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STANDARD FORM 64  
MAY 1962 EDITION  
GSA FPMR (41 CFR) 101-11.6

**SECRET**

**Official Personnel Folder**

**SECRET**

FORM 100-1

SECRET

(When Filled In)

1. PASS. SERIAL NO. 00000		B. GEOGRAPHIC PROFILE (PART II)			CCD: 2 Sep 1946		
2. NAME (Last, First, Middle)		3. SEX		4. DATE OF BIRTH		5. LONGEVITY COMP. DATE	
		M		8 Mar 1928			
6. MARITAL STATUS		7. DEPENDENTS (Include all spouses)		8. NO. YEARS OF MARRIAGE		9. US NATURALIZATION STATUS	
Married		3 1927 1955 1955		NA		NA	
10. COUNCIL STATE STATUS		MEMBERSHIP		OTHER STATUS		11. LAST REG. DPT. QUAL. FOR	
D		5-1 1954		1 1951 1955		FROM TEST	
12. CURRENT RESERV. STATUS		13. GRADE		14. SERVICE DUTY WITH CIA (S-1)		15. WILLING TO MIL. SER. (S-2)	
D		X				TO BE DEFERRED (S-3)	
16. ASSESSMENT DATE		17. PROFESSIONAL TEST DATE		18. LANGUAGE APTITUDE TEST DATE			
Jul 1947		None		None			
19. NON-CIA EDUCATION							
20. FOREIGN LANGUAGE ABILITIES (Language, Proficiency, Date Tested)		Spanish - R, S, U Native; W, P High (May 1960); Translate - May 1957					
							Continued)
21. CIA EMPLOYMENT HISTORY SINCE 18 SEPT 1949 (Personal Actions, Military Orders, and Principal Details)							
EFFECTIVE DATE	POSITION TITLE & OCCUPATIONAL CODE	GRADE	SD	ORGANIZATION & ORG. TITLE (If any)	LOCATION		
Mar 1948	I.O. (Trainee)	0132.06	5				
May 1948	" "	0132.06	7				
Nov 1948	Reports Off	0132.53	7				
Dec 1949	I.O. Reports	0132.53	7				
Aug 1950	I.O. (Ops)	0132.06	9				
Jun 1952	Ops Off	0136.01	11				
Apr 1954	Area Ops Off	0136.01	12				
Aug 1954	I.O. (PI)	0136.51	12	DI			
May 1956	Area Ops Off	0136.01	12	DI			
Feb 1957	" " "	0136.01	13	DI			
Aug 1959	Instructor Ops	1711.50	13	DI			
Dec 1961	" "	1711.50	14	D			
Jan 1963	Ops Off	0136.01	14	D			
Apr 1963	" "	0136.01	14	D			
Sep 1964	Chief of Station	0136.05	14	D			
Sep 1968	Chief of Station	0136.05	15	D			
Sep 1970	Chief of Station	0136.05	15	D			
Oct 1972	" "	0136.01	15	D			
Mar 1973	" "	0136.01	15	D			
Dec 1973	" "	0136.01	15	D			
22. DATE REVIEWED		23. PROFILE REVIEWED BY		24. SIGNATURE REVIEWED & VERIFIED BY EMPLOYEE		25. DATE	
20 Jan 1976		hms' eul		31 Aug 1959			

SECRET  
(When Filled In)

PEPS. SERIAL NO.		BIOGRAPHIC PROFILE (Continuation Sheet)				
NAME (Last-First-Middle)					DATE OF BIRTH	
<p>19. CIA EMPLOYMENT HISTORY SINCE 18 SEPT. 1947 (Personnel Actions, Military Orders, and Principal Details) (Cont'd.)</p>						
EFFECTIVE DATE	POSITION TITLE & OCCUPATIONAL CODE	GRADE	SO	ORGANIZATION'S ORGAN. TITLE (If any)	LOCATION	
Apr 1975	Ops Off Ch 0136.01	16	DYB	DNO/IA/Ch, Plans/Programs/STF	Hq	
Aug 1975	Ops Officer 0136.01	16	DYB	DNO/IA/Dev/Comp (Training)	Hq	
DATE REVIEWED		PROFILE REVIEWED BY				
20 Jan 1976		Dna/ai				

FORM 10-77, 1209-12 USE PREVIOUS EDITIONS

SECRET

U.S. GOVERNMENT PRINTING OFFICE: 1975 O-377022

PROFILE 144



SECRET

BIOGRAPHIC PROFILE (PART 2)

PERM. SERIAL NO.  
055195

NAME (LAST-FIRST-MIDDLE)

DATE OF BIRTH

22.



24. SUMMARY OF CAREER PREFERENCE OUTLINE AND/OR FIELD REASSIGNMENT QUESTIONNAIRE

25. IDENTITY OF OTHER DOCUMENTS WHICH SHOULD BE REVIEWED IN DETAIL

SEE COVER HISTORY ATTACHED

26. ADDITIONAL INFORMATION

Appreciation 1953 from the [redacted] for invaluable services rendered during trip to [redacted]  
Appreciation 1953 from [redacted] for assistance on survey trip along the [redacted]

Commendation 1959 from the [redacted] for outstanding performance of duty while stationed in [redacted]

Award 1955 Outstanding [redacted] by the [redacted] Chapter of Toastmaster International as a result of a speech entitled [redacted]  
Award 1974 of a Quality Step Increase in recognition of subject's sustained excellent performance since 1972.

27. DATE REVIEWED

20 Jan 1976

28. PROFILE REVIEWED BY

hmc/col

E 2 IMPDET

OL 27 21722

SECRET

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP		DATE	FILE NO.
		19 March 1973	734
X TO: (Check)	X CHIEF, CONTROL DIVISION, OP	SS NUMBER	269-28-0199
	CHIEF, CONTRACT PERSONNEL DIVISION, OP	EMPLOYEE NUMBER	055495
	X CHIEF, OPERATING COMPONENT (For action) WH	ID CARD NUMBER	
ATTN:	Chief Support Staff	OFFICIAL COVER	<input checked="" type="checkbox"/> ESTABLISHED <input type="checkbox"/> DISCONTINUED
REF:	Form 1322 dated 12 Mar 73		
SUBJECT		UNIT	

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

<input checked="" type="checkbox"/> ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS	CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS EFFECTIVE DATE:
<input checked="" type="checkbox"/> BASIC COVER PROVIDED EFFECTIVE DATE <u>EOD</u>	SUBMIT FORM 3254 _____ W-2 TO BE ISSUED. (HNB 20-11)
<input type="checkbox"/> OPERATIONAL COVER PROVIDED FOR _____ TDY _____ OTHER (Specify)	SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HNB 20-7)
<input checked="" type="checkbox"/> SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HNB 20-7)	EAA: CATEGORY I <input type="checkbox"/> CATEGORY II <input type="checkbox"/>
<input checked="" type="checkbox"/> SUBMIT FORM 325 _____ W-2 TO BE ISSUED. (HNB 20-11)	RETURN ALL OFFICIAL DOCUMENTATION TO CCS
<input checked="" type="checkbox"/> SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (NR 240-20)	SUBMIT FORM 2688 FOR HOSPITALIZATION CARD.
<input checked="" type="checkbox"/> SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (NR 240-20)	DO NOT WRITE IN THIS BLOCK
<input checked="" type="checkbox"/> EAA: CATEGORY I <input type="checkbox"/> CATEGORY II <input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/> SUBMIT FORM 2688 FOR AOE HOSPITALIZATION CARD	
REMARKS AND/OR COVER HISTORY	
MAR 48-OCT 49	
OCT 49-FEB 52	
FEB 52-MAY 52	
MAY 52-JUL 54	
JUL 54-MAY 56	
17 MAY 56-MAY	
MAY 59-MAY 61	
MAY 61-MAR 63	
MAR 63-JUL 66	
JUL 66-JUL 70	
DISTRIBUTION: JUL	
COPY 1 - CO OR CPD	
COPY 2 - OPERATING	
COPY 3 - OS/SRACD	
COPY 4 - OL/TFB	
COPY 5 - CCS-FILE	
	CHIEF, OFFICIAL COVER, CENTRAL COVER STAFF

SECRET

SECRET

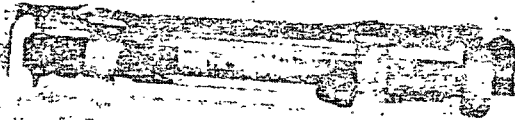
REPRODUCTION MASTERS

BIOGRAPHIC PROFILE

BIOGRAPHIC PROFILE

SECRET

Handle With Care

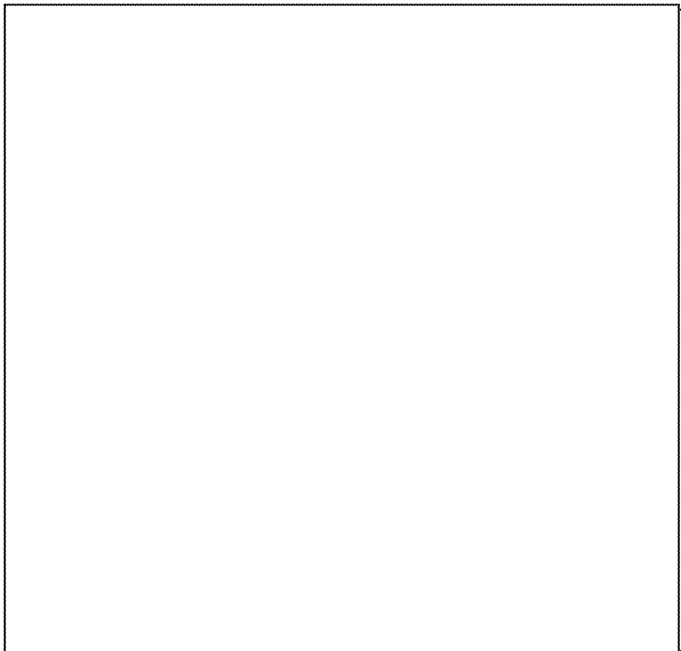


left

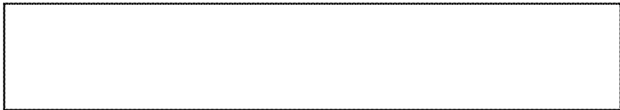
Pre 1963 Requests  
for Personnel Action

left

Post 1966 Requests for  
of Personal Action  
and other memos



~~Sanitized~~  
bio profile and  
Cover Summary



SECRET

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP		DA.	FILE NO.
		19 March 1973	734
X TO: (CP/CCP)	X CHIEF, CONTROL DIVISION, OP	SS NUMBER 269-23-7199	
	CHIEF, CONTRACT PERSONNEL DIVISION, OP	EMPLOYEE NUMBER 055495	
	X CHIEF, OPERATING COMPONENT (For action) VII	ID CARD NUMBER	
ATTN: Chief Support Staff		OFFICIAL COVER	<input checked="" type="checkbox"/> ESTABLISHED
REF: Form 1322 dated 12 Mar 73			<input type="checkbox"/> DISCONTINUED
SUBJECT		UNIT	
[REDACTED]		[REDACTED]	
<b>NOTE: ON TOP OF FILE WHERE COVER IS EFFECT</b>			
<input checked="" type="checkbox"/> ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS		CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS EFFECTIVE DATE:	
<input checked="" type="checkbox"/> BASIC COVER PROVIDED EFFECTIVE DATE EOD		SUBMIT FORM 3254 _____ W-2 TO BE ISSUED. (HNB 20-11)	
<input type="checkbox"/> OPERATIONAL COVER PROVIDED FOR TOY _____ OTHER (Specify)		SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HNB 20-7)	
<input checked="" type="checkbox"/> SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HNB 20-7)		EAA: CATEGORY I   CATEGORY II	
<input checked="" type="checkbox"/> SUBMIT FORM 325 _____ W-2 TO BE ISSUED. (HNB 20-11)		RETURN ALL OFFICIAL DOCUMENTATION TO CCS	
<input checked="" type="checkbox"/> SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (HR 240-20)		SUBMIT FORM 268B FOR _____ HOSPITALIZATION CARD.	
<input checked="" type="checkbox"/> SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (HR 240-20)		DO NOT WRITE IN THIS BLOCK	
<input checked="" type="checkbox"/> EAA: CATEGORY I   CATEGORY II <input checked="" type="checkbox"/>		[REDACTED]	
<input checked="" type="checkbox"/> SUBMIT FORM 268B FOR <u>AGE</u> HOSPITALIZATION CARD			
REMARKS AND/OR COVER HISTORY		[REDACTED]	
MAR 63-JUL 66 [REDACTED]		[REDACTED]	
DISTRIBUTION: COPY 1 - CD OF CP COPY 2 - OPERATING COPY 3 - OS/SRAC COPY 4 - OL/TFB COPY 5 - CCS-FILE		[REDACTED]	

SECRET







SECRET  
(When Filled In)

PERS. SERIAL NO.  
055895

BIOGRAPHIC PROFILE (PART 2)

NAME (Last, First, Middle)

DATE OF BIRTH

1B.



26. SUMMARY OF CAREER PREFERENCE OUTLINE AND/OR FIELD REASSIGNMENT QUESTIONNAIRE

[Redacted content for section 26]

28. IDENTITY OF OTHER DOCUMENTS WHICH SHOULD BE REVIEWED IN DETAIL

SEE COVER HISTORY ATTACHED

29. ADDITIONAL INFORMATION

[Redacted content for section 29]

[Redacted content for section 29]

[Redacted content for section 29]

27. DATE REVIEWED  
20 Jan 1976

28. PROFILE REVIEWED BY  
hmc/cal

SECRET  
CL BY 007622

Date: 1/21/71

MEMORANDUM FOR: \_\_\_\_\_, ROB  
SUBJECT : Request for Estimate of Annuities

1. Please provide estimate of annuities for:

Name:

Grade: GS-16

Component: E

DOB:

SCD: 09 02 46

System: CF-1005

ETR: 11 - 1970 92 2529  
11 - 25 5000

2. Remarks: \_\_\_\_\_

HE SINCE I AM CHANGING WITH IT, COULD NOT FIND  
MARKS FILE

5745

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP		18 OCT 78	734
TO: (Check)	<input checked="" type="checkbox"/> CHIEF, CONTROL DIVISION, OP	AS NUMBER	268-28-0199
	<input type="checkbox"/> CHIEF, CONTRACT PERSONNEL DIVISION, OP	EMPLOYEE NUMBER	055495
	<input checked="" type="checkbox"/> CHIEF, (OPERATING COMPONENT FOR ACTION) ATTN: IG	ID CARD NUMBER	
REF.	FORM 1322 DATED 5 SEP 68	OFFICIAL COVER	ESTABLISHED <input type="checkbox"/> CANCELLED <input checked="" type="checkbox"/> CONTINUED
STATUS	<input checked="" type="checkbox"/> STAFF	<input type="checkbox"/> CONTRACT	
SUBJECT		UNIT	
<b>KEEP ON TOP OF FILE WHILE COVER IN EFFECT</b>			
<input type="checkbox"/> ESTABLISHMENT OF OFFICIAL COVER (BLOCK RECORDS)		<input checked="" type="checkbox"/> CANCELLATION OF OFFICIAL COVER (UNBLOCK RECORDS)	
<input type="checkbox"/> BASIC COVER PROVIDED EFFECTIVE DATE _____		<input checked="" type="checkbox"/> EFFECTIVE DATE: <b>EOD</b>	
<input type="checkbox"/> OPERATIONAL COVER PROVIDED FOR _____ TDY _____ OTHER (Specify)		<input checked="" type="checkbox"/> FORM 3254 <b>CTA</b> W-2 TO BE ISSUED (NHR 20-7)	
SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY _____ (NHR 20-7)		<input checked="" type="checkbox"/> SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY _____ (NHR 20-7)	
FORM 3254 _____ W-2 TO BE ISSUED. (NHR 20-11)		<input checked="" type="checkbox"/> EAA: CATEGORY I <input checked="" type="checkbox"/> CATEGORY II	
SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (HR 240-20)		<input checked="" type="checkbox"/> RETURN ALL OFFICIAL DOCUMENTATION TO CGS	
SUBMIT FORM 1323 FOR TRANSFER OF COVER RESPONSIBILITY. (HR 240-20)		<input checked="" type="checkbox"/> SUBMIT FORM 2688 FOR <b>GEHA</b> HOSPITALIZATION CARD.	
EAA, CATEGORY I _____ CATEGORY II _____		DO NOT WRITE IN THIS BLOCK <b>THIS FILE MUST REMAIN ON TOP OF FILE</b>	
SUBMIT FORM 2688 FOR _____ HOSPITALIZATION CARD			
DISTRIBUTION COPY 1 - PD/TBB OR CPD CONTROL COPY 2 - OPERATING COMPONENT COPY 3 - OS/SND COPY 4 - OC/CO/TFB COPY 8 - CCS-FILE		CHIEF, OFFICIAL COVER BRANCH, CENTRAL COVER STAFF	

FORM 1551 JAN PREVIOUS EDITION 4-77

SECRET WN-SISM

E2, IMPDET CL. SY. 021964

(13-20-43)

*Not in file at time of review  
by HSCA staff*

SECRET

IFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP

DATE: 19 March 1973 FILE NO. 734

CHIEF, CONTROL DIVISION, OP 268-28-0199
CHIEF, CONTRACT PERSONNEL DIVISION, OP 055495
CHIEF, OPERATING COMPONENT (For action) WH

Form with fields: TR: Chief Support Staff, REF: Form 1322 dated 12 Mar 73, SUBJECT, UNIT, OFFICIAL COVER, ESTABLISHED, DISCONTINUED

KEEP ON TOP OF FILE WHILE COVER IN EFFECT

Main body of the form containing checkboxes for 'ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS', 'CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS', 'BASIC COVER PROVIDED', 'OPERATIONAL COVER PROVIDED', 'SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY', 'SUBMIT FORM 3254 State W-2 TO BE ISSUED', 'SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER', 'SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY', 'EAA. CATEGORY I', 'SUBMIT FORM 2688 FOR AGE HOSPITALIZATION CARD', and a 'REMARKS AND/OR COVER HISTORY' table.

Part 1966 Notifications  
of Personnel Action

1 NAME (LAST FIRST MIDDLE)  
 2 METHOD OF PERSONNEL ACTION: REASSIGNMENT  
 3 EFFECTIVE DATE: 11/10/64  
 4 CATEGORY OF EMPLOYMENT: REGULAR  
 5 FUNDS: V TO V, CP TO V, X, CP TO CP  
 6 COST CENTER NO. CHARGEABLE: 104-6000  
 7 FIC OR OTHER LEGAL AUTHORITY: 50 USC 495  
 8 ORGANIZATIONAL DESIGNATION  
 9 LOCATION OF OFFICIAL STATION  
 10 POSITION TITLE  
 11 POSITION NUMBER: 114  
 12 SERVICE DESIGNATION: D  
 13 CLASSIFICATION SCHEDULE (GS, LO, etc.):  
 14 OCCUPATIONAL SERIES: 0136.05  
 15 GRADE AND STEP: GS 2, 14 4  
 16 SALARY OR RATE: 16391, 16675  
 17 REMARKS  
 SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL  
 18 ACTION CODE: 37  
 19 EMPLOY CODE: 10  
 20 OFFICE CODING: NUMERIC 51650, ALPHABETIC WH  
 21 STATION CODE: 52073  
 22 INTEREST CODE: 1  
 23 REGIONS CODE: S  
 24 DATE OF BIRTH  
 25 DATE OF GRADE  
 26 DATE OF LET  
 27 WFO EXPIRES  
 28 SPECIAL REFERENCE  
 29 RETIREMENT DATA  
 30 SEPARATION DATA CODE  
 31 CORRECTION/CANCELEATION DATA  
 32 SECURITY SEQ. NO.  
 33 VET. PREFERENCE  
 34 SERV. COMP. DATE  
 35 LONG COMP. DATE  
 36 CAREER CATEGORY  
 37 FEGLI/HEALTH INSURANCE  
 38 SOCIAL SECURITY NO.  
 39 PREVIOUS GOVERNMENT SERVICE DATA  
 40 LEAVE CAT. CODE  
 41 FEDERAL TAX DATA  
 42 STATE TAX DATA  
 SIGNATURE OR OTHER AUTHENTICATION  
 POSTED  
 68-78667  
 FORM 1159 Use Previous Edition SECRET  
 (When)

*c/wk/2*

*G47*

1 2 3 4

5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150 151 152 153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170 171 172 173 174 175 176 177 178 179 180 181 182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200

21 030 CF

22 03 14 4 216,075 12/00/64 GS 14 5 317,175 12/04/64

NO EXCESS LWOP  
 IN PAY STATUS AT END OF WAITING PERIOD  
 LWOP STATUS AT END OF WAITING PERIOD  
 CLERKS INITIALS AUDITED BY

I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS  
 OF AN ACCEPTABLE LEVEL OF COMPLIANCE

SIGNATURE

PAY CHANGE NOTIFICATION

5010-108

1 SERIAL NUMBER 055495		2 NAME (LAST FIRST MIDDLE)	
3 NATURE OF PERSONNEL ACTION DESIGNATION AS PARTICIPANT IN CIA RETIREMENT AND DISABILITY SYSTEM			
4 EFFECTIVE DATE 07 03 66		5 CATEGORY OF EMPLOYMENT REGULAR	
6 FUNDS V TO V CF TO V X		7 COST CENTER OR CHARGEABLE 7135 (990) (XXX)	
8 ORGANIZATIONAL DESIGNATIONS DDP/WH		9 CSE OR OTHER LEGAL AUTHORITY PL 88-643 SECT. 203	
10 LOCATION OF OFFICIAL STATION		11 POSITION TITLE	
12 POSITION NUMBER		13 SERVICE DESIGNATION D	
14 CLASSIFICATION SCHEDULE (GS, EO, etc.)		15 OCCUPATIONAL SERIES	
16 GRADE AND STEP 14		17 SALARY OR RATE	
18 REMARKS EMPLOYEE WILL RECEIVE NOTIFICATION FROM THE DIRECTOR OF PERSONNEL OF THIS DESIGNATION.			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
19 ACTION CODE	20 EMPLOY CODE	21 OFFICE CODING NUMERIC ALPHABETIC	22 STATION CODE
23 INTEREST CODE	24 HOURS CODE	25 DATE OF BIRTH MO DA YR	26 DATE OF GRADE MO DA YR
27 DATE OF USA MO DA YR	28 NTE EXPIRES MO DA YR	29 SPECIAL REFERENCE	30 RETIREMENT DATA 1 - CDC 2 - FICA 3 - NONE
31 SEPARATION DATA CODE	32 CORRECTION/CANCELLATION DATA TYPE MO DA YR	33 SECURITY REG NO.	34 SER
35 VET. PREFERENCE CODE 0 - NONE 1 - 5 PT. 2 - 10 PT.	36 SERV. COMP. DATE MO DA YR	37 LONG COMP. DATE MO DA YR	38 CAREER CATEGORY CAR REVS PROV TEMP
39 FEGLI / HEALTH INSURANCE CODE 0 - WAIVER 1 - YES	40 SOCIAL SECURITY NO.	41 PREVIOUS GOVERNMENT SERVICE DATA CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YRS.) 3 - BREAK IN SERVICE (MORE THAN 3 YRS.)	42 LEAVE CAT. CODE
43 FEDERAL TAX DATA FORM EXEMPTED CODE 1 - YES 2 - NO	44 STATE TAX DATA FORM EXEMPTED 1 - YES 2 - NO	45 STATE CODE	
SIGNATURE OF OTHER AUTHENTICATOR			
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>POSTED</b>  7-14-66 <i>MS</i> </div>			

FORM 1150  
11-64

Use Previous  
Edition

SECRET

GROUP 1  
EXCLUDED FROM AUTOMATIC  
DOWNGRADING AND  
DECLASSIFICATION

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 89-904  
PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949,  
AS AMENDED, AND A DCI DIRECTIVE DATED 8 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 3 JULY 1966

NAME

SERIAL	ORGN.	FUNDS	GR+STEP	OLD SALARY	NEW SALARY
055495	51	420	CF GS 14 4	\$10,200	\$10,870





IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-797 AND DCI MEMORANDUM DATED 1 AUGUST 1956, SALARY IS ADJUSTED AS FOLLOWS, EFFECTIVE 9 JANUARY 1966.

NAME	SERIAL	ORGN	FUNDS	GR-ST	OLD SALARY	NEW SALARY
[Redacted]	095495	91	700	CF GS 14 3	\$13,695	\$14,915

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-797 AND DCI MEMORANDUM DATED 1 AUGUST 1956, SALARY IS ADJUSTED AS FOLLOWS, EFFECTIVE 14 OCTOBER 1962.

NAME	SERIAL	ORGN	FUNDS	OLD GR-ST	OLD SALARY	NEW GR-ST	NEW SALARY
[Redacted]	095495	26	720	V 14 1	\$12,210	14 1	\$12,445

273-204

1	Serial No.	2	Name	3	Code Control Number	4	LWOP Hours
	095495		[Redacted]		26 720 V		
5	OLD SALARY PAGE			6	NEW SALARY PAGE		
	Grade	Step	Salary	Let Eff Date	Grade	Step	Salary
	GS-14	1	\$12,210	12/10/61	GS-14	2	\$12,445
7	TYPE ACTION						
8	CHECK BY AND AUTHORIZATION <input checked="" type="checkbox"/> NO EXCESS LROP <input checked="" type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input checked="" type="checkbox"/> LROP STATUS AT END OF WAITING PERIOD CLERK'S INITIALS <i>W</i> AUDITED BY						
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.							
SIGNATURE: <i>[Signature]</i> DATE: 8 Nov. 62							
PAY CHANGE NOTIFICATION							



OLD SALARY RATE				NEW SALARY RATE				TYPE ACTION		
Grade	Step	Salary	Low 20 Days	Grade	Step	Salary	Effective Date	PS	IS	ADD
GS 14	2	\$13,270	12/09/62	GS 14	3	\$13,695	12/08/63			

NO EXCESS LVOP  
 IN PAY STATUS AT END OF WAITING PERIOD  
 LVOP STATUS AT END OF WAITING PERIOD  
 CLERKS INITIALS \_\_\_\_\_ AUDITED BY \_\_\_\_\_

I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.

SIGNATURE: \_\_\_\_\_ DATE: 29 October 63

**PAY CHANGE NOTIFICATION**

**SECRET**  
(When Filled In)

ABM: 30 APR 63

NOTIFICATION OF PERSONNEL ACTION									
1. SERIAL NUMBER:		2. NAME (LAST-FIRST-MIDDLE)							
055495									
3. NATURE OF PERSONNEL ACTION:					4. EFFECTIVE DATE:		5. CATEGORY OF EMPLOYMENT		
REASSIGNMENT					04 30 63		REGULAR		
4. FUNDS		6. TO OF		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY			
▶		X		3135 5700 1000		50 USC 403 J			
9. ORGANIZATIONAL DESIGNATION:					10. LOCATION OF OFFICIAL STATION:				
DDP WH BRANCH 3 MEXICO CITY, MEXICO STATION					MEXICO CITY, MEXICO				
11. POSITION TITLE			12. POSITION NUMBER		13. SERVICE DESIGNATION				
			0340		D				
14. CLASSIFICATION SCHEDULE (FC, FS, GS)			15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE		
FSR GS			0136.01		04 0 14 2		1:1880 13270		
18. REMARKS MEXICO CITY, MEXICO									
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL									
19. ACTION CODE	20. EMPLOY CODE	21. GRADE CODE	22. STATION CODE	23. CATEGORY CODE	24. YEARS	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI	
37-	10	64703 WH	45075	1	3	06 19 25			
28. DATE EXPIRES	29. SPECIAL REFERENCE	30. ASSIGNMENT DATA	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA	33. SECURITY RFD NO	34. SEX	EOD DATA		
35. VET PREFERENCE	36. SERV COMP DATE	37. LEAVE COMP DATE	38. CAREER CATEGORY	39. FEELI/HEALTH INSURANCE	40. SOCIAL SECURITY NO				
41. PREVIOUS GOVERNMENT SERVICE DATA	42. LEAVE LTD CODE	43. FEDERAL TAX DATA	44. STATE TAX DATA						
SIGNATURE OR OTHER AUTHENTICATION									
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RZR: 29 MAR 63

SECRET  
(When Filled In)

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FORM 1150  
11-62Use Previous  
Edition29 MAR  
1963

SECRET

GROUP 1  
EXCLUDED FROM AUTOMATIC  
DOWNGRADING AND  
DECLASSIFICATION

(4-91)

(When Filled In)

BAB: 15 FEB 63

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)									
055495											
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
REASSIGNMENT AND TRANSFER TO CONFIDENTIAL FUNDS						NO. DA. YR. 02   17   63		REGULAR			
6. FUNDS		V TO - V		V TO CF		7. COST-CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY			
CF TO V		CF TO CF		3135 5700 1000		50 USC 403 J					
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION					
DDP * WH BRANCH 3 MEXICO CITY, MEXICO STATION						MEXICO CITY, MEXICO					
11. POSITION TITLE						12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION			
OPS OFFICER						0418		D			
14. CLASSIFICATION SCHEDULE (GS, LO, etc.)			15. OCCUPATIONAL SERIES			16. GRADE AND STEP		17. SALARY OR RATE			
GS			0136.01			14 2		13270			
18. REMARKS											
SUBJECT TO APPROVED MEDICAL CLEARANCE PRIOR TO BEING SENT OVERSEAS.											
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. Bldg/Flr Code	25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LBL
20	10	NUMERIC 64700	ALPHABETIC WH	45075		3	NO. DA. YR.	NO. DA. YR.	NO. DA. YR.		
28. RTE EXPIRES		29. SPECIAL REFERENCE	30. RETIREMENT DATA		31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA		33. SECURITY REG NO.		34. SEN.	
NO. DA. YR.		80	1 - CSC 2 - FICA 3 - NONE			NO. DA. YR.		EOD DATA			
35. VET. PREFERENCE		36. SERV COM. DATE		37. LONG COM. 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	NO DA YR	CAR DESV PROJ TEMP	CODE	CODE 0 - WAIVED 1 - YES	HEALTH INS CODE			
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT CODE	43. FEDERAL TAX DATA		44. STATE TAX DATA				
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SIGNATURE OR OTHER AUTHENTICATION											
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FORM 1150 4-62

Use Previous Edition

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21 FEB 1963

SECRET

USE PREVIOUS EDITION  
FORM 1150  
DEC 62 - 10 63

14-011

(When Filled In)

LLG: 4 JAN. 63

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)									
055495											
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT					
REASSIGNMENT				01   04   63		REGULAR					
6. FUNDS		7. COST CENTER NO. CHARGABLE		8. CAC OR OTHER LEGAL AUTHORITY							
X		3232 1000 1000		50 USC 403 J							
9. ORGANIZATIONAL DESCRIPTIONS				10. LOCATION OF OFFICIAL STATION							
				WASH., D.C.							
11. POSITION TITLE				12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION					
OPS OFFICER				0678		0					
14. CLASSIFICATION SCHEDULE (GS, LN, etc.)			15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE				
GS			0136.01		14 2		13270				
18. REMARKS											
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37	10	61300 TFW		75013			MO DA YR	MO DA YR	MO DA YR		
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								EOD DATA			
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FORM 1150 6-62

Use Previous Edition

4 JAN 1963

SECRET

FORM 1150-1 (When Filled In)

(When Filled In)

Pte 1963 Notification  
of Personnel Action



Post 1966  
Fetters Rpt

**SECRET**  
(When Filled In)

FITNESS REPORT			EMPLOYEE SERIAL NUMBER	
			055495	
<b>SECTION A GENERAL</b>				
1. NAME (Last) (First) (Middle)		3. DATE OF BIRTH	4. GRADE	5. SSN
			GS-14	D
6. OFFICIAL POSITION TITLE		7. OFF/DIV/BR OF ASSIGNMENT	8. CURRENT STATION	
Ops Officer		DDP/WI/1	Mexico City <i>WIKL/SIT</i>	
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT	
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C) <input type="checkbox"/> SPECIAL (Specify)			<input checked="" type="checkbox"/> INITIAL <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input type="checkbox"/> REASSIGNMENT EMPLOYEE <input type="checkbox"/> SPECIAL (Specify)	
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to)	
31 May 1965			1 June 64 - 31 March 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	Agent handling and exploitation. The management, direction and training of existing agent assets. Attention to full operational exploitation of such assets.			RATING LETTER
	<i>DFER</i>			O
SPECIFIC DUTY NO. 2	Development and handling of new operations; target studies, spotting, assessment and recruitment of new agent assets and potentials.			RATING LETTER
	<i>DE 14/15</i>			S
SPECIFIC DUTY NO. 3	Operational management and administration. Maintenance of project records, preparation of contact reports, memoranda, dispatches and cables as required.			RATING LETTER
	<i>DA 12</i>			O
SPECIFIC DUTY NO. 4	General operational support. Liaison with PBSWING, servicing of third country requirements, management of safe houses, etc.			RATING LETTER
	<i>DP 12</i>			P
SPECIFIC DUTY NO. 5	Intelligence reporting.			RATING LETTER
	<i>DP 41</i>			O
SPECIFIC DUTY NO. 6	Supervision of personnel.			RATING LETTER
	<i>DP 51</i>			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
<i>16 JUN 1965</i>				O

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.

JUN 16 11 15 AM '65

During the past year, this officer has continued to demonstrate his dedication and highly developed professional skills.

Subject has been called upon to meet a variety of requirements. The spectrum of his activity has been so broad that it has run from the exploitation of his manual dexterity (in installing technical devices) to the most sophisticated and demanding agent handling. Throughout the year, Subject has demonstrated his awareness of the value of KUBARK funds, which he spends as needed but always conscientiously. His reporting on his activities has been especially commendable, and his mastery of tradecraft has been continually in evidence.

Subject has now become Chief of PBRUMEN operations for Station Mexico. This slot was formerly held by a GS-15 officer. It is requested that Subject be promoted to the grade of GS-15, not only because of his present assignment, but in recognition of his fine past performance.

SECTION D

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE	SIGNATURE OF EMPLOYEE	
3 June 65	/s/	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
3 June 65	Operations Officer	/s/
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
Para 2 of covering dispatch UBT 5493 in its entirety:		
"COS is in complete agreement with this excellent report of [ ] and recommends that [ ] be promoted to GS-15.		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
3 June 65	COS	/s/

SECRET

*No 1207*

6 September 1966

SUBJECT: Memorandum in Lieu of Final Fitness Report on [redacted]

1. [redacted] is under (PCS) transfer to the position of COS, [redacted] and is scheduled to depart Mexico City on or about 17 September 1966.

2. This memorandum is to report that [redacted] has continued to perform duties assigned to him at the Mexico City Station in the same exceptional manner reported in HMMT-6516 in which he was rated as outstanding for the year April 1965-April 1966. His duties have been the same as reported in HMMT-6516 and a detailed report on his performance would be a repetition of his previous report.

