
 Personnel Folder is attached*

B. REQUESTED BY (Name and title) <i>Chief, Fiscal Division</i>	D. REQUEST APPROVED BY Signature: <i>R. H. Fuchs</i> Title: <i>Acting Comptroller</i>
C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension) <i>4445</i>	

13. VETERAN PREFERENCE NONE <input type="checkbox"/> WWII <input type="checkbox"/> OTHER <input type="checkbox"/> 5-PT. <input type="checkbox"/> 15 POINT <input checked="" type="checkbox"/> DISAB. <input type="checkbox"/> OTHER <input type="checkbox"/>	14. POSITION CLASSIFICATION ACTION NEW <input type="checkbox"/> VICE <input type="checkbox"/> I. A. <input type="checkbox"/> REAL <input type="checkbox"/> <i>SD/SF</i>
--	---

15. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> W	16. RACE <input type="checkbox"/> M <input type="checkbox"/> W	17. APPROPRIATION FROM: <i>6-6303-20</i> TO: <i>6-6303-20</i>	18. SUBJECT TO C. S. RETIREMENT ACT (YES-NO) <i>yes</i>	19. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY) <i>4 March 57</i>	20. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE: _____
--	--	---	--	---	---

21. STANDARD FORM 50 REMARKS

*OFFICE/DIVISION WITHIN CEILING  
 Date 27 Nov 1956 Position BAB Gen. Clk.  
 @ suby. to med.  
 @ suby. to trial period  
 RC-135  
 DOG: 03/04/57*

22. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS:
A.	<i>JH</i>		<i>CSEOD: 03/04/57</i>
B. CEIL. OR POS. CONTROL		<i>9 JUL 1956</i>	<i>LCD: 03/04/57</i>
C. CLASSIFICATION			<i>SCD: 06/26/53</i>
D. PLACEMENT OR EMPL.	<i>JH</i>	<i>7/11</i>	<i>PSE Due: 03/09/58</i>
E.			

F. \_\_\_\_\_

**CONFIDENTIAL**  
(When Filled In)

<b>REPORT OF INTERVIEW</b>		1. DATE OF INTERVIEW 10 April 1956	2. PLACE Syracuse, New York
3. PREVIOUS APPLICATION <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	4. INTERVIEWER Neil F. Joherty		5. REFERRED BY ---
6. TYPE JOB PRINT IN CAPS LAST NAME WILCOFF		FIRST NAME JAMES	MIDDLE NAME B.
7. PERMANENT ADDRESS 400 James Street, Syracuse, New York			TELEPHONE none
8. BUSINESS ADDRESS ---			TELEPHONE ---
9. TEMPORARY ADDRESS ---			TELEPHONE ---
10. DATE OF BIRTH 27 Sept. 1931	12. CITIZENSHIP <input checked="" type="checkbox"/> U.S. <input type="checkbox"/> OTHER (Specify country)		
11. PLACE OF BIRTH Cleveland, Ohio	13. U.S. CITIZENSHIP ACQUIRED BY <input checked="" type="checkbox"/> BIRTH <input type="checkbox"/> NATURALIZATION		14. IF NATURALIZED INDICATE DATE
13. <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED	<input type="checkbox"/> WIDOW (ERS)	<input type="checkbox"/> DIVORCED	14. NO. OF DEPEND. (Excluding wife) 0
15. FOREIGN RELATIVES, INCLUDING WIFE (Reg. 10-9) N A			
16. EDUCATION (Schools, degrees, dates, majors, thesis title, grade average or class standing, extra-curricular activities, etc.)  Polana Central High - left at end of first year (1945) GED (Army) Equivalency diploma 1951 Feb. '53 - May '54 - Utica College of Syracuse University, Utica, N.Y. - Physics major - left when his marks were getting too low - working also. Feb. '55 - Present - Central Business School, Syracuse, New York - Accounting course - all A's and B's except 2 C's. (Can end course in Fall or continue)			
17. MAJOR EMPLOYMENT HISTORY (Employers, positions, duties, salaries, reasons for leaving)  August '52 - Dec. '52 - Esso Tower Station, Genesee St., Utica, N.Y. - Gas attendant - \$45 per wk - laid off due to slow business. Dec. '52 - Feb. '53 - Chicago Pneumatic Tool Co., Utica, N.Y. - Engine lathe operator \$50 per wk. was an unskilled job with no future. May '54 - Sept. '54 - Toboggan Inn, Eagle Bay, N.Y. - Handyman \$60 wk, plus room and board - summer job. Sept. '54 - Dec. '54 - Century Metal Craft Cork, Syracuse, N.Y., Cookware salesman - \$60 wk. - did not make out as a salesman.			
18. MILITARY EXPERIENCE (Branch, serial no., stations, training duties, command responsibilities, rank held, reserve status, current proficiency and interest). INCLUDE ALSO DRAFT, ACTIVE MILITARY OR RETIRED STATUS.  Dec. '45 - August. '52 - U.S. Army Electrician and generator operator (MOS 5166 - Cpl. liked the work and was considered fairly good at it.			

**CONFIDENTIAL**  
(When Filled In)

19. AREA KNOWLEDGE (Areas, type of knowledge, how acquired, etc.)							
Okinawa July '49 - March '51							
20. LANGUAGE FACILITY (Give tests when skill warrants and rate below)							
LANGUAGE	NATIVE FLUENCY	FLUENT BUT FOREIGN	ADEQUATE FOR TRANSLATOR	ADEQUATE FOR RESEARCH	ADEQUATE FOR TRAVEL	LIMITED	ACQUIRED BY
N A							
21. SALARY REQUESTED <u>\$2200</u> 22. POOL INTEREST <input type="checkbox"/> YES <input type="checkbox"/> NO							
23. ACCEPTABLE STATION		WASHINGTON, D.C.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	PREFERENCE LIMITATIONS			
		ANYWHERE IN U.S.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Prefers C/S and the sooner the better- anywhere.			
		OVERSEAS	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
24. HEALTH Good							
25. FORMS GIVEN <input checked="" type="checkbox"/> PMS <input checked="" type="checkbox"/> APP. I <input checked="" type="checkbox"/> MED. <input type="checkbox"/> SEC. AGREE. <input checked="" type="checkbox"/> L/A (If required)							
26. EVALUATION AND RECOMMENDATION (Appearance, manners, personality, maturity, motivation, flexibility, intelligence, emotional stability, qualifications for intelligence work, career planning, over-all impression, pertinent unfavorable factors)							
<p>The first thing of note is the scattered work and educational history of this fellow. On paper the case is all against him but in talking to him I conclude that it is the case of a guy who failed to get the proper job and school guidance when it would have been most effective (immediately after discharge). The guy has intelligence (LA/5 61-61) but perhaps not the final grasp of things to make a go of a technical degree in College. He probably would have done O.K. with the Liberal Arts course. At any rate he has decided on accounting as a career (finds he likes it and can do it well). He's had a tough life to say the least (how much bearing this has had on his career I'm not trained to evaluate.) My final impression is that he's neat, clean cut, sincere, reliable, capable if given the proper supervision. Types about 40 wpm and is learning shorthand from his wife (who's applying as steno). I think he'd do a competent job and perhaps with experience and training do a very good one. Wants O/S at earliest opportunity for financial reasons.</p>							
27. RECOMMENDED FOR				28. SERIAL NUMBERS			
GS 4 Adm/ accounting							
29. TESTS				30.			
LA/5 61-51				Neil P. Doherty		May 13, 1956	
				SIGNATURE OF INTERVIEWER		DATE	

CONFIDENTIAL

SECRET

BIOGRAPHIC PROFILE (PART I) SCD: 26 Jun 1953						
1. PERS. SERIAL NO. A5368						
2. Name (Last-First-Middle) James Bernard, Jr.						
3. SEX M		4. DATE OF BIRTH Sep 1931		5. LONGEVITY COMP. DATE 4 Mar 1957		
6. MARITAL STATUS Married		7. DEPENDENTS (Exclud. on release) 2		8. US NATURALIZATION DATE(S) 1934, 1959		
9. CAREER STATUS None		10. LAST MED. RPT. QUAL. FOR Mar 1960		11. SPONS. NA O/S		12. EVAL. FOR O/S PCS
13. CURRENT RESERVE STATUS None		14. GRADE		15. ACTIVE DUTY WITH CIA CAT. 1		16. RELEASE TO MIL. SER. CAT. 2
17. ASSESSMENT DATE None		18. PROFESSIONAL TEST DATE None		19. LANGUAGE APTITUDE TEST DATE Jan 1960		
15. NON-CIA EMPLOYMENT 1948-52 Military Service, US Army - Cpl, Electrician & Generator Operator 1952 Esso Tower Station, Utica, NY - Attendant 1952-53 Chicago Pneumatic Tool Co, Utica, NY - Engine Lathe Operator Various Summer & Part-time positions while attending college						
16. NON-CIA EDUCATION 1953-54 Utica College, Utica, NY - Physics 1955-57 Central City Business Institute, Syracuse, NY - Ctf, Exec Business Admin/Actg 1957-59 USDA Graduate School, DC - Federal Govt Actg; Mathematics of Actg&Investment						
17. FOREIGN LANGUAGE ABILITIES (Language, Proficiency, Date Tested) German - R,P,S,U, Slight(Nov 1959); W, Elem; T, None - Mar 1958						
18. AGENCY SPONSORED TRAINING 1957 Clerical Induct 1957 Clerical Orient 1960 Intel Orient 1960 Ops Spt 1960 Intro to Communism						
19. CIA EMPLOYMENT HISTORY SINCE 16 SEPT 1947 (Personnel Actions, Military Orders, and Principal Details)						
EFFECTIVE DATE	POSITION TITLE & OCCUPATIONAL CODE	GRADE	SC	ORGANIZATION & ORGAN	TITLE (if any)	LOCATION
Mar 1957	Fisc Acct Clerk 0501.04	4	SF	Compt/Fiscal Div/Accts Br		Hq
Sep 1957	" " 0501.04	5	SF	" " " "		"
Feb 1958	Finance Asst 0510.14	5	SF	Compt/Fin Div/Comp&Tax Accts Br		"
Mar 1958	Time, Lv, Pay Clerk 0544.01	5	SF	" " " "		"
Mar 1959	Finance Asst 0510.14	5	SF	" " " "		"
Oct 1959	Fisc Acct Clerk 0501.04	5	SF	Compt/Finance Div/Accts Br		"
May 1960	Fisc Acct Asst 0501.03	5	SF	DSP/FE/ [ ] Spt Stf		[ ]
Nov 1961	" " " 0501.03	6	SF	" " " "		"
Sep 1963	" " " 0501.03	7	SF	" " " "		"
Oct 1964	Finance Asst 0510.16	7	SF	DES/Finance/CF Div/Comp&TaxAccts		Hq
20. DATE REVIEWED 23 Nov 1964		21. PROFILE REVIEWED BY ard		22. ITEMS 3-19 REVIEWED & VERIFIED BY EMPLOYEE No		

SECRET  
(When Filled In)

PERS. SERIAL NO. <b>25798</b>		<b>BIOGRAPHIC PROFILE (PART 2)</b>	
NAME (Last-First-Middle) <b>WILCOTT, James Bernard, Jr.</b>		DATE OF BIRTH <b>Sep 1931</b>	
24. SUMMARY OF CAREER PREFERENCE OUTLINE AND/OR FIELD REASSIGNMENT QUESTIONNAIRE			
25. IDENTITY OF OTHER DOCUMENTS WHICH SHOULD BE REVIEWED IN DETAIL			
26. ADDITIONAL INFORMATION			
27. DATE REVIEWED <b>23 Nov 1964</b>		28. PROFILE REVIEWED BY <b>mrd</b>	



**SECRET**  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER			
AM				025798			
<b>SECTION A GENERAL</b>							
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD	
Wilcott, James B. Jr			27 Sep 31	M	GS-07	SP	
6. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT ASSIGNMENT		
Fiscal Acct Asst			DDP/FE/				
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 G.P.				12. REPORTING PERIOD (From- to-)			
31 Aug 64				1 July 1963 - 30 June 1964			
<b>SECTION B PERFORMANCE EVALUATION</b>							
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
<b>SPECIFIC DUTIES</b>							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
SPECIFIC DUTY NO. 1						RATING LETTER	
As Station Cashier, responsible for the daily receipt and disbursement of cash [redacted] U.S. dollars, MPC).						P	
SPECIFIC DUTY NO. 2						RATING LETTER	
Consolidates all Station cash transactions to one voucher and verifies balance daily.						P	
SPECIFIC DUTY NO. 3						RATING LETTER	
Summarizes all Station transactions for off-base housing and vehicle expenditures into monthly accountings and maintains appropriate subsidiary records.						P	
SPECIFIC DUTY NO. 4						RATING LETTER	
Polices individual housing and vehicle advance accounts and audits related accountings.						P	
SPECIFIC DUTY NO. 5						RATING LETTER	
Maintains statistical records on private rentals by individual house and cost center.						P	
SPECIFIC DUTY NO. 6						RATING LETTER	
Advises TDY travelers of their entitlements, audits the travel vouchers, and performs other related duties as assigned by the Finance Officer.						P	
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>							
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.						RATING LETTER	
15 JUL 1964						P	

SECRET

SECTION C NARRATIVE COMMENTS OFFICE OF PERSONNEL

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 described, if applicable.

Subject has performed his duties in a competent manner. Used and exp huge sums of money with few errors, and maintains the necessary statistical records.

Cost consciousness and management of organization assets does not apply to this position.

SECTION D CERTIFICATION AND COMMENTS

1. BY EMPLOYEE

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

DATE 9 Jun 64 SIGNATURE OF EMPLOYEE /s/ James Wilcott

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION 23 IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

DATE 9 Jun 64 OFFICIAL TITLE OF SUPERVISOR Finance Officer TYPED OR PRINTED NAME AND SIGNATURE /s/ Frank Wells

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL Subject has held the position of Finance Disbursing Officer since his arrival at [redacted] in May 1960. He has performed well in a function for which he had no previous experience or training. With a realignment of the office workload in December he was given the additional responsibility of processing TDY travel. Due to his specialized work, he has not had the opportunity to be trained in other facets of finance work. He has been scheduled for Finance training upon his return to Headquarters in July 1964.

DATE 7 Jun 64 OFFICIAL TITLE OF REVIEWING OFFICIAL Finance Officer TYPED OR PRINTED NAME AND SIGNATURE /s/ [redacted]

SECRET

FORM 10, 374, 31 May 63

**CONFIDENTIAL**  
**SECRET**  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER			
				025798			
<b>SECTION A GENERAL</b>							
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE	5. SO	
WILCOTT, JAMES B. JR.			27 Sept 31	M	GS-6	SF	
6. OFFICIAL POSITION TITLE			7. OFF. DIV. OR OF ASSIGNMENT		8. CURRENT STATION		
FISCAL ACCT ASST			DDP/FE/				
9. CHECK (X) TYPE OF APPOINTMENT				10. CHECK (X) TYPE OF REPORT			
<input type="checkbox"/> CAREER	<input type="checkbox"/> RESERVE	<input type="checkbox"/> TEMPORARY		<input type="checkbox"/> INITIAL	<input type="checkbox"/> REASSIGNMENT SUPERVISOR		
<input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)				<input checked="" type="checkbox"/> ANNUAL	<input type="checkbox"/> REASSIGNMENT EMPLOYEE		
SPECIAL (Specify):				SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P.				12. REPORTING PERIOD (From - to)			
				1 Jul 62 - 30 Jun 63			
<b>SECTION B PERFORMANCE EVALUATION</b>							
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
<b>SPECIFIC DUTIES</b>							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
SPECIFIC DUTY NO. 1						RATING LETTER	
As Station Cashier, responsible for the daily receipt and disbursement of cash [ ] U. S. dollars, MPC).						P	
SPECIFIC DUTY NO. 2						RATING LETTER	
Consolidates all Station cash transactions to one voucher and verifies balance daily.						P	
SPECIFIC DUTY NO. 3						RATING LETTER	
Summarizes all Station transactions for off-base housing and vehicle expenditures into monthly accountings and maintains appropriate subsidiary records.						P	
SPECIFIC DUTY NO. 4						RATING LETTER	
Polices individual housing and vehicle advance accounts and audits related accountings.						P	
SPECIFIC DUTY NO. 5						RATING LETTER	
Maintains statistical records on all private rentals by individual house and cost center.						P	
SPECIFIC DUTY NO. 6						RATING LETTER	
Performs other related duties as assigned by the Finance Officer.						P	
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>							
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.						RATING LETTER	
20 JUN 1963						P	

SECRET

SECTION C NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

MAY 17 3 38 PM '63  
MAIL ROOM

Subject is conscientious, industrious, and willing to accept all responsibility assigned him. He has performed his duties in a competent manner and has shown a marked interest in learning all facets of his job. Subject at times gives the impression (whether warranted or not) of being uncertain in his thinking, and he does not always seem to exercise his best judgment in reaching decisions, but he is striving to eradicate this impression.

SECTION D CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE	SIGNATURE OF EMPLOYEE	
21 May 1963	/s/ James B. Wilcott	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
33		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
21 May 1963	Finance Officer	/s/ [redacted] III
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
Concur in the evaluation.		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
21 May 1963	Adm Officer	/s/ Douglas S. Trabue

SECRET  
CONFIDENTIAL

SECRET

(When Filled In)

1. PERS. SERIAL NO.		BIOGRAPHIC PROFILE (PART I) CDD: 26 Jun 1953				
25208		2. NAME (Last-First-Middle)		3. SEX	4. DATE OF BIRTH	5. COMPLEVLY EMP. DATE
MILCOTT, James Bernard, Jr.		M	6. MARITAL STATUS	7. DEPENDENTS (Exclud. spouse)	8. NO. YEARS OF BIRTH	9. US NATURALIZATION DATE(S)
Married		2	1921, 1958	NA	NA	NA
10. CAREER STAFF STATUS		MEMBERSHIP	OTHER STATUS	10. LAST MED. EXAM. DATE	11. LAST MED. EXAM. QUAL. FOR	12. LAST MED. EXAM. QUAL. FOR
None				Mar 1960	PCS O/S	O/S PCS
11. CURRENT RESERVE STATUS		11. NONE SERVICE	GRADE	13. ACTIVE CLY. WITH CIA CAT. - 1	14. RELEASE TO MIL. SER. CAT. - 2	15. TO BE DEFERRED CAT. - 3
None						
16. ASSESSMENT DATE		17. PROFESSIONAL TEST DATE		18. LANGUAGE APTITUDE TEST DATE		
None		None		Jan 1960		
19. NON-CIA EMPLOYMENT						
1948-52 Military Service, US Army - Cpl, Electrician & Generator Operator						
1952 Esso Tower Station, Utica, NY - Attendant.						
1952-53 Chicago Pneumatic Tool Co, Utica, NY - Engine Lathe Operator						
Various Summer & Part-time positions while attending college						
20. NON-CIA EDUCATION						
1953-54 Utica College, Utica, NY - Physics						
1955-57 Central City Business Institute, Syracuse, NY - Ctf, Exce Business Admin/Actg						
1957-59 USDA Graduate School, DC - Federal Govt Actg; Mathematics of Actg&Investment						
21. FOREIGN LANGUAGE ABILITIES (Language, Proficiency, Date Tested)		German - R,P,S,U, Slight(Nov 1959); W, Elem; T, None - Mar 1958				
22. AGENCY SPONSORED TRAINING						
1957 Clerical Induct		1960 Intro to Communism				
1957 Clerical Orient						
1960 Intel Orient						
1960 Cps Spt						
23. CIA EMPLOYMENT HISTORY SINCE 18 SEPT 1947 (Personnel Actions, Military Orders, and Principal Details)						
EFFECTIVE DATE	POSITION TITLE & OCCUPATIONAL CODE	GRADE	SD	ORGANIZATION & ORG. TITLE (if any)	LOCATION	
Mar 1957	Fisc Acct Clerk	0501.04	4	SF Compt/Fiscal Div/Accts Br	Hq	
Sep 1957	" "	0501.04	5	SF " " " " " "	"	
Feb 1958	Finance Asst	0510.14	5	SF Compt/Fin Div/Comp&Tax Accts Br	"	
Mar 1958	Time, Lv, Pay Clerk	0514.01	5	SF " " " " " "	"	
Mar 1959	Finance Asst	0510.14	5	SF " " " " " "	"	
Oct 1959	Fisc Acct Clerk	0501.04	5	SF Compt/Finance Div/Accts Br	"	
May 1960	Fisc Acct Asst	0501.03	5	SF DDP/FE [ ] /Spt Stf	[ ]	
Nov 1961	" " "	0501.03	6	SF " " " " " "	"	
Sep 1963	" " "	0501.03	7	SF " " " " " "	"	
Oct 1964	Finance Asst	0510.16	7	SF DDS/Finance/CF Div/Comp&TaxAccts	Hq	
24. DATE REVIEWED		25. PROFILE REVIEWED BY		26. ITEMS 2-18 REVIEWED & VERIFIED BY EMPLOYEE		
23 Jun 1964		[ ]		[ ] NO		

SECRET  
(When Filled In)

PERS. SERIAL NO. 25798		BIOGRAPHIC PROFILE (PART 2)	
NAME (Last-First-Middle) WILCOFF, James Earnest, Jr.		DATE OF BIRTH Sep 1931	
24. SUMMARY OF CAREER PREFERENCE OUTLINE AND/OR FIELD REASSIGNMENT QUESTIONNAIRE			
25. IDENTITY OF OTHER DOCUMENTS WHICH SHOULD BE REVIEWED IN DETAIL			
26. ADDITIONAL INFORMATION			
27. DATE REVIEWED 23 Nov 1964		28. PROFILE REVIEWED BY ard	

**SECRET**  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				025798	
<b>SECTION A GENERAL</b>					
1. NAME <small>(Last) (First) (Middle)</small>		2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD
Wilcott, James B., Jr.		27 Sep 31	M	GS-07	SF
6. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION
Fiscal Acct Asst			DDP/WH/C		JMWAVE
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY			<input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR		
<input type="checkbox"/> CAREER-PROVISIONAL (See instructions - Section C)			<input type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE		
SPECIAL (Specify):			SPECIAL (Specify): Resignation		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to)		
			26 Apr 65 - 15 Apr 66		
<b>SECTION B PERFORMANCE EVALUATION</b>					
<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>					
<b>SPECIFIC DUTIES</b>					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1 Lists, computes and verifies <input type="checkbox"/> cover companies commercial payrolls involving approximately <input type="checkbox"/> persons. Prepares and verifies all salary checks. An accounting machine is used for payroll					RATING LETTER <b>A</b>
SPECIFIC DUTY NO. 2 Maintains both overt commercial and covert pay records, files, etc. for staff employees, staff agents, contract employees and agents. Maintains leave records for WAE contract employees and all staff personnel					RATING LETTER <b>W</b>
SPECIFIC DUTY NO. 3 Responsible for timely payment of monthly tax deposits and preparation of the quarterly Federal Withholding and Social Security tax returns of the cover companies					RATING LETTER <b>A</b>
SPECIFIC DUTY NO. 4 Initiates dispatches and cables to Headquarters and Field Stations on all matters pertaining to pay, leave and payroll deductions of staff employees, staff agents and contract employees and agents					RATING LETTER <b>A</b>
SPECIFIC DUTY NO. 5					RATING LETTER
SPECIFIC DUTY NO. 6					RATING LETTER
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER <b>A</b>

SECRET

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 <sup>OFFICE OF PERSONNEL</sup> comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B. 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.

JUL 15 10 37 AM '66

During the period Subject was in charge of the Payroll Section at JMWAVE his performance was, in the rater's opinion, not more than adequate. He apparently was of the opinion that being in charge of a section relieved him of the onerous tasks of filing and other related duties of like nature. As far as meeting the payroll deadlines Subject was proficient in this duty, but he normally required considerable amount of overtime work to meet these deadlines. He had many ideas which he presented to Chief, Finance Branch for betterment of the payrolling system, but unfortunately after due consideration the majority of these ideas were found to be impractical and/or in violation of either good accepted commercial practice or Agency regulations. Suggestions made to him were outwardly accepted but upon follow-up it was determined that he had failed to implement these suggestions. Overall it is the rater's opinion that the Subject was barely adequate in performing his assigned tasks.

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

12 months

Subject departed the Station without seeing this Report.

DATE OFFICIAL TITLE OF SUPERVISOR TYPED OR PRINTED NAME AND SIGNATURE

17 Jun 1966

Chief, Finance Branch

/s/ H. Robert Graham

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

Subject resigned and departed the Station rather suddenly and before there was an opportunity to observe his performance. The supervisor has made a careful evaluation with which I concur.

