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SECRET

Official Personnel Folder

SECRET



*67 Jan Encl 1
67 Jan Encl 1*

Handwritten signature or initials

FD
60389 D

RETURN TO RECORDS CENTER

DISPATCH TO: ATTN: O/E

JOB 74-87

372024

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED 30 May 1972			
1. SERIAL NUMBER 060389		2. NAME (Last-First-Middle) COB							
3. NATURE OF PERSONNEL ACTION Conversion and Retirement (Voluntary) under CIA Retirement & Disability Sys				4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 06 30 72		5. CATEGORY OF EMPLOYMENT Regular			
6. FUNDS V TO V CF TO V		V TO CF XX CF TO CF		7. FINANCIAL ANALYSIS NO CHARGEABLE 2135-0620		8. LEGAL AUTHORITY (Completed by Office of Personnel) P.L. 84-643 Sec. 237			
9. ORGANIZATIONAL DESIGNATIONS DDP/WH Branch 6 Office of the Chief				10. LOCATION OF OFFICIAL STATION Washington, D.C.					
11. POSITION TITLE Ops Officer, Ch			12. POSITION NUMBER 1844		13. CAREER SERVICE DESIGNATION D				
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS		15. OCCUPATIONAL SERIES 0136.01		16. GRADE AND STEP 15 7		17. SALARY OR RATE \$ 30,701			
18. REMARKS From: 115v Release w/ [redacted] 6/28/72 [redacted] [redacted] 1 - Security 1 - Finance									
19A. SIGNATURE OF REQUESTING OFFICIAL Henry L. Berthold, C/WH/Pers				DATE SIGNED 5/27/72		19B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER [redacted]			
DATE SIGNED 5 Jun 72									
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL									
19 ACTION CODE 45	20 EMPLOY CODE 10	21 OFFICE CODES NUMERIC ALPHABETIC		22 STATION CODE	23 OFFICER CODE	24 REPORT CODE 7	25 DATE OF BIRTH MO DA YR	26 DATE OF GRASS MO DA YR	27 DATE OF LEI MO DA YR
28 RET. EXP. DATE MO DA YR	29 SPECIAL REFERENCE	30 RET. REAS. DATE MO DA YR	31 SEPARATION DATE CODE	32 COMPLETION (AMT/FLY) OR DATE	33 SECURITY RES. NO.		34 SEC. NO.	35 SECURITY RES. NO.	
36 RET. REFERENCE CODE	37 SERV. COMP. DATE MO DA YR	38 LOAN COMP. DATE MO DA YR	39 CARRIER (S/F/AG/ST)	40 PERS. PLAN'S RELEASE	41 SOCIAL SECURITY NO.		42 SOCIAL SECURITY NO.		
43 REL. POINTS (FEDERAL GOVERNMENT EMPLOY)		44 LEAVE BAL.	45 MEMBER (S/F/AG/ST)	46 MEMBER (S/F/AG/ST)		47 MEMBER (S/F/AG/ST)		48 MEMBER (S/F/AG/ST)	
49 PERS. PLAN'S RELEASE		50 PERS. PLAN'S RELEASE		51 PERS. PLAN'S RELEASE		52 PERS. PLAN'S RELEASE		53 PERS. PLAN'S RELEASE	
54 PERS. PLAN'S RELEASE								55 PERS. PLAN'S RELEASE	

6.
43

SECRET

28 JUN 72

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(When Filled In)

CERTIFICATION OF SEPARATING EMPLOYEE

Name (Last-First-Middle)

MEMORANDUM FOR THE RECORD - ATTACH TO OFFICIAL PERSONNEL FOLDER

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

- | |
|---|
| 1. Standard Form 8 (Notice to Federal Employee about Unemployment Compensation).
<i>Declined due to leave</i> |
| 2. Standard Form 55 (Notice of Conversion Privilege, Federal Employees' Group Life Insurance). |
| 3. Standard Form 56 (Agency Certification of Insurance Status, Federal Employees' Group Life Insurance Act of 1954). |
| 4. Standard Form 2802 (Application for Refund of Retirement Deductions). |
| 5. Form 2595 (Authorization for Disposition of Paychecks).
<i>to bank as usual</i> |
| 6. Applicable to returnees (resignee from overseas assignment).
I have been advised of my right to have a medical examination before my separation from this Agency and of the importance of such a medical check to my health and well-being.
<input type="checkbox"/> Appointment arranged with Office of Medical Services.
<input checked="" type="checkbox"/> Appointment for Office of Medical Services examination declined. |
| 7. I have been informed of "conflict of interests" policy of the Agency and forenoon no problem in this regard concerning my new employment. |
| 8. Form 71 (Application for Leave). |
| 9. CSC Pamphlet 51 (Re-employment Rights of Federal Employees Performing Active Forces Duty). |
| 10. Instructions for returning to duty from Extended Leave or Active Military Service. |

Signature of Employee

Date Signed

12 Oct 72

Address (Street, City, State Zip Code)

Correspondence

OVER

OFF

15 SEP 1970

MEMORANDUM FOR: Chief, WII Division

THROUGH : Acting Deputy Director for Plans

SUBJECT : Certificate of Distinction for
Mr. [REDACTED]

The Honor and Merit Awards Board is pleased to notify you that the Certificate of Distinction has been approved by the Executive Director-Comptroller in recognition of Mr. [REDACTED] sustained superior performance. Security considerations relevant to the award are contained in the attached memorandum from the Office of Security. Arrangements for presentation may be made with the Executive Secretary, Honor and Merit Awards Board, extension 3645, room 412, Magazine Building.

/s/ R. L. Austin, Jr.

R. L. Austin, Jr.
Recorder

Honor and Merit Awards Board

Att

Distribution:

O & 1 - Addressee

~~1~~ - D/Pers -- OPF w/forms 382 & 600

1 - Exec Sec/HMAB

1 - Recorder/HMAB

08E

REPORT OF HONOR AND MERIT AWARDS BOARD

Executive Security

29 August 1972

The Honor and Merit Awards Board having considered a recommendation that

ESAL OR ID NO. 060389 NAME (Last, First, Middle) [Redacted] [Redacted] [Redacted] EMPLOYEE M Staff

OFFICE OF ASSIGNMENT CS/WH SR D SYSTEM GRADE GS 15 STATION

BY AWARDED

Certificate of Distinction

FOR HEROIC ACTION ON

FOR MERITORIOUS SERVICE OR ACHIEVEMENT DURING THE PERIOD June 1952 - June 1972

RECOMMENDS APPROVAL DOES NOT RECOMMEND APPROVAL

RECOMMENDS AWARD OF

UNCLASSIFIED CITATION

Mr. [Redacted] is hereby awarded the Certificate of Distinction in recognition of his sustained superior performance throughout his Agency career. Since 1952 he has served in a variety of important positions in Headquarters and overseas in which the superior quality of his performance was sustained by his skillful leadership and dedication. In each assignment he has shown unswerving dedication to duty, good judgment and the ability to respond quickly in demanding situations. Mr. [Redacted] overall contributions to the mission of the Agency reflect credit on him and the Federal Service.

REMARKS

(Recommendation approved by ADD/P on 11 August 1972)

APPROVED /s/ W. E. Colby

Executive Director

13 SEP 1972

SIGNATURE /s/ HARRY B. FISHER

PRINTED NAME OF EMPLOYEE HARRY B. FISHER

SIGNATURE /s/ R. L. AUSTIN, JR.

PRINTED NAME OF REVIEWER R. L. Austin, Jr.

OFF

1. NAME (Last, First, Middle Initial) [Redacted]		
2. GRADE [Redacted]		
3. OFFICE OF ASSIGNMENT [Redacted]		
4. DATE OF ASSIGNMENT [Redacted]		
5. CITY AND STATE OF ASSIGNMENT [Redacted]		
6. ADDRESS OF ASSIGNED OFFICE [Redacted]		
7. HOME PHONE NUMBER [Redacted]		
8. TYPE OF ASSIGNMENT [Redacted]		
9. DATE OF COMPLETION [Redacted]		
10. CERTIFICATE OF DISTINCTION [Redacted]		
11. RELATIONSHIP TO RECOMMENDER [Redacted]		
12. HOME PHONE NUMBER [Redacted]		
SECTION B - RECOMMENDATION FOR AWARD FOR MERIT OR FOR MERIT AWARD OF DISTINCTION		
13. DO YOU HAVE RECOMMENDATIONS TO THE FILE? [Redacted]		
14. RECOMMENDATION FOR MERIT AWARD OR MERIT AWARD OF DISTINCTION [Redacted]		
15. FULL NAME [Redacted]		
16. GRADE [Redacted]		
17. OFFICE OF ASSIGNMENT [Redacted]		
18. LIST ANY OF THE MERIT AWARDS GIVEN OR AWARDS OF DISTINCTION RECOMMENDED TO THE FILE [Redacted]		
19. FULL NAME [Redacted]		
20. AWARD RECOMMENDED [Redacted]		
21. CONDITIONS UNDER WHICH AWARD WAS RECOMMENDED		
22. LOCATION [Redacted]		
23. INCLUSIVE DATES [Redacted]		
24. TIME OF DAY [Redacted]		
25. AVAILING GEOGRAPHIC CONDITIONS AND OBSTACLES ENCOUNTERED [Redacted]		
26. DATES FOR WHICH AWARD IS RECOMMENDED [Redacted]		
27. ASSIGNMENT OFFICER [Redacted]		
28. SIGNATURE OF RECOMMENDER [Redacted]		
SECTION C - RECOMMENDATION FOR MERIT AWARD FOR ACHIEVEMENT, SERVICE, OR PERFORMANCE		
29. DO YOU HAVE RECOMMENDATIONS TO THE FILE? [Redacted]		
30. OFFICIAL ASSIGNMENT OF RECOMMENDER AT TIME OF SERVICE OR PERFORMANCE [Redacted]		
31. RECOMMENDATION COVERS ENTIRE CAREER [Redacted]		
32. COMMENT ON STATE OF (Designation and Location) [Redacted]		
33. DUTIES AND RESPONSIBILITIES OF ASSIGNED POSITION [Redacted]		
34. SIGNATURE OF RECOMMENDER [Redacted]		
35. TITLE OF RECOMMENDER [Redacted]		
36. OFFICE OF RECOMMENDER [Redacted]		
37. DATE OF RECOMMENDATION [Redacted]		
38. FULL NAME [Redacted]		
39. GRADE [Redacted]		
40. OFFICE OF ASSIGNMENT [Redacted]		

OPF

Approved for Release by NSA on 05-08-2014 pursuant to E.O. 13526

Approved for Release by NSA on 05-08-2014 pursuant to E.O. 13526

Mr. [redacted] entered on duty with the Agency in June 1952, after having served with the Army, SIC, from 1942 to 1949 and, subsequently, as Chief, Civil Intelligence Branch in the Panama Canal Zone Government from 1949 to 1952. In January 1955 he was appointed Deputy Chief of Station, Havana and remained in this position until January 1959 when he was reassigned to Headquarters. Mr. [redacted] served as Deputy Chief of Station, [redacted] from 1965 through 1970, and as Deputy Chief of MI Division Cuban Operations Group from 1966 to June 1968. He assumed the position of Chief of Station, [redacted] in June 1968. Since April 1971 Mr. [redacted] has been assigned as Chief, MI Division, Branch 6, which encompasses the important [redacted] area.

Mr. [redacted] has held positions of responsibility from the very outset of his Agency career. While demonstrating ample qualities of leadership and excellent managerial skills, his continuing interest lies in the real heart of Agency activities—the production of intelligence and the conduct of actions against our targets. This was high-lighted during his recent tour as COS, [redacted]. The last year of his tour was marked by two extremely delicate, highly productive operations

[redacted]

CONTINUED ON ATTACHED PAGE

43. Enclosure (if any) individually in one location is not an indication of does not mean personal knowledge of the fact or circumstances, attach approvals of fairness or impartiality, making personal knowledge of the facts.

1. Proposed action

2.

3.

42. Recommendation initiated by Theodore G. Shackley	44. Name and position of official who received [redacted] Chief, MI Division	43. Date 26 JUL 1972
--	--	-------------------------

41. Name of official to whom recommendation forwarded [redacted]	45. Position of official to whom recommendation forwarded Deputy Director for Plans
---	--

40. Name of official who initiated recommendation [redacted]	46. Position of official who initiated recommendation Director for Plans
---	---

39. Name of official who approved recommendation [redacted]	47. Position of official who approved recommendation [redacted]
--	--

OFF

(continued)

enabled for constant readiness to pursue U.S. Government interests with the highly sensitive and significant intelligence assigned.

Over the years Mr. [redacted] has been extremely effective in liaison activity. Through his skillful approach and genuine interest in the problems of representatives of foreign countries, he has been able to [redacted]

During the past year, the task of supervising the [redacted] Branch has been a most challenging one. [redacted] has become a knotty foreign policy problem, and is the subject of continuous and extensive discussions between the Agency, the State Department, and other components of the Government, while receiving the attention of the most senior policy makers. Requirements from many directions have required constant pressure to respond with ideas, methods, procedures and the subsequent position papers. Through it all Mr. [redacted] has maintained a sense of balance and professionalism which permits a proper focus on the crisis of the moment. We have been fortunate in having an officer of Mr. [redacted] caliber in this position during such a difficult period.

In recognition of Mr. [redacted] demonstrated continuous superior performance as a senior intelligence officer, which has contributed to the accomplishment of the mission of the Agency, it is recommended that he be awarded the Certificate of Distinction.

C-O-N-F-I-D-E-N-T-I-A-L

21 March 1973

Dear []:

You have just completed, at my direction, seven weeks of full-time service on the GS-13 Clandestine Service Personnel Evaluation Board. I know that this work has been particularly demanding. Your participation and diligent application of your professional experience have been decisive factors in the successful accomplishment of the Board's missions.

In the course of this assignment you have become thoroughly familiar with the use and interpretation of personnel files and personnel practices of the Clandestine Service. Having reviewed and analyzed the files of [] or more CS officers, you have had to make judgments and recommendations concerning their relative-ranking and their qualifications for promotion, for training required to overcome a deficiency or enhance career effectiveness, for changes of assignment to further career development and for Quality Step Increases to recognize outstanding performance. In so doing, you have carefully studied the career development of a large number of officers in all components of the CS, both as individuals and in relationship to each other in terms of merit and value to the Clandestine Service.

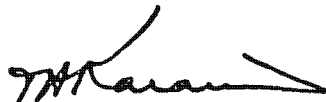
You have become familiar with a broad spectrum of personnel and administrative problems on a practical working level and have acquired a knowledge of personnel management which will better equip you to handle supervisory positions which require personnel reporting and career development of subordinates. The committee format of the panels has also deepened your understanding of the conference approach to management problems.

C-O-N-F-I-D-E-N-T-I-A-L

Sr. []
WH Division

C-O-N-F-I-D-E-N-T-I-A-L

I wish to commend you personally for your participation in an evaluation procedure which helps to strengthen the Clandestine Service Career Service. A copy of this letter will be included in your official personnel file so that your supervisors and future Evaluation Boards may make due note of this service.



Thomas H. Karamessines
Deputy Director for Plans

C-O-N-F-I-D-E-N-T-I-A-L

D.D.M. State

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED 8 JUNE 1971					
1. SERIAL NUMBER 060389		2. NAME (Last-First-Middle)									
3. NATURE OF PERSONNEL ACTION REASSIGNMENT				4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 06 13 71		5. CATEGORY OF EMPLOYMENT REGULAR					
6. FUNDS		7. FINANCIAL ANALYSIS NO. CHARGEABLE 1135-0623		8. LEGAL AUTHORITY (Completed by Office of Personnel)							
9. ORGANIZATIONAL DESIGNATIONS DDP/WH DEVELOPMENT COMPLEMENT		10. LOCATION OF OFFICIAL STATION WASHINGTON, D.C.									
11. POSITION TITLE OPS OFFICER - CHIEF			12. POSITION NUMBER 9997		13. CAREER SERVICE DESIGNATION D						
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS		15. OCCUPATIONAL SERIES 0136.01		16. GRADE AND STEP 15 6		17. SALARY OR RATE \$28,291					
18. REMARKS FROM: DDP/WH/FF/ [redacted] 0198 COMPLIMENT SLOTING IN DEVELOPMENT PENDING ISSUE OF PCR FOR BRANCH 6 (NEW). * other [redacted] * [redacted] 2 - SECURITY 1 - FINANCE * H.B. WH 6/14/71 PS 6/24/71											
18A. SIGNATURE OF REQUESTING OFFICIAL HENRY D. BERTHOLD, C/WH/PERS			DATE SIGNED 6/12/71		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER		DATE SIGNED 16 June 71				
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE 37	20. EMPLOY CODE 18	21. OFFICE CODES NUMBER ALPHABETIC 51277 6/11		22. STATION CODE 70623	23. INTIGRA CODE	24. HDQTR CODE 1	25. DATE OF BIRTH MO DA YR	26. DATE OF GRADE MO DA YR	27. DATE OF LEI MO DA YR		
28. DUTY EXPERT		29. SPECIAL EXPERIENCE		30. DETACHMENT DATA		31. SEPARATION DATA CODE		32. OCCASION CANCELLATION DATA EOD DATA		33. SECURITY 000 00	34. SER
35. PAY PREFERENCE		36. SERV COMP DATA		37. LOSS EGP DATA		38. CAREER LAYOFF		39. FIG 1 HEALTH REQUIREMENT		40. SOURCE SECURITY ID	
41. PERSONNEL TITLE GOVERNMENT SERVICE				42. LEAVE EST CODE		43. FEDERAL TAX DATA		44. STATE TAX DATA			
45. POSITION CLASSIFICATION				46. O.P. APPROVAL				DATE APPROVED 6/10/71			

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED 28 September 1971			
1 SERIAL NUMBER 060389		2 NAME (Last-First-Middle) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>							
3 NATURE OF PERSONNEL ACTION Reassignment				4 EFFECTIVE DATE REQUESTED MONTH DAY YEAR 09 22 71		5 CATEGORY OF EMPLOYMENT Regular			
6 FUNDS V TO V C TO V <input checked="" type="checkbox"/>		V TO C <input type="checkbox"/>		7 FINANCIAL ANALYSIS NO CHARGEABLE 2135-0620		8 LEGAL AUTHORITY (Completed by Office of Personnel)			
9 ORGANIZATIONAL DESIGNATIONS DDP/WH Branch 6 Office of the Chief				10 LOCATION OF OFFICIAL STATION Washington, D.C.					
11 POSITION TITLE Ops Officer, Chief			12 POSITION NUMBER 1844		13 CAREER SERVICE DESIGNATION D				
14 CLASSIFICATION SCHEDULE (GS, LB, etc.) GS		15 OCCUPATIONAL SERIES 0136.01		16 GRADE AND STEP 15 6		17 SALARY OR RATE \$ 28,291			
18 REMARKS Home Base: WH ✓ * Wash., D.C. From : DDP/WH/Dev Comp 1 - Finance									
18A SIGNATURE OF REQUESTING OFFICIAL Henry L. Berthold, C/WH/Pers			DATE SIGNED 28 Sept 71		18B SIGNATURE OF CAREER SERVICE APPROVING OFFICER		DATE SIGNED Sept 71		
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL									
19 ACTION CODE 37	20 EMPLOY CODE 10	21 OFFICE CODING NUMERIC ALPHABETIC 51480 WH		22 STATION CODE 75013	23 INTEGREE CODE	24 MOOTHS CODE 1	25 DATE OF BIRTH MO DA YR	26 DATE OF GRADE MO DA YR	27 DATE OF LES MO DA YR
28 RFE EXPIRES MO DA YR		29 SPECIAL REFERABLE	30 RETIREMENT DATA - FSC - OPMR - TCA - NONE		31 SEPARATION DATA CODE	32 CORRECTION CANCELLATION DATA TYPE MO DA YR		33 SECURITY RPT. NO	34 SER
35 VET PREFERENCE CODE 0-NONE 1-5 PR 2-10 PR		36 SERV COMP DATE MO DA YR		37 LONG COMP DATE MO DA YR		38 LABEL CATEGORY CODE 0-019 1-020 2-021	39 HIGH HEALTH INSURABLE CODE 0-WAIVER 1-01A 2-01A/001 3-01A/001A		40 SOCIAL SECURITY NO
41 PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0-NONE 1-01 2-02 3-03 4-04			42 LEAVE LAC CODE	43 FEDERAL TAX DATA CODE 0-00 1-01 2-02		44 STATE TAX DATA CODE 0-00 1-01 2-02		45 HEALTH INSURANCE CODE	46 SOCIAL SECURITY CODE
41 POSITION CONTROL CERTIFICATION Sept 9-10-71						48 IIP APPROVAL		DATE APPROVED 9-10-71	

43

60

SECRET

1. USE THIS FORM TO REPORT TO SUPERVISORS
AND MANAGERS

BS: 20 OCT 71

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
1 SERIAL NUMBER		2 NAME (LAST FIRST MIDDLE)									
060389											
3 FEATURE OF PERSONNEL ACTION				4 EFFECTIVE DATE		5 CATEGORY OF EMPLOYMENT					
REASSIGNMENT				09 22 71		REGULAR					
6 FUNDS		7 V TO V		7 V TO CF		7 Financial Analysis No. Chargeable		8 CSC OF OTHER LEGAL AUTHORITY			
CF TO V		X		CF TO CF		2135 0020 0000		50 USC 403 J			
9 ORGANIZATIONAL DESIGNATIONS				10 LOCATION OF OFFICIAL STATION							
DJP/WH BRANCH 6 OFFICE OF THE CHIEF				WASH., D.C.							
11 POSITION TITLE				12 POSITION NUMBER		13 SERVICE DESIGNATION					
OPS OFFICER CH				1844		D					
14 CLASSIFICATION SCHEDULE (GS, LB, etc.)		15 OCCUPATIONAL SERIES		16 GRADE AND STEP		17 SALARY OR RATE					
GS		0136.01		15 6		28291					
18 REMARKS											
WASH., D.C.											
HOME BASE: WH											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19 ACTION CODE	20 EMPLOY CODE	21 OFFICE CODING		22 STATION CODE	23 INTEREST CODE	24 MONTH CODE	25 DATE OF BIRTH		26 DATE OF GRADE	27 DATE OF LEI	
37	10	51480 WH		75013		1					
28 NTE EXPRES		29 SPECIAL REFERENCE		30 RETIREMENT DATA		31 SEPARATION DATA CODE		32 CORRECTION/ALTERNATIVE DATA		33 SECURITY REG NO	34 SEX
								IOD DATA			
35 VET PREFERENCE		36 SERV COMP DATE		37 LONG COMP DATE		38 CAREER CATEGORY		39 FECHL HEALTH INSURANCE		40 SOCIAL SECURITY NO	
41 PREVIOUS CIVILIAN GOVERNMENT SERVICE				42 LEAVE CAT CODE		43 FEDERAL TAX DATA		44 STATE TAX DATA			
SIGNATURE (OR OTHER AUTHENTICATION)											

FORM 1130
1-68 (Rev. 9-70)

SECRET DMB

105111
[Signature]
10 OCT 1971

SECRET

(When Filled In)

MOB: 15 JUL 71

NOTIFICATION OF PERSONNEL ACTION

DDP

1 SERIAL NUMBER 060300		2 NAME (LAST, FIRST, MIDDLE)	
3 NATURE OF PERSONNEL ACTION REASSIGNMENT		4 EFFECTIVE DATE 06 15 71	5 CATEGORY OF EMPLOYMENT REGULAR
6 FUNDS	7 V TO V	8 V TO CF	9 CF TO V
		X	
10 ORGANIZATIONAL DESIGNATIONS DDP/WH DEVELOPMENT COMPLEMENT		11 LOCATION OF OFFICIAL STATION WASH., D.C.	
12 POSITION TITLE OPS OFFICER CHIEF		13 POSITION NUMBER 0587	14 SERVICE DESIGNATION D
15 CLASSIFICATION SCHEDULE (GS, GS-1)	16 OCCUPATIONAL SERIES 0136.01	17 GRADE AND STEP 15 6	18 SALARY OR RATE 28261
19 REMARKS OTHER			
HOME BASE: WH			

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19 ACTION CODE 37	20 EMPLOY CODE 18	21 OFFICE CODING 31697 WH	22 STATION CODE 75013	23 INTEGRITY CODE	24 HOURS CODE 1	25 DATE OF BIRTH	26 DATE OF GRADE	27 DATE OF LEI
28 DATE EXPIRES	29 SPECIAL REFERENCE	30 RETIREMENT DATA	31 SEPARATION DATA CODE	32 Correction/Computation Code	EOD DATA		33 SECURITY REQ NO	34 SER
35 VET PREFERENCE	36 SERV COMP DATE	37 LEAVE COMP DATE	38 CAREER CATEGORY	39 FEEDBACK HEALTH INSURANCE	40 SOCIAL SECURITY FNO			
41 PREVIOUS CIVILIAN GOVERNMENT SERVICE		42 LEAVE CAT CODE	43 FEDERAL TAX DATA	44 STATE TAX DATA				

SIGNATURE OR OTHER AUTHENTICATION

POSTED

John J. ...

Executed By
[Signature]

Mr. [Redacted]
[Redacted]
Vienna, Virginia 22160

27 JUN 1972

Dear Earl:

As you reach the end of your active career of Government service, I want to join your friends and colleagues in wishing you continued success and satisfaction in your retirement.

You have every reason to feel great pride in your accomplishments. Your record of service is both example and goal for the young people who are now just beginning their careers in intelligence.

May I extend to you, personally and officially, my sincere appreciation for the important work you have done and my warmest hopes that you will find full enjoyment in the years ahead.

Sincerely,

Richard Holmes

1st DEB
Richard Holmes
Director

Good luck in your retirement!

27 JUN 1972

Distribution:

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- 1 - ER
- 1 - D/Pers
- ✓ 1 - OPF
- 1 - ROB Soft File
- 1 - ROB Reader

Originator: /s/Harry B. Fisher
Director of Personnel

27 JUN 1972

OP/RAD/ROB/[Redacted]/3257 (20 June 1972)

ADMINISTRATIVE
INTERNAL USE ONLY

25-3497

CIA RETIREMENT AND DISABILITY SYSTEM
Request for Retirement

I. Name of Applicant : [Redacted] DOB : [Redacted]
Grade : GS-15 Position : Operations Officer
Office/Division : Western Hemisphere Division
Career Service : Clandestine Service

II. Date Requested for Retirement : 30 June 1972
Age at that Date : 37
Years of Creditable Service : 27
Years of Agency Service : 20
Years of Qualifying Service : 13

III. Applicant's Career Service
Recommends : Approval Disapproval
Reasons for recommending disapproval _____

IV. Retirement Board
Recommends : Approval Disapproval
Reasons for recommending disapproval _____

V. Director of Personnel
Recommends : Approval Disapproval
Reasons for recommending disapproval _____

Signature of Harry S. Fisher
Director of Personnel

20 JUN 1972
Date

VI. Action by Director of Central Intelligence :
 Approved Disapproved
Signature of Richard Helms
Director of Central Intelligence

ADMINISTRATIVE
INTERNAL USE ONLY

1-1234

SECRET

MEMORANDUM FOR: Deputy Director for Plans

SUBJECT : Appointment of Mr. [redacted] as Chief, Branch 6, WH Division

1. The appointment of Mr. [redacted] as Chief of Branch 6, WH Division effective on or about 12 April 1971 is recommended. Mr. [redacted] will replace Mr. Lawrence M. Stornfield who will assume the duties of Chief, Cuban Operations Group, WH Division.

2. Mr. [redacted] has been an employee of the Agency since June 1952; he has recently completed his assignment as COS, [redacted] Attached is a biographic profile which reflects his training, foreign language proficiency, and Agency experience.

William V. Broe
William V. Broe
Chief

Western Hemisphere Division

Attachment:
Biographic Profile (Parts I and II)

The recommendation in Paragraph 1 is APPROVED:

DDI Curran
Deputy Director for Plans

16 Apr 71
Date

SECRET

MEMORANDUM FOR: 

SUBJECT : Foreign Divorce Decree

1. The purpose of this memorandum is to bring certain information to your attention which relates to the fact that your current spouse was a party to the dissolution in Mexico of a former marriage.

2. Recently, the Office of General Counsel completed a study of the validity of a Mexican divorce decree and potential problems arising from such a divorce for JKLANCE employees concerned and JKLANCE. A summary of OGC's study is attached.

3. You will note from the attachment that the employee whose current marriage follows a Mexican divorce may be confronted with serious problems affecting eligibility for payment of various government benefits such as reimbursement of hospitalization expenses, survivorship benefits and certain types of overseas allowances. My purpose in writing to you, therefore, is to be sure you are made aware of and understand the seriousness of the problems which would arise in the event of a challenge to the validity of the Mexican divorce and, consequently, to the validity of the current marriage. This challenge could arise at any time and from a number of sources.

4. JKLANCE has another interest stemming from Mexican divorces and this is one of security, depending upon the employee's specific employment. In the event such a divorce is challenged, subsequent litigation and attendant publicity become quite probable. It is, of course, in JKLANCE's best interest that this sort of activity be avoided where possible.

5. Recognizing that there are various types of Mexican divorce, and also that the various states in the United States have decided cases in different ways depending on the type of Mexican divorce involved and its own case law,

you may wish to discuss your personal situation with your attorney or a representative of JKLANCE's Office of General Counsel. In the meantime, however, JKLANCE's position with respect to your situation is that it assumes the validity of your current marriage, unless the earlier Mexican divorce action and your current marriage are challenged. Should that challenge ever occur, it may be necessary for JKLANCE to determine that your eligibility for benefits based on your current marriage must be suspended until such time as the challenge is litigated or otherwise resolved. Special note should be taken of the fact that such a challenge might arise after your death, possibly resulting in the distribution of insurance proceeds and other death benefits to other than your immediate family as constituted at your death and contrary to your own intentions and wishes.

6. Please advise me of your plans and any actions taken in connection with the above. If you have any questions on the substance of this memorandum or its purpose, please do not hesitate to let me know.



Att

Distribution:

- 0 - Addressee through HDP/OP and C/WH Division
- 1 - Director of Security
- 1 - General Counsel
- 1 - D/Pers Subject
- 1 - D/Pers Chrono
- 1 - OPF
- 1 - C/BSD

OP/BSD/RLAustin (10 Feb 71)

SECRET

27 JAN 1971

MEMORANDUM FOR: Director of Personnel

SUBJECT : Foreign Divorce Decrees,
Agency Employees - Staff or Contract

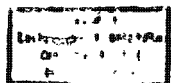
REFERENCE : Memorandum for Director of Security
dated 18 December 1969 from the
Director of Personnel

1. Mr. [] was married to []
[] on 30 November 1965.

2. Mrs. [] was granted a divorce at Juarez, Mexico
on 17 June 1963.

Harlan A. Westrell
Harlan A. Westrell
Deputy Director
For Personnel Security

SECRET



SECRET

SSA-DD/3 #71- 0895

49 MAY 1971

1-2642

MEMORANDUM FOR: Director of Personnel
THROUGH : Deputy Director for Plans
SUBJECT : Mr. [redacted] - Request
for Approval of Ten Days of
Additional Home Leave
REFERENCE : HR 20-30b(3)(b)(10)

1. The circumstances surrounding Mr. [redacted]
[redacted] departure from [redacted] where he had
been Chief of Station, are described in the attached
memorandum. Because of the [redacted] of his
PCS transfer to Washington, Mr. [redacted] has requested
an additional ten days of home leave. As he is a

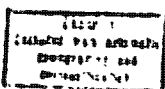
[redacted]
of his additional home leave and the charge to his annual
leave by adjusting Mr. Williamson's escrow leave account
as appropriate.

2. Due to the nature of his transfer, Mr. [redacted]
request for an additional ten days of home leave appears
to be warranted. In accordance with the provisions of
the referenced regulation, it is recommended that Mr.
[redacted] request for an additional ten days of home
leave be approved.

William V. Broome
William V. Broome
Chief
Western Hemisphere Division

Attachment:
As stated

SECRET



SECRET

- 2 -

SUBJECT: Mr. - Request
for Approval of Ten Days of
Additional Home Leave

CONCUR:

h Gordon Mason
Deputy Director for Plans

25 May '71
Date

The request in paragraph 2 is APPROVED

fa
Director of Personnel

25 May (97) 1
Date

SECRET

SECRET

14 April 1971

MEMORANDUM FOR THE RECORD

SUBJECT: Home Leave - [REDACTED]

1. The following are the circumstances concerning my departure and home leave from [REDACTED]

a. My home leave and return for a second tour to [REDACTED] was approved by Chief, WH Division in the summer of 1970 for January 1971.

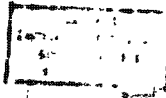
b. In October 1970 home leave and return orders were requested from [REDACTED] and physicals were taken.

c. In December 1970 home leave and return orders were received from the [REDACTED] based on the itinerary I had requested to be effective on or about 1 January 1971.

d. My departure scheduled for 3 January was deferred by the [REDACTED] based on operational considerations at the time.

e. On 8 January 1971 I was officially declared [REDACTED] by the [REDACTED]

SECRET



SECRET

-2-

f. To give the public [redacted] was a [redacted] the Agency, and the [redacted] agreed to the postponement of my departure until 21 February 1971.

g. On 11 February 1971 I received [redacted] orders based on my previously requested itinerary for home leave and reassignment to Washington.

h. My home leave itinerary included five days annual leave in Mexico enroute and 25 days home leave reporting for duty on 5 April. I actually arrived in D. C. on 23 March and was fully occupied until 5 April in locating and renting a home and getting my family settled.

i. In accordance with [redacted] I have been credited with only 15 days home leave and the additional 10 days have been charged to annual leave.

2. I submit that the circumstances of my [redacted] from [redacted] and beyond my responsibility or control. The delay in departure definitely occurred because of operational requirements abroad which negated my original home leave schedule. I would like to request the granting of an exception to the 15 day home leave limitation to show my return to duty as of 23 March (the date I arrived in D. C.) rather than 5 April the date the [redacted] has me returning to duty.

[redacted]

SECRET

SECRET

(If Now Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED 23 September 1970	
1 SERIAL NUMBER 060389		2 NAME (Last-First-Middle)			
3 NATURE OF PERSONNEL ACTION Reassignment DDP/WH 20 September 1970			4 EFFECTIVE DATE REGISTERED MONTH DAY YEAR 09 20 70		5 CATEGORY OF EMPLOYMENT Regular
6 FUNDS Y TO V CF TO V		Y TO CF X CF TO CF		7 FINANCIAL ANALYSIS NO. CHARGEABLE 1135-0856	
9 ORGANIZATIONAL DESIGNATIONS DDP/WH Foreign Field Branch 2 Station			10 LOCATION OF OFFICIAL STATION		
11 POSITION TITLE Chief of Station			12 POSITION NUMBER 0198		13 CAREER SERVICE DESIGNATION D
14 CLASSIFICATION SCHEDULE (GS, LR, etc.) GS		15 OCCUPATIONAL SERIES 0136.05		16 GRADE AND STEP 15 6	
17 SALARY OR RATE \$ 26,700		18 REMARKS To add PRA information - PRA in accordance with HR 20-17e(1)(c) NFC: 09-14-72 X-HB WIT			

- 2 - Security
- 1 - Finance

18A SIGNATURE OF REQUESTING OFFICIAL Henry L. Berthold C/WH/PG's				DATE SIGNED 23 Sep 1970		18B SIGNATURE OF CAREER SERVICE APPROVING OFFICER				DATE SIGNED 9/27							
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL																	
9 ACTION CODE 37		10 EMPLOY CODE 10		21 OFFICE CODING NUMERIC ALPHABETIC 51650 WH		22 STATION CODE 16069		23 INTEGRATE CODE		24 MOBILE CODE 3		25 DATE OF BIRTH MO DA YR		26 DATE OF GRADE MO DA YR		27 DATE OF LSI MO DA YR	
28 HTE EXPIRES MO DA YR 09 14 72		29 SPECIAL REFERENCE 83		30 RETIREMENT DATA 1 - FIC 2 - ORGR 3 - FICB 4 - NUB		31 SEPARATION DATA CODE		32 CORRECTION (CANCELLATION) DATA TYPE MO DA YR		33 SECURITY HQ NO		34 SER		EOD DATA			
35 PFT PREFERENCE CODE 0 - NONE 1 - 1 PT 2 - 18 PT		36 SEPP COMP DATE MO DA YR		37 LONG COMP DATE MO DA YR		38 CAREER ATTACH CAR BNS PROY TEMP CODE		39 FEGLI HEALTH VARIABLE CODE 0 - WAIVED 1 - YES		40 SOCIAL SECURITY NO							
41 PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0 - NO PREVIOUS SERVICE 1 - NO CREAS IN SERVICE 2 - CREAS IN SERVICE (LESS THAN 3 YEARS) 3 - CREAS IN SERVICE (MORE THAN 3 YEARS)				42 LEAVE CAT CODE		43 FEDERAL TAX DATA FORM EXECUTED CODE NO TAX EXEMPTIONS		44 STATE TAX DATA FORM EXECUTED CODE NO TAX EXEMPTIONS		45 POSITION CONTROL CERTIFICATION							
46 O P APPROVAL 09-24-70 [Signature]						DATE APPROVED 9-28-70											

FORM 1152 USE PREVIOUS EDITION

SECRET

GROUP 1 EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED 19 APRIL 1968						
1 SERIAL NUMBER 060389			2 NAME (Last-First-Middle) 									
3 NATURE OF PERSONNEL ACTION REASSIGNMENT			4 EFFECTIVE DATE REQUESTED MONTH DAY YEAR 05 19 68			5 CATEGORY OF EMPLOYMENT REGULAR						
6 FUNDS <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td>V TO V</td><td>V TO CF</td></tr><tr><td>CF TO V</td><td>CF TO CF</td></tr></table> XX			V TO V	V TO CF	CF TO V	CF TO CF	7 FINANCIAL ANALYSIS NO CHARGEABLE 8135 0856			8 LEGAL AUTHORITY (Completed by Office of Personnel)		
V TO V	V TO CF											
CF TO V	CF TO CF											
9 ORGANIZATIONAL DESIGNATIONS DDP/WH FOREIGN FIELD BRANCH 2 STATION			10 LOCATION OF OFFICIAL STATION 									
11 POSITION TITLE GPS OFFICER - CHIEF OF STATION (C)			12 POSITION NUMBER 0198			13 CAREER SERVICE DESIGNATION D						
14 CLASSIFICATION SCHEDULE (GS, FB, etc) GS			15 OCCUPATIONAL SERIES 0136.05			16 GRADE AND STEP 15 @ 5			17 SALARY GRADE \$ 29,243 10/85 ✓			
18 REMARKS FROM: DDP/WH/C OFFICE OF THE CHIEF/SLOT 1106 <i>Wash. D.C.</i> <i>Finance</i> 1477y 68												
19A SIGNATURE OF REQUESTING OFFICER HENRY L. BERTHOLD C/WH/PERSONNEL			DATE SIGNED 1477y 68			19B SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>W. Ruyb. 8</i>			DATE SIGNED			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL												
19 ACTION CODE	20 EMPLOY CODE	21 OFFICE CODING NUMERIC ALPHABETIC		22 STATION CODE	23 INTEGRITY CODE	24 HOURS CODE	25 DATE OF BIRTH MO. DA. YR.		26 DATE OF GRACE MO. DA. YR.	27 DATE OF LEI MO. DA. YR.		
28 WTE EXPIRES MO. DA. YR.	29 SPECIAL REFERENCE 1 - PFC 2 - OREG 3 - IIR 4 - WCL	30 RETIREMENT DATA CODE		31 SEPARATION DATA CODE	32 CORRECTION CANCELLATION DATA TYPE MO. DA. YR.		EOD DATA →		33 SECURITY RES NO	34 SER		
35 VET PREFERENCE CODE 0 - NONE 1 - 5 PT 2 - 10 PT		36 SERV COMP DATE MO. DA. YR.		37 LOBB COMP DATE MO. DA. YR.		38 CAREER CATEGORY CODE COOR 0 - NO FIS 1 - FIS		39 FEET HEALTH INSURANCE HEALTH INS CODE		40 SOCIAL SECURITY NO		
41 PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 5 YEARS) 3 - BREAK IN SERVICE (MORE THAN 5 YEARS)			42 LEAVE CAT CODE	43 FEDERAL TAX DATA FORM EXECUTED CODE NO TAX EXEMPTIONS		44 STATE TAX DATA FORM EXECUTED CODE INC. TAX STATE CODE						
45 POSITION CONTROL CERTIFICATION						46 C/F APPROVAL		DATE APPROVED				

SECRET

1. NAME (Last, First, Middle)		2. DATE OF BIRTH		3. GRADE	
[Redacted]		[Redacted]		GS-15	
4. OFFICE, DIVISION, BRANCH (or overseas station and existing cover if lateral assignment)			5. PRESENT POSITION		6. EMPLOYEE EXTENSION
DDP/WII/COG			Ops Officer		7451
7. PROPOSED STATION			8. PROPOSED POSITION (Title, Number, Grade)		
[Redacted]			Chief of Station, 0198		
9.		10. ESTIMATED DATE OF DEPARTURE		11. NO. OF DEPENDENTS TO ACCOMPANY	
[Redacted]		June 1968		2	
12. COMMENTS					
[Redacted]					
13. DATE OF REQUEST		14. SIGNATURE OF REQUESTING OFFICIAL		15. ROOM NUMBER AND BUILDING	
14 February 1968		[Redacted]		3 D 5309 HQS	
16. EXTENSION					
4516					
17. OFFICE OF MEDICAL SERVICES DISPOSITION					
[Redacted]					
18. OFFICE OF SECURITY DISPOSITION					
[Redacted]					
19. OVERSEAS CANDIDATE REVIEW PANEL DISPOSITION					
<p align="center">QUALIFIED FOR IMMEDIATE ASSIGNMENT OVERSEAS</p> <p align="center">[Redacted]</p> <p align="center">Chairman, Overseas Candidate Review Panel</p> <p align="right">MAY 15 1968</p>					
REQUEST FOR PCS OVERSEAS EVALUATION					

SECRET

1324

19 DEC 1967

MEMORANDUM FOR: Director of Central Intelligence

THROUGH : Deputy Director for Plans

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

1. The appointment of Mr. [redacted] as Chief of Station, [redacted] effective on or about June 1968 is recommended. Mr. [redacted] would replace Mr. Louis P. Napoli.

2. Mr. [redacted] has been an employee of the Agency since June 1952 and is presently assigned as Operations Officer, GS-15, Deputy Branch Chief of the WH/COG. Mr. [redacted] has served in Havana and [redacted] and has excellent command of the Spanish language. A biographic profile, including information regarding his Agency experience and training, is attached.

