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SECRET

REPRODUCTION MASTERS

BIOGRAPHIC PROFILE

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

SECRET

ORIGINAL - Biographic Profile

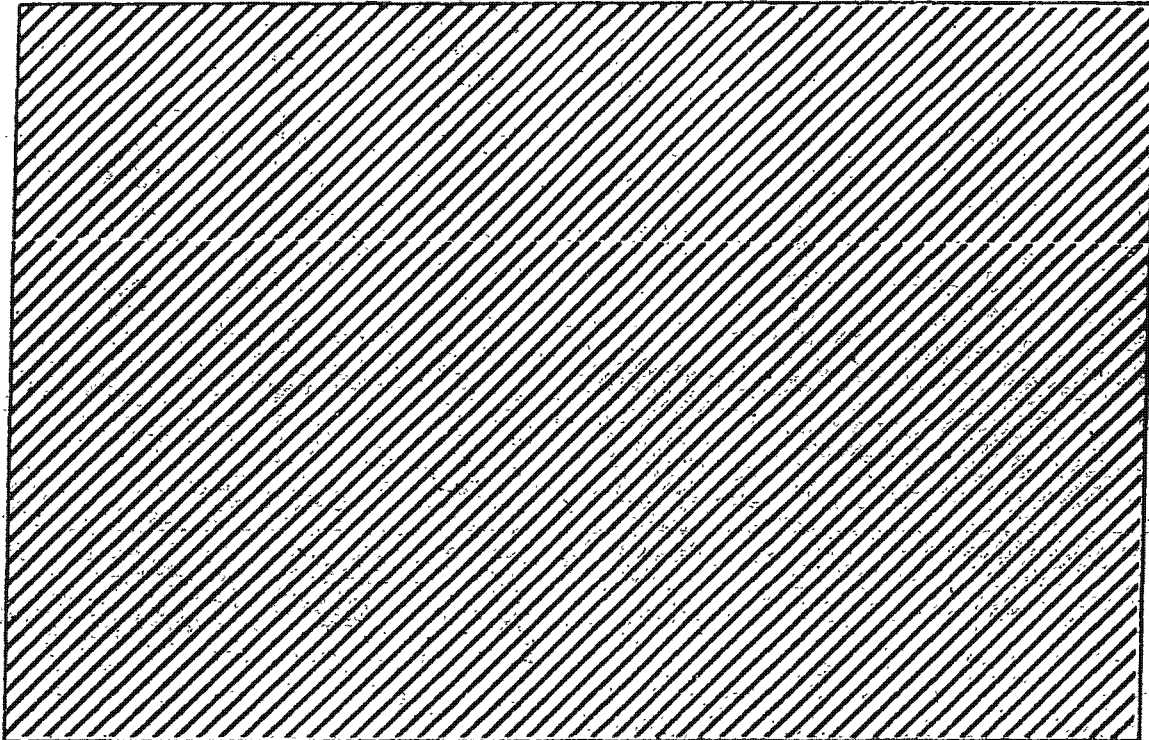
- see summarized copy in slot

Personnel Actions concerning
Period After Mexico City
Assignment

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED 15 June 1964	
1. SERIAL NUMBER 022592		2. NAME (Last-First-Middle) ZAMBERNARDI, Robert					
3. NATURE OF PERSONNEL ACTION TRANSFER TO VOUCHERED FUNDS & REASSIGNMENT				4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 07 05 64		5. CATEGORY OF EMPLOYMENT REGULAR	
6. FUNDS <input checked="" type="checkbox"/> V TO V <input type="checkbox"/> CF TO V		<input type="checkbox"/> V TO CF <input type="checkbox"/> CF TO CF		7. COST CENTER NO. CHANGE-ABLE 5225-0079 <i>1000</i>		8. LEGAL AUTHORITY (Completed by Office of Personnel)	
9. ORGANIZATIONAL DESIGNATIONS DDP/TSD OPERATIONAL AIDS PHOTOGRAPHIC OPERATIONS BRANCH AREA DESKS SECTION				10. LOCATION OF OFFICIAL STATION WASHINGTON, D. C.			
11. POSITION TITLE PHOTO GEN				12. POSITION NUMBER 0113		13. CAREER SERVICE DESIGNATION D	
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS		15. OCCUPATIONAL SERIES (011) 1060.02		16. GRADE AND STEP 10 (3)		17. SALARY OR RATE \$8200	
18. REMARKS FROM: DDP/TSD FOREIGN FIELD MEXICO CITY Security Approval Granted by Pers. SA/OS <i>6/23/64</i> <i>Big 7/1/64</i> CC: Security & Vouchered Payroll <div style="float: right; border: 1px solid black; padding: 2px;">Recorded by CDD <i>DW</i></div>							
DATE SIGNED				DATE SIGNED <i>6/23/64</i>			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
19. ACTION CODE 16		20. EMPLOY CODE 10		21. OFFICE CODE NUMERIC ALPHABETIC 41200 75013		22. POSITION CODE 75013	
23. DATE OF BIRTH MO DA YR 1 05 109 35		24. DATE OF GRADE MO DA YR		25. DATE OF LEAV MO DA YR		26. DATE OF RES. MO DA YR	
27. NIE EXPIRES MO. DA. YR.		28. SPECIAL REFERENCE		29. RETIREMENT DATA 1 - CSC 3 - FICA 5 - NONE		30. SEPARATION DATA CODE EOD DATA	
31. SECURITY REG. NO.		32. SEX		33. FECLY / HEALTH INSURANCE CODE 0 - NONE HEALTH INS. SYST.		34. SOCIAL SECURITY 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 CODE 0 - NAVALYR 1 - 148	
39. 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)		40. LEAVE CAT. CODE		41. FEDERAL TAX DATA FORM EXEMPTED CODE 1 - YES 2 - NO		42. STATE TAX DATA FORM EXEMPTED CODE 1 - YES 2 - NO	
43. POSITION CONTROL CERTIFICATION						DATE APPROVED <i>6/30/64</i>	

SECRET
(When Filled In)



NAME OF EMPLOYEE (Last-First-Middle)	NAME AND RELATIONSHIP OF DEPENDENT*	CLAIM NUMBER
Zambenardi, Robert M.	Philip Edward - son	64-184

There is on file in the Benefits and Counseling Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent*) for an illness, injury, or death incurred on Log burn - 28 December 1963