DATE OFFICIAL TITLE OF REVIEWING OFFICIAL TYPED OR PRINTED NAME AND SIGNATURE

6 July 1966

Deputy Chief for Support

/s/ William A. Jewett

SECRET



SECRET  
(When Filled In)

*P. J. Wilson*

FITNESS REPORT						EMPLOYEE SERIAL NUMBER	
						025703	
<b>SECTION A GENERAL</b>							
1. NAME (Last) (First) (Middle) WILSON, James B, Jr.			2. DATE OF BIRTH 27 Sep 1931	3. SEX M	4. GRADE GS-07	5. SO SF	
6. OFFICIAL POSITION TITLE Finance Assistant			7. OFF/DIV/BR OF ASSIGNMENT Fin/CD/CSTAB		8. CURRENT STATION Wash., D. C.		
9. CHECK (X) TYPE OF APPOINTMENT				10. CHECK (X) TYPE OF REPORT			
<input checked="" type="checkbox"/> CAREER		<input type="checkbox"/> RESERVE		<input type="checkbox"/> TEMPORARY		<input type="checkbox"/> REASSIGNMENT SUPERVISOR	
CAREER-PROVISIONAL (See Instructions - Section C)				<input type="checkbox"/> INITIAL		<input type="checkbox"/> ANNUAL	
SPECIAL (Specify):				SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P. ASAP				12. REPORTING PERIOD (From - to) 11 Oct. 1964 - 25 April 1965			
<b>SECTION B PERFORMANCE EVALUATION:</b>							
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
<b>SPECIFIC DUTIES</b>							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
SPECIFIC DUTY NO. 1 Analyzing Payroll Accounts						RATING LETTER P	
SPECIFIC DUTY NO. 2 Reconciling Tax and Retirement Accounts						RATING LETTER P	
SPECIFIC DUTY NO. 3 Computing Staff and Career Agents' Pay and Allowances						RATING LETTER P	
SPECIFIC DUTY NO. 4 Conducting Liaison with our Division regarding Payroll matters.						RATING LETTER P	
SPECIFIC DUTY NO. 5 Preparing Correspondence						RATING LETTER A	
SPECIFIC DUTY NO. 6 Maintaining Leave records and Agents' Pay Files						RATING LETTER P	
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>							
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and parts for limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.						RATING LETTER P	

SECRET

OFFICE OF PERSONNEL

SECTION C NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in mind 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. Any list of explained ratings given in Sections B to provide basis for determining future personnel action. Nature of performance of managerial or supervisory duties must be described, if applicable.

In the six months that Mr. Wilcott was assigned to the Staff Agents Accounts Section, he demonstrated the ability to accept responsibilities and responded well to all work assignments. Mr. Wilcott was a great help in reconciling and analyzing Payroll, Tax, and Retirement accounts. He worked well with his associates and had a good disposition. Mr. Wilcott is very cooperative and dependable.

This employee did not have any supervisory responsibilities and, therefore, is not being rated on Cost Consciousness.

SECTION D CERTIFICATION AND COMMENTS

1. BY EMPLOYEE

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

DATE 30 April 1965 SIGNATURE OF EMPLOYEE

2. BY SUPERVISOR

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

6 Employee had departed for PCS prior to this date.

DATE 30 April 1965 OFFICIAL TITLE OF SUPERVISOR Chief, Staff Agents Accts. Sec. TYPED OR PRINTED NAME AND SIGNATURE

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

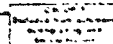
I concur.

DATE 30 April 1965 OFFICIAL TITLE OF REVIEWING OFFICIAL Chief, Compensation and Tax Div. TYPED OR PRINTED NAME AND SIGNATURE

SECRET

**SECRET**  
(When Filled In)

<b>FITNESS REPORT</b>					EMPLOYEE SERIAL NUMBER <b>025793</b>	
<b>SECTION A GENERAL</b>						
1. NAME (Last) (First) (Middle) <b>Wilcott, James E. Jr</b>			2. DATE OF BIRTH <b>27 Sep 31</b>	3. SEX <b>M</b>	4. GRADE <b>GS-07</b>	5. SO <b>SF</b>
6. OFFICIAL POSITION TITLE <b>Fiscal Acct Asst</b>			7. OFF/DIV. OR OF ASSIGNMENT <b>DDP/FC</b>	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	INITIAL
<input type="checkbox"/>	CAREER-PROVISIONAL (See Instructions - Section C)			<input checked="" type="checkbox"/>	ANNUAL	REASSIGNMENT-EMPLOYEE
<input type="checkbox"/>	SPECIAL (Specify):			SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P. <b>31 JUL 64</b>			12. REPORTING PERIOD (From - to) <b>1 July 1963 - 30 June 1964</b>			
<b>SECTION B PERFORMANCE EVALUATION</b>						
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>						
<b>SPECIFIC DUTIES</b>						
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).						
SPECIFIC DUTY NO. 1 As Station Cashier, responsible for the daily receipt and disbursement of cash ( <input type="text"/> U.S. dollars, MPC).						RATING LETTER <b>P</b>
SPECIFIC DUTY NO. 2 Consolidates all Station cash transactions to one voucher and verifies balance daily.						RATING LETTER <b>P</b>
SPECIFIC DUTY NO. 3 Summarizes all Station transactions for off-base housing and vehicle expenditures into monthly accountings and maintains appropriate subsidiary records.						RATING LETTER <b>P</b>
SPECIFIC DUTY NO. 4 Polices individual housing and vehicle advance accounts and audits related accountings.						RATING LETTER <b>P</b>
SPECIFIC DUTY NO. 5 Maintains statistical records on private rentals by individual house and cost center.						RATING LETTER <b>P</b>
SPECIFIC DUTY NO. 6 Advices TDY travelers of their entitlements, audits the travel vouchers, and performs other related duties as assigned by the Finance Officer.						RATING LETTER <b>P</b>
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>						
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.						RATING LETTER <b>P</b>
<b>15 JUL 1964</b>						



SECTION C NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory functions, if applicable.

Subject has performed his duties in a competent manner. ~~He has~~ huge sums of money with few errors, and maintains the necessary statistical records.  
Cost consciousness and management of organization assets does not apply to this position.

SECTION D CERTIFICATION AND COMMENTS

1. BY EMPLOYEE

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

DATE: 9 Jun 64 SIGNATURE OF EMPLOYEE: /s/ James Wilcott

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION: 23 IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

DATE: 9 Jun 64 OFFICIAL TITLE OF SUPERVISOR: Finance Officer TYPED OR PRINTED NAME AND SIGNATURE: /s/ Frank Wells

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL  
Subject has held the position of Finance Disbursing Officer since his arrival at [redacted] in May 1960. He has performed well in a function for which he had no previous experience or training. With a realignment of the office workload in December he was given the additional responsibility of processing TDY travel. Due to his specialized work, he has not had the opportunity to be trained in other facets of finance work. He has been scheduled for finance training upon his return to Headquarters in July 1964.

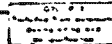
DATE: 7 Jun 64 OFFICIAL TITLE OF REVIEWING OFFICIAL: Finance Officer TYPED OR PRINTED NAME AND SIGNATURE: /s/ [redacted]

SECRET

FJTT 10,374, 31 May 63

~~SECRET~~

FITNESS REPORT			EMPLOYEE SERIAL NUMBER	
			025793	
<b>SECTION A GENERAL</b>				
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX
WILCOFF, JAMES B. JR.			27 Sept 31	M
4. GRADE			5. SO	
GS-6			SF	
6. OFFICIAL POSITION TITLE			7. OFF/DIV OR OF ASSIGNMENT	
FISCAL ACCT ASST			DDP/EA	
8. CURRENT STATION				
9. CHECK (X) TYPE OF APPOINTMENT:			10. CHECK (X) TYPE OF REPORT	
<input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY			<input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR	
<input checked="" type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)			<input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE	
<input type="checkbox"/> SPECIAL (Specify):			<input type="checkbox"/> SPECIAL (Specify):	
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From- to-)	
			1 Jul 62 - 30 Jun 63	
<b>SECTION B PERFORMANCE EVALUATION</b>				
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>				
<b>SPECIFIC DUTIES</b>				
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).				
SPECIFIC DUTY NO. 1				RATING LETTER
As Station Cashier, responsible for the daily receipt and disbursement of cash [ ] U. S. dollars, MPC).				P
SPECIFIC DUTY NO. 2				RATING LETTER
Consolidates all Station cash transactions to one voucher and verifies balance daily.				P
SPECIFIC DUTY NO. 3				RATING LETTER
Summarizes all Station transactions for off-base housing and vehicle expenditures into monthly accountings and maintains appropriate subsidiary records.				P
SPECIFIC DUTY NO. 4				RATING LETTER
Polices individual housing and vehicle advance accounts and audits related accountings.				P
SPECIFIC DUTY NO. 5				RATING LETTER
Maintains statistical records on all private rentals by individual house and cost center.				P
SPECIFIC DUTY NO. 6				RATING LETTER
Performs other related duties as assigned by the Finance Officer.				P
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>				
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.				RATING LETTER
20 JUL 1963				P



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/recommendations. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

3 30 PM '63  
MAIL ROOM

Subject is conscientious, industrious, and willing to accept all responsibility assigned him. He has performed his duties in a competent manner and has shown a marked interest in learning all facets of his job. Subject at times gives the impression (whether warranted or not) of being uncertain in his thinking, and he does not always seem to exercise his best judgment in reaching decisions, but he is striving to eradicate this impression.

SECTION D

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE	SIGNATURE OF EMPLOYEE	
21 May 1963	/s/ James B. Wilcott	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
33		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
21 May 1963	Finance Officer	/s/ [Redacted]
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
Concur in the evaluation.		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
21 May 1963	Adm Officer	/s/ Douglas S. Trabue

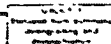
SECRET

CONFIDENTIAL

SECRET  
(When Filled In)

*James B. Wilcott*  
or Career Service Board

FITNESS REPORT				EMPLOYEE SERIAL NUMBER			
				025778			
<b>SECTION A. GENERAL</b>							
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD	
WILCOTT, James B.			27 Sept 31	M	GS-6	SF	
6. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION		
Fiscal Acct Asst.			FE				
9. CHECK (X) TYPE OF APPOINTMENT				10. CHECK (X) TYPE OF REPORT			
CAREER		RESERVE	TEMPORARY	INITIAL	REASSIGNMENT SUPERVISOR		
CAREER-PROVISIONAL (See instructions - Section C)				X	ANNUAL	REASSIGNMENT EMPLOYEE	
SPECIAL (Specify)				SPECIAL (Specify)			
11. DATE REPORT DUE IN O.P.				12. REPORTING PERIOD (From - to)			
				1 Apr 61 - 30 June 62			
<b>SECTION B. PERFORMANCE EVALUATION</b>							
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
<b>SPECIFIC DUTIES</b>							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
SPECIFIC DUTY NO. 1						RATING LETTER	
Station cashier responsible for the day to day receipt and disbursement of cash.						P	
SPECIFIC DUTY NO. 2						RATING LETTER	
Consolidates all station cash transactions to one voucher and verifies balance daily.						P	
SPECIFIC DUTY NO. 3						RATING LETTER	
Summarizes all station transactions for off-base housing and vehicle expenditures into monthly accountings and maintains appropriate subsidiary records.						S	
SPECIFIC DUTY NO. 4						RATING LETTER	
Polices individual housing and vehicle advance accounts and audits related accountings.						S	
SPECIFIC DUTY NO. 5						RATING LETTER	
Maintains statistical records on all private rentals by individual house and cost center.						P	
SPECIFIC DUTY NO. 6						RATING LETTER	
Performs other related duties as assigned by the Finance Officer.						P	
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>							
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.						RATING LETTER	
						P	



**SECTION C** **NARRATIVE COMMENTS**

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

Subject is conscientious, industrious, and willing to accept all responsibility given him. He has performed capably in a function for which he had no previous experience or training, and has shown a marked interest in learning all facets of his job. He has handled large sums of money with few errors, and maintains the necessary statistical records in a competent manner.

**SECTION D** **CERTIFICATION AND COMMENTS**

**1. BY EMPLOYEE**  
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE: 19 July 1962  
SIGNATURE OF EMPLOYEE: James B. Wilcott /s/

**2. BY SUPERVISOR**  
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION: 25  
IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION:

DATE: 17 July 1962  
OFFICIAL TITLE OF SUPERVISOR: Finance Officer  
TYPED OR PRINTED NAME AND SIGNATURE: [Redacted]

**3. BY REVIEWING OFFICIAL**  
COMMENTS OF REVIEWING OFFICIAL:

[Empty space for reviewing official comments]

DATE: 17 July 1962  
OFFICIAL TITLE OF REVIEWING OFFICIAL: Finance Officer  
TYPED OR PRINTED NAME AND SIGNATURE: [Redacted]



**SECRET**  
(When Filled In)

[ ]

<b>FITNESS REPORT</b>	EMPLOYEE SERIAL NUMBER <b>52-5748</b>
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<b>SECTION A GENERAL</b>			
1. NAME (Last) (First) (Middle) <b>WILCOX, James B</b>		2. DATE OF BIRTH <b>27 Sept 1931</b>	3. SEX <b>M</b>
4. GRADE <b>GS-05</b>		5. OFF/DIV/DR. OF ASSIGNMENT	
6. SERVICE DESIGNATION <b>SF</b>	7. OFFICIAL POSITION TITLE <b>Fiscal Acct. Asst.</b>		
8. CAREER STAFF STATUS		9. TYPE OF REPORT	
<input type="checkbox"/> NOT ELIGIBLE	<input type="checkbox"/> MEMBER	<input type="checkbox"/> DEFERRED	<input type="checkbox"/> INITIAL
<input type="checkbox"/> PENDING	<input type="checkbox"/> DECLINED	<input type="checkbox"/> DENIED	<input checked="" type="checkbox"/> ANNUAL
10. DATE REPORT DUE IN O.P.		11. REPORTING PERIOD	
		From <b>27 May 60</b> to <b>31 Mar 61</b>	
SPECIAL (Specify)			

<b>SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES</b>			
List up to six of the most important specific duties performed during the rating period. Insert rating number 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).			
1 - Unsatisfactory	2 - Barely adequate	3 - Acceptable	4 - Competent
5 - Excellent	6 - Superior	7 - Outstanding	
SPECIFIC DUTY NO. 1 Station cashier responsible for the day to day receipt and disbursement of cash.	RATING NO. <b>4</b>	SPECIFIC DUTY NO. 4 Polices individual housing and vehicle advance accounts and audits related accountings.	RATING NO. <b>4</b>
SPECIFIC DUTY NO. 2 Consolidates all station cash transactions to one voucher and verifies balance daily.	RATING NO. <b>4</b>	SPECIFIC DUTY NO. 5 Maintains statistical records on all private rentals by individual house and cost center.	RATING NO. <b>4</b>
SPECIFIC DUTY NO. 3 Summarizes all station transactions for off-base housing and vehicle expenditures into monthly accountings and maintains appropriate subsidiary records.	RATING NO. <b>5</b>	SPECIFIC DUTY NO. 6 Performs other related duties as assigned by the Finance Officer.	RATING NO. <b>4</b>

<b>SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION</b>			
Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.			
<ul style="list-style-type: none"> <li>1 - Performance in many important respects fails to meet requirements.</li> <li>2 - Performance meets most requirements but is deficient in one or more important respects.</li> <li>3 - Performance clearly meets basic requirements.</li> <li>4 - Performance clearly exceeds basic requirements.</li> <li>5 - Performance in every important respect is superior.</li> <li>6 - Performance in every respect is outstanding.</li> </ul>	<table border="1" style="width: 50px; height: 50px; margin: auto;"> <tr><td align="center">RATING NO.</td></tr> <tr><td align="center"><b>4</b></td></tr> </table>	RATING NO.	<b>4</b>
RATING NO.			
<b>4</b>			

<b>SECTION D DESCRIPTION OF THE EMPLOYEE</b>					
In the rating boxes below, check (X) the degree to which each characteristic applies to the employee					
1 - Least possible degree	2 - Limited degree	3 - Normal degree	4 - Above average degree	5 - Outstanding degree	
CHARACTERISTICS			NOT APPLICABLE	NOT OBSERVED	RATING
					1 2 3 4 5
GETS THINGS DONE					4
RESOURCEFUL					4
ACCEPTS RESPONSIBILITIES					4
CAN MAKE DECISIONS ON HIS OWN WHEN NEEDED ARISES					4
DOES HIS JOB WITHOUT STRONG SUPPORT					4
FACILITATES SMOOTH OPERATION OF HIS OFFICE			X		
WRITES EFFECTIVELY			X		
SECURITY CONSCIOUS					
THINKS CLEARLY					
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS					
OTHER (Specify):					

**SECTION E NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE**

Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the best basis for determining future personnel actions.

Subject is conscientious, industrious, and willing to accept all responsibility given him. He has performed capably in a function for which he has had no previous experience or training, and has shown a marked interest in learning all facets of his job. He has handled large sums of money with few errors, and maintains the necessary statistical records in a competent manner. MAIL ROOM

Subject should strive to develop more confidence in himself and in his ability to perform the duties assigned him. His lack of assurance and his naiveté are sometimes disconcerting to those with whom he deals.

This report has been prepared in accordance with F E Division standards which recognize the principle of rating the individual against the group. Thus an 'average' rating reflects an entirely satisfactory performance.

**SECTION F CERTIFICATION AND COMMENTS**

**1. BY EMPLOYEE**

I certify that I have seen Sections A, B, C, D and E of this Report.  
 DATE: 3 May 1961 SIGNATURE OF EMPLOYEE: James B. Wilcott (signed)

**2. BY SUPERVISOR**

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION: 8 IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION:  
 IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON:

EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS: OTHER (Specify):  
 REPORT MADE WITHIN LAST 90 DAYS:

DATE: 3 May 1961 OFFICIAL TITLE OF SUPERVISOR: TYPED OR PRINTED NAME AND SIGNATURE:

**3. BY REVIEWING OFFICIAL**

- I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.
- I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.
- I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.
- I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.

COMMENTS OF REVIEWING OFFICIAL:

DATE: 3 May 1961 OFFICIAL TITLE OF REVIEWING OFFICIAL: TYPED OR PRINTED NAME AND SIGNATURE:



SECRET

SECTION E NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

Show strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the best basis for determining future personnel actions.

Subject has accepted a field assignment effective in June.

The position to which subject has been assigned is very repetitious and not at all conducive to disclosing his full potential. However, by the way in which he adapted to Duty No. 2, it is felt that he will be able to perform more responsible duties with a minimum of additional training.

He has an extremely good attitude toward his work and responds well to supervision.

This report has been prepared in accordance with the criteria set forth in Comptroller Instruction No. 77 which are designed to reflect realistic and meaningful ratings and fair comparisons between the employee and his fellow workers of equal grade or responsibility. An "excellent" rating reflects an entirely satisfactory performance.

SECTION F CERTIFICATION AND COMMENTS

1. BY EMPLOYEE  
I certify that I have read Sections A, B, C, D and E of this Report.

DATE 19 April 1960 SIGNATURE OF EMPLOYEE [Signature]

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION 12 Months IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.

EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS REPORT MADE WITHIN LAST 90 DAYS

OTHER (Specify):

DATE 18 April 1960 OFFICIAL TITLE OF SUPERVISOR C/Voucher Review Unit TYPED OR PRINTED NAME AND SIGNATURE

3. BY REVIEWING OFFICIAL

- I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.
I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.
I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.
I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.

COMMENTS OF REVIEWING OFFICIAL

DATE 21/10/60 OFFICIAL TITLE OF REVIEWING OFFICIAL [Signature] BR/Accounts Branch

SECRET

SECRET  
(When Filled In)

REVIEWED BY: *Richard Johnson*

FITNESS REPORT	EMPLOYEE SERIAL NUMBER <b>125798</b>
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<b>SECTION A GENERAL</b>			
1. NAME (Last) (First) (Middle) <b>Wilcott, Jr. James B.</b>		2. DATE OF BIRTH <b>27 Sept. 1931</b>	3. SEX <b>M</b>
4. GRADE <b>GS-5</b>		7. OFF/DIV/BN OF ASSIGNMENT <b>Compt/ Finance Division</b>	
3. SERVICE DESIGNATION <b>SF</b>		8. OFFICIAL POSITION/TITLE <b>Time Leave Pay Clerk</b>	
9. CAREER STAFF STATUS		9. TYPE OF REPORT	
<input checked="" type="checkbox"/> NOT ELIGIBLE	<input type="checkbox"/> MEMBER	<input type="checkbox"/> DEFERRED	<input type="checkbox"/> INITIAL
<input type="checkbox"/> PENDING	<input type="checkbox"/> DECLINED	<input type="checkbox"/> DENIED	<input checked="" type="checkbox"/> ANNUAL
10. DATE REPORT DUE IN O.P. <b>30 April 1959</b>		11. REPORTING PERIOD From <b>1 Apr 58</b> To <b>31 Mar 59</b>	

<b>SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES</b>						
List up to six of the most important specific duties performed during the rating period. Insert rating number 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).						
1 - Unsatisfactory	2 - Barely adequate	3 - Acceptable	4 - Competent	5 - Excellent	6 - Superior	7 - Outstanding
SPECIFIC DUTY NO. 1 Maintenance of Payroll		RATING NO. <b>3</b>	SPECIFIC DUTY NO. 4 Coordination liaison with Iron Division on payroll problems		RATING NO. <b>2</b>	
SPECIFIC DUTY NO. 2 Preparation of all payroll documents considering base and premium pay and allowances		RATING NO. <b>3</b>	SPECIFIC DUTY NO. 5 Application of Agency pay regulations		RATING NO. <b>4</b>	
SPECIFIC DUTY NO. 3 Maintaining of leave records		RATING NO. <b>3</b>	SPECIFIC DUTY NO. 6 Processing of checks		RATING NO. <b>3</b>	

<b>SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION</b>	
Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.	
<ul style="list-style-type: none"> <li>1 - Performance in many important respects fails to meet requirements.</li> <li>2 - Performance meets most requirements but is deficient in one or more important respects.</li> <li>3 - Performance clearly meets basic requirements.</li> <li>4 - Performance clearly exceeds basic requirements.</li> <li>5 - Performance in every important respect is superior.</li> <li>6 - Performance in every respect is outstanding.</li> </ul>	RATING NO. <b>3</b>

<b>SECTION D DESCRIPTION OF THE EMPLOYEE</b>					
In the rating boxes below, check (X) the degree to which each characteristic applies to the employee					
1 - Least possible degree	2 - Limited degree	3 - Normal degree	4 - Above average degree	5 - Outstanding degree	
CHARACTERISTICS			NOT APPLICABLE	NOT OBSERVED	RATING
					1 2 3 4 5
GETS THINGS DONE					
RESOURCEFUL					
ACCEPTS RESPONSIBILITIES					
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES					
DOES HIS JOB WITHOUT STRONG SUPPORT					
FACILITATES SMOOTH OPERATION OF HIS OFFICE					
WRITES EFFECTIVELY					
SECURITY CONSCIOUS					
THINKS CLEARLY					
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS					
OTHER (Specify):					

SEE SECTION "E" ON REVERSE SIDE

SECRET  
(When Filled In)

**SECTION E NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE**

State strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the best basis for determining future personnel actions.

Mr. Wilcott is a genial and cooperative person. He is well liked and gets along with people. He does get his work out in the required time but more stress should be put on accuracy. He is capable of more efficient work than he is doing at the present time. He does require strong supervision.

He does not abuse his leave privileges and as a whole, has a favorable attitude toward his work and the Agency.

**SECTION F CERTIFICATION AND COMMENTS**

<b>1. BY EMPLOYEE</b>		
I certify that I have seen Sections A, B, C, D and E of this Report.		
DATE March 10, 1959	SIGNATURE OF EMPLOYEE James B. Wilcott Jr. <i>[Signature]</i>	
<b>2. BY SUPERVISOR</b>		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION 6	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION <i>[Signature]</i>	
IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.		
EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS	REPORT MADE WITHIN LAST 90 DAYS	
OTHER (Specify):		
DATE March 10, 1959	OFFICIAL TITLE OF SUPERVISOR Time, Leave, Pay Supr.	TYPED OR PRINTED NAME AND SIGNATURE <i>[Signature]</i>
<b>3. BY REVIEWING OFFICIAL</b>		
<input checked="" type="checkbox"/>	I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.	
<input type="checkbox"/>	I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.	
<input type="checkbox"/>	I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.	
<input type="checkbox"/>	I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.	
COMMENTS OF REVIEWING OFFICIAL		
DATE March 10, 1959	OFFICIAL TITLE OF REVIEWING OFFICIAL A/S, Staff Employees Accts. Sect.	TYPED OR PRINTED NAME AND SIGNATURE <i>[Signature]</i>

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. Organization policy requires that you inform the subordinate where he stands with you. Completion of the report can help you prepare for a discussion with him of his strengths and weaknesses. It is also organization policy that you show Part I of this report to the employee except under conditions specified in Regulation 29-370. It is recommended that you read the entire form before completing any question. If this is the initial report on the employee, it must be completed and forwarded to the Office of Personnel no later than 30 days after the date indicated in item 8. of Section 'A' below.