William V. Broe

William V. Broe
Chief
Western Hemisphere Division

Attachment:
Biographic Profile (Parts 1 & 2)

APPROVAL RECOMMENDED:

[Signature]
Deputy Director for Plans

Date

The recommendation in Paragraph 1 is APPROVED:

[Signature]
Director of Central Intelligence

JAN 1968

Date

SECRET

[redacted]

CONFIDENTIAL

CONFIDENTIAL

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED				
1 SERIAL NUMBER 060389		2 NAME (Last-First-Middle)						
3 NATURE OF PERSONNEL ACTION REASSIGNMENT			4 EFFECTIVE DATE REQUESTED MONTH: 07 DAY: 1 YEAR: 66		5 CATEGORY OR EMPLOYMENT			
6 FUNDS		7 COST CENTER NO CHARGE 9125 1162		8 LEGAL AUTHORITY (Completed by Office of Personnel)				
9 ORGANIZATIONAL DESIGNATIONS OPS CENTER OFFICE OF THE CHIEF			10 LOCATION OF OFFICIAL STATION WASH., D.C.					
11 JOB TITLE OPS OFFICER (D CH)		12 POSITION NUMBER 115		13 CAREER SERVICE DESIGNATION				
14 CLASSIFICATION SCHEDULE (G.S., F.R., etc.) GS		15 OCCUPATIONAL SERIES 0126.01		17 SALARY GR RATE \$ 7,325				
16 REMARKS Prom: W/C/ FI Branch, O/C #1148 Replacement for Mr. [redacted] who is reassigned to PE Div.								
18A SIGNATURE OF REQUESTING OFFICER		DATE SIGNED 21 June		18B SIGNATURE OF CAREER SERVICE APPROVING OFFICER				
				DATE SIGNED 21 July 66				
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL								
19 ACTION CODE 37 10	20 EMPLOY CODE 5152	21 OFFICE CODING NUMERIC: 10A ALPHABETIC: 75013	22 STATION CODE	23 INTEGRATE CODE	24 HOOVER CODE	25 DATE OF BIRTH	26 DATE OF GRADE	27 DATE OF LEI
28 WTE EMPLOY	29 SPECIAL REFERENCE	30 RETIREMENT DATA	31 SEPARATION DATA CODE	32 CORRECTION CANCELLATION DATA	EOD DATA			33 SECURITY
34 PAY PREFERENCE	35 NEW COMP DATA	36 LONG COMP DATA	37 CAREER CATEGORY	38 FGLI HEALTH INSURANCE	40 YOUR SECURITY NO			
41 PREVIOUS GOVERNMENT SERVICE DATA		42 LEAVE CAT	43 FEDERAL ID DATA		44 STATE ID DATA			
45 POSITION CONTROL (CONTINUATION)		46 O P APPROVAL		47 APPROVED				
07-15-66				07-15-66				

SECRET

REQUEST FOR PERSONNEL ACTION

DATE PREPARED

13 January 1966

1. SERIAL NUMBER 060389		2. NAME OF OFFICE, BRANCH, DIVISION	
3. NATURE OF PERSONNEL ACTION REASSIGNMENT		4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 62 66	
5. CATEGORY OF EMPLOYMENT REGULAR		6. FUNDS V TO V CF TO V X CF TO CF	
7. POST CENTER NO. CHARGE 6135-1162		8. LEGAL AUTHORITY (Completed by Office of Personnel)	
9. ORGANIZATIONAL DESIGNATIONS DDP/WH WH/C Branch Office of the Chief		10. LOCATION OF OFFICIAL STATION Washington, D.C.	
11. POSITION TITLE OPS. OFF. (CH) (D)		12. POSITION NUMBER 1148	13. CAREER SERVICE DESIGNATION D
14. CLASSIFICATION SCHEDULE (GS, FS, etc.) GS (15)	15. OCCUPATIONAL SERIES 0136.01	16. GRADE AND STEP 15 (4)	17. SALARY OR RATE \$18,825

18. REMARKS
From DDP/WE, #0327.
Vice John H. SHENWOOD, pending reassignment to DDP/FE, South Vietnam.

CONCURRENCE: Chief, W&P Personnel

Recorded By
GSP
SMP

1 by Security

DATE SIGNED 18 Jan 66	SIGNATURE OF CAREER SERVICE APPROVER [Signature]	DATE SIGNED 21/66
--------------------------	---	----------------------

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING NUMERIC ALPHABETIC	22. STATION CODE	23. INTEGRAL CODE	24. MONTH CODE	25. DATE OF BIRTH MO DA YR	26. DATE OF GRADE MO DA YR	27. DATE OF LST MO DA YR
28. BIE EXPRES MO DA YR	29. SPECIAL REFERENCE 1-15E 2-14B 3-NONE	30. RETIREMENT DATA CODE	31. SEPARATION DATA CODE	32. CORRECTION CANCELLATION DATA TYPE MO DA YR	33. SECURITY REG NO	34. SEA	EOD DATA	
35. VET PREFERABLE CODE 0-None 1-1 PT 2-10 PT	36. SEPT COMP DATE MO DA YR	37. LONG COMP DATE MO DA YR	38. CAREER CATEGORY LSP 9519 PDW 114P	39. FICAL HEALTH INSURANCE CODE CODE 0-None 1-151	40. SOCIAL SECURITY NO			
41. PREVIOUS GOVERNMENT SERVICE DATA CODE 0-NO PREVIOUS SERVICE 1-NO SERVIC 0 SERVICE 2-SERV 0 SERVIC 1-151 2-250 3-250 3-SERV 0 SERVIC 1-151 2-250 3-250	42. LEAVE CAT CODE	43. SEVERAL TAX DATA CODE CODE NO TAX EXEMPTIONS	44. STATE TAX DATA CODE CODE NO TAX EXEMPTIONS					

45. POSITION CONTROL CERTIFICATION
APPROVAL: [Signature] DATE: 1-25-66

FORM 1132

SECRET

SECRET

Chief of Station

Director of Personnel

USLUGAGE -

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

Action: Advise Subject

REF: Book Dispatch 5096

1. Subject has been found to be qualified as a participant in the Organization Retirement and Disability System and has been so designated effective 24 October 1965.

2. Although such designation under present statutes is viewed favorably by most persons, the regulation governing this retirement system gives the individual the right to appeal such a determination if he deems the designation adverse to his best interests. In order that this technical requirement may be satisfied, subject should be notified promptly of his designation and of his right to appeal. Any questions he may have should be answered in accordance with information contained in Book Dispatch 5096 or referred to Headquarters. An appeal with reasons therefore must be received in Headquarters within 60 days of the date of this dispatch or acceptance of designation will be assumed.

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

QBS - 2591

1 Dec. 65

1 DEC 1965

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED 13 Oct. 1965	
1 SERIAL NUMBER 060389		2 NAME (Last-First-Middle)					
3 NATURE OF PERSONNEL ACTION DESIGNATION AS PARTICIPANT IN CIA RETIREMENT AND DISABILITY SYSTEM				4 EFFECTIVE DATE REQUESTED MONTH DAY YEAR 10 24 65		5 CATEGORY OF EMPLOYMENT REGULAR	
6 FUNDS V TO V CF TO V		V TO CF XX CF TO CF		7 LEAVE ENTER NO CHARGE ABLE 6136-1347		8 LEGAL AUTHORITY (Completed by Office of Personnel) PL 88-643 Sect. 203	
9 ORGANIZATIONAL DESIGNATIONS DDP/WE FOREIGN FIELD STATION OFFICE OF THE CHIEF				10 LOCATION OF OFFICIAL STATION			
11 POSITION TITLE OPS OFF (DCOS)			12 POSITION NUMBER 0097		13 CAREER SERVICE DESIGNATION D		
14 CLASSIFICATION SCHEDULE (G, F, B, etc.) G3		15 OCCUPATIONAL SERIES 0136.01		16 GRADE AND STEP 15 4		17 SALARY OR RATE \$18,170	
18 REMARKS EMPLOYEE WILL BE NOTIFIED BY DISPATCH FROM THE DIRECTOR OF PERSONNEL OF THIS DESIGNATION AND OF HIS RIGHT OF APPEAL TO THE DIRECTOR OF CENTRAL INTELLIGENCE. 1 cc to OP/RSD/RB 1 cc to CCS 1 cc to Finance through CCS							
18A. SIGNATURE OF REQUESTING OFFICIAL			DATE SIGNED 3 OCT 1965		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER		DATE SIGNED
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
19 ACTION CODE 28	20 EMPLOY CODE 10	21 OFFICE CODING NUMERIC ALPHABETIC 5264		22 STATION CODE 62034	23 INTEGREE CODE 3	24 HOURS CODE	25 DATE OF BIRTH MO DA YR 09 16 62
26 DATE OF GRADE MO DA YR 09 12 65	27 DATE OF LST MO DA YR	28 WTS EXPIRES MO DA YR	29 SPECIAL REFERENCE	30 RETIREMENT DATA 1-ESC 2-FER 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 1-1 PT 2-10 PT	36 SERV COMP DATE MO DA YR	37 LONG COMP DATE MO DA YR	38 CAREER CATEGORY LAW ENF PROG TRNG	39 LEGAL HEALTH INSURANCE LEINS 0-None 1-YES	40 SOCIAL SECURITY NO	
41 PREVIOUS GOVERNMENT SERVICE DATA CODE 0-NO PREVIOUS SERVICE 1-NO BREAK IN SERV (1 YEAR) 2-BREAK IN SERV (1-5 YEARS) 3-BREAK IN SERV (MORE THAN 5 YEARS)			42 LEAVE CAT CODE	43 MILITARY SER DATA FORM EXECUTED CODE NO TAX EXEMPTIONS	44 STATE TAX DATA FORM EXECUTED CODE NO TAX EXEMPTIONS		
45 POSITION CONTROL CENTER ACTION 10-14/65				46 OP APPROVAL		DATE APPROVED 14 OCT 65	

FORM 1152 USE PREVIOUS EDITIONS

SECRET

GROUP 1
EXCLUDED FROM AUTOMATIC DOWNGRADING AND
DECLASSIFICATION

INDEX YES NO
 CLASSIFIED TO FILE NO. _____ CLASSIFIED MESSAGE TOTAL COPIES 12
 X-REF TO FILE NO. _____
 FILE RID RET. TO BRANCH
 DESTROY SIG. _____

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PERSON/UNIT NOTIFIED

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2		9
3		7
4		8

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UNIT _____ TIME _____ BY _____

INFO
FILE KR OP 3 L2684

S E C R E T 031135Z

DIR CITE 6406

3 DEC 65 14 07 186

ADMIN PERS

HAS RECEIVED WIROM 624 RE RESIGNATION MR.
 AND SHIPMENT HHE TO JACKSONVILLE FLORIDA.
 AND WIFE SAILED 1 DECEMBER AND ARRIVE NEW YORK 9 DECEMBER.
 PRESUME HE WILL REPORT HQS 13 DEC. MAY NOT SHIP HHE
 UNTIL FULL SHIPPING ADDRESS SUPPLIED. FYI EMPLOYEE DID NOT
 SUEMIT RESIGNATION TO PRIOR DEPARTURE
 IS REQUESTING SHIPPING ADDRESS INFO FROM BY

S E C R E T

CFN; 6406 WIROM 624 MR HHE JACKSONVILLE FLORIDA

1 NEW YORK 9 HQS 13 NOT SHIP HHE FYI NOT SUBMIT

BT

SECRET

DEC 1 1965

SECRET

29 JUL 1955

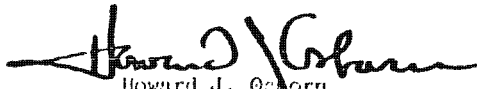
MEMORANDUM FOR: Director of Personnel

SUBJECT :

[REDACTED]

1. Attached are the papers pertaining to the request of Mr. [REDACTED] to remain with the Agency following his marriage to Miss [REDACTED] a Cuban citizen residing in [REDACTED]

2. [REDACTED]


Howard J. Osborn
Director of Security

SECRET

GROUP 1
Excluded from automatic
downgrading and
declassification

SECRET
EYES ONLY

1015-5480

65-44056

26 JUL 1965

MEMORANDUM FOR: Deputy Director for Central Intelligence

THROUGH : Director of Personnel

SUBJECT : Request of [redacted] GS-15, to
Remain in the Employment of CIA Following
Marriage to an Alien

1. This memorandum submits a recommendation for your approval: this recommendation is contained in paragraph 7.

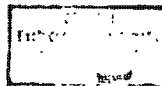
2. Mr. [redacted] a GS-15 Operations Officer, has requested permission to remain in the employ of CIA as a Staff Employee following his marriage to Miss [redacted] a 26 year old Cuban citizen living in [redacted]. The marriage is scheduled to take place in October 1965.

3. Mr. [redacted] 50 years old, attended Loyola University in 1947-48 and Berlitz School of Languages in 1948. Prior to joining CIA, Mr. [redacted] served with the U.S. Army (1942-49) achieving the rank of 1st Lieutenant in CIC. Subsequently, he was Chief, Civil Intelligence Branch in the Panama Canal Government (1949-52). Mr. Williamson entered on duty with CIA in June 1952 as a GS-12 Operations Officer with WH Division. In January 1953 he was appointed DCOB, Havana, remaining in this position until January 1959 when he was reassigned to Headquarters. In August 1960 Mr. Williamson was assigned to [redacted] and in 1963 was appointed DCOS, [redacted] which is the position he presently occupies.

4. [redacted]

5. Chief, WE Division strongly believes on the basis of past performance and proven ability that Mr. [redacted] is the kind of officer whom the Agency should retain. Mr. [redacted] record to date shows that he is a mature, experienced, and dedicated officer,

SECRET
EYES ONLY

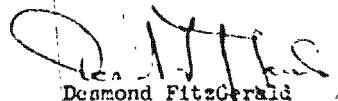


SECRET
EYES ONLY

who has spared no effort to expand and improve the [] coverage in his area of assignment. WE Division and WH Division, where Mr. [] will be reassigned, foresee no difficulty, adverse effect in future usefulness or mobility as a result of this marriage.


6. I have reviewed Mr. [] employment record and consider him an able and valuable member of the Clandestine Services. He has consistently performed his duties well, has strong to outstanding Fitness Reports, and is a definite asset to the Agency. I believe that the proposed marriage will not detract from his long term use by the Clandestine Services.

7. In view of the above consideration, I recommend that Mr. [] be continued in Staff Employment Status following his proposed marriage.


Desmond FitzGerald
Deputy Director for Plans

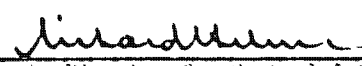
Attachments

Concur:


Emmett D. Echols
Director of Personnel

2 Aug 65
Date

The recommendation contained in paragraph 7 is approved:


Deputy Director for Central Intelligence

8 AUG 1965
Date

SECRET
EYES ONLY

SECRET

16 JUL 1965

MEMORANDUM FOR: Chairman, Personnel Management Committee

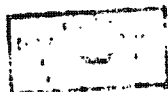
SUBJECT : Request of Mr. [redacted] GS-15,
to Remain in Staff Status Following
Marriage to an Alien

1. Attached is a request from Mr. [redacted] for permission to continue in a staff status with the Agency following marriage to a Cuban citizen. WE Division strongly recommends favorable consideration.

2. Mr. Williamson is a fifty year old officer who entered on duty with the Agency in 1952. He has been assigned to the [redacted] Station since October 1960 where he has served as the Deputy Chief of Station and since May 1964 as the [redacted] Coordinator for Cuban Activities. Since his assignment to the [redacted] Station, Mr. [redacted] performance has been outstanding. He is a mature, experienced, and well-rounded officer who is particularly well-suited for Agency employment. In every sense of the word, Mr. [redacted] is a dedicated officer who has spared no effort to expand and improve the [redacted] coverage in his area of assignment.

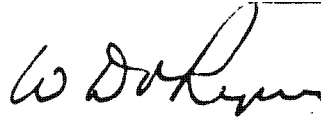
3. WE Division concurs with the Chief of Station, [redacted] who has stated that he does not believe that Mr. [redacted] marriage will adversely affect in any way his future usefulness or mobility of assignment in the Agency. Mr. [redacted] plans to proceed with the marriage in October 1965 shortly prior to his return for reassignment to WH Division. Informal discussion with WH Division has indicated that they foresee no difficulty with their plans for Mr. [redacted] were he to marry this alien as planned. Mr. [redacted] is [redacted] in the [redacted] and will be required to submit a similar request after Agency decision is received if he retains his [redacted] in his next assignment.

SECRET



SECRET

4. WE Division strongly believes that on the basis of his past performance and proven capability, Mr. [] is the kind of officer whom the Agency should retain. We therefore, recommend that you favorably endorse his request and forward it to the Deputy Director of Central Intelligence for consideration.

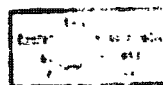


William D. O'Ryan
Chief
Western Europe Division

ATTACHMENTS:

- A. Employee's Request to Marry
- B. Letter of Resignation
- C. RYBAT Attachment to OSMT-4211
- D. Proposed Spouse's Intent to Become a Citizen
- E. Proposed Spouse's Biographic Data

SECRET



DISPATCH

CLASSIFICATION
~~SECRET~~ SECRET

PROCESSING

TO Chief, WE

INFO

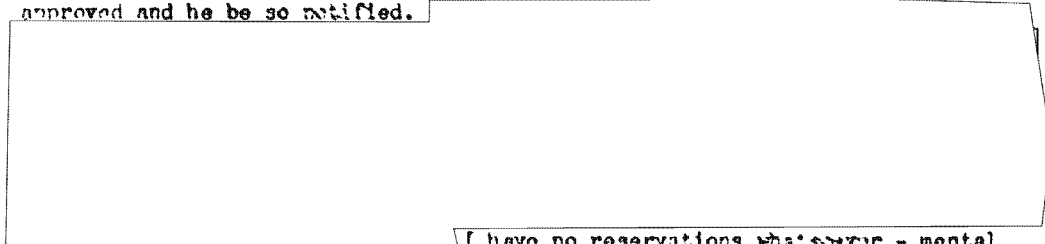
FROM Chief of Station, [redacted]

SUBJECT [redacted] - Application to Marry an Alien

INFO POINT	ACTION	ACTION PLANNED
	WORKING FOR INDEXING	
X	NO ACTION REQUIRED	
	PREPARED FOR HEADQUARTERS FOR INDEXING	
	ESSENTIAL	
	SHOULD BE	

ACTION REQUIRED REFERENCES

[redacted] application for permission to marry an alien is transmitted to Headquarters with my strong recommendation that it be promptly approved and he be so notified.



I have no reservations whatsoever - mental or otherwise - with respect to the security aspects of this marriage - as far as I have been able to ascertain, none exist. I do not feel that [redacted] marriage to this young lady should in any way restrict his future assignments.

I urge speedy and favorable processing of this application.

Woodrow C. Olien
WOODROW C. OLIEK

DATE INDEXED	DATE RECORDED
1 Jul 55	2 Jul 55
CLASSIFICATION CONTROL	
SECRET 4213	
NO RECLASSIFICATION TO BE MADE	

CLASSIFICATION
~~SECRET~~ SECRET

14-00000

SUBJECT: Request for permission to marry Miss
a Cuban citizen.

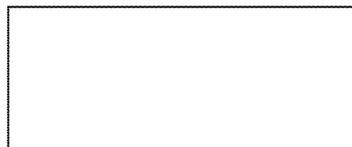
In compliance with FR-20-5b(1), the writer hereby requests permission to marry Miss a Cuban citizen, and permission to remain in the employ of the Organization after marriage.

The following attachments are forwarded with this request:

- (a) Completed Form lhh
- (b) Certificate of Miss of intent to become a United States citizen.
- (c) One passport size photograph.
- (d) Letter of resignation.

10 June 1965

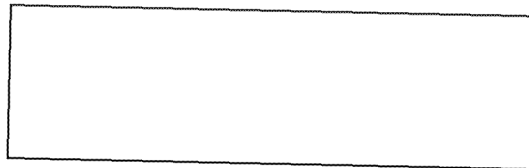
In compliance with FR-20-5 para. b(1), the writer hereby recites his intent to marry Miss a Cuban citizen, with the understanding that the Organization may not permit me to remain employed after marriage. Therefore this letter can be considered as a resignation notice, said resignation to become effective not later than 15 days after the date of marriage, if permission is not obtained and the marriage occurs.



10 June 1965

TO WHOM IT MAY CONCERN:

This is to certify that as soon as possible after my
marriage to I intend to become a citizen
of the United States.



SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION

DATE PREPARED
12 AUGUST 1963

1. SERIAL NUMBER 060389	2. NAME (Last-First-Middle) [Redacted]
----------------------------	---

3. NATURE OF PERSONNEL ACTION REASSIGNMENT	4. EFFECTIVE DATE REQUESTED MONTH: 10 DAY: YEAR: 63	5. CATEGORY OF EMPLOYMENT REGULAR
---	--	--------------------------------------

6. FUNDS V TO V CF TO V CC CF TO CF	7. COST CENTER NO. CHARGEABLE 4136-6400-1017	8. LEGAL AUTHORITY (Completed by Office of Personnel)
---	---	---

9. ORGANIZATIONAL DESIGNATIONS DDP WE [Redacted] STATION OFFICE OF THE CHIEF	10. LOCATION OF OFFICIAL STATION [Redacted]
---	--

11. POSITION TITLE OPS OFFICER - DCOS	12. POSITION NUMBER 0897	13. CAREER SERVICE DESIGNATION D [Redacted]
--	-----------------------------	--

14. CLASSIFICATION SCHEDULE (GS, LD, etc.) JS	15. OCCUPATIONAL SERIES 0136.01	16. GRADE AND STEP 15 82	17. SA 15,045
--	------------------------------------	-----------------------------	------------------

REMARKS
FROM: [Redacted] STATION/0100 (mess)

Recorded by
CSFD
JM

18. [Redacted]	DATE SIGNED	18A. SIGNATURE OF CAREER SERVICE APPROVING OFFICER [Redacted]	DATE SIGNED 20 Aug 63
----------------	-------------	--	--------------------------

SEEK BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE 37 10	20. EMPLOY CODE 5060	21. OFFICE CODES NUMERIC: 5060 ALPHABETIC: WE	22. STEP OR CODE 67033	23. INTEGRAL CODE 3	24. MOBILE CODE	25. DATE OF BIRTH MO: DA: YR:	26. DATE OF PSA MO: DA: YR:	27. DATE OF LEI MO: DA: YR:
28. RET. REF. NO.	29. SPEC. REFERENCE 1 = CSC 2 = PICA 3 = RICA 4 = RICA 5 = RICA	30. SEPARATION DATA CODE	31. CORRECTION/CANCELLATION DATA YR: MO: DA: YR:	32. SECURITY REG. NO.	33. SER. NO.	FOD DATA →		
34. RET. PREFERENCE CODE: 1 = NONE, 2 = 1 YR, 3 = 5 YR, 4 = 10 YR	35. SERV. COMP. DATE MO: DA: YR:	36. LEAS. COMP. DATE MO: DA: YR:	37. CAREER CATEGORY CODE: 0 = BR SER, 1 = REG	38. REG. / HEALTH INSURANT CODE: 1 = YES, 2 = NO	39. SOCIAL SECURITY NO.			
40. PREVIOUS EMPLOYMENT 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)	41. LEAST CAT. CODE	42. FEDERAL TAX DATA FORM 1041: CODE: 1 = YES, 2 = NO	43. FEDERAL TAX DATA FORM 1041: CODE: 1 = YES, 2 = NO	44. STATE TAX DATA FORM 1041: CODE: 1 = YES, 2 = NO	45. STATE TAX DATA FORM 1041: CODE: 1 = YES, 2 = NO	46. STATE TAX DATA FORM 1041: CODE: 1 = YES, 2 = NO	47. STATE TAX DATA FORM 1041: CODE: 1 = YES, 2 = NO	48. STATE TAX DATA FORM 1041: CODE: 1 = YES, 2 = NO

48. POSITION CONTROL CERTIFICATION 702 [Redacted] / 10/1/63	49. O.P. APPROVAL [Redacted]	DATE APPROVED 30 Aug 63
--	---------------------------------	----------------------------

1452 OBSOLETE PREVIOUS EDITIONS USE FORM 1122A

SECRET

GROUP 1
EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

143

SECRET


CD/P 3-3632

MEMORANDUM FOR: Deputy Director (Plans)

SUBJECT : Appointment of Mr. [redacted] as
Deputy Chief of Station, [redacted]

1. The appointment of Mr. [redacted] as Deputy Chief of Station, [redacted] effective on or about 25 October 1963, is recommended. Mr. [redacted] will occupy a new position.

2. Mr. [redacted] has been an employee of the Agency since June 1952, and is presently assigned as Operations Officer, GS-15. A biographic data sheet, including information regarding his Agency experience and training, is attached.


WILLIAM D. O'RYAN
Chief
Western Europe Division

1 Attachment:
Biographic Profile (Part 1)

The recommendation in paragraph 1 is APPROVED:


Deputy Director (Plans)

4 - NOV 1963
(Date)

SECRET

SECRET

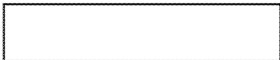
13 March 1963


MEMORANDUM FOR THE RECORD

SUBJECT: Salary Adjustments Upon Promotion

1. The following C/CS Officer was promoted effective 16 September 1962, shortly before the effective date of the Salary Reform Act of 1962. Had the promotion been processed as of the effective date of the Act, 16 October 1962, he would have received substantial additional salary benefits as indicated below.

2. The purpose of this memorandum is to record the salary disadvantage which may continue to apply to this officer in comparison to those now junior in rank but who may accrue a salary advantage over such senior officers upon promotion through the operation of this Act.

<u>Name</u>	<u>Salary Upon Promotion</u>	<u>Salary If Promoted on 16 October 1962</u>
	\$13730 - \$14565	\$15045


Secretary, Clandestine Services
Career Service Board

SECRET

SECRET

20 August 1962

MEMORANDUM FOR: Clandestine Services Career Service Section A

SUBJECT: Recommendation for Promotion - Mr. [redacted]

1. Since October 1960, Mr. [redacted] has served as Deputy Chief of the [redacted] Station, and during an extended period of this time, he was Acting Chief of Station. His performance has been outstanding. Not only has he assisted his Chief in the management of the Station, but simultaneously managed to reinvigorate [redacted] which was the particular area of responsibility originally assigned to him. His service has been noteworthy not only for his vigor in initiating new activities but also for his balanced, yet energetic, cutting away of deadwood, useless procedures and purposeless activity.

2. In recent months, in part on his own initiative, and later under forced draft at Headquarters direction, Mr. [redacted] has been instrumental in mounting an active operational program targeted against [redacted]. Due almost entirely to the imagination, energy, and effort which he has applied, this program has already had considerable success in the acquisition of intelligence and the recruitment of agents, and promises to be even more productive in the future.

3. Mr. [redacted] activity since his assignment to [redacted] is clearly of outstanding caliber and it is noteworthy that the present Chief of Station as well as the preceding Chief of Station have both, on the record, rated him as exceptionally able, energetic, and mature. Mr. [redacted] has been in his current grade since December 1956. In view of the considered judgment concerning the value of his performance in [redacted] his good administrative qualities, his obvious maturity, energy, judgment and experience, it is strongly recommended that Mr. [redacted] be promoted to grade GS-15.

William D. O'Ryan
WILLIAM D. O'RYAN
Acting Chief
Western Europe Division

GROUP 1

Excluded from automatic
downgrading and declassification SECRET

DISPATCH

CLASSIFICATION
SECRET

DATE - 26/3

TO: Chief, E

HEADQUARTERS FILE NO.

FROM: Chief of Station, [redacted]

19 January 1962

SUBJECT: Administrative/Personnel
Recommendation for Promotion

PL 1251 - CHECK BY ONE

MARKED FOR INDEXING

NO INDEXING REQUIRED

ACTION REQUIRED:
See below

INDEXING CAN BE DEFERRED
BY GUARDED HQ DESK ONLY

REFERENCE:

1. Subject is a mature, experienced, well-rounded operations officer and administrator. For the past fifteen months he held the position of Deputy Chief of the [redacted] Station. For an extended period of time during that period he has acted as Chief of Station. As the attached Fitness Report will attest he has at all times discharged his responsibilities in an outstanding manner. In addition to the approximately four months that I have been able to observe subject's performance at this post, I also had the privilege of serving with him at Beirut and I was then, as I am now, impressed with his professional competence and his fine personal attributes. In every sense of the word, subject is a dedicated officer who works "around the clock" in his efforts to expand and improve [redacted] coverage in this area.

2. Considerable credit is due to subject for the improvement of our relations with the [redacted] during the past three months. He has spent a considerable amount of time and effort in bringing about needed reforms and economies in the operation of our [redacted] cutting away deadwood and streamlining the actual operations. In addition, subject has been particularly effective in [redacted]

3. The attached Fitness Report speaks for itself. Subject has been in his current grade since December 1956. Given his age, his experience and maturity, and his consistently fine performance in his current position, I strongly urge that he be actively considered for promotion to GS-13 at the next appropriate time.

19 January 1962

Michael J. Fitts - Report (1)

Attachment

DISPATCH

SECRET

OSHT-2212

TO Chief, WB

FROM Chief of Station, [redacted] RIF

10 May 1961

SUBJECT Administrative/Personnel Recommendation for Promotion of [redacted]

REASON (CHECK ONE):
MARKED FOR PROMOTION
NO PROMOTION REQUIRED
PROMOTION CAN BE DEFERRED BY QUALIFIED PERSON ONLY

ACTION REQUIRED See para 2 below

REFERENCE OSHT-2208, 5 May 61

1. As reflected in his most recent Fitness Report, Subject, who has been serving as Deputy Chief of Station and Chief of [redacted] at this Station, has demonstrated outstanding talents in management of personnel and their activities, developing [redacted] in operations both joint and independent. Because of my confidence in him, which is apparently shared by Headquarters, he is being retained here for a long period as Acting Chief of Station after my departure. As I have said in his Fitness Report, he is the best deputy I have had in my [redacted] career and altogether an outstanding officer.

CIA

2. Subject has been in grade four and a half years as a GS-14 and because of his outstanding qualifications, I recommend he be immediately considered for promotion to GS-15.

ARCHIBALD ROOSEVELT

[redacted signature block]

5 May 1961

Distribution:
3 - C/WB

SECRET

FI file

4 March 1954

MEMORANDUM FOR: Personnel Officer, FI

SUBJECT: [redacted]
Recommendation for Promotion

1. Mr. [redacted] has been with the WH Division since June 1952 and at the Havana station since 17 January 1953. With approximately eight months headquarters training he has worked into a position demanding extremely sensitive [redacted] work. His efforts have been highly successful and are marked by an excellent grasp of the problems involved. Mr. [redacted] also acts as Chief of Station during any absence of the Chief. The variety of problems he encounters are met with considerable ability.

2. The promotion of Mr. [redacted] to the next higher grade is recommended, in view of the excellent performance of his present responsibilities. He has demonstrated his capacity to perform fully and effectively in a field assignment.

J. C. KING
Chief, WH

SECRET

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION					DATE PREPARED 12 September 1962					
1. SERIAL NUMBER 060389 ✓		2. NAME (Last-First-Middle) [Redacted]								
3. NATURE OF PERSONNEL ACTION PROMOTION				4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 09 16 62			5. CATEGORY OF EMPLOYMENT REGULAR			
6. FUNDS ▶		V TO V CP TO V		V TO CP XX CP TO CP		7. COST CENTER NO. CHARGE-ABLE 3136-6400-1017		8. LEGAL AUTHORITY (Completed by Office of Personnel)		
9. ORGANIZATIONAL DESIGNATIONS DDP WE [Redacted] STATION BRANCH						10. LOCATION OF OFFICIAL STATION [Redacted]				
11. POSITION TITLE OPS OFF - BR-CH OPS OFFICER						12. POSITION NUMBER 400		13. CAREER SERVICE DESIGNATION D		
14. CLASSIFICATION SCHEDULE (GS, LD, etc.) GS			15. OCCUPATIONAL SERIES 0136.01		16. GRADE AND STEP 15 1		17. SALARY OR RATE 13,730			
18. REMARKS <p align="center">PRA in accordance with HR 20-21c.(1) in order to complete two year tour of duty.</p>										
[Redacted]				DATE SIGNED		19. SIGNATURE OF CAREER SERVICE APPROVING			DATE SIGNED 4 SEP 1962	
[Redacted] C/WE/PT				[Redacted]		[Redacted]			[Redacted]	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL.										
19. OFFICE CODE 22	20. EMPLOY. CODE 10	21. OFFICE CODING NUMERIC ALPHABETIC 0260 WE		22. STATION CODE 67033	23. INT'L. CODE	24. ROOM NO.	25. DATE OF BIRTH	26. DATE OF DEATH	27. DATE OF LEV	
28. BIRTH DATE MO. DA. YR.	29. SPEC. B. RESERVE 150	30. RETIREMENT DATA 1 = CSC 3 = FICA 4 = OTHER		31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA	33. SECURITY REG. NO.		34. SER.		
35. INT. PREFERENCE CODE 0 = NONE 1 = 5 yr 2 = 10 yr	36. SERV. COMP. DATE	37. LEV. COMP. DATE		38. CAREER CATEGORY CAREER PROB-TEMP	39. REG. / HEALTH INSURANCE	40. SOCIAL SECURITY NO.				
41. PREVIOUS EMPLOYMENT SERVICE DATA				42. MILITARY SER. CODE	43. FED. SER. DATA	44. STATE SER. DATA				
45. POSITION CONTROL CERTIFICATION				46. O.P. APPROVAL			DATE APPROVED 4 SEP 1962			

Recorded by
CSPD
[Signature]

CONFIDENTIAL

MEMORANDUM FOR: Chief, Records & Services Division
Office of Personnel

SUBJECT [redacted] Promotion of
[redacted]

1. The [redacted] has informed this office that effective
April 1, 1962 subject employee was promoted from
[redacted] \$10,555 to [redacted] \$10,645

2. Request this notice be placed in the official folder
of the employee concerned.

[redacted]
Chief, Central Cover Group

cc: Operating Component Compensation
and Tax Accounts Branch

CONFIDENTIAL

SECRET
(When Filled In)

V to V		V to UV		REQUEST FOR PERSONNEL ACTION						DATE PREPARED					
UV to V		UV to UV								Mo	Da	Yr			
560389						Mo	Da	Yr	None-0	Code	5. Sex	Mo	Da	Yr	
7. SCD		8. CSC Permt		9. CSC Or Other Legal Authority		10. Apmt. Affidav.		11. FEGLI		12. LCO		13. ^{13.1} _{13.2} ^{13.3} _{13.4}			
Mo	Da	Yr	Yes - 1	Code	Mo		Da	Yr	Yes - 1	Code	Mo	Da	Yr	Yes - 1	Code
			No - 2	1					No - 2					No - 2	

CURRENT ASSIGNMENT

14. Organizational Designations		Code	15. Location Of Official Station		Station Code					
DDP CI STAFF			Washington, D. C.							
16. Dept. Field		17. Position Title		18. Position No.	19. Serv.	20. Occup. Series				
Dept. -	Code	TO CI BR CH		0211	GB	0136.53				
Valid -										
Fragn -										
21. Grade & Step		22. Salary Or Rate		23. SD	24. Date Of Grade		25. PSI Due		26. Appropriation Number	
		\$ 22595/1835		DX	Mo Da Yr		Mo Da Yr		9 2700 07 001	
14	3				12 16 56		06 11 61			

ACTION

27. Nature Of Action		Code	28. Eff. Date		29. Type Of Employee		Code	30. Separation Date	
REASSIGNMENT		07	Mo Da Yr		Regular				
			05 15 60		certify funds available:				

PROPOSED ASSIGNMENT

31. Organizational Designations		Code	32. Location Of Official Station		Station Code					
DDP WE			Auth. Officer							
BRANCH			Washington, D. C.							
FI, PP, PR										
33. Dept. Field		34. Position Title		35. Position No.	36. Serv.	37. Occup. Series				
Dept. -	Code	OPE OFF D BR CH		179	GB	0136.01				
Valid -										
Fragn -										
38. Grade & Step		39. Salary Or Rate		40. SD	41. Date Of Grade		42. PSI Due		43. Appropriation Number	
		\$ 11825			Mo Da Yr		Mo Da Yr		0136-1000-1000	
14	3									

SOURCE OF REQUEST

A. Requested By (Name And Title)		C. Request Approved By (Signature And Title)		Date Approved
WE PERSONNEL OFFICER				
B. For Address, Telephone No. (Name & Telephone Ext.)				
x3124				

CLEARANCES

Clearance	Signature	Date	Clearance	Signature	Date
A. Career Board			D. Placement		
B. Pos. Control			E. Release		
C. Classification			F. Approved By		
Remarks					
CI removed					
Copies sent to Security and Finance					
Continued on reverse side					

30 June 1959

Dear Mr. [redacted]

It gives me great pleasure to accept an appointment to
the [redacted] I understand that this
appointment will be granted in accordance with the conditions as out-
lined in your letter of May 27, 1959.

Sincerely yours,

[redacted]
Chief, Personnel Operations Division
[redacted]

30 June 1959

Dear Mr. [redacted]

I hereby tender my resignation from the [redacted]

[redacted] to accept an appointment as [redacted]

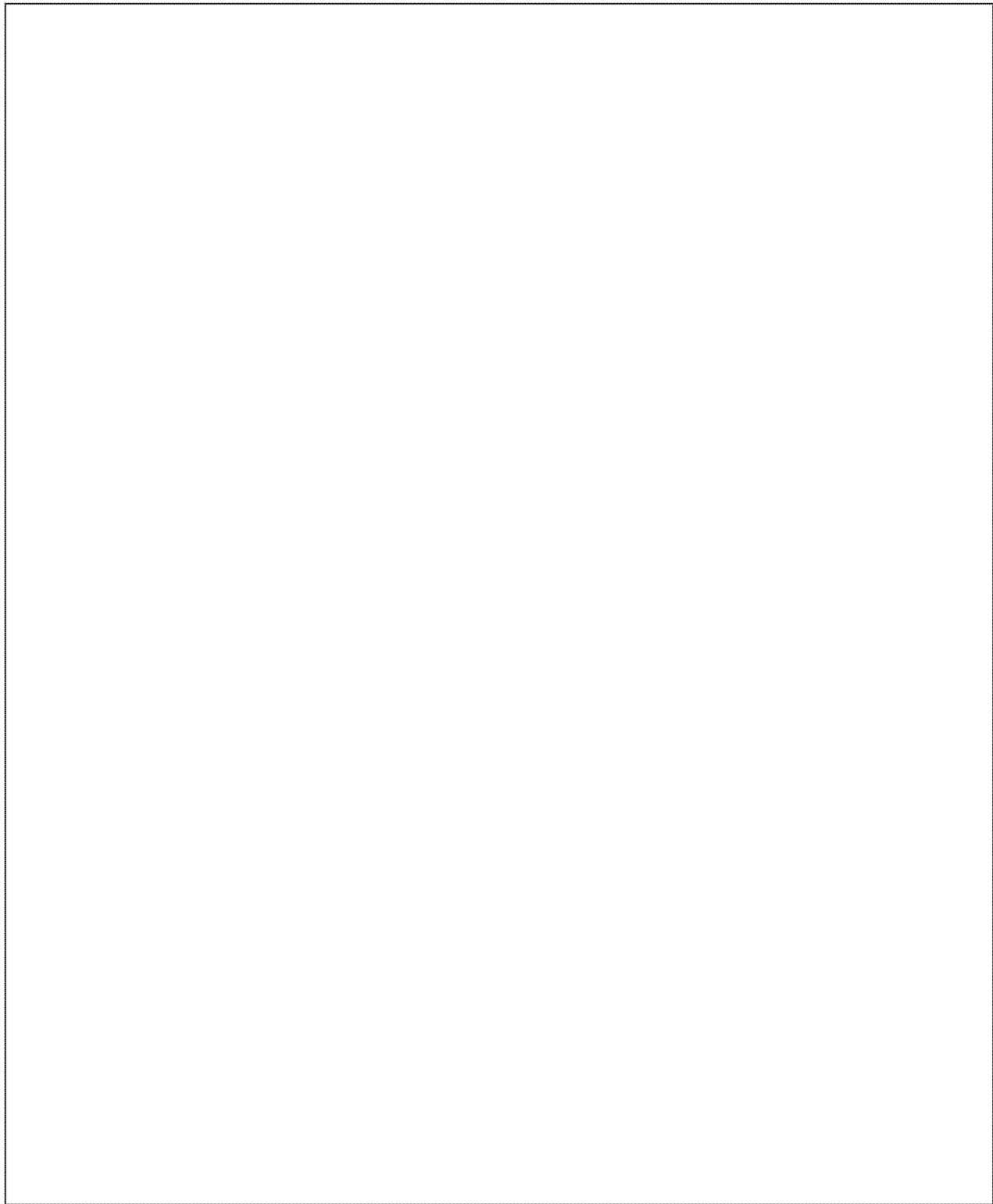
[redacted] This resignation is tendered pursuant to
the conditions contained in your letter of May 27, 1959, in which
it is stated that my resignation from the [redacted]

[redacted] will be effected without a break in service.

Sincerely yours,

[redacted]
Chief, Personnel Operations Division

[redacted]



SECRET
(When Filled In)

V to V		V to UV		REQUEST FOR PERSONNEL ACTION				DATE PREPARED							
UV to V		X UV to UV						Mo	Da	Yr					
1. Serial No. 500393		2. Name (Last-First-Middle)				3. Date Of Birth Mo Da Yr		4. Vet. Pref. None-0 5. Pr-1 10 Pr-2		5. Sex N		6. CS - EGD Mo Da Yr			
7. SCU Mo Da Yr		8. CSC Retmt Yes - 1 No - 2 Code		9. CSC Or Other Legal Authority				10. Appt Affidav Mo Da Yr		11. FEGLI Yes - 1 No - 2 Code		12. LCD Mo Da Yr		13. Yes - 1 No - 2 Code	

CURRENT ASSIGNMENT

14. Organizational Designations DDP/WH Branch II [] Section				Code		15. Location Of Official Station Washington, D.C.				Station Code		
16. Dept. Field Dept - Valid - Fgn -		17. Position Title Code Area Ops Off DCOG		18. Position No. 458		19. Serv. GS		20. Occup. Series 0136.01				
21. Grade & Step 14 2		22. Salary Or Rate \$11595		23. SD DI		24. Date Of Grade Mo Da Yr		25. PSt Due Mo Da Yr		26. Appropriation Number 9 3500 10 200		

ACTION

27. Nature Of Action Reassignment		Code		28. Eff. Date Mo Da Yr 3 9 59		29. Type Of Employee Regular				Code		30. Separation Data	
--------------------------------------	--	------	--	-------------------------------------	--	---------------------------------	--	--	--	------	--	---------------------	--

PROPOSED ASSIGNMENT

31. Organizational Designations DDP/CI Staff []				Code 5430		32. Location Of Official Station Washington, D.C.				Station Code		
33. Dept. Field Dept - Valid - Fgn -		34. Position Title Code IO CI BR CH		35. Position No. 211		36. Serv. GS		37. Occup. Series 0136.53				
38. Grade & Step 14 2		39. Salary Or Rate \$ 11595		40. SD DI		41. Date Of Grade Mo Da Yr 2 11 59		42. PSt Due Mo Da Yr 2 2 59		43. Appropriation Number 9-2700-17-001		

SOURCE OF REQUEST

A. [] port		C. Request Approved By (Signature And Title) [] CI BR CH				Date Approved	
B. For Additional Information Call (Name & Telephone Ext.) [] 0537							

CLEARANCES

Clearance		Date		Clearance		Signature		Date	
A. Career Board		2/24/59		Placement		[]		[]	
B. Post Control		[]		Release		[]		[]	
C. Classification		[]		Approved By		[]		[]	
WH Concurrence [] Three copies have been sent to [] (Security). 207159 Continued on reverse side									

SECRET

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SECRET

Classify According To Content

REQUEST FOR PERSONNEL ACTION VV

1. Serial No. 510389		2. Name (Last-First-Middle)			3. Date Of Birth Mo Da Yr			4. Vet. Frat. None-0 5. Pt-1 10. Pt-2		5. Sex M-1		6. CS - EOD Mo Da Yr 6 26 52				
7. SCD Mo Da Yr 11 26 42		8. CSC Rating Yes-1 No-2 Code 1		9. CSC Or Other Legal Authority				10. Appt. Affidav. Mo Da Yr			11. FEGLI Yes-1 No-2 Code		12. LCU Mo Da Yr 6 26 52		13. Stat. Code Yes-1 No-2 Code 2	

PREVIOUS ASSIGNMENT

14. Organizational Designations DDP WH Branch III Havana, Cuba Station		Code		15. Location Of Official Station Havana, Cuba			Station Code		
16. Dept.- Field Dept. Valid. Fragn. x 5		17. Position Title Area Ops Off (2005)			18. Position No. BAF-115		19. Serv. Code 05	20. Occup. Series 0136.01	
21. Grade & Step 14 - 2		22. Salary Or Rate \$ 11,595		23. SD DI-	24. Date Of Grade Mo Da Yr		25. PSI Due Mo Da Yr		26. Appropriation Number 9-3545-55-055

ACTION

27. Nature Of Action REASSIGNMENT		Code	28. Eff. Date Mo Da Yr 6 10 19 52		29. Type Of Employee Regular		Code	30. Separation Data	
--------------------------------------	--	------	---	--	---------------------------------	--	------	---------------------	--

PRESENT ASSIGNMENT

31. Organizational Designations DDP WH Branch II Section		Code 4275		32. Location Of Official Station Washington, D. C.			Station Code		
33. Dept.- Field Dept. Valid. Fragn. 1		34. Position Title			35. Position No. BA-458		36. Serv. Code	37. Occup. Series	
38. Grade & Step 14 - 2		39. Salary Or Rate \$ 11,595		40. SD	41. Date Of Grade Mo Da Yr 2 16 52		42. PSI Due Mo Da Yr 2 13 59		43. Appropriation Number 9-3500-10-200

SOURCE OF REQUEST

A. Requested By (Name And Title) [Signature] / PERSONNEL		C. Request Approved By (Signature And Title) [Signature]	
B. For Additional Information Call (Name & Telephone Ext.) X 8212			

CLEARANCES

Clearance	Signature	Date	Clearance	Signature	Date
A. Career Board	[Signature]		D. Proment		
B. Pass Control			E.		
C. Classification			F. Approved By	[Signature]	

Remarks
2 copies Security
vices: [Redacted]

FORM 1152a

SECRET

SECRET

STANDARD FORM 52 PROVIDED BY THE U. S. GOVERNMENT PRINTING OFFICE WASHINGTON, D. C. 20540 GPO: 1955 O - 278-000		UNVOUCHERED															
REQUEST FOR PERSONNEL ACTION																	
REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed. If applicable, obtain resignation and fill in separation data on reverse.																	
1. NAME (Mr - Miss - Mrs - One given name, initials, and surname)		2. DATE OF BIRTH	3. REQUEST NO.														
Mr. [Redacted]		[Redacted]	4. DATE OF REQUEST 21 Dec 56														
5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.)		6. EFFECTIVE DATE A. PROPOSED:	7. C. S. OR OTHER LEGAL AUTHORITY														
Promotion		B. APPROVED: 16 Dec															
8. POSITION (Specify whether establish, change grade or title, etc.)																	
1000- Area Ops Off (DCOS) BAF-115 OG-0136.01-13 \$7205.00 p.a. DDP/WH \$730.00 p.a. Branch III Havana, Cuba Station Havana, Cuba		9. POSITION TITLE AND NUMBER	10- Area Ops Off (DCOS) BAF-115 OG-0136.01-14 \$10,320.00 p.a. DDP/WH \$730.00 p.a. Branch III Havana, Cuba Station Havana, Cuba														
11. SERVICE GRADE AND SALARY		12. FIELD OR DEPARTMENTAL															
11. HEADQUARTERS		12. FIELD OR DEPARTMENTAL (D)															
<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL		<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL (D)															
A. REMARKS (Use reverse if necessary)																	
Approved by CS Career Service Panel [Signature]																	
B. REGISTERED BY [Redacted]		D. REQUEST APPROVED BY															
E. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension)		Signature: _____															
[Redacted] X8242		Title: _____															
13. VETERAN PREFERENCE		14. POSITION CLASSIFICATION ACTION															
<table border="1"> <tr> <td>None</td> <td>50%</td> <td>Other</td> <td>5 PT</td> <td>10 POINT</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>DISAB OTHER</td> </tr> </table>		None	50%	Other	5 PT	10 POINT					DISAB OTHER	<table border="1"> <tr> <td>NEW</td> <td>VICE</td> <td>1 A</td> <td>REAL</td> </tr> </table>		NEW	VICE	1 A	REAL
None	50%	Other	5 PT	10 POINT													
				DISAB OTHER													
NEW	VICE	1 A	REAL														
15. SEX M W		16. RACE Samo	17. APPROPRIATION FROM 7-3545-55-055 TO Same														
		18. SUBJECT TO C. S. RETIREMENT ACT (YES - NO) Yes	19. DATE OF APPOINTMENT AFFIDAVIT (Necessaries Only)														
		20. LEGAL RESIDENCE STATE: <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED															
21. STANDARD FORM 50 REMARKS																	
22. CLEARANCE																	
A. INITIAL OR SIGNATURE		B. DATE	REMARKS														
[Redacted]		17 Dec 56															
23. CLASSIFICATION																	
24. PLACEMENT ON EMP.																	
[Redacted]																	
[Signature] 21 Dec 56																	

SECRET

SECRET

STANDARD FORM 52 (REVISED 1954) U.S. AIR FORCE PERSONNEL MANAGEMENT PERSONNEL MANUAL (PART 1) REQUEST FOR PERSONNEL ACTION	UNVOUCHERED
--	-------------

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

1. NAME (Mr - Miss Mrs - One given name, initials, and surname) I.P. []	2. DATE OF BIRTH []	3. REQUEST NO. []	4. DATE OF REQUEST 7 May 56
5. NATURE OF ACTION REQUESTED A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) Reassignment		6. EFFECTIVE DATE A. PROPOSED. []	7. C. S. OR OTHER LEGAL AUTHORITY []
8. POSITION (Specify whether establish, change grade or title, etc.) []		B. APPROVED: _____	

FROM— Intelligence Off (FI) BAF-116 GS-0136.51-13 \$9205.00 p.a.	9. POSITION TITLE AND NUMBER []	10. SERVICE, GRADE, AND SALARY []	11. ORGANIZATIONAL DESIGNATIONS []	TO— Area Ops Off - D COS BAF-115 GS-0136.01-13 \$9205.00 p.a. \$7570.00 p.a. DDP/WH Branch III HAVANA-CUBA STATION Havana, Cuba
12. FIELD OR DEPARTMENTAL <input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL		13. FIELD OR DEPARTMENTAL <input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL		

9. REMARKS (Use reverse if necessary)

New T/O

B. REQUESTED BY (Name and title) []	D. REQUEST APPROVED []
C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension) X-4457	
Signature: <i>[Signature]</i>	
Title: <i>Jr CS/CS</i>	

13. VETERAN PREFERENCE				14. POSITION CLASSIFICATION ACTION			
NONE	WWII	OTHER	5 PT.	NEW	VICE	I.A.	FINAL
			X				
15. APPROPRIATION FROM: 6-3545-55-055 TO: Same				18. SUBJECT TO C. S. RETIREMENT ACT (YES-NO)		19. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)	
20. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE: _____				CD-DI			

21. STANDARD FORM 50 REMARKS

APPROVED BY
FI CAREER SERVICE BOARD
DATE: 14 May 56

22. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS
A			
B CEIL OR POS CONTROL			
C CLASSIFICATION	<i>RWH</i>	<i>24 May</i>	
D PLACEMENT OR EMPL.			