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

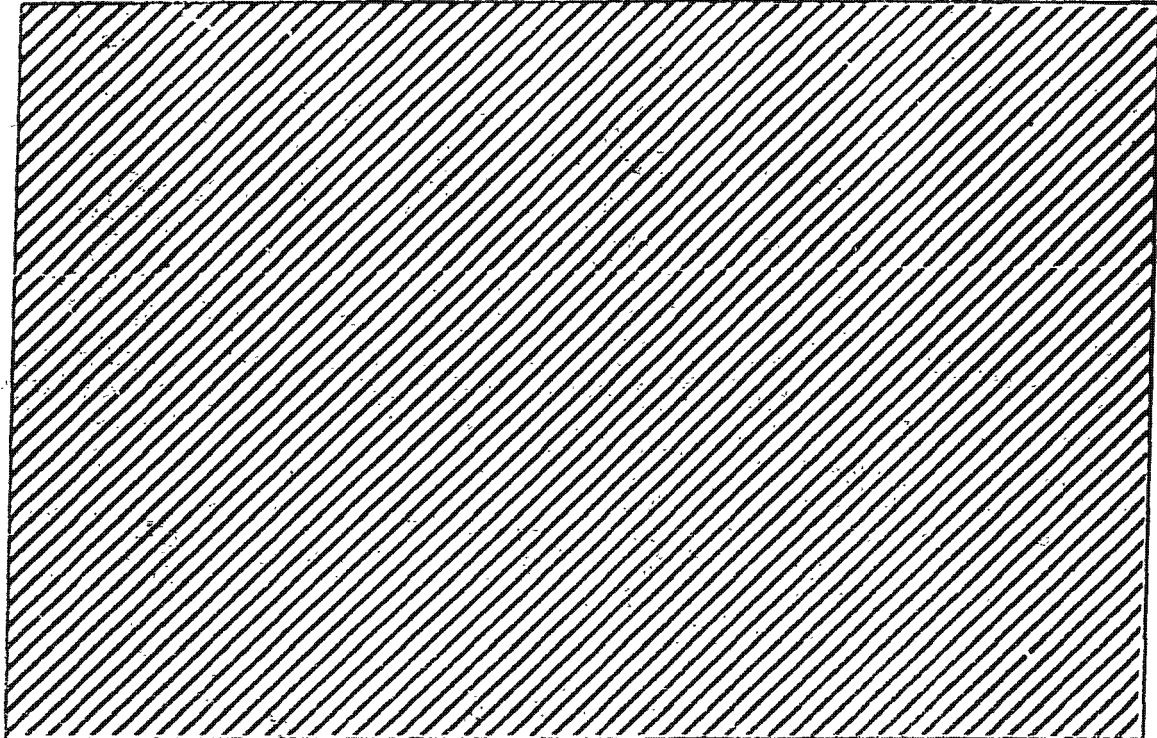
DATE OF NOTICE 20 FEB 1964		
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NOTICE OF OFFICIAL DISABILITY CLAIM FILE

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED 2 April 1963	
1. SERIAL NUMBER 022592		2. NAME (Last-First-Middle) ZAMBERNARDI, ROBERT					
3. NATURE OF PERSONNEL ACTION PROMOTION				4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 01 14 63		5. CATEGORY OF EMPLOYMENT REGULAR	
6. FINDS <input checked="" type="checkbox"/> V TO V <input type="checkbox"/> CP TO V		<input checked="" type="checkbox"/> V TO CP <input type="checkbox"/> CP TO CP		7. COST CENTER NO. CHARGE-ADMF 3125-5700-3007		8. LEGAL AUTHORITY (Completed by Office of Personnel)	
9. ORGANIZATIONAL DESIGNATIONS DDP/TSD Foreign Field Western Hemisphere Mexico				10. LOCATION OF OFFICIAL STATION Mexico City, Mexico			
11. POSITION TITLE IC TECHAIDS				12. POSITION NUMBER 0575		13. CAREER SERVICE DESIGNATION D	
14. CLASSIFICATION SCHEDULE (GS, LP, #10.) GS		15. OCCUPATIONAL SERIES 0136. AT 63		16. GRADE AND STEP 10 (2)		17. SALARY OR RATE 7535	
18. REMARKS FWD M: GS-9 (2) P.A.A. <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;">Recorded by CSPD <i>JM</i></div>							
				DATE SIGNED		DATE SIGNED	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
19. ACTION CODE 22	20. EMP. CT. CODE 10	21. OFFICE CODE NUMERIC ALPHABETIC 46575 TS		22. STATION CODE 45015	23. INTER. REF. CODE	24. DATE OF BIRTH 3 05 1913	25. DATE OF DEATH
26. AGE EXP. REF.		27. SPECIAL REFERENCE 80		28. RETIREMENT DATA 1 - LSC 2 - FICA 3 - NONE		29. SEPARATION DATA CODE TYPE MO DA YR	
30. NET. PREFERENCE 1 - NONE 2 - 4 YR. 3 - 10 YR.		31. SERV. COMP. DATE		32. LEAVE CAT. CODE		33. FEED. / HEALTH INSURANCE 1 - YES 2 - NO	
34. PREVIOUS GOVERNMENT SERVICE DATA CODE 1 - NO PREVIOUS SERVICE 2 - NO BREAK IN SERVICE 3 - BREAK IN SERVICE (LESS THAN 12 MOS) 4 - BREAK IN SERVICE (MORE THAN 12 MOS)				35. FEDERAL TAX DATA FORM EXEMPTED CODE 1 - YES 2 - NO		36. STATE TAX DATA FORM EXEMPTED CODE 1 - YES 2 - NO	
43. POSITION CONTROL CERTIFICATION 5 APR 1963 <i>pluo</i>						DATE APPROVED 5 Apr 63	

SECRET
(When Filled In)



NAME OF EMPLOYEE (Last-First-Middle)	NAME AND RELATIONSHIP OF DEPENDENT*	CLAIM NUMBER
Zambernardi, Robert M	Paul - SON	63-460

There is on file in the Benefits and Counseling Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent*) for an illness, injury, or death incurred on 22 February 63 Industrial Accidents.