#### SECTION A. GENERAL

1. NAME (Last) (First) (Middle) Wilson, James B.	2. DATE OF BIRTH 27 Sept. 1921	3. SEX M	4. SERVICE DESIGNATION SP
5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT Comptroller - Fiscal Division	6. OFFICIAL POSITION TITLE Chief, Fiscal Branch		
7. GRADE GS-15	8. DATE REPORT DUE IN CP 1 December 1957	9. PERIOD COVERED BY THIS REPORT (Inclusive dates) 1 January 1957 - 31 September 1957	
10. TYPE OF REPORT (Check one)	<input type="checkbox"/> INITIAL	<input type="checkbox"/> REASSIGNMENT-SUPERVISOR	<input type="checkbox"/> SPECIAL (Specify)
	<input checked="" type="checkbox"/> ANNUAL	<input type="checkbox"/> REASSIGNMENT-EMPLOYEE	

#### SECTION B. CERTIFICATION

1. FOR THE RATER: THIS REPORT  HAS  HAS NOT BEEN SHOWN TO THE INDIVIDUAL RATED. IF NOT SHOWN, EXPLAIN WHY NOT:

#### A. CHECK (X) APPROPRIATE STATEMENTS:

<input type="checkbox"/> THIS REPORT REFLECTS MY OWN OPINIONS OF THIS INDIVIDUAL.	IF INDIVIDUAL IS RATED "1" IN C1 OR D, A WARNING LETTER HAS SENT TO HIM & A COPY ATTACHED TO THIS REPORT.
<input type="checkbox"/> THIS REPORT REFLECTS THE COMBINED OPINIONS OF MYSELF AND PREVIOUS SUPERVISORS.	I CANNOT CERTIFY THAT THE RATED INDIVIDUAL KNOWS HOW TO EVALUATE HIS JOB PERFORMANCE BECAUSE (Specify):
<input checked="" type="checkbox"/> I HAVE DISCUSSED WITH THIS EMPLOYEE HIS STRENGTHS AND WEAKNESSES SO THAT HE KNOWS WHERE HE STANDS.	

B. THIS DATE 5 Dec. 1957	C. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR	D. SUPERVISOR'S OFFICIAL TITLE Johnny Chief, Accounting Branch
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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.

BY	DATE
Posted Pos. Control <i>[Signature]</i>	12/11/57
Reviewed by <i>[Signature]</i>	12/11/57

CONTINUED ON ATTACHED SHEET

I certify that any substantial difference of opinion with the supervisor is reflected in the above section.

A. THIS DATE 5 Dec. 1957	B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL	C. OFFICIAL TITLE OF REVIEWING OFFICIAL Chief, Accounting Branch
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#### SECTION C. JOB PERFORMANCE EVALUATION

1. RATING ON GENERAL PERFORMANCE OF DUTIES

DEFINITIONS: 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. Factors other than productivity will be taken into account later in Section D.

- |   |
|---|
| 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 WEAKNESS.  |
| 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: Mr. Wilson is very industrious and accepts his assignments without hesitations.

(When Filled In)

7. RATINGS ON PERFORMANCE OF SPECIFIC DUTIES

**DIRECTIONS:**

- State in the spaces below up to six of the most important SPECIFIC duties performed during this rating period. Place the most important first. Do not include minor or unimportant duties.
- Rate performance on each specific duty considering ONLY 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 title 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 INTERVIEWS
GIVING LECTURES	DEVELOPS NEW PROGRAMS	PREPARES SUMMARIES
CONDUCTING SEMINARS	ANALYZES INDUSTRIAL REPORTS	TRANSLATES GERMAN
WRITING TECHNICAL REPORTS	MANAGES FILES	DEVELOPING 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

g. 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.

<b>DESCRIPTIVE RATING NUMBER</b>	1 - INCOMPETENT IN THE PERFORMANCE OF THIS DUTY 2 - BARELY ADEQUATE 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	6 - PERFORMS THIS DUTY IN AN OUTSTANDING MANNER FOUND IN VERY FEW INDIVIDUALS HOLDING SIMILAR JOBS 7 - EXCELS ANYONE I KNOW IN THE PERFORMANCE OF THIS DUTY
----------------------------------	--	--

SPECIFIC DUTY NO. 1 records obligating instruments, supplements and adjustments relating to allotment accounting.	RATING NUMBER	4	SPECIFIC DUTY NO. 4 assists in the closing and reopening of the allotment ledger accounts at close of each fiscal year.	RATING NUMBER	4
SPECIFIC DUTY NO. 2 prepares current analysis of allotment ledger accounts of unliquidated obligations.	RATING NUMBER	4	SPECIFIC DUTY NO. 5 records liquidation and cancellations of obligations to individual allotment accounts.	RATING NUMBER	4
SPECIFIC DUTY NO. 3 checks and reconciles running of expenditures with those in the allotment ledger accounting records.	RATING NUMBER	4	SPECIFIC DUTY NO. 6 prepares summaries required for reconciliations and duplicate allotment records (copies) for forwarding to the various allottees.	RATING NUMBER	4

8. NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

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

Mr. Wilcott is very anxious to prove his capabilities. Accordingly, he frequently assumes additional duties other than those assigned to him. He is very attentive to his work, is diligent in applying himself to the job, he is very quiet by nature and it is only on rare occasions that he indulges in conversation unrelated to his duties. He is attempting to become better acquainted with government accounting as has been evidenced by his enrollment in an accounting course with the Department of Agriculture School. He has made great progress in his assigned position in the Accounting Branch.

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.

<b>RATING NUMBER</b>	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:

He is well suited for his present position, but has expressed a desire for an opportunity to serve in an overseas assignment, as this was a part of his ambition in seeking employment with the Army. It is believed that he could readily adapt himself to other duties in the field of accounting.



SECRET

NOTIFICATION OF ESTABLISHMENT OF [REDACTED]		DATE 19 April 1965 ESTABLISHED FOR
TO: (Check)	<input checked="" type="checkbox"/> CHIEF, [REDACTED]	[REDACTED]
	<input checked="" type="checkbox"/> CHIEF, [REDACTED] WH	
ATTN:	[REDACTED]	FILE NO. [REDACTED]
REF:	[REDACTED]	ID CARD NO. [REDACTED]
		Returned EMPLOYEE NO. [REDACTED]

**KEEP ON TOP OF FILE WHILE COVER IN EFFECT**

Block Records: [REDACTED]

a. Temporarily for \_\_\_\_\_ days, effective \_\_\_\_\_

b. Continuing, effective \_\_\_\_\_ EOD \_\_\_\_\_

Submit Form [REDACTED] to change limitation category.

Ascertain that [REDACTED] being issued.

Submit Form [REDACTED] for any change affecting this cover.

Submit [REDACTED] for transferring cover responsibility.

Remarks: Subject is going on PCS out of D.C. area.

Cover History

[REDACTED]

[REDACTED]

**THIS RECORD IS NOT RELEASABLE**

SECRET

NOTIFICATION OF ESTABLISHMENT OF [redacted]		DATE 10 September 64
TO: (Check)	<input checked="" type="checkbox"/> CHIEF, [redacted]	ESTABLISHED FOR [redacted]
	<input checked="" type="checkbox"/> CHIEF, [redacted]	OFF FIN [redacted]
ATTN:	[redacted]	FILE NO. [redacted]
REF:	8 September 64 Requesting cover	ID CARD NO. [redacted]
		EMPLOYEE NO. [redacted]

**KEEP ON TOP OF FILE WHILE COVER IN EFFECT**

Block Records:  
 [redacted]  
 a. Temporarily for \_\_\_\_\_ days, effective \_\_\_\_\_  
 b. Continuing, effective May 60

Submit Form [redacted] to change limitation category.

Ascertain that [redacted] being issued. **THIS COVER IS BEING ISSUED**

Submit Form [redacted] for any change affecting this cover.

Submit Form [redacted] for transferring cover responsibility.

Remarks:

Cover History Mar 57-May 60 Hdqs/overt  
 [redacted]

[redacted]
------------

SECRET  
(When Filled In)

N.M. 17 MAY 66

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)					
025793		WILCOT JAMES B JR					
3. NATURE OF PERSONNEL ACTION		4. EFFECTIVE DATE					
RESIGNATION*		04/15/66					
5. CATEGORY OF EMPLOYMENT		6. COST CENTER NO CHARGEABLE					
REGULAR		6132 1164 0000					
7. FUNDS		8. CXC OR OTHER LEGAL AUTHORITY					
<table border="1"> <tr> <td>V TO V</td> <td>V TO EF</td> </tr> <tr> <td>EF TO V</td> <td>EF TO EF</td> </tr> </table>		V TO V	V TO EF	EF TO V	EF TO EF		
V TO V	V TO EF						
EF TO V	EF TO EF						
9. ORGANIZATIONAL DESIGNATIONS		10. LOCATION OF OFFICIAL STATION					
DDP/WH/US FIELD WH/C JMWAVE DEP CHIEF OF STATION FOR CPS SUPPORT FINANCE BRANCH		JMWAVE					
11. POSITION TITLE		12. POSITION NUMBER					
FISCA ACCT ASSI		1369					
13. SERVICE DESIGNATION		14. CLASSIFICATION SCHEDULE (GS, LB, etc.)					
SF		GS					
15. OCCUPATIONAL SERIES		16. GRADE AND STEP					
0501.03		07 4					
17. SALARY OR RATE		18. REMARKS					
8390		*STAFF EMPLOYEE SPECIAL					



LOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

2. STATION CODE	23. INTEGREE CODE	24. HQ/PLS Code	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI
			09/27/31		
28. DATA CODE	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA	33. SECURITY REQ NO.		34. SER
	1B0004		EOD DATA		
35. COMP DATE	36. CAREER CATEGORY	37. FEGLI / HEALTH INSURANCE		40. SOCIAL SECURITY NO	
42. LEAVE CAT. CODE	43. FEDERAL TAX DATA		44. STATE TAX DATA		

SIGNATURE OR OTHER AUTHENTICATION:

*(Handwritten Signature)*

FORM 1150 11 62

Use Previous Edition

SECRET

GROUP 1  
Excluded from automatic  
downgrading and  
declassification  
(When Filled In)

FJH 21 DEC 65

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION																	
OAF																	
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)															
025798		WILCOTT JAMES B JR															
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE			5. CATEGORY OF EMPLOYMENT								
EXCEPTED APPT+ CAREER						NO. DA YR 11 21 65			REGULAR								
4. 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		6135 1134 0000			50 USC 403 J								
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION											
DOP/WH U.S. FIELD WH/C JMWAVE DEP CHIEF OF STATION FOR OPS SUPPORT FINANCE BRANCH						JMWAVE											
11. POSITION TITLE						12. POSITION NUMBER			13. SERVICE DESIGNATION								
FISCAL ACCT ASST						1369			SF								
14. CLASSIFICATION SCHEDULE (GS, LR, etc.)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE									
GS				0501.03		07 4		6830									
18. REMARKS																	
*STAFF EMPLOYEE - SPECIAL																	
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. MONTH CODE		25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI	
13		10		51550 WH		99999				2		08 27 31		09 15 63		09 13 64	
28. NTE EXP. RES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION CANCELLATION DATA				33. SECURITY REG NO.		34. SEX			
NO DA YR				1 - CSC 2 - FICA 3 - NONE		1		EOD DATA				00000		M1			
35. VET. PREFERENCE		36. SERV. COMP. DATE				37. LONG COMP. DATE				38. CAREER CATEGORY		39. PEGLI / HEALTH INSURANCE		40. SOCIAL SECURITY NO.			
1		0 - NONE 1 - 5 PT 2 - 10 PT				06 26 53 03				04 57		C					
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT CODE		43. FEDERAL TAX DATA				44. STATE TAX DATA							
1				6		FORM EXECUTED CODE NO. TAX DEDUCTIONS				FORM EXECUTED CODE NO. TAX EXEMP STATE CODE							
0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YRS) 3 - BREAK IN SERVICE (MORE THAN 3 YRS)						1 - YES 2 - NO				1 - YES 2 - NO							
SIGNATURE OR OTHER AUTHENTICATION																	
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> POSTED 12-22-65-4 </div>																	

FORM 11 62 1150

Use Previous Edition

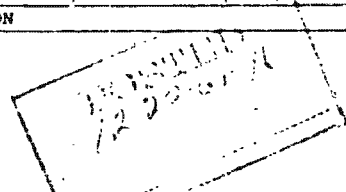
SECRET

EPSP (checked from authorized sources) and stress cases

(When Filled In)

FORM 1150 21 DEC 65

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION										
1. SERIAL NUMBER 025790		2. NAME (LAST FIRST MIDDLE) <i>Wilcott, James B Jr</i>								
3. NATURE OF PERSONNEL ACTION RESIGNATION					4. EFFECTIVE DATE 11   24   65		5. CATEGORY OF EMPLOYMENT REGULAR			
6. FUNDS		V TO V		V TO CP		7. COST CENTER NO. CHARGEABLE 6135 1104 0000		8. CSC OR OTHER LEGAL AUTHORITY		
CP TO V		X		CP TO CP						
9. ORGANIZATIONAL DESIGNATIONS DDP: WH US FIELD WH/C JMWAVE DEP CHIEF OF STATION FOR OPERATIONAL SUPPORT FINANCE BRANCH					10. LOCATION OF OFFICIAL STATION JMWAVE					
11. POSITION TITLE FISCAL ACCT ASST					12. POSITION NUMBER 1363		13. SERVICE DESIGNATION SF			
14. CLASSIFICATION SCHEDULE (GS, LD, etc.) GS			15. OCCUPATIONAL SERIES 0501.03		16. GRADE AND STEP 07 4		17. SALARY OR RATE 6830			
18. REMARKS										
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL										
19. ACTION CODE 115	20. EMPLOYER CODE 10	21. OFFICE CODING NUMERIC ALPHABETIC		22. STATION CODE	23. INTEGREE CODE	24. MGRS CODE	25. DATE OF BIRTH MO DA YR 12 24 31		26. DATE OF GRADE MO DA YR	27. DATE OF LEI MO DA YR
28. NTE EXPIRES MO DA YR		29. SPECIAL REFERENCE	30. RETIREMENT DATA 1 - CSC 2 - FICA 3 - NONE		31. SEPARATION DATA CODE 1ED0051	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 NO. DA YR		37. LONG COMP DATE NO. DP YR		38. CAREER CATEGORY CAR DEPT CODE PROV TEMP		39. FEGLI / HEALTH INSURANCE CODE CODE 0 - WAIVER 1 - YES HEALTH INS CODE		40. SOCIAL SECURITY NO
41. PREVIOUS GOVERNMENT SERVICE DATA CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YRS) 3 - BREAK IN SERVICE (MORE THAN 3 YRS)			42. LEAVE CAT CODE	43. FEDERAL TAX DATA FORM EXECUTED CODE NO TAX EXEMPTIONS			44. STATE TAX DATA FORM EXECUTED CODE NO TAX EXEMP 1 - YES 2 - NO			
SIGNATURE OR OTHER AUTHENTICATION										
<div style="text-align: right;">  </div>										

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 89-301  
PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949,  
AS AMENDED, AND A-DCI POLICY DIRECTIVE DATED 4 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 10 OCTOBER 1965

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
<del>████████████████████</del> <i>Hilcoll, James B</i>	025798	51	550	CF GS 07 4	\$ 6,650	\$ 6,890

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

NCS 09/27/65

1 SERIAL NUMBER

2 NAME (LAST FIRST MIDDLE)

625798

*Kilcoll, James B*

3 NATURE OF PERSONNEL ACTION

4 EFFECTIVE DATE

5 CATEGORY OF EMPLOYMENT

REASSIGNMENT

MO DA YE  
09 31 65

6 FUNDS

V TO V

V TO CF

CF TO V

X CF TO CF

7 COST CENTER NO (CHARGEABLE)

8 CXC OR OTHER LEGAL AUTHORITY

5135 1164 0000

9 ORGANIZATIONAL DESIGNATION

10 LOCATION OF OFFICIAL STATION

DDP/WH DIVISION  
US FLD D CH STA OP SUP

JMWAVE

11 POSITION TITLE

12 POSITION NUMBER

13 CAREER SERVICE DESIGNATION

FISCAL ACCT ASST

1369

SF

14 CLASSIFICATION SCHEDULE (GS, GS, etc.)

15 OCCUPATIONAL SERIES

16 GRADE AND STEP

17 SALARY OR RATE

GS

0501.03

07

18 REMARKS

POSTED  
6-3-65 HT

SIGNATURE OR OTHER AUTHENTICATION

SECRET  
(When Filled In)

DLG: 27 APR 65

NOTIFICATION OF PERSONNEL ACTION										
1. SERIAL NUMBER 025798		2. NAME (LAST FIRST MIDDLE) <i>Wheeler, James B</i>								
3. NATURE OF PERSONNEL ACTION CAREER EXCEPTED APPT				4. EFFECTIVE DATE MO. DA. YR. 04   25   65		5. CATEGORY OF EMPLOYMENT REGULAR				
6. FUNDS		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY		
		CF TO V		X		CF TO CF		5135 1164 0000 50 USC 403 J		
9. ORGANIZATIONAL DESIGNATIONS DDP/SAS U.S. FIELD FORWARD OPERATIONS STATION-JMWAVE DEPUTY FOR SUPPORT FINANCE BRANCH				10. LOCATION OF OFFICIAL STATION JMWAVE						
11. POSITION TITLE FISCAL ACCT ASST				12. POSITION NUMBER 1080		13. SERVICE DESIGNATION SF				
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS		15. OCCUPATIONAL SERIES 0501.03		16. GRADE AND STEP 07 4		17. SALARY OR RATE 6650				
18. REMARKS REPLACEMENT FOR EDNA C. JECENTHAL.										
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL										
19. ACTION CODE 13	20. EMPLOY CODE 10	21. OFFICE CODING NUM. ALPHABETICAL 49760 SAS		22. STATION CODE 99999	23. INTERSEE CODE	24. Hdqtrs Code	25. DATE OF BIRTH MO DA YR 09   27   31		26. DATE OF GRADE MO DA YR 09   15   63	27. DATE OF LEI MO DA YR 09   13   64
28. NTE EXPIRES MO DA YR		29. SPECIAL REFERENCE		30. RETIREMENT DATA 1 - CSC 2 - FIA 3 - NONE CODE 1	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA TYPE NO DA YR		33. SECURITY REG NO 00000		34. SER 41
35. VET. PREFERENCE CODE 1	36. SERV COMP DATE MO DA YR 06   26   53		37. LONG COMP. DATE MO DA YR 03   04   57		38. CAREER CATEGORY CAP. DES. TEMP C		39. FEGLI / HEALTH INSURANCE CODE 0 - WAIVER 1 - YES HEALTH INS CODE		40. SOCIAL SECURITY NO.	
41. PREVIOUS GOVERNMENT SERVICE DATA CODE 1			42. LEAVE CAT CODE 5		43. FEDERAL TAX DATA FORM EXECUTED CODE NO TAX EXEMPTIONS 1 - YES 2 - NO 0 0		44. STATE TAX DATA FORM EXECUTED CODE NO TAX EXEMP STATE CODE 1 - YES 2 - NO			
SIGNATURE OR OTHER AUTHENTICATION										
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p>POSTED</p> <p><i>04/28/65 JK</i></p> </div>										

POSTED ON  
OF-4b  
28 APR 1965

POSTED  
*04/28/65 JK*

*Jgd*

GROUP 1  
Excluded from automatic  
downgrading and  
declassification



SECRET  
(When Filled In)

DLB: 27 APR 65

DEF NOTIFICATION OF PERSONNEL ACTION																	
1. SERIAL NUMBER		2. NAME (LAST-FIRST MIDDLE)															
025798		WILCOTT JAMES B JR															
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE			5. CATEGORY OF EMPLOYMENT								
RESIGNATION						MO DA YR 04 24 65			REGULAR								
6. FUNDS		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE			8. CSC OR OTHER LEGAL AUTHORITY								
X						5277 0003 0000											
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION											
DDS/OFFICE OF FINANCE CONFIDENTIAL FUNDS DIVISION COMPENSATION AND TAX ACCOUNTS BRANCH CONTRACT AGENTS ACCOUNTS SECTION						WASH., D. C.											
11. POSITION TITLE						12. POSITION NUMBER			13. SERVICE DESIGNATION								
FINANCE ASSISTANT						0470			SF								
14. CLASSIFICATION SCHEDULE (GS, LB, etc)			15. OCCUPATIONAL SERIES			16. GRADE AND STEP			17. SALARY OR RATE								
GS			0510.16			07 4			6650								
18. REMARKS																	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL																	
19. ACTION CODE		20. EMPLOY. CODE		21. OFFICE CODING		22. STATION CODE		23. INTEGREE CODE		24. HOURS CODE		25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI	
45		10		NUMBER C ALPHABETIC		CODE		CODE		CODE		MO DA YR 03 27 31		MO DA YR		MO DA YR	
28. NTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA		33. SECURITY REC NO.		34. SEX		EOD DATA			
MO DA YR		MO DA YR		1. CSC 2. FICA 3. NONE		CODE		TYPE MO DA YR		MO DA YR		MO DA YR					
35. VET PREFERENCE		36. SERV. COMP. DATE		37. LONG COMP. DATE		38. CAREER CATEGORY		39. FEGLI / HEALTH INSURANCE		40. SOCIAL SECURITY NO.							
CODE		MO DA YR		MO DA YR		CODE		CODE		CODE							
0 - NONE 1 - 5 PT 2 - 10 PT		NO DA YR		NO DA YR		L44 DES. PROL. TEMP.		CODE		0 - WAIVER 1 - YES		HEALTH INS CODE					
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT CODE		43. FEDERAL TAX DATA				44. STATE TAX DATA							
CODE				CODE		FORM EXECUTED CODE				FORM EXECUTED CODE							
0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 1 YRS) 3 - BREAK IN SERVICE (MORE THAN 1 YRS)						1 - YES 2 - NO				1 - YES 2 - NO							
SIGNATURE OR OTHER AUTHENTICATION												POSTED		APR 4/29/65			

FORM 11 62 1150

Use Previous Edition

SECRET

*Jgd*

GROUP 1  
Excluded from automatic  
downgrading and  
declassification

14-00000  
(When Filled In)

DLB: 9 OCT 64

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION										
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)								
025798		WILCOTT JAMES JR								
3. NATURE OF PERSONNEL ACTION					4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
REASSIGNMENT AND TRANSFER TO VOUCHERED FUNDS					10   11   64		REGULAR			
6. FUNDS		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY		
.X		CF TO V		CF TO CF		5277 0003 0000		50 USC 403 J		
9. ORGANIZATIONAL DESIGNATIONS					10. LOCATION OF OFFICIAL STATION					
DDS OFFICE OF FINANCE CONFIDENTIAL FUNDS DIVISION COMPENSATION & TAX ACCOUNTS BRANCH CONTRACT AGENTS ACCOUNTS SECTION					WASH., D. C.					
11. POSITION TITLE					12. POSITION NUMBER		13. SERVICE DESIGNATION			
FINANCE ASSISTANT					0470		SF			
14. CLASSIFICATION SCHEDULE (GS, LO, etc.)			15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
GS			0510.16		07 4		6650			
18. REMARKS										
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL										
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING		22. STATION CODE	23. INTEGREE CODE	24. HOURS CODE	25. DATE OF BIRTH		26. DATE OF GRADE	27. DATE OF LEI
10	10	15500	FIN	75013			09	27	13	
28. NTE EXPIRES		29. SPECIAL REFERENCE	30. RETIREMENT DATA		31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA		33. SECURITY REG NO	34. SEX	
						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 GOVERNMENT SERVICE DATA				42. LEAVE CAT CODE		43. FEDERAL TAX DATA		44. STATE TAX DATA		
SIGNATURE OR OTHER AUTHENTICATION										
FROM: FE B						<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p style="text-align: center; margin: 0;"><b>POSTED</b></p> <p style="text-align: center; margin: 0;">9 Oct 64</p> <p style="text-align: center; margin: 0;">JPS</p> </div>				

FORM 11 62 1150

Use Previous Edition

SECRET

*yga*

GROUP 1  
Excluded from automatic  
downgrading and  
declassification

(When Filled In)



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

NAME	SERIAL	ORGN	FUNDS	GR-ST	OLD SALARY	NEW SALARY
WILCOTT JAMES B JR	025798	49	380	CF 09 07 3	\$ 5,910	\$ 6,185

11

1 Serial No		2 Name		3 Cost Center Number		4 LWOP Hours				
025798		WILCOTT JAMES B JR		49 380		11F CF				
5. OLD SALARY RATE				6. NEW SALARY RATE				7. TYPE ACTION		
Grade	Step	Salary	Last EH Date	Grade	Step	Salary	Effective Date	PSI	LSI	ADJ.
GS 07	3	\$ 6,185	09/15/63	GS 07	4	\$ 6,380	09/13/64			
8. Remarks and Authentication										
<ul style="list-style-type: none"> <li>/ / NO EXCESS LWOP</li> <li>/ / IN PAY STATUS AT END OF WAITING PERIOD</li> <li>/ / LWOP STATUS AT END OF WAITING PERIOD</li> </ul> <p style="text-align: right;">CLERKS INITIALS                      AUDITED BY</p> <p style="text-align: right;">04 742 GD</p> <p>I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.</p> <p>SIGNATURE <i>[Signature]</i> DATE <i>1/1/64</i></p> <p style="text-align: right;"><i>mcr</i></p>										
PAY CHANGE NOTIFICATION										