3. It is again recommended that [redacted] be promoted to GS-15 in view of his performance and qualifications.

RATING OFFICER: [redacted] (6 September 1966) /s/ [redacted]

EMPLOYEE: [redacted] (6 September 1966) /s/ [redacted]

Employee Number: 055495

*WY*

**SECRET**  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER		
				055495		
<b>SECTION A GENERAL</b>						
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD
				M	GS-14	D
6. OFFICIAL POSITION TITLE			7. ASSIGNMENT		8. CURRENT STATION	
Ops Officer			DDP/WH/1		Mexico City 1203/10	
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT			
CAREER	RESERVE	TEMPORARY	INITIAL	REASSIGNMENT SUPERVISOR		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
CAREER-PROVISIONAL (See Instructions - Section C)			ANNUAL	REASSIGNMENT EMPLOYEE		
<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
SPECIAL (Specify):			SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to)			
31 May 1966			1 April 1965 - 30 April 1966			
<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 Manage Station PBRUMEN Operations Section. Supervise 3 other staff personnel (incl one GS-14) inside and one (GS-16) staff agent and contract personnel outside. Assign work responsibilities, provide operational guidances, review intelligence production and reporting, evaluate performances, etc.						RATING LETTER
						S
SPECIFIC DUTY NO. 2 Agent handling and exploitation. Manage agents and other operational assets working against the PBRUMEN target with particular attention to full exploitation of such assets.						RATING LETTER
						O
SPECIFIC DUTY NO. 3 Planning and implementation of new operations, including technical operations, against the PBRUMEN target. Spotting, assessment, development, recruiting, training, and handling new agent assets.						RATING LETTER
						S
SPECIFIC DUTY NO. 4 Operational management and administration. Preparation of FIR's, dispatches (including operational progress reports), cables, memoranda, contact reports, file reviews, etc., as required.						RATING LETTER
						O
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
25 MAY 1966						O

SECRET

(When Filled In)

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance or recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.</p>			
<p>This officer possesses highly developed professional skills. He is dedicated; his work is always well done and his reports are well written.</p>			
<p>Subject has repeatedly demonstrated that he is aware of the value of government funds which he spends as necessary but always conscientiously.</p>			
<p>This officer is articulate in speech and in his writing. He has excellent Spanish, an essential in the position he has occupied.</p>			
<p>This officer is an asset to KUBARK and his family are excellent representatives abroad.</p>			
<p>Subject could assume command of a station and he would make an excellent Chief of Station in the opinion of the rating officer.</p>			
<p>It is again recommended that this officer be promoted to GS-15.</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		
21 April 1966	/s/ [redacted]		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
21 April 1966	Chief of Station	/s/ [redacted]	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
I concur generally with the assessment made of [redacted] and agree that [redacted] has turned in a highly commendable job and is an excellent operations officer. From here and not having the advantage of on-scene observation I would have rated [redacted] with straight 'S' and overall rating of 'Strong' as compared to 'Outstanding.' Nevertheless, I strongly endorse the COS' recommendation for promotion for Shaw.			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
10 MAR 1966	C/WR/1	[redacted]	

SECRET

SECRET

Section C (Continued)

Overall, this officer is still turning in a performance of high quality under difficult conditions and is a distinct asset to the Station.

SECRET

SECRET  
(When Filled In)

EV'S ONLY

FITNESS REPORT				EMPLOYEE SERIAL NUMBER			
				055495			
<b>SECTION A GENERAL</b>							
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD	
				M	GS-14	D	
6. OFFICIAL POSITION TITLE				7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION	
Instructor, Operations				CTR			
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 checked="" type="checkbox"/> JOX <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)			
				21 July 1962 - 25 January 1963			
<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 abilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
SPECIFIC DUTY NO. 1						RATING LETTER	
Supervises a group of instructors as departmental chairman in the Operations Branch						B	
SPECIFIC DUTY NO. 2						RATING LETTER	
Instructs clandestine operations by lecture, seminar and practical exercises.						P	
SPECIFIC DUTY NO. 3						RATING LETTER	
Instructs by role-playing as agent or operations officer opposite student case officers						B	
SPECIFIC DUTY NO. 4						RATING LETTER	
Counsels and guides students individually.						B	
SPECIFIC DUTY NO. 5						RATING LETTER	
Participates in course planning and contributes to course substance.						B	
SPECIFIC DUTY NO. 6						RATING LETTER	
Prepares instructional presentations and materials for use in clandestine operations courses.						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	
						B	



SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

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

[ ] did an excellent job of course planning and personal supervision as a supervisor of instruction in the field of operational tradecraft. He is a first-rate spark plug and idea man, with good talent as a speaker, teacher and student counselor. His field experience, enthusiasm and loyalty have made him a particularly valuable member of the Operations Branch Staff

In addition to his duties in the Operations Branch, [ ] also participated in the training of infiltration teams for Task Force W, using the Spanish language.

SECTION D

CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

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

DATE

30 January 1963

SIGNATURE OF

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

6

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

DATE

28 January 1963

OFFICIAL TITLE OF SUPERVISOR

Chief, Operations Branch

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

In general I agree with [ ] evaluation of [ ] performance. I would have given him a higher rating, however, on Specific Duty No. 2, which covers his over-all performance as an instructor. I think that [ ] has been one of our best seminar leaders and lecturers. I would, therefore, rate him as "Strong."

DATE

31 January 1963

OFFICIAL TITLE OF REVIEWING OFFICIAL

Deputy for Training, [ ]

TYPE

SECRET

Pre 1963 Fitness Rpts

Post 1966 Training  
of insurance loss.



DEPARTMENT OF STATE  
FOREIGN SERVICE INSTITUTE  
WASHINGTON

June 28, 1966

[Redacted]

Friday we received your grade from the United States Department of Agriculture Graduate School in Modern Supervisory Practice.

✓ We wish to congratulate you on making an A+ in the course. To my knowledge, this is the first A+ received in any correspondence study course to be taken by Department personnel.

We trust that the course will be useful to you--and again congratulations.

Sincerely,

*Evert T. Little*

Evert T. Little  
Chief

Extension Training Division

[Redacted]

[Redacted]

**SECRET**  
(When Filled In)

**VERIFIED RECORD OF OVERSEAS SERVICE**

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

EMPLOYEE SERIAL NO.	NAME OF EMPLOYEE			OFFICE/COMPONENT
	LAST	FIRST	MIDDLE	
1-6 <b>055495</b>	(Print)	7-26		25-26 <b>51</b>

**INSTRUCTIONS**

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

**PCS DATES OF SERVICE**

TYPE OF DATA	CODE	ARRIVAL			DEPARTURE			COUNTRY	OMIT
		MONTH	DAY	YEAR	MONTH	DAY	YEAR		
1 - PCS (Basic)	27	28-29	30-31	32-33	34-35	36-37	38-39	40-42	
3 - CORRECTION									
5 - CANCELLATION	1	07	20	66				520	

**TDY DATES OF SERVICE**

TYPE OF DATA	CODE	DEPARTURE			RETURN			AREAS	OMIT
		MONTH	DAY	YEAR	MONTH	DAY	YEAR		
2 - TDY (Basic)	27	28-29	30-31	32-33	34-35	36-37	38-39	40-42	
4 - CORRECTION									
6 - CANCELLATION									

**SOURCE OF RECORD DOCUMENT**

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

DOCUMENT IDENTIFICATION NO. <b>1N 94956</b>	DOCUMENT DATE/PERIOD <b>9/20/66</b>
--	--

REMARKS

PREPARED BY	<input checked="" type="checkbox"/> REPORT ANNOTATED ON SOURCE DOCUMENT	ABOVE DATA VERIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
C & L DIVISION	DATE <b>9/22/66</b>	SIGNATURE
<input checked="" type="checkbox"/> C & T DIVISION		

FORM 1451a USE PREVIOUS EDITIONS.  
10-66

**SECRET**

(4-10)



U. S. DEPARTMENT OF AGRICULTURE  
GRADUATE SCHOOL  
WASHINGTON, D. C. 20250

*Information Record*

To whom it may concern: **c/o American Embassy  
Mexico City, Mexico**

has taken the following courses in the Graduate School and has received the grades shown.

This is an information record and not an official transcript. The student was admitted on the basis of his own statement of previous education and experience, subject to the approval of the instructor.

For certification of academic credit, an official transcript should be requested. Students desiring academic credit must meet qualifications for admission to any standard college on the level of the courses for which they are registering.

COURSE NO.	COURSE TITLE	SEMESTER	GRADE	NO. CREDITS
205 c	Modern Supervisory Practice	6/7/66	A+	2

Correspondence Program

A — 90-100 EXCELLENT  
B — 80-89 GOOD  
C — 70-79 FAIR  
D — 60-69 PASSABLE  
F — BELOW 60 FAILURE  
7 — AUDITOR  
8 — INCOMPLETE  
9 — WITHDRAWN

*Helen Kempfer*

Helen Kempfer, Head  
Correspondence Program

AMERICAN EMBASSY  
MEXICO, D. F.

June 3, 1965

EMBASSY MEMORANDUM

TO : All FBOs, FSSs and FSRs in Mexico City

FROM : Ralph Scarritt, <sup>Personnel</sup> Administrative Officer

SUBJECT: FOREIGN SERVICE INSTITUTE: Correspondence Course in Modern Supervisory Practice, Number 205C

REF. : CA-12771 dated May 28, 1965

Following is the text of the referenced communication:

The Extension Training Division of the Foreign Service Institute is offering for the first time a correspondence course MODERN SUPERVISORY PRACTICE.

The course is recommended for supervisors at all levels. It has been developed by W. R. Van Dersal, N.A. Erg and J. B. Rogers of the United States Department of Agriculture Graduate School. Dr. Van Dersal is a regular lecturer and discussion leader for management classes at the Foreign Service Institute and is highly recommended by FSI as a valued contributor to their programs and ... id.

The authors have conducted supervisory training all over the United States for thousands of employees. They are experienced with the Correspondence method.

The average student will devote a total of 160 hours to the course, which consists of 16 units and for which 2 credits are given. The course should be completed within twelve months of receipt of the first lesson.

The following is quoted from the course brochure, giving brief contents of each unit:

1. WORKING WITH PEOPLE. Basic Principles.
2. ORGANIZATION. The organization chart. Supervisory ratios. Span of control. Line and staff. Handling rapid expansion. Basic principles. How to judge a good organization.
3. COMMUNICATIONS I. Conferences: Planning and uses. Effective use of speech and discussion. Making one's own talk more persuasive. Problem solving. Efficient listening.

4. COMMUNICATIONS



4. COMMUNICATIONS 2. Formal and informal communication channels. The grapevine. How to read better and faster. How to write more effectively. Testing your own writing.
5. MOTIVATION. Basic principles. Drives, motives, and incentives. Selecting responses to reinforce. The pattern of successful motivation. Testing effectiveness of programs.
6. SUPERVISION--BASIC PRINCIPLES FOR LINE OPERATORS AND MANAGERS. Inducting new employees. Seven principles of supervision. The Scanlon Plan. Using authority constructively. Praise versus punishment.
7. GENERAL PRINCIPLES FOR STAFF OPERATORS. Staff functions. Line-staff relationships. Gaining acceptance. Getting the most value from staff officers. Effective consulting.
8. SUPERVISORY TECHNIQUES. Handling problem employees. What to do when personal problems affect work.
9. TRAINING. Training responsibilities of supervisors. How to plan training programs. Training new employees. The supervisor's own career development program. Handling training during rapid expansion. Justifying training time.
10. PARTICIPATION. When and how to use participation in planning and decision making. Setting guideposts and limits.
11. THE DECISION MAKING PROCESS. Eight steps to better decisions. Decisions making as a learned skill. How to train yourself to make better decisions.
12. WORKLOAD AND ITS RELATION TO STAFFING. Workload analyses. Work plans. Short and long term schedules. Work-improvement studies. Staffing patterns and workload.
13. PLANNING, SCHEDULING, ORGANIZING. Basic principles. Steps in planning. Making and using schedules. Evaluation for better time-use.
14. QUALITY AND QUANTITY CONTROL--INCLUDING INSPECTIONS. Purpose and importance. Theories. How standards control function. Constructive inspection.
15. BOOK REVIEW AND ANALYSIS. To help student integrate thinking and develop an independent approach.

16. SOLVING

16. SOLVING PROBLEM CASES. Student pulls together all he has learned in the course and uses it in solving a job problem.

The course will be offered on a first come, first served basis. It is hoped that a number of applications will be received in time for enrollment during June.

Students who fail, receive an incomplete, or withdraw from this course for other than officially approved reasons will be expected to reimburse FSI for the course cost of \$58.00. If a student fails to complete the course for official reasons, no record is sent to his Personnel File. If he fails to complete the course for other than official and approved reasons and reimburses FSI for the costs of his course, no record is sent to his Personnel File. However a record of "incomplete" or "failure" is sent to his file if he drops or fails the course for reasons not approved and fails to reimburse FSI. This record is then taken into consideration if training is requested at a later date.

All interested officers are requested to submit their applications to the Department on form DG-1131 Field Training Application in accordance with the instructions set forth in 2 FAM 551, 552.

Further information on the course may be obtained by writing to the Extension Training Division, Foreign Service Institute, Department of State, Washington, D. C. 20520.

NOTE: Application forms may be obtained in the Personnel Office.



AMERICAN EMBASSY  
MEXICO, D. F.

June 3, 1965

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Further information on the course may be obtained by writing to the Extension Training Division, Foreign Service Institute, Department of State, Washington, D. C. 20520.

NOTE: Application forms may be obtained in the Personnel Office.

SECRET

FIELD REASSIGNMENT QUESTIONNAIRE			
DO NOT COMPLETE FOR HEADQUARTERS USE ONLY			
AUTHENTICATION OF SIGNATURES AND VERIFICATION OF ITEMS 1 THROUGH 7, BELOW:			
NAME OF EMPLOYEE (true)	DATE (from item 5.1)	NAME OF SUPERVISOR (true)	DATE (from item 5.2)
	14 Aug 1964		14 Aug 1964
NAME AND SIGNATURE OF OFFICIAL AT HEADQUARTERS AUTHORIZED TO AUTHENTICATE SIGNATURES AND VERIFY DATA IN ITEMS NOS. 1 THROUGH 7, BELOW:			DATE
			2 Sept 1964
TO BE COMPLETED BY EMPLOYEE			
1. DATE OF BIRTH	2. GRADE	3. CURRENT POSITION TITLE AND GRADE	7A. DATE OF PCS ARRIVAL IN FIELD ON THIS TOUR
	GS-14	Operations Officer GS-14	24 April 1963
4. SERVICE DESIGNATION (if known)	5. CURRENT STATION OR FIELD BASE		7B. EXPECTED DATE OF DEPARTURE FROM FIELD
D	Mexico City		On leave - Summer 65
6. OTHER DUTY STATIONS OR FIELD BASES DURING CURRENT TOUR			7C. EXPECTED DATE OF ARRIVAL AT HEADQUARTERS PCS
None			
8. WRITE A DESCRIPTION OF YOUR MAJOR DUTIES DURING THE CURRENT TOUR OF DUTY (see special note on Transmittal Form):			
<p>Conduct of operations aimed at the PERUMEN target. Acquisition and management of agents; operational and intelligence reporting.</p>			
9. PREFERENCE FOR NEXT ASSIGNMENT:			
A. WRITE A BRIEF DESCRIPTION OF THE TYPE OF WORK YOU WOULD PREFER FOR YOUR NEXT ASSIGNMENT IF IT DIFFERS FROM THAT INDICATED IN ITEM NO. 3, ABOVE. IF YOU HAVE MORE THAN ONE PREFERENCE, INDICATE YOUR CHOICES.			
<p>If my request for reassignment to current Station (first preference) is approved, I would expect to continue to operate primarily against the PERUMEN target in view of the priority assigned to that effort in the current RMD for Mexico. I would like to have an opportunity to do some work in other lines, however, especially in host government penetration and possibly in Soviet/Satellite penetration. If I am to be assigned elsewhere, I would prefer not to work on PERUMEN operations to the exclusion of other operations. I would prefer to retain [ ] which I have been using since 1948.</p> <p>If transferred elsewhere, would prefer assignment as Chief of a field installation - have twice been COB in WHD.</p> <p>I do not wish a HQS assignment at this time. I have already had three HQS tours.</p>			
B. INDICATE WHAT TRAINING YOU BELIEVE YOU SHOULD HAVE IN ORDER TO INCREASE YOUR VALUE TO THE ORGANIZATION (refer to catalog of courses, if available):			
<p>In 1963 I completed a four-year stint as an instructor [ ] - do not believe further training is in order at this time.</p>			





**SECRET**  
(When Filled In)

**VERIFIED RECORD OF OVERSEAS SERVICE**

**TO:**  
Office of Personnel, Statistical Reporting Branch, ROOM 192 Curie Hall

EMPLOYEE SERIAL NO. 1-6	NAME OF EMPLOYEE			OFFICE/COMPONENT 28-26
	LAST	FIRST	MIDDLE	
55495	(Print)	7-28		51

**INSTRUCTIONS**

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

**PCS DATES OF SERVICE**

TYPE OF DATA	CODE	ARRIVAL			DEPARTURE			COUNTRY	CWIT
		MONTH	DAY	YEAR	MONTH	DAY	YEAR		
1 - PCS (Basic)	27	28-29	30-31	32-33	34-35	36-37	38-39	MEXICO	60-62
2 - CORRECTION									
3 - CANCELLATION	1	04	23	63					450

**TDY DATES OF SERVICE**

TYPE OF DATA	CODE	DEPARTURE			RETURN			AREA(S)	CWIT
		MONTH	DAY	YEAR	MONTH	DAY	YEAR		
2 - TDY (Basic)	27	28-29	30-31	32-33	34-35	36-37	38-39		45-62
4 - CORRECTION									
5 - CANCELLATION									

**SOURCE OF RECORD DOCUMENT**

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

DOCUMENT IDENTIFICATION NO. HARR - 3681	DOCUMENT DATE/PERIOD 4/25/63
--	---------------------------------

REMARKS

PREPARED BY [Signature]	REPORT APPROVED BY SOURCE DOCUMENT DATE 5/11/63	ADDC DATA VERIFIED CORRECT BASED UPON SOURCE DOCUMENT CITED SIGNATURE [Signature]
----------------------------	--	---

SECRET

VERIFIED RECORD OF OVERSEAS SERVICE

35:233 JAN 25 63

TO:

Office of Personnel, Statistical Reporting Branch, ROOM 192 Curie Hall

EMPLOYEE SERIAL NO. 1-9	NAME OF EMPLOYEE			OFFICE/COMPONENT
	LAST (Print)	FIRST	MIDDLE	
55495		G. B.		24.28 51

INSTRUCTIONS

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

PCS DATES OF SERVICE

TYPE OF DATA	CODE	ARRIVAL			DEPARTURE			COUNTRY	OMIT
		MONTH	DAY	YEAR	MONTH	DAY	YEAR		
1 - PCS (Basic)	26	27-28	28-30	31-30	33-34	35-36	37-38		39-41
3 - CORRECTION									
5 - CANCELLATION									

TDY DATES OF SERVICE

TYPE OF DATA	CODE	DEPARTURE			RETURN			AREA(S)	OMIT
		MONTH	DAY	YEAR	MONTH	DAY	YEAR		
2 - TDY (Basic)	26	27-28	29-30	31-32	33-34	35-36	37-38		39-41
4 - CORRECTION	2	11-09	62	12-19	62			60 #	811
6 - CANCELLATION									

SOURCE OF RECORD DOCUMENT

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

DOCUMENT IDENTIFICATION NO.	DOCUMENT DATE/PERIOD
-----------------------------	----------------------

REMARKS

PREPARED BY	<input checked="" type="checkbox"/> REPORT ASSOCIATED OR SOURCE FURNISHED	<input type="checkbox"/> ABOVE DATA VERIFIED CORRECTLY. SOURCE WITH SOURCE DOCUMENT CITED
FISCAL DIVISION	DATE	SIGNATURE
FINANCE DIVISION		<i>Wm. O. [Signature]</i>

1451a

SECRET

14-101

CONFIDENTIAL  
(when filled in)

**I M P O R T A N T**

Central Processing Branch has been charged with responsibility (OPM 20-6-1 dated 12 October 1961) for ensuring that all employees processing PCS to the field have reviewed the field version of the Employee Conduct Handbook. You will not be checked out for your proposed travel until you sign the following statement and return it to CPB. Your Personnel Officer can provide you with a copy of the handbook.

-----

**M E M O R A N D U M   O F   U N D E R S T A N D I N G**

I hereby acknowledge that I have read and understand the contents of Field Handbook 20-4, Employee Conduct, dated 30 July 1962.

14 February 1963  
Date

TR

CONFIDENTIAL

Complete in duplicate. The data recorded on this form is essential in determining travel expenses allowable in connection with leave of 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	SOCIAL SECURITY NUMBER
------------------	------------------------

1. RESIDENCE DATA

PLACE OF RESIDENCE WHEN INITIALLY APPOINTED FT. THOMAS, KENTUCKY	LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. (If appointed abroad)
PLACE IN CONTINENTAL U.S. DESIGNATED AS PERMANENT RESIDENCE <del>FALLS CHURCH, VA.</del> TUCSON, ARIZONA	HOME LEAVE RESIDENCE FALLS CHURCH, VIRGINIA

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: TUCSON, ARIZONA

IF DIVORCED, PLACE OF DIVORCE DECREE:

IF WIDOWED, PLACE SPOUSE DIED:

IF PREVIOUSLY MARRIED, INDICATE NAME(S) OF SPOUSE, REASON(S) FOR TERMINATION, AND DATE(S):

3. MEMBERS OF FAMILY

NAME	ADDRESS	SEX	DATE OF BIRTH
BARBARA	SAME	F	27 JUL
RICHARD		M	10 SEP
THOMAS		M	10 SEP

NAME OF MEMBER	ADDRESS	TELEPHONE NO.
	SAME	

WHAT MEMBER(S) OF YOUR FAMILY IF ANY, HAS BEEN TOLD OF YOUR AFFILIATION WITH THE ORGANIZATION IF CONTACT IS REQUIRED IN AN EMERGENCY. FATHER

4. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

BUSINESS ADDRESS (No., Street, City, Zone, State) AND NAME OF EMPLOYER, IF APPLICABLE	BUSINESS TELEPHONE & EXTENSION
RETIRED	

IS THE INDIVIDUAL NAMED ABOVE WITHING OF YOUR AGENCY AFFILIATION? (If "No" give name and address of organization he believes you work for.)	YES	<input checked="" type="checkbox"/>
	NO	<input 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	<input checked="" type="checkbox"/>
	NO	<input type="checkbox"/>
DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE? (If answer is "No" explain why in item 5.)	YES	<input checked="" type="checkbox"/>
	NO	<input type="checkbox"/>

The persons named in item 3 above may also be notified in case of emergency. If such notification is not desirable because of health or other reasons, please so state in item 6 on the reverse side of this form.

CONTINUED ON REVERSE SIDE

CURRENT RESIDENCE AND DEPENDENCY REPORT

CONFIDENTIAL  
(When Filled In)

3. 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 THE BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS AND THE NAMES IN WHICH THE ACCOUNTS ARE CARRIED.

HAVE YOU COMPLETED A LAST WILL AND TESTAMENT?  YES  NO. (If "Yes" where is document located?)

**AMONG PERSONAL EFFECTS**

HAVE YOU PREPLANNED OR ARRANGED GUARDIANSHIP OF YOUR CHILDREN IN CASE OF COMMON DISASTER TO BOTH PARENTS?  YES  NO. (If "Yes" give name(s) and address)

HAVE YOU EXECUTED A POWER OF ATTORNEY?  YES  NO. (If "Yes", who possess the power of attorney?)

4. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS

SIGNED AT: NPS. DATE: 14 Feb 1963

CONFIDENTIAL

SECRET

ASD

Supplement to Staff Employee Personnel

Action

Effective 27 March 1961

The purpose of this memorandum is to call your attention to existing policies which are particularly material to you while you are  and to set forth certain rights and obligations which are incident to your status as an appointed employee. It is hereby agreed and understood that:

1. As an employee of this organization, at the present grade and salary of GS-14 \$13,270. per annum, you will accept  employment with another instrumentality of the Government (hereinafter referred to as ) effective as of 27 March 1961. You will, insofar as consistent with your basic responsibility to this organization, abide by all the rules, regulations, practices and policies of your  in order to appear as a conventional member of that establishment. Your appointment to your  is being effected at  and salary of \$11,800. per annum. You are prohibited, except as specifically authorized herein, from retaining emoluments paid

2. It is understood and agreed that the minimum period of your overseas tour of duty is governed by and coincident with the prescribed tour of duty of your  organization. Currently, your prescribed tour consists of a period of Two Years from the date of your arrival at your overseas post of duty. Your assignment may be terminated earlier for the convenience of this organization and the length of your tour of duty, as conveniently specified, may be unilaterally changed by this organization in order to conform with subsequent changes in the prescribed tour of your . If you request termination of your overseas assignment solely for your own convenience, unless it is for circumstances that are considered by this organization to be beyond your control or if you are terminated for cause under the regulations of this organization before you have completed the minimum period of service prescribed above from the date of arrival at your overseas post of duty, you will not be entitled to return travel or transportation for yourself or your dependents to the United States at Government expense. If you request termination of your overseas assignment solely for your own convenience, unless it is for circumstances that are considered by this organization to be beyond your control or if you are terminated for cause under the regulations of this organization before you have completed one (1) year of service from the date of your arrival at your overseas post of duty, you will be required to reimburse the Government for all of its expenses for your travel and transportation, and that of your dependents, from the continental United States to such overseas post of duty.

SECRET

3. Travel to your post of duty overseas and your return travel to the United States, as well as travel performed overseas which is consistent with your cover designation, will normally be at the direction of your cover facility. Such travel will be accomplished in conformance with applicable regulations of your [redacted] except when you are directed for operational reasons to perform travel in accordance with the regulations of this organization.

4. Salary and (except as provided in paragraph three (3) above) allowances paid by your [redacted] shall be retained by you to the extent that they are less than or equal to the salary and allowance payments due on the basis of your grade level with this organization. If such cover payments are less than the amount due, the difference will be credited to your payroll account with this organization. If such [redacted] payments exceed the amount due, the overage will be remitted to this organization at designated intervals, presently NA. Computations hereunder will be made on the basis of the aggregate gross due and received provided, however, that in computing remittances for overage Federal and, if applicable, District of Columbia income taxes withheld by [redacted] against the overage may be deducted. To assure timely accuracy in your payroll account with this organization you are expected to immediately report [redacted] payroll changes.

5. Your status as an employee of this organization will continue in full force and effect during your period of duty with your [redacted] and you will continue to be entitled to all rights, benefits and emoluments of such status. Certain variations in procedure will be required, however, to preserve the security of your [redacted]

a. Upon [redacted] into your [redacted] you will continue to be covered by the provisions of the Civil Service Retirement Act, as amended, and at your personal expense you will be subject to payroll deductions for retirement purposes (now six and one-half per cent) on the basis of your cover salary or your salary from this organization, whichever is the greater.

b. If you receive taxable income from both your [redacted] and this organization, necessary adjustments for Federal, and if applicable, District of Columbia income tax purposes will be made in conformance with instructions received from this organization.

c. Consistent with [redacted] you will continue to be responsible for compliance with the rules and regulations of this organization.

d. You are not assured upon the completion of your period of duty with your [redacted] of any status with your cover based on your services performed with that organization at the request of this organization.

SECRET

5. All annual and sick leave which is accrued to your credit at the time of [ ] will be transferred to your [ ]. While [ ] you will be permitted annual leave, sick leave, home leave, and leave without pay in accordance with the regulations of your [ ] in lieu of the leave benefits of this organization. Upon completion of your [ ] your accrued annual and sick leave will be transferred to your credit with this organization. If security conditions require that your [ ] make a lump-sum payment for accrued annual leave, you will be required to pay the gross amount thereof to this organization including any income taxes withheld by your [ ].

6. You will be required to keep forever secret this agreement and all other information which you may obtain by reason hereof, unless you are released in writing by this organization from this obligation. Violation of such secrecy may subject you to criminal prosecution under the Espionage Laws, dated 25 June 1948, as amended, and other applicable laws and regulations. The termination of your employment with this organization will not release you from the obligation of any security oath you may be required to take.

UNITED STATES GOVERNMENT

BY [ ]

Personnel Office

ACCEPTED:

[ ]



Pre 1963 Training &  
related loss.

Medical clearances

Pre 1963 Documents  
(application forms,  
awards, PHS supplements)

TELEPHONE REQUEST FOR RECORDS OR INFORMATION  
 NATIONAL PERSONNEL RECORDS CENTER, TCPEP  
 111 Minnebago Street  
 St. Louis, MO 63118

DATE OF REQUEST: 6-9-78  
 EMPLOYEE'S INITIALS: [Handwritten initials]

CAUTION: Complete all items

Former Federal Employee informed of Privacy Act compliance requirements per instructions in NPRC-1667-45.

MONTH: 6 DAY: 18 YEAR: 78  
 SOCIAL SECURITY NUMBER: [Handwritten]

PREVIOUS FEDERAL EMPLOYMENT			
AGENCY AND BUREAU	LOCATION	FROM	TO
WAR DEPT	PATTERSON AFB	Summer	
STATE DEPT		1952	

RECORDS OR INFORMATION REQUESTED

OFFICIAL PERSONNEL FOLDER

- Forward to requesting agency.
- Deliver to information desk for review by Federal Agent.
- Deliver to the appropriate Correspondence Unit Supervisor for review by employee.

STATEMENT OF SERVICE

- Mail to requester.
- Deliver to information desk.

FEDERAL EMPLOYEES GROUP LIFE INSURANCE

- Prepare and furnish duplicate original SF-56.
- Furnish SF-58.

CALL BACK (Specify information wanted below).

RECORDS OR INFORMATION SENT

- Folder enclosed. 6-13-78 [Handwritten initials]
- Folder was sent to your agency on [ ]
- Folder forwarded in place of information requested. Retain if person is rehired.
- Folder not received. Suggest you contact last employing office.
- Folder not located. Suggest further search in your agency. If still unlocated, verify correctness of name, and furnish date forwarded and several names of other folders in same shipment.
- Folder believed in custody of following agency. Original of your request sent to that agency for action.

TELEPHONE:  ST  COMMERCIAL/HOME [Redacted]

REMARKS:

CIA  
 PERSONNEL OFFICE  
 WASHINGTON, D.C.  
 20505

← Enter complete address to which folder or reply is to be mailed. Include ZIP Code.

Date: 1/23/79

MEMORANDUM FOR: Sup. Gp, ROB  
SUBJECT : Request for Estimate of Annuities

JB  
SE

1. Please provide estimate of annuities for:

Name:

Grade: GS-16

Component: IG

DOB:

SCD: 09 22 46

System: CDWOS

ETR: 11 JAN 1958

2. Remarks: OP FILE ATTACHED PLEASE RETURN

COULD NOT FIND CDWOS FILE

John P. B. ...  
Counselor, ROB/RAD

CONFIDENTIAL (when filled in)

NOTIFICATION OF PERSONNEL ACTION

1 NAME (LAST, FIRST, MIDDLE) [REDACTED] 2 EMPLOYEE NO & SER 539700 M 3 BIRTH DATE (MM-DD-YY) 02-28-48 4 SOCIAL SECURITY NO. [REDACTED]

5 REGULAR CODE (3) 06 6 DEPARTMENT CODE 05-65 7 PAY PLAN AND GRADE 03 8 PAY RATE PA\$29,462.00

9 LEGISLATIVE COVERED 1 COVERED 2 NONCOVERED 3 APPLICABLE 10 EFFECTIVE DATE 03-17-73 11 CIVIL SERVICE OR OTHER LEGAL AUTHORITY

12 NATURE OF ACTION 317 RESIGNATION

13 FROM POSITION TITLE AND NUMBER S-00000-00 REASSIGNMENT DE - 14 DEPARTMENT AND ORGANIZATION CODE [REDACTED] 17 GRADE 03 18 SALARY PA\$29,462.00

19 NAME AND LOCATION OF EMPLOYING OFFICE DEPARTMENT OF STATE, WASHINGTON, D. C. 20520

MISCELLANEOUS ASSIGNMENTS

20 TO POSITION TITLE AND NUMBER [REDACTED] 21 DEPARTMENT AND ORGANIZATION CODE [REDACTED] 22 GRADE [REDACTED] 23 SALARY [REDACTED] WORK SCHEDULE [REDACTED]

24 NAME AND LOCATION OF EMPLOYING OFFICE DEPARTMENT OF STATE, WASHINGTON, D. C. 20520

25 DESTINATION CITY AND STATE WASHINGTON DC 26 LOCATION CODE 110010001

27 HOME PHONE NO. 0113.0-1097-298600-000 28 POSITION OCCUPIED [REDACTED] 29 APPOINTMENT STATUS [REDACTED] STATE AZ

30 REMARKS [REDACTED]

SEPARATIONS SHOW BY AN OTHER IS REQUIRED. CHECK IF APPLICABLE.  C DURING PROBATION  D FROM EMPLOYMENT FOR A MONTH OR LESS

This action is subject to all applicable laws, regulations, policies and may be subject to review and approval by the United States Civil Service Commission or the Department. This action may be annulled or corrected if an error in procedure or other irregularity is discovered from the time of filing to the time of final payment, or a complaint may be filed with the Commission or the Civil Service Commission.

REASON: PERSONAL - NO OTHER INFORMATION AVAILABLE  
FINAL PAYMENT TO BE MADE BY THE DEPARTMENT  
FGLI COVERAGE-REGULAR ONLY

31 DATE OF APPOINTMENT ACTION [REDACTED]

32 OFFICE MAILING AND PERSONNEL RECORD INFORMATION [REDACTED]

33 CODE EMPLOYING DEPARTMENT OR AGENCY  DEPARTMENT OF STATE ST00

2 PERSONNEL FOLDER

# REQUEST FOR PERSONNEL ACTION

1105

FM/FO  
APR 10 1973  
OK

## PART I. REQUESTING OFFICE (8-11 on reverse page three in history lines)

A. DATE OF REQUEST <b>3/14/73</b>		B. PACKAGE REQUEST DATE	C. REQUEST NUMBER	D. SERVICE TYPE <input type="checkbox"/> MGT/CMG <input checked="" type="checkbox"/> MGT/PS/TRANS	E. POSITION TITLE <b>MGT/PS/TRANS</b>
F. NAME (Last, First, Middle)		G. MISS NOS.		H. EMPLOYEE NO. <b>539700 M</b>	I. BIRTH DATE
J. SOCIAL SECURITY NO.		K. POSITION VACATED 1. Remove position 2. Retired 3. Aband.			