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

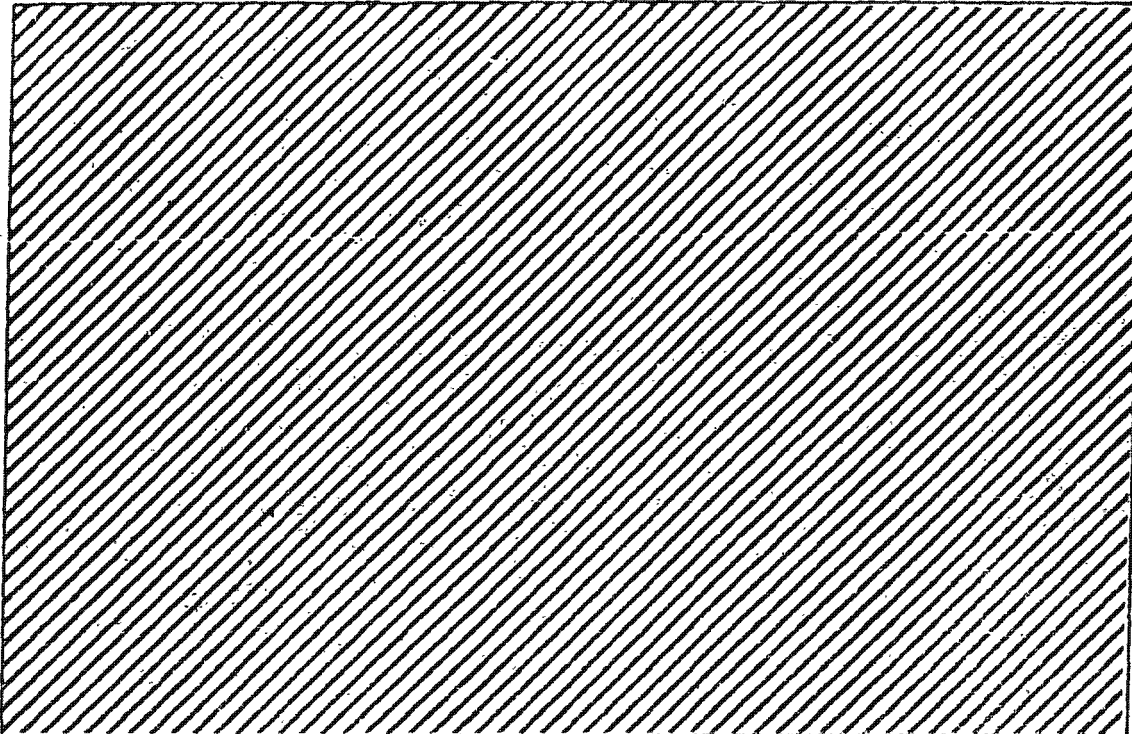
DATE OF NOTICE	
8 January 1963	

NOTICE OF OFFICIAL DISABILITY CLAIM FILE

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED 16 January 1962	
1. SERIAL NUMBER 022592 ✓		2. NAME (Last-First-Middle) ZAMBERNARDI, Robert					
3. NATURE OF PERSONNEL ACTION PROMOTION				4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 01 21 62		5. CATEGORY OF EMPLOYMENT REGULAR XXXXXXXX	
6. FUNDS ▶		V TO V CF TO V		V TO CF X= CF TO CF		7. COST CENTER NO. CHARGE-ABLE 2:25-5700-3007	
8. LEGAL AUTHORITY (Completed by Office of Personnel)				9. ORGANIZATIONAL DESIGNATIONS DDP/TSD - Foreign Field Western Hemisphere Mexico			
10. LOCATION OF OFFICIAL STATION Mexico City, Mexico				11. POSITION TITLE IO TECH AIDS		12. POSITION NUMBER 0575	
13. CAREER SERVICE DESIGNATION D				14. CLASSIFICATION SCHEDULE (GS, LD, etc.) GS		15. OCCUPATIONAL SERIES 0136.63	
16. GRADE AND STEP # 9 (1)				17. SALARY OR RATE \$ 6435 ✓			
18. REMARKS FROM: GS-8 (1)							
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED CSPO 18 </div>							
				DATE SIGNED			
SPACE BELOW FOR INCLUSIVE USE OF THE OFFICE OF PERSONNEL							
19. ACTION CODE 22	20. EMPLOY CODE 10	21. OFFICE CODING NUMERIC ALPHABETIC 46575 TS		22. STATION CODE 45025	23. INTER-AREA CODE 3	24. DATE OF BIRTH MO. DA. YR. 05 09 35	25. DATE OF DEATH MO. DA. YR. 1 21 62
28. NCE LAPSES MO. DA. YR.		29. SPECIAL REFERENCE 1 - CSC 3 - FICA 5 - RUMI		30. RETIREMENT DATA CODE	31. SEPARATION DATA CODE	32. EMPLOYMENT HISTORY DATA MO. DA. YR.	
33. SECURITY REQ. NO.		34. SEA		35. FOD DATA ▶			
26. DATE OF DEATH		27. DATE OF LEB		28. NCE LAPSES		29. SPECIAL REFERENCE	
36. SOCIAL SECURITY NO.		37. SER. COMP. DATE		38. SER. COMP. DATE		39. MIL. SER. CODE	
40. FEDERAL TAX DATA		41. STATE TAX DATA		42. SECS / HEALTH INSURANCE		43. SOCIAL SECURITY NO.	
44. PREVIOUS GOVERNMENT SERVICE 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)		45. LEAVE CAT. CODE		46. FEDERAL TAX DATA FORM 1041-1 CODE 1 - YES 2 - NO		47. STATE TAX DATA FORM 1041-2 CODE 1 - YES 2 - NO	
48. POSITION CONTROL CERTIFICATION WA 1-29-62				49. DATE APPROVED 1/27/62			

SECRET
(When Filled In)

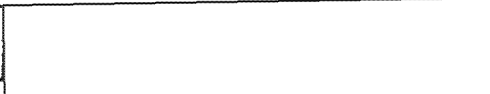


NAME OF EMPLOYEE (Last-First-Middle) ZAMBERNARDI, Robert	NAME AND RELATIONSHIP OF DEPENDENT* Wife - Martha Cecilia	CLAIM NUMBER 61-286
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There is on file in the Benefits and Counseling Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent*) for an illness, injury, or death incurred on 3 March 1961 - Leukemia of Uterus