[] *[Signature]* 25 May 56

SECRET

C O N F I D E N T I A L

Date _____

TO : Chief, Placement and Utilization Division/OP
Attn : Mr. [REDACTED] OC Placement Officer

FROM : Chief, Operations and Training Division/OC

SUBJECT: Communications Training for [REDACTED]

The communications training record for this individual is on file in the [REDACTED] Branch, Room 2308, I Building. If information is desired concerning this training, please call extension 2977.

W. O. Edwards
WILLIAM O. EDWARDS

C O N F I D E N T I A L

SECRET

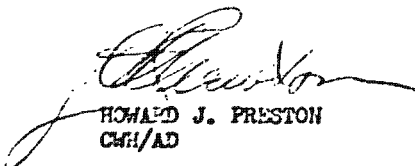
1 December 1954

MEMORANDUM FOR: Chief, Central Processing Branch

SUBJECT: Request for Badges - [redacted] and [redacted]

1. It is requested that building badges of Mr. [redacted] and Mr. [redacted] be given to the bearer, Miss [redacted] Mr. [redacted] and Mr. [redacted] presently stationed at Havana, Cuba, will be at headquarters this coming weekend and it will be necessary that they have their badges in order that they may enter and leave the buildings without an escort.

2. Mr. [redacted] Operations Officer of the Havana desk of WHD, will be responsible for the return of these badges to CPB.


HOWARD J. PRESTON
CWH/AD

Badges returned to [redacted] 1 Dec 54

[redacted]

SECRET

SECRET

4 March 1954

MEMORANDUM FOR: Personnel Officer, FI

SUBJECT: [REDACTED]
Recommendation for Promotion

1. Mr. [REDACTED] has been with the WH Division since June 1952 and at the Havana station since 17 January 1953. With approximately eight months headquarters training he has worked into a position demanding extremely [REDACTED] work. His efforts have been highly successful and are marked by an excellent grasp of the problems involved. Mr. [REDACTED] also acts as Chief of Station during any absence of the Chief. The variety of problems he encounters are met with considerable ability.
2. The promotion of Mr. [REDACTED] to the next higher grade is recommended, in view of the excellent performance of his present responsibilities. He has demonstrated his capacity to perform fully and effectively in a field assignment.

J. C. King
J. C. KING
Chief, WH

SECRET

*file
int*

SECRET
Security Information

OCT 18 1952

MEMORANDUM FOR: [redacted]

SUBJECT: [redacted]

Request for Appointment

REFERENCE: [redacted]

Memorandum of 23 November 1951,
Subject, Representation [redacted]
Visions

1. It is requested that Mr. [redacted] GS-12,
\$7040, be appointed in the [redacted] with the title of
[redacted] for duty in the [redacted] at
Havana, Cuba. Mr. [redacted] will occupy position number 2
of [redacted]

2. It is requested that subject arrive at his destination
on or about 15 December 1952.

FOR THE DEPUTY DIRECTOR, PLANS

BY MICHAEL W. [redacted]

- Enclosures:
- a. Application Forms 57 and DSF-34
 - b. Occupational History Supplement
 - c. Proposed Biography

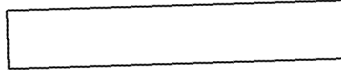
WHD [redacted]

23 September 1952

- Distributions: Orig & 1 - addressee
- 1 - CFI
 - 1 - WHD (green)
 - 2 - LC

Security Information

SECRET

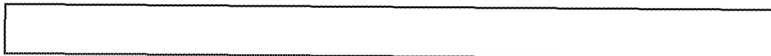


OCCUPATIONAL EXPERIENCE: June 1952 to Present - Intelligence
Officer, Central Intelligence Agency
Washington, D. C.

SECRET

Security Information

PROPOSED BIOGRAPHY



Auburn Senior High School grad; Loyola College, 1947-48; buyer
with electrical supply co., 1934-1941; U.S. Army, 1941-48, 1st Lt.,
oversere duty; Governor's Staff, Canal Zone Government, 1948 to 1952.

Personnel Information

Date: 26 September 1952

MEMORANDUM FOR: PERSONNEL BOARD/SO

FROM: ADMIN/SO

SUBJECT: Transfer - [redacted]

Approval is requested for the transfer of subject from

OPS OF., GS-12, \$7040.00 at [redacted]
(title) (station)

to OPS OF., GS-12, \$7040.00 at Havana, Cuba
(title) (station)

[redacted signature block]

J. Caldwell King
Chief, WH

APPROVED: [redacted]

For the Personnel Board

30 Sept 1952
(date)

1952

Office Memorandum • UNITED STATES GOVERNMENT

TO : Personnel Division

DATE: 11 April 1951

FROM : PD (C)

SUBJECT:

The following personnel action has been cancelled:

<u>DESIGNATION</u>	<u>INTERESTED UNIT</u>
[Redacted] Intelligence Officer	OSO, FDT
Reason: Branch holding until December 1951. Sent to Placement until released.	
[Redacted]	

LESS
M.R.
Med. Serv.
FDT

File

R

11 Apr 51

SECRET

CONFIDENTIAL FUNDS PERSONNEL ACTION

NAME		DATE	
[Redacted]		15 August 1950	
NATURE OF ACTION		EFFECTIVE DATE	
Appointment			
	FROM	TO	
TITLE		Intelligence Officer (OPS)	
GRADE AND SALARY	GS-11	\$5400.00	
OFFICE		OSO	
DIVISION		FDT	
BRANCH			
OFFICIAL STATION			
QUALIFICATIONS	APPROVAL	EXECUTIVE	
[Redacted]	[Redacted]		
CLASSIFICATION	PERSONNEL OFFICER		
[Redacted]	[Redacted]		
POST DIFFERENTIAL AUTHORIZED IN ACCORDANCE WITH AGENCY REGULATIONS	YES	NO	
	<input type="checkbox"/>	<input type="checkbox"/>	
DATE OF OFFICE AND NO STRIKE AFFIDAVIT EXECUTED ON _____			
SECURITY CLEARED ON _____			
OVERSEAS AGREEMENT SIGNED _____			
ENTERED ON DUTY _____			
			SIGNATURE OF AUTHENTICATING OFFICER
REMARKS:			130
S-2 Sec. Init. 14 August 1950. Employee is replacement for [Redacted]			<i>[Handwritten Signature]</i>

Cancelled

SECRET

EMPLOYMENT CHECK SHEET

NAME	INITIATING OFFICE AND DIVISION	EXTENSION

DATE RECEIVED FOR PROCESSING	SECURITY CLEARANCE		CRYPTOGRAPHIC CLEARANCE	
	DATE INITIATED	DATE EFFECTIVE	DATE INITIATED	DATE EFFECTIVE

DATE MEMO REC'D (ADM. INST. 10-2)	DATE 37-1 PREPARED	DATE 37-3 PREPARED	DATE SF89 TO DISPENSARY
-----------------------------------	--------------------	--------------------	-------------------------

DATE HELD	TAB FOR	REASON HELD
<p>25 Sept.</p> <p>27 Nov.</p> <p>28 Dec.</p>	<p>+4 Nov.</p> <p>12 Dec.</p> <p>1.1 Jan.</p>	<p>25 Sept.</p> <p>No intention to be sent</p> <p>subject is in </p> <p>Check security.</p> <hr/> <p>FDT sent cable to field.</p> <p>Check in reply</p> <p>so we'll know when subj.</p> <p>is to report.</p> <p>28 Dec. - Subj. still in Army</p> <p>FDT trying to get release. Check</p> <p>on results.</p>
	<p>15 Jan</p>	

SECRET

7 August 1950

MEMORANDUM

TO: Chief, Employees Division
FROM: Chief, Foreign Division T
SUBJECT: [REDACTED]

FDT

1. It is requested that subject be processed at the grade of GS-11 for Slot No. 2, Intelligence Officer Operations, [REDACTED] as a replacement for Mr. [REDACTED]. Mr. [REDACTED] will be transferred to another station in Latin America in the next few months.

2. Although Mr. [REDACTED] is at present a GS-9, he has had a total of approximately 8 years in investigative work with C.I.C., and FDT believes that a rating of GS-11 is thoroughly justified. Since his present salary in the [REDACTED] is \$ 5750 per annum, it is specifically requested that he be processed at the grade of GS-11, \$ 5600 per annum.

[REDACTED]

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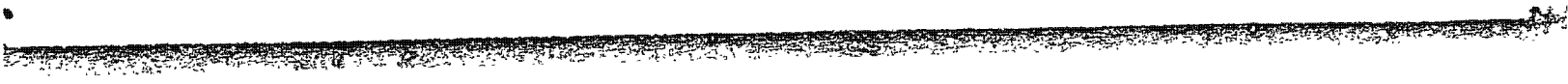
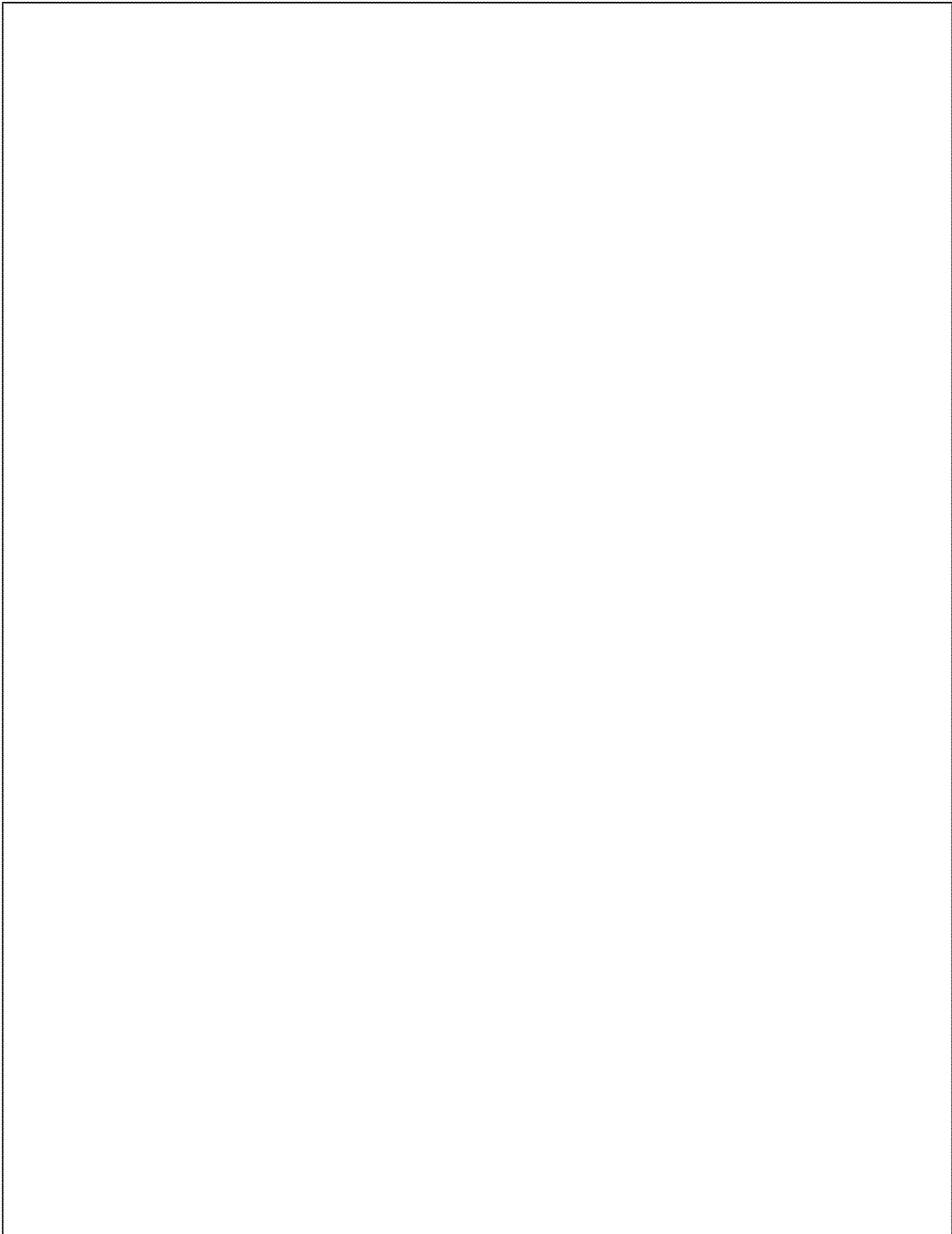
REPRODUCTION MASTER

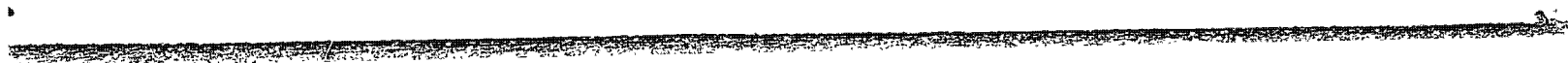
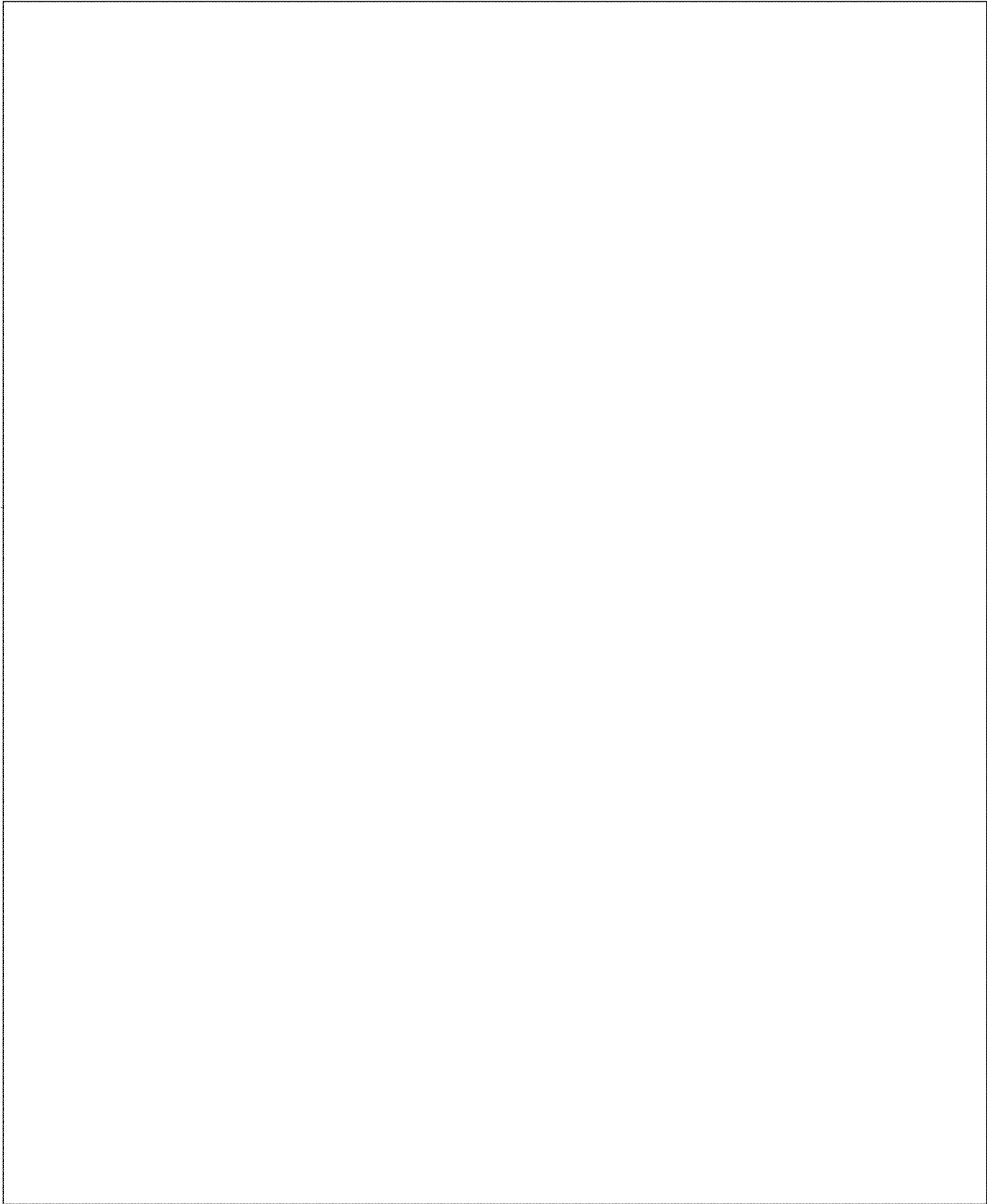
SECRET

BIOGRAPHIC PROFILE

SECRET

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





SECRET

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP		14 June 1972	FILE NO. 2432
TO: (Check)	<input checked="" type="checkbox"/> CHIEF, CONTROL DIVISION	SS NUMBER 069-03-9635	
	<input type="checkbox"/> CHIEF, CONTRACT PERSONNEL DIVISION	EMPLOYEE NUMBER 060389	
	<input checked="" type="checkbox"/> CHIEF, OPERATING COMPONENT (For action) WH	TO CARD NUMBER	
ATTN:	Chief Support Staff	OFFICIAL COVER	<input checked="" type="checkbox"/> ESTABLISHED <input type="checkbox"/> DISCONTINUED
REF:	Retirement Debriefing		
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 _____ 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 3254 _____ 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. (HB 240-24)	SUBMIT FORM 2688 FOR _____ HOSPITALIZATION CARD.
<input checked="" type="checkbox"/> SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (HB 240-24)	DO NOT WRITE IN THIS BLOCK
NA EAA. CATEGORY I CATEGORY II	
NA SUBMIT FORM 2688 FOR _____ HOSPITALIZATION CARD	

REMARKS AND/OR COVER HISTORY

[Faint, illegible text]

DISTRIBUTION

REF: 88

[Handwritten signature]

CHIEF, OFFICIAL COVER CONTROL DIVISION

1951

SECRET

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 92-210 AND EXECUTIVE ORDER 11637 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 9 JANUARY 1972

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	NEW SALARY
<input type="text"/>	060989	SI	480	CF GS 15 7	930,701

SECRET
(When Filled In)

DS: 26 JUN 72

Dottin

DEF NOTIFICATION OF PERSONNEL ACTION

1 SERIAL NUMBER 060389		2 NAME (LAST FIRST MIDDLE)	
3 NATURE OF PERSONNEL ACTION CONVERSION FROM STATUS & RETIREMENT-VOLUNTARY-UNDER CIA RETIREMENT & DISABILITY SYSTEM		4 EFFECTIVE DATE MO COB 06 30 72	5 CATEGORY OF EMPLOYMENT REGULAR
6 FUNDS V TO V CF TO V	V TO CF CF TO CF	7 Financial Analysis No (Emergent)	8 CSC OR OTHER LEGAL AUTHORITY PL 88-643 SECT 233
9 ORGANIZATIONAL DESIGNATIONS DDP/WH DIVISION BRANCH 6 OFFICE OF THE CHIEF		10 LOCATION OF OFFICIAL STATION WASH., D.C.	
11 POSITION TITLE OPS OFFICER CH		12 POSITION NUMBER 1844	13 SERVICE DESIGNATION D
14 CLASSIFICATION SCHEDULE (GS, LB, etc)	15 OCCUPATIONAL SERIES	16 GRADE AND STEP	17 SALARY OR RATE
GS	0135.01	15 7	30701

18 REMARKS

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

21 OFFICE COUNCIL NUMERIC	22 REASON FOR ACTION CODE	23 VOLUNTARY CODE	24 Hdqrs Code	25 DATE OF BIRTH MO DA YR	26 DATE OF GRADE MO DA YR	27 DATE OF LEI MO DA YR
28 VET EMPLOY MO DA YR	29 SPECIAL REFERENCE 1. FIC 2. CIA 3. MIA 4. OTHER	30 RETIREMENT DATA CODE	31 SEPARATION DATA CODE	32 Correction / Cancellation Data TYPE MO DA YR	33 SECURITY REQ NO	34 SER
35 VET PERFORMANCE	36 SERV COMP DATE	37 LEAVE COMP DATE	38 CAREER CATEGORY CODE	39 FEHRS HEALTH INSURANCE CODE	40 SOCIAL SECURITY NO	
41 PREVIOUS FEDERAL GOVERNMENT SERVICE 1. YES 2. NO		42 LEAVE CAUSE CODE	43 FEDERAL TAX DATA 1. YES 2. NO		44 STATE TAX DATA 1. YES 2. NO	

SIGNATURE OF OTHER AUTHENTICATION

POSTED
6 29 72

SECRET MLH

14-00000

113

1. PAY ALIQUOT		2. NAME		3. ORGANIZATION		4. FUNDS		5. LWOP REASON			
060389				51 650		CF					
A. OLD SALARY RATE				7. NEW SALARY RATE				8. TYPE ACTION			
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	EFFECTIVE DATE	SI	ADI		
GS	15	6	\$28,291	09/07/69	GS	15	7	\$29,092	09/05/71		
CERTIFICATION AND AUTHENTICATION											
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE.											
SIGNATURE				DATE							
<input type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> LWOP STATUS AT END OF WAITING PERIOD											
CLERK'S INITIALS							ADDED BY				
FORM 560 E Use previous editions PAY CHANGE NOTIFICATION (4-31)											

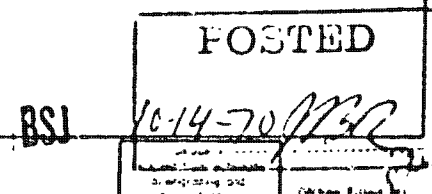
"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 91-656 AND EXECUTIVE ORDER 11576 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 10 JANUARY 1971

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	NEW SALARY
	060389	51 650	CF	GS 15 6	\$28,291

FVD: 13 OCT 70

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
1 SERIAL NUMBER		2 NAME (LAST, FIRST, MIDDLE)									
060389											
3 NATURE OF PERSONNEL ACTION						4 EFFECTIVE DATE		5 CATEGORY OF EMPLOYMENT			
REASSIGNMENT						09 20 70		REGULAR			
6 FUNDS		7 TO V		8 TO CP		9 Financial Analysis No. Chargeable		10 CSC OR OTHER SPECIAL AUTHORITY			
▶		CF TO V		CF TO CP		1135 0856 0000		50 USC 403 J			
9 ORGANIZATIONAL DESIGNATIONS						10 LOCATION OF OFFICIAL STATION					
DDP/WH FOREIGN FIELD BRANCH 2						STATION					
11 POSITION TITLE				12 POSITION NUMBER		13 SERVICE DESIGNATION					
CHIEF OF STATION				0198		D					
14 CLASSIFICATION SCHEDULE (GS, LP, etc.)			15 OCCUPATIONAL SERIES		16 GRADE AND STEP		17 SALARY OF RATE				
GS			0136.05		15 6		26700				
18 REMARKS											
HOME BASE: WH											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19 ACTION CODE	20 EMPLOY CODE	21 OFFICE CODES		22 STATION CODE	23 INDEGREE CODE	24 MONTHS	25 DATE OF BIRTH		26 DATE OF GRADE		27 DATE OF LEI
37	10	51650 WH		16059		3					
28 NTE EXPIRES		29 SPECIAL REFERENCE	30 RETIREMENT DATA		31 SEPARATION DATA CODE	32 Correction/Amendment Data			33 SECURITY REG. TAG		34 SER.
09 19 72		83							EOD DATA		
35 VET PREFERENCE		36 SERV. COMP. DATE		37 LONG. COMP. DATE		38 CAREER CATEGORY		39 FEEDBACK HEALTH INSURANCE		40 SOCIAL SECURITY NO.	
41 PREVIOUS CIVILIAN GOVERNMENT SERVICE				42 LEAVE CAT. CODE		43 FEDERAL TAX DATA				44 STATE TAX DATA	
45				46		47				48	
SIGNATURE OR OTHER AUTHENTICATION											
											
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> POSTED 10-14-70 BSI </div>											

1150
1
8-70

Use Previous
Edition

SECRET

BSI

10-14-70
SECRET
(When Filled In)

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 91-231 AND EXECUTIVE ORDER 11924 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: 28 DECEMBER 1969

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	NEW SALARY
[REDACTED]	060389	51	650	CF GS 15 6	\$26,700

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 91-231 AND EXECUTIVE ORDER 11924 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: 28 DECEMBER 1969

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	NEW SALARY
[REDACTED]	060389	51	650	CF GS 15 6	\$26,700

653

1. SERIAL NO.		2. NAME		3. ORGANIZATION		4. FUND		5. LWOP HOURS	
060389				51 650		CF			
6. OLD SALARY RATE				7. NEW SALARY RATE				8. TYPE ACTION	
Grade	Step	Salary	Last Eff Date	Grade	Step	Salary	EFFECTIVE DATE	SI	AOI
GS 13	3	222,011 \$24,469	09/10/67	GS 13	6	222,011 \$25,189	09/07/69		
CERTIFICATION AND AUTHENTICATION									
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF CONFERENCE.									
SIGNATURE <i>[Signature]</i>						DATE <i>Sept 22 1969</i>			
<input type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> LWOP STATUS AT END OF WAITING PERIOD									
CLERKS INITIALS <i>[Handwritten initials]</i>									
FORM 7-66 560 E		Use previous editions		PAY CHANGE NOTIFICATION				(431)	

"PAY ADJUSTMENT IN ACCORDANCE WITH SECTION 212 OF PL 90-206 AND EXECUTIVE ORDER 11474 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 6 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 13 JULY 1968

NAME	SERIAL	ORG.	FUND	GR-STEP	NET SALARY
[Redacted]	060389	51 650	CF	GS 13 6	\$24,449

14-00000
"PAY ADJUSTMENT IN ACCORDANCE WITH SECTIONS 212 AND 216 OF PL 90-206 AND EXECUTIVE ORDER 11413 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 14 JULY 1968

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
[REDACTED]	060389	51	650	CF GS 13 5	\$20,356	\$22,416

"PAY ADJUSTMENT IN ACCORDANCE WITH SECTION 212 OF PL 90-206 AND EXECUTIVE ORDER 11474 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 13 JULY 1969

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	NEW SALARY
[REDACTED]	062134	42	775	CF GS 13 4	\$17,393

SECRET
(When Filled In)

FVD:

NOTIFICATION OF PERSONNEL ACTION							
1 SERIAL NUMBER 060389		2 NAME (LAST FIRST MIDDLE) [REDACTED]					
3 NATURE OF PERSONNEL ACTION REASSIGNMENT				4 EFFECTIVE DATE 05 19 68		5 CATEGORY OF EMPLOYMENT REGULAR	
6 FUNDS		V TO V CF TO V		V TO CF CF TO CF		7 Financial Analysis No. Chargeable 8 CSC OR OTHER LEGAL AUTHORITY	
[REDACTED]		X		8135 0856 0000		50 USC 403 J	
9 ORGANIZATIONAL DESIGNATIONS DDP/WH FOREIGN FIELD BRANCH 2				10 LOCATION OF OFFICIAL STATION [REDACTED]			
[REDACTED] STATION				11 POSITION TITLE CHIEF OF STATION		12 POSITION NUMBER 0198	
[REDACTED]				13 SERVICE DESIGNATION D		14 CLASSIFICATION SCHEDULE (GS, LB, etc.) GS	
15 OCCUPATIONAL SERIES 0136.05		16 GRADE AND STEP 15 5		17 SALARY OR RATE 20856		18 REMARKS WASH., D.C.	

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19 ACTION CODE 37	20 EMPLOY CODE 10	21 OFFICE CODING NUMERIC: 51650 ALPHABETIC: WH	22 STATION CODE 16069	23 INTEGREE CODE [REDACTED]	24 HOURS CODE 3	25 DATE OF BIRTH [REDACTED]	26 DATE OF GRADE [REDACTED]	27 DATE OF LEI [REDACTED]
28 NTE EXPIRES [REDACTED]	29 SPECIAL REFERENCE [REDACTED]	30 RETIREMENT DATA [REDACTED]	31 SEPARATION DATA CODE [REDACTED]	32 CORRECTION - CANCELLATION DATA [REDACTED]	EOD DATA →		33 SECURITY REQ NO [REDACTED]	34 SER [REDACTED]
35 VET PREFERENCE [REDACTED]	36 SERV COMP DATE [REDACTED]	37 LONG COMP DATE [REDACTED]	38 CAREER CATEGORY [REDACTED]	39 REG. HEALTH INSURANCE [REDACTED]	40 SOCIAL SECURITY NO. [REDACTED]		41 PREVIOUS CIVILIAN GOVERNMENT SERVICE [REDACTED]	
42 LEA-F CAT CODE [REDACTED]		43 FEDERAL TAX DATA [REDACTED]		44 STATE TAX DATA [REDACTED]				

SIGNATURE OR OTHER AUTHENTICATION

POSTED
[Handwritten Signature]

1150
May 1967

Use Previous Edition

SECRET

FVD

Included from automatic
downgrading and
declassification

(When Filled In)

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 90-206
PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949,
AS AMENDED, AND A-DCI DIRECTIVE DATED 9 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 9 OCTOBER 1967

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
[REDACTED]	060389	51	500	CF GS 15 5	\$19,978	\$20,856

5 640 0

1. Serial No.		2. Name		3. Cost Center Number		4. LWOP Hours						
060389		[REDACTED]		51 500 CF								
5. OLD SALARY RATE				6. NEW SALARY RATE				7. TYPE ACTION				
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	Effective Date	PSI	LSI	ADI		
GS	15	4	\$19,371	09/12/65	GS	15	5	\$19,978	09/10/67			
8. Remarks and Authorization												
<input checked="" type="checkbox"/> NO EXCESS LWOP <input checked="" type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input checked="" type="checkbox"/> LWOP STATUS AT END OF WAITING PERIOD CLERKS INITIALS <i>SO</i> AUDITED BY <i>[Signature]</i>												
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.												
SIGNATURE: <i>[Signature]</i> DATE: <i>[Date]</i>												
PAY CHANGE NOTIFICATION												

PJH: 15 JUL 66

SECRET
(When Filled In)

ODF
NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER 060389	2. NAME (LAST, FIRST, MIDDLE) [REDACTED]
----------------------------	---

3. NATURE OF PERSONNEL ACTION REASSIGNMENT	4. EFFECTIVE DATE MO DA YR 07 15 66	5. CATEGORY OF EMPLOYMENT REGULAR
---	---	--------------------------------------

6. FUNDS V TO V CF TO V	V TO CF X CF TO CF	7. COST CENTER NO CHARGEABLE 7135 1162 0000	8. CS, OR OTHER LEGAL AUTHORITY 30 USC 403 J
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9. ORGANIZATIONAL DESIGNATIONS DDP/WH WH/C OFFICE OF THE CHIEF	10. LOCATION OF OFFICIAL STATION WASH., D.C.
--	---

11. POSITION TITLE OPS OFFICER D CH	12. POSITION NUMBER 1106	13. SERVICE DESIGNATION D
--	-----------------------------	------------------------------

14. CLASSIFICATION SCHEDULE (SEE 1.8.4) GS	15. OCCUPATIONAL SERIES 0136.01	16. GRADE AND STEP 15 4	17. SALARY OR RATE 18825
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18. REMARKS
WASH., D.C.

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE 37	20. EMPLOY CODE 10	21. OFFICE CODING NUMERICAL ALPHABETIC 51500 WH	22. STATION CODE 75013	23. INTEGREE CODE [REDACTED]	24. HOURS CODE 1	25. DATE OF BIRTH MO DA YR	26. DATE OF GRADE MO DA YR	27. DATE OF LEI MO DA YR		
28. NTE EXPIRES MO DA YR	29. SPECIAL REFERENCE 1. CSC 2. FSC 3. WONG	30. RETIREMENT DATA CODE	31. SEPARATION DATA CODE TYPE	32. CORRECTION/CANCELLATION DATA MO DA YR	33. SECURITY REQ NO.	34. SEX	EOD DATA →			
35. VET PREFERENCE CODE 0 NONE 1 5 PF 2 10 PF	36. SERV COMP DATE MO DA YR	37. LONG COMP DATE MO DA YR	38. CAREER CATEGORY CODE	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 1 YEAR 3 BREAK IN SERVICE MORE THAN 1 YEAR	42. LEAVE CAT. CODE	43. FEDERAL TAX DATA FORM EXEMPTED CODE 1 YES 2 NO	44. STATE TAX DATA FORM EXEMPTED CODE 1 YES 2 NO							

SIGNATURE OR OTHER AUTHENTICATION

FORM 1150 11 62

Use Previous Edition

SECRET

07-15-66

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

EFFECTIVE DATE OF PAY ADJUSTMENT: 3 JULY 1966

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
<input type="text"/>	060389	51	500	CF GS 15 4	\$18,825	\$19,371

NOJZ 19 FEB 66

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER: 660389
 2. NAME (LAST FIRST MIDDLE): [Redacted]

3. NATURE OF PERSONNEL ACTION: REASSIGNMENT
 4. EFFECTIVE DATE: 02 18 66
 5. CATEGORY OF EMPLOYMENT: REGULAR

6. FUNDS: [Redacted] V TO V, CP TO V, V TO CP, CP TO CP
 7. COST CENTER NO. (MANDATORY): 6135 1162 0000
 8. CSC OR OTHER LEGAL AUTHORITY: 50 USC 403 J

9. ORGANIZATIONAL DESIGNATIONS: DDP/WH, WH/C
 10. LOCATION OF OFFICIAL STATION: WASH., D. C.
 11. POSITION TITLE: OPS OFFICER
 12. POSITION NUMBER: 1148
 13. SERVICE DESIGNATION: U

14. CLASSIFICATION SCHEDULE (GS, LB, SM): GS
 15. OCCUPATIONAL SERIES: 0136.01
 16. GRADE AND STEP: 15 4
 17. SALARY OR RATE: 18825

18. REMARKS: MADRID, SPAIN

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19 ACTION CODE	20. Emplo. Code	21 OFFICE CODING		22 STATION CODE	23. INTEGREE CODE	24. Mgmt. Code	25 DATE OF BIRTH	26 DATE OF GRADE	27 DATE OF LEI
37	10	NUMERIC: 51500	ALPHABETIC: WH	75013			MO DA YR	MO DA YR	MO DA YR
28 NTE EXPIRES	29 SPECIAL REFERENCE	30 RETIREMENT DATA		31 SEPARATION DATA CODE	32 CORRECTION/CANCELLATION DATA			33 SECURITY REG NO	34. SER
MO DA YR		1. CSC 2. FICA 3. NONE			EOD DATA				
35 VET PREFERENCE	36 SERV COMP DATE	37. LONG COMP DATE	38. CAREER CATEGORY		39 FEGLI / HEALTH INSURANCE		40 SOCIAL SECURITY NO		
CODE	MO DA YR	MO DA YR	CAH	REVS	CODE	CODE	5 - 99-188	HEALTH INS CODE	
0 - NONE 1 - 6 PT 2 - 10 PT			PROV	TEMP			1 - 188		
41 PREVIOUS GOVERNMENT SERVICE DATA		42. LEAVE CAT CODE	43 FEDERAL TAX DATA			44 STATE TAX DATA			
CODE			FORM EXECUTED: CODE			NO TAX EXEMPTIONS		FORM EXECUTED	
0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YRS) 3 - BREAK IN SERVICE (MORE THAN 3 YRS)			1 - YES 2 - NO					1 - YES 2 - NO	

SIGNATURE OR OTHER AUTHENTICATION

FROM WE
2

02-18-66 JN

RZF: 21 OCT 65

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION												
OUF 1. SERIAL NUMBER 2. NAME (LAST FIRST MIDDLE) 060389 []												
3. NATURE OF PERSONNEL ACTION DESIGNATION AS PARTICIPANT IN CIA RETIREMENT AND DISABILITY SYSTEM						4. EFFECTIVE DATE NO DA YR 10 24 65		5. CATEGORY OF EMPLOYMENT REGULAR				
6. FUNDS ▶		V TO V []		V TS [] []		7. COST CENTER NO CHARGEABLE 5136 1347 (XXX)		8. CSC OR OTHER LEGAL AUTHORITY SECTION 203 P.L. 88-643				
9. ORGANIZATIONAL DESIGNATION ODP/WE FOREIGN FIELD [] STATION OFFICE OF THE CHIEF						10. LOCATION OF OFFICIAL STATION []						
11. POSITION TITLE OPS OFF OCOS				12. POSITION NUMBER 0897		13. SERVICE DESIGNATION D						
14. CLASSIFICATION SYMBOLS (GS, LR, etc.) GS			15. OCCUPATIONAL SERIES 0136.01			16. GRADE AND STEP 15 4		17. SALARY OR RATE 18170				
18. REMARKS EMPLOYEE WILL BE NOTIFIED BY DISPATCH FROM THE DIRECTOR OF PERSONNEL OF THIS DESIGNATION AND OF HIS RIGHT OF APPEAL TO THE DIRECTOR OF CENTRAL INTELLIGENCE.												
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL												
19. ACTION CODE 28	20. EMPLOY CODE 10	21. OFFICE CODING ALPHABETIC 50660 WE		22. STATION CODE 67033	23. INFERENCE CASE []	24. MERIT CODE 3	25. DATE OF BIRTH NO DA YR [] [] []		26. DATE OF GRADE NO DA YR 03 16 62		27. DATE OF LEI NO DA YR 03 12 65	
28. NTE EXPIRES NO DA YR [] [] []		29. SPECIAL REFERENCE []	30. RETIREMENT DATA 1 - CSC 2 - PICA 3 - NONE 2		31. SEPARATION DATA CODE []	32. CORRECTION/CANCELLATION DATA TYPE NO DA YR [] [] []		33. SECURITY REQ NO. []		34. SER []		
35. VET. PREFERENCE CODE 0 - NONE 1 - 5 PP 2 - 10 PP		36. SPP COMP DATE NO DA YR [] [] []		37. LONG COMP DATE NO DA YR [] [] []		38. CAREER CATEGORY CODE 0 - NONE 1 - YES 2 - NO		39. FEGLI / HEALTH INSURANCE CODE 0 - WAIVER 1 - YES 2 - NO		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 UNREMITTED LOSE NO TAX DEDUCTIONS 1 - YES 2 - NO		44. STATE TAX DATA FORM EXECUTED 1 - YES 2 - NO		CODE []	NO TAX EXEMP []	STATE CODE []		
SIGNATURE OR OTHER AUTHENTICATION												
										<div style="border: 2px solid black; padding: 5px; text-align: center;"> POSTED 10-22-65 <i>[Signature]</i> </div>		

FORM 1150 11 62

Use Previous Edition

SECRET

FORM 1
EXCLUDE THIS MESSAGE
COMPLETION DATE
DATE OF ENTRY

(When Filled In)

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

ADPC 03/30/69

1. SERIAL NUMBER 060389		2. NAME (LAST FIRST MIDDLE) [REDACTED]		
3. NATURE OF PERSONNEL ACTION SERIES CODE ADJUSTMENT			4. EFFECTIVE DATE MO DA YR 03 29 69	5. CATEGORY OF EMPLOYMENT
6. FUNDS	V TO V	W TO EF	7. COST CENTER NO. CHARGEABLE 5136 1347 0040	8. CNL OR OTHER LEGAL AUTHORITY
	CF TO V	X CF TO CF		
9. OCCUPATIONAL DESIGNATIONS DDP/WE DIVISION			10. LOCATION OF OFFICIAL STATION [REDACTED]	
11. POSITION TITLE OPS OFFICER DCOS			12. POSITION NUMBER 0897	13. CAREER SERVICE DESIGNATION D
14. CLASSIFICATION SCHEDULE (GS 18, etc.) GS	15. OCCUPATIONAL SERIES 0136.01		16. GRADE AND STEP 15	17. SALARY OR RATE

18. REMARKS

[REDACTED]

POSTED
04/05/69 J.K.