SECRET  
(When Filled In)

DLIS: 13 SEPT 63

NOTIFICATION OF PERSONNEL ACTION																	
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)															
025798		WILCOTT JAMES B JR															
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT									
PROMOTION						09   15   63		REGULAR									
6. FUNDS		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY									
CF TO V		X		CF TO CF		4137 7351 1000		50 USC 403 J									
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION											
DDP/FE FOREIGN FIELD FE/ SUPPORT STAFF																	
11. POSITION TITLE						12. POSITION NUMBER		13. SERVICE DESIGNATION									
FISCAL ACCT ASST						3167		SF									
14. CLASSIFICATION SCHEDULE (GS, LB, etc)			15. OCCUPATIONAL SERIES			16. GRADE AND STEP			17. SALARY OR RATE								
GS			0501.03			07 3			5910								
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. INTEGRATED CODE		24. HOURS CODE		25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI	
22		10		45380 FE		37587		3		3		09   27   31		09   15   63		09   15   63	
28. DATE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA		33. SECURITY REQ NO.		34. SER		EOD DATA →			
NO DA YR		1 2 3 4 5 6 7 8 9		1 2 3 4 5 6 7 8 9		1 2 3 4 5 6 7 8 9		1 2 3 4 5 6 7 8 9		1 2 3 4 5 6 7 8 9		1 2 3 4 5 6 7 8 9					
35. VET PREFERENCE		36. SERV COMP DATE		37. LONG COMP DATE		38. CAREER CATEGORY		39. FEGLI / HEALTH INSURANCE		40. SOCIAL SECURITY NO.							
CODE		0 NONE 1 5-PT 2 10-PT		NO DA YR		NO DA YR		CAN 5-15 PRIN 1-15		CODE		0 WAIVER 1 - YES		HEALTH INS CODE			
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT CODE		43. FEDERAL TAX DATA				44. STATE TAX DATA							
CODE				CODE		FORM ABLE TO FILE CODE				FORM EXECUTED CODE							
0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE LESS THAN 3 YRS 3 - BREAK IN SERVICE MORE THAN 3 YRS						1 - YES 2 - NO				1 - YES 2 - NO							
SIGNATURE OR OTHER AUTHENTICATION												POSTED					
												09/25/63 DK					

FORM 1150 1-62

Use Previous Edition

SECRET

19 SEP 63

GROUP 1 Excluded from automatic downgrading and declassification

(When Filled In)

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87 - 727 AND  
 DCI MEMORANDUM DATED 1 AUGUST 1966, SALARY IS ADJUSTED AS FOLLOWS,  
 EFFECTIVE 14 OCTOBER 1962

NAME	SERIAL	ORGN	FUNDS	OLD GP-ST SALARY	NEW GP-ST SALARY
WILCOTT JAMES B JR	025798	56380	CF 06 4	\$ 5325	\$ 5545

ARE:9 NOV 1961

SECRET  
 (When Filled In)

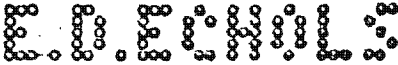
NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)									
025798		WILCOTT JAMES B JR									
3. NATURE OF PERSONNEL ACTION					4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT				
PROMOTION					MO. DA. YR. 11 12 61		REGULAR				
6. FUNDS		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY			
CF TO V		X		CF TO CF		2137 7351 1000		50 USC 403 J			
9. ORGANIZATIONAL DESIGNATIONS					10. LOCATION OF OFFICIAL STATION						
DDP FE FE/ SUPPORT STAFF											
11. POSITION TITLE					12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION				
FISCAL ACCT ASST					3167		SF				
14. CLASSIFICATION SCHEDULE (GS, WD, etc.)			15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE				
GS			0501.03		06 4		5325				
18. REMARKS											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING		22. STATION CODE	23. INTEGREE CODE	24. HOURS CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI		
22	10	56380 FE		37587		3	09 27 31	11 12 61	11 12 61		
28. NTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA		33. SECURITY REQ NO	34. SER
NO DA YR		1. CSC 2. PICA 3. NONE		CODE		TYPE		NO DA YR			
35. VET. PREFERENCE		36. SERV COMP DATE		37. LONG COMP. DATE		38. MIL SERV CREDIT/LCO		39. FEGLI/HEALTH INSURANCE		40. SOCIAL SECURITY NO.	
CODE		NO DA YR		NO DA YR		1 - YES 2 - NO		CODE		0 - WAIVER 1 - YES	
0 - NONE 1 - 5 PT 2 - 10 PT								HEALTH INS CODE			
41. PREVIOUS GOVERNMENT SERVICE DATA				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 12 MOS) 3 - BREAK IN SERVICE (MORE THAN 12 MOS)						1 - YES 2 - NO				1 - YES 2 - NO	
SIGNATURE OR OTHER AUTHENTICATION											
<div style="border: 1px solid black; padding: 5px; display: inline-block;">             WILCOTT              JAMES B JR           </div>											

IN ACCORDANCE WITH THE PROVISIONS OF P. L. 86-568 AND DCI MEMO DATED 1 AUGUST 1956, SALARY IS ADJUSTED AS FOLLOWS EFFECTIVE 10 JULY 1960.

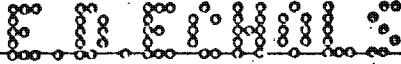
SD	NAME	SERIAL	ORGN	GR-ST	OLD SALARY	NEW SALARY
SF	WILCOTT JAMES R JR	525798	51 71	GS-05 3	\$ 4,340	\$ 4,675

/S/ EMMETT D. ECHOLS  
DIRECTOR OF PERSONNEL

SECRET  
(WHEN FILLED IN)

1. EMP. SERIAL NO.		2. NAME				3. ASSIGNED ORGN.		4. FUNDS		5.	
425798		WILCOTT JAMES R JR				DDP/FE 14		UV			
6. OLD SALARY RATE						7. NEW SALARY RATE					
GRADE	STEP	SALARY	LAST EFFECTIVE DATE			GRADE	STEP	SALARY	EFFECTIVE DATE		
			MO.	DA.	Yr.				MO.	DA.	Yr.
GS 05	3	\$ 4,675	09	20	59	GS 05	4	\$ 4,840	09	18	60
TO BE COMPLETED BY THE OFFICE OF COMPTROLLER											
8. CHECK ONE <input checked="" type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> EXCESS LWOP						9. NUMBER OF HOURS LWOP					
IF EXCESS LWOP, CHECK FOLLOWING:						10. INITIALS OF CLERK			11. AUDITED BY		
<input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD									[Signature]		
<input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD											
TO BE COMPLETED BY THE OFFICE OF PERSONNEL											
12. TYPE OF ACTION						13. REMARKS					
<input type="checkbox"/> P.S.I. <input type="checkbox"/> L.S.I. <input type="checkbox"/> PAY ADJUSTMENT											
14. AUTHENTICATION											
[Handwritten initials and date: 8/20/60]											
											
PAY CHANGE NOTIFICATION											

(When Filled In)

1. Serial No. 25778	2. Name WILCOTT JAMES B JR	3. Cost Center Number DDP/FE 14	4. LWOP Hours 00
5. OLD SALARY RATE		6. NEW SALARY RATE	
Grade	Step	Salary	Last Eff. Date
05	05	4,840	09/18/60
Grade	Step	Salary	Effective Date
05	5	5,000	09/17/61
7. TYPE ACTION PSI LSI ADJ.			
8. Remarks and Authentication			
/ / NO EXCESS LWOP			
/ / IN PAY STATUS AT END OF WAITING PERIOD			
/ / IN LWOP STATUS AT END OF WAITING PERIOD			
			
PAY CHANGE NOTIFICATION			

Form 560

Obsolete Previous Edition

SECRET

(4-61)

SECRET

(When Filled In)

AES: 6 MAY 1960      NOTIFICATION OF PERSONNEL ACTION

1. Serial No. 525798	2. Name (Last-First-Middle) WILCOTT JAMES B JR	3. Date Of Birth Mo. Da. Yr. 09 27 31	4. Vet. Pref. None-0 5 Pt-1 10 Pt-2 Code 1	5. Sex M 1	6. CS - EOD Mo. Da. Yr. 03 04 57
7. SCD Mo. Da. Yr. 06 26 53	8. CSC Vacant Yes-1 No-2 Code 1	9. CSC Or Other Legal Authority 50 USCA 403	10. Apmt. Affidav. Mo. Da. Yr.	11. FtGLI Yes-1 No-2 Code 1	12. LCD Mo. Da. Yr. 03 04 57
13. MIL. SERV. CREDIT LEO Yes-1 No-2 Code 2					

PREVIOUS ASSIGNMENT

14. Organizational Designation DDS OFFICE OF THE COMPTROLLER FINANCE DIV, ACCOUNTS BR ACCOUNTING CONTROL SEC ACCTS RECEIVABLE AND PAYABLE UNIT	Code 3803	15. Location Of Official Station WASH., D.C.	Station Code 75013
16. Dept. - Field Dept - 1 USfld - 3 Fign - 5 Code 2	17. Position Title FISCAL ACCT CLK	18. Position No. 0506	19. Serv. GS
20. Occup. Series 0501.04			
21. Grade & Step 05 3	22. Salary Or Rate \$ 4340	23. SD SF	24. Date Of Grade Mo. Da. Yr. 09 22 57
		25. PSI Due Mo. Da. Yr. 09 18 60	26. Appropriation Number 0263 1040

ACTION

27. Nature Of Action REASSIGNMENT & TRANSFER TO CONFIDENTIAL FUNDS*	Code 06	28. Eff. Date Mo. Da. Yr. 05 15 60	29. Type Of Employee REGULAR	Code 01	30. Separation Data
---	------------	--	---------------------------------	------------	---------------------

PRESENT ASSIGNMENT

31. Organizational Designation DDP FE FE/ [redacted] SUPPORT STAFF - [redacted]	Code 5171	32. Location Of Official Station [redacted]	Station Code 37587
33. Dept. - Field Dept - 1 USfld - 3 Fign - 5 Code 5	34. Position Title FISCAL ACCT ASST	35. Position No. 3167	36. Serv. GS
37. Occup. Series 0501.03			
38. Grade & Step 05 3	39. Salary Or Rate \$ 4340	40. SD SF	41. Date Of Grade Mo. Da. Yr. 09 23 57
		42. PSI Due Mo. Da. Yr. 09 18 60	43. Appropriation Number 0137 7351 3000

44. Remarks

\*SUBJECT TO APPROVED MEDICAL CLEARANCE PRIOR TO BEING SENT OVERSEAS.

POSTED

07-16-60 JUK



**SECRET**  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION																
AES: 2 OCT 1959																
1. Serial No.		2. Name (Last-First-Middle)				3. Date Of Birth			4. Vet. Pref.		5. Sex		6. CS - EOD			
125798		WILCOTT JAMES B JR				09 27 31			5 P-1 10 P-2		1 M 1		03 04 57			
7. SCD			8. CSC Retmt.		9. CSC Or Other Legal Authority			10. Apmt. Affidov.			11. FEGLI		12. LCD		13. MIL. SERV. CREDIT	
06 26 53			Yes - 1 No - 2		1 50 USCA 403 J						Yes - 1 No - 2		03 04 57		Yes - 1 No - 2	

**PREVIOUS ASSIGNMENT**

14. Organizational Designations				Code		15. Location Of Official Station				Station Code			
DDS OFFICE OF THE COMPTROLLER FINANCE DIVISION COMPENSATION AND TAX ACCTS BR CONTRACT AGENTS ACCTS SECT.				3803		WASH., D. C.				75013			
16. Dept. - Field		17. Position Title				18. Position No.		19. Serv.		20. Occup. Series			
Dept - 2 USfld - 4 Frgn - 6		2 Code FINANCE ASST				0470		GS		0510.14			
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade			25. PSI Due			26. Appropriation Number	
05 3		\$ 4340		SF		09 22 57			09 20 59			9 6300 20 004	

**ACTION**

27. Nature Of Action		Code		28. Eff. Date		29. Type Of Employee		Code		30. Separation Data	
REASSIGNMENT		56		10 04 59		REGULAR		01			

**PRESENT ASSIGNMENT**

31. Organizational Designations				Code		32. Location Of Official Station				Station Code			
DDS OFFICE OF THE COMPTROLLER FINANCE DIV, ACCOUNTS BR ACCOUNTING CONTROL SEC ACCTS RECEIVABLE AND PAYABLE UNIT				3803		WASH., D.C.				75013			
33. Dept - Field		34. Position Title				35. Position No.		36. Serv.		37. Occup. Series			
Dept - 2 USfld - 4 Frgn - 6		2 Code FISCAL ACCT CLK				0506		GS		0501.04			
33. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grade			42. PSI Due			43. Appropriation Number	
05 3		\$ 4340		SF		09 22 57			09 10 60			0263 1040	

44. Remarks

FILED

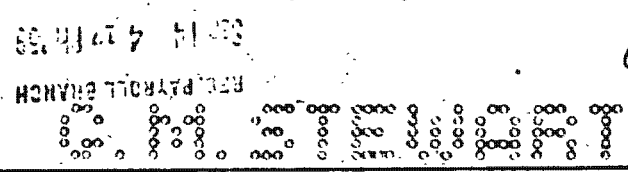
fy 10-6-59

FORM NO 1 MAR 57 1150

FORM NO 1 MAR 57 1150

**SECRET**

(4)

1. EMP. SERIAL NO. 125798		2. NAME WILCOTT JAMES B JR			3. ASSIGNED ORGAN. DDS/COMPT 11		4. FUNDS V-20		5. ALLOTMENT 26.3.46		
6. OLD SALARY RATE						7. NEW SALARY RATE					
GRADE	STEP	SALARY	LAST EFFECTIVE DATE			GRADE	STEP	SALARY	EFFECTIVE DATE		
GS	5	\$ 4,190	09	21	58	GS	5	\$ 4,340	09	20	59
TO BE COMPLETED BY THE OFFICE OF THE COMPTROLLER											
8. CHECK ONE IF EXCESS LWOP, CHECK FOLLOWING: <input checked="" type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> EXCESS LWOP <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD						9. NUMBER OF HOURS LWOP					
						10. INITIALS OF CLERK			11. AUDITED BY		
TO BE COMPLETED BY THE OFFICE OF PERSONNEL											
12. PROJECTED SALARY RATE AND EFFECTIVE DATE						13. REMARKS					
GRADE	STEP	SALARY	MO	DA.	YR.						
14. AUTHENTICATION											
											

<b>NOTIFICATION OF PERSONNEL ACTION</b>													
MCM 25 MAR 59													
1. Serial No. 125798		2. Name (Last-First-Middle) WILCOTT JAMES B JR				3. Date of Birth Mo. Da. Yr. 09 27 31		4. Vet. Pref. Non-0 5 Pt-1 10 Pt-2		5. Sex Code M 1	6. CS - EOD Mo. Da. Yr. 03 04 57		
7. SCD Mo. Da. Yr. 05 26 53		8. CSC Reim. Yes-1 No-2		9. CSC Or Other Legal Authority Code 1		10. Appt. Affidav. Mo. Da. Yr.			11. FEGLI Yes-1 No-2		12. LCD Mo. Da. Yr. 03 04 57		13. Mil. Serv. Enstat. Acc. Yes-1 No-2
				50 USCA 403									

**PREVIOUS ASSIGNMENT**

14. Organizational Designations DDS OFFICE OF THE COMPTROLLER FINANCE DIV COMPENSATION & TAX ACCTS BR STAFF EMPLOYEES ACCTS SECTION				Code 3803	15. Location Of Official Station WASH., D. C.				Station Code 75013		
16. Dept. - Field Dept - 2 USId - 4 Frgn - 6		17. Position Title Code 2			18. Position No. 0305.02		19. Serv. GS		20. Occup. Series 0544.01		
21. Grade & Step 05 2		22. Salary Or Rate \$ 4190		23. SD SF	24. Date Of Grade Mo. Da. Yr. 09 22 57		25. PSI Due Mo. Da. Yr. 09 21 58		26. Appropriation Number 8 6304 20		

**ACTION**

27. Nature Of Action REASSIGNMENT		Code 56	28. Eff. Date Mo. Da. Yr. 03 25 59		29. Type Of Employee REGULAR		Code 01	30. Separation Data		
--------------------------------------	--	------------	--	--	---------------------------------	--	------------	---------------------	--	--

**PRESENT ASSIGNMENT**

31. Organizational Designations DDS OFFICE OF THE COMPTROLLER FINANCE DIVISION COMPENSATION AND TAX ACCTS BR CONTRACT AGENTS ACCTS SECT.				Code 3803	32. Location Of Official Station WASH., D. C.				Station Code 75013		
33. Dept. - Field Dept - 2 USId - 4 Frgn - 6		34. Position Title Code 2			35. Position No. 0470		36. Serv. GS		37. Occup. Series 0510.14		
38. Grade & Step 05 2		39. Salary Or Rate \$ 4190		40. SD SF	41. Date Of Grade Mo. Da. Yr. 09 22 57		42. PSI Due Mo. Da. Yr. 09 20 59		43. Appropriation Number 9 6300 20 004		

44. Remarks

**POSTED**  
 27 MAR 59

SECRET

GENERAL SCHEDULE SALARY INCREASE RETROactively EFFECTIVE  
AS JANUARY 1959 AUTHORIZED BY P. L. 85 - 513 AND 861  
DIRECTIVE SALARIES AS OF 15 JUNE 1959 ADJUSTED AS FOLLOWS:

NAME	SERIAL	GRADE-STEP	OLD SALARY	NEW SALARY
WILCOTT JAMES B JR	125798	GS-05-1	\$ 3,670	\$ 4,040

GORDON W. STEWART  
ASST. DIRECTOR OF PERSONNEL

SECRET

IN LIEU OF FORM 1150 THIS NOTIFICATION EFFECTS RESLOTTING RESULTING  
FROM R-20-250

SER #	NAME	SD	OLD SLOT	NEW SLOT	DATE
125798	WILCOTT JAMES B JR	SF	0305.02	305	01/12/59



00200

SECRET  
(When Filled In)

MCM28 APRIL 58

**NOTIFICATION OF PERSONNEL ACTION**

1. Serial No. 125798		2. Name (Last-First-Middle) WILCOTT, JAMES B JR			3. Date Of Birth Mo. Da. Yr. 09 27 31			4. Vet. Prof. None-0 5 Pt-1 10 Pt-2 Code 1		5. Sex M 1		6. CS-EOD Mo. Da. Yr. 03 04 57		
7. SCD		8. CSC Reim. Yes-1 No-2 Code 1		9. CSC Or Other Legal Authority 50 USCA 403		10. Appt. Affidav. Mo. Da. Yr.			11. FEJLI Yes-1 No-2 Code 03		12. LCD Mo. Da. Yr. 04 57		13. <small>Bill. Serv. Code</small> Yes-1 No-2 Code 2	

**PREVIOUS ASSIGNMENT**

14. Organizational Designations DDS OFFICE OF THE COMPTROLLER FINANCE DIVISION COMPENSATION AND TAX ACCTS BR CONTRACT AGENTS ACCTS SECTION				Code 3803		15. Location Of Official Section WASH., D. C.				Station Code 75013		
16. Dept. - Field Dept - 2 USfld - 4 Frgn - 6 Code 2		17. Position Title FINANCE ASST				18. Position No. 0521.03		19. Serv. GS		20. Occp. Series 0510.14		
21. Grade & Step 05 1		22. Salary Or Rate \$ 3670		23. SD SF		24. Date Of Grade Mo. Da. Yr. 09 22 57		25. PSI Due Mo. Da. Yr. 09 21 58		26. Appropriation Number 8 6304 20		

**ACTION**

27. Nature Of Action REASSIGNMENT		Code 56		28. Eff. Date Mo. Da. Yr. 08 21 58		29. Type Of Employee REGULAR		Code 01		30. Separation Data	
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**PRESENT ASSIGNMENT**

31. Organizational Designations DDS OFFICE OF THE COMPTROLLER FINANCE DIV COMPENSATION & TAX ACCTS BR STAFF EMPLOYEES ACCTS SECTION				Code 3803		32. Location Of Official Section WASH., D. C.				Station Code 75013		
33. Dept. - Field Dept - 2 USfld - 4 Frgn - 6 Code 2		34. Position Title TIME LV PAY CLK				35. Position No. 0305.02		36. Serv. GS		37. Occp. Series 0544.01		
38. Grade & Step 05 1		39. Salary Or Rate \$ 3670		40. SD SF		41. Date Of Grade Mo. Da. Yr. 09 22 57		42. PSI Due Mo. Da. Yr. 09 21 58		43. Appropriation Number 8 6304 20		

44. Remarks

**POSTED**  
8/1/58 21

136 4/25/58

**SECRET**  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION														
MCM 21 FEB 58														
1. Serial No.		2. Name (Last-First-Middle)				3. Date Of Birth			4. Vet. Pref.		5. Sex		6. CS - EOB	
125798		WILGOTT, JAMES B JR				03 27 31			None-0 5 Pt-1 10 Pt-2 1		M 1		03 04 57	
7. SCD		8. CSC Reamt.		9. CSC Or Other Legal Authority		10. Appt. Affidav.			11. FEGLI		12. LCD		13. <small>Ret. Serv. Code</small>	
06 26 53		No - 2		1 50 USCA 403		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	
DDS OFFICE OF COMPTROLLER FISCAL DIVISION ACCOUNTS BRANCH ALLOTMENT LEDGER SECTION				3802		WASH., D. C.				75013	
16. Dept. - Field		17. Position Title				18. Position No.		19. Serv.		20. Occup. Series	
Dept - 2 USfld - 4 Frgn - 6		2 FISCAL ACCT CLK				30.01		GS		0501.04	
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade		25. PSI Due		26. Appropriation Number	
05 1		\$ 3670		SF		09 22 57		09 21 58		8 6303 20	

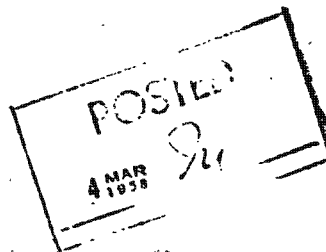
**ACTION**

27. Nature Of Action		Code		28. Eff. Date		29. Type Of Employee		Code		30. Separation Data	
REASSIGNMENT		56		02 23 58		REGULAR		01			

**PRESENT ASSIGNMENT**

31. Organizational Designations				Code		32. Location Of Official Station				Station Code	
DDS OFFICE OF THE COMPTROLLER FINANCE DIVISION COMPENSATION AND TAX ACCTS BR CONTRACT AGENTS ACCTS SECTION				3803		WASH., D. C.				75013	
33. Dept. - Field		34. Position Title				35. Position No.		36. Serv.		37. Occup. Series	
Dept - 2 USfld - 4 Frgn - 6		2 FINANCE ASST				0521.03		GS		0510.14	
38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grade		42. PSI Due		43. Appropriation Number	
05 1		\$ 3670		SF		09 22 57		09 21 58		8 6304 20	

44. Remarks



SECRET  
(When Filled In)

24040

NOTIFICATION OF PERSONNEL ACTION																	
1. Serial No.		2. Name (Last-First-Middle)			3. Date Of Birth			4. Vet Prof.		5. Sex		6. GS - EOD					
1257		WILCOX, JAMES P			Mo.	Da.	Yr.	None-0	Code	M	F	Mo.	Da.	Yr.			
								5 Pt-1				03	04	57			
7. SCB		8. CSC Retmt.		9. CSC Or Other Legal Authority			10. Apmt. Affidav.			11. FEGLI		12. LCD		13. <sup>Min. Serv.</sup> <sub>Term. Lta</sub>			
Mo.	Da.	Yr.	Yes-1	Code				Mo.	Da.	Yr.	Yes-1	Code	Mo.	Da.	Yr.		
04	21	57	No-2	1	50 USCA 403 J						No-2		02	04	57	No-2	2

PREVIOUS ASSIGNMENT

14. Organizational Designations				Code		15. Location Of Official Station				Station Code	
DPS OFFICE OF COMPTROLLER FISCAL DIVISION ACCOUNTS PAYABLE ALLOTMENT LEADER SECTION						WASH. D. C.				75013	
16. Dept. - Field		17. Position Title				18. Position No.		19. Serv.		20. Occup. Series	
Dept. - 2	Code	FISCAL ADJUTANT				20.01		05		0501.04	
USfld - 4											
Frqn. - 6	2										
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade		25. PSI Due		26. Appropriation Number	
GS 1		\$ 2,315		SF		Mo. Da. Yr.		Mo. Da. Yr.		8 - 202 20	

ACTION

27. Nature Of Action			Code		28. Eff. Date			29. Type Of Employee			Code		30. Separation Data	
PROMOTION			20		01   22   57			REGULAR			01			