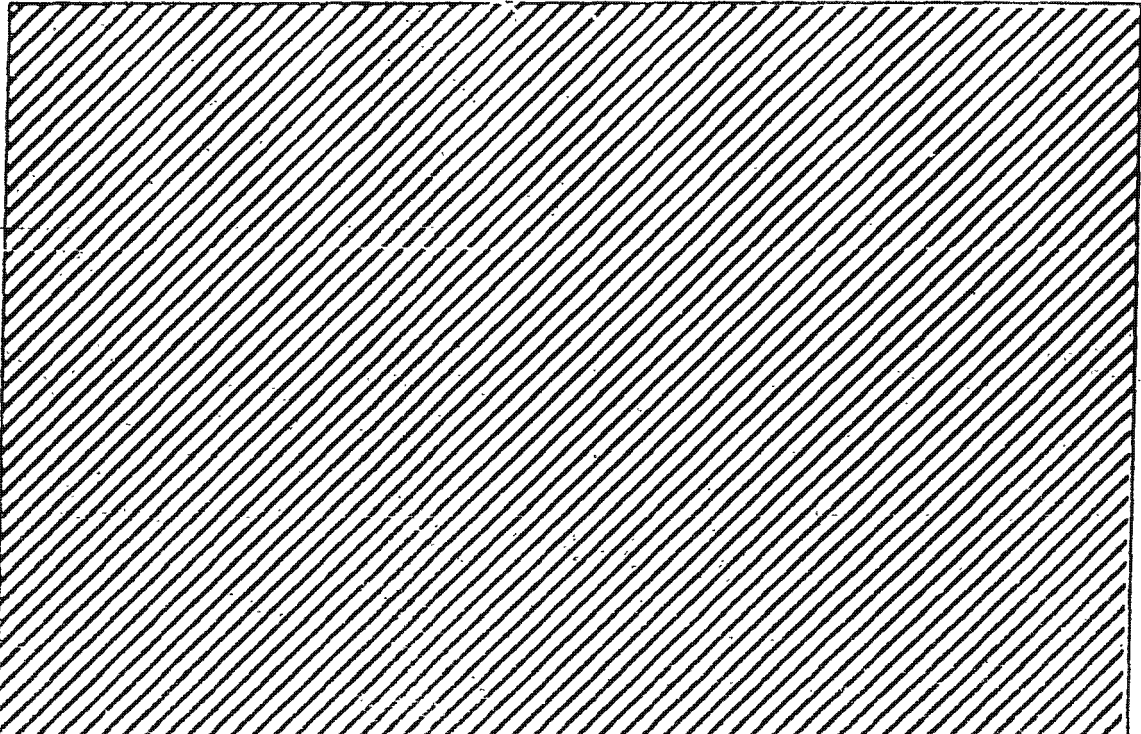
This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.

DATE OF NOTICE



NOTICE OF OFFICIAL DISABILITY CLAIM FILE

SECRET
(When Filled In)



NAME OF EMPLOYEE (LAST-FIRST-MIDDLE)	POLYGRAPHIC Dependent	CASE OR CLAIM NUMBER
Eumbernardi, Robert M.	Wife Martha	56-226

There is on file in the Casualty Affairs Branch, Benefits and Casualty Division, Office of Personnel, an Official Disability Claim File on the above named employee for an illness, injury, or death incurred on 16 February 1960.

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

DATE OF NOTICE	
8 April 1960	

NOTICE C OFFICIAL DISABILITY CLAIM FILE

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION		DATE PREPARED 15 Dec 1960	
1. SERIAL NUMBER 522592	2. NAME (Last-First-Middle) ZAMBERNARDI, Robert		
3. NATURE OF PERSONNEL ACTION PROMOTION		4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 12 25 60	5. CATEGORY OF EMPLOYMENT REGULAR
6. FUNDS 	V TO V	N TO CF	8. LEGAL AUTHORITY (Completed by Office of Personnel)
	CF TO V	X CF TO CF	7. COST CENTER NO. CHARGEABLE 1125-5700-3007
9. ORGANIZATIONAL DESIGNATIONS DDP/TSD Western Hemisphere MEXICO		10. LOCATION OF OFFICIAL STATION Mexico, City, Mexico	
11. POSITION TITLE IO TECH AIDS		12. POSITION NUMBER 575	13. CAREER SERVICE DESIGNATION D3
14. CLASSIFICATION SCHEDULE (GS, LP, etc.) GS-9	15. OCCUPATIONAL SERIES 0136.63	16. GRADE AND STEP 08 01	17. SALARY OR RATE \$ 5885
18. REMARKS <div style="text-align: right; border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">RECEIVED BY GSDP</div>			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODES 46575 44555 75	22. STATION CODE USCARS
23. DATE EMP. REQ.	24. EMP. REFERENCE	25. SET REMOVAL DATA	26. SEPARATION DATA
27. EXT. PREFERENCE	28. SEV. TEMP. DATE	29. LONG. COMPL. DATE	30. MIL. SERV. DATA
31. PREVIOUS EMPLOYMENT SERVICE DATA	32. MILITARY DATA	33. FED. EMP. DATA	34. STATE EMP. DATA
35. POSITION CONTROL CERTIFICATION	36. [Redacted]		

Personnel Actions Committee
Room 77 Reservoir Mexico City

SECRET

NOTIFICATION OF ESTABLISHMENT OF MILITARY COVER BACKSTOP		DATE 19 August 1965
TO: (Check)	<input checked="" type="checkbox"/> CHIEF, PERSONNEL OPERATIONS DIVISION	ESTABLISHED FOR ZAMBERNARDI, Robert M.
	<input checked="" type="checkbox"/> CHIEF, OPERATING COMPONENT (For action) TSD	
ATTN:	Personnel	FILE NO. 4054
REF:	Resignee Backstop debriefing	ID CARD NO.
MILITARY COVER BACKSTOP ESTABLISHED Technical Services Group, Provisional		EMPLOYEE NO.

