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HOUSE SELECT COMMITTEE ON ASSASSINATIONS STAFF MEMBERS

SECRET

FILE TITLE/NUMBER/VOLUME: JANASOFF June

INCLUSIVE DATES: 9/4/56 - 9/8/63

CUSTODIAL UNIT/LOCATION: Office of Personnel

ROOM: 5E13

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

NO DOCUMENTS MAY BE COPIED OR REMOVED FROM THIS FILE

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TARASOFF, ANNA -  
D 25935

28 March 1957

Mrs. Anna Tarasoff  
2819 Gainesville Street, S. E., Apt. 202  
Washington, D. C.

Dear Mrs. Tarasoff:

We wish to inform you that the preliminary processing of your application has been accomplished and that you may enter on duty immediately on a temporary basis at Grade GS-4, salary \$1415.00 per annum as Clerk.

Your temporary appointment will be subject to taking an oath of office, signing a loyalty affidavit, and completing a medical examination which will include determination of physical health and emotional stability. If you enter on duty based on this preliminary processing, you will be assigned to the Interim Assignment Section pending the completion of the full processing and a final security interview. The Interim Assignment Section is a "pool" where you will be doing clerical work of a routine nature. Should anything of an unfavorable nature arise during this period, your employment will not result in a permanent appointment; otherwise you then will be placed on duty in the position for which employed.

If you are interested in this temporary position please call Mrs. [redacted] on Executive 3-6115, extension 2781, as soon as possible to advise her of the exact date you will report. We would appreciate your selecting a Monday. You may prefer to await the completion of the full processing which will require about 60 to 90 more days. In any event we would appreciate your calling Mrs. [redacted] promptly and informing her of your plans. In the meantime, it is requested that you submit three passport-size photographs of yourself as soon as possible.

Please report to the Receptionist at Curie Hall at 8:15 a.m. and ask for Mrs. [redacted] on the reporting-for-duty date that you establish with this office. Curie Hall is located at the intersection of 23rd Street, Independence Avenue and Ohio Drive, S.W., with entrance on Ohio Drive.

Employees of this Agency are entitled to the regular United States Government leave and retirement benefits.

The gross salary quoted will be subject to deductions for Federal income tax and 6½ percent for the United States Civil Service Retirement Fund. In addition, the benefits of low-cost group life insurance are available to Federal civilian employees. The enclosed pamphlet outlines the features of the program and lists the amount which will be deducted from your salary each pay period for this term insurance. This insurance is not obligatory. However, if you do not wish coverage, which is automatic, you should sign a Waiver of Life Insurance Coverage form at the time you enter on duty.

You will not receive a pay check for approximately four weeks after you enter on duty.

If you have any problems, Mrs. [ ] will be glad to discuss them with you when you call.

Very truly yours,

G. M. Stewart  
Director of Personnel

Enclosures (2)  
Life Insurance Pamphlet  
Map

OP/CURRE 3/bjs/ETMXX (PI)

CONFIDENTIAL			
CLERICAL & COMMUNICATIONS REPORT OF INTERVIEW	DATE AND PLACE OF INTERVIEW 2-5 and 2-12-57		CLEARANCE REQUESTED <input checked="" type="checkbox"/> FULL <input type="checkbox"/> PROFESSIONAL
	SOURCE Husband: ag.ency employee	AVAILABILITY DATE INDICES CLEARANCE REQUESTED	
NAME (Last - First - Middle) TARASOFF, Anna KMT	MARITAL STATUS M; 2 children	SEX F	DATE OF BIRTH 5-5-23
PERMANENT ADDRESS 2619 Gainesville Street S.E., Washington, D.C. (Apartment 202)			TELEPHONE LU 4-1380
TEMPORARY ADDRESS			TELEPHONE
POSITION RECOMMENDED (Grade and Title) GS-4 Clerk	TEST SCORES		
	LA-5 SILE	TYPING	SHORTHAND
ACCEPTABLE STATION	CITIZENSHIP		
<input checked="" type="checkbox"/> WASHINGTON, D.C. <input type="checkbox"/> ANYWHERE IN U.S.	<input checked="" type="checkbox"/> U.S. BY BIRTH		
<input type="checkbox"/> OVERSEAS (Under conditions stipulated) LIMITATIONS      o/s per husband's assignments	<input type="checkbox"/> U.S. BY NATURALIZATION DATE PREVIOUS NATIONALITY <input type="checkbox"/> OTHER (Specify)		
HEALTH Generally good	FOREIGN RELATIVES No 20-210 claimed		
BACKGROUND AND EVALUATION			
MILITARY SERVICE, IF ANY (Primary and duty MOS and length of time in each, training, dates of entrance and discharge, areas visited).			
INDICES CLEARANCE <input checked="" type="checkbox"/> IR 10 SO / SG 1c Medical			
EVALUATION AND BACKGROUND DATA (Include education and work experience)			
<p>Miss Taraseff is the wife of Boris Taraseff, FBI employee. She first made application shortly after her husband's EOD while she and the children were still in California. Attempts to have her tested and interviewed on the West Coast were unsuccessful.</p> <p>The family is all now gathered in D.C.; the children are in school; arrangements have been made for the care of the children during the lags between the end of the school day and the end of the parents work day.</p> <p>Test results are very interesting. It would appear that Mrs. Taraseff should be able to do a most adequate job in a clerical job of the most deadly routine nature. I'm quite sure such positions are available in the Agency.</p> <p>Mrs. Taraseff apparently has a reasonably good command of Russian, both spoken and written; I gathered that some of the household conversation is carried on in that language. <b>HOWEVER</b>, I gave her absolutely no assurance that we would be able to utilize this skill.</p> <p>She is interested in employment as soon as possible and I discussed an Indices Clearance with her. The Pool, the temporary indefinite appointment, et al, were described in lurid detail. She is willing and interested.</p> <p>Personally, I found Mrs. Taraseff to be a very pleasant little woman. She is slight and slender with reddish hair; smiles easily and appears as easy to work with. GS-4 Clerk agreeable and recommended.</p>			
<b>INDICES CLEARANCE</b> <input type="checkbox"/> CIRCUMSTANCES ON REVERSE SIDE DATE REPORT AND FORMS FORWARDED TO HEADQUARTERS IR 10 SO / SG 1c      SUBMITTED D.L.Meoney, Ch/C, PPD/OP			

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(When Filled In)

## EMPLOYMENT INFORMATION

After my discussion with the field representative, I wish to acknowledge the existence of the following conditions of employment:

### A. Qualifications:

- (1) Upon my arrival in Washington I understand I will be tested to determine (a) my general aptitude; (b) my typing skill if I am being considered for a typing position, the minimum standards for which are 40 words per minute net speed; (c) my stenographic skill if I am being considered for a stenographic or secretarial position, the minimum standards for which are 80 words per minute accurate transcription with at least 40 words per minute net typing speed.
- (2) I understand that should I fail to meet the minimum standards as outlined above I will be given an opportunity to receive refresher training. As soon as I am able to meet the prescribed standards I will then be assigned to a position within the organization. If, within a reasonable period of time, I should fail to meet the minimum skills requirements, I understand that I will be assigned to a position not requiring specific skills if such a position exists. (For example: An individual initially selected as a Clerk-Typist who is not able to qualify fully as a typist would be assigned to any available clerical position.)

### B. Initial Placement:

I understand there are initial placement procedures, including the testing and refresher training outlined above, that may require a period of several weeks before I am given my specific job assignment. I have had explained to me the operations of the interim assignment group where I may expect to receive the testing and refresher training mentioned and where I will work pending my specific job assignment.

### C. Overseas Possibilities:

- (1) I have not been promised an overseas assignment. I understand I must demonstrate fully my abilities while on a Washington, D.C. assignment after which I may be considered for whatever positions may exist for which I am qualified. The decision to assign me to an overseas post rests with responsible individuals in the Washington office.
- (2) I understand that from past experience of the organization I may expect to remain on a Washington assignment from 1½ to 2 years before I may be considered for an overseas post.
- (3) I understand that overseas assignments in the clerical and general administrative categories require, for most positions, typing and stenographic skills.

### D. General:

I understand that any eventual assignment to a professional type position, if I am qualified for such by specific education, training, or experience, will depend upon the existence of a suitable vacancy and that no promises to the contrary have been made to me.

Date: February 17, 1957

Anne T. Nichols  
Signature of Applicant

CENTRAL INTELLIGENCE AGENCY  
WASHINGTON 25, D. C.

Applicant Information  
Sheet No. 1

To all persons applying for employment  
with the Central Intelligence Agency:

This paper is the first step in applying for employment or consultant  
status with the Central Intelligence Agency. No application may proceed  
beyond this first step if the applicant is not in agreement with the  
conditions stated below:

General Considerations:

1. The National Security Act of 26 July 1947 (Public Law 253, 80th  
Congress) which created the Central Intelligence Agency places upon the  
Agency the responsibility:

a. "to advise the National Security Council in matters concerning  
such intelligence activities of the Government departments and agencies  
as relate to the national security;

b. "to make recommendations to the National Security Council  
for the coordination of such intelligence activities of the depart-  
ments and agencies of the Government as relate to the national  
security;

c. "to correlate and evaluate intelligence relating to the  
national security, and provide for the appropriate dissemination  
of such intelligence within the Government . . . ;

d. "to perform, for the benefit of the existing intelligence  
agencies, such additional services of common concern as the National  
Security Council determines can be more efficiently accomplished  
centrally;

e. "to perform such other functions and duties related to  
intelligence affecting the national security as the National Security  
Council may from time to time direct."

The special character of this national responsibility requires the Agency to maintain correspondingly special employment criteria which may be different from the routine or normal employment standards of other Government departments and agencies which do not have the highly sensitive responsibility borne by the Central Intelligence Agency. It follows that the investigation of applicants prerequisite to their acceptance is a time-consuming process which, in addition to loyalty and security checks, includes evaluation of competence, physical and emotional fitness, and availability of a suitable position at such time as employment may be offered. This is called "clearance" of an applicant.

2. Investigation of an applicant may reveal something which prevents his clearance - perhaps something of which the applicant is genuinely unaware, perhaps something which only the special employment criteria of the Agency make unacceptable. In any event, adverse findings by the Agency are conclusive and final so far as the Agency is concerned, and no statement of specific reasons is made to the applicant.

3. Employment by the Central Intelligence Agency is not a right upon which an applicant can insist. Offer of employment which is subject to full clearance does not constitute a commitment on the Agency's part giving an unsuccessful applicant grounds for any claim against the Agency. Acceptance of employment upon the condition of clearance is at the applicant's risk, taken with the knowledge that a very substantial percentage of applicants are not cleared.

Statement of Understanding  
and Agreement

I have read, understand, and agree to the foregoing General Considerations. If not accepted for employment by the Central Intelligence Agency, I will make no claim or demand in conflict with those considerations.

I have also seen and read Applicant Information Sheet No. 2.

(Signature)  
(Signature of Applicant)

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(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED 6 September 1963			
1. SERIAL NUMBER <b>025935</b>	2. NAME (Last-First-Middle) <b>TARASOFF, ANNA</b>						
3. NATURE OF PERSONNEL ACTION <b>RESIGNATION (FROM LWOP)</b>			4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR <b>9 8 63</b>	5. CATEGORY OF EMPLOYMENT <b>REGULAR</b>			
6. FUNDS VV v TO V CF TO V	V TO CP CF TO CF	7. COST CENTER NO. CHARGEABLE <b>4227-1990-1000</b>			8. LEGAL AUTHORITY (Completed by) Office of Personnel		
9. ORGANIZATIONAL DESIGNATIONS <b>DDP CI STAFF CS/CS/ DEVELOPMENT COMPLEMENT</b>			10. LOCATION OF OFFICIAL STATION <b>WASHINGTON, D.C.</b>				
11. POSITION TITLE <b>INTELLIGENCE CLERK</b>			12. POSITION NUMBER <b>#9997</b>	13. CAREER SERVICE DESIGNATION <b>D</b>			
14. CLASSIFICATION SCHEDULE (GS, LS, etc.) <b>GS</b>		15. OCCUPATIONAL SERIES <b>0301.27</b>	16. GRADE AND STEP <b>GS-6 4</b>	17. SALARY OR RATE <b>\$ 5545</b>			
18. REMARKS FROM: DDP/CI STAFF/CS/CS/DEVELOPMENT COMPLEMENT/ INTELLIGENCE CLERK/WASH., D.C./# 9997							
<p>Memorandum of Resignation attached cc to Security &amp; Finance</p> <p>Subject is re-employable in the opinion of CI Staff</p> <div style="text-align: right; margin-right: 100px;">  <p><i>[Signature]</i></p> </div>							
18A. SIGNATURE OF REQUESTING OFFICIAL 		DATE SIGNED <b>6/9/63</b>	18B. SIGNATURE OF CAREER SERVICE APPROVING		DATE SIGNED <b>13 Sept 63</b>		
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
19. ACT. CARRIER, EMP. ST. CODE <b>43 19</b>	20. OFFICE CODES NUMERIC <b>43 19</b>	21. STATION CODE ALPHABETIC <b>43 0001</b>	22. INTERSTATE CODE <b>/</b>	23. MOBILES CODE <b>05 05 123</b>	24. DATE OF BIRTH MO. DA. YR. <b>05 05 123</b>	25. DATE OF SEPARATION MO. DA. YR. <b> </b>	26. DATE OF LEAVE MO. DA. YR. <b> </b>
20. RITE EXP. RES	29. SPECIAL REFERENCE MO. DA. YR. <b> </b>	30. RETIREMENT DATA 1 - CSC 2 - FILER 3 - NONE	31. SEPARATION DATA CODE TYPE <b>EOD DATA</b>	32. CORRECTION/CANCELLATION DATA TYPE <b> </b>	33. SECURITY REQD. NO. <b> </b>	34. SEC. SOCIAL SECURITY NO. <b> </b>	
35. VET. PREFERENCE CODE <b>0 - NO 1 - 5 yrs. 2 - 10 yrs.</b>	36. SERV. COMP. DATE MO. DA. YR. <b> </b>	37. LONG. COMP. DATE MO. DA. YR. <b> </b>	38. CAREER CATEGORY CART/RESV PROV/TEMP <b> </b>	39. FEGL / HEALTH INSURANCE U - WORKER T - YES <b> </b>	40. STATE TAX DATA CODE <b> </b>		
41. PREVIOUS GOVERNMENT SERVICE DATA CODE <b>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)</b>	42. LEAVE CAT. CODE <b> </b>	43. FEDERAL TAX DATA FORM EXECUTED CODE <b>1 - YES 2 - NO</b>	44. MO. TAX EXEMPTIONS <b> </b>	45. FORM EXECUTED CODE <b>1 - YES 2 - NO</b>	46. STATE TAX DATA CODE <b> </b>		
47. POSITION CONTROL CERTIFICATION  <b>1955P</b>	48. O.P. APPROVAL  <b>E. O. Daugherty, Esq. Carl Battisti, Lt. Col. USAF</b>	49. DATE APPROVED  <b>22 Sept 63</b>					

**SECRET**

(Form Filled In)

**EMPLOYEE NOTICE OF RESIGNATION****I RESIGN EFFECTIVE****OFFICE OF PERSONNEL****FOR THE FOLLOWING REASON:**

(Date)

SEP 17 1 55 PM '63

MAIN ROOM

*From L. W. -  
cc. husband  
Enclosed memo.*

MY LAST WORKING DAY WILL BE	DATE SIGNED	SIGNATURE OF EMPLOYEE

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

**INSTRUCTIONS**

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

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

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

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

**First Line**  
 Major Component (Director, Deputy Director, etc.)  
 Office, Major Staff, etc.  
 Division or Staff (subordinate to first line)  
 Branch  
 Section  
 Unit

Item 11 - "Position Title" should reflect the standard abbreviated title given in the most current edition of the Position Control Register or reported on Form 261, Staffing Complement Change Authorization.

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

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

**SECRET**

MHC: 26 SEPT 83

NOTIFICATION OF PERSONNEL ACTION			
1. SERIAL NUMBER	2. NAME (LAST FIRST MIDDLE)		
025935	TARASOFF ANNA		
3. NATURE OF PERSONNEL ACTION <b>RESIGNATION FROM LWOP</b>		4. EFFECTIVE DATE 09 08 63	5. CATEGORY OF EMPLOYMENT <b>REGULAR</b>
6. FUNDS 	V TO V CF TO V	V TO CP CF TO CP	7. COST CENTER NO. CHARGEABLE 4227 1890 1000 8. CSC OR OTHER LEGAL AUTHORITY
9. ORGANIZATIONAL DESIGNATIONS		10. LOCATION OF OFFICIAL STATION	
11. POSITION TITLE <b>INTELLIGENCE CLERK</b>		12. POSITION NUMBER <b>9997</b>	13. SERVICE DESIGNATION <b>D</b>
14. CLASSIFICATION SCHEDULE (GS, LS, etc.) <b>GS</b>	15. OCCUPATIONAL SERIES <b>0301.27</b>	16. GRADE AND STEP <b>06 4</b>	17. SALARY OR RATE <b>5545</b>
18. REMARKS			
SIGNATURE OR OTHER AUTHENTICATION			

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED			
1. SERIAL NUMBER		2. NAME (Last-First-Middle)		5 June 1963			
025935		TARASOFF, ANNA		1030 06-12-63			
3. NATURE OF PERSONNEL ACTION		4. EFFECTIVE DATE REQUESTED		5. CATEGORY OF EMPLOYMENT			
LWOP <del>REASSIGNMENT</del> and		06 12 63		REGULAR			
6. FUNDS		X TO V	V TO CF	7. COST CENTER NO. CHARGED			
		CF TO V	CF TO CE	ABLE			
8. ORGANIZATIONAL DESIGNATIONS		10. LOCATION OF OFFICIAL STATION					
DDP CI STAFF		WASHINGTON, D.C.					
CS DEVELOPMENT COMPLEMENT							
11. POSITION TITLE		12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION			
INTELL CLERK		01 9997		D			
14. CLASSIFICATION SCHEDULE (GS, LS, etc.)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP			
GS		C3C1-27 0328.01		66 4			
17. SALARY OR RATE		5,545.					
18. REMARKS <i>Leave!</i> FROM: DDP CI STAFF/SPECIAL INVESTIGATION GROUP/PROJECTS IN/INTELL CLK/WASH., D.C./0151 Employee's last working day 7 June 1963. LWOP (HHS 20-1 Para. 10 a.) Leave of absence to accompany husband to new station - not to exceed 90 days. cc to security and finance <i>To begin upon expiration of annual leave.</i>							
19. SIGNATURE OF REQUESTING OFFICIAL		DATE SIGNED		20. SIGNATURE OF CAREER SERVICE APPROVING OFFICER			
<i>Byron B. Bureau</i> CI STAFF		5 Jun 63		<i>H. Bremmer and</i> 6/8/63			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
21. ATTN	22. EMPLOY. CODE	23. USE IN CODING	24. STATION CODE	25. INTERF. CODE	26. DATE OF BIRTH	27. DATE OF DEATH	28. DATE OF LEV.
CODE	CODE	ALPHABETIC			MO. DA. YE.	MO. DA. YE.	MO. DA. YE.
38	18	320210 T	75713		05 05 23		
29. R.R. EXPIRES	30. SPEC. REFERENCE	31. RETIREMENT DATA	32. SEPARATION DATA CODE	33. CORRECTION/ CANCELLATION DATA	34. SECURITY REG. NO.	35. SER. REG. NO.	
MO. DA. YE.		1 - CST 3 - FICA 5 - NONE	CCDF	TYPE	MO. DA. YE.		
36. VET. PREFERENCE		37. SERV. COMM. DATE	38. LONG. COMM. DATE	39. CAREER CATEGORY	40. FEGL / HEALTH INSURANCE	41. SOCIAL SECURITY NO.	
CODE	0 - NONE 1 - 5 yrs. 2 - 10 yrs.	MO. DA. YE.	MO. DA. YE.	CAR/RESV PROV/TEMP	CODE 0 - DRIVER 1 - YES	CODE 00000000	
42. PREVIOUS GOVERNMENT SERVICE DATA		43. LEAVE PAY CODE		44. FEDERAL TAX DATA		45. STATE TAX 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)			FORM EXECUTED	CODE 1 - YES 2 - NO	FORM EXECUTED	CODE 1 - YES 2 - NO
46. POSITION CONTROL CERTIFICATION		47. O.P. APPROVAL				48. DATE APPROVED	
12 JUN 63 <i>Byron B. Bureau</i>							

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION								DATE PREPARED	
1. SERIAL NUMBER		2. NAME (Last-First-Middle)						5 June 1963	
025935		TARASOFF, ANNA							
3. NATURE OF PERSONNEL ACTION <b>LWOP AND REASSIGNMENT</b>								4. EFFECTIVE DATE REQUESTED	5. CATEGORY OF EMPLOYMENT
								MONTH      DAY      YEAR	REGULAR
6. FUNDS		X V TO V	V TO CF	7. COST CENTER NO. CHARGEABLE		8. LEGAL AUTHORITY (Completed by Office of Personnel)			
		CF TO V	CF TO CF	3227-1990-1000					
9. ORGANIZATIONAL DESIGNATIONS <b>DDP CI STAFF</b> <b>CS DEVELOPMENT COMPLEMENT</b>								10. LOCATION OF OFFICIAL STATION <b>WASHINGTON, D.C.</b>	
11. POSITION TITLE <b>INTELL CLERK</b>								12. POSITION NUMBER <b>01 9997</b>	13. CAREER SERVICE DESIGNATION <b>D</b>
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
GS		0319.01		6 4		5,545.			
18. REMARKS FROM: DDP CI STAFF/SPECIAL INVESTIGATION GROUP/PROJECTS BR/INTELL CLK/WASH., D.C./0151 Employee's last working day 7 June 1963. LWOP (HHS 20-1 Para. 10 a.) Leave of absence to accompany husband to new station - not to exceed 90 days. cc to security and finance									
19. SIGNATURE OF REQUESTING OFFICIAL <i>Ronald J. Barnes</i> <b>CI STAFF</b>				DATE SIGNED <b>5 Jun 63</b>		20. SIGNATURE OF CAREER SERVICE APPROVING OFFICER			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL									
19. ACTION CODE	20. EMPLOYEE CODE	21. OFFICE CODING	22. STATION CODE	23. INTELL CODE	24. MOOTS CODE	25. DATE OF BIRTH	26. DATE OF GRANT	27. DATE OF LET	
		NUMERIC	ALPHABETIC			MO. DA. YR.	MO. DA. YR.	MO. DA. YR.	
28. WTE EXPIRES	29. SPECIAL PREFERENCE	30. RETIREMENT DATA	31. SEPARATE PAY	32. CORRECTION/CANCELLATION DATA			33. SECURITY REG. NO.	34. SEA	
MO. DA. YR.		1 - CSC 3 - FICA 5 - NONE	CODE	DATA CODE	TYPE	MO. DA. YR.			
35. VET. PREFERENCES	36. SERV. COMM. DATE	37. LONG. COMM. DATE	38. CAREER CATEGORY	39. FELA / HEALTH INSURANCE	40. SOCIAL SECURITY NO.				
CODE	MO. DA. YR.	MO. DA. YR.	CAREER PROV TEMP	CODE	CODE	G - WORKED 1 - YES	HEALTH INS. CODE		
41. PREVIOUS GOVERNMENT SERVICE DATA	42. LEAVE CAT. CODE	43. FEDERAL TAX DATA	44. STATE TAX DATA						
CODE		FEDERAL TAX CODE	AD. TAX EXEMPTIONS		STATE TAX CODE	CODE	NO. TAX EXEMPT	STATE CODE	
0 - NO PREVIOUS SERVICE 1 - 5 yrs. 2 - 10 yrs.			1 - YES 2 - NO			1 - YES 2 - NO			
45. POSITION CONTROL CERTIFICATION	46. O.P. APPROVAL						DATE APPROVED		

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION								DATE PREPARED 25 November 1960		
1. SERIAL NUMBER <i>A25935</i>	2. NAME (Last-First-Middle) <b>TARASOFF, ANNA</b>									
3. NATURE OF PERSONNEL ACTION <b>PROMOTION</b>				4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR <b>C.1 C.5 G.1</b>			5. CATEGORY OF EMPLOYMENT <b>REGULAR</b>			
6. FUNDS 		V TO V	V TO CF	7. COST CENTER NO. CHARGEABLE <b>1227-1001-10</b>			8. LEGAL AUTHORITY (Completed by (Office of Personnel))			
9. ORGANIZATIONAL DESIGNATIONS <b>DDP CI STAFF SPECIAL INVESTIGATION GROUP PROJECTS BRANCH</b>				10. LOCATION OF OFFICIAL STATION <b>WASHINGTON, D.C.</b>						
11. POSITION TITLE <b>INTELL CLERK -SD-P</b>				12. POSITION NUMBER <b>0151</b>		13. PCN CONTROL NO. <b>D</b>				
14. CLASSIFICATION SCHEDULE (GS, LS, etc.) <b>GS 8104-86-6</b>		15. OCCUPATIONAL SERIES <b>0301.27</b>		16. GRADE AND STEP <b>06 + 2</b>		17. SALARY OR RATE <b>\$ 4830 - \$1995</b>				
18. REMARKS  FROM: DDP CI STAFF/SIG/PROJECTS BRANCH/0151  Memorandum of recommendation attached.										
19. SIGNATURE OF REQUESTING OFFICER <i>Bryson B. Burnes AC/ CI STAFF</i>				20. SIGNATURE OF CAREER SERVICE APPROVING OFFICER						
SPICE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL										
21. ACTION CODE <b>30</b>	22. OFFICE CODES <b>02</b>	23. STATION CODE <b>31</b>	24. EMPLOYEE CODE <b>7513</b>	25. DATE OF BIRTH <b>1 05 1973</b>	26. DATE OF DEATH <b>0 0 00</b>	27. DATE OF LES <b>0 0 00</b>				
28. ENTR. EXP. RES. <b>22 10 32 250</b>	29. SPECIAL REFERENCE <b>1 - CSC 3 - FICA 5 - None</b>	30. RETIREMENT DATA <b>CODE</b>	31. SEPARATION DATA CODE <b>TYPE</b>	32. CORRECTION/CANCELLATION DATA <b>TYPE</b>	33. SECURITY REG. NO. <b>EOB DATA</b>	34. SEC. REG. NO.				
35. RET. PREFERENCE <b>0 - NONE 1 - 54% 2 - 100%</b>	36. SERV. COMP. DATE <b>00 00 0000</b>	37. LONG. COMP. DATE <b>00 00 0000</b>	38. SERV. CREDITED <b>0 - YES 1 - NO</b>	39. FED. / HEALTH INSURANCE <b>CODE</b>	40. SOCIAL SECURITY NO.					
41. PREVIOUS GOVERNMENT SERVICE DATA <b>0 - NO PREVIOUS SERVICE 1 - NO RECENT IN SERVICE 2 - RECENT IN SERVICE (LESS THAN 12 MOS) 3 - RECENT IN SERVICE (MORE THAN 12 MOS)</b>	42. LEAVE CAT. CODE <b>0</b>	43. FEDERAL TAX DATA <b>CODE</b>	44. STATE TAX DATA <b>CODE</b>	45. FEDERAL TAX EXEMPTIONS <b>0 - YES 1 - NO</b>	46. STATE TAX EXEMPTIONS <b>0 - YES 1 - NO</b>	47. FEDERAL STATE CODE <b>0</b>				
48. POSITION CONTROL CERTIFICATION  <i>M. H. 01-08-61</i>				49. APPROVAL						