L. RIF CODE	M. POSITION	N. SKILL CODES
-------------	-------------	----------------

(12) POSITION (Specify position name, subject to:)

O. VETERAN PREFERENCE 1. NO 2. 5 PT 3. 10 PT DISAB 4. 10 PT COMP 5. 10 PT OTHER	P. TENURE CODE	Q. SERVICE COMP DATE	R. PHYSICAL HANDICAP CODE
S. FEELI 1. COVERED 2. INCLUDE 3. WAIVED	T. RETIREMENT 1. CS 2. PEA	U. PS 1. NONE 2. OTHER	V. MO & YR OF GRADE
W. NATURE OF ACTION <b>317 RESIGNATION</b>	X. EFFECTIVE DATE (M/D/Y) <b>03-17-73</b>	Y. CIVIL SERVICE OR OTHER LEGAL AUTHORITY	

Z. FROM POS NO. <b>S-00000-00</b>	AA. POSITION TITLE	AB. PAY PLAN AND OCCUPATION CODE	AC. GRADE OR LEVEL <b>03</b>	AD. SALARY <b>pa\$ 21 1/2</b>
--------------------------------------	--------------------	----------------------------------	---------------------------------	----------------------------------

AE. ORGANIZATION DESIGNATION  
**MISCELLANEOUS ASSIGNMENTS**

AF. TO POS NO.	AG. POSITION TITLE	AH. PAY PLAN AND OCCUPATION CODE	AI. GRADE	AJ. STEP	AK. SALARY	AL. NEXT PS DUE
----------------	--------------------	----------------------------------	-----------	----------	------------	-----------------

AM. ORGANIZATION DESIGNATION

AN. DUTY STATION (if us street) <b>WASHINGTON, D. C.</b>	AO. LOCATION CODE
---	-------------------

AP. APPROPRIATION CODE <b>0113.0-1097-298600-000</b>	AQ. POSITION OCCUPIED 1. COMPETITIVE SERVICE 2. EXCEPTED SERVICE	AR. APPOINTMENT POSITION FROM TO STATE
---	--	---

AS. REASON: **PERSONAL - No additional information available.**

AT. ADDRESS: [ ]

Handwritten: **8/14**, **83.0**, **MAR 15 1973**

AV. REQUESTED BY SIGNATURE TITLE <b>CA/FS/EUR</b>	AW. REQUEST APPROVED BY SIGNATURE TITLE <b>CA/FS/EUR</b>
---	--

AX. PART II. TO BE COMPLETED BY PERSONNEL OFFICE (Use on inside front cover of PART I above and on 2a & 4a on reverse)

AY. CLEARANCES	AZ. INITIALS OR SIGNATURE	AA. DATE	AB. ENTRANCE PERFORMANCE RATING SATISFACTORY <input type="checkbox"/> IA <input type="checkbox"/> NEW <input type="checkbox"/> VICE <input type="checkbox"/> REHABED
AC. CELL OR POS CONTROL	AD. CLASSIFICATION	AE. EMPLOYMENT	AF. APPROVED BY

AG. SUBJECT TO COMPLETION OF 1 YEAR PROBATIONARY PERIOD COMMENCING

AH. SERVICE COUNTING TOWARD CAREER TENURE FROM

AI. SUCCESSOR POSITION: EMPLOYEE RETAINED IN THE COMPETITIVE SERVICE

SEPARATION SHOW REASON BELOW CHECK IF APPLICABLE  2000 PROBATION  2001 180 DAYS

**PART III. TO BE COMPLETED BY EMPLOYEE**

RESIGNATION EMPLOYEE SHALL BE EMPLOYEE (Type date received for your resignation. Avoid general phrases such as "in health" "personal reasons")

I RESIGN FOR THE FOLLOWING REASONS

RECEIVED

15 MAR 1973 PM 8.49

[Redacted box]

INTEREST ATTACHED TO THIS  
VOLUNTARY LEAVE PROGRAM

PROVIDE REASONS FOR ACCEPTING THIS POSITION (OPTIONAL)

THE EFFECTIVE DATE OF MY RESIGNATION WILL BE  
03/17/73

(Signature)

**PART IV. SEPARATION DATA**

FORWARD COMMUNICATIONS INCLUDING SALARY CHECKS AND BONDS TO THE FOLLOWING ADDRESS

(Name)

(City)

(State)

(Zip)

**PART I. (Continued)**

REMARKS OF REGULATING OFFICE

3/19/73

~~XXXXX~~

[Redacted box]

RESIGNATION COB 3/17/73; FINAL SALARY PAYMENT BY [Redacted box]

NOT ENROLLED IN HEALTH BENEFITS PLAN

ADDRESS:

[Redacted box]

[Redacted box]

Chief, Retirement Branch  
Personnel Services Division

*TMSA*

112 775 2 3 07





DEPARTMENT OF STATE

Washington, D.C. 20520

March 9, 1973

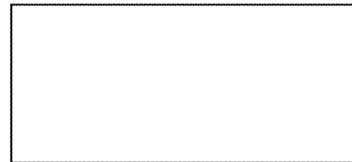
The Honorable William P. Rogers  
The Secretary of State  
Department of State  
Washington, D.C. 20520

Dear Mr. Secretary:

It is with regret that I find it necessary to submit my resignation from the Foreign Service effective March 17, 1973.

I have enjoyed my years with the Foreign Service and hope that it will be possible for me to serve again in the future should circumstances permit.

Sincerely,



**ELECTION, DECLINATION, OR WAIVER  
OF LIFE INSURANCE COVERAGE**  
FEDERAL EMPLOYEES GROUP LIFE INSURANCE PROGRAM

**IMPORTANT  
AGENCY INSTRUCTIONS  
ON BACK OF ORIGINAL**

**TO COMPLETE THIS FORM—**

**1 FOLLOW THESE GENERAL INSTRUCTIONS:**

- Read the back of the "Duplicate" carefully before you fill in the form.
- Fill in **BOTH COPIES** of the form. Type or use ink.
- Do not detach any part.

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

NAME (last)	(first)	(middle)	DATE OF BIRTH (month day year)	SOCIAL SECURITY NUMBER
EMPLOYING DEPARTMENT OR AGENCY			LOCATION (City, State, ZIP Code)	

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

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



**ELECTION OF OPTIONAL (IN ADDITION TO REGULAR) INSURANCE**

I elect the \$10,000 additional optional insurance and authorize the required deductions from my salary, compensation, or annuity to pay the full cost of the optional insurance. This optional insurance is in addition to my regular insurance.

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



**DECLINATION OF OPTIONAL (BUT NOT REGULAR) INSURANCE**

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

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



**WAIVER OF LIFE INSURANCE COVERAGE**

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

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

SIGNATURE

DATE February 9, 1968

**FOR EMPLOYING OFFICE USE ONLY**

(official receiving date stamp)

February 9, 1968

See Table of Effective Dates on back of Original

ORIGINAL COPY—Retain in Official Personnel Folder

STANDARD FORM NO. 170-1  
MAY 1962 EDITION  
GSA GEN. REG. NO. 27  
5010-108

# HEALTH BENEFITS REGISTRATION FORM

FEDERAL EMPLOYEES HEALTH BENEFITS ACT OF 1959

6438716

Standard Form No. 1000  
 (REVISED 1-18-63)  
 GSA GEN. REG. NO. 27

TO EMPLOYING OFFICE: SHOW OLD PLAN'S CONTINUATION ONLY IF REGISTRATION IS TO  
 CANCEL ENROLLMENT OR TO CHANGE OPTIONS OR TYPE OF COVERAGE IN THE SAME PLAN

Old Carrier's Control No.

<b>PART A</b>  ALL WHO REGISTER MUST FILE IN THIS PART.	1. NAME (LAST) (FIRST) (MIDDLE INITIAL) (DATE OF BIRTH)  <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	2. ARE YOU NOW MARRIED?  YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
	3. YOUR MAILING ADDRESS (STREET AND APARTMENT) (CITY AND STATE AND ZIP CODE)  <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	4. SEX MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>

IMPORTANT

IT IS ESSENTIAL FOR AN EMPLOYEE OR A MEMBER OF HIS FAMILY TO BE COVERED UNDER ONLY ONE ENROLLMENT. IF YOU ARE ALREADY COVERED THROUGH THE ENROLLMENT OF ANOTHER FEDERAL OR DISTRICT OF COLUMBIA EMPLOYEE OR ANTIQUARY THE NEXT EMPLOYEE SET TO ENROLL ON THE OTHER ENROLLMENT MUST BE CANCELED. SIMILARLY IF A FAMILY MEMBER LISTED BY YOU IN PART B IS COVERED THROUGH HIS (OR HER) OWN ENROLLMENT YOU CANNOT LIST A FAMILY ENROLLMENT UNLESS THE FAMILY MEMBER CANCELS HIS (OR HER) ENROLLMENT.

<b>PART B</b>  FILL IN THIS PART IF YOU WISH TO ENROLL OR CHANGE YOUR ENROLLMENT IN A HEALTH BENEFITS PLAN.  If enrollment is for self only, answer item 1. If enrollment is for self and family, also answer item 2 and item 3 if it applies.  IF YOU ARE CHANGING YOUR ENROLLMENT, ALSO FILL IN PART D.	1. I wish to enroll in a health benefit plan as shown below. I authorize deductions from my salary, compensation or annuity to cover the share of the cost of the enrollment. (Copy the information requested below from inside cover of plan you select.)		
	NAME OF PLAN	OPTION (HIGH OR LOW)	ENROLLMENT CODE (SEE PLAN)
	2. In space below list all eligible family members without exception. List your wife or husband first, then your unmarried children under age 18 (include step children, adopted children, half siblings and step siblings who live with you), a spouse (except those married to you) who are an orphaned child over 18 who became disabled before age 18 and who, because of the disability, is incapable of self support. Attach a doctor's certificate for a disabled child age 18 or over, if one is not already on file.		
	NAMES OF FAMILY MEMBERS	DATE OF BIRTH (Month, Day, Year)	NAMES OF FAMILY MEMBERS
	Wife or Husband	1	
		2	
		3	
		4	
		5	
		6	
		7	
		8	
		9	
		10	
	3. If you are a female (employee or annuitant) does the health plan above include a dependent who is incapable of employment by reason of mental or physical disability which can be reported to insurance for some claim for benefit? (If answer is "Yes" attach a doctor's certificate. If one is not already on file.)		
			YES <input type="checkbox"/> NO <input type="checkbox"/>

<b>PART C</b>  FILL IN THIS PART IF YOU WISH NOT TO ENROLL OR IF YOU WISH TO CANCEL YOUR ENROLLMENT.	1. PLEASE PRINT IN THIS SPACE YOUR REASON FOR NOT ENROLLING IN A PLAN OR FOR CANCELING YOUR ENROLLMENT.  <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	2. I REQUEST TO REMOVE MY PRESENT ENROLLMENT UNDER THE FOLLOWING HEALTH BENEFITS PLAN:  <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
--	--	---

<b>PART D</b>  FILL IN THIS PART, AS WELL AS PART B, TO CHANGE YOUR ENROLLMENT.	1. ENROLLMENT TYPE (HIGH OR LOW)  <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	2. DATE OF EVENT WHICH TRIGGERED CHANGE  MONTH: <div style="border: 1px solid black; width: 20px; height: 20px;"></div> DAY: <div style="border: 1px solid black; width: 20px; height: 20px;"></div> YEAR: <div style="border: 1px solid black; width: 20px; height: 20px;"></div>
---	---	--

<b>PART E</b>  ALL WHO REGISTER MUST FILE IN THIS PART.	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p style="font-size: 18pt; font-weight: bold; text-align: center;">03/27/1963</p>
---	---

<b>PART F</b>  TO BE COMPLETED BY AGENCY.	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p style="font-size: 18pt; font-weight: bold; text-align: center;">3/28/63</p> <p style="font-size: 18pt; font-weight: bold; text-align: right;">3/31/63 ✓</p>
---	--

**REMARKS:** 03/27/63  
cancel enrollment

Standard Form No. 14  
 Revised April 1954  
 U. S. Civil Service Commission  
 F. P. M. Chapter XI  
 14 100

**DESIGNATION OF BENEFICIAR<sup>Y</sup>**  
**FEDERAL EMPLOYEES' GROUP LIFE**  
**INSURANCE ACT OF 1954**

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

**INFORMATION CONCERNING THE INSURED:**

NAME (Last) (First) (Middle) DATE OF BIRTH (Month, day, year)

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

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

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

(CSA or CSL or X number)

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

(Department or Agency) (Department) (Division) (Location—City and State)  
 WASH 25, D. C.

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

**INFORMATION CONCERNING THE BENEFICIARY OR BENEFICIARIES:**

Type or print first name, middle initial, and last name	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
		WIFE	ALL

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

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

Mar 27 1963  
 (Date of execution—month, day, year)

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

[Empty box for witnesses to signature]

PRINT OR TYPE NAME AND ADDRESS OF INSURED

THIS SPACE RESERVED FOR RECEIVING AGENCY

[Empty box for name and address of insured]

PER/END

MAR 27 1963

(Indicate date and be above initial)

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

14-7011-4

**IMPORTANT.**—The filing of this form will completely cancel any Designation of Beneficiary under the Federal Employees' Group Life Insurance Act you may have previously filed. Be sure to name in this form all persons you wish to designate as beneficiaries of any group life and accidental death insurance payable under that act at your death.

### EXAMPLES OF DESIGNATIONS

#### HOW TO DESIGNATE ONE BENEFICIARY

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
		Niece	All

#### HOW TO DESIGNATE MORE THAN ONE BENEFICIARY

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
		Aunt	One-fourth
		Nephew	One-fourth
		Mother	One-half

#### HOW TO DESIGNATE A CONTINGENT BENEFICIARY

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
		Father	All
		Sister	All

#### HOW TO CANCEL A DESIGNATION OF BENEFICIARY SO THAT AMOUNT DUE WILL BE PAYABLE AS PROVIDED IN THE LAW

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
Cancel prior designations			

\*The first name must be Mr. R. Brown or be Mrs. Julia H. Brown.  
 \*\*Be sure that the shares to be paid to the several beneficiaries add up to 100 percent.



**DESIGNATION OF BENEFICIARY**  
**UNPAID COMPENSATION OF**  
**DECEASED CIVILIAN EMPLOYEE**

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

**INFORMATION CONCERNING THE EMPLOYEE:**

NAME-- (Last) (First) (Middle) Date of Birth (Month, day, year)

**DEPARTMENT OR AGENCY IN WHICH EMPLOYED**

(Department or agency) (Payroll) (Division)

I, the employee identified above, canceling any and all previous Designations of Beneficiary heretofore made by me, do now designate the beneficiary or beneficiaries named below to receive any UNPAID COMPENSATION due and payable under existing law after my death. I understand that this Designation of Beneficiary relates solely to Unpaid Compensation as defined in section 2 of the act of August 8, 1950, Public Law 630, and in no wise will affect the disposition of any benefit which may become payable under the Retirement Act applicable to my Government service. I further understand that this Designation of Beneficiary will remain in full force and effect, unless or until canceled by me in writing, so long as I am continuously employed in the above department or agency.

**INFORMATION CONCERNING THE BENEFICIARY OR BENEFICIARIES:**

Type or print first name, middle initial, and last name (Share to be paid to)


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

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

3-27-63  
(Date of execution - month, day, year)

WITNESSED TO SIGNATURE:

**IMPORTANT**—The filing of this form will completely cancel any designation you may have previously filed. Be sure to name in this form all persons you wish to designate as beneficiaries of any unpaid compensation payable at your death.

### EXAMPLES OF DESIGNATIONS

#### HOW TO DESIGNATE ONE BENEFICIARY

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
		Sister	All

#### HOW TO DESIGNATE MORE THAN ONE BENEFICIARY

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
		Aunt	One-fourth
		Niece	One-fourth
		Mother	One-half

#### HOW TO DESIGNATE A CONTINGENT BENEFICIARY

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
		Father	All
		Sister	All

#### HOW TO CANCEL A DESIGNATION OF BENEFICIARY SO THAT AMOUNT DUE WILL BE PAYABLE AS PROVIDED IN THE LAW

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
Cancel prior designations			

\*Do not write on reverse of Form 1042-1042 as per Form 1042-1042.

\*\*Be sure that the shares to be paid to the named beneficiaries add up to 100 percent.

Standard Form No. 2810  
CHAPTER I - EPBM  
O GAO 3430

### HEALTH BENEFITS REGISTRATION FORM

FEDERAL EMPLOYEES HEALTH BENEFITS ACT OF 1959

(Print name on back of last page. Use only typewriter or ballpoint pen.)

CARRIER CONTROL NO.

153281

#### PART A

ALL WHO REGISTER MUST FILL IN THIS PART.

1. NAME (Last, First, Middle Initial) 7-251 2. DATE OF BIRTH

3. Are you now married?  
YES  (1)  
NO  (2)

4. SEX  
MALE  (1)  
FEMALE  (2)

5. Are you covered by, or is any family member covered by or enrolling in, a plan under the Federal Employees Health Benefits Act of 1959 (through an enrollment of another United States or District of Columbia Government employee or annuitant)?

YES  NO

6. What is your annual basic salary range?  
UNDER \$4,000  (1) \$6,000 TO \$9,999  (3)  
\$4,000 TO \$5,999  (2) \$10,000 OR OVER  (4)

#### 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 premiums. (Copy the information requested below from inside cover of brochure of the plan you select.)

NAME OF PLAN \_\_\_\_\_ OPTION (HIGH OR LOW) \_\_\_\_\_ EMPLOYMENT STATUS (FULL-TIME) \_\_\_\_\_

2. In space below list 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 dependent child over 17 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.)

If enrollment is for self only, answer item 1. If enrollment is for self and family, also answer item 2 and item 3 if it applies.

NAME OF FAMILY MEMBER	DATE OF BIRTH (Month, Day, Year)	NAME OF FAMILY MEMBER	DATE OF BIRTH (Month, Day, Year)
Wife or Husband	[6]		[6]
	[7]		[7]
	[8]		[8]
	[9]		[9]
	[10]		[10]

THIS PART MUST ALSO BE FILLED IN IF YOU CHOOSE YOUR ENROLLMENT.

3. If you are a female (employee or annuitant) - does the family listed above include a husband who is incapable of self-support by reason of a total 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 CANCEL YOUR ENROLLMENT.

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.  (1)  
(b) I am covered by a health insurance plan which is not under the Health Benefits Act.  (2)  
(c) Any other reason  (3)

#### PART D

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

1. How long have you been in the United States? (Month, Day, Year) \_\_\_\_\_  
2. How long have you been in the United States since you last worked for a Federal Government agency? (Month, Day, Year) \_\_\_\_\_  
3. Date of event with which parents are age \_\_\_\_\_  
MONTH \_\_\_\_\_ DAY \_\_\_\_\_ YEAR \_\_\_\_\_

#### PART E

ALL WHO REGISTER MUST FILL IN THIS PART.

1. NAME, AFTER RECEIPT OF EMPLOYMENT OFFICE \_\_\_\_\_  
2. DATE RECEIVED BY EMPLOYER'S OFFICE \_\_\_\_\_  
3. DATE TIME DATE OF RECEIPT \_\_\_\_\_  
4. PAYROLL OFFICE NO. \_\_\_\_\_  
5. PAYROLL ACTION (INITIALS AND DATE) \_\_\_\_\_

#### PART F

TO BE COMPLETED BY AGENCY.

1. NAME OF AGENCY \_\_\_\_\_  
2. ADDRESS \_\_\_\_\_  
3. CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

#### REMARKS

FOR USE ONLY BY ANNUITANTS AND AGENTS.

REMARKS \_\_\_\_\_



Standard Form No. 2809 CHAPTER I-111 PM 6 GAO 3-59		HEALTH BENEFITS REGISTRATION FORM FEDERAL EMPLOYEES HEALTH BENEFITS ACT OF 1959 (Print names on back of last page. Use only front page for registration.)			CLASSIFICATION NO. 153281
PART A ALL WHO REGISTER MUST FILL IN THIS PART.	1. NAME (LAST, FIRST, MIDDLE INITIAL)	2. DATE OF BIRTH		3. Are you now married?	
	4. [Blank]			YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
PART B FILL IN THIS PART IF YOU WISH TO ENROLL IN A HEALTH BENEFITS PLAN.	5. Are you currently 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)?			your annual basic salary	
	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			UNDER \$4,000 <input type="checkbox"/> \$4,000 TO \$5,999 <input type="checkbox"/> \$6,000 TO \$7,999 <input checked="" type="checkbox"/> \$8,000 OR OVER <input type="checkbox"/>	
PART C FILL IN THIS PART IF YOU WISH TO ENROLL OR IF YOU WISH TO CHANGE YOUR ENROLLMENT.	6. 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		OPTION (HIGH OR LOW)	ENROLLMENT PLAN NUMBER	
	7. In space below list all of your family members without exception. List your wife or husband first, then your unmarried children under age 19, including legally adopted children, and dependent children age 19 or over who live with you in a regular permanent relationship. Include also any unmarried child over 19 who became disabled before age 19 and who, because of the disability, is unable 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)	DATE OF BIRTH (Month, Day, Year)	
	Wife or Husband		[1]	[6]	
		[2]	[7]		
		[3]	[8]		
		[4]	[9]		
		[5]	[10]		
8. If you are a female (or employee or annuitant)--does the family listed above include a husband who is incapable of self-support by reason 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
PART D FILL IN THIS PART IF YOU WISH TO CHANGE YOUR ENROLLMENT.	9. I elect not to enroll in any plan under the Health Benefits Act. <input checked="" type="checkbox"/>				
	10. The reason for my election is (Check one "A" in proper box): (a) I am covered by a plan under the Health Benefits Act through the enrollment of my husband, wife, or parent. <input type="checkbox"/> (b) I am covered by a health insurance plan which is not under the Health Benefits Act. <input checked="" type="checkbox"/> (c) Another reason: _____				
PART E ALL WHO REGISTER MUST FILL IN THIS PART.	11. I elect to change my enrollment as shown by the numbers in items 1 through 5 of Part B.				
	1. Enrollment code number of present plan		2. Month of year which benefits resume (Use table on back of brochure for per capita rates.)		3. Date of event which prompts change (Month, Day, Year)
PART F TO BE COMPLETED BY AGENCY.	1. NAME AND ADDRESS OF EMPLOYER'S OFFICE			2. DATE RECEIVED BY EMPLOYER'S OFFICE	3. EFFECTIVE DATE OF ELECTION
	4. SIGNATURE OF AUTHORIZED AGENCY OFFICIAL			5. PRINTED OFFICE USE	6. PRINTED OFFICE USE (INITIALS AND DATE)
REMARKS (FOR USE ONLY BY ANNUITANTS AND RESERVE)					

**DESIGNATION OF BENEFICIARY  
FEDERAL EMPLOYEES' GROUP LIFE  
INSURANCE ACT OF 1954**

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

**INFORMATION CONCERNING THE INSURED:**

NAME (Last) (First) (Middle) DATE OF BIRTH (Month, day, year)

DEPARTMENT OR AGENCY IN WHICH EMPLOYED (If retired, so state and give "CSA" or "CSI" number):

PER/POD

(Department or agency) (Bureau) (Division)

I, the employee or annuitant identified above, canceling any and all previous Designations of Beneficiary under the Federal Employees' Group Life Insurance Act heretofore made by me, do now designate the beneficiary or beneficiaries named below to receive any amount of GROUP LIFE INSURANCE and GROUP ACCIDENTAL DEATH INSURANCE due and payable at my death. I understand that this Designation of Beneficiary will remain in full force and effect, with respect to any amount payable, unless or until canceled by me in writing, or until such time as I become insured in a department or agency other than the above, or until such time as I become insured as a retired employee, in which event this Designation of Beneficiary shall terminate.

**INFORMATION CONCERNING THE BENEFICIARY OR BENEFICIARIES:**

Name or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary

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

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

MAY 17, 1956  
(Date of execution - Month, day, year)

WITNESSES TO SIGNATURE (If witness is individual, so state)

**IMPORTANT**—The filing of this form will completely cancel any Designation of Beneficiary under the Federal Employees' Group Life Insurance Act you may have previously filed. Be sure to name in this form all persons you wish to designate as beneficiaries of any group life and accidental death insurance payable under that act at your death.

### EXAMPLES OF DESIGNATIONS

#### HOW TO DESIGNATE ONE BENEFICIARY

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
		Niece	All

#### HOW TO DESIGNATE MORE THAN ONE BENEFICIARY

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
		Aunt	One-fourth**
		Nephew	One-fourth
		Mother	One-half

#### HOW TO DESIGNATE A CONTINGENT BENEFICIARY

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
		Father	All
		Sister	All

#### HOW TO CANCEL A DESIGNATION OF BENEFICIARY SO THAT AMOUNT DUE WILL BE PAYABLE AS PROVIDED IN THE LAW

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
Cancel prior designations			

\*Do not write name as M. E. Brown or as Mrs. John H. Brown.  
 \*\*Be sure that the shares to be paid to the several beneficiaries add up to 100 percent.





DEPARTMENT OF STATE  
PERSONNEL ACTION  
AND  
AUTHORIZATION OF OFFICIAL TRAVEL  
Applicable Regulations: 6 FAM 100 & FAM 1510.4

You are hereby authorized to perform official travel of Government business as indicated herein. Unless otherwise noted, all expenses and the maximum per diem under the regulations are authorized. Unless otherwise noted, shipment of effects is authorized from station of origin to station of destination if allowances are shown in item 15.

1. NAME, ADDRESS AND EMPLOYER TITLE		2. EMPLOYEE NUMBER	3. AUTHORIZATION NUMBER
[Redacted]		533700	3-60799
[Redacted]		4. SOCIAL SECURITY NUMBER	
[Redacted]		5. AUTHORIZATION DATE	JULY 18, 1972
7. NEW POSITION TITLE, NUMBER AND OCCUPATION CODE		8. DO NOT SIGN TRAVEL PRIOR TO	
[Redacted]		S-00000-02(P)	

All documents issued under this authority and must appear on all vouchers, invoices, etc.

A. FUND	B. ALLOTMENT	C. OBLIGATION NUMBER	D. ORGANIZATION CODE	E. FUNCTION
1930113	2025	360799	298000	52-23
10A. STATION OF ORIGIN		10B. LOCATION CODE	11. OBJECT	
[Redacted]		0113.0-2081	312601 2099	
12. STATION OF DESTINATION				13. AMOUNT
WASHINGTON, D.C. (CA)				

14. QUARTERS AVAILABILITY		15. ALLOWANCES FOR SHIPMENT AND/OR STORAGE OF HOUSEHOLD EFFECTS (SEE WEIGHT)		16. FOREIGN MOTOR VEHICLE	
1 UNKOWN 2 UNFURNISHED 3 FURNISHED		A. SHIPPED SHIPMENT	B. TOTAL ALLOWANCE	A. SHIPMENT AUTHORIZED	B. MEETS CRITERIA OF 6 FAM 165 B. SUBSECTION
2		00000	13000	2	1 YES 2 NO
17. NUMBER OF DEPENDENTS		18. EXCESS BAGGAGE (For air travel)		19. TOTAL NUMBER OF TRAVEL DAYS AUTHORIZED BELOW INCLUDING THOSE WITHOUT PER DIEM UNDER THIS AUTHORIZATION AND AMENDMENTS	
A. ADULTS		10A. CONSULTATION (WORKDAYS)		10B. TRAINING (CALENDAR DAYS)	
4		000		000	

THIS SECTION FOR PERSONNEL ACTION ONLY. When completed for permanent change of station, this document constitutes a valid personnel action for transfer between posts. DO NOT USE FOR R. T., HOME LEAVE OR FIELD AMENDMENTS.

20. SALARY	21. SALARY APPROPRIATION AND ALLOTMENT	22. THIS AUTHORIZATION IS EFFECTIVE DATE	23. DR. CODE
PA \$ 28,022	0113.01027	728 10-15-72	DE
24. DUTY STATION, SPECIAL INSTRUCTIONS, SPECIAL AUTHORITY OR OTHER NOTES		1070XXXX	

25. AUTHORITY FOR TRAVEL FROM 08/72	26. AUTHORITY FOR TRAVEL TO 10/72
WASHINGTON, D.C.	
27. NAME AND TITLE OF	
A. OFFICE	B. OFFICE
CA/ES/EUR	CRS/OUT/EE/RE/AT/EE
28. DATE	29. DATE
	07/17/72
	GBS

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FED-EMP-ACT OF 1970, PL 92-210, DEC. 22, 1971, EX. OR 11637 EFF 1-9-72

PREPARED BY 01/10/72  
DATA AS OF 01/09/72

NEW NAME	SIC SEC NUMBER	N PP	N CR	PSI	OLD SALARY	NEW SALARY
				162	1003300	1058300
				124	1514100	1597300
				022	693900	731900
				102	1835300	1934200
				002	3259300	3430700
				042	1247200	1315900
				002	1776100	1873700
				154	1291100	1362200
				042	1140400	1203100
				162	1086700	1146400
				002	2656300	2802200
				162	772700	819300
				153	1287400	1393500
				262	874000	922100
				702	822600	867900
				CCC	2131100	2248700
				CCC	2817900	2967800
				002	2434900	2568800
				152	1081900	1141400
				132	552400	582800
				002	2587500	2724400

DEPARTMENT OF STATE  
PAY ROLL CHANGE SLIP

SP8820199

PLC	ORIG. CODE	POSITION NO.	ACTIVITY & PURPOSE	EFFECTIVE DATE	COST OF LOST EQUIV. INCREASE
	3126		2101 2101	07-01-71	
EMPLOYEE NO.	PAY PLAN	NEW SALARY	OLD SALARY		
		230,504	225,825		
				<input checked="" type="checkbox"/>	Step Increase
				<input type="checkbox"/>	Other Step Increase
				<input type="checkbox"/>	Pay Adjustment
REMARKS Performance rating is satisfactory or better. JOHN H BURNS (Signature or other authentication)					
PERSONNEL COPY					

PAGE 8894

FEDERAL PAY COMPATABILITY ACT OF 1970, PL 91-656

PREPARED ON 02/05/71  
DATA AS OF 01/31/71

NAME	EMPLOYEE NUMBER	SEC SEC NUMBER	PAY PLAN	GRADE	NEXT PSI	OLD SALARY	NEW SALARY
	539700		FR	03	001	24368	25825
						24368	25825

RECORD COUNT = 1

## APPOINTMENT AFFIDAVITS

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

First Secretary and Consul

November 20, 1970

(Position to which appointed)

(Date of appointment)

### 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; and that I will well and faithfully discharge the duties of the office on which I am about to enter. **SO HELP ME GOD.**

### B. AFFIDAVIT 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 this appointment.

Subscribed and sworn (or affirmed) before me this

(City)

[SEAL]

Commission expires \_\_\_\_\_  
(If by a Notary Public, the date of expiration of his Commission should be shown)

**NOTE.**—The oath of office must be administered by a person specified in 5 U.S.C. 2903. The words "SO HELP ME GOD" in the oath and the word "swear" wherever it appears above should be stricken out when the appointee elects to affirm rather than swear to the affidavits; only these words may be stricken and only when the appointee elects to affirm the affidavits.





Form 88 (Rev. 1-67)  
(Exception to 47 U.S.C. 106.1)  
and R of R July 1967)

# REQUEST FOR PERSONNEL ACTION

## PART I. REQUESTING OFFICE (Fill in items except those on heavy lines)

PAS/PC 11-24-70, 8/2/70

A. DATE OF REQUEST <b>6/22/70</b>	B. PROPOSED EFFECTIVE DATE	C. REQUEST NUMBER	D. SERVICE (1-3 or 4-5)	E. POSITION <b>T &amp; RL/3370</b>	F. TRANSFER <b>TRANS</b>
--------------------------------------	----------------------------	-------------------	-------------------------	---------------------------------------	-----------------------------

G. NAME (Last, First, Middle) <b>MR.</b>	H. EMPLOYEE NO. & DIV. <b>539700 M</b>	I. BIRTH DATE (Mo. Day Yr.)	J. SOCIAL SECURITY NO.
---	---	-----------------------------	------------------------

K. KIND OF ACTION REQUESTED (Specify appointment, reassignment, reclassification, etc.)	L. POSITION CREATED 1. Remain funded 2. Unfunded 3. Abolished
---	--

M. VETERAN PREFERENCE 1-NO 2-5 PT 3-10 PT 4-10 PT DISAB. 5-10 PT COMP.	N. TENURE CODE	O. SERVICE CAMP DATE	P. PHYSICAL HANDICAP CODE
---	----------------	----------------------	---------------------------

Q. STATUS 1-COVERED 2-ELIGIBLE 3-WAIVED 4-RETIREMENT 5-ES 6-OTHER	R. DATE (MM-YY) <b>10-20-70</b>	S. LEGAL BASIS OR OTHER LEGAL AUTHORITY <b>Sec. 524 of the F.S. Act</b>
---	------------------------------------	--

T. FROM POS NO. <b>1-035</b>	U. GRADE OR LEVEL	V. SALARY <b>\$22,352</b>
---------------------------------	-------------------	------------------------------

W. ORGANIZATION DESIGNATION <b>CENT</b>	X. ORGANIZATION DESIGNATION <b>TEGUCIGALPA</b>
--	---

Y. ORGANIZATION DESIGNATION <b>001</b>	Z. STEP <b>1</b>	AA. SALARY <b>#24,368</b>	AB. SOCIAL SECURITY <b>F</b>
---	---------------------	------------------------------	---------------------------------

AC. DUTY STATION (City/State)	AD. LOCAL OFFICE CODE <b>918 000430</b>
-------------------------------	--

AE. IDENTIFICATION CODE <b>0113.0 - 2081 - 312601 - 000</b>	AF. POSITION IDENTIFIED 1. COMPLETING SERVICE 2. TRANSFER	AG. APPOINTMENT HISTORY FROM TO STATE
--	---	--

REMARKS (Show if applicable, any known additional modified reasons for request)  
**04720972**

EFFECTIVE DATE OF TRANSFER: **9/6/70**

J. REQUESTOR SIGNATURE	K. REQUESTOR TITLE	L. JUSTIFIABLE UNDER Sec. 1007, P.L. 87-759
------------------------	--------------------	---

M. CLEARANCES	N. INITIALS OR SIGNATURE	O. DATE	P. CHECK ONE <input type="checkbox"/> NEW <input type="checkbox"/> REASSIGNED <input type="checkbox"/> RECLASSIFIED
---------------	--------------------------	---------	--

Q. TITLE & RANK - <b>ARA:LA:POD</b>	R. DATE <b>6/22/70</b>	S. SIGNATURE <b>Ann-P 11/25</b>
-------------------------------------	---------------------------	------------------------------------

01-22-11  
James [unclear]  
1000-018 [unclear]  
001

PART I. (Continued)  
I REMAINS BY REQUESTING OFFICE

PART IV. SEPARATION DATA  
FORWARD COMMUNICATIONS, INCLUDING SMART CHECKS AND BONDS, TO THE FOLLOWING ADDRESS:  
001-001-100

THE EFFECTIVE DATE OF HIS RESIGNATION WILL BE  
6/23/76

Rec'd FSC  
6-23-76

RESIGN FOR THE FOLLOWING REASONS:  
[unclear]

PART III. TO BE COMPLETED BY EMPLOYEE  
RESIGNATION INFORMATION TO EMPLOYEE. This form must be sent to your supervisor, signed, dated, and returned to you. Do not provide reasons, and do not check "Personal reasons."



**DEPARTMENT OF STATE  
PERSONNEL ACTION  
AND  
AUTHORIZATION OF OFFICIAL TRAVEL**  
Applicable Regulations: 6 FAM 100 & FM-1 510.4

You are hereby authorized to perform official travel of Government expense as indicated herein. Unless otherwise noted, all expenses and the maximum per diem under the regulations are authorized. Unless otherwise noted, shipment of effects is authorized from station of origin to station of destination if allowances are shown in item 15.

1. NAME, ADDRESS AND DIPLOMATIC TITLE		2. EMPLOYEE NUMBER	3. AUTHORIZATION NUMBER	
		539700	0-64968	
		4. SOCIAL SECURITY NUMBER		
		5. CLASS	6. AUTHORIZATION DATE	
		R-03	JUN. 24, 1970	
		5550 ( )	8. DO NOT START TRAVEL PRIOR TO:	
		10-025 (P)	JUL. 9, 1970	
9. ACCOUNTING CLASSIFICATION: The coding (A through E) must be shown on all documents issued under this authority and must appear on all vouchers, invoices, TR's, OB/L's, etc.				
A. FUND	B. ALLOTMENT	C. OBLIGATION NUMBER	D. ORGANIZATION CODE	E. FUNCTION
1900113	2025	064968	312601	51-24
10A. STATION OF ORIGIN		10B. LOCATION CODE		11. OBJECT
		313001		2099
				12. AMOUNT
14. QUARTERS AVAILABILITY		15. ALLOWANCES FOR SHIPMENT AND/OR STORAGE OF HOUSEHOLD EFFECTS - NET WEIGHT		16. FOREIGN MOTOR VEHICLE
1. UNKNOWN 2. UNFURNISHED 3. FURNISHED		A. LIMITED SHIPMENT	B. TOTAL ALLOWANCE	A. SHIPMENT AUTHORIZED
1		04500	13000	2
				1. YES 2. NO
				B. MEETS CRITERIA OF 6 FAM 165A, SUBSECTION
17. NUMBER OF DEPENDENTS		18. EXCESS BAGGAGE (If over travel)		19. TOTAL NUMBER OF NON TRAVEL DAYS AUTHORIZED BELOW, INCLUDING THOSE WITHOUT PER DIEM UNDER THIS AUTHORIZATION (AND AMENDMENTS)
A. ADULTS	B. CHILDREN			A. CONSULTATION (WORKDAYS)
4	0	000	05	000
	C. Under 2			B. TRAINING (CALENDAR DAYS)
	0			000
				C. TDY (CALENDAR DAYS)
				000
<b>THIS SECTION FOR PERSONNEL ACTION ONLY.</b> When completed for permanent change of station, this document constitutes a valid personnel action for Transfer between Posts. <b>DO NOT USE FOR R. T. HOME LEAVE OR FIELD AMENDMENTS.</b>				
20. SALARY		21. SALARY APPROPRIATION AND ALLOTMENT		22. NATURE OF ACTION AND EFFECTIVE DATE
pa \$ 24,368		0113.0-2081		727 09/06/70
				23. DPL CODE
				DA
24. ITINERARY, SPECIAL INSTRUCTIONS, SPECIAL AUTHORIZATION AND REMARKS			09720972 06250	

**DEPENDENTS:**

25. ETD (Old post)	26. ETA (New post)	27. AUTHORIZING OFFICER
	09/70	
28. AUTHORIZED NUMBER FOR DEPENDENTS		
29. TRAVEL REQUESTED BY		
A. OFFICE	B. OFFICER	

FORM DS-1042  
3-3-69

DEPARTMENT OF STATE  
PAY ROLL CHANGE SIIP

5268200149

POST	ORG CODE	POSITION ID.	ALLOT. & ALIQUITY & PURPOSE	EFFECTIVE DATE	DATE OF LAST EQUIV. INCREASE
	3330		0133 3-81	07-01-70	
NAME	EMPLOYEE NO.	CATG & CLASS SERV. & GRADE	NEW SALARY RATE	OLD SALARY RATE	
	939700		824,368	823,072	<input checked="" type="checkbox"/> Periodic Step-increase

LWOP DATA (fill in appropriate spaces covering LWOP during following period(s))

NO EXCESS LWOP. TOTAL EXCESS LWOP \_\_\_\_\_

IN PAY STATUS AT END OF WAITING PERIOD.