KEEP ON TOP OF FILE WHILE COVER IN EFFECT

Block Records; (OPMEMO 20-800-11) Resignation effective 20 Aug 65

a. Temporarily for _____ days, effective _____

b. Continuing, effective EOD Jul 56

NA Submit Form 642 to change limitation category. (HIB 20-7)

NA Ascertain that Army W-2 being issued. (HB 20-561.1)

NA Submit Form 1322 for any change affecting this cover. (R 240-310)

NA Submit Form 1323 for transferring cover responsibility. (R 240-350)

Forwarding Address:
c/o American Embassy
Mexico City, Mexico
Employment Address:
Unknown

DISSEMINATION: Copy 1-POB, Copy 2-Operating Component, Copy 3-AM B OS, Copy 4-AM TELETYPE, Copy 5-PSD/CIS, Copy 6-File

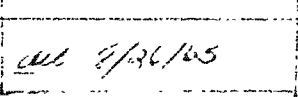
FORM 1551 6-64

SECRET

(12-10-43)

SECRET
(When Filled In)

NIM: 25 AUG 65

NOTIFICATION OF PERSONNEL ACTION																	
OEF																	
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)															
022592		ZAMBERNARDI ROBERT															
3. NATURE OF PERSONNEL ACTION					4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT										
RESIGNATION					08 20 65		REGULAR										
6. FUNDS				7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY											
<table border="1"> <tr> <td>V TO V</td> <td>V TO CF</td> </tr> <tr> <td>CF TO V</td> <td>CF TO CF</td> </tr> </table>				V TO V	V TO CF	CF TO V	CF TO CF	6125 0079 0000									
V TO V	V TO CF																
CF TO V	CF TO CF																
9. ORGANIZATIONAL DESIGNATIONS					10. LOCATION OF OFFICIAL STATION												
DDP/TSD OPERATIONAL AIDS PHOTO OPERATIONS BRANCH AREA DESKS SECTION					WASH., D. C.												
11. POSITION TITLE					12. POSITION NUMBER		13. SERVICE DESIGNATION										
PHOTOG GEN					0113		D										
14. CLASSIFICATION SCHEDULE (GS, GS, etc.)			15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE										
GS			1060.02		11 3		9240										
18. REMARKS																	
COMMUNICATIONS - C/O AMERICAN EMBASSY MEXICO D.F. MEXICO CHECKS, BONDS - UNION TRUST COMPANY, 1500 H ST. NW WASHINGTON, D. C.																	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL																	
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE		23. INITIATOR CODE		24. HOURS CODE		25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI	
45		10										05 09 35					
28. N'S CAPITIES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA		32. CANCELLATION DATA		33. SECURITY		34. SEX					
						3AC004		EOD DATA									
35. NET PREFERENCE		36. SERV COMP DATE		37. LONG COMP DATE		38. SERVICE CATEGORY		39. FEET/HEALTH INSURABLE		40. SOCIAL SECURITY NO							
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT		43. FEDERAL TAX DATA				44. STATE TAX DATA							
<table border="1"> <tr> <td>1. NO PREVIOUS SERVICE</td> </tr> <tr> <td>2. BREAK IN SERVICE</td> </tr> <tr> <td>3. BREAK IN SERVICE (LESS THAN 1 YEAR)</td> </tr> <tr> <td>4. BREAK IN SERVICE (MORE THAN 1 YEAR)</td> </tr> </table>				1. NO PREVIOUS SERVICE	2. BREAK IN SERVICE	3. BREAK IN SERVICE (LESS THAN 1 YEAR)	4. BREAK IN SERVICE (MORE THAN 1 YEAR)										
1. NO PREVIOUS SERVICE																	
2. BREAK IN SERVICE																	
3. BREAK IN SERVICE (LESS THAN 1 YEAR)																	
4. BREAK IN SERVICE (MORE THAN 1 YEAR)																	
SIGNATURE OR OTHER AUTHENTICATION																	

FORM 1150 11 67

Use Previous Edition

SECRET

Jga

GROUP 1
Excluded from automatic
downgrading and
declassification

(When Filled In)

SECRET
(When Filled In)

ARM: 15 APR 63

NOTIFICATION OF PERSONNEL ACTION															
1. SERIAL NUMBER		2. NAME (LAST-FIRST-INITIAL)													
022502		ZAMBERNARDI ROBERT													
3. NATURE OF PERSONNEL ACTION					4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT								
PROMOTION (CORRECTION)*					04 14 63		REGULAR								
6. FUNDS		V TO W		W TO V		7. COST CENTER NO (CHARGEAGE)		8. GIC OR OTHER LEGAL AUTHORITY							
CF TO V		X		CF TO CF		3125 5700 2007		50 USC 403							
9. ORGANIZATIONAL DESIGNATIONS					10. LOCATION OF OFFICIAL STATION										
DDP TSD FOREIGN FIELD WESTERN HEMISPHERE MEXICO					MEXICO CITY, MEXICO										
11. POSITION TITLE					12. POSITION NUMBER		13. SERVICE DESIGNATION								
10 TECH A105					0575		D								
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)			15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE								
GS			0136.93		10 2		7535								
18. REMARKS															
*THIS CORRECTS FORM 1150, EFFECTIVE 04/14/63, ITEM #15, OCCUPATIONAL SERIES, WHICH READS "0136.01" TO READ "0136.93."															
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL															
19. ACTION CODE		21. OFFICE CODING		22. STATION CODE		23. INTEROFFICE CODE		24. HOURS CODE		25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI	
		ALPHABETIC		ALPHABETIC						MO DA YA		MO DA YA		MO DA YA	
										04 14 63					
28. HRG EFFRNGS		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATE		33. SECURITY REQ NO		34. SEX			
NO DA YA				A - YES B - NO				MO DA YA		LOD DATA					
35. VET PREFERENCE		36. SERV COMP DATE		37. LONG COMP DATE		38. EARLIER CATEGORY		39. FEES/HEALTH INSURANCE		40. SOCIAL SECURITY NO					
CODE		MO DA YA		MO DA YA		CODE		D - BELIEF E - YES		NO					
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT CODE		43. FEDERAL TAX DATA		44. STATE TAX DATA							
CODE				CODE		CODE		CODE		CODE		CODE		CODE	
1. NO. PREVIOUS SERVICE				1. YES		1. YES		1. YES		1. YES		1. YES		1. YES	
2. BREAK IN SERVICE				2. NO		2. NO		2. NO		2. NO		2. NO		2. NO	
3. BREAK IN SERVICE LESS THAN 3 YRS															
3. BREAK IN SERVICE MORE THAN 3 YRS															
SIGNATURE OR OTHER AUTHENTICATION										POSTED		15 APR 1963		<i>[Signature]</i>	

FORM 1150-1 APR 1963
1150-1

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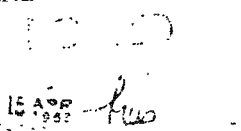
GROUP 1
EXCLUDED FROM AUTOMATIC
DOWNGRADING AND
DECLASSIFICATION

16 811

(When Filled In)

SECRET
(When Filled In)