### REQUEST FOR PERSONNEL ACTION

1. Serial No.	2. Name (Last-First-Middle)			3. Date Of Birth	4. Vets. Pref.	5. Sex	6. CSC Rate
125935	TARASOFF ANNA			Mo. Da. Yr.	Nonn-0 05 05 23	Code 5 PI-1 10 PI-2 0	Mo. Da. Yr.
7. SCD	8. CSC Retent.	9. CSC Or Other Legal Authority	10. Anct. Altidov.	11. FECILI	12. LCL	13. Eman. Sec.	
Mo. Da. Yr. 04 08 57	Yes - 1 No - 2	Code 1	50 USCA 403 J	Mo. Da. Yr. No. 8	Yes - 1 Code 04 09 57	Mo. Da. Yr. 04 09 57	Yes - 1 Code 2

#### PREVIOUS ASSIGNMENT

14. Organizational Designations		Code	15. Location Of Official Station		Station Code	
DDP CI STAFF SPECIAL PROJECTS DIV PROJECTS BRANCH		5412	WASH., D. C.		75013	
16. Dept. - Field	17. Position Title			18. Position No.	19. Serv.	20. Occup. Series
Dept. : Code USMIL : 2	INTEL CLK			0151.05	GS	0301.27
21. Grade & Step	22. Salary Or Rate	23. SD	24. Date Of Grade	25. PSI Due	26. Appropriation Number	
04 2	\$ 3850.00 DS		Mo. Da. Yr. 04 08 57	Mo. Da. Yr. 04 20 58	80303x27 9-2700-17-001	

#### ACTION

27. Nature Of Action	Code	28. Eff. Date	29. Type Of Employee	Code	30. Separation Date
Promotion	30	11/03/58	Regular		

#### PRESENT ASSIGNMENT

31. Organizational Designations		Code	32. Location Of Official Station		Station Code	
DDP/CI Staff Special Projects Div Projects Branch			Washington, D.C.			
33. Dept. - Field	34. Position Title			35. Position No.	36. Serv.	37. Occup. Series
Dept. : Code USMIL : 2	Intel CLK			0151.05	GS	0301.27
38. Grade & Step	39. Salary Or Rate	40. SD	41. Date Of Grade	42. PSI Due	43. Appropriation Number	
5 1	\$ 4040.00 pa	DS	Mo. Da. Yr. 11/03/58	Mo. Da. Yr. 11/03/58	9-2700-17-001	

#### SOURCE OF REQUEST

A. Requested By (Name And Title) <i>Byron B. Barnes</i> Byron B. Barnes C/CI Support	C. Request Approved By (Signature And Title) <i>J. W. Horton</i> S. Herman Horton DC/CI Staff
B. For Additional Information Call (Name & Telephone Ext.) 8537	

#### CLEARANCES

Clearance	Signature	Date	Clearance	Signature	Date
A. Career Board	<i>Allen R. Burroughs</i>	11/2/58	D. Placement		
B. Pos. Control	<i>R. G. J.</i>	12/2/58	E.		
C. Classification			F. Approved By	<i>J. W. Horton</i>	

Remarks

Promotion recommendations attached.

*6/5/58 11/2/58*

REQUEST FOR PERSONNEL ACTION												28 February 1958			
1. Serial No.	2. Name (Last-Fore-Middle)			3. Date Of Birth			4. Vat. Prof.	S. Sex	6. CS. EOD						
125935	TARASOFF ANNA			Mo.	Da.	Yr.	None-O 5 Pt-1 10 Pt-2	O F 2	Mo.	Da.	Yr.				
7. SCD	8. CSC Recd. CSC Or Other Legal Authority			10. Appt. Alt. Day	11. FEGLI			12. LCD	13. Min. Serv. Cred. Etc.						
No. Da. Yr.	Yes - 1	Code	No. 2	Mo. Da. Yr.	Yes - 1	Code	Mo. Da. Yr.	Yes - 1	Code	No. 2					
04 08 57															
(57) PREVIOUS ASSIGNMENT															
14. Organizational Designations				Code	15. Location Of Official Station				Station Code						
DDS OFFICE OF PERSONNEL PERSONNEL ASSIGNMENT CIV PLACEMENT BR CLERICAL INTERIM ASSIGNMENT SECT				2931	WASH., D. C.				75013						
16. Dept. - Field	17. Position Title			18. Position No.			19. Serv.	20. Occup. Series							
Dept. : USMID : Frpn : 2	CLERK						GS	0301.26							
21. Grade & Step	22. Salary Or Rate	23. SD	24. Date Of Grade	25. PSI Due	26. Appropriation Number										
04 1	\$ 3415	UD.	Mo. Da. Yr. 04 108 57	Mo. Da. Yr. 104 120 158	8 6509 20										
ACTION															
27. Nature Of Action				Code	28. Eff. Date	29. Type Of Employee			Code	30. Separation Data					
Reassignment					Mo. Da. Yr. 04 108 57	Regular									
PRESENT ASSIGNMENT															
31. Organizational Designations				Code	32. Location Of Official Station				Station Code						
DDP/CI Staff Special Projects Division Projects Branch					Washington, D. C.										
33. Dept. - Field	34. Position Title			35. Position No.			36. Serv.	37. Occup. Series							
Dept. : USMID : Frpn : D	Intel Clerk			151.05			GS	0301.27-							
38. Grade & Step	39. Salary Or Rate	40. SD	41. Date Of Grade	42. PSI Due	43. Appropriation Number										
04 1	\$ 3415.00	DS	Mo. Da. Yr. 04 115 57	Mo. Da. Yr. 122 133	8-2705-27										
SOURCE OF REQUEST															
A. Requested By (Name And Title)						C. Request Approved By (Signature And Title)									
B. For Additional Information Call (Name & Telephone Ext.) x 4281						Sgt. Major M. J. Reakins Postmaster R. S. DeGraw									
CLEARANCES															
Clearance	Signature		Date	Clearance	Signature		Date								
A. Career Board			3 MAR 1958	D. Placement											
B. Pos. Control				E.											
C. Classification				F. Approved By											
Remarks Temporary double slot with [REDACTED] for slotting purposes only. 11 MAR 1958 3500 3/20/58 To SALARY \$ 3500 G. C. Fisher															

Classify  Pending  
Do not stamp

### REQUEST FOR PERSONNEL ACTION

11. January 1958

1. Serial No.	2. Name (Last-First-Middle)	3. Date Of Birth	4. Vet. Prof.	5. Sex.	6. CS - EOD
	Mrs. Anna Tarasoff	Mo Da Yr 05 05 23	None-0 5 Pt-1 10 Pt-2	F	Mo Da Yr
7. SCD	8. CSC Retrn.	9. CSC Or Other Legal Authority	10. Appt. Affidav.	11. FEGLI	12. LCD
No Da Yr Yes - 1 Code No - 2			Mo Da Yr Yes - 1 Code No - 2	Mo Da Yr 1	Mo Da Yr Yes - 1 Code No - 2

#### PREVIOUS ASSIGNMENT

14. Organizational Designations DDP/F1 Staff Division D Project Annex/Project PB Jointly Branch 2 - Section B	Code	15. Location Of Official Station Washington, D. C.	Station Code
16. Dept.- Field Dept - Code Usd/D - Frgn -	17. Position Title Clerk	18. Position No. 8073.12/907	19. Serv. 20. Occup. Series GS 0301.26
21. Grade & Step 04	22. Salary Or Rate \$ 3415.00	23. SD DS	24. Date Of Grade Mo Da Yr 25. PSI Due Mo Da Yr 26. Appropriation Number 8-2306-23

#### ACTION

27. Nature Of Action Reassignment	Code	28. Eff. Date Mo Da Yr 26	29. Type Of Employee Regular	30. Separation Data
--------------------------------------	------	---------------------------------	---------------------------------	---------------------

#### PRESENT ASSIGNMENT

31. Organizational Designations DDS/Office of Personnel Personnel Assignment Division Placement Branch (Clerical) Interim Assignment Section	Code	32. Location Of Official Station Washington, D. C.	Station Code		
33. Dept.- Field Dept - Code Usd/D - Frgn -	34. Position Title Clerk	35. Position No.	36. Serv. 37. Occup. Series GS 0301.26		
38. Grade & Step 04	39. Salary Or Rate \$ 3415.00	40. SD UD	41. Date Of Grade Mo Da Yr 24 05 57	42. PSI Due Mo Da Yr 24 05 57	43. Appropriation Number 8-6502-23

#### SOURCE OF REQUEST

A. Requested By (Name And Title)	C. Request Approved By (Signature And Title) <i>John M. Williams</i> D. H. W. S. 1/28/58
B. For Additional Information Call (Name & Telephone Ext.) x 1281	

#### CLEARANCES

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

Remarks:

*Clerk 1281  
2/28/58  
1/28/58 2 C.A. Sec.*

FORM 1152a  
5-57

(4)

SECRET

**SECRET**

<b>STANDARD FORM 52</b> PREPARED BY THE U. S. CIVIL SERVICE COMMISSION AGENT FOR PERSONNEL BUREAU OF PERSONNEL BUREAU OF PERSONNEL																		
<b>REQUEST FOR PERSONNEL ACTION</b>																		
<b>REQUESTING OFFICE:</b> 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.																		
<b>1. NAME (Mr. - Miss - Mrs. - One give name, initials, and surname)</b> <b>Mrs. Anna Tarasoff</b>		<b>2. DATE OF BIRTH</b> <b>5 May 1923</b>	<b>3. REQUEST NO.</b> <b>26 June 57</b>															
<b>4. DATE OF REQUEST</b> <b>26 June 57</b>		<b>5. EFFECTIVE DATE</b> <b>A. PROPOSED:</b> <b>B. APPROVED:</b>																
<b>6. NATURE OF ACTION REQUESTED:</b> <b>A. PERSONNEL (Specify whether appointment, promotion, separation, etc.)</b> <b>Reassignment</b>		<b>7. U. S. OR OTHER LEGAL AUTHORITY</b> <b>IF</b>																
<b>8. POSITION (Specify whether establish, change grade or title, etc.)</b> <b>FROM—Clerk GS-0301.26-4</b> <b>DD/S/Office of Personnel Personnel Assignment Division Placement Branch (Clerical) Interim Assignment Section Washington, D. C.</b>		<b>9. POSITION TITLE AND NUMBER</b> <b>B. SERVICE, GRADE AND SALARY</b> <b>To—Clerk GS-0301.26-4</b> <b>DDP/FI Staff Division D Project Annex Project P B Jointly Branch 2 Section B Washington, D. C.</b>	<b>10. ORGANIZATIONAL DESIGNATIONS</b> <b>11. HEADQUARTERS</b>															
<b>12. FIELD OR DEPARTMENTAL</b> <b>FIELD <input type="checkbox"/> DEPARTMENTAL <input checked="" type="checkbox"/></b>		<b>13. FIELD OR DEPARTMENTAL</b> <b>FIELD <input type="checkbox"/> DEPARTMENTAL <input checked="" type="checkbox"/></b>																
<b>14. REMARKS (Use reverse if necessary)</b> <b>Present incumbent is pending reassignment.</b> <b>FLOYE BLOCKING CLYDE Typist SLOT</b>																		
<b>15. REQUESTED BY (Name and title)</b> <b>Signature:</b> <b>Title:</b>		<b>16. REQUEST APPROVED BY</b> <b>Signature:</b> <b>Title:</b>																
<b>17. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension)</b> <b>X 4281</b>		<b>18. POSITION CLASSIFICATION ACTION</b> <table border="1"> <tr> <td>NEW</td> <td>VICE</td> <td>L.A.</td> <td>REAL</td> </tr> <tr> <td colspan="4" style="text-align: center;">SD:DS</td> </tr> </table>		NEW	VICE	L.A.	REAL	SD:DS										
NEW	VICE	L.A.	REAL															
SD:DS																		
<b>19. VETERAN PREFERENCE</b> <table border="1"> <tr> <td>NONE</td> <td>W/III</td> <td>OTHER</td> <td>S.P.T.</td> <td>10 POINT</td> </tr> <tr> <td colspan="5" style="text-align: center;">DISAB. OTHER</td> </tr> <tr> <td colspan="5" style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table>		NONE	W/III	OTHER	S.P.T.	10 POINT	DISAB. OTHER					<input checked="" type="checkbox"/>					<b>20. APPROPRIATION</b> <b>SEX: F FROM 7-6509-20 TO 87-2306-23</b>	
NONE	W/III	OTHER	S.P.T.	10 POINT														
DISAB. OTHER																		
<input checked="" type="checkbox"/>																		
<b>21. STANDARD FORM 50 REMARKS</b>		<b>22. SUBJECT TO C. S. RETIREMENT ACT (YES-NO)</b> <b>Yes</b>																
		<b>23. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)</b> <b>8 April 1957</b>																
		<b>24. LEGAL RESIDENCE</b> <b>STATE: D. C.</b>																
<b>25. CLEARANCES</b> <b>A.</b>		<b>INITIAL OR SIGNATURE</b> <b>RW</b>	<b>DATE</b> <b>1957</b>															
<b>B. CEIL OR POS. CONTROL</b> <b>C. CLASSIFICATION</b> <b>D. PLACEMENT OR ENCL.</b>		<b>REMARKS:</b> <b>24 APR 57 11 NOV 57</b> <b>RECEIVED 11 NOV 57</b>																
<b>E.</b>																		
<b>F. APPROVED</b> <b>SECRET</b>		<b>SECRET</b> <b>G-27-#7 Lydia J. Koenig</b>																

STANDARD FORM 50  
FEBRUARY 1955  
GSA GEN. REG. NO. 27  
BUREAU OF PERSONNEL  
GENERAL CHARTER

DC-19-271057  
C-3238

## 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)	2. DATE OF BIRTH	3. REQUEST NO.	4. DATE OF REQUEST
Mrs. Anna Tarasoff	5 May 1923	1-8258	19 Feb 57
5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) Excepted Appointment 165035		6. EFFECTIVE DATE A. PROPOSED:	7. C. S. OR OTHER LEGAL AUTHORITY 50 USCA 430 J
B. POSITION (Specify whether established, change grade or title, etc.)		8. APPROVED: 5 Apr 57	
FROM—	9. POSITION TITLE AND NUMBER	10. TO—Clerk GS-0301.26-4	Bu #5423 \$3415 p.a.
	11. SERVICE, GRADE AND SALARY	DDG / Office of Personnel Personnel Assignment Division Placement Branch (Clerical) Interim Assignment Section Washington, D.C.	
	12. ORGANIZATIONAL DESIGNATIONS		
	13. HEADQUARTERS		
<input type="checkbox"/> FIELD	<input type="checkbox"/> DEPARTMENTAL	<input type="checkbox"/> FIELD	<input checked="" type="checkbox"/> DEPARTMENTAL

A. REMARKS (Use reverse if necessary)

Request indices clearance.

## IAS (Unassigned)

14. REQUESTED BY (Name and title)	D. REQUEST APPROVED BY		
Signature:			
E. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension)		Title: Clerical Placement Officer	
X-2683			
15. VETERAN PREFERENCE		16. POSITION CLASSIFICATION ACTION	
NON-VET	WWII OTHER S.P.T.	10 POINT DISAB OTHER	N.W. VICE I.A. RECL.
X			
17. SUBJECT TO C. S. RETIREMENT ACT (YES-NO)		18. DATE OF APPOINT- MENT APPROV'D (DECISIONS ONLY)	19. LEGAL RESIDENCE STATE:
F ✓ FROM TO 7-6509-20		Yes	5 Apr 57
20. STANDARD FORM 50 REMARKS <i>Sixty turned a trial period RC-153</i>			
21. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS:
A.	Eli	1957	
B. CEIL. OR POS. CONTROL			
C. CLASSIFICATION			
D. PLACEMENT OR EMPL.	G.H. 2/18		
E.			
F. APP.			

SECRET

NOTIFICATION OF CANCELLATION OF MILITARY COVER BACKSTOP		DATE
<input checked="" type="checkbox"/> TO: CHIEF, PERSONNEL OPERATIONS DIVISION		18 October 1963
<input checked="" type="checkbox"/> CHIEF, OPERATING COMPONENT (For Action) CIA		SUBJECT
ATTN: <input checked="" type="checkbox"/> Support Staff		TARASOFF, Anna
REF: <input checked="" type="checkbox"/> Resignation Debriefing in Absentia		Forwarding Address: Unknown
MILITARY COVER DISCONTINUED		FILE NO. K-111
Administrative Support Group, OSA		ID CARD NO. NA
<input checked="" type="checkbox"/> Unblock Records: (OP Memo 20-800-11) Resignation effective 8 September 1963 in Absentia		
Effective <u>FOD</u>		
<input type="checkbox"/> Submit Form 642 To Change Limitation Category. NA (HB 20-800-2 to be redesignated HIB 20-7)		
<input type="checkbox"/> NA Return All Military Documentation To CCS.		
<input checked="" type="checkbox"/> Remarks: Subject to indicate CIA as place of employment for the entire period.		
<input type="checkbox"/> COPY TO CPD/OP		
DISTRIBUTION: 1-OSD/OS; 1-PSD/OS		
James J. Franklin CD/PP CHIEF, MILITARY COVERT OPS		

FORM 1551a  
12-61

SECRET

GROUP I  
Excluded from automatic  
downgrading and declassification

(113-20-43)

60-23-63

~~SECRET~~

C-2532 (Billadean)  
5 June 1963

MEMORANDUM FOR: Transactions and Records Branch  
Office of Personnel

ATTENTION: Mary Coriden

SUBJECT: Boris D. TARASOFF  
Anna TARASOFF

1. Cover arrangements are in process, and/or, have been completed for the above-named subjects.
2. Effective immediately, it is requested that your records be properly blocked to deny subjects' current Agency employment to an external inquirer.

THOMAS K. STRANIE  
Deputy Chief, CCS/EC

cc: ID/SD

THIS ATTACHMENT CONTAINS  
EXEMPT INFORMATION  
DO NOT COPY OR FILE

~~SECRET~~

DT

SECRET

19 October 1960

(Date)  
File No. K-111

MEMORANDUM FOR: Chief, Records and Services Division  
Office of Personnel  
SUBJECT : Anna TARASOFF

1. Cover arrangements ~~XXXXXXXXXXXXXX~~ have been completed for the above-named Subject.
2. Effective 13 October 1960, it is requested that your records be properly blocked ~~XXXXXXXXXX~~ to deny ~~XXXXXXXXXX~~ Subject's current Agency employment to an external inquirer.
3. Operating component must take necessary action to block ~~XXXXXXXXXX~~ telephone locator by submitting the Personnel Information Card, "Office File Copy," Form No. 642, to Machine Records Division, Office of the Comptroller, Room 107 Curie Hall, Attention: Miss Wenkenbach.

<sup>4</sup> This memorandum confirms an oral request of Ed Fitzgerald,  
OCB/CCG, X 2420

*Paul P. Stewart*  
GLEN E. MOORHOUSE  
~~XXXXXXXXXXXXXX~~  
Acting Chief, Central Cover ~~XXXXXXXXXX~~ Group

cc: SSD/OS  
Operating Division - CI

SECRET

1. LAST NAME <i>Jancsóff, Anna</i>	FIRST NAME <i>Anna</i>	INITIALS <i></i>	2. APPOINTMENT DATA Entered on duty <i>4-7-57 X</i>	P.T. <i></i>	3. TOTAL SERVICE FOR LEAVE 1. As of date of separation <i></i>
4. DATE AND NATURE OF SEPARATION <i>Resignation 1. LUCP 9-8-63</i>		Subject to Sec. 203(d), 1951 Leave Act Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Years      Months      Days <i></i>	
		Ceased to be subject to Sec. 203(d) <i></i>		<input type="checkbox"/> More than 15 years <i></i>	
		Annual Leave Bal. <i></i>			
SUMMARY OF ANNUAL AND SICK LEAVE					
(HOURS)	ANNUAL	SICK	SUMMARY OF HOME LEAVE		
3. Balance from prior leave year ended <i>1963</i>	<i>15</i>	<i>20</i>	(DAYS)	REMARKS <i>See D: 4-8-57</i>	
6. Current leave year accrual through <i>1963</i>	<i>39</i>	<i>68</i>	14. Date arrived abroad for HL purposes		
7. Total	<i>102</i>	<i>88</i>	15. Current balance as of	<i>19</i>	
8. Reduction in credits, if any (current year)	<i>20</i>	<i>20</i>	16. 12-month accrual rate		
9. Total leave taken	<i>111</i>	<i>56</i>	17. Dates leave used, prior 24 months		
10. Balance	<i>—</i>	<i>12</i>	18. Monthly accrual date		
11. Total hours paid in lump sum	<i>Y0 NE</i>		19. Calendar days credit for next accrual date		
12. Salary rate(s)	<i>GS-12-4 \$545</i>		20. Date basic service period completed		
13. Lump sum leave dates: From	<i>10</i>		MILITARY LEAVE		
(Hours)			21. Days during current calendar yr.		
			22. Dates during preceding calendar yr.		
26. Certified correct by:					
(Signature)	(Date)		ABSENCE WITHOUT PAY		
(Title)		(Telephone)		AWOP or AWOL or Furlough Suspension (Hours)	
				<i>497</i>	
Standard Form No. 1140 GSA GEN. REG. NO. 2 1140-103					

### RECORD OF LEAVE DATA TRANSFERRED

SECRET  
(When Filled In)

MHC: 26 SEPT 63

## OEF NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER	2. NAME (LAST/FIRST/MIDDLE)							
025935	TARASOFF ANNA							
3. NATURE OF PERSONNEL ACTION								
RESIGNATION FROM LWOP								
6. FUNDS	X	V TO V	V TO CF					
		CF TO V	CF TO CF					
9. ORGANIZATIONAL DESIGNATIONS								
DDP CI STAFF CS/CS DEVELOPMENT COMPLEMENT								
10. LOCATION OF OFFICIAL STATION								
WASH., D.C.								
11. POSITION TITLE								
INTELLIGENCE CLERK								
14. CLASSIFICATION SCHEDULE (GS, LS, HS)		15. OCCUPATIONAL SERIES	16. GRADE AND STEP					
GS		0301.27	06 4					
17. SALARY OR RATE								
5545								
18. REMARKS								
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL								
19. ACTION CODE	20. Employ. Code	21. OFFICE CODING NUMERIC	22. STATION CODE ALPHABETIC	23. INTEGEE CODE	24. Rgdr. No. Mo. Da. Yr.	25. DATE OF BIRTH Mo. Da. Yr.	26. DATE OF GRADE Mo. Da. Yr.	
43	18				05 05 23			
28. NTE EXPIRES		29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA		33. SECURITY REQ. NO.	34. SEX
		1 - CSC 2 - FICA 3 - NONE	CODE	1CB006	TYPE	Mo. Da. Yr.		
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 0 - NONE 1 - O.P.T. 2 - 10 PT.		Mo. Da. Yr.	Mo. Da. Yr.	CAR PROV TEMP	CODE	0 - WAIVER 1 - YES	HEALTH INS. CODE	
41. PREVIOUS GOVERNMENT SERVICE DATA		42. LEAVE CAT. CODE	43. FEDERAL TAX DATA			44. STATE TAX DATA		
CODE 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)			FORM EXECUTED	CODE	NO. TAX EXEMPTIONS	FORM EXECUTED	CODE	NO. TAX EXEMPT STATE CODE
1 - YES 2 - NO			1 - YES 2 - NO			1 - YES 2 - NO		
SIGNATURE OR OTHER AUTHENTICATION								

SECRET  
(When Filled In)

LLG: 29 JUNE 63

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)									
025935		TARASOFF ANNA									
3. NATURE OF PERSONNEL ACTION		4. EFFECTIVE DATE				5. CATEGORY OF EMPLOYMENT					
REASSIGNMENT AND LWOP (INT 11 SEPT. 1963)		1030 06 12 63				REGULAR					
6. FUNDS		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY			
		CF TO V		CF TO CF		3227 1990 1000		50 USC 403 J			
9. ORGANIZATIONAL DESIGNATIONS		10. LOCATION OF OFFICIAL STATION									
DDP CI. STAFF CS/CS DEVELOPMENT COMPLEMENT		WASH., D.C.									
11. POSITION TITLE		12. POSITION NUMBER				13. SERVICE DESIGNATION					
INTELLIGENCE CLERK		9997				D					
14. CLASSIFICATION SCHEDULE (GS, LS, etc.)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE					
GS		0301.27		06 4		5545					
18. REFERENCES OTHER											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE	20. Employ. Code	21. OFFICE CODING		22. STATION CODE	23. INTEGEE CODE	24. Matri. Code	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI		
38	18	32997 C1		75013	1	05 05 23					
28. NTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA		33. SECURITY REQ. NO.		34. SEX	
NO DA YR		1 - CSC 2 - FICA 3 - NONE		CODE	TYPE	NO DA YR	EOD DATA	REQ. NO.			
35. VET. PREFERENCE		36. SERV. COMP. DATE		37. LONG. COMP. DATE	38. CAREER CATEGORY	39. FESLI / HEALTH INSURANCE		40. SOCIAL SECURITY NO.			
CODE		0 - NOSE. 1 - DPT. 2 - IOP		NO DA YR	NO DA YR	CAN BINN PROV TEMP	CODE	CODE	DISABLER	HEALTH INS. CODE	
41. PREVIOUS GOVERNMENT SERVICE DATA		42. LEAVE CAT. CODE		43. FEDERAL TAX DATA		44. STATE TAX DATA					
CODE		0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE LESS THAN 3 yrs. 3 - BREAK IN SERVICE MORE THAN 3 yrs.		FORM EXECUTED: CODE		NO TAX EXEMPTIONS		FORM EXECUTED	CODE	NO TAX EXEMPT	STATE CODE
SIGNATURE OR OTHER AUTHENTICATION											
POSTED 2 JUL 1963 [Signature]											

SECRET  
(WHEN FILLED IN)

1. EMP. SERIAL NO.	2. NAME				3. ASSIGNED ORGAN.		4. FUNDS	5. ALLOTMENT
025935	TARASOFF ANNA				32 250		V	
6. OLD SALARY RATE				7. NEW SALARY RATE				
GRADE	STEP	SALARY	LAST EFFECTIVE DATE	GRADE	STEP	SALARY	EFFECTIVE DATE	
GS 06	3	5375	01 07 63	GS 06	4	5160	01 06 63	
TO BE COMPLETED BY THE OFFICE OF COMPTROLLER								
8. CHECK ONE: <input type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> EXCESS LWOP IF EXCESS LWOP, CHECK FOLLOWING: <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD				9. NUMBER OF HOURS LWOP				
				10. INITIALS OF CLERK		11. AUDITED BY		
TO BE COMPLETED BY THE OFFICE OF PERSONNEL								
12. TYPE OF ACTION <input checked="" type="checkbox"/> P.S.I. <input type="checkbox"/> L.S.I. <input type="checkbox"/> PAY ADJUSTMENT				13. REMARKS				
14. AUTHENTICATION				0 0				
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.								
SIGNATURE				DATE: 30 Nov 1962				
PAY CHANGE NOTIFICATION								

FORM  
5-68560 OBSOLETE PREVIOUS EDITION  
REPLACES FORM 560A AND 560B.