PRESENT ASSIGNMENT

31. Organizational Designations				Code		32. Location Of Official Station				Station Code	
DPS OFFICE OF COMPTROLLER FISCAL DIVISION ACCOUNTS PAYABLE ALLOTMENT LEADER SECTION				2502		WASH. D. C.				75013	
33. Dept. - Field		34. Position Title				35. Position No.		36. Serv.		37. Occup. Series	
Dept. - 2	Code	FISCAL ADJUTANT				20.01		05		0501.04	
USfld - 4											
Frqn. - 6	2										
38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grade		42. PSI Due		43. Appropriation Number	
GS 1		\$ 2,320		SF		01   21   57		01   21   57		8 - 202 20	

44. Remarks

10

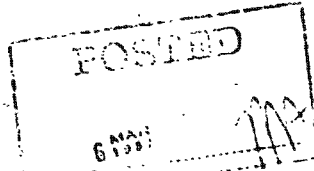
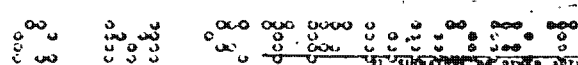
30 SEP 1957

*Ju*

CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION

P.C. 9 Nov 56  
 0-5481 njw

1. NAME (Last-First-Middle-Initials), AND SUFFIXES		2. DATE OF BIRTH	3. JOURNAL OR ACTION NO.	4. DATE
MR. JAMES B. WILCOFF, JR. 125798		27 Sep 1931		4 Mar 1957
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	
Accepted Appointment 13		4 Mar 1957	50 USCA 409 J	
FROM		TO		
8. POSITION TITLE		Fiscal Acct Clerk 1-30.01-4		
9. SERVICE, SERIES, GRADE, SALARY		GS-0501.04-4 \$3415.00 per annum		
10. ORGANIZATIONAL DESIGNATIONS		DDC/Office of Comptroller Fiscal Division Accounts Branch Allotment Ledger Section		
11. HEADQUARTERS		Washington, D. C.		
12. FIELD OR DEPT'L		FIELD DEPARTMENTAL		
13. VETERAN'S PREFERENCE				14. POSITION CLASSIFICATION ACTION
NONE	WWII	OTHER	5-PT.	10-POINT
15. SEX				16. APPROPRIATION
M				7-6303-20
17. SUBJECT TO C. 2. RETIREMENT ACT (YES-NO)				18. DATE OF APPOINTMENT AFFIDAVIT (ACCESSIONS ONLY)
Yes				4 Mar 1957
19. LEGAL RESIDENCE				SD/SP
STATE:				
20. REMARKS.				
Subject to the satisfactory completion of a trial period of one year. Subject to the satisfactory completion of a medical examination. RC-135				
DDG 03/04/57 CSE03 03/04/57 LCD 03/04/57 SCD 06/26/53				
PSI due 03/03/58				
2 EOD 03/04/57				
				
ENTRANCE PERFORMANCE RATINGS:				
				

Director of Personnel

4. PERSONNEL FOLDER COPY

779 314157



**SECRET**  
(When Filled In)

FITNESS REPORT						EMPLOYEE SERIAL NUMBER	
						025798	
<b>SECTION A GENERAL</b>							
1. NAME (Last) (First) (Middle) <b>Wilcott, James B., Jr.</b>			2. DATE OF BIRTH <b>27 Sep 31</b>	3. SEX <b>M</b>	4. GRADE <b>GS-07</b>	5. SD <b>SF</b>	
6. OFFICIAL POSITION TITLE <b>Fiscal Acct Asst</b>			7. OFF/DIV/BR OF ASSIGNMENT <b>DDF/WH/C</b>		8. CURRENT STATION <b>JMWAVE</b>		
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT				
<input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY			<input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR		<input type="checkbox"/> REASSIGNMENT EMPLOYEE		
<input type="checkbox"/> CAREER-PROVISIONAL (See instructions - Section C)			<input type="checkbox"/> ANNUAL		<input checked="" type="checkbox"/> SPECIAL (Specify): <b>Resignation</b>		
<input type="checkbox"/> SPECIAL (Specify):			<input type="checkbox"/> SPECIAL (Specify):				
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to) <b>26 Apr 65 - 15 Apr 66</b>				
<b>SECTION B PERFORMANCE EVALUATION</b>							
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
<b>SPECIFIC DUTIES</b>							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
SPECIFIC DUTY NO. 1 Lists, computes and verifies <input type="checkbox"/> cover companies commercial payrolls involving approximately <input type="checkbox"/> persons. Prepares and verifies all salary checks. An accounting machine is used for payrollling.						RATING LETTER <b>A</b>	
SPECIFIC DUTY NO. 2 Maintains both overt commercial and covert pay records, files, etc. for staff employees, staff agents, contract employees and agents. Maintains leave records for WAE contract employees and all staff personnel.						RATING LETTER <b>W</b>	
SPECIFIC DUTY NO. 3 Responsible for timely payment of monthly tax deposits and preparation of the quarterly Federal Withholding and Social Security tax returns of the cover companies.						RATING LETTER <b>A</b>	
SPECIFIC DUTY NO. 4 Initiates dispatches and cables to Headquarters and Field Stations on all matters pertaining to pay, leave and payroll deductions of staff employees, staff agents and contract employees and agents.						RATING LETTER <b>A</b>	
SPECIFIC DUTY NO. 5						RATING LETTER	
SPECIFIC DUTY NO. 6						RATING LETTER	
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>							
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.						RATING LETTER <b>A</b>	

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 <b>OFFICE OF PERSONNEL</b> for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B. 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;">Jul 15 10 37 AM '66</p>			
<p>During the period Subject was in charge of the Payroll Section at JMWAVE his performance was, in the rater's opinion, not more than adequate. He apparently was of the opinion that being in charge of a section relieved him of the onerous tasks of filing and other related duties of like nature. As far as meeting the payroll deadlines Subject was proficient in this duty, but he normally required considerable amount of overtime work to meet these deadlines. He had many ideas which he presented to Chief, Finance Branch for betterment of the payrolling system, but unfortunately after due consideration the majority of these ideas were found to be impractical and/or in violation of either good accepted commercial practice or Agency regulations. Suggestions made to him were outwardly accepted but upon follow-up it was determined that he had failed to implement these suggestions. Overall it is the rater's opinion that the Subject was barely adequate in performing his assigned tasks.</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		
12 months	Subject departed the Station without seeing this Report.		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
17 Jun 1966	Chief, Finance Branch	/s/ H. Robert Graham	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
Subject resigned and departed the Station rather suddenly and before there was an opportunity to observe his performance. The supervisor has made a careful evaluation with which I concur.			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
6 July 1966	Deputy Chief for Support	/s/ William A. Jewett	

SECRET

REVIEWED BY:

*P. H. Johnson*

SECRET  
(When Filled In)

### FITNESS REPORT

EMPLOYEE SERIAL NUMBER  
025798

SECTION A				GENERAL			
1. NAME (Last) (First) (Middle) WILCOTT, James E, Jr.			2. DATE OF BIRTH 27 Sep 1931	3. SEX M	4. GRADE GS-07	5. SO SF	
6. OFFICIAL POSITION TITLE Finance Assistant				7. OFF/OIV/BR OF ASSIGNMENT Fin/CFD/C&TAB		8. CURRENT STATION Wash., D. C.	
9. CHECK (X) TYPE OF APPOINTMENT				10. CHECK (X) TYPE OF REPORT			
<input checked="" type="checkbox"/>	CAREER	<input type="checkbox"/>	RESERVE	<input type="checkbox"/>	TEMPORARY	<input type="checkbox"/>	INITIAL
<input type="checkbox"/>	CAREER-PROVISIONAL (See Instructions - Section C)			<input type="checkbox"/>	ANNUAL	<input checked="" type="checkbox"/>	REASSIGNMENT SUPERVISOR
<input type="checkbox"/>	SPECIAL (Specify):			<input type="checkbox"/>	SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P. ASAP				12. REPORTING PERIOD (From - to) 11 Oct. 1964 - 25 April 1965			

**SECTION B PERFORMANCE EVALUATION:**

**W - Weak** Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.

**A - Adequate** Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.

**P - Proficient** Performance is more than satisfactory. Desired results are being produced in a proficient manner.

**S - Strong** Performance is characterized by exceptional proficiency.

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

#### SPECIFIC DUTIES

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

SPECIFIC DUTY NO. 1 Analyzing Payroll Accounts	RATING LETTER P
SPECIFIC DUTY NO. 2 Reconciling Tax and Retirement Accounts	RATING LETTER P
SPECIFIC DUTY NO. 3 Computing Staff and Career Agents' Pay and Allowances	RATING LETTER P
SPECIFIC DUTY NO. 4 Conducting Liaison with our Division regarding Payroll matters.	RATING LETTER P
SPECIFIC DUTY NO. 5 Preparing Correspondence	RATING LETTER A
SPECIFIC DUTY NO. 6 Maintaining Leave records and Agents' Pay Files	RATING LETTER P

#### OVERALL PERFORMANCE IN CURRENT POSITION

Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.

5 MAY 1965

RATING LETTER  
P

SECRET

(When Filled In)

OFFICE OF PERSONNEL

SECTION C NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

MAIL ROOM

In the six months that Mr. Wilcott was assigned to the Staff Agents Accounts Section, he demonstrated the ability to accept responsibilities and responded well to all work assignments. Mr. Wilcott was a great help in reconciling and analyzing Payroll, Tax, and Retirement accounts. He worked well with his associates and had a good disposition. Mr. Wilcott is very cooperative and dependable.

This employee did not have any supervisory responsibilities and, therefore, is not being rated on Cost Consciousness.

SECTION D CERTIFICATION AND COMMENTS

1. BY EMPLOYEE

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

DATE 30 April 1965 SIGNATURE OF EMPLOYEE

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION 6 IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION Employee had departed for PCS prior to this date.

DATE 30 April 1965 OFFICIAL TITLE OF SUPERVISOR Chief, Staff Agents Accts. Sec. TYPED OR PRINTED NAME AND SIGNATURE

1. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL I concur.

DATE 30 April 1965 OFFICIAL TITLE OF REVIEWING OFFICIAL Chief, Compensation and Tax Div. TYPE

SECRET

**SECRET**  
(When Filled In)

<b>FITNESS REPORT</b>				EMPLOYEE SERIAL NUMBER 025798	
<b>SECTION A GENERAL</b>					
1. NAME (Last) (First) (Middle) Wilcott, James B. Jr			2. DATE OF BIRTH 27 Sep 31	3. SEX M	4. GRADE GS-07
			5. SD SF		
6. OFFICIAL POSITION TITLE Fiscal Acct Asst			7. OFF/DIV/QR OF ASSIGNMENT	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	REASSIGNMENT SUPERVISOR
	CAREER-PROVISIONAL (See Instructions - Section C)			<input checked="" type="checkbox"/> ANNUAL	REASSIGNMENT EMPLOYEE
SPECIAL (Specify):			SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P. 31 Aug 64			12. REPORTING PERIOD (From - to) 1 July 1963 - 30 June 1964		
<b>SECTION B PERFORMANCE EVALUATION</b>					
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
<b>SPECIFIC DUTIES</b>					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (Indicate number of employees supervised).					
SPECIFIC DUTY NO. 1 As Station Cashier, responsible for the daily receipt and disbursement of cash [ ] U.S. dollars, (MFC).					RATING LETTER <b>P</b>
SPECIFIC DUTY NO. 2 Consolidates all Station cash transactions to one voucher and verifies balance daily.					RATING LETTER <b>P</b>
SPECIFIC DUTY NO. 3 Summarizes all Station transactions for off-base housing and vehicle expenditures into monthly accountings and maintains appropriate subsidiary records.					RATING LETTER <b>P</b>
SPECIFIC DUTY NO. 4 Polices individual housing and vehicle advance accounts and audits related accountings.					RATING LETTER <b>P</b>
SPECIFIC DUTY NO. 5 Maintains statistical records on private rentals by individual house and cost center.					RATING LETTER <b>P</b>
SPECIFIC DUTY NO. 6 Advices TDY travelers of their entitlements, audits the travel vouchers, and performs other related duties as assigned by the Finance Officer.					RATING LETTER <b>P</b>
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER <b>P</b>
15 JUL 1964					

GROUP 1  
Excluded from automatic  
downgrading and  
declassification

~~SECRET~~

**SECTION C NARRATIVE COMMENTS OFFICE OF PERSONNEL**

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, if described, if applicable.

Jun 9 9 44 AM '64

Subject has performed his duties in a competent manner. ~~Unusually~~ huge sums of money with few errors, and maintains the necessary statistical records.

Cost consciousness and management of organization assets does not apply to this position.

**SECTION D CERTIFICATION AND COMMENTS**

**1. BY EMPLOYEE**

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

DATE: 9 Jun 64 SIGNATURE OF EMPLOYEE: /s/ James Wilcott

**2. BY SUPERVISOR**

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION: 23 IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

DATE: 9 Jun 64 OFFICIAL TITLE OF SUPERVISOR: Finance Officer TYPED OR PRINTED NAME AND SIGNATURE: /s/ Frank Wells

**3. BY REVIEWING OFFICIAL**

COMMENTS OF REVIEWING OFFICIAL  
Subject was held the position of Finance Disbursing Officer since his arrival at [redacted] in May 1960. He has performed well in a function for which he had no previous experience or training. With a realignment of the office workload in December he was given the additional responsibility of processing TDY travel. Due to his specialized work, he has not had the opportunity to be trained in other facets of finance work. He has been scheduled for Finance training upon his return to Headquarters in July 1964.

DATE: 7 Jun 64 OFFICIAL TITLE OF REVIEWING OFFICIAL: Finance Officer TYPED OR PRINTED NAME AND SIGNATURE: /s/ [redacted]

~~SECRET~~

FJTT 10,374, 31 May 63

**CONFIDENTIAL**  
**SECRET**  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				025798	
<b>SECTION A GENERAL</b>					
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE
WILCOTT, JAMES B. JR.			27 Sept 31	M	GS-6 SF
6. OFFICIAL POSITION TITLE			7. OFF. DIV. OR OF ASSIGNMENT		
FISCAL ACCT ASST			DDF/FE		
8. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
CAREER	RESERVE	TEMPORARY	INITIAL	REASSIGNMENT SUPERVISOR	
CAREER-PROVISIONAL (See Instructions - Section C)			X ANNUAL	REASSIGNMENT EMPLOYEE	
SPECIAL (Specify)			SPECIAL (Specify)		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to)		
			1 Jul 62 - 30 Jun 63		
<b>SECTION B PERFORMANCE EVALUATION</b>					
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
<b>SPECIFIC DUTIES</b>					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (Indicate number of employees supervised).					
SPECIFIC DUTY NO. 1					RATING LETTER
As Station Cashier, responsible for the daily receipt and disbursement of cash ( U. S. dollars, MPC).					P
SPECIFIC DUTY NO. 2					RATING LETTER
Consolidates all Station cash transactions to one voucher and verifies balance daily.					P
SPECIFIC DUTY NO. 3					RATING LETTER
Summarizes all Station transactions for off-base housing and vehicle expenditures into monthly accountings and maintains appropriate subsidiary records.					P
SPECIFIC DUTY NO. 4					RATING LETTER
Polices individual housing and vehicle advance accounts and audits related accountings.					P
SPECIFIC DUTY NO. 5					RATING LETTER
Maintains statistical records on all private rentals by individual house and cost center.					P
SPECIFIC DUTY NO. 6					RATING LETTER
Performs other related duties as assigned by the Finance Officer.					P
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER
					P

20 JUL 1963

SECRET

(When Filled In)

CONFIDENTIAL

<b>SECTION C</b>		<b>NARRATIVE COMMENTS</b>	
<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 recommendation. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.</p>			
<p>JUN 17 3 38 PM '63 MAIL ROOM</p>			
<p>Subject is conscientious, industrious, and willing to accept all responsibility assigned him. He has performed his duties in a competent manner and has shown a marked interest in learning all facets of his job. Subject at times gives the impression (whether warranted or not) of being uncertain in his thinking, and he does not always seem to exercise his best judgment in reaching decisions, but he is striving to eradicate this impression.</p>			

<b>SECTION D</b>			<b>CERTIFICATION AND COMMENTS</b>		
<b>1. BY EMPLOYEE</b>					
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT					
DATE	SIGNATURE OF EMPLOYEE				
21 May 1963	/s/ James B. Wilcott				
<b>2. BY SUPERVISOR</b>					
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION				
33					
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE			
21 May 1963	Finance Officer	/s/ [Redacted]			
<b>3. BY REVIEWING OFFICIAL</b>					
COMMENTS OF REVIEWING OFFICIAL					
Concur in the evaluation.					
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE			
21 May 1963	Adm Officer	/s/ Douglas S. Trabue			

SECRET

CONFIDENTIAL



REVIEWED BY:

*Paul J. Oliver*  
of Career Service Board

SECRET  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER			
				025778			
<b>SECTION A GENERAL</b>							
1. NAME (Last) (First) (Middle) WILCOTT, James B.			2. DATE OF BIRTH 27 Sept 31	3. SEX M	4. GRADE GS-6	5. SD SF	
6. OFFICIAL POSITION TITLE Fiscal Acct Asst.			7. OFF/DIV/BR OF ASSIGNMENT FE		8. CURRENT STATION		
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT				
<input type="checkbox"/> CAREER	<input type="checkbox"/> RESERVE	<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> INITIAL		<input type="checkbox"/> REASSIGNMENT SUPERVISOR		
<input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)			<input checked="" type="checkbox"/> ANNUAL		<input type="checkbox"/> REASSIGNMENT EMPLOYEE		
<input type="checkbox"/> SPECIAL (Specify):			<input type="checkbox"/> SPECIAL (Specify):				
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to) 1 Apr 61 - 30 June 62				
<b>SECTION B PERFORMANCE EVALUATION</b>							
<p><b>W - Weak:</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate:</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient:</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong:</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding:</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
<b>SPECIFIC DUTIES</b>							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
SPECIFIC DUTY NO. 1						RATING LETTER	
Station cashier responsible for the day to day receipt and disbursement of cash.						P	
SPECIFIC DUTY NO. 2						RATING LETTER	
Consolidates all station cash transactions to one voucher and verifies balance daily.						P	
SPECIFIC DUTY NO. 3						RATING LETTER	
Summarizes all station transactions for off-base housing and vehicle expenditures into monthly accountings and maintains appropriate subsidiary records.						S	
SPECIFIC DUTY NO. 4						RATING LETTER	
Polices individual housing and vehicle advance accounts and audits related accountings.						S	
SPECIFIC DUTY NO. 5						RATING LETTER	
Maintains statistical records on all private rentals by individual house and cost center.						P	
SPECIFIC DUTY NO. 6						RATING LETTER	
Performs other related duties as assigned by the Finance Officer.						P	
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>							
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.						RATING LETTER	
						P	

SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

05 July 62  
Subject is conscientious, industrious, and willing to accept all responsibility given him. He has performed capably in a function for which he had no previous experience or training, and has shown a marked interest in learning all facets of his job. He has handled large sums of money with few errors, and maintains the necessary statistical records in a competent manner.

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	
19 July 1962	James B. Wilcott /e/	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
25		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
17 July 1962	Finance Officer	
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
17 July 1962	Finance Officer	

SECRET

SECRET  
(When Filled In)

APPROVED BY:  
*Subj. J. Oliver*  
SUPERVISOR

FITNESS REPORT				EMPLOYEE SERIAL NUMBER					
				525798					
SECTION A GENERAL									
1. NAME (Last) (First) (Middle)		2. DATE OF BIRTH		3. SEX	4. GRADE				
WILCOTT, James B		27 Sept 1931		M	GS-05				
5. SERVICE DESIGNATION		6. OFFICIAL POSITION TITLE		7. OFF/DIV/BR OF ASSIGNMENT					
SF		Fiscal Acct. Asst.							
8. CAREER STAFF STATUS			9. TYPE OF REPORT						
<input type="checkbox"/> NOT ELIGIBLE	<input type="checkbox"/> MEMBER	<input type="checkbox"/> DEFERRED	<input type="checkbox"/> INITIAL	<input type="checkbox"/> REASSIGNMENT/SUPERVISOR					
<input type="checkbox"/> PENDING	<input type="checkbox"/> DECLINED	<input type="checkbox"/> DENIED	<input checked="" type="checkbox"/> ANNUAL	<input type="checkbox"/> REASSIGNMENT/EMPLOYEE					
10. DATE REPORT DUE IN O.P.		11. REPORTING PERIOD		12. SPECIAL (Specify)					
x 31 May 1961		From 27 May 60 to 31 Mar 61							
SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES									
List up to six of the most important specific duties performed during the rating period. Insert rating number 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).									
1 - Unsatisfactory		2 - Barely adequate		3 - Acceptable					
4 - Competent		5 - Excellent		6 - Superior					
7 - Outstanding									
SPECIFIC DUTY NO. 1 Station cashier responsible for the day to day receipt and disbursement of cash.		RATING NO.	SPECIFIC DUTY NO. 4 Polices individual housing and vehicle advance accounts and audits related accountings.		RATING NO.				
		4			4				
SPECIFIC DUTY NO. 2 Consolidates all station cash transactions to one voucher and verifies balance daily.		RATING NO.	SPECIFIC DUTY NO. 5 Maintains statistical records on all private rentals by individual house and cost center.		RATING NO.				
		4			4				
SPECIFIC DUTY NO. 3 Summarizes all station transactions for off-base housing and vehicle expenditures into monthly accountings and maintains appropriate subsidiary records.		RATING NO.	SPECIFIC DUTY NO. 6 Performs other related duties as assigned by the Finance Officer.		RATING NO.				
		5			4				
SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION									
Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.									
1 - Performance in many important respects fails to meet requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets basic requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding.					RATING NO.				
					4				
SECTION D DESCRIPTION OF THE EMPLOYEE									
In the rating boxes below, check (X) the degree to which each characteristic applies to the employee									
1 - Least possible degree		2 - Limited degree		3 - Normal degree					
4 - Above average degree		5 - Outstanding degree							
CHARACTERISTICS			NOT APPL. CABLE	NOT OBSERVED	RATING				
					1	2	3	4	5
GETS THINGS DONE									X
RESOURCEFUL								X	
ACCEPTS RESPONSIBILITIES							X		
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES							X		
DOES HIS JOB WITHOUT STRONG SUPPORT							X		
FACILITATES SMOOTH OPERATION OF HIS OFFICE			X						
WRITES EFFECTIVELY			X						
SECURITY CONSCIOUS							X		
THINKS CLEARLY								X	
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS								X	
OTHER (Specify):									
SEE SECTION "E" ON REVERSE SIDE									

SECRET

(When Filled In)

**SECTION E NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE**

Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for promotion, assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the best basis for determining future personnel actions.

Subject is conscientious, industrious, and willing to accept all responsibility given him. He has performed capably in a function for which he had no previous experience or training, and has shown a marked interest in learning all facets of his job. He has handled large sums of money with few errors, and maintains the necessary statistical records in a competent manner.

MAIL ROOM

Subject should strive to develop more confidence in himself and in his ability to perform the duties assigned him. His lack of assurance and his naiveté are sometimes disconcerting to those with whom he deals.

This report has been prepared in accordance with F E Division standards which recognize the principle of rating the individual against the group. Thus an 'average' rating reflects an entirely satisfactory performance.

**SECTION F CERTIFICATION AND COMMENTS**

1. BY EMPLOYEE  
I certify that I have seen Sections A, B, C, D and E of this Report.

DATE: 3 May 1961  
SIGNATURE OF EMPLOYEE: James B. Wilcott (Signed)

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION: 8  
IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.

EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS  
REPORT MADE WITHIN LAST 90 DAYS

OTHER (Specify):

DATE: 3 May 1961  
OFFICIAL TITLE OF SUPERVISOR  
TYPED OR PRINTED NAME AND SIGNATURE

3. BY REVIEWING OFFICIAL

- I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.
- I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.
- I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.
- I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.