APM: 11 APR 63

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)									
022592		ZAMBERNARDI ROBERT									
3. NATURE OF PERSONNEL ACTION					4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT				
PROMOTION					MO. DA. YR. 04 14 63		REGULAR				
A. FUNDS		V TO V		V TO CP		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY			
CF TO V		X		CF TO CP		3125 5700 3007		50 USC 403 J			
9. ORGANIZATIONAL DESIGNATIONS					10. LOCATION OF OFFICIAL STATION						
DDP TSO FOREIGN FIELD WESTERN HEMISPHERE MEXICO					MEXICO CITY, MEXICO						
11. POSITION TITLE					12. POSITION NUMBER		13. SERVICE DESIGNATION				
10 TECH AIDS					0575		D				
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)			15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE				
GS			0130.01		10 2		7535				
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. INTERSEE CODE	24. HOURS CODE	25. DATE OF BIRTH		26. DATE OF GRADE	27. DATE OF LET	
02	10	NUMERIC	ALPHABETIC	49075		3	MO. DA. YR.	MO. DA. YR.	MO. DA. YR.	MO. DA. YR.	
		46-75	TS				05 14 63	04 14 63	04 14 63		
28. NTC EMPLOY		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA		33. SECURITY	34. SER
NO. DA. YR.		NO.		1. CSC 2. PICA 3. OTHER		CODE		TYPE NO. DA. YR.		216 NO.	
		0						EOD DATA			
35. VET. PREFERENCE		36. SERV. COMP. DATE		37. LONG. COMP. DATE		38. CAREER CATEGORY		39. FEGLI/HEALTH INSURANCE		40. SOCIAL SECURITY NO.	
COFF		MO. DA. YR.		MO. DA. YR.		CODE		CODE			
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT.		43. FEDERAL TAX DATA		44. STATE TAX DATA			
CODE				CODE		FORMER EMPLOYER CODE		FORM EXCLUDED		CODE	
1. NO. PREVIOUS SERVICE				1. YES		NO. (AL. DEPENDENT)		1. YES		NO. (STATE CODE)	
2. SERVICE IN OTHER SERVICE				2. NO				2. NO			
3. SERVICE IN OTHER SERVICE (M. J. 1954)											
4. SERVICE IN OTHER SERVICE (M. J. 1954)											
SIGNATURE OR OTHER AUTHENTICATION											
											

FORM 1130
11 23 62

Use Previous Edition
11 APR 1963

SECRET

15 APR 1963

(When Filled In)

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-793 AND DCI MEMORANDUM DATED 1 AUGUST 1966, SALARY IS ADJUSTED AS FOLLOWS, EFFECTIVE 9 JANUARY 1969.

NAME	SERIAL	ORGN	FUNDS	GR-ST	OLD SALARY	NEW SALARY
ZAMBERNARDI ROBERT	022592	41	575 CF	GS 10 2	\$ 7,535	\$ 7,945

BWS: 19 JAN 62

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)									
022592		ZAMBERNARDI ROBERT									
3. NATURE OF PERSONNEL ACTION					4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT				
PROMOTION					MO DA YR 01 21 62		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		2125 5700 3007		50 USC 403 J			
9. ORGANIZATIONAL DESIGNATIONS					10. LOCATION OF OFFICIAL STATION						
DDP 7SD FOREIGN FIELD WESTERN HEMISPHERE MEXICO					MEXICO CITY, MEXICO						
11. POSITION TITLE					12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION				
10 TECH AIDS					0575		D				
14. CLASSIFICATION SCHEDULE (GS 18, etc)			15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE				
GS			0136.01		09 1		6435				
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	41575 TS		415075		3	MO DA YR 05 09 35		MO DA YR 01 21 62	MO DA YR 01 21 62	
28. HTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. FORFEITURE-CANCELLATION DATA		33. SECURITY REG NO	34. SEX
								EOD DATA			
35. VET PREFERENCE		36. SEER COMP DATE		37. LONG COMP DATE		38. MIL SERV CREDIT/ID		39. FECLY/HEALTH INSURANCE		40. SOCIAL SECURITY NO	
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT		43. FEDERAL TAX DATA		44. STATE TAX DATA			
SIGNATURE OR OTHER AUTHENTICATION											
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p>POSTED</p> <p>1/25/62 <i>OM</i></p> </div>											

BLT: ²³ 28 DEC 1960

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION													
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)											
022592		ZAMBERNARDI ROBERT											
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE			5. CATEGORY OF EMPLOYMENT				
PROMOTION						MO DA YR 12 25 60			REGULAR				
6. FUNDS		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE			8. CSC OR OTHER LEGAL AUTHORITY				
CF TO V		X		CF TO CF		1125 5700 3007			50 USC 303 d				
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION							
DDP TSD WESTERN HEMISPHERE MEXICO						MEXICO CITY, MEXICO							
11. POSITION TITLE				12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION							
10 TECH AIDS				0575		D							
14. CLASSIFICATION SCHEDULE (GS, WB, etc.)			15. OCCUPATIONAL SERIES			16. GRADE AND STEP			17. SALARY OR RATE				
by			0136.63			08 1			5885				
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. Hdqrs. Code	25. DATE OF BIRTH			26. DATE OF GRADE		27. DATE OF LEI	
22	10	46575 TS		45075		3	MO DA YR 05 09 35			MO DA YR 12 25 60		MO DA YR 12 25 60	
28. NTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA			33. SECURITY RLO NO.	34. SEX	
NO DA YR				1. CAL 2. FICA 3. NONE				EOD DATA					
35. NET PREFERENCE		36. SERV COMP DATE		37. LONG. COMP DATE		38. MIL. SERV. CREDIT/LCO		39. FEGLI / HEALTH INSURANCE			40. SOCIAL SECURITY NO.		
CODE 0 - NONE 1 - 5 YR 2 - 10 YR		MO DA YR		MO DA YR		1 - YES 2 - NO		CODE CODE U. WAIVER HEALTH INS. CODE					
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT CODE		43. FEDERAL TAX DATA			44. STATE TAX DATA				
CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 12 MOS) 3 - BREAK IN SERVICE (MORE THAN 12 MOS)				1 - YES 2 - NO		FORM EXECUTED CODE NO. TAX EXEMPTIONS			FORM EXECUTED CODE NO. TAX EXEMPT STATE CODE				
SIGNATURE OR OTHER AUTHENTICATION													