SECRET

OFFICIAL PERSONNEL FOLDER

(4)

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-793 AND  
DCI MEMORANDUM DATED 1 AUGUST 1956, SALARY IS ADJUSTED AS FOLLOWS.  
EFFECTIVE 14 OCTOBER 1962.

NAME	SERIAL	ORGN FUNDS	OLD GR-ST	OLD SALARY	NEW GR-ST	NEW SALARY
TARASOFF ANNA	025935	32250	V	06 3 \$ 5160	06 3 \$ 5375	

SECRET  
(When Filled In)

1. Serial No.	2. Name	3. Cost Center Number	4. LWOP Hours							
25935	TARASOFF ANNA	32 250	V	31						
5. OLD SALARY RATE		6. NEW SALARY RATE		7. TYPE ACTION						
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	Effective Date	P.S.I.	L.S.I.	Adj.
GS 06	3	5375	01/08/61	GS 06	2	5160	01/07/62			
8. Remarks and Authentication										

/ / NO EXCESS LWOP

/ / IN PAY STATUS AT END OF WAITING PERIOD

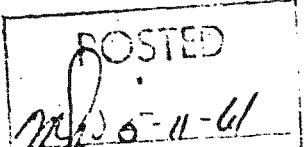
/ / IN LWOP STATUS AT END OF WAITING PERIOD

V.C.

AES: 10 MAY 61

SECRET  
(When Filled In)

## NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)		3. NATURE OF PERSONNEL ACTION																	
025935		TARASOFF ANNA		PROMOTION - CORRECTION *																	
4. FUNDS		X	V TO V		V TO CF	5. EFFECTIVE DATE		6. CATEGORY OF EMPLOYMENT		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY									
						MO DA YR	01 08 61	REGULAR		1227 1001 1000		50 USC 403 J									
9. ORGANIZATIONAL DESIGNATIONS		10. LOCATION OF OFFICIAL STATION																			
DDP CI STAFF SPECIAL INVESTIGATION GROUP PROJECTS BRANCH		WASH., D.C.																			
11. POSITION TITLE		12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION																	
INTELL CLERK		0151		D																	
14. CLASSIFICATION SCHEDULE (GS, WB, GS, etc.)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE															
GS		0301.27		06 2		\$4995															
18. REMARKS THIS ACTION CORRECTS SF 1150 EFF 8 JAN 1961 ITEM #16, STEP, WHICH READ 1 TO READ 2 AND ITEM #17, SALARY, WHICH READ \$4830 TO READ \$4995.																					
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL																					
19. ACTION	20. Employer Code	21. OFFICE CODING	22. STATION CODE	23. INTEGEE CODE	24. Hdrfr. Code	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI													
58	10	32250	CI	75013	1	MO DA YR	05 05 23	MO DA YR	01 08 61	MO DA YR	01 08 61										
28. RITE EXPIRES	29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA	33. SECURITY REQ. NO.	34. SEX															
MO DA YR		1 - CBC 3 - FICA 8 - NONE	CODE	TYPE	MO DA YR	01 08 61	EOD DATA														
35. VET. PREFERENCE	36. SERV. COMP. DATE	37. LNSG. COMP. DATE	38. MIL. SERV. CREDIT/LCD	39. FEGLI / HEALTH INSURANCE	40. SOCIAL SECURITY NO.																
CODE	MO DA YR	MO DA YR	Y - YES B - NO	CODE	CODE	Y - YES B - NO	HEALTH INS. CODE														
41. PREVIOUS GOVERNMENT SERVICE DATA	42. LEAVE CAT. CODE	43. FEDERAL TAX DATA	44. STATE TAX DATA																		
CODE		FORM EXECUTED Y - YES B - NO	NO TAX EXEMPTIONS	FORM EXECUTED Y - YES B - NO	CODE	NO TAX EXEMPT	STATE CODE														
SIGNATURE OR OTHER AUTHENTICATION																					
 <i>MAY 11-61</i>																					

SECRET

(When Filled In)

AFS: 6 JAN 61

SECRET

(When Filled In)

NOTIFICATION OF PERSONNEL ACTION												
OCF												
1. SERIAL NUMBER	2. NAME (LAST-FIRST-MIDDLE)											
025935	TARACOFF AVINA											
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE	5. CATEGORY OF EMPLOYMENT					
PROMOTION						MO. DA. YR. 01 00 61	REGULAR					
6. FUNDS	X	V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE	8. CSC OR OTHER LEGAL AUTHORITY					
		CF TO V		CF TO CF		1227 1001 1000	50 USC 403					
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION						
DDP CI STAFF SPECIAL INVESTIGATION GROUP PROJECTS BRANCH						WASH., D.C.						
11. POSITION TITLE						12. POSITION NUMBER	13. CAREER SERVICE DESIGNATION					
INTELL CLERK						0151	D					
14. CLASSIFICATION SCHEDULE (GS, WB, etc.)			15. OCCUPATIONAL SERIES			16. GRADE AND STEP	17. SALARY OR RATE					
GS			0301.27			06 1	4830					
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. INTEGEE CODE	24. Height Code	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI			
22	10	NUMERIC	ALPHABETIC			1	MO. DA. YR. 05 05 23	MO. DA. YR. 01 08 61	MO. DA. YR. 01 08 61			
28. NTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA		33. SECURITY REQ. NO.	34. SEX		
MO. DA. YR.		1 - CSC 2 - PICA 3 - NONE		CODE		TYPE	MO. DA. YR.	ECD DATA				
35. VET. PREFERENCE		36. JREV. COMP. DATE		37. LONG. COMP. DATE		38. MIL. SERV. CREDIT/LCO	39. FEGLI / HEALTH INSURANCE		40. SOCIAL SECURITY NO.			
CODE		0 - NONE 1 - 9 PT 2 - 10 PT		MO. DA. YR.		1 - YES 2 - NO	CODE	CODE	0 - WAIVER 1 - YES	HEALTH INS. CODE		
41. PREVIOUS GOVERNMENT SERVICE DATA						42. LEAVE CAT. CODE	43. FEDERAL TAX DATA		44. STATE TAX DATA			
							FORM EXECUTED	CODE	NO TAX EXEMPTIONS	FORM EXECUTED	CODE	NO TAX EXEMPT STATE CODE
							1 - YES 2 - NO			1 - YES 2 - NO		
SIGNATURE OR OTHER AUTHENTICATION												
POSTED MHN 01-16-61												

IN ACCORDANCE WITH THE PROVISIONS OF P. L. B6-568 AND PCI MEMO DATED  
1 AUGUST 1956, SALARY IS ADJUSTED AS FOLLOWS EFFECTIVE 10 JULY 1960.

SD.	NAME	SERIAL	ORGN	GR-ST	OLD SALARY	NEW SALARY
OS	TARASOFF ANNA	125935	54 18	GS-05 2	\$ 4,190	\$ 4,510

151 EMMETT D. ECHOLS  
DIRECTOR OF PERSONNEL

**SECRET**  
WHEN FILLED IN

**SECRET**  
(WHEN FILLED IN)

1. EMP. SERIAL NO.	2. NAME			3. ASSIGNED ORGAN.		4. FUNDS	5. ALLOTMENT				
125034	TARASOFF ANNA			NDP/CB		V-20					
6. OLD SALARY RATE				7. NEW SALARY RATE							
GRADE	STEP	SALARY	LAST EFFECTIVE DATE			GRADE	STEP	SALARY	EFFECTIVE DATE		
			MO	DA	YE				MO	DA	YE
GS	4	\$ 4,040	11	02	58	GS	5	\$ 4,100	11	01	59
TO BE COMPLETED BY THE OFFICE OF COMPTROLLER											
8. CHECK ONE <input checked="" type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> EXCESS LWOP IF EXCESS LWOP, CHECK FOLLOWING: <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD				9. NUMBER OF HOURS LWOP <i>21.00</i> 10. INITIALS OF CLERK <i>SL</i> 11. AUDITED BY <i>SL</i>							
TO BE COMPLETED BY THE OFFICE OF PERSONNEL											
12. TYPE OF ACTION				13. REMARKS							
<input type="checkbox"/> P.S.I. <input type="checkbox"/> L.G.I. <input type="checkbox"/> PAY ADJUSTMENT											
14. AUTHENTICATION <i>SL</i> <i>SL</i>											
15. PAY CHANGE NOTIFICATION <i>SL</i> <i>SL</i>											

FORM  
560

560 OBSOLETE PREVIOUS EDITION  
REPLACES FORM 560A AND 560B.

**SECRET**

OFFICIAL PERSONNEL FOLDER

141

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

REF. # NAME      SD    OLD SLOT    NEW SLOT    DATE

125034 TARASOFF ANNA      DS    0151.05    151    04/28/59

11611

**SECRET**  
(When filled in)

**NOTIFICATION OF PERSONNEL ACTION**

A.E. 11 FEB 1959

1. Serial No.	2. Name (Last-First-Middle)	3. Date Of Birth	4. Vet. Prof.	5. Sex	6. CS-EOD		
125935	TARASOFF ANNA	Mo. Da. Yr. 05 05 23	None-0 5 Pt-1 10 Pt-2	Code O F 2	Mo. Da. Yr. 04 08 57		
7. SCD	8. CSC Rating	9. CSC Or Other Legal Authority	10. Apmt. Affidav.	11. FEGLI	12. LCD	13. <del>Mill. Ser. Co.</del>	
Mo. Da. Yr. 04 08 57	Yes-1 No-2	Code 1	Mo. Da. Yr. No-1 No-2	Code 04	Mo. Da. Yr. 08 57	Yes-1 No-2	Code 2
50 USCA 403 J							

**PREVIOUS ASSIGNMENT**

14. Organizational Designations	Code	15. Location Of Official Station	Station Code		
DDP CI STAFF SPECIAL INVESTIGATION DIVISION PROJECTS BRANCH		WASH., D.C.			
16. Dept. - Field	17. Position Title	18. Position No.	19. Serv.	20. Occup. Series	
Dept - 2 USId - 4 Frpn - 6	Code 2	INTEL CLK	0151.05	GS 0301.27	
21. Grade & Step	22. Salary Or Rate	23. SD	24. Date Of Grade	25. PSI Due	26. Appropriation Number
04 2	\$ 3850	DS	Mo. Da. Yr. 11 02 58	Mo. Da. Yr. 11 101 159	8 2705 27

**ACTION**

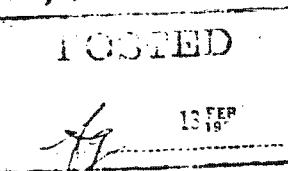
27. Nature Of Action	Code	28. EH. Data	29. Type Of Employee	Code	30. Separation Data
PROMOTION-CORRECTION*	30	Mo. Da. Yr. 11 02 58	REGULAR	01	

**PRESENT ASSIGNMENT**

31. Organizational Designations	Code	32. Location Of Official Station	Station Code		
DDP CI STAFF SPECIAL INVESTIGATION DIVISION PROJECTS BRANCH	5418	WASH., D.C.	75013		
33. Dept. - Field	34. Position Title	35. Position No.	36. Serv.	37. Occup. Series	
Dept - 2 USId - 4 Frpn - 6	Code 2	INTEL CLK	0151.05	GS 0301.27	
38. Grade & Step	39. Salary Or Rate	40. SD	41. Date Of Grade	42. PSI Due	43. Appropriation Number
05 1	\$ 4040	DS	Mo. Da. Yr. 11 102 158	Mo. Da. Yr. 11 101 159	9 2700 27 001

44. Remarks

\*THIS CORRECTS SF 1150 EFF 2 NOV 1950 ITEM 31 AND 31 SECOND LINE OF ORGANIZATIONAL DESIGNATIONS, WHICH READ "SPECIAL PROJECTS DIV", TO READ "SPECIAL INVESTIGATION DIVISION."



**SECRET**  
(When Filled In)

AES 30 OCT 1958

**NOTIFICATION OF PERSONNEL ACTION**

1. Serial No.	2. Name (Last-First-Middle)	3. Date Of Birth	4. Vet. Prof.	5. Sex	6. CS - EOD
125935	TARASOFF ANNA	Mo. Da. Yr. 05 05 23	None-0 5 Pt-1 10 Pt-2 0	Code F 2	Mo. Da. Yr. 04 08 57
7. SCD	8. CSC Rec'd	9. CSC Or Other Legal Authority	10. Amt. Affidav.	11. FEGLI	12. LCD
Mo. Da. Yr. 04 08 57	Yes - 1 No - 2 1	50 USCA 403	Mo. Da. Yr. Yes - 1 No - 2	Code 04	Mo. Da. Yr. 08 57

**PREVIOUS ASSIGNMENT**

14. Organizational Designations  DOP CI STAFF SPECIAL PROJECTS DIV PROJECTS BRANCH	Code 5412	15. Location Of Official Station  WASH., D. C.	Station Code 75013		
16. Dept. - Field Dept - 2 USId - 4 Frgn - 6	17. Position Title INTEL CLK	18. Position No. 0151.05	19. Serv.   20. Occup. Series GS   0301.27		
21. Grade & Step 04 2	22. Salary Or Rate \$ 3850	23. SD DS	24. Date Of Grade Mo. Da. Yr. 04 08 57	25. PSI Due Mo. Da. Yr. 04 20 58	26. Appropriation Number 8 2705 27

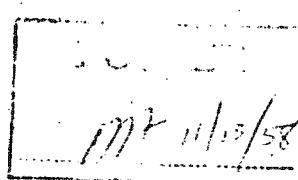
**ACTION**

27. Nature Of Action  PROMOTION	Code 30	28. EH. Date Mo. Da. Yr. 11 02 58	29. Type Of Employee REGULAR	Code 01	30. Separation Data
---------------------------------------	------------	---	---------------------------------	------------	---------------------

**PRESENT ASSIGNMENT**

31. Organizational Designations  DOP CI STAFF SPECIAL PROJECTS DIV PROJECTS BRANCH	Code 5412	32. Location Of Official Station  WASH., D.C.	Station Code 75013		
33. Dept. - Field Dept - 2 USId - 4 Frgn - 6	34. Position Title INTEL CLK	35. Position No. 0151.05	36. Serv.   37. Occup. Series GS   0301.27		
38. Grade & Step 05 1	39. Salary Or Rate \$ 4040	40. SD DS	41. Date Of Grade Mo. Da. Yr. 11 102 58	42. PSI Due Mo. Da. Yr. 11 101 59	43. Appropriation Number 9 2700 27 001

44. Remarks



SECRET

GENERAL SCHEDULE SALARY INCREASE RETROACTIVELY EFFECTIVE  
12 JANUARY 1958 AUTHORIZED BY P. L. 86 - 462 AND OCTOBER  
DIRECTIVE. SALARY AS OF 15 JUNE 1959 ADJUSTED AS FOLLOWS

NAME	SERIAL	GRADE-STEP	OLD SALARY	NEW SALARY
TARASOFF ANNA	125935	GS-04-2	\$ 3,500	\$ 3,950

GORDON W. STEWART  
/S/ DIRECTOR OF PERSONNEL

SECRET

SECRET  
(WHEN FILLED IN)

2705

1. EMP. SERIAL NO.	2. NAME	3. ASSIGNED ORGAN.	4. FUNDS	5. ALLOTMENT						
125935	TARASOFF ANNA	143 C1	V-20	6509						
6. OLD SALARY RATE			7. NEW SALARY RATE							
GRADE	STEP	SALARY	LAST EFFECTIVE DATE	GRADE	STEP	SALARY	EFFECTIVE DATE			
GS 4	1	\$ 3,415	04 08 57	GS 4	2	\$ 3,500	04 20 58			
TO BE COMPLETED BY THE OFFICE OF COMPTROLLER										
9. NUMBER OF HOURS LWOP			10. INITIALS OF CLERK						11. AUDITED BY	
9. NUMBER OF HOURS LWOP			10. INITIALS OF CLERK						11. AUDITED BY	
TO BE COMPLETED BY THE OFFICE OF PERSONNEL										
12. PROJECTED SALARY RATE AND EFFECTIVE DATE			13. REMARKS							
GRADE	STEP	SALARY	NO.	DA.	YR.					
14. AUTHENTICATION									HOM	

SECRET  
(WHEN FILLED IN)

1. EMP. SERIAL NO.	2. NAME	3. ASSIGNED ORGAN.	4. FUNDS	5. ALLOTMENT				
125935	TARASOFF ANNA	143 - 51	V-20					
6. OLD SALARY RATE			7. NEW SALARY RATE					
GRADE	STEP	SALARY	LAST EFFECTIVE DATE	GRADE	STEP	SALARY	EFFECTIVE DATE	
GS 4	1	\$ 3,415	04 08 57	GS 4	2	\$ 3,500	04 20 58	
REMARKS								
CERTIFICATION								

I CERTIFY THAT THE SERVICE AND CONDUCT OF THE ABOVE NAMED EMPLOYEE ARE SATISFACTORY.

**SECRET**  
(When Filled In)

MCM 7 MAR 58		<b>NOTIFICATION OF PERSONNEL ACTION</b>															
1. Serial No.		2. Name (Last-First-Middle)			3. Date Of Birth			4. Vet. Prof.		5. Sex		6. OS - EOD					
125935		TARASOFF ANNA			Mo. Da. Yr.			None-D S Pt-1 10 Pg-2		Code 0		Mo. Da. Yr.					
7. SCD		8. CSC Rec'd.			9. CSC Or Other Legal Authority			10. Apmt. Attrib.			11. FEGLI		12. LCD		13. Mil. Com. Tco		
Mo. Da. Yr.		Yes - 1 No - 2			Code 1 50 USCA 403 J			Mo. Da. Yr.			Yes - 1 No - 2		Mo. Da. Yr.		Yes - 1 No - 2		
04 08 57											04 08 57				04 08 57		
<b>PREVIOUS ASSIGNMENT</b>																	
14. Organizational Designations <b>DDO OFFICE OF PERSONNEL PERSONNEL ASSIGNMENT DIV PLACEMENT BR CLERICAL INTERIM ASSIGNMENT SECT</b>					Code		15. Location Of Official Station <b>WASH., D. C.</b>						Station Code <b>75013</b>				
16. Dept. - Field		17. Position Title						18. Position No.			19. Serv.		20. Occup. Series				
Dept - 2 USMld - 4 Frqn - 6		Code 2 CLERK									GS		0301.26				
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade		25. PSI Due		26. Appropriation Number							
04 1		\$ 3415		UD		Mo. Da. Yr.		04 08 57		Mo. Da. Yr.							
04 20 58						04 20 58		8 6509 20									
<b>ACTION</b>																	
27. Nature Of Action <b>REASSIGNMENT</b>				Code		28. Eff. Date Mo. Da. Yr.		29. Type Of Employee <b>REGULAR</b>				Code		30. Separation Data 01			
<b>PRESENT ASSIGNMENT</b>																	
31. Organizational Designations <b>DDP CL STAFF SPECIAL PROJECTS DIV PROJECTS BRANCH</b>					Code		32. Location Of Official Station <b>WASH., D. C.</b>						Station Code <b>75013</b>				
33. Dept. - Field		34. Position Title						35. Position No.			36. Serv.		37. Occup. Series				
Dept - 2 USMld - 4 Frqn - 6		Code 2 INTEL CLK						0151.05			GS		0301.27				
38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grade		42. PSI Due		43. Appropriation Number							
04 1		\$ 3415		DS		Mo. Da. Yr.		04 08 57		Mo. Da. Yr.							
04 20 58						04 20 58		8 2705 27									
44. Remarks																	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> <b>POSTED</b>  <small>1 MAR 58</small> </div>																	

**SECRET**  
(When Filled In)

### NOTIFICATION OF PERSONNEL ACTION

ARE: 24 JAN 1958

1. Serial No.	2. Name (Last-First-Middle)			3. Date Of Birth	4. Vet. Prof.	5. Sex	6. CS - EOD
125935	TARASOFF ANNA			Mo. Da. Yr.	None-0 5 Pt-1 10 Pt-2	O F 2	Mo. Da. Yr. 04 08 57
7. SCD	8. CSC Retm.	9. CSC Or Other Legal Authority	10. Appt. Affidav.	11. FEGLI	12. LCD	13. <i>Other Info</i>	
Mo. Da. Yr. 04 08 57	Yrs - 1 No - 2	Code 1	50 USCA 403	Mo. Da. Yr. 04 08 57	Yrs - 1 No - 2	Code 2	

#### PREVIOUS ASSIGNMENT

14. Organizational Designations <b>DDP FI STAFF DIV D PROJECT ANNEX PROJECT PB JOINTLY BRANCH 2 SECTION B</b>			Code	15. Location Of Official Station <b>WASH., D. C.</b>			Station Code
16. Dept. - Field Dept - 2 USId - 4 Frgn - 6	17. Position Title <b>CLERK</b>	18. Position No.	19. Serv.	20. Occup. Series			
		8073.12/907	GS	0301.26			
21. Grade & Step 04 1	22. Salary Or Rate \$ 3415	23. SD DS	24. Date Of Grade Mo. Da. Yr. 04 08 57	25. PSI Due Mo. Da. Yr. 04 20 58	26. Appropriation Number 8 2306 23		

#### ACTION

27. Nature Of Action <b>REASSIGNMENT</b>	Code 57	28. EH. Date Mo. Da. Yr. 01 26 58	29. Type Of Employee <b>REGULAR</b>	Code 01	30. Separation Date
---	------------	---	--	------------	---------------------

#### PRESENT ASSIGNMENT

31. Organizational Designations <b>DDS OFFICE OF PERSONNEL PERSONNEL ASSIGNMENT DIV PLACEMENT BR CLERICAL INTERIM ASSIGNMENT SECT</b>			Code	32. Location Of Official Station <b>WASH., D. C.</b>			Station Code <b>75013</b>
33. Dept. - Field Dept - 2 USId - 4 Frgn - 6	34. Position Title <b>CLERK</b>	35. Position No.	36. Serv.	37. Occup. Series			
			GS	0301.26			
38. Grade & Step 04 1	39. Salary Or Rate \$ 3415	40. SD UD	41. Date Of Grade Mo. Da. Yr. 04 08 57	42. PSI Due Mo. Da. Yr. 04 20 58	43. Appropriation Number 8 6509 20		

44. Remarks

3 FEB  
1958

STANDARD FORM 50 (18 PARTS)  
MAY 1954 EDITION  
PROLIFERATED BY  
U. S. CIVIL SERVICE COMMISSION  
CHAPTER VI, FEDERAL PERSONNEL MANUAL