IN LWOP STATUS AT END OF WAITING PERIOD.

Initials of Clerk \_\_\_\_\_

Other Step-increase \_\_\_\_\_

Pay Adjustment \_\_\_\_\_

REMARKS

Performance rating is satisfactory or better.

\_\_\_\_\_

(Signature or other authentication)

PERSONNEL COPY

PAGE 304

FEDERAL SALARY 1951-1970, PL 80-231, DEC 22, 1963

PREPARED BY 05/01/70  
DATA AS OF 04/25/70

NAME	EMPLOYEE NUMBER	SOC SEC NUMBER	PAY PLAN	GRADE	NEXT PSI	OLD SALARY	NEW SALARY
					052	12103	12840
					150	7094	7519
					051	10744	11432
					252	8729	8724
					131	13103	13890
					051	10785	11432
					000	27354	28995
					000	14132	14980
					161	11186	11955
					170	6568	6961
					170	9388	9951
					000	29841	31632
					001	31704	33609
					000	5522	5853
					170	9104	9649
					000	22332	23672
					163	11419	12104
					029	6865	7276
					210	6865	7276
					000	18447	19555
					000	20361	21584
					160	7894	8368
					110	7552	8005
					071	20385	21608
					041	10443	11096
					041	11316	11995

EMPLOYEE

PERSONNEL TRANSACTION REGISTER

[Redacted]

PREPARED ON 07/23/69  
PERIOD ENDING 07/18/69

ACTION DATA NAME DATA ELEMENTS

SECTION 01

EMPLOYEE NUMBER 935700  
SSN IC CODE S  
SCC SEC NUMBER [Redacted]  
NEW PAY PLAN FR  
NEW GRACE C3  
NEW SALARY 22332  
PSI PAY PERIOD C0C  
FORM CTL CODE  
NAT ACTION CODE 902

• ERROR

PUBLIC LAW PAY INCREASE

EFFECTIVE DATE 07/13/69

FORM DS-1042  
7-15-60

DEPARTMENT OF STATE  
PAY ROLL CHANGE SLIP

SECRET

POST	ORG CODE	POSITION NO.	ALLOT & ACTIVITY & PURPOSE	EFFECTIVE DATE	DATE OF LAST EQUIV. INCREASE
	3110		1110 201	7-1-60	
EMPLOYEE'S NAME	EMPLOYEE NO.	CATS & CLASS SERV. & GRADE	NEW SALARY RATE	OLD SALARY RATE	
	939700	FSM 03	122.333	119.731	

LWOP DATA (fill in appropriate spaces covering LWOP during following periods):

NO EXCESS LWOP. TOTAL EXCESS LWOP \_\_\_\_\_

IN PAY STATUS AT END OF WAITING PERIOD.

IN LWOP STATUS AT END OF WAITING PERIOD.

Include of Clerk

Other Step-Increase \_\_\_\_\_

Pay Adjustment \_\_\_\_\_

Periodic Step Increase

REMARKS

Performance rating is satisfactory or better.

\_\_\_\_\_

(Signature of other authorization)

PERSONNEL COPY

FORM DS-1042  
7-15-60

DEPARTMENT OF STATE  
PAY ROLL CHANGE SLIP

POST	ORG CODE	POSITION NO.	ALLOT & ACTIVITY & PURPOSE	EFFECTIVE DATE	DATE OF LAST EQUIV. INCREASE
SECRET	3110		1110 201	7-01-60	
EMPLOYEE'S NAME	EMPLOYEE NO.	CATS & CLASS SERV. & GRADE	NEW SALARY RATE	OLD SALARY RATE	
	939700	FSM 03	118.278	117.729	

LWOP DATA (fill in appropriate spaces covering LWOP during following periods):

NO EXCESS LWOP. TOTAL EXCESS LWOP \_\_\_\_\_

IN PAY STATUS AT END OF WAITING PERIOD.

IN LWOP STATUS AT END OF WAITING PERIOD.

Include of Clerk

Other Step-Increase \_\_\_\_\_

Pay Adjustment \_\_\_\_\_

Periodic Step-Increase

REMARKS

Performance rating is satisfactory or better.

\_\_\_\_\_

(Signature of other authorization)

PERSONNEL COPY



FEDERAL EMPLOYEES SALARY ACT OF 1967

PUB. LAW 90-206

JULY 14 1968

5397C0

\$18,278

\$19,737

313001

FORM 100-10  
 (Rev. 10-15-64)  
 (Use only if 8 July 1967)

JOURNAL NUMBER

**NOTIFICATION OF PERSONNEL ACTION**

1 NAME (LAST, FIRST, MIDDLE)		2 EMPLOYEE NO. & SER.		3 BIRTH DATE - MM-DD-YY		4 SOCIAL SECURITY NO.	
		539700M					
5 VETERAN PREFERENCE		6 GRADE		7 DATE OF COMPLETION		8 FEDERAL TRANSFER CODE	
2		(3) 06		08-28-48		0	
9 RESULT		10 DEPARTMENT		11 PAY PLAN AND GRADE		12 LEAVE	
1		I		05-65			
13 ACTION		14 EFFECTIVE DATE		15 AUTHORITY (OR OTHER LEGAL AUTHORITY)			
760		03-27-68		SEC. 522.3, P.L. 724 79TH CONGRESS AS AMENDED			
16 POSITION TITLE AND NUMBER		17 PAY PLAN AND OCCUPATION CODE		18 GRADE		19 SALARY	
20 NAME AND LOCATION OF EMPLOYING OFFICE				WASHINGTON, D. C. 20520			

21 TO POSTAL		22 PAY PLAN AND OCCUPATION CODE		23 GRADE		24 SALARY	
1-067						(pa\$17,724) 1	
25 NAME AND LOCATION OF EMPLOYING OFFICE		DEPARTMENT OF STATE, WASHINGTON, D. C. 20520					

26 DATE OF ACTION		27 LOCATION CODE			
		917000665			
28 APPROVED FOR		29 POSITION OCCUPIED		30 APPOINTMENT POSITION	
0113.0-2081-313001-000.10700768		2		TO STATE	

31 REMARKS

A SUBJECT TO COMPLETION OF

B SERVICE COUNCIL MEMBERS CALLED FOR PERMANENT TENURE FROM

32 SEPARATION FROM SERVICE BELOW, AS REQUIRED. CHECK IF APPLICABLE.

C DURING PROBATION

D TERM APPOINTMENT OF 6 MONTHS OR LESS

33 DATE OF APPOINTMENT (SEE DATE)

34 SIGNATURE (PRINT NAME AND TITLE)

35 OFFICE EMPLOYING PERSONNEL FOLDER

36 COPY EMPLOYING DEPARTMENT OR AGENCY

37 DATE

38 SIGNATURE (PRINT NAME AND TITLE)

MI 3-5  
P

2 PERSONNEL FOLDER

SUBMITTING OFFICE NO 2051

# REQUEST FOR PERSONNEL ACTION

## PART I. REQUESTING OFFICE

A DATE OF REQUEST 2/23/68		B PERIODS EFFECTIVE DATE		C REQUEST NUMBER		D SERVICE 1. PM/P 2. LEAVE & RET: 2/27		E TRANS		F APPROVED [Signature]	
1 NAME (CAPS) Last First Middle				MR MISS MRS		2 EMPLOYEE NO. & SEA 539700 M		3 BIRTH DATE (MM/DD)		4 SOCIAL SECURITY NO.	
7 KIND OF ACTION REQUESTED (1) PERSONNEL (Specify department, position, organization etc.)						RIF CODE		6 POSITION SKILL CODES			
12) POSITION (Specify position title, grade etc.)						H POSITION VACATED 1. Return Period 2. Signal 3. AA Job					

5 VETERAN PREFERENCE 1. NO 2. 5 PT 3. 10 PT 4. 10 PT COMP		6 TENURE CODE		7 SERVICE COMP DATE		8 PHYSICAL HANDICAP CODE	
9 FEELI 1. COVERED 2. INELIGIBLE 3. BANNED		10 RETIREMENT 1. CS 2. PCA		11 MO & YR OF GRADE		11 (For C.N.C. use)	
12 NATURE OF ACTION EXTENSION FOR LIMITED APPOINTMENT				13 EFFECTIVE DATE (MM/DD) 3/27/68		14 CIVIL SERVICE OR OTHER LEGAL AUTHORITY Sec. 522.3, P.L. 724-794 Congress as amended	

15 FROM POS NO 1-067		POSITION TITLE		16 PAY PLAN AND OCCUPATIONAL CODE		17 GRADE OR LEVEL 03		18 SALARY \$16,941	
19 ORGANIZATION DESIGNATION									

20 TO POS NO 1-067		POSITION TITLE		21 PAY PLAN AND OCCUPATIONAL CODE		22 GRADE 03		23 SALARY \$17,724		WORK SCHED	
24 ORGANIZATION DESIGNATION										Level 3 SECTION	

25 DUTY STATION		26 POSITION CODE 117000665	
27 APPLICATION G113.0 - 2021 - 313001			

REMARKS: Limited appointment effective 3-27-68 is hereby extended for a period not to exceed five years or needs of employees whichever is less. NTE 3-26-73. APPOINTMENT NTE FIVE YEARS OR NEEDS WHICHEVER IS LESS. NTE 3/26/73. SERVICE 3/27/68

SIGNATURE		REQUESTOR	
TITLE		TITLE	

PART II. TO BE COMPLETED BY PERSONNEL OFFICE													
1. CLEARANCES		INITIALS OR SIGNATURE		DATE		2. EXTENSIVE PERFORMANCE		3. NEW		4. USE		5. DEGRADED	
3. CLASSIFICATION		4. EMPLOYMENT		5. APPROVED BY		6. SUBJECT TO COMPLETION		7. SERVICE COUNTING TOWARD CAREER TENURE FROM		8. SUCCESSOR POSITION - EMPLOYEE RETAINED IN THE COMPETITIVE SERVICE		9. SEPARATIONS (When Reason Satisfactory Check if Applicable)	

ARR:MGTSOP:ME:asho 2/23/68

FEDERAL EMPLOYEES SALARY ACT OF 1967

PUB. LAW 90-206

SEPTEMBER 6 1967

339700

[ ]

[ ]

316,941 317,724 319,001

FEDERAL EMPLOYEES SALARY ACT OF 1966

PUB. LAW 89-504

1 JULY 1966

339700

[ ]

[ ]

318,929 318,391 312801

DEPARTMENT OF STATE

PAY ROLL CHANGE SLIP

FORM 05-1042  
7-15-60

POST	ORG. CODE	POSITION NO.	ALLOT. & ACTIVITY & PURPOSE	EFFECTIVE DATE	DATE OF LAST EQUIV. INCREASE
[ ]	3130	[ ]	01130 2081	7-01-67	[ ]
EMPLOYEE'S NAME	EMPLOYEE NO.	CATG. & CLASS SERV. & GRADE	NEW SALARY RATE	OLD SALARY RATE	Periodic Step-Increase
[ ]	339700	[ ]	316,941	316,391	<input checked="" type="checkbox"/>

Other Step Increase \_\_\_\_\_  
 Pay Adjustment \_\_\_\_\_

Initials of Clerk \_\_\_\_\_

REMARKS

[ ]

Performance rating is satisfactory or better.

Signature of other Department Officer



DEPARTMENT OF STATE  
PERSONNEL ACTION  
AND  
AUTHORIZATION OF OFFICIAL TRAVEL  
Applicable Regulations: 6 FAM 100 & FM-1 510.4

You are hereby authorized to perform official travel at Government expense as indicated herein. Unless otherwise noted, all expenses and the maximum per diem under the regulations are authorized. Unless otherwise noted, shipment of effects is authorized from station of origin to station of destination if allowances are shown in item 19.

1. NAME ADDRESS AND DIPLOMATIC TITLE		2. EMPLOYEE NUMBER 539700	3. AUTHORIZATION NUMBER 7-60514	
		4. SOCIAL SECURITY NUMBER		
		5. CLASS	6. AUTHORIZATION DATE JULY 6, 1966	
7. NEW POSITION TITLE, NUMBER AND OCCUPATION CODE		1011	8. DO NOT START TRAVEL PRIOR TO 1-067(P)	
9. ACCOUNTING CLASSIFICATION: The coding 'A' through 'E' must be shown on all documents issued under this authority and must appear on all vouchers, invoices, TRs, CB, Ls, etc.				
A. FUND 1970113	B. ALLIEMENT 2025	C. OBLIGATION NUMBER 760514	D. ORGANIZATION CODE 313001	E. FUNCTION 50-05
10A. STATION OF ORIGIN MEXICO, D.F., MEXICO		10B. LOCATION CODE 312001	11. OBJECT 2099	
12. STATION OF DESTINATION		13. AMOUNT		
14. QUARTERS AVAILABILITY		15. ALLOWANCES FOR SHIPMENT AND/OR STORAGE OF HOUSEHOLD EFFECTS - NET WEIGHT		16. FOREIGN MOTOR VEHICLE
1. UNKNOWN 2. UNFURNISHED 3. FURNISHED 1		A. LIMITED SHIPMENT 03900	B. TOTAL ALLOWANCE 13000	A. SHIPMENT AUTHORIZED 2 1. YES 2. NO
17. NUMBER OF DEPENDENTS		18. EXCESS BAGGAGE (For air travel)	19. TOTAL NUMBER OF NONTRAVEL DAYS AUTHORIZED BELOW, INCLUDING THOSE WITHOUT PER DIEM UNDER THIS AUTHORIZATION (AND AMENDMENTS)	
A. ADULTS 2	B. CHILDREN 2 C. Under 2 0	000	A. CONSULTATION (WEEKDAYS) 00	B. TRAINING (CALENDAR DAYS) 000 C. TDY (CALENDAR DAYS) 000
THIS SECTION FOR PERSONNEL ACTION ONLY. When completed for permanent change of station, this document constitutes a valid personnel action for transfer between Posts. DO NOT USE FOR R. T. HOME LEAVE OR FIELD AMENDMENTS.				
20. SALARY pa \$ 16,391	21. SALARY APPROPRIATION AND ALLIEMENT 01130 2081		22. NAT'L REGISTRATION AND EFFECTIVE DATE 727 07-17-66	23. DPL CODE Q
24. ITINERARY, SPECIAL INSTRUCTIONS, SPECIAL AUTHORIZATION AND REMARKS			10700700 00036	
Transfer.  Tour of duty of four years with home leave after two years (Subject to the needs of the Service).				
25. EID (Old post)	26. EIA (New post)	27. AUTHORIZING OFFICER		
28. AUTHORIZED ITINERARY FOR DEPENDENTS MEXICO				
29. TRAVEL REQUESTED BY				
A. OFFICE ARA/EX	B. OFFICER			

### REQUEST FOR PERSONNEL ACTION

<b>PART I. REQUESTING OFFICE</b> (Fill in items except those in heavy lines)							
A. DATE OF REQUEST 7/5/66		B. PROPOSED EFFECTIVE DATE		C. REQUEST NUMBER		D. SERVICE CLASSIFICATION	
E. ROUTING 1. APPROVING OFFICER 2. APPROVING OFFICER		3. GS/CS 7/1/66		4. SOCIAL SECURITY NO.		5. BIRTH DATE	
1. NAME (CAPS) Last First Middle Mr.				2. EMPLOYEE NO & SEX XXXX 539700 M		3. POSITION TITLE	
7. KIND OF ACTION REQUESTED (1) PERSONNEL (2) SPECIAL ASSIGNMENT (3) REASSIGNMENT (4) PROMOTION				RIF CODE		G. POSITION SKILL CODES	
(2) POSITION (Specify number, name, grade, etc.)				H. POSITION VACATED 1. Former grade 2. Listed 3. Other			
5. VETERAN PREFERENCE 1-NO 2-5 PT 3-10 PT (DISAB) 4-10 PT (COMP) 5-10 PT (OTHER)		6. TENURE CODE		7. SERVICE COMP DATE		8. PHYSICAL HANDICAP CODE	
9. FEGLI 1-COVERED 2-INELIGIBLE 3-WAIVED		10. RETIREMENT 1-CS 2-PCA		3-FS 4-NONE 5-OTHER		10A. MO & YR OF GRADE	
12. NATURE OF ACTION 727 Transfer		13. EFFECTIVE DATE (M/D/Y) 7/17/66		14. CIVIL SERVICE OR OTHER LEGAL AUTHORITY			
15. FROM POS NO 3-229		POSITION TITLE		16. PAY PLAN AND OCCUPATION CODE		17. GRADE OR LEVEL 03	
19. ORGANIZATION DESIGNATION Mexico, D.F. Mexico						18. SALARY pa 15,395 16,391	
20. TO POS NO 1-067		POSITION TITLE		21. PAY PLAN AND OCCUPATION CODE		22. GRADE 03	
24. ORGANIZATION DESIGNATION						23. SALARY 16,391 pa 15,395 NEXT PD DUE 15,727	
25. DUTY STATION (City/State)				26. LOCATION CODE 1070 0768			
27. APPROPRIATION CODE 01130 20281		313001 C-00		28. POSITION OCCUPIED 1-COMPETITIVE SERVICE 2-EXCEPTED SERVICE		29. APPOINTMENT POSITION FROM TO STATE	

REMARKS: Tour of duty four years with home leave after two years (subject to the needs of the Service).

ETA: 7/15/66.

J. REQUESTED BY SIGNATURE TITLE			K. REQUEST APPROV SIGNATURE TITLE		
<b>PART II. TO BE COMPLETED BY PERSONNEL OFFICE</b> (Items marked heavy lines are to be completed)					
L. CLEARANCES		INITIALS OR SIGNATURE		DATE	
M. OFFICE OR POS CONTROL					
N. CLASSIFICATION					
O. EMPLOYMENT					
P. PROVIDED BY S. Gould				7/5/66	
Q. EXCHANGE PERMITS (Satisfactory)		A		NEW	
R. SUBJECT TO COMPLETION OF 1 YEAR PROBATIONARY PERIOD COMMENCING					
S. SERVICE COUNCIL TOWARD CAREER TENURE FROM					
T. SUCCESSOR AND PAY EMPLOYEE RETAINED IN THE COMPETITIVE SERVICE					
SEPARATIVE SHOW REASON BELOW CHECK IF APPLICABLE		DUAL PROPERTY		1000 MAR 67 1-11 28 1000	

FORM DS-1042  
7-18-60

DEPARTMENT OF STATE  
PAY ROLL CHANGE SLIP

POST	ORG CODE	POSITION NO.	ALLOT & ACTIVITY & PURPOSE	EFFECTIVE DATE	DATE OF LAST EQUIV. INCREASE
MEXICO D.F.	312A		01130 2081	7-01-66	
EMPLOYEE'S NAME	EMPLOYEE NO.	CATG. & CLASS SERV. & GRADE	NEW SALARY RATE	OLD SALARY RATE	
	839700	FSR 03	\$15,989	\$15,399	<input checked="" type="checkbox"/> Periodic Step-Increase
LWOP DATA (Fill in appropriate spaces covering LWOP during following periods):					
Period(s)			<input type="checkbox"/> Other Step-Increase		
<input type="checkbox"/> NO EXCESS LWOP. TOTAL EXCESS LWOP _____					
<input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD.			<input type="checkbox"/> Pay Adjustment		
<input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD.			Initials of Clerk _____		
REMARKS			Performance rating is satisfactory or better.		
			_____ (Signature of other authorization)		

PERSONNEL COPY

FEDERAL EMPLOYEES SALARY ACT OF 1965  
 PUB. LAW 89-301  
 15 NOVEMBER 1965

539700 [ ] [ ] \$14,860 \$15,395 312801





RAY INC. FFF. 7-5-64 DL 88-826

NAME  
 PAY PLAN CLASS FROM SALARY TO SALARY STEP ORGAN  
 SHAW ROBERT T F R 4 12,850 13,335 4 312601

DEPARTMENT OF STATE  
 PAY ROLL CHANGE SLIP

FORM DS-1042  
 7-13-60

POST OFFICE	ORG CODE	POSITION NO.	ALLOT & ACTIVITY & PURPOSE	EFFECTIVE DATE	DATE OF LAST EQUITY INCREASE
MEXICO CITY	AJ 7128		NO CHANGE	7-01-64	
EMPLOYER'S NAME	EMPLOYEE NO.	CATG & CLASS SERV & GRADE RATE	NEW SALARY RATE	OLD SALARY RATE	Periodic Step-Increase
	030760		\$ 12,850	\$ 12,490	<input checked="" type="checkbox"/>

LWOP DATA (fill in appropriate spaces covering LWOP during following periods):

NO EXCESS LWOP TOTAL EXCESS LWOP

IN PAY STATUS AT END OF WAITING PERIOD

IN LWOP STATUS AT END OF WAITING PERIOD

Remarks: Performance rating is satisfactory or better

[Signature of User Authorization]

[Redacted] FR 04 \$ 11,880 \$ 12,495 03 312A01

STANDARD FORM NO. 612  
REVISED JUNE 1962  
APPROVED BY:  
COMP. GEN. U. S.  
MARCH 17, 1963  
U. S. CIVIL SERVICE COMMISSION  
F. P. M. CHAPTER 40

**CIVIL OFFICER  
APPOINTMENT AFFIDAVITS**  
(As defined in 5 USC 21a and 21b)

United Mexican States  
Federal District  
City of Mexico  
Embassy of the United  
States of America

SS: *PER file*

I, [Redacted] (Name in full) \_\_\_\_\_ Arizona \_\_\_\_\_ (State)

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.

[Redacted] (Type name of appointee) \_\_\_\_\_ [Redacted]

Subscribed and sworn before me this 15th day of October, A. D. 1963,

at Mexico, D. F., Mexico (State)

[SEAL]

*E. L. BEVER*  
Consul of the United States of America  
(Title)

Department of State Foreign Service of the U.S. Mexico, D.F., Mexico  
(Department or agency) (Bureau or division) (Place of employment)

Consul September 10, 1963  
(Particular to each appointee) (Date of expiration on duty)

NOTE.—The oath of office must be administered by a person specified in 5 U. S. C. 18, or by a person designated to administer oaths under Section 208, Act of June 26, 1943, 5 U. S. C. 16a. If by a Notary Public, the date of expiration of his commission should be shown.

FORM 1-62

HR-8261 NUMBER

Approved by: [Signature] and B of B (Date 1963)

### NOTIFICATION OF PERSONNEL ACTION

1 NAME (LAST, FIRST, MIDDLE)		2 EMPLOYEE NO. (SEE 539700M)	3 BIRTH DATE (MM-DD-YY)	4 SOCIAL SECURITY NO.
[Redacted]		5 TENURE (1-3) (4) 0	6 GRADE (08-28-48)	7 PAY PLAN AND OCCUPATION CODE (0)
8 FEGLI (1-NO, 2-PT, 3-PT, 4-PT, 5-OTHER)	9 COVERED (1-COVERED, 2-DEFERRED, 3-WAIVED)	10 RETIREMENT (1-YES, 2-NO, 3-OTHER)	11 PAY PLAN AND GRADE (03-63)	12 NATURE OF ACTION (980)
13 EFFECTIVE DATE (09-10-63)		14 CIVIL SERVICE OR OTHER LEGAL AUTHORITY		
15 FROM POSITION TITLE AND NUMBER		16 PAY PLAN AND OCCUPATION CODE	17 GRADE	18 SALARY
[Redacted]		[Redacted]	[Redacted]	[Redacted]
19 NAME AND LOCATION OF EMPLOYING OFFICE (DEPARTMENT OF STATE, WASHINGTON 25, D. C.)				

20 TO (3-2)	21 PAY PLAN AND OCCUPATION CODE (FO)	22 GRADE (04) STEP (06)	23 SALARY (pa\$11,880) 15
24 NAME AND LOCATION OF EMPLOYING OFFICE (DEPARTMENT OF STATE, WASHINGTON 25, D. C.)			

25 DUTY STATION (MEXICO CITY, D.F., MEXICO)	26 LOCATION CODE (915300595)
27 APPROPRIATION (AJ -A-2081- 312801-32 A78)	28 POSITION OCCUPIED (2)
29 APPROPRIATE POSITION (1-PROPOSED, 2-WAIVED)	

30 REMARKS: [Redacted]

31 DATE OF APPOINTMENT OFFER: [Redacted]

32 SIGNATURE OF APPOINTING OFFICER AND TITLE: [Redacted]

This action is subject to the applicable laws, rules and regulations and may be subject to investigation and appeal by the United States Civil Service Commission or the Department of State. It is a condition of service that you accept this action with all requirements. The grade of the position to which you are officially assigned may be reviewed and corrected by the Department or by the Civil Service Commission.

NOMINATED: 08-26-63.  
 CONFIRMED: 09-09-63.  
 ATTESTED: 09-10-63.

EXECUTE SF-61A.  
 APPOINTED BY THE PRESIDENT [Redacted]

33 DATE OF APPOINTMENT OFFER: [Redacted]	34 SIGNATURE OF APPOINTING OFFICER AND TITLE: [Redacted]
35 OFFICE OF PERSONNEL (SEE INSTRUCTIONS)	36 DATE: [Redacted]
37 OFFICE EMPLOYING DEPARTMENT OR AGENCY: [Redacted]	38 DATE: [Redacted]

ST 01 [Redacted] SUBMITTING OFFICE NO 2951  
 CHIP 2 PERSONNEL FOLDER

REQUEST FOR PERSONNEL ACTION

PCS

**PART I. REQUESTING OFFICE** (Fill in name and address of the office)

A DATE OF REQUEST: 2/26/63  
 B EMPLOYEE'S SERVICE DATE: ASAP

C SERVICE NUMBER: PS  
 D REASONING: EXTENSION  
 E POSITION: 7/4/63  
 F POSITION: 7/4/63

G NAME (Last, First, Middle): [Redacted]  
 H MRS. MISS, MRS.: MR.  
 I EMPLOYEE NUMBER: 53970M  
 J BIRTH DATE: [Redacted]  
 K SOCIAL SECURITY NO.: [Redacted]

L KIND OF ACTION REQUESTED: PERSONNEL  
 M POSITION: [Redacted]  
 N POSITION VACATED: [Redacted]

1. VETERAN PREFERENCE: 2  
 2. NO. 3. 10 PT. (MAB) 4. 10 PT. (MAB)  
 5. TENURE CODE: 3 G  
 6. PHYSICAL HANDICAP CODE: [Redacted]

7. FEEL: 1. COVERED 2. INELIGIBLE 3. WAIVED  
 8. RETIREMENT: 1. CS 2. FICA  
 9. PAY PLAN AND OCCUPATION CODE: [Redacted]

10. NATURE OF ACTION: 980  
 11. EFFECTIVE DATE (M/Y): 09-10-63  
 12. CIVIL SERVICE (OTHER) LEGAL AUTHORITY: Section 5023 - 721 - 74th Congress amended

13. FROM POS NO: [Redacted]  
 14. PAY PLAN AND OCCUPATION CODE: [Redacted]  
 15. GRADE OR LEVEL: [Redacted]  
 16. SALARY: [Redacted]

17. ORGANIZATION DESIGNATION: [Redacted]

18. TO POS NO: 3-229  
 19. POSITION TITLE: [Redacted]  
 20. PAY PLAN AND OCCUPATION CODE: 011  
 21. GRADE: 04  
 22. STEP: 06  
 23. SALARY: (p.a. \$11,000)  
 24. ORGANIZATION DESIGNATION: [Redacted]

25. UNIT STATION: D-9  
 26. CITY: Mexico City, Mexico  
 27. APPROPRIATION CODE: A-2081  
 28. POSITION OCCUPIED: 2  
 29. APPROPRIATED POSITION: 915.300595

Presidential Commission required.

APPOINTED BY THE PRESIDENT AS [Redacted]

NOMINATED: 08-26-63  
 CONFIRMED: 09-09-63  
 ATTESTED: 09-10-63

EXECUTE SF 61a

APPOINTED BY THE PRESIDENT AS [Redacted]

**CIVIL OFFICER  
APPOINTMENT AFFIDAVITS**  
(As defined in 5 USC 21a and 21b)

I,  Arizona  
(Print full name) (State)

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.

(Type name of appointee)

(Signatures of appointee)

Subscribed and sworn before me this 27th day of March, A. D. 1963.

D. C.  
(State)

[SEAL]

Sec. 206, Act of June 26, 1948  
(Title)

Mexico City  
(Place of employment)

(Appointed)

NOV 27 1963

(Date of entrance on duty)

**NOTE.**—The oath of office must be administered by a person specified in 5 U. S. C. 15, or by a person designated to administer oaths under Section 206, Act of June 26, 1948, 5 U. S. C. 16a. If by a Notary Public, the date of expiration of his commission should be shown.

NOTIFICATION OF PERSONNEL ACTION

1 NAME (LAST, FIRST, MIDDLE)		MR. [REDACTED]	2 EMPLOYEE NO. & SEA	539700M	3 BIRTH DATE (M./D./Y.)	4 SOCIAL SECURITY NO.
2	5 VETERAN'S BENEFIT	1-NO 2-SP	3 10 PT ENAB 4 10 PT COMP	6 FINANCIAL GRADE	(3) 0	7 SOCIAL SECURITY EMPLOYER
9 FEGLI			10 RETIREMENT	11 GRADE & TR OF GRADE	03-63	12 NATURE OF ACTION
1- COVERED			1- NONE			171 LIMITED APPOINTMENT
2- UNELIGIBLE			2- NONE			13 EFFECTIVE DATE
3- WAIVED			3- NONE			03-27-63
14 CIVIL SERVICE OR OTHER LEGAL AUTHORITY			SEC. 522.1 PL 724-79TH AS AMENDED			
15 FROM POSITION TITLE AND NUMBER			16 PAY PLAN AND OCCUPATION CODE	17 GRADE	18 SALARY	
					pa\$	
19 NAME AND LOCATION OF EMPLOYING OFFICE DEPARTMENT OF STATE, WASHINGTON 25, D. C.						

20 TO POSITION TITLE AND NUMBER	21 PAY PLAN AND OCCUPATION CODE	22 GRADE	STEP	23 SALARY
3-229	FO	(04)	06	(pa\$11,880) 1
Z				15
24 NAME AND LOCATION OF EMPLOYING OFFICE DEPARTMENT OF STATE, WASHINGTON 25, D. C.				

25 DUTY STATION (Last Name)	26 LOCATION CODE	
MEXICO D.F., MEXICO	915300595	
27 APPROPRIATION	28 POSITION OCCUPIED	29 APPROPRIATION POSITION
AJ -A-2081-3128-32 12801 A78	2	FROM TO STATE

30 REMARKS

A. SUBJECT TO COMPLETION OF 1 YEAR PROBATIONARY (OR FULL PERIOD CRIMINAL)

B. SERVICE COUNTING TOWARD CAREER (OR PERMANENT) TENURE FROM

SEPARATIONS SHOW REASON BELOW, AS REQUIRED CHECK IF APPLICABLE

APPOINTMENT LIMITED TO FIVE YEARS OR NEED FOR EMPLOYEE'S SERVICES, WHICHEVER IS LESS.

TOUR OF DUTY OF FIVE YEARS WITH HOME LEAVE AFTER THREE YEARS SUBJECT TO THE NEEDS OF THE SERVICE).

31 DATE OF APPOINTMENT APPROVAL	32 OFFICE MAINTAINING PERSONNEL RECORD	33 OFFICE EMPLOYING DEPARTMENT OR AGENCY
		ST 01

2 PERSONNEL OFFICE

Form 05-1081

Approved by  
1-20-63

REQUEST FOR PERSONNEL ACTION

PART I. REQUESTING OFFICE (Fill in items except those in boxes listed)

A DATE OF REQUEST 2/26/63	B PROMISED EMP. DATE ASAP	C REQUEST NUMBER	D SERVICE FS	E POSITION PERSONNEL SERVICES	F POSITION NUMBER 239763AS	G POSITION CLASSIFICATION GS-11
1 NAME (Last, First, Middle) [Redacted]		MR. MISS MRS MR.	11 EMPLOYEE NO. AND EXT. 559700	12 BIRTH DATE, MONTH, DAY, YEAR	13 SOCIAL SECURITY NO.	
14 KIND OF ACTION REQUESTED BY PERSONNEL			15 PAY CODE	16 POSITION	17 SKILL CODES	
18 POSITION (Agency's standard name should be used)			19 POSITION VACATED			

2 VETERAN PREFERENCE 1-NO 2-5 PT 3-10 PT DSAB 4-10 PT COMP	5 TENURE CODE 3	6 GRADE G	7 PHYSICAL HANDICAP CODE 0
9 REG. STATUS 1 COVERED 2 INELIGIBLE 3 WAIVED	10 RETIREMENT 1 CS 2 FICA	11 MO. & YR. OF GRADE 03-63	12 CIVIL SERVICE OR OTHER LEGAL AUTHORITY Section 522.1 - P. L. 724 - 79th Congress as amended
13 NATURE OF [Redacted]	14 EFFECTIVE DATE (MM/YY) 3-27-63	15	

15 FROM POS NO	POSITION TITLE	16 PAY PLAN AND OCCUPATION CODE	17 GRADE OR LEVEL	18 SALARY
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
19 ORGANIZATION DESIGNATION				

20 TO POS NO 3-229	POSITION TITLE	21 PAY PLAN AND OCCUPATION CODE	22 GRADE	STEP	23 SALARY (p.a. \$11,880) 1
[Redacted]	[Redacted]	[Redacted]	04	6-6	15
24 ORGANIZATION DESIGNATION vices: [Redacted]					

25 DUTY STATION Mexico City, Mexico	26 DUTY STATION CODE 915300595
27 PROGRAM A-2091	28 AGENCY 3128-32 A72

Authorize travel of appointee and dependents from Falls Church, Virginia to Mexico City. Authorize shipment of effects from Falls Church, Virginia and Williamsburg, Virginia to Mexico City. Authorize shipment of unaccompanied baggage from Falls Church, Virginia and/or Williamsburg, Virginia to Mexico City. Appointment limited to 5 years, or need of employee's services, whichever is less. Also separate DS 1031 for Granting of Consular Title.

Tour of duty (a)

Requested by: [Redacted] - Diana M. Graham, Chief  
Requested by: [Redacted] - Paula C. Johnson

PART II. TO BE COMPLETED BY PERSONNEL OFFICE

1. [Redacted]

2. [Redacted]

3. [Redacted]

4. [Redacted]

5. [Redacted]

6. [Redacted]

7. [Redacted]

8. [Redacted]

9. [Redacted]

10. [Redacted]

11. [Redacted]

12. [Redacted]

13. [Redacted]

14. [Redacted]

15. [Redacted]

16. [Redacted]

17. [Redacted]

18. [Redacted]

19. [Redacted]

20. [Redacted]

21. [Redacted]

22. [Redacted]

23. [Redacted]

24. [Redacted]

25. [Redacted]

26. [Redacted]

27. [Redacted]

28. [Redacted]

29. [Redacted]

30. [Redacted]

PER: COSTARA [Redacted] 2/28/63 App'd GM /

NOTIFICATION OF SECURITY CLEARANCE UNDER E. O. 10450

TO: Director, Office of Personnel  
Attn:

DATE: February 1, 1963

SUBJECT:

**APPLICANT.** If subject is not appointed within 90 days of the date of this notification, this clearance must be revalidated by the Office of Security.