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

AES: 17 APRIL 1959

1. Serial No. 522592		2. Name (Last-First-Middle) ZAMBERNARDI ROBERT			3. Date Of Birth Mo. Da. Yr. 05 05 35			4. Vac. Prof. None-0 5 Pr-1 10 Pr-2 Code 1		5. Sex M 1		6. CS - FOD Mo. Da. Yr. 07 30 56		
7. SCD Mo. Da. Yr. 08 02 54		8. CSC Retmt. Yes-1 No-2 Code 1		9. CSC Or Other Legal Authority 50 USCA 403 J		10. Apmt. Allid. Yr. Mo. Da. Yr.			11. FEGLI Yes-1 No-2 Code 1		12. TCD Mo. Da. Yr. 07 30 56		13. ^{ann.} _{creat.} ^{term.} _{etc.} Yes-1 No-2 Code 2	

PREVIOUS ASSIGNMENT

14. Organizational Designations DDP TSS TECHNICAL AIDS PHOTOGRAPHIC DIV OPERATIONAL PHOTOGRAPHY BR				Code 4448		15. Location Of Official Station WASH. D.C.				Station Code 75013		
16. Dept. - Field Dept - 1 USfld - 3 Frgn - 5		17. Position Title PHOTOG GEN		18. Position Flr. 0513		19. Serv. GS		20. Occup. Series 1060.02				
21. Grade & Step 07 1		22. Salary Or Rate \$ 4980		23. SD DT		24. Date Of Grade Mo. Da. Yr. 12 28 58		25. Pst. Due Mo. Da. Yr. 12 27 59		26. Appropriation Number 9 2500 25 007		

ACTION

27. Nature Of Action REASSIGNMENT & TRANSFER TO CONFIDENTIAL FUNDS*		Code 05		28. Eff. Date Mo. Da. Yr. 04 19 59		29. Type Of Employee REGULAR		30. Separation Data Co-In 01	
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PRESENT ASSIGNMENT

31. Organizational Designations DDP TSS FOREIGN FIELD WESTERN HEMISPHERE MEXICO				Code 4455		32. Location Of Official Station MEXICO				Station Code 45000	
33. Dept. - Field Dept - 1 USfld - 3 Frgn - 5		34. Position Title 10 TECH AIDS		35. Position Flr. 0575		36. Serv. GS		37. Occup. Series 0136.63			
38. Grade & Step 07 1		39. Salary Or Rate \$ 4980		40. SD DT		41. Date Of Grade Mo. Da. Yr. 12 28 58		42. Pst. Due Mo. Da. Yr. 12 27 59		43. Appropriation Number 9 2500 75 007	

44. Remarks
*SUBJECT TO APPROVED MEDICAL CLEARANCE PRIOR TO BEING SENT OVERSEAS.

POSTED
 24 APR 1959
 RW

4/20/59

NOV 1961

SECRET
(When Filled In)

FITNESS REPORT

EMPLOYEE SERIAL NUMBER
22592

SECTION A GENERAL

1. NAME (Last) (First) (Middle)
ZAMBERNARDI, Robert M.

2. DATE OF BIRTH
9 May 1935

3. SEA
N

4. GRADE
GS-8

5. SERVICE DESIGNATION
KURIOT

6. OFFICIAL POSITION TITLE
IO TECH AIDS

7. OFF/DIV/BR OF ASSIGNMENT
WH/III/MEXI

8. CAREER STAFF STATUS
 NOT ELIGIBLE
 MEMBER
 DEFERRED
 DENIED
 PENDING
 DECLINED

9. TYPE OF REPORT
 ANNUAL
 REASSIGNMENT/SUPERVISOR
 REASSIGNMENT/EMPLOYEE

10. DATE REPORT DUE IN O.P.
31 AUGUST 1961

11. REPORTING PERIOD
 From **7/1/60** To **6/30/61**
 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

RATING NO.	SPECIFIC DUTY NO. 6	RATING NO.
6		5
5		5
6		

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 falls 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. **5**

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)

OFFICE OF PERSONNEL

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 basis for determining future personnel actions.

2 01 PM '61

This officer is willing, and has become much more effective and sure of himself during the past year. He is an excellent photographer and this with his increasing resourcefulness in support of operations, has resulted in some unusually good work of the ops support type.

This officer has a pleasant personality, is well liked, gets along well with his fellow employees, works overtime without question, and is well adjusted to overseas life in Mexico. The Station is very pleased to have him for another tour as he is most definitely a part of our operational capabilities.

[redacted] was commended by COS, [redacted] in January 1961 and a review of this file should include a review of HMT-1798 dated 12 January 1961.

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 13 September 1961 SIGNATURE OF EMPLOYEE /s/ Robert M. Zambernardi

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 13 September 1961 OFFICIAL TITLE OF SUPERVISOR Deputy Chief of Station TYPED OR PRINTED NAME AND SIGNATURE /s/ in pseudo

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 13 September 1961 OFFICIAL TITLE OF REVIEWING OFFICIAL Chief of Station TYPED OR PRINTED NAME AND SIGNATURE /s/ in pseudo

SECRET

Fitness Reports for period After, and
Personnel Actions for period prior to —
Assignment Mexico City

SECRET
(When Filled In)

29 Pts
1965

FITNESS REPORT

EMPLOYEE SERIAL NUMBER

22592

SECTION A GENERAL

1. NAME (Last) ZAMBERNARDI		(First) Robert		(Middle)		2. DATE OF BIRTH 9 May 1935	3. SEX M	4. GRADE GS-7
5. SERVICE DESIGNATION KURIOT		6. OFFICIAL POSITION TITLE IO TECH AIDS				7. OFF/DIV/BR OF ASSIGNMENT KURIOT/Mexico		
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 From		To				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

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"> 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. 	<p>RATING NO.</p> <p>4</p>
--	-----------------------------------

SECTION D DESCRIPTION OF THE EMPLOYEE

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

CHARACTERISTICS	NOT APPLICABLE	NOT OBSERVED	RATING					
			1	2	3	4	5	
GETS THINGS DONE								
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

19601/229

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.

Dec 20 11 04 AM '60
MAIL ROOM

This young officer is conscientious and willing. He is an excellent photographer and fulfills duties related to photography (which is his principal duty) in completely satisfactory fashion.

He is willing to take on any assignments given him; is willing to put in any amount of overtime needed to get assignments completed within the prescribed time.

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: 27 Oct 1960
SIGNATURE OF EMPLOYEE: Subject signed form 45a in pseudo.