## CENTRAL INTELLIGENCE AGENCY

## NOTIFICATION OF PERSONNEL ACTION

b7c

1. NAME (ONE-GIVEN NAME, MIDDLE NAME, LAST SURNAME)	2. DATE OF BIRTH	3. JOURNAL OR ACTION NO.	4. DATE			
MRS. ALICE TAPASOFF	125935	5 May 1923	12 Jul 1957			
This is to notify you of the following action affecting your employment:						
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY)	6. EFFECTIVE DATE	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY				
Reassignment	57	16 Jul 1957	50 USC 403 j			
FROM		TO				
EU #5423		8. POSITION TITLE	Clerk BVP-8073.12/907			
		9. SERVICE, SERIES, GRADE, SALARY	GS-0301.26-6 \$3415.00 per annum			
		10. ORGANIZATIONAL DESIGNATIONS	DOP/VI Staff Division D Project Annex Project PB Jointly Branch 2 Section B Washington, D. C.			
		11. HEADQUARTERS	419968			
		12. FIELD OR DEPT'L	2			
FIELD		DEPARTMENTAL	FIELD			
13. VETERAN'S PREFERENCE		14. POSITION CLASSIFICATION ACTION				
NON	WWII	OTHER	15. APPROPRIATION	16. SUBJECT TO C. S. RETIREMENT ACT (YES OR NO)	17. DATE OF APPOINT- MENT AFFIDAVIT (ACCESSIONS ONLY)	18. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:
X			8-6509-20	Yes	80/73	
2	FROM:	TO:	8-2306-23	750-13		
20. REMARKS:						
3 EOD Q4/08/57						
ENTRANCE PERFORMANCE RATING:						
Director of Personnel						
SIGNATURE OR OTHER AUTHENTICATION						

## 4. PERSONNEL FOLDER COPY

U. S. GOVERNMENT PRINTING OFFICE: 1958-373647

713 211137

**STANDARD FORM 20 (10 PART)**  
MAY EDITION 1951  
PROVINCIALISED BY  
U.S. CIVIL SERVICE COMMISSION  
CHAPTER 10, FEDERAL PERSONNEL MANUAL

CENTRAL INTELLIGENCE AGENCY

P.C. 19 Mar 1957  
C-8238 ; 1v1

## **NOTIFICATION OF PERSONNEL ACTION**

1. NAME (FIR-F-MID-LAST-GIVEN NAME, INITIAL(S), AND SURNAME) MISS. ANNA TALBURY		2. DATE OF BIRTH 12 May 1923	3. JOURNAL OR ACTION NO.	4. DATE 8 Apr 1957																																								
This is to notify you of the following action affecting your employment:																																												
5. NATURE OF ACTION <small>(USE STANDARD TERMINOLOGY)</small> <b>ACCEPTED APPOINTMENT</b>		6. EFFECTIVE DATE 13 8 Apr 1957	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY 50 USC 403 TO																																									
		8. POSITION TITLE Clerk	BU#5423																																									
		9. SERVICE, SERIES, GRADE, SALARY GS-0301.26-4 \$3415.00 per annum																																										
		10. ORGANIZATIONAL DESIGNATIONS 293199	11. HEADQUARTERS Washington, D.C.																																									
		12. FIELD OR DEPT'L 2	FIELD	DEPARTMENTAL <input checked="" type="checkbox"/>																																								
13. VETERAN'S PREFERENCE <table border="1"><tr><td>HOME</td><td>W.H.U.</td><td>OTHER</td><td>3 PT</td><td>10-POINT</td></tr><tr><td>X</td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr></table>		HOME	W.H.U.	OTHER	3 PT	10-POINT	X										14. POSITION CLASSIFICATION ACTION <table border="1"><tr><td>NEW</td><td>VICE</td><td>I.A.</td><td>REAL</td></tr><tr><td></td><td></td><td></td><td></td></tr></table>			NEW	VICE	I.A.	REAL																					
HOME	W.H.U.	OTHER	3 PT	10-POINT																																								
X																																												
NEW	VICE	I.A.	REAL																																									
15. APPROPRIATION SEX FROM: F M TO: 7-6509-20 750-13		16. SUBJECT TO C. S. RETIREMENT ACT (YES-NO) Yes	17. DATE OF APPOINT- MENT AFFIDAVITS (ACCESSIONS ONLY) 0 APR 1957	18. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:																																								
20. REMARKS: RC-153 Subject to the satisfactory completion of a trial period of one year. Subject to the satisfactory completion of a medical examination.																																												
DOB: 04/08/57 CSMOD: 04/08/57 LCD: 04/08/57 ECD: 04/08/57		5 EOD 04/08/57																																										
PEI due: 04/20/58		<div style="border: 1px solid black; padding: 5px; text-align: center;"> <span style="font-size: 2em;">POSTED</span>  <small>APR 1957</small> </div>																																										
ENTRANCE PERFORMANCE RATING: <table border="1" style="width: 100%;"><tr><td>00</td><td>00</td><td>00</td><td>000</td><td>000</td><td>000</td><td>0</td><td>00</td><td>000</td><td>000</td></tr><tr><td>00</td><td>00</td><td>00</td><td>000</td><td>000</td><td>000</td><td>0</td><td>00</td><td>000</td><td>000</td></tr><tr><td>00</td><td>00</td><td>00</td><td>000</td><td>000</td><td>000</td><td>0</td><td>00</td><td>000</td><td>000</td></tr><tr><td>00</td><td>00</td><td>00</td><td>000</td><td>000</td><td>000</td><td>0</td><td>00</td><td>000</td><td>000</td></tr></table>					00	00	00	000	000	000	0	00	000	000	00	00	00	000	000	000	0	00	000	000	00	00	00	000	000	000	0	00	000	000	00	00	00	000	000	000	0	00	000	000
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00	00	00	000	000	000	0	00	000	000																																			
00	00	00	000	000	000	0	00	000	000																																			
00	00	00	000	000	000	0	00	000	000																																			
Director of Personnel <div style="float: right; font-size: small; margin-right: 10px;">ORIGINATOR OR OTHER AUTHENTICATION</div>																																												

**ENTRANCE PERFORMANCE RATING:**

Director of Passen-

#### **4. PERSONNEL FOLDER COPY**

POSTED

**SECRET**

~~SECRET~~  
("When Filled In")

FITNESS REPORT						EMPLOYEE SERIAL NUMBER 25935		
SECTION A			GENERAL					
1. NAME <b>TARASOFF, ANNA</b>		(Last)  (First)  (Middle)	2. DATE OF BIRTH <b>5 May 1923</b>	3. SEX <b>F</b>	4. GRADE <b>GS-6</b>	5. SD <b>D</b>		
6. OFFICIAL POSITION TITLE <b>INTELLIGENCE CLERK</b>			7. OFF/DIV/BR. OF ASSIGNMENT <b>DDP CI STAFF/SIG/PROJ</b>		8. CURRENT STATION <b>HEADQUARTERS</b>			
9. CHECK (X) TYPE OF APPOINTMENT  <input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY  <input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)  <input type="checkbox"/> SPECIAL (Specify): <b>Terminal</b>			10. CHECK (X) TYPE OF REPORT  <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL  <input checked="" type="checkbox"/> SPECIAL (Specify): <b>Terminal</b>					
11. DATE REPORT DUE IN O.P. <b>31 July 1963</b>			12. REPORTING PERIOD (From- To) <b>1 July 1962 - 30 June 1963</b>					
SECTION B			PERFORMANCE EVALUATION					
<b>W - Weak</b>	Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counselling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.							
<b>A - Adequate</b>	Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.							
<b>P - Proficient</b>	Performance is more than satisfactory. Desired results are being produced in a proficient manner.							
<b>S - Strong</b>	Performance is characterized by exceptional proficiency.							
<b>O - Outstanding</b>	Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.							
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 <b>P</b>
Transliterates Russian material								
SPECIFIC DUTY NO. 2								RATING LETTER <b>P</b>
Checks Project material which entails transliterating from the Cyrillic								
SPECIFIC DUTY NO. 3								RATING LETTER <b>A</b>
Takes over some supervisory duties during supervisor's absence								
SPECIFIC DUTY NO. 4								RATING LETTER <b>A</b>
Operates Xerox machine								
SPECIFIC DUTY NO. 5								RATING LETTER <b>A</b>
Guides others in Project learning Russian transliteration								
SPECIFIC DUTY NO. 6								RATING LETTER
OVERALL PERFORMANCE IN CURRENT POSITION								RATING LETTER <b>A</b>
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.								
20 JUN 1963								GROUP 1

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.

20 JULY 1962

**FORM 45** OBSOLETE PREVIOUS EDITIONS.

**SECRET**

**GROUP I**  
Faceted from automatic  
downgrading and  
downgrading

SECRET

(When Filled In)

OFFICE OF PERSONNEL

## 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 Sections A, B, and C to provide best basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

MAIL R/H/11

Subject's Russian transliteration work is neat and accurate. This work she has been able to do without strong support of the office.

Recently she has assisted some of the new Project employees in learning Russian transliteration.

She has taken over in an acceptable manner some of the supervisory duties during the absence of the supervisor.

## 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

7 June 63

Anna Tarasoff

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN  
UNDER MY SUPERVISION

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

27 months

DATE

OFFICIAL TITLE OF SUPERVISOR

TYPED OR PRINTED NAME AND SIGNATURE

7 June 63

Intelligence Assistant

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR PRINTED NAME AND SIGNATURE

7 June 63

Chief, n1/Project

SECRET

SECRET  
(When Filled In)

<b>FITNESS REPORT</b>					EMPLOYEE SERIAL NUMBER 25935		
<b>SECTION A</b>					<b>GENERAL</b>		
1. NAME <b>TARASOFF</b>	(Last) <b>Anna</b>	(First)	(Middle)	2. DATE OF BIRTH <b>5 May 1923</b>	3. SEX <b>F</b>	4. GRADE <b>GS-6</b>	5. SD <b>D</b>
6. OFFICIAL POSITION TITLE <b>INTELLIGENCE CLERK</b>				7. OFF/DIV/BR OF ASSIGNMENT <b>DDP/C1/SIG/PROJ</b>			
8. CHECK (X) TYPE OF APPOINTMENT <input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <small>CAREER-PROVISIONAL (See Instructions - Section C)</small>				9. CHECK (X) TYPE OF REPORT <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR <small>SPECIAL (Specify):</small>			
11. DATE REPORT DUE IN O.P. <b>31 July 1962</b>				10. CHECK (X) TYPE OF REPORT <input checked="" type="checkbox"/> SPECIAL (Specify): 12. REPORTING PERIOD (From- To) <b>30 June 1961 - 30 June 1962</b>			
<b>SECTION B</b>					<b>PERFORMANCE EVALUATION</b>		
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
<b>SPECIFIC DUTIES</b>							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (Indicate number of employees supervised).							
SPECIFIC DUTY NO. 1  Transliterates Russian material.							RATING LETTER  <b>P</b>
SPECIFIC DUTY NO. 2  Operates Verifax machine.							RATING LETTER  <b>A</b>
SPECIFIC DUTY NO. 3  Checks Project material which entails transliterating from the Cyrillic.							RATING LETTER  <b>A</b>
SPECIFIC DUTY NO. 4  Takes over some Supervisory duties during absence of Supervisor.							RATING LETTER  <b>A-</b>
SPECIFIC DUTY NO. 5							RATING LETTER
SPECIFIC DUTY NO. 6							RATING LETTER
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>							
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.							RATING LETTER  <b>A</b>

## SECRET

(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 best basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

Subject does her job without strong support of the office and her transliteration work is neat and accurate. She has taken over some of the supervisory duties during the absence of the supervisor in a satisfactory manner.

## SECTION D

## CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

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

DATE

SIGNATURE OF EMPLOYEE

3 August 1962

*Anne Tarasoff*

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 August 1962

Intelligence Assistant

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

*(None -*

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR PRINTED NAME AND SIGNATURE

3 August 1962

Chief, CI-Project

SECRET

**SECRET**  
(When Filled In)

FITNESS REPORT				Filled by CSID	EMPLOYEE SERIAL NUMBER <b>125935</b>				
<b>SECTION A</b>									
<b>GENERAL</b>									
1. NAME (Last) (First) (Middle)		2. DATE OF BIRTH		3. SEX	4. GRADE				
<b>TARASOFF Anna</b>		<b>5 MAY 1923</b>		<b>F</b>	<b>GS-6</b>				
5. SERVICE DESIGNATION		6. OFFICIAL POSITION TITLE		7. OFF/DIV/GR OF ASSIGNMENT					
<b>D</b>		<b>INTELLIGENCE CLERK</b>		<b>DDP/C1/SIG PROJ</b>					
8. CAREER STAFF STATUS			9. TYPE OF REPORT						
NOT ELIGIBLE <input checked="" type="checkbox"/> PENDING	MEMBER <input type="checkbox"/> DECLINED	DEFERRED <input type="checkbox"/> DENIED	INITIAL <input checked="" type="checkbox"/> ANNUAL	REASSIGNMENT/SUPERVISOR REASSIGNMENT/EMPLOYEE					
10. DATE REPORT DUE IN O.P.		11. REPORTING PERIOD		SPECIAL (Specify)					
<b>31 JULY 1961</b>		<b>From 30 JUNE 60 - To 30 JUNE 61</b>							
<b>SECTION B</b> <b>EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES</b>									
<p>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).</p>									
1 - Unsatisfactory    2 - Barely adequate    3 - Acceptable    4 - Competent    5 - Excellent    6 - Superior    7 - Outstanding									
SPECIFIC DUTY NO. 1  <b>Transliterates Russian material.</b>			RATING NO. <b>4</b>	SPECIFIC DUTY NO. 4  <b>Makes name checks.</b>			RATING NO. <b>5</b>		
SPECIFIC DUTY NO. 2  <b>Operates Verifax machine.</b>			RATING NO. <b>5</b>	SPECIFIC DUTY NO. 3			RATING NO.		
SPECIFIC DUTY NO. 3  <b>Takes over some supervisory duties during absence of Supervisor.</b>			RATING NO. <b>3</b>	SPECIFIC DUTY NO. 6			RATING NO.		
<b>SECTION C</b> <b>EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION</b>									
<p>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.</p>									
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. <b>3</b>									
<b>SECTION D</b> <b>DESCRIPTION OF THE EMPLOYEE</b>									
<p>In the rating boxes below, check (X) the degree to which each characteristic applies to the employee</p>									
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	X	X		
RESOURCEFUL					X	X	X		
ACCEPTS RESPONSIBILITIES					X	X	X		
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES					X	X	X		
DOES HIS JOB WITHOUT STRONG SUPPORT					X	X	X		
FACILITATES SMOOTH OPERATION OF HIS OFFICE					X	X	X		
WRITES EFFECTIVELY					X	X	X		
SECURITY CONSCIOUS					X	X	X		
THINKS CLEARLY					X	X	X		
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS					X	X	X		
OTHER (Specify):									
SEE SECTION "E" ON REVERSE SIDE									

**SECRET**

PERSONNEL

(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.

MAIL ROOM

No further comments to be added to previous reports.

**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

12 July 1961

Anne Torosoff

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN  
UNDER MY SUPERVISION

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

app. 2 months

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

12 July 1961

Intelligence Assistant

3.

BY REVIEWING OFFICIAL

I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.

I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.

COMMENTS OF REVIEWING OFFICIAL

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR PRINTED NAME AND SIGNATURE

12 July 1961

Chief, CI-Project

**SECRET**

**SECRET**  
(When Filled In)

<b>FITNESS REPORT</b>				EMPLOYEE SERIAL NUMBER <b>125935</b>	
<b>SECTION A GENERAL</b>					
1. NAME <b>TARASOFF, Anna</b>	2. DATE OF BIRTH <b>5 May 1923</b>	3. SEX <b>F</b>	4. GRADE <b>GS-6</b>		
5. SERVICE DESIGNATION <b>D INTELL CLERK</b>	6. OFFICIAL POSITION TITLE <b>DPP/CI STAFF/SIG/FROJ.</b>		7. OFF/DIV/BR OF ASSIGNMENT		
8. CAREER STAFF STATUS <input checked="" type="checkbox"/> NOT ELIGIBLE PENDING		9. TYPE OF REPORT <input checked="" type="checkbox"/> ANNUAL SPECIAL (Specify) <b>From 30 April 1961 To 31 March 60 - 31 March 61</b>		REASSIGNMENT/SUPERVISOR REASSIGNMENT/EMPLOYEE	
10. DATE REPORT DUE IN O.P. <b>30 April 1961</b>					
11. REPORTING PERIOD <b>From 31 March 60 - 31 March 61</b>					
<b>SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES</b>					
List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
1 - Unsatisfactory	2 - Barely adequate	3 - Acceptable	4 - Competent	5 - Excellent	6 - Superior
7 - Outstanding					
SPECIFIC DUTY NO. 1 Transliterates Russian material.		RATING NO. <b>4</b>	SPECIFIC DUTY NO. 4 Makes name checks.		RATING NO. <b>5</b>
SPECIFIC DUTY NO. 2 Operates Verifax machine.		RATING NO. <b>5</b>	SPECIFIC DUTY NO. 5		RATING NO.
SPECIFIC DUTY NO. 3 Takes over some supervisory duties during absence of supervisor.		RATING NO. <b>3</b>	SPECIFIC DUTY NO. 6		RATING NO.
<b>SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION</b>					
Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.					
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. <b>3</b>
<b>SECTION D DESCRIPTION OF THE EMPLOYEE</b>					
In the rating boxes below, check (X) the degree to which each characteristic applies to the employee					
1 - Least possible degree	2 - Limited degree	3 - Normal degree	4 - Above average degree	5 - Outstanding degree	
CHARACTERISTICS			NOT APPLICABLE	NOT OBSERVED	RATING
GETS THINGS DONE					X
RESOURCEFUL					X
ACCEPTS RESPONSIBILITIES					X
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES					X
DOES HIS JOB WITHOUT STRONG SUPPORT					X
FACILITATES SMOOTH OPERATION OF HIS OFFICE					X
WRITES EFFECTIVELY		X			
SECURITY CONSCIOUS					X
THINKS CLEARLY					X
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS	X				
OTHER (Specify)					
SEE SECTION "E" ON REVERSE SIDE					

**SECRET OFFICE**  
*(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.

No further comments to be added to previous report. *Mail 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**

12 April 1961

**SIGNATURE OF EMPLOYEE**

*✓ Anne T. [Signature]*

**2.**

**BY SUPERVISOR**

MONTHS EMPLOYEE HAS BEEN  
UNDER MY SUPERVISION

App. 3 years

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 April 1961

**OFFICIAL TITLE OF SUPERVISOR**

Intelligence Assistant

**TYPED OR PRINTED NAME AND SIGNATURE**

[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

**DATE**

12 April '61

**OFFICIAL TITLE OF REVIEWING OFFICIAL**

Chief, CI-Project

**TYPED OR PRINTED NAME AND SIGNATURE**

[Redacted]

**SECRET**

SECRET

(When Filled In)

<b>FITNESS REPORT</b>				EMPLOYEE SERIAL NUMBER <b>125935</b>	
<b>SECTION A GENERAL</b>					
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE
TARASOFF, Anna			5 May 1923	P	GS-05
5. SERVICE DESIGNATION SD/D		6. OFFICIAL POSITION TITLE Intelligence Clerk		7. OFF/DIV/BR OF ASSIGNMENT DDP/CI/SID-Projects	
8. CAREER STAFF STATUS			9. TYPE OF REPORT		
<input checked="" type="checkbox"/> NOT ELIGIBLE	MEMBER	DEFERRED	<input checked="" type="checkbox"/> INITIAL	REASSIGNMENT/SUPERVISOR	
PENDING	DECLINED	DENIED	<input checked="" type="checkbox"/> ANNUAL	REASSIGNMENT/EMPLOYEE	
10. DATE REPORT DUE IN O.P. 30 April 1960		11. REPORTING PERIOD From Apr 59 - 31 March 60 To		SPECIAL (Specify)	
<b>SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES</b>					
List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
1 - Unsatisfactory	2 - Barely adequate	3 - Acceptable	4 - Consistent	5 - Excellent	6 - Superior
SPECIFIC DUTY NO. 1 Transliterates Russian material.		RATING NO. 4	SPECIFIC DUTY NO. 4 Checks transliterations work of other Junior Analysts.		RATING NO. 4
SPECIFIC DUTY NO. 2 Operates Verifax machine.		RATING NO. 5	SPECIFIC DUTY NO. 5 Checks file list.		RATING NO. 4
SPECIFIC DUTY NO. 3 Takes over some Supervisory duties during absence of Supervisor.		RATING NO. 3	SPECIFIC DUTY NO. 6		RATING NO.
<b>SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION</b>					
Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.					
<ul style="list-style-type: none"> <li>1 - Performance in many important respects fails to meet requirements.</li> <li>2 - Performance meets most requirements but is deficient in one or more important respects.</li> <li>3 - Performance clearly meets basic requirements.</li> <li>4 - Performance clearly exceeds basic requirements.</li> <li>5 - Performance in every important respect is superior.</li> <li>6 - Performance in every respect is outstanding.</li> </ul>					
RATING NO. 3					
<b>SECTION D DESCRIPTION OF THE EMPLOYEE</b>					
In the rating boxes below, check (X) the degree to which each characteristic applies to the employee.					
1 - Least possible degree	2 - Limited degree	3 - Normal degree	4 - Above average degree	5 - Outstanding degree	
CHARACTERISTICS			NOT APPL-CABLE	NOT OBSERVED	RATING
GETS THINGS DONE					X
RESOURCEFUL					X
ACCEPTS RESPONSIBILITIES					X
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES					X
DOES HIS JOB WITHOUT STRONG SUPPORT					X
FACILITATES SMOOTH OPERATION OF HIS OFFICE					X
WRITES EFFECTIVELY	X				X
SECURITY CONSCIOUS					X
THINKS CLEARLY					X
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS					X
OTHER (specify):					
SEE SECTION "E" ON REVERSE SIDE					

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

**SECTION E**

**NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE**

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

This employee is a conscientious worker and willingly carries out all of her assignments within a reasonable length of time. Her transliteration work is accurate and fairly productive.

During the absence of the Supervisor, this employee has taken over some of the supervisory duties in an acceptable manner. However, it is believed that she requires more training in this field.

This employee is scheduled to take the Agency Basic Supervision course on 2 May 1960.

**SECTION F**

**CERTIFICATION AND COMMENTS**

1.

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

DATE

25 April 1960

SIGNATURE OF EMPLOYEE

*Carrie [Signature]*

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN  
UNDER MY SUPERVISION:

Approximately 2 years

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

25 April 1960

OFFICIAL TITLE OF SUPERVISOR

Intelligence Assistant

T

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

25 April 1960

OFFICIAL TITLE OF REVIEWING OFFICIAL

Chief, CI-Project

TYPED OR PRINTED NAME AND SIGNATURE

**SECRET**

SECRET  
(When Filled In)

X

FITNESS REPORT				EMPLOYEE SERIAL NUMBER 125935								
<b>SECTION A</b>												
<b>GENERAL</b>												
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH		3. SEX 4. GRADE							
TARASOFF, Anna			5 May 1923		F GS-05							
5. SERVICE DESIGNATION		6. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT							
SD/DS		Intelligence Clerk			DDP/CI/SID - Projects							
8. CAREER STAFF STATUS												
<input checked="" type="checkbox"/> NOT ELIGIBLE	MEMBER	DEFERRED	<input checked="" type="checkbox"/> INITIAL	TYPE OF REPORT								
PENDING	DECLINED	DENIED	<input checked="" type="checkbox"/> ANNUAL	REASSIGNMENT/SUPERVISOR								
10. DATE REPORT DUE IN O.P.		11. REPORTING PERIOD			12. SPECIAL (Specify)							
30 April 1959		From 22 Oct 58 thru Apr 59 To										
<b>SECTION B</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 Checks transliteration material of Junior Analysts.		RATING NO. <b>3</b>	SPECIFIC DUTY NO. 6			RATING NO.						
SPECIFIC DUTY NO. 2 Transliterates Russian material into English.		RATING NO. <b>4</b>	SPECIFIC DUTY NO. 5			RATING NO.						
SPECIFIC DUTY NO. 3 Operates Verifax machine.		RATING NO. <b>4</b>	SPECIFIC DUTY NO. 6			RATING NO.						
<b>SECTION C</b> 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. <b>3</b>						
<b>SECTION D</b> 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 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				<input checked="" type="checkbox"/>			X					
SECURITY CONSCIOUS							X					
THINKS CLEARLY							X					
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS				<input checked="" type="checkbox"/>				X				
OTHER (Specify):												
SEE SECTION "E" ON REVERSE SIDE												

**SECRET**

(When Filled In)

**SECTION E**

**NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE**

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

This employee is a steady, diligent, and conscientious worker. Her transliteration work is accurate and productive. She has a native language ability in Russian which is a definite aid in her transliteration work.

Although this employee's work is productive, her rate of production generally remains at a fixed level, with no substantial increase or decrease. This is probably due to the fact that there are no other girls with whom she can compete because of other duties being assigned to them, or this employee may be of a non-competitive type.

This employee, although she does not meet the Agency qualifications in typing, has taken the Agency's Refresher Course in Typing. However, this course was too advanced for her and she will probably require additional training and more practice before she can become a qualified typist.

Employee's husband is employed within the Agency in the Foreign Documents Division.

It is believed that this employee has first line supervisory potential insofar as her ability to get along with people and her unwavering interest in her work are concerned. However, she will require the necessary training along this line before she would be capable of undertaking such supervisory duties.

**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**

9 April 1959

**SIGNATURE OF EMPLOYEE**

*Wm. J. Knoll*

**2.**

**BY SUPERVISOR**

**MONTHS EMPLOYEE HAS BEEN  
UNDER MY SUPERVISION**

10

**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**

9 April 1959

**OFFICIAL TITLE OF SUPERVISOR**

Intelligence Assistant

**TYPED OR PRINTED NAME AND SIGNATURE**

**3.**

**BY REVIEWING OFFICIAL**

I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.

I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.