**EMPLOYEE.**

The case of above-named person has been reviewed in the Office of Security.

Investigative requirements of Executive Order 10450 have been complied with.

It has been determined that the employment or retention in employment of subject is clearly consistent with the interests of national security.

On the basis of this determination clearance is hereby granted. This clearance shall remain in effect for all purposes until further notice except that prior approval must continue to be requested from the Office of Security in the event of marriage to an alien, Presidential appointment, any appointment requiring Senate confirmation, and transfers or assignments to the Office of Security, R Area Special Projects Staff, and cryptographic duties. (This determination shall not eliminate or modify any other determination on security which may be required by law).

REMARKS:

Investigative reports are attached. Please return these reports to the Office of Security within 10 days together with the names of the individuals who have reviewed them listed on the extra copy of this form herewith furnished.

Deputy Assistant Secretary for Security

ATTACHMENTS

O/SY:  ec

This memorandum may be considered as **CONFIDENTIAL USE ONLY** upon removal of attachments.



UNCLASSIFIED/Haxico City

STANDARD FORM 144  
 REVISED SEPTEMBER 1954  
 U. S. GOVERNMENT PRINTING OFFICE  
 FORM CHANGES 11-53 AND 52

### 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 retirement credits for reduction in force, and (2) in recording agency determination of competitive status. The employee should complete Part I and the Personnel Office should complete Parts II through V.

PART I—EMPLOYEE'S STATEMENT								PART II—THIS COLUMN IS FOR PERSONNEL OFFICE USE						
1. NAME (Last, first, middle initial)						2. DATE OF BIRTH		3. RETENTION GROUP						
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.)						FROM— YEAR MONTH DAY		TO— YEAR MONTH DAY		TYPE OF APPOINTMENT OR SERVICE		10. A. CSC STATUS <input type="checkbox"/> YES <input type="checkbox"/> NO		
												B. TYPE OF PRESENT APPOINTMENT		
NAME AND LOCATION OF AGENCY						FROM— YEAR MONTH DAY		TO— YEAR MONTH DAY		TYPE OF APPOINTMENT OR SERVICE		11. SERVICE		
												YEAR MONTH DAY		
FOREIGN SERVICE DEPT OF STATE						49 10		52 2						
DEPT OF DEFENSE						52 5		54 7						
FOREIGN SERVICE						54 7		56 5						
DEPT OF STATE						56 6		61 5						
DEPT OF STATE						61 5		63 3						
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 (Name of Division?)		
						YEAR MONTH DAY			YEAR MONTH DAY					
ARMY						43 9 11			45 3 8			HON.		
5. DURING PERIODS OF EMPLOYMENT SHOWN IN ITEM 3, DID YOU HAVE A TOTAL OF MORE THAN 6 MONTHS ABSENCE WITHOUT PAY, INCLUDING PERIODS OF MERCHANT MARINE SERVICE, DURING ANY ONE CALENDAR YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF ANSWER IS "YES," LIST FOLLOWING INFORMATION.														
TYPE IF KNOWN (LTD OP, Full, Susp, AWOL, Mer, Mat)						FROM—			TO—			TOTAL		
						YEAR MONTH DAY			YEAR MONTH DAY			YEARS MONTHS DAYS		
6. DURING THE FEDERAL SERVICE LISTED IN ITEM 3, DID YOU ACQUIRE A PERMANENT COMPETITIVE CIVIL SERVICE STATUS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO														
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 BIRTH OF A VETERAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If answer is "Yes" in any of these questions, you are eligible for special retirement benefits.) JA														
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. BOD 3-27-63 (DATE) _____ (SIGNATURE) Submitted and sworn to before me on this 27th day of March 1963 at Washington D. C.														
9. I swear (or affirm) that the above statements are true to the best of my knowledge and belief.														
NOTE: If oath is taken before a Notary Public, the date, time, and place of same must be shown.														
INSTRUCTIONS: Fill this form on the personal side of the employee's official personnel folder immediately before or after the appointment date specified.														

(OVER)

FORM DSP-34  
9-1-53

DEPARTMENT OF STATE  
SUPPLEMENT TO STANDARD FORM 57

Budget Bureau No. 47-8071.4  
Approval Expires June 30, 1955

A. NAME (Last)

If more space is required, use additional sheets of paper. Write on each sheet your name, address and date of birth. Identify each item, and attach to this application.

2. USE OF APPLICATION - CHECK BELOW TO INDICATE TYPE OF EMPLOYMENT FOR WHICH YOU WISH TO BE CONSIDERED:

Foreign Service Only       Departmental Only       Foreign Service and Departmental

3. PERMANENT ADDRESS (Place from which you will expect transportation of self and household effects, if any, if appointed to the Foreign Service)

[Redacted]

4. IF BORN OUTSIDE THE UNITED STATES, HOW WAS CITIZENSHIP ACQUIRED? IF A NATURALIZED CITIZEN, GIVE PLACE, DATE, AND NUMBER OF NATURALIZATION CERTIFICATE. (Section 11 on Form 57)

5. a. ARE YOU NOW INVOLVED IN ANY LITIGATION OR SEPARATION AGREEMENT?  YES  NO  
b. DO YOU KNOW OF ANY PROSPECTIVE LITIGATION IN WHICH YOU MAY BE INVOLVED?  YES  NO  
(Give details, if answer to yes to a. or b.)

c. IF DIVORCED GIVE NAME OF COURT, LOCATION, AND DECREE.

6. IF APPLYING FOR OVERSEAS EMPLOYMENT WHAT IS THE LOWEST ENTRANCE SALARY YOU WILL ACCEPT? (Exclusive of overseas allowances)

\$ \_\_\_\_\_ Per Year

7. IF OFFERED APPOINTMENT IN THE FOREIGN SERVICE WHAT RESTRICTIONS ARE THERE ON YOUR AVAILABILITY FOR DUTY IN ANY PART OF THE WORLD?

None

8. a. FULL NAME OF SPOUSE (If wife, give maiden name)      b. DATE OF BIRTH      c. PLACE OF BIRTH (City, State or Province, and Country)

[Redacted]

9. a. IF BORN OUTSIDE THE UNITED STATES, HOW WAS CITIZENSHIP ACQUIRED?      b. IF NATURALIZED, GIVE PLACE, DATE, AND NO. OF NATURALIZATION CERTIFICATE

NAME OF DEPENDENT	RELATIONSHIP	DATE OF BIRTH	WILL RESIDE WITH YOU OVERSEAS	
			YES	NO
[Redacted]	[Redacted]	[Redacted]	X	
[Redacted]	[Redacted]	[Redacted]	X	
[Redacted]	[Redacted]	[Redacted]	X	
[Redacted]	[Redacted]	[Redacted]	X	

10. a. FATHER'S NAME      b. PRESENT ADDRESS      c. PLACE OF BIRTH

[Redacted]

11. a. MOTHER'S NAME      b. PRESENT ADDRESS      c. PLACE OF BIRTH

[Redacted]      [Redacted]      Elizabethtown, Ky.

12. IF PARENTS BORN OUTSIDE THE UNITED STATES, DID THEY EVER OBTAIN UNITED STATES CITIZENSHIP? (Check below)

FATHER  YES  NO      MOTHER  YES  NO

13. HAVE YOU EVER APPLIED FOR A POSITION WITH THE DEPARTMENT OF STATE OR TAKEN AN EXAMINATION FOR A POSITION WITH THE DEPARTMENT OF STATE?

YES       NO  
If "YES" give date, nature of position applied for, and kind of examination taken, if any.

Asst. Attache, PMS-7, Caracas, Venezuela, 1949-52  
Vice Consul, PMS-9, Guayaquil, Ecuador, 1952-54.

14. RELATIVES BY BLOOD OR MARRIAGE NOW RESIDING IN FOREIGN COUNTRIES

NAME	RELATIONSHIP	ADDRESS

15. LIST PRESENT OR FORMER FOREIGN CONNECTIONS:

A. BUSINESS

B. EMPLOYMENT

16. DOES YOUR FINANCIAL POSITION PERMIT DISCHARGE OF ALL DEBTS INCURRED?  YES  NO  
 IF "NO," STATE INFORMATION REQUESTED BELOW:

NAMES OF CREDITORS	AMOUNTS DUE	DATES ON WHICH OBLIGATIONS WERE CONTRACTED

17. HAVE YOU EVER BEEN MEDICALLY DISCHARGED FROM THE ARMED SERVICES?  YES  NO  
 B. HAVE YOU EVER BEEN UNDER TREATMENT FOR A MENTAL OR EMOTIONAL DISORDER?  YES  NO  
 IF "YES," GIVE DETAILS IN ITEM 39 OF FORM 57.

18. PRESENT MILITARY STATUS

A. ARE YOU REGISTERED WITH A SELECTIVE SERVICE BOARD?  YES  NO IF "YES," STATE BELOW THE NUMBER AND ADDRESS OF THE BOARD, AND YOUR CLASSIFICATION:

B. DO YOU HAVE A MILITARY RESERVE STATUS?  YES  NO IF "YES," STATE BELOW, THE BRANCH OF SERVICE, YOUR SERIAL NUMBER, YOUR ORGANIZATION UNIT AND HEADQUARTERS:

LIST DECORATIONS (Exclusive of service ribbons), CITATIONS, AND OFFICIAL LETTERS OF COMMENDATION RECEIVED FOR SERVICE IN THE ARMED FORCES:

19. LIST OTHER NAMES, IF ANY, BY WHICH YOU HAVE BEEN KNOWN INCLUDING MARRIED NAMES, IF MARRIED MORE THAN ONCE, GIVE DATES DURING WHICH NAMES WERE USED.

20. REFERENCES: LIST FIVE PERSONS, EXCLUSIVE OF SUPERVISORS, LIVING IN THE UNITED STATES WHO ARE NOT RELATED TO YOU AND WHO HAVE DEFINITE KNOWLEDGE OF YOUR QUALIFICATIONS AND FITNESS FOR THE POSITION FOR WHICH YOU ARE APPLYING. (Repeat names listed in Item 24, Form 57 and add two additional references.)

FULL NAME	PRESENT BUSINESS OR HOME ADDRESS (Give complete current address, including street and number)	BUSINESS OR OCCUPATION
	c/o Dept. of State	Retired, FSO
	c/p Dept. of State	FSO/Dept.
	c/o Dept. of State	FSO/Dept.
	Remington Rand, N.Y.C.	Corp. President
	Dept. of Air Force	Judge Advocate

21. If you believe the information you have supplied on this application does not fully show your qualifications for Departmental or Foreign Service Employment, state in Item 33 of Form 57 or on a separate sheet, any additional appropriate data that you wish to be considered.

DATE: 10 February 1956 SIGNATURE: [Signature]

APPLICATION FOR FEDERAL EMPLOYMENT

1-10-63 87-103

DO NOT WRITE IN THIS SPACE	1. Kind of position applied for, or name of examination <b>FOREIGN SERVICE RESERVE</b>	Announcement No. _____	DO NOT WRITE IN THIS BLOCK For Use of Examining Office Only																																	
	2. Options for which you wish to be considered (if listed in examination announcement) <b>FOREIGN SERVICE</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> Appnt.</td> <td><input type="checkbox"/> Material</td> <td><input type="checkbox"/> Entered Register</td> </tr> <tr> <td><input type="checkbox"/> Nonappnt.</td> <td><input type="checkbox"/> Submerged</td> <td><input type="checkbox"/> Returned</td> </tr> </table>					<input type="checkbox"/> Appnt.	<input type="checkbox"/> Material	<input type="checkbox"/> Entered Register	<input type="checkbox"/> Nonappnt.	<input type="checkbox"/> Submerged	<input type="checkbox"/> Returned																								
	<input type="checkbox"/> Appnt.	<input type="checkbox"/> Material	<input type="checkbox"/> Entered Register																																	
	<input type="checkbox"/> Nonappnt.	<input type="checkbox"/> Submerged	<input type="checkbox"/> Returned																																	
	3. Primary place(s) of employment applied for (City and State) <b>FOREIGN SERVICE</b>	Nonstatus: _____																																		
	4. Name (First, middle, maiden, if any, last) _____	App. Reviewed: _____																																		
	5. _____ _____	App. Approved: <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Option</th> <th>Grade</th> <th>Favored Rating</th> <th>Preference</th> <th>Augm. Rating</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> 9 points (Ten.)</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> 10 points Camp. Dis.</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Other 10 points</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Disab.</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Being Investigated</td> <td></td> </tr> </tbody> </table>					Option	Grade	Favored Rating	Preference	Augm. Rating				<input type="checkbox"/> 9 points (Ten.)					<input type="checkbox"/> 10 points Camp. Dis.					<input type="checkbox"/> Other 10 points					<input type="checkbox"/> Disab.					<input type="checkbox"/> Being Investigated	
	Option	Grade	Favored Rating	Preference	Augm. Rating																															
				<input type="checkbox"/> 9 points (Ten.)																																
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			<input type="checkbox"/> Other 10 points																																	
			<input type="checkbox"/> Disab.																																	
			<input type="checkbox"/> Being Investigated																																	
6. Home phone _____ (Area (State) _____)	7. Office phone _____																																			
8. _____ <b>ARIZONA</b>																																				
9. Height without shoes _____ feet _____ inches	10. Weight <b>135</b>																																			
11. Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	12. Marital status <input checked="" type="checkbox"/> Married <input type="checkbox"/> Single (Wid., undowd., divorced)																																			
13. Birthplace (City and State, or foreign country) <b>Washington, D. C.</b>																																				

17. AVAILABILITY INFORMATION

A. Lowest grade or pay you will accept _____ or grade <b>PSN-4</b>	B. Will you accept temporary appointment? (Acceptance or refusal of temporary employment will not affect your consideration for other appointments.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," indicate by "X" in appropriate box or boxes. <input type="checkbox"/> 1 to 3 months <input type="checkbox"/> 4 to 12 months
C. Will you accept less than 1 month employment (less than 30 hours per week)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	D. Are you currently employed? <input type="checkbox"/> Not at all <input checked="" type="checkbox"/> Occasionally <input type="checkbox"/> Regularly
E. Will you accept employment in Washington, D.C.? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Outside U.S. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," list locations	F. Will you accept appointment only in certain locations? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

18. ACTIVE MILITARY SERVICE AND VETERAN'S PREFERENCE

A. List Dates, Branch, and Detail or Service Number of All Active Service From _____ To _____ Branch of service _____ Serial or Service Number _____ <b>September 11, 1943 March 8, 1945 Army</b>	B. Have you ever been discharged from the armed forces under other than honorable conditions? <input type="checkbox"/> Yes (Give details in Item 32) <input checked="" type="checkbox"/> No
C. Do you claim a point preference based on wartime military service? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	D. Do you claim a point preference based on service during peacetime campaign? <input type="checkbox"/> Yes (Complete and attach Standard Form 15) <input checked="" type="checkbox"/> No
E. Do you claim 10 point preference? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," check type of preference claimed and complete and attach Standard Form 15: Veterans Preference Class <input type="checkbox"/> 1-PE <input type="checkbox"/> Compassable disabled <input type="checkbox"/> Disability <input type="checkbox"/> Wife <input type="checkbox"/> Widow <input type="checkbox"/> Mother	

THIS SPACE FOR USE OF APPOINTING OFFICER ONLY

The information given in answer to Question 18 has been verified with the discharge certificate and/or other proof which shows that the separation was under honorable conditions.

VETERAN PREFERENCE ALLOWED  5 points  10 point Camp. Disab.  Other 10-point  None

Signature and title \_\_\_\_\_ Agency \_\_\_\_\_ Date \_\_\_\_\_

PLEASE BE SURE TO READ ATTACHED INSTRUCTIONS BEFORE COMPLETING ITEM 19

19. EXPERIENCE (Start with your PRESENT position and work back)

May inquiry be made of your present employer regarding your character, qualifications, and record of employment? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
1	Dates of employment (month, year) From <b>May 1961</b>	To present time	Exact title of position <b>Political Officer</b>	Number and kind of employees you supervise <b>8 - 10</b>
Salary or earnings Starting <b>\$12,210</b> per yr Present <b>\$13,270</b> per yr		Classification Grade (If in Federal service) <b>GS-14</b>	Place of employment (City & State) <b>Washington, D. C.</b>	Kind of business or organization (Manufacturing, accounting, insurance, etc.) <b>U.S. Govt</b>
Name and address of employer (firm, organization, etc.) <b>Department of State</b>			Name, title, and present address of immediate supervisor	
Reason for leaving <b>Desire to re-enter Foreign Service</b>				
Description of work <b>Analysis of political and economic reporting from Embassies and Consulates in Latin American countries; preparation of special studies based on these reports; conduct of official business with representatives of Latin American Governments in Washington.</b>				
2	Dates of employment (month, year) From <b>June 1958</b> to <b>May 1961</b>		Exact title of position <b>Vice Consul &amp; Consul</b>	Number and kind of employees you supervised <b>1 (Secretary)</b>
Salary or earnings Starting <b>\$7490</b> per annum Final <b>\$9900</b> per annum		Classification Grade (If in Federal service) <b>FSR-4</b>	Place of employment (City & State) <b>Nogales, Mexico &amp; Dept of State</b>	Kind of business or organization (Manufacturing, accounting, insurance, etc.) <b>U.S. Govt</b>
Name and address of employer (firm, organization, etc.) <b>Dept of State, Washington, D.C.</b>			Name, title, and present address of immediate supervisor <b>Consul Gen Robert Martindale Consul Gen Terrence Leonhardy</b>	
Reason for leaving <b>Accept employment in the Department</b>				
Description of work <b>General duties of a Foreign Service Reserve Officer at the American Consulate in Nogales. Handled a considerable number of protection cases, maintained extensive contacts in the state and national governments, handled political reporting for the consulate. Transferred to Department in July 1959.</b>				
3	Dates of employment (month, year) From <b>July 1954</b> to <b>May 1956</b>		Exact title of position <b>Foreign Affairs Ofcer</b>	Number and kind of employees you supervised <b>2 (Secretary &amp; Clerk)</b>
Salary or earnings Starting \$ <b>57785</b> per annum Final <b>\$7785</b> per annum		Classification Grade (If in Federal service) <b>GS-12</b>	Place of employment (City & State) <b>Washington, D.C.</b>	Kind of business or organization (Manufacturing, accounting, insurance, etc.) <b>U.S. Govt</b>
Name and address of employer (firm, organization, etc.) <b>Dept of Defense Joint Chiefs of Staff</b>			Name, title, and present address of immediate supervisor	
Reason for leaving <b>Re-enter Foreign Service</b>				
Description of work <b>Preparation of studies and reports for the military departments and the Joint Chiefs of Staff on Inter-American Defense matters.</b>				

IF YOU NEED ADDITIONAL EXPERIENCE BLOCKS USE STANDARD FORM 57-A OR BLANK SHEETS  
SEE INSTRUCTION SHEET

CONTINUATION SHEET FOR STANDARD FORM 57  
"Application for Federal Employment"

INSTRUCTIONS.—Fill out this form only when necessary for completion of Item 16, "EXPERIENCE," on Standard Form 57. Enclose with your application. Type or write clearly in dark ink.

1. NAME (First, Middle, Maiden (if any), Last)	2. DATE OF BIRTH (month, day, year)
3. R. [ ]	4. D. [ ]
<b>FOREIGN SERVICE</b>	

DATE OF EMPLOYMENT (month, year)		EXACT TITLE OF YOUR POSITION	
FROM <b>May 1952</b> TO <b>July 1954</b>		<b>Vice Consul</b>	
SALARY OR EARNINGS		CLASSIFICATION GRADE (if in Federal Service)	PLACE OF EMPLOYMENT
STARTING \$	PER	<b>FSS-9</b>	CITY <b>Guayaquil,</b>
FINAL \$	PER		STATE <b>Ecuador</b>
NAME AND ADDRESS OF EMPLOYER (firm, organization, etc.)		NAME AND TITLE OF IMMEDIATE SUPERVISOR	
<b>Dept of State</b>		<b>Consul Gen Paul W. Meyer</b>	

REASON FOR LEAVING: **Position with Dept of Defense**  
 DESCRIPTION OF WORK: **General duties of a Foreign Service Staff Officer in the Economic and commercial section of the consulate general in Guayaquil. Also performed political reporting functions and assisted in visa and citizenship matters.**

DATE OF EMPLOYMENT (month, year)		EXACT TITLE OF YOUR POSITION	
FROM <b>Oct 1949</b> TO <b>Feb 1952</b>		<b>Asst Attache</b>	
SALARY OR EARNINGS		CLASSIFICATION GRADE (if in Federal Service)	PLACE OF EMPLOYMENT
STARTING \$	PER	<b>FSS-9</b>	CITY <b>Washington &amp;</b>
FINAL \$	PER		STATE <b>Caracas, Ven</b>
NAME AND ADDRESS OF EMPLOYER (firm, organization, etc.)		NAME AND TITLE OF IMMEDIATE SUPERVISOR	
<b>Dept of State</b>		<b>Ambassadors Donnally, Sparks, Armour</b>	

REASON FOR LEAVING:  
 DESCRIPTION OF WORK: **General duties of a Foreign Service Staff officer in the Political Section, Embassy Caracas. Preparation of reports for the Department and memoranda for the Ambassador, consultation with officials of the local government and American companies (esp of the petroleum industry operating in Venezuela). Assistance in the Consular Section with visa affairs**

DATE OF EMPLOYMENT (month, year)		EXACT TITLE OF YOUR POSITION	
FROM <b>Nov 1947</b> TO <b>Oct 1949</b>		<b>Editor</b>	
SALARY OR EARNINGS		CLASSIFICATION GRADE (if in Federal Service)	PLACE OF EMPLOYMENT
STARTING \$	PER	<b>SEVEN</b>	CITY <b>Cincinnati</b>
FINAL \$	PER		STATE <b>Ohio</b>
NAME AND ADDRESS OF EMPLOYER (firm, organization, etc.)		NAME AND TITLE OF IMMEDIATE SUPERVISOR	
<b>Procter &amp; Gamble</b>		<b>Carl Prantz</b>	
		<b>Chief, Personnel Relations</b>	

REASON FOR LEAVING: **Desire for Foreign Service**  
 DESCRIPTION OF WORK: **Supervision of preparation (compilation through final printing & finding) of sales manuals for entire company sales force. Preparation of aptitude tests and general qualifications questionnaires used by company in recruitment of salesman and administrative employees. Preparation of material for company house magazine. Maintenance of close liaison with other personnel dept. Work with company print shop and private printing establishments.**

ATTACH SUPPLEMENTAL SHEETS OR FORMS HERE

• ANSWER ALL QUESTIONS CORRECTLY AND FULLY

20. SPECIAL QUALIFICATIONS AND SKILLS

A. Kind of license or Certificate (For example, pilot, teacher, registered nurse, lawyer, radio operator, C.P.A., etc.)	B. State or other licensing authority	C. Year of first license or certificate	D. Year of latest license or certificate
Private Pilot (Blue Seal, Sel)	FAA	1958	Current
E. Special skills you possess and machines and equipment you can use. (For example, short wave radio, multilith, comptometer, key punch, turret lathes, transcribing machine, watches or professional devices)		F. Approximate number of words per minute:	
		Typing	Shorthand
G. Special qualifications not covered in application. (For example, your most important publications (do not submit copies unless requested); your patents or inventions; public speaking and publications experience; membership in professional or scholarly societies, etc.; and honors and fellowships received)			
Writing - Occasional articles on sporting & aviation subjects. Honors - PHI BETA KAPPA (1948)			

21. EDUCATION

A. Place "X" in column indicating highest grade completed												B. If you graduated from high school, give date		C. Name and location of last high school attended					
1	2	3	4	5	6	7	8	9	10	11	12	1943							
D. Name and location of college or university												Dates attended		Years completed		Credit hours		Degree received	Year received
												From	To	Day	Night	Semester	Quarter		
												1943	1943	2/3					
												1945	1945	2/3		49			
												1945	1947	3		132		BA	1947
E. Chief undergraduate college subjects												Semester Hours Credit	Quarter Hours Credit	F. Chief graduate college subjects				Semester Hours Credit	Quarter Hours Credit
Spanish												35							
History & Poli Sci												26							
G. State major field of study at highest level of college work												Spanish							
H. Other schools or training (for example, trade, vocational, Armed Forces, or business). Give for each the name and location of school, dates attended, subjects studied, certificates, and any other pertinent data.												Camp Callan, Calif. Basic anti-aircraft schooling in fire control, specialization in anti-armor use of AA weapons							

22. FOREIGN TRAVEL

Have you lived or traveled in any foreign countries?

Yes  No

If Yes, give in Item 23 names of countries, dates and length of time spent there and reason or purpose (military service, business, education, or vacation)

23. FOREIGN LANGUAGES

List foreign language and indicate your knowledge of each by placing "X" in proper column	Reading		Speaking		Understanding		Writing	
	Use Good Fair	Use Good Fair	Use Good Fair	Use Good Fair	Use Good Fair	Use Good Fair	Use Good Fair	
Spanish	X			X		X		X
Portuguese	X					X	X	
French			X					

24. REFERENCES

List three persons living in the United States or territories of the United States who are NOT RELATED TO YOU AND WHO HAVE DEFINITE KNOWLEDGE of your qualifications and fitness for the position for which you are applying. Do not repeat names of supervisors listed under Item 19.

FULL NAME	PRESENT BUSINESS OR HOME ADDRESS (Number, Street, City, Zone, and State)	BUSINESS OR OCCUPATION
		Former Ambassador to Mexico
		Former Ambassador to Venezuela
		Former Consul at Nogales

DATE OF EMPLOYMENT (month, year) \_\_\_\_\_ EXACT TITLE OF YOUR POSITION \_\_\_\_\_

ANSWER ALL QUESTIONS BY PLACING "X" IN PROPER COLUMN		YES	NO
25. Are you a citizen of the United States of America? If "No," give country of which you are a citizen?		X	
26. Are you now, or have you ever been, a member of the Communist Party, U.S.A., the Communist Political Association, the Young Communist League, or any Communist organization?			X
27. Are you now or have you ever been a member of any foreign or domestic organization, association, movement, group, or combination of persons which is totalitarian, fascist, Communist, or subversive, or which has adopted, or shows, a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means? <i>If your answer to 26 and/or 27 above is "Yes," state on a separate sheet attached to and made a part of this application the names of all such organizations, associations, movements, groups or combination of persons and dates of membership. Give complete details of your activities therein and make any explanation you desire regarding your membership or activities. (See Instruction Sheet)</i>			X
28. Have you any physical handicap, chronic disease, or other disability?			X
29. Have you ever had a nervous breakdown?			X
30. Have you ever had tuberculosis? <i>If your answer to 28, 29, or 30 above is "Yes," give details in Item 39.</i>			X
31. Have you ever been barred by the U.S. Civil Service Commission from taking examinations or accepting civil service appointment? (If your answer is "Yes," give dates of and reasons for such debarment in Item 39.)			X
32. Does the United States Government employ in a civilian capacity any relative of yours (by blood or marriage) with whom you live or have lived within the past 24 months? <i>If your answer is "Yes," give in Item 39 for EACH such relative (1) full name; (2) present address; (3) relationship; (4) department or agency by which employed, and (5) kind of appointment.</i>			X
33. Do you receive or have you applied for an annuity from the United States or District of Columbia Government under any retirement act or any pension or other compensation for military or naval service? <i>If your answer is "Yes," give details in Item 39.</i>			X
34. Are you an official or employee of any State, territory, county, or municipality? <i>If your answer is "Yes," give details in Item 39.</i>			X
35. Have you ever been discharged (fired) from employment for any reason?			X
36. Have you ever resigned (quit) after being informed that your employer intended to discharge (fire) you for any reason? <i>If your answer to 35 or 36 above is "Yes," give details in Item 39. Show the name and address of employer, approximate date, and reason, in each case. This information should agree with statements made in Item 19—Experience.</i>			X
37. Have you ever been arrested, taken into custody, held for investigation or questioning, or charged by any law enforcement authority? (You may omit: (1) Traffic violations for which you paid a fine of \$30.00 or less, and (2) anything that happened before your 16th birthday. All other incidents must be included, even though they were dismissed or you merely forfeited collateral.)			X
38. While in the military service were you ever arrested for an offense which resulted in a trial by deck court or by summary, special, or general court martial? <i>If your answer to 37 or 38 is "Yes," give details in Item 39, showing for each incident: (1) date, (2) charge, (3) place, (4) law enforcing authority or type of court or court-martial, and (5) action taken.</i>			X

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

Item No.	Item No.
22	Venezuela/Asst Att/1949-52
1931-34	Ecuador/Vice Consul/Guayaquil/1952-54
Mexico - Travel since 45,	visits to Colombia, Panama, Trinidad,
Vice Consul & Consul at Tegucigalpa	Barbados, Brazil, Hawaii, Philippines
1956-59	Hong Kong

If more space is required, use full sheets of paper approximately the same size as this page. Write on each sheet your name, date of birth, and exact position title. Attach on inside of this application.

**ATTENTION: READ THE FOLLOWING PARAGRAPH CAREFULLY BEFORE SIGNING THIS APPLICATION**

A false or dishonest answer to any question in this application may be grounds for rating you ineligible for Federal employment, or for dismissing you after appointment, and may be punishable by fine or imprisonment (U.S. Code, Title 18, Sec. 1001). All statements made in the application are subject to investigation, including a check of your fingerprints, police records, and former employers. All information will be considered in determining your present fitness for Federal employment.

**CERTIFICATION**

I CERTIFY that all of the above is true and correct to the best of my knowledge and belief.

Signature of applicant \_\_\_\_\_



FORM DS-1032  
 (Exception to SF 50  
 approved by CSC and  
 E. of 8 April 22, 1960)

**NOTIFICATION OF  
 PERSONNEL ACTION**

JOURNAL NUMBER **16**

SERVICE - DEPARTMENT		F.S. NUMBER	DATE
		539700	05-25-61
1. NAME	2. EMPLOYEE NUMBER	3. EFFECTIVE DATE	4. SERVICE PREFIX
		05-28-52	I M V
5. DATE OF BIRTH	6. DATE APPT. ACTION	7. SOCIAL SECURITY NO.	8. LEGAL RESIDENCE
04-28-48	05-28-52		BU VA
9. STATUS	10. STATE OF BIRTH	11. MODE ENTRY P.S.O. & STATUS PRIOR	12. P.S.O. & STATUS
2 MARRIED	AT D.C.	20 20	009
13. CHILDREN	14. FILLER	15. HRP	16. HRP
02 ADULTS 1	1		25

THIS IS AN OFFICIAL NOTICE OF THE PERSONNEL ACTION DESCRIBED BELOW, WHICH AFFECTS YOUR EMPLOYMENT

17. NATURE OF ACTION (USE STANDARD FORMS)	18. EFFECTIVE DATE	19. N.A. CODE	20. APPORTIONED POSITION
RESIGNATION FOR PERSONAL REASONS WITHOUT PREJUDICE COB	05-12-61	82	1 - YES 2 - NO 3 - WAIVED

21. LEGAL AUTHORITY FROM	22. POSITION TITLE	23. FULL-STAFFING	24. POSITION IS IN THE	25. CODE
FOREIGN SERVICE RESERVE OFFICER 2333 FSR-04-44-\$10,945-0-0000-000		2	1 - YES 2 - NO	
26. OPL-CONS TITLE	27. PAYROLL CODE	28. DATE ASSIGNED	29. SCHEDULE - SERIES - GRADE - SALARY - POSITION NUMBER	30. ORGANIZATION
		05-28-52	7-26-59	
31. DEPARTMENT GROUP I-C	32. ORG. POST CODE	33. TENURE	34. OPL-CONS TITLE	35. TENURE
	9-99-03	O L PT		
36. CTO & CLASS	37. MO. YR. GRADE	38. ALLOTMENT	39. RETIREMENT	40. F.S. REASON FOR TRANSFER
02-59	AQ	-1A-7026	I	
41. DATE ASSIGNED	42. CTO & CLASS	43. F.S. SALARY \$	44. MONTH AND YR OF GRADE	45. FULL-STAFFING
				2
				24. POSITION IS IN THE
				1 - COMPETITIVE
				2 - ACCEPTED SERVICE
				PAY BASIS
				28. DATE ASSIGNED
				29. SCHEDULE - SERIES - GRADE - SALARY - POSITION NUMBER
				30. ORGANIZATION
				31. DESIGNATION
				32. ORG. POST CODE
				33. TENURE
				34. OPL-CONS TITLE
				35. TENURE
				36. F.S. REASON FOR TRANSFER
				37. CATEGORY

TO -	22. POSITION TITLE	23. FULL-STAFFING	24. POSITION IS IN THE	25. CODE
			1 - YES 2 - NO	
	26. OPL-CONS TITLE	27. PAYROLL CODE	28. DATE ASSIGNED	29. SCHEDULE - SERIES - GRADE - SALARY - POSITION NUMBER
	30. ORGANIZATION	31. DESIGNATION	32. ORG. POST CODE	33. TENURE
	34. OPL-CONS TITLE	35. TENURE	36. F.S. REASON FOR TRANSFER	37. CATEGORY
	41. DATE ASSIGNED	42. CTO & CLASS	43. F.S. SALARY \$	44. MONTH AND YR OF GRADE

This action is subject to all applicable laws, rules and regulations and may be subject to investigation and approval by the United States Civil Service Commission or the Department. This action may be corrected or canceled if not in accordance with all requirements. The grade of the position to which you are officially assigned may be reviewed and corrected by the Department or by the Civil Service Commission.

- a. Subject to completion of 1 year probationary (or trial) period commencing
- b. To be used only for career or permanent positions

REASON - TO ACCEPT OTHER EMPLOYMENT.

NO LUMP SUM PAYMENT AUTHORIZED FOR LEAVE.

ADDRESS: c/o FOREIGN SERVICE MAIL ROOM,  
 WASHINGTON, D. C.



Employing Department or Agency: DEPARTMENT OF STATE  
 ALL PERSONNEL FOLDERS ON AMERICAN EMPLOYEES ARE MAINTAINED IN OFFICE OF PERSONNEL - WASHINGTON 25, D C

PERSONNEL FOLDER

FORM DS-1031 (Exception to SF-52 approved by CSC and B of B April 27, 1950)		REQUEST NO		SERVICE		ROUTING			
DEPARTMENT OF STATE REQUEST FOR PERSONNEL ACTION		DATE OF REQUEST 04/21/61		EX FS		LV			
1 NAME		539700		2 EMPL NUMBER		3 E.O.D. DATE		4 SERIAL POST	
6 DATE OF BIRTH		7 APPT ASS. DATE		8 SOCIAL SECURITY NO		9 LEGAL RESIDENCE		10 STATE OF BIRTH	
11 MARITAL STATUS		12 NO. OF DEPENDENTS		13 CHILDREN		14 ADULTS		15 UNCL	
16 NATURE OF ACTION Resignation for Personal Reasons Without Prejudice		17 EFFECTIVE DATE OF ACTION 05-12-61		18 NA CODE S		19 APPORTIONED POSITION		20 POSITION	
21 LEGAL AUTHORITY		FROM - Foreign Service Reserve Officer		22 POSITION TITLE		23 FULL-STAFFING		24 POSITION IS IN THE	
25 MO. YR. GRADE		26 DPL. CONS. TITLE		27 PAYROLL CODE		28 DATE ASSIGNED		29 SCHEDULE - SERIES - GRADE - SALARY - POSITION NUMBER	
30 ORGANIZATION		31 POS. VACATED - 1-REMOVE, 2-REMAINS		32 ORG. POST CODE		33 TENURE		34 CITY	
35 MO. YR. GRADE		36 ALLOTMENT		37 RETIREMENT		38 EXCEPTED SCHED. F.S. REASON FOR TRANSFER		39 POS. CODE	
40 CITY		41 FSR - FSS		42 DATE ASSIGNED		43 C&C CODE		44 P.S. SALARY	
45 MONTH & YEAR OF GRADE		46 REMOVE		47 ADD		48 VICE		49 RIF CODE	
50 NAME & TITLE		51 REQUEST APPROVED BY		52 REQUEST APPROVED BY		53 CLEARANCES		54 INITIALS OF SIGNATORY	
55 CLEARANCES		56 INITIALS OF SIGNATORY		57 DATE		58 INITIALS OF SIGNATORY		59 DATE	
60 CLASSIFICATION		61 APPROVED BY		62 APPROVED BY		63 APPROVED BY		64 APPROVED BY	
65 TRAVEL REQUEST		66 FUNDS AVAILABLE		67 TOTAL COST		68 TO NO		69 TO NO	
70 APPR. DATE		71 OBLIG. DATE		72 DATE		73 DATE		74 DATE	
75 DEPENDENTS		76 NAME		77 RELATIONSHIP		78 SIGNATURE		79 DATE	
<p>Ref: Letter of resignation dated 4/20/61 attached.</p> <p>Reasons: <del>XXXXXXXX</del> To accept other employment.</p> <p>No travel requested</p> <p>PER:PCD:WFS:bth</p>									

[Redacted] NO LUMP SUM PAYMENT AUTHORIZED

Resignation COB 5/12/61

No lump sum payment authorized for leave

[Redacted] Leave and Retirement Section

*Jib*

Address:  
c/o Foreign Service Mail Room,  
Washington 25, D. C.