COMMENTS OF REVIEWING OFFICIAL

DATE: 3 May 1961  
OFFICIAL TITLE OF REVIEWING OFFICIAL  
TYPED OR PRINTED NAME AND SIGNATURE

SECRET

SECRET  
(When Filled In)

REVIEWED BY:  
*Ruby J. Johnson*  
SUPERVISORY BOARD

<b>FITNESS REPORT</b>		EMPLOYEE SERIAL NUMBER
-----------------------	--	------------------------

SECTION A GENERAL					
1. NAME (Last) (First) (Middle)		2. DATE OF BIRTH	3. SEX	4. GRADE	
Wilcott, James B. Jr.		27 September 1931	M	5-3	
5. SERVICE DESIGNATION	6. OFFICIAL POSITION TITLE		7. OFF/DIV/BR OF ASSIGNMENT		
SP	Fiscal Accountant Clerk		Compt/Finance/Accts		
8. CAREER STAFF STATUS			9. TYPE OF REPORT		
<input checked="" type="checkbox"/> NOT ELIGIBLE	<input type="checkbox"/> MEMBER	<input type="checkbox"/> DEFERRED	<input type="checkbox"/> INITIAL	<input type="checkbox"/> REASSIGNMENT/SUPERVISOR	
<input type="checkbox"/> PENDING	<input type="checkbox"/> DECLINED	<input type="checkbox"/> DENIED	<input checked="" type="checkbox"/> ANNUAL	<input type="checkbox"/> REASSIGNMENT/EMPLOYEE	
10. DATE REPORT DUE IN O.P.		11. REPORTING PERIOD		12. SPECIAL (Specify)	
30 April 1960		1 APR 59 - 31 MAR 60			

SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES						
List up to six of the most important specific duties performed during the rating period. Insert rating number 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).						
1 - Unsatisfactory	2 - Barely adequate	3 - Acceptable	4 - Competent	5 - Excellent	6 - Superior	7 - Outstanding
SPECIFIC DUTY NO. 1 Responsible for numbering, removing attachments, batching and totaling confidential funds posting vouchers to be processed by Machine		RATING NO.	SPECIFIC DUTY NO. 1 (continued) Records Division		RATING NO.	4
SPECIFIC DUTY NO. 2 Responsible for verifying the daily expenditure listing totals with the expended general ledger accounts.		RATING NO.	SPECIFIC DUTY NO. 2		RATING NO.	4
SPECIFIC DUTY NO. 3 Responsible for matching the attachments to the vouchers and filing when vouchers are returned from Machine Records Division.		RATING NO.	SPECIFIC DUTY NO. 3		RATING NO.	4

SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION	
Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.	
<ul style="list-style-type: none"> <li>1 - Performance in many important respects fails to meet requirements.</li> <li>2 - Performance meets most requirements but is deficient in one or more important respects.</li> <li>3 - Performance clearly meets basic requirements.</li> <li>4 - Performance clearly exceeds basic requirements.</li> <li>5 - Performance in every important respect is superior.</li> <li>6 - Performance in every respect is outstanding.</li> </ul>	RATING NO.  4

SECTION D DESCRIPTION OF THE EMPLOYEE									
In the rating boxes below, check (X) the degree to which each characteristic applies to the employee									
1 - Least possible degree	2 - Limited degree	3 - Normal degree	4 - Above average degree	5 - Outstanding degree					
CHARACTERISTICS			NOT APPLI- CABLE	NOT OB- SERVED	RATING				
					1	2	3	4	5
GETS THINGS DONE								X	
RESOURCEFUL							X		
ACCEPTS RESPONSIBILITIES							X		
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES			X						
DOES HIS JOB WITHOUT STRONG SUPPORT								X	
FACILITATES SMOOTH OPERATION OF HIS OFFICE							X		
WRITES EFFECTIVELY			X						
SECURITY CONSCIOUS								X	
THINKS CLEARLY								X	
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS			X						
OTHER (Specify):									

SEE SECTION "E" ON REVERSE SIDE

SECRET

(When Filled In)

**SECTION E NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE**

Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the best basis for determining future personnel actions.

Subject has accepted a field assignment effective in June.

The position to which subject has been assigned is very repetitious and not at all conducive to disclosing his full potential. However, by the way in which he adapted to Duty No. 2, it is felt that he will be able to perform more responsible duties with a minimum of additional training.

He has an extremely good attitude toward his work and responds well to supervision.

This report has been prepared in accordance with the criteria set forth in Comptroller Instruction No. 77 which are designed to reflect realistic and meaningful ratings and fair comparisons between the employee and his fellow workers of equal grade and responsibility. An "average" rating reflects an entirely satisfactory performance.

APR 21 12 18 PM '60

**SECTION F CERTIFICATION AND COMMENTS**

<b>1. BY EMPLOYEE</b>		
I certify that I have seen Sections A, B, C, D and E of this Report.		
DATE 19 April 1960	SIGNATURE OF EMPLOYEE James E. Willett Jr	
<b>2. BY SUPERVISOR</b>		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION 12 Months	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.		
EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS	REPORT MADE WITHIN LAST 90 DAYS	
OTHER (Specify):		
DATE 18 April 1960	OFFICIAL TITLE OF SUPERVISOR C/Voucher Review Unit	TYPED OR PRINTED NAME AND SIGNATURE
<b>3. BY REVIEWING OFFICIAL</b>		
I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.		
I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.		
I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.		
I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.		
COMMENTS OF REVIEWING OFFICIAL		
DATE 4/18/60	OFFICIAL TITLE OF REVIEWING OFFICIAL DC/Accounts Branch	

SECRET

REVIEWED BY: *Conroy & Johnson*  
 SECRET *RA*  
 When Filled In *10/19/59*  
 FEDERAL SERVICE BOARD  
 EMPLOYEE SERIAL NUMBER  
 125798

### FITNESS REPORT

**SECTION A GENERAL**

1. NAME (Last) (First) (Middle) <b>Wilcott, Jr. James B.</b>			2. DATE OF BIRTH <b>27 Sept. 1931</b>		3. SEX <b>M</b>	4. GRADE <b>GS-5</b>
5. SERVICE DESIGNATION <b>SP</b>				6. OFFICIAL POSITION TITLE <b>Time Leave Pay Clerk</b>		7. OFF/DIV/BR OF ASSIGNMENT <b>Compt/ Finance Division</b>
8. CAREER STAFF STATUS			9. TYPE OF REPORT			
<input checked="" type="checkbox"/> NOT ELIGIBLE	<input type="checkbox"/> MEMBER	<input type="checkbox"/> DEFERRED	<input type="checkbox"/> INITIAL	<input type="checkbox"/> REASSIGNMENT/SUPERVISOR		
<input type="checkbox"/> PENDING	<input type="checkbox"/> DECLINED	<input type="checkbox"/> DENIED	<input checked="" type="checkbox"/> ANNUAL	<input type="checkbox"/> REASSIGNMENT/EMPLOYEE		
10. DATE REPORT DUE IN O.P. <b>30 April 1959</b>		11. REPORTING PERIOD FROM TO <b>1 Apr 58 - 31 Mar 59</b>		SPECIAL (Specify)		

**SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES**

List up to six of the most important specific duties performed during the rating period. Insert rating number 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).

1 - Unsatisfactory	2 - Barely adequate	3 - Acceptable	4 - Competent	5 - Excellent	6 - Superior	7 - Outstanding
SPECIFIC DUTY NO. 1 <b>Fundamental of Payroll</b>		RATING NO. <b>3</b>	SPECIFIC DUTY NO. 4 <b>Connecting liaison with Area divisions on payroll problems</b>		RATING NO. <b>3</b>	
SPECIFIC DUTY NO. 2 <b>Preparation of all payroll documents concerning base and premium pay and allowances</b>		RATING NO. <b>3</b>	SPECIFIC DUTY NO. 5 <b>Application of Agency pay regulations</b>		RATING NO. <b>4</b>	
SPECIFIC DUTY NO. 3 <b>Maintaining of leave records</b>		RATING NO. <b>3</b>	SPECIFIC DUTY NO. 6 <b>Processing of checks</b>		RATING NO. <b>4</b>	

**SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION**

Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.

1 - Performance in many important respects fails to meet requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets basic requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding.	RATING NO. <div style="border: 1px solid black; padding: 5px; width: 30px; margin: 0 auto;">3</div>
--	--

**SECTION D DESCRIPTION OF THE EMPLOYEE**

In the rating boxes below, check (X) the degree to which each characteristic applies to the employee

1 - Least possible degree	2 - Limited degree	3 - Normal degree	4 - Above average degree	5 - Outstanding degree									
CHARACTERISTICS					NOT APPLICABLE	NOT OBSERVED	RATING						
								1	2	3	4	5	
GETS THINGS DONE										X			
RESOURCEFUL										X			
ACCEPTS RESPONSIBILITIES										X			
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES										X			
DOES HIS JOB WITHOUT STRONG SUPPORT										X			
FACILITATES SMOOTH OPERATION OF HIS OFFICE										X			
WRITES EFFECTIVELY										X			
SECURITY CONSCIOUS										X			
THINKS CLEARLY										X			
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS										X			
OTHER (Specify):													

SEE SECTION "E" ON REVERSE SIDE





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 (Last) (First) (Middle) 2. DATE OF BIRTH 3. SEX 4. SERVICE DESIGNATION 5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT 6. OFFICIAL POSITION TITLE 7. GRADE 8. DATE REPORT DUE IN OP 9. PERIOD COVERED BY THIS REPORT 10. TYPE OF REPORT

SECTION B. CERTIFICATION

1. FOR THE RATED: THIS REPORT ... HAS ... HAS NOT BEEN SHOWN TO THE INDIVIDUAL RATED. IF NOT SHOWN, EXPLAIN WHY NOT.

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

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.

BY DATE Posted Pos. Control [Signature] 10/25/57 Reviewed by POC [Signature] 12/11/57

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

SECTION C. JOB PERFORMANCE EVALUATION

1. RATING ON GENERAL PERFORMANCE OF DUTIES DIRECTIONS: Consider ONLY the productivity and effectiveness with which the individual being rated has performed his duties during the rating period.

- 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 WEARINESS. 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: Mr. Wilcott is very industrious and accepts his assignments without hesitation.

**SECRET**

(When Filled In)

**2. RATINGS ON PERFORMANCE OF SPECIFIC DUTIES**

**DIRECTIONS:**

a. State in the spaces below up to six of the more important SPECIFIC duties performed during this rating period. Place the most important first. Do not include minor or unimportant duties.

b. Rate performance on each specific duty considering ONLY effectiveness in performance of that specific duty.

c. For supervisors, ability to supervise will always be rated as a specific duty (do not rate as supervisors those who supervise a secretary only).

d. Compare in your mind, when possible, the individual being rated with those performing the same duty at a similar level of responsibility.

e. Two individuals with the same job title may be performing different duties. If so, rate them on different duties.

f. Be specific. Examples of the kind of duties that might be rated are:

ORAL BRIEFING	HAS AND USES AREA KNOWLEDGE	MAIL ROOM	INTERROGATIONS
GIVING LECTURES	DEVELOPS NEW PROGRAMS		PREPARES SUMMARIES
CONDUCTING SEMINARS	ANALYZES INDUSTRIAL REPORTS		TRANSLATES GERMAN
WRITING TECHNICAL REPORTS	MANAGES FILES		DEBRIEFING 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

g. 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 Records obligating instruments, supplements and adjustments relating to allotment accounting.	RATING NUMBER 4	SPECIFIC DUTY NO. 4 Assists in the closing and reopening of the allotment ledger accounts at close of each fiscal year.	RATING NUMBER 4
SPECIFIC DUTY NO. 2 Prepares current analysis of allotment ledger accounts of unliquidated obligations.	RATING NUMBER 4	SPECIFIC DUTY NO. 5 Records liquidations and cancellations of obligations to individual allotment accounts.	RATING NUMBER 4
SPECIFIC DUTY NO. 3 Checks and reconciles items of expenditures with those in the allotment ledger accounting records.	RATING NUMBER 4	SPECIFIC DUTY NO. 6 Prepares summaries required for reconciliations and duplicate allotment records (copies) for forwarding to the various allottees.	RATING NUMBER 4

**3. NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE**

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

Mr. Wilcott is very ambitious to prove his capabilities. Accordingly, he frequently assumes additional duties other than those assigned to him. He is very attentive to his work, is diligent in applying himself to the job, he is very quiet by nature and it is only on rare occasions that he indulges in conversation unrelated to his duties. He is attempting to become better acquainted with government accounting as has been evidenced by his enrollment in an accounting course with the Department of Agriculture School. He has made great progress in his assigned position in the Accounting Branch.

**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.

RATING NUMBER	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:

He is well suited for his present position, but has expressed a desire for an opportunity to serve in an overseas assignment, as this was a part of his ambition in seeking employment with the Agency. It is believed that he could readily adapt himself to other duties in the field of accountancy.

Standard Form No. 2873  
FPM Supplement 892-1  
MAY 1966

FEDERAL EMPLOYEES HEALTH BENEFITS PROGRAM  
NOTICE OF CHANGE IN HEALTH BENEFITS ENROLLMENT

GAO 3000  
2810 104

Part A—IDENTIFYING DATA

1 NAME (LAST) (FIRST) (MIDDLE INITIAL) <b>Wilcott, James F., Jr.</b>	2 DATE OF BIRTH <b>9/27/31</b>	3 CARRIER CONTRACT NO. <b>078128</b>
4 ADDRESS (NUMBER AND STREET) <b>16620 S.W. 102 Avenue</b>	5 PAYROLL OFFICE TAG <b>11239901</b>	6 EMPLOYMENT CODE NO. <b>425</b>
(CITY) (STATE) (ZIP CODE) <b>Irvine, Florida</b>	7 DATE THIS NOTICE BECOMES EFFECTIVE <b>23 April 1966</b>	

ONLY THE ITEM WHICH IS CHECKED BELOW AFFECTS YOUR ENROLLMENT. READ THAT ITEM CAREFULLY AND FOLLOW ANY PERTINENT INSTRUCTIONS. KEEP THIS FORM UNLESS YOUR ENROLLMENT IS TERMINATED AND YOU APPLY FOR CONVERSION.

Part B—TERMINATION

YOUR ENROLLMENT TERMINATES ON THE DATE IN PART A, ITEM 7, ABOVE

Part C—CHANGE IN PLAN

YOUR ENROLLMENT SHOWN IN PART A, ITEM 6, ABOVE HAS BEEN TERMINATED BECAUSE OF YOUR ENROLLMENT IN ANOTHER PLAN

Part D—TRANSFER OUT

YOUR ENROLLMENT CONTINUES BUT IS TRANSFERRED TO YOUR NEW PAYROLL OFFICE (OR RETIREMENT SYSTEM)

Part E—TRANSFER IN

YOUR NEW PAYROLL OFFICE (OR RETIREMENT SYSTEM) SHOWN IN PART K BELOW HAS ACCEPTED TRANSFER OF YOUR ENROLLMENT AND WILL CONTINUE IT

Part F—SUSPENSION

YOUR ENROLLMENT HAS BEEN SUSPENDED, EFFECTIVE ON THE DATE IN PART A, ITEM 7, ABOVE

Part G—REINSTATEMENT

YOUR ENROLLMENT HAS BEEN REINSTATED, EFFECTIVE ON THE DATE IN PART A, ITEM 7, ABOVE.

Part H—CHANGE IN NAME OF ENROLLEE

THE NAME IN WHICH THIS ENROLLMENT IS CARRIED HAS BEEN CHANGED TO.

NAME

ADDRESS IF DIFFERENT FROM PART A, ITEM 4, ABOVE

DATE OF BIRTH

Part I—CHANGE IN ENROLLMENT—SURVIVOR ANNUITANT

YOUR ENROLLMENT HAS BEEN CHANGED FROM FAMILY COVERAGE TO SELF ONLY. YOUR PLAN WILL SEND YOU A NEW IDENTIFICATION CARD

YOUR NEW ENROLLMENT CODE NUMBER

(NOTE: THIS ITEM TO BE COMPLETED BY RETIREMENT SYSTEMS ONLY)

Part J—REMARKS

Part K—DATE OF NOTICE

*[Signature]*  
**HEALTH BENEFITS OFFICER**  
 (ALTERNATE)  
 Central Intelligence Agency  
 Washington 25, D. C.  
 DATE: **7/30/66**  
 ADDRESS: \_\_\_\_\_

SECRET

CONTRACT INFORMATION AND CHECK LIST		CASE OFFICER Robert D. CASE	DIVISION DWP/AM
<small>INSTRUCTIONS: Use HR 20-33 and HR 20-1220 for guidance. Complete all items reporting. When items are not applicable, forward original and two copies for preparation of contract.</small>		TELEPHONE EXTENSION 6576	DATE 26 April 1959
SECTION I GENERAL			
1. NAME <input checked="" type="checkbox"/> PERSON <input type="checkbox"/> TEAM  [Redacted] <i>McIntire, James E.</i>	2A. PROJECT W/Data	3. ALLOTMENT NO. SUS-1164	4. SLOT NO. 1033
5. PREVIOUS CIA PSEUDONYM OR ALIASES None	2B. PERMANENT STATION ALWAYS	3A. FUNDS * * *	
6. INDIVIDUAL HAS BEEN ENGAGED BY CIA OR ITS ALLIED ACTIVITIES IN SOME CAPACITY PRIOR TO THIS CONTRACT. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If yes, describe and include dates and salary.) Staff Employee converting to Staff Agent			
7. SECURITY CLEARANCE (Type and date) Top Secret	7A. MEDICAL CLEARANCE <input checked="" type="checkbox"/> OBTAINED <input type="checkbox"/> INITIATED <input type="checkbox"/> NOT REQ'D.	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 A PERMANENT RESIDENT ALIEN <input type="checkbox"/> YES <input type="checkbox"/> NO	13. AGE 33	14. DATE OF BIRTH (Month, day, year) 21 September 27, 1931
15. LEGAL RESIDENCE (City and state or country) Cold Brook, N. Y.		16. CURRENT RESIDENCE (City and state or country) Forestville, Md.	
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: Wife 30 Son 6		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 Yes	22. IF RETIRED, INDICATE CATEGORY (Longevity, combat disability, service disability non-combat)	
23. BRANCH OF SERVICE U. S. Army	24. RANK OR GRADE Corporal	25. DRAFT ELIGIBLE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	26. DRAFT DEFERMENT OBTAINED BY CIA <input type="checkbox"/> YES <input type="checkbox"/> NO
SECTION IV COMPENSATION			
27. BASIC SALARY GS-07(4)	28. POST DIFFERENTIAL N.A.	29. COVER (Breakdown, if any) The gross cover compensation will be approximately the equivalent of subject's net Agency salary. The exact amount to be determined at finance briefing.	
		30. FEDERAL TAX WITHHOLDING YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
SECTION V ALLOWANCES (NORMALLY GRANTED ONLY TO RESIDENTS OF THE UNITED STATES)			
31. QUARTERS None	32. POST None	33. OTHER None	
34. COVER (Breakdown, if any)			
SECTION VI TRAVEL			
35. TYPES <input type="checkbox"/> PCB <input checked="" type="checkbox"/> DOMESTIC OPERATIONAL <input type="checkbox"/> FOREIGN OPERATIONAL			36. WITH DEPENDENTS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
37. HME TO BE SHIPPED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	37A. HME TO BE STORED <input checked="" type="checkbox"/> YES <input 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			
Wife U.S.A. 30 9 Sept. 1934		Son U.S.A. 6 16 Feb. 1959	
41. PAYMENT AND ACCOUNTABILITY WILL BE IN CONFORMANCE WITH <input checked="" type="checkbox"/> CIA REGULATIONS <input type="checkbox"/> CODED POLICIES AND PROCEDURES			
SECTION VII OPERATIONAL EXPENSES			
42. PURCHASE OF INFORMATION	43. ENTERTAINMENT	44. OTHER	
45. PAYMENT AND ACCOUNTABILITY WILL BE IN CONFORMANCE WITH			

<b>CONTRACT INFORMATION AND CHECK LIST (CONTINUED)</b>	CASE OFFICER ROBERT D. CASHELAN TELEPHONE EXTENSION 6576	DIVISION DDP/MI DATE 26 April 1965
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NOTE SEE INSTRUCTIONS ON FIRST SHEET.

**SECTION VIII OTHER BENEFITS**  
 46. BENEFITS (See HR 20-44, HR 20-41, HR 20-7, HR 20-33, and HR 20-620-1, HR 20-1000-1, and/or successor regulations for benefits applicable to various categories of contract personnel.)

Entitled to all benefits of a Staff Employee

<b>SECTION IX COVER ACTIVITY</b>							
47. STATUS (Check)	<input type="checkbox"/> PROPOSED	<input checked="" type="checkbox"/> ESTABLISHED	48. TYPE (Check)	<input type="checkbox"/> PROPRIETARY	<input type="checkbox"/> CULTURAL	<input checked="" type="checkbox"/> COMMERCIAL	<input type="checkbox"/> TOURIST
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							

<b>SECTION X OFFSET OF INCOME</b>		
50. 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		

<b>SECTION XI TERM</b>			
51. DURATION		52. EFFECTIVE DATE	
DAYS	MONTHS	YEARS	53. RENEWABLE
			<input type="checkbox"/> YES <input type="checkbox"/> NO
54. TERMINATION NOTICE (Number of days)		55. FORFEITURE OF RETURN TRAVEL FOR RESIGNATION PRIOR TO CONTRACT TERMINATION	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	

<b>SECTION XII FUNCTION</b>	
56. PRIMARY FUNCTION (CI, PI, PP, other)	
Support - Finance	

<b>SECTION XIII DUTIES</b>	
57. GENERAL DESCRIPTION OF DUTIES TO BE PERFORMED	
Fiscal Accounting Assistant	

<b>SECTION XIV QUALIFICATIONS</b>	
58. EXPERIENCE	
EOC CIA as Staff Employee 4 March 1957	

59. EDUCATION (Check Highest Level Attained)	<input type="checkbox"/> GRADE 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 type="checkbox"/> COMMERCIAL SCHOOL GRADUATE	<input type="checkbox"/> POST GRADUATE					
60. LANGUAGE COMPETENCY (Check Appropriate Degree Competency)	LANGUAGE		SPEAK		WRITE		READ		61. INDIVIDUAL'S COUNTRY OF ORIGIN	
			FLUENT	AVERAGE	POOR	FLUENT	AVERAGE	POOR		
	German				X					X
Japanese				X				X		

62. AREA KNOWLEDGE	
Okinawa, Japan	

<b>SECTION XV EMPLOYMENT PRIOR TO CIA</b>	
63. GIVE INCLUSIVE DATES, POSITION TITLE OR TYPE WORK, SALARY AND REASON FOR LEAVING	
Dec. 1948 - March 1957 - U. S. Army	

<b>SECTION XVI ADDITIONAL INFORMATION</b>	
64. ADDITIONAL OR UNUSUAL REQUIREMENTS, JUSTIFICATIONS OR EXPLANATIONS (For other side if necessary)	

<b>APPROVAL</b>			
DATE	TYPED NAME & SIGNATURE OF REQUESTING OFFICIAL	DATE	TYPED NAME & SIGNATURE OF CONTRACT APPROVING OFFICER

Standard Form No. 2879  
CHAPTER 1-3 F.P.M.  
G.S.O. 3300

**HEALTH BENEFITS REGISTRATION FC 1 6781**  
FEDERAL EMPLOYEES HEALTH BENEFITS ACT OF 1959  
(Read instructions on back of last page. Use only typewriter or ballpoint pen.)

CAREER'S CONTROL NO  
**078128**

**PART A**  
ALL WHO REGISTER MUST FILL IN THIS PART.

1. NAME (LAST) (FIRST) (MIDDLE INITIAL) 2. DATE OF BIRTH (Use numbers)  
**Hilcott James B., Jr.** MONTH: 9 DAY: 27 YEAR: 31

3. Are you now married?  
YES  NO

4. YOUR MAILING ADDRESS (NUMBER AND STREET) (CITY AND ZONE NUMBER) (STATE)  
[Blank]

5. SEX  
MALE  FEMALE

6. Are you covered by, or is any family member listed below covered by or enrolling in, a plan under the Federal Employees Health Benefits Act of 1959 (through the enrollment of another United States or District of Columbia Government employee or annuitant)?  
YES  NO

7. Place an "X" in proper box to show your annual basic salary range.  
UNDER \$4,000  \$4,000 TO \$5,999  \$6,000 TO \$9,999  \$10,000 OR OVER

**PART B**  
FILL IN THIS PART IF YOU WISH TO ENROLL IN A HEALTH BENEFITS PLAN.

1. I elect to enroll in a health benefits plan as shown below. I authorize deductions to be made from my salary, compensation, or annuity to cover my share of the cost of the enrollment. (Copy the information requested below from inside cover of brochure of the plan you select)

NAME OF PLAN: **Association Benefit** OPTION (HIGH OR LOW): **Low** ENROLLMENT CODE NUMBER: **7 4 5**

2. In order to enroll all eligible family members without exception, list your wife or husband first, then your unmarried children under age 19, including legally adopted children, and stepchildren and illegitimate children who live with you in a regular parent-child relationship. Include also any unmarried child over 19 who became disabled before age 19 and who, because of the disability, is incapable of self-support. (Attach a doctor's certificate for a disabled child age 19 or over.)

NAMES OF FAMILY MEMBERS	DATE OF BIRTH (Month, Day, Year)	THIRD PARTY	NAMES OF FAMILY MEMBERS	DATE OF BIRTH (Month, Day, Year)	THIRD PARTY
Wife or Husband: <b>Rita Louise</b>	<b>9 9 31</b>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
<b>Steven James (son)</b>	<b>2 16 59</b>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
		<input type="checkbox"/>			<input type="checkbox"/>
		<input type="checkbox"/>			<input type="checkbox"/>
		<input type="checkbox"/>			<input type="checkbox"/>

3. If you are a female (employee or annuitant)—does the family listed above include a husband who is incapable of self-support because of mental or physical disability which can be expected to continue for more than one year? (If answer is "Yes," attach a doctor's certificate.)  
YES  NO

**PART C**  
FILL IN THIS PART IF YOU WISH NOT TO ENROLL OR IF YOU WISH TO CHANGE YOUR ENROLLMENT.

PLACE AN "X" IN ITEM 1 OR ITEM 2, WHICHEVER APPLIES AND ANSWER ITEM 3.