**COMMENTS OF REVIEWING OFFICIAL**

**DATE**

9 April 1959

**OFFICIAL TITLE OF REVIEWING OFFICIAL**

Chief, CI-Project

**TYPED OR PRINTED NAME AND SIGNATURE**

**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 A, of Section "A" below.

## SECTION A.

## GENERAL

1. NAME <b>Tarasoff, Anna</b>	(Last) (First) (Middle)	2. DATE OF BIRTH <b>5/5/23</b>	3. SEX <b>F</b>	4. SERVICE DESIGNATION <b>SD:DS</b>
5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT <b>DDP/CI Staff/SID Proj.</b>		6. OFFICIAL POSITION TITLE <b>Intel Clk</b>		

7. GRADE <b>GS-4</b>	8. DATE REPORT DUE IN OP <b>23 June 1958</b>	9. PERIOD COVERED BY THIS REPORT (Inclusive dates) <b>22 October 1958</b>		
-------------------------	---	--	--	--

10. TYPE OF REPORT (Check one)	INITIAL ANNUAL	REASSIGNMENT-SUPERVISOR REASSIGNMENT-EMPLOYEE	SPECIAL (Specify) <b>Possible promotion</b>
-----------------------------------	-------------------	--	--

## SECTION B.

## CERTIFICATION

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

## A. CHECK (X) APPROPRIATE STATEMENTS:

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

B. THIS DATE <b>21 October 1958</b>	C. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR	D. SUPERVISOR'S OFFICIAL TITLE <b>Intelligence Asst.</b>
--	--	---

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.

[ ] CONTINUED ON ATTACHED SHEET

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

A. THIS DATE <b>21 October 1958</b>	B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL	C. OFFICIAL TITLE OF REVIEWING OFFICIAL <b>Chief, C/I Project</b>
--	--	--

## 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.

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

COMMENTS:

BY	DATE
<i>[Signature]</i>	<i>29 Oct 1958</i>

## SECRET

(When Filled In)

OFFICE OF PERSONNEL

PERIOD: *02 APR 58*

## C. RATINGS ON PERFORMANCE OF SPECIFIC DUTIES

## DIRECTIONS:

- State in the spaces below up to six of the more important SPECIFIC duties performed during his rating period. Place the most important first. Do not include minor or unimportant duties.
- Rate performance on each specific duty considering ONLY effectiveness in the performance of this specific duty.
- For supervisors, ability to supervise will always be rated as a specific duty, ~~not rate as supervisor those who supervise a secretary only~~.
- Compare, in your mind, when possible, the individual being rated with others performing the same duty at a similar level of responsibility.
- Two individuals with the same job title may be performing different duties. If so, enter *5B* on different duties.
- Be specific. Examples of the kind of duties that might be rated are:

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

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

SPECIFIC DUTY NO. 1	Transliterates Russian material into English.	RATING NUMBER	SPECIFIC DUTY NO. 4	RATING NUMBER
		4		
SPECIFIC DUTY NO. 2	Reproduces material on verifax machine.	RATING NUMBER	SPECIFIC DUTY NO. 5	RATING NUMBER
		4		
SPECIFIC DUTY NO. 3		RATING NUMBER	SPECIFIC DUTY NO. 6	RATING NUMBER

## D. NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

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

Employee's work is productive and her accuracy has improved steadily. She is cooperative and conscientious and is willing to learn additional duties which may be assigned to her.

## SECTION D. SUITABILITY FOR CURRENT JOB IN ORGANIZATION

DIRECTIONS: Take into account here everything you know about the individual...productivity, conduct in the job, persistent 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.

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

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

SECRET

## SECRET

(When Filled In)

## FITNESS REPORT (Part II) POTENTIAL

## INSTRUCTIONS

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

FOR THE SUPERVISOR: This report is a privileged communication to your supervisor, and to appropriate career management and personnel officials concerning the potential of the employee being rated. 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 REVIEW 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

1. NAME <b>Tarasoff, Anna</b>	2. DATE OF BIRTH <b>5/5/23</b>	3. SEX <b>F</b>	4. SERVICE DESIGNATION <b>SD:DS</b>
5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT <b>DDP/CI Staff/SID Proj.</b>		6. OFFICIAL POSITION TITLE <b>Intel Clk</b>	
7. GRADE <b>GS-4</b>	8. DATE REPORT DUE IN OP <b>23 June 1958--22 October 1958</b>	9. PERIOD COVERED BY THIS REPORT (Inclusive dates)	
10. TYPE OF REPORT (Check one) ANNUAL	INITIAL	ASSIGNMENT-SUPERVISOR REASSIGNMENT-EMPLOYEE	SPECIAL (Specify) <b>Possible promotion</b>

## SECTION F.

## CERTIFICATION

1. FOR THE RATER: I CERTIFY THAT THIS REPORT REPRESENTS MY BEST JUDGEMENT OF THE INDIVIDUAL BEING RATED		
A. THIS DATE <b>21 October 1958</b>	B. TYPED OR PRINTED NAME AND SIGNATURE OF RATER [Signature]	C. SUPERVISOR'S OFFICIAL TITLE <b>Intelligence Asst.</b>
2. FOR THE REVIEWING OFFICIAL: I HAVE REVIEWED THIS REPORT AND NOTED ANY DIFFERENCE OF OPINION IN ATTACHED MEMO.		
A. THIS DATE <b>21 October 1958</b>	B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL [Signature]	C. OFFICIAL TITLE OF REVIEWING OFFICIAL <b>Chief, CI/Project</b>

## 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.

- |          |   |
|----------|---|
| <b>6</b> | 1. ALREADY ABOVE THE LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED<br>2. HAS REACHED THE HIGHEST LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED<br>3. MAKING PROGRESS, BUT NEEDS MORE TIME BEFORE WE CAN BE TRAINED TO ASSUME GREATER RESPONSIBILITIES<br>4. READY FOR TRAINING IN ASSUMING GREATER RESPONSIBILITIES<br>5. WILL PROBABLY ADJUST QUICKLY TO MORE RESPONSIBLE DUTIES WITHOUT FURTHER TRAINING<br>6. ALREADY ASSUMING MORE RESPONSIBILITIES THAN EXPECTED AT HIS PRESENT LEVEL<br>7. AN EXCEPTIONAL PERSON WHO IS ONE OF THE FEW WHO SHOULD BE CONSIDERED FOR EARLY ASSUMPTION OF HIGHER LEVEL RESPONSIBILITIES |
|----------|---|

## 2. SUPERVISORY POTENTIAL

DIRECTIONS: Answer this question: Does this person have the ability to be a supervisor?  Yes  No. If your answer is YES, indicate below your opinion or guess of 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.

ACTUAL	POTENTIAL	DESCRIPTIVE SITUATION
	<b>2</b>	A GROUP DOING THE BASIC JOB (truck drivers, stenographers, technicians or professional specialists of various kinds) WHERE CONTACT WITH IMMEDIATE SUBORDINATES IS FREQUENT (First line supervisor)
	<b>1</b>	A GROUP OF SUPERVISORS WHO DIRECT THE BASIC JOB (Second line supervisors)
	<b>1</b>	A GROUP WHO MAY OR MAY NOT BE SUPERVISORS, WHICH IS RESPONSIBLE FOR MAJOR PLANS, ORGANIZATION AND POLICY (Executive level)
	<b>1</b>	WHEN CONTACT WITH IMMEDIATE SUBORDINATES IS NOT FREQUENT
	<b>1</b>	WHEN IMMEDIATE SUBORDINATE ACTIVITIES ARE DIVERSE AND NEED CAREFUL COORDINATION
	<b>1</b>	WHEN IMMEDIATE SUBORDINATES INCLUDE MEMBERS OF THE OPPOSITE SEX
	OTHER (Specify)	

## SECRET

(When Filled In)

Oct 24

TIME OF PERSONNEL

5 Months

## 4. COMMENTS CONCERNING POTENTIAL

Have no opinion concerning employee's potential at this time.

Oct 24 this time.  
02 PH '58

MAIL ROOM

## SECTION H.

## FUTURE PLANS

## 1. TRAINING OR OTHER DEVELOPMENTAL EXPERIENCE PLANNED FOR THE INDIVIDUAL

On-the-job training is all that is necessary for this employee at this time.

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

Employee is a conscientious and diligent individual. She readily carries out the various duties assigned to her and shows a willingness to take on any additional assignments.

## 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
3	1. ABLE TO SEE ANOTHER'S POINT OF VIEW	4	11. HAS HIGH STANDARDS OF ACCOMPLISHMENT	3	21. IS EFFECTIVE IN DISCUSSIONS WITH ASSOCIATES
3	2. CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES	3	12. SHOWS ORIGINALITY	3	22. IMPLEMENTS DECISIONS, REGARDLESS OF OWN FEELINGS
3	3. HAS INITIATIVE	4	13. ACCEPTS RESPONSIBILITY	3	23. IS THOUGHTFUL OF OTHERS
3	4. IS ANALYTIC IN HIS THINKING	3	14. ADMITS HIS ERRORS	4	24. WORKS WELL UNDER PRESSURE
3	5. STRIVES CONSTANTLY FOR NEW KNOWLEDGE AND IDEAS	3	15. RESPONDS WELL TO SUPERVISION	3	25. DISPLAYS JUDGEMENT
3	6. KNOWS WHEN TO SEEK ASSISTANCE	4	16. DOES HIS JOB WITHOUT STRONG SUPPORT	4	26. IS SECURITY CONSCIOUS
3	7. CAN GET ALONG WITH PEOPLE	3	17. COMES UP WITH SOLUTIONS TO PROBLEMS	3	27. IS VERSATILE
3	8. HAS MEMORY FOR FACTS	3	18. IS OBSERVANT	3	28. HIS CRITICISM IS CONSTRUCTIVE
4	9. GETS THINGS DONE	3	19. THINKS CLEARLY	4	29. FACILITATES SMOOTH OPERATION OF HIS OFFICE
3	10. CAN COPE WITH EMERGENCIES	4	20. COMPLETES ASSIGNMENTS WITHIN ALLOWABLE TIME LIMITS	4	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 8. of Section A below.

#### SECTION A.

			GENERAL	
1. NAME	(Last)	(First)	(Middle)	2. DATE OF BIRTH
TARASOFF, Anna				5 May 1923
3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT			4. SEX	
DDP/FI/D/PB			P	DS
5. GRADE	6. DATE REPORT DUE IN OP		7. PERIOD COVERED BY THIS REPORT (Exclusive dates)	
GS-4			14 July 1957 - 31 December 1957	
10. TYPE OF REPORT (Check one)		INITIAL	REASSIGNMENT-SUPERVISOR	SPECIAL (Specify)
		ANNUAL	X REASSIGNMENT-EMPLOYEE	

#### SECTION B.

### CERTIFICATION

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

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

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

B. THIS DATE	C. TYPED OR PRINTED NAME AND SIGNATURE	REVIEWER'S OFFICIAL TITLE
31 Dec. 1957		

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.

DATE  
Reviewed by P. J. Jan 1958  
13/158

CONTINUED ON ATTACHED SHEET

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

A. THIS DATE	B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWER	C. OFFICIAL TITLE OF REVIEWING OFFICIAL
31 Jan 1958		Asst. Secy. Officer, FI/D/PB

#### 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.

- |                                     |   |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | 1 - DOES NOT PERFORM DUTIES ADEQUATELY; HE IS INCOMPETENT.  |
| <input type="checkbox"/>            | 2 - BARELY ADEQUATE IN PERFORMANCE; ALTHOUGH HE HAS HAD SPECIFIC REINFORCEMENT OR TRAINING, HE OFTEN FAILS TO CARRY OUT RESPONSIBILITIES. |
| <input type="checkbox"/>            | 3 - PERFORMS MOST OF HIS DUTIES ACCEPTABLY; OCCASIONALLY REVEALS SOME AREA OF WEAKNESS.   |
| <input type="checkbox"/>            | 4 - PERFORMS DUTIES IN A COMPETENT, EFFECTIVE MANNER.   |
| <input type="checkbox"/>            | 5 - A FINE PERFORMANCE; CARRIES OUT MANY OF HIS RESPONSIBILITIES EXCEPTIONALLY WELL.  |
| <input type="checkbox"/>            | 6 - PERFORMS HIS DUTIES IN SUCH AN OUTSTANDING MANNER THAT HE IS EQUALLED BY FEW OTHER PERSONS KNOWN TO THE SUPERVISOR.                   |
- INSERT  
RATING  
NUMBER

COMMENTS:

SECRET  
*(Leave Blank)*

OFFICE OF PERSONNEL

## 2. RATINGS IN 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 duty.
- c. For supervisors, ability to supervise will always be rated as a specific duty (do not rate as supervisor those 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               | WAS AND USES AREA KNOWLEDGE    | CONDUCTS INTERROGATIONS        |
| GIVING LECTURES             | DEVELOPS NEW PROGRAMS          | PREPARES SUMMARIES             |
| CONDUCTING SEMINARS         | ANALYZES INDUSTRIAL REPORTS    | TRANSLATES GERMAN              |
| WRITING TECHNICAL REPORTS   | MANAGES FILES                  | 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 |
- g. For some jobs, duties may be broken down even further if supervisor considers it advisable, e.g., combined key and phone operation, in the case of a radio operator.

DESCRIPTIVE RATING NUMBER	1 - INCOMPETENT IN THE PERFORMANCE OF THIS DUTY	6 - PERFORMS THIS DUTY IN AN OUTSTANDING MANNER
	2 - BARELY ADEQUATE IN THE PERFORMANCE OF THIS DUTY	FOUND IN VERY FEW INDIVIDUALS HOLDING SIMILAR JOBS
	3 - PERFORMS THIS DUTY ACCEPTABLY	7 - EXCELS ANYONE I KNOW IN THE PERFORMANCE OF THIS DUTY
	4 - PERFORMS THIS DUTY IN A COMPETENT MANNER	
	5 - PERFORMS THIS DUTY IN SUCH A FINE MANNER THAT HE IS A DISTINCT ASSET ON HIS JOB	
SPECIFIC DUTY NO. 1	RATING NUMBER	SPECIFIC DUTY NO. 4
Logging Intelligence Material	5.	
SPECIFIC DUTY NO. 2	RATING NUMBER	SPECIFIC DUTY NO. 5
Filing	5.	
SPECIFIC DUTY NO. 3	RATING NUMBER	SPECIFIC DUTY NO. 6
Related Clerical Duties	4.	

## 3. NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

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

Individual very alert and she performs all her duties in an accurate, competent and thorough manner. She is a definite asset to the office.

## SECTION D. SUITABILITY FOR CURRENT JOB IN ORGANIZATION

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

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

SECRET

STANDARD FORM 36 REVISED JULY 1962 U. S. CIVIL SERVICE COMMISSION CHAPTER I, 3, F.P.M. SF-104		AGENCY CERTIFICATION OF INSURANCE STATUS <b>Federal Employees' Group Life Insurance Act</b>		
1. FULL NAME OF EMPLOYEE <b>Tarasoff Anna</b>		(First)	(Middle)	2. DATE OF BIRTH (MONTH, DAY, YEAR) <b>May 5, 1923</b>
3. CHECK THE REASON FOR TERMINATING INSURANCE				
(a) <input checked="" type="checkbox"/> SEPARATED		(b) <input type="checkbox"/> DIED	(c) <input type="checkbox"/> 12 MONTHS NON-PAY STATUS	
(d) <input type="checkbox"/> RETIRED		WAS EMPLOYEE AT TIME OF DEATH AN APPLICANT FOR CIVIL SERVICE RETIREMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		
		(e) <input type="checkbox"/> OTHER (Specify) _____		
4. CHECK APPROPRIATE BOX CONCERNING S. F. 54, DESIGNATION OF BENEFICIARY				
(a) <input type="checkbox"/> CURRENT S. F. 54 ATTACHED		(b) <input checked="" type="checkbox"/> A CURRENT S. F. 54 IS NOT ON FILE WITH THIS AGENCY	(c) <input type="checkbox"/> A CURRENT S. F. 54 IS ON FILE IN THE EMPLOYEE'S OFFICIAL PERSONNEL FOLDER (OR EQUIVALENT)	
NOTE: IF EMPLOYEE (A) DIED OR (B) IS RETIRING OR RECEIVING FEDERAL EMPLOYEES' COMPENSATION UNDER CONDITIONS ENTITLING HIM TO RETAIN FREE LIFE INSURANCE, ATTACH CURRENT S. F. 54, IF ANY, TO ORIGINAL S. F. 54 AND CHECK BOX 4 (c) ON ORIGINAL AND ALL COPIES OF S. F. 56; IF NO CURRENT S. F. 54 IS ON FILE, CHECK BOX 4 (b). IN ALL OTHER CASES, SHOW WHETHER OR NOT CURRENT S. F. 54 IS ON FILE BY CHECKING BOX 4 (c). A CURRENT S. F. 54 IS ONE THAT HAS NOT BEEN CANCELED BY EMPLOYEE OR AUTOMATICALLY BY TRANSFER OR PRIOR TERMINATION OF INSURANCE.				
5. DATE OF EVENT CHECKED IN ITEM 3 (MONTH, DAY, YEAR) <b>September 8, 1963</b>		6. ANNUAL COMPENSATION RATE - NOT AMOUNT OF INSURANCE - (CONVERT DAILY, HOURLY, PIECEWORK, ETC. RATE TO ANNUAL RATE) ON DATE IN ITEM 5. <b>\$ 5,545.00 PER ANNUM</b>		7. DATE OF NOTICE OF CONVERSION PRIVILEGE (SF 55) TO EMPLOYEE (MONTH, DAY, YEAR) <b>October 2, 1963</b>
8. I CERTIFY THAT THE ABOVE INFORMATION HAS BEEN OBTAINED FROM, AND CORRECTLY REFLECTS OFFICIAL RECORDS, AND THAT THE EMPLOYEE NAMED WAS COVERED BY FEDERAL EMPLOYEES' GROUP LIFE INSURANCE ON THE DATE SHOWN IN ITEM 5. (SIGN ORIGINAL ONLY)				
<input type="text"/>		2 OCT 1963 (Personal signature of authorized agency official)		
<input type="text"/>		(Date) (Type name of authorized agency official)		
<input type="text"/>		(Title) P.O. Box 3521, Central Station, Arlington, Va 22203 (Name of agency)		
		(Mailing address of agency)		

*Concert with Central Contract*

SEE OTHER SIDE  
FOR  
INSTRUCTIONS TO EMPLOYING AGENCY

Standard Form No. 2809  
CHAPTER 1A, FPMR  
6-64D (Rev. 1)

110 - 5TH BENEFITS REGISTRATION FORM  
FEDERAL EMPLOYEES HEALTH BENEFITS ACT OF 1959

(Read instructions or back of last page. Use only numbers or letters in boxes.)

CARRIER'S CONTROL NO.

092790

<b>PART A</b> <small>ALL WHO REGISTER MUST FILL IN THIS PART.</small>	1. NAME (LAST) <b>TARASOFF</b>	(FIRST) <b>ANNA</b>	(MIDDLE INITIAL)	2. DATE OF BIRTH (Mo. Day Year) <b>5 5 23</b>	3. Are you now married? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	4. YOUR MAILING ADDRESS <b>2619 Gainesville St., S.E., Washington, D.C.</b>	NUMBER AND STREET	(CITY AND ZONE NUMBER)	(STATE) <b>D.C.</b>	5. SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE	
<b>PART B</b> <small>FILL IN THIS PART IF YOU WISH TO EN- ROLL IN A HEALTH BENEFITS PLAN.</small>	6. Are you covered by, or is any family member listed below covered by, or enrolling in, a plan under the Federal Employees Health Benefits Act of 1959 (through the enrollment of another United States or District of Columbia Government employee or annuitant)?			7. Place an "X" in proper box to show your annual basic salary range.		
	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	UNDER \$4,000 <input type="checkbox"/>	\$4,000 TO \$9,999 <input checked="" type="checkbox"/>	\$10,000 OR OVER <input type="checkbox"/>	
<b>PART C</b> <small>FILL IN THIS PART IF YOU WISH TO ENROLL OR IF YOU WISH TO CHANGE YOUR ENROLLMENT.</small>	1. I elect to enroll in a health benefits plan as shown below. I authorize deductions to be made from my salary, compensation, or annuity to cover my share of the cost of the enrollment. (Copy the information requested below from inside cover of brochure of the plan you select.)					
	NAME OF PLAN	OPTION HIGH OR LOW	ENROLLMENT CHECK MARK			
<b>PART D</b> <small>FILL IN THIS PART IF YOU WISH TO CHANGE YOUR ENROLLMENT.</small>	2. In space below list all living family members without exception. List your wife or husband first, then your unmarried children under age 19, including legally adopted children, and a stepchild and illegitimate children who live with you in a regular parent-child relationship. Include also any unmarried child over 19 who became disabled before age 19 and who, because of the disability, is incapable of self-support. (Attach a doctor's certificate for a disabled child age 19 or over.)					
	NAMES OF FAMILY MEMBERS	DATE OF BIRTH (Mo. Day, Year)	NAMES OF FAMILY MEMBERS	DATE OF BIRTH (Mo. Day, Year)		
Wife or Husband	<b>1</b>			<b>6</b>		
	<b>2</b>			<b>7</b>		
	<b>3</b>			<b>8</b>		
	<b>4</b>			<b>9</b>		
	<b>5</b>			<b>10</b>		
3. If you are a female (employee or annuitant)—does the family listed above include a husband who is incapable of self-support by reason of mental or physical disability which can be expected to continue for more than one year? (If answer is "Yes," attach a doctor's certificate.)						
PLACE AN "X" IN ITEM 1 OR ITEM 2, WHICHEVER APPLIES, AND ANSWER ITEM 3.						
1. I elect not to enroll in any plan under the Health Benefits Act. <input checked="" type="checkbox"/>		3. The reason for my election is (Place an "X" in proper box): (a) I am covered by a plan under the Health Benefits Act through the enrollment of my husband. <input checked="" type="checkbox"/> (b) I am covered by a health insurance plan which is not under the Health Benefits Act. <input type="checkbox"/> (c) Any other reason. <input type="checkbox"/>				
2. I elect to cancel my present enrollment under the Health Benefits Act. <input type="checkbox"/>						
4. I elect to change my enrollment as shown by the enrollment number and other information in Part B.						
1. Enrollment code number of present plan.		2. Number of event which permits change. (See Rule on back of brochure for proper number.)	3. Date of event which permits change.			
			MONTH	DAY	YEAR	
<b>PART E</b> <small>ALL WHO REGISTER MUST FILL IN THIS PART</small>						WARNING.—Any intentional false statement in this application or wilful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001.)
1. NAME AND ADDRESS OF EMPLOYING OFFICE		2. DATE RECEIVED IN EMPLOYING OFFICE	3. EFFECTIVE DATE OF ELECTION			
		<b>13 June 1960</b>	MO. <b>6</b>	DAY <b>1</b>	YEAR <b>1960</b>	4. PAYROLL OFFICE NO.
REMARKS 1-2 USE ONLY BY ANNUITANTS AND AGENCY.		5. PAYROLL ACTION INITIALS AND DATE				<b>123935</b>

triplicate—To Employing Office

APRIL 1959

11-69

STANDARD FORM 61  
REVISED MARCH 1958  
U. S. CIVIL SERVICE COMMISSION  
F. P. M. CHAPTER A8

## APPOINTMENT AFFIDAVITS

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

CENTRAL INTELLIGENCE AGENCY

Washington, D.C.

(Department or agency)

(Bureau or division)

(Place of employment)

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

### A. OATH OF OFFICE

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

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

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

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

I am not participating in any strike against the Government of the United States or any agency thereof, and I will not so participate while an employee of the Government of the United States or any agency thereof. I do not and will not assert the right to strike against the Government of the United States or any agency thereof while an employee of the Government of the United States or any agency thereof. I do further swear (or affirm) that I am not knowingly a member of an organization of Government employees that asserts the right to strike against the Government of the United States or any agency thereof and I will not, while an employee of the Government of the United States or any agency thereof, knowingly become a member of such an organization.

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

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

### E. AFFIDAVIT AS TO DECLARATION OF APPOINTEE

The answers given in the Declaration of Appointee on the reverse of this form are true and correct.

8 Apr 1957

(Date of entrance on duty)

*[Signature]*

(Signature of appointee)

Subscribed and sworn before me this 8th day of April, A. D. 1957,

at Washington, D.C.

(City)

(State)

[SEAL]

*[Signature]*

(Signature of officer)

Appointment Clerk

(Title)

1954 15 & 154

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

16-63100-5

## DECLARATION OF APPOINTEE

This form is to be completed before entrance on duty. Answer all questions. Admitted unfavorable information about such matters as arrests or discharges will be considered together with the favorable information in your record in determining your present fitness for Federal employment. However, a false statement or dishonest answer to any question may be grounds for dismissal after appointment and is punishable by law.

**1. PRESENT ADDRESS (street and number, city and State)**

3519 Gainesville St. SE WASH. D.C.

**2. (A) DATE OF BIRTH**

5-5-33

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

Cleveland, Ohio

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

Ronis J. THOMSOFF

**(B) RELATIONSHIP**

Husband

**(C) STREET AND NUMBER, CITY AND STATE**

3519 Gainesville St. SE WASH. D.C.

**(D) TELEPHONE NO.**

4-4-1380

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

If so, for each such relative fill in the blank below. If additional space is necessary, complete under Item 12.

NAME	POST OFFICE ADDRESS (Give street number, if any)	1. POSITION (D) TEMPORARY OR NOT (D) DEPARTMENT OR AGENCY IN WHICH EMPLOYED	RELATIONSHIP	MAR. RIED (Check one)	SIM. GLE (Check one)
		1. 3519 Gainesville St.,			
		2. ....			
		3. ....			
		1. ....			
		2. ....			
		3. ....			

**INDICATE ANSWER BY PLACING "X" IN PROPER COLUMN**

YES    NO

**INDICATE ANSWER BY PLACING "X" IN PROPER COLUMN**

YES    NO

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

X

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

X

If your answer is "Yes," give details in Item 12.

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

X

If your answer is "Yes," give details in Item 12.