SIGNATURE OR OTHER AUTHENTICATION

[REDACTED]

SECRET
(When Filled In)

DLS: 8 OCT 63

NOTIFICATION OF PERSONNEL ACTION																	
1 SERIAL NUMBER		2 NAME (LAST FIRST MIDDLE)															
050389																	
3 NATURE OF PERSONNEL ACTION						4 EFFECTIVE DATE		5 CATEGORY OF EMPLOYMENT									
REASSIGNMENT						10 1 08 63		REGULAR									
6 FUNDS		V TO V		V TO CF		7 COST CENTER NO CHARGEABLE		8 CSC OR OTHER LEGAL AUTHORITY									
CF TO V		X		CF TO CF		4135 6400 1017		50 USC 403 J									
9 ORGANIZATIONAL DESIGNATIONS						10 LOCATION OF OFFICIAL STATION											
DDP/WE STATION OFFICE OF THE CHIEF																	
11 POSITION TITLE				12 POSITION NUMBER				13 SERVICE DESIGNATION									
CPS OFFICER DCOS				0897				D									
14 CLASSIFICATION SCHEDULE (GS, LB, etc)			15 OCCUPATIONAL SERIES			16 GRADE AND STEP			17 SALARY OR RATE								
GS			0136.01			15 2			15045								
19 REMARKS																	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL																	
19 ACTION CODE		20 EMPLOY CODE		21 OFFICE CODING		22 STATION CODE		23 INTEGRITY CODE		24 AGENCY CODE		25 DATE OF BIRTH		26 DATE OF GRADE		27 DATE OF LET	
37		10		50560 WE		67033		3		3							
28 WTE CAPRES		29 SPECIAL REFERENCE		30 RETIREMENT DATA		31 SEPARATION DATA CODE		32 CONNECTION/CANCELLATION DATA		33 SECURITY RTO NO		34 SER					
										EOD DATA							
35 VET PREFERENCE		36 SERV COMP DATE		37 LOWS COMP DATE		38 CAREER CATEGORY		39 FEGLI/HEALTH INSURANCE		40 SOCIAL SECURITY NO							
CODE		MO DA YR		MO DA YR		LAA BLEN CODE		CODE		A BAWEN HEALTH INS CODE							
0 NONE										1 YES							
1 OPT										2 YES							
2 10 PT										3 NO							
41 PREVIOUS GOVERNMENT SERVICE DATA				42 LEAVE CAT		43 FEDERAL TAX DATA				44 STATE TAX DATA							
CODE				CODE		FORMER EMPLOY CODE				NO TAX EXEMPTIONS							
0 NO PREVIOUS SERVICE						1 YES				1 YES							
1 NO BARREN IN SERVICE						2 NO				2 LO							
2 BARREN IN SERVICE LESS THAN 3 YRS																	
3 BARREN IN SERVICE MORE THAN 3 YRS																	
SIGNATURE OF OTHER AUTHENTICATOR												POSTED		10/24/63 JK			

14-000 1110

Use Previous Edition

SECRET

8 OCT 1963

14-00000 (When Filled In)

GA0389

02 660 CF 17

5		OLD SALARY RATE		NEW SALARY RATE		DATE	
Grade	Step	Salary	Effective Date	Grade	Step	Salary	Effective Date
GS 15 1		\$14,565	09/16/62	GS 15 2		\$19,045	09/19/63

6. Remarks and Authorization

- / / NO EXCESS LEOP
- / / IN PAY STATUS AT END OF WAITING PERIOD
- / / LEOP STATUS AT END OF WAITING PERIOD

CLERKS INITIALS AUDITED BY

663

16 7/11/63

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

SIGNATURE: *[Signature]* DATE: 15 July 63

PAY CHANGE NOTIFICATION

Form 22A Obsolete Previous (45)

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

NAME	SERIAL	ORGN	FUNDS	GR=ST	OLD SALARY	NEW SALARY
[Redacted]	060389	50	660	CF GS 15 2	\$19,045	\$16,190

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-793 AND DCI MEMORANDUM DATED 1 AUGUST 1966, SALARY IS ADJUSTED AS FOLLOWS, EFFECTIVE 14 OCTOBER 1966.

NAME	SERIAL	ORGN	FUNDS	GR=ST	OLD SALARY	NEW SALARY
[Redacted]	060389	42	660	CF 15 1	\$12,795	\$16,949

PSC: 14 SEPT 62

SECRET
(When Filled In)

848

NOTIFICATION OF PERSONNEL ACTION																																	
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)																															
*060389																																	
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT																											
PROMOTION				09 16 62		REGULAR																											
6. FUNDS		7. POST CENTER NO (CHARGEABLE)		8. CSC OR OTHER LEGAL AUTHORITY																													
<table border="1"> <tr> <td>V TO V</td> <td>V TO CF</td> </tr> <tr> <td>CF TO V</td> <td>CF TO CF</td> </tr> </table>		V TO V	V TO CF	CF TO V	CF TO CF	3136 6400 1017		50 USC 403 J																									
V TO V	V TO CF																																
CF TO V	CF TO CF																																
9. ORGANIZATIONAL DESIGNATIONS					10. LOCATION OF OFFICIAL STATION																												
DDP WE																																	
STATION BRANCH																																	
11. POSITION TITLE			12. POSITION NUMBER			13. CAREER SERVICE DESIGNATION																											
OPS OFFICER			0400			D																											
14. CLASSIFICATION SCHEDULE (GS, LR, etc.)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE																											
GS		0136.01		15 1		13730																											
18. REMARKS																																	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL																																	
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING		22. STATION CODE	23. INTEREST CODE	24. PAGES	25. DATE OF BIRTH		26. DATE OF GRADE	27. DATE OF LET																							
22	10	62660 WE		67033		3	09 16 62		09 16 62																								
28. NTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION CANCELLATION DATA		33. SECURITY REG NO.	34. SER																						
80								EOD DATA																									
35. VET PREFERENCE		36. SERV COMP DATE		37. LONG COMP DATE		38. CAREER CATEGORY		39. SOCIAL / HEALTH INSURANCE		40. SOCIAL SECURITY NO																							
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT		43. FEDERAL TAX DATA		44. STATE TAX DATA																									
<table border="1"> <tr> <td>4</td> <td>NO PREVIOUS SERVICE</td> </tr> <tr> <td>1</td> <td>NO BREAK IN SERVICE</td> </tr> <tr> <td>2</td> <td>BREAK IN SERVICE LESS THAN 3 YEARS</td> </tr> <tr> <td>3</td> <td>BREAK IN SERVICE MORE THAN 3 YEARS</td> </tr> </table>				4	NO PREVIOUS SERVICE	1	NO BREAK IN SERVICE	2	BREAK IN SERVICE LESS THAN 3 YEARS	3	BREAK IN SERVICE MORE THAN 3 YEARS	<table border="1"> <tr> <td>1</td> <td>1 YEAR</td> </tr> <tr> <td>2</td> <td>NO</td> </tr> </table>		1	1 YEAR	2	NO	<table border="1"> <tr> <td>1</td> <td>YES</td> </tr> <tr> <td>2</td> <td>NO</td> </tr> </table>		1	YES	2	NO	<table border="1"> <tr> <td>CODE</td> <td>NO TAX</td> <td>STATE CODE</td> </tr> <tr> <td></td> <td>EXEMP</td> <td></td> </tr> </table>				CODE	NO TAX	STATE CODE		EXEMP	
4	NO PREVIOUS SERVICE																																
1	NO BREAK IN SERVICE																																
2	BREAK IN SERVICE LESS THAN 3 YEARS																																
3	BREAK IN SERVICE MORE THAN 3 YEARS																																
1	1 YEAR																																
2	NO																																
1	YES																																
2	NO																																
CODE	NO TAX	STATE CODE																															
	EXEMP																																
SIGNATURE OR OTHER AUTHENTICATION																																	
Bar 9/1/62										<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p>101110</p> <p>09/16/62 JK</p> </div>																							

FORM 1150 6-61

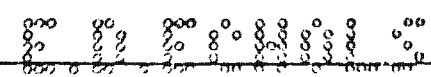
Use Previous Edition

SECRET

GROUP 1
Excluded from automatic
downgrading and
declassification

(When Filled In)

SECRET
(When Filled In)

1. Serial No.		2. Name		3. Cost Center Number		4. LWOP Hours				
560389				DDP/WE 14 UV						
5. OLD SALARY RATE				6. NEW SALARY RATE				7. TYPE ACTION		
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	Effective Date	PBI	LBI	ADI
GS 14	3	\$12,730	12/13/59	14	4	\$12,990	06/11/61			
8. Remarks and Authentication										
<p align="right">/</p> <p>/ / NO EXCESS LWOP</p> <p>/ / IN PAY STATUS AT END OF WAITING PERIOD</p> <p>/ / IN LWOP STATUS AT END OF WAITING PERIOD</p> <p align="right">WK</p>										
 PAY CHANGE NOTIFICATION										

663

WK

WK

L 1

SECRET
(When Filled In)

BWS: 5 AUG 1960 **NOTIFICATION OF PERSONNEL ACTION**

1. Serial No. 560389		2. Name (Last-First-Middle)			3. Date Of Birth			4. Vet. Prof. None-0 5 Pt-1 10 Pt-5		5. Sex M 1		6. C.S. TOB Mo. Da. Yr. 06 26 52			
7. SCD Mo. Da. Yr. 11 25 42		8. CSC Point Yes-1 No-2 1		9. CSC Or Other Legal Authority 50 USCA 403			10. Appt. Alljav. Mo. Da. Yr.			11. HCU Yes-1 No-2 06		12. LCD Mo. Da. Yr. 26 52		13. Spent. Vio. Yes-1 No-2 2	

PREVIOUS ASSIGNMENT

14. Organizational Designations DDP WE BRANCH				Code 4712		15. Location Of Official Station WASH., D.C.				Station Code 75013		
16. Dept. - Field Dept. - 1 USfld - 3 Frgn. - 5 1		17. Position Title OPS OFF D BR CH				18. Position No. 0179		19. Serv. GS		20. Occup. Series 0136.01		
21. Grade & Step 14 3		22. Salary Or Rate \$12730		23. SD D		24. Rate Of Grade Mo. Da. Yr. 12 16 56		25. PSI Due Mo. Da. Yr. 06 11 61		26. Appropriation Number 0136 1000 1000		

ACTION

27. Nature Of Action REASSIGNMENT			Code 67		28. Eff. Date Mo. Da. Yr. 08 07 60		29. Type Of Employee REGULAR			Code OM		30. Separation Data	
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PRESENT ASSIGNMENT

31. Organizational Designations DDP WE STATION BRANCH				Code 4733		32. Location Of Official Station				Station Code 67033		
33. Dept. - Field Dept. - 1 USfld - 3 Frgn. - 5 5		34. Position Title OPS OFFICER				35. Position No. 0400		36. Serv. GS		37. Occup. Series 0136.01		
38. Grade & Step 14 3		39. Salary Or Rate \$12730		40. SD D		41. Rate Of Grade Mo. Da. Yr. 12 16 56		42. PSI Due Mo. Da. Yr. 06 11 61		43. Appropriation Number 1136 6400 3017		

44. Remarks

POSTED

08-26-60 2/K

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

SO	NAME	SERIAL	ORGN	GR-ST	OLD SALARY	NEW SALARY
0		560389	47 12	GS-14 3	\$11,835	\$12,730

/S/ EMMETT D. ECHOLS
DIRECTOR OF PERSONNEL

SECRET
(When Filled In)

60

AES: 10 MAY 1960 **NOTIFICATION OF PERSONNEL ACTION**

1. Serial No. 560389		2. Name (Last-First-Middle)			3. Date Of Birth Mo. Da. Yr.			4. Vet. Prof. Non-0 5 Pt-1 10 Pt-2		5. Sex M		6. CS - EOD Mo. Da. Yr.		
7. SCD Mo. Da. Yr.		8. CSC Rating Yes-1 No-2		9. CSC Or Other Legal Authority 50 USCA 403 a		10. Apmt. Affidav. Mo. Da. Yr.			11. FEGLI Yes-1 No-2		12. LCB Mo. Da. Yr.		13. Mil. Serv. Credit, Yrs. Yes-1 No-2	
11	25	62		1						06	26	52		

PREVIOUS ASSIGNMENT

14. Organizational Designations DDP CI STAFF			Code 5430		15. Location Of Official Station WASH., D. C.			Station Code 75013	
16. Dept. - Field Dept - 1 USfld - 3 Frgn - 5		17. Position Title Code 10 CI BR CH		18. Position No. 0211		19. Ser. GS GS		20. Occup. Series 0136.53	
21. Grade & Step 14 3		22. Salary Or Rate \$ 11835		23. SD DJ		24. Date Of Grade Mo. Da. Yr. 12 16 56		25. PSI Due Mo. Da. Yr. 12 13 59	
26. Appropriation Number 9 2700 17 001									

ACTION

27. Nature Of Action REASSIGNMENT		Code 57		28. Eff. Date Mo. Da. Yr. 05 15 60		29. Type Of Employee REGULAR		Code OM		30. Separation Data	
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PRESENT ASSIGNMENT

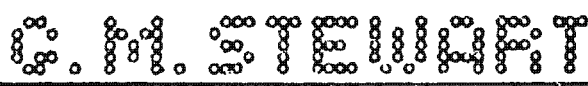
31. Organizational Designations DDP WE BRANCH			Code 4712		32. Location Of Official Station WASH., D.C.			Station Code 75013	
33. Dept. - Field Dept - 1 USfld - 3 Frgn - 5		34. Position Title Code OPS OFF D BR CH		35. Position No. 0179		36. Ser. GS GS		37. Occup. Series 0136.01	
38. Grade & Step 14 3		39. Salary Or Rate \$ 11835		40. SD D		41. Date Of Grade Mo. Da. Yr. 12 16 56		42. PSI Due Mo. Da. Yr. 06 11 61	
43. Appropriation Number 0136 1000 1000									

44. Remarks

FOUO
05-12-60 RK

AE 5/10/60

SECRET
(WHEN FILLED IN)

1. EMP. SERIAL NO. 560389		2. NAME [REDACTED]			3. ASSIGNED ORGAN DDP/CI 5		4. FUNDS UV		5. ALLOTMENT		
6. OLD SALARY RATE					7. NEW SALARY RATE						
GRADE	STEP	SALARY	LAST EFFECTIVE DATE			GRADE	STEP	SALARY	EFFECTIVE DATE		
			MO	DA	YR				MO	DA	YR
GS 14	2	\$11,595	06	15	58	GS 14	3	\$11,835	12	13	59
TO BE COMPLETED BY THE OFFICE OF COMPTROLLER											
8. CHECK ONE <input type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> EXCESS LWOP						9. NUMBER OF HOURS LWOP					
IF EXCESS LWOP, CHECK FOLLOWING:						10. INITIALS OF CLERK			11. AUDITED BY		
<input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD											
<input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD											
TO BE COMPLETED BY THE OFFICE OF PERSONNEL											
12. TYPE OF ACTION						13. REMARKS					
<input type="checkbox"/> P.R.T. <input type="checkbox"/> L.S.I. <input type="checkbox"/> PAY ADJUSTMENT						000					
14. AUTHENTICATION											
											
PAY CHANGE NOTIFICATION											

FORM 560

560 OBSOLETE PREVIOUS EDITION REPLACES FORM 560a AND 560b.

SECRET

OFFICIAL PERSONNEL FOLDER

(4)

9700

SECRET
(When Filled In)

ARE: 6 MAR 1959
NOTIFICATION OF PERSONNEL ACTION

1. Serial No. 560389		2. Name (Last-First-Middle)			3. Date Of Birth Mo. Da. Yr.		4. Vet. Pref. None-0 5 Pt-1 10 Pt-2		5. Sex M 1		6. CS - EOB Mo. Da. Yr. 06 26 52					
7. SCD		8. CSC Rmt		9. CSC Or Other Legal Authority 50 USCA 403 J			10. Apmt. Affidav.		11. FEGLI		12. LCD		13. <small>with app. 100</small>			
Mo.	Da.	Yr.	Yes-1 No-2	Code			Mo.	Da.	Yr.	Yes-1 No-2	Code	Mo.	Da.	Yr.	Yes-1 No-2	Code
11	25	42		1								06	26	52		2

PREVIOUS ASSIGNMENT

14. Organizational Designations DDP WH BRANCH 11 SECTION				Code 4675		15. Location Of Official Station WASH., D.C.				Station Code 75013		
16. Dept. - Field Dept - 1 USfld - 3 Frqn - 5		17. Position Title Code AREA OPS OFF DCOS		18. Position No. 0458				19. Serv. GS		20. Occup. Series 0136.01		
21. Grade & Step 14 2		22. Salary Or Rate \$11595		23. SD DI		24. Date Of Grade Mo. Da. Yr. 12 16 56		25. Pm Due Mo. Da. Yr. 12 13 59		26. Appropriation Number 9 3500 10 200		

ACTION

27. Nature Of Action REASSIGNMENT			Code 57		28. Eff. Date Mo. Da. Yr. 03 08 59		29. Type Of Employee REGULAR			Code OM		30. Separation Data	
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PRESENT ASSIGNMENT

31. Organizational Designations DDP CI STAFF				Code 5430		32. Location Of Official Station WASH., D. C.				Station Code 75013		
33. Dept. - Field Dept - 3 USfld - 3 Frqn - 5		34. Position Title Code 10 CI BR CH		35. Position No. 0211				36. Serv. GS		37. Occup. Series 0136.53		
38. Grade & Step 14 2		39. Salary Or Rate \$11595		40. SD DI		41. Date Of Grade Mo. Da. Yr. 12 16 56		42. Pm Due Mo. Da. Yr. 12 13 59		43. Appropriation Number 9 2700 17 001		

44. Remarks

POSTED
12 MAR 1959
[Signature]

67 3/2/59

SECRET

NOTIFICATION OF PERSONNEL ACTION

AES 15 OCT 58

1. Serial No. 560389		2. Name (Last-First-Middle)			3. Date Of Birth Mo. Da. Yr.			4. Vet. Pref. None Code 5 Pt-1 10 Pt-2		5. Sex M 1		6. CS-ECG Mo. Da. Yr. 06 26 52		
7. SCD Mo. Da. Yr. 11 25 42		8. CSC Rmtt Yes-1 Code No-2 1		9. CSC Or Other Legal Authority USCA 403			10. App. All. Adv. Mo. Da. Yr.			11. FEGLI 15 ECG Yes-1 Code Mo. Da. Yr. No-2 06 25 52		13. Final Wo. Yes-1 Code No-2 2		

PREVIOUS ASSIGNMENT

14. Organizational Designations DOP WH BRANCH III HAVANA, CUBA STATION				Code		15. Location Of Official Station HAVANA, CUBA				Station Code	
16. Dept. - Field Dept - 1 USMID - 3 Frgr - 5		17. Position Title 5 AREA OPS OFF (DCOS)		18. Position No. 0115		19. Serv. GS		20. Occup. Series 0136.01			
21. Grade & Step 14 2		22. Salary Or Rate 11595		23. SD DI		24. Date Of Grade 15. PSI Due Mo. Da. Yr. Mo. Da. Yr.		25. Appropriation Number 9 3585 55 055			

ACTION

27. Nature Of Action REASSIGNMENT		Code 67		28. Eff. Date Mo. Da. Yr. 10 19 58		29. Type Of Employee REGULAR		Code OM		30. Separation Data	
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PRESENT ASSIGNMENT

31. Organizational Designations DOP WH BRANCH II SECTION				Code 4675		32. Location Of Official Station WASH. D.C.				Station Code 75013	
33. Dept. - Field Dept - 1 USMID - 3 Frgr - 5		34. Position Title 1 AREA OPS OFF DCOS		35. Position No. 0458		36. Serv. GS		37. Occup. Series 0136.01			
38. Grade & Step 14 2		39. Salary Or Rate 11595		40. SD DI		41. Date Of Grade 42. PSI Due Mo. Da. Yr. Mo. Da. Yr. 12 16 56 12 13 54		43. Appropriation Number 9 3500 10 200			

44. Remarks

0-110
20 OCT 58
3 B.

SECRET

12/16/58 (4)

SECRET
(WHEN FILLED IN)

1. EMP. SERIAL NO		2. NAME			3. ASSIGNED ORGAN		4. FUNDS		5. ALLOTMENT		
560389					DDP/WH 7		UV				
6. OLD SALARY RATE					7. NEW SALARY RATE						
GRADE	STEP	SALARY	LAST EFFECTIVE DATE			GRADE	STEP	SALARY	EFFECTIVE DATE		
			MO	DA	YR				MO	DA	YR
GS 14	1	\$10,320				GS 14	2	\$10,595	06	15	58
REMARKS											
CERTIFICATION											
I CERTIFY THAT THE SERVICE AND CONDUCT OF THE ABOVE NAMED EMPLOYEE ARE SATISFACTORY.											
TYPED, OR PRINTED, NAME OF SUPERVISOR				DATE		SIGNATURE OF SUPERVISOR					
				15 May 58		N.B.					
PERIODIC STEP INCREASE - CERTIFICATION											

FORM NO 560
1 MAR. 58

SECRET

PERSONNEL FOLDER (4)

S E C R E T

GENERAL SCHEDULE SALARY INCREASE RETROACTIVELY EFFECTIVE
12 JANUARY 1958 AUTHORIZED BY P. L. 85 - 462 AND DCI
DIRECTIVE. SALARY AS OF 15 JUNE 1958 ADJUSTED AS FOLLOWS

NAME	SERIAL	GRADE-STEP	OLD SALARY	NEW SALARY
[REDACTED]	560389	GS-14-2	\$10,595	\$11,595

GORDON M. STEWART
/S/ DIRECTOR OF PERSONNEL

S E C R E T

NOTIFICATION OF PERSONNEL ACTION

BJW

1. NAME (Last - first - middle - one given name - initials - and surname) MR. [redacted] 560383		2. DATE OF BIRTH	3. JOURNAL OR ACTION NO.	4. DATE 14 Dec 1956
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (use standard terminology) Promotion 30		6. EFFECTIVE DATE 16 Dec 1956	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY 50 USCA 403 J	
FROM		TO		
8. POSITION TITLE GS-0136.01-13 \$9205.00 per annum		Area Ops Off (DCCS) BAR-115 [redacted] GS-0136.01-14 \$10,320.00 per annum		
9. SERVICE SERIES, GRADE, SALARY		10. ORGANIZATIONAL DESIGNATIONS DDF/mt Branch III Havana, Cuba Station		
11. HEADQUARTERS 265230		12. FIELD OR DEPT'L. 5		
13. VETERAN'S PREFERENCE NONE <input type="checkbox"/> WWII <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> 5-PT <input type="checkbox"/> 10-POINT <input type="checkbox"/>		14. POSITION CLASSIFICATION ACTION NEW <input type="checkbox"/> VICE <input type="checkbox"/> I. A. <input type="checkbox"/> REAS. <input type="checkbox"/>		
15. SEX M		16. APPROPRIATION FROM: 7-3545-55-055 TO: 8888 170-85		SD/DI
17. SUBJECT TO C. S. RETIREMENT ACT (YES-NO) Yes		18. DATE OF APPOINTMENT AFFIDAVIT (EXCEPTIONS ONLY)		19. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:
20. REMARKS 3 EOP 06/26/52 POSTED [Signature] MSB				
ENTRANCE PERFORMANCE RATING: Director of Personnel				

SECRET

1. EMPLOYEE COPY

5/12/20

NOTIFICATION OF PERSONNEL ACTION dah

1. NAME (LAST - FIRST - MIDDLE - ONE GIVEN NAME, INITIALS, AND SURNAME) Mr. [REDACTED]		2. DATE OF BIRTH [REDACTED]	3. GENERAL OR ACTION NO.	4. DATE 31 May 1956
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) Reassignment		6. EFFECTIVE DATE 3 June 1956	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY 50 UECA 403 J	
FROM Intelligence Officer (FI) BAF-116 [REDACTED] GS-0136.51-13 \$2205.00 per annum [REDACTED] DDP/WH Havana, Cuba		8. POSITION TITLE Area Ops. Officer D COB BAF-115 [REDACTED] GS-0136.01-13 \$2205.00 per annum [REDACTED] DDP/WH - Branch III Havana-Cuba Station	TO	
10. ORGANIZATIONAL DESIGNATION 455230		11. HEADQUARTERS 5 Havana, Cuba		12. FIELD OR DEPT'L <input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL
13. VETERAN'S PREFERENCE NONE <input type="checkbox"/> WWII <input type="checkbox"/> OTHER <input type="checkbox"/> 5-PT. <input checked="" type="checkbox"/> 10-POINT <input type="checkbox"/>		14. POSITION CLASSIFICATION ACTION NEW <input type="checkbox"/> VICE <input type="checkbox"/> I. A. <input type="checkbox"/> REAL <input type="checkbox"/> ED/DI <input type="checkbox"/>		
15. SEX M	16. RACE W	17. APPROPRIATION FROM: 6-9545-55-055 170-85 TO: Same	18. SUBJECT TO C. S. RETIREMENT ACT (YES-NO) Yes	19. DATE OF APPOINTMENT AFFIDAVIT (ACCORDING TO STATE) STATE:
20. LEGAL RESIDENCE <input checked="" type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED				
21. REMARKS: 3 EOD POSTED 6/9/56				
ENTRANCE PERFORMANCE RATING: Director of Personnel				
22. REASON FOR SEPARATION (IF APPLICABLE)				

SECRET

1. -EMPLOYEE COPY

6/10/56

STANDARD FORM 52
OFFICE OF PERSONNEL
GENERAL INVESTIGATIVE
DIVISION
UNITED STATES DEPARTMENT OF JUSTICE

SECRET

UNVOUCHERED

70 Dr Mc
4/1/54
Swan

REQUEST FOR PERSONNEL ACTION

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

1. NAME (Mr. - Miss - Mrs. - One given name, initial(s), and surname) Mr. []	2. DATE OF BIRTH []	3. REQUEST NO. []	4. DATE OF REQUEST 4 Mar. 54
5. NATURE OF ACTION REQUESTED: A. PERICHRIL (Specify whether appointment, promotion, separation, etc.) PROMOTION		6. EFFECTIVE DATE A. PROPOSED: []	7. C. S. OR OTHER LEGAL AUTHORITY []
8. POSITION (Specify whether establish, change grade or title, etc.) []		9. APPROVED: APR 11 1954	

FROM - INTELLIGENCE OFCR (H) BAF-116-12 [] GS-0136.51-12, \$7240.00 p.s. [] DDP/WH Havana, Cuba	10. POSITION TITLE AND NUMBER []	11. SERVICE, GRADE AND SALARY []	TO - INTELLIGENCE OFCR (F) BAF-116 [] GS-0136.51-13, \$8360.00 p.s. [] DDP/WH Havana, Cuba
12. FIELD OR DEPARTMENTAL <input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL	13. ORGANIZATIONAL DESIGNATIONS []	14. HEADQUARTERS []	15. FIELD OR DEPARTMENTAL <input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL

APPROVED BY
FI CAREER SERVICE BOARD
DATE: **MAR 23 1954**

16. REQUESTED BY (Name and title)
C/WH JCKing

17. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension)
X1167

18. REQUEST APPROVED BY
Signature: []
Title: []

19. VETERAN PREFERENCE

REGULAR	WHI	OTHER	5 PT	10 POINT
			<input checked="" type="checkbox"/>	
			DISAB	OTHER

20. POSITION CLASSIFICATION ACTION

NEW	VICE	1 A.	REAL

CD-FI

21. APPROPRIATION

FROM **4-3545-55-055**
TO **4-3545-55-055**

22. SUBJECT TO C. S. RETIREMENT ACT (YES-NO)
[]

23. DATE OF APPOINTMENT AFFIDAVIT (ACCESSIONS ONLY)
[]

24. LEGAL RESIDENCE STATE:
 CLAIMED PROVED

25. STANDARD FORM 52 (REMARKS)

PLEASE NOTE: PROMOTION EFFECTIVE 4/1/54 SALARY ADJUSTED TO: 8990

103 LED
1 April 54 (W)

26. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS
A			
B. CEN. OR POS. CONTROL	CS	3/29	
C. CLASSIFICATION			
D. PLACEMENT OR EMPL.	D Taylor	2/11/54	
E			

27. APPROVED BY
[]

STANDARD FORM 52
PROPOSED BY THE
U. S. CIVIL SERVICE COMMISSION
EXCERPTS FROM FEDERAL PERSONNEL
MANUAL CHAPTER IV

SECRET

CONFIDENTIAL

Ref.
2/10/54
88

REQUEST FOR PERSONNEL ACTION

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

1. NAME (Mr., Miss, Mrs., Use given name, initials, and surname) Mr. []	2. DATE OF BIRTH []	3. REQUEST NO. -	4. DATE OF REQUEST 6 Feb 54
--	-------------------------	---------------------	---------------------------------------

5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) Reassignment	6. EFFECTIVE DATE A. PROPOSED: 14 Feb 54 B. APPROVED: FEB 14 1954	7. C. S. OR OTHER LEGAL AUTHORITY
8. POSITION (Specify whether establish, change grade or title, etc.)		

FROM— Ops OF -DEP CHIEF, BA-144-12 [] GS-132-12, \$7240.00 p.a. [] DDP/WH HAVANA, CUBA	9. POSITION TITLE AND NUMBER 10. SERVICE, GRADE, AND SALARY 11. ORGANIZATIONAL DESIGNATION 12. HEADQUARTERS	TO— IO-FI - PAF-116-12 [] GS-0136.51-12, \$7240.00 p.a. [] DDP/WH HAVANA, CUBA
<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL	<input type="checkbox"/> FIELD OR DEPARTMENTAL	<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL

A. REMARKS (Use reverse if necessary):
BAF-116

B. REQUESTED BY (Name and title) [] LC/WH	D. REQUEST APPROVED BY Signature: _____ Title: _____
C. [] (Name and telephone extension) X 4457	

13. VETERAN PREFERENCE NONE <input type="checkbox"/> WWB <input type="checkbox"/> OTHER <input type="checkbox"/> SPT <input type="checkbox"/> 5 YEAR <input type="checkbox"/> 10 YEAR <input type="checkbox"/> 15 YEAR <input type="checkbox"/> 20 YEAR <input type="checkbox"/> 25 YEAR <input type="checkbox"/> 30 YEAR <input type="checkbox"/> 35 YEAR <input type="checkbox"/> 40 YEAR <input type="checkbox"/> 45 YEAR <input type="checkbox"/> 50 YEAR <input type="checkbox"/> 55 YEAR <input type="checkbox"/> 60 YEAR <input type="checkbox"/> 65 YEAR <input type="checkbox"/> 70 YEAR <input type="checkbox"/> 75 YEAR <input type="checkbox"/> 80 YEAR <input type="checkbox"/> 85 YEAR <input type="checkbox"/> 90 YEAR <input type="checkbox"/> 95 YEAR <input type="checkbox"/> 100 YEAR <input type="checkbox"/> NONE <input checked="" type="checkbox"/>	14. POSITION CLASSIFICATION ACTION SERIAL 5212 ED-PT
---	--

15. SEX <input type="checkbox"/> M <input type="checkbox"/> F	16. RACE <input type="checkbox"/> W <input type="checkbox"/> N <input type="checkbox"/> O	17. APPOINTMENT FROM 4-3515-55-055 TO 8880	18. SUBJECT TO C. S. RETIREMENT ACT (YES/NO)	19. DATE OF APPOINTMENT ASSIGNMENT (M/D/Y)	20. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE
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21. STANDARD FORM 26 PLACES

[Signature]

22. CLEARANCE	INITIAL OR SIGNATURE	DATE	REMARKS
A	<i>[Signature]</i>	48	
B. CEIL. OR NG. CEILING			
C. CLASSIFICATION	<i>[Signature]</i>	79	
D. PLANING OR EXP.			

23. APPROVED BY: [] *[Signature]*

1. Agency and employee identification
 2. Employee name
 3. Social Security number (when appropriate)
 4. Grade and salary: **GS-12 \$7010.00**

PAY ROLL CHANGE DATA

	BASE PAY	OVERTIME	GROSS PAY	RET.	TAX	BOND	F. I. C. A	NEE PAY
7. Previous normal								
8. New normal								
9. Pay this period								

10. Remarks
 11. Appropriation: **Y-1-6**
 12. Prepared by: **JK 8-25**
 13. Audited by:

14. Inactive date
 15. Date last equivalent increase
 16. Old salary rate
 17. New salary rate
 18. Performance rating is satisfactory or better.

19. LWOP data: No extra LWOP Total extra LWOP Total extra LWOP

20. Signature or other authentication: *JK*

STANDARD FORM NO. 1126d—Revised
 Form prescribed by Comp. Gen. U. S.
 Nov. 8, 1936 General Regulations No. 102

PAY ROLL CHANGE SLIP—PERSONNEL OFF

wh 4-6

SECRET
Security Information

11/5/52

STANDARD FORM 52
FORM 52-1 (REV. 1-1-52)
U. S. GOVERNMENT PRINTING OFFICE
JANUARY 1952 - FEDERAL PERSONNEL
MANUAL CHAPTER II

REQUEST FOR PERSONNEL ACTION

Unvouchered

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

1. NAME (Mr - Miss - Mrs - One gives name, initial(s), and surname)	2. DATE OF BIRTH	3. REQUEST NO.	4. DATE OF REQUEST 12/22/52
5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.)		6. EFFECTIVE DATE A. PROPOSED: 12/29/52	7. C. S. OR OTHER LEGAL AUTHORITY
8. POSITION (Specify whether establish, change grade or title, etc.)		B. APPROVED: 20 Dec 52	

FROM— Operations Officer GS-12, \$7040 WI/FI Havana	9. POSITION TITLE AND NUMBER 10. SERVICE, GRADE, AND SALARY 11. ORGANIZATIONAL DESIGNATIONS 12. HEADQUARTERS	TO— WI/FI Havana
<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL	<input type="checkbox"/> FIELD OR DEPARTMENTAL	<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL

13. REMARKS (Use reverse if necessary)

14. REQUESTED BY (Name and title) FI/OIS/	15. REQUEST APPROVED BY Signature: _____ Title: _____
16. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension) W/sg - 2103	

13. VETLIAN PREFERENCE				14. POSITION CLASSIFICATION ACTION			
None	5 yrs	Other, 5 yr.	10 Point	New	Vice	1 A	Real
			GSAB OTHER				

15. GRADE	16. RACE	17. APPROPRIATION FROM: TO:	18. SUBJECT TO C. S. RETIREMENT ACT (112-102)	19. DATE OF APPOINTMENT AFFIDAVIT (ACCESSORS ONLY)	20. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:
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21. STANDARD FORM 50 REMARKS

708320
- 21 Jan 53 DE

22. CLEARANCE	INITIAL OR SIGNATURE	DATE	REMARKS
A			
B. CER. OR P.A. CONTROL			
C. CLASSIFICATION			
D. PLACEMENT OR EMP.			
E			

23. APPROVED BY

SECRET

1-5-53

SECRET

Handwritten notes and initials at top right.

CONFIDENTIAL FUNDS PERSONNEL ACTION

NAME: [Redacted] DATE: 26 September 1952

NATURE OF ACTION: ~~Transfer~~ *Reassignment* EFFECTIVE DATE: *26 October 1952*

	FROM	TO
TITLE	Operations Officer, GS-12	CPS OF WA-114-12
GRADE AND SALARY	GS-12, \$7040.00 per annum	GS-132-12, \$7040.00 p.a.
OFFICE		
DIVISION	WH	WH
BRANCH	III	III
OFFICIAL STATION		Havana, Cuba (#3517)

QUALIFICATIONS: [Redacted] APPROVAL: [Redacted] EXECUTIVE: [Redacted]

CLASSIFICATION: [Redacted] PERSONNEL OFFICER: [Redacted]

POST DIFFERENTIAL AUTHORIZED IN ACCORDANCE WITH AGENCY REGULATIONS: YES NO

DATE OF OFFICE AND NO STRIKE AFFIDAVIT EXECUTED ON: _____

SECURITY CLEARED ON: _____

OVERSEAS AGREEMENT SIGNED: _____

ENTERED ON DUTY: _____

SIGNATURE OF AUTHENTICATING OFFICER: _____

REMARKS: *See app 21 Oct 52 wa action CIA*

Handwritten signature and date.

POSTED
Oct 29 1952

SECRET

CONFIDENTIAL FUNDS PERSONNEL ACTION

W.D. Miller
308-1111-501

NAME		DATE
[Redacted]		3 April 1952
NATURE OF ACTION		EFFECTIVE DATE
Appointment		26 June 1952
TITLE GRADE AND SALARY OFFICE DIVISION BRANCH OFFICIAL STATION	FROM	TO
		Operations Officer, GS-12
		GS-12, \$7010.00 per annum
		W11
		Branch III

APPROVAL

QUALIFICATIONS	FOR ASSISTANT DIRECTOR	EXECUTIVE
[Redacted] 0-9-52		
	PERSONNEL OFFICER	
[Redacted]		

POST DIFFERENTIAL AUTHORIZED IN ACCORDANCE WITH AGENCY REGULATIONS YES NO

OATH OF OFFICE AND NO STRIKE AFFIDAVIT EXECUTED ON 27 June 1952

SECURITY CLEARED ON 9 May 1952

OVERSEAS AGREEMENT SIGNED 27 June 1952

ENTERED ON DUTY 26 June 1952

DOB - 04/11/54
CSEOD - 06/26/52
LCD - 06/26/52

[Redacted Signature Box]

REMARKS: S-#2
Please initiate security clearance. Addendum to PIS attached.

308-1111-501
W.D. Miller
3 April 1952

3 April 1952

FORM 37-1

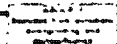
SECRET

SECRET
SECRET
(When Filled In)

MEDICAL ACTION REQUEST AND REPORT		
I REQUEST FOR PHYSICAL EXAMINATION BY		
1. NAME (Last)	(First)	2. DATE 6 June 1956
3. TO POSITION Area Ops Off (DCOS)	4. OFFICE, DIVISION, BRANCH DDP, VII, III	5. GRADE O2-13
6. TYPE OF POSITION <input type="checkbox"/> Departmental <input type="checkbox"/> U.S. Field <input checked="" type="checkbox"/> Overseas Havana, Cuba	7. EVALUATE FOR <input type="checkbox"/> EOD <input checked="" type="checkbox"/> Overseas <input checked="" type="checkbox"/> Returnee <input type="checkbox"/> Pre-employment <input type="checkbox"/> Annual <input type="checkbox"/> Special (Specify)	
II REPORT OF MEDICAL EVALUATION		
<input type="checkbox"/> Qualified for Full Duty (General) <input type="checkbox"/> Qualified for Departmental Duty Only		
<input type="checkbox"/> Qualified for Full Duty (Special) <input type="checkbox"/> Disqualified		
Remarks: Subject is qualified for proposed PUS overseas assignment (6/12/56).		
<i>Max N. Hartman</i>		
SECRET		
MEDICAL OFFICE		

SECRET
(When Filled In)

FITNESS REPORT					EMPLOYEE SERIAL NUMBER	
					060389	
SECTION A			GENERAL			
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE	5. SU
				M	GS-15	D
6. OFFICIAL POSITION TITLE			7. OFF. DIV. OR OF ASSIGNMENT		8. CURRENT STATION	
Ops Officer, Chief			DDP/WH/6		Headquarters	
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT			
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY			<input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR			
<input type="checkbox"/> CAREER-PROVISIONAL (See instructions - Section C)			<input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE			
SPECIAL (Specify):			SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to)			
February 1972			1 April 1971 - 31 January 1972			
SECTION B			PERFORMANCE EVALUATION			
<p>U-Unsatisfactory Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>M-Marginal Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.</p> <p>P-Proficient Performance is satisfactory. Desired results are being produced in the manner expected.</p> <p>S-Strong Performance is characterized by exceptional proficiency.</p> <p>O-Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>						
SPECIFIC DUTIES						
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).						
SPECIFIC DUTY NO. 1						RATING LETTER
SPECIFIC DUTY NO. 2						RATING LETTER
SPECIFIC DUTY NO. 3						RATING LETTER
SPECIFIC DUTY NO. 4						RATING LETTER
SPECIFIC DUTY NO. 5						RATING LETTER
SPECIFIC DUTY NO. 6						RATING LETTER
6 APR 1972 6-7						
OVERALL PERFORMANCE IN CURRENT POSITION						RATING LETTER
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.						S



SECRET

(When Filled In)

SECTION C NARRATIVE COMMENTS

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

See MEMORANDUM IN LIEU OF FITNESS REPORT attached.

SECTION D CERTIFICATION AND COMMENTS

1. BY EMPLOYEE

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

DATE	SIGNATURE OF EMPLOYEE
------	-----------------------

2. BY SUPERVISOR

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

DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
14 March 1972	Acting Deputy Chief, WHD	 Richard S. Welch (signed)

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

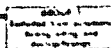
See MEMORANDUM IN LIEU OF FITNESS REPORT attached.

DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
14 March 1972	Acting Chief, WHD	James E. Flannery (signed)

SECRET

SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER			
				060389			
SECTION A GENERAL							
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD	
				M	GS-15	D	
6. OFFICIAL POSITION TITLE				7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION	
Ops Officer/Chief of Station				DDP/WH/2			
9. CHECK (X) TYPE OF APPOINTMENT				10. CHECK (X) TYPE OF REPORT			
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY CAREER-PROVISIONAL (See Instructions - Section C)				<input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE			
SPECIAL (Specify):				SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P.				12. REPORTING PERIOD (From - to)			
30 April 1971				1 April 1970 - 31 March 1971			
SECTION B PERFORMANCE EVALUATION							
<p>U-Unsatisfactory Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>M-Marginal Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.</p> <p>P-Proficient Performance is satisfactory. Desired results are being produced in the manner expected.</p> <p>S-Strong Performance is characterized by exceptional proficiency.</p> <p>O-Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
SPECIFIC DUTIES							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
SPECIFIC DUTY NO. 1						RATING LETTER	
See attached memorandum.							
SPECIFIC DUTY NO. 2						RATING LETTER	
SPECIFIC DUTY NO. 3						RATING LETTER	
SPECIFIC DUTY NO. 4						RATING LETTER	
SPECIFIC DUTY NO. 5						RATING LETTER	
SPECIFIC DUTY NO. 6						RATING LETTER	
OVERALL PERFORMANCE IN CURRENT POSITION							
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.						RATING LETTER	
						S	



SECRET

(When Filled In)

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. 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>See Attachment.</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		
	/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	
14 April 1971	Deputy Chief, WH Division	/s/ James E. Flannery	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
<p>See attachment.</p>			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
24 June 1971	Chief, WH DIVISION	/signed/ William V. Broe	

SECRET

14 April 1971

MEMORANDUM IN LIEU OF FITNESS REPORT

SUBJECT: [REDACTED]

1 April 1970 to 31 March 1971

Mr. [REDACTED] departed [REDACTED] on 21 February 1971, after having served as Chief of Station for two and one half years. The last year of his tour was highlighted by two extremely delicate, highly productive operations targeted against the [REDACTED] operation of a most sensitive nature stemming from them. This latter operation, focused as it was around [REDACTED] called for constant good judgment on how to pursue U. S. Government interests with this highly sensitive and significant intelligence at hand. (It was highlighted at the WH Division's Chiefs of Station Conference held in February 1971 as a classic example of both the collection and use of intelligence on the real "national interest" level.)

Throughout these operations, Mr. [REDACTED] handled himself very well, especially during the latter part of his tenure when he was under considerable pressure as an almost inevitable consequence of the impact of these operations. Ultimately, Mr. [REDACTED] was requested by the [REDACTED]. It should be stressed that this was a mark of his operational success rather than the result of any operational "flap" or miscue whatever. [REDACTED]

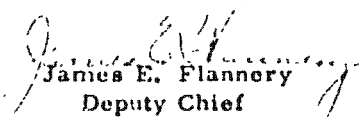
The

fact that, under these general circumstances, he continued to function normally, responding to numerous demands being made on him by the situation and Headquarters, and set about paving the way for his successor to take up the cudgel from the best operational platform -- all this speaks for itself and certainly underlines the fine quality of Mr. [] professional and personal characteristics.

In the realm of normal activity, Mr. [] handled his officers with both firmness and tact. He was a good manager, ran a taut Station, and had cut back on several marginal operations, streamlined others, and initiated some new ones. He writes well and quickly, and he has exceptional fluency in Spanish. He moved very well in the local community and, during his tenure, established a wide range of contacts.

Mr. [] relationship with the [] was excellent, and [] was a great help to him in discharging his representational duties and [] within the []

In sum, Mr. [] is a "pro" who turned in a strong performance both before and after the chips were down.


James E. Flannery
Deputy Chief
Western Hemisphere Division

I certify that I have seen
this memorandum:


Date

SECRET

[Redacted]

1 April 1970 to 31 March 1971

Comments of Reviewing Official:

I fully concur with the Rater's comments. I am pleased that Mr. Flannery explained the circumstances surrounding Mr. Williamson's [Redacted] so well. His tour was a fine piece of operational work and in no way should it be tarnished by misinterpretation or gossip.


William V. Broe

Chief

Western Hemisphere Division

24 June 1971

Date

SECRET

SECRET
(When Filled In)

FITNESS REPORT		EMPLOYEE SERIAL NUMBER 060389
SECTION A GENERAL		
1. NAME (Last) (First) (Middle)		2. DATE OF BIRTH
		3. SEX M
		4. GRADE GS-13
		5. SD D
6. OFFICIAL POSITION TITLE Ops Officer/Chief of Station		7. OFF. DIV./BR OF ASSIGNMENT DDP/WH/2
		8. CURRENT STATION
9. CHECK (X) TYPE OF APPOINTMENT		10. CHECK (X) TYPE OF REPORT
<input checked="" type="checkbox"/> CAREER		<input type="checkbox"/> INITIAL
<input type="checkbox"/> RESERVE		<input type="checkbox"/> ASSIGNMENT SUPERVISOR
<input type="checkbox"/> TEMPORARY		<input type="checkbox"/> ASSIGNMENT EMPLOYEE
<input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)		<input checked="" type="checkbox"/> ANNUAL
<input type="checkbox"/> SPECIAL (Specify):		<input type="checkbox"/> SPECIAL (Specify):
11. DATE REPORT DUE IN O.P.		12. REPORTING PERIOD (From- to) 1 April 1969 - 31 March 1970
SECTION B PERFORMANCE EVALUATION		
<p>U-Unsatisfactory Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>M-Marginal Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.</p> <p>P-Proficient Performance is satisfactory. Desired results are being produced in the manner expected.</p> <p>S-Strong Performance is characterized by exceptional proficiency.</p> <p>O-Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>		
SPECIFIC DUTIES		
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).		
SPECIFIC DUTY NO. 1		RATING LETTER
SPECIFIC DUTY NO. 2		RATING LETTER
SPECIFIC DUTY NO. 3		RATING LETTER
SPECIFIC DUTY NO. 4		RATING LETTER
SPECIFIC DUTY NO. 5		RATING LETTER
SPECIFIC DUTY NO. 6		RATING LETTER
OVERALL PERFORMANCE IN CURRENT POSITION		
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.		RATING LETTER

9 JUL 1970
JIC

23 June 1970

MEMORANDUM IN LIEU OF FITNESS REPORT

SUBJECT: [REDACTED]
1 April 1969 - 31 March 1970

[REDACTED] has become progressively more important to the Agency because of its very active [REDACTED] and signs of the imminent arrival of the [REDACTED]. In anticipation, Mr. [REDACTED] has geared his Station and honed his operations to cope with these problems. [REDACTED] Station has some of the more sophisticated and interesting operations in the [REDACTED] area, and the Station is preparing to exploit its assets to the maximum to meet the expected presence of the [REDACTED].