1. I elect not to enroll in any plan under the Health Benefits Act.

2. I elect to cancel my present enrollment under the Health Benefits Act.

3. The reason for my election is (Place an "X" in proper box):  
(a) I am covered by a plan under the Health Benefits Act through the enrollment of my husband, wife, or parent.

(b) I am covered by a health insurance plan which is not under the Health Benefits Act.

(c) Any other reason.

**PART D**  
FILL IN THIS PART IF YOU WISH TO CHANGE YOUR ENROLLMENT.

I elect to change my enrollment as shown by the enrollment code and other information in Part B.

1. Enrollment code number of present plan. [Blank]

2. Number of event which permits change. [Blank]

3. Date of event which permits change. (See table on back of duplicate for proper number.)  
MONTH: [Blank] DAY: [Blank] YEAR: [Blank]

**PART E**  
ALL WHO REGISTER MUST FILL IN THIS PART

YOUR SIGNATURE—DO NOT PRINT: *James B. Hilcott* (DATE): *11/16/63*

WARNING.— Any intentional false statement in this application or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001.)

**PART F**  
TO BE COMPLETED BY AGENCY.

1. NAME AND ADDRESS OF EMPLOYING OFFICE [Blank]

2. DATE RECEIVED BY EMPLOYING OFFICE: *1/24/64*

3. EFFECTIVE DATE OF ELECTION: *7/1/63*

4. PAYROLL OFFICE NO. [Blank]

5. PAYROLL ACTION (INITIALS AND DATE): [Blank]

SIGNATURE OF AUTHORIZED AGENCY OFFICIAL: [Blank]

**REMARKS**  
FOR USE ONLY BY ANNUITANTS AND AGENCY.

*525778*

## APPOINTMENT AFFIDAVITS

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

CENTRAL INTELLIGENCE AGENCY  
(Department or agency)

WASHINGTON, D. C.

(Bureau or division)

(Place of employment)

I, JAMES BERNARD WILCOTT, JR., do solemnly swear (or affirm) that—

### A. OATH OF OFFICE

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

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

I am not a Communist or Fascist. I do not advocate nor am I 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.

4 March 1957

(Date of entrance on duty)

James B. Wilcott, Jr.  
(Signature of appointee)

Subscribed and sworn before me this 4th day of March, A. D. 1957,

at Washington,  
(City)

D. C.  
(State)

[SEAL]

Anna L. Phillips 5 257 15 & 16  
(Signature of official)

Appointment Clerk

(Title)

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

## DECLARATION OF APPOINTEE

This form is to be completed before entrance on duty. Answer all questions. 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)

1426 21st Street N.W. Washington, D.C.

2. (A) DATE OF BIRTH

9/07/31

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

Cleveland, Ohio

3. (A) IN CASE OF EMERGENCY, PLEASE NOTIFY

(B) RELATIONSHIP

(C) STREET AND NUMBER, CITY AND STATE

(D) TELEPHONE NO.

Mrs. Geroldine Fisher sister 1510 Brinkerhoff Ave Utica, N.Y.

4. DOES THE UNITED STATES GOVERNMENT EMPLOY, IN A CIVILIAN CAPACITY, ANY RELATIVE OF YOURS (EITHER BY BLOOD OR MARRIAGE) WITH WHOM YOU LIVE OR HAVE LIVED WITHIN THE PAST 24 MONTHS?  YES  NO

If no, for each such relative fill in the blank below. If additional space is necessary, complete under Item 12.

NAME	POST OFFICE ADDRESS (Give street number, if any)	(1) POSITION (TEMPORARY OR NOT) (2) DEPARTMENT OR AGENCY IN WHICH EMPLOYED	RELATIONSHIP	MARRIED (Check one)	SINGLE

INDICATE ANSWER BY PLACING "X" IN PROPER COLUMN

YES NO

INDICATE ANSWER BY PLACING "X" IN PROPER COLUMN

YES NO

5. (A) ARE YOU A CITIZEN OF THE UNITED STATES OF AMERICA, OR (B) AS A NATIVE OF AMERICAN SAMOA DO YOU OBE ALLEGIANCE TO THE UNITED STATES OF AMERICA?

YES  NO

10. (A) HAVE YOU EVER FILED A WAIVER OF LIFE INSURANCE COVERAGE UNDER THE FEDERAL EMPLOYEES' GROUP LIFE INSURANCE ACT?

YES  NO

6. ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY?

YES  NO

(B) IF YOU HAVE FILED SUCH A WAIVER, HAS IT BEEN CANCELED OR REVOKED?

YES  NO

7. DO YOU RECEIVE OR HAVE YOU ENTERED FOR AN AWARD FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT OR ANY PENSION OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE?

YES  NO

11. SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT:

YES  NO

8. HAVE YOU EVER BEEN CONVICTED OF A CRIME UNDER FEDERAL, STATE, OR LOCAL LAWS? (DO NOT INCLUDE TRAFFIC VIOLATIONS FOR WHICH A FINE OF \$50 OR LESS WAS IMPOSED. ALL OTHER CHARGES MUST BE INCLUDED EVEN IF THEY WERE FINISHED.)

YES  NO

A. HAVE YOU BEEN DISCHARGED FROM EMPLOYMENT BECAUSE:

(1) YOUR CONDUCT WAS NOT SATISFACTORY?  NO  
(2) YOUR WORK WAS NOT SATISFACTORY?  NO

9. SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT, HAVE YOU BEEN BARRED BY THE U.S. GOVERNMENT FROM TAKING EXAMINATIONS OR ACCEPTING CIVIL SERVICE APPOINTMENTS?

YES  NO

B. HAVE YOU RECEIVED AFTER OFFICIAL NOTIFICATION THAT:

(1) YOUR CONDUCT WAS NOT SATISFACTORY?  NO  
(2) YOUR WORK WAS NOT SATISFACTORY?  NO

C. HAVE YOU BEEN DISCHARGED FROM THE ARMED SERVICES UNDER OTHER THAN HONORABLE CONDITIONS?

YES

If your answer is "Yes," give dates of and reasons for such department in Item 12.

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

ITEM NO.	ANSWER	ITEM NO.	ANSWER

**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 appointments. 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.



12 March 1959

To: Personnel Division  
From: James B. Wilcott, Jr.  
Subject: Supplements to personnel records

Please add to my personnel records the attached information concerning my education and recently born child.

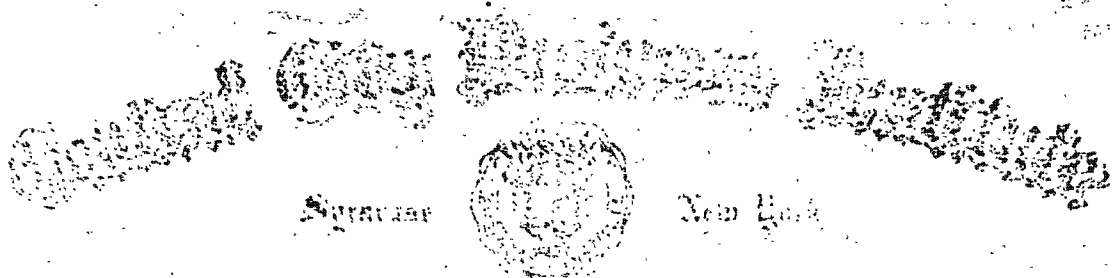
When I submitted my Personnel History Statement with my application for employment I was still attending business school. Therefore, my final transcript and graduation certificate were not included.

The attached auto-stat copies are attached as instructed by Personnel Division.

Also attached is a copy of my grade report for the 1st and 2nd semesters at the U. S. Department of Agriculture Graduate school for Elementary Federal Government Accounting.

*James B. Wilcott Jr.*

JAMES B WILCOTT JR



Syracuse New York

Be it known that  
**James H. Wilcutt**

has completed the curriculum prescribed by the Faculty and Board of Directors of this  
Institute and after examinations in all the required subjects is therefore adjudged worthy  
of Graduation from the Course of

**Executive Business Administration and Accounting**

and is entitled to all the rights, privileges, and honors of the Institute, by which these  
provisions are governed.

In testimony whereof, witness the seal of the Institute and the signatures of its officers  
are affixed at Syracuse, New York.

February 27, 1957

*James H. Wilcutt*  
James H. Wilcutt





SECTION IX								MARITAL STATUS									
1. CHECK ONE:		SINGLE		MARRIED		WIDOWED		SEPARATED		DIVORCED		ANNULLED					
2. STATE DATE, PLACE AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS																	
WIFE OR HUSBAND: IF YOU HAVE BEEN MARRIED MORE THAN ONCE, INCLUDING ANNULMENTS, USE SHEET FOR FORMER WIFE OR HUSBAND, GIVING DATA REQUIRED BELOW FOR ALL PREVIOUS MARRIAGES.																	
3. NAME OF SPOUSE				(First)			(Middle)			(Nee)			(Last)				
4. DATE OF MARRIAGE				5. PLACE OF MARRIAGE													
6. DATE OF BIRTH				7. PLACE OF BIRTH													
8. NATIONALITY AT BIRTH				9. SUBSEQUENT CITIZENSHIPS													
10. PRESENT RESIDENCE (Last residence, if deceased)																	
SECTION X														CHILDREN			
FULL NAME				SEX		YEAR OF BIRTH	PLACE OF BIRTH				NATIONALITY AT BIRTH*						
				W	F												
STEVEN JAMES WILCOTT				X		1959	Washington, D. C.				U.S. citizen						
*SUBSEQUENT CITIZENSHIPS HELD BY ANY CHILD (Identify child and give his, or her, present address)																	
SECTION XI														FATHER			
1. FULL NAME				2. YEAR OF BIRTH				3. PLACE OF BIRTH				4. NATIONALITY AT BIRTH					
5. SUBSEQUENT CITIZENSHIPS				6. OCCUPATION				7. PRESENT RESIDENCE									
SECTION XII														MOTHER			
1. FULL NAME				2. YEAR OF BIRTH				3. PLACE OF BIRTH				4. NATIONALITY AT BIRTH					
5. SUBSEQUENT CITIZENSHIPS				6. OCCUPATION				7. PRESENT RESIDENCE									

SECTION II		CITIZENSHIP						
1. PRESENT CITIZENSHIP		2. NATIONALITY AT BIRTH AND ANY SUBSEQUENT CITIZENSHIPS (If different than Item 1.)						
3. PRESENT RESIDENCE (Indicate as owner, tenant or sub-tenant)								
4. PERMANENT ADDRESS (If different than Item 3.)								
5. IF U.S. NATURALIZED CITIZEN, GIVE NAME, DATE, CITY AND NUMBER OF CERTIFICATE GRANTED								
6. TRAVEL OUTSIDE COUNTRY OF PRESENT RESIDENCE (Countries, dates and purposes)								
SECTION III		OCCUPATIONAL AND FINANCIAL DATA						
1. PRESENT OCCUPATION		2. TITLE	3. SALARY (Per annum)					
4. FINANCIAL STATUS (Earnings, bank deposits, securities and property)								
SECTION IV		ORGANIZATIONAL AFFILIATIONS						
1. MEMBERSHIP IN RELIGIOUS ORGANIZATIONS								
2. PRESENT AND PAST MEMBERSHIP IN PROFESSIONAL AND SOCIAL ORGANIZATIONS; POLITICAL AFFILIATIONS								
SECTION V		EDUCATIONAL DATA						
1. SCHOOLS								
NAME AND LOCATION OF SCHOOL	NAME OF COURSE	DATES ATTENDED		DEGREE RECEIVED				
		FROM	TO					
US Dept. of Agriculture Graduate School Wash D. C.	Elementary Federal Gov. Accounting 1st semester	Sept 1957	Feb 1958	Grade - B				
US Dept. of Agriculture Graduate School Wash D. C.	Elementary Federal Gov. Accounting 2nd semester	Feb 1958	May 1958	Grade - A				
2. LANGUAGES AND DIALECTS								
LANGUAGE  (List below each language in which you possess any degree of competence.)	COMPETENCE							
	READ		WRITE		SPEAK		UNDERSTAND	
	YES	NO	YES	NO	YES	NO	YES	NO

SECRET

(When Filled In)

11-1-58

PERIODIC SUPPLEMENT  
PERSONAL HISTORY STATEMENT

THIS DATE

INSTRUCTIONS

This form provides the means whereby your official personnel records will be kept current. Even though it duplicates information you have furnished previously, it will be necessary for you to complete Sections I through VI in their entirety. You need complete Sections VII through XIII only if there has been a change since you entered on duty with the organization or if you believe the item requires more complete coverage than you have previously reported.

SECTION I GENERAL

1. FULL NAME (Last-First-Middle)  
**Wilcott, James Bernard Jr.**

2. CURRENT ADDRESS (No., Street, City, Zone, State)  
**Governor Shepard Apts Apt 103  
2121 Virginia Ave NW Washington, 7 D.C.**

3. PERMANENT ADDRESS (No., Street, City, Zone, State)  
**same**

4. HOME TELEPHONE NUMBER  
**NA-8-3771 Ex 103**

5. STATE, TERRITORY, POSSESSION OR COUNTRY IN WHICH YOU NOW CLAIM RESIDENCE  
**Washington, D.C.**

SECTION II PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

1. NAME (Last-First-Middle) PREFERABLY RESIDING IN U.S.  
**Mrs. Elsie L. Wilcott**

2. RELATIONSHIP  
**Wife**

3. HOME ADDRESS (No., Street, City, Zone, State, Country)  
**2121 Virginia Ave NW Washington 7, D.C.**

4. BUSINESS ADDRESS (No., Street, City, Zone, State, Country); INDICATE NAME OF FIRM OR EMPLOYER, IF APPLICABLE  
**2430 E St. Washington, D.C.**

5. HOME TELEPHONE NUMBER  
**NA 8-3771 EX 103**

6. BUSINESS TELEPHONE NUMBER  
**EX 3-6115**

7. BUSINESS TELEPHONE EXTENSION  
**Ex 3229**

8. IN CASE OF EMERGENCY, OTHER CLOSE RELATIVES (Spouse, Mother, Father) MAY ALSO BE NOTIFIED. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE.

SECTION III MARITAL STATUS

1. CHECK (X) ONE:  SINGLE  MARRIED  WIDOWED  SEPARATED  DIVORCED  ANNULLED

2. FURNISH DATE, PLACE AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS  
**NA**

SPOUSE: If you have been married more than once, including annulments use a separate sheet for former wife or husband giving data below for all previous marriages. If marriage is contemplated, provide same data for fiance.

3. NAME (First) (Middle) (Usden) (Last)  
**Elsie Louise Paul Wilcott**

4. DATE OF MARRIAGE  
**9/9/55**

5. PLACE OF MARRIAGE (City, State, Country)  
**Eagle Bay, New York USA**

6. ADDRESS OF SPOUSE BEFORE MARRIAGE (No., Street, City, State, Country)  
**Cold Brook, New York USA**

7. LIVING  YES  NO

8. DATE OF DEATH

9. CAUSE OF DEATH  
**FOR**

10. CURRENT ADDRESS (Give last address, if deceased)  
**2121 Virginia Ave NW, Washington 7, D.C.**

11. DATE OF BIRTH  
**9/9/34**

12. PLACE OF BIRTH (City, State, Country)  
**Cold Brook, New York**

13. IF BORN OUTSIDE U.S.-DATE OF ENTRY  
**NA**

14. PLACE OF ENTRY

15. CITIZENSHIP (Country)  
**USA**

16. DATE ACQUIRED

17. WHERE ACQUIRED (City, State, Country)

18. OCCUPATION  
**Govern. clerk steno**

19. PRESENT EMPLOYER (Also give former employer, or if spouse is deceased or unemployed, last two employers)

20. EMPLOYER'S OR BUSINESS ADDRESS (No., Street, City, State, Country)  
**2430 E St. Washington, D.C.**

CODED

QUALIFIED  
DATE 15 AUG 1958

SECTION III CONTINUED TO PAGE 2

SECRET

(When Filled In)

SECTION III CONTINUED FROM PAGE 1

21. DATES OF MILITARY SERVICE OF SPOUSE (From and To) BY MONTH AND YEAR <b>None</b>	
22. BRANCH OF SERVICE <b>NA</b>	23. COUNTRY WITH WHICH MILITARY SERVICE AFFILIATED
24. DETAILS OF OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN <b>None</b>	

SECTION IV RELATIVES BY BLOOD, MARRIAGE OR ADOPTION LIVING ABROAD OR WHO ARE NOT U.S. CITIZENS

1. FULL NAME (Last-First-Middle) <b>None</b>	2. RELATIONSHIP	3. AGE
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT
1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT
1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT
1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT

5. SPECIAL REMARKS, IF ANY, CONCERNING THESE RELATIVES

**None**

SECTION V FINANCIAL STATUS

1. ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY? YES  NO

2. DO YOU HAVE ANY FINANCIAL INTEREST IN, OR OFFICIAL CONNECTION WITH, NON-U.S. CORPORATIONS OR BUSINESSES OR IN OR WITH U.S. CORPORATIONS OR BUSINESSES HAVING SUBSTANTIAL FOREIGN INTERESTS?  YES  NO IF YOU HAVE ANSWERED "YES," GIVE COMPLETE DETAILS ON A SEPARATE SHEET AND ATTACH IN A SEALED ENVELOPE.

3. DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT, PENSION, OR COMPENSATION FOR MILITARY OR NAVAL SERVICE?  YES  NO

4. IF YOU HAVE ANSWERED "YES" TO QUESTION 3 ABOVE, GIVE COMPLETE DETAILS.  
**My wife also receives a salary.**

5. WITHOUT REFERENCE TO YOUR SALARY, STATE OTHER SOURCES OF RECURRENT INCOME NOT INDICATED BY PRECEDING ITEMS.  
**None**

SECTION V CONTINUED TO PAGE 3

SECRET  
2





**SECRET**  
(When Filled In)

SECTION VIII							GEOGRAPHIC AREA KNOWLEDGE			
1. LIST BELOW ANY FOREIGN REGIONS OR COUNTRIES OF WHICH YOU HAVE KNOWLEDGE GAINED AS A RESULT OF RESIDENCE, TRAVEL, STUDY OR WORK ASSIGNMENT OTHER THAN ORGANIZATION EXPERIENCE. UNDER COLUMN "TYPE OF SPECIALIZED KNOWLEDGE," INDICATE TYPE OF KNOWLEDGE SUCH AS TERRAIN, COASTS, HARBORS, UTILITIES, RAILROADS, INDUSTRIES, POLITICAL PARTIES, ETC.										
NAME OF REGION OR COUNTRY	TYPE OF SPECIALIZED KNOWLEDGE	DATES OF RESIDENCE, TRAVEL, ETC.	KNOWLEDGE ACQUIRED BY							
			RESIDENCE	TRAVEL	STUDY	WORK ASSIGNMENT				
Okinawa		6/49 to 3/51	X							
2. INDICATE THE PURPOSE OF VISIT, RESIDENCE OR TRAVEL FOR EACH OF THE REGIONS OR COUNTRIES LISTED ABOVE										
3. LIST BELOW ANY FOREIGN REGIONS OR COUNTRIES OF WHICH YOU HAVE GAINED KNOWLEDGE AS A RESULT OF ORGANIZATION ASSIGNMENT OR ACTIVITY.										
NAME OF REGION OR COUNTRY	TYPE OF SPECIALIZED KNOWLEDGE	DATES OF RESIDENCE, TRAVEL, ETC.	KNOWLEDGE ACQUIRED BY							
			HDQTS ASSIGNMENT	FIELD ASSIGNMENT	TRAINING					

SECTION IX							TYPING AND STENOGRAPHIC SKILLS			
1. TYPING (B.P.M.)		2. SHORTHAND (W.P.M.)		3. SHORTHAND SYSTEM USED - CHECK (X) APPROPRIATE ITEM						
40				GREGG	SPEEDWRITING	STENOTYPE	OTHER (Specify):			
4. INDICATE OTHER BUSINESS MACHINES WITH WHICH YOU HAVE HAD OPERATING EXPERIENCE OR TRAINING (Comptometer, Mimeograph, Card Punch, etc.)							<b>National Bookkeeping</b>			

SECTION X		SPECIAL QUALIFICATIONS	
1. LIST ALL HOBBIES AND SPORTS IN WHICH YOU ARE ACTIVE OR HAVE ACTIVELY PARTICIPATED. INDICATE YOUR PROFICIENCY IN EACH			
Chess - fair, Football - fair			
2. INDICATE ANY SPECIAL QUALIFICATIONS, RESULTING FROM EXPERIENCE OR TRAINING, WHICH MIGHT FIT YOU FOR A PARTICULAR POSITION OR TYPE OF WORK			
US Dept of Agr. Graduate School - Elementary Federal Government Accounting			
3. EXCLUDING EQUIPMENT NOTED IN SECTION X, LIST ANY SPECIAL SKILLS YOU POSSESS RELATING TO OTHER EQUIPMENT OR MACHINES SUCH AS OPERATION OF SHORTRANGE RADIO, MULTILITH, TURRET LATHE, SCIENTIFIC AND PROFESSIONAL DEVICES, ETC.			
National Bookkeeping machines, comptometer, calculator			
4. IF YOU ARE A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION (Pilot, Electrician, Radio Operator, Teacher, Lawyer, CPA, Medical Technician, etc.), INDICATE THE KIND OF LICENSE OR CERTIFICATE; NAME OF ISSUING STATE, AND REGISTRY NUMBER, IF KNOWN.			
None			
5. FIRST LICENSE OR CERTIFICATE (Year of issue)		6. LATEST LICENSE OR CERTIFICATE (Year of issue)	

SECRET  
(When Filled In)

SECTION X CONTINUED FROM PAGE 8

7. LIST ANY SIGNIFICANT PUBLISHED MATERIALS OF WHICH YOU ARE THE AUTHOR (Do not submit copies unless requested). INDICATE TITLE, PUBLICATION DATE, AND TYPE OF WRITING (Non-fiction, scientific articles, general interest subjects, novels, short stories, etc.)

None

8. INDICATE ANY DEVICES WHICH YOU HAVE INVENTED AND STATE WHETHER OR NOT THEY ARE PATENTED

None

9. LIST ANY PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE

None

10. LIST ANY PROFESSIONAL, ACADEMIC OR HONORARY ASSOCIATIONS OR SOCIETIES IN WHICH YOU ARE NOW OR WERE FORMERLY A MEMBER. LIST ACADEMIC HONORS YOU HAVE RECEIVED.

None

SECTION XI ORGANIZATION WORK EXPERIENCE - SINCE LAST COMPLETION OF A PERSONNEL QUALIFICATIONS QUESTIONNAIRE

1. INCLUSIVE DATES (From- and To-) 3/20/57 to 2/15/58	2. GRADE 5	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT Fiscal Div. Accounts Branch
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION None	5. OFFICIAL POSITION TITLE Accounting Clerk	
6. DESCRIPTION OF DUTIES Posting of financial transactions to Allotment Ledgers		
1. INCLUSIVE DATES (From- and To-) 2/15/58 to Present	2. GRADE 5	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT Finance Div. Tax and Compensation Branch
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION None	5. OFFICIAL POSITION TITLE Payroll Clerk	
6. DESCRIPTION OF DUTIES Preparation of payroll documents considering base and premium pay and allowances, Maintaining of leave records, Conduct liaison with area division on payroll problems Application of Agency pay regulations.		
1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
6. DESCRIPTION OF DUTIES		
1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
6. DESCRIPTION OF DUTIES		
1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
6. DESCRIPTION OF DUTIES		

(Use additional pages if required)

SECRET  
5

SECRET

(When Filled In)

SECTION XII CHILDREN AND OTHER DEPENDENTS

1. NUMBER OF CHILDREN (including stepchildren and adopted children) WHO ARE UNMARRIED, UNDER 21 YEARS OF AGE, AND ARE NOT SELF-SUPPORTING.

2. NUMBER OF OTHER DEPENDENTS (including spouse, parents, stepparents, sister, etc.) WHO DEPEND ON YOU FOR AT LEAST 50% OF THEIR SUPPORT, OR, CHILDREN OVER 21 YEARS OF AGE, WHO ARE NOT SELF-SUPPORTING.

3. PROVIDE THE FOLLOWING INFORMATION FOR ALL CHILDREN AND DEPENDENTS

NAME	RELATIONSHIP	YEAR OF BIRTH	SEX		CITIZENSHIP	ADDRESS
			M	F		
None						

ADDITIONAL COMMENT AND/OR CONTINUATION OF PRECEDING ITEMS

I feel that my instruction at the Dept. of Agr. Graduate School is giving me a good foundation in governmental accounting and I sincerely hope it will be considered in future assignments.