**8. SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT, HAVE YOU BEEN ARRESTED, CHARGED, OR HELD BY FEDERAL, STATE, OR OTHER LAW ENFORCEMENT AUTHORITIES, FOR ANY VIOLATION OF ANY FEDERAL LAW, STATE LAW, COUNTY OR MUNICIPAL LAW, REGULATION, OR ORDINANCE? (DO NOT INCLUDE TRAFFIC VIOLATIONS FOR WHICH A FINE LESS THAN \$100.00 WAS IMPOSED; ALL OTHER CHARGES MUST BE INCLUDED EVEN IF THEY WERE DISMISSED.)**

X

If your answer is "Yes," give in Item 12 for each case: (1) approximate date, (2) charge, (3) place, (4) action taken.

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

X

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

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

X

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

X

**11. SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT:**

**A. HAVE YOU BEEN DISCHARGED FROM EMPLOYMENT BECAUSE:**

(1) YOUR CONDUCT WAS NOT SATISFACTORY?

(2) YOUR WORK WAS NOT SATISFACTORY?

**B. HAVE YOU RESIGNED AFTER OFFICIAL NOTIFICATION THAT:**

(1) YOUR CONDUCT WAS NOT SATISFACTORY?

(2) YOUR WORK WAS NOT SATISFACTORY?

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

If your answer to A, B, or C is "Yes," give details in Item 12 as clearly as you can remember, including the name and address of employer, approximate date, and reasons in each case.

X

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

| ITEM NO. |
|----------|----------|----------|----------|----------|----------|
|          |          |          |          |          |          |
|          |          |          |          |          |          |
|          |          |          |          |          |          |
|          |          |          |          |          |          |
|          |          |          |          |          |          |
|          |          |          |          |          |          |
|          |          |          |          |          |          |
|          |          |          |          |          |          |

**INSTRUCTIONS TO APPOINTING OFFICER.**—You must determine that this appointment would be in conformance with the Civil Service Act, applicable Civil Service Rules and Regulations, and acts of Congress pertaining to appointment.

This form should be checked for holding of office, pension, any record of recent discharge or arrest, age, citizenship, and members of family. Also, to establish the identity of the appointee, you should particularly check (1) his signature and handwriting against the application and/or other pertinent papers and (2) his physical appearance against the medical certificate.

STANDARD FORM 144  
REVISED SEPTEMBER 1964  
U. S. CIVIL SERVICE COMMISSION  
FPM CHAPTERS 11, 12, AND 52

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

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

PART I.—EMPLOYEE'S STATEMENT							PART II.—THIS COLUMN IS FOR PERSONNEL OFFICE USE		
1. NAME (Last, first, middle initial)				2. DATE OF BIRTH			9. RETENTION GROUP		
TARASOFF, Anna				5-5-29					
3. LIST THE FOLLOWING INFORMATION CONCERNING ALL FEDERAL AND DISTRICT OF COLUMBIA SERVICE YOU HAVE HAD PRIOR TO YOUR PRESENT APPOINTMENT (Do not include military service.)							10. A. CSC STATUS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
NAME AND LOCATION OF AGENCY		FROM— YEAR MONTH DAY			TO— YEAR MONTH DAY			TYPE OF APPOINTMENT IF KNOWN	
WWR									
4. LIST PERIODS OF ACTIVE SERVICE IN ANY BRANCH OF THE ARMED FORCES OF THE UNITED STATES. IF YOU HAD NO ACTIVE MILITARY SERVICE, WRITE "NONE."							11. SERVICE YEAR MONTH DAY		
BRANCH		FROM— YEAR MONTH DAY			TO— YEAR MONTH DAY			DISCHARGE (Hon. or dishon.?)	
5. DURING PERIODS OF EMPLOYMENT SHOWN IN ITEM 3, DID YOU HAVE A TOTAL OF MORE THAN 6 MONTHS ABSENCE WITHOUT PAY, INCLUDING PERIODS OF MERCHANT MARINE SERVICE, DURING ANY ONE CALENDAR YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If answer is "YES," list following information.)							12. TOTAL SERVICE		
TYPE IF KNOWN (LWOP, Part, Susp, AWOL, Mar, Dis)		FROM— YEAR MONTH DAY			TO— YEAR MONTH DAY			TOTAL YEARS MONTHS DAYS	
6. DURING THE FEDERAL SERVICE LISTED IN ITEM 3, DID YOU ACQUIRE A PERMANENT COMPETITIVE CIVIL SERVICE STATUS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If answer is "Yes," in what agency were you employed at the time status was acquired?)							13. NONCREDITABLE SERVICE (Leave purposes only):		
7. ARE YOU: A. THE WIFE OF A DISABLED VETERAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B. THE MOTHER OF A DECEASED OR DISABLED VETERAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO C. THE UNMARRIED WIDOW OF A VETERAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							14. NONCREDITABLE SERVICE (RIF purposes only):		
8. TO BE EXECUTED BEFORE A NOTARY PUBLIC OR OTHER PERSONS AUTHORIZED TO ADMINISTER OATHS. I swear (or affirm) that the above statements are true to the best of my knowledge and belief.							15. REEMPLOYMENT RIGHTS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
<u>April 1, 1957</u> (DATE)							<u>Anna Tarasoff</u> (SIGNATURE)		
Subscribed and sworn to before me on this _____ day of _____ 19_____ (MONTH) _____ at _____ (CITY) _____ (STATE)									
SEAL							<u>Landi Ferce</u>		
NOTE: If oath is taken before a Notary Public, the date of expiration of his Commission should be shown.									
INSTRUCTIONS: File this form on the permanent side of the employee's official personnel folder immediately before or after the personnel action involved.									

**Part III.—DETERMINATION OF COMPETITIVE STATUS.** (Complete for noncompetitive hires based on competitive status as required by instructions in FPM Chapter 52.) Employee has a competitive status. This determination is based upon the following evidence:

NAME OF AGENCY	SIGNATURE AND OFFICIAL TITLE	DATE

**PART IV.—DETERMINATION OF CREDITABLE SERVICE AND SERVICE COMPUTATION DATE FOR LEAVE PURPOSES**

	TOTAL SERVICE (Item 12)	NONCREDITABLE SERVICE (Item 13)	CREDITABLE SERVICE (Leave Purposes)	ENTRANCE ON DUTY DATE (Present Agency)	LESS CREDITABLE SERVICE (Leave Purposes)	SERVICE COM- PUTATION DATE (Leave Purposes)
Years						51
Months						
Days						8

**PART V.—DETERMINATION OF CREDITABLE SERVICE AND SERVICE COMPUTATION DATE FOR REDUCTION IN FORCE PURPOSES. (Complete only in those cases when the amount of creditable service for reduction in force purposes differs from the amount creditable for leave purposes.)**

	TOTAL SERVICE (Item 12)	NONCREDITABLE SERVICE (Item 14)	CREDITABLE SERVICE (RIF Purposes)	ENTRANCE ON DUTY DATE (Present Agency)	LESS CREDITABLE SERVICE (RIF Purposes)	SERVICE COM- PUTATION DATE (RIF Purposes)
Years						
Months						
Days						

\* Enter as the "Service Computation Date" on the employee's "Service Record Card," SF 7

REMARKS:

SECRET  
(When Filled In)

APR

PERIODIC SUPPLEMENT PERSONAL HISTORY STATEMENT		THIS DATE <i>6 MAY 1958</i>
INSTRUCTIONS		
<p>This form provides the means whereby your official personnel records will be kept current. Even though it duplicates information you have furnished previously, it will be necessary for you to complete Sections I through VI in their entirety. You need complete Sections VII through XII only if there has been a change since you entered on duty with the organization or if you believe the item requires more complete coverage than you have previously reported.</p>		
SECTION I GENERAL		
<p>1. FULL NAME (Last-First-Middle) <i>TARASOFF, ANNA</i></p>		
<p>2. CURRENT ADDRESS (No., Street, City, Zone, State) <i>3819 Gainesville St, SE, WASH. 20 D.C.</i></p>		
<p>3. PERMANENT ADDRESS (No., Street, City, Zone, State) <i>3819 Gainesville St, SE, WASH. 20 D.C.</i></p>		
<p>4. HOME TELEPHONE NUMBER <i>44-4380</i></p>		
<p>5. STATE, TERRITORY, POSSESSION OR COUNTRY IN WHICH YOU NOW CLAIM RESIDENCE <i>D.C.</i></p>		
SECTION II PERSON TO BE NOTIFIED IN CASE OF EMERGENCY		
<p>1. NAME (Last-First-Middle) PREFERABLY RESIDING IN U.S. <i>TARASOFF, Boris DIMITRI</i></p>		
<p>2. RELATIONSHIP <i>HIS SON</i></p>		
<p>3. HOME ADDRESS (No., Street, City, Zone, State, Country) <i>3819 Gainesville St, SE, WASH. 20 D.C.</i></p>		
<p>4. BUSINESS ADDRESS (No., Street, City, Zone, State, Country). INDICATE NAME OF FIRM OR EMPLOYER, IF APPLICABLE <i>3930 E ST. NW, WASH. 20 D.C.</i></p>		
<p>5. HOME TELEPHONE NUMBER <i>44-4380</i></p>		
<p>6. BUSINESS TELEPHONE NUMBER <i>513-4115 EX. 581</i></p>		
<p>7. BUSINESS TELEPHONE EXTENSION <i>EX. 581</i></p>		
<p>8. IN CASE OF EMERGENCY, OTHER CLOSE RELATIVES (Spouse, Mother, Father) MAY ALSO BE NOTIFIED. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE.</p>		
<p><i>MR &amp; MRS T. ROMANOV 13610 DENVER AVE. CLEVELAND 5 OHIO</i></p>		
SECTION III MARRIAGE STATUS		
<p>1. CHECK (X) ONE: <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> ANNULLED</p>		
<p>2. FURNISH DATE, PLACE AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS</p>		
<p><i>160-A B CURIE</i></p>		
<p>SPOUSE: If you have been married more than once, including annulments, use a separate sheet for former wife or husband giving data below for all previous marriages. If marriage is contemplated, provide same data for fiance.</p>		
<p>3. NAME (First) (Middle) (Maiden) (Last) <i>Boris DIMITRI TARASOFF</i></p>		
<p>4. DATE OF MARRIAGE <i>3-10-45</i></p>		
<p>5. PLACE OF MARRIAGE (City, State, Country) <i>CLEVELAND, OHIO</i></p>		
<p>6. ADDRESS OF SPOUSE BEFORE MARRIAGE (No., Street, City, State, Country) <i>620 W. 141 ST. NEW YORK, N.Y.</i></p>		
<p>7. LIVING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p>		
<p>8. DATE OF DEATH <i>10-19-1958</i></p>		
<p>9. CAUSE OF DEATH <i>COVED</i></p>		
<p>10. CURRENT ADDRESS (Give last address, if deceased) <i>3819 Gainesville St, SE, WASH. 20 D.C.</i></p>		
<p>11. DATE OF BIRTH <i>2 NOV. 1908</i></p>		
<p>12. PLACE OF BIRTH (City, State, Country) <i>ERATKINSKAV, RUSSIA</i></p>		
<p>13. IF BORN OUTSIDE U.S.-DATE OF ENTRY <i>Oct. 1923</i></p>		
<p>14. PLACE OF ENTRY <i>NEW YORK, N.Y.</i></p>		
<p>15. CITIZENSHIP (Country) <i>U.S.A.</i></p>		
<p>16. DATE ACQUIRED <i>JUNE 25, 1936</i></p>		
<p>17. WHERE ACQUIRED (City, State, Country) <i>LONG ISLAND, NY U.S.A.</i></p>		
<p>18. OCCUPATION <i>FOREIGN DOCUMENTS OFFICER C.I.A.</i></p>		
<p>19. PRESENT EMPLOYER (Also give former employer, or if spouse is deceased or unemployed, last two employers) <i>BLUE TRIANGLE CLUB (GYMCA)</i></p>		
<p>20. EMPLOYER'S OR BUSINESS ADDRESS (No., Street, City, State, Country) <i>2930 E. ST. NW. WASH. D.C.</i></p>		
<p>SECTION III CONTINUED TO PAGE 2</p>		

## SECRET

(BASIC FORM 101)

## SECTION III CONTINUED FROM PAGE 1

21. DATES OF MILITARY SERVICE OF SPOUSE (FROM AND TO) BY MONTH AND YEAR <i>FEB. 3 1941 - OCT. 20 1958</i>	
22. BRANCH OF SERVICE <i>U.S. ARMY</i>	23. COUNTRY WITH WHICH MILITARY SERVICE AFFILIATED <i>U.S.A.</i>
24. DETAILS OF OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN	

*ENTERED ON DUTY WITH CIA FEB. 20, 1956*

SECTION IV RELATIVES BY BLOOD, MARRIAGE OR ADOPTION LIVING ABROAD OR WHO ARE NOT U.S. CITIZENS		
1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT
1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT
1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT
5. SPECIAL REMARKS, IF ANY, CONCERNING THESE RELATIVES		
SECTION V FINANCIAL STATUS		
1. ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
2. DO YOU HAVE ANY FINANCIAL INTEREST IN, OR OFFICIAL CONNECTION WITH, NON-U.S. CORPORATIONS OR BUSINESSES OR IN OR WITH U.S. CORPORATIONS OR BUSINESSES HAVING SUBSTANTIAL FOREIGN INTERESTS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YOU HAVE ANSWERED "YES," GIVE COMPLETE DETAILS ON A SEPARATE SHEET AND ATTACH IN A SEALED ENVELOPE.		
3. DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT, PENSION, OR COMPENSATION FOR MILITARY OR NAVAL SERVICE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
4. IF YOU HAVE ANSWERED "YES" TO QUESTION 3 ABOVE, GIVE COMPLETE DETAILS.		
5. WITHOUT REFERENCE TO YOUR SALARY, STATE OTHER SOURCES OF RECURRENT INCOME NOT INDICATED BY PRECEDING ITEMS.		
SECTION V CONTINUED TO PAGE 3		

SECRET

**SECRET**

(Shen Fillef 8n)

SECTION V CONTINUED FROM PAGE 2

**6. BANKING INSTITUTIONS WITH WHICH YOU HAVE A CHECKING**

SECTION V CONTINUED FROM PAGE 2							
6. BANKING INSTITUTIONS WITH WHICH YOU HAVE FICED-UP							
NAME OF INSTITUTION	ADDRESS (City, State, Country)						
<u>ANACOSTIA NATIONAL BANK OF WASHINGTON</u>	<u>WASHINGTON 20, D.C.</u>						
7. HAVE YOU EVER BEEN IN, OR PETITIONED FOR, BANKRUPTCY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO							
8. IF YOU HAVE ANSWERED "YES" TO QUESTION 7 ABOVE, GIVE PARTICULARS, INCLUDING COURT AND DATE(S)							
<b>SECTION VI</b> <b>CITIZENSHIP</b>							
1. COUNTRY OF CURRENT CITIZENSHIP	2. CITIZENSHIP ACQUIRED BY: CHECK (P) ONE <input checked="" type="checkbox"/> BIRTH <input type="checkbox"/> MARRIAGE <input type="checkbox"/> OTHER (Specify):						
3. HAVE YOU TAKEN STEPS TO CHANGE YOUR PRESENT CITIZENSHIP? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	4. GIVE PARTICULARS						
5. IF YOU HAVE APPLIED FOR U.S. CITIZENSHIP, INDICATE PRESENT STATUS OF YOUR APPLICATION (First papers, etc.)							
<b>SECTION VII</b> <b>EDUCATION</b>							
1. CHECK (X) HIGHEST LEVEL OF EDUCATION ATTAINED							
LESS THAN HIGH SCHOOL GRADUATE	OVER 100 YEARS OF COLLEGE - NO DEGREE						
HIGH SCHOOL GRADUATE	BACHELOR'S DEGREE						
TRADE, BUSINESS, OR COMMERCIAL SCHOOL GRADUATE	GRADUATE STUDY LEADING TO HIGHER DEGREE						
THREE YEARS COLLEGE OR LESS	MASTER'S DEGREE						
DOCTOR'S DEGREE							
2. COLLEGE OR UNIVERSITY STUDY							
NAME AND LOCATION OF COLLEGE OR UNIVERSITY	SUBJECT		DATES ATTENDED		DEGREE REC'D	DATE REC'D	SEM/QUART HRS. COMPLETED (SPECIFY)
	MAJOR	MINOR	FROM	TO			
3. TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS							
NAME OF SCHOOL	STUDY OR SPECIALIZATION		DATES ATTENDED		TOTAL HOURS		
	FROM	TO					
4. MILITARY TRAINING (Full time duty in specialized schools such as Ordnance, Intelligence, Communications, etc.)							
NAME OF SCHOOL	STUDY OR SPECIALIZATION		DATES ATTENDED		TOTAL WEEKS		
	FROM	TO					
5. OTHER EDUCATIONAL TRAINING NOT INDICATED ABOVE							

SECRET

## SECRET

(BORN FEBRUARY 21)

## SECTION X CONTINUED FROM PAGE 8

7. LIST ANY SIGNIFICANT PUBLISHED MATERIALS OF WHICH YOU ARE THE AUTHOR (DO NOT SUBMIT COPIES UNLESS REQUESTED). INDICATE TITLE, PUBLICATION DATE, AND TYPE OF WRITING (NON-FICTION, SCIENTIFIC ARTICLES, GENERAL INTEREST SUBJECTS, NOVELS, SHORT STORIES, ETC.)

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

9. LIST ANY PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE

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

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

1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
6-37-57 - 1-38-58	GS-9	FI/ID/POL/TPE
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
0	INTELLIGENCE CLERK	
6. DESCRIPTION OF DUTIES		

## LOGGING &amp; FILING OF INTELLIGENCE MATERIAL &amp; VARIETY OF OFFICIAL DUTIES

1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
3-3-58	GS-9	CI/SID / PROJECT
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
0	INTELLIGENCE CLERK	
6. DESCRIPTION OF DUTIES		

## TRANSLITERATING RECORDS INFORMATION IN ACCORDANCE WITH ENCL REQUIREMENTS

1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
6. DESCRIPTION OF DUTIES		
1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
6. DESCRIPTION OF DUTIES		

(Use additional pages if required)