Mr. [REDACTED] is an old "pro" who has had a variety of experiences in the intelligence field and who brings to his work maturity garnished with enthusiasm and expertise.

He has done particularly well in guiding his subordinates and extracting the maximum from them. His leadership is deft but firm.

His relationship with the [REDACTED] a difficult person to deal with, who was not at first happy to have Mr. [REDACTED] progressed to the point that he became a valuable member of the [REDACTED] and had the respect of the ambassador. There is a new ambassador now and it is clear that Mr. [REDACTED] has gotten off to a very good start with him.

SECRET

SECRET

- 2 -

He has a large range of contacts in the community and he has been helped [redacted] in his work.

His subordinates have a high regard for him--from a professional as well as personal standpoint--and look to him for guidance and leadership.

He is judicious in the use of government funds, extracting the maximum from the operational dollar. His Spanish is excellent, and his experiences in Latin affairs have given him a grace in moving among the locals.

He is rated as Strong.

[redacted]

Deputy Chief
Western Hemisphere Division

I certify that I have seen
this memorandum:

[redacted]

24 June 1970
Date

SECRET

SECRET

SUBJECT:

1 April 1969 - 31 March 1970

Comments of Reviewing Official:

I concur completely with the Rater's comments concerning this excellent officer. Mr. has again and again shown himself to be the real professional that he is. It is a comfort to a Division Chief to have such a COS in the field.

William V. Broe

William V. Broe

Chief

Western Hemisphere Division

8 JUL 1970

Date

SECRET

SECRET
(When Filled In)

FITNESS REPORT						EMPLOYEE SERIAL NUMBER 960389	
SECTION A GENERAL							
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH		3. SEX	4. GRADE	5. SD
					M	GS-15	D
6. OFFICIAL POSITION TITLE Chief of Station				7. OFF. DIV. BR. OF ASSIGNMENT DDP/WH/2		8. CURRENT STATION	
9. CAREER TYPE OF APPOINTMENT				10. CHECK (X) TYPE OF REPORT			
<input checked="" type="checkbox"/> CAREER		<input type="checkbox"/> RESERVE		<input type="checkbox"/> TEMPORARY		<input type="checkbox"/> INITIAL REASSIGNMENT SUPERVISOR	
<input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)				<input checked="" type="checkbox"/> ANNUAL		<input type="checkbox"/> REASSIGNMENT EMPLOYEE	
SPECIAL (Specify):				SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P. 30 April 1969				12. REPORTING PERIOD (From - To) 1 April 1968 - 31 March 1969			
SECTION B PERFORMANCE EVALUATION							
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
SPECIFIC DUTIES							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
SPECIFIC DUTY NO. 1						RATING LETTER	
See attached							
SPECIFIC DUTY NO. 2						RATING LETTER	
SPECIFIC DUTY NO. 3						RATING LETTER	
SPECIFIC DUTY NO. 4						RATING LETTER	
SPECIFIC DUTY NO. 5						RATING LETTER	
SPECIFIC DUTY NO. 6						RATING LETTER	
OVERALL PERFORMANCE IN CURRENT POSITION							
Take into account everything about the employee which influences his effectiveness in his current position such as performance on specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.						RATING LETTER	
						S	

SECRET

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. Manager 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.

See attached Memorandum in Lieu of Fitness Report.

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

/subject in field/

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

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

DATE

OFFICIAL TITLE OF SUPERVISOR

TYPED OR PRINTED NAME AND SIGNATURE

10 July 1969

Deputy Chief, WH Division

/signed/

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

See attached.

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR PRINTED NAME AND SIGNATURE

28 July 1969

Chief, WH Division

/signed/ William V. Howe

SECRET

10 July 1969

MEMORANDUM IN LIEU OF FITNESS REPORT

SUBJECT: [REDACTED]
1 April 1968 - 31 March 1969

Mr. [REDACTED] began his tour as Chief of Station, [REDACTED] [REDACTED] in July 1968. He was well prepared for the responsibilities of the assignment, having served in two important stations as Deputy Chief of Station, and as Deputy Chief, WH/COG.

At the outset of his assignment, Mr. [REDACTED] was confronted with [REDACTED] who had reservations on several matters connected with the station, including problems concerning the establishment of a [REDACTED] operation. Shortly thereafter [REDACTED] activities placed an additional burden on the [REDACTED] station and on relations with the [REDACTED] Mr. [REDACTED] weathered these initial rough spots well, keeping Agency interests protected.

In the seven months since his arrival in [REDACTED] Mr. [REDACTED] not only succeeded in overcoming the [REDACTED] initial frostiness, but has mollified the [REDACTED] misgivings on several potential items of conflict. Furthermore, he has won a strong endorsement from the ambassador who has made it a point to inform Headquarters officers that he is highly pleased by the manner in which Mr. [REDACTED] is handling his assignment.

14-00000

SECRET

SUBJECT: [redacted]

1 April 1968 - 31 March 1969

Mr. [redacted] has an aggressive, constructive and realistic approach to operations. He has made a good assessment of the station's operational assets and personnel and has succeeded in sharpening general performances. Coordination and cooperation between the station and Headquarters leaves nothing to be desired.

He displays appropriate cost-consciousness. The morale of station personnel is high. Mr. [redacted] and his wife are highly regarded by embassy personnel, and have established a wide circle of Costa Rican friends and contacts.

He has put in a Strong performance.

[redacted]
Deputy Chief
Western Hemisphere Division

I certify that I have
seen this memorandum:

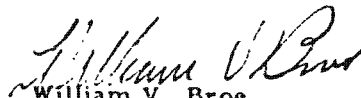
[redacted]

_____ Date

SECRET

SUBJECT:
1 April 1968 - 31 March 1969

I concur with the rater's comments. Mr.
has handled himself most professionally and adroitly and the
 Station is making fine progress under his leader-
ship.


William V. Broe
Chief

28 July 1969
Date

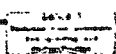
Western Hemisphere Division

SECRET

SECRET

(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER			
				060389			
SECTION A				GENERAL			
1. NAME (Last) (First) (Middle)		2. DATE OF BIRTH		3. SEX M	4. GRADE 15	5. SD D	
6. OFFICIAL POSITION TITLE Ops Officer D Ch				7. OFF/DIV/BR OF ASSIGNMENT WII/COG		8. CURRENT STATION Hats.	
9. CHECK (X) TYPE OF APPOINTMENT				10. CHECK (X) TYPE OF REPORT			
<input checked="" type="checkbox"/> CAREER	<input type="checkbox"/> RESERVE	<input type="checkbox"/> TEMPORARY		<input type="checkbox"/> INITIAL	<input type="checkbox"/> REASSIGNMENT SUPERVISOR		<input type="checkbox"/> REASSIGNMENT EMPLOYEE
CAREER-PROVISIONAL (See Instructions - Section C)				<input checked="" type="checkbox"/> ANNUAL			
SPECIAL (Specify):				SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P. 04/68				12. REPORTING PERIOD (From - to) 1 April 1967 - 31 March 1968			
SECTION B				PERFORMANCE EVALUATION			
W - Weak	Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.						
A - Adequate	Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.						
P - Proficient	Performance is more than satisfactory. Desired results are being produced in a proficient manner.						
S - Strong	Performance is characterized by exceptional proficiency.						
O - Outstanding	Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.						
SPECIFIC DUTIES							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
SPECIFIC DUTY NO. 1						RATING LETTER	
See attached Memorandum for the Record.							
SPECIFIC DUTY NO. 2						RATING LETTER	
SPECIFIC DUTY NO. 3						RATING LETTER	
SPECIFIC DUTY NO. 4						RATING LETTER	
SPECIFIC DUTY NO. 5						RATING LETTER	
SPECIFIC DUTY NO. 6						RATING LETTER	
SPECIFIC DUTY NO. 7						RATING LETTER	
25 APR 1968						OVERALL PERFORMANCE IN CURRENT POSITION	
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.						RATING LETTER	
						S	



SECRET

(When Filled In)

SECTION C	NARRATIVE COMMENTS
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. 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>53 AM 66</p> <p>MAR 5 1968</p>	

SECTION D CERTIFICATION AND COMMENTS

1. BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SE	
DATE 20 June 1968	SIGNATURE OF EMPLOYEE

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
DATE 19 June 1968	OFFICIAL TITLE OF SUPERVISOR Chief, WH/COG	TYPED OR PRINTED NAME AND SIGNATURE David A. Phillips

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

I heartily concur with the rating and comments submitted by Mr. [] superior. Mr. [] is a fine professional who very much deserves his new assignment as Chief of Station,

[]

DATE 21 June 1968	OFFICIAL TITLE OF REVIEWING OFFICIAL Chief, WH Division	TYPED OR PRINTED NAME AND SIGNATURE William V. Broc
----------------------	--	--

SECRET

19 June 1968

MEMORANDUM FOR THE RECORD

SUBJECT: Memorandum in Lieu of Fitness Report -
Mr. [REDACTED]

1. Mr. [REDACTED] is on the eve of his departure as an overseas Chief of Station. This is a logical and justified next step in his career development. Mr. [REDACTED] responsibilities have been considerable in recent years: DCOS in two important Stations; Chief, FI and then Deputy Chief of WH/COG. It should be pointed out that in the latter position he was Acting Chief for long periods, performing admirably. His new assignment indicates that the most senior officers in the Division have recognized this.


2. Mr. [REDACTED] is a professional intelligence officer in the strictest sense of the word. He is hard-driving and tenacious; despite his seniority he is on any list of activists; he has the capability of getting things going, of getting the job done. He applies rigid standards to his subordinates, but no less rigid than those he applies to himself. He is cost-conscious to an unusual degree. He is a fluent speaker of idiomatic Spanish and can handle himself well in any milieu. If Mr. [REDACTED] is ever less than diplomatic it is when considering ersatz operational proposals or phoney practices, neither of which he can tolerate.

3. There is no question that in his next assignment Mr. [REDACTED] will benefit from the social graces of his [REDACTED]. In his own private life Mr. [REDACTED] maintains numerous important contacts.

SECRET

SECRET

4. In summary, Mr. [] is a dedicated and professional intelligence officer. He will undoubtedly continue his fine performance as a Chief of Station, and should in time be promoted to the next higher grade.


David A. Phillips
Chief, WH/COG

SECRET

SECRET

TECHNICAL SERVICES DIVISION -- TECHNICAL SCHOOL

[Redacted]

Training Report

Name : [Redacted]
Office: WH
Date : 10 May 1968

1. OBJECTIVES:

To provide a general knowledge in:

- a. Selected gear used for [Redacted] Included are representative samples of:

[Redacted]

- b. The philosophy, purpose, considerations and manageability of [Redacted] systems; including message security, link security, reliability and feasibility of [Redacted] systems.

[Redacted]

INSTRUCTOR
TSD/TECHNICAL SCHOOL

SECRET

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

24 May 1968

MEMORANDUM FOR: Chief, Transactions & Records Branch/OP
FROM : Chief, External Training Branch/RS/TR
SUBJECT : Completion of External Training

This is to advise you that training request
R-022109 attended the following external training program :

COURSE : NATIONAL INTERDEPARTMENTAL SEMINAR
INSTITUTION: FSI
DATE : 26 Feb.-22 Mar. 1968
GRADE : Successfully Completed

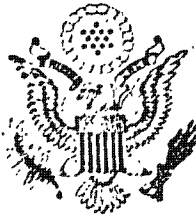
FOR THE DIRECTOR OF TRAINING:

Attachments:

- Grade Report
- Certificate of Completion
- Roster of Participants
- Training Report by Student
- Training Report by Institution
- None
- Other: _____

GROUP 1
Excluded from Automatic
Downgrading and
Declassification

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



Department of State • Department of Defense •
Agency for International Development • U. S. Information Agency

★
NATIONAL INTERDEPARTMENTAL SEMINAR
★

This is to certify that

[Redacted Name]

has successfully completed the seminar on
**PROBLEMS OF DEVELOPMENT
AND INTERNAL DEFENSE**
at the Foreign Service Institute, Washington, D.C.

WITNESSED
SIGNED OFFICIAL

Seminar Coordinator

March 22, 1958

Geo. L. Cannon
Director of FSI

S-E-C-R-E-T

TRAINING REPORT

Chiefs of Station Seminar No. 3-68
80 hours, full time

Participant Office : WH

Year of Birth: Service Designation: D

Grade : GS-15 No. of Students

EOD Date : June 1952

COURSE OBJECTIVES, CONTENT AND METHODS

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

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

ACHIEVEMENT RECORD

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

FOR THE DIRECTOR OF TRAINING:

APR 1968

Date

S-E-C-R-E-T

SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER 060389	
SECTION A GENERAL					
1. NAME		2. DATE OF BIRTH	3. SEX M	4. GRADE GS-15	5. SD D
6. OFFICIAL POSITION TITLE Ops Officer D Ch			7. OFF/DIV/BR OF ASSIGNMENT DDP/WH/COG	8. CURRENT STATION WASH., D.C.	
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY			<input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR		
<input type="checkbox"/> CAREER-PROVISORIAL (See Instructions - Section C)			<input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE		
SPECIAL (Specify):			SPECIAL (Specify):		
11. DATE REPORT DUE IN Q.P.			12. REPORTING PERIOD (From - to) 19 Feb 66 - 31 March 67		
SECTION B PERFORMANCE EVALUATION					
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1					RATING LETTER
See attached memorandum.					
SPECIFIC DUTY NO. 2					RATING LETTER
SPECIFIC DUTY NO. 3					RATING LETTER
SPECIFIC DUTY NO. 4					RATING LETTER
SPECIFIC DUTY NO. 5					RATING LETTER
SPECIFIC DUTY NO. 6					RATING LETTER
20 JUL 1967 OVERALL PERFORMANCE IN CURRENT POSITION					RATING LETTER
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					S

SECRET
(When Filled In)

SECTION C

NARRATIVE COMMENTS

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

JUN 14 3 27 11 '67

See attached memorandum.

SECTION D

CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

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

DATE

SIGNATURE

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

12

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

DATE

1 May 1967

OFFICIAL TITLE OF SUPERVISOR

Chief, WH/COG

TYPED OR PRINTED NAME AND SIGNATURE

Thomas J. Flores

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

Concur. Mr. [] is one of the relatively few Division officers who, having reached a senior position, still enjoys making recruitments and handling agents. He will be going to the field during the next calendar year to a senior assignment.

DATE

12 June 1967

OFFICIAL TITLE OF REVIEWING OFFICIAL

Deputy Chief, WH Division

TYPED OR PRINTED NAME AND SIGNATURE

Jacob D. Esterline

SECRET

SECRET

MEMORANDUM FOR THE RECORD

SUBJECT: Memorandum in Lieu of Fitness Report -
Mr. [REDACTED]

1. Mr. [REDACTED] reported to WH/Cuban Operations Group in February 1966 and immediately took over the functions of Chief of the FI Branch. This Branch is concerned with the conduct of positive intelligence operations on a world-wide basis [REDACTED] target. A small proportion of these operations were conducted directly from Headquarters (including the [REDACTED]). The larger number of these operations was conducted through [REDACTED] supervision involved the provision of staff support and guidance and extensive dealings with other Divisions and, to a lesser degree, with [REDACTED] Mr. [REDACTED] took hold of these duties quickly and forcefully and carried them out effectively and efficiently.

2. In July 1966, Mr. [REDACTED] was appointed Deputy Chief of the Cuban Operations Group. In this role his duties involved supervision of the totality of the operational effort, including FI, CI, [REDACTED] and [REDACTED]. Again, Mr. [REDACTED] undertook his broader duties forcefully and efficiently. He has shown qualities of leadership and good managerial skills in dealing with personnel and organizational matters.

3. During this period, Mr. [REDACTED] has primarily been interested in substantive operational matters. He has carried out efficiently and promptly those staff functions which I have assigned to him, but I detect a certain lack of interest in these. Probably this reflects his most outstanding ability and consuming interest in the real heart of our activities-- the production of intelligence and in the conduct of actions against our target. He has participated personally in several operations and is one of the relatively few senior officers who delights in handling agents and making recruitments.

SECRET

SECRET

4. Mr. [] is conscientious and economical in the use of operational assets, manpower and money. He is married to a charming young woman who is socially active, entertains well and is a real asset in representational activities.

5. Mr. [] Spanish is fluent and colloquial, and in combination with his extensive understanding of Latin America and its people contributes enormously to his effectiveness.

Thomas J. Flores
Thomas J. Flores
Chief, WH/COG

SECRET

SECRET
(When Filled In)

FITNESS REPORT					EMPLOYEE SERIAL NUMBER 060,110	
SECTION A GENERAL						
1. NAME		2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD	
				GS-15	L	
6. OFFICIAL POSITION TITLE Supt. Officer - CH			7. OFFICER OF ASSIGNMENT W. J. G. E.		8. CURRENT STATION Headquarters	
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT			
<input type="checkbox"/> CAREER	<input type="checkbox"/> RESERVE	<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> INITIAL	<input type="checkbox"/> REASSIGNMENT SUPERVISOR		
<input type="checkbox"/> CAREER-PROVISIONAL (See instructions - Section C)			<input checked="" type="checkbox"/> ANNUAL	<input type="checkbox"/> REASSIGNMENT EMPLOYEE		
<input type="checkbox"/> SPECIAL (Specify):			<input type="checkbox"/> SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P. 31 MAY 1966			12. REPORTING PERIOD (From - to) 1 December 1965 - 10 February 1966			
SECTION B PERFORMANCE EVALUATION						
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>						
SPECIFIC DUTIES						
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).						RATING LETTER
SPECIFIC DUTY NO. 1 SEE SECTION C.						
SPECIFIC DUTY NO. 2						RATING LETTER
SPECIFIC DUTY NO. 3						RATING LETTER
SPECIFIC DUTY NO. 4						RATING LETTER
SPECIFIC DUTY NO. 5						RATING LETTER
SPECIFIC DUTY NO. 6						RATING LETTER
OVERALL PERFORMANCE IN CURRENT POSITION						
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.						RATING LETTER

SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

OFFICE OF THE...

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 major assignments and test consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra sheets are needed to complete Section C, attach a separate sheet of paper.

Subject's last fitness report covered the period ^{MAIL ROOM} April - November 1965, while assigned to [redacted] he departed the Station 1 December 1965, arrived headquarters 13 December and was on home leave until his reassignment to DDP/WH Division on 16 February 1966. Therefore, no evaluation can be submitted on Subject's performance during that period. After 16 February 1966 his evaluations should be handled by DDP/WH.

[redacted]

LC/Personnel
European Division
29 September 1966

SECTION D

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE	SIGNATURE OF EMPLOYEE	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE

SECRET

SECRET

(WHEN FILLED IN)

CERTIFICATION OF LANGUAGE PROFICIENCY															
1. EMPLOYER NO.		2. NAME (LAST-FIRST-MIDDLE)				3. TYPE CHANGE		4. LANGUAGE DATA PRIOR TO TEST							
						A=ADD C=CHANGE D=DELETE		CODE	LAN. CODE	R	W	P	S	U	I/T YEAR
5. LANGUAGE DATA AFTER TEST				6. DATE TESTED		7. DATE OF BIRTH		8. GRADE	9. OFFICE OR DIVISION						
LAN. CODE	R	W	P	S	U	I/T YEAR			15	WH					
10. ON THE DATE SHOWN IN ITEM 6 ABOVE, YOU WERE TESTED IN <u>SPANISH (NEW WORLD) BL18</u> AND YOUR TEST SCORES ARE AS FOLLOWS: (NAME OF LANGUAGE)															
READING	WRITING	PRONUNCIATION	SPEAKING	UNDERSTANDING	TEST RATINGS										
I	+	II	II	II	0 = ZERO I = INTERMEDIATE 1 = SLIGHT II = HIGH 2 = ELEMENTARY III = NATIVE										
11. REMARKS								12. SIGNATURE							
CODED IS QUALIFICATIONS DATE								13. LD NUMBER							
								14653							

FORM 11-64 1273

OBsolete PREVIOUS EDITIONS

(16-65)

SECRET

GROUP 1 EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

1 - OP/98

SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				060389	
SECTION A GENERAL					
1. NAME (Last) (First) (Middle)		2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD
			M	GS-15	D
6. OFFICIAL POSITION TITLE			7. OFF. DIV. OR OF ASSIGNMENT		
Deputy Chief of Station			DDP/WE		
9. CHIEF (S) TYPE OF APPOINTMENT			10. CHECK (S) TYPE OF REPORT		
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY			INITIAL _____ REASSIGNMENT SUPERVISOR _____ ANNUAL _____ REASSIGNMENT EMPLOYEE _____ SPECIAL (Specify): _____		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to)		
			1 April 1965 - 15 November 1965		
SECTION B PERFORMANCE EVALUATION					
<p>W - <u>Weak</u> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counselling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - <u>Adequate</u> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - <u>Proficient</u> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - <u>Strong</u> Performance is characterized by exceptional proficiency.</p> <p>O - <u>Outstanding</u> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1					RATING LETTER
In charge of [] operations of the [] Station					S
SPECIFIC DUTY NO. 2					RATING LETTER
Supports other WE stations in the conduct of their [] operations, [] of operational and intelligence interests.					S
SPECIFIC DUTY NO. 3					RATING LETTER
[]					S
SPECIFIC DUTY NO. 4					RATING LETTER
Drafts operational dispatches and cables.					S
SPECIFIC DUTY NO. 5					RATING LETTER
In charge of Station during absences of the Chief of Station					S
SPECIFIC DUTY NO. 6					RATING LETTER
[]					[]
OVERALL PERFORMANCE IN CURRENT POSITION					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER
24 JAN 1966					S

SECRET
(When filled in)

JAN 21 2 48 PM '66

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

Subject is departing [] for an assignment PCS Headquarters following a tour of over [] years at the [] Station. During the past three and one-half years he has headed up the Station's [] operations, has acted as a coordinator of [] activities in Western Europe and has actively participated in operations in support of other WE stations.

Starting completely from scratch, the Station was able, under Subject's able direction, to develop extensive operations against the

[]

Subject is an officer of considerable energy and drive. He has a knack of [] and [] interesting contacts and much of the success of the Station's [] program was due to his [] connections in [] Subject was also able to [] [] in connection with certain aspects of the over-all program which could not be handled []

Subject has shown himself to be "cost conscious" in the utilization of funds and manpower. His [] unit of the Station was

SECTION D

CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

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

DATE

1 Dec 65

SIGNATURE OF EMPLOYEE

/s/ []

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

50

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

DATE

1 Dec 65

OFFICIAL TITLE OF SUPERVISOR

Chief of Station

TYPED OR PRINTED NAME AND SIGNATURE

/s/ []

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

Having observed subject's work only from Headquarters, my evaluation of his performance is based entirely on the results and production which he and the section which he supervised achieved. During the rating period, the station's [] operations were conducted vigorously with fine results. This report appears to be fair and objective.

DATE

10 Jan. 1966

OFFICIAL TITLE OF REVIEWING OFFICIAL

C/WE/S []

SECRET

SECTION C

NARRATIVE COMMENTS (continued)

composed (in addition to himself) of [redacted] officers and a secretary. Although he may be considered a "tough" supervisor in demanding the best of his subordinates, the record will show that he was able to build a very successful program.

During his tour at this Station, Subject made an important contribution toward the achievement of high priority targets. He is in every sense of the word an experienced, energetic and dedicated officer.

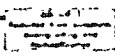
Since Subject's activities in support of other WE stations in the conduct of [redacted] operations were under the direction of Headquarters, the rating box for this specific duty has been left blank for completion by the appropriate Headquarters official.

SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				060389 ✓	
SECTION A			GENERAL		
1. NAME		2. DATE OF BIRTH		3. SEX	4. GRADE
				M	GS-15
5. OFFICIAL POSITION TITLE		7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION	
Ops Officer DCOS		DDP/WE			
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input checked="" type="checkbox"/>	CAREER	<input type="checkbox"/>	RESERVE	<input type="checkbox"/>	TEMPORARY
CAREER-PROVISIONAL (See Instructions - Section C)			X ANNUAL		
SPECIAL (Specify):			SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to)		
31 May 1965			1 April 1964 - 31 March 1965		
SECTION B			PERFORMANCE EVALUATION		
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1					RATING LETTER
Supervises Station's operations.					S
SPECIFIC DUTY NO. 2					RATING LETTER
Supports other WE stations in conduct of their operations, including of persons of operational and intelligence interest.					S
SPECIFIC DUTY NO. 3					RATING LETTER
Coordinator of operations for					S
SPECIFIC DUTY NO. 4					RATING LETTER
					S
SPECIFIC DUTY NO. 5					RATING LETTER
Drafts operational dispatches and cables.					S
SPECIFIC DUTY NO. 6					RATING LETTER
Assumes charge of Station during absence of Chief of Station.					S
OVERALL PERFORMANCE IN CURRENT POSITION					RATING LETTER
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					S

FORM 157 OBSOLETE PREVIOUS EDITIONS.

SECRET



SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective the 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.

During the period under review Subject's activities in support of ^{MAY 19 3 13 PM '65} [redacted] and his responsibilities as Coordinator of [redacted] activities for [redacted] have kept him away from the [redacted] Station approximately one half of the twelve month period. Since these activities were under the direction of Headquarters, and not this Station, the rater does not feel qualified to comment on Subject's performance of Specific Duties 2 and 3 and has therefore left those rating boxes blank for completion by the appropriate Headquarters' official.

With respect to Specific Duty 1, supervision of Station's [redacted] operations, Subject has applied himself aggressively and imaginatively to this task and the rater feels that Station's [redacted] operations have been maintained at a high level and have been an important contribution to KUBARK's world-wide effort against this priority target. Obviously Subject's frequent and prolonged absences from the Station have not permitted him to give this task his undivided attention or the day-to-day continuity that is so necessary and important.

In the conduct of the Station's [redacted] operations Subject has direct supervision of [redacted] officers, [redacted] full time and [redacted] part time [redacted] officer, and a secretary. Subject is an efficient organizer and supervisor. He thinks and writes clearly. He is fluent in Spanish. In the conduct of the extensive [redacted] operations he has shown himself to be

SECTION D

CERTIFICATION AND COMMENTS

(Cont'd.)

1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE	SIGNATURE OF EMPLOYEE	
1 April 1965	/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
1 April 1965	Chief of Station	/s/ [redacted]
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
I know subject and am thoroughly familiar with his work and performance. I concur in this report with one exception, namely the rating given subject for specific duty No. 6. Because of his travels which absented him from the Station for one-half of the past year, subject perforce was inadequately qualified to take charge of the station in the absence of the COS. Specializing on [redacted] operations entirely, he has but a limited knowledge of the station's other activities and considering only the effectiveness of his performance of this duty, I could not rate him higher than P. This is not a comment on his capability but rather an evaluation of his effectiveness in performance of this particular duty.		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	
12 May 1965	Chief, NE/S	

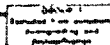
SECRET

SECTION C - (Cont'd.)

"cost conscious" both with respect to the commitment of funds and the utilization of man power. In a word, Subject is an experienced, energetic and dedicated officer.

SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				60389	
SECTION A GENERAL					
1. NAME (Last) (First) (Middle)		2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD
			M	GS-15	D
6. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT		
Ops. Officer			DDP/WE/		
8. CURRENT STATION			9. CHECK (X) TYPE OF APPOINTMENT		
			<input checked="" type="checkbox"/> CARRIER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C) <input type="checkbox"/> SPECIAL (Specify)		
11. DATE REPORT DUE IN O.P.			10. CHECK (X) TYPE OF REPORT		
31 May 1964			<input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYER <input type="checkbox"/> SPECIAL (Specify)		
12. REPORTING PERIOD (From- To-)			13. REPORTING PERIOD (From- To-)		
			1 April 1963 - 31 March 1964		
SECTION B PERFORMANCE EVALUATION					
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (Indicate number of employees supervised).					
SPECIFIC DUTY NO. 1 In charge of Station's operations. Responsible for planning directing and supervising all activities relating to spotting, assessing and recruiting of agents; collection of intelligence through operations conducted and					RATING LETTER S
SPECIFIC DUTY NO. 2 FROM Supports other WE Stations in conduct of their operations, including assessment, recruitment, debriefing and briefing of persons of operational and intelligence interest, as well as and					RATING LETTER S
SPECIFIC DUTY NO. 3 FOR Conducts personal on matters of mutual interest.					RATING LETTER S
SPECIFIC DUTY NO. 4 Drafts operational dispatches and cables.					RATING LETTER S
SPECIFIC DUTY NO. 5 Assumes charge of Station during absence of the Chief of Station.					RATING LETTER S
SPECIFIC DUTY NO. 6					RATING LETTER
OVERALL PERFORMANCE IN CURRENT POSITION					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER S
4 MAY 1964					



SECRET

(When Filled In)

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.</p> <p>During the period under review Subject's duties and activities have continued to be concentrated on the [] target. Subject's performance of those duties has been eminently satisfactory and have received the recognition and commendation of Headquarters. Subject is an all-round operations officer with considerable experience and no significant weaknesses. His strengths are his aggressive approach to his operational responsibilities, his sound judgment and his complete dedication to duty. Due to Subject's energy and imagination the [] Station has been able to develop a highly effective and well-balanced program of [] operations. In addition Subject has spent a good part of his time in support of high level [] operations outside of [] assignments which he has carried out with a high degree of professionalism and success. In every sense Subject can be classified as a man of action.</p> <p>In the conduct of the [] operations Subject has direct supervision of [] [] officer, and one secretary. In addition he maintains indirect supervision of a [] center, an [] shop and all activities relating to the [] and [] to the target country. Subject maintains contact with [] whose cooperation and support are needed for a good part of our overall operations and the excellent cooperation we have received from those [] attests to the skill of Subject. Subject, of course, is fluent in Spanish. His drafting of cables and dispatches is excellent. Subject has at all times exhibited cost consciousness in the planning and execution of his operational responsibilities. In a word Subject is an excellent officer and a credit to the organization in every respect.</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		
15 April 1964	/s/ []		
2. BY SUPERVISOR			
MONTHS EMPLOYER HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
15			
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
15 April 1964	Chief of Station	/s/ []	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
The reviewing official concurs in the high evaluation given this officer. He is a hard-driving, dedicated individual who is completely dedicated to his present task and assignment.			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TURE	
24 April 1964	Chief, WE/5		

MAY 1 12 20 PM '64

SECRET
(When Filled In)

FITNESS REPORT			EMPLOYEE SERIAL NUMBER 60289		
SECTION A GENERAL					
1. NAME (Last) (First) (Middle)		2. DATE OF BIRTH	3. SEX M	4. GRADE GS-15	5. SD D
6. OFFICIAL POSITION TITLE Operations Officer			7. OFF. DIVISION OF ASSIGNMENT WIS		
8. CHECK (X) TYPE OF APPOINTMENT			9. CURRENT STATION		
<input checked="" type="checkbox"/> CAREER	<input type="checkbox"/> RESERVE	<input type="checkbox"/> TEMPORARY		<input type="checkbox"/> REASSIGNMENT SUPERVISOR	
<input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)			<input checked="" type="checkbox"/> ANNUAL	<input type="checkbox"/> REASSIGNMENT EMPLOYEE	
<input type="checkbox"/> SPECIAL (Specify):			<input type="checkbox"/> SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P. 31 May 1963			12. REPORTING PERIOD (From - to) 1 April 1962 - 31 March 1963		
SECTION B PERFORMANCE EVALUATION					
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1 In charge of Station's [] operations. Responsible for planning, directing and supervising all activities relating to spotting, assessing and recruiting of agents; collection of intelligence through [] area, [] operations conducted with []					RATING LETTER S
SPECIFIC DUTY NO. 2 and from [] Supports other [] Stations in conduct of their [] operations, including assessment, recruitment, debriefing, and briefing of persons of operational and intelligence interest, as well as [] and [] to []					RATING LETTER S
SPECIFIC DUTY NO. 3 [] Conducts personal [] on matters of mutual interest					RATING LETTER P
SPECIFIC DUTY NO. 4 [] Drafts operational dispatches and cables					RATING LETTER S
SPECIFIC DUTY NO. 5 [] Assumes charge of Station during absence of the Chief of Station					RATING LETTER P
SPECIFIC DUTY NO. 6 []					RATING LETTER
OVERALL PERFORMANCE IN CURRENT POSITION					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER S
16 MAY 1963					

SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective 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.

During the period under review, Subject's duties and activities have been in the main devoted to the conduct of [redacted] operations. His performance of those duties has been characterized by vigor and imagination. Concrete results have been achieved. The Station's performance in connection with all phases of this top priority activity, carried out under Subject's supervision, has been the subject of commendatory comments from Headquarters. In addition to directing the Station's own [redacted] operations, Subject has been frequently called upon to support other [redacted] Stations in connection with various phases of their [redacted] operations, particularly in making both [redacted] and [redacted] to [redacted] for [redacted]. These assignments have been undertaken by Subject with much enthusiasm and a high degree of professionalism. As a matter of fact, Subject was away from [redacted] on these and similar missions for 120 days during calendar year 1962.

In the conduct of the [redacted] operations, Subject has direct supervision over [redacted] officers and indirect supervision of the [redacted] center, the [redacted] shop and all activities relating to the [redacted] and [redacted] of [redacted]. Through [redacted] with [redacted] and [redacted] he has been most successful in obtaining [redacted] cooperation in support of our operations. In addition, Subject has expended much of his after-hours time to maintaining [redacted].

Subject is fluent in Spanish. He is an efficient organizer and supervisor and thinks and writes clearly. In summary, he is an experienced, energetic and highly dedicated officer. While he is well qualified to take over his own Station, it is my hope, and recommendation, that he be given a second full tour here in [redacted]. In my opinion, it (continued in Part 3 below)

SECTION D

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE

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

DATE: 10 April 1963 SIGNATURE OF EMPLOYEE: /s/ [redacted]

2. BY SUPERVISOR

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

DATE: 10 April 1963 OFFICIAL TITLE OF SUPERVISOR: Chief of Station TYPED OR PRINTED NAME AND SIGNATURE: /s/ [redacted]

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL: would be a great mistake to move him from [redacted] until and unless there is a drastic and favorable change in the [redacted] situation.

DATE: 30 April 1963 OFFICIAL TITLE OF REVIEWING OFFICIAL: AC/uc/S

SECRET
(When Filled In)

FITNESS REPORT						EMPLOYEE SERIAL NUMBER 660389				
SECTION A GENERAL										
1. NAME (Last) (First) (Middle)		2. DATE OF BIRTH		3. SEX	4. GRADE					
5. SERVICE DESIGNATION		6. OFFICIAL POSITION TITLE		7. OFF/DIV/BR OF ASSIGNMENT						
D		OPS Officer								
8. CAREER STAFF STATUS			9. TYPE OF REPORT							
<input type="checkbox"/> NOT ELIGIBLE	<input type="checkbox"/> MEMBER	<input type="checkbox"/> DEFERRED	<input type="checkbox"/> INITIAL	<input type="checkbox"/> REASSIGNMENT/SUPERVISOR						
<input type="checkbox"/> PENDING	<input type="checkbox"/> DECLINED	<input type="checkbox"/> DENIED	<input type="checkbox"/> ANNUAL	<input type="checkbox"/> REASSIGNMENT/EMPLOYEE						
10. DATE REPORT DUE IN O.P.		11. REPORTING PERIOD From To		12. SPECIAL (Specify)						
		1 April - 31 Dec 61								
SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES										
List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).										
1 - Unsatisfactory 2 - Barely adequate 3 - Acceptable 4 - Competent 5 - Excellent 6 - Superior 7 - Outstanding										
SPECIFIC DUTY NO. 1 Deputy Chief of Station		RATING NO. 6	SPECIFIC DUTY NO. 4 Develops and maintains [redacted] with [redacted] of [redacted] for [redacted] operations			RATING NO. 6				
SPECIFIC DUTY NO. 2 Directs all [redacted] operations with [redacted] and supervises Station officers engaged in [redacted] duties		RATING NO. 6	SPECIFIC DUTY NO. 5 Supervises the operations of an [redacted]			RATING NO. 7				
SPECIFIC DUTY NO. 3 Personally conducts [redacted] with a number of [redacted]		RATING NO. 7	SPECIFIC DUTY NO. 6 Develops, recruits and handles agents for [redacted] operations			RATING NO. 5				
SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION										
Take into account everything about the employee which influences his effectiveness in his current position: performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.										
1 - Performance in many important respects fails to meet requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets basic requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding.						RATING NO. 5/6				
SECTION D DESCRIPTION OF THE EMPLOYEE										
In the rating boxes below, check (X) the degree to which each characteristic applies to the employee										
1 - Least possible degree		2 - Limited degree		3 - Normal degree		4 - Above average degree		5 - Outstanding degree		
CHARACTERISTICS				NOT APPLI- CABLE	NOT OB- SERVED	RATING				
						1	2	3	4	5
GETS THINGS DONE										X
RESOURCEFUL										X
ACCEPTS RESPONSIBILITIES										X
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES										X
DOES HIS JOB WITHOUT STRONG SUPPORT										X
FACILITATES SMOOTH OPERATION OF HIS OFFICE									X	
WRITES EFFECTIVELY									X	
SECURITY CONSCIOUS									X	
THINKS CLEARLY										X
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS									X	
OTHER (Specify):										

SEE SECTION "B" ON REVERSE SIDE

SECRET

(When Filled In)

SECTION E NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

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

Subject is a strong officer from every important point of view. He is experienced, intelligent, alert, aggressive, extremely hard working and conscientious. He is never satisfied with the status quo but is constantly striving to acquire new operational assets or to improve the functioning or production of old or current projects. He is tough-minded and abundantly endowed with intellectual as well as physical courage. If he has any one weakness, it is his impatience with subordinate officers and employees who do not tackle their operational duties with the same degree of zeal that he himself applies. His direct and forceful manner in calling such shortcomings to the attention of case officers under his direction has, on infrequent occasions, caused some minor and transitory resentment. In most cases, however, it has also resulted in improvement in the attitude and performance of the officer in question.

Subject is especially effective in his dealings with [redacted] and the fact that our [redacted] with the [redacted] are currently on a cordial and more productive basis is due mainly to the thought, energy and time which Subject has devoted to this important activity. At the same time, subject has not permitted [redacted] considerations to inhibit the planning and development of [redacted] operations and agents. In this connection he has been especially effective in developing valuable assets for [redacted] operations.

Subject has an outgoing personality; makes friends easily, especially among [redacted]. He is a mature person who is respected by his Station colleagues and by the senior [redacted] and other agency representatives with whom he maintains contact. He has direct supervision over [redacted] officers and clerks. He is a good administrator. He writes effectively. (Continued on attached sheet)

SECTION F CERTIFICATION AND COMMENTS

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

DATE 12 January 1962 SIGNATURE OF EMPLOYEE /s/ [redacted]

2. BY SUPERVISOR MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION 4 months IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.

EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS REPORT MADE WITHIN LAST 90 DAYS OTHER (Specify): DATE 12 January 1962 OFFICIAL TITLE OF SUPERVISOR Chief of Station TYPED OR PRINTED NAME AND SIGNATURE /s/ [redacted]

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

COMMENTS OF REVIEWING OFFICIAL I fully endorse the evaluation and comments of the supervisor. Subject is noteworthy for his calculated aggressiveness, initiative and determination. His stewardship of the [redacted] Station while he was Acting Chief was commendable. He reports well, is reasonable, and in my opinion has fully earned promotion to GS-15.

DATE 31 January 1962 OFFICIAL TITLE OF REVIEWING OFFICIAL Chief, WE... TYPED OR PRINTED NAME AND SIGNATURE [redacted]

SECRET

SECRET

As a well rounded operations officer and administrator, Subject is qualified to run his own station and, in my opinion, it would be an injustice to him if he is not assigned as chief of a medium sized station when his service in [] is completed. It is my hope, however, that Subject will be given a second tour at [] when his current tour ends in October 1962.

SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER 60389					
SECTION A GENERAL									
1. NAME [Redacted]		2. DATE OF BIRTH [Redacted]		3. SEX Male	4. GRADE GS-14				
5. SERVICE DESIGNATION D		6. OFFICIAL POSITION TITLE [Redacted]		7. OFF. DIV./BR OF ASSIGNMENT WE					
8. CAREER STAFF STATUS			9. TYPE OF REPORT						
<input type="checkbox"/> NOT ELIGIBLE	<input checked="" type="checkbox"/> MEMBER	<input type="checkbox"/> DEFERRED	<input type="checkbox"/> INITIAL	<input type="checkbox"/> REASSIGNMENT/SUPERVISOR	<input type="checkbox"/> REASSIGNMENT/EMPLOYEE				
<input type="checkbox"/> PENDING	<input type="checkbox"/> DECLINED	<input type="checkbox"/> DENIED	<input checked="" type="checkbox"/> ANNUAL	<input type="checkbox"/> REASSIGNMENT/SUPERVISOR	<input type="checkbox"/> REASSIGNMENT/EMPLOYEE				
10. DATE REPORT DUE IN O.P. 31 Mar 1961		11. REPORTING PERIOD From 3 Oct 60 To 31 Mar 61		SPECIAL (Specify)					
SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES									
List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).									
1 - Unsatisfactory	2 - Barely adequate	3 - Acceptable	4 - Competent	5 - Excellent	6 - Superior	7 - Outstanding			
SPECIFIC DUTY NO. 1 Deputy Chief of Station		RATING NO. 6	SPECIFIC DUTY NO. 4 Contacts with [Redacted] of [Redacted] in connection with operations in [Redacted]		RATING NO. 7				
SPECIFIC DUTY NO. 2 Directs all operations connected with [Redacted] and supervises other officers conducting same		RATING NO. 6	SPECIFIC DUTY NO. 5		RATING NO.				
SPECIFIC DUTY NO. 3 [Redacted]		RATING NO. 7	SPECIFIC DUTY NO. 6		RATING NO.				
SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION									
Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.									
1 - Performance in many important respects fails to meet requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets basic requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding.					RATING NO. 5-6				
SECTION D DESCRIPTION OF THE EMPLOYEE									
In the rating boxes below, check (X) the degree to which each characteristic applies to the employee									
1 - Least possible degree	2 - Limited degree	3 - Normal degree	4 - Above average degree	5 - Outstanding degree					
CHARACTERISTICS			NOT APPLICABLE	NOT OBSERVED	RATING				
					1	2	3	4	5
GETS THINGS DONE									X
RESOURCEFUL									X
ACCEPTS RESPONSIBILITIES									X
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES									X
DOES HIS JOB WITHOUT STRONG SUPPORT									X
FACILITATES SMOOTH OPERATION OF HIS OFFICE									X
WRITES EFFECTIVELY									X
SECURITY CONSCIOUS									X
THINKS CLEARLY									X
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS									X
OTHER (Specify):									

SECRET
(When Filled In)

OFFICE OF PERSONNEL
JUN 1 2 49 PM '61

SECTION E NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

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

This officer, who is Deputy Chief of Station and also Chief of [redacted] directly supervises a sizeable number of personnel involved in joint operations with [redacted] and directs the operations in which they are engaged. In the comparatively short time he has been in this Station he has succeeded in making major advances in our [redacted] to the point where we can now accomplish considerably more than before his arrival. He is energetic, imaginative, gets things done, and works round the clock — his off duty hours he employs mainly in [redacted] and other operational relationships. Furthermore, unlike some officers in [redacted] he is also most active developing [redacted] operations. As for his qualities as a deputy, suffice it to say that he is the best deputy I have had in my entire career with this organization — a truly outstanding officer, as reflected in the numerical ratings I have given him, whom I would be glad to have with me any place I may be assigned.

SECTION F CERTIFICATION AND COMMENTS

1. BY EMPLOYEE

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

DATE: 5 May 1961 SIGNATURE OF EMPLOYEE: /s/ [redacted]

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION: 7 IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION:

IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON:
EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS: REPORT MADE WITHIN LAST 90 DAYS:
OTHER (Specify):

DATE: 5 May 1961 OFFICIAL TITLE OF SUPERVISOR: TYPED OR PRINTED NAME AND SIGNATURE: /s/ Archibald B. Roosevelt

3. BY REVIEWING OFFICIAL

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

COMMENTS OF REVIEWING OFFICIAL: As much of Mr. [redacted] relatively short time in his present job, I do not feel sufficiently familiar with his performance to comment.