2. BY SUPERVISOR
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION: _____
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: 27 Oct 1960
OFFICIAL TITLE OF SUPERVISOR: _____
TYPED OR PRINTED NAME AND SIGNATURE: Winston Scott

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: _____
OFFICIAL TITLE OF REVIEWING OFFICIAL: _____
TYPED OR PRINTED NAME AND SIGNATURE: _____

SECRET

SECRET
(When Filled In)

13 AUG 1958
11

FITNESS REPORT	EMPLOYEE SERIAL NUMBER 122592
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SECTION A GENERAL					
1. NAME (Last) (First) (Middle) ZAMBERNARDI Robert M.		2. DATE OF BIRTH 9 May 1935		3. SEX M	4. GRADE GS-7
5. SERVICE DESIGNATION DT		6. OFFICIAL POSITION TITLE PHOTOG GEN		7. OFF/DIV/BR OF ASSIGNMENT DDP/TSS/TA/PSD	
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 checked="" 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. 30 June 1959		11. REPORTING PERIOD Dec 1958 to Jun 1959			

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
		ATING NO. 3			ATING NO. 4	
		ATING NO. 4			ATING NO. 5	
		ATING NO. 4			ATING NO. 3	

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 APPLICABLE	NOT OBSERVED	RATING				
					1	2	3	4	5
DOES THINGS DONE							XX		
RESOURCEFUL							XX		
ACCEPTS RESPONSIBILITIES								XX	
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES							XX		
DOES HIS JOB WITHOUT STRONG SUPPORT							XX		
FACILITATES SMOOTH OPERATION OF HIS OFFICE							XX		
WRITES EFFECTIVELY			XX						
SECURITY CONSCIOUS								XX	
THINKS CLEARLY							XX		
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS			XX						
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'S KNOWLEDGE OF PHOTOGRAPHY IS INCREASING AT A STEADY PACE. HE IS VERY ATTENTIVE TO HIS ON-THE-JOB TRAINING AND APPLIES IT VERY WELL. CONSIDERABLE INITIATIVE HAS BEEN SHOWN BY LEARNING NEW METHODS AND TECHNIQUES. THIS IS PARTLY DUE TO THE CORRESPONDENCE COURSE, IN PHOTOGRAPHY, IN WHICH HE IS CURRENTLY ENGAGED.

SUBJECT LACKS SOME CONFIDENCE IN HIS ABILITY TO PRODUCE PHOTOGRAPHIC PRINTS, HOWEVER, IT IS FELT BY THE RATER THAT THIS IS DUE TO HIS LIMITED EXPERIENCE IN DARKROOM TECHNIQUES AND PROCEDURES. THE RATER FEELS CONFIDENT THAT SUBJECT WILL OVERCOME THIS LACK OF CONFIDENCE SOON.

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 SIGNATURE OF EMPLOYEE

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

12

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

SUBJECT LEFT PCS, MEXICO CITY JUNE 20, 1959.

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 OFFICIAL TITLE OF SUPERVISOR

25 JUNE 1959

C/TSS/PSD/OSL

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 OFFICIAL TITLE OF REVIEWING OFFICIAL

25 JUNE 1959

I. O. TECH. AIDS

SECRET

SECRET
(When Filled In)

FITNESS REPORT					EMPLOYEE SERIAL NUMBER 122592						
SECTION A GENERAL											
1. NAME (Last) (First) (Middle) ZAMBERNARDI Robert			2. DATE OF BIRTH 5 Sept 1935		3. SEX M		4. GRADE GS-5				
5. SERVICE DESIGNATION DT		6. OFFICIAL POSITION TITLE PHOTOG GEN			7. OFF/DIV/BR OF ASSIGNMENT DDP/TSS/TA/PD						
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. December 1958			11. REPORTING PERIOD Dec 1957 to Dec 1958		12. SPECIAL (Specify) Also Promotion						
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
			RATING NO. 1						RATING NO. 4		
			INTERB						RATING NO. 3	RATING NO. 4	
			RATING NO. 3						SPECIFIC DUTY NO. 6	RATING NO.	
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 APPLICABLE		NOT OBSERVED		RATING	
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.

MR. ZAMBERNARDI JOINED THE PHOTOGRAPHIC SUPPORT DIVISION IN JANUARY 1958 WITH NO PHOTOGRAPHIC EXPERIENCE. MR. ZAMBERNARDI HAS PROGRESSED VERY RAPIDLY IN HIS NEWLY CHOSEN FIELD DURING THE PAST YEAR BY TAKING AN ACTIVE INTEREST IN HIS ON THE JOB TRAINING AND BY DISPLAYING CONSIDERABLE INITIATIVE IN LEARNING NEW METHODS AND TECHNIQUES. MR. ZAMBERNARDI IS SUPPLEMENTING HIS AGENCY TRAINING BY COMPLETING A CORRESPONDENCE COURSE IN PHOTOGRAPHY GIVEN BY THE NEW YORK INSTITUTE OF PHOTOGRAPHY. IN RELATIVELY SHORT TIME, MR. ZAMBERNARDI HAS DEVELOPED INTO A VALUED ASSET TO THIS DIVISION.

BECAUSE OF HIS BRIEF BACKGROUND IN PHOTOGRAPHY, MR. ZAMBERNARDI LACKS SOME CONFIDENCE IN PERFORMING HIS DUTIES. THE UNDERSIGNED FEELS CONFIDENT THAT THIS WILL REMEDY ITSELF AS MORE EXPERIENCE IS GAINED.

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 SIGNATURE OF EMPLOYEE

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION 8 IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION Subject on leave, will be shown to him later

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 23/12/58 OFFICIAL TITLE OF SUPERVISOR DC/TSS/PSD/CSC

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 MR. ZAMBERNARDI IS PRESENTLY PERFORMING THE DUTIES OF A GS-7 PHOTOGRAPHER WITH THIS DIVISION IN A MOST COMPETENT MANNER. IT IS RECOMMENDED THAT HE BE FAVORABLY CONSIDERED FOR AN INCREASE FROM GS-5 TO GS-7.

DATE 23 DECEMBER 1958 OFFICIAL TITLE OF REVIEWING OFFICIAL DC/TSS/PSD

SECRET

4-00000

Fitness Reports and other
Personnel Documents DURING PERIOD
PRIOR HIS ASSIGNMENT TO MEXICO CITY