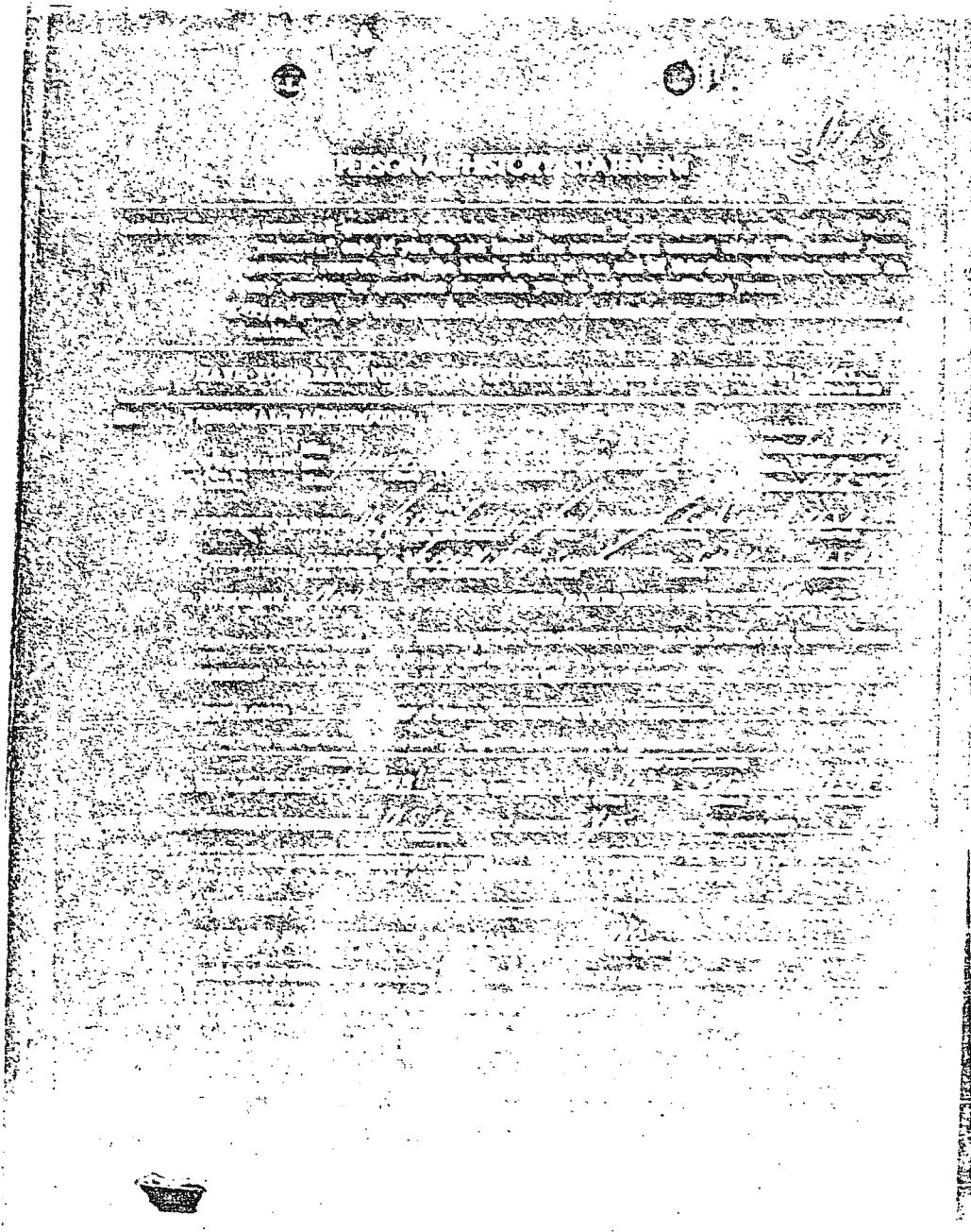
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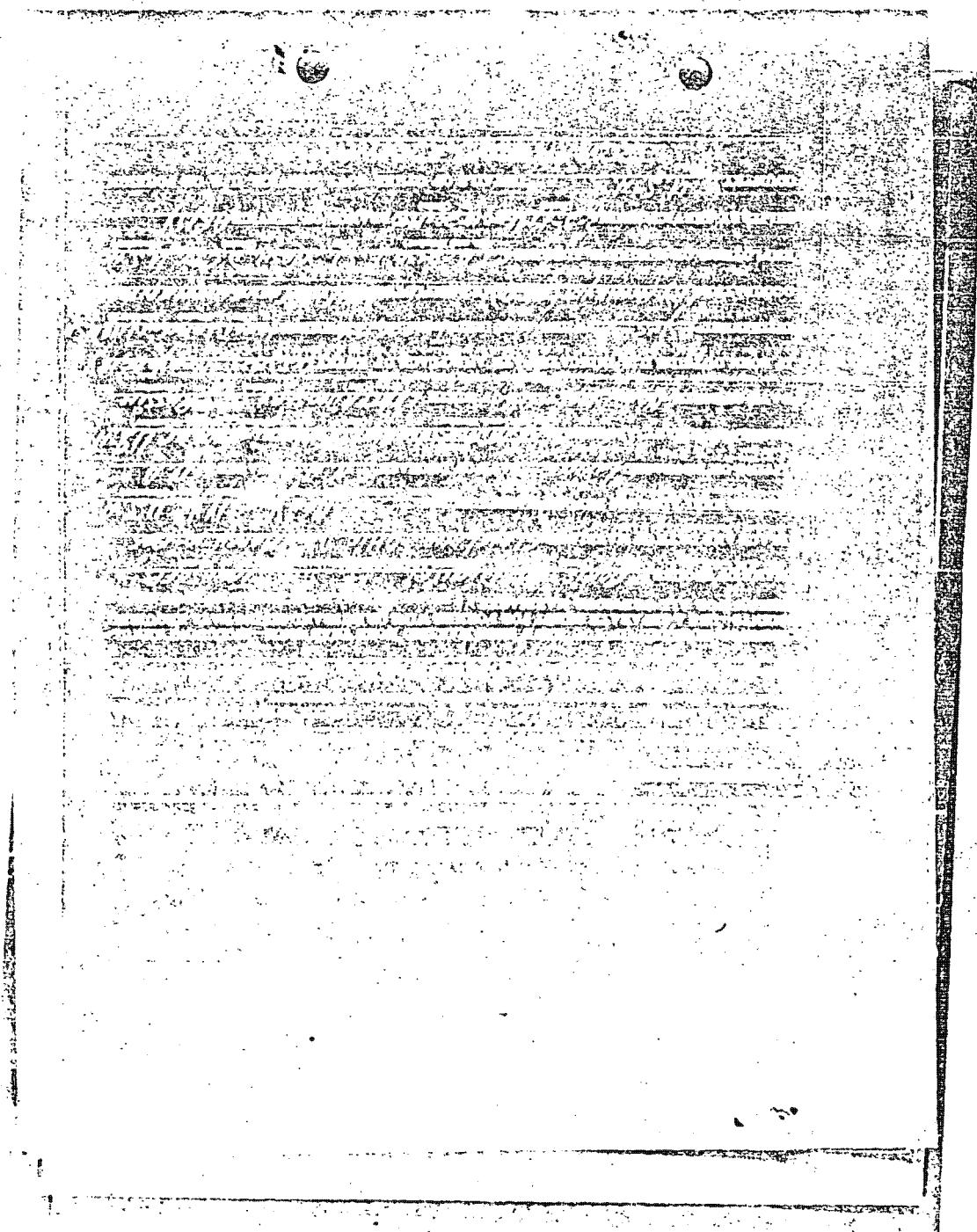
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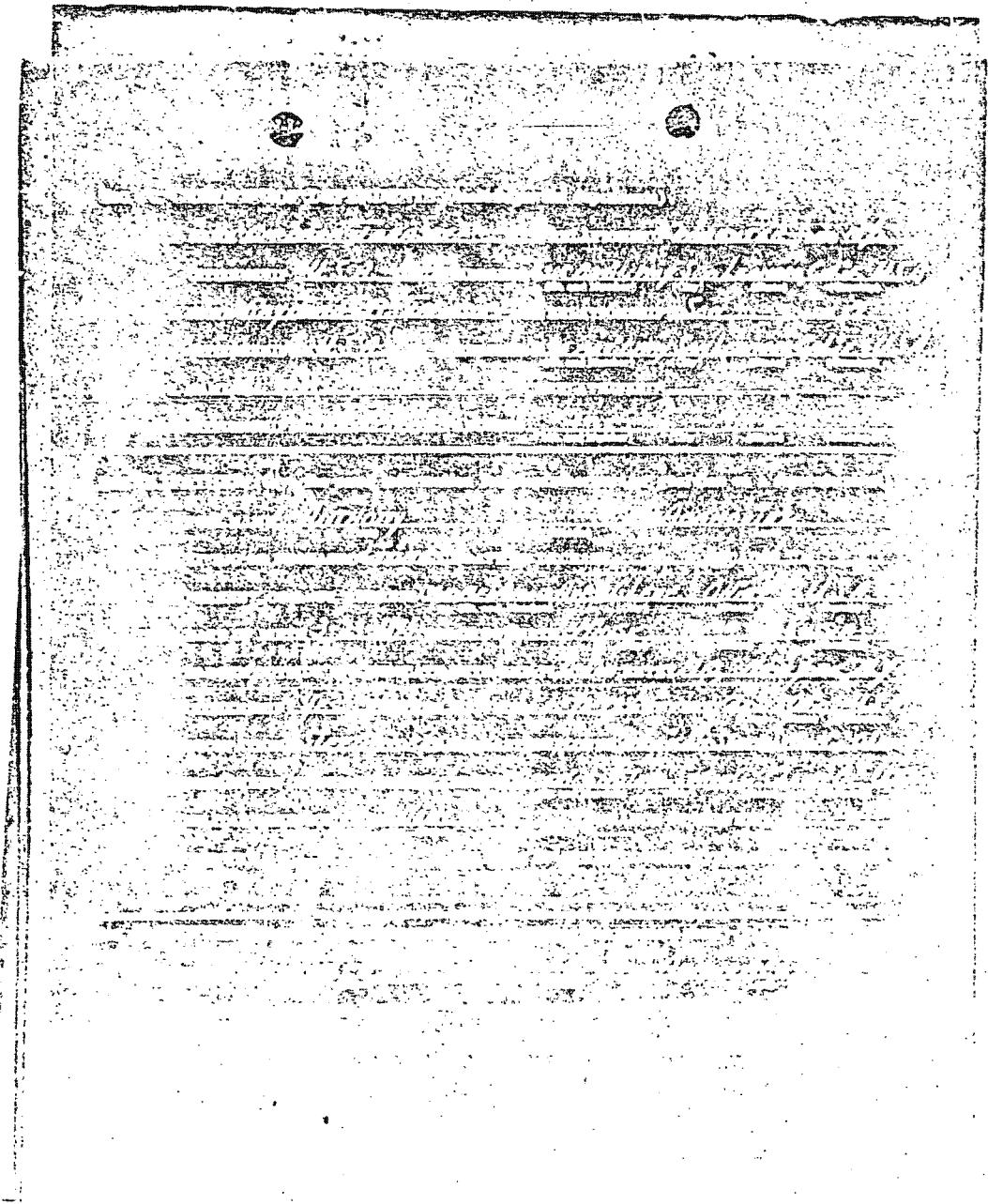
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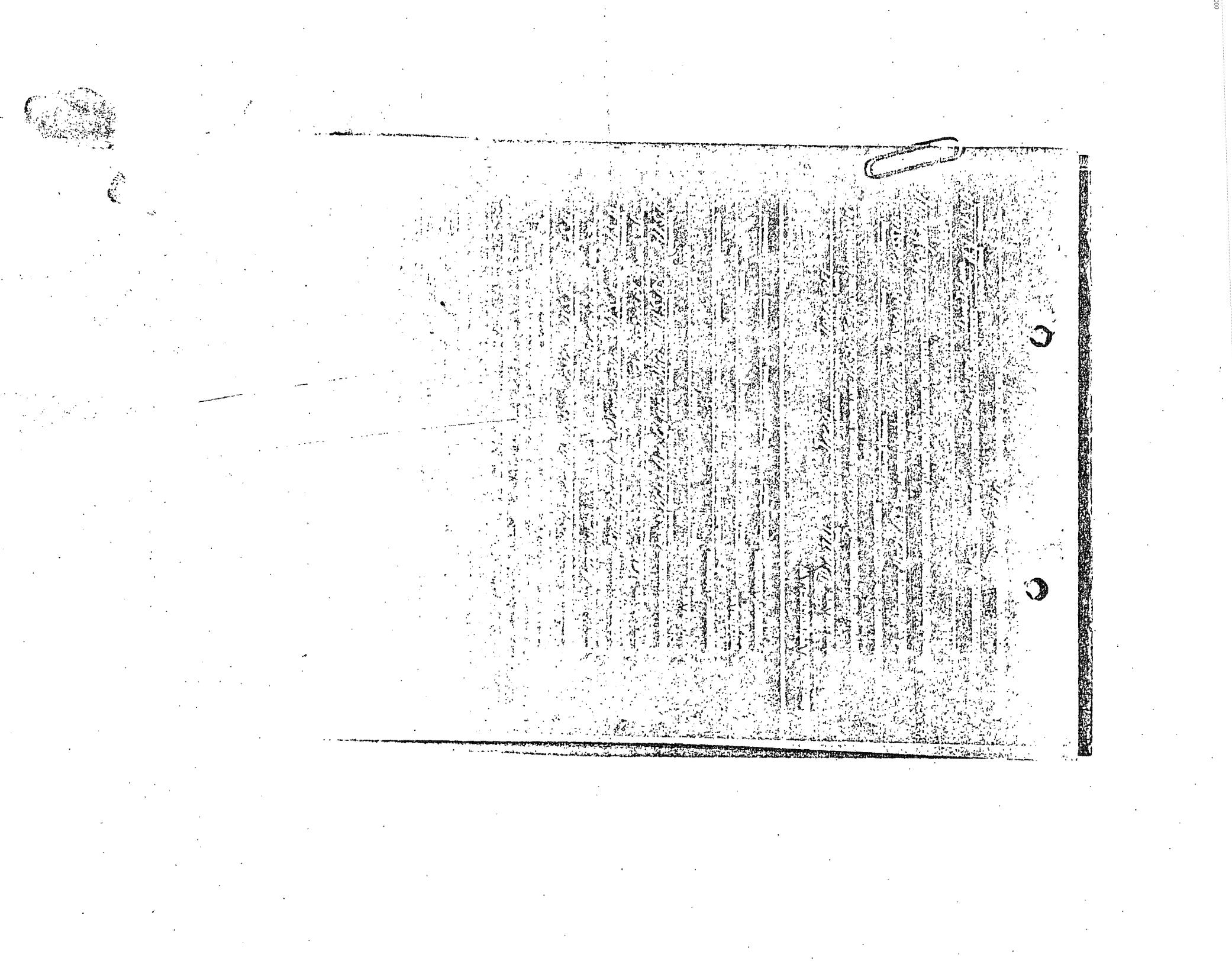
SECTION XII CHILDREN AND OTHER DEPENDENTS					
1. NUMBER OF CHILDREN (Including stepchildren, and adopted children) WHO ARE UNMARRIED, UNDER 21 YEARS OF AGE, AND ARE NOT SELF-SUPPORTING.		> 2		2. NUMBER OF OTHER DEPENDENTS (including spouse, parents, dependents, others, etc.) WHO DEPEND ON YOU FOR AT LEAST 50% OF THEIR SUPPORT, OR, CHILDREN OVER 21 YEARS OF AGE, WHO ARE NOT SELF-SUPPORTING.	
3. PROVIDE THE FOLLOWING INFORMATION FOR ALL CHILDREN AND DEPENDENTS					
NAME	RELATIONSHIP	YEAR OF BIRTH	SEX	CITIZENSHIP	ADDRESS
ROSEMARIE THORSOFF	DAUGHTER	21-12-45	✓	YES	WASH. D.C. 2819 HINCKSVILLE, S.E.
RAYMOND THORSOFF	SON	20-3-49	✓	YES	"
ROBERT THORSOFF	HUSBAND	2-11-1908	✓	YES	"
ADDITIONAL COMMENT, AND/OR CONTINUATION OF PRECEDING ITEMS					
DATE COMPLETED	SIGNATURE OF EMPLOYEE				

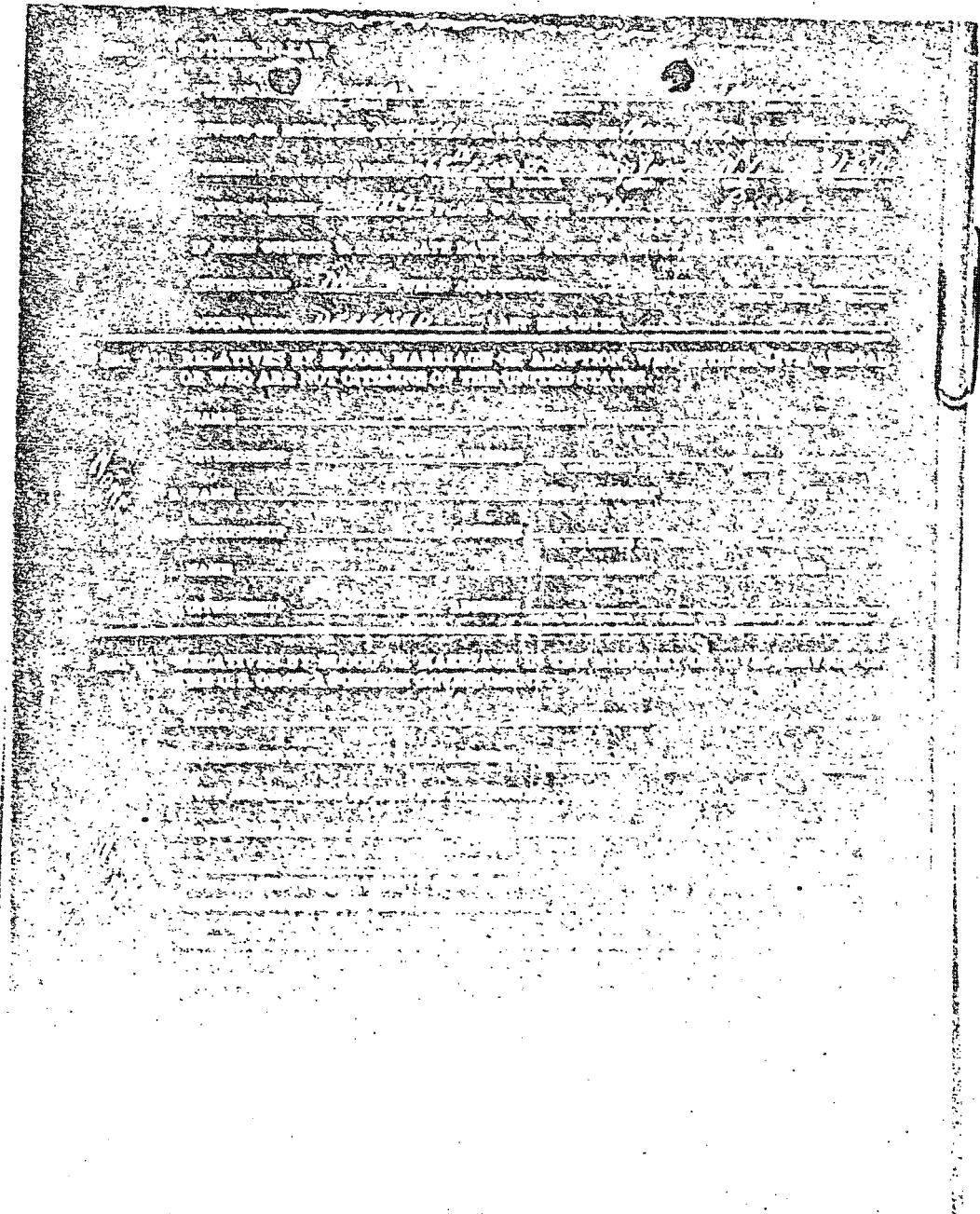
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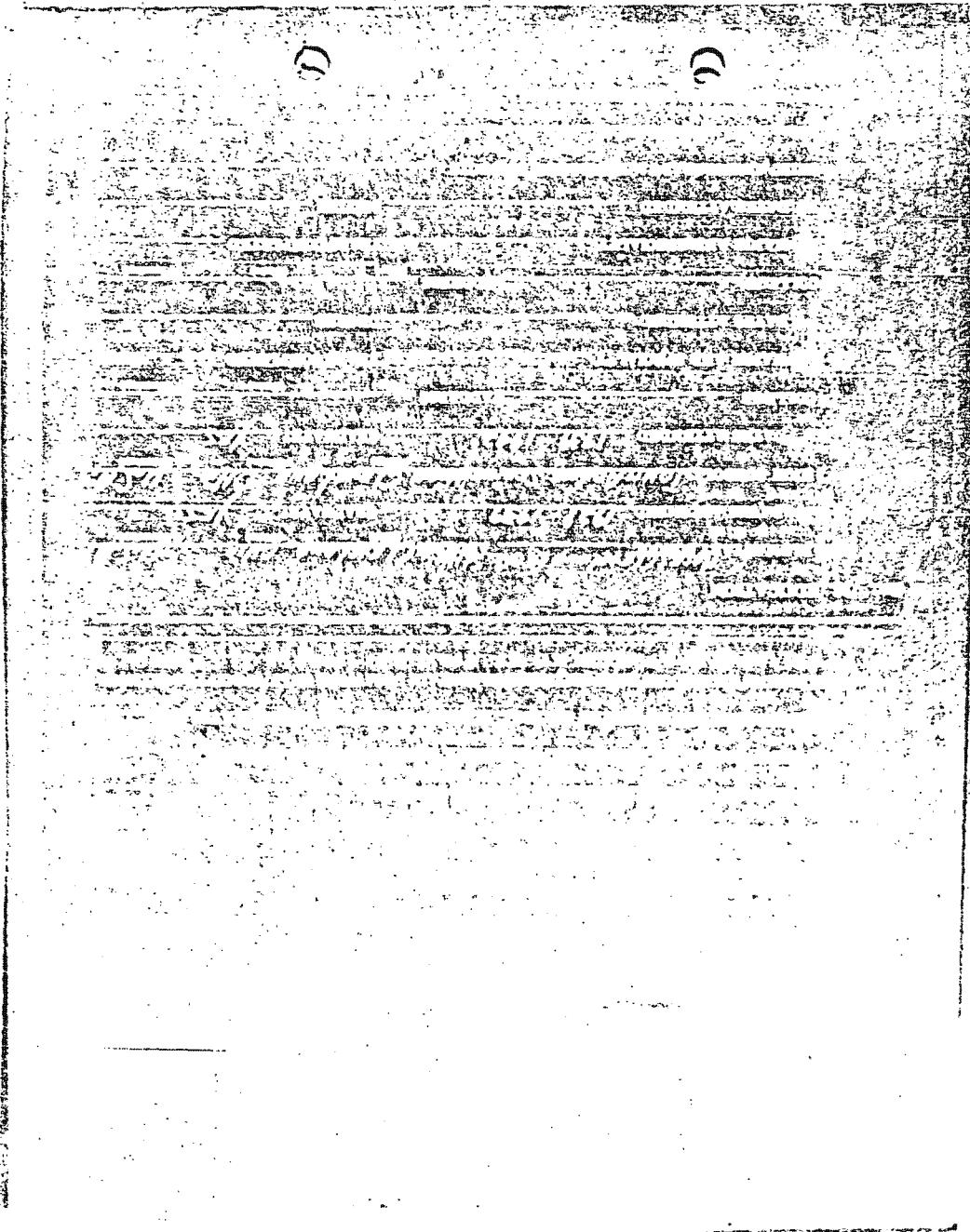