DATE: 17 May 1961 OFFICIAL TITLE OF REVIEWING OFFICIAL: TYPED OR PRINTED NAME AND SIGNATURE:

SECRET

SECRET
(When Filled In)

FITNESS REPORT

EMPLOYEE SERIAL NUMBER

SECTION A GENERAL

1. NAME: [Redacted] 2. DATE OF BIRTH: [Redacted] 3. SEX: M 4. GRADE: GS-14

5. SERVICE DESIGNATION: D 6. OFFICIAL POSITION TITLE: Ops Officer - Dep. Br. Chief 7. OFF/DIV/BR OF ASSIGNMENT: DDP/WE/5

8. CAREER STAFF STATUS: MEMBER 9. TYPE OF REPORT: REASSIGNMENT/SUPERVISOR

10. DATE REPORT DUE IN O.P. 11. REPORTING PERIOD: 15 June - 3 October 69

SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES

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

1 - Unsatisfactory 2 - Barely adequate 3 - Acceptable 4 - Competent 5 - Excellent 6 - Superior 7 - Outstanding

SPECIFIC DUTY NO. 1 Read, study and prepare for assignment to [Redacted] as Chief of [Redacted] and DCOS [Redacted]	RATING NO. 5/6	SPECIFIC DUTY NO. 4	RATING NO.
SPECIFIC DUTY NO. 2 Handle specific operational traffic involving WH activities in or related to [Redacted]	RATING NO. 5	SPECIFIC DUTY NO. 5	RATING NO.
SPECIFIC DUTY NO. 3 Prepare an assessment and plan for [Redacted]	RATING NO. 5	SPECIFIC DUTY NO. 6	RATING NO.

SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION

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

1 - Performance in many important respects fails to meet requirements.
2 - Performance meets most requirements but is deficient in one or more important respects.
3 - Performance clearly meets basic requirements.
4 - Performance clearly exceeds basic requirements.
5 - Performance in every important respect is superior.
6 - Performance in every respect is outstanding.

RATING NO.
5

SECTION D DESCRIPTION OF THE EMPLOYEE

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

1 - Least possible degree 2 - Limited degree 3 - Normal degree 4 - Above average degree 5 - Outstanding degree

CHARACTERISTICS	NOT APPL. CABLE	NOT OB. SERVED	RATING					
			1	2	3	4	5	
GETS THINGS DONE							X	
RESOURCEFUL							X	
ACCEPTS RESPONSIBILITIES								X
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES							X	
DOES HIS JOB WITHOUT STRONG SUPPORT							X	
FACILITATES SMOOTH OPERATION OF HIS OFFICE							X	
WRITES EFFECTIVELY							X	
SECURITY CONSCIOUS					X			
THINKS CLEARLY							X	
DISCIPLINE IN ORIGINATING, MAINTAINING AND CHECKING OF RECORDS							X	
OTHER (Specify):								

SECRET

(When Filled In)

SECTION E NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

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

In the limited period covered by this report Mr. [redacted] ^{MAIL ROOM} exhibited a professional competence based on experience. He accepted direction willingly and evidenced maturity and balance.

MAIL ROOM

Given the limited time on the desk and the preparatory nature of his tasks, there is no firm basis for judging his ability to handle subordinates or to make major substantive decisions. Available evidence, however, indicates no major weaknesses, and indeed, gives promise of considerable capacity.

SECTION F CERTIFICATION AND COMMENTS

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

2. BY SUPERVISOR	
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION
4	7/12 [redacted] is in [redacted]
IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.	
EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS	REPORT MADE WITHIN LAST 90 DAYS
OTHER (Specify)	

DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
2 May 1961	Chief, WE/5	Thomas F. Thiels

3. BY REVIEWING OFFICIAL	
<input checked="" type="checkbox"/>	I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.
<input type="checkbox"/>	I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.
<input type="checkbox"/>	I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.
<input type="checkbox"/>	I CANNOT MAKE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.

COMMENTS OF REVIEWING OFFICIAL

DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL
3 May 61	AD Chief, WE

SECRET

SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER 560389					
SECTION A GENERAL									
1. NAME		2. DATE OF BIRTH		3. SEX M	4. GRADE GS-14				
5. SERVICE DESIGNATION D		6. OFFICIAL POSITION TITLE IO CI		7. OFF/DIV/BR OF ASSIGNMENT DDP/CI/ICD					
8. CAREER STAFF STATUS			9. TYPE OF REPORT						
<input type="checkbox"/> NOT ELIGIBLE	<input checked="" type="checkbox"/> MEMBER	<input type="checkbox"/> DEFERRED	<input type="checkbox"/> INITIAL	<input type="checkbox"/> REASSIGNMENT/SUPERVISOR	<input type="checkbox"/> REASSIGNMENT/EMPLOYEE				
<input type="checkbox"/> PENDING	<input type="checkbox"/> DECLINED	<input type="checkbox"/> DENIED	<input checked="" type="checkbox"/> ANNUAL						
10. DATE REPORT DUE IN O.P. 30 April 1960		11. REPORTING PERIOD 8 March 59 - 31 March 60							
SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES									
List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).									
1 - Unsatisfactory	2 - Barely adequate	3 - Acceptable	4 - Competent	5 - Excellent	6 - Superior	7 - Outstanding			
SPECIFIC DUTY NO. 1 Supervision of CI/ICD Branch IV (WH). <input type="checkbox"/> research officers and <input type="checkbox"/> clerk-typist)		RATING NO. 5	SPECIFIC DUTY NO. 4 Review of WH Projects re CP operations; making of appropriate recommendations.		RATING NO. 5				
SPECIFIC DUTY NO. 2 Guidance & support of CP operations in WH, at Headquarters		RATING NO. 5	SPECIFIC DUTY NO. 5		RATING NO.				
SPECIFIC DUTY NO. 3 Direct, on-the-scene (TDY) support of CP operations in the field		RATING NO. 5	SPECIFIC DUTY NO. 6		RATING NO.				
SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION									
Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.									
1 - Performance in many important respects fails to meet requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets basic requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding.					RATING NO. 5				
SECTION D DESCRIPTION OF THE EMPLOYEE									
In the rating boxes below, check (X) the degree to which each characteristic applies to the employee									
1 - Least possible degree	2 - Limited degree	3 - Normal degree	4 - Above average degree	5 - Outstanding degree					
CHARACTERISTICS			NOT APPLICABLE	NOT OBSERVED	RATING				
					1	2	3	4	5
GETS THINGS DONE								X	
RESOURCEFUL								X	
ACCEPTS RESPONSIBILITIES									X
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES								X	
DOES HIS JOB WITHOUT STRONG SUPPORT								X	
FACILITATES SMOOTH OPERATION OF HIS OFFICE								X	
WRITES EFFECTIVELY							X		
SECURITY CONSCIOUS								X	
THINKS CLEARLY								X	
DISCIPLINE IN ORIGINATING, MAINTAINING AND EXPOSING OF RECORDS								X	
OTHER (Specify):									

SECRET
(When Filled In)

SECTION E NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

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

Mr. Williamson is very energetic and enthusiastic. He maintains excellent working relations with the WH Division. He has performed special operational tasks in the Field at the specific request of Chief, WHID. He is particularly well qualified for [] work in a Spanish-speaking country (e.g. [] or an important Latin American country).

OFFICE OF PERSONNEL
FEB 24 3 07 PM '60
WHID ROOM

SECTION F CERTIFICATION AND COMMENTS

1. BY EMPLOYEE

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

DATE: 18 Feb 1960 SIG: []

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION: 14
IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION:

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

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

DATE: 18 Feb OFFICIAL TITLE OF SUPERVISOR: Deputy Chief, CI/ICD TYPED OR PRINTED NAME: []

3. BY REVIEWING OFFICIAL

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

COMMENTS OF REVIEWING OFFICIAL:

DATE: 18 Feb OFFICIAL TITLE OF REVIEWING OFFICIAL: Chief, CI/ICD SIGNATURE: []

SECRET

Recorded by
CSPD

27 NOV 1959

[Handwritten signature]

24 November 1959

MEMORANDUM FOR: CS/Career Service Panel/Section A

SUBJECT: Fitness Report -

A fitness report was due on Mr. for the period 31 March 1959. Mr. was assigned to the CI Staff on 8 March 1959 after completion of an overseas tour with WH Division. A fitness report for the CI Staff for such a short period of time would serve no useful purpose.

c/CI/Support

SECRET

VIA: AIR
(SPECIFY AIR OR SEA ROUTE)

DISPATCH NO HNH-T-143

WIT-1

CONFIDENTIAL
CLASSIFICATION

TO : Chief, WHD

DATE: 4 September 1958

FROM : Chief of Station, Habana *SFR*

SUBJECT: GENERAL— Administrative/Personnel

SPECIFIC— Field Fitness Report - [REDACTED]

Reference: HNH-A-4049, 21 November 1957

Action Required: None; for Headquarters' information only

There has been no material change in the duties or performance of [REDACTED] since the submission of his last annual Field Fitness Report. Therefore, the above report, which was forwarded in the reference, may also be considered as the writer's final fitness report on [REDACTED]

[REDACTED]

Distributions:
3 - Headquarters
2 - Files

[REDACTED]

SFR/mnr

3 September 1958

Field Rec. Control [REDACTED] 1958
SEP 26 1958

SP-DF

CONFIDENTIAL
CLASSIFICATION

SECRET

(When Filled In)

FITNESS REPORT (Part I) PERFORMANCE

INSTRUCTIONS

FOR THE ADMINISTRATIVE OFFICER: Consult current instructions for completing this report.

FOR THE SUPERVISOR: This report is designed to help you express your evaluation of your subordinate and to transmit this evaluation to your supervisor and senior officials. Organization policy requires that you inform the subordinate where he stands with you. Completion of the report can help you prepare for a discussion with him of his strengths and weaknesses. It is also organization policy that you show Part I of this report to the employee except under conditions specified in Regulation 20-370. It is recommended that you read the entire form before completing any portion. If this is the initial report on the employee, it must be completed and forwarded to the Office of Personnel no later than 30 days after the date indicated in item 8, of Section "A" below.

SECTION A.

GENERAL

1. NAME (Middle) 2. DATE OF BIRTH 3. SEX M 4. SERVICE DESIGNATION DI
5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT DDP/WA/Habana Station 6. OFFICIAL POSITION TITLE Deputy Chief of Station
7. GRADE GS-14 8. DATE REPORT DUE IN OP 30 September 1957 9. PERIOD COVERED BY THIS REPORT (Inclusive dates) 30 September 1956 - 30 September 1957
10. TYPE OF REPORT (Check one) INITIAL REASSIGNMENT-SUPERVISOR SPECIAL (Specify)
X ANNUAL REASSIGNMENT-EMPLOYEE

SECTION B.

CERTIFICATION

1. FOR THE RATER: THIS REPORT [X] HAS [] HAS NOT BEEN SHOWN TO THE INDIVIDUAL RATED. IF NOT SHOWN, EXPLAIN WHY NOT.
4. CHECK (X) APPROPRIATE STATEMENTS:
[X] THIS REPORT REFLECTS MY OWN OPINIONS OF THIS INDIVIDUAL.
[X] THIS REPORT REFLECTS THE COMBINED OPINIONS OF MYSELF AND PREVIOUS SUPERVISORS.
[X] I HAVE DISCUSSED WITH THIS EMPLOYEE HIS STRENGTHS AND WEAKNESSES SO THAT HE KNOWS WHERE HE STANDS.
5. THIS DATE 15 November 1957 6. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR [Signature] 7. SUPERVISOR'S OFFICIAL TITLE Chief of Station

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

BY [Signature] DATE 24 Nov 1957
Ported Pcs Control [Signature]
Reviewed by PUS [Signature] 12/11/57

I certify that any substantial difference of opinion with the supervisor is reflected in the above section.
8. THIS DATE 29 Nov 57 9. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL [Signature] 10. OFFICIAL TITLE OF REVIEWING OFFICIAL C/WITB

SECTION C.

JOB PERFORMANCE EVALUATION

1. RATING OF GENERAL PERFORMANCE OF DUTIES
DIRECTIONS: Consider ONLY the productivity and effectiveness with which the individual being rated has performed his duties during the rating period. Compare him (ONLY) with others doing similar work at a similar level of responsibility. Factors other than productivity will be taken into account later in Section D.

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

REMARKS

SECRET

Dec 3 4 02 PM '57

7. RATINGS ON PERFORMANCE OF SPECIFIC DUTIES

DIRECTIONS:

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

ORAL BRIEFING GIVING LECTURES CONDUCTING SEMINARS WRITING TECHNICAL REPORTS CONDUCTING EXTERNAL LIAISON TYPING TAKING DICTATION SUPERVISING	MAN AND USES AREA KNOWLEDGE DEVELOPS NEW PROGRAMS ANALYZES INDUSTRIAL REPORTS MANAGES FILES OPERATES RADIO COORDINATES WITH OTHER OFFICES WRITES REGISTATIONS PREPARES CORRESPONDENCE	CONDUCTS INTERROGATIONS PREPARES SUMMARIES TRANSLATES GERMAN DEBRIEFING SOURCES KEEPS BOOKS DRIVES TRUCK MAINTAINS AIR-CONDITIONING EVALUATES SIGNIFICANCE OF DATA
--	--	---
- g. For some jobs, duties may be broken down even further if supervisor considers it advisable, e.g., combined key and phone operation, in the case of a radio operator.

OFFICE OF PERSONNEL
 MAIL ROOM
 Dec 3 4 02 PM '57
 MAIL ROOM

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

SPECIFIC DUTY NO. 1 Deputy Chief of Station	RATING NUMBER 5	SPECIFIC DUTY NO. 4 Handling agents and ops	RATING NUMBER 5
	RATING NUMBER 5	SPECIFIC DUTY NO. 5 Reporting	RATING NUMBER 4
SPECIFIC DUTY NO. 3 Contact and development of operational assets	RATING NUMBER 6	SPECIFIC DUTY NO. 6	RATING NUMBER

8. NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

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

Subject is an excellent Deputy Chief of Station. He is liked and respected by his co-workers in the Station and by superiors and colleagues in the establishment. His perseverance in developing and maintaining operational contacts in all fields has paid dividends. He has contributed sound advice and operational know-how to all Station officers' operations and has maintained our on a productive basis. He is extremely thoughtful. He prefers (and excels at) operational work as contrasted to routine paper work.

SECTION D. SUITABILITY FOR CURRENT JOB IN ORGANIZATION

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

- 1 - DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED
- 2 - OF DOUBTFUL SUITABILITY...WOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW
- 3 - A BARELY ACCEPTABLE EMPLOYEE...BETTER AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION
- 4 - OF THE SAME SUITABILITY AS MOST PEOPLE I KNOW IN THE ORGANIZATION
- 5 - A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS
- 6 - AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION
- 7 - EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION

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

SECRET

SECRET

(When Filled In)

FITNESS REPORT (Part II) POTENTIAL

INSTRUCTIONS

FOR THE ADMINISTRATIVE OFFICER: Consult current instructions for completing this report.

FOR THE SUPERVISOR: This report is a privileged communication to your supervisor, and to appropriate career management and personnel officials concerning the potential of the employee being rated. It is NOT to be shown to the rated employee. It is recommended that you read the entire report before completing any question. This report is to be completed only after the employee has been under your supervision 90 or LEAST 90 DAYS. If less than 90 days, hold and complete after the 90 days has elapsed. If this is the INITIAL RATING on the employee, however, it MUST be completed and forwarded to the OI no later than 30 days after the due date indicated in item 8 of Section "E" below.

SECTION E.

GENERAL

Form with fields for NAME (Last, First, Middle), DATE OF BIRTH, SEX (M), SERVICE DESIGNATION (DI), OFFICE/BRANCH OF ASSIGNMENT (DDP/WH/Habana Station), OFFICIAL POSITION/TITLE (Deputy Chief of Station), GRADE (GS-14), DATE REPORT DUE IN (30 September 1957), PERIOD COVERED BY THIS REPORT (30 September 1956 - 30 September 1957), TYPE OF REPORT (Check one: X INITIAL, ANNUAL), REASSIGNMENT SUPERVISOR, REASSIGNMENT EMPLOYEE, SPECIAL (Specify).

SECTION F.

CERTIFICATION

Form with fields for DATE (15 November 1957), TYPE OF PRINTED NAME AND SIGNATURE OF SUPERVISOR (Chief of Station), DATE OF REVIEWING OFFICIAL (29 Nov 57), TYPE OF PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL (J. King, C/W/H/D).

SECTION G.

ESTIMATE OF POTENTIAL

1. POTENTIAL TO ASSUME GREATER RESPONSIBILITIES. DIRECTIONS: Considering others of his grade and type of assignment, rate the employee's potential to assume greater responsibilities. Think in terms of the kind of responsibility encountered at the various levels in his kind of work.

Form with a list of 7 potential levels and a rating box containing the number 5.

2. SUPERVISORY POTENTIAL. DIRECTIONS: Answer this question: Has this person the ability to be a supervisor? [X] Yes [] No. If your answer is YES, indicate your opinion or guess of the level of supervisory ability this person will reach AFTER SLIGHT TRAINING. Indicate your opinion by placing the number of the descriptive rating below which comes closest to expressing your opinion in the appropriate column. If your rating is based on observing him supervise, note your rating in the "actual" column. If based on opinion of his potential, note the rating in the "potential" column.

Table with columns for ACTUAL, POTENTIAL, and DESCRIPTIVE SITUATION. Rows describe various supervisory scenarios like 'A GROUP USING THE BASIC JOB (truck drivers, stockholders technicians or professional specialists of various kinds)', 'A GROUP OF SUPERVISORS WHO DIRECT THE BASIC JOB (Second line supervisors)', 'A GROUP WHO MAY OR MAY NOT BE SUPERVISORS, WHOSE IS RESPONSIBLE FOR MAJOR PLANS, ORGANIZATION AND POLICY (Executive level)', 'WHEN CONTACT WITH IMMEDIATE SUBORDINATES IS NOT FREQUENT', 'WHEN IMMEDIATE SUBORDINATES' ACTIVITIES ARE DIVERSE AND NEED CAREFUL COORDINATION', 'WHEN IMMEDIATE SUBORDINATES INCLUDE MEMBERS OF THE SPECIAL OPS', and 'Other (Specify)'.

SECRET

OFFICE OF PERSONNEL

3. INDICATE THE APPROXIMATE NUMBER OF MONTHS THE RATEE EMPLOYEE HAS BEEN UNDER YOUR SUPERVISION
4 1/2 months

4. COMMENT CONCERNING POTENTIAL

Dec 3 4 02 PM '57

Subject is qualified to have his own station

MAIL ROOM

SECTION II.

FUTURE PLANS

1. TRAINING OR OTHER DEVELOPMENTAL EXPERIENCE PLANNED FOR THE INDIVIDUAL

Training upon re-assignment

2. NOTE OTHER FACTORS, INCLUDING PERSONAL CIRCUMSTANCES, TO BE TAKEN INTO ACCOUNT IN INDIVIDUAL'S FUTURE ASSIGNMENTS

Subject is very adaptable - is single - and will accept assignment anywhere. His [redacted] duties, briefly suspended through no fault of his own, have been fully re-established.

SECTION I.

DESCRIPTION OF INDIVIDUAL

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

X - HAVE NOT OBSERVED THIS; HENCE CAN GIVE NO OPINION AS TO HOW THE DESCRIPTION APPLIES TO THE INDIVIDUAL

- 1 - APPLIES TO THE INDIVIDUAL TO THE LEAST POSSIBLE DEGREE
- 2 - APPLIES TO INDIVIDUAL TO A LIMITED DEGREE
- 3 - APPLIES TO INDIVIDUAL TO AN AVERAGE DEGREE
- 4 - APPLIES TO INDIVIDUAL TO AN ABOVE AVERAGE DEGREE
- 5 - APPLIES TO INDIVIDUAL TO AN OUTSTANDING DEGREE

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

SECRET

SECRET

(When Filled In)

FITNESS REPORT (Part I) PERFORMANCE

INSTRUCTIONS

FOR THE ADMINISTRATIVE OFFICER: Consult current instructions for completing this report.

FOR THE SUPERVISOR: This report is designed to help you express your evaluation of your subordinate and to transmit this evaluation to your supervisor and senior officials. Organization policy requires that you inform the subordinate where he stands with you. Completion of the report can help you prepare for a discussion with him of his strengths and weaknesses. It is also organization policy that you show Part I of this report to the employee except under conditions specified in Regulation 20-370. It is recommended that you read the entire form before completing any question. If this is the initial report on the employee, it must be completed and forwarded to the Office of Personnel no later than 30 days after the date indicated in item B. of Section A. below.

SECTION A. GENERAL

1. NAME (Last) (First) (Middle) 2. DATE OF BIRTH 3. SEX M 4. SERVICE DESIGNATION DI
5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT 6. OFFICIAL POSITION TITLE DCOS
7. GRADE GS-13 8. DATE REPORT DUE IN OP 30 September 1956 9. PERIOD COVERED BY THIS REPORT (Inclusive dates) 30 September 1955 - 30 September 1956
10. TYPE OF REPORT (Check one) X ANNUAL

SECTION B. CERTIFICATION

1. FOR THE RATER: THIS REPORT HAS NOT BEEN SHOWN TO THE INDIVIDUAL RATED. IF NOT SHOWN, EXPLAIN WHY NOT. in field.
A. CHECK (X) APPROPRIATE STATEMENT(S):
X THIS REPORT REFLECTS MY OWN OPINIONS OF THIS INDIVIDUAL.
X THIS REPORT REFLECTS THE COMBINED OPINIONS OF MYSELF AND PREVIOUS SUPERVISORS.
X I HAVE DISCUSSED WITH THIS EMPLOYEE HIS STRENGTHS AND WEAKNESSES SO THAT HE KNOWS WHERE HE STANDS.
B. THIS DATE 16 October 1956
C. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR
D. SUPERVISOR'S OFFICIAL TITLE Chief of Station

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

Posted for [Signature] DATE 11/19/56 11/20/56

I certify that any substantial difference of opinion with the supervisor is reflected in the above section.
A. THIS DATE 13 Nov 1956
B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL J. C. KING
C. OFFICIAL TITLE OF REVIEWING OFFICIAL Chief, WHD

SECTION C. JOB PERFORMANCE EVALUATION

1. RATING ON GENERAL PERFORMANCE OF DUTIES
DIRECTIONS: Consider ONLY the productivity and effectiveness with which the individual being rated has performed his duties during the rating period. Compare him ONLY with others doing similar work at a similar level of responsibility. Factors other than productivity will be taken into account later in Section D.
5 - DOES NOT PERFORM DUTIES ADEQUATELY. HE IS INCOMPETENT.
2 - BARELY ADEQUATE IN PERFORMANCE. ALTHOUGH HE HAS HAD SPECIFIC GUIDANCE OR TRAINING HE OFTEN FAILS TO CARRY OUT RESPONSIBILITIES.
3 - PERFORMS MOST OF HIS DUTIES ACCEPTABLY. OCCASIONALLY REVEALS SOME AREA OF WEARINESS.
4 - PERFORMS DUTIES IN A COMPETENT, EFFECTIVE MANNER.
5 - A FINE PERFORMANCE. CARRIES OUT MANY OF HIS RESPONSIBILITIES EXCEPTIONALLY WELL.
6 - PERFORMS HIS DUTIES IN SUCH AN OUTSTANDING MANNER THAT HE IS EQUALLED BY FEW OTHER PERSONS KNOWN TO THE SUPERVISOR.

COMMENTS

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(When Filled In)

OFFICE OF PERSONNEL
 Nov 19 10 59 AM '56
 MAIL ROOM

2. RATINGS ON PERFORMANCE OF SPECIFIC DUTIES

DIRECTIONS:

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

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

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

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

SPECIFIC DUTY NO. 1	RATING NUMBER	SPECIFIC DUTY NO. 2	RATING NUMBER
Deputy Chief of Station	5	Handling agents and operations	5
Liaison with Bureau of Investigations	5	Reporting	4
Contact and development of operational assets	6		

3. NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

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

Subject is outstanding in the development and maintenance of [redacted] He has a wide acquaintance [redacted] and [redacted] He has demonstrated administrative and executive ability. He prefers outside contact work to routine desk work.

SECTION D. SUITABILITY FOR CURRENT JOB IN ORGANIZATION

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

- DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED
- OF DOUBTFUL SUITABILITY - SHOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW
- A BARELY ACCEPTABLE EMPLOYEE - BELOW AVERAGE BUT WITH NO BLEMISHES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION
- OF THE SAME SUITABILITY AS MOST PEOPLE I KNOW IN THE ORGANIZATION
- A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS
- AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION
- EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION

IS THIS INDIVIDUAL BETTER SUITED FOR WORK IN SOME OTHER POSITION IN THE ORGANIZATION? YES NO

EXPLAIN FULLY:

SECRET

(When Filled In)

FITNESS REPORT (Part II) POTENTIAL

INSTRUCTIONS

FOR THE ADMINISTRATIVE OFFICER: Consult current instructions for completing this report.

FOR THE SUPERVISOR: This report is a privileged communication to your supervisor, and to appropriate career management and personnel officials concerning the potential of the employee being rated. It is NOT to be shown to the rated employee. It is recommended that you read the entire report before completing any question. This report is to be completed only after the employee has been under your supervision for AT LEAST 90 DAYS. If less than 90 days, hold and complete after the 90 days has elapsed. If this is the INITIAL PERIOD on the employee, however, it MUST be completed and forwarded to the HQ no later than 30 days after the due date indicated in item 5 of Section "E" below.

SECTION E.

GENERAL

Form with fields for NAME (Last, First, Middle), DATE OF BIRTH, SEX (M, F), SERVICE DESIGNATION, OFFICE/DIVISION/BRANCH OF ASSIGNMENT, OFFICIAL POSITION TITLE, GRADE, DATE REPORT DUE IN OP, PERIOD COVERED BY THIS REPORT, TYPE OF REPORT (Check one), INITIAL, REASSIGNMENT-SUPERVISOR, REASSIGNMENT-EMPLOYEE, SPECIAL (Specify).

SECTION F.

CERTIFICATION

Form with fields for SUPERVISOR'S CERTIFICATION (Date, Typed or Printed Name and Signature, Supervisor's Official Title) and REVIEWING OFFICIAL'S CERTIFICATION (Date, Typed or Printed Name and Signature, Reviewing Official's Official Title).

SECTION G.

ESTIMATE OF POTENTIAL

Form for ESTIMATE OF POTENTIAL. Includes instructions for rating potential to assume greater responsibilities and a list of 7 rating criteria. A box contains the number 6.

2 SUPERVISORY POTENTIAL

DIRECTIONS: Answer this question: Has this person the ability to be a supervisor? [X] Yes [] No. If your answer is YES, indicate below your opinion as to the level of supervisory ability this person will reach AFTER SUITABLE TRAINING. Indicate your opinion by placing the number of the descriptive rating below which comes closest to expressing your opinion in the appropriate column. If your rating is based on observing him supervise, note your rating in the "actual" column. If based on opinion of his potential, note the rating in the "potential" column.

Table with columns for ACTUAL, POTENTIAL, and DESCRIPTIVE SITUATION. Rows describe various supervisory levels from first-line to executive level.

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(When Filled In)

OFFICE OF PERSONNEL

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MAIL ROOM

3. INDICATE THE APPROXIMATE NUMBER OF MONTHS THE RATED EMPLOYEE HAS BEEN UNDER YOUR SUPERVISION
25

4. COMMENTS CONCERNING POTENTIAL
subject is capable of having a station of his own.

SECTION II. FUTURE PLANS

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

2. NOTE OTHER FACTORS, INCLUDING PERSONAL CIRCUMSTANCES, TO BE TAKEN INTO ACCOUNT IN INDIVIDUAL'S FUTURE ASSIGNMENTS
Subject is single and willing to go anywhere.

SECTION I. DESCRIPTION OF INDIVIDUAL

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

X - HAVE NOT OBSERVED THIS; HENCE CAN GIVE NO OPINION AS TO HOW THE DESCRIPTION APPLIES TO THE INDIVIDUAL

CATEGORY NUMBER
 1 - APPLIES TO THE INDIVIDUAL TO THE LEAST POSSIBLE DEGREE
 2 - APPLIES TO INDIVIDUAL TO A LIMITED DEGREE
 3 - APPLIES TO INDIVIDUAL TO AN AVERAGE DEGREE
 4 - APPLIES TO INDIVIDUAL TO AN ABOVE AVERAGE DEGREE
 5 - APPLIES TO INDIVIDUAL TO AN OUTSTANDING DEGREE

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

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(When Filled In)

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FIELD FITNESS REPORT

The Fitness Report is an important factor in organization personnel management. It seeks to provide:
1. The organization selection board with information of value when considering the appointment of an individual for membership in the career staff, and
2. A periodic record of job performance and effective utilization.

1955 OCT 20 PM 2:34

CODED

INSTRUCTIONS

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

TO THE FIELD SUPERVISOR: Read the entire form before attempting to complete any item. As the supervisor who assigns, directs and reviews the work of the individual, you have primary responsibility for evaluating his strengths, weaknesses, and on-the-job effectiveness as

revealed by his day-to-day activities. If this individual has been under your supervision for less than 30 days, you will collaborate, if practicable, with his previous supervisors to make sure the report is accurate and complete. Primary responsibility rests with the current supervisor. It is assumed that, throughout the period this individual has been under your supervision, you have discharged your supervisory responsibilities by frequent discussions of his work, so that in a general way he knows where he stands.

A copy of report due 25 Mar 56

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

*CS 110621
10/21/55*

SECTION I

LEAVE BLANK - FOR HEADQUARTERS USE ONLY		1. DATE OF BIRTH	2. SEX	3. SERVICE DESIGNATION
			M	ENGINEER D1
4. GRADE	3. STATION DESIGNATION (Current)			
GS-13	Intelligence Officer - KUTUBE			
6. DUE DATE OF THIS REPORT	7. PERIOD COVERED BY THIS REPORT (Inclusive dates)			
30 September 1955	30 September 1954 - 30 September 1955			

SECTION II (To be completed by field supervisor)

1. CURRENT POSITION	2. DATE ASSUMED RESPONSIBILITY FOR POSITION
Intelligence Officer - KUTUBE (Acting Deputy Chief of Station) 0136, J1	10 August 1955
3. STATE THE SPECIFIC ASSIGNMENTS OR TASKS WHICH ARE TYPICAL OF THOSE GIVEN TO THE EMPLOYEE DURING THE PAST THREE TO SIX MONTHS (List in order of frequency)	
<ul style="list-style-type: none"> a. Acting Deputy Chief of Station b. Liaison with Bureau of Investigations c. Contacts and development of operational assets d. Handling agents e. Reporting 	

SECTION III (To be completed at headquarters only)

DO NOT COMPLETE - FOR HEADQUARTERS USE ONLY

AUTHENTICATION OF REPORT AND SIGNATURES	
1. NAME OF BUREAU (Print)	1. NAME OF REVIEWING OFFICIAL IN FIELD (Print)
3. THIS REPORT <input checked="" type="checkbox"/> WAS NOT SHOWN TO THE INDIVIDUAL BEING RATED	
4. DATE REPORT RECEIVED BY HQ	NAME AND SIGNATURE OF ADMINISTRATIVE OR PERSONNEL OFFICER AT HEADQUARTERS AUTHORIZED TO AUTHENTICATE FITNESS REPORT AND SIGNATURES
Oct 13, 1955	<i>J. King</i>

DO NOT COMPLETE - FOR HEADQUARTERS USE ONLY

SECRET
(When Filled In)

SECTION IV

This section is provided as an aid in describing the individual. Your description of the individual or unfavorable in itself but acquires its meaning in relation to a particular job or assignment. The descriptive words are to be interpreted literally.

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

OFFICE OF PERSONNEL
MAIL ROOM

STATEMENTS	CATEGORIES	NOT OBSERVED			DOES NOT APPLY			APPLIES TO A LIMITED DEGREE			APPLIES TO A REASONABLE DEGREE			APPLIES TO AN ABOVE AVERAGE DEGREE			APPLIES TO AN OUTSTANDING DEGREE					
		1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3			
A. ABLE TO SEE ANOTHER'S POINT OF VIEW.	SAMPLES						X															
B. PRACTICAL.													X									
1. A GOOD REPORTER OF EVENTS.													X									
2. CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES.																X						
3. CAUTIOUS IN ACTION.													X									
4. HAS INITIATIVE.																X						
5. UNEMOTIONAL.																X						
6. ANALYTIC IN HIS THINKING.													X									
7. CONSTANTLY STRIVING FOR NEW KNOWLEDGE AND IDEAS.													X									
8. GETS ALONG WITH PEOPLE AT ALL SOCIAL LEVELS.																X						
9. HAS SENSE OF HUMOR.																X						
10. KNOWS WHEN TO SEEK ASSISTANCE.																X						
11. CALM.																X						
12. CAN GET ALONG WITH PEOPLE.																			X			
13. MEMORY FOR FACTS.													X									
14. GETS THINGS DONE.																X						
15. KEEPS ORIENTED TOWARD LONG TERM GOALS.													X									
16. CAN COPE WITH EMERGENCIES.																X						
17. HAS HIGH STANDARDS OF ACCOMPLISHMENT.																X						
18. HAS STAMINA. CAN KEEP GOING A LONG TIME.																X						
19. HAS WIDE RANGE OF INFORMATION.																X						
20. SHOWS ORIGINALITY.													X									
21. ACCEPTS RESPONSIBILITIES.																X						
22. ADMITS HIS ERRORS.													X									
23. RESPONDS WELL TO SUPERVISION.																X						
24. EVEN DISPOSITION.																			X			
25. ABLE TO GET ON WELL WITH OTHERS.																X						

SECRET
(When Filled In)

C. INDICATE IF YOU THINK THAT ANY SINGLE STRENGTH OR WEAKNESS OUTWEIGHS ALL OTHER CONSIDERATIONS

No. _____ OFFICE OF PERSONNEL

D. DO YOU FEEL THAT HE REQUIRES CLOSE SUPERVISION? NO YES. IF YES, IF "OCT 17" 9 52 AM '55

E. WHAT TRAINING DO YOU RECOMMEND FOR THIS INDIVIDUAL? MAIL ROOM
Additional experience in field and at Headquarters and refresher courses.

F. OTHER COMMENTS (Indicate here general traits, specific habits or characteristics not covered elsewhere in the report but which have a bearing on effective utilization of this person).
I would be pleased to have Subject serve with me at any post.

SECTION VI

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

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

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SECRET
(When Filled In)

WH/6

FIELD FITNESS REPORT

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

INSTRUCTIONS

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

TO THE FIELD SUPERVISOR: Read the entire form before attempting to complete any item. As the supervisor who assigns, directs and reviews the work of the individual, you have primary responsibility for evaluating his strengths, weaknesses, and on-the-job effectiveness as

revealed by his day-to-day activities. In each individual-
reviewed by his day-to-day activities. In each individual-
days, you will collaborate with his
previous supervisors to ensure that the report is accurate
and complete. ~~It is assumed that throughout the
period this individual has been under your supervision,
you have had the opportunity to observe his performance
and to discuss it with him. It is your responsibility to
review his performance and to make a general
evaluation of his performance.~~

F1
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IT IS OPTIONAL WHETHER OR NOT THIS FITNESS REPORT IS SHOWN TO THE PERSON BEING RATED

SECTION I

LEAVE PLANS - FOR HEADQUARTERS USE ONLY		1. DATE OF BIRTH	2. GRADE	3. SERVICE DESIGNATION
			M	KUFIRE SD-F1
4. GRADE	5. STATION DESIGNATION (Current)			
GS-13	Intelligence Officer - KUFIRE			
6. DUE DATE OF THIS REPORT		7. PERIOD COVERED BY THIS REPORT (Inclusive dates)		
30 September 1954		17 June - 30 September 1954		

SECTION II (To be completed by field supervisor)

1. CURRENT POSITION	2. FIELD SUPERVISOR'S RESPONSIBILITY FOR POSITION
Intelligence Officer - KUFIRE 6-013651-11	14 February 1954 19 January 1955 BAF-116

3. STATE THE SPECIFIC ASSIGNMENTS OR TASKS WHICH ARE TYPICAL OF THOSE GIVEN TO THE EMPLOYEE DURING THE PAST THREE TO SIX MONTHS (List in order of frequency)
- A. Liaison with Servicio de Inteligencia Militar and Buro de Investigaciones
 - B. Contacts and development of operational assets
 - C. Handling agents
 - D. Reporting

SECTION III (To be completed at Headquarters only)

DO NOT COMPLETE - FOR HEADQUARTERS USE ONLY

AUTHENTICATION OF REPORT AND SIGNATURES	
1. NAME OF RATER (True)	2. NAME OF REVIEWING OFFICIAL IN FIELD (True)
Robert E. WHEDBEE	
3. THIS REPORT <input type="checkbox"/> WAS <input checked="" type="checkbox"/> WAS NOT SHOWN TO THE INDIVIDUAL BEING RATED	
4. DATE REPORT AUTHENTICATED AT HQB.	5. NAME AND SIGNATURE OF ADMINISTRATIVE OR PERSONNEL OFFICER AT HEADQUARTERS AUTHORIZED TO AUTHENTICATE FITNESS REPORT AND SIGNATURES
18 Jan 1955	g. King

DO NOT COMPLETE - FOR HEADQUARTERS USE ONLY

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(When Filled In)

SECTION IV

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

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

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

C. INDICATE IF YOU THINK THAT ANY SINGLE STRENGTH OR WEAKNESS OUTWEIGHS ALL OTHER CONSIDERATIONS
No. See above.

JAN 24 12 38 PM '55

D. DO YOU FEEL THAT HE REQUIRES CLOSE SUPERVISION? YES NO. IF YES, WHY?
But his profligate nature makes him seek counsel and advice when he is quite capable of making the right decision himself.

E. WHAT TRAINING DO YOU RECOMMEND FOR THIS INDIVIDUAL?
Additional experience in the field and at Headquarters, plus refresher courses.

F. OTHER COMMENTS (Indicate here general traits, specific habits or characteristics not covered elsewhere in the report but which have a bearing on effective utilization of this person):

SECTION VI

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

A. DIRECTIONS: Consider only the skill with which the person has performed the duties of his job and rate him accordingly.
 1. DOES NOT PERFORM DUTIES ADEQUATELY; HE IS INCOMPETENT.
 2. BARELY ADEQUATE IN PERFORMANCE; ALTHOUGH HE HAS HAD SPECIFIC GUIDANCE OR TRAINING, HE OFTEN FAILS TO CARRY OUT RESPONSIBILITIES COMPLETELY.
 3. PERFORMS MOST OF HIS DUTIES ACCEPTABLY; OCCASIONALLY REVEALS SOME AREA OF WEAKNESS.
 4. PERFORMS DUTIES IN A TYPICALLY COMPETENT, EFFICIENT MANNER.
 5. A FINE PERFORMANCE; CARRIES OUT MANY OF HIS RESPONSIBILITIES EXCEPTIONALLY WELL.
 6. PERFORMS HIS DUTIES IN SUCH AN OUTSTANDING MANNER THAT HE IS EQUALLED BY FEW OTHER PERSONS KNOWN TO THE RATER.
IS THIS INDIVIDUAL BETTER QUALIFIED FOR WORK IN SOME OTHER AREA? NO YES. IF YES, WHAT?

C. DIRECTIONS: Based upon what he has said, his actions, and any other indications, give your opinion of this person's attitude toward the organization.
 1. HAS AN ANTAGONISTIC ATTITUDE TOWARD THE AGENCY... WILL DEFINITELY LEAVE THE ORGANIZATION AT THE FIRST OPPORTUNITY.
 2. HAS STRONG NEGATIVE ATTITUDE TOWARD ORGANIZATION... IRRATED BY RESTRICTIONS... REGARDS AGENCY AS A TEMPORARY STOP UNTIL HE CAN GET SOMETHING BETTER.
 3. TENDS TO HAVE AN UNFAVORABLE ATTITUDE TOWARD THE ORGANIZATION... BOTHERED BY MINOR FRUSTRATIONS... WILL WIT UP IF THESE CONTINUE.
 4. HIS ATTITUDE TOWARD THE ORGANIZATION IS INDIFFERENT... HAS "WAIT AND SEE" ATTITUDE... WOULD LEAVE IF SOMEONE OFFERED HIM SOMETHING BETTER.
 5. TENDS TO HAVE FAVORABLE ATTITUDE TOWARD ORGANIZATION... MAKES ALLOWANCES FOR RESTRICTIONS IMPOSED BY WORKING FOR ORGANIZATION... THINKS IN TERMS OF A CAREER IN THE ORGANIZATION.
 6. DEFINITELY HAS FAVORABLE ATTITUDE TOWARD THE ORGANIZATION... BARRING AN UNEXPECTED OUTSIDE OPPORTUNITY... WILL PROBABLY ENDEAVOR TO MAKE A CAREER IN THE ORGANIZATION.
 7. HAS AN ENTHUSIASTIC ATTITUDE TOWARD THE ORGANIZATION... WILL PROBABLY NEVER CONSIDER SORRING ANY PLACE BUT IN THE ORGANIZATION.

B. DIRECTIONS: Considering others of this person's grade and type of assignment, how would you rate him on potentiality for assumption of greater responsibilities normally indicated by promotion.
 1. HAS REACHED THE HIGHEST GRADE LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED.
 2. IS MAKING PROGRESS, BUT NEEDS MORE TIME IN PRESENT GRADE BEFORE PROMOTION TO A HIGHER GRADE CAN BE RECOMMENDED.
 3. IS READY TO TAKE ON RESPONSIBILITIES OF THE NEXT HIGHER GRADE, BUT MAY NEED TRAINING IN SOME AREAS.
 4. WILL PROBABLY ADJUST QUICKLY TO THE MORE RESPONSIBLE DUTIES OF THE NEXT HIGHER GRADE.
 5. IS ALREADY PERFORMING AT THE LEVEL OF THE NEXT HIGHER GRADE.
 6. AN EXCEPTIONAL PERSON WHO IS ONE OF THE FEW WHO SHOULD BE CONSIDERED FOR RAPID ADVANCEMENT.

D. DIRECTIONS: Consider everything you know about this person in making your rating... skill in job duties, conduct on the job, personal characteristics or habits, and special defects or talents.
 1. DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED.
 2. OF DOUBTFUL SUITABILITY... WOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW.
 3. A BARELY ACCEPTABLE EMPLOYEE... DEFINITELY BELOW AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION.
 4. A TYPICAL EMPLOYEE... HE DISPLAYS THE SAME SUITABILITY AS MOST OF THE PEOPLE I KNOW IN THE ORGANIZATION.
 5. A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS.
 6. AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION.
 7. EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION.

2. OPERATION'S OFFICER, (use officer for [redacted]) Developmental work on additional sources of intelligence information. Research work on leading [redacted] personalities to examine [redacted]

3. IF COURSES OF INSTRUCTION WERE COMPLETED DURING PERIOD OF THIS REPORT, LIST TITLE, LOCATION OF SCHOOL, LENGTH OF COURSE AND DATE COMPLETED. None

8. PROFICIENCY IN FOREIGN LANG.	READING			SPELLING			UNDERSTANDING		
	EXC	GOOD	FAIR	EXC	GOOD	FAIR	EXC	GOOD	FAIR
		X			X			X	

5. MY PREFERENCE FOR NEXT DUTY AFTER TERMINATION OF CURRENT ASSIGNMENT IS/ARE IN US-50 STATE:

TYPE OF DUTY: Operation Officer

LOCATION: [redacted]

II II

II II

(LIST ONE OR MORE IN ORDER OF PREFERENCE)

6. HAVE THERE BEEN ANY CHANGES IN PERSONAL STATUS SINCE ORIGINAL EMPLOYMENT OR LAST REPORT - WHICHEVER IS LATEST?

MARITAL STATUS: YES NO NUMBER OF DEPENDENTS: YES NO EMERGENCY ADDRESSEE: YES NO LEGAL ADDRESS: YES NO

IF THE ANSWER TO ANY OF THE ABOVE IS YES, ATTACH A SEPARATE DETAILED REPORT IN DUPLICATE HERETO. IN THE CASE OF MARRIAGE, THE REPORT WILL INCLUDE NAMES, ADDRESSES, AND CITIZENSHIP OF SPOUSE, FATHER-IN-LAW, MOTHER-IN-LAW, BROTHERS-IN-LAW AND SISTERS-IN-LAW.