SECURITY OFFICE

FORWARD COMMUNICATIONS INCLUDING MAIL CHECKS AND BONDS TO THE FOLLOWING ADDRESS

SEPARATION DATA

BY LAST WORKING DAY WILL BE

SECTION FOR THE FOLLOWING DATA

RESIGNATION

Washington, D.C.  
April 20, 1961

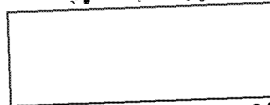
The Honorable  
The Secretary of State  
Washington, D.C.

Dear Mr. Secretary:

It is with great regret that I submit my resignation from  
The Foreign Service to accept other employment.

I have enjoyed my years with the Service and the fine  
people comprising it and hope that at some future time I may  
be able to return to the Service.

Respectfully,



Foreign Service Reserve Officer

5-13-61

A1950

[Redacted]

[Redacted]

FROM 10175 TO 10945 PAY RAISE 23% 10/50 PL508

DEPARTMENT OF STATE  
PAY ROLL CHANGE SLIP

POST	ORG. CODE	POSITION NO.	APPR. & ALLOT.	EFFECTIVE DATE	DATE OF LAST EQUIV. INCREASE
[Redacted]	0013		1A-7075	7-1-65	2-59
EMPLOYEE NO.	CATS. & CLASS SERV. & GRADE	NEW SALARY RATE	OLD SALARY RATE	DATE	
A1950	[Redacted]	110,175	57,900	Jan 65	2 1/2

WORK DATA (This information is to be filled in by the employee following the change)

NO EXCESS LEAVE - TOTAL EXCESS LEAVE

PAY STATUS AT END OF WAITING PERIOD

IN LEAVE STATUS AT END OF WAITING PERIOD

Oil or Step-Increase

Pay Adjustment

REMARKS

Performance rating: satisfactory or better

[Redacted]

Approval of other authorization

ISSUING OFFICE

Exception to SF 20  
Approved by the  
Director of the Budget  
May 1953

WASHINGTON 25, D. C.

### NOTIFICATION OF PERSONNEL ACTION

1. NAME (Last, first, middle (if given), name, initial, and surname)		2. DATE OF BIRTH	3. JOURNAL OR ACTION NO.	4. DATE
A1950				7-21-59
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	
Transfer		7-26-59		
FROM:		TO:		
8. POSITION TITLE		9. SCHEDULE, SERIES NO., GRADE, SALARY		
Diplomatic or Consular Title		\$9900		
10. ORGANIZATIONAL DESIGNATIONS		Post		
11. HEADQUARTERS				
12. DS CATEGORY		12. DS CATEGORY		
<input type="checkbox"/> FIELD <input type="checkbox"/> Regular		<input type="checkbox"/> FIELD <input type="checkbox"/> Regular		
<input type="checkbox"/> DEPARTMENTAL <input type="checkbox"/> Resident		<input type="checkbox"/> DEPARTMENTAL <input type="checkbox"/> Resident		
<input type="checkbox"/> Non-US		<input type="checkbox"/> Non-US		
13. VETERAN'S PREFERENCE		14. POSITION CLASSIFICATION ACTION		
NONE <input type="checkbox"/> 5-PT <input type="checkbox"/> 10-POINT <input type="checkbox"/> Disabled <input type="checkbox"/> Other <input type="checkbox"/>		NEW <input type="checkbox"/> VICE <input type="checkbox"/> T. A. <input type="checkbox"/> REAL <input type="checkbox"/>		
15. SEX		16. DATE OF APPOINTMENT AFFIDAVIT (Accession Only)		
M		Group I-c		
19. APPROPRIATION		17. RETIREMENT COVERAGE		18. LEGAL RESIDENCE
OA-4011		E O SC <input type="checkbox"/> rs <input type="checkbox"/>		<input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED
OA-3025		<input type="checkbox"/> FICA <input type="checkbox"/> NONE <input type="checkbox"/>		STATE:
20. This action is subject to all applicable laws, rules and regulations and may be subject to investigation and approval by the United States Civil Service Commission or the Department				
ENTRANCE PERFORMANCE RATING				
21. SIGNATURE BY OTHER AUTHORIZATION				



Form DS-1032  
 Exception to SF-60  
 Approved by the  
 Bureau of the Budget  
 May 1954

DEPARTMENT OF STATE  
 WASHINGTON 25, D. C.

NOTIFICATION OF PERSONNEL ACTION

SERIAL

A1950

FS  DPTL

1. NAME (Mr., Mrs., Miss, etc. given name, middle initial and surname)	2. DATE OF BIRTH	3. JOURNAL OR ACTION NO.	4. DATE
			2-19-59

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
Promotion	2-22-59	

FROM:		TO:	
	8. POSITION TITLE <i>Diplomatic or Consular Title</i>		
	9. SCHEDULE, SERIES NO., GRADE, SALARY		
	10. ORGANIZATIONAL DESIGNATIONS <i>Post</i>		
	11. HEADQUARTERS		
	12. DS CATEGORY <i>FS Category</i>		
<input type="checkbox"/> FIELD <input type="checkbox"/> Regular	<input type="checkbox"/> DEPARTMENTAL <input type="checkbox"/> Resident	<input type="checkbox"/> FIELD <input type="checkbox"/> Regular	<input type="checkbox"/> DEPARTMENTAL <input type="checkbox"/> Resident
	<input type="checkbox"/> Non-US		<input type="checkbox"/> Non-US

13. VETERAN'S PREFERENCE				14. POSITION CLASSIFICATION ACTION			
NONE	5-PT	10-POINT Disab. Other		NEW	VICE	T. A.	REAL

15. SEX M	16. APPROPRIATION FROM TO 9A-4011	17. RETIREMENT COVERAGE CSG <input type="checkbox"/> FS <input type="checkbox"/> FICA <input type="checkbox"/> NONE	18. DATE OF APPOINTMENT AFFIDAVITS (Accessions Only)	19. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:
--------------	--	---	---	---

20. This action is subject to all applicable laws, rules and regulations and may be subject to investigation and approval by the United States Civil Service Commission or the Department.

ENTRANCE PERFORMANCE RATING

Signature of Official



Exemption to SF-53 Approved by the Bureau of the Budget May 1954		ROUTING 1 2 3 4 5 6 7		8 9 10 11		SERVICE EX- <input type="checkbox"/> DPTL		
<b>DEPARTMENT OF STATE</b> <b>REQUEST FOR PERSONNEL ACTION</b>				1. NAME (Mr., Mrs., One given name, initial (s), and surname) [Redacted]		2. DATE OF BIRTH [Redacted]		
3. NATURE OF ACTION REQUESTED A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) <b>Direct Transfer to</b> [Redacted]				4. REQUEST NO. [Redacted]		5. DATE OF REQUEST <b>3-26-59</b>		
B. POSITION (Specify whether establish, change grade or title, etc.) [Redacted]				6. EFFECTIVE DATE A. PROPOSED: [Redacted] B. APPROVED: <b>7-26-59</b>		7. C.S. OR OTHER LEGAL AUTHORITY [Redacted]		
PRO [Redacted]		8. POSITION TITLE AND NUMBER <b>Diplomatic or Consular Title</b>		TO: [Redacted]		9. SCHEDULE, SERVICE, GRADE, BAGGAGE [Redacted] <b>\$9900</b>		
10. ORGANIZATIONAL DESIGNATIONS <b>Post</b>		11. HEADQUARTERS <b>FSS Category</b>		<input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL <input type="checkbox"/> RESIDENT		<input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL <input type="checkbox"/> RESIDENT		
12. VETERAN PREFERENCE <input type="checkbox"/> NONE <input type="checkbox"/> 5-PT. <input type="checkbox"/> 10-PT. <input type="checkbox"/> DISAB. <input type="checkbox"/> OTHER		13. FULL STAFFING ALLOTMENT <input type="checkbox"/> YES <input type="checkbox"/> NO		14. POSITION CLASSIFICATION/ACTION <input type="checkbox"/> NEW <input type="checkbox"/> VICE <input type="checkbox"/> I.A. <input type="checkbox"/> REAL		<b>Group I-c</b>		
15. ONE <b>M</b>		16. APPROPRIATION FROM: <b>9A-4011</b> TO: <b>9A-3025</b>		17. RETIREMENT COVERAGE <input checked="" type="checkbox"/> DC <input type="checkbox"/> FC <input type="checkbox"/> PS <input type="checkbox"/> FICA <input type="checkbox"/> NONE		18. DATE OF APPOINTMENT AFFIDAVIT (Accessions only) [Redacted]		
19. RESERVE STATUS <input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE		20. MARITAL STATUS <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOWED <input type="checkbox"/> WIDOW <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED		21. REQUESTED BY (Name and title) <b>Chief, WROS</b>		22. REQUEST APPROVED BY Signature and title [Redacted] <b>SR/POD</b>		
23. CLEARANCES A. [Redacted] B. CEIL. OR POS. CONTROL C. CLASSIFICATION		INITIAL OR SIGNATURE DATE		CLEARANCES D. REPLACEMENT OR EMPL E. APPROVED BY <b>3/31/59</b>		INITIAL OR SIGNATURE DATE		
REMARKS [Redacted]								
REQUEST FOR TRAVEL AUTHORIZATION		OBJECT CLASS [Redacted]	ESTIMATED COST [Redacted]	PER/FC ENCUMBRANCE FUNDS AVAILABLE APPR. ALLOT. OBLIG. NO. DATE	NUMBER OF DEPENDENTS AND DATES OF BIRTH OF CHILDREN UNDER 21 [Redacted]	FROM <b>Nogales</b>	TO <b>Washington, DC</b>	
		TOTAL		SIGNATURE [Redacted]	SHIPMENT OF EFFECTS FROM: [Redacted] TO: <b>Washington, DC</b>			
		T. O. DATE		T. O. NO.		DETAILS ENROUTE [Redacted]		
		[Redacted]		[Redacted]		[Redacted]		
REMARKS <b>Authorize travel and full shipment of effects as indicated.</b>  ETD <b>5/30</b> EOD [Redacted]								
PER: POD [Redacted]		[Redacted]						

351

BT

Exception to SF-50  
Approved by the  
Bureau of the Budget  
May 1954

WASHINGTON 25, D. C.

### NOTIFICATION OF PERSONNEL ACTION

A1950

SERVICE

PS  DPTL

1. NAME (Mr., Mrs., Miss, One given name, initial(s) and surname)	2. DATE OF BIRTH	3. JOURNAL OR ACTION NO.	4. DATE
		-107	2-19-59

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
Promotion	2-22-59	

FROM:	TO:
\$8965	\$9900
8. POSITION TITLE Diplomatic or Consular Title	
9. SCHEDULE, SERIES NO., GRADE, SALARY	
10. ORGANIZATIONAL DESIGNATIONS Post	
11. HEADQUARTERS	
<input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL <input type="checkbox"/> Regular <input type="checkbox"/> Resident <input type="checkbox"/> Non-US	<input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL <input type="checkbox"/> Regular <input type="checkbox"/> Resident <input type="checkbox"/> Non-US
12. GS CATEGORY FS Category	

12. VETERAN'S PREFERENCE		14. POSITION CLASSIFICATION ACTION	
NONE	5-PT	NEW	VICE
	10-POINT		
	Disab.		
	Other		
13. SEX	15. APPROPRIATION	17. RETIREMENT COVERAGE	18. DATE OF APPOINTMENT AFFIDAVIT (Accession Only)
M	from 9A-4011	<input checked="" type="checkbox"/> OSO <input type="checkbox"/> FS <input type="checkbox"/> FICA <input type="checkbox"/> NONE	
	to		19. LEGAL RESIDENCE
			<input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVEN
			STATE:

20. This action is subject to all applicable laws, rules and regulations and may be subject to investigation and approval by the United States Civil Service Commission or the Department.

11164-104 PERSONNEL ACTION

11164-104 50 DATES ACTION



STANDARD FORM NO 61a  
REVISED MARCH 1936  
APPROVED BY  
COMP GEN U S  
FEB 10, 1936  
U S CIVIL SERVICE COMMISSION  
F P M CHAPTER 46

**CIVIL OFFICER  
APPOINTMENT AFFIDAVITS**  
(As defined in 5 USC 21a and 21b)

PERDILES

I,  (Name in full) (Arizona) Virginia (State)

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 as

Robert Tyler Shaw  
(Type name of applicant)

Subscribed and sworn before me this 19th day of August, 1957, A. D. 1957.

Service No. 22863  
Item No. 58  
Fee: Nil  
(None)

at

Consul of the United States of America

Department of State Foreign Service of the U.S.

Consul of the United States of America

August 5, 1957

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

Exception to SF-50  
Approved by the  
Bureau of the Budget  
May 1954

WASHINGTON 25, D. C.

### NOTIFICATION OF PERSONNEL ACTION

SERVICE

FS  DRTL

1. NAME (Mr., Miss, Mrs., One given name, initial(s) and surname)	2. DATE OF BIRTH	3. JOURNAL OR ACTION NO.	4. DATE
	6-28-25		8-12-57

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
Change of	8-5-57	

FROM:		TO:	
8. POSITION TITLE		9. SCHEDULE, SERIES, GRADE, SALARY	
Diplomatic or Consular Title		\$7900 8905	
10. ORGANIZATIONAL DESIGNATIONS		11. HEADQUARTERS	
Post			
12. DS CATEGORY		13. DEPARTMENTAL	
PS Category		Regular Resident Non-US	

13. VETERAN'S PREFERENCE		14. POSITION CLASSIFICATION ACTION	
None	10 POINTS	NEW	VICE
	Basic Other		
15. EX. APPROPRIATION		16. STATE OF RESIDENCY	
EX	TO	17. (FEEL AFFIDAVIT)	
	BA-2011	18. (FEEL AFFIDAVIT)	
		1-1011-009	

This action is subject to all applicable laws, rules and regulations and may be subject to investigation and approval by the United States Civil Service Commission or the Department.

Notified: 7-3-57  
Confirmed: 8-5-57  
Attested: 8-5-57

Execute in file to [ ] in accordance with 1 CFR-17.129.

L. L. COMBES

PERSONNEL ACTION

PERSONNEL ACTION



0-0000

8186

89712

\$7,900

PAY ROLL CHANGE DATA

	A	C	B	D	E	F	G	H	I	J	K	L	M	N	O
	Base Rate	Plan	Base	Plan	CSR	SSR	PSR	Tax	Life	Med	Dis	Ret	Life	Other	Net Pay
P															
N															
N															
P															
T															
P															
App															
AB															

REMARKS:

**D - P PUNCHED**

Periodic step-increase     Pay adjustment     Other description

Effective Date	Date last increased	Old salary rate	New salary rate	Payroll
7/1/57	3/17/56	\$7,650	\$7,900	

LWOP date (if in appropriate space covering LWOP during following period):  
Period (if):

No excess LWOP Total excess LWOP

Check applicable box in case of excess LWOP:  
 In pay status at end of waiting period.  
 In LWOP status at end of waiting period.    Initial of Clerk.

PS-1012    Form approved by Comp. Gen., U.S., June 29, 1954    PAY ROLL CHANGE SLIP - EMPLOYEE'S COPY

SALARY ADJ EFF 7-28-56 PL028 CA 1166 9-7-56

[ ] [ ] 7490 MSP. 5 7650

STANDARD FORM #18  
BUREAU OF THE BUDGET  
FORM APPROVED BY THE COMP. GEN., U.S.  
JUNE 15, 1910  
U. S. CIVIL SERVICE COMMISSION  
P. P. H. CHAPTER 46

**CIVIL OFFICER  
APPOINTMENT AFFIDAVITS**

(As defined in 5 U.S.C. 31a and 31b)  
RECEIVED

[Redacted Name Box]

WASHINGTON D.C.

1956 AUG 21 AM 10 25

(State)

do solemnly swear (or affirm) that

**A. OATH OF OFFICE**

PERSONNEL FILES

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

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

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

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

I have not, 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.

[Redacted Signature and Notary Box]

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





Form DS-133- Exception to SF 52  
Approved by the Bureau of the Budget  
May 1954

DEPARTMENT OF STATE  
**REQUEST FOR PERSONNEL ACTION**

DDOT: AAB 5-31  
TRANS

1. NAME (Mr., Mrs., Miss, etc.) (Use given name, initial(s), and surname)

2. REQUEST NO.

3. DATE OF REQUEST

4. EFFECTIVE DATE

5. C.A. OR OTHER LEGAL AUTHORITY

6. PROPOSED: ASAP  
7-21-56

7. C.A. OR OTHER LEGAL AUTHORITY

8. DATE OF REQUEST: 7-21-56

9. POSITION (Specify whether appointment, promotion, separation, etc.)  
**Granting of**

10. POSITION (Specify whether station, change grade or title, etc.)

11. POSITION TITLE AND NUMBER  
Diplomatic or Consular Title

12. SCHEDULE, SERIES NO., GRADE, SALARY

13. ORGANIZATIONAL DESIGNATIONS  
Post  
HEADQUARTERS  
OF CATEGORY  
FSS Category

14. FIELD DEPARTMENTAL RESIDENT

15. VETERAN PROFESSIONAL

16. POSITION CLASSIFICATION ACTION  
NEW VICE I. A. REAL

17. RETIREMENT COVERAGE  
CIC FS  
TICA NONE

18. DATE OF APPOINTMENT AFFIDAVIT (Accessions only)

19. LEGAL RESIDENCE  
CLAIMED  
POSSIBLE  
STATE: Va.

20. RESERVE STATUS  
None ACTIVE INACTIVE

21. MARITAL STATUS  
X MARRIED  
WIDOWED WIDOW  
DISABLED SEPARATED

22. REQUEST APPROVED BY  
Signature and title

23. CLEARANCES

24. PLACEMENT OR EMPL.

25. APPROVED BY: PERITH 5/1/56

REMARKS:  
Submitted 7-17-56  
Approved 7-21-56  
7-21-56  
Exempt SF-61 as an accession with  
FSM-2X 124 as Visa Category of the USA  
Presidential Commission Necessary.

REQUEST FOR TRAVEL AUTHORIZATION

APPROVED BY: [Signature]

DATE: [Date]

SIGNATURE: [Signature]

DATE: [Date]

NO. LES EXCESS BACKLOG AUTH.

SHIPMENT OF EFFECTS FROM: TO:

REMARKS:  
No travel involved.

**CIVIL OFFICER**  
**APPOINTMENT AFFIDAVITS**  
(As defined in 5 USC 31a and 31b)

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

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

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

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

I have not, 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.

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

Approved by the  
Director of the Budget  
May 1966

WASHINGTON 25, D. C.

### NOTIFICATION OF PERSONNEL ACTION

SERVA'S

FS  DPTL

1. NAME (Mr., Miss, Mrs., One given name, initial(s) and surname)	2. DATE OF BIRTH	3. JOURNAL OR ACTION NO.	4. DATE
		PSA 9	5-3-56

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
Limited Appointment	5/17/56	Section 522.1 PL 724-79th

FROM:		TO:	
8. POSITION TITLE			
Diplomatic or Consular Title			
9. SCHEDULE, SERIES NO., GRADE, SALARY		\$7490	
10. ORGANIZATIONAL DESIGNATIONS			
Post			
11. HEADQUARTERS			
12. DS CATEGORY		13. FIELD	
<input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL <input type="checkbox"/> Regular <input type="checkbox"/> Resident <input type="checkbox"/> Non-US		<input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL <input type="checkbox"/> Regular <input type="checkbox"/> Resident <input type="checkbox"/> Non-US	

13. VETERAN'S PREFERENCE				14. POSITION CLASSIFICATION ACTION			
NONE	5-PT	10-POINT		NEW	VICE	I. A.	REAL
	X	Disch.	Other				
				1-1011-009			

15. SEX	16. APPROPRIATION	17. RETIREMENT COVERAGE	18. DATE OF APPOINTMENT AFFIDAVIT (Accessions Only)	19. LEGAL RESIDENCE
M	FROM TO 6A-8011	XXOSC <input type="checkbox"/> PS <input type="checkbox"/> FICA <input type="checkbox"/> NONE	5/17/56	<input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE: Va.

20. This action is subject to all applicable laws, rules and regulations and may be subject to investigation and approval by the United States Civil Service Commission or the Department.

Execute SP-61a  
 Marital status - Married - Three  
 Reserve status - None

ENTRANCE PERFORMANCE RATING

21. SIGNATURE OF OTHER AUTHORITY
----------------------------------

PERSONNEL FOLDER

OSPD: 2094-23427

Form DS-1031 Exception to SF-52  
Approved by the Bureau of the Budget  
May 1954

DEPARTMENT OF STATE  
**REQUEST FOR PERSONNEL ACTION**

SERVICE  
TRANS  FS  DPTL

1. NAME (Mr., Miss, Mrs., One given name, initial(s), and surname) [Redacted]  
2. DATE OF BIRTH [Redacted]

3. REQUEST NO. [Redacted]  
4. DATE OF REQUEST  
4-27-56

5. NATURE OF ACTION REQUESTED  
A. PERSONNEL (Specify whether appointment, promotion, separation, etc.)  
**Limited Appointment Section 522.1**  
B. POSITION (Specify whether establish, change grade or title, etc.) [Redacted]

6. EFFECTIVE DATE  
A. PROPOSED:  
**ASAP**  
B. APPROVED:

7. C.S. OR OTHER LEGAL AUTHORITY

8. POSITION TITLE AND NUMBER  
Diplomatic or Consular Title [Redacted]

9. SCHEDULE, SERIES NO., GRADE, SALARY [Redacted]

10. ORGANIZATIONAL DESIGNATION  
Post [Redacted]

11. HEADQUARTERS  
 FIELD  DEPARTMENTAL

12. DS CATEGORY  
PSS Category  
 REGULAR  RESIDENT

13. VETERAN PREFERENCE  
NONE  5-PT  10-PT  DISAB  OTHER  YES

14. POSITION CLASSIFICATION ACTION  
NEW  VICE  I. A.  REAL   
NO 1-1011-009

15. SEX  
M

16. APPROPRIATION FROM:  
TO: 6A-8011

17. RETIREMENT COVERAGE  
 CSC  FS  FICA  NONE

18. DATE OF APPOINTMENT AFFIDAVITS (Accessions only)

19. LEGAL RESIDENCE  
 CLAIMED  PROVED  
STATE: Va.

20. RESERVE STATUS [Redacted]

21. MARITAL STATUS  
 MARRIED  SINGLE  
 WIDOWED  DIVORCED  SEPARATED

22. REQUEST APPROVED BY  
Signature and title: PER [Redacted]

23. CLEARANCES  
INITIAL OR SIGNATURE: [Redacted] DATE: [Redacted]

24. PLACEMENT OR EMPL. [Redacted]

25. APPROVED BY [Redacted] DATE: 5/1/56

REMARKS:  
\* See separate DS-1031 for Commissioning for Vice Consul - red. - info

REQUEST FOR TRAVEL AUTHORIZATION	OBJECT CLASS	ESTIMATE & COST	PER TC ENCUMBRANCE FUNDS AVAILABLE	NUMBER OF DEPENDENTS AND SERIES OF SIPM OF COLLEEN UNDER IT	FROM	TO
			APPR.			Arlington, Va.
		ALLOT.			VIA	DETAILS ENROUTE
		ORIG. NO.			NO LBS. EXCESS BAGGAGE AUTH.	
		DATE			SHIPMENT OF EFFECTS	
	TOTAL				FROM: Arlington, Va.	
	T. O. DATE	T. O. NO.			TO: Nogales	

REMARKS:  
[Redacted] Authorize travel of appointee and dependents from Arlington, Va. to [Redacted]

**STATEMENT OF PRIOR FEDERAL CIVILIAN AND MILITARY SERVICE  
 AND DETERMINATION OF COMPETITIVE STATUS**

**IMPORTANT:** The information on this form will be used (1) in determining creditable service for leave purposes and retention credits for reduction in force, and (2) in recording agency determination of competitive status. The employee should complete Part I and the Personnel Office should complete Parts II through V.

PART I.—EMPLOYEE'S STATEMENT							PART II—THIS COLUMN IS FOR PERSONNEL OFFICE USE			
1. NAME (Last, first, middle initial)				2. DATE OF BIRTH			9. RETENTION GROUP			
3. LIST THE FOLLOWING INFORMATION CONCERNING ALL FEDERAL AND DISTRICT OF COLUMBIA SERVICE YOU HAVE HAD PRIOR TO YOUR PRESENT APPOINTMENT (Do not include military service).				10. A. CSC STATUS <input type="checkbox"/> YES <input type="checkbox"/> NO B. TYPE OF PRESENT APPOINTMENT			11. SERVICE			
NAME AND LOCATION OF AGENCY	FROM—			TO—			TYPE OF APPOINTMENT IF KNOWN	YEAR	MONTH	DAY
	YEAR	MONTH	DAY	YEAR	MONTH	DAY				
FOREIGN SERVICE	49	OCT	19	52	FEB	6		2	3	18
FOREIGN SERVICE	52	MAY	28	54	JULY	30		2	2	31
DEPT. OF DEFENSE, WASH.	54	JUL	31	56	APR	6		1	8	6
NO SICK OR ANNUAL LEAVE TO BE PICKED UP.										
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	YEAR	MONTH	DAY				
U.S. ARMY	43	SEP	11	45	MAR	8	HON.	1	5	28
5. DURING PERIODS OF EMPLOYMENT SHOWN IN ITEM 3, DID YOU HAVE A TOTAL OF MORE THAN 6 MONTHS ABSENCE WITHOUT PAY, INCLUDING PERIODS OF MERCHANT MARINE SERVICE, DURING ANY ONE CALENDAR YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF ANSWER IS "YES," LIST FOLLOWING INFORMATION.							12. TOTAL SERVICE 7 25			
TYPE IF KNOWN (LWOP, Full, Susp, AWOL, Mor Mar)	FROM—			TO—			TOTAL			
	YEAR	MONTH	DAY	YEAR	MONTH	DAY	YEARS	MONTHS	DAYS	
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 or status was acquired?)										
7. ARE YOU										
A. THE WIFE OF A DISABLED VETERAN <input type="checkbox"/> YES <input type="checkbox"/> NO										
B. THE MOTHER OF A DECEASED OR DISABLED VETERAN <input type="checkbox"/> YES <input type="checkbox"/> NO										
C. THE UNREMARKED WIDOW OF A VETERAN <input type="checkbox"/> YES <input type="checkbox"/> NO										
8. TO BE EXCUSED 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.										
EOD May 17, 1956 (DATE)										
Subscribed and sworn to before me on this 17th day of May 1956 at Washington, D.C. (MONTH) (YEAR) (CITY) (STATE)										
S E A L										
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.										

(OVER)

NOTIFICATION OF SECURITY CLEARANCE UNDER E. O. 10450

TO: Director, Office of Personnel  
Attention: Mr. Howard P. Mace

DATE: May 7, 1956

SUBJECT:

APPLICANT. If subject is not appointed within 90 days of the date of this notification, this clearance must be revalidated by the Office of Security.

EMPLOYEE.

The case of above-named person has been reviewed in the Office of Security.

Investigative requirements of Executive Order 10450 have been complied with.

It has been determined that the employment or retention in employment of subject is clearly consistent with the interests of national security.

On the basis of this determination clearance is hereby granted. This clearance shall remain in effect for all purposes until further notice except that prior approval must continue to be requested from the Office of Security in the event of marriage to an alien, Presidential appointment, any appointment requiring Senate confirmation, and transfers or assignments to the Office of Security, R Area Special Projects Staff, and cryptographic duties. (This determination shall not eliminate or modify any other determination on security which may be required by law).

REMARKS:

Investigative reports are attached. Please return these reports to the Office of Security within 10 days together with the names of the individuals who have reviewed them listed on the extra copy of this form herewith furnished.

ATTACHMENTS

SCA:SY:WBds(Grace)abw

UNCLASSIFIED  
Authorized by William O. Hall  
Director General of the

This memorandum may be considered as CONFIDENTIAL. USE ONLY when referred to by number of attachments.

APPLICATION FOR FEDERAL EMPLOYMENT

CWB 4-27-56

APPLICATION NO.           APPROVAL NO.	1. Kind of position applied for or name of examination _____	DO NOT WRITE IN THIS BLOCK For Use of Civil Service Commission Only																																			
	2. Option (1) (if mentioned in examination announcement) _____		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Appor.</td> <td style="width: 33%;"><input type="checkbox"/> Submitted</td> <td style="width: 33%;"><input type="checkbox"/> Interest Register</td> </tr> <tr> <td><input type="checkbox"/> Non appor.</td> <td><input type="checkbox"/> Returned</td> <td></td> </tr> </table>	<input type="checkbox"/> Appor.	<input type="checkbox"/> Submitted	<input type="checkbox"/> Interest Register	<input type="checkbox"/> Non appor.	<input type="checkbox"/> Returned																													
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	<input type="checkbox"/> Non appor.		<input type="checkbox"/> Returned																																		
	3. Place of employment applied for (city and State) <b>Foreign Service</b>		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">                     4. Name (Last name) (Middle) (Maiden, if any) (Last)                      _____                      _____                      _____                 </td> <td style="width: 40%; text-align: center;">                     App. Review                      Approved:                 </td> </tr> <tr> <td style="padding: 5px;">                     5. Street and number or R. D. number                      _____                      City or place _____                 </td> <td style="padding: 5px;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 15%;">Option</th> <th style="width: 15%;">Grade</th> <th style="width: 15%;">Earned Rating</th> <th style="width: 15%;">Preference (Point)</th> <th style="width: 15%;">Augm. Rating</th> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> 5 Points (Ten.)</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> 10 Point Comp. Ten.</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Other 10 Point</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Dual</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Being Investigated</td> <td></td> </tr> </table> </td> </tr> </table>	4. Name (Last name) (Middle) (Maiden, if any) (Last) _____ _____ _____	App. Review Approved:	5. Street and number or R. D. number _____ City or place _____	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 15%;">Option</th> <th style="width: 15%;">Grade</th> <th style="width: 15%;">Earned Rating</th> <th style="width: 15%;">Preference (Point)</th> <th style="width: 15%;">Augm. Rating</th> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> 5 Points (Ten.)</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> 10 Point Comp. Ten.</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Other 10 Point</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Dual</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Being Investigated</td> <td></td> </tr> </table>	Option	Grade	Earned Rating	Preference (Point)	Augm. Rating				<input type="checkbox"/> 5 Points (Ten.)					<input type="checkbox"/> 10 Point Comp. Ten.					<input type="checkbox"/> Other 10 Point					<input type="checkbox"/> Dual					<input type="checkbox"/> Being Investigated	
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			<input type="checkbox"/> Being Investigated																																		
6. Place of birth City <b>Washington</b> State or foreign country <b>D.C.</b>	7. Date of birth (month, day, year) _____	8. <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female																																			
9. Height without shoes <b>5</b> feet <b>7</b> inches Weight <b>140</b> pounds	10. <input checked="" type="checkbox"/> Married <input type="checkbox"/> Single	11. Home phone <b>JA 7-1586</b> Office phone _____																																			
12. Legal or voting residence (State) <b>Virginia</b>	13. If you have ever been employed by the Federal Government, indicate last grade <b>GS-12</b> Dates of service in that grade From <b>July 1954</b> To <b>present</b>																																				

**14. AVAILABILITY INFORMATION.** A. Indicate the lowest salary you will accept \$ \_\_\_\_\_ per year  
You will not be considered for any position with a lower minimum salary.

B. If you are now a Federal employee, indicate the lowest grade you will accept \_\_\_\_\_

C. Will you accept appointment for  1 to 3 months?  3 to 6 months?  6 to 12 months?  
Acceptance or refusal of a short term appointment will not affect your consideration for another appointment.

D. Are you willing to travel  Occasionally?  Frequently?  Constantly?

E. Will you accept appointment  in Washington, D. C.?  Anywhere in United States?  Outside U. S.?

F. If you will accept appointment only in certain locations, list them: \_\_\_\_\_

**15. MILITARY EXPERIENCE.** A. If you claim 5-point preference based on war or military service, indicate:

District of service (see Service Record)	District of separation	Branch of service (Army, Navy, Air Force, etc.)	Serial number (if not a pay grade or other number)
<b>September 1943</b>	<b>March 1945</b>	<b>Army</b>	_____

B. Do you claim 4-point preference as a peacetime campaign veteran?  Yes  No

C. Do you claim 3-point preference?  Yes  No

D. Have you ever been granted 10-point veteran preference or 5-point preference as a peacetime campaign veteran by the U. S. Civil Service Commission?  Yes  No. If so, indicate below the office which granted this preference to you. Attach your name of preference certificate if available. It will be returned to you.

Name of U. S. Civil Service Commission office or name of Board of U. S. Civil Service Examiners: \_\_\_\_\_  
 Address of Commission office or Board of Examiners: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_

**THIS SPACE IS FOR USE OF ACCOUNTING OFFICER ONLY.** Do not enter on this card or attach to application any other cards with the following information unless the separation was under honorable conditions.

Signature: \_\_\_\_\_ Agency: \_\_\_\_\_

18b



1. EXPERIENCE (Start with your present position and work back)			
① Dates of employment (month, year) From <b>July 1954</b> To present time		Exact title of your position <b>Foreign Affairs Officer</b>	
Salary or earnings Starting \$ <b>7785</b> per <b>annum</b> Final \$ <b>7785</b> per <b>annum</b>		Place of employment City <b>Washington</b> State <b>D.C.</b>	
(Indicate pay grade (if in Federal service)) <b>GS-12</b>		Kind of business or organization (Manufacturing, accounting, labor, etc., etc.) <b>U.S. Government</b>	
Name and address of employer (firm, organization, etc.) <b>Dept. of Defense, Joint Chiefs of Staff</b>		Name and title of immediate supervisor [Redacted]	
Reason for leaving to leave <b>Re-enter Foreign Service</b>			
Description of work <b>Preparation of studies and reports for the military departments and the Joint Chiefs of Staff on Inter-American Defense matters.</b>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
② Dates of employment (month, year) From <b>May 1952</b> To <b>July 1954</b>		Exact title of your position <b>Vice Consul</b>	
Salary or earnings Starting \$ <b>7785</b> per <b>annum</b> Final \$ <b>7785</b> per <b>annum</b>		Place of employment City <b>Guayaquil</b> State <b>Ecuador</b>	
(Indicate pay grade (if in Federal service)) <b>PSS-9</b>		Kind of business or organization (Manufacturing, accounting, labor, etc., etc.) <b>Government</b>	
Name and address of employer (firm, organization, etc.) <b>Dept. of State</b>		Name and title of immediate supervisor [Redacted]	
Reason for leaving <b>Position with Dept. of Defense</b>			
Description of work <b>General duties of a Foreign Service Staff Officer in the Economic and Commercial Section of the Consulate General in Guayaquil. Also performed political reporting functions and assisted in visa and citizenship matters.</b>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
③ Dates of employment (month, year) From <b>October 1949</b> To <b>February 1952</b>		Exact title of your position <b>Asst. Attache</b>	
Salary or earnings Starting \$ <b>PSS-10</b> per <b>annum</b> Final \$ <b>PSS-9</b> per <b>annum</b>		Place of employment City <b>Washington &amp; Caracas, Venez.</b>	
(Indicate pay grade (if in Federal service)) <b>PSS-9</b>		Kind of business or organization (Manufacturing, accounting, labor, etc., etc.) <b>Government</b>	
Name and address of employer (firm, organization, etc.) <b>Department of State</b>		Name and title of immediate supervisor [Redacted]	
Reason for leaving <b>Accompany wife to U.S. for medical attention</b>			
Description of work <b>General duties of a Foreign Service Staff Officer in the Political Section, Embassy Caracas. Preparation of reports for the Department and memoranda for the Ambassador, consultation with officials of the local government and American companies (esp. of the petroleum industry operating in Venezuela. Assistance in the Consular Section with visa affairs.</b>			

STANDARD FORM 57 - continuation  
916  
5.