RECORDED  
APR 14 10 23 AM '58

DATE COMPLETED 4/12/58

SIGNATURE OF EMPLOYEE [Signature]

SECRET

1124

CONFIDENTIAL  
(When Filled In)

Complete in duplicate. The data recorded on this form is essential in determining travel expenses allowable in connection with leave at government expense, overseas duty, return to residence upon separation, and for providing current residence and dependency information required in the event of an employee emergency. The original of this form will be filed in the employee's official personnel folder.

NAME OF EMPLOYEE (Last)	(First)	(Middle)	SOCIAL SECURITY NUMBER
WILCOTT	JAMES	BERNARD JR.	

1. RESIDENCE DATA	
PLACE OF RESIDENCE WHEN INITIALLY APPOINTED SYRACUSE, N.Y.	LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. (If appointed abroad)
PLACE IN CONTINENTAL U.S. DESIGNATED AS PERMANENT RESIDENCE COLD BROOK, N.Y.	HOME LEAVE RESIDENCE

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 EAGLE CTRY, N.Y.					DATE OF MARRIAGE 9/7/54	
IF DIVORCED, PLACE OF DIVORCE DECREE					DATE OF DECREE	
IF WIDOWED, PLACE SPOUSE DIED					DATE SPOUSE DIED	
IF PREVIOUSLY MARRIED, INDICATE NAME(S) OF SPOUSE, REASON(S) FOR TERMINATION, AND DATE(S)						

3. MEMBERS OF FAMILY			
NAME OF SPOUSE ELSIE LOUISE	ADDRESS (No., Street, City, Zone, State) COLD BROOK, N.Y.	TELEPHONE NO.	
NAMES OF CHILDREN STEVEN JAMES	ADDRESS COLD BROOK, N.Y.	SEX M.	DATE OF BIRTH 2/16/59
NAME OF FATHER (Or male guardian) JAMES BERNARD WILCOTT	ADDRESS UNKNOWN	TELEPHONE NO.	
NAME OF MOTHER (Or female guardian) ESTHER MAUD WILCOTT	ADDRESS 1510 BRINKERHFF AVE. UTICA N.Y.	TELEPHONE NO.	
WHAT MEMBER(S) OF YOUR FAMILY IF ANY, HAS BEEN TOLD OF YOUR AFFILIATION WITH THE ORGANIZATION IF CONTACT IS REQUIRED IN AN EMERGENCY.			

4. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY		
NAME (Mr., Mrs., Miss) GERALDINE FRANCIS HOSMER	(Last-First-Middle)	RELATIONSHIP SISTER
HOME ADDRESS (No., Street, City, Zone, State) 1510 BRINKERHFF AVE. UTICA N.Y.		HOME TELEPHONE NUMBER
BUSINESS ADDRESS (No., Street, City, Zone, State) AND NAME OF EMPLOYER, IF APPLICABLE		BUSINESS TELEPHONE & EXTENSION

IS THE INDIVIDUAL NAMED ABOVE WITTING OF YOUR AGENCY AFFILIATION? (If "No" give name and address of organization he believes you work for.)	YES	
US ARMY	NO	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE? (If answer is "No" explain why in item 6.)	YES	<input checked="" type="checkbox"/>
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

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(When Filled In)

6. 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.		
CITIZENS BANK OF MARYLAND RIVERDALE, MD # 960-1-596		
NO KNOWN		
HAVE YOU COMPLETED A LAST WILL AND TESTAMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. (If "Yes" where is document located?)		
HAVE YOU PREPLANNED AN ARRANGED GUARDIANSHIP OF YOUR CHILDREN IN CASE OF COMMON DISASTER TO BOTH PARENTS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. (If "Yes" give name(s) and address)		
HAVE YOU EXECUTED A POWER OF ATTORNEY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. (If "Yes", who possess the power of attorney?)		
7. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS		
SIGNED AT Washington, D.C.	DATE 15 April 1965	SIGNATURE James B. Wilcott Jr. James B. Wilcott Jr.

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**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 initials) <b>WILCOTT, JAMES BERNARD, JR.</b>		2. DATE OF BIRTH <b>27 Sept. 1931</b>		9. RETENTION GROUP			
12. A. CSC STATUS <input type="checkbox"/> YES <input type="checkbox"/> NO		12. B. TYPE OF PRESENT APPOINTMENT		11. SERVICE			
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.)							
NAME AND LOCATION OF AGENCY	FROM—			TO—			TYPE OF APPOINTMENT IF KNOWN
	YEAR	MONTH	DAY	YEAR	MONTH	DAY	
<b>NONE</b>							
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	
<b>U. S. Army</b>	<b>1948</b>	<b>Dec</b>	<b>13</b>	<b>1952</b>	<b>Apr</b>	<b>20</b>	<b>Hon.</b>
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		12. TOTAL SERVICE <b>03-08-08</b>		13. NONCREDITABLE SERVICE (Leave purposes only):			
IF ANSWER IS "YES," LIST FOLLOWING INFORMATION.		14. NONCREDITABLE SERVICE (RIF purposes only):		15. REEMPLOYMENT RIGHTS			
TYPE IF KNOWN (ZWOP, Part, Susp, AWOL, Mee Mar)	FROM—			TO—			TOTAL YEARS MONTHS DAYS
	YEAR	MONTH	DAY	YEAR	MONTH	DAY	
6. DURING THE FEDERAL SERVICE LISTED IN ITEM 3, DID YOU ACQUIRE A PERMANENT COMPETITIVE CIVIL SERVICE STATUS? <input type="checkbox"/> YES <input type="checkbox"/> NO (If answer is "Yes," in what agency were you employed at the time status was acquired?)		16. RETENTION RIGHTS		17. EXPIRATION DATE OF RETENTION RIGHTS			
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 UNREMARKED WIDOW OF A VETERAN <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		15. REEMPLOYMENT RIGHTS		16. RETENTION RIGHTS			
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. <b>4 March 1957</b> (DATE) Subscribed and sworn to before me on this <b>4th</b> day of <b>March</b> 1957 at <b>Washington, D. C.</b> (MONTH) (CITY) (STATE) <b>SEAL</b> <b>James B. Wilcott, Jr.</b> (SIGNATURE) <b>Carroll Phillips</b> Appointment Clerk		15. REEMPLOYMENT RIGHTS		16. RETENTION RIGHTS			
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 S2.) Employee has a competitive status. This determination is based upon the following evidence:

NAME OF AGENCY	SIGNATURE AND OFFICIAL TITLE	DATE

*Verified  
6/9/57*

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	03	/	03	57	03	53
Months	08	/	08	03	08	06
Days	08	/	08	04	08	26

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:



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(When Filled In)

SECURITY APPROVAL

DATE : 20 November 1965  
YOUR REFERENCE: Memorandum dated 18 November 1965  
CASE NO. : 109301  
TO : Director of Personnel  
ATTN :  
SUBJECT : WILCOTT, James B., Jr.

1. This is to inform you that Subject has been approved for the appointment specified in your request under the provisions of Headquarters Regulations 10-3 and 20-5 including access to classified information through TOP SECRET as required in the performance of duties.
2. Unless arrangements are made 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.

Please advise Chief, Clearance Branch, extension 5620 when Subject enters on duty.

4. This is a conversion case.

FOR THE DIRECTOR OF SECURITY:

*Steven L. Kuhn*  
Steven L. Kuhn  
Chief, Personnel Security Division

CONFIDENTIAL

(When Filled In)

STAFF AGENT CLEARANCE

DATE : 19 April 1965

YOUR REFERENCE: 32273

CASE NO. : #109301

TO : Chief, Contract Personnel Division

ATTN. : Staff Agents Branch

SUBJECT : ~~XXXXXXXXXXXXXXXXXXXX~~ *Millett, James B*

1. This is to advise that a security clearance is granted for the employment of the Subject as a Staff Agent, GS-07, by DDP/WH in the capacity of

Fiscal Acct. Asst., at JMWAVE.

2. If your office should desire at a later date to change the status or use of the Subject, a request to cover any proposed change should be submitted to this office.

3. Unless arrangements are made within 60 days for entrance on duty within 120 days, this Approval becomes invalid.

4. As a part of entrance on duty processing:

A personal interview in the Office of Security must be arranged by your office.

A personal interview is not necessary.

*W. A. Cochran*

W. A. Cochran  
CHIEF, PERSONNEL SECURITY DIVISION, GS



JAMES B. WILCOTT JR  
MAR 57

[Redacted]

PERSONAL HISTORY STATEMENT

CONFIDENTIAL

1. Name (Last, First, Middle Initial)  
2. Date of Birth (Month, Day, Year)  
3. Place of Birth (City, State, Country)  
4. Present Address (Street, City, State, Zip)  
5. Present Telephone Number (Area Code, Number)

6. Have you ever been married? (Yes/No) If yes, name of spouse and date of marriage.

7. Education (School, Degree, Dates Attended)

8. Employment (Employer, Position, Dates Employed)

9. Military Service (Branch, Rank, Dates of Service)

10. Travel (Countries, Dates of Travel)

11. Other (Other relevant information)

12. Signature (Printed Name)

13. Date (Month, Day, Year)

14. Signature (Signature)

15. Date (Month, Day, Year)

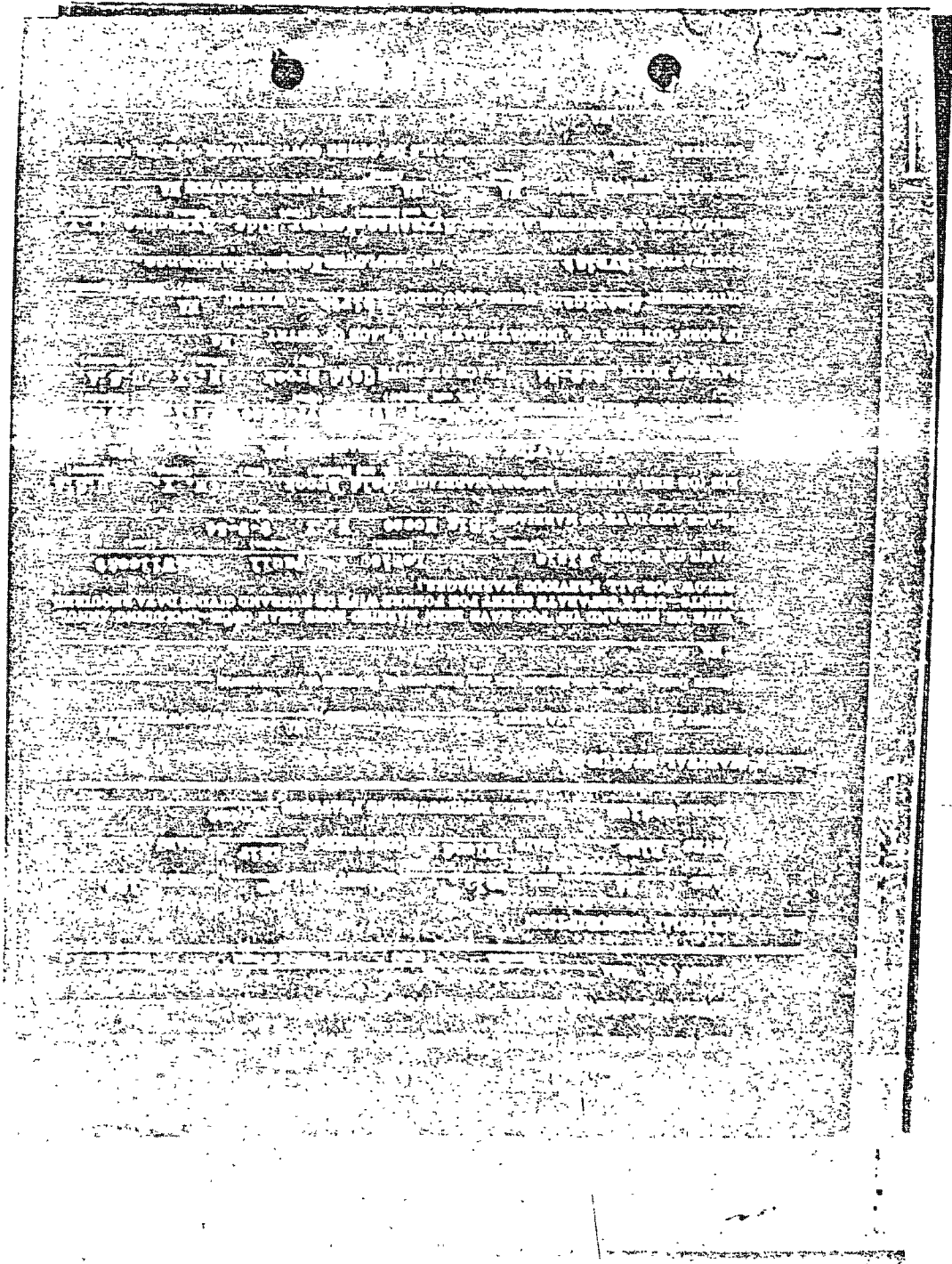
16. Signature (Signature)

17. Date (Month, Day, Year)

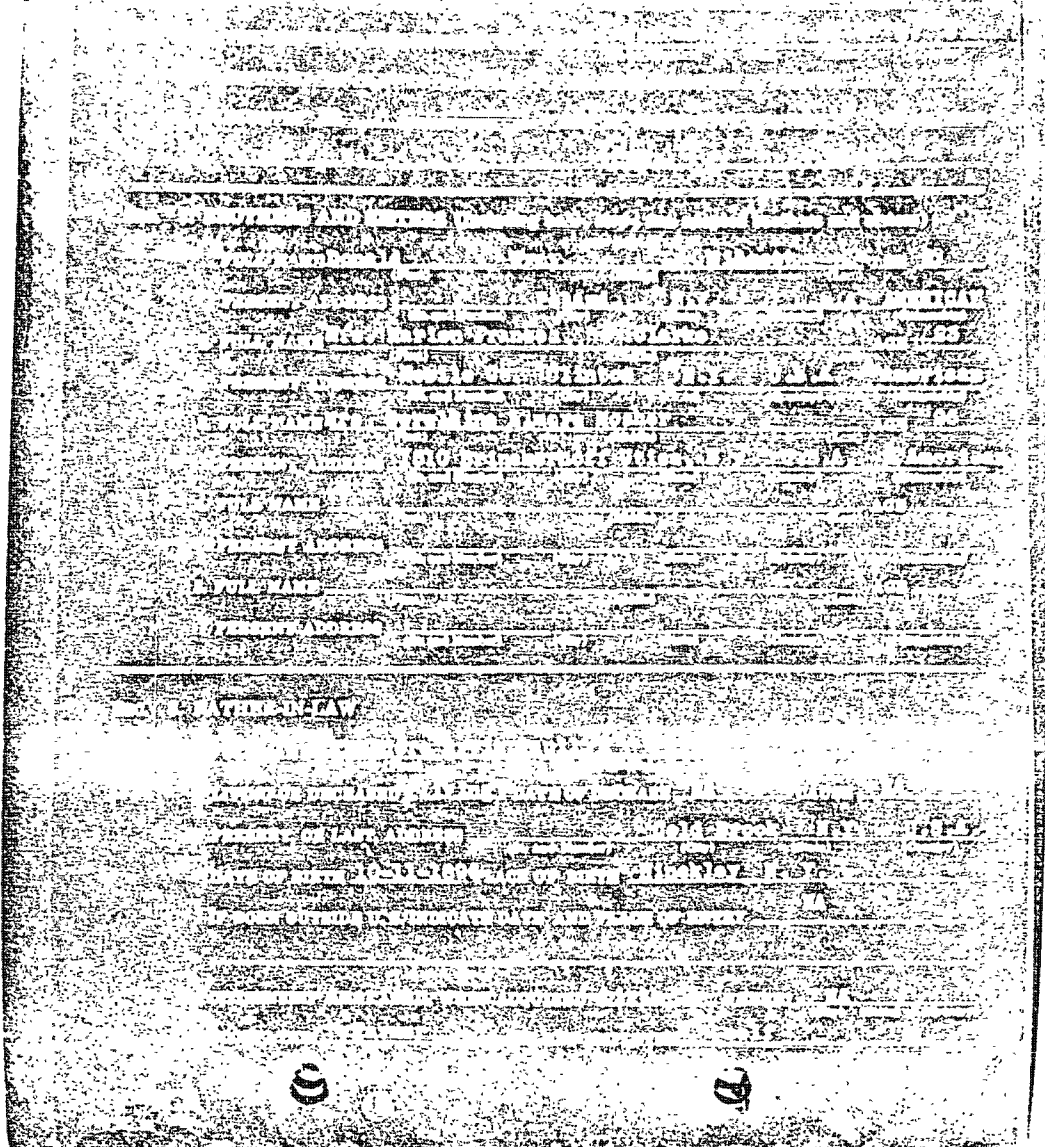
18. Signature (Signature)

19. Date (Month, Day, Year)

[Redacted]







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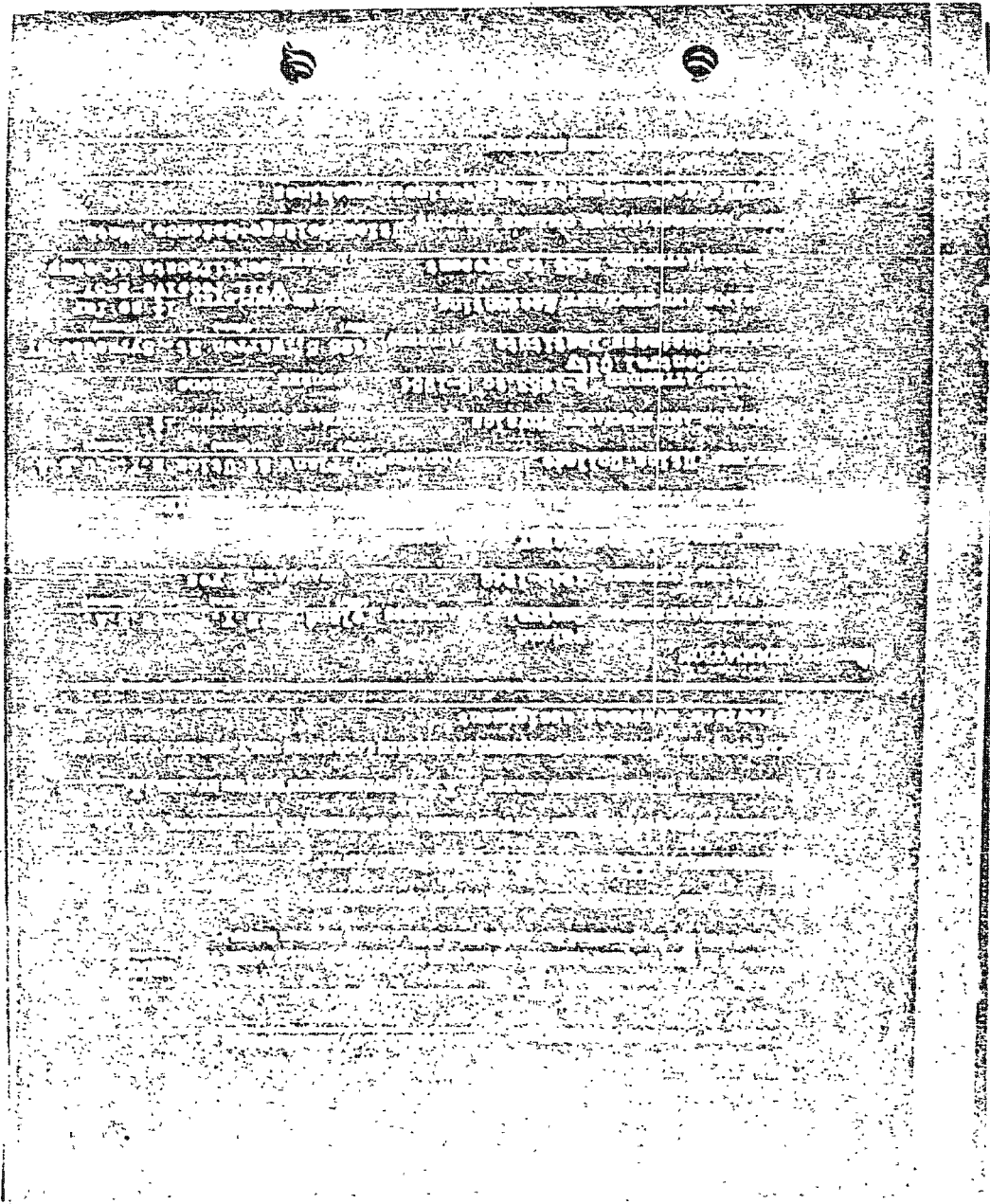
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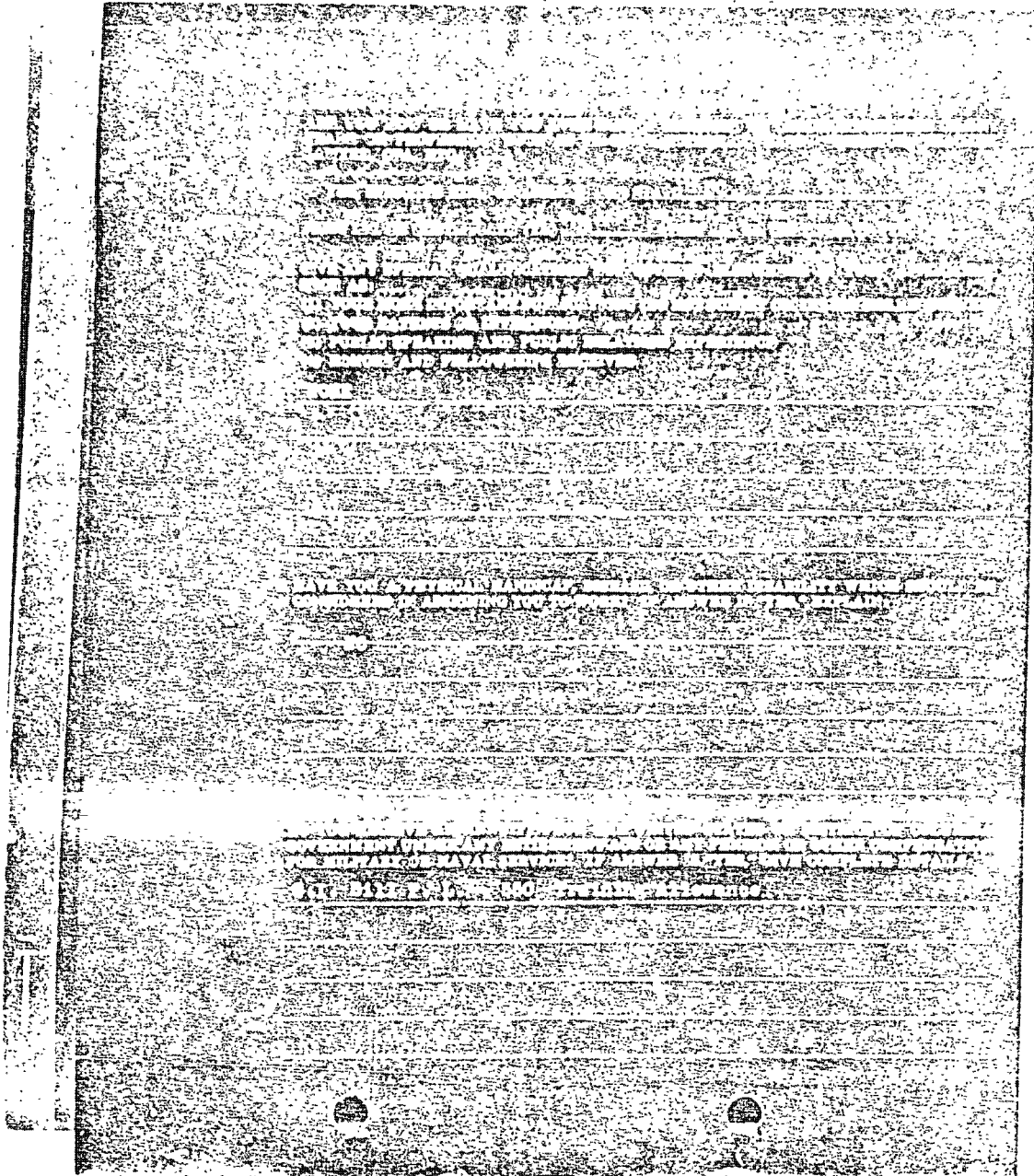












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JAMES B WILCOTT JR  
 MAR 57



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JAMES B WILCOTT JR  
 MAR 57





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JAMES B WILCOX JR  
 MAR 57

**CONFIDENTIAL**  
SECURITY INFORMATION  
**SECURITY APPROVAL**

Date: 9 November 1956

**TO: Chief, Records & Services Division  
Personnel Office**  
**FROM: Chief, Security Division  
Personnel**  
**SUBJECT: WILCOTT, James Bernard, Jr.**

Your Reference: C-5841 Compt.

Case Number: 109301

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.

*W. M. Knott*  
W. M. Knott  
*W*

*(Black & Bernard)*  
*11/15/56*

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