1 June 1959
DATE

SECTIONS 7 THROUGH 11 TO BE COMPLETED BY IMMEDIATE SUPERVISOR

7. PERIOD COVERED BY THIS REPORT: DATE FROM 20 April '53 DATE TO 1 June '53

OCCASION FOR REPORT: ANNUAL REASSIGNMENT OF REPORTING OFFICER PROPOSED REASSIGNMENT OF EMPLOYEE REPORTED ON COVERING INITIAL 90 DAYS OF EMPLOYMENT

8. IS THIS EMPLOYEE QUALIFIED TO PERFORM ALL PRESENT DUTIES? YES NO IS EMPLOYEE BETTER QUALIFIED FOR OTHER DUTIES? YES NO IF SO, WHAT DUTY OR DUTIES _____

DO YOU CONCUR IN EMPLOYEE'S DESCRIPTION OF DUTIES UNDER SECTION 2? YES NO IF NO, EXPLAIN IN SECTION 11

HAS EMPLOYEE STRIVEN FOR PROFESSIONAL IMPROVEMENT? YES NO DO YOU RECOMMEND EMPLOYEE FOR PROMOTION? YES NO IF SO, TO WHAT GRADE AND FOR WHAT POSITION? Due to short time in field

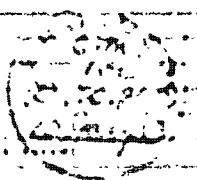
9. FOR EACH FACTOR OBSERVED CHECK THE APPROPRIATE BOX TO INDICATE HOW THE EMPLOYEE COMPARES WITH ALL OTHERS OF THE SAME CLASSIFICATION WHOSE PROFESSIONAL ABILITIES ARE KNOWN TO YOU PERSONALLY. DO NOT LIMIT THIS COMPARISON TO THE OTHERS NOW UNDER YOUR SUPERVISION. DO NOT HESITATE TO MARK 'NOT OBSERVED' ON ANY QUALITY WHEN APPROPRIATE.

RATING FACTORS	NOT OBSERVED	UNSATISFACTORY	FAIR	GOOD	VERY GOOD	EXCELLENT	OUTSTANDING
A. ABILITY TO WORK AND GET ALONG WITH PEOPLE						X	
B. INTEREST AND ENTHUSIASM IN WORK						X	
C. SECURITY CONSCIOUSNESS						X	
D. ABILITY TO GRASP INSTRUCTIONS AND PLANS						X	
E. ATTENTION TO DUTY						X	
F. JUDGMENT AND COMMON SENSE						X	
G. ABILITY TO OBTAIN RESULTS AND GET THINGS DONE					X		
H. DISCRETION					X		
I. INITIATIVE						X	
J. ABILITY TO HANDLE AND DIRECT PEOPLE					X		
K. PERFORMANCE OF PRESENT DUTIES (ITEM 2)					X		
L. ABILITY TO EVALUATE INTELLIGENCE INFORMATION						X	
M. TACT						X	
N. SACACITY (IRON-GULLIBILITY)					X		
O. LEADERSHIP					X		
P. PHYSICAL STAMINA					X		
Q. MENTAL STAMINA					X		

10. INDICATE YOUR ATTITUDE TOWARD HAVING THIS EMPLOYEE UNDER YOUR COMMAND OR SUPERVISION. WOULD YOU DEFINITELY PREFER NOT TO HAVE HIM? BE SATISFIED TO HAVE HIM? BE PLEASED TO HAVE HIM? PARTICULARLY NOT WANT HIM? TO HAVE HIM? TO HAVE HIM? TO HAVE HIM? DESIRE HIM?

11. ENTER HERE ANY DESIRED REMARKS PERTAINING TO PARTICULAR QUALIFICATIONS OR LACK THEREOF WHICH ARE CONSIDERED PERTINENT TO THE EVALUATION OF THIS EMPLOYEE. OUTSTANDING ASSETS AND/OR SERIOUS LIMITATIONS SHOULD BE STATED ALSO REASONS FOR AND RECOMMENDATIONS AS TO REASSIGNMENT WILL BE GIVEN IF APPROPRIATE TO THIS REPORT.

[Redacted signature area]



13 June 1959

12. SIGNATURE OF SUPERVISOR: [Redacted]

13. SIGNATURE OF EMPLOYEE: [Redacted]

14. DATE: [Redacted]

7,040 15 January 1953

Case officer for one A... developmental work on additional sources of intelligence information, research work on personalities to examine

9. IF COURSES OF INSTRUCTION WERE COMPLETED DURING PERIOD OF THIS REPORT. LIST TITLE, LOCATION OF SCHOOL, LENGTH OF COURSE AND DATE COMPLETED. none

Table with columns for proficiency in foreign languages (Spanish) and sub-columns for reading, speaking, and understanding skills.

5. MY PREFERENCE FOR NEXT DUTY AFTER TERMINATION OF CURRENT ASSIGNMENT IS: (IF IN US-50 STATE) Case officer

8. HAVE THERE BEEN ANY CHANGES IN PERSONAL STATUS SINCE ORIGINAL EMPLOYMENT OR LAST REPORT... MARITAL STATUS, NUMBER OF DEPENDENTS, EMERGENCY ADDRESSEE, LEGAL ADDRESS

14 May 1953 DATE

SECTIONS 7 THROUGH 11 TO BE COMPLETED BY IMMEDIATE SUPERVISOR

7. PERIOD COVERED BY THIS REPORT: 19 Jan. 20 April 1953. OCCASION FOR REPORT: ANNUAL REASSIGNMENT OF REPORTING OFFICER

8. IS THIS EMPLOYEE QUALIFIED TO PERFORM ALL PRESENT DUTIES? YES/NO. IS EMPLOYEE BETTER QUALIFIED FOR OTHER DUTIES? YES/NO. IF SO, WHAT DUTY OR DUTIES

DO YOU CONCUR IN EMPLOYEE'S DESCRIPTION OF DUTIES UNDER SECTION 2? YES/NO. IF NO, EXPLAIN IN SECTION 11. HAS EMPLOYEE STRIVEN FOR PROFESSIONAL IMPROVEMENT? YES/NO. DO YOU RECOMMEND EMPLOYEE FOR PROMOTION? YES/NO. IF SO, TO WHAT GRADE AND FOR WHAT POSITION?

9. FOR EACH FACTOR OBSERVED CHECK THE APPROPRIATE BOX TO INDICATE HOW THE EMPLOYEE COMPARES WITH ALL OTHERS OF THE SAME CLASSIFICATION WHOSE PROFESSIONAL ABILITIES ARE KNOWN TO YOU PERSONALLY.

Large table with columns for Rating Factors (A through Q) and performance levels (Not Observed, Fair, Good, Very Good, Excellent, Outstanding).

10. INDICATE YOUR ATTITUDE TOWARD HAVING THIS EMPLOYEE UNDER YOUR COMMAND OR SUPERVISION. WOULD YOU DEFINITELY PREFER NOT TO HAVE HIM? BE SATISFIED BE PLEASED PARTICULARLY NOT WANT HIM? TO HAVE HIM? TO HAVE HIM? TO HAVE HIM? DESIRE HIM?

11. ENTER HERE ANY DESIRED REMARKS PERTAINING TO PARTICULAR QUALIFICATIONS OR LACK THEREOF WHICH ARE CONSIDERED PERTINENT TO THE EVALUATION OF THIS EMPLOYEE.

12. ADDITIONAL STATE TO BE MADE AT THE END OF THIS REPORT... 13. THE EVALUATION OFFICER OR CHIEF OF STATION MUST SIGN AND DATE THIS REPORT. SIGNATURE: [Signature]

UNDER NO CIRCUMSTANCES IS THIS REPORT TO BE GIVEN TO THE EMPLOYEE REPORTED ON

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(When Filled In)

MEMORANDUM OF UNDERSTANDING

I hereby acknowledge that I have read and understand the contents of Handbook 20-4, Employee Conduct, dated 9 July 1970, and the information brochure for ADS returns, dated May 1964.

[Redacted Signature Box]

Signature

19 July 1971
Date

[Redacted Title Box]

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(When Filled In)

MEMORANDUM OF UNDERSTANDING

SECRET

*File under
OTIFR
in OPF*

14 June 1968

MEMORANDUM FOR: Director of Personnel
THRU: Chief, WH Personnel
SUBJECT: Immediate Family of
[redacted]

[redacted] It is hereby requested that Mrs. [redacted]
[redacted] mother-in-law of the writer, be added to
Agency personnel records as one of his depend-
ents.

The writer is personally responsible for
over 51% of Mrs. [redacted] support which is re-
flected in his federal income tax returns.

[redacted]

Deputy Chief, WH/COG

cc: C/WH Personnel

SECRET

GROUP 1
EXCLUDED FROM AUTOMATIC
DOWNGRADING AND
DECLASSIFICATION

SECRET

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

**IMPORTANT
AGENCY INSTRUCTIONS
ON BACK OF ORIGINAL**

TO COMPLETE THIS FORM—

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

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

NAME (last)	(first)	(middle)	DATE OF BIRTH (month, day, year)	SOCIAL SECURITY NUMBER
		60389		
EMPLOYING DEPARTMENT OR AGENCY			LOCATION (City, State, ZIP Code)	

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

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

(A)

ELECTION OF OPTIONAL (IN ADDITION TO REGULAR) INSURANCE

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

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

(B)

DECLINATION OF OPTIONAL (BUT NOT REGULAR) INSURANCE

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

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

(C)

WAIVER OF LIFE INSURANCE COVERAGE

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

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

DATE	
------	--

14 February 1968

FOR EMPLOYING OFFICE USE ONLY

(official receiving date stamp)

RECEIVED
OFFICE OF PERSONNEL
FEB 19 2 36 PM '68

See Table of Effective Dates on back of Original

ORIGINAL COPY—Retain in Official Personnel Folder

SECRET

STANDARD FORM No. 176-1
JANUARY 1963
(For use only until April 14, 1968)
176-122

CONFIDENTIAL
(When filled in)

TRAINING REPORT

MANAGERIAL GRID SEMINAR (50 hours) DATES: 23-28 April 1967

Student : Office : WH

Year of Birth: Service Designation: D

Grade : 15 No. of Students :

EOD Date : June 1952

COURSE OBJECTIVES AND METHOD

Course objectives are to aid participants to: learn the managerial theories contained in the Grid; understand their personal managerial styles in Grid terms; evaluate convictions about managerial values; develop team action skills; increase candidness of communication; strengthen the use of critique for problem-solving and learning; and acquire an appreciation of Organization Culture and Development.

The method of learning offers a challenge to all participants regardless of level or experience. A Grid Seminar is not "taught" in the usual sense. In Grid teams, participants solve complex management problems. Objective solutions are made available. Individual and team performance is repeatedly assessed. Various measuring instruments are used to evaluate effectiveness.

Critique sessions assist each participant to understand how he might change his own behavior to increase his problem-solving effectiveness. Thus managers are not told the best way to manage, but they learn by convincing themselves.

About twenty to thirty hours of study are completed as prework. Insights gained are deepened and personalized during the intensive 50-hour Seminar.

ACHIEVEMENT RECORD

This is a certificate of attendance only. No attempt was made to evaluate student achievement in this course.

FOR THE DIRECTOR OF TRAINING:

Chief Instructor /

17 MAY 1967

Date

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(When filled in)

SECRET

FIELD REASSIGNMENT QUESTIONNAIRE

DO NOT COMPLETE FOR HEADQUARTERS USE ONLY

NAME OF EMPLOYEE (Last, first, middle initial only if SA) DATE (From item 5-1) NAME OF SUPERVISOR (If any) DATE (From item 5-2)

DATE RECEIVED AT HEADQUARTERS: 8 October 1964 DISPATCH NUMBER: CSMT-3550 DATE RECEIVED BY CAREER SERVICE:

TO BE COMPLETED BY EMPLOYEE

1. DATE OF BIRTH: 13 March 1915 2. SERVICE DESIGN: KUTUBE 3. YOUR CURRENT POSITION, TITLE AND GRADE: D/Chief of Station GS-15 4. STATION OR BASE: Activities 5. CRYPT FOR CURRENT COVER:

6a. DATE OF PCS ARRIVAL IN FIELD: 3 October 1960 6b. REQUESTED DATE OF DEPARTURE: 10 November 1964 6c. EXPECTED DATE OF FIRST CHECK-IN AT HQ: 30 November 1964 6d. DESIRED DATE TO REPORT TO DUTY AFTER LEAVE: 9 December 1964

7. NUMBER AND AGES OF DEPENDENTS WHO WILL TRAVEL WITH YOU: None

8. PERSONAL CIRCUMSTANCES THAT SHOULD BE CONSIDERED IN DETERMINING NEXT ASSIGNMENT: None

9. LIST YOUR MAJOR DUTIES DURING CURRENT TOUR (see special note on transmittal form). (also attach personal cover questionnaire in accordance with CSI-P 240-8) D/Chief of Station Chief, [] Ops Coordinator for [] operational activities throughout WS area.

10. TRAINING DESIRED: INDICATE WHAT TRAINING YOU BELIEVE YOU SHOULD HAVE DURING THE NEXT SEVERAL YEARS Believe would profit from attending Senior seminars on CA and CP activities.

SECRET

11. PREFERENCE FOR NEXT ASSIGNMENT

11a. DESCRIBE BRIEFLY THE TYPE OF WORK YOU WOULD PREFER FOR NEXT ASSIGNMENT IF DIFFERENT FROM THAT INDICATED IN ITEM NO. 9 ABOVE. IF YOU HAVE MORE THAN ONE PREFERENCE, INDICATE YOUR CHOICE.

COS - WE or IA

Chief, Ops - At large station with diversified activities.

11b. INDICATE IF YOU DESIRE TO EXTEND YOUR CURRENT TOUR BY CHECKING IN APPROPRIATE BOX. ALSO INDICATE PREFERENCE FOR NEXT REGULAR ASSIGNMENT BY INSERTING 1, 2, & 3 (for 1st, 2nd, and 3rd choice) IN REMAINING BOXES. COMPLETE ALL ALTERNATE CHOICES AND OPTIONS IN ALL CASES EVEN THOUGH YOU ARE REQUESTING AN EXTENSION OF YOUR TOUR.

Present tour ends 3 Oct. 1964 and home leave has been approved.

EXTEND TOUR _____ MONTHS AT CURRENT STATION TO _____ (DATE)

BE ASSIGNED TO HEADQUARTERS FOR A TOUR OF DUTY. INDICATE YOUR CHOICE OF DIVISION, STATE OR OFFICE.
 1ST CHOICE WE 2ND CHOICE IA 3RD CHOICE EE

BE ASSIGNED TO ANOTHER FIELD STATION. INDICATE CHOICE OF GEOGRAPHIC AREA OR SPECIALIZATION
 1ST CHOICE WE 2ND CHOICE IA 3RD CHOICE EE

RETURN TO MY CURRENT STATION

TO BE COMPLETED BY FIELD STATION

17. IN CONSIDERATION OF THE EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE AND HIS PREFERENCE FOR NEXT ASSIGNMENT, INDICATE YOUR RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING:

Subject has done an outstanding job at this Station during his four years in [redacted]. I recommend that he be returned to this Station following home leave in view of the high priority given to his present duties and responsibilities and the obvious fact that the important program which he is now heading up would suffer greatly if he were to be rotated, at this time, to another assignment. When he is eventually transferred from [redacted] I feel strongly that he should be given a chief of station assignment within the Division in view of his consistently fine record, his experience, maturity and devotion to duty.

TO BE COMPLETED BY APPROPRIATE HEADQUARTERS OFFICE

18. IN CONSIDERATION OF THE EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF YOUR COMPONENT, INDICATE YOUR COMPONENT'S RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING.

Mr. [redacted] desires for home leave and return to [redacted] for another tour has been discussed with the Secretary, CSPO/A, and he has been advised by WE Division that this has been approved.

DATE 2 Oct 1964 TITLE C/WE/PT SIGNATURE [redacted]

FOR USE BY CAREER SERVICE

19. APPROVED ASSIGNMENT:

19a. EMPLOYEE NOTIFIED BY C/WE who obtained approval for CSPO was by phone or letter. Home leave has been notified. No details on other in FRP later by CSPO. TR Co. 10/12/64

SECRET

<p>9. PREFERENCE FOR NEXT ASSIGNMENT (continued)</p> <p>C. INDICATE YOUR PREFERENCE FOR NEXT ASSIGNMENT BY INSERTING NUMBERS 1, 2 AND 3 (for 1st, 2nd and 3rd choice) IN THE BOXES BELOW:</p> <p><input type="checkbox"/> 1. RETURN TO MY CURRENT STATION</p> <p><input type="checkbox"/> 2. BE ASSIGNED TO HEADQUARTERS FOR A TOUR OF DUTY. WITH RESPECT TO POSSIBLE ASSIGNMENT IN HEADQUARTERS, INDICATE CHOICE OF COMPONENT:</p> <p>1ST CHOICE <u>ME</u> 2ND CHOICE <u>WH</u> 3RD CHOICE <u>CI</u></p> <p><input type="checkbox"/> 3. BE ASSIGNED TO ANOTHER FIELD STATION. WITH RESPECT TO POSSIBLE REASSIGNMENT TO ANOTHER FIELD STATION, INDICATE CHOICE OF GEOGRAPHIC AREA OR SPECIFIC STATION, BASED ON QUALIFICATIONS:</p> <p>1ST CHOICE <input type="text"/> 2ND CHOICE <input type="text"/> 3RD CHOICE <input type="text"/></p>	
<p>10. HOW MUCH LEAVE DO YOU DESIRE BETWEEN ASSIGNMENTS? INDICATE NUMBER OF WORK DAYS <u>30</u></p>	
<p>11. INDICATE THE NUMBER AND AGE OF DEPENDENTS WHO WILL BE TRAVELLING OR MOVING WITH YOU:</p> <p align="center"><i>None</i></p>	
<p>11A. INDICATE ANY CHANGE IN YOUR PERSONAL OR FAMILY SITUATION WHICH SHOULD BE CONSIDERED IN DETERMINING YOUR NEXT ASSIGNMENT</p> <p align="center"><i>None</i></p>	
<p>12. SIGNATURE. COMPLETE ITEM NO. 5-1, TRANSMITTAL SHEET, TO INDICATE COMPLETION OF ABOVE PORTION OF THIS FORM. TO BE COMPLETED BY SUPERVISOR AT FIELD STATION</p>	
<p>13. IN CONSIDERATION OF THE PAST EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS EXPRESSED PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF THE STATION, INDICATE YOUR RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING:</p> <p>I strongly recommend that Subject return to this post for a second tour of duty. Additional training while on home leave in the United States is not deemed necessary.</p>	
<p>14. SIGNATURE. COMPLETE ITEM NO. 5-2, TRANSMITTAL SHEET, TO INDICATE COMPLETION OF THIS PORTION OF THE FORM. TO BE COMPLETED BY APPROPRIATE CAREER SERVICE OFFICER OR PERSONNEL OFFICER AT HEADQUARTERS</p>	
<p>15. IN CONSIDERATION OF THE PAST EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS EXPRESSED PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF THE COMPONENT TO WHICH HE IS CURRENTLY ASSIGNED, INDICATE YOUR RECOMMENDATIONS FOR HIS NEXT ASSIGNMENT AND TRAINING:</p> <p>202 forwarded for record purposes. Extension already approved by Chairman, Personnel Management Committee.</p>	
<p>16. NAME OF CAREER SERVICE OFFICER OR PERSONNEL OFFICER</p> <p>DATE <u>5 October 1962</u></p>	<p><i>D</i></p>
FOR USE OF CAREER SERVICE	
<p>17. EMPLOYEE <input type="checkbox"/> HAS <input type="checkbox"/> HAS NOT BEEN NOTIFIED OF PLANNED REASSIGNMENT</p>	<p>18. REFERENCE DISPATCH NO. _____ CABLE NO. _____</p>
<p>19. TYPED OR PRINTED NAME</p>	<p>20. SIGNATURE</p>
<p>21. TITLE</p>	<p>22. DATE</p>
<p>23. COMMENTS</p> <p><i>Second tour exp 10 Oct 62.</i></p> <p><input type="text"/></p>	

SECRET

CONFIDENTIAL

(When Filled In)

INSTRUCTIONS: COMPLETE IN DUPLICATE. THE DATA RECORDED ON THIS FORM IS ESSENTIAL IN DETERMINING TRAVEL EXPENSES ALLOWABLE IN CONNECTION WITH LEAVE AT GOVERNMENT EXPENSE, OVERSEAS DUTY, RETURN TO RESIDENCE UPON SEPARATION, AND FOR PROVIDING CURRENT RESIDENCE AND DEPENDENCY INFORMATION REQUIRED IN THE EVENT OF AN EMPLOYEE EMERGENCY. THE ORIGINAL OF THIS FORM WILL BE FILED IN THE EMPLOYEE'S OFFICIAL PERSONNEL FILED.

NAME OF EMPLOYEE (Last) (First) (Middle)

1. RESIDENCE DATA

PLACE OF RESIDENCE WHEN APPOINTED: Auburn, N.Y. LAST PLACE OF RESIDENCY IN CONTINENTAL U.S. (If appointed abroad)

PLACE IN CONTINENTAL U.S. DESIGNATED AS PERMANENT RESIDENCE *Home Living Address*: Jacksonville, Fla (Legal residence) Pleasant Hill, Calif

2. MARITAL STATUS

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

IF MARRIED, INDICATE PLACE OF MARRIAGE: _____ DATE OF MARRIAGE: _____

IF DIVORCED, PLACE OF DIVORCE DECREE: _____ DATE OF DECREE: _____

IF WIDOWED, INDICATE PLACE SPOUSE DIED: _____ DATE SPOUSE DIED: _____

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

3. MEMBERS OF FAMILY

NAME OF SPOUSE: NA ADDRESS (No., Street, City, Zone, State): _____ TELEPHONE NUMBER: _____

NAME(S) OF CHILDREN	ADDRESS	SEX	AGE
<u>NA</u>			

NAME OF FATHER (Or male guardian): Deceased ADDRESS: _____ TELEPHONE NUMBER: _____

NAME OF MOTHER (Or female guardian): Deceased ADDRESS: _____ TELEPHONE NUMBER: _____

WHAT MEMBER(S) OF YOUR FAMILY HAS BEEN TOLD OF YOUR AFFILIATION WITH THE AGENCY FOR EMERGENCY PURPOSES?
None

4. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

NAME (Mr., Mrs., Miss) (Last-First-Middle): Mr. _____ RELATIONSHIP: Brother

HOME ADDRESS (No., Street, City, Zone, State): Karls City 19, Mo. HOME TELEPHONE NUMBER: _____

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

IS THE INDIVIDUAL NAMED ABOVE BITTING OF YOUR AGENCY AFFILIATION?
 YES NO

IS THIS INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF?
 YES NO

DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE?
 YES NO

THE PERSONS NAMED IN ITEM 3 ABOVE MAY ALSO BE NOTIFIED IN CASE OF EMERGENCY. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE IN ITEM 8 ON THE REVERSE SIDE OF THIS FORM.

5. VOLUNTARY ENTRIES

INDICATE ANY BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS
National Bank of Washington

CONTINUED ON REVERSE SIDE

CURRENT RESIDENCE AND DEPENDENCY REPORT

CONFIDENTIAL
(When Filled In)

5. (CONTINUED)

IN WHOSE NAME(S) ARE THE ACCOUNTS LISTED?

My name only

HAVE YOU COMPLETED A LAST WILL AND TESTAMENT? YES NO. IF "YES", WHERE IS DOCUMENT LOCATED?

With me in my personal papers

HAVE YOU EXECUCED A POWER OF ATTORNEY? YES NO. IF "YES", WHO POSSESSED THE POWER OF ATTORNEY?

6. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS

STARTED AT

DATE

SIGNATURE

CONFIDENTIAL

14 December 1959

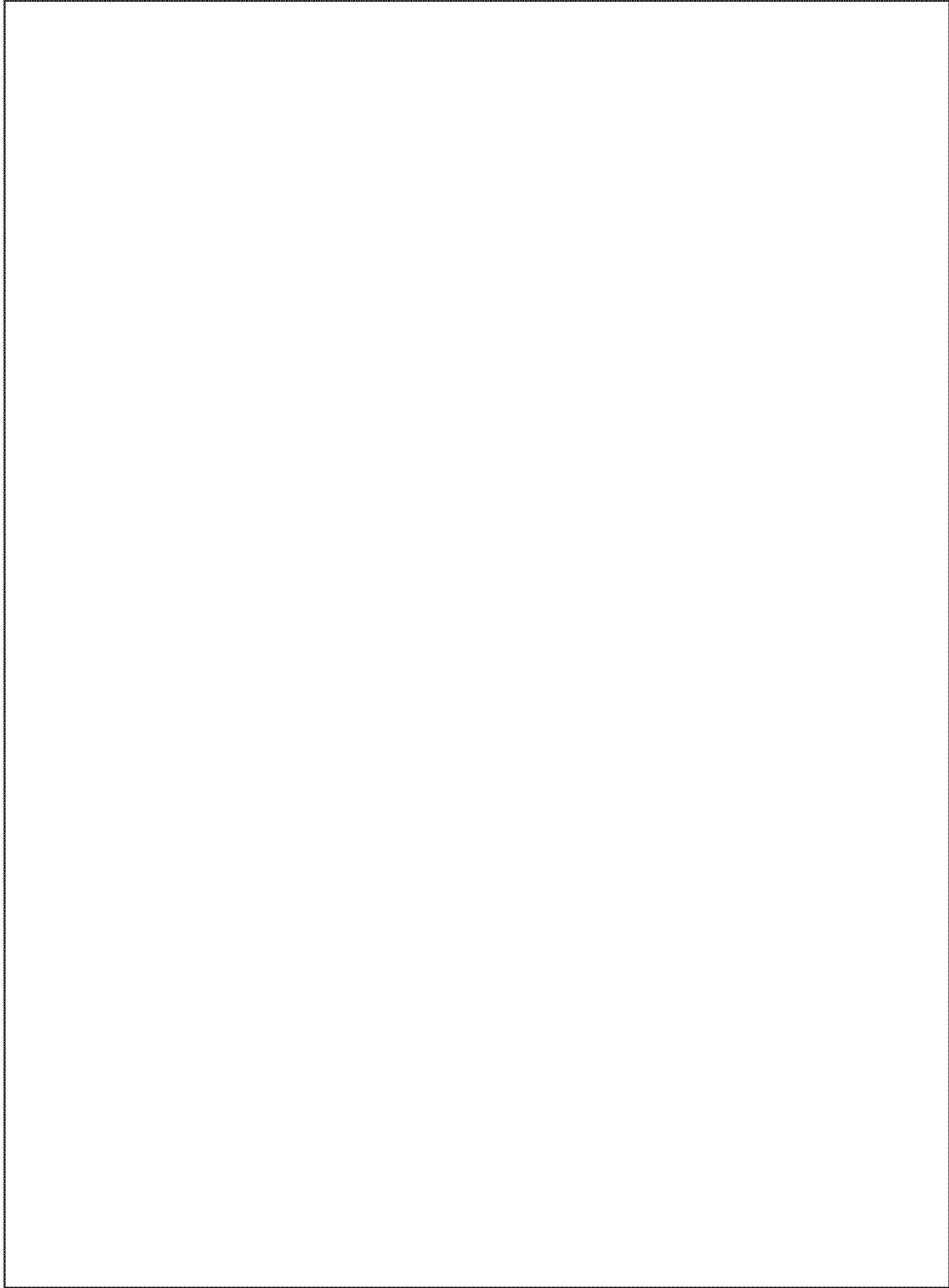
TO: Chief, CI/Support
VIA: Deputy Chief, CI Staff
FROM: Chief, CI/ICD
SUBJECT:

1. Subject is mentioned in a book by entitled Page 379 of this book is attached.
2. It is suggested that this be included in subject's personnel folder.

Attachment: (1)

published in 1959 by The New Bobbs-Merrill Company, an Associate of Howard W. Sams & Co., Inc. Indianapolis and New York

216
W.H. Merrill →



SECRET

FIELD REASSIGNMENT QUESTIONNAIRE

DO NOT COMPLETE FOR HEADQUARTERS USE ONLY

DO NOT COMPLETE

DO NOT COMPLETE

AUTHENTICATION OF SIGNATURES AND VERIFICATION OF ITEMS 1 THROUGH 7, BELOW:

NAME OF EMPLOYEE (Last)

DATE (from item 1)

NAME OF SUPERVISOR (Last)

DATE (from item 2)

NAME AND SIGNATURE OF OFFICIAL AT HEADQUARTERS AUTHORIZED TO AUTHENTICATE SIGNATURES AND VERIFY DATA IN ITEMS NOS. 1 THROUGH 7, BELOW:

DATE

17 Dec 57

TO BE COMPLETED BY EMPLOYEE

1. DATE OF BIRTH

2. GRADE

3. CURRENT POSITION TITLE

[Redacted]

GS-14

Deputy Chief of Station

4. SERVICE DESIGNATION (if known)

5. CURRENT STATION OR FIELD BASE

DI

Habana, Cuba

6. OTHER DUTY STATIONS OR FIELD BASES DURING CURRENT TOUR

7. EXPECTED DATE OF DEPARTURE

None

July 1958

8. WRITE A DESCRIPTION OF YOUR MAJOR DUTIES DURING THE CURRENT TOUR OF DUTY (see special note on Transmittal Form):

Deputy Chief of Station - supervise employees

[Redacted]

KUTUBE Operations Officer

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. 8, ABOVE. IF YOU HAVE MORE THAN ONE PREFERENCE, INDICATE YOUR CHOICES.

1st Choice: See Item 8

2nd Choice: Office of the Inspector General

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):

Refresher Operations Course

SECRET

9. PREFERENCE FOR NEXT ASSIGNMENT (continued)

C. INDICATE YOUR PREFERENCE FOR NEXT ASSIGNMENT BY INSERTING NUMBERS 1, 2 AND 3 (for 1st, 2nd and 3rd choice) IN THE BOXES BELOW:

RETURN TO MY CURRENT STATION

BE ASSIGNED TO HEADQUARTERS FOR A TOUR OF DUTY

BE ASSIGNED TO ANOTHER FIELD STATION

WITH RESPECT TO A POSSIBLE REASSIGNMENT TO ANOTHER FIELD STATION, INDICATE YOUR 1ST, 2ND AND 3RD CHOICE FOR GEOGRAPHIC AREA OR SPECIFIC STATION:

1ST CHOICE: _____

2ND CHOICE: _____

3RD CHOICE: _____

JAN 23 3 01 PM '58
MAIL ROOM

10. HOW MUCH LEAVE DO YOU DESIRE BETWEEN ASSIGNMENTS?

INDICATE NUMBER OF WORK DAYS 30

11. INDICATE THE NUMBER AND AGE OF DEPENDENTS WHO WILL BE TRAVELLING OR MOVING WITH YOU:

None

12. SIGNATURE: COMPLETE ITEM NO. 5-1, TRANSMITTAL SHEET, TO INDICATE COMPLETION OF ABOVE PORTION OF THIS FORM.

TO BE COMPLETED BY SUPERVISOR AT FIELD STATION

13. IN CONSIDERATION OF THE PAST EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS EXPRESSED PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF THE STATION, INDICATE YOUR RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING:

Subject is qualified to be Chief of Station. Recommend assignment as requested.

14. SIGNATURE: COMPLETE ITEM NO. 5-2, TRANSMITTAL SHEET, TO INDICATE COMPLETION OF THIS PORTION OF THE FORM.

TO BE COMPLETED BY APPROPRIATE SUPERVISOR AT HEADQUARTERS

15. IN CONSIDERATION OF THE PAST EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS EXPRESSED PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF THE DIVISION TO WHICH HE IS CURRENTLY ASSIGNED, INDICATE YOUR RECOMMENDATIONS FOR HIS NEXT ASSIGNMENT AND TRAINING:

Recommend assignment Headquarters.

16. NAME OF SUPERVISOR

SIGNATURE

TITLE:

C/WH/III

DATE:

19 December 1957

17. REMARKS (additional comment)

SECRET

APPOINTMENT AFFIDAVITS

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

..... CIA
 (Department or agency) (Bureau or Division) (Place of employment)

I, , do solemnly swear (or affirm) that—

A. OATH OF OFFICE

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

B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

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

C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

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

NAME OF EMPLOYEE		EMPLOYEE SERIAL NO.		COMPLETED BY EMPLOYEE		TELEPHONE EXT.		
SECRET (WHEN FILLED IN)								
INSTRUCTIONS THIS FORM MUST BE RETURNED WHETHER YOU HAVE HAD OVER- SEAS SERVICE OR NOT. PLEASE READ CAREFULLY IN- STRUCTIONS ON ACCOMPANYING CARD. THEN FILL OUT THIS FORM AS ACCURATELY AS POSSIBLE				DO NOT WRITE IN COLUMN	WHERE SERVICE WAS PERFORMED	DATE	SERVICE IN U.S. GOVT DEPT OR AGENCY	DO NOT WRITE IN COLUMN U.S.
125		125	1700	10/18/44	2	Army	070	
125		125	1700	10/19/44	1	Coastal Guard	670	
1700		1700	1700	10/13/48	1	Organization	10052	

SECRET

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

DECLARATION OF APPOINTEE

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

1. PRESENT ADDRESS (street and number, city and State) _____ Wash. D.C.

2. (A) DATE OF BIRTH _____ (B) PLACE OF BIRTH (city or town and State or country) AUBURN, NEW YORK

3. (A) IN CASE OF EMERGENCY PLEASE NOTIFY _____ (B) RELATIONSHIP FATHER (C) STREET AND NUMBER, CITY AND STATE AUBURN, NY (D) TELEPHONE NO. _____

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

NAME	PAST OFFICE ADDRESS (Give street number, if any)	(1) POSITION (2) TEMPORARY OR NOT (3) DEPARTMENT OR AGENCY IN WHICH EMPLOYED	RELATIONSHIP	WAS FILED (Check one)	SINGLE

INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO	10. SPACE FOR DETAILED ANSWERS TO OTHER QUESTIONS	
			ITEM NO.	WRITE IN LEFT COLUMN NUMBERS OF ITEMS TO WHICH DETAILED ANSWERS APPLY
1. ARE YOU A CITIZEN OF OR DO YOU OWE ALLEGIANCE TO THE UNITED STATES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2. ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY? If your answer is "Yes", give details in Item 10. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
3. DO YOU RECEIVE ANY ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT OR ANY PENSION OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE? If your answer is "Yes", give in Item 10 reason for retirement, that is, age, optional disability, or by reason of voluntary or involuntary separation after 5 years' service, amount of retirement pay, and under what retirement act, and rating, if retired from military or naval service. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
4. SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT HAVE YOU BEEN DISCHARGED OR FORCED TO RESIGN FOR MISCONDUCT OR UNSATISFACTORY SERVICE FROM ANY POSITION? If your answer is "Yes", give in Item 10 the name and address of employer, date and reason in each case. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
5. HAVE YOU BEEN ARRESTED (NOT INCLUDING TRAFFIC VIOLATIONS FOR WHICH YOU WERE FINE \$25 OR LESS OR PENITENTIARY CONFINEMENT OF 15 OR LESS) SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT? If your answer is "Yes", list all such cases under Item 10. Give in each case (1) The date, (2) the nature of the offense or violation, (3) the name and location of the court, (4) the penalty imposed, if any, or other disposition of the case. If appointed, your fingerprints will be taken. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

INSTRUCTIONS TO APPOINTING OFFICER

The appointing officer before whom the foregoing certificate is made shall determine to his own satisfaction that the applicant meets the requirements of the Civil Service Act, applicable Civil Service Rules and Regulations and Acts of Congress pertaining to appointment. The form should be checked for holding of office, pension, notability in connection with any receipt of reward, discharge or arrest, and particularly for the following:

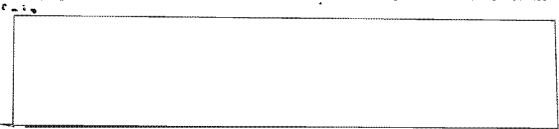
(1) Identity of appointee - It is the duty of the appointing officer to guard against impersonation and to determine beyond reasonable doubt that the appointee is the same person whose appointment was authorized. The appointee's signature and handwriting are to be compared with the application and other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

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

(3) Competency - The appointing officer is responsible for observing the citizenship provisions of (1) the Civil Service Rules and (2) applicable Acts. From all constitutes an affidavit for both purposes and is acceptable proof of citizenship status in the absence of conflicting evidence. In doubtful cases the appointment should not be consummated until clearance has been secured from the receiving office of the Civil Service Commission.

(4) Members of Family - Section 9 of the Civil Service Act provides that whenever there are already two or more members of a family serving under permanent or permanent appointment to the respective service, no other member of such family is eligible for promotion or permanent appointment in the competitive service. The appointment of persons entitled to career preference are not subject to this requirement. The members of family provisions does not apply to temporary Act appointees. Details of same may be referred to the appropriate office of the Civil Service Commission for direction.

FORM 57-1
1-28-51



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.

BUDG. BUREAU NO. 47-8071.3
APPROVAL EXPIRES August 31, 1956

1. a. NAME (Print)

[Empty box for name]

b. ADDRESS

[Empty box for address]

Washington D.C.

2. USE OF APPLICATION - Check one box below to indicate whether you wish this application to be considered for Foreign Service employment only, or for both Foreign Service and Departmental employment. Completion of this form is not required for Department employment only. Standard Form 57 must be filled out in any case.

FOREIGN SERVICE 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)

Balboa, Canal Zone

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).

NA

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 is yes to a. or b.)

6. WHAT IS THE LOWEST ENTRANCE SALARY YOU WILL ACCEPT FOR OVERSEAS EMPLOYMENT? (Exclusive of allowances) \$ _____ PER YEAR

7. WHAT RESTRICTIONS ARE THERE, IF ANY, ON YOUR IMMEDIATE AVAILABILITY FOR DUTY IN ANY PART OF THE WORLD?

None

8. a. FULL NAME OF SPOUSE (If wife, give maiden name)

None

b. DATE OF BIRTH

c. PLACE OF BIRTH (City, State or Province, and Country)

9. a. IF BORN OUTSIDE THE UNITED STATES, HOW WAS CITIZENSHIP ACQUIRED?

c. IF NATURALIZED, GIVE PLACE, DATE, AND NO. OF NATURALIZATION CERTIFICATE.

9. NAMES OF DEPENDENTS	RELATIONSHIP	DATE OF BIRTH	WILL RESIDE WITH YOU OVERSEAS	
			YES	NO
None				

10. a. FATHER'S NAME

[Empty box for father's name]

d. PRESENT ADDRESS

[Empty box] Auburn, N.Y.

c. PLACE OF BIRTH

Auburn, N.Y.

11. a. MOTHER'S NAME (Maiden)

[Empty box for mother's name]

d. PRESENT ADDRESS

Deceased

c. PLACE OF BIRTH

Auburn, N.Y.

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

YES

NO

MOTHER

YES

NO

13. HAVE YOU EVER APPLIED FOR A POSITION WITH THE DEPARTMENT OF STATE OR THE DEPARTMENT OF COMMERCE AS 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.

14. RELATIVES NOW RESIDING IN FOREIGN COUNTRIES

NAME	RELATIONSHIP	ADDRESS
None		

15. FOREIGN LANGUAGES (Reference Item 10 on Form 57)

State and indicate the extent of your competence, i.e. Excellent, Good, Fair

A. LANGUAGE	P. READ	C. WRITE	D. SPEAK	F. UNDERSTAND
Spanish	Good	Good	Good	Good

16. LIST PRESENT OR FORMER FOREIGN CONNECTIONS:

A. BUSINESS
B. EMPLOYMENT
C. MILITARY

17. DATES AND PLACES OF RESIDENCE FOR LAST 10 YEARS

DATES	STREET AND NUMBER	CITY	STATE OR COUNTRY
1942-52	0824, Arcaola Pl.	Balboa, Canal Zone	Panama
1941-42	U.S. Army	U.S.	U.S.

18. 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

19. HAVE YOU EVER BEEN MEDICALLY DISCHARGED FROM THE ARMED SERVICE? YES NO

IF "YES," GIVE DETAILS IN ITEM 39 OF FORM 57.

20. 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.

MI Reserve -0-944652 - No organization

21. LIST OTHER NAMES, IF ANY, BY WHICH YOU HAVE BEEN KNOWN INCLUDING MARRIED NAMES, IF MARRIED MORE THAN ONCE, GIVING DATE DURING WHICH NAMES WERE USED. DO NOT DUPLICATE INFORMATION SUPPLIED IN ITEM 16 OF FORM 57.

None

22. HAVE YOU EVER BEEN UNDER THE CIVIL SERVICE RETIREMENT SYSTEM? YES NO

Subject to Civil Service Retirement Act

23. SOCIAL SECURITY NUMBER, IF ANY.

24. If you believe the information you have supplied on this application does not fully show your qualifications for Foreign Service Employment, state in Item 36 of Form 57 or on a separate sheet, any additional appropriate data that you wish to have considered.

DATE **September 19, 1952** SIGNATURE

SECRET

1. NAME (Last, First, Middle) [Redacted]		2. DATE OF BIRTH [Redacted]		3. GRADE GS-16	
4. OFFICE, DIVISION, BRANCH (or overseas station and existing cover if lateral assignment) DDP/WH/COO		5. PRESENT POSITION Ops Officer		6. EMPLOYEE EXTENSION 7461	
7. PROPOSED STATION [Redacted]		8. PROPOSED POSITION (Title, Number, Grade) Chief of Station, 0198			
9. [Redacted]		10. ESTIMATED DATE OF DEPARTURE June 1968		11. NO. OF DEPENDENTS TO ACCOMPANY 2	
12. COMMENTS					
13. DATE OF REQUEST 14 February 1968		14. SIGNATURE OF REQUESTING OFFICIAL [Redacted]		15. ROOM NUMBER AND BUILDING 3 D 8309 849	
16. EXTENSION 4816		17. OFFICE OF MEDICAL SERVICES DISPOSITION MEDICALLY QUALIFIED FOR PROPOSED OS PCS [Redacted]			
18. OFFICE OF SECURITY DISPOSITION 14 12 69					
19. OVERSEAS CANDIDATE REVIEW PANEL DISPOSITION					
REQUEST FOR PCS OVERSEAS EVALUATION					

SECRET

(When Filled In)

etc

QUALIFICATIONS UPDATE

READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING. TYPE OR PRINT. AVOID USING LIGHT COLORED INKS

Now that your qualifications are a matter of computer record, they must be periodically updated. This is done automatically for much information; however, some must be obtained directly from you. This form is for that purpose. Section I must be completed in all cases. You need provide other information only if there have been changes since you submitted your Form 444, "Qualifications Supplement to the Personal History Statement," or a previous update form. If you are in doubt whether information has been previously submitted, enter it in the appropriate section. The signed and dated form should be returned through administrative channels to the File Room, Office of Personnel, Room 5E-13 Headquarters, whether information is added or not. Additionally, a qualifications update may take place at any time there is information to be added or changed simply by completing and returning an update form on your initiative.

SECTION I BIOGRAPHIC AND POSITION DATA

EMP. SER. NO. 060389	NAME (Last-First-Middle) [Redacted]	DATE OF BIRTH [Redacted]
-------------------------	--	-----------------------------

SECTION II EDUCATION

HIGH SCHOOL	
LAST HIGH SCHOOL ATTENDED	ADDRESS (City, State, Country)
YEARS ATTENDED (From-To)	GRADUATE <input type="checkbox"/> YES <input type="checkbox"/> NO

COLLEGE OR UNIVERSITY STUDY

NAME AND LOCATION OF COLLEGE OR UNIVERSITY	SUBJECT		YEARS ATTENDED FROM-TO	DEGREE RECEIVED	YEAR RECEIVED	NO. SEM/GRS. HRG. (Specify)
	MAJOR	MINOR				
1.						
2.						

IF A GRADUATE DEGREE HAS BEEN NOTED ABOVE WHICH REQUIRED SUBMISSION OF A WRITTEN THESIS, INDICATE THE TITLE OF THE THESIS AND BRIEFLY DESCRIBE ITS CONTENT.

TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS

NAME AND ADDRESS OF SCHOOL	STUDY OR SPECIALIZATION	FROM	TO	NO. OF MONTHS

OTHER NON-AGENCY EDUCATION OR TRAINING NOT INDICATED ABOVE

NAME AND ADDRESS OF SCHOOL	STUDY OR SPECIALIZATION	FROM	TO	NO. OF MONTHS
1.				
2.				

SECTION III MARITAL STATUS

1. PRESENT STATUS (Single, Married, Widowed, Separated, Divorced, Annulled, Remarried) SPECIFY:				
2. NAME OF SPOUSE (Last)		(First)		(Middle)
3. DATE OF BIRTH		4. PLACE OF BIRTH (City, State, Country)		
5. OCCUPATION		6. PRESENT EMPLOYER		
7. CITIZENSHIP		8. FORMER CITIZENSHIP(S) (COUNTRY(IES))		9. DATE U.S. CITIZENSHIP ACQUIRED

SECTION IV DEPENDENT CHILDREN AND DEPENDENTS OTHER THAN SPOUSE

	NAME	RELATIONSHIP	DATE AND PLACE OF BIRTH	CITIZENSHIP	PERMANENT ADDRESS
1	<input checked="" type="checkbox"/> Mrs [Redacted]	Mother-in-law	[Redacted] Matanzas, Cuba	Cuban	Resides with me.
2	<input type="checkbox"/> DELETE				
3	<input type="checkbox"/> ADD				
4	<input type="checkbox"/> DELETE				

FORM 444n

SECRET

10-511

SECRET
(When Filled In)

SECTION V GEOGRAPHIC AREA KNOWLEDGE AND FOREIGN TRAVEL

NAME OF REGION OR COUNTRY	TYPE OF SPECIALIZED KNOWLEDGE	DATES OF TRAVEL OR RESIDENCE	DATE & PLACE OF STUDY	KNOWLEDGE ACQUIRED BY-- CHECK LIST			
				RESEARCH	TRAVEL	STUDY	WORK ASSIGNMENT
1							
2							

SECTION VI TYPING AND STENOGRAPHIC SKILLS

1. TYPING (PPM) 2. SHORTHAND (RPM) 3. INDICATE SHORTHAND SYSTEM USED (CHECK 12) APPROPRIATE ITEM

CREOLE SPEEDY TYPING STENO TYPE OTHER SPECIFY:

SECTION VII SPECIAL QUALIFICATIONS

PROVIDE INFORMATION ON HOBBIES, SPORTS, LICENSES, PUBLISHED MATERIALS OR DEVICES WHICH YOU MAY HAVE INVENTED.