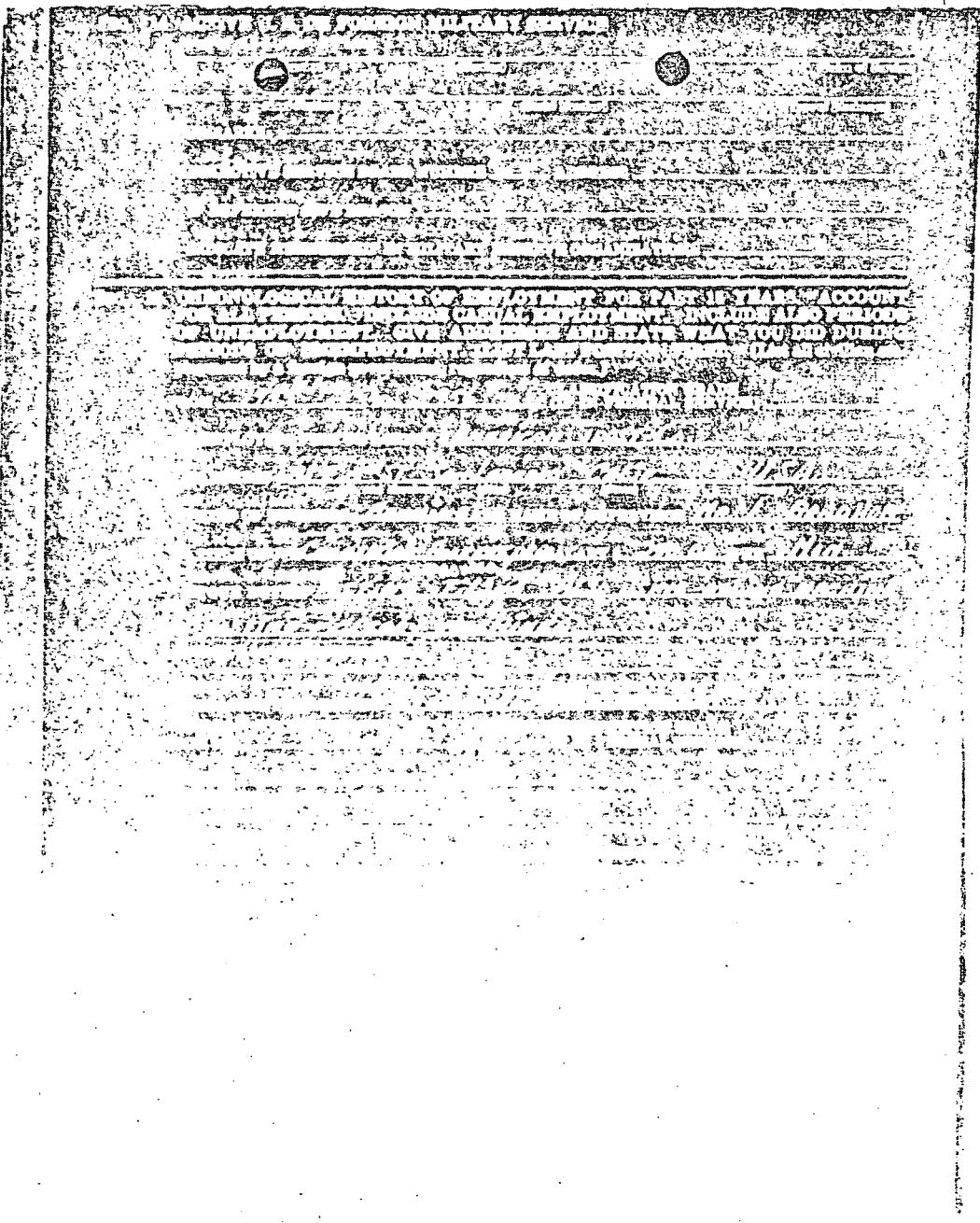


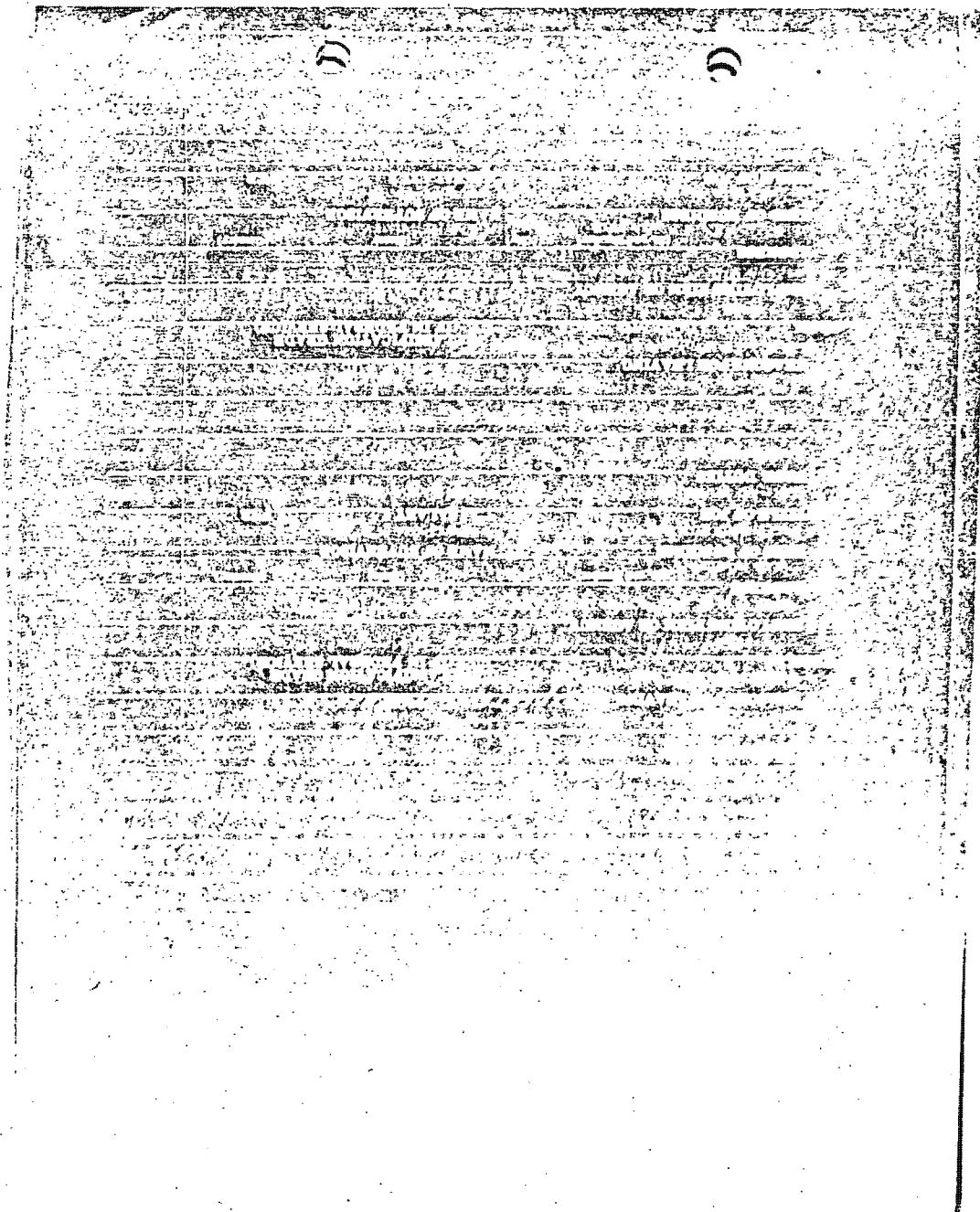


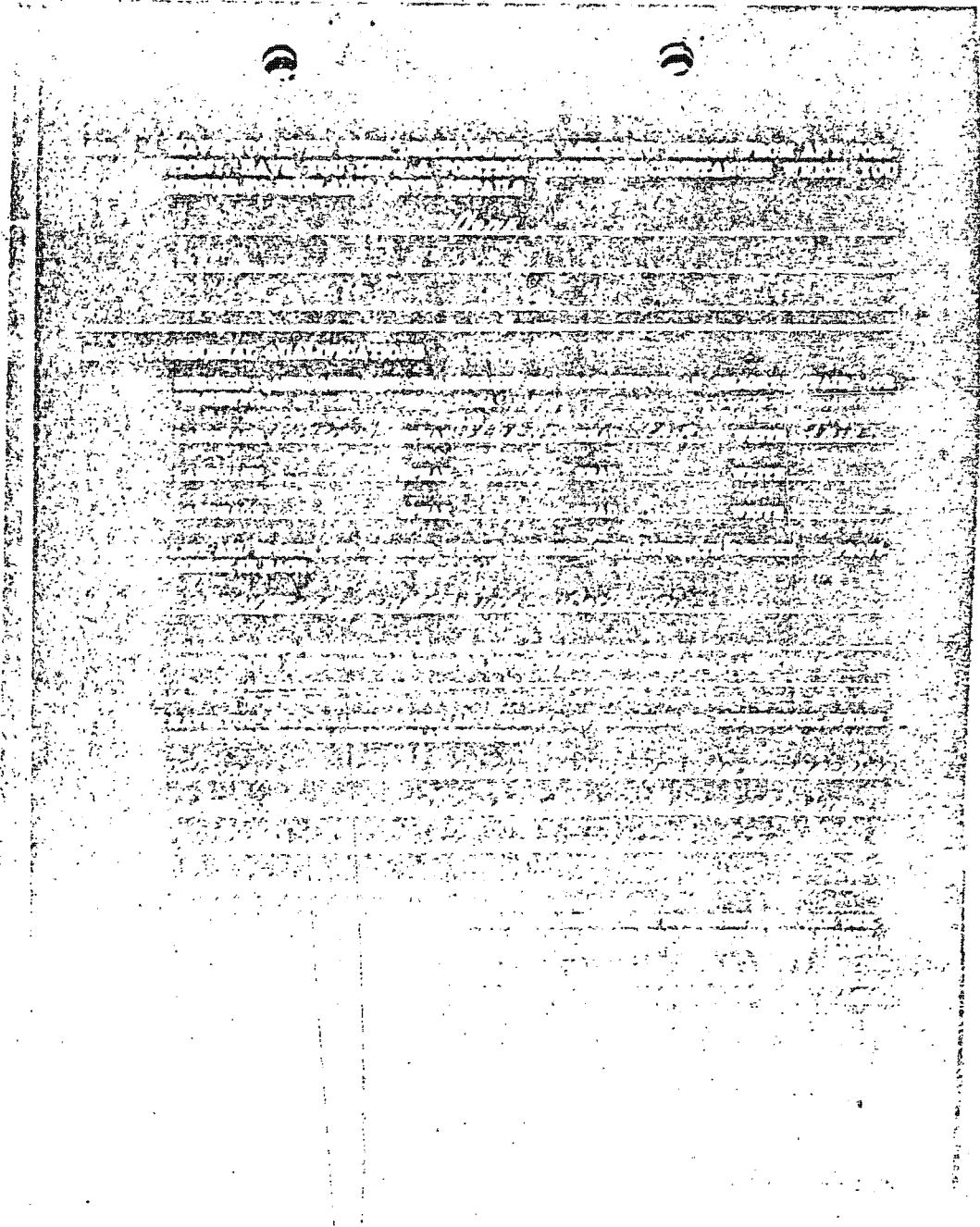


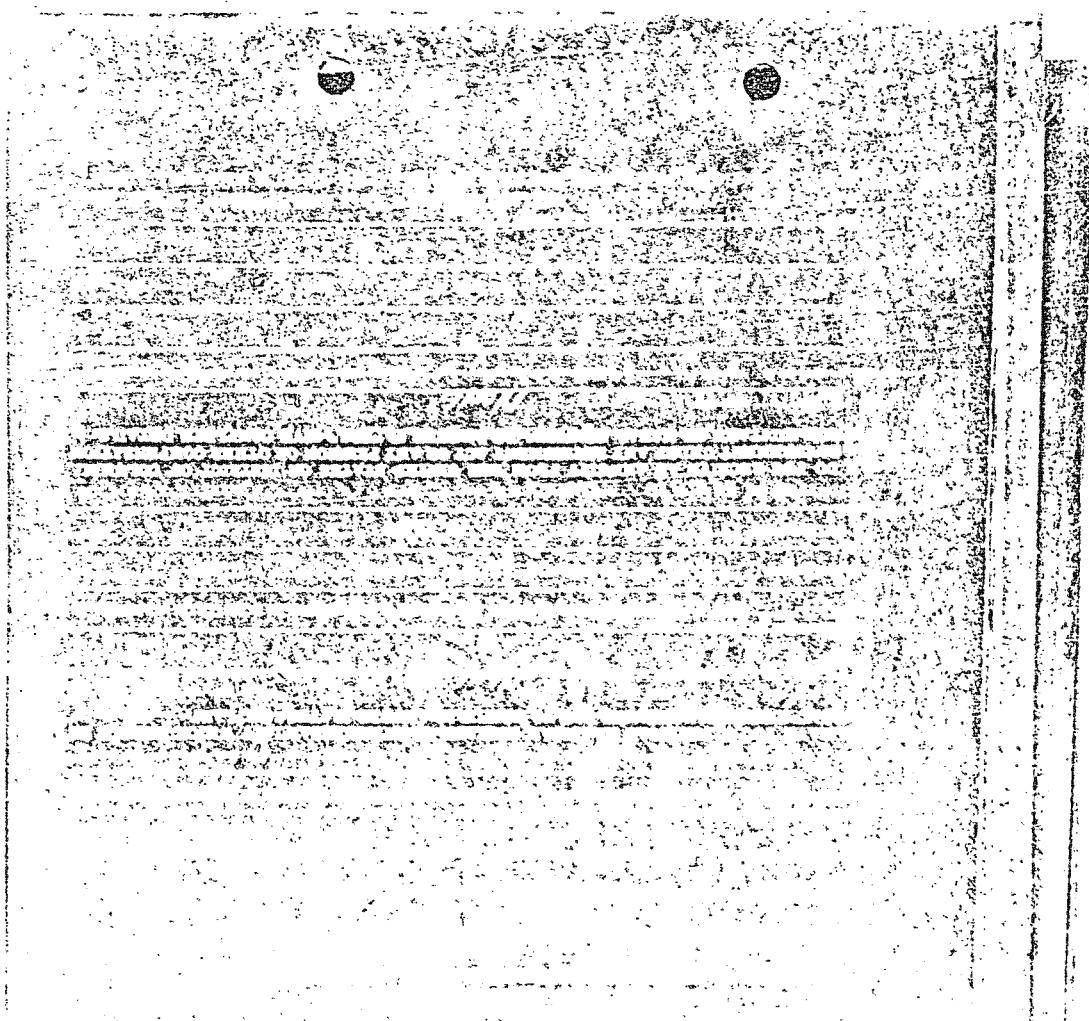


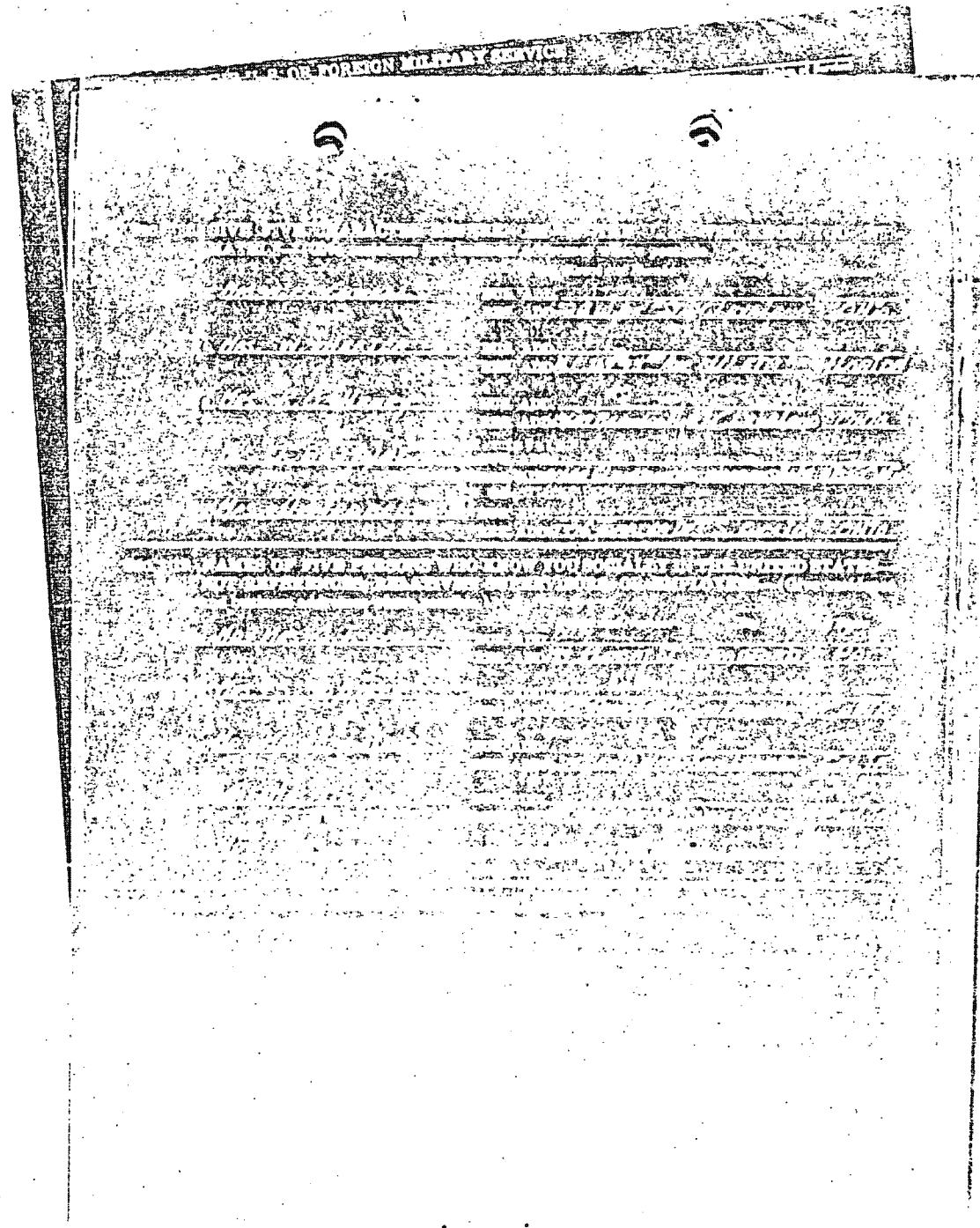


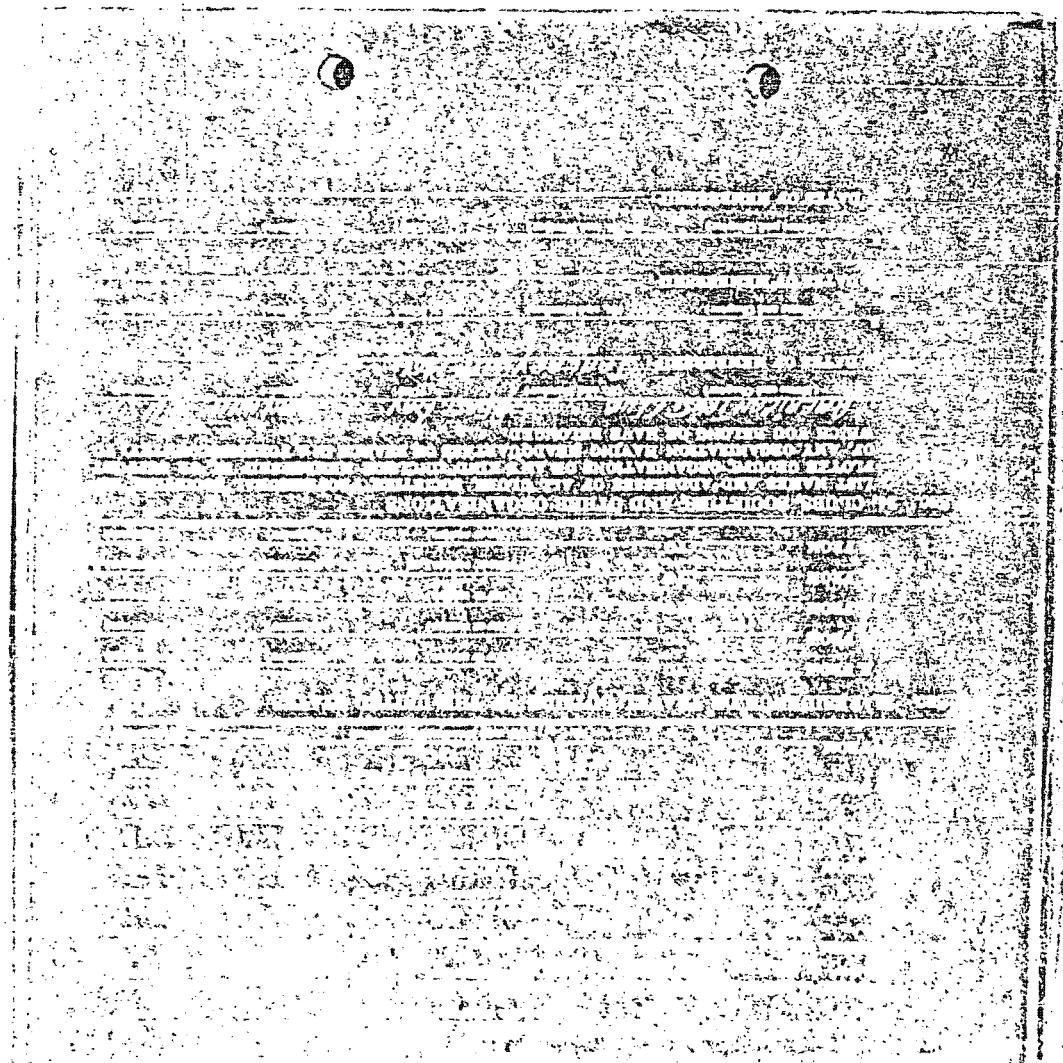


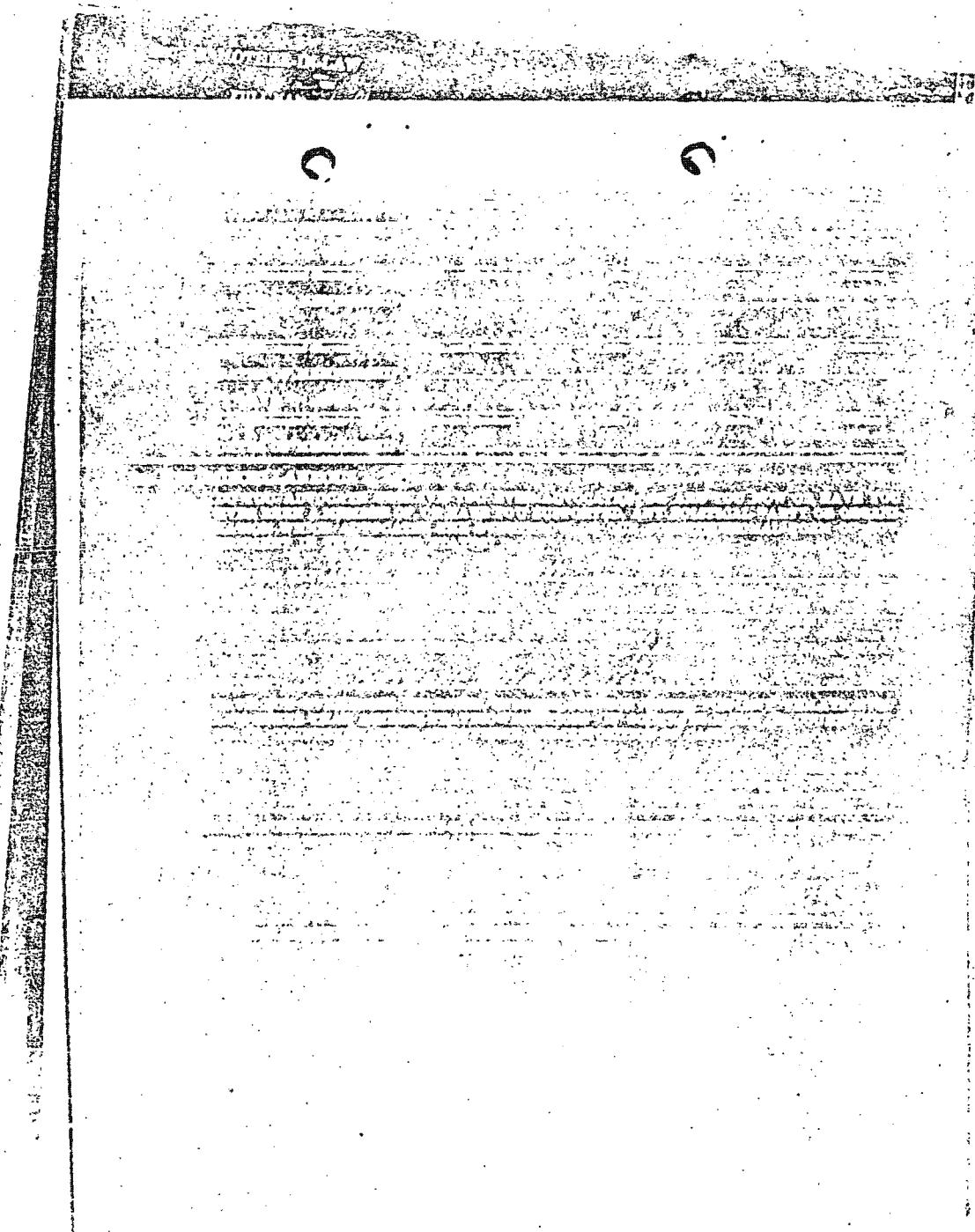


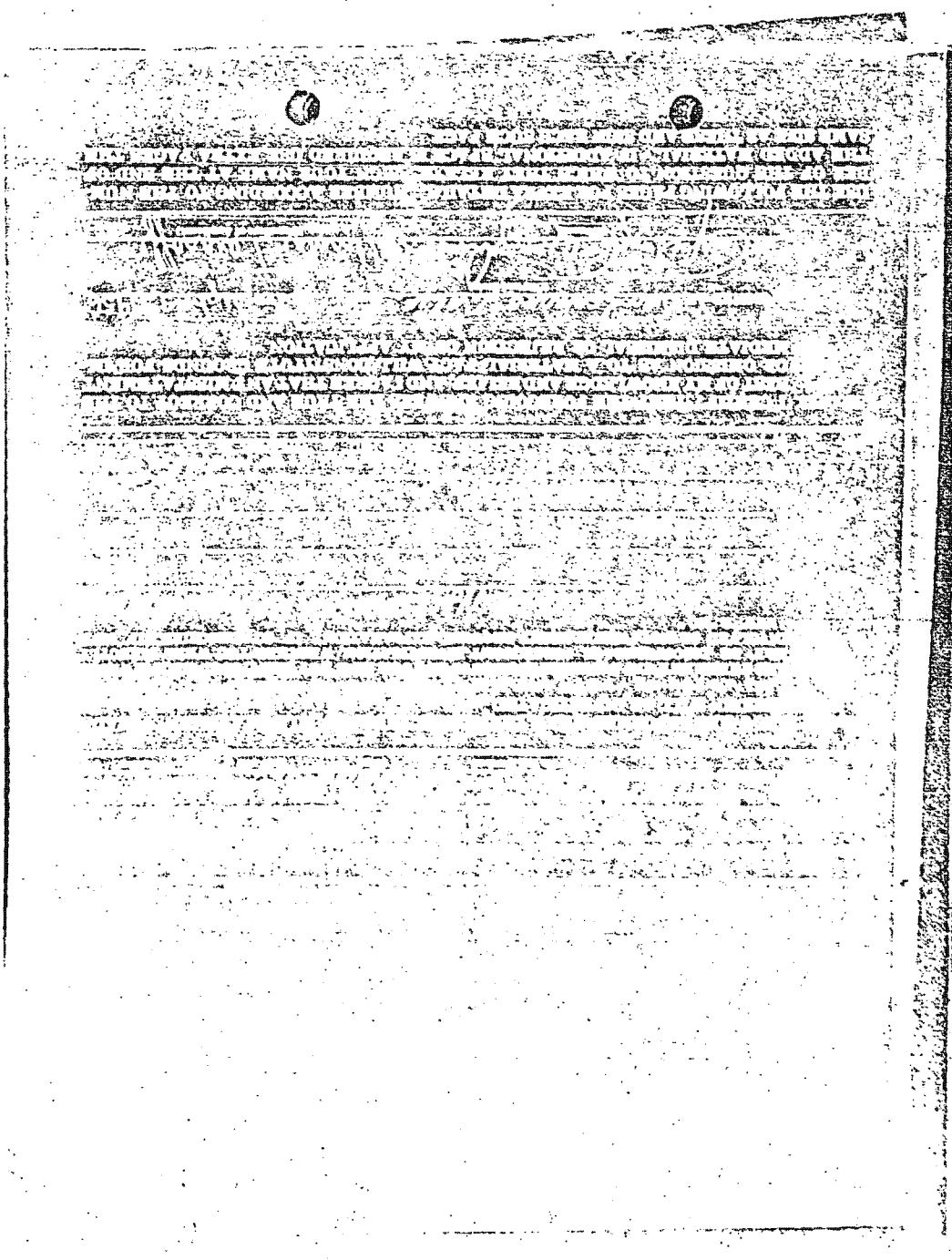


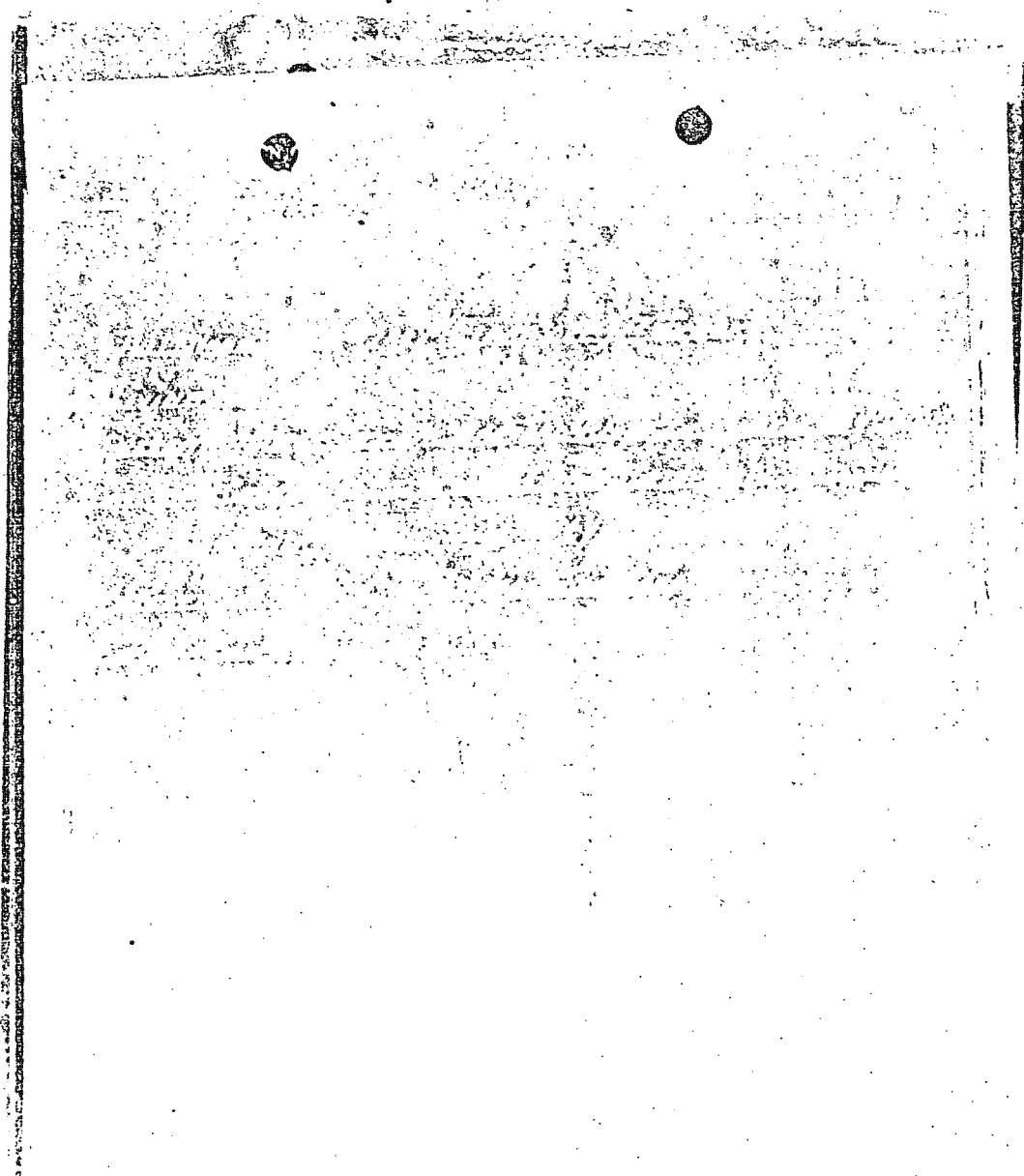












CONFIDENTIAL  
SECURITY INFORMATION  
SECURITY APPROVAL

Date: 29 May 1957

Your Reference: C-8238 *AS*

Case Number: 131751

TO: Chief, Records & Services Division  
Personnel Office  
FROM: Chief, Security Division  
Personnel  
SUBJECT: TARASOFF, Anna Adamovies

1. This is to advise you of security action in the subject case as indicated below:

- Security approval is granted the subject person for access to classified information.
- Provisional clearance for full duty with CIA is granted under the provisions of Paragraph D of Regulation 10-9 which provides for a temporary appointment pending completion of full security investigation.
- The Director of Central Intelligence has granted a provisional clearance for full duty with CIA under the provisions of paragraph H of Regulation 10-9.
2. Unless the subject person enters on duty within 60 days from the above date, this approval becomes invalid.
3. Subject is to be polygraphed as part of EOD procedures.

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

*See above*  
*6/7*

CONFIDENTIAL

**CONFIDENTIAL  
SECURITY INFORMATION  
INTEROFFICE MEMORANDUM**

Date: 19 March 1957

TO: Chief, Records and Services Division, CP  
Personnel  
FROM: Chief, Security Division, OS  
SUBJECT: TABAGAY, Anna - #131751

Request No. C-2238

1. Reference is made to your request for security clearance of the subject person who is being considered for employment in the following position:

2. This is to advise you of the following security action:

a.  Provisional security clearance is granted to permit subject's employment on a temporary basis in the following area or in the following capacity: Interim Assignment Section

This clearance is granted upon the condition that subject: 1. not have access to classified material; 2. not have access to secure areas; 3. not be issued a badge or credential; 4. not represent himself as a CIA employee; and 5. not be assigned to any unclassified duties other than indicated above.

b.  Name-checks have been completed on this person. Arrangements should now be made by your office for an interview in this Division. Upon completion of this interview further consideration will be given to the requested Limited clearance for access to information classified no higher than Secret. If subject has not entered on duty under a previously granted provisional clearance the interview should be arranged after entrance on duty.

c.  Subject is security approved for temporary appointment to a position requiring access to information classified no higher than Secret.

Officials of the employing office should be advised of this security limitation and should be instructed to supply future supervisors with advice as to the limitation so as to insure continued compliance.

Security action to effect full approval is continuing and your office will receive advice of full clearance upon completion of this action. Upon receipt of full security clearance, the present limitation will be rescinded and supervisors should be advised accordingly.

3.

*John Knott*  
W. H. KNOTT

**CONFIDENTIAL**