September 1943 - March 1945  
Pfc  
U. S. Army  
United States  
Honorable Discharge

Anti-Aircraft

ATTACH SUPPLEMENTAL SHEETS OR FORMS HERE

Dates of employment (month, year) From <b>November 1947</b> To <b>October 1949</b>		Exact title of your position <b>Editor</b>	
Salary or earnings Salary \$ <b>2400</b> per year Paid \$ <b>3600</b> per year		Place of employment City <b>Cincinnati</b> State <b>Ohio</b>	Kind of business or organization (Manufacturing, distribution, service, etc.) <b>Exp and chemical manufacture</b>
Name and address of employer (firm, organization, etc.) _____		Name and title of immediate supervisor _____ <b>Chief</b>	
Reason for leaving <b>Desire for Foreign Service</b>			
Description of work <b>Supervision of preparation (compilation through final printing and binding) of sales manuals for entire company sales force. Preparation of aptitude tests and general qualifications questionnaires used by company in recruitment of salesman and administrative employees. Preparation of material for Company "house magazine". Maintenance of close liaison with other personnel departments. Work with company print shop and private printing establishments.</b>			
If you had additional experience blocks, use supplemental sheets. SEE INSTRUCTION SHEET.			
<b>17. SPECIAL QUALIFICATIONS AND SKILLS</b>			
(A) Licenses and Certificates: List the kind of license or certificate and the State or other issuing authority which granted it. For example, pilot, mechanic, electrician, lawyer, sales representative, C. P. A., etc.		(D) List any special qualifications not covered elsewhere in this report, such as:	
Kind of license _____ License Authority _____		(1) Your more important publications. (Do not exceed space unless essential) (2) Your patents or inventions. (3) Public speaking and public relations experience. (4) Membership in professional or scientific societies, etc. (5) Honors and fellowships received.	
(C) List any special skills you possess and machines and equipment you can use, such as shorthand, typewriter, stenographer, key-punch, turret lathe, word-processor or professional devices.		(5) Phi Beta Kappa	
(E) Approximate number of words per minute in: Typing _____ Shorthand _____			
<b>18. EDUCATION</b>			
A. Give the highest elementary or high school grade completed <b>12</b>		B. Name and location of the high school attended: _____	
If you completed high school, give date <b>1943</b>			
C. Name and location of college or university		Dates attended	
<b>The Ohio State University</b>		Term In Out Year completed	
<b>The Ohio State University</b>		Mar 43 Sept 43	
<b>University of Arizona</b>		Mar 45 Sept 45 Sept 45 and 46 2	
D. A. List educational courses followed		Credit hours	
Spanish Political Science		B. Check for each course whether:	
		Credit hours	
		C. Check for each course whether:	
		Credit hours	
F. (A) Give a brief description of such activities as annual, annual letters or honors. Give the name and location of school, dates attended, courses studied, results, etc. in brief, unless otherwise noted.			
<b>Jan. - May '44 (Camp Callan, California): Basic anti-aircraft schooling in fire control, specialization in anti-air use of AA weapons.</b>			
G. Have you received a foreign language certificate?			
Spanish _____		French _____	
H. Have you received a foreign language certificate?		I. Check for each language whether:	
Spanish _____		French _____	



Form 50-1086  
 Exception to SF-50  
 Approved by the  
 Bureau of the Budget  
 May 1954

DEPARTMENT OF STATE  
 WASHINGTON 25, D. C.

NOTIFICATION OF PERSONNEL ACTION

SERIES  
 PS  DPTL

1. NAME (Mr., Mrs., Miss (give name, initials) and surname)	2. DATE OF BIRTH	3. JOURNAL OR ACTION NO.	4. DATE
		PS 20	12/9/54

This is to notify you of the following action affecting your employment:

5. NATURE OF ACTION (Use standard terminology) <b>Resignation for Personal Reasons without Prejudice</b>	6. EFFECTIVE DATE COB 7/30/54	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY
---	-------------------------------------	---

FROM:		TO:	
8. POSITION TITLE AND NUMBER <i>Diplomatic or Consular Title</i>	9. SCHEDULE, SERIES NO., GRADE, SALARY	10. ORGANIZATIONAL DESIGNATIONS <i>Post</i>	11. HEADQUARTERS
<input type="checkbox"/> FIELD <input type="checkbox"/> Regular	<input type="checkbox"/> DEPARTMENTAL <input type="checkbox"/> Resident <input type="checkbox"/> Non-US	<input type="checkbox"/> FIELD <input type="checkbox"/> Regular	<input type="checkbox"/> DEPARTMENTAL <input type="checkbox"/> Resident <input type="checkbox"/> Non-US

15. VETERAN'S PREFERENCE		14. POSITION CLASSIFICATION ACTION			
CODE	S.P.T.	10-POINT	NEW	VICE	1. A. RECAL.
		Disab. Other			

15. GEX M	16. APPROPRIATION FROM TO 5A-6011	17. DETIREVERT COV. ERAGE <input checked="" type="checkbox"/> CAC <input type="checkbox"/> FC <input type="checkbox"/> FCA <input type="checkbox"/> NONE	18. DATE OF APPOINT. MOST AFFIDAVIT (Accessions Only)	19. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:
--------------	--------------------------------------	---	---	---

20. This action is subject to all applicable laws, rules and regulations and may be subject to investigation and approval by the United States Civil Service Commission or the Department.

Employment status-Indefinite

All leave transferred.

Address:

PERSONNEL FOLDER

PERSONNEL FOLDER

FORM 50-1086

694

PERSONNEL ACTION WORK SHEET		DATE OF REQUEST		ACTION CONTROL	
		NO.	ROUTING	DATE	
		7-20-54			
		EFFECTIVE DATE			
		PROPOSED	ACTUAL		
			7/30/54		
NAME (Last, First, Middle Initial)		DATE OF BIRTH	SEX		
			E		
NATURE OF ACTION		PREJUDICE			
ALLEGATIONS - REGISTERED EMPLOYEE - REGULATION VI(TROOP)					
PRESENT STATUS (From)		RECOMMENDED STATUS (To)			7/28
FUNCTIONAL TITLE	<div style="border: 2px solid black; padding: 5px; transform: rotate(-15deg); display: inline-block;">           See drafted DEC 8 1954         </div>		STATE OF LEGAL RESIDENCE		
DIP. CONS. OR OTHER TITLE			RETIREMENT DEDUCTIONS		
POST			<input type="checkbox"/> CSC <input type="checkbox"/> SOC. SEC. SOC. SEC. NO.		
CLASS AND SALARY	Quayaquil	<input type="checkbox"/> VETERAN <input type="checkbox"/> NON-VETERAN			
APPROPRIATION ALLOTMENT	5A-4011	RESERVE STATUS			
POSITION NUMBER	02-11	<input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE		BRANCH OF SERVICE (Specify)	
NATURE OF EMPLOYMENT	<input checked="" type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME		<input checked="" type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME		SERIAL NO.
NATURE OF POSITION (Check applicable box)		STATE LIMITATION		PRESENT MARITAL STATUS	
<input type="checkbox"/> NEW <input type="checkbox"/> COMPLEMENT REPLACEMENT (Name) <input type="checkbox"/> VICE				<input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOW <input type="checkbox"/> WIDOWER <input type="checkbox"/> SEPARATED	
CONCURRENCE BY (Initials)		APPOINTED TO		DATE AAB APPROVED	
REGIONAL BUREAUS    OTHER AGENCIES    OTHER OFFICES		<input checked="" type="checkbox"/> REGULAR STAFF <input type="checkbox"/> RESIDENT U.S. STAFF <input type="checkbox"/> LOCAL NON-U.S.		LOYALTY FORMS SUBMITTED	
				<input type="checkbox"/> SP 83 <input type="checkbox"/> SP 87 CLEARED UNDER P.L. NO.	
ADDITIONAL INFORMATION AND INSTRUCTIONS (Subject to A, B, C, D, E, F, G, H, I, J and K)					
Please accept [redacted] resignation in accordance with his letter of 7/19-54 (attached). Reason: Continue post-graduate studies. Arrival at post: 6-19-52					
SIGNATURE AND TITLE OF REQUESTING OFFICER			SIGNATURE AND TITLE OF APPROVING OFFICER		
[redacted] Operations Officer, ARA			[redacted]		
REQUEST FOR TRAVEL AUTHORIZATION					
OBJECT CLASS	ESTIMATED COST	PER/FY/TC ENCUMBRANCE FUNDS AVAILABLE	NAMES OF DEPENDENTS FROM AND DATES OF BIRTH OF CHILDREN UNDER 21	FROM	TO
0206	1500	APPR.		Quayaquil	Arlington, Va.
		ALLOT. 583025		VIA	DETAIL ENROUTE approx 5 days' cona w/per dies
	0206 3000	OLD IG. NO.		NO EXCESS BAGGAGE AUTH.	
		STATE SIGNATURE		SHIPMENT OF EFFECTS FROM	
	TOTAL 4500				to Arlington, Va.
TO DATE	TRAVEL ORDER NUMBER	REMARKS			
		CS/T: [redacted] has completed 5 days commutation in [redacted] and is now taking leave in Arlington, Va. Please cancel that part of TO 4-2123 dated June 11, 1954 which authorized transportation from [redacted] to Tucson, Arizona and thence to [redacted] authorize instead shipment of effects from [redacted] to Arlington, Va. (place of residence on service separation listed on list [redacted] dated 4-1-54.			
<div style="border: 1px solid black; padding: 5px; display: inline-block;">           Also cancel of 3/22/54         </div>					

All leave transferred. 1150 forwarded. COB 7/30/54

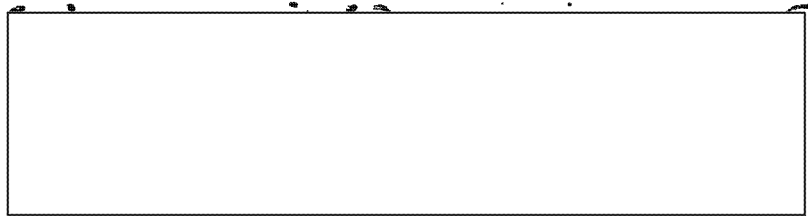
*[Handwritten signature]*

[Redacted]

Leave and Retirement Section

[Redacted]

1150  
COB 7/30/54  
[Redacted]



Washington, D.C.  
July 19, 1954

Division of Personnel Operations

Washington 25, D.C.

Attn: [redacted]

Gentlemen:

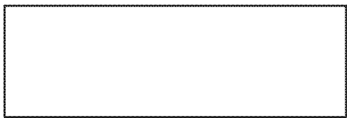
I hereby submit [redacted]  
[redacted] in which I hold the [redacted]  
[redacted] This [redacted] is submitted in order  
that I may devote full time to post-graduate studies.

It is requested that this [redacted] take effect as of  
the close of business July 19, 1954.

It is also requested that the Administrative Officer at  
my former post of duty, [redacted] be authorized to  
ship a lift van containing furnishings and personal effects  
to the Security Storage Company, Washington, D.C.

It has been a great pleasure serving with [redacted]  
[redacted] and I shall always remember with pleasure my association  
with the many fine officers and clerical personnel of both  
[redacted]

Yours very truly,





NOTIFICATION OF SECURITY CLEARANCE UNDER E. O. 10450

TO: Director, Office of Personnel      DATE: 6 July 1954  
Attention: [redacted]

[redacted]

APPLICANT. If subject is not appointed within 90 days of the date of this notification, this clearance must be revalidated by the Office of Security.

EMPLOYEE.

The case of above-named person has been reviewed in the Office of Security.

Investigative requirements of Executive Order 10450 have been complied with.

It has been determined that the employment or retention in employment of subject is clearly consistent with the interests of national security.

On the basis of this determination clearance is hereby granted. This clearance shall remain in effect for all purposes until further notice except that prior approval must continue to be requested from the Office of Security in the event of marriage to an alien, Presidential appointment, any appointment requiring Senate confirmation, and transfers or assignments to the Office of Security, R Area Special Projects Staff, and cryptographic duties. (This determination shall not eliminate or modify any other determination on security which may be required by law).

REMARKS:

Investigative reports are attached. Please return these reports to the Office of Security within 10 days together with the names of the individuals who have reviewed them listed on the extra copy of this form herewith furnished.

[redacted]

Director, Office of Security

ATTACHMENTS

SY: [redacted]

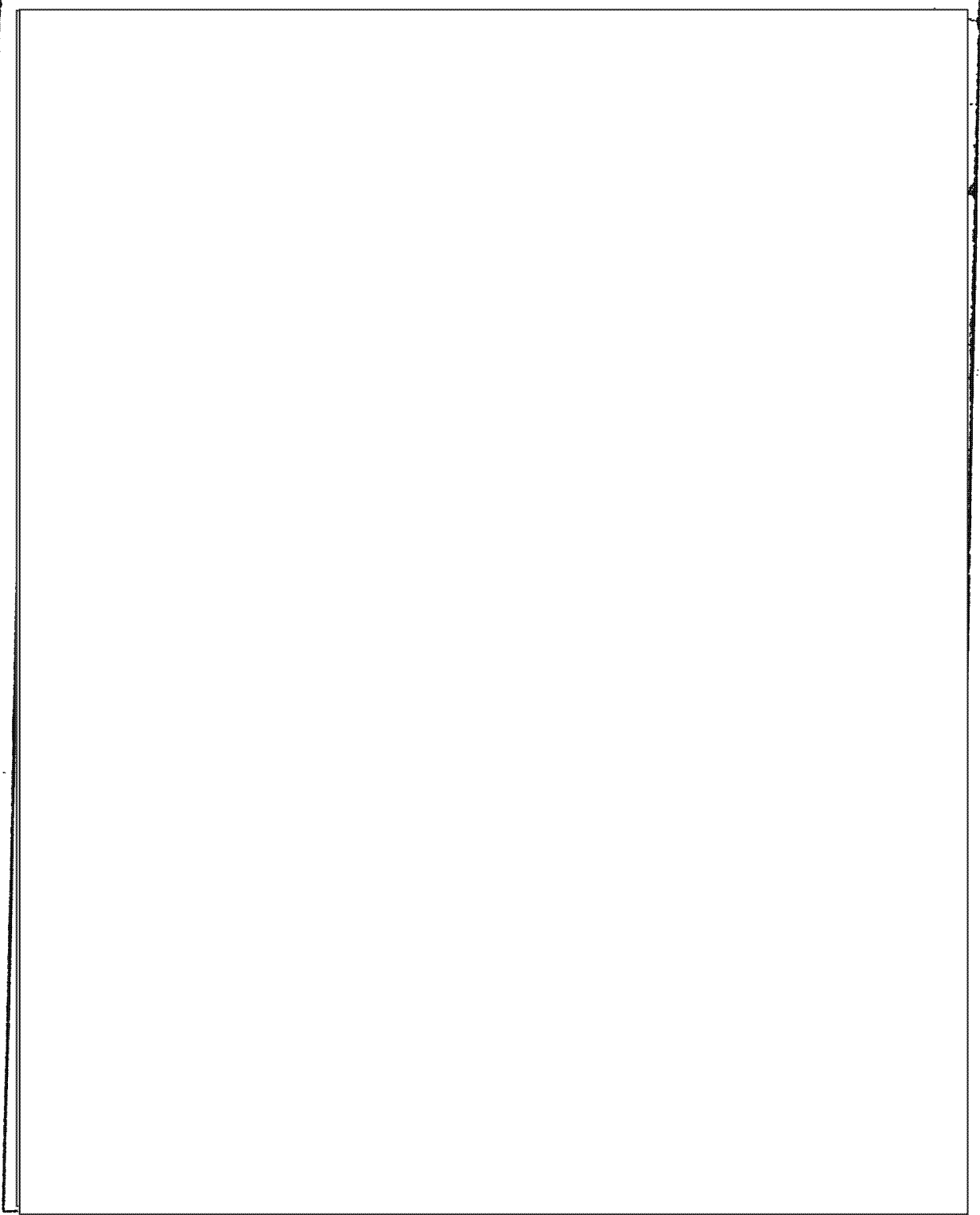
This memorandum may be considered as OFFICIAL USE ONLY upon removal of attachments.

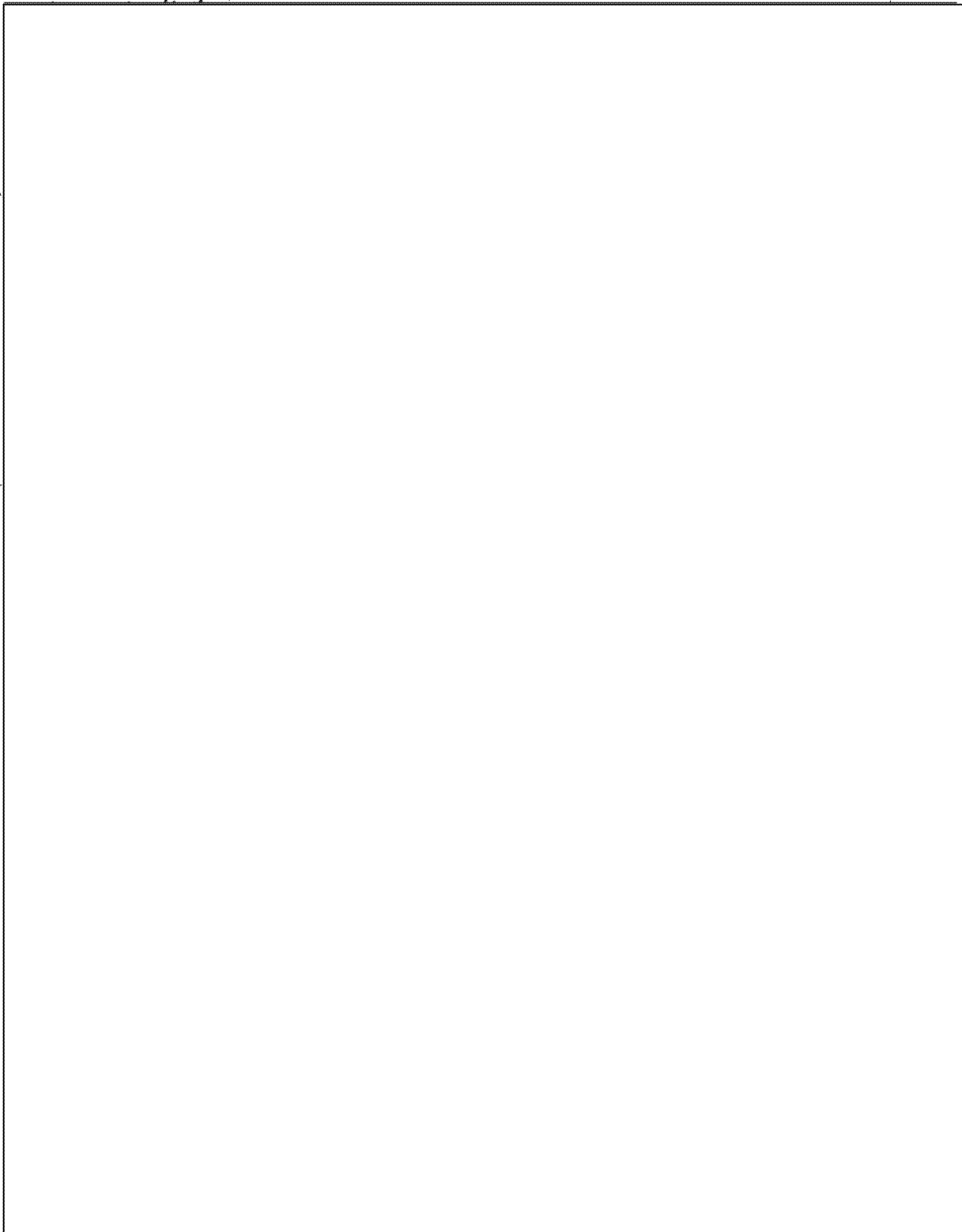


b7c

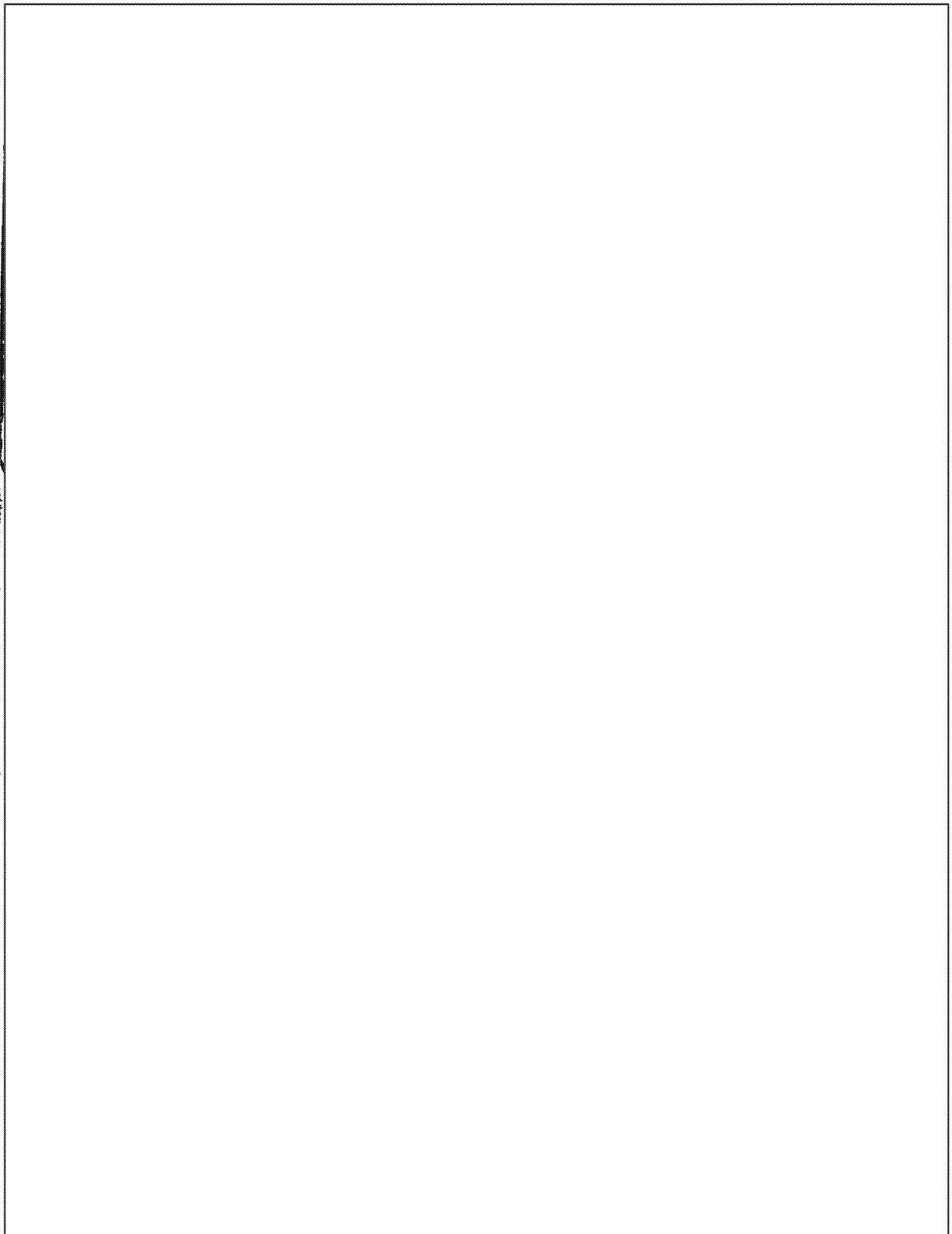
<b>PERSONNEL ACTION</b>					DATE <b>June 5, 1953</b> JOURNAL NO. <b>147</b>				
NAME (Last, First, Middle) [Redacted]					DATE OF BIRTH				
LEGAL AUTHORITY					SERVICE				
This is to notify you of the following action concerning your employment					DATE OF BIRTH				
NATURE OF ACTION <b>PERIODIC STEP INCREASE</b>					EFFECTIVE DATE <b>June 7, 1953</b>				
FROM					TO				
FUNCTIONAL TITLE					[Redacted]				
DIP., CONSULAR OR OTHER TITLE					<b>S&amp;S</b>				
POST					[Redacted]				
CLASS AND SALARY					[Redacted] <b>\$4719</b> [Redacted] <b>\$4899</b>				
APPROPRIATION					<b>3A 2011</b>				
POSITION NUMBER					<b>S&amp;S</b>				
NATURE OF EMPLOYMENT		PERMA-NENT	TEMPO-RARY	OTHER	FULL PART	PERMA-NENT	TEMPO-RARY	OTHER	FULL PART
RETIREMENT DEDUCTIONS		YES	REGULAR STAFF			NATURE OF POSITION			
VETERAN NON-VETERAN		NO	LOCAL STAFF			NEW	VICE (name)		
SEX		MARITAL STATUS, CHILDREN, AND DEPENDENTS			LEGAL RESIDENCE				
<p>Conditions and requirements Above action and continuance of status effected thereby are subject to such conditions and requirements listed on reverse of this page as are cited herewith.</p> <p>REMARKS:</p> <p style="text-align: center;">Last salary increase May 28, 1952. Performance rating meets required standards.</p>									
[Redacted]					[Redacted]				
2					TITLE				

FOLDER





685 4 1906



0 000 1911 24779

FOLDER

STANDARD FORM 818  
BUREAU OF THE BUDGET  
FORM APPROVED BY THE COMP. GEN., U.S.  
JUNE 15, 1957  
U. S. CIVIL SERVICE COMMISSION  
F. P. M. CHAPTER 46

**CIVIL OFFICIAL**  
**APPOINTMENT AFFIDAVITS**  
(As defined in 5 USC 21a and 21b)

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

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

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

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

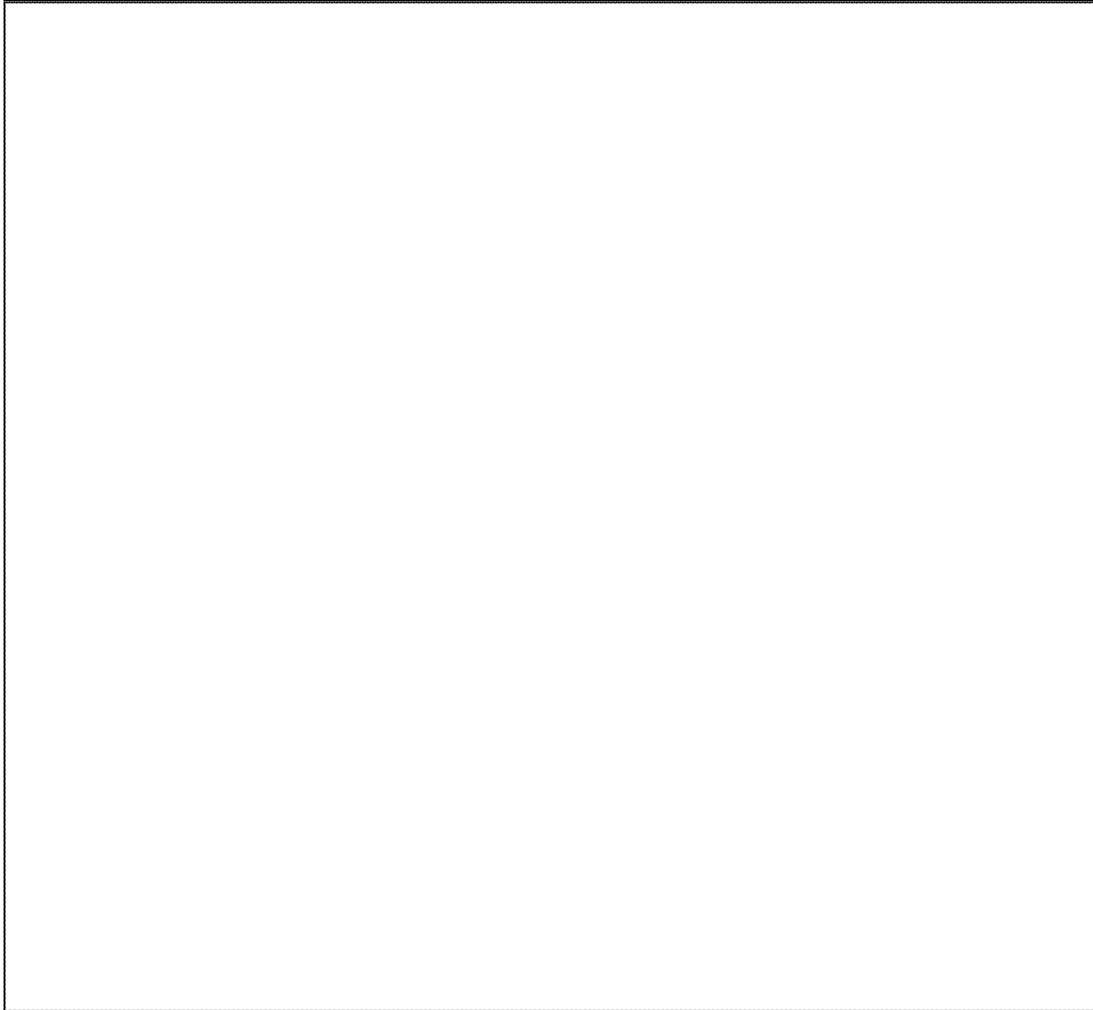
I have not, nor has anyone acting in my behalf, given, transferred, promised or paid any consideration for or in expectation or hope of receiving assistance in securing such appointment.