SECTION VIII MILITARY SERVICE

CURRENT DRAFT STATUS

1. HAS YOUR SELECTIVE SERVICE CLASSIFICATION CHANGED? YES NO 2. NEW CLASSIFICATION

3. LOCAL SELECTIVE SERVICE BOARD NUMBER AND ADDRESS 4. IF DEFERRED, GIVE REASON

MILITARY RESERVE, NATIONAL GUARD STATUS

CHECK RESERVE OR GUARD ORGANIZATION TO WHICH YOU BELONG

ARMY MARINE CORPS COAST GUARD NATIONAL GUARD
 NAVY AIR FORCE AIR NATIONAL GUARD

1. CURRENT RANK, GRADE OR RATE 2. DATE OF APPOINTMENT IN CURRENT RANK 3. EXPIRATION DATE OF CURRENT OBLIGATION

4. CHECK CURRENT RESERVE CATEGORY READY RESERVE STANDBY (active) STANDBY (inactive) RETIRED DISCHARGED

5. MILITARY MOBILIZATION ASSIGNMENT 6. RESERVE UNIT TO WHICH ASSIGNED OR ATTACHED

MILITARY SCHOOLS COMPLETED (Extended Active, Reserve Duty, or as Civilian)

NAME AND ADDRESS OF SCHOOL	STUDY OR SPECIALIZATION	DATE COMPLETED	STATUS	
			ALTERNATE	AGENCY SPONSORED

SECTION IX PROFESSIONAL SOCIETIES AND OTHER ORGANIZATIONS

NAME AND CHAPTER	ADDRESS (Number, Street, City, State, Country)	DATE OF MEMBERSHIP	
		FROM	TO
1			
2			
3			

SECTION X REMARKS

DATE *1 May 1967*

SECRET

OFFICE OF PERSONNEL MANAGEMENT

QUALIFICATIONS SUPPLEMENT TO PERSONAL HISTORY STATEMENT

READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS REPORT AND USE LIGHT COLORED INKS

SECTION I BIOGRAPHIC AND POSITION DATA

1. EMP. SER. NO. 600389

2. NAME (Last First Middle) [Redacted]

3. DATE OF BIRTH [Redacted]

4. SCHEDULE GRADUATED 05-15-04

5. POSITION TITLE OPS OFFICER, D CH

6. OFFICE OF ASSIGNMENT WASH, D.C.

SECTION II AGENCY OVERSEAS SERVICE

AREA	TYPE OF SERVICE	FROM	TO
CUBA	PCS CC	63/01/17	68/11/30
WESTERN HEMISPHERE	TDY CC	69/06/18	69/06/27
[Redacted]	PCS RR	60/11/03	69/11/29 29
	TDY AS	66/02/14	66/02/19
EUROPEAN AREA	TDY PR	66/09/20	66/09/30
EUROPEAN AREA	TDY PR	66/08/01	66/08/13
WESTERN HEMISPHERE	TDY RR	66/10/12	66/10/15
" "	"	66/12/8	66/12/17

OVERSEAS DATA
 CODED
 DATE: 2 Jun 67 INITIALS: [Signature]

SECTION III EDUCATION

DEGREE	MAJOR FIELD	INSTITUTION	YEAR
NO COLLEGE DEGREE ON RECORD			

SECRET

87 JUN 1967

SECRET

(When Filled In)

SECTION IV GEOGRAPHIC AREA KNOWLEDGE AND FOREIGN TRAVEL							
NAME OF REGION OR COUNTRY	TYPE OF SPECIALIZED KNOWLEDGE	DATES OF TRAVEL OR RESIDENCE	DATE & PLACE OF STUDY	KNOWLEDGE ACQUIRED BY			CHECK IF WORK ASSIGNED
				PERSONAL	STUDY	WORK	
	political topographic, cultural	1960-1965			X		X
	''	''			X		X
	''	''			X		X
	''	''			X		X
	''	''			X		X
	''	''			X		X
	''	''			X		X
	''	''			X		X

SECTION V TYPING AND STENOGRAPHIC SKILLS

1. TYPING (WPM) 2. SHORTHAND (WPM) 3. INDICATE SHORTHAND SYSTEM USED CHECK IF APPROPRIATE

GREGG SPEEDWRITING STENOGRAPH OTHER SPECIFY

4. INDICATE OTHER BUSINESS MACHINES WITH WHICH YOU HAVE HAD OPERATING EXPERIENCE OR TRAINING: computer, mimeograph, card punch, etc.

SECTION VI SPECIAL QUALIFICATIONS

1. LIST ALL HOBBIES AND SPORTS IN WHICH YOU ARE ACTIVE OR HAVE ACTIVELY PARTICIPATED. INDICATE YOUR PROFICIENCY IN EACH.

2. EXCLUDING BUSINESS EQUIPMENT OR MACHINES WHICH YOU MAY HAVE LISTED IN ITEM 4, SECTION V, LIST ANY SPECIAL SKILLS YOU POSSESS OR KNOW OF OTHER EQUIPMENT AND MACHINES SUCH AS OPERATION OF RADIO TRANSMITTERS, RECORDING EQUIPMENT, RECORDING, OFFSET PRESS, LITHO, PLATE ETC. AND OTHER SCIENTIFIC & PROFESSIONAL DEVICES.

3. ARE YOU NOW OR HAVE YOU EVER BEEN A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION SUCH AS FLYING, ELECTRICIAN, RADIO OPERATOR, TEACHER, LAWYER, CPA, MEDICAL TECHNICIAN, PSYCHOLOGIST, PHYSICIAN, ETC. YES NO

4. IF YOU HAVE ANSWERED YES TO ITEM 3 ABOVE, INDICATE KIND OF LICENSE OR CERTIFICATION AND THE ISSUING STATE, MUNICIPALITY, ETC. (Do not include registration number if none)

5. FIRST LICENSE/CERTIFICATE DATE OF ISSUE

6. LATEST LICENSE/CERTIFICATE DATE OF ISSUE

7. LIST ANY BOOKS, ARTICLES, PUBLISHED OR UNPUBLISHED, IN WHICH YOU ARE THE AUTHOR. DO NOT INCLUDE BOOKS WHICH YOU HAVE WRITTEN OR ARE TO WRITE. INDICATE THE TITLE, PUBLICATION, DATE, AND TYPE OF WRITING.

8. INDICATE ANY OTHER QUALIFICATIONS WHICH YOU HAVE OBTAINED AND STATE WHETHER OR NOT THEY ARE IN FORCE.

9. LIST ALL MEMBERSHIP AND PUBLIC RELATIONS ORGANIZATIONS.

SECRET

C O N F I D E N T I A L

DATE: 13 September 1958

FROM: 8-32

TO : Chief, WH

Director of Security

Director of Personnel

FROM : Chief, Communications Security Division

SUBJECT : Notification of Cryptographic Clearance -

1. Subject employee has been granted a cryptographic clearance under the provisions of CIA Regulation 90-500. Clearance is effective 18 August 1958.

2. Subject has been informed of the granting of clearances, has been briefed concerning cryptographic and related communications security matters, and has signed a Briefing Statement acknowledging responsibility for the protection of cryptographic information.

3. When Subject employee no longer requires the clearance in order to perform his assigned duties, it is requested that the Communications Security Division (2411 I Bldg., Ext. 3021) be notified by WH that the clearance may be revoked.

FOR CHIEF, COMMUNICATIONS:

JM Chief, Protective Branch

Distributions:

- 1 - WH
- 1 - Security Office (Briefing Statement attached)
- 1 - Personnel (Wing 1-II Curio Hall)
- 1 - CC-S/PROT File

C O N F I D E N T I A L

IF CONTINUED

② DATES OF EMPLOYMENT (month, year) FROM 9/8/1941 TO 6/30/42		EXACT TITLE OF YOUR POSITION 1st Lt.	CLASSIFICATION GRADE (if in Federal service)	SALARY OR EARNINGS STARTING \$ 320 FINAL \$ 480	PER MO. PER YR.
PLACE OF EMPLOYMENT (city and State) U.S. and Panama		NAME AND TITLE OF IMMEDIATE SUPERVISOR Various			
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person, if Federal, name, department, bureau or establishment, and division) U.S. Army		FIRM OR BUSINESS OR ORGANIZATION (e.g., wholesale sll, insurance agency, manufacture of locks, etc.) Military			
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU 0 to 50		REASON FOR LEAVING Ser. (Honorable)			
DESCRIPTION OF YOUR WORK Enlisted man and later officer in G-2 Section, U.S. Army					

③ DATES OF EMPLOYMENT (month, year) FROM 10/34 TO 6/41		EXACT TITLE OF YOUR POSITION Asst Mgr.	CLASSIFICATION GRADE (if in Federal service)	SALARY OR EARNINGS STARTING \$ 180 FINAL \$ 280	PER MO. PER YR.
PLACE OF EMPLOYMENT (city and State) Auburn, N.Y.		NAME AND TITLE OF IMMEDIATE SUPERVISOR - Owner, Mgr.			
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person, if Federal, name, department, bureau or establishment, and division)		FIRM OR BUSINESS OR ORGANIZATION (e.g., wholesale sll, insurance agency, manufacture of locks, etc.) Elec. Cont. and Supply Co.			
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU 3 - 10		REASON FOR LEAVING Military Service			
DESCRIPTION OF YOUR WORK Buyer and merchandise man for electrical appliances and contracting supplies.					

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

STANDARD FORM 57 NOV 1947 U.S. CIVIL SERVICE COMMISSION **APPLICATION FOR FEDERAL EMPLOY**

INSTRUCTIONS: In order to prevent delay in your location of your application, please check application on this form completely and accurately. Type, write or print in INK. In applying for a position, United States Civil Service Examination, read the examination announcement carefully and follow all directions. If you are applying for a WAIVERED examination, follow the instructions on the application regarding disposition of this application. If you are applying for an OPEN POSITION examination, read this application in the office posted in the announcement. Be sure to mail to the same office as the examination required by the announcement. Notify the office with which you file this application if you are unable to appear for a test.

1. NAME OF CANDIDATE (Last, first and middle initials)
Intelligence Officer.

2. TYPE OF EMPLOYMENT APPLIED FOR (City and State)
 [] Full-time [] Part-time [] Seasonal [] Temporary

3. DATE OF THIS APPLICATION
 14 July 1950

4. HOME ADDRESS (First name, (Middle), (Last))
 [Redacted]

5. (a) STREET AND HOUSE NUMBER
 [Redacted]

6. (b) CITY OR TOWN (including postal zone) AND STATE
 Balboa, Canal Zone

7. (a) LOCAL OR VOTING RESIDENCE (State)
 New York

8. (b) COUNTY (State)
 Balboa

9. (c) ZIP CODE
 3100

10. (a) DATE OF BIRTH (month, day, year)
 [Redacted]

10. (b) MARRIED **SINGLE**

11. PLACE OF BIRTH (City and State, if born outside U.S., name city and country)
 Auburn, New York

12. (a) MALE **(b) FEMALE**

13. (a) HEIGHT WITHOUT SHOES 6 FEET 0 INCHES **(b) WEIGHT** 174 POUNDS

14. (a) HAVE YOU EVER BEEN EMPLOYED BY THE FEDERAL GOVERNMENT? YES NO
(b) IF SO, GIVE LAST GRADE AND DATE OF LAST CHANGE IN GRADE
 GS-9, July 1950

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

APPROVED:

<input type="checkbox"/> APPROVED	<input type="checkbox"/> RETURNED
<input type="checkbox"/> REAPPOINTED	<input type="checkbox"/> REJECTED

APPROVED:

EXPERIENCE	GRADE	LEADERSHIP RATING	ADDITIONAL POINTS	ADJUSTMENT RATING
			<input type="checkbox"/> 5 POINTS (TENTH)	
			<input type="checkbox"/> 10 POINTS	
			<input type="checkbox"/> WIFE OR WIDOW	
			<input type="checkbox"/> DISAL.	
			<input type="checkbox"/> BEING INVESTIGATED	

INITIALS AND DATE

15. (a) WHAT IS THE LOWEST ENTRANCE SALARY YOU WILL ACCEPT? \$ 6,000 PER YEAR
 You will not be considered for any position with a lower entrance salary.

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

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

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

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

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

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

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

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

PRESENT POSITION

DATES OF EMPLOYMENT (month, year) FROM February 1949 TO PRESENT TIME	EXACT TITLE OF YOUR PRESENT POSITION Asst. Chief, Civ. Int. Br.	CLASSIFICATION GRADE (if in Federal Service) GS-9a	SALARY OR EARNINGS STARTING \$5,000 PER ANNUM PRESENT \$5,750 PER "
PLACE OF EMPLOYMENT (City and State) Balboa Hqts., Canal Zone	NAME AND TITLE OF IMMEDIATE SUPERVISOR Chief, Civil Int. Branch		
NAME AND ADDRESS OF EMPLOYER (City, organization, or branch if Federal name department, bureau or establishment, and division) Civil Intelligence Branch, Executive Dept., The Panama Canal		KIND OF BUSINESS, INDUSTRY, OR ORGANIZATION (e.g., wholesale sale, insurance agency, manufacture of tools, etc.) U.S. Government	
REASON FOR LEAVING TO CHANGE EMPLOYMENT In absence of chief—11 clerks, stenographers & investigators.		Personal betterment	
DESCRIPTION OF YOUR WORK Intelligence investigations of employees of the Panama Canal Railroad and of incidents within the Canal Zone of a suspected sabotage or espionage nature.			

② DATES OF EMPLOYMENT (month, year) FROM: <u>Apr. 1941</u> TO: <u>Sept. 42</u> PLACE OF EMPLOYMENT (City and State)	EXACT TITLE OF YOUR POSITION <u>Electrician</u>	CLASSIFICATION GRADE (if in Federal service)	SALARY OR EARNINGS STARTING \$ FINAL \$ <u>96</u> PER WK PER HR
<u>Baltimore, Maryland.</u> NAME AND ADDRESS OF EMPLOYER (firm, organization, or person, if Federal, name, department, bureau or establishment, and division)	NAME AND TITLE OF IMMEDIATE SUPERVISOR <u>Can not recall</u>		
<u>M. Enterprise Elec. Co.</u> NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU <u>2-4, helpers and clerks.</u>	KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale sale, insurance agency, manufacture of locks, etc.) <u>Electrical Contracting</u>		
DESCRIPTION OF YOUR WORK	REASON FOR LEAVING <u>Enlisted in AUS</u>		
Employed in the capacity of a mechanic. Actual duties consisted mostly of final checkout and inspection of electrical installations on defense housing projects in Balto. area.			

③ DATES OF EMPLOYMENT (month, year) FROM: <u>May 41 (App)</u> TO: <u>Apr. 42</u> PLACE OF EMPLOYMENT (City and State)	EXACT TITLE OF YOUR POSITION <u>Electrician</u>	CLASSIFICATION GRADE (if in Federal service)	SALARY OR EARNINGS STARTING \$ FINAL \$ <u>110</u> MARK MARK
<u>Baltimore, Maryland</u> NAME AND ADDRESS OF EMPLOYER (firm, organization, or person, if Federal, name, department, bureau or establishment, and division)	NAME AND TITLE OF IMMEDIATE SUPERVISOR <u>Supt.</u>		
<u>H. E. Crook Co., Balto., Md.</u> NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU <u>1-3 assistants</u>	KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale sale, insurance agency, manufacture of locks, etc.) <u>Construction corporation</u>		
DESCRIPTION OF YOUR WORK	REASON FOR LEAVING <u>Termination of defense contract</u>		
Employed as an electrician on defense contracts. Handled material and supplies.			

④ DATES OF EMPLOYMENT (month, year) FROM: <u>July 1933</u> TO: <u>Apr. 1942</u> PLACE OF EMPLOYMENT (City and State)	EXACT TITLE OF YOUR POSITION <u>Ass't Mgr.</u>	CLASSIFICATION GRADE (if in Federal service)	SALARY OR EARNINGS STARTING \$ <u>20</u> FINAL \$ <u>50</u> PER WK PER HR
<u>Auburn, New York</u> NAME AND ADDRESS OF EMPLOYER (firm, organization, or person, if Federal, name, department, bureau or establishment, and division)	NAME AND TITLE OF IMMEDIATE SUPERVISOR <u>owner (father)</u>		
<u>Auburn, N.Y.</u> NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU <u>2-8, salesman and mechanics</u>	KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale sale, insurance agency, manufacture of locks, etc.) <u>Electrical Contracting & Supplies.</u>		
DESCRIPTION OF YOUR WORK	REASON FOR LEAVING <u>self betterment</u>		
Entered business as stock and supply clerk, later became salesman and in charge of a group of outdoor salesman. Advanced to Ass't manager where I was responsible for wholesale buying of contracting supplies and appliances.			

⑤ DATE OF EMPLOYMENT (month, year) FROM TO TITLE OF YOUR POSITION OFFICE NAME SALARY OR EARNINGS (STARTING \$ FINAL \$) PER PFR

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

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

NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU REASON FOR LEAVING

DESCRIPTION OF YOUR WORK

If more space is required, use a continuation sheet (Standard Form No. 57) of a sheet of paper the same size as this page. Write on each sheet your name, address, date of birth, and examination title. Attach to inside of this application.

17. MILITARY TRAINING: In the space below, show any training received in the Armed Services (not already listed under Item 16) that would assist in planning your most effectively. Indicate actual amount of training received, such as hours per week. Detailed information regarding any schools or courses you attended is especially important. (Extra pages may be used to give full descriptions.)

DATES		LOCATION	DESCRIPTION OF TRAINING
FROM	TO		
Oct. 42	Dec. 42	Balto., Md.	Basic CIC Agt's training Sch.-Inv. techniques.
Sept 43	Nov. 43	Chicago, Ill	Advanced CIC Agt's tra. Sch. "
April 44	June 44	Ogden, Utah	CIC AAF Tra. Sch. Tra. in sabotage detection on aircraft and aircraft installations.

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

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

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

(B) SUBJECTS STUDIED IN HIGH SCHOOL WHICH APPLY TO POSITION DESIRED
 NONE

DATES ATTENDED	YEARS COMPLETED		DEGREES CONFERRED		SEMESTER MONTHS COMPLETED
	FROM	TO	TITLE	DATE	
1947	1948				4

(C) NAME AND LOCATION OF COLLEGE OR UNIVERSITY
 Loyola, Balto., Md.

MAJOR AND SPECIALTY

(D) LIST YOUR CHIEF UNDERGRADUATE COLLEGE SUBJECTS
 Political science

(E) OTHER TRAINING, SUCH AS VOCATIONAL, BUSINESS, STUDY COURSES GIVEN THROUGH THE ARMY, SERVICE, OR CIVILIAN AGENCIES (GIVE LOCATION OF SCHOOL) OR IN SERVICE TRAINING IN PUBLIC OR PRIVATE EMPLOYMENT
 Berlitz School of Foreign Language, Balto., Md.

SUBJECTS STUDIED	DATES ATTENDED		YEARS COMPLETED	
	FROM	TO	DAY	NIGHT
Spanish	1948	1948	-	-

(190 hrs. private instruction)

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

spanish: R A G G

20 INDICATE YOUR KNOWLEDGE OF OTHER LANGUAGES: READING SPEAKING UNDERSTANDING WRITING

None

21 INDICATE YOUR KNOWLEDGE OF OTHER LANGUAGES: READING SPEAKING UNDERSTANDING WRITING

None

22 INDICATE YOUR KNOWLEDGE OF OTHER LANGUAGES: READING SPEAKING UNDERSTANDING WRITING

None

23 INDICATE YOUR KNOWLEDGE OF OTHER LANGUAGES: READING SPEAKING UNDERSTANDING WRITING

None

24 INDICATE YOUR KNOWLEDGE OF OTHER LANGUAGES: READING SPEAKING UNDERSTANDING WRITING

None

25 INDICATE YOUR KNOWLEDGE OF OTHER LANGUAGES: READING SPEAKING UNDERSTANDING WRITING

None

26 INDICATE YOUR KNOWLEDGE OF OTHER LANGUAGES: READING SPEAKING UNDERSTANDING WRITING

None

27 INDICATE YOUR KNOWLEDGE OF OTHER LANGUAGES: READING SPEAKING UNDERSTANDING WRITING

None

28 INDICATE YOUR KNOWLEDGE OF OTHER LANGUAGES: READING SPEAKING UNDERSTANDING WRITING

None

29 INDICATE YOUR KNOWLEDGE OF OTHER LANGUAGES: READING SPEAKING UNDERSTANDING WRITING

None

30 INDICATE YOUR KNOWLEDGE OF OTHER LANGUAGES: READING SPEAKING UNDERSTANDING WRITING

None

PERSONAL HISTORY STATEMENT

INSTRUCTIONS: ANSWER ALL QUESTIONS COMPLETELY. IF QUESTION DOES NOT APPLY WRITE "NOT APPLICABLE". WRITE "UNKNOWN" ONLY IF YOU DO NOT KNOW THE ANSWER AND CANNOT OBTAIN THE ANSWER FROM PERSONAL RECORDS. USE A SEPARATE SHEET OF PAPER FOR EXTRA DETAILS ON ANY QUESTION OR QUESTIONS FOR WHICH YOU DO NOT HAVE SUFFICIENT ROOM. ATTACH TWO RECENT PASSPORT SIZE PICTURES TO THIS FORM. DATE TAKEN WRITTEN ON THE BACK OF EACH. TYPE, PRINT OR WRITE CAREFULLY; ILLEGIBLE OR INCOMPLETE FORMS WILL NOT RECEIVE CONSIDERATION.

HAVE YOU READ AND UNDERSTOOD THE ABOVE INSTRUCTIONS? YES NO

SECTION 1. PERSONAL BACKGROUND

NAME: MISS FIRST _____ MIDDLE _____ LAST _____ TELEPHONE: Balboa 3223
 MR. MRS.

PRESENT ADDRESS: STREET AND NUMBER _____ CITY: Balboa STATE: Canal Zone COUNTRY: Canal Zone

LEGAL RESIDENCE: STREET AND NUMBER _____ CITY: Auburn STATE: New York COUNTRY: U.S.A.

NICKNAMES: _____ OTHER NAMES THAT YOU HAVE USED: None Not applicable

UNDER WHAT CIRCUMSTANCES HAVE YOU EVER USED THESE NAMES? Not applicable HOW LONG? Not applicable

IF LEGAL CHANGE, GIVE PARTICULARS (WHERE, WHEN AND BY WHAT AUTHORITY): Not applicable

DATE OF BIRTH: _____ PLACE OF BIRTH: Auburn CITY: Auburn STATE: New York COUNTRY: U.S.A.

PRESENT CITIZENSHIP: U.S.A. ACQUIRED BY: BIRTH MARRIAGE NATURALIZATION

NATURALIZATION CERTIFICATE: NUMBER: Not applicable DATE ISSUED: Not applicable NAME OF COURT: Not applicable

LOCATION OF COURT: Not applicable CITY: _____ STATE: _____ COUNTRY: _____

PREVIOUS CITIZENSHIP: Not applicable DATE HELD: _____ FROM: _____ TO: _____

OTHER CITIZENSHIPS (GIVE PARTICULARS): Not applicable

STEPS TAKEN TO CHANGE PRESENT NATIONALITY (GIVE PARTICULARS): Not applicable

LAST U.S. PASSPORT: NUMBER: 58 DATE: 10 Sept. 1948 PLACE OF ISSUE: Colon, Republic of Panama

ALL OTHER U.S. PASSPORTS YOU HAVE HAD (GIVE APPROXIMATE DATES): None.

PASSPORTS OF OTHER NATIONS: None

IF BORN OUTSIDE U.S.: DATE OF ARRIVAL IN THIS COUNTRY: Not applicable PORT OF ENTRY: _____ PASSPORT OF COUNTRY: _____

LAST U.S. VISA: NUMBER: Not applicable TYPE: _____ DATE: _____ PLACE OF ISSUE: _____

SECTION 2. PHYSICAL DESCRIPTION

AGE: 35 SEX: Male HEIGHT: 6' WEIGHT: 174 lbs. EYES: grey HAIR: grey
 COMPLEXION: Ruddy SCARS: None BUILD: Medium

OTHER DISTINGUISHING FEATURES: None

SECTION 3. MARITAL STATUS

MARRIED WIDOWED SEPARATED DATE OF SEPARATION OR DIVORCE _____ PLACE _____
 SINGLE DIVORCED

REASON FOR SEPARATION OR DIVORCE _____

NOTE: IF YOU HAVE BEEN MARRIED MORE THAN ONCE USE A SEPARATE SHEET FOR FORMER WIFE OR HUSBAND AND GIVE DATA REQUIRED BELOW FOR ALL PREVIOUS MARRIAGES.

NAME OF WIFE OR HUSBAND FIRST _____ MIDDLE (FOR WIFE, MAIDEN) _____ LAST _____ DATE OF MARRIAGE _____

PLACE OF MARRIAGE (HIS OR HER ADDRESS BEFORE MARRIAGE) STREET AND NUMBER _____ CITY _____ STATE _____ COUNTRY _____

LIVING DECEASED DATE OF DECEASE _____ CAUSE _____

PRESENT OR LAST ADDRESS STREET AND NUMBER _____ CITY _____ STATE _____ COUNTRY _____

DATE OF BIRTH _____ PLACE OF BIRTH _____ CITY _____ STATE _____ COUNTRY _____

CITIZENSHIP U.S.A. DATE ACQUIRED _____ WHERE ACQUIRED _____ CITY _____ STATE _____ COUNTRY _____

OCCUPATION _____ LAST EMPLOYER _____

EMPLOYER'S OR OWN BUSINESS ADDRESS STREET AND NUMBER _____ CITY _____ STATE _____ COUNTRY _____

DATE OF MILITARY SERVICE FROM: _____ TO: _____ BRANCH OF SERVICE _____ COUNTRY _____

OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN (GIVE DETAILS) _____

SECTION 4. CHILDREN OR DEPENDENTS (INCLUDE PARTIAL DEPENDENTS)

NAME _____ RELATIONSHIP _____ AGE _____

CITIZENSHIP _____ ADDRESS STREET AND NUMBER _____ CITY _____ STATE _____ COUNTRY _____

NAME _____ RELATIONSHIP _____ AGE _____

CITIZENSHIP _____ ADDRESS STREET AND NUMBER _____ CITY _____ STATE _____ COUNTRY _____

NAME _____ RELATIONSHIP _____ AGE _____

CITIZENSHIP _____ ADDRESS STREET AND NUMBER _____ CITY _____ STATE _____ COUNTRY _____

SECTION 5. PARENTS

NOTE: FOR STEPFATHER, STEPMOTHER AND/OR GUARDIAN, GIVE THE SAME INFORMATION AS REQUIRED BELOW ON SEPARATE SHEET.

NAME OF FATHER FIRST _____ MIDDLE _____ LAST _____ (LIVING DECEASED

DATE OF DECEASE _____ CAUSE _____

PRESENT OR LAST ADDRESS STREET AND NUMBER _____ CITY _____ STATE _____ COUNTRY _____

DATE OF BIRTH _____ PLACE OF BIRTH _____ CITY _____ STATE _____ COUNTRY _____

CITIZENSHIP U.S.A. DATE ACQUIRED _____ WHERE ACQUIRED _____ CITY _____ STATE _____ COUNTRY _____

OCCUPATION _____ LAST EMPLOYER _____

EMPLOYER'S OR OWN BUSINESS ADDRESS STREET AND NUMBER _____ CITY _____ STATE _____ COUNTRY _____

SECTION 6. PARENTS

SECTION 5. PARENTS (CONTINUED PAGE 2)						
DATE OF MILITARY SERVICE		BRANCH OR SERVICE		COUNTRY		
OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN (GIVE DETAILS)						
NAME OF MOTHER		FIRST	MIDDLE	LAST		LIVING <input type="checkbox"/> DECEASED <input type="checkbox"/>
DATE OF DECEASE		CAUSE				
PRESENT OR LAST ADDRESS		STREET AND NUMBER		CITY	STATE	COUNTRY
DATE OF BIRTH		PLACE OF BIRTH		CITY	STATE	COUNTRY
CITIZENSHIP		DATE ACQUIRED		WHERE ACQUIRED	CITY	STATE COUNTRY
OCCUPATION		LAST EMPLOYER				
EMPLOYER'S OR OWN BUSINESS ADDRESS		STREET AND NUMBER		CITY	STATE	COUNTRY
GOVERNMENT SERVICE, U.S. OR FOREIGN (GIVE DETAILS)						
SECTION 6. BROTHERS AND SISTERS (INCLUDING HALF-STEP- AND ADOPTED BROTHERS AND SISTERS)						
NAME		FIRST	MIDDLE	LAST		LIVING <input type="checkbox"/> DECEASED <input type="checkbox"/>
PRESENT ADDRESS		STREET AND NUMBER		CITY	STATE	COUNTRY
NAME		FIRST	MIDDLE	LAST		LIVING <input type="checkbox"/> DECEASED <input type="checkbox"/>
PRESENT ADDRESS		STREET AND NUMBER		CITY	STATE	COUNTRY
NAME		FIRST	MIDDLE	LAST		LIVING <input type="checkbox"/> DECEASED <input type="checkbox"/>
PRESENT ADDRESS		STREET AND NUMBER		CITY	STATE	COUNTRY
SECTION 7. PARENTS-IN-LAW						
NAME OF FATHER-IN-LAW		FIRST	MIDDLE	LAST		LIVING <input type="checkbox"/> DECEASED <input type="checkbox"/>
DATE OF DECEASE		CAUSE				
PRESENT OR LAST ADDRESS		STREET AND NUMBER		CITY	STATE	COUNTRY
DATE OF BIRTH		PLACE OF BIRTH		CITY	STATE	COUNTRY
CITIZENSHIP		DATE ACQUIRED		WHERE ACQUIRED	CITY	STATE COUNTRY
OCCUPATION		LAST EMPLOYER				
NAME OF MOTHER-IN-LAW		FIRST	MIDDLE	LAST		LIVING <input type="checkbox"/> DECEASED <input type="checkbox"/>
DATE OF DECEASE		CAUSE				
PRESENT OR LAST ADDRESS		STREET AND NUMBER		CITY	STATE	COUNTRY
DATE OF BIRTH		PLACE OF BIRTH		CITY	STATE	COUNTRY
CITIZENSHIP		DATE ACQUIRED		WHERE ACQUIRED	CITY	STATE COUNTRY
OCCUPATION		LAST EMPLOYER				

SECTION 8. RELATIVES

NOTE: INDICATE BELOW THE RELATIVES BY BLOOD, MARRIAGE OR ADOPTION, WHO LIVE ABROAD, ARE UNDER THE INFLUENCE OF A FOREIGN POWER, ARE NOT CITIZENS OF THE UNITED STATES, OR ARE MARRIED TO NON-CITIZERS.

NAME	RELATIONSHIP	AGE
CITIZENSHIP	ADDRESS STREET AND NUMBER	CITY STATE COUNTRY

REASON FOR LISTING UNDER THIS QUESTION

NAME	RELATIONSHIP	AGE
CITIZENSHIP	ADDRESS STREET AND NUMBER	CITY STATE COUNTRY

REASON FOR LISTING UNDER THIS QUESTION

NAME	RELATIONSHIP	AGE
CITIZENSHIP	ADDRESS STREET AND NUMBER	CITY STATE COUNTRY

REASON FOR LISTING UNDER THIS QUESTION

NOTE: INDICATE BELOW THE RELATIVES BY BLOOD OR MARRIAGE, IN MILITARY, NAVAL OR OTHER GOVERNMENT SERVICE (UNITED STATES OR FOREIGN)

NAME	RELATIONSHIP	AGE
CITIZENSHIP	ADDRESS STREET AND NUMBER	CITY STATE COUNTRY

TYPE AND LOCATION OF SERVICE (IF KNOWN)

NAME	RELATIONSHIP	AGE
CITIZENSHIP	ADDRESS STREET AND NUMBER	CITY STATE COUNTRY

TYPE AND LOCATION OF SERVICE (IF KNOWN)

NAME	RELATIONSHIP	AGE
CITIZENSHIP	ADDRESS STREET AND NUMBER	CITY STATE COUNTRY

TYPE AND LOCATION OF SERVICE (IF KNOWN)

SECTION 9. EDUCATION

SCHOOL	ADDRESS	CITY	STATE	COUNTRY
DATES ATTENDED	FROM	TO	DEGREE	
SCHOOL	ADDRESS	CITY	STATE	COUNTRY
DATES ATTENDED	FROM	TO	DEGREE	
COLLEGE	ADDRESS	CITY	STATE	COUNTRY
DATES ATTENDED	FROM	TO	DEGREE	
COLLEGE	ADDRESS	CITY	STATE	COUNTRY

SECTION 10. SELECTIVE SERVICE (THIS CONTINUED TO PAGE 7)

SECTION 10. SELECTIVE SERVICE (U.S.)			
CLASSIFICATION	GRADE NUMBER	APPROXIMATE INDUCTION DATE	BOARD NUMBER
ADDRESS OF BOARD		STREET AND NUMBER	CITY STATE
IF DEFERRED, STATE REASON			
SECTION 11. MILITARY, NAVAL OR OTHER GOVERNMENT SERVICE - UNITED STATES OR FOREIGN			
COUNTRY	SERVICE	SERVICE DATES FROM	TO
GRADE	SERIAL NUMBER	TYPE OF DISCHARGE	
LAST STATION		COMMANDING OFFICER	
REMARKS:			
By pulling military number has been reported to the Civil Intelligence Corps. At the present time I am assigned to the Civilian Office of the Panama Canal and employed as an investigator with the Civil Intelligence Branch, The Panama Canal.			
SECTION 12. CHRONOLOGICAL HISTORY OF EMPLOYMENT (USE ADDITIONAL SHEET IF NECESSARY)			
NOTE: INCLUDE BELOW PERIODS OF UNEMPLOYMENT AND CASUAL EMPLOYMENT. GIVE ADDRESS AND STATE WHAT YOU DID DURING PERIODS OF UNEMPLOYMENT. INCLUDE LAST 5 POSITIONS AND COVER AT LEAST 15 YEARS.			
EMPLOYER		JOB TITLE	
ADDRESS		KIND OF BUSINESS	
YOUR DUTIES AND SPECIALITY		NAME OF SUPERVISOR	
DATES COVERED	FROM	TO	SALARY PER
REASONS FOR LEAVING			
EMPLOYER		JOB TITLE	
ADDRESS		KIND OF BUSINESS	
YOUR DUTIES AND SPECIALITY		NAME OF SUPERVISOR	
DATES COVERED	FROM	TO	SALARY PER
REASONS FOR LEAVING			
EMPLOYER		JOB TITLE	
ADDRESS		KIND OF BUSINESS	
YOUR DUTIES AND SPECIALITY		NAME OF SUPERVISOR	
DATES COVERED	FROM	TO	SALARY PER
REASONS FOR LEAVING			
EMPLOYER		JOB TITLE	
ADDRESS		KIND OF BUSINESS	
YOUR DUTIES AND SPECIALITY		NAME OF SUPERVISOR	
DATES COVERED	FROM	TO	SALARY PER
REASONS FOR LEAVING			

SECTION 17. CHRONOLOGICAL HISTORY OF EMPLOYMENT (CONTINUED FROM PAGE 5)

YOUR DUTIES AND SPECIALTY		NAME OF SUPERVISOR	
Not applicable		Not applicable	
DATES COVERED	FROM	TO	PER
	Not applicable	Not applicable	Not applicable
REASONS FOR LEAVING			
Not applicable			
EMPLOYER		JOB TITLE	
Not applicable		Not applicable	
ADDRESS	STREET AND NUMBER	CITY	STATE
Not applicable	Not applicable	Not applicable	Not applicable
YOUR DUTIES AND SPECIALTY		NAME OF SUPERVISOR	
Not applicable		Not applicable	
DATES COVERED	FROM	TO	PER
	Not applicable	Not applicable	Not applicable
REASONS FOR LEAVING			
Not applicable			
EMPLOYER		JOB TITLE	
Not applicable		Not applicable	
ADDRESS	STREET AND NUMBER	CITY	STATE
Not applicable	Not applicable	Not applicable	Not applicable
YOUR DUTIES AND SPECIALTY		NAME OF SUPERVISOR	
Not applicable		Not applicable	
DATES COVERED	FROM	TO	PER
	Not applicable	Not applicable	Not applicable
REASONS FOR LEAVING			
Not applicable			

NOTE: IN SPACE BELOW GIVE DETAILS CONCERNING ANY POSITION FROM WHICH YOU MAY HAVE BEEN DISCHARGED OR WHICH YOU MAY HAVE LEFT UNDER CIRCUMSTANCES WHICH WERE NOT ENTIRELY FAVORABLE.

DETAILS:

Not applicable

SECTION 18. CHARACTER REFERENCES—FIVE IN THE UNITED STATES (GIVE BUSINESS ADDRESS WHERE POSSIBLE)

NAME	ADDRESS, STREET AND NUMBER	CITY	STATE
[Redacted]	[Redacted]	[Redacted]	[Redacted]
NAME	ADDRESS, STREET AND NUMBER	CITY	STATE
[Redacted]	[Redacted]	[Redacted]	[Redacted]
NAME	ADDRESS, STREET AND NUMBER	CITY	STATE
[Redacted]	[Redacted]	[Redacted]	[Redacted]
NAME	ADDRESS, STREET AND NUMBER	CITY	STATE
[Redacted]	[Redacted]	[Redacted]	[Redacted]
NAME	ADDRESS, STREET AND NUMBER	CITY	STATE
[Redacted]	[Redacted]	[Redacted]	[Redacted]

SECTION 19. SOCIAL ACQUAINTANCES—FIVE IN THE UNITED STATES (GIVE BUSINESS ADDRESS WHERE POSSIBLE)

NAME	ADDRESS, STREET AND NUMBER	CITY	STATE
[Redacted]	[Redacted]	[Redacted]	[Redacted]
NAME	ADDRESS, STREET AND NUMBER	CITY	STATE
[Redacted]	[Redacted]	[Redacted]	[Redacted]
NAME	ADDRESS, STREET AND NUMBER	CITY	STATE
[Redacted]	[Redacted]	[Redacted]	[Redacted]
NAME	ADDRESS, STREET AND NUMBER	CITY	STATE
[Redacted]	[Redacted]	[Redacted]	[Redacted]
NAME	ADDRESS, STREET AND NUMBER	CITY	STATE
[Redacted]	[Redacted]	[Redacted]	[Redacted]

SECTION 20. NEIGHBORS—THREE IN THE UNITED STATES

[Redacted]

SECTION 15. NEIGHBORS—THREE IN THE UNITED STATES (AT YOUR LAST NORMAL ADDRESS)

NAME	ADDRESS STREET AND NUMBER	CITY	STATE
NAME	ADDRESS STREET AND NUMBER	CITY	STATE
NAME	ADDRESS STREET AND NUMBER	CITY	STATE

SECTION 16. MISCELLANEOUS

DID YOU EVER HAVE OR DO YOU NOW HAVE MEMBERSHIP IN, OR SUPPORT ANY POLITICAL PARTY OR ORGANIZATION WHICH ADVOCATES THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT IN THE UNITED STATES? YES NO

IF ANSWER IS "YES" EXPLAIN BELOW.

DO YOU USE, OR HAVE YOU USED "GAMBLERS"?

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

NO

HAVE YOU EVER BEEN COURT-MARTIALED WHILE A MEMBER OF THE ARMED FORCES? YES NO

IF ANSWER IS "YES", GIVE DETAILS BELOW.

SECTION 17. FINANCIAL BACKGROUND

ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY? YES NO IF ANSWER IS "NO", STATE SOURCES OF OTHER INCOME.

NAMES OF BANKS WITH WHICH YOU HAVE ACCOUNTS

HAVE YOU EVER BEEN IN BANKRUPTCY? YES NO IF ANSWER IS "YES", GIVE PARTICULARS:

SECTION 18. CREDIT REFERENCES—THREE IN THE UNITED STATES

NAME	ADDRESS STREET AND NUMBER	CITY	STATE
NAME	ADDRESS STREET AND NUMBER	CITY	STATE
NAME	ADDRESS STREET AND NUMBER	CITY	STATE

SECTION 19. RESIDENCES FOR PAST 15 YEARS

FROM:	TO:	ADDRESS STREET AND NUMBER	CITY	STATE	COUNTRY
FROM:	TO:	ADDRESS STREET AND NUMBER	CITY	STATE	COUNTRY
FROM:	TO:	ADDRESS STREET AND NUMBER	CITY	STATE	COUNTRY

SECTION 23. GENERAL QUALIFI

INDICATE ANY SPECIAL KNOWLEDGE OR TRAINING YOU HAVE, ALSO, SET FORTH ANY QUALIFICATIONS AS A RESULT OF TRAINING OR EXPERIENCE, WHICH MIGHT FIT YOU FOR A PARTICULAR POSITION.

I completed the 11th Airborne Division at Fort Benning, Ga. in 1944, attended the advanced course at Chicago, Ill. in 1947 and received 3 weeks training at the CIO AIF school in Ogden, Utah in 1944. I have worked as an agent for CIO since 1947 in Norfolk, Va., Dayton, Ohio, and Baltimore and as resident agent in Columbus, Ohio and Philadelphia, Pa.

SECTION 24. SPORTS AND HOBBIES

CIO, etc.

SECTION 25. EMERGENCY ADDRESSEE

NAME		RELATIONSHIP			
[Redacted]		[Redacted]			
ADDRESS	STREET AND NUMBER	CITY	STATE	COUNTRY	TELEPHONE
	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]

SECTION 26. INFORMATION AND FINAL COMMENTS

NOTE: YOU ARE INFORMED THAT CORRECTNESS OF ALL STATEMENTS MADE HEREIN WILL BE INVESTIGATED, AND YOU ARE INVITED TO MAKE ANY CHANGES (OR ADDITIONS) IN YOUR STATEMENTS, THAT YOU MAY THINK ADVISABLE.

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

NO

SECTION 27. CERTIFICATION

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

SIGNED BY Bellona Hester Ransdell DATE 17 July 1950

[Redacted Signature Box] [Redacted Date Box]

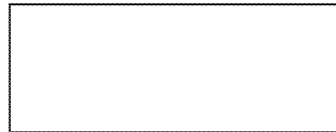
SECRET

~~SECURITY INFORMATION~~

TO : Chief, Communications
Acting
FROM : Chief, Security Division
SUBJECT:
#13726

DATE: 8 August 1952

In reply to your memorandum this is to advise that subject meets the current requirements for cryptographic clearance and is approved for such duties as of this date.



SECRET

*WIA
5/20/52
UN*

SECRET
CONFIDENTIAL
SECURITY INFORMATION
SECURITY APPROVAL

Date: 9 May 1952

TO: Chief, Covert Personnel Division

Your Reference: L-9389

FROM: Chief, Security Division

Case Number: 43720

SUBJECT:

1. This is to advise you of security action in the subject case as indicated below:

- Security approval is granted the subject person for access to classified information.
- Provisional clearance for full duty with CIA is granted under the provisions of Paragraph D of Regulation 10-9 which provides for a temporary appointment pending completion of full security investigation.
- The Director of Central Intelligence has granted a provisional clearance for full duty with CIA under the provisions of Paragraph H of Regulation 10-9.

2. Unless the subject person enters on duty within 60 days from the above date, this approval becomes invalid.

3. Subject is to be polygraphed as part of the EOD procedures.

*not
15 May*

C. V. PROBLEY

*EOD: 25 June 1952
per Miss
6/3/52*

*20 EOD: about 25 June 1952
in Washington Per
5/20/52*

SECRET

K

050 JJ
40

~~SECRET~~

SECURITY APPROVAL

To : Chief, Employees Division, Special Support Staff
Personnel Office
Date: NOV 20 1950

From : Chief of Inspection and Security
Number: 43726

Subject:
#43726

1. Note "X" below:

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

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

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

2. Your memorandum dated 14 August 1950 stated Subject is an applicant for FDT.

Chief, Personnel Security Division
Chief, Special Security Branch

modified
22 Nov 50
C.H.

BR

~~SECRET~~
CONFIDENTIAL

RECORD OF
PREVIOUS GOVERNMENT
SERVICE RETURNED TO
FEDERAL RECORDS CENTER IN
ST. LOUIS, MO.

DATE

7/13/73

JS