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



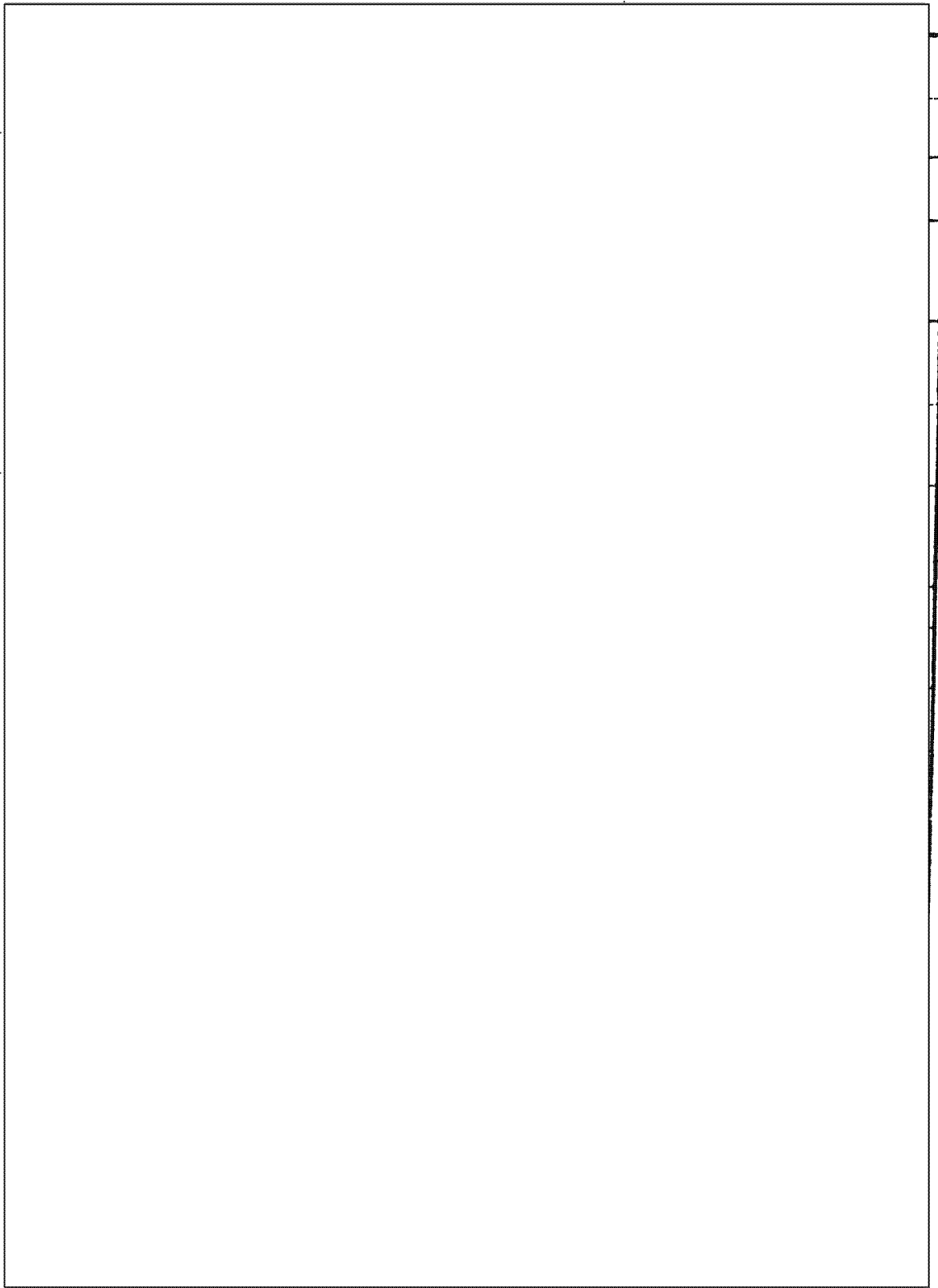


*Office Memorandum* • UNITED STATES GOVERNMENT

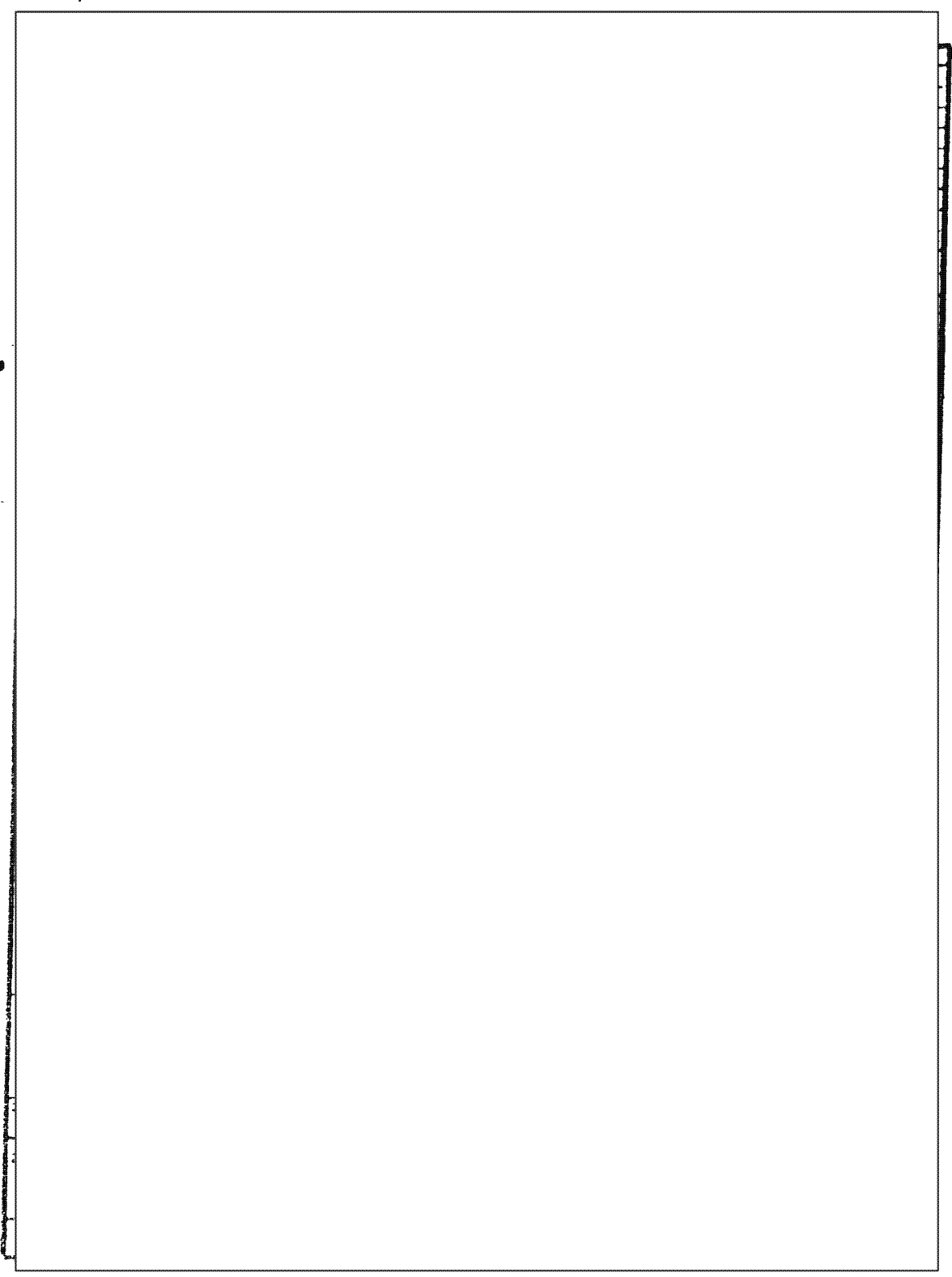


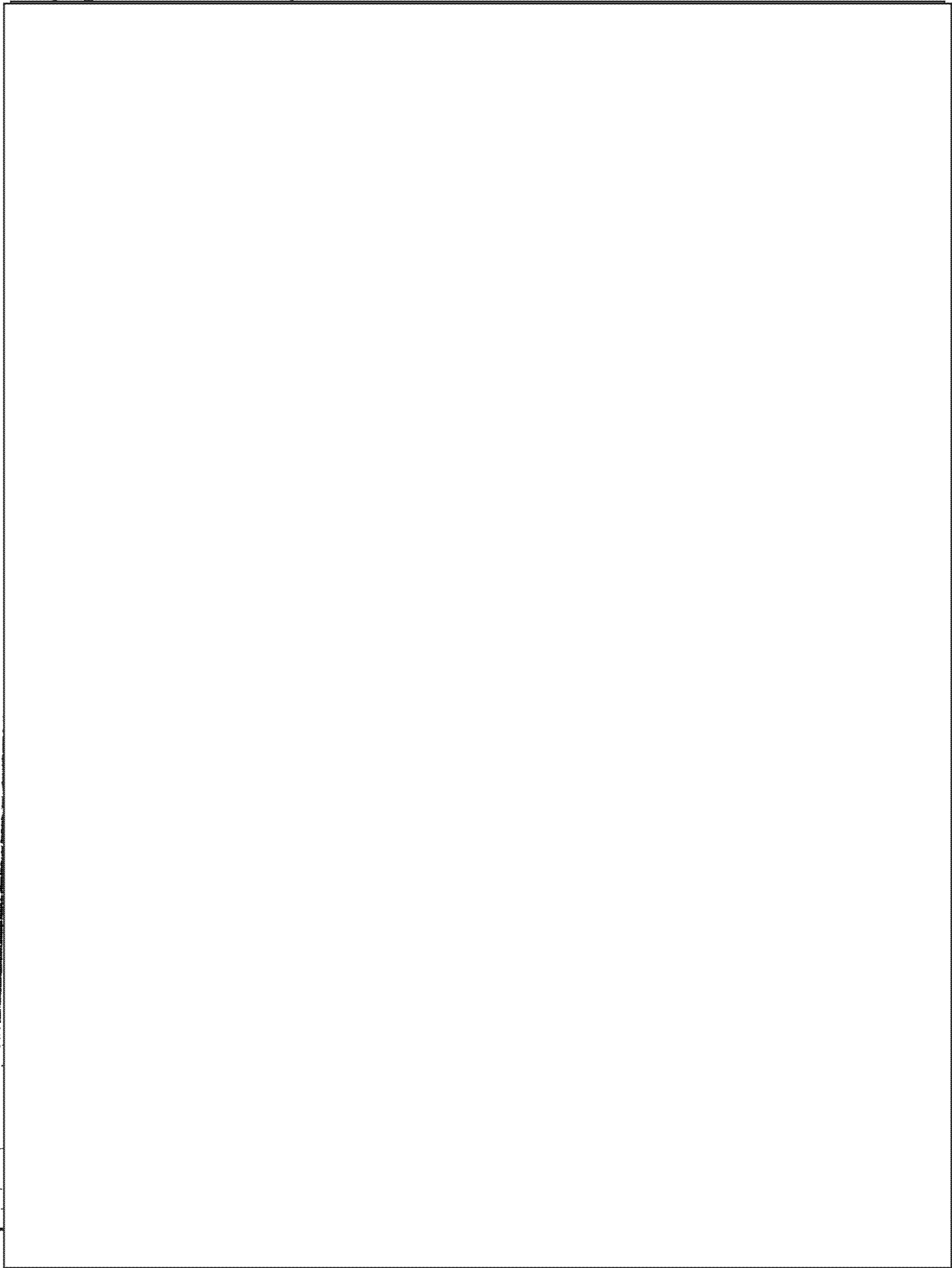
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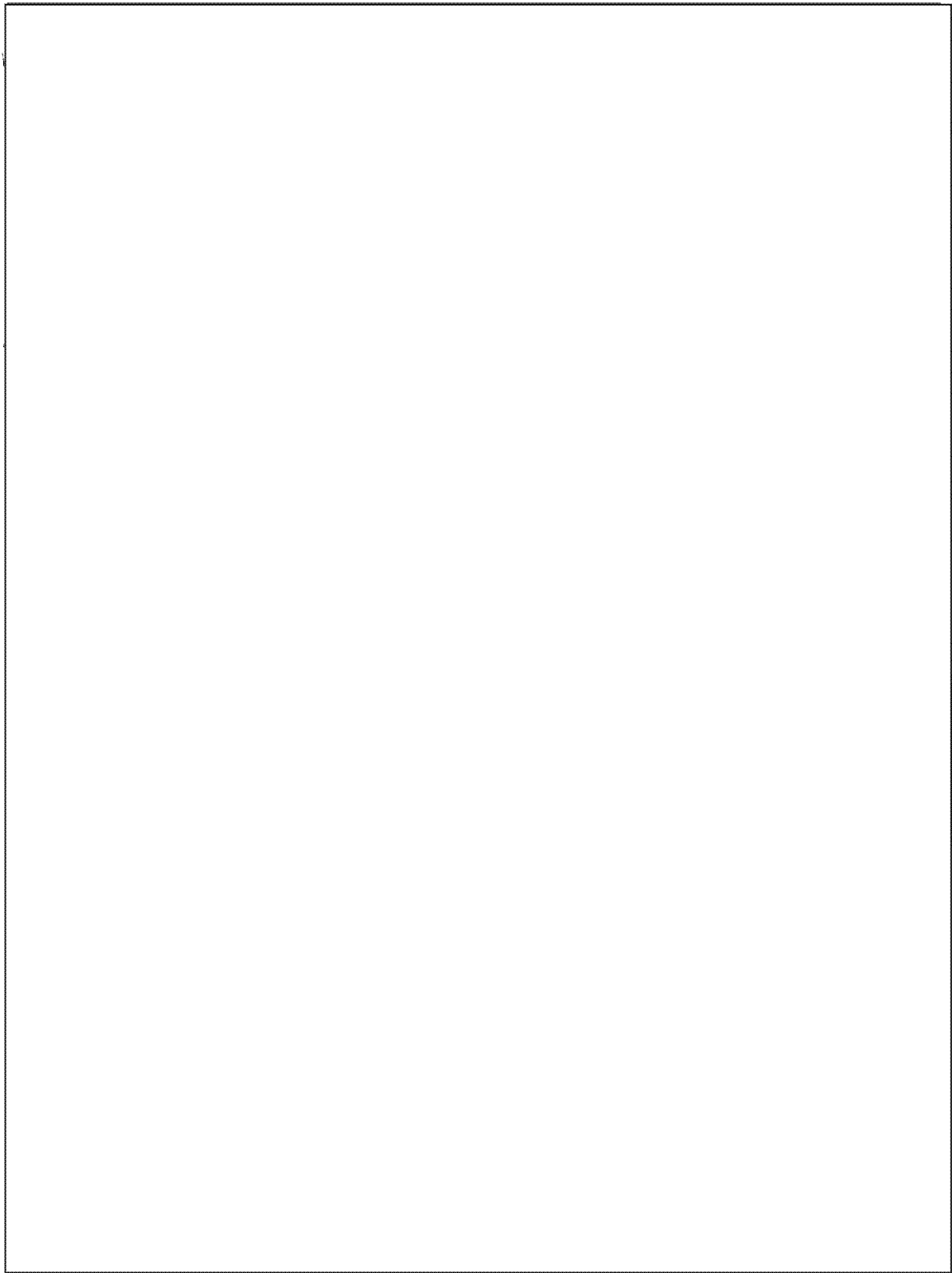
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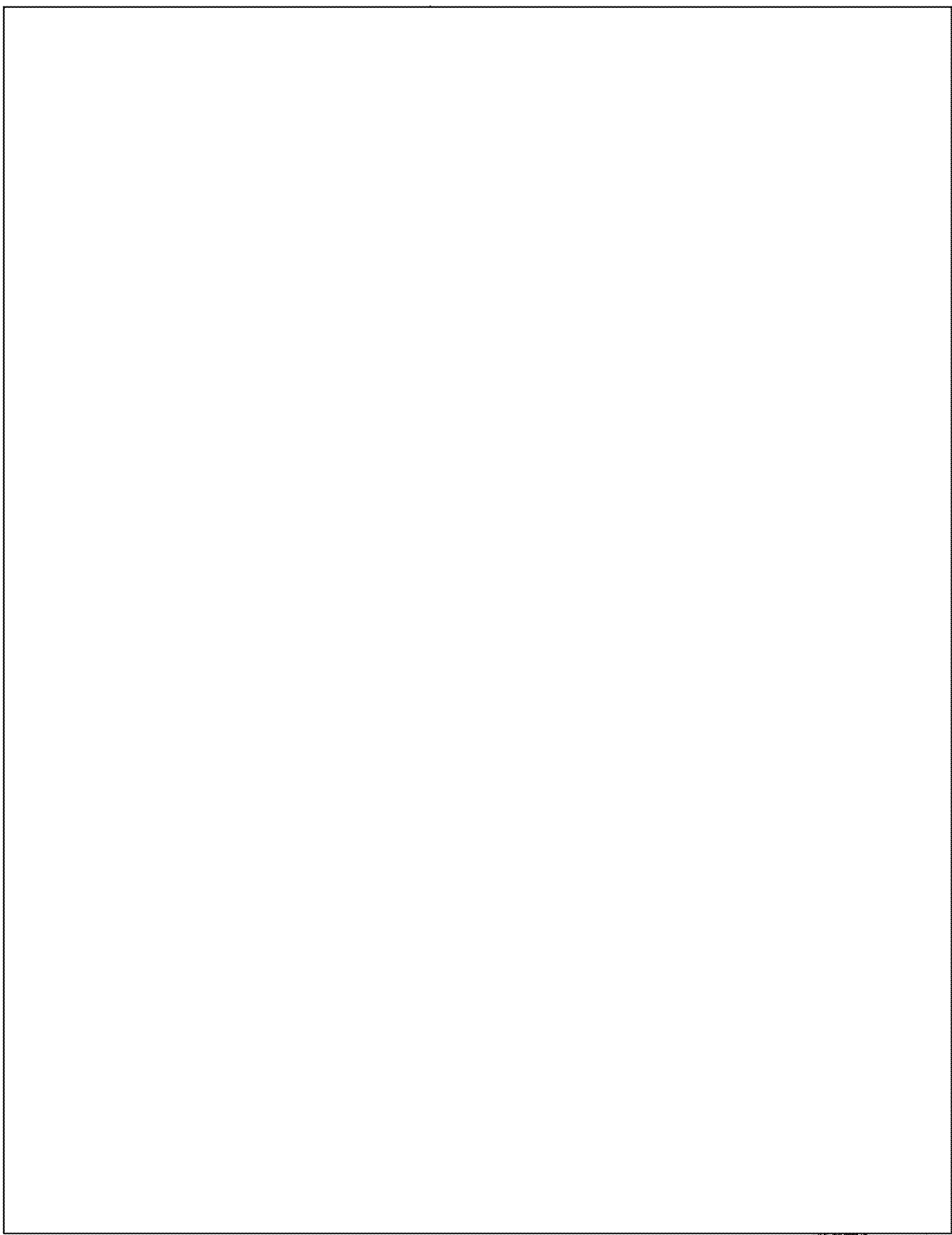


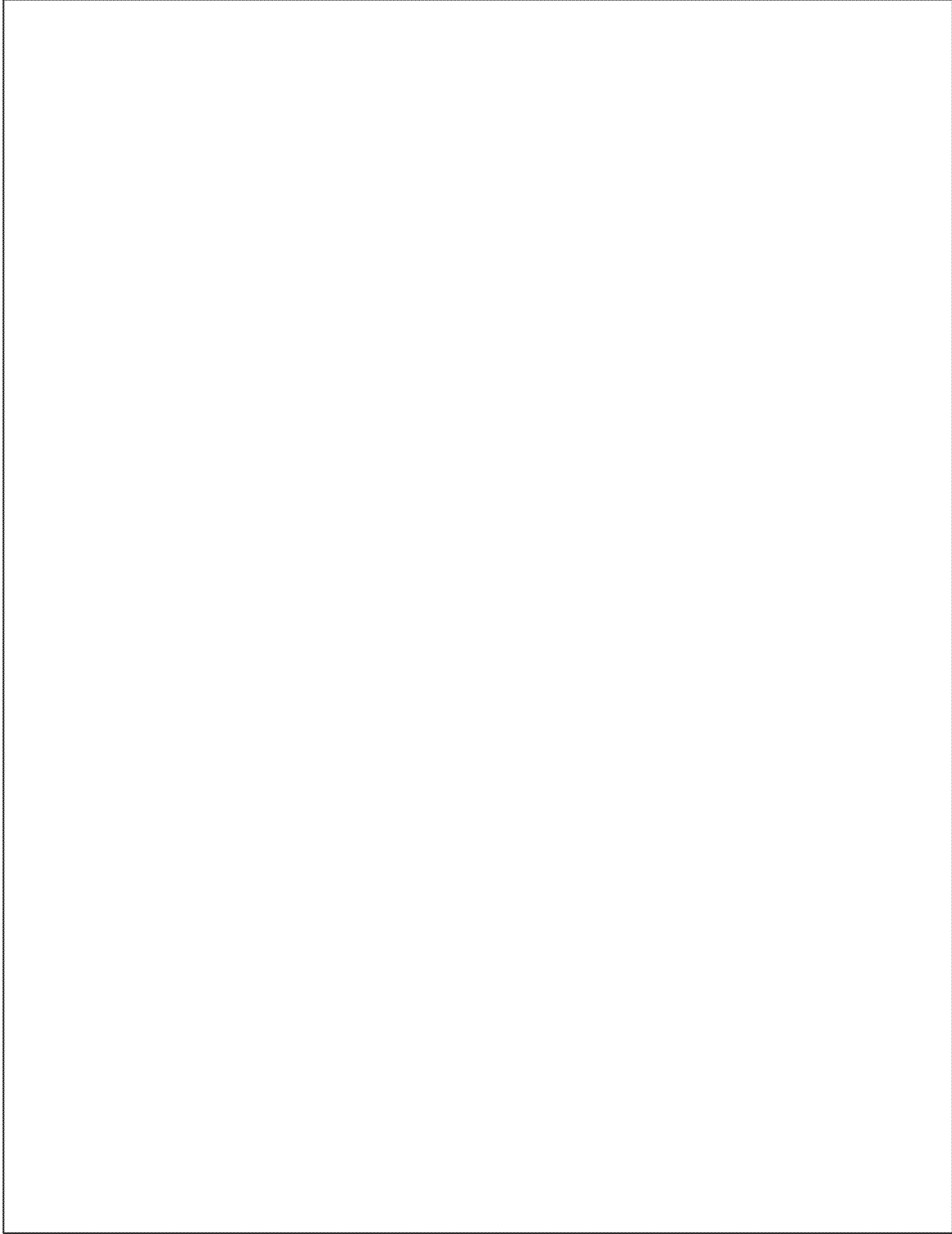
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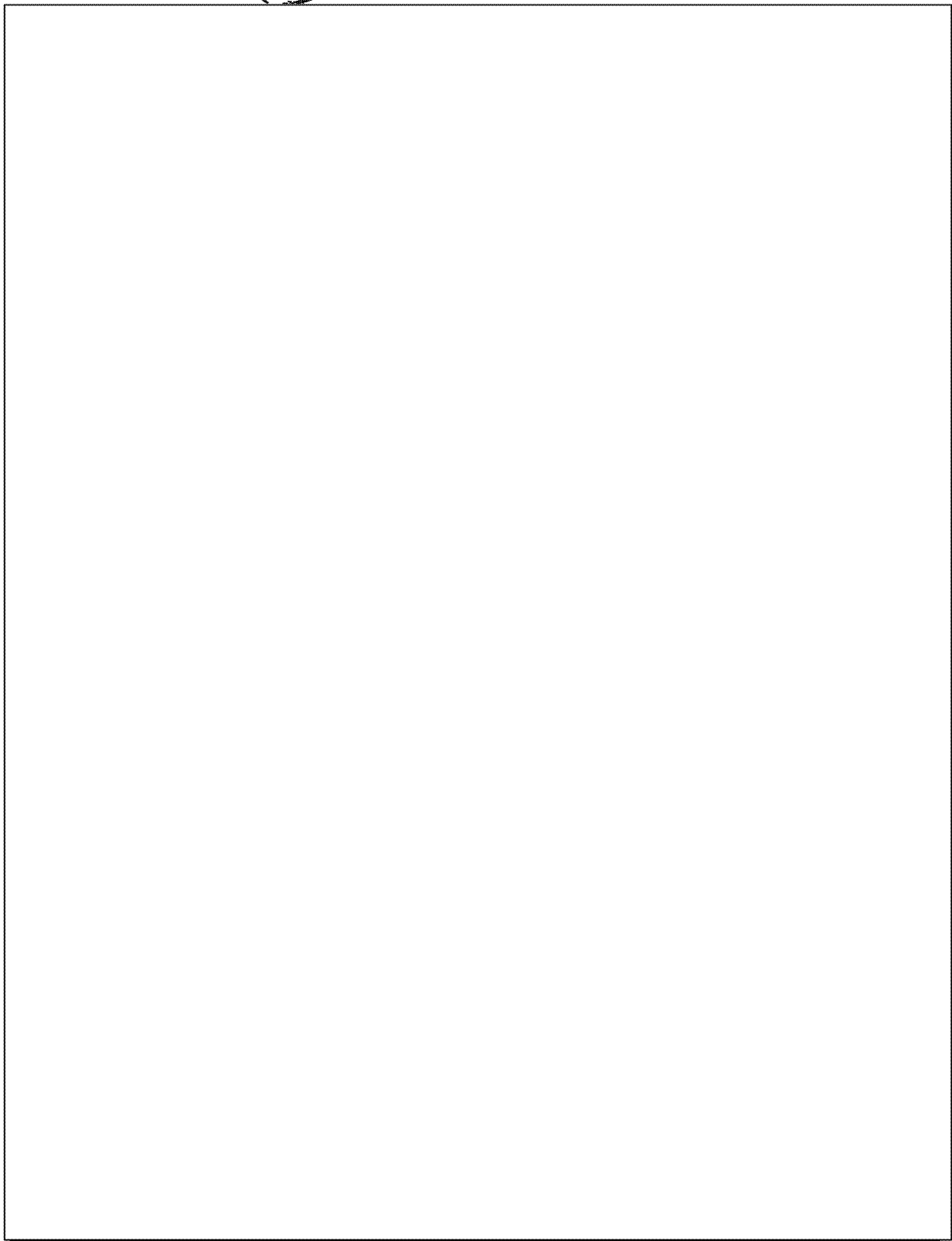




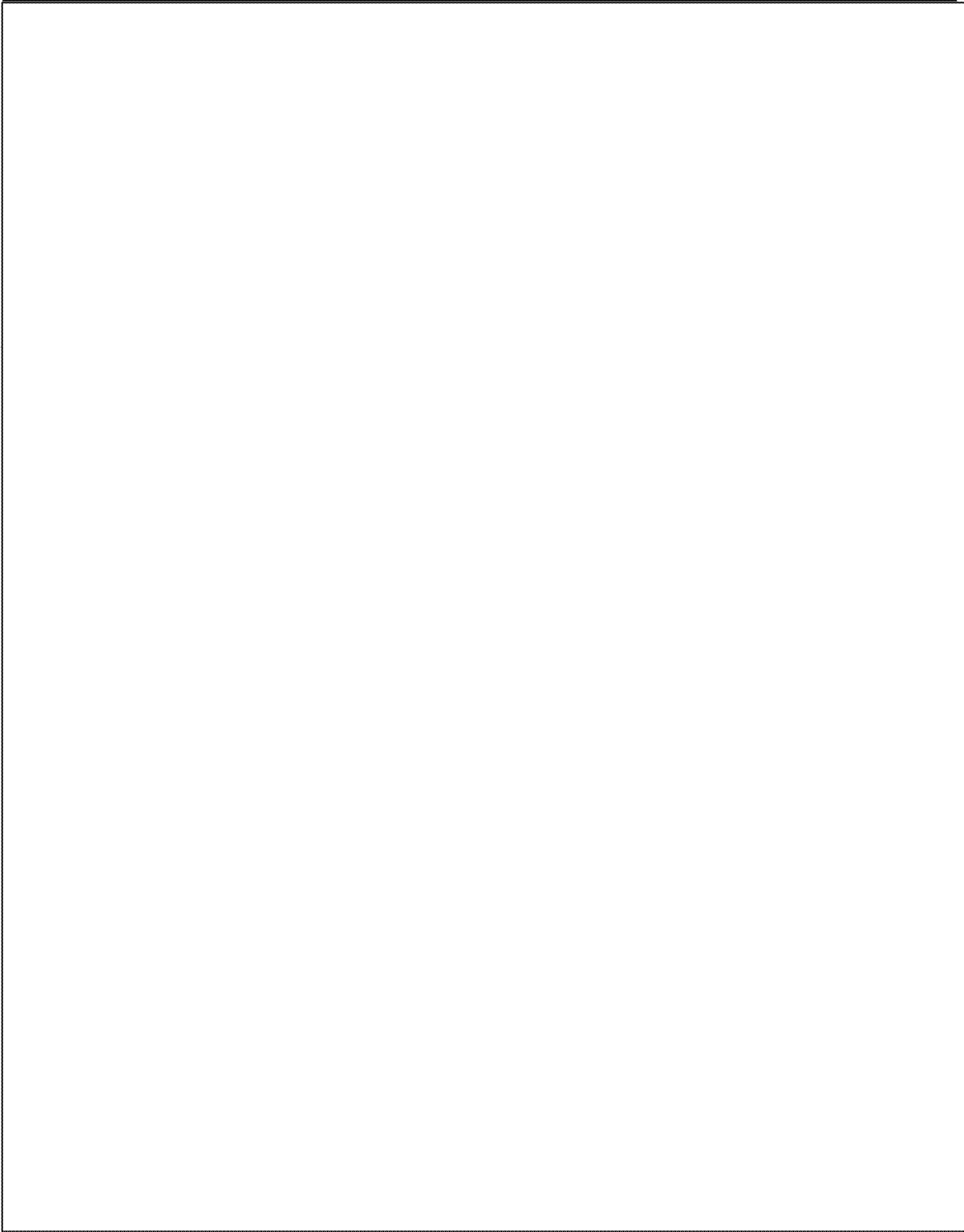


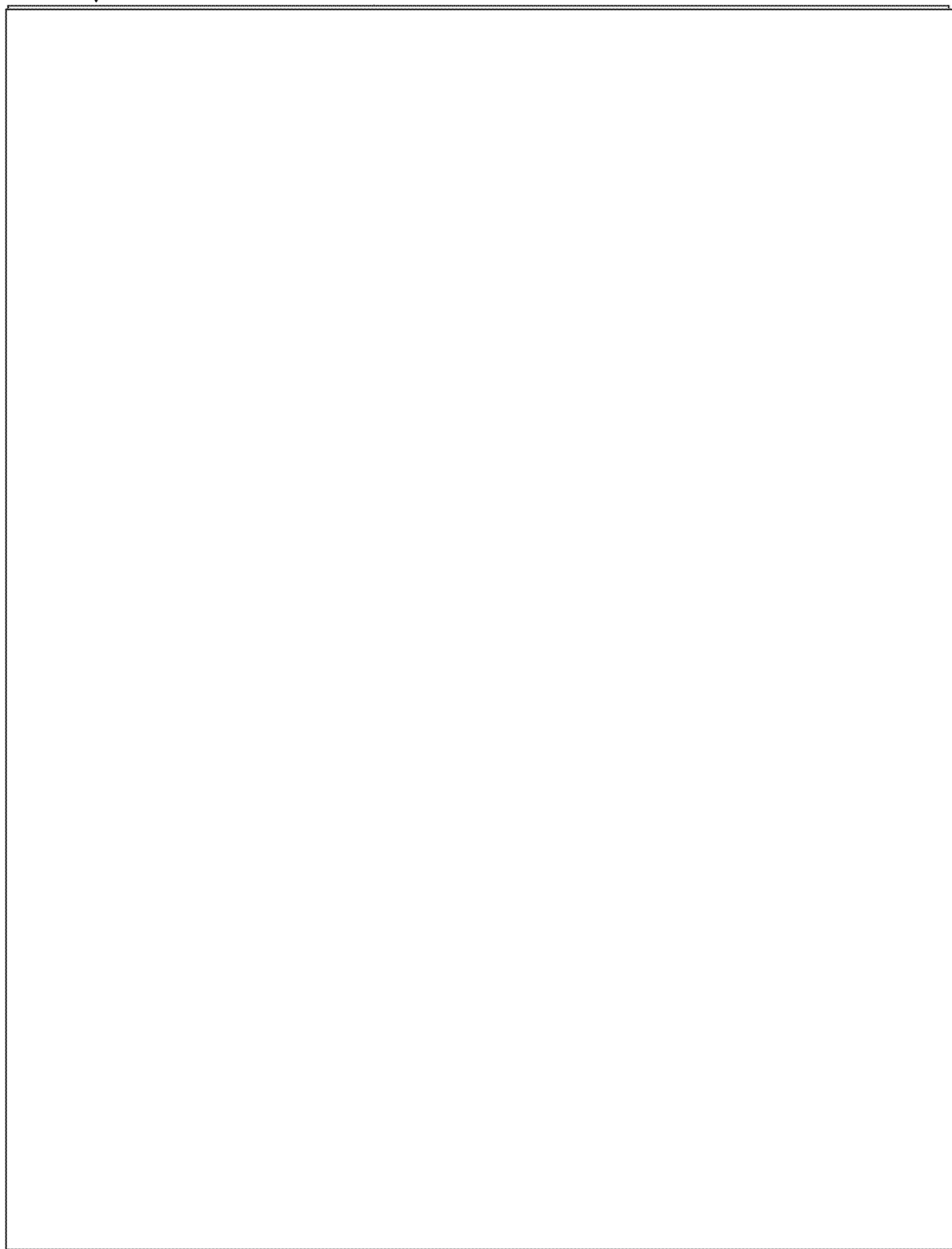


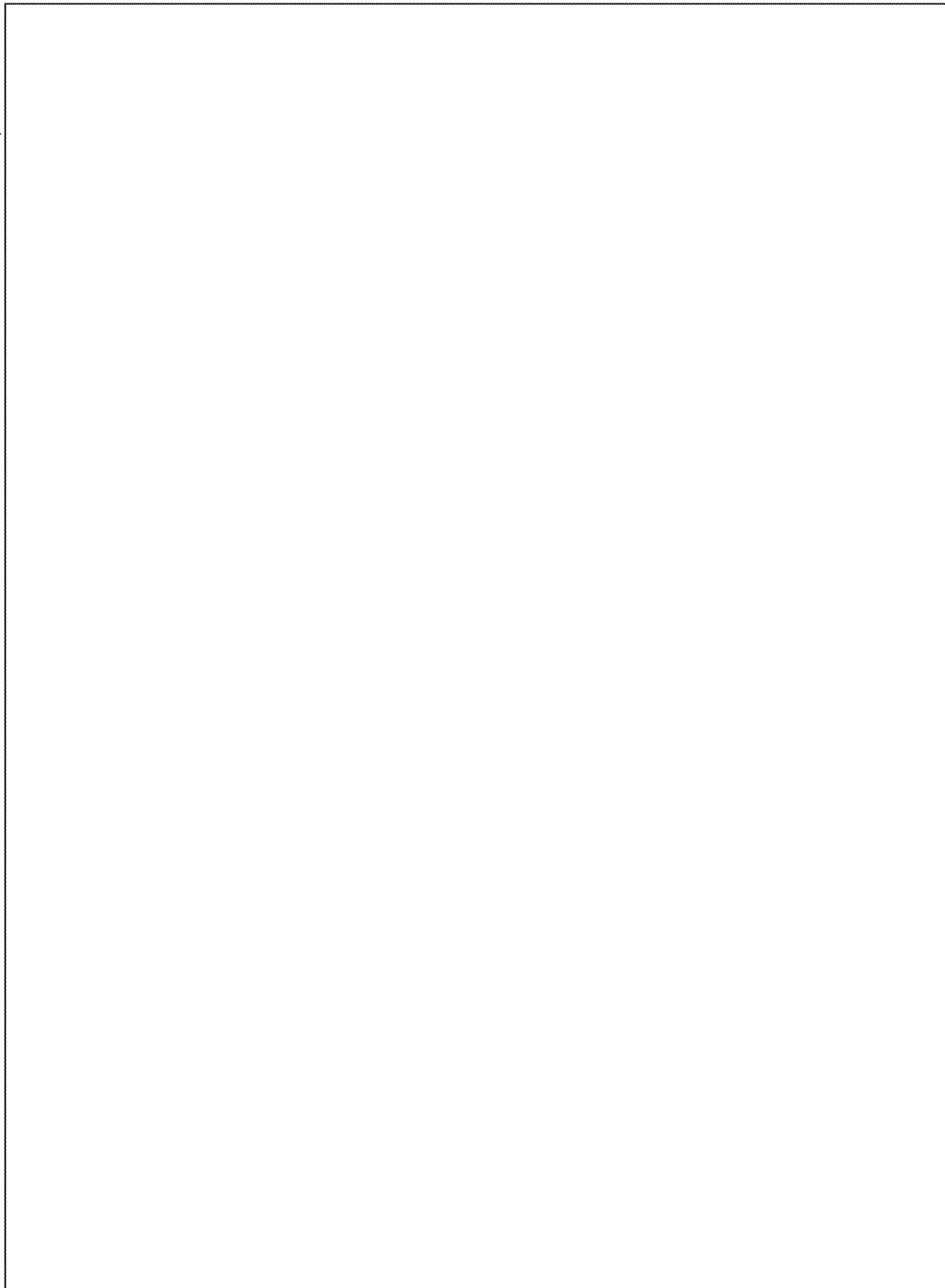






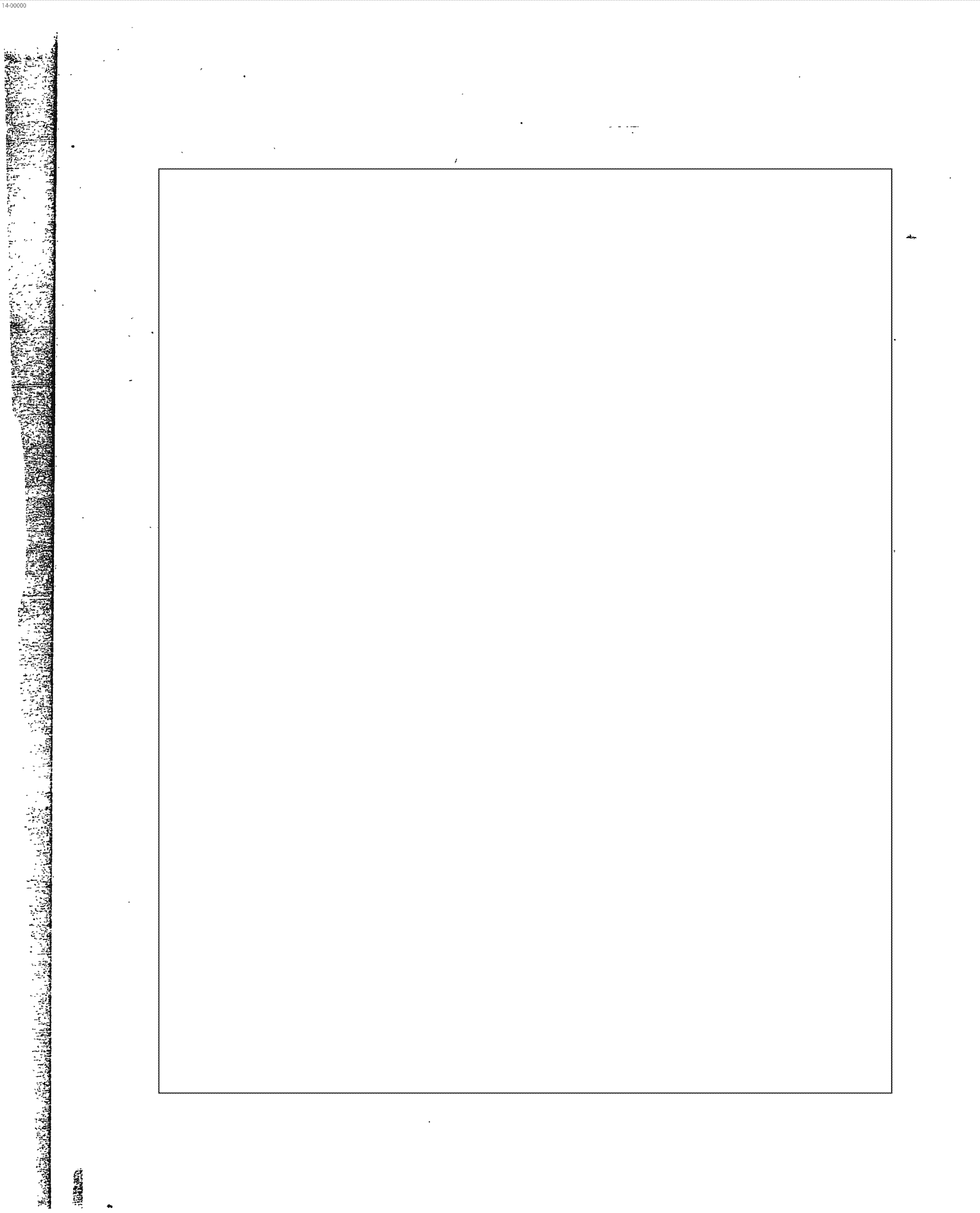






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